

Reducing Child Poverty in Wiltshire

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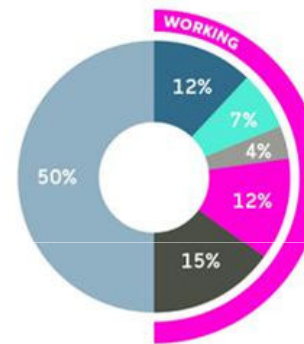
Purpose of this presentation

- 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

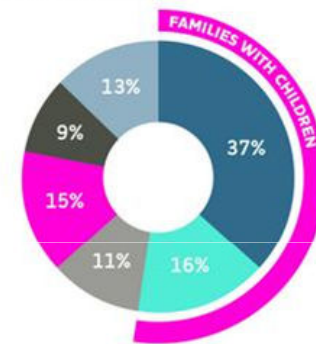
What is child poverty?

- 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 **£26,500** (60% is £15,900)
- 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



FAMILIES WITH CHILDREN ARE THE BIGGEST GROUP IN POVERTY

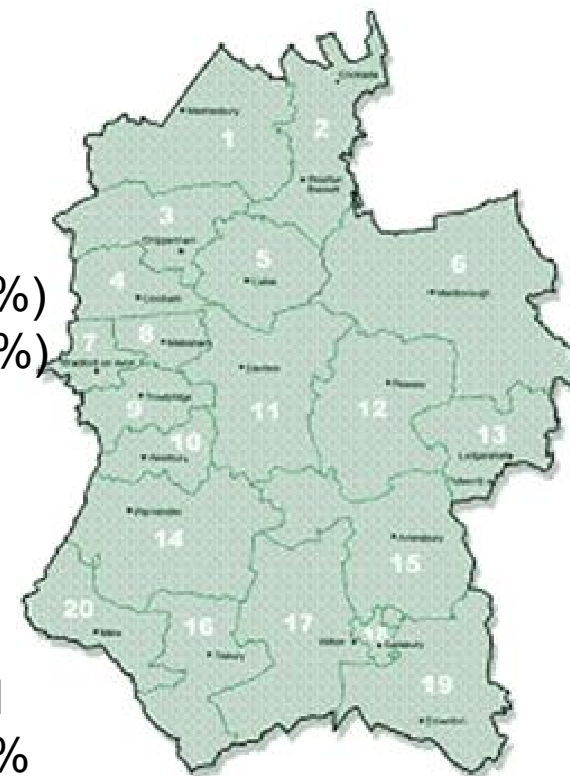


- Self-employed
- All in full-time work
- One full-time, one part-time
- Single breadwinner
- Part-time workers only
- Workless
- Couple with children
- Single with children
- Couple without children
- Single men without children
- Single women without children
- Pensioners

Source: Households Below Average Income (DWP, 2014)

Wiltshire picture

- In 2012 **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
- Employment rate: Wiltshire 77% (men 84%, women 70%)
National 72% (men 77%, women 67%)
- Median gross annual earnings employed **£20,657**
(Females £15,875, part-time £8,543)
- Median weekly income: Wiltshire £503.60
National £520.70
- *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.



