



Children and Young People

Needs Assessment



Richmond upon Thames
August 2016

Community Engagement and Accountability Team

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Methodology

The Children and Young People Needs Assessment 2016 provides a summary of published performance data, data supplied by Achieving for Children, Richmond LSCB and a compilation of findings from other local needs assessments. Throughout this document, the aim has been to use consistent data wherever possible to allow comparison between both boroughs. In order to gain the most current data for the needs assessment, various sources have been used. The use of provisional data is liable to change and as such this document may be updated in future to reflect any such adjustments to provisional data. Findings and references are incorporated within the body of the report.

Document conventions

Following the introduction, for the remainder of this document the London Borough of Richmond upon Thames is referred to as 'Richmond' and the Royal Borough of Kingston upon Thames as 'Kingston' for ease of reading. Achieving for Children is referenced as AfC. Unless otherwise stipulated the term 'children and young people' refers to those aged between 0-19.

As well as presenting data at a borough level, this report also displays data and information at a Locality level. There are five Localities in Richmond and four in Kingston upon Thames. A Locality is an area established to provide joined-up and localised services to children, young people and their families.

Executive Summary/Data Summary

A separate document has been created which summarises the detail of this report. The Executive Summary is available [here](#).

1. National context

The **Children and Families Act (2014)** focusses on providing greater protection for vulnerable children; adoption reforms to speed up the adoption process and shared parental leave and flexible working for parents. The Act places a legal duty on state-funded schools in England, including academies and free schools, to provide universal free school meals (UFSM) to all infant pupils in reception, Year 1 and Year 2 from September 2014. The Act also implemented the roll out of education, health and care (EHC) plans instead of a statement of special educational needs (SEN). EHC plans focus on what a child or young person wants to achieve and what support is needed to do this by providing a 'local offer' of services and personalised budgets.

The **Education and Adoption Bill** was passed through Parliament in February 2016. It is a Bill which provides further intervention powers for the government to address underperformance in maintained schools and schools regarded as 'coasting' (where children are not making sufficient progress), including provision about their conversion into Academies and about intervention powers. The Bill also introduces regional adoption agencies working across local authority boundaries and powers for the government to direct local authorities to have provision delivered by another agency.

Additionally the **Childcare Bill** aims to help support working people from the start of their family life by delivering the government's election manifesto commitment of giving families where all parents are working an entitlement to thirty hours a week of free childcare for their three and four year-olds for thirty-eight weeks of the year (equivalent of the school year). This will be through creating provision to meet demand and providing information and advice for parents.

Children and Social Work Bill: This Bill was announced as part of The Queen's Speech in May 2016. It will tackle state failure and transform the outcomes of children in care, with the aim of giving them a better future. It includes:

- improving support for looked after children in England and Wales.
- changes to the considerations that courts must take into account in adoption decisions.
- establishing a new regulatory regime for the social work profession in England.
- a new 'Care Leavers Covenant', underpinned by statutory duties.
- enabling better learning about effective approaches to child protection and care in England.

Education for All Bill: This Bill was announced as part of The Queen's Speech in May 2016. It will deliver the next phase of the government's transformation of education, extending the principles of freedom and accountability across the country to encourage excellence everywhere and give every child the best start in life. It includes:

- a new funding formula to deliver fair funding for every school and pupil in the country
- measures to make schools accountable for the provision and progress of excluded pupils
- powers to convert under-performing schools in "unviable" local authorities to academies
- goal of making every school an academy but no compulsion to do so
- head teachers, not councils, to be responsible for school improvement

Higher Education and Research Bill: This Bill was announced as part of The Queen's Speech in May 2016. It will deliver a large supply-side reform to the higher education sector, with the aim of opening more universities and giving more young people – from all backgrounds – the chance to succeed. It will include:

- removing barriers for new universities to be set up and for existing providers to get university status
- reform of university funding that will link funding for universities to the quality of teaching.
- new requirements on all universities to publish detailed information about application, offer and progression rates, to ensure all institutions reach out to disadvantaged groups.

Children's Social Care Reform: The Government has announced that all children's social workers will be assessed against the knowledge and skills statement developed by chief social worker Isabelle Trowler by the end of this parliament (2020). The assessment and accreditation process of children's social workers will be overseen by a new body that will be set up to take responsibility for all social work standards, training and regulation of the profession, including adult social work.

Child Sexual Exploitation: “*the sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive ‘something’ (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing, and/or others performing on them, sexual activities*”¹. Perpetrators of child sexual exploitation are found in all parts of the country and are not restricted to particular ethnic groups. Local Safeguarding Children Boards (LSCBs) are responsible for ensuring that appropriate local procedures are in place to tackle child sexual exploitation. All frontline practitioners need to be aware of those procedures (including ones for early help) and how they relate to their own areas of responsibility. LSCBs and frontline practitioners should ensure that actions to safeguard and promote the welfare of children and young people who are sexually exploited focus on the needs of the child.

Following the Ofsted report 'Missing Children' published in February 2013, the Department for Education (DfE) released guidance relating to the **safeguarding of children who run away or go missing from care** in January 2014. Local authorities are responsible for protecting children whether they go missing from their family home or from local authority care. The guidance details the role of the local authority, LSCB and agencies, and defines the need to establish a Runaway and Missing From Home and Care (RMFHC) protocol.

Children in workless families are three times as likely to be in relative poverty as families where at least one parent works. The **Child Poverty Strategy 2014-17** sets out the action the government will take from 2014-17 to tackle child poverty through providing childcare for all three and four year olds and for two year olds from low income families. This includes the introduction of the Early

¹ <http://www.nwgnetwork.org/who-we-are/what-is-child-sexual-exploitation>

Years Pupil Premium, continuation of the Pupil Premium and information about supporting children to stay in education post-16 to obtain skills, training and qualifications.

Welfare Reform is referenced within the Child Poverty Strategy. The aim of the Welfare Reform programme is to ensure people are better off in work than out of work. For example, the Benefit Cap aims to ensure that working-age households on out-of-work benefits will no longer receive more in benefits than the average weekly wage. The Social Sector Size Criteria (SSSC), or 'bedroom tax' introduced in April 2013 means that working age residents in social housing who have more bedrooms than they need, according to the size criteria, have their housing benefit reduced accordingly. Universal Credit, which brings together housing benefits with out-of-work benefits and tax credits, is currently being piloted in several boroughs but has yet to be rolled out nationally.

The Welfare and Work Act was enacted in 2016. It is a Bill to make provision about reports on progress towards full employment and the apprenticeships target; to make provision about reports on the effect of certain support for troubled families; to make provision about life chances; to make provision about the benefit cap; to make provision about social security and tax credits; to make provision for loans for mortgage interest and other liabilities; and to make provision about social housing rents.

2. Local Priorities, Strategy and Context

As a strategic commissioning body Richmond increasingly commissions services externally, by working with the voluntary sector, private sector and community groups to understand needs and priorities, and to agree the outcomes that meet the needs of local residents. In April 2014, Richmond and Kingston created a community interest company, AfC, to provide children's services. As commissioning organisations, it is important that both Councils continue to assess and review the overall needs of children and young people to inform our commissioner - service delivery relationship with AfC.

The Children and Young People's Needs Assessments sits within a strategic planning framework and is used, along with the Joint Strategic Needs Assessment to inform council priorities as shown in **Appendix A**. In order to effectively commission AfC a number of commissioning intentions have been developed for 2014-17 based upon the Children and Young People's Plan 2013-17. The Children and Young People Needs Assessment 2016 will begin to identify whether these commissioning intentions need to be amended or further developed. Commissioning intentions for 2014 -17 are highlighted in **Appendix B**.

In particular, there is a strong focus in this document, on the characteristics and needs of children and young people in the borough who may need extra support from us (section 6). The section looks in detail at vulnerable groups including Looked After Children, those experiencing domestic abuse, children living in poverty and children living with parents receiving treatment for drug/alcohol misuse or mental ill health. The provision of services to these vulnerable children are commissioned by AfC and incorporated within the commissioning arrangements as part of safeguarding and early help provisions.

The main service areas that AfC deliver on are:

- **Prevention and early help** – Arranging targeted support to children and young people to ensure good school attendance, promote family wellbeing, and prevent crime and anti-social behaviour; also providing specialist support for children with special educational needs and disabilities.
- **Child protection** – A single point of access for referral and assessment, and the development of interventions and support for children requiring protection.
- **Social care** – Provision for children in care including fostering and adoption, and services for care leavers.
- **Education** – Ensuring there are sufficient school places, managing school admissions, and providing challenge and support to schools, early years providers and governing bodies so that they are able to carry out their statutory duties.
- **Health integration** – Working with General Practitioners, Public Health and health care providers to ensure integrated services for all children and young people.

For more information about AfC including published reports and documentation please visit their website: <http://www.achievingforchildren.org.uk/>

The **Richmond upon Thames Local Safeguarding Children Board (LSCB)** ensures that everyone is working together for the safety and wellbeing of children and young people. The LSCB is the statutory mechanism for agreeing how the relevant organisations in each area will cooperate to safeguard and promote the welfare of children and young people in the locality. They ensure that organisations are performing this role effectively and performing to the expected standards.

The **2015-16 Richmond Local Safeguarding Children Board Annual Report²** considers how the Richmond LSCB performed against its priorities for 2015/16 and the effectiveness of local safeguarding arrangements. The report concludes that there were a number of improvements, these included improvements in practice: improved awareness of child sexual exploitation and children missing, including publication of the Missing handbook and a self-harm resource for children and professionals. Workforce development improvements included delivery of multi-agency safeguarding training and joint working with community safety partnership on radicalisation and extremism. Communications and engagement activity included raising awareness on FGM, work with the independent schools safeguarding forum and the 'safe from' campaign led by young people to address safe relationships (2015) and self-harm (2016). The report sets out a vision for Richmond LSCB "to place children's safety at the heart of the delivery of services in the borough and to ensure that Richmond upon Thames remains one of the safest places in the country for children and young people to grow up, be educated and to live in." The report highlights four priority themes for 2016/7 which mirror those highlighted within this assessment:

² [LSCB Annual report 15-16](#)

- transitions between services and between children's and adults services,
- ethnicity and diversity including outreach work,
- communication and information sharing between professionals and
- mental health and emotional wellbeing.

Richmond LSCB Child Sexual Exploitation Strategy – This strategy sets out local multi-agency working arrangements as agreed by the Richmond Local Safeguarding Children Board in 2014. This strategy incorporates local multi-agency protocol arrangements to support the most effective professional liaison in this work with a focus on improving outcomes for affected young people and their families. The strategy includes information on the referral and consultation pathways, referral and multi-agency response, the multi-agency panel and network meeting, and the role of Child Sexual Exploitation, Trafficking and Missing sub group of the LSCB. The Richmond LSCB Business Plan highlights priorities for 2014-15 including co-ordinating and scrutinising Richmond's responses to Child Sexual Exploitation, providing guidance and support for agencies working with parents with issues of substance misuse, mental health and/or domestic violence. The LSCB will be evaluating support for the youngest residents (under two), tackling teenage relationship abuse and ensuring new arrangements are in place for children with special educational needs and disabilities. The LSCB will also continue their programme of training and learning from serious case reviews to ensure that effective safeguarding practices will be part of their core offer.

The **Children and Young People's Plan 2013-2017** sets out the strategic direction and goals for the Council and its strategic partners, covering all services for children and young people up to the age of nineteen, and up to the age of twenty-five for care leavers and young people with learning disabilities. The plan was developed by the Council in consultation with the Children and Young People's Partnership, a group that brings together the key organisations delivering services to children and young people in the borough; for example, health organisations, police, schools and colleges, and voluntary organisations. The plan sets out the vision for children, young people and their families and carers in the borough, and outlines the partnership's shared commitments and the anticipated outcomes that will emerge as a result of the work delivered. The plan covers four main themes that are reflected in the current commissioning intentions with AfC. The formation of the plan was informed by a **Needs Assessment (2013)** and locality needs assessments; extensive consultation was undertaken with key stakeholders, including members of the public, officers of the council, partner organisations, children and young people, Youth Council and focus groups. The 2017 – 2021 Children and Young People's Plan is in the early stages of development and will be informed by the Children and Young People's Needs Assessment (2015 and 2016) and locality needs assessments.

This **Richmond Corporate Parenting Group** is formed of the Chief Executive, Members, Officers and children. The group meets regularly to discuss areas of importance with the aim to monitor services for looked after children and examine the work to improve the outcomes of the authority's Looked after Children. The **Children in Care Council** also meets regularly to give

looked after children the opportunity to voice their opinions and to influence services and support that they receive.

This **Richmond Youth Council** is a group of twenty-five democratically elected young people from each of the five localities within the borough. They have been elected by young people to proactively represent their views to people who make key decisions about young people in the borough. The Youth Council meets every four weeks with working groups to provide specific input into consultations and development of services. The Richmond Youth Council has developed manifesto priorities for 2015 based upon the findings from the Richmond Young People's Survey³. These priorities include promoting good mental health, understanding substance misuse and risky behaviours, sex education; legislation, relationship abuse and child sexual exploitation, increasing youth centre usage and promoting the youth voice⁴,

Richmond upon Thames College, Haymarket Media Group, Harlequin (Rugby) Football Club, Clarendon School, Waldegrave School, Richmond Council and Achieving for Children are working together to create a **Richmond Education and Enterprise Campus** on the existing College site in Twickenham. The Campus will include new college buildings, a new secondary school, purpose-built accommodation for Clarendon School's Key Stage 3 and 4 pupils (the borough's day, community, special school for pupils with complex learning difficulties) and Haymarket's new "tech hub" and digital media incubator. In June 2014 the Richmond upon Thames College Free School received conditional approval to open from the DfE and the College's phase one and two funding bids have received full approval from the London Enterprise Panel. Construction on the site is due to commence in autumn 2016 with completion of phase one of the College redevelopment, secondary school building and Clarendon School building expected in 2017/2018.

The Campus will deliver the highest quality education with unparalleled opportunities for developing skills and pursuing employment. There will be opportunities for work experience and apprenticeships with Haymarket, Harlequins, their partners and other local employers. In addition access to the new Haymarket tech hub through the Haymarket Skills Academy will provide students with access to industry standard technology and the opportunity to work with established professionals. The new secondary school will address the established need for school places and increase diversity of provision. For Clarendon School, there will be a purpose built building with greater opportunities for integration and improved transition arrangements for pupils post sixteen, as well as a more accessible location in the borough.

The Council is in the early stages of developing a **Further Education Strategy** with the intention of providing a clear strategy for local colleges to meet the Borough's needs for wellbeing and skills development. The strategy will: meet the needs for lifelong learning identified in the JSNA; complement the work done by schools and AfC in supporting young adults who do not thrive in a traditional schooling atmosphere; identify how colleges can develop a curriculum which supports the

³ [Richmond Young People's Survey 2014](#)

⁴ Richmond Youth Council Manifesto Priorities 2015, available from AfC

needs of local businesses; be reactive to initiatives such as the need to work with local large employers to get the best value from the forthcoming Apprenticeship Levy.

3. Who are the children and young people who live in the borough?

3.1 Richmond as a Borough

Richmond is a prosperous, safe and healthy borough. It covers an area of 5,095 hectares (14,591 acres) in southwest London and is the only London borough spanning both sides of the Thames, with river frontage of 21½ miles.

- The population of Richmond is 194,730 according to the 2015 Office for National Statistics Mid-Year Estimates. A total of 51% of the population are female and 49% are male.
- Children and young people aged 0-14 make up 20% of the total population of the borough, 65% are aged between 15 and 64 and 15% are older people aged 65 and over.
- It is projected that the total population of Richmond will increase by nearly 6% (11,382 people) by 2030 according to the GLA SHLAA-based population projections. Of particular note, the proportion of over 65s is set to increase from 15% of the total population to 18% which will put increasing pressure on services for older people.⁵
- 71% of the population of Richmond are White British, 15% are White Other and 14% are from Black, Asian and other non-white minority ethnic backgrounds (BME).⁶
- Richmond has a large owner occupied sector: 63.6% of households own their home, either outright (29.8%) or with a mortgage (33.8%).⁷
- Although an affluent borough with high house prices, there is a significant variation in prices across different wards. The average property price in Richmond as a borough was £662,624 in May 2016 which is significantly higher than the London average of £472,163.⁸

3.2 Children and young people in Richmond

Table 1 - Population by age

⁵ GLA 2015 round SHLAA-based population projections: Capped Household Size Model

⁶ Census 2011

⁷ Census 2011

⁸ Land Registry UK House Price Index

Age groups	Number	% of total population	% of total 0-19 population
0-4	13,875	7.5%	30.6%
5-9	13,678	6.7%	27.7%
10-14	10,785	5.4%	22.1%
15-19	9,420	4.8%	19.6%
Total	47,758	24.4%	100%

ONS MYE 2015

The 0-19 children and young people (CYP) population makes up nearly a quarter of the total population of Richmond. The biggest age group is young children aged 0-4 which make up 7.5% of the total population of the borough and 31% of the 0-19 population.

The changing population - Between 2001 and 2015 the total population of children and young people in the borough increased by 21%. The high attainment and good reputation of Richmond schools along with the green space and good transport links may make the borough particularly attractive to young families with children. The biggest proportionate increase by age group has been in children aged 5-9 which has increased by 31% since 2001 (3,100). As shown in table 1 and figure 1, the younger age groups (people aged 0-9) make up over 58% of the total of the CYP population. There are comparatively few CYP aged 10-14 and even fewer aged 15-19. The 15-19 population may be affected by the high attainment levels of CYP at Key Stage 4 meaning many school leavers go on to further education or training outside of the borough. The relative affluence of Richmond as a borough may also be a disincentive for young people to remain as housing costs can put independent accommodation out of the reach of many young adults.

GLA SHLAA data projects that the population of CYP will increase by 1.5% (719) to a 2030 figure of 48,477.⁹ These figures are projecting a slowdown in the growth of the population aged 0-9 and an increase in the population aged 10-19 as large numbers of 0-9 year olds born during 2008-14, move into their late childhood and teenage years.

Gender - There are 24,221 males aged 0-19 in Richmond and 23,537 females, or 50.7% of the CYP population are male and 49.3% female.

⁹ GLA 2015 round SHLAA-based population projections: Capped Household Size Model

Table 2 – Richmond population by gender

Age group	Males	Females
0-19 population	50.7%	49.3%
Total Richmond population	48.6%	51.4%

ONS MYE 2015**Figure 1 – CYP Population by gender, Richmond and comparators**ONS MYE 2015

Across the CYP populations of Richmond, London and England the gender breakdown shows a male dominance that is not seen across the breakdown of the total population – there are more boys and young men than girls and young women than men versus women in the total population. When looking at the gender breakdown of the total population of Richmond, there is a more marked female dominance with women making up 51.4% of the total population.

Race and ethnicity

The CYP population of Richmond is notably more diverse than the total Richmond population and in particular, shows a much greater proportion of people from Black and Minority Ethnic (BME) groups than the borough average of 14%. 21% of people aged 18-19 in the borough are of BME ethnic backgrounds which is the largest BME proportion of all age groups. But even in the age groups with the lowest proportion of BME residents (people aged 10-14 and 16-17) the figure at 18% is still significantly higher than the rate across the borough.

