

# Southwark's Community Issues and Needs: Health and Wellbeing

A majority of over two-fifths (43%) surveyed felt that things around health and wellbeing are going 'not so well' or 'really badly' in Southwark, with one third (33%) feeling that things are going 'about average'; and while a majority (55%) felt that things had 'stayed the same', nearly one third (30%) felt that things had 'worsened' over the last 12 months.

It seems likely that health and wellbeing in some issue areas is much worse than others.

While the major causes of death (coronary heart disease, malignant

neoplasms (cancers) and respiratory diseases) mirror the rest of London and the UK population at large, there are some more specific health and wellbeing risks to the population of Southwark, caused by the particular living conditions of residents. Many specific health and wellbeing issues are singled out in the sections to follow, but here it should be noted that the Southwark Health and Wellbeing Strategy 2015-20 states that Southwark has higher incidences of emergency hospital admissions, teenage pregnancy, HIV, premature deaths from cancer and cardio-vascular diseases and mental illness than the



average for London, and points to 'lifestyle factors, such as alcohol/substance misuse, smoking, unhealthy diet and unprotected sex' as major risks.

Socio-economic challenges such as unemployment and poor housing result in a relatively higher rate of child poverty and social exclusion which subsequently contribute to poor physical and mental health manifesting in health inequalities.

**The Southwark Health and Wellbeing Strategy 2015-20**

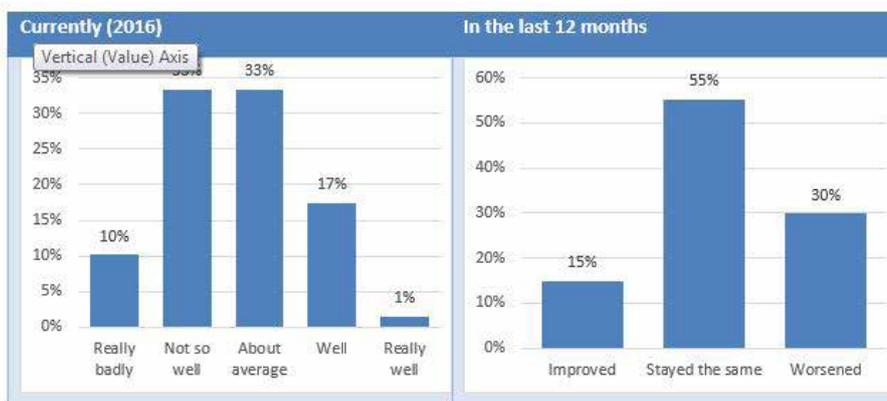


Figure 36: How are things going in Southwark in terms of: Health and Wellbeing (e.g. availability of health and advice services)? Currently (2016) in the last 12 months

Also worth noting is that health inequalities are significantly greater for males in Southwark, who have a lower life expectancy than the national average.

Disease prevalence models have also shown that there are high numbers of undetected cases of diabetes, hypertension and heart disease in the Southwark population<sup>2</sup>. It is also noteworthy that over one quarter (26.9%) of those who are economically inactive in Southwark are long-term sick (compared to a London average of 16%)<sup>3</sup>.

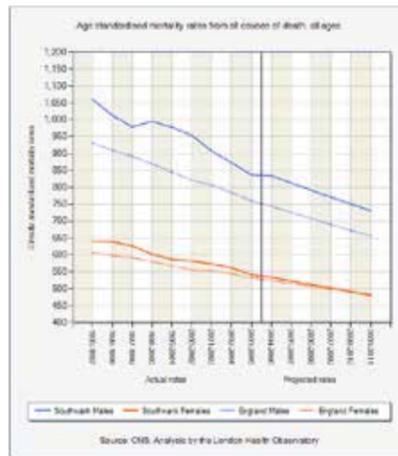


Figure 37: Age standardised mortality rates from all causes of death, by gender, Southwark and London<sup>1</sup>

Childhood obesity (addressed below) is also linked to adult obesity in Southwark which is around mid-table for London as a whole<sup>4</sup>.

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

- GP access. This is a national issue of patients not being able to get appointments to see their GP, resulting in the misuse of emergency and non-emergency services. This is one of the issues which HealthWatch (the national consumer champion in health and care) is currently prioritising.
- Lack of interpreting services in surgeries. Given the huge numbers of BME communities in Southwark this is a major issue and barrier to proper healthcare.

### H.U.E. NEED: Drug & alcohol dependency

In 2011, it was estimated that 45% of the Southwark population drank more than the recommended daily alcohol intake on one

or more days of the week, and an estimated 6348 are dependent drinkers<sup>5</sup>. Drinking rates were found to be particularly high amongst those with a housing need, with diagnosed mental health problems and those known to the probation system<sup>6</sup>. Southwark also experiences particularly high rates of male mortality from chronic liver disease (compared to both England and London)<sup>7</sup>.

