

RICHMOND LSCB EQUALITY IMPACT AND NEEDS ANALYSIS

Directorate	Chief Executive
Service Area	Community & Partnerships
Service/policy/function being assessed	Joint Safeguarding Children's Board
Which borough (s) does the service/policy apply to	Richmond and Kingston
Staff involved	Chris Robson, LSCB Chair, Elisabeth Major LSCB Professional Adviser
Date approved by Policy and Review Manager	29.06.18

SUMMARY

Following representations from Senior Leaders in Police, Council, Kingston and Richmond CCG and AfC (Achieving for Children) the Chair of the Local Safeguarding Children's Board agreed to consult with Board Members on a proposal to merge the two Boards and some Subgroups. Consultation took place in early 2018 and resulted in the majority of Board Members agreeing the primary proposal of holding a single Main Board across both boroughs. The Chair ratified this decision and the first joint Richmond and Kingston Safeguarding Children Board took place in April 2018.

LSCBs are statutory requirements and it is the duty each Council to ensure that there is an effective LSCB in place to undertake a number of core duties:

- coordinate local work to safeguard and promote the welfare of children and to ensure the effectiveness of what the member organisations do individually and together;
- provide training and policies and procedures;
- publish an annual report with a transparent safeguarding assessment;
- commission and publish Serious Case Reviews (SCRs) for any cases which meet the criteria for these.

The Government has reviewed the working of LSCBs (the Wood review) and as a result they are set to change in the next year. The Children and Social Work Act 2017 identifies Local Authorities, Health and Police as the three safeguarding partners, who will have statutory responsibility for delivering the new safeguarding arrangements.

Revisions to the statutory guidance which sets out what is expected of agencies, individually and collaboratively, to safeguard and promote the welfare of children, *Working Together to Safeguarding Children*, have been made largely to reflect the legislative changes introduced through the passing of the Act and new 'child death review' guidance. At the time of writing the Department for Education (DfE) is considering new guidance to give clearer direction to the new safeguarding arrangements for children. This guidance will be published in the near future (no exact date has been given). There are three significant changes:

1. Replacement of Local Safeguarding Children Boards (LSCBs) with local safeguarding arrangements – Chapter 3
2. Establishment of a new national Child Safeguarding Practice Review Panel – Chapter 4
3. Transfer of responsibility for child death reviews from LSCBs to new Child Death Review Partners – Chapter 5

Between the spring 2018- Summer 2019 safeguarding partners will need to publish and implement new arrangements, after agreement by the DfE.

In our new working arrangements so far, we have found little impact as a Board. The Main Board and SCR (Serious Case Review) subgroups have merged.

1. Background

In April 2014, when AfC was formed, the LSCB was joined between Kingston and Richmond. They had one independent Chair and shared staff. In April 2017, whilst belonging to both Kingston and Richmond Council, the LSCB began to be hosted by Richmond Council. In October 2017, Richmond LSCB was inspected and found to be good by Ofsted; Kingston LSCB was found to be good in June 2015.

Since 2014, there have been some joint LSCB subgroups - Learning & Development, Child Death Overview Panel, Child Sexual Exploitation & Children Missing Education, Private Fostering, Safeguarding Children Online & Child Sexual Exploitation Awareness Raising, Policies and Procedures, (all meeting quarterly or less often). There have also been separate Main Boards (meeting quarterly), Quality Assurance, (meeting 8 weekly) and Serious Case Review Subgroups (meeting 8 weekly). The LSCB agreed to join the Board and the SCR Subgroups from April 2018. No subgroups have been deleted and the SCR Subgroup now joined. The Main Board meets quarterly for 3 hours. The SCR Subgroup which looks at local serious incidents involving children, now meets 8 weekly for 3 hours – this change to a joint subgroup is being piloted and can be reviewed.

Currently all statutory LSCB partners are undergoing structural realignment and changing geographical configurations.

- The CCG’s have developed Local Delivery Units currently across paired councils of Richmond/Kingston and Wandsworth / Merton.
- The Metropolitan Police have reorganised, merging four boroughs, Richmond, Kingston, Wandsworth and Merton into one Operational Command Unit. This came into effect in May 2018 .
- AfC has been joined across Richmond and Kingston since 2014.