Table 3 – High level ethnic group by age

Age	Rate		
	% White British	% White Other	% BME
Age 0 to 4	69%	12%	19%
Age 5 to 7	68%	12%	19%
Age 8 to 9	70%	11%	19%
Age 10 to 14	72%	11%	18%
Age 15	72%	11%	17%
Age 16 to 17	72%	10%	18%
Age 18 to 19	70%	9%	21%
Richmond 0-19 population	70%	11%	19%
England 0-19 population	75%	4%	21%
<i>Total Richmond population (all ages)</i>	71%	15%	14%

2011 Census

The ‘White Other’ CYP population, however, is lower than the borough average (14%) across all age bands ranging from 9% amongst 18-19 year olds to 12% amongst 0-7 year olds. Richmond borough has a much higher ‘White Other’ population than England but the lower incidence amongst CYP reinforces our understanding that this ‘White Other’ population is predominantly transient adult migrants from wealthy Western nations such as the USA, Western Europe, Australia and New Zealand.

Table 4 – Ethnicity of CYP, detailed

Age	White British	White Other	Mixed/Multiple ethnic group	Asia/Asian British	Black/African/Caribbean/Black British	Other ethnic group
Age 0 to 4	68.8%	11.9%	10.3%	5.9%	1.7%	1.4%
Age 5 to 7	68.4%	12.4%	9.2%	6.7%	1.8%	1.5%
Age 8 to 9	69.8%	11.4%	8.3%	7.4%	1.5%	1.6%
Age 10 to 14	71.8%	10.5%	7.4%	7.4%	1.5%	1.4%
Age 15	72.3%	10.7%	6.6%	6.6%	1.7%	2.1%
Age 16 to 17	72.0%	9.5%	6.5%	8.3%	1.6%	2.1%
Age 18 to 19	70.3%	8.7%	6.7%	8.5%	2.7%	3.0%
Total 0-19 population	70.1%	11.1%	8.5%	6.9%	1.7%	1.7%
<i>Total Richmond population</i>	71.4%	14.5%	3.6%	7.3%	1.5%	1.6%

2011 Census

When looking at a more detailed ethnic breakdown, the variation amongst the CYP population compared to the total population of the borough is even more apparent. Most notably, 10% of CYP aged 0-4 are from ‘Mixed/Multiple ethnic groups’ compared to only 4% across the whole of the borough. This is in line with national trends which show that ‘Mixed/Multiple ethnic groups have the

*youngest age profile of all the ethnic groups.*¹⁰ In addition, the ‘Asian/Asian British’ ethnic group is most prominent amongst CYP aged 16-19 and slightly higher than the borough average. The ‘Other ethnic group’ which includes ‘Arab’ and ‘Any other ethnic group’ is broadly in line with the borough average but most common amongst people aged 18-19.

Ethnicity by locality - The most diverse Locality in Richmond is ‘Heathfield, Whitton and West Twickenham’ in which 22.58% of the total population are from Black and Minority (BME) Ethnic groups. This is considerably more diverse than the borough average of 14.05% of the population from BME groups. The biggest sub group of the large BME community in ‘Heathfield, Whitton and West Twickenham’ is the 14.32% of people of the ethnic group ‘Asian’. This is the biggest concentration of this ethnic group in any locality in the borough and twice the borough wide average of 7.27% of the population from the ethnic group ‘Asian.’

Table 5 – Ethnicity of total Richmond population by Locality

Locality	White British	White Other	Mixed	Asian	Black	Other	Total BME
Kew, Mortlake, Barnes and East Sheen	70.28	17.54	3.64	5.46	1.25	1.83	12.18
Ham and Richmond	65.86	19.24	4.06	7	1.57	2.26	14.89
St Margarets, Twickenham and Teddington	76.23	13.27	3.33	4.94	1.04	1.17	10.48
Hampton and Hampton Hill	75.85	9.92	3.41	7.93	1.67	1.23	14.24
Heathfield, Whitton and West Twickenham	66.54	10.88	3.82	14.32	2.57	1.87	22.58
Maldens and Coombe	54.48	10.95	3.79	24.52	2.4	3.88	34.59
North Kingston and Kingston Town	63.39	13.77	4.55	12.61	2.8	2.88	22.84
Surbiton and Tolworth	65.78	11.28	3.7	14.8	2.53	1.93	22.96
South of the Borough	78.35	7.13	3.17	7.99	1.98	1.37	14.51
Richmond	71.44	14.52	3.63	7.27	1.51	1.64	14.05
Kingston	63.11	11.38	3.91	16.34	2.51	2.74	25.5
England	79.75	5.66	2.24	7.82	3.47	1.04	14.57

2011 Census

There is also diversity across the localities in terms of the ‘White Other’ ethnic group – the borough average for this ethnic group is 14.52% of the total population but across the five localities there is a range of values from 9.92% of the population in ‘Hampton and Hampton Hill’ to 19.24% in ‘Ham and Richmond’. The high ‘White Other’ population in ‘Ham and Richmond’ is likely to be the result of the German School located in the area which has led to concentrations of German speaking ‘White Other’ communities in the vicinity.

¹⁰ [ONS: What Does the 2011 Census Tell Us About Inter Ethnic Relationships? \(2014\)](#)

Language proficiency – The 2011 Census provides information on the standard of English spoken by resident's based on their age. Amongst CYP aged 3 to 15, 92.9% of people have a main language of English. Amongst 16-24 year olds (Census age banding), this drops slightly to 90.4% but is still slightly higher than the average for the borough population, of 89.6%. Of the 7.1% of people aged 3-15 who don't have English as a main language, the vast majority (6.2%) can speak English very well. The pattern is the same amongst people aged 16-24 with 9% of the 9.6% who don't have English as a main language still able to speak English well or very well.

Table 6 – Language proficiency by age

Age	Main language is English	Main language is not English	Main language is not English: Can speak English very well or well	Main language is not English : Cannot speak English or cannot speak English well
Age 3 to 15 count	26,255	2,014	1,743	271
Age 3 to 15 rate	92.9%	7.1%	6.2%	1.0%
Age 16 to 24 count	14,707	1,557	1,461	96
Age 16 to 24 rate	90.4%	9.6%	9.0%	0.6%
Total Population rate	89.6%	10.4%	9.4%	1.0%

2011 Census

Religion

Table 7 – Religion by age

Religion	0-15 population	Total Richmond population
Christian	54.2%	55.3%
No religion	27.7%	28.4%
Religion not stated	9.9%	8.5%
Muslim	4.5%	3.3%
Hindu	1.5%	1.6%
Sikh	0.9%	0.8%
Jewish	0.6%	0.8%
Buddhist	0.5%	0.8%
Other religion	0.2%	0.5%

2011 Census

The largest religion amongst CYP is 'Christian' with over 54% of 0-15 year olds declaring as Christian in the 2011 Census which is slightly lower than the borough rate of just over 55%. The

second biggest group is those declaring as having 'No Religion' at 27.7%, again, slightly lower than the borough rate. Interestingly, there is a significant 'Muslim' minority at 9.9% of the 0-15 population which is higher than the borough rate of 8.5%.

Children with a disability - Data from the 2011 Census provides estimates of the number and percentage of people whose day to day activities are limited by a disability or long term health condition, by age.

Table 8 – Disability by age

Age	Day-to-day activities limited a lot	Day-to-day activities limited a lot %	Day-to-day activities limited a little	Day-to-day activities limited a little %
Age 0 to 15	341	0.9%	521	1.4%
Age 16 to 24	201	1.3%	390	2.6%
<i>Total population</i>	<i>8,331</i>	<i>4.5%</i>	<i>11,963</i>	<i>6.5%</i>

2011 Census

The data shows that CYP have a much lower incidence of ill health or disability affecting their day-to-day activities with 0.9% of CYP aged 0-15 and 1.3% of CYP aged 16-24 having their day-to-day activities limited a lot compared to the total population figure of 4.5%. This is not uncommon as many long term conditions and disabilities are age related and tend to manifest in later life.

National figures¹¹ estimate that 2% of the population have a moderate or severe learning disability of some kind – if we apply this to our local CYP population we can estimate that around 950 people aged 0-19 have a learning disability in Richmond.

When looking at disability by age and gender, the percentage of CYP whose day to day activities are limited by a disability or long term health condition is higher amongst males than females in all age groups bar 15-19 year olds. The rate progressively increases through the age bands from 0.8% for girls aged 0-4 and 1.1% for boys aged 0-4 to 3.9% amongst girls aged 15-19 and 3.8 amongst boys aged 15-19.

¹¹ These predictions are based on prevalence rates in a report by Eric Emerson and Chris Hatton of the Institute for Health Research, Lancaster University, entitled Estimating Future Need/Demand for Supports for Adults with Learning Disabilities in England, June 2004. Sourced from <http://www.pansi.org.uk>.

Table 9 – Disability by age and gender, males

Age	Richmond		London		England	
	Males - day to day activities limited	Males - day to day activities not limited	Males - day to day activities limited	Males - day to day activities not limited	Males - day to day activities limited	Males - day to day activities not limited
Age 0 to 4	1.1%	98.9%	2.4%	97.6%	2.5%	97.5%
Age 5 to 9	3.3%	96.7%	4.6%	95.4%	5.0%	95.0%
Age 10 to 14	4.0%	96.0%	5.6%	94.4%	6.1%	93.9%
Age 15 to 19	3.8%	96.2%	5.2%	94.8%	5.6%	94.4%

2011 Census

Table 10 – Disability by age and gender, females

Age	Richmond		London		England	
	Females - day to day activities limited	Females - day to day activities not limited	Females - day to day activities limited	Females - day to day activities not limited	Females - day to day activities limited	Females - day to day activities not limited
Age 0 to 4	0.8%	99.2%	1.7%	98.3%	1.8%	98.2%
Age 5 to 9	2.0%	98.0%	2.8%	97.2%	2.9%	97.1%
Age 10 to 14	3.3%	96.7%	3.6%	96.4%	3.7%	96.3%
Age 15 to 19	3.9%	96.1%	4.3%	95.7%	4.7%	95.3%

2011 Census

Table 11 – Disability of 0-15 population by ethnic group

Ethnic Group	Richmond			London			England		
	Day-to-day activities limited a lot	Day-to-day activities limited a little	Day-to-day activities not limited	Day-to-day activities limited a lot	Day-to-day activities limited a little	Day-to-day activities not limited	Day-to-day activities limited a lot	Day-to-day activities limited a little	Day-to-day activities not limited
White	0.9%	1.4%	97.8%	1.4%	2.0%	96.6%	1.5%	2.3%	96.2%
Mixed/multiple ethnic groups	1.0%	1.9%	97.1%	1.6%	2.3%	96.1%	1.6%	2.3%	96.1%
Asian/Asian British	0.7%	1.5%	97.8%	1.4%	1.6%	97.0%	1.5%	1.8%	96.8%
Black/African/Caribbean/ Black British	2.6%	2.1%	95.4%	1.7%	2.0%	96.3%	1.6%	1.9%	96.5%
Other ethnic group	2.4%	0.9%	96.7%	1.6%	1.9%	96.5%	1.6%	1.9%	96.5%

2011 Census

In Richmond, the rate of CYP aged 0-15 who have a disability or long term health condition which limits their day to day activities a lot, is higher amongst Black children and those from Other ethnic backgrounds. The lowest rate is amongst Asian children at just 0.7% followed by White children

(0.9%). This reflects the rate across London and England with a higher rate of limiting disability and long term health conditions amongst Black children than children of any other ethnic group.

Children who care - Within Richmond there were 256 0-15 year olds who reported that they provided unpaid care at the time of the 2011 Census. Of these, the majority were recorded as providing 1 to 19 hours of unpaid care a week. Provisional data from the Local Safeguarding Children's Board suggests that at the end of March 2016 379 children or young people were registered with the Young Carers service.¹² This suggests that there are a cohort of young carers who are not accessing the support available to them.

Table 12 – Children who care

Age	Provides 1 to 19 hours unpaid care a week	Provides 20 to 49 hours unpaid care a week	Provides 50 or more hours unpaid care a week
Age 0-15 count	217	17	22
Age 0-15 rate	0.6%	0.0%	0.1%
Age 16-24 count	529	74	41
Age 16-24 rate	3.3%	0.5%	0.3%
Total population rate	6.3%	0.9%	1.3%

2011 Census

The Richmond Young People's Survey (2014)¹³ however highlights that, of the 2,801 children surveyed, 7% of 13-15 year olds (71 young people) and 11% (196 children) of 9-12 year olds cared for someone at home on a regular basis unable to care for themselves. Although it is acknowledged that this figure may include the care of younger children, it may also demonstrate under-representation of young carers within the Census figures.

Pregnancy and maternity - The number of teenage conceptions, maternities and abortions in Richmond has remained low since 1998 when there was a rate of 23.1 teenage conceptions per 1,000 women aged under-18.

¹² LSCB Dataset Quarter 4 2015-6

¹³ [Richmond young people's survey 2014](#)

Table 13 - Teenage conceptions, maternities and abortions 2010-2013 - rates per 1,000 women aged under-18

Area		2011		2012		2013		2014	
		Number	Rate	Number	Rate	Number	Rate	Number	Rate
Richmond	Conceptions	53	19.8	53	19.9	32	11.7	36	12.6
	Maternities		7.8		6.8		5.5		4.5
	Abortions		11.9		13.1		6.2		8
Kingston	Conceptions	56	22.1	52	20	42	15.8	42	15.3
	Maternities		7.9		5		5.3		3.3
	Abortions		14.2		15		10.6		12
London	Conceptions	3,890	28.7	3,504	25.9	2,982	21.8	2,942	21.5
	Maternities		11.2		9.8		7.8		7.7
	Abortions		17.5		16.1		14		15.4
England	Conceptions	29,166	30.7	26,157	27.7	22,830	24.3	21,282	22.8
	Maternities		15.6		14.1		11.9		11.1
	Abortions		15.1		13.6		12.4		11.7

ONS data on teenage conception

The rate of teenage conceptions in Richmond rose slightly to 12.6 per 1,000 of the population in 2014 but equates to just 36 teenage conceptions in that year. This is one of the lowest rates nationally and lower than the rate for Kingston (15.3) and considerably lower than London (21.5) and England (22.8). Similarly Richmond has low rates of maternities and abortions amongst teenagers compared to the London and England averages.

Sexual health - The findings of the Richmond young people's health survey¹⁴ showed levels of understanding of contraception methods among secondary school pupils in Richmond was generally good but could be improved. For example 74% of secondary school pupils stated that the use of condoms was reliable to stop pregnancy. Only 29% of pupils (40% of year 10) knew that there was a contraception and advice service for young people available locally.

Chlamydia is the most prevalent sexually transmitted infection (STI) in England, particularly among young adults. Most people with Chlamydia do not have any symptoms. If left untreated, Chlamydia infections can persist for months or years and can lead to long-term fertility problems¹⁵. Unlike some other STIs, chlamydia is found relatively often among people with both high and low numbers of sexual partners, although those with higher numbers of sexual partners are at greater risk of infection, especially men. Once diagnosed, Chlamydia can be easily treated with antibiotics.

The National Chlamydia Screening Programme (NCSP) seeks to address this issue by regularly testing sexually active under-25s who do not have any symptoms as a routine part of primary care and sexual health consultations. A high diagnosis rate is not a measure of ill health as for other STIs but reflects success at identifying infections that may not otherwise be diagnosed and treated. The

¹⁴ [Richmond Young People's Survey 2014](#)

¹⁵ [Public Health England \(2014\): Opportunistic Chlamydia Screening of Young Adults in England](#)

NCSP recommends that local areas achieve a diagnosis rate of 2,300 per 100,000 young people in order to result in a decrease in prevalence.

In Richmond, a total of 551 people were diagnosed with Chlamydia in 2015, including 324 people aged 15-24. In 2015, the local Chlamydia detection rate (for those aged 15-24) was 1,853 per 100,000, compared to 2,200 per 100,000 in London and 1,887 per 100,000 in England. (Please see section [5.2.1] of the Sexual Health Needs Assessment for further information on the NCSP in Richmond).¹⁶

Children's Centres and Nursery provision – There are nine Children's Centres within the borough providing services for Richmond's youngest residents. Provisional data¹⁷ from 2015-6 suggests that 68% of children under 5 (living locally to a children's centre) are registered with a children's centre, an increase from 62% in 2014-5. Kingston has a higher level at 89% in 2015-6 (also an increase from 87% in 2015-6). Of those registered 12% are regarded as regular visitors (20 visits) however this is slightly higher in Kingston at 15%.

Local Authorities have a duty under the Childcare Act (2006) to reasonably ensure sufficient childcare for working or studying parents; as such a Childcare Sufficiency Assessment has been developed by AfC to assess this need¹⁸. In 2015 there were 407 early years settings (providers) offering 7309 places and 22 primary schools with nursery units within the borough.

Of the 5750 three and four years olds in Richmond (in 2015), 98% accessed free nursery education, demonstrating a consistently high uptake when compared to previous years. Free nursery provision is also available for two years olds, where their parent(s) are eligible for certain benefits. Of the 312 eligible two year olds within the borough (12% of the total two year old population), 87% were accessing free provision, with the greater proportion of the children living in Ham and Richmond. Although identification and take up are high in Richmond the effect of the growing number of young children living in the borough and the proposed extension of free provision for 30 hours per week from 2017, will pose some challenges to ensuring sufficiency within the borough.

Transitions for children and young people with learning disabilities - Providing support to children and young people with learning disabilities through the transition to adulthood is important in helping them to achieve better outcomes. The Council and its partners play a key role in transition planning as staff from AfC, adult social care, housing services and care providers are all involved. Government reports have consistently emphasised the importance of the transition period for children and young people with disabilities yet there has been criticism of the support provided such as the report from the parliamentary hearings which informed the 'Aiming High for Disabled Children' review in 2007 which described the transition to adulthood as 'the black hole'¹⁹. The 2014 SEN code of practice (part of the Children and Families Act 2014) sets out the legal duty of local

¹⁶ [Sexual Health Needs Assessment](#), Richmond JSNA

¹⁷ AfC Quarter 1 2016-7 Performance Report for Commissioning Councils (July 2016)

¹⁸ Childcare Sufficiency Assessment 2015/16 awaiting publication

¹⁹ [Parliamentary hearings on services for disabled children: summary report \(2006\)](#) p.6

authorities to include support for ‘preparing for adulthood’ in the ‘Local Offer²⁰. The Code necessitates that all reviews of Education, Health and Care (EHC) plans from Year 9 (typically age thirteen) onwards include an emphasis on ‘preparing for adulthood’²¹.

Local picture - In 2012 as a response to the financial crisis the government introduced a new funding approach for the delivery of affordable housing. Whereas grant rates to support the development of supported housing schemes had been at rates of around 80% these dropped significantly to around 20-30% making many supported housing schemes unviable. Locally it was agreed that ‘protecting the most vulnerable’ remained a corporate priority and the Council agreed to offer discounted land and also grant from the Housing Capital Programme to facilitate the continued delivery of supported housing. Some Registered Providers also used their own ‘recycled capital grant funding’ to support development opportunities. When opportunities arise Housing Associations also bid for additional grant through, for example, the Mayor’s Specialised Care and Supported Housing Fund and a £250,000 grant was awarded to Paragon Community Housing group to develop a scheme for 4 people with autism and complex needs, this was completed in 2016. Paragon have now been successful in securing a further £250,000 in Phase Two of the same GLA fund, and working with Richmond Council, who will be selling the land at a discounted price, will be developing a further supported housing scheme for young people in transition who access the Learning Disability Service.

