

6) Reducing Child Poverty in Wiltshire

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Purpose of this presentation

- Provide you with data about child poverty locally
- Support you to identify any priorities for action by the area board by:
 - recognising your local knowledge and intelligence is essential to taking action
 - providing links to services

What is child poverty?

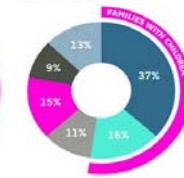
- The proportion of children living in families within the UK that are either in receipt of out-of-work benefits or in receipt of tax credits with a reported income which is less than 60 per cent of national median income. This measure provides a broad proxy for relative low-income child poverty as set out in the Child Poverty Act 2010 and enables analysis at a local level.”
- National median income is **£27,732** (60% is £16,639)
- In the UK 17% of children, 2.3 million, live in poverty, which is one of the highest rates in the industrialised world

HALF THE PEOPLE IN POVERTY LIVE IN A WORKING HOUSEHOLD



- Self-employed
- All in full-time work
- One full-time, one part-time
- Single breadwinner
- Part-time workers only
- Workless

FAMILIES WITH CHILDREN ARE THE BIGGEST GROUP IN POVERTY



- Couple with children
- Single with children
- Couple without children
- Single men without children
- Single women without children
- Pensioners

Source: Household Budget Average Income (HMV, 2014)

Wiltshire picture

- In 2013 **10.6%** of children in Wiltshire in poverty
- Significant **variation** within Wiltshire -pockets of high deprivation found in particular localities and significant deprivation across some vulnerable groups
- *Country Life: Tougher To Make Ends Meet* report found people living in rural communities need to spend 10-20% more than those in urban areas to reach a minimum acceptable living standard while pay levels are frequently lower than urban areas.



Wiltshire Child Poverty Strategy

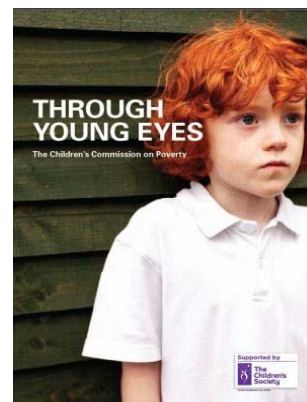
- **Child Poverty Act** commits this and future governments to eradicating child poverty by 2020. Tasks local areas to produce a child poverty needs assessment and strategy.
- New **Life Chances** legislation (incorporated into the Welfare Reform and Work Bill) proposes to remove a number of the legal duties and measures set out in the Child Poverty Act 2010 and to place a new duty on the Secretary of State to report annually on **children in workless households** and the **educational attainment of children**.
- **Wiltshire strategy** has 5 objectives:
 - Objective 1 – Provide effective support to vulnerable families with 0-5 year olds
 - Objective 2 – Narrowing the Educational Attainment Gap
 - Objective 3 – Develop an inclusive economy that will enable equality of economic opportunity for all
 - Objective 4 – Provide locally-focused support based on a thorough understanding of needs
 - Objective 5 – Promote engagement with the Child Poverty Strategy and related implementation plan

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What it means for children

Children say:

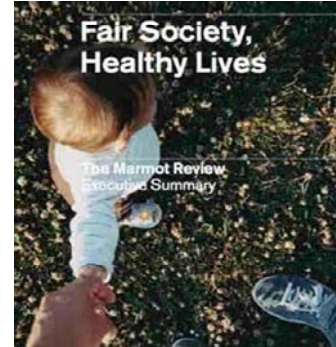
- they worry about whether their family can pay for things they need
- that it affects their sleeping and studying at home and how safe they feel in the area they live
- they also experience bullying due to visible signs of poverty and difference.



