

1.9 Gender

“Gender has a significant impact on risk and protective factors for mental health and the way it which the experience of mental distress is expressed. Depression, anxiety, para-suicide and self harm are more prevalent in women, while completed suicide, drug and alcohol abuse, crime and violence are more prevalent among men. Women are much more vulnerable to poverty, unemployment, domestic violence, sexual violence, rape and child sexual abuse”¹

Table 1.9-1 and Figure 1.9-1 present data from the latest ONS population projections. Newcastle’s population is split approximately 50/50 between males and females. The ONS 2015 population estimates suggest there are 140,200 males and 144,800 females.

Between 2016 and 2039, the Newcastle population is projected to increase for males (by 13.0%) and females (8.5%).

Table 1.9-1: The ONS 2014-based subnational population projections for Newcastle²

	(Census 2011)	ONS estimate 2015	Newcastle population projection		
			2016	2039	% change
Males	140,200	148,100	149,600	169,000	13.0
Females	139,900	144,800	145,700	158,100	8.5

* These figures relate to the ONS 2013 population estimates

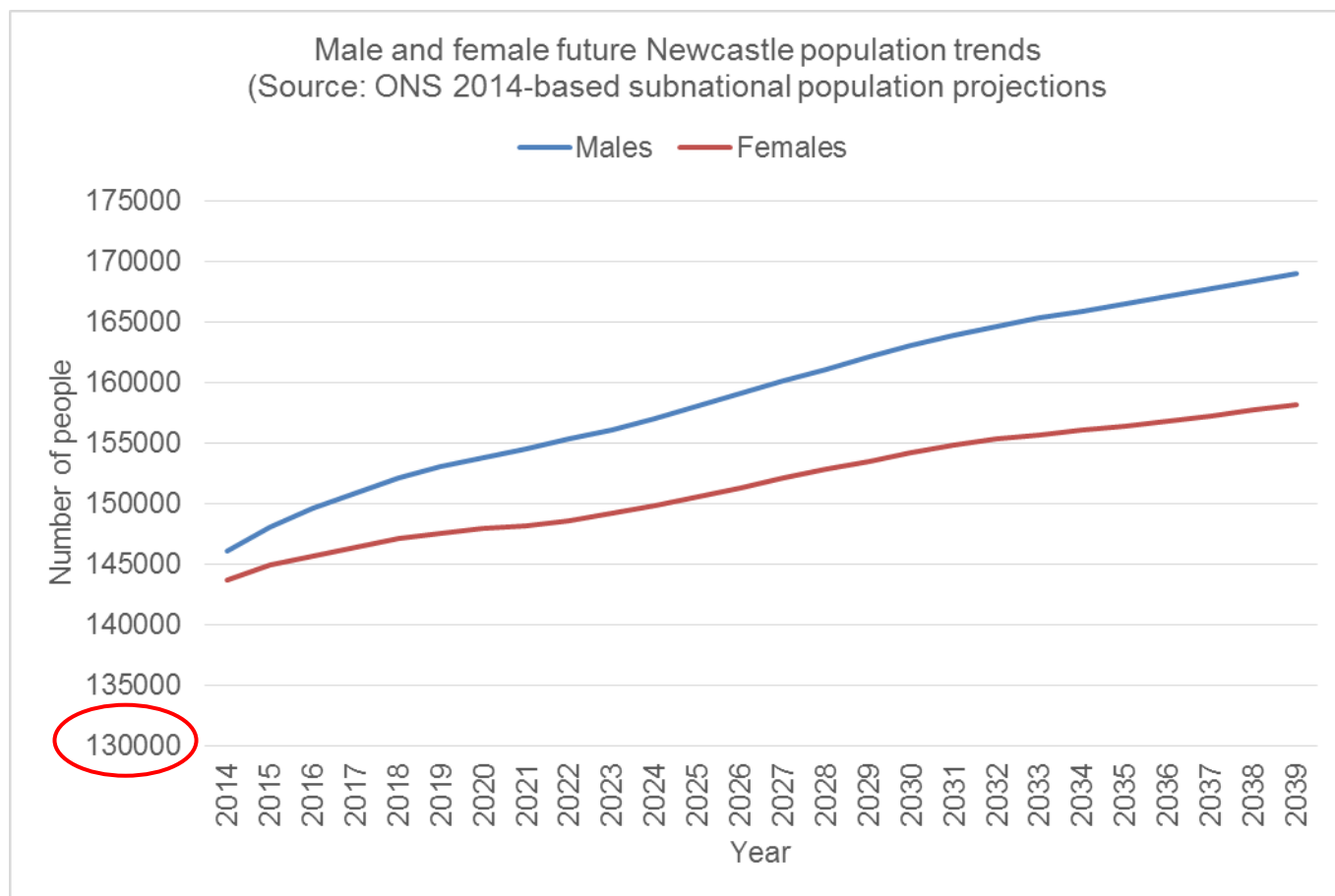


Figure 1.9-1: ONS projected population trend for males and females in Newcastle.

Note: On chart, the vertical scale showing number of people does not start from zero

1.9.1 Transgender

Broadly speaking, transgender (trans) people are individuals whose gender expression and/or gender identity differs from conventional expectations based on the physical sex they were born into. The word transgender is an umbrella term that is often used to describe a wide range of identities and experiences, including: transsexuals, cross-dressers, transvestites and many more.

There is no official data available on the number of transgender people living in Newcastle. However it is estimated that there are over 100,000 transgender people living in the UK.

1.10 Focus on sexual orientation

“Evidence from the available literature shows that LGBT people experience significant problems related to both their mental and physical health. Discrimination and social exclusion are seen to be major causes of ill health for people in these communities. [...] Of additional concern is the discrimination some LGBT people face when accessing NHS services.”³

“Some studies suggest that gay, lesbian, bisexual and transgender peoples are at increased risk for some mental health problems – notably anxiety, depression, self-harm and substance misuse – and are more likely to report psychological distress than their heterosexual counterparts, while being more vulnerable to certain factors that increase risk, e.g. bullying, discrimination and verbal assault.”¹

It is estimated that between 13,500 and 18,900 people in Newcastle would feel comfortable disclosing their sexual orientation as Lesbian, Gay or Bi-Sexual.

These figures are based on Government estimates of between 5 and 7 percent of the population. However, Stonewall argue that these estimates are lower than what would be expected. It is also important to note that no full survey/census has yet been completed.

1.11 Ethnicity

“Racial and ethnic differences in levels of mental wellbeing and prevalence of mental disorders are due to a complex combination of socio-economic factors, racism, diagnostic bias, and cultural and ethnic differences, in the way in which both mental health and mental distress are presented, perceived and interpreted. Different cultures may also develop different responses for coping with psychological stressors.”¹

Figure 1.11-1 shows the percentage of Newcastle’s population by ethnic group as recorded in the Census 2011:

- 81.7% of Newcastle’s population (230,000 people) are White British and a further 3.7% are White Other.
- 14.7% (40,600 people) are non-white (compared with 6.9% in Census 2001). Non-white people are made up from;
 - 9.8% are Asian (including Indian, Pakistani, Bangladeshi, Chinese and Other Asian, totalling 27,100 people).
 - 1.9% are Black (5,200 people)
 - 1.6% are Mixed (4,300 people) and
 - 1.4% are from an Other ethnic group (4,100 people).

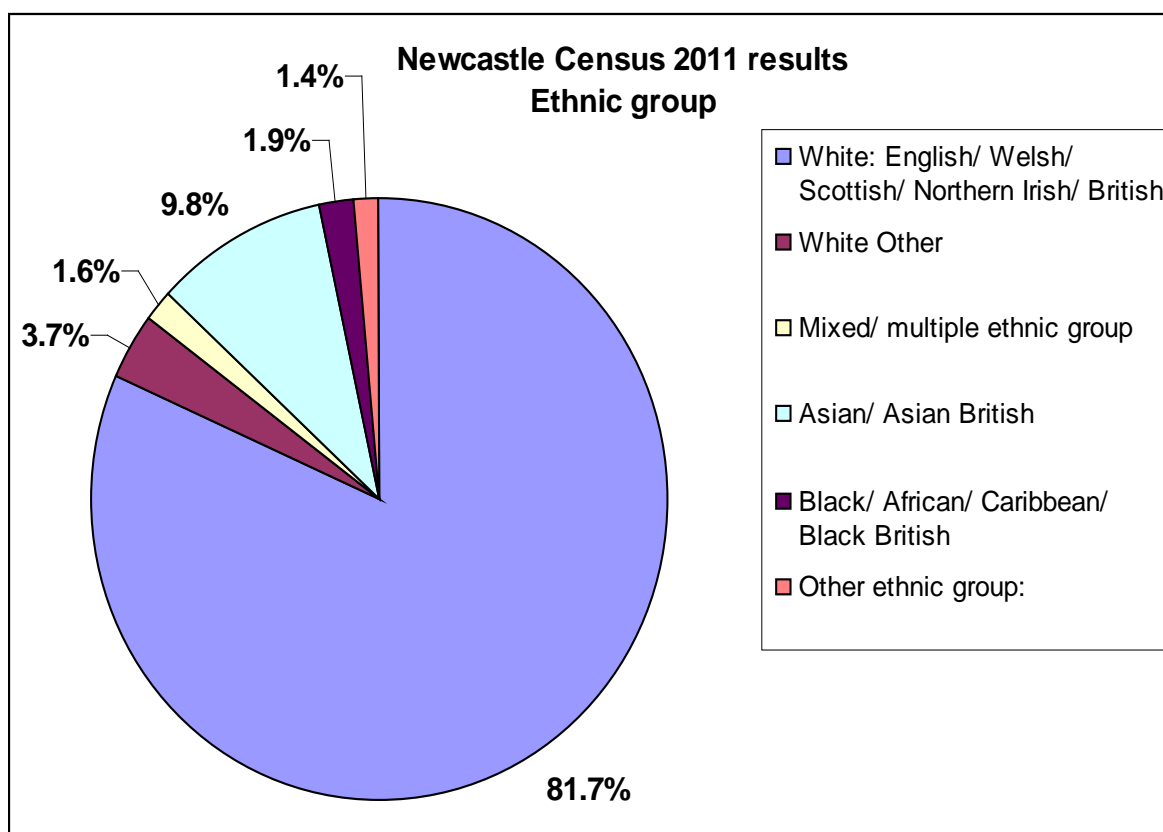


Figure 1.11-1: Newcastle population by ethnic group. Source: Census 2011.

1.11.1 Ethnicity and age

Figure 1.11-2 and Table 1.11-1 show the proportions and numbers of people within different ethnic groups within different broad age bands. The younger age groups tend to be more diverse with larger proportions of people being from a black and minority ethnic background.

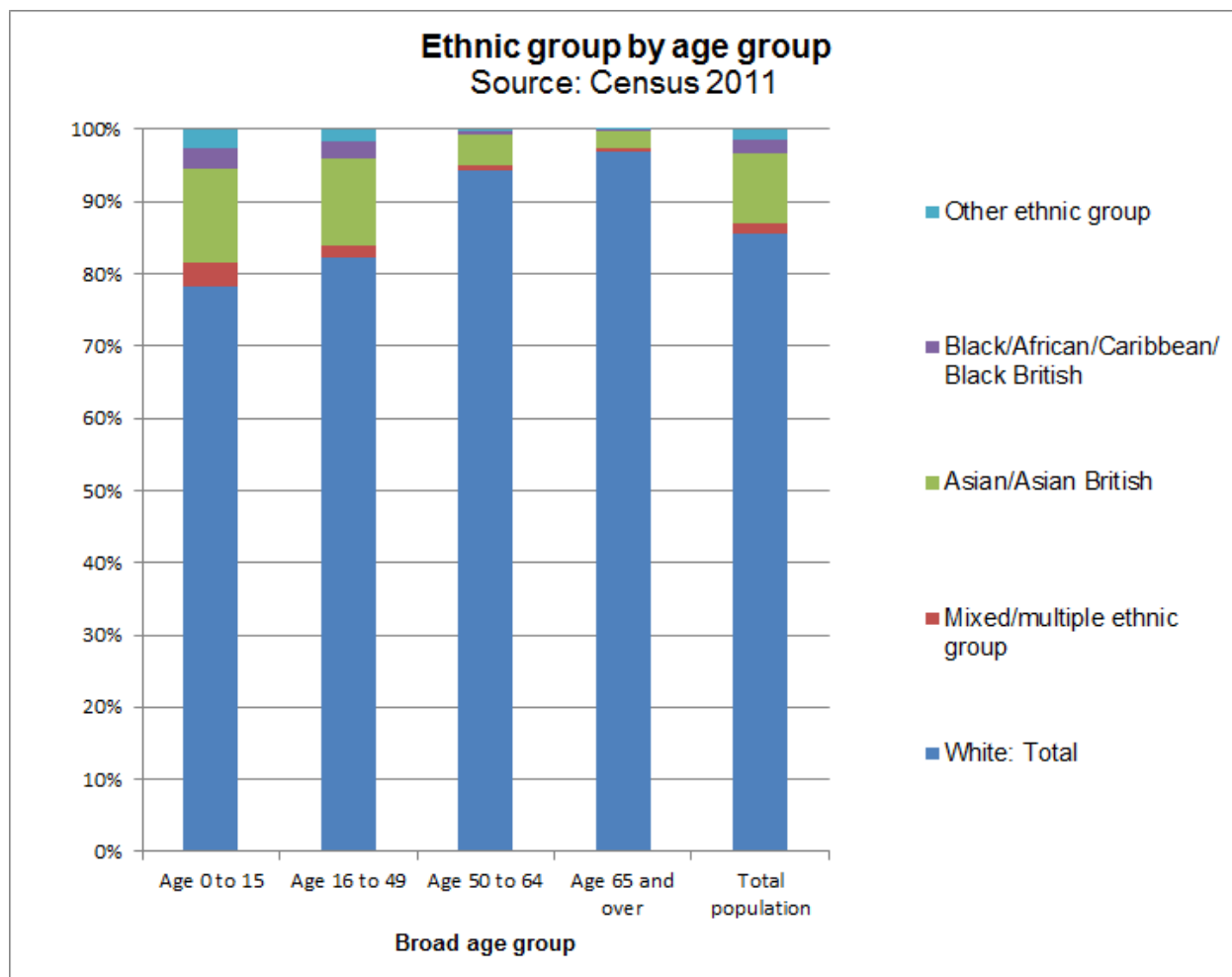


Figure 1.11-2: Newcastle population by ethnic group and broad age group (data is not available for life stage age bands). Source: Census 2011.

Table 1.11-1: Newcastle population by ethnic group and broad age group. Source: Census 2011.

Ethnic group	0 to 15	16 to 49	50 to 64	65 and over	Total
White:Total*	37,496	121,910	42,581	37,546	239,533
Mixed/ multiple ethnic group	1,590	2,355	237	97	4,279
Asian/ Asian British	6,203	18,007	1,942	955	27,107
Black/ African/ Caribbean/ Black British	1,404	3,498	189	69	5,160
Other ethnic group	1,281	2,585	180	52	4,098
Total	47,974	148,355	45,129	38,719	280,177

* Includes White English/ Welsh/ Scottish/ Northern Irish/ British; White Irish/ White Other

The School Census data provides additional insights on the Newcastle state school population. The proportion of black and minority ethnic (BME) children is much higher than for adults and the proportion continues to rise.

Figure 1.11-3 shows a consistent pattern of an increasing proportion of children from BME backgrounds in the school population each year from 2011 to 2017. In 2011, BME children accounted for 24% of the school population. In 2017 this figure has risen to 31%. The pattern is similar for children with English as an additional language (EAL).