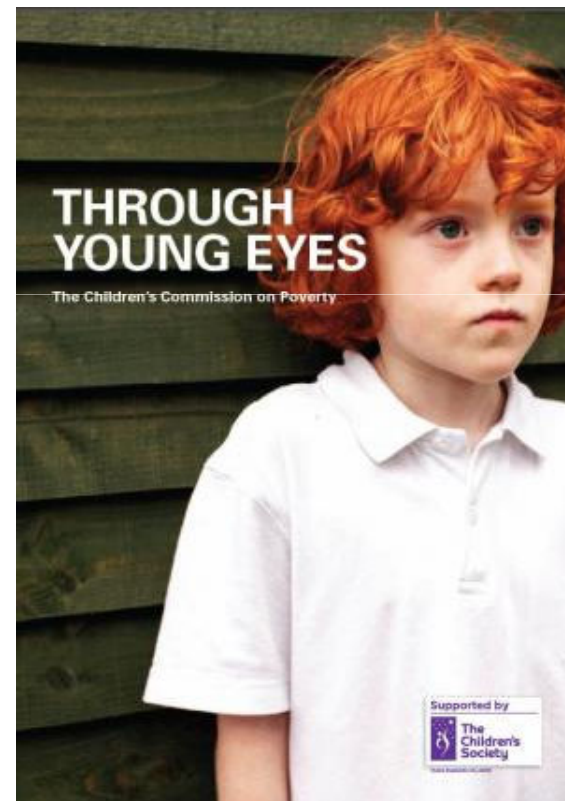
Wiltshire Child Poverty Strategy

- **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

What it means for children

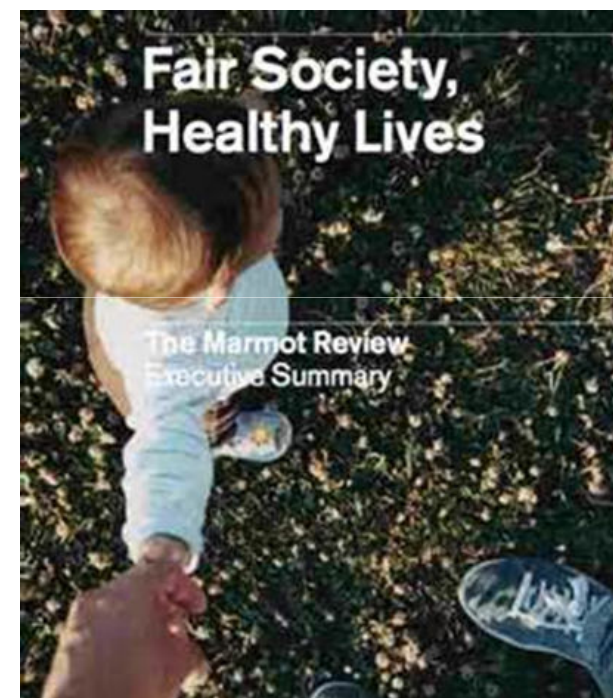
Children say:

- 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.



