



Newham London

**NHS**  
**Newham**

**Joint Strategic Needs Assessment 2010**  
**The London Borough of Newham**

18<sup>th</sup> January 2011

## 14.0 Identified Groups

### 14.1 Introduction

This chapter looks at the populations in Newham of specific identified groups who a) may have higher health and social care needs, b) may have specific barriers to access health and social care services and/or c) may be considered vulnerable in some other ways.

The chapter looks at national and local data on prevalence and service access to describe the scale of need within Newham in these identified groups. It does not attempt to repeat issues covered in other parts of the document but may provide additional data and cross-references. The list of groups covered in this chapter, therefore, is not exhaustive and it should be read as part of the entire JSNA.

People with multiple and complex needs, often face barriers in accessing health and social care services. There is no consensus in the current literature that defines the terms “multiple and complex needs” and many of the risk factors are covered elsewhere in the document. This chapter describes some identified groups that may have a higher level of need for health and social care support, or that may face other barriers to accessing services within Newham.

Literature shows that there are a number of common themes in overcoming the barriers to services for those with multiple and complex needs<sup>1</sup>. These include:

- Early intervention
- Immediate help and fast referral
- Single point of entry
- Outreach
- Provision of accurate information
- Holistic care
- Support, advocacy and follow up
- Joint working
- Cultural sensitivity
- Gender sensitivity
- Specialist services
- Specific staff training and support
- Ongoing support
- Social care approaches to health care.

The service response to these themes from both the London Borough of Newham and NHS Newham is covered in other documents and, therefore, beyond the remit of the JSNA.

### 14.2 Identified groups covered elsewhere in the JSNA

#### 14.2.1 People with mental health problems

Mental health and ill health is inextricably linked to many of the identified groups in this section. People with mental health problems may also experience barriers such as worklessness, poverty, social isolation and face difficulties in maintaining independence and good quality of life<sup>2</sup>.

During 2009-10 there were 1,830 people who received social care services because of mental health conditions (including dementia). Of these, 30% were living in residential or nursing care<sup>3</sup>.

For more information on the numbers of people in Newham with mental health problems and dementia, see chapter 7 and more information on mental wellbeing can be found in chapter 14.

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<sup>1</sup> Path; what can service providers do to improve access to services for people with multiple and complex needs? What works and why? Summary of literature review findings, 2008

<sup>2</sup> Murali, Vijaya & Oyeboode, Femi; *Poverty, social inequality and mental health*; Advances in Psychiatric Treatment (2004) 10: 216-224

<sup>3</sup> Referrals, Assessments and Packages of Care (RAP) - this is an annual performance return for social care data

## 14.2.2 People with hazardous drug and alcohol use

People who misuse drugs, alcohol and other harmful substances often require professional support to overcome their dependency. Research has shown that hazardous alcohol or drug users are more likely to have health problems and make more visits to psychiatric institutions<sup>4</sup>. Health and social care issues that may result from hazardous alcohol or drug use include, but are not limited to:

- HIV and AIDS
- Hepatitis C
- Skin and other infections
- Drug related psychosis
- Liver disease
- Tetanus
- Pneumonia
- Heart and/or lung infections
- Cancer (2-4% of all cancer cases are related to alcohol)

Research into children with a child protection plan in Newham in February 2008 showed that 49% of all cases were harmed by parental substance misuse.

Information on the number of drug and alcohol related health issues and estimated numbers in Newham with hazardous drink or drug use can be found in Chapter 13. Information on drug and alcohol related crime in Newham can be found in Chapter 8.

## 14.2.3 Lesbian, Gay, Bisexual and Transgender People

Lesbian, gay, bisexual and transgender people are highly likely to suffer from discrimination. Local research showed that 41% of respondents had experienced a homophobic incident such as threats, blackmail, graffiti, abuse or violence<sup>5</sup>. In terms of health and well-being, many people chose not to disclose their sexual orientation to health care providers for fear of discrimination. Estimated levels of attempted suicide in LGBT teenagers are high and range from 19% to 55%.

Further information on LGBT can be found in Chapter 6 on demography, Chapter 7 on suicide and undetermined injury and Chapter 13 on sexual health and HIV. More local research is needed in this area.

## 14.2.4 People at the end of their life

End of life or palliative care is about ensuring that people end their lives in dignity and with support to remain where they are most comfortable, including at home if they choose. The national strategy<sup>6</sup> suggests the following definition of end of life care:

- Care that helps all those with advanced, progressive, incurable illness to live as well as possible until they die. It enables the supportive and palliative care needs of both patient and family to be identified and met throughout the last phase of life and into bereavement. It includes management of pain and other symptoms and provision of psychological, social, spiritual and practical support.

End of Life Care occurs in most of health and social care, and is delivered by a wide variety of providers from NHS, social care, voluntary and independent sectors. Specific information on this can be found in chapter 7.

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<sup>4</sup> ACER News Release; 'Hazardous' Drinking Increases Health Risks; 15-06-05

<sup>5</sup> Speaking out – experiences of LGBT people in Newham, January 2003 (updated Jan 2004)

<sup>6</sup> End of life care strategy: promoting high quality care for all adults at the end of life; Department of Health, 2008

## 14.3 People with support needs aged under 18

Vulnerable children and young people have a range of needs from safeguarding to maximising life opportunities. This section includes children and young people in care, disabled children, mental health and wellbeing, as well as refugee and asylum seekers, those with HIV, teenage parents and young offenders.

### 14.3.1 Children in care

At the end of June 2009, there were a total of 580 children and young people in care in Newham<sup>7</sup>. 75% of these children and young people were placed in fostering arrangements, with 14% in other placements which include hostels, independent living, placed at home and placed for adoption.

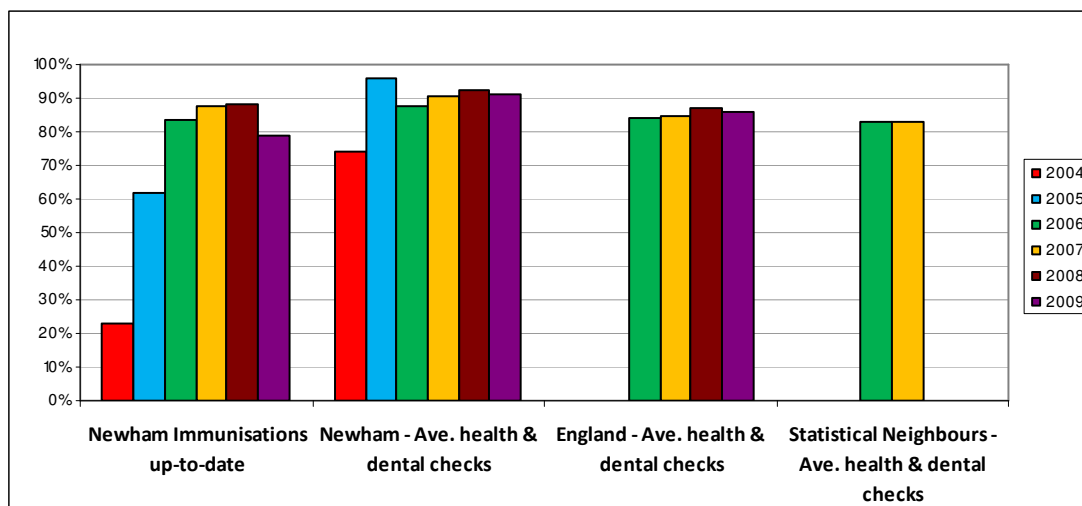
Based on available data on all London boroughs from March 2008, Newham had the highest number of children and young people in care and the (joint) fourth highest proportion of children and young people in care for 2.5 years continuously at 39%. The proportions of children and young people in care for 2.5 years continuously by other local authorities ranged from 14% to 47%.

### 14.3.2 Physical health of children in care

The Department for Education (DfE) includes health outcome indicators for children in care for at least 12 months. The Figure below looks at the health of children and young people who have been in care continuously for 12 months. Health checks are associated with good parenting and reflect the access of children and young people in care to good health care, although older children can refuse health assessment, thus affecting the indicator.

The percentage of children and young people in care receiving health assessments in Newham was above the averages for both Newham's statistical neighbours<sup>8</sup> and for England in 2006 and 2007. The percentage of children who have been immunised has increased from a low 23% in 2004 to 88% in 2008. However, there has been a fall in the proportion of children and young people in care being immunised in 2009, with only 79% of children receiving their immunisations. A smaller proportion of children and young people also received health and dental checks in 2009 compared to 2008, but this decrease is less than the decline in those receiving immunisations.

Figure 14.1: Health outcomes for children and young people in care 2004-2009



Source: LBN Performance Information

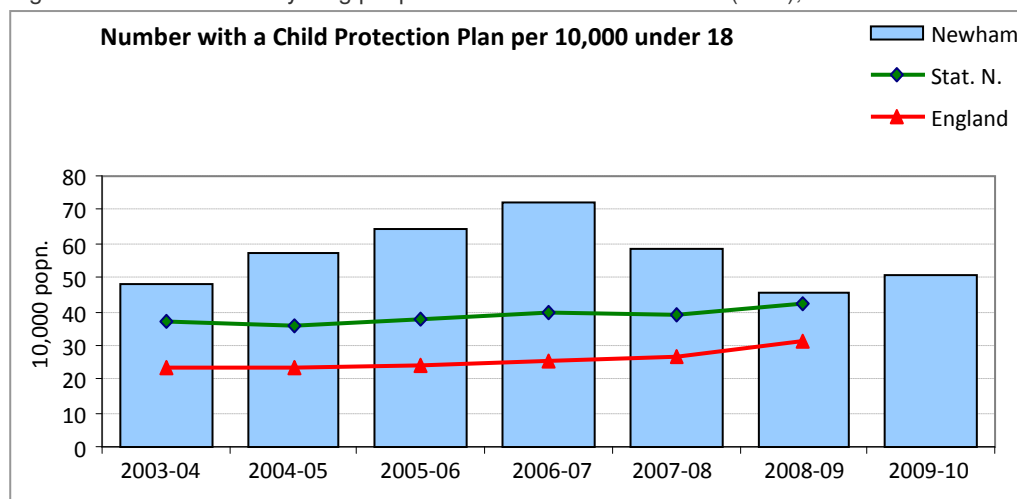
<sup>7</sup> CareFirst (LBN) data

<sup>8</sup> For children and young people's services the statistical neighbours are calculated on a range of factors such as the percentage of children receiving free school meals % dependent children not in a family and further socio economic factors. These were identified in Benton et al; *The development of children's services statistical neighbour benchmarking model*; Department for Education and Skills (2007). Newham's statistical neighbours are: Waltham Forest, Birmingham, Southwark, Ealing, Brent, Haringey, Hackney, Greenwich, Islington & Lewisham

### 14.3.3 Child Protection

The number of children in Newham subject to a Child Protection Plan has decreased from a high of 473 in 2007 to 301 in March 2009. However, figures for March 2010 show that the number of children had increased slightly again to 336. This represents a rate of 51 children per 10,000 populations, and is higher than England (31 children per 10,000) averages over the years. Although the trend has been declining, the recent focus on child protection in London has resulted in an upsurge in the number of referrals.

