

Children and Young People

See the **Data Factsheets** for more data and analysis:

<http://www.rbkc.gov.uk/voluntaryandpartnerships/jsna/2010datafactsheets.aspx>

Population

Overall, Kensington and Chelsea has a smaller proportion of children and young people compared to London and England. However, in the far north of the borough, the proportion is higher than the London average

There are an estimated 29,000 children and young people aged 0 to 17 resident in the Royal Borough. **Error! Bookmark not defined.**¹ This figure increases to 31,300 when young people aged 18 and 19 are included. Children and young people aged 0-17 represent just under 18 per cent of the resident population, which is lower than the London average of 22 per cent and the England average of 21 per cent.

The number of children as a proportion of the local population varies between wards. Golborne, St Charles, Notting Barns and Holland wards all have higher proportions of children and young people than the London average. The proportion of children within all other wards in the borough, in relation to the rest of the population, is among the lowest 20 percent in London.¹

Across Kensington and Chelsea, 19 per cent of residents are recorded as having moved into their home in the last 12 months – this is in comparison to only 12 per cent across England and an average of 14 per cent in London. Levels of migration are particularly high in areas with large amounts of private rented housing.

Within Queens Gate and Brompton wards, nearly one third of residents have moved into their current address in the previous year. Movement within the north of the borough, where there is a higher proportion of social housing, is much lower. **Error! Bookmark not defined.**³

Levels of outward migration are particularly high in the borough for families with small children

GP registration data shows that migration out of the borough is particularly acute among families with children under the age of five. **Error! Bookmark not defined.**⁷

Ethnicity

A third of the borough's children and young people are from a Black or Minority Ethnic Group

The 2001 census identified a third (33 per cent) of the borough's children and young people as being from a Black & Minority Ethnic (BME) group, lower than the London average (41 per cent) but considerably higher than the England average (14 per cent). The child population in Kensington

and Chelsea is much more ethnically diverse than the adult population (where 19 per cent of the population were from a BME group in 2001). The highest rates of children and young people from BME backgrounds live in the north of the borough, particularly in Golborne, Notting Barns and Colville wards.

Schools

Approximately half of children in the Royal Borough attend independent schools; this is considerably higher than the London and England rate of seven per cent.² There were a total of 11,012 pupils in schools maintained by the Royal Borough in 2010, of which 64 per cent were residents of the borough.

Approximately half of all children living in the borough attend independent schools

Pupils in Royal Borough schools exceed national expectations for achievement at both primary and secondary level

Educational outcomes for pupils in Kensington and Chelsea schools are well above England averages. Kensington and Chelsea was above or the same as the 2010 national average in all 13 areas of the Foundation Stage Profile; above or

the same as the national average in all Key Stage 1 subjects (at age seven); above national performance in Key Stage 3 assessments (at age 13); and among the highest nationally for attainment by pupils at GCSE level.³

The percentage of pupils entitled to free school meals is more than double the national average among primary school aged children (36 per cent compared to 17 per cent) and almost double among secondary school aged children (23 per cent compared to 14 per cent nationally). The proportion of pupils from a White British background is lower in Kensington and Chelsea schools – 22 per cent of pupils in maintained primary schools are White British in Kensington and Chelsea compared

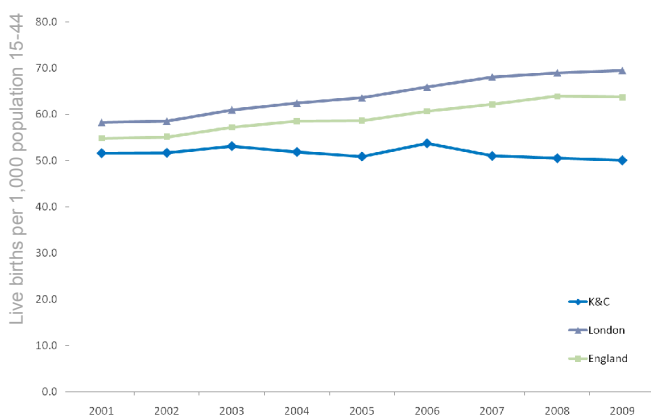
to 74 per cent nationally. Thirty one per cent of pupils in state secondary schools are also White British compared to 77 per cent nationally.⁴

