

# Children and Young People's Needs Assessment

**Kingston upon Thames**

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## Introduction

This document brings together a range of information about children and young people (0-19 years old) living and studying in the Royal Borough of Kingston upon Thames to help assess the varying and changing needs of this section of society. This document has been produced as a strategic needs assessment in partnership with the London Borough of Richmond upon Thames.

In April 2014, the London Borough of Richmond upon Thames and the Royal Borough of Kingston upon Thames created a community interest company, Achieving for Children (AfC), to provide our children's services. This innovative structure is a completely new way of delivering Council services. AfC, acting as the mechanism for delivering front line services to children and young people across both boroughs, produces a range of local needs assessments and profiles throughout the course of their work. However, as commissioning organisations, it is important for us as Councils to continue to assess and review the overall needs of children and young people to inform our commissioner-service delivery relationship with AfC.

The Joint Strategic Needs Assessment (JSNA) for Kingston provides in depth needs assessments and chapters on a large selection of health and well-being specific issues and provides commissioners with the information needed to ensure effective service provision in the borough. This Children and Young People's Needs Assessment sits within the suite of needs assessments. It specifically is the chapter for Children's Safeguarding but fulfils a wider purpose to inform the commissioning of AfC and the Children and Young People's Plan.

The Kingston Children and Young People's Plan 2013/17 sets out four themes around which the outcomes for children are focussed:

- 1) Ensuring children and young people are safe and healthy
- 2) Ensuring children and young people are able to participate, enjoy and achieve
- 3) Providing early help to children, young people and their families
- 4) Working together to ensure effective and quality services

The Children and Young People's Plan for 2017-2021 is in development and will be published in 2017.

## Executive Summary

### Who are the children and young people who live in Kingston?

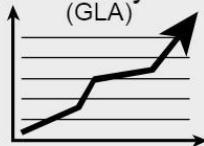


41,600 children and young people aged 0-19 years (ONS)

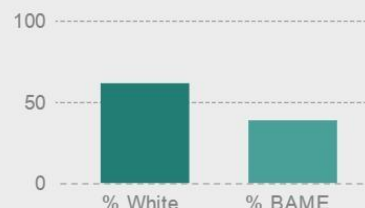


**Gender Breakdown -**  
Nearly 50/50 with only slightly more boys than girls (less than 0.1% difference)

**Expected growth -**  
~10.4% by 2026 (GLA)



**Ethnic Breakdown**



4,040 (11.8%) children living in poverty  
18.0% England



8.6% of children eligible for Free School Meals  
13.6% England



15.3 teenage conceptions (per 1,000 women aged under 18)  
24.3 England



88.9% of mother initiate breastfeeding  
74.0% England



91.2% of 2yr olds vaccinated against MMR  
95.7% England



83.2% of reception age children are a healthy weight  
77.2% England

68.3% of year 6 age children are a healthy weight  
65.3% England



189.8 hospital admissions for self-harm per 100,000 aged 10-24 years  
398.8 England

#### Key Points:

- Children aged 0-4 make up the largest group of children and young people comprising 28% of the population aged 0-19
- Kingston's 0-19 population is more diverse than the total population of the borough as 39% of 0-19 yr olds are BME, while the total population is 30% BME
- The rate of hospital admissions for self-harm for 10-24 year olds is less than half of the national average.



## Who are the children and young people who need extra support?



3.4% are Not in Education, Employment, or Training (NEETs)  
4.5% England

30 young people entered the young offender's system in 2014/15  
Down 37.5% from 13/14



114 LAC in 2016  
Down 4% from 2015  
Note: 2016 data is provisional

Looked after Children (LAC) and Children in Need (CIN)

An estimated 70% of young people aged 19-21, leaving care went into suitable accommodation



843 CIN in 2015/6  
Down 5% from 2014/15



64% of LAC were boys in 2016

9.2% of CIN had a disability in 2015



256 (0.7%) 0-15 year old carers  
1.1% England



42% of drug users in treatment live with children  
30% England

43% of adults in alcohol user treatment live with children  
26% England



63% of domestic violence victims who presented at Kingston One Stop Shop have children 18 or under.

Police have investigated 35 cases of child sexual exploitation in 2015-16



### Key Points:

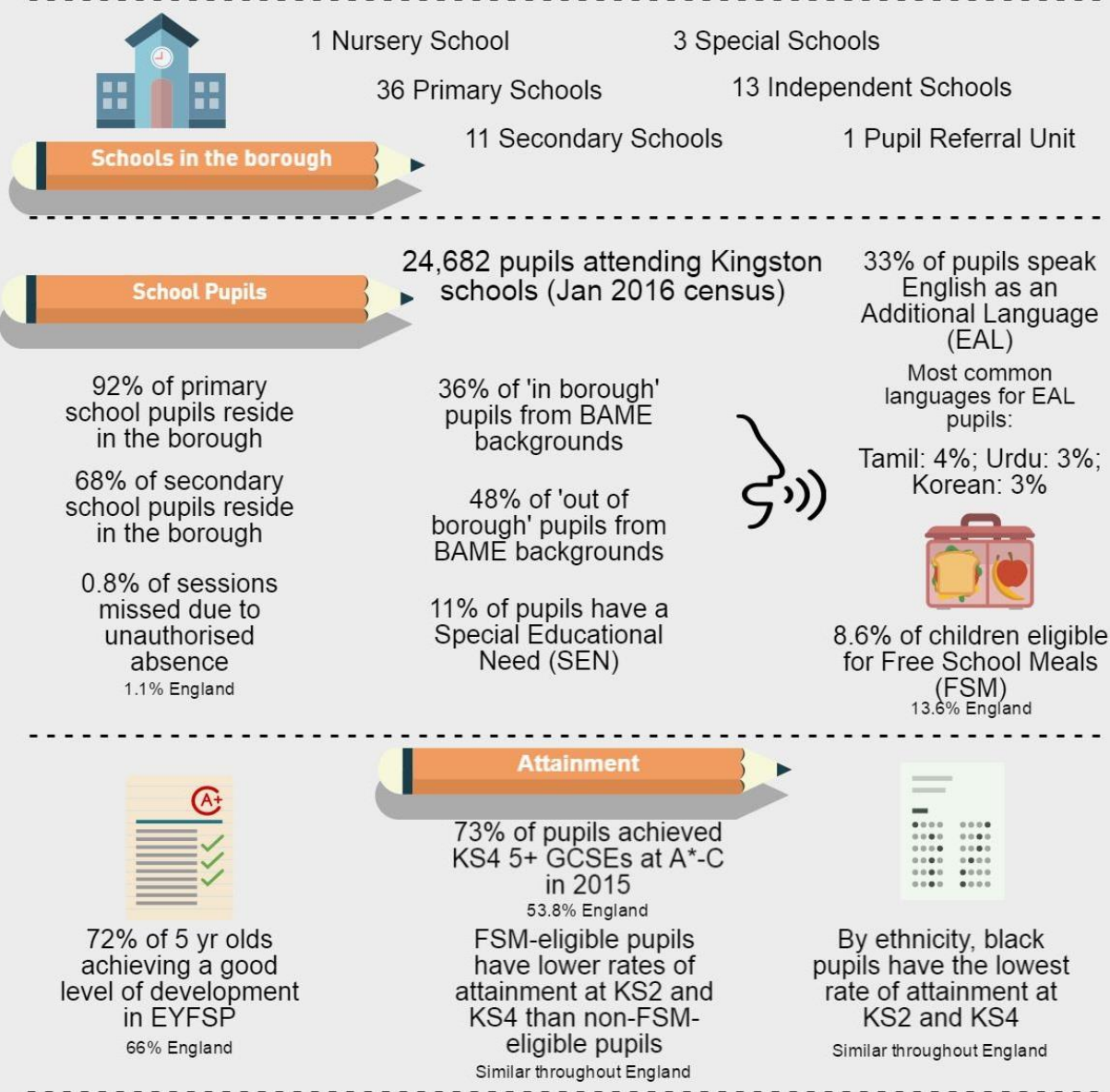
- Kingston has seen a 37.5% reduction of young people entering the young offenders system from 2014 to 2015. This reduction is a nationwide trend.
- The 256 0-15 year old carers represent 0.7% of the population in their age group. This is lower than the England average of 1.1% of 0-15 year olds providing unpaid care
- The number of LAC has remained stable in the borough, while the number of CIN has decreased slightly. The rate of CIN with a disability in the borough is slightly lower than the rate across England of 13%





# Who are the children and young people who learn in Kingston?

The school pupil population of Kingston differs from the resident population of the borough as children and young people often cross borough boundaries to attend school, particularly secondary schools. As such, we have to look at the characteristics of our school pupil population in their own right and consider the characteristics that affect attainment.



## Key Points:

- With 73% of pupils achieving 5+ GCSEs at A\*-C in 2015, Kingston was one of the highest achieving local authorities in the country
- The school population is more diverse than the general population of the borough
- FSM-eligible children have lower rates of attainment than non-FSM-eligible children



## Progress and Priorities for 2017/18

### Early Years

88% of nursery provision graded by Ofsted as Good or Outstanding.

Continuing improvement of breast feeding and immunisation take up, but still progress to be made.

#### Priorities

- Preparation for extension of child care provision to 30 hours
- Implementation of the joint health and early years reviews for 2-2½ year old children

### Social Care

Following the Ofsted inspection of 2015 which rated Kingston as Good there has been considerable staff turnover which has resulted in a dip in performance. However, performance is still better than national averages.

Numbers of Looked After Children and children with a Child Protection Plan have stabilised.

#### Priorities

- Ensure placements of LAC are appropriate, in borough and scrutinised
- Services for LAC and CP need particular focus on those aged 16+
- Special Educational Needs & transitions from children's to adults services

### Families

Percentage of young people in RBK with English as an Additional Language (EAL) is increasing.

Reported incidents of domestic abuse have declined however it is a noted cause in cases referred to children's services.

Child poverty numbers have decreased.

#### Priorities

- Ensure families live in appropriate housing
- High percentages of parents of substance misuse are living with their children. This should link in with the 2<sup>nd</sup> phase of the Troubled Families programme work
- Assisting migrant families in understanding services eg how to register with a GP and apply for school places

### Learning / Education

Number of births has remained stable, although at much higher levels than 10 years ago. However growth plans for the borough will increase the number of dwellings and demand for school places.

Good progress at Early Years Foundation Stage and Key Stages 1, 2 and 4.

#### Priorities

- All schools to be rated by Ofsted as Good or Outstanding
- Close the gap in attainment between those with and without pupil premiums and of different ethnicities
- Provision of sufficient school places as dwelling number increase

### Health / Prevention / Early Help

78% of pupils were 'quite' or 'very' happy with their lives. This is reflected in the low numbers of self-harm related hospital admissions. Rates of alcohol admissions and NEET remain low. Teenage conceptions have also decreased.

There continues to be a low percentage of healthy weight children in Y6.

Numbers of first time entrants to youth justice halved during 2014/15 and remain extremely low.

The Young People's Survey conducted in schools in 2015 found much higher levels of young carers than in the census of 2011.

#### Priorities

- Monitor and address Y6 obesity in RBK by ensuring services work together in a joined up way
- Reduce anxiety around exams
- Services for and outreach to young carers
- Work together to stop children going missing from home, school and care by raising awareness and ensuring rigorous safeguarding procedures to prevent and improve our ability to monitor CSE
- Tackle issues of risky and unhealthy behaviours of young people amongst specific groups



## National context

This section provides a brief summary of recent and forthcoming legislative and regulatory changes impacting on children and young people and the services provided to them.

### The Children and Families Act 2014

The Children and Families Act has now largely been enacted; free school meals are available to all children in their first three years of school, adoption reform continues and there have been significant changes to provision for children with special educational needs. The special educational needs changes have resulted to new Education, Health and Care Plans being implemented, the local offer has been published and personal budgeting offered.

### Education and Adoption Act 2016

Having received Royal Assent in March 2016, the bill is now an Act of Parliament. The Act makes provision about schools in England that are causing concern, including provision about their conversion into Academies and about intervention powers; and provision about joint arrangements for carrying out local authority adoption functions in England.

### Childcare Act 2016

The Childcare Act aims to help support working people from the start of their family life by 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. The new entitlement will begin from September 2017 with consultation and pilot areas rolling out in 2016.

### 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.

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.

### 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.

## 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”<sup>1</sup>. 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.

## Welfare Reform

The Welfare Reform Act aims 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.

Changes to benefits introduced via the government’s Welfare Reform agenda include:

- The Benefit Cap which limits total benefit income. A reduction in the cap will be implemented by the government from November 2016, reducing allowances for households with dependent children to £23,000 in London
- The reduction in Spare Room Subsidy (RSRS), or ‘bedroom tax’ brought in April 2013 means that working age residents in social housing who have more bedrooms in their property than they need, according to the size criteria, have their housing benefit reduced accordingly
- Localisation of Council Tax benefits so that each local authority manages their criteria, rather than a centrally governed scheme
- Personal Independence Payments – Disability Living Allowance is being replaced by Personal Independence Payments. Re-assessment for existing claimants is being rolled out across the country; new claimants have had to claim PIP from June 2013 and existing claimants are being re-assessed.
- Universal Credit, which brings together housing and out-of-work benefits and tax credits into one payment, is being rolled out nationally. Initial rollout is restricted to new, single claimants. This has been introduced in Kingston. The timetable for further rollout is yet to be published.

Households that have been impacted most by welfare benefit changes are single parents with dependent children. This has been seen nationally and locally in Kingston where the majority of those impacted by the Benefit Cap are single parents<sup>2</sup>.

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

<sup>2</sup> Impact of Welfare Reforms in Kingston, 2015 <http://data.kingston.gov.uk/resource/view?resourceId=612>

## **Welfare and Work Act**

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.

## **Healthcare reforms**

Clinical Commissioning Groups are membership organisations made up of GPs. The responsibility for Public Health was transferred to local authorities. The Kingston CCG is made up of the 25 GP practices in Kingston working alongside health practitioners from community healthcare, pharmacy and secondary care.

The Kingston Health and Well-being Board is a statutory body with responsibility for strategic decision making for local health and social care services. Membership consists of representatives from NHS, public health, social care and children's services, elected representatives and representatives from HealthWatch (an independent consumer champion) who come together to identify how they can work with each other to better the health and well-being of people in their area.

## **Care Act 2014**

The Care Act 2014, together with a range of regulations and statutory guidance, is the base upon which social care will develop over the next few decades. It enshrines the new statutory principle of individual wellbeing, the driving force behind the Act, and makes it the responsibility of local authorities to promote wellbeing when carrying out any of their care and support functions. Most of the Act's changes take effect from April 2015. However, the major reforms to the way social care is funded, including the care cap and care account will not come into operation until April 2020.

Under the Care Act 2014, local authorities will have a duty to consider the needs of children living in households where there is an adult who has a disability or impairment that requires help or care as part of a "whole family assessment".

The act also enables children to have their own carers' needs assessment carried out, and introduces a new right for young carers aged 16 to 18 who are transitioning to adulthood to have their specific needs assessed in light of how their role might change.

The measures, alongside those introduced in the Children and Families Act 2014, aim to identify child carers and their support needs earlier.

## Local context

### Kingston's approach to commissioning

Reductions in funding have led local authorities to take a fundamental look at how services are delivered, to ensure that they are making the most effective and efficient use of resources. In Kingston, the Council has identified strategic commissioning as an approach to help meet the challenges ahead.

Commissioning is about deciding what service is needed, how it should be delivered and by whom – be it public, private or voluntary sector. This will include exploring how things can be done differently rather than being constrained by how things have been done in the past. In Kingston, the Council and its partners have looked for opportunities to jointly commission services, as reflected by the creation of joint posts with the CCG, sharing services with other Local Authorities and Achieving for Children (AfC). AfC is a community interest company commissioned jointly by Richmond and Kingston Councils to provide children's services across both boroughs.

AfC offers greater capacity for safeguarding and looking after the most vulnerable children in both boroughs; responsive, joined-up preventative services based around local clusters; and high quality support and challenge for schools through the School Performance Alliance for Richmond and Kingston (SPA[RK]). At the same time, the efficiencies created by bringing together services and setting up a Joint Management Team will help to meet the financial challenges ahead.

### Achieving for Children (AfC)

The main service areas that AfC delivers on are:

**Prevention and early help** – organising 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** – planning 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.

Through AfC and their new model of service delivery, the Children and Young People's Plan<sup>3</sup> notes the following focus themes for children and young people in Kingston:

#### **Ensuring they are safe and healthy:**

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

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<sup>3</sup> [http://www.kingston.gov.uk/downloads/file/228/children\\_and\\_young\\_people\\_s\\_plan\\_2013-2017](http://www.kingston.gov.uk/downloads/file/228/children_and_young_people_s_plan_2013-2017)

**Ensuring they can participate, enjoy and achieve:**

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

**Ensuring they have access to early help:**

- support children, young people and families to have a successful start in life
- families are supported to reduce the impact of poverty
- young people post-16 are supported to access education, employment or training
- children and young people enjoy good emotional health, and get the support they need to address emotional and behavioural changes
- 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
- children, young people and their families are engaged in improving services to meet their needs
- effective professional development for the children's workforce
- ensure the most effective use of resources to achieve best value and improve services

## Ofsted Inspection

In summer 2015 Ofsted inspected Kingston's services for children in need of help and protection, children looked after and care leavers and reviewed the effectiveness of the local safeguarding children board. The determination published in August 2015 stated that Children's services in the Royal Borough of Kingston upon Thames are "good". This outcome is a considerable achievement for all involved in children's services.

