

# **The most unequal borough in Britain - revisited**

## **Inequality and inequity in Kensington and Chelsea**

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By Emma Dent Coad  
October 2020

**Kensington & Chelsea**  
Three wards in poorest top ten in London  
Three wards in richest top ten in London

One quarter of people  
65+ in K&C  
live in poverty

**'HOMES FOR NOBODY'**  
1,500 long term empty homes  
9,300 'second' homes  
2,600 AirBnB  
- while 5,000 homeless  
children live in temporary  
accommodation

Unemployment in  
Kensal Town 31%  
Unemployment in  
Chelsea Manor .3%

Child poverty in London – 37%  
Child poverty in K&C - 38%

**undeserving-poor**  
**ghettoes**  
**welfare-farming**  
**dungheap**  
**tough-but-fair**  
**unlocking-sites**  
**gang-of-commissars**  
spoon-feeding  
tough-decisions  
tough-dready-gargoyles  
genuine-poor  
realistic-solutions  
unavoidable-cut  
barracks  
deserving-poor  
realistic-solutions  
very-well-paid  
business-culture  
cycle-of-dependency  
paranoia-and-tear

Most deprived ward  
in London:  
Golborne



# INTRODUCTION

by Emma Dent Coad

In 2013/4, when government austerity plans were really beginning to bite, I began to investigate inequality in RBKC. A few specific incidents had concerned me: an almost empty kitchen cupboard of a family who had got into rent arrears after illness; a discussion with local dentists about dental health among children starting nursery, with loose teeth due to Vitamin D and calcium deficiency; a local GP who alerted me to the low birth weight and undersize of some children due to malnutrition, both perinatal and in early infancy, which affects their development for life.

We were also having more cases where a 'disciplinary issue' arose at school because a child had arrived with incorrect uniform. As prices of uniform rose, and as more schools became academies and signalled their change through new uniforms, more children were being sent home because their parents could not afford them.

As I began unearthing statistics, and decoded the complex labyrinth of the Office of National Statistics' (ONS) Neighbourhood Statistics, a terrible thought came to me: was RBKC, the borough of princes, Sultans, plutocrats and billionaires, was our beautiful borough 'the most unequal borough in Britain'?

I spent the best part of a month delving into these statistics, and while different organisations and groups produce slightly different results, from My Fair London, to Trust for London, the GLA Intelligence Unit, Child Poverty Action Group and the ONS, the story was clear: RBKC was the most unequal borough in Britain.

The resulting report from 2014, short but highly detailed and referenced, has been reproduced in its entirety, with all of its original imperfections, at the back of this report on pages 18-22.

At the time I naively hoped that the world

would read my findings, weep, and begin to fix it. I was very wrong. Despite the report coming out a month before the local elections, it had little traction at that point. A few journalists picked up on it and filed it for future use; some I imagine just didn't believe it, some skimmed it and ignored it. One journalist took it seriously. The Independent wrote a full-page story in February 2015, called 'The Walk of Shame', based on a walk from South to North Kensington, observations along the way. It was introduced thus: 'Come with me on a walk that will ruin your life. It will trash your income and slash your life expectancy by decades.'

I continued to circulate the research periodically, and over time the perception of Kensington and Chelsea as a playboy princes' playground, shifted a little.

The avoidable atrocity of the Grenfell Tower fire revealed the stark truth about Kensington and Chelsea to the world. How, in what one Councillor had called 'the richest borough in the universe', with £.3bn in Reserves, could 72 people burn to death in a fire which, even in the earliest days, was blamed on 'cheap cladding'?

Periodically, someone will say to me, of my 'surprise' election in June 2017 as MP for Kensington, 'I suppose the Grenfell Tower fire helped'. I then have to explain that in fact I was elected four days before the fire, and that you could say that the conditions that created that inferno were what had prompted so many people to vote Labour. That, plus Brexit.

What I can say for certain is that the fire stamped its horror on my 30 months in parliament, underpinned all my work there, and one way or the other will be my life's work, as it is for so many. I will always be 'the Grenfell MP'.

Losing my seat as I was fighting cancer, a period of radiotherapy treatment, followed

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immediately by a strictly shielded lockdown due to post-operative and post-radiotherapy low immunity, has given me pause for reflection. By necessity, at the time of writing, I am functioning as a keyboard and virtual Councillor.

This report is the result of revisiting the facts and figures I uncovered six years ago. Responsibility for analysing and monitoring these statistics is now with the Ministry of Housing, Communities and Local Government (MHCLG), and many of the datasets, annoyingly, are now presented in a very different format, which makes comparisons difficult. I list on page 17 all the sources. Some is indeed unbelievable, so feel free to check for yourself.

What is very clear, whichever datasets you choose to rely upon, is that Kensington and Chelsea is not the borough many still think it is. And inequality has got much worse since 2014. Mean averages across the borough are always based on the social and economic factors of plutocrats at one end, and home care workers at the other. So it is even more shocking that as a mean average, child poverty in 2020, according to Trust for London, is 38%, actually worse than the London average of 37%.

It may be no surprise that some households have an annual income of just £18,000, while others have £1.8m, but when these are averages across a neighbourhood, this is devastating. And while across the borough K&C still has the best life expectancy in the country, the highest for a white British born man living near Harrods is 91, while that of a Moroccan man off Golborne Road is 64 – and the average in Golborne ward has dropped since 2010, by six years, the worst decline in the country.

