

Just over 2 years on from our October 2021 report, **Poverty and Prosperity** in K+C: Understanding Inequalities in a Borough of Extremes, the Kensington and Chelsea Foundation has commissioned a refreshed look at some of the key indicators of inequalities in our community.

Our previous report documented the significant disparities in opportunities and outcomes for the borough's residents, particularly in the areas of education, mental health and skills and employment. To understand the long-term impact of the Covid-19 pandemic and the subsequent cost of living crisis on K+C residents, we have published this brief update on the original report's key findings.

This new report "A Deepening Divide" highlights some significant increases in the borough's inequalities, with evidence that poverty and deprivation has deepened amongst residents on low or no income, that those residents are dying younger, and waiting longer to access appropriate and timely support.

We have provided comparative data for each of the 3 core areas of our previous report – education, mental health, and skills and employment, along with an overview of the key indicators of poverty in our community. This data and evidence will continue to drive the strategy of the K+C Foundation, as we strive to tackle the most pressing issues in our community.



Overview

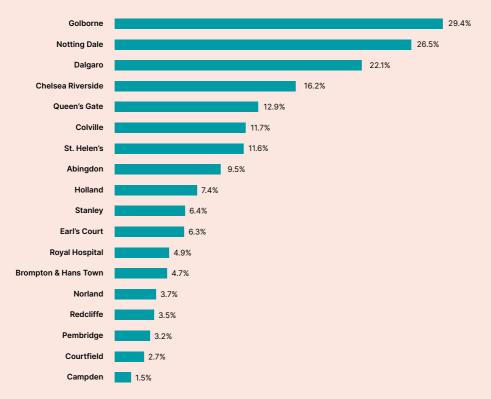
Whilst Kensington and Chelsea is far from the poorest¹ borough in London – our child poverty rate is 23.4%, representing around 6,000 children – the disparities between different wards in such a relatively small community is startling.

Three wards in the north of the borough have higher rates of child poverty than both national and London averages, with Golborne reaching 29.4%. Our data indicated a difference of 27.9% between the wards

with the lowest and highest rates of child poverty, which is particularly significant given that those wards are approximately 0.8 miles apart.

Proportion of children (aged 19 and under) in low-income families by ward, 2021/22

Source: Department for Work and Pensions, Children in relative low income households 2021/22 (provisional), via StatXplore



¹ There is no universally accepted definition of poverty in the UK, however 'relative poverty after housing costs' is probably the most commonly cited. It counts people (or in the case of child poverty, children) living in households whose income is below 60% of the median for that year after their expenditure for housing has been deducted.

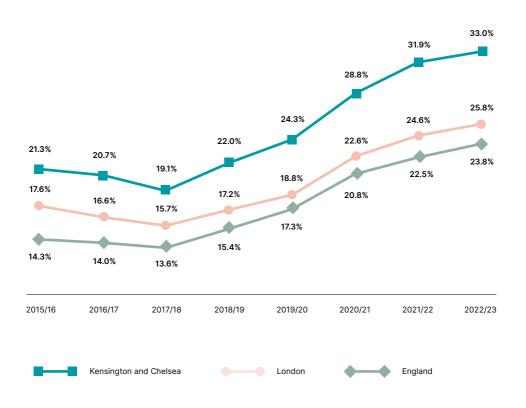
The proportion of children receiving Free School Meals in the borough has continued to rise since our previous report and has now reached a high of 33%. This is considerably higher than both the national and London averages and represents a sharp increase of 50% over the past 5 years.