The executive summary of the Ofsted report states that:

"Services to children and their families have been transformed since the last inspections of children looked after services and safeguarding. The 2012 safeguarding and looked after children inspection found services for looked after children to be adequate and safeguarding services to be inadequate. The 2013 inspection of local authority arrangements for the protection of children also found provision to be inadequate. Council leaders, together with Achieving for Children (AfC), the Local Safeguarding Children Board (LSCB) and the Children's Services Improvement Board (CSIB), have successfully delivered against an ambitious improvement plan. This has led to an impressive level of change in service delivery for children and families across Kingston upon Thames. Almost all areas identified for improvement in the previous inspections have been addressed in full and this is having a positive impact for children."

A number of recommendations for improvement were made which have been incorporated into actions plans for the future.



## Local Safeguarding Children Board (LSCB)

Under guidance from Working Together 2015, and the Children Act 2004, each Local Safeguarding Children Board is responsible for coordinating the work of partners to safeguard children, and for ensuring the effectiveness of those local arrangements from early help and preventive work, to safeguarding the most vulnerable, including those who are subject to Child Protection Plans or Looked After.

The government commissioned a review into the effectiveness of LSCBs which was published in March 2016. This review, known as the Wood Review, was responded to by the government in May 2016. The government has accepted many of the recommendations and intends to implement them. The changes include the current set up of LSCBs, Serious Case Reviews and Death Overview Panels. New legislation and regulations are to be expected.

### Kingston LSCB

Kingston Local Safeguarding Children Board's (LSCB) role is to ensure that relevant agencies and professionals work together to protect the borough's children from abuse, harm and neglect.

The LSCB develops, monitors and reviews child protection and child safety policies, procedures and practice within Kingston. It also co-ordinates and provides inter-agency training for staff across the borough who work with children and families.

The LSCB's job is to have an overview of how effectively children are safeguarded and identify improvements where necessary. For this reason, the LSCB is an independent body that can check on the work of all organisations working with children and families.

### Kingston LSCB Annual Report 2015/16

The following is an extract from the foreword from the LSCB Annual Report for 2015/16. The complete document is available on the LSCB website<sup>4</sup>.

The annual report considers the priorities identified for the year, what has been achieved, provides information on the LSCB, data on the demography and services in the borough and provides the priorities for 2016/17.

The priorities for 2015/16 were to:

- Engage the whole community in safeguarding the most vulnerable children from early help to safeguarding interventions
- Assure single agency audit work and learning and development, and embedding our multi-agency scrutiny processes, and
- Improve our local outreach, intervention and understanding in matter of diversity.

The priorities for 2016/17 are:

- Scrutiny of transitions between agencies, teams and sectors including those of children to adults' services
- An enhanced focus on matters of ethnicity and diversity, and reinforcing outreach to community and faith groups
- The strengthening of communication and information sharing between professional interfaces
- A focus on the mental health and emotional wellbeing to run through all our work to ensure stronger prevention and timely help, and
- Plan for the implementation of the Wood Report.

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<sup>4</sup> Kingston LSCB has a joint website with Richmond [LSCB http://www.kingstonandrichmondlsqb.org.uk/](http://www.kingstonandrichmondlsqb.org.uk/)

## Serious Case Review

Two Serious Case Reviews were published during 2015, one into the death of a young man aged 15 who committed suicide and one into the deaths of three young children, siblings aged four and three (twins), who were killed by their mother.

These deaths have had a profound impact on local professionals across all services. The aim of the LSCB partnership has been to embed learning from these reports. The annual report explains how this has been done.

## Kingston Youth Council

The Kingston Youth Council (KYC) is a proactive group of young people aged between 11 and 19 (or 25 if they have additional needs) who actively represent the views, interests, concerns and aspirations of young people in Kingston. The Youth Council undertakes consultations and peer research with young people to establish a clear picture of their needs and use this information to influence decisions and bring about positive change for young people in the borough.

A scheme called Recruits Crew allows young people to have a say in the recruitment of staff in the Royal Borough of Kingston. Members of Recruits Crew can create interview questions and sit on an interview panel when potential employees are being considered.

Youth Associates is a project for young people to have their say on services offered to young people. They help by designing, co-producing and contributing to, evaluating and developing services and provision that are accessed by young people. There are three roles available to young people in the borough:

- **Youth inspection** which involves inspecting youth centres, libraries, sexual health clinics, leisure centres and other places that young people access
- **Policy proofing** which involves reviewing and exploring policies to make sure that the Royal Borough of Kingston's policies take full consideration of young people's needs, wishes and concerns
- **Social action researchers** which allows young people to carry out research projects on behalf of services to review them, identify areas for improvement and make sure they are young people friendly

The Kingston Youth Council outlined following priorities in their manifesto for 2015-2017:

### Mental Health and Wellbeing

- Dealing with stress
- Internet safety
- Good mental health
- Sexual health

### Substance Misuse

- Legal and illegal highs
- Smoking
- Cannabis
- Alcohol

### Areas for further research

- NEET in care
- YP with disabilities
- Child Sexual Exploitation
- Radicalism
- Young People and crime
- Work experience opportunities

- Education about life skills and budgeting

They plan on tackling these issues through activities such as:

- Working with professionals, schools, and council services to help them offer a better service to young people
- Conducting peer research to find out issues affecting young people
- Making films and hold events to create awareness
- Attending public meetings to represent young people
- Working with school councils across the borough

## Further information

An AfC Equality Needs Assessment can be found on the Achieving for Children website<sup>5</sup>. The document brings together a range of equalities data and information about children and young people in both Kingston upon Thames and Richmond upon Thames and is structured around the nine protected characteristics.

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<sup>5</sup> <http://www.achievingforchildren.org.uk/Equality-Diversity>

## Who makes up our population of children and young people?

### Total population 19 or Under

There are 41,634 children and young people in Kingston according to the latest population estimates from the Office for National Statistics (2015 Mid-Year Estimates).

Area	Population aged 0-4	Population aged 5-9	Population aged 10-14	Population aged 15-19	Total population aged 0-19	Total population All Ages
Kingston	11,850	11,238	9,067	9,479	41,634	173,525
London	633,270	565,938	472,668	468,170	2,140,046	8,673,713
England	3,434,680	3,357,463	3,000,295	3,213,289	13,005,727	54,786,327

Source: Office for National Statistics (2015 Mid-Year Estimates)

### Population by Ward

The data for population by small areas such as ward or locality is not released by the Office for National Statistics until later this year. As such, the below information is from the 2014 Mid-Year Estimates. A map is also provided showing the percentage of young people per ward along with school locations in Kingston. While the range of percentage of young people is only from 19%-28% , you can see that the highest concentration in Tudor ward, while wards such as Grove – which contains the town centre - and those around Surbiton, have the lowest concentration of young people.

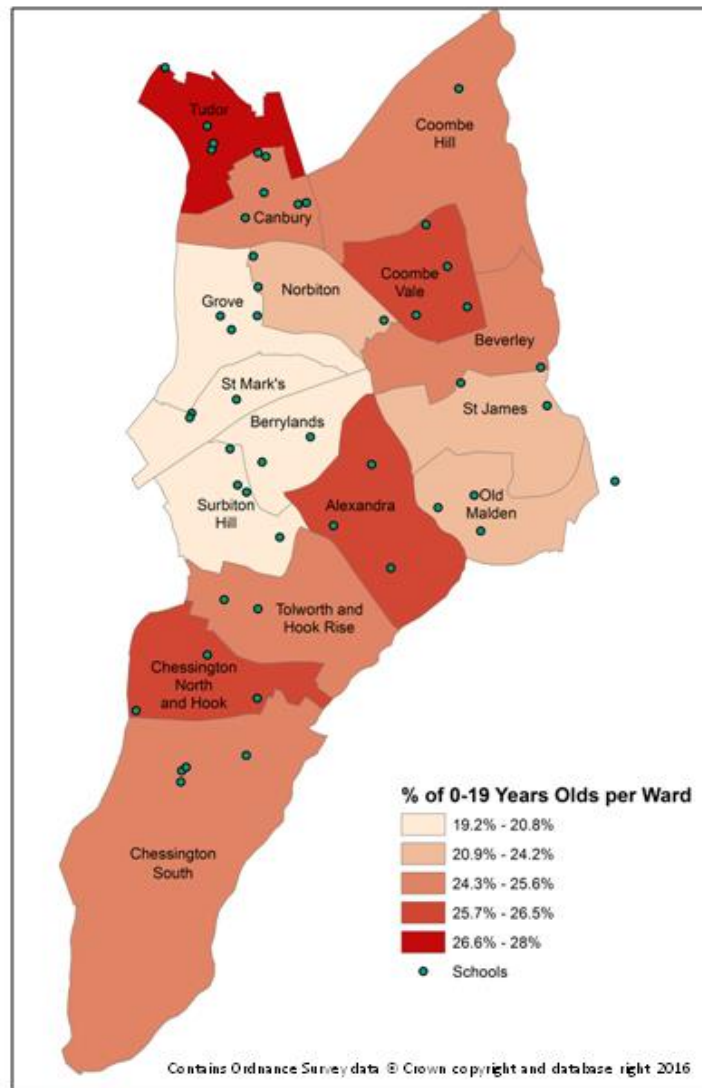
Population by Ward	Number aged 0-4	Number aged 5-9	Number aged 10-14	Number aged 15-19	Total population of Young People (aged 0-19)	Total Population - All Ages
Alexandra	668	682	597	524	2,471	9,564
Berrylands	666	548	387	368	1,969	9,682
Beverley	754	691	633	544	2,622	10,523
Canbury	1,237	1,075	685	534	3,531	13,813
Chessington North and Hook	628	629	544	541	2,342	9,095
Chessington South	740	734	646	557	2,677	10,583
Coombe Hill	650	673	708	850	2,881	11,312
Coombe Vale	700	758	697	556	2,711	10,224
Grove	760	523	367	644	2,294	11,931
Norbiton	823	716	500	462	2,501	10,609
Old Malden	620	584	587	559	2,350	9,717
St James	489	596	602	520	2,207	9,207
St Mark's	672	455	233	1,260	2,620	12,594
Surbiton Hill	840	625	391	358	2,214	10,924
Tolworth and Hook Rise	760	699	560	547	2,566	10,227
Tudor	734	832	702	521	2,789	9,953

Source: Office for National Statistics (2014 Mid-Year Estimates)

Ward	% of Young People aged 0-4	% of Total Pop aged 0-4	% of Young People aged 5-9	% of Total Pop aged 5-9	% of Young People aged 10-14	% of Total Pop aged 10-14	% of Young People aged 15-19	% of Total Pop aged 15-19	% of Total Pop aged 0-19
Alexandra	27%	7%	28%	7%	24%	6%	21%	5%	26%
Berrylands	34%	7%	28%	6%	20%	4%	19%	4%	20%
Beverley	29%	7%	26%	7%	24%	6%	21%	5%	25%
Canbury	35%	9%	30%	8%	19%	5%	15%	4%	26%
Chessington North and Hook	27%	7%	27%	7%	23%	6%	23%	6%	26%
Chessington South	28%	7%	27%	7%	24%	6%	21%	5%	25%
Coombe Hill	23%	6%	23%	6%	25%	6%	30%	8%	25%
Coombe Vale	26%	7%	28%	7%	26%	7%	21%	5%	27%
Grove	33%	6%	23%	4%	16%	3%	28%	5%	19%
Norbiton	33%	8%	29%	7%	20%	5%	18%	4%	24%
Old Malden	26%	6%	25%	6%	25%	6%	24%	6%	24%
St James	22%	5%	27%	6%	27%	7%	24%	6%	24%
St Mark's	26%	5%	17%	4%	9%	2%	48%	10%	21%
Surbiton Hill	38%	8%	28%	6%	18%	4%	16%	3%	20%
Tolworth and Hook Rise	30%	7%	27%	7%	22%	5%	21%	5%	25%
Tudor	26%	7%	30%	8%	25%	7%	19%	5%	28%

Source: Office for National Statistics (2014 Mid-Year Estimates)





Source: Office for National Statistics (2014 Mid-Year Estimates)

## Population projections by age

The GLA estimate the population of 0-19 year olds in Kingston borough to be 40,771 in 2016 and predicted this to increase to 45,030 in 2026. This increase could put significant pressure on services for children and young people across the borough.

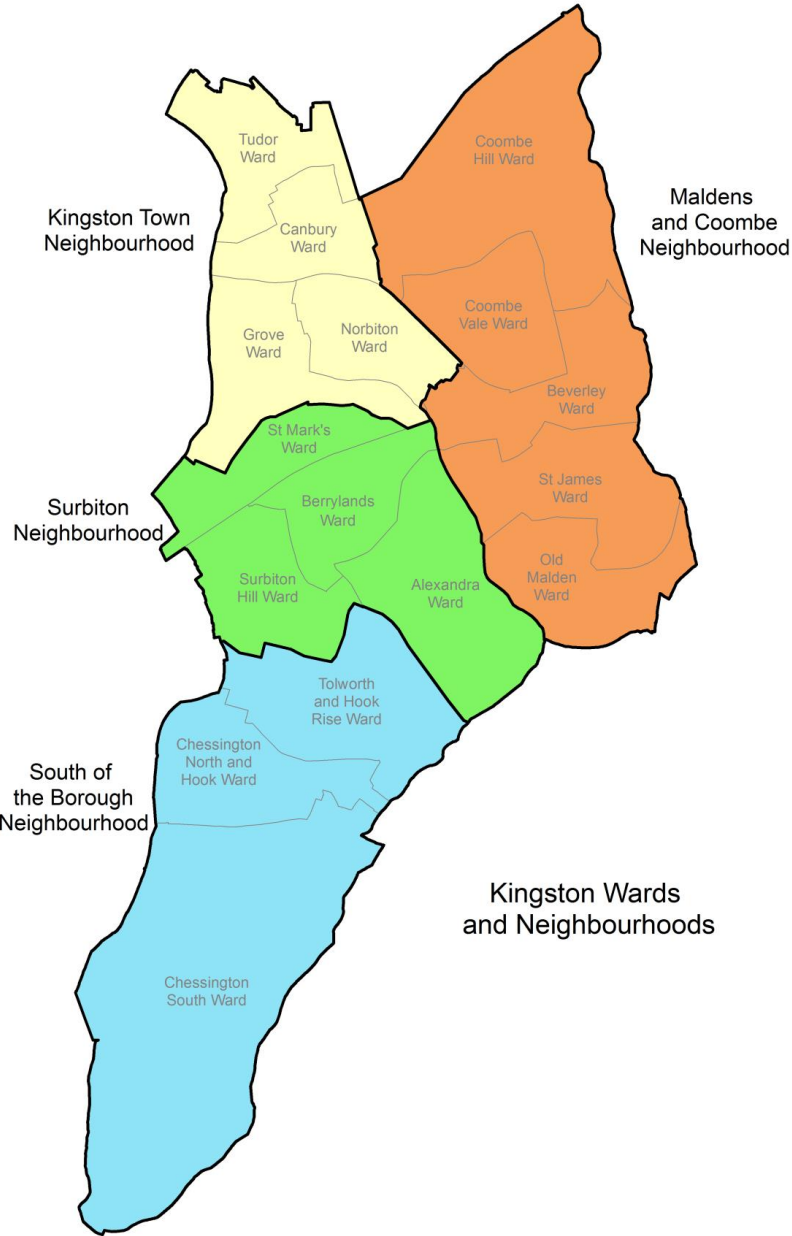
The table below shows the projected population across the borough by gender and three age brackets along with the census 2011 figures:

	0-18			19-64			65+		
	Male	Female	Persons	Male	Female	Persons	Male	Female	Persons
2011	18028	17746	35774	51411	52779	104190	8947	11558	20505
2016	18322	19189	36432	52609	56558	106396	9277	12424	22521
2026	18556	21217	36948	53707	58895	108375	9512	14346	26310
2036	18783	21098	37450	54896	60365	110515	9799	13842	31328

Source: GLA 2015 round SHLAA-based capped DCLG Population Projections

The growing population will inevitably increase demand for universal services like health and education provision as well as homes in the borough.

The tables below show population projections broken down by 5-year age bands for children and young people by Neighbourhood, as well as the percentage change for each age group in each neighbourhood from 2016. Each of the four neighbourhoods in Kingston is made up of multiple wards and the neighbourhood boundaries correspond to ward boundaries (ie neighbourhood boundaries do not split wards). A reference map is provided to show location of the neighbourhoods and to indicate which wards comprise which neighbourhoods.



Not surprisingly, all age groups show an overall increase between 2016 and 2031. While Maldens and Coombe shows decreases in 0-4 and 5-9 year olds and Surbiton shows a decrease in 0-4 year olds, increases in the other neighbourhoods more than offset these decreases. A large increase in the 10-14 year old and 15-19 year old groups is expected in all neighbourhoods, most significantly Kingston Town where the 15-19 year old group is projected to increase by 34.2% by 2031.