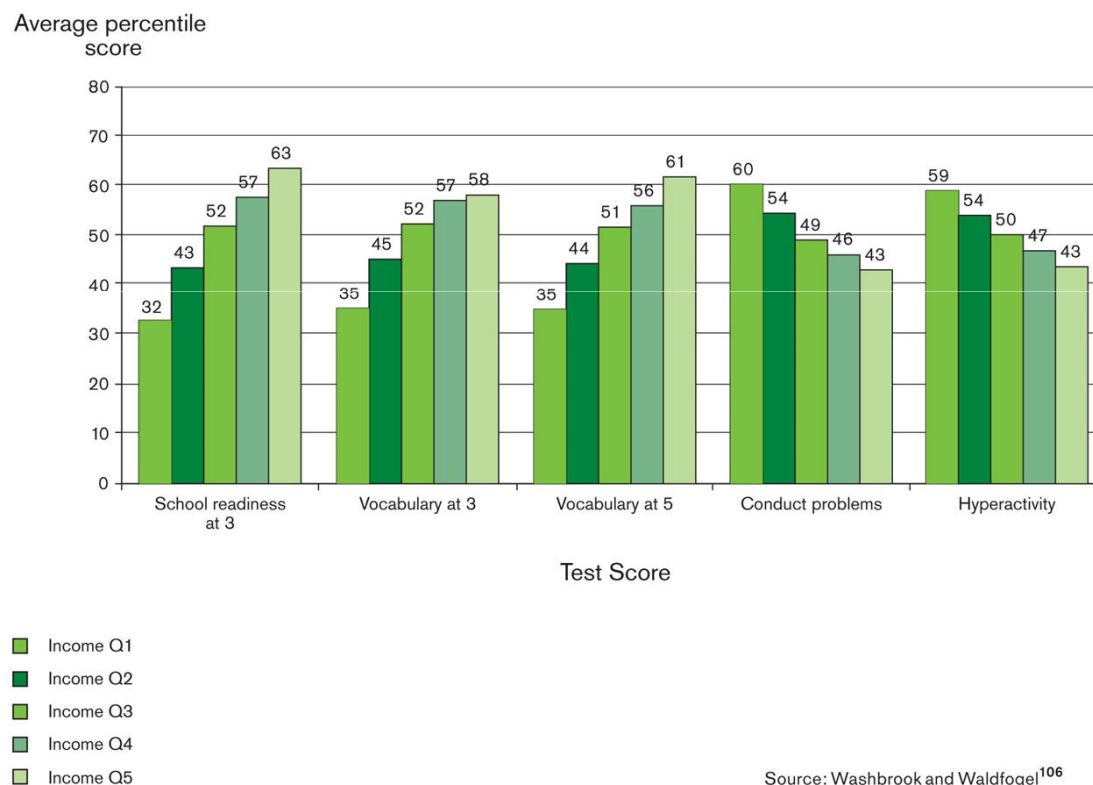
What it means for their health

- 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*



Child poverty and health inequality

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

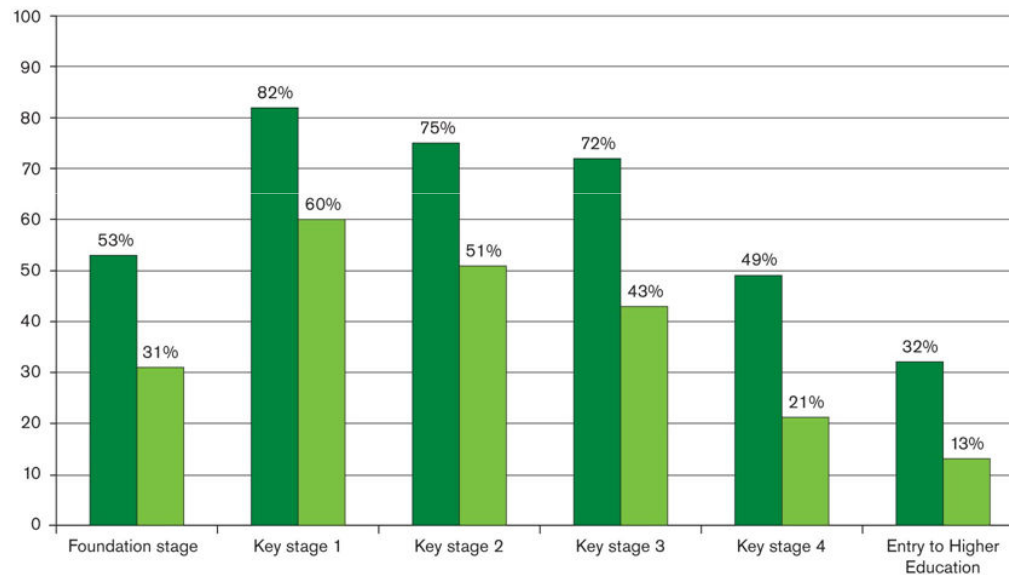


Source: Washbrook and Waldfogel¹⁰⁶

Child poverty and health inequality

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

Percentage reaching expected level



■ Not eligible for free school meals
■ Eligible for free school meals

Source: Department for Children, Schools and Families and Higher Education Statistics Agency¹⁰⁷

Risk factors for child poverty

Triggers:

