

# Camden town essay



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## **Introduction**

Health seems to be more critical than health care. Diseases are caused by factors beyond clinical settings, like obesity, personal behaviours and environmental exposures (Lang & Rayner 2000). As shown by the present recession, socioeconomic impacts can influence health and social development more deeply than any other thing. Social factors such as income, race or ethnicity and education are strongly associated and exert independent influence on the health sector. For instance, upper-income Africans are unhealthier than the upper-income Europeans are. Assessing the inequalities using a single variable introduces confounding estimates of the benefits of correcting social and health policies (Ostbye, Dement & Krause 2007). The confounding benefits of social and health policies together with the unequal delivery and poor quality of health services worsens the present situations. In this regard, this report discusses the social determinant of health and critically analyses how social policies are applied in Camden Town in London.

### Camden's Demographic Information

Camden presents one of the most challenging contexts in London, being a relatively small vibrant borough of vast contrast and diversity. Camden is an inner London and covers an area of about 22 square kilometers. It neighbours Brent, Barnet, Haringey, City of London, Westminster and Islington. The recent estimate of the population in 2009 gives a total population of 210, 600, with 34600 being children aged 14 years and below.

Approximately one fifth of the entire population of Camden is aged below 20 years.

The latest population projections by the Greater London Authority (GLA) in 2009, which was meant for use within Camden Children Schools and families, show the increases in population of children and young people over the next one decade. According to Cole & Fielding (2007), this is the most difficult range of age to project. The number of young children is expected to increase by approximately 2 to 3 per cent, while those in primary age are expected to increase by approximately 6 to 8 percent. Young adults in secondary schools are also expected to increase by just over 5 per cent after a small dip in the shorter term.

The population of Camden is mixed, in that some parts of the community seem extremely stable, whereas at the same time the area experiences high mobility level. Information from the Housing department shows that some residents in social housing seem to have extremely long tenancies. This implies that some communities are well established, and are expected to have strong traditions and cultural norms. In general, Camden seems to have a comparatively mobile population that features a large amount of migration in and out of the region (Ostbye, Dement & Krause 2007). The comparatively high rate of mobility within the Camden population translates into comparatively high mobility rates for secondary and primary aged children. According to Lang & Rayner (2000), a mobile pupil is one who joins a school after the normal admission point. About 18 per cent of children in primary school and 8 per cent children in secondary were mobile in 2010, as indicated by the demographic reports. The mobility level ranged from 1 to 17

per cent in secondary schools and 4 to 27 per cent in primary schools (Ostbye, Dement & Krause 2007).

Reports have also shown that, at the end of March 2010, there were about 265 children looked after. This translates to about 66 children looked after for each 10000 local Camden under 18 years population. According to Ostbye, Dement & Krause (2007), there has been a substantial decrease in the number of children looked after over the last half a decade, from a high of about 87 in March 2006. About 370 children were looked after at any moment during 2009 to 2010, which is about 6 per cent reduction on the preceding year. The number of children looked after during the one year period has declined substantially over the last decade, from a high of about 480 children. According to Woolf (2009), the figures of children starting to be looked after declined over the last five years from a monthly rate of 12 in 2006 to an average rate of 8 in 2009 (Lang & Rayner 2000).

In relation to children with disabilities, approximately 25 per cent of pupils, which are about 5480 pupils, attending school in Camden had disabilities. About 4 per cent of these had statement. By the end of July 2009, there were about 7500 young people and children on the register of Camden's SEN/LDD. Children comprised of about 83 per cent of these number. According to Woolf (2009), the number of males was greater across all age groups (Lang & Rayner 2000).

The rate of under-15 teenage conception in Camden has been decreasing at a greater rate than both England and London. Nevertheless, the last two years have witnessed a small increase. The most recent yearly rate is 38.8

conception for every 1000. In actual terms these translates to about 107 conceptions. Despite this increase, this is the fourth lowest rate in Inner London and a decrease of about 21 per cent since 1998 baseline information. The rates of London and England for 2008 are 44.6 and 50 for every 1000 conceptions respectively (Woolf 2009). While the general numbers are comparatively small, there are dissimilarities across Camden in relation to rates of conception. Belsize Ward seems to have the highest conception rate of about 76.5 for every 1000. On other hand, Holborn and Coven Garden have the lowest rates of conception of about 27.2 for every 1000.

In general, Camden has a lower rate of people care needs than London. According to Woolf (2009), the town seems to have a higher portion of people with better health than the average for the nation. There is also a larger portion of working age people than the average for the nation. The estimates for 2009 show that the life expectancy at Camden is about 77.5 for females and 83.1 for males Camden has a total of 6 health centers that offer services such as child psychotherapy, healthy eating and employment advice (Ostbye, Dement & Krause 2007). About 38 per cent of children in Camden are overweight by the age of 11 years. This shows a serious health need for both children and adults living in Camden (Ostbye, Dement & Krause 2007).

There are various sports for children in Camden as well as advice on how children should shape up. Sporting activities and different events are organized specifically children to have fun and keep them healthy (Lang & Rayner 2000). According to Cole & Fielding (2007), Camden is a home to <https://assignbuster.com/camden-town-essay/>

various organized playgroup that provides care and socialization for children and their parents. The introduction of sporting events was an initiative to reduce the increasing obesity rates among children across UK. UK adopted obesity-related policies to avert the ever-rising rates of obesity.

### Social Determinants of Health in Camden

According to World Health Organization (2003), most diseases are popular and life expectancy shorter as one travels down the social ladder in every society and Camden in no exception. Consequently, social policies and health policies need to deal with economic determinants of health. The various social determinants of health in Camden include stress, early life, social exclusion, work, unemployment and addiction (Woolf 2009).

Stressful circumstances make people feel anxious, worried and unable to cope. These circumstances are harmful to the health of the people of Camden and might result in premature death. According to World Health Organization (2003), social and psychological situations can result in long-term stress. Prolonged insecurity, anxiety, low self esteem, lack of control, isolation and home life have significant effects on the health of many people of Camden (Lang & Rayner 2000). These psychosocial risks accumulate during the life of many people and raise the possibilities of poor mental health and premature death. Prolonged periods of insecurity and the lack of supportive friendship that is common among obese children are damaging in whatever context of life they arise. According to (World Health Organization 2003), the lower individuals are in the social hierarchy of developed nations. These implies that the more the country becomes industrialized,, the more

these problems arise. UK is an industrialized nation, which implies that Camden experiences significant levels of insecurity and anxiety among its residents. The high levels of stress among the people of Camden determine their health (Lang & Rayner 2000).

Policies should focus on reducing the primary causes of chronic stress. As a result, schools, workplaces, and other institutions in Camden have attached the importance of health to the physical environment. These institutions have given people a sense of belonging, participating and being valued in order to improve the health of the people. As a social policy, The UK government in Camden and other regions have put in places welfare programmes that addresses both material and psychosocial needs (Lang & Rayner 2000). In particular, the government supports families with young children, combats social isolation, encourage community activity and reduce both financial and material security. Moreover, the social policy in averting stress among the people of Camden promotes coping skills in rehabilitation and education.

Early life is another determinant of health of the people of Camden. A good start in life implies supporting young children and mothers. Woolf (2009) cites that the health effect of education and early development lasts a lifetime. Observational studies and interventions in Camden have shown that the basis of adult health is laid before birth and early childhood. However, the poor emotional support and slow growth among children in Camden causes a lifetime health risk and reduces physical emotional and cognitive functioning in adulthood. The poor early childhood experiences among young children in Camden become embedded in biology during the development.

Poor experiences during pregnancies can result in less than the best fetal development through a chain. The poor experiences might include deficiencies in nutrition, greater likelihood of maternal smoking, maternal stress and misuse of drugs. Poor development of the fetus is a health risk in later stages of life.

The health risks experienced during early life are significantly greater in children in socioeconomic contexts. Camden's social policy best reduces these risks through enhanced preventive health care prior to the first pregnancy, babies, and mothers in post- and prenatal. The social policy also alleviates these risks by preventive social care for school clinics, infant welfare and through improvements in parents' educational level. Such health education and health policies have direct advantages to the people of Camden. They increase awareness among parents of the needs of their children and their receptivity to information concerning development and health.

Social exclusion is another determinant of health of the people of Camden. According to World Health Organization (2003), life is short when its quality is poor. Relative deprivation, poverty and social exclusion have a significant effect on the premature death and health of the people of Camden. In addition, the chances of living in poverty are high in some social groups. Absolute poverty, which is the lack of material requirements of life, continues to exist not only in underdeveloped nations but also in also richest countries of Europe. The many ethnic minority, disabled, guest workers, refugees, disabled people and homeless people of Camden are at a particular risk of absolute poverty. People living in the streets of Camden streets suffer the

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highest rates of early death (Lang & Rayner 2000). Relative poverty implies being very poor as compared to other members of the society. Usually, relative poverty is defined as living on less than 60 per cent of the national average income. Relative poverty denies some people of Camden the access to education, decent housing, transport and other important things for participating in life. Exclusion from the society and being treated as less equal results in greater risks of early death and worse health. The stresses of languishing in poverty are specifically harmful in pregnancy during pregnancy to babies, children and old people. Social exclusion in Camden might result from discrimination, racism, hostility, stigmatization and unemployment. These causes prevent the affected people from taking part in training or education and gaining access to citizenship activities and services.

Work is also another determinant of health. Workplace stress raises the risks associated to diseases. For instance, people who have control over their work seem to have better health. Lang & Rayner (2000) mention that having a job is better for human health than having no work. However, the social work organization, styles of management and social relationships in the workplace matter for the health of the Camden's people in the working age bracket. Studies indicate that workplace stress plays a pivotal role in contributing the larger social difference in health and absence of health. Various European workplace researches have shown that human health is at risk when people have little or no opportunity to deploy their skills. Having no or little skills over one's job is strongly associated to an elevated risk of low back pain, cardiovascular disease and absence of diseases. These risks

are independent on the psychological aspects of people. In other words, they appear to be associated with the work environment. Researches have also investigated the role of work demands. Some of these studies have shown an interaction between control and work demands. According to these studies, jobs with low control and high demand carry extremely special risk. Some research findings show that social support in the workplace environment might be protective. These findings indicate that psychosocial environment at workplace is a significant health determinant and contributor to the social gradient in ill health of the people of Camden. The health and social policy recognizes that there is a trade-off between productivity and health at work. Camden's social and health policy attempts to ensure that there are improved working conditions that will result in improved productivity among workers. Therefore, the social and health policy will result in the opportunity of creating a healthier and more productive workplace environment.

Unemployment is a health determinant in Camden. The bottom-line is that job security improves health, job satisfaction and well-being (World Health Organization 2003). Higher unemployment rates cause premature deaths to children and result in illnesses. Evidences indicate that unemployed people and families in Camden town suffer a significantly elevated risk of premature death, even after allowing other factors. The health impacts of unemployment in Camden are associated to both financial problems and psychosocial consequences. The health impacts commence when people feel that their jobs are threatened, even before being unemployed. This indicates that anxiety concerning insecurity is also harmful to the health of parents

and their children in Camden. Unemployment and job insecurity increases the impacts of mental health, self-reported ill health and risk factors for heart disease. Since very insecure or unsatisfactory jobs can be as damaging as unemployment, being employed will not frequently safeguard mental and physical health. This implies that job quality also important.

In Camden, the incidence of worklessness and unemployment varies depending on groups: age, gender, disability, ethnicity or household type (World Health Organization 2003). This implies that the effects of unemployment also vary based on these groups. The overall unemployment and economic activity rates of Camden are substantially higher than those for disabled groups, women and young people. The social policy adopted in Camden has three significant goals: to prevent job insecurity and unemployment; to reduce hardships experienced by the unemployed and their families; and to restore people secure jobs. In order to equip the people of Camden with available work, the social and education policy emphasizes on high standards of education and good training schemes.

Social support and good social relations significantly contribute to the health of the people of Camden (Woolf 2009). An example is the Family Group Conferences that are decision-making conferences held to assist families and people find solutions to their problems. The meetings are usually held to empower and encourage families to plan for their kids or be guided. It is through such meetings that the people of Camden become informed of any resources that can assist them in improving their family life. The Family Group Conferences provide social support to older people. A documentary by the Camden FGC describes how families can improve the lives of the older

people. The documentary also shows the experiences of young people at school and within their community and how Family Group Conference has influenced their lives. Family Group Conference has been present in Camden from 2000 with about 125 contract coordinators.

Belonging to a social network such as FGC makes the people of Camden feel cared for, esteemed, loved and valued. This has a significant impact on health of these people. Supportive relationships experienced by the old through FGC might also encourage them. Social support operates on the levels of society and individual. Social exclusion and isolation are linked to poorer chances of survival after heart attack and increased premature death. According to studies, individuals who get less emotional and social support from others are most likely to experience more depression and less well-being (Woolf 2009). The amount of social and emotional people get from Family Group Conferences varies from according to economic and social status. As aforementioned, poverty can result in social isolation and exclusion.

### Drug and Alcohol Abuse in Camden

The use of drugs is both a reaction to social breakdown and a significant factor in worsening the outcomes of the inequalities in health provision in Camden. Addiction offers drug users mirage of escape from adversity and stress. However, the use of drugs only makes the problems worse.

Dependence on alcohol, cigarette smoking and illicit drug are all related to markers of economic and social disadvantage. In some of the transition economies of eastern and central Europe, for instance, the past 10 years

have been a moment of great social upheaval. Therefore, deaths related to use of alcohol such as violence, poisoning, injury and suicide, have sharply increased. Alcohol dependence is related to violent death in other countries.

Drug use is a major problem in Camden town. The region has about 4500 adult opiate or crack users, according to the estimates of Home Office.

Opiate use rates in Camden are the second highest in London. On the other hand, the rates of use of crack are the third highest in London.

Approximately 40 per cent of the drug users in Camden are involved in treatment. It can be extremely difficult to involve crack users in treatment, especially as there no pharmacological therapy. According to local statistics, crack users are less likely to be referred and engaged in treatment than heroin users. The graph below shows the prevalence of problematic drug use in Camden.

Research indicates that approximately one third of the consumers of methadone have been recognized to be having drinking problem (World Health Organization 2003). In addition, one sixth has a drinking problem history. According to ROOO, about 20 per cent of drug users in treatment have reported about using alcohol as their second substance of choice, it is believed that this figure is under-representation of the level of the real alcohol use. The use of alcohol elevates the risk of drop out from drug treatment, accelerates mental health problems and substantially raises the risk of hepatic cancer (World Health Organization 2003).

Camden's health policy has incorporated preventive approaches to avert drug and alcohol abuse. Camden Alcohol Harm reduction Strategy is an

initiative that builds on the current work to avert the misuse of alcohol. The strategy also sets an approach for averting problems related to alcohol abuse in Camden. This strategy has been helpful in raising the awareness of alcohol abuse, which is not distinct from the abuse of other drugs. Cole & Fielding (2007) points out that all drugs have effects on the health of their abusers. Nevertheless, the role of cocaine or crack in causing health problem is not apparent and usually goes unreported. The unreported cases of drug abuse in Camden poses some of the challenges to the above strategy.

### Safeguarding Adults and Children

Safeguarding children and adults implies that all should make sure that they are protected and action taken whenever an individual is at risk of social evils such as neglect, abuse or sexual exploitation (Lang & Rayner 2000). In Camden, a vulnerable adult is any person aged 18 years and over who might be in need of community care because of age or illness, mental or other disability. Vulnerable adults and children are incapable of protecting themselves against serious exploitation or significant harm. Drug users and children are particularly susceptible to serious exploitation and significant harm such as physical abuse. Camden has put in place a multi-agency that safeguards adult. This policy ensures that all protection services work with partners in order protect vulnerable adults.

The national drugs strategy that protects families and communities emphasizes on Drug and Alcohol Action Team (DAAT) partnerships in order to ensure that parent s using drugs receive immediate access to prevent harm coming to children. According to estimates of Hidden Harm Report,

there is one child aged below 16 for every problem of drug use. There is no accurate information in Camden showing the number of children living in families affected by substance abuse.

The problem associated with identifying children of families abusing substances is probably to be an ongoing issue. This is because of the range of the services in which alcohol or drug users with children can present. Moreover, for many teams within in the social care services, it is a problem, which might not be clear at the point of evaluation and therefore not recorded anywhere. However, children and parental drug abuse emerging a critical problem as the relation with the family develop.

#### Social and Health Policies that Prevent Drug Abuse

Social policies of Camden are focusing on reducing harm of substance abuse. According to (World Health Organization 2003), harm reduction is a key element of the drug treatment policies. Services regularly work to avert injecting behaviors. Such social policies usually involve stakeholders in ensuring that harm reduction is efficiently delivered to all Camden's diverse population. The present social policy aimed at reducing the harm of drug abuse has four major intervention measures. The first one is increasing the awareness of harm reduction among the people of Camden (World Health Organization 2003). The second measure is reducing deaths related to drug abuse. Such deaths arise from the spread of blood borne viruses (BBVs) such as HIV or hepatitis via injecting activities. Significant number of drug related deaths also arise from the overdose of drugs that results in premature drug related death (DRD). The third intervention by the reduction harm strategy is

the provision of mechanisms for the management of wound infections resulting from primary or general health care concerns. Lastly, the strategy ensures effective service delivery and clinical governance (Cole & Fielding 2007).

### Public Health Provision Addressing Health Inequality in Camden

Quality of Care is one of the core focuses of the National Health Services (Cole & Fielding 2007). In fact, one of the NHS's stated objectives is to improve the quality of standards of health, and social care services. Camden addresses quality issues in various methods. Various regulatory bodies oversee and evaluate the quality of health services by private and public providers in Camden. According to Cole & Fielding (2007), this involves periodic and regular evaluation of health providers. The assessment of the quality of health services also involves investigation of all issues that been brought to the attention of the regulatory body. The assessment ensures that every resident of Camden has an access to quality health care services. The three regulatory bodies responsible for the regulation of healthcare insurance in Camden and other parts of London are the Healthcare Commission, Mental Health Act Commission and Commission for Social Care Inspection. However, these bodies were merged into Care Quality Commission in 2008 (World Health Organization 2003). Department of Health or regional organizations that comprises of Strategic Health Authorities are also responsible for monitoring the quality of health services in Camden.



The development of a set of National Service Frameworks in 1998 by the Department of Health improved the provision of health care in Camden, especially in areas of care like mental health, cancer, diabetes and coronary disease (Ostbye, Dement & Krause 2007). These frameworks were one of the wide ranges of measures deployed in raising the quality and decrease inequality in the provision of health services in Camden. Camden also has a Quality and Outcome Framework that assesses the quality of health care provided by the general health practitioners. This framework was introduced in 2004 and has been functional since 2005. It offers incentives for enhancing health quality. Examples of incentives offered by the framework include awarding health care providers points based on how well the health care is organized, how patients perceive their surgical experience and if extra health services are offered. The participation of General Practitioners is voluntary, though many of them opt in because of the opportunity to increase income.

The implementation of the Reinsurance Directive into a law also contributed to the equal delivery of health care across Camden (Ostbye, Dement & Krause 2007). The key provisions of the directive include financial supervision and authorization by the reinsurers' mutual recognition of such authorization, state regulator and the obliteration of collateral requirements (Ostbye, Dement & Krause 2007).

## Conclusion

Camden presents one of the most challenging contexts in London, being a relatively small vibrant borough of vast contrast and diversity. The

population of Camden is mixed, in that some parts of the community seem extremely stable, whereas at the same time the area experiences high mobility level. In relation to children with disabilities, approximately 25 per cent of pupils, which are about 5480 pupils, attending school in Camden had disabilities. Social policies and health policies need to deal with economic determinants of health. The various social determinants of health in Camden include stress, early life, social exclusion, work, unemployment and addiction. Stressful circumstances make people feel anxious, worried and unable to cope. These circumstances are harmful to the health of the people of Camden and might result in premature death. A good start in life implies supporting young children and mothers. The health risks experienced during early life are significantly greater in children in socioeconomic contexts. Camden's social policy best reduces these risks through enhanced preventive health care prior to the first pregnancy, babies, and mothers in post- and prenatal. Job security improves health, job satisfaction and well-being. Social policies of Camden are focusing on reducing harm of substance abuse.