



DIRECTOR OF PUBLIC HEALTH
ANNUAL REPORT 2018

Vulnerable Communities

North East Lincolnshire Council



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Acknowledgements

I would like to thank the following colleagues, teams and organisations for their invaluable help and support in producing this report.

I would also like to thank everyone who agreed to share with us the ways in which their circumstances have affected their health and wellbeing, and gave their voice to this report.

North East Lincolnshire Council Public Health Team

- Caroline Barley
- Geoffrey Barnes
- Carolyn Beck
- Shola Bolaji
- Joanne Bownes
- Vanessa Catterall
- Diane Halton
- Mike Hardy
- Philip Huntley
- Lynne Mallinson
- Dan Pyrah
- Katrice Redfearn
- Hazel Stevens
- Glyn Thompson
- Claire Ward
- Christopher Wilcockson

North East Lincolnshire Council

- Children's Services
- Commissioning and Strategic Support Unit
- Education Services
- Home Options
- Safeguarding
- Safer and Stronger Communities
- Trading Standards
- Young Carers Project

Addaction

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Harbour Place Day Centre

Humberside, Lincolnshire and North Yorkshire Community Rehabilitation Company

National Probation Service, North East Division

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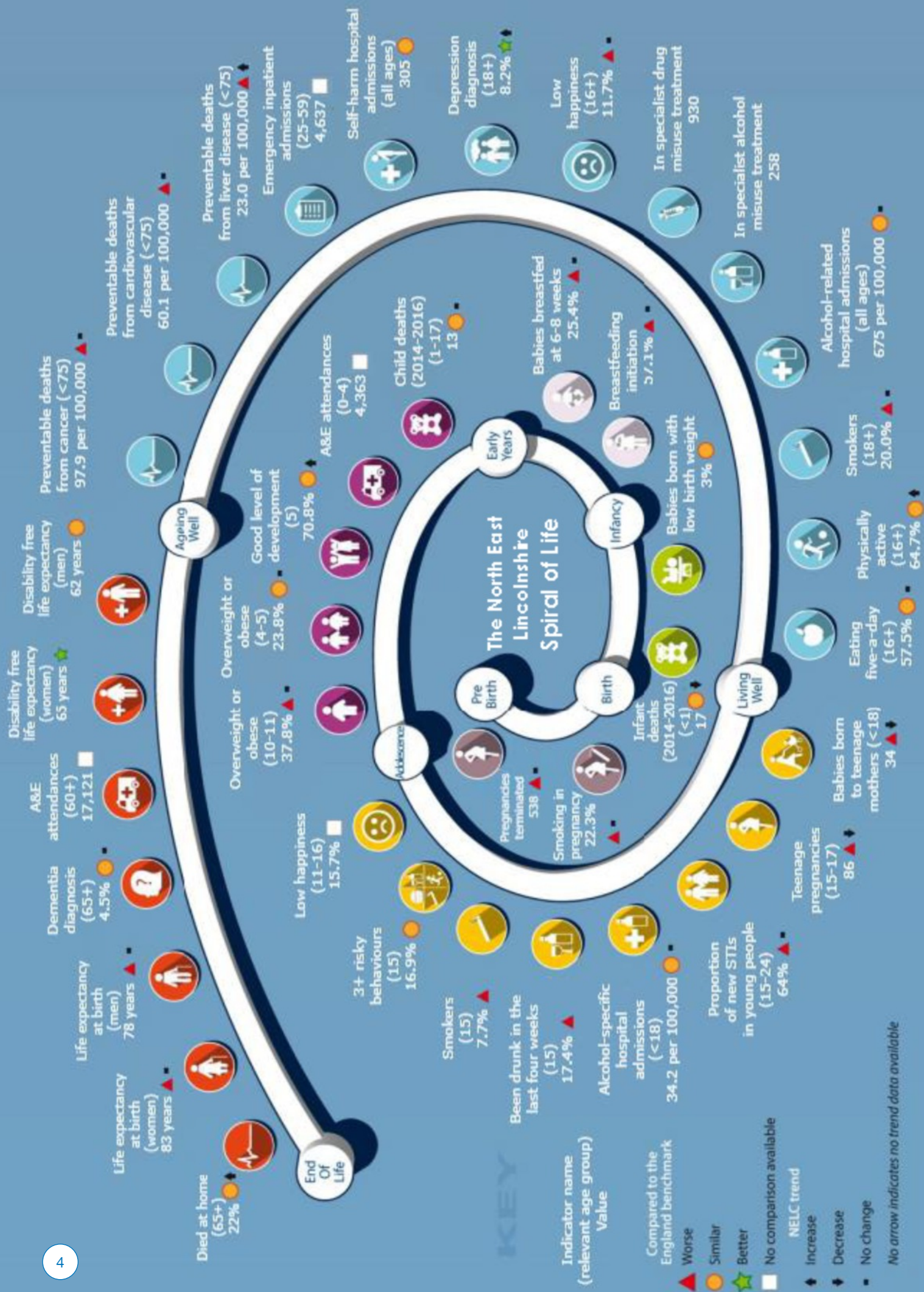
North East Lincolnshire Carers Support Service

North East Lincolnshire Clinical Commissioning Group (NEL CCG)

North East Lincolnshire Women's Aid

Northern Lincolnshire and Goole NHS Foundation Trust

Open Door



Foreword

from Stephen Pintus,
Director of Health and Wellbeing



Welcome to the 2018 Director of Public Health Report for North East Lincolnshire.

This year's report continues on from previous reports looking at health and wellbeing throughout people's lives. I have previously reported on the best start in life, ageing well and living well through employability.

This year, I have focused on vulnerable communities; to highlight the health inequalities experienced by many communities in the borough.

I recognise that focusing on vulnerable communities carries some risk as to whether I have missed certain communities and key circumstances where people are vulnerable. I have tried to cover as many groups of people as I could, using available information and contacts. If there are key omissions then I hope this report prompts a remedy to this.

I could have written a whole report dedicated to people living in poverty and the associated health inequalities. By focusing on these groups, I hope to draw attention to the experiences of the communities that often accompany financial hardship and arguably amplify the impact on health and wellbeing.

At the outset, the report attempts to define its parameters. All of us can find ourselves 'vulnerable' at times of our lives. Our ability to cope with these situations is an indication of our resilience, the skills networks and resources we can draw on to help us emerge unscathed.

There is a growing body of research exploring what factors determine different degrees of resilience among people facing the same adverse circumstances. Identifying these characteristics will form a vital component of our efforts to support people coping, whilst at the same time trying to support change to the adverse environment.

This report only touches on the important mechanisms for safeguarding both children and adults from neglect and harm. Again, separate reports are produced annually indicating the extent of the challenges facing these people who have triggered the need for intervention by services.

We also need to begin a debate about vulnerability, freedom of choice and responsibility. Whilst there is a clear legal framework shaping our approach to children and responsibility, we need to revisit our collective approach to vulnerable adults and make sure we are not overlooking situations of neglect, however it comes about, citing freedom of choice and person of responsibility. Have we got our collective response right?

As part of the approach to this report, I have engaged with a range of colleagues to help give voice to individuals from within these communities. As you will see, experience has been mixed despite their efforts. This highlights a need for some vulnerable communities, to explore with our public sector partners how we hear their voice.

I hope this report serves to stimulate debate, dialogue, action and in some cases review how we are engaging communities to help shape our intelligence, the support given to build resilience, and improve their experience.

Stephen Pintus
Director of Health and Wellbeing
(Director of Public Health)
North East Lincolnshire Council

Executive Summary

This annual public health report explores the impact of vulnerability on the health and wellbeing of people affected. There are numerous examples of vulnerability and everyone in the population will be 'vulnerable' in some way, or at some point in their life.

For the purpose of this report, we have identified a number of specific 'communities' across the lifecourse where evidence suggests the identified vulnerability can potentially impact severely on their health and wellbeing, both now and in the future, and where we have evidence of significant impact on health in North East Lincolnshire.

Whilst many of the impacts we identify in this report are associated with people's health, many of the other impacts affect people in a whole range of ways, including their access to employment, their exposure to crime, their ability to obtain a good education, the quality of their housing or living environment and the quality of their relationships with friends and family.

The experience of vulnerability is also likely to reduce the resilience of people to cope with adverse events in their life and therefore they become more likely to be affected by secondary effects such as mental health problems, substance misuse issues and ultimately homelessness.

Therefore, many people will experience multiple vulnerabilities, which will make developing an effective response all the more complex and ultimately increasing the risk of a poor outcome for that individual.

Key findings from this report include:

- Half of children taken into care in North East Lincolnshire in 2016/17 had never seen a dentist or optician
- Children and young people (CYP) with special educational needs and disabilities (SEND) in North East Lincolnshire are four times more likely to be excluded from school than CYP without SEND
- Half of all known young carers in North East Lincolnshire come from the five most deprived wards
- A fifth of adults in North East Lincolnshire with a long-term muscle, bone or joint problem report feeling depressed or anxious
- Adults in North East Lincolnshire with a long-term, serious mental illness are four times more likely to die early
- 17% of households accepted by North East Lincolnshire Council as homeless are so because of domestic violence
- Being an unpaid carer has made two-fifths of North East Lincolnshire's carers worse off financially
- Almost 1,000 people in North East Lincolnshire have limited or no ability to speak English, and report poorer health status than those who can speak English
- North East Lincolnshire has a higher rate of reported hate crimes against LGBT people than the England average
- The average age of death for a rough sleeper in England is 47-years-old.
- In 2017, around 340 prisoners released from prison returned to live in North East Lincolnshire
- North East Lincolnshire has a rate of mortality amongst men with chronic liver disease that is almost twice the national average
- Substance misuse is a highly prevalent issue amongst the borough's street-based sex workers

Recommendations

from this year's report

- To develop and implement support programmes to improve education and employment outcomes for looked-after children
- Review the health assessments of vulnerable children in the borough, including looked-after children and children with special educational needs and disabilities, to ensure they are fit for purpose for strategic commissioning and service planning
- Use the next Adolescent Lifestyle Survey to further explore the needs of the borough's young carers
- Encourage local employers to sign up to Disability Confident, the official scheme designed to help employers recruit and retain disabled people with people with long-term health conditions
- Ensure that the upcoming mental health needs assessment informs strategic commissioning and service planning across the lifecourse
- Encourage all of the council's partnership organisations to adopt the white ribbon campaign, which aims to end male violence against women
- Work with North East Lincolnshire CCG and the North East Lincolnshire Carers' Support Service to promote the health and wellbeing of carers, by encouraging carers to register with the support service and with their GP
- Work with the council's communications team to establish better links with North East Lincolnshire's LGBT and ethnic minority communities
- Work with local homelessness services and their service users to produce a needs assessment of the borough's rough sleepers
- Re-establish joint working with key organisations that work with ex-offenders, including probation, NHS England, local health services and local voluntary and community sector organisations
- Establish an open-access centre for a burgeoning recovery community of former drug and alcohol misusers in North East Lincolnshire
- Promote the sexual health outreach service and raise awareness with local health professionals of the needs of sex workers
- To better understand the older population in terms of frailty, through approaches such as routine frailty identification in general practice, to enable the targeting of appropriate interventions

Introduction

Vulnerability is a concept that many people will be able to recognise, but few will be able to define in exact terms. This is because there are many different views on what makes someone a vulnerable person.

Some have described vulnerability as the susceptibility to harm, identifying people who lack the resilience to deal with challenges to their health and wellbeing¹.

Others have described vulnerability as occurring when threats to an individual's health and wellbeing become greater than their capacity to deal with them².

Vulnerability has also been described as applying to those at a greater risk of harm³.

Vulnerability is not an 'either, or' concept. With such a variable definition, vulnerability exists on a spectrum, and we are all at some point in our lives part of a vulnerable group, with vulnerability affecting individuals from all ages and from all walks of life.

Nor is it true that simply being part of a particular social group makes someone vulnerable. However, there are undeniable patterns of vulnerability within individuals of certain demographics, social or economic circumstances, or behaviours.

It is the intention of this report to highlight just some of those groups, to demonstrate the extent of their vulnerability, to understand their needs and to make recommendations to help manage their vulnerability to ensure the best possible health outcomes.

The scale of vulnerability in North East Lincolnshire

Assessing the scale of vulnerability in North East Lincolnshire is not straightforward - just over a third of the borough could be described as vulnerable based on the groups presented in this report.

Whilst this is likely an overestimate - as many people will fit into more than one group - it does suggest there is a high level of vulnerability to poor health and wellbeing across the borough.

Vulnerability and the law

Some of the communities referred to in this report are particularly vulnerable, and as such, legal frameworks exist to give them extra protection:

Equality Act (2010)

The Equality Act 2010⁴ includes a number of protected characteristics, which are characteristics which are particularly vulnerable to being discriminated against, such as age, disability, race, religion and sexual orientation.

Mental Capacity Act 2005

The Mental Capacity Act 2005⁵ gives caregivers and professionals a legal framework within which they can make decisions in the best interests of those in their care who are aged 16 or over, and who lack the capacity to make particular decisions themselves at the time the decision needs to be made.

Under the Mental Capacity Act, someone lacks capacity if there is an impairment or disturbance in their cognitive functioning which is sufficient to prevent them from making a decision.

The impairment or disturbance might arise from having a learning disability or dementia, although by no means will everyone with these conditions will lack capacity.

Lacking capacity is not necessarily a permanent state, as mental capacity can come and go depending on the nature of someone's condition. As a result, the number of people who lack capacity at any one point is not known. However, it is estimated that around 4% of the UK population lack capacity to make decisions for themselves⁶, at the time the decision needs to be made.

This is equivalent to around 6,000 people in North East Lincolnshire.

Deprivation of Liberty Safeguards

Where a person's care and treatment amounts to a deprivation of liberty, and they lack capacity to consent to it, the deprivation must be authorised if it is to be lawful. As part of the Mental Capacity Act, the Deprivation of Liberty Safeguards⁷ (DoLS) provide the mechanism for reviewing applications and ensuring they are in the person's best interests.

Most often, DoLS applications are for older people in care homes - of the 685 individuals that DoLS applications have been made for in the 2016/17 financial year, the vast majority have been for older people in nursing or residential care homes⁸.

Where a deprivation of liberty for someone lacking capacity occurs outside of the care settings covered by the DoLS framework, applications to authorise the deprivation are made to the courts.

Mental Health Act 1983

The Mental Health Act 1983⁹ allows for the detention of people with a mental disorder in the interests of their own safety or the safety of others.

On March 31, 2017, 50 people were subject to detention under the Mental Health Act 2007 in North East Lincolnshire¹⁰.

