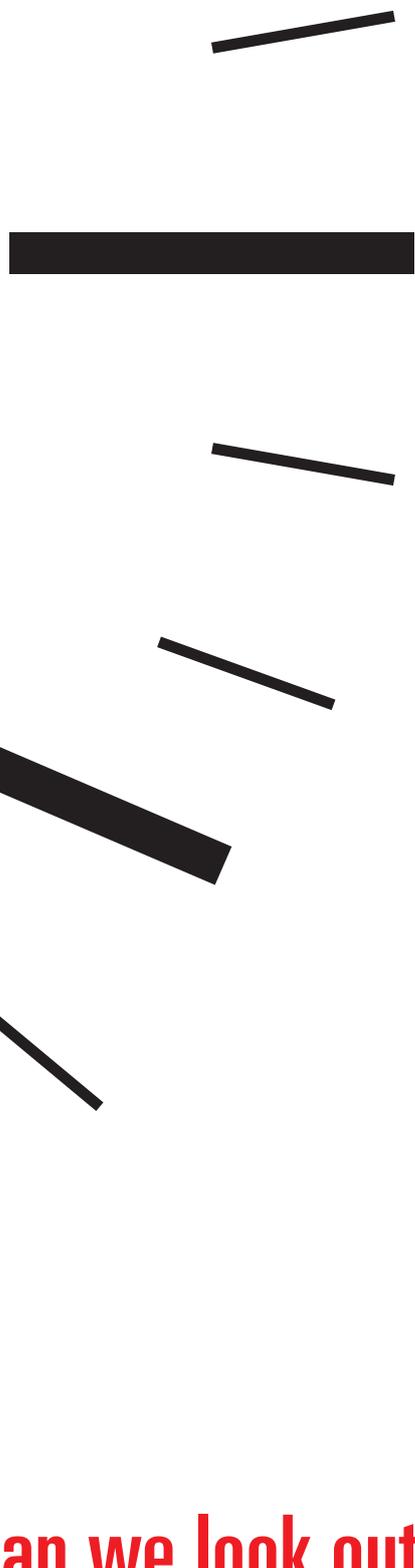


TOWER HAMLETS

TIME TO ACT



How can we look out
for each other?

Evidence Pack



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TOWER HAMLETS

How can we look out for each other?

This evidence pack provides background reading for the third public meeting of the Tower Hamlets Fairness Commission and will consider the safety nets available within our community, who they are provided by and whether we are all mutually responsible for our wellbeing. It covers a series of topics and provides key facts and data, an overview of some of the challenges and opportunities within each topic and an introduction to some of the key policy debates. Where relevant, some useful reports are included, with summaries.

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Section One

People with mental health problems

Key facts

Around 1 in 10 children in Tower Hamlets are estimated to have a mental health disorder.

Tower Hamlets has the fifth highest hospital admission rates for mental health reasons in London (457 per 100,000 compared to 326 per 100,000).

1.1% of the Tower Hamlets population (2850 people) suffer from schizophrenia, bipolar disorder and other psychoses, compared to a national prevalence of 0.8%.

The prevalence of dementia in Tower Hamlets, 0.2% is lower than the national average, 0.5%, due to the younger population. 7% of people aged over 65 are estimated to suffer from dementia.

Suicide is a high level indicator of mental health need in a population and Tower Hamlets has the second highest rate in London.

Having positive mental health or mental well-being is one's ability to cope with problems when they arise. Mental health is an essential component of overall health. The potential gains for an individual from improved mental health include increased self-esteem, better physical health and improved in social relationships as well as a reduced need for help from health and social services.

Mental health problems affect around one in four people in the UK yet there continues to be a considerable amount of stigma and discrimination attached to those with mental health issues. Mental health disorders vary from small problems to more serious problems. Some disorders may last for a short amount of time, whereas others for a period of years or decades. Although the majority are not life-threatening, left untreated, the disorders may spiral into physically harmful and life-threatening behaviour such as self-harming, alcohol and drug misuse and possibly suicide.

Common mental health disorders include conditions such as depression and anxiety, which are usually managed at a primary care or community care level. Other more severe mental disorders include bipolar disorder and schizophrenia.

The NHS provides a range of services for people with mental health problems including inpatient care, rehabilitation, residential care, clinics and drop-in centres. In Tower Hamlets these are provided by the East London NHS Foundation Trust. For example:

- The Community Mental Health teams focus on the care of people with severe and enduring mental health disorders. The health teams provide early

assessment, comprehensive programmes of treatment and continuing care. Their goal is to reduce the amount of admission to hospital and relapse of illness.

- The Assertive Outreach Team also supports people with serious and enduring mental health problems, particularly those with complex needs and who have not engaged with mainstream services. It is particularly aimed at people who are considered to be at significant risk and who have required repeated episodes of admission into hospital.
- The Community Rehabilitation service is for people with longstanding mental health difficulties. Interventions include medication, psychological therapies, the promotion of social networks, vocational, occupational and employment activities.

There are also a number of hospital wards available for those with mental health disorders, clinical psychologists, counsellors and occupational therapists (to build the skills needed to live as independent a life as possible), and services to help people find housing. A more detailed list of services provided in Tower Hamlets by the East London NHS Foundation Trust is available on the Trust website:

http://www.eastlondon.nhs.uk/our_services/tower_hamlets_services.asp

Community and voluntary sector support

A number of third sector organisations also provide support to people with mental health problems and their families. Mind Tower Hamlets and Newham offer counseling, advocacy and support services as well as welfare advice and activities. The centre also offers training and development programmes for those with mental health disorders to help build confidence, find work placements and permanent employment. **Crisis Mental Health Service more info from Max on third sector provision.**

Those suffering with severe mental health disorders often need carers to provide them with physical and emotional support. Carers in Tower Hamlets, and the support available for them locally, are discussed more in Section Eight of this evidence pack.

A word with Michelle Kabia, Chief Executive of Mind Tower Hamlets and Newham

Michelle Kabia highlighted a number of common issues affecting people with mental health disorders in Tower Hamlets. She believed many were stigmatized, often feeling ashamed, fearful, and emotions of despair and hopelessness. Many felt isolated and misunderstood which meant they found it difficult to get support and often felt lonely, either because they believed their family may be 'fed up of them', or because they did not have the support of friends and family. Many also had issues stemming back to their childhood and some had issues of substance abuse.

Michelle outlined her concern with what she sees as a blame culture towards people with mental health disorders. Such people are often easy to target and become victims of bullying or labelled as 'spongers' and 'taking money from working people'. Whereas, in Michelle's experience, the reality is that these people often have very

little money, struggle to pay their bills, have difficulty finding employment and are lonely.

Michelle has also found that people with mental health disorders do not tend to exercise and keep active. This is partly because they don't want to leave their house for fear of hate crime. However, Mind encourages them to keep active.

In terms of welfare reform, Michelle believes their clients are fearful of the changes and some are choosing to ignore them by not opening their post. From her interaction with service users, she reported that they view the new assessment process is biased against them and that it makes them feel unwanted. She has found that people do not like to admit they have a problem. Instead they tell others they are fine. This may be because they don't want to be admitted into hospital, and if they are in hospital they want to be discharged, regardless of any help they may need. People don't want to feel controlled, and those with children often fear that their children may be taken into care. Furthermore, some people may feel ashamed to admit that they are struggling, for example, if they have not eaten or washed.

Regarding future work, Mind Tower Hamlets and Newham have recently received funding for advocacy work with older people. Michelle is concerned that not enough funding is put into mental health services for older people in Tower Hamlets and someone needs to 'pick it up'.

Michelle's ideal service would be a place where those with mental health issues would feel safe and respected. They would receive more help getting into full employment – many of jobs available tend to be minimum wage and part time. Michelle also believes there should be more post-employment support, given people with mental health problems may relapse once in employment.

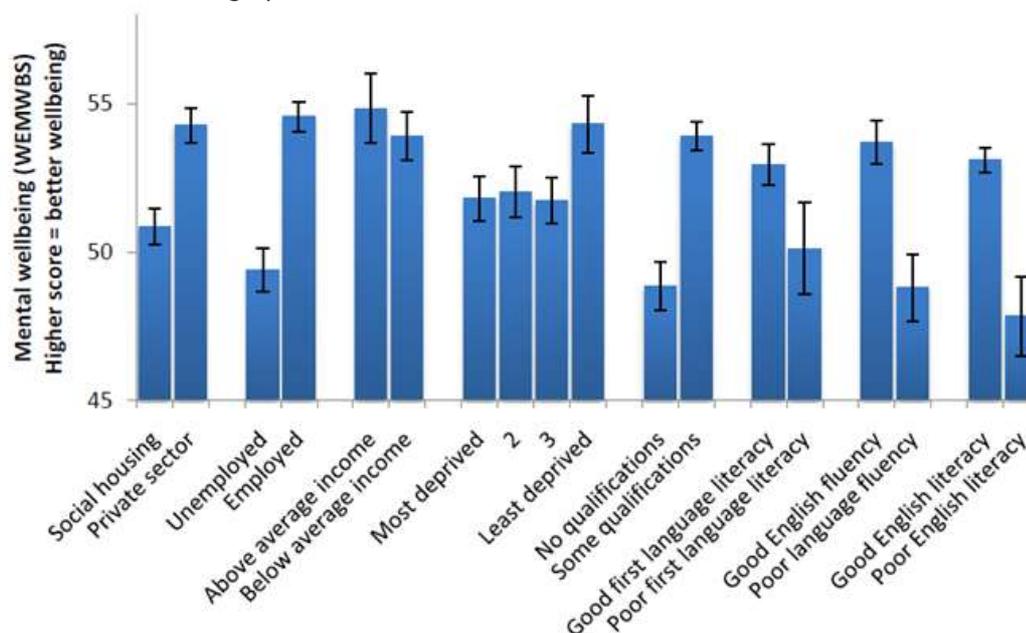
On a lighter note, Michelle would like to see a dating service for people with mental health problems - research has shown that those in loving relationships have more stable mental health.

