Understanding current and future need across Richmond

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ROCKET
SCIENCE

Contents

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1. Executive Summary

In May 2016, Rocket Science was commissioned by Richmond Parish Lands Charity (RPLC) and Hampton Fuel Allotment Charity (HFAC) to carry out research into unmet need in Richmond.

This report brings together findings from our consultation with key stakeholders and residents in the borough. This included: a survey of organisations funded by the charities to gather their perspectives on need in the borough; interviews with stakeholders including the council, community centres, support organisations and other funders; nine workshops, attended by over 100 participants discussing needs and solutions to help different beneficiary groups and; interviews and group discussions with over 30 residents.

Our findings reveal that many people in Richmond are just about coping with daily life. However, they are also living 'on the edge' of crisis because of the compounding effects of the high cost of living in the borough, fragile housing arrangements and failings in how services are commissioned and delivered:

- Residents that are already managing complex lives and/or conditions and experiencing a crisis or challenge are falling into depression and anxiety, feeling overwhelmed and unable to cope.

- When people are going through a life, education or health transition they are most vulnerable as things in their life will be changing and they are likely to be at a crisis point. This is where they are mostly likely to fall through gaps in services and become disengaged from the support on offer.

- The lack of appropriate transport, or difficulty in accessing transport particularly reflecting the geography of the borough, is preventing some people from using services or taking part in activities that can improve their health and wellbeing.

- Some services are not working as well as they should. Organisations and residents feel that statutory requirements are not being met through existing services, particularly for children and families in need.

- Both organisations and residents referred to the lack of preventative support, particularly in the context of mental health, physical disability and homelessness. Funding cuts to those who support those in need, are forcing organisations to focus on managing immediate demand - often at a crisis point for the person. Many feel this is a false economy. Organisations and services should be funded to prevent future demand, by intervening earlier and avoiding a crisis in the first place.

- Many commented that as a result of reductions in funding and silo working, most services just focus on one of the many problems faced by a person with complex needs, resulting in fragmented delivery and arrangements.

- Services (particularly those that require working across different agencies) are also not designed or funded in a way that allows for longer term support and for joined up solutions which address all a person's needs. This leads to people being passed from service to service, each time having to repeat their story and complete a different assessment process.

Whilst there were many issues and challenges raised in our consultation, there were also some great ideas and solutions for action, summarised in the table below. Some solutions require better funding and improved working and collaboration between services and organisations, whilst others can be achieved through social action, peer support and new forms of giving.

Key challenge	Suggested solutions
The need to find ways of working together more coherently to support a 'whole person' solution and act earlier rather than focus on one issue when it has reached crisis point.	This needs greater collaboration and co-ordination between key stakeholders in Richmond, between Richmond Council, schools, the health service and voluntary and community sector organisations.
Individuals value support from people that are experiencing similar issues and have knowledge and solutions for working around the system. This is a way of helping prevent individuals going into crisis and managing their conditions.	Build social networks to encourage self-help and peer support to improve signposting and referral routes leading to improved personal resilience, reduced isolation and sense of powerlessness.
Mental health is being compromised as individuals move through services and repeat their issues and needs over again to different agencies - resulting in a cycle of assessments and lack of follow through.	Develop the idea of a universal process of communicating a person's need to different agencies to avoid continuous assessments and encourage agencies to provide holistic, person-centred support.
People who would benefit from health and wellbeing activities either cannot afford to pay for them independently or access them as they do not fit service/eligibility criteria.	Encourage and develop opportunities for social prescribing[1] and support better integration with the health system to improve referral routes and preventative care and support.

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[1] Social prescribing is a way of linking patients in primary care (eg hospitals) with sources of free/cheap support in the community. It provides GPs with a non-medical referral option that can operate alongside existing treatments to improve health and well-being.

Organisations and stakeholders are concerned about the impact of future cuts and shared services in Richmond on those people already 'on the edge' of crisis. Richmond suffers lack of investment from funders because of perceptions around its wealth.	Find new ways of accessing funding and support into the borough from both internal and external sources, such as local businesses and individuals, as well as national funders and government.

The rest of this report provides an overview and specific detail on needs that have been highlighted to us in the borough. It is one of two published reports produced from our research, the second is 'On the Edge' developed by RPLC and HFAC.

It is structured as follows:

Chapter 2 – Factors impacting on need in Richmond - sets out how the cost of living, failings in the system and mental health are impacting on those already in need in the borough.

Chapter 3 – Overview of needs and challenges in Richmond –summarises the findings from our consultation with residents and organisations on needs and challenges facing different groups of people in the borough.

Chapter 4 – Ideas for action – presents ideas shared with us during the consultation on how to support need in the future and help people that are living 'on the edge' avoid falling into crisis.

Chapter 5 –Richmond Lives – sets out anonymised case studies from residents we interviewed about their lives and experience of services in the borough.

Appendices 1, 2 and 3 - provide a summary of workshop and survey consultations and details on the organisations that took part.

We would like to extend our gratitude to the residents who gave us their experience of services and life in Richmond and the front-line workers and organisations that gave up their time and provided insight to inform our research.

2. Factors impacting on need in Richmond

Whilst there is always going to be some unmet need in society, need in Richmond is particularly marked for those that are already experiencing disadvantage.

Our research has found that many people across the socio-economic spectrum are 'on the edge' of crisis. This is often due to the compounding effects of the high cost of living in Richmond, failings in the system and the impact this is having on the growing prevalence and severity of mental health issues. These were recurrent themes from all our discussions with individuals, organisations and stakeholders and we explore them in more detail as follows.

2.1 The price of living in a desirable borough

Richmond is a highly desirable place to live, not least because of its transport links, making the costs of owning or renting a home very high. Some people benefit from the housing market, whilst others can suffer negative consequences. For people that do not have a high level of income and/or are on benefits, their housing is becoming increasingly unaffordable and this situation will get worse.

When coupled with the high cost of living we suspect that the local housing market is also impacting on social isolation in two ways; the first is by making access to services difficult as a result of costs and competition; the second is the effect of the housing market on some communities, which previously had high levels of neighbourliness and community spirit which has been eroded as people have moved on and others (often wealthier) have moved in.

The cost of housing

Richmond has the third highest average resident income of all Local Authorities in the UK and the highest house prices in outer London. Private rents are also the highest in outer London and increased by 39% between 2011 and 2015. This represents a significant growth in housing costs in real terms.[2] In contrast, Richmond has the fourth smallest social housing sector in Greater London.

As a result of having the highest house prices in outer London and having one of the smallest social housing sectors, a large proportion of Richmond's population rent privately. According to the 2011 Census 17,440 households (22%) in Richmond were living in privately rented accommodation.

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[2] GL Hearn (2016) Strategic Market Assessment,
http://www.richmond.gov.uk/housing_market_assessment_draft_report_june_2016.pdf

Homelessness and fuel poverty are also on the rise in the borough. Ending a tenancy from the private rented sector is the most common reason for homelessness in Richmond, responsible for 96 out of 232 acceptances in 2014/15 (41%). Although 9% of household dwellings in Richmond face fuel poverty compared to 11% in England this represents 3,042 homes estimated to have Category One (significant) hazards around 'excess cold' under statutory Housing, Health and Safety Rating System[3].

The high cost of housing in Richmond has an impact on the ability of key workers to live in the borough. This means that carers, teachers and support workers are being pushed out due to the unaffordability of housing most notably in the private rented sector. This has knock on effects for other residents, particularly those who rely on paid carers to maintain a decent quality of life.

One woman we spoke to told us that she only receives six of the allotted 23 hours of care she needs as carers cannot afford to live in Richmond and travel into the borough. If they do not have a car, getting to her home is very difficult by public transport.

There are proportionately fewer people aged 15-25 in Richmond compared to Wandsworth and the UK[4]. The evidence suggests that entry level house prices in the borough in 2014 were 14.8 times the incomes of younger households; this is significantly above the Outer London average of 9.8. Those who do stay in the borough are likely to live with their parents: 8% of households (6,100 households) in Richmond contain non-dependent children[5]. Richmond is especially unaffordable for young people.

Cost of living and social isolation

The cost of living is also a big problem for many individuals on low incomes, notably older people, young people and people with a disability. The high cost of living can lead to difficulties around accessing services and support.

11.5% of Richmond's population is over-indebted[6]; this amounts to 17,000 households in the borough[7]. Indebtedness can act as a significant barrier to accessing services and support. This can be the case for older people who are asset rich but cash poor, particularly those that live alone. The population aged 75 and over who live alone is predicted to increase from 6,268 in 2012 to 7,259 in 2020[8].

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[3] Richmond Council, Joint Strategic Needs Assessment
[4] Knowing our Borough 2015/16, London Borough of Richmond Upon Thames
[5] GL Hearn (2016) Strategic Market Assessment,
http://www.richmond.gov.uk/housing_market_assessment_draft_report_june_2016.pdf
[6] According to the Money Advice Service, people are 'over-indebted' when they have either fallen behind with their bills in at least three of the last six months, or feel that their debts are a heavy burden.
[7] Variation within regions: London, the Money Advice Service
[8] Loneliness and isolation, Needs Assessment, LBRuT

Indebtedness can also lead to homelessness when people fall into debt as they are unable to manage their finances resulting in loss of tenancies, sometimes because of failings in the system. One of the homeless people we interviewed had fallen into £1,000 arrears due to an administrative mix-up on their benefit. The stress of trying to deal with the problem resulted in depression and eventually their eviction as they were not able to manage their situation.

The high cost of living also affects young people living in Richmond. From our workshops and group discussions with young people we found that there is a lack of local and affordable social activities which they can participate in, particularly at the weekends. Young people told us that they often have to travel to Kingston or into central London to find things to do. Cost of travel can be a barrier.

Adults with a physical disability are also affected by the high cost of living in Richmond. Firstly, they may have to compete with other households in the borough who can pay high prices for paid care; this drives up the overall cost of carers. Secondly, most carers cannot afford to live in the borough so have to commute in and some parts of the borough are difficult to access by public transport.

One of the people we interviewed had spent six months trying to recruit a carer, another did not have sufficient personal budget to afford the rates being charged by carers and so his care needs are not being fully met.

2.2 Failings in the system

The second theme which ran through all our consultations focused on the failings of the system to support those in need which takes various forms.

Not ticking the box

Eligibility criteria emerged as a key example of the failings in the system in Richmond. Although well intentioned, eligibility criteria can exclude many families and individuals from receiving the support they need. In an increasingly tightened spending budget, social care spending has inevitably been focused on those in greatest need who hit stringent eligibility criteria, but this leaves many people with needs without support.

This concern was often raised in the context of children and young people. Talking to a head teacher of a primary school in Richmond revealed that many students who do not receive pupil premium still require support from the school, such as help to buy their school uniform or participate in school trips. For these schools and children, the eligibility criteria for pupil premium is considered exclusionary and unjust.

Another key area in which eligibility criteria affects people's lives is support for children and young people who have Special Educational Needs (SEN). Many do not have a statement for additional support in mainstream schools. They may also be finding it difficult to receive an Education, Health and Care Plan (EHCP) due to increasingly stringent criteria and the limited number of organisations which provide support to parents going through this process. These children and young people are likely to fall behind with classwork because they are not given sufficient guidance and support and likely to disengage from education.

Navigating information and services

Many people find navigating public services and support in Richmond a challenge.

Most services are online and if you lack the skills (elderly) and/or do not have access to technology (homeless or in poverty) people can fall at the first hurdle. Although there is training and support, the digitalisation of services is frustrating access for a lot of people. Although stakeholders feel the borough is information rich, people told us that they find it difficult to access the information they need at the right time. Crisis does not follow 9-5 so people have said how they have struggled to get support and information outside of office hours and at the weekend. Although there are some information navigators which can help people who feel lost, they are in high demand and so difficult to access.

Services can appear uncoordinated and this is felt to be largely due to a lack of collaboration and co-ordination between key stakeholders in the borough, including Richmond Council, voluntary and community sector organisations (VCSOs), schools and the health service.

Navigating the system becomes all the more challenging if English is a second language or you have a learning difficulty.

We also had reports of duplication, where services were being developed in isolation, highlighting the need for VCSOs to connect and collaborate more (particularly those that were smaller and not in other networks) in service delivery.

Lack of preventative support

Many residents and stakeholders in Richmond commented that there is a consistent lack of preventative support to help people avoid getting into crisis. Rather than investing in support that helps to increase the resilience of individuals and families, services are often only available to those who are in crisis situations, where costs to manage the situation are also much higher.

This lack of preventative support not only fails individuals, but also does not make economic sense. It is argued that preventative care will ultimately lead to lower use of resources and prove to be cost-effective in the long term.

The Public Health England, Chief Economist Brian Ferguson has commented that, "It is just plain common sense that investing in prevention is necessary to help reduce the long-term cost of treatment and to maintain a sustainable health service"[9]. The lack of preventative support merely postpones and inflates future demand.

Some organisations suggested that the lack of preventative support is due, in part, to the trend of commissioning large national organisations to deliver public service contracts instead of local voluntary and community sector organisations (VCSOs) that have a history of working in the borough. Larger organisations that have no local footprint or history, have little understanding of the dynamics of need in Richmond and therefore create services which fail to support local people and prevent the escalation of a crisis situation.

This lack of preventative care as a symptom of failings in the system was a recurrent theme in consultations with organisations and residents.

One woman we spoke to has Multiple Sclerosis (MS). She has been trying to get her flat adapted so that when her physical health further deteriorates and she is no longer able to walk, her home will be suitable for her needs. She will not get help until she has reached a crisis point and fears that as her condition is not linked to a determined timeline, this could happen at any time.

2.3 Mental health

Almost all the residents we spoke to had some form of mental health issue, from anxiety and depression, to borderline personality disorder and panic attacks. Many of the personas developed as part of our workshops (see Appendix 1) highlighted mental health. This was a common theme that cut across other beneficiary groups, such as: older people, young people, carers, homeless people and adults with disabilities.

The number of people with more than one long-term mental health condition – such as borderline personality disorder (BPD) and anxiety – in Richmond is expected to increase from 19,000 (10%) in 2013 to 24,500 (12%) in 2019[10]. There are currently 1,700 people with a severe mental illness in Richmond and 2,000 people are in contact with specialist mental health services[11]. Mental health issues can be experienced by people across the socio-economic spectrum and take many forms.

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[9] https://publichealthmatters.blog.gov.uk/2016/02/22/investing-in-prevention-the-need-to-make-the-case-now/
[10] London Borough of Richmond upon Thames, Promoting wellbeing and independence – a framework for prevention. LBRuT and Richmond CCG
[11] Joint Community Access Strategy: Prevention through community enablement. LBRuT and Richmond CCG

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[12].

Suicides can provide a proxy measure for severe mental health problems. 16-24 year olds have the highest prevalence of suicidal thoughts, attempts and self-harm compared to all other groups. In addition to young people, men are also more likely to have suicidal thoughts. The suicide rate for men in Richmond is just over three times higher than the rate for women (6.73 per 100,000 compared to 2.03 per 100,000)[13].

Alcohol abuse can also be an indication of poor mental health: people who experience anxiety or depression are twice as likely to be heavy or problem drinks[14]. In Richmond 38,000 adults drink alcohol at increasing or higher risk levels and there are 34 parents in treatment for alcohol misuse. Moreover, levels of higher risk drinking are the 10th highest in the country[15].

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 an important dynamic in understanding existing and future unmet need in the borough.

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[12] http://www.richmond.gov.uk/child_mental_health_needs_assessment.pdf
[13] *ibid*
[14] https://www.drinkaware.co.uk/alcohol-facts/health-effects-of-alcohol/mental-health/alcohol-and-mental-health/
[15] Joint Community Access Strategy: Prevention through community enablement. LBRuT and Richmond CCG

3. Overview of needs and challenges

Contrary to the popular perception of people living in the borough being wealthy and living well, organisations working with Richmond's residents highlighted that many are either in or are on the edge of crisis. This narrative of living 'on the edge' was reinforced by the different residents that we spoke to about their everyday lives.

