

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

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

April 2014

www.jsna.info/



This Report

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

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

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Executive Summary and Recommendations

Introduction

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

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

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

The JSNA sets out to:

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

Findings

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

Children are well supported by services across the three boroughs and many outcomes for families are very good. Nevertheless, children who grow up in poverty may face additional disadvantages which affect their development, educational achievement and long-term outcomes. Low educational attainment,

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

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

worklessness and lack of financial capability increase the risk that families will not have the resources for a decent standard of living, or for their children to achieve their potential in later life.

Priority areas and recommendations

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

Priority 1- Supporting families to engage with services

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

Priority 2 – Promoting parental employment

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

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

Recommendation 4: Local Authorities should work strategically with partners to increase the number of family friendly employment opportunities, for example with local employers, through procurement terms and conditions and/or using planning levers (e.g. CIL).

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

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

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

Priority 4 – Supporting the role of the school community

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

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

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

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

Priority 5 – Appropriate healthcare, at the right time

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

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

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

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

Recommendation 14: Ensure the effective use of all planning, housing investment and housing allocation powers to respond to the need for good quality and affordable family sized housing, regardless of tenure; meeting and, where appropriate, exceeding agreed targets and supporting mixed communities.

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

Recommendation 16: Develop greater integration between REHS and other front line services, particularly health and social care, to ensure that poor housing conditions are addressed regardless of tenure.

1. The Definition of Child Poverty

Background

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

How Child Poverty is measured and monitored

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

Absolute poverty refers to the minimum level of resource required to sustain basic human needs and purchase a certain basic level of goods and services. This threshold only changes with inflation and stays the same even if society becomes richer. In the UK this is monitored at a national level and the threshold is the number at less than 60% of the median income in 2010/11, adjusted each year for inflation.

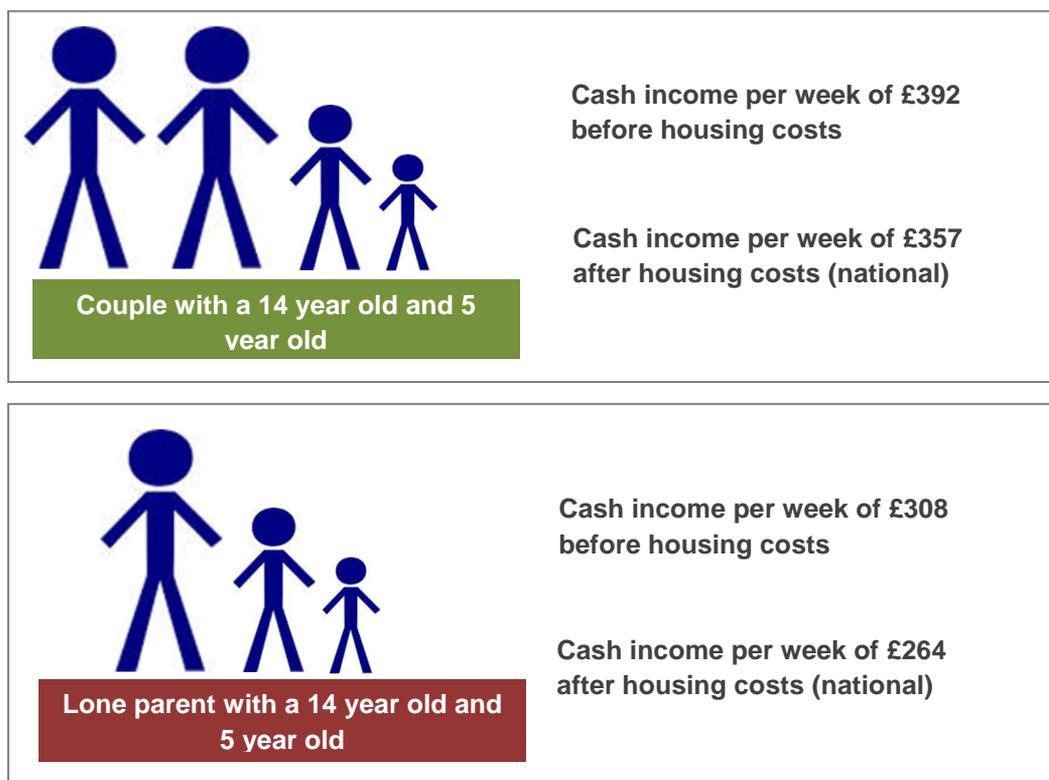
In early 2013, the government consulted on a **revised 'multidimensional' measure** of child poverty. The government's child poverty strategy was launched in February 2014, accompanied by an evidence report. The consultation on the strategy runs until May 2014 but no revised measure of poverty was published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

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

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

Income thresholds and housing costs

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



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

The Mayor of London's figures (GLA website) suggest:

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

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

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

2. The drivers of child poverty

The drivers and impacts of poverty are complex and inter-connected. Drivers of child poverty exist at both the individual and community level. At the individual level, parents may have difficulty gaining and sustaining employment due to such factors as low skills, poor health or disability, and caring responsibilities. At the community level, families may find themselves with poor access to services, in areas with a lack of affordable, good quality housing, a lack of affordable childcare and/or high unemployment. These all affect quality of life and life chances.

Working families are also at risk of poverty. The London labour market serves to suppress wages and undermine job security, impacting particularly on low paid jobs.³ In 2012 almost 600,000 jobs in London were paid below the London Living Wage (£8.55 per hour). Over 40% of part-time jobs and 10% of full-time jobs are low paid.

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



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

The diagram on the next page identifies some of the 'drivers' that are risk factors for families in poverty.

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



3. The Effects of Child Poverty

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

Impacts of child poverty

The Marmot Review found that the foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood. What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and well-being – from obesity, heart disease and mental health, to educational achievement and economic status.⁴

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

Children from disadvantaged backgrounds are also more likely to start primary school with poorer personal, social and emotional development, and are more likely to develop behaviour disorders. These can risk affecting their educational attainment, and cause difficulties in relationships and to mental health throughout their life.⁵

A report by Save the Children (2012), presents the findings of two large-scale surveys, one of parents and one of children. It found that poverty was leaving well over half of parents cutting back on food so their children didn't go hungry; that children are going without warm coats in winter and new shoes when they need them. It found children often don't have a quiet space to do their homework or access to the resources they need to learn at home, such as the internet. It also found that children in poor homes miss out on experiences that many would say are central to a happy childhood – having a friend round for tea; going on a family holiday⁶.

Cost of child poverty

The Joseph Rowntree Foundation⁷ found that child poverty in the UK results in additional public spending of around £12 billion a year, 60% of which is spent on personal social services, school education, the police and criminal justice. Locally, this is estimated to be £170 million of public spending across the Tri-borough, of which £100 million is on social services, education, police and criminal justice. Those who have been in poverty for extended periods require more from services and agencies to move them out of poverty than those in poverty for short periods. The cost in the UK of below-average employment rates and earnings levels for adults who grew up in poverty is about £13 billion a year. £5 billion represents extra benefit payments and lower tax revenues, and £8 billion is lost earnings to individuals, which has an onward impact on gross domestic product. Locally this has been estimated at £70 million for extra benefit

⁴ <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

⁵ <http://www.instituteofhealthequity.org/projects/demographics-finance-and-policy-london-2011-15-effects-on-housing-employment-and-income-and-strategies-to-reduce-health-inequalities/the-impact-of-the-economic-downturn-and-policy-changes-on-health-inequalities-in-london-full-report>

⁶ Child Poverty in 2012: *It shouldn't happen here*, Save the Children, 2012

⁷ Estimating the costs of child poverty Round-up: Reviewing the evidence Joseph Rowntree Foundation October 2008

