

INSIGHT PACK

This insight pack covers Harlow and is structured as follows:

- Introduction – providing a short introduction to the area.
- Demographics
- Deprivation,
- Housing, Transport and Digital Services
- Economy
- Education
- Health & Wellbeing
- Community & Environment

Note, when Census Day is referred to this was 21st March 2021.

ABOUT HARLOW

Harlow is a town and local government district located in the west of Essex. It is situated on the border with Hertfordshire as well as with the Essex districts of Uttlesford and Epping Forest.

Harlow covers an area of approximately 31 square kilometres with a population of around 93,300 (as of Census Day 2021).

The town comprises of a mix of residential, commercial, and green spaces. Excellent transportation links, including the M11 motorway and direct rail connections to London, Cambridge, and Stansted Airport, contribute to its accessibility and connectivity.



POPULATION

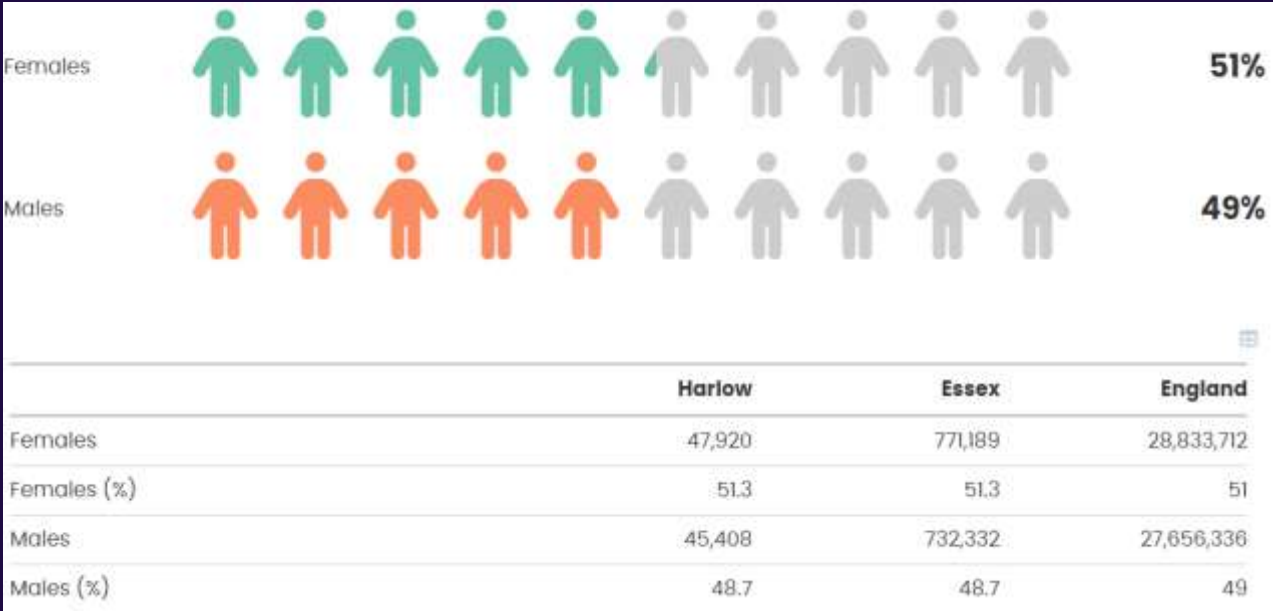
On Census Day (2021), the population of Harlow was 93,328 (93,300 rounded to nearest 100).

Population by Sex for Harlow:

51.3% (47,920 people) of the population was female.

48.7% (45,408 people) of the population was male.

The population percentages for both sexes for Harlow were similar to Essex's proportions – 51.3% for females and 48.7% for males. Compared to England, Harlow has fewer males – 48.7% for the area and 49% nationally.



Source: Sport England Local Area Insights Report

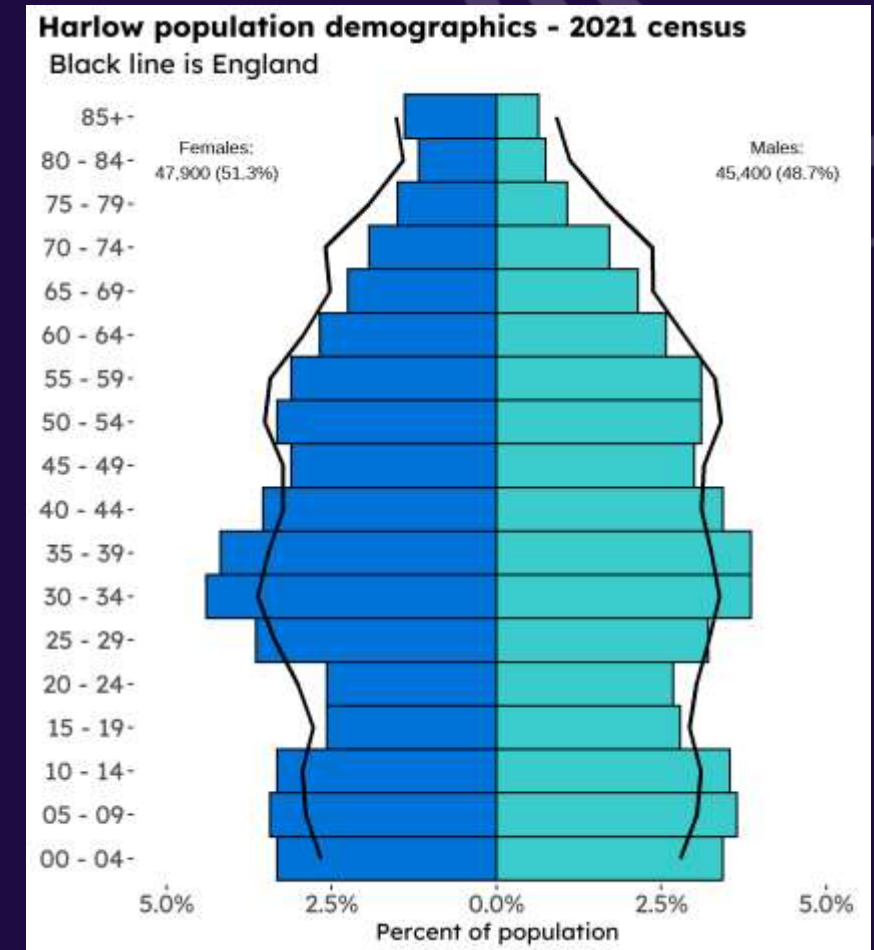
POPULATION

Population by Age for Harlow:

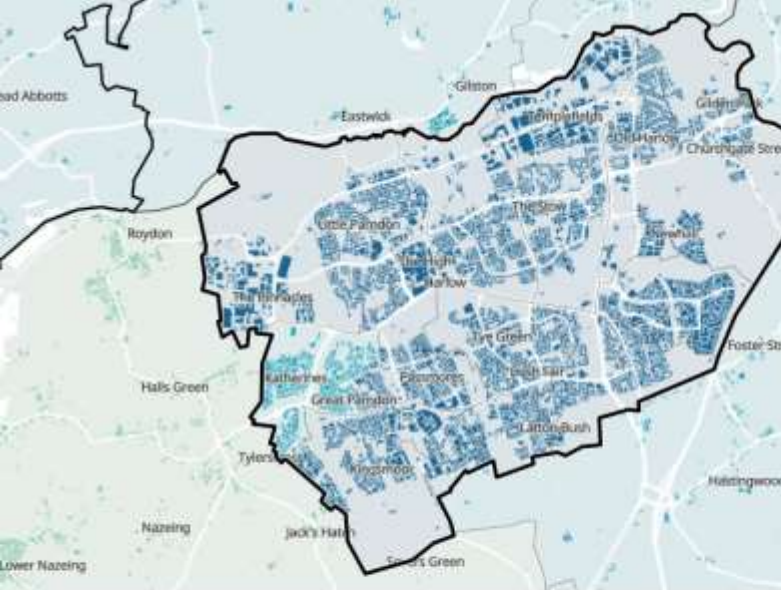
Broad Age Group	Count	%	Essex %	England %
Aged 0 - 15	20,226	21.7%	18.6%	18.6%
Aged 16 - 64	59,488	63.7%	60.8%	63.0%
Aged 65+	13,614	14.6%	20.6%	18.4%

As the table (above) and age pyramid chart (right) indicates, over 20% of Harlow's population are children and young people, which is higher than the Essex and England's percentages.

The average (median) age remained at 37 years in Harlow for both censuses. This area has a lower average (median) age than the East of England (41 years) and England (40 years).



Source: Essex County Council, Census 2021 Demography, Households & Migration Report



21.7% of people in Harlow **LAD** are aged 15 years and under



63.7% of people in Harlow **LAD** are aged 16 to 64 years



14.6% of people in Harlow **LAD** are aged 65 years and over



POPULATION CHANGE

Change since 2011

Between the last two censuses (2011 and 2021), the population of Harlow increased by 13.9% or approximately 11,356 people.

This increase is higher than population growth for the East region (8.3%) and England (6.6%).

Projection Projections

The estimated population of Harlow in 2021 was 93,328 and it is projected to grow to 92,992 by 2043.

The age composition of the population is determined by the patterns of births, deaths and migration that have taken place in previous years. The result is that the broad age groups in the population are changing at different rates.

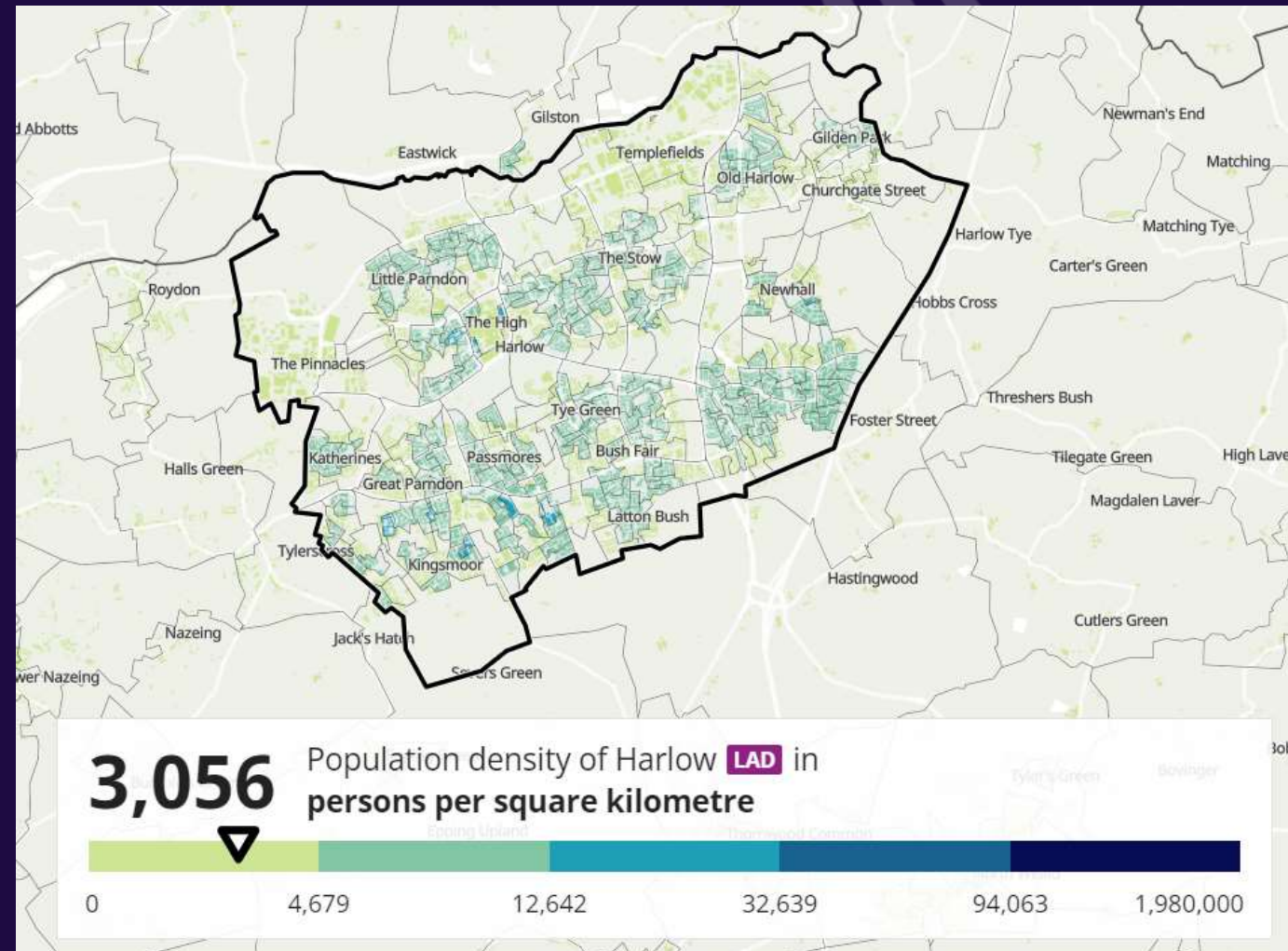
The percentage of the working age population (aged 16-64) of Harlow is projected to be at 59.9% while the percentage of people aged over 65 will reach 19% in mid-2043. For comparison, the percentage of the population aged over 65 in Essex will reach 25.2% and England, 22.6%.

POPULATION DENSITY

On Census Day, Harlow had around 3,056 people per square kilometre. This is around 21.8 people per football pitch-sized piece of land, an increase from 19.2 in 2011.

Across Greater Essex, Harlow has seen the largest increase in population density over the last 10 years.

The map (right) shows that the population is located in towns across Harlow, particularly near Kingsmoor, Passmores and The High.



Source: Office for National Statistics, Census Maps

COUNTRY OF BIRTH & PASSPORTS

82% of Castle Point's residents (76,255 people) were born in the UK.

Of these, 75,136 people (81% of Harlow's population) were born in England.

For comparison, 88.1% of Essex residents and 80.3% of England's population was born in England.

91.5% (85,401 people) of Harlow's population were born in Europe, compared to 94.7% of Essex residents and 89.8% of England's population.

The remainder of the population was born in Middle East and Asia (3.9%), Africa (3.7%), Americas and the Caribbean (0.8%) and Antarctica and Oceania (0.1%). The proportion of Harlow's population born in Africa was higher than Essex (1.8%) and England (2.8%). The proportion born in the Middle East and Americans and the Caribbean was also higher than Essex.

Passport held can be used as a proxy for nationality and a way of identifying people who hold two or more nationalities. 83% of the population in Harlow held a passport from Europe region.

Also of note, 12,618 of Harlow's residents do not have a passport.

LENGTH OF RESIDENCE & MIGRATION

LENGTH OF RESIDENCE

18.3% of Harlow's population was born outside the UK.

Of those born outside the UK, Harlow residents had lived in the UK for the following periods:

10.3% (9,582 people) for 10 years or more

3.7% (3,470 people) for 5 years or more, but less than 10 years

2.4% (2,281 people) for 2 years or more, but less than 5 years

1.9% (1,740 people) for less than 2 years

99 people were non-UK short-term residents, they arrived in the UK within the year before the Census day and did not intend to stay longer than 12 months), of which 55.6% (55) were female and 44.4% (44) were male.

MIGRATION

Census 2021 respondents were asked whether their address was the same as their address one year previously i.e. on 21 March 2020. This information can be used to assess migration to England and Wales in the year before the census.

90.6% (83,476 people) of Harlow residents had the same address as enumeration (one year previously).

For comparison, 90.4% of Essex residents and 88.9% of England's population had the same address as enumeration.

Of those who did not have the same address as enumeration, 8.6% (7,878 people) were migrants from within the UK and 0.7% (664 people) were migrants from outside the UK. Harlow had a larger percentage of migrants from outside the UK than Essex.

ETHNICITY

The table (right) shows the broad ethnic group breakdown for Harlow, Essex and England's population.

On Census Day, 82.7% of Harlow's population self-identified with the ethnic group of White, a decrease from 89.1% in 2011 and lower than Essex's percentage.

6% of Harlow's population self-identified with the ethnic group of Asian, Asian British or Asian Welsh. This is an increase, up from 4.6% in 2011.

6.2% of the population self-identified with the ethnic group of Black, Black British, Black Welsh, Caribbean or African increased, up from 3.8% in 2011.

3.3% of the population self-identified Mixed or Multiple ethnic groups, up from 2.1% in 2011.

1.8% of the population self-identified with the ethnic group of Other, up 0.4% in 2011.

Ethnic Group	Harlow Count	Harlow %	Essex %	England %
Asian, Asian British or Asian Welsh	5,555	6.0	3.7	9.6
Black, Black British, Black Welsh, Caribbean or African	5,827	6.2	2.5	4.2
Mixed or Multiple ethnic groups	3,048	3.3	2.4	3.0
White	77,214	82.7	90.4	73.5
Other ethnic group	1,686	1.8	1	2.2

Note: There are many factors that may be contributing to the changing ethnic composition of areas, such as differing patterns of ageing, fertility, mortality, and migration. Changes may also be caused by differences in the way individuals chose to self-identify between censuses.

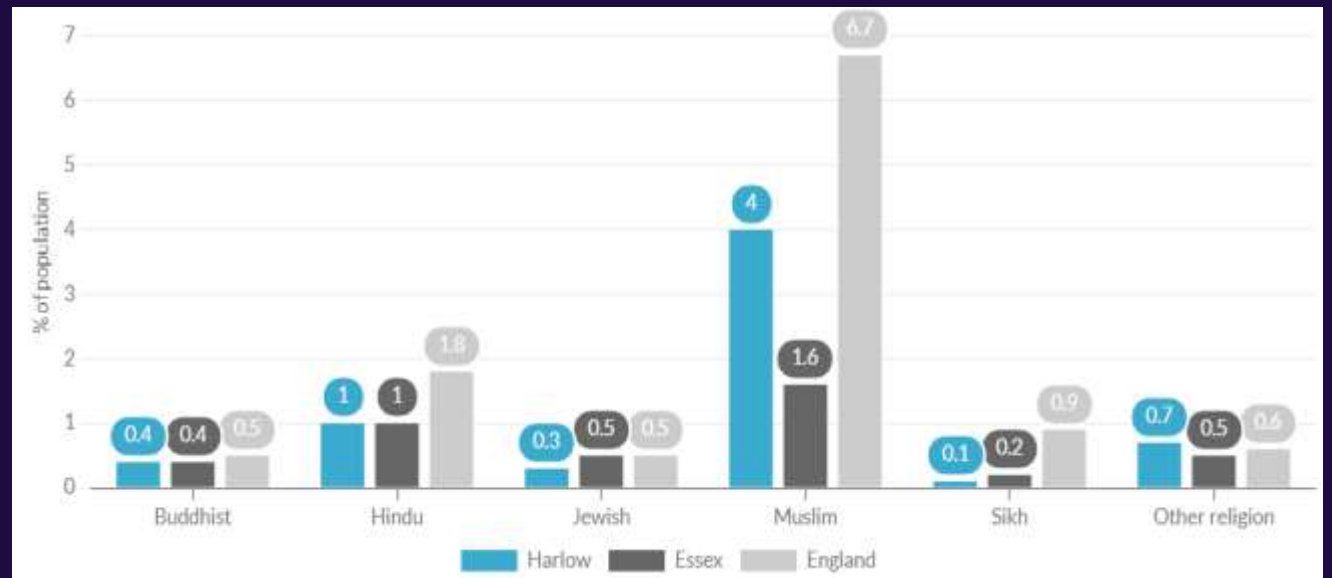
RELIGION

On Census Day, 43.4% of Harlow's population reported that they had "No Religion", an increase from 33.9% in 2011. This was the largest increase (9.5 percentage point change) of all broad religious groups within this area.

45% of Harlow's population reported that they were Christian, down from 55.4% in 2011.

The chart (right) shows the percentage of Harlow's population by religion (excluding Christian). It shows 4% of the population reported that they were Muslim, which was higher than Essex (1.6%).

29.3% of Harlow households reported the same religion in their household. 13.5% reported same religion and no religion, compared to 14.9% for Essex and 13.7% for England. Furthermore, 1.3% reported two different religions in their household.



Source: Sport England Local Area Insights Report

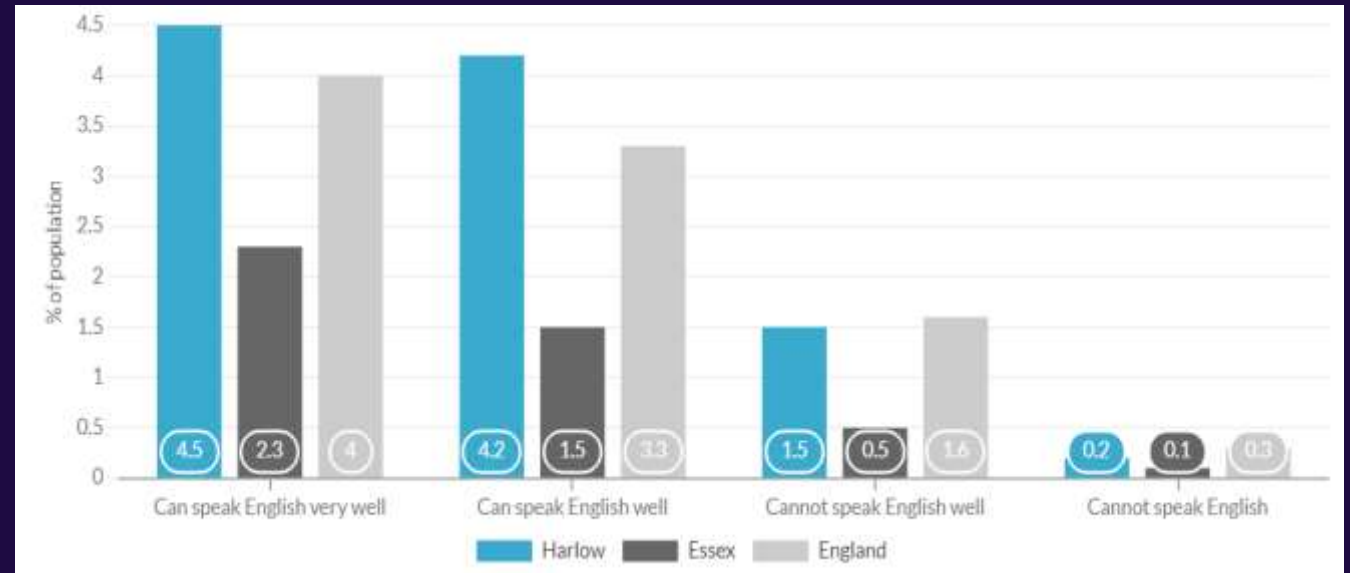
Note: The census question about religious affiliation is voluntary and response rates vary. There are many factors that can cause changes to the religious profile of an area, such as a changing age structure or residents relocating for work or education. Changes may also be caused by differences in the way individuals chose to self-identify between censuses.

LANGUAGE

Language is a key defining characteristic of people's identity. Data on the main languages spoken in an area facilitates the provision of public services, for example, to help identify the need for translation and the interpretation for providing English language lessons.

On Census Day, 90% of Harlow's residents reported that their main language was English. This means 10% of Harlow's population reported that English was not their main language. In Harlow, the other five main languages are other European languages, South Asian, East Asian, African and Turkish.

Of the population whose main language is not English, the chart (right) shows that 8.7% of this group can speak English well or very well, whereas 1.7% cannot speak English well or at all.



Source: Sport England Local Area Insights Report

64.5% of all Harlow households had the same language, compared to 68.4% for Essex and 63.7% in England.

In 2.4% of households the main language differed within partnerships and in 2.3% the main language differed between generations but not within partnerships. 2% had a combination of multiple languages in a household.

SEXUAL ORIENTATION & GENDER IDENTITY

SEXUAL ORIENTATION

On Census Day, 90.8% of Harlow's population self-identified as Straight or Heterosexual.

2.4% of Harlow's population self-identified as Gay or Lesbian, Bisexual, Pansexual, Asexual, Queer or all other sexual orientations.

6.7% did not answer the sexual orientation question.

GENDER IDENTITY

On Census Day, 93.9% of Harlow's population self-identified their gender as the same sex as registered at birth.

0.3% of the population identified their gender as different from sex registered at birth no specific identify given.

0.2% of Castle Point's population identified as a trans woman or man. A small number of residents (32 people) identified as either non-binary or another gender identity.

5.6% did not answer the gender identity question.

Note: The sexual orientation and gender identity questions were voluntary and was only asked of people aged 16 years and over. This variable was new for Census 2021 and there is no comparability with the 2011 Census.

LEGAL PARTNERSHIP STATUS & LIVING ARRANGEMENTS

On Census Day, 42% of Harlow's population were married (41.8%) or in a registered civil partnership (0.2%), which was lower than Essex (47.7%) and England (44.7%) populations.

As the chart (below) shows Harlow had a higher percentage of never married or registered in a civil partnership, compared to 33.9% for Essex and 37.9% for England.

It also shows that 10.4% of the population were divorced or civil partnership dissolved, which was higher than Essex (9.6%) and England (9.1%).

With regards to living arrangement, 56% of Harlow's population were living in a couple and 44% were not.



Source: Sport England Local Area Insights Report

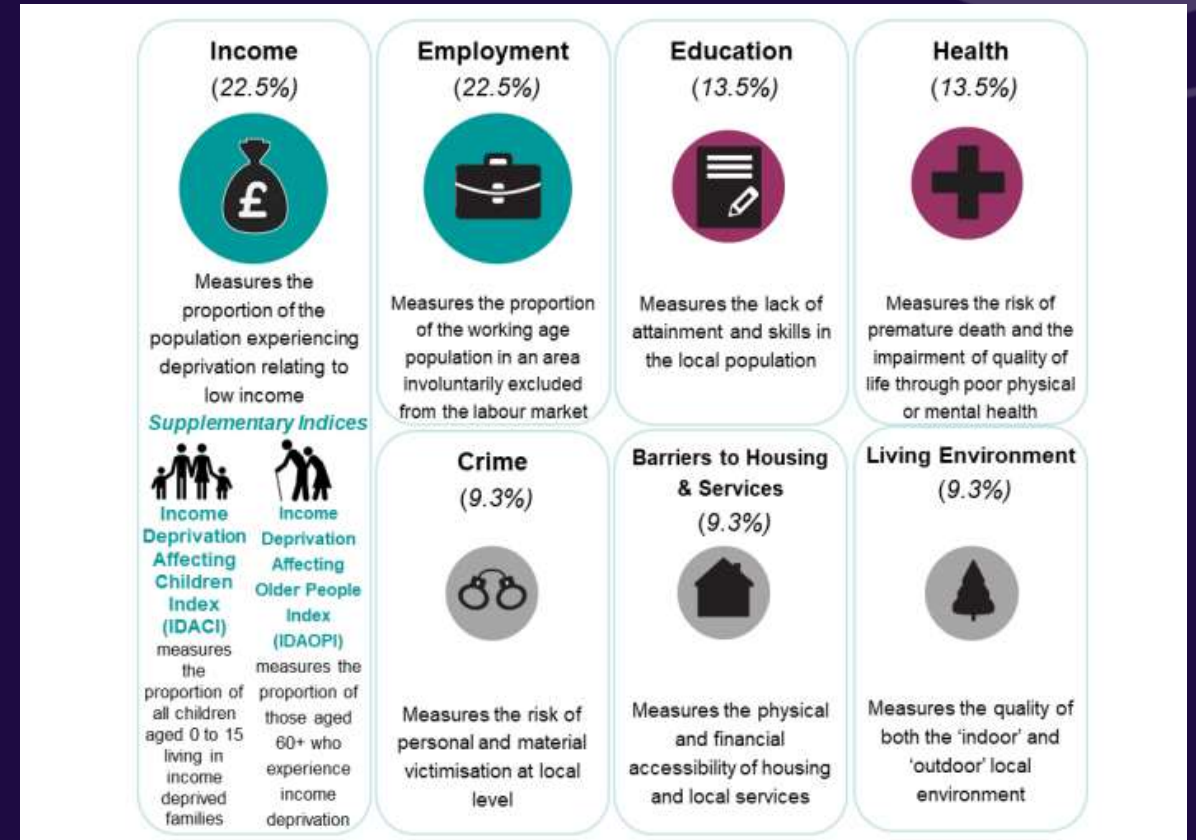
DEPRIVATION

The English Indices of Deprivation (IoD) measures relative levels of deprivation in 32,844 small areas or neighbourhoods, called Lower-layer Super Output Areas, in England. It is based on 39 separate indicators, organised across seven distinct domains of deprivation which are combined and weighted to calculate the Index of Multiple Deprivation (IMD).

The Index of Multiple Deprivation (IMD) is an overall measure of multiple deprivation experienced by people living in an area. It provides a place-based insight into deprivation.

All neighbourhoods in England are ranked according to their level of deprivation relative to that of other areas. Areas were divided into 10 equal groups (or deciles) according to their deprivation rank.

High ranking LSOAs or neighbourhoods can be referred to as the 'most deprived' or as being 'highly deprived' to aid interpretation. However, there is no definitive threshold above which an area is described as 'deprived'.



Source: Ministry of Housing, Communities & Local Government

DEPRIVATION

In the Indices of Multiple Deprivation 2019, Harlow was ranked 100 out of 317 lower tier authorities in England based on the average rank of the LSOAs in this area.

This places Harlow in the lower 40% of most deprived Lower Tier Local Authorities (LTLAs) nationally.

Compared to the IMD 2015 period, the average rank of the area has increased gradually to its highest level out of all four periods and is the most improved LTLA in Essex County Council area. The 2019 IMD rank also moves the area up for from decile 3 to decile 4 for the first time.

Compared to the other local authority areas in Essex, Harlow is ranked as 2nd out of 12 in the county for overall deprivation. Harlow is one of two areas in Essex which fall into the 4th decile nationally.

As of 2019, Harlow contains 54 LSOAs of which 1 is ranked in the bottom two most deprived deciles nationally. This is equivalent to 1.9% of LSOAs in the area and is lower than the average for Essex County Council area (8.6%).

