

CHILDREN AND YOUNG PEOPLE'S NEEDS ASSESSMENT 2019

LONDON BOROUGH OF RICHMOND UPON THAMES

Introduction.....

The Children and Young People’s Needs Assessment (CYPNA) provides information about the needs of children, young people and their families in Richmond. This document is part of the Council’s strategic framework and forms part of the Start Well section of the Joint Strategic Needs Assessment (JSNA). The CYPNA will be used to inform priorities for children’s services and provides insight for commissioning of services. While this document provides data-based analysis to inform commissioning, other sources of information should also be consulted, such as service user feedback, quality assurance findings and learning from research and innovation.

This CYPNA provides an update on relevant national and local policy that impacts on children, young people and families, followed by summaries of key data on children and young people. These summaries are formatted in themes, with full data sets available in the annex of the document. Where possible the data is compared to the Royal Borough of Kingston, as Richmond and Kingston jointly commission children’s services through Achieving for Children (AfC)¹. In addition, comparisons to Outer London² and/or England are often provided for context. Data is collected from nationally published and local sources, including the CENSUS, the Department for Education, and local data from services such as Achieving for Children, Public Health and the Metropolitan Police. In some cases, the data is liable to change and as such this document may be updated.

For the remainder of this document the London Borough of Richmond upon Thames is referred to as ‘Richmond’ and the Royal Borough of Kingston upon Thames as ‘Kingston’ for ease of reading. Achieving for Children is referenced as AfC. Unless otherwise stipulated, the term ‘children and young people’ refers to those aged between 0-18. For children and young people with special educational needs and for care leavers the age range is from 0-25.

¹ AfC is a not-for-profit social enterprise created in 2014 by the Royal Borough of Kingston upon Thames and the London Borough of Richmond upon Thames to provide their children’s services. In August 2017, the Royal Borough of Windsor and Maidenhead became a co-owner of AfC, it now delivers children’s services across all three boroughs

² *Outer London refers to Barking and Dagenham, Barnet, Bexley, Brent, Bromley, Croydon, Ealing, Enfield, Greenwich, Harrow, Havering, Hillingdon, Hounslow, Kingston upon Thames, Merton, Redbridge, Richmond upon Thames, Sutton and Waltham Forest



The Richmond Children and Young People’s Needs Assessment is a summary of 176 data tables available as an annex to this document [here](#):

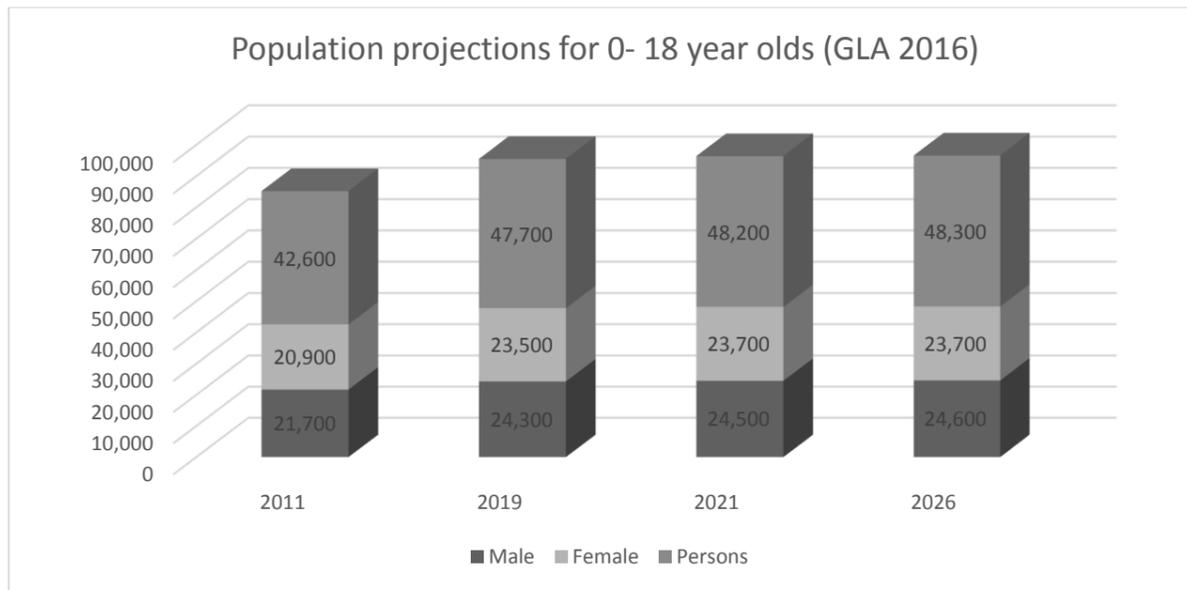
Local and National Policy.....

Local and national policies impacting children, young people and families have been developed and updated over the past few years. The London Borough of Richmond upon Thames incorporates these policies into its service delivery, plans and strategies to ensure it is relevant and in accordance with the policies. Below are the national and local policies that have been published recently that are particularly relevant. These policies have been divided into overarching local policies that have children specific sections or targets, and service specific policies that impact children and young people.