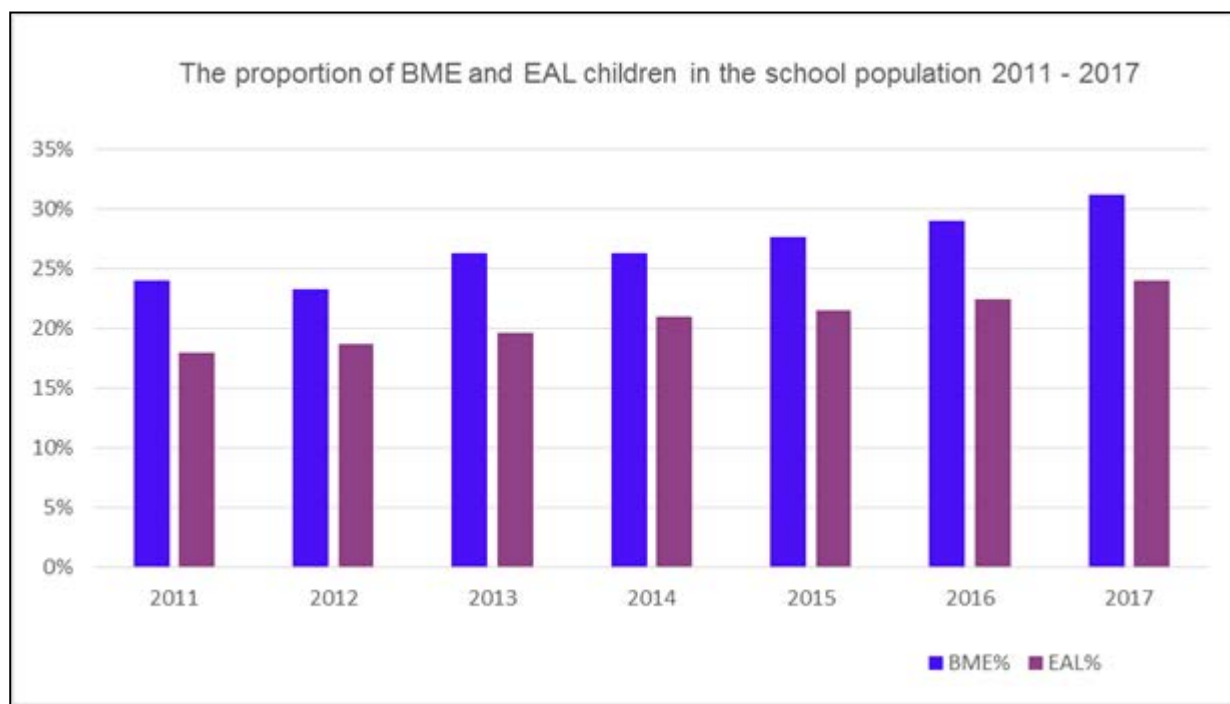


Figure 1.11-3: School population trend for children from black and minority ethnic (BME) communities and those with English as an additional language (EAL). Source: School Census

Figure 1.11-4 shows that within the Newcastle state school population there is a higher proportion of children from black and minority ethnic (BME) backgrounds in lower school years. Almost 33% of the 2016/17 reception cohort are from BME backgrounds compared to 24% in Year 11. The proportion of children with English as an additional language (EAL) shows a similar pattern. Almost 25% of children in the 2016/17 reception cohort have English as an additional language compared to 17% in Year 11.

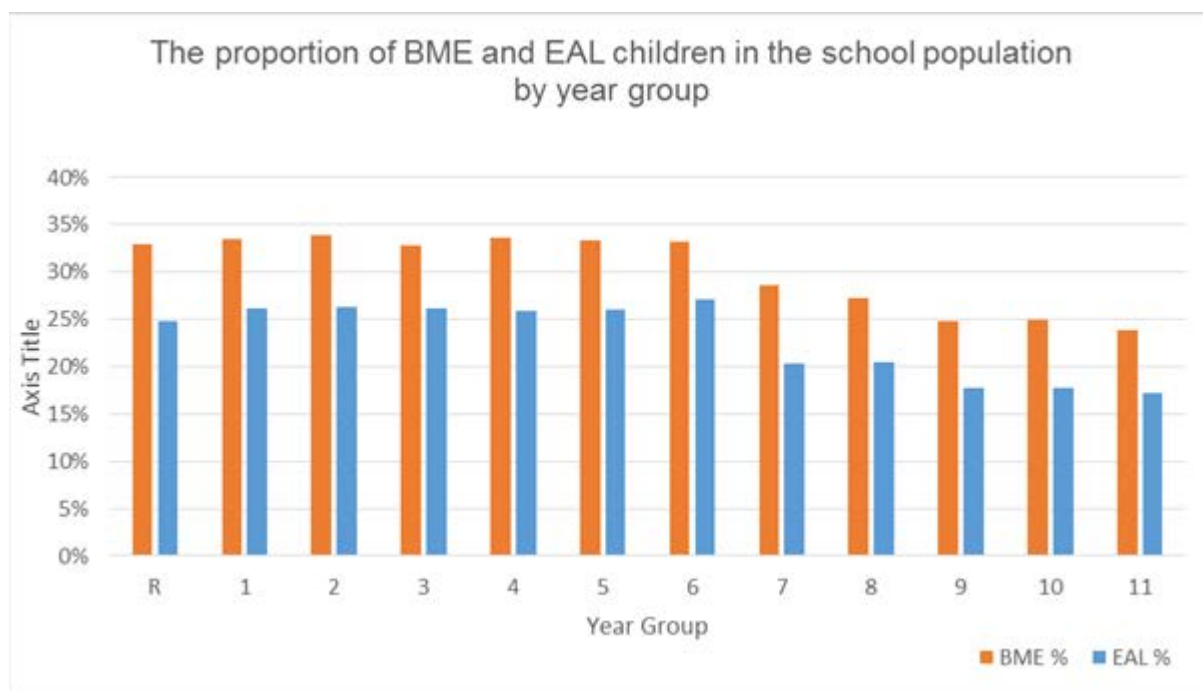


Figure 1.11-4: The proportion of Black and Minority Ethnic (BME) and English as an additional language (EAL) children, by year group. Source: School Census

1.11.2 Ethnicity and ward

Figure 1.11-5 shows ethnicity by ward, showing Elswick, Westgate (covering large parts of the city centre) and Wingrove wards are the most diverse in terms of black and minority ethnic backgrounds.

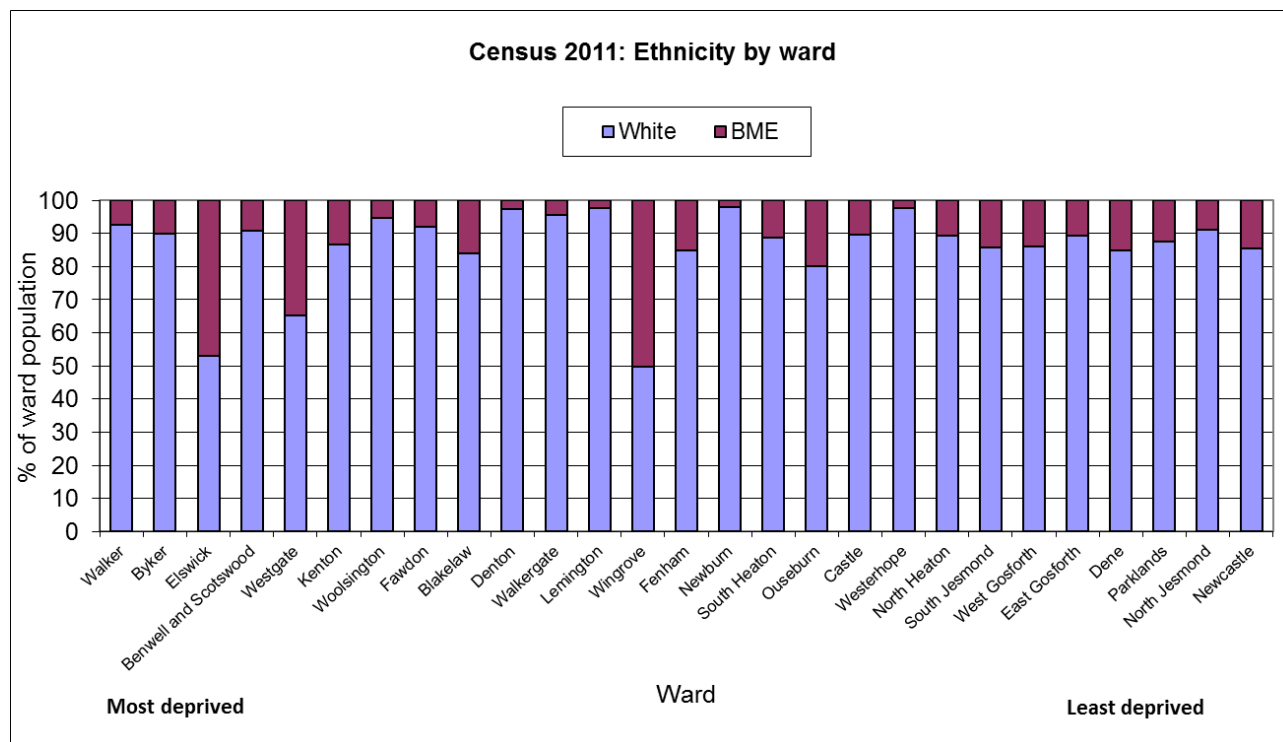


Figure 1.11-5: Percentage of Black minority ethnic population by ward Source: Census 2011

1.12 People not born in the UK

Why this matters?

Evidence on physical and mental health suggests there are poorer outcomes overall for non-UK born individuals residing in the UK compared to the UK population but these vary according to migration histories and experience in the country.

Changes in some health behaviours of migrants over time in the UK may not be as marked or linear as some accounts suggest.

Both socio-economic circumstances and immigration regulations affecting some migrant groups impact negatively on access to and use of health care.

It is currently difficult to gain a comprehensive account of the health of migrants because much existing evidence on health includes ethnic group but not migration variables such as country of birth, length of residence in the UK, or immigration status⁴.

In the last decade, Newcastle has become a more diverse place and while there has been less international migration into the North East compared with many other places, Newcastle is by far the most popular destination within the region.

In the 2011 Census, 13.4% (37,600 people) of people in Newcastle were born outside of the UK compared with 6.8% in 2001. The largest proportion of the non-UK born population is from South Asian commonwealth countries – India (9% of the non-UK born population), Pakistan (7%) and Bangladesh (6%). A further 9% of Newcastle residents were born in China.

1.12.1 People not born in the UK by age

Within these headline figures, people not born in the UK account for a larger proportion of people of working age. Figure 1.12-1 illustrates, for example, that in 2011, 25% of Newcastle residents aged 25-34 were born outside of the UK.

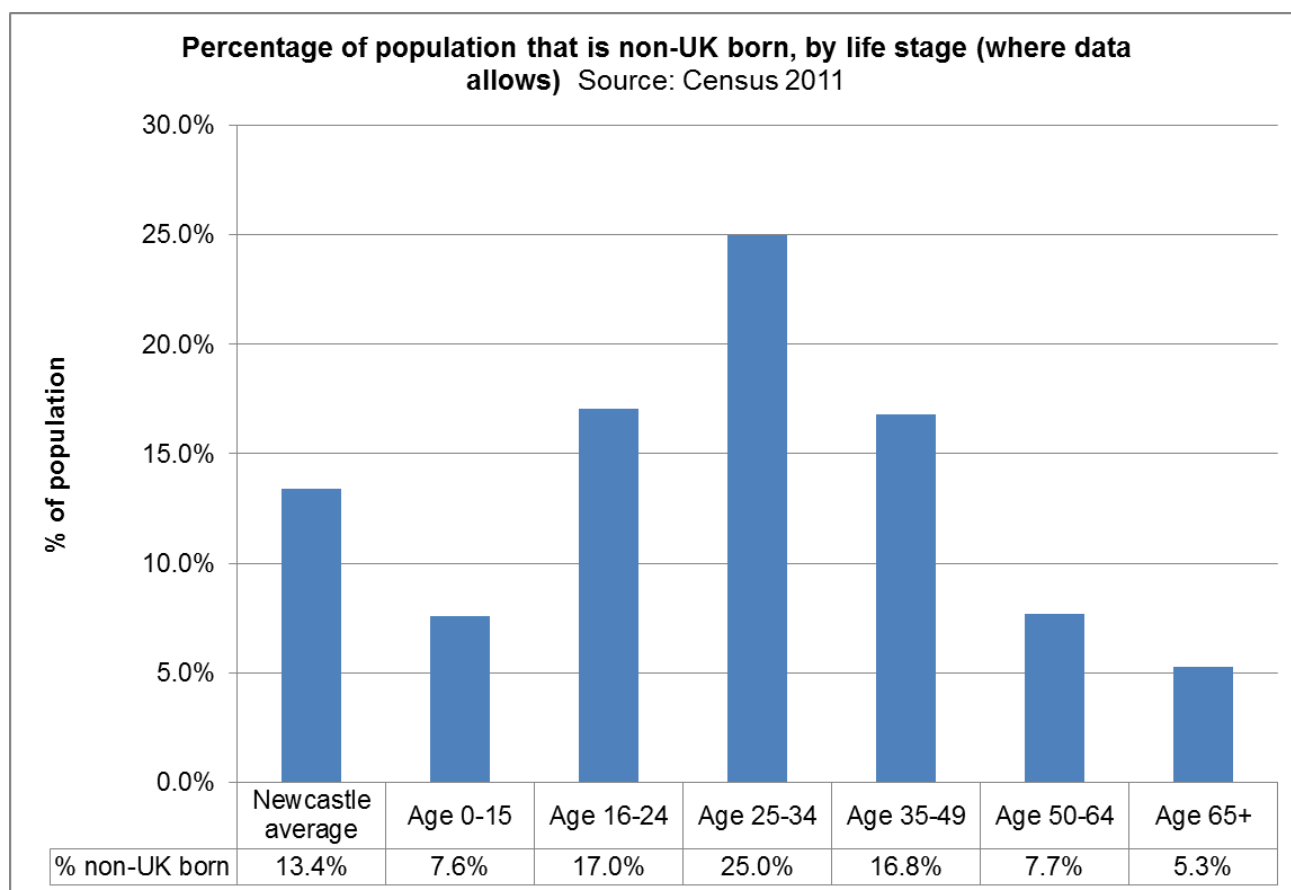


Figure 1.12-1: Percentage of Newcastle population that are born outside of the UK, by age. Source: Census 2011.

1.12.2 People not born in the UK by ward

There is a higher concentration of non-UK born residents in particular wards. Figure 1.12-2 shows where there are higher proportions of people born outside of the UK. For example, one third of people living in Wingrove, Westgate and Elswick wards are born outside the UK. There doesn't appear to be an obvious relation between where people born outside of the UK live and deprivation.

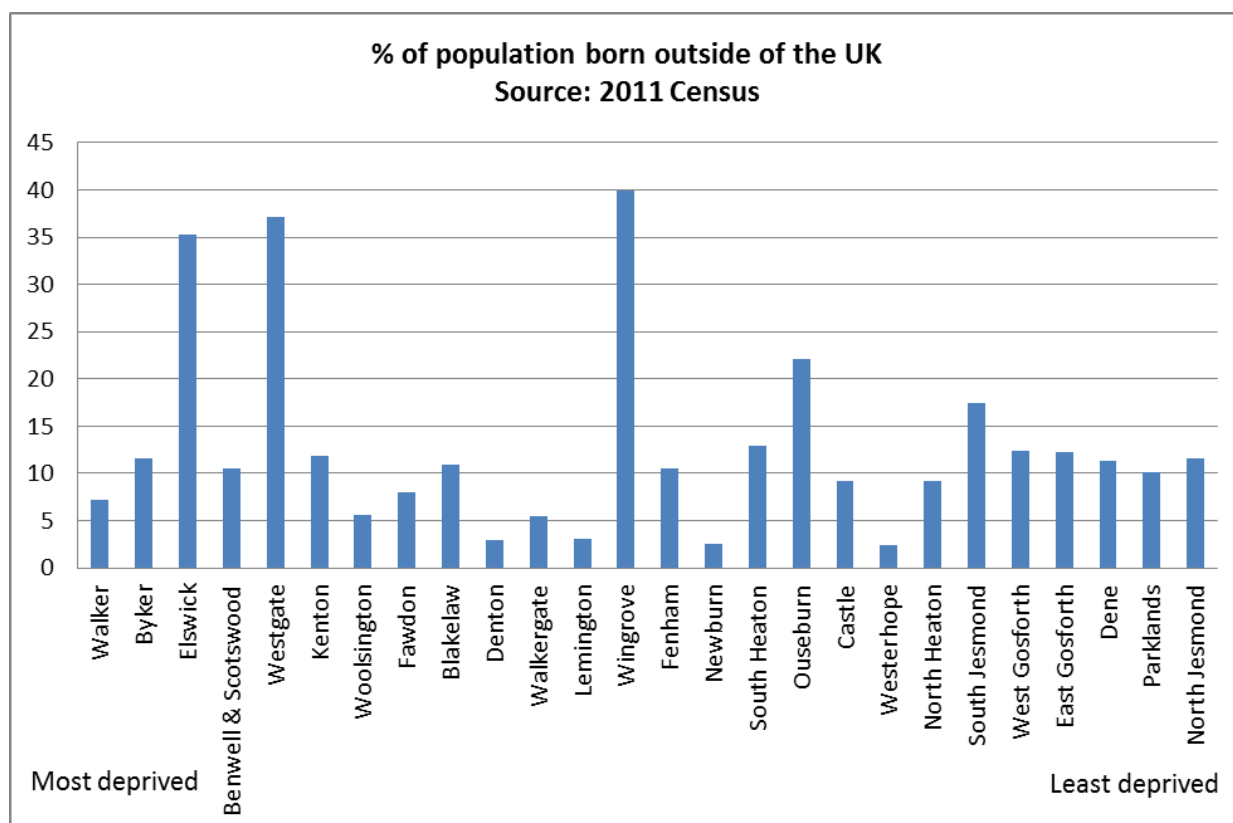


Figure 1.12-2: Percentage of ward population born outside of the UK. Source: Census 2011.