At the other end of the spectrum, Harlow was identified as also having 3 LSOAs in deciles 9 and 10 (the top 20% least deprived LSOAs nationally). Equivalent to 5.6% of all LSOAs in the Harlow area, this is lower than the Essex average of 25.8% and ranks as the 2nd lowest proportion out of the 12 Essex Districts.

The number of Harlow residents living in the most deprived 20% of areas (Decile 1 & 2) was 2,246 people, equivalent to 2.5% of the total population of the area.

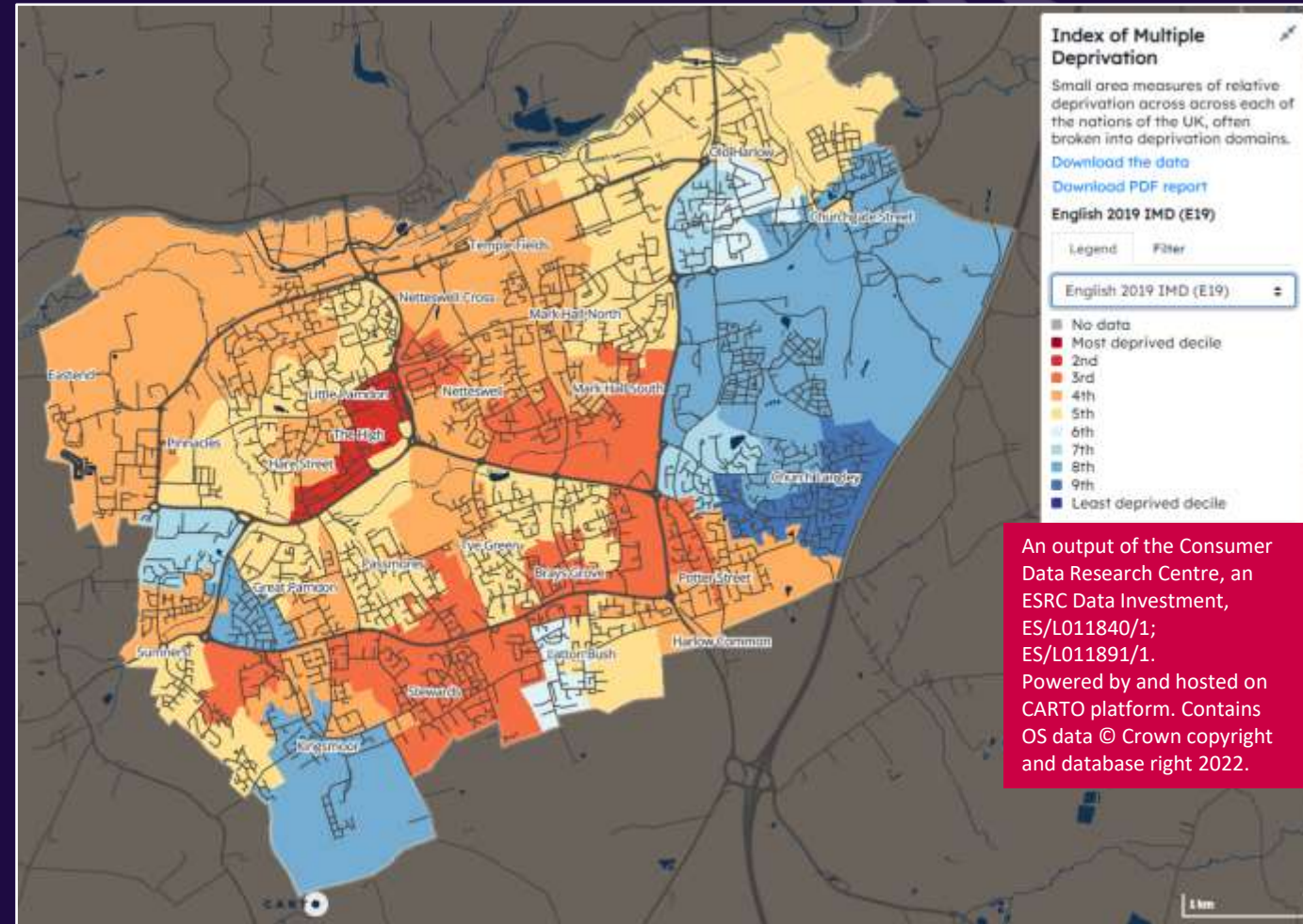
DEPRIVATION

The map (right) shows that the overall IMD (2019) decile for each neighbourhood in Harlow.

Toddbrook ward contains the neighbourhood ranked within the top 20% most deprived nationally.

The table (below) provides the top 10 most deprived LSOAs in Harlow and the wards where they are located.

	LSOA Name	Ward Name	IMD Rank	IMD Decile
10 Most Deprived LSOAs	Harlow 007E	Toddbrook	6,346	2
	Harlow 010B	Staple Tye	6,656	3
	Harlow 006D	Bush Fair	6,901	3
	Harlow 008A	Bush Fair	6,968	3
	Harlow 007D	Toddbrook	6,971	3
	Harlow 002C	Mark Hall	7,014	3
	Harlow 003C	Netteswell	7,113	3
	Harlow 010D	Staple Tye	8,216	3
	Harlow 010C	Staple Tye	8,483	3
	Harlow 011C	Sumners and Kingsmoor	8,764	3



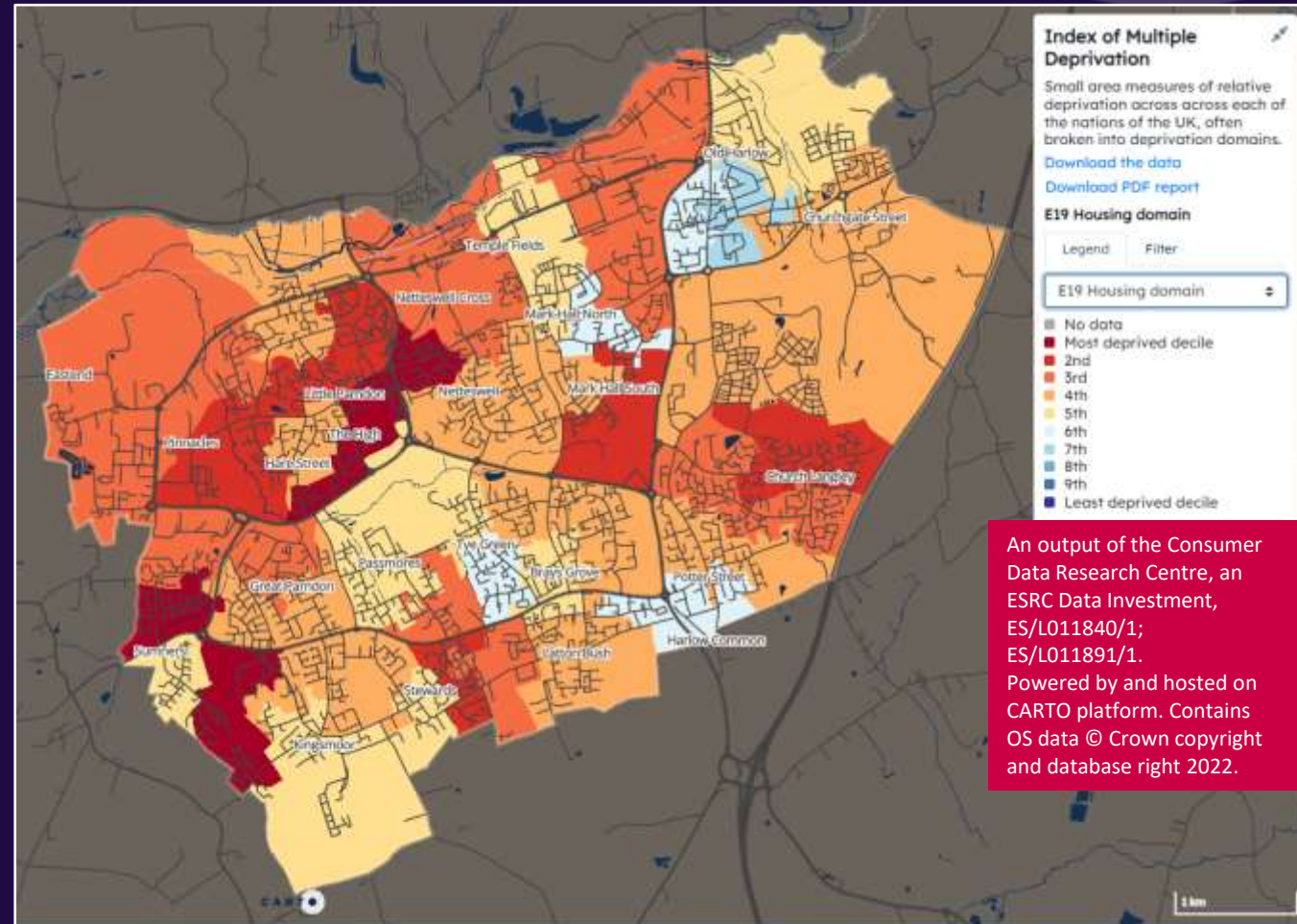
HOUSING - DEPRIVATION

The Barriers to Housing and Services Domain measures the physical and financial accessibility of housing and local services. The indicators fall into two sub-domains: 'geographical barriers', which relate to the physical proximity of local services, and 'wider barriers' which includes issues relating to access to housing such as affordability and homelessness.

In IMD 2019, Harlow has the lowest rankings (35th out of 317 lower tier authorities) in the Barriers to Housing and Services domain, which falls into the bottom 20% nationally. Harlow's rank for this domain decreased 2 places from IMD 2015 to 2019.

The map (right) shows that the neighbourhoods that in the top 10% most deprived nationally for this domain are in The High and Sumners area.

The number of Harlow residents living in the most deprived 20% of areas (Decile 1 & 2) was 18,628 people, equivalent to 21.4% of the total population of the area.

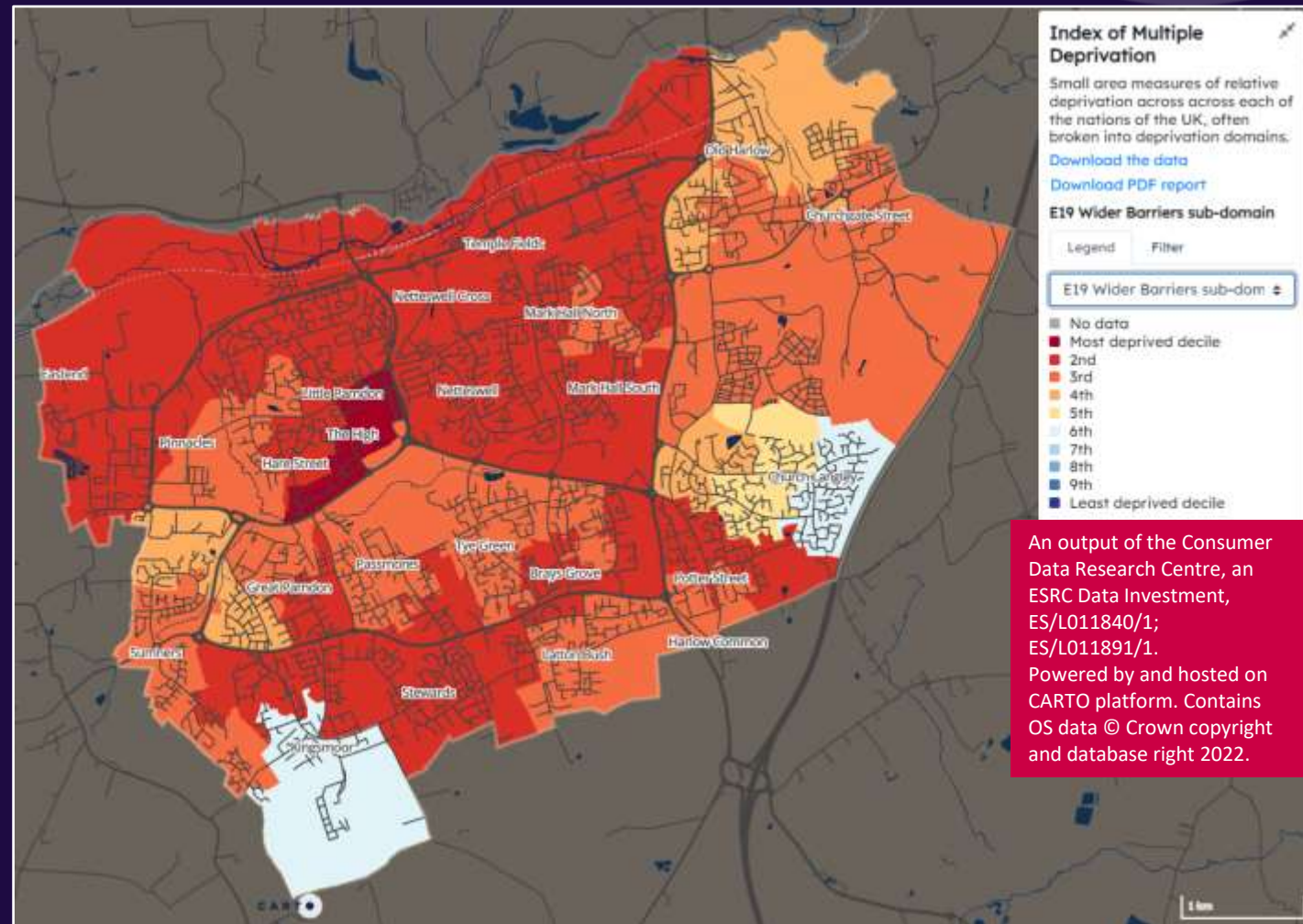


HOUSING – WIDER BARRIERS DEPRIVATION

The Barriers to Housing and Services Domain measures the physical and financial accessibility of housing and local services. The indicator, wider barriers includes issues relating to access to housing such as overcrowding, affordability and homelessness.

The map (right) shows the IMD 2019 decile for each neighbourhood in Harlow for the Wider Barriers sub-domain of the Barriers to Housing and Services domain.

It shows that most neighbourhoods in Harlow are in the top 40% most deprived nationally for this domain, with one neighbourhood near The High in the top 10%.



HOUSING – ACCOMMODATION TYPE

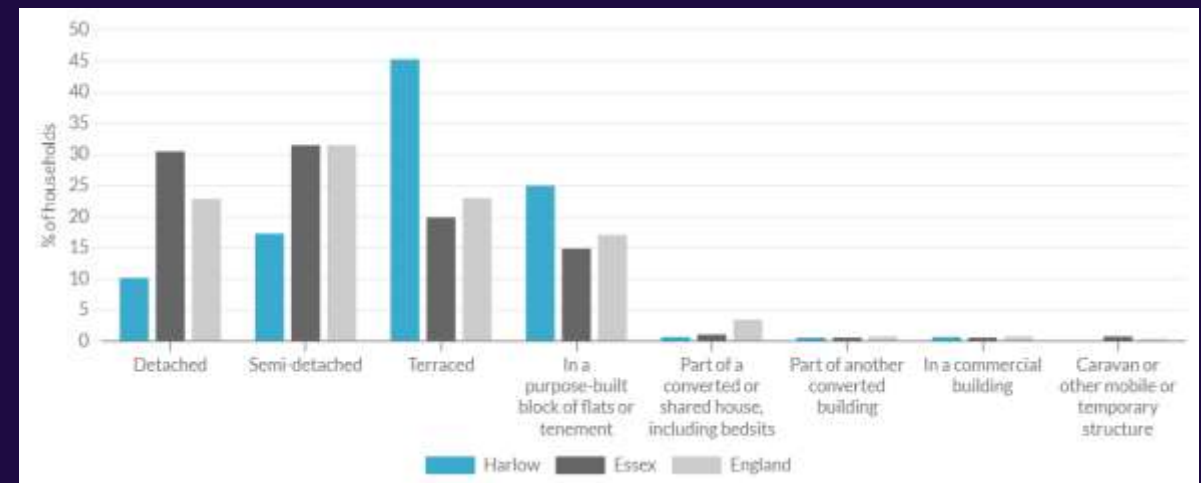
On Census Day, there were 37,856 households in Harlow (37,900 rounded to nearest 100).

About 73% of the households that Harlow residents lived in were whole houses or bungalows, of which the majority (45.3%) were terraced.

Also of note, the chart (right) shows that 25% of Harlow households that residents lived in were in a purpose-built block of flats or tenement, which was higher than the percentage for this housing type for Essex and England.

On Census Day, 308 residents in Castle Point lived in communal establishments, of which 210 residents were females (68%) and 98 were male (32%).

Accommodation Type	% of Households in Harlow
Whole house or bungalow	72.9%
Flat, maisonette or apartment	27%
A caravan, other mobile or temporary structure	0.1%



Source: Sport England Local Area Insights Report

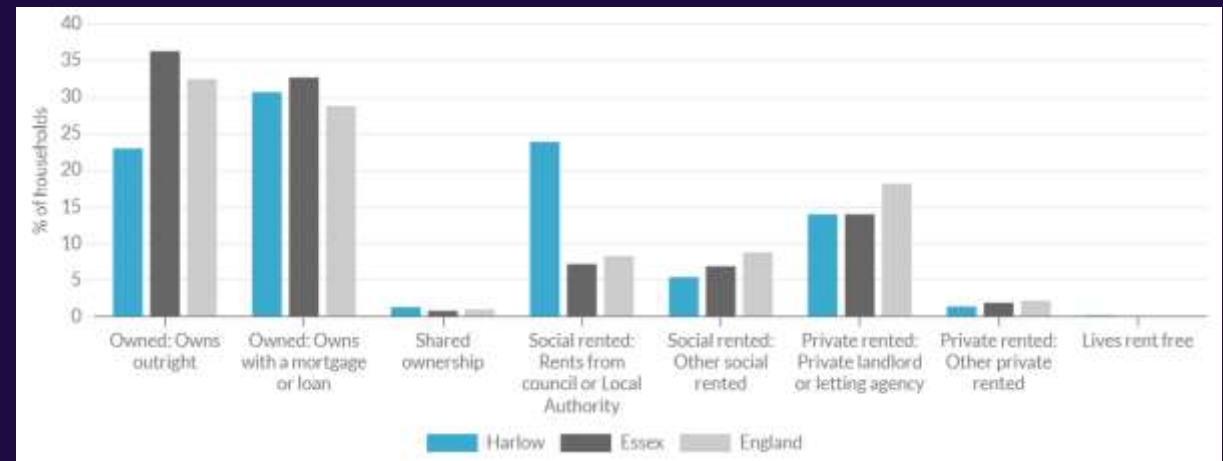
HOUSING – TENURE

On Census Day, 55% of households in Harlow were owned, either outright or owned with a mortgage or loan, which was lower than Essex (69.8%) and England (62.3%).

The table and chart (right) shows that nearly 30% households in Harlow are socially rented and was in the highest 5% of English local authority areas for the share of households in the social rented sector in 2021.

However, Harlow saw the East of England's third-largest percentage-point fall in the proportion of households in the social rented sector (decrease by 1.9 percentage points).

Tenure	Harlow %	Essex %	England %
Owned: Owns Outright	23	36.3	32.5
Owned: Owns with a mortgage or loan	32	33.5	29.8
Rented: Social rented	29.3	14.1	17.1
Private rented or lives rent free	15.6	16	20.5



Source: Sport England Local Area Insights Report

HOUSING - COMPOSITION

On Census Day, 64.6% of households in Harlow were single family households, which as the chart (right) shows was a similar proportions to Essex (66.3%) and England (63%).

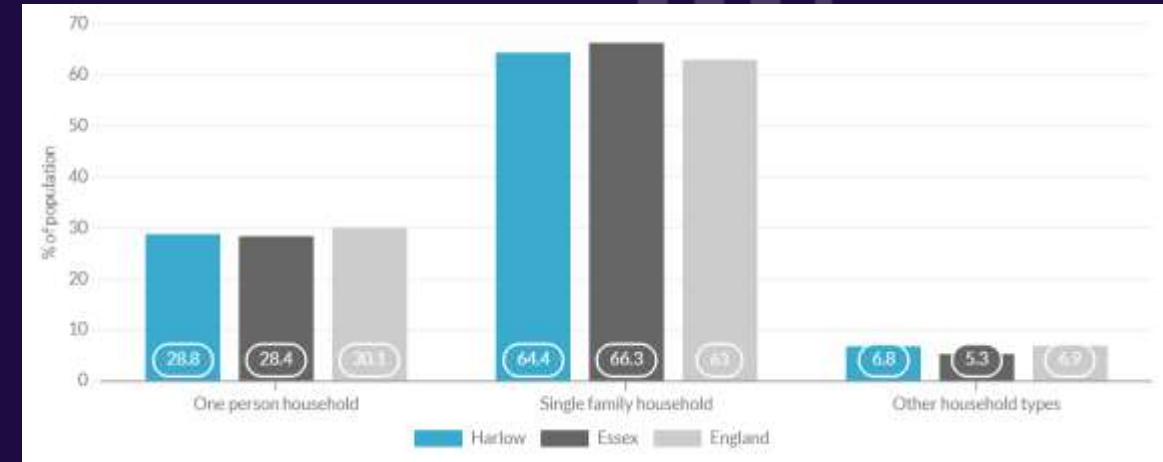
28.8% of households were one-person, which was similar to Essex (28.4%) and lower than England (30.1%).

6.8% of households were other household types.

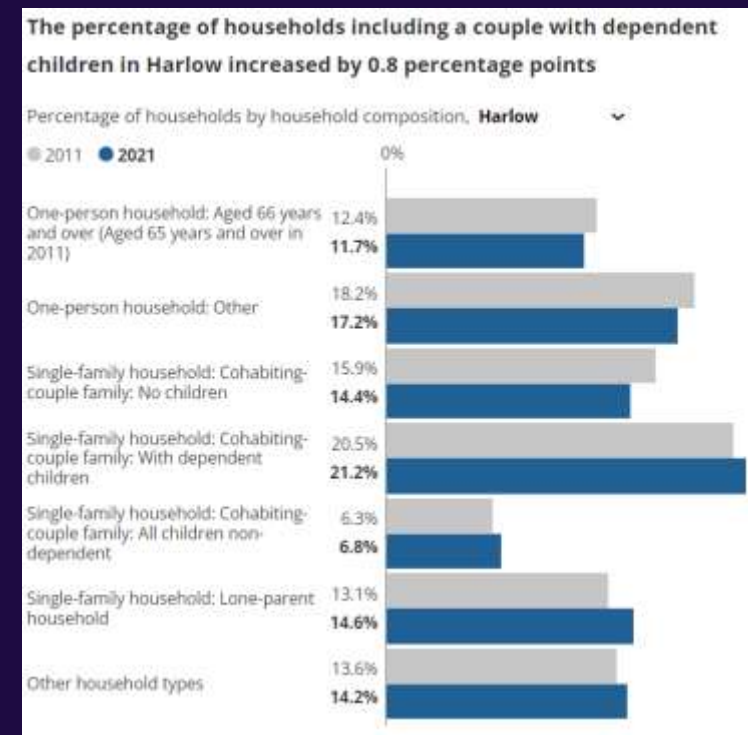
See maps on the following slide for locations of household composition types in Harlow.

The chart (bottom right) shows that 11.7% of one person-households were comprised of people aged 66 years and over, a decrease from 12.4% in 2011.

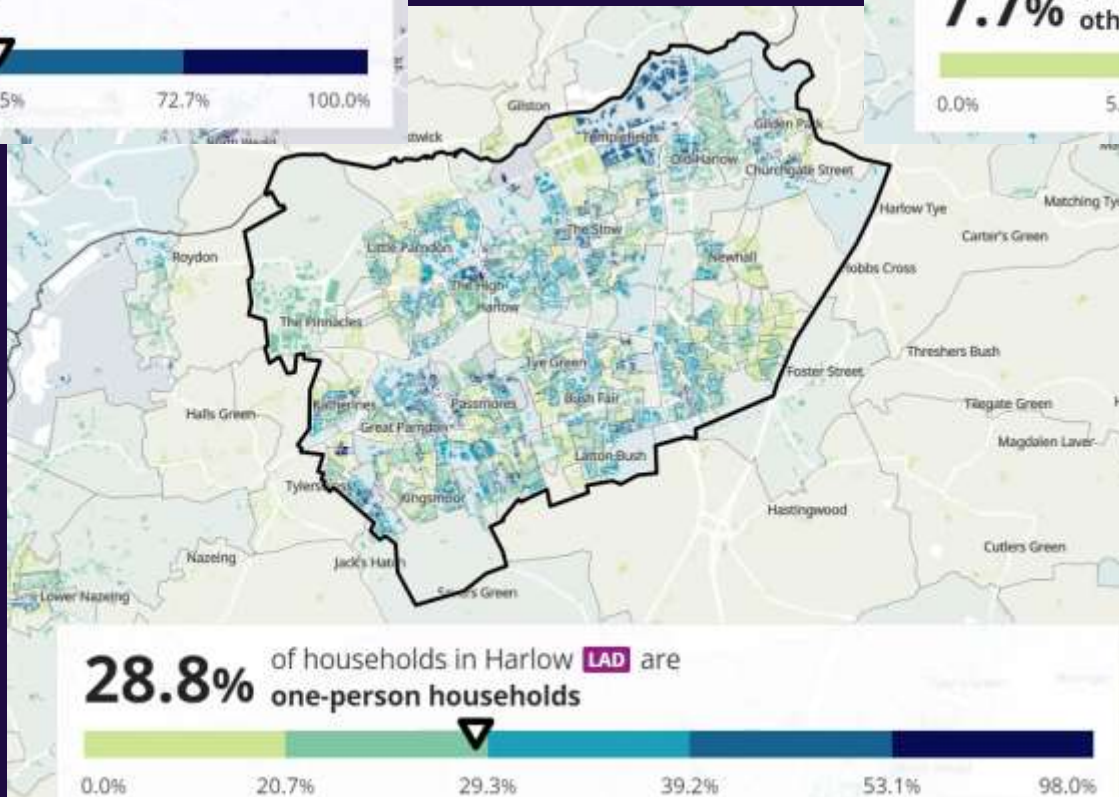
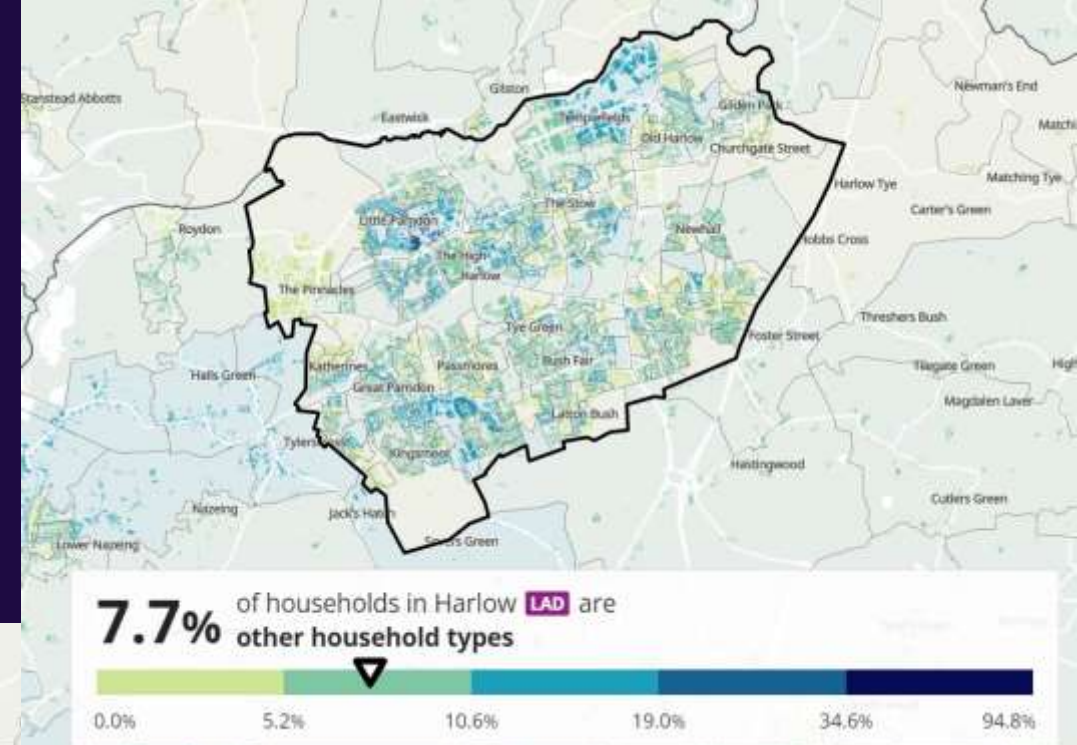
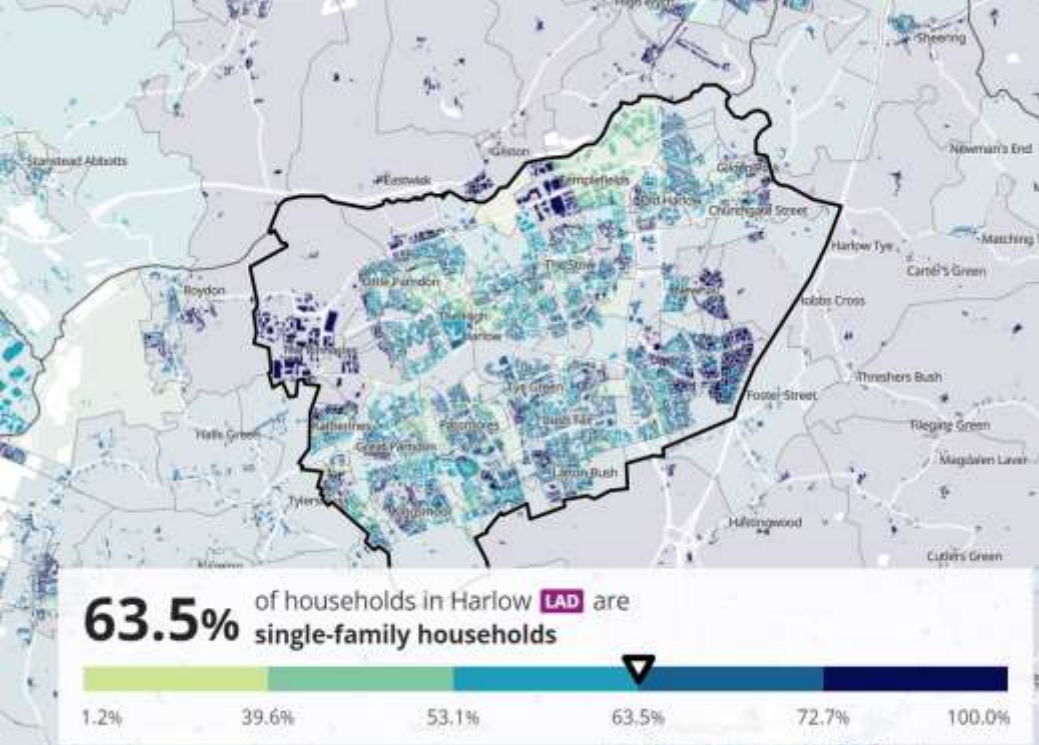
The percentage of households including a couple with dependent children increased from 20.5% in 2011 to 21.2%. The percentage of households including a couple without children in Harlow fell from 15.9% to 14.4%, while the percentage of households including a couple with only non-dependent children increased from 6.3% to 6.8%.



