

3.4 Vulnerable groups

Certain circumstances render children and young people particularly vulnerable to mental and physical ill health; both in childhood and adulthood. This can be from a range of inherent factors linked to genetic predisposition and external factors such as cultural context, marginalisation and discrimination.

The following groups of vulnerable children and young people are discussed in other sections of the JSNA but require consideration in the context of being vulnerable:

- children with learning difficulties and disabilities;
- young offenders;
- looked after children;
- refugee and asylum seekers;
- young carers.

Specific work is needed to consider how well services are meeting the needs of these groups and evaluate access barriers to services for these groups, as they are now also covered as part of the equalities duty.

3.4.1 Homeless families

The UN Convention on the Rights of the Child highlights the right of every child to an adequate standard of living. Children from homeless households are often the most vulnerable in society. Homelessness is associated with severe poverty and is a social determinant of health.

The number, and rate per 1,000 households of statutory homeless households with dependent children or pregnant women are significantly higher in Barking and Dagenham compared with Greenwich, Lewisham, London and national rate. Figure 3.4.1 illustrates the rate of households accepted as homeless and in priority need in LBB, two statistical neighbouring boroughs (Greenwich and Lewisham), London and England from 2010/11 to 2014/15¹. The graph shows there has been a sharp increase in the number of homeless since 2012, however in 2014/15 it has declined slightly.

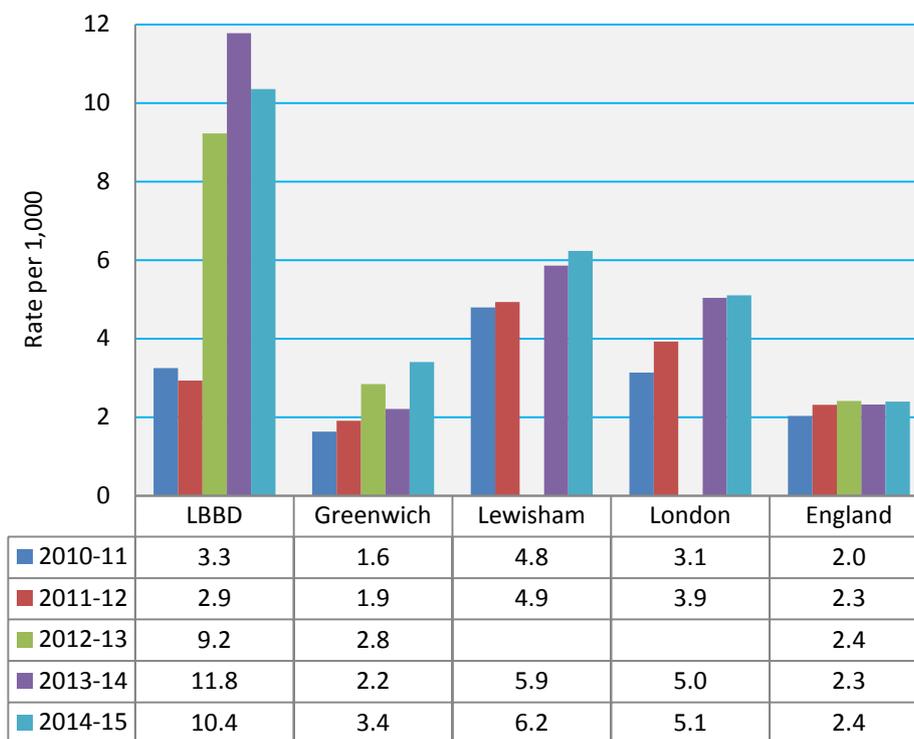
It is also important to recognise the impact of homelessness on young people independent from their families. Research has demonstrated a higher prevalence of psychiatric disorder among homeless youth; the distancing of these young people from services and support because of their chaotic and unstable life circumstances.

Over 50% of statutory homeless households have dependent children. Poor housing environments contribute to ill health through poor amenities, shared facilities,

¹ Department for Communities and Local Government, 2015. 'Live tables on homelessness: Table 784: local authorities' action under the homelessness provisions of the Housing Acts, financial year 2014 to 2015' [Online] available from: <https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness> [accessed 21 August 2015]

overcrowding, inadequate heating or energy inefficiency. In addition, those in very poor housing such as homeless hostels and bedsits are more likely to suffer from poor mental and physical health than those whose housing is of higher quality. People living in temporary accommodation of bed and breakfast have high infection rates and children have high rates of accidents. Living in such conditions causes stress in parents and impairs normal child development through lack of space.