Factors influencing mental health prevalence in Tower Hamlets

Socioeconomic conditions such as the environment, education and housing can all contribute to a person's mental wellbeing. High levels of deprivation are often linked to poor mental health.

Figure 1 below illustrates the relationship between better mental wellbeing and socioeconomic factors in the borough. As would be expected in an area with high levels of socioeconomic deprivation, Tower Hamlets has a high prevalence of mental health problems. This suggests that improvements in socioeconomic deprivation would have a positive impact on the indices of mental health disorders in the borough.

Figure 1- Mental wellbeing by socioeconomic factors in Tower Hamlets¹.



Research shows that an economic downturn increases people’s mental health instability². As more people find themselves unemployed, or experience unanticipated disruptions in income, debt and financial strain, there is likely to be an increased demand for mental health service. Mental health disorders have not only a human and social cost, but also an economic one. The overall cost to the UK is estimated at more than £110 billion a year.

Businesses could be supported to keep people with mental health disorders in work. This makes sound economic sense as often, when people develop a common mental health disorder such depression, they can lose their jobs. This has repercussions, not just for the individual, but also for employers themselves.

Mental health and welfare reform

Everyone currently claiming benefits because they are unable to work because of ill health will be reassessed through the Work Capability Assessment. This will establish whether they are fit for work or whether they are entitled to Employment Support Allowance. People will be assessed as being in one of three groups:

- ESA support group – the person’s illness or disability has a severe effect on their ability to work
- ESA work related activity group – the person could work with the right support
- Fit for work – the person is no longer eligible for ESA.

¹ Taken from the ‘Mental health in East London and the City JSNA 2011’ report.

² ‘Mental health and the economic downturn: National priorities and NHS solutions’ The Royal College of Psychiatrists Mental Health Network, NHS Confederation & London School of Economics and Political Science

The transition from Incapacity Benefit to Employment Support Allowance, and the reassessment process, is already impacting on people with disabilities and long term conditions, especially those with conditions that are often hidden such as mental health disorders. During the required reassessments, some people with mental health disorders are 'failing' and deemed fit to work, despite having significant disorders, because some mental health disorders are difficult to see and assess. Overall, this change is likely to have a significant effect on people with mental health problems - over 40% of people claiming Incapacity Benefit do so for mental health problems.

Early intervention and prevention

The current coalition government acknowledges the importance positive mental health and has published its national mental health strategy, *No Health without Mental Health*³. The aims are the promotion of mental health, prevention of mental illness and early identification and intervention as soon as mental illness arises.

The Department of Health advocates early interventions, particularly with vulnerable children and young people, which are believed to improve lifetime health and wellbeing, prevent mental illness and reduce costs incurred by ill health, unemployment and crime. It is believed that interventions not only benefit the individual during their life, but also improve their parenting capacity, so that their children in turn have a reduced risk of mental health disorders. With almost half of young people with fewer than five GCSEs graded A* to C saying they 'always' or 'often' feel down or depressed, the Mental Health Foundation has published *'Resilience and Results: How to Improve the Emotional and Mental Wellbeing of Children and Young People in your School'*. This guide targets teachers to encourage resilience in pupils, to support them in achieving academic success, as well as establish a whole school culture of positive emotional wellbeing.

As discussed above, during a downturn, as more people find themselves out of work is likely to be an increase in mental health problems in the population. Initially, more people with anxiety and depression will present at a primary and community care level. Sufficient capacity in the system is vital in order to facilitate early intervention and ensure that waiting lists do not grow.

Befriending schemes are an important way of preventing serious mental health problems and building resilience in individuals. Volunteers provide emotional support to vulnerable people, such as those with mental health problems. This may be the only support and contact people receive from local community resources or amenities. Befriending ultimately creates a tight knit community where people can support one another and as a result, promote one's health and well-being especially for people at risk of social isolation or exclusion from mainstream society. Hestia Housing and Support provide a befriending service in Tower Hamlets to inpatients

³http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123766

with mental health problems, and following their discharge from hospital. Beside is another Tower Hamlets organisation working with people with recurrent or long-term mental health problems. As well as supporting people to build their inner resources through social activities and experiential learning, they also provide a befriending service.

Section Two

People with learning disabilities

Key Facts

The percentage of the Tower Hamlets population with a learning disability, known to health and social care services is around 0.26%-0.86%, which is consistent with the national estimates of people with moderate or severe learning disabilities.⁴

405 children and young people in Tower Hamlets have a learning disability.

The prevalence of learning disabilities is higher in the male, Asian and black populations.

People with learning disabilities tend to experience higher than average prevalence of other health conditions, most notably mental health problems.

The percentage of adults with learning disabilities in employment in 2009/10 was 3.4%.

A learning disability is a disability which affects the way a person learns new things in any area of life. Those with learning disabilities tend to struggle to understand new or complex information, learn new skills and cope independently.⁵ This is due to neurological disorders which affects the brain's ability to receive, process, store, and respond to information. The severity of a learning disability varies. Those with a mild learning disability can communicate easily and are capable of looking after themselves. However, they may need more time to learn new skills. Those with a more severe learning disability may need help with everyday tasks. Once an individual is diagnosed with a learning disability, GPs, paediatricians, speech and language therapists, physiotherapists and educational and clinical psychologists are available to help the individual live as full and independent a life as possible.

Figure 2 shows that the prevalence of learning disabilities is higher in Tower Hamlets than the London and Inner North East London rate, but is considerably less than boroughs such as Croydon and Islington. However, there is a concern that the number of people with learning disabilities in Tower Hamlets is under-recorded due to the various communication, social and practical barriers some households in Tower Hamlets face. The actual number of people with learning disabilities in the borough is expected to be higher as a result of Tower Hamlets being a 'first stop' for migrants, especially from Bangladesh and Somalia. Being born in a developing country increases the likelihood of traumatic causes of learning disabilities, due to poorer access to healthcare.

⁴ The national and local amount of people with learning disabilities and coexisting conditions is most likely underestimated.

⁵ A learning disability is not the same as learning difficulty or mental illness. For example, dyslexia is not a learning disability.

Figure 2⁶



The large Bangladeshi population in particular is thought to contribute to a relatively high number of people with learning disabilities. Prevalence of learning disabilities in South Asian populations is thought to be up to three times as high as age equivalent white British populations.

Tower Hamlets services for people with learning disabilities

A range of NHS, council and third sector services are available to support people with learning disabilities and their families in Tower Hamlets.

The Community Learning Disabilities Service (CLDS) is an integrated health and social care service comprised of social workers, occupational therapists, community nurses, psychologists, psychiatrists, and a team of Bangladeshi parent and carer advisers. People are referred to this service by their GP. Each person develops a care plan with the professional co-ordinating their support, which is reviewed regularly

Primary care services are currently trying to increase the number of people with learning disabilities who receive the annual GP health check to which they are entitled. Barts Health NHS Trust have a liaison officer to support people with learning disabilities and carers during any stays in hospital.

⁶ Taken from: 'Learning Disabilities Joint Strategic Needs Assessment 2010-2011' report.

There are a variety of 'day opportunities' services in different locations around the borough, of varying sizes and catering to different groups of people. Some are run by the council, others by community and voluntary sector organisations.

There are also services which provide information and advice, advocacy and support people with learning disabilities to enjoy an independent life. These include:

- The Tower Project, which supports people into employment and runs a day service for people with complex needs.
- Poetry in Wood is a social enterprise, training and employment scheme for people with learning disabilities. The team consists of people with learning disabilities, epilepsy, and people on the autistic spectrum. The team works on commissions from the public and also creates paintings, prints and objects for sale.
- MAP Squad are a self-advocacy organisation, providing support and day opportunities to people with learning disabilities who want to work on their own or in partnership on community projects.

Carers

A key concern for carers of people with learning disabilities is respite services, particularly at the weekend when day services are closed. A recent needs assessment found that service provision for carers from Bangladeshi backgrounds was poorer. There were assumptions that these families 'looked after their own' and were reluctant to use external services. However some carers reported that they felt invisible to services as a result of these assumptions.⁷

Learning disabilities and welfare reform

People with a learning disability qualify for Employment and Support Allowance (ESA), but as part of the reforms they will all be reassessed. If they are deemed fit to work, they will be moved to Jobseeker's Allowance and will need to actively seek work.

