CHILD POVERTY AND LIFE CHANCES

A STRATEGY AND ACTION PLAN FOR HARROW
2017 - 2020
FOREWORD (ANDREW HOWE)

Child poverty has never been high on the agenda in Harrow since the Act came into force in 2010 and this is because Harrow isn’t comparatively deprived at a borough average level. We have to look below the surface and at a range of information to understand where the pockets of deprivation and inequality are in the borough. Our needs assessment shows that housing being one of the biggest issues. Child poverty levels in Harrow are 19% before housing costs (BHC) and rise to 29% after housing costs (AHC). The difference is bigger in some of the more deprived areas for example Roxbourne 28% BHC and 42% AHC.

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.

• Our focus should be on areas of most deprivation but also on new arrivals, those with language barriers, large families, low skills, health problems.

• Housing quality and availability is a major and growing issue. In fact, the cost of decent housing is probably the biggest issue we have locally

• The social determinants of health can impact on a child’s health and wellbeing

• Low wages is also an issue locally. 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. Harrow is not signed up to the living wage.

• Those attending food banks, CAB, registering unemployed, increase in temporary accommodation, rent arrears and debt all indicate pressures families face and can be barometers of poverty levels in Harrow

• The unemployment rate in Harrow was below the rates London and England. However, unemployment in Wealdstone and Marlborough was above London levels.

• We know that there are changes to benefits and welfare, so what will be the impact be of lowering the benefit cap to £23,000 and of universal credit?

Knowing this information and the impact it can have on children’s life chances and can be intergenerational. It is challenging in the face of financial challenges and budget constraints but we know how it can blight the life chances of our children and also impact on the economy in years to come. This can only be achieved through collaborative working with key stakeholders and across the council to ensure that there is support for the most vulnerable in our community to mitigate the effects of poverty. Child poverty is everyone’s business.

This strategy outlines some of the key focus areas developed through consultation and engaging with key stakeholders to address what we can do on a collaborative level to tackle poverty in Harrow, who are the priority groups and those most vulnerable and what our priorities should be over the next 3 years. By focussing on specific points of the life cycle we can help to alleviate the impact of poverty, for example supporting families into work through the Xcite programme or sourcing funding to tackle health inequalities such as oral health promotion.
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BACKGROUND INFORMATION:

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 required the government to publish a child poverty strategy which was published in 2011, and then renewed in June 2014. Independent reviews by Frank Field and Graham Allen which focused on children’s life chances and the importance of early intervention. Both reviews are referenced in the governments’ national strategies. The Marmot review published in 2010 is also a key player in assessing health inequalities and the impact on poverty.

The Child Poverty Act 2010 also required local authorities and their partners to cooperate to tackle child poverty in their local areas; this included the duty to publish a local child poverty needs assessment (The Harrow child poverty needs assessment was published in October 2016), and a child poverty strategy for their area. The Child Poverty act was renamed the Life Chances Act 2010 and the requirements for local authorities repealed as part of the Welfare Reform and Work Act 2016, Section 7. Despite this change, the local strategy development group agreed to continue to produce a strategy due to impact of child poverty on health inequalities, which is a local priority.

The definition of child poverty that we are using in this document 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.

The Drivers of Child Poverty

- Family Instability
- Long-term Worklessness & Low Earnings
- Low Parental Qualifications
- Family Size
- Housing
- Parenting Styles & Aspirations
- Educational Attainment
- Neighbourhood
- Non-Cognitive Development
- Child Ill Health & Disability
- Parental Ill Health & Disability
- Debt

[Diagram of drivers of child poverty]
The Cycle of Child Poverty

Marmot’s *Fair Society Healthy Lives 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. We can identify a number of factors that are driving child poverty today. Many of these have a long term impact and drive poor children to grow up into poor adults. Thus the cycle continues. 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. These are the difficult issues we need to tackle if we are going to make a difference.

Our Vision for Harrow

Our vision for Harrow is:

“To support children and their families break the cycle of poverty and deprivation in order to thrive, live safe, happy, healthy and lead successful fulfilling lives”

Our vision will be achieved through 5 priority areas:

Priority 1: To increase opportunities for parents with English as a second language to enter employment, education and training and support adults in gaining skills

Priority 2: To tackle financial exclusion, including debt management, financial literacy, affordable credit and maximise benefit take up

Priority 3: To increase opportunities for inward investment and funding opportunities by working with the voluntary and community sector

Priority 4: To improving health and wellbeing of children and families and access early support services with a focus on looked after children, children at the edge of care, children with Special Educational Needs (SEN)

Priority 5: To support families with housing and in temporary accommodation.

