

Children and Young People's Needs Assessment

Kingston upon Thames

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Contact:

Kingston Data Team

data@kingston.gov.uk



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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.

Executive Summary

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

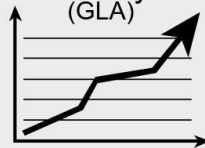


42,000 children and young people aged 0-19 years (ONS)

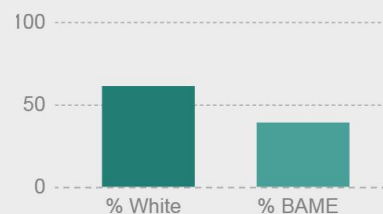


Gender Breakdown - Nearly 50/50 with only slightly more boys than girls (less than 0.1% difference)

Expected growth - ~10.8% by 2026 (GLA)



Ethnic Breakdown



1513 young people referred to CAMHS in 2016/17



14.1 teenage conceptions (per 1,000 women aged under 18)

20.8 England



86.9% of mother initiate breastfeeding

74.3% England



91.0% of 2yr olds vaccinated against MMR

91.9% England



84% of reception age children are a healthy weight

76.9% England

66.9% of year 6 age children are a healthy weight

64.5% England



203.3 hospital admissions for self-harm per 100,000 aged 10-24 years

430.6 England

Key Points:

- Children aged 0-4 make up the largest group of children and young and form 11.7% of Kingston's population
- Kingston's 0-19 population is more diverse than the total population of the borough as 39% of 0-19 year olds are BAME, while the total population is 31%
- The rate of hospital admissions for self-harm for less than half of the national average.



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



2.2% are Not in Education, Employment, or Training (NEETs)
3.1% England



31 young people entered the young offender's system in 2015/16
Roughly level with 14/15



4,705 (13.9%) children living in poverty
19.9% England



115 CLA in 2017
114 in 2016
Note: 2017 data is provisional

Children Looked After (CLA) and Children in Need (CIN)

An estimated 73% of young people aged 19-21, leaving care went into suitable accommodation



844 CIN in 2016/7
843 in 2015/16



65% of CLA were boys in 2016

6.8% of CIN had a disability in 2016
12.7% England



538 children supported by Kingston Young Carers

Percentages of those receiving drug and/or alcohol treatment who live with a child similar to national levels



749 referrals to AfC by the police of potential child impact of domestic violence incidents

Police have investigated 28 cases of child sexual exploitation in Jan - Aug 2017



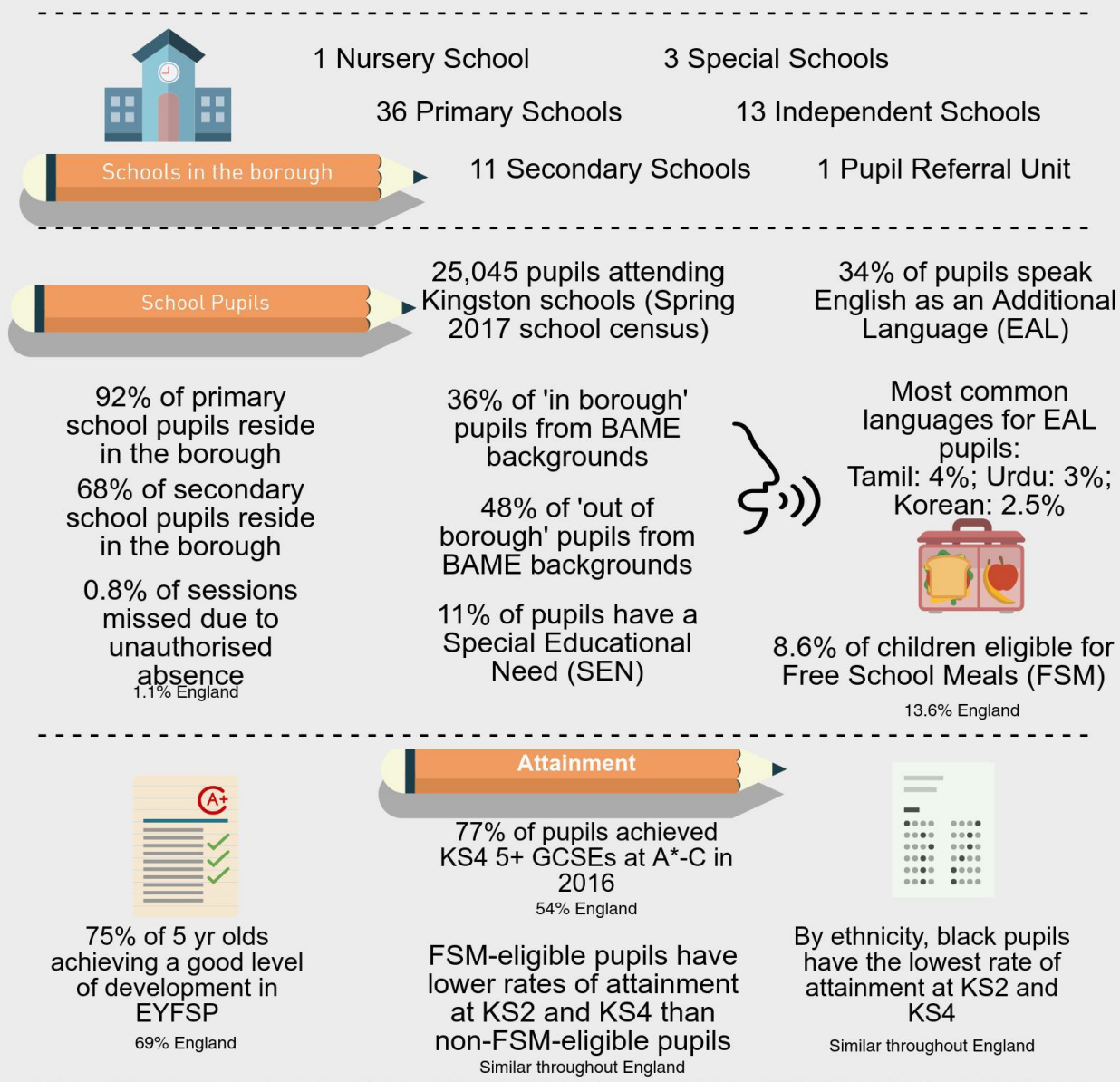
Key Points:

- Child poverty has risen across the country, including in Kingston where it has risen from 11.8% to 13.9% of children living in poverty
- Numbers of Children Looked After and Children in Need have remained very stable
- Only 6.8% of CIN had a disability in comparison to 12.7% in England, this is surprisingly low and a big drop from 13% in previous years



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 77% of pupils achieving 5+ GCSEs at A*-C in 2016, 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



Assessment Highlights, Progress and Priorities for 2018/19

- There has been a slight rise in the population in the last year of those aged 19 and under from 41,600 to 42,100 but the rise since 2011 is over 6,000 and the projections for 2026 add another 5,000. These rises lead to considerable pressure on services and require service providers to meet the demand for universal provision (ie schools and healthcare) and look carefully at demand management for specialist provision. The situation is obviously heightened when considered against the severe financial constraints public services are under.
- The spacial distribution of children and families across the borough also has significant impact on service demand. Canbury (the area just to the north of Kingston station) has the highest population of any ward in the borough, estimated at over 4,000 young people. The wards of Canbury and Tudor in the north west of the borough have the highest proportion of children aged 19 and under at 27% and 28% respectively. This is reflected in the continuing high demand for primary school places within the area.
- Schools within the borough provide a good education for children and young people with high Ofsted ratings and attainment levels. Recent changes in attainment monitoring has made comparison to previous years difficult but there are gaps in attainment for black young people at GCSE level and for those eligible for pupil premium grants.
- Nationally there are concerns about rising obesity in children. In Kingston there are very low levels when children start school at age 5 (84% healthy weight) but by the time they leave primary school aged 11 there is a sharp rise in the proportion of obese and over weight children (67% healthy weight). These trends can be seen nationwide but it does not reduce the concern and potential demand for future physical and mental health services.
- Child poverty increased from 4,000 to 4,700 (2013 to 2014). This rise is also reflected nationally but it should be noted that this rise was when significant changes to welfare benefits were implemented which affect households of single parents and children most significantly. These changes are also reflected in the number of households in temporary accommodation which increased to 671 in March 2017 (629 in 2016). Although these figures are lower than those for much of the country this is still a significant proportion of children and families.
- 11% of pupils have Special Educational Needs of which 2.8% have a statement or Educational Health and Care Plan. The Joint Strategic Needs Assessment for Special Educational Needs was published during the year and contains significant detail on service provision and 29 recommendations for implementation.
- Attainment at school for pupils in receipt of Free School Meals is considerably lower than average and approximately half of all Children in Need receive Free School Meals and a high proportion of pupils with Special Educational Needs also have Free School Meals.
- There has been good news for service demand within social care; the number of referrals to social care, children in need and children looked after were stable during the year which is reflected in the rates (number per ten thousand) which have declined. This shows that demand is being successfully managed by Achieving for Children. However, further detailed work is planned in the coming year to look at the turnover hidden within those figures and placement types as this will assist in understanding spending. Performance of Achieving for Children, being monitored through their monthly reporting, has been good and generally performance exceeds national averages. There were a couple of exceptions which are being addressed by Achieving for Children.
- The main legislative change during the year has been the Children and Social Work Act 2017. The Act mainly focuses on Children Looked After, care leavers and local safeguarding children's boards. There is now a requirement to publish a local offer for care leavers and offer support to

them up to the age of 25. In 2016 78% of care leavers aged up to 21 were in touch with Achieving for Children. Only about half of care leavers are in employment, education or training. This is the same as national rates but, nevertheless, a cause of concern for future public services.

Early Years

90% of nursery provision graded by Ofsted as Good or Outstanding.

Breast feeding and immunisation take up remain high, 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

Numbers of Children Looked After, Children in Need and children with a Child Protection Plan have stabilised but the numbers of children with a Child Protection Plan remain high.

Performance levels of AfC for children looked after remain very high but have dropped since the Ofsted inspection.

Priorities

- Ensure placements of CLA are appropriate, in borough and scrutinised
- Services for CLA 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.

Child poverty numbers have increased as have the number of households in temporary accommodation.

Priorities

- Ensure families live in appropriate housing
- Ensure return home interviews are promoted for all missing children

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 Attainment 8 and Progress 8 results for Kingston in comparison to England

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 remain extremely low.

Far more young carers are being supported by Kingston Young Carers than identified 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 Social Work Act 2017** updates sections of the Children's Act 2004, making provision about looked-after children, the welfare and safeguarding of children, as well as outlining the roles of social workers and corporate parents. It outlines the local authorities' duty to looked after children, and previously looked after children, as well as the requirements for local authorities to publish a 'local offer for care leavers', which provides information about services the local authority offers that may assist or help prepare care leavers for adulthood and independent living. Finally, there have been updates to the sections on the provision of education relating to relationships and sex, changes to Local Safeguarding Children's Boards and on child death reviews. In respect of the latter, hitherto this was undertaken by Local Safeguarding Children Boards but the local authority and clinical commissioning group will now assume responsibility for this function as lead partners.

The **Children Act 1989 (Amendment) (Female Genital Mutilation) Bill**¹ is currently going through the legislative process in Parliament. FGM is recognised internationally as a violation of the human rights of girls and women. A number of legislative changes on FGM were introduced by the Serious Crime Act 2015, which was given royal assent on 3 March 2015. The first reading of this amended Bill took place on 3 July 2017; and a second reading is yet to be scheduled at time of publication.

The **Immigration Act 2016**² amends Schedule 3 of the Nationality, Immigration and Asylum Act 2002, in order that former looked after children, who have no immigration permission when they turn 18, will be excluded from receiving all forms of care leaving support under the relevant sections of the Children Act 1989³. This Act will remove the automatic right to support for the unaccompanied asylum seeker following their 18th birthday. The local authority will therefore generally no longer have a duty as a corporate parent to safeguard the welfare of former looked after children who are visa over-stayers, have never regularised their status, or are 'appeal rights exhausted' following an unsuccessful asylum claim when they are 18 or older.

The **Education and Adoption Act 2016**⁴ focuses on schools in England that are causing concern, outlining the provision for their conversion into Academies. It also describes the methods for joint arrangements for carrying out local authority adoption functions in England. The Act makes amends to the Education and Inspections Act 2006, updating the eligibility for local authority intervention and sending warning notices to schools.

Working parents with young children now have 30 hours of free childcare available to them as a result of the updates to the **Childcare Act 2016**⁵. The duty for publishing information about childcare and related matters by local authorities has also been amended.

In January 2016, the Department for Education published its vision for **Children's Social Care Reform**⁶. The Government wants every child in the country to have the opportunity to fulfil their potential, and is

¹<https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=6&cad=rja&uact=8&ved=0ahUKEwjA26fj7rrVAhUQmbQKHboZDeMQFghHMAU&url=https%3A%2F%2Fapps.warwickshire.gov.uk%2Fapi%2Fdocuments%2FWCC-850-644&usq=AFQjCNEsvuGPVLHbqq9xKKSTyh2h6qsfQ>

<http://services.parliament.uk/bills/2017-19/childrenact1989amendmentfemalegenitalmutilation.html>

² <http://www.nrpfnetwork.org.uk/Documents/immigration-bill-careleavers.pdf>

³ These include sections 23C, 23CA, 23CZA, 23D, 24A or 24B, the 'leaving care provisions': accommodation, financial support, contact, a personal adviser, a pathway plan, funding for education or training and 'staying put' with foster carers.

⁴ <http://www.safecic.co.uk/freebies/55-free-downloads-and-safeguarding-links/401-eng>

⁵ http://www.legislation.gov.uk/ukpga/2016/5/pdfs/ukpga_20160005_en.pdf

⁶ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/491968/Childrens_social_care_reform_a_vision_for_change.pdf

working across organisations to implement appropriate and effective changes. Their vision to do this includes focusing on people and leadership; practice and systems; and governance and accountability. The Government aims to ensure that every local children's social care service across this country has a workforce with the knowledge and skills to support children's needs, and is driving for excellence.

In July 2016, Sir Martin Narey conducted an independent [review of children's residential care](#) in England. His review included analysis and recommendations for improving the commissioning of residential care; fostering, closeness to home and secure care; the criminalisation of children; Ofsted; children's home staff; and Staying Put. The Government has made commitments to several of Narey's recommendations including using the Children's Social Care Innovation Programme to test innovative ways in which residential care could be used in a more dynamic and creative way to support children and to link seamlessly with other care placements and services; introducing Staying Close for those leaving residential care; inviting local authorities to come together to bid to pilot new larger scale, regional commissioning arrangements; undertaking a national stocktake of foster care; and clarifying the steps that residential care workers can take to protect children. The Government sought views on fostering from April to June 2017, and are currently analysing this feedback before moving forward with the recommendations.

The Government has set out its strategy for breaking the cycle of disadvantage, and working to end child poverty, in the [Child Poverty Strategy 2014-17](#)⁷. This includes supporting families into work and increasing their earnings; improving living standards; and preventing poor children becoming poor adults through raising their educational attainment. The strategy builds on the 2011 strategy, and focuses on tackling the root causes of poverty.

Prevent⁸ is part of the Government's counter-terrorism strategy, CONTEST, and aims to stop people becoming terrorists or supporting terrorism, by working with sectors and institutions where there is risk of radicalisation which needs addressing. The Government believes that it is vital for *Prevent* to engage with schools, higher and further education, as these establishments play a vital role in preparing young people to challenge extremism and the ideology of terrorism. Schools can also help to protect children from extremist and violent views in the same ways that they help to safeguard children from drugs, gang violence or alcohol. Engaging with schools will have a large impact on children and young people in the UK.