Neighbourhood	Year	0-4 year olds	5-9 year olds	10-14 year olds	15-19 year olds
Kingston Town	2016	3295	3172	2390	2293
	2021	3438	3132	2956	2582
	2026	3476	3196	2903	3103
	2031	3502	3235	2959	3078
Maldens and Coombe	2016	3077	3431	3214	3005
	2021	3132	3326	3669	3063
	2026	3136	3385	3586	3490
	2031	3054	3357	3608	3425
South of the Borough	2016	2056	2061	172 2	1636
	2021	2188	2042	2028	1574
	2026	2215	2151	2022	1865
	2031	2111	2129	2086	1840
Surbiton	2016	2743	2450	1739	2485
	2021	2789	2479	2245	2481
	2026	2786	2530	2271	2917
	2031	2710	2502	2293	2909

Source: GLA 2015 round SHLAA-based capped AHS Population Projections

Neighbourhood	Year	0-4 year olds	5-9 year olds	10-14 year olds	15-19 year olds
Kingston Town	2016	-	-	-	-
	2021	4.3%	-1.3%	23.7%	12.6%
	2026	5.5%	0.8%	21.5%	35.3%
	2031	6.3%	2.0%	23.8%	34.2%
Maldens and Coombe	2016	-	-	-	-
	2021	1.8%	-3.1%	14.2%	1.9%
	2026	1.9%	-1.3%	11.6%	16.1%
	2031	-0.7%	-2.2%	12.3%	14.0%
South of the Borough	2016	-	-	-	-
	2021	6.4%	-0.9%	17.8%	-3.8%
	2026	7.7%	4.4%	17.4%	14.0%
	2031	2.7%	3.3%	21.1%	12.5%
Surbiton	2016	-	-	-	-
	2021	1.7%	1.2%	29.1%	-0.2%
	2026	1.6%	3.3%	30.6%	17.4%
	2031	-1.2%	2.1%	31.9%	17.1%

Source: GLA 2015 round SHLAA-based capped AHS Population Projections

The primary reason for the large growth in the number of 10-14 and 15-19 year olds is due to the aging of the 0-4 year olds currently living in these areas. It remains to be seen whether the birth numbers will be sustained or drop in the coming years and whether the substantial new builds planned in some areas will yield similar numbers of children as has been seen historically.

## Ethnic population projections

As shown in the table below, the Kingston, the Black, Asian and Minority Ethnic (BAME) population is currently estimated to be 30.7% of the total population, and is forecast to increase to 39% by 2036. This is over double the proportion at the time of the 2001 census, which was approximately 16%. Richmond has a much lower BAME population than Kingston but Kingston's proportion of BAME is low in comparison to London, which is projected to be 46.6% BAME by 2036.

	% Black & Minority Ethnic Population						
	2001	2011	2016	2021	2026	2031	2036
Kingston	15.5%	25.5%	30.7%	34.1%	36.5%	38.2%	39.4%
Richmond	9.0%	14.0%	15.7%	16.6%	17.3%	17.7%	18.1%
Greater London	28.9%	40.2%	42.5%	44.1%	46.0%	46.0%	46.6%

Source: 2014 Round of Ethnic Group SHLAA-Capped Household Size Development-Linked Projections

The next table provides the projected number of 0-19 year olds by ethnicity in Kingston. The projected BAME population for this age group in 2016 is 15,690 or 38.6% of the 0-19 year old population rising to 48.4% by 2036. The children and young people population in Kingston is significantly more diverse than the older population. This trend is projected to continue for the foreseeable future.

It's also worth noting that the 'Other Asian' category is the second highest ethnic group in Kingston. This category includes the Tamil and Korean populations in the borough which are particularly high.

	Ethnicity projection of children and young people in Kingston between 0-19						
	2001	2011	2016	2021	2026	2031	2036
White	27,550	25,470	24,950	24,270	23,920	22,810	22,460
BAME	,7500	12,770	15,690	18,340	20,240	20,830	21,140
Bangladeshi	140	270	440	590	690	750	780
Black African	460	840	990	1,190	1,320	1,360	1,370
Black Caribbean	160	200	230	260	280	280	280
Black Other	630	1,260	1,330	1,410	1,480	1,480	1,490
Chinese	490	490	590	680	770	810	830
Indian	1,430	1,340	1,490	1,650	1,770	1,790	1,790
Other	1,680	2,040	2,770	3,380	3,850	4,040	4,120
Other Asian	1,850	5,240	6,600	7,770	8,560	8,770	8,890
Pakistani	680	1,090	1,260	1,410	1,530	1,570	1,610
All Ethnicities	35,040	38,240	40,630	42,610	44,160	43,640	43,610

NOTE: Numbers may not sum due to rounding.

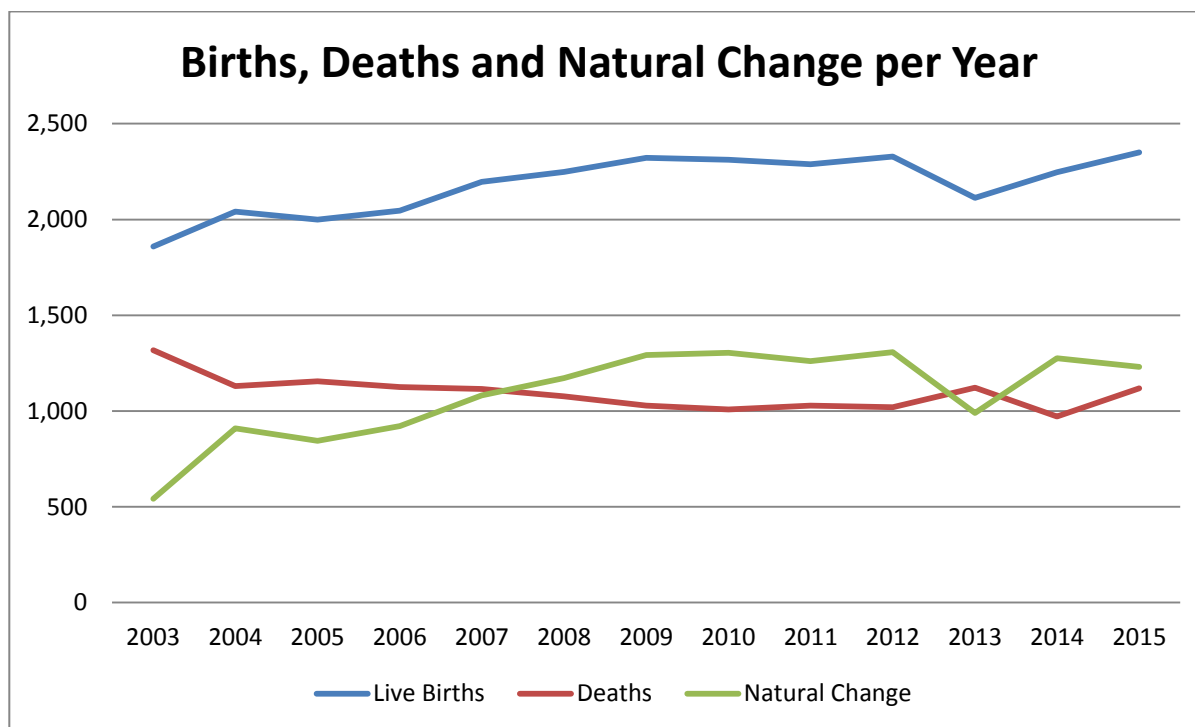
NOTE: The 'BAME' figures are the sum of all the Ethnic groups other than 'White'. The 'All Ethnicities' figure is the sum of 'White' and 'BAME'. Do not sum all numbers as this will result in duplicate counting.

Source: 2014 Round of Ethnic Group SHLAA-Capped Household Size Development-Linked Projections

## Births

Over approximately the past decade there has been a general trend of increasing numbers of births in Kingston Borough (as shown by the blue line in the chart below). While there was a drop in 2013, it has increased again in 2014 and 2015.

The green 'natural change' line in the chart shows the difference between the number of births and the number of deaths. Despite the dip in the birth rate after 2012, the natural change is consistently a positive number, thus demonstrating a rising population as the number of births outweighs the number of deaths in the borough.



## Migration

Considerable numbers of people move into and out of the borough each year, both internally from elsewhere in the UK and internationally. The Office of National Statistics produces these figures annually and includes them in the population estimates. Over recent years migration has been approximately double the natural change increase seen in the borough. This does correlate with the rise seen in the BAME population in the borough, especially in the 'Other White' category.

	Natural Change	Net Internal Migration	Net International Migration
2015	1207	-226	2547
2014	1178	-188	2136
2013	1116	-53	1827
2012	1292	21	2138

Source: ONS Mid Year Estimates 2015, 2014, 2013, 2012



## Families, Households and Housing in Kingston

### Households

The overall number of households in Kingston in 2016 is projected to be approximately 69,100. By 2036, the number of households in the borough are projected to increase by 20% from 2016 levels. The rises depend on considerable housing development over the next 20 years

	2016	2021	2026	2031	2036
Number of Households	69,100	72,700	76,300	79,500	82,700
% increase from 2016	-	5%	10%	15%	20%

Source: GLA 2015 round SHLAA-based capped AHS Household Projections

### Families and household types

At the time of the 2011 Census, there were 66,639 households in the borough of Kingston, 31% (19,684) of which contained dependent children, and 7% (3,550) were lone parent households.<sup>6</sup> Kingston had proportionately fewer lone parent households than both London (9%) and England (6%).

Based on the GLA 2015 round SHLAA-based capped AHS Household Projections, the rate of households with dependent children has increased slightly. The data estimate there are approximately 23,500 households in Kingston with dependent children - approximately 34% of the 69,100 total estimated households in the borough. Note that GLA does not include lone parent households in their annual household projections. As such, the 2011 census data is the most current data available.

	2011	2016
Number of Households	66,639	69,100
% households with dependent children	31%	34%
% lone parent households	7%	-

Source: 2011 Census and GLA 2015 round SHLAA-based capped AHS Household Projections

### Housing tenure

Since the 2001 census there has been a significant fall in the proportion, and number, of homes in Kingston owned with a mortgage. The 2011 census showed almost a 7 percentage point difference in the proportion of households privately rented (21%) compared to 2001 (14%).

	2001		2011	
All categories: Tenure	61,426		63,639	
Owned: Owned outright	17,210	28.0%	17,727	27.9%
Owned: Owned with a mortgage or loan	26,289	42.8%	23,035	36.2%
Shared ownership (part owned and part rented)	418	0.7%	434	0.7%
Social rented: Rented from council (Local Authority)	5,106	8.3%	5,252	8.3%
Social rented: Other	1,726	2.8%	2,250	3.5%
Private rented: Private landlord or letting agency	8,847	14.4%	13,391	21.0%
Private rented: Other	1,830	3.0%	921	1.4%
Living rent free	no data	no data	629	1.0%

<sup>6</sup> [Household composition](#), 2011 Census

Source: Census 2011 and 2001, Housing Tenure

The DCLG release housing tenure estimates annually, although not to the same level. The 2015 estimates are shown in the table below. Overall this shows a decrease in public sector housing in the borough. However, this does not indicate or imply a decrease in demand for public sector housing.

	2015
Local Authority (incl. owned by other LAs)	4,790
Private Registered Provider	2,610
Other public sector	0
Private sector	59,010
Total	66,410

## Housing type

The type of accommodation in Kingston has remained relatively static between the 2001 and 2011 censuses as seen in the table below. However, purpose built flats have seen a small increase – rising from 26% of all households in 2001 to 28% in 2011. No reliable estimates of housing type are available that are more recent than 2011.

	2001		2011	
All Households	60,959		63,639	
Detached whole house or bungalow	8,034	13.2%	8,069	12.7%
Semi-detached whole house or bungalow	19,856	32.6%	20,217	31.8%
Terraced whole house or bungalow	11,575	19.0%	11,498	18.1%
Purpose-built block of flats or tenement	15,648	25.7%	17,922	28.2%
Flat, maisonette or apartment: part of a converted or shared house	4,527	7.4%	4,195	6.6%
Flat, maisonette or apartment; In commercial building	1,076	1.8%	1,123	1.8%
Caravan or other mobile or temporary structure	74	0.1%	62	0.1%
Shared dwelling	636	1.0%	553	0.9%

## Housing projections

As part of the Local Development Framework (LDF) the Annual Monitoring Report (2015) sets out projected housing delivery in Kingston, as shown below:

Year	Net additional new homes completed	Projected housing delivery (see table below)	Cumulative Projected completions	Annual net additional homes requirement	Cumulative requirement	Number above or below cumulative requirement
2012/13	267	-	495	375	750	-255
2013/14	247	-	742	375	1,125	-383
2014/15	363	-	1,105	375	1,500	-395
2015/16		954	2,059	375	2,143	-84
2016/17		643	2,702	643	2,786	-84
2017/18		1,070	3,772	643	3,429	343
2018/19		1,354	5,126	643	4,072	1,054
2019/20		1,356	6,482	643	4,715	1,767
2020/21		975	7,457	643	5,358	2,099

2021/22		471	7,928	643	6,001	1,927
2022/23		232	8,160	643	6,644	1,516
2023/24		280	8,440	643	7,287	1,153
2024/25		332	8,772	643	7,930	842
2025/26		132	8,904	643	8,573	331
2026/27		210	9,114	643	9,216	-102
2027/28		132	9,246	643	9,859	-613
2028/29		132	9,378	643	10,502	-1,124
2029/30		132	9,510	643	11,145	-1,635

The projected housing delivery in the third column of the above table can be split as per the table below. Note that the 'LDF Opportunity sites' are set out in the Council's LDF Delivery Plan. All sites are over 0.25ha but do not yet have planning permission. 'Other sites' refers to sites with an identified housing capacity that do not fall within the other categories. 'Small sites windfall estimate' figures are based on evidence suggesting an additional 40% of the target will be delivered through small (less than 10 units) sites.

Year	Sites with planning permission or under construction	LDF opportunity sites	Other sites	Small sites windfall estimate	Total conventional dwelling supply	Non-conventional supply (student housing etc)	Total projected number of homes
2015/16	1,020	0	0	0	1,020	-66	954
2016/17	207	0	6	0	213	430	643
2017/18	96	13	191	0	300	770	1,070
2018/19	315	546	261	132	1,254	100	1,354
2019/20	97	425	402	132	1,056	300	1,356
2020/21	0	843	0	132	975	0	975
2021/22	0	339	0	132	471	0	471
2022/23	0	50	50	132	232	0	232
2023/24	0	0	148	132	280	0	280
2024/25	0	0	0	132	132	200	332
2025/26	0	0	0	132	132	0	132
2026/27	0	0	78	132	210	0	210
2027/28	0	0	0	132	132	0	132
2028/29	0	0	0	132	132	0	132
2029/30	0	0	0	132	132	0	132
<b>Total</b>	1,735	2,521	1,136	1,584	6,671	1,734	8,405

## Child yield from housing

When planning large scale developments in the borough it is important to establish the potential number of new residents that will require services e.g. GPs, school places. The numbers of new residents will depend on the type of accommodation, number of bedrooms and tenure of the development. It is essential to know this in order to be able to make any assumptions about the services and infrastructure that may be needed in the future.

## Number of school places

School capacity returns show the number of school places available and the numbers of pupils at each school. Given the population growth seen recently, and expected in the future, there is a need for new schools. The school capacity includes forecasts for both primary and secondary pupil places required within the borough. There is an increase of 1,100 places needed between 2016/17 and 2020/21 in primary schools.

	<b>Forecast of Primary School Places Required</b>							
	Reception	1	2	3	4	5	6	<b>Total</b>
2016/17	2,029	1,995	1,965	1,954	1,954	1,797	1,642	<b>13,336</b>
2017/18	2,040	2,026	1,990	1,930	1,940	1,935	1,787	<b>13,648</b>
2018/19	2,166	2,037	2,020	1,955	1,914	1,923	1,924	<b>13,939</b>
2019/20	2,242	2,163	2,032	1,985	1,939	1,896	1,912	<b>14,169</b>
2020/21	2,272	2,238	2,158	1,997	1,967	1,921	1,885	<b>14,438</b>

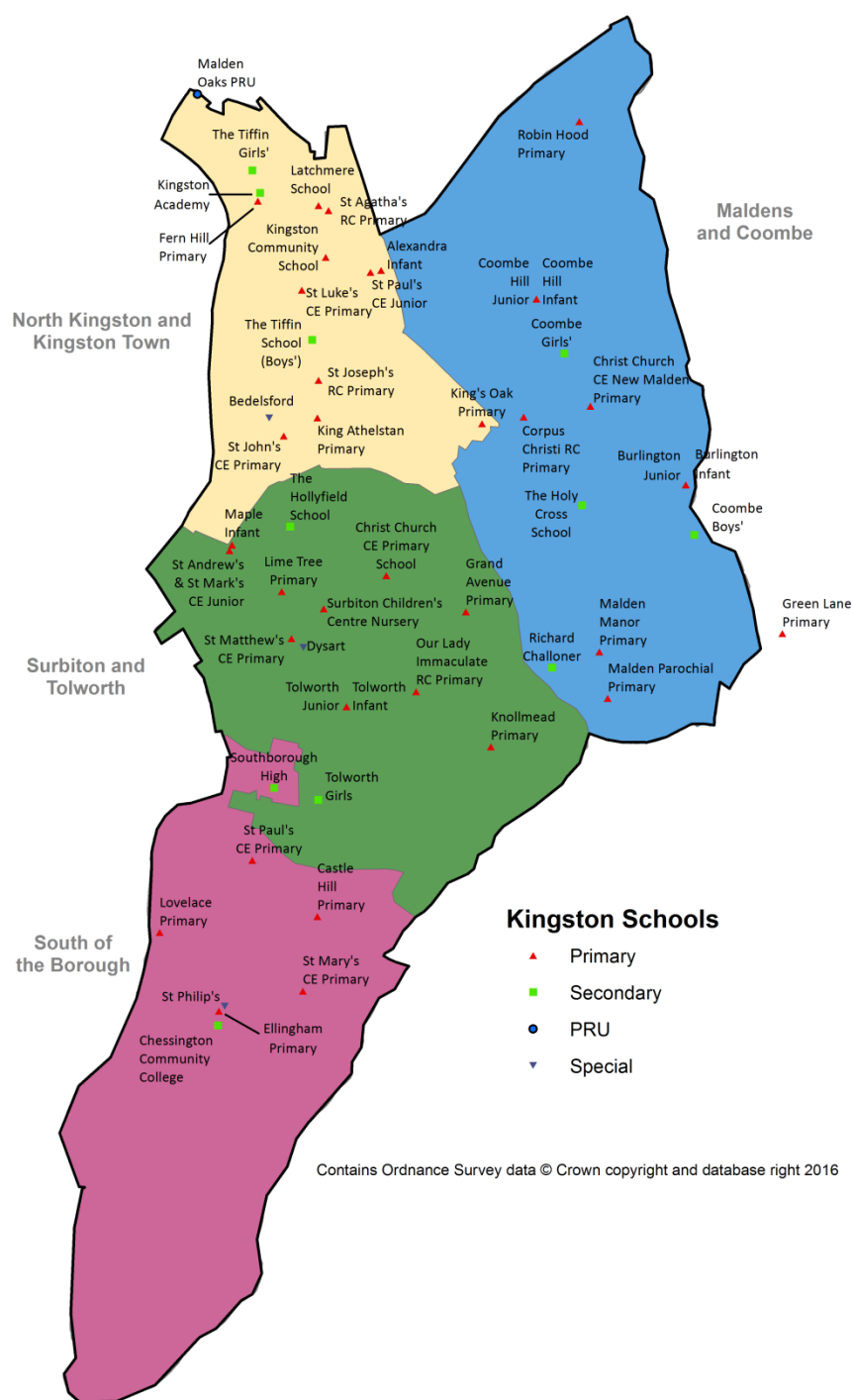
The tables below show the difference between the published number of spaces available and the number of pupils recorded on the school census for Reception, Year 1 and Year 2. The table shows that there is very limited availability for anyone moving into the borough, despite additional capacity being added each year to provide adequate school places.