2. Analysis of need and impact

Protected group	Findings									
Age	<p>The LSCB concerns itself with the welfare and safety of unborn babies and children and young people up to the age of 18 years, or 19 if disabled. Richmond has a slightly larger population of children aged under 18 years compared to Kingston. The LSCB receives performance information from partners. Each Quality Assurance Subgroup and the Joint Board receives a detailed LSCB multi-agency dataset and headline report, noting any exceptions.</p> <p>We scrutinize referrals to AfC (Children’s Social Care). 296 referrals per 10,000 was the snapshot referral figure of children for 2016-17 in Richmond. This figure has been below that of statistical neighbours for some years (346.8 per 10k). Through the promotion of our neglect strategy, we will seek to promote early help and referrals further.</p> <table border="1" data-bbox="439 965 1700 1061"> <thead> <tr> <th></th> <th>Contacts to SPA 17-18</th> <th>Referrals to SPA 17-18</th> </tr> </thead> <tbody> <tr> <td>Richmond</td> <td>16,403</td> <td>1,074 (239 per 10k)</td> </tr> <tr> <td>Kingston</td> <td>14,642</td> <td>1,043</td> </tr> </tbody> </table> <p>We would expect in terms of age distribution that there is more intervention for young children, who are most at risk of adverse circumstances, a rise in referrals when children enter school and when they enter adolescence and become involved in more risky behaviour and/or are exploited. Richmond is a London outlier in terms of high rates of risky behaviour, which is linked to affluence and access to resources. This is similar to the national picture. The LSCB monitors age distribution and exceptions in terms of age.</p> <p>Local young people have disclosed displaying three or more risky behaviours at 21.5%, which is high, with the highest figure for England of 23.8%. 8.6% said that they were regular drinkers, 24.5% self-reported being drunk in the last month, close to the national outlier of 27%. Smoking prevalence was 14.3%, against national outlier of 14.9%. The highest figures for smoking</p>		Contacts to SPA 17-18	Referrals to SPA 17-18	Richmond	16,403	1,074 (239 per 10k)	Kingston	14,642	1,043
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prevalence were at age 15. 8.5% reported that they had taken cannabis in the last month. During 2016, a young person from Richmond died from using substances, and a number were hospitalised from the same incident at an event out of borough.

The CDOP reviews local child deaths, and the majority of deaths in both boroughs relate to neonates, we also have on average one baby death potentially related to safe sleeping in either Richmond or Kingston each year. We seek with our partners to promote safe sleeping advice as much as possible.

Road Traffic accidents are reported some time in arrears by TfL. 32 children and young people aged under 18 were injured as a result of road traffic accidents in 2015-16. For Jan-March 2017, there were 9 aged under 16, who were slightly injured and one fatal injury.

The rate of A&E attendances for children aged 0-4 years has increased steadily over the last three years, from 518 per 1000 in 2013-14 to 732 per 1000 in 2015-16. This is now significantly higher than both the England average (588 per 1000) and the London average (707 per 1000), despite GPs offering same day appointments for young children in the borough. The LSCB has been monitoring this and understands that a new paediatric community nursing service is in the process of being put in place to address this issue.

Richmond has the third highest hospital admissions caused by injuries in children (0-14). This is significantly worse than the London average, but similar to the England average. Richmond also has the fifth highest rate of hospital admissions caused by injuries in young people (15-24) in London. There were 213 per 10,000 admissions in Richmond, which is significantly worse than London (98 per 10,000), but not significantly different from England (134 per 10,000). We have been discussing these findings as part of our risky behaviour work and safety messaging as a Board with Public Health and local families. We have been highlighting accident prevention and good supervision of young children, including those whose parents who do not have English as their first language.

The LSCB has been working to promote EHAs (Early Help Assessments) as a preventive tool for some years in both boroughs. There should be an inversely proportional number of EHAs, with fewer Child Protection Plans. However, most in the borough are completed by AfC instead of partners. AfC is working with its partners to measure early help in settings, such as schools. We now early help is taking place in partner agencies, such as health and schools. In Richmond, 219 EHAs were completed in 2017-18-all by AfC, except for 8 by schools. Kingston 302 EHAs were completed in 2017-18, compared to 295 the year before.