Figure 14.2: Children and young people with Child Protection Plans (CPP), 2010



Source: DCSF –CPR3

During 2008-09, the majority of children and young people were on the register as a result of neglect (accounting for 48%), followed by emotional abuse (34%), physical abuse (16%), and sexual abuse (2%).

Research undertaken in February 2008 into all children with a Child Protection Plan in Newham revealed that there were 110 families with known parental substance misuse; 49% of all the cases and 44% of all children with a Child Protection Plan were harmed by parental substance misuse, equating to 240 children in total. Alcohol was by far the most prevalent drug used, affecting 31% of families and 29% of all children with a child protection plan<sup>9</sup>.

Analysis by gender shows that the number of children with child protection plans was evenly spread between boys (50%) and girls (49%). However, boys were more likely to suffer emotional abuse than girls. More than twice the number of boys (20) within the 1-5 age band were subjected to emotional abuse in contrast to girls (10) of the same age group. Further investigations with services suggest that the majority of emotional abuse was due to Domestic Violence, Mental Health or relationship breakdown.

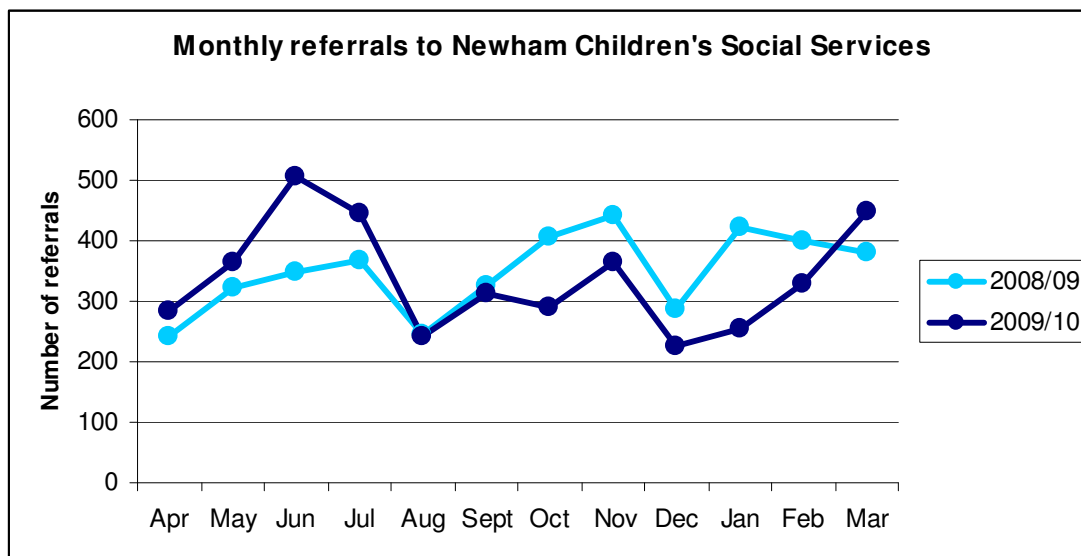
Initial figures for the year 2009-10 indicate:

- The increase in child protection plans was reflected across all types of abuse
- The percentage of the total abuse that was sexual abuse increased by 4% points, with other categories declining slightly as a percentage of the total
- Despite this increase sexual abuse remained the smallest category of abuse by far.

The number of child protection referrals increased by 10% from 3,850 in 2007-2008 to 4,190 in 2008-2009. However, in 2009-2010, there was a slight decline to 4,060. The Figure below shows the monthly pattern of referrals to children’s services over 2008-09 and 2009-10.

<sup>9</sup> Newham Child Protection Plan Needs Assessment Research, 2009

Figure 14.3: Referrals of children and young people to Newham Children's Social Services (2008 to 2009)



Source: LBN Performance Information

### 14.3.4 Disabled children

There are considerable problems in estimating the prevalence of longstanding illness or disability in a population as there is no agreed definition for disability or a centralised database. There are several types of disability with varying degrees of severity. As a result the numbers of children seen in the community are assumed to be roughly 2-3 times higher than presented figures.

Analyses based on national data suggest that there are approximately 4,000 disabled children and young people aged under 19 in the borough and some 2,500 with learning difficulties. Families with disabled children are more likely to be living on low incomes or having to meet the extra costs often associated with disability. It costs three times as much to bring up a disabled child compared with other children, and childcare costs for disabled children are up to five times as much. Nationally, more than 90% families reported some form of financial difficulty, with only 6% saying they were comfortably off<sup>10</sup>.

### 14.3.5 Child Development Centre (under 5 year olds)

The Child Development Centre (CDC) accepts referrals for children with severe or complex needs aged 5 and below. Most young disabled children with long term needs present before the age of 5. Data from the CDC patient administration system which began in 2005 shows that the majority of referrals (two thirds) were male.

In 2005, the CDC was receiving around 130 referrals per year. This has increased to 450 in 2009. The CDC undertakes New Child Development Multi Disciplinary Assessments for children with complex child developmental needs. In 2009, 240 children were offered these assessments (the rest of the children referred to this service were mainly offered services elsewhere which were more appropriate to their needs). In 2009, 230 children were assessed, with an attendance rate of 79%.

Additional data on disabled children across a broader age group is available from the Newham information exchange. Registration is voluntary and as highlighted above, the data available is likely to be an underestimation of the true prevalence in Newham. By March 2010, 580 disabled young people were registered on the database. 19% of them were aged 18-25, most of which are also known to the transitions team and the Children's Rights Group.

During 2009-10, an additional 90 new entrants were registered on the database. 76% of new entrants were male and 81% were aged 5-12 which reflects the wider make up of the database as a whole.

<sup>10</sup> Counting the Costs Survey, 2008, Every Disabled Child Matters.

Table 14.1: Age and sex of new entrants on the Newham register for disabled children (April 2009 - March 2010)

Age 11	Male	Female	Total
0-4	<10	<10	10
5-12	60	10	70
13+	<10	<10	<10
Total	70	20	90

Source: Newham service for disabled children information exchange, March 2010

### 14.3.6 Children with Special Educational Needs

Data on Special Educational Needs (SEN) is available by need type from Children and Young People's Services. The category for need is based on primary need of the child. Although this data incorporates all SEN and not just the needs of disabled children, it is the best information source available to highlight where resources are being provided to meet needs in schools. Resource provision includes support provided within the school resources and exceptional resource funding relates to where external support is required to meet need. A total of 220 pupils received resource provision and 720 received exceptional resource provision for the academic year 2009-10. The main categories of need requiring extended provision included children with learning difficulties (24%); speech, language and communication difficulties (24%); behavioural, emotional and social difficulty (19%) and autism (18%). The use of different procedures for SEN identification, recording and provision precludes comparison between Newham and other boroughs.

With regards to wider support needs (the main needs by order of preference) recorded on the Newham Database for Disabled Children and Young People from 2006-08 were personal care, services<sup>12</sup>, emotional and behavioural development, language and communication and mobility. The proportion of males and females with each need was roughly equal.

### 14.3.7 Teenage parents

This section includes data on support for teenage parents only. For information on conceptions and terminations, see chapter 13.

#### Employment, Education and Training for Teenage Parents

Newham Connexions service holds data on teenage parents, which is based on a Newham 'cohort' which includes teenage parents who study/work in Newham but live out of borough as well as those who live within the borough.

As of May 2010, 190 teenage parents aged 16-19 were known to Connexions. Of this cohort, 25% (50) were in Education Employment or Training, and 46% (90) were not in Education, Employment or Training. The remaining proportion of teenage parents were of school age, or their status was unknown to Connexions. In addition to this, 50 teenagers were pregnant and known to Connexions workers. 74% of teenage mothers living in Newham and classed as not being in Education, Employment or Training said that they were prevented from doing so because they were looking after their children.

<sup>11</sup> Figures in this table are rounded to the nearest 10 and may not total exactly because of this

<sup>12</sup> Services refer to Specialist Health Services, Social Services Support, Specialist Education Services and Local Community or Voluntary Group.

## Transition

The Disabled Children's Service in London Borough of Newham works with around 100 young people every year who need ongoing support beyond the age of 19. The vast majority of young people who need ongoing services access support by the Learning Disability service in Newham, with the rest using other teams within the Local Authority and health services.

As part of a protocol, teams from children and adult focussed services will work together from the time that the child turns 14 until arrangements are in place to support the child beyond the age of 19 in the appropriate adult focussed service. Work is being undertaken by Adult/Children's Services and the PCT to review the protocol and to make the transitions of services more seamless and efficient.

### 14.3.8 Key issues and gaps

The benefit of preventative and universal services in delaying or reducing the need for health and social care support<sup>13</sup> has been demonstrated and more work is needed in the area of early identification and prevention of need for vulnerable young people under the age of 18.