Alcohol also has a significant impact on a range of social and economic factors in Southwark, e.g. crime (including domestic violence<sup>8</sup>); while the involvement of alcohol was a factor in an estimated 30% of child care proceedings<sup>9</sup>. There is also an economic cost to alcohol misuse, including loss of work due to absence, loss of productivity and the inability to work. Southwark has particularly high rates of Incapacity Benefit (IB) or Severe Disability Living Allowance (SDA) due to alcoholism

compared to England and London<sup>10</sup>. In 2012, 6.2% of deaths mentioned liver disease (significantly higher than the England average of 3.8% and near the highest in the country at 6.7%)<sup>11</sup>.

A report on the effects of the economic downturn found that people were generally under more stress due to increased workload and job insecurity, and were increasingly self-medicating with drugs and alcohol (especially those with chronic mental health issues who have had their benefits cut and are struggling to make ends meet)<sup>12</sup>.

**Southwark has a higher than average number of people in treatment for drug misuse (6.7 per 1000 compared to a London average of 5.1)<sup>13</sup>.**

The Southwark VCS organisations consulted as part of this research felt that there are issues around drug and alcohol misuse in Southwark, particularly in some groups:

- Homeless
- Young people
- LGBTQ

It was felt that issues of dependency on drugs and alcohol falls between services in Southwark and so isn't picked up by any one organisation. In this sense it's a hidden need.

H.U.E. NEED: Poor sexual health (especially young people) The Southwark Health and Wellbeing Strategy 2015-20 notes that Southwark has higher incidences of:

- Teenage pregnancy. The teenage pregnancy

rate is higher than the England average with approximately 31 under 18s becoming pregnant per 1,000 females aged 15-17 in 2013. That's versus an England average of 24.3 per 1,000<sup>14</sup>. Disadvantaged young people are more likely to become teenage parents<sup>15</sup>. It was felt that teenage pregnancy rates may be partly linked to the lack of aspirations many poorer young people face, but also linked to a lack of

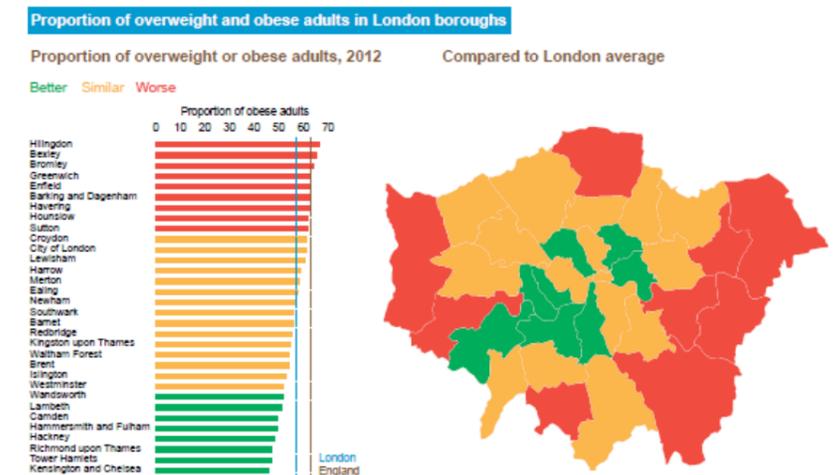


Figure 38: Proportion of overweight and obese adults in London boroughs

1. ONS, Analysis by London Health Observatory.

2. The (draft) Southwark Health and Wellbeing Strategy 2015-20.

3. Nomis: Labour Market Profile – Southwark, Jan 2015 – Dec 2015.

4. London Health Commission (2014): Better Health for London.

5. Southwark Alcohol Health Needs Assessment, January 2011. JSNA.

6. Ibid.

7. Ibid.

8. Meeting the needs of children living with domestic violence in London. Executive Summary. Lorraine Radford, Ruth Aitken, Pam Miller, Jane Ellis, Jill Roberts and Ana Firkic. Refuge/NSPCC research project. Funded by the City Bridge Trust. November 2011.

9. Southwark Alcohol Health Needs Assessment, January 2011. JSNA.

10. Ibid.

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

12. Blane D, Watt G (2012) GPs at the deep end: GP experience of the impact of austerity on patients and general practices in very deprived areas. Glasgow: Deep End Steering Group. In: The impact of the economic downturn and policy changes on health inequalities in London: UCL Institute of Health Equity. 2012.

13. PHE Community Mental Health Profiles

14. PHE, 2016, Child Health Profile.

15. DfE, 2010. In Teens & Toddlers: Headline Results (<https://www.teensandtoddlers.org/headline-results>)

adequate sexual health information. The rate of teenage pregnancies is particularly high in young females in care. Southwark also has a high rate of repeat abortions in under 25s (33.5% compared with a London average of 32.3% and an England average of 27%). Amongst the myriad health and wellbeing issues teenage pregnancy and/or abortion can cause, stigmatisation can also be a factor.