Further, more detailed background information can be found in:

- The Housing Strategy²² the Councils plans and priorities for Housing from 2013 – 2017.
- The Autism Strategy aims to ensure people with autism are supported to realise their full potential in all stages of their lives and looks at the support measures required to achieve this.
- The Department of Health published a report into the events that transpired at Winterbourne View Hospital in South Gloucestershire where young people with learning disabilities were being mistreated and abused²³. The report sets out actions to transform services so that vulnerable people no longer live inappropriately in hospitals and are cared for in line with best practice. It gives a strong recommendation for local, in borough placements over out of borough placements.

To provide context, data from AfC suggests that 366 children and young people are placed in specialist educational provision outside of Richmond, e.g. in the boroughs of Surrey (20%), Wandsworth (12%), Hounslow (13%) and Kingston (11%). As at July 2016, 229 children and young people are currently placed at an independent or non-maintained educational placement of which 53 young people are in a residential setting. Of the 53 placed within residential settings, 36%

²⁰ [The Local Offer for Richmond and Kingston](#)

²¹ [Department for Education Draft special educational needs and disability code of practice: 0 to 25 years: Statutory guidance for organisations who work with and support children and young people with special educational needs and disabilities \(2014\) p.112](#)

²² [Richmond Housing Strategy 2013-17](#)

²³ [Winterbourne View Hospital Review \(2012\)](#)

received support due to autistic spectrum disorder highlighting a clear need for specialist provision within this area²⁴.

The table below shows the number of children and young people currently at different stages of transitioning into supported accommodation:

Table 14 – Number of children and young people with learning disabilities who have transitioned or need to transition into supported accommodation/residential care

Situation	Number of Children & Young People
Moved in the last 4 years	46
Planned moves	12
Future need but no solution in place	31
Future need but not immediate/no timeline in place to move	29

Source: Adult and Community Services data 2016

In the last four years 46 young people (the vast majority of whom were under 25 at the time of the move) moved into new or existing schemes (mostly supported living but some, as noted, were residential care with trusted providers). Forecasts identify twelve planned moves with identified solutions; thirty one future placements needed with timelines identified and a further 29 young people for whom we anticipate accommodation being needed in the future but without a clear timeline (the majority of these are at the younger end of transition (under 18)).

There is an identified need for continued close collaborative work within the Council and between agencies (Council, Achieving for Children, Housing providers and care and support providers) to determine possible solutions to increase locally available placements (e.g. development of provision, ensuring viable tenancies, reviewing disposal of Council assets, and joint commissioning of care and support services). Providing excellent local services delivers on the Council's commitment to support children and young people, and ultimately better services support them in achieving better outcomes.

Child Poverty - Children and young people who live within families where income outstrips needs can be defined as living in poverty. Child poverty is associated with poorer long term outcomes for these children and young people. The Richmond Child Poverty Strategy 2014-17²⁵ outlines a comprehensive needs assessment and action plan for addressing this issue.

²⁴ AfC SEN Tribal database data as of 11th July 2016

²⁵ [Richmond Child Poverty Strategy 2014-7](#)

Table 15 – Children living in poverty (refers to those under-16 years old)

Area	Number of children in poverty	Percentage of population
Richmond	2,935	8.30%
Kingston	3,530	11.90%
England	-	18.60%

Public Health England – 2016 Child Health Profiles

Data on child poverty is routinely produced and published by Public Health England (PHE) as part of the Public Health Outcomes Framework. This indicator therefore reflects an actual count of children in poverty whereas other data, such as that from End Child Poverty are based on modelled estimates. PHE released data on child poverty in their June 2016 Child Health Profile, this put Richmond's child poverty level at 8.3% which is a reduction from the previous release which was 8.8%. The national average for child poverty is 18.6% demonstrating that Richmond has relatively low levels of child poverty overall.²⁶

Similarly the latest figures for 2014/15 show no change in the proportion of people in relative and absolute low income, both before housing costs and after housing costs, compared to 2013/14. As illustrated in section five property costs in Richmond are high. This is why 'after housing costs' are also monitored in the statistics provided by the Child Poverty Action Group (CPAG) who consider them to be 'a better guide to the number of households who experience poverty'. CPAG states that the cost of housing is obligatory and essential hence people rely on their disposable incomes after housing costs have been taken out. This is reflected in London in particular where the cost of housing is very high, thus more households have lower disposable incomes and can be regarded as in poverty.²⁷

'End Child Poverty' place Richmond as the London Borough with the lowest level of children living in poverty. After housing costs have been factored they project that 14.9% of Richmond's children are living in poverty. It should be noted that Richmond has the highest house prices and highest average private rents of all Outer London Boroughs. The Borough has no Council housing stock, having transferred its housing to RHP as part of a Large Scale Voluntary Transfer in 2000. Whilst Housing Association homes predominantly are let at a 'Target Rent' which is significantly below private market rents, Housing Associations have needed to convert a high level of these homes to 'Affordable Rent' which can be up to 80% of market rents in order to fund new development schemes as grant rates have been reduced. These higher rents in the Housing Association sector are impacting some families' disposable incomes. To mitigate this the Council works with Housing Associations to negotiate rent levels on new schemes and agrees which properties are converted to affordable rent, this is explained in more detail in the Council's [Tenancy Strategy](#). The 'End Child

²⁶ [Richmond upon Thames Child Health Profile June 2016](#)

²⁷ [CPAG: Child Poverty Facts and Figures](#)

Poverty' report also highlights that there are small pockets of need within wards in the Borough where child poverty is slightly higher, namely Whitton, Ham, Petersham and Richmond Riverside, Hampton North and Heathfield.²⁸ Many of these wards have concentrations of social housing.

Welfare Reform - Building on the previous Welfare Reform Act 2012, the Welfare and Work Act and the Housing and Planning Act, both enacted in 2016, have reinforced the Government's intention to make work pay and support long-term 'out of work' households into employment.

Reforms to date include a limit on how much benefits families can receive subject to their circumstances (from November 2016, benefit to couples with or without children, or lone partners with a child, will be capped at £23,000 a year (or £442 weekly), or singles adults capped at £15,410 a year (or £296 weekly), removal of the Spare Room Subsidy, (where social housing tenants who have spare bedrooms have their Housing Benefit payment reduced by 14% for one spare bedroom and 25% for two or more) and a reduction in the levels of housing benefit paid for property in the private rented sector (Local Housing Allowance rates).

Historically, LB Richmond has had low numbers affected by the Benefit Cap so the impact will be lower than for other local authorities in London though the number of new families facing the revised cap will be investigated. Preliminary caseload data from DWP (as at July 2016) show there will be approximately 159 households affected by the Cap in Richmond borough. Information on households with children isn't available at this time.

These changes may affect families as a household may have to move area in order to find cheaper housing or to a property appropriate to their family size. It could also mean a family reliant on welfare benefits has to reduce expenditure on essentials due to a lower level of benefits available. Alternatively a household encouraged into work may be better off, improving a household's financial prospects and wellbeing.

As of February 2016 476 households in housing association homes in Richmond upon Thames were affected by the removal of the spare room subsidy.

Summer Budget 2015 - The Chancellor announced a number of changes at the Summer Budget that will affect welfare benefits, the following of which should be noted in particular as potentially affecting children and young people's outcomes:

- Working-age benefits, including Local Housing Allowance, will be frozen for 4 years from 2016-17 (this doesn't include Maternity Allowance, maternity pay, paternity pay and sick pay).
- The concern is that Local Housing Allowance is no longer keeping up with market rents in borough. Hence there is a potential impact on the Rent Deposit Scheme in relation to availability of properties. More moves out of borough are likely for Rent Deposit and Private Rented Sector Offer's for those not affected by the Benefit Cap.

²⁸ [End Child Poverty: Poverty in your area](#)

- There are proposed changes from April 2017 for the restriction on tax credits to just two children. Subsequent children after 2017 are not eligible. It is not clear at this stage what impact this will have on families but the Council will continue to monitor this.

Autumn Statement 2015 - The Government announced in the Autumn Statement their intention that Housing Benefit in the social housing sector would be capped at Local Housing Allowance rates (this is the local rate of Housing Benefit in the private rented sector) for new tenancies after April 2016. The Cap will only be implemented from April 2018. Measures include the 'shared room rate' where those aged under 35 will only be entitled to housing benefit up to the value of a room in a shared house. Government thinking is to reduce the housing benefit bill and to provide parity with the private rented sector. They also argue that it is fairer to the taxpayer providing those reliant on housing benefit the same housing choices as those not on benefits. In Richmond upon Thames the likely difference between the shared room rate and a social rent on a one bedroom property is likely to be £40 per week, when compared to 'Target Rents', far higher when compared to 'Affordable Rents', up to £85 to £125 per week. The Council is currently reviewing how this will affect the nomination of single people under 35 from the Housing Register to housing association homes in the Borough.

The Government currently grants exemptions to certain households affected by some Welfare Reform measures they include; Care Leavers, Disability Living Allowance claimants, MAPPA Clients (ex-offenders), people moving from a homeless hostel. It is not yet clear what exemptions may apply to social housing tenants.

Introduction of Universal Credit - Universal Credit will bring a number of benefits into one monthly payment. Therefore those claiming Job Seekers Allowance, Employment and Support Allowance, Housing Benefit, Working Family Tax Credit, Child Tax Credit and Income Support will receive one single payment. The aim is to simplify the benefits system and ensure that work pays, addressing the situation that can occur where a resident's income decreases once they move off benefits and into work.

Universal credit was implemented in Richmond upon Thames for new, single claimants on 2nd November 2015. For the rest of the existing claimants Government has recently announced a delay in the timetable, therefore we do not yet know when this will occur. Any potential impact on families with children will occur over the longer term and officers are monitoring the situation. Likely issues include support to families to budget monthly and financial planning if they have not had a monthly budget before; wider welfare advice such as entitlement to benefits; and work around digital inclusion, as most claims will be required to be made on-line and social rents paid by tenants direct to their landlord. The Department for Work and Pensions are issuing Alternative Payment Arrangements to those who are unable to manage their monthly benefit payments but these arrangements are not for the long term. As at August 2016 there are 351 live Universal Credit claimants and 2 personal budgeting support referrals made by the Job Centre Plus to local partners who are supporting the process (i.e. Citizens Advice Bureau) as commissioned by LB Richmond.

Children living in poor quality/inadequate housing - Children living in poor or overcrowded housing are more likely to suffer from respiratory health problems, be at greater risk of infections and have mental health problems; it also threatens children's safety.²⁹ In Richmond, the majority of social housing meets the Decent Homes Standard³⁰ so poor quality conditions are largely in the private sector.

Table 16 - Children living in overcrowded households

Area name	No. of households in borough with dependent children	No. of dependent children in overcrowded households	Percentage of dependent children in overcrowded households
Richmond	23,648	1867	7.90%
Kingston	19,684	2284	11.60%
London			23.60%
England			9.20%

2011 Census

The 2011 Census was the first Census to collate occupancy ratings for bedrooms. An occupancy rating shows whether a household is overcrowded or under-occupied. This is based on the number of bedrooms available minus the recommended bedroom standard. Richmond has far fewer overcrowded households with dependent children (7.9%) than London in which nearly a quarter of households (23.6%) are overcrowded. In England as a whole the number is far lower than London with under 1 in 10 (9.2%) overcrowded, Kingston slightly exceeds this with 11.6%.

Of the 3,016 overcrowded households in Richmond, around 6 in 10 (61.9%; 1,867) were households with dependent children, this was almost the same for Kingston with 3,681 overcrowded households, again around 6 in 10 (62%; 2284), with the national figure 68.1%. It is notable that a higher percentage of overcrowded households have dependent children indicating that having dependent children may place additional strain on space within a household. Although these are fairly low numbers they demonstrate that households with dependent children are more likely to be overcrowded. This must be regarded seriously as cramped living conditions harm family relationships, negatively affect children's education and cause depression, stress and anxiety.

Overcrowding is more common in private rented households in Richmond and Kingston (41% and 44% respectively of those households that were overcrowded were privately rented). This may be in part due to an inability to pay higher rents for larger homes and the practicalities of saving towards a mortgage. Whilst the largest number of overcrowded households can be found in the private rented sector a higher proportion of residents living in housing association homes in Richmond face overcrowding, at nearly 10% of all social housing households. Richmond Council and the GLA

²⁹ [The impact of bad housing on children's lives - Shelter England](#)

³⁰ [Decent Homes Standard](#)

provided grant funding to RHP from 2014-2016 to support the building of eighteen extensions to RHP homes so that overcrowded households could be assisted without the need to move and break local support systems or disrupt schooling. The GLA element of the grant funding has now ended; the Council and RHP are exploring the potential for a further programme of extensions.

Overcrowded Households by Ethnic Origin - Nationally nearly half (49%) of all overcrowded households were headed by someone from an ethnic minority (non- White British) and in London 75% of overcrowded households are headed by someone from an ethnic minority³¹. In Richmond upon Thames nearly 52% of overcrowded households are headed by someone with a White British ethnicity so the proportion of households headed by ethnic minorities is similar to national rather than London levels.

Ethnic minorities face a higher proportion of their total households being overcrowded and in Richmond 8.5% of non-white households face overcrowding compared to just over 2.5% of White British households³². Whilst numbers are low locally nearly 20% of Bangladeshi households face overcrowding as do nearly 15% of Black African households. This reflects national findings (with 35.7% of Bangladeshi households and 26.7% of Black African households nationally lacking one bedroom or more³³).

Inadequate Housing Arrangements – The following data is from our last quarterly statistical return covering the period 01/01/16 to 30/03/16 (The above stats are a snapshot on the last day of the quarter)³⁴:

- Eleven households in Bed and Breakfast (B&B) with shared facilities of which fewer than five households with child/pregnant woman.
- Fewer than five children in B&B with shared facilities.
- Eighty-two households in B&B self-contained/annexe including sixty-three with children/pregnant woman.
- One-hundred and twenty-four children in B&B self-contained/annexe.

Youth Homelessness - Under the Housing Act 1996 as amended by the Homelessness Act 2002 all homeless young people aged 16 to 17 have a priority need for accommodation. Youth homelessness is important as it can affect the life chances of young people. National research has found that youth homelessness may have a negative impact on mental health, may exacerbate or contribute to substance misuse and severely impede young people's participation in employment, education or training.

As part of the Homelessness Review (2011)³⁵ [Homelessness Review](#) (2011), an evidence base on homelessness in Richmond upon Thames, a case file review for the year up to August 2011 found that

³¹ Overcrowding and Under-occupation by ethnic group (2011), Census, ONS

³² Census 2011

³³ Overcrowding and Under-occupation by ethnic group (2011), Census, ONS

³⁴ Housing Operations statistical data – P1E return to DCLG

- 79% of 16/17 accepted homeless cases faced significant problems - meaning prior to homelessness that were already referred to a statutory agency such as social care or the Youth Offending team.
- 58% had a family home in the housing association sector.
- 27% had a history of homelessness, such as experiencing family homelessness.

When a 16/17 year old presents as homeless to a Local Authority, there are relevant considerations under both Housing and Children's social care legislation. Children's law takes precedence over housing law, as clarified by the Southwark Judgement 2009. Locally Richmond Council has a joint protocol between housing services and AfC to ensure young people aged 16/17 receive the proper support. The table below shows the number of youth homelessness acceptances the Council has made over the last five years:

Table 17 – Number of Youth Homelessness Acceptances (aged 16/17)

Year	Number of Homelessness Acceptances
2011/12	32
2012/13	26
2013/14	12
2014/15	16
2015/16	5

Housing Operations Statistical Data 2016

*Note that the table does not include any households with dependent children aged 16/17 that have been accepted for a homelessness duty.

The number of youth homelessness acceptances has reduced from 32 in 2011/12 to 5 in 2015/16. This is a result of good joint working between AfC and Housing services as well as strong preventative working.

Future Affordable Housing – The schemes programmed to complete in 2016/17 will provide a further 85 units with a majority of these being family sized homes. Whilst there are 144 affordable homes with planning permission (92 for rent and 52 shared ownership) that could be completed in 2017/18 or later; (and the majority of these are also expected to be family homes), these could be affected by the Government's intention to provide grant support for home ownership products rather than rented homes.

For further information about housing development of all tenures please see the Housing Authority Monitoring Report ³⁵ which provides data about the number of housing completions over the last ten years and provides future projections e.g. five year projection (until 2020) of 1849 units. It is worth noting that there have been an increasing number of units granted prior approval to convert from

³⁵ [Richmond Homelessness Review](#)

³⁶ [Richmond Housing AMR](#)

office to residential in the last period, for more information about this please see the Employment AMR³⁷.

Private housing development often leads to a larger borough population which in turn impacts on the boroughs school place planning, although it is recognised that where affordable rented homes are developed these are allocated to households who are already resident in the borough. The Council has a School Place Planning Strategy which ‘analyses demand for additional primary places within each of the ten school place planning areas that the Council uses for its pupil forecasts; considers how that demand could be met; and considers whether and when further secondary phase places will be required.’³⁸

3.3 How healthy are the children and young people living in Richmond?

Richmond is a healthy borough with very high rates of breastfeeding initiation; high immunisation take up; low rates of childhood obesity amongst reception and year 6 aged pupils and low rates of teenage conceptions.

Breastfeeding prevalence - Richmond has an excellent rate of mothers initiating breastfeeding at over 90%, one of the highest rates in the country. This is significantly better than the rate across England which stands at just 74%. Breastfeeding is recommended by health care professionals as the best source of infant nutrition for the first six months of an infant’s life. More detailed information on breastfeeding in the borough is available from the JSNA Breastfeeding Needs Assessment.³⁹.

Table 18 - Breastfeeding prevalence

Area	Number of mothers initiating breast feeding (% of maternities where status of breast feeding initiation is known)
Richmond	92.80%
Kingston	88.90%
London	85.50%
England	74%

Breastfeeding prevalence – 2015/16 Q1

Childhood immunisations - Maintaining high rates of childhood immunisation helps to prevent the spread of communicable diseases. It is essential that vaccination levels are maintained in order to ensure exposure to transmission of these diseases is minimised, especially for the unvaccinated.

³⁷ [Richmond Employment AMR](#)

³⁸ London Borough of Richmond upon Thames School Place Planning Strategy 2015-2024

³⁹ [JSNA Breastfeeding needs assessment](#)

Table 19 – Immunisation rate at 1 year old

Area	Percentage immunised by 1 st		
	Number of Children aged 1 per thousand	Diphtheria, Tetanus, Polio, Pertussis, Hib (DTaP/IPV/Hib)	Pneumococcal Conjugate Vaccine (PCV)
Richmond	2.8	91.1	91.3
Kingston	2.5	94.3	93.7
London	126.1	90.6	90.3
England	663.1	94.2	93.9

NHS Immunisation Statistics 2014-15

Table 20 - Immunisation rate at 2 years old

Area	Percentage immunised by 2 nd Birthday				
	Number of Children aged 2 per thousand	Diphtheria, Tetanus, Polio, Pertussis, Hib (DTaP/IPV/Hib)	MMR	Hib/MenC	Pneumococcal Conjugate Vaccine (PCV)
Richmond	3	93.8	86.3	84.9	85.5
Kingston	2.7	96.6	91.2	89.5	90.7
London	130	92.5	87.3	86.8	86.4
England	691.8	95.7	92.3	92.1	92.2

NHS Immunisation Statistics 2014-15

Table 21 - Immunisation rate at 5 years old

Area	Percentage immunised by 5th Birthday					
	Number of Children aged 5 per thousand	Diphtheria, Tetanus, Polio, Pertussis, Hib (DTaP/IPV/Hib) Primary	Diphtheria, Tetanus, Polio, Pertussis Booster	MMR 1st dose	MMR 1st & 2nd dose	Hib/MenC
Richmond	3.3	94.2	68.9	90	71.3	84.9
Kingston	2.7	96.7	85.3	93.8	85.5	88.1
London	128.7	92.2	79.5	90.7	81.1	87.3
England	693.9	95.6	88.5	94.4	88.6	92.4

NHS Immunisation Statistics 2014-15

In 2014/15 vaccination coverage in England was for all reported routine childhood vaccinations measured at one, two and five years below that of other UK countries.⁴⁰ There was some regional variation in coverage across England with levels of immunisation for most routine childhood vaccinations as measured at one, two and five years greatest in the North East. Coverage levels were lowest in London for all routine childhood vaccinations. An example of this is MMR coverage at 24 months for 2014/15 where coverage was highest in the North-East (95.2%) and lowest in London (87.3%).