Mencap, a national charity which supports people with learning disabilities and their carers, have warned that more must be done to support people with learning disabilities to work. Their research shows that 65% of people with a learning disability want to work, yet less than 7% are in paid work.⁸

Research done in Tower Hamlets found that people with learning disabilities would like to work in a range of jobs including teaching Makaton⁹, childcare, security and working in a newsagent. Despite the number of services on offer in Tower Hamlets to encourage and provide skills for those with a learning disability to become

⁷ 'Learning Disabilities Joint Strategic Needs Assessment 2010-2011' report

⁸ <http://www.mencap.org.uk/news/article/welfare-overhaul-how-will-it-impact-people-learning-disability>

⁹ Makaton is a language program designed to provide a means of communication for individuals who have cognitive impairments, autism, Down's syndrome, specific language impairment, multisensory impairment and acquired neurological disorders that have negatively affected the ability to communicate.

employed, in 2009/10 the percentage of adults with learning disabilities in employment was 3.4%. This is lower than both the London and England averages (8.3% and 6.4%) and their neighbouring borough Hackney (4.8%).¹⁰

'Death by indifference'

A significant report by Mencap¹¹ highlighted the institutional discrimination that people with learning disabilities can face. The report presented a series of case studies of people that had died unnecessarily. Their deaths are attributed to discrimination, indifference, lack of training and a very poor understanding of the needs of people with a learning disability. The report raised serious concerns about the way people with a learning disability are treated within the healthcare system. It argued:

- people with a learning disability are seen to be a low priority
- many healthcare professionals do not understand much about learning disability
- many healthcare professionals do not properly consult and involve the families and carers of people with a learning disability
- many healthcare professionals do not understand the law around capacity and consent to treatment
- health professionals rely inappropriately on their estimates of a person's quality of life
- the complaints system within NHS services is often ineffectual, time-consuming and inaccessible

¹⁰ 'Learning Disabilities- Factsheet' by the Joint Strategic Needs Assessment 2010-2011

¹¹ <http://www.mencap.org.uk/campaigns/take-action/death-indifference>

Section Three

People with Physical Disabilities

Key facts

Around 12,600 people, just over 5% of the population, in Tower Hamlets have a severe disability.

Approximately 22% of the population has a long-term illness, disability or infirmity.

People with physical disabilities are those with a physical impairment which has a substantial and long-term effect on their ability to carry out day-to-day activities. A person with a moderate physical disability could have mobility problems for example, and need aids or assistance to walk. A person with a severe physical disability is unable to walk and dependent on a carer for mobility.

Tower Hamlets Council provides care, support and assistance to residents with physical disabilities. The amount of assistance provided varies and depends upon the level of disability. The person is assessed by social services and the level of type of service they need is determined. This could be home care, day services or financial assistance to pay for alternative support. The council use the Fair Access to Care Services criteria to decide who receives help. Those who have 'substantial' care needs, unable to carry out most personal and domestic tasks, will receive support. Those whose needs are not considered 'substantial' will need to arrange their own care, but they will be offered advice by the council.

Other services provided by the council include:

- Freedom pass for disabled people
- Motability scheme, providing personal transport
- Occupational therapy to support people in everyday activities, including accessing employment. This team can also arrange adaptations to people's homes.
- Leisure Centres in Tower Hamlets are fully accessible for people with physical disabilities, to promote regular exercise and healthy living.

Physical disabilities and welfare reform

It is estimated that over 1300 Tower Hamlets residents could lose their disability benefits as a result of welfare reform. Many more could have their benefits reduced. Disability benefits will change from the Disability Living Allowance to Personal Independence Payment. Despite their similarities, Disability Rights UK believe that the main intention of PIP is to save money, and that the tests are stricter. DWP has stated that they intend to save 20% of the current DLA budget through the change. Furthermore, Disability Rights UK estimate that half a million disabled people and

their families will be worse off under Universal Credit and many could face financial hardship¹². Their report claims:

- 100,000 disabled children may lose up to £28 a week
- 116,000 disabled people who work will be at risk of losing up to £40 per week from help towards additional costs of being disabled
- One in ten families with disabled children affected by the changes fear losing their homes.
- 83% of disabled adults living alone or with a young carer said they would cut back on food
- 80% of disabled adults living alone or with a young carer said they would cut back on heating.

The report does acknowledge that the Universal Credit may benefit some disabled people, but the situation could be worse for thousands more.

Employment

People with a physical or learning disability are legally protected against discrimination, entitling them to fair treatment when it comes to recruitment, promotion and pay, when seeking employment and when employed. This is standard though is not always met. Disability Champions at Work state that stereotypes about people with disabilities can be the biggest barrier for disabled people to become employed.¹³

Remploy is an organisations sponsored by the Department for Work and Pensions. It provides work for 'harder to help' disabled people in its business network of 54 factories and supports disabled people into work with mainstream employers. The enterprises range from furniture and packaging manufacturing to recycling electrical appliances. However, in July 2012 Remploy planned to close 27 of its factories, putting 1,421 jobs at risk. In December 2012 34 factories were closed and the future of a further 18 factories remained unclear. Many of the disabled workers who will lose their job as a result of these factory closures feel they have little chance of finding alternative employment, although the Government has guaranteed they will receive tailored support to help them move into mainstream employment.

Work Choice and Access to Work are another two government schemes available to help disabled people find suitable work. Work Choice aims to help a disabled person get and keep a job and support includes training and developing skills, building confidence and interview coaching. An Access to Work grant is money for practical support to help someone with a physical disability or mental health condition do their job. This could involve specialist equipment or travel expenses.

Disability Rights UK have published a report entitled '*If only my employer and I had known...Supporting disabled people getting into work, staying on and getting on*'

¹² Disability Rights UK:Holes in the safety net: The impact of Universal Credit on disabled people and their families

¹³ <http://www.nhs.uk/Livewell/Disability/Pages/Disabilityandwork.aspx>

which discusses the experiences of disabled people in employment. The report notes the important role that Access to Work grants have played in supporting disabled people, but that their budget has been decreased. They argue there should be more focus on employers to enhance the work experiences of disabled people¹⁴.

Real in Tower Hamlets

Real is a Tower Hamlets-based charity advocating against discrimination and inequality towards disabled people. They provide training sessions, one-to-one support and home visits for disabled people in addition to working with friends, families, carers and professionals who support disabled people. They run Local Voices, group workshops to give disabled people a place to voice their opinions and put disability issues on the local agenda, for example in relation to cuts to benefits and services and ensuring services are more accessible for disabled people.

A word with Amy Greenwood and Barbara Stewart from Real

Amy Greenwood, Knowledge and Communications Manager for Real, explained how she believes that disabled people care about many different things and the issues affecting one disabled person is different from another, criticising the tendency to generalise and group the needs of disabled people. If we continue to focus on one issue that disabled people face, we will be less likely to acknowledge the other issues. For example, one disabled person may care about transport accessibility, whereas another disabled person with children may care more about the quality of schools in the borough. One organisation cannot speak on behalf of all disabled people as their needs are so different. Finally, she emphasised that carers should be given more credit as they save the state a significant amount of money relative to hiring a professional carer.

Barbara Stewart, a volunteer at Real, explained that people visit Real to discuss their benefits and their concerns regarding welfare reform. The more frequent assessments means that disabled people have to go through a lengthy process regularly and are at risk of being classified as not eligible for benefit support even if they are disabled and should qualify. The appeal process is time consuming and during that time the disabled person will not receive benefits. The question therefore arises: how would the disabled person afford the basic necessities to survive? Other concerns highlighted by Barbara included withdrawal of the blue badge from those who need it, the 'bedroom tax', potential cuts to social care services, a lack of accessible transport and the move to online processing of benefits – some disabled people may be at a disadvantage if they are unable to use the internet.

Isolation is a major issue facing disabled people. Isolation can mean not having anyone to talk to or not leaving your home because you feel it is unsafe. Some disabled people feel worthless and that hate crime against them has now become 'normal'. Barbara said that just having a conversation with a disabled person may

¹⁴ <http://www.disabilityrightsuk.org/ifonly.pdf>

help them feel less lonely and isolated. Real is considering teaching and encouraging service users to use Skype as a way of combating loneliness.

Section Four

People with Long Term Conditions

Key facts

15 million people in England live with a long-term health condition.

Tower Hamlets has the highest or second highest death rates in London for the major long-term conditions.

Tower Hamlets has the second highest stroke mortality rate in London.

The borough has the 5th highest premature mortality rate for Coronary Heart Disease in the country.

Diabetes affects 6.1% of the Tower Hamlets population, and is significantly higher in the Bangladeshi population (8-10%). 16% of adult death in the borough are attributable to diabetes, compared to 12% nationally. Prevalence of the condition is increasing each year and it is estimated that 17,000 residents will have diabetes by 2020.

The World Health Organisation defines long-term conditions as health problems that require ongoing management over a period of years or decades. A long-term condition cannot be cured, however it can be managed through medication and/or therapy.

Figure 3 - The observed prevalence of long-term conditions in Tower Hamlets compared to England in 2010.

	Observed Tower Hamlets Prevalence*	Observed England Prevalence*	Number on Tower Hamlets register *	Estimated undiagnosed or unreported**	Estimated% Undiagnosed
Diabetes	6.0%	5.40%	11872	359	3%
CHD	1.80%	3.40%	4685	2814	38%
Hypertension	8.20%	13.40%	20981	13480	39%
CKD	1.80%	4.30%	3574	5494	61%
Dementia	0.20%	0.50%	478	1094	70%
COPD	1.20%	1.60%	2950	7349	71%

CHD = Coronary Heart Disease; CKD = Chronic Kidney Disease; COPD = Chronic Obstructive Pulmonary Disease

*Table 1: Expected vs. Observed Prevalence of common long term conditions 09/10 * = QOF ** = modelled*

Figure 3¹⁵ shows that the observed prevalence for major long-term conditions in Tower Hamlets is lower than that for England. This suggests that, besides diabetes,

¹⁵ Table from the 'Tower Hamlets annual public health report 2010' by NHS Tower Hamlets and London Borough of Tower Hamlets.

Tower Hamlets has less people living with a long-term condition. However, as Figure 3 also shows, there are a cluster of people estimated who have a long-term condition but are undiagnosed or unreported. This means that the true figure of people with these different long-term conditions should be larger. The lower overall prevalence of these long-term conditions may also be lower due the borough's younger age profile – analysis by public health suggest that if you look at prevalence by age band, it is higher than average.