	<b>Reception</b>	<b>Year 1</b>	<b>Year 2</b>
Published admission number – 2015/16	2010	2070	2010
Number on roll (Spring Census 2016)	1998	1970	1988
Difference	12	100	22

## Kingston - How many schools do we have?

Number of Nursery Schools	Number of Primary Schools	Number of Secondary Schools	Number of Special Schools	Number of Pupil Referral Units	Number of Independent Schools	Total
1	36	11	3	1	13	65

The map below shows the schools by Locality in Kingston. There are 65 schools in Kingston, 33 of which are local authority maintained, 17 are academies (five primary, nine secondary and three special schools) and two free schools (as at August 2016). Currently, in Kingston, no schools require improvement or are inadequate according to Ofsted judgements. Most schools are considered good, and 14 are outstanding.





## What are the characteristics of our school pupils?

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 2016 School Census, carried out on 21 January 2016.

### Number of school pupils

There were 24,682 (including nursery and 6<sup>th</sup> form) pupils studying at schools in Kingston 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 (eg pupil referral unit and secondary school).

	Primary	Secondary	Special	Pupil Referral Unit	Total
<b>Living in Kingston</b>	13,437	6,657	193	8	20,295
<b>Living out of borough</b>	1,123	3,156	107	1	4,387
<b>Total</b>	14,560	9,813	300	9	24,682

Source: School Census January 2016

### Ethnic diversity of school pupils

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

**36% of pupils are of Black, Asian or Minority Ethnic background**



In general, Kingston has a lower proportion of resident Black, Asian and Minority Ethnic (BAME) pupils (36%) compared to BAME pupils living outside of the borough (48%) and travelling to school in Kingston. The Locality with the highest proportion of BAME pupils is Maldens and Coombe (47%) and the lowest is South of the Borough (23%).

Area of Residence	Black	Asian	Mixed	White British	White Other	Other ethnic groups	Unknown ethnic groups	Total
Maldens and Coombe Locality	137	1433	641	2408	780	687	113	6199
	2.2%	23.1%	10.3%	38.8%	12.6%	11.1%	1.8%	
North Kingston and Kingston Town Locality	196	853	620	2486	979	217	109	5460
	3.6%	15.6%	11.4%	45.5%	17.9%	4.0%	2.0%	
Surbiton and Tolworth Locality	140	1093	541	2893	719	148	159	5693
	2.5%	19.2%	9.5%	50.8%	12.6%	2.6%	2.8%	
South of the Borough Locality	85	311	218	1900	322	73	34	2943
	2.9%	10.6%	7.4%	64.6%	10.9%	2.5%	1.2%	
Pupils living out of the borough	211	1292	415	1748	457	207	57	4387
	4.8%	29.5%	9.5%	39.8%	10.4%	4.7%	1.3%	
Total	769	4982	2435	11,435	3257	1332	472	24,682
	3.1%	20.2%	9.9%	46.3%	13.2%	5.4%	1.9%	

Source: School Census January 2016

The largest change between 2015 and 2016 is the slight decrease of pupils in White British groups in all four localities ranging from a 0.6% decrease in Surbiton and Tolworth to a 1.5% decrease in South of the Borough. There is also a slight increase in White Other groups in the South of the Borough (0.9%), Surbiton and Tolworth (0.8%) and Maldens and Coombe localities (0.8%).

The table below shows the change in ethnicities of pupils living in and attending schools in Kingston from 2010 to 2016. There is an increase in ethnic diversity of school pupils over the time period, with a corresponding decrease from 54.5% White British pupils in 2010 to 46.3% in 2016. The largest rise has been seen in the White Other group from 8.9% to 13.2%.

	2010	2011	2012	2013	2014	2015	2016
Black ethnic groups	3.5%	3.5%	3.5%	3.4%	3.0%	2.9%	3.1%
Asian ethnic groups	17.7%	18.5%	19.2%	19.2%	17.5%	18.7%	20.1%
Mixed ethnic groups	8.3%	8.7%	8.8%	9.2%	9.4%	9.6%	9.9%
White British ethnic groups	54.5%	52.5%	50.9%	50.3%	49.2%	48.7%	46.3%
White Other ethnic groups	8.9%	9.6%	10.4%	10.9%	12.1%	13.2%	13.2%
Other ethnic groups	5.3%	5.7%	5.5%	5.4%	5.4%	5.6%	5.4%
Unknown ethnic groups	1.7%	1.6%	1.7%	1.6%	1.6%	1.8%	1.9%

Source: School Census (Spring 2016)

## English as an additional language

Within Kingston schools, 33% of pupils speak English as a second language. After English, the top five most common first languages in Kingston schools were:

- Tamil (4.3% of pupils)
- Urdu (3.1%)
- Korean (2.5%)
- Arabic (2.4%)
- Polish (2.1%)

**33% of pupils speak English as an additional language**



Area of Residence	Pupils living or studying in the borough with English as an Additional Language (EAL)	
Maldens and Coombe	2556	41.2%
North Kingston and Kingston Town	1822	33.4%
Surbiton and Tolworth	1816	31.9%
South of the Borough	663	22.5%
Out of the Borough	1303	29.7%
Total	8160	33.1%

Source: School Census January 2016

All of these percentages have increased from the 2015 census. The most notable difference is the slight increase of pupils with English as an Additional Language in North Kingston and Kingston Town and South of the Borough localities (increasing by 0.9% and 1% respectively between 2015 and 2016).

## Special Educational Needs

8% of pupils travelling into the borough for schooling have SEN compared to 11% of residents. The Locality with the highest proportion of SEN pupils is South of the Borough (16%) and the lowest is Maldens and Coombe (9%).

Area of Residence	Pupils living and studying in the borough with Special Education Needs (SEN)	
Maldens and Coombe	547	8.8%
North Kingston and Kingston Town	530	9.7%
Surbiton and Tolworth	728	12.8%
South of the Borough	455	15.5%
Out of the Borough	365	8.3%
Total	2625	10.6%

Source: School Census January 2016

## Attainment and absences: a high performing borough

### 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.

Kingston pupils missed 4% of the sessions during the six terms of 2014/15 – fewer when compared to both London and England. The majority of these were authorised absences (3.6%), and only 0.8% were unauthorised. The percentage of persistent absentees is also low at 3.1% in Kingston and 2.5 % in Richmond (590 pupils in Kingston, 535 in Richmond).

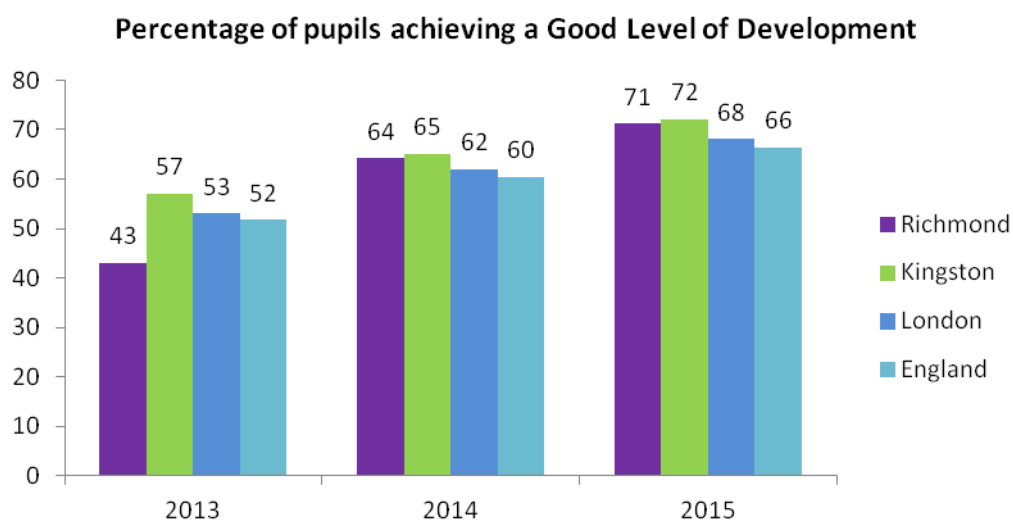
Area	Pupil absences 2014-15 (percentage)			Percentage of persistent absentees
	Overall absence	Authorised absence	Unauthorised absence	
Kingston	4.4	3.6	0.8	3.1
Richmond	4.0	3.1	0.8	2.5
London	4.5	3.4	1.1	3.3
England	4.6	3.5	1.1	3.7

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>

### Early Years Foundation Stage Profile (EYFSP)

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 17 Early Learning Goals focusing on 3 prime areas of learning — Communication and Language, Physical Development and Personal, Social and Emotional Development — and 4 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.



Source: Department for Education, *Early years foundation stage profile results: 2013 to 2015*, <https://www.gov.uk/government/statistics/early-years-foundation-stage-profile-results-2014-to-2015>

### Free School Meals eligible pupils achieving a Good Level of Development<sup>7</sup>

Performance by pupils at the Foundation Stage who are eligible for Free School Meals (FSM) suggests that deprivation has a serious effect on attainment. In 2015, only 54% of pupils eligible for FSM in Kingston achieved a good level of development compared to of 74% of those not eligible for FSM. However, the percentage of FSM pupils achieving a good level of development in Kingston increased from 37% in 2013 to 54% in 2015, which is higher than both Richmond (45%) and England (51%) but lower than that in London (59%).

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 Attainment

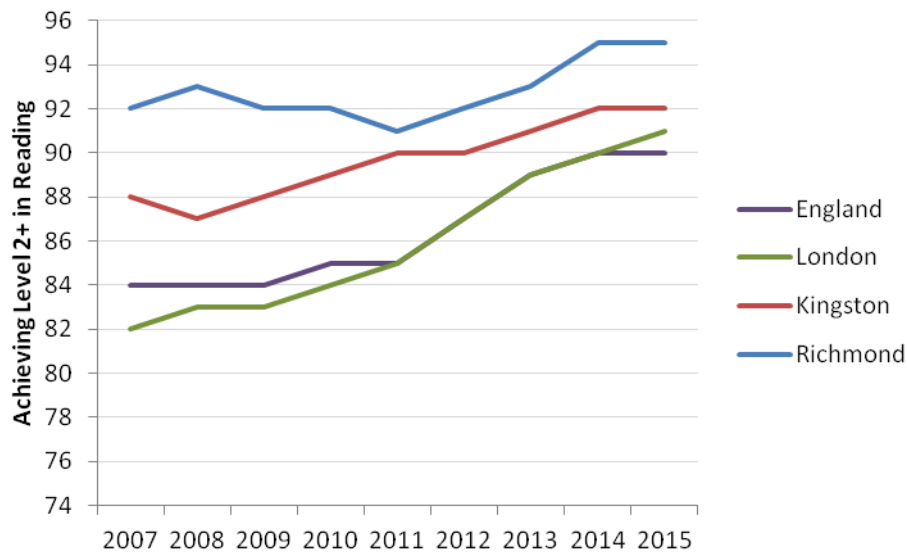
Pupils in Year 2 (aged 7 years) are assessed having reached the end of Key Stage 1 (KS1). The KS1 assessment consists of a series of teacher assessments where teachers assess each pupil's level of English (Reading, Writing, Speaking and Listening), Mathematics (Number, Shape, Space and Measures and Using and Applying Mathematics) and Science (Scientific Query, Life Processes and Living Things, Materials and their Properties and Physical Processes).

#### Key Stage 1 Reading

The percentage of pupils achieving Key Stage level 2 or higher in Reading was 92% in 2015. Kingston pupils have performed well since 2007 increasing with 88% in 2007 to 92% in 2015. Kingston is above the London and England average (91% and 90% respectively).

<sup>7</sup> Free school meal data remains available separately despite being part of the Pupil Premium payment to schools

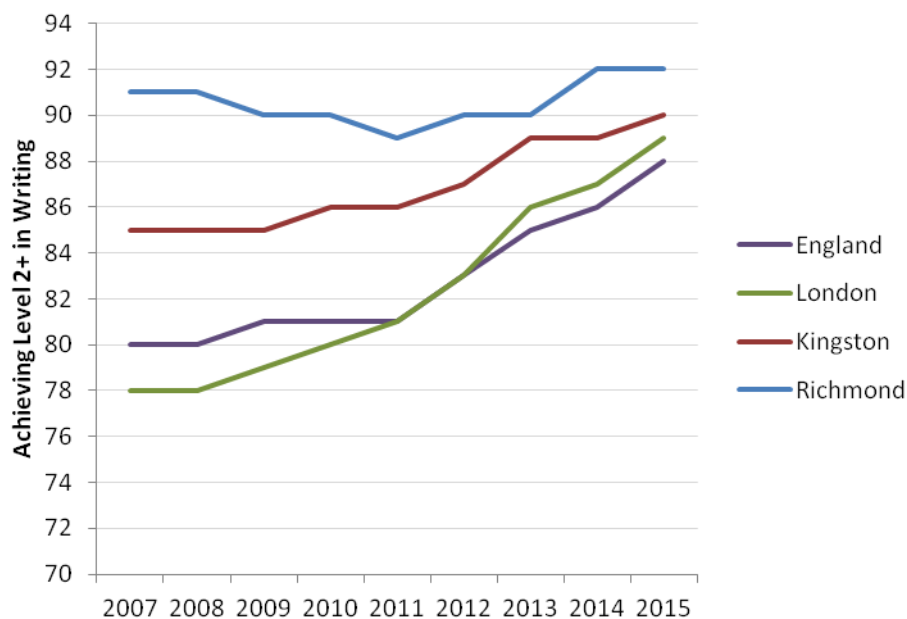
### Percentage of pupils achieving Key Stage 1 Level 2+ Reading



### Key Stage 1 Writing

Kingston pupils have performed well since 2007 with 85% of pupils achieving Level 2+ writing in 2007, increasing to 90% in 2015. Kingston performs well against the London (89%) and England (88%) averages.

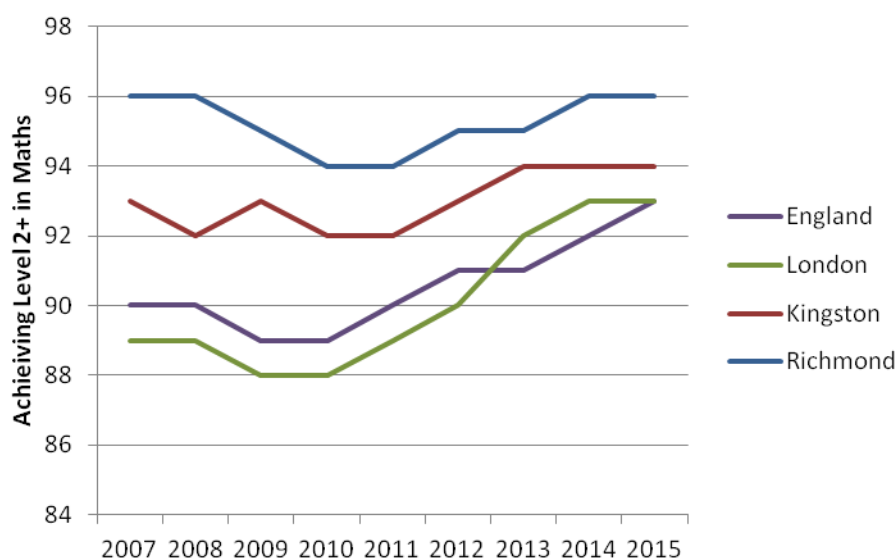
### Percentage of pupils achieving Key Stage 1 Level 2+ Writing



### Key Stage 1 Maths

The percentage of pupils achieving Key Stage level 2+ in Maths was 94% in 2015. From 2007 to 2014 there was a slight fall in performance to 92% in 2011 but this improved to 94% in 2015. Kingston is above the London and England averages.

### Percentage of pupils achieving Key Stage 1 Level 2+ Maths



### Key Stage 2 Attainment

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.

The percentage of pupils achieving Key Stage 2 Level 4 or higher in Reading, Writing and Maths has improved from 71% in 2009 to 85% in 2015. In 2015 Kingston was above the London and England averages.

Area	% of pupils achieving Key Stage 2 Level 4+						
	2009	2010	2011	2012	2013	2014	2015
Kingston	71	71	76	80	82	84	85
Richmond	77	79	82	87	85	87	88
London	-	-	-	77	79	82	84
England	62	64	67	75	75	78	80

Source: Department for Education Local Authority Interactive Tool ( LAIT) August 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 Kingston, are pupils from Mixed ethnic groups at 89%. Asian pupils in Kingston also perform well with 88% attainment. Black pupils have the lowest attainment rate at 72% which is lower than the Richmond (76%), London (81%) and England (79%) rates.

