

Appendix 2

Harrow Public Health 2016

Child poverty and health inequality needs assessment

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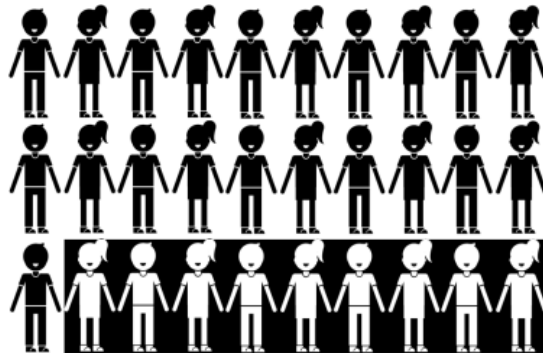
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Executive summary

Action on child poverty took place in 2010 when the Child Poverty Act was introduced in the UK. The Act required the government to produce a child poverty strategy and this was published in 2011 and renewed in June 2014 committing the government to ending child poverty by 2020¹. When children grow up poor, this can impact on their immediate and long term life chances. Children who grow up in poverty are four times as likely to become poor adults, becoming the parents of the next generation of children living in poverty. The Department for Work and Pensions estimate that there were 3.9 million children living in poverty in the UK in 2014-15. That's 28 per cent of children or 9 in a classroom of 30 as depicted below.²

Figure 1: 9 in a class of 30 in poverty



Mitigating child poverty is a priority for local authorities and is already reflected in the Harrow corporate plan 2016-2019 and also the health and wellbeing strategy. Harrow is generally better than other London boroughs when looking at the index of multiple deprivation (IMD) and child poverty levels. However this report shows that there are children and families in the borough who are experiencing poverty. For example Harrow's high housing and childcare costs can make it harder for low income families and low skilled workers to survive on their incomes.

The word cloud below has captured some of the key words associated with poverty in Harrow and demonstrates that child poverty is a complex multi-dimensional issue that can only be addressed through collaborative working. The local authority is in a unique position

¹ The Child Poverty Unit is jointly sponsored by the Department for Work and Pensions, the Department of Education and HM Treasury. The unit works to reduce poverty and improve social justice and supports ministers in meeting their child poverty reduction targets by 2020.

² Households Below Average Income, An analysis of the income distribution 1994/95 – 2015/16, Tables 4a and 4b. Department for Work and Pensions, 2016.

poverty levels with 28.5% BHC rising to 42% after (AHC). Wealdstone, Marlborough, Greenhill, West Harrow, Queensbury and Roxeth have the next highest child poverty levels in the borough

3. **Families experience poverty for many reasons, but its fundamental cause is not having enough money to cope with the circumstances in which they are living.** A family might move into poverty because of a rise in living costs, a drop in earnings through job loss or benefit changes. Childcare and housing are two of the costs that take the biggest toll on families' budgets. The data recorded enquiries at the CAB suggest that the number of enquiries on fuel debt has increased.
4. **17.0% of pupils in Harrow's high schools were eligible for free school meals (FSM) as at January 2014.** FSM is also used as a proxy indicator for child poverty levels.
5. **Child poverty has long-lasting effects. By GCSE, there is a 28 per cent gap between children receiving free school meals and their wealthier peers in terms of the number achieving at least 5 A*-C GCSE grades.** The inequality gap in achievement in Harrow continues to narrow, however is still above national averages. Of Harrow's schools, 87 percent were good or outstanding as at October 2014, only 12 percent of schools required improvement whilst 2 percent judged inadequate. Whilst pupils in Harrow have performed above national averages overall, particular ethnic groups within Harrow do not fare as well as others. Inequalities in education exist in Harrow, particularly amongst children with special educational needs (SEN), those eligible for FSM and ethnic groups.
6. **Population projections for the 4-10 year age group are expected to increase from 20,864 children mid-year 2012 to 25,567 children mid- year 2024.** Children in large families are at a far greater risk of living in poverty – 34% of children in poverty live in families with three or more children. Children and young people under the age of 20 years make up 25.1% of the population of Harrow.
7. **The average spend on childcare per week is £153. This increases to £199 in the North East of the borough and decreases to £86 in the South East Area.** The acquisition of childcare is an important parameter which determines the employability status of a parent. Essentially, the take up of formal childcare is lower

in Harrow at only 9 percent compared with London (14 percent) and England (15 percent) averages.

8. **At 2.3% (August 2014), the unemployment rate in Harrow was below the rates for West London, London and England. However, unemployment in Wealdstone and Marlborough wards (at 4.1% and 3.9% respectively) was above the London average of 3.7%.** The number of residents of working age on key out-of-work benefits has been falling since August 2009, but worklessness rates in 24 of Harrow's 137 LSOAs exceeded the London average of 9.6% in May 2014
9. **Wealdstone, followed by Roxbourne are the most deprived wards in Harrow for income deprivation affecting children.** Harrow's ranking for income deprivation affecting children has improved considerably since 2010 where five LSOAs (Lower Super Output Areas) are in the country's least deprived 10 percent, these LSOAs are situated in Harrow on the Hill, Hatch End, Headstone North, Pinner and Pinner South wards.
10. **Kenton East scores highest in relation to those adults who experience barriers to learning and disadvantage in the labour market due to lack of English proficiency.** Overall, adult skills levels are worse in the centre, south-east and south-west of Harrow. An LSOA in Harrow Weald, in England's most deprived 20 percent, is the borough's worst ranked for adult skills.
11. **Wages paid in Harrow (£489) in 2014 were below the national average of £523.30 and considerably lower than London's average of £660.50.** Boroughs with the largest increase in low-paid jobs since 2010 were Harrow (from 21% to 37%), Waltham Forest (from 21% to 35%) and Newham (from 17% to 29%). Research shows when households are faced with financial difficulties, one of the first areas where cuts are made are in relation to household food brought per week, most frequently, healthier foods including fruits and vegetables. However, such cutbacks bring about consequences towards health and wellbeing.
12. **Lack of work can be associated to a number of factors including, poverty, crime, substance abuse, poor health, low education levels and family breakdowns.** In August 2014, there were 2,490 individuals in Harrow claiming Jobseeker's Allowance, a rate of 2.3% which was the lowest level of unemployment of all West London boroughs. According to research, in addition to

various other life adjustments, unemployment can hinder a family's ability to purchase less fresh foods and eat a balanced meal due to the high prices of healthy foods.

- 13. Proficiency in English language can be a barrier to work leading to low paid low skills jobs.** School census data shows that in 2013-14 there were 168 languages spoken in Harrow schools representing the richness and diversity in the borough. In January 2014 English as a first language dropped to 38.8%. English along with Gujarati, Tamil, Somali, Arabic and Urdu continue to be the main languages spoken by Harrow's pupils. In line with the changing ethnic groups Middle Eastern and Eastern European languages are increasing significantly year on year.
- 14. Poverty is also related to more complicated health histories over the course of a lifetime, again influencing earnings as well as the overall quality and length of life.** Men in the most deprived areas of England have a life expectancy 9.2 years shorter than men in the least deprived areas. They also spend 14% less of their life in good health.
- 15. Poor health indicators are, most frequently, found in the more deprived areas of Harrow whilst better health outcomes, in the more affluent parts. For women in the most deprived parts of the borough, life expectancy was 4 years lower than in the most affluent areas. For men, however, the gap is much wider, with a difference in life expectancy to be over 8 years.** Although Harrow, as a borough, is generally a healthy place, there are a few measures where Harrow performs worse in than the England average, this includes; high rates of fuel poverty and statutory homelessness, high rates of excess weight in 10-11 year olds, low amount of fruit and vegetables eaten, high rates of TB and low rates of health checks.
- 16. Concerning health and wellbeing factors for children includes poor mental and emotional wellbeing, tooth decay, obesity, increase in type 2 diabetes in children and low physical activity is worse in areas with higher child poverty levels.** In 2011/12, 35.1% of five year olds had one or more decayed, filled or missing teeth. This was worse than the England average.
- 17. Referrals to the Multi Agency Safeguarding Hub in Harrow show that the most commonly found presenting needs were domestic violence, accounting**

for just over 34% of all needs identified, followed by parental substance abuse, accounting for nearly 19% of needs identified. Referrals have also come from some of the areas in the borough where child poverty levels are highest.

18. **Poor housing, overcrowding and rising rent in private rented sector coupled with very low availability of social housing sector and increase in temporary accommodation are all associated with poverty.** High average house prices in Harrow indicate home ownership to also be out of reach for those on lower incomes. Out of all London boroughs, Harrow has the lowest proportion of social housing. Approximately, 10 percent of Harrow's household live in social rented housing. Despite prevention efforts made from the housing team, there are still a high number of families dwelling in temporary accommodation. Harrow is nationally ranked 24th for overcrowding, where 1st is the most overcrowded. Harrow wards with the highest rates of overcrowding are Greenhill, Edgware and Marlborough. In Harrow, approximately, 6,100 children aged 0-5 years live in the 30% most deprived areas.
19. **There are more private renters in poverty than social renters or owners in London.** A decade ago it was the least common tenure among those in poverty. Most children in poverty are in rented housing (more than 530,000), half with a registered social landlord and half with a private landlord. The number of children in poverty in private rented housing has more than doubled in ten years.
20. **The wards with the highest rates of overcrowding are Greenhill, Edgware and Marlborough. 400 cases accepted as eligible and unintentionally homeless in 2014/15, more than double since 2013/14 (180) and a huge increase since 2010/11 (45).** Loss of private rented accommodation now accounts for nearly 75% acceptances, up from under 40% in 2009/10. There is a huge focus on homelessness prevention through mediation/conciliation, debt and Housing Benefit advice, rent & mortgage intervention, emergency support, negotiation/legal advocacy and sanctuary as well as other private rented sector assistance.
21. **Housing reforms plus welfare benefit changes since 2011 have led to an increase in homelessness applications and acceptances in Harrow, resulting in more families being placed in bed and breakfast at an average cost to the council of £7,000 per family per year.** Whilst Harrow is a top performer in terms of managing and preventing homelessness (one of the lowest acceptances in

London, lowest number in B&B in West London) there are no signs that the upward trend is going to reduce in the near future.

1.0 Introduction

1.1 The need for a child poverty strategy

- 1.1.1 The aim of this report is to present the latest picture of Child Poverty in Harrow by providing analysis of data from various departments in Harrow council, national context on child poverty reference to reports that exist relating to child poverty. The report aims to give a detailed overview of some of the key issues relating to child poverty in Harrow.
- 1.1.2 In March 2010 the Child Poverty Act 2010 was passed, compelling action to be taken on local and national levels to meet the target of eradicating child poverty by 2020 in the UK. The Act requires the government to publish a child poverty strategy.
- 1.1.3 In 2011 a national strategy was published⁴, then renewed in June 2014⁵. The government commissioned independent reviews by Frank Field⁶ and Graham Allen⁷ which focused on children's life chances and the importance of early intervention. Both reviews are referenced in the governments' national strategies. The Marmot review⁸ published in 2010 is also a key player in assessing health inequalities and the impact on poverty.
- 1.1.4 The Child Poverty Act also requires local authorities and their partners to cooperate to tackle child poverty in their local areas; including the duty to publish a local child poverty needs assessment and a child poverty strategy for their area. This document will provide the underlying knowledge and intelligence that assesses poverty and health inequalities that impact on child poverty in Harrow.
- 1.1.5 Even though the UK is a relatively rich country, many children live in poverty, it is estimated that over 600,000 of London's children live in poverty alone. Whilst some children thrive despite the poverty they grow up in, for many children growing up in poverty can mean a childhood of insecurity, under-achievement at school and

⁴ Government child poverty strategy April 2011,

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/177031/CM-8061.pdf

⁵ Government child poverty strategy 2014-17

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/324103/Child_poverty_strategy.pdf

⁶ Frank Field The foundation years: preventing poor children becoming poor adults, December 2010

<http://webarchive.nationalarchives.gov.uk/20110120090128/http://povertyreview.independent.gov.uk/media/20254/poverty-report.pdf>

⁷ Graham Allen report on early intervention: next steps, Jan 2011

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/284086/early-intervention-next-steps2.pdf

⁸ Marmot Review, Fair society Healthy lives 2010, <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report>

isolation from their peers. Children who grow up in poverty are four times as likely to become poor adults, becoming the parents of the next generation of children living in poverty. London's high housing, transport and childcare costs make it harder for low income families and many low skilled workers to survive on their incomes.

1.2 Why is child poverty an issue for local authorities?

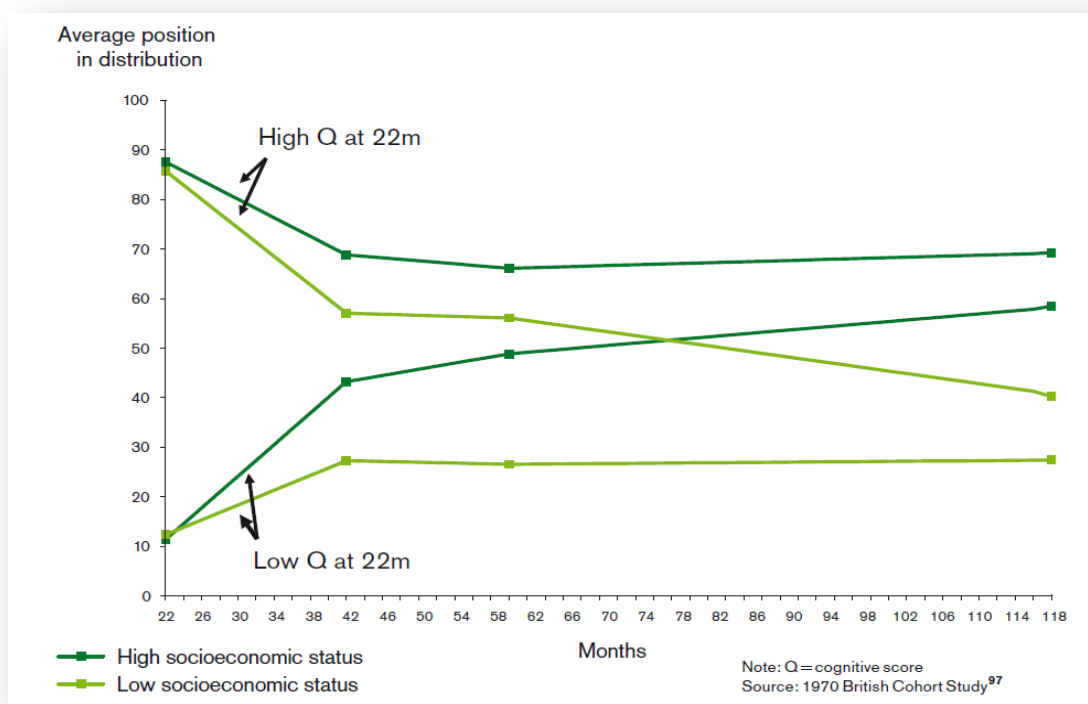
- 1.2.1 Tackling child poverty is a priority because of its short and long term consequences for children and for local areas. Tackling poverty is a key strategy to achieving successes in areas such as better health, education and economic development. Research estimates that poverty costs the UK £25 billion every year in reduced educational opportunities, lower taxes and higher service costs⁹

“Poverty affects different aspects of people’s lives, existing when people are denied opportunities to work, to learn, to live healthy and fulfilling lives, and to live out their retirement years in security. Lack of income, access to good-quality health, education and housing, and the quality of the local environment all affect people’s well-being.” (DSS, 1999a: 23)¹

- 1.2.2 More importantly, inequality can have an impact on the cognitive development and therefore future life chances of children as reported in the Marmot review. The 1970 British Cohort Study (BCS70) follows the lives of more than 17,000 people born in England, Scotland and Wales in a single week of 1970. Over the course of cohort members lives, the BCS70 has collected information on health, physical, educational and social development, and economic circumstances among other factors. Figure 4 shows inequality in cognitive development of children in the BCS at 22 months and 10 years. The following groups of 2 year olds at either end of the cognitive ability scale, significant gaps in cognitive ability opened up between 2 and 10 years dependent on socio economic status. And in fact, by around age 6 the ‘less bright’ group with higher socio economic status had caught up with the ‘bright’ group with lower socio economic status. Thus the socio economic environment in which the child is developing would seem to have a huge impact on cognitive development, far greater than any ‘raw material’ that the child is born with.

⁹ Joseph Rowntree Foundation, Estimating the Cost of Child Poverty (2008)

Figure 3: **Inequality in early cognitive development of children in the 1970 British Cohort Study, at 22 months to 10 years**



1.2.3 Local authorities and their delivery partners have a vital role in delivering many of the building blocks to tackle child poverty. As providers of services to children, young people and families, they have a major part to play in narrowing the gaps in outcomes between children from low income families and their peers, and breaking inter-generational cycles of deprivation. Through driving regional economic performance and sustainable growth they also create prosperity and employment. Local authorities can provide strategic leadership in tackling child poverty and facilitate creative local solutions tailored to local circumstances.

1.2.4 The child poverty basket of indicators¹⁰ brings together indicators of child poverty as identified by the Child Poverty Unit. It is designed to allow the comparison and analysis of data from different local authorities (LAs) and regions in England.

1.3 Defining poverty

1.3.1 When we talk about poverty in the UK today we rarely mean malnutrition or the levels of squalor of previous centuries or even the hardships of the 1930s before the

¹⁰ <https://www.gov.uk/government/publications/child-poverty-basket-of-local-indicators>

welfare state. It is a relative concept. 'Poor' people are those who are considerably worse off than the majority of the population – a level of deprivation heavily out of line with the general living standards enjoyed by the majority of the population in one of the most affluent countries in the world. Professor Peter Townsend¹¹, a leading authority on UK poverty, defines poverty as when someone's

“Resources are so seriously below those commanded by the average individual or family that they are, in effect, excluded from ordinary living patterns, customs and activities”

Poverty is about the conditions people face. A study on poverty and social exclusion showed for example, out of 58 million people in Britain today:

- Roughly 9.5 million people in Britain cannot afford adequate housing conditions as perceived by the majority of the population. That is, they cannot afford to keep their home adequately heated, free from damp or in a decent state of decoration.
- About 8 million people cannot afford one or more essential household goods, such as a fridge, a telephone or carpets for living areas, or to repair electrical goods or furniture when they break or wear out.
- Almost 7.5 million people are too poor to be able to engage in those common social activities considered necessary: visiting friends and family, attending weddings and funerals, or having celebrations on special occasions.
- A third of British children go without at least one of the things they need, like three meals a day, toys, out of school activities or adequate clothing. Eighteen per cent of children go without two or more items or activities defined as necessities by the majority of the population.
- About 6.5 million adults go without essential clothing, such as a warm waterproof coat, because of lack of money.
- Around 4 million people are not properly fed by today's standards. They do not have enough money to afford fresh fruit and vegetables, or two meals a day, for example.

¹¹ Peter Townsend, report on poverty <https://www.jrf.org.uk/report/reporting-poverty-uk-practical-guide-journalists>

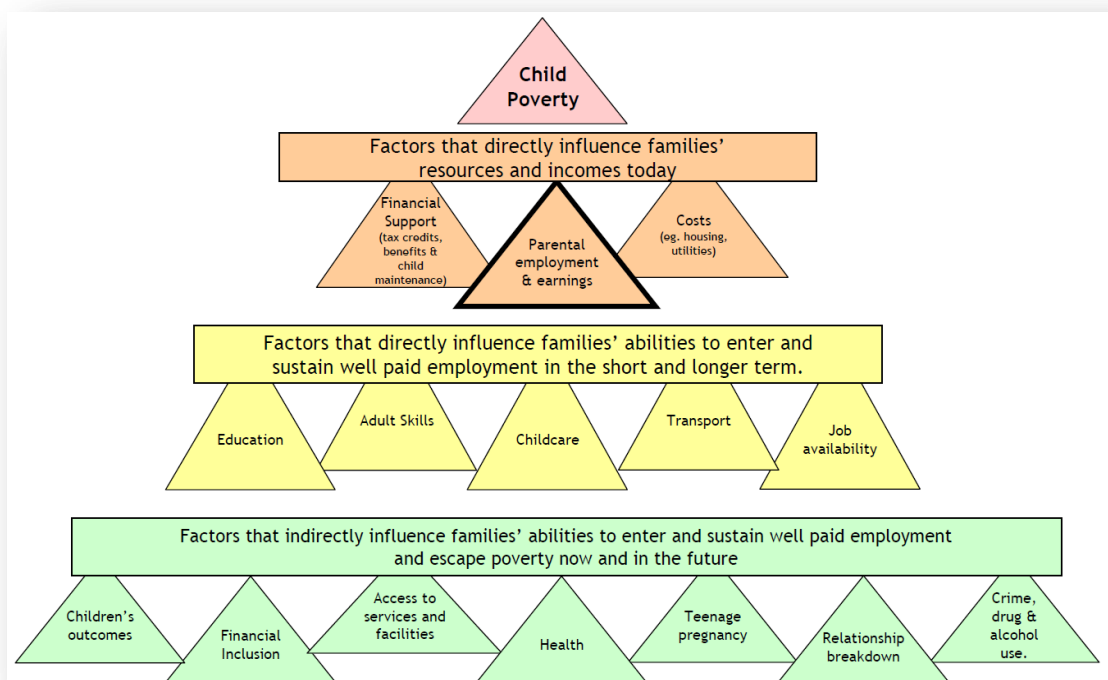
- Over 10.5 million people suffer from financial insecurity. They cannot afford to save, insure their house contents or spend even small amounts of money on themselves.

- 1.3.2 The general public holds ideas about the necessities of life that are more wide-ranging, or multidimensional, than is ordinarily represented in expert or political assessments. People of all ages and walks of life do not restrict their interpretation of 'necessities' to the basic material needs of a subsistence diet, shelter, clothing and fuel. There are social customs, obligations and activities that substantial majorities of the population also identify as among the top necessities of life. People are said to be living in poverty if their income and resources are so inadequate as to preclude them from having a standard of living considered acceptable in the society in which they live. Because of their poverty they may experience multiple disadvantages through unemployment, low income, poor housing, inadequate health care and barriers to lifelong learning, culture, sport and recreation. They are often excluded and marginalised from participating in activities (economic, social and cultural) that are the norm for other people.
- 1.3.3 Parental income has also often been identified as one of the best predictors of a child's future life chances. In the UK, someone in poverty as a teenager in the mid 1980s was almost four times as likely to be in poverty as an adult compared to those who were not in poverty as teenagers. The evidence suggests that the impact of parental income on future poverty acts mainly through impacting on the child's educational attainment.

The current government definition of child poverty is "children living in households with incomes below 60 per cent of the median income" Children in households with low incomes, are families either in receipt of out-of-work benefits or in receipt of tax credits with a reported income which is less than 60 per cent of national median income. This measure provides a broad proxy for the relative low-income measure as used in the Child Poverty Act 2010 and enables analysis at a local level. Administrative data sources on benefits and tax credits from the Department for Work and Pensions (DWP) and Her Majesty's Revenue and Customs (HMRC) are used in the calculation of the Children in Low-Income Families Local Measure.

- 1.3.4 The government are currently reviewing the definition to propose a new way of measuring child poverty, suggesting that the new system would focus on the "root causes" of poverty and make a "meaningful change to children's life chances". The new measures will include factors such as educational achievement and living in workless households as well as income. They plan to scrap measures introduced in 2010 - which define a child as being poor when it lives in a household with an income below 60% of the UK's average. New legislation would introduce a "statutory duty to report on worklessness and levels of educational attainment", focused on changes in the number of long-term workless households and GCSE attainment for all pupils. For this reason, the report focusses on areas other than parental income.
- 1.3.5 The government propose to develop a range of other indicators to measure other causes of poverty, including family breakdown, debt and drug and alcohol dependency, reporting annually on how these indicators affect life chances. Poverty can also extend to those that are "asset rich and income poor" and many people in this position own their own homes. Many people in this situation have very small incomes and cannot afford the upkeep, resulting in deteriorating homes, which may well be losing value. It is not just older people, though. Increasingly in an economic downturn it is likely to be affecting other people who have lost their jobs and have mortgages on their homes. People who spend more than 10 per cent of their net income on fuel are defined as living in fuel poverty.
- 1.3.6 The child poverty pyramid below represents the Child Poverty Unit's understanding of the factors that impact on child poverty.. To be effective an area needs to focus attention on the factors which have largest and most direct impact on child poverty. To reflect this, the factors are prioritised into a hierarchy of three tiers to show their impact on reducing child poverty.

Figure 4: Pyramid of factors affecting child poverty



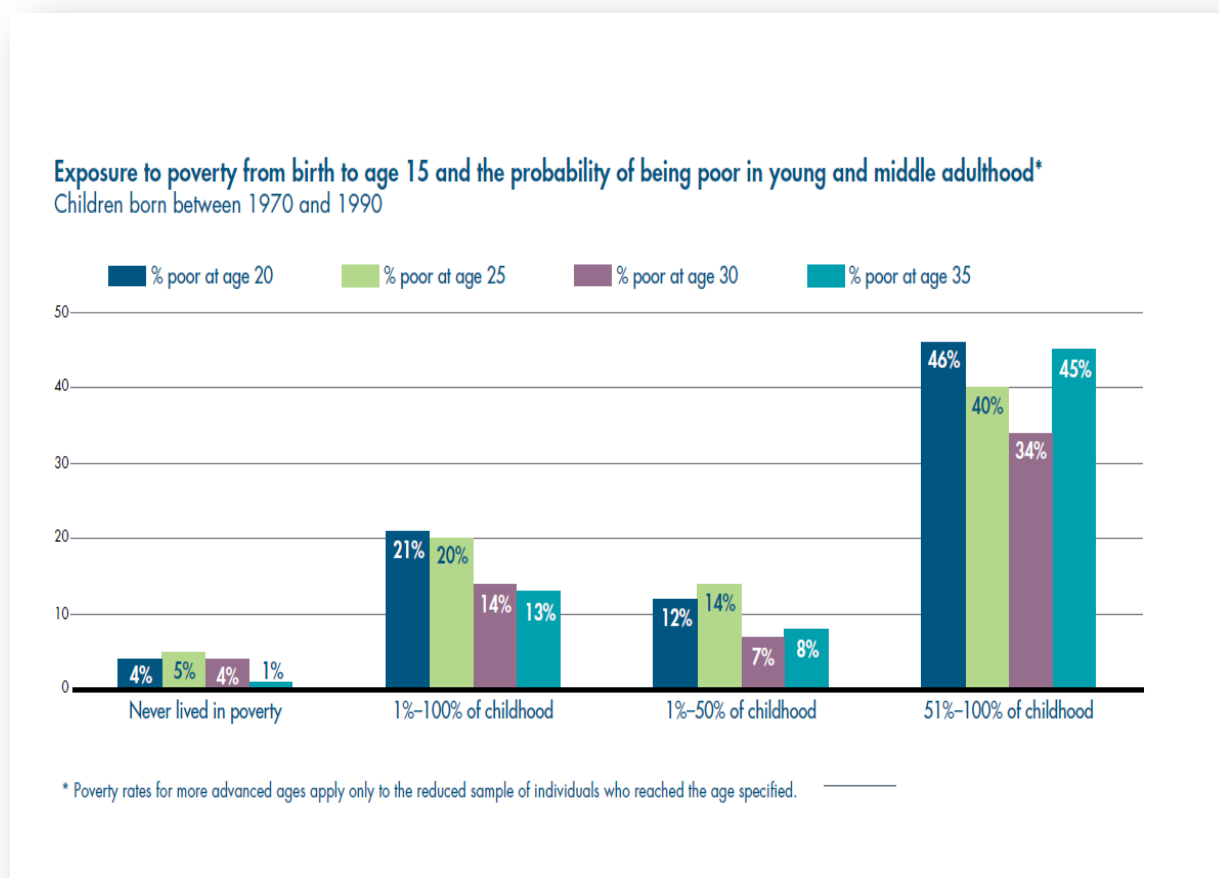
1.3.7 Evidence suggests that different aspects of poverty have different effects on various aspects of well-being. A poor physical environment, resulting from bad housing and/or neighbourhood, results in a detrimental home life, more depressive symptoms and more risky behaviour. The psycho-social strain on parents associated with poverty independently reduces a child's quality of home life, increases the likelihood of low self-worth and the chances of engaging in risky behaviour. Different dimensions of poverty and their effects on childhood wellbeing.

Intergenerational poverty

1.3.8 Research shows that children who grow up in poverty are more likely to be poor as adults, while those who grow up in more affluent families are more likely to be affluent later in life. While even a few years in poverty can have a significant impact on children's economic trajectories, the risks are particularly severe for the small number who experience many years of poverty. The graph below shows children born between 1970 and 1990 and the probability of them being poor into adulthood.¹²

¹² http://academiccommons.columbia.edu/download/fedora_content/download/ac:126228/CONTENT/text_911.pdf

Figure 1: Exposure to poverty from birth to age 15 and the probability of being poor in young and middle adulthood.



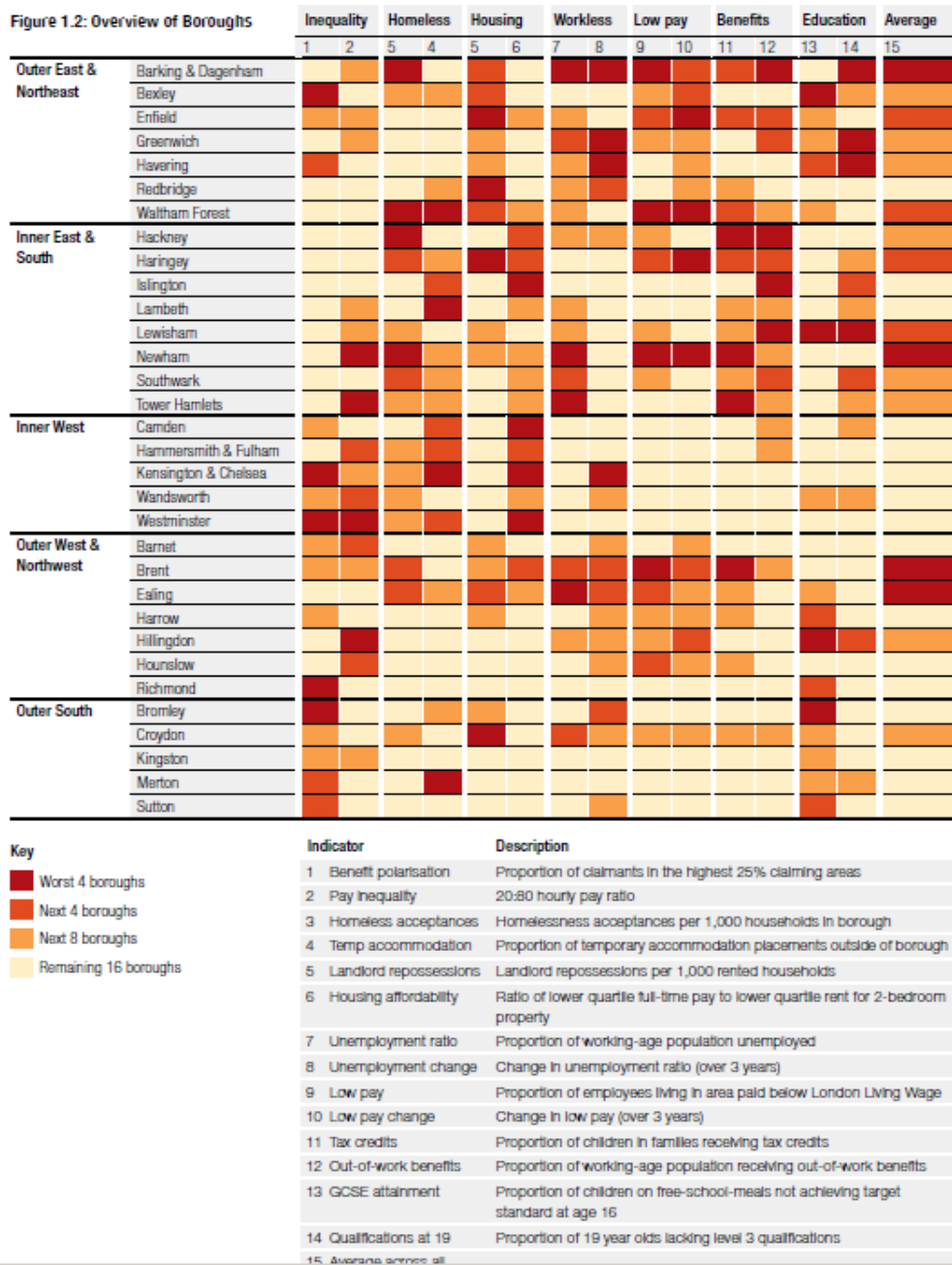
1.3.9 As well as making for a fairer society, improving intergenerational mobility has a number of potential additional outcomes of interest to policymakers: It has been argued that greater equality of opportunity could reduce the need for welfare support, encourage greater social cohesion and make use of the potential of all individuals, increasing economic efficiency.

1.4 Poverty in London

1.4.1 London's poverty profile report¹³ shows 27% of Londoners live in poverty after housing costs are taken into account, compared with 20% in the rest of England. The cost of housing is the main factor explaining London's higher poverty rate. Figure 2 shows how London performs across a range of indicators.

¹³ http://www.londonpovertyprofile.org.uk/2015_LPP_Document_01.7-web%255b2%255d.pdf

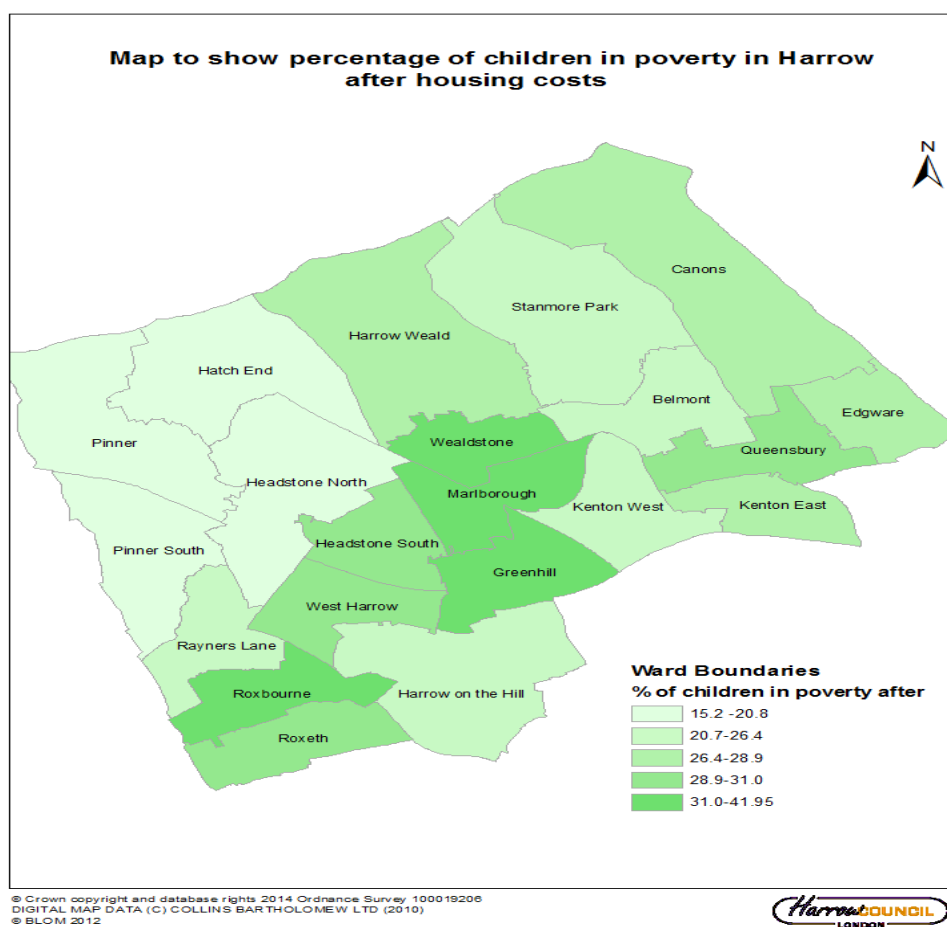
Figure 2: Table showing poverty profile in London (London poverty profile 2015)



1.5 Poverty in Harrow

1.5.1 Figures 3 and 4 below show income before and after housing costs. Overall, the child poverty levels in Harrow are 18.5% before housing costs (BHC) and rise to 28.7% after housing costs (AHC). Poverty rises in some of the more deprived areas of the borough, Roxbourne has the highest percentage of child poverty levels with 28.5% BHC rising to 42% after (AHC). Wealdstone, Marlborough, Greenhill, West Harrow, Queensbury and Roxeth have the highest child poverty levels in the borough as shown in the map below. .