The [Home Education \(duty of Local Authorities\) Bill \(HL\) 2017-19](#)⁹ makes provision for local authorities to monitor the educational, physical and emotional development of children receiving elective home education, and for connected purposes. It also outlines the responsibility of the parent to register their child with the local authority, and the role of the local authority in assessing the child's educational, physical and emotional development. This Bill is currently in the House of Lords.

There has been a growing awareness of mental health over the past year, and the [Schools \(Mental Health and Wellbeing\) Bill \[HL\] 2017-19](#)¹⁰ is designed to make provision for state maintained schools to promote the mental health and wellbeing of their pupils alongside academic attainment, amending the Education Act, 2002. This Bill is currently in the House of Lords.

In amendment to the Immigration and Asylum Act 1999, the [Unaccompanied Asylum Seeking Children \(Legal Advice and Appeals\) Bill \(HL Bill 53\)](#)¹¹ outlines the duty of the Secretary of State to ensure the provision of legal advice for unaccompanied asylum seeking children as soon as possible after a child is first encountered by any public authority, and must meet the fees and costs associated with the legal advice.

⁷https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/324103/Child_poverty_strategy.pdf

⁸ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/97976/prevent-strategy-review.pdf

⁹ <http://services.parliament.uk/bills/2017-19/homeeducationdutyoflocalauthorities.html>
https://publications.parliament.uk/pa/bills/lbill/2017-2019/0011/lbill_2017-20190011_en_2.htm#l1g4

¹⁰ <http://services.parliament.uk/bills/2017-19/schoolsmentalhealthandwellbeing.html>
https://publications.parliament.uk/pa/bills/lbill/2017-2019/0040/lbill_2017-20190040_en_2.htm#l1g2

¹¹ https://publications.parliament.uk/pa/bills/lbill/2017-2019/0053/lbill_2017-20190053_en_2.htm#l1g3

Child Sexual Exploitation¹²

Child sexual exploitation “occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology”.

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.

The **Child Sexual Exploitation Protocol**¹³ is a non-statutory document produced to help practitioners, local leaders and decision makers to identify Child Sexual Exploitation (CSE) in London. The Protocol outlines the identification of CSE, and operations for safeguarding and protecting the welfare of children from CSE in London. It is a police-led protocol, and complements the existing London Child Protection Procedures.

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 2012 and Welfare and Work Act 2016 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. The total benefit threshold was decreased by the government in November 2016 to £23,000 which has resulted in a doubling of the number of households in Kingston impacted by the Benefit Cap

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 for new, single claimants with full roll out scheduled by the DWP for March 2018 in Kingston.

¹² <https://www.nwgnetwork.org/what-is-cse/>

¹³ <http://www.redbridgelscb.org.uk/wp-content/uploads/2016/04/London-CSE-Operating-Protocol-Final-June-2017.pdf>

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 parents¹⁴.

Healthcare

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. South West London Collaborative Commissioning is made up of Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth NHS Clinical Commissioning Groups and NHS England.

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

The Children and Young People's Plan

The Kingston Children and Young People's Plan 2017/20 is a collaborative document that sets the vision for children's services in the borough across all partners including the Council, health services, police and voluntary sector. Published in 2017, it sets out five themes around which the outcomes for children are focussed:

1. Keeping children and young people safe and supported at home and school
2. Helping children and young people to be healthy and make good choices about their health
3. Ensuring children and young people enjoy life, do well in school and get involved in activities
4. Prevention: Providing help to families when they need it
5. Making sure services are right for families and work well.

¹⁴ Impact of Welfare Reforms in Kingston, 2016

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 help 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.

The commissioning intentions of the Council for AfC are reviewed each year to ensure they meet the needs of the borough's children, young people and families.

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.

The Ofsted inspection of LB Richmond was conducted in autumn 2017 and resulted in a 'good' determination of Children's Services.

Local Safeguarding Children Board (LSCB)

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 2016/17

The following is an extract from the foreword from the LSCB Annual Report for 2016/17. The complete document is available on the LSCB website.

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 2017/18.

The priorities for 2016/17 were to:

- 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.

The priorities for 2017/18 are:

- Transition of children between agencies, teams and sectors, including those of children to adults' services;
- Continued learning and development around ethnicity and diversity;
- Outreach to community and faith groups;
- Communication and information sharing to be strengthened between professional interfaces; and
- A focus on the mental health and emotional wellbeing, to run through all our work to ensure stronger prevention and timely help.

Serious Case Review

The serious case review subgroup has met seven times this year, including one extraordinary meeting; the group has overseen three learning and improvement case reviews.

The group has overseen several local serious incidents, Councillor safeguarding requirements, a review of injuries to some children in summer 2016, together with Hounslow LSCB, an overview of a presentation of a young baby to Kingston Hospital, A&E, as well as the learning and development framework of local case reviews.

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 the 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
- Organising a crime conference in Spring 2018

Further information

The AfC Equality Needs Assessment can be found on the Achieving for Children website¹⁵. 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.

¹⁵ <http://www.achievingforchildren.org.uk/Equality-Diversity>

Who makes up our population of children and young people?

Total population 19 or Under

There are 42,144 children and young people in Kingston according to the latest population estimates from the Office for National Statistics (2016 Mid-Year Estimates). In comparison to 2015/16, we have seen an increase of 1.5% in the total population for Kingston. The age group where we saw the highest increase was 5-9 (3.5%).

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	11,694	11,642	9,443	9,365	42,144	176,107
London	635,561	579,680	487,596	468,639	2,171,476	8,787,892
England	3,429,000	3,428,300	3,070,300	3,179,400	13,007,000	55,268,100

Source: Office for National Statistics (2016 Mid-Year Estimates)

Population by Ward

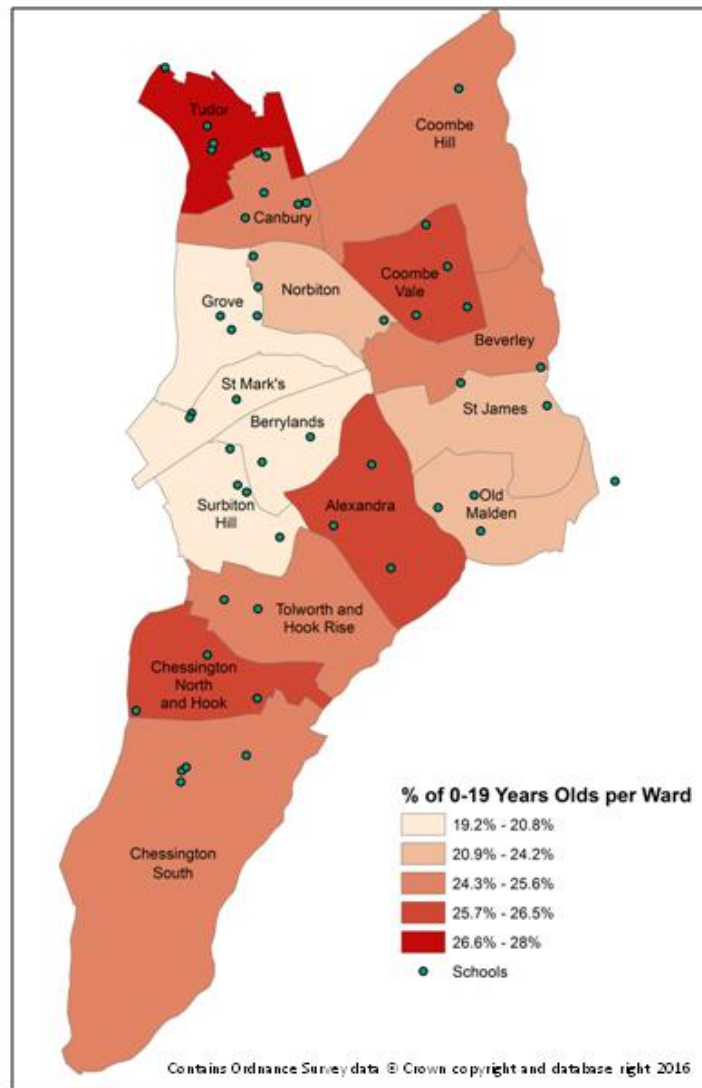
The data for population by small areas such as ward or locality is not released by the Office for National Statistics until later this year. As such, the below information is from the 2015 Mid-Year Estimates. A map is also provided showing the percentage of young people per ward along with school locations in Kingston. The highest concentration of young people is in Canbury ward which is quite an increase since last year (14.3%). While wards such as Grove – which contains the town centre - and those around Surbiton, have the lower concentration of young people. Chessington North and Hook showed the lowest levels of 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	618	740	691	588	2,637	10,234
Berrylands	787	719	449	333	2,288	10,483
Beverley	796	869	707	558	2,930	11,400
Canbury	1,314	1,306	870	629	4,119	15,259
Chessington North and Hook	585	607	578	513	2,283	9,267
Chessington South	738	793	663	616	2,810	11,100
Coombe Hill	638	732	644	840	2,854	11,215
Coombe Vale	629	743	719	542	2,633	10,417
Grove	714	546	370	700	2,330	12,619
Norbiton	865	728	558	513	2,664	11,192
Old Malden	609	688	665	587	2,549	10,153
St James	495	636	694	575	2,400	9,599
St Mark's	695	557	309	1,231	2,792	11,978
Surbiton Hill	790	662	465	380	2,297	11,493
Tolworth and Hook Rise	821	806	605	528	2,760	11,010
Tudor	582	857	824	576	2,839	10,284

Source: Office for National Statistics (2015 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	23%	6%	28%	7%	26%	7%	22%	6%	26%
Berrylands	34%	8%	31%	7%	20%	4%	15%	3%	22%
Beverley	27%	7%	30%	8%	24%	6%	19%	5%	26%
Canbury	32%	9%	32%	9%	21%	6%	15%	4%	27%
Chessingt on North and Hook	26%	6%	27%	7%	25%	6%	22%	6%	25%
Chessingt on South	26%	7%	28%	7%	24%	6%	22%	6%	25%
Coombe Hill	22%	6%	26%	7%	23%	6%	29%	7%	25%
Coombe Vale	24%	6%	28%	7%	27%	7%	21%	5%	25%
Grove	31%	6%	23%	4%	16%	3%	30%	6%	18%
Norbiton	32%	8%	27%	7%	21%	5%	19%	5%	24%
Old Malden	24%	6%	27%	7%	26%	7%	23%	6%	25%
St James	21%	5%	27%	7%	29%	7%	24%	6%	25%
St Mark's	25%	6%	20%	5%	11%	3%	44%	10%	23%
Surbiton Hill	34%	7%	29%	6%	20%	4%	17%	3%	20%
Tolworth and Hook Rise	30%	7%	29%	7%	22%	5%	19%	5%	25%
Tudor	21%	6%	30%	8%	29%	8%	20%	6%	28%

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



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

Population projections by age

The Greater London Authority (GLA) project the population of 0-19 year olds in Kingston borough to be 43,100 in 2017 and for this to increase to 47,700 in 2026.

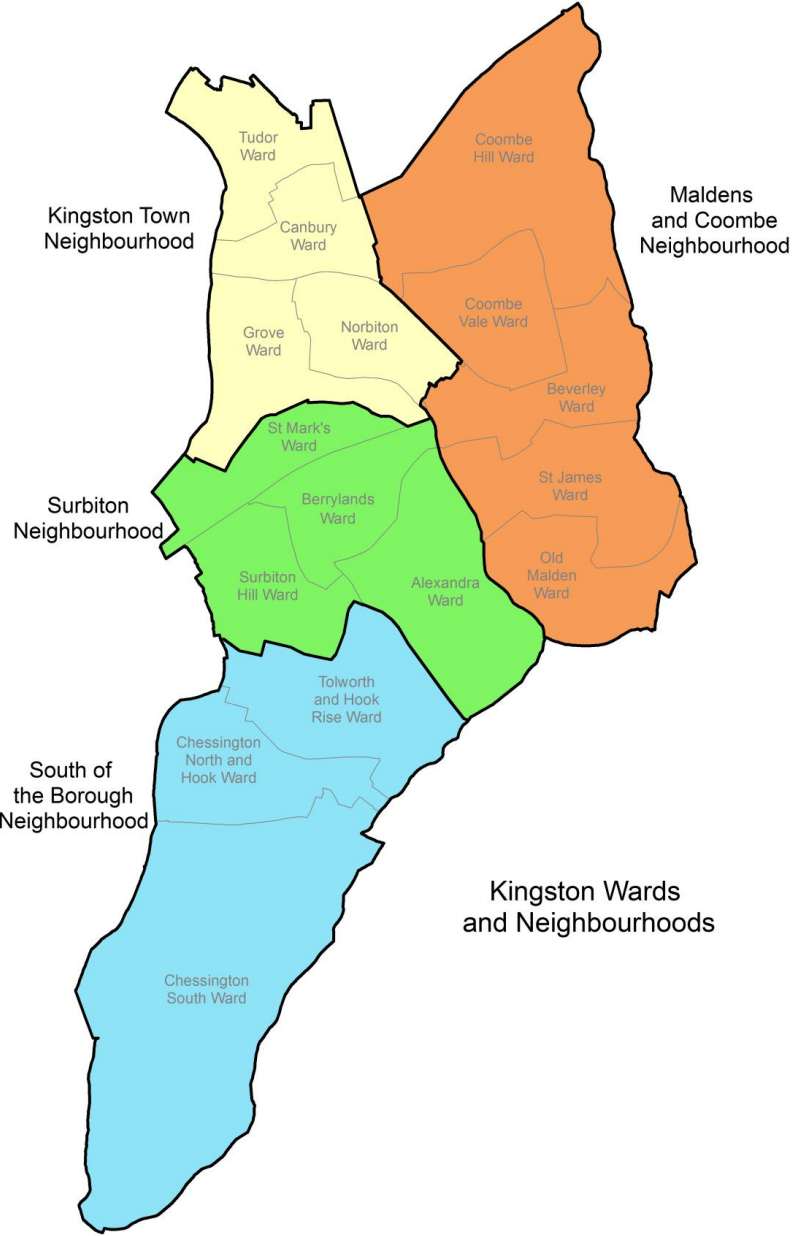
The table below shows the projected population across the borough by gender and three age brackets along with the census 2011 figures:

Year	0-19			20-64			65+		
	Male	Female	Persons	Male	Female	Persons	Male	Female	Persons
2011	19,120	19,070	38,240	50,270	51,460	101,730	8,950	11,560	20,510
2017	21,640	21,440	43,090	55,690	55,800	111,480	10,770	13,080	23,850
2021	22,960	22,530	45,480	58,040	57,620	115,660	11,810	14,000	25,810
2026	24,120	23,560	47,680	60,280	59,500	119,790	13,480	15,570	29,050

Source: GLA 2016 based demographic projections (Trend Projections, Central Migration Scenario)

The growing population will inevitably increase demand for universal services such as 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 2017. Each of the four neighbourhoods in Kingston is made up of multiple wards and the neighbourhood boundaries correspond to ward boundaries (i.e. 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, the majority of age groups show an overall increase between 2017 and 2031. While Maldens and Coombe and Surbiton shows decreases in 0-4 and 5-9 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 24.6% by 2031.