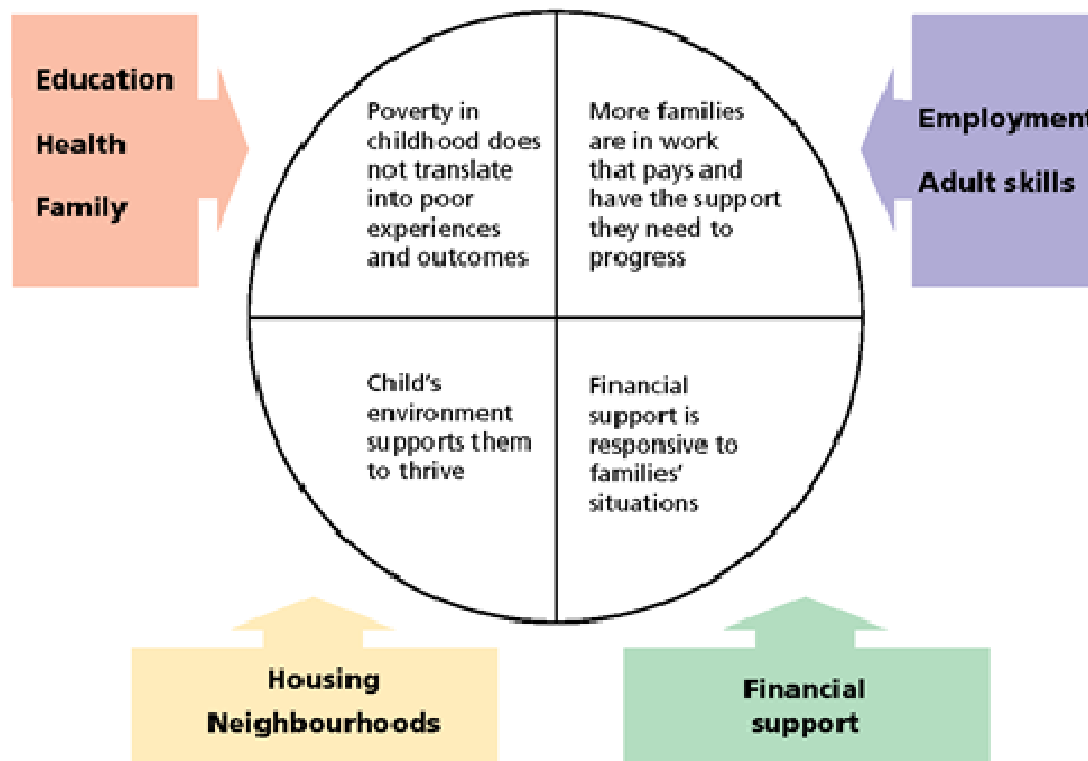
Life events and moments of transition - getting sick, bereavement, redundancy or relationship breakdown

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

Building blocks to prevent, reduce & mitigate





Building blocks to prevent, reduce & mitigate

Education, health and family

- ensuring access to quality education for and *narrowing attainment gap*
- improving physical and mental health outcomes for all and reducing health inequalities
- *reducing pressures on families and strengthening their capabilities* by providing as much support as possible.

Housing, neighbourhoods and communities

- ensuring all children grow up in decent homes that support their health and education
- *taking action on neighbourhoods*, play and green spaces, transport and crime

Adult skills and employment

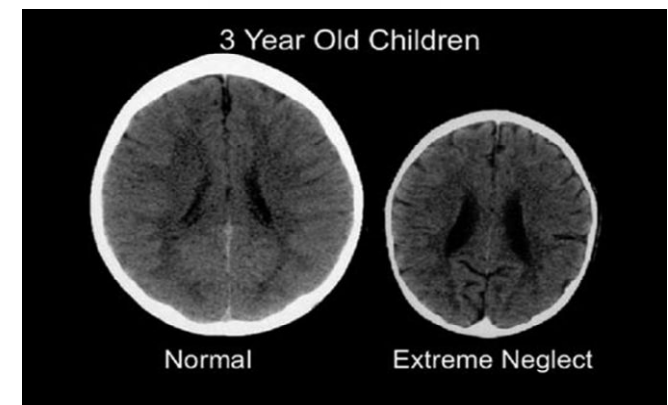
- all adults have the skills necessary to enter, stay and progress in work
- *ensuring more parents can enter, stay and progress in work* (including access to childcare)

Financial support

- modern welfare system that recognises the additional barriers families face, while maintaining incentives to work.

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.



Wiltshire picture: variation

LSOAs with a percentage of children in low income families two or more standard deviations above the Wiltshire average

Lower Super Output Area name	Community Area	Children in Child Benefit families	Children in families in receipt of CTC (<60% median income) or IS/JSA	% of children in low-income families	Number standard deviations above average
Trowbridge John of Gaunt - Studley Green	Trowbridge	555	255	46.1%	4
Melksham North - north east	Melksham	380	135	35.5%	3
Calne Abberd – south	Calne	255	90	35.4%	3
Amesbury East - north central	Amesbury	275	90	32.8%	2
Chippenham Queens – east	Chippenham	325	105	32.7%	2
Salisbury St Martin – central	Salisbury	355	115	32.0%	2
Trowbridge Drynham - Lower Studley	Trowbridge	590	180	30.9%	2
Chippenham Audley – south	Chippenham	360	110	30.7%	2
Melksham North - south west	Melksham	340	105	30.7%	2
Chippenham Hill Rise - north west	Chippenham	465	140	30.4%	2
Salisbury Bemerton – south	Salisbury	520	150	29.2%	2
Wootton Bassett North – central	R.WB & Cricklade	410	115	28.5%	2
Salisbury Bemerton – west	Salisbury	480	130	27.1%	2
Westbury Ham – west	Westbury	470	125	26.9%	2