- HIV. The new diagnosis rate for HIV (persons aged 15 and above) is the second-highest in London (behind Lambeth) at 76.2 per 100,000 (compared to a London average of 36.5 per 100,000). The prevalence of HIV diagnosis in ages 15–59 across Southwark is 12.71 per 1,000 compared with a UK average of 1.6 per 1,000 in 2015<sup>#</sup>. The late diagnosis rate for HIV in persons in Southwark aged 15 or above (newly diagnosed with a CD4 count less than 350 cells per mm<sup>3</sup>) is similar to the London average at 37.8% (compared with 36.6%) but lower than the England average of 42.2%. (This is discussed

further in the section on the 'LGBTQ' population in Southwark).

- Sexually Transmitted Infections (STIs). Southwark has an above-average rate of diagnosis of acute sexually transmitted infections (over 2,000 per 100,000 in 2011 compared to less than 800 per 100,000 across London). The detection of chlamydia rate in Southwark is around 3,200 per 100,000 compared to around 2,200 per 100,000 across England in 2014/15 in young people aged 15–24, while gonorrhoea diagnoses in GUM clinics are above 250 per 100,000 in Southwark compared with an England average of 39.1 per 100,000. Syphilis diagnoses are almost as high at nearly 43 per 100,000 compared with an England average of 5.4 per 100,000.

Other factors to note in this area are:

- Sexual exploitation. Southwark Council has launched a campaign to raise awareness of child sexual exploitation (CSE) amongst young people aged 14 to 16, because

they believe that young children are at risk of being manipulated into having sex or engaging in sexual activities, often in return for something such as money, drugs, somewhere to stay, gifts or favours. This was also mentioned by Southwark VCS organisations as a risk.

- Poor sexual health education. Leading to high rates of STI diagnosis and high pregnancy rates in Southwark. This is also a national problem. A recent survey<sup>#</sup> of over 2,000 young people in the UK found that their safety may be at risk due to inconsistent sex and relationships education:
- Half (50%) of young people did not learn how to get help if they were abused.
- Over half (53%) did not learn how to recognise grooming for sexual exploitation.
- More than 4 in ten had not learned about healthy or abusive relationships.
- A third (34%) of young people said they learnt nothing about sexual consent at school.

Campaigners called for statutory sex and relationships education to help keep young people safe. Young people also have issues around relationships, having poor information about healthy relationships, and sexual relationships, and being influenced by unrealistic and stylised versions of normality from pornography and men's magazines.

Although statistics are hard to come by in this area, it is believed that many of these sexual health issues have higher risks amongst some minority groups, such as the black African community, and LGBTQ community (particularly gay men).

### H.U.E. NEED: Mental health

Southwark has higher than average reporting of all mental health issues<sup>18</sup>. 13.4% of the population in Southwark reported depression and anxiety in 2014/15<sup>19</sup>. This is higher than the London average of 11.7% and ranks sixth across London behind Camden, Islington and Westminster at the top of the scale. Anxiety and depression are often the result of difficult living conditions.

Rates of diagnosis for depression in adults is rising in Southwark more quickly than across the rest of London and nationally (from 7.05% of GP-registered over 18s in 2009/10 to 7.74% in 2011/12 (PHE: Socio Economic Indicators).

Southwark also has a higher than average suicide rate amongst men aged 35–64 (22.4 per 100,000 compared to a London average of 16.6)<sup>20</sup>; and the second-highest rate in London of people with mental health issues in residential or nursing care (73.7 per 100,000)<sup>21</sup>.

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

- Depression and anxiety. These were the most commonly talked about mental health conditions. The rise in these two is evident in many parts of the community from young people to older people, and especially amongst those with other needs or issues.
- Young people's mental health (see section on

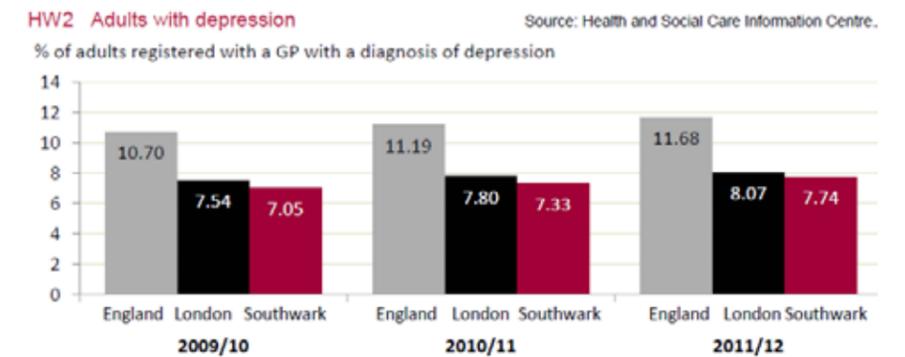


Figure 39: Adults with depression, Southwark, London and England

# PHE: Diagnosed prevalence in Local Authorities (LAs) in England, 2015; HIV in the UK: 2016 report.  
 # Heads or Tails?: What young people tell us about sex and relationships education' at www.sexeducationforum.org.uk

18. PHE Community Mental Health Profiles.  
 19. PHE Community Mental Health Profiles: GP survey  
 20. PHE Community Mental Health Profiles.  
 21. PHE Community Mental Health Profiles.