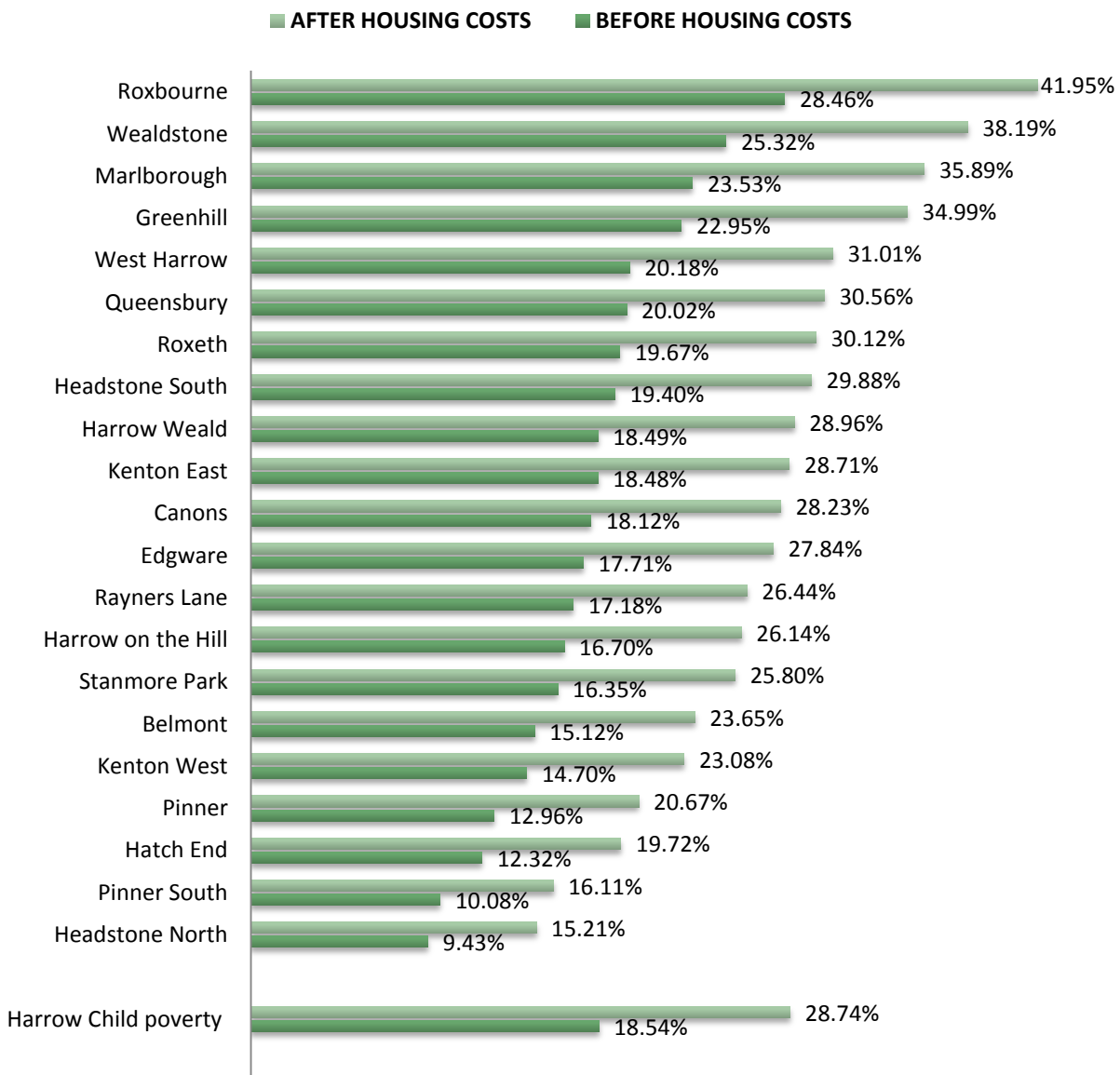
Figure 3: Map showing the percentage of children in poverty, Oct – Dec 2013 in Harrow¹⁴



¹⁴End child poverty.co.uk, data available from:

http://webcache.googleusercontent.com/search?q=cache:MmzF3HSQCf4J:http://www.endchildpoverty.org.uk/images/ecp/London_LA%2520and%2520ward%2520data.xlsx%2BChildren+in+poverty,+Oct-Dec+2013+estimates&safe=active&hl=en-GB&qbv=2&ct=clnk

Figure 4: Percentage of children in poverty, Oct – Dec 2013 in Harrow



1.5.2 Marmot's *Fair Society Healthy Lives*¹⁵, 2008, shows that there is a direct correlation between socioeconomic status and health outcomes is highlighted. The report proposed the most effective evidence-based strategies for reducing health inequalities in England from 2010. Marmot's work on inequalities stressed that there was a social gradient in health – the lower a person's position the worse his or health. Action should focus on reducing the gradient. Child poverty is exacerbated by inequalities and so tackling these inequalities means that we can mitigate child poverty and poor outcomes for children and their families.

¹⁵ Marmot Fair Society Healthy Lives, Feb 2010: http://www.local.gov.uk/health/-/journal_content/56/10180/3510094/ARTICLE

1.5.3 The Marmot Review (2010) was a strategic review of health inequalities in England. It recommended six key areas of action that were required across all of society, to reduce health inequality:

- Give every child the best start in life
- Enable all children young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill-health prevention

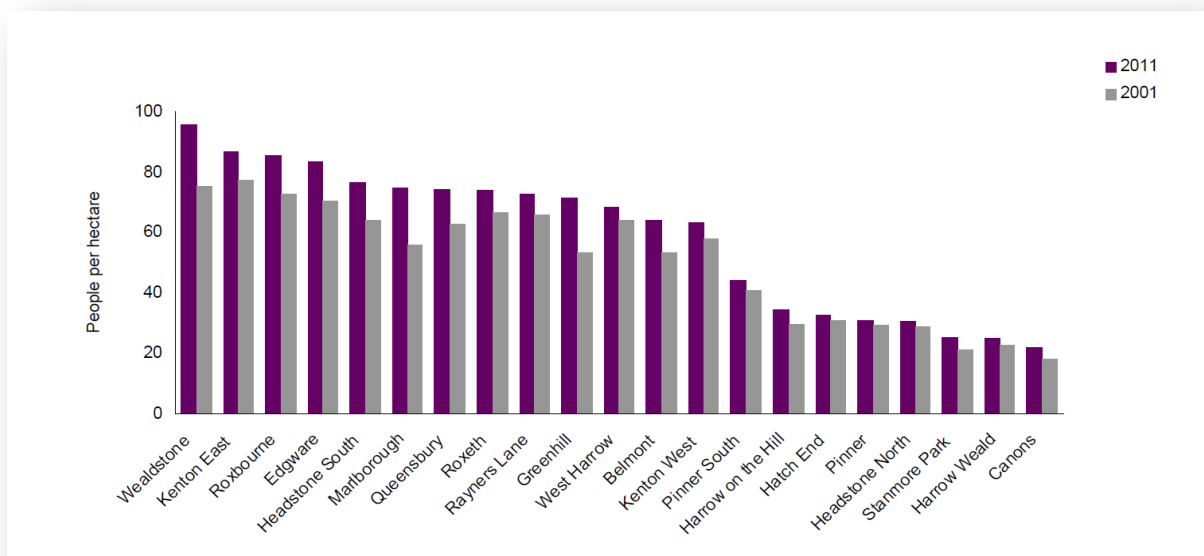
2.0 Harrow in Context

2.1 Population

2.1.1 Harrow has 137 Lower Super Output Areas (LSOAs), within the borough's 21 wards. Harrow is the 12th largest borough in London in terms of area, covering 5,047 hectares (50 square kms).

2.1.2 With an estimated overall usual resident population of 239,056 in the 2011 Census the borough is the 20th largest in London in terms of population. Typically there are either six or seven LSOAs in each ward. The average sized LSOA in Harrow has 1,745 residents and 615 households. The least densely populated wards are Canons, Harrow Weald, and Stanmore Park. These wards are all in the north of the borough and have large swathes of green belt land. At the LSOA level, the area to the south of Locket Road in Marlborough; part of West Harrow (Honeybun Estate, Vaughan Road and Butler Avenue); and the Byron Road/Church Lane area in Wealdstone ward have higher population densities than other inner London areas

Figure 5: Population density in Harrow¹⁶



¹⁶ Source: 2011 Census, ONS, cited Harrow Vitality profiles

2.1.3 Harrow is home to 55,800 children aged 0-17¹⁷. Key children population stats based on 2011 census child population data shows:

- The ONS live births for Harrow have substantially increased from 2,581 in 2001, to 3,088 in 2007 and to 3,559 in 2013 which is an increase of 38% since 2001.
- Of the 3,559 live births in 2013, 68.5% were to non-UK born mothers. Of the 69% non-UK born mothers 49.9% were born in the Middle East & Asia, 30.8% in the European Union and 13.4% in Africa.
- A quarter of the mothers from the European Union were born in the 'New EU', which constitutes the twelve countries which joined the European Union (EU) between 2004 and 2012. Birth rates among British-born mothers have fallen from 1,307 births in 2001 to 1,122 in 2013.
- Harrow is ranked in the top quartile nationally for 0-4 year olds, 6.7 per cent (15,916) of Harrow's residents are children aged four and under in 2011.
- There has been a 32% (+3,900) increase in 0-4 year olds since 2001, 6.7 per cent (15,916) of Harrow's residents are children aged four and under, compared to 5.8% (12,019) in 2001
- 81.6 per cent (12,991) of all children aged 0 to 4 in Harrow are from minority ethnic groups (all groups excluding White British). 44.8 per cent (7,134) of all Harrow's young children are of Asian/Asian British ethnic origin, the largest ethnic grouping.
- There are pockets of high concentration of 0-4 year olds in central and south-west Harrow.
- Approximately, 6,100 children (Age 0-5) live in the 30% most deprived areas of Harrow (based on the Index of Deprivation affecting Children)

2.1.4 Wealdstone ward has the highest percentage of residents aged four and under, followed by Roxbourne. Greenhill has seen the largest percentage increase in 0-4 year olds since 2001, followed by Canons and Wealdstone ward. Canons is generally characterised by its high proportion of elderly residents, although over the decade

¹⁷ ONS mid-year estimates 2013

Canons has seen a significant increase in its housing stock, which may have brought in more families with young children to this area. Likewise Greenhill, Wealdstone, Marlborough and Harrow on the Hill wards have also experienced substantial housing development over the decade to 2011.

- 2.1.5 In 2013/14 there were approximately 5,770 NINo registrations in Harrow, 40% higher than the number of registrations in 2012/13 (4,120). In West London 54,900 NINos were issued in 2013/14, 23.7% of London's overall total of 231,830. 2010/11 was West London's and London's peak year for NINos. The rate of NINos per 1,000 working age population in Harrow in 2013 was 28, below the West London rate of 49 and London's rate at 43 (per 1,000 residents aged 16-64).
- 2.1.6 21% (13,447) of Harrow's NINo registrations have been issued to Indian workers since 2002/03, the largest national group overall and perhaps reflecting the fact that Harrow has a large settled Indian community, which attracts migrant Indian workers to the area. Romania, Sri Lanka and Poland are ranked 2nd, 3rd and 4th respectively, with between 5,540 and 9,860 registrations, per country, in total over the past eleven years. In 2013/14 the number of Romanian workers issued with NINos in Harrow, more than doubled compared to the previous year, rising from 940 registrations in 2012/13 to over 2,470 registrations in 2013/14 and the largest influx of Romanian workers recorded in the borough. This large increase may partly be due to the lifting of restrictions on Bulgarian and Romanian nationals' rights to work in the UK on 1st January 2014.

Figure 6: GP and National Insurance Registrations to Overseas Nationals (NINo)

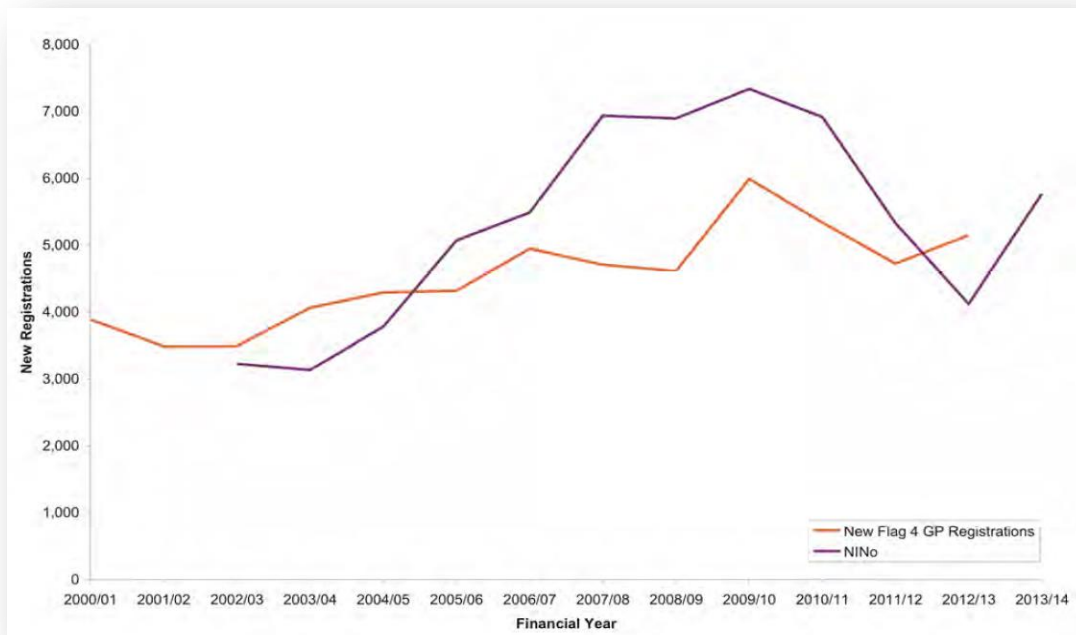
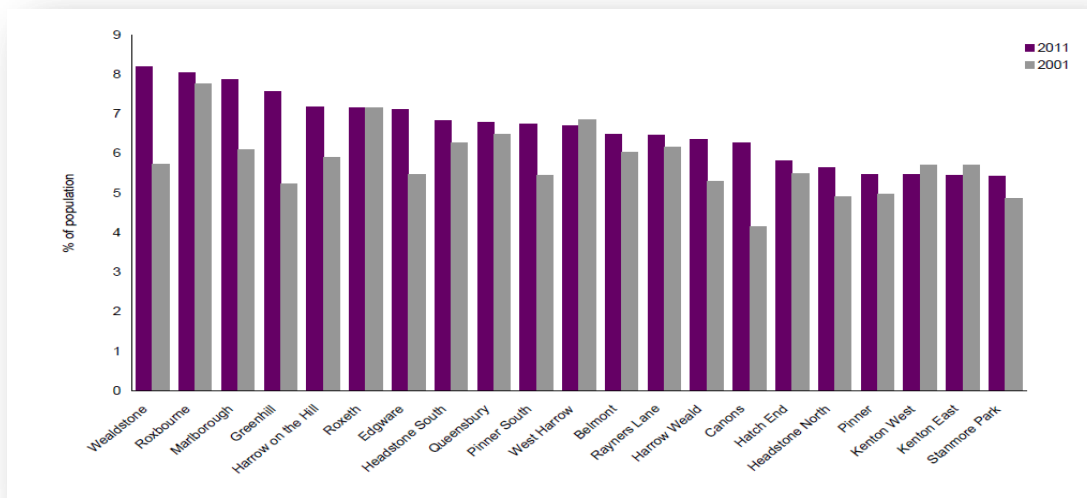


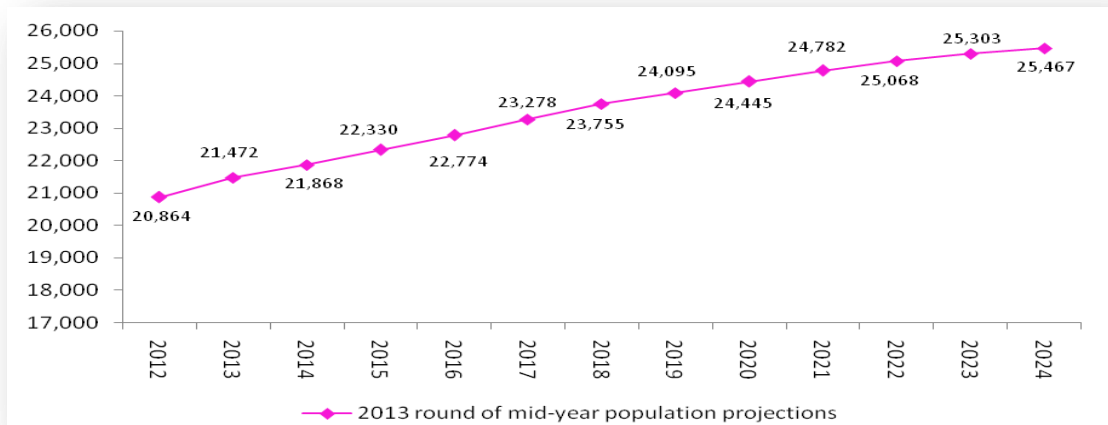
Figure 7: Children aged 0-4 in Harrow¹⁸



2.1.7 The 2013 round mid-year population projections are represented in the charts below. The 4-10 year old population projections suggest that this group will continue to rise with a projected increase of 22.1% from 20,864 children mid-year 2012 to 25,467 children mid-year 2024.

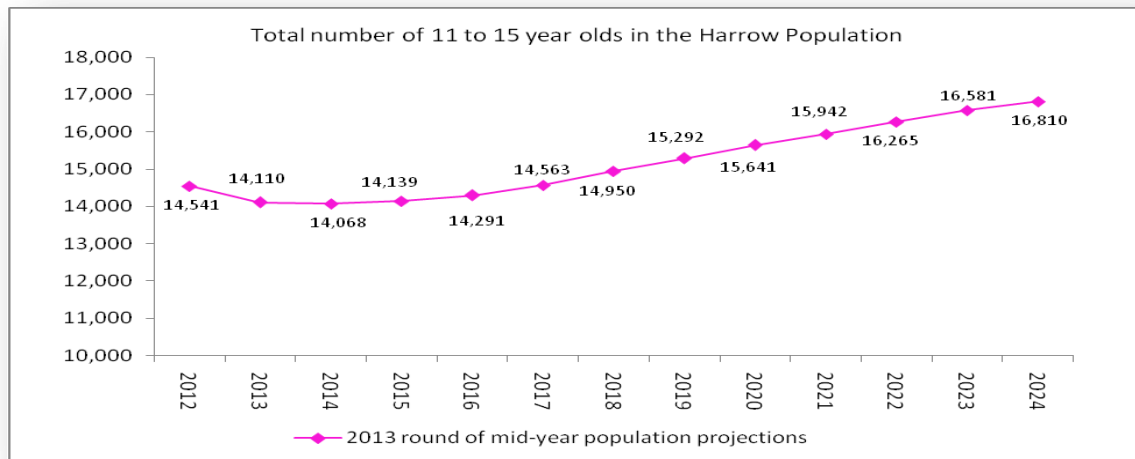
¹⁸ Source 2011 Census, ONS, cited in Harrow vitality profiles

Figure 8: Harrow's 4 to 10 year old population projections¹⁹



2.1.8 The number of 11-15 year olds in the population is projected to increase from 2015 (14,139) and will continue rising to 16,810 in 2024 and beyond. There is a projected increase of 15.6% from 2012 to 2024. The timing of this increase reflects the current surge in Reception numbers.

Figure 9: Harrow's 11 to 15 year old population projections²⁰



2.1.9 As a result of the increase in the birth rate, the school population has increased and is projected to continue this upward trend. The number of primary aged pupils on roll has risen from 16,633 in January 2006 to 19,347 in January 2014. The pressure on

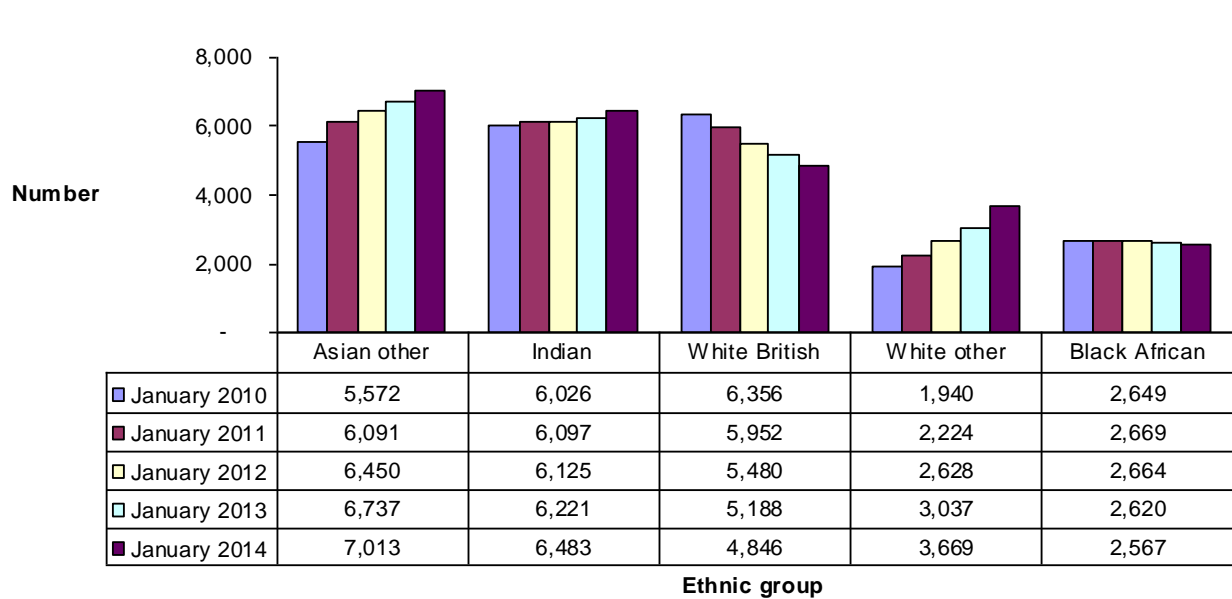
¹⁹ Source: Harrow 2013rd trend BPO borough, GLA

²⁰ Source: Harrow 2013, GLA

Asian other	5572	18.2%	6091	19.5%	6450	20.3%	6737	20.9%	7013	21.0%	25.9%
Indian	6026	19.7%	6097	19.5%	6125	19.3%	6221	19.3%	6483	19.4%	7.6%
White British	6356	20.8%	5952	19.1%	5480	17.3%	5188	16.1%	4846	14.5%	-23.8%
White other	1940	6.3%	2224	7.1%	2628	8.3%	3037	9.4%	3669	11.0%	89.1%
Black African	2649	8.7%	2669	8.6%	2664	8.4%	2620	8.1%	2567	7.7%	-3.1%
Pakistani	1344	4.4%	1407	4.5%	1503	4.7%	1577	4.9%	1632	4.9%	21.4%
Any other ethnic group	1039	3.4%	1143	3.7%	1192	3.8%	1276	3.9%	1411	4.2%	35.8%
Black Caribbean	1316	4.3%	1285	4.1%	1271	4.0%	1219	3.8%	1180	3.5%	-10.3%
Mixed other	897	2.9%	917	2.9%	950	3.0%	990	3.1%	1044	3.1%	16.4%
Mixed White Asian	622	2.0%	679	2.2%	710	2.2%	753	2.3%	767	2.3%	23.3%
Mixed White Black Caribbean	642	2.1%	645	2.1%	644	2.0%	638	2.0%	644	1.9%	0.3%
White Irish	570	1.9%	562	1.8%	550	1.7%	561	1.7%	523	1.6%	-8.2%
Black other	452	1.5%	447	1.4%	420	1.3%	426	1.3%	416	1.2%	-8.0%
Unclassified	310	1.0%	319	1.0%	273	0.9%	287	0.9%	340	1.0%	9.7%
Mixed White Black African	262	0.9%	276	0.9%	289	0.9%	306	0.9%	319	1.0%	21.8%
Bangladeshi	265	0.9%	280	0.9%	289	0.9%	297	0.9%	287	0.9%	8.3%
Chinese	194	0.6%	177	0.6%	178	0.6%	170	0.5%	185	0.6%	-4.6%
White Irish Traveller	96	0.3%	94	0.3%	91	0.3%	79	0.2%	78	0.2%	-18.8%
White Gypsy Roma	8	0.0%	8	0.0%	10	0.0%	8	0.0%	10	0.0%	25.0%
Grand Total	30560	100%	31204	100%	31717	100%	32308	100%	33414	100%	9.3%

2.2.3 Figure 10 below shows the increases within the 5 largest ethnic groups in Harrow schools from January 2010 to January 2014.

Figure 10: Number of pupils in the 5 major ethnic groups in Harrow schools from 2010 to 2014



2.3 Proficiency in English

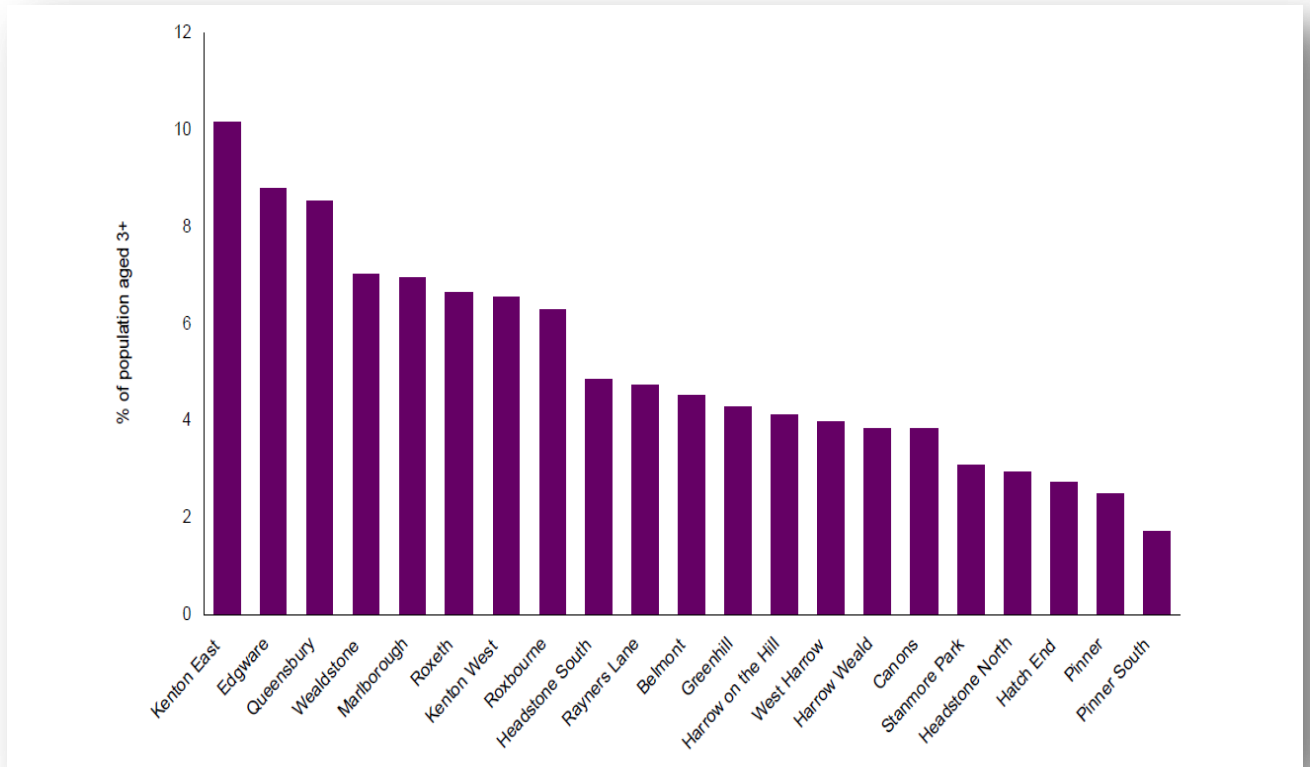
2.3.1 The school census data shows that in 2009-10 159 languages were spoken by pupils in Harrow schools and in 2013-14 there were 168. As at 2010 less than half the children at Harrow schools spoke English as a first language (47.1%) and as at January 2014 this percentage has dropped to 38.8%. English along with Gujarati, Tamil, Somali, Arabic and Urdu continue to be the main languages spoken by Harrow's pupils. In line with the changing ethnic groups Middle Eastern and Eastern European languages (particularly Romanian) are increasing significantly year on year. Over two-thirds (69.6%, 6,890) of Harrow's residents who do not speak English well are aged 16 to 64. 23.8% (2,353) are aged 65 and over, with the remaining 6.7% (659) being children.

2.3.2 There are three distinct areas in the borough where there are relatively high numbers of residents who either do not speak English or do not speak English well. These areas are: in the south-east, clustered around Kenton East, Queensbury and Edgware wards; in Marlborough and Wealdstone wards; and in a third cluster in South Harrow.

2.3.3 Kenton East has the highest percentage of residents who cannot speak English, followed by Marlborough, Queensbury, Edgware and Kenton West wards. Kenton East also has the highest percentage of residents who cannot speak English well.

The north-west of Harrow has the lowest numbers of people who either cannot speak English or do not speak English well. Very low numbers of residents in Pinner South cannot speak English.

Figure 11: Residents who cannot speak English well²¹



2.3.4 In line with the demographic changes in Harrow’s population in recent years, the number of pupils whose first language is other than English has increased from 54.7% in 2010 to 62.7% in 2014. Harrow’s averages are substantially above both the statistical neighbour and England averages.

Table 2: Percentage of pupils stating other than English as their first language in primary schools

Primary Schools	January 2010	January 2011	January 2012	January 2013	January 2014

²¹ 2011 Census cited in Harrow Vitality profiles

Harrow	54.7%	55.7%	58.2%	59.4%	62.7%
Statistical Neighbours	46.5%	47.9%	49.3%	50.1%	51.1%
England	16.0%	16.8%	17.5%	18.1%	18.7%

2.3.5 The table below shows that 56.9% of pupils in Harrow's high schools stated a language other than English as their first language in 2014. Harrow's average has increased over the last five years by nearly 10% from 47.7% in 2010.

Table 3: Percentage of pupils stating other than English as their first language in secondary schools

Secondary Schools	January 2010	January 2011	January 2012	January 2013	January 2014
Harrow	47.7%	51.0%	53.2%	55.9%	56.9%
Statistical Neighbours	38.1%	38.9%	39.9%	41.2%	42.1%
England	11.6%	12.3%	12.9%	13.6%	14.3%

2.4 Local economy

2.4.1 Harrow's economic activity rate shows a general upward trend and, at 76.9% (year ending June 2014), is very similar to London's rate. Harrow's overall employment rate was 70.4%, the second lowest rate in West London, and just below national and London rates.

2.4.2 In 2013/4 (July to June) the employment rate (66%) for those from minority ethnic groups in Harrow was lower than the rate for the overall population, but higher than the comparator rates for London, England and West London generally.

2.4.3 Wages in Harrow are generally lower than in West London and London, leading to a high proportion of residents commuting to other areas for better paid jobs. The average weekly wage paid to women working full-time in Harrow in 2014 was the third lowest level in London. At 2.3% (August 2014), the unemployment rate in Harrow was below the rates for West London, London and England. However,

unemployment in Wealdstone and Marlborough wards (at 4.1% and 3.9% respectively) was above the London average of 3.7%. The number of residents of working age on key out-of-work benefits has been falling since August 2009, but worklessness rates in 24 of Harrow's 137 LSOAs exceeded the London average of 9.6% in May 2014

2.4.4 The 2013 Business Register and Employment Survey shows that Harrow provides employment for over 69,000 people. This is the smallest employment base of all the West London boroughs. In terms of employment sectors, the most dominant sectors in Harrow are:

- Public administration, education & health (32%), Finance, IT, property and other business surveys (23%); and Wholesale/retail trade and vehicle repairs (16%)
- The local authority is the largest employer in Harrow, but over 57% of local government jobs in Harrow are part-time jobs
- A high proportion of Harrow's employed residents (26%) are engaged in 'Professional Occupations'. This compares to 22% in West London and 24% in London overall.
- In 2013/14 just over 20% of Harrow's workers (aged 16+) were self-employed, above the levels for West London, London and England Business and Enterprise
- Small businesses (0-4 people) in the borough represent nearly 80% of the total number of Harrow's businesses. Harrow has the highest proportion of small businesses compared to the other West London boroughs.
- There are relatively few very large businesses in the borough and the number employing 100 or more people is slowly declining. However, the number of medium-sized businesses, employing between 11-24 and 25-49 people, has been growing in recent years. Those businesses employing over 100 people provide a third of the total number of jobs in the borough.

2.5 Housing and temporary accommodation

2.5.1 As with the rest of London, private sector accommodation – both to rent and buy - is unaffordable to Harrow residents on average or lower incomes. For many households private sector rents are only affordable with Housing Benefit (HB)

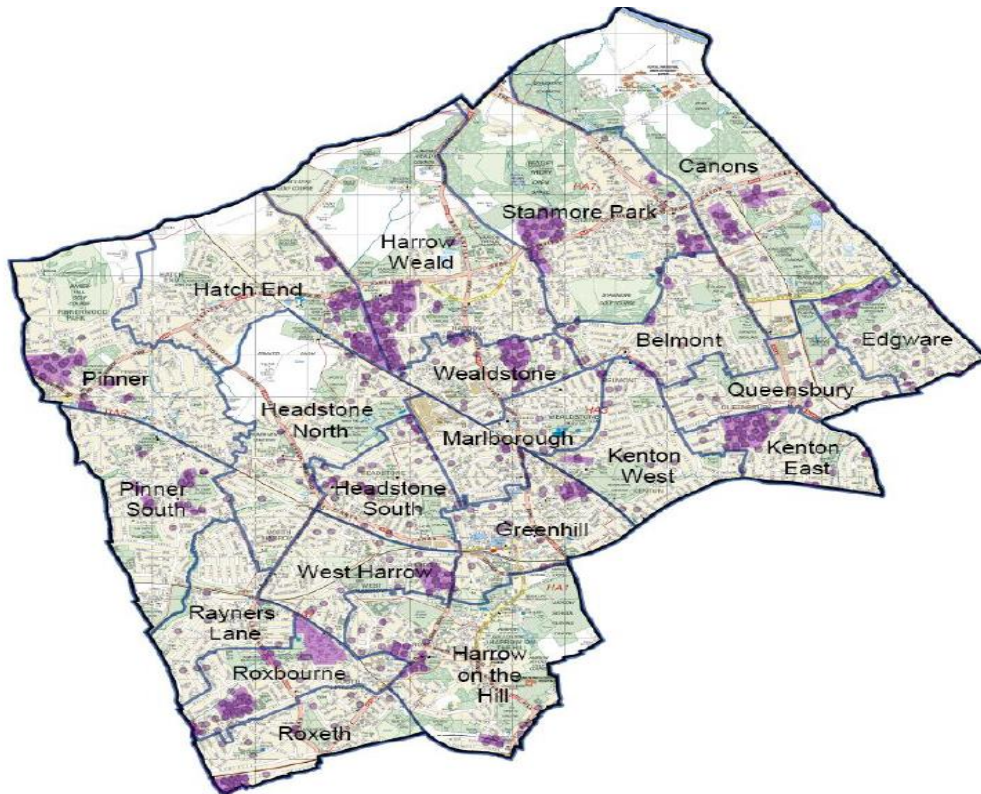
support and for some (larger families and young singles) they will soon face a stark choice: either to move to smaller affordable housing locally (if available) and/or to cut household expenditure on other items, or to move outside London to a property that meets their actual needs.

- 2.5.2 Private rents are increasing as fewer people are able to move into home ownership. This is further squeezing the availability of homes at the lower end of the market – this is the market which the council uses to provide housing for those in housing need, because of the lack of availability of affordable housing. HB support is also reducing, further restricting availability at the lower end of the private rented market.
- 2.5.3 The majority of people in Harrow own their own homes (70%). Unlike the rest of London, Harrow has a very small social housing stock (10%). The number of social housing properties becoming available for letting each year is small and means that options of social housing are currently only available to those deemed to be most in need. These are households who are in the highest priority need e.g. for health or social reasons.
- 2.5.4 Over the last 10 years housing tenure has changed with owner occupation declining by 6% and private rental increasing by 6%. At an estimated 20% the private rented sector is now nearly twice the size of the social housing sector (10%). Most people who are unable to buy their own home are likely to have their housing needs met through renting privately. Social housing will continue to be an option for the minority of residents. Harrow has high average house prices meaning home ownership is also out of reach for those on average or lower incomes.
- 2.5.5 All of the above factors, plus welfare benefit changes since 2011 have led to an increase in homelessness applications and acceptances in Harrow, resulting in more families being placed in B&B at an average cost to the council of £10,000 per family per year. Whilst Harrow is a top performer in terms of managing and preventing homelessness (one of the lowest acceptances in London) there are no signs that the upward trend is going to reduce in the near future.
- 2.5.6 Supported housing meets the needs of vulnerable people, and this includes sheltered/extra care housing (as an alternative to residential care) and supported accommodation or housing support services to meet the needs of people e.g. with

learning disabilities, mental health needs or experience of domestic abuse, offending or substance misuse. This will be predominantly in the social housing sector. Private housing providers are expected to provide new opportunities within this area in the future as an alternative way of meeting demand, however this is counter balanced by a policy drive for new affordable housing products to be predominantly home ownership.