Services for people with long-term conditions

Local NHS services advocate self-care and self-management of long-term conditions. The individual is given the opportunity to learn a range of techniques which they can use to manage their health condition more effectively. Examples include, encouraging individuals to eat more healthily, exercise more and techniques to relax, thus putting less strain on their mind and body. Programmes are general, or targeted at different groups with different conditions, and many are available in community languages.

A wide range of organisations provide home care to people with long-term conditions. This is practical and personal care, normally to help people with things like getting washed and dressed.

Electronic devices can be used to monitor a patient's ongoing condition. Contact is made by NHS Direct if measurements fall outside a predefined range. In addition, Telecoaching is the provision of motivational coaching to support service users or patients wishing to make lifestyle changes to improve health outcomes and prevent long-term conditions, such as heart disease.

The Expert Patients Programme Community Interest Company provide and deliver free courses aimed at helping people who are living with a long-term condition to manage their condition better on a daily basis. The courses are run over six weekly sessions covering a range of topics such as dealing with pain and extreme tiredness, healthy eating, relaxation techniques and exercise and planning for the future. The aim is to provide people with the confidence to take more responsibility to self-manage their health, while encouraging them to work collaboratively with health and social care professionals.

Multiple long-term conditions and employment

The Work Foundation predicts that there will be a continual increase in the number of patients with two or more long-term conditions. The employment of people with a long-term condition could be at risk, along with the quality of jobs they are offered. Their research¹⁶ found that a large number of people with long-term conditions desire to work, are capable of working and would like to be supported to return to an old job or begin a new job, with the help of employers, health care professionals and public policies put in place. The Work Foundation aim to develop a stronger

¹⁶ <http://www.theworkfoundation.com/Research/Workforce-Effectiveness/Health-Wellbeing/Long-term-Conditions>

voice to influence policy and raise awareness to help those with long-term conditions back into work.

Section Five

Drug and Alcohol Abuse

Key facts

The average rate of alcohol consumption in Tower Hamlets is relatively low – a large proportion of the population do not drink. However, of the 50% who do drink, 43% have consumption patterns which are hazardous or harmful to their health, twice the national average.

The number of alcohol-related admissions to hospital in Tower Hamlets is higher than the London and England averages.

Around 3,800 people have problematic drug use in Tower Hamlets. 47% of these have not yet engaged with treatment.

In 2009-10 drug-related offences account for 12% of 'notifiable' offences dealt with by the Police, the second highest rate in London.

The effect alcohol and drug creates on health and social functioning can range from non-problematic to dependent. The consequences of drug and alcohol misuse are psychological, social and physical. Whilst drugs and alcohol allow people to escape a problem, to feel confident and happy, they can also cause anxiety, depression and even psychosis once the effect wears off. Misuse can lead to financial problems, isolation from family and friends, violence, issues at work or in gaining employment, and long-term health problems. The harm not only affects the individual, but their family, community and neighbourhood.

Excessive alcohol consumption or use of illegal substances is often associated with poverty and deprivation. Other risk factors, all found in Tower Hamlets, include high population density, overcrowding, high rates of unemployment, poor physical and mental health.

As a result of drug and alcohol abuse issues, people can find themselves homeless. Many of the street and hostel based homeless population in Tower Hamlets have drug problems, although being homeless is often the result of multiple disadvantages.

Reducing drug and alcohol misuse in Tower Hamlets

Tower Hamlets Council's objectives in reducing alcohol and drug misuse are to support people and families to make healthy lifestyle choices; reduce harm to those at risk, and empower those who are addicted or dependent to recover. At the same time, the council works to decrease the amount of crime and anti-social behaviour associated with drug and alcohol misuse. Furthermore, it seeks to ensure that people do not see Tower Hamlets as a place to sell illegal substances.

Various types of drug and alcohol misuse support is available in Tower Hamlets, and in recent years the number of problematic drug users has decreased slightly, suggesting some progress. Support includes:

- A community drug team in Shadwell providing structured drug treatment for over 18s and a community alcohol team based in the Isle of Dogs, providing services for over 18s with alcohol misuse issue. These services offer advice and information, counselling, health assessments, group work and also refer on to residential rehabilitation.
- A women-only service in Whitechapel, offering advice and information, counseling, substitute medication for heroin addiction, needle exchange, nurse appointments for healthcare assessments, parenting support, immunization and residential rehab.
- Day programmes in Whitechapel and the Isle of Dogs providing programmes for drug and alcohol users over the age of 18 alone with one to one counseling and an aftercare programmes.

Brief interventions for substance abuse problems have been used for many years by alcohol and drug counsellors, social workers, psychologists, physicians, and nurses, and by social service agencies, hospital emergency departments, court-ordered educational groups, and vocational rehabilitation programs. Primary care providers find many brief intervention techniques effective in addressing the substance abuse issues of clients who are unable or unwilling to access specialty care. Examples of brief interventions include asking clients to try non-use to see if they can stop on their own and encouraging attendance at a self-help group.¹⁷

¹⁷ <http://www.ncbi.nlm.nih.gov/books/NBK64942/>

Section Six

Older People

Key Facts

Just 6.5% of the Tower Hamlets population is aged 65 and over, compared to the 8% in Newham and 8.2% in Hackney. 5,000 people living in Tower Hamlets are 80 or over.

80% of older people in the borough do not meet recommended physical activity levels. 90% of older people in Tower Hamlets do not eat the recommended five fruit and vegetables a day.

It is estimated that 7% of the 65+ population have dementia but only 2% are registered as having dementia, indicating significant under diagnosis.

Older people account for 70% of strokes and 90% of patients of the community heart failure services in the borough.

Half of older people in Tower Hamlets live below the poverty line.

47% of older people in Tower Hamlets live alone, a higher proportion than the nationally (37%).

Whilst smaller than in other areas, the older population is expected to increase along with the size of the overall population. This will have an impact on demand for health and social care services in the borough.

Services in Tower Hamlets

There are a variety of services for older people in Tower Hamlets. These are delivered by the council and local community and voluntary sector organisations. Many of these services are organised around the five LinkAge Plus network hubs. LinkAge Plus is a service for older people (those aged over 50) to help them make the most of their later life. Within Tower Hamlets there are five 'network hubs' scattered around the borough offering services and activities along with a team of outreach workers who provide 1:1 support to those who are lonely or isolated. LinkAge Plus encourages older people to live an active and healthy life, promoting both independence and getting involved in the local community, through physical activities, social and leisure activities, learning and volunteering, health activities and advice. The five hubs are at Toynbee Hall, Sonali Gardens in Shadwell, Age Concern Tower Hamlets in Bow, Neighbours in Poplar and the Sundial Centre near Bethnal Green.

A word with Zeki Duale from LinkAge Plus

Zeki Duale runs LinkAge Plus at Toynbee Hall. He identifies isolation as the main issue older people face. LinkAge Plus attempts to combat isolation by making services available so that old people are not at home alone for a large amount of time. This is a particular issue for many older residents who have children that have moved elsewhere or are at work for the majority of the day. Zeki emphasised the importance of older people being socially active.

Zeki also expressed older people's concern with their safety and crime, especially feeling threatened by youths in Tower Hamlets. LinkAge Plus encourages and teaches the elderly to do their shopping online so that they do not need to leave their homes and feel unsafe. However, this raises a conflicting issue that online shopping could further increase isolation.

Financial abuse is another issue for older people. Zeki noted that people in the Bengali and Somali community often do not talk about financial abuse as it is considered normal for men to handle the money. Zeki has found that when family members or a carer steal from an elderly person, poor English as well as a lack of information on who can help, prevents them from reporting the crime.

Zeki further states that the language barrier for older people continues to be problematic when it comes to their health. Many older patients are not be able to book GP appointments and many find it difficult to communicate clearly with their GP. Arranging for an interpreter is often difficult and using family members can cause issues. For example, an older woman might have a feminine issue that she may feel uncomfortable talking to her GP about it if her son or grandson is translating.

Zeki would like more advocacy for the elderly, especially more health awareness of how to manage health conditions, for example telling people what foods they should consume more or less of given their health condition. In addition, he would like to see more hubs where all services are in one place which would make it more convenient for older people to access.

Day centres, such as the Riverside Centre, Mayfield House, the Sundial Centre at St Hildas, provide care, support and stimulation for older people of retirement age, whether frail, physically disabled or experiencing isolation or emotional difficulties. Such centres help people maintain their independence and provide opportunities for socialising. Some centres cater to specific ethnic groups.

Lunch clubs are an important part of service provision for older people in Tower hamlets. They are located around the borough with different ones open on different days. They vary in size and some are targeted at specific groups of people, for example, Bangladeshi women. There are around 16 lunch clubs in the borough.

Age UK is a national charity which aims to improve later life for everyone by providing information and advice, services, campaigns, products, training and

research. Age UK's vision is a world in which older people are equal citizens with equal rights, have access to the healthcare and social care they need along with living in a comfortable good home with enough money to live a secure and fulfilling life. Age UK Tower Hamlets have run a range of products including:

- Opening Doors East London, which combats isolation by providing regular social meeting and events and ensure the older lesbian, gay, bisexual and transgender voice is included in consultations on health and social care.
- Appian Court Older People's Resource Centre which is a drop-in centre for older people and has breakfast and lunch clubs on weekdays.
- Funding for individuals who require support but do not meet the council's eligibility criteria for social care. This may be help with shopping, cleaning or support to go to social events or appointments.
- End of life support which could involve befriending, practical support, accompanying to places of interest, signposting to appropriate services and following up referrals.
- The carers relief service supports workers who can provide home-based respite for older people being cared for by a friend or relative.
- Befrienders who reduce an older person's isolation by making regular visits or telephone calls and provide company and support.
- The Involving Older People project supports older people to have more say in the planning and delivery of health and social care services they use in Tower Hamlets. This information may be gathered via interviews, consultations, small discussions groups, activities and the Older People's Reference Group meetings.
- A handyman to carry out general DIY jobs for older people

Welfare reform and older people

Dave Barnard, Older People's Transformation Manager at Toynbee Hall, reports that the elderly people they work with are most concerned about financial issues such as drops in their pension and cuts to services.

