

## **Rotherham Child Poverty Needs Assessment**

### **1. Introduction**

Childhood experiences lay the foundations for later life. Growing up in poverty can damage physical, cognitive, social and emotional development, which are all determinants of outcomes in adult life. While some children who grow up in low income households will go on to achieve their full potential, many others will not. Tackling child poverty will help improve children's lives and enhance their life chances; enabling them to make the most of their talents, achieve their full potential in life and pass on the benefits to their own children.

Child poverty means growing up in a household with low income. This results in a standard of living that is well below the average and which most people would consider unacceptable today. Income poverty and material deprivation is therefore at the heart of tackling child poverty, however this is just the core of a series of complex issues and outcomes which harm children's development.

Research shows that children who grow up in poverty have a greater risk of having poor health, being exposed to crime and failing to reach their full potential. As a result their education may suffer, making it difficult to get the qualifications they need to move onto well-paid employment. This limits their ability to earn enough money to support their own families in later life, creating the on-going cycle of poverty. However, poverty is not solely related to income; poverty of ambition and aspiration is also a key factor determining a child's life chances.

This is an assessment of the children living in poverty in Rotherham; what the effects are and how these affect their chances throughout their life, which create the barriers to breaking the poverty cycle. This assessment will be updated annually and will inform the development of a local Child Poverty Strategy which brings together all organisations in Rotherham to put in place actions to tackle the issues locally.

#### **1.1. Why Do We Need a Child Poverty Needs Assessment and Strategy?**

The Child Poverty Bill was introduced to the House of Commons on 11 June 2009 and obtained royal assent in March 2010 and is jointly sponsored by the Department for Children, Schools and Families, the Department for Work and Pensions, and Her Majesty's Treasury.

The Act places a duty on all local authorities to produce a local assessment of need, which will then be used to develop a local strategy, bringing together all key partners and local organisations to contribute to the Government target of eradicating child poverty by 2020.

The Child Poverty Needs Assessment table attempts to present the broad ranging factors and their interrelationship with poverty, to show an overall picture for Rotherham and the issues which need to be considered. Addressing child poverty cannot be done in isolation; poverty and deprivation can only be reduced if we bring everyone together and understand that it is 'everybody's business'. This assessment will then inform the development of local strategy; outlining the key priorities for the borough and putting into place appropriate actions to deliver on these.

The needs assessment and strategy will be updated periodically to ensure they represent the changing environment and good work which is being delivered.

## 2. Rotherham Demographics

Rotherham has a population of 253,900 and the most recent population estimates (2009) show there were approximately 62,540 children and young people (aged 0-19) living in the Borough representing 25% of the Borough's total population.

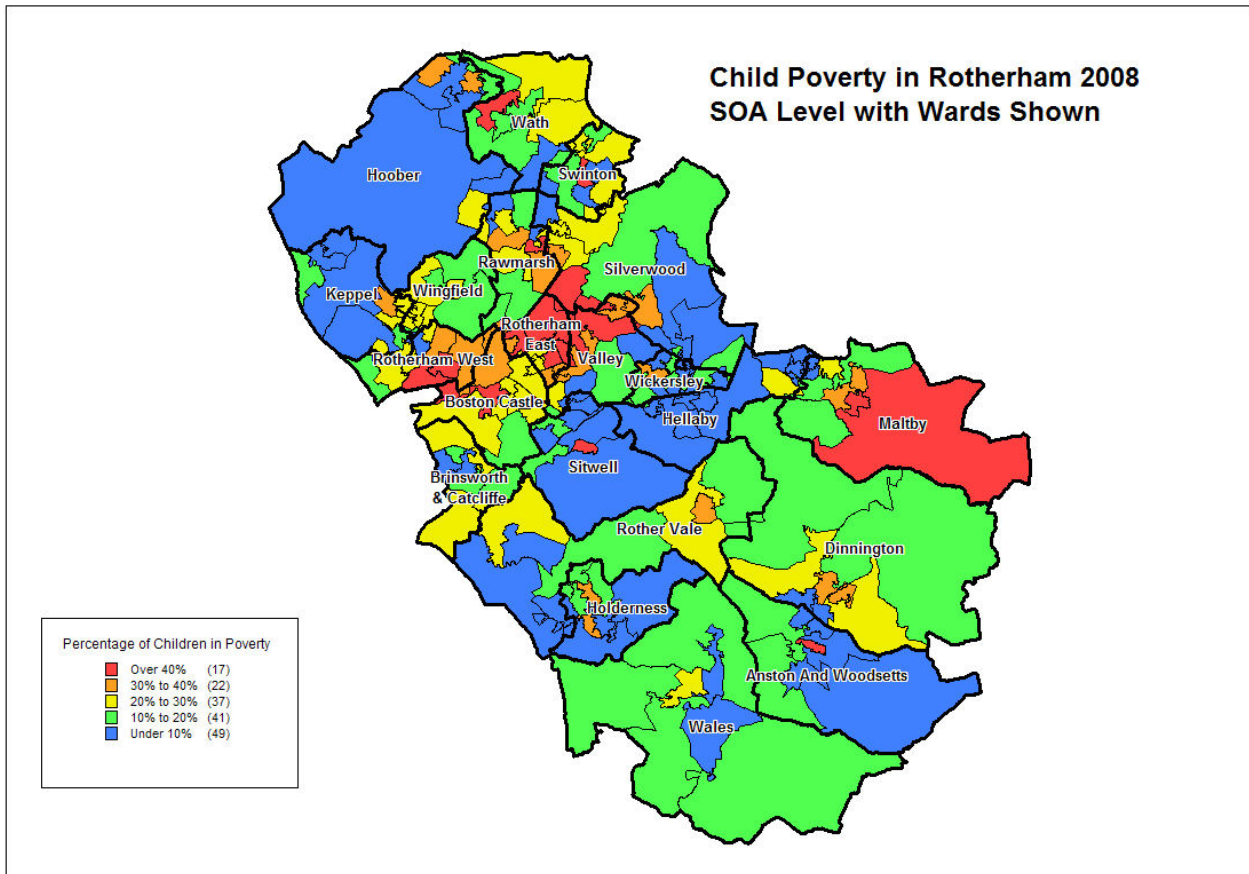
There are seven Area Assemblies across the borough with an average population of 36,300. Rotherham's Area Assemblies are geographical groupings of three wards, used as the basis for local partnerships made up of councillors, residents and other relevant organisations, including NHS Rotherham and South Yorkshire Police. There are 21 wards, each with an average population of around 12,000.

There are approximately 110,000 households in Rotherham (2009), 32% of which have children. Lone parents with dependent children make up 6.8% of all households which is slightly above the national average of 6.5%.

According to the Index of Multiple Deprivation (IMD) 2007, Rotherham is currently 68th most deprived Borough out of 354 English districts. Rotherham's IMD rank has improved from 48<sup>th</sup> in 2000, to 63<sup>rd</sup> in 2004 and 68<sup>th</sup> in 2007. Although Rotherham has clearly moved in the right direction towards lower levels of deprivation, the recent recession has had a major impact on many of the factors which affect families living in poverty, suggesting therefore that greater work is needed to tackle these issues.

31,000 or 12% of the Rotherham population live in the 10% most deprived areas nationally. Although the overall trend is improving there has been no improvement in the 10% of areas suffering greatest levels of deprivation. The key drivers of deprivation in Rotherham are: Employment (51<sup>st</sup> most deprived), Health and Disability (42<sup>nd</sup> most deprived) and Education and Skills (30<sup>th</sup> most deprived). Rotherham has average or low levels of deprivation in other domains such as Living Environment (147<sup>th</sup> most deprived), barriers to Housing and Services (285<sup>th</sup> most deprived) and Crime (136<sup>th</sup> most deprived).

The distribution of child poverty is concentrated in central Rotherham in a belt running from Meadowbank to Thrybergh. There are also a number of pockets elsewhere including parts of Maltby, Wath, Swinton, Whiston and Anston. Some small pockets are in semi-rural or suburban locations surrounded by areas of very low child poverty which are evident in the south central and south of the borough, as well as the north west around Thorpe Hesley and Wentworth.

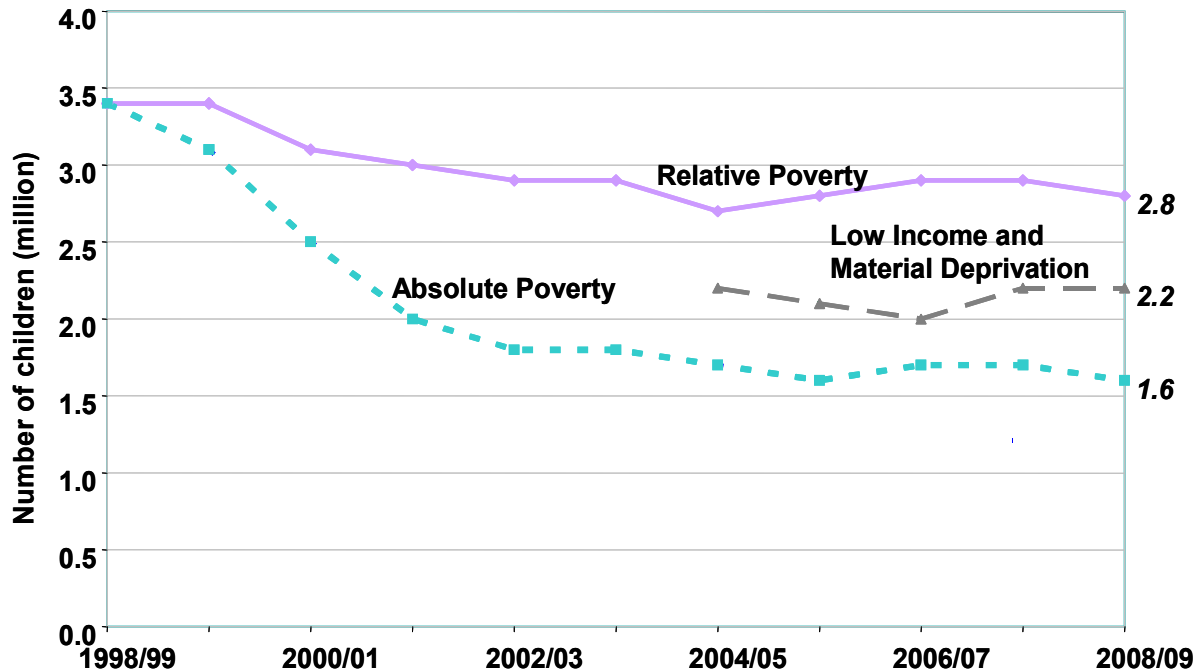


### 3. Measuring Child Poverty

#### 3.1 Nationally

Child poverty in the UK is measured by the Government using 3 indicators:

- *Absolute* low income – this measures whether the poorest families are seeing their income rise in real terms. The level is fixed as equal to the relative low-income threshold for the baseline year of 1998-99 expressed in today’s prices;
- *Relative* low income – this measures whether the poorest families are keeping pace with the growth of incomes in the economy as a whole. This indicator measures the number of children living in households below 60 percent of contemporary median equivalised household income;
- *Material* deprivation and low income combined – this indicator provides a wider measure of people’s living standards. This measures the number of children living in households that are both materially deprived and have an income below 70 percent of contemporary median equivalised household income.



**Relative poverty:** 2.8 million children, a **decrease** of 100,000 since 2007/08

**Absolute poverty:** 1.6 million children, a **decrease** of 100,000 since 2007/08

**Low income and material deprivation:** 2.2 million children, **no change** since 2007/08

### 3.2 Locally

For the purposes of measuring child poverty locally, children are said to be living in poverty if their household's income is less than 60% of the national median income (*Relative*). The local indicator for reporting this data is NI 116 - the proportion of children living in poverty (from the national indicator set). NI 116 shows children in poverty within local authority and Super Output Areas (SOAs). SOAs are geographical areas used for the collection and publication of small area statistics (there are 166 in Rotherham with an average population of 1,530).