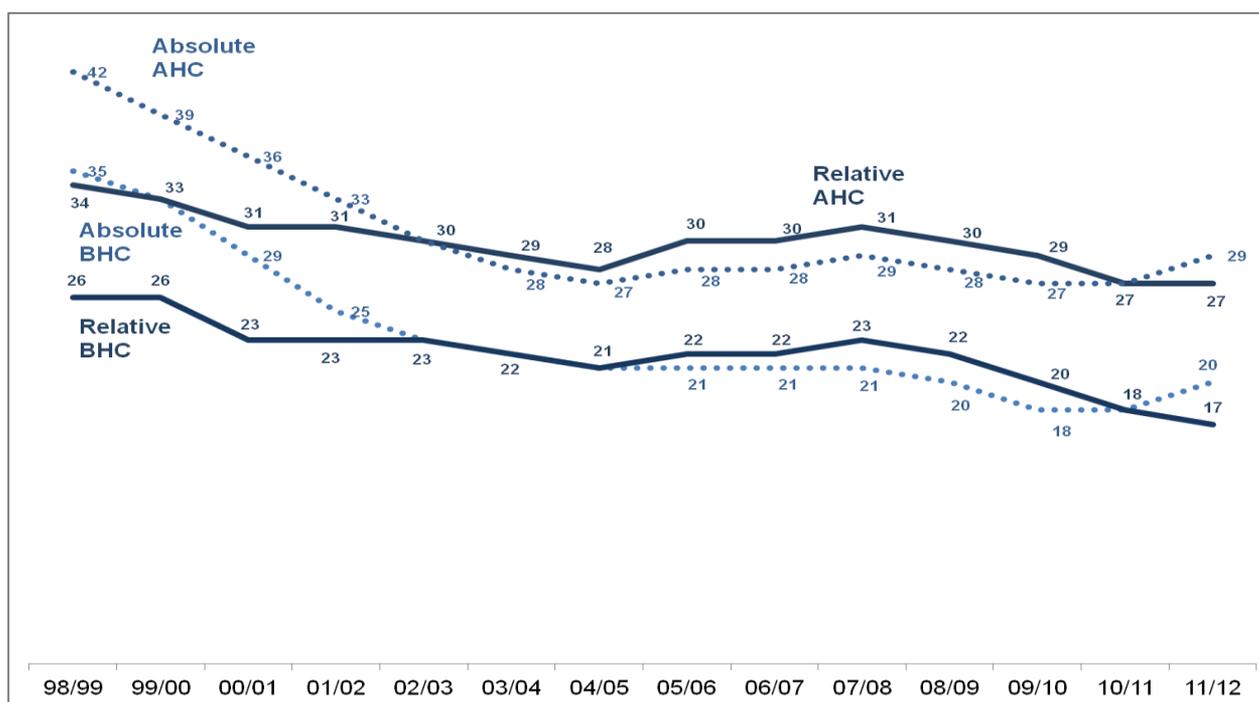
payments and lower tax revenues each year for those growing up in child poverty across the Tri-borough area.

This picture is further developed when the long term impact on children's ability to thrive is taken into account. The Marmot Review highlighted that interventions at an early stage in the life cycle represent the greatest return on investment. This is linked to positive outcomes derived in the short and medium term but also in the long term, as children become adults and establish homes and families and themselves. Indeed, many of the initiatives in place to reduce the impact of child poverty might also serve to reduce the level of child poverty in the longer term as children are assisted to thrive at school and socially, to make positive lifestyle choices despite the challenges they face as a result of family poverty.

4. Rates of child poverty

Levels of child poverty over time⁸

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



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

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

Groups most ‘at-risk’ of child poverty

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

⁸ Households below average income, 2011/12, Department of Work and Pensions, June 2013
www.gov.uk/government/uploads/system/uploads/attachment_data/file/206778/full_hbai13.pdf

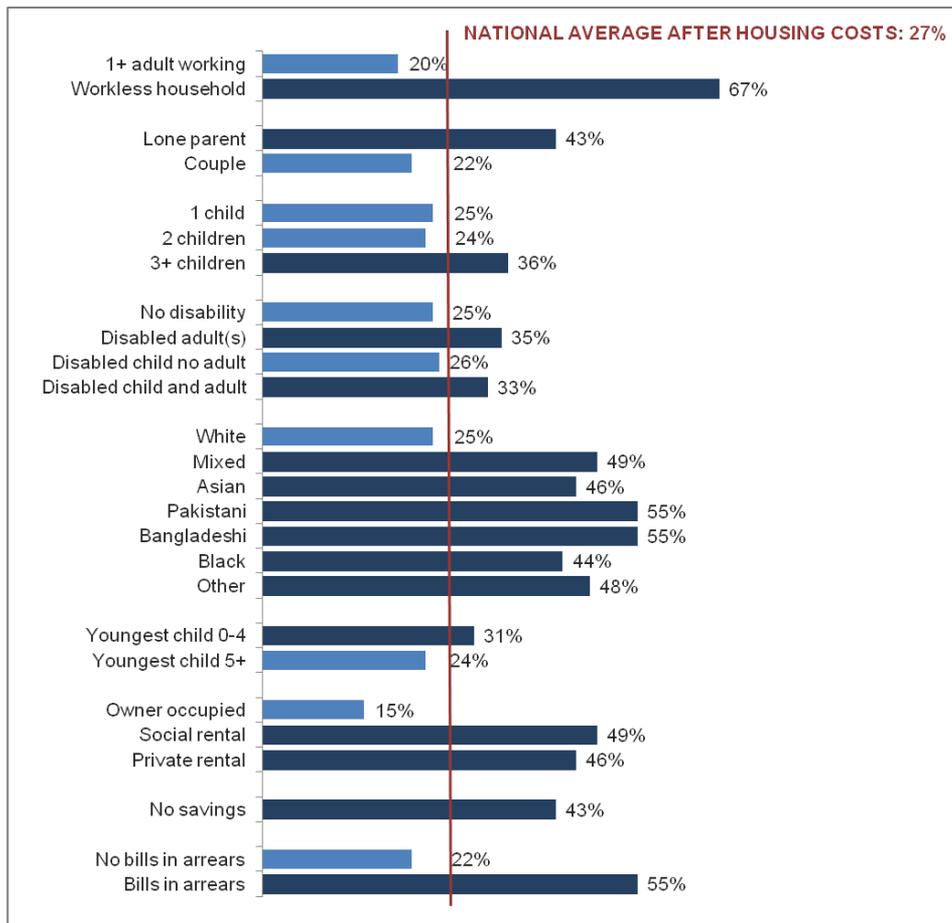
Workless households, lone parent households, families with disabled family members, particular ethnic groups, such as Bangladeshi and Pakistani groups and the Gypsy Roma Traveller (GRT) population have been found to be particularly at risk. Indeed, the GRT population experience some of the worst outcomes of any group across a wide range of social indicators⁹, many of which correlate with poverty:

- 43.2% of all primary school pupils and 45.3% of secondary school pupils eligible for free school meals;
- 20% pupils fail to transfer from primary to secondary school with over half dropping out of secondary school;
- From ante-natal to neo-natal and into early childhood, GRT children are more likely to experience early death, poor childhood development and limited uptake and access to health services.

Families in social housing, those with pre-school children, and those with no savings and in arrears with bills have also been found to be particularly at risk of poverty. Other groups also known to be at risk include those with low or no qualifications, young mothers (under the age of 24), care leavers, families with young carers, and asylum seekers.

There are likely to be significant overlaps between groups (e.g. lone parent and not working, ethnic minorities and large family sizes).

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



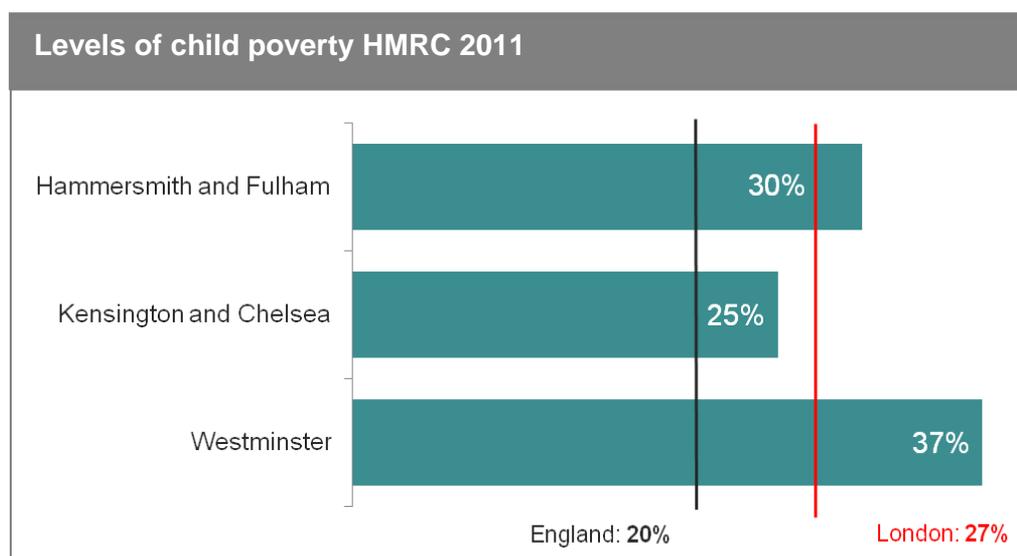
⁹ “Progress report by the ministerial working group on tackling inequalities experienced by Gypsies and Travellers” DCLG April 2012