Figure 3.4.1: Rate of households accepted as homeless and in priority need, LBBD, Greenwich, Lewisham, London and England, 2010/11 to 2014/15

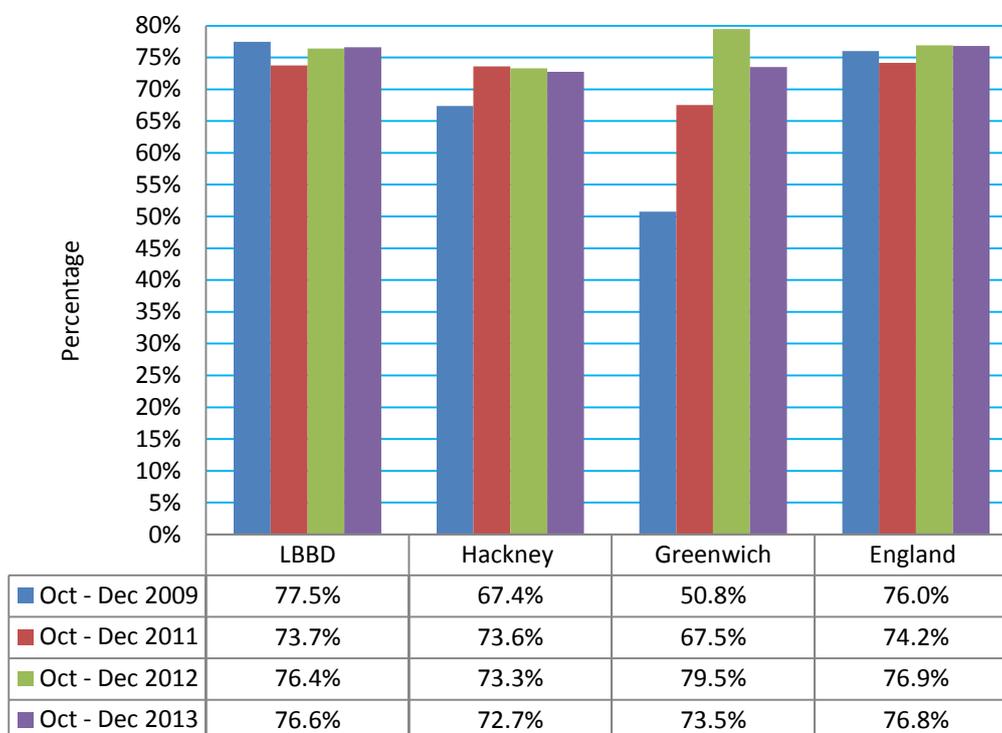


Source: Department for Communities and Local Government

The Department for Communities and Local Government collects information on the number of households with or expecting dependent children in temporary accommodation at the end of each quarter. The types of temporary accommodation that falls in this group include bed and breakfast, annexe accommodation, hostel accommodation, private sector accommodation and mobile homes. The figure (Figure 3.4.2) highlights the percentage of homeless families with children living in temporary accommodation between 2009 and 2013 (except for 2010 which the data is not available) compared to two statistical neighbouring boroughs (Hackney and Greenwich) and national averages. Barking and Dagenham has had a 2% decline between 2009 and 2011 but it went back again almost to 2009 level. The rate for Barking and Dagenham is almost the same as England but higher than Hackney and Greenwich².

² HSCIC, 2015. 'LBOI Indicator 2.1 - Number of homeless families with children living in temporary accommodation, Unique Identifier P01088' [Online] available from: <https://indicators.ic.nhs.uk/webview/> [accessed 21 Aug. 15]

Figure 3.4.2: Percentage of homeless households with dependent children and/or pregnant woman with no other dependant in LBBD, Hackney, Greenwich and England at last quarter of each year from 2009 to 2013 (data for 2010 is not available)



Source: HSCIC

3.4.2 Children and young people affected by domestic violence

Although not all will be affected in the same way, living with domestic violence can adversely affect children’s healthy development, relationships, behaviour and emotional wellbeing⁴. Awareness has grown about the harm that can be caused to children in this way. Seeing or overhearing violence to another person in the home is recognised by law as potentially detrimental to a child’s welfare. Research has shown that domestic violence is a central issue in child protection, being a factor in the family backgrounds of two-thirds of the serious case reviews (SCRs) where a child has died³.

Barking and Dagenham has one of the highest levels of reported domestic violence in London; much of this occurs in households where there are children. In an audit of local child protection plans, over 80% of children with a plan were affected by domestic violence in the family.

³ Meeting the needs of children living with domestic violence in London Research report L. Radford et al. Refuge/NSPCC research project Funded by the City Bridge Trust Nov. 2011. P9