2.5.7 Harrow has some pockets of multiple deprivation which closely correlate to social housing estates. The council has done much to tackle this through specific regeneration schemes such as at Rayners Lane and Mill Farm, and are currently embarking on the regeneration of the Grange Farm estate. Outside of these, Harrow's social housing estates contain no tower blocks, are generally small, mixed tenure and well integrated with the wider community, and therefore do not suffer to the same extent with physical and social deprivation as seen in other London boroughs. Current allocation policies have the potential to undermine this position as generally only those who are dependent on benefits and have particular needs are housed.

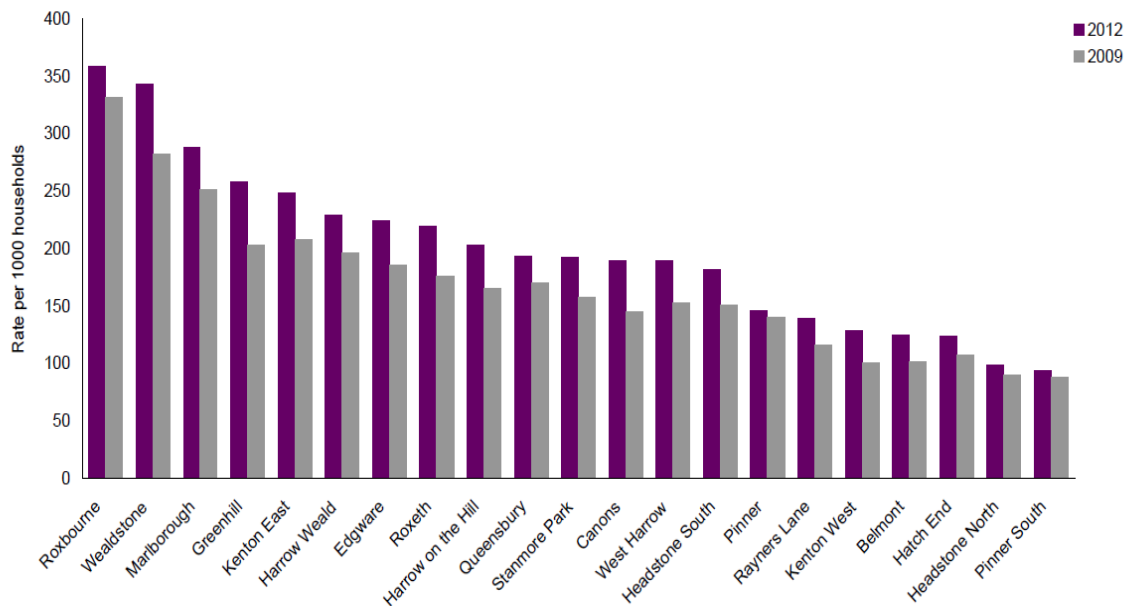
Figure 12: Harrow Council Housing Stock Concentrations by Ward, 2011



- 16,994 households received Housing Benefit in December 2012, a rate of 201.7 per 1,000 households
- 19.7% (+2,795) more households were claiming Housing Benefit compared to September 2009
- Over 1,600 households in Roxbourne claimed Housing Benefit - the highest number per ward, with 36% of households claiming housing benefit
- Pinner South had the lowest rate of Housing Benefit claimants at 94.2 per 1,000 households, just over a quarter of the rate of Roxbourne
- Households receiving Housing Benefit are mainly concentrated in the east, centre, and south-west of the borough. Smaller concentrations are also found in the west and north-east of the borough.

Housing Benefit, December 2012 and September 2009

Source: Harrow Council

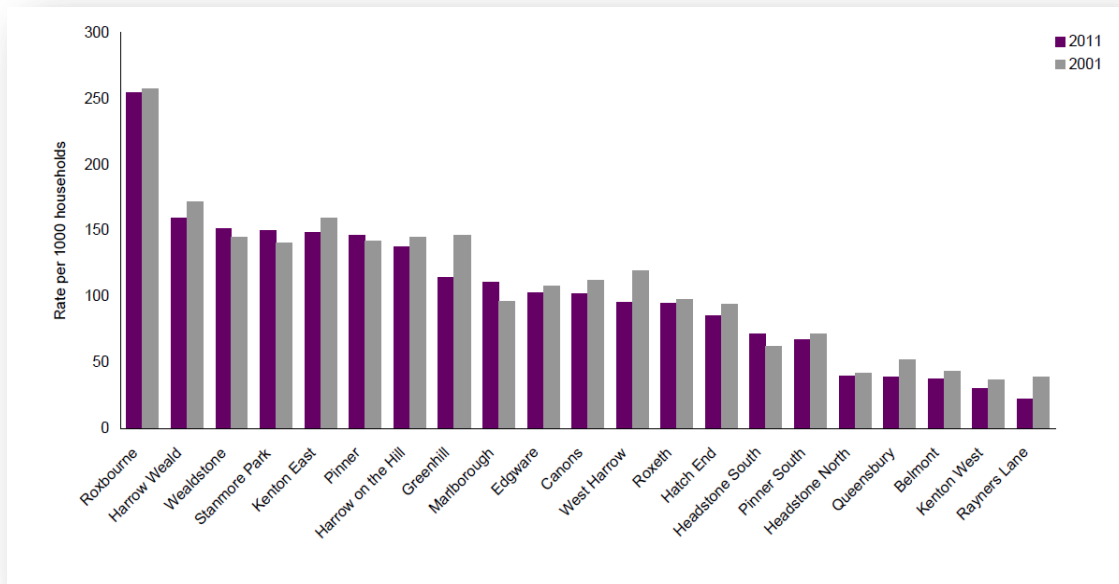


2.5.8 Marlborough has seen the highest increase in social rented households since 2001, an increase of 128 properties (29.7 per 1,000 households). Roxbourne (which contains the Rayners Lane Estate) has the highest rate of social rented properties at

254.4 per 1,000 households, a total of 1,148 households. The LSOA with the highest rate of social rented properties is in Roxbourne, with 684.8 per 1,000 households.

- 10.6% of Harrow's households live in social rented housing
- Areas of high concentration reveal where some of the larger council or housing association estates are located
- Harrow is ranked 281st out of 326 national districts, where 1st has the highest percentage of social rented stock
- Harrow has the lowest proportion of social housing of any of the London boroughs

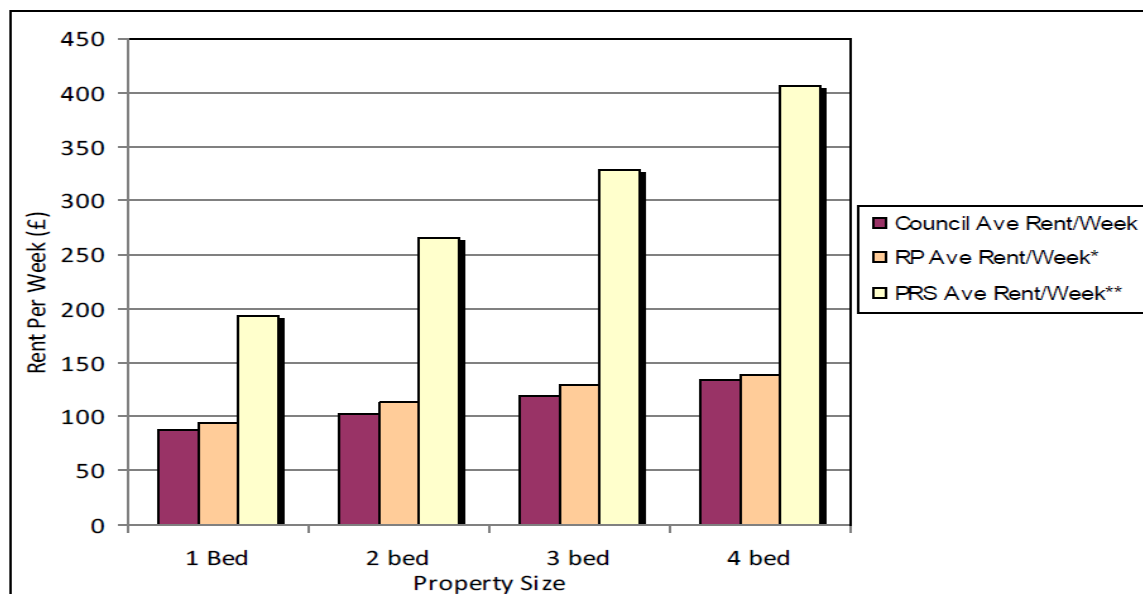
Figure 13: **Social rented housing**²²



2.5.9 Rents in the social housing sector are less than half of those in the private rented sector (PRS) for all property sizes. This is because social housing is subsidised and rent levels are subject to a national formula.

²² Source, Census, 2011, Harrow Vitality profiles

Figure 14: Average rents for social housing and private rented



2.5.10 London as a whole has approximately 50,000 families in temporary accommodation all competing for the same temporary accommodation. There are approximately 1000 people in and awaiting Temporary accommodation in Harrow as of 2015 despite prevention efforts through the housing team. The highest concentrations of residents in temporary accommodation are in locations with hostels, which are traditionally used to house those in need. Wealdstone ward has the highest rate followed by Marlborough and Belmont. The lowest rates are in Canons, Headstone North, Pinner South and Stanmore Park. There has been a significant rise in the number of people needing temporary accommodation; key stats for 2015 show:

- Unprecedented B&B figures – typical Bailiffs day will yield 20 families needing emergency accom, and only a few Harrow rooms will be available to meet need
- 90 families with children in breach of 6 week limit at end Nov 15 – Harrow's figure is 15% of the London total over 6 weeks
- 805 in TA including 250 in B&B plus 125 pending accommodation in PSLs and HALS. With an estimated further 70 families we are working with who are threatened with homelessness and likely to be homeless soon. So a total of 1000.
- Of the 1,100 children in temporary accommodation who are in households in receipt of HB, 500 of these children are in households which are not in work. 600 of these children are in households which are in work.

Figure 15: Temporary accommodation numbers over time, Dec 2012, May 2009 and Sept 2005²³

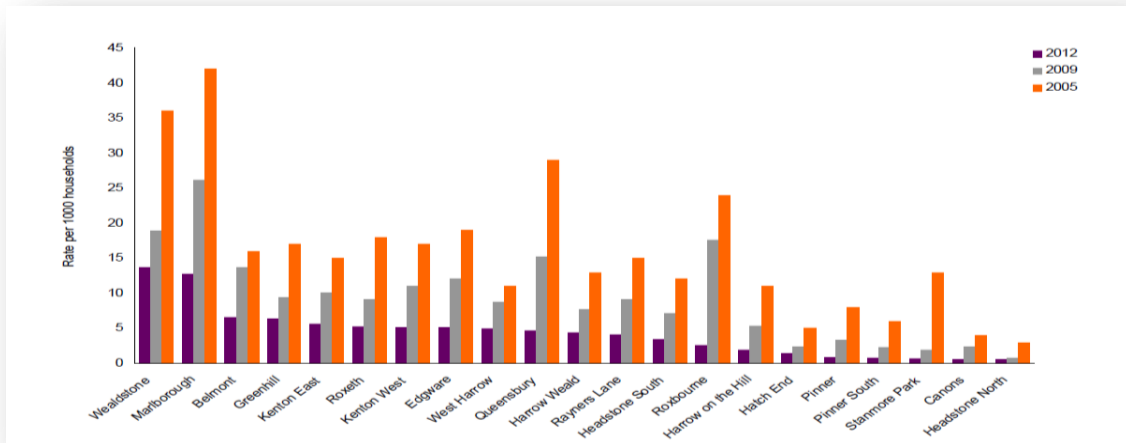
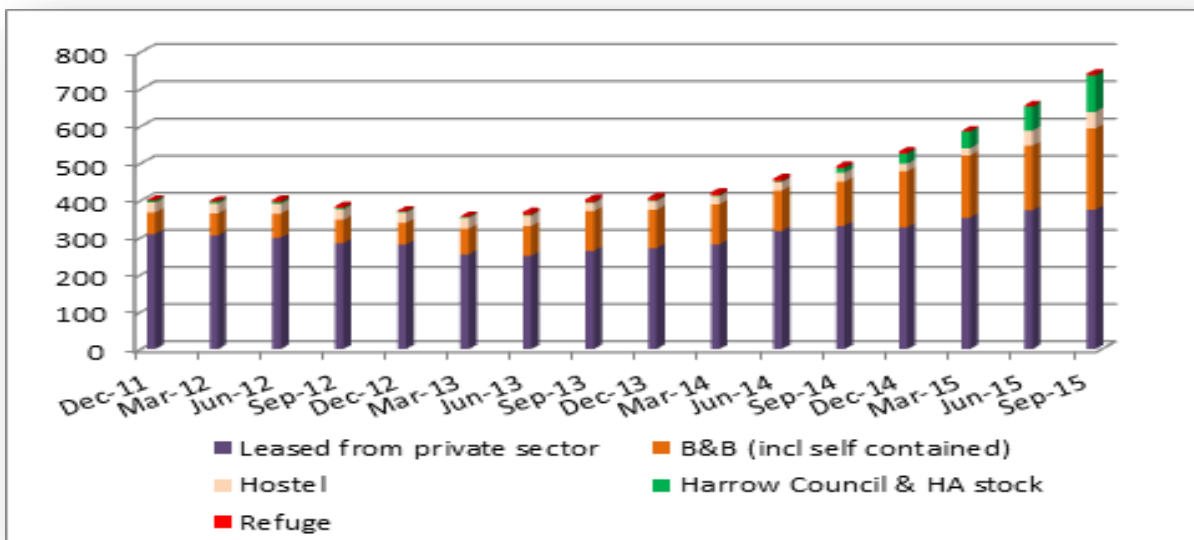
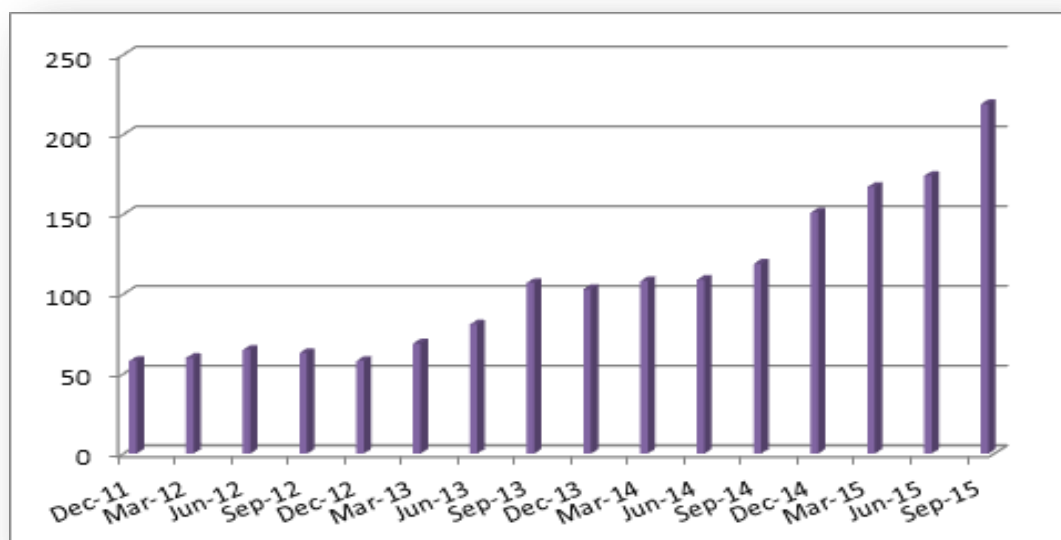


Figure 16: Number of households in temporary accommodation, 2015



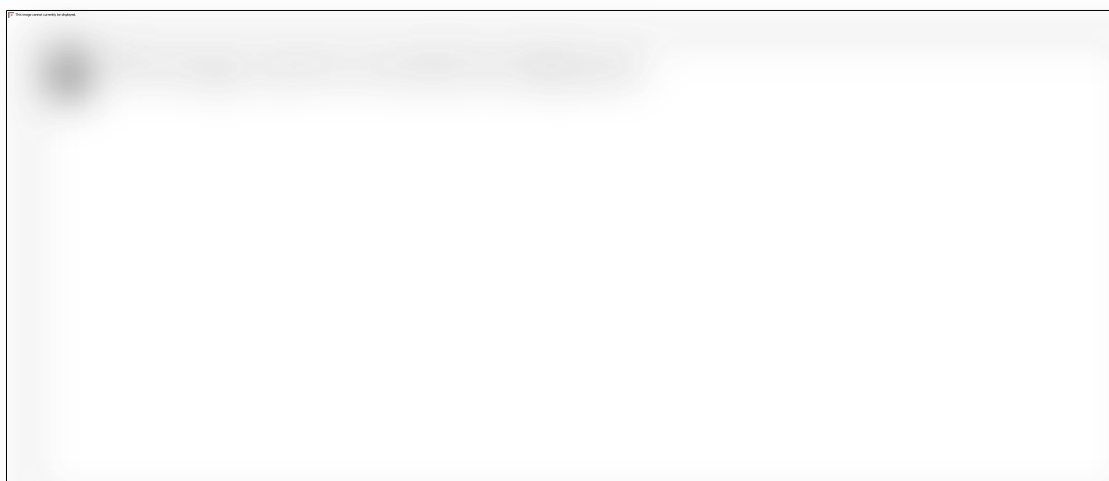
²³ Source Harrow Council Housing team

Figure 17: **Number of households in Bed & Breakfast accommodation**



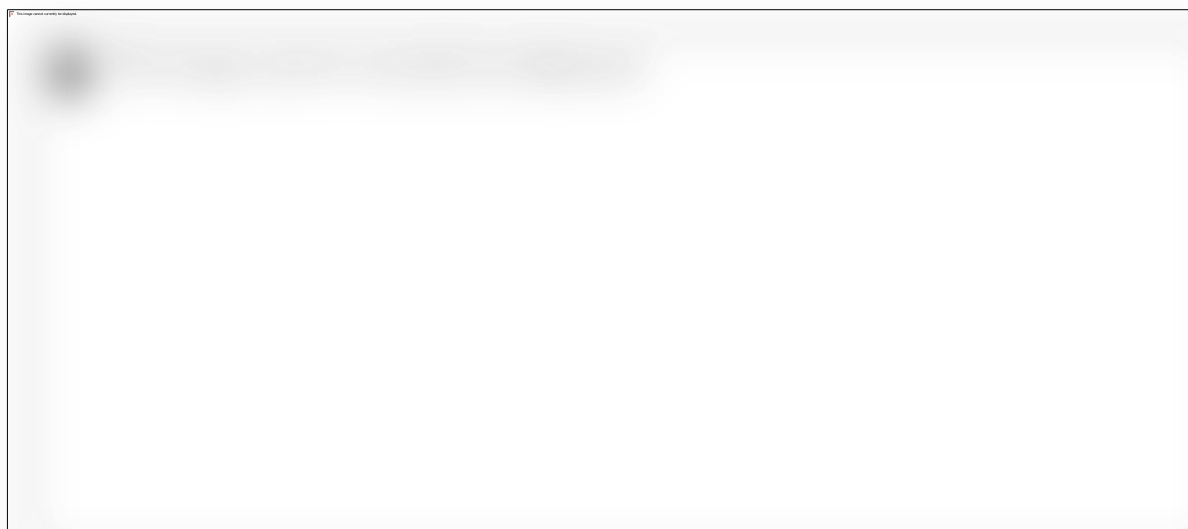
2.5.12 As of September 2015, 219 families were in B&B, numbers have nearly doubled since September 2013 (107).

Figure 18: **Number of households accepted as eligible, unintentionally homeless and in priority need**



2.5.13 400 cases accepted as eligible and unintentionally homeless in 2014/15, more than double since 2013/14 (180) and a huge increase since 2010/11 (45). Loss of private rented accommodation now accounts for nearly $\frac{3}{4}$ of acceptances, up from under 40% in 2009/10.

Figure 19: Reasons for homelessness acceptance



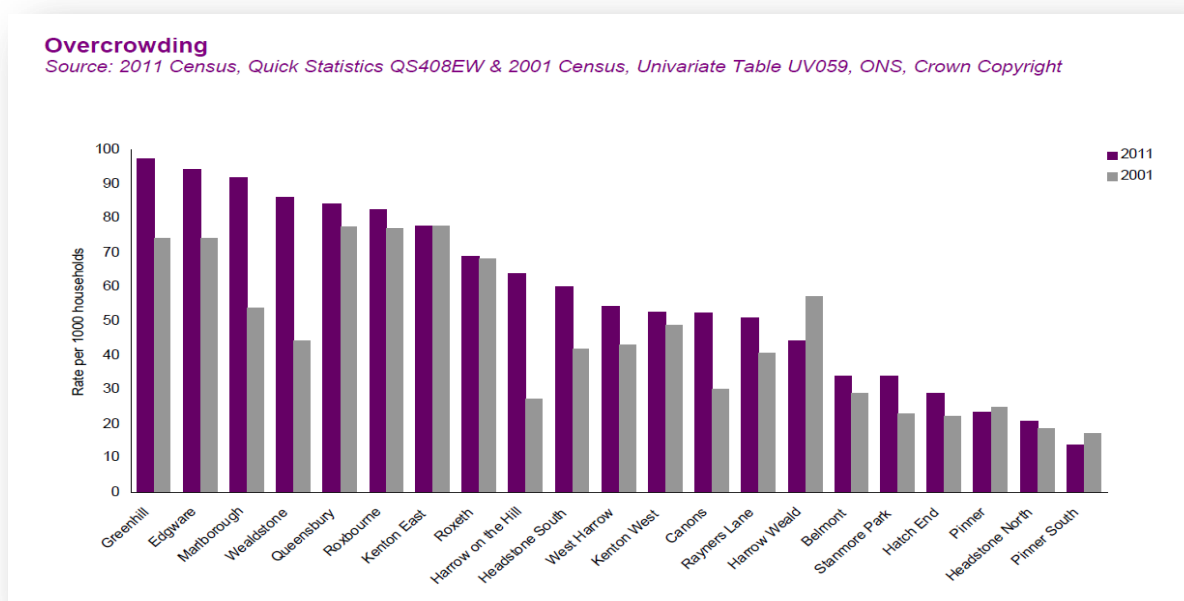
2.5.14 There is a huge focus on **homelessness prevention** through mediation/conciliation, debt and Housing Benefit advice, rent & mortgage intervention, emergency support, negotiation/legal advocacy and sanctuary protection measures as well as other private rented sector assistance. Whilst the Housing Needs Service? record statistics on this work (below), much more is offered in the form of advice via leaflets, telephone calls and emails, which are not necessarily recorded.

Figure 20: Table showing statistics for homelessness prevention in Harrow in the last six years

Homeless Prevention	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Households able to remain in existing home	367	719	861	936	823	802
Households assisted to find alternative accommodation	454	400	329	518	494	602

2.5.11 The wards with the highest rates of overcrowding are Greenhill, Edgware and Marlborough. The most overcrowded LSOA is in Queensbury with a rate of 148.9 per 1,000, this is followed by a LSOA in Harrow on the Hill.

Figure 21: **Overcrowding in Harrow by ward**



- In Harrow 5.8% of all households are overcrowded; a total of 4,923 17 of 21 wards experienced an increase in overcrowding since 2001
- There is a concentration of over overcrowded households in the central wards as well as to the south-east and south-west of the borough
- Harrow is nationally ranked 24th for overcrowding, where 1st is the most overcrowded

2.6 Parental education and skills

2.6.1 This sub-domain of the Education, Skills & Training index includes: the proportion of working-age adults (women aged 25 to 59 and men aged 25 to 64) with no or low qualifications; and an English language proficiency indicator, which is the proportion of the working-age population (women aged 25 to 59 and men aged 25 to 64) who cannot speak English or cannot speak English 'well'. The latter is a new indicator to include those adults who experience barriers to learning and disadvantage in the labour market as a result of lack of proficiency in English. These are non-overlapping counts in order to eliminate double counting of people within domains.

2.6.2 At ward level Kenton East scores highest for this measure. This is perhaps to be expected as the 2011 Census showed that Kenton East ward has the highest

percentage of residents who cannot speak English, at 1.8 per cent (193 residents). According to the 2011 Census question on main language spoken at home, Gujarati speakers predominate in the wards to the east of Harrow. Around 20 per cent of residents in Kenton West, Kenton East and Queensbury wards speak largely Gujarati. Similarly the 2011 showed that Harrow's Romanian speakers are also largely concentrated in the wards to the east of the borough.

2.6.3 The wards to the west of the borough have much higher levels of adult skills, with Pinner South and Headstone North the best ranked wards for this measure, Greenhill ward just following.

2.6.4 Harrow's worst ranked LSOA for adult skills is in England's most deprived 20 per cent and is in Harrow Weald ward - the area covering part of the Headstone Estate. Three of Harrow's top ten ranked LSOAs for low levels of adult skills are in Roxbourne ward.

- Adults skills levels are worse in the centre, south-east and south-west of the borough
- Kenton East is Harrow's top ranked ward for this measure
- Only one of Harrow's LSOAs is in England's most deprived 20 per cent for this indicator, whilst 35 per cent are in England's least deprived 20 per cent

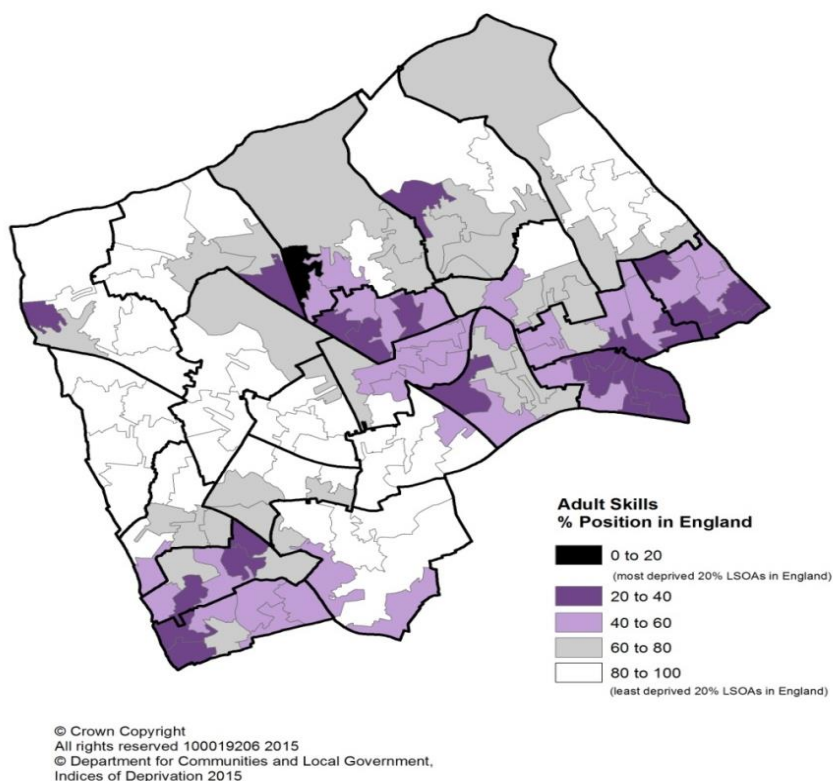
Figure 22: Harrow's top ten ranked LSOAs in the Adult Skills Sub-Domain²⁴

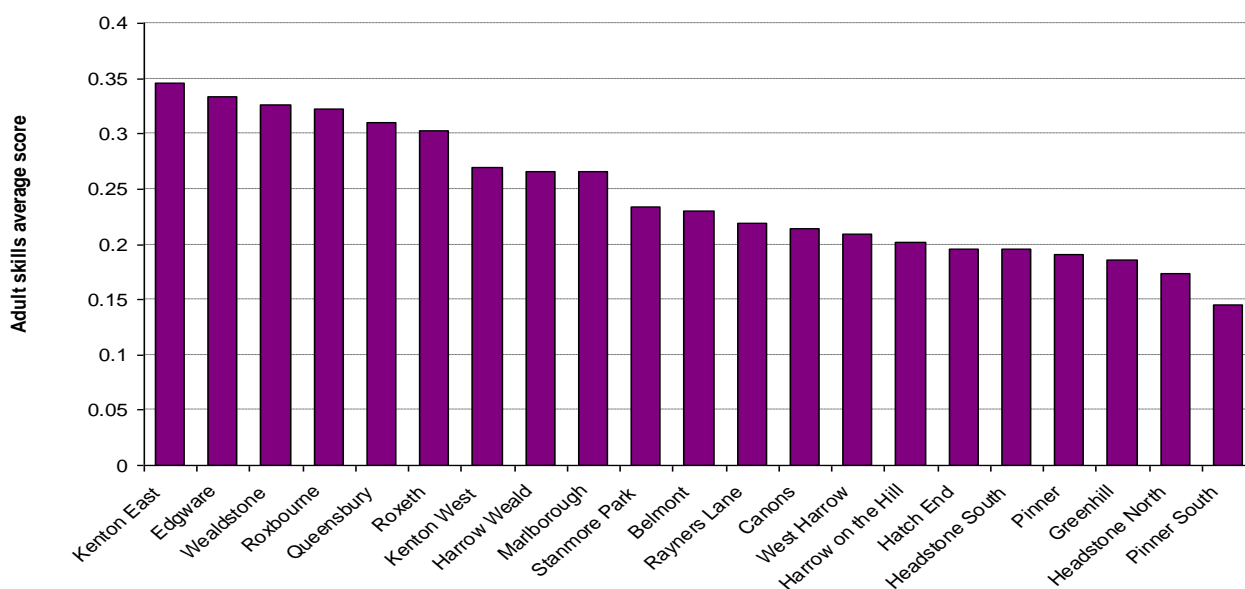
Figure 23: CLG, Indices of Deprivation 2015, Crown Copyright

LSOA code	Ward	National rank	National Decile
139	Harrow Weald	5626	20%
167	Kenton East	6652	30%
215	Roxbourne	6850	30%
124	Edgware	7200	30%
235	Wealdstone	7248	30%
217	Roxbourne	8172	30%
211	Roxbourne	8702	30%
168	Kenton East	9101	30%
151	Hatch End	9876	40%
120	Edgware	10168	40%

* All neighbourhoods (LSOAs) in England are ranked between 1 and 32,844, with '1' the most deprived nationally

²⁴ CLG indices of deprivation. 2015

Figure 24: **Adult skills in Harrow by ward, higher scores equates to lower skill levels**



2.7 Unemployment

2.7.1 The Government pays money to individuals in order to support them financially under various circumstances. Most of these benefits are administered by DWP. The exceptions are Housing Benefit and Council Tax Reduction, which are administered by local authorities. Means tested benefits include:

- Jobseekers allowance
- Income support
- Employment and Support Allowance
- Pension Credit
- Housing Benefit
- Child and working tax credits

Figure 25: Economic Activity and Inactivity in Harrow, July 2013 - June 2014

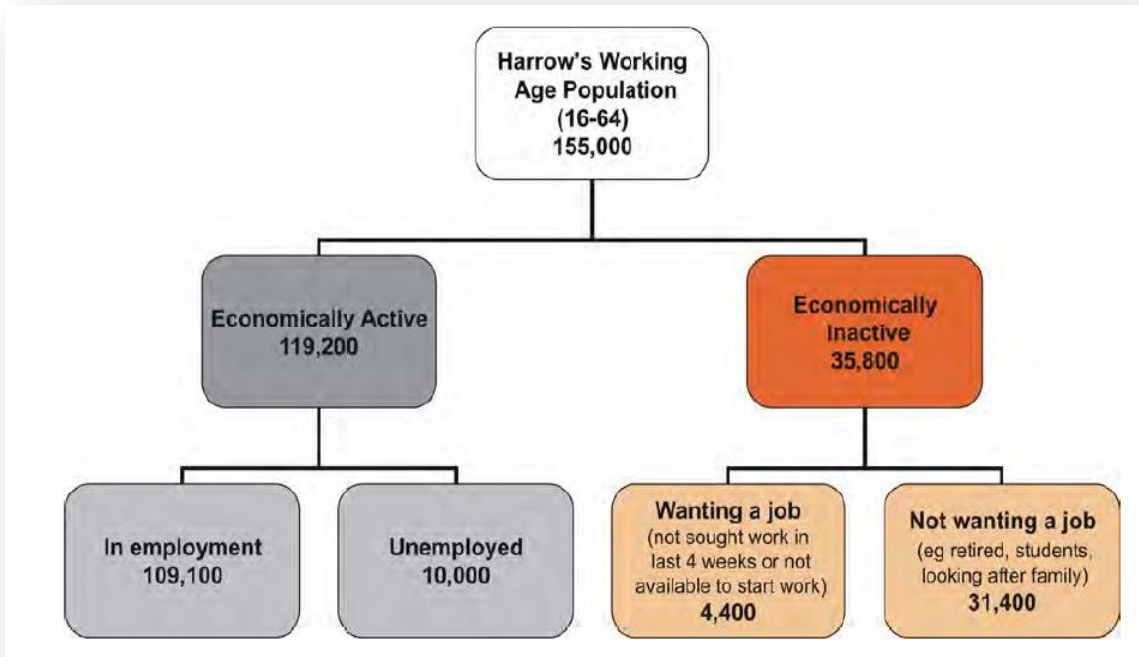
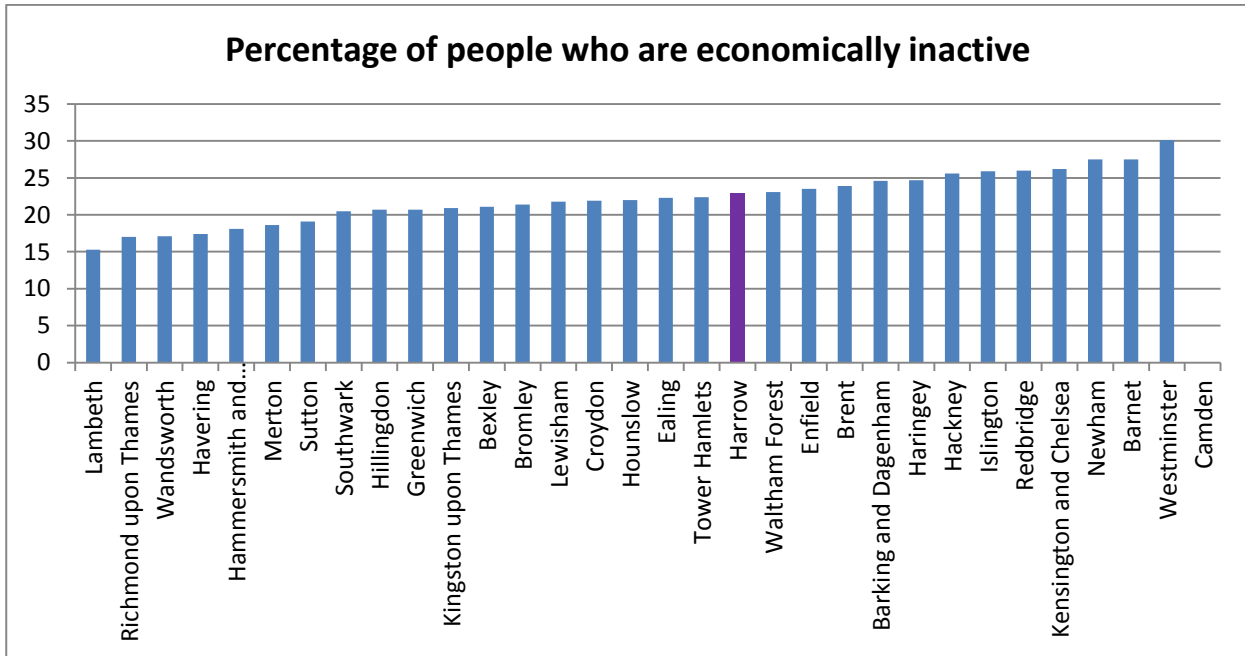


Figure 26: Percentage of people who are economically inactive in Harrow compared with London boroughs²⁵



2.7.2 In August 2014 there were 2,490 people in Harrow claiming Jobseeker's Allowance, a rate of 2.3%, based on the percentage of the economically active population,

²⁵ Source, office for national statistics

excluding economically active students. This was the lowest level of unemployment of all the West London boroughs (a rate which averaged 3.3%) and lower than London's rate of 3.7% and the national rate of 3.2%. Trends are watched closely as unemployment levels in the borough can be affected by the wider economic landscape.

