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This chapter sets the scene by looking at the overall health and well being of children in Southwark. It starts with some key facts and figures about the child population and then highlights some of the main factors that affect their health. It describes the overall level of health and well being of local children and, finally, outlines their use of health services.

## Demography

There are some 60,600 children and young people aged 0-19 years in Southwark. This makes up 21.8 percent of the borough's population, which is lower than the proportion in London (23.9 %) and England (24.0 %). Table 1.1 gives a breakdown of the current population by age and gender.

**Table 1.1 Population aged 0-19 in Southwark by age group and gender 2008 (thousands)**

age group	male	female	all
0 to 4 years	10.4	9.9	20.3
5 to 9	7.1	6.7	13.8
10 to 14	6.5	6.3	12.8
15 to 19	7.1	6.6	13.7
Total 0-19	31.1	29.5	60.6
All ages	142.0	136.0	278.0

Source: ONS mid year estimates 2008

Projections by the Greater London Authority suggest that Southwark's child population will grow by some 25 percent over the next twenty years. All projections have a degree of uncertainty and should be treated with some caution. Other projections are available from the Office for National Statistics (ONS) and use a different baseline and methodology. The overall message, though, is that there is very likely to be a steady and substantial increase in the numbers of children in Southwark and that services will need to plan for this.

Table 1.2 provides a breakdown of local population projections by age group and suggests that relatively speaking the biggest increases will be in the teenage groups (10 to 14 and 15 to 19) rather than in younger children. The overall increase in population is illustrated in Figure 1.1.

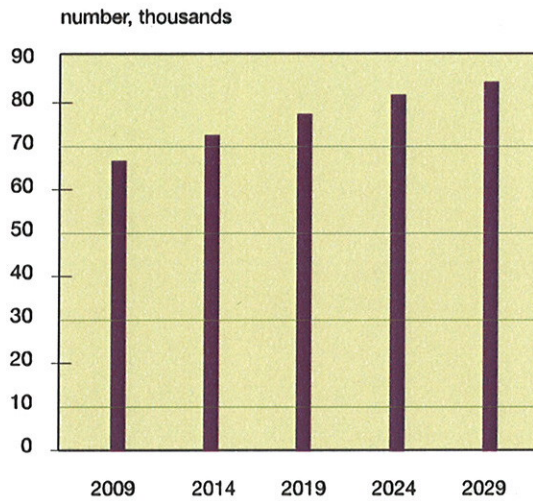
**Table 1.2 Southwark's projected population aged 0-19 at intervals from 2009 to 2029 by age group (thousands)**

age group	2009	2014	2019	2024	2029
0 to 4 years	21.9	23.7	24.2	24.5	25.0
5 to 9	16.7	19.3	21.1	21.3	21.7
10 to 14	14.6	15.3	17.3	18.8	19.1
15 to 19	13.4	13.9	14.6	16.3	17.7
All 0 to 19	66.6	72.2	77.2	81.0	83.6

Source: GLA 2008 based projections

Note: Columns may not sum due to rounding

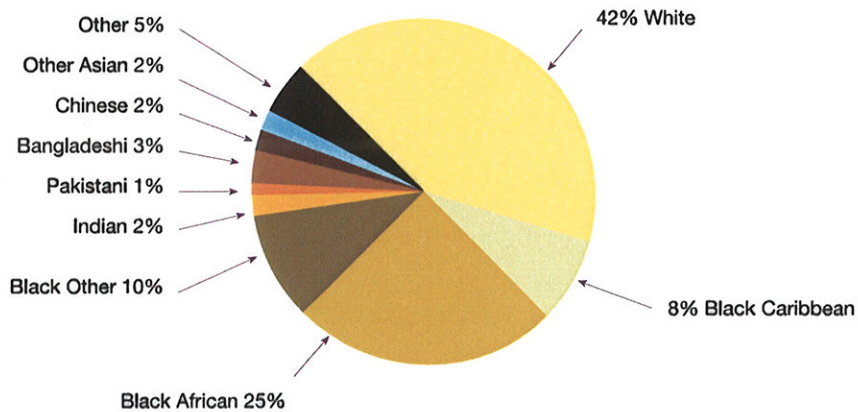
**Figure 1.1 Projected population of people aged 0 to 19 years in Southwark, 2009 to 2029**



Source: GLA 2008 based projections

Southwark's child population is very diverse with some 58% of children aged 0-19 belonging to black and minority ethnic groups in 2008. Black African children form the largest single minority group and Black groups overall make up 43% of the child population. Figure 1.2 gives a breakdown of the ethnic background of Southwark's children.