Source: Sport England Local Area Insights Report



Source: Office for National Statistics



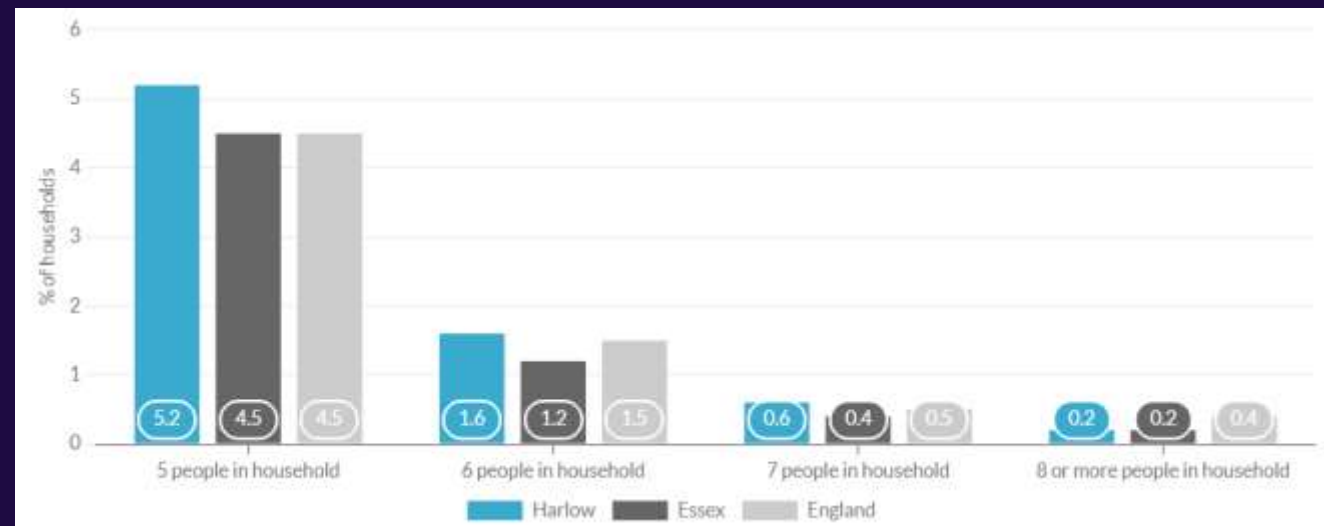
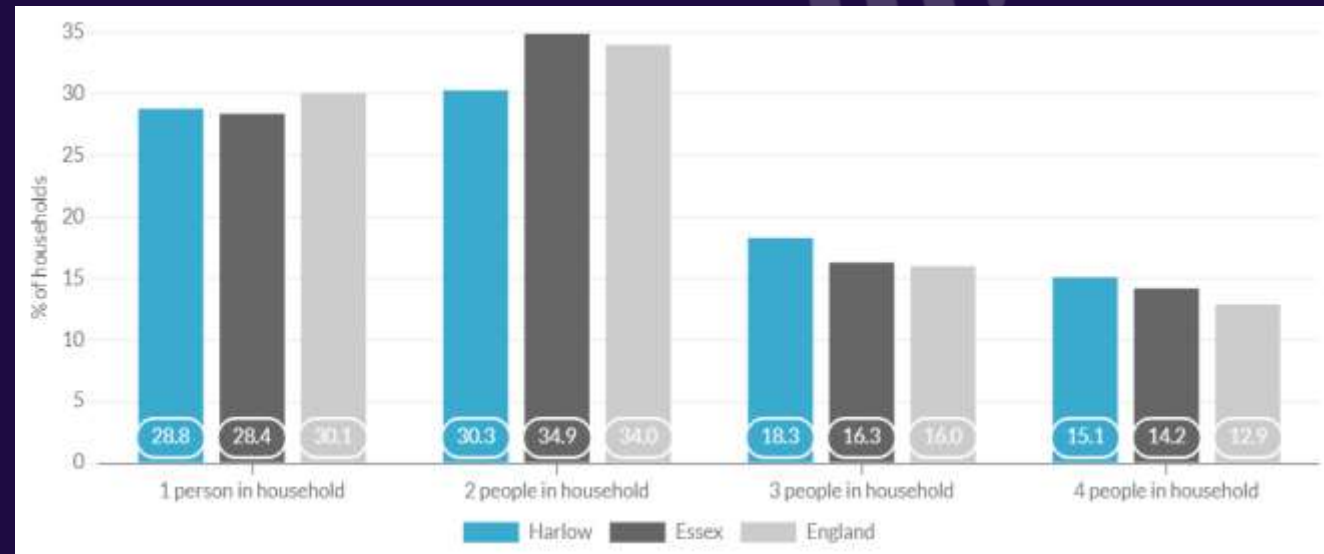
HOUSEHOLD SIZE

The charts (right) show household sizes in Harlow, Essex and England on Census Day.

The most common household size in Harlow was 2 people in a household at 30.3%, which was a lower proportion than across Essex (34.9%) and England (34%) households.

28.8% of households in Harlow had 1 person in household, which was a higher proportion than Essex (28.4%) and lower compared to England (30.1%).

Also of note, Harlow had a higher proportion of households with 3 – 7 people in compared to Essex and in most cases (except 6 person in household) for England.



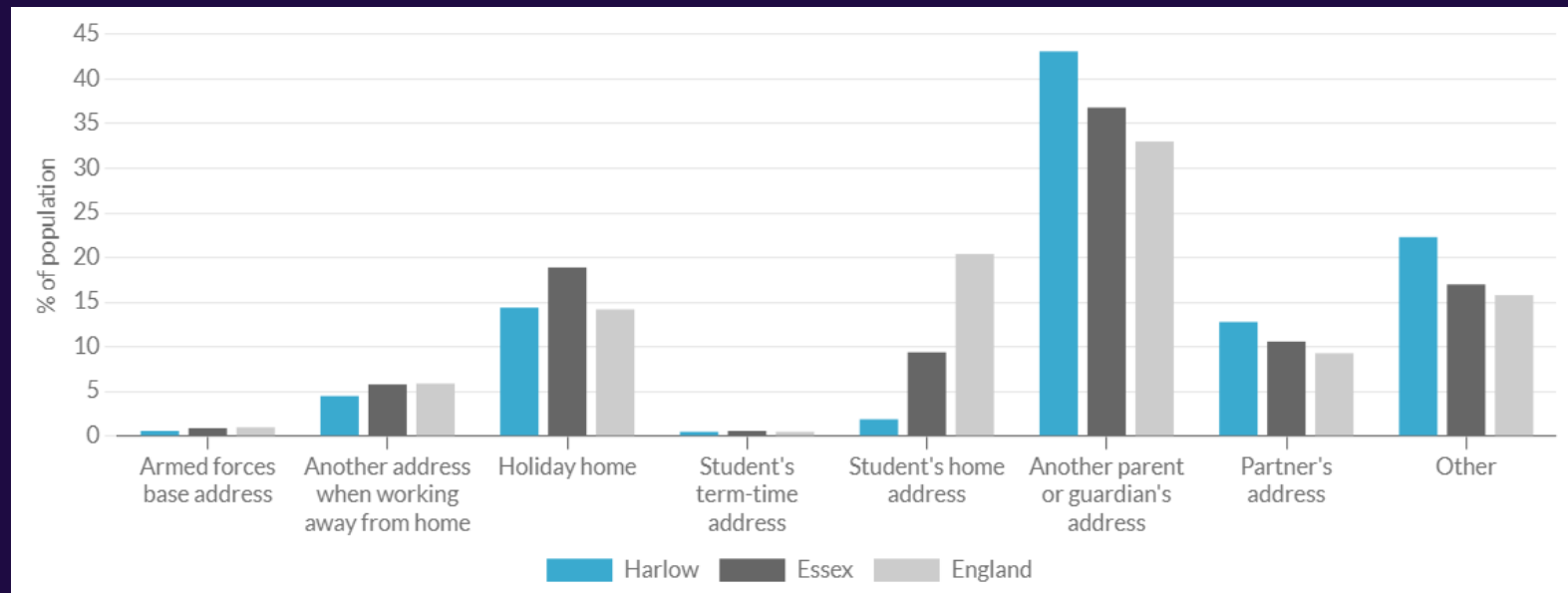
Source: Sport England Local Area Insights Report

SECOND ADDRESS

3.1% of Harlow residents indicated that they had a second address i.e. a place where they stayed for more than 30 days per year that isn't their place of usual residence. This percentage is lower than the average for England, 5.4%.

The chart (below) shows that the three most common second addresses were as follows: 43.1% lived at another parent, 22.3% at Other and 12.8% lived at a partner's address.

2.4% of Harlow residents had second addresses in the UK and 0.7% had an address outside the UK.



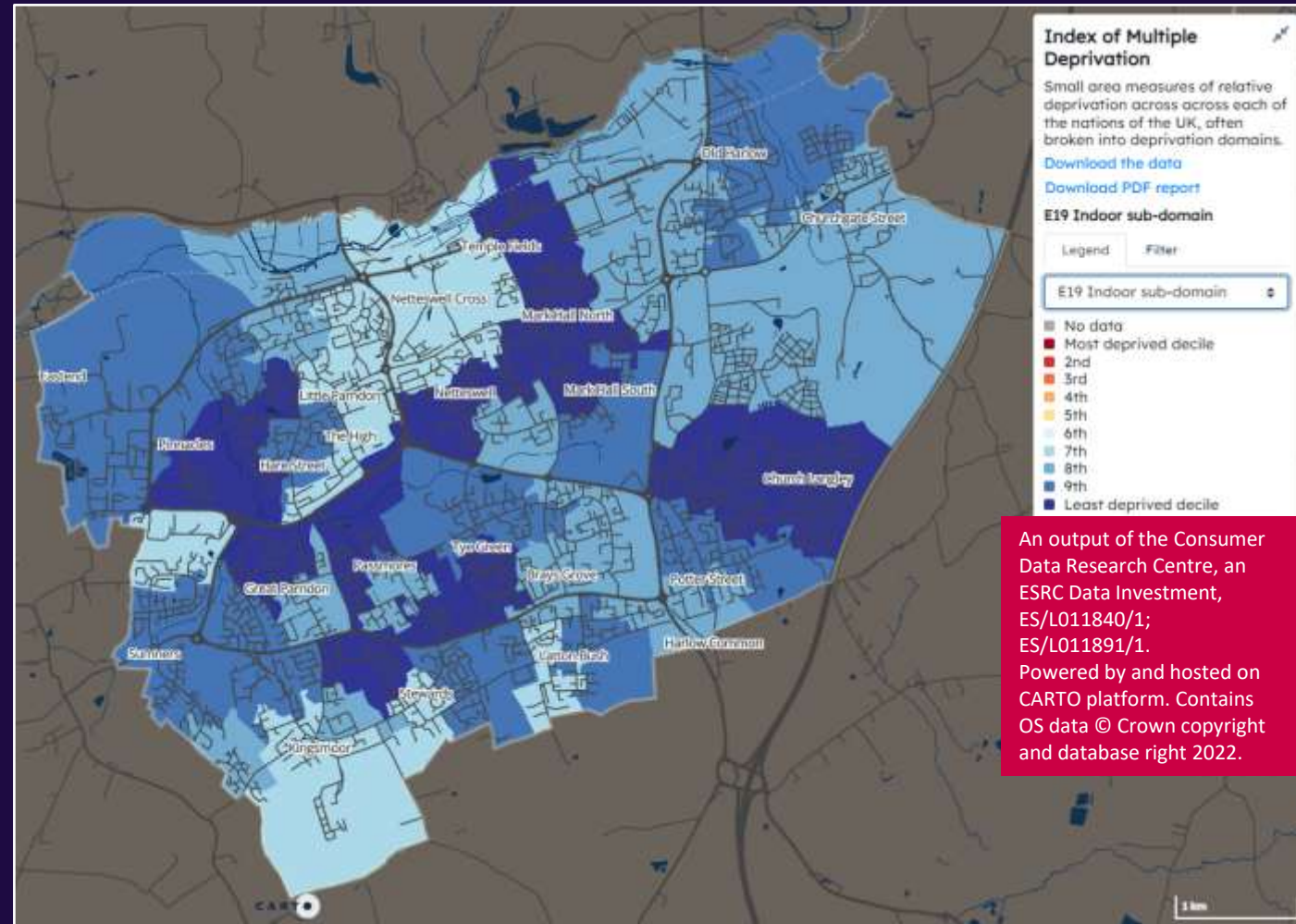
Source: Sport England Local Area Insights Report

HOUSING – INDOOR LIVING ENVIRONMENT DEPRIVATION

The Living Environment Deprivation Domain measures the quality of the local environment. The indicators fall into two sub-domains. The ‘indoors’ living environment measures the quality of housing and houses without central heating.

The map (right) shows the IMD 2019 decile for each neighbourhood in Harlow for the Indoor sub-domain of Living Environment domain.

It shows that most of the neighbourhoods in Harlow fall within the least deprived decile (9 or 10), with the lowest decile of 7 in the areas of Netteswell Cross, Kingsmoor and Stewards.



HOUSING - ENERGY

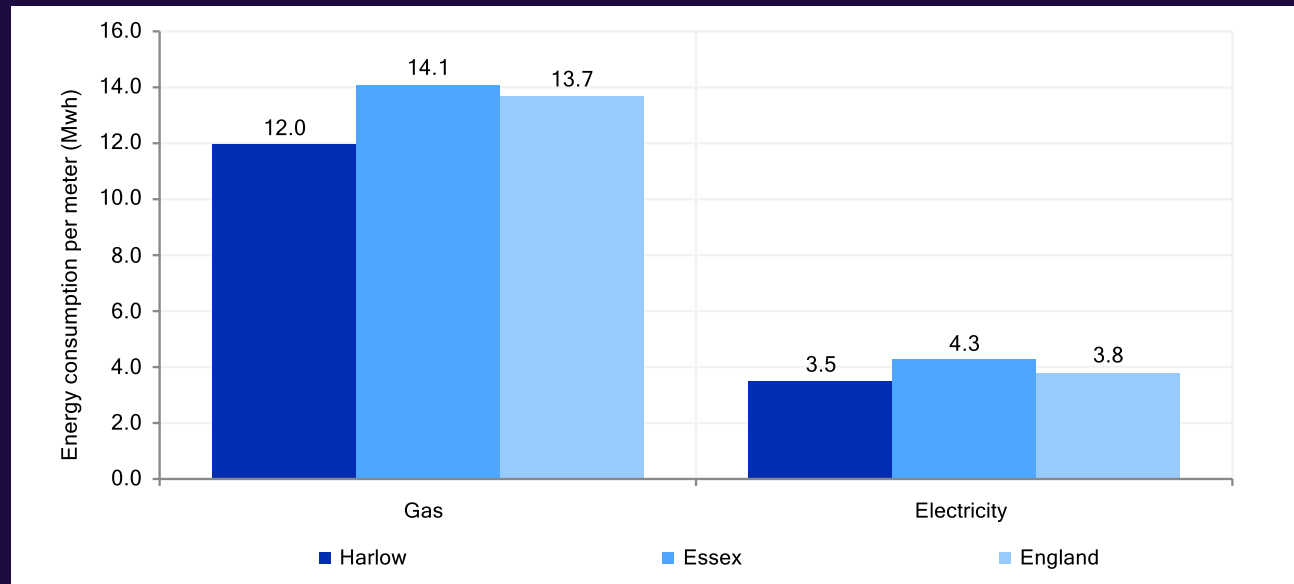
On Census Day, 1.1% (402) of households in Harlow had no central heating.

This compares to a value of 1.5% for England.

79.5% of households were connected to mains gas only and 8% to electric only.

Of those connected to the gas network, the consumption by Harlow households is lower than the average consumption than across Essex and England. Average electricity consumption by Harlow household is also lower than comparative areas.

Also of note, 2,830 households in Harlow are not connected to the gas network (2021).



Source: Local Insight, OSCI

HOUSING – FUEL POVERTY

A new definition of fuel poverty was introduced in 2021. This is the 'Low Income Low Energy Efficiency' (LILEE) definition of fuel poverty stating that a household is fuel poor if:

- They are living in a property with an energy efficiency rating of band D, E, F or G
- Their disposable income (income after housing costs and energy needs) is below the poverty line.

Fuel poverty is affected by a household's income, their fuel costs, and their energy consumption which can be affected, in return, by the energy-efficiency of the household's dwelling. Poor energy efficiency dwellings will require more fuel for heating purposes, and, as a consequence, more CO2 emissions will be produced. Energy efficiency improvements are key as they reduce energy and fuel consumption and, as a result, fuel poverty.

In 2020, BEIS data indicates that 14% of households in Harlow are in fuel poverty.

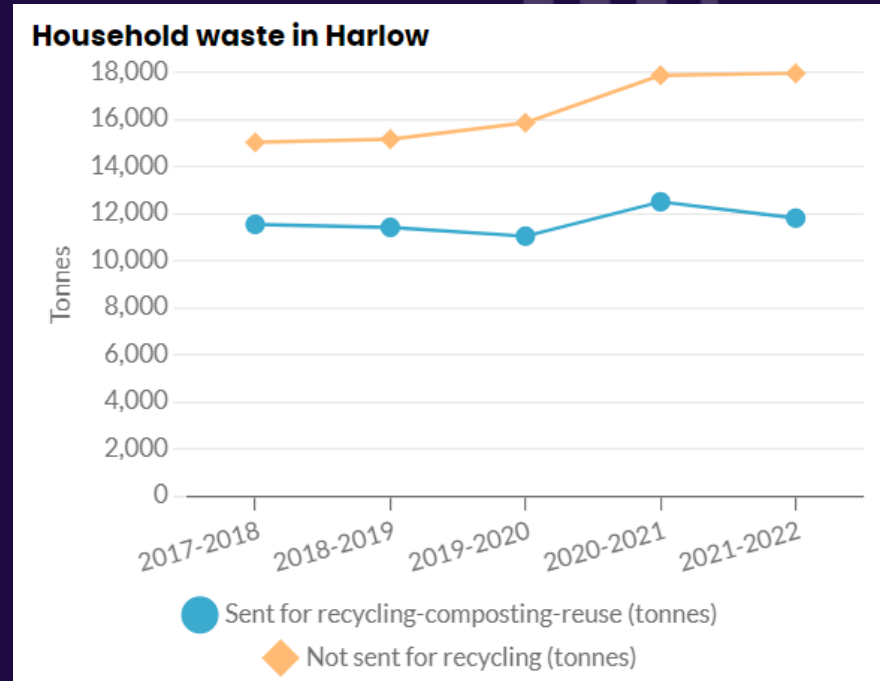
HOUSING - WASTE

There are many ways to protect our environment by reducing pollution and waste, protecting natural areas and biodiversity, and enforcing regulations that keep our water and air clean.

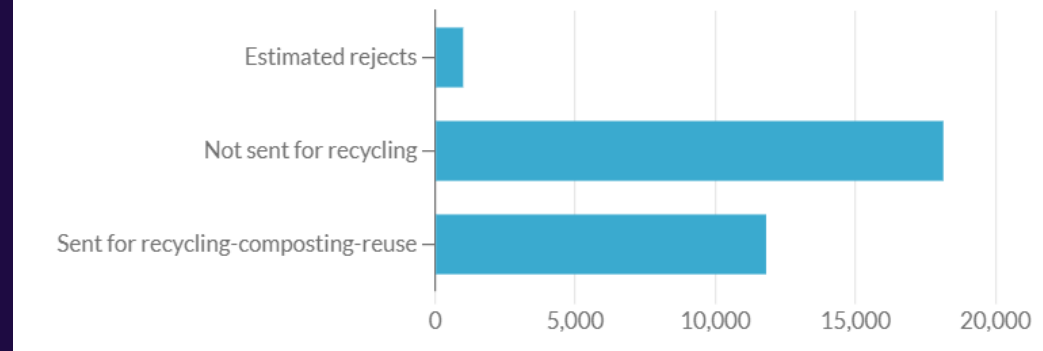
39,952 tonnes of waste was collected from Harlow in 2021/22.

The chart (top right) shows that in 2021/22, 17,595 tonnes of household waste in Harlow was not sent to recycling and 11,808 tonnes was sent for recycling-composting-reuse.

The chart (bottom right) shows that 1,001 tonnes of local authority collected waste for Harlow was estimated rejects.



Local authority collected waste for Harlow (2021-2022)



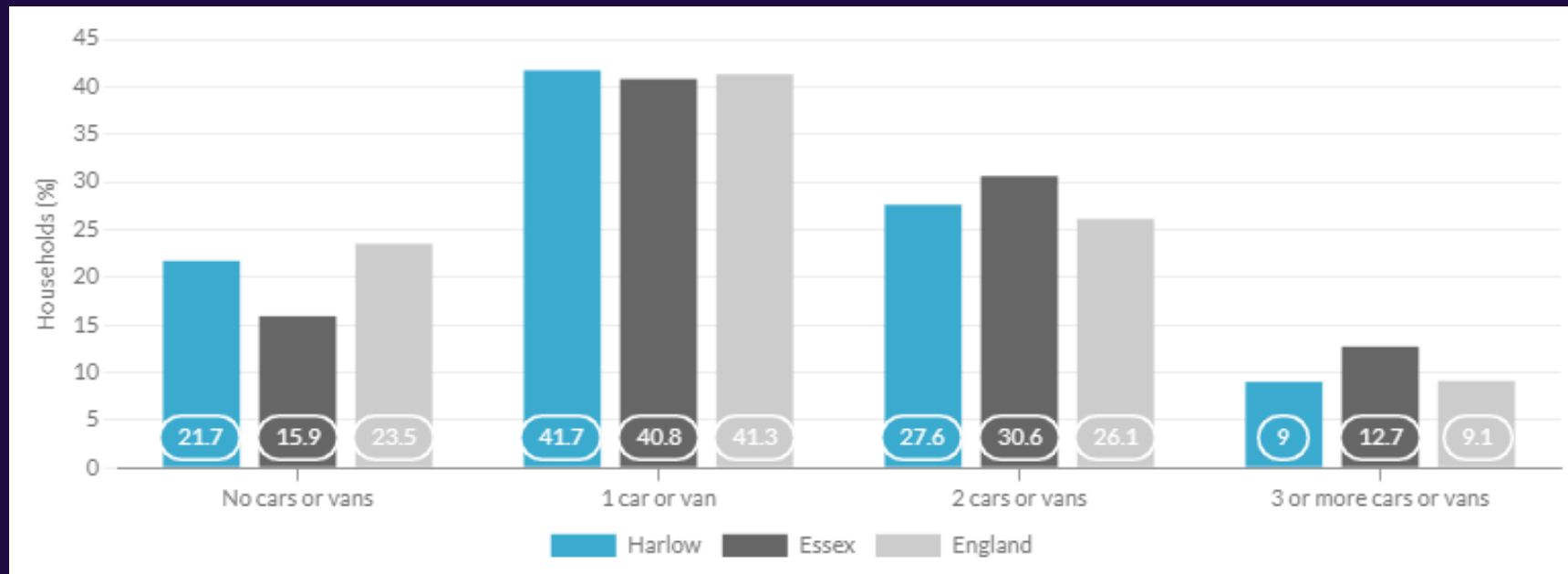
Source: Sport England Local Area Insights Report

TRANSPORT - CAR OR VAN AVAILABILITY

On Census Day, 21.7% (8,219) of households in Harlow had no access to a car or van.

This means 71.3% of households in Harlow had access to at least one car or van.

The chart (below) shows, 41.7% of households had one car or van available, 27.6% had two of these vehicles available. The proportion of Harlow households with two or more cars or vans was higher than Essex and England's percentages.



Source: Sport England Local Area Insights Report

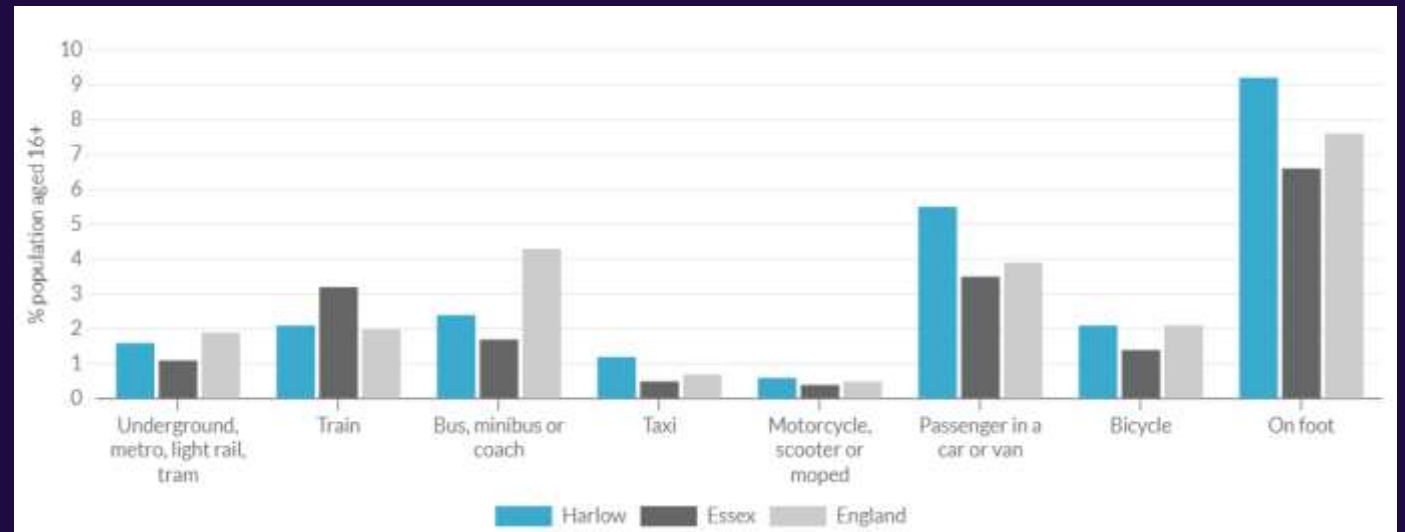
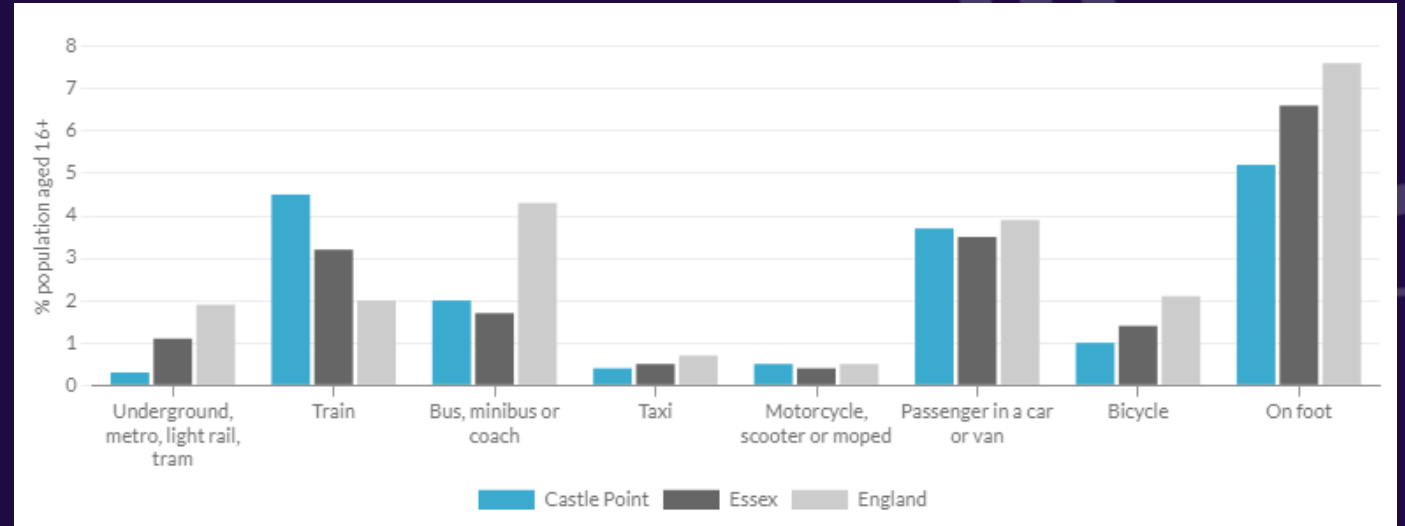
TRAVEL – TO WORK

On Census Day, 20.9% of Harlow's population mainly worked from home, compared to 32.3% for Essex and 31.5% for England.

53% of Harlow residents travelled to work by driving a car or van.

Other main methods of travel to work by Harlow's population was on foot (9.2%) or passenger in a car or van (5.5%).

The chart (bottom right) shows that the average distance travelled to work for Harlow residents was 2 to (less than) 5km, and the proportion was higher than across Essex and England.