1.12.3 Household language

Census 2011 suggests that:

- 89.7% of households (where all people aged 16 and over) have English as a main language [England 90.0%, North East 96.8%].
- 5.9% of households have no people who have English as their main language, equivalent to 6,927 households [England 4.4%, North East 1.6%].

Table 1.12-1 shows further information about the number of people who speak English as a main language by age groups.

Table 1.12-1: Number of people who speak English as a main language, by age. Source: Census 2011.

Main language	3 - 15	16- 24	25- 34	35- 49	50- 64	65+	All
Main language is English	34,600	48,775	33,997	46,015	43,282	37,776	244,445
Main language is not English: can speak English very well or well	2,584	6,021	5,965	4,554	1,218	438	20,780
Main language is not English: cannot speak English or cannot speak English well	593	683	1,039	1,306	629	505	4,755

Figure 1.12-3 shows the percentage of a ward’s population where a household’s main language is not English

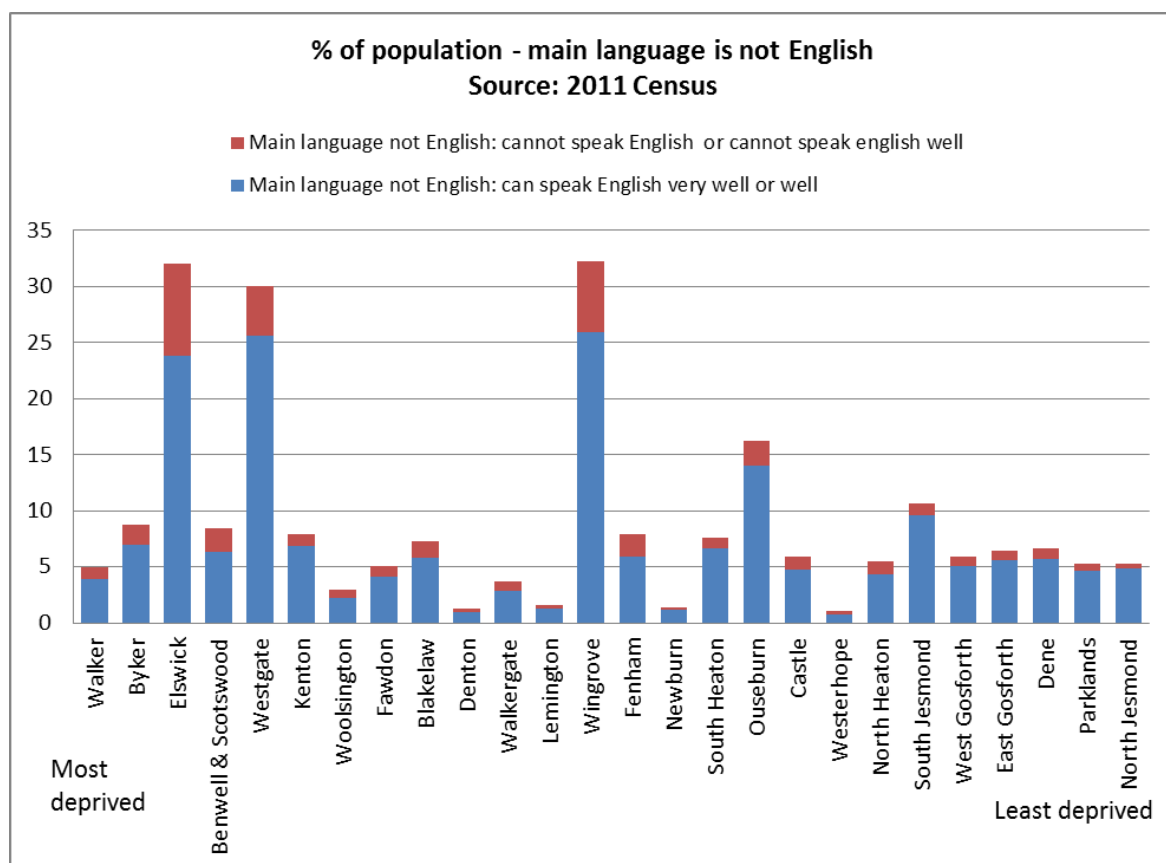


Figure 1.12-3: Percentage of ward population where a household’s main language is not English. Source: Census 2011.

1.12.4 Migrant flows

Outside of the Census, ONS analysis of migration flows suggest that many people migrate to and from Newcastle each year.

- Long term migration (a year or more): the Office for National Statistics (ONS) estimates that each year on average 5,311 people move to Newcastle from another country for at least a year, with 2,822 moving the other way⁵.
- Short term migration (3 months to one year): ONS estimates that each year on average 1,558 people move to Newcastle from another country for between 3 and 12 months⁶.

These figures include UK-born people moving abroad or returning but give an indication of the dynamic nature of population change.

The latest data from the Higher Education Statistics Agency (2012/13) shows that 9,375 non-UK domiciled students studying at Newcastle and Northumbria universities combined. 2011 Census data on passports held by students suggests most international students at our two universities are resident in the City.

DWP statistics on National Insurance Numbers (NINO) issued to non-UK born nationals provide timely indication of migration into Newcastle. Figure 1.12-4 illustrates a decline in the number of NINOs issued with the onset of the economic downturn.

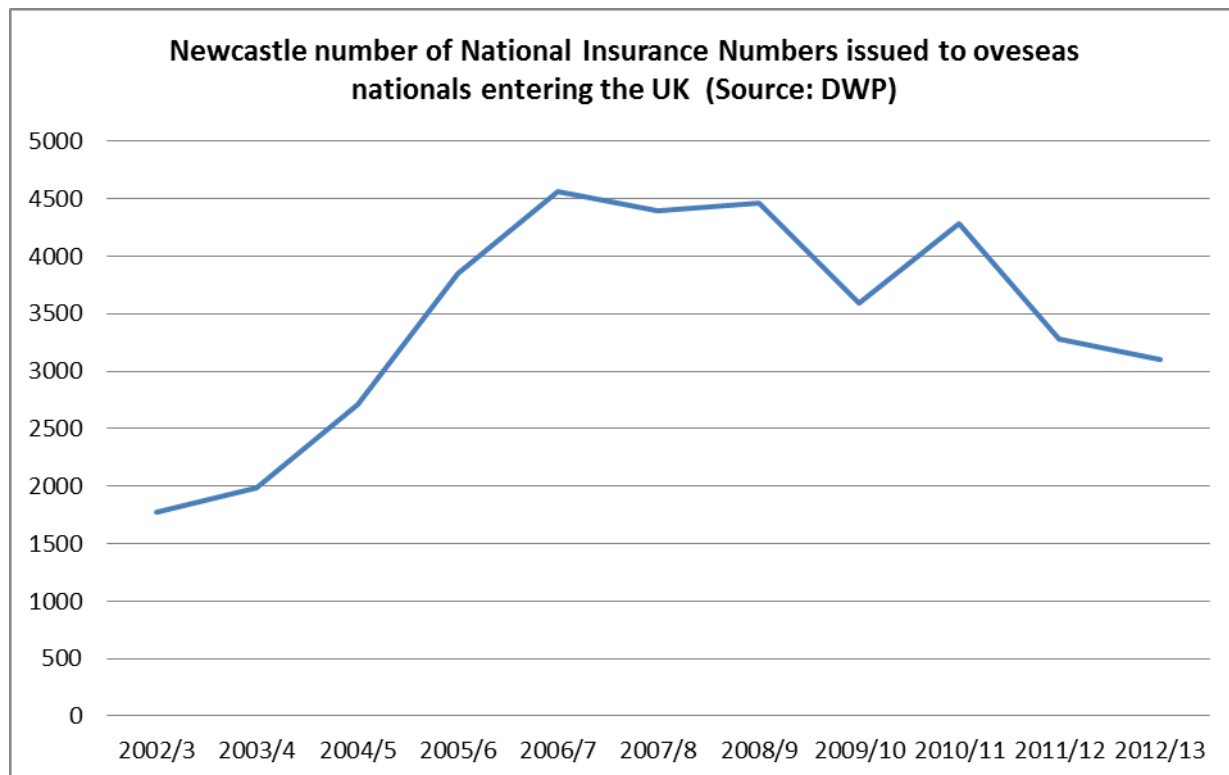


Figure 1.12-4: Number of National Insurance Numbers issues to overseas national entering the UK in Newcastle. Source: Department for Work and Pensions

1.12.5 Asylum Seekers and Refugee

Information on asylum seekers currently supported in the city is limited and maintaining the flow of information is difficult. Since 2012, the number of asylum seekers dispersed to the city has remained relatively constant at around 350⁷.

Calculating how many people remain in Newcastle when they are no longer in contact with the asylum system is also a challenging task. It is estimated that there are around 200 refused asylum seekers living in the city without any statutory support⁸.

1.13 Focus on religion and belief

Table 1.13-1 shows reported religion/belief of people in Newcastle for both Census 2001 and 2011. 56.4% of people are Christian [England and Wales 59.3%, North East 67.5%]. This compares with 70.7% in 2001. 28.3% stated they have No religion, compared with 16.0% in 2001. The next largest religion is Muslim with 6.3%, equivalent to 17,561 people [England and Wales 4.8%, North East 1.8%], and which have almost doubled over the last 10 years.

Table 1.13-1: Reported religion/belief of people in Newcastle. Source: Census 2001 and 2011

Religion/belief	Newcastle 2001 Census	Newcastle 2011 Census	North East 2011 Census	England and Wales 2011 Census
Christian	70.7	56.4	67.5	59.3
No religion	16.0	28.3	23.4	25.1
Not stated	7.8	6.3	6.1	7.2
Buddhist	0.3	0.6	0.2	0.4
Hindu	0.6	1.1	0.3	1.5
Jewish	0.3	0.2	0.2	0.5
Muslim	3.6	6.3	1.8	4.8
Sikh	0.5	0.4	0.2	0.8
Other	0.2	0.3	0.3	0.4

1.14 Focus on people with a disability

Why this matters?

“Life chances (notably education, employment and housing), social inclusion, support, choice, control and opportunities to be independent are the key factors influencing the mental health of people with disabilities.”¹

National evidence suggests that in the UK disabled children experience higher levels of poverty and personal and social disadvantage than other children⁹. Disabled children are at a greater risk of living in relative poverty than non-disabled children¹⁰

Census 2011 suggests 18.7% of people in Newcastle have a long-term health problem or disability that limits their day-to-day activity to some degree, a reduction from 21.6% in 2001. Of the 18.7%, just over half are limited ‘a lot’ (26,661 people) and the rest ‘a little’ (25,916).

1.14.1 People with disability and age

Table 1.14-1 and Figure 1.14-1 show the number and proportion of people with a long-term health problem or disability. As would be expected the proportion of people with limited health or disability issues increases with age. In terms of numbers, half of all those with a long-term health problem or disability are of working age (between 16 and 64 years).

Table 1.14-1: Number of people with long-term health problem or disability by broad age group in Newcastle. Source: Census 2011

Disability	Age				Total
	0 to 15	16 to 49	50 to 64	65 and over	
Day-to-day activities limited a lot	942	5,952	7,014	12,753	26,661
Day-to-day activities limited a little	1,128	7,224	6,788	10,776	25,916
Day-to-day activities not limited	45,904	135,179	31,327	15,190	227,600
Total	47,974	148,355	45,129	38,719	280,177

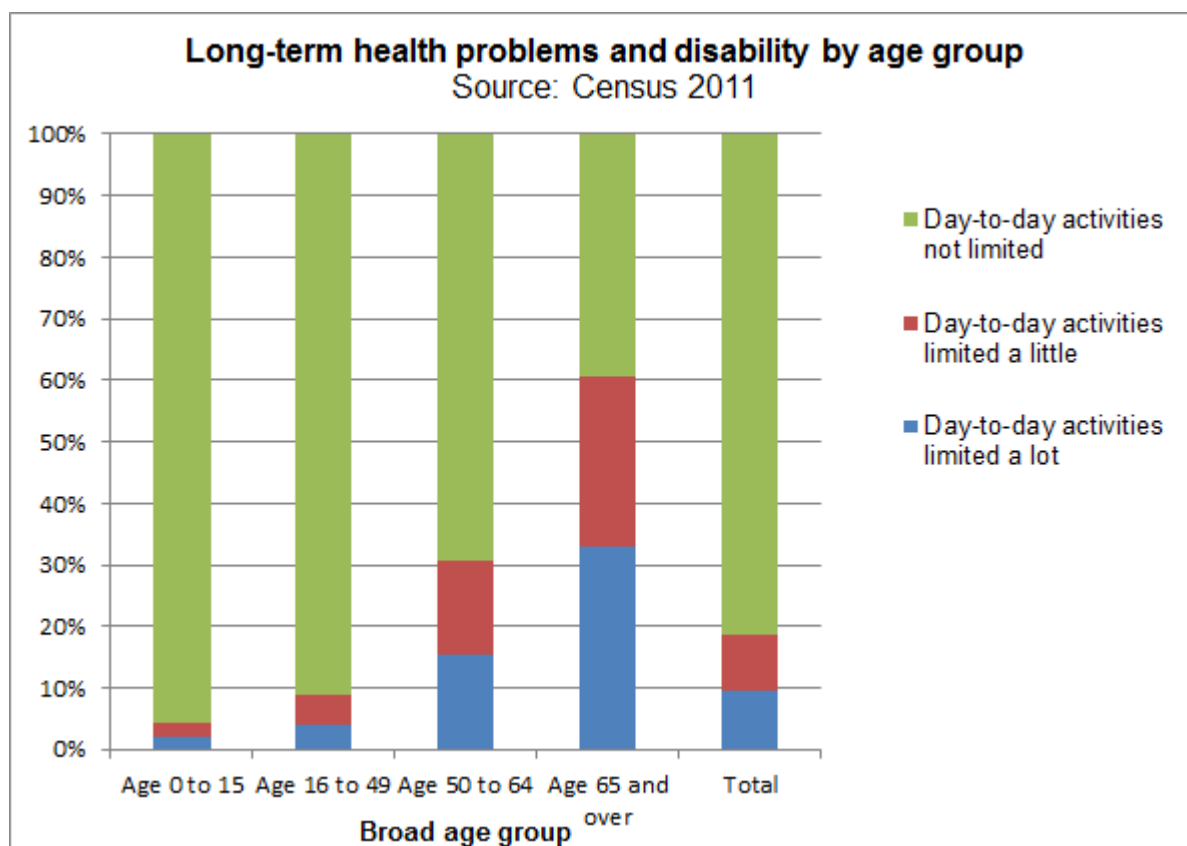


Figure 1.14-1: Proportion of people with long-term health problems or disability by broad age group in Newcastle. Source: Census 2011.

1.14.2 People with disability by ward

Figure 1.14-2 presents the proportion of people living in each ward who reported in Census 2011 that they have a long-term health problem of disability that limits their day-to-day activity either 'a lot' or 'a little'.