Although the overarching themes described in Chapter 2 cut across different beneficiary groups, our consultations with organisations and individuals help to explain why specific groups, such as adults with a disability, carers or older people, are 'on the edge' of crisis in Richmond.

The following summarises these findings and to help illustrate specific issues, we have created hyperlinks and references (shown in brackets) to direct readers to relevant Case Studies and Personas in the document.

3.1 Adults with disability

In Richmond, 11.5% of people report that they have some form of disability or health problem that affects their day-to-day lives and 19% of households in the borough contain someone with a long-term health problem or disability[16].

Organisations we spoke to referred to several key issues faced by adults with a disability:

- The people they work with are likely to be on a low income and possibly receive Employment Support Allowance (see Person 1 in 6.1).
- Transport is likely to be a key challenge for an adult with a disability in Richmond, and many organisations cited the difficulty of accessing services such as Dial a Ride or other community transport.
- Another common challenge faced by adults with disability is finding paid care. This is largely as a result of the high cost of living in Richmond and having to compete with other – perhaps wealthier – households for a dwindling number of carers.
- Although there is strong advocacy support for adults with disabilities in the borough, due to low incomes, inaccessible transport and competition for care, individuals may find it difficult to access this support.

Individuals we spoke to also voiced concerns about transport in the borough.

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

Transport is very challenging for individuals who are only able to get around using a mobility scooter, as this has restricted permissions on public transport. Care was reinforced as another major issue, even more so for people who live on the edge of the borough (see Case Study 5.7).

Individuals also told us that there is a lack of affordable social and physical activities that are suitable for people with certain physical disabilities, most provision is targeted at older people or is time limited (see Case Study 5.9). We also heard of several instances of hate crime where people had been the victim of verbal abuse and how people were living in fear of cuts to their benefits and income.

The lack of affordable social and physical activities for people with a disability is symptomatic of the lack of preventative support. One severely disabled resident we spoke to suggested that no longer having access to a free swimming pass negatively impacts on both his physical and mental health (see Case Study 5.3):

> *"I don't understand why they took that 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*

This lack of preventative support is also experienced in the context of housing adaptations. Several residents told us that they are trying to be proactive and get their homes adapted or move to an adapted home but are facing multiple barriers (see Case Studies 5.7 and 5.9).

There are several things that would improve the lives of adults with a disability living in Richmond:

- Both organisations and individuals told us that having a key worker who helps people to navigate information and access services would make a huge difference, as would having a wider range of activities and support they can access. This was not necessarily about doing more, but making sure what is on offer is more diverse and targeted to individual needs.

- There is a need to invest in the infrastructure of paid care in the borough to counter the dwindling number of carers and/or have greater flexibility on personal budgets. Authorities are investing in Personal Assistants (self-employed carers) as a means of reducing the costs of care provided through agencies, although this is still a challenge if carers cannot afford to live in or near the borough.

- Raising awareness of the needs of people with disabilities to ensure services are inclusive, helping them feel less isolated and to counter the negative association of disabilities and state support.

- Finally, transport systems need to become more accessible for people with a disability so that it does not act as a barrier to accessing services and support.   We heard that some transport services refuse to take people with certain conditions so perhaps services need to be incentivised and commissioned better.

3.2 Families

The number of families in Richmond (any household which contains at least one dependent child) was 23,600 in 2011; accounting for 30% of households – a similar figure to that across both London and England[17].

Several organisations suggested that having a parent – often a mother – with mental health issues, such as anxiety or depression, is a common characteristic of a family in need in Richmond. Mental health is an issue which transcends the socio-economic spectrum. These parents can find it difficult to access support to deal with their mental health issues, especially if there is stigma around accessing support and if English is a second language. This can lead to feelings of isolation and loneliness.

Another key unmet need stems from having a child with special educational needs (SEN). Parents in the borough find it difficult to access the support their children need to stay in mainstream education. Both organisations and individuals cite this as a key challenge, often in the context of the Education, Health and Care Plan (EHCP). Although there are some organisations which provide support and advocacy to parents who are going through the process of developing an EHCP – such as Richmond Users Independent Living Scheme (RUILS) – this support is in high demand and so not accessible to all.

These two key challenges are experienced by a resident we spoke to during the consultations. A mother who has a young daughter with high-functioning Autism Spectrum Condition (ASC) and Pathological Demand Avoidance (PDA) suggests that getting support from the school is dependent on parents forming relationships with teachers and gaining their trust (see Case Study 5.4). The difficulty of navigating services and accessing support for her daughter is exacerbated by the mother having mental health issues and ASC herself:

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[17] 2011 Census data

"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 word. I briefly encounter the normal world but I don't belong." Fiona

Both organisations and individuals suggested that there should be:

- More family support workers available in the borough. These support workers could attend school meetings with parents and organise group meetings with other parents in similar situations to help parents feel less worried and anxious about their children.

- Help to establish and support peer networks. Often parents rely on one another and their knowledge of the system and how to navigate it. Helping parents to connect with each other and share their experience and insight can really help to reduce isolation and frustration and have greater value as this is based on 'lived experiences.'

- Support to schools to ensure that there is consistency in the way parents are helped, which is about helping establish common standards of practice and more time to facilitate parent and teacher engagement.

3.3 Children or young people with SEN or disabilities

In Richmond Local Authority maintained schools in January 2013 there were 2,500 pupils with special educational needs (SEN) and 3,420 young people with SEN in all Richmond schools. The most common types of disability among children in need in Richmond are learning disabilities (51% of children with SEN), Autism/Asperger syndrome (34%) and mobility problems (25%). A lower proportion of children in need with disabilities in Richmond receive SEN support services than Wandsworth, Kingston and England[18].

Organisations suggested that children or young people with SEN or disabilities often experience challenges when they go through transition periods, such as entering or leaving secondary school, or going into further training or employment. For younger children, there is a real need for their parents to gain the skills and strategies of coping to support their children through these transition periods.

Organisations suggested that the support children with SEN or disabilities receive is often dependent on parental knowledge of how to navigate the system (see Person 1 in 6.3).

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[18] Joint Strategic Needs Assessment, DataRich

Another common challenge experienced by children or young people with SEN or disabilities is the lack of holistic support that is centred on an individual. Often these children and young people have other related issues, such as a mental health diagnosis or social communication issues. These young people may benefit from leisure activities with young people who have similar experiences.

Organisations suggested that peer support is a very effective means of countering social communication issues and feelings of isolation and low self-esteem.

Individuals reinforced the finding that children with SEN are not receiving the support they need in mainstream schools. One mother we spoke to has a daughter with Autism Spectrum Condition (ASC) hearing loss and behavioural problems (see Case Study 5.2). Although her daughter was diagnosed in 2013 and has gone through multiple assessments, she is not seeing any benefits in terms of greater support. Her mother believes that the situation is exacerbated by the lack of understanding around how girls present ASC.

> *'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

There was a suggestion during consultations that having a document which accurately represents the needs of children with SEN or disabilities would dramatically help parents who are trying to gain support from schools and teachers. This document could prevent the constant assessments and help parents to share information about their children between key agencies and organisations. Whilst the Education, Health and Care Plan (EHCP) exists, this is not available for all children or young people with SEN and there are criticisms that it does not lead to greater support.

> *'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.'* Rebecca

3.4 Mental health

Our consultations with organisations told us that mental health issues are experienced by residents of all socio-economic groups in Richmond. They are, however, likely to be more acute for those who are on low incomes and living in or on the edge of poverty. For example, an unemployed single mother with anxiety and depression is likely to go into crisis if her benefits are sanctioned and she is evicted as a result of not being able to pay her rent (see Person 1 in 6.4).

The number of people with more than one long-term mental health condition – such as borderline personality disorder (BPD), anxiety or post-natal depression (PND) – in Richmond is expected to increase from 19,000 (10%) in 2013 to 24,500 (12%) in 2019[19].

Mental health has an impact on all aspects of someone's life and ultimately affects people's resilience, their ability to navigate services and cope with everyday life.

Organisations suggested that individuals with mental health issues need more holistic support which responds to their mental health issues, as well as their physical health, and employment and skills needs.

We also spoke to several individuals who have mental health issues. One woman who has anxiety, depression and borderline personality disorder (BPD) told us that signposting to relevant services currently relies upon other people's experiences (see Case Study 5.5). Whilst peer support and mutual knowledge is incredibly helpful, signposting by professionals is ad hoc and partial.

> *"There is a lack of understanding of different services in the borough, what they do and how they operate… Different teams and services in the NHS, Local Authority and third sector don't communicate."* Danielle

Our interviewees also told us that people with mental health issues can often only access support during working hours. There is a crisis line but this is only accessible to those who are already under the Mental Health Community Team (MHCT) in Richmond. If you have been discharged or have not needed help before, you cannot access this support. Mental health crises do not follow 9-5 hours or happen just on weekdays.

There are several things that would improve the lives of people with mental health issues:

- Both organisations and residents suggested that different services within the NHS, the Local Authority and voluntary and community sector organisations (VCSOs) need to communicate better. This would improve referrals and ensure that signposting does not depend upon service users' experiences.

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[19] London Borough of Richmond upon Thames, Promoting wellbeing and independence – a framework for prevention. LBRuT and Richmond CCG

- There needs to be more out-of-hours support. Several residents stressed the need for a crisis café/space that acts as a safe place for people who are having a mental health crisis or are worried that they are heading that way.

3.5 Young people

Organisations we spoke to suggested that schools should play a greater role in providing holistic support to young people in need. This could be support around self-confidence, social communication issues or more practical careers guidance.

Schools could also play a greater role in aiding the transition from primary to secondary school. Organisations suggested that many young people find this transition challenging and would benefit from peer mentoring (see Person 3 in 6.5).

Young people we spoke to echoed this concern about schools and the lack of holistic support for young people. They told us that cyber bullying and underage drinking are big issues in their schools. One young boy cited examples of cyber bullying among his peers, suggesting that social media is being used as a weapon to shame and bully people anonymously. Underage drinking is another major issue, with young people talking about their experiences of peers 'coming in drunk' to school. These are complex issues which require cross-sector interventions and cannot be solved by schools alone.

Young people also referred to the lack of social activities in Richmond during evenings but also at the weekend (see Case Study 5.8). One teenager told us that he often goes to parks at night with his friends, as this is the only place to go. He sometimes feels unsafe and is also worried that he and his friends intimidate others, such as older people or women.

Organisations suggested that there should be an integrated youth service for young people in Richmond. This would improve collaboration between organisations and help young people to navigate information and services in the borough. Young people told us that they would like there to be more social activities targeted to teenagers and ones that did not 'come with strings attached'. They would also like a greater police presence to help them feel safer walking around the borough in the dark.

3.6 Housing and homelessness

There were 138 people registered as homeless in 2015/16 of which 72% have a connection to Richmond. Ending a tenancy from the private rented sector is the most common reason for homelessness in Richmond.

Private rents are also the highest in outer London and increased by 39% between 2011 and 2015. This represents a significant growth in housing costs in real terms.[20]

Organisations told us that growing numbers of people are going into temporary accommodation or sleeping rough as they are no longer able to afford private rents in the borough.

Many of the individuals and families who live in temporary accommodation or on the street need professional advice about the housing options available to them. They are also likely to need access to advocacy services which can help them to navigate and access support (see Case Study 5.7).

People who live in temporary accommodation need access to mental health services, as mental health issues such as anxiety and depression are common. Organisations suggested that mental health issues are likely to have predated homelessness but then be exacerbated by the situation. Many homeless people in Richmond are not in the right frame of mind to deal with their situation and are likely to need a key worker to help them access health services and suitable housing.

We also spoke to individuals who are currently or were recently homeless. A man who is currently street homeless and has been sleeping in a tent for nearly four months has no recourse to public funds and finds it difficult to access support from the voluntary and community sector in Richmond (see Case Study 5.10). This means that he continues to live hand to mouth and is not sure how he will be able to escape homelessness. Although there are some organisations that provide invaluable help to homeless people in the borough – such as Spear – there is a lack of coordination and collaboration between different organisations which provide support. This places the burden of finding the right organisation on the homeless person themselves, creating additional stress and anxiety.

> *"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."*

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[20] GL Hearn (2016) Strategic Market Assessment,
http://www.richmond.gov.uk/housing_market_assessment_draft_report_june_2016.pdf

Both organisations and individuals told us that increasing the number of key workers would dramatically improve the lives of homeless people in Richmond. Key workers would enable homeless people to better navigate services and, perhaps more importantly, find out about the rights and options available to them in terms of housing but also benefits.

Helping to avoid homelessness in the first place is around ensuring people have the income and means to prevent eviction. The cost of placing someone in temporary accommodation versus covering off arrears is disproportionate. One of the people we spoke to owed £1,000 which was due to an administrative mix up in their tax credits. Even though it was in the process of being sorted out, the person was evicted and placed in temporary accommodation for three years.

From an early intervention perspective, helping people who are at risk of homelessness, yet can work would go a long way of improving the long term financial security of that person. Securing and sustaining employment is key to keeping a home for most people and efforts needs to be made to ensure those that can work are given the support and help to do so.

3.7 Carers

Around 15,800 people provide some level of unpaid care in the borough and 15% of those provide more than 50 hours of unpaid care per week[21]. 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 conditions or frailty and over a fifth mentioned a physical disability[22].

Organisations we spoke to suggested that carers in Richmond need more emotional and practical support. Whilst there are organisations which provide this support, such as the Richmond Carers Centre, they are in high demand. The difficulty of accessing support leads to feelings of isolation and loneliness. This can be the case for carers of all ages but can be exacerbated for young carers as they feel isolated from their peers and may find it difficult to integrate at school (see Person 1 in 6.8).

Individuals told us about their own experiences of isolation and loneliness. One woman who looks after her elderly husband who has dementia is coping relatively well with the situation but still feels alone. Although she attends a monthly peer support group – the Carers' Café funded by Crossroads Care – she is worried that the meetings may stop due to precarious funding. She has found this networking and sharing of experiences incredibly helpful and describes the meetings as a lifeline (see Case Study 5.12).

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[21] Richmond Council, Joint Strategic Needs Assessment
[22] Carers Survey 2016 Consultation, London Borough of Richmond upon Thames

Several things would improve the lives of carers living in Richmond. There is a real need around preventing the constant assessments, particularly for unpaid carers who care for a family member or friend. The repetition of needs is difficult for both the carer and the individual being cared for. A potential solution to this could be a universal document that communicates need to different agencies (see Case Study 4.3). Organisations and individuals also stressed the need for more peer support groups to provide respite for carers and give them an opportunity to meet people with similar experiences to them.

3.8 Older people

Richmond has the highest proportion of people aged over 75 and living alone in London (51% in Richmond compared to 35% in London).

There is predicted to be a large rise in the number of people with dementia (increase of 44-58%) along with a 39-52% increase in the number with mobility problems[23].

Organisations told us that older people living in Richmond, often those who live by themselves, are at risk of social isolation.

Although an older person living in the borough may own their own house and therefore be asset-rich, they are likely to be cash poor. This can be a barrier to accessing services and support. The difficulties of travelling around the borough with a physical disability or mobility problems and the lack of carers are likely to act as further barriers to accessing services. Finally, organisations suggested that many older people lack the skills to use computers to interact with others or find out about services and support available.

Older people in Richmond want there to be more social activities that are fully accessible and enable them to meet other people who have had similar experiences. The barriers to accessing these services also need to be addressed. For example, there could be more sessions for older people to learn IT skills so that they can find out about services and social activities online or have help from others to do so.