Fertility and births

The birth rate among women of a child bearing age in Kensington and Chelsea is lower than the London and England averages. **Error! Bookmark not defined.**¹⁵

The birth rate in Kensington and Chelsea is below the London and England average, but the age structure of the population means there are still a substantial number of births each year

Live birth rate over time



The borough has a birth rate of 51 live births per year per 1,000 female population aged between 15 and 44. This compares to 69 per 1,000 in London and 64 per 1,000 in England.⁵

The birth rate is highest in Golborne and Holland wards and lowest in Cremorne and Brompton wards.

Since 2001, fertility rates in Kensington and Chelsea have remained reasonably constant, unlike the rising trend found in London and England. The actual number of births has risen since the beginning of the decade, due to the increase in women of child-bearing age living in the borough, from 2,150 in 2001 to 2,234 in 2009.⁶

Physical Health

In Kensington and Chelsea maintained primary schools, 8.6 per cent of Reception boys and 8.2 percent of Reception girls were classified as obese,

Obesity levels in Year 6 pupils are higher than the London average and have continued to rise over time

which is lower than England averages (2010 figures). For Year 6 children, the proportions were significantly higher, with boys a third more likely to be obese as girls: 28.8 per cent boys and 20.5 per cent of girls were classified as obese. This is significantly higher than the English average and Kensington and Chelsea is now ranked the eighth highest in the country. **Error! Bookmark not defined.**²⁴

Children eligible for free school meals were around one quarter more likely to be obese than those not eligible. The highest levels of obesity were found amongst the BME groups – one fifth of children with Black, Asian and ‘Other ethnic’ groups were obese. **Error! Bookmark not defined.**²⁵

There has been a gradual drop in the proportion of children classified as obese in Reception over time, but there has generally been a trend of rising obesity among Year 6 pupils over time, primarily from the rise among boys.

Mothers in Kensington and Chelsea have among the highest rates of breastfeeding in the country: in 2009/10, 82 per cent of all mothers in the borough were either exclusively or partially breastfeeding at 6-8 weeks post birth, compared to 70 per cent in London and 48 per cent nationally.⁷ National evidence has consistently demonstrated clear health benefits to mother and child from breastfeeding.

Hospital admissions for children are generally low, but tend to be higher in more deprived areas of the borough

The rate of hospital admissions⁸ due to unintentional or deliberate injury is lower in Kensington and Chelsea than in London or England. Kensington and Chelsea has the lowest rate of inner London boroughs and the fourth lowest rate across London.

Hospital admission for gastroenteritis among under-fives is the third lowest in London, with an average of four admissions per 1,000 under-fives compared to seven per 1,000 across London.

Hospital admissions for asthma among children under the age of 15 are the second lowest across London; however this low rate masks higher rates among the more socially deprived Golborne and St Charles wards where admissions for asthma are a third higher than the London average.

Oral health among five year olds attending maintained schools in Kensington and Chelsea is worse than the London and England average

Kensington and Chelsea schoolchildren have consistently had a higher average number of decayed, missing or filled teeth compared to London and England. On average, each five year old attending a

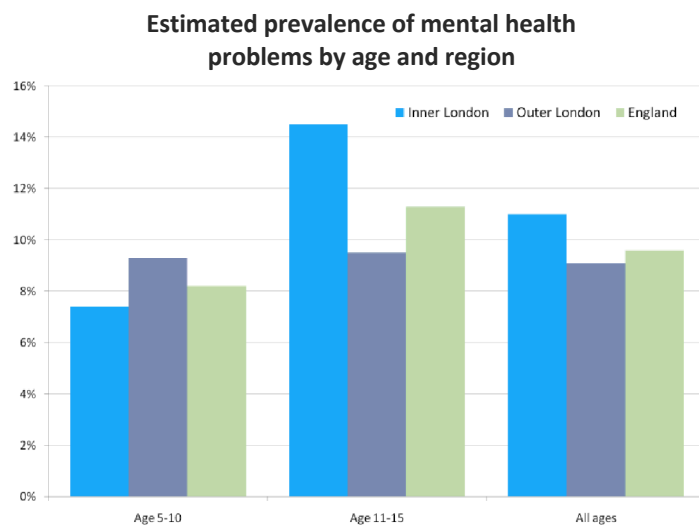
maintained school in Kensington and Chelsea has 1.6 teeth decayed, missing or filled. This is higher than the London average (1.3) and England average (1.1), based on survey date from 2007/08.