'Young people's mental health').

- People with mental health issues ending up at A&E in crisis due to lack of care and support. It was reported that A&E staff say that the 'holy trinity' of issues people attend with are: homelessness, substance abuse and mental health issues. This may indicate both a lack of adequate crisis care and a lack of ongoing support for people with mental health issues in Southwark.
- Over-reliance on medication. Being prescribed medicine instead of talking therapies. Issues with over-use when sectioned for fear of the potential consequences if not prescribed medication (there have been some high profile cases in the headlines). Particularly an issue for refugees who can't access talking therapies but may not understand the medication. This can also lead to addiction (see section on drug and alcohol misuse).
- Late detection (particularly in BAME communities). There are seen to be issues around different cultures'

conceptualisations of mental health issues. Some BAME communities may not present to the health service for various reasons. There may be some fear of the likelihood of hospitalisation for young black men who may be seen as a 'problem group' and suffer stigmatisation around schizophrenia in particular.

- A need for better understanding in faith communities. Need more integration around issues such as sexual health and mental health. Some faith communities can have issues around these areas; for example, perceiving mental health issues as possession.
- Rogue landlords exploiting people with mental health issues. People with mental health issues being 'trapped' – something akin to modern slavery – which might involve these people in criminality.
- Isolation. People with mental health issues may become isolated, especially if that is coupled with limited mobility or other health or cultural issues. Equally, isolation can cause mental health issues.

- Care leavers (16–18 year olds) with mental health needs are falling between the gaps in services.
- Cuts to 'talking therapies' (e.g. CBT). Budgets are being cut from £3m–£2m meaning that people get fewer sessions, leading to higher relapse rates. It was felt that this is a false economy and that the Council needs to work with the VCS over handover of patients to longer-term support, otherwise it just sets the VCS up to fail in this regard.



At borough level, Southwark scores generally low-mid-table in 2014/15, ranking twenty-second for 'life satisfaction', twentieth for 'worthwhile' and sixth for 'anxiety'

The VCS organisations consulted felt that there are a number of causes behind some of the particular mental health issues experienced in Southwark, and these include: Lack of a Southwark-specific identity; lack of affordable housing; other housing issues (poor quality, chaotic, overcrowded); bedroom tax and other policies; zero hours contracts; low wages; stress, fear and anxiety; disability or illness – particularly chronic conditions; poverty, particularly extreme poverty; young people in training with no prospect of jobs; food poverty; deprivation; feeling 'dispossessed'; policy changes, e.g. individual independent payments, assessments, job support allowance; and displacement.

Mental health issues have many different root causes. However, the increasingly high rates of diagnosis in Southwark suggest that there is a strong link in this case with the underlying issues of poverty and inequality, unemployment, poor housing, and insecurity

that many groups feel, including young people, older people, and people with specific needs (e.g. migrants and refugees, those with ill health or disability). Research has linked higher rates of mental health issues (particularly anxiety and depression) with the current age of austerity the UK is living through in the wake of the global recession<sup>22</sup>. Social isolation is also linked to poor mental health.<sup>23</sup>

### Recent developments in mental health

The VCS organisations consulted felt that in the last 18 months things have got a lot worse in regards to mental health service provision. There has been reduced funding and a loss of organisations dealing with mental health due to the cuts. Personal budgets have been reduced and are harder to access. It's felt that the voluntary community sector is being pushed to cheaply provide services which the council should be supplying. This is compromising standards of long-term care and setting

up a 'revolving door of minimum care.'

There has been a resulting lack or loss of contact with clients who become harder to track; for example, of 40 former Kids Company clients, Cambridge House found that none had yet managed to find new services<sup>24</sup>. There's also felt to be a loss of skills and capacity in early intervention, and they are finding it hard to sustain services ('keeping people well'). Client numbers are increasing beyond demand capacity. Paid carers are perceived to be less well qualified and there are generally fewer people to help out with services. It was felt very strongly that cuts to mental health services now are storing up problems for the future. In addition, Southwark VCS organisations felt that they provide quite a few services for mental health issues but that they find it difficult to deal with isolation very well as it's very hard to get to this hidden population. It's also hard to break down those self-imposed barriers.