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[23] London Borough of Richmond upon Thames, Promoting wellbeing and independence – a framework for prevention. LBRuT and Richmond CCG

4. Ideas for action

In this chapter of the report we have presented some ideas for action to support current and future need in Richmond. The following ideas were presented and explored in the consultations carried out with key stakeholders, organisations, service users and residents of the borough.

In the context of continued public sector budget cuts these ideas need to build upon existing provision and resources in the borough. Rather than requiring greater investment from public funds – which is unrealistic given the proposed cuts in local authority services over the next few years– they rely upon improved partnership working between sectors, organisations and individuals, and greater harnessing of the time, money, resources and social networks in the borough.

4.1 Collaboration and co-ordination

In all 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). Organisations told us that they wanted greater opportunities to connect through networking and conversations to share insights and information.

Enhanced co-ordination would help to avoid duplication of service 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 services are key examples of failings in the system in Richmond.

There could be improved collaboration between key stakeholders and services which support specific beneficiary groups or themes, such as young people, carers or mental health. Although there are examples of this co-ordination around beneficiary groups, such as the Carers Hub, many people do not know how to access this support. In the workshop on young people there was a suggestion of an integrated youth service for individuals up to the age of 22.

Another idea presented in workshops was that key workers could play greater roles in enabling this joined up service. Both organisations and individuals told us that key workers could help people move between different services and support.

4.2 Self-help and social networks

Richmond could do more to build upon its existing social capital as a means to support self-help in the borough.

Richmond has the highest volunteering rate across London (50% compared to the London average of 26%)[24]. It also has a higher than national average of VCSOs per head of the population: 3.1 organisations per 1,000 of the population in Richmond compared to the national average of 2.6 per 1,000[25].

Building upon these networks would help to address the need for more preventative support and improved signposting and referral routes. Many organisations told us that despite the high volunteering figures for the borough, they are experiencing difficulties with recruiting and retaining good quality volunteers and trustees, both of which are vital to many small voluntary organisations in Richmond.

Peer-to-peer support and befriending services were particularly common suggestions during the workshops. According to Nesta, 'peer support involves drawing on shared personal experience to provide practical knowledge, social interaction, emotional assistance or practical help to each other, often in a way that is mutually beneficial'[26]. In line with a policy focus on person-centred care, commissioners are beginning to consider the added value of peer support. Several studies have found that peer support can improve experience, health outcomes and health service use amongst people with long-term physical conditions and mental health issues.

Many individuals also voiced support for peer groups, often in the context of mental health. We spoke to one woman who spent a year in an acute psychiatric ward where she had twelve sessions of electric convulsive therapy (ECT). She feels that there is a lack of peer support for patients in psychiatric wards. In light of this she wants to become professionally trained to provide peer mentoring to patients who have had similar experiences to herself (see Case Study 5.1). Another woman with mental health issues suggested that peer support networks could provide a potential solution to the lack of out-of-hours, weekend and school holiday support.

4.3 New ways of communicating need between agencies

During our consultations, there were several criticisms against the demanding and often 'pointless' assessments that individuals have to go through to receive the support they need. Both organisations and individuals suggested that there could be a mechanism to avoid these assessments which could lead to more tailored and person-centred support for individuals. Many individuals told us that the process of having to repeat their needs to different services and health professionals was distressing and often did not result in more or better support.

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[24] Joint Community Access Strategy: Prevention through community enablement. LBRuT and Richmond CCG
[25] Profile of the Sector and Needs Analysis, Consultation on Infrastructure and Capacity-Building services for the Voluntary and Community Sector 2016-2018, LBRuT
[26] Nesta, Peer support: What is it and does it work?

Although there are already mechanisms which communicate need to different agencies, these are only available to certain groups of people and often have stringent eligibility criteria. The most common example in Richmond is the Education, Health and Care Plan (EHCP). Several criticisms were voiced about this throughout the consultations by both organisations and individuals. Firstly, that they are very difficult to access and develop, and secondly that they do not necessarily lead to greater support for a child or young person with SEN.

We are proposing that agencies come together to develop a universal way of capturing and communicating an individual's needs to different agencies. Although we are still unsure of how this might work in practice, this idea could be piloted with some service users to see whether it enables them to avoid having to tell their story over and over again. This could take the form of a physical or virtual document and include key information about an individual, such as their age, health issues, whether they are in receipt of any benefits and what organisations they receive support from. It would be an evolving document that is added to by those who refer the individual onto another organisation. This would take the responsibility of sharing needs away from the individual and ensure that this becomes an accurate record of need, intervention and action and ultimately support shared working.

4.4 Social prescribing and better integration with the health service

Social prescribing links patients with free at point of access non-medical sources of support within the community. This could include opportunities for arts and creativity, physical activity, developing new skills, befriending, and self-help. Social prescribing has the potential to strengthen relationships and partnerships between healthcare providers and the VCS as well as the Local Authority.

Social prescribing responds to the need for more preventative support, as it can be used to help individuals avoid getting into a crisis situation and tipping over the edge. Social prescribing has been widely used for people with mild to moderate mental health problems. It may also be a route to reducing social exclusion, both for disadvantaged, isolated and vulnerable populations in general, and for people with enduring mental health problems[27].

Two other ideas were suggested which seek to better integrate the health service with the VCS. The suggestions were for personal independence coordinators and dementia advisors based in GP surgeries. Personal independence coordinators work closely with GPs and health care professionals to influence person-centred approaches.

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[27] Social prescribing for mental health – a guide to commissioning and delivery http://www.centreforwelfarereform.org/uploads/attachment/339/social-prescribing-for-mental-health.pdf

The main aim of dementia advisers is to provide quality information and signposting which is tailored to individual needs. Dementia advisors play several key roles: they provide information and advice; refer individuals to appropriate services and support; help the local community to be more dementia-friendly; and help to positively influence relevant policies and services.

4.5 Increase investment and support

There were several suggestions in the workshops to better harness the money, time and resources of the borough to address unmet need. Richmond is very well placed to take advantage of the assets it has from individuals, the corporate sector and other funders. There were also discussions about the need to attract more external investment and support, in particular from national funders. To increase investment and support we need to dispel the myth that all residents of Richmond are wealthy.

The high cost of living in Richmond is not always a blessing for its residents. The increasingly unaffordable housing market and cost of living more generally mean that poorer households are paying the price for living in such a desirable borough. The wealth of the borough can mask its poverty. This research is the first step to better harnessing both internal and external resources by understanding needs in the borough.

Once it is widely recognised that there are considerable unmet needs in the borough, a place-based giving model could be established. Place-based giving brings together different kinds of funding, alongside donations of time and resources, on a single platform which distributes grants to local charities and groups. As a recent report by the Office for Public Management[28] highlighted,

> *'Place-based philanthropy involves locally-embedded charitable organisations working together – with each other, with the community and with outside organisations and stakeholders – to tackle need in a defined geographical area.'*

The money generated from this place-based giving model could then be allocated to specific needs, such as the lack of carers in Richmond or the lack of support for children with SEN.

These are some of many ideas for action to address need but their success relies on greater collaboration and better use of the assets and resources available to the borough. We hope this provides the insight and intelligence to mobilise collective action and support organisations and individuals as they navigate a challenging future ahead.

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[28] http://www.islingtongiving.org.uk/website_/wp-content/uploads/2014/01/Giving-Together-full-version.pdf

5. Richmond Lives – Case Studies

The following case studies illustrate the lives of people living in Richmond from group and one-to-one settings.

Our conversations enabled us to explore how different aspects of people's lives are working for them, such as housing, mental health and getting out and about. We used a visual prompt which residents used to indicate whether something was working well (green), could be improved (orange) or not well (red). We also explored what a typical day looks like for different individuals to find out what could make things better for them.
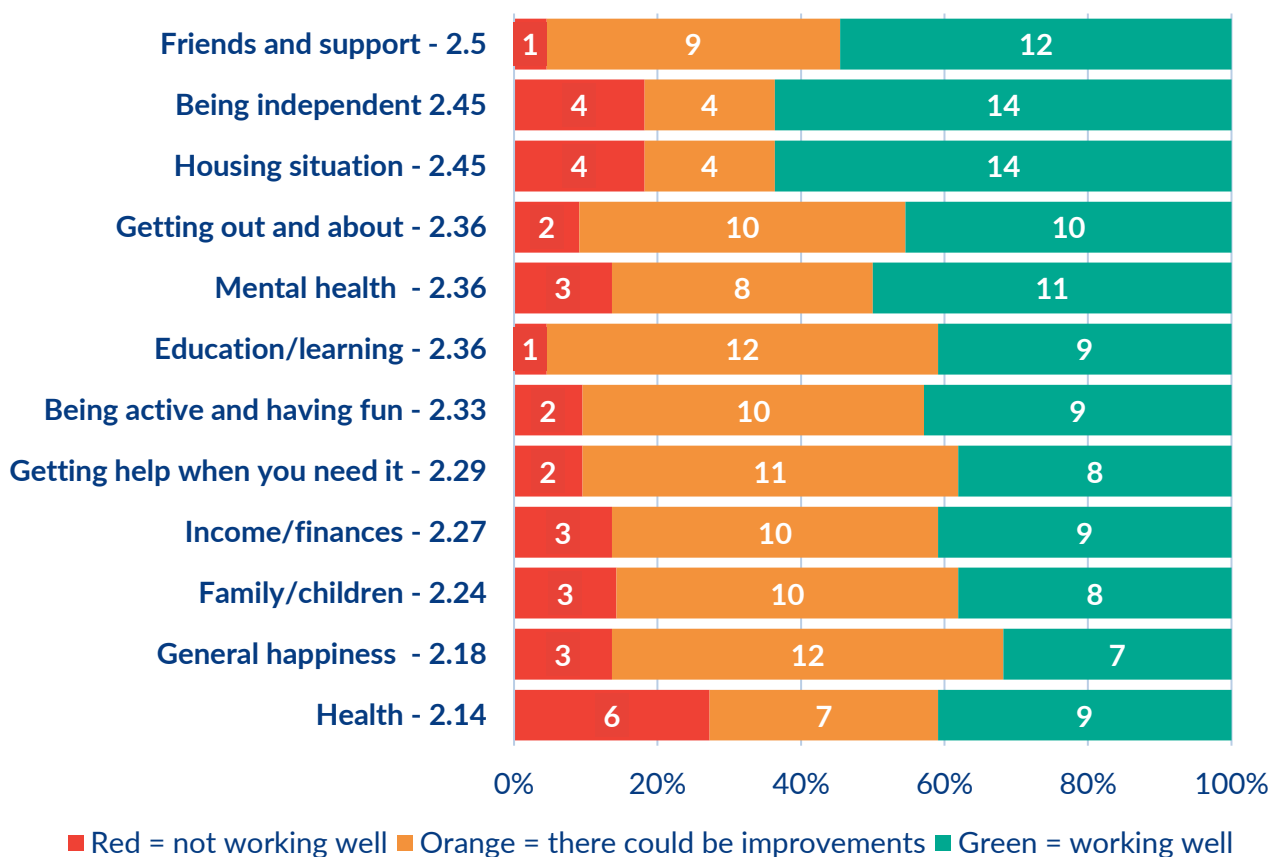
Category	Red (not working well)	Orange (could be improvements)	Green (working well)
Friends and support - 2.5	1	9	12
Being independent 2.45	4	4	14
Housing situation - 2.45	4	4	14
Getting out and about - 2.36	2	10	10
Mental health - 2.36	3	8	11
Education/learning - 2.36	1	12	9
Being active and having fun - 2.33	2	10	9
Getting help when you need it - 2.29	2	11	8
Income/finances - 2.27	3	10	9
Family/children - 2.24	3	10	8
General happiness - 2.18	3	12	7
Health - 2.14	6	7	9

■ Red = not working well ■ Orange = there could be improvements ■ Green = working well

Figure 1 Overview of case study interviews

Focusing on the future and individual strengths, we also talked about individuals' hopes, dreams and ambitions.

Figure 1 shows that overall the residents we spoke to rated friends and support as the highest scoring aspect of their lives. 19 people rated this as green (working well) and 9 rated this as orange (there could be improvements). The lowest scoring category is health which scored 2.14 out of 3.

Although people were relatively positive when reporting on different aspects of their lives at the start of our conversations, as the case studies below suggest, when we spoke to residents in more depth, some very poignant stories about living 'On the Edge' of crisis emerged.

We hope that organisations and funders use these real experiences to help inform and shape future commissioning, delivery and investment in the borough.

5.1 Martha

	Family/children; mental health; health; general happiness
	Getting out and about; getting help when you need it; being active and having fun; being independent; income/finances
	Housing; education/learning; friends and support

Martha lives alone in a social housing flat. She suffers from chronic back pain and has a Borderline Personality Disorder (BPD) 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.

About them

Martha is in her early fifties and has lived in Richmond since 2000. She worked until 2012 when she became very ill. Martha then spent a year in an acute psychiatric ward where she had twelve sessions of Electric Convulsive Therapy (ECT). After coming out of hospital Martha lost everything and was street homeless before living in a B&B and later a hostel. She was in a physically and emotionally abusive relationship but now lives by herself in a social housing flat. She receives Employment Support Allowance (ESA) and Personal Independence Payment (PIP).

Experience

Martha has both physical and mental health problems. In terms of her physical health, Martha has chronic back pain which she believes was triggered by work. She is now unable to walk as a result of this chronic pain. She is still coming to terms with not being able to work. The pain is particularly acute in the morning: "Sometimes I literally cannot get out of bed until midday". Martha also suffers from severe mental health problems. She has borderline personality disorder which is unpredictable and very difficult to manage. She also suffers from anxiety and depression, largely as a result of her chronic back pain:

> "I suffer really badly from poor mental health. I can't cope sometimes, I don't want to go on. It's all related to my constant back pain."

Her anxiety and depression are exacerbated by the precariousness of her financial situation. Martha receives ESA, PIP and housing allowance but is only just about able to cover her living costs. She worries a lot about being able to pay her bills. This is largely due to the high cost of living in Richmond and the price that residents have to pay to live in such a desirable borough. If any of these benefits were to be taken away from her, she would be unable to manage and pay her rent and may become homeless again.

As a result of having both physical and mental health problems, Martha can become quite isolated. As she says: "I tend to isolate myself when I'm not feeling good". Martha can feel lonely during evenings, as she spends most of them at home by herself due to her chronic back pain. Weekends are also challenging due to the lack of social activities:

> "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."

During the week if Martha is feeling up for it she attends classes at Richmond Adult Community College (RACC), peer support groups and acupuncture therapy. Martha enjoys meeting like-minded people as this can help her to feel less isolated and build her self-esteem. Some of these she attends with her support worker.

Future aspiration

If one thing could be different in a year or so, Martha would like to be able to better manage her pain so that its impact on her mental health issues and general wellbeing is limited. This would enable her to participate in more physical activities, such as swimming and hydrotherapy, which would have both physical and mental health benefits. It would also help her to sleep better and therefore feel more ready for the day ahead.

In addition to receiving pain management support, Martha would like to access teacher training so that she can build upon the skills she developed when she was working. Before she starts a teacher training course Martha wants to improve her self-confidence and wellbeing. Martha is also considering training to become a counsellor so that she can be professionally trained to provide peer mentoring and support to patients in psychiatric wards. She wants to be able to help others who have had similar experiences to herself.

5.2 Rebecca

■	Getting help when you need it; health
■	Education/learning; family/children; getting out and about; friends and support; being independent; income/finances; general happiness
■	Housing situation; mental health; being active/having fun

Rebecca would like her daughter to get an Education, Health and Care Plan (EHCP) so that she can receive the support she needs to thrive in mainstream school. Rebecca finds it really difficult to navigate the system and is concerned that her daughter is constantly being assessed but not receiving adequate support for her additional needs.