Overarching local policy	
Richmond Corporate Plan	Presents Richmond Council’s priorities for residents for the period from September 2018 through to March 2022.
Children and Young People’s Plan 2017 to 2020	Sets out the direction and goals for children and young people to be used by the Council and its strategic partners.
Richmond Health and Care Plan 2019-2021	Developed by NHS, Richmond Council and voluntary organisations in the borough to review the local community’s health and care needs for the future.
Richmond Kingston and Richmond Safeguarding Partnership Plan	Sets out the new local safeguarding arrangements as determined by the statutory safeguarding partners in accordance with the revised statutory guidance in ‘Working Together’
Service specific	
Richmond Community Safety Partnership’s Plan 2017-2021	Outlines the priorities of the Community Safety Partnership (Local Authority, Police, Probation services, London Fire Brigade, the Clinical Commissioning Group, universities, colleges, schools, community and voluntary sector organisations)
SEND Futures: Special Educational Needs and Disability Plan: 2019-2022	SEND Futures is an ongoing project that aims to transform the support provided for children and young people with special educational needs and disabilities in Richmond through a collaboration of relevant services and partners.
Richmond Transformation Plan for Mental Health and Wellbeing 2015-2020	Identifies the emotional and mental health of children and young people in Richmond upon Thames.
Looked After Children Strategy 2017/18	The joint Richmond and Kingston strategy outlines the key values and priorities for looked after children and care leavers in the boroughs.
Housing and Homelessness Strategy 2018-2022	Focuses on four key housing themes in the Borough: delivering affordable homes, preventing homelessness and increasing housing options, ensuring good quality homes and supporting the needs of vulnerable residents.
Achieving for Children Business Plan	AfC’s interim business plan focuses on four key areas: building resilience in families; creating local provision that meets identified needs; promoting inclusion; and supporting independence.
National	
Children and Social Work Act 2017	Outlines the roles of social workers and corporate parents, the duty to looked after children, and care leavers. It requires local authorities to publish a local offer for care leavers and introduces new child safeguarding arrangements (removing LSCBs).
Working Together to Safeguard Children	Statutory guidance providing direction regarding inter-agency working to promote and safeguard the safety and wellbeing of children and young people.
Education and Adoption Act 2016	Outlines powers to intervene more rapidly in schools rated by Ofsted as "inadequate" or "coasting" and speed up the process of converting failing comprehensive schools into academies
Keeping Children Safe in Education 2018	Outlines safeguarding duties in all educational settings.
SEN code of practice 0-25 (part of the Children and Families Act 2014)	Sets out the legal duty of local authorities to provide support for children with SEND. Introduces education health care plans.

Population

There are **47,483 0-18 year olds in Richmond** (2018), comprising almost a quarter of the boroughs population (24.1%), similar to the London proportion (23.8%) but higher than England (22.5%). **5-9 year olds account for the largest proportion of the 0-18 population** at 30.1%, and make up 7.3% of the overall population (2018). Population projections suggest that between 2011 and 2026 there will be 15.3% increase in 0-18 population in the borough. This features a 43.7% increase in 15-18 year-olds but a 9.9% decrease in 0-4 year olds.



East Sheen ward has the highest percentage of 0-18-year-olds as a proportion of their population at 27.1%, South Richmond has the least (2018).



Population projections indicate that when compared to 2011 data, there will be large proportional increases in the 15-18 population by 2026, seven wards by more than 50%.

The largest projected increases will be in St. Margarets and North Twickenham (+92%),

Twickenham Riverside (+86%) and North Richmond (+85%), while Barnes will be the only ward to have fewer 15-18s when comparing 2011 data with 2026.

Overall, the rate at which **the 0-18-year-old population is growing in Richmond is slower than that of outer London (2026).**



Richmond is **the least ethnically diverse borough in London**. 2018 projections indicate that 84% of residents are white and 16% from ethnic minority groups. 0-18-year-olds are slightly more diverse (79.1% white, 20.9% ethnic minority groups) (2017).

92.9% of 3-15 year-olds and 90.4% of the 16-24-year-old population speak English as their main language (2011).

The most prominent religion of 0-15 year olds is Christianity (54.2%), while **27.7% of have no religion (2011).**



Migration into the borough has decreased. From 2015-2017, there was an increase in residents moving out of the borough to elsewhere in the UK, while there was still some international migration into the borough. This is a change from 2012-2014 where there was more migration to Richmond from other parts of the UK.

The natural change (the difference between the birth and death rate) shows that **the number of births is higher than the number of deaths, however, the rate of growth has slowed.** This is a result of a slightly lower birth rate and a fluctuating death rate. In 2017 there were 2468 births and 1158 deaths. This shows a reduction of 512 births from 2980 in 2012 whereas the number of deaths has only reduced by 16 between 2012 and 2017 (1174 deaths).



The proportion of the UK population (aged 16+) identifying as lesbian, gay or bisexual (LGB) has increased from 1.5% (2012) to 2.0% (2017). The proportions are higher for males (2.3%), in London (2.6%) and for younger age groups (16-24, 4.2%). Local data is not available for children & young people but an application of the London proportion (**2.6%**) to the **15-18 population indicates an estimated LGB total of 209 young people in**

Richmond.

Wards of Richmond



Early Years

The first 1001 days are marked from conception through to the second birthday and have been found to be a critical period in a child's life which lay the foundations for their future development.



There were 2,468 new births in 2017. There has been a reduction in the number of teenage pregnancies and Richmond continues to have one of the **lowest proportions of teenage pregnancies in England.** In 2017 there were 20 teenage pregnancies compared to 36 in 2014. In the same year there were 1.7 births per 1,000 to teenage mothers and 5.6 abortions per 1,000 females under 18 years. 37.5% of mothers who gave birth in 2018 were aged between 35-39 years, compared to 18.9% nationally and 10.5% were mothers aged between 40-44 years, compared to 4% nationally.



Nationally, an estimated **20% of women will develop a mental illness during pregnancy or within the first year after having a baby.** During this time, it is estimated that in Richmond:

- 182 to 273 women will develop mild to moderate depressive illness and anxiety
- Approximately 273 to 547 women will develop adjustment disorders and distress
- 55 women will have post-traumatic stress disorder
- 55 women will have severe depressive illness
- 4 women will be living with chronic serious mental illness
- 4 women will be affected by postpartum psychosis

Recent data on breastfeeding within 48 hours after delivery and 6 to 8 weeks after birth is not available.



16.4% of children aged five or under had one or more decayed, missing or filled teeth in Richmond in 2016/17. This is better than the London (25.7%) and England (23.3%) averages.

Richmond has **six children centres** in Barnes, Ham, Heathfield, Hampton Hill, Teddington and Hampton wards. In 2018/19, 67% of children under five within the reach area were registered with their local children's centre, an improvement from 62% in 2014-5. **There were 263 children who were eligible for the free two-year-old early years funding per term.** In January 2019, 87% of children have taken up the offer and were benefiting (68% nationally) and 98% of two-year olds are in good or outstanding providers (96% nationally). 99% of 3- and 4-years olds (5229 children) benefit from some free early education (94% nationally) and 96% are in good or outstanding providers (91% nationally).



In 2018/19, **65.4% of eligible children received their 2-and-a-half-year** check from the health visiting service using the ASQ-3 (Ages and Stages) questionnaire. Of these 86.8% of all children who had their ASQ-3 questionnaire were above the threshold for all five domains of development. In comparison during 2018/19 it was 84.2% for London, 84.1% for England and 91.8% for Kingston according to Public Health England data. The needs assessment has shown that there is a lack of data relating to mental health of children below the age of 5.