I have presented this report in a similar format to that of 2014, but with more detail. The sections relate more or less to the seven 'domains of deprivation', for which very detailed and regularly updated

statistics are available via MHCLG/ONS. These are based on national, regional, borough-wide, ward-level and 'lower super-output areas' (LSOAs) which are neighbourhoods of around 500 households, or 1,500 people. It is this LSOA information which is most revealing, in a borough of extremes.

There are 32,844 LSOAs in England. The domains of deprivation reported on here include, to use the ONS classifications:

**Income deprivation:** proportion of population experiencing deprivation due to low income

**Employment deprivation:** proportion of working age population involuntarily excluded from the labour market

**Educational deprivation:** Lack of attainment and skills

**Health** – Risk of premature death and impairment of quality of life due to poor physical or mental health

**Crime** – risk of personal and material victimisation (which I have not reported on here)

**Barriers to housing and services** – physical and financial accessibility of housing and local services

**Living environment** – quality of indoor and outdoor environment (which I have not reported on here)

**Sub-domain of IDACI – Income Deprivation Affecting Children Index**, proportion of children 0 to 15 living in income deprived families

**Sub-domain of IDAOPI – Income Deprivation Affecting Older People Index**, people 60+ experiencing income deprivation

I have also included analysis of **Life Expectancy**, using Public Health England (PHE) sources, as well as **Access to Sports Facilities** both of which are of particular relevance to local conditions.

There are dozens of statistics in this report, which have been quoted in good

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faith. I may have mis-quoted in error, but nothing has been manipulated, and I give references for anyone to check or to take this research further.

I hope this report will provide a baseline, which can be updated later. There are serious issues that are harder to find definitive information on, specifically on mental health, on disability, and on any of these indicators in relation to ethnicity or race. All of these areas are worthy of being the focus of future research.

Over the years I have written a number of reports: 'Room for Improvement' casework report 2009; 'The Most Unequal Borough in Britain' 2014; 'The State of Housing in RBKC' 2015; 'After Grenfell, Housing and Inequality 2017'; 'Drop the MP' (also on casework, including the earlier report) 2019.

More than anything, this report, which was commissioned by Kensington Labour Party, is intended to 'open the conversation'. The Census 2021 will give us a lot to consider and we will interrogate this as statistics are released.

Kensington Labour Party Research Unit plans to carry out a very much overdue report on issues of race and ethnicity in the borough. It will specifically highlight matters of ill-health, poor housing, and environmental issues that often affect our BAME communities more than white British-born residents, who are in a minority in the borough.

The long-term consequences of the world-wide response to the murder of George Floyd and many other innocent black people have also been felt in the Royal Borough, and we will not shy away from examining our history and our own flaws. This will be an ongoing process.

While writing with gritted teeth, I have done my utmost not to score the political points which are likely to occur to some while reading this report. For me they are shouting out loud on every page. There

are plenty of forums in which to air these issues, and I will do so whenever and wherever possible.

At the time of writing we have one of the worst levels of new cases of Covid-19 in London. And we don't know why, because deaths, where they are recorded at all, are recorded by age and not by ethnicity. But, as data giving new slices of information – somehow, never complete – comes out daily, it is too early to give an analysis of the effects, short and long-term, and the causes of long-term ill-health or death for some communities and ethnicities as opposed to others.

What we do know as I write in October, is that K&C has been badly hit compared with other 'wealthy' areas. We are told that this is not a north vs south of the borough situation, but as there is no evidence being shared, we cannot take this as truth. We have been told there has been a rise in new infections in the past week, and that K&C now has the worst rate of new cases of CV19 in London. We are also told that this is from a very low base, so we should not be alarmed.

Without solid evidence from respected sources, no one will believe this.

I will continue to pursue more accurate information and update where possible. A full review post-Covid is essential.

This report was written among the daily chaos and cacophony of misinformation from government and other sources. I hope this at least provides a baseline of local statistics, which can be revisited and refined at a later stage, and updated next year, when the best we can hope for is that this current crisis is a distant if horrible memory.

Emma Dent Coad  
October 2020



# 1. CHILD POVERTY

**Average child poverty across London, according to Trust for London, is 37%. In Kensington & Chelsea, the mean average across the borough, including the children of princes and plutocrats, is worse than the average, at 38%.**

There is no clearer indicator of how life unfolds for young people, than family income for those under 19. Many of course emerge from disadvantaged backgrounds and achieve good qualifications and a secure career, but they are the exceptions that prove the rule. The effect of family poverty on children includes poor nutrition, lack of extra-curricular activities including exercise and educational booster classes, even warm clothes and shoes that fit.

There are various measures of child poverty, and organisations reporting on this issue may use a different range of indicators, which is why results can vary. Some include relative poverty, which is a measure of proportional income compared to a mean average, some include material poverty against a list of 100 essential items (not iPads and holidays but warm coats and sports shoes), some include entitlement to Free School Meals, but whatever comes out of these statistics, and how you measure them, they present a shameful picture of the UK today.

I present here a number of different measures with the source clearly indicated – some are unbelievable, so please check for yourself.

Public Health England's Health Profile for K&C 2019 tells us that we have 3,175 children living in poverty in the borough. This represents 20.5% of our children. The London mean average from PHE is 18.8%, and the England average is 17% - K&C has worse child poverty than the average across London and England. PHE's Child Health Profile updated in March 2020 gives us further detail. Starting with the most shocking statistic is that for child mortality age 1-17, for which the England average is 11%, the London average 23.4%, and the K&C rate is the same 23.4%, putting our borough at the worst rate for child mortality in London.

