People and places in London most vulnerable to COVID-19 and its social and economic consequences

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Table of contents

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Foreword

The disruption and strain of living amidst a pandemic is felt by all. However, the economic and health impacts do not fall evenly, with a social gradient of risk occurring where income, living conditions, employment type and working conditions disproportionately impact upon some populations and geographic areas more than others. These conditions can impact the relative risk of COVID-19 infection, or the risk of serious ill health directly from COVID-19, as well as many adverse physical and mental health outcomes, and social and economic challenges.

'People and places in London most vulnerable to COVID-19 and its social and economic consequences' profiles this picture by bringing together a wide range of existing and new data sets. Through displaying comparative borough and regional data alongside careful analysis and evidence, it identifies the scale and variation of new vulnerabilities exposed because of COVID-19 in addition to shining a light on how the pandemic is exacerbating existing health inequalities. For example, it brings together benefit and furlough data to show that more than 40% of the working population lost income over the period of April to June 2020 in eight London boroughs, with subsequent likely impacts on social and economic security. Income loss impacts mental health, with ONS data noting mental health worsening in the younger working age population over this period of time. The report also shows patterns of population groups experiencing greater adversity across a number of indicators, including Black and Bangladeshi ethnic groups, women and the younger working age population. In addition, it strongly depicts the challenges of London's housing environment, both in terms of increasing infection risk and financial insecurity.

We all require equal health protection regardless of who we are, where we work or live. Identifying where additional protection is required is a necessary step to putting this support in place, and data observed so far shows that this picture of vulnerability is in parts different and more encompassing than before. This report supports further inquiry into these patterns from a regional, sub regional and local perspective, with consideration as to what they tell us. For example, how do they confirm or challenge existing assumptions? How do they fit with other types of evidence, whether gathered through community insight or service level data? How do risk factors cluster at a geographic and/ or community level? What support is currently available at the national level and is this being accessed or meeting cultural needs? Who do we need to work with to strengthen action?

There is no one audience for this report – it is for many organisations and individuals working incredibly hard to support people experiencing particularly acute challenges at this time, with the hope that its wide-ranging data and insight can help existing work and strengthen plans going forward, that help minimise the wide range of

harms over the next phase of the pandemic, and limiting the adverse longer term legacy.

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Executive Summary

This report identifies groups of people whose socio-economic status puts them at higher risk of: either catching COVID-19 or passing it on, experiencing harm to their health and wellbeing during lockdown; or experiencing harm as both lockdown and the emergency measures introduced to alleviate it, are lifted. The report is divided into four sections, looking at people and households who face higher risks as a result of: COVID-19 itself and the wider pandemic; the economic recession; housing insecurity; and having pre-existing additional support needs.

Built around a set of statistical indicators, the report offers a picture of the scale of vulnerability and how it varies across London boroughs. Half the indicators show the background (pre-pandemic) position and half show how things have changed since March 2020. Four of the 29 indicators are restricted to London (or London sub-regions) while one is national.

Fatalities from COVID-19

Fatalities from COVID-19 are a fundamental part of the context of this report. Summary results from Public Health England (PHE) about Londoners who tested positive for the virus up to the end of July 2020 show what are known as 'infection fatality ratios' (IFRs), that is, the chance that someone known to be infected dies from the virus. The results are split between those under the age of 65 and those aged 65+. Older people are clearly much more at risk: 81% of those who died were aged 65+. However, the 1,250 working-age deaths (the other 19%) are still substantial. That said, the under-65s have also accounted for 19% of all deaths in London over the past five years.

Analysis provided in this report indicates that the patterns for working-age people and those aged 65+ are very different. Among those aged 65+, the only inequalities were the 27% higher risk faced by men compared with women and the 11% higher risk faced by those of Pakistani or Bangladeshi ethnicity compared with White British. Among those of working age, those living in the most deprived fifth of local areas faced double the risk of those living in the least deprived areas, men faced more than double the risk for women, while those of Black ethnicity faced a 63% higher risk than White British.

It must be emphasised that these IFRs are specific to what was happening between March and July 2020, especially the testing regime and the treatment of COVID-19. They cannot be relied upon to predict what might happen in future.

The report also includes data from the Office for National Statistics (ONS) showing deaths where COVID-19 was mentioned on the death certificate, by borough of residence and whether death took place in hospital, in a care home, at home or

elsewhere. Besides showing a more than twofold difference in this COVID-19 fatality rate between the boroughs, this measure also shows that deaths in care homes were a much smaller proportion of all COVID-19 deaths in London (16%) than in the rest of England (33%).

The risk of infection

The ONS classification of some 300 occupations' generic risk of infection shows whether one occupation faces more risk than another (although it cannot show by how much). It offers insight into which are the big occupation groups that are high up the list and the people doing these higher-risk jobs. The highest-risk occupations are mainly in health or care and include dental nurses and practitioners, ambulance staff, paramedics, midwives and medical practitioners. The largest of the high-risk occupations are nursing and care work but the top 10 also includes teaching, waiting, and taxi and cab driving. Information is also provided showing how different groups of working Londoners by gender and ethnicity are spread between low- and high-risk occupations.

Data is also presented concerning the overcrowding at home that many Londoners contend with and which marks the capital out from the rest of the country. Besides overcrowding, which contributes towards the risk of infection within households, the report also considers those over the age of 70 – who, by virtue of their age, are at higher risk of more serious outcomes – who share a home with people of working age.

Risks to employment and income

During the national lockdown, the furloughing of employees and similar arrangements for self-employed people held the worst effects of the economic recession at bay. Even so, jobs have been lost and, with the support schemes coming to an end, further severe impacts are likely.

Unless employers chose to make up the difference between the 80% of furloughed workers' pay that was covered by the Government and the workers' full pay, those who have been furloughed have lost income. Combining data on furloughed London residents with data on those newly claiming an out-of-work benefit, the report shows that eight boroughs saw more than 40% of their working-age residents lose income over the period April to June.

This data also reveals marked variations across the boroughs in the extent to which employed residents work in economic sectors at greatest risk (judged by London-wide furlough data) of shedding jobs in the months ahead. These 'high-risk' sectors include construction, hotels and restaurants, retail and distribution, recreation, entertainment and the arts – where more than half of all employees have been furloughed – and manufacturing – where more than 4 in 10 have been.

Housing risks

The cost and insecurity of housing in London are a source of vulnerability in their own right and also magnify the vulnerabilities due to unemployment and loss of income.

Many Londoners faced 'unaffordable' housing (defined as housing taking more than 30% of income) before the pandemic. In 2018/19, three quarters of Londoners with incomes in the poorest fifth had unaffordable housing, as did a third with average incomes. London also had high rates of homelessness.

Financial support for private sector tenants through Universal Credit (UC) will only fully cover the lowest 30% of rents in the local rental market area. Over the first three months of the pandemic, the number of private sector tenants claiming the housing element of UC across London rose sharply. The report shows that by May, more than 30% of all private tenants were claiming the housing element in 15 boroughs and more than 40% in seven. It is inevitable that some tenants in these boroughs claiming UC will not be getting their housing costs met in full.

UC provides no financial support for housing costs to those with a mortgage. UC claims without a housing element, mainly made by owner-occupiers, also rose sharply over the same period. Data is not available on how many of them must make mortgage payments, but for those who do, they must meet those costs from other sources.

Pre-existing conditions and wider vulnerabilities

One of the challenges that the pandemic and its attendant economic recession poses is that the groups who are vulnerable vary greatly in size.

The report includes indicators presenting data on physical and mental health and wellbeing (across all ages). Borough-level figures are shown for: the numbers on the shielded patient list (SPL) – including the 19,000 children on that list – and with moderate risk conditions (diabetes, asthma and hypertension), as well as the prevalence of depression and anxiety. Data on GP appointments and the number of first outpatient consultations for 'specific acute conditions' shows the extent to which these fell during the national lockdown.

Throughout the report, there are a number of indicators specific to children and young people. School disruption and soaring unemployment will undoubtedly have an adverse impact on young adults' assessment of gaining qualifications and their chances of finding a job. It is for this reason that they are included as a vulnerable group in their own right.

Indicators focussed on long-standing groups of children with particular needs include the number with Education, Health and Care (EHC) plans (where, as a result of the pandemic, there may be more children in need of such plans and for those with a plan, their needs may require reassessment and updating), rates of vaccination of children across the boroughs, the prevalence of mental health problems and use of Children and Young People's Mental Health Services (CYPMHS) and numbers entitled to free school meals.

The report also highlights long-standing groups of vulnerable adults, namely those with learning disabilities, those with dementia and people seeking asylum. All face a range of difficulties with regard to their access to education, employment, care and support. Some are more likely to have health conditions that leave them at higher risk of becoming seriously unwell with COVID-19.

The report also points out that asylum seekers and others who have the right to work but have no recourse to public funds are entitled to furlough support but not to UC. If the withdrawal of furlough means they lose their job, the financial impact on them and their dependants will be even more severe.

Conclusion

The economic and housing indicators in this report show similar patterns across the boroughs, with several boroughs consistently recording some of the highest risks on numerous indicators. The five boroughs where the risks are highest are all in the east or north-east of London: Barking & Dagenham, Newham, Waltham Forest, Haringey and Enfield. Among the next five, Redbridge is part of the eastern cluster, Croydon is an isolated but large presence in the south, while Hounslow, Ealing and Brent form a second cluster in the west.

The report also presents borough-level data on deaths up to the end of July where COVID-19 was mentioned on the death certificate. Again, the boroughs with the highest mortality rates are in two clusters – Brent, Harrow and (to a lesser extent) Ealing in the west, and Newham, Haringey and Hackney in the east – followed here too by Croydon.

While the overlap between those near the top of the two lists is clear, the exceptions – Harrow for its COVID-19 mortality and Hounslow and Barking & Dagenham for their economic and housing risks – are especially worthy of closer research, including through use of additional data and borough insight.

Identifying one group as vulnerable is not at the expense of another. While the report is clear that the pandemic and the recession will have a severe impact on younger people, this is never intended to downplay the impact on older people.

The report's main message is that the vulnerabilities flowing from the pandemic and the accompanying recession affect more and different people than those who are usually seen as vulnerable. This broadening of what it means to be vulnerable is not just about those most at risk of becoming severely ill from COVID-19. While the need to protect older people from the virus remains paramount, the report concludes that the pandemic and recession should be seen as a crisis for people of working-age, especially those in the 20s, 30s and 40s, and their children.

Four particular groups should now be seen as vulnerable. They are:

- people working in occupations at high risk of contracting the virus

- people of all ages living in overcrowded homes

- people working in occupations and sectors at high risk of substantial job loss

- people renting their home from a private landlord, or buying it with mortgage, who have made a new claim for UC since the start of the national lockdown.

These groups are in addition to the groups that have long been recognised as vulnerable. Some but by no means all of these have been included in the report. All such groups with long-recognised vulnerabilities now face four problems. First, the needs of some people in the group have changed since the pandemic started. Second, some newly vulnerable have not been identified or diagnosed. Third, some rights to provision have been reduced. Fourth, the competition for resources has become even fiercer.

A response to the pandemic and its wider consequences cannot be at the expense of those adults and children who were previously recognised as being vulnerable.

Introduction

Aim and focus

This report is for leaders and practitioners working in, or with an interest in, London – locally, regionally or nationally. It aims to support understanding of the extent and variation of population vulnerability brought into stark relief by COVID-19.

For London's Directors of Public Health, regional leaders (including PHE, the NHS and the Greater London Authority), social care services and the voluntary and community sector, two aspects of 'vulnerability' are significant:

- ill-health and/or an absence of wellbeing in their own right, as well as threats to health or wellbeing
- the implications for the type of response required by public and other services to maintain people's health and wellbeing.

In practical terms, 'vulnerability' translates into a heightened risk of:

- COVID-19 infection, especially where the consequences are likely to be serious, and/or transmission of the virus to others
- direct harms to health or wellbeing, especially for groups already seen as vulnerable, arising from the pandemic and the response to it
- indirect harms to health or wellbeing, triggered by the recession and therefore economic in origin, but threatening to lead to such things as hunger and homelessness.

By bringing together a range of indicators using available data, this report aims to support thinking about patterns of vulnerability – for example, population groups and areas of social and economic concern – that require prioritisation and coordination. The key word here is 'support'.

The strength of the data lies in its breadth, consistency and the bringing together of disparate subjects. It is also fragile, variable in quality and open to qualification. Suggestive but never definitive, it has most to contribute when combined with the practical knowledge of people who are deeply familiar with the context and versed in the judgements that have to be made.

The report complements other work taking place to make sense of, and take steps to mitigate, the impact the pandemic has had on many London communities. Bringing data together in this way at a London and borough level will help build awareness of potential need across a wide range of partners helping to support vulnerable population groups – including voluntary and community sector partners, the academic community and charitable funders.

Scope of the report

The report is divided into four sections, looking at people and households who face higher risks as a result of: COVID-19 itself and the wider pandemic; the economic recession; housing insecurity; having pre-existing additional support needs.

Each section includes an introduction that seeks to highlight the importance of the subjects covered and, where possible, what the data may be telling us. Tables are then provided for each of the indicators, of which there are 29 in total. Most of the tables show data at the London borough level.

This report provides one perspective of population vulnerability using quantitative datasets. Attempts have been made to make this as comprehensive as possible, but the list is not exhaustive. Among the most important omissions are measures of: the longer-term impacts of COVID-19, domestic violence, digital exclusion and food poverty. In all cases, the omission reflects a lack of reliable or up-to-date data.

Some community surveys and qualitative research note vulnerabilities in other population groups where there is currently a lack of published data to make London-wide comparisons. The British Red Cross has compiled a valuable index of local vulnerability.[1] It should also be borne in mind that the term 'vulnerability' can mask the strengths and assets that exist in communities, whether when referring to particular population groups or working areas of practice. Many actions in response to COVID-19 have demonstrated these strengths. These include mutual aid, engagement work of community leaders, coordinated food aid activity and innovative ways of working to support the safety of staff and customers. It is these strengths that will help provide approaches of support to some of the many concerning areas of vulnerability highlighted in this report.

A note on the tables

Data is usually presented in the form of a percentage, although sometimes an absolute number (usually rounded) is provided too.

Of the 32 London boroughs, 26 have populations ranging in size from 200,000 (Sutton) to 350,000 (Newham). The two largest boroughs (Barnet and Croydon) have around 390,000 residents each. The four smallest (Kensington & Chelsea, Kingston, Hammersmith and Richmond) have fewer than half this number. The City of London, with fewer than 9,000 residents, is treated as the data allows – on its own, in combination with one of the boroughs, or absent altogether.

Where appropriate, to help convey a sense of each table, the five boroughs with the highest number or percentage of people who are vulnerable on the particular measure are highlighted in red, while the five with the lowest are highlighted in green. This colour scheme is also used in tables to highlight other standout values.

Section 1: people and households at higher risk from COVID-19

Introduction

This first section explores: the factors that affect vulnerability to catching COVID-19 itself; the risks of falling seriously ill with, or even dying from, COVID-19; and other adverse impacts to wellbeing that have emerged as a result of the pandemic. The section includes background information on existing health inequalities, evidence as to what was happening during the pandemic between March and June 2020 and pointers as to where some of the resulting new vulnerabilities lie.

The background indicators consist of two on living conditions and arrangements and two on pre-existing medical conditions. Lack of space at home is a barrier to coping with the pandemic and a factor that marks London out from the rest of the country.

Evidence on what was happening up to the end of June is contained in the second part of this section: PHE data for London on infection fatality ratios (the subject of PHE's own report in June on disparities in the risks and outcomes for COVID-19) and ONS data on COVID-19 deaths by setting. Clarity about the unequal impacts during the first wave is one of the keys to the sustained suppression of the virus.

By contrast, the two other health indicators that draw on what has happened since lockdown began do have immediate implications: the extent to which the normal work of the NHS was curtailed up to the end of June and what happened to people's mental wellbeing over the same period. Through what this last indicator says about anxiety and depression, and which groups have recorded the greatest increases, there is a link to the other, forward-looking economic indicator in the first part of the section, about which occupations are at highest risk of infection and who it is who is doing the jobs in these occupations.

What this data helps us to understand includes:

- occupations requiring the highest level of protection
- the adverse implications of overcrowded living conditions
- relative risks for different groups and between settings across boroughs
- people's reduced access to healthcare for non-COVID-19 conditions during the national lockdown
- greater demand for some health services and community support, e.g. for mental health problems, as a result of the pandemic.

At heightened risk of infection

1.1 Workers in sectors at heightened risk of infection

This indicator uses an ONS classification of a job's risk of generic infection in order to identify jobs at high risk of catching COVID-19 and presents the characteristics of the Londoners doing those jobs. This analysis focuses on the jobs done by people who live in London rather than those who work in London but live elsewhere. Borough-level data is not available, so the results shown here are London-wide.[2]

The ONS classifies a job's risk of generic infection according to its proximity to other people and its exposure to disease.[3] We have categorised the top third of the 340 occupations as 'high' risk, the next third as 'medium' risk and the bottom third as 'low' risk.

- The highest-risk occupations are mainly in health or care and include dental nurses and practitioners, ambulance staff, paramedics, midwives and medical practitioners. Women do 59% of the jobs in the 10 riskiest occupations.

- The largest of the high-risk occupations are nurses and nursing assistants and care workers and home carers. The top 10 also includes teachers, waiters, taxi and cab drivers and chauffeurs. Women do 55% of the jobs in the 10 biggest high-risk occupations.