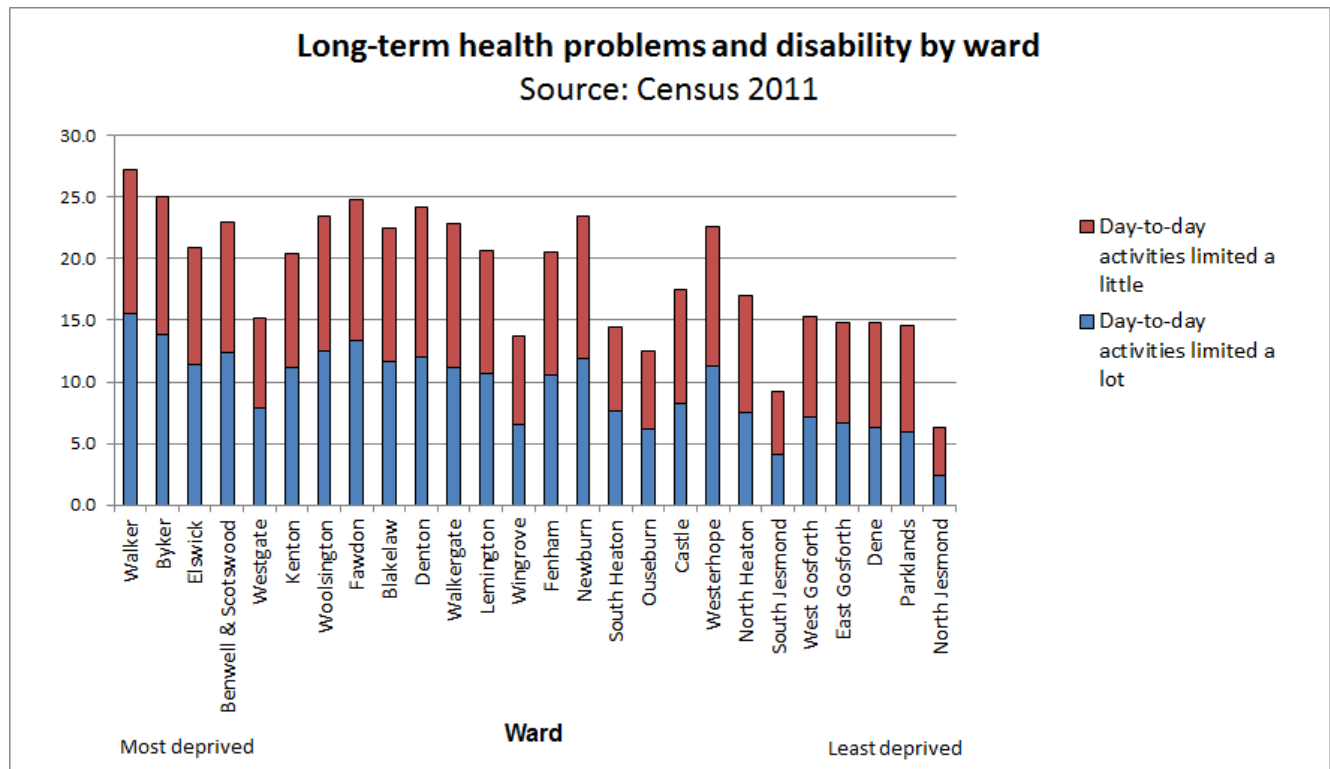


Figure 1.14-2: Percentage of people with a long-term health problem or disability by ward. Source: Census 2011.

1.14.3 Adults with a learning disability¹¹

Figure 1.14-3 illustrates the number of adults predicted to have a learning disability. In 2014, 4,655 people aged 18-64 years were predicted to have a learning disability. The trend is expected to remain similar to 2030 (4,632 people). For those aged 65 and over, the numbers are predicted to increase from 852 in 2014 to 942 in 2020 to 1,157 by 2030.

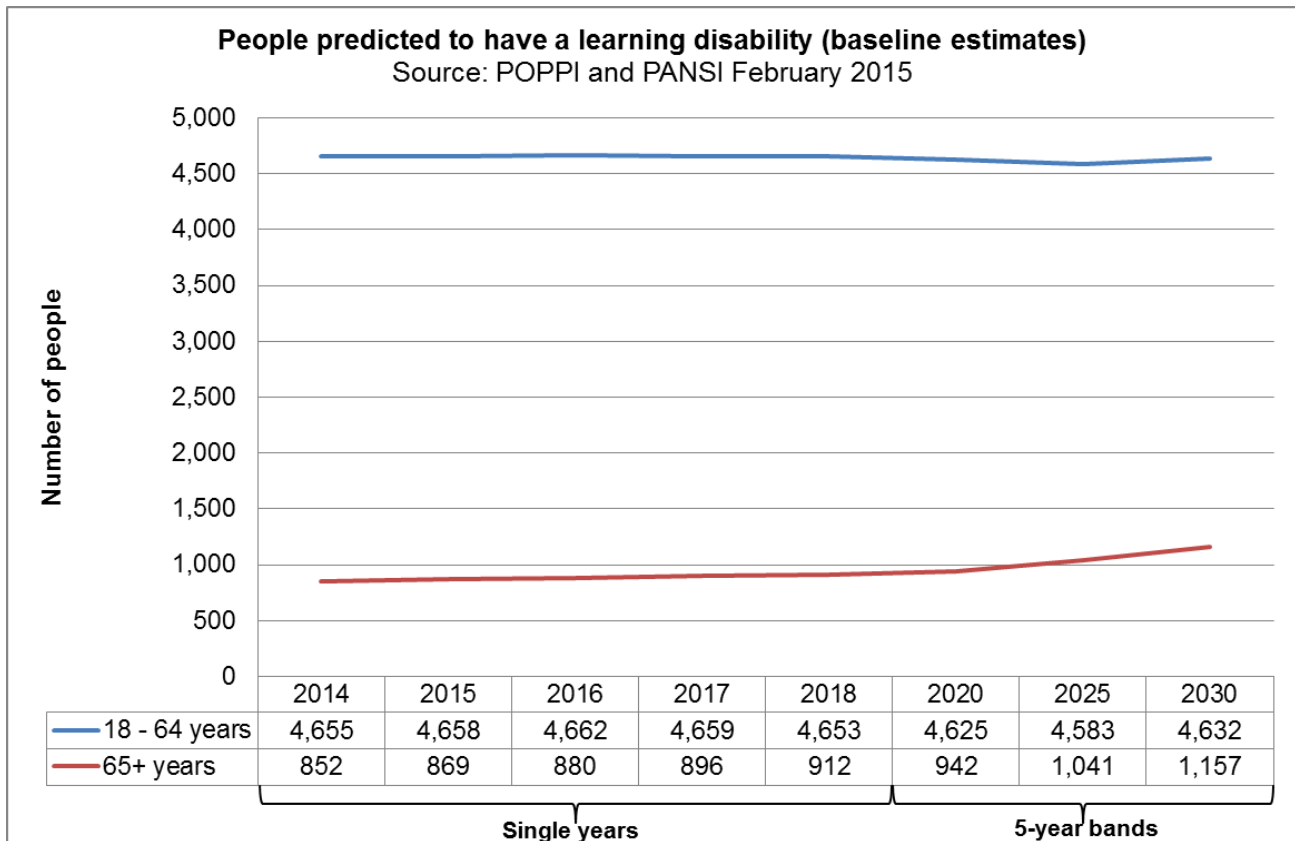


Figure 1.14-3: People aged 18 and over predicted to have a learning disability in Newcastle. Source: POPPI and PANSI. Please note, prevalence rates are applied to ONS 2012-based interim sub-national population projections to predict numbers. Please consider information in section 1.1 when interpreting future trends, which presents Newcastle’s population growth forecast and illustrates the differences compared with ONS projections.

Further details about how these figures are calculated are available on the POPPI (www.POPPI.org.uk) and PANSI (www.PANSI.org.uk) websites. Similar figures for under 18 year olds are not available.

1.14.4 People with autistic spectrum disorders

Autism is a lifelong, developmental disability that affects how a person communicates with and relates to other people, and how they experience the world around them.

1.14.4.1 Children and young people with autistic spectrum disorders

The Schools Census Returns provides information on the number of children in Newcastle state schools with special education needs, which includes the number of children with a diagnosis of Autism Spectrum Disorder (ASD).

Figure 1.14-4 shows the percentage of children in Newcastle primary, secondary and special state school who were identified as having autism spectrum disorder as a primary need which is 0.99% in 2015 and provisionally **1.07%** in 2016. It shows that there is an increase in the percentage of state school pupils with Autism Spectrum Disorder.

There is also an increase in actual number from **213** in 2010 to **467** in 2016. Please note this only include those with a primary need of ASD, if those with a secondary need are included this number would increase to **498** pupils in 2016. However in part these increases can be attributed to two changes in how special education need was recorded in 2015 and 2016¹.

¹ It must be noted that in 2014 the type of special educational need was only collected for those with a statement or on school action plus. In 2015, the type of special educational need was collected for all those: With a statement, With an Education, Health and Care (EHC) plan, on School Action Plus and on SEN Support. Then In 2016, the type of special educational need was collected for all those: with a statement, with an EHC plan and those on SEN support. This meant that nationally numbers increased from 675,095 pupils with a primary need recorded in 2014, to 1,011,525 pupils in January 2015 and 1,132,907 in 2016.

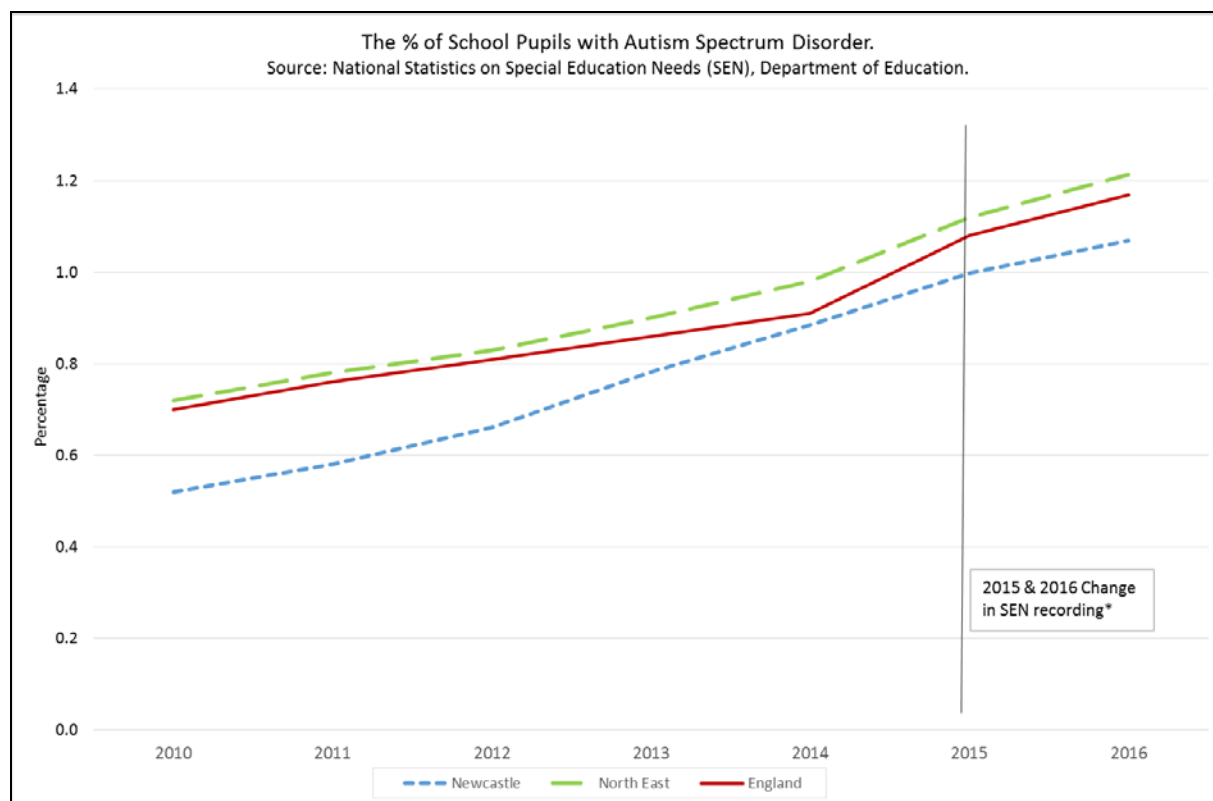


Figure 1.14-4: The percentage of state school pupils with autism spectrum disorder.

Table 1.14-2 shows the percentage of children across Newcastle state schools that are recorded as having autism as their primary special educational need, which is 1.2% just below the national average of 1.3%. It also shows that Newcastle has a smaller percentage of pupils in Special schools with autism as their primary educational need at 18.3% compared to the national average of 25.2%

Table 1.14-2: The percentage of children in schools with autism recorded as their primary special educational need

	Newcastle	National Average
Primary Schools	0.6%	0.8%
Secondary Schools	0.6%	0.7%
Special Schools	18.3%	25.2%
Total	1.2%*	1.3%

Source: School Census January 2016

(*Note: Please note table xx shows local school census data, which uses Primary, Secondary and Special Schools as denominator, unlike national data which uses all schools as the denominator. Hence the difference between the 1.07% in the national data publication and 1.2% in the local data analysis)

Local data provides the demographic profile for those young people with Autism Spectrum Disorder, as well as type of school age group the children are in, shown in Table 1.14-3.

Table 1.14-3: Demographic profile of children with autism (Source: January 2016 School Census)

Demographics	Number
85% are male	423
15% female	75
83% have English as first language	413
17% from 28 different languages	85
74% White British	371
26% BME communities	127
Newcastle School Group	
Nursery	28
Reception	37
Year 1 - 6	221
Year 7 -11	172
Post 16	40

Figure 1.14-5 shows the ward profile of those pupils with autism in Newcastle state schools in 2016. Numbers are small at ward level, but it shows that of those Newcastle pupils that reside in East Gosforth 1.8% have Autism, followed by Walker, Fawdon and Dene, where 1.7% of the state school pupils from that ward have autism.

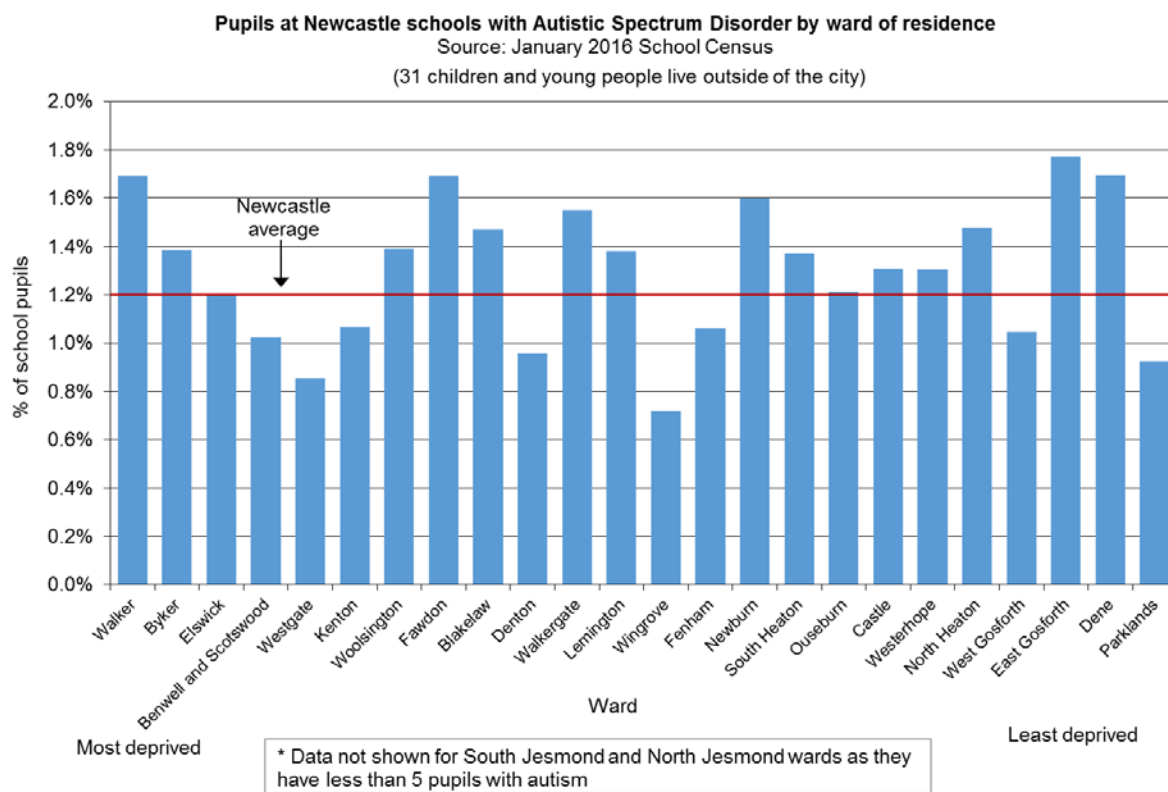


Figure 1.14-5: Proportion of all children in Newcastle state schools with autistic spectrum disorder by ward of residence

1.14.4.2 Adults with autistic spectrum disorders

The data from the state school census suggests we should expect approximately 40 people with autistic spectrum disorder to transition into adulthood each year and this will rise over time (assuming no migration of families in and out of the city).