Children Act 1989/2004

The Children Act 1989¹¹ provides a legal framework for local authorities to ensure that children are safeguarded and their welfare promoted.

The act is used to identify both children in need and looked after children.

Across the 2016/17 financial year, 3,441 children in North East Lincolnshire were identified as in need of local authority intervention, the vast majority of whom because of parental neglect¹².

4 HM Government (2010) *Equality Act 2010*
5 HM Government (2005) *Mental Capacity Act*
6 Social Care Institute for Excellence (2006) *Assessing the mental health needs of older people*

7 Social Care Institute for Excellence (2015) *Deprivation of Liberty Safeguards (DoLS) at a glance*
8 NHS Digital (2017) *Mental Capacity Act 2005, Deprivation of Liberty Safeguards (England), Annual Report 2016-17 – Annex A*
9 HM Government (1983) *Mental Health Act*
10 NHS Digital (2018) *Mental Health Act Statistics, Annual Figures 2016/17*
11 HM Government (1989) *Children Act 1989*
12 Department for Education (2018) *Characteristics of children in need: 2016 to 2017*

Care Act 2014

The Care Act 2014¹³ sets out guidelines for how local authorities should protect vulnerable adults at risk of abuse or neglect, such as establishing adult safeguarding boards.

Safeguarding Boards

Under the Children Act 2004¹⁴ and the Care Act 2014, every local authority has safeguarding boards for children and vulnerable adults respectively.

Local Safeguarding Children Board

The local safeguarding children board (LSCB) is a multi-agency body with representatives from organisations such as the police, probation, health services and voluntary or community organisations.

The Multi Agency Child Exploitation (MACE) process picks up on child exploitation in the borough, including child sexual exploitation (CSE) and child criminal exploitation (CCE).

The North East Lincolnshire LSCB reports that throughout the 2016/17 financial year, 79 children were identified as being at risk of child sexual exploitation, including 18 at high risk¹⁵.

Child criminal exploitation has been identified by the LSCB as an emerging theme in 2016/17 with 73 children identified at risk of CCE.

In response to this, training and guidance have been disseminated by the LSCB, a task and finish group has been established and a CCE strategy produced.

At the end of March 2017, 202 children in North East Lincolnshire were on a child protection plan.

Safeguarding Adults Board

The safeguarding adults board (SAB) is a multi-agency body with representatives from the local authority, CCG and police, as well as elected members and voluntary or community representatives.

The North East Lincolnshire SAB reports that throughout the 2016/17 financial year¹⁶, 1,274 safeguarding concerns were raised, resulting in 554 investigations.

The main causes for concern are neglect, financial abuse, physical abuse and psychological abuse.

In 2016/17, roughly a third of all concerns raised to the NEL SAB were connected with neglect.

Working Together to Safeguard Children and the Children and Social Work Act 2017

Under the arrangements established by the Children and Social Work Act 2017¹⁷, the 2018 update to the Working Together¹⁸ safeguarding guidance sets out a range of changes to safeguarding arrangements, including replacement of the LSCB with a group of local safeguarding partners and a transfer of responsibility for child death reviews from the child death overview panel (CDOP) to new child death review partners¹⁹.

In North East Lincolnshire, this means that the local authority, Humberside Police and North East Lincolnshire Clinical Commissioning Group must make arrangements to work together with other relevant agencies, to safeguard and protect the welfare of children in the local authority area.

Government guidelines state these changes should take place by September 2019¹⁹.

Approaching the report

The report orders sections by lifecourse, in order to provide a flow to the report and make it easier to navigate. It recognises that some of the issues explored do not fall neatly into the life course.

Each section follows a structure, providing background, local intelligence, evidence of impact and where possible, quotes taken from conversations or consultations with people within the communities being explored.

We have sought to engage with our vulnerable communities and those who represent them, to hear in their own words the challenges and threats to their health and wellbeing that they experience.

We have invited input in a variety of formats, and where people have contributed through audio or video, a link is provided to the web version of this report.

Where local data does not exist or is unavailable, national data has been used, either presented on its own, or used to model an estimated local figure.

Starting well

- Looked after children and care leavers
- Children with special educational needs and disabilities
- Young carers

Living well

- Adults with disabilities
- Adults with enduring mental health problems
- Victims of domestic abuse and violence
- Carers
- Ethnic minorities
- Lesbian, gay, bisexual and transgender
- Rough sleepers
- Ex-offenders
- Addiction
- Sex workers

Ageing well

- Frailty in older age



Starting well

Looked after children and care leavers

Children with special educational needs and disability

Young carers



Looked after children and care leavers

Looked after children (LAC) are children who have been placed in the care of the local authority through either a voluntary agreement with the child's parents, or through a court order¹¹.

They are some of the most vulnerable children²⁰ in the borough, with the vast majority taken into care because of abuse, neglect, family dysfunction or absent parenting^{21,22}.

The number of looked after children in North East Lincolnshire has increased significantly in recent years, almost doubling since 2013²³. There are now 385 children in North East Lincolnshire who are in the care of the local authority.

Most are in foster placements, some are in children's homes, and some are with their parents or another relative.

Compared to the rest of England, North East Lincolnshire has a higher than average rate of looked after children, and the rate has increased in recent years²³.

Children in care cease to be looked after when they turn 18, but receive support from the local authority until they turn 21, or 25 if they have significant special educational needs.

Care leavers in foster care can request to remain in foster care until they turn 21.

Physical health

Whilst the physical health of children under the care of local authorities is considered good overall, many children who enter local authority care do so in poor physical health, due to the neglectful homes they have come from²⁴.

More than half of children who became looked after by North East Lincolnshire Council in 2016/17 had no history of an eyesight check or dental check and some were not registered with a GP²⁵.

Approximately 12% had a chronic health problem, including 5% who had multiple long-term health problems²⁵.

More than a fifth of local children who became looked after in this time period had not received necessary vaccinations²⁵.

Health assessments of newly looked after children in North East Lincolnshire most frequently identify health concerns such as oral health, skin conditions and excess weight²⁵.

Mental health

Looked-after children typically have poorer mental health outcomes than other children, with high rates of behavioural disorders, anxiety disorders and attention-deficit hyperactivity disorder (ADHD) - overall they are four times more likely than children who aren't in care, to suffer from a mental health problem²⁶.

Data specific to North East Lincolnshire shows that 37% of looked-after children scored highly on the Strengths and Difficulties questionnaire, suggesting mental health concerns²².

Between April 2016 and March 2017, 45 looked-after children in North East Lincolnshire were referred to child and adolescent mental health services (CAMHS)²⁵.

Half of these referrals have been for behavioural problems, with the remaining referrals split roughly evenly between anxiety, low mood and attachment difficulties respectively²⁵.

Research indicates that looked-after children and care leavers are more likely to self-harm or commit suicide - between 2014 and 2015, 8% of all suicides in England of people aged under 20 involved either a child in care or a care leaver²⁷.

In 2016/17, there were 17 attendances at accident and emergency for self-harm amongst looked-after children in North East Lincolnshire²⁵.

²⁰ Simkiss (2012) *Looked after children and young people in Annual Report of the Chief Medical Officer 2012*

²¹ Children, Schools and Families Select Committee (2009) *Looked after children*

²² Department for Education (2017) *Children looked after in England including adoption 2015 to 2016*

²³ Department for Education (2018) *Children looked after in England including adoption 2016 to 2017*

²⁴ Croft (2014) *Meeting the physical health needs of our looked after children*

²⁵ Northern Lincolnshire and Goole NHS Foundation Trust (2017) *Health Profile of Looked After Children, 2016/17*

²⁶ NSPCC/Woolgar (2015) adapted from Ford (2007)

²⁷ University of Manchester (2017) *Suicide by children and young people. National confidential inquiry into suicide and homicide by people with mental illness (NCISH).*

Development and school readiness

As a result of negative early childhood experiences, the development of looked after children can suffer²⁸.

The Ages and Stages Questionnaire (ASQ3) is given to all children aged between two to three years²⁹.

It is thought that in North East Lincolnshire, looked after children have poorer ASQ3 scores than children who are not looked after, which can negatively impact them in later years.

Data on school readiness shows that 46% of looked after children in North East Lincolnshire are achieving a good standard of development by the age of five years³⁰, compared to 71% of all children in North East Lincolnshire³¹, demonstrating that LAC in NEL are less likely to be school ready than other children.

School

Educational outcomes for looked-after children are generally poorer than their peers. They are more likely to be excluded, have unauthorised absences from school or change school entirely during important periods of schooling³².

Progress scores in reading and maths for looked after children in North East Lincolnshire are poorer than average, and almost half of looked after children in North East Lincolnshire have special educational needs or a disability³³.

In 2016, looked after children in North East Lincolnshire had the lowest average GCSE attainment score in England, at 12.1, lower than all other local authorities, just over half of the score of an average looked after child in England and less than a quarter of the average GCSE pupil in England³³.

In the same year, one-in-eight local care leavers aged 19-21 had progressed to further education and less than one-in-ten progressed to higher education²².

Risky behaviours

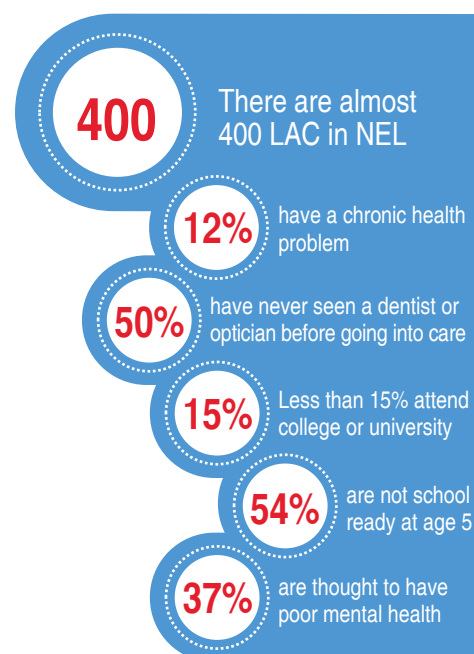
Risky behaviours such as smoking, alcohol consumption and drug use are thought to be high amongst looked-after children, both locally and nationally.

Research published^{34,35}, by paediatricians at Diana Princess of Wales Hospital in Grimsby found that the use of alcohol, tobacco and cannabis was common amongst local looked-after children, with some children beginning to smoke in primary school. These behaviours were connected with injuries, self-harm, alcohol poisoning and sexual activity whilst under the influence.

Homelessness

Care leavers are considered to be in priority need for housing until they turn 21, or 25 if they have significant special educational needs.

Despite this, rates of homelessness are high amongst care leavers. Centrepoin - a national youth homelessness charity - reported in 2017 that 26% of care leavers have 'sofa surfed' and 14% have slept rough³⁶, due to issues such as poor preparation when leaving care, discrimination by landlords and inability to afford rents.



²⁸ NSPCC (2012) *Looked after children (children in care)*

²⁹ Department of Health (2016)

³⁰ North East Lincolnshire Council (2018)

³¹ Public Health England (2018) *Fingertips*

³² Sebba et al (2015) *The educational progress of looked after children in England: Linking care and educational data*

³³ Department for Education (2017) *Outcomes for looked after children*

³⁴ Panwar and Wilson (2011) *Substance misuse in looked after children of North East Lincolnshire*

³⁵ Samuel, Wilson and Fell (2012) *Profile of smoking in looked after children*

³⁶ Centrepoin (2017) *From care to where? Care leavers' access to accommodation*

Employment

Employment outcomes for care leavers are thought to be poor. There is limited evidence on the long-term impact, but at the end of March 2017, less than half of care leavers in North East Lincolnshire aged 19-21 were in education, employment or training²³.

In a recent consultation, North East Lincolnshire's looked after children said they needed more help from the local authority to help them get into work or further education, and to help them navigate the benefits system:

"I need more help with getting a job, as leaving care and going straight onto benefits in a poky flat can't be good for anyone."

Unaccompanied asylum seeking children

Unaccompanied asylum seeking children (UASC) are those children who have been granted asylum in the United Kingdom but are unaccompanied by their parents, as most have lost their parents due to war or whilst travelling to seek asylum³⁷.

They are few in number in North East Lincolnshire, but unaccompanied asylum seeking children typically have significant need, with missing medical histories and experience of significant hardship³⁸. Their mental and physical health is typically much poorer and some have been exposed to communicable diseases uncommon in the UK³⁷.

Evidence gathered by local services suggests that the backgrounds, experiences and health needs of unaccompanied asylum seeking children in North East Lincolnshire are similar to the issues outlined above.

KEY POINTS

- The number of looked-after children in North East Lincolnshire has almost doubled since 2013.
- In North East Lincolnshire, looked after children are much more likely to be referred to CAMHS than children who aren't in care.
- Looked after children in North East Lincolnshire have some of the poorest GCSE scores in England.
- Less than 10% of care leavers in North East Lincolnshire progress to higher education.

RECOMMENDATIONS

- To develop and implement support programmes to improve education and employment outcomes for looked-after children.
- Review the health needs assessments of vulnerable children in the borough, including looked-after children and children with SEND, to ensure they are fit for purpose for strategic commissioning and service planning.



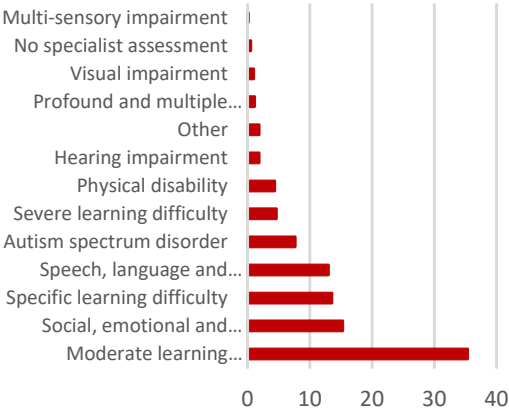
Children with special educational needs and disabilities (SEND)

There are just over 3,100 (13%) school-age children with special educational needs or disabilities in North East Lincolnshire³⁹, including 2,750 in mainstream schooling, the equivalent of three SEN pupils in the average primary school class⁴⁰ and two in the average secondary school class⁴¹.