There is a lack of data around transition and more work is needed to identify the scale and needs of vulnerable young people growing into adulthood. There is a need to review transition arrangements for a range of services for children moving into the adult world. For disabled children, this is already underway (but progress is currently pending the re-organisation of adult services and health provision in Newham).

## 14.4 People with support needs aged 18 and over

### 14.4.1 People with a physical or sensory disability

The Health Survey for England, 2001, defined several types of disability:

- Personal care
- Locomotor disability
- Communication disability
- Visual disability
- Auditory disability.

A number of factors can cause a physical or sensory disability. These include genetic/hereditary factors, biological factors (e.g. illness or age related conditions) and accidents. These factors are not mutually exclusive and a disability can have more than one cause.

Research<sup>14</sup> shows that:

- People with longstanding illnesses are more likely to have a disability
- People with a disability are less likely to be living in urban areas
- People with a disability are more likely to be living in deprived areas
- People with a disability are more likely to be living in low income households
- People with a disability are more likely to have no qualifications
- People with disabilities are more likely to live in social housing and less likely to live in owner occupied accommodation

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<sup>13</sup> Multiple sources including: Department of Health; *Prioritising need in the context of Putting People First: a whole system approach to eligibility for social care*; Department of Health (2010). Department of Health; *Making the case for investing in falls and fractures prevention*; Department of Health (2004).

<sup>14</sup> Health Survey for England, 2001

However the causal relationships between these factors is complex, e.g. some people with no qualifications have resulting lifestyle and environmental factors that mean they are more likely to develop a condition or illness that causes a physical disability, there are societal barriers that mean people with disabilities are less likely to be able to gain qualifications and there are other lifestyle and environmental factors that may mean a person is both less likely to gain qualifications and more likely to develop a condition or illness that causes a physical disability.

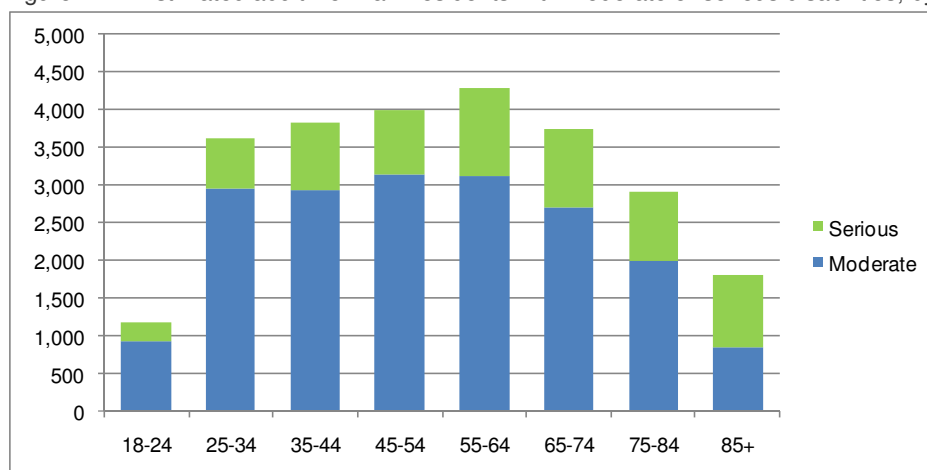
There are several potential problems with applying national prevalence to Newham's population. While Newham is an urban area, it is deprived and many residents are in low income households<sup>15</sup>. Census data also suggest that Newham's level of self defined limiting long-term illness is higher than the national average<sup>16</sup> however the predicted population increase may involve migrants to the borough with a different socio-economic profile than the existing population<sup>17</sup>, and therefore have different health characteristics. There are also variations in prevalence for a number of limiting long-term conditions and illnesses by ethnic group<sup>18</sup>. Examples include:

- The prevalence of coronary artery disease (CAD), ischaemic heart disease (IHD) or stroke is lower than average in Britain in the black African communities, however the prevalence of HIV and AIDS is far higher than average as is the prevalence of stroke amongst adults under 65
- The prevalence of doctor diagnosed diabetes is far higher than average in the black Caribbean, Indian, Pakistani and Bangladeshi communities etc.

For more details about the impact of these, and other, variations in morbidity and the numbers of people in Newham affected, see chapter 7.

The Health Survey for England, 2001, gave national, age related, prevalence figures for moderate and severe disabilities. Using those prevalence figures and the GLA population estimates<sup>19</sup>, the estimated number of people with a moderate or serious physical disability living in Newham in 2010 is 25,400.

Figure 14.4: Estimated adult Newham residents with moderate or serious disabilities, by age; 2010



Source: Health survey for England, 2001 and GLA ward-based population projections, 2008

The table below shows the estimated numbers of people with a moderate or serious physical disability in Newham by ethnic group according to the Health Survey for England, 2001. The table also shows the numbers of people receiving a social care service during 2009-10 who were classified as having a physical or sensory disability or to be in need because of frailty.

<sup>15</sup> See Chapter 9

<sup>16</sup> See Chapter 6

<sup>17</sup> See Chapter 5

<sup>18</sup> Health Survey for England, 2004

<sup>19</sup> Note: the GLA population predictions are estimates and there is some evidence that the actual population is far higher.

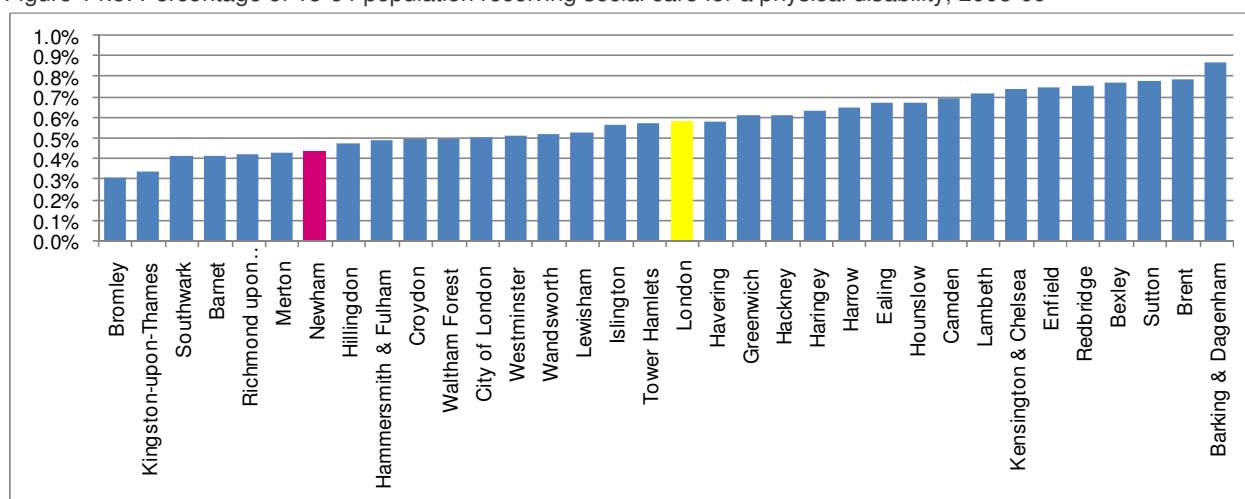
Table 14.2: Estimated numbers of people with a moderate or serious physical disability by ethnic group, 2008

	Estimated number with moderate disability		Estimated number with a serious disability		Estimated number with a moderate or serious disability		Service users with physical or sensory disability or frailty	
	18-64	65+	18-64	65+	18-64	65+	18-64	65+
White	4,440	3,190	1,330	1,810	5,760	5,000	320	1600
Black								
Black Caribbean	990	610	290	270	1,280	880	80	310
Black African	1,960	280	570	120	2,530	410	170	90
Black Other	270	50	80	30	340	80	20	<10
Asian								
Indian	1,670	630	490	290	2,160	920	130	320
Pakistani	1,260	290	360	130	1,620	420	80	100
Bangladeshi	1,030	220	290	100	1,310	320	40	70
Asian Other	610	150	180	70	790	220	50	90
Any Other								
Chinese	230	50	70	20	300	70	<10	<10
Other	670	110	200	50	860	150	40	60
Unknown							<10	130
Totals	13,110	5,580	3,850	2,900	16,950	8,480	940	2,780

Source: Census, 2001; Health survey for England, 2001 and GLA ward-based population projections, 2008

It should be noted that the severity of the disability does not, necessarily, indicate the level of social care need and we would not, therefore, expect a direct correlation between disability and the number of service users. Approximately 6% of the estimated numbers with a moderate or serious disability aged 18-64 and 33% of those aged 65 and over receive a service from the London Borough of Newham Adults Services. In percentage terms, there is no significant difference by ethnic group.

Figure 14.5: Percentage of 18-64 population receiving social care for a physical disability, 2008-09



Source: RAP 2008-09 and GLA Borough Population Predictions

Newham has the lowest percentage of its population receiving social care services for people with physical and sensory disabilities in London. However this is partially due to Newham's young population. Newham still has one of the lowest percentages with only 0.43% of the population receiving social care services for a physical disability.

## Sensory Impairment

While the total numbers of people with sensory impairments living in Newham are unknown, there are figures for the number of people registered as having sensory impairments. On the 31<sup>st</sup> March 2008, there were 480 residents aged 18 – 64 who were registered as blind or partially sighted<sup>20</sup>; and on the 31<sup>st</sup> March 2007, there were 430 who were registered as deaf or hard of hearing<sup>21</sup>. During 2009-10, there were approximately 100 social services users with hearing impairments, approximately 140 visually-impaired service users and an additional 20 with dual sensory loss<sup>22</sup>. The majority (65%) of social services users with a sensory impairment were aged 65 years and over. It should be noted that national prevalence rates for those with sensory impairments<sup>23</sup> produce far lower estimates for Newham.

## 14.5 Service issues

### 14.5.1 Residential care

Of those aged 18-64 years receiving social services for a need arising from physical or sensory disability (~940 people), 13% are in residential or nursing care. Of these, 45% are living in residential care homes outside the borough.