Neighbourhood	Year	0-4 year olds	5-9 year olds	10-14 year olds	15-19 year olds
Kingston Town	2017	3,297	3,219	2,514	2,320
	2021	3,438	3,132	2,956	2,582
	2026	3,476	3,196	2,903	3,103
	2031	3,502	3,235	2,959	3,078
Maldens and Coombe	2017	3,064	3,456	3,302	2,976
	2021	3,132	3,326	3,669	3,063
	2026	3,136	3,385	3,586	3,490
	2031	3,054	3,357	3,608	3,425
South of the Borough	2017	2,060	2,080	1,787	1,588
	2021	2,188	2,042	2,028	1,574
	2026	2,215	2,151	2,022	1,865
	2031	2,111	2,129	2,086	1,840
Surbiton	2017	2,740	2,512	1,839	2,437
	2021	2,789	2,479	2,245	2,481
	2026	2,786	2,530	2,271	2,917
	2031	2,710	2,502	2,293	2,909

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	2017	-	-	-	-
	2021	4.3%	-2.7%	17.6%	11.3%
	2026	5.4%	-0.7%	15.5%	33.8%
	2031	6.2%	0.5%	17.7%	32.7%
Maldens and Coombe	2017	-	-	-	-
	2021	2.2%	-3.8%	11.1%	2.9%
	2026	2.3%	-2.1%	8.6%	17.3%
	2031	-0.3%	-2.9%	9.3%	15.1%
South of the Borough	2017	-	-	-	-
	2021	6.2%	-1.8%	13.5%	-0.9%
	2026	7.5%	3.4%	13.2%	17.4%
	2031	2.5%	2.4%	16.7%	15.9%
Surbiton	2017	-	-	-	-
	2021	1.8%	-1.3%	22.1%	1.8%
	2026	1.7%	0.7%	23.5%	19.7%
	2031	-1.1%	-0.4%	24.7%	19.4%

*Note the table uses 2017 figures as comparisons

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, Black, Asian and Minority Ethnic (BAME) population is currently estimated to be 31% of the total population, and is forecast to increase to 39% by 2036.

Area	% Black & Minority Ethnic Population					
	2011	2017	2021	2026	2031	2036
Kingston	25%	31%	34%	36%	37%	39%
Richmond	14%	16%	17%	17%	18%	18%
Greater London	40%	43%	44%	45%	46%	47%

Source: GLA 2015 Round Demographic Projections, 2016, Trend-based ethnic group projections, long-term migration

	Ethnicity projection of children and young people in Kingston between 0-19					
	2011	2017	2021	2026	2031	2036
White						
White British	22,455	21,147	20,057	19,248	18,215	17,869
White Irish	207	193	186	194	192	190
Other White	2,799	4,304	4,808	5,211	5,271	5,275
Mixed						
White & Black Caribbean	706	767	809	846	853	870
White & Black African	427	467	486	498	496	505
White & Asian	1,423	1,709	1,824	1,894	1,885	1,897
Other Mixed	936	1,308	1,487	1,673	1,757	1,794
Asian						
Indian	1,339	1,558	1,669	1,767	1,779	1,783
Pakistani	1,086	1,331	1,429	1,535	1,580	1,609
Bangladeshi	269	473	593	702	772	803
Chinese	489	587	635	697	721	741
Other Asian	3,822	5,118	5,712	6,247	6,434	6,505
Black						
Black African	842	1,012	1,145	1,255	1,282	1,300
Black Caribbean	195	250	279	306	308	320
Other Black	133	230	270	311	334	339
Other						
Arab	662	1,096	1,341	1,603	1,769	1,850
Other Ethnic Group	439	622	718	819	856	859
BAME	12,771	16,533	18,395	20,141	20,835	21,167
All Ethnicities	38,238	42,182	43,451	44,798	44,512	44,500

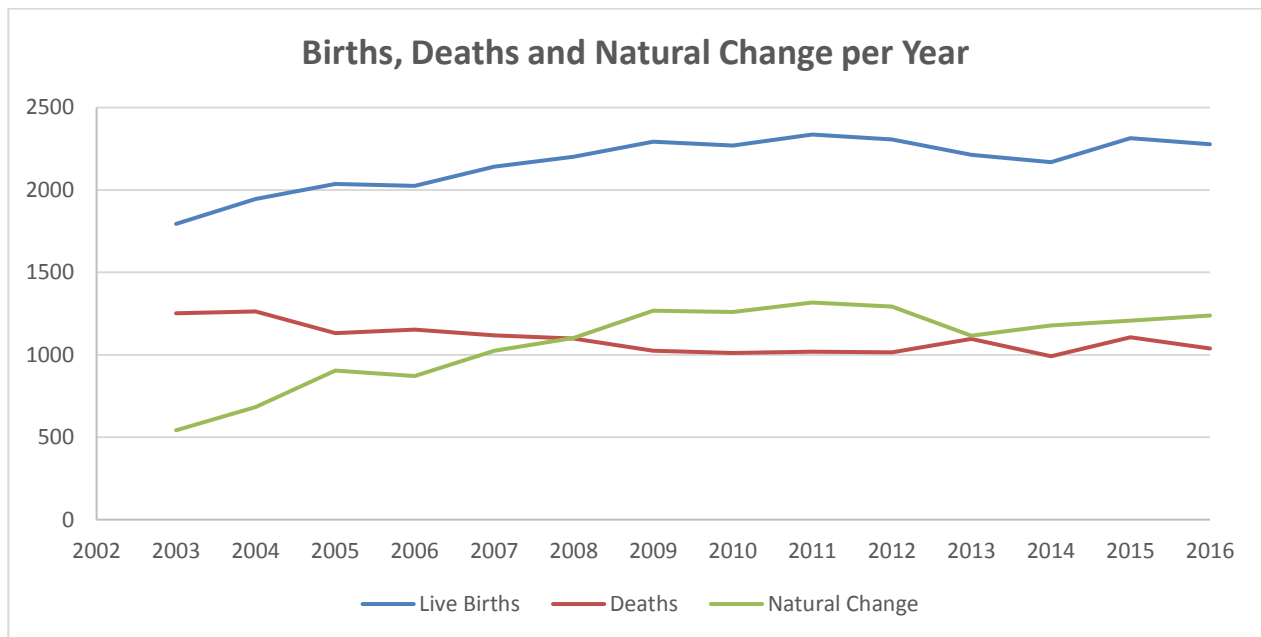
The next table provides the projected number of 0-19 year olds by ethnicity in Kingston. The projected BAME population for this age group in 2017 is 16,533 or 39% of the 0-19 year old population rising to 48% by 2036. The children and young people population in Kingston is significantly more diverse than the older population. This trend is projected to continue for the foreseeable future.

NOTE: Numbers may not sum due to rounding. Source: GLA 2015 Round Demographic Projections, 2016, Trend-based ethnic group projections, long-term migration scenario

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 2014, it has increased again in 2015 and 2016.

The green 'natural change' line in the chart shows the difference between the number of births and the number of deaths. 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. In recent years net international migration has been approximately double the natural change increase seen in the borough. This is reflected in the increase in the 'White Other' and 'BAME' ethnicity populations. There has also been a steady decline of net internal migration since 2012.

	Natural Change	Net Internal Migration	Net International Migration
2016	1238	-878	2256
2015	1207	-226	2547
2014	1178	-188	2136
2013	1116	-53	1827
2012	1292	21	2138

Source: ONS Mid Year Estimates 2016, 2015, 2014, 2013, 2012

Family, Households and Housing in Kingston

Households

The overall number of households in Kingston in 2017 is projected to be approximately 70,694. By 2036, the number of households in the borough are projected to increase by 19% from 2017 levels. The rises depend on considerable housing development over the next 20 years.

	2017	2021	2026	2031	2036
Number of Households	70,694	73,201	76,858	80,750	84,231
% increase from 2017	-	4%	9%	14%	19%

Source: GLA 2016-based Demographic Projections, 2017, trend projections, long term migration scenario

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.¹⁶ Kingston had proportionately fewer lone parent households than both London (9%) and England (6%).

Based on the GLA Household Projections 2016 Round LTM, the rate of households with dependent children has increased slightly. The data estimate there are approximately 22,686 households in Kingston with dependent children - approximately 32% of the 70,694 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	2017
Number of Households	66,639	70,694
% households with dependent children	31%	32%
% lone parent households	7%	-

Source: 2011 Census and GLA 2016-based Demographic Projections, 2017, trend projections, long term migration

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%

¹⁶ [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 2017 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.

	2017
Local Authority (incl. owned by other LAs)	4,790
Private Registered Provider	2,630
Other public sector	0
Private sector	59,230
Total	66,650

Source: Authority Monitoring Report (2016)

Housing type

The type of accommodation in Kingston remained relatively static between the 2001 and 2011 censuses as seen in the table below. However, purpose built flats saw 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%

Source: Authority Monitoring Report (2016)

Housing projections

As part of the Local Development Framework (LDF) the Authority Monitoring Report (2016)¹⁷ sets out projected housing delivery in Kingston, as shown below:

Year	Annual Housing Delivery	Cumulative Housing Delivery	Annual Housing Target	Cumulative Housing Target	Number above or below cumulative requirement
2011/12	434	434	375	375	59
2012/13	341	775	375	750	25
2013/14	397	1,172	375	1125	47
2014/15	471	1,643	375	1,500	143
2015/16	519	519	643*	643	-643
2016/17	275	794	643*	1,286	-1,011
2017/18	1,255	2,049	643*	1,929	-399

¹⁷ Authority Monitoring Report (2016) https://www.kingston.gov.uk/downloads/download/35/annual_monitoring_report

2018/19	405	2,454	643*	2,572	-637
2019/20	313	2,767	643*	3,215	-967
2020/21	1,541	4,308	643*	3,858	-69
2021/22	626	4,934	643**	4,501	-86
2022/23	953	5,887	643**	5,144	224
2023/24	718	6,605	643**	5,787	299
2024/25	155	6,760	643**	6,430	-189

Source: Authority Monitoring Report (2016)

* New housing target set following alterations to the London Plan

** New housing target expected to be set by London Plan

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 together with the geographical distribution throughout the borough 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 763 places needed between 2017/18 and 2021/22 in primary schools.

	Forecast of Primary School Places Required							
	Reception	1	2	3	4	5	6	Total
2016/17	2,029	1,995	1,965	1,972	1,954	1,797	1,642	13,336
2017/18	1,978	2,000	1,959	1,954	1,941	1,809	1,643	13,284
2018/19	2,052	1,972	1,966	1,955	1,905	1,915	1,912	13,677
2019/20	2,172	2,047	1,963	1,927	1,935	1,881	1,903	13,828
2020/21	2,206	2,167	2,038	1,925	1,907	1,911	1,868	14,021

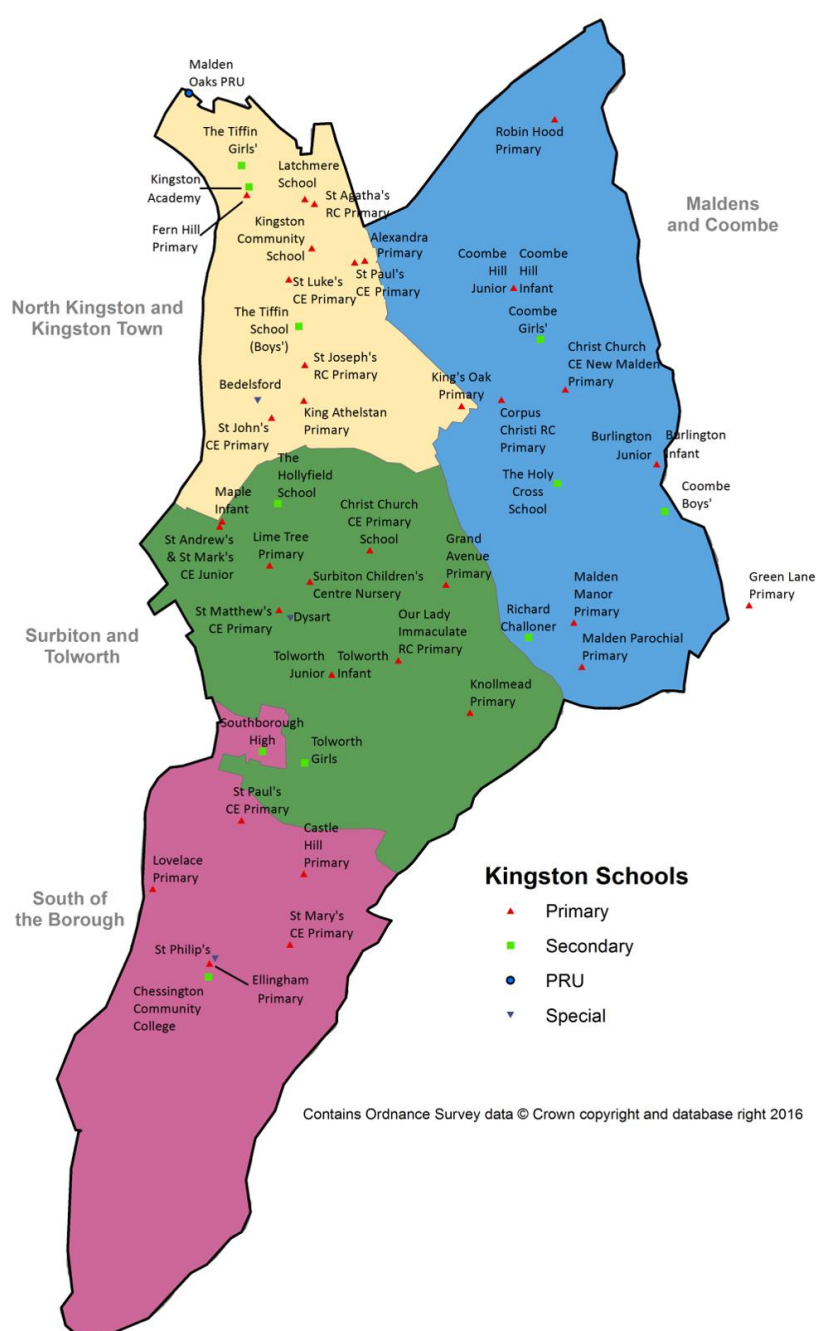
The tables below show the difference between the published number of spaces available and the number of pupils recorded on the school census for Reception, Year 1 and Year 2. The table shows that there is currently availability for anyone moving into the borough, but not in the coming years.

	Reception	Year 1	Year 2
Published admission number – 2016/17	2040	2070	2010
Number on roll (Spring Census 2017)	1978	2000	1959
Difference	62	70	51

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 2017). Currently, in Kingston, no schools require improvement or are inadequate according to Ofsted judgements. Most schools are considered good, and 14 are outstanding. This report includes information on maintained schools. Data is not available on pupils attending independent schools.



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 2017 School Census, carried out on 19 January 2017.

Number of school pupils

There were 25,045 (including nursery and 6th form) pupils studying at schools in Kingston at the time of the Spring 2017 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	Total
Living in Kingston	13,582	6,782	192	20,556
Living out of borough	1,118	3,254	117	4,489
Total	14,700	10,036	309	25,045

Source: School Census Spring 2017

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.

37% 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 (36.9%) compared to BAME pupils living outside of the borough (49.0%) and travelling to school in Kingston. The Locality with the highest proportion of BAME pupils is Maldens and Coombe (46.7%) and the lowest is South of the Borough (24.9%).

Area of Residence	Black	Asian	Mixed	White British	White Other	Other ethnic groups	Unknown ethnic groups	Total
Maldens and Coombe Locality	139	1,388	672	2,410	801	720	110	6240
	2.2%	22.2%	10.8%	38.6%	12.8%	11.5%	1.8%	
North Kingston and Kingston Town Locality	201	861	645	2,542	1,039	245	115	5648
	3.6%	15.2%	11.4%	45.0%	18.4%	4.3%	2.0%	
Surbiton and Tolworth Locality	149	1,079	585	2,911	792	163	50	5729
	2.6%	18.8%	10.2%	50.8%	13.8%	2.8%	0.9%	
South of the Borough Locality	76	336	235	1,857	329	85	21	2939
	2.6%	11.4%	8.0%	63.2%	11.1%	2.9%	0.7%	
Pupils living out of the borough	207	1,359	410	1,700	472	225	116	4489
	4.6%	30.3%	9.1%	37.9%	10.5%	5.0%	2.6%	
Total	772	5,023	2,547	11,420	3,433	1,438	412	25,045
	3.1%	20.1%	10.2%	45.6%	13.7%	5.7%	1.6%	

Source: School Census Spring 2017

One of the differences between 2016 and 2017 is the decrease of pupils in White British group living in the borough. There has been a slight decrease in the Maldens and Coombe (0.2%) and North Kingston and Kingston Town (0.5%) neighbourhoods and a more noticeable decrease in the South of the borough

(1.4%). Another difference is the increase of pupils in the Mixed group living in the borough with Maldens and Coombe increasing by 0.5%, South of the borough by 0.6% and Surbiton and Tolworth by 0.7%.