Area	% of pupils achieving Key Stage 2 Level 4+ by ethnic group				
	White	Mixed	Asian	Black	Chinese
Kingston	83	89	88	72	-
Richmond	88	91	87	76	100
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 (FSM) suggests that deprivation has a serious effect on attainment. For more information on FSM, see the 'Children who may need extra support' section later in this document. In 2015, 69% of pupils eligible for FSM achieved Level 4 or higher in Reading, Writing and Maths in Kingston compared to 60% in 2012. The rate in Kingston is slightly lower than that of London (75%) but higher than the average across England (66%).

Area	% of FSM pupils achieving Key Stage 2 Level 4+			
	2012	2013	2014	2015
Kingston	60	62	71	69
Richmond	67	63	69	70
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 Educational Need (SEN) or Education, Health and Care (EHC) Plan are significantly less likely to achieve Level 4 or higher in Reading, Writing and Maths with only 31% of pupils with a SEN doing so in 2015; however, this is higher than those in Richmond (25%), London (20%) as well as England (16%).

Area	% of pupils with an SEN Statement or Education, Health and Care Plan achieving Key Stage 2 Level 4+			
	2012	2013	2014	2015
Kingston	14	15	21	31
Richmond	22	25	18	25
London	15	18	18	20
England	13	14	15	16

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

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

Area	Number of pupils achieving Level 4+ in Reading, Writing and Maths at Key Stage 2 in 2015			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 Kingston 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 Kingston performed well with 73% of pupils achieving 5 or more A\*-C GCSEs including English and Maths – this is an increase from 59% in 2006. This is significantly higher than the London (61%) and England (54%) averages.

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

Area	% of pupils attaining 5 or more A*-C grade GCSEs including English and Maths									
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Kingston	58.6	61.7	62.5	68.2	68.7	71.1	70.1	71.6	70.0	73.2
Richmond	49.7	48.5	54.0	55.7	61.4	63.2	62.6	68.3	63.5	64.7
London	45.8	48.0	50.7	54.0	58.0	61.9	62.4	65.1	61.5	60.9
England	45.6	46.3	47.6	49.8	53.5	59.0	59.4	59.2	53.4	53.8

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

### Key Stage 4 attainment by ethnic group

The highest proportion of Kingston school pupils achieving 5 or more GCSEs at grades A\*-C including English and Maths at Key Stage 4 are of Asian ethnicity (82%). The lowest attainment rate is amongst pupils of Black ethnicity with only 56% of black pupils achieving at this standard; however, this is higher than Richmond (51%), London (54%) and England (53%)

Area	% of pupils attaining 5 or more A*-C grade GCSEs including English and Maths				
	White	Mixed	Asian	Black	Chinese
Kingston	70.5	74.2	81.7	56.1	-
Richmond	65.9	58.6	64.4	50.7	-
London	59.9	61.2	69.2	54.0	79.4
England	57.00	58.3	61.9	52.6	78.3

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

### Key Stage 4 attainment by Free School Meal status

Performance by pupils at Key Stage 4 who are eligible for Free School Meals (FSM) suggests that deprivation has a serious effect on attainment. In 2015, 35.8% of pupils eligible for FSM achieved 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

DfE: GCSE and equivalent attainment by pupil characteristics: 2015

## How healthy are our children?

Kingston is a generally healthy borough with 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

Area	Number of mothers initiating breast feeding (% of maternities where status of breast feeding initiation is known) 2013/14
Kingston upon Thames	88.9%
Richmond upon Thames	92.5%
London	85.5%
England	74.0%

Source: [Breastfeeding prevalence – 2013/14](#)

Kingston has a good rate of mothers initiating breastfeeding at 88.9%. This is significantly better than the rate across England which is 74% and compares favourably with the London rate of 85.5%. Breastfeeding is recommended by health care professionals as the best source of infant nutrition for the first six months of an infant's life. Though breastfeeding initiation in the borough is high, the rate of mothers still breastfeeding at 6-8 weeks drops off to 76.5%. This drop in prevalence is a common trend across England with the national average considerably lower at 45%.

### Childhood immunisations

Maintaining high rates of childhood immunisations helps to prevent the spread of communicable diseases such as measles, mumps and rubella. It is essential that vaccination levels are maintained in order to ensure exposure to transmission of these diseases is minimised, even for the unvaccinated.

Kingston is performing well with regard to the percentage of 1 & 2 year olds vaccinated for Diphtheria, Tetanus, Polio, Pertussis, Hib.

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 both 1 year olds and 2 year olds for other routine vaccinations.

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

Source: [NHS Immunisation Statistics 2014-15](#)

Area	Percentage immunised by 2nd birthday				
	Number of children aged 2 per thousand	Diphtheria, Tetanus, Polio, Pertussis, Hib (DTaP/IPV/Hib)	MMR	Hib/MenC	Pneumococcal Conjugate Vaccine (PCV)
Kingston	2.7	96.6	91.2	89.5	90.7
Richmond & Twickenham	3.0	93.8	86.3	84.9	85.5
London	130.0	92.5	87.3	86.8	86.4
England	691.8	95.7	92.3	92.1	92.2

Source: [NHS Immunisation Statistics 2014-15](#)

## Childhood obesity

The National Child Measurement Programme (NCMP) weighs and measures children in Reception (typically 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 normal weight children. 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.<sup>8</sup>

### Reception year children

Kingston has one of the lowest levels of childhood obesity in the whole of England (5.6%). Kingston has a higher prevalence of healthy weight children at Reception year than either London or England and very similar to that of Richmond. Kingston has a relatively low rate of overweight children amongst reception aged children at 9.6% compared to 11.3% in Richmond and better than the rate in London and England.

**83% of reception age children are of a healthy weight**



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

Source: [National Childhood Measurement Programme 2014/2015](#)

### Weight range of year 6 children

Kingston is above the London and England average for prevalence of healthy weight children: 68.3% of children in the borough are a healthy weight compared to 61.1% in London and 65.3% in England however this is below Richmond's rate of 76.2%. In Kingston 29.8% of children are classified as either overweight or obese compared to 22.3% in Richmond, 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 -

<sup>8</sup> [https://www.noo.org.uk/NOO\\_about\\_obesity/obesity\\_and\\_health/health\\_risk\\_child](https://www.noo.org.uk/NOO_about_obesity/obesity_and_health/health_risk_child)

with the percentage of children who are obese between entering and leaving primary school (5.6% entering, 15.8% leaving) increasing by around treble.

Area	Year 6 children			
	Healthy weight & underweight		Overweight	Obese
	Prevalence of healthy weight children (%)	Prevalence of underweight children (%)	Prevalence of overweight children (%)	Prevalence of obese children (%)
Kingston upon Thames	68.30%	1.90%	14.00%	15.80%
Richmond upon Thames	76.20%	1.50%	11.10%	11.20%
London	61.10%	1.70%	14.60%	22.60%
England	65.30%	1.40%	14.20%	19.10%

Source: [National Childhood Measurement Programme 2014/2015](#)

## Physical activity

Exercise has a strong link with mental well-being and health. The 2011 recommendations<sup>9</sup> for children aged 5 to 18 are outlined below and deem that children should:

- be at least moderately active for at least 60 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.
- undertake vigorous intensity activity, including muscle- and bone-strengthening activities, at least three days each week

The statutory requirement for state schools to provide two hours physical activity a week for each pupil was stopped by the government several years ago but physical education remains on the national curriculum with attainment levels at each key stage prescribed<sup>10</sup>.

There is little recent data directly measuring physical activity across the school age range. The last comprehensive survey was the PE and Sport Survey in 2009/10 which showed that Kingston was below average in terms of young people's engagement in physical activity at school. It also showed a trend locally and nationally that physical activity levels drop substantially as the students progress from primary school through secondary school and into sixth form.

More recent data is available from the annual Active People Survey, but this survey mainly focuses on adult participation in sports, with 14 year olds being the lowest age group surveyed. Though not a direct indicator of children and young people, one useful measure from this survey is the % of 14 and older people who participate in sport at least once a week. Several years of data are provided in the table below. Kingston shows a general upward trend over the last 4 years and is consistently above both the London and England averages.

% 14+ Participating in sport at least once a week				
Area	2012/13	2013/14	2014/15	2015/16
Kingston	42.0%	43.2%	43.2%	44.8%
Richmond	51.9%	52.5%	52.2%	51.8%
London	39.4%	39%	39.2%	38.2%
England	37.5%	37.1%	36.5%	37.0%

Source: [Active People Survey](#)

Another recent survey, the 'What About YOUTH Survey?' 2014/15, considers the general health of 15 year olds across England including the amount of physical activity. As shown in the table below, Kingston has a

<sup>9</sup> Physical activity guidelines for children and young people (5-18): Factsheet 3. Department of Health, 2011: <https://www.gov.uk/government/publications/uk-physical-activity-guidelines>

<sup>10</sup> <https://www.gov.uk/government/publications/national-curriculum-in-england-physical-education-programmes-of-study>

lower percentage of 7 or more hours per day of sedentary time than London and England. However, it also has a slightly lower percentage of 1 or more hours of exercise per day than England.

Area	7+ hours per day of sedentary time	1+ hours per day of exercise
Kingston	61.6%	13.6%
Richmond	61.0%	13.9%
London	69.8%	11.8%
England	70.1%	13.9%

Source: [What About Youth Survey](#)

## Kingston Young People's Survey 2015

In 2015 the Schools Health Education Unit conducted a survey in the boroughs secondary schools. 4,600 pupils participated.

Twenty percent of pupils ate 5 or more portions of fruit and vegetables on the day before the survey and 6% of pupils said they had none. Eleven percent of pupils had no breakfast on the day of the survey. 42% consider their health at least 'quite often' when choosing food, although this dropped with age in this survey, particularly with boys where 44% of Year 7/8 boys considering their health at least 'quite often' when choosing food dropped to 33% of Year 9/10 boys. The drop is much less for girls falling from 46% to 45%. With regards to the larger SHEU sample, 20% of Year 8 girls in Kingston said that they often or always consider their health when making food choices. This is lower than the 26% of girls in the wider sample.

Sixty-three percent of respondents stated that they enjoy exercise 'quite a lot' or 'a lot'. 26% said they had exercised 5 or more times in the last week, with 27% indicating they did something active before school 'most' or 'every day' and 56% indicating they did something active after school 'most' or 'every day'. 51% of Year 8 and 10 girls in Kingston said they walk to school compared with 45% of girls in the wider sample

## Child and Adolescent Mental Health

The Kingston Single Point of Referral unit for Child and Adolescent Mental Health Service (CAMHS) in Kingston was launched in October 2014. From October 2014 to June 2015 a total of 1,138 referrals were received. 17% of referrals to the unit were for CAMHS support in quarter 4. 8% of those young people were then referred to CAMHS (Tier 3+) and 5% were referred to Tier 2.

Reporting of the data is being developed as data is collected and issues identified. Initial reports indicate:

- The two most prevalent presenting problems have been identified as Suspected Mental Health Need and Anxiety
- Over a third of those referred are being referred to Tier 3 CAMHS
- There were slightly more males referred to the service (54%)
- Young people aged 15 are of highest prevalence
- 62 (5%) referrals indicated self-harm.

The CAMHS Transformation Plan is currently being developed. The plan will contain updated data on the CAMHS service.

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

There were 61 hospital admissions as a result of self-harm (10-24 years) in Kingston during 2014/15. This is a decrease from 2013/14 when there were 67 hospital admissions. The standardised rate for Kingston (189.8) is much lower than the England average (398.8), and lower than Richmond's rate (268.5).

Area Name	Rate per 100,000 Population aged 10-24 years
Kingston	189.8
Richmond upon Thames	268.5
England	398.8

Source: [Public Health England Child Health Profile – Kingston upon Thames, 2014/15](#)

## Well-being Survey<sup>11</sup>

A 2015 survey amongst secondary school pupils (11-15 year olds) in Kingston obtained pupils' views regarding their emotional health and wellbeing.

52% of boys and 37% of girls had high self-esteem scores. 77% of pupils said that if they were worried about something, they would talk to an adult about it. 78% of pupils said they are at least 'quite happy' with their lives at the moment, with 7% either 'quite' or 'very unhappy'.

Kingston pupils were more likely to have high self-esteem compared with pupils in the wider sample. 52% of Year 8 boys in Kingston compared with 45% in the wider sample.

29% of girls who reported low levels of self-esteem also said they felt afraid to be in school because of bullying in the last month, compared to 4% of girls with high self-esteem scores. 61% of boys who said they were afraid of going to school because of bullying 'often' or 'very often' also recorded levels of lower self-esteem, compared to 11% of boys who were 'never' afraid'.

22% of boys who said they were afraid of going to school because of bullying said there was no-one they could talk to about their problems, compared to 6% of boys who were never afraid of going to school because of bullying. This group were less likely to report having breakfast the morning of the survey, less likely to feel safe at youth clubs, less likely to indicate there is enough for them to do near where they live, and more likely to say they have a special needs, long term illness or disability.

## Teenage conceptions

Teenage conceptions, in particular, those to mothers aged under 18, are linked to higher rates of infant mortality and a greater likelihood of the child being born into poverty.

The rate of teenage conceptions in Kingston dropped slightly to 15.3 per 1,000 of the population in 2014 but equates to the same number of teenage conceptions in that year (42). This is one of the lower rates nationally and is considerably lower than London (21.5) and England (22.8) but higher than the rate for Richmond (12.6). Similarly Kingston has low rates of maternities (3.3) amongst teenagers compared to the London (7.7) and England (11.1) averages. However the rate for abortions has risen slightly to 12 per 1,000 of the population which is now just above the England average (11.7) yet below the London average (15.4).

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<sup>11</sup> SHEU Survey 2015



Area		2011		2012		2013		2014	
		Number	Rate	Number	Rate	Number	Rate	Number	Rate
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
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
London	<b>Conceptions</b>	<b>3,890</b>	<b>28.7</b>	<b>3,504</b>	<b>25.9</b>	<b>2,982</b>	<b>21.8</b>	<b>2,942</b>	<b>21.5</b>
	<b>Maternities</b>		<b>11.2</b>		<b>9.8</b>		<b>7.8</b>		<b>7.7</b>
	<b>Abortions</b>		<b>17.5</b>		<b>16.1</b>		<b>14</b>		<b>15.4</b>
England	<b>Conceptions</b>	<b>29,166</b>	<b>30.7</b>	<b>26,157</b>	<b>27.7</b>	<b>22,830</b>	<b>24.3</b>	<b>21,282</b>	<b>22.8</b>
	<b>Maternities</b>		<b>15.6</b>		<b>14.1</b>		<b>11.9</b>		<b>11.1</b>
	<b>Abortions</b>		<b>15.1</b>		<b>13.6</b>		<b>12.4</b>		<b>11.7</b>

Source: [Office of National Statistics, Conception and Fertility Rates](#)

Relationships and sexual health were also subjects covered in the 2015 Kingston Young People's Survey<sup>12</sup>. 32% of pupils said that their lessons on relationships and sexual health were 'quite' or 'very' useful. 56% of pupils said they knew where they could get condoms free of charge and this, perhaps unsurprisingly, increases with age. 60% of pupils indicated they could get some help if they were in an abusive relationship or under pressure to do things they did not want to do.

## Alcohol, Smoking & Drugs

The table below shows the rate of under 18s admitted to hospital for alcohol-specific conditions. Alcohol-specific outcomes 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.

Kingston's rate has decreased between 2011/12 and 2014/15 and is significantly below the national rate, but is still higher than the London rate and significantly higher than the Richmond rate as shown in the table below. This possibly relates to Kingston's vibrant night-time economy, but this cannot be stated conclusively without further research.

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

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

<sup>12</sup> SHEU Survey 2015

The 2015 Kingston Young People's Survey of 4,600<sup>13</sup> secondary pupils found that 11% of pupils said that they have had an alcoholic drink in the last week. This figure increases with age: 4% of Year 7/8 girls said they had drunk alcohol in the last week compared to 16% of Year 9/10 girls, while 6% of Year 7/8 boys and 16% of Year 9/10 boys had drunk alcohol in the last week.

When asked about drinking at home, 58% of pupils indicated they never drink, with 6% indicating they had drunk at home in the last week and 3% of Year 10 pupils indicating they had drunk outside in a public place in the last week.

54% of who had high self-esteem said they have never drunk alcohol compared with 47% of girls who had lower self-esteem. Regarding the wider SHEU sample, 7% of Year 8 and 18% of Year 10 pupils in Kingston said that they drank alcohol in the last 7 days compared with 9% and 26% reported in the wider sample. 66% of Year 8 pupils in Kingston said that they never drink alcohol compared with 61% of the wider sample.

Regarding cigarettes, 87% of pupils said that they have never smoked at all, with 5% of Year 10 boys and 13% of Year 10 girls say they smoke 'regularly' or 'occasionally'. If there are smokers in the home, 21% of pupils said smoking at home only happens outside, 4% said smoking happens only in certain rooms and 2% said smokers can smoke anywhere in the home. It was noted that pupils who said they had 5 or more portions of fruit and vegetables to eat the day before the survey were more likely to say that no-one smokes at home and were less likely to say they smoke regularly or have tried e-cigarettes. In addition, 75% of girls who had high self-esteem said that no-one ever smokes at home compared with 68% of girls who had lower self-esteem. 19% of Year 10 boys in Kingston said that they have at least tried smoking compared with 29% of the wider sample. 73% of Kingston pupils said that no-one ever smokes at home. This is higher than the 64% of pupils saying this in the wider sample.

Twenty two percent of respondents say they have tried at least e-cigarettes – ranging from 10% for Year 7/8 girls and 13% for Year 7/8 boys to 32% for Year 9/10 girls and 29% for Year 10 boys.