**Figure 1.2 Breakdown of the Southwark population aged 0-19 years by ethnic group, 2008**



Source: GLA 2009.

The proportion of Southwark's children in BME groups has grown from an estimated 54 percent in 2001 and is substantially higher than the proportion in the population as a whole (39 % of people of all ages). Projections by the GLA suggest that the proportion of children in BME groups will not increase further in Southwark and may decline slowly in future years. Ethnicity can work as a risk factor for some health conditions and particular issues for Southwark children are highlighted in the relevant sections of this report.

One important factor affecting Southwark's population is the high degree of mobility into and out of the borough. An analysis by ONS<sup>(1)</sup> found that for every 1000 of the borough's residents an average of:

- ◆ 102.3 people moved into the borough each year (9th highest out of 33 London boroughs)
- ◆ 101.9 people moved out of the borough each year (10th highest).

These figures cover the population of all ages but will have an impact on the continuity of health, education and other services for many children and young people. Population mobility of as high as 10 percent per annum would also need to be taken into account in setting medium and long term targets for improving health and reducing inequalities.



### Influences on children's health

Children's health and well being is affected by a multitude of factors that combine together to affect individuals and communities. These include:

- ◆ Environmental factors (for example housing, transport)
- ◆ Socio-economic factors (e.g. household employment, education levels)
- ◆ Lifestyles (e.g. smoking, alcohol use)
- ◆ Access to services (e.g. health and social care)
- ◆ Individual factors (e.g. age, gender, genetics).

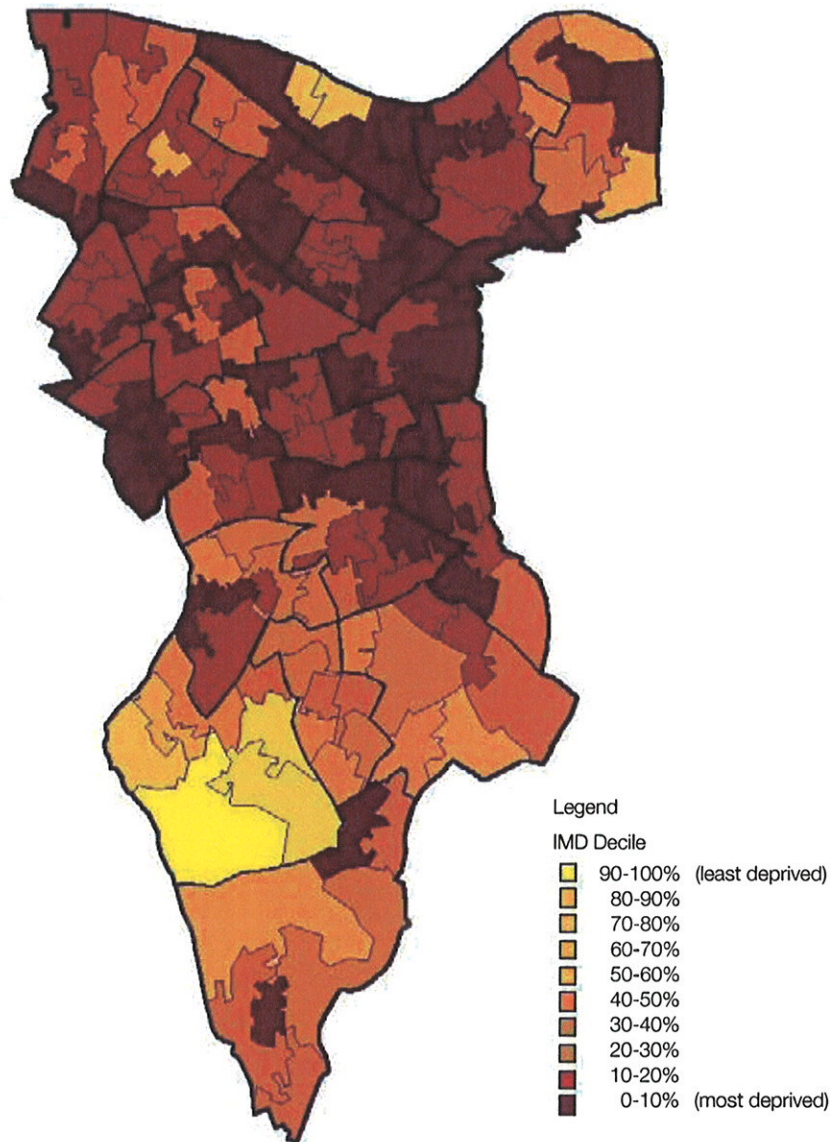
Many of the wider determinants of health are included in an index known as the *Index of Multiple Deprivation* 2007 (IMD 2007) and this shows great inequalities across the country. Children in more deprived areas are more exposed to damaging risk factors and generally have poorer health status than the population as a whole. National data<sup>(2)</sup> show that children living in the 20 percent of areas with the greatest deprivation will have:

- ◆ 89 % more infant mortality
- ◆ 65 % more born with a low birth weight
- ◆ 110 % more decayed missing or filled teeth when aged 5
- ◆ 69 % more killed or seriously injured in road traffic accidents
- ◆ 128 % more teenage conceptions
- ◆ 167 % higher rate of family exposure to tobacco smoke

when compared with children from areas of least deprivation.

These inequalities are particularly relevant to Southwark's children as some 57 percent of the borough's population live in the fifth most deprived areas in the country. One key component of deprivation is low income and in Southwark there were some 20,694 children living in poverty in 2007. This was 42.3 percent of the child population of the borough – nearly twice as many as the national average (22.4 %) <sup>(3)</sup>. Figure 1.3 shows the distribution of child poverty across Southwark.

Figure 1.3 Income Deprivation Affecting Children Index, Southwark, 2007



Southwark has witnessed deep inequalities for much of its history. Back in the 19th century, Charles Dickens described two contrasting views of Southwark. The first of these quotes described life by the river while the second was further away from the city.

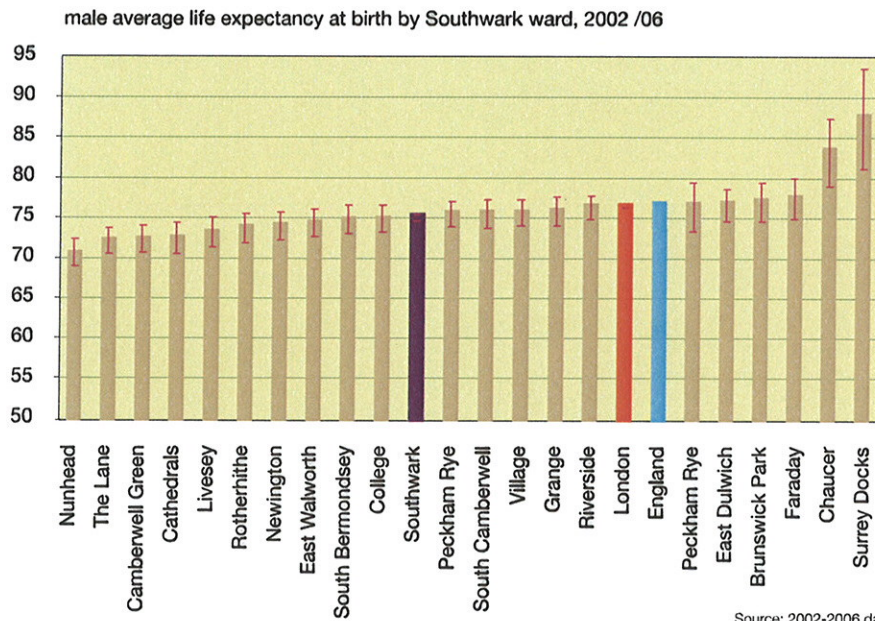
*'every repulsive lineament of poverty, every loathsome indication of filth, rot and garbage – all these ornament the banks of Folly Ditch'* Charles Dickens: *Oliver Twist*