National data based on existing prevalence rates shows that in 2014, 1,912 people aged 18 to 64 years were predicted to have autistic spectrum disorders and a further 377 people aged 65 and over. By 2030, the numbers are predicted to increase by 22 people aged 18 to 64 years and by 146 people aged over 65 years. Figure 1.14-6 shows further detail.

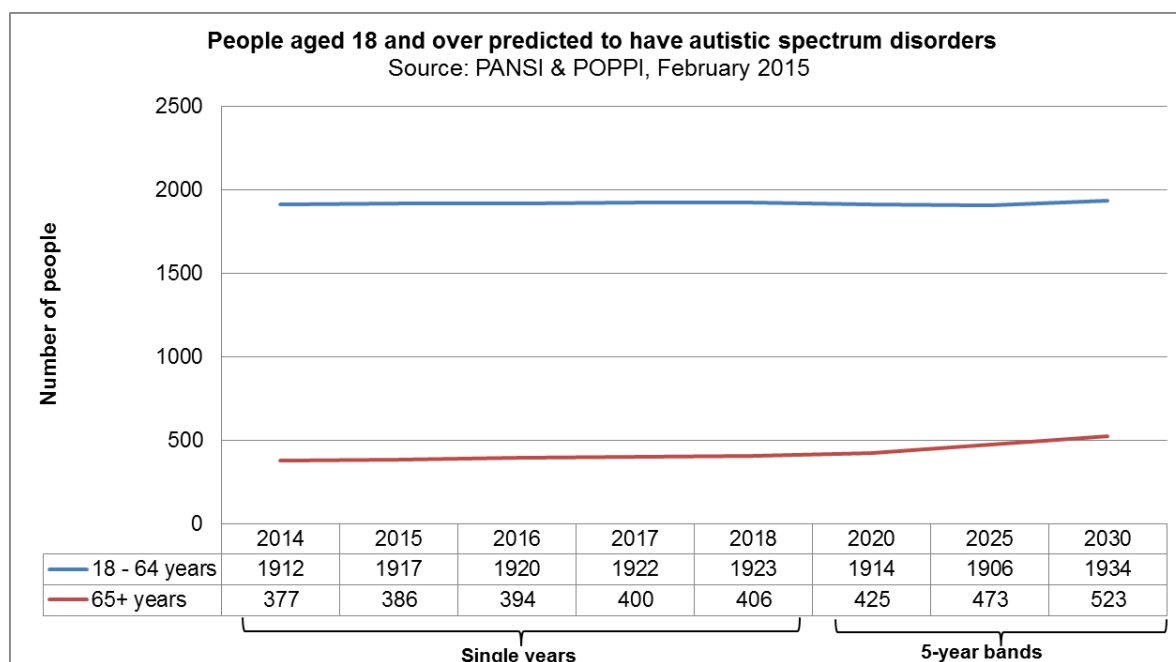


Figure 1.14-6: People aged 18 and over predicted to have autistic spectrum disorders in Newcastle. Source: POPPI and PANSI. Please note, prevalence rates are applied to ONS 2012-based interim sub-national population projections to predict numbers. Please consider information in section 1.1 when interpreting future trends, which presents Newcastle’s population growth forecast and illustrates the differences compared with ONS projections.

1.14.5 Adults with a physical disability

Figure 1.14-7 shows predicted trends in the number of 18-64 year olds expected to have a moderate or serious disability. In 2014, 13,248 people were expected to have a moderate physical disability and 3,708 people a serious disability. Over time, predicted trends vary slightly with 13,383 people in 2020 and 13,118 people in 2030 expected to have a moderate disability. The number of people with a serious disability is predicted to be 3,797 people in 2020 and 3,710 people in 2030.

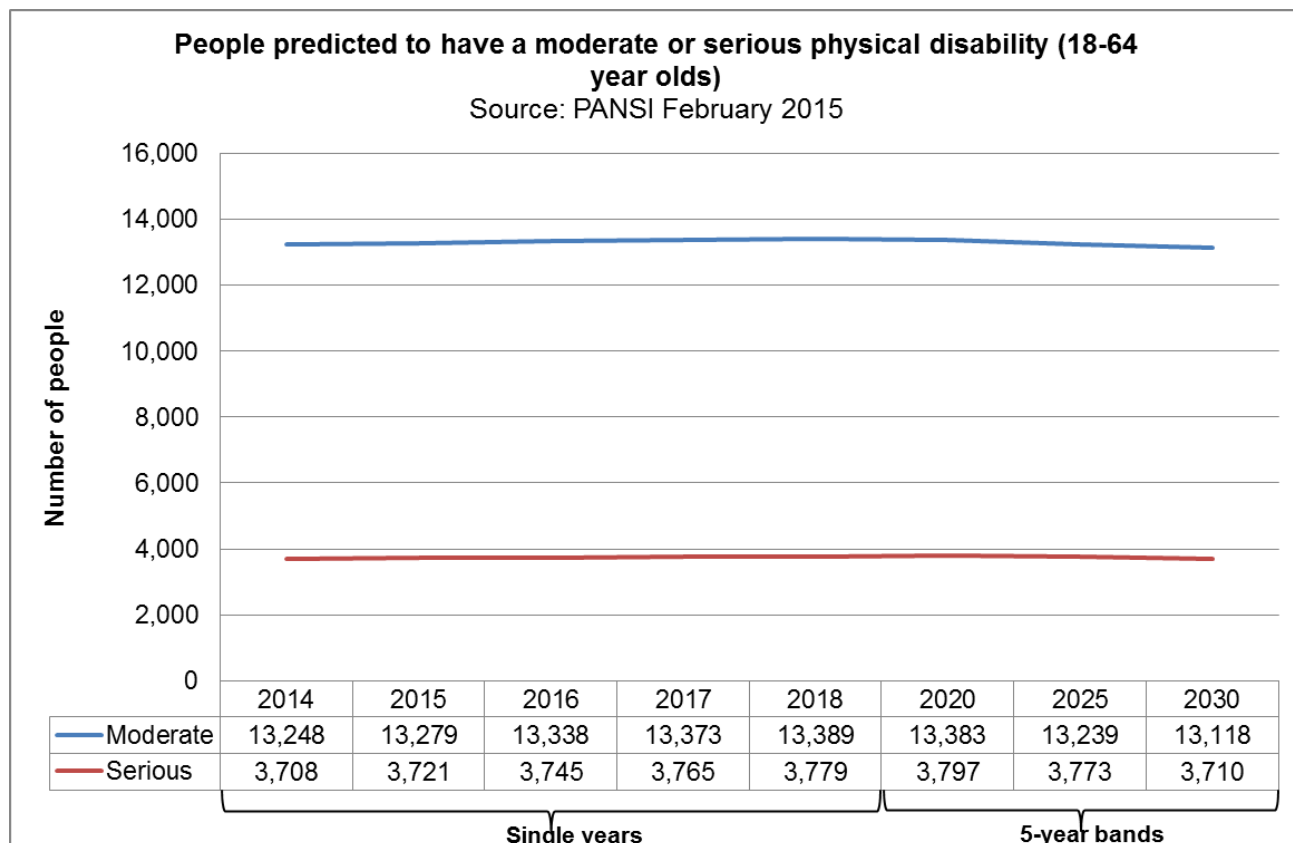


Figure 1.14-7: People aged 18 to 64 predicted to have a moderate or serious disability in Newcastle. Source: POPPI. Please note, prevalence rates are applied to ONS 2012-based interim sub-national population projections to predict numbers. Please consider information in section 1.1 when interpreting future trends, which presents Newcastle’s population growth forecast and illustrates the differences compared with ONS projections.

Further details about how these figures are calculated are available on the PANSI (www.PANSI.org.uk) website. Similar figures for under 18 year olds are not available.

POPPI provides projections of the number of people age 65 and over unable to manage at least one mobility activity. Activities include: going out of doors and walking down the road; getting up and down stairs; getting around the house on the level; getting to the toilet; getting in and out of bed.

Overall, the number of people age 65 and over predicted to be unable to manage at least one mobility activity in 2014 was around 7,681. At least a third of these are aged 85 and over. The overall numbers are predicted to increase to 8,550 by 2020 and to 10,599 by 2030. Figure 1.14-8 provides further detail, showing the predicted trends by age group.

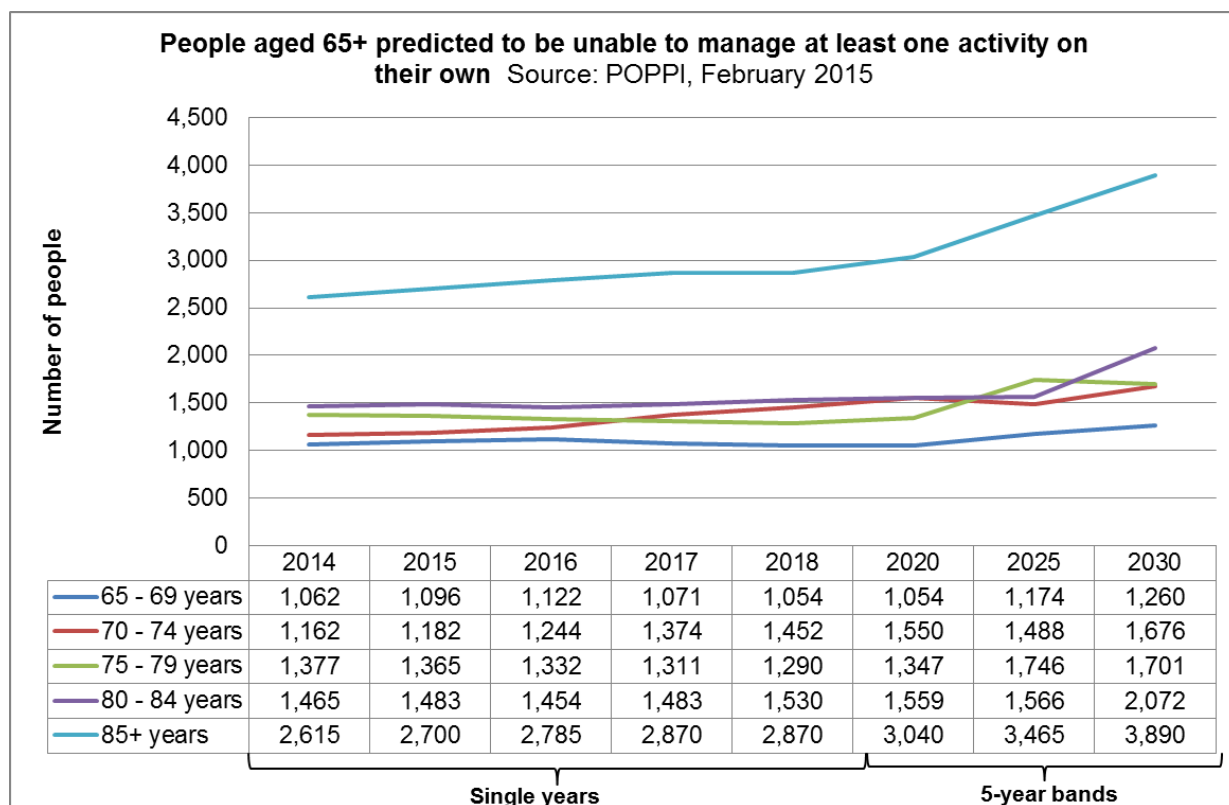


Figure 1.14-8: People aged 65 and over predicted to be unable to manage at least one activity on their own. Source: POPPI. Please note, prevalence rates are applied to ONS 2012-based interim sub-national population projections to predict numbers. Please consider information in section 1.1 when interpreting future trends, which presents Newcastle’s population growth forecast and illustrates the differences compared with ONS projections.

Further details about how these figures are calculated are available on the POPPI (www.POPPI.org.uk) website. Similar figures for under 18 year olds are not available.

POPPI also provides information on the number of people aged 65 and over predicted to have a limiting long-term illness (LLTI). In 2014, 22,995 people were predicted to have a LLTI , increasing to 25,077 by 2020 and to 31,077 by 2030 – an increase of over 8,000 people aged 65 or over. Figure 1.14-9 provides further details, showing the predicted trends by age group..

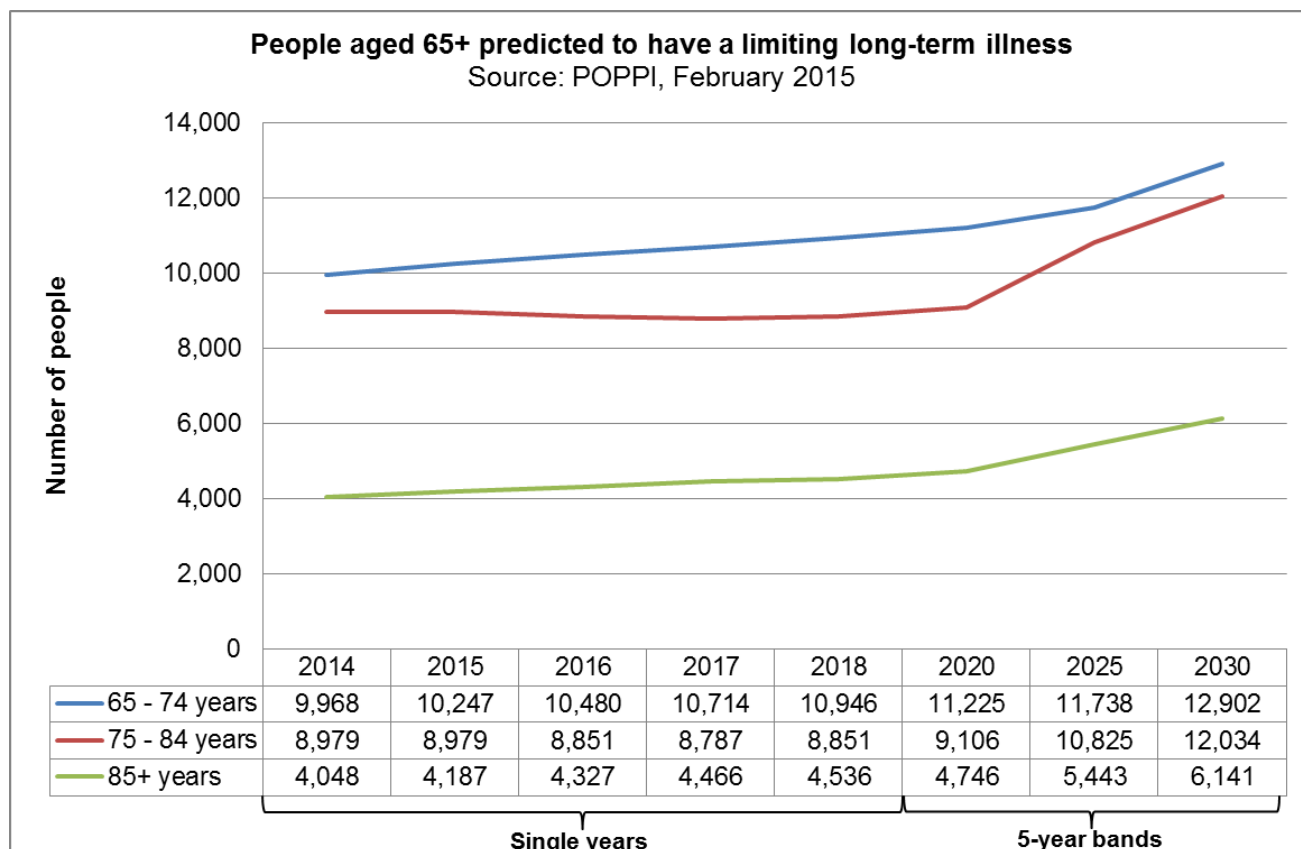


Figure 1.14-9: People in later life predicted to have a limiting long-term illness. Source: POPPI. Please note, prevalence rates are applied to ONS 2012-based interim sub-national population projections to predict numbers. Please consider information in section 1.1 when interpreting future trends, which presents Newcastle’s population growth forecast and illustrates the differences compared with ONS projections.