### 14.5.2 People with HIV/AIDS

People living with HIV/AIDS can often require professional support to live at home and maintain a level of independence and control in their lives. People living with HIV/AIDS will also be more likely to develop other health conditions that may affect their need for support. For details on the number and profile of people living with HIV/AIDS in Newham, see chapter 13.

### 14.5.3 People with a learning disability

The Department of Health (2001) says that someone has a learning disability if:

- They have significant difficulty understanding new or complex information, and learning new skills (impaired intelligence) and
- They have reduced ability to cope independently (impaired social functioning) and
- It started before adulthood, with a lasting effect on their development.

Evidence shows that people with learning disabilities have poorer health than the rest of the population, have a lower life expectancy and have greater difficulties accessing health services<sup>24</sup>. This is partly due to the fact that health service staff, particularly those working in general healthcare, have very limited knowledge about learning disability<sup>25</sup>. Other areas where people with learning disabilities may need specialist support include:

- Finding and maintaining employment (see chapter 10 for more information on employment)
- Relationships
- Maintaining a tenancy<sup>26</sup> (see chapter 11 for more information on housing)

<sup>20</sup> NHS Information Centre; *People registered blind or partially sighted, 2008*; National Statistics, 2008

<sup>21</sup> NHS Information Centre; *People registered deaf or hard of hearing, 2007*; National Statistics, 2007

<sup>22</sup> CareFirst data. These figures are for those where it is considered that sensory impairment is their primary need. This does not exclude these people having further social care needs or other people, whose primary social care need is something else, having some degree of sensory impairment.

<sup>23</sup> Health Survey for England, 2001

<sup>24</sup> *Valuing People Now*; HM Government, 2009

<sup>25</sup> Michael, J; *Healthcare for all: report of the independent inquiry into access to healthcare for people with learning disabilities*; July 2008

<sup>26</sup> Note: living independently may not be possible for some people with learning disabilities

Research in Newham into the perceptions of people with learning disabilities and their carers on their access to health services found that the majority of respondents felt that there was no support for them to stay healthy and that there wasn't any access to health screening for people with learning disabilities<sup>27</sup>.

Research suggests learning disabilities are more likely to be identified amongst males, younger people and those from South Asian communities (Pakistan and Bangladesh)<sup>28</sup>. Therefore these groups are attributed higher prevalence of learning disabilities. Other factors that affect the numbers of people with a learning disability include:

- Socio-economic deprivation
- Research indicates that the prevalence of mild or moderate learning disabilities is associated with deprivation of income and housing and by high unemployment.
- Prenatal and neonatal factors
- Causes of learning disabilities are prenatal in 50-70%; perinatal in 10-20% and postnatal in 5-10% of cases. These causes include genetics, congenital infection, maternal drug or alcohol consumption and issues resulting from premature births and low birth weights.
- Increased survival rates of very premature babies;
- Growing numbers of children/young people with complex disabilities are now surviving into adulthood;
- Increased life expectancy due to improvements in healthcare: mean life expectancy (national figures) is estimated to be 74, 67 and 58 years for those with mild, moderate and severe learning disabilities respectively
- Increasing survival rates and life expectancy<sup>29</sup>

When considering applying national prevalence to Newham's population, a number of factors need to be considered:

- The borough's population is increasing at a higher rate in the younger age groups – approximately 39% of the population is aged under 25 years;
- Newham has the second highest Asian population (by percentage of population) in London and the second highest percentage of Bangladeshis in London;
- Factors such as high levels of deprivation and low birth weight in the borough may result in higher levels of need within Newham than nationally;
- Both the London Borough of Newham and NHS Newham believe the GLA population projections and estimates are substantially below the actual population in the borough.

The higher prevalence assigned to South Asian groups comes from a number of studies which tend to point to deprivation as a key reason for the higher prevalence in this group. Based on this national work and on local needs analysis, the London Borough of Newham uses the figure of 1.5 times age related prevalence for this group.

The table below shows the estimated number of adults with learning disabilities within each ethnic group, should the national age and gender prevalence be directly applicable to Newham's population. The table also shows an administrative prevalence applied to Newham population estimates. The administrative prevalence generates the number of people who, should the needs of Newham's population mirror the national needs, may have any social care or support needs. This includes people who are not eligible for a social care service from the London Borough of Newham. These figures are compared with the numbers who received a social care service from the London Borough of Newham during 2009-10.

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<sup>27</sup> NHS Newham; *Big Health Check*; NHS Newham, 2010

<sup>28</sup> Mir et al; *Learning Difficulties and Ethnicity*; Department of Health (2001)

<sup>29</sup> Holland (2008) cites Bittel et al (2002)

Table 14.3: Estimated numbers of people with learning disabilities<sup>30</sup> by ethnic group<sup>31</sup>

	Estimated total numbers using national prevalence		Estimated administrative numbers using national prevalence		Numbers receiving a London Borough of Newham Social Care Service		Percentage of administrative prevalence estimate receiving a service
	18-64	65+	18-64	65+	18-64	65+	
White	1,420	180	330	20	340	50	112%
Black							
Black Caribbean	290	40	70	<10	40		75%
Black African	660	20	160	<10	50	<10	37%
Black Other	100	<10	20	<10	50		30%
Asian							
Indian	570	40	130	<10	30		38%
Pakistani	680	30	160	<10	60		33%
Bangladeshi	590	20	140	<10	50	<10	29%
Asian Other	200	<10	50	<10	<10		68%
Chinese	80	<10	20	<10	<10		21%
Other	210	<10	50	<10	30	<10	69%
All ethnic groups	4,790	350	1,110	50	670	60	63%

Source: Emerson & Hatton, 2004; GLA EGPP, 2008 & CareFirst

Overall, the number of people receiving a social care service from the London Borough of Newham during 2009-10 is 63% of the estimated administrative prevalence. However this varies by ethnic group (see above) with 112% of the estimated administrative prevalence from white ethnic groups receiving a service and only 21% from Chinese ethnic groups. There is also a variance by age with the number of people receiving a social care service aged 18-64 totalling 61% of the predicted administrative figures and the total aged 65 and over showing as 118%.

In addition to the 730 London Borough of Newham social care service users during 2009-10, there were approximately 500 adults with a learning disability who were receiving specialist health care services from the integrated learning disabilities teams. These were not captured on CareFirst.

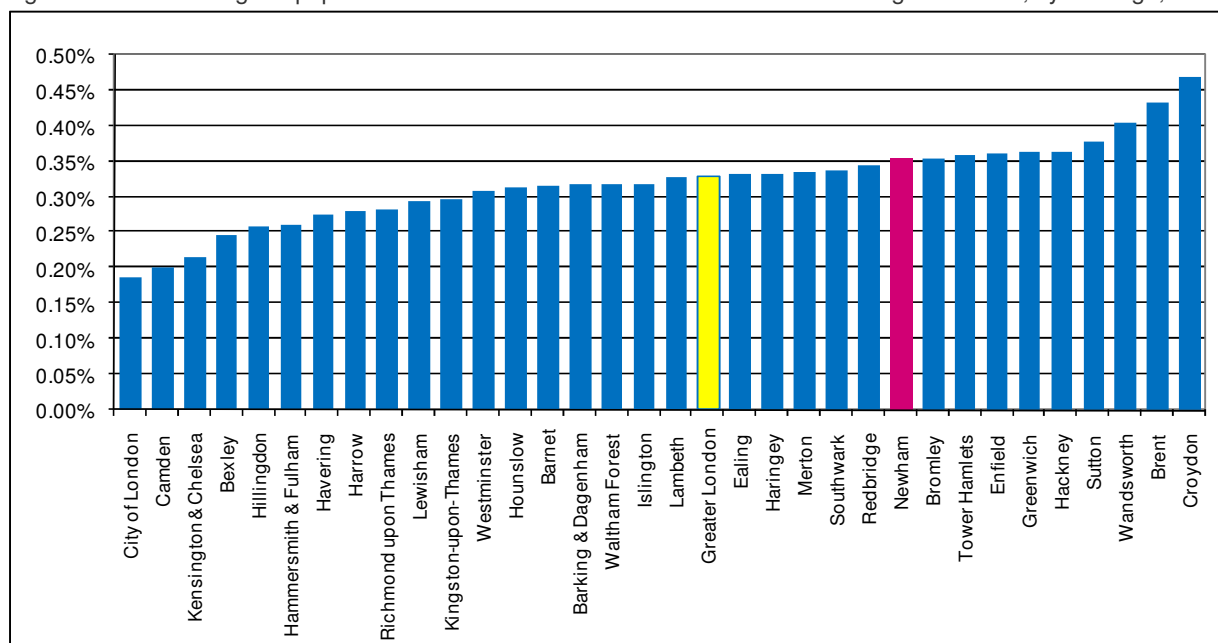
GP registration data in Newham shows 490 people with learning disabilities (aged 18 and over) in Newham, a prevalence of 0.2%. Nationally 0.4% of the population are registered as having learning disabilities and 0.3% are registered in London.

The graph below shows the percentage of the population who are social care service users with learning disabilities for all London boroughs. Newham has a slightly higher than average percentage. Contrary to what might be expected, there is not a strong correlation between this percentage and deprivation within London.

<sup>30</sup> These estimates were generated in smaller age groups and by gender with specific age and gender related prevalence. This table contains the total figures found.

<sup>31</sup> Please note, numbers are rounded to the nearest 10 and, therefore, may not add up to the total number shown

Figure 14.6: Percentage of population that are social care service users with learning disabilities, by Borough, 2008-09



Source: NASCIS and GLA Population Projections

Between the years 2007-08 to 2009-10 there has been an increase in the number of people with learning disabilities who receive services from Adults Social Care in the borough, from 650 to 770, based on CareFirst data. This increase is at a slightly higher rate than the predicted population increase.

## 14.5.4 Service issues

### Residential care

During 2009-2010, 38% of service users with a learning disability were in residential care, a total of 280 people. Of those in residential care, 41% were placed in care homes outside the borough. Placing residents outside the borough is more common amongst those aged 65 and over (61% compared to 38% aged 18-64).