Nine percent of boys and 10% of girls in Year 9/10 said they have taken drugs. Only 16% of the pupils said that they knew about substance misuse support to help young people in their area. 3% of all respondents indicated they had used cannabis during the last month. 40% of Year 8 boys said that they think ecstasy is 'always unsafe'. This is higher than the 33% of boys saying this in the wider sample. 67% of Year 10 boys said that they think cocaine is 'always unsafe'. This is higher than the 62% of boys saying this in the wider sample.

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<sup>13</sup> SHEU Survey 2015

## Children who may need extra support

As services in Richmond and Kingston are combined for these vulnerable groups of children and young people this section of the report provides data on both Richmond and Kingston.

### Children in Low Income Families/Child Poverty

Children and young people who live within families where their income and resources do not meet their needs can be defined as living in poverty. Child Poverty is associated with poorer long term outcomes for these children and young people.

The Children in Low-Income Families Local Measure shows the proportion of children living in families in receipt of out-of-work (means-tested) benefits or in receipt of tax credits where their reported income is less than 60 per cent of UK median income. This measure provides a broad proxy for relative low-income child poverty as set out in the Child Poverty Act 2010, and enables analysis at a local level. Between 2012 and 13 there was a small but substantial reduction in the number of children living in a low income family from 12.1% to 11.8%. This is significantly less than the London and National averages, although higher than in Richmond.

Children in low income families				
	2012		2013	
Kingston	4,135	12.1%	4,040	11.8%
Richmond	3,585	8.8%	3,350	8.3%
London	442,275	23.5%	411,690	21.8%
England	2,153,989	18.6%	2,097,005	18.0%

Source: HMRC Children Living in Low Income Families measure, [2012](#) and [2013](#)

In their report of October 2014<sup>14</sup>, End Child Poverty highlighted the difference to figures if housing costs are included in the poverty calculations. They estimated that the percentage of children living in poverty after housing costs in Kingston was 21% and 15% in Richmond in 2012. The 'End Child Poverty' report also highlights that there are small pockets of need within wards in the Borough where child poverty is slightly higher, namely Norbiton, Beverley, St James, Tolworth and Hook Rise, and Chessington North and Hook (all over 24%)

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<sup>14</sup> Child Poverty Map of the UK, October 2014, End Child Poverty <http://endchildpoverty.org.uk/why-end-child-poverty/poverty-in-your-area>

## Children living in poor quality/inadequate housing

Children living in bad housing are more likely to suffer from poorer general health, respiratory health problems and asthma, with children living in private rented housing more likely to have poorer general health and wheezing problems.<sup>15</sup>

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. As shown in the table below, Kingston had fewer overcrowded households with dependent children (11.6%) than London, where nearly a quarter of households (23.6%) are overcrowded. Nationally the number is far lower with under 1 in 10 (9.2%). 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.

Of the 3,681 overcrowded households in Kingston, 2,284 (62%) were households with dependent children. This was almost the same for Richmond with 3,016 overcrowded households, of which 1,867 (61.9%) have dependent children. Nationally, 68.1% of overcrowded households have dependent children. 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.

Overcrowding is more common in private rented households in Kingston and Richmond (44% and 41% 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.

It should be noted that while some newer housing projections were presented earlier in this document, there are no newer figures for indicators such as overcrowded households with dependent children. As such, the figures in this section are based solely on the 2011 Census data.

	No. of households with dependent children	No. of overcrowded households with dependent children	Percentage of households with dependent children that are overcrowded
Kingston upon Thames	19,684	2,284	11.6% <sup>16</sup>
Richmond upon Thames	23,648	1,867	7.9%
London	1,009,843	238,038	23.6%
England	6,423,941	697,901	9.2%

## Inadequate Housing Arrangements

In addition to overcrowded housing, homelessness and temporary housing also highlight vulnerability. As indicated in the first table below, during 2015/16 183 households were accepted by the Council as being homeless and in priority need. This is a rate of 2.68 per 1000 households, and is down significantly from 222 in 2014/15. Figures related specifically to youth homelessness in 2015/16 are provided in the second table below. Applicants aged 16-17 or 18-20 and formerly in care are less than 5 in both Kingston and Richmond, indicating the majority of the 16-24 year old applicants are at least 18. Lone female parent households make up just over 40% of households accepted as homeless in Kingston. This is lower than Richmond, London and England, all of which are closer to 50%. The number of households in temporary accommodation has increased to 605 in 2015/16 from 535 the year before as shown in the third table below. The 605 is a rate of 8.87 per 1000 households.

<sup>15</sup> [Housing facts and figures: the impact of bad housing - Shelter England](#)

<sup>16</sup> Occupancy data can be obtained from the national census (latest 2011). 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.

*Overall Homelessness – 2014/15 and 2015/16*

Area	Number of households accepted as being homeless and in priority need - 2014/15	Rate per thousand households - 2014/15	Number of households accepted as being homeless and in priority need - 2015/16	Rate per thousand households - 2015/16
Kingston upon Thames	222	3.31	183	2.68
Richmond	232	2.81	231	2.76
London	17,530	5.1	19,180	5.49
England	54,430	2.4	57,750	2.52

*Youth Homelessness – 2015/16*

Area	Aged 16-24 when accepted as being homeless and in priority need - 2015/16	Applicants aged 16-17 when accepted as being homeless and in priority need – 2015/16	Applicants aged 18-20 and formerly 'in care' when accepted as being homeless and in priority need – 2015/16	Couples with Dependent Children households accepted as being homeless and in priority need - 2015/16	Female Lone Parent households accepted as being homeless and in priority need - 2015/16
Kingston upon Thames	23	-	-	64	76
Richmond	42	-	-	56	109
London	3210	80	60	4900	9480
England	13280	530	600	12800	27040

*Temporary Accommodation – 2014/15 and 2015/16*

Area	Number of households in temporary accommodation - 2014/15	Rate per thousand households - 2014/15	Number of households in temporary accommodation - 2015/16	Rate per thousand households - 2015/16
Kingston upon Thames	535	7.97	605	8.87
Richmond	232	2.81	251	3
London	48,240	14.04	51,940	14.88
England	64,710	2.85	71,540	3.12

Source: [DCLG Homelessness Statistics](#)

## Free school meals

Children may be eligible for free school meals if they are eligible for certain benefits. As such, child eligibility for free school meals is used as a measure of poverty. The Government has recognised that children eligible for free school meals are less likely to attain the same academic levels as their peers, who are not eligible. As such, the government provides funding, known as Pupil Premium, for schools to help this group of children. Free schools meals eligibility differs from the Universal free school meals for all children in reception and key stage 1.

Within Kingston 8.6% of children are eligible for free school meals, significantly lower than the London average of 18.8% and the national average of 13.6%.

Area name	% Eligible for Free School Meals		
Area name	All	Primary	Secondary
Kingston Upon Thames	8.6	8.8	6.8
Richmond Upon Thames	9.1	7.0	9.7
London	18.8	16.8	18.1
England	13.6	14.5	13.2

	Pupils eligible for Free School Meals (FSM)	
Maldens and Coombe	532	8.6%
North Kingston and Kingston Town	480	8.8%
Surbiton and Tolworth	403	7.1%
South of the Borough	330	11.2%
Out of the Borough	271	6.2%
Kingston Total	1745	8.6%
London	18%	

Source: School Census January 2016

The local breakdown of children eligible for free school meals in Kingston's localities varies from 7.1% in Surbiton and Tolworth to 11.2% in the South of the Borough. Pupils who live out of the borough make up 6.2% of children eligible for FSM.

## Lone parents

The 2011 Census showed that there were 3,550 lone parent households with dependent children aged 0-18 in Kingston. This equates to 18% of all households with dependent children, the same figure as in 2001 and significantly lower than averages for London and England in 2011 (28% and 25% respectively).

Of those children who were considered to be living in a low income family (see Children in Low-Income Families section) in 2011, 70% were in a lone parent family.

Of those who claimed housing benefit in Kingston in May 2016, 25.5% were lone parent families as shown in the table below. This is slightly higher than the Richmond percentage but very similar to London and England overall.

Area	Housing Benefit Claimants (May 2016)	Lone Parent Households Claiming Housing Benefit (May 2016)	% Lone Parent Households Claiming Housing Benefit (May 2016)
Kingston upon Thames	8975	2293	25.5%
Richmond	9253	2147	23.2%
London	796048	209091	26.3%
England	3993557	994545	24.9%

Source: [DWP Housing Benefit Statistics](#)

## Children who care

Within Kingston there were 256 0-15 year olds declared as providing unpaid care at the time of the 2011 Census. This represents 0.7% of the population of 0-15 year olds. Of these, the majority were recorded as providing 1 to 19 hours of unpaid care a week. This is slightly lower than the England average of 1.1% of 0-15 year olds providing unpaid care.

The 2015 Kingston Young People's Survey, conducted amongst secondary school pupils (11-15 year olds) in the borough showed that 13% of pupils said that they care for someone at home on a regular basis who is unable to care for themselves. When asked who this was 2% said a sibling and 1% said their mum. When asked if being a 'young carer' stopped them from doing things they enjoy, 4% of pupils said 'at least sometimes'. 1% of pupils said that being a 'young carer' often stopped them doing things that they like.

A Young Carers Needs Assessment has been commissioned by the Joint Strategic Needs Assessment Working Group for 2016/17 to understand more about the needs of this vulnerable group.

## NEET and Not Known

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 June 2016, 3.4% of 16-18 year olds in Kingston were NEET (163 young people), this is slightly lower than the national average of 4.5% and the same as the London average. The percentage of young people whose education, employment or training status was not known was 4.8% (236), this is lower than the national figure of 6.3%.

The NEET Group is 57% male and 74% white. 4% are supervised by the Youth Offending Team and 5% are teenage mothers.

## Young offenders

The Youth Justice Board (2016)<sup>17</sup> highlighted that in 2014-5 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 disposal and the use of custody.

Nationally there has been a reduction of first time entrants of 9% between 2013-14 and 2014-15, and this trend has been reflected in Richmond and Kingston. Kingston has seen a decrease over the same time period with a 37.5% reduction from 2013-4 to date, with 30 children and young people entering the system.

<sup>17</sup> [Youth justice annual statistics-14-15.pdf](#)



The proven re-offending rate for Kingston was 41.6% for the year to September 2014 the figure for England and Wales was lower at 37.8%<sup>18</sup>. There has been an upward trend over recent years both nationally and locally but this should be seen against the significantly lower number of first time entrants to the system.

In 2014-5 the rate of custody use nationally was 0.73 per 1,000. This is reflected within both Richmond and Kingston who both have incredibly low use of custody (0.16 per 1,000) meaning that children are appropriately diverted from the custodial system where possible.

At the end of 2014-5 there were approximately 206 children known to the youth offending service in Richmond and Kingston with approximately 51 children accessing the service per quarter (disposals)<sup>19</sup>. 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.

## **Missing Children & Child Sexual Exploitation (CSE)<sup>20</sup>**

Local police have logged 35 new CSE referrals during the year. There have been 6 Child Abduction Warning Notices, and four convictions for sexual activity in relation to local children.

There is understood to be a close correlation between children going missing and risks of CSE. This was evidenced in the LSCB's spring 2016 multi agency CSE peer review, where it was found 80% of children discussed at the Multi-Agency Sexual Exploitation (MASE) meetings had been missing.

The MASE meeting meets monthly to consider children and young people at risk of CSE. New referrals to February 2016 were 49, 7 children were previously known of which 6 were girls. In total 39 were females. 82% were from a white ethnic background. 57% were aged 14-15. 4 referrals were for 12 year olds and 3 children were not in school.

A key priority for the Local Safeguarding Children's Board in 2015/16 was the safety of children missing from home, care and education and those at risk of CSE. Amongst a number of initiatives and awareness raising a refreshed CSE Strategy was launched and a multi-agency Missing Handbook was published. An audit was done of Return Home Interviews for missing children in February and October 2015. The outcome of this is that since June 2016 return home interviews are being undertaken by one team in Children's Social Care and collated centrally for learning and themes to be understood and used to shape services.

There is a joint CSE and Children Missing Sub-group for Kingston and Richmond set up to oversee work around CSE and Missing Children

During 2015/16 a CSE Needs Assessment is being conducted in Kingston for inclusion in the Joint Strategic Needs Assessment and is due for publication by March 2017.

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<sup>18</sup> Source: Ministry of Justice, Proven Reoffending Statistics  
<https://www.gov.uk/government/statistics/proven-reoffending-statistics-quarterly-october-2012-to-september-2013>

<sup>19</sup> Source: Ministry of Justice, Youth Justice Annual Statistics  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/495711/local-level-data.zip](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/495711/local-level-data.zip)

<sup>20</sup> Kingston LSCB Annual Report 2015/16

## Children in Need

The legal definition of Children in Need (CIN) states that a child is in need if:

1. *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;*
2. *His/her health or development is likely to be significantly impaired, or further impaired, without the provision for him/her of such services; or*
3. *He/she is a Disabled Child.*<sup>21</sup>

In Kingston there had been a small decrease in CIN from 916 in 2014 to 889 in 2015 with a corresponding fall in the rate of referrals per 10,000 children from 256.8 to 241.8. Despite this, the rate remains higher than in Richmond

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/495711/local-level-data.zip](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/495711/local-level-data.zip)

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/495711/local-level-data.zip](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/495711/local-level-data.zip) but is substantially less than the London and national averages. Provisional data for 2016 shows that the number of CIN has reduced to 843 children in need (229 per 10,000) with Richmond at 880 children in need (201 per 10,000).

Area	Children in need at 31 March 2014	Rate of children in need at 31 March 2014 per 10,000 children	Children in need at 31 March 2015	Rate of children in need at 31 March 2015 per 10,000 children	Children in need at 31 March 2016 (provisional)	Rate of children in need at 31 March 2016 per 10,000 children (provisional)
Kingston	916	256.8	889	241.8	843	229
Richmond	788	184.3	895	204.8	880	201
London	69,100	367.8	71,200	370.6	N/A	N/A
England	397,600	346.4	391,000	337.3	N/A	N/A

Source: [DfE Characteristics of Children in Need Statistics 2013-14 and 2014-15](#), AfC Quarter reporting 2015-6 Q4

Kingston's rate of referrals to social care per 10,000 has dropped from 397.2 in 2014 to 388.5 in 2015, although the number of referrals has increased slightly as shown in the table below. Richmond and London have seen increases in both number and rate, while England has seen a decrease from 2014 to 2015.

Area	Number of referrals to social care 2014	Rate of referrals to social care per 10,000 children 2014	Number of referrals to social care 2015	Rate of referrals to social care per 10,000 children 2015
Kingston	1,417	397.2	1,428	388.5
Richmond	943	220.5	1,256	287.4
London	88,200	469.6	91,800	477.9
England	657,800	573.0	635,600	548.3

Source: [DfE Characteristics of Children in Need Statistics 2013-14 and 2014-15](#)

## Child protection plan

In order to ensure their individual protection, some children and young people may become subject to a Child Protection Plan (CPP). As indicated in the below table, the number of children subject to CPPs within Kingston has risen by 46% from 2014 to 2015 - 100 rising to 146. Although the additional number of

<sup>21</sup> <http://www.protectingchildren.org.uk/cp-system/child-in-need/>

CPPs places increasing pressure on frontline services, the rate remains significantly lower than in England (42/10,000) and London.

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 2014 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 2015 per 10,000 children
Kingston	100	28.0	146	39.7
Richmond	90	21.0	115	26.3
London	7,000	37.4	7,800	40.6
England	48,300	42.1	49,700	42.9

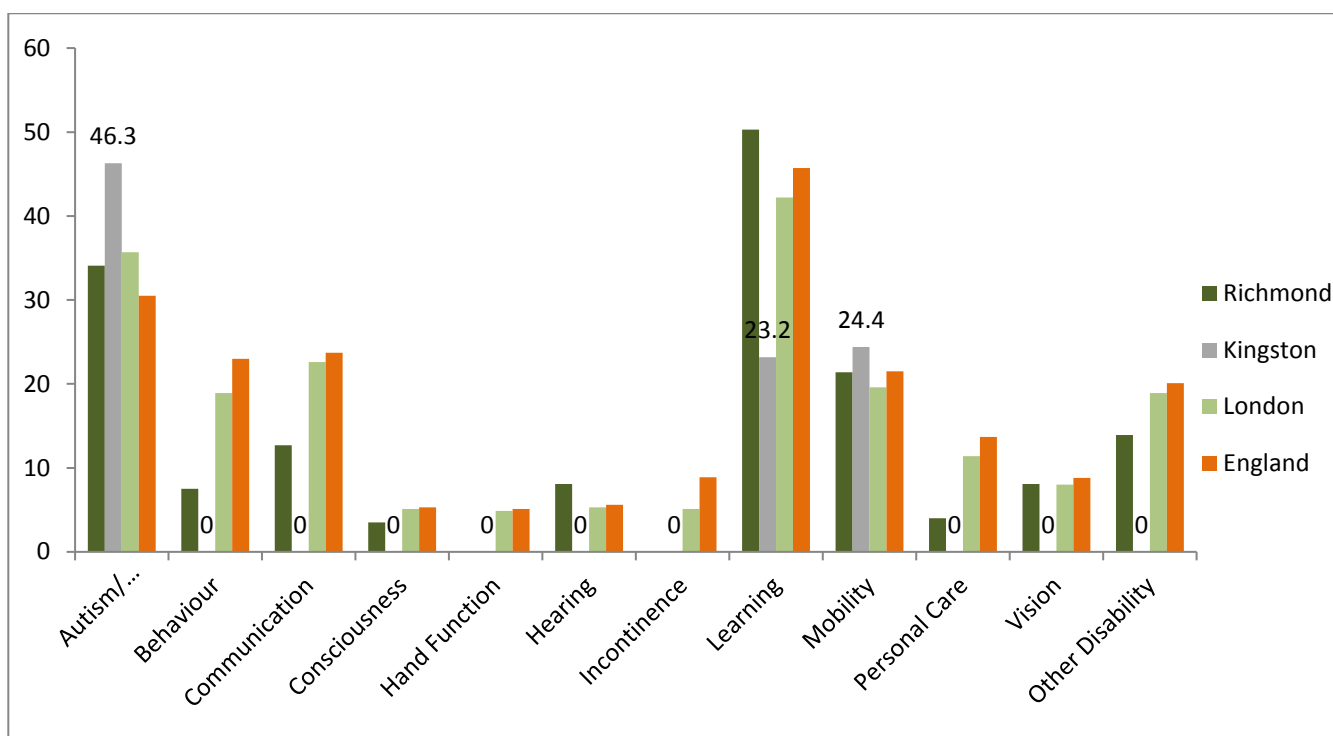
## Characteristics of CIN

In 2015, 82 of the 889 or 9.2% of CIN were recorded as having a disability. This is a lower proportion than in Richmond (19.3%), London (11.4%) and England (13%).

