

# Southwark's Community Issues and Needs: Individuals & Groups

Two-fifths (38%) surveyed as part of this research felt that opportunities for children and young people are 'about average' in Southwark. Although nearly as many (36%) feel that things are going 'not so well' or 'really badly'; and while a majority (59%) felt that things had 'stayed the same', nearly one third (30%) felt that things had 'worsened' over the last 12 months.

A number of particular issues for children and young people in Southwark were identified by local VCS organisations working in this area. Their perceptions were the following:

- **Child poverty.** See page 3.

- **Difficult / poor family / home situations.** This can include domestic violence or alcohol and drug abuse, all of which cause trauma to children witnessing it and growing up with the impact of it. This can cause anger issues and mimicking behaviours which have been modelled by parents and others in the household.
- **Family breakdown.** Dysfunctional family life and chaotic relationships can destroy the lives of those involved and damage children and young people growing up in this environment.



### Local charities said:

"There are fewer opportunities for many young people as so many projects and communities are ceasing to exist".

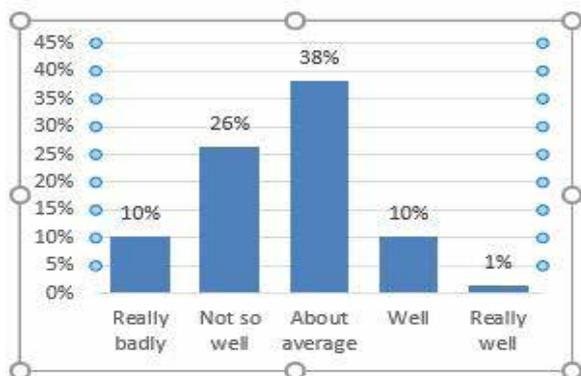


Figure 42: How are things going in Southwark in terms of: Opportunities for children and young people?

- **Neglect and abuse.** (See section on 'cheque book children'). There can be particular issues for a very small minority of children growing up amongst some BME communities who may have different cultural beliefs – in extremis, that some children may be witches.
- **Lack of aspiration.** (See section on 'Dispossessed youth'). This includes having few incentives to work, because they are from families where few relatives or nobody works, and/or because the low paid, zero-hours contract work available doesn't seem worth the effort.
- **Obesity.** (See section on childhood obesity).
- **Childhood health.** Various issues arise here:

#### Effects of air pollution.

Hospital admissions for asthma for 0–18 year olds are higher than the England average (278.1 vs 216.1 per 100,000) putting Southwark in the lowest (worst) 25% of local authorities in the country. 12.5% of London currently exceeds the legal limit for nitrogen dioxide (NO<sub>2</sub>), and 5% of pupils in Inner London are in schools in areas with harmfully high NO<sub>2</sub> levels, with Westminster,

Tower Hamlets, Southwark and Camden most at risk. 328,000 school children are exposed to unhealthy levels of NO<sub>2</sub>, which is linked to asthma and respiratory infections<sup>1</sup>. A recent report by the environmental consultancy Aether for the London mayor showed that Southwark had the highest number of primary schools breaching EU levels of nitrogen dioxide, at 45<sup>2</sup>. This can have far-reaching consequences; in 2012, 37.7% of deaths in Southwark had a mention of respiratory disease, significantly higher than the England average of 34.2%<sup>3</sup>.

**Low GP registrations amongst transitory and hidden groups.** For example, the high A&E attendances for 0–4 year olds (668.2 per 1,000 in Southwark compared to an England average of 540.5 per 1,000) may be due to a low level of GP registrations.

- **Teenage pregnancy and poor sexual health education** (see Section on 'Poor sexual health').
- **Isolation.** Especially for minority groups – BME, or LGBTQ in particular, in relation to issues around personal and community identity and how and where they fit in. There can be enormous cultural issues for the newly-

arrived around this which can lead to huge stress, anxiety and other issues.

- **Drug and alcohol misuse.** Starting around age 12 or 13 this can be a big issue, especially for the disaffected and disengaged (see section on 'dispossessed youth'). Drugs and alcohol may be used as self-medication to deal with other issues. It was felt that misuse may be caused by parental influence, sibling influence, peer pressure, exposure / availability and/or expressing / playing up to a stereotype (particularly a cultural one, e.g. 'All black people smoke weed').
- **Transition between services is poor.** Young people need long-term support to break any unhelpful cycles they have fallen into, and they (and/or their families) also need support to navigate the different services on offer.

## H.U.E. NEED: Child poverty

Child poverty in Southwark is worse than the England average, with 27.6% aged under 16 living in poverty (compared to an England average of 18.6%, this scores in the lowest (worst) 25% of local authorities in the country)<sup>4</sup>. In London 597,000 children are in poverty; a greater number than in Scotland and Wales combined<sup>5</sup>: a result of spiralling housing, childcare and transport costs, combined with a lack of well-paid, flexible jobs – for mothers in particular<sup>6</sup>.

In Southwark, 22.1% of children live in out-of-work households (compared with a London average of 16.6% and an Inner London average of 19.9%)<sup>7</sup>. The percentage of children 0–15 in households receiving a) Income Support, JobSeeker Allowance or Incapacity Benefit or Pension Credit b) receiving Working Tax Credits/Child Tax Credit and with equivalised income below 60% of national median income before housing costs in Southwark, at 30.3%, is the seventeenth

highest in the country<sup>8</sup>. The proportion of children receiving free school meals is significantly higher in Southwark (29% vs a London average of 23.6%) in 2013<sup>9</sup>.

The 2015 Indices of Multiple Deprivation suggested a fall in overall deprivation in London, but not for children. In 2015 Southwark was among eight London boroughs who continue to rank in the top twenty most deprived areas for children in the country<sup>10</sup>. Data suggests that an influx of high skilled, better paid workers moving into Inner London boroughs over the last decade has resulted in average incomes rising and overall income deprivation falling relative to the rest of the country, but not for all, and not for children<sup>11</sup>.

- **Family homelessness is also an issue**, with 5.8 homeless families per 1,000 in Southwark compared to an England average of 1.8 per 1,000 – this scores in the lowest (worst) 25% of local authorities in the country<sup>12</sup>; while

Since 2008 child poverty rates have remained largely flat in the capital overall, although the profile of households living in poverty has shifted. The number of children living in poverty in social housing has dropped while the number of children in poverty has soared to a quarter of a million in the private rented sector. A decade ago the typical London household in poverty was workless and living in social housing in Inner London; today they are a low-income working household in the private rented sector of Outer London<sup>12</sup>. The higher child poverty rate in the capital is a result of spiralling housing, childcare and transport costs, combined with a lack of well-paid, flexible jobs – for mothers in particular.

### No Child Left Behind, 2015

1. No Child Left Behind, 2016, [http://www.childrensrightswales.org.uk/userfiles/resources/No\\_Child\\_Left\\_Behind.pdf](http://www.childrensrightswales.org.uk/userfiles/resources/No_Child_Left_Behind.pdf)  
 2. [https://www.theguardian.com/environment/2016/jul/01/children-at-nearly-90-london-secondary-schools-exposed-to-dangerous-air-pollution?CMP=Share\\_iOSApp\\_Other](https://www.theguardian.com/environment/2016/jul/01/children-at-nearly-90-london-secondary-schools-exposed-to-dangerous-air-pollution?CMP=Share_iOSApp_Other)  
 3. [http://www.endoflifecare-intelligence.org.uk/profiles/la\\_2012/atlas.html](http://www.endoflifecare-intelligence.org.uk/profiles/la_2012/atlas.html)

4. PHE, 2016, Child Health Profile. <http://www.chimat.org.uk/resource/view.aspx?RID=101746&REGION=101634>  
 5. <http://www.childrensrightswales.org.uk/UserFiles/resources/Supporting%20Undocumented%20Migrant%20Children%20in%20London%20-%20Event%20Report%2028.10.15.pdf>  
 6. No Child Left Behind, 2016.  
 7. HMRC. Tax Credits Recipients, Borough, 2014.  
 8. Inside Out, 2015.  
 9. PHE: Southwark socio-economic indicators of health during the economic downturn)  
 10. No Child Left Behind, 2016.  
 11. Ibid.  
 12. PHE, 2016, Child Health Profile. <http://www.childrensrightswales.org.uk/UserFiles/resources/Supporting%20Undocumented%20Migrant%20Children%20in%20London%20-%20Event%20Report%2028.10.15.pdf>

the number of children in care stood at 82 per 10,000 in Southwark against an England average of 60 putting Southwark in the lowest (worst) 25% of local authorities in the country<sup>13</sup>.

There are thought to be three structural issues which cause greater child poverty within London, all of which apply to Southwark<sup>14</sup>:

- **The housing crisis:** housing here is more expensive than in the rest of the UK. Traditionally, London has had a concentration of poverty in the central boroughs but lately, this has spread north and east due to rising housing costs within the centre.
- **Child care costs:** 20–30% more expensive than in the rest of the UK. Coupled with the fact that the extended family networks may not be present to provide childcare.
- **Low pay:** 1 in 7 are in low paid jobs for more than a year. Part-time jobs do not have the ‘London weighting’ that full-time jobs have. This can be a disincentive to work, particularly for a second earner in a family.

## H.U.E. NEED: Childhood obesity and malnutrition

12.9% of children aged 4–5 years in Southwark are obese (England average 9.1%), and 27.8% of children aged 10–11 years are obese (England average 19.1%). This is worse than surrounding London boroughs and the 10–11 year olds’ result is the worst in England, while the 4–5 year olds’ result is not far off the England worst (of 13.6%). Of all Child Health measures, these are the worst results<sup>15</sup>.

The highest rates of obesity are found in deprived areas and amongst black African children<sup>16</sup>. Causes include the proximity of fast-food outlets to schools<sup>17</sup> and lack of access to a healthy diet. Having a fast food outlet within 160 metres of a school is associated with a 5 per cent increase in obesity, yet many of London’s 8,000 fast food shops are close to schools<sup>18</sup>.

The Southwark VCS organisations who were consulted for this research felt that obesity is never a primary issue that children or families refer for – it’s just there. In that sense it’s a hidden issue. It doesn’t present at 0–5 years when mothers are consulting

most about their children’s health, with either Sure Start or Early Years, suggesting that it’s after such intensive information is available that nutritional standards drop.

VCS representatives of organisations which deal with young people in Southwark felt that the causes of childhood obesity include: easy access to fast foods which are cheaper than good food, people not learning to cook or understanding nutrition, and the definition of ‘obesity’ being different in different cultures where being well-fed may indicate status. Disability, learning difficulties and conditions such as autism can also lead to children and young people not controlling their food intake or being able to participate in healthy outdoor activities such as sports. The lack of white goods (e.g. fridge, cooker) in the home (due to poverty, renting accommodation, etc.) can also lead to poor nutrition, and a lack of family time around meals and learning to cook, etc.