Richmond has a lower percentage of 2 and 5 year olds vaccinated against Measles, Mumps and Rubella (MMR) than the average rate across England – 86.3% compared to 92.3% for 2 year olds and 71.3% compared to 88.6% for 5 years olds (1st & 2nd dose). It is known that MMR immunisation rates are lower in affluent areas so this is a contributing factor for Richmond. Levels of MMR vaccination were also harmed by a 1998 study which incorrectly suggested a link between autism and the MMR vaccine. This study has since been undermined and vaccination results are beginning to recover.

Immunisation coverage for childhood vaccines remains below the 95% level required to protect children and young people from serious infectious disease though it is noted that neither the England nor London averages reach this mark. Although immunisation rates have improved in the borough since 2008, across the board, they remain lower compared to the average across England for 1, 2 and 5 year olds.

Childhood obesity - The National Child Measurement Programme (NCMP) weighs and measures children in Reception (aged 4-5 years) and Year 6 (aged 10-11 years) to help inform local planning and delivery of services for children and raise awareness of the importance of children maintaining a healthy weight.

Obese children are more likely to be ill, be absent from school due to illness, experience health-related limitations and require more medical care than children of a normal weight. Overweight and obese children are also more likely to become obese adults, and have a higher risk of morbidity, disability and premature mortality in adulthood.⁴¹

⁴⁰ [NHS Immunisation statistics 2014-15](#)

⁴¹ [PHE: Health Risks of childhood obesity](#)

Table 22 - Weight range of Reception year children

Area	Reception year children – 2014/2015			
	Healthy weight &		Overweight	Obese
	Prevalence of healthy weight children (%)	Prevalence of underweight children (%)	Prevalence of overweight children (%)	Prevalence of obese children (%)
Richmond	83.00%	1.20%	11.30%	4.60%
Kingston	83.20%	1.60%	9.60%	5.60%
London	76.30%	1.60%	12.00%	10.10%
England	77.20%	1.00%	12.80%	9.10%

National Childhood Measurement Programme 2014/2015

Richmond has one of the lowest levels of childhood obesity in the whole of England (4.6%). Richmond has a higher prevalence of healthy weight children at Reception year than either London or England and very similar to that of Kingston. Richmond has a slightly higher rate of overweight children amongst reception aged children at 11.3% compared to 9.6% in Kingston but this is still better than the rate in London and England.

Table 23 - Weight range of Year 6 children

Area	Year 6 children – 2014/2015			
	Healthy weight &		Overweight	Obese
	Prevalence of healthy weight children (%)	Prevalence of underweight children (%)	Prevalence of overweight children (%)	Prevalence of obese children (%)
Richmond	76.2%	1.5%	11.1%	11.2%
Kingston	68.3%	1.9%	14.0%	15.8%
London	61.1%	1.7%	14.6%	22.6%
England	65.3%	1.4%	14.2%	19.1%

National Childhood Measurement Programme 2014/2015

Richmond performs better compared to Kingston when looking at the weight range of Year 6 children: 76.2% of children in the borough are a healthy weight compared to 68.3% in Kingston. Both boroughs have higher rates of children at a healthy weight than either London or England. In Richmond 22.3% of children are classified as either overweight or obese compared to 29.8% in Kingston, 37.2% in London and 33.3% in England. However, the borough continues to follow the national trend of higher obesity levels by the end of primary school - with the percentage of children

who are obese between entering and leaving primary school (4.6% entering, 11.2% leaving) increasing by more than double.

Physical activity - Exercise has a strong link with mental well-being and health. The 2011 recommendations for children aged five to eighteen are outlined below and deem that children should:

- be at least moderately active for at least sixty minutes every day, though it is stated specifically that this is a minimum and that children and young people should engage in moderate to vigorous physical activity (MVPA) for up to several hours each day and undertake vigorous intensity activity, including muscle and bone-strengthening activities, at least three days each week⁴²

According to the PE and Sport Survey (2009/10)⁴³ Richmond performs well in terms of young people's engagement in physical activity at school. In 2009-10 the percentage of school age children aged 5-18 years participating in at least three hours per week of high quality PE and sport in a typical week was 58% in Richmond. This is higher than the England average of 55% and that for Kingston (50%). A trend worth noting is the drop in physical activity from primary to secondary school, the number of children in Years 3-6 participating in physical activity for at least three hours is 69% however by the end of secondary school and into sixth form this drops off (52% Years 10-11; 43% Years 12-13). This trend is not individual to Richmond, with physical activity participation dropping nationally in the latter years of secondary school and into sixth form.

This is backed up by from The Richmond Young People's Survey which was developed by the Schools Health Education Unit (SHEU) which surveyed a total of 2801 pupils from different primary and secondary schools in the borough. The findings showed that: 43% of Year 6 (10-11 year olds) pupils in Richmond exercised hard on at least 5 occasions the previous week compared with 41% in the wider SHEU sample of local authorities that have undertaken the survey and use the same questions; 29% of Year 8-10 (12-15 year olds) pupils exercised hard on at least 5 occasions in the previous week compared with 32% of the wider SHEU sample.

The 'What About YOuth Survey?' 2014/15 considers the general health of 15 year olds across England including the amount of physical activity they do. The percentage with a mean sedentary time in the last week of over seven hours per day was 61% for Richmond which compares closely to Kingston (61.6%) and favourably to London (69.8%) and England (70.1%). Participants in the survey were also asked whether they were physically active for at least one hour per day for seven days a week: 13.9% said they were in Richmond which is the same as the England average and just above that of Kingston (13.6%) and London (11.8%).⁴⁴

Self-harm related hospital admissions - The table below shows the rate of young people aged 10-24 that are admitted to hospital as a result of self-harm. Hospital admissions for self-harm

⁴²: [Physical activity guidelines for children and young people \(5-18\): Factsheet 3. Department of Health, 2011](#)

⁴³ [PE and Sport Survey \(2009/10\)](#)

⁴⁴ [What About YOuth? survey](#)

in children have increased in recent years, with admissions for young women being much higher than admissions for young men.

Table 24 - Hospital admissions as a result of self-harm (10-24 years) 2012/13 – 2014/15

Area	Number	Rate per 100,000, 2012/13	Number	Rate per 100,000, 2013/14	Number	Rate per 100,000, 2014/15
Richmond	73	275.2	107	416.6	71	268.5
Kingston	35	108.8	67	212.3	61	189.8
England		346.3		412.1		398.8

[Public Health England – 2016 Child Health Profiles](#)

There were 71 hospital admissions as a result of self-harm (10-24 years) in Richmond during 2014/15. This is a notable decrease from 2013/14 when there were 107 hospital admissions. The standardised rate for Richmond (268.5) is lower than the England average (398.8), but higher than Kingston's rate (189.8), it is the fourth highest in London. The highest rates of self-harm related A&E attendances and hospital admissions are in females aged 15-24 years, mostly due to self-poisoning (92%).

Pupils in Richmond's schools were surveyed to distinguish their views and feelings on a number of factors including emotional wellbeing. Richmond pupils in Year 5, 6 and 7 (ages 9-12) were asked if they were happy at school, 95% of them said they were. This was 88% for those in Year 8, 9 and 10 (ages 12-15). Though when asked how happy they were with their life as whole this figure was reduced with 70% saying they were happy.⁴⁵ Although the age range of pupils surveyed only covers part of the age range taken into account in the hospital admissions data it is still useful information in understanding the emotional wellbeing of young people in the borough.

Further context and more detailed data regarding self-harm is available in the JSNA Suicide and Self Harm Needs Assessment.⁴⁶ This Needs Assessment summarises the strategic framework for prevention of suicide and self-harm, which includes the prevention of suicide and self-harm among young people among its key priorities and set out to ensure support is available for young people who are at risk of/or self-harming and ensure that young people self-harming and presenting at A&E have access to psychological assessment and therapies and follow up support.

Alcohol specific hospital admissions, under-18s - The table below shows the rate of under-18s admitted to hospital for alcohol specific conditions. Alcohol specific conditions include those conditions where alcohol is causally implicated in all cases of the condition; for example, alcohol induced behavioural disorders and alcohol related liver cirrhosis.

⁴⁵ [Richmond Young People's Survey: A summary report of primary, junior and secondary pupils 2014](#)

⁴⁶ [Suicide and Self-Harm Needs Assessment](#)

Table 25 - Alcohol specific hospital admissions – under 18s, 2011/12 – 2014/15

Area name	Number	Rate per 100,000 population aged 0-17 2011/12 - 2013/14	Rate per 100,000 population aged 0-17 2012/13 - 2014/15
Richmond	35	27.1	18.7
Kingston	35	31.6	25.2
London		26.6	23.7
England		40.1	36.6

[Local Alcohol Profiles for England, Public Health England](#)

Richmond ranks well amongst all local authorities in terms of alcohol related admissions with a rate of 18.7 per 100,000 people under 18, this is considerably lower than the England average of 36.6. Richmond is lower than London (23.7 per 100,000) and Kingston's (25.2) rates.

The rate of hospital admissions in Richmond due to substance misuse (general population, 15-24 years) is slightly above the national average (81.3) at 88.7 per 100,000 though in real terms this only equates to 15 children⁴⁷.

Risky Behaviours – The cumulative risk from multiple unhealthy behaviours is significant.⁴⁸ Patterns of risky behaviour are more prevalent amongst those of a white ethnicity and inversely associated with levels of deprivation. The 'What About YOUTH (WAY) survey'⁴⁹ looked at health behaviours in young people and delivered the following conclusions:

- Richmond has notable numbers of children and young people partaking in risky or unhealthy behaviours such as smoking, drinking and taking drugs: Prevalence of 15 year-olds smoking is 14.3%, which is over twice the London average (6.1%) and higher than Kingston (8.6%). Also, 36% of 15 year-olds in Richmond have tried smoking which is the highest rate in England.
- Fifteen year-olds in Richmond drink more often than in any other London borough, 8.6% are regular drinkers compared to 6.8% in Kingston. Additionally, 24.5% reported being drunk in the previous four weeks compared to 15.3% in Kingston.
- Almost one in five (19%) 15 year-olds in Richmond report having tried cannabis, compared to 10.9% in Kingston, this is the highest proportion in London, and the third highest in the country (London and England averages 11%).
- Richmond has the tenth highest percentage of 15 year-olds engaging in three or more risky behaviours in the country (21.5%), much higher than Kingston (13%) and London (10.1%).
- Richmond and Kingston Youth Councils have been working with Healthwatch and AfC to find out about emotional wellbeing and the support young people need, around 1000 children and young people in Richmond shared their own personal experiences. Findings are due to be published shortly and will be very useful in understanding important concerns for young people.

⁴⁷ <http://www.chimat.org.uk/profiles>

⁴⁸ [Clustering of unhealthy behaviours over time: Implications for policy and practice, Kings Fund, 2012.](#)

⁴⁹ [What About YOUTH? survey](#)

4. Who are the children and young people who learn in our borough?

Schools 4.1

Figure 2 – Schools in Richmond by Locality (formerly Quindrats)

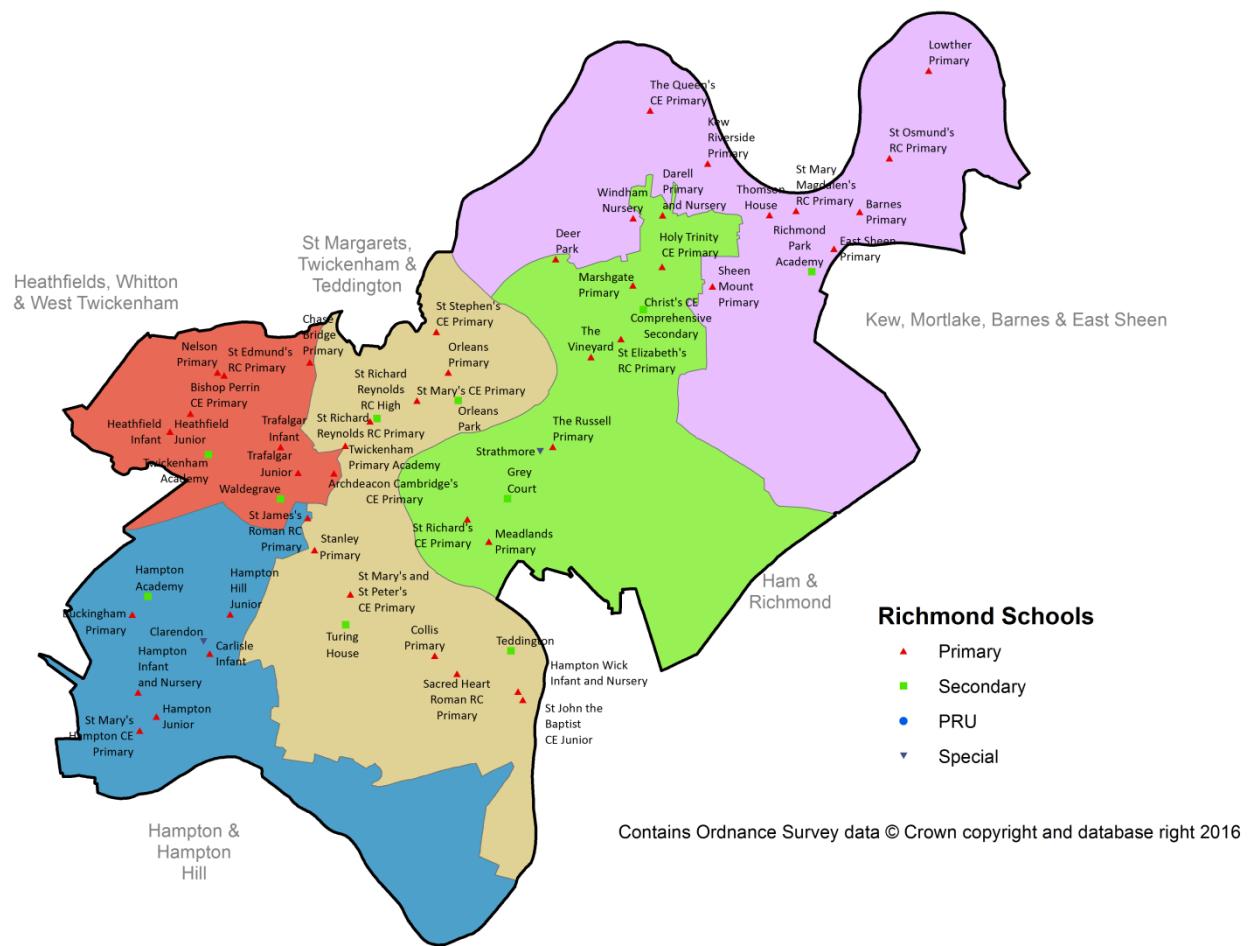


Table 26 - Schools in Richmond by Locality (formerly Quindrats)

	Number of Nursery Schools	Number of Primary Schools	Number of Secondary Schools	Number of Special Schools	Number of Independent Schools	Number of Free Schools	Total
Richmond	1	44	9	2	24	2	82

The map above shows the schools by Locality in Richmond. There are 82 schools in Richmond, 42 of which are local authority maintained and 11 are academies (three primary and eight secondary) and two Free Schools (one Secondary and one Primary school) (as at August 2016). The Richmond upon Thames Post 16 Partnership offers sixth form options at eight of the borough's secondary

schools and both of the colleges. There are two dedicated special schools in the borough. Clarendon School is a day special school for pupils aged seven to sixteen who have moderate learning difficulties. It also has an off-site unit for pupils aged seven to eleven who have emotional and behavioural difficulties. Strathmore School is a community special school for pupils aged between seven and nineteen who have severe, profound and multiple learning difficulties.

School places offered and preferred - Children and Young People were less likely to be offered a preferred secondary school in Richmond than in Kingston on 'offer day' in March 2016 but more likely to be offered a preferred primary school. For primary age children fewer families were offered one of their top three preferences in Richmond and Kingston than the London and England averages. At secondary school, Richmond families were less likely to gain a place at one of their top three preferences compared to London and England averages, whereas Kingston families were more likely compared to the London average with a similar likelihood to the England average.

Table 28 - School place preference (March 2015)

Area	Primary			Secondary		
	One of top three preferences	Any preferred school	A non-preferred school	One of top three preferences	Any preferred school	A non-preferred school
Richmond	93.4	96.3	2.8	86.9	93.2	3.9
Kingston	92.5	94.9	5	94.8	97.5	2.5
London	94.4	96.7	2.9	89.1	94.3	4.8
England	96.3	96.9	2.7	95	96.5	3.1

Secondary and primary school applications and offers, 2016

4.2 School pupil characteristics

The School Census is a termly statutory return to provide school and pupil characteristic data to Central Government. The School Census is collected three times a year: Spring (January), Summer (May) and Autumn (October), with the Spring census being the most detailed. The data in the following section is taken from the Spring 2015 School Census, carried out on 21 January 2016.

It is important to remember when looking at our school pupil population that this is a unique group of children made up of some children who live in Richmond and attend school here (known as 'in-borough pupils') and some who live in other boroughs and attend school in Richmond (known as 'out of borough pupils'). While we may compare the school pupil population to the resident population of 0-19 year olds to allow us to see variances, it is important to make the distinction that the resident population of CYP is a very different group to the school population.

Number of school pupils

School capacity returns show the number of school places available and the numbers of pupils at each school. The school capacity includes forecasts for both primary and secondary pupil places required within the borough. Data from 2016 suggests that there are currently 16,169 Primary School pupils in the borough (State-funded mainstream schools only) however AfC forecast an increase in the population of 8.5% to an estimated 17,659 by 2021 with the largest increase forecast

for Year 6 (16.4%). Provisional AfC forecasting predicts a higher increase of 20.4% in the number of Secondary School pupils with the current figure of 8497 set to rise to 10,673 by 2021.

	Forecast of Primary School Places Required (State-funded mainstream schools only)							
	Reception	1	2	3	4	5	6	Total
2016	2543	2584	2446	2352	2185	2073	1986	16169
2017	2633	2533	2578	2379	2340	2172	2052	16687
2018	2635	2622	2526	2507	2368	2326	2150	17135
2019	2519	2624	2616	2459	2497	2353	2302	17369
2020	2592	2508	2617	2545	2449	2480	2329	17520
2021	2606	2582	2501	2547	2535	2433	2454	17659

The table below shows the difference between the published number of spaces available and the number of pupils recorded on the School Census. The table shows that there is very limited availability for anyone moving into the borough, despite additional capacity being added each year to provide adequate school places.