33% children receiving Free School Meals

50% increase over 5 years

Proportion of school pupils who receive free school meals, 2015/16-2022/23

Source: ONS, Schools, pupils and their characteristics, 2023



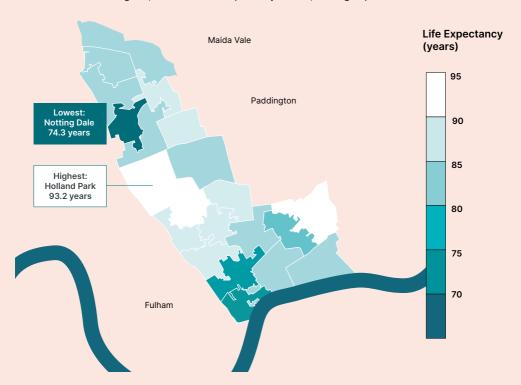
One of the key findings in our 2021 report was the alarming difference in life expectancy for men and women living in K+C wards which are just a short distance apart. Our research has found that those gaps have grown over the past 2 years, most significantly for women, and that there are now nearly 2 decades difference in the relative life expectancy of residents in our borough. In the short distance between Holland Park and Notting Dale wards, (less than a third of a mile), a female resident's average life expectancy reduces by 19 years – a worsening of 5 years since our previous report. For male residents, the gap increased

by a year, meaning the largest discrepancy was 18 years between men living between South Kensington and Notting Dale, a distance of just 2 miles.

According to The King's Fund², life expectancy is linked to "wider socio-economic determinants such as income, education, housing and employment; geography; and specific characteristics such as sex, ethnicity, disability and social exclusion. Life expectancy is closely related to the overall level of deprivation in an area."

Female Life Expectancy, 2018-2020

Source: Public Health England, health state life expectancy at birth, via Fingertips

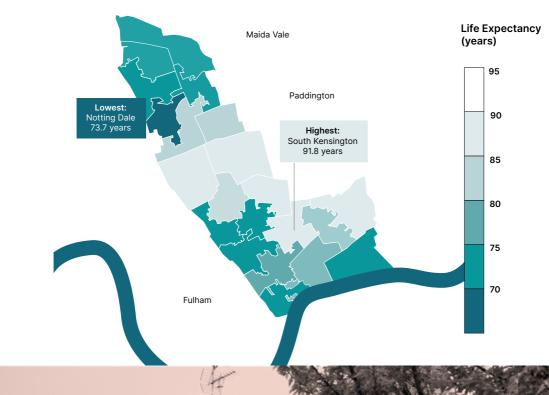


There is a lag in data reporting on life expectancy which means our previous report covered 2015-2019 and this report is covering 2018-2020)

² What Is Happening To Life Expectancy In England? | The King's Fund (kingsfund.org.uk)

Male Life Expectancy, 2018–2020

Source: Public Health England, health state life expectancy at birth, via Fingertips





Education

In 2021, we reported that Kensington and Chelsea had the highest rate of permanent school exclusions in London – a worrying finding, as the link between school exclusions and poor life outcomes is well evidenced.

There has been significant improvement on the permanent exclusions rate, since our report highlighted the issue. K+C has now dropped from having the highest rate in London to 17th on the borough list, but fixed term exclusions remain relatively high, where we are the 7th highest out of 33 London boroughs. Fixed term exclusions are often a precursor to permanent exclusions and voluntary organisations working with young people at risk report that they cause disruption and further social exclusion amongst the young people receiving them.

A student can receive fixed term exclusions totalling up to 45 days in a single year, with the school required to arrange alternative provision, for example a placement in a Pupil Referral Unit (PRU), for periods of exclusion exceeding 5 days. The longer-term impact of such disruption to a young person's schooling and particularly spending time at a PRU is clear in the case study we have shared on page 9.

Suspensions (fixed term exclusions) and exclusions by London borough (academic year 2021/22)

Borough	Count of permanent exclusions	Count of suspensions	Headcount	Permanent Exclusions (rate %)	Suspension (rate %)
Islington	11	2,257	23,819	0.05	9.48
Hackney	30	2,330	24,185	0.09	6.82
Bexley	29	2,747	43,881	0.07	6.26
Westminster	4	1,278	21,779	0.02	5.87
Bromley	35	3,004	53,123	0.07	5.65
Hammersmith and Fulham	7	1,128	20,295	0.03	5.56
Kensington and Chelsea	5	718	12,936	0.04	5.55
Lewisham	15	2,018	38,418	0.04	5.26
Greenwich	11	2,296	43,991	0.03	5.22
Croydon	15	2,945	57,384	0.03	5.13

Our focus groups with local partners supporting young people at risk identified that families for whom English is a second language were particularly vulnerable to exclusions.