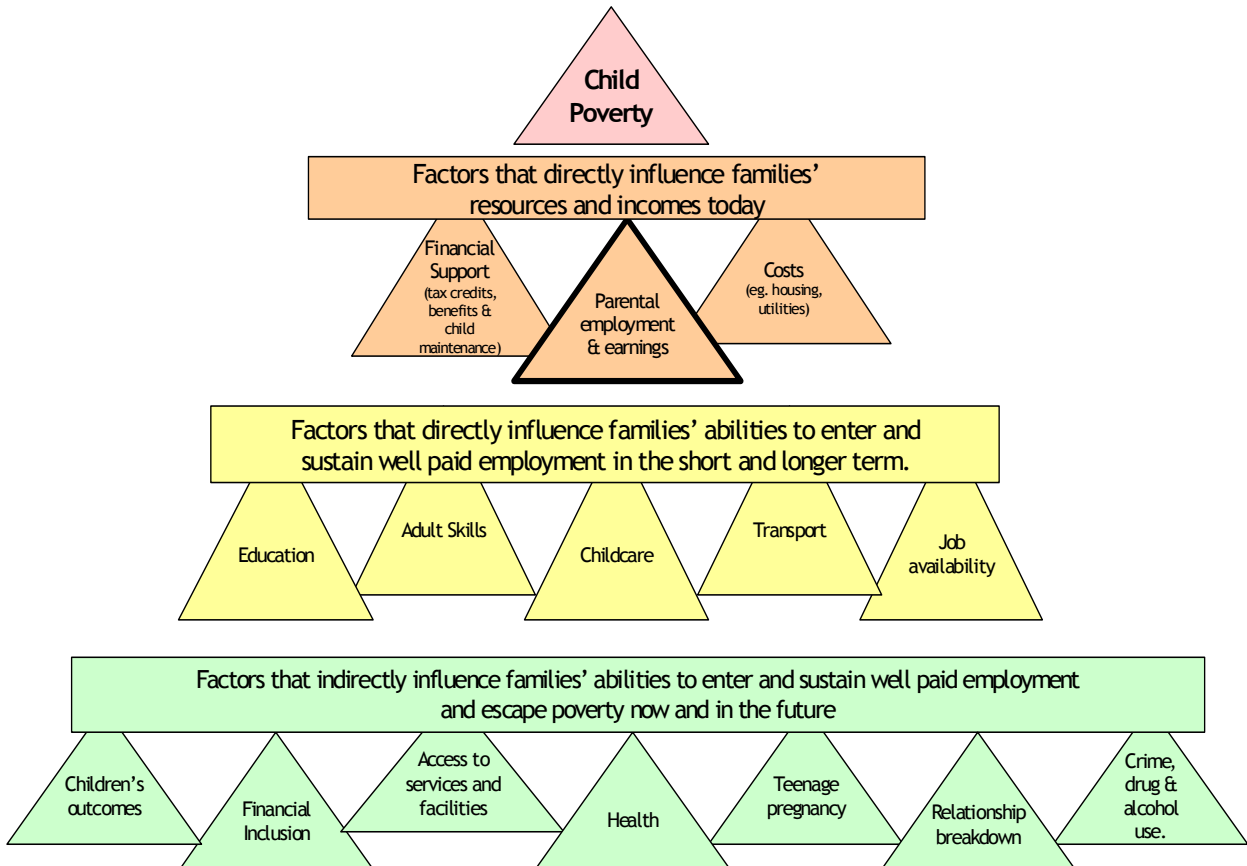
NI 116 is measured by the proportion of children living in families in receipt of out of work (means-tested) benefits or in receipt of tax credits where their reported income is less than 6% of median income. Benefits include:

- *Income support (IS)*
- *Jobseekers Allowance (JSA)*
- *Working Tax Credit (WTC)*

However, there are a number of issues with NI 116 data, such as incomplete information for the IS/JSA claimants and that tax credits are assessed on taxable income, which does not include non-taxable benefits administered by local authorities such as housing benefit and council tax benefit. Benefit take up is also an issue, as not everyone who is entitled to takes up tax credits due to lack of awareness or other barriers; these families will therefore not appear in the statistics. Eligibility for free school meals is also a recognised proxy measure for children living in poverty. Also, indicators which solely relate to income and benefits do not represent a true picture of the standard of living of these children; therefore other indicators are looked at to create an overall picture of child poverty in Rotherham. This includes a 'basket' of indicators from the national indicator set which most closely reflect the drivers of child poverty. Other local knowledge is also used; including the Child Well-being Index which includes measures such as health, crime, quality of environment and education.

**Diagram 1. Child Poverty Pyramid:**

The pyramid diagram below represents an understanding of the factors that impact on child poverty. To be effective local strategies will have to focus attention on the factors which have largest and most direct impact on child poverty.



Using the pyramid a number of indicators within the National Indicator Set have been identified to make up the child poverty basket. The basket of indicators (taken from the current National Indicator Set) takes those indicators which most closely reflect the drivers of child poverty that can be influenced by the local authority and its partners. By exploring the basket of indicators local authorities will be better able to:

- Explore the links between other areas of responsibility and child poverty
- Understand the drivers for child poverty in their areas
- Think about how they can drive reductions in child poverty in their areas
- Target and prioritise resources and services

The Government strategy for ending child poverty is divided into 4 'building blocks' which the basket of indicators fit into:

- Financial Support
- Parental Employment and Skills
- Life Chances
- Place

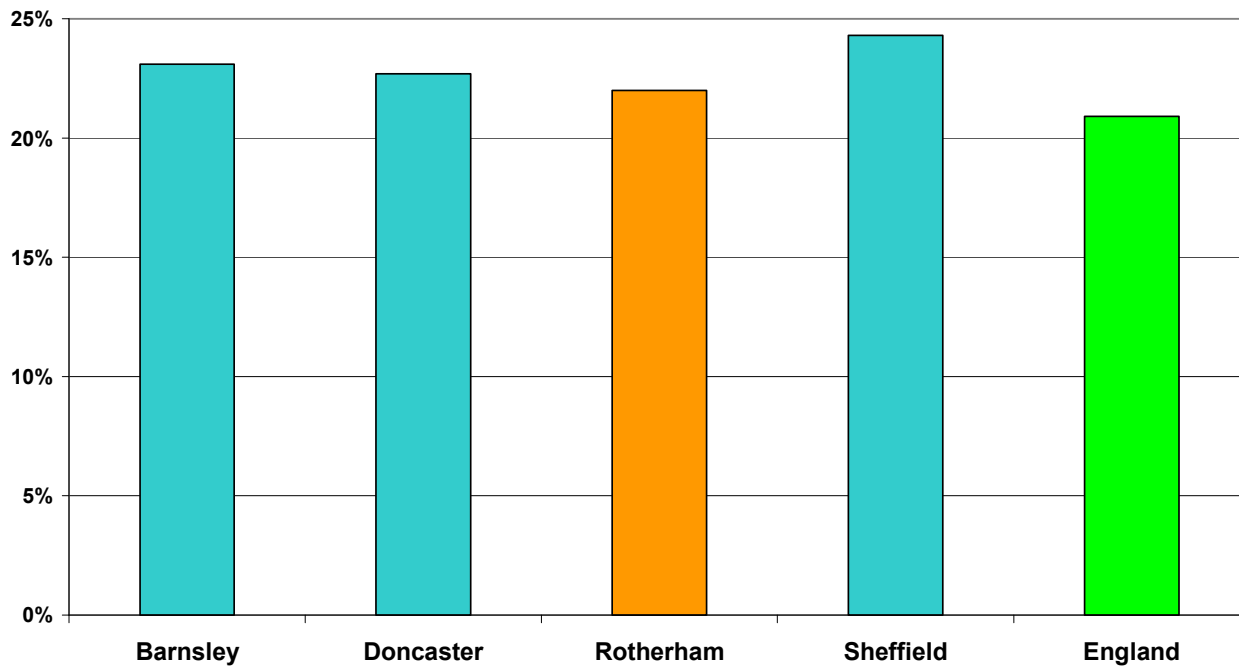
These building blocks and the basket of indicators will be used, alongside other local measures, to monitor performance in these key areas for the Rotherham Child Poverty Strategy.

(Appendix A shows the basket of indicators and current performance)

#### 4. Child Poverty in Rotherham

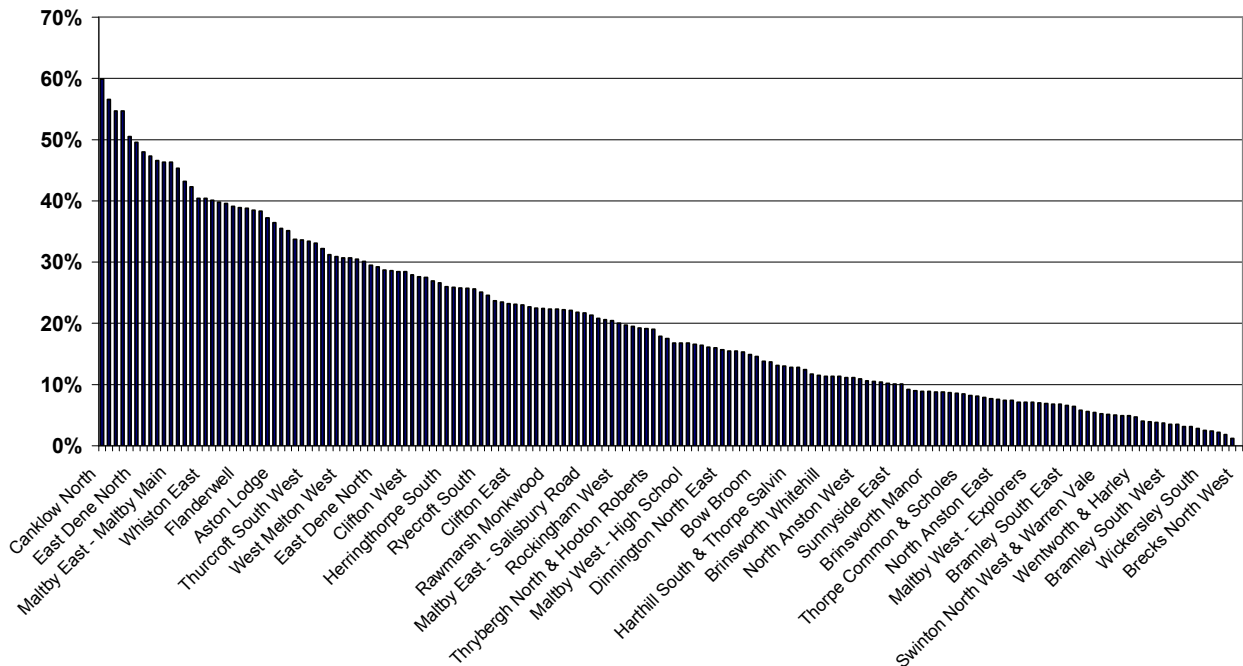
The overall proportion of children living in poverty in Rotherham (for 2008) was 22% (12,745 children) a slight decrease from 22.7% (13,080 children) in 2007. This figure is above that of the region and nationally but is slightly below other South Yorkshire districts.

**Percentage of Children in Poverty 2008**



The variation of child poverty between districts is relatively low but there are vast differences at the neighbourhood level. Child poverty in Rotherham Super Output Areas (SOAs) ranges from 0% to 60% in some areas. The SOAs with the highest numbers of children in poverty have tended to see the greatest increase between the 2007 and 2008 data.

### Child Poverty by SOA 2008



The highest proportion of children living in poverty are aged 0-4 (25%), which is slightly more than data for 2007, suggesting more children being born into families with low incomes. Of the 12,745 children living in poverty, 64% of these are headed by a lone parent.

Of the children living in poverty in a household headed by a couple 33% are in receipt of working tax credits and child tax credits (with median below 60%), this compares to only 4% of lone parent households in receipt of these benefits. The majority of lone parent households are in receipt of either income support or job seekers allowance, suggesting it is lone parent households who are out of work where the biggest problem is in relation to child poverty in Rotherham.

However, this data is limited to families and their level of income. The factors affecting poverty and outcomes which are as a result of living in poverty are complex and multi-faceted; they often overlap to create a cycle of poverty which families find difficult to move themselves out of. The Needs Assessment table (Item 8) outlines the complex factors which are both directly and indirectly associated with child poverty; showing how they are linked to poverty and how families in Rotherham are specifically affected by them.