The strategy brings together work that is currently being undertaken across these priority areas and is supported by an action plan. This strategy builds on our child poverty needs assessment 2016. In 2016 consultation took place with stakeholders, residents and the voluntary and community sector in Harrow. The public health team will lead on the delivery of the strategy with the support of cross council partnerships. Progress will be reported to the health and wellbeing board annually.
KEY FINDINGS FROM THE CHILD POVERTY NEEDS ASSESSMENT AND CONSULTATION

We conducted a needs assessment in 2016 which has highlighted some of the key drivers of child poverty in Harrow. We also spoke to various stakeholders through our child poverty workshop and conducted interviews with professionals to understand the views of people who work in different service areas (e.g. Young Harrow Foundation, Housing, Employment, Smoking Cessation, DV and Education) regarding child poverty.

All stakeholders who participated in the interviews identified child poverty as an issue in Harrow, or a problem affecting pockets of areas within the borough. Stakeholders from all interviews have engaged and worked with most at risk groups including, lone parents, access to childcare, long-term unemployed, individuals with language and skill barriers, mental health and disabilities, black and minority ethnic groups (BAME) and those suffering from housing issues and homelessness.

“There are usually some common factors of families who are in poverty, these include unemployment, numerous health issues, poor networks of support around them and an income that doesn’t meet their needs
Interagency communication is key” - Smoking Cessation Specialist

Poverty is damaging to children’s health. Children living in poverty are at a significant health disadvantage because being poor negatively affects developing physiological systems. We know from research that living in poverty can have detrimental health consequences that are severe and lifelong. This is linked to multiple health problems that can be costly to treat and cause outcomes that can limit economic potential. And that’s not all, it feeds into an unremitting cycle affecting generations.

Giving children a healthy start pays off in health and well-being. This is not just important for children and their families, but for society as a whole.
LEVELS OF CHILD POVERTY

London’s poverty profile report shows 27% of people in London were in poverty, 7 percentage points higher than the rest of England which was 20% in 2015. The cost of housing is the main factor explaining London’s higher poverty rate.

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 next highest child poverty levels in the borough.

“In Harrow, there are small pockets of poverty and but they are sometimes hidden by areas that are financially stable. Because of this proximity, people suffering from poverty in these pockets don’t ask for help because of pride. They would rather go without help than let people know they are suffering from poverty” - Young Harrow Foundation
DRIVERS OF CHILD POVERTY

LOW INCOME:

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. 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. Harrow CAB reports that the number of enquiries on fuel debt has increased in past three years. In Harrow, there are small pockets of poverty which are occasionally hidden by financially stable areas. Due to this proximity, people suffering from poverty in these pockets do not ask for help and would rather go on without any support then let others know that they are suffering from poverty.

“Firstly, people are not aware of foodbanks and secondly, some people are ashamed to be associated to such places. They do not want to be seen going into these places. I have to look for food banks in different areas to accommodate for this” - Decant and Rehousing Officer

UNEMPLOYMENT:

For January 2017 there were 745,000 people claiming unemployment related benefits. This was: 42,400 fewer than for December 2016 and 2,800 more than for a year earlier. This consisted of: 498,100 people claiming Jobseeker’s Allowance & 246,900 people who were seeking work and claiming Universal Credit. There were 1.60 million unemployed people (people not in work but seeking and available to work), little changed compared with July to September 2016 but 97,000 fewer than for a year earlier. Harrow Claimant Count: There were 5 more claimants than the previous month and a 17% (271) increase in January 2017 compared to the same month last year.

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.

“We have to understand that when parents are not working, this will cascade to the children” - LA officer

There are a lot of employment programmes in Harrow, either payment by results or only focussed on the short term. Harrow Council runs a range of programmes through Xcite and these supported over 300 claimants into work in 2016/17 To put things into context, the number of JSA claimants in January 2017 was 1,885, so the 333 people supported into employment is equal to 18% of the total number of jobseekers. The Xcite team work closely with Revenue and Benefits, Housing, and Troubled Families which has helped to reduce the number of
long term unemployed in the borough. (Case studies below). It is important that the targeted interventions offered by this type of locally delivered provision continues. Xcite have targets to sustain clients in employment and to support their development once in work through a Skills Escalator programme. Mental health:

Referrals to the Harrow 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.