"Notting Dale has a high proportion of parents for whom English is a second language. It is very hard for them to navigate the legalities of the school exclusion process and advocate for their child. It is easy for them to end up agreeing to something that they haven't fully understood."

- Focus group participant

Within the borough; the highest rates of exclusions are amongst children who are from Black/African/Caribbean/Black British backgrounds; who are eligible for free school meals; and who have Special Educational Needs but are without the Education; Health and Care Plan (EHCP) that would fund additional school support for their needs. Exclusion rates for all of these groups are higher than London averages and some are higher than England averages.

Suspensions (fixed term exclusions) per 100 pupils (academic year 2021/22)

Socio-demographic				
group	Characteristic	and Chelsea	England	London
All groups	All groups	5.6	6.9	4.3
Ethnicity	Asian/Asian British	2.4	2.7	1.7
Ethnicity	Black/African/ Caribbean/ Black British	7	6.5	6.8
Ethnicity	Mixed/Multiple ethnic groups	6.7	7.9	5.8
Ethnicity	Unknown	5.3	10.2	6.2
Ethnicity	White	4.4	7.6	4.4
Free school meals	FSM – Eligible	10.2	16.1	8.5
Free school meals	FSM – Not eligible	3.3	4.3	3
Special Educational Needs (SEN)	SEN provision – no SEN	4.1	4.7	3.1
Special Educational Needs (SEN)	SEN provision – SEN with statement or ECH	7.8	17.7	11.5
Special Educational Needs (SEN)	SEN provision – SEN without statement	14.6	18.6	10.9



Case study

The Damage Caused By Fixed Term Exclusions

A community youth centre in RBKC has been actively assisting a group of 8 boys, aged 14-16, who are experiencing various stages of school exclusion, either complete expulsion or placement in a Pupil Referral Unit (PRU) during a fixed term exclusion. All of these boys share a common North African/Moroccan ethnic background, contributing to a tight-knit group dynamic. 4 of them have identified Special Educational Needs (SEN), including conditions such as ADHD and ADD.

The shared experiences of exclusion and time spent in the PRU have intensified the bond among these boys, fostering a sense of camaraderie. However, this strong group dynamic has also contributed to challenging behaviour patterns. Within the group, one or two individuals often take the lead in engaging in anti-social behaviours, and others, particularly those with SEN needs, tend to follow suit due to their shared connection.

It has been observed that some of these boys had no significant behavioural issues until their first suspension, which introduced them to other excluded peers. This served as a catalyst for a major change in their situation, leading to exclusion, a big increase in anti-social behaviour and even criminal involvement in some cases.

"We believe that suspensions and exclusions, without interventions and addressing SEN needs, have pushed these boys towards further anti-social behaviour that extends out of school and into the community. Furthermore, the combination of their SEN needs and cultural background creates an intense shared identity."

- Callum, Youth Worker

These findings were confirmed by our focus groups, who reported difficulties in accessing both diagnosis and medication for SEN children, whose behavioural challenges in school were contributing factors to their exclusions. Even with a SEN diagnosis, the road to securing an ECHP is long and bureaucratic, with many families ill-equipped to navigate the system.

Youth workers also reported the poor mental health of their young people as aggravating factors in their challenging behaviour and increasing their risk of school exclusions. Trying to access statutory mental health support is a waiting game with no guarantee of treatment. In the meantime, local voluntary organisations are left to fill the gaps, working across schools and other statutory agencies to deliver a tailored package of support for each young person. Their capacity, resources and reach are insufficient to meet the scale of the demand, and voluntary sector provision is not consistent or even present in all K+C schools.

"Teachers and school resources are so stretched that often mentors, provided by local charities, are the only people able to recognize and offer support to the kids struggling with mental health. If schools don't have these mentoring services, those kids are missed".

- Focus group participant

Rather than working collaboratively to keep young people in mainstream school and improve their education outcomes, focus group members reported an often combative relationship between schools and families, with the former appearing to prioritise overall school performance over the needs of the young person. It was acknowledged

that schools themselves are struggling with limited resources and do not have the capacity to provide the support some children need.