Related issues include diabetes and high blood pressure, leading to increased incidence of related illnesses (so early prevention would be cost-effective).

Food poverty, the inability to afford or access healthy food, is on the rise in London. It’s linked to child obesity, malnutrition, poor physical and cognitive development, behavioural problems and attainment. Between 2011/12 and 2014/15, the number of three-day emergency food parcels given to children in London by the Trussell Trust increased over sevenfold, from 5,354 food parcels, to 40,043 food parcels.

### No Child Left Behind, 2015

Southwark is not alone in facing an obesity crisis: more than 3.8 million Londoners are obese or overweight, and almost 1 in 4 children in Reception classes, and more than 1 in 3 children in Year 6 are overweight or obese<sup>19</sup>. National as well as local initiatives are needed to help tackle this problem. A focus on childhood wellbeing after early years is needed, the local VCS representatives suggest that the focus be around “health” rather than “obesity” which is stigmatising.

Obesity in childhood can often lead to bullying, with resultant mental health issues. This is not well

Spending of charity food banks, 1995/96 to 2013/14 (£ millions, cash terms)

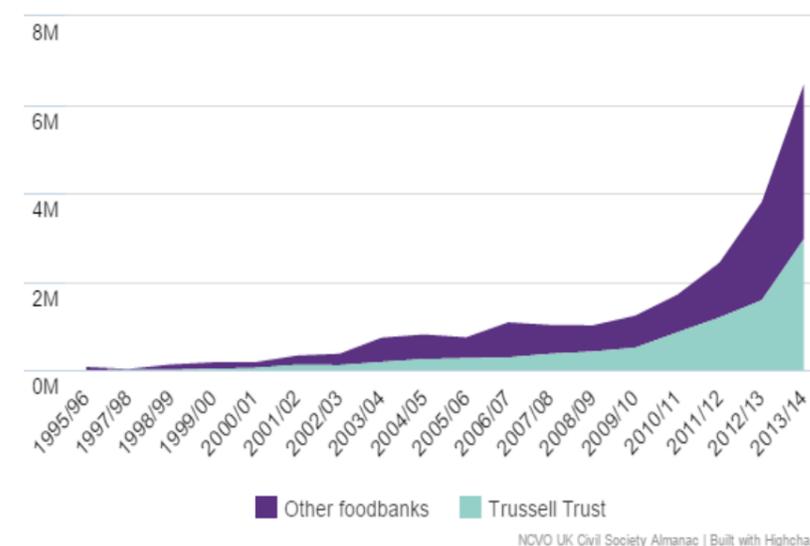


Figure 43: Spending of charity food banks, 1995/96 to 2013/14

reported by schools to the Health & Wellbeing Board, but dealt with by school counsellors or referrals to IAPT or CAMHS (provided by SLaM<sup>20</sup>) but lack of resources means that these referrals can mean a long waiting list.

## H.U.E. NEED: Food poverty & undernourishment

In 2014 it was estimated that more than half a million children in the UK were living in families who are unable to provide a minimally acceptable diet<sup>21</sup>. While many of the official statistics talk of childhood

obesity, those families and young people using Southwark VCS services are often undernourished and suffering from food poverty. Some spoke of children getting only one meal a day, at school; either because their parents are spending money on other things (including drugs) or simply don’t look after their kids. Some youth clubs have taken to providing free food, while other organisations run food banks.

13. PHE, 2016, Child Health Profile.

14. <http://www.childrensrights.org.uk/UserFiles/resources/Supporting%20Undocumented%20Migrant%20Children%20>

15. PHE, 2016, Child Health Profile, using 2014/15 stats.

16. No Child Left Behind, 2016.

17. The London Health Commission has recommended fast food exclusion zones within 400 metres of schools but this has not been actioned by London’s Mayor in his London Plan. (No Child Left Behind, 2016).

18. No Child Left Behind, 2016.

19. LONDON HEALTH COMMISSION: Better Health for London, 2014

20. Southwark CAMHS Services: In Southwark Child and Adolescent Mental Health Services (CAMHS) is provided by South London and Maudsley NHS Foundation Trust (SLaM)

21. ‘Below the headline: The Relentless Rise of Food Poverty in Britain. Niall Cooper, Sarah Purcell and Ruth Jackson. June 2014. Church Action on Poverty. Oxfam. The Trussell Trust.

The use of food banks in the UK has increased dramatically over the last decade. In 2013-14, Trussell Trust Foodbanks distributed parcels to feed 913,138 people (compared to 346,992 in 2012-13, and 128,697 in 2011-12)<sup>22</sup>.

In 2013, it was reported that the use of food banks was more prevalent in Southwark than in any other London borough<sup>24</sup>. In 2013/14 4,509 individuals received help from Southwark Foodbank (roughly 1.6% of the borough's total population)<sup>25</sup>. The greatest demand came from residents in Nunhead ward (10%), Peckham ward (8%) and Livesey ward (7%).

The number of people being provided for was expected to decrease slightly in 2014-15, although the number of food parcels given out was expected to remain roughly the same. Pecan, which runs the Southwark Foodbank, reported to this research an apparent fall in the number of individuals being referred to the food bank, but whether this indicates a trend is unclear at this point.

Food banks are intended to provide emergency food provision for individuals in financial crisis. However, a study by Demos estimated

that between 50% and 60% of food bank clients are experiencing 'chronic' food poverty<sup>26</sup>. There is therefore increasing interest in creating local schemes that also tackle long-term food poverty as well as emergency provision. These models are sometimes referred to as 'Food bank plus' or 'Community supermarkets'; while projects such as 'Capital Growth' - a London-wide project aiming to increase cultivation in the city - supports many sites in Southwark, particularly at schools<sup>28</sup>.

The co-existing conditions which usually present alongside food poverty are: Poor family / home situations, poverty, deprivation, neglect by parents and family, and poor housing.

Research has found that many people experiencing food poverty buy cheaper, lower quality food and spend less on fruit, vegetables, meat and fish; while the very poorest, who are already buying the cheapest food, simply have to buy less<sup>29</sup>. This leads to malnutrition and under-nutrition. Another facet of food poverty is the inability of some parents (particularly younger ones or

An investigation by the London Assembly heard that a high proportion of people over the age of 65 admitted to hospital in Lewisham and Southwark were already suffering from malnutrition. As part of the same study, in a survey of teachers in London, 95% said children in their schools regularly went without breakfast and 61% reported that they had given food to students at their own expense because they had come to school hungry. Over half said this was because families could not afford food. These children's health, educational attainment and life chances are threatened by hunger.

#### The Big Squeeze, 2013

the more poorly educated) to cook. They don't know how to manage foods, or understand nutrition. If they have come from a different culture they may not be familiar with British foodstuffs or understand how to use them.

The VCS organisations consulted as part of this research felt that this issue needs to be recognised by funders who are sometimes more concerned with obesity as an issue. It is a particular problem amongst those with no recourse to public funds, and those who are waiting for benefits to kick in.

### H.U.E. NEED: Young people's mental health

Hospital admissions for mental health conditions amongst 0-17 year olds in Southwark is higher than the England average (136.1 vs 87.4 per 100,000) putting Southwark in the lowest (worst) 25% of local authorities in the country.

Young people's mental health was particularly mentioned by local VCS organisations as an issue, in relation to bullying, self-harm, and suicide. Research has shown that about 50% of lifetime mental

health disorders (excluding dementia) start by 14 years old, and 75% by 24, meaning that prevention and early intervention are critical<sup>30</sup>.

This is not a Southwark-specific issue. Mental health issues in young people are on the rise generally in the UK, and it's estimated that three children in every classroom have a diagnosable mental health disorder<sup>31</sup>. Roughly 725,000 people in the UK suffer from eating disorders, 86% of these will have shown symptoms before the age of 19<sup>32</sup>. Nearly 80,000 children and young people suffer from severe depression<sup>33</sup> while nearly 300,000 young people in Britain have an anxiety disorder<sup>34</sup>. Particularly vulnerable groups have higher incidences, with 45% of children in care having a mental health disorder<sup>35</sup>.

Causes of the rise in mental health issues among young people range from: the increase in family breakdown; the pressure to have access to money, the perfect body and lifestyle due to an increasingly materialist culture and 24 hour social networking; bullying on and offline; increasing sexual pressures

and early sexualisation; violence and fear of crime; pressure from schools around attainment in exams and constant testing and the increasing competitiveness around University entry coupled with the expense and burden of debt associated with University fees and living expenses<sup>36</sup>.

The local VCS organisations in Southwark felt that poverty, a lack of community, and negative peer influences might also contribute to these sorts of issues, while other causes might include having nowhere to go, anger, and frustration. It was felt that mental health issues may be caused by: a lack of socialisation (poor speech and language development), post-natal depression leading to poor attachment, poor housing causing illness (e.g. damp) and poor living conditions (lack of cleanliness). Research has shown that the effects of an economic downturn and the austerity following it can affect not only adults but also their children<sup>37</sup>.

There were particular worries around:

- **Sexual abuse / exploitation** (see section on 'Poor sexual health').

22. Community Southwark: 'Food Banks in Southwark', February 2015.

23. NCVO: UK Civil Society Almanac, 2015.

24. <http://www.bbc.co.uk/news/uk-england-london-22717665>

25. Community Southwark: 'Food Banks in Southwark', February 2015.

26. Ally Paget British Aisles, Demos 2015 <http://www.demos.co.uk/publications/britishaisles> (accessed 25 February 2015) IN Community Southwark: 'Food Banks in Southwark', February 2015.

27. Trust for London: The Big Squeeze 2013: A fragile state The economic climate, Londoners and the voluntary and community groups that serve them.

28. <http://www.capitalgrowth.org/> IN Community Southwark: 'Food Banks in Southwark', February 2015.

29. Real Life Reform: [http://www.northern-consortium.org.uk/assets/Policy percent20Documents/RLR percent20reportpercent201\\_September percent202013](http://www.northern-consortium.org.uk/assets/Policy%20Documents/RLR%20report%20percent201_September%202013.pdf).

30. Public Health Lambeth & Southwark. 'Everybody's Business': Emotional Wellbeing and Mental Health Needs Assessment 2013 Lambeth and Southwark.

31. [http://www.youngminds.org.uk/about/whats\\_the\\_problem](http://www.youngminds.org.uk/about/whats_the_problem)

32. The Costs of Eating Disorders, B-EAT, 2014. Courtesy of YoungMinds.org.uk.

33. Mental Health of Children and Young People in the UK, Office of National Statistics, 2004. Courtesy of YoungMinds.org.uk.