For people who have reached pension age, welfare reform will not affect the amount they receive for their housing or Pension Credit. However, rises in inflation and the impact on private pensions will cause many to have drops in real income. In addition to this, many of those who have not yet retired will see substantial cuts to their benefit payments as a result of the welfare reform programme. This could potentially result in older people in the future choosing to stay at home rather than being able to go to community centres, increasing their social isolation and decreasing their physical activity.

Elder abuse

Projects to tackle elder abuse in the UK are still considered as new, whereas in the US there has approximately been 5 years of research worth on elder abuse and techniques to deal with it. There are only currently 12 different projects running across the UK which focuses on elder abuse awareness. Dignify at Toynbee Hall is one of those projects which delivered workshops to professionals and older people on the issues of physical, psychological and financial abuse.

Action on Elder Abuse (AEA) is the first UK charity working exclusively to protect, and prevent the abuse of older adults. AEA has a freephone helpline which provides information, advice and support to victims and those who are concerned about elder abuse. AEA community groups, seminars and conferences are also run to help raise awareness about elder abuse. Training programmes are also available for those that interact or directly work with older people. More information can be found here: <http://www.elderabuse.org.uk/index.html>

James Turnbull, Coordinator of the Dignify Project, emphasises the need for greater acknowledgment of elder abuse. Many elderly people are reluctant to talk about this issue or are aware that they are being abused. To make tackling elderly abuse more prominent and more services to address elderly abuse, James suggests that more people should be trained to carry out these workshops, for them to observe the current elder abuse workshops such as Dignify, for them to embed it in their work and for there in the end to be some accreditation. A system of accreditation would further incentivise and convince people that tackling elder abuse is worthwhile and effective.

Older people and fuel poverty

Older people are considered most vulnerable to fuel poverty. A report published by Age UK found that Britain's pensioners are facing rising fuel poverty, with around half of those questioned saying they have turned their heating down when they are not warm enough in an attempt to save money. The report found that 2 million elderly people are cold and have moved into just one room in an attempt to lower their energy bills. This is dangerous as the older people are jeopardising their health, exacerbating any respiratory illness and, by isolating themselves to one room, more likely to become depressed.

Research by the Institute of Health Equity¹⁸ highlights the dangers of fuel poverty, from circulatory diseases, respiratory or mental health problems to ultimately death. There are also indirect health impacts of living in a cold, damp home - they increase the risk of arthritic symptoms, which in turn impacts on strength and dexterity. A cold house also increases the risk of elderly falls. Furthermore, isolation is exacerbated by living in a cold home - fuel bills prevent the elderly from going out as they fear returning to a cold home, or they are reluctant to invite friends round. Older people who are unable to keep their homes warm, who have a health condition exacerbated by the cold or have sustained injuries due to the cold, may need increased care or need to go into residential care, increasing the financial burden on the country.

Increasing income, such as the Winter Fuel Payment, regulating the price of energy and improving the energy efficiency of homes are all ways of reducing fuel poverty.

¹⁸ <http://www.instituteofhealthequity.org/projects/the-health-impacts-of-cold-homes-and-fuel-poverty>

Section Seven

Children and the early years

Key Facts

Tower Hamlets has experienced a significant increase in the number of young children in the last 10 years. Between 2001 and 2011 the number of residents aged under 10 increased by 20% from 28,542 to 34,200.

All wards in Tower Hamlets are in the 2% most deprived wards in the country for deprivation affecting children. Over half of children in Tower Hamlets live in benefit dependent families, the highest rate in the country.

There is a higher prevalence of low birth weight in Tower Hamlets (9.0%) compared to London (7.5%) and England (7.2%).

13.3% of children under 5 are obese, the 7th highest rate in the country. 39% have experience of tooth decay compared to 31% nationally.

Early intervention

The physical and mental health of pregnant women, their lifestyle factors, access to screening and other preventive services can impact the outcome of pregnancy and also the child's longer term health and well-being. Women's maternal health, before, during and after pregnancy during the first few years of a child's life is critical. A wealth of literature now shows that a person's social development, behaviour, health and wellbeing is affected by their accumulation of social, economic and psychological environmental influences during their first few years of life.

'Early intervention' refers to the general approaches, and specific policies and programmes, which help to give young children the social and emotional bedrock they need to reach their full potential. The rationale is that many of the costly and damaging social problems in society are created because children are not given the right type of support in their earliest years, when they are developing most rapidly. A report by Graham Allen MP¹⁹ recommends that services and society more generally needs to intervene early to make sure that children get the best possible start in life and maintains support to help children reach the key milestones of social and emotional development.

The Graham Allen report suggests that early intervention can improve the achievement of children with learning difficulties, reduce anti-social behaviour, criminal activity, drug misuse and teenage pregnancy later in life. Intervening later is a lot more costly.

¹⁹ Early Intervention: The Next Steps', an Independent Report by Graham Allen MP to the Government published in 2011

Children living in poverty

The previous Fairness Commission evidence pack discussed child poverty data. This section considers the impact on children.

Child poverty is attributed to low employment amongst parents, lack of part-time jobs or flexible childcare and the high costs of housing, childcare and general living costs²⁰. Tower Hamlets has some of the highest levels of child poverty in the country. It impacts on the health and development of young children - 50% of children in Tower Hamlets achieve a good level of development at age 5 compared to 59.5% in London and 58.8% England.²¹

Living in poverty affects every aspect of a child's life. They may lack basics such as adequate clothing, putting their health at risk if they are not warm enough, and increasing the likelihood of them being bullied at school. Eating healthy food tends to cost more than eating less healthy junk food therefore, making it difficult to maintain a balanced diet for families living in poverty. Poor housing which is damp and cold, and overcrowding can also impact on health and educational attainment.

A report by Save the Children²², *Telling it like it is*, sets out the views and experiences of children and young people from some of the poorest communities in the UK. It gives instances of families not being able to afford food and not having electricity. The report emphasises the importance of the voice of these children and young people and how they can influence Government policy.

Barnardos have also done research into the experience of families living in poverty²³. Interviews with 16 families revealed financial difficulties and a desire to find but also the sense of hopelessness that the families face. Ten of the 16 families were lone mothers, not infrequently emotionally and financially abandoned by the fathers of their children. Almost all had poor educational experiences and felt socially isolated.

Childcare

The level of childcare provision in London is lower than the England average and The Daycare Trust estimates that childcare in London is on average 20 per cent more expensive than anywhere else in the country. London parents spend on average over £6,000 a year on a part-time childcare place in a nursery.

In Tower Hamlets, there are currently 157 registered private and voluntary group providers, including 81 out-of school and breakfast clubs, 21 playgroups, 16 crèches and 39 day nurseries. In addition, there are around 112 childminders

²⁰ London Child Poverty Commission, 2008

²¹ Life and Health in Tower Hamlets: Joint Strategic Needs Assessment Summary 2011.

²² <http://www.savethechildren.org.uk/resources/online-library/telling-it-like-it-is>

²³ http://www.barnardos.org.uk/resources/research_and_publications/below-the-breadline-a-year-in-the-life-of-families-in-poverty/publication-view.jsp?pid=PUB-1442

providing day care and a significant number of these are accredited to provide funded nursery education.

Parents can receive help with childcare costs. This is currently the childcare element of Working Tax Credits. It offers up to 70% towards the costs of childcare up to a maximum of £175 per week for 1 child and £300 per week for 2 or more children. To be eligible you must be a single parent working 16 hours or more a week, a couple where both partners are working 16 hours or more week, unless either partner partner is entitled to carer's allowance, is in hospital or prison, receiving benefits or credits for disability or illness. The actual amount families receive depends on their income and childcare costs.

In Tower Hamlets, a significant amount of parents do not use formal childcare. This is thought to be due to three main reasons: parents not working and therefore able to look after their children, parents not being able to afford formal childcare, and parents wanting to look after their children informally. The initial 'up front' costs associated with childcare, including advance fees and deposits, can be a significant barrier to using formal childcare and starting work.

In terms of welfare reform, it is assumed that funding for childcare under Universal Credit will be the same as they are now. However, 46% of those affected by the benefits cap are from lone parent households. Their ability to enter employment, and therefore avoid the cap, is dependent on their ability to access affordable childcare.

A range of think tanks and charities have published reports on childcare and making it affordable. Summaries and links to these are in the additional reading section at the end of this evidence pack.

Sure Start and children's centres

Sure Start was a Government initiative which began in 1999 with the aim of giving children the best possible start in life through improvement of childcare, early education, health and family support. Local programmes and then Sure Start children's centres were established, run by local authorities. Children's centres are open to all children under 5 and their parents and carers. Families can get help and advice on child and family health, parenting, money, training and employment. Many of the services available are free. Although the programme was praised for increasing the Government's focus on the early years and the positive outcomes achieved, it has also been criticised for its emphasis on childcare and getting mothers into work rather than child development. More recently funding to local authorities to run children's centres has been reduced and many around the country have closed. In Tower Hamlets, although the service was restructured and reorganised, no centres have closed.