Figure 1: Graph showing JSA claims in Harrow from 2007 to 2015

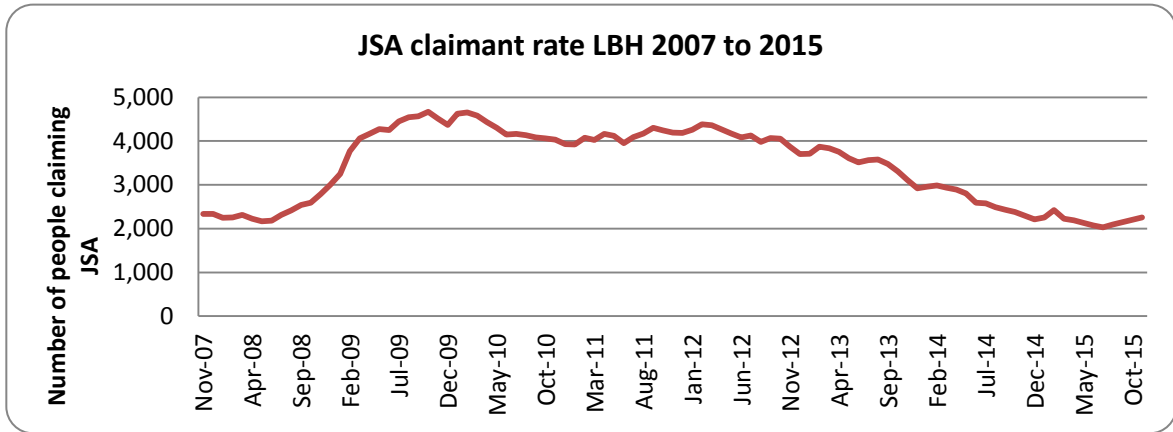


Figure 2: Graph showing JSA claims for 19-24 year olds

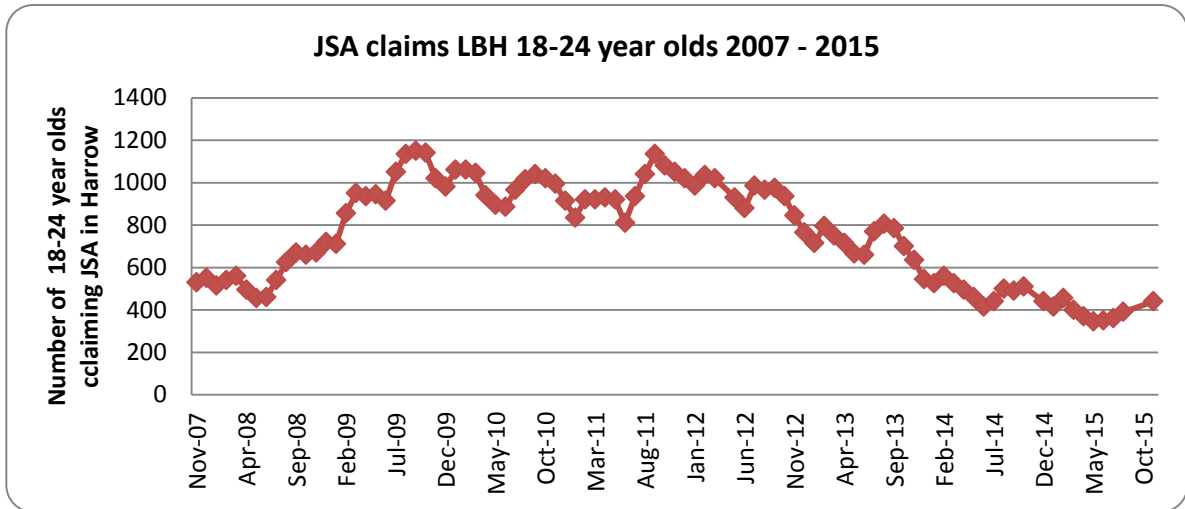
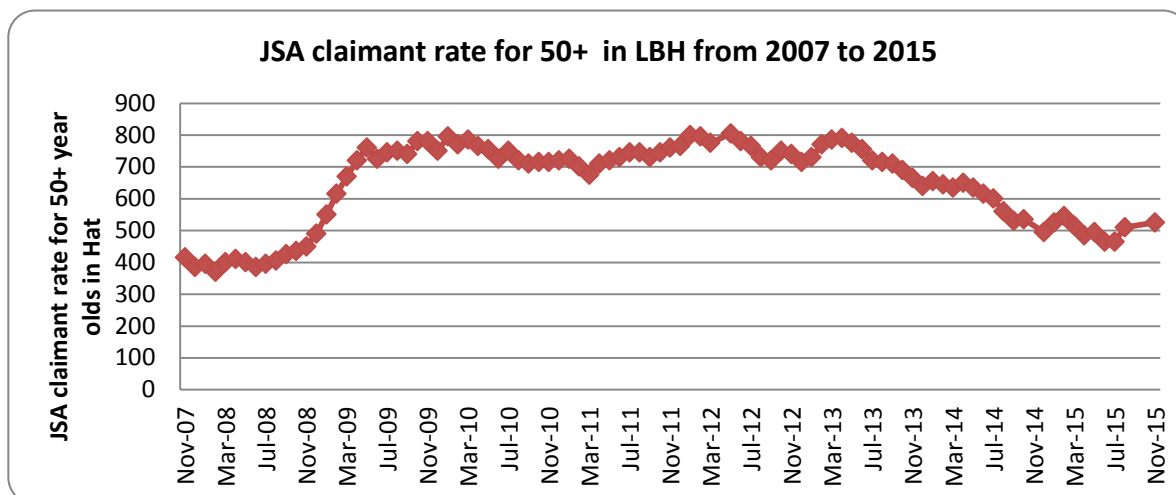


Figure 3: Graph showing JSA claimant rate for 50+



Harrow emergency relief scheme

2.7.3 The council currently administers the emergency relief scheme for those facing hardship. Those eligible are able to access white goods, food, fuel, clothes, emergency travel. Many referrals are made through the voluntary sector and from internal council departments. From April 2016 to 30th September 2016, 261 applications were made of which about 39% had children in the home. The council are currently consulting on the changes in light of the significant reduction in the budget and are proposing how the new hardship fund will work. Proposals state furniture, white goods and carpets may no longer be awarded under this scheme which may have an impact on some of the families who are experiencing financial challenges. The new hardship scheme can be accessed via application where staff will review the applicant against primary criteria but would not be able to exceed £100. To improve the applicants long term outlook advice, support and referrals to other agencies would be made.

2.7.4 Universal Credit is rolling out across the country. Universal Credit ensures that claimants are better off in work than they are on benefits. It is available to people who are on a low income or out of work. It is replacing 6 former benefits with a single monthly payment. Harrow will roll out UC from November 2016.

2.7.5 There here is currently a benefit cap in place in England, Scotland and Wales restricting the amount in certain benefits that a working age household can receive.

Any household receiving more than the cap has their Housing Benefit reduced to bring them back within the limit. From 7th November 2016 the cap which is currently up to £26,000 per year is to be reduced to £23,000 for households living in London and to £20,000 for those outside London. The current Benefit Cap is:

- £500 a week for couples (with or without children living with them)
- £500 a week for single parents whose children live with them
- £350 a week for single adults who don't have children, or whose children don't live with them

From November 2016 it will be:

- £442.31 a week for couples (with or without children living with them)
- £442.31 a week for single parents whose children live with them
- £296.35 a week for single adults who do not have children, or whose children do not live with them

2.8 Children in Need²⁶

2.8.1 As seen in the chart below, Harrow now has a similar proportion (rate per 10,000 children aged 0 -17) of children 'in need' (CiN) compared to our statistical neighbours²⁷; Harrow's CiN rate has increased recently following a revision of thresholds for eligibility of social care services, moreover the demography is also changing, the 2011 National Census revealed that Harrow's population is estimated to have increased to 239,100; this figure is 15.6% higher than the 2001 Census, the recently published ONS (Office for National Statistics) 2013 mid-year estimates show a further increase to 243,372. With the increase in population, the child population is also growing & there is an additional demand on universal and specialist services.

²⁶ Source: *DfE Characteristics of children in need in England*

³ In line with the DfE, this indicator is derived from 2010 deprivation data and 2008 population data

⁴ Harrow's statistical neighbours are: Barnet, Brent, Ealing, Hillingdon, Hounslow, Kingston, Merton, Redbridge, Surrey, Sutton

Figure 4: Children in need rate per 10,000 aged 0-17

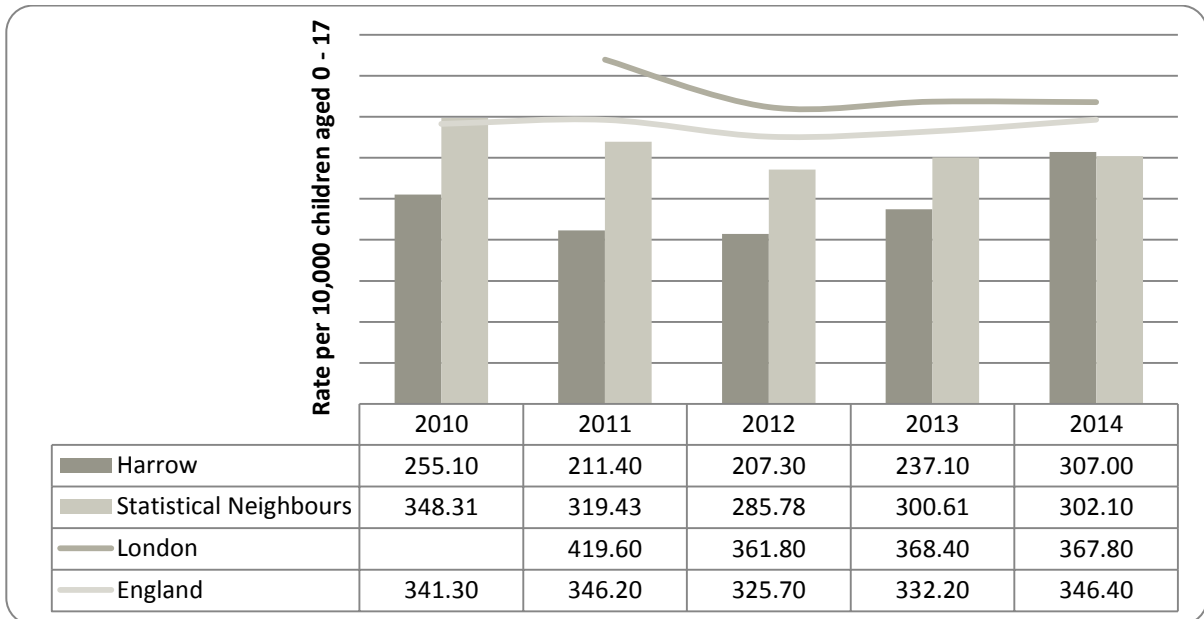
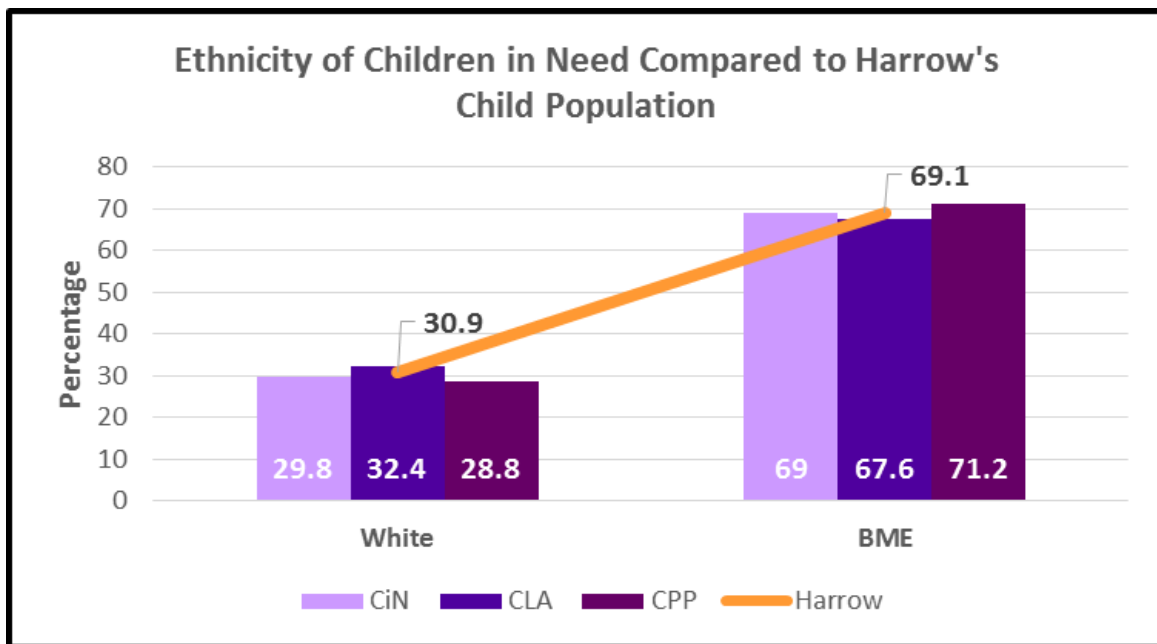


Figure 5: Ethnicity of children in need compared to Harrow's Child population²⁸



2.8.2 Key stats for children social care

- 2,241 children and young people were provided with care services in Harrow (34.3 per 1,000 population aged 21 and under), in the twelve month period from 1st April 2012 to 31st March 2013

²⁸ Source: ONS 2011 Census, DfE Children looked after in England & DfE Characteristics of children in need in England

- 88.8% of support for children and young people is provided within the borough
- The rate of children and young people provided with social care services in Harrow continues to be below both the national and London averages
- Children and young people provided with services are concentrated in the centre of the borough and in the south of the borough.

2.8.3 In line with the rest of the country, the proportion of males receiving a social care service is higher than the proportion of females.

Table 4: Percentage of children in need at 31 March 2014 by gender²⁹

	Unborn or unknown	Male	Female
Harrow	1.5	54.8	43.7
London	1.7	53.3	45.0
England	2.0	52.7	45.3
Statistical neighbours average	1.8	53.0	45.2

2.8.4 Nearly 50% of children in need in Harrow are aged 10 -17 and a further 25% are aged 5 to 9. In general in Harrow, the age group splits for these children are broadly in line with the rest of the country, and particularly with Harrow's statistical neighbours.

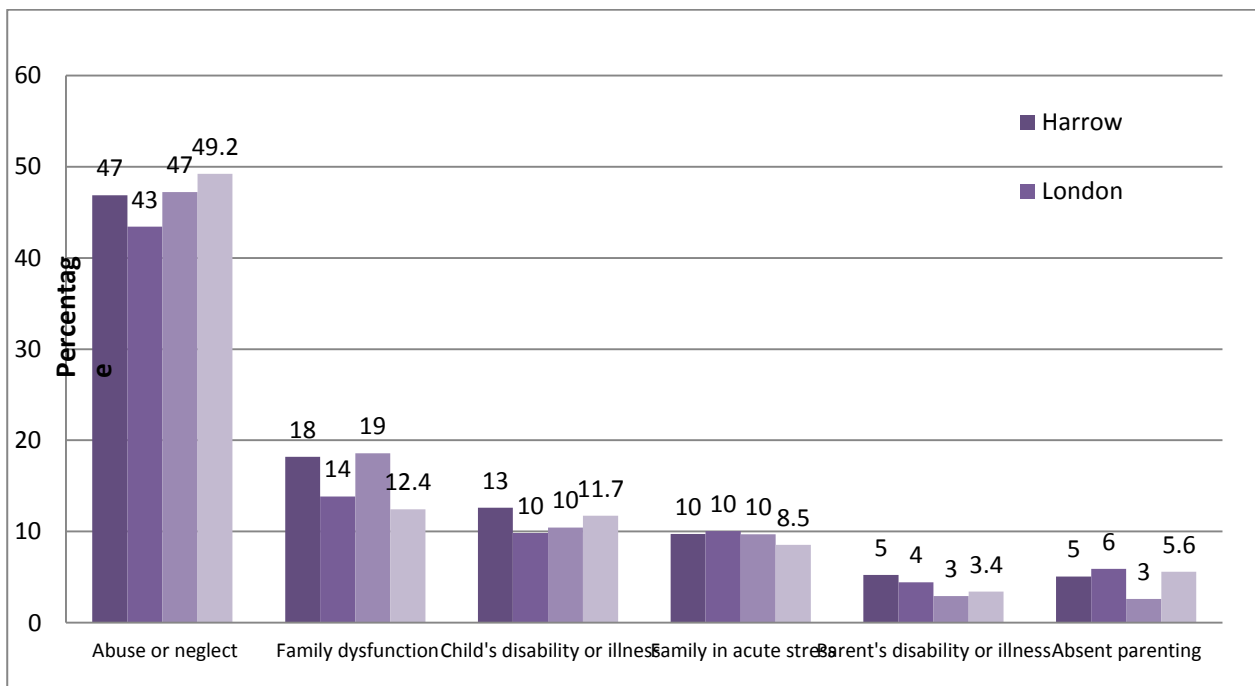
2.8.5 The main reasons why children received a service from social care helps identify what kinds of pressures are placed on the services. The top five most frequent reasons why children required a service are shown below, abuse or neglect and family dysfunction constitute the two most frequent reasons for providing a service; other reasons are socially unacceptable behaviour or low income. In most

²⁹ Source: DfE Characteristics of children in need in England

circumstances there are multiple reasons, e.g. family dysfunction may also be a feature with the category of abuse and neglect.

2.8.6 Though there are some variations, Harrow is in line with either statistical neighbours or England averages for most categories, service provision is slightly higher in Harrow where the primary reason for a request for service is due to child's disabilities or illness or parental disabilities compared to Statistical neighbours and England averages. Harrow has slightly lesser proportion of service users where the primary reason is socially unacceptable behavior, nationally and locally a very small proportion of families receive a service mainly due to low income though this may change with more families having no recourse to public funds.

Figure 6: Primary reason for service³⁰



2.8.7 The Multi-Agency Safeguarding Hub (MASH) sits within the Children's Access Team and aims to improve the safeguarding response for children through better information sharing and high-quality and timely safeguarding responses. This innovative way of working emphasises the importance of collaboration and co-location of partners (Social care, Early Intervention, Health, Police, Probation,

³⁰ Source: DfE Characteristics of children in need in England

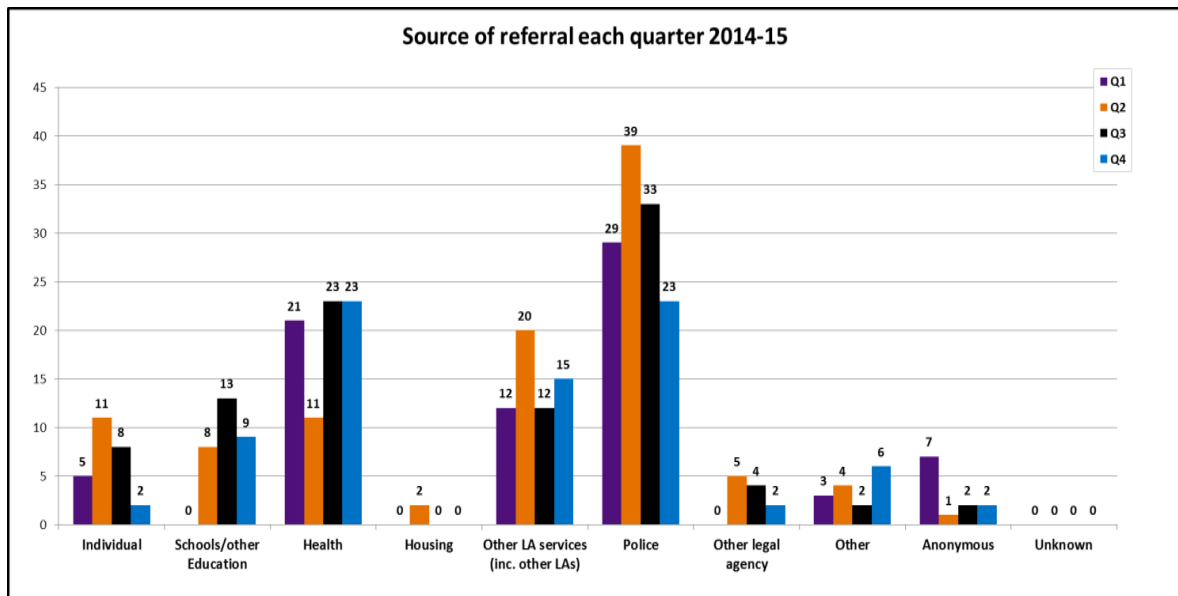
Education), sharing information on cases causing concern in order to risk assess and make decisions with a strong information base.

Table 5: No of cases that were processed by the MASH Team during 2014-15

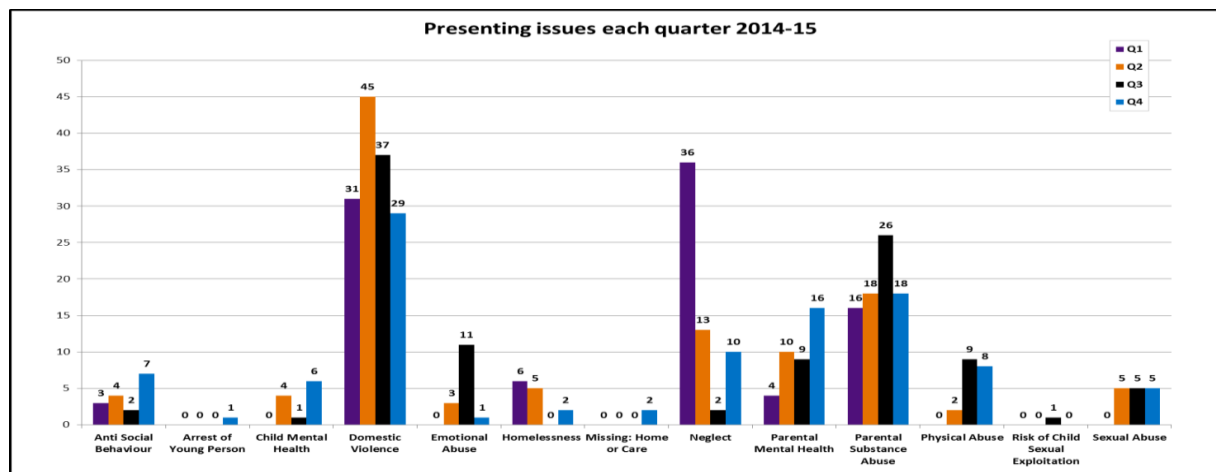
	April - June	July to Sept	Oct. - Dec	Jan - March
No of clients	86	101	97	82

2.8.8 The most frequent sources of referral to the MASH are the police, accounting for nearly 34% of referrals over the year, followed by Health, accounting for just over 21%; however, the proportion from the police has been decreasing since quarter two. The third most frequent source is other local authority services (including other local authorities), accounting for 16% of all referrals.

Figure 7: Source of referrals to MASH³¹

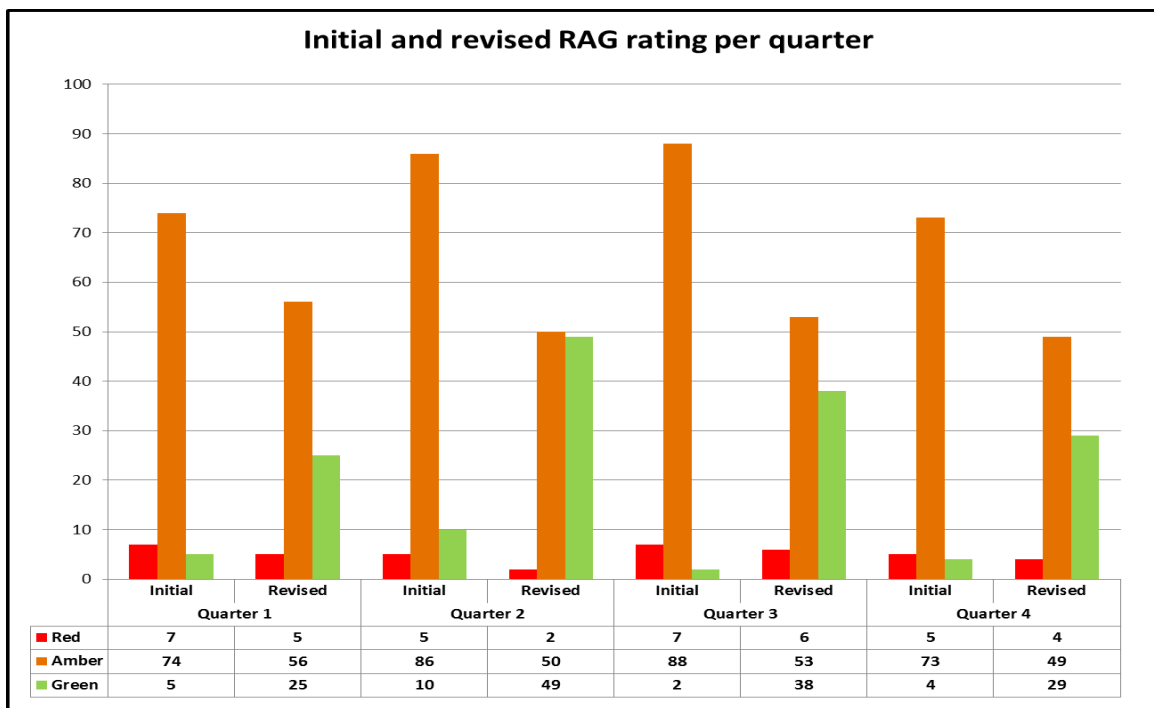


2.8.9 The most commonly found presenting needs over the year were domestic violence, accounting for just over 34% of all needs identified, followed by parental substance abuse, accounting for nearly 19% of needs identified. The third most frequent need was neglect at nearly 15%.

Figure 8: presenting issues quarter 2014-15³²

2.8.10 All the referrals to the MASH are rated as red, amber or green on referral and then again on assessment, once all relevant information has been gathered, in order to assess the level of risk to the child. The chart below shows that the number rated as red (i.e. high risk) is low over each quarter at both referral and assessment; the number rated as amber (medium risk) is high at referral but lower at assessment, suggesting that after information gathering the risk for a significant number of children is lowered to green (i.e. found to be low risk).

³² Source: : Harrow local data (Frameworki)

Figure 9: Referrals to MASH by RAG rating³³

2.8.11 Harrow carried out 2178 assessments during 2013-14 compared to a total of 1,399 in the previous year; comparator data is not fully available as local authorities moved to continuous assessments at different times of the year.

2.8.11 If a referral leads to a further assessment of the child and their circumstances then additional factors are identified during the assessment, the two most frequent factors identified during the assessment process are domestic violence (which could include the child as a subject) and abuse or neglect. There is always an element of emotional abuse implicit in domestic violence that is not always recorded separately.

Table 6: Factors identified at the end of assessment³⁴

Factors identified at the end of assessment	No.	%
Domestic violence	871	27.7
abuse or neglect	609	19.4
Other	573	18.2
Substance misuse: parent/carer/another person	280	8.9
Mental health: parent/carer/another person	274	8.7
Socially unacceptable behaviour	95	3.0

³³ Source: Harrow local data (Frameworkki)

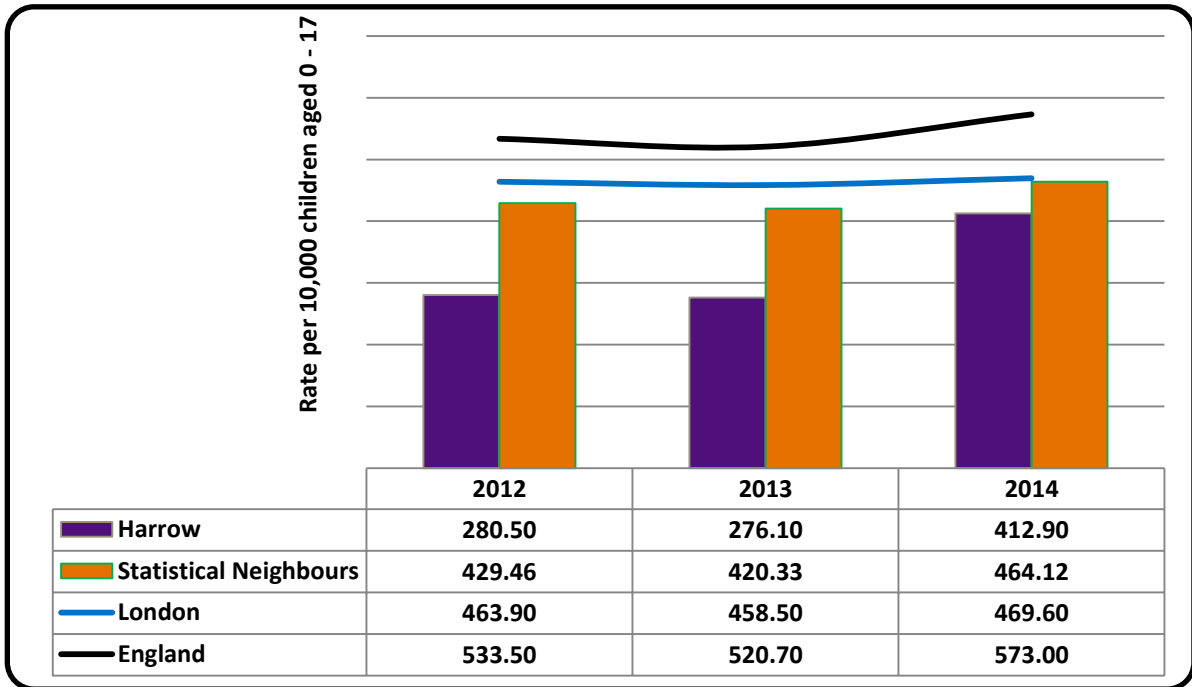
³⁴ Source: Harrow local data (Frameworkki) NB: more than one factor can be identified during assessment.

Learning disability: child	60	1.9
Mental health: child	57	1.8
Physical disability: child	55	1.7
Self-harm	55	1.7
No factors identified	44	1.4
Physical disability: parent/carer/another person	41	1.3
Substance misuse: child	35	1.1
Missing	28	0.9
Child sexual exploitation	29	0.9
Young carer	14	0.4
Learning disability: parent/carer/another person	11	0.3
Trafficking	7	0.2
Gangs	7	0.2
UASC	2	0.1
Total number of completed assessments	2178	

2.9 Referrals to social services

2.9.1 The number and rate of referrals per 10,000 children in Harrow had historically been low compared to national averages, but 2013 -14 saw a rise due to revised thresholds & the changing demography. There were 2,305 referrals made to children's social care services during 2013-14 compared to 1,529 in the previous year. Nationally there has been a rise in referrals by approximately 11%.

Figure 10: Rates of referrals to children's social services



2.9.2 Possible abuse or neglect is the most frequent reason for referral to social care services (31%), followed by domestic violence and family dysfunction. The presenting issues categories are designed to identify what kinds of pressures are placed on social services to support service planning. Roxbourne has the highest concentration of referrals followed by Wealdstone.

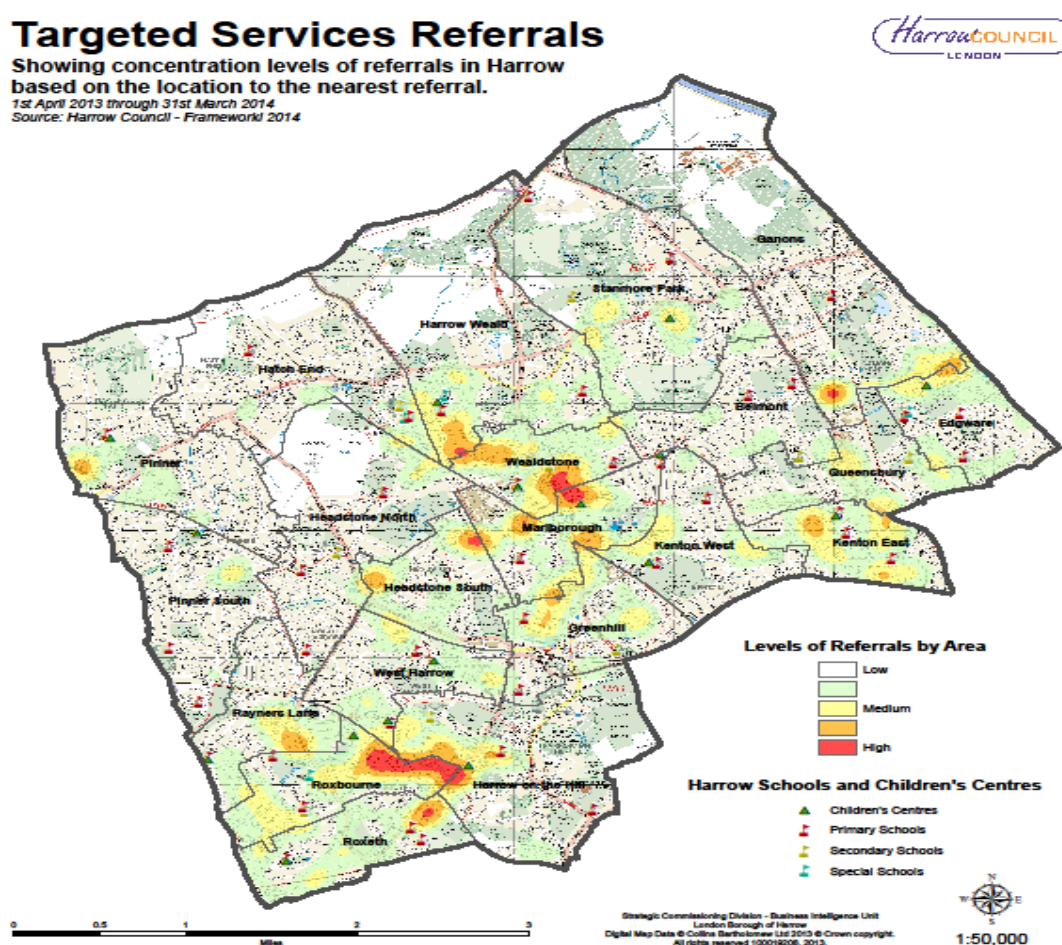
Figure 11: Presenting issues at referral ³⁵

Presenting Issues at referral	No.	%
Possible abuse or neglect	744	31.1
Domestic violence	572	23.9
Family dysfunction	233	9.7
Mental health concerns (parent/child)	154	6.4

³⁵ Source: Harrow local data (Frameworki)

Parenting support	117	4.9
Substance misuse (parent)	94	3.9
Child's disability	66	2.8
Family in acute stress	53	2.2
Socially unacceptable behaviour	52	2.2
Housing issues	38	1.6
Other*	270	11.3
Total	2393	100.0

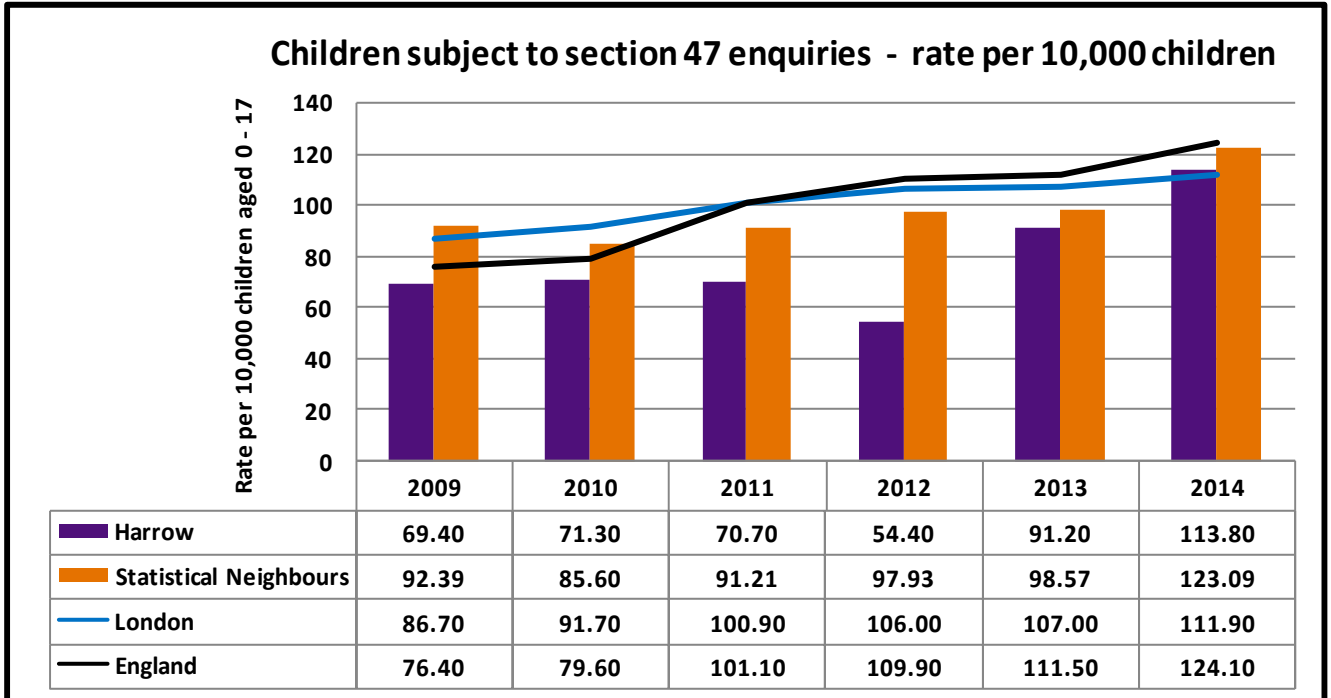
Figure 12: Map showing concentration levels of referrals in Harrow based on location to the nearest referral.



2.9.4 It is the Local Safeguarding Children Board's (LSCB) responsibility to ensure effective multi-agency arrangements to promote and safeguard the welfare of children and young people. 'Working together to Safeguard Children' (2013) sets out

how organizations should work together to safeguard and promote the welfare of children and young people.