Table 14.4: Learning disabilities and residential care, 2007 to 2010

	2007-08	2008-09	2009-10
Number of LD service users	660	690	730
Number of LD service users in residential care	200	240	280
% LD service users in residential or nursing care	30%	34%	38%
Number of residential service users outside Newham			120
% residential service users outside Newham			41%

Source: CareFirst

## Autism

During 2009-10 there were 100 social care service users with autistic spectrum disorders. These were classified on CareFirst as in the following table (note, some service users are recorded in two categories).

Table 14.5: Number of social care service users with Autistic Spectrum Disorders, 2009-10

	Autism or Asperger Syndromex	Autistic	Autistic Disorder	Spectrum	Any autism
Number of service users	<10	30	80		100

Source: CareFirst

## Profound and Multiple Learning Disabilities (PMLD)

Nationally it is estimated that the number of adults with PMLD is increasing by 1.8% a year<sup>32</sup>. This is due to a number of factors including:

- An increase in birth rates in the general population
- Decreasing infant and child mortality for those born with PMLD
- Increasing in life expectancy for those with PMLD.

The research estimates that a typical UK population, the size of Newham would have ~80 people with PMLD in 2009, increasing to 150 by 2026<sup>33</sup>. However the numbers are likely to be higher in a population with large Bangladeshi and Pakistani populations, and a younger demographic profile, like Newham<sup>34</sup>.

## Parents with learning disabilities

Parents with learning disabilities are more likely to be living in low income households and at risk of having their children removed into care<sup>35</sup>. The Social Care Institute for Excellence (SCIE) states that “there may be a willingness to attribute potential difficulties they may have parenting to their impairment rather than to disabling barriers or to other factors that affect the parenting of all parents”<sup>36</sup>.

## 14.5.5 Older people with support needs

As people age, their health and social care needs increase. The Health Survey for England, 2001, shows that the national prevalence for having a personal care disability, for example increases from 1% for people aged 18-19, to 12% for people aged 65-69 and up to 30% for men aged 85 and over, and 32% for women<sup>37</sup>. The 2001 census also showed an increase by age of limiting long term conditions and in the numbers who stated they were in “not good” health<sup>38</sup>.

National data suggest that while both life expectancy (LE) and the period of time spent in healthy life (healthy life expectancy, HLE) are increasing, the gap is widening and, on average, people living in Britain spend a longer proportion of their lives living with a disability or illness<sup>39</sup> (figures are not specifically available for Newham). People aged 65 and over are, therefore, more likely to have greater health and social care needs than those under 65.

<sup>32</sup> Emerson; *Estimating Future Numbers of Adults with Profound and Multiple Learning Disabilities in England*; CEDR, June 2009

<sup>33</sup> Using GLA population estimates.

<sup>34</sup> Emerson & Hatton; *Estimating the current need/demand for support for people with learning disabilities in England*, 2004

<sup>35</sup> Valuing People Now

<sup>36</sup> SCIE; Research briefing 14: Helping parents with learning disabilities in their role as parents; SCIE, 2005

<sup>37</sup> See section 14.2.1 for more details on physical disabilities in Newham

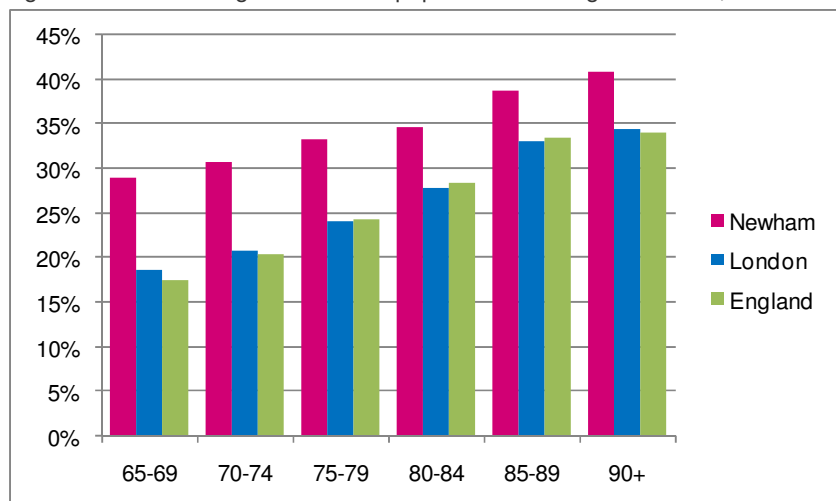
<sup>38</sup> See chapter 6

<sup>39</sup> Office for National Statistics; *Health Expectancies in the United Kingdom, 2000-2002 to 2005-2007*

## Join Strategic Needs Assessment, Newham 2010

The 2001 census data show that Newham has a higher percentage of people aged 65+ in “not good health” than the London or England averages. This, combined with the higher level of limiting long term conditions (see chapter 7), means that it would be expected that there would be a higher need than average in Newham to provide health and social care interventions for the 65+ population.

Figure 14.7: Percentage of the older population in “not good” health, 2001



Source: Census, 2001

The percentage of the population who receive social care services increases with age from 8% of the estimated population aged 65-74, to 43% of the estimated population aged 85 and over.

Table 14.6: Percentage of the 65+ population receiving social care services, by age 2009-10

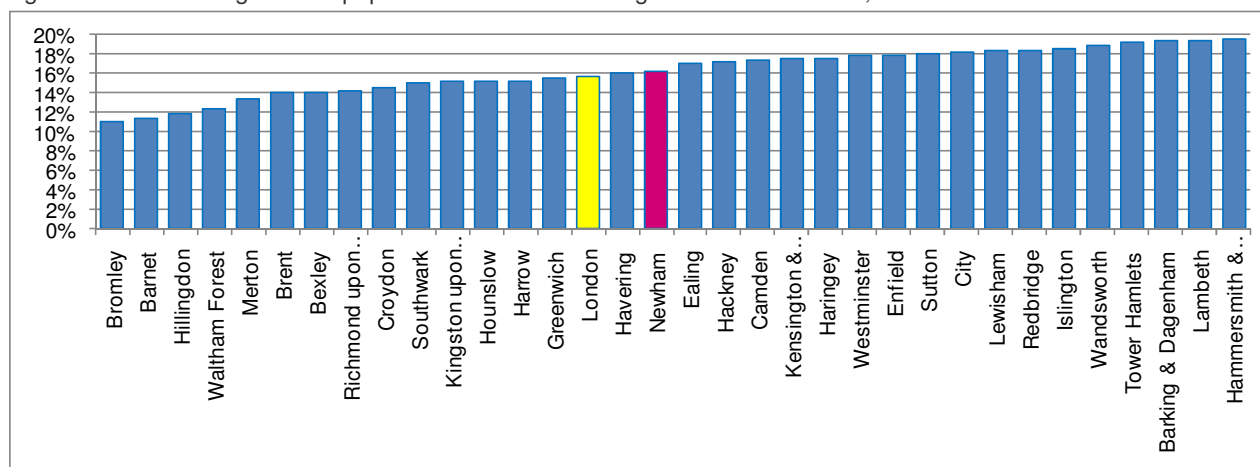
Ageband	Receiving services	Pop	%
65-74	910	11,350	8%
75-84	1380	6,530	21%
85+	1070	2,480	43%

Source: CareFirst, 2010 and GLA Population Projections

Newham provides social care services to a slightly higher proportion of its over 65 population than the London mean, but slightly less than half of all London boroughs. Need increases substantially by age and the proportion of Newham’s 65+ population who are in the highest age range (85 and over) is relatively small (12%, the 4<sup>th</sup> lowest in London). From this it could be expected that the percentage of Newham’s 65+ population needing social care would be similarly low in comparison with London. However Newham has a number of factors that indicate a likely higher level of need amongst the older population (housing conditions, deprivation etc).

It should be noted that this looks at the RAP figures only. Newham has a substantial preventative and low level delivery programme (e.g. Telecare, minor adaptations and equipment) that is not included in these statistics and which aims to reduce the reliance on traditional social care services and the long-term need for social care.

Figure 14.8: Percentage of 65+ population who are receiving social care services, 2008-09



Source: RAP 2008-09, retrieved 2010, GLA population projections

## 14.5.7 Service issues

### BME

While Newham has a diverse population, the majority of the 65 and over population are still from white ethnic groups, however this is changing and the diversity of the older population is expected to increase as Newham’s diverse population ages<sup>40</sup>. This has an impact on the diversity of the older population who have health and social care needs. Research has shown that as people for whom English is a second language grow older, their comfort with communicating in English decreases<sup>41</sup>. As more of Newham’s BAME population age, there will be more need for health and social care services to be provided in community languages.

### Residential and nursing care

Overall, 21% of social care service users aged 65 and over are in residential or nursing care. This is an increase on 19% in 2008-09. The London average was 15% in 2008-09 and Newham was the 7<sup>th</sup> highest percentage in London boroughs. This percentage increases substantially by age. Older service users with learning disabilities are most likely (66%) to be in residential care, followed by people with dementia (55%) and people with mental health needs (42%).

Table 14.7: Older social care service users in residential care, 2009-10

Age Group	Number in residential care	Total number of service users	Percentage in residential care
65-74	140	910	15%
75-84	240	1380	17%
85+	320	1070	30%

Source CareFirst 2009-10

As with learning disabilities and physical disabilities there are a substantial number of older residential service users placed outside the borough (37%). There are currently no comparative figures with other boroughs. There is no current information available on why people are placed outside Newham and this is an area that needs further analysis.

<sup>40</sup> See chapter 5

<sup>41</sup> Papple, Maddison; *Researchers study second language loss in elderly*; [www.physorg.com/](http://www.physorg.com/), 2007

Other areas for further analysis in older people's residential and nursing placements include:

- BME
- Length of stay
- Reasons for residential placement

### Frail elderly people

Frail elderly people are an identified group who are at risk of needing greater health and social care support. During 2009-10, the London Borough of Newham provided social care support services to 800 people over 65 on grounds of frailty or temporary illness. This was an increase on 730 in 2008-9 and 650 in 2007-8. This increase does not match the population estimates suggesting that this is an area of increasing need in Newham's population.