Borough-level estimates of child poverty (HMRC measure)¹⁰

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

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

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



Numbers and ranks of child poverty HMRC 2011

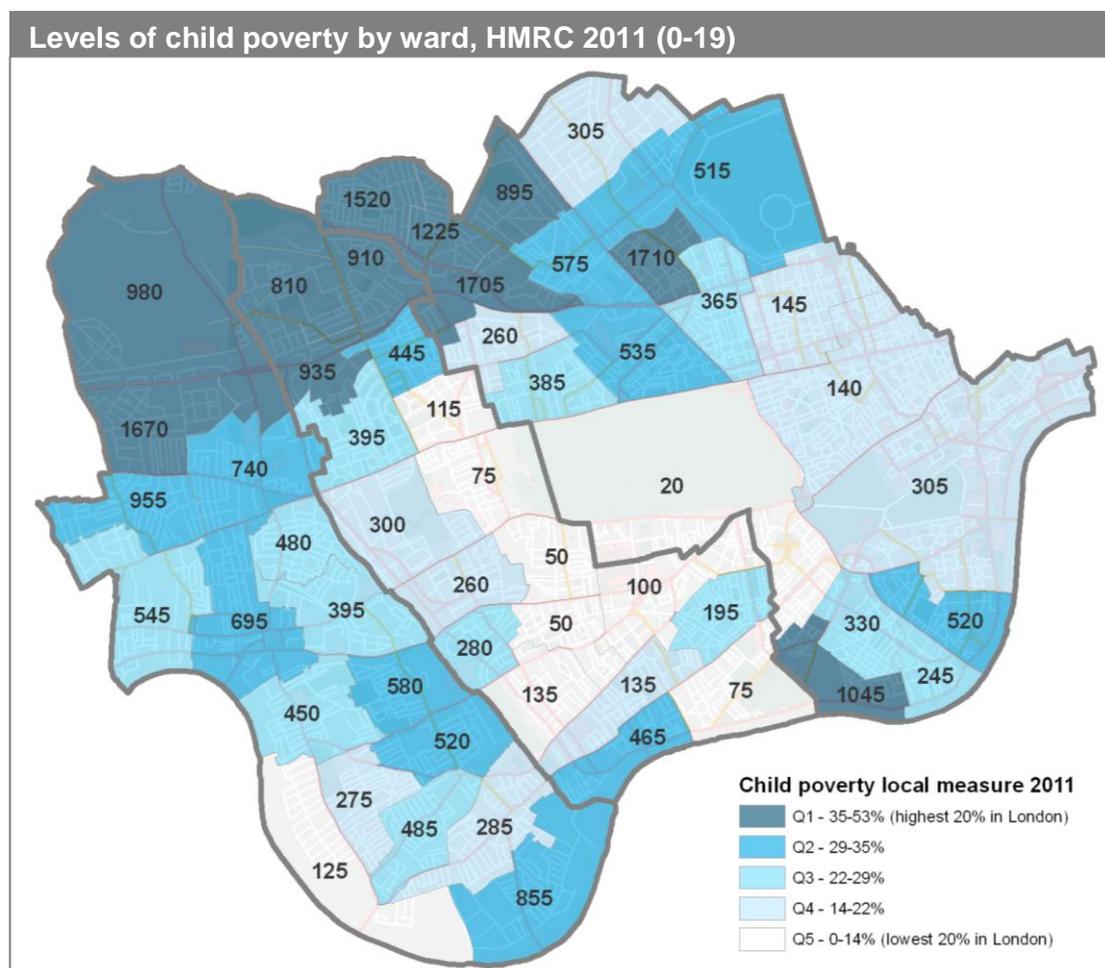
	Rate	Number (aged 0-19)	Rank in London Out of 33	Rank in GB Out of 409
HMRC measure 2011*				
H&F	30%	10,035	13	27
K&C	25%	5,735	18	67
Westminster	37%	12,750	3	3

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

¹⁰ <http://www.hmrc.gov.uk/statistics/child-poverty-stats.htm>

Ward-level estimates of child poverty

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

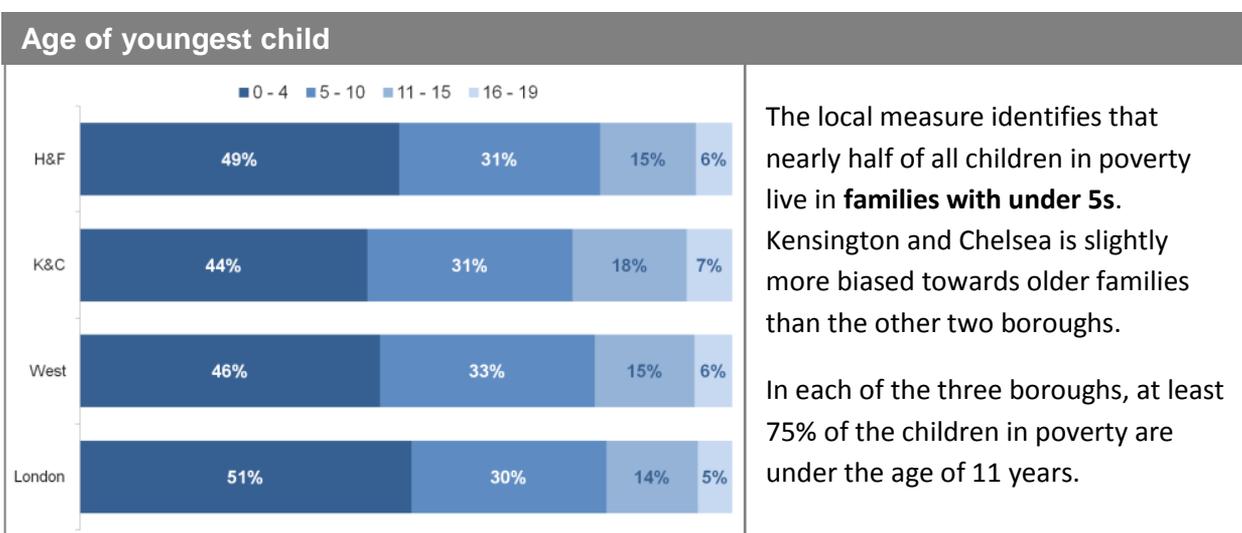
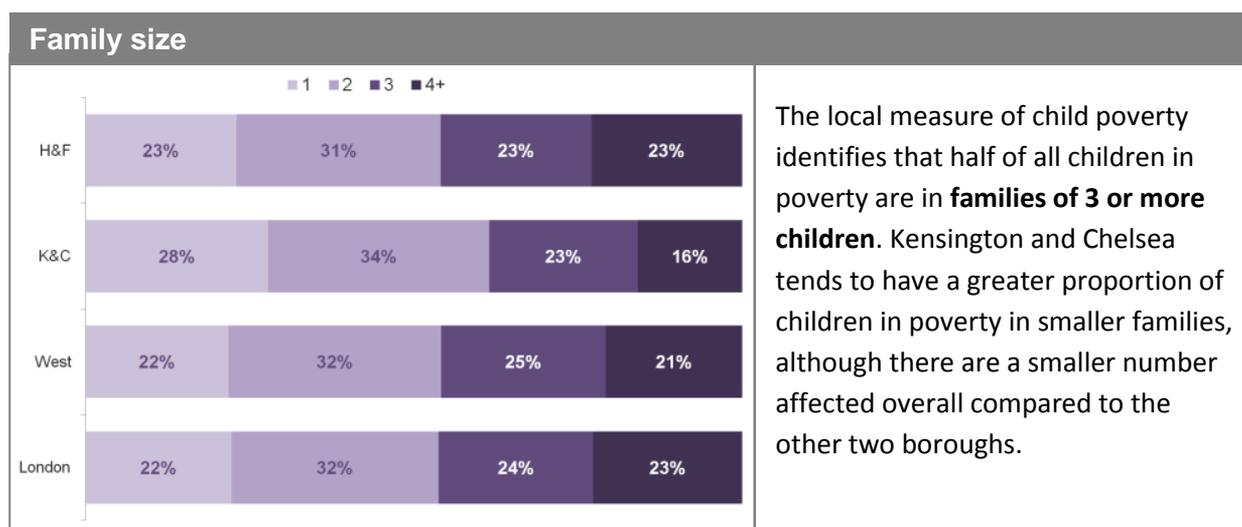
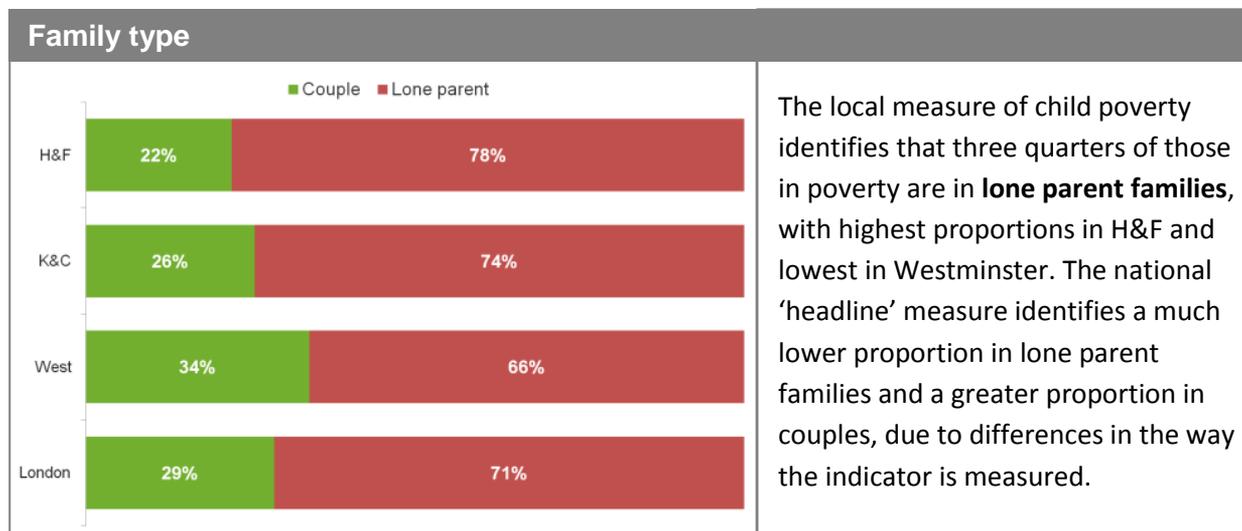