Figure 13: Child protection investigations³⁶



2.9.6 The rate of children subject to child protection investigations under s47 of the Children Act has fluctuated over the past 5 years and the highest was during 2014. However, the rate has remained slightly below our statistical neighbours; lowered thresholds and the increasing child population has had an impact across all activities in the department.

2.9.7 Children are made the subject of a child protection plan (CPP) when they are considered to be at risk of physical, sexual, emotional harm or neglect. An Initial Child Protection Conference is convened and all professionals involved with the child are invited. Parents and children of an appropriate age attend the conference as well, a decision is made at the conference whether a child protection plan is required.

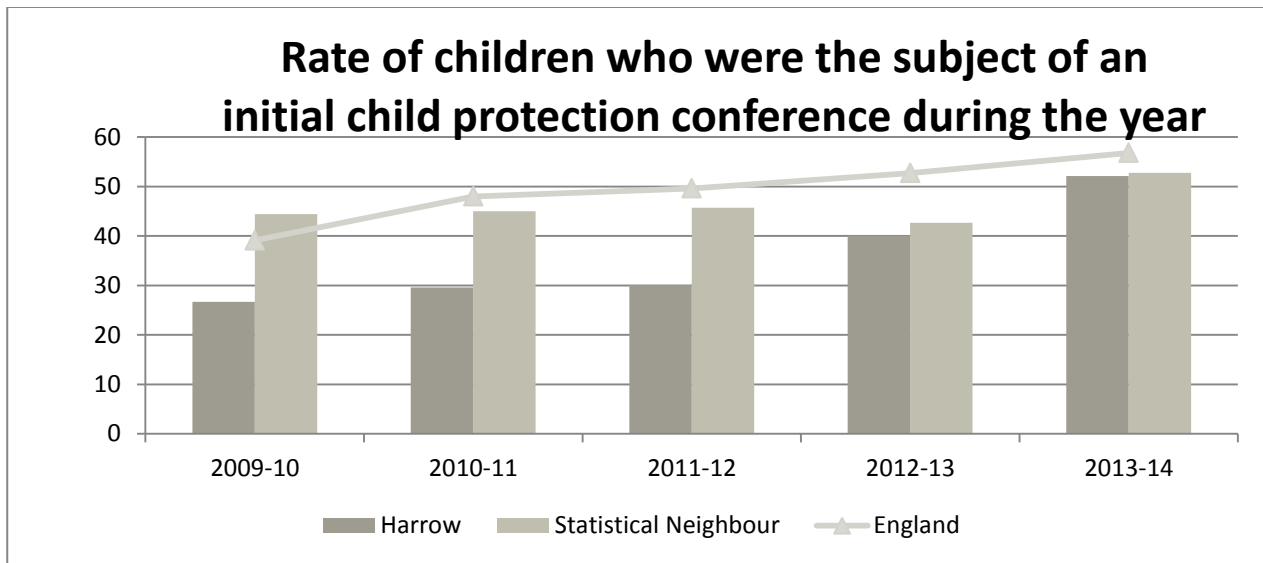
³⁶ Source: DfE Characteristics of children in need in England; Local Authority Interactive Tool (LAIT)

2.9.8 The number of children subject of an initial child protection conference during the year have increased year on year

Table 7: Child protection conference³⁷

	2009-10	2010-11	2011-12	2012-13	2013-14
Harrow	133	150	165	222	291

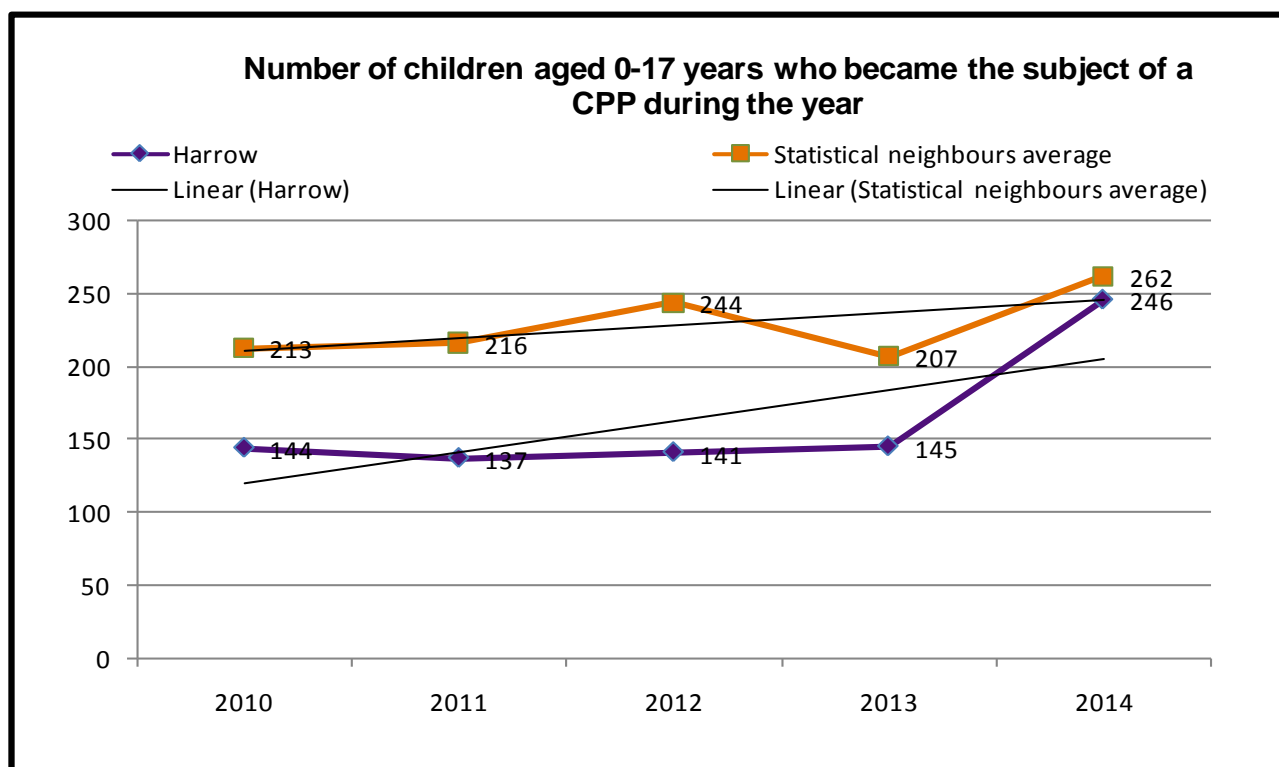
Figure 14: Rate of children who were the subject of an initial child protection conference



2.9.9 Between 2010 and 2014, there has been a 71% increase in Harrow in the number of children who became subject of a CPP during the year, increasing from 144 to 246. The number was stable for the first three years of this period and then rose sharply in 2013-14. This rise is mirrored by our statistical neighbours. There has been a considerable rise of 13.5% in the overall numbers of children starting a CPP in England in 2013-14; in comparison, the increase from 2011-12 to 2012-13 was 1.2%. The rise in numbers could be due to changes in the thresholds, increased awareness and referrals to social care due to the media coverage of high profile cases or whether there has been an increase in the neglect, abuse or other issues that impact adversely on the welfare of children

³⁷ Source: DfE Characteristics of children in need in England

Figure 15: Number of children who became the subject of a CPP³⁸



2.9.11 Over 70% of children who are subject of a CPP were of a BME background which is reflective of the ethnic diversity of the local population. The proportions of males and females subject to a child protection plan at any one time are broadly similar, although in Harrow there are slightly more females than males while for our statistical neighbours, London and England there are slightly more males than females. Harrow has fewer children aged between 1 and 4 years on a CPP compared to statistical neighbours, London and England and slightly more children aged 5 to 9 years. In common with most other authorities, the most frequent types of abuse in Harrow are emotional abuse or neglect, together accounting for nearly 9 out of 10 cases. Practice in Harrow is to record a primary category and additional categories and hence multiple appears lower than comparators.

2.10 Children looked after (CLA)

2.10.1 Under s.17.1 (a) of the Children Act 1989, local authorities have a duty to 'safeguard and promote the welfare of children within their area who are in need'. The Act is

³⁸ Source: DfE Characteristics of children in need in England; Local Authority Interactive Tool (LAIT)

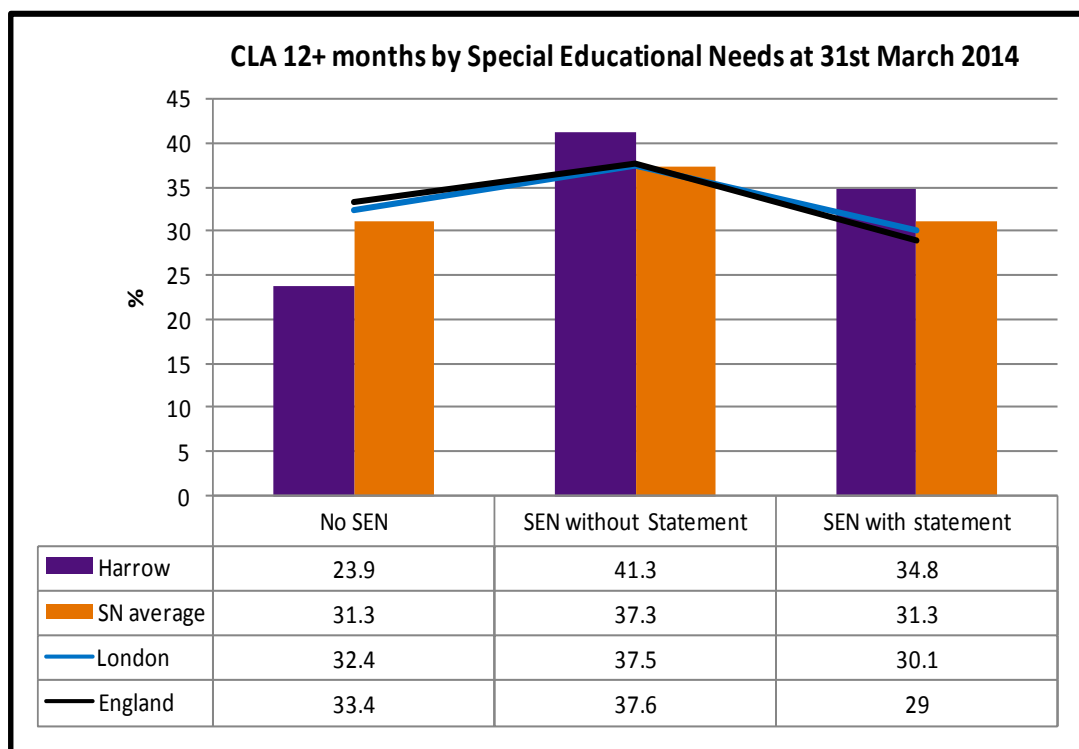
designed to ensure the safety and wellbeing of a child and if appropriate provide services that will allow the child to stay with their family.

2.10.2 Where there are serious concerns that a child is at risk of harm if she/he remains at home, the local authority may apply for a court order to remove the child. If this request is granted the child becomes a 'looked after' child. The term 'looked after' includes all children being looked after by a local authority, i.e. those subject to court orders and those looked after on a voluntary basis through an agreement with their parents under Section 20 of the Act.

- At the end of March 2014, almost 69,000 children were looked after in England, an increase of 1% on the previous year and 7% compared to March 2010. This number has been increasing steadily over the past five years and is now at its highest point since 1985.
- Nationally, the rate of looked after children per 10,000 is 60; in Harrow this rate is 30.
- The majority of looked after children in England – 62% in 2014 – are provided with a service due to abuse or neglect.
- Compared to national figures for all children in England, a far high proportion of looked after children have special educational needs: just under 18% of all school children in England had SEN as at March 2014; this was 67% for CLA. Harrow has a higher proportion of CLA with SEN both with and without a statement compared to statistical neighbours, London and England.

Figure 16: **Graph showing children looked after with SEN.**³⁹

³⁹ Source: DfE Outcomes for children looked after

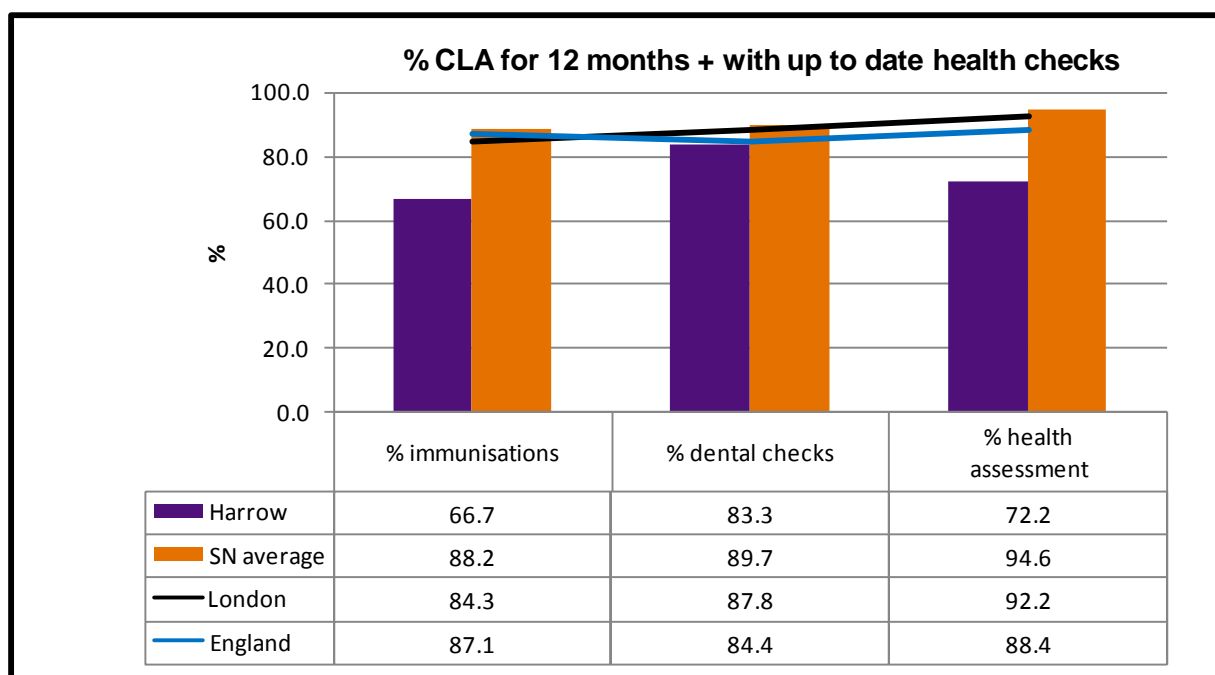


2.10.3 Harrow's number and rate of looked after children are generally fairly stable and have historically been substantially lower than England, London and statistical neighbours (there was a temporary dip in the numbers during 2010-11). At 31st March 2014 there were 165 children looked after. Historically, and in line with all but eight authorities in England, Harrow has more males than females looked after. Compared to statistical neighbours and London, Harrow's proportion of males to females is higher still.

2.10.4 Health checks for children who were being looked after for 12 months or more are a key tool in ensuring the health needs of all looked after children are identified. Initial and annual health assessments are important to ensure prompt identification of pre-existing, emerging and changing health needs. This is particularly important given the turnover of the CLA cohort, the need to maintain an overview for children placed in and outside of the borough, the developmental needs of babies and young children and the specialist health needs of older children.

2.10.5 Harrow is performing significantly less well in immunizations and dental and health checks than statistical neighbours, London and England, and this has decreased since last year, when 94% of all LAC for 12 or more months had all three of these.

Figure 17: Percentage of children looked after for twelve months plus with up to date health checks⁴⁰



2.10.6 Evidence suggests that mental health problems are over four times more likely for looked after children compared to their non-looked after peers. This data item covers the emotional and behavioural health of children looked after, as recorded by a main carer in the Strengths and Difficulties Questionnaire (SDQ). A higher score on the SDQ indicates more emotional difficulties, with a score of 0 to 13 being considered normal, a score of 14 to 16 considered borderline cause for concern, and 17 or more a cause for concern. Across the country, looked after boys score higher than looked after girls at all ages (data on gender split not available at LA level). Harrow's rate of collecting SDQ questionnaires has fallen during 2013-14, the average score per child has also fallen.

2.10.7 In 2013-14, 10 out of 90 (11%) children/young people looked after for more than 1 year were identified as using alcohol or substances, compared to 6% across London. Referral pathways are in place between CLA and substance misuse services. Due to small numbers of looked after children Harrow's proportion of looked after children who misuse alcohol or substance appear higher.

⁴⁰ Source: DfE Characteristics of children in need in England; Local Authority Interactive Tool (LAIT)

2.10.8 Children in the care of local authorities are one of the most vulnerable groups in society and children who have been looked after continuously have a significantly lower level of educational attainment than other children. In England in 2013-14, 12% of looked-after children achieved five or more A*-C grades at GCSE or equivalent level; this constitutes an attainment gap of 40.1% when compared to non-looked after children. Many 'looked after' children face considerable challenges in achieving high standards in school, and yet education is fundamentally their pathway to future success.

2.10.9 The instability of placement arrangements, high school absentee rates, insufficient educational support, insufficient support and encouragement at home for learning and development and the need for help with their emotional, mental and physical health have been cited by the Social Exclusion Unit as the reasons why children in care fail to thrive.

2.11 Early intervention

2.11.1 The Early Intervention Services (EIS) division encompasses four 'Team around the Family' (TAF) teams, the Youth Development Team and ten Children Centres. The Team around the Family' (TAF) teams, the Youth Development Team provides integrated support for children and families as soon as a concern starts to emerge. EIS aims to prevent escalation to specialist and statutory services; improve outcomes for our most vulnerable children and families; and to build family resilience so families can sustain progress and positive outcomes. The work is based around a 'Team around the Family' approach, with designated lead professionals responsible for the co-ordination of case work and multi-agency support.

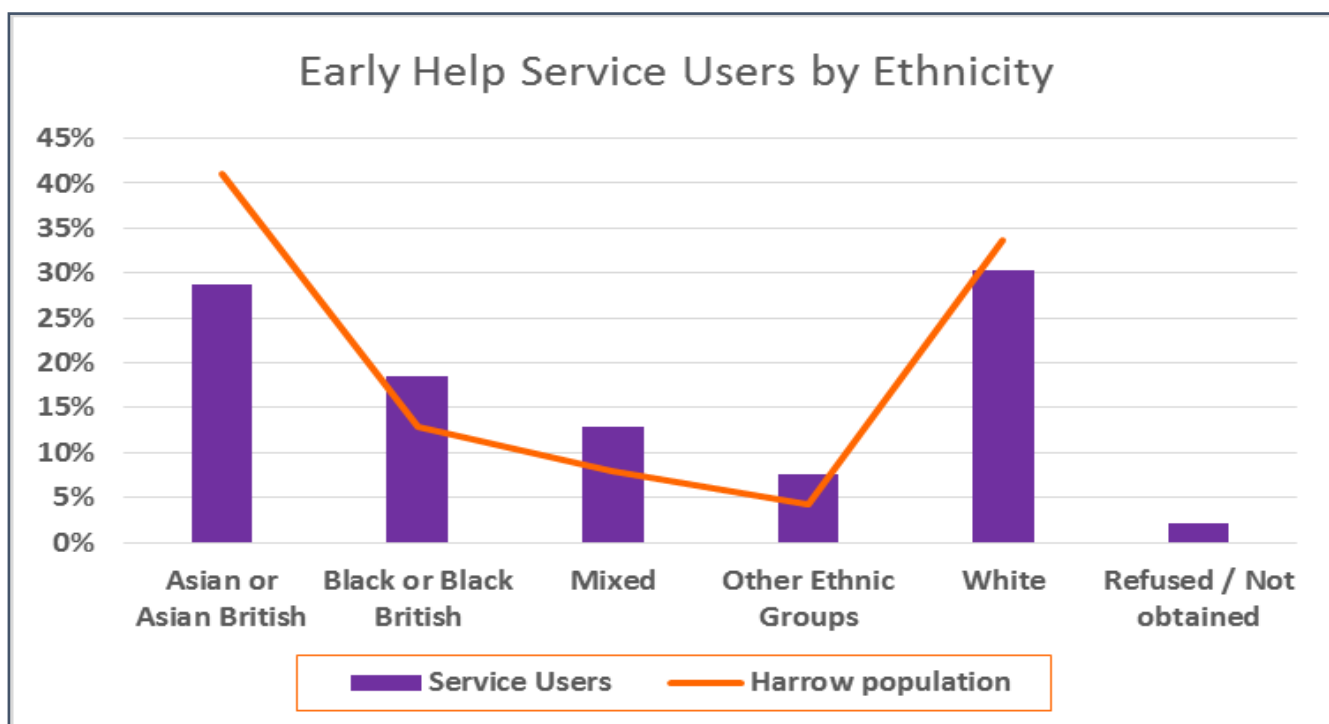
2.11.2 The Division works with children & young people from conception to their nineteenth birthday and up to 24 years old for young people with a disability or engaged in specific young adult projects.

Priority groups or Early Help Assessments are undertaken for:

- Children in Need not meeting the Social Care threshold
- Children and parents that have experienced domestic violence
- Children suffering poor outcomes as a result of parental mental health difficulties

- Children suffering poor outcomes through parental alcohol or substance misuse or the negative effects of parental alcohol / substance misuse
- Children or young people not in education, employment or training (NEET)
- Children whose attendance falls below 85% and those at risk of exclusion from schools
- Children at the edge of care

Figure 18: **Ethnicity of Service Users 2013-14**



2.11.3 The largest group of service users are from Asian (28%) & White backgrounds (31%). However compared to the general child population of Harrow, service users are slightly over represented from the Black or Black British, Mixed and Other ethnic backgrounds and under-represented from Asian background (41%). A detailed breakdown of service users by ethnicities is provided in the table below.

2.12 Young carers⁴¹

⁴¹ Carers strategy

2.12.1 Young carers are children and young people under the age of 18 who provide regular and ongoing care and emotional support to a family member who is physically or mentally ill, disabled or misuses substances.

2.12.2 The Children and Families Act (2014) has introduced changes in the way in which young carers are identified and supported. The changes include a general duty on local authorities to improve the wellbeing of young carers who are ordinary residents, the identification of any children who may be involved in providing care, the provision of medical services to patients who are young carers, schools must have a process in place for the identification of young carers. Schools must put in place a mechanism for the provision of appropriate support to promote the wellbeing and improve the educational attainment of young carers within their school.

2.12.3 The 2011 Census found that in London there are a total of 26,231 young carers aged 5 – 17.

- Of these, 20,636 (79%) provide 0 – 19 hours care per week.
- 2,944 (11%) provide 20 – 49 hours care per week, and
- 2,650 (10%) provide over 50 hours care per week, 556 (21%) are aged 5 – 9.

However, it is thought that this is an under-estimate as:

- 1 in 12 secondary school age children were providing personal care in a 2010 study & almost a third were providing emotional care (BBC & University of Nottingham)
- The average age that Young Carers start caring is 10 – meaning that there will be a lot of Young Carers in primary schools too.

There are an estimated 250,000 young people living with parental substance misuse in the UK.

2.12.4 Of the 24,620 carers in Harrow identified in the 2011 Census.

- 2,272 are young carers aged 5 – 24

- If we are to apply the London percentages to those in Harrow, we can estimate that there are 863 young carers aged 5 – 17.
- Of these 863 it is estimated that 113 (13%) are aged 5 – 9.
- The number of young carers aged 5 – 18 currently recorded as receiving support within a Harrow School is 212. The majority of who are over the age of 11.
- The majority of schools felt that there were a significant number of 'hidden' young carers on role.

2.12.5 Young carers have needs and for a number of reasons,

- Young carers are 1.5x more likely than peers to have a special educational need/ disability.
- Male young and young adult carers are twice as likely as peers to report 'not good health'; girls are 2.5 times as likely.
- One local authority found 11% young carers sustained an injury due to caring, under half told their GP they were caring, 35% thought their health had worsened due to caring, 35% also experienced eating disorder symptoms.
- Just 37% of known Young Carers in Harrow were meeting National Standards in both Maths and English.
- Over 2/3 of Young Carers aged 8-16 say they have been bullied.
- Young Carers are twice as likely to be not in Education, Employment or Training.

3.0 Risk factors associated with poverty

3.1 Debt and rent arrears

3.1.1 The data records all enquiries at the bureau, previously only unique client enquiries were recorded. There are again high levels of enquiries regarding housing benefit, employment support allowance and threatened homelessness. There appears to be no enquiries regarding domestic violence, which may reflect a problem with recording rather than no incidence of this occurring.

3.1.2 The number of enquiries appear to have dramatically increased on fuel debt in the last month, but may be explained by the demands of meeting a project deadline rather than a specific problem. In addition, there has been an increase in water debt in the last month for which there does not appear to be an obvious explanation.

Table 8: Table showing the number of CAB enquiries in Harrow by enquiry⁴²

CAB Enquiries (volume)	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Travel
Mortgage & Secured Loan Arrears	3	2	2	7	4	5	8	5	2	2	5	4	3	▽☺
Rent Arrears (local authority)	19	12	19	9	18	11	12	15	12	19	11	7	19	△☹
Rent Arrears (Housing Associations)	5	8	6	7	8	8	7	7	9	9	7	2	5	△☹
Rent Arrears (Private Landlords)	8	13	10	7	15	5	11	11	9	9	10	6	6	◀△☺
Council Tax Arrears	62	59	56	39	47	49	44	50	44	20	58	48	53	△☹
Other Debts	78	58	57	47	72	69	66	73	64	75	59	48	65	△☹
Council Tax Benefit	31	23	25	36	36	20	27	29	33	45	32	17	20	△☹
Housing Benefit	106	100	99	72	98	65	88	87	115	138	140	83	95	△☹
Job Seekers Allowance	27	32	26	20	31	19	20	29	23	20	17	12	12	◀△☺
Incapacity Benefit / Employment Support Allowance	58	63	63	48	40	52	46	61	43	56	66	60	68	△☹
Redundancy & Dismissal	13	23	22	15	13	15	14	20	25	22	29	19	17	▽☺
Actual Homelessness	9	10	6	8	6	5	4	13	10	9	9	11	3	▽☺
Threatened Homelessness	21	11	21	13	20	17	11	24	28	24	27	24	13	▽☺
Domestic Violence Incidence	6	1	4	0	1	0	2	2	2	2	0	0	0	◀△☺
Divorce and Separation	17	18	16	7	21	18	16	23	17	17	10	9	17	△☹
Fuel Debt	27	18	21	12	15	14	13	16	13	15	17	15	47	△☹
Telephone & Broadband Debt	8	4	4	5	9	3	4	5	7	8	5	3	5	△☹
Bank and Building Society Arrears	10	7	7	7	12	7	5	7	6	4	9	3	5	△☹
Credit, Store & Charge Card Arrears	29	22	14	17	16	21	16	16	13	11	13	10	14	△☹
Unsecured Personal Loan Debts	10	10	6	10	17	15	12	11	8	11	8	8	11	△☹
Water Supply Sewerage Debts	8	8	8	4	7	8	12	9	7	6	8	2	18	△☹
Access To + Provision of Accommodation	14	21	20	14	8	20	12	24	9	8	23	21	8	▽☺
Local Authority Housing	6	6	10	4	13	11	11	18	11	14	13	6	4	▽☺
Total for Month	575	529	522	408	527	457	461	555	510	544	576	418	508	△☹

3.2 Parental income

⁴² Source: CASE - Citizens Advice Management Information System - From April 2015

- 3.2.1 Wages in Harrow are generally lower than in London and in West London as a whole, leading to a high proportion of residents commuting to other areas for better paid jobs. People working in Harrow earn, on average, less than the average weekly pay for Harrow residents. These lower wages could reflect lower level activities undertaken by businesses in the borough or a low demand for labour.
- 3.2.2 Figure 19 looks at low pay by boroughs. It is included because there are two ways of looking at the geography of low pay: by where the jobs are located, and by where the people who work in those jobs live. In a city of commuting like London, these two measures can vary substantially. The line in this graph shows the proportion of jobs that are low paid by where the workplace is. Boroughs further away from the centre of London tend to have a higher proportion of low-paid jobs. Nine of the ten boroughs with the highest proportion of low-paid jobs are in Outer London, and are also spread fairly evenly, with for example Bexley in the Outer East & Northeast sub-region and Harrow in the Outer West & Northwest. The borough with the worst low pay rate is Harrow, with 37% of jobs paid below the London Living Wage, followed by Waltham Forest (35%) and Bexley (33%)

Figure 19: Low-paid jobs in London by borough of work and borough of residence

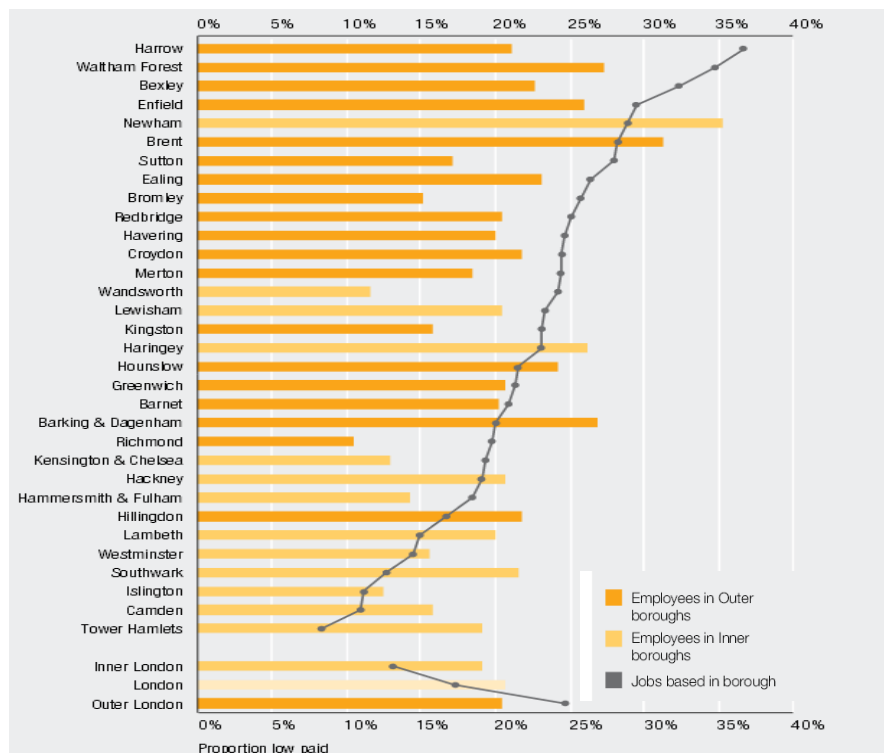


Figure 20: **Earning and parental income in Harrow compared to London and nationally**⁴³

Earnings by Workplace (2015)			
	Harrow (pounds)	London (pounds)	Great Britain (pounds)
Gross weekly pay			
Full-time workers	508.0	659.9	529.0
Male full-time workers	584.1	715.4	569.9
Female full-time workers	435.3	595.8	471.5
Hourly pay - excluding overtime			
Full-time workers	12.81	17.13	13.32
Male full-time workers	13.78	18.20	13.91
Female full-time workers	11.29	16.05	12.56

Source: ONS annual survey of hours and earnings - workplace analysis

Note: Median earnings in pounds for employees working in the area. From 15/04/2014 all the data in the hourly pay table (including time series data) has been amended to show "Hourly pay excluding overtime" instead of total hourly pay.

3.2.3 The Income Deprivation Affecting Children Index (IDACI) measures the proportion of all children aged 0 to 15 living in income deprived families³. This is one of two supplementary indices and is a sub-set of the Income Deprivation Domain. Income deprivation affecting children follows a similar pattern to income deprivation in general. Overall the picture of income deprivation affecting children is varied, with LSOAs in each of the quintile bands. The 2015 ID shows that 16.9 per cent of children in Harrow live in families experiencing income deprivation. Based on the 2010 ID, the Greater London Authority (GLA) estimated that Harrow's corresponding level for 2010 was 24.4 per cent⁴.

3.2.4 Eight of Harrow's LSOAs feature in the most deprived 20 per cent of LSOAs in England, compared to 25 LSOAs in 2010. Three LSOAs are amongst the country's most deprived 10 per cent, down from eight in the 2010 ID. None of Harrow's LSOAs are in the most deprived 5 per cent of LSOAs, an improved position from 2010, when four of the borough's LSOAs were identified in the most deprived 5 per cent nationally. Overall far fewer of Harrows LSOAs are in the four most deprived

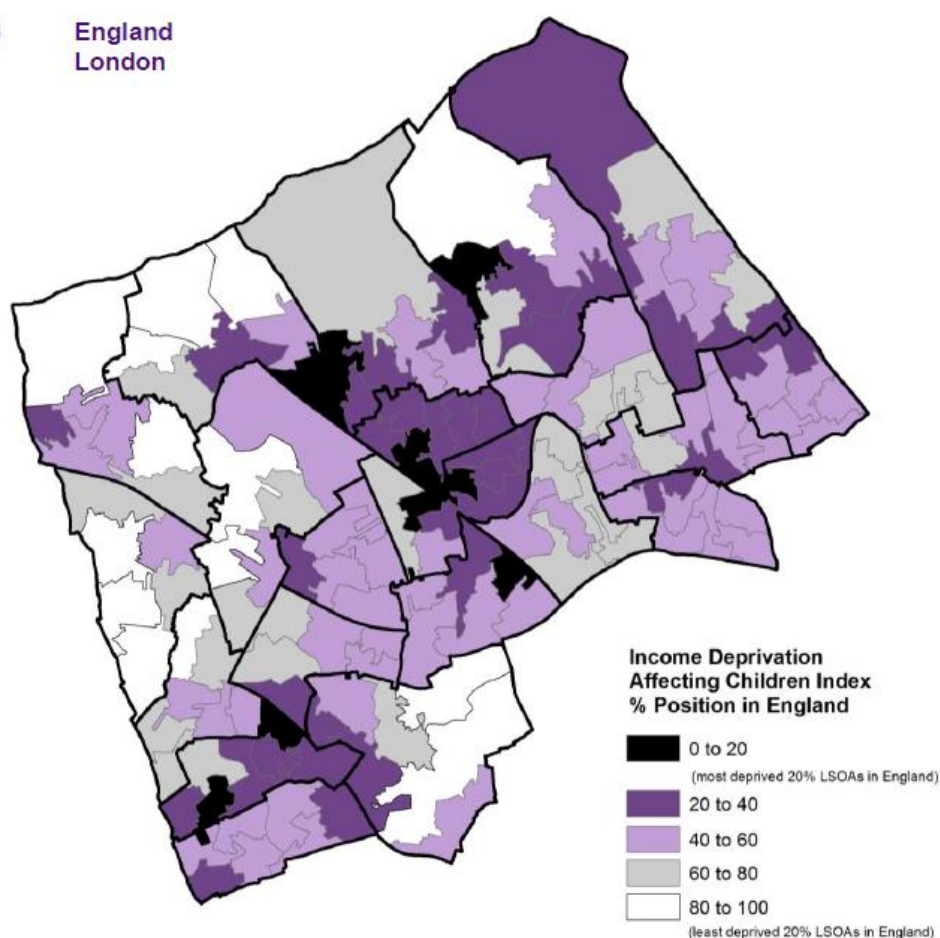
⁴³ Source: ONS annual survey of hours and earnings - workplace analysis, 2014

quintiles, compared to 2010. Harrow's most deprived LSOAs for income deprivation affecting children are adjoining LSOAs in Marlborough and Wealdstone wards, and the LSOA in Roxbourne ward covering the Rayners Lane Estate - these LSOAs are in the country's most deprived 10 per cent. The wards of Stanmore Park, Harrow Weald, Hatch End and Greenhill also have LSOAs featuring in the 20 per cent most deprived in England. There are 14 LSOAs in the least deprived 20 per cent in the country, up from nine in 2010. Five LSOAs are in the country's least deprived 10 per cent and these are all to the west of the borough - in Harrow on the Hill, Hatch End, Headstone North, Pinner and Pinner South wards.