Table 14.8: Frail elderly social care service users, by age

Ageband	2007-08	2008-09	2009-10
65-74	100	130	150
75-84	260	300	320
85+	290	300	330
All	650	730	800

Source: Newham Performance Data, 2010

### Safeguarding Adults

In 2000 the Department of Health published guidance on safeguarding vulnerable adults from abuse<sup>42</sup>. The definition they use is:

A vulnerable adult is a person "who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation"

Abuse is a violation of an individual's human and civil rights by any other person or persons. The main forms of abuse are:

- Physical abuse
- Sexual abuse
- Psychological abuse
- Financial or material abuse
- Neglect and acts of omission
- Discriminatory abuse

Nationally safeguarding adults has been seen as an increasing priority by government and this has been reflected by the resources and priority given to safeguarding by Councils.

In 2009-10 the Safeguarding Adults team in Newham received 360 referrals relating to suspected cases of abuse. This represents an increase of 15% in numbers of referrals from the previous year.

The following table shows the number of referrals by service user category for the last two years. The majority of referrals received relate to older people (40%) followed by people with learning disabilities, in both 2008-09 and 2009-2010.

<sup>42</sup> Department of Health; No Secrets: guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse, 2000

Table 14.9: Number of referrals relating to service user groups, 2009-10

Service User Group <sup>43</sup>	2008-09	2009-10
Older People	120	140
Learning Disability	100	120
Physical Disability	50	50
Mental Health	40	50
HIV/AIDS	<10	<10
Substance Misuse	<10	<10
Carers	<10	<10
Total	310	360

Source: Safeguarding Adults referrals 2009-10

In 2009-10 the most common type of abuse reported was physical abuse (36%) followed by financial abuse (28%). Neglect is the third most highly reported type of abuse. Data on the location of the alleged abuse shows that abuse most commonly takes place within the service user's own home. This reflects the fact that more vulnerable people are being supported in their own homes for longer. However over 20% of referrals related to alleged abuse taking place in residential and nursing homes, this may highlight the need for closer monitoring of providers.

### 14.5.8 Key issues and gaps in service

There are a number of changes in the service landscape in health and social care that are ongoing. These include:

- More focus on universal and preventative services
- The "one stop shop" approach to service access
- The move to more self directed support
- More focus on enablement services.

Further analysis needs to be done to support these changes and to address some of the data gaps in this document. Some of the areas that need to be addressed include:

- The lack or poor quality of some of the available data (e.g. autism, PMLD etc)
- The linking of LBN (social care) data with NHS Newham data for a more complete picture
- Unmet need: data is often only available for people who are already receiving services. Unmet need is often hidden
- Clarification of discrepancies between community health care and social care figures for physical disabilities.

Further work needs to be done to look at the provision of residential and nursing care. Areas that need to be explored include: reasons for entering residential care<sup>44</sup> to explore whether a lack of extra care housing or supported housing means people are entering residential or nursing care before they need to; time spent in residential care and the provision and cost of care outside the borough (in total 33% of people placed in residential care are placed outside Newham).

There is still a clear gap between the ethnic groups of people with learning disabilities that by prevalence rates and those who present for service. Further research is needed in this area to identify the reasons for the discrepancy.

<sup>43</sup> The figures in this table are rounded to the nearest 10 and, therefore, may not total exactly.

<sup>44</sup> The previous work is now out of date.

There are significant regeneration projects being undertaken in Newham. As yet it is unknown whether the health and social care profile of people moving into the new housing will be similar to those already living in Newham or not. What is known is that a large increase in total population is expected. More work needs to be undertaken to ensure that there are the necessary health and social care services in the regenerated communities to meet the needs of the incoming population.

Newham has a significant programme of prevention services. The impact of that programme is hard to measure and there is potential for further work to be done to support the strong and renewed focus on prevention in the future.

### 14.6 Carers

A carer is defined as someone who spends a significant proportion of their life providing unpaid support to family or potentially friends. This could be caring for a relative, partner or friend, who is ill, frail, disabled, or has mental health or substance misuse problems<sup>45</sup>.

Carers are not a homogenous group and, as the population continues to age, it is likely that the number of people from all walks of life taking on caring responsibilities will increase.

It has been estimated by Carers UK that the contribution made by carers in the UK is £87 billion per year<sup>46</sup>. Research shows that providing long hours of informal care can have a negative effect on the carer's own health<sup>47</sup>. A recent survey of carers who had had contact with Newham social services found that 50% of carers who responded said they had health issues themselves and of those with health problems 40% reported having a long standing illness. Respondents reported that their caring role had affected their health; 19% said that they felt tired, 15% had disturbed sleep and 13% had a 'general feeling of stress.'

The need to support carers given the contribution they make and the potentially detrimental impact of caring on carers' own health and well-being has been increasingly recognised with new rights for carers and increased government funding specifically for carers' services.

The 2001 census shows approximately 20,600 carers living in Newham, 8.5% of the population. While this is consistent with the London average, there is a variation by age and gender with Newham's younger age groups (aged 5 to 44) more likely to be carers than the London average and Newham's older age groups (aged 45 plus) less likely. Newham carers are also likely to provide more hours of care than the London average and the percentage of carers who provide 50 or more hours of care a week increases with age.

Because the population in Newham is increasing, the number of carers living in Newham is also expected to increase. However survey evidence collected through the Newham Household Panel survey suggests that the percentage of the population who are providing informal care is decreasing. Using 2001 census prevalence levels for carers suggests an increase of between 5,000 and 6,000 carers living in Newham over the next 10 years. However, if the percentage of the population who are carers is decreasing, then this may be considerably less.

#### 14.6.1 Key issues and gaps in service

There is a lack of good quality data on both known and unknown carers in Newham. Work needs to be undertaken to tackle this in two strands: to improve the quality of data on known carers and to develop innovative ways of obtaining data on carers who are not currently in contact with our services.

There are a number of carers aged over 65 looking after younger people with disabilities. Whilst many of these people will have contingency plans in the event of the death or ill health, information on any gaps is not readily available. More detailed research is needed to ensure that there are full contingency plans in place.

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<sup>45</sup> Department of Health; *Carers at the heart of 21st century families and communities*; (2008)

<sup>46</sup> Carers UK: *Valuing Carers: calculating the value of unpaid care*. (Carers UK, 2007)

<sup>47</sup> Carers UK: *The impact of caring on health* (Carers UK, 2004)

## 14.7 Other identified groups

### 14.7.1 Homelessness

The Housing Register is a list of all those who have applied for a place in social housing. Many will be homeless, living in temporary accommodation or living in overcrowded conditions. All those on the Housing Register in Newham are regularly contacted and, where circumstances have changed, removed from the register. The London Borough of Newham Housing Department regards the Housing Register as an accurate measure of housing need in Newham.

Table 14.10: Newham Homeless Data, 2008

Description	2006-07	2007-08	2008-09	2009-10
Households on the Housing Register	24,160	28,580	35,380	36,150
Housing Register Annual % increase	-18%	18%	24%	2%
Homeless Applications	1,240	1,120	710	610
Total Homelessness Decisions	1,260	1,210	810	650
Acceptances	450	410	240	100
% Accepted	35.3%	33.8%	29%	15%
Households in temporary accommodation	6,040	5,600	4,480	3,530
<b>Total lettings</b>	<b>1,340</b>	<b>1,050</b>	<b>1,260</b>	<b>1,130</b>

Source: Performance Data 2009-10

During 2009-10, Newham had over 36,000 households on the Housing Register, around 3,500 households in temporary accommodation and made a total of 1,130 lettings of council stock during the year. During 2007-08 the households accepted as homeless included:

- 59% with dependent children
- 14% classed as vulnerable (e.g. mental illness, physical disability etc)
- 8% were young people
- 6% were older people
- 4% included a pregnant woman.

A comprehensive survey into the health needs of homeless people showed that two thirds of homeless people have physical health problems and more than one third of those in need are not receiving treatment<sup>48</sup>. The study found that some of the barriers to receiving treatment included:

- Isolation and alienation
- Too scared and ashamed
- Socially vulnerable
- They don't wait for, or complete, treatments.

Particular health issues that faced homeless people including respiratory conditions, cardiovascular conditions and conditions relating to sleeping rough (e.g. trench foot, bronchitis, frostbite wound infections etc). An earlier study from the Centre for Housing Policy discovered much the same physical health issues<sup>49</sup>. It also discovered an eight times higher incidence of mental health problems amongst hostel and B&B residents than the general population.

<sup>48</sup> St Mungo's; Sick of suffering; 2005

<sup>49</sup> Joseph Roundtree Foundation; the health of single Homeless People, 1994

## 14.7.2 Offenders

### Offenders and people at risk of offending

Offenders often have multiple health, social care and support needs including mental health, substance misuse, homelessness, worklessness and poverty. Many offenders also exhibit challenging behaviour that can exclude them from access to mainstream services and support<sup>50</sup>. Research shows that up to 50% of offenders nationally are not registered with a GP.

The London Probation caseload (September 2009) shows the majority of Newham's offenders as being male, aged 18-24 and white British. While the numbers of those in custody hold UK passports, the number holding other passports is increasing, now accounting for 40% of those in custody. The second highest nationality of passport is Lithuanian with 8.4% of the total numbers in custody<sup>51</sup>. Around half of those arrested in Newham are not Newham residents.

An analysis of ASSET<sup>52</sup> assessments shows "thinking and behaviour" the highest factor in contributing to offending behaviour (73%), followed by lifestyles (63%). In addition, 24% of those supervised by London Probation identify drug misuse and 20% identify alcohol as contributing factors to offending behaviour. DAT estimates show nearly half problem drug users are not receiving treatment.

London Probation figures show 400 people are released from prison into London communities each week. Newham has the highest number of beds in bail hostels and "youth foyers" in the country which are used by other boroughs to house their vulnerable and criminal residents.