Immunisations in the first few years of life can provide long-term protection against preventable diseases. The target for most immunisations is 95% of the eligible population which ensures the immunity within the population is high enough for the infectious disease not to be passed to others. **Richmond continues to be below the England average for all immunisations for under five-year olds. Only 72.9% of children in Richmond have had their second dose of MMR by their fifth birthday compared to 87.2% nationally.** There was a rise in confirmed **measles** cases in England during 2018. In Richmond there has been a significant increase in the number of cases, from less than five in 2017 to 11 in 2018. Richmond has a similar rate for measles to London but is significantly higher than England.



There were 145 children aged 0-4 years who were admitted to hospital for unintentional and deliberate injuries in 2017/18. This has increased since 2010/11 however there has been a reduction from 195 in 2016-7. Despite this the Richmond rate per 10,000 is worse at 111.7 than the London rate at 88.9 but is less than the England rate of 121.2. The numbers of emergency hospital admissions for children under 5 due to unintentional injuries in and around the home are similar or below the rates for both England and London.

In early years (0-5 years), 81% reach a good level of development (2018), making Richmond the 3rd highest in the country. Chinese pupils (77%), boys (75%), pupils with EAL (75%) were near to, but slightly below the average, however Black pupils (61%), children eligible for pupil premium (58%), children receiving special educational needs support (35%) did less well. Overall white pupils (83%) and girls (86%) did better.

Priorities	Recommendations
First 1001 days of life are a focus for early prevention	There should be a whole systems approach to ensuring the most effective partnership arrangements for early prevention. Consideration should be given to governance changes to support this approach.
MMR second dose immunisation is lower than required to stop the spread of measles	All Early Years partners should promote the take up of immunisations, which is now improving, to ensure this positive trend continues.
High rate of hospital admissions for unintentional and deliberate injuries for children under five	All Early Years partners should promote common safety messages and ensure early identification and referral of risk.
Gap in local data for parental mental health and quality of breastfeeding data.	Breastfeeding data quality to be addressed with service providers. The Children's Safeguarding Partnership should receive better information from adult service providers in respect of parental mental health under the theme of Think Family.
Gap in data on early years mental health and lower than national receipt of the 2-and-a-half-year check	Complete an assessment of the mental health needs of the under 5 population of Richmond, to inform development of services. This will be included within the Richmond Joint Strategic Needs Assessment (Richmond Health and Care Plan monitored by the Health and Wellbeing board).

Health: Children of School Age.....



The **HPV vaccine rate for girls in year 8 is 89.2% and 84% for their second dose in year 9**. The target is 90% and above, both nationally and regionally this is not being achieved (2017/18).

75.4% of children in Richmond have taken part in sport or physical activity at a vigorous intensity for three or more days a week, which is above the England average of 70.9%. However, improvements are needed as only 17.7% of children are meeting the recommendation to spend 60 minutes a day being active (2017/18).



In 2017/18, **16.1% of children in reception were overweight or obese** which is significantly better than both national (22.3%) and London proportions (21.8%). As children grow up, this figure increases and **by year six, 23.2% of children were overweight or obese**. These figures have a stable trendline and also remain below national (34.3%) and London (37.7%) averages.



Survey data for 15-year olds showed that **young people in Richmond are more than twice as likely to smoke than their peers across London** (WAY survey 2014/15)

The three-year average **rate of alcohol specific admissions for children under 18 years old has increased** slightly from 22.6 per 100,000 (2014/15- 2016/17) to 31.3 (2015/16-2017/18). On average **14 children a year are admitted to hospital for an alcohol specific condition in Richmond**. In London and England there has been a reduction in admissions. The longer-term trend since 2006/07 - 08/09 shows that the numbers and rates of alcohol admissions has decreased slightly, though the wide confidence intervals make it difficult to comment on the data trend with any certainty.



For 2018/19 there were 144 new referrals into the Young Persons Substance Misuse Service, a reduction from 226 in 2017/18. The top three referral routes were via children's services, followed by A&E and education providers. **Primary substance use reported during 2018/19 were linked to cannabis 33% followed by alcohol 12%, others such as Benzodiazepines and MDMA were less than 2%**. The ages of those referred to the service were mainly 15 to 16 (40%), followed by those who were 17 to 18 (27%) and 13 to 14 (21%). In terms of gender, 40% were female and 60% male while regards to ethnicity 37% were White, 6% Mixed, 3% Black, and 1% for Asian and Other (51% did not state their ethnicity).



In 2017/18 there were **16 children aged 10-14 and 48 aged 15-19 admitted to hospital as a result of self-harm**. Over the last seven years the number of children admitted varies but has remained fairly stable. The 10-14-year-old self-harm hospital admissions rate is statistically similar to London, while the **15-19 admission rate (500) remains statistically higher than London**, 3rd highest (341) overall, but lower than the national rate (648.6).

371 children aged 0-14 were admitted for unintentional and deliberate injuries in Richmond in 2017/18, a reduction from 403 in 2016/7. At a rate of 94.9 this is similar to the England rate of 96.4 but is higher than London average of 72.2.

Priorities	Recommendations
Risky behaviours: Smoking, alcohol use and substance misuse	Work with young people to design and develop peer led services to reduce involvement in risk taking behaviours (Richmond Health and Care Plan monitored by the Health and Wellbeing board.)
Rate of children being admitted for unintentional and deliberate injuries is higher for children aged 0-14 higher than London.	All Primary and Secondary schools should promote common safety messages and ensure early identification and referral of risk.
Obesity within children rises between reception and the end of year 6.	<p>Roll-out the Family Start programme to support children who are identified through the national child measurement programme</p> <p>Promote and support an increased roll out of the Daily Mile (getting all children to run for 15 minutes a day in school)</p> <p>Develop a Healthy Catering Commitment Plan to ensure that healthy food is served or sold in all to the borough's schools.</p> <p>Enhance parent programmes that promote healthy eating and active play for 0 to 5-year olds in children's centres (Richmond Health and Care Plan monitored by the Health and Wellbeing board).</p> <p>Councils to consider minimising the number of fast food outlets near schools</p>

Mental Health

There is an estimated 2,008 children and young people in Richmond with a mental health disorder.