Wards with a particularly high proportion of children living in poverty have been highlighted below. Wards fall into the 9% highest in London for child poverty, with Church St, Westbourne and Queen's Park ranked 1st, 2nd, and 9th in London respectively.

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

Family characteristics of those in child poverty

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



Working and workless households

No reliable local data tells the full story about levels of worklessness among those in poverty because the national ‘headline’ measure is not routinely disaggregated to a local authority level. The following headlines are helpful however in developing a picture.

- Nationally, 63% of children in poverty (after housing costs) have at least one parent **in work** (62% in London). In two thirds of these cases, just one of the parents is working.
- *Regardless of poverty*, 28% of all households with children in Westminster in 2012 were workless households, followed by 22% Hammersmith and Fulham, and 15% in Kensington and Chelsea (London 18%)¹¹.
- DWP data on out-of-work benefit households by ward identifies where at least one adult is not working. Wards affected are broadly similar to those affected by the local child poverty measure.

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

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

Group	Characteristics in Tri-borough area
Workless households	No borough-level data on numbers of those in poverty where the household is completely out-of-work. London proportions (38% workless) applied to local measures suggest around 3,000 in H&F, 1,600 in K&C, and 3,200 in Westminster. From the local measure, the numbers in poverty where at least one parent is on Income Support or JSA are 6,900 in H&F, 3,700 in K&C, and 7,500 in Westminster. Regardless of poverty levels, in 2012 there were 7,000 workless households in H&F, 5,000 in K&C and 14,000 in Westminster
Lone parents	Local poverty measure identifies 7,800 children in lone parent families in poverty in H&F, 4,200 in K&C, 8,400 in Westminster in 2011. Accounts for three quarters of child poverty cases in H&F/K&C and two thirds in Westminster. However, national headline measure of child poverty suggests much smaller proportions of poverty from lone parents than local measure. Locally 92-95% of lone parents are women
Large families (3+ children)	Nearly half of children in poverty are in large families (slightly lower in K&C). 4,600 children in families of 3+ in H&F; 2,200 in K&C; 5,900 in Westminster using local measure 2011
Children’s age	Local poverty measure suggests half of children in poverty are in households with a youngest child aged 0-4 years old. This is 4,900 in H&F, 2,500 in K&C, and 5,900 in Westminster in 2011 In each of the three boroughs, at least 75% of the children in poverty are under the age of 11 years.
Parents with a disability	Nationally, around 1 in 5-6 of children in poverty have 1 or more parent with disability/in receipt of disability benefits. As a rough guide, if applied to local poverty measure, estimates are around 1,800 in H&F, 1,000 in K&C and 2,300 in Westminster
Children with a disability	The numbers of children in poverty who have a disability (regardless of whether the adult has a disability) is likely to be just over half the figure for parents (see above). In nearly half these families, 1 or more parent also has a disability

¹¹ <http://www.ons.gov.uk/ons/rel/lmac/workless-households-for-regions-across-the-uk/2012/rft-table-c-children-areas.xls>

<p>Black and minority ethnic families</p>	<p>Estimated number of children (aged 0-19) from Bangladeshi/ Pakistani groups likely to be in poverty (based on 2011 Census and 50% poverty levels): 300 in H&F; 200 in K&C and 1,200 in Westminster.</p> <p>Middle Eastern and North African population likely to be a particular 'at-risk' group locally. Estimated number of children (aged 0-19) from Arab and 'Other Ethnic' groups likely to be in poverty (based on 2011 Census and 50% poverty levels): 1,100 in H&F; 1,000 in K&C and 2,700 in Westminster.</p> <p>Estimated number of Gypsy Roma Traveller children living on the site in K&C is 50+, with more whose families have been housed.</p>
<p>Those living in social housing</p>	<p>A large proportion of children in poverty will be living in social housing, with a smaller (and probably decreasing) proportion likely to be in private housing</p> <p><i>There may be a continual 'churn' of children in poverty into social housing due to the nature and eligibility for social housing, and resulting movement out once families are out of poverty.</i></p>
<p>No qualifications</p>	<p>Nationally, 3 in 10 adults with no qualifications are in poverty, rising to 4 in 10 after housing costs. Locally, number of parents in employment with no qualifications: 1,191 (H&F), 761 (K&C), 1,477 (Westminster). Similar numbers of those unemployed with no qualifications</p>
<p>Young carers</p>	<p>Levels of poverty not known. Number of residents aged under 15 providing unpaid care estimated at: 267 (H&F), 186 (K&C), 332 (Westminster)</p>
<p>Teenage parents/ young parents (<24)</p>	<p>Children with teenage mothers 63% more likely to live in poverty than those in their twenties. Around 50-60 NHS births to mothers aged under 19 each year in H&F; 20-30 in K&C; 40-50 in West each year</p>

5. The national response

Introduction

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

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

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

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

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

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

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

Supporting families to achieve financial independence

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

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

Supporting family life and children's life chances

- A focus on improving education, health and family outcomes and ensuring that child poverty doesn't translate into poor experiences and outcomes
- This includes narrowing the gap in outcomes between poor children and the rest
- Working with families to improve physical and mental health outcomes for children and parents
- Improving support and access for those with poor health and/ or disabilities
- Supporting parents to undertake their role as well as possible and strengthening their capabilities and ensuring children are safe
- Addressing specific barriers for looked after children, children from some ethnic groups, and teenage parents

Place and delivery

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

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

6. Alleviating child poverty: the local picture

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

Significant progress has been made and education is an example of what can be done: children on free school meals in London do much better than similarly poor children elsewhere, and the gap between those on free school meals and other children is lowest in London. London's success goes further: boys, girls, poor, not poor, children of all ethnic backgrounds now do better in London's schools than the national average, a reversal of the position a decade ago¹².