There were 25,938 (including nursery and 6th form) pupils studying at schools in Richmond at the time of the January Census. Please note that the table below shows the main school of attendance and some pupils will attend more than one type of school (e.g. pupil referral unit and secondary school).

Table 27 – Number of school pupils

	Primary	Secondary	Special	Total
Living in Richmond	15,191	5,822	121	21,134
Living out of borough	2,059	2,674	71	4,804
Total	17,250	8,496	192	25,938

Source: School Census January 2016

Ethnic diversity of school pupils

The table below shows the ethnic breakdown for pupils living in Richmond and attending Richmond schools as of the School Census.

21% of pupils are of Black, Asian or Minority Ethnic background



In general, Richmond has a lower proportion of resident Black, Asian and Minority Ethnic (BAME) pupils (21%) compared to BAME pupils living outside of the borough (34%) and travelling to school in Richmond. The Locality with the highest proportion of BAME pupils is Heathfield, Whitton and West Twickenham (29%) and the lowest is St Margaret's, Twickenham and Teddington (16%).

Table 28 - Ethnic breakdown for pupils living in Richmond and attending Richmond schools

Area of Residence	Black	Asian	Mixed	White British	White Other	Other ethnic groups	Unknown ethnic groups	Total
Ham and Richmond	79	255	377	1568	732	55	107	3173
	2.5%	8.0%	11.9%	49.4%	23.1%	1.7%	3.4%	
Hampton and Hampton Hill	54	159	257	1773	317	41	56	2657
	2.0%	6.0%	9.7%	66.7%	11.9%	1.5%	2.1%	
Heathfield, Whitton and West Twickenham	141	618	426	2545	508	83	54	4375
	3.2%	14.1%	9.7%	58.2%	11.6%	1.9%	1.2%	
Kew, Mortlake, Barnes and East Sheen	99	178	394	2137	789	95	190	3882
	2.6%	4.6%	10.1%	55.0%	20.3%	2.4%	4.9%	
St Margaret's, Twickenham and Teddington	63	326	658	4887	907	97	109	7047
	0.9%	4.6%	9.3%	69.3%	12.9%	1.4%	1.5%	
Pupils living out of the borough	356	618	514	2423	639	155	99	4804
	7.4%	12.9%	10.7%	50.4%	13.3%	3.2%	2.1%	
Total	792	2154	2626	15333	3892	526	615	25,938
	3.1%	8.3%	10.1%	59.1%	15.0%	2.0%	2.4%	

Source: School Census January 2016

The largest change between 2015 and 2016 is the slight decrease of pupils in White British groups in all five localities ranging from a 0.6% decrease in St Margaret's, Twickenham and Teddington to a 2.3% decrease in Ham and Richmond. There is also a slight increase in White Other groups in all five localities ranging from a 0.3% increase in Kew, Mortlake, Barnes and East Sheen to a 1.6% increase in Ham and Richmond.

The table below shows the change in ethnicities of pupils living in and attending schools in Richmond from 2010 to 2016. There is an increase in most ethnic groups of school pupils over the time period, with a corresponding decrease from 64.6% White British pupils in 2010 to 59.1% in 2016.

Table 29 – Change in ethnicities of pupils living in and attending schools in Richmond from 2010 to 2016

	2010	2011	2012	2013	2014	2015	2016
Black ethnic groups	3.4%	3.5%	3.2%	3.1%	3.1%	3.1%	3.1%

Asian ethnic groups	7.6%	7.6%	7.4%	7.8%	7.9%	8.0%	8.3%
Mixed ethnic groups	8.5%	8.9%	9.1%	9.3%	9.4%	9.8%	10.1%
White British ethnic groups	64.6%	63.4%	63.1%	62.6%	61.5%	60.2%	59.1%
White Other ethnic groups	12.1%	12.6%	12.8%	13.4%	13.9%	14.2%	15.0%
Other ethnic groups	1.9%	2.0%	2.0%	2.0%	2.0%	2.1%	2.0%
Unknown ethnic groups	1.9%	2.1%	2.4%	1.8%	2.3%	2.6%	2.4%

Source: School Census January 2016

Children eligible for Free School Meals - Children may be eligible for free school meals (FSM) if their family receive certain benefits. This measure is used as an indicator of deprivation as the government has recognised that children eligible for FSM are less likely to attain at the level of their non-eligible peers. As such, they provide funding for schools to use to further assist these children; known as the Pupil Premium. FSM eligibility differs from the universal FSM for all children in reception and key stage 1.

Within Richmond fewer children are eligible for FSM (7% Primary; 9.7% Secondary) than the national average (14.5 Primary; 13.2% Secondary), this is comparable to Kingston (8.8% Primary; 6.8% Secondary). This suggests that Richmond is a relatively affluent borough but also highlights that appropriate targeting and service provision is necessary to ensure that the needs of these children are not overlooked. In Richmond more young people in secondary provision are eligible for FSM than in primary provision and the secondary school rate is closer to the national average (9.7% compared to 13.2% in England). The higher rate of FSM eligibility amongst secondary school pupils compared to primary could be a result of the greater numbers of children travelling in from other boroughs to secondary schools than for primary schools leading to the figure being less reflective of the local population.

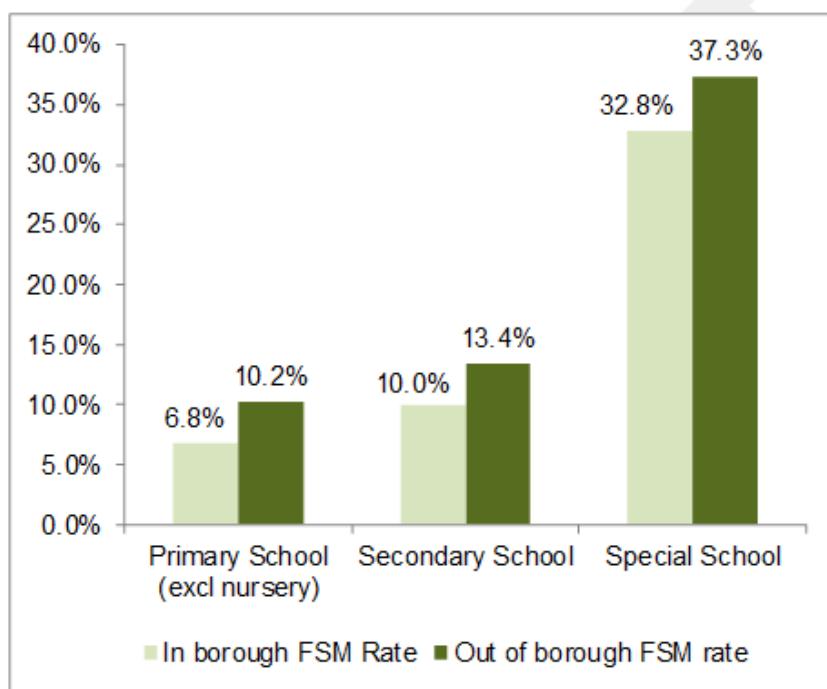
Children and young people may become eligible for FSM at different points during their school lives, as their family circumstances change. In order to account for this the term 'Ever 6' is used to count children and young people who have been eligible for FSM within the last six years. Richmond has a lower rate of 'ever 6' children within the primary setting: more than half the national average, however in the secondary setting the rate is higher than Kingston and closer (although still lower) to the national average. This may be reflective of the standard of education within the borough and that children may travel in from other boroughs to access it and therefore be less reflective of the local population.

Table 30 – Pupils eligible for Free School Meals

Area	Children eligible for free school meals (2015-2016) %				
	All	Primary	Secondary	Ever 6* Primary	Ever 6* Secondary
Richmond	8.4	7	9.7	12.4	24
Kingston	7.8	8.8	6.8	16.7	19
London	17.5	16.8	18.1	32	40.6
England	13.9	14.5	13.2	26.4	29.6

Source: School Census January 2016

Figure 3 – Free School Meal eligibility by in borough/out of borough status of pupil



Source: School Census January 2016

A higher proportion of out of borough pupils (those resident in other boroughs but attending schools in Richmond) are eligible for FSM than in borough pupils (who both live in Richmond and attend schools here) in each school phase. This reflects the affluence of Richmond and mirrors our understanding of how much out of borough pupils diversify our school population – this theme is explored in greater depth in section 5.2 of this document.

Table 31 – FSM Eligibility of in borough pupils by their home locality

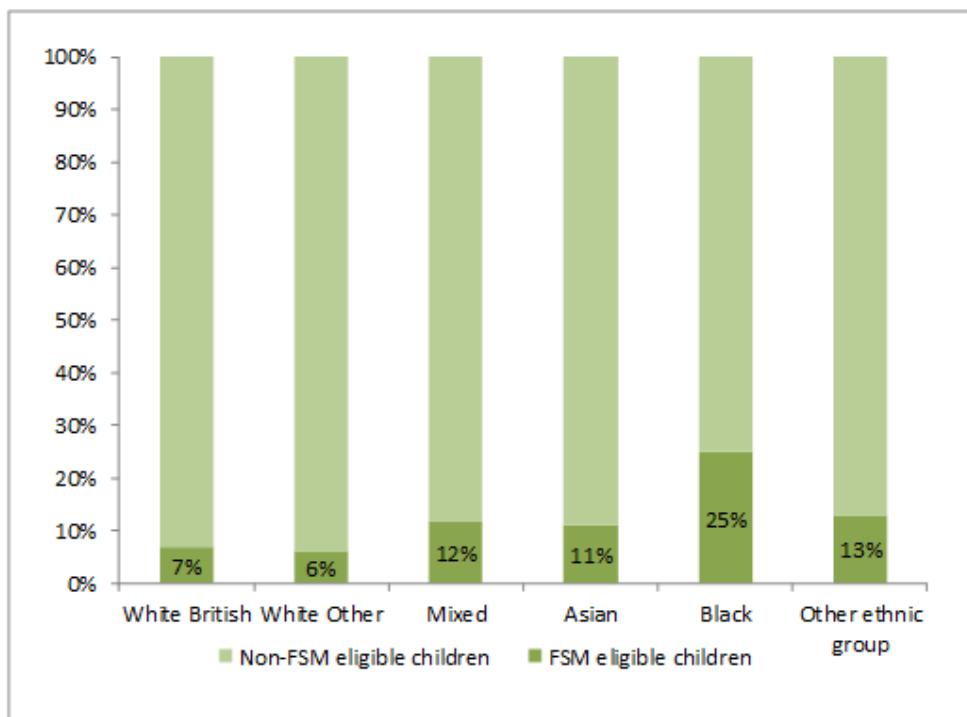
Area	Pupils eligible for Free School Meals (FSM)	
Ham and Richmond	272	8.6%
Hampton and Hampton Hill	250	9.4%
Heathfields, Whitton and West	365	8.3%

Twickenham		
Kew, Mortlake, Barnes and East Sheen	292	7.5%
St Margaret's, Twickenham and Teddington	344	4.9%
Richmond Total	1523	7.2%
Out of the Borough	575	12.0%
London		18%

Source: School Census January 2016

The local breakdown off children eligible for free school meals (FSM) in Richmond's localities varies from 4.9% in St Margaret's, Twickenham and Teddington to 9.4% in Hampton and Hampton Hill. Pupils who live out of the borough make up 12% of children eligible for FSM.

Figure 4 – Free School Meal eligibility by ethnic group



Spring School Census, January 2015

Free School Meal (FSM) eligibility is a good proxy for identifying the more deprived students in our school population. When looking at (FSM) eligibility by ethnic group it is clear that there is a link between deprivation amongst our school population and ethnic background – a Black child is almost four times as likely to be eligible for a FSM than a White child and children of Mixed, Asian and Other ethnic backgrounds are around twice as likely as a White or White Other child to be eligible. As discussed in the 'Child Poverty' section of this document, deprivation is linked to poorer outcomes for CYP and as we will see when evaluating attainment of school pupils by ethnic group, black children attain at a lower rate than White children.

Pupils with English as an Additional Language

Within Richmond schools, 22% of pupils speak English as a second language. After English, the top five most common first languages in Richmond schools were:

- Polish (2.0% of pupils)
- Spanish (1.6%)
- French (1.1%)
- Arabic (1.1%)
- Urdu (0.9%)

22% of pupils speak English as an additional language

Table 32 – In borough pupils with English as an Additional Language (EAL)

Area of Residence	Pupils living or studying in the borough with English as an Additional Language (EAL)	
Ham and Richmond	977	30.8%
Hampton and Hampton Hill	408	15.4%
Heathfield, Whitton and West Twickenham	1032	23.6%
Kew, Mortlake, Barnes and East Sheen	916	23.6%
St Margaret's, Twickenham and Teddington	1057	15.0%
Out of the Borough	1298	27.0%
Total	5688	21.9%

Source: School Census January 2016

The proportion of pupils with English as an Additional Language increased between 2015 and 2016 in four of the five localities: Ham and Richmond, Heathfield, Whitton and West Twickenham, Kew, Mortlake, Barnes and East Sheen and St Margaret's, Twickenham and Teddington. The most notable difference was the 1.2% increase in pupils with English as an Additional Language in St Margaret's, Twickenham and Teddington.

The only locality where the proportion of EAL pupils decreased was Hampton and Hampton Hill, decreasing by 0.8% between 2015 and 2016.

The ethnicity data shows that it is the White British and White Other groups that have seen the biggest changes in the resident school population between January 2015 and January 2016.

Pupils with a Special Educational Need (SEN)

In general, Richmond has a lower proportion of pupils with Special Education Needs (SEN) (12%) compared to pupils living outside of the borough (17%). The Locality with the highest proportion of SEN pupils is Heathfield, Whitton and West Twickenham (14%) and the lowest is St Margaret's, Twickenham and Teddington (9%).

Table 33 – Pupils with a Special Educational Need (SEN)

Area of Residence	Pupils living and studying in the borough with Special Education Needs (SEN)	
Ham and Richmond	378	11.9%
Hampton and Hampton Hill	337	12.7%
Heathfield, Whitton and West Twickenham	626	14.3%
Kew, Mortlake, Barnes and East Sheen	440	11.3%
St Margaret's, Twickenham and Teddington	654	9.3%
Out of the Borough	809	16.8%
Total	3244	12.5%

Source: School Census January 2016

Pupil absences

Pupil absence, particularly that which is unauthorised and/or persistent, is linked to poorer outcomes and attainment for school children. The government expects schools and local authorities to help promote good attendance, ensure every pupil has access to full time education and act to address patterns of absence as they emerge.

Richmond pupils missed 4% of the sessions during the preceding six terms. This showed a slight increase from 2013-14 but is lower than both London (4.5%) and England (4.6%). The majority of these were authorised absences (3.1%) and only 0.8% were unauthorised. Kingston had a higher level of overall absence (4.4%) compared to Richmond but had the same low level of unauthorised absences at only 0.8%. The rates of unauthorised absences in both boroughs are less than the rate across London and England (both 1.1%).

Table 34 – Sessions missed by pupils (all schools: primary, secondary and special), 2014-15

Area	Pupil absences 2014-15 (percentage)			Percentage of persistent absentees
	Overall absence	Authorised absence	Unauthorised absence	
Kingston	4.4	3.6	0.8	3.1
Richmond	4.0	3.1	0.8	2.5
London	4.5	3.4	1.1	3.3
England	4.6	3.5	1.1	3.7

Source: Department for Education, Pupil absence in schools in England: 2014 to 2015,
<https://www.gov.uk/government/statistics/pupil-absence-in-schools-in-england-2014-to-2015>

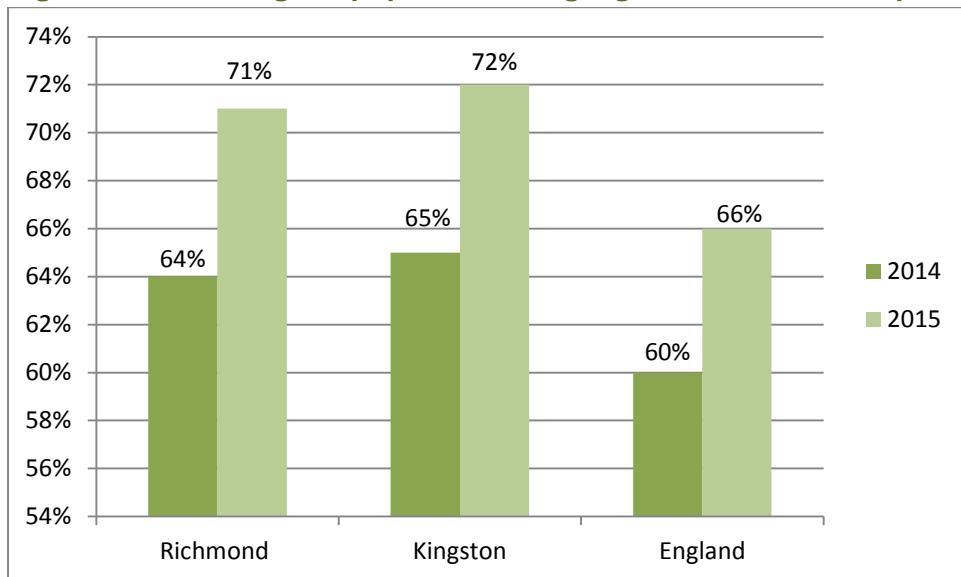
3.3 Attainment

Early Years Foundation Stage Profile - When pupils are in Reception (aged 5 years), their development is assessed by the Early Years Foundation Stage Profile (EYFSP). The EYFSP looks

at pupils development in seventeen Early Learning Goals focusing on three prime areas of learning — Communication and Language, Physical Development and Personal, Social and Emotional Development — and four specific areas of learning — Literacy, Mathematics, Understanding the World and Expressive Arts, Designing and Making. Within these scales, a child can gain a score of 1-3 with 1 being 'emerging', 2 being 'expected' and 3 being 'exceeding'.

The Good Level of Development (GLD) is a national measure and refers to pupils being classed as 'expected' or 'exceeding' in each of the Communication and Language, Physical Development, Behaviour, Personal, Social and Emotional Development, Literacy and Mathematics learning goals.

Figure 5 - Percentage of pupils achieving a good level of development in EYFS (5 year olds)



Department for Education Local Authority Interactive Tool (LAIT) July 2016

The percentage of children achieving a good level of development in the Foundation Stage Profile in Richmond was 64% in 2014 rising to 71% in 2015. In Kingston a similar increase was noted rising from 65% in 2015 to 72% in 2015. This was above the London average of 68% and the England average of 66% and has notably improved since 2013.

Free School Meals eligible pupils achieving a Good Level of Development -

Performance by pupils at the Foundation Stage who are eligible for Free School Meals suggests that deprivation has a serious effect on attainment. In 2015, only 45% of pupils eligible for FSM in Richmond achieved a good level of development compared to an overall average of 71% across all pupils in the borough. This was lower than in Kingston where 54% of FSM eligible pupils achieved (compared to an overall average of 72%) and nationally where 51% of FSM eligible pupils achieved.