The table below shows the change in ethnicities of pupils living in and attending schools in Kingston from 2010 to 2017. 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 45.6% in 2017. The largest rise has been seen in the White Other group from 8.9% to 13.7%.

	2010	2011	2012	2013	2014	2015	2016	2017
Black ethnic groups	3.5%	3.5%	3.5%	3.4%	3.0%	2.9%	3.1%	3.1%
Asian ethnic groups	17.7%	18.5%	19.2%	19.2%	17.5%	18.7%	20.1%	20.1%
Mixed ethnic groups	8.3%	8.7%	8.8%	9.2%	9.4%	9.6%	9.9%	10.2%
White British ethnic groups	54.5%	52.5%	50.9%	50.3%	49.2%	48.7%	46.3%	45.6%
White Other ethnic groups	8.9%	9.6%	10.4%	10.9%	12.1%	13.2%	13.2%	13.7%
Other ethnic groups	5.3%	5.7%	5.5%	5.4%	5.4%	5.6%	5.4%	5.7%
Unknown ethnic groups	1.7%	1.6%	1.7%	1.6%	1.6%	1.8%	1.9%	1.6%

Source: School Census (Spring 2017)

English as an additional language

34% of pupils speak English as an additional language

Within Kingston schools, 34% of pupils speak English as a second language. After English, the top five most common first languages in Kingston schools were:

- Tamil (4.2% of pupils)
- Urdu (3.0% of pupils)
- Korean (2.5% of pupils)
- Arabic (2.5% of pupils)
- Polish (2.2% of pupils)

Area of Residence	Pupils living or studying in the borough with English as an Additional Language (EAL)	
Maldens and Coombe	2612	41.9%
North Kingston and Kingston Town	1932	34.2%
Surbiton and Tolworth	1875	32.7%
South of the Borough	707	24.1%
Out of the Borough	1421	31.7%
Total	8547	34.1%

Source: School Census Spring 2017

All of these percentages have increased from the 2016 census. The most notable difference is the increase of pupils with English as an Additional Language in the South of the Borough, increasing by 1.6%, and those living out of borough which have risen by 1.9%.

Special Educational Needs (SEN)

There are 8.2% of pupils travelling into the borough for schooling that have SEN compared to 11.3% of residents. The Locality with the highest proportion of SEN pupils is South of the Borough (15.2%) and the lowest is Maldens and Coombe (9.2%).

Area of Residence	Pupils living and studying in the borough with Special Education Needs (SEN)	
Maldens and Coombe	576	9.2%
North Kingston and Kingston Town	586	10.4%
Surbiton and Tolworth	724	12.6%
South of the Borough	447	15.2%
Out of the Borough	369	8.2%
Total	2702	10.8%

Source: School Census Spring 2017

Note: The data collected is from children aged 5 -16

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 4.1% of the sessions during the six terms of 2015/16 – fewer when compared to England. The majority of these were authorised absences (3.3%), and only 0.8% were unauthorised. The percentage of persistent absentees is also low at 8.1% in Kingston and 7.4 % in Richmond.

Area	Pupil absences 2015-16 (percentage)			Percentage of persistent absentees
	Overall absence	Authorised absence	Unauthorised absence	
Kingston	4.1	3.3	0.8	8.1
Richmond	4.0	3.1	0.9	7.4
England	4.6	3.5	1.1	10.5

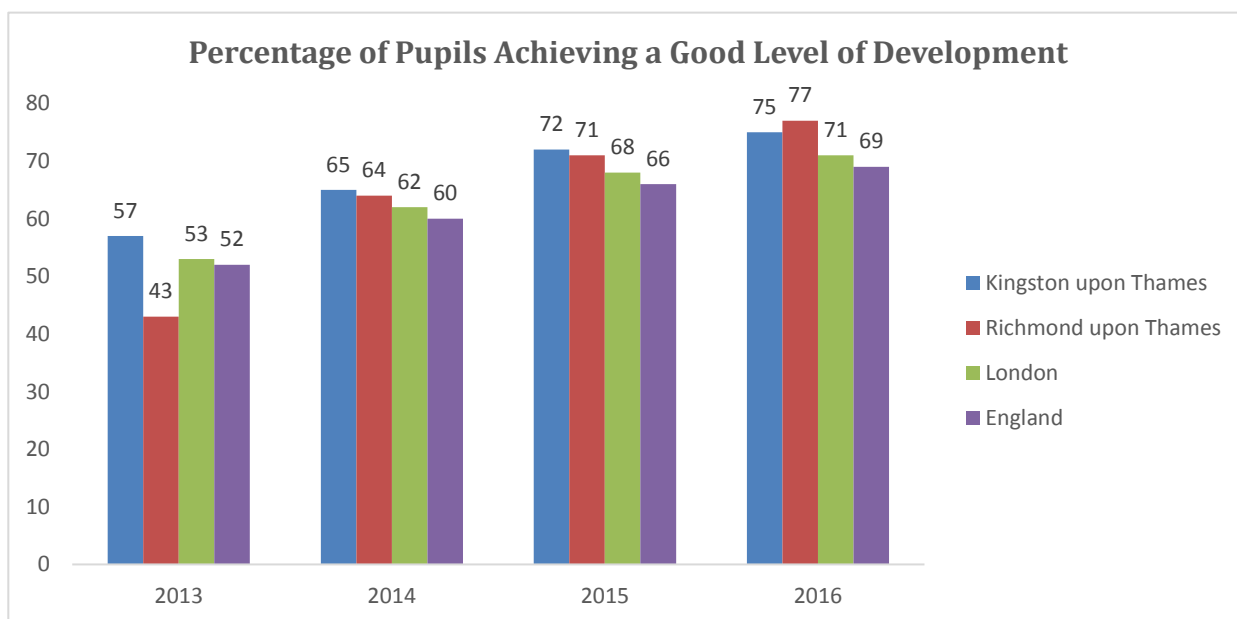
Source: Department for Education, pupil absence in schools in England: 2015 to 2016

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 the specific areas of learning — Literacy, Mathematics.

The proportion of pupils making a Good Level of Development is the threshold measure for pupils in the EYFSP and is defined as meeting or exceeding the early learning goal in all the prime areas listed above.

The figures below place Kingston 15th nationally.



Source: Department for Education, Early years foundation stage profile results: 2015 to 2016

Free School Meals eligible pupils achieving a Good Level of Development¹⁸

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 2016, only 59% of pupils eligible for FSM in Kingston achieved a good level of development compared to of 76% 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 59% in 2016, which is higher than England (55%) but lower than that in Richmond (61%).

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	2016	2013	2014	2015	2016
Kingston	37	44	54	59	59	67	74	76
Richmond	21	36	45	61	44	66	73	78
London	43	52	59	61	56	65	70	73
England	36	45	51	54	55	64	69	72

Source: Department for Education Local Authority Interactive Tool (LAIT) July 2017

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 Reading, Writing, Mathematics and Science.

There have been significant changes to assessment and accountability at Key Stage 1 this year and results are no longer directly comparable with those of previous years. The national expectation for children completing Key Stage 1 is that they should be working at the expected standard or at greater depth across all subjects.

Key Stage 1 pupils achieving the expected standard

In 2016, outcomes at the expected standard are in line or above national average for all subjects in Kingston. Nationally, Kingston is ranked 46th for Reading, 79th for Writing and 42nd for Maths.

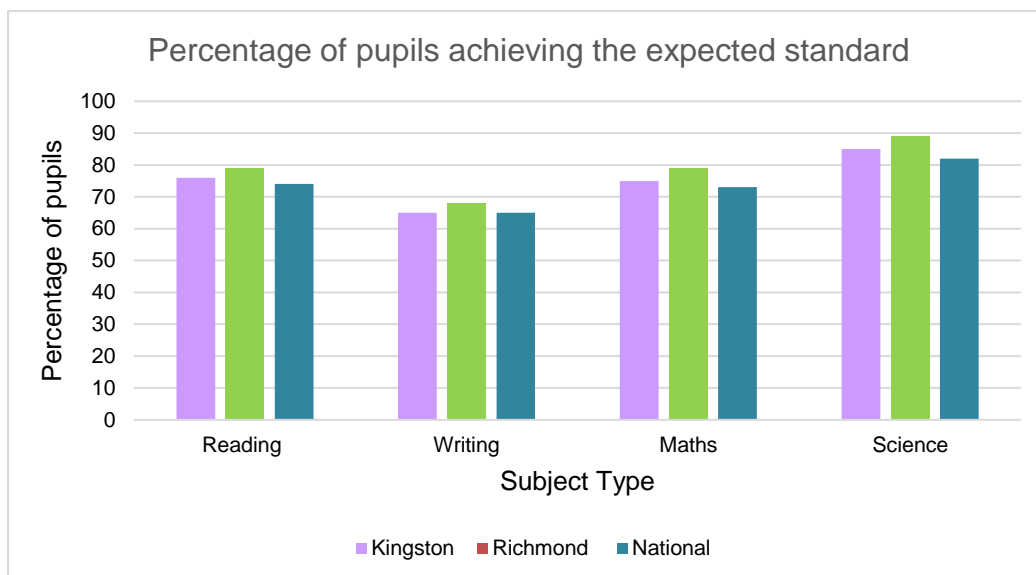
The percentage of Key Stage 1 pupils achieving the expected standard in Reading for Kingston was 76%. This is lower than Richmond (79%) but higher than the national (74%) average.

In Writing, 65% of Kingston pupils are achieving the expected standard. This is slightly lower than Richmond (68%) but level with the national average (65%).

Kingston pupils are achieving 75% for the expected standard in Maths. This is slightly lower than Richmond (79%) but higher than the national average (73%).

Different to previous years, the expected standard in Science has also been recorded for Key Stage 1 pupils. The percentage of Key Stage 1 pupils achieving the expected standard in Science for Kingston was 85%. This is slightly lower than Richmond (89%) but higher than the national average (82%).

¹⁸ Free school meal data remains available separately despite being part of the Pupil Premium payment to schools



Key Stage 1 pupils achieving greater depth

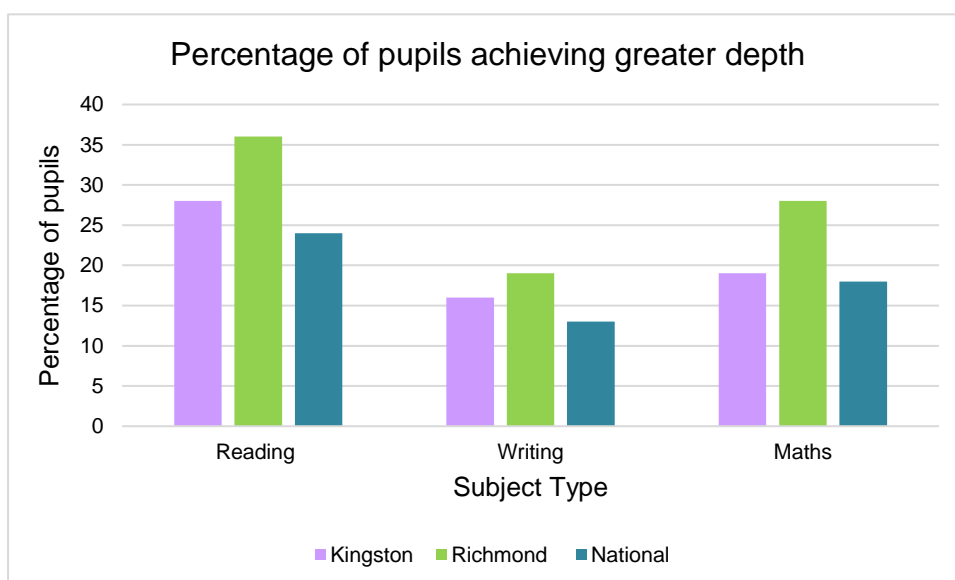
In 2016, Kingston is above national average at greater depth. Nationally, Kingston is ranked 16th for Reading, 29th for Writing and 54th for Maths.

The percentage of Key Stage 1 pupils achieving at greater depth in Reading for Kingston was 28%. This is lower than Richmond (36%) but is higher than the national average (24%).

In Writing, 16% of Kingston pupils are achieving at greater depth. This is lower than (19%) but higher than the national average (13%).

Kingston has also performed well in achieving greater depth in Maths (19%) and although lower than Richmond (28%), is higher than the national average (18%).

Science has not been assessed at the greater depth level.



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 Writing and Science and tests in Reading, Spelling, Grammar and Punctuation and Mathematics.

Key Stage 2 pupils achieving the expected standard

In 2016, outcomes at the expected standard are in line or above national average for all subjects in Kingston, with the exception of Writing. Nationally, this places Kingston 21st for the combined expected standard.

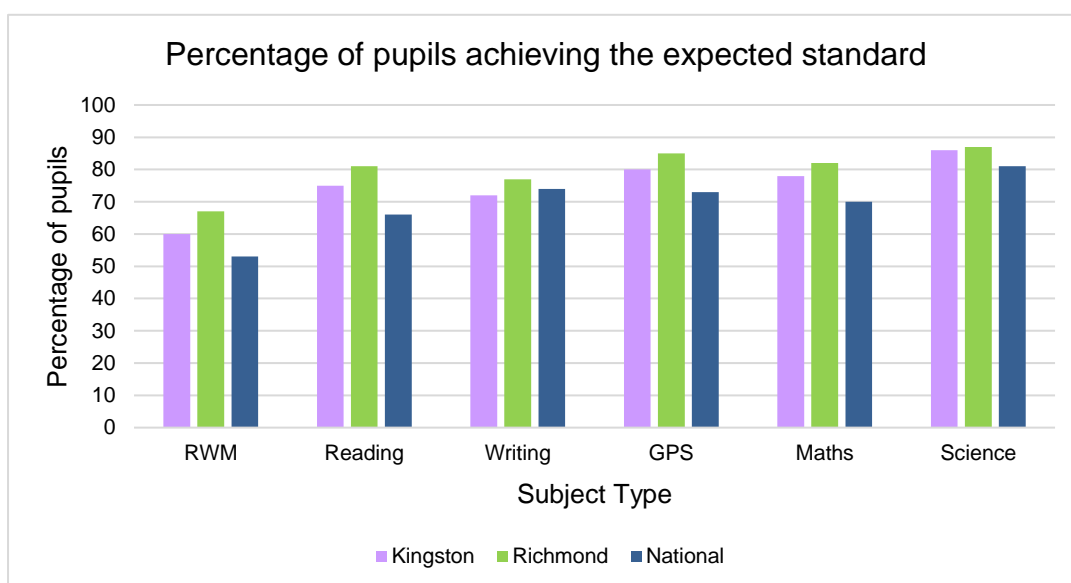
The percentage of Key Stage 2 pupils achieving the expected standard in Reading, Writing and Maths combined for Kingston was 60%. This is lower than Richmond (67%) but higher than the national average (53%).

Kingston pupils achieving the expected standard for Reading is at 75%. This is lower than Richmond (81%) but higher than the national average (66%).

In Writing, 72% of Kingston pupils are achieving the expected standard. This is slightly lower than both Richmond and the national averages (at 77% and 74% respectively).

The percentage of pupils achieving the expected standard in Maths for Kingston was 78%. This is lower than Richmond (82%) but higher than the national average (70%).