At the end of March 2018, there were 142 children subject to Child Protection Plans in Richmond; there were 138 in Kingston. 11% of children were subject to plans previously, within two years of the last plan ceasing. This is a reasonable, repeat figure, similar to national statistics. We see for Child Protection Plans tracked along age bands in March 2018:

	unborn	1-4	5-9	10-12	13-15	16+
Richmond	0	38	24	14	18	3
Kingston	2	55	49	17	13	2

For Children Looked After, there were 21 unaccompanied asylum seeking young people in Richmond as at March 2018, who are normally in their later teens. In total there were 103 children looked after in Richmond, compared to 128 in Kingston. Age tracking runs to teens being more likely to be cared for. Some boroughs and counties try to seek to reverse these figures. These figures are similar to the last two years in Richmond.

Children Looked after March 2018

	unborn	1-4	5-9	10-12	13-15	16+
Richmond	0	16	7	13	25	42
Kingston	0	8	20	15	32	53

Disability

The LSCB scrutinizes the needs of children with disabilities and their families closely. Children with disabilities are 3-4 times more vulnerable to child abuse, and we provide specific training. There are small numbers of children with disabilities subject to Child Protection Plans. Families in Richmond have slightly higher numbers of children with learning needs. We are currently looking at the needs of families with children with additional needs and support given to their parents through PCNAs (Parents, Carers' Needs' Assessments). SEND Family Voices has given us feedback from families who work with them.

Children are also affected by the disability or illness of others in their families. We track Young Carers who receive support – in Richmond in September 2017, there were 437, a figure that has steadily grown from 379 in 2015-16. This is more in line with local census figures, which we have considered in our quality assurance work.

Non SEN	23,424 Students	87.5%
SEN	394	1.5%
EHCP	508	1.9%
SEN support	2,437	9.1%

In 2014, 2.43% of children (807) had statements of SEN (Special Educational Needs or now EHCPs (Education, Health and Care

	<p>Plans), and 11.27% (3,742) had SEN but were without statements. This is compared to a London average of 2.75% of children with statements and 15.53% of children with SEN aged 16-17 with SEN (19% v 8%). This difference is larger and has widened, compared to other areas, 2013-15. We will continue to monitor support to this cohort of local children and their transition needs.</p> <p>In Richmond there are lower overall numbers of children in need, but in June 2016, a higher number of those children in need had disabilities (28%), the most common being learning disabilities (51%), Autism or Asperger's Syndrome (34%) or mobility difficulties (25%). In primary schools, the most common SEN needs were language and communication, learning disability, social, emotional and mental health and autistic spectrum disorder.</p>												
<p>Gender (sex)</p>	<p>In Richmond more boys than girls are looked after, although there are similar numbers of child protection plans for both genders.</p> <p>The Richmond LSCB Annual Report for 2016-17 also noted the following information in relation to school exclusions: We can see a reduction in permanent school exclusions for Richmond, but a rise for fixed term exclusions. We will be working on the safeguarding of these children away from school and seeking to understand the ethnic background of these children more. Often more boys are excluded.).</p> <p>Total exclusions each year 2013-2017 in Richmond:</p> <table border="1" data-bbox="439 831 967 962"> <thead> <tr> <th>Year</th> <th>Permanent</th> <th>Fixed term</th> </tr> </thead> <tbody> <tr> <td>13-14</td> <td>22</td> <td>440</td> </tr> <tr> <td>15-16</td> <td>22</td> <td>617</td> </tr> <tr> <td>16-17</td> <td>16</td> <td>701</td> </tr> </tbody> </table> <p>5 out of 12 children who had a fixed term exclusion in Q4 2017-18, had EHCPs (Education, Health & Care Plans) from primary schools; 18 out of 158 children from secondary schools, had EHCPs. We have discussed this vulnerability with the education team in AfC. We have secured school nursing support for children and young people out of education and are overseeing the referral process.</p> <p>This feeds into figures for young people who are NEET (Not in Education, Training and Employment) as children grow older. In terms of the general population, 1.9% in 2016-17 were NEET aged 16-19 years; this was 3.3% in Kingston in 2015-16. This figure rises for those who have left local authority care to 50% at present for Richmond, against 64% in Kingston. We should note that this cohort of young people can be hard to engage.</p> <p>% of care leavers aged 19-21 years engaged in Education, Training or Employment.</p>	Year	Permanent	Fixed term	13-14	22	440	15-16	22	617	16-17	16	701
Year	Permanent	Fixed term											
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	Aug 15	Aug 16	Aug 17
Kingston	51%	54%	82%
Richmond	50%	55%	50%

We recognise the risk of domestic abuse, which particularly affects women and their children. The LSCB carries out regular audits of multi-agency performance with cases of high risk domestic abuse, the last completed in April 2018 in Richmond. 41 cases of families where there are children went to the MARAC (Multi Agency Risk Assessment Conference) in Q3 2017-18. Operation Encompass is a national initiative whereby Police share domestic abuse call out information directly with schools the following morning. It is already up and running in LB Wandsworth. Some work was undertaken to begin discussions in Richmond with local schools last year, however this is currently being reviewed on a London wide basis.