While there is no breakdown for cause,

there are indicators that need serious attention. The recommended rate for MMR vaccination at age 2 is 95%. The England average is 90.3%. The worst across England is 74.3% - in K&C the rate is 76.1%, not far from the worst in England. Given that this is an average across the borough, it could clearly be far worse in some areas than others.

The recommended vaccination rate for Dtap/IPV/Hib is 95%. The average across England is a laudable 94.2%, the worst rate is 81.6%; the rate in K&C is 83.8%, again not far from the worst across the country. Poor dental health for five year olds, including loose teeth, decay and extraction, is 23.3% across the country; in K&C it is 26.6%.

What are the identifiable potential factors in these results? Low pay and increased housing costs are certainly contributing factors, and will be reviewed later in this report. But one clear difference is that of family homelessness, which is reported by PHE as a child health issue. Across England the average is 1.7%; in K&C it is 4.1%.

'Homelessness' is categorised by specific indicators such as living in overcrowded accommodation denoted Category A, as a risk to health. It also includes households living in Temporary Accommodation, of which two-thirds in K&C are moved outside the borough, creating numerous problems - such as work and school disruption, family breakdown, and being moved frequently. TA in K&C can prevail for many years; the worst case I've heard of was 13 years with no move. 'Homelessness' can also affect the mental health of our young people, and again our rate of hospital attendance or admission for those with mental health problems is 87.2%, just 1% lower than the national figure.

The Greater London Authority (GLA) Intelligence Unit provides detailed statistics on a wide variety of London-based issues. Their 'Poverty in London 2018/19' report, published 27.3.2020, states that, similar to families across the country, three out of four children living in poverty are from working households, a majority working full-time or with at least two part-time jobs. Their statistics have three wards in K&C – Golborne, Dalgarno and Notting Dale – with child poverty levels of 28-34%.

Trust for London, using a slightly different range of indicators, state that child poverty after housing costs across the borough is 38%. Clearly the effect of static wages and rising rent, whether private or social rent, has a bearing on this.

The Office of National Statistics' round-up of all deprivation indicators results in the Index of Multiple Deprivation (IMD), of

which more later. According to the child deprivation measure, the worst neighbourhood in K&C is Kensal Town in Golborne ward, with a level of 41%, while the least deprived children live in part of Campden or Queensgate wards, both with levels of .4% - 100 times less than those living a 20 minute bus ride away.

The ONS average for child poverty across wards is 30.7% for Golborne, and 1.9% in Queensgate, a multiplier of sixteen within a 20 minute bus ride.

According to a study by the Child Poverty Action Group in 2013, not yet updated, child poverty costs £1,098 per household, at that time it cost £29bn nationally per year. A March 2019 study said there were 4.2m children living in poverty in 2018/19. At the 2013 cost—which clearly would be more now—this would cost £46bn a year.

<b>Child Poverty</b>	
<b>Kensington &amp; Chelsea</b>	<b>38.3%</b> <b>11,887 children</b>
<b>London</b>	<b>37.5%</b> <b>819,058 children</b>

*London Councils' 2020 report on poverty*

## 2. LIFE EXPECTANCY

**It is often said that Kensington and Chelsea has the best life expectancy in the country. This is true, as an average, across all communities. It also has some of the worst. The difference between some neighbourhoods is 27 years.**

Life expectancy varies enormously depending where you live, your income, your ethnic background, education and kind of work you are involved in.

The GLA London Datastore looks at these figures in fine detail, and in 2015 found a huge gap between neighbourhoods and ethnic groups. In Wornington Green estate in Golborne Ward, the average life expectancy of a Moroccan man is just 64. However in the neighbourhood around Harrods, the average life expectancy of a white British born man is 91. In 2011 the average across Golborne for a man was 71, and in Courtfield ward it was 81.

Public Health England’s Health Profile for 2019, published in March 2020, states that the gap in life expectancy across the borough is 14.5 years lower for men, and 10.1 years lower for women in deprived areas compared to wealthier areas. There are clearly numerous issues which affect average life expectancy – though all health-related. The 2019 Health Profile tells us that mortality from cancer has risen. In 2009 it was 119, but in the two-year period reported it was 382, a rise of 80 per year. Similarly the suicide rate in 2014, the earliest date PHE published this

statistic, was 10, whereas in the two-year period reported in 2019, it was 41, over double in a five year period; some may choose to attribute it to poor mental health following the Grenfell Tower fire.

Infant mortality is another contributor to lowering average life expectancy. In 2009 we lost six babies in their first year, a rate of 2.8%. However in 2019 we lost a shocking number of 17 young babies, a rate of 3.36% which is actually higher than the London average of 3.3%. The Health Profiles simply give a round-up of statistics over the preceding period, the causes of this huge rise in infant mortality is in urgent need of investigation by those responsible for their, and their mother’s health.

The GLA London Datastore tells us that in 1999, male life expectancy across Golborne ward was 74. This increased over the next few years to a peak of 85 in 2005/6. But sadly in recent years this dropped to 77 in 2013, and while these statistics are elusive, local GPs tell me that this has dropped again in the past six years and has reverted to near 1999 levels. This reduction in life expectancy is unprecedented across the entire country.