Early education

3 and 4 year-olds are entitled to 15 hours of free early education each week for 38 weeks of the year. This can be at nursery schools, children's centres, day nurseries,

playgroups and pre-school or childminders. Free early education available allows parents to study, train or enter part-time employment.

Section Eight

Carers

Key Facts

The proportion of people in Tower Hamlets providing 50 hours or more of care per week in is the highest in London (2.38% in Tower Hamlets, compared to 1.66% in London, and 2.03% in England).

A higher proportion of the Tower Hamlets population (1.32%) provides 20 -49 hours of unpaid care per week compared with the London (1.01%) and England averages (1.08%).

44% of working age women in London are economically inactive due to caring obligations – the highest percentage in the UK

76% of carers in Tower Hamlets feel supported by their GP, compared with 81% nationally. Two thirds of carers surveyed said they felt tired and had disturbed sleep. One third reported feelings of stress and depression.

Carers in Tower Hamlets have worse general health than carers nationally.

51% of carers in Tower Hamlets reported some, or a lot, of financial difficulty, compared to 40% surveyed in England as a whole.

18% of carers in Tower Hamlets reported not having time to do ‘anything they value or enjoy’ compared to 13% nationally.

Carers are those who provide unpaid support to people who cannot independently look after themselves. A carer is either caring for a relative, partner or friend who may be frail, ill, disabled, has mental health or substance misuse problems. The caring relationship is most frequently within the family and there are often interdependencies across generations. This is especially true in certain cultures, for example Asian, where it is seen as the duty of the wife or daughter to care for their husband, mother or father. This is evident in Tower Hamlets, where a significant proportion of the population is Bangladeshi. 64% of young carers are Bangladeshi (almost 80% for female young carers) and just 18% white British.²⁴

The amount of care required varies - some people are dependent and may need 24 hour care, some may require a daily reminder to take medicine and a weekly food shop. Other people might be very independent and only need emotional support during times of crisis.

²⁴ Tower Hamlets Adult Carers: Factsheet- Tower Hamlets Joint Strategic Needs Assessment 2010-2011

Carers UK²⁵ is a national charity set up to help people who care for family or friends. They argue that carers are faced with ignorance, isolation and little or no support, despite contributing to their community by looking after people. The charity campaigns that it is unfair that 'those who contribute so much are valued so little'. Becoming a carer can take its toll on one's finances, health, career, family and social life. The demands of caring may mean that carers fall out of paid work and many rely on low-level benefits, forcing them into poverty.

The number of people taking on a caring role is rising, and is expected to rise even further as more people live longer or develop long-term conditions, requiring care. Recent census data revealed that the number of carers has increased from 5.2 million to 5.8 million in England and Wales between 2001 and 2011. A large rise is seen among those providing over 20 hours care, which is the point at which caring starts to significantly impact on the health and wellbeing of the carer, and their ability to hold down paid employment alongside their caring responsibilities.²⁶ There are now 2.1 million people providing over 20 hours a week (a rise of almost half a million people in the last 10 years). The amount of carers providing from over 50 hours a week and very often caring round-the-clock has increased by 270,000, up from 1,088,000 to 1,360,000.

Financial support

Carers' Allowance supports those over the age of 16 who provide 35 hours or more care per week for someone who receives Attendance Allowance, Disability Living Allowance, or Constant Attendance Allowance. However, people in full time education or those who earn over £100 a week are not entitled to Carers' Allowance. Almost 3000 people in Tower Hamlets receive Carers' Allowance, although there are still people who are eligible but are not claiming it. Carer's Allowance will remain as an independent benefit under welfare reform, although working-age carers on means-tested benefits will move onto Universal Credit.

Recipients of Carers' Allowance in Tower Hamlets have said they feel unsatisfied as the amount they receive (£53.10 per week) is considerably less than professional carers. Carers therefore feel 'undervalued, underpaid and overworked' and that they are not fairly compensated despite saving the government a lot of money by not having to hire professional carers. Carers have also said they are not well informed about the services available to assist them, including respite services.

Services for carers in Tower Hamlets

The Carers Centre is located in Shadwell and provides information, advice and support services to carers within Tower Hamlets. The centre operates an open door policy from Monday to Friday, which means that carers can come and talk to someone or get urgent support. The centre offers 1:1 appointments to assess needs, provide information and guidance and help in a crisis; support with accessing welfare

²⁵ <http://www.carersuk.org/about-us>

²⁶ More information can be found here: <http://www.carersuk.org/newsroom/item/2890-census-reveals-major-rise-in-numbers-of-unpaid-family-carers>

benefits; and short breaks for carers, for example therapy or relaxation days, social events and arts and crafts groups.

Professional carers

Paid carers also face disadvantages. Unison conducted a survey of homecare workers and found that they were poorly paid with 56% of respondents being paid between £6.08 (the minimum wage at the time) and £8 an hour. The low pay leads to high levels of staff turnover as workers cannot afford to stay in the sector. Clients therefore endure having many different carers over time and repeatedly going through the process of getting to know the carer.

The low pay also affects the quality of the homecare services. 79.1% of respondents reported that their work schedule is arranged in such a way that they either have to rush their work or leave a client early to get to their next visit on time. This means not having enough time for the carers to deliver the quality of service that the clients are entitled to. Some carers also said that rushed visits are more likely to lead to medication errors, which can be fatal. Those workers who refuse to leave early and stay to provide the level of care they believe is necessary, consequently lose out, as they end up working for free in their own time.

41.1% of carers said they were not given specialist training to deal with their clients specific medical needs, such as dementia and stroke related conditions. Unison therefore refer to the current care system as in crisis and even though the workforce are doing their best to maintain good levels of quality care, more should be done to increase training and pay.

Ellie – can you add something on TH homecare contracts and Living wage here?

Section Nine

Healthy Living and Health Inequalities

The Marmot Review sets out how wealth affects health. Even though a person's health depends on 'fixed factors' such as age, gender and ethnicity, the review suggests that the strongest determinants of health are social, economic and environmental.

Another Marmot report *The impact of the economic downturn and policy changes on health inequalities in London* outlines the concern that across England, health inequalities are increasing due to inequalities in social determinants: housing, income and employment. Health inequalities also exist between and within London boroughs. The greater a borough's average levels of deprivation, the lower its average life expectancy. A person's socioeconomic status links closely to their health outcome and high levels of deprivation are related to poorer health. Those living in deprived areas will face rising unemployment, poorer working conditions, and depressed incomes, which translate to difficulties paying for decent housing and basic necessities. As a result, these factors can contribute to the increase prevalence of mental and physical health problems, especially for the more vulnerable groups. These health inequalities are avoidable and unfair. The report emphasises the importance of decent housing, sufficient incomes and active labour market programmes to help limit health inequalities.

Marmot has therefore recommends evidence-based policy goals to address health inequalities:

- Give every child the best possible start in life
- Enable all to maximise capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure health standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen role and impact of ill-health protection

There is though concern that welfare reform and reduced public sector resources may contribute to greater health inequalities in Tower Hamlets.

Healthy eating and obesity

Nationally, obesity is estimated to be responsible for more than 9,000 premature deaths each year in England, as a risk factor for a number of chronic diseases including heart disease, stroke, some cancers and type 2 diabetes, and reduces life expectancy by, on average, 9 years. In addition, obese people are also more likely to suffer from social and psychological problems such as low self esteem, depression, discrimination and stigmatisation. There is an increase each year in the amount of obese people in the UK. It is estimated that if this trend continues, by 2050 60% of

men, 50% of women and 25% of children in the UK could be obese. This would mean that that today's children could have a shorter life expectancy than their parents.²⁷

Tower Hamlets continues to be a place that promotes and supports health and well-being, providing opportunities for people in the community to be physically active, eat well and maintain a healthy weight throughout their lives. However, the rate of childhood obesity in Tower Hamlets is high. Nearly 1 in 7 children in reception (4-5 year olds) and over 1 in 4 of children in year 6 (10-11 year olds) are obese. 20-30% of the adult population is clinically obese.²⁸ Research by public health found that 90% of adults in Tower Hamlets do not eat five pieces of fruit and vegetables a day, compared to the national average of 70%.

Working together in partnership, the council and the local public health department have introduced initiatives to improve access to healthy choices, including the availability of fruit and vegetables, in stores and venues around the borough. The widespread availability of cheap 'energy-dense' fast foods continues to be a barrier to tackling obesity. Research by public health and City University found there were 627 fast-food outlets newsagents and groceries in the borough. In particular, there was a high concentration of fast-food outlets in Bethnal Green Road, Roman Road, Whitechapel Road, Mile End Road, Commercial Road and East India Dock Road. As a result, 97% of Tower Hamlets residents live within ten minutes of a fast-food outlet. The high density of junk food outlets is currently 42 per secondary school, which is the 2nd highest in London.²⁹ A map of fast-food outlets in Tower Hamlets reveals a trend towards more fast-food outlets in the most deprived areas in Tower Hamlets.