**Mental health:**

Referrals to the Harrow 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.

**CHILDCARE COSTS:**

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.** Access to childcare is a major issue where it is almost impossible to find childcare that is affordable enough to incentivise parents into work. Parents often fail to see the long-term benefits childcare could provide.

> “Access to childcare is a massive issue, it is nearly impossible to find childcare that is cheap enough to incentivise parents into work, even for those people who want to change. The Young Harrow Foundation are looking at ways to train people from poverty to provide cheap childcare, to benefit all” - CEO Young Harrow Foundation

Many single parents have more than one child. It is especially difficult for single parents to cope during the half term as not all children are off school at the same time. Parents, therefore find it difficult to take holidays from work and hold the job to look adequately look after children.

**LOW WAGES:**

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. The council has secured funds to deliver the Skills Escalator programme to residents in low paid jobs, this programme provides advise and guidance and access to appropriate training to support residents progress into better paid jobs.

> “I feel more social housing should be provided and wages paid to individuals should be increased as wages in Harrow are lower than other boroughs” - Senior Xcite Employment Advisor
ENGLISH LANGUAGE BARRIERS:

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%, is the borough’s worst ranked for adult skills. 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.

Language barriers are the second highest deterrent to employment witnessed in the Job Centre Plus. English as an additional language (EAL) is only suitable for people who want to learn basic language skills for day-to-day activities such as, going to the shops, however this is not effective enough to gain these people employment. Lone Parents also face many barriers, including lack of confidence, not being able to find affordable child care as well as skills barriers.

The Council’s Adult Community Learning service works with a range of providers to support the delivery of ESOL provision and will be increasing provision on 2017/18.

POOR HOUSING:

Poor housing overcrowding and rising rent in the private rented sector coupled with very low availability of social housing sector and increase in use of 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, with a low turnover of social housing properties every year. Approximately, 10 percent of Harrow’s household live in social rented housing. Despite prevention efforts made by the housing team, there are still a high number of families dwelling in temporary accommodation. Most families who become homeless are likely to be offered a home away from Harrow, often outside London. Homeless households will usually be placed in the private rented sector and are very unlikely to be offered social housing.

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. Living in temporary accommodation is probably the worst type of living situation, being limited in space and creating a reliance on unhealthy meals, such as takeaways. Poor housing conditions, such as overcrowding and disrepair, can lead to a range of health and social problems. The presence of damp and condensation may have a negative impact on health. The lack of space to play, socialise and study can have a negative impact on health and social development, including educational attainment and the stigma of not being able to invite school friends to visit.

“Some families have to move out of the borough and go to another as they can’t afford rent- they have to upheave everything which is inconvenient for everyone including children as they have to move schools”- LA officer
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, 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.

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 the Sanctuary scheme as well as other private rented sector assistance.

**WELFARE REFORMS:**

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 £12,000 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.

There is often a shortfall between private rented sector rents and the Local Housing Allowance rates on which Housing Benefit entitlement is calculated. Households need to meet the shortfall in rent from their other income, which can be challenging.

Due to high and unaffordable high private rent, certain families have to move boroughs. The family must therefore upheave everything which is inconvenient for everyone including children due to changing schools. If children with Special Education Needs (SEN) move out of Harrow, whilst waiting for a school place, they may be out of education for a long time. Housing and benefit problem may be masked e.g. if children are dropped off at school by transport, staff do not see the parents. How do we ‘join the dots’ and identify these children?

**IMPACT ON EDUCATIONAL ATTAINMENT:**

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.

**CHILD HEALTH:**

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. Poor health indicators are, most frequently, found in the more deprived areas of Harrow whilst better health outcomes, in the more affluent parts. Poverty means a parent not able to
keep their property warm enough and buy fresh foods in order to take care of the needs of the child. There have been instances where children are wearing socks or are wrapped up in a duvet at home as the mother cannot afford to pay for heat.

The financial resources coming into the household is usually less where both parents are not working, this is a significant factor of child poverty. Working with troubled families, it is recognised that household income is largely affected by a family out of work. Parental wages and employment greatly impacts children, including how the child is fed.