#### 5. Rotherham's 500 Babies

As a hypothetical way to demonstrate the inequalities and life chances of children in the Borough, a concept was developed which looked at 500 babies born in Rotherham and their chances throughout various stages in their life. For the purpose of this exercise, it was as if each baby experienced no change in circumstances throughout the course of their life.

Out of the 500 babies, 317 were born in the ten most deprived SOAs, and 183 were born in the ten least deprived areas. The higher number of babies in the most deprived areas represents statistics that show a higher percentage of children live in the more deprived areas.

<b>Most Deprived</b>	<b>Least Deprived</b>
East Herringtonthorpe	Kiveton Park / Harthill
Canklow	Wickersley South
Thrybergh South	Stag East
Springwell Gardens	Anston East
Ferham	Stag North
East Dene East	South Anson East
Masbrough	Stag South
East Maltby – Maltby Main	Anston South
Town Centre	Dinnington South West
East Herringtonthorpe South	Swallownest South

The table below shows the difference in life chances for the babies in each group, and illustrates the considerably greater disadvantage experienced through life, simply by being born in one these deprived areas.

<b>Of the 500 babies</b>	<b>183 live in the least deprived areas</b>	<b>317 live in the most deprived areas</b>
Are boys	93 (51%)	161 (51%)
Are girls	90 (49%)	156 (49%)
Are minority ethnic	10 (5%)	105 (33%)
Live in Christian families	144 (79%)	198 (62%)
Live in Muslim families	5 (3%)	72 (23%)
Are disabled	5 (3%)	15 (5%)
Live in a council house	1 (0.5%)	122 (38%)
Grow up in a lone parent family on income support	5 (3%)	77 (24%)
Will be classed as a 'child in need'	2 (1%)	20 (6%)
Will grow up in a workless or very low waged household	10 (5%)	178 (56%)
Are eligible for free school meals	7 (4%)	138 (44%)
Gain at least 5 GCSEs A-C (including English and Maths)	113 (62%)	75 (24%)
Stay on at school or college after 16	152 (83%)	159 (50%)
Become NEETs (not in education, employment or training)	4 (2%)	34 (11%)
Live in a household where the highest qualification is NVQ 4/5 or degree	33 (18%)	23 (7%)
Become a professional or manager	31 (17%)	16 (5%)
Live in a household with income over £30k	93 (51%)	79 (25%)
Claim housing/council tax benefit	15 (8%)	159 (50%)
Qualify for a means tested DWP benefit	9 (5%)	143 (45%)
Become pregnant before 18	3 (1.6%)	11 (3.5%)
Experience low birth weight or still birth	13 (7%)	33 (10%)
Can expect to live until age (males)	80.8	72.4
Can expect to live until age (females)	87.2	78.1
Will experience (annually):		
Violent crime	1 (0.5%)	15 (4.7%)
Deliberate fire	1 (0.5%)	5 (1.6%)
Anti-social behaviour	4 (2%)	38 (12%)



## **6. Links to Other Local Assessments and Strategies**

The Child Poverty Strategy will become the main delivery plan for tackling poverty in Rotherham. However, work on this agenda could not be done effectively in isolation and therefore links are important between other assessments and key strategies, which will be used to help inform specific areas of the child poverty needs assessment, as well as support in the delivery of the range of actions required to tackle child poverty.

### **6.1. Community Strategy 2005-2011**

Rotherham's Community Strategy is the shared vision of the Local Strategic Partnership (LSP), based on local circumstances and need.

By bringing all these partners together, the community strategy is able to affect all the key indicators of child poverty and will therefore be an important delivery mechanism for tackling the issues in Rotherham. All local authorities have a duty to embed child poverty and the related indicators within their refreshed strategies, which for Rotherham will be published in 2011.

### **6.2. Children and Young People's Plan**

The Rotherham CYP Plan is a strategic overarching single plan for all the services delivered to Rotherham's children and young people. The intention of the plan is to show how all the partners who make up the Children's Trust are working together to provide services that will improve children's lives.

The plan identifies four big things that will guide activity:

- **Keeping Children & Young People Safe**  
Integral to the activity of all partners; specific arrangements put in place to keep the most vulnerable safe from harm.
- **Prevention and Early Intervention**  
A new focus to help target activity effectively; underpinned by the prevention and early intervention strategy.
- **Tackling Inequality**  
The work will help narrow the gap between the life experience of the least deprived and most deprived families in Rotherham.
- **Transforming Rotherham Learning**  
A delivery vehicle that will support in achieving the vision by developing multi-agency learning communities with child-focused integrated teams.

The CYP Plan includes 6 action plans; one for each of the Every Child Matters outcomes. The actions within these are linked to the 4 'big things' above, representing a clear picture of what the partners of the Children and Young People's Trust Board are doing to do to make an impact on the lives of children and young people across the borough. The child poverty strategy will support the CYP Plan by tackling the issues which result in poor life-chances and inequalities for children.

### **6.3. Rotherham Economic Assessment and Plan**

The Rotherham Economic Assessment 2010 links very closely to the child poverty agenda and is a crucial document in the analysis of the key economic factors which relate to poverty, including: employment, earnings, skills and take up of benefits, which all play a direct role in families' incomes, available resources and their ability to move themselves out of poverty.

The Economic Plan will be the key delivery mechanism for tackling issues relating to employment and income, which will be integral to reducing child poverty.

## 6.4 Rotherham Financial Inclusion Strategy

The Rotherham Financial Inclusion Strategy aims to coordinate existing and develop new initiatives and local services to tackle the effects of financial exclusion. Financial exclusion can have major impacts on families who are living on low incomes, therefore actions to promote inclusion and help families access the support they need is a crucial element of tackling child poverty.

The strategy is developed by the financial inclusion team based within Voluntary Action Rotherham (VAR), and will be a key player in the development and implementation of the child poverty strategy.

## 7. What Are We Doing

### 7.1 Child Poverty Conference

On 1 March 2010, Rotherham held a child poverty conference which brought together a range of people from across the LSP with a shared interest in tackling poverty in the borough. The conference was the start of the process of developing a local needs assessment and strategy.

The conference allowed colleagues from all organisations in Rotherham to share their experiences and knowledge of the issues and discuss what they believed the key priorities were for the borough. Workshops were focused around the main factors affecting poverty, what the priorities should be and current good practice, for each of the four building blocks, described previously. A summary of the key factors are outlined below:

	Factors Affecting Poverty
Financial support	<ul style="list-style-type: none"> <li>• Poor financial management</li> <li>• Lack of awareness</li> <li>• High interest loans</li> <li>• Expensive credit</li> <li>• Benefit dependency trap</li> <li>• Benefit system works against stable partnerships and families</li> <li>• Breakfast and holiday clubs are well established but rely on voluntary input</li> <li>• Cost of child care</li> <li>• Lack of funding for educational activities</li> </ul>
Employment & Skills	<ul style="list-style-type: none"> <li>• Lack of aspiration</li> <li>• Worklessness</li> <li>• Poor soft skills</li> <li>• Lack of positive role models</li> <li>• Low paid jobs</li> <li>• Lack of work skills</li> <li>• Long term sickness</li> <li>• Lone parents</li> <li>• Career advice and interview skills</li> <li>• Low self-esteem and confidence</li> <li>• Intergenerational poverty</li> </ul>
Life chances	<ul style="list-style-type: none"> <li>• family for their child</li> <li>• Poor health</li> <li>• Improving children's aspiration</li> <li>• Positive role models in communities</li> <li>• Children unable to attend day trips</li> <li>• Teenage pregnancy</li> </ul>

	<ul style="list-style-type: none"> <li>• Bullying</li> <li>• Child protection</li> <li>• Breakdown of families – extended families</li> </ul> <p>Child development – limited language skills</p>
Place	<ul style="list-style-type: none"> <li>• Private, poor quality housing</li> <li>• Lack of social housing</li> <li>• Crime/safety issues</li> <li>• Transport issues</li> <li>• poor living conditions</li> <li>• Private landlords and migrants</li> <li>• Thresholds of 'good enough' living conditions varies between agencies</li> <li>• Ghetto's – families 'dumped' into areas</li> </ul>

Based on the factors affecting poverty, conference delegates came up with a list of priorities for tackling the key issues in Rotherham, the most common priorities included:

- A clear definition of child poverty encompassing all agencies
- Robust – up to date data needed
- Support for parenting – early years and parent support
- Acceptable housing
- Financial advice – including benefit take-up/credit unions
- Skilling people up for employment
- Ensuring jobs available for people once they have skills
- Transforming Rotherham learning – using schools to engage with families
- Family Intervention projects – bespoke to individual families

These issues and priorities will be drawn upon to develop the local strategy, ensuring it is based on well established local knowledge.

### 7.3 Developing the Child Poverty Strategy

The next step in the process is to develop a local strategy, based on the findings of the needs assessment, as well as the local knowledge of those working in communities and local families experiencing these complex issues.

The draft strategy will be developed by January 2011, when it will go out for a period of consultation with all stakeholders (through the LSP) and local residents.

The final Rotherham strategy will be published April 2011.

However, it is important to appreciate that work to tackle the broad issues relating to child poverty is already on-going across the borough, and significant progress has been made. These key achievements are outlined within aspects of the needs assessment, with more detailed accounts of specific projects can be seen below, along with case studies from individuals involved in the projects.

## 7.2 Good Practice and Case Studies

### Rotherham Local Ambition Programme

It is evident that despite investment, renewal and regeneration across the borough in recent years, there remains a small and highly concentrated number of neighbourhoods which have not shown improvements at the same rate as other neighbourhoods. There is also evidence to suggest that the downturn in the economy has hit these neighbourhoods the hardest. Local Ambition is designed to target those neighbourhoods most at need through a targeted and intensive neighbourhood management approach.

Rotherham piloted an Intensive Neighbourhood Management (INM) pilot in 2007-2008 and was also a pilot authority as part of the National Neighbourhood Management Pathfinder. Learning from these pilots supported the need for a more targeted and intensive approach in our most deprived and vulnerable neighbourhoods.

At the beginning of 2009, a new Neighbourhood Transformation Service was established within the Neighbourhoods Directorate of the Council. A review of neighbourhoods (SOA level) took place in the spring of 2009 to identify those neighbourhoods at 'tipping point' that would benefit from an INM approach. Three neighbourhoods were identified that would benefit from the approach:

- Ferham
- Canklow
- East Herringthorpe

The review identified a number of key characteristics in the three neighbourhoods, including the deprivation gap was widening and showing a negative direction of travel, the economic shock had been felt the hardest, there were disproportionately high levels of NEETs and low levels of skills and employment, very low levels of child well being, high crime and anti-social behaviour and a number of persistent and entrenched social barriers existed. However the review also highlighted a number of distinct and striking differences which supported the need for a much more tailored and targeted approach.

#### What will Local Ambition achieve?

The core programme outputs are to increase volunteering and assist people into work and self-employment, although the project is also focused on tackling the wider complex local issues which contribute to quality of life. A number of projects/initiatives have been/ or planned to be delivered which specifically relate to tackling child poverty and the factors associated with it, including:

- Piloting **Job Centre Plus drop in sessions** in all 3 areas offering work focused services through enhanced job searches, advice on training/volunteering.
- **NEETs and school leavers events** to promote different options for young people
- **'Raising Ambition in Ferham'** event in July 2010 at Rotherham North's Sports Festival
- **Working with RUFC** to deliver targeted activity with newly arrived families (Roma, Afghanistan, Czech Republic) as well as establishing a football team in East Herringthorpe
- **Working with C&YPS to promote existing youth provision**
- **Addressing road safety/parking concerns** around schools
- **Total Place Focus Groups** with local out of work residents to identify barriers to employment
- Developing a **homework club** for young people
- **Assessing 0-5 childcare provision** including **promoting childminding** as an employment opportunity.
- **Promoting existing adult learning opportunities** and supporting parents to take up opportunities.
- Working with 2010 to **explore more robust tenancy management** and the support given to vulnerable families who are moved into the area.
- **Promote existing sports provision** as take up is very low
- Developing **Junior Warden Schemes** to get young people volunteering in their neighbourhood.
- Working with Green spaces and Rotherham wardens to make **existing play areas safer and more**

**accessible** for children.

- **'Opportunity Knocks'** event scheduled to take place in December to bring work focused advice, information and guidance to local people.
- **Projects to support local people to get more involved In their communities and look at how services can be delivered more effectively**
- **Promoting Sexual Health** to young people
- Working with Homestart, childrens centre and youth service to establish **a group for young dads.**
- Working with the drug and alcohol team to **support work focused on street drinking.**

To date, the project has:

- **assisted 56 people to get a job** (6 people have secured paid employment as a result and 1 person has secured training).
- **delivered 15 neighbourhood events**
- worked with **1 person to consider self employment as a career option**
- enabled **73 people to get involved in volunteering.**
- signposted **52 people** to services

### Ministry of Food

The Jamie Oliver Ministry of Food (MoF) and Pass It On concept were launched in Rotherham in April 2008. The MoF centre, which has been the central focus of all the activity associated with the project, subsequently opened in June 2008.