22. Knapp, M. (2012). Mental health in an age of austerity. EBMH. Accessed online: <http://www.kcl.ac.uk/ioppn/depts/hspr/research/khe/latest/MHinausterity.pdf>

23. Jo Griffen. 'The Lonely Society?' Mental Health Foundation. 2010.

24. The PASC report on the closure of Kids Company criticised the charity for failing to hand over details of vulnerable clients to Southwark Council earlier in the year so their care could have been transferred before its closure (The collapse of Kids Com-pany: lessons for charity trustees, professional firms, the Charity Commission, and Whitehall)

And in fact, there is research which shows that spending now on selected interventions may reduce public spending in the short or longer term<sup>25</sup>. For example, investment in suicide awareness training for general practitioners and other key health professionals, combined with cognitive behavioural therapy (CBT) for those identified as at risk, can potentially reduce suicide rates by 20%<sup>26</sup>. Additionally, CBT for people with 'medically unexplained symptoms' in primary care (almost one quarter of all consultations<sup>27</sup>) has been found to be highly effective<sup>28</sup>. Applying CBT has been shown to reduce NHS costs (from reduced GP consultations, attendance at A&E and other hospital consultations and reduced prescriptions) as well as lower absence from work<sup>29</sup>. Local VCS organisations conclude that treating the mental health issues must be coupled with tackling the underlying causes of mental health problems in Southwark.

## H.U.E. NEED: Domestic violence and abuse (DV)

2,843 cases of domestic violence were reported in Southwark in the 12 months to April 2016; a comparable number to that of motor vehicle crimes (2,687) and burglaries (2,953)<sup>30</sup>. For comparison, in Lambeth over the same period there were 2,690 reported domestic abuse crimes<sup>31</sup>. In 2012, the Council noted that the borough detection rate for DV was far too low<sup>32</sup>.

The Council made domestic abuse and violence against women and girls a key priority in the Violent Crime Strategy 2010-15, adopted in December 2010 and the Safer Southwark Partnership's (SSP) Rolling Action and Commissioning Plan 2011-12<sup>33</sup>; nevertheless, cuts were made to the services which made headlines in 2015 when 'feminist campaigners' and others protested on the roof of Southwark City Hall against local authority cuts to VCS services, carrying

banners reading "They cut we bleed". According to journalists, thirty-two specialist DV refuges were closed between 2010 and 2014<sup>35</sup>.

There are particular issues with domestic violence and immigrants, refugees and asylum seekers (see the relevant sections of this report).

Southwark's detection rate for domestic abuse incidents is far too low [at 36%]. It is 14% below Kensington and Chelsea's, 12% below Camden's and 11% below Greenwich and Hackney. There is significant evidence, both anecdotal and statistical, that domestic violence courts can increase the number of people brought to justice for domestic abuse offences.

### Review of Services Relating to Domestic Violence and Abuse in Southwark

## H.U.E. NEED: Hoarding

Hoarding is an increasing issue in the UK, with approximately 2-5% of the population (over 1.2 million people) being 'hoarders' in 2012<sup>36</sup>. When severe, 'hoarding is associated with substantial functional disability and represents a great burden for the sufferers, their families and society<sup>37</sup>'. The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V), created a new diagnosis named 'Hoarding Disorder' in 2013, distinct from Obsessive Compulsive Disorder (OCD) since hoarding did not respond to OCD treatments.

The prevalence in Southwark is not known, but it was mentioned several times by VCS organisations consulted as part of this research. In 2012 Lewisham launched a 'hoarders' protocol' for housing and social care professionals to bring a co-ordinated approach amongst professionals dealing with the sensitive issue of 'hoarders' - The Multi-Agency Hoarding

Protocol. Hoarding can be challenging to treat, because many people who hoard don't see it as a problem, or have little awareness of how it's impacting their life or the lives of others<sup>39</sup>.

The reasons behind hoarding aren't yet fully understood. It may be linked to other underlying issues, for example:

- Someone with mobility problems may be physically unable to clear the huge amounts of clutter they have acquired.
- People with learning disabilities or people developing dementia may be unable to categorise and dispose of items<sup>40</sup>.
- Or it may be linked to other mental health problems, including: severe depression; psychotic disorders, such as schizophrenia; or obsessive compulsive disorder (OCD)<sup>41</sup>. Or, in some cases, hoarding is considered a condition in itself and

A hoarding disorder is where someone acquires an excessive number of items and stores them in a chaotic manner. The items can be of little or no monetary value and usually result in unmanageable amounts of clutter.

### NHS Review

often associated with self-neglect. People diagnosed with this type of hoarding are more likely to:

- Live alone and be single. Those who get married, tend to get divorced and live alone. Hoarders are often very isolated people<sup>42</sup>.
- Have had a deprived childhood, with either a lack of material objects or a poor relationship with other members of their family<sup>43</sup>.

25. Knapp, M. (2012). Mental health in an age of austerity. EBMH. Accessed online: <http://www.kcl.ac.uk/ioppn/depts/hsp/research/khe/latest/MHinausterity.pdf>

26. McDaid D, Park A-L, Bonin E. Population-level suicide awareness training and intervention. In: Martin Knapp, David Mc-Daid, Michael Parsonage, eds. Mental Health Promotion and Mental Illness Prevention: The Economic Case. London: Department of Health 2011. In Knapp, 2012.