“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”. Marmot
HIGH IMPACT AREAS TO MITIGATE CHILD POVERTY

**Childcare**
- Childcare to support people to work / child tax credits
- Free childcare available to those who need it through NEG2,3 and 4 (increasing to 30 hours from September 2017)
- Look at Flexible Childminder pool - best practice example from LBBrent

**Housing**
- Increase the availability of good, affordable housing to rent or buy.
- Increase social housing in the borough
- Support families in temporary accommodation and affected by the benefit caps

**Education**
- To reduce the gap in attainment of children in priority areas
- Work with Schools and early years providers to support those on Free School Meals
- Skills for jobs in growing sectors where there are skills shortages.

**Health**
- Bring London Living wage to Harrow
- Support- parents learn skills and secure work / voluntary work
- Raise awareness in communities on support from Jobcentre Plus and other employment and skills providers.
- CAB benefit and debt advice

**Skills and employment support**
- Together with families 1,340 families
- Children in care and known to social services / child protection
- Early Support services and access to local early support hubs, DV
- Working with the voluntary and community sector VAH and Young Harrow Foundation

**Whole family approach**
- Sponsorship of pilots to attract funding for example Health Education England funding for health improvement interventions
- Funding for back to work support, Regeneration and social regeneration
- Social bonds

**Funding and inward investment**
OUR STRATEGY

The strategy for Harrow is to focus support and interventions on the eight areas in the borough where the disparity between income and health is higher compared to other ward counterparts. These areas are:

1. Roxbourne
2. Wealdstone
3. Marlborough
4. Greenhill
5. Roxeth
6. West Harrow
7. Headstone South
8. Queensbury
**PRIORITIES TO REDUCE CHILD POVERTY IN HARROW**

**Priority 1:** To increase opportunities for parents with English as a second language to enter employment, education and training and support adults in gaining skills

**Priority 2:** To tackle financial exclusion, including debt management, financial literacy, affordable credit and maximise benefit take up

**Priority 3:** To increase opportunities for inward investment and funding opportunities by working with the voluntary and community sector

**Priority 4:** To improving health and wellbeing of children and families and access early support services with a focus on looked after children, children at the edge of care, children with SEN.

**Priority 5:** To support families with housing and in temporary accommodation.

**THE LIFE CYCLE**

By focussing on specific points in the life cycle where there is need we can begin to tackle inequalities and mitigate child poverty in Harrow. Our vision is underpinned by the life cycle as actions at these specific touch points can have an impact on reducing child poverty and improving the life chances of children and families in Harrow.

- **Pre-Natal to 19 years**
  - Focus on:
    - Physical and mental health
    - Children in Care
    - Special educational needs and disabilities
    - Homeless households
    - Young carers

- **Adulthood parent and carers**
  - Focus on:
    - Access to skills and jobs
    - English language
    - Financial debt management
    - Temporary accommodation
    - Childcare

- **Young adults 16-24**
  - Focus on:
    - Physical and mental health and resilience
    - Jobs / training / apprenticeships
    - Not in Employment Education or training

**Interventions**

- Homelessness prevention and support to people in temporary accommodation
- Together with Families
  - Children in care, known to social services and young carers
  - Excite team support with jobs and training
- Public health interventions, sexual health, drug and alcohol services health visiting and school nursing
Our Child Poverty Strategy sets out actions for the next 3 years (2017 – 2020) and brings together the existing work plans and strategies into a focused work stream dedicated to monitoring what we are doing to mitigate child poverty. The strategy covers children and young people aged 0-19 years (25 years for children with a disability) and their families.

Actions and progress towards achieving outcomes will be monitored by the child poverty task group which will report into the health and wellbeing board who will have ultimate responsibility for owning the child poverty strategy and action plan. As well as the health and wellbeing board we would expect that the individual service areas and partners responsible for their operational delivery. It is also proposed that Child Poverty be a standing agenda item at a number of existing strategic groups who already have responsibility for a number of the actions.
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<td><strong>Priority 1: To increase opportunities for parents to enter employment, education and training and support adults in gaining skills</strong></td>
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<tr>
<td>Support unemployed families through the Xcite and Adult Community Learning with a focus on: 1. Long Term Unemployed 2. Barriers to work (language, skills ) 3. Skills 4. NEET group 18-24 5. Troubled families extended programme</td>
<td>Number of people into work focus on based on priorities or levels of unemployment</td>
<td>Harrow Economic development team, JCP Adult community learning Karen Bhamra <a href="mailto:Karen.Bhamra@harrow.gov.uk">Karen.Bhamra@harrow.gov.uk</a></td>
<td>Ongoing</td>
<td>Regeneration strategy Harrow Ambition Plan learninharrow.org.uk</td>
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<td>Support families affected by benefit cap</td>
<td>Families to find work for 24 hours to be exempt</td>
<td>Housing and economic development team team Jacky Suiter</td>
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<td>Financial resilience</td>
<td>Number of people supported through CAB, benefit and debt advice Better off calculations</td>
<td>CAB JCP</td>
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<td>Sign up to London Living wage</td>
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<td>2020</td>
<td>Link to CPAG</td>
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<td>Regeneration programmes 1. 1.75Bn development programme delivered 2. Improved town centre facilities</td>
<td>• Civic Centre redevelopment delivery • Leisure Centre redevelopment</td>
<td>Regeneration team (infrastructure) Economic Development (supporting people into</td>
<td>Ongoing until 2026</td>
<td>LONDON BOROUGH OF HARROW REGENERATION STRATEGY 2014-26</td>
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3. Renewed and expanded housing stock
4. Healthier community
5. Increased economic activity
6. Resilient business base