<b>Life Expectancy</b>	
<b>Wornington Green/Golborne ward</b>	<b>64 years for Moroccan male</b>
<b>‘Harrods’/Brompton &amp; Hans Town</b>	<b>91 years for white British male</b>

*GLA/London Datastore 2015*

# 3. INDEX OF MULTIPLE DEPRIVATION

**'The London ward with the highest score averaged across all its constituent LSOAs was Golborne in Kensington and Chelsea' (GLA City Intelligence 2019)**

The Index of Multiple Deprivation, updated annually by the Office of National Statistics, encompasses a range of indicators including: income, employment, education and skills, health and disability, crime, barriers to housing, living environment, child deprivation, and elder deprivation.

In 2014 Swinbrook estate in Golborne ward was the joint first most deprived neighbourhood in London alongside Northumberland Park in Haringey, at 51% based on all these measures.

Five years later the most deprived neighbourhood is again in Haringey at 64.6%. Kensal Town in Golborne comes in second with a level of 59% IMD, a full six percentage points worse than in 2014. Kensal Town is worse for deprivation than the Stonebridge Park in Brent, at 57%.

Previously Queen's Gate near Kensington High Street was the least deprived ward in England, with an IMD score of 8.46 across the ward. This has dropped slightly, and the least deprived neighbourhood in K&C in 2019 is now in Royal Hospital, Chelsea, with a score of 7.6%.

This gap in scores of multiple deprivation across K&C is an extraordinary 22%, and I have yet to find another borough with the same extremes of wealth and poverty.

The GLA Intelligence Unit in 2010 reviewed multiple deprivation across the capital. One of the measures calculated is 'extent measure', which grades wards that are most uniformly deprived across all their neighbourhoods. It was this specific measure that in 2010 put Golborne as 'joint worst' across the whole of London.

In 2019 the now renamed GLA City Intelligence reviewed these figures. Once again, Northumberland Park and Golborne ward were joint most deprived wards in London, with Stonebridge in Brent in third place.

Most shockingly for North Kensington Councillors and activists, two other K&C wards joined the list of shame for the first time. Notting Dale, the ward where the Grenfell Tower fire took place, now comes in as sixth most deprived ward in London. And Dalgarno ward is in 20th place.

Of its five LSOAs, two in Golborne are in the 5% most deprived in England.

<b>Index of Multiple Deprivation</b>	
<b>Kensal Town, Golborne ward</b>	<b>59% second most deprived LSOA in London</b>
<b>Chelsea Manor, Royal Hospital ward</b>	<b>7.6%</b>

*GLA City Intelligence Report on Deprivation 2019*

# 4. HEALTH INEQUALITY

**A fifteen-minute bus ride along King’s Road Chelsea will take you from the area with the best health in K&C, just north of Sloane Square, to the area with the worst, in World’s End.**

The neighbourhood with the worst health in Kensington and Chelsea is World’s End estate, with 61% of residents suffering ill health. The second worst is Sutton estate in Dalgarno, with 59%, and third worst is Kensal Town in Golborne ward, with 50.6% of residents suffering ill health.

In contrast the best health is enjoyed by residents of Hans Town just north of Sloane Square, with an extraordinary minus percentage of -3.2%. The neighbourhoods around Harrods and in the immediate vicinity of South Kensington station are joint second with -3.1%.

So just eleven bus stops along the King’s Road will take you from among the best health in London, to the worst.

According to Public Health England, health in Kensington and Chelsea is ‘varied’. This is the familiar story of cohorts with very few health concerns and high life expectancy, living a short distance away from cohorts with truly appalling health.

Estimated diagnosis rates for cancer and for dementia are little better than London-wide and nation-wide figures. Diabetes diagnosis has improved, but this is one of the many statistics now being recorded in

a different way so it cannot fairly be compared directly.

Indicators for possible lifelong health issues include obesity in Year 6 children. Since 2010 this has more than doubled, from 72 children or 8.7%, to 156 children with a ‘local value’ of 23.6%. Obesity in adults has also doubled, from 13.2% in 2010, to 23.6% in 2019. Overweight brings the risk of cardiovascular disease as well as diabetes, which have serious outcomes not only on life expectancy, but also on quality of life and the ability to work till pensionable age.

When the government reviewed the pension age they looked at mean averages, which are skewed by improved life expectancy in some cohorts. Meanwhile, ethnic and other deprived communities, in North Kensington as across the country, can suffer very poor health. The average life expectancy of a Moroccan man in Golborne in ward is just 64, and as it is an average, some will not survive to that age.

So many who enjoy long years of good health will be supported by the pensions earned by others who didn’t live long enough to enjoy them.

<b>Health Inequality</b>	
<b>World’s End estate, Chelsea Riverside ward</b>	<b>61% residents suffering ill health</b>
<b>Hans Town, Brompton &amp; Hans Town</b>	<b>-3.2%</b>

*Office of National Statistics/MHCLG/Public Health England 2019*

# 5. INCOME INEQUALITY

**Kensington and Chelsea is the only London borough with three wards in the top ten most income deprived, and three wards in the top ten least income deprived.**

According to ONS figures, the worst two K&C neighbourhoods for income deprivation are in Golborne ward, at 38.9% in Kensal Town, and 37.9% in Southern Row. In third position is World’s End estate in Chelsea Riverside ward, at 36.3%.

Next to Kings Road, in Royal Hospital ward, is the least income deprived neighbourhood, at just 1%. So just nine stops on the no 11 bus from World’s End and straight down Kings Road, people are 36 times ‘wealthier’. The neighbourhood around Harrods, and an area in Queens Gate ward, are joint second least income deprived, at 1.2%.