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

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

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

¹² London Child poverty profile October 2013

7. Priorities recommended for attention in local strategies

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

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

There have been many suggestions for activity and services that might improve family resilience and provide support with the practical steps necessary to improve their situation. These have all been recorded and will feed into strategy development and work planning. A list of those consulted can be found as appendix 2.

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

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

The following section outlines each of these themes in turn, presenting the local picture, the evidence base where available and identifying recommendations.

These recommendations were developed during the broad engagement process and finalised in conjunction with key stakeholders.

Priority one: Supporting families to engage with services

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

(RBKC Parents’ Forum 2013)

Introduction

Families in poverty are often reliant on public services, and yet there is an increasing body of evidence that there is a large amount of financial support and service provision which is not accessed by disadvantaged families¹³.

There are a range of real and perceived barriers including complexity of benefit and tax systems, confusion of eligibility criteria, lack of awareness or knowledge of services (among parents and professionals), lack of quality affordable and flexible childcare, and fear of stigmatisation. Services may also be viewed with mistrust and suspicion. Some recent research suggests that more affluent individuals and groups are more advantaged in accessing public services¹⁴.

The local picture

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

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

Local voice

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

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

¹³ Phillips D, Telfer C, Scott G (2011). *Hopes and expectations: How families living in severe poverty engage with anti-poverty services*. Edinburgh: Save the Children

¹⁴ Hastings, A. and Matthews, P. (2011) *"Sharp Elbows": Do the Middle-Classes have Advantages in Public Service Provision and if so how?* Project Report. University Of Glasgow, Glasgow, UK.

	lives / those of their child(ren).
Stigmatisation	Parents reported issues such as “embarrassment in accessing services” and not wanting to “admit that the family is in poverty”.

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

Evidence base for what works

Evidence from the child poverty local authority pilots¹⁵ indicate a number of factors are important for services to effectively support and engage with families:

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

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

Recommendation

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

¹⁵ Department for Work and Pensions (2012) *Helping Families Thrive. Lessons learned from the Child Poverty Pilot Programme*

Priority two: Promoting parental employment

Introduction

The employment status of parents is inexorably linked with child poverty and many programmes designed to address child poverty focus on getting parents into sustainable employment. International research has found that the countries with the lowest child poverty rates are those with high parental (particularly maternal) employment as well as low in-work poverty¹⁶. Supporting families into work and increasing their earnings is a focus for action in the recent Government consultation on the child poverty strategy¹⁷.

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

An explicit intention of current welfare reform is to incentivise employment, including parental employment. CPAG¹⁸ identify that a broad range of policy actions may be required to make this a feasible option for parents, for example addressing low pay and the supply of jobs that offer part-time/flexible working, in addition to addressing individual barriers to work such as low skills.

The local picture

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

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

Local voice

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

Lack of part time roles	<p>It was reported that mothers in particular want to work but need part time roles so they can strike the right balance between being a parent and returning to work/still having a career. The view is that there is a distinct lack of part time roles available.</p> <p>This view is also supported by national evidence¹⁹. Only 20% of jobs in London are part-time and largely concentrated in the low wage economy (including unsocial</p>
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¹⁶ Fauth B, Renton Z, Solomon E (2013) Tackling child poverty and promoting children’s well-being: lessons from abroad. London: National Children’s Bureau

¹⁷ HM Government (2014) Consultation on the Child Poverty Strategy.

¹⁸ Child Poverty Action Group (2012) We can work it out: parental employment in London

¹⁹ Child Poverty Action Group (2012) We can work it out: parental employment in London

	hours). As a consequence of this lack of availability, there is a pressure to take any job, often lower skilled and lower paid jobs, which poses a risk of falling back out of work.
No flexible working conditions	It was reported that when mothers do decide they would like to return to work after having children, often they would like roles where flexible working is permitted. This allows the 'school pick up and drop off'. It was suggested that there are not enough employment opportunities across the tri-borough area that offer flexible working as an option. <i>'The jobs available do not appear to offer flexible working hours unless you are happy to take a zero hour contract position, to which there are no positives – only negatives'. (RBKC Advice Forum, 2013)</i>
Unaffordable childcare	Childcare was another issue discussed. It was reported that many parents cannot afford to put children into full time childcare while they work therefore not working is their only affordable option. If they could afford to work they would. <i>"Putting my child into childcare while my partner and I tried to go back to work was challenging because of the cost. My job doesn't allow me to do flexi-time so we had to juggle which was very difficult..." (RBKC Parents Forum, 2013)</i>
The need for sustainable support	It was reported that some parents in the tri-borough area who are living in poverty have not worked for many years. Subsequently they have lost confidence and feel their skills are no longer relevant. In order to get these parents into work and sustain employment they may require work experience and ongoing support which extends beyond re-entering the workplace. It was also suggested that the chances of sustaining employment is higher if employment support is tailored to individual need. Parents will be on different stages of the 'pathway to work'. Individualised support is important and measures of success should take account of individual journeys and progression.

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

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

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

Evidence base for what works

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

- **Individualised approach.** An action plan based on a holistic assessment and that is 'owned' by the parent. Tailored support that is responsive to individual need.
- **Progression.** Quick wins that demonstrate early progress and the commitment to providing support, building self-confidence and confidence in provision.

- Addressing barriers. A flexible source of funding for professionals to access, and able to support a range of activities and address a range of costs incurred by employment and employability activity (e.g. training, transport and childcare)
- Sustained support. Long-term support built on a trusting relationship with a single key worker who can deliver or coordinate the range of support required.

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

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

Recommendations

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

Priority three: All families have access to quality, affordable childcare

“Childcare is very expensive and simply not an option for many. With both my partner and I working we could barely afford the cost of childcare for my only child. I would ask my parents to help me when I really ran into difficulty but they are getting too old to help out.”
(Mother, 2013)

Introduction

The need for flexible, affordable childcare for parents is a key factor in obtaining sustainable employment. Recent research has demonstrated that childcare can promote higher employment rates by enabling parents to balance their work and parental responsibilities²⁰. Maternal employment is particularly important and is lower in London than elsewhere in the country. When the London Child Poverty Commission examined the causes of child poverty in 2008, it came to the conclusion that it is driven in part by London’s lack of flexible childcare and the higher housing, childcare and living costs.

Parents in London who do work are more likely to require longer hours to cover commuting time. They are less likely than people in any other region to have access to informal childcare to reduce their childcare costs. Although some parents may be entitled to free childcare this is only for 15 hours per week for two year olds in disadvantaged families and universally for three year olds.

A national study found that one of the main reasons for people not working or looking for work was ‘to look after their children’, with a lack of suitable and affordable childcare cited as one of the barriers.²¹ In London, nursery care for children under two is 25 per cent more expensive than the average across Britain.²² The economic upturn has offered greater employment opportunities but in 2012 40% of part time jobs offered less than the London Living Wage.²³

The local picture

A survey of parents conducted by the Family Voices Family Choices parents forum²⁴ voted ‘affordable childcare’ as the second most important category of schemes the government should invest in – parents want to go to work with the knowledge their child is with a quality childcare provider. This was reinforced by the stakeholder engagement undertaken in developing this JSNA.

Local voice

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

Childcare is unaffordable for many parents living in London.

Stakeholders were in agreement that childcare is very expensive for most families. It often prevents both parents being able to work full time because they are better off financially taking care of their children themselves.