34. RCPsych website <http://bit.ly/10PI0lu>. Courtesy of YoungMinds.org.uk.

35. Psychiatric disorder among British children looked after by local authorities: comparison with children living in private 36. households, Ford et al. (2007) British Journal of Psychiatry, 190, 319-325. Courtesy of YoungMinds.org.uk.

36. [http://www.youngminds.org.uk/about/whats\\_the\\_problem](http://www.youngminds.org.uk/about/whats_the_problem)

37. Solantaus T, Leinonen J, Punamaki RL. Children's mental health in times of economic recession: replication and extension of the family economic stress model in Finland. Dev Psychol 2004;40:412-29. In Knapp, 2012.

- **Isolation.** Many young people feel isolated as they are growing up. Sometimes this can develop to the point of agoraphobia and fear of going out.

- **Self-harm.** One in 10 deliberately harm themselves regularly<sup>38</sup> (and 15,000 are hospitalised each year because of this<sup>39</sup>). In particular, females aged 15-19 have a high (directly standardised) admission rate of 338 per 100,000 population in Southwark for intentional self-harm and ‘injury of undetermined intent’, which are seen as suicide risks. These incidences have increased in the last few years in Southwark<sup>40</sup>.

- **Low self-belief.** See section on ‘Dispossessed youth’.

- **Suicidal and para-suicidal ideas and acts.** People with a diagnosed mental health problem (especially depression or schizophrenia) are more likely to commit suicide<sup>41</sup>.

## H.U.E. NEED: “Chequebook children” & dispossessed youth

Neglect, abuse and a general lack of the right support by parents can

	England	London	Southwark
2010/11	42,700	6,500	289
2011/12	42,850	6,500	273
2012/13	43,140	6,400	272
2013/14	48,300	7,000	327
2014/15	49,690	7,800	309

Figure 44: Number of Child Protection Plans issued in England, London and Southwark, 2010/11 – 2014/15<sup>43</sup>

lead to many issues for children and young people. Southwark VCS organisations felt that neglected children and young people was a particularly pertinent issue in the borough.

### ‘Chequebook children’

Many children and young people in Southwark suffer neglect and abuse. This may be physical or emotional neglect – both of which are extremely damaging. VCS representatives spoke about children not being supported at home, either physically or emotionally, leading to many children ‘raising themselves’.

This is leading to many problems in young adulthood and beyond. For young men, it can add to a feeling of being ‘dispossessed’, while in young women, when they grow up, there’s an expectation (even an aspiration) that they will get pregnant at 15 so that they can get benefits and a ‘family’.

This is partially illustrated by the volume of children needing a Child Protection Plan in Southwark. In England the number has been increasing year on year but has increased more starkly in the last two years; while in Southwark, the number increased dramatically in 2013/14 and has only fallen slightly in 2014/15<sup>42</sup>.

Studies have shown that children who are severely neglected, growing up without normal emotional and social interaction, have different brain structure from other children, with lower grey matter volume and white matter volume in the cortex of the brain.

### Local charities said:

“The kids are just there as a chequebook for benefits. This is the norm here”.

This can result in neglected kids falling short on IQ and language skills, altering of the body’s stress response systems, a proneness to behaviour disorders, and even showing signs of accelerated cell aging<sup>44</sup>. In addition, the NSPCC warns that if someone has been abused as a child, it is more likely that they will suffer abuse again. This is known as revictimisation<sup>45</sup>.

Neglect and abuse of children can be caused by many things including poverty, stress, drug and alcohol abuse and/or the lack of education of parents. It can also be exacerbated by ‘the system’ which makes child benefits a desirable extra income stream.

### Dispossessed youth

**There is felt to be a general lack of aspiration and a sense of hopelessness and apathy amongst some of today’s young people in Southwark, particularly the poorer ones. It was felt that this can become such an issue that they can’t even recognise opportunities, let alone have the wherewithal to grab them.**

This can manifest in many ways, but seems to take two primary forms:

- **Staying in** – This is a hidden issue as these

Rioters identified a number of other motivating grievances, from the increase in tuition fees, to the closure of youth services and the scrapping of the education maintenance allowance. Many complained about perceived social and economic injustices.

### Reading the Riots

youths stay at home, often engaging in gaming or other online activities, and generally become more insular.

- **Acting out** – young people hang around on street corners in groups (‘gangs’) with nothing to do. This can lead to getting involved in drugs and alcohol, sexual exploitation of girls, violence and petty crime.

**Southwark VCS organisations talked of a ‘poverty of expectation’ among young people who are being ‘brought up to fail’:** They don’t expect to achieve anything in life as some believe they are ‘too thick to succeed’. They

don’t expect to be helped either, but rather they expect to be failed, by the council, by local TRAs and by government. They’re ‘completely disengaged with politics and everything’. Their sense of ‘inevitable failure’ manifests in issues with schooling and employment, etc.

This can lead to young people having a different view about the value of life. For some, life has little or no value, which can lead to attacking people with knives, fighting, and violent crime; running away, or using drugs and alcohol to escape. It has ‘very wide effects all the way down the line.’

Another big issue is that many young people have nowhere to go – no safe spaces where they can do constructive activities. So they hang around on street corners in groups and this often leads to trouble. The Guardian’s article: ‘Knife crime and gang violence on the rise as councils reduce youth services<sup>46</sup>’ presaged a summer of rioting in London in 2011 in which disturbances in<sup>47</sup> Peckham featured prominently.

38. Managing self-harm in young people, Royal College of Psychiatrists (CR192). Courtesy of YoungMinds.org.uk.

39. Parliamentary Question (18/11/14) <http://bit.ly/1gCRx2e>. Courtesy of YoungMinds.org.uk.

40. Lambeth and Southwark Councils Suicide Factsheet, April 2015.

41. Ibid.

42. DfE: Characteristics of children in need: 2010 – 2015.

43. Ibid.

44. Boston Children’s Hospital: Proceedings of the National Academy of Sciences reporting of the Bucharest Early Intervention Project (BEIP)

45. <https://www.nspcc.org.uk/preventing-abuse/signs-symptoms-effects/>

46. The Guardian: ‘Knife crime and gang violence on the rise as councils reduce youth services’, Alexandra Topping, Friday 29 July 2011.

47. The Guardian / LSE: Reading the Riots Investigating England’s summer of disorder, 2012.

There was some discussion around whether Southwark has a 'gang' problem, with some voicing concern that these are not gangs in the sense that the police talk about gangs which are involved in Serious Organised Crime. But there are 'gangs' of delinquent youths who hang around, and young girls do get groomed into gang membership. There is a definite perception in Southwark that certain areas are no-go areas because of territorial gangs. And there are older gangs who are into serious organised crime and who may be recruiting younger kids through drugs or sex.

However, young people don't have to be in 'gangs' to be disaffected. The research following the London riots of summer 2011 concluded that: 'on the whole the role of gangs in the riots has been significantly overstated' and that: 'Although mainly young and male, those involved in the riots came from a cross-section of local communities<sup>48</sup>.' Just under half of those interviewed in the research were students, and of those who were not in education, 59% were unemployed, and half of those interviewed were black (although these were

not considered 'race riots'). The research also found that rioters were 'generally poorer than the country at large', with 59% of the England rioters coming from the most deprived 20% of areas in the UK<sup>49</sup>, and when interviewed following the riots, they consistently spoke of 'lack of opportunities' as a major reason for their involvement<sup>50</sup>.

More recent research has revealed a rise in the number of girls and young women under the age of 19 involved in 'working with drugs and holding knives' in London, an increase of 58% compared with four years ago<sup>51</sup>. The report, by the London Assembly's police and crime committee, concludes that while there is some under-reporting of gang activity, there has been a 20% rise in the number of victims of youth violence since 2012/13, bringing this close to the levels seen during the 2011 riots, while confirming that 'gang activity is present in only a small proportion of serious youth violence'<sup>52</sup>. The report also shows how 'social media is being used as a tool to connect vulnerable young women with groups, often of young men, increasing their vulnerability and placing them in danger'.

Local VCS representatives spoke about young black men in gangs in Peckham, and it being 'nobody's fault but the council's as part of social experimentation<sup>53</sup>', in placing groups of different ethnic types in 'ghettos' together, with no integration with other communities. Others spoke of moving people around too much between different social housing units, segregating them and causing suspicion and dislike for people who have done well. The VCS representatives spoke of young teenage boys becoming very tribal, very territorial, for whom 'gangs'

#### Local charities said:

"Knives, violence, hate, religion and racial crime is on the increase as BME community leaders that were once involved have been totally isolated from community involvement. Youth play areas are all gone. Less and reduced support for those who work at grass roots means anything goes and no one monitors anyone. Crime, abuse and violence against vulnerable people now on the increase without any form of checking or monitoring in place".

are really 'tribes' where they can feel some sense of belonging. Out of this they will protect their homes and areas to have a sense of self-worth and self-value. This can be borne out of a sense of not feeling safe - either at home or on the streets - from others.

Local VCS organisations spoke about various issues in regard to disaffected young people, including the **hyper-masculinity of young men**: ultra-alpha-male behaviours ultimately manifesting in misogyny and homophobia and general intolerance of 'otherness'. This can be caused by a feeling of loss of control, of having no future, and a general emasculation. It can also lead to sexualised violence, risky behaviour and the sexual exploitation of others (particularly young women). Some also turn to drug use, and even drug dealing, using younger kids as drug mules (females as well as males), which, in turn, draws them into the gang. It was felt that sometimes the line between victim and perpetrator is very blurred in youth gangs.

It is felt that the voluntary and community sector is expected to deal with these difficult and dangerous issues, with the media commenting: 'The government hopes the voluntary sector will play a bigger role in tackling the youth violence, announcing

£18m of funding earlier this year to help charities tackle knife, gun and gang crime after Brooke Kinsella, the actress turned knife crime campaigner whose brother Ben was killed in 2008, released a report<sup>54</sup>.

The lack of youth centres and safe places to go plays into all of this. But one issue raised by VCS representatives was that many youth clubs and VCS services for young people are run by older people who are more geared towards older needs, and whose knowledge is older focused, and different to the young people they are trying to support. The issue needs more young people getting involved.

## H.U.E. NEED: FGM (Female Genital Mutilation)

Almost one in 20 (4.7%) women living in Southwark are estimated to have experienced FGM, 10 times the England and Wales average of 0.5%<sup>55</sup>. The study also showed that: One in 10 girls (10.4%) born in Southwark are also born to mothers who have had FGM (the highest percentage in England and Wales). This was reported in The Huffington Post in July 2015 as 'a problem that doctors and maternity wards are still struggling to understand, let alone treat.'