Area	Percentage of pupils achieving a Good Level of Development with Free School Meal eligibility			Percentage of pupils achieving a Good Level of Development who are not eligible for Free School Meals		
	2013	2014	2015	2013	2014	2015

Kingston	37	44	54	59	67	74
Richmond	21	36	45	44	66	73
London	43	52	59	56	65	70
England	36	45	51	55	64	69

Source: Department for Education Local Authority Interactive Tool (LAIT) August 2016

Key Stage 1 attainment⁵⁰- Pupils in Year 2 (aged 7 years) are assessed having reached the end of Key Stage 1 (KS1). The KS1 assessment consists of a series of teacher assessments where teachers assess each pupil's level of English (including reading and writing), Mathematics and Science. The percentage of pupils achieving a level 2 (or more) in KS1 in Reading was consistent at 95% in 2014 and 2015, rising from 92% in 2007, and higher than the London and national averages. Similarly in 2014 and 2015 92% of pupils gained a level 2+ in Writing, with 96% achieving level 2+ in Maths. There has been a national trend for static or small year on year improvement at the end of KS1 reflected in both Richmond and Kingston boroughs, however Richmond is the highest attaining borough in the country for KS1 reading and writing and maths.

Key Stage 2 Attainment⁵¹ - Pupils in Year 6 (aged 11) reach the end of Key Stage 2 (KS2) and are assessed before progressing to Secondary school. The KS2 assessment consists of teacher assessments where teachers assess each pupil's level of English, Reading, Mathematics and Science and tests in Reading, Spelling, Grammar and Punctuation and Mathematics. Richmond's above average attainment continues into Key Stage 2 with the percentage of pupils achieving Key Stage 2 Level 4+ in Reading, Writing and Maths rising from 77% in 2009 to 88% in 2015. Richmond is above the London average of 84% and well above the England average of 80% in 2015, and as such is third highest ranked authority for Key Stage 2 attainment.

Richmond pupils also demonstrated a higher than average attainment at level 5 in KS2 tests with 61% of pupils reaching this higher level in English compared to 55% in Kingston and 43% nationally. Similarly in Maths, 60% of Richmond pupils achieved level 5 compared to 50% in Kingston and 42% nationally.

Table 36 - Percentage of pupils achieving KS2 Level 4+ in Reading, Writing and Maths

Area	% of pupils achieving Key Stage 2 Level 4+						
	2009	2010	2011	2012	2013	2014	2015
Richmond	77%	79%	82%	87%	85%	87%	88%
Kingston	71%	71%	76%	80%	82%	84%	85%
London				77%	79%	82%	84%
England	62%	64%	67%	75%	75%	79%	80%

Department for Education Local Authority Interactive Tool (LAIT), July 2016

⁵⁰ Department for Education Local Authority Interactive Tool (LAIT), July 2016

⁵¹ Department for Education Local Authority Interactive Tool (LAIT), July 2016

Key Stage 2 attainment by ethnic group - The highest performing group of school pupils by ethnicity at Key Stage 2 level in reading, writing and maths in Richmond, are Chinese at 100% and Mixed pupils at 91% - this mirrors the result in London and England where Chinese pupils are also the highest. White pupils in Richmond also perform well with 88% attainment. Black pupils have the lowest attainment rate at 76%, a drop from 80% in 2014, although this is higher than in Kingston (72%), it is lower than the London and England performance. Attainment of Asian pupils also decreased; from 89% in 2014 to 87% in 2015, although this is opposite to the national rising trend, attainment of both boroughs is higher than the national average.

Table 37 - Percentage of pupils achieving KS2 level 4+ in Reading, writing and maths by ethnic group

Area	White	Mixed	Asian	Black	Chinese
Richmond	88%	91%	87%	76%	100%
Kingston	83%	89%	88%	72%	72%
London	84%	84%	87%	81%	91%
England	80%	81%	82%	79%	89%

DfE: National Curriculum Assessment and Key Stage 2 in England 2015

Key Stage 2 attainment by Free School Meal status - Performance by pupils at Key Stage 2 who are eligible for Free School Meals suggests that deprivation has a serious effect on attainment. In 2015, 70% of pupils eligible for FSM achieved level 4+ in reading, writing and maths in Richmond compared to 63% in 2013. The rate in Richmond is slightly higher than that of Kingston (69%) and across England (66%) although lower than London at 75%.

Table 38 Percentage of pupils achieving KS2 level 4+ in reading, writing and maths of pupils eligible for Free School Meals

Area	2012	2013	2014	2015
Richmond	67%	63%	69%	70%
Kingston	60%	62%	71%	69%
London	67%	69%	72%	75%
England	59%	60%	64%	66%

DfE: National Curriculum Assessment and Key Stage 2 in England 2015

Key Stage 2 attainment by SEN status - At Key Stage 2, pupils with a Statement of Special Educational Need are significantly less likely to achieve Level 4+ in reading, writing and maths with only 18% of pupils with a SEN doing so in 2014; however, this is at the same rate as those in London (18%) and higher than those in England (15%).

Key Stage 2 attainment by Pupil Premium

The pupil premium grant is additional funding for publicly funded schools in England to raise the attainment of disadvantaged pupils and close the gap between them and their peers.

In 2015, 72% of pupils receiving a pupil premium grant achieved Level 4 or higher in Reading, Writing and Maths in Richmond which was lower than that in Kingston (74%). The rate in Richmond is lower than that of London (78%) but higher than the average across England (70%).

Table 39 – Percentage of pupils achieving Level 4+ in Reading, Writing and Maths at Key Stage 2 in 2014

Area	% of pupils achieving Level 4+ in Reading, Writing and Maths at Key Stage 2 in 2014			Difference between Pupil Premium and Non-Pupil Premium %
	Pupil Premium Pupils	Non-Pupil Premium Pupils	All Pupils	
Kingston	372	1,295	1,667	14
Richmond	299	1,591	1,890	19
London	34,760	50,990	85,750	10
England	180,631	388,007	568,638	15

DfE: National Curriculum Assessment and Key Stage 2 in England 2015

The gap between Pupil Premium Pupils and Non-Pupil Premium pupils is higher in Richmond compared with London but lower than the England figures.

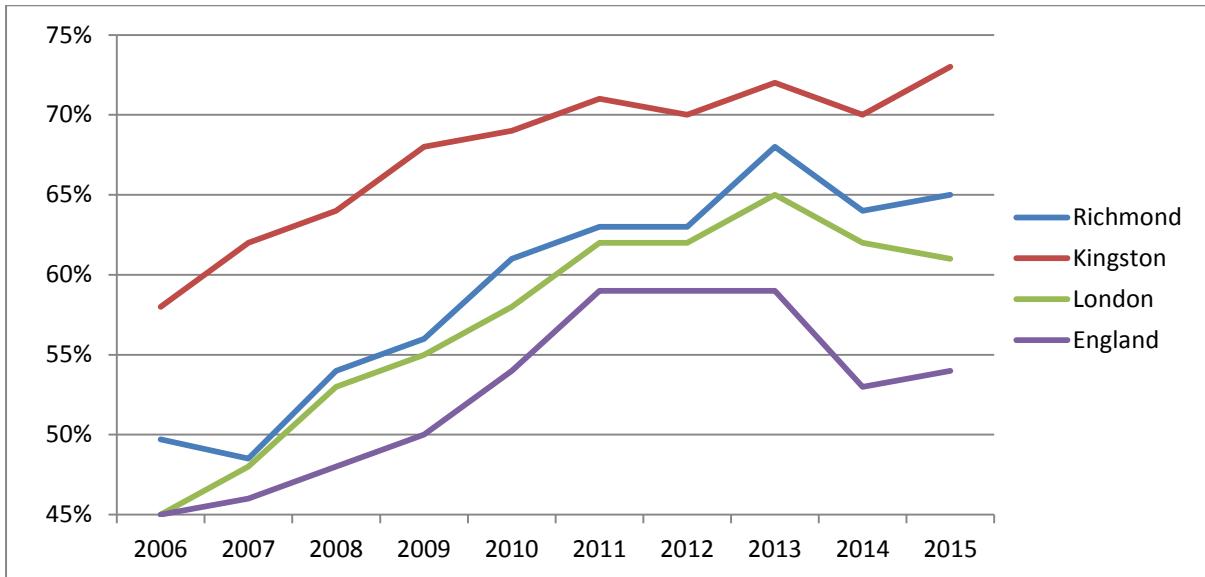
Key Stage 4 Attainment - Before leaving Secondary school for further education or employment, pupils in Year 11 (aged 16 years) have their Key Stage 4 (KS4) assessments which consist of GCSEs or related qualifications.

Pupils can select what subjects they would like to study at this level but there are core subjects that all pupils must take: Mathematics, Science, English Literature, English Language, a Modern Language, Physical Education, Information Communication and Technology (ICT) and Personal Development.

In 2015 Richmond performed well with 64.7% of pupils achieving 5 or more A*-C GCSEs including English and Maths – this is an increase from 49.7% in 2006. This is significantly higher than the London (60.9%) and England (53.8%) averages but lower than Kingston (73.2%).

Please note: The Department for Education slightly changed the basis for calculating this indicator in 2014 which has caused a nationwide drop achievement.

Figure 6 - Percentage of pupils achieving 5 or more A*- C GCSEs Including Maths and English at KS4



Department for Education Local Authority Interactive Tool (LAIT) July 2016

In 2015, 64.7% of Richmond pupils achieved five or more A*- C GCSEs including English and Maths; an increase from 50% in 2006 and from 63.5% in 2014. Richmond was above the London average of 60.9% and England average of 53.8% in 2015. Richmond's performance is not as high as that in Kingston, where in 2015, 73.2% of pupils achieved 5 or more GCSE's at A*- C, and this relative attainment dip is reflected with Richmond ranked fifteenth highest (up from seventeenth in 2014) attaining borough in the country (compared to first and third at Key Stage 1 and 2).

Table 40 – Percentage of pupils achieving 5 or more A*- C GCSEs Including Maths and English at KS4

Area	5 or more A*-C grade GSCEs including English and Maths					
	2010	2011	2012	2013	2014	2015
Richmond	61.4	63.2	62.6	68.3	63.5	64.7
Kingston	68.7	71.1	70.1	71.6	70	73.2
London	58	61.9	62.4	65.1	61.5	60.9
England	53.5	59	59.4	59.2	53.4	53.8

Department for Education Local Authority Interactive Tool (LAIT) July 2016

Key Stage 4 attainment by ethnic group - As with Key Stage 2 performance, the highest performance at Key Stage 4 comes from Richmond school pupils of White ethnicity with 65.9% of these pupils achieving 5 or more G.C.S.Es at grades A*-C. The lowest attainment rate is amongst pupils of black ethnicity with only 50.7% of black pupils achieving at this standard (an increase from 42.2% in 2014). Attainment amongst black students in Richmond at KS4 is the lowest across all ethnic groups in all comparator areas. This variation is significant and tells us that black students are far less likely to achieve well compared to students of other ethnic groups but importantly, also to do less well when compared to black students in other areas.

Table 41 – Percentage of pupils achieving 5 or more A*- C GCSEs by ethnic group at KS4

Area	White	Mixed	Asian	Black	Chinese
Richmond	65.9	58.6	64	50.7	X
Kingston	70.5	74.2	81.7	56.1	X
London	59.9	61.2	69.2	54	79.4
England	57	58.3	61.9	52	78.3

Department for Education Local Authority Interactive Tool (LAIT) July 2016

Please note that 'x' denotes figures not shown in order to protect confidentiality.

Key Stage 4 attainment by free school meal eligibility – Attainment at Key Stage 4 by young people eligible for free school meals mirrors the significant underperformance at Key Stage 2. Only 35% of Richmond young people attained 5 or more A-C GCSEs including English and Maths, similar to Kingston at 35.8%. Although this reflects a national reducing trend Richmond has seen year on year decrease from 43% in 2013. This is significantly lower than the London population of 45.8% and is almost half of the attainment of all of the young people at key stage 4 (64.7% in Richmond). It is noted that there are relatively fewer young people eligible for free school meals within the borough however the data suggests that attainment for these pupils is being better supported in some other areas of London.

Table 42 – Percentage of FSM pupils achieving 5 or more A*- C GCSEs including English and Maths

	FSM pupils achieving 5+ A*-C GCSEs including English and Maths					
	FSM		Non-FSM pupils		All pupils	
	%	No.	%	No.	%	No.
Kingston	35.8	123	76.3	1,450	73.2	1,573
Richmond	35.0	160	68.7	1,186	64.7	1,346
London	45.8	15,178	64.7	60,423	60.9	75,624
England	33.3	76,079	61.2	474,457	57.3	550,786

5 Who are the children and young people in our borough who need extra support from us?

5.1 Young People not in education, employment or training ⁵²

Young people are classified as NEET if they are aged between 16 and 18 and not in employment, education or training. Where a young person cannot be contacted to confirm their EET status, this is recorded as 'not known'.

⁵² DfE 2015 Local Authority NEET figures

In 2015, 3.1% of 16-18 years olds were NEET which was lower than the national average of 4.2% though greater than Kingston at 2.6%. This demonstrates a decrease from 2014 at 4.3%. The proportion of 16-18 year olds 'not known' also decreased from 8.7% to 8.2%, and although was higher than Kingston (7.0%), was lower than the London and England averages. This demonstrated improved tracking of young people through their further education which may be as a result of the increasing sixth form and college provision within the borough.

Table 42 – Young people not in education training and employment and 'Not Known' (aged 16-18) (%)

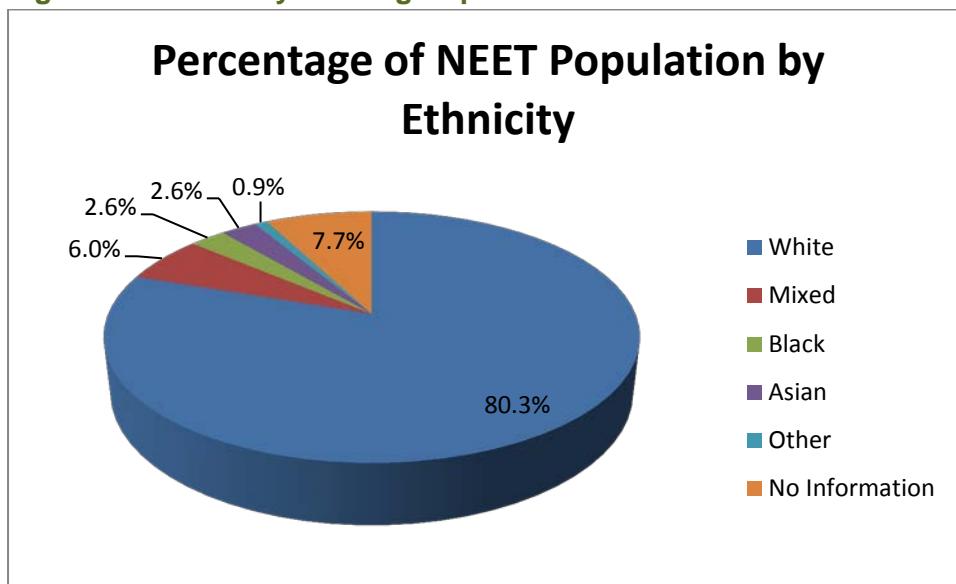
Area	Proportion Not in Education, Employment or Training				Proportion 'Not Known'			
	2012	2013	2014	2015	2012	2013	2014	2015
Richmond	3.9	4.5	4.3	3.1	8.1	15.9	8.7	8.2
Kingston	3.6	4.2	3.9	2.6	8.6	12.1	8.3	7
London	4.7	3.8	3.4	3.1	11.6	12.7	10.4	10.4
England	5.8	5.3	4.7	4.2	10.8	9.2	9	8.4

Local Authority NEET figures (DfE, 2015)

Young people are classified as Not in Education, Employment, or Training (NEET) if they are not in employment, education or training between 16 and 18 years of age. As of May 2016, 3.2% of 16-18 year olds in Richmond were NEET (123 people). The number of young people whose education, employment or training status was not known was 230 (5.4%).

The NEET Group is 57% male and 80% white, 6% have a SEN Statement or Education, Health and Care (EHC) plan.

Figure 7 – NEETs by ethnic group



NEET Analysis, May 2016

From September 2016, local authorities will no longer be required to track young people of academic age 18 or submit information about them to National Client Caseload Information System (NCCIS). However, it is expected that most local authorities will decide to continue tracking the most vulnerable 18-year-olds. The requirement to track and support 16 and 17-year-olds (i.e. up until the end of the academic year in which they turn 18) will continue, and young adults with current Education, Health and Care plans will still be tracked and supported up to 25.

5.2 Young people who have offended

The Youth Justice Board (2015)⁵³ reported that in 2013-4 there had been a national reduction in offending by young people (under 18), with less children entering the system for the first time, receiving court disposals and being sentenced to custody.

Nationally the reduction of first time entrants was 20% between 2012-13 and 2013-14 and this trend has been reflected in Richmond and Kingston. Richmond has seen a reduction from 2013 to 2015 of 27% with 34 young people entering the system in 2014-5. Kingston has seen a greater decrease over the same time period with a 50% reduction from 2013 to 2015, with 26 children and young people entering the system.

In 2013-4 the use of custody was approximately 6.5% nationally. This is reflected within both Richmond and Kingston which both have low use of custody meaning that children are appropriately diverted from the custodial system.

At the end of 2014-5 there were approximately 140 children known to the youth offending service in Richmond and Kingston (combined) with approximately thirty-five children accessing the service per quarter (disposals)⁵⁴. The outcomes for children and young people accessing the service are good with a high percentage of children living in suitable accommodation at the end of their intervention and the majority in a suitable level of education, training and employment.

5.3 Children in Need (CIN)

The legal definition of children in need states that a child is in need if:

He/she is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him/her of services by a local authority;

His/her health or development is likely to be significantly impaired, or further impaired, without the provision for him/her of such services; or

He/she is a Disabled Child.⁵⁵

⁵³ [Youth justice annual statistics-13-14.pdf](#)

⁵⁴ Achieving for Children (Richmond and Kingston) Youth Offending Service quarterly data (April 2015)

⁵⁵ <http://www.protectingchildren.org.uk/cp-system/child-in-need/>

In Richmond there had been a 13.5% increase in CIN from 788 in 2014 to 895 in 2015 with a corresponding increase in the rate of referrals per 10,000 children from 184.3 to 204. Despite this, the rate remains lower than in Kingston and substantially less than the London and national averages. Provisional data for 2016 shows that the number of CIN has reduced to 887 (201 per 10,000), with Kingston at 852 children in need (229 per 10,000). This suggests that the dramatic increase from 2014 to 2015 has stabilised at a higher level and results in the increased number of Looked After Children noted in the next section.

