



**ON THE  
EDGE**

**Working together  
across Richmond to  
support people in need**



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# EXECUTIVE SUMMARY

**On the Edge** is the culmination of independent research carried out by Rocket Science on behalf of grant-making charities in Richmond and is co-funded by Hampton Fuel Allotment Charity (HFAC) and Richmond Parish Lands Charity (RPLC). Over 100 individuals working with people in need across the Borough contributed to the research together with 80+ local organisations and charities. Researchers also consulted people who are in, or on the edge of, crisis.

## Service Provision

Current services are sometimes ineffective or unavailable and are on the edge of failing the people they need to support. Changes in national and local government funding, the commissioning of services, cuts in benefits, crisis management and working in isolation have all led to uncertainty. In some cases, this has had a negative impact on vulnerable people and organisations supporting them.

## Individuals

Navigating a sometimes disjointed or even ineffective system can cause additional stress and impact negatively on people's mental health and resilience. Many people are living in fragile arrangements that could break down at any time. Anticipated cuts in funding and support are likely to push people who are just about coping over the edge and into crisis.

## Organisations

Local organisations are facing uncertain futures, with some on the edge of sustainability. Uncertainty is compounded by organisations being concerned about the impact of future commissioning and shared service arrangements across the London Boroughs of Richmond, Wandsworth, and Kingston. There are opportunities for some organisations to extend services to other boroughs but this may result in loss of local specialism and expertise. There is a risk that smaller local charities that have the knowledge and trust of Richmond service users will be unable to compete against larger organisations from inside or outside the Borough.

The local grant-making charities invest heavily in organisations that provide critical support to vulnerable people. Funders are also under pressure. A general perception of Richmond as a wealthy borough masks deprivation. It impacts on investment coming into the Borough from funders outside the area and results in greater disparity between wealth and disadvantage locally. Future needs will require resources over and above those offered by local funders.

## Collaboration

This research suggests that collaboration between funders, local residents, businesses, and the statutory, voluntary and community sectors would enable a more effective monitoring of and response to changing needs.

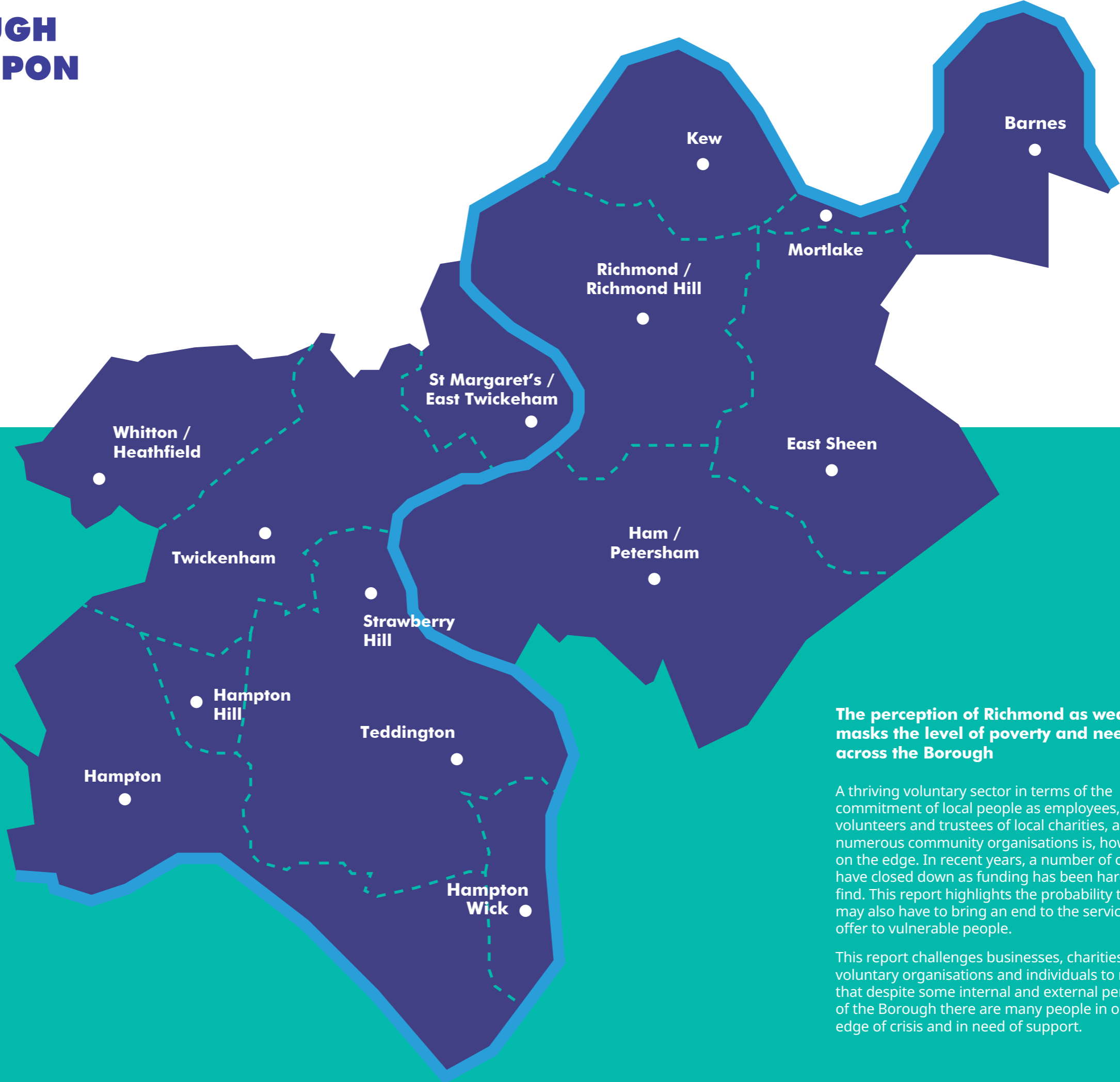
The recommendations in this report provide individuals, families, businesses and local organisations with the opportunity to do things differently. A wider range of options for supporting vulnerable people in need becomes possible if collaboration is effective. Aside from funding, this support could include the delivery of mentoring, peer support, work placements, sponsorship, volunteering opportunities, partnership working, and internships – all of which will increase the ability of local organisations to identify, manage and respond to changing needs in the Borough.