Table 1.1 presents the characteristics of workers living in London by occupation risk category. The points of note in the table are as follows:

- Region: a smaller share of working Londoners (35%) are in high-risk jobs and a larger share (47%) are in low-risk ones than in the rest of England (39% and 36% respectively). This difference is more pronounced for inner London than for outer London.

- Sex: 40% of working women are in high-risk jobs compared with 31% of working men.

- Ethnicity and household composition: 56% of Bangladeshi workers and 54% of Black workers are in high-risk occupations, compared with 30% of White and 34% of Indian workers. Of working lone parents, 53% are in high-risk occupations.

Table 1.1: proportion of workers living in London, by occupation risk category

	Low risk	Medium risk	High risk
Region			
London	47%	18%	35%
Inner London	50%	16%	33%
Outer London	44%	20%	36%
Rest of England	36%	25%	39%
Sex			
Male	50%	19%	31%
Female	43%	17%	40%
Ethnicity			
White	51%	18%	30%
Mixed/multiple ethnic groups	46%	21%	34%
Indian	47%	19%	34%
Pakistani	39%	19%	42%
Bangladeshi	30%	14%	56%
Chinese	65%	13%	22%
Any other Asian background	35%	18%	47%
Black/African/Caribbean/Black British	27%	18%	54%
Other ethnic group	41%	17%	42%
Household composition			
Single or living in a house share	50%	18%	32%
Couple, no children	58%	17%	25%
Couple, dependent children	50%	16%	33%
Couple, dependent and non-dependent children	33%	19%	48%
Couple, non-dependent children	37%	24%	39%
More than one family unit	38%	22%	47%
Lone parent	29%	18%	53%

Source: ONS, Occupation and exposure to disease data, May 2020 and ONS, Quarterly Labour Force Survey,[4] four quarters to January–March 2020

1.2 Overcrowded households at higher risk of intra-household transmission

This indicator looks at the number and proportion of households that are overcrowded. Overcrowding is associated with poorer mental and physical health and it increases the spread of respiratory conditions.[5] It is clearly a potential risk factor for the spread of COVID-19 within the household. Lockdown, school closures and ongoing home working have meant that people have spent more time at home and have been more exposed to the inadequacies of their homes than previously.

The overcrowding standard is mainly determined by sleeping arrangements and has not been updated since 1935.[6] The standard is very limited: for example, a couple, two children under the age of 10 and one set of grandparents would not be deemed overcrowded in a three-bedroomed home. Amenities, whether bathrooms, or space for a washing machine, play no part.

By this standard, 11% of London homes are overcrowded, more than double the England average (4.5%). Of children under the age of 16, 22% live in an overcrowded home in London, double the England average. Of children in the social rented sector in London, 40% live in an overcrowded home.[7]

London homes have a smaller floor area than the average for England, for every age category of home, from those built before 1919 to those built in the 2010s.[8]

Poor-quality housing may expose residents to threats to health and safety. Although London has a lower proportion of non-decent homes than the average for England, 18% of housing in London failed the decency standard in 2017.[9] The problem is greatest in the private rented sector (20%) and least in the social housing sector (12%).[10]

Table 1.2 presents the number and proportion of households that are overcrowded, by borough. This data is from the 2011 Census. Although the best that is available, being so out-of-date means that it must be treated with particular caution. The points of note in the table are as follows:

- Column 2: 371,000 London households were overcrowded in 2011 with Newham (26,000) and Brent (20,000) at the top of the list in terms of numbers, followed by Southwark, Ealing and Lambeth.

- Column 3: Newham (25%) and Brent (18%) also had the highest proportion of overcrowded homes, followed by Tower Hamlets, Haringey and Waltham Forest. Richmond, Bromley and Havering (all 4.0%) had the lowest.

Table 1.2: number and proportion of households that are overcrowded, by borough, 2011

	Total number of households	Number of households that are overcrowded	Proportion of households that are overcrowded
B&D	70,000	9,400	13%
Barnet	140,000	14,000	10%
Bexley	93,000	4,400	5%
Brent	110,000	20,000	18%
Bromley	130,000	5,200	4%
Camden	98,000	11,000	11%
City of London	4,400	260	6%
Croydon	150,000	14,000	9%
Ealing	120,000	17,000	14%
Enfield	120,000	13,000	11%
Greenwich	100,000	11,000	11%
Hackney	100,000	16,000	16%
H&F	81,000	9,900	12%
Haringey	100,000	16,000	16%
Harrow	84,000	8,700	10%
Havering	97,000	3,900	4%
Hillingdon	100,000	9,800	10%
Hounslow	95,000	12,000	13%
Islington	94,000	10,000	11%
K&C	79,000	6,500	8%
Kingston	64,000	3,700	6%
Lambeth	130,000	17,000	13%
Lewisham	120,000	14,000	12%
Merton	79,000	7,200	9%
Newham	100,000	26,000	26%
Redbridge	99,000	11,000	11%
Richmond	80,000	3,000	4%
Southwark	120,000	18,000	15%
Sutton	78,000	4,100	5%
Tower Hamlets	100,000	17,000	17%
Waltham Forest	97,000	15,000	15%
Wandsworth	130,000	11,000	8%
Westminster	110,000	12,000	11%
Median	100,000	11,000	11%

Source: ONS, Census 2011 via Nomis, Occupancy rating, 2011

1.3 Those over 70 living in households with working-age adults

This indicator looks at the number of people over the age of 70 who share their home with people of working age. In early research on COVID-19, the proportion of the over-70s sharing a household with people of working age was found to be a significant factor in accounting for the variation between English local authority areas in the number of COVID-19 cases across England.[11] If working-age people are more at risk of catching the virus, then the over-70s who live with them are more likely to catch it too than the over-70s who do not share their home.

Multigenerational households can reflect resident choice and may enable the provision of care and support between the generations. However, the high rates of such households in London may partly reflect the constraint of high demand for and the cost of housing. The finding of a link raises questions about provision for people of working age who, if they find themselves with mild COVID-19 symptoms, may not wish to self-isolate at home because they cannot maintain the necessary distance from other household members. This in turn also challenges the norms that define what constitutes adequate housing (see indicator 1.2).

Table 1.3 presents the number and proportion of people aged 70 or over who are living in a household with working-age adults, by borough. The points of note in the table are as follows:

- Column 1: some 173,000 over-70s in London share a home with people of working age, 24% of all over-70s. The top five boroughs – Barnet, Brent, Ealing, Lambeth and Newham – account for a quarter of the total. The bottom five – Richmond, Hackney, Bexley, Tower Hamlets and Kingston – have as many together as Barnet alone.

- Column 2: Lambeth has the highest proportion of over-70s sharing, at 45%, followed by Brent (44%) and Newham (40%). This is four times the proportion in Richmond (9%) and three times that in Bexley, Bromley and Croydon.

Table 1.3: number and proportion of people aged 70 or over living in a household with working-age adults, by borough, 2018

	Number of people aged 70+ living in a mixed household	People aged 70+ living in a mixed household as a proportion of all people aged 70+
B&D	5,100	35%
Barnet	12,400	29%
Bexley	2,800	11%
Brent	9,100	44%
Bromley	4,500	12%
Camden	7,200	29%
Croydon	4,000	14%
Ealing	8,100	25%
Enfield	6,700	22%
Greenwich	6,400	29%
Hackney	2,400	20%
H&F	4,000	21%
Haringey	4,200	25%
Harrow	6,600	24%
Havering	5,600	20%
Hillingdon	5,400	19%
Hounslow	4,100	16%
Islington	4,300	18%
K&C	4,300	18%
Kingston	3,000	18%
Lambeth	8,100	45%
Lewisham	6,000	32%
Merton	4,400	22%
Newham	7,500	40%
Redbridge	4,400	20%
Richmond	1,700	9%
Southwark	5,000	34%
Sutton	4,000	20%
Tower Hamlets	2,900	35%
Waltham Forest	6,700	35%
Wandsworth	5,900	30%
Westminster	6,500	21%
Median	5,050	22%

Source: ONS analysis of the Annual Population Survey (household), January–December 2018

At heightened risk of becoming seriously ill with COVID-19

1.4 People at high risk of complications from COVID-19

This indicator shows the number of people on the shielded patients list (SPL) and the proportion of the total population those people represent. The list is not just confined to, say, those aged over 60, and so to symbolise its breadth, the indicator also shows the proportion of people on the list who are aged 18 or below.

In March 2020, the NHS contacted all people believed to be at higher risk of infection or serious disease. Those at 'high risk'[12] were required to 'shield' at home, eventually up until 1 August. Of course, understanding of the risk factors has developed since March.

There are some 320,000 people on the SPL in London. At 3.6% of the population, this is slightly lower than the average for England (4.0%), probably reflecting London's relatively young population. A higher proportion on the list in London are under the age of 70 (62%) than across England (57%).

Table 1.4 presents data on the number and proportion of people on the SPL, by borough. The points of note in the table are as follows:

- Column 2: there is a more than threefold variation in the proportion of people in each borough on the SPL, ranging from 7.9% in Hounslow, 6.1% in Ealing and 5.2% in Brent, to 2.7% in Wandsworth and 2.5% in both Camden and Tower Hamlets. The wide variation between boroughs may point to different criteria for selection and possibly problems with recording, especially when population turnover is high.

- Column 3: 19,000 people on the list in London are aged 18 or under. As a proportion of the total number on the list, the proportions by borough also vary more than threefold, from 9.2% in Tower Hamlets, 8.9% in Barking & Dagenham and 8.2% in Greenwich, to 2.8% in Hounslow and 4% in both Kensington & Chelsea and Hammersmith & Fulham. As much of the current focus has been on supporting older people, local authorities will have to think about how best to support these vulnerable young people in the long run.

Table 1.4: number and proportion of people on the shielded patients list, by borough, July 2020

	Total number of people on the shielded patients list	Proportion of people on the shielded patients list	Proportion of people aged 18 and under on the shielded patients list
B&D	8,100	3.8%	8.9%
Barnet	12,000	3.1%	5.8%
Bexley	10,000	4.1%	4.9%
Brent	17,000	5.2%	6.6%
Bromley	12,000	3.7%	4.7%
Camden	6,800	2.5%	5.1%
Croydon	13,000	3.4%	7.0%
Ealing	21,000	6.1%	4.4%
Enfield	9,600	2.9%	7.1%
Greenwich	8,400	2.9%	8.2%
Hackney & City of London	7,800	2.7%	7.4%
H&F	8,400	4.6%	4.0%
Haringey	8,900	3.3%	6.0%
Harrow	11,000	4.4%	4.5%
Havering	9,300	3.6%	5.1%
Hillingdon	15,000	5.0%	5.5%
Hounslow	22,000	7.9%	2.8%
Islington	6,900	2.8%	6.9%
K&C	5,800	3.7%	4.0%
Kingston	5,400	3.0%	5.7%
Lambeth	9,200	2.8%	7.5%
Lewisham	9,600	3.2%	7.3%
Merton	6,300	3.0%	5.5%
Newham	12,000	3.4%	7.7%
Redbridge	8,900	2.9%	7.2%
Richmond	6,800	3.4%	4.5%
Southwark	11,000	3.3%	7.1%
Sutton	7,000	3.4%	5.1%
Tower Hamlets	8,200	2.5%	9.2%
Waltham Forest	7,600	2.8%	7.4%
Wandsworth	8,800	2.7%	5.3%
Westminster	8,900	3.4%	5.2%
Median	8,900	3.3%	5.7%

Source: NHS Digital, Coronavirus Shielded Patient List Summary Totals, August 2020

1.5 People at moderate risk of complications from COVID-19

This indicator measures groups of people identified by the NHS as being at 'moderate risk' of developing complications from COVID-19. The indicator shows the four largest groups, namely those aged 70+ who are not on the SPL, as well as three groups of under-70s – those with diabetes, hypertension or asthma.

Other moderate risks include: neurological conditions, including learning disability (see indicator 4.5); being seriously overweight; pregnancy; chronic obstructive pulmonary disease; heart disease; and kidney disease. The list broadly corresponds to those conditions that entitle people to an annual flu vaccination jab on medical grounds.

There will be overlaps between categories on the moderate risk list (someone can have more than one condition) and, for those aged under 70, between categories on the moderate risk list and the SPL.

The points of note in table 1.5 are as follows:

- Column 1: diabetes (680,000), ranging from around 6% of the population in Kingston, Wandsworth and Richmond, to above 9% in Harrow, Ealing and Brent.

- Column 2: hypertension (1.1 million), ranging from under 8% of the population in Tower Hamlets and around 10% in Islington and Westminster, to 15% in Havering and 16% in Ealing.

- Column 3: asthma (460,000), ranging from just above 4% in Kensington & Chelsea, Westminster and Camden, to 6.7% in Ealing.

- Column 4: over-70s not on the SPL (650,000), ranging from 3.5% in Tower Hamlets and 4.1% in Newham, to approaching 12% in Bromley and Havering.

Although the age profile of each borough's population is clearly a factor here, the patterns exhibited by the four measures are not all that similar. Several boroughs occur at the top or bottom of most lists, especially Ealing and Harrow, which have high proportions across most conditions, and Tower Hamlets – and inner-London boroughs more generally – from Wandsworth to Hackney, which have low proportions.

Table 1.5: percentage of the whole population with conditions counted as moderate risk, by borough (LA) or Clinical Commissioning Group (CCG)[13]

	Diabetes prevalence (2020)	Hypertension (2018/19)	Asthma (2018/19)	Aged 70+, not shielding
	LA	CCG	CCG	LA
B&D	7.0%	12.1%	4.9%	5.4%
Barnet	7.3%	12.6%	4.7%	9.2%
Bexley	6.8%	13.2%	4.7%	10.3%
Brent	9.9%	14.6%	5.2%	6.6%
Bromley	6.9%	14.2%	5.5%	11.5%
Camden	6.5%	10.5%	4.3%	7.7%
Croydon	8.8%	13.4%	5.2%	8.6%
Ealing	9.3%	16.2%	6.7%	6.4%
Enfield	7.9%	13.6%	4.9%	8.6%
Greenwich	6.8%	12.9%	4.9%	6.6%
Hackney & City of London	7.6%	10.3%	5.0%	4.8%
H&F	6.7%	11.5%	5.9%	6.1%
Haringey	8.2%	12.6%	5.3%	6.0%
Harrow	9.3%	14.5%	5.8%	9.4%
Havering	7.1%	15.1%	5.3%	11.8%
Hillingdon	7.3%	13.0%	5.3%	7.5%
Hounslow	8.4%	14.0%	5.4%	5.3%
Islington	6.4%	9.5%	5.4%	5.3%
K&C	7.6%	10.5%	4.1%	9.8%
Kingston	5.8%	12.7%	5.6%	8.9%
Lambeth	8.0%	12.2%	5.9%	5.0%
Lewisham	8.1%	12.5%	5.9%	5.7%
Merton	7.0%	11.5%	5.0%	7.9%
Newham	8.7%	12.1%	5.1%	4.1%
Redbridge	8.9%	12.5%	5.1%	8.0%
Richmond	6.1%	10.7%	4.9%	9.9%
Southwark	7.7%	11.1%	4.5%	4.8%
Sutton	6.6%	12.7%	5.7%	9.9%
Tower Hamlets	7.0%	7.8%	4.6%	3.5%
Waltham Forest	8.6%	12.5%	5.5%	6.8%
Wandsworth	6.0%	10.2%	5.2%	5.8%
Westminster	7.1%	10.0%	4.2%	7.4%
Median	7%	13%	5%	7%

1.6 London's infection fatality ratios

This indicator uses data provided by PHE about deaths among people who had had a positive test result for COVID-19. Except for the fact that the London data reported here covers the period to the end of July, it is understood to be the same data as that analysed by PHE for its report, published in June, on disparities in the risk and outcomes of COVID-19 across England as a whole.[,14]

PHE's June report presented estimates of the relative risk of dying conditional on a positive test result. These risks can be identified with 'infection fatality ratios' (IFRs). The IFR does not include the risk of becoming infected in the first place so it is not the whole risk (that is, of catching the virus and dying from it). The reason for focusing on it is that an individual's health, and the medical treatment they receive, are the main factors that impact on the IFR, although social factors (for example, the point when a person takes the test) play a part too.

The PHE results, presented separately for those aged 20 to 64 and those aged 65 and above, allowed for the effects of age, sex, ethnicity, local area deprivation and English region.[15] Aggregate data for London provided by PHE only allows simple IFRs to be calculated. Table 1.7 shows these simple IFRs by ethnicity (six groupings), by local area deprivation (five groupings) and by sex.

The points of note in the table concern the two big contrasts between those of working age and those aged 65+:

- the absolute fatality ratios for those aged 65+ (around 42%, column 2) being around seven times higher than for those of working age (around 6%, column 1)[16]

- the relative fatality ratios for those aged 65+ (0.96, 1.11 and 1.27, column 4) showing much less variation and therefore inequality than the relative fatality ratios for those of working age (1.98, 1.63 and 2.35, column 3).[17]

These two results can be summed up as showing that while outcomes for those aged 65+ were far worse than for those of working age, the outcomes for those of working age were far more unequal. While those working-age inequalities included inequalities by ethnicity, the inequalities by sex and by local area deprivation are actually larger.

It must be emphasised that these IFRs measure what was happening between March and July and so are specific to that context, in particular the testing regime in place at that time. They cannot be used to estimate what might happen in future, although they do point to what needs to be understood, especially the inequalities among those of working age and their near absence among those aged 65+.