In London, the average cost of a nursery place for a child under two is now £5.33 per hour. A parent in London buying 50 hours of childcare per week for a child under two would face an average annual bill of nearly £14,000 per year.²⁵

²⁰ Mason P et al (2011) Local authority child poverty innovation pilot evaluation: Final synthesis report. Department for Education

²¹ Collard S and Atkinson A (2009) *Making decisions about work in one-earner couple households*. London: Department for Work and Pensions

²² Family and Childcare Trust (2013) *Childcare cost survey*: UK

²³ London Poverty Profile 2013

²⁴ Kensington and Chelsea Children’s Trust (2013). You told us: what children, young people and families have told us about growing up and living in Kensington and Chelsea

²⁵ Family and Childcare Trust (2013) *Childcare cost survey*: UK

Maternal employment	Mothers in particular stated that they would prefer to work but there are very jobs available that allow them to fulfil their parental responsibilities (e.g. part time work). The reduction in full-time places in maintained sector will have a major impact on maternal employability
In-work poverty	A common issue existing across the tri-borough area is where both parents are employed and struggling to pay for childcare which leaves them unable to pay for every-day essential items such as clothing. A social worker from one of the boroughs informed us that <i>'in work poverty is ever increasing amongst families and can sometimes go unnoticed because both parents are in employment so an assumption is made that they are coping well.'</i>
Supporting families to access childcare	Parents need information on the range of childcare options available. Nursery schools and childminders were mentioned as potential options, with the latter often providing greater flexibility. Anecdotal evidence suggests there is a general preference for nursery places while childminders have vacancies. Upfront costs of childcare (such as deposits and fees) are a barrier for low income families.

Evidence base for what works

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

- **Affordability** – good quality childcare can be expensive: if it is to be used widely and accessed by those most in need it must be available at a realistic cost, allowing parents to return to work.
- **Awareness** – parents can be unclear about what is available and where to go for information: it is essential that all local and community based services make every attempt to promote what is available.
- **Availability** – childcare needs to operate flexible drop off and pick up times and allow for travel to and from work. Proximity is an important related consideration.
- **Funding** – funding for parents to access childcare can be linked to training opportunities (rather than provided to the parent). Some research has cited the inflexibility of the free nursery entitlement as problematic, meaning that employment has been difficult to sustain.
- **Perception** - even if affordable childcare is available parents can require support and encouragement to access it. Some evidence suggests that parents feel that children under 2 should be with families, while some parents view statutory services with suspicion.

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

Recommendations

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

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

Priority four: Supporting the role of the school community

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

(Westminster Outreach Team, 2013)

Introduction

Children born into poverty are more likely to have poor physical and mental health outcomes throughout their life. They are also more likely to have poor personal, social and emotional development. This can affect educational achievement: children from disadvantaged backgrounds are far less likely to get good GCSE results. Recent statistics show that in 2013, 37.9% of pupils who qualified for free school meals got 5 GCSEs (including English and Maths) at A* to C, compared with 64.6% of pupils who did not qualify²⁶.

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

Educational achievement has an impact on a range of positive outcomes, including health, and the school plays an important role in supporting children, their families, and the community²⁷. In 2013 the government signalled their intent for schools to be a focal point in the local community:²⁸

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

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

The local picture

Local stakeholder engagement identified a gap in service provision of support/advisory services for children aged between 5-13 years, leaving this group potentially vulnerable and exposed.

Children aged from birth to 5 years are well supported, e.g. through Children’s Centres where there is a significant level of support/ advisory services for families who may be in poverty.

However once a child exceeds 5 years, the services available decrease in number. This needs to be addressed as transition milestones - into school and from infant to junior and junior to senior stages in education need to be smooth to protect their ability to thrive.

²⁶ Department of Education <https://www.gov.uk/government/publications/gcse-and-equivalent-attainment-by-pupil-characteristics-2012-to-2013> (accessed 20 February 2014)

²⁷ Marmot, M (2010) *Fair Society, Healthy lives. The Marmot Review: Strategic Review of Health Inequalities in England post-2010*

²⁸ HM Government (2013) *More affordable childcare.*

Local voice

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

Pupil Premium	Explore how better use could be made of the pupil premium for individual children and young people to meet particular needs as they arise e.g. help with school uniform in transition, resources to use at home to support homework.
Meeting the needs of deprived families	<p>There is a broad programme of holiday activities across the tri-borough area and this is well advertised to families. This offer contributes significantly to improving health outcomes for some children and young people.</p> <p><i>“Some children’s clubs are very expensive and this is a significant problem during school holidays – schemes that are attached to the school during term time are the most effective, like breakfast clubs.” (RBKC advice forum, 2013)”</i></p> <p>Schools need to be supported to consider themselves as an integral component of multi-agency working. There has been good practice in Westminster schools which needs to be promoted and developed.</p>
The role of the school as community hub	<p>The school was identified as a potential setting for the location of a range of services. On the whole parents view the school as a setting that can be trusted and provides a safe environment. Childcare may be able to be provided onsite.</p> <p>Schools develop relationships with their local community on the back of which a range of information and support might be provided e.g. on benefits, housing, employment support, parenting classes.</p> <p>One recommendation was a social worker based at the school for part of the week.</p>
Homework clubs and revision clubs	<p>When children in Westminster were asked what type of service they would like to see more of the top response was <i>‘after school clubs and revision classes’</i>²⁹.</p> <p>These suggestions would also provide a safe learning environment if their parents are working and cannot afford childcare.</p> <p>Many parents and professionals expressed their positive feelings on homework and revision clubs.</p> <p>Children were very much aware of the poverty cycle and believed in order to get the best out of life they should work hard at school and achieve as much as they can.</p>
Transition: nursery/reception; primary/secondary school	It was reported that many children come into nursery / reception with no experience of larger group social interaction. Children don’t know what to expect or what is expected of them. Often families have little prior contact with services.
There are fewer services for those aged 5 - 13 years.	Local providers/staff and GPs across the tri-borough area have commented on a lack of services for children aged 5- 13. This leaves them inadequately supported, particularly during transition periods (e.g. into primary secondary school).

²⁹ Save the Children (2013) Young people’s views on child poverty in Westminster

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

(Claire from Islington, 2013)

Evidence base for what works

The child poverty local authority pilots identified that working in venues (including schools) where families feel comfortable is essential for full engagement. The School Gates initiative (which took Job Centre Plus staff into schools to provide employment support) found that schools were a great place to meet parents “on their own turf”.³⁰ There needs to be good relationships with users, available space, appropriate management and front line staff who can support the service.

There is limited research available on what interventions work that specifically target 8-13 year olds. The Families and Schools Together (FAST) parental engagement programme has been endorsed by both the Children’s Workforce Development Council (CWDC) and the United Nations and has been shown to improve family functioning and child performance and behaviour.

There are also some examples of good practice such as a mentoring programme for 5-11 year olds with behavioural difficulties, run in Islington by Chance UK which has been shown to improve scores on the Goodman’s Strength and Difficulties Questionnaire (SDQ)³¹.

Recommendations

- 7: Support schools to identify and address the needs of deprived families and explore how to make effective use of the Pupil Premium to address those needs.**
- 8: Explore the potential to develop schools as community hubs, to make best use of their facilities as a location to provide a range of services tailored for parents and children.**
- 9: Promote the early identification of families who may need additional support during transition to integrate their child successfully into nursery / reception / secondary school.**
- 10: Identify and address the needs of those aged 5-13 yrs to support their transition from children to young people, ensuring that service design (e.g. of after school clubs; holiday provision) facilitates the engagement of children of poor families.**

³⁰ Marangozov R and Dewson S (2011). Study of School Gates Employment Support Initiative. Sheffield: Department for Work and Pensions

³¹ C4EO – Child Poverty <http://www.c4eo.org.uk/themes/poverty/vlpdetails.aspx?lpeid=305> (accessed 11/02/2014)

Priority 5: Accessing appropriate health care, at the right time

Introduction

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

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

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

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

Children from deprived communities also have higher rates of obesity and increased risks of associated health problems. Poor families from black and minority ethnic (BME) communities and those with English as an additional language (EAL) may also have difficulty accessing timely health services.

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

The local picture

Vulnerable pregnant women, including BME women with English as an additional language (EAL), experience more difficulty accessing maternity services and the support they need in pregnancy³².

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

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

³² BME Health Forum (2013) A study into the experiences of Black and Minority Ethnic Maternity Service Users at Imperial College Healthcare NHS Trust April 2011-March 2013
http://www.bmehf.org.uk/files/9913/7304/2177/Maternity_Report_Final.pdf

“[We] need to move as the landlord is selling [our] flat but I can’t find anything affordable and don’t qualify for social housing.”