# LONDON BOROUGH OF RICHMOND UPON THAMES

LBRuT stretches from Barnes through Richmond and Twickenham and across to Hampton.

The Borough, generally perceived to be one of the most affluent in London, is made up of many contrasting communities, households and circumstances: wealth and poverty; open spaces and dense housing; large houses and homelessness; community activity and social isolation; wellbeing and ill health.

The population is around 195,000 (ONS estimate 2015) and there are 79,800 households (Census 2011).



### The perception of Richmond as wealthy masks the level of poverty and need across the Borough

A thriving voluntary sector in terms of the commitment of local people as employees, volunteers and trustees of local charities, and numerous community organisations is, however, on the edge. In recent years, a number of charities have closed down as funding has been harder to find. This report highlights the probability that others may also have to bring an end to the services they offer to vulnerable people.

This report challenges businesses, charities, voluntary organisations and individuals to recognise that despite some internal and external perceptions of the Borough there are many people in or on the edge of crisis and in need of support.

## PEOPLE ON THE EDGE

### Need has no boundaries

There are many people living on the edge in Richmond but advocating their needs and accessing support is challenging. Need spans all ages and socio-economic groups.

Richmond is a very popular place to live, it attracts wealth and has a buoyant housing market. But this impacts on the cost of living for people on low incomes, such as the elderly, disabled and young people. Some people need to rely on paid care, but accessing carers is not easy; there is competition with households that can pay higher rates and carers travel into the Borough as they cannot afford to live here. These market conditions drive up costs and make care unaffordable for some.

Cuts in services and other support, alongside the shift to personal budgets has forced people to make difficult choices, which can often result in one decision having a negative impact on another part of their life.



**It can be difficult getting your home adapted if you own your own home, have nobody fighting for you and have a mental health diagnosis, not a physical one."**

**Sarah** has moved around the borough but now lives on the edge of Richmond. She has a mental health diagnosis and is severely physically disabled. She lives by herself in a house which she owns. Sarah receives the higher premium for both Employment Support Allowance (ESA) and Disability Living Allowance (DLA). She is allotted 23 hours of care a week but only receives six hours due to the difficulty of finding carers. Getting around the Borough is another major issue.

**I don't understand why they took that (care support) away from me, I can't understand the logic. Swimming helped to prevent my health from getting worse. It meant that I was less likely to end up in hospital."**

**Richard** is severely disabled and in deteriorating health. He must make choices on how to use his Personal Independence Allowance. Richard needs more care but cannot afford it and free services have been withdrawn so he now must pay for activities. This has left him isolated and his financial situation means that he has no means of accessing activities that will help improve his health.

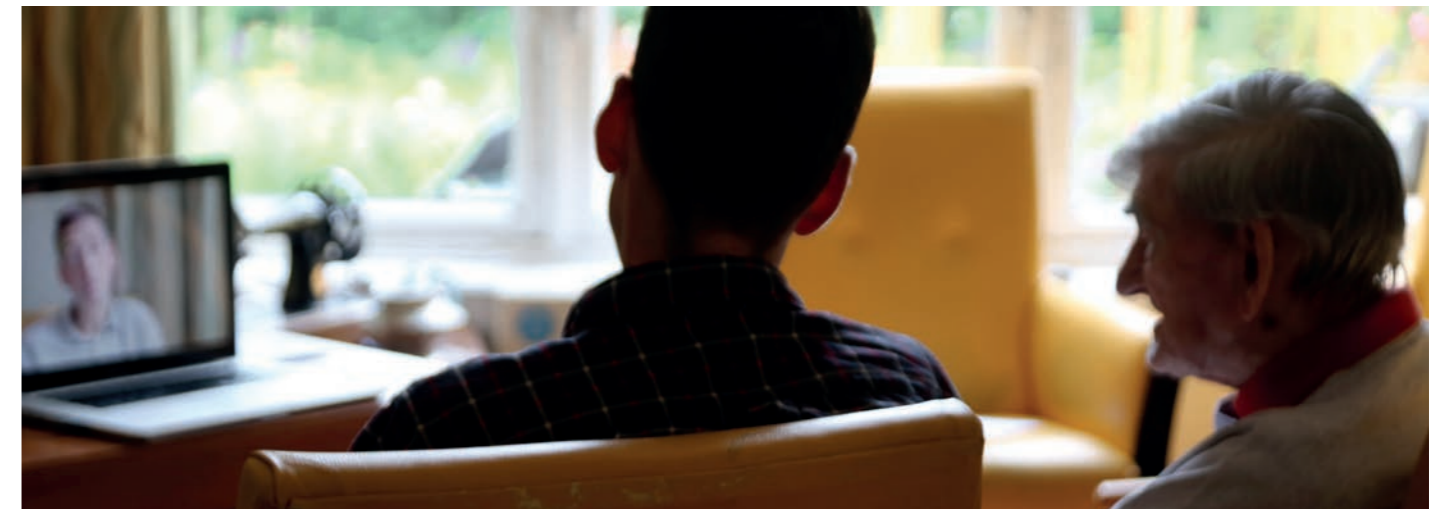
### Not getting support when you need it

Most of the organisations approached by researchers talked about how people are falling through the cracks of support even though they have a legal right to it.