Table 43 - Number and Rate of Children in Need (Aged 5 to 16)

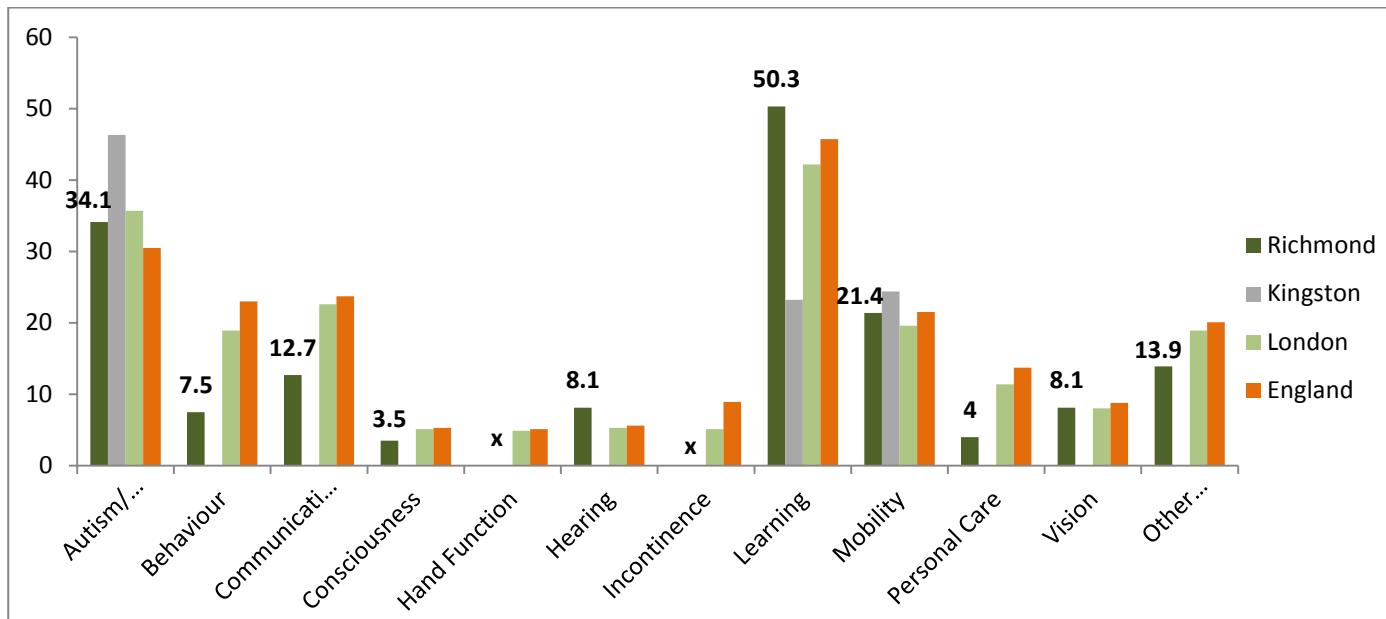
Area	Children in need at 31 March 2014	Children in need at 31 March 2015	Children in need at 31 March 2016 (provisional)	Rate of children in need at 31 March 2014 per 10,000 children	Rate of children in need at 31 March 2015 per 10,000 children	Rate of children in need at 31 March 2016 per 10,000 children (provisional)
Richmond	788	895	887	184.3	204.8	201
Kingston	916	889	852	256.8	241.8	229
London	69,100	71,200		367.8	370.6	
England	397,600	391,000		346.4	337.3	

Characteristics of Children in Need 2015 (DfE)

In 2015, 173 of the 895 CIN were recorded as having a disability (19.3%) This is a much higher proportion than in Kingston (9.2%), London (11.4%) and England (13%).

Figure 8 shows the most common disability amongst CIN was a learning disability (50%) which reflects the similarly high levels in the comparator groups (42% of CIN in London have a learning disability and 44% in England). Autism and Asperger's Syndrome also account for 34% of the CIN in 2015, this compares to 44% in Kingston and 29% in England. Additionally 8.1% of CIN have a hearing disability (72 children and young people) which is significantly higher than the comparator areas, with London and England at 5%. This is of particular note due to the necessity for specialist provision to best meet the needs of these children.

Figure 8 - Percentage of Children in Need (CIN) by type of disability (2015) (Aged 5 to 16) (%)



Characteristics of Children in Need 2015 (DfE): Please note that 'x' denotes figures not shown in order to protect confidentiality.⁵⁶

In order to ensure their individual protection, some children and young people may become subject to a Child Protection Plan (CPP). The number of children subject to CPPs within Richmond has risen by 28% from 2014 to 2015 (90 rising to 115). This is reflected in the increased rate per 10,000 children rising from 21 to 26. Although the additional number of CPPs places increasing pressure on frontline services, the rate remains significantly lower than in England (42/10,000), London and Kingston.

⁵⁶ Local Authority figures have been rounded to the nearest 5. For confidentiality purposes, numbers from one to five inclusive have been replaced in the published tables by a cross (x)

Table 44 - Number and rate of children subject to a child protection plan (Aged 5 to 16)

Area	Children who were the subject of a child protection plan at 31 March 2014	Rate of children who were the subject of a child protection plan at 31 March per 10,000 children	Children who were the subject of a child protection plan at 31 March 2015	Rate of children who were the subject of a child protection plan at 31 March per 10,000 children
Richmond	90	21	115	26.3
Kingston	100	28	146	39.7
London	7,000	37.4	47,800	40.6
England	48,300	42.1	49,700	42.9

Characteristics of Children in Need 2015 DfE

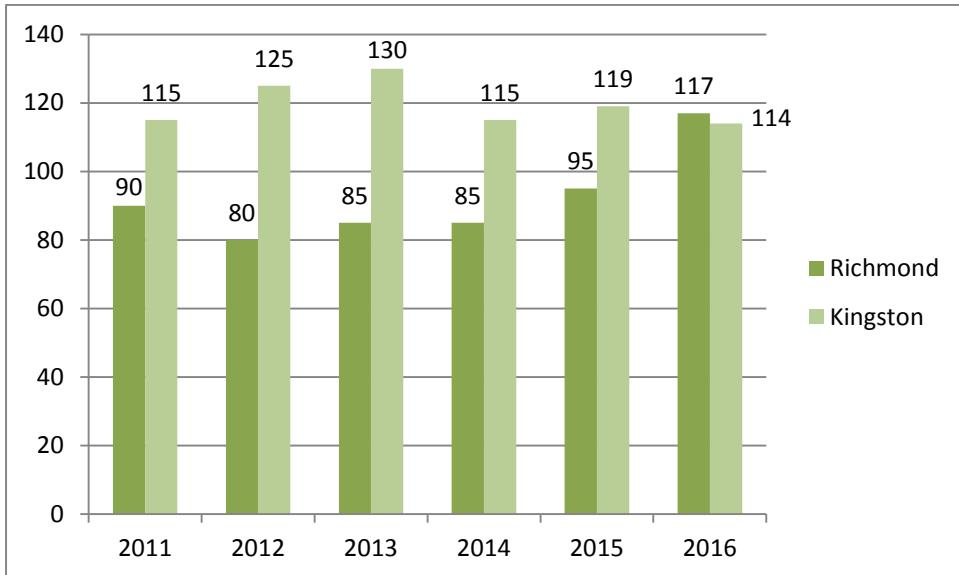
5.4 Looked After Children (LAC)⁵⁷

The term 'looked after children and young people' is used to mean those that are not living with their parents or guardians and are looked after by the local authority e.g. the children live with foster carers or are in custody. As corporate parents the Local Authority is especially interested in the wellbeing of Looked After Children (LAC).

Provisional data suggests that on 31st March 2016 there were 117 LAC in Richmond; an increase of 21% from 95 in 2015. Figure 10 highlights an upward trend in LAC identified in 2016, with more identified than in the previous four years. Kingston however have demonstrated a decreasing and static number of LAC. This is reflected in the increased rate of Looked After Children per 10,000 population; with this moving from 20 children per 10,000 in 2014 to 23 per 10,000 in 2015 and provisionally 28 per 10,000 in 2016. Although this remains lower than the Kingston (34), London (54) and national averages (60), the increasing number and rate has a significant impact on service delivery and finding suitable placements for children and young people.

⁵⁷ [Statistics-looked-after-children 2016](#)

Figure 9 - Number of Looked After Children, 2015 (Aged 0 to 18)

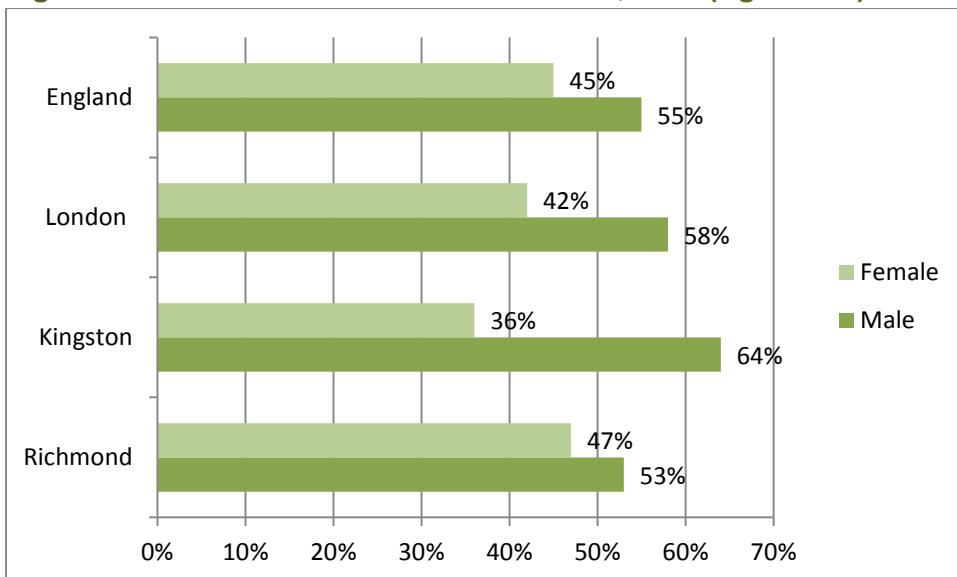


[DfE Statistics – Looked After Children \(2016\)](#)

LAC by gender - The increased number and specific needs of Looked After Children and young people create increasing challenges for social care services due to the increased demand, costs, the need for specialist placements and the ongoing support required throughout their time within care and when leaving care.

In 2015, 53% of Looked After Children were male and 47% female, which is slightly above the CYP population of 51.2% male.

Figure 10 - Gender of Looked After Children, 2015 (Aged 0-18)



[DfE Statistics – Looked After Children \(2016\)](#)

LAC by age – Table 44 provides the age break down of LAC and shows that in 2015 the greatest proportion of LAC are 10-15 years old at 43% followed by 16 and over at 40% (up from 31%). There is a higher percentage of 10-15 year old LAC in Richmond compared to London and England; however Richmond has fewer nursery school age LAC than Kingston, London and England. The large proportion of LAC aged over 16 continues into 2016 with provisional data in 2016 suggesting that 45% of the LAC are over 16. This places significant strain on services to find suitable residential placements and the resultant impact on care leaving duties. The larger proportion of older LAC may explain why Richmond reported 15 LAC missing during the year compared to 9 in Kingston and an average of 6 over London.

Table 45 - Age of Looked After Children (2015)

Area	Age at 31 March 2015 (years) %				
	Under 1	1 to 4	5 to 9	10 to 15	16 and over
Richmond	x	x	9%	43%	40%
Kingston	6%	8%	18%	40%	28%
London	4%	10%	16%	38%	33%
England	5%	15%	21%	38%	22%

[DfE Statistics – Looked After Children \(2016\)](#). Please note that 'x' suppressed data not published.⁵⁸

The LAC population of Richmond is significantly more diverse than the total 0-19 population of children and young people in Richmond. In 2015, only 60% of LAC were White compared to 81.2% White British and White Other in the 0-19 population; 20% of LAC were from Mixed ethnic groups

⁵⁸ Local Authority figures have been rounded to the nearest 5. For confidentiality purposes, numbers from one to five inclusive have been replaced in the published tables by a cross (x)

which is twice as high as the rate across the total 0-19 population which is only 8.5%. Despite the relative diversity of our LAC population compared to the resident CYP population, our ethnic LAC profile is less diverse than London and Kingston but more diverse than England (78% White).

Table 46 - Ethnicity of Looked After Children (2015) (Aged 0 to 18) (%)

Area	White	Mixed	Asian	Black	Other	Not defined
Richmond	60%	20%	x	5	0%	0%
Kingston	62%	14%	x	15%	6%	x
London	41%	16%	8%	28%	5%	1%
England	78%	9%	4%	7%	2%	1%

DfE Statistics – Looked After Children 2016. Please note that 'x' suppressed data not published

Significantly there has been an increase in unaccompanied asylum seeking young people looked after by Richmond, due to changes in statutory requirements and local processes. As such Richmond looked after 20 unaccompanied children in 2015, increasing from, less than 5 in 2013. Although this appears to be a substantial increase from previous years this can be viewed in relation to Kingston, where there were 15 unaccompanied asylum seeking children looked after by the borough in 2014 and 20 in 2015. This accounts for less than 1% of the 2630 unaccompanied asylum seeking children in England in 2015. Unaccompanied asylum seeking children made up 21% of the 2015 cohort of Looked After Children. Provisional data from the LSCB⁵⁹ suggests that locally this figure has increased to 28 in 2016.

Table 47 – Number of Unaccompanied Asylum Seeking children

	2013	2014	2015
Richmond	x	12	20
Kingston	15	15	20
London	880	970	1190
England	1940	2030	2630

DfE Statistics – Looked After Children (2016). Please note that 'x' suppressed data not published

The Looked After Children Strategy (2014)⁶⁰, informed by LAC and Care Leavers across the two boroughs, identifies their priorities. These priorities can be used as a basis for assessing need within the borough.

Local and stable placements⁶¹ - LAC may live in a variety of settings with local and stable placements preferred so that children and young people can gain a sense of permanence and remain in contact with their community. In 2015 more Richmond LAC were placed 20 miles or more outside of the borough boundary than in Kingston and compared to the London and national averages. Provisional data for 2016 suggest that although this has reduced slightly it remains over

⁵⁹ LSCB Annual Report 2015-6

⁶⁰ Looked After Children Strategy

⁶¹ DfE Statistics – Looked After Children 2016.

20%. However it is noted that placements outside of the 20 miles may be due to need for specialist placements or to best meet the needs of the children involved and to safeguard them.

Table 48 - LAC Placement distance and stability (Aged 0 to 18) (%)

Area	% of children looked after at 31st march placed more than 20 miles form their homes, outside LA boundary		% of children at 31st March with three or more placements during the year		% of children who have been looked after >2.5 years and have been in the same placements for atleast 2 yeats or placed for adoption	
	2015	2016 (provisional)	2015	2016 (provisional)	2015	2016 (provisional)
Richmond	25	22	15	8	88	64
Kingston	16	20	x	6	73	80
London	18		11		67	
England	14		10		68	

Children Looked After in England and Wales, 2016

The availability of a diverse group of foster carers within the local area is important to ensure that the needs of our LAC population are met. In 2015, there were 65 foster places in Richmond compared to 71 in Kingston.⁶²

Richmond LAC have stable placements in 2015: 88% of children and young people remain in the same placement for at least two years (where they have been LAC for over 2 and half years), significantly above the national average, however provisional data from 2016 suggests this has fallen closer to the average at 64%. This is considerably above the 2014 national average and shows improvement from 2014.

Reviews, involvement and education⁶³ - LAC are supported to participate in timely reviews. In 2015, 97% of children in Richmond and 98% of children in Kingston contributed to their reviews, with 96% of LAC in Richmond and 97% of LAC in Kingston having a statutory review within timescales. Personal Education Plans (PEPs) are developed for LAC to ensure that their educational needs are best met - in Richmond 2015-16, 95% of young people had up to date PEPs. In Kingston, this rose from 86% in 2014 to 99% in 2015 however dipped to 88% in 2016.

There is also evidence of support for LAC in schools whereby no LAC in Richmond or Kingston have been permanently excluded from school from 2013 to date. Unauthorised school absence of

⁶² [Department for Education Local Authority Interactive Tool \(July 2016\)](#)

⁶³ AfC Quarter reporting 2015-6 Q4

LAC also remains below both the London and nationally averages of 1.20 and 1.00 at 0.4 for Richmond children and 0.3 for Kingston.

Nationally, in 2015, 60.5% of children and young people looked after by local authorities were classified with a special educational need or disability with Richmond having a higher rate at 68.8% (25 of 55 within cohort).

This highlights the importance of appropriate placement and support of LAC so that they can continue to learn and achieve.

Table 49 - Looked After Children by special educational needs status (Aged 0 to 18)

Area	Total *	LAC with SEND but without a Statement/Education Health Care Plan		LAC with a SEND Statement or Education Health Care Plan	
		Count	%	Count	%
Richmond	35	10	25.0%	15	43.8%
Kingston	55	10	19.6%	25	46.4%
London	4330	1410	32.4%	1260	28.8%
England	32870	10980	32.9%	9630	27.6%

Children Looked After in England and Wales, 2016

Department for Education Local Authority Interactive Tool (LAIT) July 2016

Health of LAC⁶⁴ - Local Authorities aim to ensure that LAC are healthy and receive annual health and dental assessments. In 2015, 81% of annual LAC health assessments were up to date compared to 75% in Kingston. Provisional data from 2016 suggests that this has remained consistent with 81% in Richmond having a health assessment but improving in Kingston at 91%. In 2015, 23% of LAC were identified as having a substance misuse issue compared to 6% in London and 4% nationally, however it is acknowledged that the small LAC cohort in this return skews the average with only 10 young people affected.

5.5 Young people leaving care⁶⁵

Richmond continues to support young people once they have left care. In order to ensure that the Local Authority continues to provide sufficient placements and choices for care leavers it is important to identify the number of children leaving care and their needs. Children may stop being 'Looked After' for a number of reasons; including returning home, living with someone under a Special Guardianship Order, living independently away from foster carers or through adoption.

In 2015, 55 children and young people ceased to be looked after during the year (60 in Kingston); of those ten were adopted, 15 returned home to live with parents and five went to live with someone

⁶⁴ AfC Quarterly Reporting Q1 2016-7

⁶⁵ DfE Statistics –Looked After Children (2016)

on a special guardianship order. With the remaining data suppressed to protect confidentiality (e.g. less than five for each category).

Outcomes for those leaving care - When young people leave care it is important for the Local Authority to assist them to make the best start in their adult life; this can be measured by keeping in touch, and determining whether they are in suitable accommodation and education, training or employment.

Table 50 – Outcomes for young people (aged 19, 20, 21) leaving care

Area	Care Leavers (19,20,21) in education, employment or training			Care Leavers (19,20,21) in suitable accommodation		
	2014	2015	2016 (provisional)	2014	2015	2016 (provisional)
Richmond	48%	57%	52%	90%	95%	94%
Kingston	48%	49%	51%	72%	75%	70%
London	54%	53%	N/A	82%	N/A	N/A
England	45%	48%	N/A	78%	N/A	N/A

Children Looked After in England and Wales, 2016

Department for Education Local Authority Interactive Tool (LAIT) July 2016

Pathway plans are an agreement between the councils and the young person about what support will be given now and in the future and who will give that support⁶⁶; in 2016, 85% of pathway plans were up to date in Richmond. Of the 96% of care leavers that were in touch with the Local Authority on their 19th birthday (19, 20 and 21 year olds)⁶⁷, 77% in Kingston); in 2015 and provisional figures for 2016 suggest that over half of them were in education training and employment which is above the previous year's national average, although this is lower than in Kingston. Similarly a high proportion of young people having left care were in suitable accommodation. In Richmond 95% of care leavers (2015) and 94% (provisional 2016) were in suitable accommodation; significantly higher than the London and England averages. There is a quota on the Housing Register for care leavers so that they are able to access social rented housing. In addition, there is an allocations quota for young adults moving from residential placements into independent living to gain access to social rented housing.⁶⁸

This suggests that care leavers within the borough remain in touch, are suitably accommodated and are given opportunities to achieve and participate after they have left care.