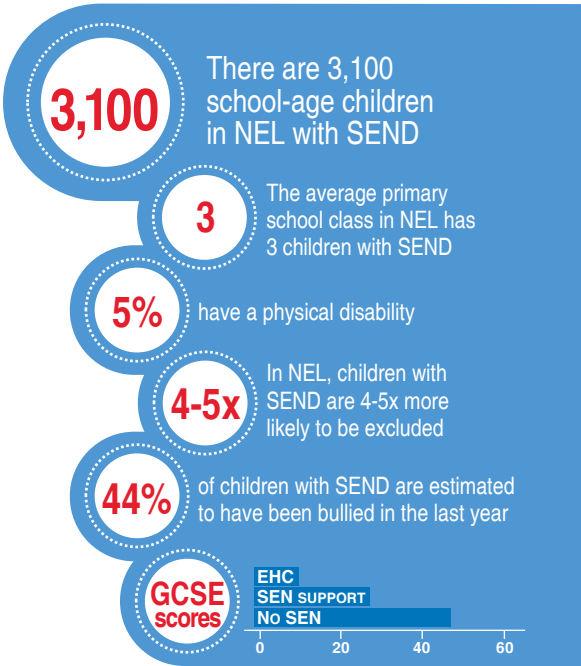
Generally speaking, a child is classed as having SEND if they have a learning difficulty or disability that causes them greater difficulty than others and requires special provision.

Figure 1, below, shows the percentage of SEND children their 'primary' SEND need - though SEND children often have more than one type of need.

Figure 1 - Children in North East Lincolnshire with SEND, by primary need, 2017/18



Source: North East Lincolnshire Council (2018)



39 Department for Education (2018) *Special educational needs in England: 2018*
40 Department for Education (2018) *Schools, pupils and their characteristics: January 2018 – Local authority tables*
41 Department for Education (2018) *Schools, pupils and their characteristics: January 2018 – National tables*

Mental and physical health

Children with SEND are more likely to have psychological difficulties or poor wellbeing⁴².

Approximately 25% of children with SEND have a high degree of psychological difficulty, compared to 11% of children without SEND, however these psychological difficulties may be the reason they have been identified as having SEND in the first place⁴².

They are generally more likely to report being unhappy with their life, particularly when it comes to school and their friendship group⁴².

5% of children with SEND in North East Lincolnshire have a disability, which may result in increased hospital visits and GP appointments.

Figures for North East Lincolnshire show that older children with a 'special need, long-term condition or disability' have lower mental wellbeing scores than children without⁴³.

Social isolation and bullying

Having a disability or special educational needs is associated with an increased risk of experiencing bullying or experiencing some form of exclusion.

Young primary school children with SEND are twice as likely to be persistently bullied than their peers⁴⁴ and the fear of bullying has stopped many disabled children and young people from accessing leisure or recreational facilities⁴⁵.

Figures for North East Lincolnshire show that 44% of children aged 11-16 with a 'special need, long-term condition or disability' have been bullied in the last year, compared to 28% of children without⁴³.

Educational outcomes

Children with SEND have much poorer educational attainment than children without, and in North East Lincolnshire, children with SEND typically achieve poorer results than the England average for SEND children⁴⁶.

Not only do children with SEND achieve poorer outcomes, many do not get a proper chance at their exams, with SEND children in NEL being four times more likely to be permanently excluded and five times more likely to be temporarily excluded than non-SEND pupils⁴⁷.

Transition into adulthood

Support for children with SEND extends beyond childhood until early adulthood, with support provided until the young person reaches 25, for young people with more significant need.

The transition to adulthood can be difficult for any young person, however it can be particularly difficult for young people with SEND⁴⁸.

There are four key areas of difficulty for young people with SEND transitioning into adulthood⁴⁸, which are discussed in the section on adults with disabilities.

KEY POINTS

- The average primary school class in North East Lincolnshire has 3 children with SEND.
- Children with SEND are more likely to be bullied than their peers.
- Children with SEND in North East Lincolnshire are four times more likely to be excluded from school than their peers.
- Children with SEND in North East Lincolnshire have poorer educational achievement than average for SEND children across England.

RECOMMENDATIONS

- Review the health assessments of vulnerable children in the borough, including looked-after children and children with special educational needs and disabilities, to ensure they are fit for purpose for strategic commissioning and service planning.

⁴² Barnes and Harrison (2017) *The wellbeing of secondary school pupils with special educational needs*

⁴³ North East Lincolnshire Council (2015) *Adolescent Lifestyle Survey*
⁴⁴ Beresford and Clarke (2009) *Improving the wellbeing of disabled children and young people through improving access to positive and inclusive activities*

⁴⁵ Chatzitheochari et al (2014) *Bullying experiences among disabled children and young people in England: Evidence from two longitudinal studies*

⁴⁶ Department for Education (2018) *SFR01/2018: GCSE and equivalent results in England 2016/17 (revised)*

⁴⁷ Department for Education (2018) *Permanent and fixed-period exclusions in England: 2016 to 2017*

⁴⁸ North East Lincolnshire Council (2018) *SEN – Preparing for adulthood*

Young carers



Young carers are children who look after a member of the family who has a long-term condition, disability or substance misuse problem⁴⁹.

Their day-to-day responsibilities typically include cooking, cleaning, shopping, personal care and emotional support⁴⁹.

Most young carers in England care for someone in their own home. Just over half care for their mother and a quarter for a sibling⁵⁰.

An estimated 78% of young carers provide help around the home, 57% provide emotional support and 26% provide nursing care⁵⁰.

Roughly half of young carers provide an hour or so of care each day, but some provide much more, with 14% reporting providing more than four hours of care on a weekday⁵⁰.

The latest available information shows there are 271 children and young people living in North East Lincolnshire who are known to be young carers.

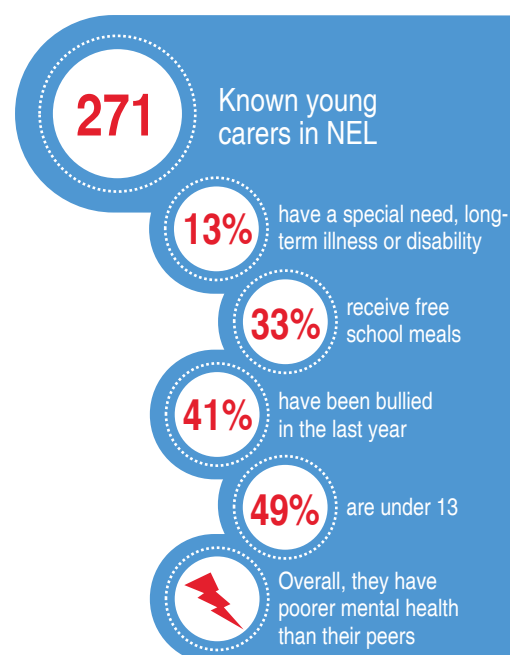
However, the council's 2015 Adolescent Lifestyle Survey found that 11% of secondary-school children reported providing care at home, meaning the number of young carers could be much higher than the known figure.

44% of known young carers in North East Lincolnshire are aged 8 to 12 and 51% are aged 13 to 19. Just 5% are younger than 8.

There is variation across the borough in terms of where carers live, suggesting that there is a relationship between deprivation and becoming a young carer - half of all known young carers come from the borough's five poorest wards, and a third of young carers in North East Lincolnshire aged 11-16 receive free school meals.

This creates an additional layer of vulnerability for young carers, suggesting that young carers across the borough are not only dealing with the issue of having to provide care for someone else, but they're starting off from a disadvantaged background.

Young carers are thought to be more at risk of social isolation⁵¹, underachievement at school⁵², being bullied⁵², poverty⁵³, stress⁵⁴ and ill health⁵¹.



⁴⁹ Barnardo's (2011) *Young carers*

⁵⁰ Department for Education (2017) *The lives of young carers in England: omnibus survey report: research report*

⁵¹ The Carers Trust (2014) *Protecting the health and wellbeing of young carers*

⁵² Family Action (2014) *Be bothered! Making education count for young carers*

⁵³ Joseph Rowntree Foundation (2000) *Young carers' transitions into adulthood*

⁵⁴ The Carers Trust (2015) *Young carers are worried and stressed, but proud of what they do*

Social Isolation

A recent report from the Department for Education⁵⁰ (DfE) found:

- Many young carers feel their social lives are limited
- Many felt they didn't have enough free time
- Even when not caring, they felt unable to enjoy themselves

In a recent consultation, young carers told us:

"Socialising is a struggle... no time to do anything."

"I can't go to after school clubs because my brother is poorly."

Whilst social isolation is a clear barrier to children enjoying a healthy and fulfilling childhood, it is also thought to have impact in later life, with social isolation in childhood linked to smoking, obesity and poor mental health in adulthood⁵⁵.

School

As children must stay in full-time education until 16, and some form of training until 18, this gives them no option but to balance a normal childhood, school and caring.

Ultimately, this means many struggle to complete schoolwork:

"I don't have time to do homework because I'm busy caring."

DfE surveys⁵⁰ also suggest young carers are more likely to be absent from school.

In the long-term this can impact on educational achievement. The Children's Society reported that a survey from 2013 demonstrated that young carers obtain poorer GCSE results and have a greater likelihood of both being out of education, employment or training at 19 and in low paid work by 21.

Young carers are also more likely to be bullied, with estimates suggesting that 68% of young carers have been bullied, including 26% bullied specifically because they were a young carer⁵⁶.

Data from the North East Lincolnshire Adolescent Lifestyle Survey 2015 (NEL ALS) found that 41% of young carers aged 11-16 had been bullied in the last year, compared to 29% of children aged 11-16 who were non-carers.

Physical and mental health

Surveys from the DfE, carried out in 2015 and 2016⁵⁰ found little evidence to suggest poorer health outcomes for young carers, but did identify that issues that may affect health and wellbeing, such as feelings of anger, sadness, loneliness and low self-worth were estimated to be more common amongst young carers than their non-caring peers.

Other research, reported on by The Carers' Trust suggests that 38% of young carers self-reported a mental health problem, and 29% self-reported their health as 'just ok'.

Data from the NEL ALS found that 13% of young carers have a special need, long-term illness or disability, compared to 8% of their non-caring peers.

Additionally, the NEL ALS also found that young carers in the borough have poorer mental wellbeing than their non-caring peers.

KEY POINTS

- There are 271 young carers known to services in North East Lincolnshire
- 41% of young carers in North East Lincolnshire aged 11-16 report being bullied.
- 13% of young carers in North East Lincolnshire aged 11-16 have a special need, disability or long-term illness.
- Local young carers aged 11-16 report poorer mental health and wellbeing than their non-caring peers.

RECOMMENDATIONS

- Use the next Adolescent Lifestyle Survey to further explore the needs of the borough's young carers.



Living well

Adults with disabilities
Adults with enduring mental health problems
Victims of domestic abuse and violence
Carers
Ethnic minorities
Lesbian, gay, bisexual and transgender
Rough sleepers
Ex-offenders
Addiction
Sex workers



Adults with disabilities

The Equality Act 2010⁵⁷ defines a disability as a physical or mental impairment with a substantial and long-term negative impact on the ability to do normal daily activities.

Estimates of the number of adults living with a disability in North East Lincolnshire vary, however it is thought that between 14,000-20,000 people aged 16 and over in the borough are living with some form of disability^{58,59,60}.

Learning disabilities

The estimated number of adults in North East Lincolnshire with a learning disability varies, however it is thought that there are around 500-750 adults with learning disabilities.

Physical and sensory disabilities

There are over 12,000 working age adults with a physical disability and an estimated 7,800 adults aged 65 or over whose 'day-to-day activities are limited a lot'.

Data from the Department of Work and Pensions suggests the most common physical disabilities are musculoskeletal conditions, particularly arthritis, spondylitis and unspecified diseases of the muscles, bones and joints.

Respiratory diseases, circulatory diseases and nervous system disorders also contribute significantly to the burden of disability in North East Lincolnshire⁵⁹.

In NEL in 2016/17, there were an estimated 2,068 people with blindness or a visual impairment and an estimated 8,434 people deaf or hard of hearing⁶².

Mental health and social isolation

Approximately 30% of people with a long-term condition also have a mental health problem⁶³, which presents a dual burden on their health and reduces their quality of life.

An estimated 50% of disabled people will be lonely on any single day⁶⁴, especially disabled young people.

This is in part due to lower levels of employment⁶⁵, mobility problems preventing people from leaving the house and the decreased amount of free time due to ill-health or receiving medical treatment⁶⁶.

Mental health conditions themselves can be a disability, if they are long-lasting and severe.

The following section on adults with enduring mental health problems discusses adults with long-lasting and severe mental health conditions and the vulnerabilities they experience.

Discrimination

Disabled people can be subject to discrimination in their day-to-day lives, such as in the workplace or using public transport.

Sometimes, they are verbally abused or physically assaulted because of their disability.

In North East Lincolnshire in 2016/17, there were 19 recorded hate crimes against disabled people. The true number of hate crimes against disabled people is likely higher, because the majority of hate crimes go unrecorded.

Independence

Independence is important for health and wellbeing. It allows people to make their own choices in life and live the life they want.

However, many disabled people find themselves dependent on other people, either because their disability causes mobility issues or because their home or local area isn't disability friendly⁶⁷.

57 HM Government (2010) *Equality Act 2010*

58 Public Health England (2018) *Fingertips*

59 Department for Work and Pensions (2018) *Stat Xplore*

60 POPPI (2018) *Limiting long-term illness*

61 NHS Digital (2017) *Registered Blind and Partially Sighted People, England 2016-17*

62 NHS Digital (2010) *People Registered as Deaf or Hard of Hearing - England*

63 King's Fund (2012) *Long-term conditions and mental health - The cost of co-morbidities*

64 Jo Cox Loneliness Commission (2017) *Combatting loneliness one conversation at a time*

65 Scope (2017) *Nearly half of disabled people chronically lonely*

66 Sense (2017) *Someone cares if I'm not there*

67 World Health Organisation (2011) *World report on disability*

North East Lincolnshire CCG commission a number of supported living providers, providing a living environment for people with learning disabilities that gives them autonomy and independence, but also support close at hand when needed.

Recent consultation with individuals in North East Lincolnshire residing in these supported living houses found that the vast majority of those consulted were happy with their homes and the support they received.

Employment

Employment outcomes for people with disabilities are generally much poorer than those without.

Estimates for North East Lincolnshire⁶⁸ suggest that just 41% of working-age adults who meet the Equality Act 2010 definition of disabled are in employment, compared to 74% of working-age adults.

Long-term unemployment itself can contribute to mental health problems, social isolation and creates benefit dependency, trapping people in poverty or low income.

The transition to adulthood for young people with learning disabilities

As mentioned in the section on children with SEND, the transition to adulthood can be difficult for disabled young people.

There are four key life outcomes - employment, independent living, good health, and social relationships.

Young people face the same issues with the above as do older adults with learning disabilities, but with the added difficulty of transitioning from a service dedicated to children and people, to a service set up for adults.