Since the launch, the centre has delivered a wide range of activities through partnership working and establishing links across a range of different agendas.

The primary purpose of the project, delivered through a series of 10 week courses, was to help facilitate behavioural change concerning attitude to food and dietary health. The project identified 3 key groups to target specifically (although no group was excluded if they wished to undertake classes):

- People and families (particularly with young children) on low incomes
- Carers
- 16-18 year olds (students)

The case studies below show a number of young people classed as NEETs:

David - 19 years old

David is doing the Prince's trust award and is with the MoF for his 2 week placement. He has also been to the MoF previously, taking part in the 10 week course. On the back of this he is now cooking using fresh ingredients and his diet has improved dramatically. He has decided that from his experience in the MoF that he would now like to pursue a career in catering, and work towards a qualification.

Marc - 21 years old

Marc was also NEET's he had been unemployed for 12 months. He went to the MoF on the Future Jobs Fund programme and has been with them for 15 weeks. He has said he has loved the placement and cannot put into words how much he has enjoyed the experience and he has said the amount of skills he has learnt during the past 15 weeks has been invaluable. Marc is now going to pursue a career in catering and is positive his time at the MoF will ensure his future in the industry. Marc is working towards his NVQ level 2 which has been provided through the MOF

Daniel - 23 years old

Daniel was NEET's and was unemployed for 7 months. He also went to the MoF on the Future Jobs Fund programme and has been with them for 15 weeks. Danny wanted to get into catering before but struggled to

get into college. He has now gained valuable skills and experience within the MOF and has said his confidence has increased and he now feels that he has met and exceeded the personal goals he set himself. Daniel is also working towards his NVQ level 2 and also wants to pursue a career in catering with his ultimate goal to own his own kitchen.

Rebecca - 21 years old

Rebecca has been with the MoF for 6 weeks and was also NEETs she is now with them on a 1 year apprenticeship and is working towards NVQ Level 2 in Catering. She is hoping to become a full time chef after her placement and is positive her qualifications and experience here will help her achieve this.

### **Inspire Rotherham**

Research has shown that patterns of low educational achievement and literacy closely follow high levels of deprivation. The Inspire Rotherham project will initially focus on raising the Key Stage Two achievement of pupils living within the 10% most deprived SOAs in Rotherham. These SOAs are detailed below:

East Herringthorpe North, Canklow North, Thrybergh South, Eastwood East, Masbrough West, East Dene East, Masbrough East, Maltby East - Maltby Main, Town Centre, East Herringthorpe South, Eastwood Central, Rawmarsh North East, East Dene North East, Eastwood Village, Meadowbank, Dinnington Central.

As part of the ongoing 'Inspire Rotherham' project a data booklet has been produced to provide a clear and in depth view on the curriculum of literacy, written and oral skills of children up to the age of 11 years old. This incorporates the Early Years Foundation Stage, Key Stage 1 and Key Stage 2 attainment outcomes and results for the borough. The booklet shows how, as an authority, Rotherham children are performing against all other areas nationally for 2008 and 2009. It provides an analysis on how each area of deprivation banding in Rotherham borough (from 10% most Deprived to 10% least Deprived) is performing in the subject areas of English for each Key Stage. In addition to this the data has also been broken down and analysed into vulnerable groups, which is a big part of the national strategy for the 'Narrowing the Gap' agenda. Previous research on this has demonstrated that pupils' background factors such as gender, entitlement to Free School Meals (FSM), stage of fluency in English, ethnicity and deprivation areas can effect their educational achievements.

The majority pupils (92.57%) living in the top 10% most deprived SOAs in Rotherham attend 25 primary schools across nine cluster groups. Inspire Rotherham will focus on raising the attainment of the 2011 Key Stage 2 cohort across language and literacy.

### **Claire's Story - Breast feeding peer supporter**

I gave birth to my little boy by emergency c section and after I woke my husband gave him to me. We cuddled, then after a while he found his way to my boob and latched on. He fed for about an hour and came off happy and satisfied.

For the first couple of days it remained like that. He would go for a long time between feeds (about 12 hours) but would feed well when he wanted it. During this time I remember a friend e mailing saying she found breastfeeding hard at first. I replied saying that it is going well, no problems.

Looking back I was very naïve. No close family or friends had recently had babies so I hadn't heard either the tips or the horror stories. I had never considered not breastfeeding – to me it seemed the normal, natural thing to do. My husband very much had the same opinion, of course baby would be breastfed, why would we do anything else?

I do remember though that when we were preparing for the arrival of our little boy (or "it" at the time) my husband suggested that we buy a couple of bottles "just in case". "Just in case what?" I asked, "We won't use

them it will be a waste of money” I replied. We didn’t really decide what the “just in case” was but we did buy the bottles, the reason being my husband said he would want to feed the baby sometimes. At the time I thought to myself there will be no way I will let him but I kept this to myself. We didn’t buy any formula though.

Back to my breast feeding story, and on day 3 or 4 of my son’s life it was then that things started to change. It seemed that every moment he was awake he wanted to be feeding – and each feed would take such a long time. He would drift off to sleep mid feed and it was difficult to tell where one feed ended and where the other began. My nipples were sore and cracked. I spent the next two weeks with the curtains drawn walking around topless. If I thought that was bad I was little prepared for day 20, what I know was his 3 week growth spurt. At least until then he had been sleeping between feeds. That day he was feeding all day long. My husband returned from work to find me exhausted and teary. He took our son for a walk to give me a break, but returned 15 minutes later with a screaming baby saying that I would have to feed him.

Thankfully that was over within a day but what continued was the pattern of feeding all evening, from around 7pm until after midnight each night he was on and off my boobs all the time. My husband found this particularly stressful, whereas I was at home and saw our son when he was content and even at times awake without feeding (it seemed a minor miracle at the time), my husband was at work all day and would return to find a fretful bay who was attached to me all evening.

We solved this when our son was 4 weeks old by me expressing milk at 7pm each night. I would feed him from each boob, then his daddy would give him a bottle (so we did need the “just in case bottles”. All of us loved this solution – our little boy was satisfied and would happily go to sleep, and both I and my husband appreciated the “daddy and bottle” time. Our son is now a year old and he still has story and singing time with daddy before bed.

By this time, when our son was 4 weeks old, we were over the main problems but it didn’t feel like it at the time. I worried about everything, was he feeding too much or not enough? How did I know when he was hungry or when he had finished? I worried excessively about his latch, was it correct? I spent hours scouring information on correct positioning and latch because I thought ours was incorrect. Was he having too much foremilk and not enough hindmilk? How could I tell when he had emptied a boob? (We were told by NHS to make sure he had emptied one boob before starting on the other). I could always squeeze a bit of milk out, so was I switching sides too early? For that matter should I do one boob per feed or two? How should I decide which one?

Expressing was difficult – how could I get enough for the bottle without spending all day pumping? Should I stop him falling asleep during feeds? If so how? Should I demand feed or get into a routine (I was finding it difficult to read his cues). How could I cope with the long night feeds without falling asleep myself. Why did he still want to feed all of the time? From when he was 4 weeks to 6 months I expressed milk at least once a day for the evening bottle and for a time for a dream feed. This was a task I didn’t like. We went through 3 pumps and long periods when I would express for ages to come out with a dribble of milk. But I was worried that if I dropped the 10pm pumping session, my supply would be affected as otherwise I went from 7pm to approx 3 am or later without him feeding. So I stuck to it. It was never enjoyable but I did at least get used to it and it wasn’t quite so much of a miserable task.

I remember having a revelation when our son was 6 weeks old. Not all crying is hunger!!! Looking back it seemed obvious but I didn’t know it at the time. When he cried I went through my check list: hungry, wind, nappy, tired etc. Hunger was the first thing on the list so it was what I tried first when he cried (I have since discovered dummies), so a feed would always make him happy. It wasn’t necessarily what he wanted though. Realising this meant he went from feeding all day long to feeding approximately 3 hourly – a massive improvement.

I spent a lot of time searching for help and although there were various specific problems that I had, it was

more a general feeling that it wasn't going well or it wasn't going right. I asked my health visitor, the local Surestart, travelled 20 minutes by car to a breast feeding support group, only to discover when I arrived ceased running several months previously. I left messages with the community breastfeeding midwife and at the hospital which were never returned. One day when I hadn't been able to express enough for the evening bottle (each day was a struggle to get enough) I phoned a national breastfeeding helpline to say I was going to have to supplement with a couple of ounces of formula mixed into the bottle – was there anything I needed to know? The woman, rather severely, told me that I shouldn't need a bottle at night – “your latch is probably incorrect” (I know but I can't find anyone to help me!!!), and you will give him allergies from formula.

Eventually though, when he was 8 weeks old I found the breastfeeding support group at Dinnington. By this time we were in reality, getting on OK although it still didn't feel like it and I was still worrying about various things. I went to the group expecting to ask all my questions and get the answers. Instead, I was somehow reassured by knowing that help was there if I needed it. I didn't ask anything and went away feeling much happier. At 9 weeks of age, my son fairly suddenly; went from 45 minute feeds to 10 minute feeds. Not only were the feeds shorter but somehow clicked for both of us. From then onwards breastfeeding was great.

By the time he was 3 months old I loved breastfeeding. I loved the convenience – no sterilising or preparing bottles. I loved not spending my money buying formula. I loved the excuse to eat extra biscuits and still lose my baby weight fairly quickly. I loved how I didn't have to think about feeding my son when we were out, packing bottles for either planned or unplanned feeds (eg he was hungry or we were delayed). I loved the feeling that I was providing for him and giving him the most natural thing (human milk for human babies) I loved how healthy he was and the knowledge that I was passing on antibodies in my milk. I loved the feeling of satisfaction that I had persevered through the bad times and now it was the easiest thing in the world. There have been issues I have needed to solve since then: he enjoyed guzzling several times a night, the phase of extreme distractibility, the phase of biting (luckily before teeth), The returning to work and having uncomfortable full boobs. Overall though, it has been pretty much idyllic from 3 months onwards. The only issue for me is that we are thinking about trying for another baby within the next few months but breastfeeding has meant my periods haven't returned. I am starting to cut down feeds in the hope that they return and I am just hoping that I don't have to stop fully as both myself and my 12 month old son love it.

**Claire continues to attend two breast feeding support groups and has since trained as a breast feeding peer supporter. She feels that she is giving something back to a group which helped herself to understand that she was not alone with her concerns.**

### **Case Study – Sure Start Central**

#### **Language and Communication Development**

Child A is currently 30 months old. He is under the care of local authority, and attends a nursery setting five days a week, from nine in the morning until five in the evening. He started last year when he was 17 months old. Because of his previous childhood experiences, he has got global development delay.

When he started attending the setting he wasn't walking; his personal, emotional and social skills were that of a baby and he didn't communicate with adults or children at all. There was no display of emotions, either through facial expressions or body language. He was a very reserved child.

Now his speech, language and communication development is that of 'innovative communicator' achieved by children by 24 months. He is regularly assessed by speech and language therapist and health visitor.

When he was seventeen months old, his PLOD (possible lines of development) showed that he is interested in trains, as he used to go to train spotting with dad. He enjoyed transporting trains, cars and mark making. Now, we have built up on his interest (**what**) and he still enjoys playing with trains, but along with transporting schema, he has got trajectory and horizontal schemas too. He has also explored and developed his mark



making skills and likes doing paintings with variety of resources, such as, dry paints, coloured chalk, crayons and pencils. He also, enjoys books quite a lot. He can turn pages by himself and likes to talk about pictures with adults. He has also made some good friendships and likes playing and running.