Different to previous years, the expected standard in Science and Grammar, Punctuation and Spelling (GPS) has also been recorded for Key Stage 2 pupils. The percentage of Key Stage 2 pupils achieving the expected standard in Science for Kingston was 86%. This is slightly lower than Richmond (87%) but higher than the national average (81%). Kingston has 80% of pupils achieving the expected standard in GPS. This is slightly lower than Richmond (85%) but higher than the national average (73%).



Key Stage 2 pupils achieving greater depth

In 2016, Kingston is above national average at greater depth, with the exception of Writing and is ranked 14th nationally.

The percentage of Key Stage 2 pupils achieving at greater depth in Reading, Writing and Maths combined for Kingston was 8%. This is lower than Richmond (12%) but higher than the national average (5%).

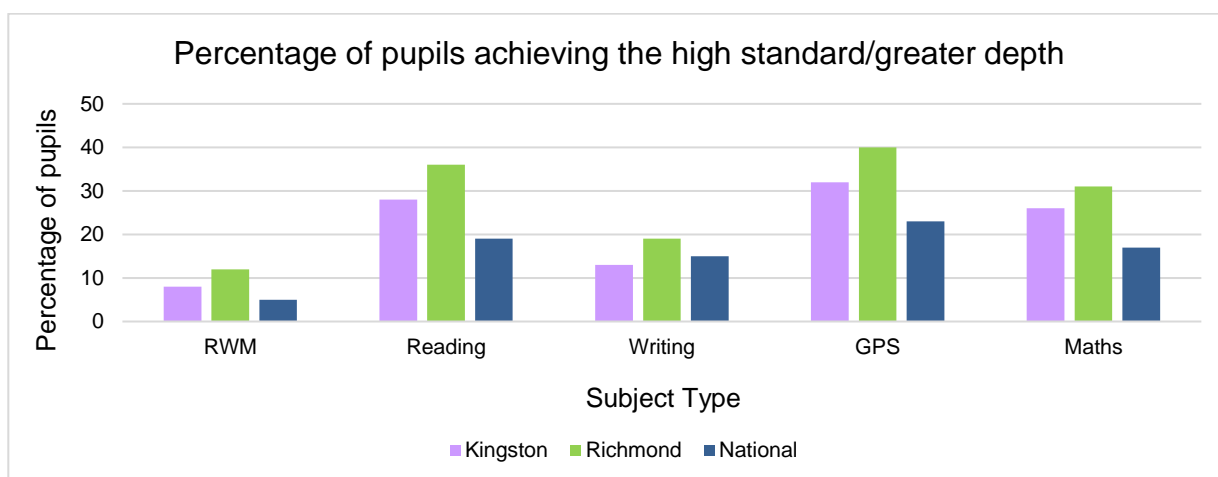
Kingston pupils achieving greater depth in Reading is at 28%. This is lower than Richmond (36%) but higher than the national average (19%).

In Writing, 13% of Kingston pupils are achieving in greater depth. This is lower than both Richmond (19%) and the national averages (15%).

Kingston has 26% of pupils achieving at greater depth in Maths. This is lower than Richmond (31%) but higher than the national average (17%).

Different to previous years, the expected standard in Grammar, Punctuation and Spelling (GPS) has also been recorded for Key Stage 2 pupils. The percentage of Key Stage 2 pupils achieving at greater depth in GPS for Kingston was 32%. This is slightly lower than Richmond (40%) but higher than the national average (23%).

Science has not been assessed at the greater depth level.



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 Chinese ethnic group at 78%. Mixed ethnic group pupils in Kingston also perform well with 65% attainment. Black pupils have the lowest attainment rate at 46% which is slightly higher than Richmond (45%), but lower than London (54%) and England (51%) rates.

Area	% of pupils achieving the expected standard or higher by ethnic group				
	White	Mixed	Asian	Black	Chinese
Kingston	58	65	64	46	78
Richmond	67	69	69	45	-
London	60	60	64	54	81
England	54	56	56	51	72

DfE: National Curriculum Assessment and Key Stage 2 in England 2016

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 2016, 35% of pupils eligible for FSM reached the expected standard in Reading, Writing and Maths in Kingston compared to 60% in 2012. The rate in Kingston is slightly lower than that of London (46%) and the average across England (36%). Pupils receiving the Pupil Premium

Area	% of known FSM pupils reaching the expected standard at Key Stage 2
Kingston	35
Richmond	43
London	46
England	36

DfE: National Curriculum Assessment and Key Stage 2 in England 2016

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 13% of pupils with a SEN doing so in 2016; however, this is higher than those in Richmond (9%), London (9%) as well as England (9%).

Area	% of pupils with an SEN Statement or Education, Health and Care Plan Reaching the Expected Standard at Key Stage 2
Kingston	13
Richmond	9
London	9
England	7

DfE: National Curriculum Assessment and Key Stage 2 in England 2016

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.

Individuals who are disadvantaged are defined as those who have been known to have within the last six years or are still eligible for free school meals, children who are a looked after by the local authority or children who have been adopted.

Since 2015, the DfE have calculated from a new disadvantage gap index. As a result the gap between disadvantaged pupils and others has decreased.

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 2016 Kingston performed well with 77% 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	2016
Kingston	58.6	61.7	62.5	68.2	68.7	71.1	70.1	71.6	70.0	73.2	75.7
Richmond	49.7	48.5	54.0	55.7	61.4	63.2	62.6	68.3	63.5	64.7	66.6
London	45.8	48.0	50.7	54.0	58.0	61.9	62.4	65.1	61.5	60.9	60.6
England	45.6	46.3	47.6	49.8	53.5	59.0	59.4	59.2	53.4	53.8	53.5

Source: Department for Education Local Authority Interactive Tool (LAIT) July 2017

Attainment 8 and Progress 8

A new secondary school accountability system was implemented in 2016. Attainment 8 measures the average achievement of pupils in up to 8 qualifications including English and Maths. Progress 8 captures the progress a pupil makes from the end of Key Stage 2 to the end of Key Stage 4. It compares pupils achievement – their attainment 8 score with the average attainment 8 score of all pupils nationally who had a similar starting point, calculated using assessment results from the end of primary school.

Area	Average Attainment 8 score per pupil	
	2015	2016
Kingston	57.6	58.2
Richmond	53.2	54.6
London	51.1	51.9
England	47.4	48.5

Source: Department for Education Local Authority Interactive Tool (LAIT) July 2017

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 (86%). The lowest attainment rate is amongst pupils of Black ethnicity with only 66% of black pupils achieving at this standard; however, this is higher than Richmond (50%), London (61%) and England (60%)

Area	% of pupils attaining 5 or more A*-C grade GCSEs including English and Maths				
	White	Mixed	Asian	Black	Chinese
Kingston	75.2	82.6	85.7	65.8	-
Richmond	73.3	70.4	69.8	50.0	-
London	65.7	65.8	74.5	61.3	85.7
England	63.0	62.9	68.1	59.8	84.3

Source: Department for Education Local Authority Interactive Tool (LAIT) July 2017

Average Attainment 8 scores per pupil

	Average Attainment 8 scores by ethnic group				
Area	White	Mixed	Asian	Black	Chinese
Kingston	55.80	61.10	63.10	52.00	70.80
Richmond	55.40	52.20	56.10	45.20	60.50
London	51.60	52.60	57.00	49.60	64.80
England	49.80	50.60	52.90	48.90	63.00

Source: Department for Education Local Authority Interactive Tool (LAIT) July 2017

Average Progress 8 scores per pupil

	Average Progress 8 scores by ethnic group				
Area	White	Mixed	Asian	Black	Chinese
Kingston	0.23	0.37	0.58	0.23	0.62
Richmond	0.08	-0.02	0.42	-0.04	0.96
London	0.02	0.06	0.49	0.18	0.57
England	-0.09	-0.04	0.31	0.17	0.68

Source: Department for Education Local Authority Interactive Tool (LAIT) July 2017

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 2016, 52.5% of pupils eligible for FSM achieved 5 or more A*-C GCSEs including English and Maths. This is quite a big increase from the 35.8% we saw in 2015, although pupil numbers are small.

	FSM pupils achieving 5+ A*-C GCSEs including English and Maths					
	FSM		Non-FSM pupils		All pupils	
	%	No.	%	No.	%	No.
Kingston	52.5	122	80.4	1,393	78.2	1,515
Richmond	43.1	123	74.1	1,244	71.3	1,367
London	51.1	14,643	70.1	61,953	66.4	76,596
England	39.2	72,270	67.0	465,538	63.3	537,808

DfE: GCSE and equivalent attainment by pupil characteristics: 2015/16 (revised)

How healthy are our children?

Kingston is a generally healthy borough with high rates of breastfeeding initiation, high immunisation take up (particularly at ages 1 and 2), low rates of childhood obesity amongst reception and year 6 pupils and low rates of teenage conception.

Breastfeeding prevalence

During 2014/15, the Kingston rate of mothers initiating breastfeeding stood at 86.9%, which was a slight reduction on the 2013/14 outturn of 88.9%. Despite this, the new rate did remain among the best in the country and while statistically similar to the London rate (86.1%), was significantly better than that across England (74.3%). Breastfeeding is recommended by health care professionals as the best source for infant nutrition for the first six months of an infant's life and additional data is available to indicate the rate of mothers still breastfeeding at 6-8 weeks – though it should be noted that this dataset is subject to data quality issues that render it somewhat less reliable. The 2014/15 data showed that the national rate of mothers breastfeeding at 6-8 weeks had fallen from the initiation rate of 74.3% (though breastfeeding status was not known for 12.8% of infants). The comparable Kingston rate showed 71.7% of mothers breastfeeding at 6-8 weeks (vs. 86.9% initiation rate), with status unknown in 6.4% of cases.

Area	% of all mothers who breastfeed their babies in the first 48 hours after delivery (2014/15)
Kingston	86.9%
Richmond	91.1%
London	86.1%
England	74.3%

Source: [Breastfeeding prevalence – 2014/15](#)

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.

At ages 1 and 2, Kingston is performing well with regard to percentage of children vaccinated for Diphtheria, Tetanus, Polio, Pertussis, Hib – exceeding the levels seen in Richmond, London and England. By age 5, this position changes to some degree as Richmond and England both demonstrate higher proportions than Kingston, which falls to 94.4%. In terms of the booster at age 5, Kingston outperforms Richmond and London but sits below the England percentage.

Focusing on the PCV vaccination at age 1 Kingston again outperforms Richmond, London and England but falls below England at age 2 with regard to the booster.

MMR vaccinations at age 2 stand at 91% in Kingston, higher than both the Richmond and London rates but lower than England (91.9%). By age 5, the proportion of children immunised in Kingston has increased to 93% and while this remains better than London and worse than England, it has been surpassed by Richmond at 94.5%. However, in terms of those who have received their first and second MMR dose, Kingston remains above Richmond and London, but as before, below England.

Similarly for the Hib/MenC booster, 89.8% of two years old in Kingston have received the vaccination, once again higher than Richmond and London but below England. By age 5, the proportion of children who have received this has fallen to 88.1%, which is below Richmond, London and England. Overall, in most cases 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 London and England also often fail to reach this mark. Vaccination data at age 1 show Kingston in a positive light, exceeding proportions in Richmond, as well as the London and England averages. By age 2, England has caught up and in some cases surpassed Kingston, but comparisons with Richmond and London are still favourable. Age 5 is more of a mixed picture. In most cases Kingston exceeds

performance in London, but has been surpassed in some instances by Richmond and is outperformed by England in all cases.¹⁹

Area	Percentage of children immunised by their first birthday		
	Number of children aged 1 (thousands)	Diphtheria, Tetanus, Polio, Pertussis, Hib (DTaP/IPV/Hib)	Pneumococcal Conjugate Vaccine (PCV)
Kingston	2.6	94.1%	94.0%
Richmond	2.6	90.2%	90.9%
London	124.6	89.2%	90.0%
England	659.3	93.6%	93.5%

Source: [NHS Immunisation Statistics 2015/16](#)

Area	Percentage of children immunised by their second birthday				
	Number of children aged 2 (thousands)	Diphtheria, Tetanus, Polio, Pertussis, Hib (DTaP/IPV/Hib)	MMR 1st dose	Hib/MenC booster	Pneumococcal Conjugate Vaccine (PCV) booster
Kingston	2.6	95.5%	91.0%	89.8%	90.4%
Richmond	2.6	94.3%	87.2%	86.2%	81.8%
London	123.8	92.2%	86.4%	85.9%	85.6%
England	663.4	95.2%	91.9%	91.6%	91.5%

Source: [NHS Immunisation Statistics 2015/16](#)

Area	Percentage of children immunised by their fifth birthday					
	Number of children aged 5 (thousands)	Diphtheria, Tetanus, Polio, Pertussis, Hib (DTaP/IPV/Hib)	Diphtheria, Tetanus, Polio, Pertussis booster	MMR 1st dose	MMR 1st and 2nd dose	Hib/MenC booster
Kingston	2.7	94.4%	83.5%	93.0%	86.1%	88.1%
Richmond	2.5	96.3%	65.9%	94.5%	78.1%	90.5%
London	127.4	92.4%	78.3%	91.1%	81.7%	88.7%
England	697.7	95.6%	86.3%	94.8%	88.2%	92.6%

Source: [NHS Immunisation Statistics 2015/16](#)

Childhood obesity

The National Child Measurement Programme (NCMP)²⁰ 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 to 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.

Reception Year Children

When compared to the whole of England, Kingston has the second lowest level of childhood obesity (5.5%) and the lowest level of overweight children (8.7%). Consequently, the borough has the highest rate of healthy weight children in the country. The prevalence of underweight children exceeds that of Richmond, London and England however – accounting for 1.7% in total.

¹⁹ The latest immunisations stats provide a breakdown of the figures in terms of those LA's that are 'actual' and those that are 'estimated'. Kingston figures are estimated

²⁰ <http://fingertips.phe.org.uk/profile/national-child-measurement-programme>

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	84.0	1.7	8.7	5.5
Richmond	82.1	1.3	11.4	5.3
London	76.5	1.5	11.7	10.2
England	76.9	1.0	12.8	9.3

Source: [National Childhood Measurement Programme 2015/16](#)

Year 6 Children

The prevalence of healthy weight children in year 6 is 60.3% in London and 64.5% in England. The Kingston figure of 66.9% exceeds both, but is below the Richmond rate of 73.9%. In Kingston, a total of 29.9% of children are classified as overweight or obese compared to 24.9% in Richmond, 38.1% in London and 34.1% in England. Nationally, there is a trend of increasing obesity levels between entering and leaving primary school, rising from 9.3% to 19.8% of children. This is followed in Kingston and while the overall rate of obesity is lower than in England, the increase between reception and year 6 would appear to be starker, rising by more than treble from 5.5% to 16.9%. As with reception age, underweight children continue to be more of an issue in Kingston at year 6, accounting for 3.2%, more than double that of Richmond, London and England.

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	66.9	3.2	13.0	16.9
Richmond	73.9	1.3	12.3	12.6
London	60.3	1.6	14.9	23.2
England	64.5	1.3	14.3	19.8

Source: [National Childhood Measurement Programme 2015/16](#)

Physical Activity

Exercise has a strong link with mental well-being and health. The 2011 recommendations²¹ 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 prescribed²².

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.

²¹ Physical activity guidelines for children and young people (5-18): Factsheet 3
<https://www.gov.uk/government/publications/uk-physical-activity-guidelines>

²² <https://www.gov.uk/government/publications/national-curriculum-in-england-physical-education-programmes-of-study>

More recent data has been available from the annual Active People Survey, but this survey focuses mainly on adult participation in sports (14 year olds the lowest age group surveyed). Though not a direct indicator of children and young people, one useful measure from this survey is the % of persons aged 14 and over who participate in sport at least once a week. Several years of data are provided in the table below and while these indicate a general upward trend in Kingston over the period, the 4 percentage point variation between 2012/13 and 2015/16 is not deemed to be statistically significant. The percentage of 14+ participating in sport at least once per week does however appear to be consistently higher in Kingston than in London and England.