27. Birmingham SL, Cohen A, Hague J, et al. The cost of somatisation among the working-age population in England for the year 2008-2009. Ment Health Fam Med 2010;7:71-84. In Knapp, 2012.

28. Kroenke K. Efficacy of treatment for somatoform disorders: a review of randomized controlled trials. Psychosom Med 2007;69:881-8. In Knapp, 2012.

29. McDaid D, Parsonage M, Park A-L. Tackling medically unexplained symptoms, In: Martin Knapp, David McDaid, Michael Parsonage, eds. Mental Health Promotion and Mental Illness Prevention: The Economic Case. London: Department of Health 2011. In Knapp, 2012.

30. Met Police Crime Figures.

31. Ibid.

32. Review of Services Relating to Domestic Violence and Abuse in Southwark Report of the Housing, Environment, Transport & Community Safety Scrutiny Sub-committee, September 2012.

33. Ibid.

34. <http://www.standard.co.uk/news/london/feminists-occupy-roof-of-london-councils-building-and-set-off-smoke-flares-to-highlight-cuts-to-10224028.html>.

35. <http://www.newstatesman.com/politics/2015/05/anti-austerity-women-shut-down-london-street>.

36 'Hoarding disorder: What it is and what it is not.' Dr David Mataix-Cols. Help for Hoarders (<http://www.helpforhoarders.co.uk/what-is-hoarding/>)

37 Ibid.

38 [https://www.merton.gov.uk/multi\\_agency\\_hoarding\\_protocol\\_and\\_practitioner\\_toolkit\\_draft\\_version\\_april\\_2014\\_\\_2\\_-2.pdf](https://www.merton.gov.uk/multi_agency_hoarding_protocol_and_practitioner_toolkit_draft_version_april_2014__2_-2.pdf)

39 NHS choices (<http://www.nhs.uk/Conditions/hoarding/Pages/Introduction.aspx>)

40 NHS choices (<http://www.nhs.uk/Conditions/hoarding/Pages/Introduction.aspx#why>)

41 Ibid.

42 <http://www.compulsive-hoarding.org/Prevalence.html>

43 NHS choices (<http://www.nhs.uk/Conditions/hoarding/Pages/Introduction.aspx#why>)

- Have a family history of hoarding: It seems that hoarding behaviour begins in childhood or adolescence, however it often doesn't become a problem until the later years of life, because they have grown up in a cluttered home and never learned to prioritise and sort items<sup>44</sup>.
- Additionally, it is suspected that those who have a higher level of education, may be more likely to hoard things.

Southwark VCS organisations who deal with this issue, felt that hoarding might be a coping mechanism, or as a result of not having the time or money to get rid of things; perhaps as a result of feelings of helplessness or lack of agency. Hoarding doesn't tend to be practised by young people, but it can be an issue at home if it is leading to a chaotic home situation.

There are a number of VCS organisations across Southwark and Lambeth which deal with hoarding, including 'Anxiety Action', 'OCD Action', 'OCD UK' and 'Triumph over Phobia' (TOP UK).

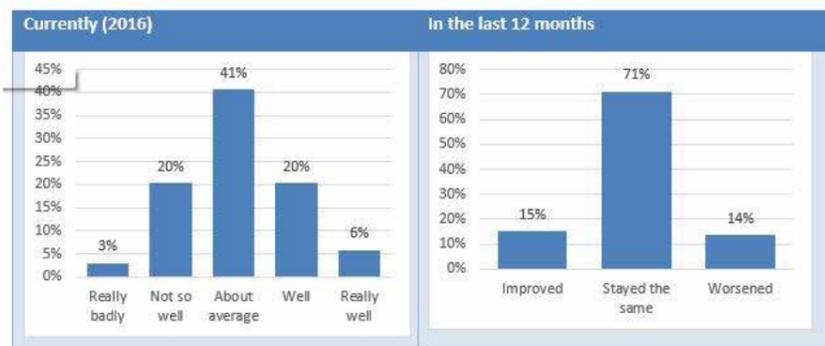
## Learning & Education

When surveyed, respondents were split in their views, with two-fifths (41%) of local voluntary and community organisations feeling that learning and education in Southwark was doing 'about average', with one quarter (26%) feeling that things were more positive (doing 'well' or 'really well') and one quarter (23%) feeling that things were more negative (doing 'not so well' to 'really badly'); and a majority (71%) also felt that things had 'stayed the same', with respondents being equally split over whether things had 'improved' (15%) or 'worsened' (14%) over the last 12 months.