About them

Rebecca has lived in Richmond since 2003. She lives with her partner and their two daughters in a house that they own. Her youngest daughter has additional needs, including Autism Spectrum Condition (ASC), hearing loss and behavioural problems. When her daughter was first diagnosed in 2013 she was at a specialist school for children with additional needs. She is now in mainstream education and is not getting the support she needs. The family are dependent on the father's salary; this is supplemented by Rebecca's Disability Living Allowance (DLA) and Carers Allowance.

Experience

Rebecca's daughter has Autism Spectrum Condition (ASC), hearing loss and behavioural problems. Her daughter was diagnosed with special education needs (SEN) over three years ago but is still not receiving the support she needs. Rebecca feels that her daughter's ASC "flies under the radar" because she is a girl and because her behavioural issues are predominantly displayed at home. As Rebecca suggests:

> *'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."*

Over the summer, Rebecca had to go away for ten days. During this time her daughter's behaviour significantly worsened: she became increasingly violent.

When Rebecca got back at the end of July she went to her GP and asked for her daughter to be referred back to the psychiatric ward but was told that she could not get an appointment until the end of November. By the time this came around her daughter's behavioural issues had improved.

The family are trying to get an Education, Health and Care 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. If Rebecca's daughter had an EHCP she feels that the school would have to provide more support. Rebecca's daughter has had to go through constant assessments without seeing the direct benefit in terms of greater support.

This issue of a lack of support is exacerbated by the high cost of living in Richmond. Children in Richmond are placed under significant pressure due to competition between students. In some schools within the borough it is the norm for parents to pay for their children's tutoring from a very young age. As a result of this, Rebecca feels that the other children are "leagues ahead of my daughter".

Despite the lack of support from the school, Rebecca has been able to access support from various local organisations which provide support to parents who care for children with SEN. These provide peer support groups in which Rebecca can hear about other parents' experiences of having children with additional needs. Rebecca can access free counselling, massages and art classes which are of therapeutic benefit. These organisations help considerably with Rebecca's wellbeing which has a positive effect on her daughter.

Future aspiration

In terms of her daughter Rebecca wants to have the EHCP in place over the next year or so. She recognises that this "will be very challenging". The EHCP will ensure that Rebecca's additional needs are made visible to the school. Rebecca wants to have the EHCP for her daughter as a preventative measure to avoid her daughter's situation deteriorating further: "We want to know that she is supported in case her behaviour gets worse".

Rebecca also has aspirations to re-enter the workforce. She wants to get a job which enables her to help other mothers during or after childbirth. This would also reduce the pressure on her partner as the sole earner.

5.3 Richard

🟥	Being independent; income/finances; health
🟧	Education/learning; family/children; mental health; getting out and about; friends and support; being active/having fun; general happiness
🟩	Housing situation; getting help when you need it

Richard feels that there is a lack of affordable and accessible social activities for people like him with severe physical disabilities in Richmond. This makes it difficult for him to stay fit and healthy. It also negatively impacts on his mental health as he can become quite isolated and cut off from society. Richard also feels that there is a lack of peer support for people with mental health issues. He would like to be able to talk to other people who are in a similar situation to him.

About them

Richard is in his fifties and has lived in Richmond since he moved to London over 30 years ago. He lives with his daughter in a house which he has been renting for over 25 years, first from Richmond Council and now from Richmond Housing Partnership. In the last 10 years he has become severely physically disabled and his health has deteriorated rapidly which means that he is no longer able to look after himself. He likes living in Richmond because his life is well established in the borough and his family are close by. Richard receives housing benefit, Personal Independent Payment (PIP) and Local Assistance.

Experience

Richard's physical health has significantly deteriorated over the last few years:

> "My health has got a low worse... I have become completely disorganised and I can't look after myself. I've lost my independence."

Richard relies on his carer and children to support him. Richard is currently able to afford a carer who comes to his home five days a week: twice a day for four hours in the morning and 45 minutes in the afternoon. This is paid for by his PIP. He would like to have more money to spend on carers but the cost of care is very high in the borough.

Although his mental health is improving and he is seeing a psychiatrist who is helping him to work through his childhood abuse, he is still struggling with anxiety and depression. Richard has been on anti-depressants for over 30 years. Richard is accessing support from the wellbeing service at Richmond hospital which is helping him to develop different thought processes and ways of coping. He would appreciate more peer support to talk about his experiences and to learn from others who have similar mental health issues.

His mental health issues have been exacerbated by him getting into debt: "I got into a mess with my finances which had a negative effect on my health, I was very worried and stressed". Richard went to a local organisation which provides advice and they helped him to get some of his debt written off. Despite having this debt written off, Richard is still having some financial difficulties and is unable to buy himself a new washing machine to replace his broken one. He is being affected by the Under Occupancy Charge (bedroom tax). He has applied for discretionary housing benefit because his home is adapted to his physical needs which would make it very difficult to move somewhere else.

Richard feels that there is a lack of affordable social and physical activities for people with disabilities. Richard no longer has access to a free swimming pass for disabled people. He really enjoyed going swimming and found that it helped him to stay fit and to relax when he was feeling anxious about his situation:

> "I don't understand why they took that 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."

Future aspiration

Richard would like there to be more inclusive social activities that have both physical and mental health benefits. Richard would like to be able to go swimming again. This would be preventative as it would help Richard with both his physical and mental health issues. Another aspiration for Richard is to have a bigger car. His car is paid for by his PIP and enables him to maintain some feelings of independence. A larger car would be easier for Richard to get in and out of by himself.

5.4 Fiona

	Housing situation; family/children; mental health; getting out and about; friends and support; getting help when you need it; being active/having fun; health; general happiness
	Education/learning; being independent; income/finances

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 and supported.

About them

Fiona is in her forties and has lived in Richmond since 2008. She lives with her partner and two children in a two bedroom flat. She likes living in Richmond because of the good schools and lots of green spaces. However if she had the choice she would like to move out of London to somewhere with less air pollution. Fiona got a diagnosis for her daughter's Special Educational Needs (SEN) when her daughter was one year old.

Experience

Fiona has two children: a daughter and a son. Her six year old daughter has Special Education Needs (SEN): high-functioning Autism Spectrum Condition (ASC) and Pathological Demand Avoidance (PDA). The latter is anxiety-driven and means that she finds everyday tasks challenging. Both of these conditions affect her performance in school. As Fiona suggests: "Everything is a worry, she just shuts down... She is working below her potential because of that".

Fiona also feels that there is a gender bias and a lack of awareness of girls' presentation of ASC. She feels that teachers are better trained to deal with boys who have ASC. Getting support from the school is dependent on Fiona forming relationships with teachers and gaining their trust:

"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."

Despite getting a diagnosis for her daughter when she was only one year old, Fiona's daughter is not receiving the support she needs. As Fiona suggests: "The diagnosis didn't change much but at least we have some proof". Fiona is also concerned that the ASC and PDA is having negative effects on her son. For example, Fiona's daughter's PDA can prevent the family from going out on the weekend as she gets extremely anxious about new activities.

Although the family own their own home it is not big enough and, as their children grow up, they will want to have their own bedrooms. Fiona is unemployed and so the family rely upon her partner's wage. This is very precarious as he is self-employed with no job security. The long hours put strain on the family as he is very absent from their lives.

Fiona herself is on the autistic spectrum and has mental health issues. She has been on anti-depressants for the last four years. Fiona often feels quite isolated and is unsure of where to turn to for support. She doesn't have many friends nearby and although there are lots of activities and courses to attend, she often does not feel up for socialising and going out. As she says:

> "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 word. I briefly encounter the normal world but I don't belong."

The only support that Fiona receives is in the form a family support worker from a local organisation. This person attends school meetings with Fiona and organises group meetings with other parents in similar situations. The support worker helps Fiona to feel less worried and anxious about her daughter.

Future aspiration

Fiona's main aspiration is to learn how to better support her daughter. She wants to build up the social networks around her daughter, such as through peer support groups. Fiona also wants to develop the skills she needs to support her daughter in mainstream school. There needs to be more support to empower parents to help their children with SEN. Fiona also wants to "work in collaboration with the school to find more support for my daughter".

Personally Fiona wants to do more yoga to improve her physical fitness and wellbeing. She also wants to find a part-time job and do something that isn't child care: "I want to do something that I enjoy that is for me". This would improve her self-confidence and mental health, and also remove some of the pressure from her partner so that he can be more present in family life.

5.5 Danielle

	Family/children; health
	Housing situation; education/learning; mental health; getting help when you need it; being active/having fun; income/finances; general happiness
	Getting out and about; friends and support; being independent

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.

About them

Danielle has lived in Richmond since she was born and is now in her thirties. She has been using mental health services since she was in her late teens. She is currently under the Community Mental Health Team (CMHT) and has been accessing treatment for the last two years. She lives by herself in a housing association flat. Danielle receives Employment Support Allowance (ESA), Personal Independence Payment (PIP) and housing benefit. She likes living in Richmond because of the borough's transport links, amenities and suburban feel. She regularly volunteers with a mental health charity, providing peer support and mental health awareness training.

Experience

Danielle has a Borderline Personality Disorder (BPD), anxiety and depression. She is currently under the Community Mental Health Team (CMHT). Since she started accessing support when she was 18 she has seen lots of changes to services and support. She suggests that "there is less availability and less long-term support". Danielle finds that one-off appointments have become much more common than ongoing support. This can make her feel anxious because she knows that she may need support but be unable to access it.

Poor signposting is another major issue for Danielle. As she suggests:

"There is a lack of understanding of different services in the borough, what they do and how they operate... Different teams and services in the NHS, Local Authority and third sector don't communicate."

Signposting currently depends on other people's experiences: it is ad hoc and partial. Danielle often relies on mutual knowledge which is a very useful resource but should be complemented by a central directory of services. Danielle worries that she is not being told about the right organisations for her.

Although Danielle feels that peer mentoring and support is very helpful, there could be more of this available in the borough. The majority of the peer support groups are organised by Mind. Peer support enables people to interact with others who have similar experiences. Danielle finds these sessions very helpful as they help her to feel less alone:

"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."

There is also very little out of hours support for people with mental health issues. There is an NHS crisis phone line but, according to Danielle, "they are not very helpful… they just give standard advice, such as have a cup of tea". Moreover, you can only access the crisis line if you are under the MHCT. This means that people who have been discharged or have not needed help before cannot access support. Danielle is about to be discharged from the personality disorder team so is worried that she will no longer be able to access this support. As Danielle says:

"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 has recently been diagnosed with chronic pain. She was trying to get a diagnosis for the past 8 years but due to having a mental health diagnosis, medical professionals thought that the pain was psychological. She has now been diagnosed with connective tissue disorder and degenerative disc disease. Danielle is also finding it difficult to access ongoing support for her physical health issues. She was discharged after two sessions with rheumatology and has had 5 out of her 6 acupuncture sessions through the pain clinic.

Future aspiration

If one thing could be different in a year or so Danielle would like there to be an out of hours crisis café. This would respond to the lack of ongoing, preventative support for mental health service users. Linked to this, Danielle would like there to be more peer support in the borough so that people can hear about the experiences of others. This would help Danielle to feel less worried about being discharged from the personality disorder team.

Danielle would also like to develop her public speaking skills and mental health awareness training. She wants to be able to use her experiences as a mental health service user to help others who are in a similar situation. Danielle would like to play a greater role in helping both individuals and organisations to better understand mental health. She feels that there is a real need to raise awareness of mental health, well-being and resilience among young people.

5.6 Ian

	Family/children; health
	Housing situation; education/learning; getting out and about; friends and support; getting help when you need it; being active/having fun; income/finances; general happiness
	Mental health; being independent

Ian is a double amputee who lost both of his legs in 2015. This has had implications for many aspects of his life. The two key issues for Ian are the challenge of getting his house fully adapted to suit his needs; and the difficulty of travelling on public transport. Ian feels that people are not considerate enough of him when he is in his wheelchair.

About them

Ian is a double amputee who has lived in Richmond since he was born. He is in his fifties and lives alone without any carers in a housing association flat. Ian was working until 2002 when he had to stop due to his very high blood pressure. He then started to recover but had to care for his mother who was diagnosed with cancer. He cared for her until she died in 2007. Since then he has been unemployed and reliant on food banks. He likes living in Richmond due to its relative safety but knows that there is a price to pay for living in such a desirable borough. He relies on Personal Independence Payment (PIP) and housing benefit.

Experience

Ian lost both of his legs in Spring 2015. He went to the doctors about pain in his feet and was told that if he didn't get his legs amputated he would die in a week due to the spread of gangrene. He was then in hospital until October 2015. When he was first discharged, he was not given his prosthetic limbs for a few weeks. This meant that he was initially confined to his wheelchair in his flat. Ian was able bodied before he lost his legs so his flat was completely unsuitable for a double amputee. It was a considerable challenge to get his flat adapted. As he says, "I had to fight to get a ramp fitted, it took much longer than it should have".

His flat is now more suitable for him, and he has a wet room. However, he can only get into the wet room when he has his prosthetic limbs on, as his wheelchair is too big. This means that if his stumps are too swollen to put his prosthetic limbs on, he is unable to take a shower. His wheelchair also often gets stuck in the door frames because it is too wide for the flat:

"Although the flat is better now, it's still not great. I can get trapped in the door frames because the wheelchair doesn't fit. Sometimes I can be stuck there for hours because I don't have a carer."

Ian used to have carers that came to his flat twice a day but he found it difficult to build a relationship with them. He also felt quite vulnerable letting relative strangers into his flat, particularly if they turned up late. As he says, "Each time it was a different person and they turned up at different times. I didn't like the variation, it made me feel anxious". Although Ian does not have carers, he is able to access support from a local organisation which helps people to live independent lives.

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. This means that if his stumps start to hurt and he needs a break from walking with a walking stick he can use his wheelchair. Ian sometimes gets the bus but does not like taking the wheelchair on public transport. He feels that there is no consideration for him on public transport: "People won't stop and help me, they all push and shove". Ian feels that this lack of consideration stems from the growing discrimination against people who have a disability: "They just think I'm being lazy, they don't get that I'd do anything to be able to have my legs back".

Future aspiration

Ian would like to be able to get around the borough more easily on public transport. To do this he would like public transport to be more wheelchair friendly. He also wants people to be more considerate and less judgemental of people who have physical disability issues. Ian wants his home to be better adapted to his physical needs. This would help him to feel more independent and is important as he no longer has any carers who come to his flat to help him with everyday tasks.

5.7 Sarah

	Housing situation; getting out and about; getting help when you need it; health
	Education/learning; family/children; friends and support; being active/having fun; mental health; income/finances; general happiness
	Being independent

Sarah has three key issues: carers, getting around the borough and housing. Sarah 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. She travels around on a mobility scooter which has very restricted permissions on public transport. This means that she does not get out of the house as much as she would like. Housing is another major challenge for Sarah: her house is unsuitable for someone with severe physical disability issues. She currently has to push herself up her stairs every evening which can take up to an hour and a half.

About them

Sarah is in her forties and has lived in Richmond since she moved to London in her late teens. She has moved around the borough but now lives on the edge of Richmond. Sarah has a mental health diagnosis and is very 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 volunteers regularly and provides support to others who are in a similar situation. She likes living in Richmond because of the low levels of crime and relative safety but finds it an expensive borough.

Experience

Although Sarah is allotted 23 hours of care a week, she only receives six hours, largely due to the high cost of living in Richmond. The high cost of living has two implications for accessing carers: firstly, there is a lack of carers in the borough, as carers choose to live where the cost of living is lower; and secondly, there is increasing competition for the carers that do reside nearby, as wealthy residents are able to pay more for this care. For the six hours of care that she does receive, Sarah is paying double the normal rate.

The effects of the high cost of living in the borough are compounded by living on the edge of the borough. Many carers would rather care for someone who lives more centrally to keep their travel costs low. As Sarah says, "Trying to get carers to come to the edge of the borough is impossible".