Further details about how these figures are calculated are available on the POPPI (www.POPPI.org.uk) website. Similar figures for under 18 year olds are not available.

1.14.6 People age 65 and over with visual impairment

The number of people aged 65 and over predicted to have a moderate or severe visual impairment in 2014 was 3,666 (people aged over 75 years account for two thirds of these overall). The numbers are predicted to increase, to almost 4,000 by 2020 and 5,000 by 2030. Figure 1.14-10 presents further detail and also presents the predicted trend for those aged 75 and over who have registrable eye conditions.

The number of adults aged 18 to 64 predicted to have a serious visual impairment is predicted to remain at around 121/ 122 people over the next 15 years to 2030.

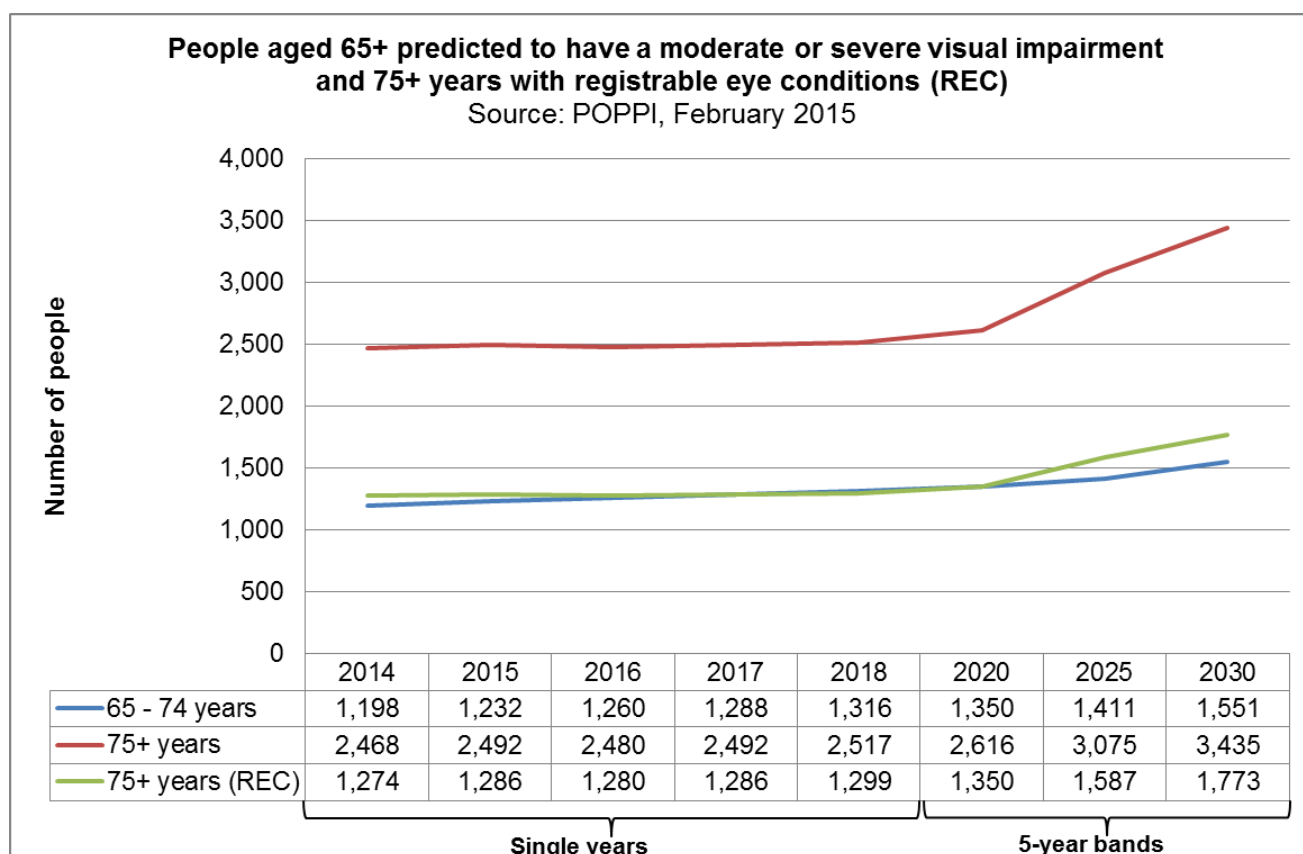


Figure 1.14-10: People aged 65 and over predicted to have a moderate or severe visual impairment in Newcastle. Please note, prevalence rates are applied to ONS 2012-based interim sub-national population projections to predict numbers. Please consider information in section 1.1 when interpreting future trends, which presents Newcastle’s population growth forecast and illustrates the differences compared with ONS projections.

Further details about how these figures are calculated are available on the POPPI (www.POPPI.org.uk) website. Similar figures for under 18 year olds are not available.

1.14.7 Adults with hearing impairment

In 2014, there were a total of 23,735 people, aged over 18 years predicted to have a moderate or severe hearing impairment. This figure is expected to increase to 25,532 by 2020 and to 30,352 by 2030. Figure 1.14-11 presents further detail, showing the predicted trends by age groups.

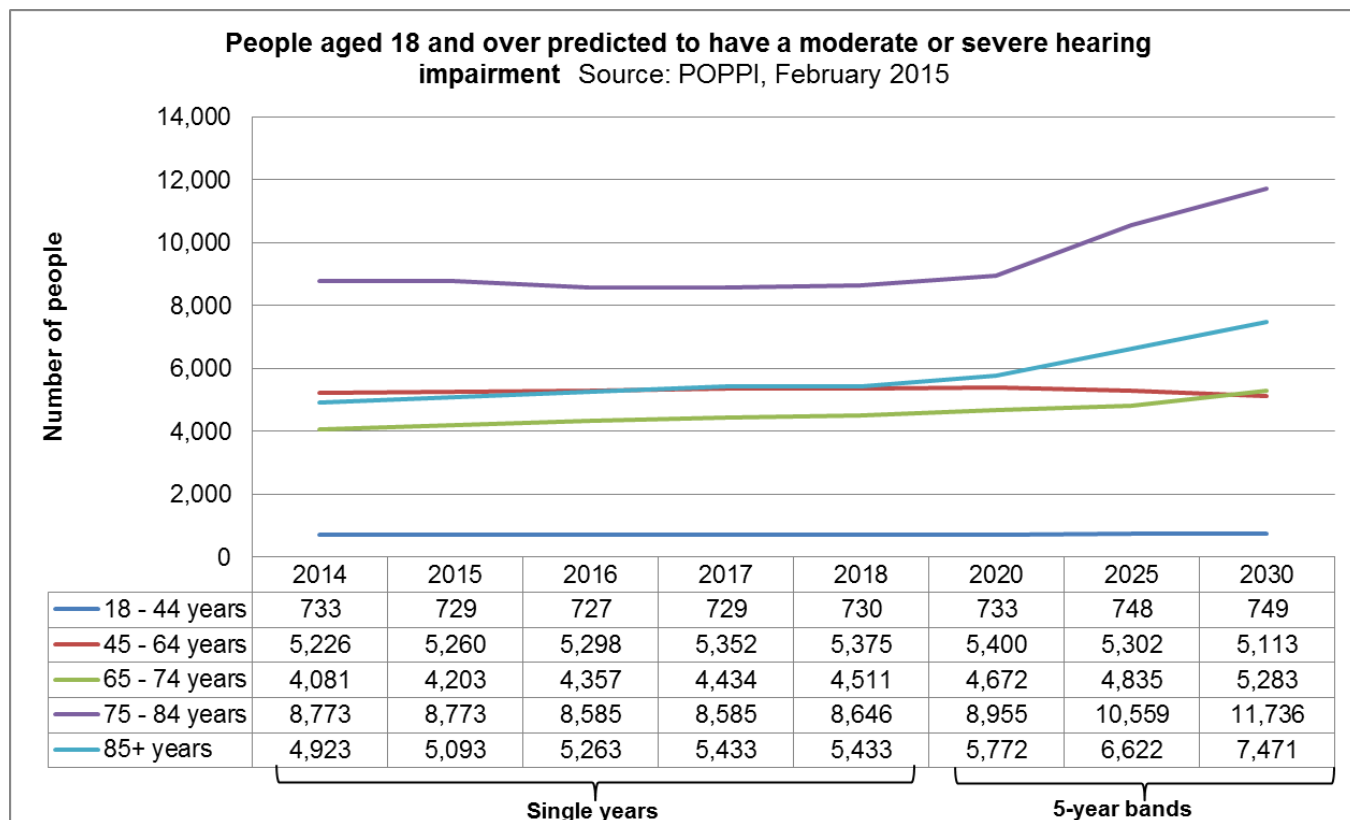


Figure 1.14-11: People aged 18 and over predicted to have a moderate or severe hearing impairment in Newcastle. Please note, prevalence rates are applied to ONS 2012-based interim sub-national population projections to predict numbers. Please consider information in section 1.1 when interpreting future trends, which presents Newcastle’s population growth forecast and illustrates the differences compared with ONS projections.

In 2014, there were around 520 people aged 18 and over predicted to have a profound hearing impairment. The trend is predicted to increase to 581 people by 2020 and 708 people by 2030 with just over half of these being 85 and over.

Further details about how these figures are calculated are available on the POPPI (www.POPPI.org.uk) website. Similar figures for under 18 year olds are not available.

1.15 Children with special educational needs

16% of children who live in Newcastle and attend a Newcastle state funded school have special education needs¹² (SEN), equivalent to 5,990 children. Of these, 863 (14%) have an Education, Health and Care Plan (ECHP).

Figure 1.15-1 shows the proportion of children who have a SEN by Newcastle wards.

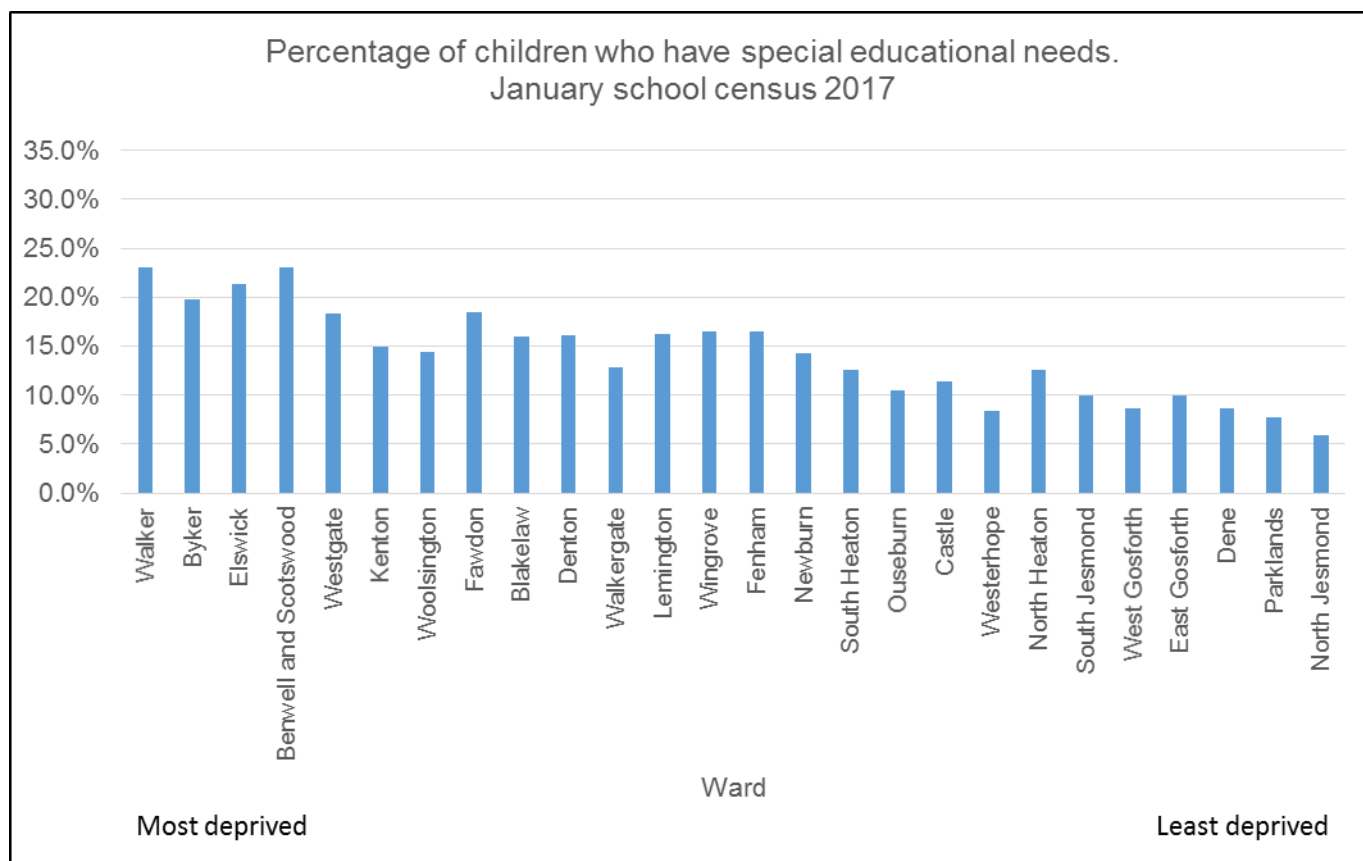


Figure 1.15-1: Percentage of children who have special educational needs. Source: January 2017 School Census

1.16 People with caring responsibilities

“A carer is a person of any age, adult or child, who provides unpaid support to a partner, child, relative or friend who couldn’t manage to live independently or whose health or wellbeing would deteriorate without this help. This could be due to frailty, disability or serious health condition, mental ill health or substance misuse.

Being a carer comes at a physical and psychological cost:

- Up to 40% of carers experience psychological distress or depression
- Carers have an increased rate of physical health problems e.g. providing high levels of care is associated with a 23% higher risk of stroke
- Older carers who report ‘strain’ have a 63% higher likelihood of death in a year period than non carers or carers not reporting strain ¹³

Census 2011 data suggests almost one in ten (9.2%) of people provide some kind of unpaid care in Newcastle. This compares with 11.0% in the North East and 10.3% in England and Wales. 2.4% provide 50 or more hours a week (6,840 people), similar to national proportions (2.4%) and marginally fewer compared with the North East (3.0%)

1.16.1 People who have caring responsibilities by age

Table 1.16-1 shows the number of people who provide unpaid care by age groups in Newcastle.

Table 1.16-1: Number of people providing unpaid care by age in Newcastle. Source: Census 2011

Hours of unpaid care	Age group				All
	0 to 15	16 to 24	25 to 64	65 and over	
1 to 19	326	1443	11,405	2,074	15,248
20 to 49	36	263	2,756	671	3,726
50 or more	60	227	4,300	2,249	6,836
Total	422	1,933	18,461	4,994	25,810

Predicted trends produced on the Projecting Older People Population Information System (POPPI) using the Census 2011 figures as the baseline, suggest the number of older people who provide unpaid care will increase by a third over the next 15 or so years (and those aged 85 and over are predicted to increase by 50%). In 2014, there were 5,573 people aged 65 and over predicted to provide unpaid care to a partner, family members or other person, increasing to 6,040 in 2020 and to 7,352 in 2030.

1.16.2 Children and young people who have caring responsibilities

In the Census 2011, 2,355 children and young people aged between 0 and 24 years acknowledged that they provided unpaid care. 1,769 provided 1 to 19 hours; 299 provided 20 to 49 hours and 287 provided 50 or more hours each week.

The Census 2011 suggests 4.8% of households (5,604) have dependent children living with someone who has a long-term health problem or disability [England 4.6%, NE 4.9%]. This

raises the possibility that additional children may also be affected by having someone in the family with a long-term health problem or disability, but this will vary with family circumstances and the nature of any impact is unknown.

1.16.3 People with caring responsibilities by gender

Figure 1.16-1 shows the number of people (of all ages) providing unpaid care in Newcastle by gender, illustrating more female than male carers. Of those providing 50 or more hours of care per week 59.5% are female and 40.5% are male.