The prevalence of FGM in Southwark is largely due to its high density of

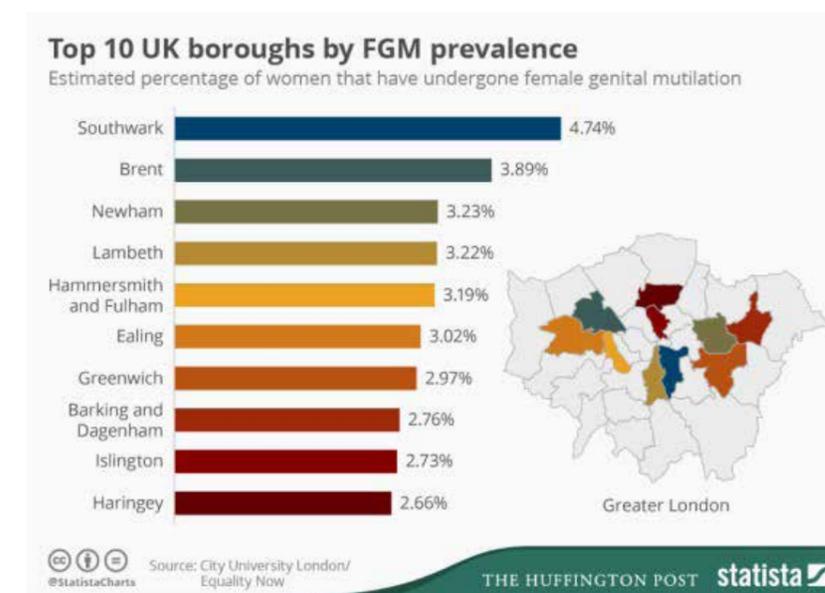


Figure 45: Top 10 UK boroughs by FGM prevalence

48. The Guardian / LSE: Reading the Riots: Investigating England's summer of disorder, 2012.

49. Ibid.

50. Ibid.

51. <http://www.standard.co.uk/news/crime/number-of-female-victims-of-youth-violence-in-london-soars-by-58-in-four-years-a3350306.html>

52. London Assembly's police and crime committee 'Serious Youth Violence', September 2016 (<http://www.london.gov.uk/about-us/london-assembly/london-assembly-publications/serious-youth-violence>)

53. 'Institutionalised racism' was mentioned by some VCS representatives.

54. <https://www.theguardian.com/uk/2011/jul/29/gang-violence-rises-as-councils-cut-youth-services>

55. Alison Macfarlane and Eflua Dorkenoo, 2014. 'Female Genital Mutilation in England and Wales: Updated statistical estimates of the numbers of affected women living in England and Wales and girls at risk Interim report on provisional estimates'. City University

African-born residents and its large immigrant population from other FGM-practising communities<sup>56</sup>. Southwark was one of the areas singled out in the Home Affairs Committee's 'case for a national action plan' on FGM in 2014/15<sup>57</sup>.

The issue seems to be being detected more often recently: In new data published in June 2016, 1,200 cases of FGM were recorded in Britain in just 3 months, of which 11 were girls born in Britain<sup>58</sup>.

Meantime the 'hiddenness' of this issue is exacerbated by the fact that some women don't realise they have experienced FGM until they have sex or become pregnant.

The Africa Advocacy Foundation, which works with communities affected by FGM in Southwark, comments: 'There is a need for greater commitment to address

Historically, UK doctors and social services have been hesitant to intervene when they see suspected FGM, for fear they would be called racist. "I think that has been a problem in the UK," says Robertson from

### 28 Too Many

current gaps in FGM service provision in Southwark, by working closely with key individuals and grassroots organisations competent in engaging with FGM practising communities<sup>60</sup>.

Southwark council responded by making FGM one of its safeguarding themes for 2015 (alongside child sexual exploitation (CSE)<sup>61</sup>, although some feel the council has been slow to respond<sup>62</sup>. Recently, Southwark and Lewisham made a joint bid to the DfE Innovations Programme to form a multi-agency team that would use a community engagement approach to changing practice and preventing FGM whilst also supporting and managing risk to girls

and women who have either experienced FGM or are identified as being at risk, but the bid was unsuccessful. The borough's first major conference about female genital mutilation (FGM) took place in March 2015<sup>63</sup> so that the multiple agencies and VCS organisations dealing with this issue could try to work in a more coordinated fashion. Partly as a result of this, an FGM Steering Group commenced in June 2015 with partner agencies and the voluntary sector.

The local VCS felt that GPs and NHS are not generally trained to spot the signs and may be hesitant to intervene due to political and cultural sensitivities they're not sure how to handle<sup>64</sup>. Despite

the existence of the Guy's and St. Thomas' Hospital Trust African Well Woman's Clinic (established in 1997) to provide counselling and support to pregnant survivors of female genital mutilation<sup>65</sup>, FGM is still seen as an emerging / hidden issue in Southwark.

### Older people:

A two-fifths (39%) of groups surveyed felt that care of the elderly population is 'about average' in Southwark, although nearly as many (37%) feel that things are going 'not so well' or 'really badly'; and while a majority (63%) felt that care of the elderly had 'stayed the same', nearly one third (29%) felt that things had 'worsened' over the last 12 months.

Southwark has fewer older people. In 2016, 7.9% of Southwark's population were over 65, compared to an Inner London average of

9% (and a national average of 17.7%). However, people are living longer. ONS population figures show that overall upward trend in life expectancy at all older ages continues<sup>66</sup>. Life expectancy at older ages in England is the highest on record (except for females aged 85, for whom it is the same as it was in 2011)<sup>67</sup>. Life expectancy for males over 65 is 18.4 years (i.e. men can expect on average to live to age 83.4, the seventh lowest life expectancy in London), and for females is 21.7 years (i.e. women can expect on average to live to age 86.7, the fourteenth lowest life expectancy in London)<sup>68</sup>. The London averages for men and women are 19.2 years and 21.9 years respectively. By 2020, the numbers of older people in Southwark are predicted to increase by just over 8%, albeit a slower rate of increase than Southwark's population overall.

Life expectancy varies quite widely from ward to ward within Southwark. Nunhead ranks 610/624 while Village ranks 42/624 across all wards in London.

**While proportionately lower in number than other boroughs, Southwark's older people may be more vulnerable.**

In Southwark more people of pensionable age live alone (60%) than London (52%) and England (43%). 12.1% of Southwark's population aged over 65 live in homes that have no central heating, a greater proportion than England (9.8%) although lower than neighbouring boroughs Lambeth (16.7%) and Lewisham (18.1%)<sup>70</sup>. Southwark has a particularly high level of older people living in income-deprived households (34.3% receive pension credit, ranking sixth lowest local authority in the country) in 2015<sup>71</sup>.

Estimated numbers of women aged 15-49 permanently resident in Southwark with and without FGM by country of birth, 2011

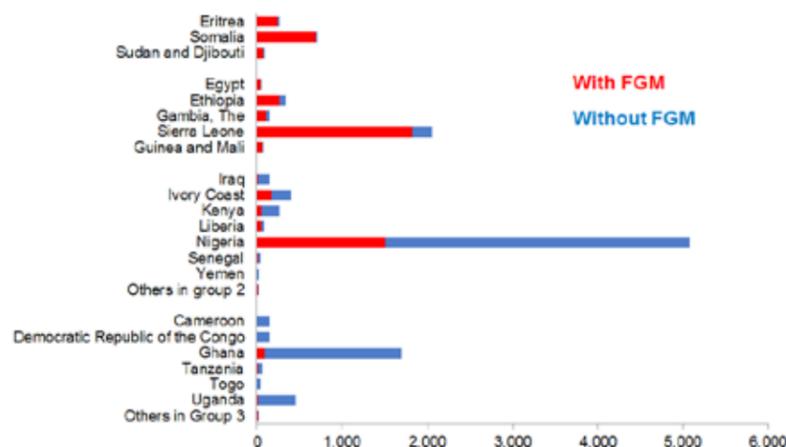


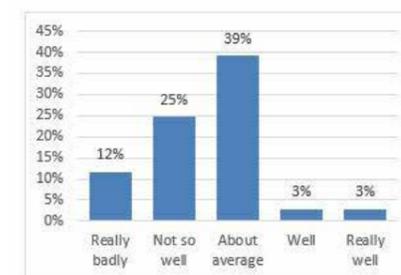
Figure 46: Estimated numbers of women aged 15-49 permanently resident in Southwark with FGM, by country of birth, 2011

### Local charities said:

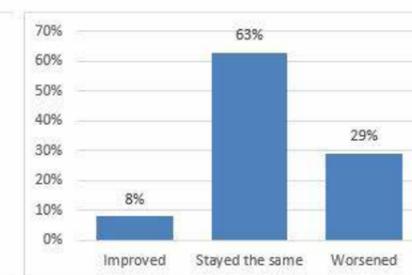
"Southwark's older community, which is expected to get larger, needs increased support including safe and warm housing, contact with others, activities suitable for their needs including education, transport, access to arts and cultural activities and friendships".

Figure 47: How are things going in Southwark in terms of: Care of the elderly population?

Currently (2016)



In the last 12 months



56. Alison Macfarlane, Professor of Perinatal Health, City University London: FGM scrutiny in a day: programme  
 57. Female genital mutilation: the case for a national action plan Second Report of Session 2014-15.  
 58. The Huffington Post, Jack Sommers: 'FGM In Britain Data Shows 1,200 Cases Recorded In Just Three Months'. 07/06/2016  
 59. Ibid.  
 60. The Huffington Post, Louise Ridley: 'Female Genital Mutilation Rates By UK Borough Revealed As Southwark In London 61. Tops The List'. 22 July 2015 <http://moderngov.southwark.gov.uk/ieDecisionDetails.aspx?ID=5178>  
 62. <http://moderngov.southwark.gov.uk/documents/s54965/FGM%20report.pdf>  
 61. Tops The List'. 22 July 2015 <http://moderngov.southwark.gov.uk/ieDecisionDetails.aspx?ID=5178>  
 62. <http://moderngov.southwark.gov.uk/documents/s54965/FGM%20report.pdf>  
 63. [http://www.southwark.gov.uk/news/article/2123/southwark\\_unites\\_to\\_tackle\\_fgm](http://www.southwark.gov.uk/news/article/2123/southwark_unites_to_tackle_fgm)  
 64. The Huffington Post, Louise Ridley: 'Female Genital Mutilation Rates By UK Borough Revealed As Southwark In London

65. Or perhaps because of the existence of an 'expert' centre.  
 66. PHE: Recent Trends in Life Expectancy at Older Ages: Update to 2014. February 2016.  
 67. Ibid.  
 68. Source: ONS: Life Expectancy at Birth and at Age 65, Borough (2012-14 figures).  
 69. ONS: Life Expectancy at Birth and Age 65 by Ward. (2010-14 figures).  
 70. Ibid.  
 71. Source: DCLG, English Index of Multiple Deprivation; Inside Out, 2015.  
 72. Southwark Council (2015) Community Capacity Programme 2016-17: Data and policy context.