14,000-20,000

Estimated adults in NEL living with a disability

Musculoskeletal (MSK) conditions are a major cause in NEL

18%

of people report a long-term musculoskeletal problem

21%

of adults in NEL with a long-term MSK problem report depression or anxiety

41%

of disabled, working age adults in NEL, are in work

~750

adults in NEL have a learning disability

Thousands

of adults in NEL have a sensory disability

KEY POINTS

- Musculoskeletal conditions are a leading cause of disability in North East Lincolnshire.
- The employment rate for working age adults in North East Lincolnshire who meet the Equality Act definition of disabled is little above half that of all working-age adults.
- Rates of mental ill health amongst adults with disabilities are higher than the general population.
- There were 19 recorded disability-motivated hate crimes in North East Lincolnshire in 2016/17.

RECOMMENDATIONS

- Encourage local employers to sign up to Disability Confident, the official scheme designed to help employers recruit and retain disabled people with people with long-term health conditions.



Adults with enduring mental health problems

Mental ill health affects an estimated 25% of people in the UK every year⁶⁹, with most people affected by poor mental health experiencing a common mental health disorder such as anxiety, depression or obsessive compulsive disorder (OCD)⁷⁰.

Most people access treatment for these conditions or resolve the issues that brought them about. However, some people struggle with severe and enduring mental illness, such as schizophrenia, bipolar disorder or other psychoses.

Using data from GP records, an estimated 0.8% of people in North East Lincolnshire (1,400) are living with a severe mental illness. 1,155 of those people are on the Care Programme Approach, an NHS programme designed to assess the needs of people with severe mental illness and assist their recovery with additional support.

Severe mental illness is socially patterned, with a greater percentage of people in the most deprived communities affected⁷¹.

Statistics for North East Lincolnshire suggest that parts of the borough such as East Marsh and South have the greatest number of people with severe mental illnesses such as psychosis⁷² and high rates of antipsychotic prescribing in East Marsh, Sidney Sussex and Heneage⁷³.

Severe mental illness prevents a great number of challenges for those it affects, contributing to difficulties with physical health, substance misuse, social isolation, housing, benefits and employment.

Further information on mental health in North East Lincolnshire is available in our upcoming mental health needs assessment.

Lifestyle and physical health

Rates of smoking and obesity are much higher amongst people with severe mental illness than the population as a whole.

In North East Lincolnshire, an estimated 48% of people with severe mental illness are smokers, compared to 20% of all adults in North East Lincolnshire⁷⁴.

Physical health outcomes for people with severe mental illness are typically much poorer than those without.

National data suggests that people with severe mental illness are much more likely to have a range of long-term conditions such as diabetes, chronic kidney disease, chronic obstructive pulmonary disease and epilepsy⁷¹.

On their own, any of these conditions could impact on quality of life, but in combination with a severe mental illness they can have a significant impact on wellbeing and contribute to premature mortality.

The most recent data for North East Lincolnshire shows that just 31% of people with a severe mental illness had received an annual health check⁷⁵.

Service users consulted for this report told us:

"The medication has made me put weight on. I have to have my bloods taken every week to check kidney and liver function."

69 Mind (2017) *Mental health facts and figures*

70 NHS Digital (2016) *Adult psychiatric morbidity survey 2014*

71 Reilly et al (2015) *Inequalities in physical comorbidity: a longitudinal comparative cohort study of people with severe mental illness in the UK*

72 Department for Work and Pensions (2018) *Stat X-Plore*

73 North East Lincolnshire Council (2018)

74 Public Health England (2018) *Fingertips*

75 Public Health England (2018) *Fingertips*

Mortality and suicide

People with severe mental illness are much more likely to die before the age of 75, with estimates from Public Health England suggesting that people living with bipolar disorder or schizophrenia are on average unlikely to reach pensionable age⁷⁶.

The estimated life expectancy of someone in North East Lincolnshire with a severe mental illness is between 63 and 70 years.

In North East Lincolnshire, there are proportionally around four times as many deaths before the age of 75 in people with severe mental illness than the general population.

Nationally, research has found that people with severe mental illness are most likely to die of conditions such as cancer, heart disease and respiratory conditions, and have particularly high rates of suicide⁷⁷.

The latest suicide audit for North East Lincolnshire identified that between 2012 and 2016, six people in North East Lincolnshire with severe mental illness committed suicide.

Substance misuse

Substance misuse is known to be common amongst people suffering from severe mental illness.

National estimates suggest that up to a third of people in secondary mental health services, and around a tenth of people in substance misuse services have a severe mental illness⁷⁸.

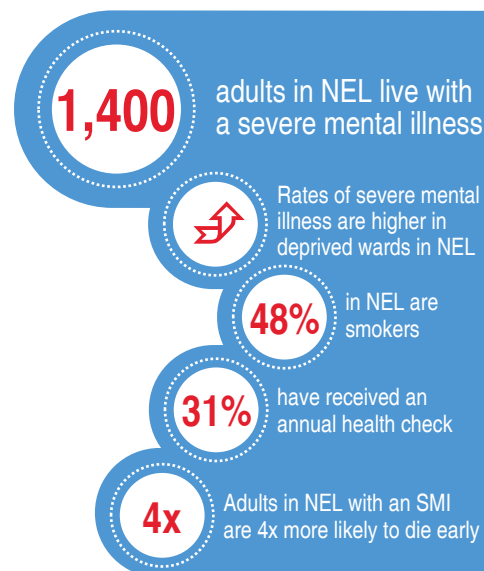
The combination of substance misuse and severe mental illness can present a particular problem, as people with both can be extremely vulnerable and have very poor outcomes⁷⁸.

Data from Addaction shows that 28% of clients in treatment for alcohol or drug misuse have a mental health diagnosis.

Some of the service users consulted for this report told us:

"Substance use is a kneejerk reaction to being in that position. It makes you feel better."

⁷⁶ Public Health England (2018) *Wellbeing and mental health: Applying all our health*
⁷⁷ John et al (2018) *Premature mortality among people with severe mental illness - New evidence from linked primary care data*
⁷⁸ National Institute for Health and Clinical Excellence (2015) *Severe mental illness and substance misuse (dual diagnosis): community health and social care services*



Housing

Maintaining stable and appropriate accommodation increases quality of life and promotes good health outcomes for people with severe mental illness⁷⁹.

77% of working-age adults in North East Lincolnshire who are on the Care Programme Approach live in 'stable and appropriate accommodation'⁸⁰.

This is much higher than the England average of 59%.

"I had my own house, then it all fell to bits, relationship breakdown, then I ended up being ill. I'm getting there."

Social isolation

Whilst there is a lot of focus on the mental health impact of loneliness and social isolation, there is less on how mental illness can cause isolation.

Service users consulted for this report felt that relationships with friends and family could become strained due to mental ill health:

"Your friends outside, they don't understand your illness, you can lose them."

⁷⁹ Public Health England (2018) *Severe Mental Illness*
⁸⁰ NHS Digital (2018) *Mental Health Services Monthly Statistics: Final April, Provisional May 2018*

Access to employment and benefits

Employment rates for people with severe mental illness are thought to be very low, despite most people with mental illness wanting to work.

In North East Lincolnshire around 10% of working age adults with a severe mental illness are in employment, compared to 8% across England.

Service users consulted for this report told us:

"I'd like to go back to work. I used to work all the time, but ... I've found it harder to get work."

The struggle to get back into employment is partly due to the instability that mental illness⁸¹ causes and partly due to employer knowledge and attitudes.

A survey for mental health charity Rethink Mental Illness found that a slim majority of employers wouldn't know how to support someone with a severe mental illness, but would be more likely to employ them if they felt better equipped to support them.

There is a well-established link between poor financial resilience and poor mental health⁸² and a large proportion of people with severe mental illness in North East Lincolnshire receive some form of benefit⁸³.

The move to universal credit has been a cause for concern, both nationally and locally.

In the council's recent financial resilience needs assessment, stakeholders consulted expressed their concerns that vulnerable people and those with mental health problems will struggle to engage with universal credit due to the reliance on telephone and digital communication⁸⁴.

KEY POINTS

- There are around 1,400 adults in North East Lincolnshire living with an enduring mental health problem.
- They are more than four times as likely to die early than the general population.
- Less than a third received an annual health check in 2016/17.
- Approximately 10% are in employment.

RECOMMENDATIONS

- Ensure that the upcoming mental health needs assessment informs strategic commissioning and service planning across the lifecourse.

⁸¹ Rethink Mental Illness (2017) *New survey shows people with mental illness face 'locked door' from employers*

⁸² Money and Mental Health Policy Institute (2017) *Overstretched, overdrawn, underserved*

⁸³ Department for Work and Pensions (2018) *Stat X-Plore*

⁸⁴ North East Lincolnshire Council (2018) *Financial resilience needs assessment*

Victims of domestic abuse and violence



Domestic abuse refers to incidents of abuse of a physical, emotional, psychological, sexual or financial nature, between current or former intimate partners or family members⁸⁵.

It is estimated that at some point during their lives, 1-in-4 women and 1-in-7 men will experience domestic abuse⁸⁶.

An estimated 67% of local victims of domestic abuse and violence are aged 20-40⁸⁷ and a third have been in abusive relationships for more than five years.

During the 2017 calendar year, there were a reported 4,736 incidents of domestic abuse across North East Lincolnshire⁸⁸, the equivalent of 90 cases every week. Estimates⁸⁹ suggest that around 3,500-4,000 of these involve a female victim.

As a result, literature, services and charities relating to domestic abuse in North East Lincolnshire tend to be female-focused, though Women's Aid do provide support for male victims.

Whilst women are undoubtedly most vulnerable to domestic abuse, it does mean that male victims can be overlooked, and there is evidence to suggest that men are reluctant to report incidents of domestic violence⁹⁰.

Physical health

Roughly a quarter of those who report experiencing domestic abuse are victims of physical injury. Typically, these injuries are bruising, black eyes and scratches, but are occasionally more serious, such as broken bones, teeth or internal injuries⁹¹.

Each year, around 160 people in across England and Wales are killed by a partner or former partner, the vast majority being women killed by men⁹².

In a recent consultation, female victims of domestic abuse told us:

"I thought I deserved to be hit, because I must have done something wrong."

"I experienced physical abuse when he was drunk."

4,736

cases of domestic abuse in NEL were reported in 2017

90

That's 90 a week

66%

of women in refuges in England have their children with them

17%

of homelessness in NEL is domestic abuse related

33%

of women in refuges in England receive mental health support

⁸⁵ Home Office (2018) *Domestic violence and abuse*
⁸⁶ Office for National Statistics (2017) *Compendium: Domestic abuse, sexual assault and stalking*
⁸⁷ North East Lincolnshire Women's Aid (2017) *Celebrating 40 years of services 1977-2017*
⁸⁸ North East Lincolnshire Council (2018)
⁸⁹ Refuge (2014) *The gendered nature of domestic violence – facts and figures*
⁹⁰ Teesside University (2016) *Press release 27 July 2016*
⁹¹ British Medical Association (2007/2014) *Domestic abuse*
⁹² Office for National Statistics (2017) *Domestic abuse in England and Wales: year ending March 2017*

Mental health

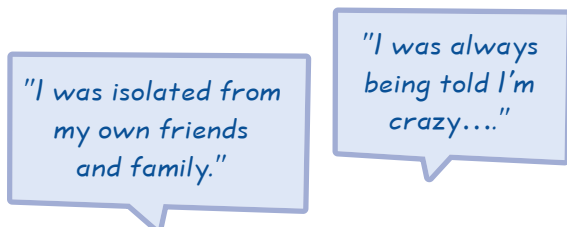
Poor mental health is a common theme amongst victims of domestic abuse, due to the burden of stress, anxiety and fear brought about by the perpetrator's controlling and abusive behaviour.

The 2015 Crime Survey for England and Wales⁹³ estimated that 47% of female victims and 30% of male victims experienced 'mental or emotional problems'.

Applying these figures to North East Lincolnshire suggests that around 1,900 women and 227 men each year experience mental or emotional problems due to domestic abuse.

Estimates suggest that in the UK, around three women each week commit suicide as a result of domestic abuse⁹⁴

Female victims of domestic abuse told us:



Wider effects

The effects of domestic abuse don't stop at physical injury and poor mental health. Domestic abuse can push victims into substance misuse⁹⁵, force them out of their homes⁹³ and cause long-lasting psychological damage to children in the household⁹⁶.

Women's Aid report that many women resort to substance misuse as a response to, and coping mechanism for dealing with domestic abuse.

Estimates suggest that up to two-thirds of victims of domestic violence survivors with substance misuse issues started their substance misuse after they began to be abused⁹⁵.

Statistics from North East Lincolnshire Women's Aid suggests that around a fifth of women accessing services have substance misuse problems⁸⁷.

Many victims lack the financial independence to move out of the family home without seeking assistance, due to the controlling financial behaviour experienced by many victims of domestic abuse.

This means that when women do make the decision to leave, they struggle with housing and often end up either in temporary housing or a women's refuge⁹⁷.

Around 12% of households⁹⁸ accepted as homeless by local authorities in England involve "violent breakdown of relationship involving partner".

Over the past four years, the equivalent figure for North East Lincolnshire Council is 17%, suggesting that almost a fifth of all households accepted as homeless in the borough are so because of domestic violence.

Domestic abuse can also have harmful and potentially long-lasting effects on children in the household.

The Royal College of Psychiatrists report that domestic violence is associated with poor mental and emotional wellbeing amongst children in the home, and an increased likelihood of growing up to be involved in domestic violence themselves - either as perpetrator or victim⁹⁹.

Domestic violence also displaces children from their family home, as women are most frequently the victim and do not often leave their children behind. Women's Aid reported in 2015 that two thirds of women in refuges were living there with their children¹⁰⁰.

KEY POINTS

- Each year, an estimated 1,900 women and 230 men in North East Lincolnshire experience mental ill-health through domestic abuse and violence.
- Approximately a fifth of homelessness in the borough is attributable to domestic abuse and violence.
- Children who grow up in households with domestic abuse and violence are more likely to experience mental health difficulties, underachieve at school and experience domestic abuse and violence in their own relationships in later life.

RECOMMENDATIONS

- Encourage all of the council's partnership organisations to adopt the white ribbon campaign, which aims to end male violence against women.