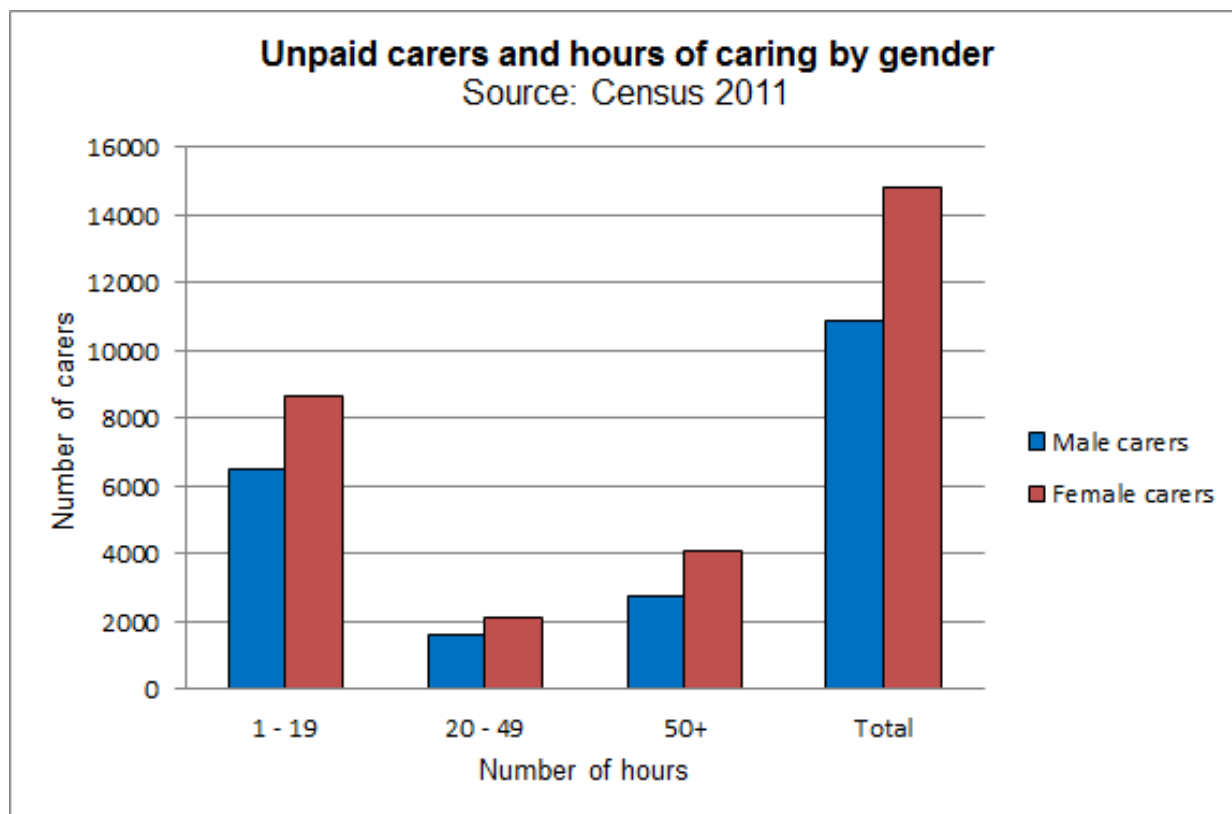


Figure 1.16-1: Unpaid carers and hours of caring by gender. Source Census 2011.

1.16.4 People with caring responsibilities by ward

Figure 1.16-2 shows the distribution of all unpaid carers (of all ages) by ward and suggests unpaid caring as a whole does not follow a social gradient. However, there is a social gradient in the number of unpaid carers who provide 50 or more hours (Figure 1.16-3)

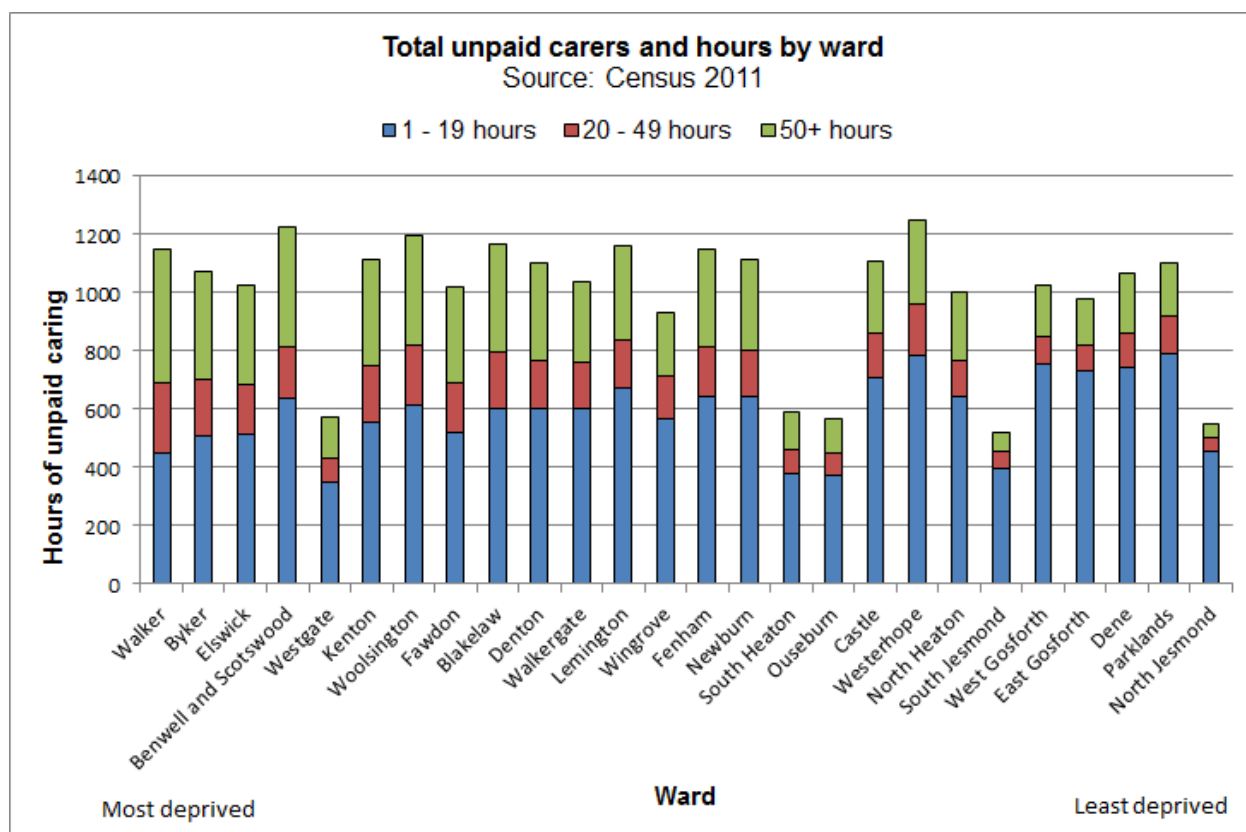


Figure 1.16-2: Total unpaid carers and hours of caring by Newcastle wards

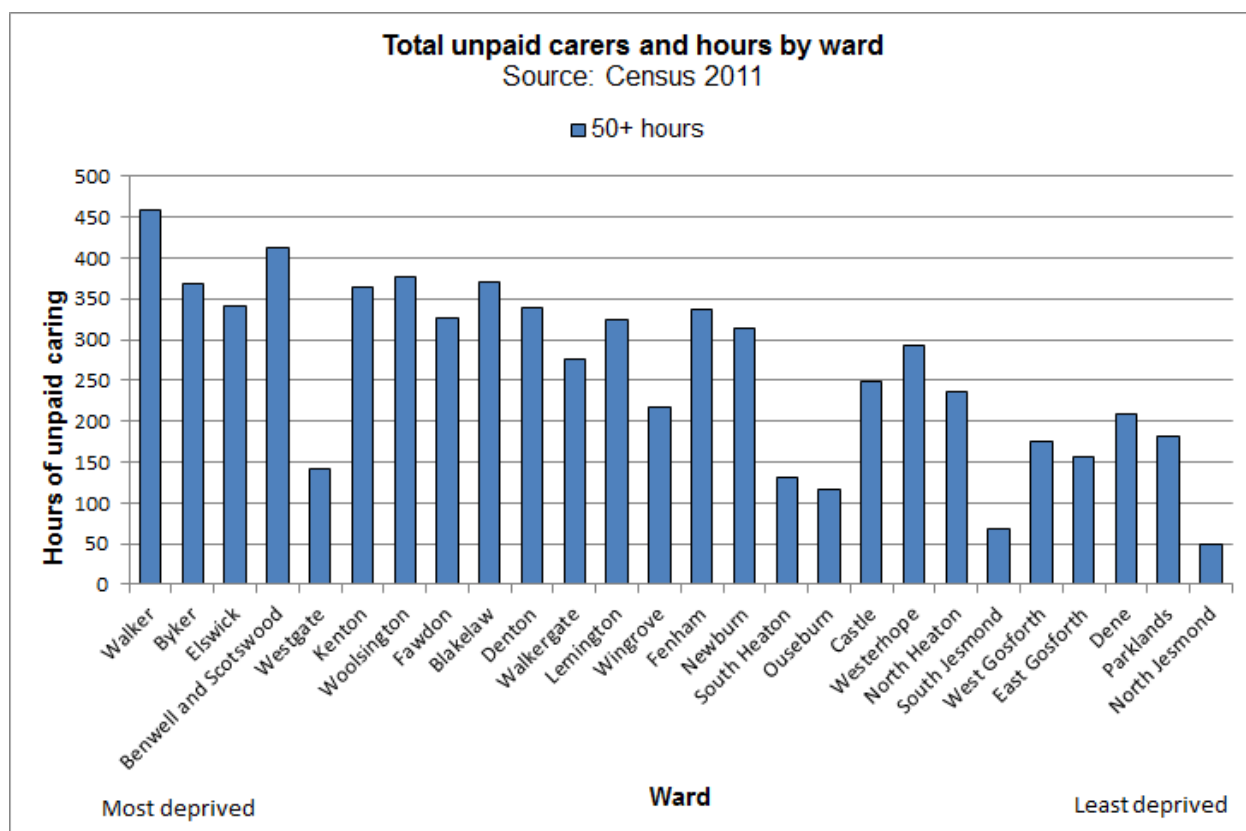


Figure 1.16-3: Total unpaid carers providing 50 or more hours a week.

1.17 Children in Low-Income Families

“Poverty experienced during childhood can have a profound and lasting impact on the child and their family. It often sets in motion a deepening spiral of social exclusion, creating problems with education, employment, mental and physical health and social interaction.

Poor children are excluded from participating in society. They can’t afford school trips and activities; school uniforms or warm winter clothes, are unable to go swimming, have friends round for tea or celebrate their birthdays. Many will never have a holiday.

Child poverty costs us all, both financially and socially. Children who grow up poor are more likely to leave school without qualifications, have lower employment chances, thus restricting their ability to get a good job and financially contribute to society.”¹⁴

There are a number of factors that influence the risk of a child living in poverty. Children in out-of-work households are at greater risk of poverty, however in terms of actual numbers there are now more children who are classed as living in poverty who live in households where someone is working (in work poverty). Children of lone parents, disabled children, children in large families (4 or more children) and those from certain (but not all) BME backgrounds are also at greater risk of living in poverty. Highest levels of child poverty are seen in households with children aged 0 to 4.

The Children in Low-Income Families Local Measure

This measures the proportion of children living in families either in receipt of out-of-work benefits or in receipt of tax credits with a reported income which is less than 60% of national median income.

In 2014 (the latest data available), 29.4% of children aged under 16 (equivalent to 13,770 children) lived in low income families in Newcastle. This compares with an England average of 20.1%.

Figure 1.17-1 indicates a declining trend over the period to 2013 and a narrowing of the gap compared to the England trend, followed by an increase in 2014 for Newcastle, North East and England.

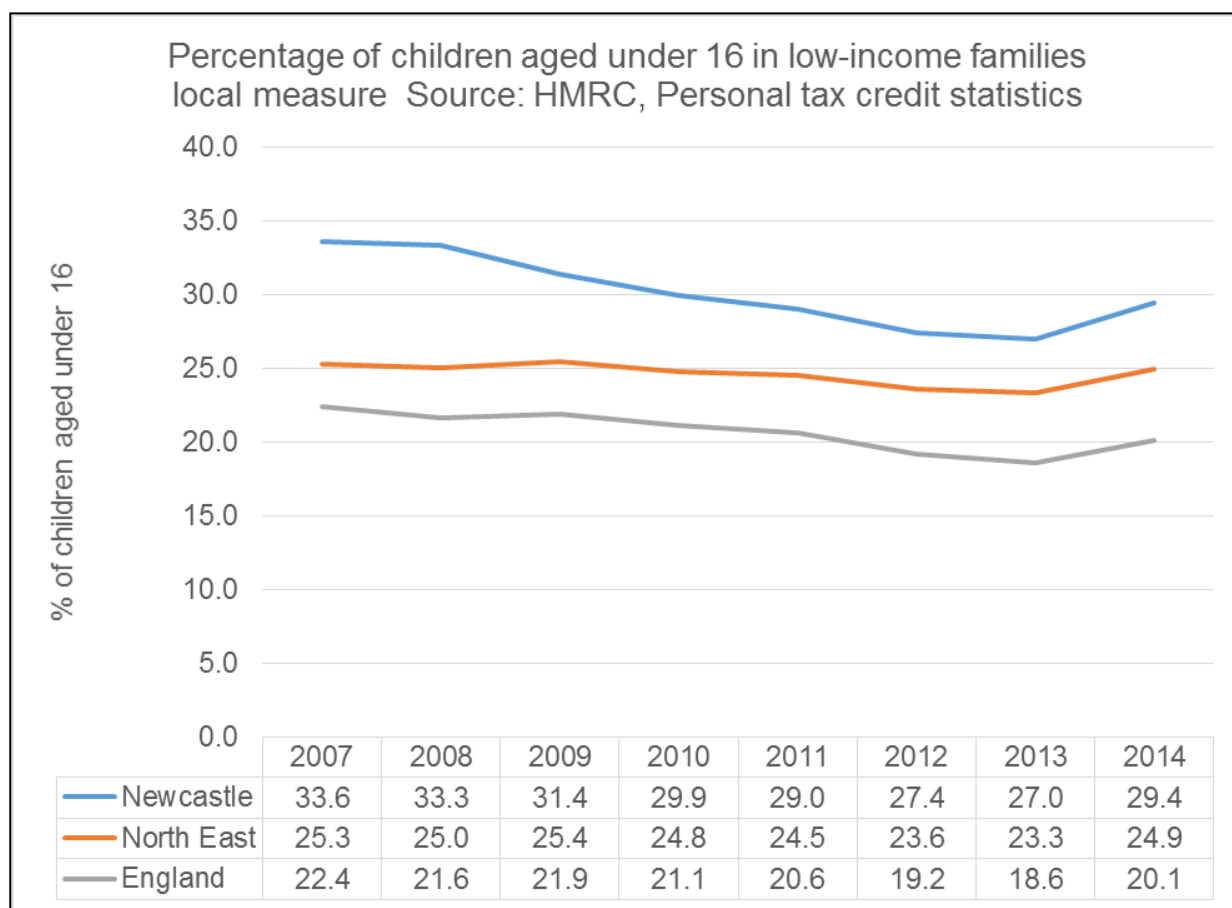


Figure 1.17-1: Percentage of children aged under 16 years living in low income families. Source: HMRC, part of Personal tax credit statistics

Figure 1.17-2 shows numbers of children in low income families by wards in the city and Figure 1.17-3 presents the proportion of children living in poverty across Newcastle by small measurements areas called Lower Level Super Output Area (LLSOA). Ward boundaries are overlaid.