Area name	% of CiN with a disability
Kingston upon Thames	9.2
Richmond upon Thames	19.3
London	11.4
England	13.2

Source: [Characteristics of Children in Need 2014-15](#)

The chart below shows the most common disability amongst CIN was Autism and Asperger's Syndrome (46.3%) which is higher than in the comparator groups (35.7% of CIN in London have Autism and Asperger's Syndrome and 30.5% in England). Mobility problems also account for 24.4% of the CIN in 2015, this compares to 21.4% in Richmond and 21.5% in England.



*Characteristics of Children in Need 2015 (DfE):* Please note that '0' may denote figures not shown in order to protect confidentiality. Figures have been rounded to the nearest 5. For confidentiality purposes, numbers from one to five have been replaced with a 0 for this chart.

There are a number of support groups available to parents of disabled children in the borough.

### Family Voices

Family Voices works with parents and carers of young people with disabilities in Kingston. The group holds regular meetings and these are often attended by service providers seeking feedback on services and input into their future plans. The group also hosts public events and members of L.E.A.D are asked to join strategy groups, boards and feedback sessions hosted in the borough, for example: Moor Lane steering committee and NICE Autism strategy group.

### EnhanceAble

EnhanceAble is a charity in Kingston supporting people with disabilities. During consultation they found that sharing information between parents caring for disabled children and learning from others was highlighted as a key local need.

Thus, EnhanceAble set up an online forum for families in Kingston who include a child or young person with disabilities or additional need. The site is managed and moderated by EnhanceAble's Disabled Children's Information and Advice Service funded by a grant from Kingston's Aiming High for Disabled Children budget.

### Home to school transport

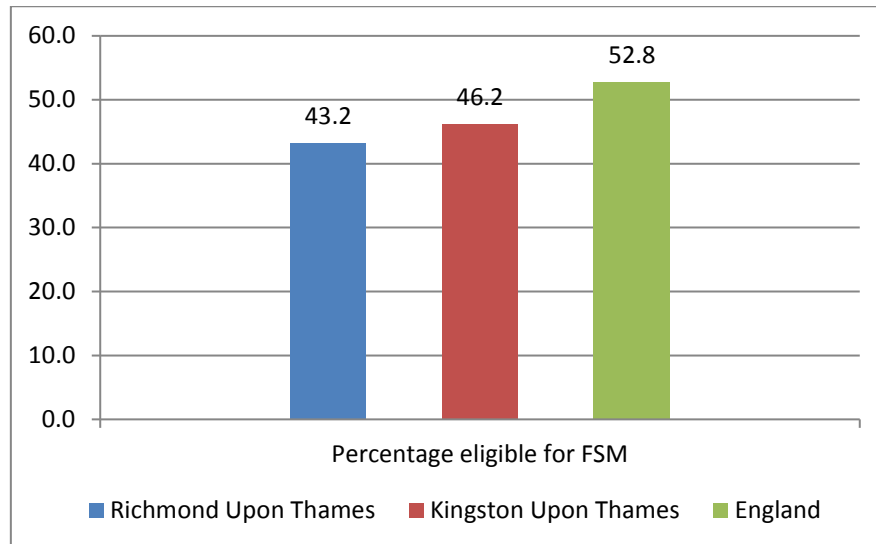
If a child has special educational needs and is unable to make their journey from home to school without help Kingston Council may provide transport assistance.

Regular surveys are carried out with parents who use the service and the 2012 results showed 97% of parents whose children use the home to school transport service say their child enjoys the journey<sup>22</sup>.

<sup>22</sup> [http://www.kingston.gov.uk/info/200230/special\\_education\\_needs\\_sen/420/travel\\_assistance](http://www.kingston.gov.uk/info/200230/special_education_needs_sen/420/travel_assistance)

### Percentage of children in need eligible for free school meals

In Kingston, a total of 46.2% of CIN are eligible for FSM, higher than Richmond's 43.2% but lower than England's 52.8%. This could indicate that there is a slightly lower correlation between poverty and vulnerability in the local area than seen elsewhere in the country. This is not definitive however, and more research would be required to explore this possibility.



### Looked after children

The term 'looked after children and young people' is generally used to mean those looked after by the state. This includes those who are subject to a care order or temporarily classed as looked after on a planned basis for short breaks or respite care. The term is also used to describe 'accommodated' children and young people who are looked after on a voluntary basis at the request of, or by agreement with, their parents. We refer to these children as "children in care".

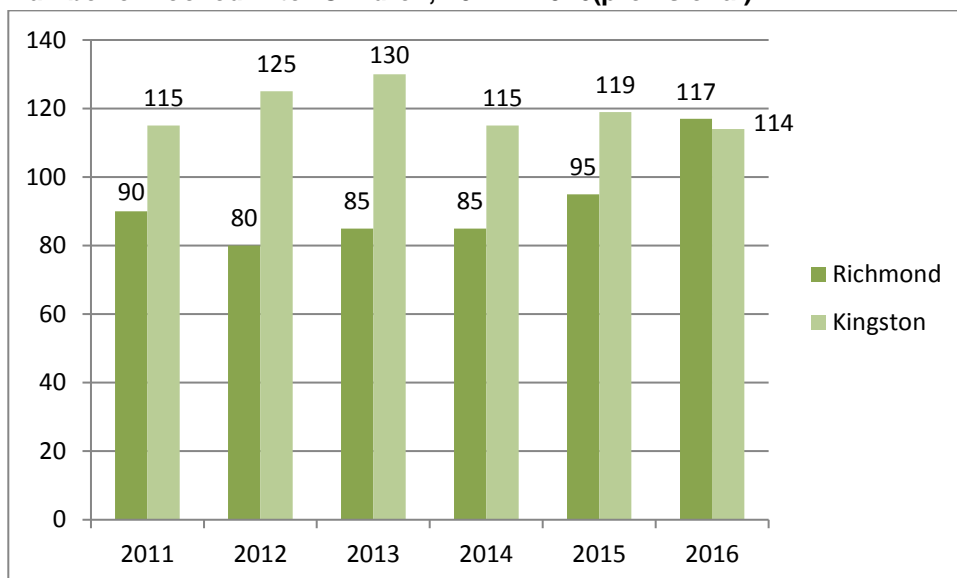
The Looked After Children strategy (2014), informed by Looked After Children and Care Leavers across Kingston and Richmond, identifies priorities which are used as a basis for assessing need within the borough. The priorities are as follows:

- Our children and young people are respected and involved
- Our placements are safe and meet the needs of our children and young people
- Our children and young people are encouraged to develop positive relationships
- Our children have a clear understanding of their identity
- Our children are enabled to reach their educational potential
- Our children are healthy
- Emotional wellbeing
- Moving to adulthood
- Corporate parenting

On 31 March 2015 there were 119 looked after children in Kingston, a small rise from 2014. This is reflected in the increasing rate per 10,000 population, however this remains less than London (54) and England (60) averages. Provisional data suggests that on 31st March 2016 there were 114 LAC in Kingston; a decrease of 4% from 119 in 2015. The chart below highlights a medium-term downward trend in LAC, with less identified than in the previous four years. This is reflected in the decreased rate of

Looked After Children per 10,000 population; with this moving from 37 children per 10,000 in 2013 to 32 per 10,000 in 2015. This remains lower than the London (52) and national averages (60).

#### Number of Looked After Children, 2011 – 2016(provisional)



NOTE: 2016 data is provisional

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

	Rate (per 10,000 children) of looked after children aged under 18 years				
	2011	2012	2013	2014	2015
Kingston upon Thames	34	38	37	32	32
Richmond upon Thames	22	19	20	20	22
London	58	57	54	54	52
England	58	59	60	60	60

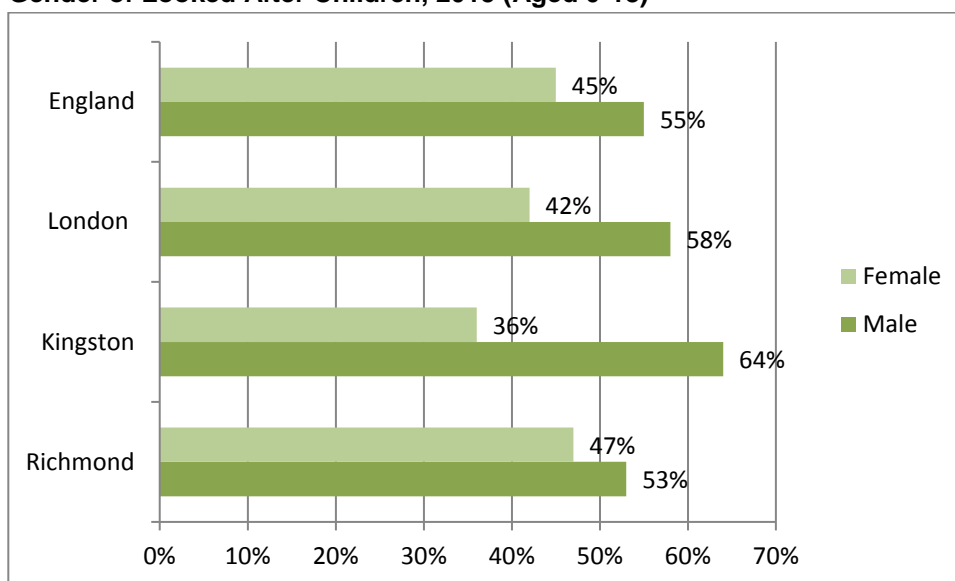
Source: [DfE Statistics – Looked After Children \(2015\)](#)

## LAC Demographics

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, 64% of Looked After Children were male and 36% female. This is a much wider disparity between male and female than Richmond, London, and England as reflected in the chart below.

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



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

The table below provides the age break down of LAC and shows that in 2015 the greatest proportion of LAC are 10-15 years old at 40% followed by 16 and over at 28%. There is a higher percentage of 10-15 year old LAC in Kingston than in London and England. Kingston has a lower percentage of school age LAC than London and England but more than Richmond.

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

NOTE: 'x' indicates suppressed data that is not published.

Source: [DfE Statistics – Looked After Children \(2015\)](#)

The LAC population of Kingston is relatively similar to its total children and young people population, with 62% of LAC in Kingston are white, while 69% of the total population of young people is white. This differs from Richmond where the LAC population is much more diverse than the total population of children and young children. In 2015, only 60% of LAC were White compared to 81.2% White British and White Other in the 0-19 population.

The notable exception to this is the high percentage of Black LAC. 3.1% of pupils living in and going to Kingston schools are black compared to 15% LAC. Attainment at KS2 and KS4 are considerably lower for black young people.

Area	Ethnicity of LAC at 31 March 2015					
	White	Mixed	Asian	Black	Other	Not defined
Kingston	62%	14%	x	15%	6%	x
Richmond	60%	20%	x	5	0%	0%
<b>London</b>	<b>41%</b>	<b>16%</b>	<b>8%</b>	<b>28%</b>	<b>5%</b>	<b>1%</b>
<b>England</b>	<b>78%</b>	<b>9%</b>	<b>4%</b>	<b>7%</b>	<b>2%</b>	<b>1%</b>

NOTE: 'x' indicates suppressed data that is not published. Source: [DfE Statistics – Looked After Children \(2015\)](#)



Significantly there has been an increase in unaccompanied asylum seeking young people looked after by Kingston, due to changes in statutory requirements and local processes. As such Kingston looked after 20 unaccompanied children in 2015, increasing from, 15 in 2013. This accounts for less than 1% of the 2,630 unaccompanied asylum seeking children in England in 2015. Unaccompanied asylum seeking children made up 18% of the 2015 cohort of Looked After Children.

	<b>Number of unaccompanied asylum seeking children</b>		
<b>Area</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
Kingston	15	15	20
Richmond	x	12	20
<b>London</b>	<b>880</b>	<b>970</b>	<b>1190</b>
<b>England</b>	<b>1940</b>	<b>2030</b>	<b>2630</b>

NOTE: 'x' indicates suppressed data that is not published.

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

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. The table below shows that in 2015 16% of LAC in Kingston were placed 20 miles or more outside of the borough boundary. This is less than Richmond and London but a higher percentage than the national figure of 14%. Provisional data for 2016 suggests this has increased to 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.

Kingston LAC had reasonably stable placements in 2015: 73% 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), which is above the national average. Provisional data from 2016 suggests this has risen to 80%. This is considerably above the 2015 national average and shows improvement from 2015.

	<b>LAC Placement distance and stability (Aged 0 to 18)</b>					
	% of children looked after at 31st march placed more than 20 miles from 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 at least 2 years or placed for adoption	
<b>Area</b>	<b>2015</b>	<b>2016 (provisional)</b>	<b>2015</b>	<b>2016 (provisional)</b>	<b>2015</b>	<b>2016 (provisional)</b>
Kingston	16	20	x	6	73	80
Richmond	25	22	15	8	88	64
<b>London</b>	<b>18</b>		<b>11</b>		<b>67</b>	
<b>England</b>	<b>14</b>		<b>10</b>		<b>68</b>	

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

## LAC Reviews, involvement and education<sup>23</sup>

LAC are supported to participate in regular reviews. In 2015, 98% of children in Kingston and 97% of children in Richmond contributed to their reviews, with 97% of LAC in Kingston and 96% of LAC in Richmond having a statutory review within timescales. Personal Education Plans (PEPs) are developed for LAC to ensure that their educational needs are best met - in Kingston 99% of young people had up to date PEPs in 2015 a rise from 86% in 2014 though provisional data shows this dipping to 88% for 2016.

There is also evidence of support for LAC in schools whereby no LAC in Kingston or Richmond have been permanently excluded from school from 2013 to date. Unauthorised school absence of LAC also remains below both the London and national averages of 1.20 and 1.00 at 0.3 for Kingston children and 0.4 for Richmond.

<b>Looked After Children by special educational needs status (Aged 0 to 18)</b>					
<b>Area</b>	<b>Total *</b>	<b>LAC with SEND but without a Statement/Education Health Care Plan</b>		<b>LAC with a SEND Statement or Education Health Care Plan</b>	
		<b>Count</b>	<b>%</b>	<b>Count</b>	<b>%</b>
Kingston	55	10	19.6%	25	46.4%
Richmond	35	10	25.0%	15	43.8%
<b>London</b>	<b>4330</b>	<b>1410</b>	<b>32.4%</b>	<b>1260</b>	<b>28.8%</b>
<b>England</b>	<b>32870</b>	<b>10980</b>	<b>32.9%</b>	<b>9630</b>	<b>27.6%</b>

*Children Looked After in England and Wales, 2016*

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

## Health of LAC<sup>24</sup>

Local Authorities aim to ensure that LAC are healthy and receive annual health and dental assessments. In 2015, 75% annual LAC health assessments were up to date compared to 81% in Richmond. Provisional data from 2016 suggests that this has significantly improved with 91% in Kingston having a health assessment but improving in Richmond at 81%.

## Young people leaving care

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. When young people leave care it is important for the Local Authority to assist them to make the best start in their adult life. 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. In addition, by keeping in touch, they can also measure various outcomes such as how many leavers are in education, employment or training, and how many are in suitable accommodation.

In 2015, 60 children and young people ceased to be looked after during the year in Kingston, while 55 ceased to be looked after in Richmond. In each borough, 10 (when rounded to the nearest 5) were adopted as indicated in the adoption table below.

<sup>23</sup> AfC Quarter reporting 2015-6 Q4

<sup>24</sup> AfC Quarterly Reporting Q1 2016-7

In 2015, 49% of care leavers were in education, employment or training, while 75% were in suitable accommodation. In both cases, this is a lower percentage than Richmond. Based on provisional data for 2016, leavers in education, employment or training has risen slightly to 51%, but the leavers in suitable accommodation measure has decreased to 70%.

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 support<sup>25</sup>; There were 77% of care leavers in touch with the Local Authority on their 19<sup>th</sup> birthday (19, 20 and 21 year olds)<sup>26</sup>, 96% in Richmond).

Number of looked after children adopted during the year						
	2010	2011	2012	2013	2014	2015
Kingston	<5	5	<5	10	5	10
Richmond	5	<5	<5	<5	<5	10
<b>London</b>	<b>400</b>	<b>390</b>	<b>420</b>	<b>490</b>	<b>560</b>	<b>530</b>
<b>England</b>	<b>3,200</b>	<b>3,100</b>	<b>3,470</b>	<b>4,010</b>	<b>5,050</b>	<b>5,330</b>

Source: [DfE Looked After Children Statistics](#)

Area	Outcomes for young people (aged 19, 20, 21) leaving care					
	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)
Kingston	48%	49%	51%	72%	75%	70%
Richmond	48%	57%	52%	90%	95%	94%
<b>London</b>	<b>54%</b>	<b>53%</b>	<b>N/A</b>	<b>82%</b>	<b>N/A</b>	<b>N/A</b>
<b>England</b>	<b>45%</b>	<b>48%</b>	<b>N/A</b>	<b>78%</b>	<b>N/A</b>	<b>N/A</b>

*Children Looked After in England and Wales, 2016*

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

## Impact of domestic violence

National research illustrates the physical and mental health consequences suffered by children and young people as a result of exposure to domestic abuse. A recent study found that over half of children (52%) experiencing domestic abuse in the home had behavioural problems, over a third (39%) had difficulties at school, and nearly two thirds (60%) felt responsible for negative events<sup>27</sup>.