(Mother with one child. RBKC)

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

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

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

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

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

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

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

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

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

Local voice

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

<p>Parental Mental health problems increasing</p>	<p>Local service providers have identified an increase in parents presenting with mental health problems from across the tri-borough area. This is commonly attributed to anxiety about welfare reform, unemployment and financial worries, and includes families who suffering from in-work poverty. The most common problems are depression, stress, anxiety and sleepless nights.</p>
<p>Lack of capacity and expertise in front line services to help parents with mental health issues.</p>	<p>Staff who work in non-health related settings have emphasised that they feel that do not have the capacity or expertise to manage parents' mental health problems, including those with more significant mental illness. They feel under pressure and are concerned about not delivering what their services were set up to provide, wider family support, as they are now spending much more time dealing with welfare reform related issues. More help from mental health services is needed and better awareness of available services e.g. IAPT.</p>
<p>Pressures on children to translate for parents</p>	<p>Staff working in non-health settings reported that parents who do not have English as their first language often have to rely on their children to translate the family's issues, including financial worries, housing issues, school movement issues etc. This puts pressure on children and can have a detrimental impact on their mental health.</p>
<p>Isolation</p>	<p>Some parents become so overwhelmed by financial pressures and anxiety that they lose confidence and stay in their homes. Their children are often kept inside too.</p> <p>Isolated families often lack knowledge about who can support them through the current welfare changes and are often not aware of services they are eligible for or grants they are entitled to access.</p>
<p>Better joint working between services to improve access to joined up services</p>	<p>Some good examples of joint working were highlighted e.g. speech and language therapists and health visitors working with children's centre staff. Also some effective integrated services, e.g. the Safeguarding Health Visitors in Hammersmith and Fulham integrated with social care. The Connected Care Model is helping to create better links between hospital services and GPs for children with health problems, but with Children's Centres playing a pivotal role in supporting young families they need to be better linked to this model. One recommendation was that each centre should have a link GP, similar to the link health visitor model.</p> <p>Closer links are also needed between GPs and Early Help staff, dentists, pharmacists, midwives, social care, advice services schools and other services to provide more joined up access to health care and to reduce high use of A&E services. A social model of care is needed, that takes account of all the factors impacting on children's health and well being, including poverty.</p>
<p>Access to maternity services and earlier help during pregnancy</p>	<p>A significant percentage of women do not book early enough into maternity services and those with English as an additional language and from BME groups often find it difficult to access and navigate the different tests and appointments.</p> <p>Translators are not always available to explain things. Access to interpreting services needs to be improved for pregnant BME women.</p> <p>Pregnancy can create extra stress on the expectant women and her partner, including the impact of housing and financial worries. Pregnant women should be supported to register with Children's Centres at ante-natal stage.</p>

Examples of good practice

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

- Integrated maternity care: joint working between midwives and a named health visitor to support vulnerable pregnant women
- Specialist perinatal mental health visitor providing individual and group interventions for women with ante natal and post natal depression in North Kensington
- Family Nurse Partnership programme: achieves good maternal and child outcomes by starting in pregnancy and providing consistent, evidence based out-reach services for first time teen parents
- Voluntary and community sector organisations befriending isolated mothers and parents, e.g. Home Start, Family Friends
- Universal provision of the Healthy Child Programme health visiting service and Early Speech & Language Therapy (SLT) intervention delivered through Children's Centres, supporting early identification
- Keep Smiling oral health promotion programme
- Trained volunteers supporting breastfeeding programmes
- Provision of early evening and weekend child development review appointments and clinics to increase uptake of services and engagement with fathers
- Community Champions: community engagement in health promoting activities and signposting families in deprived communities to health services
- Nursery Nurse led Sleep management interventions (RBKC)
- BOOST children's obesity prevention programme for 0-5 years
- Community paediatric clinics for management of allergic illness

Recommendations

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

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

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

Priority six: Promoting family wellbeing by addressing housing related needs

Introduction

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

Children living in poor or overcrowded housing are more likely to have respiratory problems, be at risk of infections, and experience long-term ill health and disability. They are also more likely to experience mental health problems such as anxiety and depression. It can also affect nutrition and development, educational attainment and future life opportunities³³.

The local picture

The tri-borough area is one of the most densely populated areas in the country. There are pockets of concentrated social housing with many children living in **overcrowded** conditions. Of the 72,477 socially rented households in the tri-borough area in April 2011, 12,217 (16.9%) were considered to be overcrowded, having fewer bedrooms than the notional number recommended by the bedroom standard. Over 70% (8,608) of those were family households containing an estimated 17,500 dependent children (6,000 in LBHF, 4,000 in RBKC and 7,500 in WCC) (Source: 2011 Census). A recent study involving local families in Kensington and Chelsea raised housing conditions as a key issue³⁴. Evidence reported that over a quarter of parents were living in overcrowded conditions and that welfare reforms were moving families into cramped conditions. Working with partners, Westminster City Council delivered a number of successful projects aimed at mitigating the impact of overcrowding, including case workers offering a range of services such as minor space saving adaptations.

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

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

All three boroughs are among the **least affordable** boroughs in London to buy a property, and private sector rents are also high. All three boroughs have also seen a rise in the use of **temporary accommodation**, particularly since welfare reforms began and housing benefit has been reduced for many residents. As at 31st March 2014, 5,176 households, including more than 7,300 children under the age of 18 years, were living in temporary accommodation in the tri-borough area (1,139 households including 1,184 children in LBHF, 1,754 households including 2,196 children in RBKC and 2,283 households

³³ Harker, L (2006) *Chance of a lifetime: the impact of bad housing on children's lives*. London: Shelter

³⁴ *Change for children: A study of local families in Kensington and Chelsea*, Kensington and Chelsea Social Council, 2014

including 3,285 children in WCC) (source: p1e section 6, submissions to the DCLG 2014). Nearly 40% (2,800) of all children living in TA were under the age of 5 years (Source: p1e section 6, submissions to the DCLG 2014).

Efforts are being made to address these issues in each of the three boroughs. Westminster Council has an ambitious programme of **housing renewal** which will deliver new homes. These will be a mixture of new social housing units, affordable rented products and private properties. Planning powers will also be used to deliver more homes, with large developments required to deliver 35% affordable homes. The masterplans will also focus on improving the public realm including green space, play areas and facilities for young people. There will be significant capital investment in the Council own housing stock, managed by CityWest homes, and this is being informed by considerations relating to health and wellbeing.

The Kensington and Chelsea Tenant Management Organisation has been working closely with the Council to develop an investment strategy for the next five years to improve the quality of housing stock and thereby improve quality of life for its tenants. This will build on insulation works already undertaken to reduce energy consumption and address fuel poverty. Like WCC, RBKC are looking at potential regeneration opportunities, seeking to ensure that the housing stock available more closely mirrors the composition of households and developing neighbourhood that enhance residents' sense of well-being. RBKC also commissions supported housing schemes for single parents at risk of homelessness. These aim to support families in transition to permanent housing through the provision of support and advice services that include resettlement and employment and training support. A Tenancy Sustainment Team supports families in temporary accommodation.

The London Borough of Hammersmith and Fulham has identified five Regeneration Areas which are anticipated to be the key focus for growth in the borough over the next 20 years. Together, these regeneration areas have the capacity to deliver approximately 36,000 homes.

Local voice

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

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

Evidence base for what works

Residential environmental health service (REHS) departments have an important function in addressing housing conditions and the associated home visits can highlight otherwise hidden issues which can be addressed through referral to other services, for example health or social care. When dealing with private

sector properties, the REHS has enforcement powers, using the Housing Health and Safety Rating System (HHSRS), although these powers do not extend to public sector housing and there is no duty on arms length management organisations to ensure that the standard required by the HHSRS is maintained. In Westminster initiatives to overcome this anomaly were introduced, namely the Healthy Futures and Well@Home projects.

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

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

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

Recommendations

14: Ensure the effective use of all planning, housing investment and housing allocation powers to respond to the need for good quality and affordable family sized housing, regardless of tenure; meeting and, where appropriate, exceeding agreed targets and supporting mixed communities.

15: Review targeted support for families who are homeless or threatened with homelessness to ensure early intervention that supports families to engage with the range of advice, support and care services available.

16: Develop greater integration between REHS and other front line services, particularly health and social care, to ensure that poor housing conditions are addressed regardless of tenure.