And the number of injuries due to falls amongst the elderly (over 65) is higher in Southwark than the national average<sup>72</sup>.

The VCS organisations we spoke to for this research felt that there is two-tier ageing in Southwark: Some people are ageing very well and don't need much help while others are struggling.

A number of needs were identified by local VCS organisations working in this area. Their perceptions were the following:

- **Poverty and deprivation.** As we have seen, some of the elderly in Southwark suffer particular extremes of poverty and deprivation.
- **Ageism.** The prevalence of poor/outdated assumptions around older people. What is needed is more recognition of the diverse needs people have at different ages rather than treating all 'older people' the same. Not all older people are frail. Many older people don't want 'charity' or to seem dependent or be portrayed as a 'victim'.
- **Isolation.** A hidden / unseen population find it difficult to engage in meaningful

relationships with others. Research shows that social isolation is associated with a higher risk of death in older people regardless of whether they consider themselves lonely<sup>73</sup>. A report published by think tank Demos found that Britain's elderly are lonelier than other similar European countries<sup>74</sup>, while a similar study by the Centre for Social Justice found that 370,000 of Britain's elderly spent no time with other people<sup>75</sup>. There can be an issue with some older people not wanting to admit that they're lonely and not managing. A number of older people just don't leave the house at all.

- **Illness / disability / lack of mobility.** All of these are more prevalent amongst older people, and cause extra issues.
- **Multiple needs.** Those with multiple needs often find issues with accessing the system and transitioning between services.
- **Transitioning between services.** A 2012 report by The King's Fund concluded that: 'Continuity and the co-

ordination of care are fundamental to high-quality, cost-effective health care. In the context of acute care, the risks of fragmentation and breakdown in care co-ordination are high, especially for older patients<sup>76</sup>.

- **Eligibility for support.** There has been a tightening up of eligibility for many schemes for the elderly.

Figure 48: Life expectancy at age 65 (males and females), wards within Southwark<sup>69</sup>



#### Local charities said:

"Very little opportunities for older people to meet and involve themselves in activities or even find out what is available".

- **Apathy / lack of confidence /lack of purpose.** All of the issues faced by the elderly in Southwark may lead some to lose confidence and purpose leading to apathy and learned helplessness with their situation.
- **Transportation.** There are issues with current services, and it is felt that more and better transportation is needed. Also need more people to escort older people to get out and about.
- **Lack of relevant places to go.** Need welcoming, accessible, culturally relevant places for all.
- **Poor information about services and charities for the elderly.** Need more and better information accessible to all in one place (too much is focussed on young families). Growth in IT/ online communications makes it harder for older people to access information.
- **'The system' is difficult to navigate & access.** For example, it's very difficult to access mobility aids and can take a long time.
- **Dementia.** Leads to stigmatisation, more isolation.

Two groups of older people in Southwark stand out as warranting particular mention as they may be a more hidden population:

- **BME community elders.** These older people can often experience additional language and cultural barriers in care provision and support.
- **Older carers.** Many older people are looking after their elderly partners, or other family members with little or no support themselves.

#### Recent developments

Many VCS organisations dealing with older people in Southwark felt that overall there is good VCS provision of services for older people in Southwark and a good choice of services, although there is huge disparity within

the borough with regards to both needs and service provision.

It was felt that there are more issues in the statutory sector: for example, 30 minute visits are not enough; care homes are very mixed quality (many are constantly under embargo); there has been seen to be poor training for staff (especially around dementia) who are often in minimum wage jobs. AgeUK calculates that between 2010/11 to 2013/14, public funding for older people's social care (including transfers from the NHS to councils) decreased by 10 per cent in real terms<sup>77</sup>. In practice this means that fewer elderly service users are supported by public funding (a drop of 36% nationally, compared with the scenario had service coverage been maintained at 2005/6 levels)<sup>78</sup>.

#### Loneliness and Social Isolation in the UK (Campaign to end Loneliness)

- 17% of older people are in contact with family, friends and neighbours less than once a week and 11% are in contact less than once a month (Victor et al, 2003)
- Over half (51%) of all people aged 75 and over live alone (ONS, 2010)
- Two fifths all older people (about 3.9 million) say the television is their main company (Age UK, 2014)
- 63% of adults aged 52 or over who have been widowed, and 51% of the same group who are separated or divorced report, feeling lonely some of the time or often (Beaumont, 2013)
- 59% of adults aged over 52 who report poor health say they feel lonely some of the time or often, compared to 21% who say they are in excellent health (Beaumont, 2013)
- A higher percentage of women than men report feeling lonely some of the time or often (Beaumont, 2013)

73. Andrew Steptoe, Aparna Shankar, Panayotes Demakakos, and Jane Wardle. 'Social isolation, loneliness, and all-cause mortality in older men and women.' Proceedings of the National Academy of Sciences of the United States of America (PNAS). April 9, 2013 vol. 110 no. 15

74. Demos: 'Ageing Across Europe'. WRVS Royal Voluntary Service, May 2012.

75. Centre for Social Justice: 'Strengthening relationships to prevent isolation and loneliness in old age', June 2013.

76. Jocelyn Cornwell, Ros Levenson, Lara Sonola, Emmi Poteliakhof, 2012. Continuity of care for older hospital patients A call for action. The King's Fund.

77. AgeUK (2014) Care in Crisis: [http://www.ageuk.org.uk/Documents/EN-GB/Campaigns/CIC/Care\\_in\\_Crisis\\_report\\_2014.pdf?epslanguage=en-GB&dtrk%3dtrue](http://www.ageuk.org.uk/Documents/EN-GB/Campaigns/CIC/Care_in_Crisis_report_2014.pdf?epslanguage=en-GB&dtrk%3dtrue)

78. Fernandez J.L., Snell T. and Wistow G. (2013) Changes in the Patterns of social Care Provision in England 2005/6 to 2012/13. PSSRU Discussion Paper 2867. In AgeUK, 2014.

There was a question around whether there is enough day care for every older person who needs it in Southwark. And people also felt that more early prevention is needed.

It was felt that the local CCG (Clinical Commissioning Group) and the Care Navigators are doing a good job, but that GPs are under pressure and don't really know what to do with older people and where to refer them to.

Due to the cuts, 'lower-level' needs appear to be no longer catered for by a squeezed system. This is a situation corroborated by official figures which show that only 13% of councils in the UK in 2013/14 considered people with 'moderate' needs eligible for funding, compared with nearly half of councils in 2005/6<sup>79</sup>.

The knock-on effect of the global recession and the cuts is twofold:

- Older people with lower to moderate-level needs are becoming a hidden population.
- The VCS is having to cope with more complex cases being referred from social services which haven't the resources to cope with them.

	Number of permanent admissions to	Rate per 100,000 population
Lambeth	185	759.1
Southwark	165	694.3
London	-	454.0
England	-	650.6

Source: ASCOF

Figure 49: Permanent admissions to care homes in Southwark and Lambeth, 2013/14<sup>86</sup>

It was felt that older people would benefit from more inter-generational contact in the community, but that too often, they are stuck in their homes unable or afraid to engage further.

### H.U.E. NEED: Care home crisis?

There is a nationwide crisis in end-of-life care, according to AgeUK, who calculate that spending in the UK on services like home carers, meals on wheels, and day care has dropped by more than £1 billion in the last five years<sup>80</sup>. In 2011, it was estimated that of 2 million older people with care related needs, nearly 800,000 received no support from public or private sector agencies<sup>81</sup>. According to the Association of Directors of Adult Social Services (ADASS) annual surveys, the net adult social care budget (including both older

and younger adults) has reduced by £2.68 billion over the period from 2011/12 to 2013/14, a reduction of 20 per cent<sup>82</sup>.

Sociodemographic statistics suggest that for just over one third of the population, resources are less available and poorer living circumstances will limit the ability to carry out a person's preferences around the end of life<sup>83</sup>. There are gaps in the detection of people with end of life care needs; and also in non-cancer patients being able

### Local charities said:

"Standard and quantity of statutory support for older people has dramatically decreased, meaning that demand on our services has increased".

to access services, and lack of progress on people dying in their place of usual residence<sup>84</sup>. **In 2013/14 Lambeth and Southwark had above England rates of permanent admissions to care homes.** End of life care needs will be higher for frail elderly in these boroughs, compared to England<sup>85</sup>.

Care of the elderly comes out of the adult social care budget which, in Southwark, is also being cut as part of austerity measures. The local VCS spoke of a local care home crisis, with many care homes being branded inadequate and being put under embargo. It was felt that this issue is definitely going to get worse in the next five years.

### In Southwark in 2007-9, a higher proportion of older people died in hospital

**compared to England as a whole**<sup>87</sup>.

Emergency admission rates in Southwark among the over 75s are high as compared to other PCTs<sup>88</sup>. In the 2013 Voices survey of bereaved people, 61% in Southwark and 55% in Lambeth of people surveyed felt they had received enough carer/family support. 81% in Southwark and 84% in Lambeth felt they were involved in end of life decisions. 52% in Southwark and 48% in Lambeth rated their care as outstanding/excellent<sup>89</sup>.

In 2012 only one care home in Southwark had achieved gold standard<sup>90</sup>, and the proportion of older people dying in hospital remained higher than the rest of England. The VCS organisations in Southwark

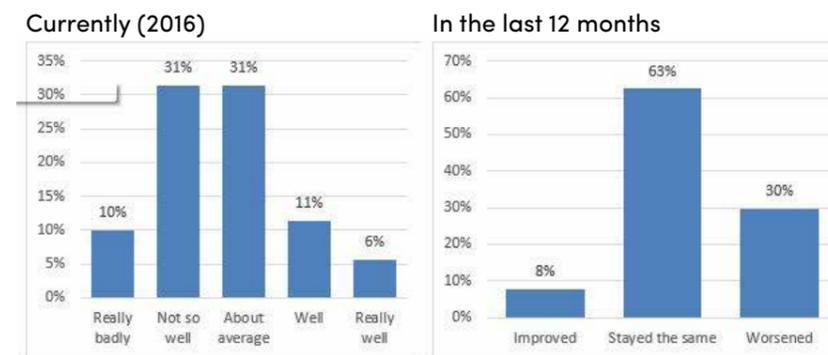
we consulted felt that there needs to be better care provision. This included better training for staff, more critical and meaningful engagement rather than a strictly task-oriented approach, taking account of gender differences in the elderly and generally respecting the identity of the individual, avoiding infantilisation.

They felt that there is a need for more diverse and individualised approaches to provision. Currently there's a lack of understanding, a lack of time to spend with people. Too many assumptions are made about 'what older people need'. They also felt, on the other hand, that staff are often under-valued and under-resourced.