⁹³ Office for National Statistics (2016) *Compendium: Intimate personal violence and partner abuse*

⁹⁴ Walby (2004) *The cost of domestic violence*

⁹⁵ Women's Aid (2011) *Supporting women offenders who have experienced domestic and sexual violence*

⁹⁶ Unicef (2007) *Behind closed doors*

⁹⁷ Sharp (2008) *What's yours is mine*

⁹⁸ Ministry of Housing, Communities and Local Government (2018) *Statutory homelessness* - Detailed local authority level responses

⁹⁹ Royal College of Psychiatrists (2014) *Domestic violence and abuse - its effects on children*

¹⁰⁰ Women's Aid (2016) *Women's Aid Annual Survey 2015*

Adult carers



According to the 2011 Census¹⁰⁶, there are around 15,700 adults living in North East Lincolnshire who provide unpaid care for someone else.

However, only around a quarter of carers in North East Lincolnshire are known to services.

Whilst there are carers of all ages, carers are typically people of middle or older age, with the majority of North East Lincolnshire's carers being aged over 50, including roughly a quarter who are aged 65 or older.

The proportion of the population who are providing unpaid care varies across the borough, reflecting the age profile of those providing care and those being cared for.

The more affluent - and on average, older - parts of the borough, such as Scartho and Haverstoe have as many as 12% of the population providing unpaid care, compared to 8% in East Marsh and West Marsh.

People are living longer, but they are not necessarily living longer in good health, increasing the need for care in older age.

Average life expectancy in North East Lincolnshire is over twenty years longer than the 'healthy life expectancy'¹⁰¹, meaning that many people spend a large proportion of their life suffering from chronic illness and possibly requiring care.

Around 30% of North East Lincolnshire's carers are providing more than fifty hours of care per week, the equivalent of seven hours a day, every day. Carers in the borough's more deprived wards are more likely to report caring for more than 50 hours per week.

Just over one thousand of these full-time carers are balancing providing care with employment.

Providing unpaid care can place a great burden of stress on an individual, limiting their ability to work or have a fulfilling social life, particularly for those providing full-time care.

Social isolation

Research by Carers UK and the Jo Cox Loneliness Commission¹⁰² found that overall, 81% of carers have felt lonely or socially isolated as a result of their caring role.

The Campaign to End Loneliness argues that loneliness and social isolation is as damaging to health as smoking fifteen cigarettes a day¹⁰³.

Once every two years, the NHS carries out a survey of carers in all local authorities across England¹⁰⁴.

Findings from the most recent survey for North East Lincolnshire estimate that around 60% of local carers have less social contact than they'd like.

In a recent consultation, local carers told us:

"Friends don't realise what you're going through."

"If you don't have anyone else to care for you, you don't go out."

15,700

Carers in NEL

25%

are aged 65+

30%

are full-time carers

30%

are not in good health

67%

don't sleep enough

40%

of local carers are made poorer because of caring

1,000

full-time carers balance care and employment

Health

Caring for someone else, particularly on a full-time basis, can be a stressful and time consuming experience, which can impact on the health and wellbeing of carers.

In a recent survey carried out by Carers UK¹⁰⁵, 87% of carers felt that caring had affected their mental health, and 83% felt it had affected their physical health.

Applied to North East Lincolnshire, this would mean that around 13,400 of the 15,700 local carers are in poorer health because of their caring role.

Surveys of local carers suggest that the majority are suffering from stress and sleep deprivation, and a sizable minority from the physical effects of caring¹⁰⁴.

In recognition of the impact that caring has on the social lives and health of carers, a variety of services are available to give carers a break, such as sitting services, domiciliary care and respite care.

Because not all carers in North East Lincolnshire are known to services, and not all carers have their needs assessed by the local authority, not all are able to access these services through the local authority.

In the financial year 2017/18, respite care was given to 86 carers.

Local carers told us:

"You don't go to the doctors, because someone else relies on you."

"You can't plan anything - you have to deal with the day-to-day."

Access to employment and benefits

The time, effort and unpredictability of caring makes accessing the labour market much harder for carers, which cuts off not only a vital source of income, but also contributes to feelings of loneliness and isolation.

Local data suggests that carers are much less likely to be in work¹⁰⁴, with more than a fifth reporting feeling unable to work.

40% of local carers report being financially worse off due to caring¹⁰⁴.

Whilst many of North East Lincolnshire's full-time carers are eligible for Carers Allowance, the average full-time employee in North East Lincolnshire takes home in two months, the same as what someone in receipt of Carers Allowance is awarded for the entire year.

KEY POINTS

- People are living longer, but not necessarily healthier lives, increasing the need for care in later life.
- Sleep deprivation, stress and physical aches and strains are identified by local carers as health issues they've experienced through caring.
- A large number of carers in North East Lincolnshire have been made financially worse off through caring.
- North East Lincolnshire has a large number of carers balancing unpaid care with full-time employment.

RECOMMENDATIONS

- Work with North East Lincolnshire CCG and the North East Lincolnshire Carers' Support Service to promote the health and wellbeing of carers, by encouraging carers to register with the support service and with their GP.



Ethnic minorities

Ethnic minority refers not only to just the non-white population, but also minority white groups. The 2011 Census¹⁰⁶ collected information on almost 140 different ethnic groups in North East Lincolnshire.

Compared to the England average, North East Lincolnshire is significantly less diverse, with 95% of the population considering themselves to be White British compared to 80% of England¹⁰⁶.

The biggest ethnic groups in North East Lincolnshire are Polish, Chinese and Indian. More recent migration data¹⁰⁷ has shown that there are also increasing numbers of Romanian and Bulgarian migrant workers.

East Marsh, West Marsh and Park wards are the most diverse, with around 8% of the population belonging to a minority ethnic group, compared to just 3% in the borough's least diverse wards - Haverstoe, Freshney and Immingham¹⁰⁶.

Housing

Ethnic minority groups themselves are not evenly spread across the borough.

Roughly a third of White British people in North East Lincolnshire live in one of the five most deprived wards, compared to nearly three-quarters of people from the Baltic States and over half of people who identify as Black Caribbean.

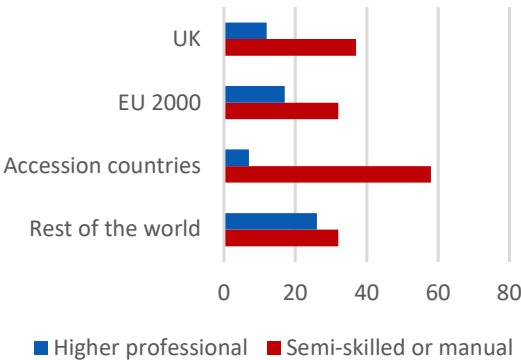
In contrast, less than a fifth of those who identify as Indian, Pakistani or Bangladeshi live in the most deprived wards.

Living in the most deprived areas is associated with a range of poor outcomes throughout the life course, including poor employment prospects, educational underachievement, exposure to criminality and an increased likelihood

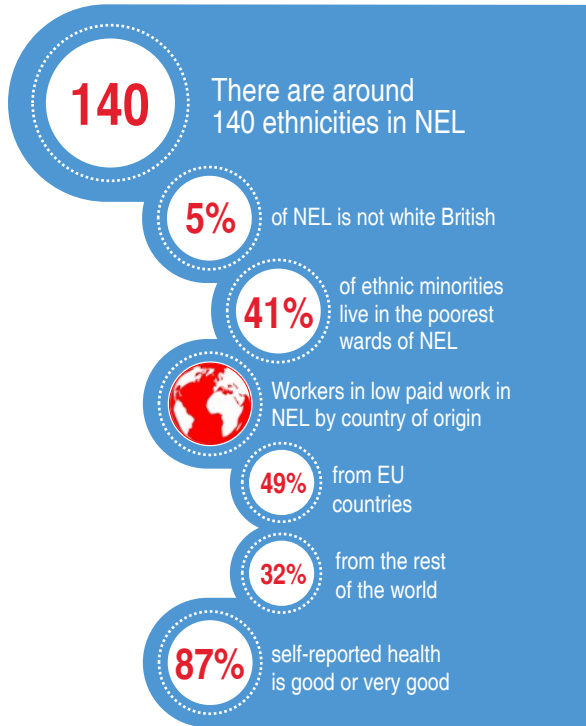
Access to employment

Employment prospects in North East Lincolnshire vary significantly by country of birth - which to some degree, can be used as a proxy for ethnicity¹⁰⁸.

Figure 2 - Percentage of employees by selected employment grade by country of birth, North East Lincolnshire, 2011



Source: Office for National Statistics (2011)



¹⁰⁶ Office for National Statistics (2011) 2011 Census
¹⁰⁷ Migration Yorkshire (2017) North East Lincolnshire Local Migration Profile

¹⁰⁸ EU2000 refers to the countries that were members of the EU before 2000. Accession countries refers to new EU members, such as Poland, Estonia and the Czech Republic.

Migrant workers from the accession countries are predominately in low-paid, low-skill work, whereas those from outside of the EU are much more likely to be in high-paid work, reflecting the reliance on migrant workers in the local healthcare sector¹⁰⁶.

This shows a major difference in the borough's ethnic minority population. Some are very well-educated, in higher-paid jobs and living in the affluent parts of the borough, and whilst they are still vulnerable to issues like discrimination and language barriers, those who are in lower-paid work and living in the borough's more deprived areas are significantly more vulnerable.

Language barriers

Whilst many non-British people of ethnic minority backgrounds speak English, the inability to speak English or access to interpreters can impact on health and wellbeing, marginalising people from their community, from employment and impeding access to medical services.

There are no statistics on the proficiency of English by ethnic minority for North East Lincolnshire, but estimates from the last census suggest that around 900 people in NEL have limited or no English language skills, and have poorer self-reported health status than those who speak English well.

The most recent needs assessment of migrant health in North East Lincolnshire, published in 2012, found that language barriers were an issue for some patients:

"I have struggled to understand at GP appointments."

Discrimination

Whilst there were 118 reported racially-motivated hate crimes in North East Lincolnshire in 2016/17¹⁰⁹, the rate of racially-motivated hate crimes in North East Lincolnshire is lower than England¹¹⁰.

Despite this, there have been incidents of reported racial abuse in North East Lincolnshire, such as a family racially abused whilst walking their dog¹¹¹ and a small number of vandalism, theft and burglary incidents^{112,113} believed to have been racially motivated.

Focus groups from the most recent migrant health needs assessment, carried out in 2012, found that some migrants had been verbally abused, were scared of leaving the house and felt reporting crimes did not help:

"My wife is scared and will not go out [because she wears a hijab]."

"I am tired of complaining and have stopped reporting incidents to the police because they can't do anything."

KEY POINTS

- North East Lincolnshire is one of the least diverse local authorities in England.
- Migrant workers from Eastern Europe living in North East Lincolnshire are much more likely to be working in low-paid and low-skilled occupations than other migrant workers or the general population.

RECOMMENDATIONS

- Work with the council's communications team to establish better links with North East Lincolnshire's ethnic minority communities.

¹⁰⁹ North East Lincolnshire Council (2018)

¹¹⁰ Home Office (2017) *Hate crime, England and Wales, 2016 to 2017: Appendix tables*

¹¹¹ Daily Mirror (2017) *Couple on dog walk with daughter, 9, receive vile racist abuse from middle-aged woman*

¹¹² Grimsby Telegraph (2017) *This hospital nurse may quit Grimsby - and the reason is depressing*

¹¹³ Grimsby Telegraph (2017) *Egyptian taxi driver's car damaged in 'racist' hammer attack by 'cowardly thugs'*

Lesbian, gay, bisexual and transgender (LGBT+)



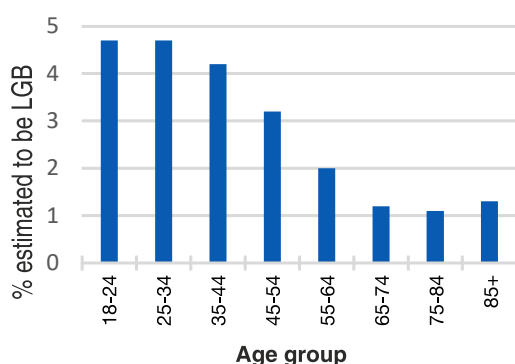
LGBT+ refers to people who are lesbian, gay, bisexual, transgender or who identify as another non-heterosexual or non-gender conforming group. In this section of the report, LGB is sometimes used, for example, when research has focused only on people identifying as lesbian, gay or bisexual.

An estimated 2.5% of people across England, and 2.1% of people across Yorkshire and the Humber identify as lesbian, gay or bisexual¹¹⁴. Estimates for the number of transgender people, or people who identify as another non-heterosexual or non-gender conforming group can be difficult to quantify, however the Gender Identity Research and Education Society¹¹⁵ estimate that around 1% of adults are non-gender conforming.

These estimates however, suggest that around 2,700 adults in North East Lincolnshire would identify as lesbian, gay or bisexual and approximately 1,200 non gender conforming, though how many of those 1,200 are also lesbian, gay or bisexual is not known.

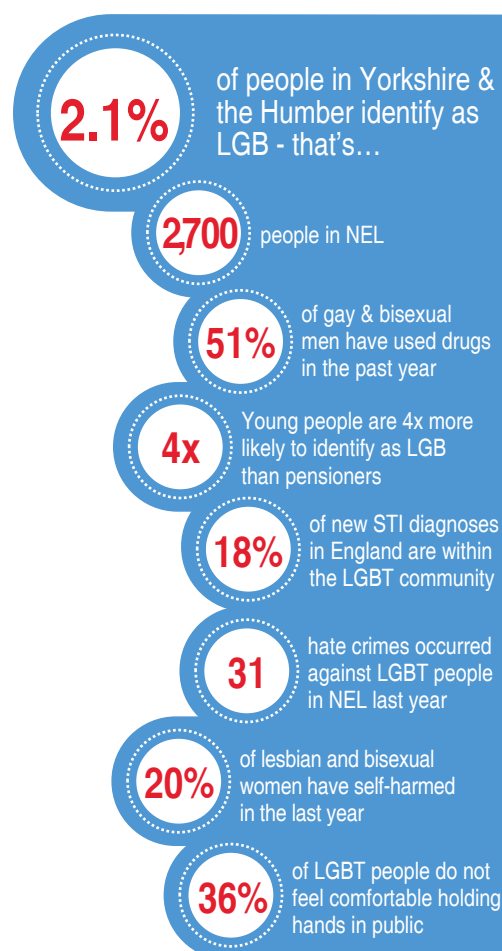
This number may be an under-estimate, as older people are less likely to identify as non-heterosexual, due to conservative attitudes and historical stigma and discrimination towards LGBT+ people¹¹⁶.