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<th>Jobs and apprenticeships created)</th>
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<td>• Jobs created – apprenticeships, local labour</td>
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<td>• Local suppliers engaged and spend local supply chain.</td>
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<tr>
<td>• Grange Farm estate regenerated</td>
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<table>
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<tr>
<th>Supporting young carers</th>
<th>Number of known Young Carers (up)</th>
<th>Council</th>
<th>Most project work to be concluded by October 2017.</th>
<th>Harrow Carers strategy JSNA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Average age of Young Carers at identification (down)</td>
<td>Schools</td>
<td>On-going intra &amp; inter-agency work to continue to identify and support more Young Carers after this.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Quality Assurance &amp; user feedback.</td>
<td>CCG &amp; GPs</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Outcome measures (e.g. attainment, attendance, mental health) – for individuals &amp; cohort</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>CIN status end rates</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Harrow to follow best practices from other boroughs who have a well-established strategy and action plan support – look at similarities and ways of adapting to meet local need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work with Child Poverty Action Group to influence bringing in London living wage to Harrow</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Interventions</th>
<th>London Councils</th>
<th>CPAG</th>
<th>Child poverty commission</th>
<th>Ongoing to 2020</th>
<th>National Child poverty strategy</th>
</tr>
</thead>
</table>

### 3 Priority 3: Improving health and wellbeing of children and families

<table>
<thead>
<tr>
<th>Number of families accessing health visiting and school nursing service</th>
<th>New health visiting and school nursing contract</th>
<th>Public health commissioning</th>
<th>2018</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Support children with Special educational needs and disabilities</th>
<th>Number of children supported in Harrow with SEND</th>
<th>Harrow Council launched a new website in September, which sets out the services and support available in our borough for children and young</th>
<th>Ongoing</th>
<th>SEND Strategy, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Safeguarding Board Business Plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Individual Service Plans</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Training and development for early years settings to support public health outcomes including:
1. Oral health
2. Physical activity
3. Healthy Eating and healthy weight
4. Emotional wellbeing
5. Infant feeding
6. Health protection and immunisations
7. Smoking cessation
8. Accident prevention under 4’s
9. Healthy start vitamins

<table>
<thead>
<tr>
<th>Training and development for early years settings to support public health outcomes including:</th>
<th>Number of training accessed by professionals</th>
<th>Public health CCG NHS</th>
<th>2016-17</th>
<th>Joint strategic needs assessment Health and wellbeing strategy Public health children and families Action plan 2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working with schools Healthy School London award</td>
<td>Number of schools achieving an award</td>
<td>Public health team Schools Early Years Early Support GLA</td>
<td>2016-17</td>
<td>Health and wellbeing strategy</td>
</tr>
<tr>
<td>Like Minded IAPT</td>
<td>Number of children supported by Barnardo’s</td>
<td>delivered by Barnardo’s</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------</td>
<td>------------------------------------------</td>
<td>-------------------------</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>Drug and Alcohol services</td>
<td>People with drug and alcohol problems accessing service</td>
<td>Commissioned by public health delivered by WDP and COMPASS</td>
<td>2016-2019 Health and wellbeing strategy</td>
<td></td>
</tr>
</tbody>
</table>

### 4 Priority 4: Increase opportunities for inward investment and funding opportunities by working with the voluntary and community sector

- **Working with the voluntary and community sector capacity building**
- **Working with organisations to achieve social change**
- **Voluntary Action Harrow is a not-for-profit workers co-operative who support people and not-for-profit organisations to make a difference in their local community**