Figure 21: **Income deprivation affecting children (IDACI)**

National & London Rank

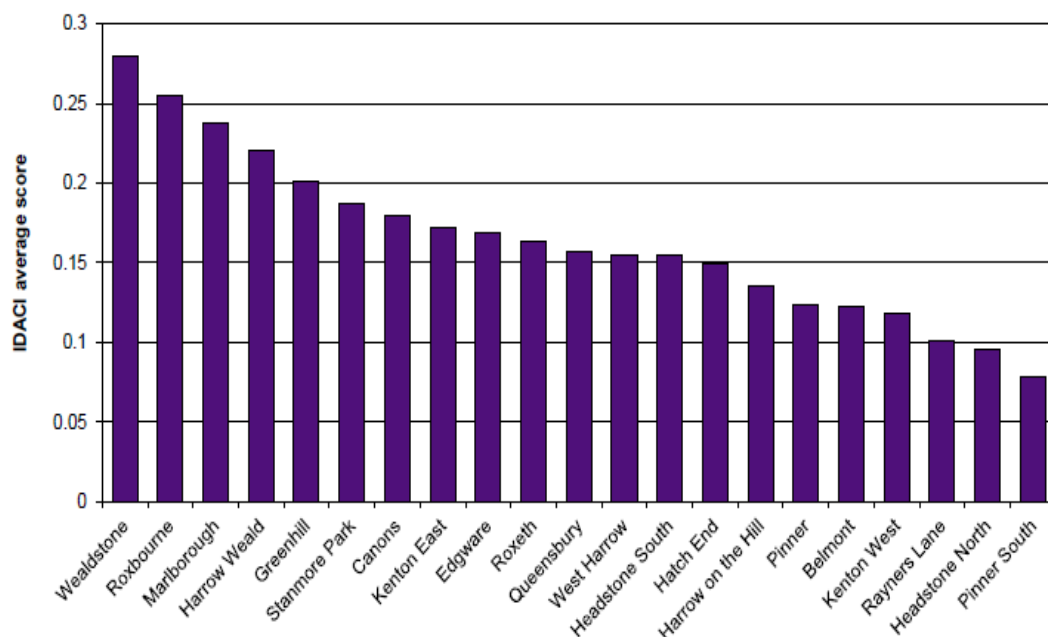
140/326 England
25/33 London



Income Deprivation Affecting Children by ward

Source: CLG, Indices of Deprivation 2015, Crown Copyright

Note: Ward level data has been calculated from LSOA average IDACI scores



3.2.5 The Living Wage commitment sees everyone working at an employer, regardless of whether they are permanent employees or third-party contractors; receive a minimum hourly wage of £8.25, and £9.40 in London - significantly higher than the national minimum wage of £6.70. The Living Wage is an hourly rate, set independently and is based on the cost of living. The Living Wage is for all employees over the age of 18, whereas the new enhanced minimum wage rate is for over 25s only. New rates are announced in Living Wage Week in November every year. The Living Wage Foundation has 2,300 accredited Living Wage employers across the UK. These are employers who commit to paying their staff at least the voluntary Living Wage. Harrow council is not signed up to the living wage.

Figure 22: Explaining the UK wage rates⁴⁴

Explaining UK Wage Rates

	Minimum Wage 21-24	Minimum Wage 25+ (‘national living wage’)	Living Wage
	£6.70	£7.20 from April 2016	£8.25 across the UK and £9.40 in London
Is it the law?	Law	Law	Voluntary
What age group is covered?	21 and older	25 and older	18 and older
How is it set?	Negotiated settlement based on recommendations from businesses and trade unions	A % of median income, currently at 55% it aims to reach 60% of median income by 2020	Calculation made according to the cost of living, based on a basket of household goods and services
Is there a London Weighting?	No London Weighting	No London Weighting	Yes - there is a separate higher rate for London

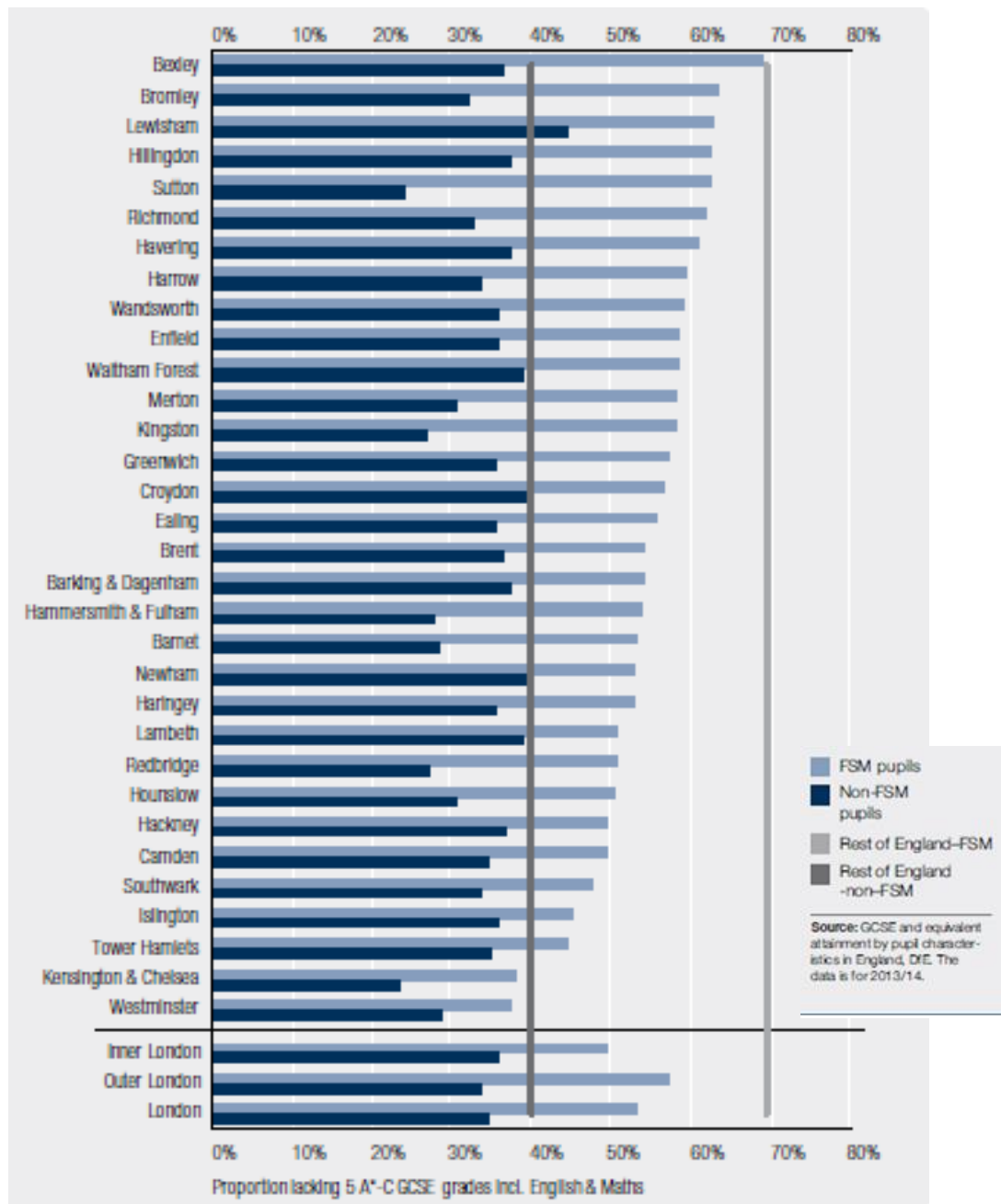
3.3 Children on free school meals

3.3.1 Free school meals are available to all full-time pupils (including full-day nursery children and sixth form students) who are still at school and whose parents receive the following:

- Income Support
- Income based JSA and ESA
- Child Tax Credit
- Support under part VI of the Immigration and Asylum Act 1999
- Child Tax Credit, provided they are not entitled to Working Tax Credit and have an annual income, as assessed by HM Revenue and Customs (HMRC), that does not exceed £16,190
- The guaranteed element of State Pension Credit.

⁴⁴ <http://www.livingwage.org.uk/news/briefing-april-1st-introduction-national-living-wage>

Figure 23: **Students on FSM in Harrow lacking 5 A-C GCSEs compared with London**



3.3.2 As a proxy for socio economic change, 13.8% of children in Harrow’s primary schools were eligible for free school meals as at January 2014. The table below shows that FSM eligibility remained steady from 2010 until 2013, dropping in 2014. This drop may be attributable to the changes in the Welfare Benefit system, which is now known as Universal Credit.

Figure 24: Percentage of pupils eligible for Free School Meals in primary schools

Primary Schools	January 2010	January 2011	January 2012	January 2013	January 2014
Harrow	16.5%	17.1%	16.2%	16.2%	13.8%
Statistical Neighbours	17.2%	17.8%	17.5%	16.9%	15.0%
England	17.3%	18.0%	18.1%	18.1%	17.0%

3.3.3 The table below shows that 17.0% of pupils in Harrow's high schools were eligible for free school meals as at January 2014. FSM eligibility has overall remained steady over the last 5 years with a slight increase in 2011.

Table 9: Percentage of pupils eligible for Free School Meals in secondary schools

Secondary Schools	January 2010	January 2011	January 2012	January 2013	January 2014
Harrow	17.6%	20.4%	18.1%	18.6%	17.0%
Statistical Neighbours	15.9%	16.4%	16.6%	16.7%	15.5%
England	14.2%	14.6%	14.8%	15.1%	14.6%

3.4 Childcare

3.4.1 In Harrow, the take up of formal childcare is lower at 9% compared with London 14% and England averages 15%⁴⁵ The recent childcare sufficiency assessment produced by the local authority to assess the landscape and identify any needs and gaps in childcare in the borough.

3.4.2 There is likely increasing demand for childcare as a result of a growing population of children aged 0-4 years and the growing number of parents in work. Much of this demand is likely to arise in the growth wards of Canons, Marlborough, Wealdstone

⁴⁵ Source: basket of indicators CPU : <https://www.gov.uk/government/publications/child-poverty-basket-of-local-indicators>

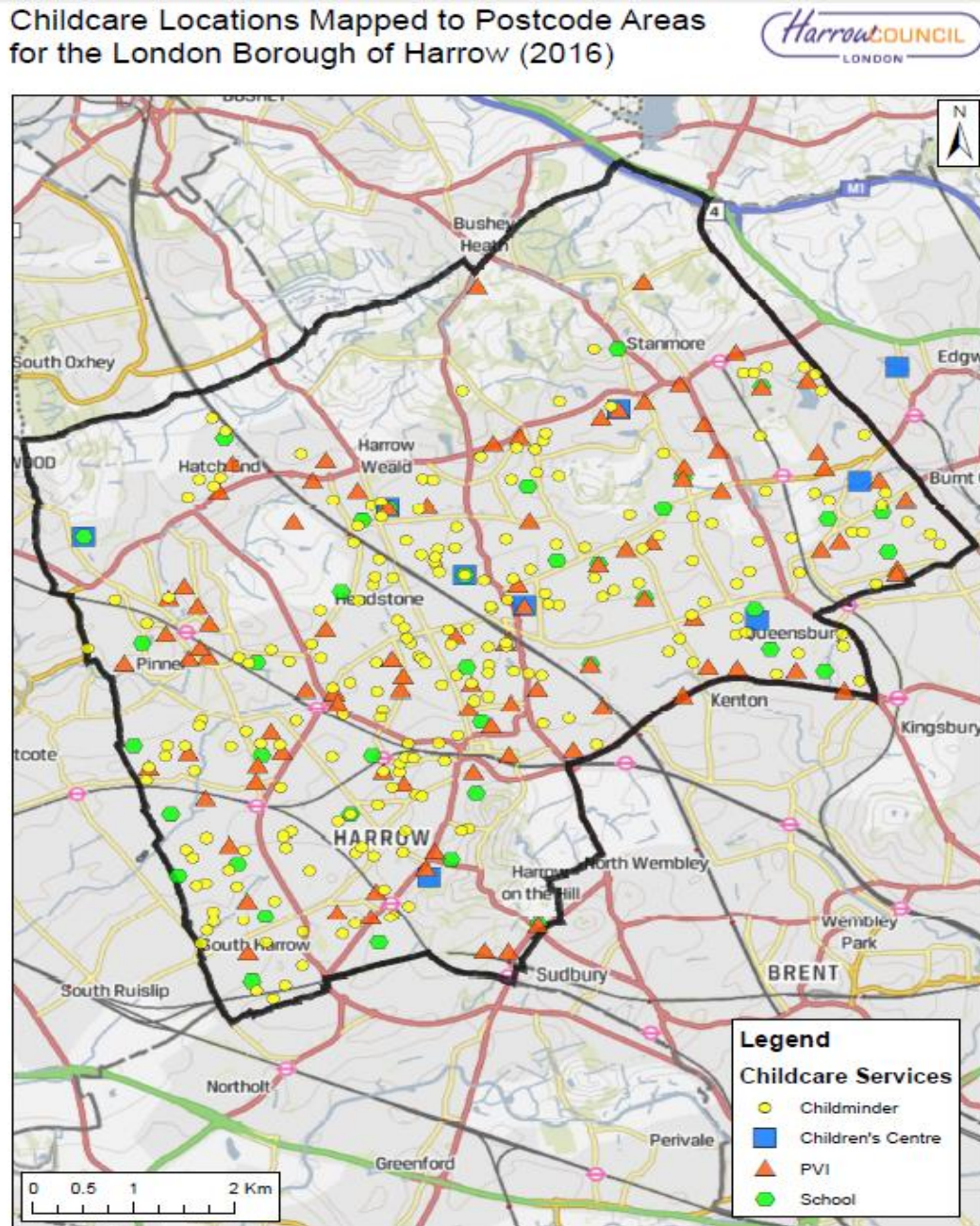
and Roxbourne. Marlborough, Wealdstone and Roxbourne, together with Harrow Weald, are also expected to require increased childcare provision particularly for eligible 2 year olds reflecting the relative deprivation of these wards to the rest of the borough.

3.4.2 Overall, most children aged 3 and 4 years are taking up early education entitlements in good quality provision in Harrow where approximately 17 in every 20 early years settings in Harrow have Ofsted ratings of 'good' or 'outstanding' (in line with all England averages). At the same time, 65% of parents report being satisfied/very satisfied with the childcare in 2016. In addition, half of parents/carers feel that there is a good choice of childcare locally and that it is available where and when they need it and half of parents/carers feel that the quality of childcare is high.

3.4.4 Key considerations for any childcare planners in encouraging greater take-up include:

- A changing ethnic profile of Harrow requires childcare provision that is sensitive to religious, cultural and language needs. Some new communities such as from Somalia tend to have lower rates of take-up of childcare for children aged 0-4 years for example.
- A higher proportion of children in Harrow have a Statement of Educational Need (SEN) who are eligible for the 2 year old entitlement and 3 and 4 year old entitlements than is the case in outer London and England. This points to demand for childcare that is equipped at meeting the needs of children with additional needs. Most early years settings report they need help to improve their ability to meet the needs of these children.

Figure 25: Map showing the location of childcare locations in Harrow



White British families were more likely to use childcare vouchers (22%) compared to other ethnicities (14%). This reflects the higher percentage of White British ethnicities that have both partners working full time (22% of White British compared to 14% of other ethnicities).⁴⁶

3.4.5 Affordability is identified by parents and all types of early years settings as a key priority:

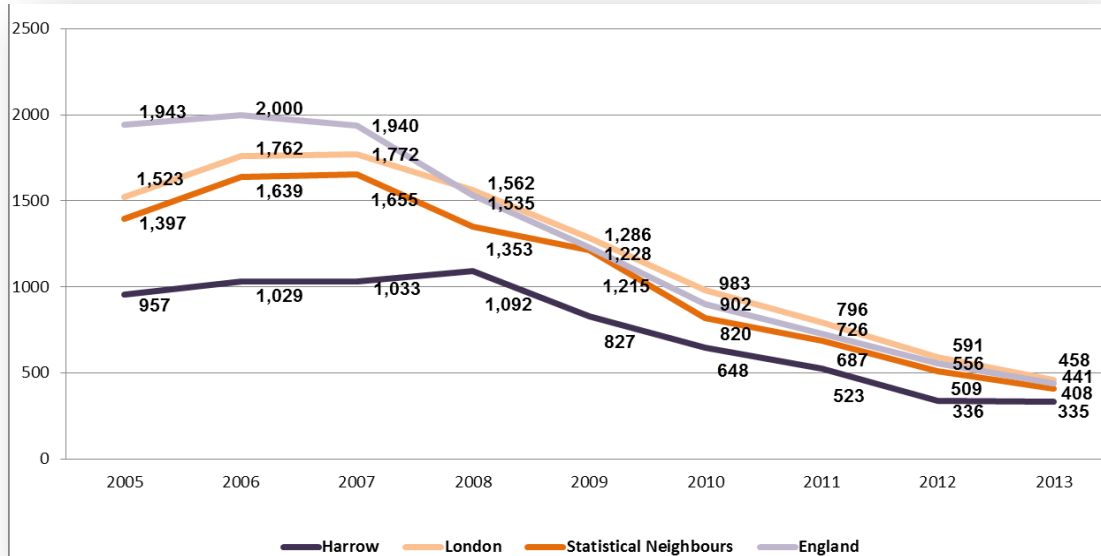
⁴⁶ Harrow Childcare sufficiency assessment 2016

- 3 in every 4 families report that childcare costs are not affordable. This is particularly so for families on lower incomes (less than £40,000 per annum) and lone parents.
- The average spend on childcare per week is £153. This increases to £199 in the North East of the borough and decreases to £86 in the South East Area. Costs tend to be less for lone parents, households that are less economically active, lower income households and families with children with SEN/ additional needs.
- Harrow childminders tend to charge a little less than London averages for children aged 2-5 years. Nursery costs tend to be higher than London averages.
- Early years settings raise concerns about the levels of funding to enable funded places particularly and 21% of early years settings report that they intend increasing fees by more than £10 per week for local families in the coming 18 months.

3.5 Youth offending and exclusions

3.5.1 Since 2007 the national trend has been a year on year decrease in the number of first time entrants to the youth justice system. The national trend is reflected in Harrow's figures which decreased from 1,092 in 2008 to 335 in 2013. Harrow has consistently performed well against National, London and Statistical Neighbour averages. There has been only a slight decrease between 2012 (336) and 2013 (335) which may suggest that numbers are levelling out.

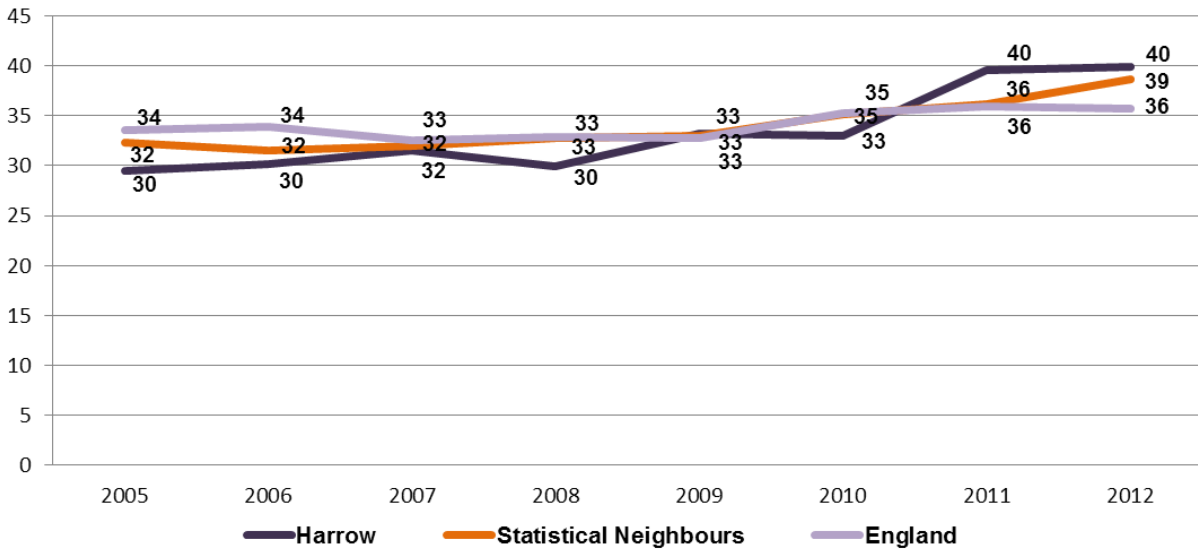
Figure 26: **First time entrants to the youth justice system in Harrow**



3.5.2 On a national scale re-offending has seen a steady increase in the proportion of re-offenders between 2005 and 2012. However, the size of the cohort from which re-offending has been measured has been decreasing year on year with particular reductions among those young people who have had no previous offences. This has left a smaller, more challenging group within the youth justice system which is reflected in a higher rate of re-offending.⁴⁷ Harrow has followed the national trend with the proportion of re-offenders increasing steadily since 2005. Although, since 2010 harrow's rate of re-offending has moved above national and statistical neighbours for the first time. This is likely due to harrow's levels of first time offenders reducing at a faster rate during those periods.

⁴⁷ YJB/MOJ - Youth Justice Annual statistics 12-13 <https://www.gov.uk/government/statistics/youth-justice-statistics>

Figure 27: Proportion of young offenders who re-offend 2005 – 2012³



3.5.3 Harrow’s 2012 figure for re-offending was 30.95% (63 re-offenders out of a cohort of 158 offenders) which is in line with the 2011 figure of 39.50% (85 re-offenders out of a cohort of 215 offenders). Although the proportion of re-offenders has remained stable between 2011 and 2012, the 2012 figure represents a smaller cohort with 63 re-offenders compared to 85 in 2011.

Table 10: Overall absence in primary schools

% Overall Absence	2009-10	2010-11	2011-12	2012-13
Harrow	5.66%	5.2%	4.5%	4.6%
Statistical Neighbours	5.42%	5.1%	4.3%	4.5%
England	5.21%	5.0%	4.4%	4.7%

3.5.4 The rate of overall absence in Harrow’s primary schools has improved from 5.66% in 2009-10 to 4.6% in 2012-13. In outer London overall absence ranged from 4.1% to 4.9%, Harrow ranked joint 5th out of the 7 rankings alongside 5 other local authorities. Overall absence in London ranged from 3.5% to 4.9% and of the 9 rankings Harrow ranked 6th alongside 6 other local authorities. Nationally overall absence ranged from 3.5% to 5.3%, Harrow ranked joint 8th alongside 18 other local authorities. The 2013-14 data is yet to be published.

Table 11: Persistent Absence in primary schools

% Persistent Absence	2009-10	2010-11	2011-12	2012-13
Harrow	1.4%	3.7%	3.1%	2.9%
Statistical Neighbour	1.3%	3.8%	2.7%	2.5%
England Average	1.4%	3.9%	3.1%	3.0%

3.5.5 The definition of persistent absence changed from 20% or more absence in 2009-10 to 15% or more absence in 2010-11. Persistent absence (PA) has improved in primary schools from 3.7% in 2010-11 to 2.9% in 2012-13. Harrow's PA has been better than the national average. In outer London persistent absence ranged from 1.9% to 3.4%, Harrow ranked joint 7th out of the 10 rankings alongside 3 other local authorities. Persistent absence in London ranged from 1.9% to 3.9% and of the 14 rankings Harrow ranked 9th alongside 5 other local authorities. Nationally persistent absence ranged from 1.6% to 5.2%, Harrow ranked joint 12th alongside 15 other local authorities out of 27 rankings. The 2013-14 data is yet to be published.

Table 12: Overall absence in high schools

% Overall Absence	2009-10	2010-11	2011-12	2012-13
Harrow	6.06%	5.7%	5.2%	5.2%
Statistical Neighbours	6.28%	6.0%	5.2%	5.1%
England	6.80%	6.5%	5.9%	5.8%

3.5.6 The rate of overall absence in Harrow's high schools has improved from 6.06% in 2009-10 to 5.2% in 2012-13, and has overall been better than the statistical neighbour and national averages, as can be seen in the table above. Overall absence in high schools in outer London ranged from 4.5% to 5.7% and Harrow ranked joint 6th with 3 other boroughs out of 11 rankings. The range in London was 4.3% to 5.7% and Harrow ranked joint 8th with 3 other boroughs out of a total of 13 rankings. The range nationally was 4.3% to 7.7% and Harrow ranked joint 8th with 6 other local authorities out of 31 ranks.

Table 13: Persistent Absence in high schools

% Persistent Absence	2009-10	2010-11	2011-12	2012-13
Harrow	3.3%	6.3%	5.6%	4.8%
Statistical Neighbour	3.2%	6.6%	5.7%	4.5%
England Average	4.2%	8.4%	7.4%	6.4%

- 3.5.7 Persistent absence in Harrow's high schools has improved from 6.3% in 2010-11 to 4.8% in 2012-13. Harrow's PA is significantly lower than the national averages, as well as better than the statistical neighbour average. In outer London persistent absence in the secondary sector ranged from 3.7% to 6.2%, Harrow ranked joint 6th out of the 14 rankings alongside 2 other local authorities. In London the range was 3.0% to 6.4% and of the 17 rankings Harrow ranked 7th alongside 4 other boroughs. Nationally the range was 3.0% to 12.1%; Harrow ranked joint 10th alongside 5 other local authorities out of 54 rankings. The 2013-14 data is yet to be published.
- 3.5.8 Permanent exclusions in Harrow's primary schools have fluctuated over the last few years, with a low of 3 permanent exclusions in 2013-14 (0.01% of the school population). However in 2012-13 Harrow's low percentage (0.04%) of permanent exclusions is still higher than the national average (0.02%) as well as the statistical neighbour average (0.01%).
- 3.5.9 Permanent exclusions in Harrow's high schools have dropped over the last few years from 35 in 2009-10 to 19 in 2013-14 (0.16% of the school population). However Harrow's percentage of permanent exclusions in 2012-13 remains above the national average (0.12%).

3.6 Substance misuse⁴⁸

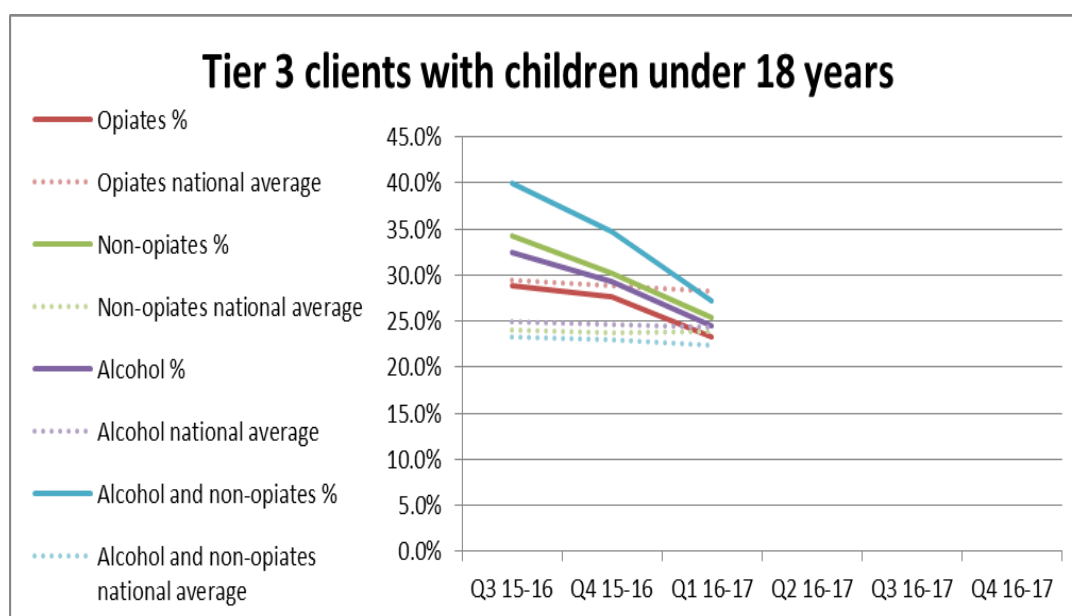
- 3.6.1 Parental substance use can and does cause serious harm to children at every age from conception to adulthood. Adverse effects on children encompass a wide range of emotional, cognitive, behavioural and other psychological problems, and they are potentially exposed to many sustained and intermittent hazards as a result of parental substance use, including:

⁴⁸ Data from Harrow substance misuse service , public health

- increased likelihood of early substance misuse (up to seven times more likely) and offending behaviour
- inadequate supervision
- inappropriate parenting practices/separation
- inadequate accommodation or instability of residence
- dangerous substances in the home
- interrupted or otherwise unsatisfactory education/attainment and socialisation
- threats to physical safety/exposure to criminal or inappropriate behaviour

3.6.2 It is also noted that mothers with drug dependencies, whilst trying to manage their own difficulties, are not always aware of the child's needs and can be less engaged with the child - arousing issues of neglect. The Harrow Substance Misuse Service delivers a Hidden Harm Service to support parents with drug or alcohol problems to engage with treatment services and reduce risks to their children.

Figure 28: Harrow substance misusers with children under 18 years



3.6.3 The above data shows that in respect of:

- The proportion of adult Opiate Users living with children, Harrow is slightly lower than the national average

- The proportion of all other categories of substance misuse adult clients living with children, Harrow is higher than the than the national average
- Overall the proportion of adult substance misuse clients living with children in Harrow has decreased between 2015/16 Q3 and 2016/17 Q1.

3.7 Food poverty

3.7.1 Food poverty is also a significant issue in London. In a recent report, Beyond the Foodbank⁴⁹ it is reported that more than 100,000 Londoners turned to food banks for an emergency food parcel. In addition to this:

- 32,000 eligible children not getting free school meals
- 28% eligible families not receiving Health start vouchers
- 592,000 London kids at risk of hunger during holidays

The report defines food poverty as

“the absence of ‘physical, social and economic access to sufficient, safe and nutritious food to meet people’s dietary needs and food preferences for an active and healthy life, and the confidence that access can be assured in the immediate and long-term future” (Beyond the Foodbank 2015)

3.7.2 Many of those living in poverty are in employment, a consequence of low wages and the proliferation of exploitative zero hours contracts, some can’t find work at all. No official measurement for food poverty or food insecurity exists in the UK.




3.7.3 Households in London spend, on average, £57.90 on food per week. When faced with financial difficulties, this is one of the first areas where cut backs are made. Such cutbacks, however, come with consequences for health and wellbeing. The Department of Health defines food poverty as “the inability to afford, or to have access to, food to make up a healthy diet”⁵, suggesting that the key drivers of it are a low income, combined with high and rising food prices. Given the number of children in London living in low-income households, a high proportion are therefore vulnerable

⁴⁹ Beyond the food bank 2015

to food poverty. This work seeks to explore the experiences of these and other families across London.

- 3.7.4 The report suggests that families have changed their food purchasing behaviour. Around two in five parents (42%) in London say they have cut back on the amount of food they buy or the amount they spend on food on a daily/weekly/monthly basis. This can take various forms, such as buying less meat or restricting snacks, but our research shows that a significant proportion of families are cutting back on fruit and vegetables.
- 3.7.5 Close to one in ten (8%) parents reported that, at some point, their children have had to skip meals because they cannot afford to buy food. Overall, 15% of parents in London reported that their children always or often tell them they are hungry, with a further quarter (28%) reporting that they do so less regularly. Related research in London has highlighted teachers' concerns about children going to school hungry. It is not just parents and teachers who say that children are going hungry; children themselves also report going without food.
- 3.7.6 There were a reported 198 people supported by the Harrow food bank in September 2015, the last data recorded, data from the housing benefit team in Harrow⁵⁰

Table showing the number of people accessing emergency relief schemes in Harrow

Help Scheme	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Travel
Number of Emergency Relief Scheme awards	26	24	24	37	26	22	19	12	21	13	14	21	18	
Number of Discretionary Housing Payments	160	54	58	63	67	61	73	67	101	563	97	154	193	
Number of people supported by Foodbank	271	156	183	160	169	64	198							

4.0 Health inequalities and poverty

4.1 Health Inequalities

- 4.1.1 The social or “wider” determinants of health are summarised in the widely used Dahlgren and Whitehead’s Determinants of Health model as shown below. The

⁵⁰ Harrow Economic and welfare reform impact dashboard

model depicts the many layers affecting a person's health which can also impact on a child's health and wellbeing.

Figure 29: **Determinants of Health Model**⁵¹



The Determinants of Health (1992) Dahlgren and Whitehead

4.1.2 The social determinants of health which are the collective set of conditions in which people are born, grow up, live and work include housing, education, financial security, and the built environment as well as the health system. There is a close correlation between the social determinants of health, the pyramid of factors relating to child poverty and as we will see later the index of multiple deprivation, particularly

4.1.3 Evidence shows that inequalities in health largely reflect inequalities in society. There is considerable evidence connecting health outcomes with these social determinants and emphasising the importance of prevention of ill health which make it clear that:

- Action on health inequalities requires action across all the social determinants of health
- People in higher socio-economic groups generally experience better health. there is a social gradient in health , and work should focus on reducing this gradient

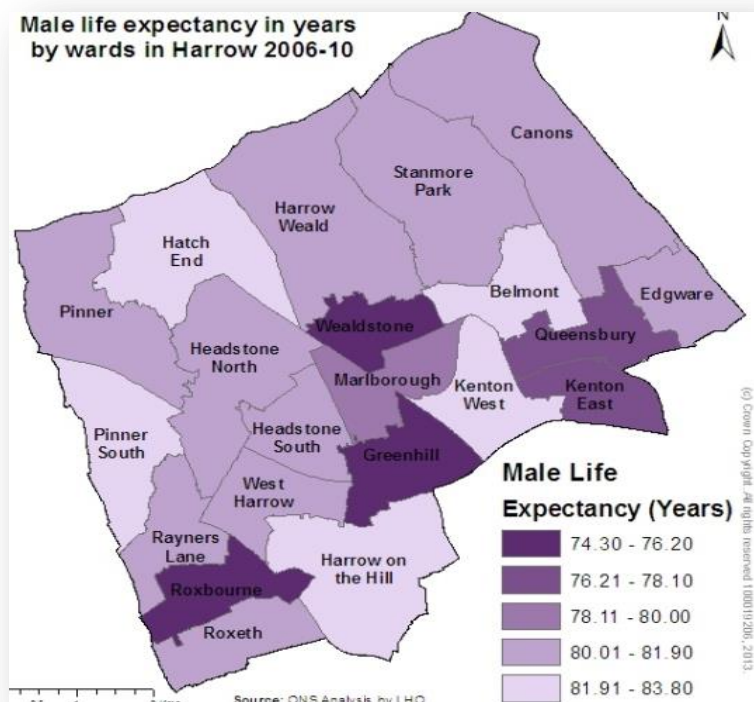
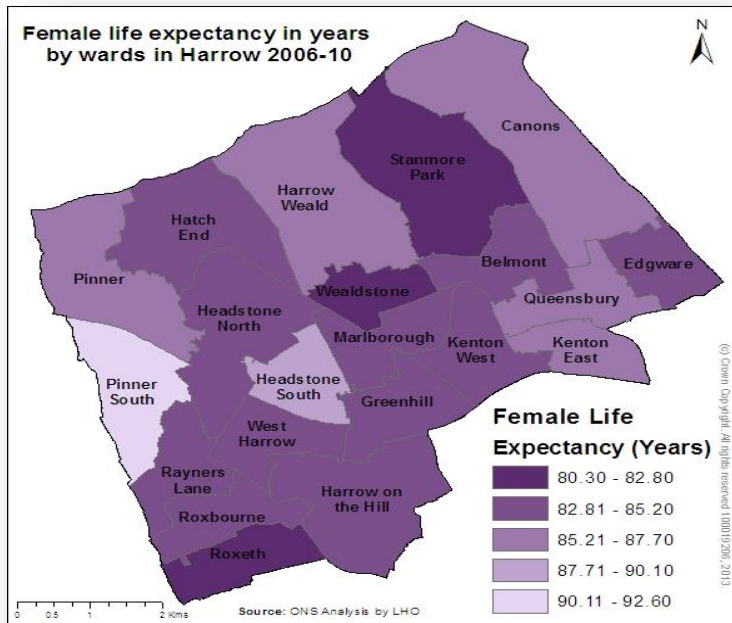
⁵¹ Source: G Dahlgren and M Whitehead

- Necessary to take action across all groups , albeit with a scale and intensity that is proportionate to the level of disadvantage
- Action to reduce health inequalities will have economic benefits in reducing losses from illness associated with health inequalities which currently account for productivity losses, reduced tax revenue , higher welfare payments and increased treatment costs- this is in addition to improving people's sense of wellbeing
- Effective local delivery of this requires empowerment of individual and local community

4.2 Link between deprivation and poor health

4.2.1 The difference in life expectancy in women in the most deprived areas in Harrow was 6 years lower than in the most affluent areas, but has decreased to 4 years. For men the gap started at less than 7 years but has widened to over 8 years. This change over time and the difference between male and females living in Harrow can be seen in the graph below.

Figure 30: **Map to show male and female life expectancy**



4.2.2 Evidence from Harrows JSNA suggests that Harrow is generally a healthy place and we perform better or similar to national levels for many health indicators although there are a few indicators where Harrow performs worse than the England average such as:

- High rate of statutory homelessness
- High rate of fuel poverty
- High percentage of adult social care users who do not have as much social contact as they would like
- High rates of low birthweight babies
- High rates of excess weight in 10-11 year olds
- Low amount of fruit and vegetables eaten
- Low amount of exercise taken
- People entering prison with substance misuse problems who are not already known to community services
- Low rates of cervical cancer screening
- Low rates of health checks
- Low rates for HPV, PPV and flu vaccination
- High rates of late diagnosis of HIV
- High rates of TB
- High rates of tooth decay in children

4.2.3 There is a close correlation between deprivation and poor health. In general, poor health indicators are found in the more deprived parts of the borough and better outcomes in the more affluent parts. On average, baby girls born in Pinner South can expect to live more than nine years longer than baby girls born in Wealdstone. Baby boys born in Headstone North can expect to live for more than eight years longer than baby boys in Wealdstone. It's no coincidence, given our income and financial security are important determinants of health and wellbeing, that we find poverty is linked to this inequality; we know 42% of children in Wealdstone are living in poverty compared to 9.3% in Pinner South. We need to urgently address this inequality and ensure that **everyone** in Harrow has an opportunity to start, work, live and age well – the Health and Wellbeing Board vision for Harrow.

4.2.4 The table below shows how children’s health and wellbeing in Harrow compared with the rest of England. The local result for each indicator is shown as a circle, against the range of results for England which are shown as a grey bar. The red line indicates the England average.

Table 1: Child Health public health profiles summary for 2016

Harrow Child Health Profile **March 2016**

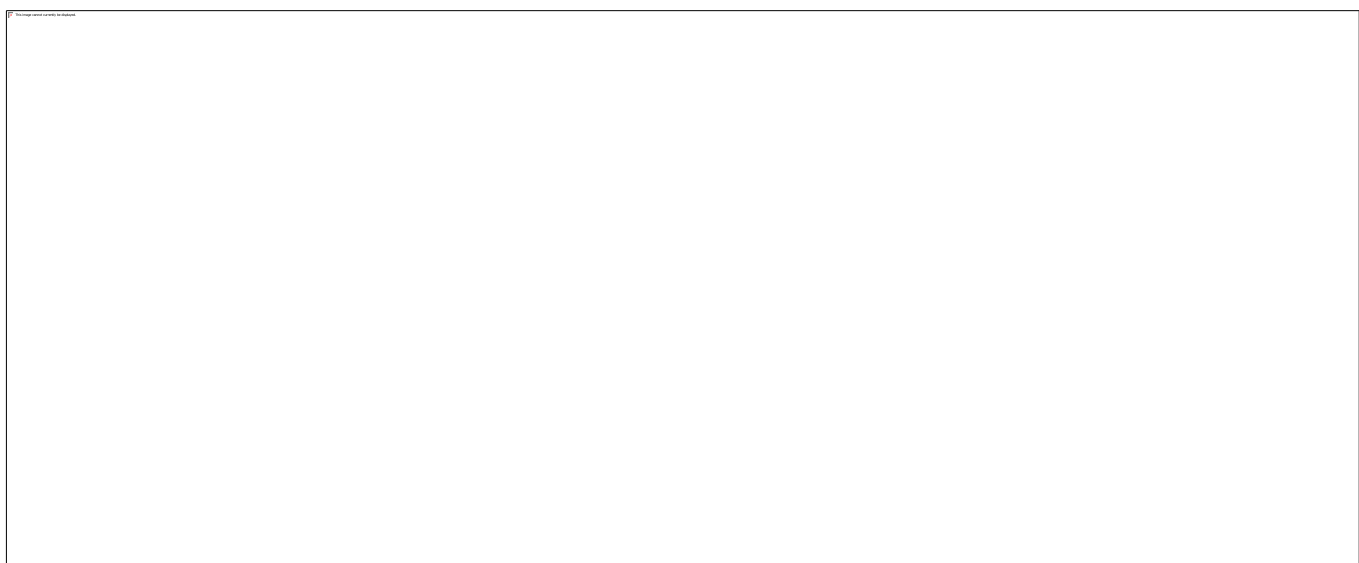
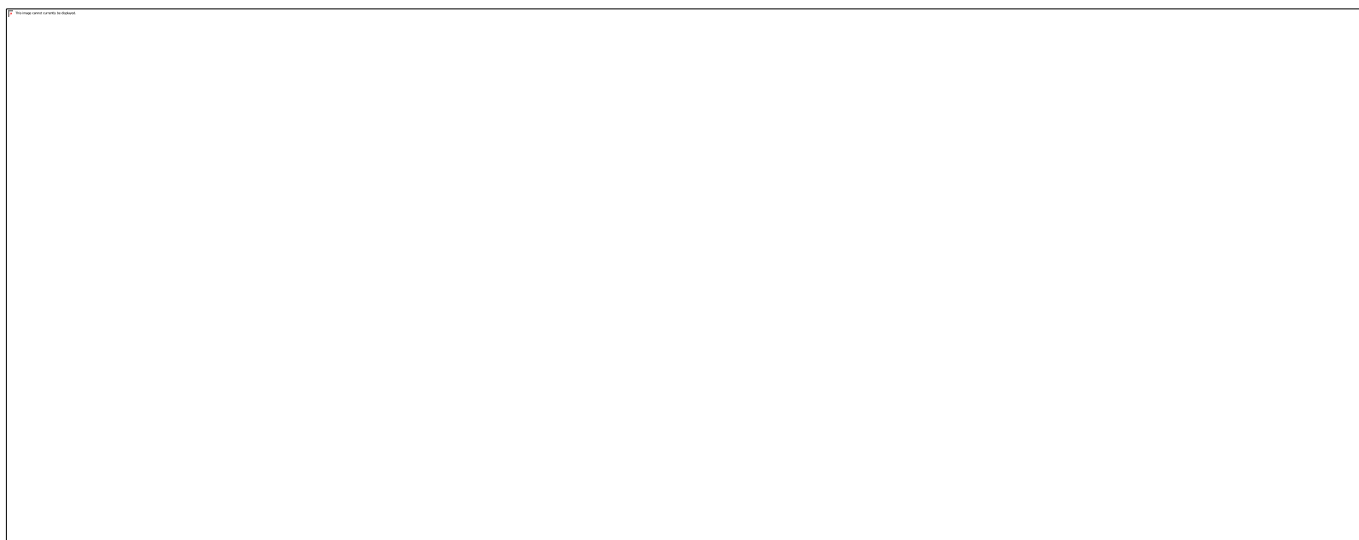
The chart below shows how children’s health and wellbeing in this area compares with the rest of England. The local result for each indicator is shown as a circle, against the range of results for England which are shown as a grey bar. The red line indicates the England average. The key to the colour of the circles is shown below.

		Local no.	Local value	Eng. ave.	Eng. Worst	25th percentile	England average	75th percentile	Eng. Best
Prenature mortality	1 Infant mortality	15	4.2	4.0	7.2				1.6
	2 Child mortality rate (1-17 years)	4	6.6	12.0	19.3				5.0
Health protection	3 MMR vaccination for one dose (2 years) ● >=90% ● <90%	2,909	91.3	92.3	73.8				98.1
	4 Dtap / IPV / Hib vaccination (2 years) ● >=90% ● <90%	2,969	93.2	95.7	79.2				99.2
	5 Children in care immunisations	65	68.4	87.8	64.9				100.0
Wider determinants of ill health	6 Children achieving a good level of development at the end of reception	2,301	70.4	66.3	50.7				77.5
	7 GCSEs achieved (5 A*-C inc. English and maths)	1,588	65.3	57.3	42.0				71.4
	8 GCSEs achieved (5 A*-C inc. English and maths) for children in care	-	-	12.0	8.0				42.9
	9 16-18 year olds not in education, employment or training	120	1.5	4.7	9.0				1.5
	10 First time entrants to the youth justice system	81	346.1	409.1	808.6				132.9
	11 Children in poverty (under 16 years)	7,040	14.7	18.6	34.4				6.1
	12 Family homelessness	255	2.9	1.8	8.9				0.2
	13 Children in care	165	29	60	158				20
14 Children killed or seriously injured in road traffic accidents	7	14.1	17.9	51.5				5.5	
Health improvement	15 Low birthweight of term babies	138	4.3	2.9	5.8				1.6
	16 Obese children (4-5 years)	267	9.2	9.1	13.6				4.2
	17 Obese children (10-11 years)	511	21.2	19.1	27.8				10.5
	18 Children with one or more decayed, missing or filled teeth	-	35.1	27.9	53.2				12.5
	19 Hospital admissions for dental caries (1-4 years)	75	557.5	322.0	1,406.8				11.7
	20 Under 18 conceptions	62	14.3	24.3	43.9				9.2
	21 Teenage mothers	8	0.2	0.9	2.2				0.2
	22 Hospital admissions due to alcohol specific conditions	10	17.5	40.1	100.0				13.7
	23 Hospital admissions due to substance misuse (15-24 years)	15	50.2	88.8	278.2				24.7
Prevention of ill health	24 Smoking status at time of delivery	144	4.7	11.4	27.2				2.1
	25 Breastfeeding initiation	2,690	88.7	74.3	47.2				92.9
	26 Breastfeeding prevalence at 6-8 weeks after birth	-	-	43.8	19.1				81.5
	27 A&E attendances (0-4 years)	13,957	798.6	540.5	1,761.8				263.6
	28 Hospital admissions caused by injuries in children (0-14 years)	332	70.1	109.6	199.7				61.3
	29 Hospital admissions caused by injuries in young people (15-24 years)	207	73.0	131.7	287.1				67.1
	30 Hospital admissions for asthma (under 19 years)	151	253.5	216.1	553.2				73.4
	31 Hospital admissions for mental health conditions	35	61.8	87.4	226.5				28.5
	32 Hospital admissions as a result of self-harm (10-24 years)	72	168.7	398.8	1,388.4				105.2

Notes and definitions - Where data is not available or figures have been suppressed, this is indicated by a dash in the appropriate box.

- 4.2.5 Harrow shows worse outcomes across six areas, for immunisations for children in care, low birth weight babies, tooth decay, childhood obesity, hospital admissions and A&E attendances for 0-4 year olds.
- 4.2.6 Analysis of tooth decay following the dental public health epidemiology programme for oral health for 5 year olds shows that Harrow children have very bad teeth, with 34.2% of children with decayed or missing filled teeth (dmft) worse than Brent (30.8%) and Hounslow (30.5%) . Ealing is the worst in West London with 39%.
- 4.2.7 In terms of comparing with the UK we are still pretty bad, the worst in the country is Blackburn and Darwen with 55.7% and the LA with the best teeth in the country are South Gloucestershire with only 14.1%.

Figure 31: Children with decayed or missing teeth



4.3 Obesity

4.3.1 Obesity is a global epidemic. For adults and children overweight and obesity are assessed by body mass index (BMI) and this is reflected in both the Public Health Outcomes Framework 2013-6 indicators on excess weight. Obesity is a major contributory factor towards ill health and premature death in Harrow and in England. The four most common health problems related to obesity are:

- High blood pressure
- Coronary heart disease
- Type 2 diabetes
- The risk of several cancers is higher in obese people, including endometrial, breast and colon cancer⁵²

4.3.2 Analysis of the Health Survey for England data shows that some wards particularly in the South and East of the borough had higher prevalence of obesity⁵³. For example there exists up to a 6% more obesity in wards such as Roxeth, Roxbourne and Wealdstone when compared to Harrow on the Hill or Canons⁵⁴. An important factor in reducing and preventing obesity is being physically active. Harrow has a similar proportion of adults that are physically active* (54.5%) than the England average (56.0%)⁵⁵.

4.3.3 Childhood obesity increases the risk of cardiovascular disease and diabetes in later life. In Harrow childhood obesity rates are increasing with 9.3% of Reception aged children being overweight or obese (2013/14) increasing to 20.8% for children aged 10 to 11 years old in year 6. Low levels of physical activity and high levels of fat and sugar in children's diet are a significant cause, the sugar also leading now to a significant amount of preventable tooth decay in children as young as five years old.

4.3.4 Children's weight is measured by the National Child Measurement Programme (NCMP) at Reception (age 4-5) and Year 6 (age 10-11). Public Health England

⁵² National Obesity Observatory – The Health Risks of Obesity www.noo.org.uk accessed online 18/2/14

⁵³ Harrow Health Profile 2012, Website www.apho.org.uk accessed online 10/9/13

⁵⁴ Harrow Obesity Needs Assessment 2014, Barnet and Harrow Public Health Team, Harrow Council, p26

* Physically active is defined as adults achieving at least 150 minutes of physical activity per week (Harrow Health Profile 2013, APHO)

⁵⁵ Harrow Health Profile 2012, Website www.apho.org.uk accessed online 10/9/13

compared NCMP obesity data to the ‘benchmark’ for England and rated Local Authorities as better, similar or worse. Harrow has similar obesity prevalence to England for both Reception (9.3% England, 10.2% Harrow), and Year 6 (18.9% England, 20.4% Harrow)⁵⁶. In terms of excess weight (obese and overweight) Harrow also has a similar prevalence to England for Year 6 (England 33.3%, Harrow 34.2%) and Reception (England 22.2%, Harrow 21.2%)⁵⁷. The risk of obesity doubles between age 4 and 11 in Harrow.

Harrow has **similar** obesity prevalence to England for Reception and significantly **worse** than the England average for Year 6. When all children who are above a healthy weight (obese and overweight) are considered, Harrow is **better** than the England average for Reception Children and **similar** to the England average for Year 6 children.

Figure 32: Prevalence of obesity & excess weight for Reception and Year 6 children in Harrow (2014/15)

		England	London	Harrow
Reception	Obese	9.1%	10.1%	9.2%
	Excess weight*	21.9%	22.2%	19.2%
Year 6	Obese	19.1%	22.6%	21.2%
	Excess weight	33.2%	37.2%	34.3%

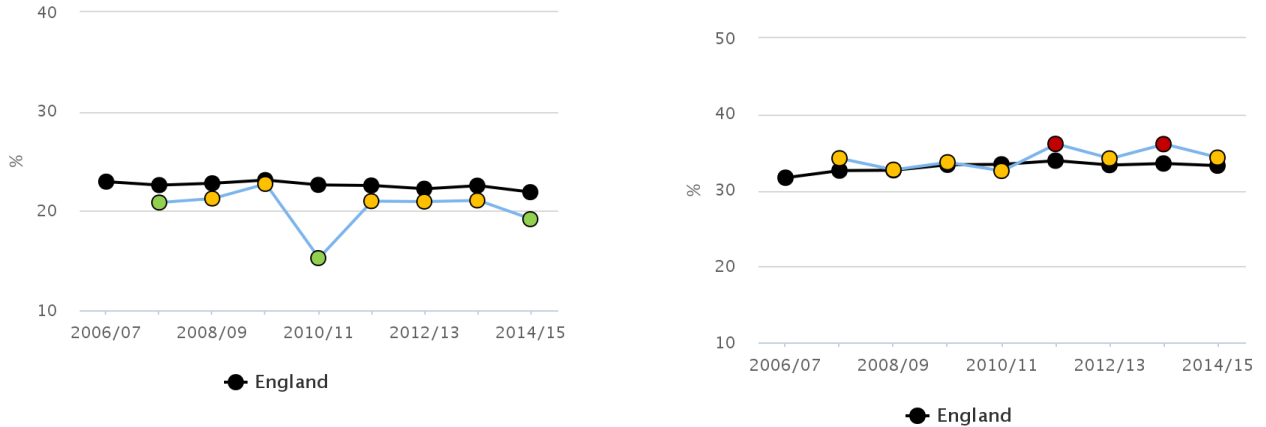
■ Worse than the England Average
 ■ Similar to the England Average
 ■ Better than the England Average

*The term ‘excess weight’ is applied when an adult or child is classified as overweight or obese. Sometimes this is also known as ‘above a healthy weight’.

⁵⁶ Public Health England NCMP Local Authority Profiles 2012/13 <http://fingertips.phe.org.uk> accessed online 11/2/14/

⁵⁷ Public Health England NCMP Local Authority Profile 2012/13 <http://fingertips.phe.org.uk> accessed online 10/02/14

Figure 33: Harrow's prevalence of overweight (including obese) from 2006/7-2012/13 for Reception and Yr 6

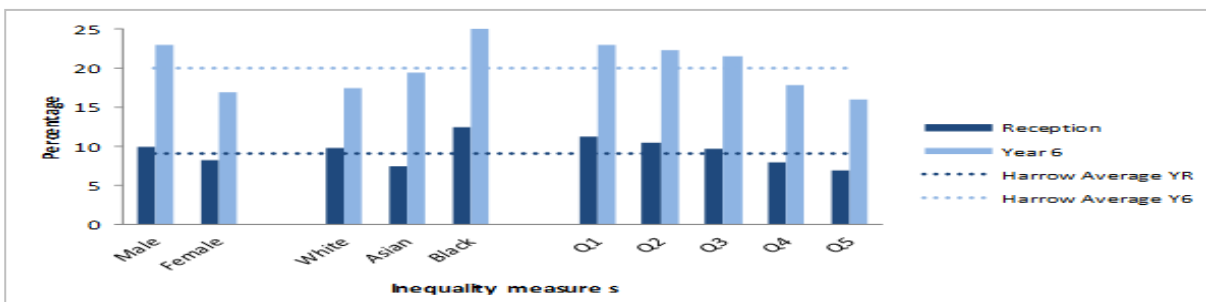


In reception obesity (including overweight) rates have fallen slightly, in line with the national average apart from in 2011 when Reception obesity levels fell significantly below the England average to 6.9%. In Year 6 rates are rising gradually, in line with the national average. Apart from in 2011/12 and 2013/14 where levels rose to 36.1%.

Prevalence of obesity was found to be higher among boys than girls in both school years. In reception, 9.9 per cent of boys and 8.2 per cent of girls were classified as obese. In year 6 the percentages were 23 per cent and 16.9 per cent respectively.

Obesity prevalence was higher than the national average for children in both school years in the ethnic groups 'Asian or Asian British' (7.4% in reception and 23.8% in year 6) and 'Black or Black British' (19.1% and 25.1%).

Figure 34: Prevalence of obesity among children in Year 6 and Reception, 5 years data combined

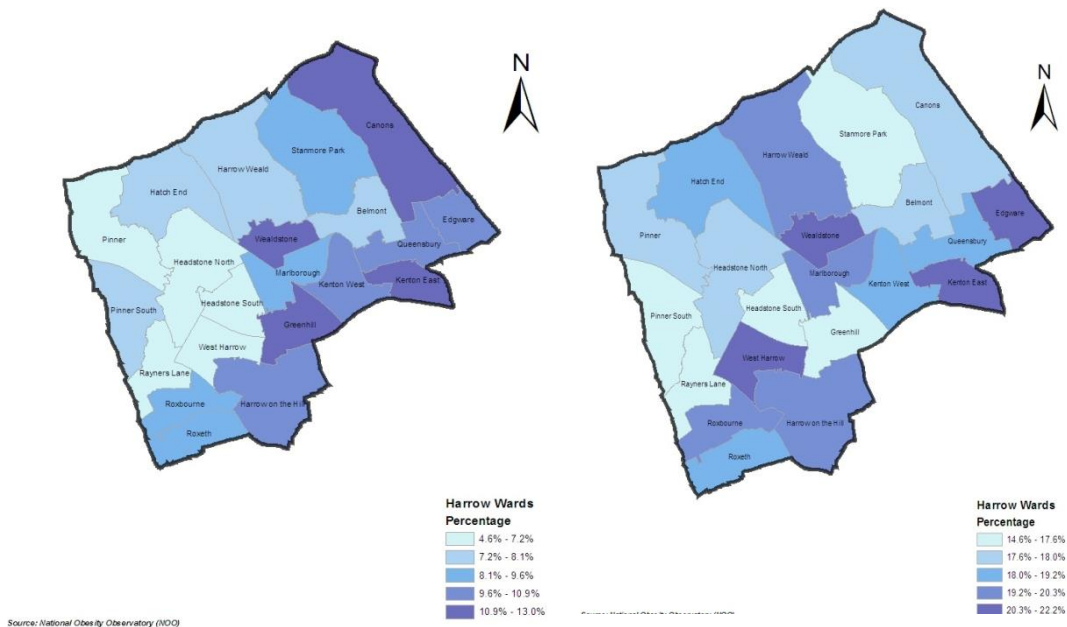


As in previous years, a strong positive relationship exists between deprivation and obesity prevalence for children in each school year. The obesity prevalence among reception year

children attending schools in areas in the most deprived decile (Q1) was 11.9 per cent compared with 6.5 per cent among those attending schools in areas in the least deprived decile. Similarly, obesity prevalence among year 6 children attending schools in areas in the most deprived decile was 24.7 per cent compared with 13.1 per cent among those attending schools in areas in the least deprived decile.

Below is the mapped prevalence of obesity in the electoral wards in Harrow for both Reception and Year 6. Over both age groups there is higher prevalence in wards in the South and East of Harrow.

Figure 35: Harrow’s prevalence of obesity by ward from 2009/10- 2011/1 for Reception and Yr 6



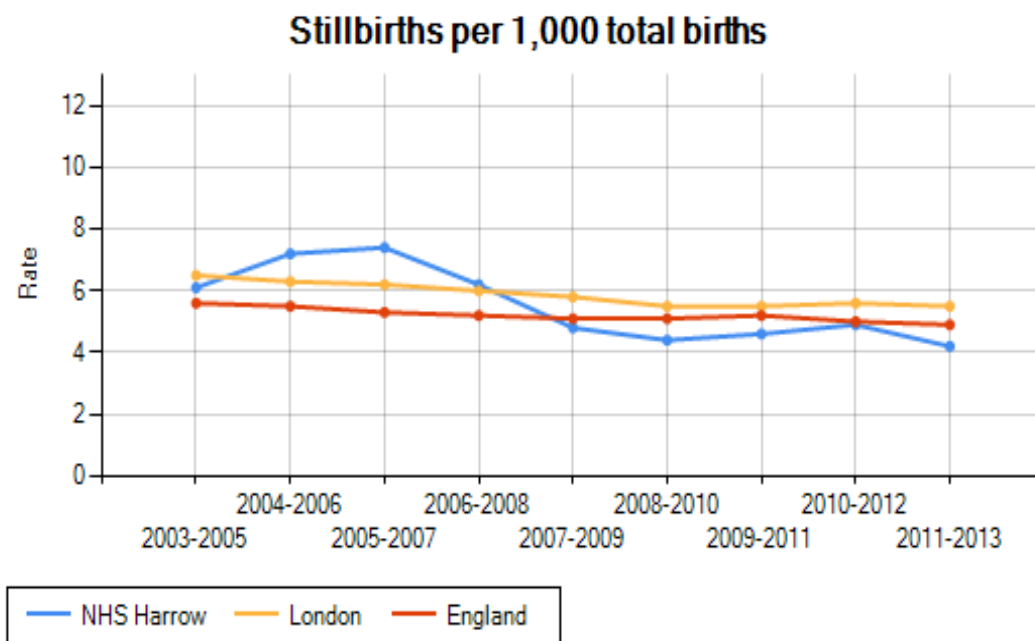
4.3.5 The Harrow Breastfeeding service is exemplary, with a dedicated team of volunteers and real improvements in breastfeeding initiation demonstrated, Harrow is one of 3 London Boroughs to receive reaccreditation from UNICEF Baby Friendly Initiative.

4.3.6 Challenges include the absence of a tier two weight management services for children, issues regarding NCMP data sharing between partners and the absence of a clear pathway for NCMP follow up. There are similar issues with BMI data sharing between midwifery and Health Visiting services.

Schools are engaged with healthy eating, active travel and physical activity with many interventions happening. The removal of the funded Public Health programmes for Healthy Eating and Healthy School London next year may be a blow but a legacy of information will remain. Continual areas of difficulty include the lack of central coordination of school catering and the absence of nutritional support available which is due to pressures on the community dieticians.

4.4 Low birth weight and infant mortality

- 4.4.1 Babies born below normal birth weight are more vulnerable to infection, developmental problems and even death in infancy as well as longer term consequences such as cardiovascular disease and diabetes in later lifeⁱ. Low birth weight can be caused by a variety of factors but there is particular concern to eliminate smoking and substance use in pregnancy as a cause. Childhood poverty leads to premature mortality and poor health outcomes for adultsⁱⁱ. Children from poorer backgrounds are also at more risk of poorer development.
- 4.4.2 Stillbirth rates in the UK are higher than might be expected in a high income country: approximately one in 200 babies is still born (4.9 stillbirths per 1,000 births). There have been approximately 3,300 stillbirths per year in recent years.
- 4.4.3 A stillborn baby is one born after 24 completed weeks of pregnancy with no signs of life. The **stillbirth rate** is the number of stillbirths per 1,000 total (live and still) births. There were 45 stillbirths in NHS Harrow in the period 2011-2013: a stillbirth rate of 4.2 stillbirths per 1,000 births. The London rate was 5.5, and nationally the rate was 4.9.



4.4.4 Infant mortality is also high, with one in 250 (4.1 in every 1,000) infants dying in their first year of life. There have been approximately 2,800 infant deaths per year in recent years. Infant mortality is a significant factor in overall life expectancy, with 61% of all deaths in children (0-19 years) being infant deaths¹.

4.4.5 The **infant mortality rate** is the number of infants dying before their first birthday per 1,000 live births. There were 18 infant deaths in NHS Harrow in the period 2011-2013: an infant mortality rate of 5.0 per 1,000 births. The London rate was 3.9, and nationally the rate was 4.1.⁵⁸

⁵⁸ Source: Public Health Outcomes Framework: www.phoutcomes.info/public-health-outcomes-framework

Infant mortality rate per 1,000 live births



4.4.6 More than 300 babies die per year in the UK from unexplained causes. The rate has been falling since the late 1980s. Risk factors include parental smoking (during pregnancy and in the home), low birthweight, late antenatal care and babies born to younger mothers. Most of these deaths occur within the first six months of life. Many of these stillbirths and deaths are preventable. Reducing infant deaths and stillbirths is a priority for the NHS and government, captured in the NHS2 and Public Health Outcomes Frameworks.

There was considerable variation within England in the period 2011-2013, with more than a three-fold difference in local stillbirth rates from the lowest to the highest; for infant mortality there was more than a four-fold difference from the lowest to the highest. Although the causes of stillbirths are often unclear, there are associated risk factors^{1,5}. These include, but are not limited to:

- Maternal age
- Smoking in pregnancy
- Maternal obesity
- Socioeconomic position
- Multiple births
- Influenza

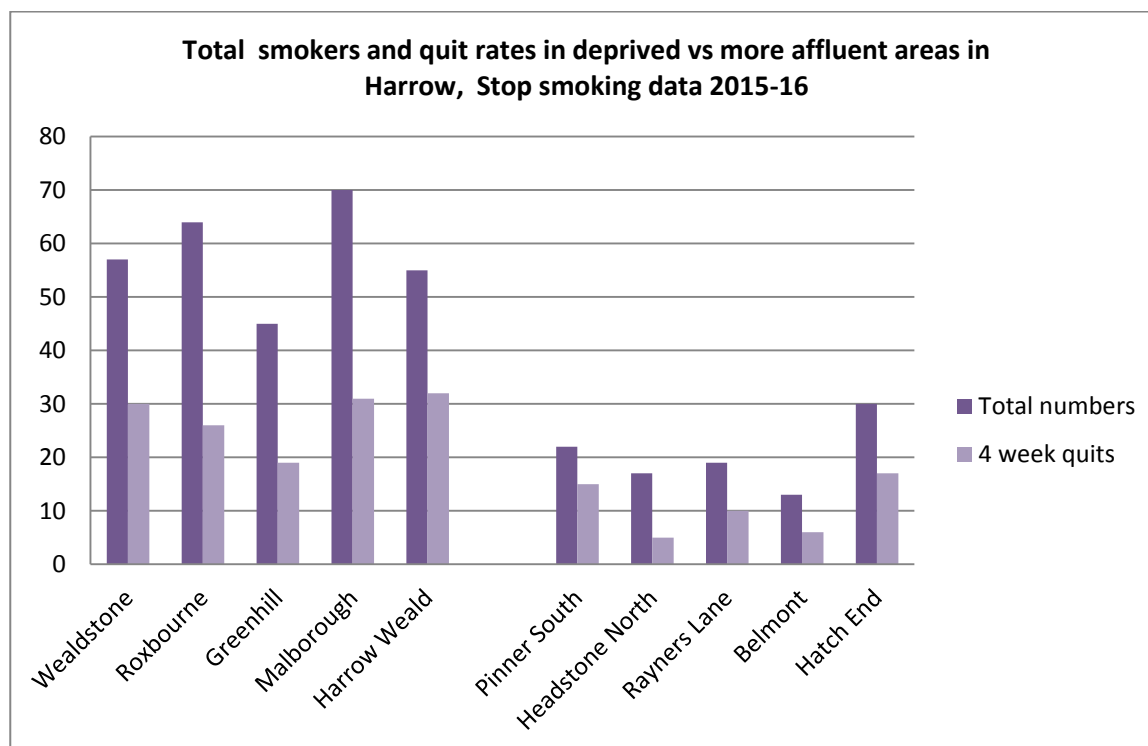
4.4.7 Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother. On average, smokers have more complications during pregnancy and labour, including bleeding during pregnancy, placental abruption and premature rupture of membranes. There is also an increased risk of miscarriage, premature birth, stillbirth, low birth-weight and sudden unexpected death in infancy⁷.



4.4.8 Poor mental health in children and young people is linked to self-harm and suicide, poorer educational attainment and employment prospects, antisocial behaviour and offending, social relationship difficulties and health risk behaviour (smoking, substance misuse, sexual risk, poor nutrition and physical activity). Half of adult mental health problems start before the age of 14. Child adversity of all forms accounts for 30% of adult mental disorder. Looked after children are therefore more vulnerable to poor mental health. Youth offending could be a consequence and cause of unmet health needs.

4.4.9 The graph below shows data taken from the stop smoking service in Harrow. The graph shows that there is a significant difference between the deprived areas and the number of smokers. Wealdstone, Roxbourne, Greenhill, Marlborough and Harrow Weald show higher numbers of smokers than there are in Pinner South, Rayners Lane, Belmont and Hatch End.

Figure 36: Total smokers and quit rates in Harrow's deprived areas



4.5 Speech and Language

4.5.1 Disadvantage, poor socio-economic factors and a language poor early environment have been shown to correlate with Speech and Language Communication Needs (SLCN) in terms of early language development which, whilst not necessarily a result of a long term underlying impairment, can result in poorer learning outcomes and children not achieving their potential. In the most disadvantaged areas of England, up to 50% of children at school entry present with communication skills that are below those expected for their age.

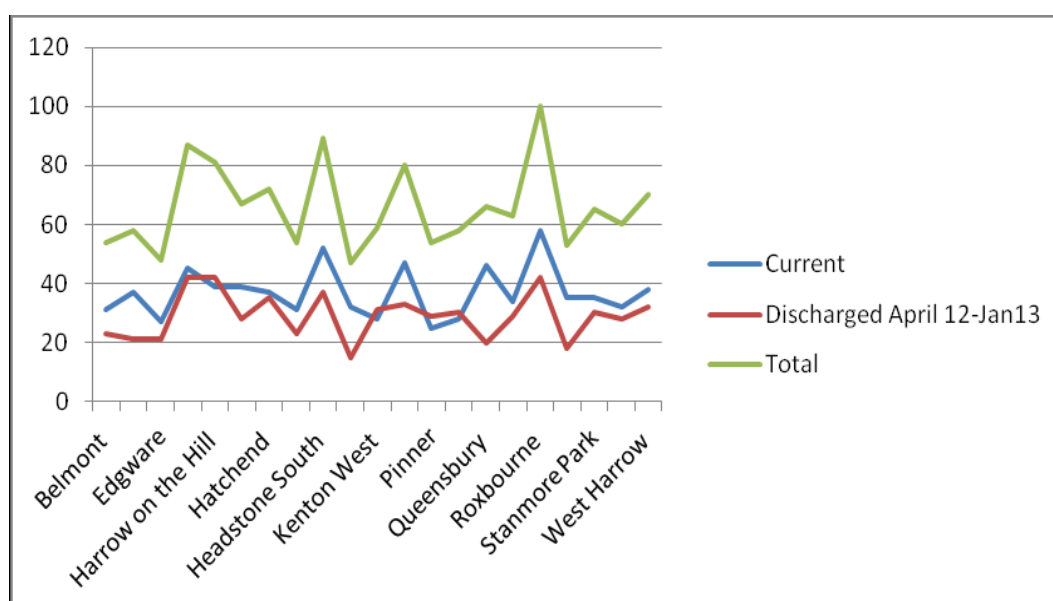
4.5.2 Socially disadvantaged children are much more likely than other children to be identified as having SLCN, i.e. that there is a strong 'social gradient'. Pupils entitled to free school meals, i.e. children whose parents are receiving any of a number of state benefits, are 1.8 times more likely than other pupils to be identified as having SLCN. Pupils living in a more deprived neighbourhood are 1.3 times more likely than other pupils to be identified as having SLCN. This means that pupils entitled to free school

meals and living in a more deprived neighbourhood are 2.3 times more likely to be identified as having SLCN than those not so socially disadvantaged.⁵⁹

4.5.3 The Marmot review points out that reducing social and health inequalities requires a focus on improving educational outcomes. It also identifies communication skills as being necessary for 'school readiness'. Improving the communication development of socially disadvantaged children would therefore have an important wider benefit in terms of promoting social equity

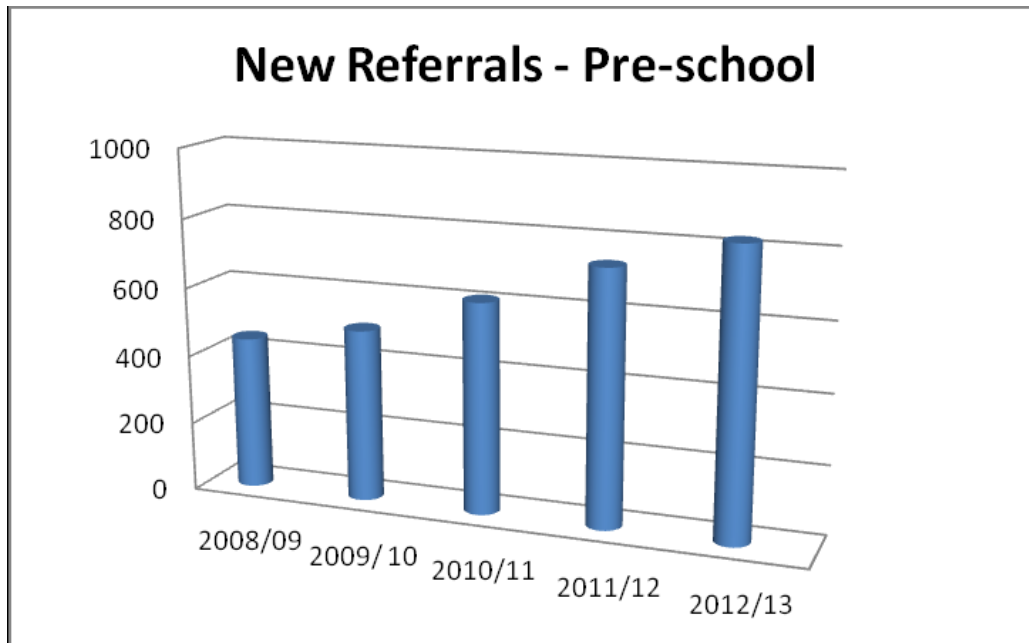
4.5.4 An analysis in January 2013 of children aged 0-4 years, accessing SLT services mirror LSOA with the wards of Roxbourne, Marlborough, Greenhill, Headstone South and Queensbury having significantly higher numbers of children with SLCN.

Figure 37: Children accessing SLT services



4.5.5 Reviewing trends of new referrals of pre-school children over a five year period indicates almost 100% rise in demand with 445 children receiving an assessment in 2008/9 compared with 824 children in 2012/13.

⁵⁹ <http://www.dcsf.gov.uk/bercowreview/docs/7771-DCSF-BERCOW.PDF> cited in 'Report of Speech, Language and Communication Needs – Task and Finish Group'



4.5.6 Caseloads reveal growing numbers of pre-school children with special needs and persistent SLCN with an increase of approximately 35% from 200 to 290. This is also reflected in the growing caseloads of children with SLCN across Harrow's primary schools.

4.5.7 The support provided for children's SLCN is normally understood in terms of three levels:

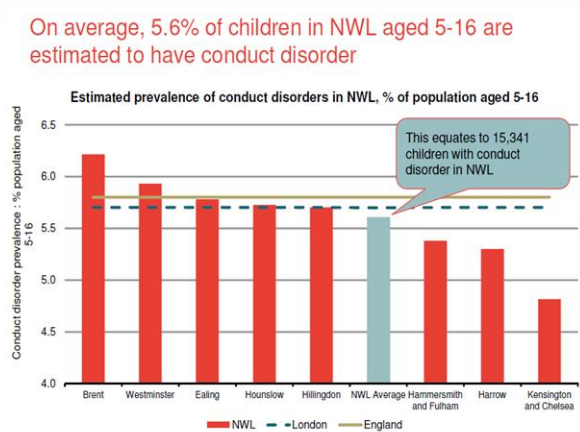
- Universal provision (for all children), i.e. high quality inclusive provision with a language rich environment which promotes all children's speech language and communication development.
- Targeted provision for children who are at risk of speech, language or communication difficulties or who need additional support that can be provided by skilled early years practitioners (EYP) or parents and guided by specialists such as SLT's within mainstream settings
- Specialist provision for children with severe and specific SLCN who require specialist interventions provided or supported by a speech and language therapist in collaboration with EYP and parents.