In Tower Hamlets, green space is limited (1.1 hectares green space per 100 people compared to 2.4 nationally), which means that there is less space for residents to exercise and to feel motivated to exercise. 68% of the adult population do not undertake the recommended level of physical activity of 30 minutes of moderate activity at least five days a week, which is similar to national averages.³⁰ The participation rates are in particular low in Bangladeshi females. However, to counteract this Tower Hamlets has encouraged their residents to get active by providing incentives such as discounted swimming lessons and free swimming days (for example, Free Swim Friday) in Tower Hamlets leisure centres.³¹

The Tower Hamlets 2020 vision aims for roads and parks to be safer and designed to encourage walking, cycling, sports and active play. Schools, colleges and workplaces will support and encourage walking, cycling and other forms of physical activity. Thus, increasing the amount of car free zones around schools and recreation areas. There

²⁷ 'Healthy Weight, Healthy Lives in Tower Hamlets: A multi-agency strategy to tackle the continuing rise in overweight and obesity, 2008–2012' by NHS Tower Hamlets.

²⁸ <http://www.towerhamlets.nhs.uk/about-us/public-health/our-priorities/adult-obesity/>

²⁹ Life and Health in Tower Hamlets: Joint Strategic Needs Assessment Summary 2011

³⁰ Life and Health in Tower Hamlets: Joint Strategic Needs Assessment Summary 2011

³¹ Membership is required and costs from £2.35 to £5 per year.

http://www.towerhamlets.gov.uk/lgsi/601-650/644_leisure_centres_and_facili/swimming.aspx

will be more public green spaces including allotments and play areas and an increased variety of accessible, affordable leisure and sports facilities.³²

³² 'Healthy Weight, Healthy Lives in Tower Hamlets: A multi-agency strategy to tackle the continuing rise in overweight and obesity, 2008–2012' by NHS Tower Hamlets.

Section 10

Active Citizenship

Tower Hamlets strong philanthropic and charitable history of assistance to its poor and migrant populations has its roots in the 19th Century Victorian era. With the inadequacies of the state's provision through the Poor Law, many socially and religiously conscious Victorians set up various provisions to help alleviate the often appalling conditions of the poor working class in London's heavily industrial East End. For example, William Booth began his 'Christian Revival Society' in 1865 and in 1878, along with others, established the Salvation Army in Whitechapel. In 1867, Dr Barnardo set up a Ragged School to provide free education to destitute children and in 1870, with so many children sleeping rough, he established his first home for boys in Stepney Causeway. In 1884, the Settlement movement was founded, with settlements such as Toynbee Hall and Oxford House, to encourage university students to experience, and work to alleviate, the conditions of poverty in East London. In 1903 the social campaigner Charles Booth published *Life and Labour of the People in London*, his famous survey, much of which was based on his study of poverty in the East End, which heavily influenced how we think about poverty today.

The history of philanthropy and charitable housing have their roots in Tower Hamlets with famous philanthropists such as Burdett-Coutts and social reformers such as Samuel Barnett, founder of Toynbee Hall, helping found the East End Dwellings Company and the Four Per Cent Industrial Dwellings Company, based on Model Dwellings Companies. They built new homes to improve the housing conditions of the working classes where investors received a financial return on their philanthropy³³. Charitable housing associations also have their root in Tower Hamlets including the Peabody Trust, formed to provide philanthropic homes for the poor and slum clearance. Tower Hamlets was also critical in the foundation of the modern worker and trade union organisations as well as the Suffragette movement. Sylvia Pankhurst established in 1912 the East London Federation of Suffragettes, fighting for women's rights for twelve years in Bow, later using the headquarters to establish a nursery, clinic and cost price canteen for the poor.

Over time, state provision has overtaken philanthropy as the main provider of welfare and community support. However, Tower Hamlets has and continues to be a centre of philanthropy and volunteering due to its continued high rates of poverty, unemployment, debt and homelessness. The following organisations continue to provide vital charitable work in Tower Hamlets:

Toynbee Hall

Toynbee Hall, founded by Samuel Barnett and his wife Henrietta and opened in December 1884, was one of the first University Settlements. Graduates from the Universities of Oxford and Cambridge lived and worked in the Settlement providing

³³ These have echoes in the contemporary Social Impact Bonds discussed later on in this section.

educational, cultural and social opportunities for the poor with the intention to promote their welfare as well as develop a deeper understanding of the causes and effects of poverty for themselves. In turn, they were able to use this knowledge to develop their services and to influence policy in wider society. R. H. Tawney, Clement Attlee, Guglielmo Marconi, and William Beveridge were all residents at one time and a number of organisations emerged from Toynbee including the Workers Educational Association (1903), Citizens Advice Bureau (1949) and Child Poverty Action Group (1965).

Today, Toynbee Hall still enables different groups to meet, organise activities and develop their own support and social networks, having an innovative Financial Inclusion and young person's project as well as the longest running free legal advice centre in London. Volunteering still plays a big part of Toynbee Hall. Volunteers help organise trips, provide free advice to people unable to afford legal fees, along with money, debt and immigration advice.

Oxford House

Oxford House, another University Settlement established in 1884 built as a home for graduates, to learn first-hand about the problems of disadvantaged areas and provide practical support for the local community. Oxford House is now a value-led organisation, providing projects, activities and resources as well as a space for multiple independent charities and social enterprises. Regularly classes and activities run at Oxford House such as Senior Dancers Class and learning Mandarin.

Bromley-by-Bow Centre

The Bromley by Bow Centre was established in 1984 and initially used for events and as a nursery, but has since expanded rapidly, particularly with the opening of a Health Centre in 1997, to become a holistic community centre. It is now the third largest provider of adult education in Tower Hamlets in addition to helping launch numerous spin-off businesses and social enterprises. Each week the centre supports approximately 2,000 people of all ages to learn new skills, find employment and improve their confidence, health and wellbeing. Projects include Working Wonders, an enterprise programme supporting people experiencing disabilities, learning difficulties and/or mental distress through professional practitioners. And Capital Talents, helping unemployed youth through 1:1 support sessions and supported work placements to match them with local employers.

Limehouse Project

Established in 1984 as a housing association to house local homeless families, it has since developed into a community centre for local minority communities to access basic advice services, information, advice and advocacy support as well as education, training, employment and volunteering opportunities. Its aim is to alleviate the difficulties, and help realise the aspirations, of the most disadvantaged members of local communities, from elderly people facing isolation and ill health, to young people in need of a mentor, with an especial focus on women, all peoples of ethnic minority origin and those for whom English is not a first language.

Quaker Social Action

Quaker Social Action was formed in 1867 from three Quaker organisations and became a refuge from the overcrowding and slums of East End streets, offering activities, summer camps, and outings for unemployed men and for women with children. Quaker Social Action continues to work to tackle social exclusion and poverty with projects including Homestore, enabling low income households to furnish their homes without getting into debt; Homelink, a rent guarantee scheme, the first project in London to provide non-priority homeless people with access to the private rented sector; and Made of Money, encouraging parents and children to listen, learn and talk about money and its impact on their lives.

London Citizens

Based in Whitechapel, London Citizens is an alliance of community organisations in London composed of faith groups including churches and mosques, schools, student organisations, union branches and residents' associations. Its campaigns include efforts to establish a London living wage, Community Land Trusts for affordable housing and CitySafe zones to protect youth from street crime.

Young Foundation

Formed in 2005 by a merger between the much older Institute of Community Studies and the Mutual Aid Centre (both creations of the late Michael Young, a leading social entrepreneur), the Young Foundation has pioneered initiatives in the field of social innovation, such as The Open University, Which?, the University of the Third Age and contemporary projects including UpRising³⁴, Working Rite³⁵ and Studio Schools³⁶.

These organisations are just a small selection of the exhaustive list of charities and community organisations in Tower hamlets. **It is estimated there are around XX charities and XX volunteers per year.**

There are also a number of organisations including the CVS and the Tower Hamlets Volunteer Centre which provide an infrastructure for volunteering and charities, helping organisations to recruit and manage volunteers, share best practice, provide training and advice on fundraising, commissioning and IT

³⁴ The UpRising Leadership Programme is a social venture and Britain's first network of emerging leaders from diverse socioeconomic, ethnic and cultural backgrounds dedicated to nurturing and developing young people between the age of 19 and 25 to become the next generation of effective leaders across the public, private and voluntary sector. It offers a unique combination of leadership training, mentoring, and support and currently works with 150 young people per year across East London, Birmingham, Bedford and Manchester, and has an alumni network of over 300 strong emerging leaders. <http://www.uprising.org.uk/>

³⁵ Working Rite is a mentoring programme that supports teenagers to achieve maturity and readiness for work. It matches youngsters with an older self-employed tradesman for a 6 month placement in a real world environment, learning the job through a one-to-one relationship.

³⁶ Studio Schools are a new, innovative type of state school designed to equip young people with the knowledge, skills and experiences they need to succeed in life and work through pioneering a bold new approach to learning which includes teaching through enterprise projects and real work.

New types of volunteering and philanthropy

Timebanking

Timebanking is a means of exchange used to organise people and organisations around a purpose, where time is the principal currency. For every hour participants 'deposit' in a timebank, this may be giving practical help and support to others, they are able to 'withdraw' equivalent support in time when they themselves are in need. The participant is able to decide what they can offer and one hour the participant gives means that they would receive one hour help back. Everyone's time is equal, irrespective of whatever they choose to exchange.

Timebanking may be from person to person, person to agency or agency to agency. Not only is it cost effective to use, but it can also help some of the most marginalised people feel a sense of self-worth and belonging, to bridge previously unbridgeable divides: race, class, gender, national origin — because it defines people by what they are prepared to do for others. Hence, Timebanking builds social networks of people who give and receive support from each other, enabling people from different backgrounds, who may not otherwise meet, to come together and form connections and friendships. Generating social capital in this way can be an important determinant of health, wellbeing and resilience, all of which can prevent needs arising.