World’s End has a high percentage of ethnic minorities and older residents, many working into their later years as they cannot afford to stop working. Many are manual and semi-skilled workers who earn less than the London Living Wage, and on occasion even less than the National Minimum Wage.

It took six years, and four Motions to Council, before RBKC agreed to pay their own staff and those of their contractors and sub-contractors the London Living Wage.

According to GLA City Intelligence 2019 figures, which uses slightly different and ward-based datasets, we have three wards with the lowest income scores, and three with the highest income scores in London, respectively in the top ten and bottom ten.

After Church Street in Westminster, Golborne has the second lowest, Notting Dale has third lowest, and Dalgarno ward has sixth lowest income score across the whole of London.

In the least deprived ‘top ten’ Queen’s Gate ward is second least deprived, Courtfield ward is fifth least deprived, and Campden ward is eighth least income deprived across the whole of London.

K&C is the only London borough with three wards in the most income deprived, and three in the least income deprived.

This is the first time that Notting Dale ward, where the Grenfell Tower fire took hold in 2017, has appeared in the list of top 20 most income deprived wards in London.

This is likely to be a surprise to those who have watched as tens of millions of pounds have been spent in the area.

<b>Income Inequality</b>	
<b>Kensal Town, Golborne ward</b>	<b>38.9% income deprivation</b>
<b>Chelsea Manor, Royal Hospital ward</b>	<b>1% income deprivation</b>

*Office of National Statistics/MHCLG 2019*

## 6. LIVING CONDITIONS/OVERCROWDING

**In K&C there are currently 2,200 households on the Council waiting list, 2,000 in Temporary Accommodation. There are over 2,600 properties listed on AirBnB, 1,500 long –term empty and 6,000 homes registered in tax havens.**

Kensington and Chelsea is a dense borough, but 'built density' is not the same as 'lived density'.

Transparency International states there are 6,000 homes in K&C registered in tax havens. There are also 9,300 second homes, many of which are rarely lived in. Queens Gate ward has one in five homes empty or second homes, as one resident told me 'it's like a ghost town at the weekends'.

A further 11,300 residents have second homes elsewhere, so may spend weekends and holidays out of the borough. As for short-term letting, as of April 2018 there were 2,629 K&C properties listed on AirBnB alone; that of course is not the only short-term letting agency. There are instances of AirBnB properties to let in new residential blocks that have received MHCLG or Mayoral funding—this was not, I feel sure, the intended purpose of this funding.

The Indices of Deprivation score 'Barriers to Housing' and 'Living Environment'. The first indicator includes housing costs, so unsurprisingly it is fairly uniform across the borough, and more extreme in the more affluent areas. 'Living Environment'

includes access to parks and open spaces, which does not appear to differentiate between being near the expanses of Kensington Gardens or being near a smaller neighbourhood park.

The incidence of overcrowding is far more aligned to family income. Golborne ward suffers most from overcrowding, with 63% of children in overcrowded homes, while in Campden ward it is just 18.9%.

The category 'Barriers to Housing' has the worst LSOA in Earls Court near Longridge Road, at 56.6%. This measure includes both physical and financial accessibility to housing, while 'Living Environment' relates more to facilities in the home and outside.

The rate of statutory homelessness in K&C is a moot point given allegations of 'gate-keeping' whereby potential applicants are told before they apply formally that they will not be accepted. Nonetheless, the rate of homelessness acceptances is 1.25/1,000 applications, worse than the London average. We have over 2,000 households in Temporary Accommodation, two-thirds outside the borough. There are cc5,000 children in TA; the maximum wait for permanent housing recorded is 13 years.

<b>Living Conditions/Homelessness</b>	
<b>Kensington &amp; Chelsea Sixth worst of 33 boroughs</b>	<b>709 households 8/1,000</b>
<b>London</b>	<b>15,480 4/1,000</b>

*London Councils 2018*

# 7. EDUCATIONAL ATTAINMENT

**RBKC Council is keen to promote its excellent Ofsted results. The flip side of this is the number of children unable to get into local schools, especially secondary schools. 60% of resident children attend private schools.**

The key to understanding much of the inequality we see in K&C is likely to relate in part to the level of education and skills which is accessible to residents.

Again here there is a huge disparity between different areas. The Kensal Town neighbourhood near Trellick Tower in Golborne ward has the worst level of education and skills in the borough, with 28.8% deprivation in this category. Meanwhile, a ten-minute bus journey away, Hillgate Village area next to Notting Hill Gate has just 1.8% deprivation in this category.

RBKC Council decided to buy a Further Education college, Wornington College, in our poorest ward, to demolish and develop the site for mainly private residential accommodation. While this episode was reversed post-Grenfell after community campaigning, this is indicative of the Council's approach to the whole spectrum of education.

Many of our borough-run nurseries have been 'merged' (closed) or privatised, with an increasing number accommodating only families who can afford private fees. While the Council has always insisted that 'the

poorest will be accommodated' there is a yawning gap between the few 'charity cases' and those who can afford full fees. The outsourcing of provision for children excluded from schools into Pupil Referral Units (PRUs), run as private businesses, has had some devastating effects.

Some schools pride themselves on keeping children who are struggling with learning or behavioural difficulties within their schools, but they get little recognition for this within the brutal instrument of school league tables. The outcome of this in some cases has been that certain schools are keen to 'off-roll' struggling students to keep their standards of 'success' high.

Looking at bare school statistics may be heartening for anyone wish to send their child to a local school. However the place allocation system is a dark art open to abuse.