Table 1.6: infection fatality ratios, by ethnicity, sex and deprivation[18]

	Absolute		Relative	
	Age 20–64	Age 65+	Age 20–64	Age 65+
Least deprived 5th	3.7%	42%	1.00	1.00
2nd least deprived	4.6%	42%	1.24	0.99
Middle 5th	5.2%	40%	1.38	0.96
2nd most deprived	6.3%	42%	1.69	1.00
Most deprived 5th	7.4%	42%	1.98	0.99
White British	5.6%	42%	1.00	1.00
Bangladeshi/Pakistani	6.3%	47%	1.11	1.11
Black British	9.2%	42%	1.63	1.00
Indian/Chinese/other Asian	5.8%	42%	1.03	0.99
White other	4.3%	38%	0.77	0.91
All other	5.6%	42%	1.00	0.98
Female	3.5%	36%	1.00	1.00
Male	8.2%	46%	2.35	1.27

Source: PHE, PHE data series on deaths in people with COVID-19, COVID-19 related deaths time series, 2020

1.7 Deaths from COVID-19 by setting, mid-March to end of June

This indicator uses ONS data to show the scale and location of deaths from COVID-19 for the 16 weeks from the week ending 13 March to the week ending 26 June (weeks 11 to 26). The ONS attributes a death to COVID-19 if the virus is mentioned on the death certificate.

The 8,441 deaths in London represent more than 99% of the deaths attributed to COVID-19 in London during the first 30 weeks of 2020. Almost 60% of those deaths occurred in the three weeks ending 3, 10 and 17 April (weeks 14 to 16). Almost 80% of them occurred in the five weeks from the week ending 27 March to the week ending 24 April (weeks 13 to 17).

Deaths are recorded by setting – reduced here to three, namely hospital, care home or home and other (including hospices). Deaths are attributed to boroughs according to the address of the deceased. The greatest uncertainty about the veracity of this indicator concerns the accuracy of the home address.[19]

Deaths in each setting are expressed as a percentage of the average number of total deaths in each borough over the same 16 weeks during the past five years – 'normal deaths'. This is the usual yardstick for measuring excess deaths. The indicator can therefore be thought of as a measure of excess deaths by setting due to COVID-19.

The points of note in table 1.7 are as follows:

- Column 1: total deaths due to COVID-19 ranged from 94% of normal deaths in Brent, 86% in Harrow and 75% in Newham, to 37% in Bexley and 39% in Havering, Sutton and Kingston. Rounding aside, Brent's 94% was made up of 76% in hospitals, 8% in care homes and 11% at home.

- Column 2: the five boroughs with the highest number of hospital deaths (Brent, Harrow, Haringey, Newham and Hackney) are also the five boroughs with the highest total deaths.[20]

- Column 3: none of the five boroughs with the highest number of excess deaths due to COVID-19 in care homes are in the top five for total deaths.

- Column 4: by contrast, deaths at home, although only a small fraction of total deaths, are more closely linked to total deaths.

Over the 16-week period, deaths in care homes accounted for 16% of all deaths in London due to COVID-19. By contrast, deaths in care homes accounted for 29% of all deaths due to COVID-19 in Metropolitan districts (mainly the other big cities) and 33% across England as a whole outside of London.[21]

Table 1.7: deaths from COVID-19, by setting, in weeks 11 to 26, as a percentage of average annual deaths in weeks 11 to 26 in 2015–19, by borough

	Proportion of deaths in weeks 11–26 caused by COVID-19 as a percentage of average deaths in the same weeks in 2015–19			
	All	**Hospital**	**Care home**	**At home and other**
B&D	44%	34%	6%	5%
Barnet	62%	44%	13%	5%
Bexley	37%	28%	5%	3%
Brent	94%	76%	8%	11%
Bromley	43%	30%	9%	3%
Camden	46%	35%	6%	5%
City of London	36%	36%	0%	0%
Croydon	66%	47%	14%	4%
Ealing	67%	43%	17%	7%
Enfield	63%	41%	15%	6%
Greenwich	49%	41%	5%	3%
Hackney	67%	52%	6%	9%
H&F	60%	31%	21%	8%
Haringey	72%	59%	7%	7%
Harrow	86%	70%	10%	6%
Havering	39%	30%	6%	2%
Hillingdon	51%	36%	10%	5%
Hounslow	50%	38%	3%	9%
Islington	48%	31%	11%	5%
K&C	54%	37%	11%	6%
Kingston	39%	26%	10%	3%
Lambeth	64%	51%	6%	7%
Lewisham	61%	50%	5%	5%
Merton	55%	41%	8%	6%
Newham	75%	54%	11%	10%
Redbridge	58%	47%	6%	5%
Richmond	40%	25%	10%	5%
Southwark	61%	40%	14%	6%
Sutton	39%	28%	9%	2%
Tower Hamlets	57%	39%	9%	9%
Waltham Forest	58%	47%	5%	6%
Wandsworth	48%	35%	6%	7%
Westminster	55%	41%	8%	7%
Median	55%	40%	8%	6%

Source: ONS, Deaths registered monthly in England and Wales, March–July 2020

At heightened risk of other acute threats to health and wellbeing

1.8 People 'losing' access to treatment for other conditions

This indicator uses data to provide two measures of the degree to which people stopped seeking or receiving medical treatment during the national lockdown. It is presented at the sub-region level because comparisons by Clinical Commissioning Group (CCG) are affected by the boundary reorganisation in April 2020 and consistent data at that level is not available.

UK hospital activity dropped sharply in early 2020 as hospitals cancelled or delayed admissions and GPs reduced the number of referrals they made. Elective hospital admissions across England from March to May were 56% lower in 2020 than in 2019, non-elective admissions were 28% lower and GP referrals were 58% lower.

Cancer Research UK has estimated that around 200,000 people per week were not screened for bowel, breast or cervical cancer across the UK.[22] The fall in screening meant an estimated 2,700 fewer diagnoses each week. The fall in GP appointments was reported to be a significant factor.[23] Treatment was disrupted, surgery being cancelled due, for example, to a lack of recovery beds with ventilation or Intensive Care Unit (ICU) beds if surgery went wrong – as well as the risk of COVID-19 itself.

Analysis by Future Cardiology shows a 50% drop in the number of heart attack patients seeking urgent hospital care in the early weeks of the pandemic. Scheduled appointments that might have detected early signs of serious health conditions were lost.[24] Surgery was cancelled for similar reasons to those for cancer surgery.

Table 1.8 presents data on 'lost' appointments or consultations in London for the four months from March to June 2020, compared with the same months in 2019. The points of note in the table are as follows:

- There were 2.6 million fewer GP appointments, a drop of 17% overall (21% in East London). Face-to-face appointments were down by more than half in all regions, but highest in South-West London (58%) and East London (57%). The difference between face-to-face appointments and the total was largely made up by telephone consultations.

- There were around 620,000 fewer referrals for a first, consultant-led outpatient appointment for people with 'specific acute' conditions. This, too, was a fall of just over a half, with East London (55%) again seeing the biggest fall.

- The proportionate drops in GP appointments and referrals were similar for all Sustainability and Transformation Partnerships (STP) across London.

Table 1.8: 'lost' appointments or consultations in London, March to June 2020 compared with the same months in 2019

GP appointments			
	Face to face	**Total**	**Total**
East London	-57%	-21%	-550,000
North London	-53%	-14%	-240,000
North-West London	-50%	-16%	-1,000,000
South-East London	-52%	-17%	-390,000
South-West London	-58%	-19%	-400,000
London (total)	-53%	-17%	-2,600,000
Total referrals for first consultant-led outpatient appointments			
		Proportion change in total referrals in March–June 2020 compared with March–June 2019	**Change in total referrals in March–June 2020 compared with March–June 2019**
East London		-55%	-145,371
North London		-53%	-103,604
North-West London		-53%	-155,496
South-East London		-53%	-127,440
South-West London		-49%	-91,044
London (total)		-53%	-622,955

Source: NHS Digital, Appointments in General Practice, January 2019 – June 2020, NHS Digital, Monthly Outpatient Referrals Data, June 2020 and NHS Digital, Monthly Hospital Activity Data, March 2019 – May 2020

1.9 Children and adults with mental health problems

This indicator measures the extent to which Londoners, both adults and children, were estimated to be experiencing common mental health and emotional disorders (depression and anxiety) prior to the pandemic. In this report, this indicator is taken as a general sign of wellbeing. It is supported by survey information on the pandemic's impact on depression. Indicator 4.3 also looks at possible impacts of COVID-19 on children and young people's wellbeing and mental health.

Table 1.9 presents data on the prevalence of depression and anxiety among adults and children, by borough. The points of note in the table are as follows:

- Column 2: 19% of Londoners aged 16 and over (1.4 million people) were estimated to be experiencing common mental health disorders in 2017.[25] The proportion was highest in Hackney and Newham (both 24%) and lowest in Richmond (13%) and Kingston (14%).

- Column 4: among children aged 5 to 16, prevalence across boroughs varied between 2.8% (Richmond) and 4.1% (Newham).

The ONS Opinions and Lifestyle Survey on 'Coronavirus and depression in adults, Great Britain' reported that the proportion of adults describing moderate to severe depression symptoms had almost doubled, from 10% in the nine months up to March, to 19% in June. Rates doubled for men and women, with overall rates higher for women.[26] More detailed results, by age and work status, include the following:

- The 16–39 age range saw the highest proportion reporting moderate to severe depression symptoms (31%, up from 11%).

- Key workers recorded the largest increase (threefold, from 6% to 18%), although the proportion reporting symptoms was higher among working others (20%) and those aged under 65 who were not working (27%).

- The incidence of symptoms of moderate to severe depression also doubled among those aged 70+, although at 10% the rate remained lower than among younger adults.

Studies using 'Understanding Society', a longitudinal study, also found increases in mental health problems over the national lockdown, particularly for women and young people.[27,28]

Table 1.9: estimated prevalence of depression and anxiety among adults (2017) and children (2015), by borough

	Number of adults with common mental disorders (aged 16+)	Proportion of adults with common mental disorders (aged 16+)	Number of children (aged 5–16) with common mental disorders	Proportion of children (aged 5–16) with common mental disorders
B&D	34,000	22%	1,500	3.9%
Barnet	50,000	16%	1,900	3.2%
Bexley	31,000	16%	1,300	3.5%
Brent	54,000	21%	1,800	3.8%
Bromley	40,000	15%	1,500	3.2%
Camden	41,000	19%	1,100	3.6%
Croydon	55,000	18%	2,100	3.6%
Ealing	52,000	19%	1,800	3.6%
Enfield	49,000	19%	2,100	3.8%
Greenwich	47,000	21%	1,500	3.7%
Hackney & City of London	54,000	24%	1,500	3.9%
H&F	31,000	20%	750	3.5%
Haringey	48,000	22%	1,500	3.9%
Harrow	31,000	16%	1,200	3.4%
Havering	33,000	16%	1,200	3.4%
Hillingdon	41,000	17%	1,600	3.6%
Hounslow	39,000	18%	1,300	3.5%
Islington	45,000	23%	990	4.0%
K&C	24,000	18%	590	3.3%
Kingston	20,000	14%	730	3.1%
Lambeth	59,000	22%	1,500	3.8%
Lewisham	52,000	22%	1,500	3.6%
Merton	25,000	15%	910	3.2%
Newham	65,000	24%	2,100	4.1%
Redbridge	41,000	18%	1,700	3.5%
Richmond	20,000	13%	800	2.8%
Southwark	55,000	21%	1,500	3.8%
Sutton	25,000	16%	960	3.3%
Tower Hamlets	56,000	23%	1,700	4.2%
Waltham Forest	48,000	22%	1,500	3.7%
Wandsworth	50,000	19%	1,200	3.3%
Westminster	38,000	19%	1,000	3.8%
Median	43,000	19%	1,500	3.6%

Source: PHE via Fingertips, Estimated prevalence of common mental disorders, adults, 2017 and children, 2015

Section 2: people and households at economic risk

Introduction

This section comprises six indicators that explore different aspects of economic risk that may be facing Londoners. These include: insecure employment or unemployment; a high dependence on childcare; employment in sectors known to be especially exposed to recession; extent of local, area deprivation across London; households out of work and subject to a benefits cap; and proportion of children whose low household income qualifies them for free school meals.

The data presented indicates that in some London boroughs, there are worryingly low rates of 'secure' employment and marked differences when looking at before and since the COVID-19 pandemic. In addition, some more central London boroughs appear to have fared much better than those in outer-London areas. What this may mean in the current challenging economic climate is hard to predict.

Likewise, the numbers of part-working versus all-working households, with the associated higher risks of losing one's job, and the numbers employed in high-risk sectors (e.g. construction and hospitality) show important variations by borough.

With regard to deprivation, London has 16% (795) of its local areas in the most deprived fifth of all local areas nationally, meaning that on this measure, it has less 'deep' local-area deprivation than England on average. However, with a further 29% of local areas in the second most deprived fifth, London has more 'deep' and 'moderate' deprivation together (46%) than the national average.

What this data helps us to understand includes:

- how the security of employment has changed from before and since COVID-19 and what sectors have been most affected

- where there may be concentrations of occupations with poor job security across boroughs

- the factors that may influence whether and how some Londoners return to work once the furlough scheme ends – for example, the availability of formal childcare

- which boroughs may face challenges as a result of having more than 25% of their local school-age population entitled to free school meals, including new government requirements to provide food parcels for those unable to attend school due to the pandemic.

Lacking or unable to do paid work

2.1 People who have lost or are vulnerable to losing their job or income

This indicator uses data on the number of people newly claiming an out-of-work benefit and the number supported by furlough as a combined measure of those who have lost, or are more likely to lose, their job or part of their income. New claims for an out-of-work benefit indicate a drop in income to a low level for the household. Furlough is likely to indicate a 20% drop in income and indicates a higher risk of job loss as the furlough scheme ends. Subtracting this from the employment rate before the pandemic creates a measure of what can be called 'still secure' employment.

Those claiming an out-of-work benefit are measured by the Claimant Count. This combines those claiming UC who are required to search for work as a condition of receiving the benefit and those claiming Jobseeker's Allowance.

Table 2.1 presents data on people in employment pre-lockdown, the newly unemployed and those supported by furlough, by borough. The points of note in the table are as follows:

- Column 2: the proportion of working-age people making a new claim for 'out-of-work benefits' during the period April to June 2020 ranged from 7.2% in Haringey and 7.0% in Brent to 3.0% in Richmond.

- Column 3: the proportion of working-age people supported by furlough during the period April to June ranged from 17% in Camden and Westminster to 39% in Brent, and 38% in each of Haringey, Hounslow, Newham and Waltham Forest. Although these percentages are 10 times as big as those in column 2, three boroughs – Brent, Haringey and Newham – are in the top five in both.

- Column 4: compared with a pre-pandemic average employment rate across the boroughs of 75%, the average 'still secure' employment rate in the summer of 2020 was just 44%. This ranges from barely just over a quarter in Brent (26%), Harrow and Newham (28%), to a little above a half in Kingston (51%), Wandsworth (54%) and Richmond (56%).

Overall, there is a marked difference between the pattern of currently 'secure' employment[29] and the pre-pandemic pattern. Inner-London boroughs, especially Camden and Kensington & Chelsea, but also Westminster, Islington and Tower Hamlets, have moved up the employment rate rankings. By contrast, Haringey, Waltham Forest and Ealing have slipped sharply downward, reflecting the fact that they have high numbers of people on furlough.

Table 2.1: people in employment pre-lockdown, newly unemployed and those supported by furlough, by borough

	Base employment	New claimants to out-of-work benefits	Supported by emergency coronavirus schemes	Still economically secure
B&D	72%	6.5%	36%	30%
Barnet	76%	4.9%	32%	39%
Bexley	79%	3.9%	28%	47%
Brent	72%	7.0%	39%	26%
Bromley	79%	3.8%	27%	48%
Camden	71%	3.6%	17%	50%
Croydon	80%	4.8%	29%	45%
Ealing	75%	6.0%	37%	32%
Enfield	71%	5.7%	32%	34%
Greenwich	76%	5.2%	27%	44%
Hackney	73%	5.7%	27%	41%
H&F	74%	4.4%	26%	44%
Haringey	81%	7.2%	38%	36%
Harrow	70%	5.0%	37%	28%
Havering	79%	4.1%	31%	44%
Hillingdon	74%	4.9%	31%	38%
Hounslow	74%	5.3%	38%	31%
Islington	74%	4.1%	20%	50%
K&C	68%	3.6%	18%	47%
Kingston	80%	3.5%	26%	51%
Lambeth	79%	5.1%	27%	47%
Lewisham	84%	5.4%	28%	50%
Merton	83%	4.7%	32%	47%
Newham	73%	6.9%	38%	28%
Redbridge	73%	5.7%	33%	34%
Richmond	83%	3.0%	24%	56%
Southwark	80%	4.6%	26%	50%
Sutton	79%	3.2%	29%	47%
Tower Hamlets	71%	5.1%	23%	43%
Waltham Forest	75%	6.4%	38%	30%
Wandsworth	81%	3.9%	24%	54%
Westminster	65%	3.3%	17%	45%
Median	75%	4.9%	28%	44%

Source: ONS, Claimant count by unitary and local authority, July 2020, Coronavirus Job Retention Scheme statistics: July 2020, Self-Employment Income Support Scheme statistics: July 2020 and ONS, Annual Population Survey via Nomis, economic activity, 2019/20

2.2 Households most vulnerable to job loss or childcare loss

This indicator uses data on the work and family status of working-age households to measure two aspects of household vulnerability during a recession.

The first measures households who are part-working, that is, where at least some working-age adults are not working. The idea is that such households are more vulnerable to becoming workless – and therefore to suffering a large drop in income – as there are fewer people working to begin with, than all-working households, where the household remains working even if one household member loses their job.

The second measures households who have dependent children and where all those of working age are working. The idea here is that such households are more likely to require some external childcare, whether paid for or provided by a family member or friend. Doubts about the economic viability of childcare providers,[30] the restrictions on whether people from different households may meet indoors and the shielding of grandparents (often key providers of informal childcare) mean that such provision is now more uncertain. In that case, some working members of these households may have to give up work or reduce their hours in order to provide the care that is needed. These households, too, will therefore see a drop in income.

Although the indicator does not measure it, this idea could also be extended to those of working age, most of them women, who provide care for an older family member, friend or neighbour.

Table 2.2 presents data on part-working and all-working households with children, by borough. The points of note in the table are as follows:

- Column 1: at least 40% of working-age households are part-working in four boroughs: Ealing, Redbridge, Hounslow and Harrow.

- Column 2: boroughs with the highest proportions of all-working households with children are all outer-London boroughs to the south or east: Kingston (30%), followed by Richmond, Bromley, Sutton and Havering (all 25% or above).

- Column 3: 1.5 million working-age households in London – half the total households in London– are in one of these two categories. The biggest boroughs have the most: more than 70,000 in Croydon, more than 60,000 in Barnet and Ealing and just under 60,000 in Bromley and Newham.

Table 2.2: part-working and all-working households with dependent children, by borough, 2019

	Part-working households (% of all working-age households)	All-working households with children (% of all working-age households)	Number of part-working, or all-working households with children
B&D	38%	25%	41,800
Barnet	38%	17%	67,000
Bexley	31%	22%	40,200
Brent	39%	17%	55,600
Bromley	30%	26%	58,700
Camden	28%	14%	40,700
Croydon	34%	23%	72,500
Ealing	46%	16%	63,300
Enfield	38%	19%	57,500
Greenwich	35%	25%	54,100
Hackney	31%	13%	42,100
H&F	24%	16%	25,200
Haringey	27%	24%	48,200
Harrow	40%	24%	42,200
Havering	30%	25%	42,700
Hillingdon	35%	22%	54,200
Hounslow	40%	13%	48,100
Islington	23%	13%	30,000
K&C	31%	13%	24,500
Kingston	25%	30%	29,800
Lambeth	29%	17%	53,700
Lewisham	24%	23%	51,700
Merton	31%	23%	34,900
Newham	36%	15%	58,100
Redbridge	44%	19%	55,000
Richmond	29%	29%	35,200
Southwark	28%	19%	55,700
Sutton	31%	25%	36,700
Tower Hamlets	28%	11%	44,100
Waltham Forest	28%	23%	49,400
Wandsworth	29%	16%	52,400
Westminster	28%	9%	34,700
Median	31%	19%	48,200

Source: ONS, Annual Population Survey via Nomis, Households with dependent children and by economic activity status, 2019

2.3 People employed in sectors especially exposed to recession

This indicator uses data on the number of working residents who have been furloughed to produce a measure of economic vulnerability should furlough support be withdrawn without there being work for the previously furloughed workers to do. It rests on the idea that sectors with a high proportion of furloughed workers are more likely to see those workers lose their job once furlough is withdrawn than other sectors where ongoing demand for their services has meant that workers did not need to be furloughed.

Using data for July, four high-risk sectors for London as a whole are identified: construction (where 55% were furloughed); distribution and hotels and restaurants (54%); other services (50%); and manufacturing (40%). At the other end of the (private sector) scale, banking, finance and insurance furloughed 20% of jobs. The indicator itself measures each borough's share of employment in the four high-risk sectors (see table 2.3).

The points of note in table 2.3 are as follows:

- Column 1: 29% of employed Enfield residents work in hotels, restaurants, distribution and other services, followed by 28% of those employed in Kensington & Chelsea. The lowest employment share – itself still high in absolute terms – is 17% in Wandsworth and Westminster.

- Column 2: people employed in construction and manufacturing are more concentrated in particular boroughs: 19% in Barking & Dagenham and 16% or above in Bexley, Hillingdon and Redbridge, but 6% or less in Hackney and Westminster.

- Column 3: 45% of working residents in Barking & Dagenham are employed in one of the four high-risk sectors, as are 40% in Enfield, 39% in Newham, 38% in Redbridge and 37% in Bexley. Westminster (22%) and Bromley and Wandsworth (25%) have the smallest proportions in the exposed sectors.

One group who are especially vulnerable if furlough is withdrawn and jobs are lost are those who were working but have no recourse to public funds (NRPF). Furlough support has been available to those with NRPF like any other employee (not all public funds are 'public funds'). But if, on the ending of the furlough scheme, someone with NRPF loses their job, they are not entitled to out-of-work support through UC.

Table 2.3: people employed in sectors with high proportions of furloughed workers, by borough, 2020

	Share of employment in hotels, restaurants, distribution and other services	Share of employment in manufacturing and construction	Total
B&D	26%	19%	45%
Barnet	21%	7%	29%
Bexley	20%	17%	37%
Brent	18%	11%	30%
Bromley	18%	7%	25%
Camden	20%	11%	31%
Croydon	26%	10%	37%
Ealing	20%	15%	35%
Enfield	29%	12%	40%
Greenwich	22%	9%	30%
Hackney	21%	6%	27%
H&F	27%	8%	35%
Haringey	24%	12%	36%
Harrow	22%	12%	34%
Havering	20%	13%	34%
Hillingdon	20%	16%	36%
Hounslow	23%	12%	35%
Islington	23%	9%	32%
K&C	28%	6%	34%
Kingston	22%	8%	30%
Lambeth	22%	8%	30%
Lewisham	19%	10%	29%
Merton	22%	11%	33%
Newham	26%	13%	39%
Redbridge	22%	16%	38%
Richmond	22%	7%	29%
Southwark	20%	9%	30%
Sutton	21%	12%	32%
Tower Hamlets	22%	5%	27%
Waltham Forest	21%	15%	36%
Wandsworth	17%	8%	25%
Westminster & City of London	17%	5%	22%
Median	22%	11%	33%

Source: HM Revenue & Customs, Coronavirus Job Retention Scheme statistics: 30 June 2020 and HM Revenue & Customs, Self-Employment Income Support Scheme statistics: 30 June 2020

Low income and/or few resources

2.4 People in deprived local areas

This indicator provides an overview of the extent of small, or local, area deprivation across the boroughs. Deprivation affects people's risk of infection and serious disease. It will also affect people's ability to cope with the demands of lockdown and the loss of employment, income or childcare. Since the indicator uses a national measure of local area deprivation, it also allows London to be compared with the rest of England.

This measure uses the same data as indicator 1.6 and is based on the official index of local area deprivation, a statistic reflecting seven different aspects of deprivation, including: income; employment; health and disability; and housing and services. Income and employment, accounting for nearly half of the weight in the combined measure, are heavily based on the numbers of people receiving various social security benefits. The measure is provided for small local areas containing on average about 1,500 people. London has around 5,000 such small areas.

Table 2.4 presents data on deprived local areas, by borough. The points of note in the table are as follows:

- Column 1: London has 795 local areas in the most deprived fifth of all local areas nationally – 16% of the total. On this measure of local deprivation, London is less deprived than England on average.

- Column 2: 12 boroughs have more than 20% of their local areas in the most deprived fifth nationally, headed by Barking & Dagenham (55%), Hackney (44%) and Haringey (33%). Richmond and Kingston have just one each while Harrow has two.

- Column 3: 19 boroughs have more than 40% of local areas in the two most deprived fifths nationally. Although still headed by Barking & Dagenham and Hackney (both 92%), they are joined by Newham (92%) and then Islington (73%). Overall, 46% of local areas in London are in the bottom two fifths nationally.

These statistics point to the defining characteristic of local area deprivation in London. In terms of deep deprivation (areas in the bottom tenth or the bottom fifth), London has fewer areas than the national average – and many fewer than, say, Birmingham and its neighbouring areas, where 50% of local areas are in the bottom fifth. But in terms of moderate deprivation (areas in the second fifth), London has many more.

Table 2.4: deprived local areas, by borough, 2019

	Local areas in the most deprived 5th nationally	Local areas in the most deprived 5th as a share of all local areas in the borough	Local areas in the two most deprived 5ths as a share of all local areas in the borough
B&D	60	55%	92%
Barnet	7	3%	23%
Bexley	9	6%	25%
Brent	33	19%	58%
Bromley	13	7%	20%
Camden	22	17%	42%
City	0	0%	17%
Croydon	39	18%	47%
Ealing	33	17%	50%
Enfield	55	30%	59%
Greenwich	33	22%	58%
Hackney	63	44%	92%
H&F	20	18%	47%
Haringey	48	33%	67%
Harrow	2	1%	14%
Havering	10	7%	24%
Hillingdon	7	4%	35%
Hounslow	12	8%	46%
Islington	32	26%	73%
K&C	23	22%	39%
Kingston	1	1%	4%
Lambeth	36	20%	67%
Lewisham	44	26%	70%
Merton	3	2%	24%
Newham	44	27%	92%
Redbridge	5	3%	23%
Richmond	1	1%	5%
Southwark	38	23%	67%
Sutton	7	6%	18%
Tower Hamlets	46	32%	76%
Waltham Forest	23	16%	65%
Wandsworth	8	4%	23%
Westminster	18	14%	41%
Median	22	17%	46%

Source: Ministry of Housing, Communities and Local Government, English indices of deprivation 2019, File 1: Index of multiple deprivation, File 6: Population denominators, File 11: Upper-tier local authority summaries, 2019

2.5 Households receiving an out-of-work benefit, including those subject to the benefit cap

This indicator measures the number of people of working age who were claiming an out-of-work benefit just before the national lockdown began. It also includes a measure of the proportion of those claimants who were subject to the benefit cap (a limit on the total amount of benefit that most workless, working-age households can receive).

The indicator is included to provide a measure of those who were already dependent on state support prior to lockdown. In normal times, this group of people would be among the most vulnerable of all in economic terms but during lockdown, amounts payable under UC were increased, improving the financial position of UC claimants, albeit from a very low starting point. However, they may have faced other difficulties, for example through extra costs during lockdown, and due to a lack of access to private transport. They are also likely to face greater competition in the future if they seek to gain work.

Not all recipients of out-of-work benefits will have gained from the increase in UC. In particular, those claimants subject to the benefit cap will have gained nothing. Those subject to the cap will already have been worse off than other recipients of out-of-work benefits. The combination of a benefit increase and the maintenance of the cap at the previous level will have served to deepen the divide among benefit recipients.

Table 2.5 presents data on working-age people claiming an out-of-work benefit, including those subject to a benefit cap. The points of note in the table are as follows:

- Column 1: 463,000 working-age people in London were claiming an out-of-work benefit in February 2020 – 7.7% of the working age population. Croydon, Hackney, Enfield, Lambeth, Lewisham and Newham all had 20,000 or more claimants.

- Column 2: as a proportion of all people of working age, claimants of out-of-work benefits accounted for 10.3% in Hackney, 10% in Barking & Dagenham and more than 9% in Haringey, Islington, Enfield and Lewisham. Richmond (4.6%) had the smallest proportion. Most boroughs had between 6% and 8% of the working-age population receiving out-of-work benefits.

- Column 4: the proportion of out-of-work claimants subject to the benefit cap varied from 5% in Islington and 6% in Greenwich, to 18% in Brent, 19% in Enfield and 20% in Barnet. Across London as whole, some 52,600 people had their benefits limited by the cap.

Table 2.5: working-age people claiming an out-of-work benefit, and the proportion of them subject to the benefit cap, by borough, February 2020

	Number of working-age people claiming an out-of-work benefit	Proportion of working-age people claiming an out-of-work benefit	Number of benefit-capped working-age people	Proportion of benefit-capped working-age people
B&D	13,000	10.0%	1,500	11%
Barnet	17,000	6.5%	3,400	20%
Bexley	10,000	6.5%	680	7%
Brent	19,000	8.7%	3,400	18%
Bromley	12,000	6.0%	900	7%
Camden	14,000	7.5%	1,200	8%
Croydon	21,000	8.7%	2,400	11%
Ealing	19,000	8.5%	3,200	17%
Enfield	20,000	9.3%	3,800	19%
Greenwich	17,000	8.9%	1,000	6%
Hackney	21,000	10.3%	2,000	10%
H&F	11,000	8.1%	1,200	11%
Haringey	18,000	9.8%	2,200	12%
Harrow	9,600	6.1%	1,500	16%
Havering	11,000	6.7%	900	8%
Hillingdon	13,000	6.5%	1,500	11%
Hounslow	14,000	7.6%	1,800	13%
Islington	17,000	9.5%	950	5%
K&C	7,500	7.1%	800	11%
Kingston	5,900	5.1%	720	12%
Lambeth	20,000	8.4%	1,700	8%
Lewisham	20,000	9.3%	2,000	10%
Merton	8,300	6.1%	840	10%
Newham	20,000	7.9%	2,400	12%
Redbridge	13,000	6.4%	1,600	12%
Richmond	5,800	4.6%	700	12%
Southwark	19,000	8.2%	1,400	7%
Sutton	7,500	5.8%	760	10%
Tower Hamlets	19,000	8.1%	2,100	11%
Waltham Forest	15,000	8.2%	1,500	10%
Wandsworth	13,000	5.6%	1,300	10%
Westminster	13,000	6.8%	1,200	10%
Median	14,000	7.7%	1,500	11%

2.6 Children entitled to free school meals

This indicator measures the number of children entitled to free school meals more than a year before the national lockdown (January 2019).

Entitlement to free school meals depends on whether the family is receiving certain social security benefits and, in some cases, what their gross income is. Children newly entitled to free school meals are likely to qualify because their parents are now claiming UC. The child of a UC claimant is entitled to free school meals if the family's annual income, after tax and excluding benefits received, is less than £7,400.

Table 2.6 presents data from January 2019 on children eligible for free school meals, by borough. The points of note in the table are as follows:

- Column 1: before the pandemic, some 225,000 children in London – one in six – were entitled to free school meals. More than 15,000 children were entitled in Tower Hamlets, more than 12,000 in Croydon and more than 10,000 in each of Hackney, Southwark and Newham.

- Column 2: as a proportion of all school-age children, entitlement stood at 34% in Tower Hamlets, 30% in both Islington and Hackney, 28% in Camden and 25% in Lambeth. Harrow, Kingston and Richmond were the only boroughs where entitlement stood at 10% or less.

Between February and May 2020, 12 boroughs recorded an increase of 50% or more in the number of households with children claiming UC. This gives an upper estimate of the overall increase in the numbers of children who would have been entitled to free school meals at that time. Perhaps more importantly, the largest increases in UC claims were in areas that previously had low levels of free school meal recipient, so the increases borough by borough are likely to vary widely.

It is expected that now schools have reopened, normal free school meal provision will resume. The government has issued guidance for the provision of such meals from September 2020, including for those who have to be at home or study remotely for reasons related to COVID-19 (including local lockdowns), who should be provided with food parcels.[31]

Table 2.6: children eligible for free school meals, by borough, January 2019

	Number of eligible children	% of eligible children
B&D	7,100	16%
Barnet	7,600	13%
Bexley	5,400	12%
Brent	6,000	12%
Bromley	5,200	10%
Camden	6,400	28%
City	30	12%
Croydon	12,600	21%
Ealing	8,100	15%
Enfield	9,600	17%
Greenwich	7,900	18%
Hackney	10,700	30%
H&F	4,500	22%
Haringey	7,100	18%
Harrow	3,700	10%
Havering	4,900	12%
Hillingdon	7,100	14%
Hounslow	7,100	16%
Islington	7,400	30%
K&C	3,000	22%
Kingston	2,300	9%
Lambeth	9,700	25%
Lewisham	7,000	17%
Merton	4,500	15%
Newham	11,100	17%
Redbridge	7,200	12%
Richmond	2,400	9%
Southwark	10,700	24%
Sutton	4,600	12%
Tower Hamlets	15,400	34%
Waltham Forest	6,900	16%
Wandsworth	6,100	18%
Westminster	5,500	24%
Median	7,000	16%

Source: Department for Education, Schools, pupils and their characteristics, Number of pupils known to be eligible for and claiming free school meals by type of school, January 2019

Section 3: housing insecurity

Introduction

The indicators in this section mix background information, evidence on what was happening in the first two months of the national lockdown and an assessment of the scale of the housing threat if jobs and the economy do not recover. The number of people in more precarious housing tenures turning to social security during the lockdown, as well as the extent of the joint risk of housing and income insecurity, show how and where London's chronic housing problem could become more acute.

Londoners have long faced problems with housing, including 'unaffordable' housing (defined as housing costs taking more than 30% of a person's income), high rates of homelessness and overcrowding (examined in section 1). The pandemic and its attendant problems have therefore struck a system that was already failing.

Moratoriums on repossessions and evictions, initially for three months but subsequently extended, will not have stopped illegal or informal forced moves from having occurred (the latter being housing provided by family or friends). Some people with a mortgage may have agreed to voluntary repossession with their lender, or abandoned their home. The drivers of these problems have not abated. Most of the adverse impacts on housing from the pandemic and its consequences have been suppressed for the time being.

What the data helps us to understand includes:

- how housing problems arising from the pandemic are important not just for their adverse impacts on borough finances (such as lower council tax revenues and costs arising from homelessness duties) but also for their adverse impact on people's health and emotional wellbeing too

- how patterns of rough sleeping in the capital have changed in 2020, in terms of both the numbers of people but also a shift towards more rough sleepers being found in the outer-London boroughs

- significant changes in UC claims as a result of COVID-19, in particular from people living in the private rented sector

- patterns across London in terms of which boroughs appear to have higher numbers of people facing the double risks of both housing and income insecurity.

Recent eviction or loss of home

3.1 People sleeping rough during lockdown

This indicator looks at rough sleeping in London during the national lockdown, between April and June. In response to widespread concern that rough sleepers could not isolate properly (and might infect others), the Government started a programme in March to accommodate all people sleeping rough at the time in hotels or hostels. Based on street counts, the Government initially identified 5,400 people across England to be housed. Of those identified as homeless at the start of lockdown, 90% had been accommodated in empty hotels and other buildings by late April.[32]

Between April and June, the alternative and more authoritative CHAIN methodology, based on the daily records of non-governmental organisation outreach workers, also recorded successes in rehousing. In total, 4,500 London rough sleepers had been provided with emergency accommodation by May.[33]

However, London outreach teams also recorded 308 people during this three-month period who were deemed to be living on the street (seen sleeping rough five or more times over three or more weeks). Although lower than previously, this is only a reduction of 28% (on both the previous quarter and the same quarter in 2019).

Table 3.1 presents data on the number of rough sleepers in London. Data for individual outer London boroughs is not available for 2019. The points of note in the table are as follows:

- Column 1: 3,250 people were sleeping rough in London during April to June 2019, with local authority level data for 12 boroughs and the City of London, and a combined total for the others. A quarter of rough sleepers were in Westminster with another quarter in the outer-London boroughs combined.

- Columns 2 and 3: 4,370 people were sleeping rough in London during April to June 2020, an increase of 34% on a year earlier. Although the City of London and Westminster saw reductions, the numbers in the outer-London boroughs rose by 75%, while numbers practically doubled or more in Islington, Hammersmith & Fulham and Haringey. Overall, rough sleeping has clearly shifted outwards from the centre.

Within this latter total, 2,730 people were sleeping rough for the first time, an increase of 78% over the same period in 2019.[34] The factors driving people to sleep rough were clearly strengthening during lockdown. Citizens Advice's webpage 'If you have nowhere to sleep tonight' was viewed more than twice as often in early 2020 as it was in early 2019.[35]

Table 3.1: number of rough sleepers recorded in London, April–June 2020, and the increase on the same period in 2019

	Number of rough sleepers, April–June 2019	Number of rough sleepers, April–June 2020	Increase from 2019 to 2020
Inner London			
Brent	90	140	54%
Camden	180	240	31%
City of London	170	140	-20%
Ealing	160	270	72%
H&F	50	100	94%
Haringey	80	160	100%
Islington	70	170	146%
K&C	90	130	44%
Lambeth	140	220	57%
Newham	170	170	5%
Southwark	140	220	56%
Tower Hamlets	140	160	13%
Westminster	890	710	-20%
Outer London	880	1540	75%
B&D		60	
Barnet		100	
Bexley		40	
Bromley		20	
Croydon		90	
Enfield		110	
Greenwich		80	
Hackney		100	
Harrow		20	
Havering		20	
Heathrow		20	
Hillingdon		100	
Hounslow		90	
Kingston		30	
Lewisham		120	
Merton		40	
Redbridge		130	
Richmond		40	
Sutton		0	
Waltham Forest		120	
Wandsworth		170	

Source: Greater London Authority, CHAIN Quarterly Reports, Rough sleeping in London, April–June 2020

3.2 Households accepted as 'statutorily homeless' prior to lockdown

This indicator looks at the number of households in the first three months of 2020 who approached their local authority as homeless and were accepted by the authority as being owed support. Pre-COVID-19 homelessness rates provide some sense of the vulnerability of family or other 'priority' households in different boroughs to losing their home, for various reasons.

Of the 79,000 households in England who approached their local authority in Q1 2020, 37,000 were accepted as homeless and owed a duty of relief, while a further 38,000 were accepted as being threatened with homelessness[36] and owed a duty of prevention. These numbers are little different from those for Q1 2019.[37]

Of the 14,500 who approached a London council in the first quarter, 6,300 were deemed homeless and owed a duty of relief, 7,400 were deemed to be at risk of homelessness and owed a duty of prevention, while 800 were judged to be owed neither.

Of those owed a duty, some 4,000 were homeless after having been asked to leave by family or friends, 1,200 were homeless due to domestic violence and 400 were homeless because of relationship breakdown. Meanwhile, 400 lost their private tenancy and 250 their social tenancy because of arrears or other financial difficulties.[38]

Table 3.2 presents data on households assessed as homeless per 1,000 households, by borough. The points of note in the table are as follows:

- Columns 1 and 2: the five boroughs with the highest number accepted as homeless – Croydon, Southwark, Westminster, Lambeth and Brent – account for a third of the 6,300 homelessness acceptances in the first quarter. Four of the five also have the highest homelessness rate.

- Column 3: when homelessness and the threat of homelessness are combined, a different pattern emerges, with Haringey (6.8 per 1,000), Brent (6.2), Barking & Dagenham (5.8), Hillingdon (5.5) and Lewisham (5.1) having the highest rates. Richmond and Kingston had the lowest rates, at 1 per 1,000 or below.

Table 3.2: households assessed as homeless per 1,000 households, by borough, January–March 2020[39]

	Statutory homeless households	Owed a duty of relief (statutory homeless) (per 1,000 households)	Owed a duty of relief or prevention (per 1,000 households)
B&D	130	1.7	5.8
Barnet	230	1.5	3.5
Brent	320	2.7	6.2
Bromley	130	0.9	2.1
Camden	170	1.5	2.5
City	10	1.2	1.2
Croydon	500	3.2	4.5
Enfield	250	1.9	4.7
Greenwich	190	1.7	3.9
Hackney	300	2.5	4.2
H&F	140	1.7	3.4
Haringey	160	1.5	6.8
Harrow	120	1.4	2.2
Havering	110	1.0	3.6
Hillingdon	140	1.3	5.5
Hounslow	10	0.1	1.0
Islington	100	1.0	3.2
K&C	210	2.8	3.4
Kingston	40	0.5	0.9
Lambeth	320	2.3	4.7
Lewisham	310	2.4	5.1
Merton	40	0.5	2.4
Newham	240	2.1	3.4
Richmond	30	0.4	0.7
Southwark	490	3.7	4.7
Sutton	100	1.3	2.4
Tower Hamlets	220	1.6	3.4
Waltham Forest	150	1.5	4.1
Westminster	470	3.8	4.8
Median	160	2	4

Source: Ministry of Housing, Communities and Local Government, Statutory homelessness: detailed LA-level tables, January–March 2020

3.3 Households in temporary accommodation prior to lockdown

This indicator looks at the number of households in temporary accommodation in London just prior to the national lockdown. Temporary accommodation is inherently insecure, often provides less space than average permanent accommodation, and sometimes provides only shared facilities. All of this is problematic during lockdown and in any circumstances where social distancing is required.

Households in temporary accommodation are overwhelmingly a London problem. Although only 1.8% of all London households were in temporary accommodation at the start of the national lockdown, 65% of all such households in England were in London. Three quarters of the just over 60,000 households in temporary accommodation in London at that time contained children, an average of two children per household.

Table 3.3 presents data on households in temporary accommodation, by borough. The points of note in the table are as follows:

- Column 1: just four boroughs – Newham, Enfield, Hackney and Haringey – accounted for more than a quarter of all households in temporary accommodation at the start of lockdown (15,700 out of just over 60,000).

- Column 2: as a proportion of all households in the borough, those in temporary accommodation represented over 5% in Newham and 3% or slightly below in Kensington & Chelsea, Haringey, Hackney and Enfield. In Camden, Hillingdon, Richmond and Merton, 0.5% or less of households were in temporary accommodation.

The issue is not just temporary accommodation itself but also its type and quality. While only 8% of households with children in London were in clearly unsuitable bed and breakfast or hostel accommodation (12% of all households), only 23% (16% of all households) were in a local authority or housing association home. The rest – more than half of all households with children and more than two thirds of all households – were in private or leased accommodation. A report from the Children's Commissioner has argued that temporary accommodation is frequently not fit for children to live in and can present serious risks to their wellbeing.[40]

Research among families in temporary accommodation in London has identified mental health issues and behaviours that are damaging to physical health.[41] As with any group living somewhere for just a short time, there can also be barriers to accessing services.

Table 3.3: number and proportion of households in temporary accommodation, by borough, end of March 2020[42]

	Number of households in temporary accommodation	Proportion of households in temporary accommodation
B&D	1,600	2.0%
Barnet	2,600	1.7%
Bexley**	1,400	1.4%
Brent	2,100	1.8%
Bromley	1,600	1.1%
Camden	540	0.5%
City	11	0.3%
Croydon	2,100	1.4%
Ealing*	2,300	1.8%
Enfield	3,500	2.7%
Greenwich	1,300	1.2%
Hackney	3,200	2.7%
H&F	1,200	1.5%
Haringey	3,000	2.8%
Harrow	1,100	1.3%
Havering	1,000	1.0%
Hillingdon	470	0.4%
Hounslow	700	0.7%
Islington	850	0.8%
K&C	2,300	3.0%
Kingston	870	1.3%
Lambeth	2,600	1.9%
Lewisham*	2,400	1.8%
Merton	180	0.2%
Newham	6,000	5.3%
Redbridge***	2,400	2.2%
Richmond**	300	0.3%
Southwark	2,700	2.0%
Sutton	700	0.8%
Tower Hamlets	2,700	2.0%
Waltham Forest	2,000	2.0%
Wandsworth**	2,000	1.5%
Westminster	2,600	2.2%
Median	2,000	1.5%

Source: Ministry of Housing, Communities and Local Government, Statutory homelessness: detailed LA-level tables, January–March 2020, October–December 2019*, April–June 2019** and October 2018***

Financially precarious housing

3.4 Households in more precarious housing

This indicator provides a basic measure of the number of households whose housing is more precarious. Three factors combine to cause housing precarity, namely:

- dependence on a flow of income to maintain rent or mortgage payments

- the availability of state or other financial support (e.g. private insurance)

- security of tenure.

This indicator identifies more precarious housing as being homeownership with a mortgage and renting from a private landlord. Both tenures depend on a flow of income to meet the regular mortgage and rent payments but so long as payments are met, homeowners remain secure. By contrast, private tenants on Assured Shorthold Tenancies can be asked to leave by their landlord without arrears or any other breach. If arrears do accrue, courts must automatically grant landlords possession after eight weeks.

Private tenants who lose income are eligible for the housing element of UC, although only up to the Local Housing Allowance (LHA), which, even after uprating as part of the COVID-19 emergency measures, only fully covers the lowest 30% of private rents in the rental market area.[43] Those with rents above this level must make up the shortfall. Homeowners with a mortgage who lose income can apply for UC but not for its housing element.[44] By contrast, outright homeowners, many of pensionable age, usually have low housing costs and a stable income. If a social tenant's income falls, their rent can usually be covered by social security. Social tenants and those in supported housing can still be evicted (for example, there were 400 such evictions in London in the fourth quarter of 2019, of which 250 were for rent arrears).[45]

Table 3.4 presents data on households in more precarious housing tenures, by borough. The points of note in the table are as follows:

- Column 2: the proportion of households in the two more precarious tenures varies from 38% in Kensington & Chelsea to 65% in Wandsworth. 1.8 million London households – more than half the total – in these two tenures.

- Columns 2 to 4: boroughs at the top of the list – Wandsworth, Redbridge, Ealing, Merton and Harrow – have high or fairly high proportions in both tenures. Wandsworth and Redbridge are also in the top five for renting in the private sector.

- Column 2: boroughs with the smallest proportion in precarious housing tenures are all in inner London, from Kensington & Chelsea to Hackney.

Table 3.4: number and proportion of households in more precarious housing tenures, by borough, 2018

	Number of households in precarious housing tenures	Proportion of households in precarious housing tenures	Of which: private renters	Of which: homeowners with a mortgage
B&D	34,000	48%	21%	27%
Barnet	79,000	55%	25%	29%
Bexley	55,000	54%	15%	39%
Brent	56,000	55%	29%	25%
Bromley	77,000	56%	19%	37%
Camden	48,000	43%	28%	15%
Croydon	82,000	56%	19%	37%
Ealing	73,000	59%	26%	33%
Enfield	64,000	51%	26%	25%
Greenwich	60,000	52%	20%	33%
Hackney	47,000	46%	27%	18%
H&F	36,000	48%	29%	19%
Haringey	55,000	51%	28%	23%
Harrow	50,000	58%	29%	30%
Havering	54,000	53%	14%	39%
Hillingdon	65,000	58%	20%	38%
Hounslow	57,000	54%	22%	32%
Islington	50,000	46%	27%	19%
K&C	28,000	38%	27%	12%
Kingston	38,000	58%	27%	31%
Lambeth	58,000	48%	24%	24%
Lewisham	69,000	58%	23%	34%
Merton	48,000	59%	26%	33%
Newham	64,000	54%	31%	23%
Redbridge	67,000	63%	30%	34%
Richmond	43,000	54%	20%	34%
Southwark	63,000	49%	25%	24%
Sutton	44,000	57%	21%	36%
Tower Hamlets	66,000	54%	36%	18%
Waltham Forest	58,000	58%	19%	38%
Wandsworth	83,000	65%	31%	33%
Westminster	52,000	45%	33%	12%
Median	56,500	54%	26%	31%

Source: ONS, Annual Population Survey via London Datastore, Housing Tenure by Borough, 2018

3.5 Households in the private rented sector newly claiming UC

This indicator looks at the change in the number of claims for UC with a housing element made by private sector tenants during the first 10 weeks of the national lockdown (to the end of May) in order to measure the financial wellbeing of those whose housing tenure is the least secure.

Nationwide, 32% of private renters aged 16–65 who were in work before lockdown had been furloughed (15%), lost hours or income (12%) or lost their job (5%) by the end of May.[46] Ten per cent of private renters had tried to negotiate with their landlord but only half were successful (3% getting a rent reduction and 2% a rent holiday).[47] By July, 36% of private renters had seen their income fall by at least a fifth, compared with an average of 26% across all tenures.[48]

Across the UK, the number of claims for UC rose 58% between March and May, while claims with a housing element rose 38%. In London, the number of UC claims with a housing element rose 59% between March and May, much more than the national average, to 401,000. Within this total, the number made by private renters grew by 113,000 (89%), while the number made by social renters grew by 34,000 (28%).[49]

Table 3.5 presents data on the increase in the number of claims for UC with a housing element made by private renters, by borough. The points of note in the table are as follows:

- Column 2: the number of private tenants claiming the housing element of UC more than doubled between March and May in 15 boroughs. However, many of the biggest percentage increases reflect a low starting number.

- Column 3: between March and May, 26% of all private tenants in Waltham Forest made a new claim for UC with the housing element, while 23% of private tenants in Haringey and 21% of private tenants in Brent did so.

- Column 4: by the end of May, a half of all private tenants in Croydon were claiming UC. More than 40% of all private tenants were claiming in Enfield, Waltham Forest, Barking & Dagenham and Haringey, while more than 30% were claiming in a further eight boroughs.

Many of those receiving support have to find money from other sources to meet their housing costs in full. When the proportion of private tenants is above 30%, it is inevitable that some – and perhaps many – households will have rents above the 30th percentile for their area. This implies low residual income and material deprivation.

Table 3.5: increase in the number of UC claims with a housing element made by private renters, by borough, March–May 2020

	Increase in the number of claims	Percentage increase in claims	Increase in claims as a percentage of all private renters	Percentage of all private renters making claims in May 2020
B&D	2,500	65%	17%	43%
Barnet	5,500	72%	15%	36%
Bexley	1,500	72%	10%	23%
Brent	6,200	99%	21%	42%
Bromley	2,300	86%	9%	19%
Camden	2,100	137%	7%	12%
Croydon	4,200	42%	15%	50%
Ealing	5,400	76%	17%	39%
Enfield	4,700	46%	14%	45%
Greenwich	3,200	113%	14%	26%
Hackney	4,500	154%	16%	26%
H&F	2,400	112%	11%	21%
Haringey	6,900	115%	23%	42%
Harrow	3,000	80%	12%	27%
Havering	1,800	61%	12%	33%
Hillingdon	2,900	81%	13%	30%
Hounslow	3,500	56%	15%	42%
Islington	2,400	174%	8%	13%
K&C	1,100	110%	6%	11%
Kingston	1,500	85%	9%	19%
Lambeth	4,900	134%	17%	30%
Lewisham	4,700	100%	17%	33%
Merton	2,900	97%	13%	27%
Newham	6,400	110%	17%	33%
Redbridge	3,900	81%	12%	27%
Richmond	1,200	90%	8%	17%
Southwark	3,900	133%	12%	21%
Sutton	1,500	43%	9%	31%
Tower Hamlets	4,800	151%	11%	18%
Waltham Forest	5,000	132%	26%	45%
Wandsworth	4,200	165%	10%	17%
Westminster	2,100	122%	6%	10%
Median	3,350	98%	13%	27%

Source: Department for Work and Pensions, Stat-Xplore, Households on Universal Credit, March–May 2020 and ONS, Annual Population Survey via London Datastore, Housing tenure by borough, 2018

3.6 Households owning their home newly claiming UC

This indicator looks at the change in the number of claims made for UC during the first 10 weeks of the national lockdown (to the end of May) that did *not* include a housing element. We identify these as claims made by homeowners, who cannot claim support for housing costs under UC.[50] Most will be from homeowners with a mortgage because many outright homeowners are no longer economically active and so are less likely to have suffered a significant drop in income.

Nationwide, 29% of homeowners with a mortgage aged 16–65 and in work before the lockdown had lost hours or income (15%), been furloughed (11%) or lost their job (3%) by the end of May.[51] By May, 8% of those with a mortgage were behind with housing costs.[52]

Across the UK, UC claims with no housing entitlement rose by 90% between March and May. This pushed the proportion of all claims with no housing element up from 36% to 44%, pointing to a rising proportion of UC claimants being homeowners.[53] This is possibly a group that is newly vulnerable and may not be familiar with traditional support services. The number of claims with no housing element in London rose 97% between March and May, to 273,000.

Following the Government's announcement that mortgage lenders should provide three-month payment 'holidays' for mortgage holders experiencing difficulties, 17% of mortgaged homeowners across Britain had arranged these holidays by late May.[54] The original three-month scheme was extended to 31 October for those still facing problems, or for new applicants.[55] In reality, the mortgage payment holiday is extra borrowing, maybe on different terms, and will result in higher monthly payments or an extended payment period. No regional data breakdown is available but if London followed the national pattern, 17% of mortgagors equate to 165,000 households.

Table 3.6 presents data on the increase in the number of UC claims without a housing element, by borough. The points of note in the table are as follows:

- Columns 1 and 2: the number of UC claims without a housing element more than doubled from March to May in 14 boroughs, with Richmond, Bromley and Barnet having the biggest percentage increases. Newham, Croydon and Enfield recorded the biggest increase in the number of claims.

- Columns 3 and 4: new claims as a percentage of homeowners depend on whether it is all homeowners who are counted or just those with mortgages. Four boroughs are at the top of the list on both measures: Newham (where new claims without a housing element equate to 15% of all homeowners or 28% of those with mortgages), followed by Hackney, Barking & Dagenham and Brent.

Table 3.6: increase in the number of UC claims without a housing element, mainly made by homeowners, by borough, March–May 2020

	Increase in the number of claims	Percentage increase in claims	Increase in claims as a percentage of all homeowners (lowest estimate of impact)	Increase in claims as a percentage of mortgaged homeowners (highest estimate of impact)
B&D	4,600	89%	13%	24%
Barnet	5,000	132%	6%	12%
Bexley	4,100	125%	5%	10%
Brent	5,700	113%	12%	22%
Bromley	4,400	135%	5%	9%
Camden	2,600	100%	6%	16%
Croydon	6,500	64%	7%	12%
Ealing	5,600	99%	7%	14%
Enfield	5,800	91%	9%	19%
Greenwich	4,600	98%	7%	12%
Hackney	4,300	90%	14%	23%
H&F	2,200	72%	7%	16%
Haringey	5,100	112%	10%	21%
Harrow	3,400	129%	6%	13%
Havering	4,600	127%	6%	12%
Hillingdon	4,700	124%	7%	11%
Hounslow	4,300	84%	7%	12%
Islington	3,100	92%	7%	15%
K&C	1,500	99%	5%	17%
Kingston	1,800	103%	4%	9%
Lambeth	4,900	82%	10%	16%
Lewisham	5,200	88%	9%	13%
Merton	2,700	98%	5%	10%
Newham	7,500	104%	15%	28%
Redbridge	5,300	109%	8%	15%
Richmond	1,700	135%	3%	6%
Southwark	4,800	74%	10%	16%
Sutton	2,700	91%	5%	10%
Tower Hamlets	4,500	76%	12%	21%
Waltham Forest	5,500	115%	9%	14%
Wandsworth	3,400	97%	5%	8%
Westminster	2,400	93%	6%	17%
Median	4,550	99%	7%	14%

Source: Department for Work and Pensions, Stat-Xplore, Households on Universal Credit, March–May 2020 and ONS, Annual Population Survey via London Datastore, Housing tenure by borough, 2018

3.7 Working-age people facing the double risk of housing and income insecurity

This indicator provides a combined measure of housing and income precarity. Combining the two risks like this is speculative and the indicator must be treated accordingly. But it is justified by the importance of what the indicator is trying to measure.

People at the greatest risk of losing their home are those employed in the higher-risk sectors of the economy and who live in the higher-risk housing tenures (owning with a mortgage or private renting). Table 2.1 showed the number of people of working age at greatest risk of losing their income. Table 3.4 showed the number of households in the two more precarious tenures. To bring the two together (see table 3.7), housing risk is restated here for people of working age only.[56]

The points of note in table 3.7 are as follows:

- Column 1: in all boroughs apart from Hackney, at least half of working-age residents live in the higher-risk tenures. In the top five boroughs – Redbridge, Harrow, Wandsworth, Kingston and Bexley – around three quarters of working-age residents live in these tenures.[57]

- Column 2: more than a quarter of working-age residents in the top five boroughs are exposed to the double risk of precarious housing and precarious income.[58] The top five boroughs (Harrow, Brent, Haringey, Waltham Forest and Redbridge) along with the next three (Ealing, Hounslow and Newham) form two clusters, one in the north-east of London and one in the north-west.

- Column 3: while the threat is substantial everywhere, the boroughs with the largest proportion of working-age residents facing neither risk are the inner-London areas from Kensington & Chelsea in the west to Hackney in the east – with other inner-London areas (Southwark, Tower Hamlets and Lambeth) following next.

The implication of this analysis is that rates of eviction and repossession are likely to be highest in the two borough clusters mentioned above (north-east and north-west). In practice, the extent of income drops and affordability problems, and lender and landlord policy, will pay a role.

Table 3.7: proportion of working-age people in less secure housing tenures, 2018, and at higher risk of losing income, by borough, 2020

	Working age with housing risk	Working age with housing and income risk	Working age with low risk
B&D	61%	26%	23%
Barnet	67%	25%	21%
Bexley	70%	22%	21%
Brent	66%	30%	19%
Bromley	69%	21%	22%
Camden	52%	11%	38%
Croydon	68%	23%	21%
Ealing	69%	29%	18%
Enfield	61%	23%	24%
Greenwich	59%	19%	28%
Hackney	49%	16%	35%
H&F	62%	19%	27%
Haringey	66%	30%	19%
Harrow	73%	31%	16%
Havering	63%	22%	24%
Hillingdon	69%	25%	20%
Hounslow	65%	28%	20%
Islington	56%	13%	34%
K&C	50%	11%	40%
Kingston	72%	21%	20%
Lambeth	58%	19%	29%
Lewisham	64%	22%	24%
Merton	68%	25%	20%
Newham	60%	27%	22%
Redbridge	76%	30%	15%
Richmond	69%	18%	23%
Southwark	56%	17%	31%
Sutton	69%	22%	21%
Tower Hamlets	59%	16%	30%
Waltham Forest	66%	30%	19%
Wandsworth	73%	20%	20%
Westminster	58%	12%	33%
Median	65%	22%	22%

Source: ONS, Annual Population Survey via London Datastore, Housing tenure by borough, 2018, ONS, Claimant count by unitary and local authority, July 2020, Coronavirus Job Retention Scheme statistics: July 2020, Self-Employment Income Support Scheme statistics: July 2020 and ONS, Annual Population Survey via Nomis, economic activity, 2019/20

Section 4: people and households with support needs

Introduction

This section first comprises four indicators focused on children and young people and issues relating to their physical and mental health and their education. These are followed by three indicators focused on specific groups of adults (people with learning disabilities, people with dementia and people seeking asylum) who are widely recognised as 'vulnerable'. The pandemic may make meeting their particular support needs even more demanding or complex than usual.

Children and young people aged up to 25 make up almost a third of London's population. While the capital has an extensive array of health, social care and other services for this age group, there are well-documented concerns, summarised in a 2019 report by the Healthy London Partnership,[59] that between boroughs, services are of variable quality, are not equally accessible and can have poor outcomes.

Issues of relevance to the planning of public health provision in London include that 40% of London children aged 10–11 were noted to be overweight or obese in 2019, with rates highest among the most deprived 10% of the London child population. It was also estimated that there are around 240,000 children in London with asthma and around 22,000 children diagnosed with autistic spectrum disorder (ASD).

While London is reported to have a lower percentage of disabled people (14%) than other parts of the UK,[60] there are still 1.2 million people who may require specific health, social care and economic support. People with learning disabilities fall within this group, with between 25% and 40% also experiencing mental health problems.

What the data in this section helps us to understand includes:

- where teenagers and young adults (known to be at particular risk of unemployment as a result of COVID-19) live in London

- across the boroughs, how many children and young people have an Education, Health and Care (EHC) plan, identified mental health needs or unmet needs for childhood vaccinations

- variations (and projected increases) across the boroughs in the proportion of people on the GP learning disability register requiring community support services and the proportion of people requiring dementia screening

- how changes in refugee dispersal arrangements have affected London boroughs, including the provision of Section 95 support.

Children needing support

4.1 Children approaching adulthood

This indicator focuses on children, for two reasons. The first is to highlight the size of the child population and the extent to which children live in more deprived local areas. The second is to draw attention to two particular groups of children and young people who, by virtue of their age, are in transition from childhood to adulthood.

The disruption to the education of those approaching the end of their school career requires no discussion in light of what has happened to those due to receive their final grades in the summer of 2020. To reflect this, this indicator shows the number of 16- to 18-year-olds who begin their final years of schooling weighed down with uncertainty about what will happen in the end and how far their efforts will matter.

The indicator also shows the number of 13- to 19-year olds as a percentage of the whole population. While most teenagers will not be directly affected by problems with exams or progression beyond the end of a school career, they will be aware of them. Although the age range is arbitrary, teenagers are as good a proxy as any as a measure of those whose natural development is threatened by the disruption of the pandemic and the economic consequences.

The final measure shows the number of children and young people (aged under 18) living in local areas in the most deprived two fifths of local areas nationally, expressed as a percentage of the whole population. About half of London's two million children live in these areas. Although that is more than the number of children in poverty across London (39% in 2018–19), the pattern will not be much different.[61]

Table 4.1 presents data on children and young people in London, including those living in the most deprived local areas, by borough. The points of note in the table are as follows:

- Column 1: there were 282,000 16- to 18-year-olds living in London in 2018. Croydon, Barnet, Enfield and Newham had the most (12,000 to 14,000 each). Kensington & Chelsea, Hammersmith & Fulham and Kingston had the least.

- Column 2: teenagers make up between 6% of the population in Hammersmith & Fulham and almost 9% in Barking & Dagenham.

- Column 3: under-18s living in the most deprived two fifths of local areas nationally make up 28% of the whole population in Barking & Dagenham and more than 20% in Newham and Hackney. By contrast, they are just 1% of the whole population in Richmond and Kingston, 4% in Harrow and 5% in Sutton.

Table 4.1: Children living in the most deprived local areas and all older children and teenagers, by borough, 2018

	Number of people aged 16–18 (in thousands)	People aged 13–19 as a proportion of all people	Under-18s living in the bottom two quintiles as a proportion of all people
B&D	8.1	8.9%	28%
Barnet	13.0	7.8%	6%
Bexley	8.8	8.1%	7%
Brent	11.3	7.9%	15%
Bromley	10.7	7.4%	5%
Camden	8.0	7.5%	9%
City	0.2	5.2%	5%
Croydon	14.0	8.2%	14%
Ealing	11.4	7.7%	13%
Enfield	12.2	8.5%	17%
Greenwich	8.9	7.5%	15%
Hackney	8.4	7.1%	22%
H&F	4.7	6.0%	10%
Haringey	9.0	7.7%	16%
Harrow	8.7	7.9%	4%
Havering	8.6	7.7%	7%
Hillingdon	10.6	8.1%	11%
Hounslow	8.4	7.3%	12%
Islington	6.2	6.4%	13%
K&C	4.0	6.1%	7%
Kingston	5.4	7.4%	1%
Lambeth	8.7	6.2%	13%
Lewisham	9.0	6.9%	16%
Merton	6.1	6.8%	6%
Newham	12.0	8.1%	23%
Redbridge	11.4	8.5%	7%
Richmond	6.0	7.2%	1%
Southwark	8.7	6.7%	15%
Sutton	6.8	7.6%	5%
Tower Hamlets	9.5	7.4%	18%
Waltham Forest	8.8	7.4%	17%
Wandsworth	7.4	5.5%	5%
Westminster	7.1	6.7%	9%
Median	8.7	7%	11%

Source: Ministry of Housing, Communities and Local Government, English indices of deprivation 2019, File 1: Index of multiple deprivation, File 6: Population denominators, File 11: Upper-tier local authority summaries, 2019 and ONS, Lower layer Super Output Area population estimates, 2018

4.2 Children and young people with Education, Health and Care plans

This indicator measures the number of children and young people under the age of 25 with an Education, Health and Care (EHC) plan. Introduced in 2014, the EHC plan sets out a person's special educational needs and the support they need. Only issued after the child or young person has gone through a specific needs-assessment process, they are legal documents and place a duty on local authorities to deliver the provision described in the plan.

Concerns about the implementation of EHC plans have been reported, including failures to deliver plans within 20 weeks of receiving a request for an assessment, variability across local authorities regarding funding to implement plans and delays as a result of local processes for appeals, staffing changes and school capacity.[62]

Table 4.2 presents data on children and young people in London with an EHC plan, by borough. The points of note in the table are as follows:

- Columns 1 and 2: 48,000 children under the age of 16 had an EHC plan in January 2020. 3% or more of all under-16s had plans in five boroughs (Tower Hamlets, Merton, Lambeth, Hounslow and Hackney) and 2% or less in three others (Newham, Kensington & Chelsea and Westminster).

- Column 3: approximately 17,800 children and young people aged 16 to 24 also had EHC plans in January 2020, taking the total to almost 66,000. Three boroughs (Croydon, Enfield and Tower Hamlets) each had more than 3,000 children and young people with EHC plans in January 2020.

A recent briefing from the Independent Provider of Special Education Advice (IPSEA) on COVID-19 and special educational needs (SEN) provision sets out the guidance regarding schools reopening and some of the possible implications.[63] Where a parent or carer of a child with an EHC plan feels that they would be better off remaining at home, two options are specified: elective home education or education otherwise than at school (EOTAS).

Although the Coronavirus Act 2020 temporarily replaced the absolute duty on local authorities to provide what is set out in an EHC plan with a 'reasonable endeavours' duty (that is, to try to provide what is set out), requirements to carry out needs assessments and annual reviews remain in place. The needs of many children and young people with special educational needs and disabilities will have changed while schools were largely closed. For some, the challenge of 'catching up' may be considerable and they may need an extension of their current provision or individualised programmes.

Table 4.2: children under 16 and young adults aged 16–25 with an EHC plan as a percentage of the age group, by borough, 2020

	Number of children (aged 0–15) with an EHC plan	Proportion of children (aged 0–15) with an EHC plan	Number of young people (aged 16–25) with an EHC plan
B&D	1,200	2.1%	440
Barnet	2,000	2.3%	720
Bexley	1,500	3.0%	580
Brent	1,900	2.7%	540
Bromley	1,800	2.7%	670
Camden	1,000	2.2%	370
Croydon	2,400	2.8%	810
Ealing	2,100	2.8%	590
Enfield	2,200	2.9%	850
Greenwich	1,300	2.1%	530
Hackney & City of London	1,800	3.1%	440
H&F	860	2.6%	250
Haringey	1,400	2.6%	730
Harrow	1,300	2.5%	470
Havering	1,200	2.2%	530
Hillingdon	1,800	2.7%	700
Hounslow	1,900	3.2%	580
Islington	1,000	2.7%	340
K&C	480	1.8%	190
Kingston	970	2.7%	350
Lambeth	1,900	3.3%	690
Lewisham	1,800	2.8%	850
Merton	1,500	3.4%	450
Newham	880	1.1%	420
Redbridge	1,600	2.4%	690
Richmond	1,100	2.6%	440
Southwark	1,600	2.7%	660
Sutton	1,200	2.7%	650
Tower Hamlets	2,300	3.5%	760
Waltham Forest	1,600	2.6%	460
Wandsworth	1,700	2.8%	740
Westminster	870	2.0%	300
Median	1,550	2.7%	560

Source: ONS, Explore education statistics, Education, health and care plans, 2020

4.3 Children with social, emotional or mental health needs

This indicator measures the percentage of 5- to 15-year-olds reported as having social, emotional or mental health needs, set alongside under-18s accessing Children and Young People's Mental Health Services (CYPMHS).

There were considerable levels of need before the pandemic. The Healthy London Partnership reported in 2019 that one in nine young people in London aged 5–19 had a diagnosable mental health disorder. Girls in this age range were identified as a high-risk group for emotional disorders. Of 5- to 19-year-olds, 14.9% had three or more mental disorders, exceeding the national average by 2.5%.[64]

Table 4.3 presents data on children and young people with social, emotional and mental health needs and those accessing community mental health services. The points of note in the table are as follows:

- Column 1: the percentage of 5- to 15-year-olds in 2018 with social, emotional or mental health needs varied from below 1.5% (Havering) to above 3% (Wandsworth, Hackney, Hounslow, Westminster and Islington).

- Columns 2 and 3: 55,400 children under 18 accessed CYPMHS in 2018/19, with the percentage varying from below 1.5% (Ealing, Hillingdon and Brent) to above 3.5% (Camden, Richmond, Barnet, Islington and Kensington & Chelsea). As an 'access' measure, 'high' and 'low' do not imply 'bad' and 'good'.

The COVID-19 pandemic is expected to have adversely affected the mental health and wellbeing of children and young people. A briefing by the Children's Society has identified a range of emotional difficulties that they may have experienced as a result of it, including: loneliness and isolation; worries about money and family finances (linked to lower wellbeing); for those with hyperactivity conditions, the challenge of being restricted in movement at home; and for those with learning difficulties, difficulties adjusting to and understanding the loss of their usual routines.[65]

Similar points have been made by YoungMinds, drawing on a survey of parents' experiences during the pandemic, and in a variety of articles about the impact of COVID-19 published in *The Lancet*.[66, 67] In addition, school closures prevented delivery of a variety of support services. The cancellation of face-to-face services is likely to have caused difficulties, not least since not all young people have access to, or are comfortable using, online support provision.

A critical issue facing all London health services is how to manage any increase in mental health problems among children and young people arising from the pandemic, when there may be even longer wait times and more limited treatment and support from CYPMHS, which were already overstretched before the pandemic.

Table 4.3: children with social, emotional and mental health needs, and those accessing community mental health services, by borough/clinical commissioning group, 2018/19

	% of school pupils (aged 5–15) with social, emotional and mental health needs	Number of children and young people under 18 accessing treatment	Proportion of children and young people under 18 accessing treatment
B&D	3.0%	1,200	1.8%
Barnet	2.6%	3,600	3.7%
Bexley	3.0%	1,800	2.9%
Brent	2.2%	1,200	1.4%
Bromley	2.9%	2,600	3.3%
Camden	1.9%	2,200	4.0%
Croydon	2.4%	2,300	2.4%
Ealing	2.3%	1,000	1.2%
Enfield	3.2%	2,700	3.1%
Greenwich	2.4%	2,200	3.1%
Hackney & City of London	3.1%	2,400	3.5%
H&F	1.9%	910	2.4%
Haringey	2.7%	1,900	3.1%
Harrow	1.9%	1,300	2.1%
Havering	1.4%	1,600	2.7%
Hillingdon	1.7%	980	1.3%
Hounslow	3.6%	1,500	2.1%
Islington	3.1%	1,700	3.7%
K&C	1.5%	1,100	3.6%
Kingston	1.5%	1,100	2.7%
Lambeth	2.7%	1,500	2.4%
Lewisham	2.0%	1,800	2.5%
Merton	2.9%	1,600	3.3%
Newham	2.5%	3,000	3.4%
Redbridge	2.3%	1,400	1.7%
Richmond	1.8%	1,900	3.9%
Southwark	2.8%	1,700	2.4%
Sutton	2.6%	1,500	2.9%
Tower Hamlets	3.1%	1,800	2.4%
Waltham Forest	2.8%	1,500	2.2%
Wandsworth	3.3%	1,500	2.2%
Westminster	2.4%	770	1.5%
Median	2.5%	1,600	2.6%

Source: NHS Digital, Experimental Statistics, Number of children and young people accessing NHS funded community mental health services in England, year ending March 2019 and NHS Digital via Fingertips, School pupils with social, emotional and mental health needs, 2018

4.4 Children missing out on vaccinations

This indicator measures the proportion of 5-year-olds who have not received the routine vaccinations for pre-school children. Poor immunisation uptake among children is a significant and longstanding public health concern in England. As the National Audit Office reported in 2019, 'NHS England has missed the Department of Health & Social Care's … performance standard for uptake of nearly all routine pre-school vaccinations in England since 2012-13'. Uptake of vaccinations is reported as being especially low in London.[68] The concern is that the low level of vaccination uptake will worsen as people have not been in touch with their primary care providers during the COVID-19 pandemic.

At the start of 2020, the Nuffield Trust noted that 'all UK routine childhood immunisations that are evaluated up to five years of age [should] achieve the 95% coverage in line with the WHO [World Health Organization] target. In 2018/19, for the first time since 2008/09, none of the routine vaccinations met this target.'[69]

The London Assembly expressed concern in 2019 at the low rates of vaccination against MMR (measles, mumps and rubella) among London children, noting that: 'Public Health England ha[d] attributed recent outbreaks of measles to children missing out on vaccinations.'[70] Similar concerns were noted in the Healthy London Partnership's 2019 report on health services for children and young people in London; this also highlighted shortages of GPs as a key issue in primary care.

Table 4.4 presents data on vaccination rates among 5-year-olds in 2018/19, by borough. The points of note in the table are as follows:

- Columns 1 to 5: there are only 4 instances of a vaccination rate meeting the 95% target. Out of the 32 boroughs, 30 achieved 90% for the 5-in-1 vaccine for infants (column 1), while 24 achieved 90% for the MMR vaccine for 1-year-olds (column 3).

- Columns 2, 4 and 5: rates for the booster vaccines were both much lower, with only one borough achieving 90% for the MMR booster (column 4) and seven achieving this rate for the Hib/MenC booster (column 5). There were also very large discrepancies for these boosters, with the boroughs with the lowest rates missing one in every three. Such discrepancies were noted by the London Assembly.[71]

- Columns 1 to 5: most of the lowest rates of vaccination were in inner-London boroughs, especially Westminster and Kensington & Chelsea but also Camden, Hackney and Hammersmith & Fulham. Among outer-London boroughs, Croydon stands out. Richmond being in the bottom five on one measure underlines the point that this is a London-wide problem.

Table 4.4: vaccination rates among 5-year-olds, by borough, 2018/19

	Diphtheria, tetanus, polio, pertussis, Hib	Diphtheria/ tetanus/ polio/ pertussis booster	MMR	MMR booster	Hib/MenC booster
B&D	94%	72%	92%	73%	90%
Barnet	90%	73%	89%	75%	84%
Bexley	94%	82%	93%	83%	92%
Brent	91%	81%	90%	80%	88%
Bromley	95%	85%	94%	90%	92%
Camden	94%	65%	90%	68%	87%
Croydon	90%	68%	87%	68%	85%
Ealing	92%	75%	91%	75%	89%
Enfield	93%	72%	90%	74%	89%
Greenwich	93%	79%	91%	84%	86%
Hackney & City of London	90%	64%	89%	66%	87%
H&F	90%	72%	88%	71%	85%
Haringey	90%	68%	89%	71%	85%
Harrow	92%	82%	92%	82%	89%
Havering	97%	82%	95%	84%	94%
Hillingdon	93%	80%	91%	79%	89%
Hounslow	91%	78%	91%	79%	86%
Islington	94%	71%	91%	72%	90%
K&C	86%	66%	85%	67%	80%
Kingston	93%	76%	92%	75%	88%
Lambeth	92%	70%	90%	83%	88%
Lewisham	90%	79%	91%	85%	85%
Merton	92%	67%	88%	69%	86%
Newham	92%	68%	89%	69%	86%
Redbridge	92%	69%	90%	72%	87%
Richmond	91%	71%	91%	76%	85%
Southwark	91%	77%	90%	82%	89%
Sutton	95%	81%	94%	82%	92%
Tower Hamlets	93%	81%	92%	82%	90%
Waltham Forest	93%	70%	91%	73%	88%
Wandsworth	93%	70%	91%	79%	87%
Westminster	84%	64%	84%	64%	78%
Median	92%	72%	91%	75%	88%

Note: Hib = Haemophilus influenza type b; MenC = meningitis C.

Source: NHS Digital, Childhood Vaccination Coverage Statistics, England, 2018–19

Adults needing support

4.5 Adults with learning disabilities

This indicator measures the number of adults with learning disabilities. Adults with learning disabilities face a range of difficulties with regard to their access to education and employment. They also have some specific health and care needs. While the recent shift to home working may have assisted some, the problems many adults with learning disabilities face in accessing public transport and public working spaces may well re-emerge. Negative attitudes among some employers, for example towards the costs of making reasonable adjustments to the work environment, may be even more marked in a climate of reduced company income.

Data collated by the Papworth Trust[72] shows that in 2010/11 only 6.5% of adults with learning disabilities were in some form of paid employment and that they were more likely to work fewer hours than the general population. The Trust also notes that many are adversely affected by skills and qualification gaps and a lack of flexible and appropriate employment support opportunities.

With regard to health and care needs, it has been reported that adults with learning difficulties are two and a half times more likely to have health problems than other people, and many also experience mental health problems.[73] Data from NHS Digital indicates that obesity is twice as common among people aged 18–35 with learning disabilities as others of that age. This is an important public health consideration given the apparent association between obesity and becoming seriously unwell with COVID-19.

Table 4.5 presents data on adults on the GP learning disability register. The points of note in the table are as follows:

- Column 2: the proportion of adults who are on the learning disability register varies, from lows of 0.36% in Westminster and 0.37% in Kensington & Chelsea to double that – 0.74% – in Croydon and Brent.

- Column 3: among those on the register, the proportion receiving community services provided by councils varies, from lows of 38% in Brent and 42% in Hounslow to highs of 71% in Kingston and 78% in Richmond.

There are also important issues for all boroughs regarding the availability of the social care workforce and the funding available for social care services. People with disabilities, including learning disabilities, are significant users of social care and changes to immigration policy as a result of Brexit could impact on the availability of carers who have previously often come from other European countries.[74]

Table 4.5: adults on the GP learning disability register, and those receiving support as a percentage of all adults, by borough, 2018/19[75]

	Number of adults (aged 18+) on the GP learning disability register	Proportion of adults (aged 18+) on the GP learning disability register	Proportion of people (aged 18+) on the GP learning disability register receiving community services provided by councils
B&D	990	0.66%	48%
Barnet	1,700	0.55%	57%
Bexley	920	0.48%	57%
Brent	1,900	0.74%	38%
Bromley	1,100	0.42%	68%
Camden	970	0.44%	45%
Croydon	2,200	0.74%	44%
Ealing	1,400	0.52%	57%
Enfield	1,600	0.64%	60%
Greenwich	1,300	0.60%	54%
Hackney & City of London	1,200	0.55%	46%
H&F	570	0.39%	53%
Haringey	1,300	0.60%	63%
Harrow	1,100	0.58%	55%
Havering	920	0.45%	64%
Hillingdon	990	0.43%	70%
Hounslow	1,100	0.55%	42%
Islington	1,000	0.52%	62%
K&C	470	0.37%	51%
Kingston	590	0.43%	71%
Lambeth	1,400	0.52%	53%
Lewisham	1,500	0.62%	49%
Merton	790	0.50%	60%
Newham	1,500	0.56%	50%
Redbridge	1,300	0.57%	52%
Richmond	620	0.41%	78%
Southwark	1,300	0.49%	60%
Sutton	1,100	0.69%	58%
Tower Hamlets	1,200	0.46%	62%
Waltham Forest	1,300	0.62%	52%
Wandsworth	1,300	0.50%	68%
Westminster	770	0.36%	59%
Median	1,150	0.52%	57%

Source: PHE via Fingertips, Adults with learning disabilities by LA, 2018/19

4.6 People with dementia

This indicator measures the number of people diagnosed with dementia, alongside estimates (provided by NHS Digital) of the numbers who are thought to have the condition. This focus on dementia is because a long-standing problem of under-diagnosis is likely to have worsened during the national lockdown as attention was focused elsewhere – on managing those infected with COVID-19.

Concerns about the adequacy of care for people with dementia have been evident for some years, not least the availability of social care and the help many people need with everyday tasks such as washing, dressing and shopping for essentials.[76] For those lacking a diagnosis, however, accessing appropriate support is likely to be even more difficult, placing a considerable burden on family members and/or friends.

Recent years have seen activity across London to improve dementia diagnosis rates; a London Dementia Clinical Network aims to provide 'leadership and advice to shape London's dementia services so that people with dementia receive an effective diagnosis, treatment and care'.[77,78]

According to NHS England, 46,400 Londoners over the age of 65 were diagnosed with dementia in July 2020 out of an estimated total number of sufferers of 69,400.[79] This is a diagnosis rate of 67%. Diagnosis rates England-wide have fallen since the summer of 2019, by five percentage points.[80]

Table 4.6 presents data on the recorded and estimated prevalence of dementia in the London population, by borough. The points of note in the table are as follows:

- Column 3: diagnosis rates for dementia vary widely between local authorities. The highest rates – for the four inner-London boroughs of Camden, Islington, Lambeth and Wandsworth plus Enfield – are close to, or in excess of, 80%. The lowest rates – for Hammersmith & Fulham, Harrow, Greenwich, Barking & Dagenham and Havering – are at, or below, 61%.

The number of people with dementia is expected to continue to grow, with old age a major risk factor for the development of the disease. A report commissioned by the Alzheimer's Society projects that the number of older people with dementia in the UK will increase by 80%, to 1.4 million, in 2040. Costs, arising from the NHS and healthcare, home and residential care, as well as the costs of unpaid care provided by family members, are projected to more than double from £35 billion in 2019.[81] This indicator shows that all London boroughs will need to plan for supporting people with dementia in the years ahead.

Table 4.6: recorded and estimated prevalence of dementia in the London population, by borough, July 2020

	Number of patients (aged 65+) with dementia		Diagnosis rate (%)
	Recorded	Estimated	
B&D	820	1,400	60%
Barnet	2,700	4,000	68%
Bexley	1,700	2,800	63%
Brent	1,800	2,800	66%
Bromley	2,800	4,200	67%
Camden	1,300	1,600	83%
Croydon	2,400	3,500	69%
Ealing	2,100	3,000	71%
Enfield	1,700	2,100	81%
Greenwich	1,100	1,900	61%
Hackney & City of London	910	1,400	67%
H&F	760	1,300	58%
Haringey	1,200	1,800	63%
Harrow	1,500	2,500	61%
Havering	1,800	3,200	57%
Hillingdon	1,800	2,800	62%
Hounslow	1,300	2,000	66%
Islington	1,100	1,400	81%
K&C	1,000	1,600	65%
Kingston	1,100	1,700	62%
Lambeth	1,500	1,900	78%
Lewisham	1,300	2,000	68%
Merton	1,100	1,800	64%
Newham	930	1,500	62%
Redbridge	1,700	2,600	64%
Richmond	1,400	2,200	65%
Southwark	1,200	1,700	70%
Sutton	1,500	2,100	70%
Tower Hamlets	830	1,100	74%
Waltham Forest	1,200	1,900	64%
Wandsworth	1,700	2,200	77%
Westminster	1,200	1,700	71%
Median	1,300	1,950	66%

Source: NHS Digital, Patients in England with a record of dementia diagnosis on their clinical record, July 2020[82]

4.7 People seeking asylum

This indicator measures the number of people claiming support under Section 95 of the Immigration and Asylum Act 1999. Support is provided under this Act to asylum seekers who have not received a final decision or who have an appeal pending and are destitute or are likely to become destitute.

Support can take the form of either subsistence only (i.e. a cash payment, currently £37.75 per person per week) or – if they have nowhere to live – accommodation and subsistence. Unless there were exceptional circumstances, asylum seekers used to be accommodated outside of London and the South East under the Home Office's Dispersal Policy. According to London Councils, this has not been the case for some time, with the number of asylum seekers in dispersed accommodation in London rising sixfold since 2015, to 4,963 in Q1 of 2020.[83]

Aside from their needs for accommodation and subsistence, many asylum seekers have physical and mental health problems, including anxiety and depression, or symptoms resulting from the trauma they may have experienced (e.g. panic attacks and flashbacks) and so may require extensive help from local NHS services. Studies have also indicated the need for screening and vaccination (e.g. for tuberculosis).

A further challenge, especially relevant regarding COVID-19 and testing and self-isolation measures, is providing information about health services in relevant languages and via culturally appropriate avenues (e.g. not all refugees and asylum seekers are literate). [84] This includes women whose needs may be hard to identify in cultures where men are traditionally the spokesperson. Refugee or asylum-seeking women have been identified as particularly vulnerable to sexual and domestic violence but also fearful of revealing these difficulties.[85]

Table 4.7 presents data on people claiming Section 95 support. The points of note in the table are as follows:

- Columns 1 and 3: dispersed accommodation is concentrated in certain boroughs. The four boroughs with the highest number of people claiming this support – Newham, Barking & Dagenham, Redbridge and Hillingdon – account for half the total. These four, along with Ealing, also have the most asylum seekers receiving support of either kind. Ninety per cent of people in dispersed accommodation are spread across 13 boroughs.

- Column 2: asylum seekers receiving subsistence only are more evenly spread across London, with the top four boroughs here – Enfield, Brent, Barnet and Ealing – accounting for a little under a third of the total.

Table 4.7: number of people claiming Section 95 support, by borough, as of 31 March 2020

	Dispersed accommodation	Subsistence only	Total
B&D	670	60	730
Barnet	20	90	110
Bexley	60	20	80
Brent	50	100	150
Bromley	30	< 5	30
Camden	< 5	20	20
Croydon	200	50	250
Ealing	390	90	480
Enfield	200	140	340
Greenwich	190	30	220
Hackney	20	30	50
H&F	< 5	10	10
Haringey	130	60	190
Harrow	90	30	120
Havering	300	30	330
Hillingdon	490	50	540
Hounslow	360	50	410
Islington	< 5	30	30
K&C	< 5	10	10
Kingston	< 5	20	20
Lambeth	20	20	40
Lewisham	20	40	60
Merton	40	30	70
Newham	790	70	860
Redbridge	520	70	590
Richmond	< 5	10	10
Southwark	190	40	230
Sutton	< 5	10	10
Tower Hamlets	< 5	30	30
Waltham Forest	150	60	210
Wandsworth	< 5	20	20
Westminster	< 5	20	20
Median	46	31	99

Source: Home Office, Immigration Statistics, Asylum and Protection – Section 95 support by LA, year ending March 2020

Conclusion

The research in this report has identified groups of people whose socio-economic status puts them at heightened risk of either catching COVID-19 or passing it on, who experience harm to health and wellbeing during lockdown, or experience harm as both lockdown and the emergency measures introduced to alleviate it are lifted.

It has brought together three types of vulnerability, with very different origins.

First are the vulnerabilities to COVID-19 itself.

Second are long-recognised vulnerabilities, for example, adults with dementia or children who have missed vaccinations. During the pandemic, these groups may have grown in size or seen their needs change.

Third are the vulnerabilities due to the recession. These arise from the interaction between the loss of income and employment, insecurity of housing and limitations in state support, especially UC. Economic in origin, these vulnerabilities are a public health concern because of their implications for hunger, homelessness and ill-health, both physical and mental.

The report's main message is that these vulnerabilities are broader in scope and affect both more people and different people than those usually seen as vulnerable. This broadening is not just a matter of adding those most at risk of becoming severely ill from COVID-19 to the list of vulnerable groups. While the need to protect older people from the virus remains absolute, nearly one in five Londoners who died from COVID-19 (following a positive test) up to the end of July were of working age. This report shows that people of working age are being hit hard both by the pandemic itself and by the recession that accompanies it.

In particular, it is now appropriate to view the following groups as vulnerable:

- **People working in occupations at high risk of contracting the virus.** The ONS classification of occupations by their relative infection risk is a starting point. A systematic assessment of the absolute level of risk across the occupations at the top of the list is needed to identify actions to reduce the risk and maintain it at acceptable levels wherever necessary. It is also necessary to consider the anxiety and depression that workers in these occupations may be suffering from. It is important to note that by no means all the occupations even at the top of the list are in health or care.

- **People of all ages living in overcrowded homes.** Based on the 'bedroom standard', the official measure of overcrowding is inadequate to protect people in a household if one member is infected with COVID-19. Three things are

needed. The first is a standard (likely involving amenities within the home as well as bedrooms) that allows people to self-isolate safely at home. The second is an estimate of the extent of overcrowding across London on this standard. The third is a set of arrangements to allow people who believe they are infected with COVID-19 to self-isolate safely away from home.

- **People working in occupations and sectors at high risk of substantial job loss.** Furlough data can be used to identify these sectors. Occupations employing many young workers merit special attention given the evidence on depression among younger workers. Occupations in hotels, restaurants, retail and other (non-financial) private sector services are within scope; so possibly are occupations in manufacturing and construction.

- **People renting their home from a private landlord, or buying their home with a mortgage, who have made a new claim for UC since the national lockdown began.** The limits to the support for housing costs provided by UC means that people in this situation may have to choose between paying for essentials and keeping up with their housing payments. The need here is to consider what support the local authority can provide (bearing in mind the cost of the alternatives e.g. temporary accommodation) and what support can be arranged from others.

In addition, it is also appropriate to prioritise various groups already counted as vulnerable where the scale, or nature, of their needs is likely to have changed since lockdown began. These include, but are not restricted to:

- children missing vaccinations (where the scale of the problem will have worsened)

- children and young adults with EHC plans (where needs may have changed, and so plans need to – and where the obligation to deliver those plans has been reduced)

- children entitled to free school meals (where the number entitled to these meals will have grown considerably and where knowledge of entitlement may be limited)

- children on the shielded patient list (a new group, where the limitations imposed on the whole family are severe, with adverse economic impacts)

- adults suffering from dementia (where diagnosis rates were known to be low long before lockdown)

- adults with learning disabilities, who are vulnerable on multiple dimensions (e.g. being disadvantaged at work and in the labour market, having difficulties with public transport and being heavily dependent on public services, including care provision.)

A report like this, which has a wide focus, has the opportunity to identify connections that a narrower focus might miss. This report's bottom line is that what connects COVID-19 with the economic recession is London's insecure, overcrowded and expensive housing. The private rented sector is at the heart of this problem; owner-occupation with a mortgage contributes to it. Those most exposed to these tenures are younger working-age people. Until something is done about their housing, Londoners' economic resilience and the resilience of their health and wellbeing will remain in doubt.

Endnotes

[1] British Red Cross Covid-19 Vulnerability Index, https://britishredcrosssociety.github.io/covid-19-vulnerability

[2] Inner London constitutes the following boroughs: Brent, Camden, City of London, Ealing, Hammersmith & Fulham, Haringey, Islington, Kensington & Chelsea, Lambeth, Newham, Southwark, Tower Hamlets and Westminster. Outer London constitutes the following boroughs: Barking & Dagenham, Barnet, Bexley, Bromley, Croydon, Enfield, Greenwich, Hackney, Harrow, Havering, Heathrow, Hillingdon, Hounslow, Kingston, Lewisham, Merton, Redbridge, Richmond, Sutton and Waltham Forest.

[3] Office for National Statistics (2020) 'Which occupations have the highest potential exposure to the coronavirus (COVID-19)?', 11 May.

[4] We cross-referenced the risk categorisation of the 340 occupations with the demographic data from the Labour Force Survey for those occupations.

[5] Office of the Deputy Prime Minister (2004) *The Impact of Overcrowding on Health and Education: A review of the evidence and literature*, London: Office of the Deputy Prime Minister.

[6] Wilson, W. and Barton, C. (2020) *Overcrowded Housing (England)*, Briefing Paper 1013, London: House of Commons Library.

[7] Greater London Authority (2020) *Housing in London: 2020*, London: GLA.

[8] Greater London Authority (2020) *Housing in London: 2020*, London: GLA.

[9] A 'decent' home is one that: (i) meets the current minimum standard for housing, that is, the property must be free of Category 1 hazards under the Housing Health and Safety Rating System; (ii) is in a reasonable state of repair; (iii) has reasonably modern facilities and services; and (iv) provides a reasonable degree of insulation and heating.

[10] Greater London Authority (2020) *Housing in London: 2020*, London: GLA.

[11] Kenway, P. and Holden, J. (2020) *Accounting for the Variation in the Confirmed Covid-19 Caseload across England: An analysis of the role of multi-generation households, London and time*, London: New Policy Institute.

[12] The Chief Medical Officer (CMO) for England commissioned NHS Digital to produce a list of 'high-risk' people. The list of categories for which individuals are labelled 'high risk' can be found at 'COVID-19 – high risk shielded patient list identification methodology', 13 June 2020.

[13] The second row in the table shows the total population used: either local authority or clinical commissioning group, depending on the geography at which the condition is measured.

[14] From 12 August, the definition used to report daily deaths changed to 'deaths within 28 days of testing'. Before this, it included everyone who died after testing positive for COVID-19 i.e. there was no time limit. This new measure reduces the total number of COVID-19 deaths in England to 36,683 deaths (as of 7 August) compared with 42,031 deaths (as of 7 August) using the old measure.

[15] The paragraph from the report that was given the most prominence (being about ethnicity) reads as follows: 'An analysis of survival among confirmed COVID-19 cases and using more detailed ethnic groups, shows that after accounting for the effect of sex, age, deprivation and region, people of Bangladeshi ethnicity had around twice the risk of death than people of White British ethnicity. People of Chinese, Indian, Pakistani, Other Asian, Caribbean and Other Black ethnicity had between 10 and 50% higher risk of death when compared to White British.'

[16] The absolute fatality ratio measures the number of people who have died divided by the number of people who tested positive.

[17] The relative fatality ratio expresses the fatality ratio of one variable in each category to 1 for comparison with the other variables in that category. The method is to divide the absolute fatality ratio of every variable within each category by the absolute fatality ratio for the unit variable.

[18] Values are taken independently, not as a multivariate analysis.

[19] In boroughs where population turnover is high and where people may live in one place but be registered in another, distortions can happen in both directions. This possibility was mentioned by one of the boroughs during discussions about drafts of this report.

[20] ONS data states that 'place of death is based on where the death occurred, which may be in a different area than residency', as stated in the dataset for week 35 (up to 5 September).

[21] Source: as for table 1.7.

[22] Cancer Research UK (2020) 'How coronavirus is impacting cancer services in the UK'

[23] Institute of Cancer Research (2020) 'Cancer and COVID-19: how coronavirus has delayed vital cancer treatments', https://www.icr.ac.uk/blogs/science-talk/page-details/cancer-and-covid-19-how-coronavirus-has-delayed-vital-cancer-treatments

[24] Hall, J. (2020) 'The impact of COVID 19 on critical cardiac care and what is to come post pandemic', London: Future Medicine.

[25] 'Common mental health disorders' and 'emotional disorders' are defined as being depression or anxiety disorders.

[26] 'Coronavirus and depression in adults, Great Britain: June 2020', ONS Opinions and Lifestyle Survey. A weighted sample of 3,527 adults were interviewed via the telephone between July 2019 and March 2020, with additional interviews taking place between 4 and 14 June 2020 via the telephone and an online survey.

[27] Banks and Xiouwei (2020); COVID-19 pandemic hits mental health, especially of the young and of women, and widens inequalities, Institute of Fiscal Affairs,

[28] Pierce et al (2020), Mental health before and during the COVID-19 pandemic: a longitudinal probability sample survey of the UK population, The Lancet

[29] 'Secure employment' refers to employment where neither hours nor pay were cut due to the pandemic and subsequent lockdown.

[30] Blanden, J., Crawford, C., Drayton, E., Farquharson, C., Jarvie, M. and Paull, G. (2020) *Challenges for the Childcare Market: The implications of COVID-19 for childcare providers in England*, London: Institute for Fiscal Studies.

[31] Department of Education, Providing school meals during the coronavirus (COVID-19) outbreak, updated 10 September 2020.

[32] Ministry of Housing, Communities and Local Government (2020) 'Dame Louise Casey writes to local authority homelessness managers and rough sleeping coordinators', 23 April, https://www.gov.uk/government/publications/dame-louise-casey-writes-to-local-authority-homelessness-managers-and-rough-sleeping-coordinators

[33] Ministry of Housing, Communities and Local Government (2020) 'Coronavirus (COVID-19) emergency accommodation survey data: May 2020', 3 June, https://www.gov.uk/government/publications/coronavirus-covid-19-rough-sleeper-accommodation-survey-data-may-2020

[34] CHAIN (2020) *CHAIN Quarterly Report: Greater London April–June 2020*, London: Greater London Authority.

[35] Citizens Advice (2020) 'Demand for Citizens Advice rent arrears advice up 332%', press release, 23 July.

[36] Legally defined as 'threatened with homelessness' if the individual is likely to become homeless within 56 days, or has been served with a valid Section 21 notice that is due to expire within 56 days. Local authorities have some form of duty towards these individuals.

[37] Ministry of Housing, Communities and Local Government (2020) 'Statutory homelessness live tables', 21 August.

[38] Ministry of Housing, Communities and Local Government (2020) 'Statutory homelessness: detailed local authority-level tables, January to March 2020', 20 August, tables A1 and A2. The impact of applications to local authorities will only become clear in November 2020, when Q2 statutory homelessness statistics become available.

[39] Data is missing for Bexley, Ealing, Redbridge and Wandsworth.

[40] Children's Commissioner (2019) *Bleak Houses*, London: Children's Commissioner.

[41] Croft, L.A., Marossy, A., Wilson, T. and Atabong, A. (2020) 'A building concern? The health needs of families in temporary accommodation', *Journal of Public Health*.

[42] Where no data was provided in 2020, the most recent data available is shown.

[43] LHA rates for two-bedroomed homes for private renters in London, after the March 2020 emergency increase to 30th-percentile rents, range from £1,590 a month in central, inner-east and inner-north London, to £1,150 a month in outer-north-east London. Source: Valuation Office Agency (2020) LHA tables 2020–21, https://www.gov.uk/government/publications/local-housing-allowance-lha-rates-applicable-from-april-2020-to-march-2021

[44] Once in arrears, homeowners' and tenants' ability to increase their income and make repayments, the policy of mortgage providers and landlords, the law and court capacity all affect how quickly and how many lose their homes.

[45] Ministry of Housing, Communities and Local Government (2020) Statutory homelessness Q4 2019/20.

[46] Judge, L. and Pacitti, C. (2020) *The Resolution Foundation Housing Outlook*, London: Resolution Foundation.

[47] Judge, L. (2020) *Coping with Housing Costs during the Coronavirus Crisis: Flash findings from the Resolution Foundation's coronavirus survey*, London: Resolution Foundation.

[48] Citizens Advice (2020) 'Demand for Citizens Advice rent arrears advice up 332%', press release, 23 July, https://www.citizensadvice.org.uk/about-us/how-citizens-advice-works/media/press-releases/demand-for-citizens-advice-rent-arrears-advice-up-332/

[49] Households in the UK on UC, by housing entitlement and tenure, May 2019–2020. Department for Work and Pensions data, downloaded from StatXplore.

[50] It is possible that a few tenant households with very low rent might also get UC without a housing element.

[51] Judge, L. and Pacitti, C. (2020) *The Resolution Foundation Housing Outlook*, London: Resolution Foundation.

[52] Judge, L. (2020) *Coping with Housing Costs during the Coronavirus Crisis: Flash findings from the Resolution Foundation's coronavirus survey*, London: Resolution Foundation.

[53] Households in the UK on UC, by housing entitlement and tenure, May 2019–2020. Department for Work and Pensions data, downloaded from StatXplore.

[54] UK Finance (2020) 'Lenders commit to ongoing support for mortgage borrowers impacted by Covid-19', 2 June, https://www.ukfinance.org.uk/press/press-releases/lenders-commit-to-ongoing-support-for-mortgage-borrowers

[55] HM Treasury, Help with mortgages to continue for homeowners affected by Coronavirus, 22 May 2020

[56] Data on the number of people by housing tenure is available but the breakdown between the three age groups – children, those of working age and pensioners – has been estimated using a London-wide average for the split of each tenure group by age group from Households Below Average Income 2016/17 data. According to this source, working-age people account for 51% of people living in a home owned outright, 69% of people living in a home being paid for with a mortgage, 59% of people living in a home rented from a social landlord and 76% of people living in a home rented from a private landlord.

[57] This measure can be compared with table 3.4.

[58] On the assumption that the two risks are independent of each other within each borough.

[59] Healthy London Partnership (2019) *Children and Young People's Health Services in London: A case for change*, London: Healthy London Partnership, https://www.healthylondon.org/resource/children-and-young-peoples-health-services-in-london-a-case-for-change

[60] Papworth Trust (2018) *Facts and Figures 2018*, Peterborough: Papworth Trust, www.papworthtrust.org.uk

[61] Department for Work and Pensions (2020) Households Below Average Income, 2018-19, table 4.6db.

[62] British Medical Association (2019) *Failing a Generation: Supporting children and young people in England with autism spectrum disorder through the delivery of Education, Health and Care plans*, London: British Medical Association, https://www.bma.org.uk/media/2058/ehcs-briefing.pdf

[63] IPSEA (2020) 'Update on COVID-19, school re-opening and SEN provision', 28 August, https://www.ipsea.org.uk/news/ipsea-update-on-covid-19-school-closures-and-sen-provision

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[65] Children's Society (2020) *The Impact of COVID-19 on Children and Young People*, Newcastle: Children's Society.

[66] YoungMInds (2020), Parents survey reveals widespread concerns about mental health impact of COVID-19 on young people's mental health, 14 May

[67] Liu J., Bau Y., Huang X., Shi J. and Lu L., (2020), Mental health considerations for children quarantined because of COVID-19, The Lancet
  Lee J., (2020), Mental health effects of school closures during COVID-19, The Lancet

[68] National Audit Office (2019) *Investigation into Pre-school Vaccinations*, London: National Audit Office.

[69] QualityWatch (2020) 'Vaccination coverage for children and mothers', London: Nuffield Trust.

[70] London Assembly (2019) 'Vaccinations: motion detail', 4 July, London: London Assembly.

[71] *Ibid.*

[72] Papworth Trust (2018) *Facts and Figures 2018*, Peterborough: Papworth Trust, www.papworthtrust.org.uk

[73] Foundation for People with Learning Disabilities (2016) 'Learning disability statistics', www.mentalhealth.org.uk/learning-disabilities/help-information/learning-disability-statistics

[74] House of Commons Communities and Local Government Committee (2017) *Adult Social Care*, London: House of Commons, https://publications.parliament.uk/pa/cm201617/cmselect/cmcomlac/1103/1103.pdf

[75] Learning Disability Profiles via PHE Fingertips.

[76] Alzheimer's Society (2018) *Dementia – The True Cost: Fixing the care crisis*, London: Alzheimer's Society.

[77] London Dementia Clinical Group, NHS England and NHS Improvement London https://www.england.nhs.uk/london/london-clinical-networks/our-networks/dementia/

[78] Actions undertaken by the network have included: publishing a 'coding clean-up' exercise for GPs to improve coding and increase diagnosis rates; and meetings with the dementia commissioner and GP dementia leads in each London area to give clinical advice and support and share best practice.

79 Recorded Dementia Diagnoses – July 2020, NHS Digital, https://digital.nhs.uk/data-and-information/publications/statistical/recorded-dementia-diagnoses/july-2020

[80] Recorded Dementia Diagnoses – May 2020, June 2020 and July 2020, NHS Digitial

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[83] London Councils, www.londoncouncils.gov.uk

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