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What it means for their health

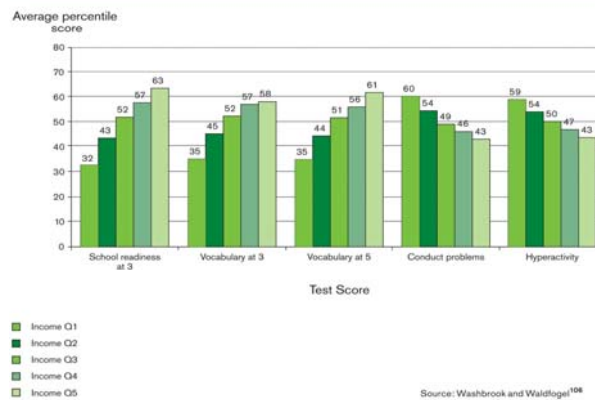
- Children who grow up in poverty face a greater risk of having poor health, being exposed to crime and failing to reach their full potential creating a cycle of poverty for the future
- *A child's physical, social, and cognitive development during the early years strongly influences their school-readiness and educational attainment, economic participation and health.*
- *Development begins before birth when the health of a baby is crucially affected by the health and well-being of their mother.*
- *Low birth weight in particular is associated with poorer long-term health and educational outcomes*
- *One quarter of all deaths under the age of one would potentially be avoided if all births had the same level of risk as those to women with the lowest level of deprivation*
- *If children fall behind in early cognitive development, they are more likely to fall further behind at subsequent educational stages*



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Child poverty and health inequality

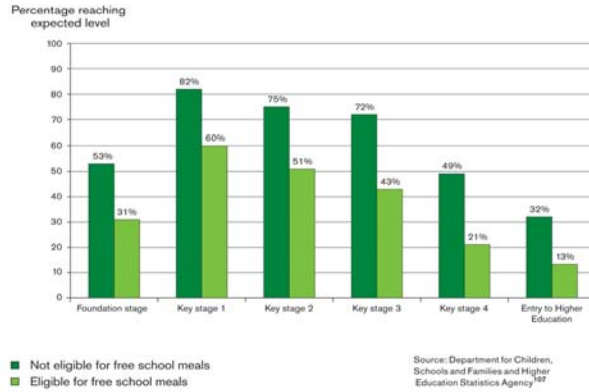
Figure 2.22 Indicators of school readiness by parental income group, 2008



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Child poverty and health inequality

Figure 2.23 Attainment gap from early years to higher education by eligibility for free school meals, 2009



Risk factors for child poverty

Triggers:

Life events and moments of transition - getting sick, bereavement, redundancy or relationship breakdown

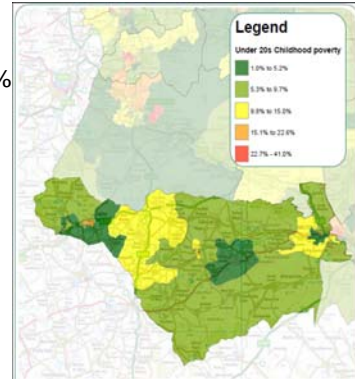
BUT poverty is dynamic - people's needs change throughout their lives and the resources they require to meet their needs change too.

At greatest risk:

- Lone parents
- Large families
- Children with disabilities and children with disabled parents
- Children who are carers
- Children who have teenage parents
- Children growing up in social housing
- Black and minority ethnic children
- Asylum seekers
- Traveller and gypsy
- Children with a parent in prison
- Children in care
- Children offending or at risk of offending

Your local picture - SW Wiltshire

- Number of children in poverty 330 (decrease of 70 since 2006)
- Percentage of children in poverty 8.6% (decrease of 2.1% since 2006)



Lower than Wiltshire average

%Children in poverty in lone parent families 58.3 (69.7)

%Children in poverty aged 0-4 yrs 21.6 (34.5)

Similar to Wiltshire average

Under-20yrs hospital admissions for injuries rate, per 100 children 1.2 (1.1)

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Your local picture (cont)

Significantly higher than Wiltshire average

Children in poverty in employed households 42.2% (24.4%)

Households in fuel poverty 11.3% (7.9%)

Children 10-18 living in socially rented homes 22.8% (18.7%)

Children 10-18 living in privately rented homes 20.1% (14.8%)

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Your local picture - Mere

- Number of children in poverty – 110 (decrease of 55 since 2006)
- Percentage of children in poverty – 9.7% (decrease of 3.2% since 2006)

Lower than Wiltshire average:

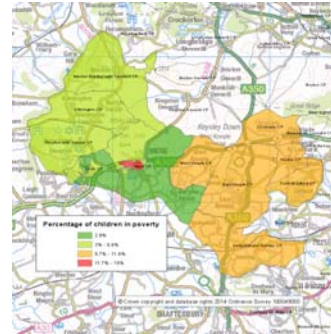
Unemployment rate, lone parents 24.5% (32%)
Active CAFs per 1000 0-18 yr olds 13.7 (16.4)

Similar to Wiltshire average

% children in poverty who are 5-10 years 32% (32.5)

Significantly higher than Wiltshire average

% children obese/overweight, Reception year 24.8 (21.2)
% children obese/overweight, Year 6 36.4 (29.6)



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Your local picture - Tisbury

- Number of children in poverty – 85 (decrease of 20 since 2006)
- Percentage of children in poverty – 7.7% (decrease of 2.2% since 2006)

Lower than Wiltshire average

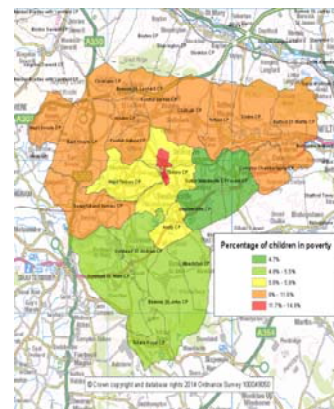
Active CAFs per 1000 0-18yr olds 12.3 (16.4)
Key Stage 2 FSME attainment gap **-3.7%** (20.7%)
% children obese/overweight, Year 6 23 (29.6)

Similar to Wiltshire average

% children obese/overweight, Reception 20 (21.2)

Significantly higher than Wiltshire average

% children living in poverty aged 11-15 years 35.3 (22.9)
% children living in poverty 16-19 years 17.6 (10.1)



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Your local picture - Wilton

- Number of children in poverty – 135 (increase of 5 since 2006)
- Percentage of children in poverty – 8.3% (decrease of 0.3% since 2006)

Lower than Wiltshire average

%children in poverty aged 16-19years 4 (10.1)

Similar to Wiltshire average

% children obese/overweight, Reception year, 20.8 (21.2)

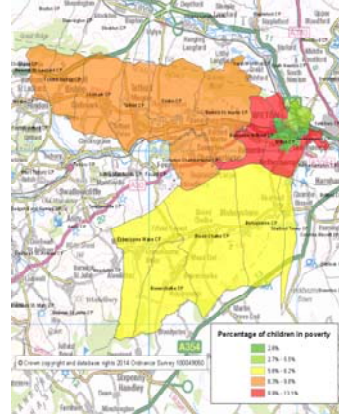
% children obese/overweight, year 6, 30.6 (29.6)

Significantly higher than Wiltshire average

% children in poverty aged 5-10 years 40 (32.5)

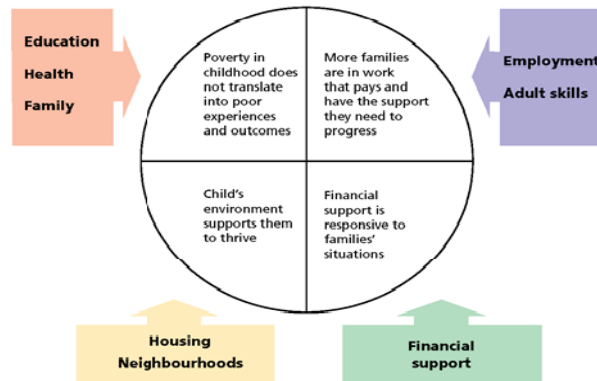
Key stage 4 FSME attainment gap 62.7% (31.1%)

Active CAFs per 1000 0-18 year olds 24.5 (16.4)



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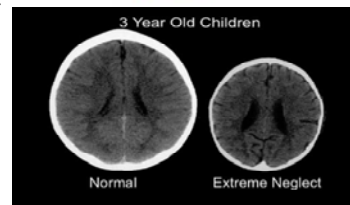
Building blocks to prevent, reduce & mitigate



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Early intervention

- Frank Field's *The Foundation Years: Preventing Poor children Becoming Poor Adults* **Key factors:** a healthy pregnancy; good maternal mental health; secure bonding with the child; love and responsiveness of parents along with clear boundaries, as well as opportunities for a child's cognitive, language and social and emotional development.
- **Providing early help can narrow the gap** for children who are at risk of poorer outcomes (Waldman, 2008, Karoly, Kilburn, & Cannon, 2005; Statham and Biehal, 2005).
- Marmot. *Fair Society, Healthy Lives* found: **birth weight, postnatal depression, being read to every day, and having a regular bed time at age 3** – all likely to relate to a child's chance of doing well in school.