⁶⁶ http://www.richmond.gov.uk/care_leavers_guide_2014.pdf

⁶⁷ AfC Quarter reporting 2015-6 Q4

⁶⁸ http://www.richmond.gov.uk/housing_allocations_policy.pdf

5.6 Children and young people at risk of sexual exploitation

In a review of the borough's response to Child Sexual Exploitation (CSE) it was noted that:

In attempting to quantify **victims of child sexual exploitation** an analysis of police data by Richmond council identified that

- Between April and December 2015 there were 28 cases of alleged CSE investigated and classified, of these 28, five are currently open, however only two of these cases are being investigated by Richmond Council.
- 87% of alleged victims were female and three quarters were recorded as White British. 53% of victims were aged between 15-17, 40% were aged 14 and under. The youngest victim of alleged CSE was 11.
- 40% of cases discussed involved situations such as improper relations with older men, periods of going missing overnight and sharing images.

Direct comparison with the previous period is not possible as these statistics are taken from the Multi Agency Child Sexual Exploitation tracker that started recording in April 2015.

In attempting to quantify **children at risk of sexual exploitation**:

- Nationally, it is estimated that 5-16% of children under 16 have been sexually exploited and the Richmond Multi-agency Sexual Exploitation Group (MASE) has reviewed information on 88 children and young people assessed as at risk of sexual exploitation.⁶⁹
- As at June 2015, thirteen young people at risk of CSE were being monitored by the MASE.
- CSE primarily affects girls and young women. 79% of young people referred to the MASE Group in 2014/15 were female.
- It is primarily a risk to young people aged between 14 and 17 (84%) although the youngest child referred to the MASE was aged 8.
- The majority of young people identified at risk of CSE are White British (64%) with 33% from mixed heritage groups. 7% of young people were from Black African and Caribbean backgrounds."
- Models suggest that, each year in Richmond, around 10 girls are born to women who have undergone female genital mutilation (which puts them at risk of FGM themselves).

The report highlights that the children and young people at most risk of abuse are likely to be white teenage females. Ensuring that children and young people are safe from harm is a corporate priority for Richmond as identified within the Corporate Plan 2015 and within the Community Safety Plan for 2016-17, as such further data will be identified over the coming year to help to determine whether those at risk are known to AfC within specific vulnerable groups to enable better targeting of resources. Additional data will also allow us to better understand the characteristics of this group – in particular their ethnic profile which at the moment, does not reflect the ethnic profile of our 0-19 population but which may be skewed by the relatively low numbers in consideration.

⁶⁹ Safeguarding – JSNA Newsletter December 2015

5.7 Children affected by domestic violence and anti-social behaviour

Domestic abuse in Richmond is addressed through Multi-Agency Risk Assessment Conferences (MARAC). A MARAC focuses on the safety of high risk victims of domestic abuse. In Richmond, the MARAC forms part of a coordinated community response to domestic abuse incorporating representatives from statutory, community and voluntary organisations, working with victims and survivors of domestic abuse including children.

Table 51 - MARAC data for 2012-15

Year	No. of cases	Rate of children per case	Number of children identified per year
2012-13	229	0.89	206
2013-14	207	1.08	225
2014-15	199	1.03	206
2015-16	228	0.93	214

MARAC data review, 2016

Table 51 highlights that the number of cases referred to MARAC has stayed fairly static since 2012/13, there has been an increase in the rate of children per case between 2012/13 and 2015/16. The data for 2015-16 suggests that 214 children have been affected by domestic violence within the cases reviewed by MARAC which is slightly higher than the figure for 2012-13 (206).

It should be recognised that domestic violence is regarded as a hidden harm and there is a suspected level of under-reporting of this crime. Findings from risk assessments completed by Independent Domestic Violence Advisors (IDVA)⁷⁰ highlight that of the fifty risk assessments carried out by the IDVA, there were multiple risk factors attributed to the safety of young children, including 26% of victims answering yes to 'being pregnant or having recently had a baby' and 12% of victims answering yes to 'perpetrator ever hurt children/dependants'.

5.8 Children affected by parental mental health issues and substance misuse

Children and young people most at risk of poor outcomes include those affected by parental mental health problems, parental misuse of alcohol and drugs, domestic violence and financial stress. There are around 34 Richmond parents in alcohol treatment per year.⁷¹ In 2015/16, 165 children lived with clients in contact with the Richmond Refuge domestic violence outreach service and 200 children lived with clients in contact with the Richmond Refuge Independent Domestic Violence Advocacy service for high risk abuse.⁷² In 27% of the most serious cases of domestic violence,

⁷⁰ [Early Years JSNA \(2013\)](#)

⁷¹ CHIMAT, Parents in treatment for drug and alcohol misuse, 2012/13

⁷² Making A Difference: Measuring The Impacts of Refuge's Services, Richmond Outreach and IDVA, 2015/16

victims had mental health support needs and in 22% the perpetrators had mental health support needs.⁷³

The JSNA children and young people needs assessment (2014)⁷⁴ highlights key statistics relating to vulnerable children within Richmond. The assessment acknowledges that it is difficult to determine the level of these risk factors and numbers of children affected in Richmond as data in most cases is not always routinely collected and the problems tend to be 'hidden' and not presented to services. The estimates of the numbers of mothers and children and young people affected are set out below based on application of national prevalence rates to local population figures.

Risk factors affecting child health outcomes:*

National prevalence rates	Estimated numbers in Richmond
20% of births are to women with mental disorders with varying degrees of severity	585 mothers with a mental disorder
4% of births are to women who have severe mental disorders	115 mothers with severe mental disorder
8% of children aged under 16 years live with an adult who had recently used illicit drugs	Around 3,000 children under 16 years
30% of children aged under 16 years live with one binge drinking parent	Around 11,400 children under 16 years

The rate of hospital admissions in Richmond due to substance misuse (general population, 15-24 years) is slightly above the national average (81.3) at 88.7 per 100,000 though in real terms this only equates to around 15 admissions per year⁷⁵.

The JSNA Substance Needs Assessment (2010) highlighted that of available data on those being treated for drug misuse, 36% had children (n=164), 19% of whom do not live with any of their children. Data is available for 88% of alcohol misusers in treatment, 34% have children (n=128) 10% of whom do not live with any of their children. Data from the Local Safeguarding Children Board in 2016 has identified that there are 34 households where children are living with adults who have been assessed as having alcohol misuse problems, and 37 households where children are living with adults assessed as having substance misuse problems⁷⁶.

The Early Years JSNA (2013) refers to the Department of Health estimates that approximately 10% to 15% of mothers suffer with postnatal depression following childbirth. In order to estimate the

⁷³ Richmond Multi Agency Risk Assessment Conference data 2015/16

⁷⁴ [JSNA Children and Young People \(2014\)](#)

⁷⁵ <http://www.chimat.org.uk/profiles>

⁷⁶ LSCB Quarterly dataset Q1 2016-7

number of women who suffer from postnatal depression in Richmond, national prevalence figures have been extrapolated and applied to the local population. Based on 2,935 maternities in 2011, this would equate to approximately 352 women per year that may require antenatal and postnatal mental health services.

Data from Achieving for Children in 2014 highlighted that parental mental health featured in Common Assessment Framework assessments for 35.8% of families in Richmond. These concerns are particularly prevalent in the 0-4 age category (40.2% Richmond). Nationally 46% of adults in the troubled families programme are recorded as having a mental health problem, a third of families have a clinical diagnosis of a mental health problem. In addition there is often a gap in provision as many adults don't meet the high thresholds for intervention from adult social services⁷⁷. Nationally, 14% of families include an adult dependent on alcohol and 13% dependent on drugs. As context, there is a national estimate that 4% of people in England are alcohol dependent.

⁷⁷ AfC Strengthening Families Strategy

6. 2015 CYPNA Recommendations

2015 CYPNA Recommendations	Progress to Date
1. Ensuring that the health of children and young people is built into future JSNA analysis	The JSNA Steering Group, which oversees the JSNA work-plan, has been in place since 2014, and includes public health and CCG children's leads among its members. In 2015/16, the group was expanded to include a broader membership base, including representatives from Achieving for Children. Subsequently, to ensure that the needs of children and young people are fully reflected in the JSNA, the CYPNA was included among the JSNA needs assessments and a task group was established to identify the key needs of CYP in Richmond. The key messages identified by the group have been fed back into the refreshes of the CYPNA and the annual summary of the JSNA, the Richmond Story.
2. Rise in CIN population requiring AfC to produce projections of the CIN population to inform commissioning discussions	AfC have been closely monitoring the numbers of CIN and working with the commissioning councils to ensure that sufficient resources are in place to provide an excellent level of service for CIN. Provisional figures for 2016 show that numbers of CIN have stabilised following the large rise between 2014 and 2015.
3. Develop a better understanding of how young people leaving care transition into adult services and what services they require to support this	Work is ongoing between the commissioning councils, AfC and partners. This remains a priority for 2016.
4. Build a clearer picture of children and young people at risk of child sexual exploitation to ensure their protection	A Child Sexual Exploitation Needs Assessment was undertaken in 2015/16. This document examines the local picture and identifies a number of areas for further discussion. The importance of multi-agency working to identify and help children at risk is emphasised and work will continue as a matter of priority for 2016.
5. Work with service providers and source more accurate information on the number of Children and young people at risk as a result of parental/carer alcohol or substance misuse	Gaps in local data for parental substance misuse, mental health and domestic violence have been raised in the JSNA steering group and efforts have been made to quantify the scale of these problems in Richmond. Whilst there has been some progress in these areas, the results of which have been fed into the JSNA and CYPNA, there is still work to be done. These issues may present themselves across a range of services, and there remains a paucity of data recorded and obtained from providers, which would need to be addressed by commissioners via the contracting process.

6. Further work undertaken to establish the cause of children and young people self-harming and recommend services to support those at risk	<p>A Framework for Prevention of Suicide and Self-Harm has been developed. The analysis identified the factors that influence the risk of suicide and self-harm locally, and those groups with increased risk of self-harming and committing suicide and therefore the focus for preventative measures. The development of the framework also takes account of the evidence about what measures are likely to be effective for reducing suicide and self-harm, (including NICE guidance). Prevention of self-harm amongst young people is one of the key priorities identified in the framework, the following key actions were identified: Ensure support is available for young people who are at risk of/ or self-harming in line with agreed local self-harm pathway and specifically ensure young people self-harming and presenting at A&E have access to psychological assessment, therapies and follow up support.</p>
7. Consider the importance of effective transitions between children's and adults services and continue the close collaborative work within the Council and between agencies to determine possible solutions to increase locally available placements	<p>Close collaborative work within the Council and between agencies (Council, Achieving for Children, Housing providers and care and support providers) is ongoing. The Council and AfC reviews assets, either in its ownership or leased to it by the Council, to look for opportunities to support appropriate supported housing solutions for young people in need to ensure that these are sustainable</p>
8. Partners recognise and take note of the importance of considering the multiple characteristics that define children and young people living and learning in Richmond	<p>AfC continue to monitor and review multiple characteristics to understand the link between a child/young person's profile and their need for support this remains a priority for 2016.</p>

7. 2016 CYPNA Recommendations

- a. This report has highlighted that Richmond has a high number of children and young people partaking in **risky or unhealthy behaviours** such as smoking, drinking and taking drugs. It is recommended that the commissioning councils work with health services, AfC and other partners to identify the cause of these behaviours and work on finding solutions to tackle these issues.
- b. This report has identified that there has been a notable increase in the number of children identified as **Looked After Children** over the last year – this has had significant resource implications for AfC and will need to be reflected in commissioning discussions between the commissioning councils and AfC. It is essential that LAC continue to receive an excellent level of service from AfC - increasing numbers will put pressure on service provision and finding suitable placements is a recognised issue within AfC. It is recommended that the commissioning councils and AfC continue to discuss innovative solutions to accommodate the increased demand and ensure excellent service provision.
- c. The increase in **unaccompanied asylum seeking children and young people** looked after by Richmond has had significant resource implications for AfC as these children and young people require suitable placements and often need access to a wide range of local services placing additional pressure on service provision. As with LAC it is important that the commissioning councils, AfC and partner agencies work closely together with regards to the requirements for this group and that any future increases are discussed jointly and reflected in commissioning conversations.
- d. Whilst provisional figures for 2016 indicate that there has been a slight reduction in the number of **Children in Need** the importance of monitoring numbers closely to ensure that sufficient resources are in place remains a key issue particularly in light of the increasing number of LAC and the potential pressure on resources.
- e. Additional work has taken place since last year's CYPNA to further protect **children and young people at risk of sexual exploitation** though this must remain a key focus. The commissioning councils must continue to work with AfC, Public Health, the Police and other partners through the Local Safeguarding Children Board to build a clearer picture of those children at risk and ensure that rigorous safeguarding procedures are in place.
- f. The 2015 CYPNA found a significant variation in the **number of children admitted to hospital as a result of self-harm**, in Richmond compared to Kingston. The latest figures available for this year's CYPNA show a marked decrease from 107 cases in 2013/14 to 71 in 2014/15 however this is still the fourth highest rate in London per 100,000 of the population hence it is recommended that self-harm remains as a key focus over the next year.

- g. Last year's CYPNA recommended that consideration be given to the **importance of effective transitions** between children's and adults services and close collaborative work continued within the Council and between partners to determine possible solutions to increase locally available placements. Work has been ongoing in this area and the Council and partners must continue to look for opportunities to support appropriate supported housing solutions for young people in need to ensure that these are sustainable.
- h. The 2015 CYPNA noted **the importance of considering the multiple characteristics that define children and young people living and learning in Richmond**. When multiple characteristics are considered, a much more detailed profile emerges of those children and young people who may need additional support. The CYPNA demonstrates that children eligible for free school meals and black pupils are much less likely to achieve than their peers. It is recognised that this is unacceptable and the Council and schools will continue to address inequality within educational attainment.

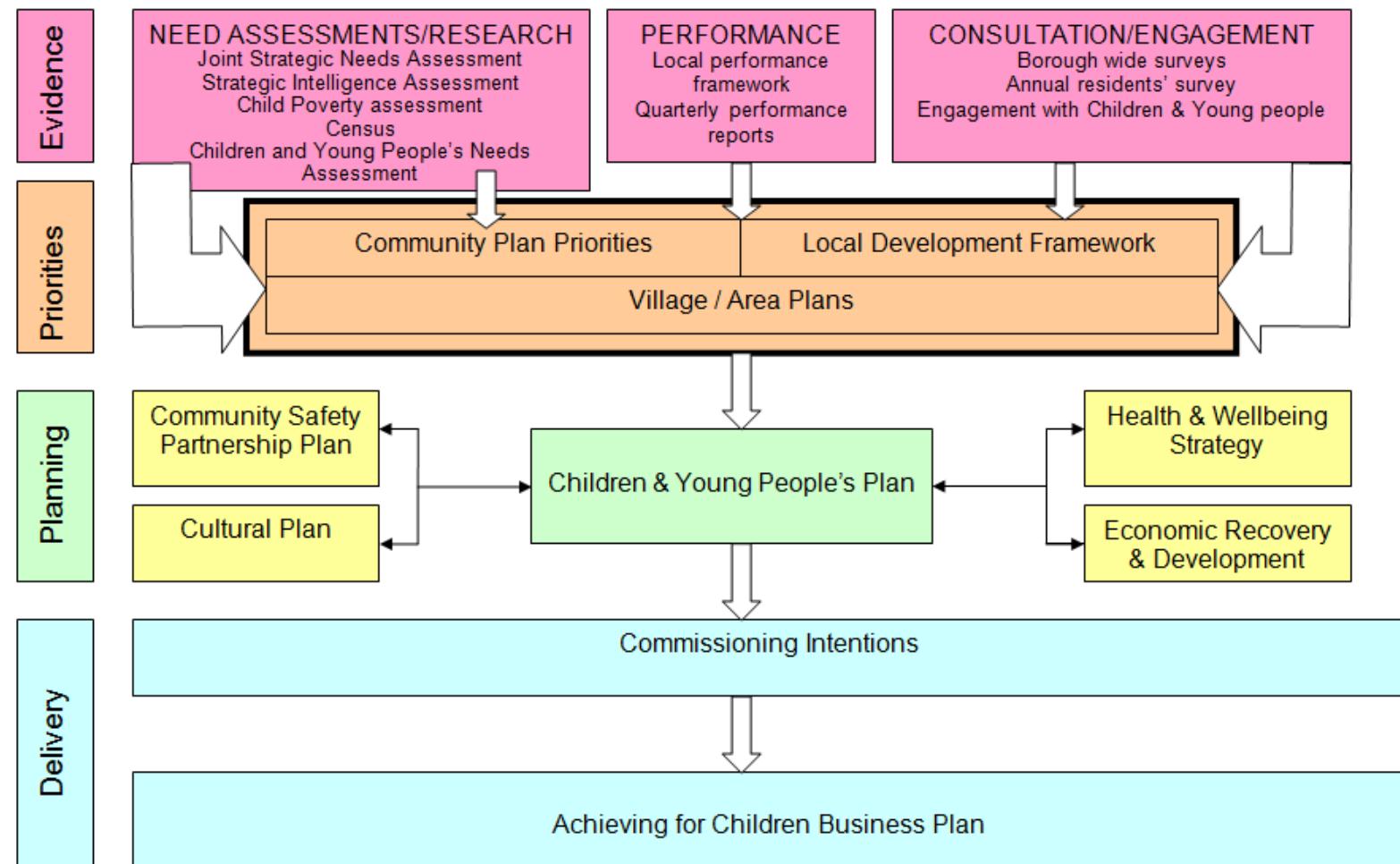
8. Further Information

[DataRich](#), the borough's information and data website, has a range of data and analysis under the theme of Children and Education which can provide additional information to complement this needs assessment.

The [JSNA](#) is made up of many documents covering a range of health and social care topics, including cancer, diet and nutrition, end of life and carers. It aims to put these in context, exploring how Richmond upon Thames compares with other areas locally, regionally and nationally. It also examines what services we are currently providing, what works well and what could be improved.

These documents and a large selection of data relating to children and young people and other sections of the population can be found on DataRich.

Appendix A: Strategic Planning Framework



Appendix B: Commissioning Intentions for Achieving for Children 2013-7

Ensuring they are safe and healthy

- To ensure children and young people are protected from harm and live in stable and supportive environments.
- To ensure children and young people are safe and feel safe in school, online and in the local community
- To ensure children and young people enjoy good physical health, and those with additional needs and disabilities get the support they need.
- To support children and young people to develop positive relationships and healthy sexual behaviours.

Ensuring they can participate, enjoy and achieve

- To ensure all children and young people, including those with special and additional educational needs enjoy high quality learning to fulfil their potential.
- To reduce achievement gaps to enable pupils to make good progress throughout their time in education.
- To ensure that children and young people participate in and enjoy a range of activities, and make a positive contribution to their communities.
- To ensure that children and young people develop into independent adults.

Ensuring they have access to early help

- To support children, young people and families to have a successful start in life.
- To ensure families are supported to reduce the impact of poverty.
- To ensure young people post 16 are supported to access education, employment or training.
- To ensure children and young people enjoy good emotional health, and get the support they need to address emotional and behavioural changes.
- To maintain high quality and localised preventative services.

Ensuring that agencies and families work together

- Enhance partnership working and commissioning to support integrated high quality working.
- To ensure children, young people and their families are engaged in improving services to meet their needs.
- To ensure effective professional development for the children's workforce.
- To ensure the most effective use of resources to achieve best value and improve services.