Dulwich ... *'is one of the most pleasant spots near London'* Charles Dickens: *Pickwick Papers*

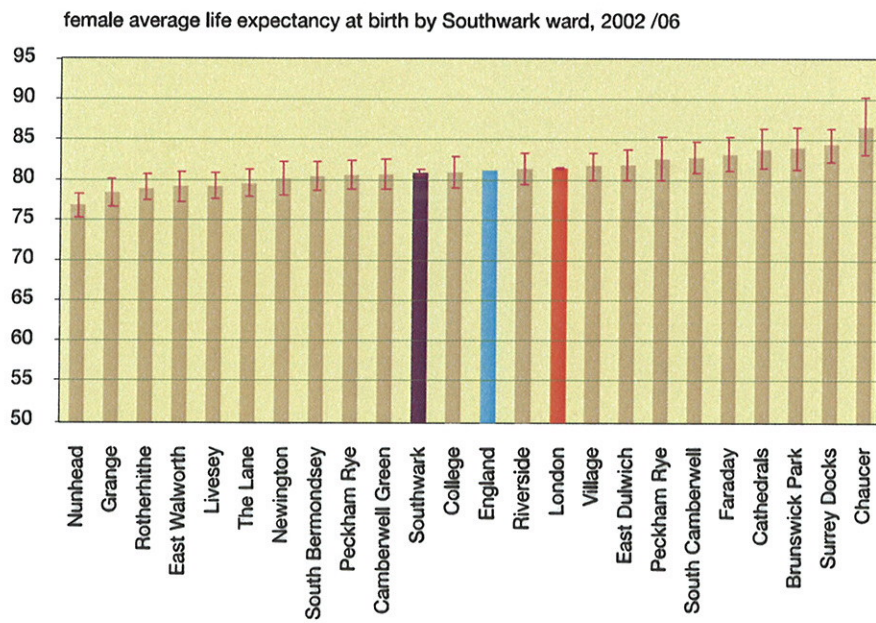
Although the geography of deprivation has changed, there are still very substantial inequalities in the borough. Average life expectancy is a good overall indicator of health and strongly reflects socio-economic conditions. There is a stark contrast in the experience of people in Southwark with Figures 1.4 and 1.5 showing the range in life expectancy at local authority ward level. In fact:

- ◆ Boys born to parents in Surrey Docks ward can expect to live an average of 17 years longer than boys born in Nunhead ward
- ◆ Girls born to parents in Chaucer ward can expect to live an average of 10 years longer than girls born in Nunhead ward.

**Figure 1.4 Average male life expectancy at birth by Southwark ward 2002-06**



**Figure 1.5 Average female life expectancy at birth by Southwark ward 2002-06**



Recent evidence<sup>(4)</sup> suggests that economic inequalities are not only bad for the health of the poorest sections of society but they are also bad for the population as a whole. Amongst developed countries those with high levels of economic inequality suffered the highest overall rates of:

- ◆ Obesity
- ◆ Crime
- ◆ Teenage pregnancy
- ◆ Drug misuse
- ◆ Premature death (low life expectancy).

Lifestyles are another key determinant of health and are themselves affected by the conditions that children live in and the influence of people around them. Table 1.3 shows some of the results of a recent survey of Southwark schoolchildren. It shows plenty of scope for improvement, and all of the indicators show a worsening position as children get older.