<table>
<thead>
<tr>
<th>Voluntary Action Harrow</th>
<th>Working with 54 organisations across Harrow</th>
<th>Young Harrow Foundation</th>
<th>ongoing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Achieving quality standards, reviewing quality from each organisation.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Support with funding for grass root organisations</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Working with local people and groups to identify local needs and develop appropriate action.</td>
<td>Voluntary action Harrow</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Providing a range of services that help organisations to succeed.</td>
<td></td>
<td></td>
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</tbody>
</table>

- **Harrow Connect**
- **Connect Harrow Council suppliers to Harrow’s community and voluntary sector, enabling the latter to benefit from the latter.**

<table>
<thead>
<tr>
<th>Connect Harrow Council</th>
<th>Procurement, Economic Development, Strategy</th>
<th>2017</th>
</tr>
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</table>

- **Sport England bid**
- **Sport England to fund**

| Sport England to fund | Public health Young | 2017 | Physical activity strategy |
### Priority 5: Support families with housing and those in temporary accommodation

<table>
<thead>
<tr>
<th>Area</th>
<th>Description</th>
<th>Responsible Officer(s)</th>
<th>Status</th>
<th>Strategy Link</th>
</tr>
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<tbody>
<tr>
<td>Homelessness prevention</td>
<td>More households prevented from becoming homelessness, fewer households completing the homelessness assessment process</td>
<td>Housing Needs</td>
<td>Ongoing</td>
<td><a href="http://www.harrow.gov.uk/info/200003/new_builds_housing_developments_and_policies/184/housing_changes">Homelessness Strategy</a></td>
</tr>
<tr>
<td>Affordable homes and plans for new housing</td>
<td>Increase in new supply of affordable housing</td>
<td>Housing Regeneration and New Supply, Planning and Regeneration</td>
<td>Ongoing</td>
<td><a href="http://www.harrow.gov.uk/info/200003/new_builds_housing_developments_and_policies/184/housing_changes">Housing Strategy</a></td>
</tr>
<tr>
<td>Supporting people in TA</td>
<td>More households in TA assisted to gain employment, increase their income and find accommodation to meet their housing need</td>
<td>Housing Needs, Xcite</td>
<td>Ongoing</td>
<td><a href="http://www.harrow.gov.uk/info/200003/new_builds_housing_developments_and_policies/184/housing_changes">Homelessness Strategy</a></td>
</tr>
<tr>
<td>Supporting council tenants</td>
<td>More households able to increase their income and manage debts, more households digitally included, reduction in rent arrears, tenants receiving floating support if they require it.</td>
<td>Resident Services, Resident Involvement, Floating Support providers, VCS partners</td>
<td>Ongoing</td>
<td><a href="http://www.harrow.gov.uk/info/200003/new_builds_housing_developments_and_policies/184/housing_changes">Housing strategies and policies</a></td>
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ACKNOWLEDGEMENTS

This strategy draws on research and expertise from a number of groups and organisations. We would like to thank all those who have supported this work from across Harrow and wider, namely:

- Child poverty Action Group
- Harrow Housing services, Economic development, the Excite team, social services, intelligence teams, policy and performance, public health, Early intervention team, children’s social services and Troubled families
- Voluntary and community sector, HOPE, Young Harrow foundation
- Citizens advice bureau, Harrow Foodbank
- Jobcentre Plus
- NHS health visiting and school nursing teams
- Public health placement volunteer Pooja Vaghela (currently studying Masters and with a chosen area of Child poverty for dissertation)

REFERENCES

Internal reports:

1. Vitality Profiles
2. Childcare sufficiency assessment, 2016
3. Joint strategic needs assessment
4. Health and Wellbeing Strategy
5. Housing Strategy 2013-2018
6. Harrow Carers Strategy
7. Harrow Economic and welfare reform impact dashboard
8. Domestic Violence strategy
9. Obesity Strategy
10. Framework I data
12. Annual public health report 2016 – video link here
13. Physical activity strategy

External reports:

14. Frank Field The foundation years: preventing poor children becoming poor adults, December 2010
15. Marmot Review, Fair society Healthy lives 2010,
16. Beyond the food bank, 2015
17. Graham Allen report on early intervention: next steps, Jan 2011
   http://grahamallenmp.co.uk/static/pdf/early-intervention-7th.pdf
18. Government child poverty strategy April 2011,
19. Government child poverty strategy 2014-17