Modern Slavery, a category newly introduced by The Care Act 2014, could affect groups with protected characteristics, in particular trafficking and sexual exploitation which are closely related. We have one case being investigated by Police in Richmond involving young people aged under and over 18.

Gender reassignment

There are no reliable or definitive figures available locally or nationally on the size of the transgender population.¹ National research suggests that there could be between 300,000 and 500,000 transgender people living in the UK, or 0.6% - 1% of the population.²

We have been promoting learning around gender reassignment to our partners. In the UK, the term transgender is normally used as a general term for all people who cross gender boundaries, whether this is permanent or not. There is no official estimate of the transgender population in Richmond. However, we can make an estimate based on national research which estimates that there are between 300,000 and 500,000 transgender people living in the UK, or between 0.6% to 1% of the population. From this, we could estimate there are between 1,148 and 1,914 Transgender people living in Richmond.

Marriage and civil partnership

Information on marriage and civil partnerships is collected by most partners, however it is not routinely reported on in relation to Safeguarding enquiries regarding children.

Pregnancy and maternity

The LSCB routinely works with local maternity units in West Middlesex University Hospital (Chelwest) and Kingston Hospital, where the majority of Richmond babies are born. We scrutinise data in terms of multi-agency work, with pregnant women, where

¹ Datarich, Estimating the Transgender Population of Richmond upon Thames, June 2015.

² Reed B, Rhodes S, Schofield P, and Wylie K (2009) Gender variance in the UK: Prevalence, Incidence, Growth and Geographic Distribution, Gender identity research and education society.

concerns have been highlighted. There are most often situations of concern where the mother has mental health concerns, substance, misuse issues or has had previous child protection concerns for her older children. 99 Richmond cases were discussed in 2015-16; 59 in 2016-17 and 56 in 2017-18. No forum took place for Quarter 3, due to changes in personnel.

Recognising vulnerabilities for young pregnant women, the LSCB has been asking Public Health to consider commissioning a project known as Family Nurse Partnership in Richmond. A number of teenagers from Richmond deliver at Queen Charlottes Hospital, West Middlesex University Hospital and Chelsea and Westminster Hospital. Kingston midwives offer postnatal care to these women. The teenage pregnancy rate in Richmond is low. Conception rates for teenagers under 16 are at 2.6% per 1,000 female population aged 13-15 years. This is half the London average. For under 18 year olds it was 12.6% per 1,000 in 2014. This is one of the lowest rates nationally and can be compared against Kingston 15.3%, London 21.5% and England 22.8%.

	Delivered other hospitals, living in Richmond	Delivered Kingston Hospital, living in Richmond	Total teenagers booked living in Richmond & Kingston
2013-14	4	12	94
2014-15	5	10	83
2015-16	3	10	90
2016-17 (6 months to Sept)	3	5	46

Race/ethnicity

In Richmond, the 2011 Census, the population of BAME groups resident in the London Borough of Richmond is 14% for people age 18 – 64. 25.5%, that is 3,604 primary children had English as an additional language in the spring term of 2017; this is against 35.5% in Kingston. This is against a London wide figure of 49.5% and an English figure of 20.6%. In local secondary schools, this figure was 19.1%, London was 41.5%, compared to 16.2% in England. In local special schools, this figure was 33.5%, against 38.1% in London and 14.7% in England.

We can see differences in development in terms of ethnicity as children enter school.

Early Years Foundation Stage Pupils with a good level of development 2015

% pupils in	Richmond	London	England
White ethnic groups	72	702.35	67
Mixed ethnic groups	70	61	68
Asian ethnic groups	78	70	64
Black ethnic groups	63	67	65
Chinese ethnic groups	76	73	67
Eligible to school meals	45	59	51
Not eligible to school meals	73	70	69

SEN /EHCP	0	4	4
SEN support	25	29	24
School Action Plus (2014)	18	21	19
No special needs	74	74	71
First language is English	73	72	68
First language is not English	66	65	60

We can see improvements in development since 2013, but the percentage of children in receipt of FSM has doubled. Levels of overweight children in primary school are lower than the national average. However, there is a rise in obesity during the time children are at primary school. Black African children were twice as likely in reception to be obese. (Public Health 2016).