Mental health of children and young people, prevalence estimates, Richmond		
	% of population aged 5-16	Estimated total
Estimated prevalence of mental health disorders in children and young people	7.0%	2,008
Estimated prevalence of emotional disorders	2.8%	797
Estimated prevalence of conduct disorders	4.0%	1,136
Estimated prevalence of hyperkinetic disorders	1.1%	305



Support for children with mental health concerns is offered through a tiered service. Tier 1 includes prevention via schools and GPs, Tier 2 includes counselling through early help services and community organisations, Tier 3 includes specialist children and adolescent mental health services (CAMHS) and Tier 4 includes specialised day and inpatient units.

In 2017/18 1,697 children and young people were referred to mental health providers. Of these, 532 were Tier 3 Community and Adolescent Mental Health service referrals to South West London St George's mental health trust, an increase from 426 in 2016/17. Wait times from referral to assessment were 5.7 weeks and from assessment to treatment 5.3 weeks. In 2017/18 there were 241 young people in treatment in this service. 49.8% of those referred to the Tier 3 service were aged 11-15 in 2017/18. In 2017/8 a further 516 referrals were made to other mental health service providers (Relate/Off the Record).



In 2017/18 649 referrals were made to the borough's tier 2 emotional health service, with an 8 week wait from referral to assessment and 15 weeks wait from assessment to treatment.

125 children and young people attended Accident and Emergency requiring a mental health assessment in 2017/18, this was up from 19 children and young people in 2015-6. Of the 125, 71 (57%) children were aged 11-15 years and 88 (70%) were female.



44 young people were in treatment for eating disorders in 2017/8, which has been a steady trend since 2015/6. 95% of those in treatment were female. 71% were between 11-15 years of age.



Below are the estimated prevalence rates of children living with adults with mental health concerns:

- There are 488 mothers with a mental disorder. 20% of births are to women with mental disorders with varying degrees of severity
- 98 mothers with severe mental disorder. 4% of births are to women who have severe mental disorders
- Around 3,290 children under 16 years (8% of children under 16 years) live with an adult who had recently used illicit drugs
- Around 12,320 children under 16 years (30% of children aged under 16 years) live with one binge drinking parent.
- Data from services treating dependent adults in 2018-9 suggest that there were 24 households where children were living with alcohol misusing adults and 32 households with children living with substance misusing adults. In 2018-9 there were 220 households with children living with adults with mental health problems.

Priorities	Recommendations
High levels of adolescent mental health needs: Estimated prevalence of mental health disorders is more than referrals or provision. 11-15 years are the majority representation in mental health referrals, and A&E attendance requiring mental health assessment and eating disorders	Ensure that there is an emotional wellbeing programme in all our schools. To include wellbeing support, training and information to students, parents and staff. Establish a digital youth project steering group by January 2020 to review and expand the range of resources and tools to support emotional wellbeing and strengthen resilience.
Identification of children living with substance misusing parents: Over 3,000 children are thought to be living with substance misusing adults with only 1% of those known and in treatment	Increase awareness of substance misusing adults in the home and ensure universal services are equipped to refer children and young people for help and support. (Richmond Health and Care Plan monitored by the Health and Wellbeing board)
Reduce waiting times for young people to receive assessment and treatment.	Complete a review of the current neurodevelopment assessment offer and services ensuring that the recommendations of the review are fully implemented (Richmond Health and Care Plan monitored by the Health and Wellbeing board)

Education

26,851 pupils attend schools in Richmond, of which 81% live in the borough. In 2018, **90% of schools in Richmond were judged by Ofsted as good or better.** 85% of Richmond pupils attend a good (or better) school.

Number of schools in Richmond by type						
Nursery	Primary	Secondary Schools	Special Schools	Pupil Referral Units	Independent Schools	Total
1	45	11	2	0	22	81



There are 16,825 **primary pupils forecast to reduce slightly**, to 16,521 in 2023 (compared to a forecasted national increase). There are 9,774 **secondary school pupils forecast to increase** to 11,838,309 in 2023.

Richmond pupils have less absence (4.1%) than nationally (4.8%), especially persistent absence which is 7.9% compared to the national proportion of 11.2%.



The **number of children electively home educated in 2019 was 141, an increase from 50 since 2014-5.**

The pupil population is more diverse than the resident population. In 2017 the Richmond 0-18 population was 79.1% white and 20.9% ethnic minorities. The pupil population is 56.1% white and 42.9% ethnic minorities (2019). There is increasingly more diversity in the pupil population than in previous years. **Heathfield, Kew, South Richmond, and pupils living out of borough are the most ethnically diverse.**



There are 6,750 pupils with English as an additional language (EAL). 37.4% of pupils in South Richmond and 34.6% in Heathfield have English as an additional language. The most common languages spoken, other than English are Polish, Spanish and Arabic.

8.7% of pupils, or 2,424 pupils, are eligible for free-school meals (2019). A greater proportion of secondary school pupils (9.9%) are eligible than primary school pupils (7.7%) in 2019, however both phases shown as increase in the proportion of eligible pupils compared to 2018. The proportion of children eligible in Richmond is notably lower than in outer London and nationally at both primary and secondary. In Richmond 7.7% of primary school pupils are eligible and claim compared to 15.7 nationally, at secondary this is 9.9% compared to 14.1% nationally. A reducing number of eligible and claiming children has been seen both locally (primary was 8.3% in 2013 and secondary 14.2 in 2013) and nationally (primary 18.1% in 2013 to 15.7% in 2019, secondary 15.1% in 2013 to 14.1%).



At **Key Stage 2, 81% achieved the expected standard (2018), which was the highest in the country.** Pupils with English as an additional language at 79% and boys at 77% were close to but slightly below the average. **Black pupils (66%), children eligible**

for pupil premium grant (57%), and children receiving special educational needs support (34%) did significantly less well. Girls (85%) and Chinese pupils (94%) however did better.



At **Key Stage 4, the average attainment 8 score was 51.7 points (2018). This is the 14th best in the country.** Girls (53.4) and pupils with English as an additional language (53.3), and Chinese pupils (58.4) scored higher. Boys (49.9), Black pupils (42.1) and pupils of Mixed ethnicity (48.7) all scored lower than the average. **Children eligible for pupil premium grant (38.2), children receiving special educational needs support (38.2), children with an Education and Health Care Plan (24.2) did significantly less well.**



96.4% of 16-17-year olds were in education or training (2018). Of those, 91% were in full time education with 2.3% in apprenticeships. Children not in education, employment or training (NEET) or not known (3.6%) is less than London (5.9%) and England (6.4%). NEET or not known are more prevalent in **Heathfield, Hampton North and Whitton.**

The average points scores of young people completing A levels (or equivalent) was 36 (32 nationally) and 17th best in country.