Area	% 14+ participating in sport at least once a week (October – September)			
	2012/13	2013/14	2014/15	2015/16
Kingston	42	43.2	42.1	46
Richmond	51.9	52.5	52	47.9
London	39.4	39	38.9	38.6
England	37.5	37.1	36.7	36.9

Source: [Active People Survey](#)

It should be noted that the Active People Survey survey has now been discontinued and replaced by the Active Lives Survey, which reports only on persons aged 16 and over, further weakening any conclusions that can be drawn for young people.

The 'What About YOUth?' survey 2014/15 considers the general health of 15 year olds across England including the level of physical activity. As show in the table below, Kingston has a 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 (CAMHS)

The Kingston Single Point of Referral unit for Child and Adolescent Mental Health Service (CAMHS) in Kingston was launched in October 2014.

CAMHS Data:

- From April 2016 to March 2017 a total 1,513 young people were referred to CAMHS with the highest number of referrals (488) received in Q4 (January-March) and the lowest (282) received in Q2 (July-September).
- There are 94.7% of adult service users recorded in Q4 (January 2017- March 2017) as having regular and significant contact with children. This is slightly below the LSCB target of 95%.
- There are 795 recorded households where children are living with adults who have been assessed as having mental health problems.
- There have been 34 children attending A&E due to self-harming/attempted suicide/alcohol harm referred to CAMHS. Although this was at 76 last year, there has been a recorded increase in numbers from Q3 (6 children) to Q4 (17 children).
- Since Q2, 100% of young people referred to CAMHS as an emergency was seen within 24 hours which is higher than the target of 95% (this was 90% in Q1, slightly below target).
- In Q4, 90.9% of young people referred to CAMHS for an urgent appointment were seen within 5 working days. This is slightly below the target of 95%.
- The percentage of referrals received by CAMHS from all agencies where the child or young person received a service for Q4 was 100%. This is above the target of 61%.
- The average time (days/weeks) within which the children and young people were seen by a CAMHS professional in Q4 was 6.6 weeks. This is below the target timescale of 8 weeks.

There has been a rise in presentations to hospitals for self-harm and a rise in referrals to CAMHS. The local Healthwatches organised a local mental health survey, to which 1,500 young people responded in summer 2016 - 500 students from Kingston. This has led to commissioning plans to respond to their views. The LSCB Chair wrote to the Kingston Council CAMHS Commissioner, SWL StG Chief Executive in July 2016 and met him and the Director of Nursing to talk about young people's experiences and the plans for transformation of CAMHS.

All Kingston CAMHS staff are up to date with Level 3 safeguarding training.

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 66 hospital admissions as a result of self-harm (10-24 years) in Kingston during 2015/16. This is an increase from 61 the previous year and one less than the total of 67 the year before that. The standardised rate for Kingston is 203.3 and while this falls below the London rate (209.5), the wide confidence intervals mean that the difference is not statistically significant. The rate is however statistically better than that of Richmond (335.4) and England (430.5).

Area	Hospital admissions as a result of self-harm: DSR per 100,000 population aged 10-24 2014/15	Hospital admissions as a result of self-harm: DSR per 100,000 population aged 10-24 2015/16
Kingston	189.8	203.3
Richmond	268.5	335.4
London	203.8	209.5
England	398.8	430.5

Source: [Public Health England Child Health Profile – Kingston upon Thames, 2015/16](#)

Well-being Survey²³

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 continued the long-term reducing trend falling to 14.1 per 1,000 population, though in reality the change in the number of conceptions was a reduction of 3. That said, the total has fallen from 52 in 2012 to 39 in 2015. London and England also continued to experience declines, falling to 19.2 and 20.8 per 1,000 population respectively. The Kingston rate remains considerably lower than in London and England, but higher than in Richmond (12.9). In terms of maternities, Kingston has seen a reduction in the rate to 2.9 per 1,000, which also remains below than the London (7.0) and England (10.1) rates but slightly above the Richmond rate (2.3). As per last year the rate of abortions in Kingston (11.2) is higher than in England (10.6) and Richmond (10.6) but lower than London (12.1).

Area		2012		2013		2014		2015	
		Number	Rate	Number	Rate	Number	Rate	Number	Rate
Kingston	Conceptions	52	20.0	42	15.8	42	15.3	39	14.1
	Maternities		5.0		5.3		3.3		2.9
	Abortions		15.0		10.6		12.0		11.2
Richmond	Conceptions	53	19.9	32	11.7	36	12.6	39	12.9
	Maternities		6.8		5.5		4.5		2.3
	Abortions		13.1		6.2		8.0		10.6
London	Conceptions	3,504	25.9	2,962	21.8	2,942	21.5	2,624	19.2
	Maternities		9.8		7.8		7.7		7.0
	Abortions		16.1		14.0		13.8		12.1
England	Conceptions	26,157	27.7	22,830	24.3	21,282	22.8	19,080	20.8
	Maternities		14.1		11.9		11.1		10.1
	Abortions		13.6		12.4		11.7		10.6

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 (SHEU Survey, 2015). 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.

²³ SHEU Survey 2015

Alcohol, Smoking and Drugs²⁴

Smoking, drinking and drug use amongst young people can lead to both physical and social harms. Evidence suggests that approximately 207,000 children aged 11-15 are likely to start smoking each year in the UK²⁵ and data from the most recent Smoking, Drinking and Drug Use Among Young People in England survey showed that 18% of 15-year olds were regular or occasional smokers.

Despite recent declines, the proportion of children in the UK drinking alcohol remains well above the European average. The UK is among the countries with the highest levels of consumption among those who do drink, and British children are more likely to binge drink or get drunk compared to children in most other European countries²⁶. Data from the Smoking, Drinking and Drug Use survey indicates that girls are drinking more from an earlier age and experiencing more harm than boys²⁷.

Patterns of drug and alcohol use by young people often change, which means that services need to be flexible and respond effectively to changing needs. Most of the recent data tells us that cannabis and alcohol are the most common substances that young people say they have a problem with when they present to specialist substance misuse services²⁸.

Local picture

Alcohol

The 2015 Kingston Young People's Survey of 4,600²⁹ 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 girls 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.

Smoking

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

²⁴ [Local Alcohol Profiles for England, Public Health England](#)

²⁵ Child uptake of smoking by area across the UK (Thorax 2013)
<http://thorax.bmj.com/content/early/2013/11/25/thoraxjnl-2013-204379>

²⁶ Hibell B, Guttormson U, Ahlstrom S, et al (2012) The 2011 ESPAD report: substance use among students in 36 European countries
http://www.espad.org/sites/espad.org/files/The_2011_ESPAD_Report_FULL_2012_10_29.pdf

²⁷ Smoking, Drinking and Drug Use Among Young People in England, Health and Social Care Information Centre, 2014 <http://content.digital.nhs.uk/catalogue/PUB17879/smok-drin-drug-youn-peop-eng-2014-rep.pdf>

²⁸ Young people's statistics from the National Drug Treatment Monitoring System (NDTMS): 1 April 2014 to 31 March 2015 (PHE, 2015) <http://www.nta.nhs.uk/uploads/young-peoples-statistics-from-the-national-drug-treatment-monitoring-system-2014-2015.pdf>

²⁹ SHEU Survey 2015

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.

Drugs

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.

Risk and protective factors

Evidence suggests that a number of risk factors (or vulnerabilities) increase the likelihood of young people using drugs, alcohol or tobacco. Prevention approaches for young people are usually not drug, alcohol or tobacco specific but are focused more on reducing risks and building resilience. The more risk factors young people have, the more likely they are to misuse substances. Risk factors include experiencing abuse and neglect (including emotional abuse), truanting from school, offending, early sexual activity, antisocial behaviour and being exposed to parental substance misuse³⁰³¹.

In relation to smoking, young people are more likely to smoke if they have a parent, carer or sibling who smokes. Lower socio-economic status, higher levels of truancy and substance misuse are all associated with higher rates of youth smoking. The strongest single predictor of the severity of young people's substance misuse problems is the age at which they start using substances³².

Evidence shows that physical and mental wellbeing, and good social relationships and support are all protective factors. Important predictors of wellbeing are positive family relationships, a sense of belonging at school and in local communities. Other factors include good relationships with adults outside the home, and positive activities and hobbies³³. Most recent advice from the Chief Medical Officer in 2009³⁴ is that an alcohol-free childhood is the healthiest and best option and that if children do drink alcohol it should not be until at least the age of 15 years.

³⁰ UNODC International Standards on Drug Use Prevention <http://www.unodc.org/unodc/en/prevention/prevention-standards.html>

³¹ A public health approach to promoting young people's resilience (AYPH, 2016) <http://www.youngpeopleshealth.org.uk/wp-content/uploads/2016/03/resilience-resource-15-march-version.pdf>

³² Age of onset of drug use as a factor in drug and other disorders. Robins LN, Przybeck TR (1985) <http://www.ncbi.nlm.nih.gov/pubmed/3929100>

³³ UNODC International Standards on Drug Use Prevention <http://www.unodc.org/unodc/en/prevention/prevention-standards.html>

³⁴ UNODC International Standards on Drug Use Prevention <http://www.unodc.org/unodc/en/prevention/prevention-standards.html>

Children who may need extra support

Services in Richmond and Kingston are combined for these vulnerable groups of children and young people, thus 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. Following reductions between 2012 and 2013, the numbers of children (in this instance, dependants aged 19 or under) in low income families for 2014 increased beyond the 2012 levels for both London and England. This trend was mirrored within Kingston, where the proportion rose from 11.8% to 13.9% of children (4,705 in total).

In terms of children in low income families aged less than 16, the Public Health Outcomes Framework shows that the proportion in Kingston (13.5%) is significantly lower than the rest of London and England.

Area	Children in low income families			
	2013		2014	
Kingston	4,040	11.8%	4,705	13.9%
Richmond	3,350	8.3%	3,845	9.8%
London	411,690	21.8%	452,185	23.9%
England	2,097,005	18.0%	2,315,760	19.9%

Source: Children in low-income families measure, [2013](#) and [2014](#)

In their report of November 2016, End Child Poverty highlighted the difference to figures if housing costs were included in poverty calculations. They estimated that the percentage of children living in poverty after these costs was 20.4% in Kingston in 2015 (3rd lowest in London), with a range of values across London from 13.9% to 43.5%. In terms of Kingston, the report did point to small pockets of higher need within the borough, where child poverty is slightly greater, namely Norbiton (30.2%) and St. James (28.6%) and while these are not among the more deprived areas in London – they do stand out when compared to the more affluent areas in Kingston.

Children living in poor quality/inadequate housing

Children living in poor or overcrowded 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 problems³⁵

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. Kingston has a far lower proportion overcrowded households with dependent children (11.6%) than London in which nearly a quarter of households (23.6%) are overcrowded. Nationally the number is far lower than London with under 1 in 10 (9.2%) overcrowded, slightly lower than in Kingston.

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

³⁵ https://england.shelter.org.uk/_data/assets/pdf_file/0016/39202/Chance_of_a_Lifetime.pdf

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

While housing projections are refreshed on a fairly consistent basis, 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.

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

Source: 2011 Census

Inadequate Housing Arrangements

Overall Homelessness – 2015/16 and 2016/17

In addition to overcrowded housing, homelessness and temporary housing also highlight vulnerability. As indicated in the first table, during 2016/17 239 households were accepted as being homeless and in priority need. This is a rate of 3.41 per 1000 households and is an increase from 213 households and a rate of 3.12 in 2015/16.

Area	Number of households accepted as being homeless and in priority need – 2015/16	Rate per thousand households – 2015/16	Number of households accepted as being homeless and in priority need – 2016/17	Rate per thousand households – 2016/17
Kingston	213	3.12	239	3.41
Richmond	231	2.76	192	2.26
London	19,170	5.49	18,060	5.03
England	57,730	2.52	59,090	2.54

Youth Homelessness – 2016/17

Figures relating to youth homelessness indicate that applications by individuals aged 16-17 or aged 18-20 and formerly in care are less than 5 each quarter for both Kingston and Richmond, suggesting that the majority of applicants are at least 18. Lone female parent households make up 38.5% of households accepted as homeless in Kingston which is lower than in Richmond, London and England – all of which are closer to 50%.

Area	Aged 16-24 when accepted as being homeless and in priority need - 2016/17	Applicants aged 16-17 when accepted as being homeless and in priority need – 2016/17	Applicants aged 18-20 and formerly 'in care' when accepted as being homeless and in priority need – 2016/17	Couples with Dependent Children households accepted as being homeless and in priority need - 2016/17	Female Lone Parent households accepted as being homeless and in priority need - 2016/17
Kingston	32-36**	x	x	64	92
Richmond	41 (7,12,12,10)	x	x	43-47	88

London	2,970	90	90	4,400	8,840
England	12,930	410	630	12,740	27,700

x – suppressed due to low numbers (confidentiality issues)

** Q4 figure for Kingston suppressed as below 5

Temporary Accommodation – 2015/16 and 2016/17

The number of households in temporary accommodation has increased to 671 in 2016/17 from 629 the year before, which itself rose from approximately 540 in 2014/15. 671 is a rate of 9.58 per 1000 households, which is more than three times the rate of Richmond, but lower than London overall.

Area	Number of households in temporary accommodation – 2015/16	Rate per thousand households – 2015/16	Number of households in temporary accommodation – 2016/17	Rate per thousand households - 2016/17
Kingston	629	9.22	671	9.58
Richmond	251	3.00	259	3.05
London	52,060	14.91	54,280	15.12
England	71,670	3.12	77,240	3.33

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	% Eligible for Free School Meals	
	Primary	Secondary
Kingston	8.2	6.3
Richmond	6.8	9.1
London	12.8	12.8
England	14.1	12.9

Source: Department for Education Local Authority Interactive Tool (LAIT) July 2017

Area	Pupils eligible for Free School Meals (FSM)	
Maldens and Coombe	519	8.3
North Kingston and Kingston Town	456	8.1
Surbiton and Tolworth	399	7.0
South of the Borough	291	9.9
Out of the Borough	259	5.8
Kingston Total	1665	8.1

Source: School Census Spring 2017

The local breakdown of children eligible for free school meals in Kingston's localities varies from 7.0% in Surbiton and Tolworth to 9.0% in the South of the Borough. Pupils who live out of the borough make up 5.8% of children eligible for FSM within Kingston schools.

Lone Parents

The 2011 Census showed that there were 3,550 lone parent households with dependant children aged 0-18 in Kingston. This equated to 18% of all households with dependent children, the same figure as in 2011 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.

Area	Housing Benefit Claimants (Feb 2017)	Lone Parent Households Claiming Housing Benefit (Feb 2017)	% Housing Benefit Claims from Lone Parent Households (Feb 2017)
Kingston	8,852	2,274	25.7%
Richmond	8,880	2,019	22.7%
London	768,075	199,313	25.9%
England	3,855,151	954,498	24.8%

Source: [DWP Housing Benefit Statistics](#)

Of those who claimed housing benefit in Kingston in February 2017, 25.7% were from lone parent families which is similar to the London figure, slightly higher than the England figure and 3 percentage points higher than the Richmond figure.

Children who care

The 2011 census indicated that there were 251 0-15 year olds who reported that they provided unpaid care within Kingston. Of these, the majority (82.1%) were recorded as providing 1 to 19 hours of unpaid care.