A staggering 60% of borough children attend private schools. The spread of these businesses has meant that the Council has been able, as a commercial venture, to let out public assets for the use of privately run schools.

<b>Educational Attainment</b>	
<b>Kensal Town, Golborne ward</b>	<b>28.8% deprivation in education and skills</b>
<b>Hillgate Village, Campden ward</b>	<b>1.8% deprivation in education and skills</b>

ONS/MHCLG 2019

## 8. EMPLOYMENT STATUS

**The largest single employer in RBKC is the Council itself, with nearly 2,000 employees located in offices and other premises around the borough. A recent study has shown that just 9.7% of Council employees live in the borough.**

It will be no surprise that the wealthiest areas in the borough have the lowest proportion of working age population involuntarily excluded from the labour market.

According to Nomis, the Labour Market Profile for K&C published in February 2020, Kensal Town in Golborne ward, disadvantaged in so many other ways, has nearly one-third of the working age population looking for work, 31.7%.

This is 100 times worse than the working age proportion who are unemployed in the Chelsea Manor neighbourhood of Royal Hospital ward. The second and third worst areas for unemployment are Sutton estate in Dalgarno ward at 27.5%, and Southern Row in Golborne at 25.6%. The second and third 'best' for employment are the Onslow/Pelham neighbourhood at .4%, and Courtfield at .5%.

According to the Nomis Labour Market Profile Kensington and Chelsea, updated in February 2020, we have 138,000 jobs in K&C, of which 100,000 are full-time and 38,000 are part-time. Two-thirds of our residents are economically active, either employed or self-employed. Those not working but actively looking for work comprise 3,600, 4.9% of the population.

As ever there are disparities between different organisations and how they calculate this figure, with those for Trust for London of April 2020, which gives the employment rate at 6.7%, just below the

London average by .3%.

Back to Nomis there are 34,800 people economically inactive, of which around one-third are students, just under a third 'looking after family', with retired and long-term sick at over 7,000 and 'other' 6,700, but no clues as to their status.

Of the 9,000 benefit claimants, around a half are on Employment Support Allowance (of working age but unable to work on medical grounds) or Income Benefit (which supports those on low incomes caring for others, on long-term sick pay, or 16-20 year olds in further education). Just over 1,000 claim Jobseekers' Allowance, just under 1,000 are on carers' allowance, 550 on disability allowance, and the remainder are lone parents, bereaved or 'other'.

The biggest employers in the borough are in wholesale and retail at 24,000 – no surprises that CV19 lockdown has had dire consequences. Hotels, restaurants, cafes and pubs employ 20,000, health and social care 18,000, information/communications 15,000, professional/science and tech 14,000, and the rest are divided between administration, education, real estate, arts, entertainment and recreation, public administration, finance and insurance, 'other', construction and manufacture, in that order.

The Council's near 2,000 employees are drawn from across London and the Home Counties.

<b>Employment Status</b>	
<b>Kensal Town, Golborne ward</b>	<b>31.7% looking for work</b>
<b>Chelsea Manor, Royal Hospital ward</b>	<b>.3% looking for work</b>

ONS/MHCLG 2019

## 9. SPORTS/ACTIVITIES FOR YOUNG PEOPLE

**The families of children who are deemed to be unfit or overweight are often judged to be lazy or uncooperative. However, many families simply cannot afford to take part in sports outside school hours.**

According to Public Health England, in 2010 8.7% of Year 6 children in RBKC were obese—a total of 72. In 2019 this number has risen to 23.6%, a total of 156 children. This is higher than the London average at 23.2%, and the national average of 20.2%.

In those nine years most sports pitches in the borough have been monetised, and you have to book and pay online in advance. Needless to say, this alone puts some people off ever using the tennis, basketball or footie pitches.

There is no free swimming for under 16s as there was before. School sports have been cut back brutally. Many schools have had half their playgrounds sold off for private housing, so there is little space for casual play. Without park keepers many parks are taken over by young people with nowhere else to go, and this can be intimidating to primary age children, even

if they are not any kind of threat.

The percentage of physically active children dropped drastically between 2009 and 2011, from 7,939 to 6,947—PHE stopped reporting this statistic after that.

RBKC has a large number of children in Temporary Accommodation, two-thirds of them outside the borough and travelling in every day to their schools, and parents to work and family. In 2010 there were 1,296 children living in TA. In 2019 the estimate is well over that, possibly up to 5,000.

It may seem counterintuitive, but levels of obesity are just as likely to correlate with malnutrition as are levels of underweight. Obesity is very often linked to food poverty and poor quality food, and of course to lack of family access to sports facilities, whether at school or in the local environment. All of this is linked to low income.

<b>Sports, Activities for young people in K&amp;C</b>	
<b>Physically active children 2009</b>	<b>7,939</b>
<b>Physically active children 2011</b>	<b>6,947</b>
<b>Obese children in Yr 6, 2010</b>	<b>8.7%</b>
<b>Obese children in Yr 6, 2019</b>	<b>23.6%</b>

*Public Health England, Health Profile 2009, 2011, 2019*

# 10. CARE OF ELDERLY

**One of the greatest failures of our time is the betrayal of our elders. The privatisation and reduction in care homes and home care in the borough, has led to the borough being condemned by the Care Quality Commission.**

Our elders are not some fractious minority group we must remember to acknowledge, they are, quite simply, us in a few years' time. I find it quite extraordinary that in a borough like K&C, with its ageing demographic, that our elders are so poorly catered for when they need some degree of support in their daily lives.