In Richmond borough, in 2013, there were 95 Gypsies and Travellers, accounting for 0.06% of the population. This is a settled community. Nearly 60% of the local community are women (compared to 51% in Richmond overall), one in three (33%) are under the age of 18 (compared to 22% in Richmond overall), more than half (56%) are between 18 and 59 years of age (59% in Richmond overall) and about one in ten (11%) are over the age of 59 (19% in Richmond overall). The high proportion of people under 18 and low proportion of people over 59 is suggestive of a higher birth rate/larger family size and a shorter life expectancy. Although Gypsies and Travellers in Richmond borough make up a small proportion of the population, the community experiences significant health inequality.

In terms of Child Protection Planning, we can see that there are more child protection plans for children of an African background, and other white, and any other mixed background in proportion to the demographic. This could be related to poverty or cultural practices, such as the use of physical chastisement.

Child Protection Plans by ethnicity March 2018.

White British	White Irish	Traveller	Any other white background	White & Black Caribbean / African	White & Asian	Any other mixed background	Indian	Any other Asian background	Black African
54	0	0	13	3	2	10	1	5	5

<p>Religion and belief, including non-belief</p>	<p>The LSCB does not routinely scrutinize religious belief and would rely on the Richmond census for information.</p>												
<p>Sexual orientation</p>	<p>Data on the sexual orientation of residents is very limited. The 2011 Census did not have a question regarding sexual orientation. Nationally, it is estimated that the gay, lesbian and bisexual population in England and Wales constitute between 5% and 7% of the population³. The ONS Integrated Household Survey (2011) reports that 1.5% of the population describe themselves as being gay, lesbian or bisexual. In London, this figure rises to 2.5%. Other studies suggest that areas such as London and Brighton have larger (10%).⁴</p> <table border="1" data-bbox="439 608 1718 799"> <thead> <tr> <th>Area</th> <th>LGB</th> <th>Trans</th> </tr> </thead> <tbody> <tr> <td>Population Richmond</td> <td>if the percentage is 0.3% - 574</td> <td>if the percentage is 0.1% - 191</td> </tr> <tr> <td>Population Richmond</td> <td>if the percentage is 1.5% - 2,871</td> <td>if the percentage is 1% - 1,914</td> </tr> <tr> <td>Population Richmond</td> <td>if the percentage is 7% - 13,398</td> <td></td> </tr> </tbody> </table> <p>Richmond Healthwatch carried out a survey of 1,000 local young people about mental health in 2016. They found that those from a LGBT background did not always know where to go for support and advice around mental health issues. We know nationally that there is a higher prevalence of mental health concern for those from an LGBT background. Public Health are considering this in their commissioning work and work around suicide.</p>	Area	LGB	Trans	Population Richmond	if the percentage is 0.3% - 574	if the percentage is 0.1% - 191	Population Richmond	if the percentage is 1.5% - 2,871	if the percentage is 1% - 1,914	Population Richmond	if the percentage is 7% - 13,398	
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3. Data gaps.

<p>Data gap(s)</p>	<p>How will this be addressed?</p>
<p>There are some gaps in the data reporting of all the protected characteristic groups in relation to safeguarding. There is little, if any, data</p>	<p>The LSCB will seek to work with Public Health and other Council teams to consider these figures and ensure those children and young people are safeguarded.</p>

³ Department for Trade and Industry, Final Regulatory Impact Assessment: Civil Partnerships 2004. Also from DataRich: Knowing our Communities - Borough Demographics, January 2014.

⁴ DataRich: Knowing our Communities - Borough Demographics, January 2014.