"There can be a lack of understanding due to a disconnect between the schools and what families are experiencing – for example the school giving out detentions because children don't have the right uniform or shoes – not understanding the families can't afford the correct items. Families don't want to make a fuss so won't speak up."

- Focus group participant

"We are trying to teach parents that school is a safe space for their kids and they should be encouraging attendance. But it is challenging when their day to day experience is that their child is not supported. We have families whose children are told not to attend on exam days so that their poor academic performance doesn't impact the school".

- Focus group participant

It is notable that, since our last report, there has been significant investment in addressing school exclusions in the borough, both from Royal Borough of Kensington and Chelsea (RBKC), the Kensington + Chelsea Foundation and others. The majority of this work was implemented during the past 18 months and its full impact will be seen in the next set of exclusions figures for the academic year 2022/23. Early signs indicate some promising results. It will be important to review these interventions and their impact to understand how the best education opportunities and outcomes for our young people can be delivered in the borough.



Case study

The Impact of Investing In Holistic Support For Young People At Risk

The K+C Foundation has invested in a 2 year pilot programme to provide holistic one to one support to young people at risk of school exclusion in Chelsea. Our partner organisation has recruited and trained 3 Link Workers, who are each embedded in one of 3 schools to work with selected young people and their families to deliver a personalised support plan. The early impact of this work is evident, as explained through Anna's story.

Anna's teachers were keen for her to receive targeted interventions and support to get her back on track before her GCSEs, as she was on her final warning and at serious risk of being permanently excluded. After assessment by our partner charity, Anna was identified as being at high risk in her emotional and social wellbeing and academically, in her maths work.

With this data and the insights from Anna's teachers and mother, she was

enrolled in a 2 year programme with her school Link Worker, Hannah, who would become her trusted mentor and champion. Through regular one-to-one sessions, Hannah learned that Anna felt misunderstood by her teachers, and although she wanted to do better, she didn't know how. At this time, she had the second highest number of poor behaviour points in the whole school, so Hannah took the opportunity to have positive conversations with Anna about her aspirations to become an Olympic athlete and her love of football.

As the term progressed, and Anna began to talk more proactively with Hannah, it became clear that Anna's bad behaviour and projections of confidence were actually a mask to hide the fact that she felt she wasn't good at anything and that her teachers had given up on her. Hannah enrolled Anna in a range of positive activities including the 'Thinking About Thinking' programme, a school holiday football progamme and the

REWIND project at the Lyric Theatre.

Over time, these activities helped to encourage positive self-talk and confidence, improved Anna's emotional wellbeing and mental health, and helped her to identify situations where she could take a different approach and gave her the tools to do so.

Anna now has an inner motivation to achieve things for herself, rather than just to make her mother proud, and is excited about her GCSE options. Her behaviour points have significantly reduced and she is no longer on a final warning for permanent school exclusion. In the current academic year, Hannah and Anna are working on academic support, to continue building on her confidence in the classroom. Hannah is confident that Anna is now motivated to achieve positive outcomes and will continue to thrive throughout the rest of the programme and into adulthood.

As the case study demonstrates, fixed term and permanent exclusions are preventable if children at risk are given dedicated support from a trusted professional. However school resources are already overstretched and so this intervention is best provided by voluntary sector specialists, in partnership with schools.

The K+C Foundation's Education portfolio has prioritised work supporting children at risk of exclusion, ensuring that they can receive the support they need to remain in mainstream education and achieve their full potential. This goal is clearly in the best interests of the young people and their families, as well as the wider community. We will continue this focus over the coming 3 years. We are keen to explore partnerships that ensure young people who do spend time in alternative provision do not drop out of education. This specialist support will help stop school exclusions leading to further social exclusion and poor life outcomes.

Skills and Employment

As well as identifying high levels of unemployment in K+C in our previous report, we also reported the increasing number of residents facing in-work poverty. In other words, despite having secured employment, more and more residents were struggling to make ends meet and having to claim Universal Credit.

Our new data shows that this has continued to rise in K+C, in contrast to the national and London trends.