Subsequently, a 2012 study found that 25% of children exposed to domestic abuse go on to exhibit abusive behaviours themselves, often towards their non-abusing parent or siblings<sup>28</sup>.

<sup>25</sup> [http://www.richmond.gov.uk/care\\_leavers\\_guide\\_2014.pdf](http://www.richmond.gov.uk/care_leavers_guide_2014.pdf)

<sup>26</sup> AfC Quarter reporting 2015-6 Q4

<sup>27</sup>

<http://www.safelives.org.uk/sites/default/files/resources/Final%20policy%20report%20In%20plain%20sight%20-%20effective%20help%20for%20children%20exposed%20to%20domestic%20abuse.pdf>

<sup>28</sup>

<http://www.safelives.org.uk/sites/default/files/resources/Final%20policy%20report%20In%20plain%20sight%20-%20effective%20help%20for%20children%20exposed%20to%20domestic%20abuse.pdf>

Domestic abuse has been shown to be a factor in two thirds of serious case reviews<sup>29</sup>. Many families where domestic abuse is a feature experience multiple other adversities which place children at further risk, such as parental ill health and substance misuse<sup>30</sup>. There are clear links between the domestic abuse of a parent and the maltreatment of children<sup>31</sup>.

## Domestic violence and abuse in Kingston

In 2015/16, there were 1,251 contacts to Achieving for Children about concerns about exposure to domestic violence and abuse. Contacts have increased by 61% since 2014/15. However similar increases are seen across much of London and a significant proportion of this increase is due to a change in recording practice along with enhanced public confidence.

Kingston Police notify children's services of all domestic incidents where there are children in the family. The above increase has resulted in 559 contacts from the Police to Kingston SPA in the 6 months to August 2015. A further 368 contacts were made from other agencies over the same period.

Survivors assessed as being at risk of serious violence or death are referred to Domestic Violence multi-agency conferences (MARACs) in Kingston. There were 185 referrals to MARAC between April 2015 and March 2016, which represents a 62% increase on the previous year. In 63% of these cases there is a child in the family. In 6% of cases, the victim of violence was pregnant. In 6% of cases the perpetrator of the violence was under 18, and in 15% of cases the perpetrator was the victim's child (note that this could be an adult child). Of the 185 referrals, 35 came from Achieving for Children.

April 2015 – March 2016 Kingston MARAC cases heard and age of youngest child affected	Survivors assessed as high risk of serious harm or death
Total cases	117
Survivors with youngest child under 2 yrs	47
Survivors with youngest child 2-5 years	34
Survivors with youngest child 5-10 years	22
Survivors with children 10- 18	14

## Resources for adult victims - Kingston

In 2014-2015, the Safer Kingston Partnership, with support from Achieving for Children and the Mayor's Office for Police and Crime, established the Kingston Domestic Violence Hub. This support service provides a single access point, both for victims of violence and for professionals requiring advice and guidance to help them to better support victims of violence.

This change in service delivery enabled an increase from 393 cases being held in 2014/15 to nearly 500 cases in 2015/16. It also enabled cases to be passed between the two key services according to client need and risk.

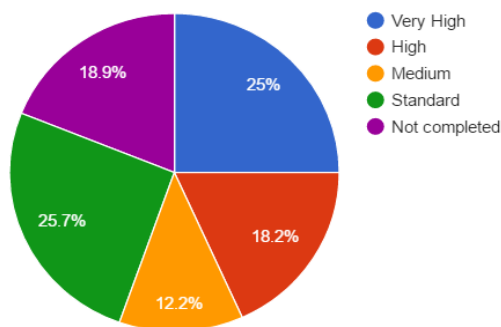
In June 2015, MOPAC (the Mayor's Office of Policing and Crime) commissioned a new pan-London IDVA service. The Kingston element of this provision is focused on improving the response to DV from health services, and is based within the Kingston Hospital Maternity Unit one day per week. Further options for rolling out this provision across health providers in the borough are being explored.

43.2% of cases which were risk assessed by the hub on intake were assessed as very high or high risk as indicated in the chart below.

<sup>29</sup> Brandon, M., Sidebotham, P., Bailey, S., Belderson, P., Hawley, C., Ellis, C. and Megson, M. (2011), 'New learning from serious case reviews: a two year report for 2009–11'. London: Department for Education.

<sup>30</sup> [http://www.safelives.org.uk/sites/default/files/resources/A\\_Place\\_of\\_greater\\_safety.pdf](http://www.safelives.org.uk/sites/default/files/resources/A_Place_of_greater_safety.pdf)

<sup>31</sup> For a review of the literature, see: Early Intervention Foundation (2014), 'Domestic violence and abuse review'. London: Early Intervention Foundation



### Empowerment programmes

100% of participants completing the course reported a 2 point improvement in at least 2 of the 6 key outcomes (physical health, family relationships, friendships and networks, confidence and self-esteem, being safe). Overall, participants reported a 2 point increase in 69% of all key outcomes. Qualitative feedback from a referring social workers includes this statement “[Participants] speak positively of the experience and report feeling strengthened in how they manage difficult situations and in their decision making on a day to day situation”.

### Victim Support Kingston - Children’s Support Service

Kingston is committed to protecting children from witnessing domestic abuse in the home, and to helping them to recover from the impacts of abuse where they do experience it.

The Saferspace Project works with children aged between 5 and 16 years of age on a 1:1 basis, giving them a ‘safe space’ in which to work through the feelings created by an exposure to domestic violence. The programme also provides healthy relationship education within schools, and works within AfC to ensure good links between the voluntary sector and children’s services.

Outcome data from this provision continues to be good, with participants and their parents reporting enhanced wellbeing.

During 15/16, 61 children and young people were supported by this project. Impact is monitored using an outcomes star which measures children’s, parents’ and referring professionals’ views on various areas of their lives such as relationships with family and friends, safety, physical health and emotional wellbeing. 100 % of 11-16 yr olds supported reported a 2 point increase in at least 3 areas and 100% of 5-10 year olds who were involved with the service reported a 2 point improvement in 2 or more areas.

A total of 20 healthy relationships workshops were delivered over the year reaching 404 secondary school pupils. To assess impact and learning, the attitudes of young people towards violence was measured using a questionnaire before and after the workshops. Prior to the workshops, 74.3% of young people agreed with the statement “all forms of violence within relationships is unacceptable”. This figure rose to 99.6% after. Notably in one group of 21 girls, only 43% agreed with the statement prior to the workshop rising to 100% afterwards, demonstrating the importance of this type of work.

### Child to parent violence in Kingston and YUVA support

Child to parent violence is an automatic referral criteria to the Kingston MARAC. 28 cases have been referred for this reason in 2015/16 (note: this figure includes adult children).

In Spring 2016, Kingston and Richmond commissioned a pilot of therapeutic support for children who are violent towards their parents. 17 families have been supported by the YUVA project and outcomes from this pilot will be available in 2016/17.

## Kingston refuges

Victims of violence placed in the Kingston refuge tend to originate from outside of the borough. The refuge manager reports a delay in obtaining school places for children within the refuge, and issues accessing mental health support for children.

### Age profile of children living within Kingston refuges

0-4 yrs	7	5-9 yrs	5	10-14 yrs	1
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### Length of Stay

<3 months	2	3-6 months	1	6-9 months	6	9-12 months	1	>12 months	3
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## Parental Substance Misuse

Substance misuse is a complex issue, affecting not only individuals but also their families, friends and communities. Not all parents or carers with drug and/or alcohol problems cause harm to their children, but substance misuse can reduce the capacity for effective parenting.

The impact of a parental substance misuse on children will vary from family to family, and children living with parental substance misuse will respond and cope differently. There are protective factors that have been shown to encourage resilience in situations of parental/carers substance misuse. These include the presence of one stable (usually non-substance-using) adult or a close bond with at least one adult carer (parent, sibling, grandparent) and a good support network beyond this.

Parental/carers substance misuse can be associated with neglect, isolation, physical or emotional abuse, poverty, separation and exposure to criminal behaviour. Longer-term risks include emotional, cognitive, behavioural and other psychological problems, early substance misuse and offending behaviour and poor educational attainment.<sup>32</sup> It can also cause young people to become carers of addicted parents.

Substance misuse is rarely the sole cause of family problems. It is usually part of a complex web of co-existing problems that include poverty, social exclusion, poor mental health and unemployment, which cannot be easily disentangled from the substance misuse. Serious Case Reviews (SCRs) frequently identify that parental/carers substance misuse, mental health issues and domestic abuse are the three most common features. When these combine, the impact on children is deemed to be so damaging it has been called the Toxic Trio.<sup>33</sup>

### National data:

#### Alcohol

Some statistics about parental/carers alcohol misuse and the impact on children are included below:

- It is estimated that 1.3 million children under 16 are affected by parents whose drinking is classified as either harmful or dependent.<sup>34</sup>

<sup>32</sup> Social Exclusion Taskforce/Cabinet Office (2007) Reaching Out: Think Family-Analysis and themes from the Families at Risk Review

<sup>33</sup> Department for Education, 2012: New Learning from Serious Case Reviews. A two year report for 2009-2011 Available from: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/184053/DFE-RR226\\_Report.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/184053/DFE-RR226_Report.pdf)

<sup>34</sup> Cabinet Office (2004) Alcohol Harm Reduction Strategy for England. Available from:

- An estimated 2.6 million children (22%) in the UK are living with parents who are drinking hazardingously and approximately 700, 000 (6%) are living with dependent drinkers.<sup>35</sup>
- It is estimated that 79,291 babies under 1 year old in England live with a parent who is a problem drinker.<sup>36</sup>
- Between 1999 and 2009 nearly 40,000 children calling ChildLine raised the issue of parental (or other significant person) drinking.<sup>37</sup>
- Between April 2008-March 2009 4,028 children were concerned about parental alcohol misuse (21% of all callers) – 71% were girls, 60% aged 12-15 years and 20% aged 5-11 years.<sup>38</sup>
- In 2011 there were 4,530 calls to the National Association for Children of Alcoholics (NACOA) helpline. In addition the organisation received nearly 1,000 e-mails and over 75,000 hits to its website.<sup>39</sup>
- 80% of adults think that parental drinking is a serious problem for children in the UK and 84% of adults agreed that parental drinking is as harmful to children as parental drug misuse.<sup>40</sup>

## Drugs

- The Hidden Harm report estimated that there were between 200,000 and 300,000 children in England and Wales where one or both parents have serious drug problems.<sup>41</sup>
- More than 100 children, including children as young as five, contact ChildLine every week with worries about their parents drinking or drug use.<sup>42</sup>
- Parental drug use is a risk factor in 29% of serious case reviews and there are strong links between parental substance misuse, child protection plans, care proceedings and children being cared for by extended family.<sup>43</sup>

## Local data:

<http://www.ias.org.uk/uploads/pdf/Economic%20impacts%20docs/AlcoholHarmReductionStrategy.pdf>

<sup>35</sup> 4Children (2012) Over the Limit: The Truth about Families and Alcohol. Available from:

[http://www.4children.org.uk/Files/d7ecf31a-e4de-4a5e-8bf6-a0e301128957/SubstanceAbuse\\_Report\\_FINAL\\_v2.pdf](http://www.4children.org.uk/Files/d7ecf31a-e4de-4a5e-8bf6-a0e301128957/SubstanceAbuse_Report_FINAL_v2.pdf)

<sup>36</sup> Cuthbert C, Rayns G & Stanley K (2011). All Babies Count. Prevention and protection for vulnerable babies. London: NSPCC.

<sup>37</sup> Children's Commissioner (2012) Silent Voices. Supporting Children and young People Affected by Alcohol Misuse. Available from: <http://www.ias.org.uk/uploads/pdf/News%20stories/occ-report-silent-voices.pdf>

<sup>38</sup> NSPCC (2010) ChildLine Case Notes: A Series of Issues Facing Children Today. Available from: [http://www.drugsandalcohol.ie/13691/1/NSPCC\\_clcasenoteparentalalcoholdrugabuse.pdf](http://www.drugsandalcohol.ie/13691/1/NSPCC_clcasenoteparentalalcoholdrugabuse.pdf)

<sup>39</sup> National Association for Children of Alcoholics (2011) Helpline Evaluation. Available from <http://www.nacoa.org.uk/media/files/Helpline%20evaluation%202011.pdf>

<sup>40</sup> Alcohol Concern (2010) Swept under the Carpet: Children affected by Parental Alcohol Misuse. Available from:

[http://www.childrenssociety.org.uk/sites/default/files/tcs/swept\\_under\\_the\\_carpet\\_briefing\\_paper\\_oct\\_2010.pdf](http://www.childrenssociety.org.uk/sites/default/files/tcs/swept_under_the_carpet_briefing_paper_oct_2010.pdf)

<sup>41</sup> Advisory Council on the Misuse of Drugs, 2003: Hidden Harm-Responding to the Needs of Problem Drug Users. Available from:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/120620/hidden-harm-full.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/120620/hidden-harm-full.pdf)

<sup>42</sup> Alcohol Concern, 2010: Swept under the carpet. Available from

[http://www.childrenssociety.org.uk/sites/default/files/tcs/swept\\_under\\_the\\_carpet\\_briefing\\_paper\\_oct\\_2010.pdf](http://www.childrenssociety.org.uk/sites/default/files/tcs/swept_under_the_carpet_briefing_paper_oct_2010.pdf)

<sup>43</sup> Department for Education, 2012: New Learning from Serious Case Reviews. A two year report for 2009-2011 Available from:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/184053/DFE-RR226\\_Report.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/184053/DFE-RR226_Report.pdf)



### Adults receiving drug treatment

- 42% of drug users in treatment live with children, higher than the national average of 30%.
- 11% of services users are parents who did not live with children, which is lower than the national average of 26%.

Adults receiving drug treatment who are in contact with children	Local Proportion of treatment population	National Proportion of treatment population
Living with children (own or other)	42%	30%
Parents not living with children	11%	26%
Not a parent/no child contact	47%	43%
Incomplete data	0%	2%

### Adults receiving alcohol treatment

- 43% of Kingston alcohol users in treatment live with children, higher than the national average of 26%.
- 9% of services users who are parents did not live with children, which is lower than the national average of 26%.

	Local % of all in treatment	National % of all in treatment
Living with children (own or other)	43%	26%
Parents not living with children	9%	26%
Not a parent/no child contact	46%	46%
Incomplete data	1%	2%

For children of substance misusing parents/carers, engaging with treatment services is a protective factor. A vital factor is having substance misuse services in place in Kingston to help them. The problems addiction causes will motivate many parents to find help, while entering treatment has major benefits for them and their children. For example, getting parents with drug and/or alcohol problems in to treatment is key so they can be stabilised, have the opportunity to sort out their lives and ensure their children are protected. However, treatment alone is rarely sufficient to deal with the complex needs that drug and/or alcohol dependent parents/carers face. So it is crucial that drug and alcohol treatment, children and families services, health visitors and other local support services work together to provide a foundation for recovery and support a greater number of people to recover.

For parents/carers who do not do so well in treatment, continued support and opportunities to recover are important, because treatment is protective for them and their families. Early intervention and joint working can maximise the positive impact treatment and support services have on parents/carers with substance misuse problems.

Many parents with serious drug and/or alcohol problems no longer live with their children (who are normally in the care of other family members or the Local Authority) and some are reluctant to enter treatment. Parents/carers who have had their children removed are likely to have serious and complex problems that are difficult to overcome and it may take them several attempts to overcome their addiction. They could also lack the strong motivating factor of living with children and may not be getting family related support.



## **Drug and Alcohol Treatment Services for adults**

The Royal Borough of Kingston upon Thames is responsible for ensuring there are treatment and support services for people experiencing difficulties with alcohol and drugs.

Kingston Wellbeing Service provides a range of interventions for people aged 18 years and over including:

- Assessment and bespoke treatment plans
- Harm reduction information
- Specialist detoxification programmes for drugs and alcohol
- One to one and group therapies aimed at getting to the core of the problem, developing coping strategies to address cravings and to avoid relapse
- Group activities and social networks, including men and women's groups, relapse prevention and life skills advice
- Joint working with employment and housing agencies.

Individuals can either self-refer or ask for a referral from health and social care professionals, such as GPs. The service hub is at Surbiton Health Centre and targeted interventions are also provided in health, criminal justice, and community settings.

## **Parental Mental Ill Health**

Parental mental illness can adversely affect child mental health and development, whilst child psychological and psychiatric disorders and the stress of parenting can have a negative impact on adult mental health.

- An estimated one-third to two-thirds of children whose parents have mental health problems will experience difficulties themselves.
- There is a 4–5 fold increased rate of emotional or conduct disorders in children whose parents have a mental illness.
- Up to one in four adults will experience a mental illness during their lifetime, and at the time of their illness, a quarter to a half of these will be parents.

The Public Health Annual Report 2014 was focussed on Mental Health and Wellbeing in Kingston. The Mental Health of Pregnant Women and Parents section (3.1 of the report, p64) provides information on prevalence and local service provision to the individuals and their families.

[http://www.kingston.gov.uk/info/200287/health\\_and\\_wellbeing/1108/annual\\_public\\_health\\_report](http://www.kingston.gov.uk/info/200287/health_and_wellbeing/1108/annual_public_health_report)