Figure 3 - Estimated prevalence of lesbian, gay or bisexual people by age group, UK, 2016



Source: Office for National Statistics, 2017

For the most part, the health needs of LGBT+ people are the same as the population as a whole, however, there are some areas of health, such as sexual health, mental health and substance misuse, for which LGBT+ people are more vulnerable to poor health and wellbeing, and have poorer outcomes than the heterosexual population as a whole.



114 Public Health England (2016) Producing modelled estimates of the size of the lesbian, gay and bisexual (LGB) population of England
 115 Gender Identity Research and Education Society (2011) *Collecting information on gender identity*
 116 Office for National Statistics (2017) Statistical bulletin: Sexual identity, UK 2016

Sexual health

Certain sexual health outcomes are much poorer for the non-heterosexual population than the heterosexual population, with a disproportionately high number of new diagnoses of sexually transmitted infections, the burden of which falls almost entirely on men who have sex with men (MSM).

Despite accounting for around 2-3% of the population, 18% of new diagnoses of sexually transmitted infections in 2017 were in the non-heterosexual population¹¹⁷.

Men who have sex with men are at a significantly greater risk of developing HIV¹¹⁸. Whilst North East Lincolnshire has a very low rate of new diagnoses of HIV¹¹⁹, with an average of just seven a year, HIV testing coverage amongst the MSM population is lower than the regional and national averages.

Mental health

Evidence shows that mental health outcomes for LGBT+ people are poorer than for the population as a whole.

The Office for National Statistics ask questions around wellbeing in the Annual Population Survey, finding that LGB people have lower life satisfaction, are more anxious and less happy than the heterosexual population¹²⁰.

Rates of depression, anxiety, self-harm and suicide are all elevated within the LGBT+ population, with poor mental health amongst LGBT+ people starting as early as secondary school¹²¹.

Substance misuse

Misuse of drugs and alcohol is a prevalent issue in the LGBT+ community, with estimates suggesting 51% of gay and bisexual men have taken drugs in the last year, compared to 12% of all men¹²².

Alcohol use is also more common. An estimated 78% of gay and bisexual men have drunk alcohol in the past week, compared to 68% of all men.

Substance misuse amongst gay men is sometimes linked to 'chemsex' which is sex that involves taking a combination of recreational drugs.

Information from local services would suggest that substance misuse within the LGBT community is linked more to recreational 'party' drugs than opiates.

Chemsex has been linked by Public Health England¹²³ to high risk sexual behaviours, increased likelihood of developing an STI and poorer mental health.

Discrimination

Hate crime and discrimination are prevalent issues for LGBT+ people. Research carried out by YouGov for Stonewall¹²⁴ found that:

- 21% of LGBT people had experienced a hate crime in the last year, but 81% did not report it to the police.
- 36% of LGBT people don't feel comfortable holding hands in public, particularly gay men.
- 29% of LGBT people avoid certain areas because they do not feel safe there as an LGBT person.

There were 31 recorded sexual orientation related hate crimes in North East Lincolnshire in 2016/17¹⁰⁹, giving North East Lincolnshire a higher rate than the England average¹¹⁰.

KEY POINTS

- The rate of hate crimes motivated by the sexual orientation of the victim is higher locally than the national average.
- The mental health of LGBT people is typically poorer than the general population.
- Drug use is disproportionately high within the LGBT community, particularly amongst men.
- The incidence of sexually transmitted diseases is disproportionately high amongst men who have sex with men.

RECOMMENDATIONS

- Work with the council's communications team to establish better links with North East Lincolnshire's LGBT community.

117 Public Health England (2018) *Sexually transmitted infections: annual data tables*

118 Avert (2018) *Men who have sex with men (MSM), HIV and AIDS*

119 Public Health England (2018) *Fingertips*

120 Office for National Statistics (2017) *Lesbian, gay, and bisexual people say they experience a lower quality of life*

121 Stonewall (2012) *Mental health briefing*

122 Stonewall (2013) *Gay and bisexual men's health survey 2013*

123 Public Health England (2016) *Sexualised drug use: the national picture*

124 Stonewall/YouGov (2017) *LGBT in Britain: Hate crime and discrimination*

Rough sleepers



Rough sleepers make up a minority of the homeless population¹²⁵ but are arguably the most visible and the most vulnerable to poor health and wellbeing¹²⁶.

On a typical night, there are an estimated 4,300 rough sleepers in England, a figure which has more than doubled since 2010, when there were an estimated, 1,770 rough sleepers¹²⁷.

Locally, the official estimate of the number of rough sleepers, submitted annually to central government, has increased from 4 in 2010, to 22 in 2017¹²⁷.

Estimates from Harbour Place, a local charity and centre for rough sleepers, suggest the number of rough sleepers is almost double this, with a cohort of people sleeping rough, spending time in hostels and sofa surfing.

Suggested reasons for the increase across the country, as per a report prepared for members of parliament by the House of Commons library¹²⁸, include:

- Welfare reform, particularly entitlement to housing benefit
- Reduced investment by local authorities into homelessness services
- In-flow of migrants unable to access state support for homelessness

The vulnerabilities faced by rough sleepers are significant, with rough sleepers considered one of the most vulnerable groups in society¹²⁸.

Research has found strong associations between homelessness and poor health outcomes. The average age of death for someone living on the streets is just 47-years-old¹²⁹.

Some of these vulnerabilities are immediately obvious, such as the lack of basic needs like shelter, security and warmth, leaving rough sleepers exposed to the elements and vulnerable to those who may wish to do them harm.

What is not obvious is the way in which rough sleepers are socially excluded and marginalised by services, as they typically lack things like a fixed postal address, steady employment, internet access or a good credit history. This can pull up the ladder to getting off the streets through being unable to access even basic services like a bank account or email.

45

There are around 45 rough sleepers in NEL

17%

are recent prison leavers

93%

have substance misuse problems

37

is their average age

93%

are male

35%

have a mental health problem

¹²⁵ Crisis (2017) *Types of homelessness*

¹²⁶ Public Policy Exchange (2018) *Tackling Homelessness and Rough Sleeping: Supporting the Needs of those most Vulnerable*

¹²⁷ Ministry of Housing, Communities and Local Government (2018) *Rough sleeping in England: autumn 2017*

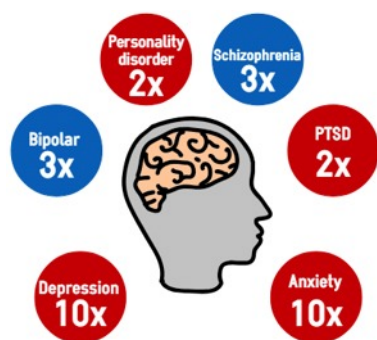
¹²⁸ House of Commons Library (2018) *Rough sleeping (England)*

¹²⁹ Crisis (2012) *Homelessness kills*

Mental health

The mental health of rough sleepers is typically much worse than that of the general population, with research suggesting 70% of rough sleepers have a mental health problem¹³⁰.

The graphic below¹³⁰ shows the increased prevalence of mental health disorders amongst all types of homeless people in England, compared to the general population.



Left untreated, these mental health problems make it very difficult for rough sleepers to find employment or housing and break the cycle of homelessness.

In a recent consultation, rough sleepers told us:

"Sleeping rough makes [mental health problems] worse because you can't get a doctor to help.."

"Mental health problems can make you feel suicidal."

Physical health

Rough sleepers are also much more likely to be in poor physical health than the general population, both in terms of acute health problems and general lifestyle¹³⁰.

Health problems like skin and wound infections, respiratory disease, musculoskeletal problems and infectious disease are far more common amongst rough sleepers than the general population¹³⁰.

Rough sleepers told us that they had suffered from issues such as "leg sores, abscesses and infections" and had "been ill for months at a time".

Substance misuse

Substance misuse is highly prevalent amongst rough sleepers, with an estimated 83% of rough sleepers seen by Harbour Place in 2017/18 stating they have a drug problem, and 41% stating they have an alcohol problem¹³¹:

"It's hard to get off drugs when people offer them to me."

"Drugs are escapism - there's nothing else to do."

Substance misuse issues can be particularly problematic for people living in a hostel room or other shared accommodation, due to the increased likelihood of anti-social or violent behaviour under the influence of substances.

Access to services

Sleeping rough can limit access to services that require fixed addresses or contacting over the phone or on the internet. Often these services can be crucial footholds into getting off the streets, like a bank account or benefits.

Whilst rough sleepers can access telephone and internet-based services using the facilities at Harbour Place, services that offer no face-to-face provision - something which rough sleepers told us they both need and want - puts up an extra barrier:

"I have no way of contacting services."

"I can't get a bank account because I don't have an address."

Limited access to services was a particular issue for some rough sleepers locally, who felt that services were not set up to deal with rough sleepers who need to access face-to-face services, and that services ineffectively signposted or did little more than they absolutely had to:

"It's frustrating when you can't get assistance."

"We're not told what we're entitled to."

Risk of being a victim of a violent or abusive crime

Sleeping rough is associated with an increased risk of becoming a victim of a crime, particularly violent crime, theft, or being abused by the general public¹³².

There is also the risk of crime from other rough sleepers, with violence and theft associated with substance misuse mentioned by local rough sleepers:

"People [other rough sleepers] are waiting to rob you."

"People sleeping rough are persecuted by the public."

The suggested lower likelihood of rough sleepers reporting crimes to the police may be down to a poor relationship between rough sleepers and police, as local rough sleepers felt the police were "bothering" them.

KEY POINTS

- The average age of death for a rough sleeper in England is just 47 years old.
- The number of rough sleepers in North East Lincolnshire has increased significantly in recent years.
- Substance misuse is a very prevalent issue amongst the borough's rough sleepers, affecting almost all known rough sleepers in contact with local services.
- Local rough sleepers identify issues in interacting with services, such as banks, health services and the Job Centre.

RECOMMENDATIONS

- Work with local homelessness services and their service users to produce a needs assessment of the borough's rough sleepers.



Ex-offenders

The term 'offender' refers to anyone who has been convicted of a criminal offence, but for the purposes of this report, refers particularly to those who have served a custodial sentence.

The UK has a relatively high prison population and rate of imprisonment, with about 83,500 prisoners or 1.3 prisoners per 1,000 people¹³³. Local probation services estimate that in 2017, around 340 individuals returned to live in North East Lincolnshire following release from prison¹³⁴.

The majority of those who receive a custodial sentence are men, who make up approximately 95% of all prisoners in England¹³³.

Ex-offenders can be considered more vulnerable than the general population for a number of reasons, in particular due to the higher incidence of mental health issues¹³⁵, vulnerability to some physical health issues¹³⁶, increased prevalence of substance misuse problems¹³⁷, housing issues¹³⁸ and limited access to the labour market¹³⁹, which can marginalise and socially exclude ex-offenders, resulting in an increased likelihood of re-offending.

People who have been released from prison and return to live in North East Lincolnshire are supported by local services, including statutory probation supervision, substance misuse treatment, housing organisations and voluntary sector organisations.

Mental Health

Overall, the prison population has significantly poorer mental health than the general population, with far higher rates of psychosis, personality disorder and depression.

In a recent consultation, ex-offenders - most of whom had served a custodial sentence - told us about their issues and struggles with mental health. Almost all in the group felt they had struggled with mental health at some point in their life. Some had been diagnosed with schizophrenia, psychosis and depression respectively.

There was a generally negative view towards mental health services locally, due to perceived difficulties in accessing services, after prison release:

"I think [local mental health services] are poor. I was sectioned, I've been to prison, I've come out and had very little dealings with them."

"Sometimes I just need to talk to someone, but it's so chaotic and so busy, there's just no support. Nobody has time to talk."

If not adequately treated, mental health conditions can worsen and manifest in difficulties such as struggling to find stable accommodation and inability to engage with rehabilitation services. In turn, this furthers social exclusion and makes it harder to rebuild a life outside of prison.

¹³³ Ministry of Justice (2018) *Prison population figures: 2018*

¹³⁴ Unpublished statistics from local probation services

¹³⁵ Prison Reform Trust (2017) *Mental health care in prisons*

¹³⁶ Marshall et al (2000) *Health Care in Prisons*

¹³⁷ Department for Work and Pensions (2008) *High hopes: Supporting ex-prisoners in their lives after prison*

¹³⁸ House of Commons Library (2017) *Housing support for ex-offenders (England and Wales)*

¹³⁹ House of Commons Work and Pensions Committee (2016) *Support for ex-offenders*

340

In 2017 approx. 340 released prisoners returned to live in NEL

90%

are male

60%

are estimated to be aged 30-50

80%

returned to live in the most deprived parts of the borough

45%

Estimates of common mental health disorders are as high as 45%

Physical health

Overall, people in prison are more likely than the general population to suffer from respiratory conditions, musculo-skeletal problems and infectious diseases¹³⁶. This is in part due to lifestyle issues before entry to prison as well as the conditions inside the prison, with the cramped conditions, limited access to exercise and lack of choice in diet all contributing to poorer health.

Although prisons are now making efforts to go smokefree, an estimated 80% of prisoners are smokers¹⁴⁰, with unequal access to smoking cessation services across prisons in England¹⁴¹.

Substance misuse

Substance misuse is a prevalent issue amongst ex-offenders, with as many as half of all prisoners reporting some degree of drug dependence¹⁴².

The criminal justice system is the third largest referrer to substance misuse treatment services in England¹⁴³.

Ex-offenders told us:

"I started using heroin at the age of thirteen."

"Drugs are escapism - when your problems get on top of you, that's when you tend to use drugs."

Access to employment

Access to employment is a significant issue for many ex-offenders. The Department for Work and Pensions reported in 2016 that ex-offenders, and those in recovery from substance misuse, are the two groups employers are least likely to employ¹⁴⁴, with 50% of employers reporting they would not hire an ex-offender.

Just 26% of prisoners enter employment on release¹⁴⁵.

Some convictions become 'spent' after a certain length of time, and under the Rehabilitation of Offenders Act 1974¹⁴⁶ most job applicants do not need to disclose spent convictions.

However, many employers ask about unspent convictions, and applicants must disclose this information.

Ex-offenders told us:

"Nobody will touch me with my convictions, but now I want to change my life, what can I do."

140 NICE (2018) *Tobacco suite: prevention, cessation and harm reduction (update)*
141 Public Health England (2015) *Reducing smoking in prisons: management of tobacco use and nicotine withdrawal*
142 House of Commons Home Affairs Committee (2012) *Drugs: Breaking the cycle*
143 Public Health England (2017) *Substance misuse treatment for adults: statistics 2016 to 2017*

144 Black (2016) *An Independent Review into the impact on employment outcomes of drug or alcohol addiction, and obesity*
145 House of Commons Work and Pensions Select Committee (2016) *Changing employer attitudes*
146 Gov.UK (2018) *Ex-offenders and employment*

Access to housing

Access to housing is another significant issue for ex-offenders, with many being released without housing arrangements. This results in ex-offenders being placed in temporary accommodation such as hostels run by charities, sofa-surfing or sleeping rough.