### Local charities said:

"Cultural and spiritual needs of the minorities were continually excluded".

Figure 50: How are things going in Southwark in terms of: Opportunities and support for minority groups in the community?



79. AgeUK (2012); Social Care Eligibility Thresholds Briefing, - <http://www.ageuk.org.uk/Documents/EN-GB/>

80. AgeUK Care in Crisis: <http://www.ageuk.org.uk/home-and-care/care-in-crisis/> 2014

81. Ibid.

82. ADASS press release 2013. 'Social Care Funding: a bleak outlook is getting bleaker' [http://www.adass.org.uk/index.php?option=com\\_content](http://www.adass.org.uk/index.php?option=com_content) In AgeUK, 2014.

83. Need for End of life care in Lambeth & Southwark, Dr Alison Furey Lambeth & Southwark Public Health Department.

84. Ibid.

84. Ibid.

85. Ibid.

86. Source: Need for End of life care in Lambeth & Southwark, Dr Alison Furey Lambeth & Southwark Public Health Department.

87. OP JSNA Factsheet 15: End of Life/Palliative care. Southwark Council, 2012.

88. OP JSNA Factsheet 11: Unplanned Care, 2012.

89. Need for End of life care in Lambeth & Southwark, Dr Alison Furey Lambeth & Southwark Public Health Department.

## H.U.E. NEED: Diversity (minority groups and needs groups)

41% of survey respondents felt that opportunities and support for minority groups in Southwark are worse than average, with 17% feeling that they are currently going 'well' or 'really well'; while a majority (63%) felt that opportunities and support for minority groups in Southwark had 'stayed the same', and nearly one third (30%) felt that things had 'worsened' over the last 12 months.

Southwark VCS organisations consulted as part of this research felt that there were many issues around minority groups, amongst which immigration is a key issue. Whether an economic migrant or a refugee/asylum seeker, immigration poses many issues for Southwark:

- Very limited and reducing 'affordable' housing stock in Southwark, causing increased competition and friction between population groups who may view others as 'favoured'.
- Language issues and issues around illiteracy.
- Immigrants are facing reduced rights, changes to benefits policies and increased stigmatisation.
- Financial exploitation.
- The need for specialist services. There are

many complex issues around immigration which need to be dealt with by specialist services, but there is a lack of specialist advice available.

## H.U.E. NEED: BME groups

- A number of needs were identified by local VCS organisations working in this area. Their perceptions were the following:
- **Isolation.** Especially for minority groups – BME, or LGBTO in particular, in relation to issues around personal and community identity and how and where they fit in. Integration with the community is an issues. If they can make some friends then they can go to things together. It's really important but can be especially difficult due to language and cultural barriers, etc.
- **Stereotypes, prejudice and stigma.** Tension between different communities in Southwark living side-by-side (not by choice). Negative narrative of 'immigrants'. Ghettoisation of BME communities who are housed alongside each other instead of being integrated. Stigmatised view of young black males (in many senses, including that they are prone to schizophrenia).

- **Language barriers.** ESOL classes are effective and allow people to learn quickly and then 'fly' into new jobs, etc. All they need is a small leg up.
- **Access to the mainstream** ('the system', jobs, etc.). Many have qualifications and work experience from other countries. They used to have good jobs, but now are cleaning offices. With just a little bit of help they could be of enormous benefit to society and the community. Need more classes on CV writing, presentation and interview skills.
- **Health and fitness.** Wearing a hijab can be an issue for some exercise classes and for fitting in some places. It's very visible and it can provoke a reaction. Aaina Women's Group organises a walking group in the park where women can walk together in their hijabs and people can see that they're not a menace or whatever negative stereotypes they have. This could be a pilot for something much bigger and more powerful.

### Local charities said:

"Southwark is very multi-racial. Some races do better than others. The Pakistani Muslims are self-help. Other races less so and so struggle harder".

London's Latin Americans are predominately young, highly skilled individuals with large numbers in work, but unable to obtain jobs commensurate with their professional skills. Along with many other newer migrants, large numbers are concentrated in low-paid and low-skilled areas of the economy that often offer little labour protection and frequently expose workers to unacceptable levels of abuse and exploitation.

### No Longer Invisible

- **Mental health.** There are some 'culturally-sensitive' issues – e.g. family abuse, domestic abuse – which are hard to address.
- **Elderly BME individuals.** The elderly from these communities can be particularly hard to reach. They may be housebound. They may be caring for partners or family. Their needs can go unmet. They generally find it hard to access day centres or other places. Transportation is an associated issue.
- **Transportation.** Lots of people move out of Southwark but still want and need to access the day centre and classes.
- **Under-representation of diverse communities in Southwark services.**

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- Language issues and issues around illiteracy.
- Immigrants are facing reduced rights, changes to benefits policies and increased stigmatisation.
- Financial exploitation.
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It is felt that there needs to be more BME representatives in the council, and that services need to be more accessible to people from other cultures.

- **Needs of specific minority groups.** Every community has its own needs which should be considered separately. For example, the Latin American population in Southwark is possibly the largest gathering in the UK (alongside neighbouring Lambeth), and many are now second generation 'British Latinos', with aspects of their culture reflected in the location of a series of Latin American shopping areas in Elephant and Castle and the surrounding area<sup>91</sup>; but they are still considered 'new migrants' and are relatively 'invisible' in London<sup>92</sup>.

Research into this emerging population finds a picture of 'considerable hardship', including low-paid work and a worrying lack of take-up of public services<sup>93</sup>. The Latin American population is mainly of working age and most are well-educated (but they have very high

employment rates (85%) that are much higher than other foreign born residents and the London population as a whole), and one-third cannot speak English, which affects their wider integration into London's society and economy<sup>94</sup>, and exacerbates issues of segregation and 'ghettoisation'. Many work several low-paid, shift-work jobs which increase their social isolation. Campaigners for official recognition of Latin Americans as a distinct ethnic minority have called the community's contribution to Southwark's Elephant & Castle area to be acknowledged as part of the regeneration scheme, and have called for the establishment of an official Latin American district<sup>95</sup>.

### **H.U.E. NEED: Refugees and asylum seekers**

Because this is such a transient and fluctuating population it is hard to get accurate figures on the number of refugees and asylum seekers at any one time in any one place. In 2010 it was estimated that approximately 36% of England's asylum seekers

#### **Local charities said:**

*"The rise in Islamophobia and violence against Muslim women has been largely unreported. Every other community has a hub that protects and defines that community of interest, however, the African and Caribbean communities have had no investment to deal with our own problems for over 25 years or so. Given that West African community is the largest in Southwark in the whole of the UK this figure is outrageous. When one thinks of the contributions to the public purse".*

resided in London<sup>96</sup>. Once a supported asylum seeker becomes a refugee and is able to access mainstream services, Asylum Support may inform local agencies to alert them to the fact that there may be someone in need of their services locally, but this does not happen systematically and agencies may not keep this data. The top five London boroughs with the highest number of supported asylum seekers in 2010 were: Newham (385), Enfield (370), Haringey (305), Redbridge (250), and Ealing (190)<sup>97</sup>.

The number of asylum seekers in Europe has increased in recent years with a particularly large increase in 2015<sup>98</sup>. The numbers of asylum applications have increased in the UK, but not as steeply as in Europe as a whole. Asylum applicants and their dependents comprised an estimated 8% of net migration in 2013, down from 49% in 2002 but up from 4% in 2010<sup>99</sup>. In 2014, 59% of asylum applications were initially refused; a majority of refused applicants lodged appeals; and 28% of those appeals were allowed. Men made up nearly 3 out of 4 (73%) main applicants for asylum in 2014<sup>100</sup>. The largest number of refugees and asylum seekers entering the UK in 2015 were from Eritrea, followed by Syria, Albania, Afghanistan, Iraq, and Kosovo.

In 2015 more than 9,000 asylum seekers were left destitute in the UK (with no recourse to public funds), according to figures from the British Red Cross, which found that: 'their experience of deprivation was characterised by vulnerability (inconsistent access to essential resources) and uncertainty (when the resources available did not meet their basic needs)<sup>101</sup>. ' 18%

of participants in the Red Cross study did not have at least one person close enough to them that they could be counted on to help or support them with serious problems<sup>102</sup>.

The lack of good statistics in Southwark is a problem for VCS services (as for statutory services). Based on the census and the size of Southwark's BME community it probably has higher numbers of asylum seekers. But asylum seekers are under the radar and transient, so it's hard to really get a sense of the scale of the problem.

A number of needs were identified by local VCS organisations working in this area. Their perceptions were the following:

- **Isolation.** In a strange country, not by choice, many refugees and asylum seekers feel that they don't belong anywhere. There can be enormous cultural issues for the newly-arrived which can lead to stress, anxiety and other issues. Acclimatising to a new culture is a huge shock. People may be frightened of going out; they may feel that their neighbourhoods are unfriendly or even

dangerous. The main thing is to build up people's confidence (especially the women), through social events particularly, and then they're able to do more to help themselves. British culture and London culture can be perceived as unfriendly. There are issues with prejudice and stereotypes of migrants and other cultures. People aren't interested in understanding other cultures – they just want them to conform to British culture. More integration is needed, as well as more access to local opportunities and support.

#### **Local charities said:**

*"Brexit debate has led to negative rhetoric and climate for migrants. Many of our beneficiaries are EU citizens who will be affected by changes to access to welfare and so will face even more poverty".*

90. [http://www.endoflifecare-intelligence.org.uk/profiles/la\\_2012/atlas.html](http://www.endoflifecare-intelligence.org.uk/profiles/la_2012/atlas.html)

91. McIlwaine, C. and Bunge, D. (2016) No Longer Invisible. The Latin American Community in London. Queen Mary University of London & Trust for London.

92. Living in Latin London: How Latin American migrants survive in the city. Cathy McIlwaine, 2007.

93. Ibid.

94. Ibid.

95. 'Elephant & Castle should be official Latin American district, say campaigners', London SE1 Community Website, October 2011 (<http://www.london-se1.co.uk/news/view/5623>)

96. ICAR – Information Centre about Asylum and Refugees.

97. Ibid.

98. Refugee Council: Asylum Seekers in Europe, May 2016.

99. The Migration Observatory at The University of Oxford: Briefing: Migration to the UK: Asylum. Dr. Scott Blinder. August 2015.

100. Ibid.

101. Jacob Beswick and Alison McNulty, Red Cross: 'POOR HEALTH, NO WEALTH, NO HOME: A CASE STUDY OF DESTITUTION' 2015.

102. Ibid.

Isolation over a long period (it may take years to attain refugee status) leads to a lack of confidence, low self-esteem, and disappointment, especially for minority groups – BME, or LGBTQ in particular, in relation to issues around personal and community identity and how and where they fit in. Family breakdown is a common outcome of exile.