In numerical terms, the number of residents claiming in work benefits has increased from 2,139 people in 2020, to 3,125 in 2023, a significant rise of 46%.

46%

rise in residents claiming in work benefits

In-work Universal Credit claimants as percentage of workers, May 2020–May 2023

Source: Benefit combinations, via statXplore, DWP; Annual Population Survey, ONS, via NOMIS



We also previously reported on the impact of the high private housing costs in K+C on lower income residents – this too has risen sharply. The average proportion of income spent on renting a one bedroom flat in the borough is an astonishing 76%, a rise of 6.5% since 2021.

It is clear that the proportion of income left over for food and utilities is extremely limited and insufficient to meet essential needs. This is reflected in the feedback we have received from agencies implementing our Cash First and Winter Warmth initiatives, which offer cash for essential items and payments towards fuel bills to residents who are struggling financially. One agency reported that nearly 30% of Cash First and Winter Warmth claimants are working adults whose employment income is not able to cover basic needs.

The K+C Foundation's work in this area has balanced the need for immediate financial

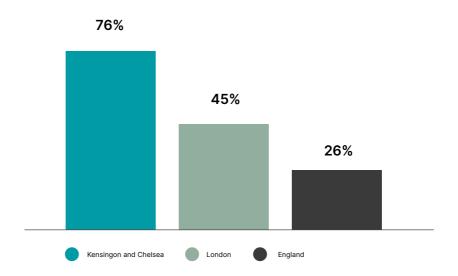
relief (through the initiatives referred to above) with providing more sustainable solutions. Many of our residents who are unor underemployed face complex issues that need resolving before they are ready for the labour market. We have invested in longerterm employment support programmes which take a more tailored and holistic approach with their clients, addressing wider issues while offering training, mentoring and work experience. We have seen this approach leading to sustainable employment in jobs that offer career development and prospects and we are keen to grow and scale this work to reach more residents in need.

"We are seeing an increasing number of working people who are in financial difficulty and are not used to accessing support, now having to come for help."

- Nucleus Legal Centre (independent local advice agency)

Proportion of median London income spent on median rent for a onebedroom property (April 2022 to March 2023)

ONS, Private rental market summary statistics in England, 2023; NOMIS, Median pay in small areas, 2023



Mental Health

In 2021, we reported that levels of anxiety in K+C were significantly higher than national and London averages, having peaked after the Grenfell Tower Fire in 2017 and then exacerbated by the Covid-19 pandemic.

In Summer 2023, 1 in 4 residents reported feeling high levels of anxiety, (source JSNA), with 1 in 12 having a GP diagnosis of depression. Residents suffering with depression are more likely to live in the most deprived wards of the borough and it is more prevalent amongst residents from Black Caribbean, mixed White and Black Caribbean and Black British backgrounds.

More than 1 in 6 young people in K+C have a mental health issue, with the most common reasons for GP visits being depression and developmental speech needs.

1 in 4
residents reported high level
of anxiety (summer 2023)

Accessing support for mental health is challenging, with long wait times before initial triage or assessment appointments. Kensington and Chelsea is served by NHS North West London CCG, which has a waiting time higher than both national and London averages. Our partners report that the 'second contact' is still not the beginning of treatment for most patients, but more likely further assessment and triaging.

Average waiting time between referral and second contact (days), child and young adults mental health services, April 2021–March 2022

Source: NHS Digital, Additional statistics to support the measurement of waiting times into children and young people's mental health services 2021-22



Between 2022 and 2023, mental health referrals to North West London CCG increased by a staggering 28%, with the number of mental health contacts increasing by 34% in the same period.

28% increase mental health

Our focus group sessions highlighted the impact of oversubscribed statutory services on residents, with many facing seemingly endless referrals as one service seeks to push the burden onto another.

"Often once you get a mental health assessment it turns out to be the wrong department and the person gets referred for another assessment by another team. The mental health services aren't integrated with social services - neither service wants to take a referral as both are too oversubscribed. They will argue whether something is a mental health vs behavioural vs addiction problem to try and get the person referred to another team."