In 2017, 1,135 young people completed **Key Stage 5, 83 % went onto education or employment (89% nationally) in 2017 and 47% into higher education** (level 4 or above). **The proportion moving onto education or higher education is less than in London and nationally.**



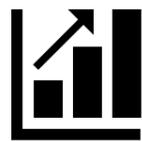
Only 11% of students moved onto Russell Group universities (including Oxford and Cambridge) compared to 19% in Kingston and 15% in outer London.

Priorities	Recommendations
Ensuring enough school places for the changing population	The Education & Children's Services Committee should receive an annual report to be assured that school place planning will be sufficient.
Narrowing the educational attainment gap for vulnerable groups and those of ethnic minorities from EYFS to KS4.	The Education and Children's Services Committee should focus upon narrowing the gap when considering the annual report in respect of children's educational progress and attainment.
Increase in number of electively home educated children	Reasons for elective home education to continue to be assessed. Educational welfare services to continue to monitor children who become electively home educated. Safeguarding partnership to continue to consider this within their monitoring.

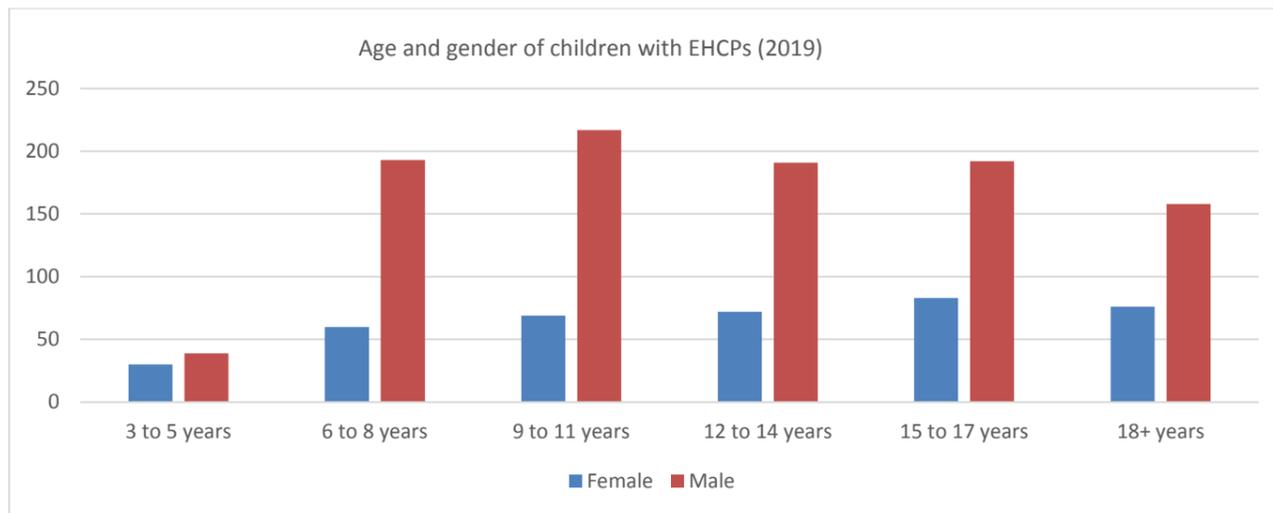
Children with Special Educational Needs



3,442 pupils with SEND live in or are educated in the borough (School CENSUS 2019) **(12.4% of pupil population)** 2.6% of pupils at Richmond schools have an Education Health Care Plan (EHCP) (2018).16% of pupils who live in in Heathfield, 15.8% of pupils living out of borough and 17.3% of pupils living in Hampton North have special educational needs. In all wards more children have SEN support than an EHCP.



As at 31 March 2019 **1,381 children and young people had EHCPs, an increase from 1040 in 2014.** It is estimated that this will increase to at least 1,596 in 2022. The largest proportion of children with EHCPs are 9 to 11 year-olds (286) followed by 15-17 year olds (275). In all age groups **more boys than girls have EHCPs.**



In 2018 47.1% of children looked after had an EHCP, more than the national average of 26.5%. In 2018 17.6% of Children Looked After have SEN support (but not an EHCP) compared with 29% nationally. In 2017, **27.8% of school age children in need received SEN support compared with 25.3% nationally.**



The main needs addressed in local EHCPs are: **autistic spectrum conditions (28%), speech, language and communication needs (18%);** and social, emotional and mental health needs (12%) (*AfC SEND futures Plan*). Learning disability (44.2%) and autism (32.5%) are the most prevalent disabilities in children in need. This is in line with the national average.



At March 2019 71.2% of EHCP were issued within 20 weeks (national 60.19%).

The rate of SEN registered appeals per 10,000 school population is 8.14, which is almost twice the national rate at 5.45 (2017).



As at March 2019 48 children and young people with SEND were in residential placements.

Of the 1381 children with EHCPs in 2019 **45% children and young people with SEND were in mainstream schools** (626 children), followed by special maintained and academies at 17% (231). 13% of post-16-year-olds were in college (178) with 13% (174) in independent and non-maintained placements. **323 pupils access SEN transport, 271 of these were of statutory school age (aged 5-16 years).**

Priorities	Recommendations
Ensuring sufficient specialist school placements: Significant and sustained increase demand for EHCP and specialist school provision.	<p>Work with children and young people, parents and carers to ensure they can have their say and are involved in decisions about their own education and health and support.</p> <p>Promote the local SEND website so that more people are aware of its value as a one-stop shop for information on local health and care services.</p> <p>Co-design with young people, parents/carers and professionals, an improved local therapies offer.</p> <p>Build on the existing transition protocol and preparing for adulthood strategy improve the transition between children and adult health and care services.</p> <p>Develop a local post-16 learning offer for specific groups most likely to use residential provision maximising the use of the adult education curriculum and community assets. (Richmond Health and Care Plan monitored by the Health and Wellbeing board)</p>
Explore the overrepresentation of children with SEND in looked after children's cohort	The SEND Partnership Board should require further analysis of looked after children and SEND, including benchmarked data with statistical neighbour, local and national comparators.