Consultations revealed that this is affecting children and young people the most, particularly those with Special Educational Needs and young carers.

### Not ticking the box

The move for public services to focus on those with the highest levels of need is leaving many that did not tick all the boxes with little or no support. Whilst this move is primarily about saving money in the short term, some felt this was just storing up problems for the person and greater costs to the public purse in the future. This was particularly highlighted for children and young people with a Special Education Need who struggle to receive help and could disengage from education because of their experiences.



**I have a girl who doesn't stereotypically fall under the spectrum of having autism...She disguises it well but she still really needs support."**

**Rebecca's daughter** was diagnosed with Special Educational Needs (SEN) over three years ago, but is still not receiving the support she needs at her mainstream nursery. The family are trying to get an Education Health and Community Plan (EHCP) for their daughter but are experiencing significant difficulties. Although there are organisations and volunteers who offer this support, it is in high demand and therefore difficult to access.

**We were lucky last year. The teacher was caring and really understood how to work with her. This year is different though. The teacher just thinks she's a troublemaker. It's not working as well."**

**Fiona's daughter** is not receiving the support she needs in mainstream school. She feels that this is predominantly due to the lack of understanding around how girls present Autism Spectrum Condition (ASC). The support that her daughter receives is dependent on the goodwill of her teacher and so is inconsistent. This is very stressful for Fiona. All she wants is for her daughter to be understood.

## Fragmented Service Provision

In some instances, services are only available to those who are in crisis situations and/or meet the highest eligibility criteria. They often focus solely on the primary problem presented. This leads to some people having to move from one service to another which can result in conflicting solutions and in some cases no help is offered at all.

In one example a homeless service user had complex needs. One provider would not offer help unless he had received prior support for his alcohol addiction as it would compromise his medication. The alcohol service would not offer help until he had received medication so that they could work with him effectively. This resulted in the person being left in limbo with his recovery compromised.

## Finding and navigating services

Some people find navigating public services and support in Richmond a challenge. Many services are online. Some people lack the skills or do not have access to technology and therefore fall at the first hurdle.

Although many feel the Borough is information rich, some find it difficult to access the information they need. At other times information cannot be accessed when it is needed. Crisis does not follow 9-5 so many people have said how they have struggled to get support and information outside of office hours and at the weekend.

There are reports of duplication where services were being developed in isolation of existing support or where there was little on offer at times when people needed to be less isolated. Many feel there is a need for the voluntary and community sectors to connect and collaborate more. While a more integrated approach to service provision may be possible for larger organisations, smaller ones often do not have the capacity or human resources to become active partners in delivering a more integrated service to vulnerable people.



**I need to start focusing on weekends because they are the times when there are no groups on and I feel really alone and isolated.”**

**Martha** lives alone in a social housing flat. She suffers from chronic back pain and has a borderline personality disorder which makes it very difficult for her to get out in Richmond. Weekends are very difficult for Martha because there is a lack of social activities for her to participate in. This is when she feels most isolated and alone.

## Focus on crisis not prevention

Many commented that there is a consistent lack of preventative support to help people avoid getting into crisis. For example, despite being proactive about managing life changing conditions, people can face barriers when planning for their future.



**I’m trying to move before the MS gets that much worse so that when I move it won’t affect me as much. I’m trying to be proactively helpful but the Council don’t want to listen...they don’t treat people as individuals because they can’t afford to.”**

**Isabel** has multiple sclerosis (MS). She was diagnosed in her mid-twenties and is now in her late forties. She lives in a private rented flat that is too expensive and will soon no longer be fit for purpose as her physical health deteriorates. She has been trying to move into a council property that is adapted to her physical needs but has been told that her condition is not severe enough, despite interventions from her GP. She is trying to be proactive in anticipation of her deteriorating health but services are not willing to provide preventative support.

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## Transition is traumatic

The lack of support when needed most is highly relevant to people in transition. Our consultation with both organisations and individuals revealed people who are managing complex lives and/or conditions and are experiencing a crisis, can feel overwhelmed and unable to cope – especially as they transition through services or a key life event.



**There have been times when I’ve felt if only I could go somewhere which isn’t home where everything I can harm myself is. And I don’t want to just sit in a public space when I’m feeling really bad mentally. It doesn’t feel like there’s anywhere safe that I can go to.”**

**Danielle** is in her 30s and has several mental health conditions. She feels there is very little out of hours support for people, there is an NHS crisis phone line but you can only access if you are under the Mental Health Community Team. This means that people who have been discharged or have not needed help before cannot access support. Danielle is about to be discharged and worries she will no longer be able to access this support.



## DISABILITY

Richmond has a relatively high number of residents with a physical disability. Nearly one in every five households contain someone that lives with a long-term health condition or disability. Richmond also has the highest proportion of people aged over 75 in Greater London and there is predicted to be a large rise in the number of people with dementia and older people with mobility problems<sup>1</sup> (see Appendix 2).

People feel the information available can be overwhelming, making it difficult to access when they most need it. Keeping on top of the information about service provision is a challenge, even for support workers.

People told us that their disability will dictate what they can or cannot do, leaving them feeling isolated and lonely.