The difficulty of accessing carers has negative effects on Sarah's ability to get around the borough. Sarah is unable to use a manual wheelchair and has been told that she is not eligible for an electric wheelchair. This means that when Sarah does not have a carer to push her around in the wheelchair, she has to go out in her mobility scooter. Mobility scooters have very restricted permissions on public transport. They are not allowed on buses and they are no longer allowed in ComCab's (Richmond's subsidised taxi service). Mobility scooters are sometimes allowed on trains but it is at the guard's discretion.

Sarah does not have an overhead cover on her mobility scooter because this would prevent her from being allowed to enter a supermarket due to security reasons. This means that if Sarah wants to go out she has to bear the weather. As she says, "I have to go on my scooter in the road in hail, rain or sunshine". The mobility scooter also incites prejudice: "People still think that people in mobility scooters are just being lazy and can still walk".

Housing is another major challenge for Sarah. Sarah has been trying to get her house adapted for the past 7 years. Because she lives alone in a house that she owns, Richmond Council said that it would only adapt the ground floor. This would effectively make Sarah housebound because it would mean that there would not be enough room for her mobility scooter inside the house. If her mobility scooter was left outside the house Sarah would be unable to get up the ramp into her home. She would therefore be unable to leave her house unless she had a carer to bring her back into her home. Because Sarah does not want to become housebound, she has had to pay for the adaptations herself. Sarah is paying for a lift to be installed so that she can get upstairs.

One of the reasons why Sarah does not receive the support she needs for her physical disability is because she has a mental health diagnosis. As Sarah says:

> *"Things that make it [getting your home adapted] difficult are: owning your own house, having nobody fighting for you and also having a mental health diagnosis not a physical one. They're the things that make it difficult."*

In terms of her final point about having a mental health diagnosis, this is an issue because mental health professionals do not have the same access to resources as the physical health professionals. As Sarah suggests, "If you have a physical condition or a mental health condition but you have physical needs you should have access to the same resources". The support you receive should be dependent on your needs rather than your diagnosis.

Future aspiration

If one thing could be different in a year or so, Sarah would like to have an electric wheelchair. This may happen as she is going to be re-assessed by the Council. If the Council class her volunteering as work she may be eligible for the electric wheelchair. If she receives an electric wheelchair Sarah will be able to travel on buses, trains and in taxis. It will dramatically improve her life and give her back a sense of independence. As she says, "I can't imagine what that sense of freedom will feel like".

Two other major aspirations for Sarah over the next year are archery and swimming. Sarah has been doing archery for over a year and hopes to join the club with able-bodied people. Sarah would also like to go swimming again. She would be able to do this if there was a nearby pool that was fully accessible and adapted for people with severe physical disability issues.

5.8 Young people

In the group discussion with young people four key issues emerged: police and community safety; cyber bullying; schools; and the lack of social activities for young people.

There was a consensus among the young people that there should be a greater police presence in Richmond. As one boy said:

> *"If you walk around the green at night it can be quite scary, there are lots of teens smoking and drinking, you don't want to be around there. We'd all feel better if there were some police around."*

Greater police presence would not only help young people to feel safer but also help the wider community to feel more at ease. As another boy said, "It's not only about us feeling safer but also about the people around us. As a big group of boys we might seem quite threatening".

Many of the young people cited examples of cyber bullying among their peers. Social media is being used as a weapon to shame and bully people anonymously. People set up anonymous accounts which they use to post photos of young people without their consent. This makes young people feel powerless: "There's not a lot you can do about it… even if it's only up there for 10 minutes everyone's already seen it. It can be humiliating".

Schools are another major issue for young people in Richmond. The young people feel that teachers are not good enough and are unable to control their classes. There are also very high expectations placed upon students due to the competition between schools:

> *"They push you harder and harder each year so the school looks better. They don't really care about you they just care about the school's reputation".*

Young people feel that only certain learning styles are supported by schools. Those with learning difficulties are often thought to be merely disruptive. As one young boy said, "They took me out of lessons because they thought I was a troublemaker but I was just getting confused". Another major issue is the growing number of students who are bringing in knives, alcohol and drugs into schools:

> *"A girl came into my school with a bottle of vodka and pretended that it was water, she was drinking it all day. I've seen a few people do this… And about five people a day come into my school high."*

Finally, the young people feel that there is a lack of social activities for young people, particularly at the weekend. As one girl suggested:

> *"I'd like there to be more stuff for young people to do at the weekends. We can go to Kingston or London but there's nothing to do here."*

They feel that there should be more venues that are open to young people. Ultimately young people want to have greater influence over the services available to them: "Young people don't have a voice in Richmond".

Jack

	Housing situation; general happiness; mental health
	Education/learning; family/children; getting help when you need it; being active/having fun; being independent; income/finances; health
	Getting out and about; friends and support

Jack is at college and lives with his brother and parents in Richmond. He has Attention Deficit Hyperactivity Disorder (ADHD) and found it very difficult to concentrate in school. He did not receive the support he needed from teachers and often felt as if other children were receiving favoured treatment. Jack was originally doing 8 GCSEs but this dropped to 4.

Before Jack was diagnosed with ADHD, the teachers did not understand why he was being disruptive in class:

> *"They used to just send me out of lessons and they didn't try to help me learn. They just thought that I wouldn't do well so they didn't bother with me."*

Outside of school Jack feels that there is a lack of things to do. He often goes to parks late at night with his friends as this is the only place to go. On some evenings during the week Jack goes to a youth club to play team sports such as basketball. He enjoys this but often the group has to listen to a talk that they're not interested in before they are able to play basketball:

"I go there to hang out with my friends and play basketball but we're forced to listen to some boring talk before. It feels like we're at school again and we can't do want we want. Once they gave a talk about smoking. A lot of us smoke and we already know you shouldn't."

In terms of future aspirations, Jack is currently training to be carpenter. He thinks that a more vocational and skilled occupation will better play to his strengths. Jack would also like to have a greater say over the services that are available for young people in the borough.

5.9 Adults with disabilities

Martin

■	General happiness; mental health; friends and support; being active/having fun; being independent
■	Family/children
■	Housing situation; getting out and about; getting help when you need it; income/finances; health

Martin is severely dyslexic and has social communication issues. He is in his fifties but is unable to read and write. This was caused by a childhood accident when he was five years old which Martin found very traumatic. His severe dyslexia means that 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. As a result Martin is very lonely:

> "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 nobody because I don't know how to keep that wheel going."

He used to volunteer at a local organisation but felt that he was not understood by the employees and other volunteers. As he says, "No one talked to me… I felt really angry and upset". Martin wants to attend more social activities but finds it difficult to use the internet to find out about what's on. Martin would like to participate in cycling or walking activities so that he can meet other people and keep his anger and stress levels under control.

Isabel

■	Housing situation
■	Education/learning; mental health; getting out and about; friends and support; getting help when you need it; income/finances; health; general happiness
■	Family/children; being active/having fun; being independent

Isabel has Multiple Sclerosis (MS). She was diagnosed in her mid-twenties and is now in her 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. This is in spite of several letters from her GP stating that Isabel will find it increasingly difficult to move house as her MS gets worse. She is trying to be proactive in anticipation of her deteriorating health but Richmond Council seem unwilling to provide preventative support:

"I'm trying to move before the MS get 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."

David

	Being independent
	Mental health; getting out and about; getting help when you need it; health; general happiness
	Housing situation; education/learning; friends and support; income/finances

David is a deaf man in his sixties. An important issue for David is the lack of interpreters in doctor's surgeries. Although the surgeries often provide interpreter services for people who speak different languages, this is not available for people who are deaf. Booking an appointment often has to be done over the phone. This means that David has to rely on the goodwill of his friends to interpret for him. Moreover, because he was born deaf his level of English is not the same as someone who was not born deaf. This means that he can find it difficult to understand letters and prescriptions.

Another major issue for David is his housing situation. Although his flat is suitable for his needs, he has some issues with his neighbours. They often blame him for problems in their block of flats. A few months ago one of his neighbours texted David several times when he was on holiday for the weekend. His neighbour said that there was a leak coming from David's flat. David went back early because he didn't know what was going on. When he got back home he couldn't find any water in his flat. As his interpreter says:

> *"They blame him because they can't communicate with him. Deaf awareness is a problem across the borough. It is a silent disability. They can't ring him up or knock on his door so he becomes the scapegoat."*

Over the next year or so David would like to access an interpreter service at his doctor's surgery. He would also like to volunteer more, as a means to improve his self-confidence.

Marie

	Being active/having fun; being independent
	Getting out and about; getting help when you need it; income/finances; health
	Housing situation; education/learning; family/children; mental health; friends and support; general happiness

Marie is in her thirties and has a degenerative physical disability. A few years ago Marie was living in a privately rented property. She was working full-time but had to go down to part-time because her health deteriorated. She had to supplement her wage with housing benefit to cover her rent. As a result of this Marie was evicted by her landlord.

Marie was then not eligible for emergency housing because it was deemed unsuitable due to her physical disability. This was because Richmond Council did not want her to go up one flight of stairs to get to the laundry room. To avoid becoming homeless Marie went to live with her parents in Devon. She was then placed at the top of the housing list after five months and was offered a Council property shortly after:

> *"Circumstances were just right at the time, I had a job and evidence that I needed to be here. It also helped that I knew how to navigate the system."*

In addition to the challenges she has experienced with her housing situation, Marie has found that hate crime and discrimination towards people with a physical disability has increased in recent years. As she says, "I think there's definitely been an increase in discrimination against disabled people in this time of austerity, we're used as scapegoats." She feels that people have become less tolerant in Richmond over the last five years or so.

Another key issue for Marie is the lack of affordable social and physical activities for people with a disability. There are lots of classes on but they are often expensive and therefore out of reach of many residents. Moreover, most of the subsidised sessions are only available to those over 55:

"You have more opportunities for socialising if you're over 55 in this area. All those activities, the chair exercises, would be absolutely ideal for me. But I can't access them."

5.10 Keith

	Housing situation; getting out and about; income/finances
	Family/children; mental health; friends and support; being active/having fun; health
	Being independent; education/learning; general happiness

Keith is street homeless and has been living in a tent in the forest for nearly four months. The weather is about to change and he is worried about how he will cope when it gets colder. He is at the end of his tether living in his situation as he is penniless and not entitled to benefits and support because he does not have the identification needed to access public funds such as a National Insurance number.

About them

Following a family breakdown, Keith travelled to London and although previously employed in professional role found himself without a job, a home and no money. He managed to find short-term accommodation with a former colleague who lived in the borough, but it was only temporary and not suitable for him to stay as they had a young family. Keith found himself back on the streets and is being supported by Spear, an organisation that helps homeless people, although they are limited in what they can help with until his identity is sorted out.

Experience

Keith feels that being homeless is like having a full-time job as he has so many things he needs to do to survive during the day, which others take for granted. Finding somewhere to wash and clean teeth daily is very difficult and this caused an infection in his tooth. As he could not prove his status he was unable to get help from the NHS drop in centre, so his support worker, rang private dentists to see if they could help him free of charge. One was prepared to see him but he had to travel to central London late evening and make his way back to his tent having had his tooth removed.

> *"I worked in the NHS and helped other people like me in the same position. I am eligible for all these things but I'm not getting them because I don't have recourse to public funds.... It's not logical not fair."*

Just keeping clean and tidy is also very difficult, until he found about the Vineyard and their showering facilities, Keith had to use public toilets to wash himself and to clean his clothes. Maintaining an appearance is important to Keith as he has to attend meetings with officials from Department for Work and Pensions (DWP) and he does not want to be seen to be unkempt as he is very aware of how people can make judgements if you are homeless: "If people realise I'm homeless before I go up to them they'll have a different attitude towards me".

The most difficult thing for Keith is getting enough food to eat every day. The local Citizen's Advice service helped him access an emergency grant from RPLC earlier on to help him pay for food and other essential items (a camping gas stove and refills) and referred him to the Vineyard's food bank service. But the money did not last very long and he is still living hand to mouth: "To get food you have to have someone recommend you and give you a voucher and sometimes places that say they offer free food will charge you".

Keith feels that although there is support available it is not always accessible or available and people that refer on do not know what other things could help. He did not know about all the services available from the Vineyard until he went there and talked to other people. He feels that unless you know your way around it is very hard to get help when you need it, especially at the weekend or when other services are closed.

> *"One day I was so desperate I knocked three separate times on the door of a local church and begged for some help. They said they would send an email to the Vineyard to get a food voucher, so I went to them but they said they did not get an email and this was not how it worked. I felt he just wanted to get rid of me."*

To get to services Keith has to walk and it can take him up to an hour and half to get to places for appointments. He has to travel outside the borough to get to his DWP appointments and can only get there if he has money to pay for the bus. These appointments are so important for him as he cannot move on or access statutory and other support until his identity has been confirmed.

Future aspiration

Keith is finding life very stressful and hard. Although he feels depressed and worried about the future, he does feel optimistic that things can change quite quickly for him once he gets his identity issue sorted out. His key need is to find somewhere to live so he can start to rebuild his life. He also wants to get back to work and to develop websites and online information so that he can feel normal again.

The one thing Keith felt would have helped him from the start, other than getting housed earlier, was an information pack of where to go for support and services. He feels that this is very much left to chance and depends on people knowing what is available and where to go for help. Professional people do not always know what is out there and often it's a chance conversation with someone you bump into when you find out things you can get support for.

5.11 Rachael

■	Income/finances
■	Education/learning; family/children; general happiness
■	Housing situation; mental health; getting out and about; friends and support; getting help when you need it; being active/having fun; being independent; health

Rachael is in her forties and has lived in Richmond since she was a young child. She has recently just secured a new tenancy in the north of the borough after spending over three years in homelessness following her eviction from the family home. Although excited for the future, Rachael is trying to rebuild her life but knows she will need to work and to ensure she does not fall into arrears again.

About them

Rachael came home one evening to find that she was being evicted from the home she had raised her children in. She spent six nights on the streets without any bedding, in a state of shock and disbelief and was too ashamed to ask for help from her family. 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. The issue had spiralled out of control and action was enforced despite various appeals. Once she reached out for help, Rachael was placed outside of the borough in emergency accommodation.

Experience

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.   Her world changed on the night of her eviction and she did not know where to turn, coming to terms with and managing the traumatic experience made things much worse for her.

> *"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."*

She was placed outside the borough having gone through an assessment centre and then moved to North London. To keep her benefits, she had to do a 4-hour round trip to the Job Centre in Richmond and look for work whilst she was trying to manage her situation. She spent a year in a hostel but the council refused her nomination for housing so she had to spend another two years proving that she could live independently.

Rachael feels that this time was really wasted as the circumstances surrounding her conviction were in the process of being resolved and it was not a great deal of money considering the costs of putting her in temporary accommodation for three years. She could have got back on her feet much earlier and already be working, but the challenge of trying to maintain her relationships and dignity whilst coping with her housing made it very difficult for her to make longer term plans.

Rachael has had help to get her flat sorted out and some assistance from the charities to set her up. She lives in a ground floor flat so needs curtains for all her windows but these are not considered essential items and it is going to cost more than the grant allowance. She is really grateful for the support she has received but to get started it is sometimes not enough and she has no money of her own to contribute.

> *"What's the point in having a new cooker and a fridge if you don't have the plates, knives and forks to eat with?"*

Since moving into her new accommodation, Rachael has been focusing on building up other areas of her life. She attends the local college and provides some voluntary support to help others in her situation, but she has very little money and travels around the borough by bike to save on transport costs.

She does not have a computer nor access to the internet at home so she cannot readily communicate with her landlord and therefore needs to find a place where she can access email. This was really difficult when arranging her tenancy agreements and she worries about keeping in contact as she is essentially on a six-month trial: "the first sign of any arrears in the first 6 months then they will kick you out immediately". Her situation feels really tenuous as her only recourse to getting more money is finding a job and she has not been employed for a long time: "I'm trying to find what I really want to do, I can't go back to what I did as it's been replaced by the internet… I haven't had much help from the job centre it's like they don't care but I am willing to do 101 things to make it happen".