Children who need extra support

27,015 referrals were made into the Achieving for Children single point of access (Richmond and Kingston SPA) in 2018-9 increasing from 26,303 in 2017-8.

Of these: 1343 were for family support, 1800 for emotional health services, 580 for education welfare and 405 for the strengthening families programme. In 2018-9 of the contacts made into the SPA, only 8% result in a referral into social care, 31% were referred to another agency and 4187 went to child and adolescent mental health service single point of access (CAMHS SPA). 43% of CAMHS SPA cases (1,800) were then referred to the Emotional Health Service. Information and advice accounted for 21% of all contacts, 17% No further assessment and 23% were referrals concerning cases that are already open. **427 early help assessments were undertaken in 2017-8 increasing to 668 in 2018-9.**

In 2011 there were 900 identified young carers aged between 0-24. 529 16-24 year olds are providing 1-19 hours of care, making up the majority of carers. 22 young people age 0-15 provided care of more than 50 hours per week but estimates indicate that there are **up to 2,127 young carers** in the borough. **480 young carers are supported** in the borough by the Carers Service.

16% children looked after went missing from care (11% nationally). Local data shows there were 99 episodes of children missing from care between October to December 2018. There were 27 episodes of children missing from home during the same period.

There were 1075 referrals to social care in 2018 reducing to 1032 in 2019 whereas referrals have increased in Kingston and London. The rate of referrals to social care was 226.7 per 10,000 children (2019) compared to over 500 for both London and England averages.

There were 794 children in need as measured on 31st March 2019 which is a rate of 174 per 10,000 under 18 population. This compares to 907 in Kingston (rate of 233). The national rate in 2019 was 334 per 10,000 under 18 population. Locally, there is projected to be an increase in demand to 840 children in need by 2022.

There were 96 children subject to a Child Protection Plan (2019). This equates to a rate of 21.1 children for every 10,000 within Richmond and is notably less than the Outer London rate of 37 and national rate of 43.7. Children and young people in Richmond have a lower likelihood of becoming subject to a plan for a second time (15.9%) than Kingston (25%) and nationally (20.8).

There were 115 Children Looked After (CLA) as measured on 31st March 2019 as a snapshot. Of this group approximately 60% were male, while 51% were white and 49% were of an ethnic minority. Most children looked after were over the age of 16 (approximately 44%), 28% were aged 13-15 years and 15% were aged 0-4 years old. The number of children looked after is projected to reduce slightly by 2022 to 111 with a consistent projected rate of 24 per 10,000 of the under 18 population. This is notably less than the 2018 rate in Kingston of 33 and projected rate of 32, and the 2018 national rate of 64 per 10,000 of



under 18 population. In 2018 47% of children looked after have an education health care plan for SEND compared to 26.5% nationally. Conversely 17.6% of children looked after have SEND but without an EHCP compared to 29% nationally.

In 2019 **32% of children looked after were living in 38 in- house foster placements** and 24% in independent foster placements (Kingston 45%).

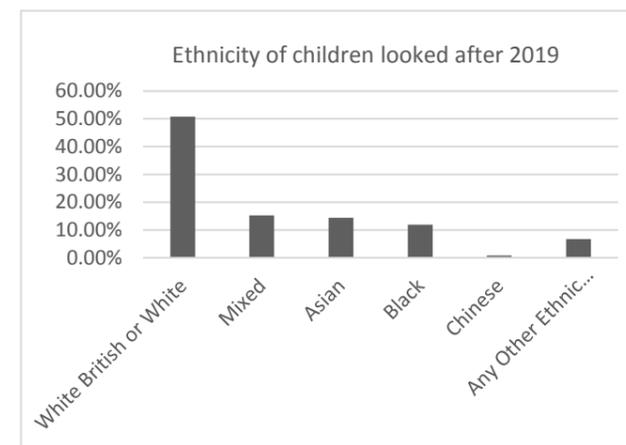


In 2019 there were **31 unaccompanied asylum-seeking children under 18**, an increase from 22 in 2018. There were also 65 unaccompanied children over 18 supported by the borough an increase from 43 in 2015.

97% of children over 16 remain looked after until their 18th birthday, compared with 71 nationally. **170 young people were supported by leaving care services at March 2019.** This is an increase from 131 in 2014 and has been impacted by the extended duty to provide services until 25 years of age.



In 2019 92% children leaving care live in suitable accommodation and 52% were in education, training employment. This is the same or better than national average.



Priorities	Recommendations
Rising demand for emotional health services	Implement the findings and recommendations from the 2019 Early Help Review, overseen by the Children & Young People's Strategic Partnership.
Increasing demand for support for children in need, unaccompanied asylum-seeking children (especially over 18) and care leavers	The Council and AfC should ensure that sufficient resources are in place to meet increases in demand.
Ensuring local placement sufficiency for children looked after and those leaving care.	The Corporate Parenting Board should receive an annual report in respect of placement sufficiency and ensure that actions are taken to meet both current and forecast need.
Explore the overrepresentation of children with SEND and children from ethnic minorities in the looked after children's cohort	The Corporate Parenting Board should receive further analysis of looked after children, including benchmarked data with statistical neighbour, local and national comparators.
Just over half of known carers are supported and estimate is double the known prevalence.	Improve the recognition of young carers and develop a range of support options including within the school environment (Richmond Health and Care Plan monitored by the Health and Wellbeing board)

Crime

Richmond is a safe place to live. In 2018/19 it had the third lowest crime rate in London and in 2017/18, the **rate of children cautioned or sentenced was the lowest in London.** However, total crime has risen by 20% since 2014, similar to the London increase of 23%. Since 2016/17, there has also been a **20% rise in crimes with a victim aged 1-17**, compared to an 11% increase all other ages. Knife crime is now also more likely to involve a victim or suspect under the age of 18. These changes have been influenced by a rise in knife-related robberies involving young people.