- The ASSET assessment system is used by the Youth Offending Team to assess what factors are most linked to the likelihood of a young person re-offending. Among many factors, it looks at how likely the young person's substance use, physical health or emotional/mental health is associated with potential re-offending.

### Restricted patients

Statistics in this section come from the National Statistics Bulletin, Statistics of Mentally Disordered Offenders 2008, published in January 2010. An offender can become a restricted patient by two main routes:

- An offender convicted for a serious offence may be ordered to receive hospital treatment instead of a prison sentence
- If the Court passes a prison sentence, it can simultaneously direct the offender's admission to hospital, or the offender can subsequently be transferred to hospital by the Secretary of State.

In addition, there may be offenders transferred from the prison service prior to sentencing or trial who are judged unfit to plead. Nationally, during 2008, there were nearly 4,000 restricted patients detained in hospital and 1,500 new admissions during the year. During the year there were 500 patients discharged into the community. Analysis shows that of the restricted patients discharged into the community between 1999 and 2006, 7% were known to have re-offended within 2 years.

## 14.7.3 Sex workers

In common with many other groups mentioned in this chapter, the principle barrier to sex workers accessing the health and social care services they need is their social marginalisation<sup>53</sup>. Studies have demonstrated that a non-traditional approach such as outreach<sup>54</sup> or multi-disciplinary teams (MDT)<sup>55</sup> can have greater success than traditional health care methods.

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<sup>50</sup> Offender health research network: <http://www.ohrn.nhs.uk/>

<sup>51</sup> Newham's CDRP Strategic Assessment of Crime

<sup>52</sup> An assessment system used by Youth Offending Teams and the Probation Service to assess what factors are most linked to the likelihood of re-offending. See Youth Offenders section for more detail.

<sup>53</sup> Scambler, G and Scambler, A; *Social change and health promotion among women sex workers in London*; Health Promotion International, Vol. 10, No. 1, 17-24, 1995

<sup>54</sup> Creighton, S, Tariq, S, Perry, G (2008). *Sexually transmitted infections among UK street-based sex workers*; Sex. Transm. Infect. 84: 32-33

<sup>55</sup> Lomax, N et al (2006); *Management of a syphilis outbreak in street sex workers in east London*; Sexually Transmitted Infections 2006;82:437-438:

There is no current information on the number of sex workers known to be living and working in Newham. The latest information from the Metropolitan Police shows a large increase in the numbers of sex workers due to the increase in workers migrating into the Olympic boroughs on a temporary basis to develop the Olympic site and Stratford City. There are two main types of sex workers, each type has distinct characteristics and different health and social care needs.

### Off street sex workers

Data from Open Doors show that since the early 2000's the demographic of women who sell sex in flats and saunas has changed such that in 2009, 90% of the women working in these environments are not UK born. The vast majority are females (either undocumented migrants or on limited visa restrictions) who have come to the UK to work in the sex industry, save money and return to their home country.

Off street sex workers range in age from 18 to mid 40's with a mean age of mid to late 20's<sup>56</sup>. Nationality and ethnicity fluctuates from year to year. For the past 18 months, London has experienced an influx of Brazilian sex workers and these women make up the majority of Open Doors clients. Women from Eastern Europe are the second largest group of off street sex workers, followed by women from Thailand. African and EU women combine to make up the fourth group.

### Street Sex Workers in Newham

In contrast to off-street sex workers, 99% of street sex workers are British born. There is no documented data on the number of street sex workers in Newham but Open Doors provides health services to 260 street sex workers in Hackney, Newham's Institute of Public Finance (IPF) closest comparator<sup>57</sup> and fellow Olympic borough.

The main drivers for street sex working in Newham are:

- Chronic addiction
- Poverty
- Homelessness
- Mental health problems<sup>58</sup>

These issues are often interrelated. Disaggregated data relating to drug use amongst Newham street sex workers is not known, but the neighbouring borough of Hackney identifies 50% of street sex workers as primary crack cocaine users and 26% as primary heroin and crack cocaine users<sup>59</sup>. It is not possible to say whether both boroughs mirror each other exactly, services elsewhere in London report similar findings.

Recent findings from consultations with street sex workers in Hackney show a need for gender specific services run specifically for crack using street sex workers and suggest a peer outreach (or similar) scheme might be useful<sup>60</sup>.

Evidence from other boroughs shows that overall morbidity amongst street based sex workers tends to be high. Women are likely to suffer from at least one STI and infections can be complex where women have not sought treatment early. HIV and TB prevalence can also be high in this group. The overall health of street based sex workers tends to be poor. Persistent drug use and poor oral hygiene means that dental decay is also significant and many street based sex workers smoke tobacco. Female street sex workers also report high incidences of violence against them<sup>61</sup>.

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<sup>56</sup> Data from Open Doors

<sup>57</sup> The IPF nearest neighbours model determines the closest comparators to Newham using a range of criteria including geography, population and household characteristics, percentage of population unemployed or on other benefits, percentage of properties in different council tax bands amongst other measures. The closest comparators to Newham are Hackney; Haringey; Lewisham; Tower Hamlets; Southwark; Brent; Lambeth; Waltham Forest; Greenwich and Barking and Dagenham.

<sup>58</sup> See also chapter 12 for information on mental health

<sup>59</sup> Internal Audit by Open Doors, July 2009

<sup>60</sup> Ibid

<sup>61</sup> See also chapter 12 for other health issues relating to substance misuse

## 14.8 Migrants

Migration has many positive impacts, particularly in relation to the economy. However, it can also have a significant impact on local services and is something that ideally should be understood and planned for when designing and developing local services. When considering the health and social care needs of new migrants, these will differ considerably across different groups of migrants.

As a Borough Newham has a long history of migration, the results of which are seen in the diversity of the current Newham population with over 60% being from a Black and Minority Ethnic Community.

In 2009, 3,590 Newham residents attended a British Citizenship Ceremony in 2009, the highest number of any London Borough. Since 2004 (when the ceremonies were introduced) the number of people attending these has almost trebled<sup>62</sup>.

Although the amount of data available at local authority level is limited, the data that is available shows that migration patterns have changed in recent years and continue to change in response to the recession and changes in immigration policy leading to the tightening of border controls.

Under the terms of their contract with the NHS, GPs have discretion to register any patient for free primary medical care, regardless of their residential or immigration status. GPs play a key role in the provision of public health services such as inoculations and screening, which protects the health of the British population at large. Registration with a GP gives no automatic entitlement to free hospital treatment.

Entitlement to free NHS secondary care services is based on ordinary residence in the United Kingdom. People who are not ordinarily resident may still receive treatment but will usually be charged for it. The NHS Act 1977 introduced powers to charge those who are not 'ordinarily resident' and regulations to enable charging for secondary care (hospital treatment) first came into force in 1982.

### Economic Migrants

The expansion of the European Union in 2004 to include the A8 countries in Eastern Europe led to a significant increase in the numbers of economic migrants entering the UK. However recent data has shown a reduction in the number of migrants from these countries entering the UK and an increase in the number leaving. In 2008 there were an estimated 89,000 people migrating into the UK from the A8 countries<sup>63</sup> and 68,000 migrating from the UK to the A8 countries<sup>64</sup>. These figures show a significant change from the data in 2007 when 112,000 people entered and only 25,000 left. This change in the patterns of immigration is likely to be due to the impact of the recession on the economy and the availability of jobs<sup>65</sup>.

The issuing of new National Insurance numbers is another way of estimating the number of new economic migrants in an area.

Nationally, the percentage of the new National Insurance numbers from EU accession states has increased from less than 17,000 in 2002 to over 250,000 in 2009, having reduced in 2009 from a peak of 332,000 in 2008. The majority of these were issued in London and over 22,000 were issued in Newham, making Newham the local authority area with the highest number of new registrations in the Country. Interestingly the number of new registrations in Newham rose slightly between 2008 and 2009 despite the reduced inflow of migrants.

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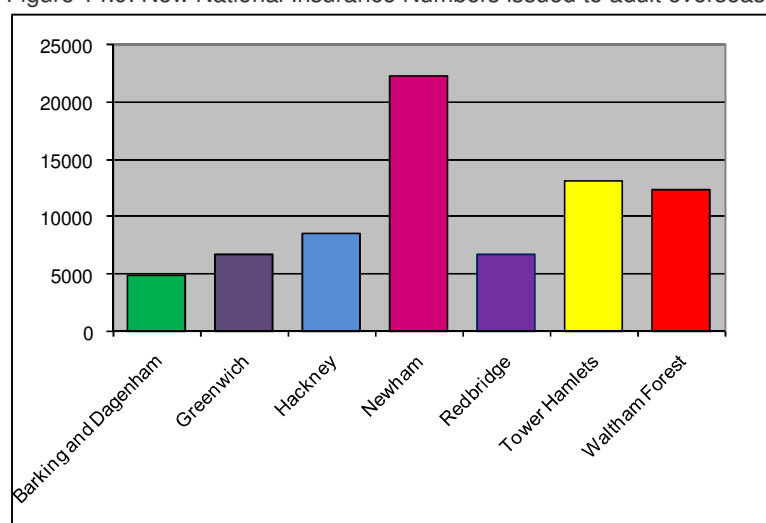
<sup>62</sup> British Citizenship statistics, 2009 Home Office

<sup>63</sup> The A8 are the 8 accession states to the EU: the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia and Slovenia

<sup>64</sup> Long term International Migration Statistics 2008 (ONS)

<sup>65</sup> See chapter 5 and Appendix 2 for more information

Figure 14.9: New National Insurance Numbers issued to adult overseas nationals, 2009



Source: NINo 2009

## Asylum Seekers and Refugees

Having reached a peak of 84,130 in 2002, the number of asylum applications in the UK fell by 73% to 23,610 in 2006. The reason for this decrease was the introduction of the Nationality, Immigration and Asylum Act 2002 which resulted in 24 countries being designated 'generally safe', tightened border controls and changes to the procedures relating to applying for asylum and the processing of claims. The largest number of applications in 2009 were received from people who came from Zimbabweans (23%) followed by Afghans (14%)<sup>66</sup>.