Ex-offenders told us:

"The day I was due to be released, I had no idea where I was going. I didn't know what was going on. Nobody told me."

Whilst these hostels can give ex-offenders a roof over their head to help rebuild their life on the outside, some ex-offenders we spoke to expressed their unhappiness with the environment within:

"A lot of the people in [hostels] have mental health or substance problems, and when you're thrown into that melting pot. Your chances of keeping a lid on it are out of the window."

KEY POINTS

- Rates of mental illness are far higher amongst prisoners than the general population.
- Estimates suggest that half of all prisoners in the UK have some degree of drug dependence.
- In 2017, around 340 people were released from prison and returned to live in North East Lincolnshire.
- Just 26% of prisoners in the UK enter employment on release.

RECOMMENDATIONS

- Re-establish joint working with key organisations that work with ex-offenders, including probation, NHS England, local health services and local voluntary and community sector organisations.

Addiction



Addiction is defined as not having control over doing, taking or using something to the point where it could be harmful to you¹⁴⁷.

Although it is possible to be addicted to a range of things, this report focuses on three of the major addictions - alcohol, drugs and gambling.

Alcohol

There are approximately 260 people in North East Lincolnshire in treatment for alcohol misuse¹⁴⁸.

The majority of people use alcohol in a safe and sensible manner, with little negative effect on our lives or those around us.

However, the misuse of alcohol contributes to problems in relation to physical and mental health, finances, employment, family life and crime, which impact on the lives of the individual, those around them and society at large.

The evidence around the impact of alcohol misuse in North East Lincolnshire is mixed. Whilst the percentage of adults who are dependent drinkers is only slightly above average, and the percentage of adults drinking above the recommended weekly amounts is below average, North East Lincolnshire has very poor outcomes for alcohol-related liver disease.

These poor outcomes impact more greatly on men than women. Rates of alcohol-specific mortality and chronic liver disease mortality for men are nearly twice the national average.

This suggests that across the population as a whole, there is not an issue with alcohol, but within the population of dependent drinkers, who are typically men in middle to older age, there is significant vulnerability to alcohol-related health problems, such as cardiovascular disease, cancer and particularly liver disease.

"[Substance misuse has] destroyed my life slowly."

"[Substance misuse has] messed up my life."

260

people in NEL are in treatment for alcohol misuse

930

people in NEL are in treatment for drug misuse

1000+

gambling addicts in NEL

2x

Liver disease mortality for men in NEL is twice the national average

32

drug related deaths in NEL between 2015-2017

Drugs

Like alcohol, many people who use drugs are not negatively affected. Nevertheless, there is significant evidence that drug use can and does have serious impact on the individual, those around them and society at large.

Drug misuse has significant health and social costs, the impact of which can lead to social, physical or mental health problems, as well as health inequalities and an increased likelihood of entering the criminal justice system.

Strong links exist between drug use and deprivation, hospital admissions and mortality.

Those living in the most deprived wards in North East Lincolnshire are significantly more likely to be admitted to hospital for drug-related conditions than the rest of the borough, and those most at risk of dying due to drug use are those from the most deprived wards in the borough.

North East Lincolnshire has one of the highest rates of the use of opiates and crack cocaine in England at 15 people per 1,000 compared to 9 per 1,000 across England¹⁴⁹.

There are approximately 930 people in North East Lincolnshire in treatment for drug misuse, the vast majority of whom (80%) are in treatment for the misuse of opiate drugs, like heroin¹⁴⁸.

Of those in treatment in North East Lincolnshire for drug use, there is a greater percentage with high and very high complex needs than the national average.

Those with high complexity are more likely to have higher physical and mental health needs and are at higher risk of drug-related death.

*"[It's] horrible,
no money,
no friends,
on the rob."*

*"[I have] no life at
all, you just exist
from day to day,
all you think about
is getting your
next bag."*

Gambling

Harmful - or problem - gambling includes behaviours such as a need to gamble with ever increasing amounts, chasing losses and gambling despite financial difficulties or hardship.

Whilst most people gamble responsibly and without issue, approximately 5% of people are either at-risk of developing a gambling problem (3.9%), or problem gamblers already (0.8%). The vast majority of these are men.

Based on these national prevalence estimates, it is estimated that North East Lincolnshire has just over 1,000 problem gamblers, with a further 5,000 at risk of developing a gambling problem.

Evidence suggests that people from more deprived backgrounds are more likely to become problem gamblers, which would suggest both that North East Lincolnshire has a higher than would-be-expected number of problem gamblers and that they are more likely to live in parts of the borough such as East Marsh, West Marsh and South.

Analysis of the location of betting shops across the borough has found that deprived parts of the borough have a higher number of betting shops per person, whilst national research has shown that the location of fixed-odds betting machines is significantly associated with socioeconomic deprivation.

This helps to concentrate problem gambling in areas of the borough most afflicted by poverty and deprivation.

In 2018, the Gambling Commission published guidance for local authorities¹⁵⁰, setting out the argument to recognise problem gambling as a public health problem, and reported that problem gambling is associated with a wide range of poor health outcomes. Problem gamblers are far more likely to smoke, misuse drugs, be dependent on alcohol, have a common mental health disorder, attempt suicide and report generally poor health overall.

Across England, the average debt for a problem gambler is estimated to be around £16,000 and it is thought that two-thirds of problem gamblers have lost more than £10,000 on gambling.

These debts often result in defaulting on mortgages and rental payments, forcing families out of their homes and into a downward spiral.

KEY POINTS

- There are high rates of early mortality from alcohol-related conditions, such as alcohol-related liver disease, cardiovascular disease and cancers.
- North East Lincolnshire has one of the highest estimated rates of opiate use in England.
- Betting shops in North East Lincolnshire appear to be concentrated in areas of higher deprivation.

RECOMMENDATIONS

- Establish an open-access centre for a burgeoning recovery community of former drug and alcohol misusers in North East Lincolnshire.

Sex workers



Sex workers is the term used to refer to men and women who engage in the sale of sexual services, either on the street, in parlours or online. The sale and purchase of sexual services between consenting adults is legal in England and Wales¹⁵¹, however keeping a brothel and soliciting sex are not legal¹⁵², which can lead to sex workers being prosecuted.

There are thought to be around 150 known sex workers in North East Lincolnshire, although due to the transient nature of the work, the number of sex workers actively working on any one day is much lower.

Almost all sex workers are female, with women making up around 95% of all sex workers in the UK¹⁵¹. There are very few known male sex workers in North East Lincolnshire, and none known to be currently working.

Despite the common perception, a minority of the UK's sex workers are street-based, with roughly a quarter working on the streets¹⁵¹. The majority of sex workers conduct their business from parlours or their own homes¹⁵¹.

Despite that, much of the focus of this section is on street-based sex workers, due to the generally greater level of vulnerability they experience.

The general health and wellbeing of street-based sex workers is poor¹⁵³. A study carried out in Bristol in 2004¹⁵⁴ with a sample of street-based sex workers reported that all sex workers in the sample had a chronic illness. More than two-thirds had depression or anxiety, two-fifths reported recurrent chest infections and one-in-ten had a musculoskeletal problem.

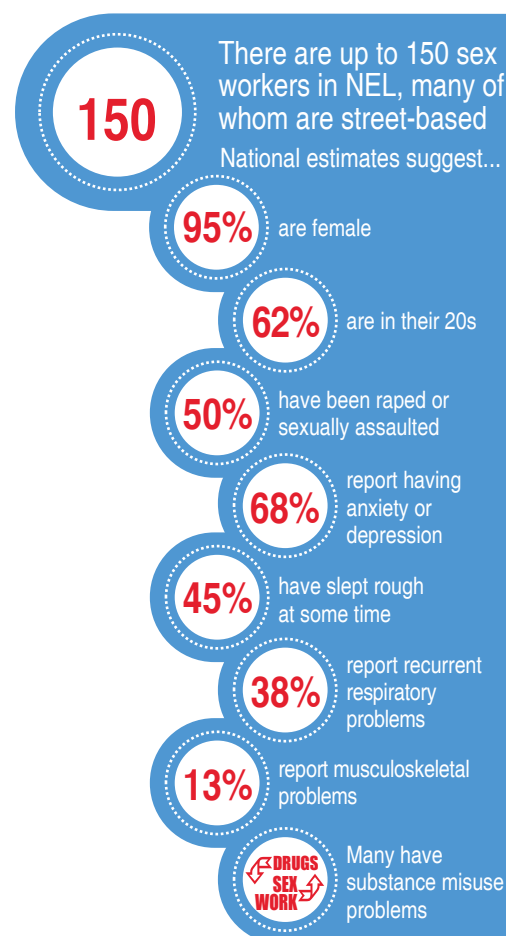
In a recent consultation, street-based sex workers told us:

"I have bipolar really bad. I'm not on meds at the moment."

"I have trouble walking. I had a needle infection and nearly lost my leg."

The nature of the work carried out means that sex workers are at an increased risk of acquiring a sexually transmitted infection, with one study finding sex workers twice as likely to be diagnosed with chlamydia and three times as likely to be diagnosed with gonorrhoea¹⁵⁵.

The Open Door centre in Grimsby provides a range of services for sex workers, including the provision of condoms, sexual health testing, and a dedicated outreach worker.



151 House of Commons Home Affairs Committee (2016) *Prostitution*
152 HM Government (1956) *Sexual offences act*
153 Mellor and Lovell (2011) *The lived experience of UK-street based sex workers and the health consequences: an exploratory study*
154 Jeal and Salisbury (2004) *A health needs assessment of street-based prostitutes: cross-sectional survey*

155 McGrath-Lone et al (2014) *The sexual health of female sex workers compared with other women in England*

Homelessness

Homelessness is a prevalent issue amongst sex workers, with research into the link between homelessness and sex work estimating that almost half of street-based female sex workers had slept rough and almost all had experienced some form of housing difficulty¹⁵⁶.

The inability to find suitable housing, either because of inability to afford rent or because landlords and letting agents will not accept them, leaves sex workers vulnerable, as they sleep rough, sofa surf, or pay over the odds to people willing to give them a place to stay:

"I have nowhere to live at the moment."

"I'm spending almost all of my money on rent."

Substance misuse

The prevalence of substance misuse amongst sex workers is typically very high¹⁵⁷ and often appears in tandem, in a vicious circle, with one fuelling the other, with sex work providing the money to purchase drugs.

Based on our consultation work, there appears to be a high prevalence of substance misuse amongst local street-based sex workers, and whilst not all misuse drugs, the use of opiates, crack cocaine and amphetamine is common. North East Lincolnshire is thought to have one of the highest rates of opiate misuse and drug injecting in England¹⁴⁹.

Within North East Lincolnshire, there is a well-established substance misuse clinic for sex workers, ran by Addaction.

"Heroin, crack, benzos - you name it."

"I don't use spice - it makes me paranoid."

Sex workers are at a higher risk of acquiring a blood borne virus¹⁵⁸ (BBV) such as HIV or Hepatitis B and C, from improper injecting and unprotected sex.

Evidence suggests the majority of sex workers have injected drugs in the past, and of those who currently inject drugs, about a quarter have shared a needle in the last month¹⁵⁸.

Risk of being a victim of a violent or exploitative crime

Violent crimes against sex workers are not uncommon. Sex workers are often young women, working alone in high-crime areas late at night, often with an aversion to police and other authorities, typically because of the belief that the police will seek to prosecute them¹⁵⁹.

Sex work has been described as the single most dangerous profession for women, with 38 sex workers across the UK murdered in the last ten years, two-thirds of whom were killed in the course of their work¹⁶⁰.

Research suggests that around three-quarters of sex workers in the UK have been physically assaulted and over half have been raped or seriously sexually assaulted¹⁶².

Historically, violence against street-based sex workers has been most common, but the last ten years have seen a shift towards increasing violence against non-street based sex workers¹⁶¹, reflecting the increasing number of sex workers opting to work in parlours, or from their own homes via the internet.

Sex workers consulted for this report had little experience of violence or did not wish to report their experiences.

However, many knew of other sex workers who had been subject to violence.

The Grimsby Telegraph recently interviewed a sex worker for an article on sex work in the local area¹⁶³, who told the newspaper of both her experience of violence and the experience of other sex workers she knows.

KEY POINTS

- There are thought to be around 150 sex workers known to local services in North East Lincolnshire, working on the streets, parlours or from their own homes.
- The prevalence of substance abuse amongst street-based sex workers in the local area is thought to be high.
- The mental and physical health of sex workers, particularly those who are street based, is thought to be generally poor, with high rates of physical and mental illness.

RECOMMENDATIONS

- Promote the sexual health outreach service and raise awareness with local health professionals of the needs of sex workers.

156 Shelter (2004) *Off the streets: tackling homelessness among female street-based sex workers*

157 Jeal et al (2015) *Systematic review of interventions to reduce illicit drug use in female drug-dependent street sex workers*

158 Croxford et al (2015) *Sex work amongst people who inject drugs in England, Wales and Northern Ireland: Findings from a National Survey of Health Harms and Behaviours*

159 English Collective of Prostitutes (2017) via BBC News (2017) *Violence against sex workers: 'He was there to kill me'*

160 Sanders and Platt (2017) *Is sex work still the most dangerous profession? The data suggests so*

161 Sanders (2017) *Reviewing the occupational risks of sex workers in comparison to other 'risky' professions*

162 Toynbee Hall (2009) *Statistics on prostitution*

163 Grimsby Telegraph (2018) *Prostitutes in Grimsby - life under the red light where women sell their bodies for as little as £10*



Ageing well

Frailty in older age



Frailty in older age

Frailty is a common geriatric syndrome characterised by decreased reserve and increased vulnerability to adverse outcomes, including falls, hospitalisation, institutionalisation and death¹⁶⁴.

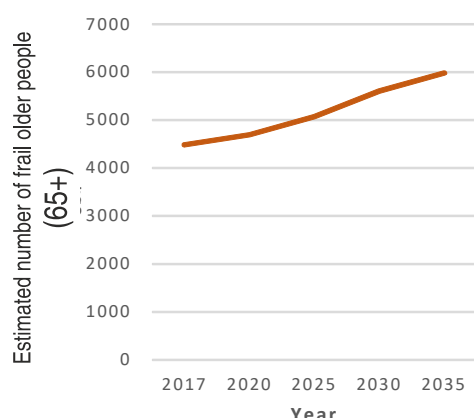
Frailty can occur at any point in the life course but it most commonly affects older people. Estimates suggest¹⁶⁵ that around 14% of all people over 60 are frail, but this ranges from 7% of those aged 60-69, to 65% of those aged 90+.