Rachael is just starting on her journey with her new tenancy but reflects how difficult it can be getting back on track and keeping things stable.

> "Over the three years watching and observing other people that have been homeless, they struggle getting back into accommodation. Many don't succeed."

Future aspiration

Rachael has started volunteering locally and is looking at opportunities where she can be trained and secure a job providing advice and guidance to people who have experienced situations like her. She feels that unless you have directly experienced these challenges and difficulties it is harder to empathise and put in place things that will make a difference.

She feels that people don't understand the difference between being homeless by accident and homeless by choice. There is a big difference and a lot needs to be done to change people's attitudes about homelessness and the impact that disjointed support has on helping those that find themselves without a home.

5.12 Brenda

	Family/children; being active/having fun; general happiness
	Housing situation; education/learning; mental health; getting out and about; friends and support; getting help when you need it; being independent; income/finances; health;

Brenda is in her seventies and has lived in the borough with her husband Mike for over 30 years. They do not have children or family nearby but have a wide social circle and have enjoyed a relatively happy and prosperous life. Mike was diagnosed with early dementia about 8 years ago and his illness has got progressively worse. Brenda is a full -time carer now, but Mike attends a day centre in the borough four days a week.

About them

Mike's illness has worsened over the past year following several bouts of pneumonia resulting in his need for day care to be increased from two to several days a week. Brenda is active and coping relatively well with the situation and is happy with the care Mike receives. But she recognises that things are going to get worse and that this will place further demands on her both mentally and physically.

Experience

Mike has limited function and is incontinent, so Brenda's day starts out with getting him ready and dressed for breakfast and on the days he goes to day care, will take him by car. Sometimes Brenda will stay with him and is very happy and confident leaving him in their care. The centre is highly regarded and very likely will become oversubscribed. This is already having some impact on Mike as the minibus that takes him home is taking longer every week. He is used to a routine and can become visibly stressed and tired when he returns home.

Brenda and Mike are interested in history and one of the key benefits to them of living in Richmond is the access to green space and heritage. Brenda will take the time she has available to visit different places and meet up with friends and other carers she has met. She also uses the time to do shopping and cleaning as she cannot get out and about easily when Mike is around.

The support group she attends every month is really important for her to meet with others in her situation, but she is worried that the meetings might stop as some of their funding has ended. She has found the networking and sharing of information invaluable and did not expect that it would be as helpful as it is. Without this lifeline, she feels she will become quite isolated and not have the chance to talk to others about the challenges and issues she is facing.

Although Brenda and Mike had a wide social circle, this has reduced as people have found it difficult to relate to Mike's illness and it is hard for Brenda to cope with both Mike's needs and having people round.

> *"Mike is my shadow, he follows me around 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 so the chance I get to have a break, I make the most of it."*

When Mike returns from day care, Brenda prepares a proper meal as she feels it's important that they eat well and have a routine. But Mike's condition has changed his taste buds. He used to be very active and health conscious, but now likes sweet things and puddings, so she needs to make sure that he enjoys his food but does not eat too much of the wrong things.

Mike used to love watching sport, but his dementia means that he cannot concentrate or follow this very well on the TV. Brenda and Mike spend most evenings watching television and go to bed together. Brenda has to make sure that Mike is clean and ready for bed before getting herself ready, but fortunately Mike finds it easy to sleep.

Future aspiration

Brenda knows that she is fortunate in the care and support that she currently receives but is worried about the future as demands on the service Mike gets will increase. She is concerned about how her local support will continue if funding gets cut further and she is not able to meet with other carers.

Mike's condition will get progressively worse and Brenda will increasingly need support to manage in the home and her own situation. Her other concern is what will happen when he dies and what her own situation will be then, as she is so focused on managing day to day she cannot think about what she will need to do for the future.

6. Appendix 1: Workshop findings

In 2016 we held nine workshops based around different beneficiary groups or themes. The personas were developed by participants of the workshops to focus discussions and are therefore inevitably partial.

The purpose of the workshops was to bring together organisations and stakeholders with a primary interest in supporting people within a specific beneficiary group or theme. The sessions were designed for up to 2 hours and could accommodate up to 20 people. At the sessions attendees were divided into smaller groups.

Each group developed a persona, drawing upon their experiences of the people they work with. The groups thought about the key characteristics of this persona, such as their age, gender, housing situation and family. The next part of the discussion sought to explore the needs of this persona. There were prompts to think about which needs are being met, which are not, and whether there are any potential solutions.

6.1 Adults with Disabilities

In Richmond 11.5% of people report that they have some form of disability or health problem that affects their day-to-day activities a lot of the time and 19% of households in the borough contain someone with a long-term health problem or disability.

Person 1 – an adult with a physical disability

Someone who is of working age with a physical disability and is either living independently on their own or has some degree of independence with paid carer support. This person is on a low income being paid Employment Support Allowance, in social rented housing. They are likely to have a personal budget but expected to make a contribution and having difficulty with transport and accessing services. They are likely to experience isolation as well as having some form of depression/anxiety relevant to their circumstances.

The needs of Person 1

This person is likely to be feeling quite isolated and finding finances difficult to manage, needing help with budgeting and financial planning.   They may not be allowed to use services such as Dial a Ride or other community transport because of their condition and otherwise struggle to get around the borough to appointments. Independence is important to them, but they have struggled to find paid care.

There is a lack of carers available owing in part to carers having to travel into the borough with difficult transport connections as well as competition from those households in the borough that can afford to increase their hourly pay. This person feels that they are having to pay a premium for having a disability which is impacting on their right to have an equal life.

The challenges they are facing are making it difficult for them to cope with day to day activities and their experience is that help is only available once they are in a crisis situation. This means that services may address the 'now' problem but do not effectively work together to provide longer term support to avoid future crisis situations.

There are things that work well. There is a strong advocacy support in the borough and when people have someone who fights on their behalf this can be both helpful and confidence building. There are also lots of activities going on in the borough which people can access. However, many of these are diagnosis/condition-specific and can have the effect of excluding people.

However as highlighted earlier, the issues affecting this person mean that their needs change and can make it difficult to make sure they are all met. The compounding effect of feeling unequal results in depression and anxiety and if no one is speaking up on your behalf, they are at risk of becoming increasingly isolated and unable to have a voice.

What are their unmet needs?

- People feel that there is lots of information but it does not get to people at the right time. In some cases, there is so much information that keeping on top of it is a challenge. Vulnerable people who are 'not in the know' or are finding it difficult to access services are less likely to understand their rights and what is available. People that work with them generally only know about their own services and not what else is out there, so need to find a way of connecting and passing information relevant to that person's needs as a whole.

- The lack of joined up work between agencies means that people like Person 1 can easily be forgotten. They need more holistic solutions early on so that they do not fall into crisis when something goes wrong and makes their situation much worse. Often people are already 'on the edge' and at risk of tipping over before a crisis. There needs to be an early warning system which alerts them before they reach this crisis point.

- Recognition amongst services and commissioners that people with disabilities have a right to an equal life and to have control over their life.

- This person would benefit from attending accessible leisure activities in the borough. This would help them to reduce their feelings of social isolation.

Person 2 – an adult with a degenerative disease

Someone who is coming up for retirement that has been diagnosed with a degenerative disease such as Parkinson's, but has several related psychological and physical conditions which worsen as it progresses. This person is likely to be living with a partner, but would have been employed and as result of their diagnosis is feeling a loss of independence. They will also be taking lots of medication that have side effects which affect how they manage daily life.

The needs of Person 2

This person is likely to be concerned and worried for their future. They may have access to medical services, but this is likely to be sporadic as health provision is good at providing medication but works less well at keeping in touch especially as there is a lot of staff churn. They are having difficulty managing the transition from diagnosis as their physical and psychological functions are becoming increasingly impaired. They need to accept that they need to plan for the future, but are finding that they are not in the right place or frame of mind to have the conversation. This is particularly the case for financial planning and options around care later down the line. As the main carer, their partner is likely to need support due to feeling quite isolated and having difficulty managing the uncertainty of the daily situation.

Where people have access to volunteer advocates and support this works well as they can help the person and their carer navigate the transition and put them in touch with services and support. There is a specialist nursing care available, but one person is managing a caseload of 300 patients making it very difficult to be proactive and connect people to services. When support is provided having a clear plan for maintaining a good quality of life will have a positive impact on the mental health and wellbeing of both person and carer.

What are their unmet needs?

Both the person and their carer are likely to not have their emotional needs supported as they are isolated and much of what is on offer focuses on solving practical medical issues.

- As they do not feel ready to accept the need for change this is making them worry about the future and effectively they 'put their head in the sand'. They need help to understand the options available to them alongside financial planning support to prepare for full time care later on. Acting early can avoid future crisis.
- People often do not know what is available because they are isolated and disconnected from other services.

6.2 Families and their needs

The number of families in Richmond (any household which contains at least one dependent child) was 23,600 in 2011; accounting for 30% of households – a similar figure to that across both London and England. Research has found that the most common needs for families in Richmond centre around: non-dependent children; lone parent families; and overcrowding.

Family 1 – professional mother with post-natal depression

This family is relatively affluent with two professional parents and a single child. The mother is on maternity leave with a 2-year-old child who has behavioural problems. The mother is finding it difficult being at home and is eager to go back to work. She has post-natal depression (PND) and is feeling lonely and bored.

The father is absent at work and is not bonding with the child as he works long hours. He has a high-pressure job and hardly sees his wife but he supports them financially. The mother is worried that her marriage may be breaking down and that she and her husband may decide to separate.

The needs of family 1

The mother is likely to feel very isolated and in need of support from other parents. They need to socialise with parents who are having similar experiences to them. This would enable the mother to learn from others. This socialisation would also provide emotional support for the mother and help her to deal with her PND and feel less alone. This person would also like to learn specifically about how to look after a child with behavioural problems.

This mother is in crisis and cannot cope by herself but does not know where to turn for support. There is also a stigma around asking for help because she is a professional woman who has developed a very successful career. She might think that asking for help is a failure. She also needs to talk through the possible separation with her husband and its effect on their child but does not want to talk to her friends about it for fear of being judged.

What are their unmet needs?

- The mother's emotional needs – and the issues she is facing as a result of her post-natal depression – are not being met. This could be for several reasons: the services are not available; the mother does not know that they exist or how to access them; and the mother feels uncomfortable about asking for help. Signposting for more serious problems such as PND is not very effective – it is a hidden need.

- The mother may find it difficult to get funding for her child with behaviour problems because for many children under 5 SEN has not been diagnosed yet. The mother does not know how best to help and support her child with behavioural problems. She needs more support with early intervention so that she can identify the problem as soon as possible.

- There is a lot of 'online support' but this mother needs to go to a support group where she can build meaningful relationships with other parents who are experiencing similar problems. This will be very therapeutic and help her to overcome her feelings of isolation and boredom.

- The mother would also like greater support with the potential separation with her long-term partner. If this happens she wants to make sure that the impact on their child is as small as possible.

Family 2 – single parent family with complex mental health issues and English as a second language

The mother is a single parent who has mental health issues, most likely depression and anxiety. This has resulted from her being a victim of domestic violence in a previous relationship. English is a second language which means that the family is quite isolated. The mother has more than one child, one of which has a disability and mental health issues. The child has an eating disorder and self-harms. The family live in overcrowded social housing or temporary accommodation. The mother is unemployed and relies on benefits.

The needs of family 2

This family has a real need around advocacy. This is because English is a second language so they are not completely aware of their rights and they do not know what services are available to them. The family needs to access a wide range of services eg mental health support, general healthcare, housing advice and social services but due to language difficulties they do not know how to access them.

In addition to the language barrier there is also a stigma around asking for support due to cultural barriers. The family do not want to be thought of as 'benefit scroungers' as this is shameful.

The mother herself needs support with her isolation and mental health issues. She does not know how to deal with being a victim of domestic abuse from a previous relationship. She needs counselling to deal with the long-term effects of domestic violence and the anxiety and depression that have resulted from this traumatic period of her life.

The family also need to have a child in need assessment and they want to develop an education, health and care plan (EHCP). Both will help to support the child with a physical disability and mental health issues. The single mother needs support with looking after her children but is afraid that if she asks for help from social services they will threaten to take her children away from her.

What are their unmet needs?

- The family has a need around their isolation and loneliness. Due to the language barrier, they have difficulty accessing a wide range of services and do not know where to turn to for support – they are in crisis and feel lost.

- This single parent household has a need around mental health as both the mother and one of the children have severe mental health issues. Both the mother and the child need counselling and the child also needs an EHCP and children in need assessment, both of which are difficult to complete.

- There is a lack of support for parents who have behavioural issues because of their physical and/or mental health issues. This mother is unlikely to know how best to deal with these behavioural issues when they arise.

- The family is also likely to have unmet needs around housing and welfare advice, both of which could dramatically improve the day-to-day lives of the family. If the family were to move into more secure accommodation and to increase their income they would be better able to deal with other issues.

- The children are likely to need therapeutic support due to the impact of the mother's anxiety and depression.

Family 3 – Asylum seekers with cultural and language barriers

This family are asylum seekers who have experienced significant trauma. The parents have three children under 10 and their leave to remain ends during 2017. They are religious and back in their home town the mother witnessed her own parents killed. Due to language and cultural barriers the family has very little understanding of the British system and find it difficult to navigate. English is a second language and they are a low-income household.

The needs of family 3

This family has a specific need around advocacy. Due to language and cultural barriers they find it difficult to access the services they need. They need help to understand the British system and how to access key services. They need to develop a relationship with an individual eg a support worker built on trust who can help them to identify and access the services they need.

Currently their eldest child is acting as the advocate of the family as she is the only member of the family who has a relatively good grasp of the English language. This means that there are additional pressures and demands placed on her which may compromise her school work and progression in education.

The family needs support to deal with the trauma they experienced. They need access to mental health support services such as counselling. This would help them to deal with the complex emotional and psychological effects of being asylum seekers and fleeing a place of conflict.

What are their unmet needs?

- The mental health issues in the family are likely to be unmet due to language and cultural barriers. The family have a wide range of unmet need around mental health, from trauma associated with fleeing a country of conflict to the anxiety and fear they experience on a day to day basis when trying to navigate the British system.

- The needs of the older child are also likely to be unmet. Her English is very good but she has a lot of responsibility for the family as she becomes the voice of the family. The family need an advocate from outside of their family who can represent their needs to key services across the borough.

- All members of the family need to access ESOL courses. These are available but due to lack of time (the father works long hours) and mental health issues the family members do not attend. These courses will help to improve the confidence and self-esteem of all family members as they will become more independent.

6.3 Child or young person with SEN or disabilities

In Richmond Local Authority maintained schools in January 2013 there were 2,500 pupils with special educational needs (SEN) and 3,420 young people with SEN in all Richmond schools.

Person 1 – child with ADHD and ASC who is transitioning into secondary school

This child is 11 years old and is transitioning from primary to secondary school. This child could be male or female and they have Attention Deficit Hyperactivity Disorder (ADHD) and Autism Spectrum Condition (ASC). They are receiving patchy support and are dependent on their school and parental knowledge of how to navigate the system. They are part of a small family with 1 sibling and separated parents. They live in a terraced family home in North Sheen and they travel by public transport.

Needs of person 1

This person needs support before they reach a crisis stage. There is a need around preventative support to help the child and his support network to identify means and strategies of coping. This could be through their parents meeting other parents who have children with similar issues. The parents need support to deal with the behavioural issues such as non-verbal aggression that result from their condition.