- Focus group participant

The impact of poor referrals to inappropriate services damages residents' trust in the system, and compounds their trauma by having to tell and retell their stories, only to be referred on again without support. In some cases, this means residents disengaging from mental health services before ever receiving treatment.

Our research found that the number of days K+C mental health patients³ spent in inappropriate out of area service placements is increasing sharply, from 370 in November 2021, to 2,180 by June 2022.

Once again, voluntary sector organisations are increasingly having to fill the gaps left by struggling statutory services, and support their clients to navigate a seemingly impenetrable system that is poorly designed for potentially vulnerable users.

"The entire system, designed to support vulnerable clients, is chaotic. It is impossible for clients with complex and high levels of need to navigate that chaos."

- Focus group participant

"The voluntary sector is good at taking a person-centred approach and there's an expectation from statutory services that the voluntary sector will provide the safety net. There's a recognition of the value and cost savings, but that doesn't translate into funding and voluntary sector voices aren't around the table when decisions are made. Many providers don't get any funding for social prescribing referrals."

- Focus group participant

It is evident that the demand for mental health support in the borough is overwhelming and that the voluntary sector requires significant additional funding to meet the needs of residents unable to access help through the statutory system.

³ Figures for North West London CCG, which covers Kensington and Chelsea



Case study

Struggling To Access The Right Support

James was trying to cope with an unimaginable loss after his partner and both children were killed in an accident, and he began to slide into substance addiction. He was initially referred for bereavement counselling, but was rejected by the service which determined that he should first receive drug and alcohol counselling and referred him on. After being assessed by the drug and alcohol service,

it was determined that he should first receive bereavement counselling and so he was referred on again. This second bereavement counselling referral ended in rejection because he had a previous criminal conviction and therefore was not considered eligible for support. James ended up with nowhere to turn, facing his bereavement and addiction issues alone.

The K+C Foundation recognises the significant underfunding and overwhelming demand facing local partners supporting residents with mental health issues. Our investment in local partners over the past 3 years has demonstrated the impact their work can have on residents who fall through the net or have been let down by public services. It is clear that poor mental health

is a contributing factor to the other challenges we have outlined in this report, such as lower life expectancy, ability to thrive in school and chances of securing and holding down meaningful employment. We will continue to prioritise mental health as one of our 3 core investment portfolios and aim to attract significant investment in this area.

Conclusions

Our research demonstrates that over the past 2 years, in a relatively small borough of just 143,900 residents, the wealth and outcomes gap has measurably widened, while poverty and deprivation, and their impact, have deepened.

The number of residents in need of mental health support is increasing, but accessing the right support at the right time is problematic, with many residents failed by, and disengaging from, a system with impossible entry requirements and long waiting times. Poor mental health, in turn, is exacerbating other areas of concern such as life expectancy and poor education and employment outcomes.

There is evidence that targeted interventions with an individualised approach, particularly in the area of school exclusions, are having a positive impact, but the burden on voluntary sector groups to meet a growing need is unsustainable without significant additional funding.

In a borough with a contrasting abundance of wealth and philanthropic capacity, there is not only an opportunity but a clear and pressing need to strengthen the voluntary sector and provide sustainable funding to those local groups best placed to provide person-centred, agile and flexible support to the community.

Our belief that this is possible is central to the vision and mission of The Kensington + Chelsea Foundation. We remain focused on significantly increasing multi-year philanthropic commitments to support projects and programmes able to demonstrate clear, measurable impact for our residents. We invest in initiatives which are community-led, offer tailored support for clients, and are preventative and collaborative. Our strategy is to build partnerships with purpose to harness critical support from local businesses and philanthropists. We ensure that these resources are directed to the most pressing local issues and interventions that will make a tangible difference.

Given the landscape outlined in these latest findings, we believe that tackling this deepening divide is paramount. We are committed to growing this support, helping successful and impactful initiatives to become more sustainable and scalable, reaching those who are most excluded and vulnerable in our community. We invite local businesses and philanthropists to join us, to build better lives, together.





A better life together

This report was commissioned by The Kensington + Chelsea Foundation and produced by WPI Economics, February 2024

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