4.6 Conduct disorder

- 4.6.1 Conduct disorders are “characterised by repetitive and persistent patterns of antisocial, aggressive or defiant behaviour that amounts to significant and persistent violations of age appropriate social expectations.” (National Institute for Health and Care Excellence, 2013)
- 4.6.2 There are a number of different types of conduct disorder, including ‘oppositional defiant disorder,’ which characterises the anti-social behaviour more commonly observed amongst those aged 10 and younger such as disobedience, hostility towards authoritative figures, and difficulty forming relationships.
- 4.6.3 Conduct disorders frequently exist alongside other mental health problems, particularly Attention-deficit hyperactivity disorder, which characterises a group of behavioral symptoms that includes inattentiveness, hyperactivity, and impulsiveness. (NHS conditions)

Figure 38: **A) Estimated prevalence of conduct disorders in NWL aged 5-16 and B) impact on health, education, crime and employment into adulthood C) estimated cost to public purse**

A



Note: prevalence is estimated by PHE based on the ONS survey of mental health of children and young people in Great Britain (2004), and adjusted for local demographic characteristics.
 Source: Public Health England, 2015

B



At the NWL level, this implies an annual total cost to public services and the voluntary sector of £31,582,000 resulting from children aged 5-16 with conduct disorder. This does not account for wider costs such as crime, which can be significant.

C

4.7 Domestic violence

- 4.7.1 The number of recorded domestic abuse incidents in all forces of England and Wales has been increasing in recent years.
- 4.7.2 Since 2010/11 the total domestic incidents recorded across the 32 boroughs that the MPS cover have increased by 22%; domestic offences, on the other hand, have increased at a higher rate with 2015/16 seeing an increase of 53% compared to 2010/11. When considering the long term trend for both domestic incidents and recorded domestic abuse offences since the inception of the Police and Crime Plan, this upward trajectory is still apparent, with increasing recording in all categories except domestic abuse homicide offences. This increase is believed to be caused, in part, by police forces improving recording practices.
- 4.7.3 Harrow compares favourably with other London Boroughs in terms of levels of DV recorded. In terms of domestic incidents per 1,000 population, Harrow has 12.5, the second lowest. This compares to a high of 27.2 in Barking and Dagenham; 17 in Ealing and 16.2 in Brent. There is a high correlation between population size and recorded notifiable domestic abuse offences. Harrow has a low “volume” of domestic incidents, but more importantly, has the second lowest number of domestic incidents per 1000 population, when compared to other London Boroughs.
- 4.7.4 We have an IDVA based in NWP hospital and although the referrals for this post are low, they are in line with the other hospital placed IDVAs across London. This service deals with domestic violence cases as well as sexual violence, honour based violence, forced marriage and female genital mutilation. The IDVA deals with high risk cases, and has supported clients through the criminal justice system, housing and other various matters with monthly MARAC referrals.

4.8 Tuberculosis rates

TB can be seen as a barometer of health inequalities and tackling it will play a key role in enabling local authorities and the NHS to successfully reduce health

inequalities across England. Certain groups are disproportionately affected by TB and this under-served population includes:

- ethnic minority groups
- refugees and asylum seekers
- those with a history of or current homelessness
- those with a history of or current imprisonment
- those with drug or alcohol misuse issues

4.8.1 People with a past or current social risk factor are at increased risk of TB and in 2015 there was an increase in the number of TB cases with these social risk factors. Most of the cases are from people who were not born in the UK. Harrow has seen a large increase in the number of migrants from eastern Europe where there is a higher prevalence of TB and many are in the private rented sector.

5.0 Education and attainment of children

5.1 Early years foundation stage educational attainment levels

- 5.1.1 The EYFS Profile is a teacher assessment of children's development at the end of the EYFS (the end of the academic year in which the child turns five). It should support a smooth transition to Key Stage 1 (KS1) by informing the professional dialogue between EYFS and KS1 teachers. This information should help Year 1 teachers plan an effective, responsive and appropriate curriculum that will meet the needs of all children. The Profile is also designed to inform parents or carers about their child's development against the early learning goals (ELGs).
- 5.1.2 Following an independent review of the EYFS by Dame Clare Tickell, a new Profile was published in March 2012. The new profile and revised EYFS have a stronger emphasis on the three prime areas which are most essential for children's healthy development. These three areas are: communication and language; physical; and personal, social and emotional development. The new profile made changes to the way in which children are assessed at the end of the EYFS. The new profile requires practitioners to make a best-fit assessment of whether children are emerging, expected or exceeding against each of the new 17 ELGs.
- 5.1.3 Standards have continued to rise in the EYFS in response to the priority given by schools and the LA to this area. Whilst standards have risen, the gap between the lowest attaining 20% of pupils and the rest of the cohort has continued to narrow (2013/14 – 34.9%) but is still above the national average of 33.9%. At the same time the key indicator of a good level of development has shown a significant improvement from 45% in 2012-13 to 61% in 2013-14. Demographic changes are having an impact on assessments at entry level.

Figure 39: Early Years Foundation Stage outcomes

Good level of development (1)	2011-12	2012-13	2013-14
Harrow	60%	45%	61%
Statistical Neighbours	65%	50%	60%
England	64%	52%	60%

Table 2: The percentage inequality gap in achievement across all the Early Learning Goals

The percentage inequality gap in achievement across all the Early Learning Goals	2011-12	2012-13	2013-14
Harrow	30.8%	37.9%	34.9%
Statistical Neighbours	30.9%	34.4%	33.3%
England	30.1%	36.6%	33.9%

5.1.4 The percentage gap in achievement between the lowest 20 per cent of achieving children in a local authority (mean score), and the score of the median. The pupil characteristics of the 2013-14 EYFS cohort help to better understand Harrow's 2013-14 results. Of the 3,070 pupils in Harrow's schools at the end of Reception a majority came from the following ethnic groups . 61.1% of the 2013-14 cohort stated a language other than English as their first language, with a substantial majority of the pupils of the main ethnic groups not stating English as their first language

Table 3: Number of EYFS pupils with English as a second language

Ethnic Group	Total Pupils	% Other
Indian	683	75%
Asian other	577	88%
White other	437	94%
Any Other Ethnic Group	130	90%
Pakistani	148	73%
Black African	156	67%
Mixed other	97	37%
Mixed White Asian	68	44%
White British	377	7%
Unclassified	128	13%
Chinese	20	65%
Bangladeshi	18	72%
Black other	25	48%
Mixed White Black African	30	37%
Mixed White Black Caribbean	54	6%
Black Caribbean	80	1%
White Gypsy Roma	1	100%
White Irish	31	0%
White Irish Traveller	10	0%
Total 2013-14 EYFS Pupils	3070	63%

5.2 School years education and attainment levels

- 5.2.2 There are 61 schools in Harrow, 44 primary schools with nursery classes in 26 of these schools, 11 high schools, 1 all-through free school, 2 primary special schools, 2 high special schools and 1 pupil referral unit. 8 high schools in Harrow have acquired academy status. A high proportion of Harrow's schools are judged good or outstanding. As at October 2014 87% (51 schools) of Harrow's schools were good or outstanding, with 51% (30 schools) judged outstanding, 36% (21 schools) judged good, 12% (7 schools) requiring improvement and 2% (1 school) judged inadequate.
- 5.2.4 The table below shows that a majority of Harrow's high school pupils reside in the borough of Harrow. More pupils reside in the Roxbourne (6.2%) and Wealdstone (5.9%) wards, and less than 250 pupils reside in Pinner (1.9%). A significant number of secondary age pupils reside in boroughs outside of Harrow.

Table 4: Harrow schools' Year 7 to Year 13 pupils Harrow ward of residence⁶⁰

Ward	Number of pupils	Percentage of pupils
Roxbourne	785	6.2%
Wealdstone	745	5.9%
Marlborough	673	5.3%
Queensbury	662	5.3%
Harrow Weald	590	4.7%
Headstone South	579	4.6%
West Harrow	555	4.4%
Rayners Lane	542	4.3%
Roxeth	528	4.2%
Headstone North	517	4.1%
Belmont	516	4.1%
Kenton West	504	4.0%
Edgware	492	3.9%
Kenton East	453	3.6%
Harrow on the Hill	445	3.5%
Greenhill	376	3.0%
Stanmore Park	346	2.7%
Hatch End	303	2.4%
Canons	291	2.3%
Pinner South	275	2.2%
Pinner	238	1.9%
Harrow wards total	10,415	82.7%
Out of borough/Unknown	2,186	17.3%
Grand total	12,601	100%

5.2.5

Schools in Harrow are amongst the best performing in the country and this has, on

⁶⁰ Source – January 2014 School Census

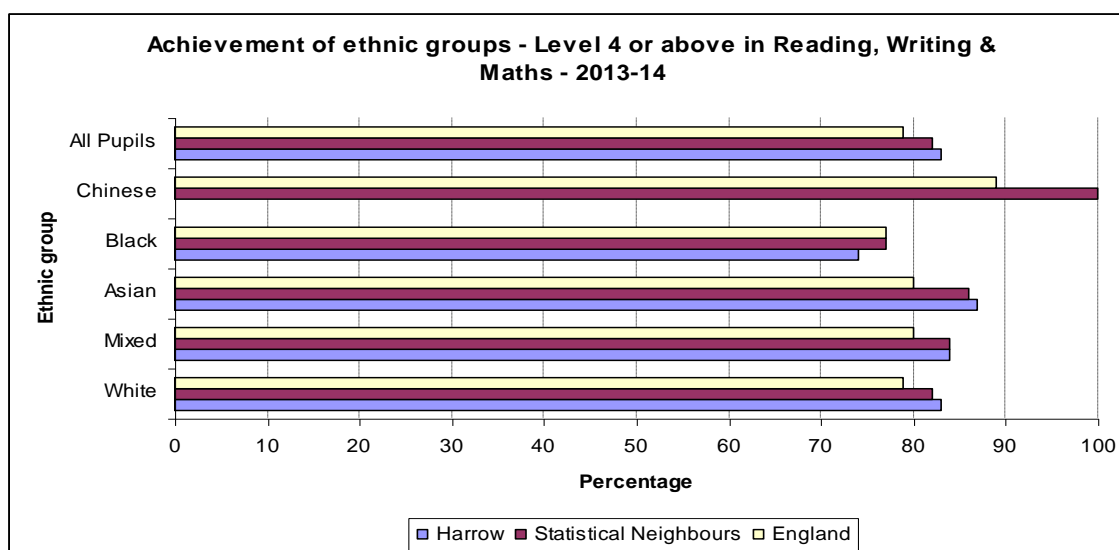
the whole, been maintained over a number of years. The Performance and Standards report provides a summary analysis for all LA maintained and Academy schools' performance for 2014, as well as trends over the past three years. The information is based on the Department for Education data (DfE), EYFS performance data. However there are some inequalities in education and attainment amongst ethnic groups, children with SEN, those eligible for FSM and those whose first language is not English.

5.2.6 Despite the strong profile of performance in Harrow, there are significant groups of pupils that do not attain as well as their peers. These groups often attain in line with their group nationally but do not attain as well as their peers in Harrow. These underachieving groups within Harrow are as follows:

- specific ethnic groups, especially black pupil groups, at Key Stage 2 and 4.
- those with Special Educational Needs (SEN)
- those eligible for Free School Meals (FSM)
- those speaking a language other than English as their first language

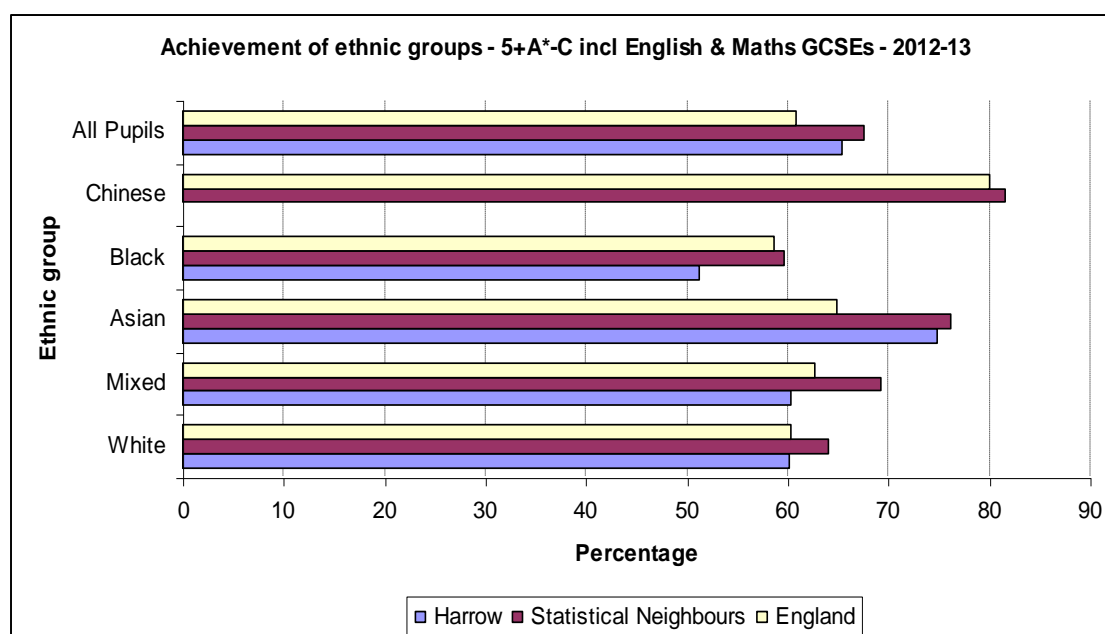
5.2.7 The chart below for 2013-2014 shows that whilst all pupils in Harrow have performed above both the national and Harrow's statistical neighbour averages particular ethnic groups within Harrow do not fare so well. The achievement of Harrow's black pupils is not only below both the national average as well as the statistical neighbour average; it is also the lowest in all of the ethnic groups included in the chart. The results of Harrow's Asian and White British pupils are significantly above the national average as well as above the statistical neighbour average.

Figure 40: Graph showing the attainment of ethnic groups in Harrow schools, for 2013-14



5.2.8 No comparative data for 2013-14 has been published; the chart below shows that Harrow's 2012-13 results. These showed performance below statistical neighbours for every ethnic group included, with the Black pupils performing well below all of the other ethnic groups, as well as the statistical neighbour and national averages.

Figure 41: Achievement of ethnic groups in Harrow schools, 2012-13



5.3 Children with special educational needs (SEN)

- 5.3.1 Children have special educational needs (SEN) if they have a learning difficulty which calls for special educational provision to be made for them. Further definitional and background information is provided in the *Special Educational Needs Code of Practice*.
- 5.3.2 Overall the attainment of pupils with Special Educational Needs (SEN), at Key Stage 2 relative to this group nationally, compares well with both national and statistical neighbour averages as can be seen in the tables below. However, the gap in Harrow has increased over the last three years. The most recent results have shown an increase in the gap of 52.1, which is higher than that of Harrow's statistical neighbours (46.2%) and in-line with the national gap (51.9%).

Table 5: The SEN/non-SEN gap – achieving Level 4 or above in Reading, Writing & Maths in Key Stage 2 tests⁶¹

The SEN/non-SEN gap – achieving Level 4 or above in Reading, Writing & Maths in Key Stage 2 tests	2011-12 %	2012-13 %	2013-14 %
Harrow	47.5	48.8	52.1
Statistical Neighbours	51.0	49.9	46.2
England	55.0	53.3	51.9

- 5.3.3 For young people with a Special Educational Need, the gap at GCSE has fluctuated over the last three years. In 2012-13 Harrow's gap (49.1%) was higher than both its statistical neighbours (46.5%) and the national average (47.2%).

Table 6: The SEN/non-SEN gap – achieving 5 A*- C GCSE inc. English and Maths⁶²

The SEN/non-SEN gap – achieving 5 A*- C GCSE inc. English and Maths	2010-11 %	2011-12 %	2012-13 %
Harrow	51.0	46.3	49.1
Statistical Neighbours	49.8	46.5	46.5
England	47.6	47.0	47.2

- 5.3.4 There has been an increase in the number of children in Harrow's high schools with the primary need:

⁶¹ Source: DfE Statistical First Release

⁶² Source DfE Statistical First Release

- Autistic Spectrum Disorder - this has consistently increased over the last few years, with a 86.8% increase from 38 pupils in January 2009 to 72 pupils in January 2014;
- Speech, Language & Communication Needs has had a 36.6% increase from 71 pupils in January 2009 to 95 pupils in January 2014;
- Moderate Learning Difficulty has fluctuated over the last few years, with the highest number of pupils – 208 pupils - in January 2011;
- Visual Impairment has increased year on year from 8 pupils in January 2009 to 24 pupils in January 2014.

5.3.5 The number of pupils with the following primary needs have decreased in Harrow's high schools:

- Behaviour, Emotional & Social Difficulties has fluctuated over the last few years, with the lowest number of pupils – 272 pupils – in January 2014;
- Specific Learning Difficulty has fluctuated over the last few years, with one of the lowest number of pupils – 166 pupils – in January 2014;
- Hearing Impairment has had a 21% decrease from January 2009, with the lowest number of pupils – 33 pupils – in January 2014.

5.4 Attainment of FSM eligible pupils

5.4.1 At present children who receive free school meals show substantially less progress across all subjects between Key Stage 1 and Key Stage 2 than their more affluent peers, and young people leaving school at the age of 16 without any or with only very limited qualifications are disproportionately from disadvantaged backgrounds.

5.4.2 Harrow's gap between pupils eligible for free school meals and non-fsm pupils at Key Stage 2 has been closing over the last five years, with a gap of 14% in 2013-14. This gap is in-line with the statistical neighbours but narrower than the national gap.

Table 7: Key Stage 2 results by Free School Meal eligibility

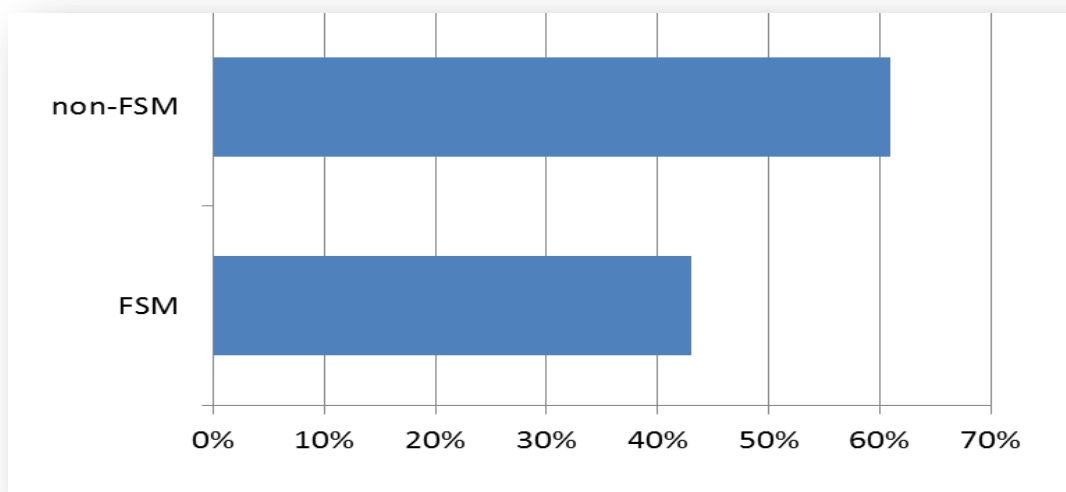
The FSM eligibility/non-FSM gap – achieving Level 4 or above in both English & maths in Key Stage 2 tests	2009-10	2010-11
	%	%
Harrow	25	20
Statistical Neighbours	19	19
England	21	20

The FSM eligibility/non-FSM gap – achieving Level 4 or above in Reading, Writing & maths in Key Stage 2 tests	2011-12	2012-13	2013-14
	%	%	%
Harrow	19	17	14
Statistical Neighbours	18	17	14
England	19	19	18

5.4.3 The achievement of Harrow's young people eligible for Free School Meals at the end of Key Stage 4 was significantly better than both the statistical neighbour and national averages. In 2012-13, Harrow achieved a further reduction in the gap between FSM and non-FSM, which was down to the lowest in the last few years 19.9%.

5.4.4 Children in Harrow on FSM who go on to achieve a level 2 at 19 is 81% compared with 81% and 71%. The gap in progression to higher education for children in Harrow on FSM is higher in Harrow at 18 percentage points compared with London at 12 pp, but the same as national figures at 18pp.

Figure 42: **Estimated percentage of pupils aged 15 on FSM and non-FSM who entered HE by 19 In Harrow**

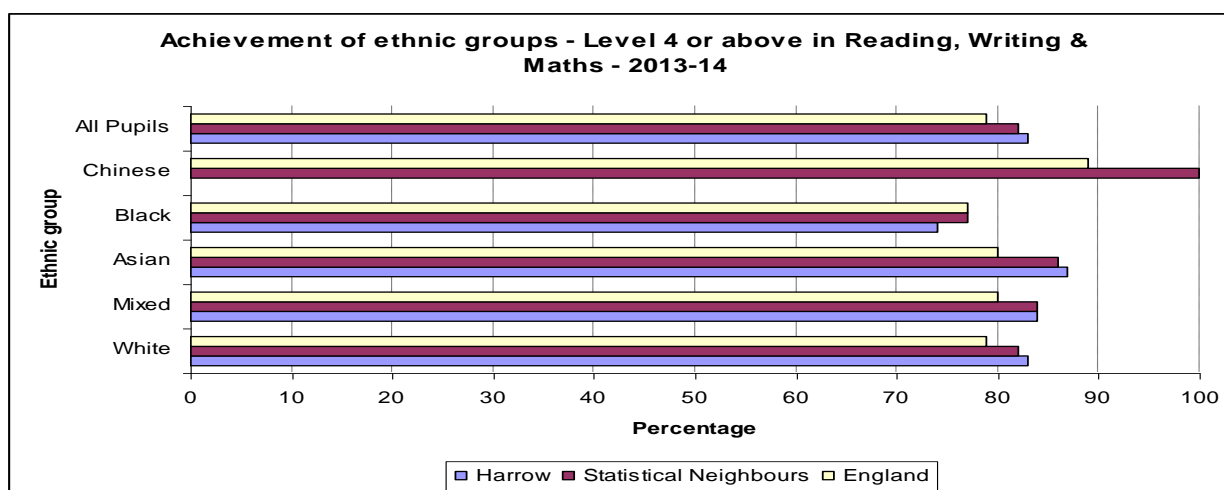


5.5 Performance of pupils with English as a second language

- 5.5.1 In 2013-14 pupils whose first language is English (85%) performed better than the pupils whose first language is other than English (82%). The attainment of Harrow's pupils whose first language is not English has overall stayed in line with the statistical neighbour averages and above the national averages over the last three years
- 5.5.2 Harrow is in the top 10 authorities nationally for the successful progression after GCSE of young people entitled to free school meals. Seven others are also London authorities. Harrow is also among the highest performing authorities in the country for the percentage of young people who are in Education, Employment or Training (EET) after the age of 16. In 2013 Harrow was ranked 1st in London for the participation of young people at ages 16 and 17. Harrow has been recognised for these achievements and recently hosted a 'best practice' visit by OFSTED and London Councils with respect to EET.
- 5.5.3 The chart below shows that whilst all pupils in Harrow have performed above both the national and Harrow's statistical neighbour averages particular ethnic groups within Harrow do not fare so well. The achievement of Harrow's black pupils is not only below both the national average as well as the statistical neighbour average; it is also the lowest in all of the ethnic groups included in the chart. The results of

Harrow's Asian and White pupils are significantly above the national average as well as above the statistical neighbour average.

Figure 43: Key Stage 2 Results by Ethnic Origin



5.5.4 Only the results of the Asian and Chinese pupils have been both consistently and significantly above Harrow's average results over the last five years. In contrast the results of Harrow's White, mixed and Black pupils have consistently remained below the Harrow, statistical neighbour and national averages, with the Black pupils' results being significantly below. The provisional 2013-14 5 A*-C GCSEs including English and mathematics of Black African (47.9%), Black Caribbean (51.1%) and Black Other (59.5%) groups were significantly below the Harrow average of 61.3%.

6.0 Existing services

6.1 Children's Centre's

6.1.1 Harrows Children's Centre's provide universal and targeted / specialist services tailored to the needs of the local community & play a big role in supporting the lives of children and their families in the borough to have the best possible start in life. There are 10 Children's Centres located all around Harrow organised into two hubs; Hillview Hub and Cedars Hub.:

The ethos of Children's Centre's is to

- Keep the well-being of children, young people and their families at the heart
- Work together with parents to give children and their families the best possible start in life
- Employ and develop a multi-skilled, talented, trained and committed workforce
- Ensure services reflect on and respond to the changing needs of the local communities
- Build enabling and effective services through professional partnerships and considered business planning

Children's Centres offer a range of services, drop in sessions, activities and workshops

- 2 year old progress checks & school readiness support for children aged 3+
- Adult education classes and training, including ESOL & Family Learning
- Health visiting services, Midwifery services, Breastfeeding support groups
- Child development workshops & childhood safety
- Citizens Advice Bureau
- Counseling
- Fathers' groups
- Food Bank
- HARO (Harrow acting for relatives of offenders)

- Short breaks
- Stay and play sessions, including: music and movement; arts and crafts
- Toy libraries
- Volunteering opportunities
- Behaviour management

6.2 Troubled Families Expanded Programme:

6.2.1 The Troubled Families Expanded Programme (TFEP) began in April 2015 and is a significant opportunity to achieve lasting change for families, and help map out future savings for local services. It offers a unique opportunity to bring together key partners at a local level, and demonstrate the benefits of integrated service delivery.

6.2.5 In Harrow , the troubled families is called the **Together with Families** and was launched in July 2016. We are expected to work with 1330 families over the next 5 years, with a strong emphasis on developing a strategic approach with key partners and working together to reform services with a focus on savings and early help.

6.2.6 Each local authority and its partners needs to set out what they consider to be successful outcomes on a family by family level against the programme's six headline problems:

1. Parents and children involved in crime or anti-social behaviour;
2. Children who have not been attending school regularly;
3. Children who need help;
4. Adults out of work or at risk of financial exclusion and young people at risk of worklessness;
5. Families affected by domestic violence and abuse;
6. Parents and children with a range of health problems.

6.3 Breastfeeding support and health start

- 6.3.1 Breastfeeding is one of health visiting's 6 high impact changes because of its many health benefits. Babies who breastfeed have a lower risk of gastroenteritis, respiratory infections, sudden infant death syndrome, obesity, Type 1 & 2 diabetes and allergies (e.g. asthma, lactose intolerance). There are huge benefits to mothers too, the longer mothers breastfeed, the greater their protection against breast and ovarian cancer, and hip fractures in later life.
- 6.3.2 The breastfeeding support groups span the borough and offer women many opportunities for support. There are five regular, reliable breastfeeding support groups running Monday – Friday, most are run in Children's Centres and one runs in a community café with the intention of supporting women to breastfeed in public. To increase referrals and facilitate partnership working, most groups run at the same time as the Health Visiting Team running Healthy Child clinics. The Edgware and Stanmore groups are well situated to support women who live in Harrow yet delivered their babies at non-fully accredited UNICEF Baby Friendly hospitals outside the borough and may be thus may be more likely to face breastfeeding challenges. The Infant Feeding Team continues to support the 'Baby Buddy App' which has just won a coveted award from the Royal College of midwives – 'Best Online Resource for Mums and Mums To Be'. Information on accessing this 'App' is included on the flyers and website and at the breastfeeding Support Groups.
- 6.3.3 The Healthy Start benefit incorporates a food voucher scheme and a vitamin coupon. Food vouchers can be spent on fresh or frozen fruit and vegetables, plain cows' milk and first infant formula. Pregnant women and children under four years old receive one £3.10 voucher per week. Babies receive two £3.10 vouchers (£6.20) per week. Healthy Start vitamins are available through children's centres and at pharmacies. Healthy Start vouchers provide a valuable financial support for low-income families.
- For a two parent household with a baby and toddler, Healthy Start food vouchers could increase the weekly food spend by 14%. For a single mother with a baby and toddler, Healthy Start boosts purchasing power by almost 25%. Although child poverty rates have increased, Healthy Start uptake has decreased recently due to problems with service delivery and lack of awareness about the benefit. The national average uptake is 75% - meaning that 1 in 4 eligible participants does not receive the benefit.

Local authorities are best placed to increase uptake through health professionals in direct contact with those who may be eligible.

6.4 CAMHS Transformation project

- 6.4.1 Harrow's Emotional, Behavioural and Mental Health Service Partnership Group was established in October 2013 for 18 months to provide systemic overview of the commissioning of comprehensive CAMHS services on all tiers. Within this time, in March 2015 the government published Future in Mind, their strategy for promoting, protecting and improving our children and young people's mental health.
- 6.4.2 The delivery of the recommendations presented in the strategy are the responsibility of a number of agencies, NHS England expect that the leadership for the Local Transformation Plans will be led by Clinical Commissioning Groups (CCG) and in partnership with the Local Authority, Schools, Public Health, Voluntary Sector and Health Providers over a 5 year period. The groups aim is to improve emotional, behavioural and mental health outcomes for children and young people of all ages, and all levels of need. There is an emphasis on outcomes being delivered as efficiently, effectively and sustainably as possible, so that limited resources help as many users as possible.

6.5 Support into work

- 6.5.1 The Xcite programme is an employment programme providing a full range of support to help Harrow residents back into work. They help by overcoming barriers to work including by supporting with confidence, writing application forms, telephone skills, interview skills and jobsearch techniques and 1:1 coaching. Anyone who is claiming benefits and would like support to find work can contact the team in Harrow.

6.6 Parent Champions

- 6.6.1 Parent Champions are defined as those that have positive experiences of using childcare and/ or supporting their child's early learning, who act as advocates and peer advisers to other parents in their community. The family and Childcare Trust have a track record of supporting local authorities meet their strategic priorities through the parent champion model.

6.6.2 Research shows that parents trust other parents to provide honest and user-friendly information. The scheme has proved to be an invaluable way of giving messages to parents in the community, reducing isolation and social exclusion.

6.6.3 Following the experience of the FCT running the parent champion scheme up and down the country. It is a light touch approach to giving information and advice to other parents in the community. The type of information will be led by children's services and public health. The aim of the scheme will be to recruit at least 10 parents from the Harrow community who will:

1. Advocate children's services through outreach
2. Give key health messages

6.6.4 In addition to the learning and social benefits for parents and children, a detailed analysis of the Social Return on Investment (SROI) shows that any investment pays for itself many times over. The final calculation of how Parent Champions worked in one area in the UK showed that the total monetary benefit to society was £1,075,567 - more than 12 times the original investment of £84,092.

6.7 Voluntary and community sector

The voluntary and community organisations play a key part in supporting some of the vulnerable families in Harrow. Voluntary Action Harrow Co-operative work with the voluntary and community sector providing information, training and guidance to help them achieve their objectives. They also help to co-ordinate the Voluntary and Community Sector Forum which brings together local groups, organisations, community workers and partners to identify local issues of mutual interest and need, and work collaboratively to find solutions. The voluntary sector play a crucial part in supporting people in the community. We know that there are over 150 voluntary organisations operating in Harrow who have a wealth of knowledge about the needs of the community in which they operate. The young Harrow foundation work with a host of organisations in Harrow set up to support some of the most vulnerable in the community. For example, Watford FC, Ignite, Young Carers project, Compass and Hope.

Figure 44: Snapshot from Young Harrow Foundation website⁶³

6.8 Harrow Help scheme and Citizens Advice Bureau (CAB)

6.8.1 Harrow have a help scheme that is available for people that are in a desperate situation and need access to funds to support them with purchasing white goods through the emergency relief scheme, food banks and discretionary housing payments. The DHP was fully spent in 2014/15 but has been reduced for this year.

6.8.2 The CAB continue to provide support and advice to people facing an array of difficulties including as listed below:

⁶³ <https://youngharrowfoundation.org/portfolio-2/>



6.9 Regeneration programmes

6.9.1 Harrows regeneration strategy over the period to 2026 aims to deliver three core objectives:

- Place – Providing the homes, schools and other infrastructure needed to meet the demands of our growing population and business base, with high quality town and district centres that attract business investment and foster community engagement
- Communities – Creating new jobs, breaking down barriers to employment, tackling overcrowding and fuel poverty in our homes and working alongside other services to address health and welfare issues

- Business – Reinforcing our commercial centres, promoting Harrow as an investment location, addressing skills shortages and supporting new business start ups, developing local supply chains through procurement.

6.9.2 The Grange Farm estate in South Harrow is tucked away between Northolt Road and Shaftesbury Avenue. The estate has 282 properties mainly made up of Resiform flats which are a unique type of building involving use of fiberglass panels for external walls. These flats are expensive to maintain and difficult to keep warm. Working closely with local residents and a specialist design team, the Housing Services department has submitted a planning application to replace all of the properties on the estate with 549 new houses and apartments of mixed sizes.

6.9.3 A new Harrow Civic Centre will be built in Harrow and Wealdstone. The proposed new Civic Centre would be built on the site of the Peel House car park in Wealdstone by 2019. The proposals for the three sites include the creation of more than 300 jobs and 1,100 homes – including hundreds of affordable homes. They form part of the council's "Building a Better Harrow" regeneration strategy, which over the coming years aims to deliver a total of 3,000 jobs, 5,500 new homes and £1.75 billion of investment to the borough

6.9.4 Harrow Council were successful in a bid o the GLA for a 1.5 million pound regeneration programme in Wealdstone. Wealdstone has seen a decline and is in one of the most deprived areas where child poverty levels are high. 9.37% retail vacancy rate in June 2015, (nearly double the percentage for other district centres in Harrow). From 1981 to 2013 there has been an estimated loss of 6100 jobs (55%).(Census 2011, BRES 2013) This has includes the closure of Winsor and Newton (ColArt), Whitefriars Glass, and the Hamilton Brush Company, and the reduction of Kodak to less than 5% of its former staffing levels. Nearly a third of residents are aged under 25. Residents have a lower level of skills than other Harrow areas. Wealdstone suffers from a high fear of crime, drug dealing and is frequented by one of Harrow's largest street gangs. Residents say they see it as a no go area after dark. The aims of the regeneration programme will be to

- Creating a town square, engaging community and business in design and delivery; providing young people with design skills; developing partnerships
- 3. "Work Labs"; a workspace development and marketing strategy

- 4. Support business survival and growth

6.9.5 The Government has announced proposals for a new High Speed 2 (HS2) and Crossrail station at Old Oak by 2026, potentially making it one of the best connected railway stations in the UK. This will give rise to significant potential for economic development, jobs growth and new homes. Harrow will also benefit from this as there is an opportunity to regenerate the wider area. Based around the new HS2 and Crossrail station at Old Oak, the Mayor, Transport for London (TfL), plus the London Boroughs of Hammersmith & Fulham, Brent and Ealing, have been considering the potential for regenerating the area and are seeking views on a 30-year Vision for Old Oak. This would transform the area with up to 90,000 jobs and up to 19,000 new homes, schools, open spaces, shops and leisure facilities.

6.10 Discussion

This report highlights child poverty as a multidimensional, multi-faceted issue that poses many challenges in light of the cuts faced by local authorities. The needs assessment shows that poverty is not just based on income alone as is the current measure for child poverty. Housing, educational attainment, employment, language barriers, mental health all exacerbate child poverty in Harrow and each of these areas brings together multiple agencies including local authorities and key stakeholders including the voluntary and community sector.

The opportunity to mitigate child poverty in Harrow, brings with it the prospect to work in a smarter, more efficient and more effective way to cross departmentally, with external partners and the voluntary and community sector to think about and agree key priorities for tackling child poverty in Harrow over the next 5 years. Further analysis through in depth qualitative assessment and interviews, a planned workshop in November will enable us to have a better understanding of what poverty means for Harrow. In an age of fewer resources and shrinking budgets we need to think more creatively and work more collaboratively to mitigate child poverty to improve children's life chances and health outcomes focusing on areas where there is need.

7.0 References and acknowledgements

We would like to acknowledge colleagues at the council from the following departments who have supported the child poverty needs assessment through providing vital data and statistics that have helped to compile this report.

With thanks to:

- Housing
- Economic development and employment and regeneration teams
- Benefits
- Early Intervention
- Education business intelligence
- Early years education team
- Together with Families
- Children's social Care
- Public health knowledge and Intelligence
- Children's social services

Also thanks to external organisations including:

- Voluntary Action Harrow
- Young Harrow Foundation
- Citizens Advise Bureau
- Jobcentre Plus
- Food Bank
- Paediatric Therapy - Chaucer Unit Level 3 | Northwick Park & St. Mark's Hospital
- Child Poverty Action Group <http://www.cpag.org.uk/>

Internal reports such as:

- [Vitality Profiles](#)
- Childcare sufficiency assessment, 2016
- Harrow Mental Health Needs Assessment
- Joint strategic needs assessment
- Health and Wellbeing Strategy

- Housing Strategy 2013-2018
- Harrow Carers Strategy (note not to be published until 2017)
- Harrow Economic and welfare reform impact dashboard
- Domestic Violence strategy
- Obesity Strategy
- Framework I data

External reports have been referenced throughout the document as footnotes.

Some key documents referenced include:

- Frank Field The foundation years: preventing poor children becoming poor adults, December 2010
<http://webarchive.nationalarchives.gov.uk/20110120090128/http://povertyreview.independent.gov.uk/media/20254/poverty-report.pdf>
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 - Graham Allen report on early intervention: next steps, Jan 2011
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-