The individual needs joined up services that can respond to their complex needs in a holistic way because many of the issues that they face are interrelated. This could be achieved through an education, health and care plan (EHCP) but there are many difficulties around developing one.

What are their unmet needs?

- This child has hidden needs around socialisation – this can help to prevent the escalation of the aggression and other mental health issues that may arise from the child's condition.

- The child has changing needs as they transition from primary to secondary school. They need support to make this transition as well as a clear and supportive induction process in an unfamiliar environment.

- Another unmet need is likely to be around ongoing support for the child. The child will require more than just a singular intervention as their SEN and disabilities are likely to evolve over time and become increasingly complex.

- There needs to be a holistic approach to this child's needs which takes the parents and siblings into consideration. For example, their parents need access to advice and support groups to help them navigate the system.

Person 2 – a 17-year old with a specific learning difficulty

This person is a male 17-year-old who is transitioning from secondary school to college. He has a Specific Learning Difficulty (SpLD) and social communication issues. He is part of a 4-person family with a working step-father. He lives in Whitton which is on the edge of the borough. The family rely quite heavily on in-work benefits to supplement its low income. This individual is likely to feel isolated and suffer from depression and self-harm.

Needs of person 2

In general, this person needs ongoing and flexible support that is tailored to their specific needs. He needs help to deal with their SpLD so that they can get the most from their college education. He will likely need the support of an individual who they can build a relationship with and who can assist them during classes at college.

As he is transitioning from secondary school to college he is also likely to need advice and support to decide what to do after college eg whether to enter the paid employment or go into higher education. If he wants to leave education after college he is likely to need access to training and employment support, such as careers advice. If he wants to enter higher education he will need to decide what path is right for him.

This person will also need support with their mental health issues. He may need access to counselling to talk through his experiences of depression and self-harm. He may also need to attend social clubs to deal with his social isolation and loneliness.

What are their unmet needs?

- This person is not currently receiving the ongoing and holistic support that he needs. He needs support that is tailored to respond to his complex needs, ranging from his mental health issues, special educational needs and skills and employment advice.
- The school does not recognise the young person's needs and is therefore not fully supporting him as he transitions from school to college. He needs advice about where to go next and what education, skills and training is required to get to that point.
- This young person would benefit from participating in stimulating leisure activities with others who have similar experiences. This would help to reduce their isolation and improve their self-confidence.
- A generic 'disability group' may not be appropriate for this young person; he may prefer to receive support from a specialist support group that provides peer support.

Person 3 – a primary school child who has autism and behavioural issues

This child is in primary school and is aged 7. They are from an ethnic minority and English is not their first language. They have autism which can lead to behavioural issues, specifically non-verbal aggression. The child is from a single parent household that is on benefits and unemployed. The child has at least one sibling, one of whom has special education needs (SEN), but they are not as severe. The family live in Hampton and they are trying to develop an EHCP to receive more holistic support for the child.

The needs of person 3

The parents of the child needs information and advice to find out what support is available to them. They need help with their autism and aggressive behaviour. Both the child and the parent need respite, which could be in the form of a social club for parents and children who are experiencing similar issues. The parent would benefit from learning from other parents who have children with autism so that they can develop coping strategies.

The child and the parent also need support with the EHCP. They find the process of developing a plan very complex due to their language barriers. The family have advocacy needs as English is their second language and they find the system difficult to navigate.

What are their unmet needs?

- Due to the language barriers, the family find it difficult to find out what services and support is available to them. Their advocacy needs are not currently being met. They need someone who can help them navigate the British system to help them find the support they need eg a key worker.
- The child is not receiving the support they need at school so that their autism and aggressive behaviour does not impact on their school work. The school could do more to support the family by having one to one meetings with the family.
- The child needs continuity of service as their autism will be an ongoing issue for the family. The family needs ongoing support that responds to the evolving needs of the child as they transition from primary school to secondary school.
- The family is likely to have unmet needs around the techniques they use to support the child, specifically around social communication and behavioural management.

6.4 Mental Health

The number of people with more than one long-term mental health condition in Richmond is expected to increase from 19,000 (10%) in 2013 to 24,500 (12%) in 2019.

Person 1 – unemployed single mother with severe mental health issues

This person is a female adult who has recently become unemployed. She has two children, who are aged between 12 and 18. She is being evicted from a rented flat where she lives with her two children. This has led to the escalation of mental health issues, particularly anxiety and depression.

The needs of person 1

This person needs legal specialist advice about their housing situation to help them deal with their upcoming eviction. She also need support to identify the next steps so that they can avoid homelessness and find a more secure home. The mother is in a state of crisis and is not sure where to turn to access support.

She needs support with her mental health issues which are worsening as a result of the stress caused by the upcoming eviction. She would benefit from counselling to talk through these issues so that they impact on her children as little as possible. This counselling may also improve their self-esteem which was knocked as a result of recently becoming unemployed.

This person also needs training and employment so that she can re-enter the labour market. She also needs some careers advice as she is looking to enter another line of work but is not completely sure what training and experience is required to do so.

What are their unmet needs?

- At the moment support from health care professionals is responding to very specific needs and not helping her holistically ie the GP is focusing on one symptom and not the whole range of issues.
- She needed support to try and avoid eviction. She lost her job which meant that she got into debt and couldn't pay the rent, all of which worsened her mental health issues and acted as a barrier to getting back into work. She needed early intervention to identify the problem before it escalated to this crisis point.
- She needs ongoing support so that this situation does not happen again. Her mental health issues could re-surface and she needs to have someone that she can talk to so that her anxiety and depression can be managed.

Person 2 – young boy with post-traumatic stress disorder who has a mother and sister with mental health issues

This person is a 12-year-old boy who has post-traumatic stress disorder (PTSD). He also self-harms and has anger issues. He has two siblings: a sister of 16 who has an eating disorder and attention issues; and a brother of 18 with no mental health issues. He is White British and has two working professional parents. Both parents work long hours and are quite absent in the boy's life. The mum may be suffering from depression. They own their own house and live in a relatively affluent area, such as Richmond Hill or Kew.

The needs of person 2

This person has support needs at school. Due to their PTSD, self-harming and anger issues the boy is missing school and falling behind his classmates. He needs help to deal with his mental health and behavioural issues, specifically his unaddressed trauma and anger issues. The latter is a symptom of the boy repressing his previous trauma.

The boy also finds it difficult living with his sister and mother, both of whom have mental health issues themselves. This means that he can feel isolated and left out as attention can be diverted to other members of the family. He would benefit from counselling so that he could talk to a professional about his issues: he needs to feel listened to.

For young boys, there is often a stigma around asking for help. The boy needs to feel encouraged to talk about his issues and to share his experiences. The school could have more open discussions about mental health issues so that young people – specifically young boys – are encouraged to talk about their emotions.

What are their unmet needs?

- There are not enough services for adolescent boys. For example, this child would benefit from attending a support group in which peers talk through their similar experiences. They would also benefit from having more positive male role models.

- This person needs support at school but because he does not meet the criteria ie his mental health issues are not severe enough or they are less well known to the school.

- The boy is also not receiving the support he needs from his family due to mental health issues and absent parents. He feels that his sister is getting more attention than him and so feels very isolated.

Person 3 – an adult with both physical and mental health issues

This person is an adult aged over 40 with both physical and mental health issues. They are not working and living in social housing. They find it difficult to get around the borough and feel very isolated. They have anxiety and depression.

The needs of person 3

This person needs help with accessing services, social clubs and activities which can help them to work through their social isolation and other mental health issues. This socialisation will help them to improve their self-esteem and gain more confidence in participating in everyday activities.

They also need financial support as they are getting into some financial difficulty. They have recently had some of their benefits removed which has reduced their income considerably.

What are their unmet needs?

- Although there are a lot of social clubs and activities available across the borough there are two key barriers for this person: long waiting lists and physical accessibility. The latter is a big barrier as this person has very limited mobility and finds it difficult to use public transport. This person is likely to need community transport to get around the borough.
- This person also needs home visits from a key worker due to their limited physical mobility. They find it difficult to get to an appointment on public transport.
- They need a personal carer but this is very expensive and they cannot afford it due to the cuts to their benefits.
- They are not receiving the financial advice they need to help them prevent increasing debts. They do not know where to turn to for advice.

6.5 Young people

Young people are at risk of mental health issues. 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 conditions.

Person 1 – Young girl who is the victim of domestic violence

This person is a 14-year-old girl. She is the victim of domestic abuse and has experienced anxiety and depression as a result. The family lives in poverty although there is indication that the father is working illegally.

What are their needs?

Although she does not have any SEN, she needs help with her school work and her parents cannot offer this support. The school are trying to help her but she has behavioural issues as a result of her difficult family situation. The girl is not very responsive to support from the school and they do not know how best to support her.

In addition to her educational needs, the school also needs to play a greater role in encouraging discussion around what healthy relationships look like. The girl needs advice and guidance so that she can identify for herself whether she is being treated with respect and care.

She feels very isolated as she is a victim of domestic abuse and so does not feel safe at home. She does not know where to turn to for support. She needs counselling with someone whom she trusts so that she can talk through the complex emotional and psychological effects of being abused by a family member. She also needs to find out how she can remove herself from this violent situation.

In addition to counselling the girl would also benefit from attending social activities and clubs with peers. This may broaden her understanding and challenge some of the social norms she takes for granted.

What are their unmet needs?

- Her educational needs may become increasingly unmet if she is taken out of school too early. This will be problematic as the school is currently the only place where the girl receives support from people outside of her family.
- Her mental health needs are currently unmet. The school does not have the capacity to help her with the complex psychological impacts of being a victim of domestic abuse. She is not currently receiving the counselling that she desperately needs to improve her mental health.
- The girl needs to develop a long-term trusting relationship with someone outside of her family who can respond to her needs in a holistic way. This could be a key worker.

Person 2 – A 15-year old girl with a special educational need and social communication issues

This person is a 15-year-old White British female who is from a single parent family. She is in school but currently excluded due to poor behaviour. She has a special educational need (SEN) and social communication issues. The family live in a rented flat in Twickenham and have a reasonable income. The girl does not have a physical disability but she has some mental health issues, such as anxiety and self-harm.

What are their needs?

This girl needs behavioural and anger management support so that she can try and avoid future exclusion from school. She also needs help to deal with her anxiety and self-harm as they are also impacting on her behaviour and her progress at school. This girl would benefit from counselling with a key worker with whom she trusts and feels comfortable around.

In addition to receiving support from a professional, the girl would benefit from peer-to-peer advocacy and the sharing of coping strategies with someone who has experienced similar behavioural, SEN and mental health issues. She also needs to develop friendships to overcome her social communication issues and associated isolation.

All this support will help the girl to become more self-confident and resilient so that she can avoid getting in to a crisis situation again and be excluded from school. She needs to be able to better identify warning signs so that she can prevent the escalation of her behaviour.

What are their unmet needs?

- Due to confidentiality issues, professionals are unable to refer the girl to other services that she might need. If the information about her case could be shared by relevant services she may be able to receive the holistic support that she requires.

- She also needs more positive support ie guidance about future aspirations and dreams. She needs counselling that does not just focus on the problems that she is currently facing but also helps to nurture positivity and hope for the future.

- There needs to be more early intervention and preventative measures at schools. Schools need to encourage open discussions about mental health and behavioural issues so that students feel able to approach staff and their peers about any issues they may be experiencing. Schools need to play a leading role in de-stigmatising mental health issues.

- Her parent also needs greater support so that they know how best to respond to the girl's needs. If the parent had a greater understanding of the complex needs of this child, they would better be able to prevent escalation.

Person 3 – a young boy who has anger issues and is struggling due to absent father

This young person is an 11-year-old boy who is emotionally driven and has poor anger control. He is struggling significantly at school because of these behavioural issues. His father is not around due to substance misuse. Due in part to this the boy has a distorted image of what a man is and struggles with gender norms.

What are their needs?

This boy is bored and lonely, lacking in direction and motivation in school. He needs support at school so that he doesn't fall behind. He has found the transition from primary to secondary school very challenging and does not know how to deal with the shift. His behavioural problems have worsened because of this transition.

He is struggling with his identity and is not sure where he belongs. He needs more positive role models that provide him with a sense of purpose and self-worth. This will help him to feel more comfortable with himself. He also needs greater support with identifying a healthy relationship and what it means to be respected and cared for.

What are their unmet needs?

- This boy has unmet needs around his gender and sexual identity. He needs a safe space where he can talk through these issues without the fear of being judged by his peers. There needs to be a de-stigmatisation of young people, particularly boys, talking about their gender and sexual identity.

- He need mentoring, perhaps in the form of small support groups for similar young people who are disengaged or at risk of becoming disengaged. This would help him to talk through his feelings and to identify ways of coping.

- He also needs more localised services which are much easier to get to. If he has to travel to the other side of the borough this will be a huge barrier. It needs to be as easy as possible for young people to receive support.

- He would also benefit from counselling to talk through his poor anger control with the aim of identifying ways of overcoming these challenges. If this issue is dealt with now it may prevent escalation into his teenage years when education becomes increasingly important.

6.6 People in crisis

Homelessness is a major cause of crisis for people living in Richmond. The borough has the highest house prices and private rents in outer London and between 2011 and 2015 private rents increased by 39%. Ending a tenancy from the private rented sector is the most common reason for homelessness in Richmond, responsible for 96 out of 232 acceptances in 2014/15 (41%).

Person 1 – a woman who is living in a refuge and has deteriorating physical and mental health issues

This person is a woman in her 40s who has mental health issues. She is originally from another European country but is now a UK national. She was the victim of domestic violence from a previous relationship. She became pregnant when she was in this abusive relationship but had an abortion. She is unemployed and has deteriorating physical health because of her diabetes and alcohol addiction. She feels very isolated and has severe depression. She now lives in a refuge after removing herself from the abusive relationship.

What are their needs?

She needs holistic and restorative care that responds to her very complex set of needs. This woman needs a key worker with whom she can build a long-term relationship with. This woman needs ongoing support rather than discrete interventions. The key worker needs to act as an advocate for the woman to help her to access services and to make sure she receives the support and guidance that she needs.

The woman needs home visits as she is not able to leave the refuge due to physical and mental health issues. The combination of severe physical health problems and long-term depression means that she has very limited mobility. She does not have the capacity to look for services – she needs them to come to her.

She needs support to deal with her complex mental health issues, notably her domestic abuse, abortion, alcohol abuse, isolation and severe depression. She needs a mental health assessment that identify all her needs and directs her to the appropriate service. She needs counselling to work through these very complex issues which are likely to be enduring.

What are their unmet needs?

- Although this woman is known to many of the authorities because she is living in a refuge in the borough, most of her needs are unmet. She does not have a key worker that is responding to her needs in a holistic way.
- Her physical mobility needs are currently unmet – she does not have the ability to get around the borough easily and so spends most of her time in the refuge. This can negatively impact on her mental health and worsen her depression.
- She is not currently receiving the housing advice and support that she needs. She does not know where she is going to live when she leaves the refuge. She wants to be able to live as independent a life as possible. She does not know whether she has a right to adapted housing in the borough.

- Her mental health issues are currently unmet – she needs to talk through her past experiences so that she can move on from them. At the moment, she is repressing them which is causing a severe depression.

6.7 Housing and Homelessness

There were 138 people registered as homeless in 2015/6 of which 72% have a connection to the London Borough of Richmond. Ending a tenancy from the private rented sector is the most common reason for homelessness in Richmond.

According to 2011 Census data, 12% of Black households are overcrowded along with 10% of the Asian group compared to only 3% of the White British group. The strong representation of BME households in the private rented housing means that they are more likely to be affected by the changes to Local Housing Allowance.