All this has been possible through hard work of his key person along with other staff members who have done one to one sessions with him. We build on his interest by initiating conversations while he is playing with trains, looking at books that had different other vehicles along with trains and constantly repeating words and adding a word at a time to his existing vocabulary. Also, we picked up on his interest for animals, and further enhanced his skills by playing animal sound tapes on listening station- identifying animal sounds, looking at books, communicating with him at his level and listening to him; giving time to him to respond.

He understands simple instructions and can focus on an activity of his choice. He has got good vocabulary, and can use up to 50 words. He has also started to put 2-3 words together, e.g., "that's mine". He has got a very good relationship with his key person and gets along well with other staff members too. His social skills are developing too, as he regularly engages in pretend play activities. He likes dressing up and playing in the home corner. He is very independent child and has got confidence and self esteem. He is also showing lots of interest in his environment, as he smiles, laughs, waves, points, runs, walks, enjoys stories and likes to sing songs and rhymes. His favourite is 'twinkle twinkle little star'. Thus, he has progressed in leaps and bounds in his communication skills.

#### **Case Study (Female aged 21, Baby aged 13 weeks)**

This young woman was placed in care at the age of 3 years and has been in and out of care until she was 17 years of age. She went back to mum at the age of 14 for a year and during this time was subject to a horrendous attack by her mother during which her mother set light to the house and the girl almost died. Her mum was diagnosed as a paranoid schizophrenic and sectioned under the Mental Health Act and is currently in a mental hospital. The girl is now residing at Fleming Gardens and has done since May 2010. Prior to living here she was in a women's refuge in Sheffield. She had been in two other refuges previously. She has a daughter who is 13 weeks. The baby is currently subject to a Child in Need plan and her mother is working towards getting her baby off this. The young woman wants the best for her child and does not want to put her through the life she had when she was growing up. She has used cannabis since the age of 14 years and has found it very hard to stop. She has debts due to non payment of rent arrears from the short time she was living in local authority housing.

#### **Action:**

The young woman resides at the Fleming Gardens Supported Housing Project and all residents and children residing at the project have a Common Assessment in order to plan the support that they receive. A CAF has also been completed for the baby daughter. Both CAF's were initiated on by a Fleming Gardens support worker who is also the Lead Worker. An elaborate action plan was composed along with the CAF which identified many actions for the young woman to work on.

#### **Outcome:**

A review was held in September 2010 which showed that the young woman has done really well since moving into Fleming Gardens and has managed to achieve 10 of her goals. These include reducing her debts. She has had a lot of problems with rent arrears and council tax arrears. This had taken several months to sort out by contacting the department of work and pensions, housing benefit and someone from the arrears department. She has had support with this and it is finally sorted out. She is now paying £5 a fortnight to the council, £3 a week to Council Tax out of her benefits and she owes Sheffield YWCA £36 which she has paid £20 off already. She states she is proud of how she now pays her bills because previously she used to just ignore them. She has managed to get all the correct benefits in place and has no concerns with what benefits she is entitled to. A form was completed for milk tokens and she now has these in place.

She now feels she is now managing her money well. A few weeks ago Sarah was out with her cousin when her cousin stole £40 out of her purse; therefore she had no money for a week. She did manage ok but struggled with her bills that week. She is doing fine with her bills, as said previously she did have a week where no bills were paid because she had no money. She will make sure all her bills are paid every fortnight.

**Family Cost Calculation: Potential saving for family of £36.955, 00**

### **Case Study – 2 Year Old Pilot (Child M)**

Family originally referred to me in January 2009 for support with boundaries and guidance.

Initially Mum did not want to engage with services, she felt that we were all nosey and that the support and help was not required, that she could cope with everyday life. However after seeing the home conditions and observing mums mental health it became clear that she required support now more than ever.

Mum regularly avoided pre arranged visits, appointments and telephone calls. On unsuccessful home visits the home would look empty and sometimes would look the same for weeks at a time i.e. food left out on plates, same toys left out in the same place etc.

Unfortunately Mum became part of a serious Child Protection case and Child M was placed in temporary foster care. With perseverance from Family Support, Mum began to engage with services and overtime we built up a good relationship.

Mum was continually encouraged to attend groups, which she eventually did and she also enrolled for a Literacy course that I was running. This increased her confidence and she made a new circle of friends, of which she still keeps in contact with.

Home conditions improved and over time Mum was allowed increased contact time with Child M, until she was finally allowed to take full care.

Mum agreed to the 2 year old pilot and engaged well with the services involved, and she eventually realised that we were there to help. Her confidence and self-esteem blossomed; she became a more independent person, who was able to care for her child in a loving and safe environment, with the support given by the agencies involved.

Overtime the agencies took a step back, allowing Mum to stand on her own two feet, which is what she did. She made her own enquiries at College and sorted out funding for childcare whilst she trained.

Mum had two interviews at college and spent a few days having inductions and meeting the rest of the learners. She has now started college on a 2 year course, and Child M is in childcare.

Mum turned her life around with the help and support of the appropriate agencies and is determined to make a better life for her and her child.

### **Case Study – 2 Year Old Pilot (Child L)**

I referred Child L for a place on the pilot for a number of reasons.

Prior to the child's birth mum was employed as a full time P.A for a large company, but due to the domestic violence she was subjected to after the birth of Child L mum suffered from depression, lost her confidence and self esteem.

Mum is now a single parent with two older children, from a previous relationship, a 22 year old with a serious medical condition and a 14 year old with Autism. Child L also has some learning difficulties and has been referred to the CDC and to Speech and Language.

Mum's mental health was also impacting on her parenting abilities. Child L was offered a place on the scheme just a month after his 2<sup>nd</sup> birthday and his mum has described it as 'the best thing that has happened' since his birth.

Child L had accessed day care sessions previously, whilst she worked. She was made redundant shortly after Child L was born and was keen to return to work. Since he started the pilot mum stated that she felt more confident and has used her time to search and apply for a number of jobs, resulting in her now having a full time job and Child L attending full time.

Staff at the setting have recognised that Child L requires extra support to develop his speech and language and other areas of development and mum has stated that she has noticed a marked improvement not just in Child L but indeed the family dynamics have also improved as a direct result of Child L attending day care.

In her own words she 'can not thank us enough' and I have witnessed at first hand the effect the funded place has made to this family.

#### **Case Study – 2 Year Old Pilot (Child J)**

Child J was referred for a place on the scheme for play, stimulation and speech and language development.

He is the youngest of four boys, the older boys are all at full time school and the children are all subject to a Child Protection Plan.

Child J attends regularly and Nursery staff reported that he has recently become more vocal, rather than just pointing to what he wants. As a result of the home learning that has taken place Child J now has a toy box in the lounge and I have witnessed during home visits both parents interacting well with Child J.

Mum has applied for a number of part time jobs and has attended an interview, which although unsuccessful gave her the experience of the whole interview process. This in turn has given her confidence to continue to search for part time employment.

As a family they stated that things at home have improved since Child J started to attend Nursery and they are all more aware of how to play with Child J.

#### **Case Study – Credit Union**

Sarah, a single mum with 3 children, contacted Laser Credit Union in early 2009 following a recommendation from a friend. Sarah lives in social housing and is unemployed. She had a history of borrowing from doorstep lenders who she knows target her estate, owing £300 each to Shopcheck and Greenwoods, plus she had an outstanding loan through the Social Fund.

During an initial interview Laser staff talked to her about her debts with the doorstep lenders and the high cost of interest they would be charging. Sarah opened a Laser account and agreed to have her child benefit paid into her account. Following discussions with Sarah to check her ability to repay a loan, Laser agreed to lend her £300 to help her with household items and clothes for her children, and supported Sarah to realise this saved her the high interest costs of repeatedly going back to doorstep lenders.

Since that first loan, Sarah has borrowed and repaid 6 further loans to buy a washing machine, fridge and

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freezer when hers broke, as well as moving house, going on holiday, a treat not possible whilst servicing high cost borrowing, and buying Christmas presents.

Sarah is now happier, and managing her money much better, saving a bit for a rainy day as well as being free from the high cost of doorstep lenders.

## 8. Child Poverty Needs Assessment Table

Overview	Indicator	Rotherham Assessment	Data Source	Associated NIs (from basket )
<b>a) An assessment of the extent and distribution of child poverty in the local area</b>				
The number and proportion of children who live in a family or household with low income as defined by the national indicator NI 116, which measures the proportion of children in poverty by looking at the number of children who live in families in receipt of out of work benefits and working families whose income is below 60% of the median income. The count of children (under the age of 16) is established from Child Benefit/Child Tax Credit claims, which cover approximately 98% of children.	Proportion of children in poverty	<p>The overall proportion of children living in poverty in Rotherham (for 2008) was 22% (12,745 children) a slight decrease from 22.7% (13,080 children) in 2007.</p> <p>The proportion of children in Rotherham living in poverty is above that of the region and nationally but is slightly below other South Yorkshire districts (well below that in Sheffield).</p> <p>For all geographies the position worsened between 2006 and 2007, with most areas seeing a slight decrease in children living in poverty in 2008 – however given the economic downturn and rising unemployment which began in 2008 the situation is likely to have deteriorated further since this last data.</p> <p>However, as the data available for this statistic is 2 years behind, it is difficult to show a true picture of the overall proportion in the borough, taking into account the recession and impact this has had since 2008 – this figure may have risen.</p> <p>The various indicators below are an attempt to represent the true picture of overall poverty, based on a number of factors and their interrelationship with poverty.</p>	Indicator is sourced from DWP and HMRC, available from; <a href="http://www.hmrc.gov.uk/stats/personal-tax-credits/child_poverty.htm">http://www.hmrc.gov.uk/stats/personal-tax-credits/child_poverty.htm</a>	NI 116 proportion of children living in poverty
	Proportion of children in poverty across SOAs	The proportion of children in poverty ranges vastly between super output areas (SOA) from around 2% to 65%. Areas where over half the children under 16 are living in poverty include: East Herringthorpe Canklow Dinnington Central Eastwood East Dene	NI 116 data available from; <a href="http://www.hmrc.gov.uk/stats/personal-tax-credits/child_poverty.htm">http://www.hmrc.gov.uk/stats/personal-tax-credits/child_poverty.htm</a>	
	Distribution of Deprivation in	The Index of Multiple Deprivation (IMD 2007) shows that Rotherham is currently 68th most deprived Borough out of 354 English districts.		