**Table 1.3 Healthy lifestyle indicators for Southwark primary and secondary school children, 2008**

Indicator	primary school pupils	secondary school pupils
Eat five portions of fruit & veg a day	35%	17%
Has breakfast every day	71%	36%
Never/hardly ever exercise outside school	13%	17%
Sometimes or often smoke	2%	7%
Sometimes or often drink alcohol	7%	21%
Have taken illegal drugs	4%	8%
Watch three or more hours of TV per day	56%	71%

Source: Southwark Pupil Voice Survey 2008

### Child well-being

Health has been defined as '*...a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity*'.<sup>(5)</sup> Well-being can be described in different ways but is a broad concept that encompasses a range of factors – it certainly takes us beyond traditional health measures such as death rates and the prevalence of disease.

A recent UNICEF study<sup>(6)</sup> of child well-being found that Britain's children do badly compared to other countries, coming bottom of the 21 countries researched. Within England, further analysis<sup>(7)</sup> suggests that Southwark children have amongst the worst levels of child well-being, seventh worst out of all 354 local authorities.

### Child well-being index

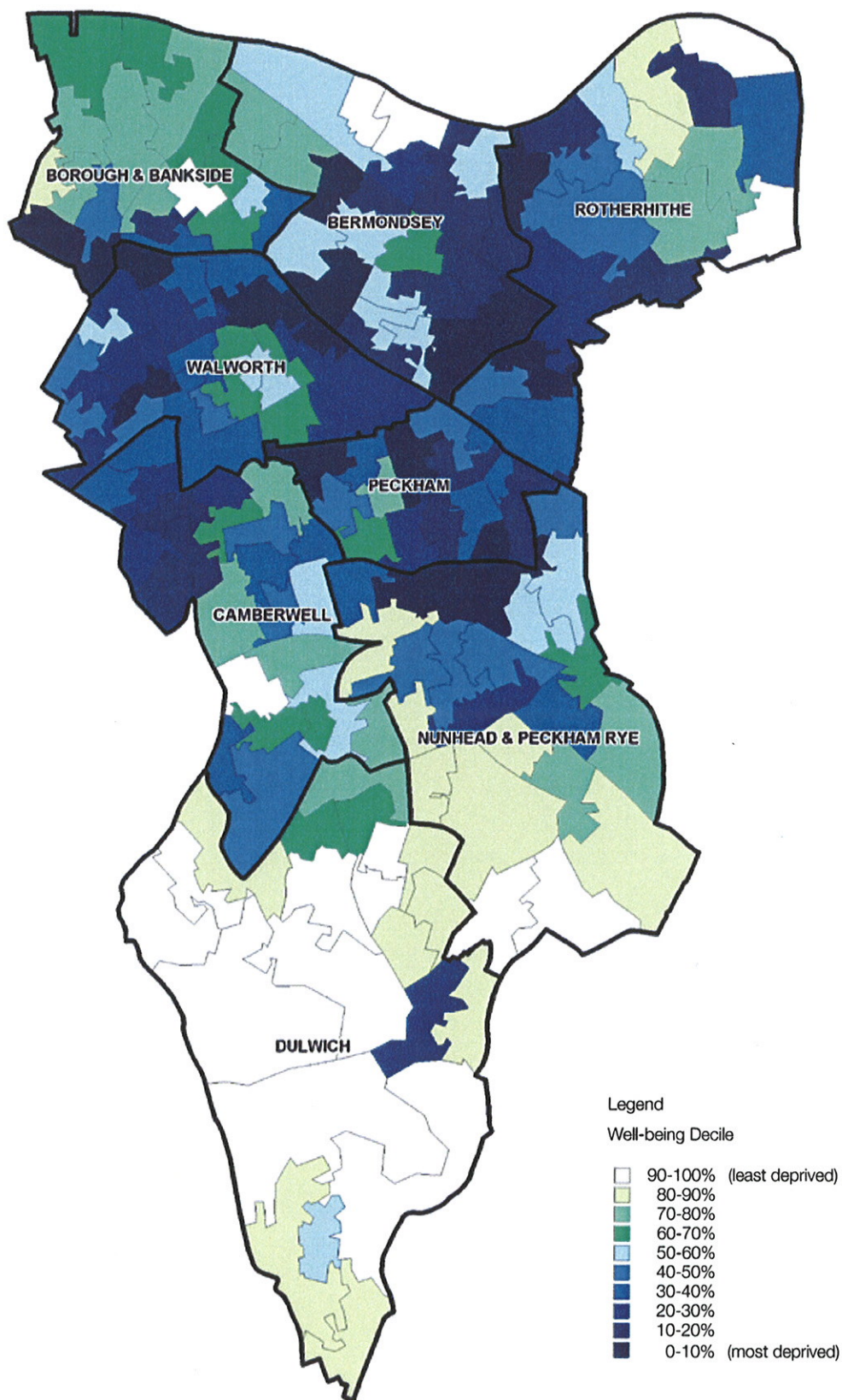
This index is made up of seven domains, each of which is given equal weight in determining overall well-being. While overall Southwark was ranked 348 (out of 354 authorities) in country, rank order varied across the seven well-being measures.