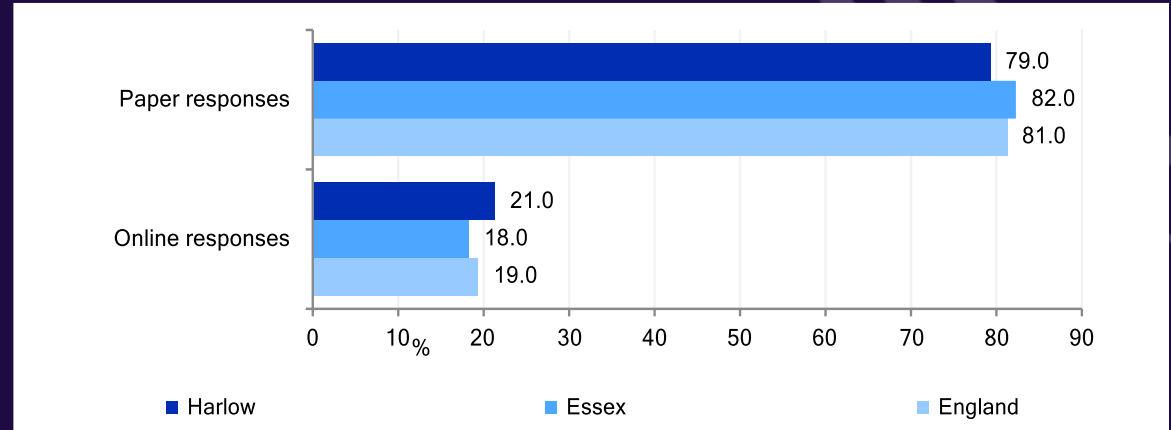
Source: Sport England Local Area Insights Report

DIGITAL SERVICES

For Census 2021, 79% of Harlow residents completed the Census survey via paper, compared to 21% online. This percentage is lower than the Essex and England's response percentage.

Ofcom data (2019) indicates that 1.3% of premises (or 497 households) in Harlow have broad speeds below the Universal Service Obligation.

The average broadband download and upload speed (Mbit/s) in Harlow households are higher the England average speeds, based on 2020 Ofcom data.



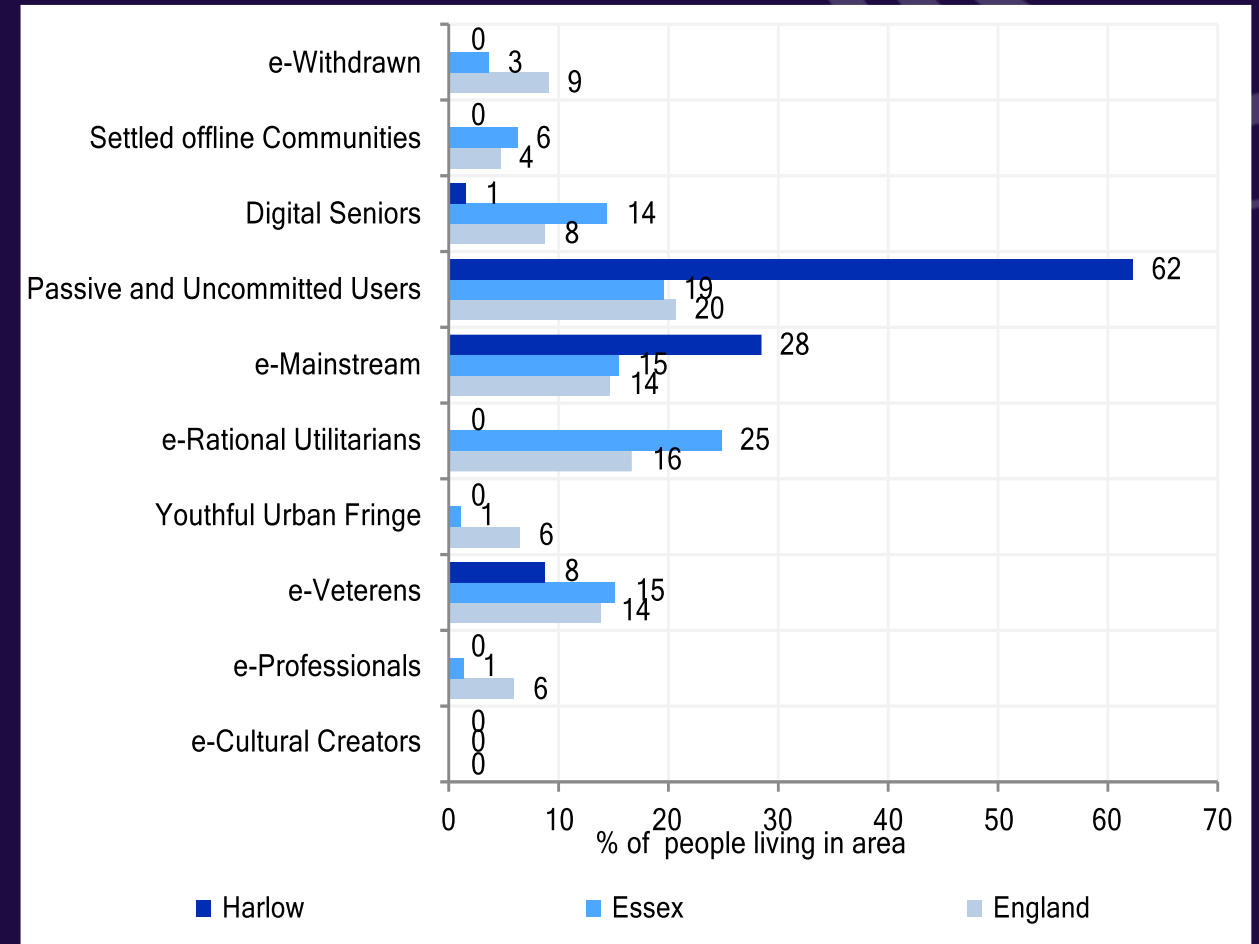
Source: Local Insight, OSCI

	Premises with broadband speeds below the USO (2019)	Average broadband download speed (Mbit/s)	Average broadband upload speed (Mbit/s)
Count & % Harlow Households	497 (1.3%)	101.36	13.53
England Average	1.8%	73.40	12.74

DIGITAL SERVICES

In 2018, researchers from the Consumer Data Research Centre (CDRC) developed an Internet User Classification in 2018 based on data from the British Population Survey, linked with data from online retailers, online transactions and infrastructure data from OfCom on download speed.

In Harlow, the main internet user group was Passive and Uncommitted Users (62%), described as those with limited or no interaction with the Internet. They tend to reside outside city centres and close to the suburbs or semi-rural areas. Also categorised as higher levels of employment in semi-skilled and blue-collar occupations.



Source: Local Insight, OSCI

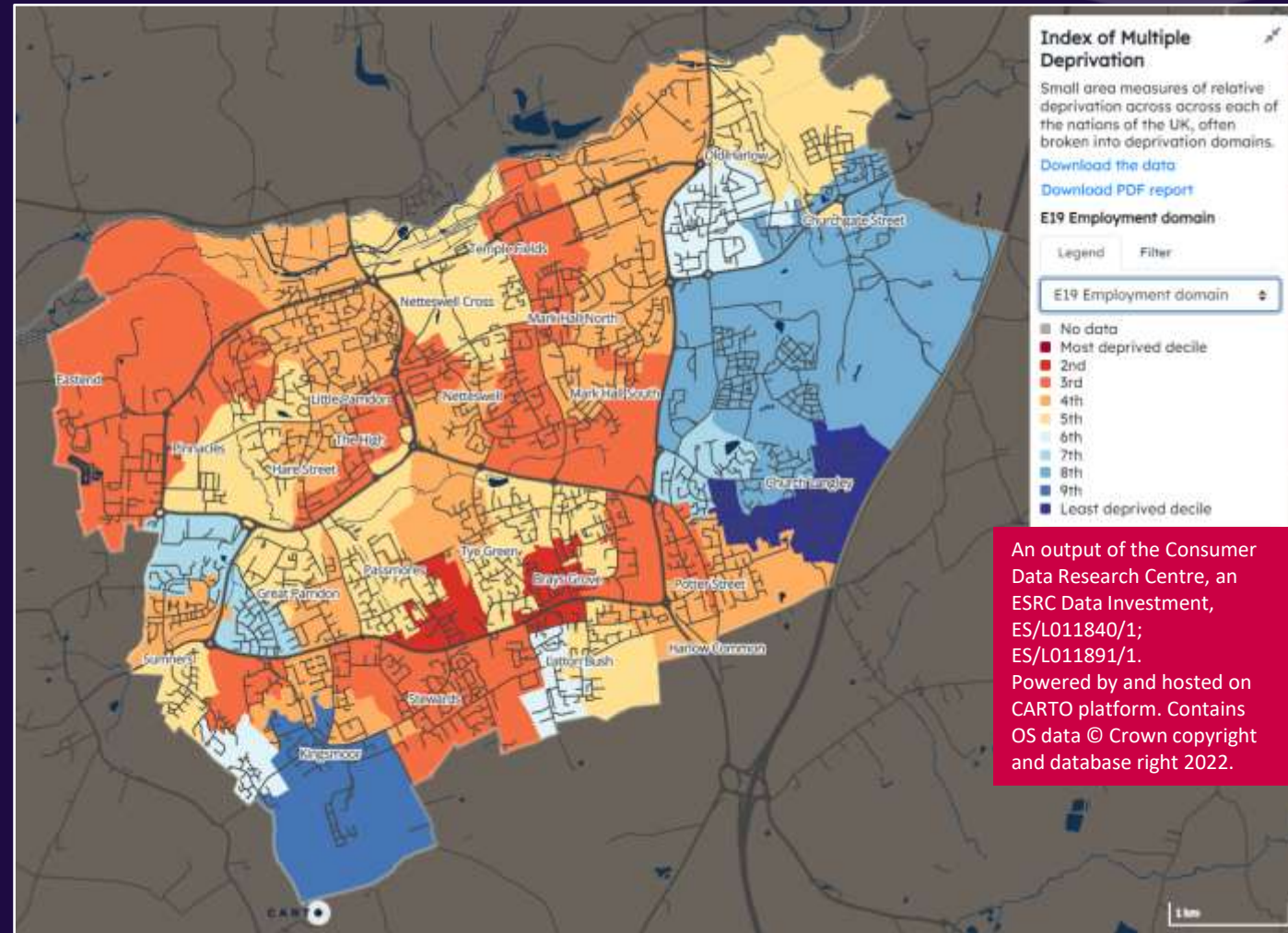
EMPLOYMENT - DEPRIVATION

The Employment Deprivation Domain measures the proportion of the working age population in an area involuntarily excluded from the labour market. This includes people who would like to work but are unable to do so due to unemployment, sickness or disability, or caring responsibilities.

In IMD 2019, Harlow has the rank of 93 (out of 317 lower tier authorities) in the Employment domain. Harlow's rank for this domain improved by 10 places between IMD 2015 and 2019.

The map (right) shows that the neighbourhoods that in the top 20% most deprived nationally for this domain are mainly located near Brays Grove and Passmores.

The number of Harlow residents living in the most deprived 20% of areas (Decile 1 & 2) was 3,285 people, equivalent to 3.8% of the total population of the area.



ECONOMIC ACTIVITY

On Census Day, 66.8% (91,113) of people aged 16 years and over in Harlow were economically active.

Excluding full-time students, 61.3% (44,829) people aged 16 and over in Harlow who were economically active were in employment, an increase from 60.2% in 2011.

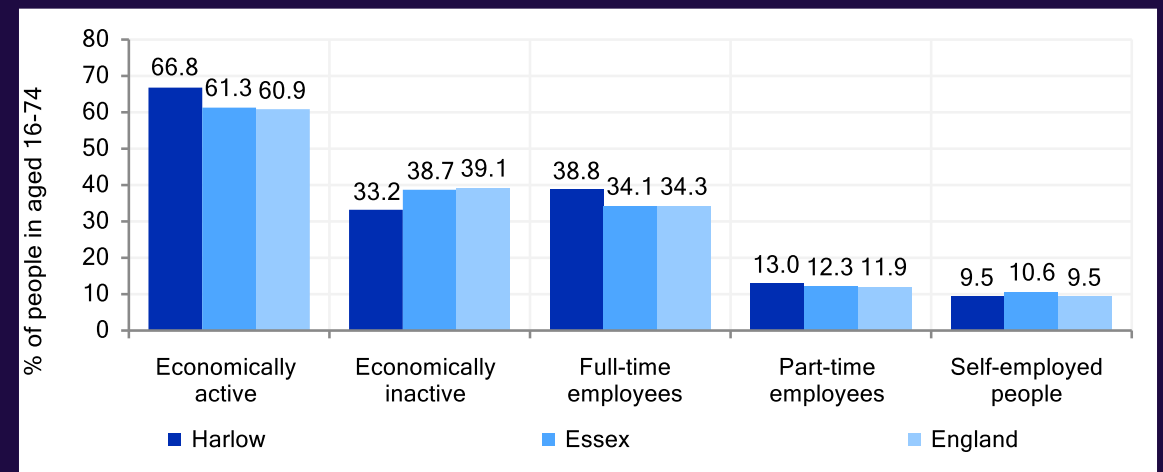
3.4% or 2,451 people were economically active but unemployed, a decrease from 4.7% in 2011.

33.2% (24,276) of people aged 16 years and over in Harlow were economically inactive on Census Day.

Most of these people were retired – 17.2% (12545 people).

The remaining were looking after home (5.2%, 3770 people), long term sick or disabled (4%, 2901), students (3.7%, 2686) and “Other” was 3.2% (2374).

Economic Activity Status	% of people aged 16 years and over in Harlow
Economically Active	66.8%
Economically Inactive	33.2%



Source: Local Insight, OSCI

Note: Census 2021 took place during the coronavirus pandemic (COVID-19), a period of rapid and unparalleled change; the national lockdown, associated guidance and furlough measures will have affected the labour market

INDUSTRY & OCCUPATION

INDUSTRY

The week before Census 2021, Harlow residents (aged 16 and over) who were in employment worked in the following top five industries:

1. Wholesale and retail trade – 18.5%
2. Human health and social work – 16.5%
3. Construction – 11.6%
4. Education – 8.2%
5. Manufacturing – 7.7%

OCCUPATION

The week before Census 2021, Harlow residents (aged 16 and over) who were in employment classified their main job in the following top five occupations:

1. Professional – 15%
2. Elementary – 12.9%
3. Skilled trades – 11.8%
4. Associate professional and technical – 11.3%
5. Administrative and secretarial – 10.8%

Also, 72% worked full-time and 28% worked part-time.

Note: Census 2021 took place during the coronavirus pandemic (COVID-19), a period of rapid and unparalleled change; the national lockdown, associated guidance and furlough measures will have affected the labour market

NATIONAL STATISTICS SOCIO-ECONOMIC CLASSIFICATION (NS-SEC)

The National Statistics Socio-Economic Classification (NS-SEC) indicates a person's socio-economic position based on their occupation and other job characteristics. It is an Office for National Statistics standard classification.

The table (right) shows that nearly 20% of Harlow residents aged 16 and over and in employment are in the socio-economic position of L4 – 6: lower managerial, administrative and professional occupations.

Other key socio-economic positions of Harlow residents are L13: routine occupations with 15.1% and L12: semi-routine occupations at 13.6%.

NS-SEC	% of people aged 16 years and over in Harlow
L1, L2 and L3: higher managerial, administrative and professional occupations	8.6%
L4, L5 and L6: lower managerial, administrative and professional occupations	19.1%
L7: intermediate occupations	13%
L8 and L9: small employers and own account workers	10.7%
L10 and L11: lower supervisory and technical occupations	6.3%
L12: semi-routine occupations	13.6%
L13: routine occupations	15.1%
L14.1 and L14.2: never worked and long-term unemployed	7.9%
L15: full-time students	5.6%

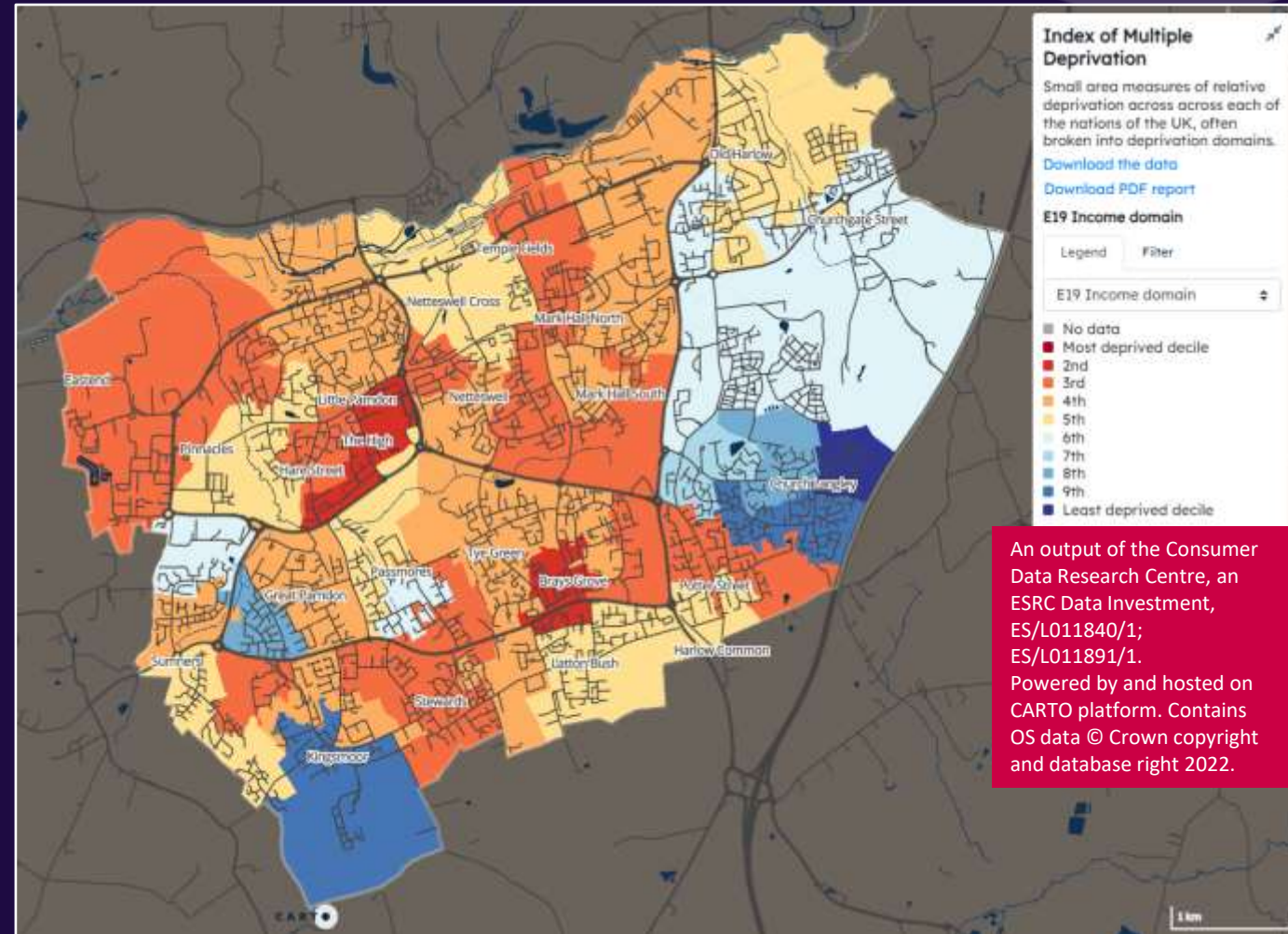
INCOME - DEPRIVATION

The Income Deprivation Domain measures the proportion of the population experiencing deprivation relating to low income. The definition of low income used includes both those people that are out-of-work, and those that are in work but who have low earnings (and who satisfy the respective means tests).

In IMD 2019, Harlow has the rank of 62 (out of 317 lower tier authorities) in the Income deprivation domain. Harlow's rank for this domain improved by 5 places between IMD 2015 and 2019.

The map (right) shows that the neighbourhoods that in the top 20% most deprived nationally for this domain are in The High and Brays Grove.

The number of Harlow residents living in the most deprived 20% of areas (Decile 1 & 2) was 4,031 people, which is about 4.6% of the area's population.

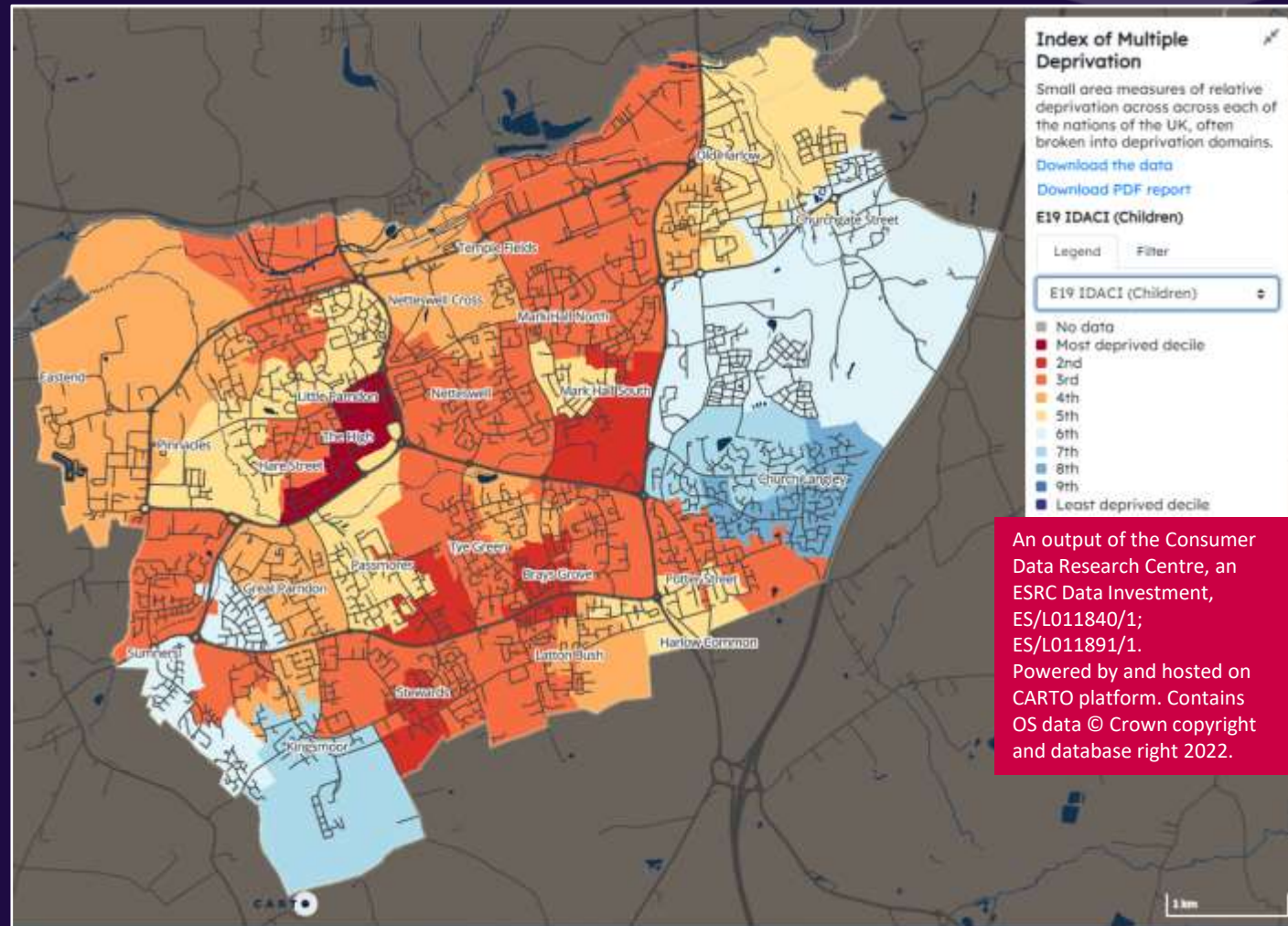


INCOME – DEPRIVATION AFFECTING CHILDREN

The Income Deprivation Affecting Children Index (IDACI) measures the proportion of all children aged 0 to 15 living in income deprived families. This is one of two supplementary indices and is a sub-set of the Income Deprivation Domain.

In IMD 2019, Harlow has the rank of 64 (out of 317 lower tier authorities) in the IDACI. Harlow's rank for this index improved by 8 places between IMD 2015 and 2019.

The map (right) shows that the neighbourhoods that in the top 10% most deprived nationally for IDACI are in The High area and areas within top 20% are Mark Hall South, Brays Grove and Stewards.

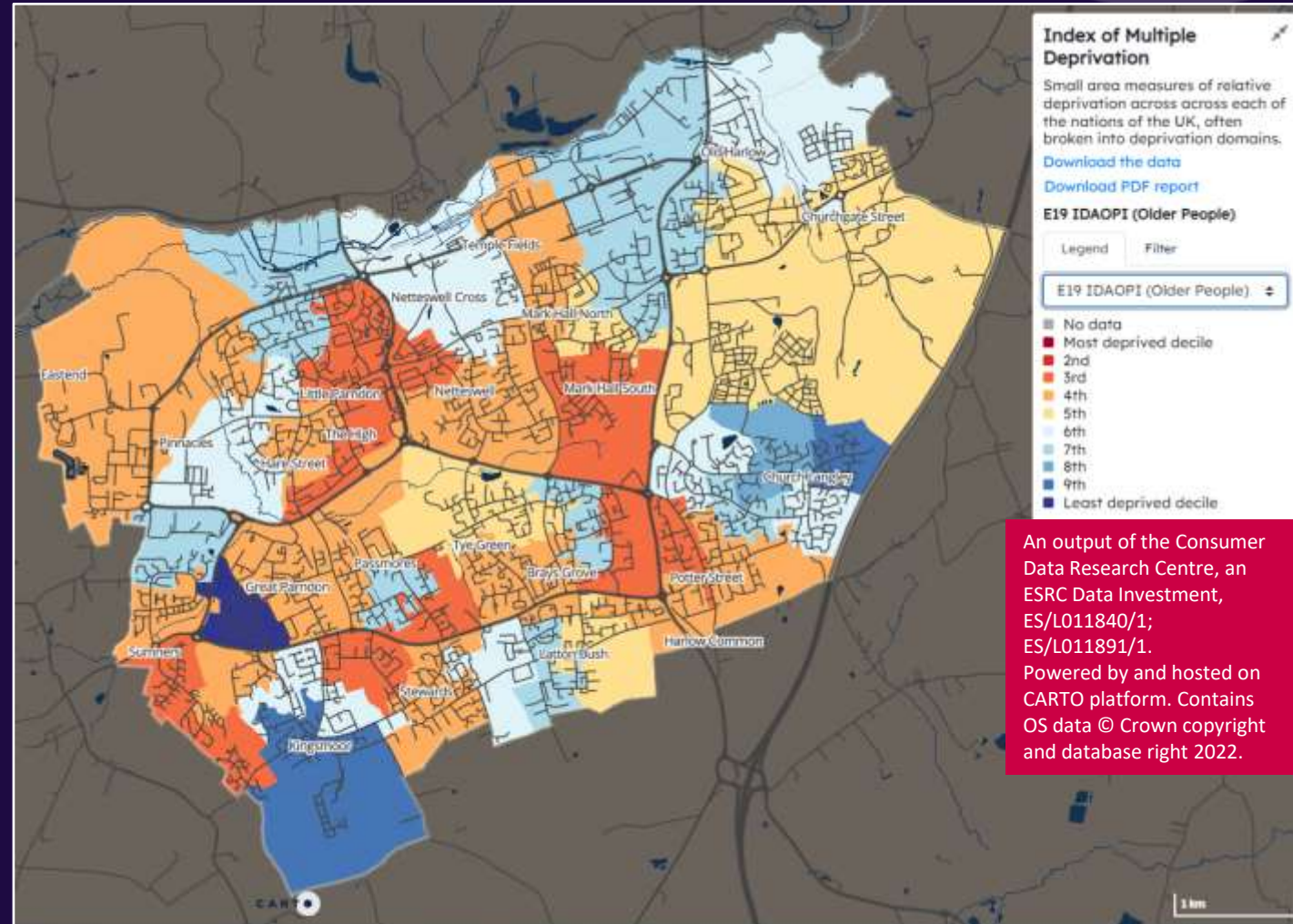


INCOME – DEPRIVATION AFFECTING OLDER PEOPLE

The Income Deprivation Affecting Older People Index (IDAOPI) measures the proportion of all those aged 60 or over who experience income deprivation. This is one of two supplementary indices and is a sub-set of the Income Deprivation Domain.

In IMD 2019, Harlow has the rank of 67 (out of 317 lower tier authorities) in the IDAOPI. Harlow's rank for this index decreased by 1 place between IMD 2015 and 2019.

The map (right) shows that the neighbourhoods that in the top 30% most deprived nationally for IDAOPI are distributed across the area: Marks Hall South, Brays Grove/Potter Street, Stewards, Sumners, The High and Little Parndon.



INCOME - DEPRIVATION

CHILDREN & YOUNG PEOPLE

Absolute low-income is defined as a family whose equivalised income is below 60 per cent of the 2010/11 median income adjusted for inflation.

3,079 children in Harlow are in absolute low-income families. Of which, 30% are aged 5 – 10.

Relative low-income is defined as a family in low income before housing costs (BHC) in the reference year. A family must have claimed one or more of Universal Credit, Tax Credits or Housing Benefit at any point in the year to be classed as low income in these statistics.

4,163 children in Harlow are in relative low-income families. Of which, 30% are aged 5 – 10.

PENSIONERS

There are 4,411 households with one pensioner in Harlow, which is about 64.2% of pensioner households in the area. This percentage is higher than England's average (58.3%).

12,678 people claim state pensions in Harlow, as of February 2023. This is about 94.5% of pensioners in the area, compared to 94% across England.

Pension Credit provides financial help for people aged 60 or over whose income is below a certain level set by the law. 1,668 people in Thurrock are claiming pension credit, as of February 2023. This is about 12.5% of the pensioners in the area, compared to 11.3% for England.