The level of decay in Kensington and Chelsea is similar to the neighbouring boroughs of Westminster, Hammersmith and Fulham and Brent. **Error! Bookmark not defined.**⁵⁸

Mental Health

Across England, ten per cent of children and young people aged five to 16 are estimated to have some form of mental disorder.⁹

Older children who live in Inner London are slightly more likely to have a mental disorder than the same age group in the rest of England.



It is estimated that almost 8,000 children and young people are likely to be in need of mental health information, advice, and support in Kensington and Chelsea. Of these, 2,300 children are estimated to have a mental disorder of some kind. Approximately 900 children per year in Kensington and Chelsea are predicted to have a serious mental health disorder, with around 140 requiring inpatient services. The Child and Adolescent Mental Health (CAMH) service in Kensington and Chelsea provides support to around two per cent of the borough's children and young people.¹⁰

Substance and Alcohol Misuse

Kensington and Chelsea's alcohol-specific hospital admission rate for under 18s was 40.7 per 100,000 population in the period 2006/07 to 2008/09. This was far lower than the 65.0 per 100,000 in England as a whole but slightly higher than the 39.3 per 100,000 average for London.¹¹

Fifty-three young people entered substance misuse treatment in 2009/10. Over half of young people were aged 17 and over, and nearly two-thirds of those entering treatment were male.¹²

Cannabis is the main drug used by young people entering substance misuse treatment

Cannabis was overwhelmingly the main drug used by these young people, with 60 per cent

of young people entering treatment for cannabis misuse alone and 79 per cent entering treatment for cannabis and alcohol misuse combined. Of the 28 young people who exited substance misuse treatment in 2009/10, only 1 young person was recorded as completing the programme and being drug free.¹³

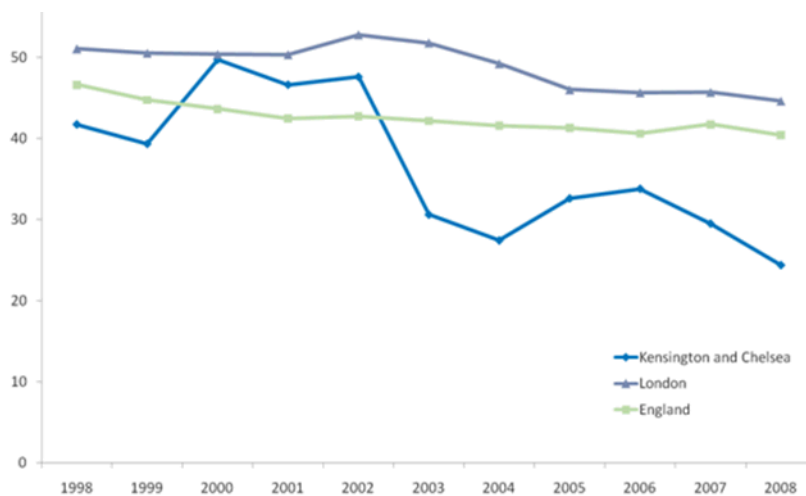
Parental substance misuse is also an issue in Kensington and Chelsea. It is estimated that there are approximately 500 children in the Royal Borough with a parent engaged with a substance misuse service.¹⁴

Sexual Health

The under 18 conception rate in Kensington and Chelsea is 24.4 per 1,000 females aged 15-17.¹⁵ This rate has significantly declined from the 1998 baseline of 41.7 per 1,000. The actual number of teenage conceptions was 48 in 2008.

The under 18 conception rate in Kensington and Chelsea is currently the third lowest in London

Under 18 conception rate over time



The Kensington and Chelsea rate is well below the London rate of 44 per 1,000 and England rate of 40 per 1,000.