	Rotherham	<p>Rotherham's IMD classification has improved from 48th in 2000 to 68th in 2007.</p> <p>Rotherham has a significant number of children and young people living in deprived areas; 14.2% of all Rotherham children live in areas which are within the 10% most deprived nationally (using the Index of Deprivation Affecting Children (IDAC) 2007) and 31% of children who live in low income households live in the 10% most deprived nationally.</p>		
	Age of children in poverty	<p>Data for 2008 shows that the largest cohort of children living in poverty is the 0-4 age group.</p> <p>0-4 (15,140 children) = 25% of which in poverty  5-10 (17,945 children) = 22.6% of which in poverty  11-15 (16,670 children) = 20.6% of which in poverty  16-19 (8,240 children) = 17.6% of which in poverty</p> <p>There has been a slight increase in the numbers of children (based on those in families claiming child benefit) in all age groups between 2007/08 – however the cohort of children with the highest percentage living in poverty has changed from the 5-10 age group in 2007 (when 24.2% were classed as living in poverty) to the younger age group in 2008, which may be a reflection of an increase in the number of babies being born in the more deprived areas of the borough.</p> <p>The 11-15 age group has also seen a slight reduction from 2007 (when 22% were classed as living in poverty) And the 16-19 age group has increased (from 15% in 2007) suggesting there may be more children in the older age group remaining at home as a dependent.</p>	<p>Source:  <a href="http://www.hmrc.gov.uk/stats/personal-tax-credits/child_poverty.htm">http://www.hmrc.gov.uk/stats/personal-tax-credits/child_poverty.htm</a>  <a href="http://www.hmrc.gov.uk/stats/child_benefit/geographical.htm">http://www.hmrc.gov.uk/stats/child_benefit/geographical.htm</a></p>	
	Family type	<p>Based on 2007 data (latest data available) there are a total of 12,745 children living in households in receipt of key benefits (Income support, job seekers allowance, working tax credit, child tax credit) and below 60% median income. 36% of these children live in a household headed by a couple, 64% live in households headed by a lone parent.</p> <p>A number of SOAs within Rotherham which have over 50% of children living in poverty also have higher numbers of lone parent households, including: Canklow, Eastwood and parts of Maltby. This trend is also seen in other</p>	<p><a href="http://www.hmrc.gov.uk/stats/personal-tax-credits/child_poverty.htm">http://www.hmrc.gov.uk/stats/personal-tax-credits/child_poverty.htm</a></p>	

		authorities within the Yorkshire and Humber as well as the England average.		
	Benefits claimed	<p>Of the children living in poverty in a household headed by a couple 22% are in receipt of working tax credits and child tax credits (with median below 60%), this compares to only 3% of lone parent households.</p> <p>The majority of lone parent households are in receipt of either income support or job seekers allowance (86%). Only 10% of children in lone parent households are in receipt of child tax credit only and below 60% median income.</p> <p>This data suggests it is lone parent households who are out of work where the biggest problem is in relation to child poverty.</p>	<a href="http://www.hmrc.gov.uk/stats/personal-tax-credits/child_poverty.htm">http://www.hmrc.gov.uk/stats/personal-tax-credits/child_poverty.htm</a>	NI 181 Time taken to process HB/CTB new claims and change events
	Free school meals	<p>Eligibility for Free School Meals (FSM) is a proxy measure of deprivation. The continuation of funding for early education for the most disadvantaged 2 year olds is likely to be based on free school meals criteria and therefore links with the child poverty agenda.</p> <p>The entitlement to Free School Meals is based upon a parents or carers qualification for one of a series of specific criteria: Income Support, Income-based Job Seekers Allowance, Child Tax Credit (but not Working Tax Credit with an income under £16,040 as at April 2009) Guarantee Element of State Pension Credit, Support under Part VI of the Immigration and Asylum Act.</p> <p>For all the criteria above household income is at a low level and provision of a free school meal is an additional benefit which will provide a child with a nutritious meal.</p> <p>Within Rotherham the level of entitlement has risen from a low of 6896 in September 2007 to the current level of 7678 in October 2010. Take up of meals is 73% of those entitled with secondary school pupils the lowest take up potentially because of associated stigma.</p> <p>In January 2010 1916 of those eligible for free school meals were in the 10% Most Deprived category by IMD ranking</p>	Source: School Census January 2009/2010	

		<p>The number of children eligible for free school meals based on IMD ranking (2009 data): 10% most deprived areas - 1916 10% least deprived areas – 99</p> <p>The number of children at Foundation Stage eligible for Free School Meals: 10% most deprived areas - 170 10% least deprived areas – 12</p> <p>The number of children at Key Stage1 eligible for Free School Meals: 10% most deprived areas – 168 10% least deprived areas – 10</p> <p>The number of children at Key Stage 2 eligible for Free School Meals: 10% most deprived areas – 175 10% least deprived areas – 8</p>		
<b>b) An Assessment of the associated risk factors and their correlation with the extent and distribution of child poverty in the local area</b>				
There are a number of factors and extremely complex issues which can put families at greater risk of finding themselves in poverty.	Family size	<p>The majority of children in families below 60% median income live in a household with 2 children, which is consistent with the Yorkshire and Humber average.</p> <p>Families with 3 children are the second largest cohort. Although families with 4 or more children are the smallest cohort in Rotherham overall, there is a vast difference across the Borough between SOAs, with the SOAs with higher numbers of larger families also being the areas with the highest proportion of child poverty – suggesting a correlation between family size and poverty.</p>	<a href="http://www.hmrc.gov.uk/stats/personal-tax-credits/child_poverty.htm">http://www.hmrc.gov.uk/stats/personal-tax-credits/child_poverty.htm</a>	
	Parents with a disability	<p>Homes with a chronically sick or disabled person are among those with the highest deprivation rates across the UK.</p> <p>The <i>Acheson</i> report on ill health and poverty found that class differences were significant, with unskilled men and women experiencing much higher levels of serious illness and disability than people in professional occupations.</p> <p>Claimants of DLA are varied throughout the borough, with higher claimant rates not always being in areas of significant child poverty, however it is in these areas where families are most likely to be struggling with high costs</p>	<p>DWP: Family Resources Survey <a href="http://research.dwp.gov.uk/asd/frs/2007_08/frs_2007_08_report.pdf">http://research.dwp.gov.uk/asd/frs/2007_08/frs_2007_08_report.pdf</a></p> <p>Poverty and Social Exclusion in Britain, Joseph Rowntree Foundation, 2000</p>	



		associated with disability.	The Independent Inquiry into Inequalities in Health, September 1998 (the Acheson report)	
Children with disabilities		<p>Evidence indicates that disabled children are at particular risk of poverty because their parents have lower incomes while having to meet the extra costs of disability.</p> <p>Results from the General Household Survey showed that parents with disabled children had a lower socio-economic profile than other families. They were poorer, less likely to own their home and more likely to be on income support. Evidence also suggests that parents of disabled children were less likely to work, and when they did, their earnings were lower, than for parents as a whole. It is rare to find both parents in work if the family has a disabled child. Many parents prefer to stay at home and care for their child themselves believing that this is better for the child. Others find it impossible to find suitable, affordable childcare – few nurseries are accessible and even fewer childminders live in homes accessible to a child in a wheelchair. The one-to-one care required by a child with severe behavioural problems also means that childcare can be prohibitively expensive. Parents who are employed can find that caring for their child limits the amount of overtime they can do, making it impossible to bring their earnings up to a decent level.</p> <p>The percentage of under 16s claiming Disability Living Allowance is fairly dispersed around the borough, although the areas with the largest numbers of children claiming DLA more or less coincide with the areas of higher rates of child poverty.</p>	<p>Source: Child Poverty Action Group</p> <p>DWP: (DLA) data</p>	
Mental health		Children of single parent families are twice as likely to have a mental health problem as children living in two parent families (16% compared to 8%). Children are also at higher risk if they are in larger families, children of poor and poorly educated families and those living in social sector housing.	<p>Lifetime impacts: Childhood and Adolescent Mental Health, Understanding The Lifetime Impacts London: Mental Health Foundation 2005</p> <p>Based on Meltzer, H.</p>	<p>NI 146 Adults with learning disabilities in employment</p> <p>NI 150 Adults in contact with mental health services in</p>

		<p>Having a low income, being unemployed, living in poor housing and having low levels of education are all associated with a greater risk of developing mental health problems.</p> <p>Children in poor households are three times more likely to have a mental health problem than children living in well off households.</p> <p>Less than a quarter of adults with long term mental health problems are in work which is the lowest rate for all groups of disabled people.</p> <p>Local data from NHS Rotherham shows that admissions rates and access to mental health services is higher for children, young people and adults living in the most deprived wards of the borough.</p> <p>Children and Young Peoples' Locality Teams all have CAMHS workers within their team.</p> <p>TaMHS (Targeted Mental Health in Schools)- is happening in two learning community cluster groups which are in some of Rotherham's most deprived areas and all special schools. The money is being spent on work to improve the mental health and well-being of the schools community.</p> <p>Youth Mental Health First Aid training will be rolled out in 2011 to frontline workers who work with children and young people.</p>	<p>Singleton N, Lee A., Bebbington P., Brugha T., and Jenkins R., The Social and Economic circumstances of adults with mental disorders. Stationary Office (HMSO): London, (2002)</p> <p>National Health Service: National Health Service Framework (1999)</p> <p>Office for National Statistics (2003)</p> <p>NHS Rotherham data</p>	employment
	Teenage pregnancy	Girls who give birth as teenagers are a particularly vulnerable group as early parenthood is associated with poor health including physical and mental	The Poverty Site: underage pregnancies:	NI 112 Under 18 conception rate

		<p>health, and social exclusion for both the mother and the child. This is a consequence of the mothers age, her often disadvantaged circumstances and poor uptake of antenatal care and support. Research shows that timely access to appropriate support and care can overcome the risks of poor outcomes for mother and child as well as assist them to reach their potential. Teenage pregnancy is a factor that contributes to a cycle of poverty that is usually already underway. Poverty, poor educational attainment and low aspirations tend to be underlying causal factors. Similarly, young fathers tend to live in deprived areas, be unemployed, have been in care or have been involved in crime. Teenage pregnancy also has huge implications for the development and life chances of the child – including low school attainment, antisocial behavior, substance abuse and early sexual activity.</p> <p>Many young teenage mothers are disengaged from education prior to conception and then go onto drop out of school completely, and more than half never resume their education, even though they are below the statutory school leaving age. Often leaving them without skills and employment.</p> <p>Teenage pregnancy contributes significantly to the cycle of poverty and can be a huge barrier for families moving themselves out of poverty.</p> <p>Data for 2006-08 shows that the rate of teenage pregnancy in Rotherham was 53.5 per 1000, which is above the England average of 40.9. However the rolling 12 month average equates to 50.7 per 1,000 and the latest quarterly data represents a rate of 42.4, which is similar to the national average.</p> <p>The wards with highest prevalence of teenage pregnancy are Rotherham East and Maltby, which interestingly are also areas with high levels of child poverty (as defined by NI 116)</p>	<p><a href="http://www.poverty.org.uk/24/index.shtml">http://www.poverty.org.uk/24/index.shtml</a></p> <p>Conceptions: Office for National Statistics (Crown Copyright) via Teenage Pregnancy Unit.</p> <p>NHS Rotherham (2010)</p>	
<b>c) An assessment of the drivers of child poverty and their impact within Rotherham</b>				
<p>One of the key risk factors for living in poverty is income; a family with a low income may not be able to afford the basic necessities needed for a decent standard of living.</p>	<p>Employment opportunities</p>	<p>Rotherham has a lower percentage of employees in managerial and professional roles than regionally or nationally. Conversely Rotherham has a higher percentage than the regional and national averages in the lower paid occupations such as process/plant/machine operatives, personal services / sales and customer services. This is a reflection of many factors - the lower than average skills levels within Rotherham as well as the types of jobs</p>	<p>Rotherham Local Economic Assessment 2010 Available at: <a href="http://www.rotherham.gov.uk/downloads/file/3">http://www.rotherham.gov.uk/downloads/file/3</a></p>	<p>NI 151 Overall employment rate</p>

<p>There are a number of key drivers which affect a families' income, including employment and financial support, as well as factors which may limit a families' ability to go out to work; such as childcare and transport.</p>		<p>available.</p> <p>Predictions suggest employment opportunities within the lower skilled occupations will continue to fall and new job creation is likely to be in professions which require higher level of skills; it is therefore likely that Rotherham residents will need to up-skill or re-train to keep within this job market.</p>	<p><a href="#">655/rotherham local economic assessment 2010</a></p>	
<p>Very often these complex factors are beyond the control of the family and are often a result of the 'cycle' of poverty which many families and find themselves in.</p>	Earnings	<p>Historically the earnings of Rotherham's employed population have been above the level of the earnings of employees working within Rotherham (as people from Rotherham take advantage of higher earnings in workplaces outside the borough, particularly from Sheffield). This gap has reduced over recent years and workplace / residence based earnings are now broadly at similar levels – an indication that higher paid jobs have been created in Rotherham.</p> <p>Workplace earnings = £450.9 Residence earnings = £440.4</p> <p>Rotherham's median weekly wage is similar to Barnsley and Doncaster but slightly below Sheffield (£525.7)</p>		
	Median Income level	<p>The median Income for Rotherham is £23,005, compared with: Y&amp;H = £24,133 GB = £28,948</p> <p>The number of households in Rotherham with an income below 60% of the GB average (£17,369) is 23,520 or 21.4% of all households (overall; this does not show which households have children) Note: Data which shows this as an indicator relating to families with children is seen in NI116.</p>	<p>Acxiom data (2009) Households Below Average Income (HBAI) <a href="http://research.dwp.gov.uk/asd/hbai_arc.asp">http://research.dwp.gov.uk/asd/hbai_arc.asp</a></p>	<p>NI 166 Median income of employees in the area</p>
	Skill levels of parents	<p>Rotherham has traditionally had a comparatively lowly skilled workforce, due in part to its past reliance on traditional heavy industries such as steel and coal. There has been substantial improvement over recent years with 22% of the working age population being qualified to at least NVQ Level 4 (e.g. a degree) or above in 2008, compared to less than 15% in 2001.</p> <p>Rotherham would need an additional 7,500 people up-skilled to NVQ2 or more to reach the regional average and an additional 11,000 to reach the average</p>	<p>Rotherham Local Economic Assessment</p>	<p>NI 163 proportion aged 19-64 for males and 19-59 for females qualified to L2 or higher</p>