Frailty is slightly more common in women, reflecting both a longer life expectancy but also more time spent in poor health.

This means that in North East Lincolnshire, an estimated 5,700 of the 40,700 people aged over 60 (14%) are 'frail' with all the vulnerabilities and susceptibilities to poor health and wellbeing this brings.

Older people from deprived backgrounds are likely to be more frail than those from the least deprived backgrounds¹⁶⁶. Given the high rates of deprivation in North East Lincolnshire, this suggests the severity of frailty locally could be higher than average. The chart below shows the current estimate of the number of people aged 65 living with frailty, and how this number could increase over time.

Figure 4 - Projected increase in the number of older people living with frailty in NEL

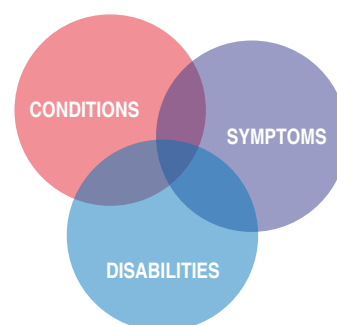


Source: : POPPI/NELC (2018)

There are a number of ways of assessing an individual's frailty, but no overall consensus. The electronic frailty index - the eFI - identifies a range of 'deficits' that someone can have¹⁶⁷.

This includes:

- Conditions, e.g. diabetes, heart failure or arthritis
- Symptoms of disease, e.g. weight loss, falls or memory problems
- Disabilities, e.g. hearing impairment, mobility problems or becoming housebound



Identifying frailty

Identifying frailty can be difficult, particularly when frailty is mild or moderate¹⁶⁸. Unidentified frailty represents a missed opportunity to prevent the progression of frailty and associated poorer outcomes.

This highlights the importance of assessing the wellbeing of older adults, particularly those who are socially isolated, or have limited interaction with their GP.

The label of frailty

Frailty can become an all-encompassing label, but is used in different ways¹⁶⁹.

Health professionals use it to speak about clinical condition or vulnerability.

However, older people reject the use of the term, preferring to articulate their physical and mental wellbeing in terms of being able to live independently.

They recognise the experience of living with frailty, but they do not refer to themselves as frail, due to negative connotations around losing independence, dignity and control.

The outcomes of frailty

There are a number of aspects of frailty that impact on health, wellbeing and independence¹⁷⁰.

They are a result of either the long-term conditions that have contributed to frailty, the impact of taking a large number of different medications or the natural ageing process.

Falls

Frailty brings about an increased likelihood of having a fall¹⁷¹, for example, due to weakened muscle strength, cognitive impairment or side-effects of medication¹⁷¹.

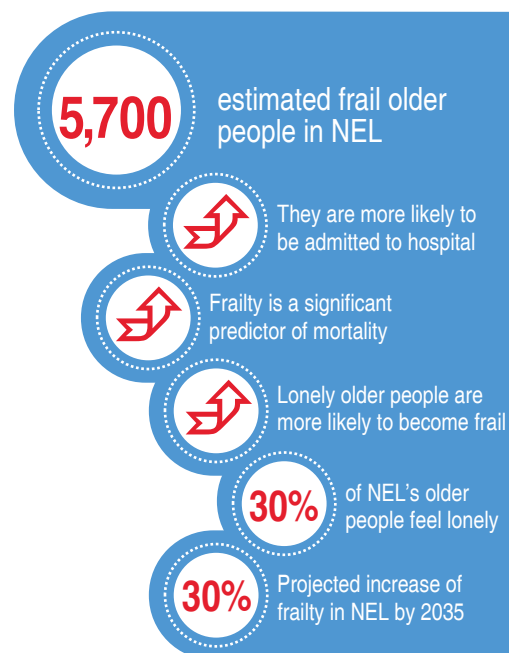
In turn, a fall can increase frailty, through a hospital stay, physical injury or loss of confidence.

Two years ago, our annual report focused specifically on older adults and carried out focus groups with older adults in the borough:

"I'm frightened of falling at home."

"The paths are very uneven near where I live, making me very nervous when going out."

169 Britain Thinks (2015) *Frailty: Language and perceptions*
170 British Geriatric Society (2014) *Recognising frailty – frailty syndromes*
171 Roberts (2017) *Frailty and falls – an important connection?*



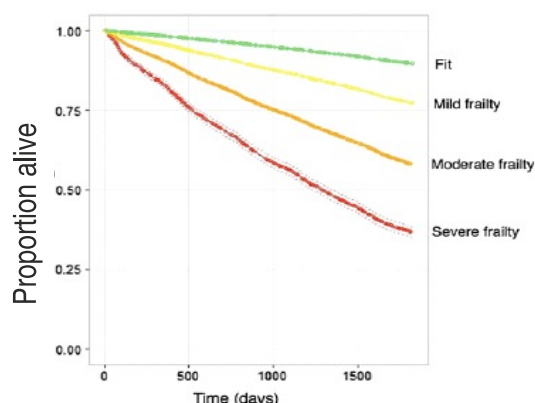
Hospitalisation and mortality

Frailty also brings about an increased likelihood of hospital admission¹⁷², either because of a fall, or because of significant deterioration in health.

Research has found that for all over 65s admitted to hospital between 2006 and 2012, 14% were frail, with 9% of all admissions for falls and 7% for dementia¹⁷³.

Frailty is also a significant predictor of mortality. The chart overleaf demonstrates the five-year survival rates for older patients with different levels of frailty.

Figure 5 - Survival curve for patients aged 65-95, United Kingdom, 2008-2013



Source: :

172 British Geriatric Society (2017) *Frailty: What's it all about?*
173 Soong et al (2015) *Quantifying the prevalence of frailty in English hospitals*

Diminished independence

Frailty can result in mobility issues, delirium or incontinence. Any of these on their own could result in a lack of independence, but co-occurring they can leave people almost entirely dependent on full-time care.

Abuse and neglect

Older people, particularly those who are frail, are vulnerable to abuse and neglect, from a range of sources, including caregivers and other people they come into contact with¹⁷⁴.

Older people, particularly those who are thought of as frail or vulnerable, such as those with a sensory disability or long-term condition, are more likely to be targeted by criminals seeking to financially exploit them¹⁷⁵.

Local evidence suggests that older people in NEL are disproportionately targeted by those seeking to exploit them, particularly those seen to be vulnerable due to ill-health or disability.

There is also the issue of self-neglect in older age, where people do not look after themselves fully¹⁷⁶. This could be through choice, lack of means or through a lack of mental capacity.

Self-neglect can be a difficult issue to tackle, as existing legislation creates legal and ethical dilemmas over prioritising autonomy, even when this is to the detriment of health status¹⁷⁷.

Social isolation

Research has found links between social isolation and frailty, with people experiencing high levels of loneliness being up to three times more likely to become frail¹⁷⁸.

Local data collected for a previous annual report found that a third of respondents over the age of 60 felt lonely at times.

Wider impact

Frailty does not just impact on the independence, quality of life and longevity of the frail older person, but it has impact on the caregivers too.

As discussed in both the sections on Carers and Young Carers, caregiving is associated with increased stress, anxiety, limited free time, social isolation and generally poor health outcomes.

KEY POINTS

- Frailty is estimated to affect around one in every seven residents of North East Lincolnshire over the age of 65.
- Frailty in older age disproportionately affects people from deprived communities, suggesting that there are higher levels of frailty in areas such as East Marsh and South.
- A diagnosis of moderate or severe frailty is associated with poor outcomes and high rates of mortality.
- Older people experiencing high levels of loneliness are up to three times more likely to become frail as they grow older. Approximately 30% of older people in North East Lincolnshire feel lonely at times.

RECOMMENDATIONS

- To better understand the older population in terms of frailty, through approaches such as routine frailty identification in general practice, to enable the targeting of appropriate interventions.

174 Action on Elder Abuse (2017)

175 Age UK (2015) *Only the tip of the iceberg: Fraud against older people*

176 Bristol CCG (2017)

177 Braye, Orr and Preston-Shoot (2017) *Autonomy and protection in self-neglect work: The ethical complexity of decision making.*

178 Gale et al (2018) *Social isolation and loneliness as risk factors for the progression of frailty: the English Longitudinal Study of Ageing*

Annex to the Director of Public Health Annual Report on Period Poverty

One of the biggest vulnerabilities affecting our communities in North East Lincolnshire is poverty. This is impacting especially on younger people and families and in some wards of the borough child poverty rates exceed 40%. Despite falling unemployment rates in recent years, being in work is no longer a protection against poverty with many people in low pay jobs experiencing the highest rates of poverty.

In the last few years the issue of 'period poverty' has been highlighted as something essentially unavoidable, affecting females only, that contributes to social exclusion and disempowers women and girls. Although the term 'period poverty' is often used to discuss girls who are missing school due to being unable to afford menstruation products, period (or menstruation) poverty is commonly defined as "poor menstrual knowledge and access to sanitary products". At a national level the fact that a considerable amount of VAT is gained through the purchase of essential sanitary products has been heavily criticised and the UK government has been under pressure to lift VAT on these products. Those campaigning against the so called 'Tampon Tax' argue that feminine hygiene products serving the basic menstrual cycle should be classified alongside other unavoidable, tax exempt necessities, such as groceries and personal medical items. Several countries including Australia and India have removed these taxes in recent times but the UK Government has not yet done so.

The fact that young girls will usually experience their periods for many years before they are in employment or able to claim benefits puts the onus on their parents/guardians to provide the necessary products. Some may be more willing and able to than others and those girls unable to get them from parents/guardians will be forced to pay for them themselves or seek alternative methods. The latest research from children's charity Plan International UK reports that one in 10 young women (aged 14-21) have been unable to afford period products, this would equate to 661 girls in North East Lincolnshire, whilst a further 15% have on occasion struggled to afford it¹.

Many others reported that they had been forced to borrow products from friends or improvise as described below:

1 Plan International (2017), 'UK Research on Period Poverty', <https://plan-uk.org/media-centre/plan-international-uks-research-on-period-poverty-and-stigma>, accessed 3/10/18.

"I wrapped a sock around my underwear just to stop the bleeding, because I didn't want to get shouted at. And I wrapped a whole tissue roll around my underwear, just to keep my underwear dry until I got home. I once sellotaped tissue to my underwear. I didn't know what else to do."

In September 2018 the issue was raised by elected members of North East Lincolnshire Council who highlighted the impact it was having on some girls in their wards. Following discussion at full council the following motion was resolved:

1. That the Director of Public Health and Wellbeing ensure that his annual report (due to come before Cabinet) includes the impact of use of poor sanitary products and Period Poverty generally on women and girls both directly and indirectly.
2. That, thereafter the annual report be shared with the government, with a call on them to conduct their own assessment of levels and the wider social impact of period poverty.
3. That this Council work with academies, schools and colleges to seek to provide sanitary products at no charge in toilet facilities, and to ask for their support in our campaign to push central government to act on period poverty.
4. That this Council investigate the practicalities of providing sanitary products at no charge in Council facilities, and to implement such a practice, reporting back to the relevant portfolio holders at the earliest opportunity.

¹ Plan International (2017), 'UK Research on Period Poverty', <https://plan-uk.org/media-centre/plan-international-uks-research-on-period-poverty-and-stigma>, accessed 3/10/18.

Update on last year's recommendations

Recommendation	Update
Carry out a financial resilience needs assessment to better understand the financial status of some of the borough's most vulnerable residents and how to support them.	The needs assessment was completed and a report produced in October 2017. Findings were reported to the council's leadership team and individuals identified to oversee the implementation of recommendations from the report.
Develop an audit tool for GPs and primary care staff to enable them to better assess fitness to work in their practices.	It has been identified that both primary and secondary care issue fit notes to patients with some patients with long term conditions being given a fit note by their consultant rather than GP. Therefore, an area wide policy for issuing of statements of fitness to work is to be explored, engaging both primary and secondary care to enable wider understanding of the reasons/conditions statements of fitness to work are issued in the borough.
Encourage GP practices to record more data on patient occupational status and reasons for issuing of statements of fitness to work.	See above.
Focus the council's Wellbeing Service on helping people with long-term conditions, such as mental health or musculoskeletal conditions, gain employment by tackling social and lifestyle-related barriers to employment.	The Council's Wellbeing Service has made links with Care Plus Group and the Department for Work and Pensions to develop a partnership approach supporting clients.
Improve the referral pathway into employability services, such as those offered by Care Plus and NAViGO, for people with long-term conditions.	Care Plus Group have developed referral pathways with GPs and the council's wellbeing service. A pilot programme has been delivered to support people with long-term conditions into training and employment.
Include employment as a focus in the care planning process for people with long-term conditions.	Discussions have taken place with the CCG lead for long-term conditions about how best to incorporate employment into the care planning process.
Providers of drug and alcohol services should support their clients to obtain employment or maintain employment to maximise opportunities for client recovery.	As part of Addaction's relationship with the Job Centre, a recovery worker is based in the Job Centre one day per week, so that Job Centre advisers can refer clients for substance misuse treatment to aid their search for employment. Employment is part of client recovery plans and Addaction offers evening appointments to fit treatment around working hours.
To encourage the new trading arm of the Wellbeing Service - Healthy Places - to engage with more employers and employer organisations, with a focus on mental and emotional wellbeing.	Over the last year the Healthy Places service has developed as a trading service within the local authority. Healthy Places offers a membership, training, consultancy and an award scheme. Websites and marketing have been developed and Healthy Places officially launched during mental health awareness week in May 2018. 60 representatives from different organisations across the borough and beyond attended the launch to find out about the help and support Healthy Places can offer to improve organisational and employee culture and wellbeing. Over the last year, training and the award scheme have been taken up by many local businesses, community settings and education settings, including Care Plus Group, Childrens Centres, Grimsby Institute, East Ravendale Church of England, Humber Learning Consortium, plus many more.
The council's review of premature mortality should include an analysis of the impact of long-term unemployment on early mortality in North East Lincolnshire.	The impact of unemployment is being considered as part of the under 65 mortality review process although it has been hampered by the limited amount of data on employment/ unemployment in the primary care mortality database. During the next year we are going to be undertaking more detailed thematic reviews using a broader range of data sources so we anticipate that it will be possible to consider the impact of unemployment in more depth.



DIRECTOR OF PUBLIC HEALTH
ANNUAL REPORT 2018

Vulnerable Communities

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