Nine out of ten under 18 conceptions between 2004 and 2006 were to girls aged 16 and 17.

In 2009, two thirds (69 per cent) of all teenage conceptions in Kensington and Chelsea led to abortion, compared to 61 per cent in London and 50 per cent in England.

Chlamydia infection rates amongst young people aged between 15 and 24 are far lower in Kensington and Chelsea than in London or England. There were a total of 349 young people treated for Chlamydia in GUM clinics in Kensington and Chelsea during 2009, or 183 per 10,000 population (compared to 243

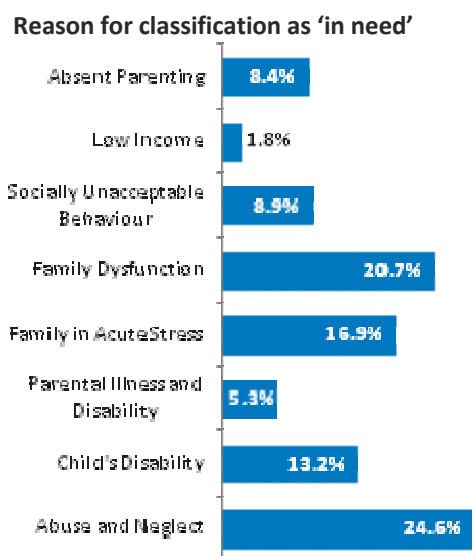
The prevalence of Chlamydia amongst young people who have been tested is well below the London and England rates

per 10,000 population in London and 221 per 10,000 in England).¹⁶ In addition, the level of positivity identified from opportunistic screening programmes was the fifth lowest in the country in 2009/10.¹⁷

Local analysis has identified those most at risk of Chlamydia as being deprived populations, younger females, and those of Caribbean heritage.¹⁸

Vulnerable Children

The numbers of children deemed to need social care services varies between ethnic groups



Children become 'looked after' when their birth parents are unable to provide ongoing care in either a temporary or permanent capacity. Seventy-two children began an episode of care during 2009/10 and 80 finished an episode, resulting in a small reduction in the overall population of looked after children. This is well below the London and England averages.²⁰

A child 'in need' is one assessed to be in need of social care services. Episodes (the whole process from a child being deemed to be in need of social care services until a resolution is found) are less frequent in Kensington and Chelsea than in London as a whole, but are still considerably above the national average.¹⁹

There were 3,069 children in need episodes in 2009/10. The most prevalent reason for a child being in need of social care services was 'abuse and neglect'.

Children in need were disproportionately from BME groups in 2009/10. In all wards, 'White' children and young people were under-represented, based on population size.

Since 2007, the number of unaccompanied asylum seekers in Kensington and Chelsea has more than halved

Fewer children require a child protection plan in Kensington and Chelsea than the London average

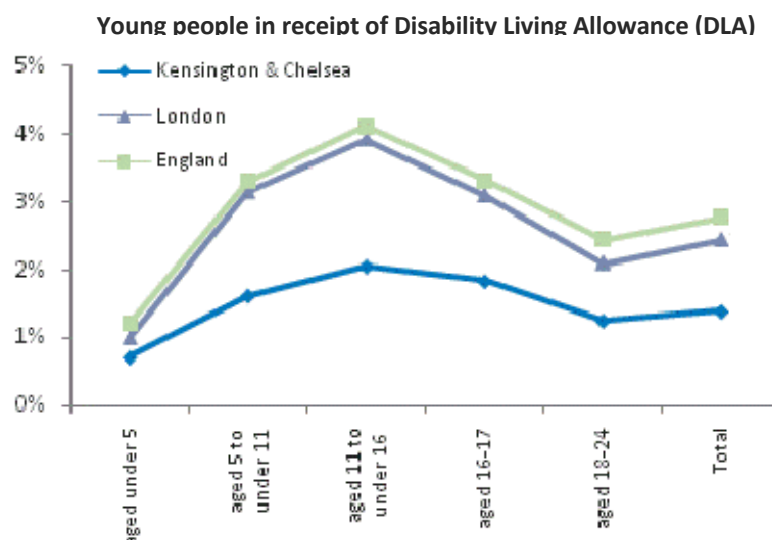
The number of children who are 'looked after' has steadily fallen in Kensington and Chelsea over the past three years. The number of unaccompanied asylum seeking children (USAC) has more than halved during this period, whereas the number of non-UASC children has remained relatively stable.