		<p>for the whole of England. Rotherham has reduced the numbers of people without qualifications but despite this the gap to the national and regional average has increased – Rotherham has 5,000 more people without qualifications than if at the regional average, 7,000 more than if at the England average.</p> <p>At the end of 2008 the average employment rate across the borough was 70.4% but this varies dramatically by the highest level of qualification held – those with a NVQ level 4 or above qualification had an employment rate of 90.5% whilst those with no qualifications had an employment rate of only 40.9%. Only those qualified to at least NVQ level 2 had an employment rate above the borough average.</p>		
	Post 16 qualification	<p>Rotherham has seen improvements in level 2 and 3 qualifications at age 19.</p> <p>In 2009 70.9% 19 year olds had level 2, compared with only 58.7% in 2005.</p> <p>For level 3 qualifications, there were 40.1% 19 year olds in 2009, compared with 33.6% in 2005.</p>		
	Child care sufficiency	<p>A borough wide analysis of the supply and demand for childcare is currently being undertaken (to meet the needs of the Childcare Act Sufficiency Duty). Analysis of supply data is underway and parent views are currently being gathered through a borough wide survey. The full assessment report will be completed early in 2011. Findings will be presented at Children's Centre reach area level within Learning Communities.</p> <p>A summary analysis of the 5 Children's Centres (Arnold, Rotherham Central, Wath Victoria, Redscope, Coleridge) whose populations are predominantly the 30% most deprived SOA's indicates that there is adequate provision for all age ranges with the exception of Kimberworth Park where there is limited provision for under 2 year olds. This is provisional data based on population figures for each area and current take-up of childcare.</p>	Source: Early Years and Child care service data	NI 118 Take up of formal childcare by low-income working families.
	Financial Inclusion	The effects of financial exclusion contribute to a whole range of negative impacts and implications for services, the local economy, and quality of life for individuals and families. Financial exclusion reinforces social exclusion. It is not just an individual problem: a whole community can suffer from under-investment in financial services.	Rotherham Financial Inclusion Strategy 2011-14	

		<ul style="list-style-type: none"> <li>• Financial exclusion and debt issues are a key cause of homelessness</li> <li>• A lack of home contents insurance makes families vulnerable to financial crises following unexpected events such as burglary or flooding.</li> <li>• Fuel poverty – a lack of a bank account with direct debit facilities makes paying for utilities more expensive.</li> <li>• There are clear links between financial exclusion and child poverty.</li> </ul> <p>'Financial inclusion' is about ensuring everyone has access to appropriate financial services &amp; products, enabling them to manage their money on a day-to-day basis, plan for the future and deal effectively with financial distress which can significantly contribute to a route out of poverty.</p> <p>DWP data [2008] attributed each of the 10,000 Census wards in Britain with a 'financial exclusion' ranking of 1 to 7, 7 being attached to those most likely to experience financial exclusion. 9 of the 22 Rotherham wards ranked 7 with Herringthorpe ranked 44<sup>th</sup> [of the 10,000] most likely to experience financial exclusion.</p>		
	Illegal lending	<p>Doorstep/illegal lenders or loan sharks particularly target social housing estates. Borrowing money in this way can push a family further into poverty as the money paid back is usually significantly more than they borrowed.</p> <p>Local data is not available to show specifically what illegal lending takes place in Rotherham, although anecdotal evidence, plus two recent arrests in and around Rotherham demonstrate that this is happening.</p>	<p>Rotherham Financial Inclusion Strategy 2011-14</p> <p>Yorkshire and the Humber Illegal Money Lending Team</p>	
	Transport availability	<p>Having access to a reasonably high frequency bus route can enable people to take up employment opportunities.</p> <p>Currently in Rotherham 81% of working age people live close to a bus route which should give them access to a range of employment opportunities – NI 176 provides the data for this; however, it does not take into account the</p>	<p>Source: Dept. for Transport NI 176 data</p> <p>SYPTe, from geographical data</p>	<p>NI 176 Working age people with access to employment by public transport</p>

		<p>availability of jobs or skills levels of adults. Access to a bus route therefore may not mean access to jobs.</p> <p>Around 98.7% of people have access to a local, town or district centre within 30 minutes by public transport, which is a better measure of whether people have access to areas where there may be employment opportunities. However, this also has limitations, as not all jobs are located in 'centres', for example industrial jobs tend to be located elsewhere.</p> <p>Looking at people's transport capability i.e. where they can reach within a reasonable journey time (usually 1 hr) is a more appropriate measure for the relationship between poverty and employment, as it shows the geographic area in which people can seek employment or services. In rural areas the area is likely to be quite small with few employment opportunities. In urban areas it is likely to be larger with more employment opportunities. This measure is to be looked at in more detail as part of the Borough Transport Strategy development.</p>		
	Housing costs	<p>Child poverty is measured (for NI 116) based on a 'before housing costs basis'. This measure may not provide a complete picture of poverty due to many families paying disproportionately high housing costs due to location and type of accommodation. When housing costs are factored in around 50% of children living in private rented accommodation nationally are below the poverty line.</p> <p>Changes to Local Housing Allowance (LHA) are likely to increase this further. The cap on LHA at the four-bedroom rate and the reduction in LHA levels to the 30<sup>th</sup> percentile of market rents, rather than the median, will leave more tenants struggling to afford the cost of living.</p>	Source: Shelter	
	Housing Affordability	<p>The average house price in Rotherham (January 2010) is £111,524, this compares to: £124,939 for the Yorkshire &amp; Humber average, and £165,088 for England &amp; Wales</p> <p>House prices peaked in 2008, as they did nationally. Even after falling back between 2008 and 2010, they still remain over double what they were 10 years ago.</p>	Rotherham Local Economic Assessment 2010	NI 158 non-decent council homes NI 156 Number of households living in temporary accommodation

		<p>Rotherham has relatively low levels of home ownership compared to the national average with correspondingly high numbers in social rented accommodation, rented from the council and registered social landlords (RSL's). Rotherham has 26.4% in socially rented households compared with 19.2% nationally, which is the same for all South Yorkshire districts.</p> <p>Levels of social housing vary considerably across the borough, from 1 – 70% in some areas. With the SOAs with the highest levels being very concentrated into the central/north part of the borough and Maltby.</p> <p>In 2008/09 there were 610 net additional new homes, 45.9% of which were classed as affordable. What can be delivered in the future will be dependent on the recovery of the economy and housing market.</p>		
	Poor Housing Conditions	<p>Poor housing, homelessness and overcrowding all have significant negative impacts on a child's development. Homeless children in temporary accommodation are often forced to move school frequently, thus missing out on class time and stable influences. Children who live in bad housing are also 5 times as likely to lack a quiet place to do their homework as other children.</p> <p>The risk to children's educational achievement due to bad housing has a long-term effect on their economic well-being, resulting in unemployment or working in insecure or low-paid jobs during adulthood.</p> <p>Poor housing conditions also have a long-term impact on health. Substandard housing can have a negative impact on a child's physical and mental development. Children who live in overcrowded houses are almost a third more likely to suffer respiratory problems such as chest problems, breathing difficulties, asthma and bronchitis.</p> <p>Homeless children are also 3 to 4 times more likely to have a mental health problem than other children.</p>	Source: Shelter	
	Decent Homes Data	As of 1st April 2010 there were 1341 non decent properties, equating to 6.41% non decency of council housing stock. The target for 2010/11 is to	Source: 2010 Rotherham local data	



		<p>achieve 0% non decency by December 2010.</p> <p>RMBC is currently at 2.65% non decency as reported at the end of August 2010.</p> <p>The National Indicator for monitoring Non Decent properties is NI158A and is reported on a monthly basis.</p> <p>RMBC will be monitoring the progress of non decency level of stock, as a local indicator once the decent homes programme comes to an end.</p>		
	Homelessness Data	<p>In 2009/10 82 households in Rotherham were accepted as statutory homeless.</p> <p>There were a further 465 households prevented from becoming homeless – 105 of which due to financial difficulty.</p> <p>A snap shot on last day of august 2010 of households that RMBC owe a statutory duty to living in temporary accommodation = 40</p> <p>A snap shot on last day of august 2010 of households that we owe a statutory duty to but living in temporary supported accommodation = 3</p>	Source: RMBC Housing data	
	Fuel poverty	<p>The energy efficiency of houses is an important factor for poverty, in that a low income and an inefficiently insulated home may result in a family finding themselves in fuel poverty; as they are unable to adequately heat their home to an appropriate level.</p> <p>This may cause a major drain on their income through expensive heating bills, or may result in cold, damp conditions which have a detrimental affect on the family's health.</p> <p>Energy efficiency is assessed by a SAP rating out of 100 (100 being the most efficient). Rotherham's council housing stock has an average SAP rating of 72, which is above the England average of 60. The average rating for private housing in Rotherham is 60.</p> <p>However, this indicator is not totally accurate and can only be based on the</p>	Rotherham Fuel Poverty Strategy 2010	NI 187 % of people receiving income based benefits living in homes with a low or high energy efficiency rating

		houses which have been assessed. Conversely, a house with a good rating may not necessarily mean the family living in it is not in fuel poverty, as this is directly influenced by their income.		
<b>D) Assessment of the effects of living in poverty</b>				
<p>Growing up in poverty can damage physical, cognitive, social and emotional development, which are all determinants of outcomes in adult life.</p> <p>Children who grow up in poverty have a greater risk of having poor health, being exposed to crime and failing to reach their full potential. Their education may suffer, making it difficult to get the qualifications they need to move onto well-paid employment. This limits their ability to earn enough money to support their own families in later life, creating the on-going cycle of poverty.</p>	Child well-being	<p>The CWI is based on the Index of Multiple Deprivation, although shows a slightly different perspective in that the CWI is an index of well-being rather than an index of deprivation and is shown at Local Authority level. Data is at Lower Super Output Area level (LSOA) and includes seven domains:</p> <ul style="list-style-type: none"> <li>• Material well-being</li> <li>• Health &amp; Disability</li> <li>• Education</li> <li>• Crime</li> <li>• Housing Environment</li> <li>• Children in Need</li> </ul> <p>Each of the local authority districts is assigned a 'rank' – 1 being the authority with the highest well-being, 354 with the lowest. Rotherham is ranked overall at 305, which is in the worst 14% of all areas. Health &amp; Disability (ranked at 338) and Education (ranked at 325) are the most serious problems affecting children's well-being in Rotherham. Only in the Housing domain do children in Rotherham have better well-being than average.</p> <p>The Child Well-being Index shows that Canklow, Ferham, Masbrough, East Dene, Meadowbank, East Maltby and Eastwood have the highest levels of low child well-being. The low well-being tends to reflect education, health &amp; disability, crime and Children in Need issues in these areas.</p>	Source: <a href="http://www.communities.gov.uk/publications/communities/childwellbeing2009">http://www.communities.gov.uk/publications/communities/childwellbeing2009</a>	
	Attainment	<p>At the age of 5 children's levels of attainment have increased significantly year on year since 2007. Very good improvements have been made in accelerating the levels of progress that children are making by the age of 5. In 2010 attainment at 6+ in Personal, social and emotional development (PSED), was above the national average by +1.4%. At 6+ in Communication and Language Development (CLLD) attainment was just below the national average by -0.2%. Attainment at 78+ points and 6+ in both PSED and CLLD is also now above the national average by +0.3. This is the first year that attainment at the end of the Early Years Foundation Stage is above the national average.</p>	DCSF statistics: SFR 04/2009 <a href="http://www.dcsf.gov.uk/rsgateway/DB/SFR/s000835/index.shtml">http://www.dcsf.gov.uk/rsgateway/DB/SFR/s000835/index.shtml</a>	NI 82 Inequality gap in the achievement of a level 2 qualification by the age of 19 NI 92 Narrowing the gap between the lowest