<p>around sexual orientation, gender reassignment, marriage and civil partnerships. All these protected characteristics are potential causes of discrimination and as such are relevant to Safeguarding activity however they have less impact on the functioning of the LSCB which co-ordinates activities across a wide partnership.</p>	
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4. Impact

Protected group	Positive	Negative
<p>Age</p>	<p>The move towards a Joint Main Board meeting will have no impact on LSCB work regarding age distribution of need which is usually explored at a granular level in the borough specific Quality Assurance Subgroup and then reported back to the Main Board.</p> <p>As for every protected group below, the Quality Assurance Subgroup, which is not joint, scrutinises local Richmond data. If this group were joint and took place less frequently, the impact would mean that Richmond data would not be considered in such detail across the partnership. Opportunities would be lost to address inequalities in provision. For example, we have identified in a subgroup meeting that currently in Richmond no elective home educated children (117 at March 2018) or children excluded from school were receiving the commissioned school nursing support. We are working with education and school nursing in AfC to improve this figure.</p>	<p>If the only remaining subgroup were to be Joint, the Quality Assurance Subgroup, the meeting would allow for comparisons with Kingston (which we receive at the Main Board). Specific borough quality assurance sessions could be help if the need was identified to scrutinise a local issue further.</p>

	Each agency undertakes its own equalities training to ensure staff are aware of this strand and its impact on their work. The LSCB also offers multi-agency diversity training.	
Disability	<p>The Quality Assurance Subgroup which is run on a borough basis will continue to scrutinise data around disability. A multi-agency audit around disabled children was undertaken in summer 2016 and will be repeated in 2019. This audit considered 5 children from Richmond. This approach will continue.</p> <p>This approach affords the Main Board to consider data at a strategic level.</p>	A Joint Board will have no significant impact on LSCB work regarding disability. Concerns regarding 'loss of detail' are addressed and mitigated at Subgroup who then report to the main board.
Gender (sex)	The LSCB scrutinises its data in consideration of gender and this will continue, summarised in its annual report.	A Joint Board will have no significant impact on LSCB work regarding gender. Concerns regarding 'loss of detail' are addressed and mitigated at Subgroup who then report to the main board
Gender reassignment	The SCR Subgroup has considered one family's experience in Richmond, following a complaint about local services in 2016. The SCR Subgroup's ability to do this again in future, has not changed with its merger with Kingston. There will be an opportunity to require partners to gather and report information on this area, which is currently under-reported	The move towards a Joint Main Board meeting will have no impact on LSCB work regarding gender reassignment, which is usually explored at a granular level in the borough specific Quality Assurance Subgroup and then reported back to the Main Board.
Marriage and civil partnership	<p>The current good practice across the partnership will continue.</p> <p>There is an opportunity to report information on this area, which is currently under-reported.</p> <p>Each agency undertakes its own equalities training to</p>	No negative impact

	ensure staff are aware of this strand and its impact on their work.	
Pregnancy and maternity	As for age above. The dataset monitors at borough level performance and figures in relation to pregnant women and teenagers. This would be only impacted upon if the Quality Assurance Subgroup were to be merged.	The move towards a Joint Main Board meeting will have no impact on LSCB work regarding issues of safeguarding and maternity care, which is usually explored at a granular level in the borough specific Quality Assurance Subgroup and then reported back to the Main Board.
Race/ethnicity	<p>Our recent MARAC audit found that 50% of referrals were for families of a non White British background. MARAC coordinators will be looking to refine their recording systems to capture more detailed data.</p> <p>The audit found that agencies were sometimes not taking into account diversity issues.</p> <p>Currently, as a borough specific Quality Assurance Subgroup we are able to undertake at least two multi agency audits in Richmond per year, looking at approx 15-20 children. There are no plans for this to change.</p> <p>Each agency undertakes its own equalities' training to ensure staff are aware of this strand and its impact on their work. However, the LSCB also provides training around ethnicity and race as part of its diversity training.</p>	The move towards a Joint Main Board meeting will have no impact on LSCB work regarding race and ethnicity and safeguarding, which is usually explored at a granular level in the borough specific Quality Assurance Subgroup and then reported back to the Main Board.
Religion and belief, including non-belief	There will be an opportunity to require partners to report information on this area, which is currently under-emphasised. We will continue our outreach to faith and community groups in Richmond.	There will be no negative impact as the Boards are Joint on consideration of matters of religion. There has been no reduction in representatives from the community, some of whom also represent faith groups.
Sexual orientation	LSCB training covers matters of LGBT awareness and safeguarding. There are no plans for this to change.	The move towards a Joint Main Board meeting will have no impact on LSCB work regarding sexual orientation and safeguarding, which is usually

		explored at a granular level in the borough specific Quality Assurance Subgroup and then reported back to the Main Board.
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5. Actions

Action	Lead Officer	Deadline