In 2014 educational achievement in Southwark continued to improve and exceeded national averages in some areas. The 2011 census revealed that educational achievement in Southwark is higher than average. 36% of residents aged 16 and over are educated to degree level compared to 30% for London and 17% for England. 37% have at least 5 GCSEs at A\*-C or equivalent, compared to 34% for both London and England. The proportion of those with no qualifications is 16%; for London it is 17% and for England 22%.

**Southwark & Lambeth Early Action Commission (NEF, 2015)**

Figure 40: How are things going in Southwark in terms of: Education and learning (e.g. local schools attaining good grades, opportunities for lifelong learning and training)?



With a large population of young people, Southwark has 5 nursery schools, 72 primary schools, 9 special education schools and 17 secondary schools. Performance in Southwark schools is generally considered to be excellent, with results exceeding London and national performance. The council says that it is 'delivering more and better schools, to meet growing demand for school places and driving up standards across all our schools so that local schools can be schools of choice'<sup>45</sup>. 45% of Southwark residents are qualified to degree level (compared to a London average of 39%)<sup>46</sup>.

A good education for all? The academic achievement averages for Southwark are not distributed evenly across the borough however. In particular, South Bermondsey and Grange perform poorly at GCSE level, while Dulwich and Chaucer perform very well.

There may be issues with language which contribute to poorer school performance for areas with large BAME communities: 79.1% of school children

**Local charities said:** Academic achievement overall seems improved amongst the young people we work with due to improvements in schools. However, the number of those being regularly excluded seems to be the same, indicating there has been no significant change in schools' ability to retain the engagement of the most challenging children.

in Southwark are from a minority ethnic group. 41.9% of pupils in Southwark don't have English as a first language (compared to a London average of 44.9%)<sup>49</sup>.

However, at age 19, Southwark performs among the 8 worst boroughs in London for level three qualifications (similar to A-levels) with 40-43% of 19 year olds having attained these. This appears to be part of an inner-London issue. Over the last decade

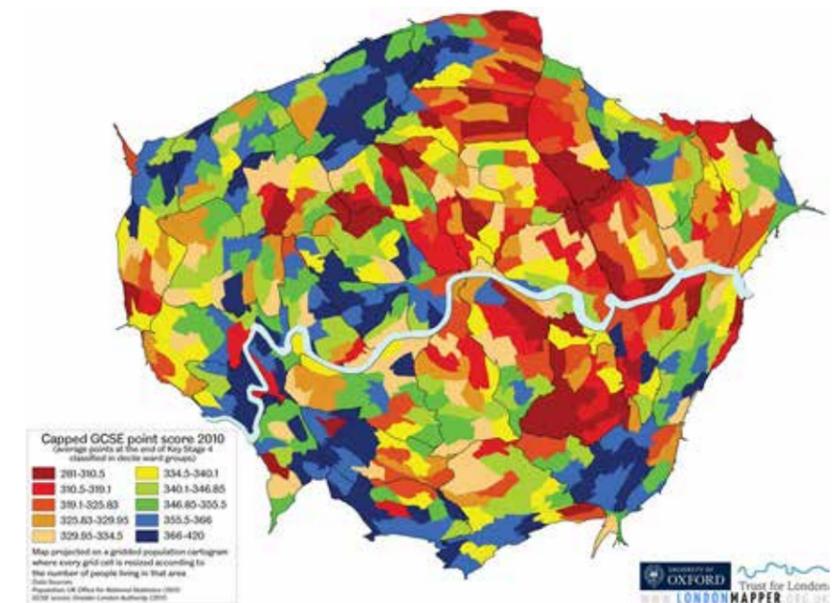


Figure 41: GCSE point score across London wards, 2010

44 Ibid.

45 <http://moderngov.southwarksites.com/documents/s59967/Appendix%201%20Cabinet%20report%20from%209%20February%202016%20and%20appendices.pdf>

46 Employment and Unemployment in Southwark Report of the Regeneration & Leisure Scrutiny Sub-Committee, Southwark Council, May 2012.

47 Trust for London, University of Oxford with LondonMapper.org.uk.

48 PHE, 2016, Child Health Profile.

49 Department for Education. Percentage of Pupils by First Language, Borough, 2015.

inner London has seen a substantial fall in the proportion of 19-year-olds attaining Level 3 qualifications, reaching 38% in 2014. Inner London is now lower than the rest of England (at 44%) and has converged with Outer London (at 35%)<sup>50</sup>.

The Southwark VCS organisations consulted as part of this research felt that the situation at 19 may be part of the wider issue of apathy and disengagement amongst young people, combined with the lack of well-paid jobs or training to go to; with often only low-paid, zero-hours contracts available to them there may be little incentive to do well at level three. Although there are still substantially more 19-year olds attaining level 3 than not.

### H.U.E. ISSUE: Social isolation

**The issue of isolation was one which was raised by almost every individual and VCS organisation spoken to as part of this research.** It can therefore be surmised that it applies to most, if not all, groups of vulnerable individuals and groups

across all ages, genders and cultures.