Young people by role in crime 2018/19*

Role in Crime	Incidents (unique crime events)	Age 1-17 (% of all incidents)	% change in ages 1-17 since 2016/17 (% change all other ages)
Victim	10,237	772 (7.5%)	+20% (+11%)
Suspect	4,660	599 (12.9%)	-8% (-4%)

Source: Metropolitan Police Crime Data, June 2019



21% of crimes that had a young victim and 23% of crimes that had a young suspect took place in the town centre wards of South Richmond or Twickenham Riverside. However, 19% of young victims live in Hampton North or Heathfield. Young people charged or cautioned with a crime have reduced over the past two years. Though the recording of suspect home address is not definitive, the data suggests that in 2018/19, a greater proportion were resident outside of Richmond (62.2%) than the previous two years (42.7% and 36.7%).



Young people are more likely victims of assault (37%), robbery (16%) or sexual offences (11%) than victims of any age (17%, 3% & 3%, respectively). Young people are more likely to be suspects of robbery (14.5%) than suspects of any age (4.1%)

Of all crimes recorded and where age data was captured, 6.7% of victims and 12.8% of suspects during 2018/19 were 10-17 years old. Though they can be affected, crimes that occur in higher volumes, such as burglary and vehicle crime rarely count a young person as a victim. Conversely, **young people are disproportionately affected by crimes that occur in lower volumes but pose a higher risk to**

safety, such as knife and gang crime, or sexual exploitation. As a result, the 6.7% proportion is not fully reflective of the impact crime may have on the development and well-being of young people.



Since 2016/17, **the proportion of male victims has increased from 48% to 60%**, while the proportion of suspects from ethnic minority groups has increased from 22% to 28%

Demographics of young people 0-17 and crime, 2018/19**

	Victims	Suspects
Male	60%	80%
Female	40%	20%
White	80%	73%
Ethnic Minority Groups	20%	28%

Source: Metropolitan Police Crime Data, June 2019



Compared to other areas in London and England, fewer local young people enter the criminal justice system. There were **19 first time entrants (FTEs) in 2017/18**, a reduction from 37 in 2016/17. The rate was 90 per 100,000 in 2017-8 and this has been decreasing over the past several years. This is lower than the statistical neighbour's rate of 169.1 and the England rate of 238.5.



36% of 15-17-year-old offenders in 2015/16 went onto re-offend over the following 12 months, a reduction from 45.7% for the 2014/15 cohort. Less than 5 young people were sentenced to custody for each of the last two years. The use of custody rate for 10-17-year-olds in 2016/17 fell to 0.03 per 1,000, from 0.16 in 2014/5. This is lower than the national rate of 0.41.

Crime

Reported levels of **knife crime** have been increasing over the past 2-3 years, with young people increasingly affected, whether as victims or perpetrators. In Richmond, recorded knife crime offences affecting *all ages* has increased from 81 offences in 2016/17 to 158 offences in 2018/19 (+95%) but the rate is the 4th lowest in London.



The proportion of knife crime events with a victim or suspect under the age of 18 has increased from 31% (2016/17) to 55% (2018/19). This is an increase from 20 to 58 events and is closely linked to a rise in robberies where the suspect(s) are in possession of a knife. However, violent crime (assaults) involving knives remains very low in Richmond

- During 2018/19, 94% of young victims and 96% of described young suspects of knife crime were male. 92% of young victims and 65% of young suspects were white.
- More than 80% of knife crime events with a young victim and/or suspect were robbery offences, with suspects often described, rather than formally identified.

In 2018/19, referrals to the domestic violence multi agency, risk management panel (known as MARAC) reduced by 8.4% from 251 to 230. **252 known children were affected by domestic abuse** across the 230 cases, a slight fall from 259 the previous year. By applying the rate of children per MARAC case (1.1) to the total number of police domestic abuse offences in Richmond over 12 months (1,211), **an estimated 1,327 children have been affected by domestic abuse during 2018/19.** In 2019 **of the 1,284 Children in Need (episodes) with an assessment 695 (54%) were related to domestic violence. This compares to 44% in Outer London and 51% nationally.**



In 2018-19 there were **10 referrals to the Richmond Multi Agency Risk, Vulnerability and Exploitation panel (MARVE) for Child Sexual Exploitation concerns. All cases were female aged between the ages of 13-17.** This is a reduction from 25 (of which 22 were female) from the previous year. Of referrals, 70% were white and 30% of ethnic minorities, compared to 76% white and 24% of ethnic minorities in 2017/18.



In 2019 **of the 1,284 Children in Need (episodes) with an assessment, 86 identified child sexual exploitation (6.7% compared to 3.75% nationally) and 17 of child trafficking (1.32% compared with 0.4% nationally). Fewer than 5 children had Female Genital Mutilation factors identified within their Children in Need assessment, while 11 had abuse linked to faith or belief.**

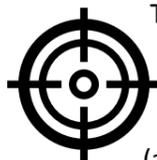
Priorities	Recommendations
Knife crime: An increase in knife robberies involving young people as victims or suspects. Violent crime involving knives remains very low across all age groups but should be monitored in light of rising levels across London.	The Community Safety Partnership should further develop work around prevention and support. The further development of school liaison through Junior Citizens and other activities is paramount to this
Supporting young people involved in crime: Young people more likely to be involved in higher harm crime types. Victims aged 1-17 increasing to a faster degree than victims aged 18 and over. Increases driven by rises in male victims, while a fifth of all young victims live in the most deprived wards.	The Youth Offending Service Management Board should continue to develop services in a way that leads to improved impact and positive outcomes for young people.
A reduction in the number of young people charged who live in Richmond borough which aligns with intelligence suggesting that suspects are coming from outside of the borough to target local young people.	Explore how the new knife crime prevention orders might assist in the robberies caused by youths from outside of Richmond. Explore Criminal Behaviour Order (previously ASBOs) development for convicted youths not to enter Richmond
Young people impacted by domestic abuse, sexual exploitation or trafficking.	AfC should act on the findings of the Early Help Review and the Strengthening Families Plus service to consider the needs of young people impacted by domestic abuse.

Demographic data for victims and suspects is not available in the public domain. Crime data within the needs assessment has been derived from a custom, Richmond-specific police database extract. These figures have not been formally verified, apply to Richmond only and should not be compared against published crime totals.