		<p>In Rotherham at the age of 5 there are also very good successes in narrowing the gap. Since 2007 the gap has narrowed by 10.7%. The gap figure in 2010 is now only -1% below the national figure. In 2008 it was -8.8% below the national figure.</p> <p>Rotherham has seen a massive improvement for GCSE attainment (5 A*-C including English and Maths), reducing the gap from 7 percentage points of the England (maintained schools) average to just 3.6 percentage points in 2009.</p> <p>Results in 2008/09 put Rotherham as one of the better performing districts in the region, improving by 11 percentage points in the last 4 years resulting in reaching the regional average.</p> <p>Attainment at Level 3 (i.e. at least 1 A level or equivalent) for 16-18 year olds can give an indication of progression from GCSE achievements towards higher education. In 2008/09 the average point score achieved per candidate across England was 739.1 compared to 728.5 for the region and 719.3 in Rotherham. The improvement in Rotherham is, like at GCSE, one of the best in the region with the gap to both the region and nationally narrowing.</p> <p>The LA has had considerable success in narrowing the gap between the lowest 20% and the rest in the EYFS. (44.4 in 2008, 35.7 in 2009, and 33.7 in 2010. The 2010 figure is slightly better than the national figure of 33.9.</p> <p>At KS2 the gap between the attainment of FSM pupils and their non FSM peers (Level 4+ English and mathematics combined) has narrowed in 2010. 2008 - 27, 2009 - 24, 2010 – 22.1.</p>	<p>achieving 20% in the AYFS and the rest</p> <p>NI 101 LAC achieving 5A*-C GCSEs or equivalent at KS4 including maths and English</p> <p>NI 102 Achievement gap between pupils eligible for FSM and their peers at key stage 2 and 4</p> <p>NI 105 SEN/non-SEN gap achieving % A*-C GCSEs including English and maths</p> <p>NI 108 KS4 attainment for BME groups</p> <p>NI 161 Number of Level 1 qualifications in literacy achieved</p> <p>NI 162 Number of Entry Level qualifications in numeracy achieved</p> <p>NI 78 Reduction in number of</p>
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				<p>schools where fewer than 30% of pupils achieve 5 or more A* - C grades at GCSE and equivalent including GCSEs in English and Maths</p> <p>NI 76 Reduction in number of schools where fewer than 55% of pupils achieve level 4 or above in both English and Maths at KS2</p> <p>NI 106 Young people from low income backgrounds progressing to HE</p>
	Higher education	In 2007 510 young people from the most deprived (IMD 1 and 2) areas in Rotherham applied to University. By 2009 this had risen to 679 applications. For the same group 416 accepted their place in 2007 rising to 507 acceptances in 2009.	Data source UCAS analysed by independent consultant for Aimhigher	NI 106 Young people from low income backgrounds progressing to HE
	Not in Education, Employment or Training (16-18 year olds)	Latest data in relation to NEET at borough level has shown an overall improvement in % NEET 16 -18 year olds. The August 2010 position for 16-18 year old NEETs was 8.2% representing a 17% reduction in comparison to August 2009 when it was 9.9%.	CCIS National data base	NI 117 16-18 year olds who are NEET

		<p>All area assemblies with the exception of Rother Valley West achieved an overall reduction of NEET</p> <p>In terms of areas of high deprivation the following wards achieved reductions in numbers of NEET:</p> <ul style="list-style-type: none"> <li>• Rother Valley South- Dinnington</li> <li>• Rotherham North - Wingfield</li> <li>• Rotherham South – Rotherham East, Boston Castle</li> <li>• Wentworth North- Swinton ,Wath</li> <li>• Wentworth South –Silverwood , Valley</li> <li>• Wentworth Valley - Maltby</li> </ul>		
	<p>Infant Mortality</p>	<p>The risk of infant mortality is higher for poor children. In the lower social group (routine and manual occupations) infant mortality is 5.9 infant deaths per 1,000 live births. This is 20 per cent higher than the average 4.9 per 1,000. Infant mortality rate is regarded as sensitive marker of the state of an area's health.</p> <p>The Infant mortality rate in Rotherham had increased in the three years of 2005/7 from 5.4 to 6.1 in 2006/8. However, a high proportion of these deaths were within Rotherham's most deprived wards. Provisional infant mortality data for 2009 (7.7) does show an improvement compared with 2008 (4.9 - this figure is yet to be validated), It is important to be mindful that the number of mortalities is small which means one or two deaths can increase the rate significantly.</p> <p>Smoking in pregnancy, maternal obesity, low levels of breastfeeding, low birth weight, are some of the risk factors associated with infant mortality. Yet, deprivation, births outside marriage, non-white ethnicity of the infant, maternal age under the age of 20 and male gender of the infant <b>are all independently</b> associated with an increased risk of infant mortality.</p> <p>Poor infants surviving beyond the first week of life continue to be at greater risk of death throughout infancy and childhood. This increased risk results from increased exposure to a range of risk factors for infant and childhood death. For example, risk of sudden unexpected infant death is increased by maternal smoking and maternal depression – both higher in poor households.</p>	<p>Office for National Statistics  <a href="http://www.statistics.gov.uk/pdfdir/ipm0909.pdf">http://www.statistics.gov.uk/pdfdir/ipm0909.pdf</a></p>	

		Rotherham's infant mortality action plan supports local planning and interventions to reduce and prevent infant death in the first year of life.		
	Low birth weight	<p>Low birth weight can be as a result of a number of factors, including the health of the mother during pregnancy, low income, age of mother (&lt;20 years) and ethnicity. Smoking in pregnancy is considered a major risk factor for low birth weight as tobacco smoke can restrict the growth and development of the baby. <i>Mothers who grew up socially disadvantaged are one-third more likely to smoke during pregnancy.</i> Low birth weight is strongly associated with infant mortality and is part of Rotherham's infant mortality action plan.</p> <p>Babies whose parents are in poverty have far greater risk of having low birth weight. This has implications both for the risk of infant mortality and for health problems in later life. Adults who had low birth weight are over four times as likely to have Type 2 diabetes (associated with obesity) and 25% more likely to die from heart disease. As well as poor health outcomes low birth weight in particular is also associated with poorer educational outcomes.</p> <p>Rotherham's low birth weight rate for 2006-8 was 8.29 (per 100), which is above the England rate of 7.62. However, higher rates of low birth weight are seen within three of Rotherham's most deprived wards. They include Rotherham East, Rotherham West and Maltby. One third of births with low weight are associated with economic inequalities.</p> <p>A range of health interventions are in place to address low birth weight including the smoking in pregnancy care pathway, the 12 week booking health and social care assessment (as part of antenatal care provision and procedures for supporting women with obesity in pregnancy).</p>	ONS birth statistics FM1 <a href="http://www.statistics.gov.uk/StatBase/Product.asp?vlnk=5768">http://www.statistics.gov.uk/StatBase/Product.asp?vlnk=5768</a>	
	Breastfeeding	Breastfeeding has a major role to play in promoting health and preventing disease in the short- and long-term for both infant and mother. The National Indicator for breastfeeding sets targets for Rotherham, for both initiation and prevalence at 6-8 weeks. A significant amount of investment has been made to address and improve breastfeeding rates across the borough. While initial reports suggest that a number of new initiatives are starting to have an impact on the number of women breastfeeding at 6-8 weeks, the figures remain below target the target set for March 2011.	Rotherham Foundation Trust data for initiation  NHS Rotherham data for 6-8 weeks	NI 53 A Breastfeeding initiation NI 53 B Breastfeeding prevalence at 6-8 weeks

		<p>Initiation (target 60.80%) = 55.96% (Quarter 1 2010/11) Prevalence at 6-8 weeks (target 30%) = 28.72% (Quarter 1 2010/11).</p> <p>Low breastfeeding rates contribute to health inequalities and breastfeeding is one of the indicators in monitoring progress towards infant mortality targets. Not only does breastfeeding lower the risk of childhood obesity and diabetes, it also lowers the risk of life threatening gastrointestinal and respiratory illnesses.</p> <p>There are huge inequalities in the area of infant nutrition with families from lower socio-economic groups being significantly less likely to start or continue breastfeeding. For example, 86% of six-week-old babies born to mothers under 20 years old are not receiving any breastmilk. Breastfeeding is a natural safety net against the worst effects that child poverty has on health and yet, despite government and WHO recommendations, less than 2% of UK mothers exclusively breastfeed to six months. Breastfed babies from younger and poorer families have health outcomes better than or similar to formula fed children in the wealthiest socio-economic group.</p>		
	Healthy weight	<p>Obesity and severe underweight in children can have a major impact on their development and health into adult life. An obese child, for example, is more likely to become an obese adult.</p> <p>Children from a manual background are at an increased risk of becoming obese adults and a link can be seen between the most deprived areas of Rotherham and higher prevalence of obesity/overweight in children.</p> <p>Deprived areas, particularly where the ethnic make-up includes higher proportions of children of Asian decent, have relatively high prevalence of underweight children.</p> <p>Obesity during pregnancy is also a key risk factor for low birth weight and infant mortality.</p> <p>Overweight/obesity levels in children is measured in Rotherham by the National Childhood Measurement Programme (NCMP) Figures for 2008/9 show the following:</p>	Source: NHs Rotherham & Rotherham Health Profile, Association of Public Health Observatories.	NI 55 obesity in primary aged children in reception NI 56 obesity in primary aged children in year 6

		YR: 24.32% overweight/obese (9.96% obese / 14.36% overweight) Y6: 33.36% overweight/obese (19.04% obese / 14.32% overweight)		
A&E attendance and admissions		<p>Children face far greater health risks if they are in disadvantaged families and significantly higher numbers of children attend or are admitted to Accident &amp; Emergency departments. Disadvantaged children are more prone to sudden illness, such as acute infections including pneumonia and other respiratory illnesses. Tubercular infection among children is on the increase, particularly among ethnic minority children, and, as in the past, the association between TB and poverty is strong. Many of these illnesses are associated with aspects of children's living conditions.</p> <p>In 2009/10 there were a total of 11,483 <b>hospital attendances</b> for children under 15 years in Rotherham. Hospital attendances are significantly high in wards with the highest levels of deprivation including; Boston Castle, Rotherham East, Valley and Wingfield. For the same time (2009-10) period there were 1,625 <b>hospital admissions</b> for children under 15 years. Hospital admissions are also significantly higher within wards with the highest levels of deprivation and include; Boston Castle, Rotherham East, Rotherham West, Valley and Wingfield.</p>	Source: NHS Rotherham	
Child Oral Health		<p>There is a strong positive relationship between oral health and deprivation in 5 year olds – as deprivation increases the decayed, missing and filled teeth (dmft) rates usually increase also.</p> <p>Children aged 5 living in the Yorkshire and Humber region have significantly worse dental health than that of the England average, which suggests it is due to the socio-economic background of this population.</p> <p>As with most health services, it is very often the least needy who are able to easily access them, and do so more often. Oral health in children is therefore an important factor relating to poverty, as living in poverty may be a barrier to some families in accessing a dentist for their child, and often when they do it is too late to treat the problem and they face extraction – which can then negatively impact them in later life.</p>	<p>Health Profile of England <a href="http://www.apho.org.uk/default.aspx?QN=P_HEALTH_PROFILES">http://www.apho.org.uk/default.aspx?QN=P_HEALTH_PROFILES</a></p> <p>Oral Health Survey of 5 Year Old Children (England) 2007/08</p>	
Children in Need		<p>The Child Wellbeing Index includes a domain representing children who are in various kinds of need.</p> <p>It was found that 32 per cent of the variation of children in need under 19, as a</p>	<p>Source: Child Wellbeing Index <a href="http://www.communities.gov.uk/publications/c">http://www.communities.gov.uk/publications/c</a></p>	



		<p>proportion of all children under 19, was explained by Income Deprivation Affecting Children. Suggesting a large proportion of children in need cases are from areas of deprivation – which suggests an association with child poverty, this is also shown by anecdotal evidence from social workers in the area.</p> <p>Rotherham ranked 290 for children in need out of 354 local authorities (1= highest well-being, 354 = lowest well-being).</p>	<a href="#">ommunities/childwellbeing2009</a>	
	Youth offending	CYPS to include		