OUT OF WORK BENEFITS

2,530 people (aged 16+) in Harlow were claimants of Universal Credit and Job Seekers Allowance (as August 2023).

51.2% (1,425) of these people were male, and 45.8% (1,205) were female.

The number of claimants equates 4.4% of Harlow's population and as the chart (top right) shows, this proportion is higher than Essex (2.8) and England (3.8).

The chart (bottom right) shows that since September 2021, there has been a decrease of claimants aged 50+. There was a decrease for the other two age groups from September 2021 to December 2022, but percentages have increased to recent date.



Source: Sport England Local Area Insights Report

UNIVERSAL CREDIT

Universal Credit is a single payment for each household to help with living costs for those on a low income or out of work. It replaces six benefits such as housing benefit, child tax credit, working tax credit, income support and income-based or related employment and support allowances.

11,182 people (aged 16 – 65) in Harlow were claiming Universal Credit, as of August 2023.

This equates to about 18.8% of Harlow's population, which is higher than England (14.8%).

59.7% (6,673) of the people in Harlow claiming Universal Credit are female, and 40.3% (4,508) are male.

As of August 2023, 22.7% of the claimants were aged 25 – 49, 4.4% were aged 50 or more and 13.1% were aged 16 – 24.

8.8% of the people have claimed Universal Credit for over 3 years (compared to 6.6 for England) and 5.5% have claimed for 1 year and up to 3 years (compared to 4.5 for England).

As of August, 7.5% of the people claiming Universal Credit are in employment and 11.2% are not in employment. These percentages have decreased compared to August 2021, where 11.6% were not in employment and 7.9% were in employment.

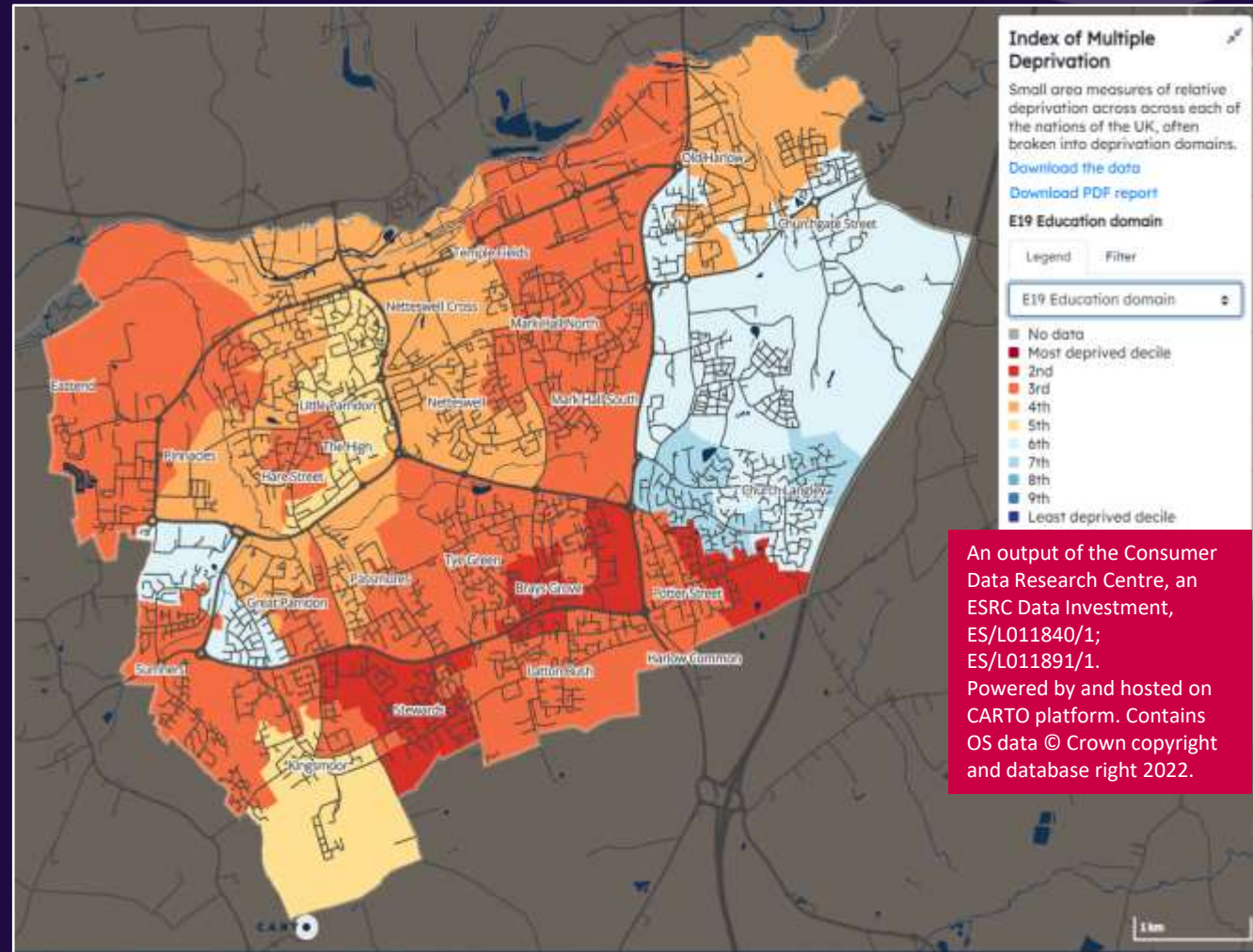
EDUCATION - DEPRIVATION

The Education, Skills and Training Deprivation Domain measures the lack of attainment and skills in the local population. The indicators fall into two sub-domains: one relating to children and young people and one relating to adult skills.

In IMD 2019, Harlow has the rank of 42 (out of 317 lower tier authorities) in the Education, Skills & Training. Harlow's rank for this domain improved by 21 places between IMD 2015 and 2019, which moved it from decile 1 to 2.

The map (right) shows that the neighbourhoods that in the top 20% most deprived nationally for this domain are in the Stewards, Brays Grove and Potter Street.

The number of Harlow residents living in the most deprived 20% of areas (Decile 1 & 2) was 9,129 people, equivalent to 10.5% of the total population of the area.

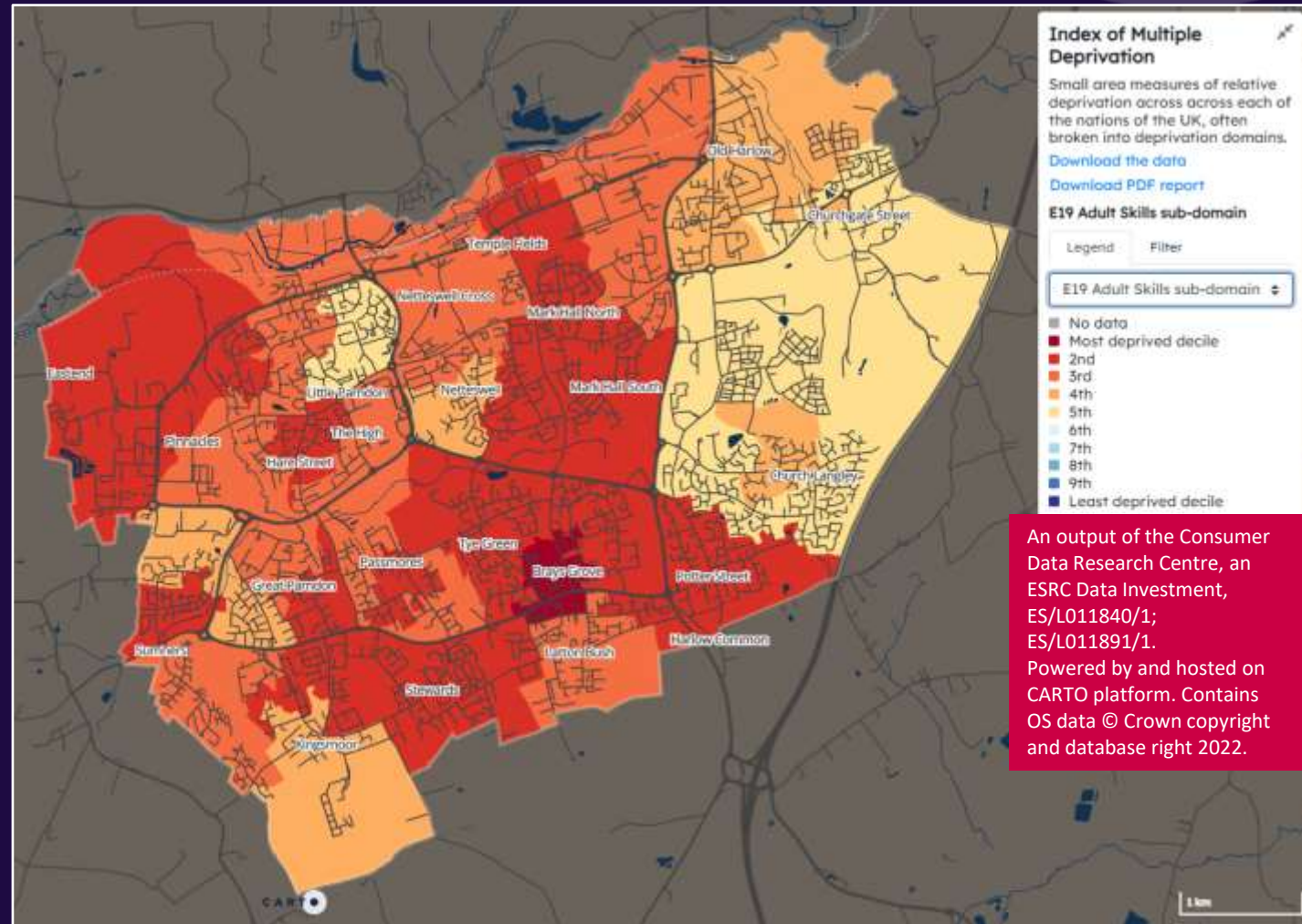


EDUCATION – ADULT SKILLS DEPRIVATION

The Adult skills subdomain includes indicators about adults with no or low qualifications and English language proficiency (based on Census 2011 data).

The map (right) shows the IMD 2019 decile for each neighbourhood in Harlow for the Adult Skills sub-domain of the Education, Skills and Training domain.

It shows that the neighbourhoods that in the top 10% nationally (most deprived) are located in Brays Grove. A large majority of the Harlow area has neighbourhoods within the top 30% most deprived nationally for this domain also.



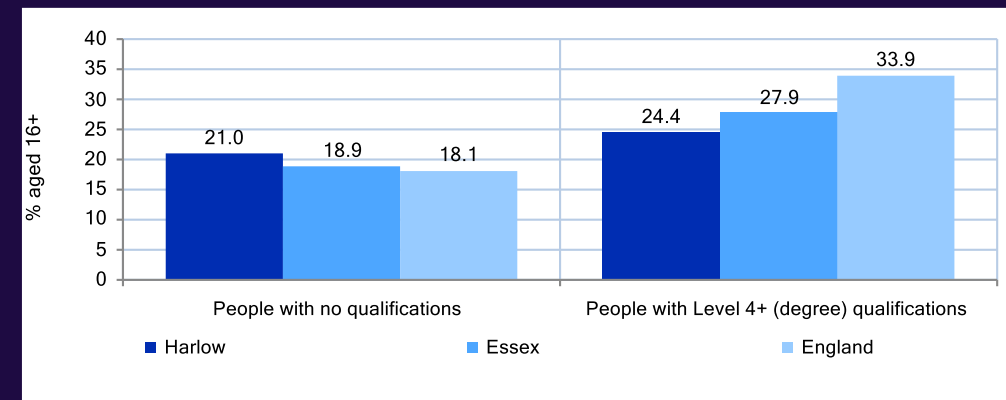
EDUCATION & HIGHEST QUALIFICATION

On Census Day, 20.7% (18,051 people) of Harlow residents were in full time-time education, compared to 20.4% nationally. This includes school children (aged 5 years over) and adults in full-time education.

15,364 residents aged 16 and over (21%) in Harlow had no qualifications compared with 19% across Essex and 18% across England.

It is also noted that 17,864 people aged 16 and over had a level 4 (degree level or higher) qualification, but the percentage of the Thurrock population (24%) with this qualification is less than across Essex (28%) and England (34%).

All usual residents aged 16 years and over	No Qualifications	Highest Level of Qualification			
		Level 1	Level 2	Level 3	Level 4
Number of Harlow residents	15,364	9,802	11,618	12,132	17,864
% of Harlow residents	21%	13.4%	15.9%	16.6%	24.4%
% of Essex residents	18.9%	11.7%	15.8%	17.4%	27.9%
% of England residents	18.1%	9.7%	13.3%	16.9%	33.9%



Source: Local Insight, OSCI

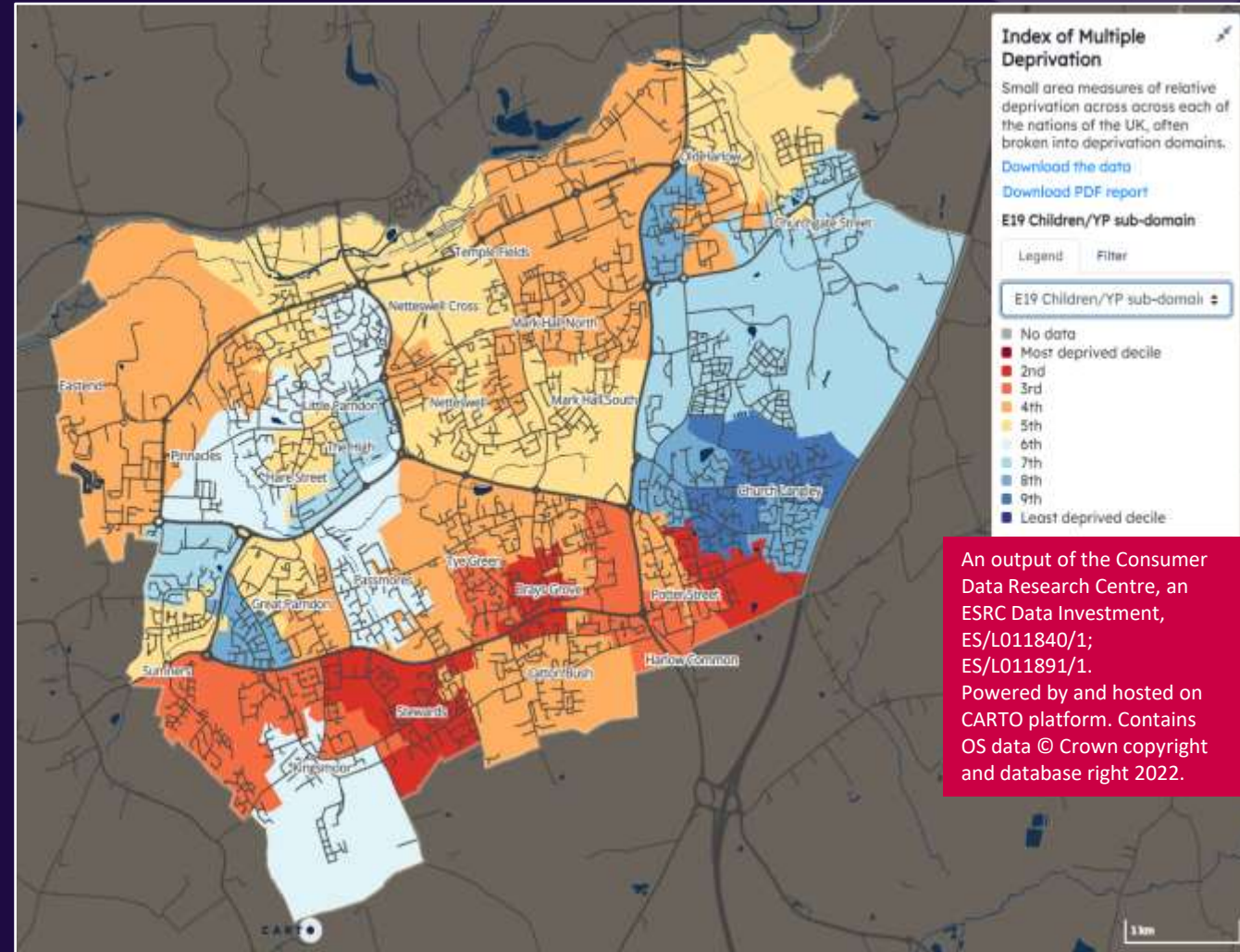
Note: Level 1 qualifications are equivalent to a single O-level, GCSE or NVQ. Level 2 qualifications are equivalent to five O-levels or GCSEs. Level 3 qualifications are equivalent to two A levels. Level 4 qualifications are equivalent to degree level or higher.

EDUCATION – CHILDREN AND YOUNG PEOPLE DEPRIVATION

The Children and Young People sub-domain includes indicators about key stage 2 attainment, key stage 4 attainment, secondary school absence, staying on in education and entry to higher education.

The map (right) shows the IMD 2019 decile for each neighbourhood in Harlow for the Children and Young People (CYP) sub-domain of the Education, Skills and Training domain.

It shows that the neighbourhoods that in the top 20% most deprived nationally are in Stewards, Brays Grove and Potter Street. There also neighbourhoods situated next to the top 10% that are within the top 30% most deprived nationally for the CYP sub-domain.



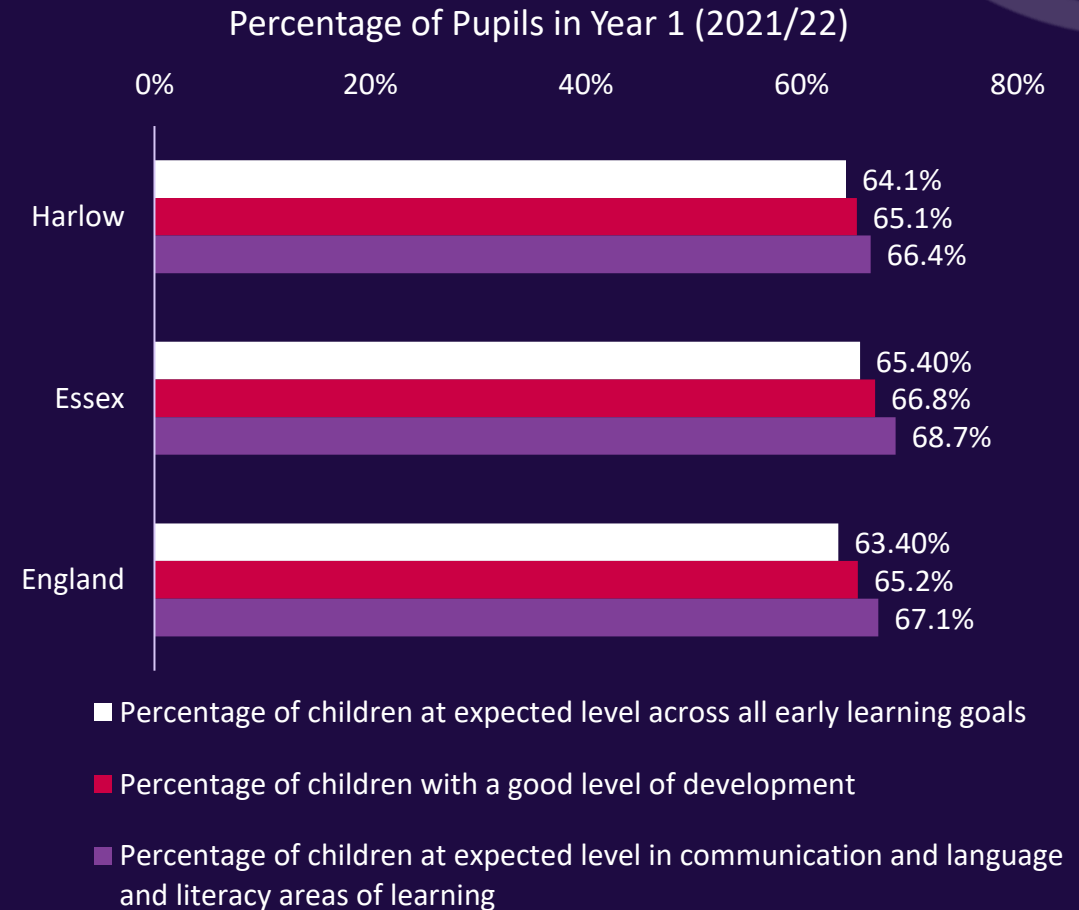
EARLY YEARS FOUNDATION STAGE (EYFS)

The EYFS framework sets the standards and requirements that all early years providers must follow to ensure all children have the best start in life and are prepared for school. The assessment framework, or EYFS profile, consists of 17 early learning goals (ELGs) across 7 areas of learning.

The chart (right) shows the percentage of pupils achieving 17 ELG, percentage achieving a good level of development and percentage of pupils at expected level in communication and language and literacy areas of learning across Harlow, Essex and England in academic year 2021/22.

Between 64 to 66% of pupils in Harlow are achieving the expected levels across all 17 ELG, a good level of development and expected level in communication, language and literacy areas of learning.

For each indicator, the percentage of pupils in Harlow achieving the expected level is similar to the percentage of pupils across Essex and England.

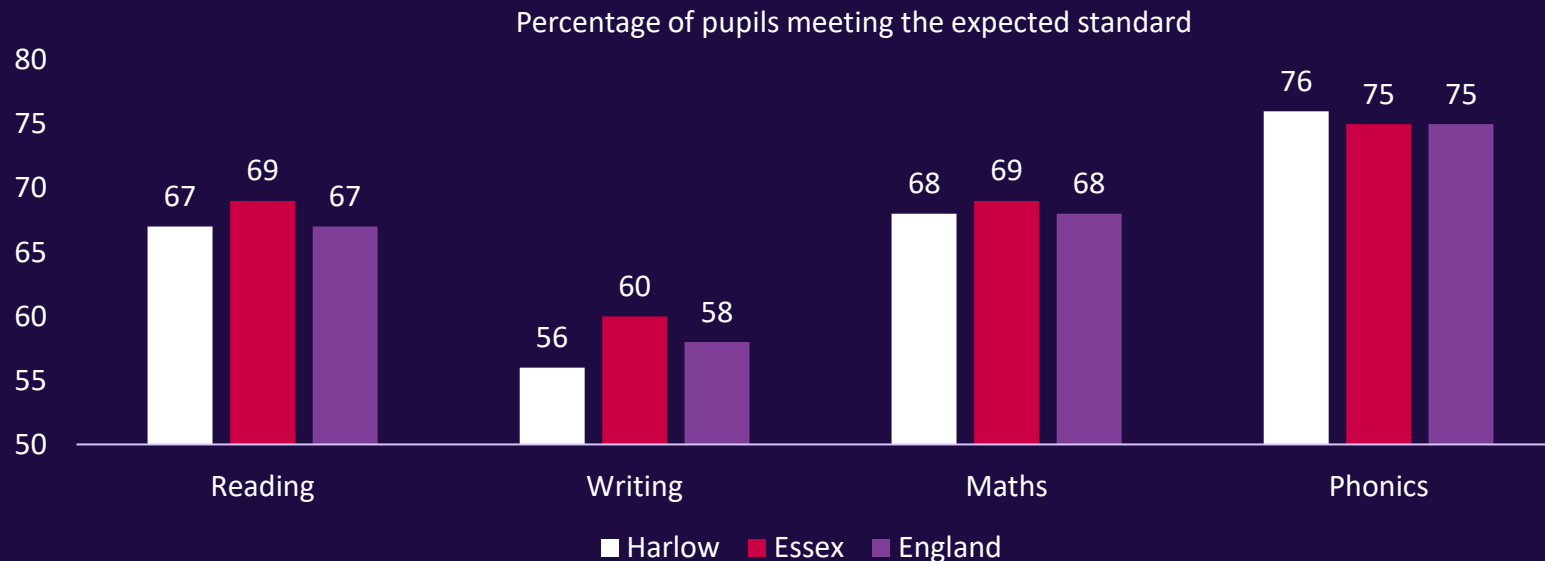


PUPIL ATTAINMENT – KEY STAGE 1

Key Stage 1 attainment looks at the expected standard in phonics and teacher assessments of pupil's reading, writing and maths. Percentages of pupils meeting the expected standards are not available for Harlow for 2022/23 so the figures below are for the academic year (2021/22).

The chart below shows that in 2021/22, a higher percentage (over 70%) of pupils in Harlow, as well as across Essex and England achieved the expected standard in phonics, when compared to other subjects.

56% of pupils in Harlow met the expected standard in writing, which was lower than the percentage for Essex and England. The same percentage of Harlow pupils met the expected standards in reading and maths as pupils across England.

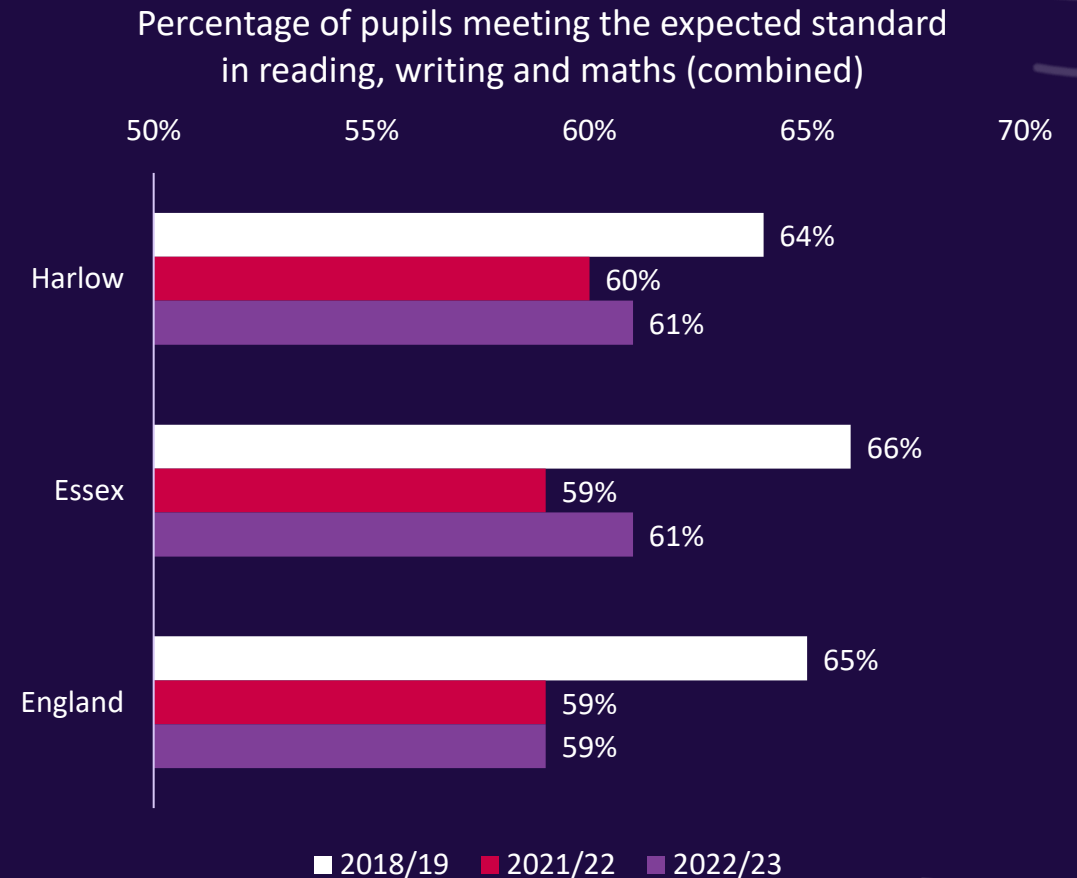


PUPIL ATTAINMENT – KEY STAGE 2

The chart (right) shows the percentage of pupils in Harlow, Essex and England that meet the expected standards in reading, writing and maths (combined) at Key Stage (tests set at aged 11).

61% of pupils in Harlow met the expected standard in reading, writing and maths (combined) in 2022/23, an increase of 1% from previous academic year (2021/22). The same percentage of pupils in Essex met the standard.

The chart also shows that pupil attainment in reading, writing and maths (combined) across all localities has not recovered to percentages seen before the pandemic (2018/19).

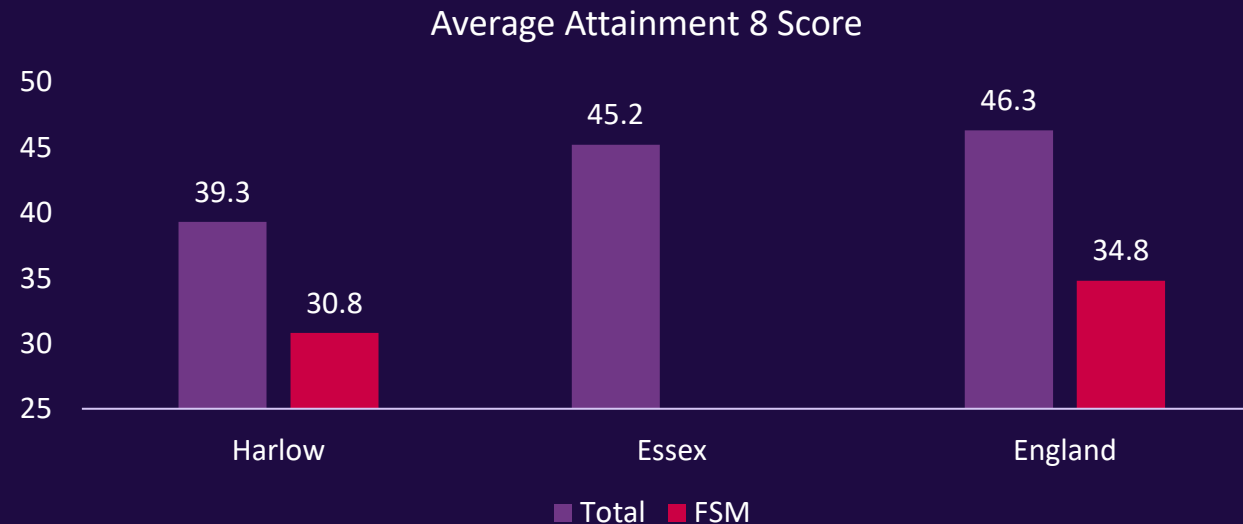


PUPIL ATTAINMENT – KEY STAGE 4

Key Stage 4 relates to the GCSE results of pupils at the end of attending state-funded schools in England. Attainment 8 measures the average achievement of pupils in up to 8 qualifications. The chart (top right) shows that the average attainment 8 score of pupils in Harlow, Essex and England in 2022/23, as well as scores for pupils eligible for free school meals (FSM) in Harlow and England.