- **Language barriers.** Linked to isolation is often an inability to speak English. Especially for women because of their role in the family, or for cultural reasons, or reasons linked to their refugee status, they may go out less. More women-only ESOL classes would help. People are more vulnerable if can't speak the language.
- **Stigmatisation and prejudice.** Many mainstream organisations are not trained properly in how to treat refugees and asylum seekers. Everyone these days is seen as an illegal immigrant and treated badly. Immigration status does not define the person. Issues of trust and isolation then come into play for refugees and asylum seekers who find it difficult to find the resilience they need to keep going on.
- **Elderly BME refugees and asylum seekers.** The elderly from these communities can be

particularly hard to reach. They may not have learned the language if they came over later in life.

- **Mental health.** Things are often getting to crisis stage by the time people get into the system. Anxiety, stress, and depression are common, but there are many other issues plus pre-existing issues. Many refugees and asylum seekers are extremely traumatised from the events they are escaping. There are felt to be not enough bilingual therapists. It was reported that only one organisation in Southwark offers this. The concept of good mental health may be a bit alien to some cultures as their lifestyle is so different, so they may suffer from an

additional lack of support from family, friends and community.

They may have been professionals back home, and now they are housewives or in a low-paid and/or illegal job – this has consequences for mental health.

- **Total support.** Often people who have migrated here need someone to help them with everything.
- **Navigating the system and reduction in support.** It is felt that over the years it has become harder for families to be supported by the local authority, especially if deemed to have no recourse to public funds. The threshold for destitution has changed over the last year.

The onus is on you to prove you are destitute. GPs are not sure how to deal with them and who's going to be picking up the bill. For those in the system, some are given accommodation and money and some aren't.

- **Housing.** Besides the housing crisis in Southwark, the Landlords Act for private sector landlords means that they have to check all documents for people applying to rent. This can create barriers. The 28 day rule<sup>104</sup> means that even when granted refugee status people are only given 28 days to leave their temporary accommodation and get into the system, with no support. No social housing is given to refugees as a priority. Neither do they have good access to private landlords who either rent to high earners or people with no paperwork issues. In addition, some accommodation is extremely poor quality. Clients don't want to complain but conditions can be terrible. The council pays for 'rooms which are really cupboards'. It seems that some are housed in hostels which are a difficult place to make a home.

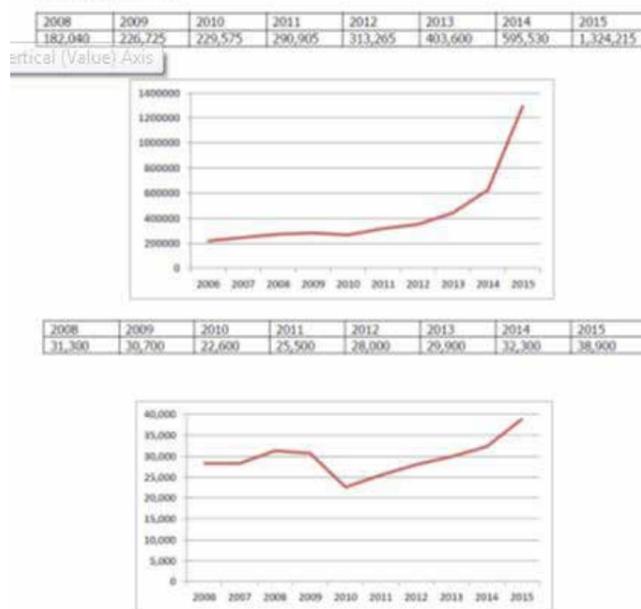
- **Employment.** Refugees and asylum seekers can't work until they gain refugee status and get a work permit, but this can take years and in the meantime they can't make a legitimate income. Some obtain illegal employment and may end up being exploited as they have no rights.
- **Humanity.** It was felt that the 'human side' is missing a lot. Refugees and asylum seekers need care and support not bureaucracy.
- **Homelessness.** Lots of refugees and asylum seekers end up moving between friends and the street. This makes keeping track of this community particularly hard. It puts women, children and the vulnerable at greater risk of exploitation.
- **Child safeguarding.** Some families end up on the streets where they and their children are exposed to risk. There are lots of safeguarding issues, but these seem not to be taken into account by 'the system'.
- **Domestic violence linked to immigration.** This could be cultural and status-based abuse. There are high numbers of no recourse to public funds (NRPf) clients

Sexual violence against refugees is widespread. Women and young girls – and, less frequently, men and boys – are vulnerable to attack both during their flight and while in exile. They are vulnerable from many quarters and in every case, the physical and psychological trauma that results can only add to the pain of displacement and the bitterness of exile.

#### UNHCR, Sexual Violence Against Refugees

being abused. This may be linked to the loss of role for men who can't work and can't therefore take care of the family financially. Their self-esteem plummets and they often feel helpless and angry, and this can have disastrous knock-on effects. There can also be issues around the change in culture with regards to the freedoms that individuals have, particularly women, in UK society (compared to their country of origin – some misinterpret this freedom and this can turn into abuse).

Figure 51: Number of first time applications for asylum in Europe (upper chart) and the UK<sup>103</sup>



103. Refugee Council: Asylum Seekers in Europe, May 2016. Figures show first time application levels in EUROPE and UK respectively. Home Office statistics.

104. When someone is granted refugee status, the financial support being provided by the Home Office ceases within 28 days from the date when the individual is notified of this decision. (Refugee Council: '28 days later: experiences of new refugees in the UK'; Lisa Doyle, May 2014.)

- **Other BME issues:** Since the majority of refugees and asylum seekers are from BME groups, most of the issues facing refugees and asylum seekers will also be those facing BME groups in general (see section on 'BME groups').

The VCS organisations consulted as part of this research felt that: Provision for asylum seekers in the borough has got worse and is at 'disastrous' levels, with many small organisations disappearing; many clients are not being supported; there's some confusion over changing policy; access to healthcare can be quite confusing in mainstream services but clients may be turned away even when entitled; the threshold is so high to access healthcare services that clients find it difficult to get the help they need; other barriers such as language, make things even harder; with no recourse to public funds it's often left for charities to pick up the pieces. Local VCS organisations also feel that the situation is likely to get worse before it gets better. It was felt that refugees and asylum seekers need a lot more support otherwise there may be bleak outcomes all round. Not remedying the current situation could be very costly in long-term.

Southwark VCS organisations dealing with these issues formed the 'Southwark Refugee Communities

Forum' (SRCF) in 2003 to enable the voices of refugees themselves to be heard. This refugee-led organisation provides a hub for coordinating activity in this area. The SRCF tries to promote understanding and integration by offering volunteering opportunities to refugees to support services and help with CVs as work experience. In this way refugees get a taste of how things get done in UK, and gain a familiarity with the system. The Forum is currently leading a campaign to try to make Southwark a 'refugee-friendly Borough'.

#### Local charities said:

*"Need sessions to support new communities arriving in UK. Assist development for their confidence in becoming good citizens".*

## H.U.E. NEED: The LGBTO community

According to the GP survey of sexual identity disclosure, Southwark had the fourth highest LGBTO (lesbian, gay, bisexual, trans, other sexual identity) population in the UK in 2015 at 8.16% of the population (Lambeth comes top with 9.52%)<sup>105</sup>. Southwark accounted for 38% of the women in London participating in the national survey of lesbian and bisexual women's health in 2007<sup>106</sup>.

LGBTO people experience a number of vulnerabilities compared to the majority non-LGBTO population. A number of needs were identified by local VCS organisations working in this area. Their perceptions were the following:

- **Isolation.** In relation to issues around personal and community identity and how and where they fit in. Identity issues are often exacerbated by experiences of homophobia.
- **Sexual health.** HIV and sexually transmitted diseases are more common in men who have sex with men. About half of lesbian and bisexual women have never had a sexual health check-up despite evidence of risk irrespective of partner's gender.

3 in 10 gay and bisexual men have never had an HIV test<sup>107</sup>. Southwark's high rate of HIV diagnoses is likely, at least in part, to be related to the large number of gay males living in the borough. Lambeth, Southwark and Lewisham are each home to large populations of gay and bisexual men living with diagnosed HIV<sup>108</sup>.

- **Sexual exploitation.** Sexual exploitation is a particular risk for LGBTO people who are unsure of or confused about

their sexual identity; as a result of homophobia; or engaging in risky sexual behaviours either in the belief that this is part of the 'normal' LGBTO identity, or because they have issues with their identity and sex provides some sort of outlet<sup>109</sup>.

- **Drug and alcohol abuse.** Binge drinking is high across all genders, ages and sexual orientations in the LGB group, with 34% of males and 29% of females reporting binge drinking at least once or twice a week, and 62% of trans people may be dependent on alcohol<sup>110</sup>. Across all age groups, LGB people are 7 times more likely to be using a recreational drug than the general population, with between 4-13% meeting the threshold for clinical misuse. 24% of trans people have used drugs in the last 12 months, with 10% meeting the criteria for clinical misuse<sup>111</sup>. There have been a number of drug-related casualties among gay men in clubs in venues in Vauxhall that have been reported in the media<sup>112</sup>, indicating a significant degree of harm

reduction need among this local population<sup>113</sup>.

- **Chemsex.** There is a rise in the gay male community, particularly in London, in taking 'party drugs' in order to facilitate sexual encounters. This is especially concentrated in South London party zones, such as Vauxhall 'gay village' in Lambeth, bordering Southwark; and Southwark's own commercial gay scene, 'which contain[s] clubs previously associated with drug use as well as sex-on-premises venues, such as saunas'<sup>114</sup>. The drugs used include particularly high incidences (compared to the heterosexual population) of Alcohol, Cocaine, GBL/GHB, Mephedrone, Ketamine and Crystal meth. Crystal meth use and injecting drug use were very strongly but not exclusively associated with living with diagnosed HIV infection<sup>115</sup>.
- **Bullying.** Over half of LGBTO secondary school pupils are victims of homophobic bullying, and 2 in 5 LGB pupils who experience homophobic

bullying skip school because of it. 1 in 4 trans young people experienced physical abuse at school. Nearly 1 in 5 LG people experienced homophobic bullying in the workplace in the last five years<sup>116</sup>.

- **Homelessness.** 22% of LGB&T people have been homeless at some point in their lives<sup>117</sup>.
- **Mental Health.** Identity issues, isolation, homophobia and discrimination, are all contributors to poor mental health. Research shows that over half of LGB young people, and three quarters of trans people, have deliberately self-harmed. One in fourteen gay and bisexual men deliberately harmed themselves in the last year compared to just 1 in 33 men in general who have ever harmed themselves one in six (15 per cent) gay and bisexual men aged 16 to 24 have harmed themselves in the last year compared to seven per cent of men in general aged 16 to 24 who have ever deliberately harmed themselves<sup>118</sup>.