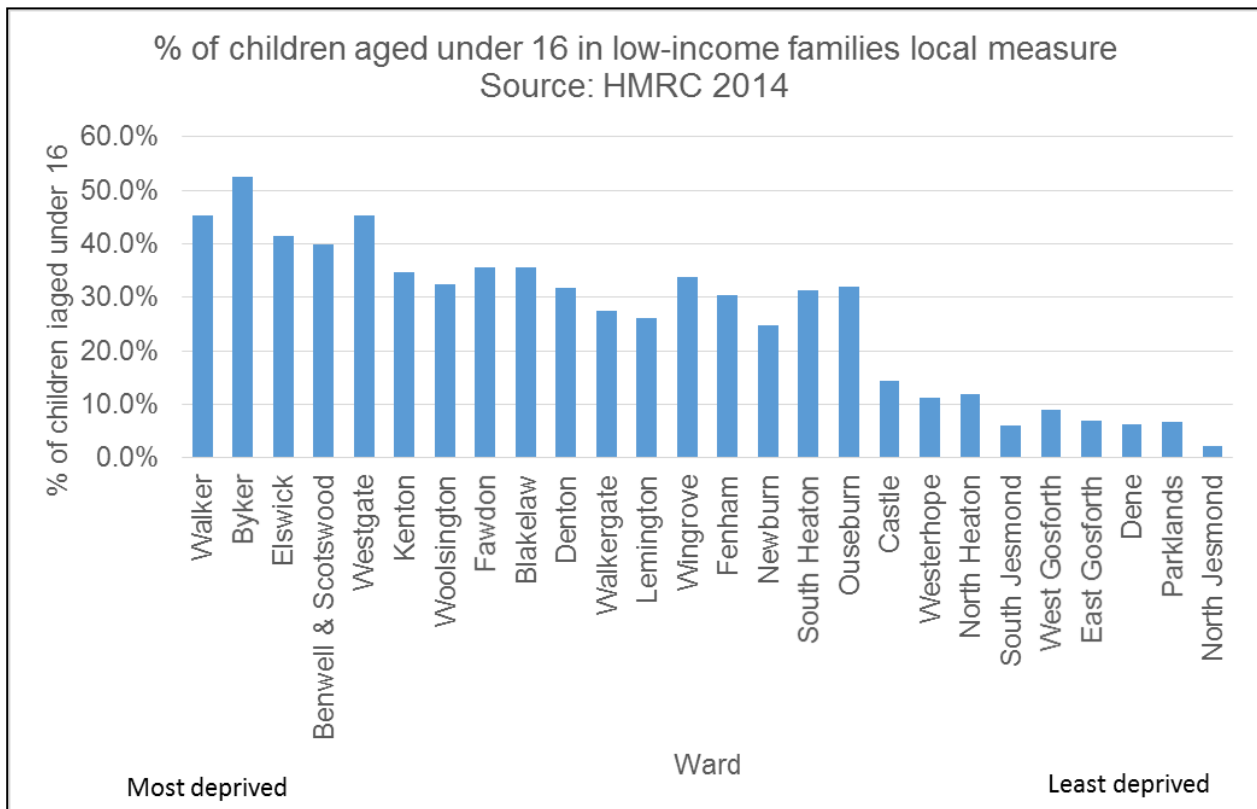


Figure 1.17-2: Percentage of children in poverty by ward. Source HMRC, part of Personal tax credit statistics

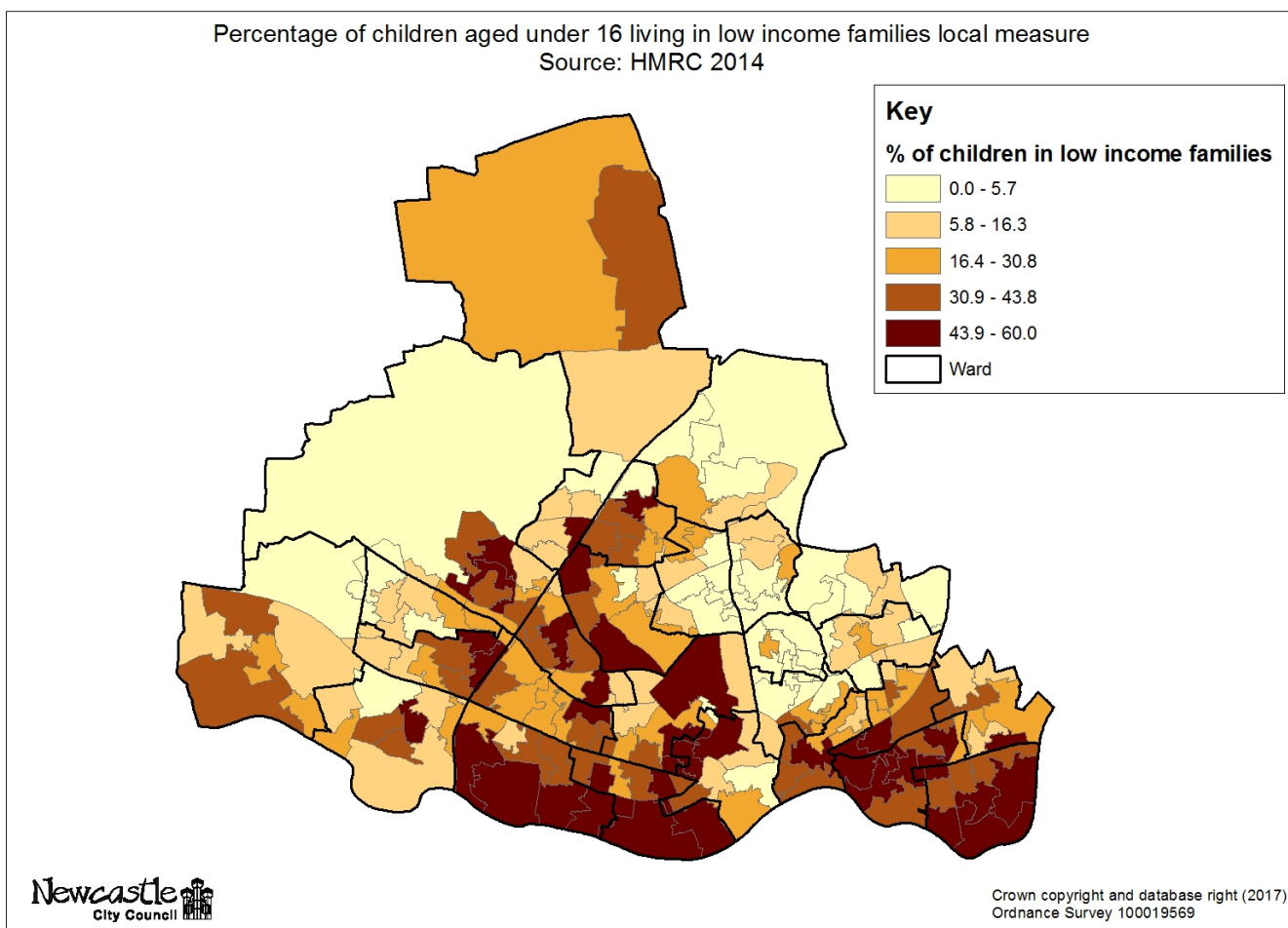


Figure 1.17-3: Population of children living in poverty as a percentage of the total population of children by lower level super output area. Source: HMRC 2014

Additional insights into children living in poverty can be gained from data on the number/proportion of children entitled for free school meals. The 2017 School Census data suggests 24% of children who live in Newcastle and attend a Newcastle state funded school are entitled to free school meals, equivalent to 8,991 children.

Figure 1.17-4 shows the proportion of children entitled to free school meals by ward.

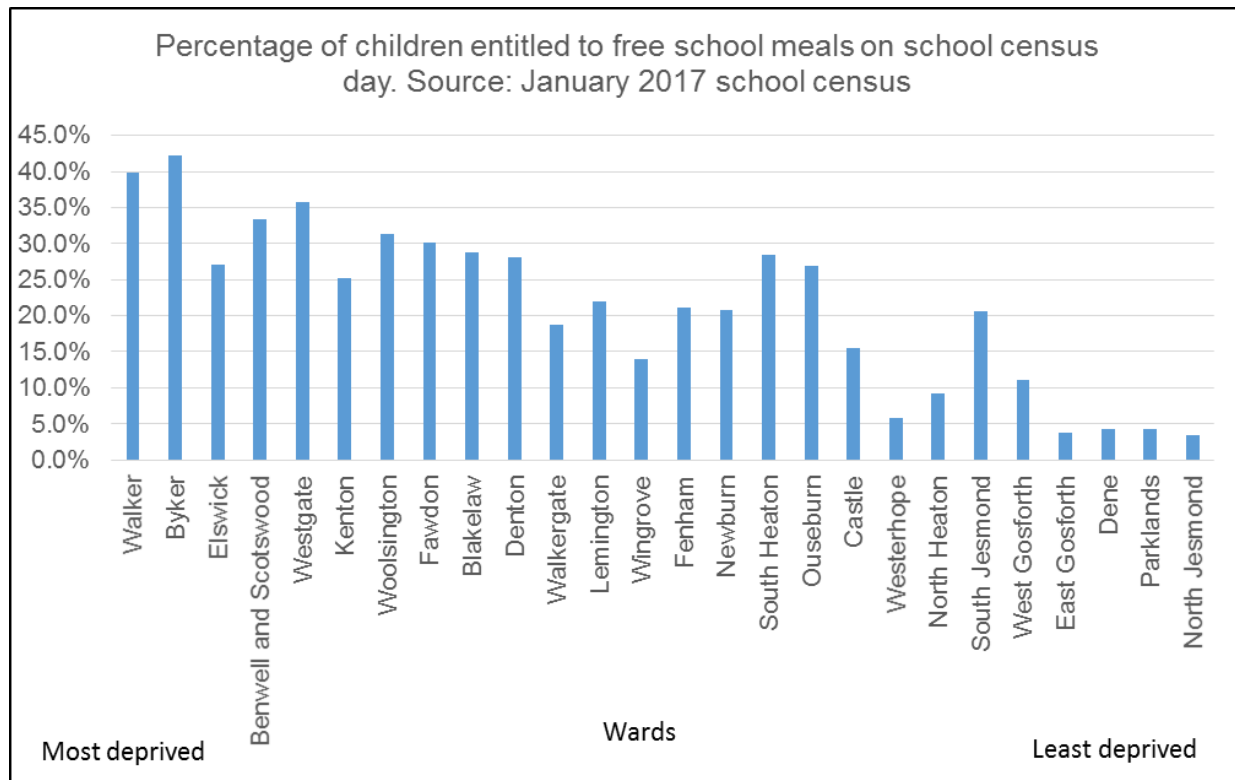


Figure 1.17-4: Percentage of students in Newcastle state schools entitled to free school meals on school census day. Source: January 2017 School Census

1.18 Focus on children in need of help and protection and children looked after by the local authority

National data shows children in care are five times less likely to achieve five good GCSEs, nine times more likely to be excluded from school, and six times less likely to enter higher education, than their peers.

A child in need is defined under the Children Act 1989 as a child who is unlikely to reach or maintain a satisfactory level of health or development, or their health or development will be significantly impaired, without the provision of services, or the child is disabled. Newcastle's rate of children in need (per 10,000) was 416.8 in March 2016. This is lower than statistical neighbours at March 2016 (436.8) but higher than the England average (337.7).

A child protection plan should ensure that children who are likely to suffer significant harm are protected and that they and their families are receiving the services necessary to bring about the required changes in the family situation. At the end of March 2016 the number of children in Newcastle subject to a child protection plan was 424. This is a rate of 74.9 (per 10,000) which is lower than the rate at the end of the previous year 76. Newcastle's rate remains above both the latest national and statistical neighbour rates of 43.1 and 59.1 per 10,000 respectively.

Between 2010 and 2015 Newcastle's rate of looked after children (per 10,000) hovered between 89 and 101. At the end of March 2016 Newcastle's rate of looked after children was 88 (498 children). This decreased by 1 from 89 (505 children) at the end of March 2015. Newcastle's remains lower than statistical neighbours 93 but remains higher than the latest national average rate 60.

Due to the low numbers involved, we cannot provide ward breakdowns of these figures. However in general there is a relationship between higher levels of deprivation and higher rates of children in need of help and protection.

1.19 People in housing need

“Homelessness: the silent killer” a report produced by Crisis in December 2011 revealed that:

- The average age of death of a homeless person is 47 years old and even lower for homeless women at just 43, compared to 77 for the general population.
- Drug and alcohol abuse are particularly common causes of death amongst the homeless population, accounting for just over a third of all deaths.
- Homeless people are over 9 times more likely to commit suicide than the general population
- Deaths as a result of traffic accidents are 3 times as likely, infections twice as likely and falls over 3 times as likely.
- Being homeless is incredibly difficult both physically and mentally and has significant impacts on people’s health and well being. Ultimately, homelessness kills.

Homelessness is used to describe a range of circumstances in which people have no safe and/or secure accommodation. Most of the data available relates to those who have received direct support to prevent homelessness, so does not necessarily reflect the needs of everyone at risk.

For the purposes of simplification, it is helpful to think of four groupings of people:

- People who are owed the full homelessness duty – whom the Council has a duty to accommodate (Table 1.19-1)

Table 1.19-1: Households that are owed the full homelessness duty

	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14
Full homelessness duty households	336	233	231	204	220	165

- People at risk of homelessness – around 6,000 households a year receive housing advice and although we do not know the exact number of people at risk of homelessness, it is likely to be higher than this 6,000. The spectrum of risk fluctuates with changes in the economy, welfare system, lenders’ forbearance, interest rates and demand for private rented housing.
- People living in accommodation with support – at any one time around 800 people live in supported accommodation and 2,000 live in general needs accommodation with floating support, totalling around 4,000 people per year;
- Multiple exclusion and rough sleepers – this affects a small number of people; on average 8 on any one night and around 180 individuals per year.

1.20 People known to probation because of their offending behaviour

A recent study identified that offenders on probation “have poorer health—especially mental health—than the general population and are less likely to access health-care services”¹⁵

[Information from probation to be inserted](#)

References and Sources

¹ National Mental Wellbeing Impact Assessment (England), 2011 “Mental wellbeing impact assessment” page 23. Available at <http://www.apho.org.uk/resource/item.aspx?RID=95836>

² Census 2011 and ONS 2012-based Subnational Population Projections. Source: Population Projections Unit, ONS. Crown copyright 2012 and Newcastle growth forecast, produced by Durham Business School/ St Chad’s College at Durham University

³ Stonewall Scotland/NHS Scotland, 2003, “Towards a healthier LGBT Scotland” page 4. Available at <http://www.show.scot.nhs.uk/publications/Stonewallopt3.pdf>

⁴ Briefing Health of migrants in the UK: What do you know? Dr Hiranthi Jayaweera. 30th September 2014 (1st Revision). http://www.migrationobservatory.ox.ac.uk/sites/files/migobs/Briefing%20-%20Health%20of%20Migrants%20in%20the%20UK_0.pdf

⁵ ONS estimates of long term migration 2003 to 2012. A long term international migrant is defined as someone who changes his or her country of usual residence for a period of at least a year, so that the country of destination effectively becomes the country of usual residence.

⁶ ONS estimates of short term migration 2008 to 2011. These figures do not include recreation, holiday, visits to friends or relatives, business, medical treatment or religious pilgrimage. In practice, it is a visit of 3-12 months for the purpose of work or study.

⁷ Source: G4S providers of housing and support to asylum seekers

⁸ Figure from West End Refugee Service Destitution and Hardship Fund.

⁹ Blackburn et al. (2010), ‘Prevalence of childhood disability and the characteristics and circumstances of disabled children in the UK: secondary analysis of the Family Resources Survey’, BMC Paediatrics

¹⁰ DWP (2006-07) ‘Households Below Average Income’

¹¹ Projecting Adult Needs and Service Information (PANSI) and Projecting Older People Population Information (POPPI) websites present modeled population and prevalence data. The modeled projections apply current prevalence data to the ONS population projections. Similar modeled projections are not available for under 18s.

¹² Children with a special educational need including school action, school action plus, sen support, statement, education, health and care plan.

¹³ Royal College of GPs <http://www.rcgp.org.uk/revalidation-and-cpd/substance-misuse-and-associated-health/supporting-carers-in-general-practice.aspx>

¹⁴ Child Poverty Action Group, undated, ‘Why end child poverty’, available at <http://www.endchildpoverty.org.uk/why-end-child-poverty>

¹⁵ Health and wellbeing of offenders on probation in England: an exploratory study Dr Anees Ahmed Abdul Pari MPH, Emma Plugge DPhil, Sarah Holland BSc, Janet Maxwell MFPH, Premila Webster FFPH *The Lancet* - 23 November 2012 (Vol. 380, Page S21) DOI: 10.1016/S0140-6736(13)60377-3