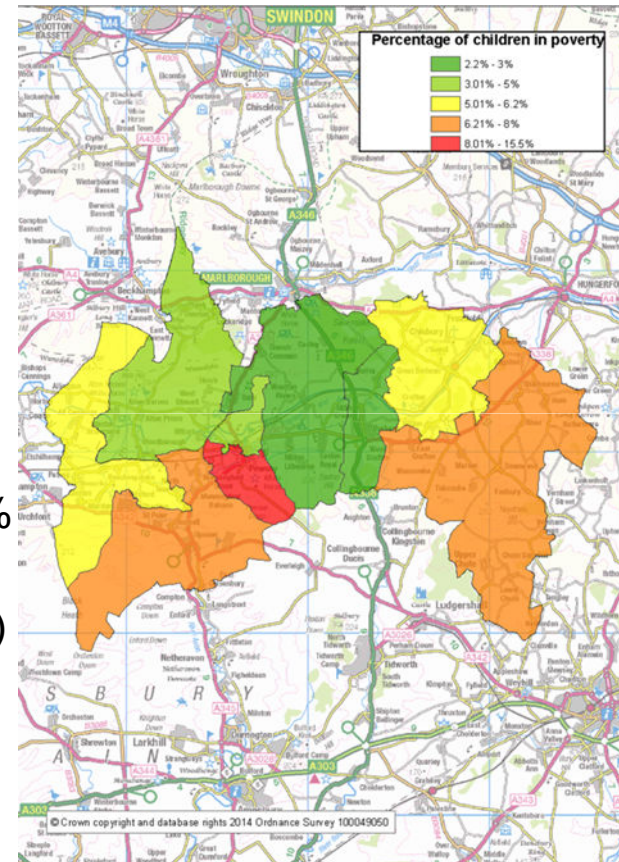
Of the ten areas with over 30% of all children living in ‘poverty’ seven are located in one of three towns (Trowbridge, Melksham and Chippenham) and the remaining three are in the towns of Salisbury, Calne and Amesbury.

Your local picture

- Number of children in poverty – 200
- Percentage of children in poverty – 6.5% (0.1% reduction since 2006)

Significantly lower than Wiltshire average

- % children in poverty in large (4+ children) families 7.5%(17%)
- % children in poverty who are aged 0-4 29.7% 35.1%
- Key Stage 2 free school meal attainment gap 4.9% (20.7%)
- Key Stage 4 free school meal attainment gap 12.5% (31.1%)
- % children who are obese/overweight, Reception Year 15.5% (21.2%)
- % children who are obese/overweight, Year 6 25.5% (29.6%)
- Under-20 hospital admissions for injuries rate, per 100 children 0.8% (1.1)
- % children aged 0-9 living in socially rented homes 16.3 (20.3)



Your local picture

- **Higher than Wiltshire average**
- Persistent absences per 1000 5-15 year olds 38 (34.2)