39.3 was the average attainment 8 score of pupils in Harlow in 2022/23 and was below the average scores for pupils in Essex (45.2) and England (46.3).

The average attainment 8 score for Harlow pupils eligible for FSM was 8.5 points below the average of all pupils, and 4 points below the score for pupils eligible for FSM across England.



EDUCATION ABSENCE

Parents of children of compulsory school age (aged 5 to 15 at the start of the school year) are required to ensure that they receive a suitable education by regular attendance at school. Educational qualifications are a determinant of an individual's labour market position, which in turn influences income, housing and other material resources. These are related to health and health inequalities. Improving attendance (that is, tackling absenteeism) in schools is crucial to the Government's commitment to increasing social mobility and ensuring every child can meet their potential.

7% was the overall absence rate of school-age children in Harlow within the academic year 2021/22, an increase of 3.1% from 2020/21. This rate was lower than the rates for Essex (7.7%) and England (7.6%).

Data concerning the proportion of 16 and 17 year-olds participating in education and training and an estimate of those not in education, employment or training (NEET) is only available at local authority level.

The latest data (March 2023) for Thurrock indicates that participating in education and training by 16- and 17-year-olds was 94.9%, up by 0.4% percentage points since March 2022.

At the end of 2022, 5.2% of 16- and 17-year-olds were not in education, employment or training [NEET] (3.4%) or whose activity was not known (1.7%), an increase of 1% percentage points since the end of 2021. This increase was larger than the East region (+0.3 ppts) and England (0.5 ppts).

It is estimated that 2.1% of 16- and 17-year-olds who were NEET or activity known cohort were reported in a vulnerable group e.g. looked after/in care, refugee/asylum seeker, carer – not own child, care leaver, disclosed substance abuse, supervised by Youth Offending Team, alternative provision or parent not caring for own child.

HEALTH INDEX

The ONS' Health Index provides a systematic, independent view of health of the nation. It uses a broad definition of health, including health outcomes, health-related behaviours and personal circumstances, wider drivers of health that relate to the places where people live. The overall Health Index score can be broken down into three areas of health, known as domains, which are: Healthy People, Healthy Lives and Healthy Places.

In 2021, the Health Index score for Harlow was 90.5, which is up 2.7 points compared with the previous year. Harlow ranked in the bottom 20 percent of local authority areas in England for health in 2021.

The chart (right) also shows that the overall Health Index Score for Harlow decreased during the pandemic but has increased in 2021.

Below are Harlow's score for each health domain:



Source: ECC, Health Index Dashboard

Note: A Health Index score of 100 represents average levels of health in England in 2015. A higher number always means better health and a lower number means worse health.

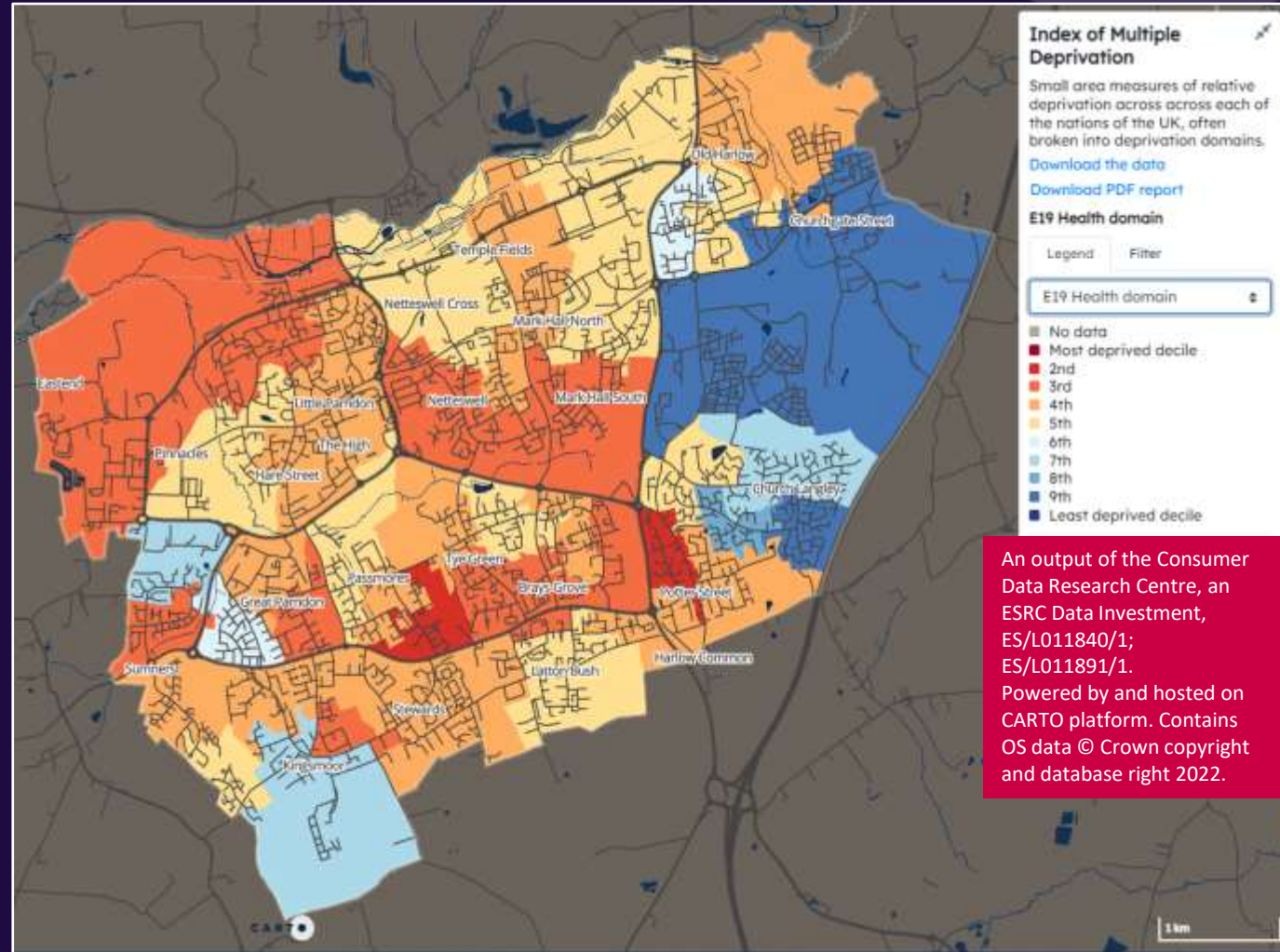
HEALTH – DEPRIVATION AND DISABILITY

The Health Deprivation and Disability Domain measures the risk of premature death and the impairment of quality of life through poor physical or mental health. The domain measures morbidity, disability and premature mortality but not aspects of behaviour or environment that may be predictive of future health deprivation.

In IMD 2019, Harlow had the rank of 93 out of 317 lower tier authorities in the Health and Disability and improved by 19 places from IMD 2015.

The map (right) shows that the neighbourhoods in the top 20% most deprived nationally near Potter Street and Passmores.

The number of Harlow residents living in the most deprived 20% of areas (Decile 1 & 2) was 3,079 people, equivalent to 3.6% of the total population of the area.



LIFE EXPECTANCY

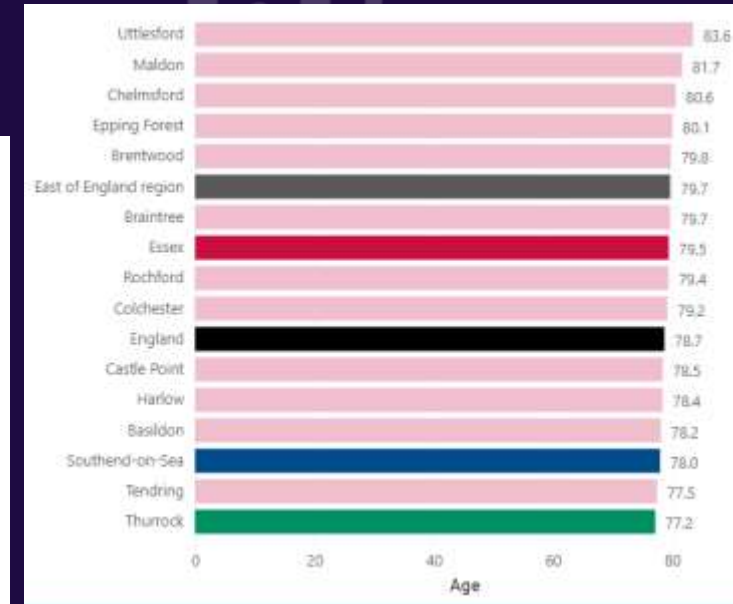
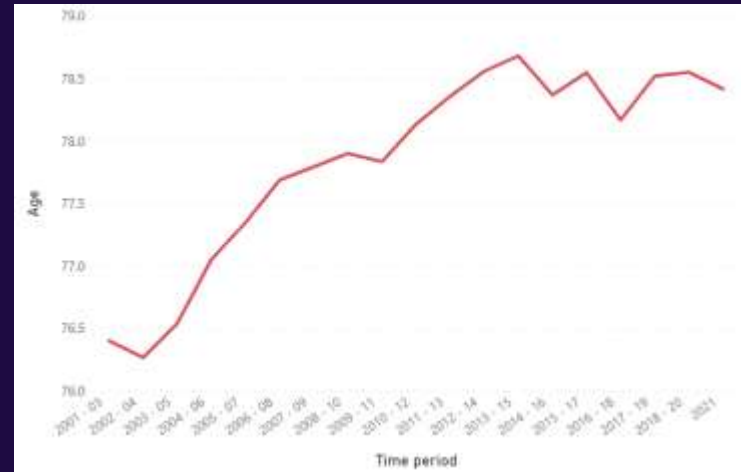
Life expectancy is an important summary measure, providing an indication of overall population health outcomes, setting the context in which other indicators can be assessed.

Life expectancy at birth calculates the average number of years a person would expect to live being born in a particular area at that time. Figures are provided for each sex.

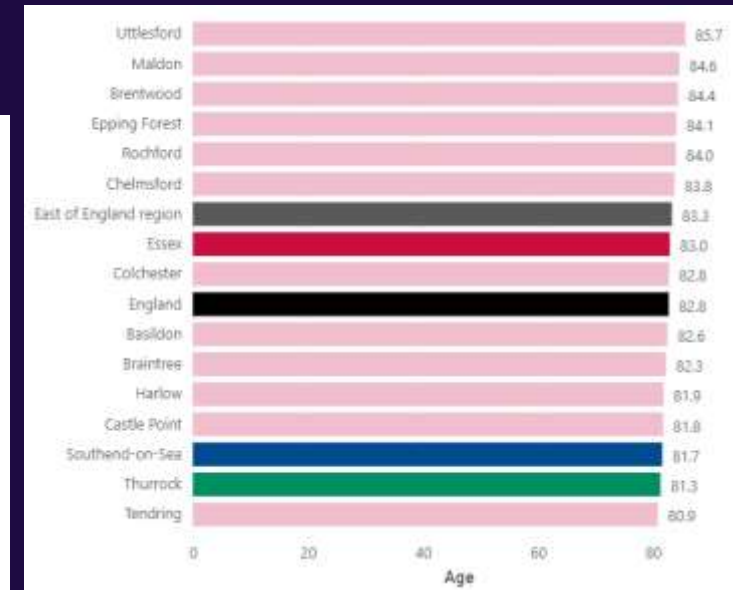
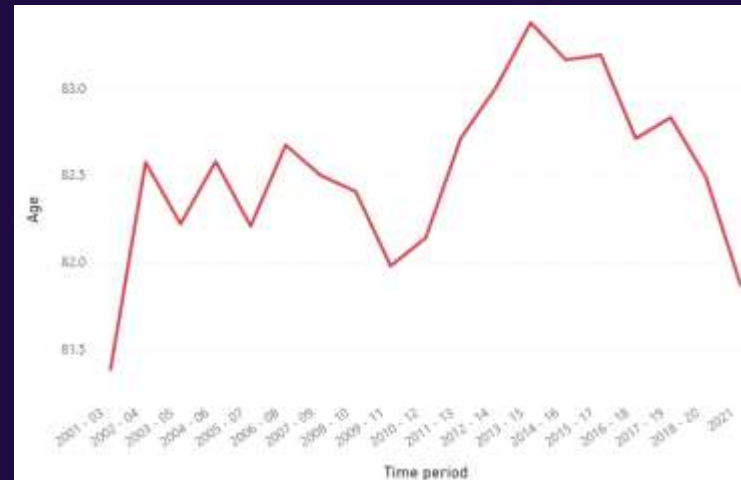
In 2021, the life expectancy at birth for females and males (to a lesser extent) in Harlow decreased compared to previous years (2018-2020). Life expectancy at birth for males (78.4 years) and females (81.9 years) in Harlow is below the average for Essex, East of England and England.

Life expectancy at 65 for Harlow males was 18.1 (years) and 20.3 for females, compared to 18.4 (males) and 21 (females) in Essex and 18.4 (males) and 21 (females) in England.

Males



Females



Source: ECC, JSNA Dashboard

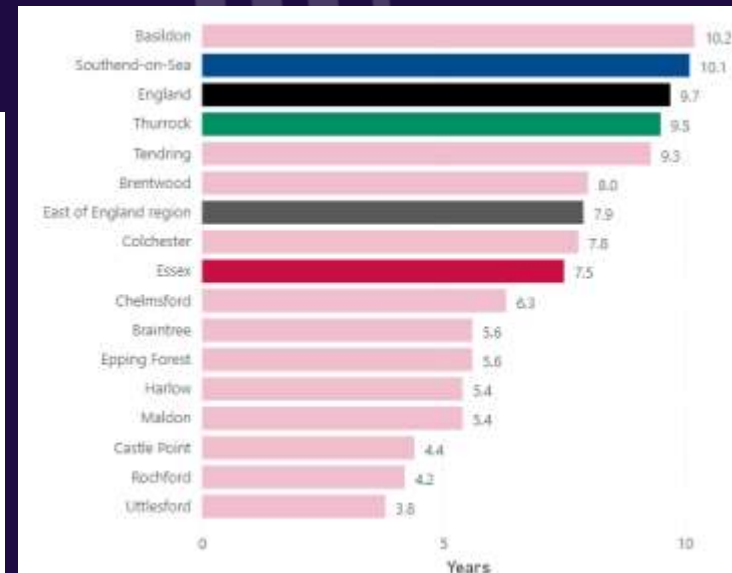
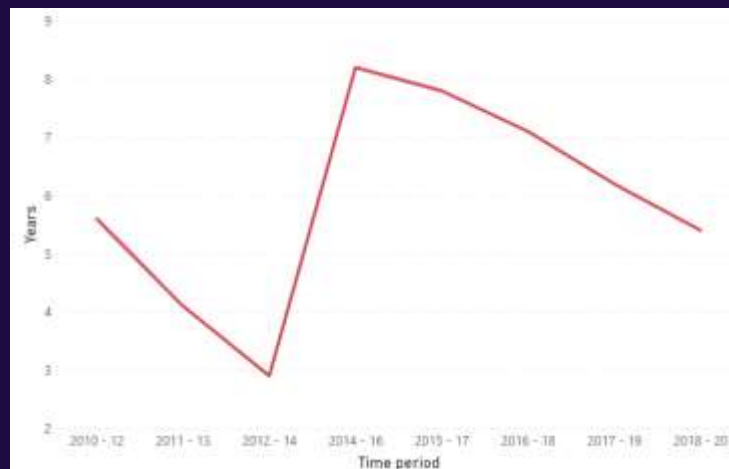
INEQUALITY IN LIFE EXPECTANCY

Inequality in life expectancy at birth represents the range in years of life expectancy across the social gradient from most to least deprived, based on a statistical analysis of the relationship between life expectancy and deprivation across all deprivation deciles.

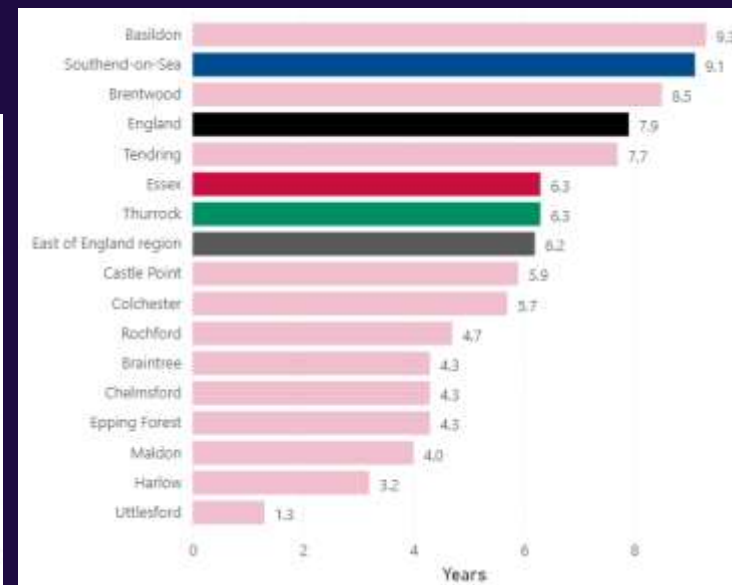
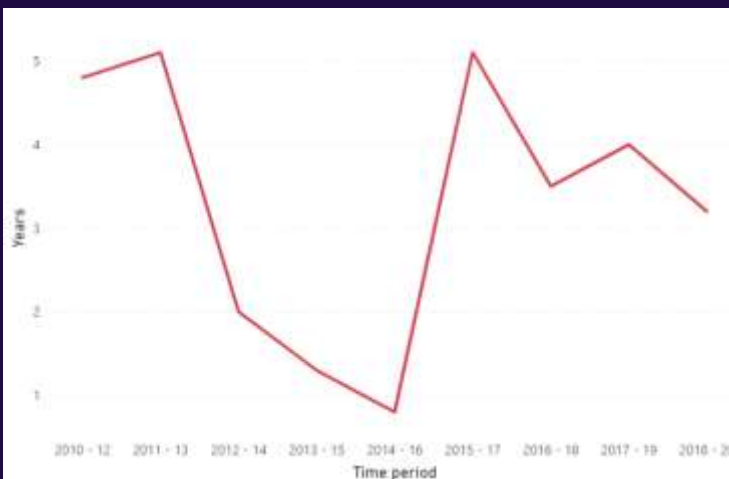
The charts (right) show that the difference between life expectancy at birth between Harlow communities of varying levels of deprivation was 5.4 years for males and 3.2 years for females. The difference for males and females has decreased since 2014/16.

The life expectancy at birth differences, linked to deprivation, for both sexes in Harlow is smaller than differences seen across Essex, the East region and England.

Males



Females



Source: ECC, JSNA Dashboard

HEALTHY LIFE EXPECTANCY

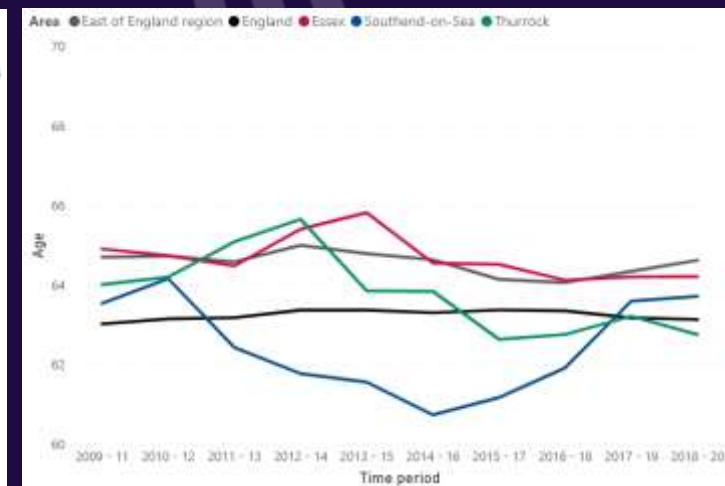
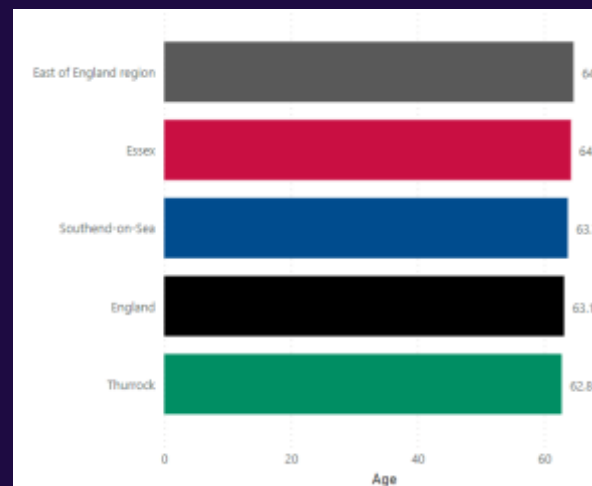
Healthy Life Expectancy at birth calculates the average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health. The data presented is for Essex only, compared to the unitary authorities, East region and England.

For Males in Essex for the time period 2018-2020, the healthy life expectancy at birth would be 64.2 years, this is higher than England (63.1), Southend-on-Sea (63.7) and Thurrock (62.8), but is slightly below the East of England average of 64.6 years.

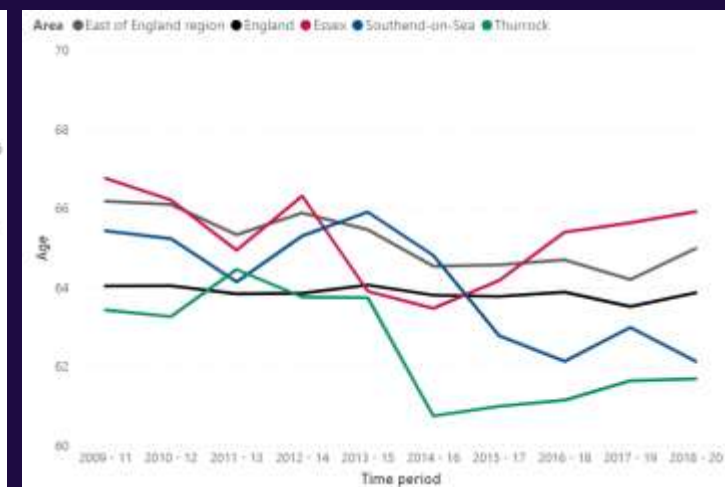
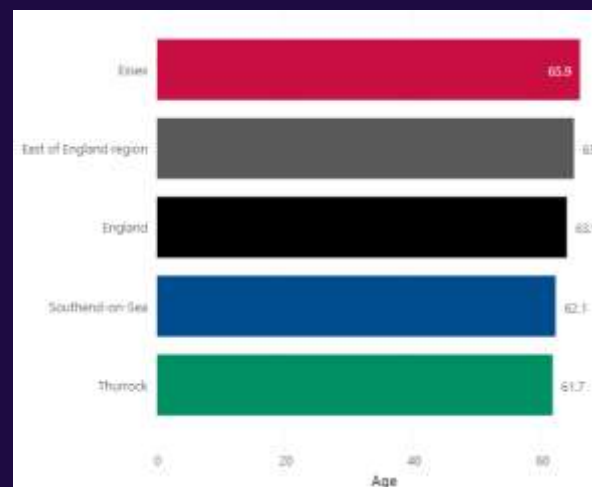
For Females in Essex over the same period, the healthy life expectancy at birth would be 65.9 years, this is higher than England (63.9), East of England (65), Southend-on-Sea (62.1) and Thurrock (61.7).

In the time-series charts (right), Essex and Thurrock has seen an increasing trend over the last 4-year periods of data available for females. For males over the last 4-year periods, Essex remained the same, with Thurrock and England seeing small decreases.

Males



Females



Source: ECC, JSNA Dashboard

DISABILITY-FREE LIFE EXPECTANCY

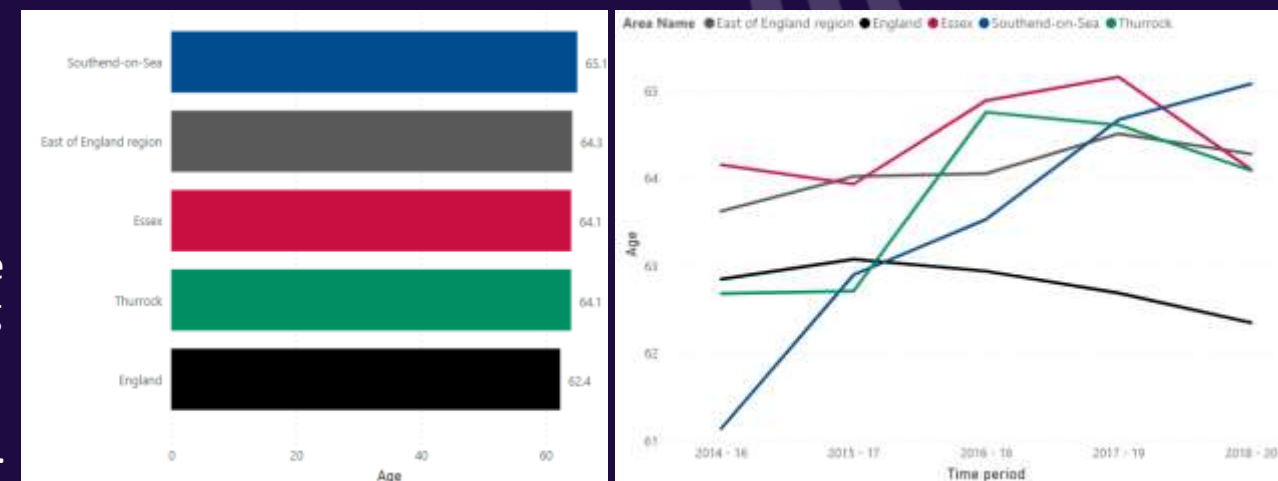
Disability-free Life Expectancy at birth calculates the average number of years a person would expect to live without a long lasting physical or mental condition or disability that limits daily activities. The data presented is for Essex only, compared to the unitary authorities, East region and England.

For Males in Essex for the time period 2018-2020 the disability-free life expectancy at birth would be 64.1 years, this is higher than England (62.4), is similar to Thurrock (64.1) and is slightly below the East of England average (64.3) and Southend-on-Sea (65.1).

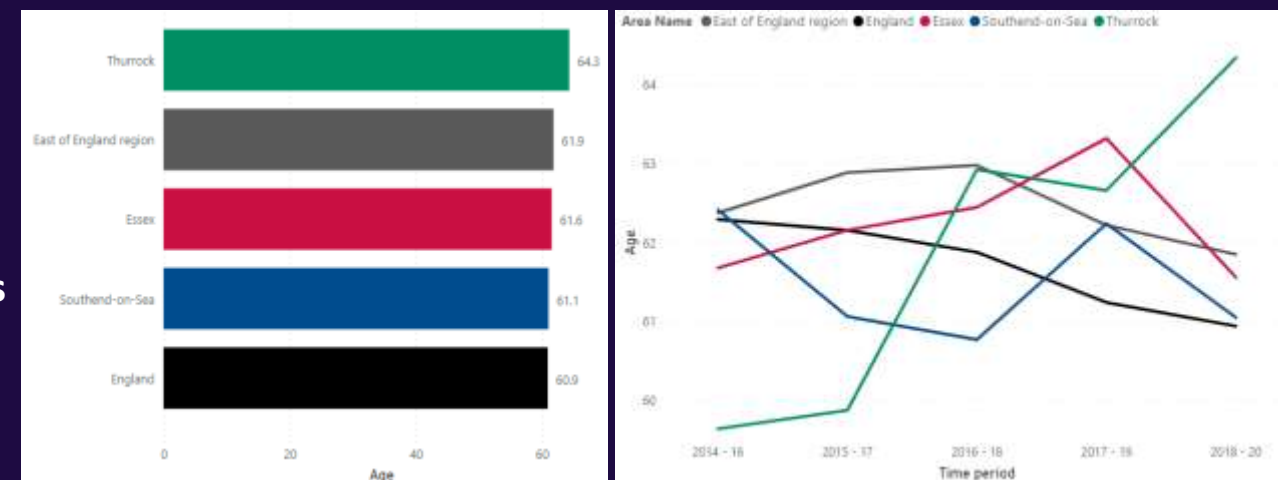
For Females in Essex for the time period 2018-2020 the disability-free life expectancy at birth would be 61.6 years, this is higher than England (60.9) and Southend (61.1) and is slightly below the East of England average (61.9) and Thurrock (64.3).

In the time-series charts (right), over 2018-2020 there was decreases for males across Essex, Thurrock, East of England and England, with an increase for Southend-on-Sea. For females, there were decreases for Essex, Southend-on-Sea, East of England and England, with an increase for Thurrock.

Males



Females



Source: ECC, JSNA Dashboard

MORTALITY: UNDER 75 RATE

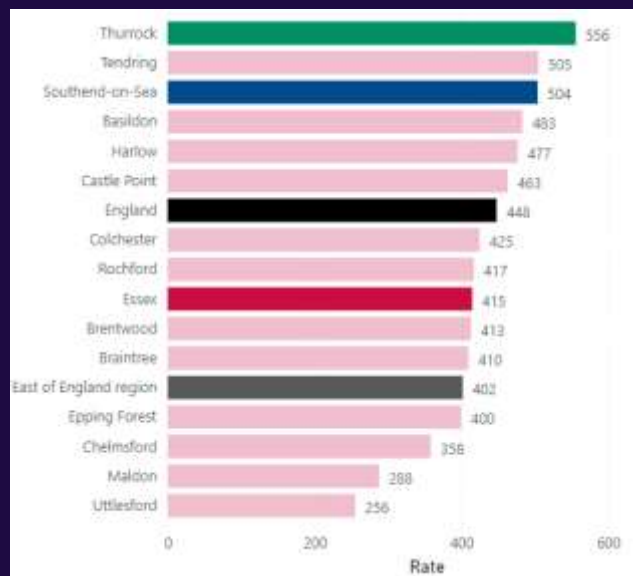
Under 75 mortality rate calculates the age-standardised mortality rate for all deaths registered in the respective calendar years, in people aged under 75.