107. 'The Health and Wellbeing of Lesbian, Gay, Bisexual and Trans Londoners'. Dr Justin Varney, presentation. (<https://www.london.gov.uk/sites/default/files/The%20Health%20and%20Wellbeing%20of%20LGBTO%20London%20FINAL.pdf>)

108. Health Protection Agency, 2011.

109. In this case they might not see this as sexual 'exploitation'.

110. PHE: 'The Lesbian, Gay, Bisexual and Trans Public Health Outcomes Framework Companion Document'. 2013. Figures from the Stonewall National Health Surveys of LGBTOQ people.

111. Ibid.

112. Morgan, 2012; Hopkins, 2011; Reid-Smith, 2012. IN 'The Chemsex Study: drug use in sexual settings among gay and bisexual men in Lambeth, Southwark & Lewisham' Sigma Research, 2014.

113. 'The Chemsex Study: drug use in sexual settings among gay and bisexual men in Lambeth, Southwark & Lewisham' Sigma Research, 2014.

114. Measham et al, 2011. IN 'The Chemsex Study: drug use in sexual settings among gay and bisexual men in Lambeth, Southwark & Lewisham' Sigma Research, 2014.

115. Ibid.

116. PHE: 'The Lesbian, Gay, Bisexual and Trans Public Health Outcomes Framework Companion Document'. 2013

117. Ibid.

118. PHE: 'The Lesbian, Gay, Bisexual and Trans Public Health Outcomes Framework Companion Document'. 2013. Figures from the Stonewall National Health Surveys of LGBTOQ people.

105. <http://www.gp-patient.co.uk/results/>

106. Stonewall.org.uk

- **Suicide.** There is a twofold increase in suicide attempts amongst LGB people and 5% of lesbians, bisexual women and men have attempted in 2013 and 3% of gay men. Young LGBTOQ people are most at risk, with one in sixteen (six per cent) gay and bisexual men aged 16 to 24 have attempted to take their own life in the last year. Less than one per cent of men in general aged 16 to 24 have attempted to take their own life in the same period. 84% of trans people have considered suicide with over half making an attempt<sup>119</sup>.

- **Stigmatisation, discrimination and ignorance causing poor access to health services in particular.** Many LGBTO people have had negative experiences of healthcare, and many may not be 'out' to their GP or healthcare professionals for fear of prejudice, discrimination or being 'outed' to others<sup>120</sup>. A 2008 survey found that 45 per cent of LGBTO respondents had experienced discrimination when using social care

services<sup>121</sup>. LGBTO people report being less likely to engage in traditional substance misuse services, citing lack of understanding of the substance use and cultural needs amongst the barriers<sup>122</sup>. 2 in 5 lesbian women, 1 in 3 gay men and 1 in 4 bisexual men have experienced negative or mixed reactions from mental health professionals<sup>123</sup>. Nearly a third of trans people who accessed mental health services felt their trans status was regarded as a symptom of mental illness<sup>124</sup>. This may explain late and high diagnosis rates for many LGBTO health issues.

Southwark has a long history of LGBTO politics, activism and community. It was the site of the 1983 'Battle for Bermondsey' when Peter Tatchell, the openly gay Labour candidate in the by-election, was vilified and attacked for his sexuality. It is interesting to note in passing that some of the issues Tatchell campaigned on then are still relevant today, such as protesting against luxury redevelopment plans<sup>125</sup>. In 2009, Cllr Jeff Hook became

the first openly gay mayor of Southwark, with his civil partner, Mr Alvin Foo Onn Lee, as his official consort<sup>126</sup>.

Despite the heightened awareness in the borough, at least by some, of LGBTO issues, the cuts have affected LGBTO-friendly services, including HIV services<sup>127</sup>. This is likely to cause further issues in the long-term.

“...research that shows that LGB&T people experience significant health inequalities compared to the wider population, from higher rates of physical and emotional bullying, and risk of homelessness in childhood, through significantly higher rates of suicide and self harm, substance misuse and smoking in adulthood and social isolation and extreme vulnerability in old age”.

**Duncan Selbie, Chief Executive of Public Health England, PHE Lesbian, Gay, Bisexual and Trans Public Health Outcomes Framework Companion Document.**

Table 4: Comparison of data on drug use by MSM and all adult populations in England and Wales

Substance	% MSM use (EMIS)			% adult use CSEW
	Lambeth, Southwark & Lewisham	Rest of London	Rest of England	
Crystal meth	4.9	2.9	0.7	0.1
Mephedrone	10.2	5.2	2.9	0.5
GHB/GBL	10.5	5.5	1.6	n/a
Powder cocaine	18	11	4.8	1.9
Ketamine	9.6	5.9	3.8	0.4
Alcohol	93.2	90.6	87.6	n/a

Figure 52: Drug use by MSM

## H.U.E. NEED: Disabled people

Disabled people can be a hidden population, not least because of conditions which may leave some with mobility difficulties, or housebound. People with disabilities generally have less access to health care services and therefore experience unmet health care needs. As such they can face multiple and very individual issues.

The percentage of people claiming Employment Support Allowance & Incapacity Benefits in 2013 in Southwark was 6.1%, compared with a pan-London average of 5.5%. Southwark Council notes that: 'Despite fluctuations since the previous Census on 2001, the number of incapacity benefit claimants in Southwark has remained below the peak level of August 2006'

Not all disabilities are physical though. Official

figures put the number of people with learning disabilities in Southwark at 5,740, of whom about 21% have moderate or severe learning disabilities<sup>128</sup>. This number is projected to increase by 22% to 7,000 by 2030. The proportion of the population recorded on these GP registers (0.2%) is lower than average in Southwark<sup>129</sup>.

Southwark VCS organisations consulted as part of this research felt that people with physical disabilities are less well catered for. Issues included:

- Limited mobility can lead to isolation.
- Physical disabilities often also occur with mental health difficulties.
- Younger disabled people are particularly vulnerable – after age 24 they have to leave supported housing.
- Harassment over benefits. Policy changes, e.g. Bedroom tax, individual independent payments, assessments, job support allowance – can lead to having to leave the area they're used to; and leaving homes which have been adapted to their needs.

## H.U.E. NEED: Carers

- Carers usually have responsibility for a family member with a long-term illness, disability, mental health or substance misuse issue. National research shows that three in five people will be carers at some point in their lives in the UK<sup>130</sup>. Currently 42% of carers are men and 58% are women. The economic value of the contribution made by carers in the UK is £132bn a year. It is estimated that by 2030, the number of carers will increase by 3.4 million (around 60%)<sup>131</sup>.

According to official figures, 7.2% of Southwark residents were classed as a carer in 2011 (compared with a

### Local charities said:

“Disabled people struggle with getting access to appropriate accessible and understandable advice from government agencies. This has an impact on their access to housing, and access to benefits and access to care. Generalist advice services are not inclusive enough for disabled people”.

119. PHE: 'The Lesbian, Gay, Bisexual and Trans Public Health Outcomes Framework Companion Document'. 2013. Figures from the Stonewall National Health Surveys of LGBTOQ people.

120. <http://www.southwarkLGBTOnetwork.com/page17.htm>

121. CSCI, 2008.

122. 'Out of Your Mind', London Friend, 2014.

123. Ibid.

124. Ibid.

125. <http://www.southwarknews.co.uk/history/the-battle-for-bermondsey/>

126. <http://www.southwarkLGBTOnetwork.com/page13.htm>

127. DWP, 2013.

128. Southwark Adults with a learning disability JSNA, 2013.

129. Ibid.

130. Carers.org: Key facts about carers and the people they care for (<https://carers.org/about-caring>).

131. Ibid.

London average of 8.4%)<sup>132</sup>. Nearly one quarter of the unpaid carers (4,748) were providing more than 50 hours of unpaid care per week, while 3,446 were providing 20 to 49 hours per week<sup>133</sup>. There are over 2,500 Young Carers in Southwark<sup>134</sup>.

Southwark VCS representatives felt that there is a population of hidden carers behind these figures, especially younger carers. In fact, a BBC survey in 2010 found that there may be four times as many young carers as are in the official figures<sup>135</sup>, while the National Young Carers Coalition said the figures were likely to represent only the tip of the iceberg, with many more young people as yet unidentified as carers<sup>136</sup>. Studies show that as young people grow older they become more heavily involved in caring<sup>137</sup>.

According to the local VCS, the number of outreach workers for carers have been cut by the council, to be replaced by a helpline and signposting by the CAB. These more generic services are not felt to give the same level of support.

There was felt to be a particular issue among migrant families who are

separated from their family support networks and who can't afford care. In some cases the extended family might not be able to afford living in Southwark so move away leaving a few members of the family to manage care.

Older carers should not be forgotten. National figures show that one in five people aged between 50–64 are carers in the UK<sup>138</sup>. 65% of older carers (aged 60–94) have long-term health problems or a disability themselves and 68.8% of older carers say that being a carer has an adverse effect on their mental health<sup>139</sup>.

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#### Local charities said:

“Need: Increase the understanding in Southwark of how to provide a fully accessible service to disabled people. This means more than ‘a ramp and information in braille’ but shows understanding that disabled people may need more time, may have complex and intertwined needs that require a personalised and flexible approach”.

## H.U.E. ISSUE: Transition between services and people with multiple needs

Local Southwark VCS organisations working in a variety of different issue areas felt that there is an overall lack of long-term support for those with multiple needs and/or transitioning between services. This was felt to be particularly poor or have worse outcomes for some groups:

- Those attempting to integrate into the community after custodial sentences.
- Those with mental health issues or needs.
- After hospitalisation (particularly for the elderly).

There was felt to be a special need for better signposting given the increasing complexity of local care networks and personal budgets and the changes to systems and benefits.

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#### Local charities said:

“Referrals are in particular going up for people who are not eligible for care at the end of a reablement service”.



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132. 2011 Census.

133. Ibid.

134. [http://www.southwark.gov.uk/info/200015/support\\_for\\_carers/733/young\\_carers\\_project/1](http://www.southwark.gov.uk/info/200015/support_for_carers/733/young_carers_project/1)

135. <http://www.bbc.co.uk/newsbeat/article/11758368/young-carers-are-four-times-the-official-uk-number>, A survey of more than 4,000 UK school pupils found one in 12 had moderate or high levels of caring responsibility.

136. [http://news.bbc.co.uk/local/shropshire/hi/people\\_and\\_places/newsid\\_9192000/9192515.stm](http://news.bbc.co.uk/local/shropshire/hi/people_and_places/newsid_9192000/9192515.stm) Carers.org: Key facts about

137. carers and the people they care for (<https://carers.org/about-caring>).

138. Ibid.

139. Ibid.