Some disabled respondents spoke of their fear of benefit cuts and the changes to personal budgets. Some have experienced hate crime and been called benefit scroungers in the streets. Others struggle to find transport when it is necessary. The challenge for many disabled people is that they are managing complex lives, their disability being just one of several issues they need to cope with.

# 19%

**of households in Richmond contain at least one person with a long-term disability or health condition.**

*Knowing our Borough 2015/16, London Borough of Richmond Upon Thames*



**I don't mix with people because I don't know how to talk to people. I keep to myself because I build a wall around myself... I don't talk to anybody because I don't know how to keep that wheel going."**

Martin is severely dyslexic and has social communication issues. He is in his fifties but is unable to read and write. He is dependent on other people to fill in forms for him and read his letters. Martin is unemployed and unable to find work so he spends most of his time at home by himself. Martin is very lonely.

**People won't stop and help me, they all push and shove. They just think I'm being lazy, they don't get that I'd do anything to be able to have my legs back."**

Ian is a double amputee who has lived in Richmond since he was born. He is in his late fifties and lives alone without any carers in a housing association flat. Ian finds it difficult to get around the borough. Although he has prosthetic limbs, he finds it very challenging to go out without his wheelchair. He sometimes gets the bus but does not like taking the wheelchair on public transport.

## MENTAL HEALTH

Being able to cope with life and its challenges is a struggle for many people and can lead to mental health problems. Much additional stress and anxiety arises when trying to get someone to listen and get help in the first place. It is also about feeling isolated and unable to cope when trying to get support for a family member.

There is a positive correlation between alcohol misuse and mental health issues: people who experience anxiety or depression are twice as likely to be heavy or problem drinkers. In Richmond 38,000 adults drink alcohol at increasing or higher risk levels, the 10th highest in the country.

Poor mental health can have knock-on effects on all aspects of someone's life. For example, it can lead to worse outcomes in terms of their physical health, educational performance and employability. It ultimately affects people's resilience and their ability to cope with everyday life. The increasing prevalence and severity of mental health issues in Richmond is key to understanding why need in the borough is particularly marked.

**The number of residents in Richmond predicted to have a mental health condition by 2019.<sup>2</sup>**

# 24,500

### **Only 8.6%**

of working age adults receiving mental health services in Richmond are in paid employment and the employment rate of those with a long-term health condition is 3.4% lower than the overall employment rate.

*Richmond JSNA 2016/2017*

### **Almost a third**

of 16-19 year olds in Richmond have some form of mental health issue, with neurotic and mixed anxiety depression being the most prevalent. There were 107 hospital admissions among young people aged 10 to 24 as a result of self-harm in Richmond during 2013/14. This a notable increase from 2012/13 when there were 73 hospital admissions but follows the national trend of increasing admissions.

*Richmond Child Mental Health Needs Assessment 2012*

### **1,700**

people with a severe mental health illness in Richmond.

### **2,000**

people are in contact with special mental health services.

*Both sourced from Joint Community Access Strategy: Prevention through community enablement. LBRuT and Richmond CCG*



**I don't have many friends. I know some other mums but they don't understand my situation. It's like living in a parallel world. I briefly encounter the normal world but I don't belong."**

Parent of a child with special educational needs

## CARERS

Carers are at risk of loneliness and isolation. Almost half of carers who responded to the Carers Survey 2016 by Richmond Council suggested that the person they care for has mental health issues; almost a third specified a long-term health condition or frailty and over a fifth mentioned a physical disability.<sup>3</sup>

Carers have difficulty themselves, often having their own health issues but not the time to deal with them. For many their life revolves around providing care for a loved one.

Accessing support from peers was a universal need for people experiencing some form of crisis. Many felt that if you had been through the same situation you would be able to navigate the system better. Just having an appreciation of the challenges through a lived experience can provide the help and reassurance people need. It also helps to build up networks and reduce isolation. This feeling was particularly prevalent among parents whose children had special needs, often before diagnosis or when they needed support or advice.

Around

# 15,800

people provide some level of unpaid care in the Borough.

“

**Mike is my shadow, he follows me and I cannot leave him. We wake up together, eat together and go to bed together. My life revolves around supporting him and his needs. If I get a break, I make the most of it.”**

Brenda and Mike are in their seventies and have lived in Richmond for over 30 years. They do not have family nearby but have a wide social circle and have enjoyed a happy and prosperous life. Mike was diagnosed with early dementia several years ago and his illness has got progressively worse. Brenda is a full-time carer and Mike attends day care several days a week.



# 2,381

**Richmond upon Thames residents who provide more than 50 hours of care per week.**

2011 Census

# CHILDREN & YOUNG PEOPLE

## Risky Behaviour

Richmond has the 10th highest percentage of 15 year olds engaging in 3 or more risky behaviours in the country (21.5%).<sup>4</sup>

### 1. Smoking

Prevalence is higher in 15 year olds, at 14.3%, which is more than twice the London average (6.1%) and 36% of 15 year-olds have tried smoking, the highest rate in England.<sup>5</sup>

### 2. Drinking

15 year olds in Richmond drink more regularly than in any other London borough – 9% are regular drinkers and 25% reported being drunk in the previous 4 weeks.<sup>6</sup>

### 3. Cannabis

Nearly one in five (19%) 15 year olds in Richmond report having tried cannabis, the highest proportion in London, and third highest in the country (London and England averages 11%).<sup>7</sup>

## Educational attainment

There is wide variation between schools in the numbers of children eligible for free school meals and also a gap in educational attainment with a rate of 62% of under attainment among children receiving free school meals at GCSE level.<sup>8</sup>