This is, in part, a first-world phenomenon of the urbanised, post-industrialised nations. Non-nuclear families and fragmented communities lead to a loss of community; deconstructing the close network of culturally-similar friends and family which can provide practical and emotional support. It is also a particularly London issue. The needs research for Islington Giving picked up on this theme in their 2013 report: Distant Neighbours, researched by the New Economics Foundation. Figure 53 illustrates that those living in more deprived areas are more likely to lack adequate social support than those living in more affluent areas<sup>51</sup>.

Research points to links between our 'individualistic society' and a possible increase in common mental health disorders in the past 50 years, finding that mental health problems occur more often in unequal societies that leave behind more vulnerable people<sup>52</sup>.

The built environment influences physical access to family and friends, health services, community centres, shops and all the other places and spaces that enable individuals to build and maintain their social relationships.

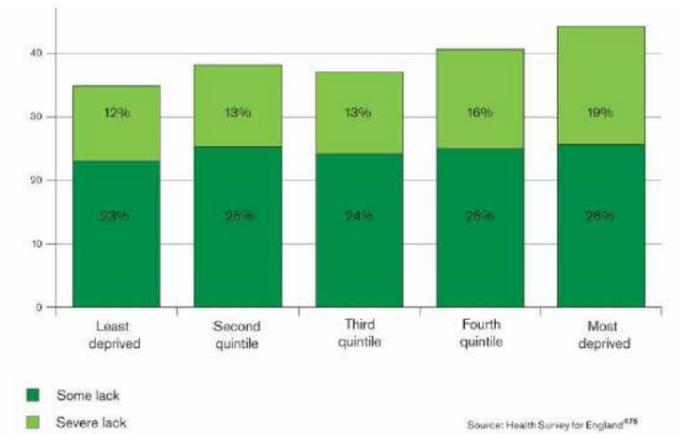
**PHE: 'Reducing social isolation across the life-course.'**

For example, social isolation is a key precursor to loneliness. Experts say that loneliness increases the risk of heart disease, puts people at greater risk of blood clots and dementia, makes sufferers less likely to exercise and more likely to drink more<sup>53</sup>. There is also evidence of association with: increased inflammatory response, repeat hospital admissions, increased vulnerability to stroke, heart failure and coronary heart disease, and poor treatment compliance<sup>54</sup>.

Social support is a key aspect of social networks for health and wellbeing,

and social networks provide support and opportunities to form bridges between communities.

Studies also show that: 'The built environment can have a significant impact on whether or not a person becomes socially isolated', and a lack of safe public spaces adds to social isolation. Public participation in designing public spaces (including green, open space and conducive walkways) that meet community needs



**Figure 53: Percentage of people lacking social support by deprivation<sup>55</sup>**

People's lives are becoming more insecure and why those on low incomes have less control over their present situation and future destiny. We also highlight how the prospect of becoming destitute is threatening an increasing number of people. Significantly, there is evidence that this is having a knock-on effect on levels of social isolation and social activity, and on people's mental health and well-being.

### Distant Neighbours, Islington Giving

is important in building a sense of ownership and belonging.

It is also worth noting that members of the British Muslim community who are most at risk of radicalisation are more likely to have depression and be socially isolated.

50. Trust for London, 2015.

51. PHE: Local action on health inequalities Reducing social isolation across the life-course, September 2015.

52. Jo Griffin. The Lonely Society. Mental Health Foundation, 2010.

53. <http://www.dailymail.co.uk/news/article-2236742/Maps-showing-social-isolation-UK-drawn-bid-tackle-fastest-growing-health-problem.html>

54. Rachel Well. "Social isolation and Public Health". Barnet London Borough.

55. Source: Marmot Review.

56. PHE: Local action on health inequalities Reducing social isolation across the life-course, September 2015.

57. The Marmot Review Team. Fair Society, Healthy Lives: Strategic review of health inequalities in England post-2010. London: Marmot Review Team, 2010.

58. The Marmot Review Team. Fair Society, Healthy Lives: Strategic review of health inequalities in England post-2010. London: Marmot Review Team, 2010.; Bambra C, Joyce K, Maryon-Davis A. Strategic Review of Health Inequalities in England post-2010. Marmot Review. Task Group 8: Priority public health conditions. Final report. England, 2009.; Kweon BS, Sullivan, W.C., Wiley, A.R., Green. Common Spaces and the Social Integration of Inner-City Older Adults. Environment and Behavior 1988;30(6):26.; Lee ACK, Maheswaran R. The health benefits of urban green spaces: a review of the evidence. Journal of Public Health 2011;33(2):212-22.

59. Bhui K, Everitt B, Jones E (2014) Might Depression, Psychosocial Adversity, and Limited Social Assets Explain Vulnerability to and Resistance against Violent Radicalisation? PLoS ONE 9(9): e105918. doi:10.1371/journal.pone.0105918