Across our 'wealthy' borough, nearly one quarter of over-65s live in poverty. In the neighbourhood around Southern Row in Golborne ward, deprivation among older people is a shameful 56.6%. However in the Onslow area of South Kensington, it is just 3%.

In February 2020 an RBKC report stated that there were 1,570 people with dementia known to local services, and 350 of them receive formal services via the Council. This is predicted to double in the next ten years. We can only assume that the 1,220 people not receiving services are cared for by family and local networks – quite a burden on those who might otherwise be working.

Those who receive Home Care via the Council are likely to have a mixed offer, often with underpaid care workers who are really passionate about their work, but are often rushed and sometimes not trained for the service they've been asked to

provide. Many Home Care providers are private businesses that do not invest in adequate staff training and pay.

The last Council-run residential care home was closed down in 2014, and eventually sold to a 'caviar care' provider, offering exclusive and very expensive apartments for over-50s along with nursing care if needed, hairdresser, dog grooming, and bar offering caviar. There were 39 residents left in Thamesbrook residential care home when it closed, and of them just one was relocated within the borough, in a nursing home. Many were sent a long journey out of the borough; one family complained they had to take four buses to visit their family member.

The Adult Social Care Committee in January 2016 commissioned an independent public health consultant who found in January 2016 that 'if the situation had been better managed ... the care home [Thamesbrook] could have remained open'.

With all residential care now run by outside organisations, it is tragic to hear that RBKC in 2018 was judged to be the third worst provider of residential care in the country, with 45.5% of care homes reported by the Care Quality Commission as 'inadequate or requiring improvement'.

<b>Poverty among over-65s</b>	
<b>Southern Row, Golborne ward</b>	<b>56.6% elders living in poverty</b>
<b>Onslow Square, Courtfield ward</b>	<b>3% elders living in poverty</b>
<b>Across Kensington &amp; Chelsea</b>	<b>24% elders living in poverty</b>

ONS 2019

# REFERENCES

**Office of National Statistics/Ministry of Housing, Communities and Local Government**

**Greater London Authority London Datastore/Intelligence Unit/City Intelligence**

**Public Health England/Health Profiles**

**Trust for London**

**Child Poverty Action Group**

**Marmot Report/Marmot Revisited, February 2020**

**Shelter**

**My Fair London**

**The Equality Trust**

**Transparency International/report on overseas beneficial ownership**

**Inside AirBnB**

# **TOP TEN TORY FAILS**

## **from 'the most unequal borough in Britain'**

Every day between 20 Feb and 5 March, when they will announce their alternative Budget, Kensington Labour Group will announce an area of extreme inequality in Kensington and Chelsea 'the most unequal borough in Britain'.

The borough known as 'The Royal Bank of Kensington and Chelsea' has £180m in Reserves – and some of the poorest residents in London.

The following is based on evidence, not dogma or the Daily Mail. Links to sources can be found at the end of this document.

### **Thursday 20 Feb**

#### **1. CHILD POVERTY**

The London average for child poverty is 28%. Kensington and Chelsea, the richest borough in Europe, nonetheless comes in with 27%. This is an average, including:

**Queen's Gate – just 2.8%**

**Henry Dickens Court, Norland – a disgraceful 57.6%** (worse than the Gorbals in Glasgow, at 49.7%)

The Child Poverty Action Group states that the 4,467 children living in poverty in the borough cost the economy £49m/year, that's £10,000/child/year.

#### **Child poverty, 'Made in Chelsea'**

In Ovington Street, Chelsea, child poverty is just 5.3%. But cross the road to Wiltshire Close and it's an extraordinary ten times that, 54.9%.

### **Friday 21 Feb**

#### **2. LIFE EXPECTANCY**

Average life expectancy for men in London is 77 (for women cc 5 years longer); in the borough it's an amazing 82yrs. This is an average, including:

**Golborne Ward – 72yrs**

**Hans Town, Knightsbridge – 92 yrs**

This is a quite extraordinary difference in life expectancy of 20 years within just three miles. Don't cross Fulham Road from Pelham Crescent to Josiah's to buy your newspaper; you could lose ten years of your life.

### **Monday 24 Feb**

#### **3. INDEX OF MULTIPLE DEPRIVATION**

Multiple Deprivation is made up of a group of indicators comprising a range of economic, social and housing issues and are scored on lower super output areas (of up to 2,000 households).

**In Queen's Gate, the IMD score is 8.46 ('least deprived ward in England')**

**Swinbrook Estate off Portobello Road has an IMD of 53.02 (4% worst deprived in England)**

Residents in Swinbrook Estate are nearly seven times more deprived than those in Queen's Gate, a short bus ride away.

## **Tuesday 25 Feb**

### **4. HEALTH INEQUALITY**

This is scored in different ways, 'health deprivation' is made up of a number of indicators, whereas the ONS score is self-reported. Overall Kensington and Chelsea is ranked first in England and Wales for the percentage of residents assessing their health as 'very good' (57.8% compared to 50.5% in London).

**In Beaufort Gardens, Knightsbridge, health deprivation is 0%**  
**In Henry Dickens Court, Norland, health deprivation is 65%**

In Wornington Green, just 42% of residents assess their health as 'very good'. In Golborne 2.5% assess their health as 'very bad' (rank 1st); this is double the London average.

Incidence of diabetes has increased by 12%, that's 700 more people, in just three years.

