

**Inclusion Health Groups**  
**Hampshire and Isle of Wight**

April 2022

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## **Introduction**

Inclusion health is a 'catch-all' term used to describe people who are socially excluded. These people typically experience multiple overlapping risk factors for poor health (such as poverty, adverse childhood experiences, violence, substance use, mental illness and complex trauma), experience stigma and discrimination, and are not consistently accounted for in electronic records (such as healthcare databases)<sup>1,2,3</sup>. These experiences frequently lead to barriers in access to healthcare and extremely poor health outcomes. People belonging to inclusion health groups frequently suffer from multiple health issues, which can include mental and physical ill health and substance dependence issues. This leads to extremely poor health outcomes, often much worse than the general population, lower average age of death, and it contributes considerably to increasing health inequalities<sup>4,5</sup>.

Evidence shows that people who are socially excluded underuse some services, such as primary and preventative care, and often rely on emergency services such as A&E when their health needs become acute. This results in missed opportunities for preventive interventions, serious illness, and inefficiencies, and further exacerbates existing health inequalities.

There will be differences in needs within socially excluded groups (for example between men and women) and these differences must be understood and responded to appropriately using a pro-active and holistic approach<sup>6</sup>.

This JSNA Chapter considers inclusion health groups across Hampshire and Isle of Wight and where possible aims to quantify these communities in our population, where they live, their demographics and describe the potential health outcomes and challenges they may face. The inclusion health groups identified in this report are coastal communities (including Left Behind Neighbourhoods), people with drug and alcohol dependency, Gypsy, Roma and Traveller community, people experiencing homelessness, people in contact with the justice system, sex workers, veterans, victims of modern slavery and vulnerable migrants (including Afghan nationals)

## **Coastal communities**

There is no nationally agreed definition or consensus on what constitutes a 'coastal community'. In Hampshire and the Isle of Wight there are both coastal and non-coastal communities which have been identified by analysis from the University of Plymouth. Coastal areas are those with built-up areas which lie within 500m of high tide (Appendix A).

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<sup>1</sup> [Inclusion health: addressing the causes of the causes - The Lancet](#)

<sup>2</sup> [Inclusion Health: applying All Our Health - GOV.UK \(www.gov.uk\)](#)

<sup>3</sup> [Adverse childhood experiences: retrospective study to determine their impact on adult health behaviours and health outcomes in a UK population | Journal of Public Health | Oxford Academic \(oup.com\)](#)

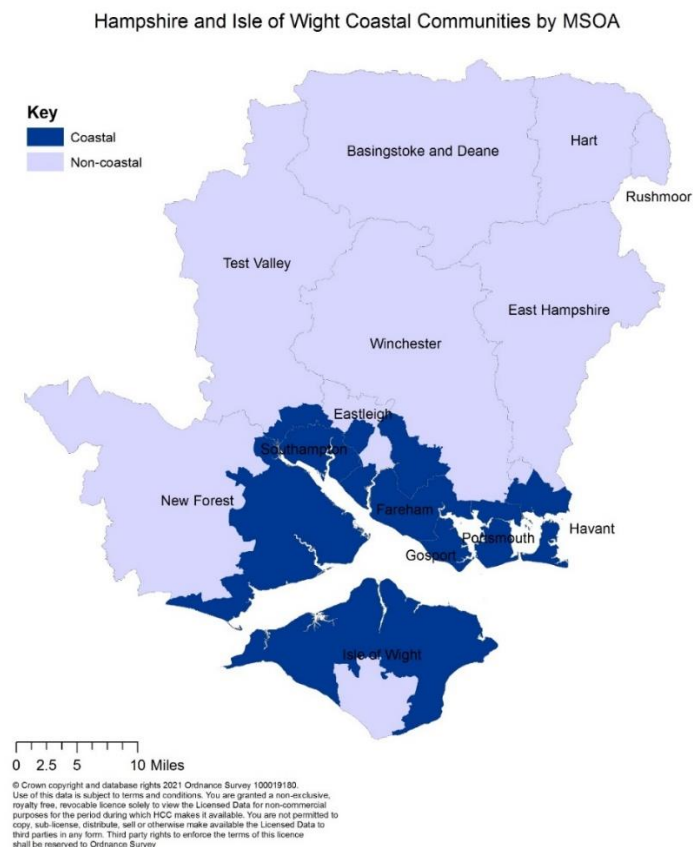
<sup>4</sup> [Inclusion Health: applying All Our Health - GOV.UK \(www.gov.uk\)](#)

<sup>5</sup> [Standards - Pathway](#)

<sup>6</sup> [Inclusion Health: applying All Our Health - GOV.UK \(www.gov.uk\)](#)

**Geography** - The New Forest, Test Valley, Eastleigh, Winchester, the Isle of Wight, Fareham, Gosport and Havant all have coastal communities.

**Figure 1: Hampshire and Isle of Wight Coastal Communities by MSOA**



Source: Chief Medical Officer’s Annual Report 2021 - Health in Coastal Communities

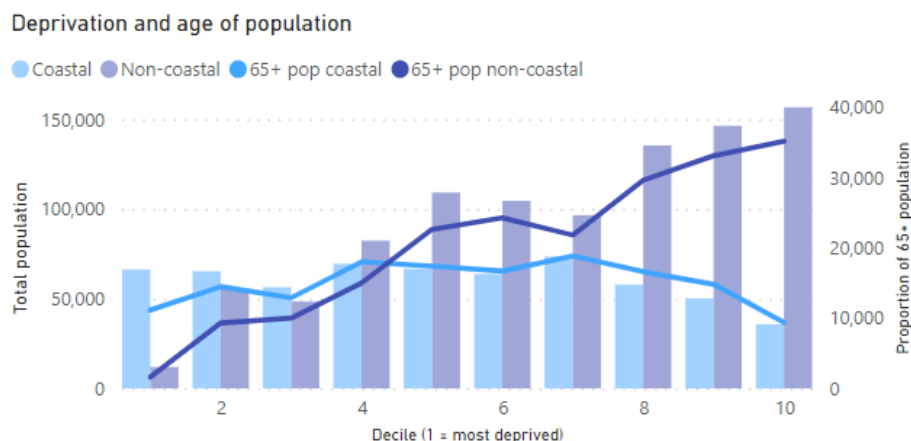
**Figure 2: Percentage of population and MSOAs classed as coastal by district**

Row Labels	% of population classed as coastal	% of 65+ population classed as coastal
Fareham	100%	100%
Gosport	100%	100%
Isle of Wight	92.7%%	91.1%
Havant	79.4%	77.9%
New Forest	62.4%	60.6%
Eastleigh	28.9%	28.8%
Winchester	9.6%	6.8%
Test Valley	5.2%	6%

Source: Microsoft Power BI

A greater proportion of the population who live in the most deprived areas are living in coastal areas. Figure 2 shows that a greater proportion of those aged 65 and over living in coastal areas are in areas of higher deprivation, whereas fewer residents aged 65 and over living in the least deprived deciles are living by the coast<sup>7</sup>. Havant has 31,724 people living in the most deprived decile in coastal areas, compared to 597 people living in the most deprived decile in non-coastal areas<sup>8</sup>.

Figure 3: Hampshire and Isle of Wight coastal and non-coastal deprivation and age profiles



Source: Hampshire and Isle of Wight 2021 JSNA Healthy Places Report

**Outcomes** - Coastal communities include a disproportionately high burden of ill health, particularly heart disease, diabetes, cancer, COPD and mental health. There is also a significant disparity in hospital admissions due to ‘health-risking behaviour’ between coastal and non-coastal areas<sup>9</sup>. Life expectancy in non-coastal areas in Hampshire is lower than coastal areas, although only the difference in females is significant. Male life expectancy in coastal areas is 80.9 years (0.7 years lower than non-coastal) and female life expectancy in coastal areas is 83.9 years, 1 year lower than non-coastal<sup>10</sup>. This is in line with the national picture, which shows that life expectancy, healthy life expectancy and disability-free life expectancy are all lower in coastal areas for males and females<sup>11</sup>. Data are not sufficient to provide this difference for the Isle of Wight.

Deprivation in these areas, and the age of coastal populations are both related to this burden of ill health. University of Plymouth Coastal Health Outcomes report concluded that there is also a substantial health service deficit in coastal communities<sup>12</sup>.

<sup>7</sup> Hampshire and Isle of Wight 2021 JSNA Healthy Places Report

<sup>8</sup> [Microsoft Power BI](#)

<sup>9</sup> [cmo-annual\\_report-2021-health-in-coastal-communities-accessible.pdf](#)

<sup>10</sup> [Microsoft Power BI](#)

<sup>11</sup> [Chief Medical Officer’s Annual Report 2021 - Health in Coastal Communities \(publishing.service.gov.uk\)](#)

<sup>12</sup> [cmo-annual\\_report-2021-health-in-coastal-communities-accessible.pdf](#)

## **Left Behind Neighbourhoods**

Left behind neighbourhoods (LBN's) feature in the most deprived 10% of areas in the Index of Multiple Deprivation, and the 10% of areas of greatest need in the Community Needs Index. In Hampshire there are three LBN's; Grange in Gosport, and Bondfields and Warren Park in Havant<sup>13</sup>. All three of these neighbourhoods are also classified as coastal communities, highlighting their extremely high vulnerability to poor health outcomes. LBN's have a higher proportion of people who self-report their health to be 'bad' or 'very bad' than other deprived areas and England as a whole, and people in these neighbourhoods were 46% more likely to die of COVID-19 than the national average<sup>14</sup>. These areas also have high rates of unemployment (59.5% of people are employed in Gosport and 70.2% in Havant, compared to 77.7% in the South East), high rates of obesity (68% of over 18's in Gosport and 65% in Havant are overweight or obese)<sup>15,16</sup>. People living in LBN's have lower life expectancy than the general population, living on average 7.5 fewer years in good health. Female life expectancy in LBN's is 3 years below the national average, and male life expectancy is 3.7 years below<sup>17</sup>.

## **People with drug and alcohol dependency**

There are conflicting data on UK alcohol consumption trends, between what people say they drink and the data on alcoholic drink sales. European research evidence indicates that people under-estimate their personal alcohol consumption by around 60%.<sup>18</sup>

It is estimated that 11,250 people have alcohol dependency in Hampshire, and 1,680 on the Isle of Wight. The rate of alcohol dependency per 100 adult population is higher on the Isle of Wight (1.44) than in Hampshire (1.03) or England (1.37)<sup>19</sup>. Between 2015 and 2018 there was a very gradual increase in the estimated number of alcohol dependent adults in Hampshire and Isle of Wight<sup>20</sup>. The number of opiate users in Hampshire successfully completing drug treatment has been declining, in line with the England trend<sup>21</sup>. There has been a decline of people completing successful alcohol treatment on the Isle of Wight<sup>22</sup>.

Most of the data available on Hampshire and Isle of Wight drug and alcohol dependents comes from NHS Inclusion, one of the services available to people

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<sup>13</sup> [Understanding-left-behind-neighbourhoods\\_final-LR.pdf \(communitywealthfund.org.uk\)](#)

<sup>14</sup> [Overcoming-Health-Inequalities-Final.pdf \(thenhsa.co.uk\)](#)

<sup>15</sup> [Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](#)

<sup>16</sup> [Overcoming-Health-Inequalities-Final.pdf \(thenhsa.co.uk\)](#)

<sup>17</sup> [Overcoming-Health-Inequalities-Final.pdf \(thenhsa.co.uk\)](#)

<sup>18</sup> [Alcohol consumption higher than reported in England | UCL News - UCL – University College London](#)

<sup>19</sup> [Alcohol dependence prevalence in England - GOV.UK \(www.gov.uk\)](#)

<sup>20</sup> [Alcohol dependence prevalence in England - GOV.UK \(www.gov.uk\)](#)

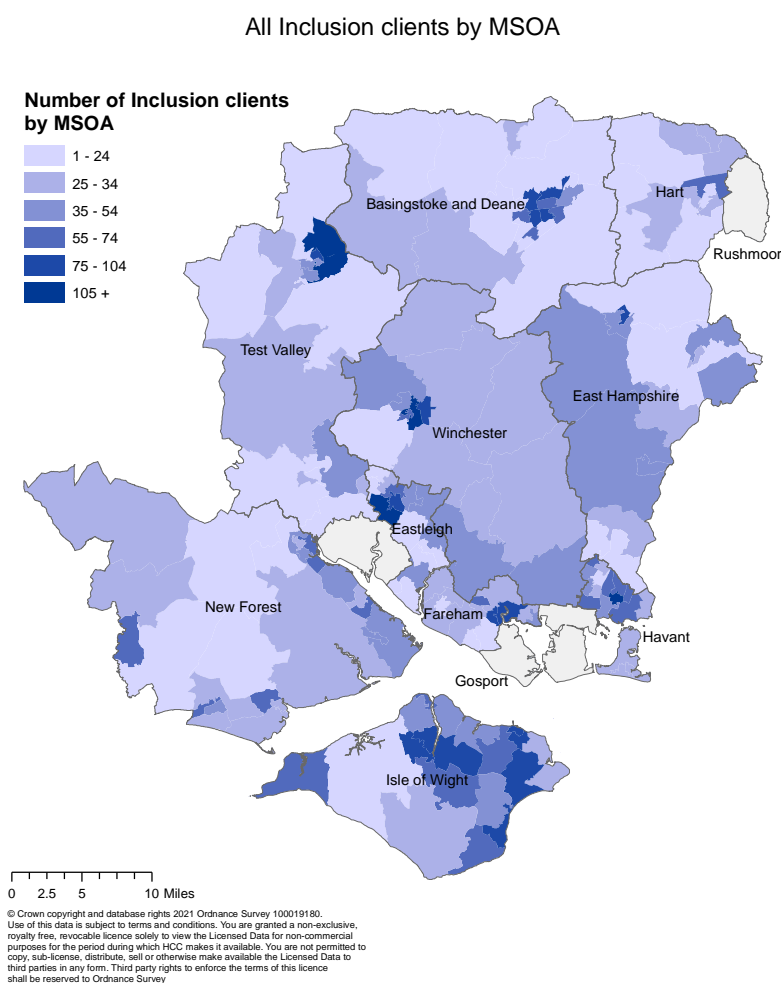
<sup>21</sup> [Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](#)

<sup>22</sup> [Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](#)

experiencing drug and/or alcohol problems<sup>23</sup>. Clients of NHS Inclusion are one of two types:

1. Structured clients – receiving intense treatment, these people are assigned to either Young Persons Service or Adult Service
2. Non-structured clients – these are much more disenfranchised clients; they receive a much less intensive service which is often the result of client need and / or level of engagement. Clients sometimes have ‘no drug group’ on their record, which is usually caused by a referral followed by little or no contact after the initial contact.

**Figure 4: All Hampshire and Isle of Wight Inclusion clients by MSOA**



Source: NHS Inclusion

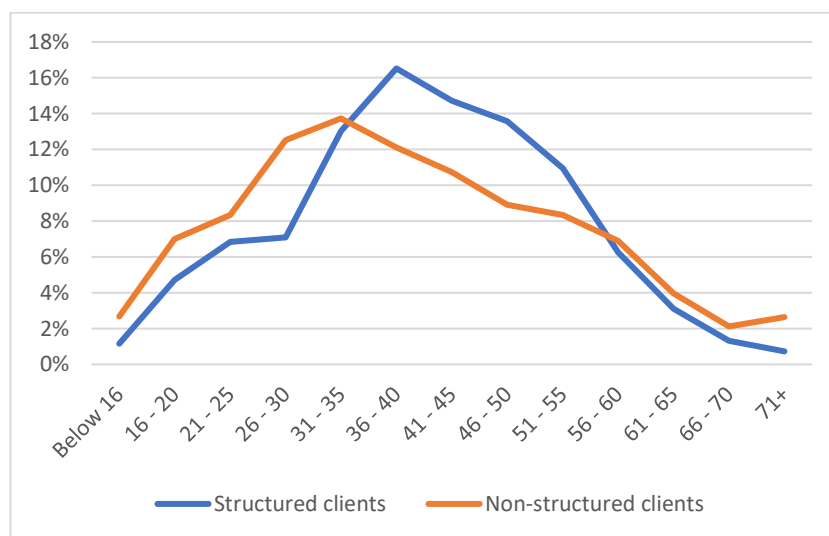
**Geography** - Figure 4 demonstrates the urban concentration of people who are in treatment for drugs and alcohol dependency in every district. The deprivation levels of those who are in treatment suggests that the population who are dependent on drugs and alcohol tend to live in the more deprived areas of Hampshire. 54% of people in treatment in 2020/21 live in areas which are in deciles 1, 2 or 3 of the 2019

<sup>23</sup> [Support for alcohol or drug problems | Health and social care | Hampshire County Council \(hants.gov.uk\)](https://www.hants.gov.uk/support-for-alcohol-or-drug-problems)

Index of Multiple Deprivation<sup>24</sup>. Eastleigh, the Isle of Wight, the New Forest and Test Valley have higher admission episodes for alcohol-related conditions than England’s average<sup>25</sup>.

**Sex and age** - In Hampshire and the Isle of Wight, the majority of structured clients are male (63%). The same percentage applies in Hampshire’s non-structured clients. 59% of the Isle of Wight’s non-structured clients are male. In Hampshire and the Isle of Wight structured treatment clients tend to be slightly older than non-structured treatment clients, shown in Figure 5.

**Figure 5: Inclusion client age distribution**



**Substance type** - In both Hampshire and the Isle of Wight the most used substance within structured treatment clients are opiates (55% and 43% respectively), followed by alcohol (24% and 32% respectively). This is a contrast to the non-structured clients, who are much more likely to use alcohol compared to any other substance (40% and 43% respectively). Only 4% of non-structured clients use Opiates, much lower than the percentage of structured clients. A quarter of unstructured treatment clients in Hampshire and the Isle of Wight have ‘no drug group’ recorded, showing the lack of engagement with many of the most vulnerable substance users.

**Figure 6: Substance used by Inclusion client type**

Area	Client type	Substance used				
		Alcohol	Alcohol and non-opiate	Non-opiate	Opiates	No drug group
Hampshire	Structured	24.92%	9.23%	10.13%	55.72%	N/A
	Non-structured	40.81%	12.49%	18.23%	4.05%	24.42%
Isle of Wight	Structured	32.36%	14.44%	10%	43.19%	N/A
	Non-structured	43.09%	9.13%	18.97%	4.45%	24.36%

<sup>24</sup> Hampshire Equity Audit, 2020.

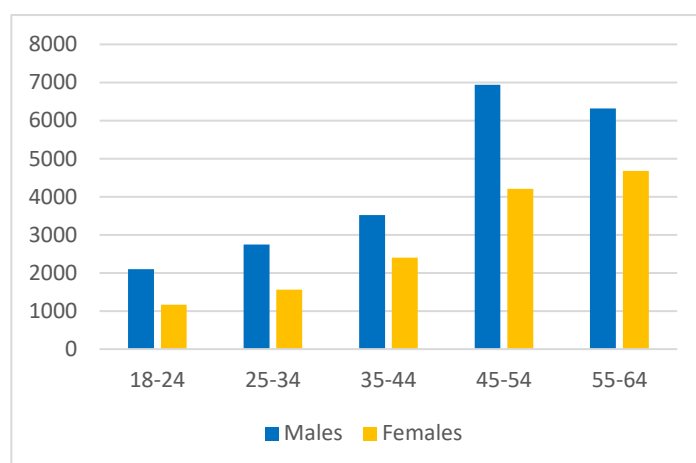
<sup>25</sup> [Local Alcohol Profiles for England - Data - PHE](#)



Alcohol dependent women are much more likely to access structured treatment than men, but the gender split between opiate dependent people accessing structured treatment is even. It is estimated that 56% of male opiate users were in treatment in 2020/21, compared to 63% of female opiate users. The gender split of successful outcomes is even<sup>26</sup>.

There has been a rise in those seeking treatment for alcohol or alcohol and non-opiate use in the mid age range, particularly the 35-54 age band. Clients with opiate use are also more likely to seek treatment as they age<sup>27</sup>. It is estimated that 28% of 15-24 year old opiate crack users were in treatment in 2020/21, compared to 41% of 25-34 year olds and 60% of 35-64 year olds<sup>28</sup>. This may be a result of health issues arising after longer periods of usage. People aged below 18 years are most likely to complete successful treatment, and people aged 25-34 are least likely to complete successful treatment.

Figure 7: Hampshire population at higher risk of alcohol-related health problems, by age and sex<sup>29</sup>



Source: *Projecting Adult Needs and Service Information*

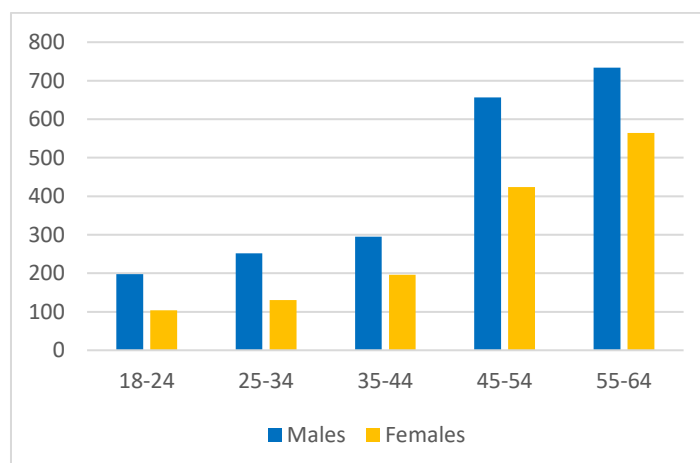
<sup>26</sup> Hampshire Equity Audit, 2020.

<sup>27</sup> Hampshire Equity Audit, 2020.

<sup>28</sup> Hampshire Equity Audit, 2020.

<sup>29</sup> [Projecting Adult Needs and Service Information System \(pansi.org.uk\)](https://pansi.org.uk) Note: Numbers have been calculated by applying percentages of men and women who are at higher risk to ONS projected population figures to 2040.

**Figure 8: Isle of Wight population at higher risk of alcohol-related health problems, by age and sex<sup>30</sup>**



Source: *Projecting Adult Needs and Service Information*

**Outcomes** - Alcohol and drug dependence increases the risk of a range of mental and physical illnesses<sup>31</sup>. The risk of alcohol-related health problems increases with age, and men are at a higher risk than women at every age, shown in Figure 8. The type of substance and method used changes the health outcomes. Excessive drinking increases the risk of developing chronic diseases including liver disease, diabetes, cardiovascular disease and cancers of the breast and gastrointestinal tract. High risk drinking also increases the risk of psychological ill-health and is also associated with a range of social and economic issues including loss of ability to function within employment, social isolation, loneliness, and homelessness<sup>32,33,34</sup>. People who inject drugs are more likely to experience Hepatitis C and bacterial infections, and have an unmet need for wound management<sup>35</sup>. Substance use is also associated with relationship breakdown and difficulty in maintaining social links, with usage exacerbated by relationship loss and a lack of social support. Inclusion aims to develop people’s ‘Recovery Capital’ to help them to recover and sustain a healthy lifestyle<sup>36</sup>.

The number of deaths from drug misuse in Hampshire has been increasing since 2001, which follows the England trend<sup>37</sup>. On the Isle of Wight, deaths from drug misuse have been above the England average for a number of years since 2012<sup>38</sup>. In 2020, 19% of people who inject drugs surveyed across drug and alcohol services in England, Wales and Northern Ireland reported overdosing to the point of losing

<sup>30</sup> [Projecting Adult Needs and Service Information System \(pansi.org.uk\)](https://pansi.org.uk) Note: Numbers have been calculated by applying percentages of men and women who are at higher risk to ONS projected population figures to 2040.

<sup>31</sup> [Local Alcohol Profiles for England - PHE](#)

<sup>32</sup> [Local Alcohol Profiles for England - PHE](#)

<sup>33</sup> [AlcoholJSNA2013.pdf](#)

<sup>34</sup> [2017-07-04SocialisolationandLonelinessinHampshireHF000014384094 \(1\).pdf](#)

<sup>35</sup> [HPR volume 16 issues 1 and 2: news \(10 February 2022\) - GOV.UK \(www.gov.uk\)](#)

<sup>36</sup> [2017-07-04SocialisolationandLonelinessinHampshireHF000014384094 \(1\).pdf](#)

<sup>37</sup> [Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](#)

<sup>38</sup> [Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](#)

consciousness in the preceding year<sup>39</sup>. Those who have recently been released from prison, discharged from hospital or stopped treatment have a lower opioid tolerance and are the main risk groups to identify and engage in harm reduction interventions and overdose prevention initiatives<sup>40</sup>.

Data on alcohol and drug use by ethnicity has numbers which are too small to draw any meaningful conclusions.

### **Gypsy, Roma and Traveller community**

In research, there were generally two types of travelling communities identified. The first being the Gypsy, Roma and traveller community and the second being people who travel for fairs and circuses, often referred to as travelling showpeople<sup>41,42</sup>. This report will mainly focus on the Gypsy, Roma and traveller community. On the Isle of Wight houseboat communities will also be covered.

Parts of this community are often missed by official statistics such as the census as they do not live in 'bricks and mortar' homes, and Census forms are only delivered to 'settled' accommodation.

**Geography** - All districts in Hampshire have a very small percentage of their population identified as Gypsy or Irish Traveller in the 2011 Census. Hart has the largest percentage of its population identified as Gypsy or Irish Traveller (0.3%), and Gosport has the lowest (0.04%)<sup>43</sup>.

It is assumed that most of those identified in the Isle of Wight's Gypsy and Traveller, Travelling Showpeople and Houseboat Dweller Accommodation Assessment in 2018 were not identified in the 2011 Census as they were living in caravans and other vehicles on unauthorised encampments or 'tolerated' sites. In 2018 no evidence was found to suggest the Isle of Wight had a resident population of Travelling Showpeople. An estimated 60 houseboats were identified, although it was assessed that this population does not fall under the Government guidance for inclusion in traveller counts. The Ryde regeneration area had the highest number of vans and caravans. In 2018 no local authority or registered provider owned or managed Gypsy or traveller pitches were recorded<sup>44</sup>. The total provision suggested for Gypsies and Travellers on the Isle of Wight is for 16 permanent pitches required, rising to 19 by 2035. It is also recommended that a Transit Site of 2 pitches rising to 3 by 2035 site be planned to allow for enforcement action on illegal encampments and facilitate planned move onto a suitable permanent pitch, if appropriate.

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<sup>39</sup> [Shooting Up: infections and other injecting-related harms \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

<sup>40</sup> [Shooting Up: infections and other injecting-related harms \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

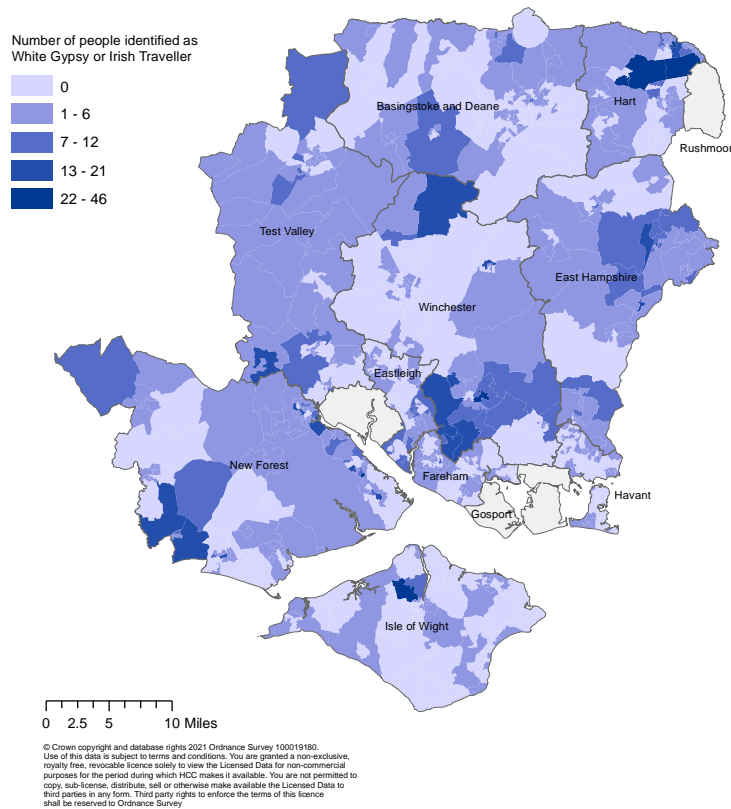
<sup>41</sup> [\\*2981-Isle-of-Wight-GTTSA-2018-update.pdf](#)

<sup>42</sup> [Traveller caravan count: technical notes \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

<sup>43</sup> [KS201EW \(Ethnic group\) - Nomis - Official Labour Market Statistics \(nomisweb.co.uk\)](https://nomisweb.co.uk)

<sup>44</sup> [\\*2981-Isle-of-Wight-GTTSA-2018-update.pdf](#)

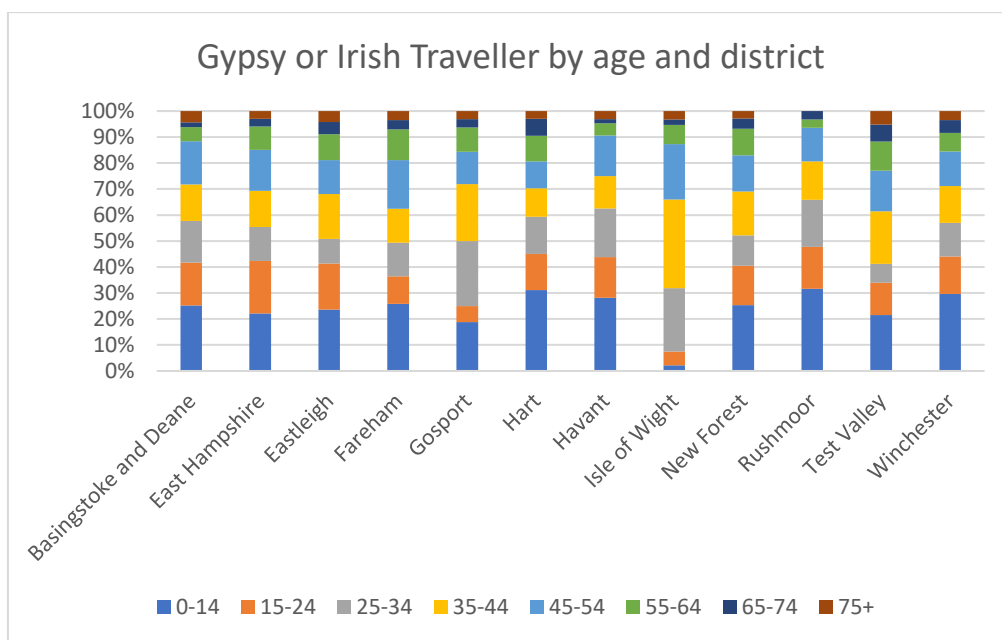
**Figure 9: Number of people identified as Gypsy or Irish Traveller in 2011 Census by MSOA**



Source: Office for National Statistics 2011 Census

**Age** – The age of Gypsy or Irish Traveller people in Hampshire and the Isle of Wight varies by district. Hart and Rushmoor have the highest percentage of Gypsy or Irish Traveller people aged 0-14 years (31% and 32%), and the Isle of Wight has the lowest percentage (2%).

Figure 10: Gypsy or Irish Traveller by age and district



Source: Office for National Statistics 2011 Census

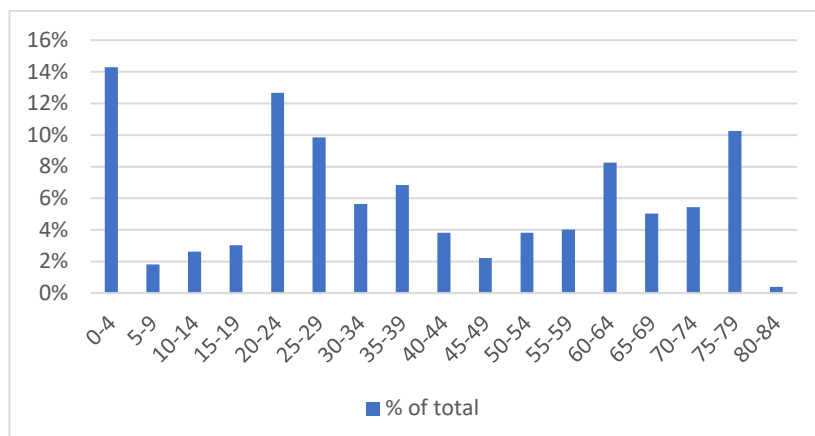
**Outcomes** - Many Gypsy, Roma and Traveller people struggle to access healthcare, which means health issues often get dealt with when they become urgent<sup>45</sup>. It was reported in 2016 that Gypsy and Traveller communities had the lowest life expectancy of any ethnic group in the UK<sup>46</sup>. This population have high maternal and infant mortality rates, low child immunisation levels, high rates of mental illness, suicides, diabetes and heart disease<sup>47</sup>. With the exception of 0-4 years Hampshire registered patients' hospital admissions is lowest at 5-9 years old and steadily increases as people age. As Figure 11 shows, the age profile of hospital admissions of people resident at traveller site postcodes does not reflect the profile seen in the general population. It is highest at 0-4 years, which is the same in the general population. But it then it peaks at 20-24 years, 60-64 years and 75-79 years. There are no admissions for 80+ year olds.

<sup>45</sup> [SS00-Health-inequalities\\_FINAL.pdf \(gypsy-traveller.org\)](#)

<sup>46</sup> [inclusion-hlth-expo.pdf \(england.nhs.uk\)](#)

<sup>47</sup> [inclusion-hlth-expo.pdf \(england.nhs.uk\)](#)

**Figure 11: Hospital admissions of people resident at traveller site postcodes (2006/07 to 2011/12)**



Source: CDS received from Provider Trusts via SUS extracted from Hampshire data warehouse

Local Authorities are required by Central Government to assess the accommodation requirements of Gypsies and Travellers and to develop a strategy that addresses any unmet need identified<sup>48</sup>. Hampshire Ethnic Minority and Traveller Achievement Service (EMTAS) works to improve access, achievement and engagement in education.

### **People experiencing homelessness**

There are three main forms of homelessness: rough sleeping, statutory homelessness, and hidden homelessness, whereby people sofa surf at family and friends' houses or live in housing which is not safe to be occupied. Rough sleeping is at the extreme end of homelessness, however those who fall under the category of 'hidden homelessness' are the ones most often excluded from official data<sup>49</sup>.

**Causes** – National evidence shows many young people become homeless as a result of family relationship breakdown. In many cases, mental or physical health issues also played a role, often being experienced by a family member rather than the young person<sup>50</sup>.

**Geography** - A district level count of rough sleepers in 2018 showed that Fareham had the most rough sleepers. There were no rough sleepers recorded in Eastleigh, Gosport or Hart<sup>51</sup>. In the same year, the Isle of Wight reported having 24 people rough sleeping<sup>52</sup>. ONS data shows that in 2020 the New Forest had the largest

<sup>48</sup> [CAB3138 - APDX 2 - DPD adoption version.pdf \(winchester.gov.uk\)](#)

<sup>49</sup> [Homelessness: applying All Our Health - GOV.UK \(www.gov.uk\)](#)

<sup>50</sup> [Young and Homeless 2018.pdf](#)

<sup>51</sup> [Homelessness review final EH 6 141019.docx \(live.com\)](#)

<sup>52</sup> [PAPER-C-AppendixA.pdf \(iow.gov.uk\)](#)

number of rough sleepers (17). Gosport and Eastleigh were both found to have no people sleeping rough<sup>53</sup>.

Figure 12: Comparison of ONS and local authority rough sleeper count/estimate<sup>54,55,56</sup>

District	ONS 2020 Rough Sleeping Snapshot	2018 District Count
Basingstoke and Deane	0	8
East Hampshire	1	4
Eastleigh	0	0
Fareham	3	19
Gosport	3	0
Hart	2	0
Havant	5	5
Isle of Wight	4	24*
New Forest	17	8
Rushmoor	9	8
Test Valley	3	9
Winchester	7	8

Source: *East Hampshire Council 2018/19 Homelessness Review, ONS 2020 Rough Sleeping Snapshot, \*Isle of Wight Homeless and Rough Sleeping Strategy 2019 – 2024 (2018 figure)*

Ministry of Housing, Communities and Local Government figures show the New Forest to have 5.2 households in temporary accommodation per 1,000; worse than England’s average and the highest in Hampshire<sup>57</sup>. Rushmoor has the highest number of households (per 1,000) owed a duty under the Homelessness Reduction Act (HRA) at 16.5. This makes Rushmoor worse than England’s and Hampshire’s averages (12.3 and 8.6 respectively).<sup>58</sup> Under the HRA prevention and relief duties are owed to all eligible households who are homeless or threatened with becoming homeless<sup>59</sup>.

However, homeless shelter figures often exceed national estimates and are often the most reliable and up to date local figures available<sup>60</sup>.

<sup>53</sup> [Official statistics overview: Rough sleeping snapshot in England: autumn 2020 - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

<sup>54</sup> [Homelessness review final EH 6 141019.docx \(live.com\)](#)

<sup>55</sup> [Official statistics overview: Rough sleeping snapshot in England: autumn 2020 - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

<sup>56</sup> [PAPERC-AppendixA.pdf \(iow.gov.uk\)](#)

<sup>57</sup> [Public Health Outcomes Framework - Data - PHE](#)

<sup>58</sup> [Public Health Outcomes Framework - Data - PHE](#)

<sup>59</sup> [Homelessness Reduction Act 2017 \(legislation.gov.uk\)](https://legislation.gov.uk)

<sup>60</sup> [Trinity-Annual-Review-2021.pdf \(trinitywinchester.org.uk\)](#)

**Sex** - Nationally and within Hampshire and Isle of Wight it is estimated that the majority of people experiencing homelessness are male, typically between 70-90%<sup>61,62,63</sup>.

**Nationality** - 91% of Hampshire and Isle of Wight rough sleepers had UK nationality, 7% were from the EU, none had non-EU nationality and 2% of rough sleepers' nationality was unknown<sup>64</sup>.

**Age** - In 2020, the ONS reported that 91% of Hampshire and Isle of Wight's homeless population were aged over 26 years old, 6% were 18-25 and none were below 18<sup>65</sup>.

**Outcomes** – NICE guidelines show that homelessness is linked with a wide range of serious health conditions<sup>66</sup>. Many people who are homeless experience poor mental health, domestic abuse and are likely to have substance use or addiction<sup>67,68</sup>. Many people experiencing homelessness are likely to have experienced this before becoming homeless, which may lead to other mental health problems<sup>69</sup>. One in three people who are homeless have attempted suicide<sup>70</sup>. People experiencing homelessness are nine times more likely to die by suicide<sup>71</sup>. Deaths as a result of traffic accidents are three times as likely, infections twice as likely and falls more than three times as likely for people experiencing homelessness. Drug and alcohol abuse are particularly common causes of death among the homeless population, accounting for just over a third of all deaths<sup>72</sup>. The life expectancy of people experiencing homelessness is lower than those not experiencing homelessness, rough sleepers die on average 30 years earlier than the general population, and women experiencing homelessness have a lower life expectancy than men experiencing homelessness<sup>73,74</sup>.

Between 2011 and 2021, 70.5% of hospital admissions for people experiencing homelessness were emergency admissions (Code 21 through 28) and 43% were through A&E (Code 21). There were 2,159 people experiencing homelessness who were recorded as emergency admissions to hospitals in Hampshire and Isle of Wight, of which 60% were male, and 40% were female.

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<sup>61</sup> [Official statistics overview: Rough sleeping snapshot in England: autumn 2020 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/rough-sleeping-snapshot-in-england-autumn-2020)

<sup>62</sup> [PAPER-C-AppendixA.pdf \(iow.gov.uk\)](#)

<sup>63</sup> [Rough sleeping snapshot in England: autumn 2020 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/rough-sleeping-snapshot-in-england-autumn-2020)

<sup>64</sup> [Official statistics overview: Rough sleeping snapshot in England: autumn 2020 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/rough-sleeping-snapshot-in-england-autumn-2020)

<sup>65</sup> [Official statistics overview: Rough sleeping snapshot in England: autumn 2020 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/rough-sleeping-snapshot-in-england-autumn-2020)

<sup>66</sup> [Homelessness: applying All Our Health - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/homelessness-applying-all-our-health)

<sup>67</sup> [Homelessness: applying All Our Health - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/homelessness-applying-all-our-health)

<sup>68</sup> [Trinity-Annual-Review-2021.pdf \(trinitywinchester.org.uk\)](#)

<sup>69</sup> [Young and Homeless 2020.pdf](#)

<sup>70</sup> [Annual Review 2021 - Winchester Churches Nightshelter \(wcns.org.uk\)](#)

<sup>71</sup> [inclusion-hlth-expo.pdf \(england.nhs.uk\)](#)

<sup>72</sup> [2019 STP JSNA \(hants.gov.uk\)](#)

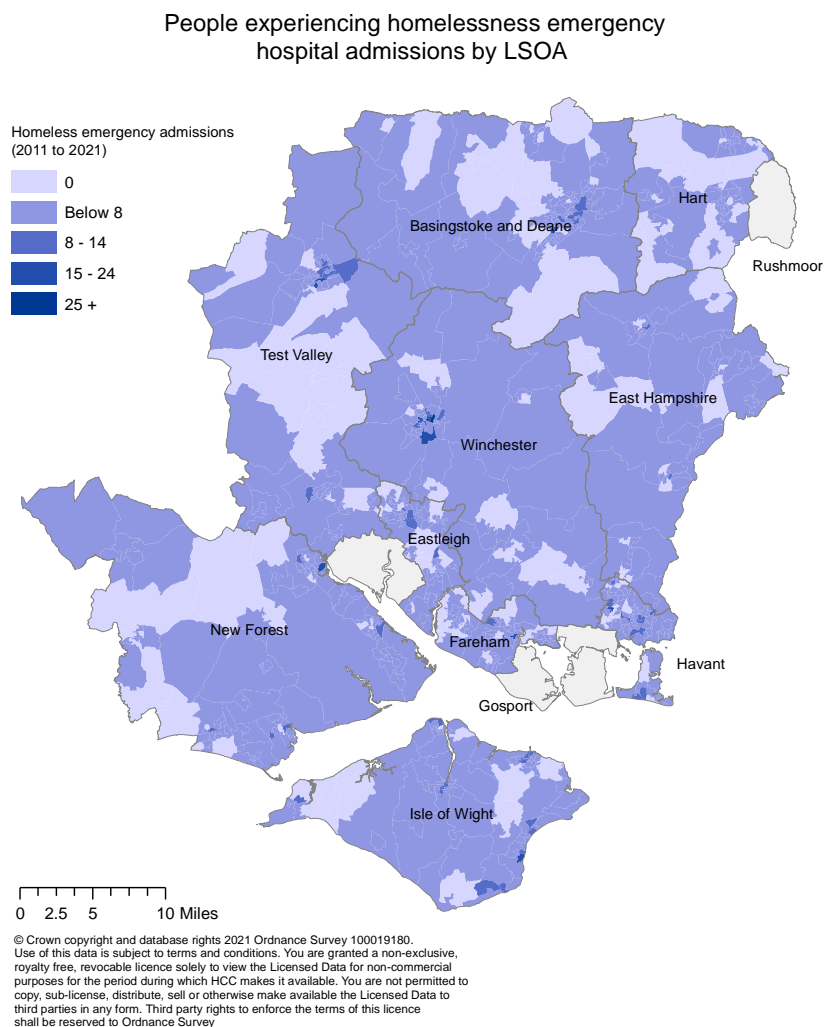
<sup>73</sup> [Deaths of homeless people in England and Wales - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk/government/statistics/deaths-of-homeless-people-in-england-and-wales)

<sup>74</sup> [inclusion-hlth-expo.pdf \(england.nhs.uk\)](#)



A wide range of services are available to people experiencing homelessness in both Hampshire and the Isle of Wight. These services cover a range of obstacles which the homeless population may face, such as developing independence and life skills, accessing affordable and suitable short-term and long-term accommodation, and finding work opportunities<sup>75</sup>.

**Figure 13: Homeless emergency hospital admissions by LSOA**



Source: Hospital Episode Statistics Extract (2011-2021)

<sup>75</sup> [Community directory search \(connecttosupporthampshire.org.uk\)](https://connecttosupporthampshire.org.uk)

## **People in contact with the justice system**

The health profile of people in prison is one of complex, co-occurring physical and mental health conditions, and the poor health status of this population is typically set against a backdrop of entrenched and intergenerational social disadvantage<sup>76,77</sup>.

In Hampshire and Isle of Wight there are two prisons. HMP Isle of Wight is a high security men's prison, in February 2022 it had a population of 772<sup>78,79</sup>. HMP Winchester is a men's prison and young offender institution, in February 2022 it had a population of 485<sup>80,81</sup>. Both prisons give new prisoners an induction when they first arrive, which includes discussions about their mental and sexual health and any substance misuse issues.

Being a perpetrator or victim of crime is closely associated with deprivation and exclusion<sup>82</sup>. Nationally, violent (and particularly knife) crimes have increased significantly among young people over the last decade. The rate of juveniles receiving their first conviction, caution or youth caution per 100,000 10-17 year old population is higher on the Isle of Wight than Hampshire, at 277.6 and 149.8 respectively<sup>83</sup>.

In 2020 the number of individuals formally dealt with by the Criminal Justice System (CJS) was 30% lower nationally than in 2019, as a result of COVID-19.

**Outcomes** - People in contact with the criminal justice system, including those in prison and on probation, tend to be in poorer health than the general population and have a greater need for health and care<sup>84</sup>. Many of the health needs of people in prison are exacerbated by early childhood experiences, social circumstances and higher rates of smoking and alcohol and substance use<sup>85</sup>. Children and young people at risk of offending or within the youth justice system often have more unmet health needs than other children<sup>86,87</sup>. For young people, there are overlapping risk factors associated with youth crime, such as school absence and low educational attainment<sup>88</sup>.

Nationally, the rate of tuberculosis and Hepatitis C are more common in the prison population than the general population. Both common and severe mental illnesses

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<sup>76</sup> [9789289054584-eng.pdf \(who.int\)](#)

<sup>77</sup> [Adverse childhood experiences: retrospective study to determine their impact on adult health behaviours and health outcomes in a UK population | Journal of Public Health | Oxford Academic \(oup.com\)](#)

<sup>78</sup> [Isle of Wight Prison - GOV.UK \(www.gov.uk\)](#)

<sup>79</sup> [Prison population figures: 2022 - GOV.UK \(www.gov.uk\)](#)

<sup>80</sup> [Winchester Prison - GOV.UK \(www.gov.uk\)](#)

<sup>81</sup> [Prison population figures: 2022 - GOV.UK \(www.gov.uk\)](#)

<sup>82</sup> [the-marmot-review-10-years-on-full-report.pdf \(instituteofhealthequity.org\)](#)

<sup>83</sup> [Public Health Outcomes Framework - Data - PHE](#)

<sup>84</sup> [Prison health - Health and Social Care Committee - House of Commons \(parliament.uk\)](#)

<sup>85</sup> [Prison health - Health and Social Care Committee - House of Commons \(parliament.uk\)](#)

<sup>86</sup> [Public Health Outcomes Framework - Data - PHE](#)

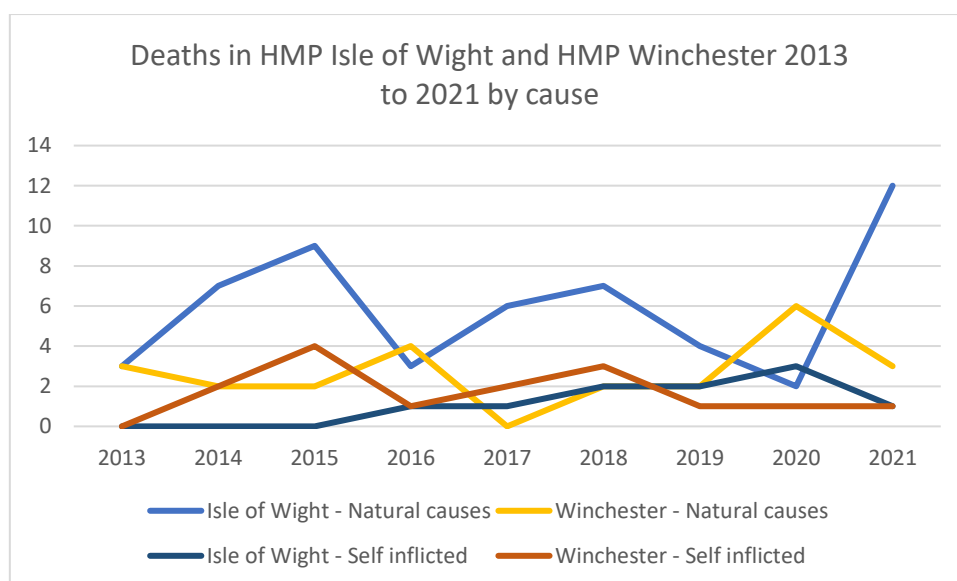
<sup>87</sup> [Improving outcomes and supporting transparency part 2: summary technical specifications of public health indicators \(publishing.service.gov.uk\)](#)

<sup>88</sup> [Improving outcomes and supporting transparency part 2: summary technical specifications of public health indicators \(publishing.service.gov.uk\)](#)

are more prevalent in prison than the general population, too<sup>89</sup>. Nationally, per 1,000 prisoners there are 662 self-harm incidents<sup>90</sup>. Those in prison are likely to face challenges which put their mental and physical health at risk. For example, overcrowded and unsafe living conditions and drug use<sup>91</sup>. In both HMP Isle of Wight and HMP Winchester the level of overcrowding has been declining since 2012<sup>92</sup>. Nationally, the average age of death for people detained in prison is 56<sup>93</sup>.

In HMP Isle of Wight there were 12 deaths from natural causes in 2021, higher than any other year. In the same year, there was one self-inflicted death. In HMP Winchester there were three deaths from natural causes in 2021, and one self-inflicted death<sup>94</sup>.

**Figure 14: Deaths in HMP Isle of Wight and HMP Winchester 2013 to 2021 by cause**



Source: *Safety in Custody Statistics: Deaths annual tables, 1978 - 2021 England and Wales*

Hampshire County Council provide the Youth Offending Team (YOT), which is a multi-agency team comprising staff from Children’s Services, probation, police, health and volunteers. Hampshire’s YOT helps to reduce the number of children and young people involved in the criminal justice system<sup>95</sup>.

<sup>89</sup> [Prison health - Health and Social Care Committee - House of Commons \(parliament.uk\)](https://www.parliament.uk/business/committees/committees-a-z/all-committees/health-and-social-care/)

<sup>90</sup> [Life after prison - Prisons data - Justice data](https://www.justice.gov.uk/prisons/prisoners/prisoners-data)

<sup>91</sup> [HM Chief Inspector of Prisons for England and Wales Annual Report 2018–19 \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/671119/hmip-report-2018-19.pdf)

<sup>92</sup> [HMPPS Annual Digest, April 2020 to March 2021 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/921119/hmpps-annual-digest-2020-21.pdf) (Chapter 2 Tables)

<sup>93</sup> [Prison health - Health and Social Care Committee - House of Commons \(parliament.uk\)](https://www.parliament.uk/business/committees/committees-a-z/all-committees/health-and-social-care/)

<sup>94</sup> [Deaths in prison custody 1978 to 2021.xlsx \(live.com\)](https://www.live.com/Deaths_in_prison_custody_1978_to_2021.xlsx)

<sup>95</sup> [About the Hampshire Youth Offending Team \(HYOT\) | Children and Families | Hampshire County Council \(hants.gov.uk\)](https://www.hants.gov.uk/about-us/youth-offending-team)

The Isle of Wight has Nacro Liaison and Diversion, which aims to identify vulnerable people at their earliest point of contact with the criminal justice system to help improve health and criminal justice outcomes<sup>96</sup>.

## **Sex workers**

With the expansion of the internet, sex work has become more diversified in both the types of services available and the ages of people working. Sex workers may now find their clients online, but this does not mean that sex workers no longer find clients 'on the street' or through other means. There are typically three types of sex workers, those who work on the street, those who work in massage parlours, and those who advertise online.

It is also important to note the distinction between consensual and non-consensual sex work. Non-consensual sex work can fall under sexual exploitation and trafficking, and is likely to have different health outcomes than consensual sex work.

**Online advertising demographics** - Hampshire Constabulary data taken from the first 50 adverts on four adult services websites in February 2022 shows that the majority of adverts are for people aged 18-29 (63%), 27% are for 30–39-year-olds. 1% of adverts have an unknown age, and no adverts have the age listed as below 18. Some of these advertisements will be duplicates with the same sex workers being advertised under different descriptions, and it is important to note that sex workers who are trying to attract business by advertising online are likely to advertise as what is popular, not necessarily what is true. Ages and nationalities are frequently changed to suit potential customers. There were 32 nationalities recorded within these 50 adverts.

**People engaged in sex work demographics** – The definition used for this data is people recorded on police systems as engaged in sex work, which is the exchange of money or goods for sexual services or erotic performances, either regularly or occasionally. Like all data on sex workers, Hampshire Constabulary data is unlikely to represent an accurate picture. Hampshire Constabulary data shows that the vast majority of people are aged 18-39 years (76%). Again, no people were below the age of 18 as child sexual exploitation was not included in this data. For nearly one fifth of sex workers there is no nationality recorded. For those who did have nationality recorded, there were only four nationalities, much lower than the 32 nationalities recorded on the adult services websites.

**Outcomes** - National data suggests that sex workers often have complex needs relating to their sexual health, safety, experiences of sexual and/or domestic violence. Sex work can be consensual or non-consensual, with many sex workers experiencing rape<sup>97</sup>. This experience is likely to be linked to mental health issues. Sex workers are also often affected by substance use and homelessness.

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<sup>96</sup> [Nacro Liaison & Diversion - Nacro](#)

<sup>97</sup> [Sex-Workers-Too NUM ECP UL VAWG Consultation Submitted 19022021.pdf](#)

As a result of the poor socio-economic conditions of many sex workers, the health and life expectancy among this group is likely to be extremely poor, even without consideration of the adverse health consequences of sex work. Evidence suggests that the prevalence of sexually transmitted infections is low, but the potential for transmission is high<sup>98</sup>.

Solent Sexual Health service which is commissioned by Hampshire County Council provides TULIP walk-in clinics for individuals involved in commercial sex work such as sex workers and escorts<sup>99</sup>. Currently there are four TULIP walk-in clinics in Hampshire, all located close to urban areas.

An issue which may reduce access to services is that people may be reluctant to disclose that they are a sex worker, and so do not receive the additional support available. It is therefore important that services continue to improve their inclusivity to such potentially stigmatised populations. Feedback from the TULIP service has suggested that a dedicated outreach worker would be beneficial for this hard to reach population; a sex worker outreach worker would be able aid these individuals with the sexual health and non-sexual health needs. Sex Worker Outreach Programmes (SWOPs) across the UK have been found to be beneficial in helping to understand and support the needs of sex workers<sup>100</sup>.

## **Veterans**

Some reliable data already exists for veterans, but it can be fragmented, making analysis and prediction of needs difficult.<sup>101</sup> In 2016 it was estimated that in Hampshire and the Isle of Wight there were 37,400 veterans of working age (16-64 years).<sup>102</sup> It is estimated that the number of veterans will decrease in the future, although it is important to consider the large number of army personnel who served in the Afghanistan war between 2003 and 2014. It is expected that the needs and expectations of this younger generation of Veterans who served as personal choice are different compared to their predecessors.<sup>103</sup> Many had such severe injuries that in previous conflicts they would have died, if it were not for the trauma care provided by the UK Defence Medical Services; they are frequently termed 'unexpected survivors'.<sup>104,105</sup> It is also important to note that not all issues experienced by Veterans may be as a result of their time in the Armed Forces.<sup>106</sup>

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<sup>98</sup> [A review of the literature on sex workers and social exclusion \(publishing.service.gov.uk\)](#)

<sup>99</sup> [TULIP Clinics - Let's Talk about It \(letstalkaboutit.nhs.uk\)](#)

<sup>100</sup> [FINALSWOPExecutiveSummarySB2020.pdf](#)

<sup>101</sup> [The Strategy for our Veterans \(publishing.service.gov.uk\)](#)

<sup>102</sup> [2019 STP JSNA \(hants.gov.uk\)](#)

<sup>103</sup> [The Strategy for our Veterans \(publishing.service.gov.uk\)](#)

<sup>104</sup> Russell RJ, Hodgetts TJ, McLeod J, et al. The role of trauma scoring in developing trauma clinical governance in the defence medical services. *Philos Trans R Soc Lond B Biol Sci* 2011;366:171–91.

<sup>105</sup> [The Strategy for our Veterans \(publishing.service.gov.uk\)](#)

<sup>106</sup> [The Strategy for our Veterans \(publishing.service.gov.uk\)](#)

**Age** - It was estimated in 2016 that 49% of UK Armed Forces veterans were aged 75 and over.<sup>107</sup>

**Sex** - 90% of Hampshire and Isle of Wight veterans are male<sup>108</sup>.

**Outcomes** - Though evidence suggests that Veterans' health and wellbeing is generally consistent with, or better than, the rest of the population, there are some issues where tailored services are appropriate.<sup>109</sup> Working-age veterans are more likely than the general population to have long-term health problems relating to their arms, hands, legs, feet, back or neck. Those who are aged 65 years and older are more likely to have difficulty hearing and seeing. Veterans of all ages are more likely to smoke than non-veterans<sup>110</sup>. The prevalence of anxiety, depression and alcohol-related mental health problems in serving personnel and recent veterans is similar to the UK general population, but rates increase beyond that of the general population once people become ex-service personnel. There is evidence that PTSD and other mental health conditions also present years after leaving the services<sup>111</sup>. Many Armed Forces charities report that most of their beneficiaries experience social isolation and/or loneliness.<sup>112</sup> It is generally recognised that homelessness amongst the veteran community has been declining, but exact figures are unknown. This is partly due to veterans going through routes other than statutory homelessness to secure accommodation. The Royal British Legion estimate that between 3-6% of people experiencing homelessness have an armed forces background<sup>113</sup>.

## **Victims of modern slavery**

Modern slavery is the illegal exploitation of people for personal or commercial gain. It covers a wide range of abuse and exploitation including sexual exploitation, domestic servitude, forced labour, criminal exploitation and organ harvesting<sup>114</sup>. Estimated number of victims in the UK is approximately thirteen times greater than those referred to the National Referral Mechanism, highlighting the vulnerability of this population<sup>115</sup>.

Frontline professionals such as Local Authorities, Health and the Department for Work and Pensions are often best placed to identify potential victims<sup>116</sup>. In Hampshire in 2020 the majority (12) of modern slavery cases were labour, 3 were sexual, 3 were criminal, 2 were domestic and 5 were recorded as 'unknown'<sup>117</sup>.

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<sup>107</sup> [2019 STP JSNA \(hants.gov.uk\)](https://hants.gov.uk)

<sup>108</sup> [2019 STP JSNA \(hants.gov.uk\)](https://hants.gov.uk)

<sup>109</sup> [The Strategy for our Veterans \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

<sup>110</sup> [2019 STP JSNA \(hants.gov.uk\)](https://hants.gov.uk)

<sup>111</sup> NHS England Developing mental health services for veterans in England engagement report, 2016.

<sup>112</sup> [The Strategy for our Veterans \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

<sup>113</sup> [How many veterans are homeless in the UK? | West London Mission \(WLM\)](#)

<sup>114</sup> [Modern slavery | Hampshire Constabulary](#)

<sup>115</sup> [Modern slavery | Hampshire Constabulary](#)

<sup>116</sup> [Modern slavery | Hampshire Constabulary](#)

<sup>117</sup> [annual assessment 2020 - Unseen \(unseen.org\)](https://unseen.org)

In Hampshire the number of modern slavery cases have remained fairly stable since 2017, but the number of potential victims differs much more from year to year. In 2020, 12 victims were male (one of which was a minor), nine were female, and one person's gender was unknown<sup>118</sup>.

**Gender** - The national gender split of potential victims identified to Unseen is equally split between male, female and those who's gender is unknown by the person calling. There are also transgender and gender non-conforming victims of modern slavery. National Referral Mechanism data from October – December 2018 shows 38% of victims are female, 62% are male and less than 1% are transgender<sup>119</sup>.

**Age** - Nationally, 59% of potential victims are adults, 10% are minors and 31% have unknown ages. Hampshire Constabulary data shows that 54% of victims are aged 18-29, and 17% are aged 30-39.<sup>120</sup> Whilst 16% are aged below 18, it is important to note that child sexual exploitation and child criminal exploitation were not included in this data, so the number of under 18's involved in modern slavery is likely to be higher than the figure reported in this dataset. Hampshire Constabulary state that children and young people between the ages of nine and 17 are most often being used by criminals for county lines<sup>121</sup>.

**Nationality** - Nationally, the majority of potential victims' nationality is unknown<sup>122</sup>. Hampshire Constabulary data shows that in a third of cases the nationality of the victim is not stated. The next most commonly reported nationality is the United Kingdom (24% of victims). Hampshire Constabulary data shows that in 2021 there were 11 different nationalities of victims of modern slavery<sup>123</sup>. Those exploiting victims are likely to target people who speak their language, and for those who do not speak English it becomes more difficult to seek help.<sup>124</sup> Not all victims of modern slavery occurrences in Hampshire and Isle of Wight have home addresses within Hampshire and the Isle of Wight.<sup>125</sup> Nationality of exploiters is likely to differ between exploitation types.<sup>126</sup>

**Type of exploitation** - Nationally, 89% of adult male victims and 81% of minor male victims are involved in labour exploitation, unknown exploitation is also common for minor male victims. 64% of adult female victims and 57% of minor female victims are involved in sexual exploitation, adult females are also likely to be victims of domestic servitude and labour exploitation, and minor females are likely to be victims of labour exploitation and unknown exploitation. Transgender people are most likely to be involved in sexual exploitation. Many victims of modern slavery work in the

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<sup>118</sup> [annual assessment 2020 - Unseen \(unseenuk.org\)](#)

<sup>119</sup> [QTR04-18-MSHT\\_2018 Q4 NRM Statistics v1.0\\_Final-1.pdf](#)

<sup>120</sup> Hampshire Constabulary - Modern Slavery occurrences on Police systems which occurred in Hampshire and Isle of Wight between 01/01/21 – 31/12/21.

<sup>121</sup> [Are You Listening? | Hampshire Constabulary](#)

<sup>122</sup> [Unseen 2020 review.pdf](#)

<sup>123</sup> Hampshire Constabulary - Modern Slavery occurrences on Police systems which occurred in Hampshire and Isle of Wight between 01/01/21 – 31/12/21.

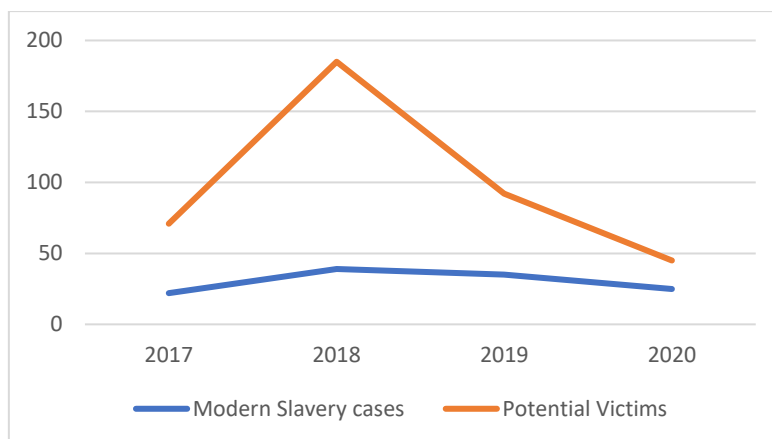
<sup>124</sup> [NCA Criminal Exploitation Guidance - LGA \(2\).pdf](#)

<sup>125</sup> Hampshire Constabulary - Modern Slavery occurrences on Police systems which occurred in Hampshire and Isle of Wight between 01/01/21 – 31/12/21.

<sup>126</sup> [Unseen 2020 review.pdf](#)

construction industry, in agriculture, in the sex industry, and in places like nail bars, car washes, and cannabis farms. Children are found working in all of these situations, as well as in sexual slavery<sup>127,128</sup>. A spectrum of exploitation could be present within these businesses, not all of which may be classed as modern slavery, including poor health and safety conditions and excessive working hours<sup>129</sup>.

**Figure 15: Hampshire cases and potential victims**



Source: *Unseen modern slavery & exploitation helpline annual assessment 2020*<sup>130</sup>

**Outcomes** - Unseen report that the most common methods of control exercised by exploiters are financial control, monitoring, tied accommodation, physical abuse and confinement/restricted movement.<sup>131</sup> The most common methods of control in cases including minors are monitoring, sexual abuse and financial control<sup>132</sup>. Victims of modern slavery often have poor physical and emotional health, which will require ongoing support<sup>133</sup>. People who are victims of modern slavery may also have had health needs before becoming a victim, which increased their vulnerability. These can include people who have learning disabilities, mental health issues, drug dependency, are experiencing homelessness.<sup>134</sup>

<sup>127</sup> [Modern slavery and human trafficking - National Crime Agency](#)

<sup>128</sup> [Modern slavery in the UK - Office for National Statistics \(ons.gov.uk\)](#)

<sup>129</sup> [Modern slavery in the UK - Office for National Statistics \(ons.gov.uk\)](#)

<sup>130</sup> [annual assessment 2020 - Unseen \(unseenuk.org\)](#)

<sup>131</sup> [Unseen 2020 review.pdf](#)

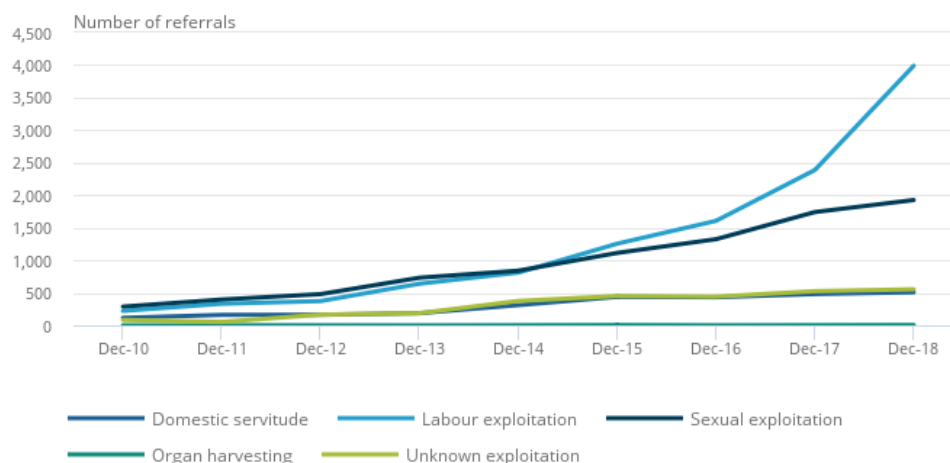
<sup>132</sup> [Unseen 2020 review.pdf](#)

<sup>133</sup> [Modern slavery | Hampshire Constabulary](#)

<sup>134</sup> [Unseen 2020 review.pdf](#)



**Figure 16: Referrals to the National Referral Mechanism 2010 to 2018**



Source: Home Office, National Referral Mechanism

### **Vulnerable migrants**

Historically, Hampshire has had low numbers of asylum seekers and refugees, although the numbers have risen significantly since 2016<sup>135</sup>.

**Geography** - The most vulnerable migrants and asylum seekers are a dynamic population who move frequently and many of their characteristics are protected. As a result, data are unavailable to map this population. There are currently three bridging hotels in Hampshire, two are in Basingstoke and Deane and one is in Rushmoor.

**Nationality** - Vulnerable migrants can arrive in the UK from any country, and many will be undetectable. National Insurance Numbers (NINOs) generally capture any adult overseas national looking to work or claim benefits and tax credits in the UK<sup>136</sup>. NINO data doesn't capture all migrants, and many of those who would be classed as vulnerable migrants are likely to be missed in NINO data<sup>137</sup>. Despite this, NINO data is one of the most robust data sources of migration.

<sup>135</sup> [Asylum seekers and refugees guide | Hampshire County Council \(hants.gov.uk\)](https://www.hants.gov.uk/asylum-seekers-and-refugees-guide)

<sup>136</sup> [National Insurance number allocations to adult overseas nationals entering the UK to June 2020 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/national-insurance-number-allocations-to-adult-overseas-nationals-entering-the-uk-to-june-2020)

<sup>137</sup> [National Insurance number allocations to adult overseas nationals entering the UK to June 2020 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/national-insurance-number-allocations-to-adult-overseas-nationals-entering-the-uk-to-june-2020)

**Figure 17: National Insurance Number registrations to adult overseas nationals entering the UK 2020/21**

District	NINo registrations to adult overseas nationals entering the UK 2020/21	NINo registrations to adult Afghan nationals entering the UK 2020/21	NINo registrations to adult Syrian nationals entering the UK 2020/21
Basingstoke and Deane	641	21	8
East Hampshire	117	-	6
Eastleigh	126	7	10
Fareham	59	6	5
Gosport	49	-	-
Hart	101	6	-
Havant	66	5	6
Isle of Wight	188	6	11
New Forest	122	-	8
Rushmoor	319	57	7
Test Valley	167	-	6
Winchester	200	6	24

Source: Department for Work and Pensions

**Age** - 40% of people registering for a NINo in Hampshire in 2021 were aged 25 – 34 years in 2021. 2021 was the first time since 2018 that the percentage of people aged 35 – 44-years old outweighed the percentage of 18 – 24 year olds, at 25% and 19% respectively. The ages of those registering for NINo's on the Isle of Wight has changed between 2018 to 2021. In 2021, 63% of NINo registrations to adult overseas nationals were for those aged 25 – 34, compared to 37% in 2018. There were no NINO registrations on the Isle of Wight in 2021 for people aged below 18, or older than 54<sup>138</sup>.

**Outcomes** - The emotional, behavioural, and physical health impacts of migrants' experiences should be considered for both children and adults. Some migrant children are particularly vulnerable. This includes children:

- arriving in the UK unaccompanied
- who are asylum seekers and refugees
- who experience or are vulnerable to female genital mutilation (FGM)
- who are victims of human trafficking
- who are victims of child sexual abuse, child sexual exploitation or domestic abuse (including seeing, hearing or experiencing the effects of abuse)

Some of the children and young people seeking asylum attending schools in Hampshire will be unaccompanied. This means that they arrived in the UK without an adult family member or guardian accompanying them. Many of these children and

<sup>138</sup> Department for Work and Pensions - NINo registrations to adult overseas nationals entering the UK

young people will have experienced trauma including the loss of their parents and/or siblings or will have lived in war conditions<sup>139</sup>.

Vulnerable migrants experience a unique set of challenges when accessing healthcare, such as language barriers, insecure immigration status and housing and discrimination. Their cultural, spiritual, and religious beliefs and practices can impact on health behaviours and practices, health outcomes, use of and access to healthcare, and decision-making regarding medical treatment<sup>140</sup><sup>141</sup>. Two thirds of refugees and asylum seekers experience anxiety or depression, and PTSD is underdiagnosed in this population<sup>142</sup>.

### **Afghan nationals**

The Afghan Relocation and Assistance Policy (ARAP) scheme began in April 2021. The scheme relocates Afghan nationals, including vulnerable people including women and girls at risk, and members of minority groups at risk, including ethnic and religious minorities and LGBT<sup>143</sup>. There are several health checks which are recommended for Afghan nationals arriving to the UK. The incidence of Tuberculosis, Hepatitis B and C, Anaemia, vitamin A and vitamin D deficiency and smoking are high, health checks should be carried out and advice given where appropriate<sup>144</sup>. There is also a high likelihood of people experiencing mental disorders, including PTSD, because of the experiences in Afghanistan or on their journey to the UK<sup>145</sup>.

Gender roles in Afghanistan may also impact health and wellbeing, men may be the decision-makers about family members' health. Female Genital Mutilation (FGM) is practised in Afghanistan, and male circumcision is highly prevalent too, individuals arriving in the UK should be given information on appropriate procedures for boys and men in the UK. There is often limited access to antenatal care, so advice should be given to Afghan women on the benefits of antenatal care<sup>146</sup>.

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<sup>139</sup> [Asylum seekers and refugees guide | Hampshire County Council \(hants.gov.uk\)](https://www.hants.gov.uk/asylum-seekers-and-refugees-guide)

<sup>140</sup> [ARAP Information for GPs 8-Aug.pdf](#)

<sup>141</sup> [Culture, spirituality and religion: migrant health guide - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/culture-spirituality-and-religion-migrant-health-guide)

<sup>142</sup> [inclusion-hlth-expo.pdf \(england.nhs.uk\)](#)

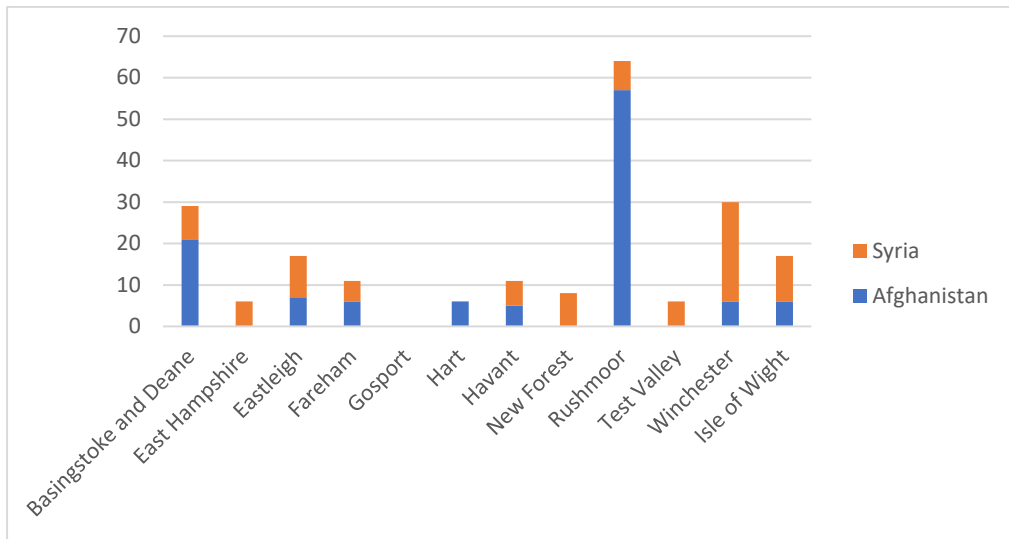
<sup>143</sup> [Council support for Afghan resettlement | Local Government Association](#)

<sup>144</sup> [Afghan relocation and resettlement schemes: advice for primary care \(publishing.service.gov.uk\)](#)

<sup>145</sup> [ARAP Information for GPs 8-Aug.pdf](#)

<sup>146</sup> [ARAP Information for GPs 8-Aug.pdf](#)

**Figure 18: 2020/21 National Insurance Number registrations for Syrian and Afghan nationals, by district**



Source: Department for Work and Pensions - NINo registrations to adult overseas nationals entering the UK

## **Appendices**

Appendix A: Definition from University of Plymouth analysis used in the CMO 2021 Annual report: “Coastal” LSOAs have been defined as those which include or overlap built-up areas which lie within 500m of the “Mean High Water Mark” (excluding tidal rivers). The categorisation of LSOAs was undertaken using QGIS16 and ONS boundary data. Therefore rural LSOAs adjacent to the coast, but which have no built-up coastal presence, are categorised as “non-coastal”.