For 2021 the under 75 mortality rate in Harlow was 392 per 100,000 population, this is higher than England (363), Essex (340) and East of England (327).

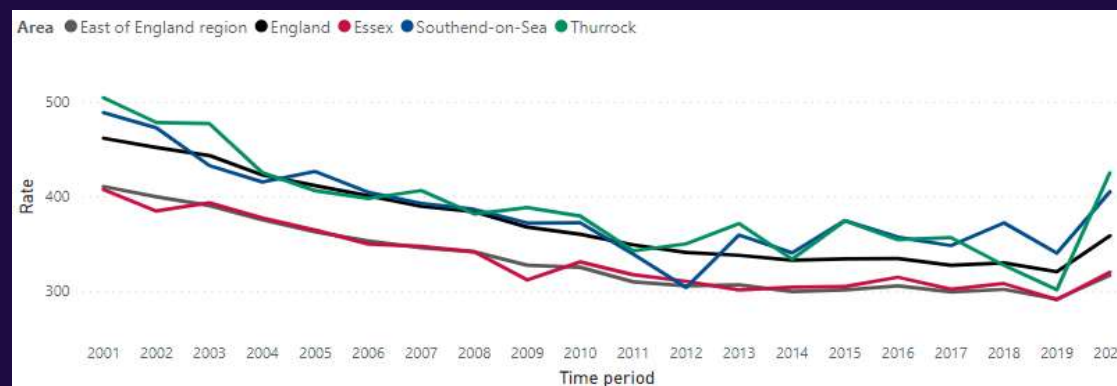
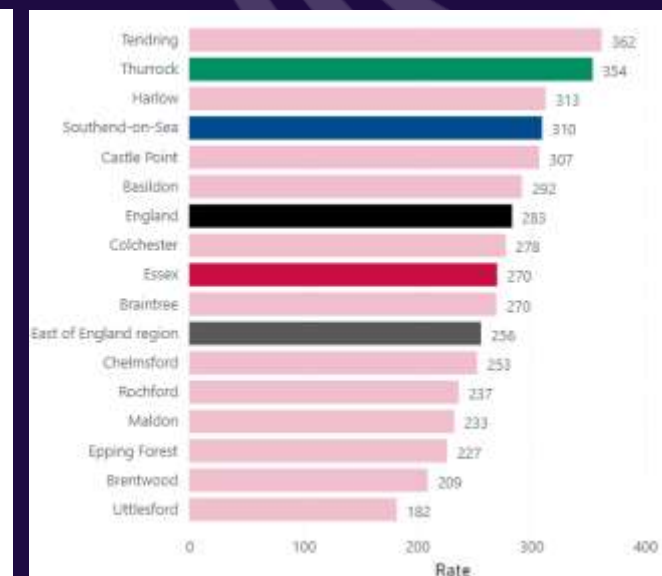
The under 75 mortality rate for males in Harlow was 477 and for females, 313 per 100,000 population. These rates are higher than the rates for Essex, East of England and England.

In the time-series chart (right), in 2020 there was an increase in mortality for all areas shown, with Thurrock seeing the largest change with a 40.7% increase, compared to Essex 10% and England's 11.8% increases. It is likely that the majority of this increase can be attributed to the COVID-19 pandemic, as these increases are out of line with the general decreasing trends.

Males



Females



Source: ECC, JSNA Dashboard

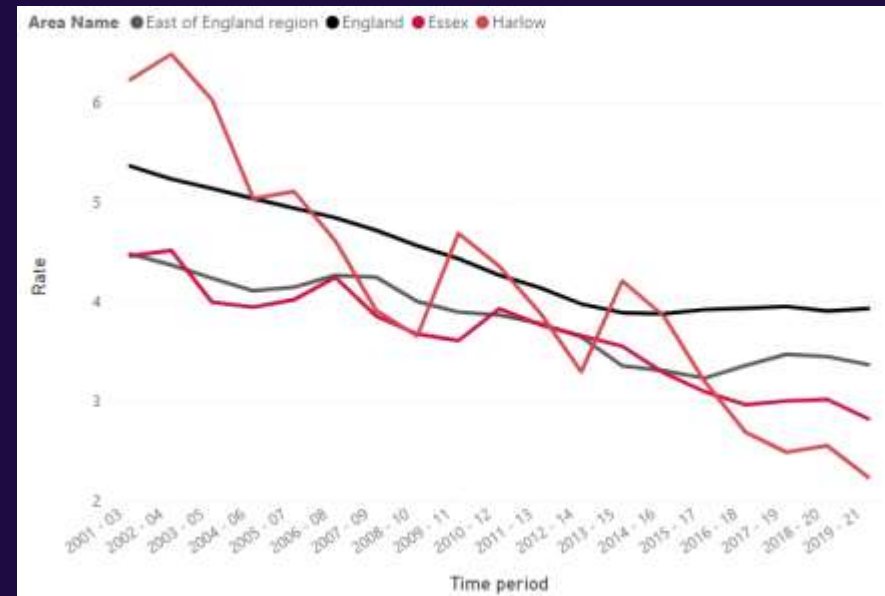
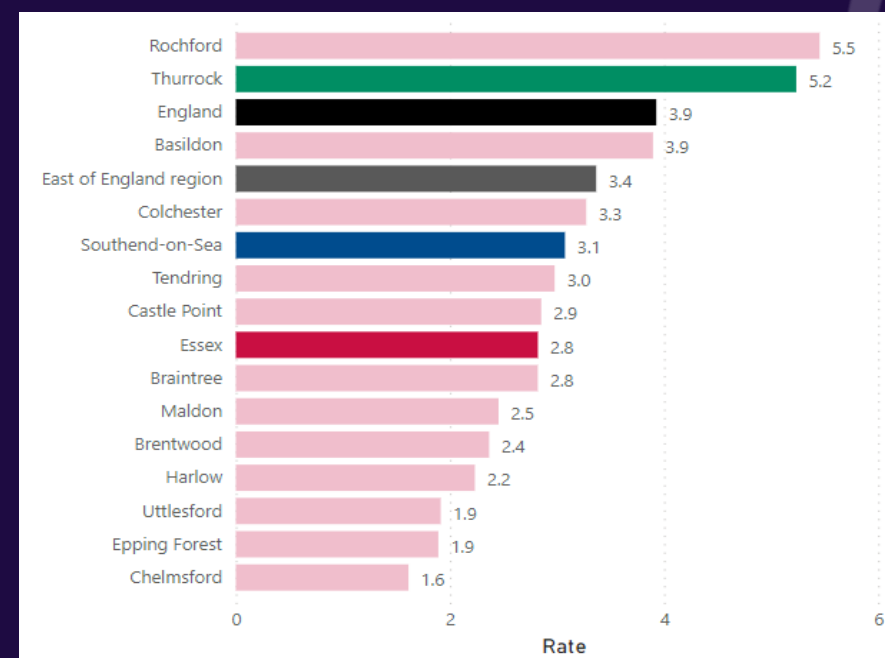
MORTALITY: INFANT RATE

Infant mortality rate calculates mortality rate for all deaths of persons aged under 1 year per 1,000 live births.

For 2019-2021, the Infant mortality rate in Harlow was 2.2 per 1,000 live births, this is lower than England (3.9), East of England (3.4), but slightly higher than Essex (2.8).

In the time-series chart (right), the infant mortality rate for Harlow (orange line) has declined, with some fluctuations, over time to the lowest rate in 2019-21.

Essex has seen very little change in the last 3 time periods following steady decline beginning in 2010-2012. England and East of England saw decline until 2014-2016 but has plateaued during recent periods.



Source: ECC, JSNA Dashboard

MORTALITY: CHILD RATE

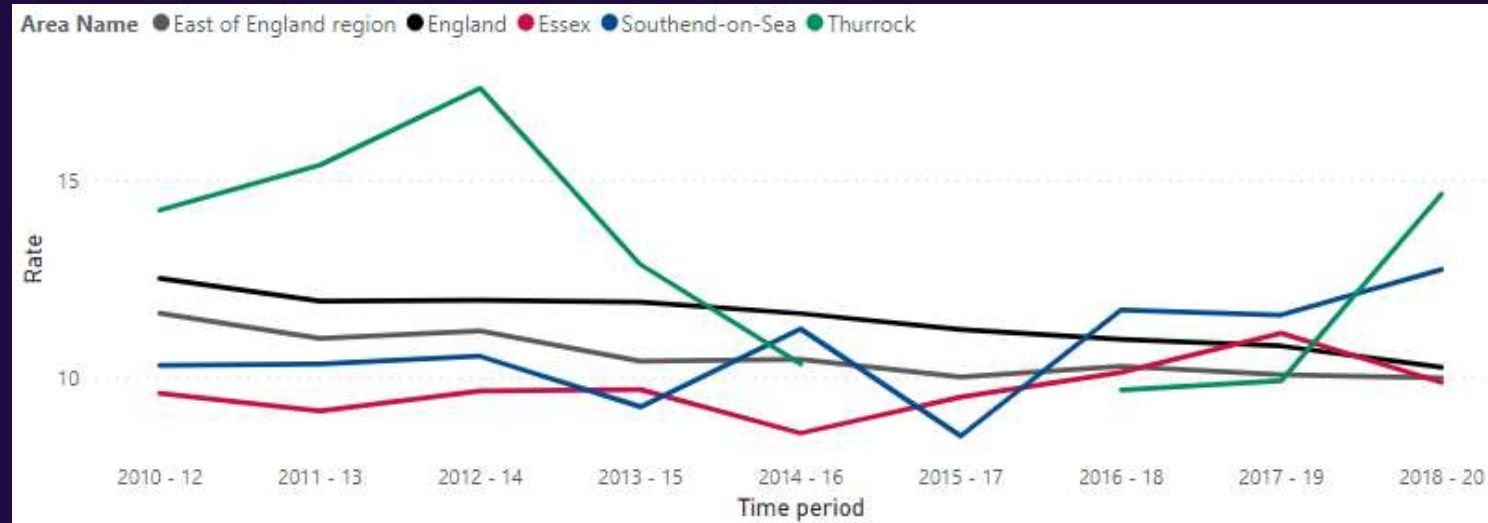
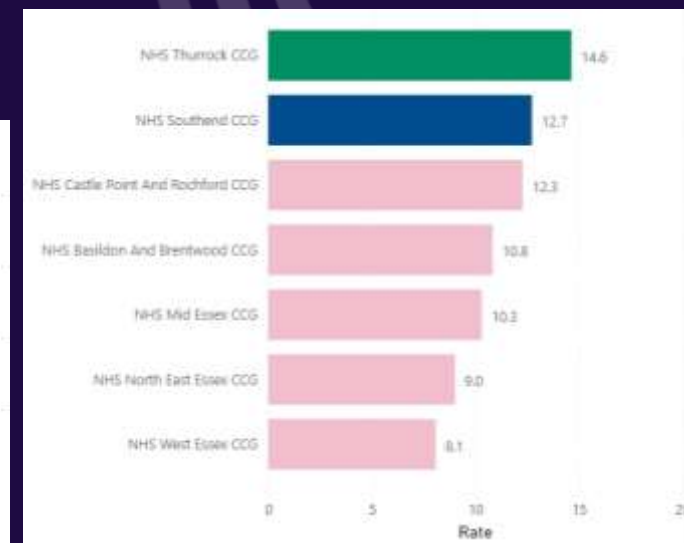
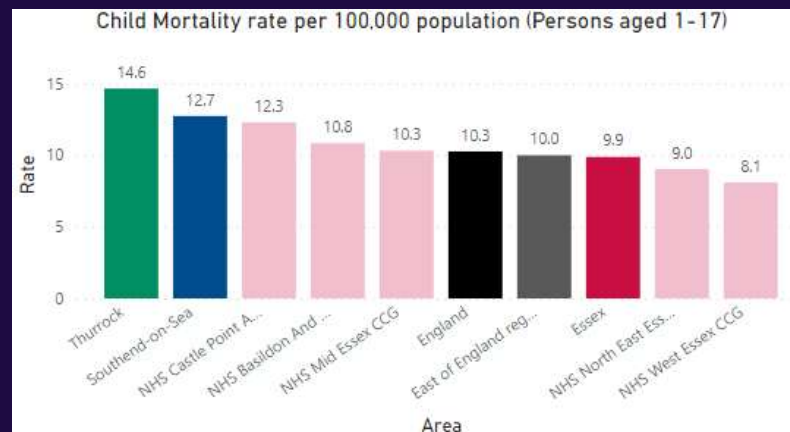
Child mortality rate calculates the mortality rate for deaths from all causes in persons aged 1 to 17 years. Data for child mortality rate is only available at local authority level for 2018-20.

For 2018-2020 the child mortality rate for Essex was 9.9 per 100,000 population, this is lower than England (10.3) and East of England (10).

Of those Essex CCG's, West Essex CCG represents the lowest Child mortality rate at 8.1 per 100,000 population.

In the time-series chart (right), Essex has seen consistent increases in child mortality from 2014-2016, however there was a decrease in the latest time period available.

The trend for England and East of England has generally been steady decreases over the same time periods.



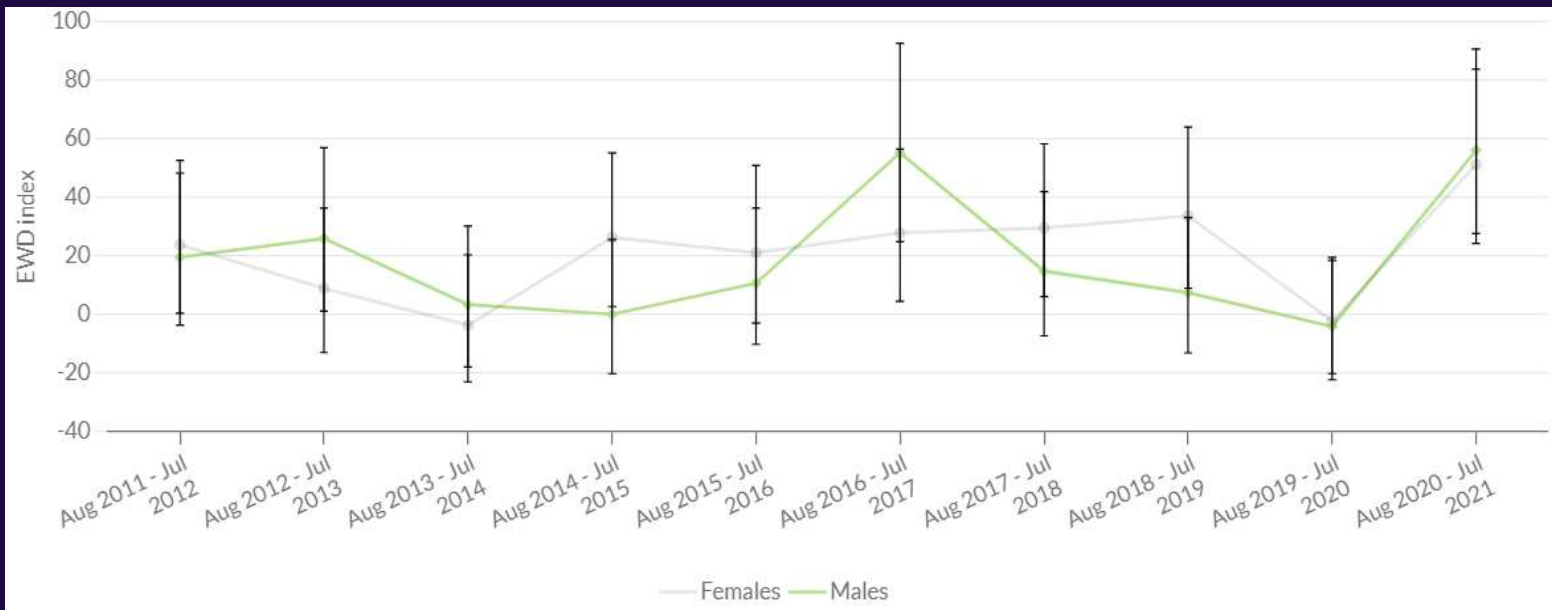
Source: ECC, JSNA Dashboard

EXCESS WINTER DEATHS

Excess Winter Deaths Index is the excess winter deaths measured as the ratio of extra deaths from all causes that occur in all those aged 85 and over in the winter months compared with the expected number of deaths, based on the average of the number of non-winter deaths in those aged 85 and over. The number of excess winter deaths depends on the temperature and the level of disease in the population as well as other factors, such as how well-equipped people are to cope with the drop in temperature.

Between August 2020 and July 2021, the excess winter deaths for Harlow was 51.1 for females and 56 for males. This was an increase compared to previous years, as indicated by the chart (right).

For comparison, the excess winter deaths for Essex residents was higher – 64.1 for females and 58.2 for males. The excess winter deaths was lower than England's figures – 36 for females and 36.5 for males.



Source: Sport England Local Area Insights Report

GENERAL HEALTH, DISABILITY & LONG TERM HEALTH CONDITION

GENERAL HEALTH

The infographic below shows that on Census Day, 48% of Harlow's population reported that their general was very good. 5% of the population reported that their health was bad or very.



Source: Sport England Local Area Insights Report

Note, this data reflects people's own opinions in describing their overall health on a five-point scale, from very good to very bad. Census 2021 was conducted during the coronavirus (COVID-19) pandemic. This may have influenced how people perceived and rated their health, and therefore may have affected how people chose to respond.

DISABILITY

On Census Day, 16.3% (15,224 people) of Harlow residents assessed that their day-to-day activities were limited by a long-term physical or mental health condition or illnesses that are considered disabled under the Equality Act.

9.6% assessed that their day-to-day activities with limited a little and 6.7% were limited a lot.

A further 6.3% (5,856 people) of Harlow's residents indicated that they had a long term physical or health condition (not disabled under the Equality Act) but day-to-day activities were not limited.

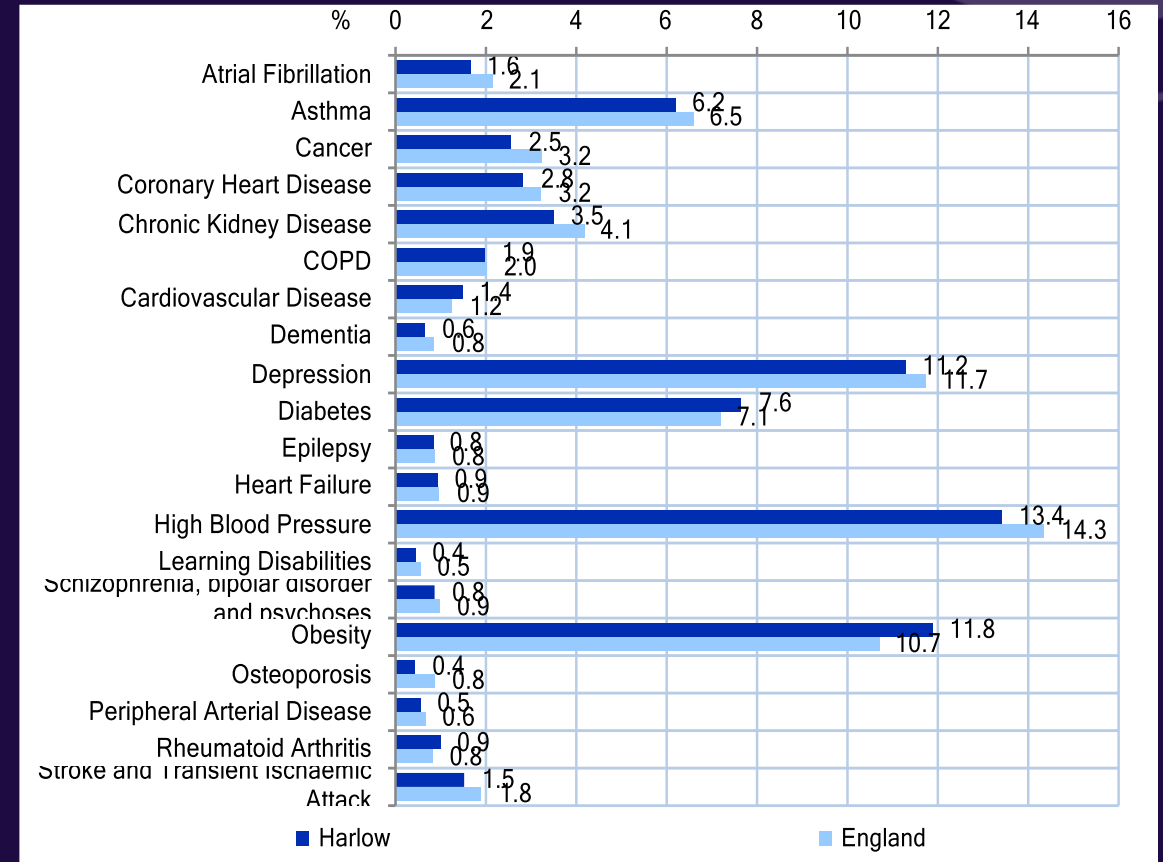
DISEASE PREVALENCE

The bar chart (right) shows a detailed breakdown of the estimated prevalence of health conditions in Harlow.

The estimates calculated are based on the number of people listed on GP registers in 2019/20, and the number of people recorded as having the relevant health conditions.

The most prevalent health condition of Harlow residents is high blood pressure, with 13.4% of the population likely to have this condition. This prevalence is slightly lower than the prevalence across England (14.3%).

Other prevalent conditions amongst Harlow residents are obesity (11.8%), depression (11.2%), and diabetes (7.6%). Estimated prevalence of obesity and diabetes in Harlow residents are below England's.



Source: Local Insight, OSCI

HOSPITAL ADMISSIONS

An inactive person spends 38% more days in hospital than an active person.

Approximately 35% of all admissions in the NHS in England are classified as emergency admissions, costing approximately £11 billion a year. The chart (top right) show emergency admissions to hospital for all causes, and for specific conditions, from Harlow residents.

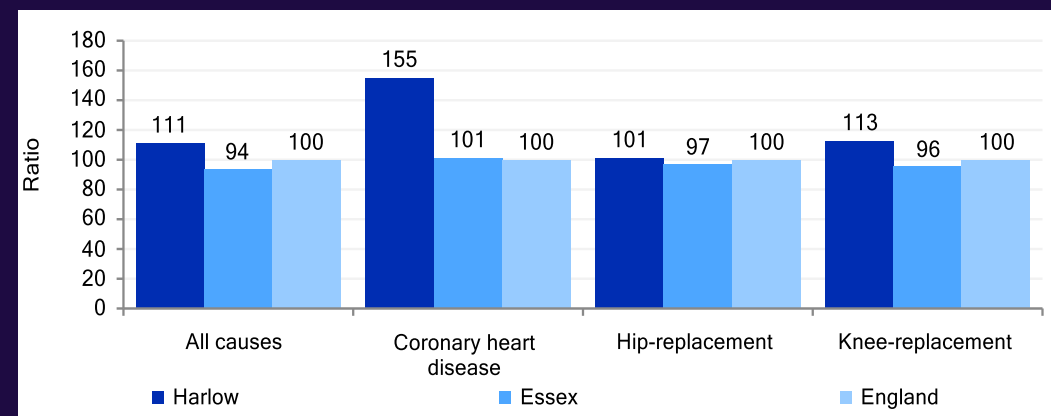
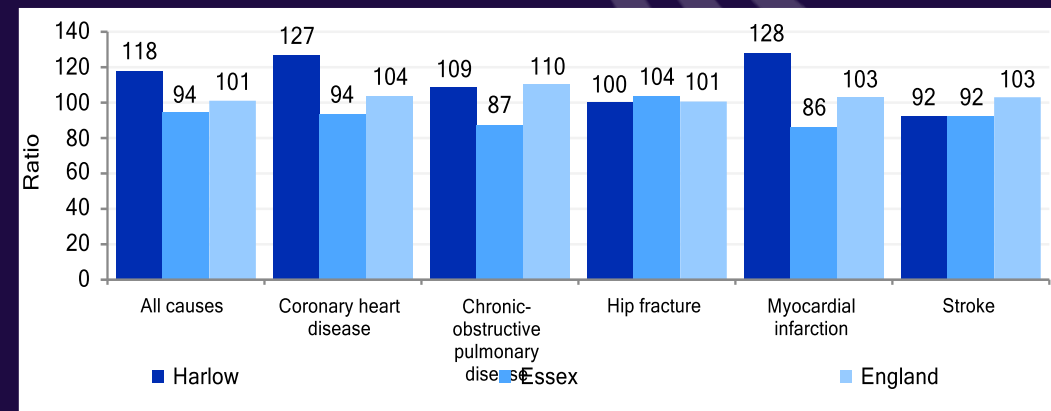
For all causes, the admission rate of Harlow residents to hospital is higher the expected, which is linked to admissions for coronary heart disease and myocardial infraction.

The chart (bottom right) shows elective in-patient hospital admissions for Harlow residents. The elected rate for all causes is higher than the national average, and this is due to the elective in-patient hospital admission rate for coronary heart disease and to a lesser extent, knee replacement.

Between 2018/18 to 2020/21, the rate of emergency hospital admissions for children aged under 5 years in Harlow was 89 per 1,00 resident population, compared to 141 for England.

Between 2017/2018 to 2019/20, the rate of A&E attendances for children aged under 5 years in Harlow was 635 per 1,00 resident population, higher than the rate for England (630).

Source: Local Insight, OSCI



Note: The data are presented as standardised ratios; a ratio of 100 indicates an area has an admission rate consistent with the national average, less than 100 indicates that the admission rate is lower than expected and higher than 100 indicates that the admission rate is higher than expected.

OBESITY - CHILDREN

Overweight children are defined as those >85th centile of the British 1990 growth reference (UK90) according to age and sex. Obese children are those >95th centile. There is concern about the rise of childhood obesity and the implications of such obesity persisting into adulthood.

The health consequences of childhood obesity include: increased blood lipids, glucose intolerance, Type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as asthma and psychological problems such as social isolation, low self-esteem, teasing and bullying.

Inequalities and Obesity (at National Level):

- Boys have a higher obesity prevalence than girls for both age groups.
- Obesity prevalence was highest for Black children in both reception and year 6. It was lowest for Chinese children in reception and White and Chinese children in year 6. Underweight prevalence was highest for Asian children in both reception and year 6.
- There is a strong relationship between deprivation and obesity. Children living in the most deprived areas were more than twice as likely to be obese, than those living in the least deprived areas.

OBESITY - CHILDREN

RECEPTION

In 2022/23, 21.1% of reception age children in Harlow were overweight (including obese). This percentage is higher than the rate across Essex (20.5%), East of England (20%), but lower than England's rate (21.3%).

8.9% of reception age children in Harlow were obese. This percentage is higher than the rate across Essex (8.3%), East of England (8.1%) but lower than England's rate (9.2%).

YEAR 6

In 2022/23, 37.9% of year 6 children in Harlow were overweight (including obese). This percentage is the fourth highest rate across Greater Essex, and higher than the rates for Essex (34.2%), East of England (34.2%) and England (36.6%).

23.8% of year 6 children in Harlow were obese. This percentage is the third highest in Greater Essex, and higher than the rate across Essex (20.2%), East of England (20.6%) and lower than England (22.7%).

OBESITY - ADULTS

Obesity is a priority area for Government. The Government's "[Tackling Obesity: empowering adults and children to live healthier lives](#)" (published Jul 2020) includes national ambitions.

In adults, overweight and obesity are associated with life-limiting conditions, such as type 2 diabetes, cardiovascular disease, and some cancers as well as osteoarthritis. Childhood obesity is predictive of adult obesity, but also separately increases the risks of asthma, early onset type-2 diabetes, and cardiovascular risk factors.

In 2021, 26% of adults in England were obese.

Inequalities and Obesity (at National Level):

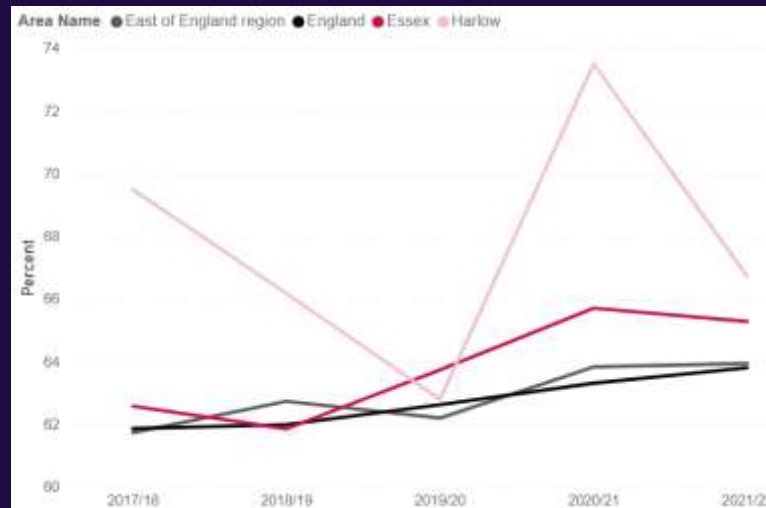
- A higher proportion of men than women were either overweight or obese (69% compared with 59%). A much greater difference between the sexes was seen in the middle-aged groups.
- Obesity prevalence was lowest among adults living in the least deprived areas (20%) and highest in the most deprived areas (34%).
- After controlling for age, the prevalence of longstanding illness was similar for those who were not overweight nor obese (36%) and those who were overweight but not obese (35%). It was higher among those classified as obese (51%).

OBESITY - ADULTS

OVERWEIGHT (INCL. OBESE)

In 2021/22, 66.7% of adults (aged 18 plus) in Harlow were overweight (including obese). This percentage is higher than the rates for Essex (65.3%), East of England (63.9%) and England (63.8%).