Age	Provides 1 to 19 hours of unpaid care a week	Provides 20 to 49 hours of unpaid care a week	Provides 50 or more hours of unpaid care a week
0-15 count	206	19	26
0-15 rate	0.7%	0.06%	0.09%
16-24 count	629	108	49
16-24 rate	2.9%	0.5%	0.2%
Total population rate	5.8%	1%	1.5%

The Kingston Young People's Survey (2015) of secondary school pupils (aged 11-5) showed that 13% of surveyed pupils cared for someone at home on a regular basis who was unable to care for themselves. When asked who this person was, 2% said a sibling and 1% said a mother. When asked if being a 'young carer' stopped them from doing things they enjoy, 4% said 'at least sometimes' and 1% said that being 'a young carer' often stopped them from doing things that they like.

At the end of Q4 (2016-17), 538 children were receiving support from Kingston Young Carers. Kingston have sought to promote the work of Kingston Young Carers with all schools and in our communications, and scrutinised figures in the LSCB Quality Assurance work. From April 2017 – June 2017, there were 571 young carers registered to Young Carers in Kingston. There were 41 young carers identified using the single assessment process.

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 17 years of age. As of June 2017, 2.2% of 16-17 year olds in Kingston were NEET (71 young people), this is slightly lower than the national average of 3.1% and the same higher than the London average (2%). The percentage of young people whose education, employment or training status was not known was 3.0% (95), this is lower than the national figure of 3.2%.

The NEET Group is 53.5% male and 73.2% white. 4.2% are looked after in care and 7% are teenage mothers.

Young offenders

The Youth Justice Board report (January 2017) summarised that during FY 2015/16³⁶, there had been continued national reductions in the number of young people entering the criminal justice system for the first time (known as first time entrants / FTEs), receiving court disposals and being sentenced to custody.

The national reduction in FTEs between 2014/15 and 2015/16 was 12% (the 9th consecutive year of reduction). The total number of FTEs for Kingston was 31, the same total as during 2014/15 – though this follows 6 consecutive years of reduction and is both the lowest total in London (City of London omitted) and among the lowest in the country. At 218 per 100,000, the rate is the second lowest in London (behind Richmond) and well below the England and Wales rate of 354.

The England and Wales proven re-offending rate (proportion of young people known to the youth offending service who go on to re-offend within 18 months) for the year to September 2015 was 37.8%. Generally, this rate has been increasing over the past 6 years (rate of 32.6% in 2009), but the current year has seen a stabilisation. This outcome should be considered against the vastly reduced number of first time entrants into the system (128,205 in 2009 vs. 33,283 in 2015) and in simple terms this indicator is driven by a reduced number of individuals committing a greater number of offences and nationally, the number of 're-offences' per re-offender stands at 3.35 compared to 3.19 last year and 2.74 six years ago. In contrast, the re-offending rate in Kingston has reduced to 28.2% for 2015, lower than any outturn between 2006 and present and a reduction from 41.6% in the year to September 2014. This outcome has been heavily influenced however by the very low number of offenders in the cohort for the most recent year.

During 2015-16 the rate of custody use was 0.41 per 1000 nationally and 0.68 per 1000 in London. The comparable Richmond and Kingston rate for the same period was considerably lower at 0.06 per 1,000 (2 custodial sentences in total) indicating that children and young people are being effectively diverted from the custodial system, where appropriate.

During 2015-16 there were a total of 75 young people cautioned or sentenced in Kingston and Richmond (combined) – approximately 19 per quarter. 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 and Child Sexual Exploitation (CSE)

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 review³⁷, 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. In 2016/17 a total of 37 cases were discussed at Kingston MASE compared to 56 discussed in 2015/16. There were 31 individuals referred from April to March 2017 and of these 10 children were previously known to Kingston MASE. There were more females (81%) compared to males (19%) being referred to MASE. Of these, 61% were from a white ethnic background and 39% were from a BAME ethnic background. There are 26 children who were aged 11 to 15 and 5 children who were aged 16 and over.

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. 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. A total of 17 children who were reported missing from home were referred and discussed at Kingston MASE in 2016/17. Of the 17 children/young people, five children were referred to MASE twice in the year. One of whom was reported missing from home 14 times in 2016-17 whilst another was referred to Kingston MASE and was classed as high level category 3. Of the remaining 12 children, four had been classed as category 1. The remaining eight children were all discussed at MASE but it was determined that they did not meet threshold for CSE category 1 and thus were closed at point of referral.

³⁶ <https://www.gov.uk/government/statistics/youth-justice-statistics-2015-to-2016>

³⁷ Kingston LSCB Annual Report 2016/17

Since 1 January 2017, the police have opened a total of 65 CSE reports: 28 in Kingston and 33 in Richmond with 4 created out of borough. There were 5 Child Abduction Warning Notices (CAWNS) issued and 2 letters of concern.

There is a joint CSE and Children Missing Sub-group for Kingston and Richmond set up to oversee work around CSE and Missing Children. The Group has a wide membership and has met three times this year. The group has considered independent missing return home interviews, work of the new Phoenix Project, sexually harmful behaviour and the Richmond and Kingston Public Health CSE needs assessments. The local CSE Coordinator is working on supporting the merging of the MASEs and MisPer meetings across Kingston and Richmond.

Female Genital Mutilation (FGM)

During the year, the LSCB delivered a series of FGM Best Practice and Reporting Duty training sessions reaching 49 professionals. These sessions aim to ensure that Kingston professionals are highly skilled in identifying young people at risk of this form of child abuse. There were 7 contacts to Kingston Single Point of Access to report concerns that a child was at risk from FGM in 2016/17.

Children in Need

The legal definition of children in need 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

In Kingston, there was a 5.2% reduction in CiN from 889 during 2014/15, to 843 during 2015/16 – the lowest total in London (not including City of London). Correspondingly, the rate of referrals per 10,000 children fell from 241.8 to 224.5. Similarly, there was a reduction across London (by 2.6%) but a rise in England (by 0.9%). The rate of CiN remains lower in Kingston than in London and England, but is higher than in Richmond. Data for 2016/2017 indicates a sharper decline, with a total of 844 Children in Need (221 per 10,000). The same data also shows a fall within Richmond, though to a less obvious degree – 828 Children in Need (184 per 10,000).

Area	Children in need at 31 March 2015	Children in need at 31 March 2016	Children in need at 31 March 2017 (provisional)	Rate of children in need at 31 March 2015 per 10,000 children	Rate of children in need at 31 March 2016 per 10,000 children	Rate of children in need at 31 March 2017 per 10,000 children (provisional)
Kingston	889	843	844	241.8	224.5	221
Richmond	895	880	828	204.8	198.1	184
London	71,200	69,380	N/A	370.6	355.3	N/A
England	391,000	394,400	N/A	337.3	337.7	N/A

The rate of referrals to social care in Kingston fell from 388.5 during 2014/15 to 381.8 during 2015/16 – though the number of referrals increased very slightly (by 0.4%). There had also been a fall reported between 2013/14 and 2014/15. London experienced an increase in the number and rate during 2015/16, while England saw falls in both. As with Children in Need, the rate in Kingston is below that of both London and England, but higher than in Richmond.

Area	Number of referrals to social care 2015	Number of referrals to social care 2016	Rate of referrals to social care per 10,000 children 2015	Rate of referrals to social care per 10,000 children 2016
Kingston	1,428	1,434	388.5	381.8
Richmond	1,256	1,177	287.4	265.0
London	91,800	95,950	477.9	491.3
England	635,600	621,470	548.3	532.2

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 shown in the table, the number of children subject to CPPs within Kingston fell slightly between 2014/15 and 2015/16 (by 2.7%). The rate also fell from 39.7 per 10,000 children to 37.8 and was closely aligned with the all London rate of 37.9, but below the England rate of 43.1. The total of 142 CPPs on 31 March 2016 was still considerably higher than the total of 100 two years prior.

Area	Children who were the subject of a Child Protection Plan at 31 March 2015	Children who were the subject of a Child Protection Plan at 31 March 2016	Rate of children who were the subject of a Child Protection Plan at 31 March 2015 per 10,000 children	Rate of children who were the subject of a Child Protection Plan at 31 March 2016 per 10,000 children
Kingston	146	142	39.7	37.8
Richmond	115	117	26.3	26.3
London	7,800	7,410	40.6	37.9
England	49,700	50,310	42.9	43.1

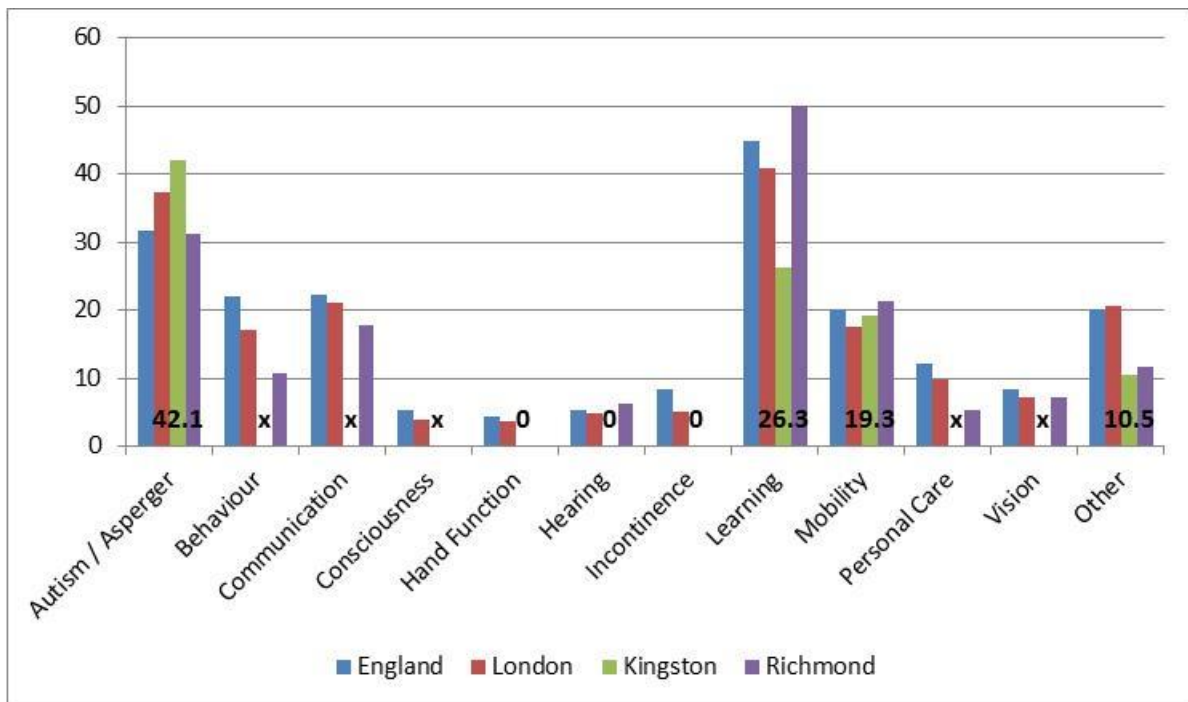
Characteristics of CiN

In 2016, 57 of the 843 CiN were recorded as having a disability, the lowest total in London (not including City of London). This equated to 6.8%, which was lower than in Richmond (12.7%), London (11.9%) and England (12.7%).

Area	% of CiN with a disability
Kingston	6.8
Richmond	12.7
London	11.9
England	12.7

The chart below shows the type of disability among the Kingston children in need, by proportion. It should be noted that the totals can exceed 100% where one individual suffers from multiple disabilities and that given the relatively low numbers in Kingston, small variations in recorded disability can impact quite heavily on the proportions.

The data shows that Autism/Asperger Syndrome affected 42.1% of the 57 children – higher than the London (37.2%), England (31.7%) and Richmond (31.3%) proportions. Learning disabilities were less common among Kingston Children in Need, affecting 26.3% compared to 40.9% in London, 44.8% in England and 50% in Richmond. Mobility is recorded as a disability for 19.3% of the Kingston CiN, similar to the proportions in Richmond (21.4%), London (17.5%) and England (20.2%).



Source: [Characteristics of Children in Need 2015/16 \(DfE\)](#).

Note: Figures rounded to nearest 5. An x denotes figure suppression to protect confidentiality. This has been used where the number is either very low (between 1 and 5) or where the difference between the numerator and the denominator is between 1 and 5.

There are a number of support groups available to parents of disabled children in the borough of Kingston including:

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.S 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.

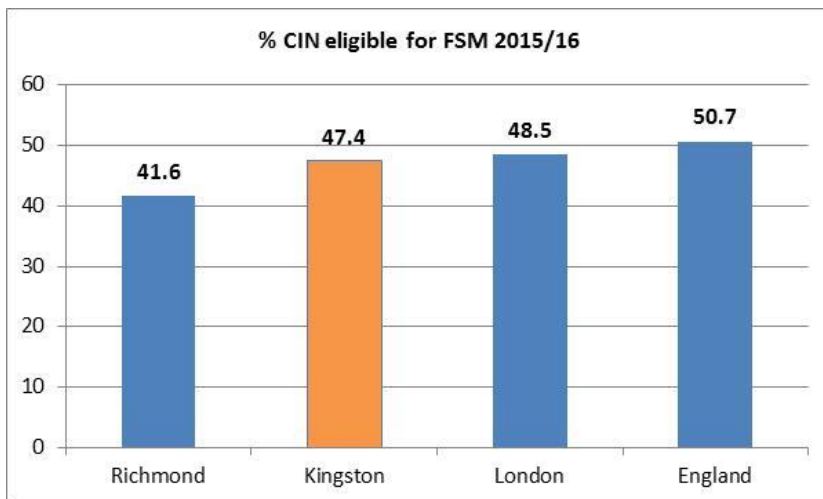
EnhanceAble

EnhanceAble is a vharity 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.

Percentage of children in need eligible for free school meals

Of those school aged children in need with matched FSM data in Kingston, a total of 47.4% (145) were eligible for FSM as at 31 March 2016, a slight increase on 46.2% during 2014/15. This was higher than 41.6% in Richmond and slightly lower than London (48.5%) and England (50.7%). This might indicate a slightly lower correlation between poverty and vulnerability in Kingston than seen elsewhere across the country - though in reality the difference between the rates in Kingston and England is approximately 10 children.



Looked after children (LAC)³⁸

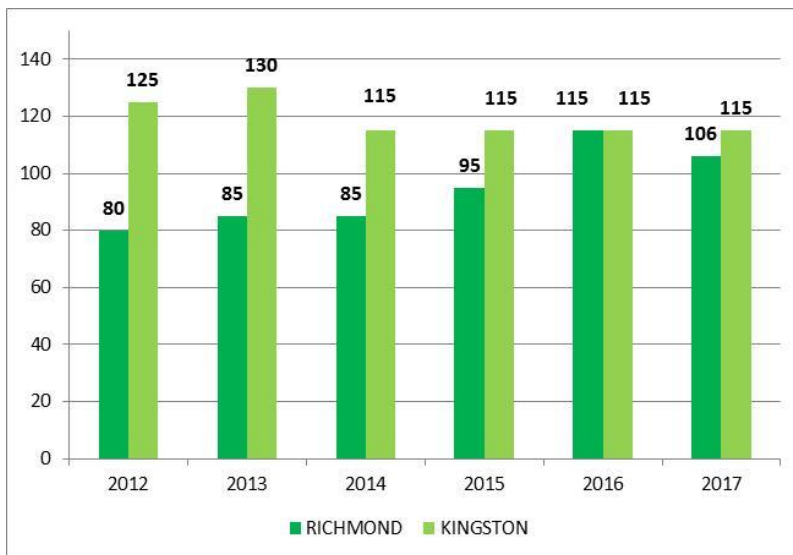
The term 'looked after children and young people' is generally used to mean those looked after by the states. This includes those who are subject to a care order or temporarily classed as looked after on a planned basis for short breaks or respite care. The term is also used to describe 'accommodated' 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 2016 there were 115 looked after children in Kingston, the same number as on 31 March 2015. The rate per 10,000 population has changed however, from 32 to 30 and remains below both the London (51) and England (60) rates. Data for 31 March 2017 indicates 115 LAC in Kingston. The chart below shows that the total of 115 has been stable for the last three years and remains below previous figures in 2012 and 2013, while the rate has shown a downward trend since 2012, from 38 children per 10,000 to 30. The London rate has also been on a downward trend over that period, though has remained consistently higher than the Kingston rate.