Material well-being	ranked 347
Health	241
Education	268
Crime	326
Housing	344
Environment	350
Children in need	345

Such indices should be treated with caution – the merits of the specific indicators used to calculate the index can always be debated and data validity can be queried. Nevertheless the local position gives cause for concern and is worth examining more closely. Scores for small areas within each borough are illustrated in Figure 1.6 (the darker shaded areas have

worse scores than the lighter areas). Again the figures show quite large differences across the borough although the data are likely to be less robust at the small area level.

Figure 1.6 Southwark child well-being index 2009



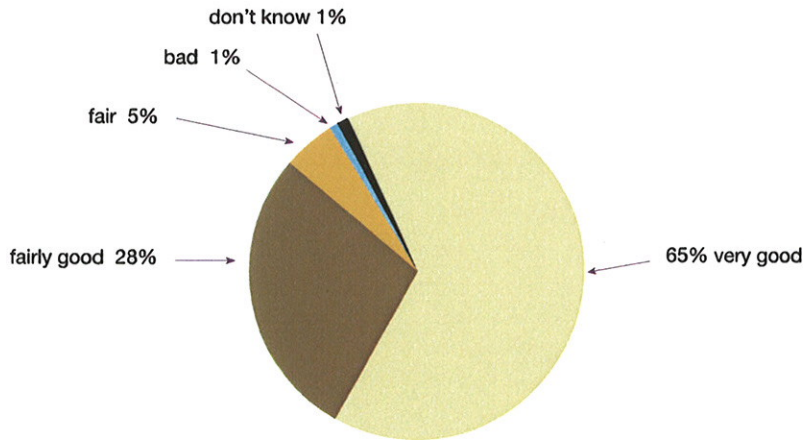
Source: Department for Communities and Local Government 2009.

### Overall health indicators

The child well-being index is concerned with the relative position compared with the rest of the country but this doesn't tell us how many children in Southwark are affected by low levels of well being. Later sections of this report look at individual factors and where possible quantify the number of local children actually affected.

To put things in context, one useful overall measure is self reported health – ie what the children themselves say about how healthy they feel. A recent survey of over 800 Southwark children aged 10 to 16 asked them about a wide range of issues including health and lifestyles. Figure 1.7 below looks at overall health status and suggests that the large majority do feel in good health.