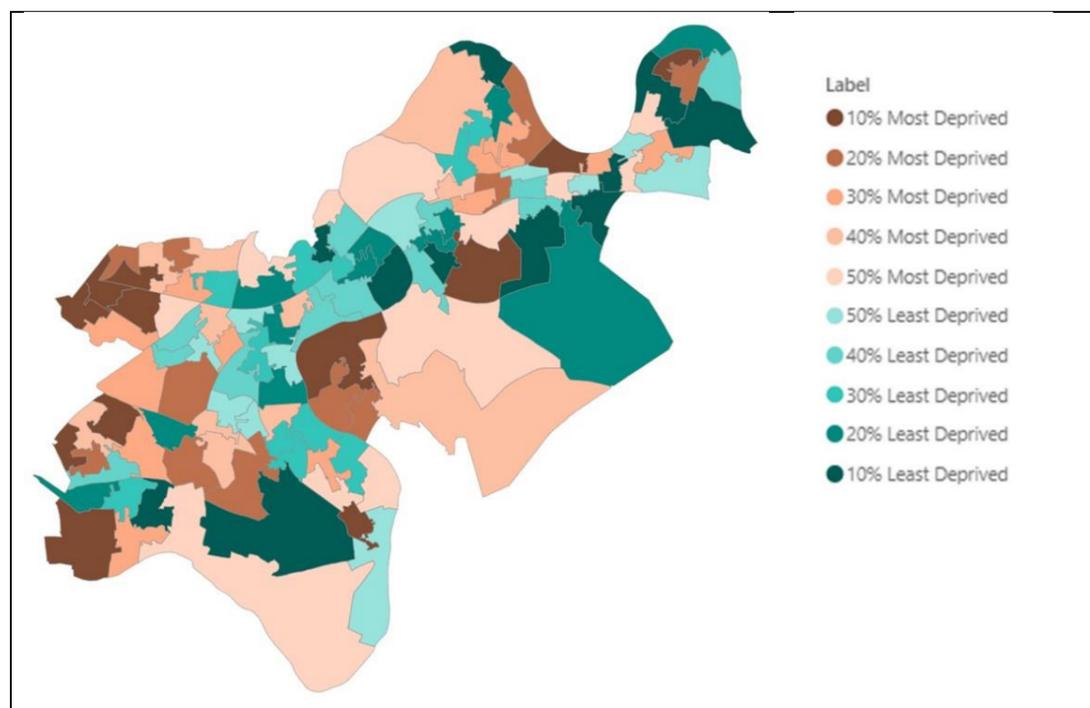
**Victim data is based on descriptors provided by victims of crime and can therefore be deemed as largely accurate. Full suspect data is often either not disclosed, not known/recalled or unverifiable. It can therefore not be considered as a reliable dataset.*

*** Victim / suspect demographic totals differ from unique crime event totals in that they relate to all victims / all suspects described. A single crime event can have multiple victims and/or suspects.*

Housing, Homelessness and Poverty



The Indices of Multiple Deprivation (IMD) is published every 3-5 years by the Ministry of Housing, Communities and Local Government. It measures relative deprivation in England using a methodology that encompasses a wide range of living conditions including income, employment and health. Scores are calculated for each small, geographical area in England (almost 33,000) and the published product ranks these from most to least deprived. The Income Deprivation Affecting Children Index (IDACI) is also calculated and published in the same, ranking-style format. The IDACI measures the proportion of children under 16 that live in low-income households and the Richmond 2019 outcome is shown below. The map presents Richmond IDACI 2019, relative to the rest of the borough only e.g. '10% most deprived' is the 10% most deprived in Richmond, rather than England.



Relative to England, Richmond has low levels of deprivation (IDACI). Of the 115 local areas (LSOA) in Richmond, **59 (51%) are within the 20% least deprived in the country and only 2 LSOAs (1.7%) are within the 20% most deprived.**



The **three most deprived IDACI wards are Hampton North, Heathfield and Whitton**, all located on, or near to the west of the borough. There is a correlation between relatively poor IDACI outcomes and higher ethnic diversity. Heathfield (30% ethnic minority groups), Whitton (22%) and Hampton North (16%) are also the three most ethnically diverse wards in the borough. The **least deprived wards include Twickenham Riverside, East Sheen and South Twickenham**, which are among the least ethnically diverse in the borough.



There were 3,260 children in low income families 8.5% (2016). This is much lower than either the London figure of 18.8% or the national figure of 17%. The percentage of children considered to be in poverty substantially increases when housing costs are factored in. As previously noted, 8.7% of pupils, or 2,424 pupils, are eligible for free-school meals (2019). **Educational attainment of children eligible for the pupil premium grant** (eligible for free school meals within six years, in care adopted or children with parents in the armed services) **is significantly less than those of their peers.** The latest End Child Poverty report indicates that **after housing costs, 21% of Richmond children are living in poverty (national figure 30%).** Wards with the highest proportion of children living in poverty are Heathfield (29%), Barnes (28%) and Hampton North (27%).



In 2018/19, **301 children and young people were in temporary accommodation.** This is a decrease from 392 children in 2017/18. This indicates that alternative assistance such as prevention may be gaining traction. As of 31st March 2019, there were **no families in temporary accommodation that were sharing facilities and no families were placed into bed and breakfast accommodation.** As of 31st March 2019, there were **8 young people age 16-18 placed in temporary housing (self-contained or supported hostels).** These young people were the main applicant rather than within a family. In 2018/19, **90% of the families with children who approached for homeless assistance were resolved successfully either through prevention work or being owed a duty to house.** 16% of the positive decisions received were via prevention, negating the need of temporary accommodation being required.

According to the 2011 CENSUS **7.9% of households with dependent children are overcrowded compared to 23.6% London and 9.2% nationally.** The demand for social housing has steadily risen on both a national and local scale. **Children on the housing queue in Richmond has increased from 2,561 in 2017/8 to 2,954 in 2018/19.** Richmond can offer 200 homes which are provided by Housing Associations per year. Priority is accorded to those applicants with a high housing need.

Priorities	Recommendations
Increase in prevention work to mitigate against families becoming homeless.	Housing will continue to lead the work to prevent homelessness in line with the new statutory duty, and work closely with partners to implement effective strategies and monitor the impact
Finding affordable homes and provision of financial assistance where appropriate	Housing should continue to ensure that families are supported to access affordable housing and current schemes to provide financial assistance.
The supply of supported housing for young people aged 16-18	Children's Services and Housing should continue to develop the pathway and joint protocol for meeting the needs of homeless young people in a joined-up way.
Limited data on children and young people impacted by welfare reform and Universal Credit.	Public Health should explore if improved data is reportable.