³⁸ DfE Statistics – Looked After Children (2017): <https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2015-to-2016>



Source: [DfE Statistics – Looked After Children \(2017\)](#)

Area	Rate (per 10,000 children) of Looked After Children aged under 18				
	2012	2013	2014	2015	2016
Kingston	38	37	32	32	30
Richmond	19	20	20	22	26
London	57	54	54	52	51
England	59	60	60	60	60

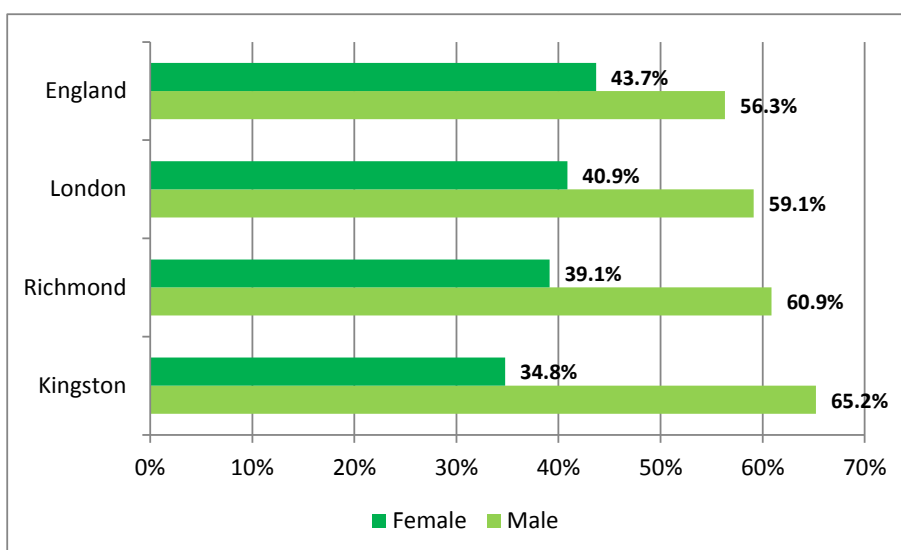
Source: [DfE Statistics – Looked After Children \(2017\)](#)

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 are and when leaving care.

LAC by gender

In 2016, 65.2% of Looked After Children were male and 34.8% female. As in previous years, this disparity is wider in Kingston than it is in Richmond, London and England.



Source: [DfE Statistics – Looked After Children \(2017\)](#)

LAC by Age

The table below provides an age breakdown of the LAC cohort and shows that the largest proportion is aged 10-15 (43%), followed by 16+ (26%). The 10 to 15 age group accounts for a slightly higher percentage in Kingston than in London and England, whereas the 16+ age group accounts for a lower percentage in Kingston than it does London (but slightly higher than England).

Area	Age of LAC at 31 March 2016 (years) in %				
	Under 1	1 to 4	5 to 9	10 to 15	16+
Kingston	x	9%	17%	43%	26%
Richmond	x	9%	4%	39%	48%
London	4%	8%	14%	39%	35%
England	5%	13%	20%	39%	23%

Source: [DfE Statistics – Looked After Children \(2017\)](#)

Note: x indicates suppressed data that is not published

Ethnicity of LAC

It is somewhat difficult to draw direct ethnicity comparisons between the differing LAC cohorts as data rounding (to the nearest 5) and suppression (where totals are lower than 5) have some impact on the proportions. However, the available data indicates that 61 % of the 2016 Kingston cohort were white, which is very similar to the ethnic composition in the borough. In contrast, the number of Looked After Children recorded as of Black ethnicity is an over-representation of the population.

Area	Age of LAC at 31 March 2016 (years) in %					
	White	Mixed	Asian	Black	Other	Not Defined
Kingston	61%	9%	9%	13%	x	x
Richmond	48%	22%	x	13%	x	0%
London	41%	16%	10%	27%	5%	0%
England	75%	9%	4%	7%	3%	1%

Source: [DfE Statistics – Looked After Children \(2017\)](#)

Note: x indicates suppressed data that is not published

Unaccompanied Asylum seeking children

There was no change in the number of unaccompanied asylum seeking young people looked after by Kingston during 2016. The total of 20 accounted for less than 0.5% of the England total (4,210) and is in contrast to increases in Richmond (+50%), London (+17%) and England (+54%). Overall, 17% of the LAC cohort for 2016 were unaccompanied asylum seekers, similar to the London proportion (17%), higher than England (6%) but below Richmond (26%).

Area	2014	2015	2016
Kingston	15	20	20
Richmond	x	20	30
London	970	1230	1440
England	2050	2740	4210

Source: [DfE Statistics – Looked After Children \(2017\)](#)

Note: x indicates suppressed data that is not published

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. Updated data to 31 March 2016 indicates that 18% of LAC in Kingston were placed 20 miles or more away from their home and outside the boundaries of the local authority. This was a slight increase from 16% the year prior. This was equal to the overall London proportion, higher than across England (14%) but lower than the comparable Richmond figure of 23%. Data for 2017 suggests that the number of LAC placed 20 miles or more away from their home is 21%. Richmond has remained the same at 23%³⁹.

³⁹ AfC Quarterly report Q1 2017/18

Stability of placements remains strong in Kingston with no LAC with 3 or more placements during the year and 73% LAC <16 years who have been LA for 2.5 yrs+ and have been in the same placement for 2 yrs+.

LAC Reviews, Involvement and Education⁴⁰

LAC are supported to participate in regular reviews. Data for 2015/16 shows that 98% of children in Kingston and 96% of children in Richmond contributed to their reviews, with 96% of LAC in Kingston and 90% of LAC in Richmond having a statutory review within timescales. Data for 2016/17 indicates that 100% of Kingston LAC and 97% of Richmond LAC contributed to their review, with both Kingston and Richmond undertaking the reviews within timescales (100%).

Personal Education Plans (PEPs) are developed for LAC to ensure that their educational needs are best met – in Kingston, 88% of young people had up-to-date PEPs during 2015/16, a reduction from 99% the previous year. Provisional data for 2016/17 suggests that this figure now stands at 87%. The comparative Richmond data for 2015/16 was 91%, which was a reduction on 95% from 2014/15 and has provisionally risen to 93% during 2016/17.

There is also evidence of support for LAC in schools whereby no LAC in Kingston or Richmond have been permanently excluded from school from 2011 to date. Unauthorised school absence of LAC in Kingston has increased from 0.4% in 2014/15 to 1.2% in 2015/16. It previously fell below both the England and London rates, but is now higher than both (England - 1.0%, London – 1.1%). It is also higher than in Richmond (1.0%) having previously been equal.

At March 31 2016, there were a total of 55 Kingston children who had been looked after for at least 12 months who were matched to the school census data. Of these, 40 (73.6%) had a Special Educational Need (SEND). This proportion was higher than Richmond (64.4%), London (57.7%) and England (57.3%) – though it should be noted that these numbers are rounded to the nearest 5 and thus the proportions may vary somewhat. In total, 24.5% of the group had a SEND without an accompanying statement or education, health and care plan – lower than the percentage in London (28.8%) and England (30.4%) but higher than in Richmond (22.2%). Those with a statement/Education, health or care plan stands at 49.1% in Kingston, slightly higher than 42.2% in Richmond and well above the rates in London (28.9%) and England (27.0%).

Area	Total	LAC by SEND status (Aged 0 to 18)			
		LAC with SEND but without a statement / Education, Health or Care Plan		LAC with a SEND statement or Education Health or Care Plan	
		Count	%	Count	%
Kingston	55	15	24.5	25	49.1
Richmond	45	10	22.2	20	42.2
London	4,320	1,240	28.8	1,250	28.9
England	35,260	10,720	30.4	9,510	27.0

Source: [DfE Statistics - Looked After Children \(Outcomes\) 2017](#)

Health of LAC⁴¹

Local Authorities aim to ensure that LAC are healthy and receive annual health and dental assessments. Data for Kingston in 2015/16 shows that 91% of annual LAC health assessments were up to date. However, only 44% of initial health assessments were carried out. Although both Kingston and Richmond in 2016/17 have 94% and 82% completed LAC health assessments respectively the number of initial health assessments completed remains disappointingly low with only 30% of initial health assessments being on time in 2016/17 quarter 4 for Kingston.

⁴⁰ AfC Performance Reporting 2016-17

⁴¹ AfC Performance Reporting 2016-17

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 education.

During the year 2015/16, 80 children and young people ceased to be looked after in Kingston, while 55 ceased to be looked after in Richmond (both to the nearest 5). For Kingston, this represented an increase in young people leaving care (previously 60) and for Richmond, a decline (previously 55). While the total of 10 young people adopted in Kingston was the same as in 2015, the percentage fell from 21% to 11%. The Richmond figure for total adoptions was suppressed due to low numbers i.e. less than 5, the figure the previous year was 10. The five year trend in adoptions is shown in the table below. The percentage of adoptions for London was 8% (slight reduction on 9% the previous year), while the England rate was 15% (reduced from 17%).

Area	Number of looked after children adopted, year ending March 31 st .				
	2012	2013	2014	2015	2016
Kingston	<5	10	5	10	10
Richmond	<5	<5	<5	10	<5
London	420	490	560	530	460
England	3,470	4,010	5,050	5,360	4,690

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

At end of March 2016, 51% of care leavers were in education, employment or training, which is a slight rise on the previous year total of 49%. This new value falls below London (54%) but above England (49%) and while it remains below the Richmond rate of 52%, the gap has been closed to a single percentage point (previously 8). Provisional data for 2017 indicates a rise to 58%, which places it above the provisional Richmond value of 52%.

The 2016 data shows that 73% of care leavers were in suitable accommodation - a slight reduction from 75% the previous year. This is below both the London (82%) and national averages (83%). Data for 2017 demonstrates that only 61% of care leavers were living in suitable accommodation in Kingston. This is lower than Richmond (94%). It should be noted that young people can choose not to remain in contact with their local authority but remain included in the data. This applies to a significant number of the small cohort and is impacting the data.

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 support⁴².

As of 31 March 2016, 78% of care leavers now aged 19, 20 or 21 who were looked after for 13+ weeks after their 14th birthday and sometime after their 16th birthday remained in touch with the local authority. This is lower than the Richmond total of 96% and the London and England values of 87%.

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		
	2015	2016	2017 (provisional)	2015	2016	2017 (provisional)
Kingston	49	51	58	75	73	77
Richmond	57	52	52	95	91	98
London	53	54	n/a	83	82	n/a
England	48	49	n/a	81	83	n/a

Source: *Children Looked After in England and Wales, 2017*

[Department for Education Local Authority Interactive Tool \(LAIT\) July 2017](#)

Data source: *Achieving for Children quarterly reporting Q1 2017-18*

⁴² http://www.richmond.gov.uk/care_leavers_guide_2014.pdf

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 study by the organisation responsible for coordinating MARACs and training Independent Domestic Violence Advocates 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 events⁴³.

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 siblings⁴⁴.

Domestic abuse has been shown to be a factor in two thirds of serious case reviews⁴⁵. 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 misuse⁴⁶. There are clear links between the domestic abuse of a parent and the maltreatment of children⁴⁷.

Domestic Violence and Abuse in Kingston

In 2016/17, there were 1178 contacts to Achieving for Children about concerns about exposure to domestic violence and abuse. Kingston Police notify children's services of all domestic incidents where there are children in the family - during the same time period the police made 749 contacts to Achieving for Children to notify them where a child may have been impacted by a DV incident.

Survivors assessed as being at risk of serious violence or death are referred to Domestic Violence multi-agency conferences (MARACs) in Kingston. There were 170 referrals to MARAC between April 2016 and March 2017, which represents a 10% decrease on the previous year. In 64% of these cases there is a child in the family. In 7% of cases, the victim of violence was pregnant. In 15% of cases the perpetrator was the victim's child (note that this could be an adult child).

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 (MOPAC), 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.

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 and Kingston Hospital A&E Department.

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 in close partnership with AfC to ensure good links between the voluntary sector and children's services.

⁴³ <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>

⁴⁴ <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>

⁴⁵ 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.

⁴⁶ http://www.safelives.org.uk/sites/default/files/resources/A_Place_of_greater_safety.pdf

⁴⁷ For a review of the literature, see: Early Intervention Foundation (2014), 'Domestic violence and abuse review'. London: Early Intervention Foundation

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

During 16/17, 60 children and young people were supported by this project, which included 53 Primary aged children and 7 from Secondary education. 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.

A total of 17 healthy relationships workshops were delivered over the year. 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, 89% of young people agreed with the statement "all forms of violence within relationships is unacceptable". This figure rose to 100% 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.

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.

Substance misuse can reduce a parent's ability to provide a stable, and supportive home and a safe, secure nurturing environment, which may adversely affect a child's wellbeing, development and safety. Longer-term risks include emotional, cognitive, behavioural and other psychological problems, early substance misuse and offending behaviour and poor educational attainment. Young people may also become carers of dependent parents⁴⁸.

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 Trio⁴⁹.

National Picture

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

- 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 problems⁵⁰.

⁴⁸ Social Exclusion Taskforce/Cabinet Office (2007) Reaching Out: Think Family-Analysis and themes from the Families at Risk Review

⁴⁹ 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

⁵⁰ 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

- More than 100 children, including children as young as five, contact ChildLine every week with worries about their parents drinking or drug use⁵¹.
- An estimated 2.6 million children (22%) in the UK are living with parents who are drinking dangerously and 705, 000 (6%) are living with dependent drinkers⁵²
- It is estimated that 79,291 babies under 1 year old in England live with a parent who is a problem drinker⁵³.
- 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 misuse⁵⁴.
- 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 family⁵⁵.

Local Picture

There is a strong stigma attached to substance misuse, which means that the issue can remain hidden, further exacerbating the problem. Parents themselves require and deserve support and asking for help should be seen as a sign of responsibility rather than as a parenting failure. In many cases the problems that substance misuse causes can motivate many parents to seek help and engagement with treatment service enables parents to overcome their substance misuse problems and look after their children better as their lives become more stable⁵⁶.

For children of substance misusing parents, parental engagement with treatment services is a protective factor and it is vital that substance misuse treatment services are in place in Kingston to help them.

Drug and Alcohol Treatment Services for adults

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

⁵¹ 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

⁵² Children (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

⁵³ Cuthbert C, Rayns G & Stanley K (2011). All Babies Count. Prevention and protection for vulnerable babies. London: NSPCC.

⁵⁴ 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>

⁵⁵ 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

⁵⁶ National Treatment Agency, 2012: Parents with Drug Problems: How Treatment Helps Families. Available from: <http://www.nta.nhs.uk/uploads/families2012vfinali.pdf>

- 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.

Adults receiving drug and alcohol treatment in 2016-17

The table below includes national and local data in relation to the proportion of the substance misuse treatment population who live with a child under the age of 18. Kingston has a similar proportion of parents accessing treatment in each of the categories when compared to the national data.

Adults receiving drug treatment who live with children under the age of 18	Proportion of local treatment population	Proportion of national treatment population
Opiate	28.3%	26.7%
Non-opiate	30.7%	23.9%
Alcohol	25.6%	23.9%
Alcohol and non-opiate	16.9%	21.6%

For parents/carers who do not do so well in treatment, continued support and opportunities to enable them to recover from substance misuse problems 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.

Parent 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 families⁵⁷.

⁵⁷ http://www.kingston.gov.uk/info/200287/health_and_wellbeing/1108/annual_public_health_report