## Wellbeing

Wellbeing (good social, emotional, and psychological health) is associated with healthy behaviours, positive mental health, and educational attainment. Richmond 15 year-olds reported wellbeing scores below the London average, and 55% report having been bullied in the previous 2 months; the highest proportion in London.<sup>9</sup>

## Mental health

The most frequent mental health problems in the teenage years include anxiety and depression, eating disorders, conduct disorder (serious anti-social behaviour), attention deficit and hyperactivity disorders (ADHD) and self-harm. In 2014/15, there were 71 hospital admissions as a result of self-harm in those aged 10-24 years, which equates to the 4th highest rate in London.<sup>10</sup>

## Sexual health

In Richmond, over a third (37%) of new acute sexually transmitted infection (STI) diagnoses are among those aged 15-24 (similar to London).<sup>11</sup>

**Richmond is ranked 6th worst out of 32 London Boroughs for low GCSE attainment of free school meal pupils.**

London Poverty Profile – Overview of London Boroughs. Updated 23 September 2016.



# HOMELESSNESS & INDEBTEDNESS

**The rate of family homelessness in Richmond (2.1 per 1,000 households) falls between the rates for England (1.8 per 1,000) and London (3.9 per 1,000).<sup>12</sup>**

While the property market is working well in Richmond for some owners and landlords it is also making life very difficult for others. Ending a tenancy from the private rented sector is the most common reason for homelessness in Richmond (41% of acceptances).<sup>13</sup>

Citizens Advice Richmond reported that they are seeing greater numbers of people that have priority debt (rent, mortgage, council tax) and are falling into arrears which leads to eviction. 17,000 households in the borough are over indebted.<sup>14</sup>

People who have been placed in temporary accommodation outside the Borough face particular challenges. Some families struggle to manage in housing with multiple occupancy and travelling back to the Borough to maintain their children's place in a school. Some have been doing this for two years. Often their tenancy had broken down because of a relationship breakdown, so coping in a different area, with children and unsuitable accommodation was creating great stress for the parent.

Debt, rent arrears or fear by landlords of arrears are a root cause of homelessness. People do not choose to become homeless, a change in circumstances or life event can easily lead to these circumstances.

**138** people were registered as homeless in 2015/16 of which 72% have a connection to the Borough

G L Hearn (2016) Strategic Market Assessment



**I wasn't long term homeless, I got kicked out my home, I panicked, didn't know what to do, I asked for help I couldn't find help. People that are homeless already would have heard or known about these things, I didn't have a clue what to do."**

Rachael is in her late forties and has lived in Richmond since she was a young child and raised her family here. She came home one evening to find that she was being evicted and spent six nights on the street before getting help. Her eviction was a result of the arrears accrued on her tenancy (c£1,000) and were down to an administrative error the Department of Work and Pensions had made on her Tax Credits. Rachael has had a difficult time coming to terms with the loss of her home and security and having to start her life over again.



## OLDER PEOPLE

The population of Richmond is ageing; the number of people aged 65 or over is projected to increase by almost 60% in the next 20 years (from 28,900 in 2015 to 46,000 in 2035),<sup>15</sup> three times the growth of the overall population, and with this comes the challenge of caring for increasing numbers of people living with multiple long-term conditions.



### People aged 65+

make up 14% of the total population of Richmond. This is predicted to rise to 18% by 2035. In contrast, people aged 65+ currently make up only 9% of the total population of Wandsworth.<sup>23</sup>

### People aged 75+

make up 7% of the total population of Richmond. This is in contrast to Wandsworth where people aged 75+ currently make up only 4% of the total population.<sup>24</sup>

### People aged 85+

make up 2% of the total population of Richmond. In Wandsworth, people aged 85+ currently make up only 1% of the total population.<sup>25</sup>

Nearly one in three people registered with a GP in Richmond has one or more long-term conditions and nearly one in ten has three or more.<sup>16</sup> The number of people with three or more long-term conditions increases from 4% in people under the age of 65 to 44% in those over the age of 65.<sup>17</sup> There is a clear need for integrated care of multiple conditions within the health and social care system.

People with disabilities are more likely to suffer a range of barriers and are at higher risk of other health problems. 21,447 (12%) people report that they have some form of disability or health problem that affects their day-to-day activities – 2,774 (79%) in people aged 85 and over.<sup>18</sup>

It is estimated almost half of people aged over 75 in Richmond live alone (6,492 people).<sup>19</sup> A survey found that less than half of adult social care users feel they have as much social contact as they would like. Feeling isolated and lonely has a profound negative effect on health.

It is estimated that 1,942 Richmond residents have dementia. Around 65.9% of these have received a formal diagnosis, which remains slightly below the national target of 67%.<sup>20</sup> Only 75.5% of people with dementia have had a face to-face care review in the past 12 months, which is lower than the London and England averages (77.9% and 77.0%, respectively).<sup>21</sup> Co-morbidity is high, with 70% of people with dementia having three or more other long term conditions.<sup>22</sup>

## PROMOTING RESILIENCE & SOCIAL INCLUSION

In many conversations with workers and people, being able to cope with life and its challenges was creating mental health problems.

Much of this was additional stress and anxiety in trying to get someone to listen and get help in the first place. It was also about feeling isolated and unable to cope if you were trying to get support for a family member.

### Social Inclusion

Effective strategies promoting social inclusion are required. These, ideally, will enable individuals to experience personally meaningful lives, be able to make informed choices, and contribute to their community in ways that are valued. Social inclusion initiatives should focus on the most disadvantaged; people with multiple, complex and interrelated problems. For a large percentage of families currently dependent on benefits and lacking work, social inclusion initiatives will work to reduce inter-generational cycles of disadvantage, tackle social inequalities and reduce poverty.