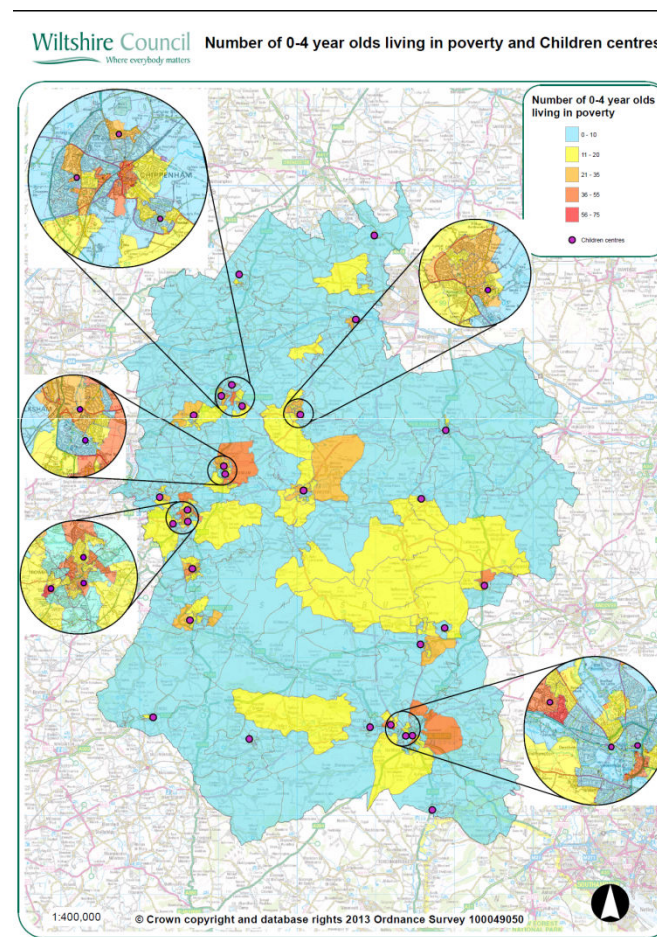
- **Significantly higher than Wiltshire average**
- Fuel poverty 9.5% (7.9%)
- % children in poverty who are aged 11-15 32.4% (22.6%)

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



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

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 Smokefree Play Parks locally

Stopping smoking in playgrounds will:

- 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
- reduced the risk of fire
- offer the potential for increased use of parks and recreation areas



Childhood obesity

Obesity is more common among people from more deprived areas

9.1% of Wiltshire Reception pupils measured were found to be obese (England 9.5%). 16.3% of Wiltshire Year 6 pupils were found to be 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.

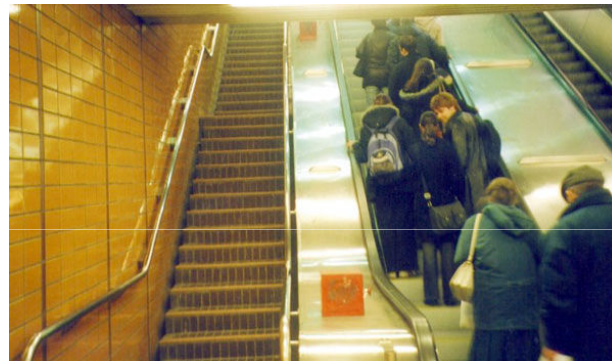
Promote SHINE (Self-Help, Independence, Nutrition and Exercise)
Wiltshire is a 10 week healthy lifestyles programme for children above a healthy weight aged 7-11 years and their family to enable them to make changes to lead a healthier lifestyle.

Promote Healthy Schools approach

Analysis of local child poverty profiles

Community area	Obesity profile
Amesbury	Average but increase from R to Y6 is higher than average
Bradford on Avon *	One of lowest increase from R to Y6 in county with below average levels of obesity in Y6
Calne	Higher than average in R and Y6
Chippenham	Average but increase by Y6 above Wiltshire average
Corsham	Lower at both than Wiltshire average
Devizes	Average but increase from R to Y6 is higher than Wiltshire average
Malmesbury*	Lower at both and increase by Y6 lower than Wiltshire average with one of lowest increases from R to Y6
Marlborough	Lower at both
Melksham	Higher at both
Mere	Higher at both
Pewsey	Lower at both but increase by Year 6 higher than Wiltshire average
RWB and Cricklade	Lower at both but increase by Year 6 higher than Wiltshire average
Salisbury	Lower at both but increase by Year 6 higher than Wiltshire average
Southern Wiltshire	Average at both as is the increase
Tidworth	Higher at R but average by Y6
Tisbury *	R average but by Y6 significantly below average. One of lowest increases from R to Year 6
Trowbridge	Average at both but increase by Y6 higher than Wiltshire average
Warminster	Average at both but increase by Y6 higher than Wiltshire average
Westbury	Higher than average at R but by Y6 average
Wilton	Average at both but increase by Y6 higher than Wiltshire average

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.





Thank-you for listening