## **Weds 26 Feb**

### **5. INCOME INEQUALITY**

The median income in Kensington and Chelsea is now £101,600, the highest in the country; this is still not enough to buy a home at the average cost of £1,178,000. However the mean average income is £36,000, and one-third of all workers, the majority in North Kensington earn below £20,000.

**World's End estate, income inequality = worst (£13,125 equivalent of a year at minimum wage)**  
**Hobury Street, Stanley ward = best (cc£100,000)**

Cross King's Road in this area and you go from the best to the worst income in London.

The Council has refused to pay its own low-paid workers London Living Wage of £8.80, or to insist its contractors pay the same, stating it would

cost £1m; this is nearly equal to the sum the Council underwrites for the losses of running Opera Holland Park.

### **Thurs 27 Feb**

#### **6. LIVING CONDITIONS/OVERCROWDING**

Kensington and Chelsea is a dense borough, though 'lived density' is not measured, only 'built density'. It is worthwhile reviewing the number of second and empty homes alongside density values.

**Golborne Ward, children and young people 0-19 living in overcrowded homes 63%**

**Campden Ward, children 0-19 overcrowded, 18.9%**

Overcrowding for school-age children means less space for homework, rest and privacy, and is a known indicator in poor educational attainment. Where there are more overcrowded homes, there is greater need for homework clubs in libraries and other centres with access to IT, and specialist help in core subjects to support children struggling to keep up.

In one part of the borough, one in five homes are empty; in another there are no second homes. Where is this ghost town? And where would you rather live?

### **Friday 28 Feb**

#### **7. EDUCATIONAL ATTAINMENT**

Low educational achievement runs parallel with low income/lack of employment opportunities. Improving educational attainment is a guarantee of helping our most deprived communities to improve life chances. We have an excellent record of educational achievement from our local schools.

**K&C borough average for GCSE A\* to C is 72%**

**However, in Dalgarno, North Kensington, only 30% have GCSE A\* to C**

These young people will have to continue attending failing schools in Brent as a new policy will mean they will be excluded from applying to the £100m Council Taxpayer funded Holland Park Academy.

### **Mon 3 March**

#### **8. EMPLOYMENT STATUS**

Two-thirds of the adult population in K&C are in employment, most in full-time employment. While 35% work more than 49hrs/week – second only to the City of London – nearly 5,500 are seeking work.

**In Pelham Crescent South Ken only 1.4% are unemployed.**

**Cross the road and this will rise nearly ten times, to 13.4% in**

## **Samuel Lewis Buildings.**

Two-thirds of benefit recipients are retired, disabled, or actively seeking work. 915 aged 16-24 are unemployed, 1050 aged 50-74 are unemployed, 908 have never worked, and 2,298 are long-term unemployed; a vast majority of these are in the poorer wards.

'Eyelash extension and tanning classes for the girls, watching paint pots for the boys: the sad tale of 'raising aspirations' through apprenticeships in Kensington and Chelsea.' At least they will be able to 'tan' the Made in Chelsea cast.

### **Tues 4 March**

#### **9. SPORTS/ACTIVITIES FOR YOUNG PEOPLE**

RBKC is blessed with parks and green space, tennis courts and other sporting facilities. However, over the years these have been 'monetised', with former kickabout spaces developed or transformed to 'booking only'.

Funding for primary school sports activities has been decimated, and free swimming for children (and over 60s) stopped.

**Physical activity for children 2009/11 reduced from 7939 to 6947**

**In the same period, obesity in Year 6 students has nearly doubled**

Number of homeless children 0-18 in B&B/temporary accommodation estimated to be 1,800; two-thirds are housed out of the borough, far from school and other sporting activities.

### **Weds 5 March**

#### **10. CARE OF ELDERLY**

Kensington and Chelsea is home to the 'Chelsea Pensioners' of Royal Hospital, where former soldiers can live out their days. The borough has the highest average life expectancy in the country, of 82 years; but there is a gap of 20 years between the north and south of the borough

**20% of all our pensioners, that's 5,770 people, receive pension credit**

**The incidence of diabetes has risen by 1,034 since 2010 and malnutrition is rising. Meanwhile, the Council is cutting funding to lunch clubs**

While some people are prone to diabetes, it is associated with poor nutrition. Lunch clubs in the borough have been closed, and others are

having funding reduced, while malnutrition among older people admitted to hospital is on the rise.

**Links:**

Ward profiles

[http://www.rbkc.gov.uk/  
communityandlocalife/2011censusoutcomes.aspx](http://www.rbkc.gov.uk/communityandlocalife/2011censusoutcomes.aspx)

Overcrowding

[http://www.rbkc.gov.uk/pdf/Families\\_housing.pdf](http://www.rbkc.gov.uk/pdf/Families_housing.pdf)

Neighbourhood statistics

<http://www.neighbourhood.statistics.gov.uk/>

Income inequality

[http://www.londonpovertyprofile.org.uk/indicators/topics/inequality/  
pay-inequalities-within-london/](http://www.londonpovertyprofile.org.uk/indicators/topics/inequality/pay-inequalities-within-london/)

Minimum Income Standard

<http://www.lboro.ac.uk/research/crsp/mis/>

[http://www.londonpovertyprofile.org.uk/key-facts/overview-of-london-  
boroughs/](http://www.londonpovertyprofile.org.uk/key-facts/overview-of-london-boroughs/)

Recipients of Pension Credit

<http://www.data.london.gov.uk>



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Southern Row, London W10 5AE*