Children who have a child protection plan are considered in need of protection from physical, sexual, or emotional abuse or from neglect. The Child Protection Plan details key areas of concern along with the plan of action and indicators to determine if progress is being made. In total, 192 children in Kensington and Chelsea required a Child Protection Plan during 2009/10, an increase of 21 on the previous year. This is 64 child protection plans per 10,000 of population, similar to England (63) and below London levels (75).

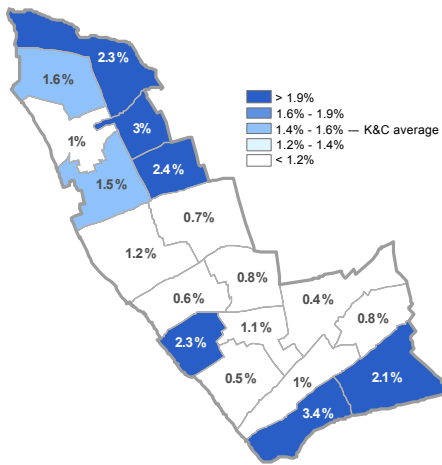
The number of children in receipt of a Disability Living Allowance (DLA) presents the most reliable picture of the numbers of children and young people with a disability in the borough.

The proportion of children and young people in receipt of Disability Living Allowance is significantly lower in Kensington and Chelsea than in London and England

Overall numbers of children and young people (aged under 18) in receipt of DLA has increased over the past two years; from 390 in 2007 to 440 in 2010. The proportion of children and young people receiving DLA is lower in Kensington and Chelsea than in London and England. Nearly half of all under 16 year olds (and 16 to 24 year olds) in receipt of DLA live in the four wards of St Charles, Notting Barns, Golborne, and Cremorne.²¹



Percentage of young people aged 5-19 providing care



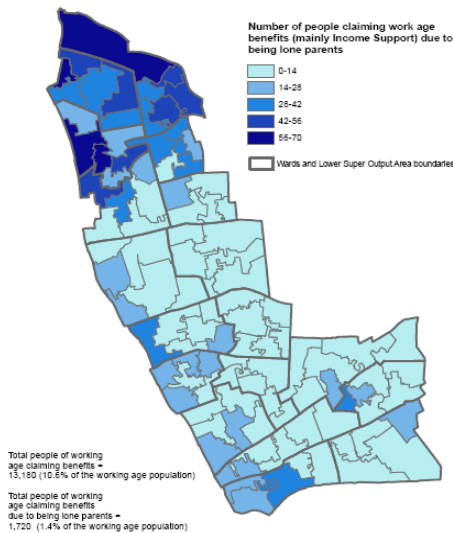
The percentage of young carers in the borough is lower than the national average

In the 2001 Census, 303 residents under the age of 18 were identified as carers, just over one per cent of the under 18 population. This is roughly a third lower than the national rate.

There are large geographical differences, from 3.4 per cent of young people in Cremorne ward to 0.4 per cent in Brompton ward.

Child Poverty

Working-age people claiming benefits

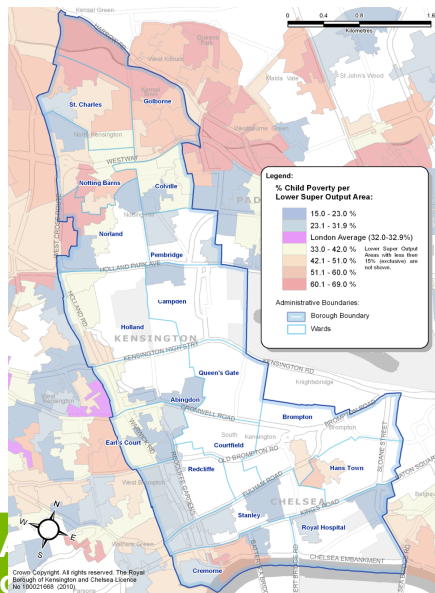


In 2008 there were 4,920 children aged 0 to 15 living in families in receipt of out-of-work benefits. This equates to 17 per cent of children 0-15 in the borough, compared to 27 per cent in London, and 19 per cent in England.²²

A total of 1,720 residents claim lone-parent benefits: 58 per cent of all benefit claimants with dependent children. Ninety-seven per cent of lone parent benefit claimants are female, and 73 per cent aged between 25 and 44 years old.