Data on the numbers of asylum seekers and refugees living in the London Borough of Newham is unavailable. However previous studies have indicated that Newham is likely to have the highest refugee and asylum seeker population in London, including a large number of unaccompanied minors.

The Audit Commission has estimated that the Borough had 20,000 refugees and asylum seekers, and in 2002, Newham Council estimated that 8% (approximately 19,500) of its residents were from refugee communities. Groups identified at that time were: Somalis (the largest group), Congolese (second largest), other Africans, Kosovans, Tamils, Latin Americans, Polish, Roma, and Vietnamese.

The process of applying for asylum can take a long time and the vast majority of asylum seekers are unable to work during this time. Asylum seekers who are unable to support themselves may be able to apply for support from the National Asylum Support Service but Social Services departments in Local Authorities are also required to provide a level of support to destitute adults who are subject to immigration control and have no recourse to public funds (NRPF) as well as families with dependent children and adults with social care needs. NRPF applies to someone who is subject to immigration control, does not have the right to work and has no entitlement to welfare benefits, public housing or asylum support.

At the end of March 2010 Newham was providing subsistence support to 350 asylum seekers out of a total of 3,930 in England, more than any other area in the Country. However as at the same date, Newham were supporting only 50 asylum seekers in accommodation out of a total of 18,530 which is a much lower number than several other London Boroughs<sup>67</sup>.

'Unaccompanied minors' are children and young people who have been separated from both parents and are not being cared for by an adult, who by law or custom, is responsible for doing so. Newham received 61 new Asylum Seeker Children who were eligible for care in 2008-09, with a decrease to 40 children in 2009-10. The majority of these children were put into the care of the local authority, with 2 each year privately fostered.

<sup>66</sup> Immigration and asylum statistics, Home Office Research Development Statistics 2009

<sup>67</sup> Asylum seekers supported by Local Authorities (Home Office 2010)

## Gypsies and Travellers

There are a number of distinct groups that are collectively referred to as Gypsies and Travellers. These include English Gypsies (sometimes called Romany Gypsies), Welsh Gypsies, Irish Travellers, Scottish Gypsy Travellers and also Roma gypsies from various countries in mainland Europe. These groups may have differing backgrounds, languages and cultural traditions but also have some common features of lifestyle and culture that separate them from the rest of the UK population. All of these groups are recognised as ethnic groupings under the Race Relations Act 1976. Other groups of Travellers not recognised by the Act include Show-people and New Age Travellers.

It is difficult to establish accurately the number of Gypsies and Travellers in Britain as they were not identified as a separate ethnic group in the 2001 Census. Estimates of the Gypsy and Traveller population in Britain vary widely. A recent estimate from Communities and Local Government estimate that Gypsies and Travellers make up 0.6% of the population (circa 368,000)<sup>68</sup>. The number within London has been variously estimated as 13,500<sup>69</sup> and 30,000<sup>70</sup>.

The following table (taken from the London Boroughs' Gypsy and Traveller Accommodation Needs Assessment published in 2008) shows that Newham has the largest population of Gypsies and Travellers in East London and that a large number of these are living in conventional housing. Across London the numbers of Gypsies and Travellers living in conventional housing outnumber those living on sites. This is reflective of national trends and is considered to be a result of both the lack of suitable caravan sites and a reflection of changing cultures within these communities.

Table 14.11: Estimates of the number of Gypsy and Traveller families in East London Boroughs, 2008

Borough	Authorised sites	Unauthorised sites	Housing	Total
Barking & Dagenham	10	0	30	50
City of London	0	0	0	0
Hackney	30	0	100	120
Havering	<10	30	20	50
Newham	20	<10	180	200
Redbridge	20	0	50	70
Tower Hamlets	20	20	70	110
Waltham Forest	20	<10	90	110
Total	120	50	540	700

Source: London Boroughs' Gypsy and Traveller Accommodation Needs Assessment (2008)

Newham has one authorised site for gypsies and travellers in Parkway Crescent, Stratford. The site has a capacity for 15 pitches and 30 caravans. In terms of health and education, it is known that gypsies and travellers are among the most deprived groups in Britain. Key issues include:

- Life expectancy for Gypsy and Traveller men and women is 10 years lower than the national average
- Gypsy and Traveller mothers are 20 times more likely than the rest of the population to have experienced the death of a child
- Children's educational achievements are poor and declining further and participation in secondary education is extremely low<sup>71</sup>
- Gypsies and Travellers have significantly poorer health status and significantly higher self reported symptoms of ill health than other English speaking minorities<sup>72</sup>
- Many Gypsy Travellers who tried to access services felt that they had experienced barriers including communication difficulties, a lack of culturally appropriate services and direct discrimination<sup>73</sup>
- Gypsies and Travellers demonstrate a pride in self reliance as well as a fear of illness which may make them reluctant to access health services<sup>74</sup>

<sup>68</sup> Van Cleemput et al; Pacesetters Programme: Gypsy, Roma and Traveller core strand Evaluation Report (April 2010)

<sup>69</sup> London Boroughs' Gypsy and Traveller Accommodation Needs Assessment (2008)

<sup>70</sup> London Gypsy Traveller Unit (June 2010) <http://www.lgtu.org.uk/faqs.php>

<sup>71</sup> Cemlyn et al; Inequalities Experienced by Gypsy and traveller communities: A review. (Equalities and Human Rights Commission: 2009)

<sup>72</sup> Parry et al; The Health Status of Gypsies and Travellers in England: Summary of a report to the Department of Health (University of Sheffield, 2004)

<sup>73</sup> Ibid

<sup>74</sup> Ibid

The lack of suitable, secure accommodation is considered to be a major factor underpinning the inequalities these communities face. The following table sets out the need for additional housing for gypsies and travellers as estimated by the London Boroughs' Gypsy and Traveller Accommodation Needs Assessment published in 2008.

Table 14.12: Estimated housing needs of Gypsies and Travellers in Newham

	Base numbers 2007	Additional need 2007-2012	Additional need 2012-2017	Additional need 2007-2017	Numbers as at 2017
Unauthorised pitches	4	.	.	.	.
Residential pitches	15	7	3	15	4
Housing (all)	179	66	44	58	43
Housing (not Roma)	34	3	3	-4	2
Housing (Roma)	145	63	41	62	41

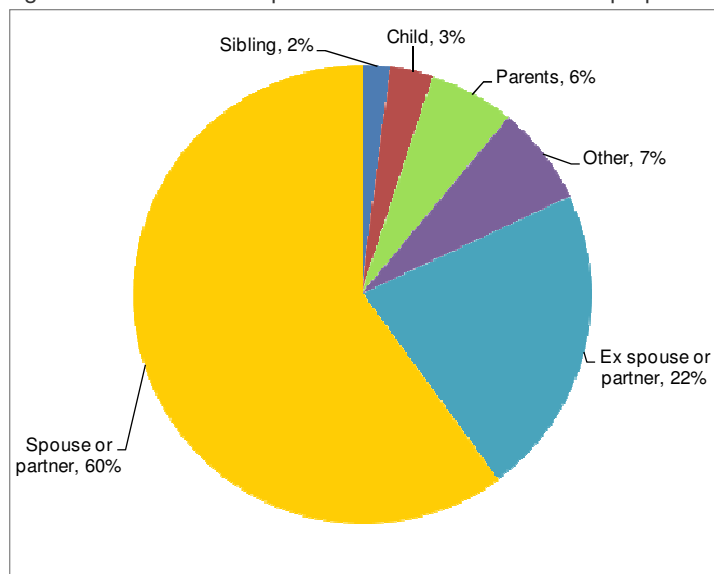
Source: London Boroughs' Gypsy and Traveller Accommodation Needs Assessment (2008)

## 14.9 Women at risk of domestic violence

Figures in this section come from Newham's Family Justice Centre statistics unless otherwise specified. During 2009-10, there were 4870 incidents of domestic violence reported to the police by a total of 4,550 women. 1,810 of these reports were offences where an arrest could be made, 2,620 were "non-arrestable" and 440 were classified as "other". During the year the Family Justice Centre received ~540 new case referrals. Newham Action Against Domestic Violence (NAADV) also received ~540 new case referrals, in addition NAADV's Independent Domestic Violence Advocates received 190 referrals<sup>75</sup>. In addition, East London Black Women's Organisation (ELBWO) is currently working with approximately 190 women from Newham<sup>76</sup>.

The most common perpetrator of domestic violence is a spouse or partner followed by an ex-spouse or partner and the length of the relationship varied between 6 months to 30 years. The most common length of a relationship prior to a referral to the Family Justice Centre was one year.

Figure 14.10: Relationship of domestic violence victim to perpetrator



Source: Family Justice Centre Statistics, 2009-10

<sup>75</sup> NAADV; *Background and emerging trends*; NAADV (2010)

<sup>76</sup> Number supplied by East London Black Women's Organisation, June 2010

As expected in a diverse borough, such as Newham, the ethnic group of victims of domestic violence is diverse. Both the analysis from the Family Justice Centre and work from NAADV identified a need for East European language support: the Family Justice Centre shows 6.2% of referrals are from Eastern European Groups and NAADV noted that there was an increasing East European population, an increasing incidence of reported domestic violence within the population and that many of the victims have poor or no English language skills. The Family Justice statistics also show:

- 43% of referrals were victims with no recourse to public funds
- 6% of referrals were people who required disability support
- 14% of referrals were people who required language support
- 6% of referrals were pregnant women
- 57% of referrals were women who had children.

NAADV also highlighted young people affected by domestic violence as a concern and crime and anti-social behaviour research indicates that domestic violence in the home is a significant risk factor for youth offending.

### 14.9.1 Key issues and gaps in service

In many of these groups there is a lack of Newham data and there is scope for further research to explore the extent of the populations and need within Newham.

There are barriers to the access of traditional services for many of these groups. While work has been done in some areas to develop some non-traditional services to help people overcome these barriers, there is scope for some more innovative work. This is especially important with the renewed focus on preventative services and the high risk nature of some of these groups.