### Peer Support

Accessing support from peers was a universal need for people experiencing some form of crisis. Many felt that if you had been through the same situation you would be able to navigate the system better. Just having an appreciation of the challenges through a lived experience can provide the help and reassurance people need. It also helps to build up networks and reduce isolation. This feeling was particularly prevalent for parents whose children had special needs, often before diagnosis or when they needed support or advice for getting an EHCP.

Peer support to help build resilience is critical across the spectrum of need.



**When I first went to a peer support group I was feeling very isolated. It helped me to be around people again, particularly people who you have a mutual understanding with."**

The key issue for Danielle is the lack of ongoing support that is preventative rather than simply reactive. Danielle has a borderline personality disorder (BPD), anxiety and depression and feels that there is a lack of out of hours support to help her avoid going into a crisis-situation and being unable to cope.

# ORGANISATIONS ON THE EDGE

## Need versus deprivation

Richmond is perceived to be an affluent Borough. It scores low in terms of deprivation measures. Those in need often rely on local organisations. The challenge facing these local organisations is how to persuade external funders of the need for support for vulnerable people in the Borough. Richmond receives less central government support and some funders will not invest in the Borough as the Indices of Multiple Deprivation are used to prioritise their grant-making. The polarisation between disadvantage and wealth in the Borough is becoming greater.



**We applied to a funder...(our) project matched their criteria perfectly. We were swiftly turned down so I called them for feedback. They said the project application was very good but they were using the Borough-wide indices of deprivation to prioritise projects as they were having so many applications for this type of project. It is therefore unlikely they will be funding any Richmond projects. It is likely that with increased pressure for funding more London based grant giving organisations will continue to prioritise other boroughs."**

From an application for funding from RLPC

## Adapting to change

Richmond prides itself on its voluntary and community sector. Many organisations are facing change. Reliance on funding from RPLC and HFAC to date has enabled many to survive, but as demand increases some funders will face difficult decisions on what and who to fund.



**As a local funder who has supported us for many years the relationship is closer than other funders. Working in an area with relatively low deprivation and, therefore, not being able to apply to a lot of trusts and foundations, without the support of HFAC following the recession we may not have been able to survive or at least would have had to drastically cut our services."**

Survey respondent

## 40%

Organisations that are less than 10 years old rely on up to 40% of their funding from HFAC and RPLC.<sup>26</sup>



## Uncertain futures

Several local charities and voluntary organisations expressed concerns about their future ability to serve people in Richmond - at least four think they will not survive in 2017. However, others may also be vulnerable. This figure will increase as further cuts are made and alternative resources become scarcer.

Although there is some optimism for the future, several organisations are expecting to see a significant decrease in their income as services are shared and commissioned across boroughs to save money. The greatest danger is that the needs of Richmond people become masked even further if reduced investment has to be spread amongst a larger client group and across a wider area.

Reasons for decrease in income include:

- Reduction in investment by local authorities;**
- Increased competition for grants more broadly;**
- Cultural shift in expecting local residents to pay for services if they can/self-help;**
- Joint working/shared staffing arrangement in Richmond and Wandsworth boroughs – need to make significant savings."**

Survey responses.

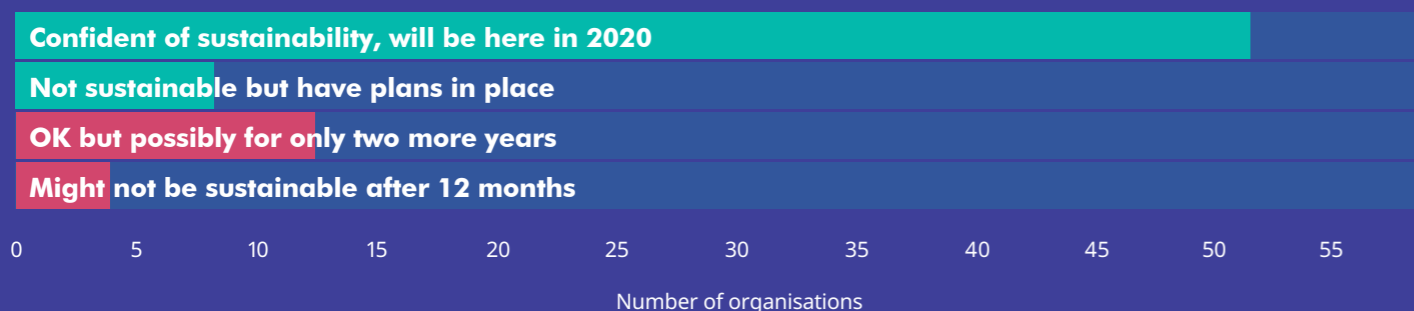
## The need for tailored support

Many smaller organisations do not have the time or resources to network and explore opportunities to work with others or access support on offer. Many are struggling to survive and working with minimal staff and volunteers. Organisations need help with developing sustainable income streams, fundraising, marketing and promotion but much of what is available is not tailored to meet their needs.

### Prioritisation of support needs for organisations funded by HFAC and RPLC



### Future prospects



## LOCAL FUNDERS

### Demand on funding is increasing

HFAC and RPLC invest in organisations and people through grants and the provision of charitable housing. 33 organisations are funded by both charities. Applications for funding, housing and other charitable support is increasing year on year. Both HFAC and RPLC are permanently endowed charities and their Trustees have a responsibility to ensure that assets can be used not only for the needy of today but also for future generations. There are therefore limitations on the funds available in any given year.

Participants in this research valued the help the funding charities in Richmond offer to multiple service users and organisations across the Borough.

Both local funding charities acknowledge that if the status quo is maintained demand will exceed resource and the time will soon come when some good local organisations may not have sufficient funds to continue working in the Borough.

It is hoped that this report will encourage the local communities in the Borough to work together to increase local capacity to support the vulnerable in Richmond.

### Combined Grant Funding 2013–2016



### Small grants provide a lifeline to individuals

HFAC and RPLC fund a range of small grants to individuals: fuel grants, grants for essential white goods, emergency assistance and education support. These grants are critical to help people in need as well as giving them access to other support to help them with longer term issues they may be dealing with.

3,042 homes across Richmond face fuel poverty (9%), a significant number in an area of perceived affluence.<sup>27</sup>

Funding needs to be balanced between organisations and individuals as they are both equally important in helping to address need.

**“ I was struggling a little bit as when my son had treatment there were lots of things involved, he was very emotional and there was a lot going on. The grant helped my children and me to live with a little bit of dignity at that time. This charity helps you and shows you exist as a person and even though you are struggling it is not your fault.”**

Fuel grant

## Difficult decisions ahead

Local funders also invest by providing community buildings, office space and charitable housing in the Borough and are having to make difficult decisions about how best they use their assets to support need.

RPLC has several funding rounds in the year. At a recent meeting of the Grants Committee held half way through the financial year, funding requested in over 40 applications easily exceeded the total budgeted funds remaining. If this continues at the rate currently experienced without additional resources being identified, some sound and valuable grant applications will have to be turned down.

The funding charities currently provide pre-application support and continuous guidance and help which adds value to grant-making investment. Ideally these services should continue to be offered to organisations applying for funding. Additional administrative resources may be required to process applications.

## People are facing endemic issues

Richmond is facing some significant challenges which cannot be addressed through funding alone. Funding from local charities, without additional resources to respond to changing needs and expectations locally, may only be able to 'paper over the cracks'.

Commissioners, providers, service users and funders need to address challenges which directly impact on increasing need and demand head-on. Solutions can be developed through understanding the real experience of people. Working together, some of the current needs can be addressed constructively including:

- Supporting the Disabled;
- Managing Mental Health;
- Respite for Carers
- Supporting Children and Young People;
- Overcoming Homelessness;
- Supporting Older People;
- Promoting Resilience and Social Inclusion.

A new collaborative, locally focused and people-led way of helping local residents could allow the considerable untapped resources and capacity within the Borough to be used in a more effective and sustainable way.



**I thought being able to meet with HFAC regularly really made a difference. It really helped to identify what the charity was looking for in the application."**

**The monitoring meetings are very productive and give staff the chance to talk directly to the funder which is very unusual. They are more interested in outcomes than numbers. When it is a new project that is great as you feel under pressure to get numbers, but they are more interested in the outcomes."**

# MOVING BACK FROM THE EDGE

This report has highlighted how many individuals, organisations and local service providers in Richmond are 'On the Edge'. People are living complicated lives. Organisations are having difficulty attracting funds for the services they are delivering. Statutory providers are struggling to cope with demand.

## Challenges

**1**

How can more practical and inclusive solutions be found that will help people with complex needs to manage their lives more effectively and become active in society?

**2**

What are the root causes of the issues outlined in the report?

**3**

How can individuals become independent?

**4**

What will help them become more resilient and able to cope with life challenges?

**5**

How can funders help those supporting people in need to work towards long-term solutions?

## Re-imagining services and support

Moving back from the edge from crisis to stability and growth can be made possible if funders, providers, commissioners, the voluntary sector and importantly, local residents work together. Fresh thinking and collaboration is needed to stop the working in isolation (silo thinking) and crisis management currently taking place.

By working together, different service providers, businesses and agencies in Richmond can identify local need and develop co-ordinated strategies in response. Strategic working, such as the commissioning of this research, can give added value.

Money alone cannot resolve the issues highlighted in this report. By co-investing in interventions and support that benefits residents across the Borough, funding will go much further and is likely to achieve a greater impact.

## Building on and unlocking assets

Without additional resources, local funders, such as RPLC and HFAC, will not be able to respond positively to all the applications for funding that they will receive. Working together however, with local stakeholders, in an imaginative way could lead to:

- The hidden potential for private and individual giving being unlocked to meet the needs of Richmond;
- Businesses giving their time and resources to support vulnerable people and the organisations that help them;
- The volunteering capacity and social capital in Richmond becoming an integral part of the support infrastructure for local people in need.

# A CALL TO ACTION

RPLC and HFAC are just two of many local stakeholders with a vested interest in helping people in Richmond. Local endowed charities will continue to provide support to organisations and help to individuals through grants programmes which the research has shown work well and are highly valued. By using all their resources these funders can also be catalysts for, and help facilitate, change across Richmond. This could lead to the provision of effective, impactful support to local communities and people in need. The status quo should not be an option.

## 1 Place-based Giving in the Borough

**Place-based giving is a way of bringing together different kinds of funding alongside donations of time and resources on a single platform which then distributes grants to local charities and groups alongside developing programmes to support the specific needs of a local place.”**

City Bridge Trust – Review of Strategic Initiative into Philanthropy 2016)

A Richmond placed-based scheme is likely to receive the support of individuals, the corporate sector and other organisations in order to increase service provision and capacity in the local voluntary and charitable sector. Initially a scoping study to assess the likely interest and scale of response from the various interested stakeholders across the Borough would be of value.