Tower Time was set up to promote and support timebanking in Tower Hamlets. Beginning in Stepney Green with Stepney Share timebank, it has now expanded to the Bromley by Bow Centre, Toynbee Hall (Bring&Fix) and will expand to Brick Lane and Wapping. The aim is to create and personalise a series of stand-alone timebanks, which will eventually cover different neighbourhoods across the borough, incorporating youth clubs, businesses, community groups and different landlords, as opposed to a vast and impersonal body.

Care4Care

Care4Care, similar in its use of time as a currency, is an innovation to tackle the national crisis in care faced by our ageing population. Care4Care introduces the concept of a delayed reward using the currency of hours by providing support for older people through reciprocal exchange. This means that offering care and support for frailer people, by individuals who are able to help, in turn gives these individuals an earned entitlement for care and support when they need it later in life. In effect, people have "earned" their own Care Pension.

Care4Care brings additional resources into the system now. It brings reciprocity into older people's support and because the model is locally based, it increases

community resilience by building meaningful trust relationships amongst neighbours.

Foodbanks

Tower Hamlets Foodbank (part of the Trussell Trust UK wide network of Foodbanks) works to tackle hidden hunger through the provision of emergency donations of food (enough for a minimum of three days) and support to those facing real crisis. The food is donated by the community - church congregations, schools, individuals, corporations and via supermarket collections. Frontline care professionals such as social workers and school-home liaison staff identify people in crisis and refer them to foodbank centres in addition to directing them to further help and support. Volunteers perform an essential part of the work of foodbanks through collecting, sorting and distributing the food.

Good Gym

The Good Gym, run in east London in partnership with the Olympic Park Legacy Company, connects people who want to get fit with befriending and tasks that benefit the community. A Good Gym runner is paired with an isolated, less-mobile older person, who they run to and provide a service from planting to making deliveries or just a brief chat, providing them with regular friendly human contact.

Social Impact Bonds

Social Impact Bonds are a relatively new concept being pioneered as a way of attracting private investment to pay for outcomes-based social projects. In a Social Impact Bond, private investors fund the intervention through a non-profit contractor and the government pays the contractor only if the program meets its goals. The financial returns to investors are made by the public sector are only made on the basis of a significant improvement in social outcomes (such as a reduction in offending rates, or in the number of people being admitted to hospital) for a defined population. If outcomes do not improve, then investors do not recover their investment. The model was first used in Peterborough, England to fund organisations working to reduce the re-offending rates of short sentence male prisoners leaving Peterborough Prison and also in Rikers Island New York, funded by Goldman Sachs, to combat adolescent recidivism rates.

At a time of increasingly strained public finances Social Impact Bonds provide up-front funding for services which are in danger of reduced or a loss of funding altogether. Social Impact Bonds also re-allocate the risk that interventions (particularly prevention and early intervention services which are often perceived as financially risky, since their impact is sometimes difficult to predict) do not deliver outcomes from the public sector to the private sector.

References

Unless otherwise stated, information and data have come from the following Tower Hamlets Council publications:

- Life and Health in Tower Hamlets: Joint Strategic Needs Assessment Summary 2011
- Learning Disabilities Factsheet (2011 JSNA)
- Learning Disabilities Joint Strategic Needs Assessment 2010-2011
- Population: Factsheet (2011 JSNA)
- North East Locality Maternity and Child Health Profile (2011 JSNA)
- Child Poverty Joint Strategic Needs Assessment 2010
- 2011 Census Results: Headline Analysis Population growth in Tower Hamlets
- Carers Joint Strategic Needs Assessment 2010
- Adult Carers Factsheet (JSNA 2011)

Background reading

Save the Children: Developing Children's Zones for England

<http://www.savethechildren.org.uk/resources/online-library/developing-childrens-zones-england>

Save the Children have also published a report called 'Developing Children's Zones for England' which suggests having a 'children's zone' model in England. Previous studies by Save the Children have shown that overall deprivation, unemployment and low levels of adult education are associated with low educational attainment. Children who live in the most disadvantaged areas of England are much more likely to do badly at school and in other aspects of their lives than their wealthier peers. The report states that English children's zones should be developed in disadvantaged areas and should have a clear mission. An example of English Children Zones would bring schools and other child-focused institutions and service providers together. They would supplement in-school approaches with a more holistic set of interventions aimed at creating supportive contexts in which children can learn and develop. Thus, increasing educational attainment. By having children's zones could help improve children living in disadvantaged areas.

Save the Children: Making Work Pay- The Childcare Trap

http://www.savethechildren.org.uk/sites/default/files/docs/Making_Work_Pay_London_briefing.pdf

Save the Children acknowledge that the high childcare costs affect parents' ability to work, train and study, especially in London where the childcare costs are higher than other cities in the UK (on average 23% higher). Save the Children and Daycare Trust spring 2011 survey found that eight out of ten parents living in severe poverty in the UK said that the financial cost was a barrier to accessing childcare. This means that it is more difficult for these families to escape poverty as they are less likely to enter employment, hence earn more money. However, if parents were able to enter employment, research suggests that they would still be hindered by the high childcare costs which would consume a large amount of their income. The high childcare cost, also known as 'The Childcare Trap' means that work is not paying off for the poorer families. The majority of parents in severe poverty (58%) stated that they were no better off working and paying for childcare. 41% of parents in severe poverty said they would consider giving up work. Those who pay for childcare who are already in severe poverty face more extreme impacts which include moving homes, getting into debt and cutting back on key essentials, such as food and household bills to pay for childcare. Hence, entering employment does not make

parents more financially stable and 25% of parents said they would consider reducing their hours due to the reduction in the level of support through the childcare element of Working Tax Credit. Thus, the current high childcare cost and financial benefit system does not incentivise parents with young children to enter employment.

Resolution Foundation: The Price of Motherhood

<http://www.resolutionfoundation.org/publications/price-motherhood-women-and-part-time-work/>

The report surveys working part-time women with young children and found that 70 percent felt that they had freely chosen to work part-time. However, the survey also found that a lack of affordable childcare is the prominent barrier to mothers working full-time (44 percent). In this report, the high costs of childcare in the UK have been identified as one of the reasons for larger numbers of women working part-time. In addition, 43 percent said that it was not financially worth their while to work full-time, which is mainly due to the additional childcare costs leaving mothers with little take home pay. According to the report, the introduction of Universal Credit will create further disincentives for part-time working mothers intending to extend their hours.

The report concludes that greater access to affordable childcare and access to more flexible employment opportunities could be made, which would significantly improve the working lives of mothers with young children. The full report can be found:

Resolution Foundation: Childcare- Failing to Meet the Needs of Working Parents

http://www.resolutionfoundation.org/media/media/downloads/Childcare_Report_June_2011.pdf

A report by the Resolution Foundation found that the availability of affordable childcare has a critical influence on levels of female participation in the work force and improve living standards. Worklessness increases the economic vulnerability of families, and is seen as one of the main causes of child poverty.

The report states that the current UK childcare market is failing ordinary working parents as the childcare costs in the UK are high by international standards and the limited amount of childcare available outside of standard working hours. The lack of availability of childcare outside the formal hours (8am-6pm) means that parents are

limited to which jobs they can work. In addition, the childcare available outside formal hours tends to be more expensive. Childcare can also be arranged informally such as by other family members or friends. However, concerns have also been raised about the quality of some informal care and the negative impact on children's cognitive development of poor quality, full-time informal care.

The report calls the limited amount of childcare outside core hours as a market failure. Thus, the government can do more, such as making the current provision of free childcare for three and four year olds more flexible (atypical hours) and to develop a childcare market that is responsive to the needs of parents working atypical hours.

Referring to the amount of financial support available, the report predicts that despite the Government maintaining the current levels of funding, the take up of the Universal Credit is expected to be greater as more parents will be eligible for support. Hence, more parents and the same funding pot means less support will be available for each family. The full report can be found here:

Barnardo's: Paying to work- Childcare and Child Poverty

http://www.barnardos.org.uk/ptw_childcare_and_child_poverty.pdf

A report by Barnardo's highlights how the high cost of childcare will cause substantial difficulties for many parents seeking to enter work, or work longer hours, once the Government's new Universal Credit system is introduced. The high childcare costs and the tax and benefit system may cause parents to lose a substantial proportion of any extra money they earn. The report presents calculations of how parents would be financially affected in different scenarios.

The report suggests that the high childcare costs may reduce incentives for families on low incomes to work, undermining the Government's aim on making work pay and enabling families to work their way out of poverty. As a result, the report advises the Government to ensure that 80 percent of childcare costs are covered through Universal Credit. This would increase the amount of money families take home from work, making work pay and be one step closer to lifting children out of poverty. The full report can be found here:

IPPR: The future of childcare?

<http://www.ippr.org/publication/55/9763/double-dutch-the-case-against-deregulation-and-demand-led-funding-in-childcare>

A new policy proposed by the government in January 2013 will see a relaxation in the number of pre-school children that nurseries and registered childminders can oversee as part of a move to professionalise the pre-school workforce and cut the cost of childcare in England.

Currently, childminders and nurseries are restricted to a certain number they can look after per staff. The policy proposed would allow one childminder or one nursery to look after more children than previously. This in turn will make childcare more widely available. A proposed 'one-stop shop' child agencies will provide more help to home-based childminders. Setting up 'one-stop shops' called childminder agencies to do the practicalities will give parents some reassurance over the quality of childcare and increase the amount of childcare services available.

However, critique exists over deregulating childcare that reducing regulation of childminders (by loosening child-to-adult ratios or ending individual registration and inspection) would undermine quality and parental trust. The reductions of childcare costs may not take place. The full report which can be found here: