

This factsheet focuses on adults aged 25-64. For adults aged 18-24 please see Focus on Young People.

Nearly three-quarters of Camden’s residents are working age. On average, it is a relatively young, highly qualified, and diverse population. However, stark inequalities remain with people and families on low and middle incomes affected by high house prices and rental costs. These households are susceptible to poverty, including in-work poverty, because of challenges in finding suitable work, or being able to work because of poor health. Supporting this population to make healthy choices and live in healthy environments is important in preventing the development of poor health as they age.

**Key points of this factsheet are:**

- Two-thirds of the working age population are qualified to degree level or above; nearly 70% are employed, three-quarters in professional roles.
- Population churn is high, with the third highest international migration rate in England; many of these migrants are from the EU.
- The average house price is 19 times the local median annual household income, and average monthly rent is £2,223: the poorest 20% in Camden earn £20,328 per annum on average.
- The proportion (72%) of Camden residents who are economically active is lower than the London average (78%).
- There have been large reductions in Camden residents receiving incapacity benefit / disabled living allowance. Just over 800 residents now receive these allowances: more than half have mental health problems.
- A third of this population have an unhealthy weight; one-in-five smoke; and one-in-ten have mental health problems, which are associated with poorer health and early, preventable death.

## Demographics

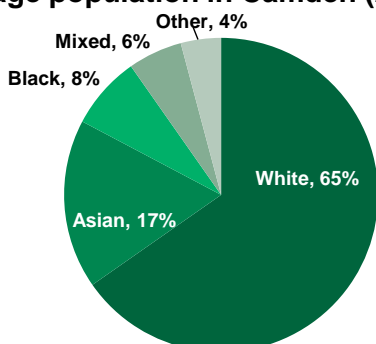
# 66%

Of Camden’s working age population is qualified to degree level or higher compared to 55% in London (1).

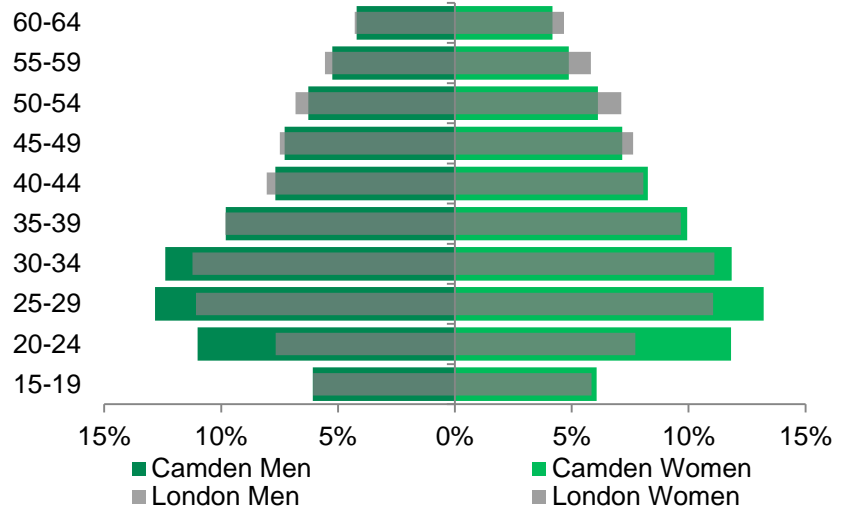
# 78%

Of people between 25 and 64 years of age in Camden were employed in 2015, similar to London or England averages (1).

**Ethnic breakdown of the working age population in Camden (2)**



**Camden population aged 15-64 by Sex, 2016**



**Top 5 origins for Camden residents requesting National Insurance numbers to work in the UK (3)**

1. Italy (15%)
2. France (11%)
3. Spain (10%)
4. Australia (5%)
5. USA (5%)

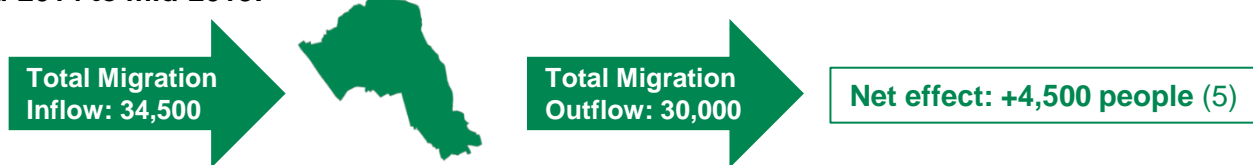
**Median gross pay for people whose place of work is in Camden (4):**

**Men:**  
**£40,582**  
**Women:**  
**£29,776**

# Population Change

The dominant migration flows for Camden are to and from the rest of the UK, accounting for 60% of the annual inflow and four-fifths of the outflow (79%) (5). A sizeable proportion of this movement is the annual transfer of students to and from Camden, both internationally and within the UK.

Mid-2014 to mid-2015:



As a central London borough, Camden experiences a high degree of population churn. Camden has the third highest rate of people migrating to the borough from other countries (non-UK) with a rate of 83 per 1000 resident population in 2015 compared to respective rates of 36 and 15 per 1000 for London and England (5).

## Future projections



Camden's population is expected to grow by over 20,500 persons by 2026 (+8.5%). The working age population (25-64) in Camden is expected to increase by 11,200 people (+8.0%) by 2026, similar to the increase expected across London for this age group (+7.7%) and to a total population of 156,200 by 2036 (2).

# Cost of Living

Housing costs in Camden are extremely high. As of October 2016, the **average house price was £821,894**, 19 times the median annual household income locally (6).

# £2,223

**Average monthly rent for Camden residents** in 2015/16 (7), 61% of the median monthly household income (8).

Just over a third of all housing in Camden is social housing, one of the highest proportions in London. However, there is still a large proportion of residents with significant housing need. Individuals and families on low and middle incomes are most likely to be impacted because of the high cost of property in the private market.

# 52%

**A privately renting couple with 2 children in Camden** requires a minimum income 52% higher than the national minimum income standard (9).

## Why is this important?

Maintaining a social mix in the borough is important as it builds community cohesion and enhances individual life chances. Increasing the supply of intermediate types of housing, which could include solutions such as shared ownership and housing at lower rents, would help support individuals and families on low to middle incomes to continue living in Camden.

# £52,930

Gross annual income of the richest 20% of those employed in Camden in 2016 (4).

# £20,328

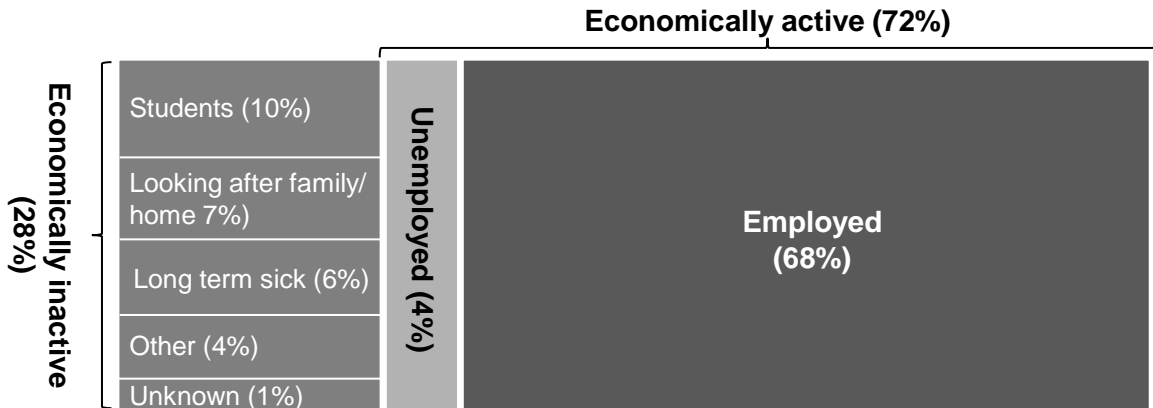
Gross annual income by the poorest 20% of those employed in 2016 (4).

Debt is commonly associated with increased stress, stigma, shame and relationship problems. The rate of individual voluntary solvencies in a population is a good indicator of financial stability. **The rate of individual voluntary solvencies** among working age people in Camden in 2015 was 12 per 10,000, which is lower than the overall London rate of 15 per 10,000 (10).

# EMPLOYMENT and ECONOMIC ACTIVITY\*

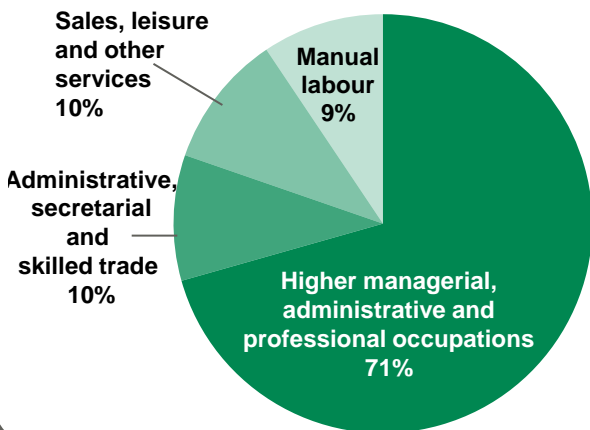
## The Camden Picture

The proportion of Camden residents who are economically active (employed or actively seeking work) is lower than the London average because of the higher numbers of full-time students and people looking after home/family (1).



## Employed People

Employment by occupation in Camden 2015/16 (1)



**Nearly three-quarters** of employed Camden residents are senior managers or professionals, higher than the London average (55%) (1).

### Routine and manual workers

**One in five** of Camden's working age population are in sales, leisure or manual jobs, lower than the London average (28%). Those with a **disability or long term health problem**, black/ black British residents, older residents, social housing tenants, and single parents are more likely to be in **lower paid professions** (1).

## Self-employment

**18%**

of Camden's working age population are self-employed according to the Annual Population Survey in 2015/16. Compared to 14% in London and 11% in England (11). This can result in unstable incomes.

## Mental health impact



Adults in households with the lowest income are three times more likely to have mental health conditions and are at greater risk of suicide than the general population.

\*Data on economic activity for Camden are only available for those aged 16-64 and all figures in the Employment and Economic Activity part have been presented as a proportion of this population as a whole. Although people aged 65+ may be economically active, they are not included in this analysis.

## In work poverty

Increasingly throughout the UK, work does not provide sufficient income to lift people out of poverty, particularly when those jobs are part-time, low paid or both. **39% of non-student Camden residents lived in households where some but not all adults worked** (12). These households are more likely to be susceptible to in-work poverty.

**11%** Of jobs in Camden are low paying jobs (defined as below the London Living Wage), one of the lowest proportions in London, where low paying jobs are nearly 20% (13).

### Tax Credits

One indicator of in work poverty is the number of tax credits claimed by households in work. In Camden, the number of households that are in work but with low incomes is increasing.

**9,200** households in Camden were in work and claiming tax credits in 2015 compared with 6,740 in 2009, an increase of 36% (14).

### Why is this important?

A low quality job can have a profound and negative on the person's life and on their household. In-work poverty undermines people's opportunities to choose a healthy lifestyle and leads to feelings of low self-worth and lack of control over one's life. These factors are important contributors to health inequalities.

## Unemployed People

**4%** Camden's unemployment rate amongst those 16-64, is lower than London (5%), but in line with England (4%) (1).

**15%** Of Camden residents lived in workless households (households where no-one aged 16 or over is in employment) in 2015 (12).

### Mental health impact



7,710 Camden residents aged 18-64 have been claiming out of work benefits for more than 5 years and therefore are at increased risk of mental health conditions.

### Why is this important?

Losing a job causes financial problems for many people and their families, lowering living standards and making it harder to afford a healthy lifestyle. Being out of work is stressful and often results in anxiety, depression and the deterioration of existing physical health problems. Unemployed individuals and their families are at increased risk of an early death. The distress, financial hardship and other knock-on effects that unemployment causes have a wide-reaching impact on families and the wider community.

## Economic Inactivity

People who are economically inactive (28%) are people who have not sought work in the last four weeks and people who do not want a job.

**40%** Of the economically inactive people in Camden want a job but have not sought work in the last four weeks (1). This may happen because people feel discouraged after long periods of unsuccessfully seeking employment. This reflects the lack of opportunities accessible to some and how unemployment can become a difficult trap to overcome.

# Looking After Family

After full-time study, looking after family is a key reason why people, particularly women, are not in work in Camden. The proportion of people looking after family in Camden is similar to the London average (6.5%) (1). Despite there being sufficient provision of formal childcare spaces, local evidence in Camden suggests that many parents who want to work struggle to access affordable and quality childcare, and that there are not enough quality part-time or flexible jobs that fit with their childcare commitments. This affects about one-in-twenty local residents, mainly women. **Single parents, Asian residents, and those in middle-age are more likely to be looking after family** (15).

## Why is this important?

Inability to work due to poor access to childcare perpetuates inequalities. The inability to find employment leads to lower household income, a sense of lack of control, and worse outcomes for the whole family. This affects mainly women of poorer households, perpetuating social and health inequalities.

**Percent of qualified children who are benefitting from funded early education places in Camden and London (16)**



# Long Term Sick

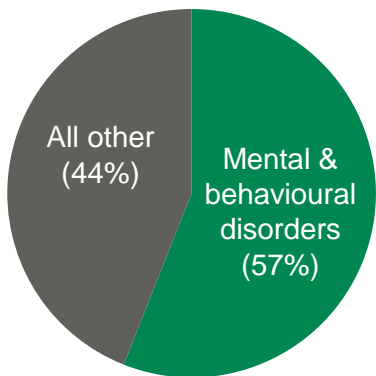
Of particular concern in Camden is the number of people who are economically inactive because they are sick, 20% of the economically inactive population (1). **The number of long term sick in Camden accounts for 6% of the total working age population (1).**

**4<sup>th</sup>**

In 2016, Camden had the fourth highest proportion of working age people claiming sickness/disability benefits (Employment Support Allowance) in London (17). Groups disproportionately affected by long term sickness or disability and unable to work in Camden include **older residents aged 55-59 years** and **Black or Black British residents** (18).

**9,740** People in Camden are receiving **Employment Support Allowance** in June 2016 (19).

**Percentage of people on Employment Support Allowance who claim due to mental illness or behavioural disorders (17)**



Many of the people claiming sickness and disability benefits in Camden have serious mental health problems, and just over one-in-ten (1,030) have musculoskeletal problems (e.g. back problems). Many have been out of work for several years (19).

**4% of the total Camden working age population** are claiming sickness and disability benefits due to mental health or behavioural issues, the 2nd highest proportion in London (19).

# HEALTH

Long term conditions (LTCs) have a profound effect on people's health and wellbeing. Their effects can affect the entire household and carry over across generations. LTCs are disproportionately overrepresented in more deprived groups and account for the majority of healthcare costs in Camden.

**6,000** Of the population registered with Camden GPs between the ages of 25 and 64 had more than one long term condition in 2015 (20).

**4,200**

Working age people in Camden had diabetes (20)

**1,100**

Working age people in Camden had COPD (20)

**1,500**

Working age people in Camden had cancer (20)

**1,100**

Working age people in Camden had chronic liver disease (20)

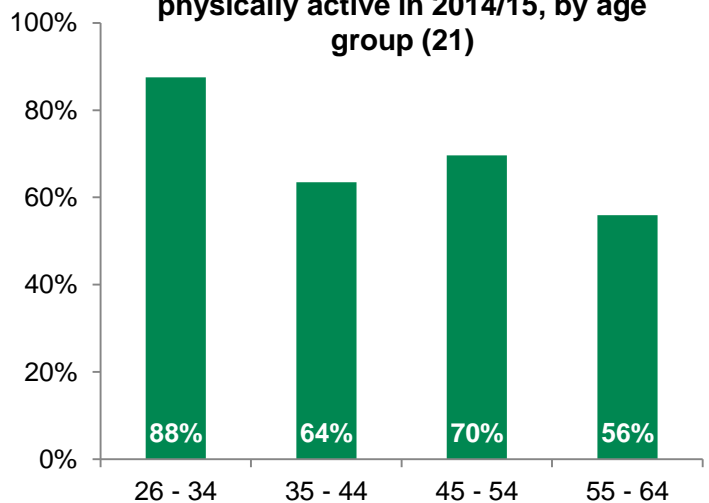
## Healthy Choices

Unhealthy choices are disproportionately made by deprived groups. These choices are shaped by many factors, such as access to resources, context, and feelings of control over one's life. Healthy choices can be encouraged by shaping the environment around people and making them the easiest choice to make. These are the most cost-effective ways of improving health and reducing health inequalities in a population.

**47%**

Adults in Camden are obese or overweight, compared to 47% in London and 65% in England. (22)

Percent of Camden population who were physically active in 2014/15, by age group (21)



**9%**

Working age people in Camden have been screened as higher or increased risk drinkers by their GPs (12,800 people registered with a GP in Camden) (20).

### Mental health impact



Around 50% of adults diagnosed with a mental health condition also have an alcohol or substance misuse problem (23).

**27%**

Routine and manual workers aged 18+ in Camden are smokers (24% in London and 27% in England), compared to 16% of all people aged 18+ in Camden (24).

**503 per 100,000**

Of working age (18+) people in Camden quit smoking in 2015/16, compared to 473 in London and 440 in England (25).

# Mental Health

**15,000** **Approximate number of working age people (11%)** registered with GPs in Camden diagnosed with mental illness including serious mental illness (SMI) (2,500 people) or depression (12,600 people) (20).

Mental health conditions are an important source of inequalities between different groups in Camden. **Black & Irish communities** are significantly more likely to be diagnosed with an SMI and be admitted to a mental health unit than other groups. **South East Asian women** have higher levels of depression and are at higher risk of self-harm and suicide compared to other groups of women (26). Households experiencing **domestic violence** have significantly increased risk of mental health conditions.

## Why is this important?

The prevalence of both common mental disorders (CMD, i.e. anxiety, depression, panic disorders) and SMI peaks at middle age (45 to 54 years). These conditions are associated with higher levels of social exclusion, poorer quality of life, increased risk of unhealthy lifestyle behaviours, poor physical health and early, preventable death. Studies have shown that people with serious mental illness have markedly decreased life expectancy, as much as 20 years less than the general population (27).

**23%** **Of working age people in Camden** with either serious mental illness or depression have at least one other long term condition (20).

## Suicide

Working age men are at particular risk of suicide. In Camden, 2012-14, men aged 35-65 had a death rate of 12.2 per 100,000 due to suicide and undermined injury compared to only 5.0 per 100,000 among women of the same age group. This is higher than London (10.2 per 100,000) but lower than England (16.8 per 100,000) (28).

## Impact at Work

Mental health conditions are the leading cause of disability in adults of working age, and the single largest cause of ill health.

**108** **People with complex mental health needs** were supported into employment in 2015/16 in Camden (5%) an improvement from 3.6% 18 months earlier (29).

## Stigma

In 2008, a survey of attitudes towards mental health in the London area found that attitudes in London were less positive than in other areas of the country (30). Subsequent improvement in attitudes has been seen, but it is important to continue to address mental health stigma and discrimination. Reducing stigma can improve quality of life, reduce inequalities, and encourage people to seek help.



### Protective factors:

- Employment, job security, a sense of control at work
- Positive and emotionally supportive personal and family relationships
- Healthy lifestyles, e.g. not smoking, regular physical activity and healthy diets

# Sources

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1. NOMIS. *Labour Market Profile – Camden*. Available from: [Link](#). [Accessed 10 January 2017].
2. Greater London Authority. *GLA 2015 Round of Projections at mid-2016 (Camden Development, AHS)*. 2016. Available from: [Link](#). [Accessed 18 January 2017].
3. Department for Work and Pensions. National Insurance Number allocations to adult overseas nationals entering the UK. Available from: [Link](#). [Accessed 20 December 2016].
4. Office for National Statistics. Annual Survey of Hours and Earnings (ASHE): 2016 provisional results. Available from: [Link](#). [Accessed 18 January 2017].
5. Office for National Statistics. *Local Area Migration Indicators Tool*. Available from: [Link](#). [Accessed 10 January 2017].
6. Land Registry. *UK House Price Index: October 2016*. Available from: [Link](#). [Accessed 10 January 2017].
7. Valuation Office Agency. Average Private Rents, Borough. Available from: [Link](#). [Accessed 10 January 2017].
8. Greater London Authority. *Household Income Estimates for Small Areas*. Available from: [Link](#). [Accessed 10 January 2017].
9. Adapted from the *Minimum Income Standard Calculator for 2013*
10. The Insolvency Service. *Individual Insolvencies by location, age and gender, England and Wales 2015*. Available from: [Link](#). [Accessed 20 December 2016]
11. Office for National Statistics. Annual Population Survey. Available from: [Link](#) [Accessed 7 February 2017]
12. Office for National statistics. Workless households for regions across the UK: 2015. Available from: [Link](#). [Accessed 8 January 2017].
13. Aldridge H, Born TB, Tinson A, MacInnes T. *London Poverty Profile 2015*. Trust for London and New Policy Institute.
14. HM Revenue & Customs. *Personal tax credits statistics*. Available from: [Link](#). [Accessed 8 February 2017].
15. ONS 2011 Census (looking after family) Office of National Statistics. *ONS Census 2011; Tables DC6107EW LC6201EW and DC6115EW*. Available from: [Link](#), [Link](#) and [Link](#). [Accessed 20 January 2017]
16. Department for Education. *Education provision: children under 5 years of age, January 2016*. Available from: [Link](#). [Accessed 10 January 2017].
17. Department for Work and Pensions. *Benefit claimants – Employment and support allowance*. Available from: [Link](#). [Accessed on 9 January 2017]
18. Office of National Statistics. *ONS Census 2011, Table DC3201EW “Long-term health problem or disability by general health by ethnic group by sex by age”*. Available from: [Link](#). [Accessed 20 January 2017]
19. Department for Work and Pensions. *Benefit claimants - Disability living allowance by disabling condition*. Available from: [Link](#). [Accessed on 9 January 2017] (MAY)
20. Camden Public Health GP Dataset 2015
21. Sport England. Active People Interactive. Available from: [Link](#). [Accessed 15 December 2016].
22. Public Health England. *Public Health Profiles*. Available from: [Link](#). [Accessed 7 February 2017].
23. Weaver T, Madden P, Charles V, Stimson G et al. Comorbidity of substance misuse and mental illness in community mental health and substance misuse services. *The British Journal of Psychiatry*. 2003; 183(4): 304-13.
24. Public Health England. *Public Health Profiles*. Available from: [Link](#). [Accessed 7 February 2017].
25. NHS Digital. *Statistics on NHS Stop Smoking Services: England, April 2015 to March 2016*. Available from: [Link](#). [Accessed 18 January 2017].
26. Bhui K, Mckenzie K. Rates and risk factors by ethnic group for suicides within a year of contact with mental health services in England and Wales. *Psychiatric Services*. 2008; 59(4): 414-20.
27. Brown S, Kim M, Mitchell C et al. Twenty-five year mortality of a community cohort with schizophrenia. *British Journal of Psychiatry*. 2010; 196, 116-121.
28. Office of National Statistics. *Suicide Mortality File 2015*.
29. Camden Strategic Joint Commissioning. *Internal communication*. Received 27 January 2017. Contact person: Richard Elphick, Camden Council .
30. Time to Change. *Time to Change and the London Mental Health Roadmap*. Draft communication received 9 February 2017.