8. Next steps

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

The recommendations presented at the end of each priority's outline are intended to provide a springboard for discussion in each of the three boroughs to which this JSNA relates.

Each borough has a duty to prepare a strategy to alleviate child poverty. The drivers and impacts of poverty are complex and inter-connected however, and Local Authorities can only effect change in robust partnership with other stakeholders.

Stakeholder engagement has been at the heart of production of this JSNA. Its findings and the research cited can be used to inform borough based responses that are tailored to the particular needs of each borough's residents and network of services, facilities and assets.

This final report has been taken through the Joint Health and Wellbeing Boards of each of the three boroughs to ensure that this will be supported.

Appendix 1: Task and Finish Group

Name	Post	Department	Borough
Monica Acheampong	Public Health Support Manager	Public Health England	
Natasha Bishopp	Head of Family Recovery	Children and Families	Triborough
Colin Brodie	Public Health Knowledge Manager	Public Health	Triborough
Ben Denton	Strategic Director	Housing, Regeneration and Property	Westminster
Ian Elliott	Policy Officer	Children and Families	Triborough
Ingrid Hooley	Employment Opportunities Officer	Economic Renewal	Hammersmith and Fulham
Gez Kellaghan	Strategic Partnerships Officer (Housing)	Housing Strategy & Performance	Westminster
Julia Mason	Families & Children's PH Commissioner	Public Health	Triborough
Milan Ognjenovich	Principle Performance and Information Officer	Finance and Corporate Services	Hammersmith and Fulham
Monica Patel	Commissioning Officer, Children and Early Years	Children and Families	Triborough
Mike Potter	Head of Commissioning, Early Intervention	Children and Families	Triborough
Ade Sofola	1 in 4 Programme Manager	Save the Children	
Jayne Vertkin	Head of Early Intervention and Localities (Westminster)	Children and Families	Triborough
Anna Waterman	Strategic Public Health Adviser	Public Health	Triborough
Posy Zawalnyski	Senior Public Health Officer	Public Health	Triborough

Appendix 2: Stakeholder engagement

Those following is a list of those with whom the JSNA production team had contact for input. In some instances this led to discussion at team meetings, in some written feedback and others more informal discussion.

Local Authority partners

- Adult Social Care
- Children and Families
- Community Safety
- Corporate Policy
- Economic Renewal
- Housing
- Planning
- Sport and Leisure

NHS partners

- Hammersmith and Fulham Clinical Commissioning Group
- Central London Clinical Commissioning Group
- West London Clinical Commissioning Group
- North West London Commissioning Support Unit
- Central London Community Healthcare NHS Trust
- Health visitors
- Midwives
- School nurses
- Speech and Language Therapies

Statutory Providers

- Children Centres
- CityWest Homes
- JobCentre Plus
- Libraries
- Play services
- Primary Schools in the Tri-borough area
- Residential Environmental Health in each of the three boroughs
- Social workers
- Tri-borough Heads Executive
- Youth Services

Voluntary/Community Sector partners

- Advice Workers' Forum - in each of the three boroughs
- Bayswater Family Centre
- Cardinal Hume
- Community and Voluntary Sector Association Hammersmith and Fulham (CaVSA)
- Community Champions Forum

Dalgarno Community Centre
 Hammersmith and Fulham Health Watch
 Kensington and Chelsea Health Watch
 Kensington and Chelsea Social Council
 Paddington Development Trust
 Pimlico Toy Library Manager
 Voluntary Action Westminster and Westminster Volunteer Centre
 Westminster Community Network
 Westminster Health Watch

Engagement Summit Delegates, November 2013

Local Authority Departments		
Ahmed, Fatima	Outreach Team, Westminster Children's Centres	Westminster Council
Aldridge, Tim	Head of Early Help & Social Work,	Royal Borough of Kensington and Chelsea
Beaghan, Sue	Residential Environmental Health	Westminster Council
Biskupski, Emma	Early Years Workforce Development Officer	London Borough of Hammersmith and Fulham
Blood, Matthew	Virtual School Head for LAC	LBHF Council
Breen, Innocenta	Business Support Officer, Public Health	Triborough
Bywater, Steve	Policy & Performance Manager,	LBHF Council
Chauhan, Madhu	Parenting Coordinator	Westminster Council
Cole, Debra	Performance and Business Support Officer, Early Years	RBKC Council
Cookson, Keith	Community Development Manager	City West Homes
Cressey, Richard	Policy Officer	Westminster Council
Dalton, Mary	Adult Social Care	Triborough
Dunsford, Liz	Senior Public Health Officer, Children and Families	Triborough
Durrant, Andrew	Head of Sport & Wellbeing,	Westminster Council
Farmer, Alison	Assistant Director for Special Educational Needs	Triborough
Fuller, Nick	Children and Early Years Coordinator	Westminster Council
Gielgud, Kate	Health Information in Libraries Coordinator	Westminster Council
Gill, Amanda	Head of Housing Needs	RBKC Council

Griffiths, Patricia	Strategic Public Health Advisor	Triborough
Harding, Thomas	Senior Policy Officer, Works and Skills	Westminster Council
Hart, Graham	Economic Development	RBKC Council
Hebblethwaite, James	Senior Public Health Analyst	Triborough
Hrobonova, Eva	Consultant in Public Health	Triborough
Johns, Annelise	Senior Public Health Officer	Triborough
Lloyd, Chris	Communities Development Manager, Libraries	Triborough
Lord, Sam	School Improvement Team	LBHF Council
Mananes, Edurne	Early Years Support Officer	RBKC Council
Peaché, Glen	Assistant Director for Looked After Children and Leaving Care	RBKC Council
Quashie Ferguson, Patrina	Senior Playworker	RBKC Council
Rowe, Janine	Head of Service Looked After Care & Specialist Services	Westminster Council
Russell, Mary	PH Commissioner, TriB Directorate	Triborough
Shah, Nehal	Project Manager	City West Homes
Smith, Peter	Strategy Manager	LBHF Council
Thomas, Mervyna	Employment Projects Coordinator	Westminster Council
Trant, Julie	Play Development Manager,	RBKC Council
Turner, Martin	Environmental Health Officer	Westminster Council
Vertkin, Jayne	Head of Early Intervention and Localities	Westminster Council
Ward, Rowena	Business Analysis Manager	Westminster Council
NHS partners		
Ainslie, Angela	Health Visitor	Central London Community Healthcare (CLCH)
Bell, Carole	Head of Children's Health Commissioning	North West London Commissioning Support Unit (NWL CSU)
Brownjohn, Nicky	Designated Nurse for Safeguarding Children	NWL CSU
Hammond, Jean	Senior Nurse Practitioner	CLCH
Jones, Philippa	Managing Director,	Hammersmith & Fulham Clinical

		Commissioning Group (HF CCG)
McCann, Una	Lead Sexual Health Nurse	CLCH
Sainsbury, Robert	Deputy Managing Director	HF CCG
Stopp, Liz		Central London CCG
Wilson, Jacqui	Child and Adolescent Mental Health Commissioner	NWL CSU
Education partners		
Parents' Forum	St Quintin's School	Westminster
Triborough Heads' Executive Group	Primary Schools	Triborough
Piddock, Angela	Former Head Teacher	Westminster
Voluntary and Community Sector		
Abdi, Susu	Family Mosaic	Hammersmith and Fulham
Advice Workers Forum		RBKC
Awais-Dean, Muriel	NCH Action for Children	Bayswater Families Centre
Bundy, Julie	Community Development Manager	Genesis Housing Group
Hallal, Charlene	Housing and Worklessness Coordinator	Kensington and Chelsea Social Council
Keivani, Lainya		The Abbey Centre
Lewis, Joel		Citizens Advice Bureau
Lister, Caroline	Community Champions Coordinator	Family Mosaic
Mitchell, Eleanor		MIND
Mulcahy, Marie		Dalgarno Trust
Owen, Gareth	Chief Executive Officer	Westminster Volunteer Bureau
Pickard, Jessica		Paddington Development Trust
Scholtz, Christa	Director	Home Start Westminster
Sofola, Ade	4 in 1 Programme Manager	Save the Children
Spence, Angela		Kensington and Chelsea Social Council
Springer, Shirley	Chief Executive	Westminster CAB
Other		
Chater, Jonathon	Department for Work & Pensions	