A separate entity to take forward the Place-based Giving initiative, with the backing of the local funding charities, could launch a programme to:

- a) Generate additional local investment in support of voluntary sector organisations and people in need.
- b) Leverage pro-bono support from corporates for their local voluntary and charity sector, accessing expert volunteers and specialist advice that would normally be out of reach.
- c) Work with local businesses and services to offer subsidised or free activities and resources to people in need.

## 2 Developing the Voice of Need in the Borough

Over the next four to five years as cuts to services and benefits take place, needs in the Borough are going to change significantly. Vulnerable people currently being supported and living in fragile arrangements could see their lives fall apart as cuts take place, resulting in a met need becoming an unmet need. Keeping pace with need will be an ongoing challenge. As demand for funding increases to address reductions in statutory and other income streams, decisions on what to fund will become much more difficult. Fostering a shared understanding of need by both service providers and beneficiaries would result in a more effective way of meeting the need. This could be achieved by:

- a) Establishing an independent panel which brings together funders, commissioners, providers and local residents to understand, plan and better resource developing need in a flexible, responsive and timely manner.
- b) Use this shared understanding to maximise local resources through effective information exchange and calls to action, as and when required, based on up-to-date evidence.

## 3 Peer Support

Develop informal and formal peer support and social networks across the Borough. Peer support allows people to connect with others in the same situation, share insights and information, and build resilience to manage challenges.

## 4 Collaboration

In the workshops a key suggestion was to encourage greater collaboration and co-ordination between key stakeholders in Richmond, between Richmond Council, schools, the health service and voluntary and community sector organisations (VCSOs).

Enhanced co-ordination would help to avoid duplication of services and provide more holistic support to individuals. It would also improve signposting to other services and make it easier for residents and service users to navigate the system. The lack of collaboration and difficulty of navigating the system are key examples of system failure in Richmond.

There could be improved collaboration between key stakeholders and services which support particular beneficiary groups or themes, such as young people, carers or mental health. In the workshop on young people, for example, there was a suggestion of an integrated youth service for individuals up to the age of 22. Another idea was that key workers could play greater roles in enabling this joined up service.

## APPENDIX 1: SWOT ANALYSIS

### Strengths

Richmond benefits from a diverse and engaged voluntary and community sector.

Most funded organisations remain confident about future sustainability at present.

There are multiple services offering support to people in the borough.

Social capital potential is great - particularly through volunteering and capacity.

Four local funding charities (Barnes Workhouse Fund, Hampton Fuel Allotment Charity, Richmond Charities, Richmond Parish Lands Charity) are of real benefit to the Borough.

### Weaknesses

Service users report duplication and crossover between services and activities.

Lack of clear information as to who offers what, how and where (need person geography).

Competition for contracts and funding can be divisive, lack of collaboration in the sector.

Focus on crisis management rather than prevention means services appear fragmented leading to people being moved from one service to another.

Potential external funders are put off by the perception of the Borough and its wealth.

### Opportunities

Build on existing relationships to work more strategically on funding, support and campaigning.

Broaden funding approaches to attract other resources and funding.

Focus investment where it is most needed and has the greatest impact.

Build on existing social capital by supporting self-help and prevention strategies where appropriate.

Develop funder plus support to help organisations manage change and transition.

### Threats

Cuts in Council funding over the next four years will have a significant impact on needs.

Shared staffing with other Councils could further increase sense of uncertainty ahead.

Demand on limited funds could be further exacerbated if attempts also have to be made to plug the funding gap as a result of Council cuts.

## APPENDIX 2: STATISTICS

### Data Sources

1—2. London Borough of Richmond upon Thames, Promoting wellbeing and independence – a framework for prevention. LBRuT and Richmond CCG

3. Carers Survey 2016 Consultation, London Borough of Richmond upon Thames

4—7. Richmond JSNA 2016/17

8. London Poverty Profile – Overview of London Boroughs, September 2016

9—12. Richmond JSNA 2016/17

13. Richmond Council, Joint Strategic Needs Assessment

14. Variation within regions: London, the Money Advice Service

15—17. Richmond JSNA 2016/17

Knowing our Borough 2015/16, London Borough of Richmond Upon Thames

19—22. Richmond JSNA 2016/17

23—25. Knowing our Borough 2015/16, London Borough of Richmond Upon Thames

26. Online survey with funded organisations

27. Richmond Council, Joint Strategic Needs Assessment

**23,600 (30%)**  
of households have at least one dependent child

2011 Census data

**11.5%**  
of Richmond people have some form of disability or health problem affecting their daily lives

Knowing our Borough 2015/16, London Borough of Richmond Upon Thames

**15%**  
of carers provide more than 50 hours of unpaid care per week

Richmond Council, Joint Strategic Needs Assessment

**9,180**  
Richmond upon Thames residents aged between 18 and 64 years with a physical disability, of which 2,673 with a serious disability

Data Rich, 2011

Entry level house prices in LBRuT were 14.8 times the incomes of younger householders – significantly above the outer London average of 9.8

GL Hearn (2016) Strategic Market Assessment

**15,800**  
people provide some level of unpaid care in the borough

Richmond Council, Joint Strategic Needs Assessment

Richmond has the highest volunteering rate across London (50% compared to the London average of 26%)

Joint Community Access Strategy: Prevention through community enablement. LBRuT and Richmond CCG

LBRuT has a higher than average of Voluntary and Charitable sector organisations

Profile of the Sector and Needs Analysis, Consultation on Infrastructure and Capacity-Building services for the Voluntary and Community Sector 2016-2018, LBRuT

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