The proportion of 0 to 15 year olds living in families who are in receipt of out-of-work benefits fell between 2004 and 2008; from 21 per cent to just under 18 per cent. This

Child poverty



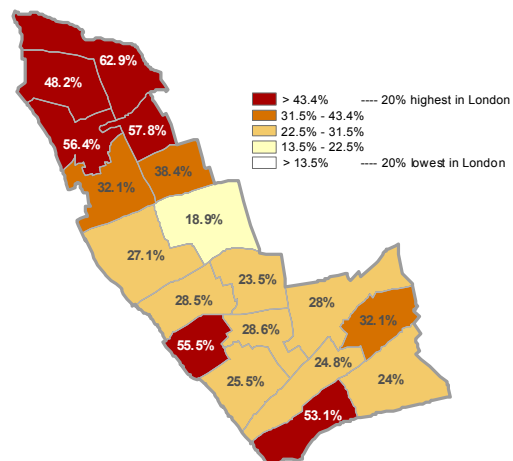
in the borough's highest areas of deprivation

proportion is similar to the English average, and is far below the London rate of 28 per cent. However, this overall percentage masks significant levels of poverty within certain wards.

Areas left white or shaded in blue in the map (right) are below the London child poverty average. Of the 103 lower super output areas in Kensington and Chelsea, six have over 60 per cent of children living in families classed as being in poverty.²³

Overcrowding is a significant problem in the borough with nearly 40 per cent of young people living in housing that is over-crowded compared to 29 per cent in London and 13 per cent nationally, according to the 2001 Census. The highest levels of overcrowding for children and young people are found in the far north of the borough, Earl's Court, and Cremorne wards. **Error! Bookmark not defined.**³

Percentage of children living in overcrowded households, 2001



According to Council records, there were a total of 1,672 families living in overcrowded houses in April 2008, of which 279 were classed as living in severely overcrowded housing. Eighty five per cent of this over-crowded housing is amongst current social housing tenants who are seeking a transfer.²⁴

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¹ GLA 2008 (low) population projections for 2010

² These figures are estimates. They have been calculated using imported and exported pupils data, along with Office of National Statistics (ONS) population data (2008 mid-year estimates). The data should be treated with caution due to the unstable nature of population estimates.

³ ONS census data 2001

⁴ DfE biannual school census

⁵ ONS Vital Statistics , GLA 2008 (Low) Population Projections

⁶ ONS Public Health Births File and ONS Vital Statistics 1

⁷ Department of Health returns 2009/10. NHS Information Centre website

⁸ Compendium of Clinical and Health Indicators, 2008/09

⁹ LHO, 2007

¹⁰ Central North West London Mental Health NHS Foundation Trust (CNWL), (2006)

¹¹ North West Public Health Observatory - Local Alcohol Profiles for England (2006/7-2008/9)

¹² National Treatment Agency for Substance Misuse (2009/10)

¹³ NDTMS data, provided by Kensington and Chelsea DAAT team, 2009/10

¹⁴ 2010 RBKC Substance Misuse Needs Analysis

¹⁵ Teenage Pregnancy Unit, 2008

¹⁶ Health Protection Agency, 2009

¹⁷ Chlamydia Screening Programme, 2009/10

¹⁸ PCT analysis of factors influencing Chlamydia positivity, 2010

¹⁹ Children in need census 2010

²⁰ Children in Need census 2010

²¹ DLA update (latest February 2010) from ONS

²² National Indicator 116

²³ Index of Income Deprivation affecting Children, 2007, DWP

²⁴ RBKC housing data