**Figure 1.7 Self-reported health status amongst Southwark children aged 10-16 years.**



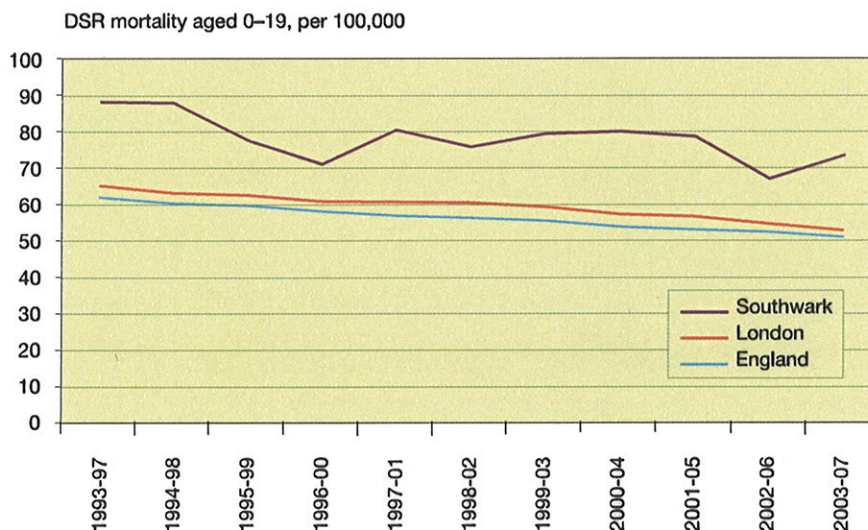
Source: Southwark Children and Young People Residents Survey 2009

At the other end of the spectrum, local childhood mortality data can be used to assess the scale of serious health problems and to investigate inequalities. There were 38 deaths of children aged 0-18 in Southwark in 2008, with the large majority of these (33) being deaths of infants aged under 12 months. The number of childhood deaths fluctuates from year to year, but there was an average of 42 deaths a year during the six years from 2003 to 2008 inclusive. Figure 1.8 shows the trend in the child mortality rate in Southwark, London and England after adjustment for the age and sex of the population. Southwark's rate has reduced over the years but remains relatively high.



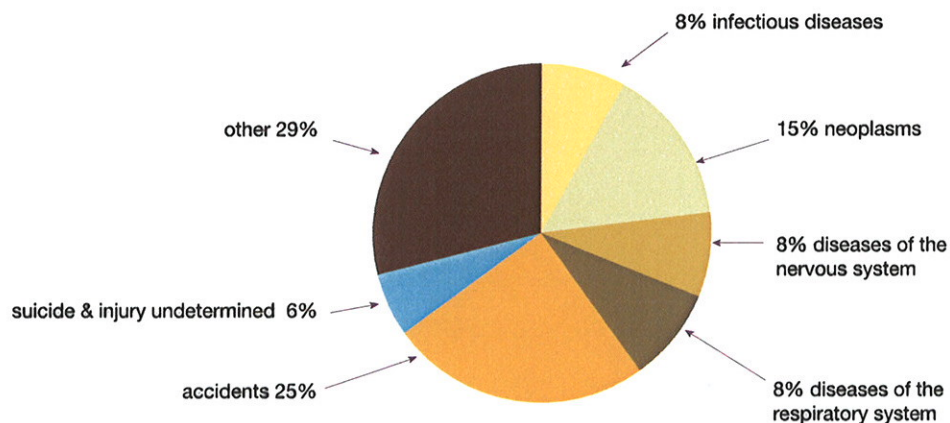
Figure 1.9 then provides a breakdown of the various causes of death of the 53 Southwark children aged between 1 and 18 who died in the five years from 2003 to 2007. Infant deaths (those under the age of 12 months) are covered separately in Chapter 2 of this report.

**Figure 1.8** Directly standardised mortality rate for children aged 0-19 years – five year moving averages from 1993-97 to 2003-2007



Source: NCHOD

**Figure 1.9** Causes of death of Southwark children aged 1 to 18 years, 2003-2007



Source: ONS Mortality Files 2003 - 2007

Since April 2008 it has been mandatory for Local Safeguarding Children's Boards to review child deaths to learn lessons and to reduce the incidence of preventable childhood deaths in the future. The child death review process includes:

- ◆ a rapid response by a group of key professionals who come together for the purpose of enquiring into and evaluating every child death;
- ◆ and an overview of all child deaths (under 18 years) in the Local Safeguarding Children Board area(s), undertaken by a panel.

The results from this process should yield useful information in helping to reduce the number of child deaths in future years.

## Health service activity

This section shows overall levels of activity for some key children's health services in Southwark. The large majority of children are seen in primary care and community settings and we therefore start with activity in a range of community services. Table 1.4 illustrates the scale and breadth of work being carried out in the community. The figures summarise more detailed data drawn from a number of sources and refer to face-to-face contacts only.