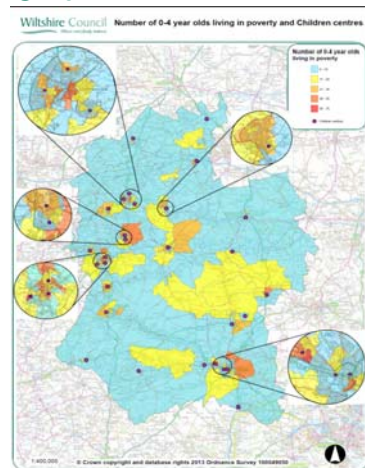
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Promoting emotional attachment

- Baby Steps – antenatal programme for vulnerable first time parents
- Family Nurse Partnership – home visiting programme for teenage parents having their first child
- Healthy Child Programme 0-5
- Parenting programme
- Health promotion activities through Children's Centres

Promote take up of activities

Influence child minders and playgroups and early years providers



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Educational attainment gap

- Parents and carers should be actively engaged by schools to support their child's development and learning.
- Whole school reform: strong and visionary leadership, provided by head teachers and principals with clear programmes and who provide extensive professional development in evidence-based programmes and practices.
- The quality of teaching makes the biggest difference to learning outcomes
- Coaching teachers/teaching assistants in specific teaching strategies significantly raises outcomes for children living in poverty. Evidence-based approaches include cooperative learning (structured groupwork), frequent assessment and 'learning to learn' strategies.
- Classroom interventions that close attainment gaps often adopt proven classroom management strategies, for example a rapid pace of instruction, using all-pupil responses and developing a common language for discipline.
- Importance of rigorous use of data

Effective classroom strategies for closing the gap in educational achievement for children and young people living in poverty, including white working-class boys. The Centre for Excellence and Outcomes in Children and Young People's Services (C4EO) 2010

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Impact of smoking on children

17.2 per cent of adults in Wiltshire are smokers compared to 25.9% of routine and manual workers and 14% of pregnant women

Consider rolling out Smoke-free Play Parks locally to:

- support the de-normalisation of smoking
- reduce the risk of exposure to second hand smoke
- reduce smoking-related litter and the threat of cigarette butts, which are non-bio-degradable and toxic to children, wildlife and the environment
- reduce the risk of fire
- offer the potential for increased use of parks and recreation areas



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Childhood obesity

- Obesity is more common among people from more deprived areas
- 9.1% of Wiltshire Reception pupils measured are obese (England 9.5%)
- 16.3% of Wiltshire Year 6 pupils measured are obese; (England 19.1%)
- When combined with overweight figures 22.1% of Reception and 29.7% of year 6 pupils were either overweight or obese.

Work together to promote healthy eating and physical activity and local services:

SHINE (Self-Help, Independence, Nutrition and Exercise) Wiltshire is a 10 week healthy lifestyles programme for children above a healthy weight aged 7-11 years and their family to enable them to make changes to lead a healthier lifestyle.

Healthy Schools Programme

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Obesogenic environments



Fuel poverty

- Fuel poverty in England **is measured** using the Low Income High Costs indicator, which considers a household to be fuel poor if:
 - they have required fuel costs that are above average (the national median level);
 - were they to spend that amount, they would be left with a residual income below the official poverty line.
- Fuel poverty particular **problem in rural areas**
- Although elderly most vulnerable in winter, children are also at high risk.
- Evidence suggests: significant effects on the physical health of the **young** in terms of **infants'** weight gain, hospital admission rates, and caregiver-rated developmental status, as well as self-reported reduction in the severity and frequency of **children's** asthmatic symptoms.
- **Warm and Safe aim** is to improve energy efficiency of homes.
Referrals from fire, W&SW, carers, care co-ordinators etc, working to identify vulnerable people.