Person 1 – unemployed single mother with mental health issues

This person is an unemployed single mother, in receipt of benefits, who is experiencing mental health issues. She has two children under ten, and one of her children has been diagnosed with ADHD. She is currently living in unsuitable temporary accommodation outside of the borough, which is a shared facility in a household of multiple occupancy. She is not familiar with the area she lives in and has a long commute to and from school. She has been in touch with services as a result of a relationship breakdown and had to move into temporary accommodation as her tenancy with her partner ended.

What are their needs?

Her current housing situation is unsuitable and is causing her additional stress adding to her mental health problems. She is also struggling to manage her finances as her travel costs are high. Her main need is moving from her current accommodation (one room) into more suitable accommodation for her family. She is desperate for stability and a more permanent situation so she can start to rebuild her life.

She needs professional advice and support on her housing options and someone who can advocate on her behalf as she manages her way around the system. She needs someone whom she can rely on and build up a trusted relationship with as she is coming into contact with so many people.

Although she has been in contact with social services and there is a great deal of partnership working in place, she is being turned down for housing.

What are their unmet needs?

- Her housing situation is untenable yet she has little recourse to other options and as a result she is struggling to manage both her own mental health as well as the behaviour of her child. This is impacting on the children's progress at school.

- She is not sure of her rights and might be entitled to more benefits but is not clear on what is available to her and cannot cope with more paperwork and forms.

- She is not a high enough priority to access more suitable housing so her short to medium term future is unlikely to change. But she does not want to admit her mental health issues are getting worse as she is already in contact with social services and is worried about losing her children.

- She would like to have more support in accessing legal support and services, yet she does not know who or how to get in touch with the right organisation.

Person 2 – a man sleeping rough after being evicted

This person is a 30-year old male who has been sleeping rough in the borough after losing his tenancy through rent arrears. He previously lived in care and maintained a tenancy on and off for nine years, on his own and with partners. However, he has been diagnosed with a personality disorder for which he is not taking his medication and is an alcohol user.

This person has been picked up through outreach services available in the borough although is reticent about moving forward because they are frightened of the future and the implications of a normal life and the responsibility that would bring.

His main need is accessing suitable housing. Once he is settled his other needs can be supported, but this cannot happen until he is out of his current situation and begins to live within a normal routine. There is accommodation available for people in this situation, interim accommodation to help move them onto a more stable situation and longer term there are 14 homes per annum available for people. Some services are working well together.

However, there is not enough accommodation to go around and there are not enough private sector landlords willing to take on people with this background. People are placed in housing outside of the borough which makes it difficult to manage their other needs when they have to attend medical and other appointments in Richmond. This means that their follow-on care by other services can fragment and cause further anxiety for the person, leading them back to alcohol abuse.

What are their unmet needs?

- This person cannot cope with group situations or group therapy and needs much more tailored and individual support which is difficult to access and expensive to fund.

- Being in the right frame of mind to deal with their complex issues is a real challenge and services have high expectations that this person will be able to get it right first time which they are unlikely to do, resulting in failure.

- Some services do not understand the complex needs of this person and the interdependencies of their addiction and mental health condition. This results in a service impasse, where one service will only work with the person once they have resolved an issue that another service cannot resolve either through restrictions on their funding or process.

- There is a feeling that services are 'passing the buck' and not working around the needs of the person which could make a real difference to their prospects. This requires greater collaboration between health and statutory services within and across borough boundaries.

6.8 Carers

Around 15,800 people provide some level of unpaid care in the borough and 15% of those provide more than 50 hours of unpaid care per week. 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 conditions or frailty and over a fifth mentioned a physical disability.

Person 1 – Young carer

This is a young carer who is under 12 and going through transition from primary to secondary school. He lives with his mother who is on benefits in rented accommodation and helps look after his younger brother who has a learning disability. He feels isolated from their peers and because of their caring responsibility are finding it difficult to integrate at secondary school.

He is likely to need information alongside a sympathetic and independent support worker as well as respite from his home situation. He needs help to gain emotional independence from the family dynamics by engaging in community activities that they may be excluded from because of when and where they are taking place. Talking with his peers that are facing the same issues is important so that he does not feel isolated and can talk to people that have a greater understanding of their situation.

Early intervention services are working in some cases through joint working between the statutory and voluntary sector and young carers have access to a funded service that provides events and information. However, there is duplication and often the needs of the family are not high enough to satisfy certain criteria, this means that the family is likely to be missing out on support.

What are their unmet needs?

- Lack of information about the family's needs across the services is leading to fragmentation which is putting pressure on the family and the young carer is having to manage the emotional fall out.

- Therefore, they are likely to be failing at school and because teachers are not aware of their situation this is putting additional pressure on the young person as they struggle to cope with school and home life. This is likely to be manifesting itself in poor behaviour and attendance.

- If this caring responsibility continues into his teenage years it is likely to influence the decisions he makes about his future, including his employment aspirations.

- There is a lack of resources for young carers that have special needs and it is difficult to find out about carers that are currently invisible to services.

Person 2 – Single parent family with disabled child

This person is a 40-year-old single parent who is looking after a 14-year-old child with autism and ADHD and has other children in primary and secondary school. There is no extended family around and the parent is suffering from depression, anxiety and stress. The family is at breaking point with all the children displaying challenging behaviour at different levels resulting in the parent suffering loss of sleep and unable to cope with all the needs of the family.

This person will need both emotional and practical support, advice for practicalities such as finances and housing issues as well as help for younger siblings around attendance and attainment at school. The family cannot go out together because of the challenging behaviour of the disabled child resulting in their isolation and disconnect from friends and networks. All the family members need some form of respite from each other.

Unfortunately, there is little help available for children with ADHD and mental health problems as they are not eligible for statutory funding as the criteria for support has shifted. There is support available for the young carers through the carers centre and RUILs provides advocacy services, sitting and befriending support. According to current feedback despite having a right to a carers assessment, young carers in the borough are yet to have opportunity to get one.

What are their unmet needs?

- The family is in a constant round of assessments with different agencies but little to show in terms of progress in accessing support and moving on from their situation. The parent is tired and disenfranchised with the process.

- It is near impossible to find appropriate sitting services and carers that can handle the behaviour of the older child meaning that the parent is unable to access respite or for the other members of the family to spend time with their mother away from their sibling.

- The parent is struggling to cope but feeling anxious about revealing other problems to people they interact with for fear of stigma, failure and being reported.

- Support from the schools to the other siblings is focused on attainment rather than pastoral care and this results in the siblings feeling further isolated and unable to talk to someone outside the home.

Person 3 – Old person looking after their spouse

This is an older person in their late 70's early 80's who has some mobility issues but is relatively independent, although is likely to suffer some level of sight and hearing loss over the next couple of years. They are looking after their spouse who has moderate dementia, is at high risk with continence and mobility issues. They live in their own home and have some paid care work assistance on a daily basis, but have little available cash as their money is tied up in their home.

They are often getting help with their medical needs, but need respite to give them a break from their caring responsibilities. They do feel isolated but don't want to cause a fuss, so are becoming increasingly isolated and not sure whom they can talk and turn to for help. They don't want to admit they are not coping for fear of the change they may have to face in the future.

There are a lot of agencies and support to cater for the needs of the person they look after and some good quality respite and day-care on offer. Despite having rights around a care assessment only 50% of those who go through the process receive a service.

What are their unmet needs?

- Information and access to services are often managed online and require digital skills that this person does not have and so does not get the chance to find out what is on offer and what they might be entitled to.

- In addition, as there is so much information it is difficult to find out what is most relevant to their needs and frontline workers struggle to keep up with what's on offer.

- In some cases, care can be so intensive that carers neglect their own needs and do not have the time to look for information or think about anything else other than coping with day to day care.

- Hospital discharges are not managed well with little thought given to how the carer will be supported to cope with medical issues and needs once their spouse has come home after a spell in hospital.

- Because of poor planning many carers do not have Power of Attorney when it comes to managing relationships with agencies so often have to face barriers through data protection rules.

- Transport services are poor. Existing services refuse to take people with certain conditions, meaning that community transport is not meeting some needs.

- GPs have the opportunity to link people to services better, yet do not have time or information to help people manage through the services. Early intervention could be much better planned to avoid future emergencies such as emotional breakdown and carer burnout.

6.9 Older people

Richmond has the highest proportion of people aged over 75 and living alone in London (51% in Richmond compared to 35% in London). There is predicted to be a large rise in the number of people with dementia (increase of 44-58%) along with a 39-52% increase in the number with mobility problems.

Person 1: a man with dementia who is asset rich but cash poor

This older person is an 85-year-old man who has dementia. He has several carers, two of whom are female and one who is male. He owns his own home so is asset rich. However, he depends on a state pension so is cash poor. He is lonely and isolated and rarely leaves his home. He is from an ethnic minority and has some trouble with English.

What are their needs?

This person is very isolated and wants to feel part of a community. He would benefit from attending a social activity or club with other older people who have similar experiences. He needs this social activity to be easily accessible as he finds it difficult to get around. This social activity would improve both his physical and mental well-being.

He also needs to access medication for his physical health problems and the long-term effects of having an alcohol addiction. He is also likely to need some counselling to talk through this addiction as it was never fully dealt with at the time due to stigma around mental health.

He needs access to advocacy and support services due to the language barrier. This man needs help to navigate the system and find out what services are available.

What are their unmet needs?

- He needs services to be flexible and not only operate at particular centres during normal working hours. He needs the services to be responsive to his physical and mental health needs.

- This older person may feel ashamed to ask for help from the statutory sector. This could be due to cultural barriers around asking for help from the state.

- This person's carers are likely to have unmet needs due to the difficulty of caring for someone with dementia. He needs respite and additional support so that they can develop a professional but supportive relationship with the older person.

- The long-term effects of this person's previous alcohol addiction are likely to be unmet as the carers may not know how to support older people with these needs. In general, there needs to be awareness raising around the effects of alcohol addiction for services supporting older people.

- This older person needs a personalised service ie they need to have one individual who knows and understands their complex needs, and can help them find the right services.

- This person also needs more early intervention to prevent the situation reaching crisis point ie there needed to be better identification of the onset of dementia.

Person 2: an old woman who is suffering from social isolation and physical mobility issues

This person is a woman in her 80s who is living alone. She owns her home which is larger than she needs. She has family living abroad and is quite lonely. She has various health issues, such as mobility issues and mild cognitive impairment. This means that she has some falls. Although she has relatively good relationships with her neighbours, they are very busy. They do help her with her shopping when they can. Other than her neighbours she has limited options for socialising. Her lack of IT skills exacerbates her loneliness and isolation. She also finds financial issues confusing, which can mean that the likelihood of getting into financial difficulty is relatively high.

What are their needs?

This woman is experiencing loneliness and isolation because of living alone and having limited physical mobility. She needs social interaction and would benefit from attending a social activity or club with people of a similar age. This would help her to make connections and share experiences.

She also needs access to advice and skills training. She needs financial advice to avoid getting into any financial difficulty. She would also benefit from IT training that is targeted for older people. This would further help her to overcome her loneliness and isolation as it would enable online interaction. She could also do her shopping online to avoid the stress of having to physically go to a supermarket.

This woman would also benefit from preventative support. Although at the moment her situation has not reached a crisis point, her health is likely to deteriorate and it would be best if she could receive support before her situation escalates and becomes unmanageable.

Soon, this woman is likely to need to move into a care home, as her mobility issues and mild cognitive impairment will deteriorate. Older people in care homes can feel cut off from their local community, overlooked and ignored. They can feel more isolated than older people in the community and thus need additional support.

What are their unmet needs?

- There needs to be a holistic approach to her needs. This woman would benefit from having a support worker who can help her to navigate the system and to identify which services she needs to access for her needs.
- This woman finds it difficult to get around – she would benefit from a mobility scooter but does not know how to go about buying one. This would help her to access certain services, such as social clubs or a financial advice centre.
- This woman would benefit from a befriending service so that she could socialise in the comfort of her home. It is best if services and support is flexible and able to come to her.
- She would also benefit from participating in a session in which she could talk about her life and hear about other people's experiences.
- In addition to being isolated, this older woman may also suffer from malnutrition. This woman may need to go to a day centre to receive a decent meal.

7. Appendix 2: Organisations who responded to the survey

- 2nd Mortlake Scout Group
- 3rd Hampton Hill Scout Group
- Action Attainment ltd
- Activity Station
- Age UK Richmond upon Thames
- Alzheimer's Society
- Cambrian Community Centre
- Churches Together in Teddington
- Connaught Opera
- Crossroads Care Richmond and Kingston upon Thames
- Crossway Pregnancy Crisis Centre
- Darell Primary and Nursery School
- Embracing Age
- Ethnic Minorities Advocacy Group
- Faust Chamber Orchestra (previously Faust Ensemble)
- FiSH Neighbourhood Care
- Ham & Petersham SOS
- Hampton Hill United Reformed Church
- Homelink Day Respite Care Centre
- Home-Start Richmond
- Integrated Neurological Services
- Kew Approved Premises National Probation Service
- Kew Community Trust
- Kew Foundation
- Kew Neighbourhood Association
- Kick London

- Kingston and Richmond Samaritans
- Knots Arts CIC
- L.B. of Richmond upon Thames
- L.B. of Richmond upon Thames Libraries
- Landmark Arts Centre
- Learn English at Home
- Linden Hall Community Centre
- London Wildlife Trust
- Macular Society, Richmond Support Group
- MAN&BOY
- Marble Hill Playcentres
- Mortlake Community Association
- Mortlake with East Sheen Society
- MTV Youth, Hampton
- My Life Films
- Off The Record Twickenham
- Orange Tree Theatre Ltd
- Otakar Kraus Music Trust
- Pictologue
- Pod Charitable Trust
- Princess Alice Hospice
- RACC
- RaKAT
- Relate London SW
- Richmond AID
- Richmond CAB
- Richmond Carers Centre
- Richmond EAL Friendship Group Centre
- Richmond Good Neighbours

- Richmond Library and Information Service

- Richmond Mencap

- Richmond Music Trust

- Richmond Talking Newspaper

- Richmond upon Thames College

- Ruils

- RVS Hampton Darby & Joan Club

- South West London Stroke Club - Moving On

- SPEAR

- SSAFA

- St Mary's Parish Church, Hampton

- Stonham - Home-Group

- Strawberry Hill Trust

- Teddington Baptist Church

- Teddington Methodist Church

- Teddington Old People's Welfare Association

- The Basement Door

- The Conservation Volunteers

- The Cranfield Trust

- The Horse Rangers Association (Hampton Court) Ltd

- The Mulberry Centre

- The Poppy Factory

- The Royal Botanic Gardens, Kew

- The Smallpeice Trust

- The Vineyard Community Centre

- Visually Impaired Society of Richmond (V.I.S.O.R)

- Woodville Centre Ham

8. Appendix 3: Workshop participants

The following is a list of the organisations who attended the workshops held in July 2016:

- Addiction Support and Care Agency
- ADHD Richmond
- Age UK
- Alzheimer's UK
- Crossroads Care Richmond & Kingston
- Crossway Pregnancy Centre
- Cruise Bereavement Care
- East London Advanced Technology Training
- Ethnic Minorities Advocacy Group
- Embracing Age
- Greenwood Centre
- Hampton Fuel Allotment Charity
- Homelink Day Care
- Homestart
- Horse Rangers Association
- Integrated Neurological Services
- Kew Gardens
- Kew Neighbourhood Association
- Kids
- Kids Come First
- Knots Arts
- London Fire Brigade
- LVA
- Me too and co
- Mind
- MTV Youth
- Off the Record Twickenham
- Orange Tree Theatre
- Otakar Kraus Music Trust
- Poppy Factory

- Richmond Carers
- Richmond Council
- Richmond Council for the Voluntary Service
- Richmond Music Trust
- Riverbank Trust
- RUILS
- Spear
- Thames Boat Project
- The Basement Door
- The Ham and Petersham Association
- The Honeypot Children's Charity
- The Mulberry Centre
- The Schools Network
- Vineyard Community Centre