**Table 1.4 Activity levels in selected community services, for Southwark children aged 0-18 in 2008/09**

service	face-to-face contacts
Community paediatrics	7,696
Diabetes nursing liaison	642
Health visiting	95,038
Nursing services for children	1,724
Occupational therapy	2,250
Physiotherapy	4,318
Speech and language therapy	9,083
School-based health services	26,020
Special needs nursing	7,126
Paediatric audiology	4,009

Source: Southwark children's services.

A total of 7,059 hospital admissions of Southwark children took place in 2008/09 (Table 1.5). The largest proportion takes place in the early years, after which the numbers drop before rising again in the later teenage years. This latter group includes a sizeable number that are classed as neither elective nor emergency episodes, most of which are maternity related.

**Table 1.5 Hospital admissions by type, Southwark children aged 0 to 19 years, 2008/09**

age	elective admission	emergency admission	other	total
0 to 4	1034	1415	69	2518
5 to 9	1075	354	5	1434
10 to 14	575	381	9	965
15 to 19	838	773	531	2142
All to 19	3522	2923	614	7059

Source: SUS 2008/09 data, Southwark PCT

Table 1.6 then provides a breakdown of admissions according to the level of social deprivation of the areas in which the children live. Like life expectancy described earlier, there is a strong relationship between living conditions and the number of times that local children need to be admitted to hospital. Overall, children in the more deprived areas are admitted to hospital nearly 60 percent more often than their counterparts in the least deprived areas of Southwark.

**Table 1.6 Hospital admission rates for Southwark children aged 0 to 15, per 1000 population by deprivation quintile, 2008/09**

indicator	most deprived 20%	least deprived 20%	all Southwark
Emergency admissions	49	40	46
Elective and other admissions	75	38	59
Total admissions	124	78	105

Source: Derived from SUS 2008/09 and ONS mid year estimates for LSOAs

Note: The geographical areas used in this analysis are called lower super output areas and have been ranked according to the Index of Multiple Deprivation 2007



## Conclusions and recommendations

Southwark's young population is rich in its ethnic diversity. However many of its young people are growing up in significant material deprivation which impacts on their chances of a long and healthy life.

The *Index of Well-being* show that the overall score for children and young people in Southwark is amongst the lowest in the country, although the specific measure for health compares somewhat more favourably. Locally Southwark children in the main perceive themselves to be healthy.

Death rates for those aged under 20 years in Southwark are worse than England and London averages. Life expectancy at birth differs between boys and girls and varies depending on which ward children are born into.

Those children in the most deprived parts of the Borough are more likely to be admitted to hospital than those born in the least deprived part of the Borough.

Indicators of healthy lifestyle are of concern for young people in secondary schools with only 36 percent reporting that they have a breakfast every day, only 17 percent reporting eating five portions of fruit and vegetables per day while the majority spend more than three hours a day in front of the TV.

## Recommendations

- ◆ Mitigate the long term impact of material deprivation and poor well being scores on the long term health of Southwark children through reducing childhood poverty and improving life chances for those in the most deprived circumstances.
- ◆ Act to continue to reduce the numbers of excess deaths amongst young people.
- ◆ Further work is needed to improve on the unhealthy lifestyles of Southwark's secondary school pupils.

1 Office for National Statistics *Change analyses and 2001 census*, quoted by the GLA 2009  
2 Association of Public Health Observatories. *Indications of public health in the English regions 5: Child Health*. APHO 2007  
3 Source: *PCT Health profiles 2009*. Child poverty defined as children living in families receiving means-tested benefits  
4 Wilkinson R and Pickett K. *The spirit level – why more equal countries almost always do better*. London: Allen Lane 2009  
5 World Health Organisation, used since 1948  
6 UNICEF. *Child poverty in perspective: an overview of child well being in rich countries*. UNICEF 2007  
7 Dept for Communities and Local Government. *Local index of Child Well Being 2009*. DCLG 2009