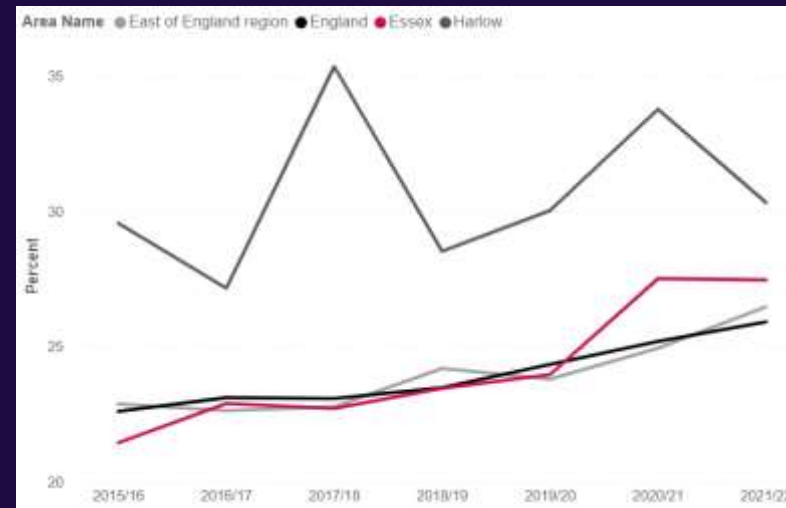
The chart (below) shows that the percentage of adults that are overweight (including obese) in Harlow has fluctuated since 2015/16, with a recent decrease in 2021/22.



OBESE

In 2021/22, 30.33% of adults (aged 18 plus) in Harlow were obese. This percentage is the second highest across Greater Essex and higher than the rates for Essex (27.47%), East of England (26.48%) and England (25.93 %).

The chart (below) shows that the percentage of adults that are obese in Harlow has remained above the rates seen across Essex, East of England and England since 2015/16.



Source: ECC, JSNA Dashboard

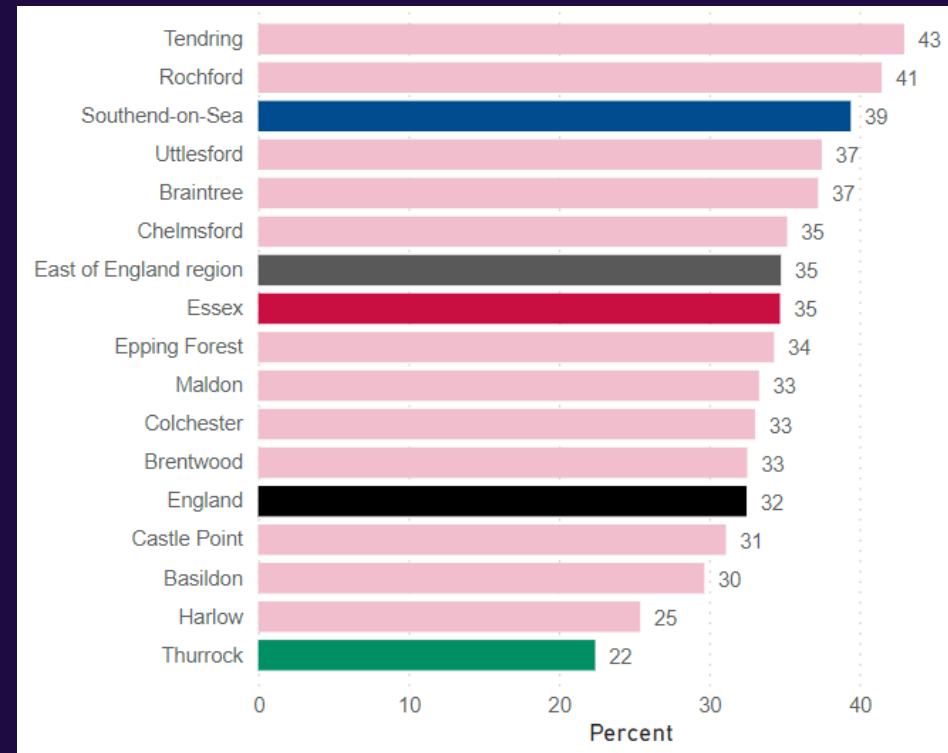
HEALTHY EATING

Poor diet and obesity are leading causes of premature death and mortality (Global Burden of Disease, 2017), and are associated with a wide range of diseases including cardiovascular disease and some cancers, which can have a significant impact on an individual's physical and mental health and wellbeing. The costs of diet related chronic diseases to the NHS and more broadly to society are considerable.

The "5-a-day" indicator is based on the weighted number of respondents aged 16 and over, with valid responses to questions on fruit and vegetable consumption, eating at least 5 portions of fruit and vegetables in the previous day.

In 2021/22, 25% of adults (aged 16 and over) in Castle Point were meeting the '5-a-day' fruit and vegetable consumption recommendation. This means that 3 in 4 adults are not eating the recommendation amount of fruit and vegetables.

The percentage of adults in Castle Point that were meeting the recommended '5-a-day' consumption is lower than the rate for Essex (35%), East of England (35%) and England (32%).



Source: ECC, JSNA Dashboard

SMOKING

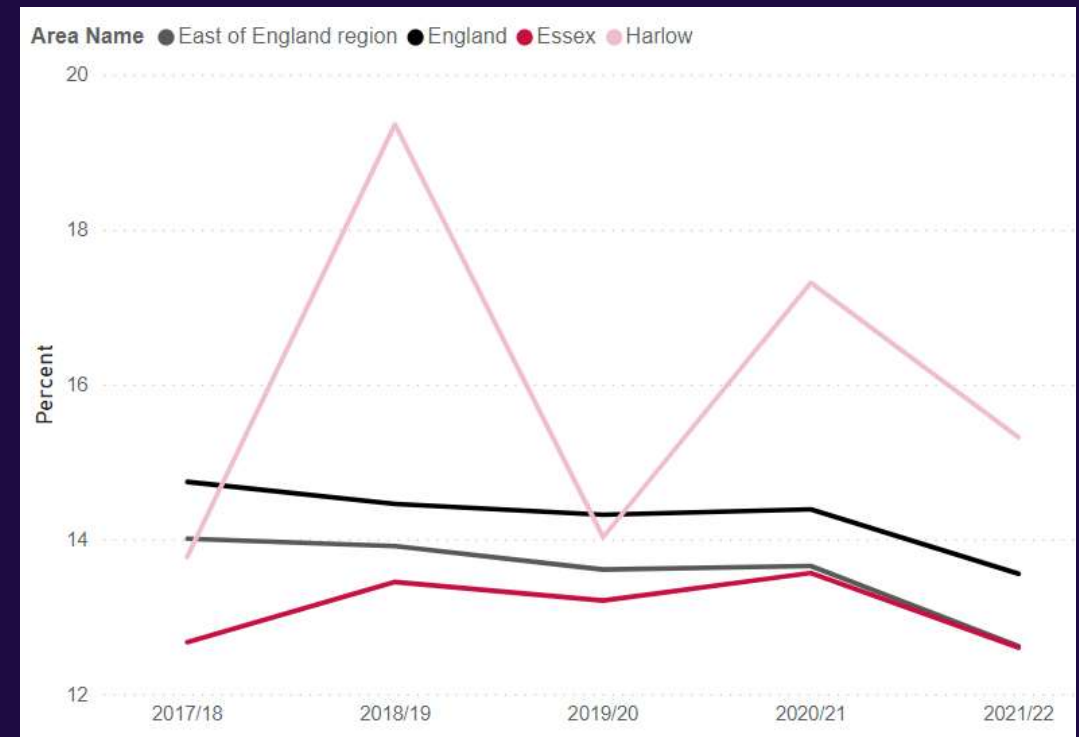
Smoking is the most important cause of preventable ill health and premature mortality in the UK. Smoking is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease.

Based on the GP Patient Survey in 2021/22, 15.3% of the population in Harlow classified themselves as either occasional or regular smokers.

The chart (right) shows that the percentage of smokers in Harlow has previously decreased, in line with rates seen across comparative areas, but in the recent reporting period remains above and higher than the 2017/18 rate.

Smoking during pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother. On average, smokers have more complications during pregnancy and labour, including bleeding during pregnancy, placental abruption and premature rupture of membranes.

The proportion of mothers who are smokers at the time of delivery in Harlow is 8.7%, the same as Essex's rate, but lower than England (9.1%) and higher than East of England (8.5%).



Source: ECC, JSNA Dashboard

ALCOHOL

Alcohol is hazardous to the health and well-being of persons who drink, as well as their families, friends, and community, when drunk in excess. Alcohol misuse is prevalent across society, with the estimate impacts of alcohol related harm costing the health service alone over £3.5 billion annually. Some alcohol related abuse include suicides, road accidents, domestic violence and hospital admissions.

Alcohol consumption has an inverse social gradient. As the level of gross weekly household income rises, so does consumption. However, while people with lower socioeconomic status are more likely to abstain altogether, if they do consume alcohol, they are more likely to have problematic drinking patterns and dependence than people higher up the scale.

In England (across all regions), hospital admission for alcohol-specific conditions for both males and females is associated with increased levels of deprivation.

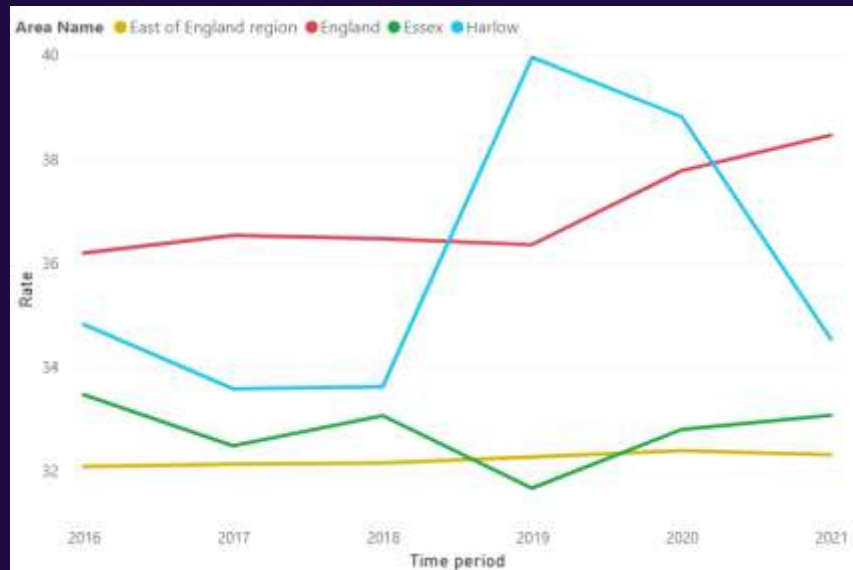
Inequalities in alcohol related health mortality are somewhat paradoxical; lower socioeconomic status is associated with higher mortality for alcohol attributable causes, despite lower socioeconomic groups often reporting lower average levels of alcohol consumption.

Alcohol-related liver disease accounts for 60% of all liver disease in the UK and, even before COVID-19, trends had started to emerge of increases in alcohol-related hospital admissions and deaths. There are also disparities within the population, with more than half of hospital admissions and deaths from liver disease in 2020 occurring in the most deprived 40% of the population.

ALCOHOL - MORTALITY

ALCOHOL-RELATED

In 2021, 34.5 per 100,000 population was the alcohol-related mortality rate for Harlow. This rate was higher than the Essex (33.1) and East of England (32.3), but lower than England's rate (38.5). The chart (below) shows that Harlow's alcohol-related mortality rate has decreased since 2019, close to levels seen in 2016 and below England's rate.



CHRONIC LIVER DISEASE

In 2017-2019, 9.0 per 100,000 population was the rate of mortality from chronic liver disease in Harlow.

The chart (below) shows that the rate of mortality from this disease has fluctuated over time but has decreased in recent years to the lowest rate in 2017-2019 period.



Source: ECC, JSNA Dashboard

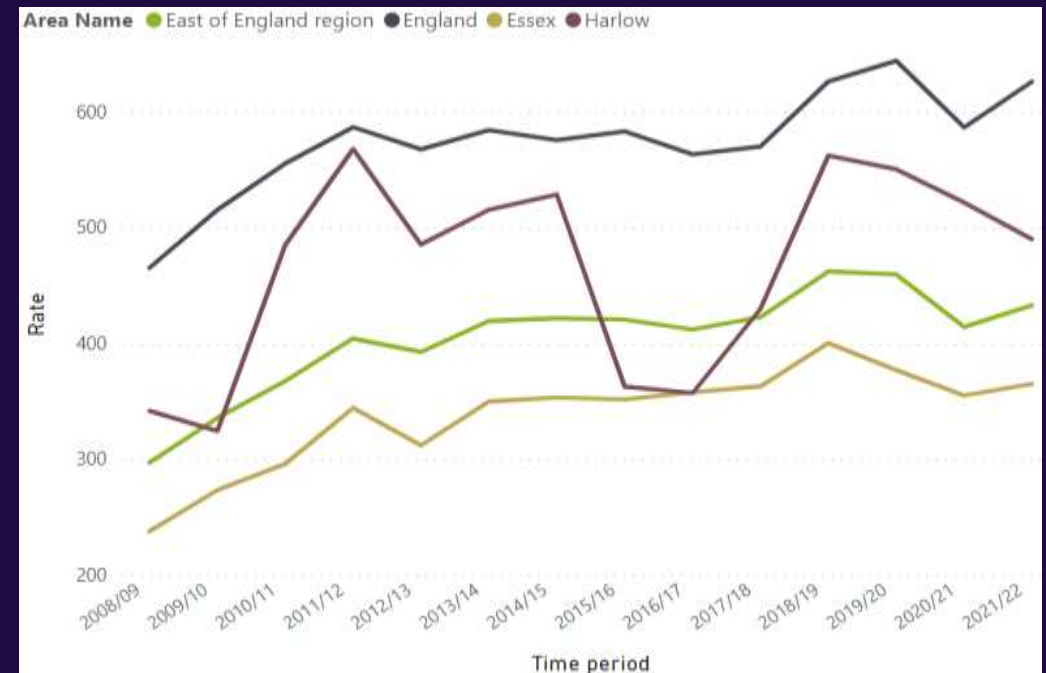
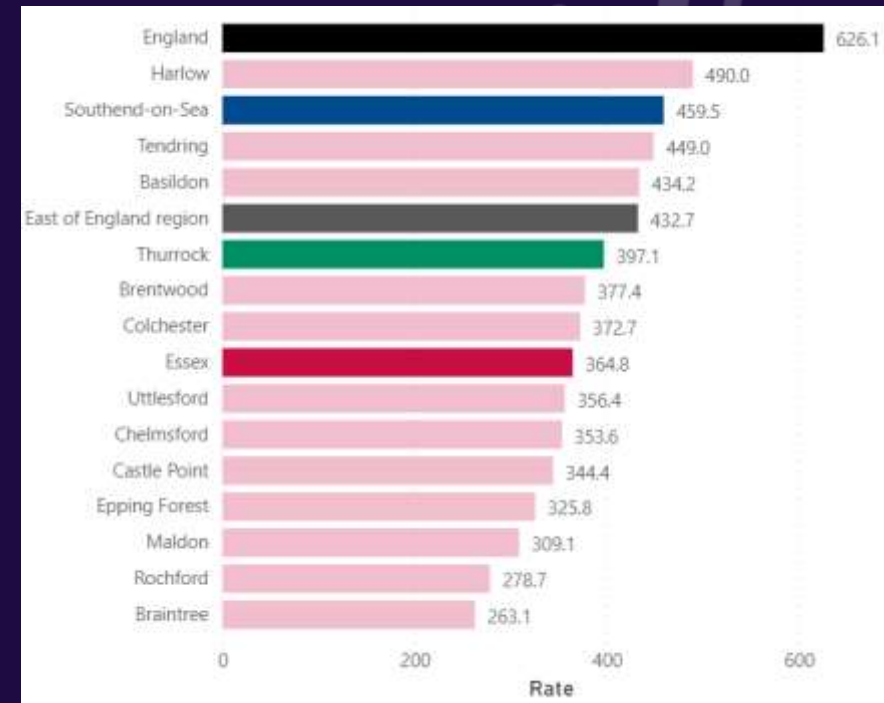
ALCOHOL – HOSPITAL ADMISSIONS (NARROW)

Alcohol-related hospital admissions are used as a way of understanding the impact of alcohol on the health of a population. There are two measures: broad and narrow. The narrow definition is a measure of hospital admissions where the primary diagnosis (main reason for admission) is an alcohol-related condition.

The chart (top right) shows that 490 per 100,000 people in Harlow were admitted for alcohol specific conditions in 2021/22, which was the highest rate across Greater Essex but lower than England's average (626).

The admission rate for alcohol-specific conditions for males in Harlow was higher than females – 777.9 compared to 228.5 per 100,000 population.

The time series chart (bottom right) shows that the admission rate for alcohol-specific conditions in Harlow has fluctuated over time, but there has been a decrease year-on-year for the last three reporting periods.

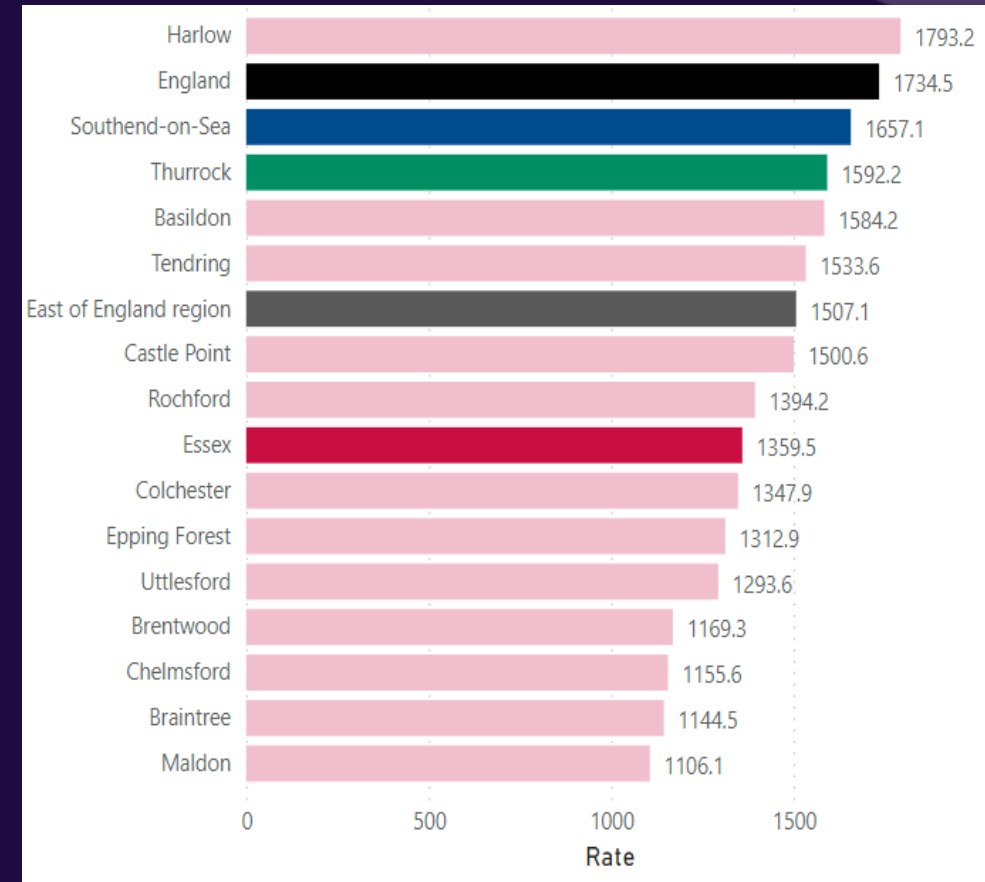


ALCOHOL – HOSPITAL ADMISSIONS (BROAD)

Alcohol-related hospital admissions are used as a way of understanding the impact of alcohol on the health of a population. There are two measures: broad and narrow. The broad definition is a measure of hospital admissions where either the primary diagnosis (main reason for admission) or one of the secondary (contributory) diagnoses is an alcohol-related condition. It represents a measure for alcohol-related admissions but is sensitive to changes in coding practice over time.

The chart (top right) shows that the alcohol related hospital admission rate in 2021/21 for Harlow was 1793.2 per 100,000 people (all persons), which was highest rate across Greater Essex and compared to England (1734).

The alcohol related hospital admission rate for males in Castle Point was higher than females – 2898.9 compared to 878 per 100,000 population. The male rate for alcohol-related hospital admissions is higher than the England average, whereas the female rate is below it.



Source: ECC, JSNA Dashboard

SUBSTANCE MISUSE

Misuse of prescription drugs, as well as illegal drug usage, has serious health, economic, and societal effects. The county lines model has surpassed the heroin and crack cocaine retail market, causing rising violence in the drugs market and the extortion of young people and vulnerable drug users.

There is a strong association between socioeconomic position, social exclusion and substance-related harm, with greater harm recorded in people living in more deprived areas and with lower individual resources and socioeconomic capital.

For example;

- the highest levels of drug-related deaths in the UK occur in those areas of greatest neighbourhood deprivation.
- Admission rates for drug specific conditions for both males and females show a strong positive association with deprivation

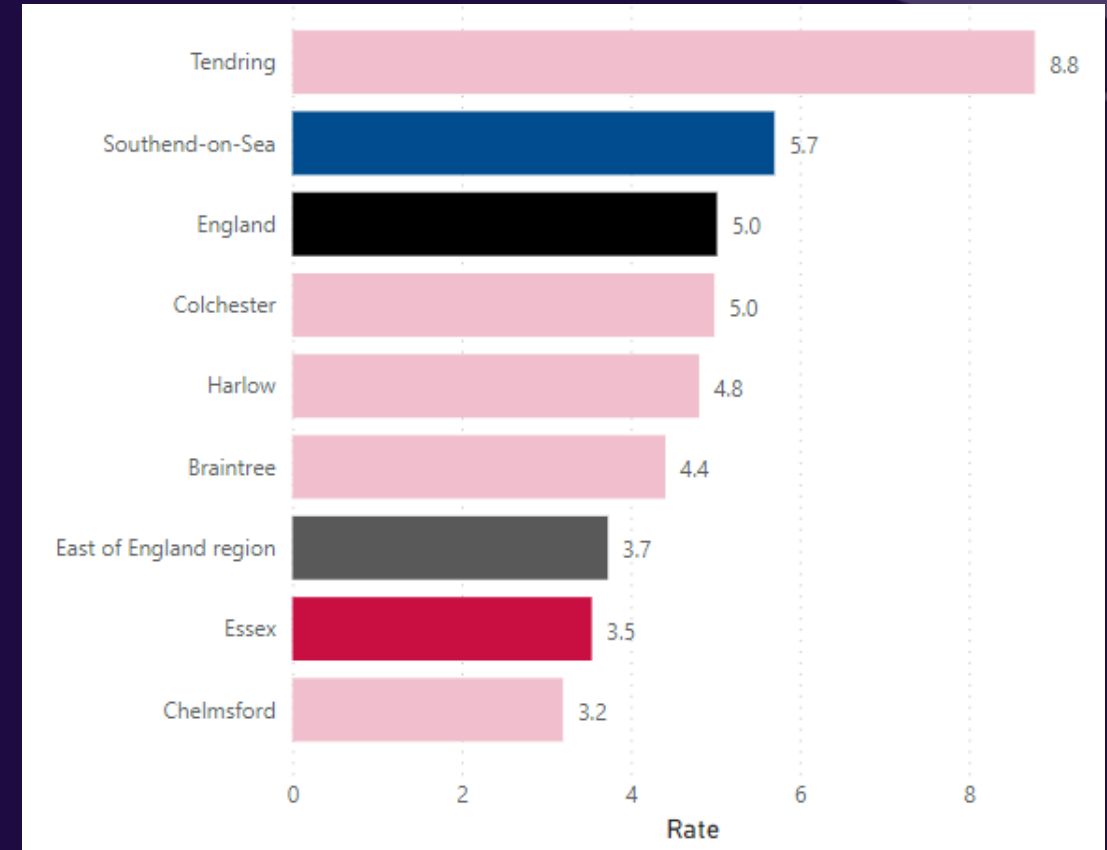
At local authority level in England, there was a significant positive association between the number of individuals in contact with structured drug treatment services per 1,000 population and the level of deprivation of each local authority.

SUBSTANCE MISUSE

In Harlow, 4.8 per 100,000 population died as a result of drug misuse between 2018/19 to 2020/21, which was higher than the regional average of 3.7 per 100,000 and the national average of 5.0 per 100,000.

Hospital admission data at local authority district level is not available so the figures below are for Essex:

- The hospital admission for drug poisoning in 2020/21 was 34 per 100,000 people. This was below the national average of 50 per 100,000 people for the same period.
- There has been a reduction in Essex hospital admission for drug poisoning from 48 per 100,000 in 2017/18 to 34 per 100,000 in 2020/21.
- The hospital admission rate between 2018/19 to 2020/21 due to substance misuse of people aged 15 – 24 in Essex was 70.2 per 100,000 people.



Source: ECC, JSNA Dashboard

PHYSICAL ACTIVITY

Physical inactivity is associated with 1 in 6 deaths in the UK (same as smoking) and is estimated to cost the UK, £7.4 billion annually (including 0.9 billion to the NHS alone). It's the 4th leading risk factor for global mortality.

Living an active life reduces risk of getting many common diseases, alongside improved mental health. It's estimated that sport and physical activity generates savings of £5.6 billion in healthcare and £1.7 billion in social care.

Inequalities and Participation in Physical Activity:

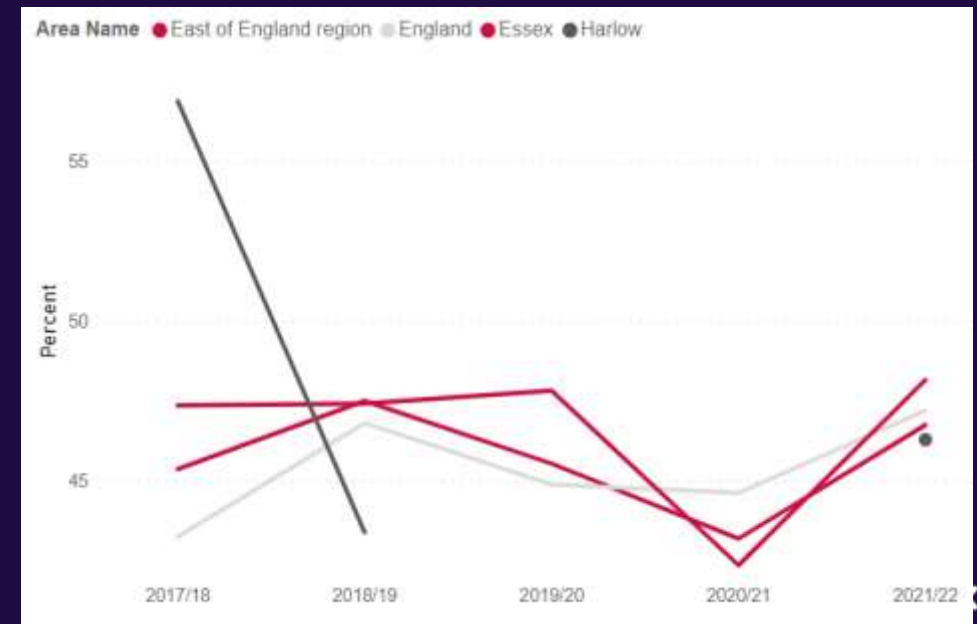
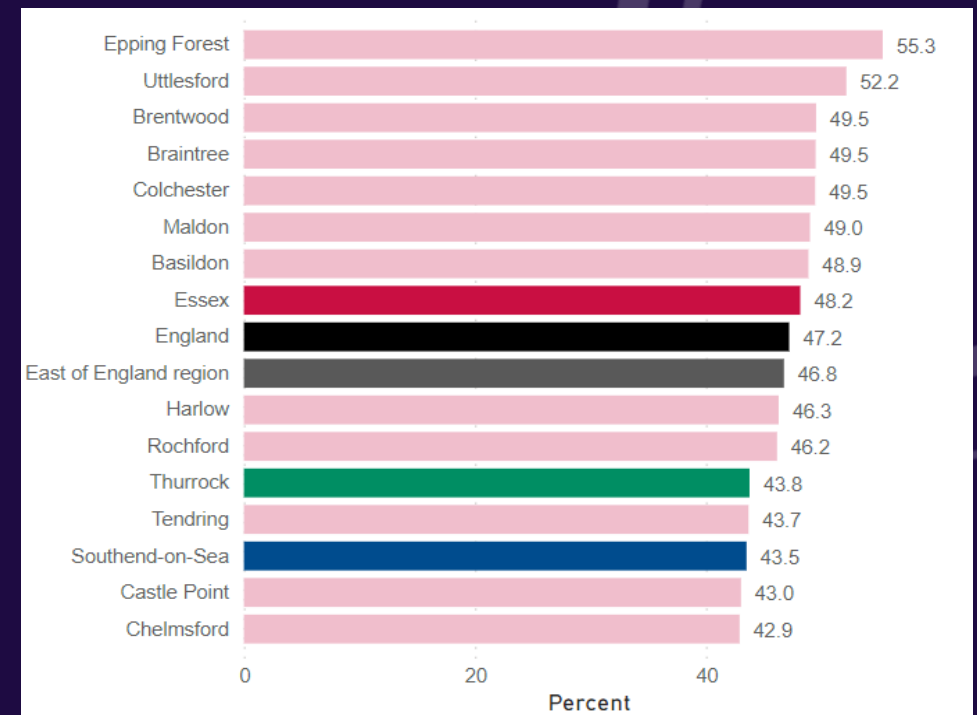
- Women are less active than men, and this gender gap starts with girls being less active from a very young age.
- People from Asian and Black backgrounds are far more likely to be physically inactive than people who are White.
- Disabled people and people with a long-term health condition are twice as likely to be physically inactive than those without a disability or health condition.
- Adults from the most deprived quartile of neighbourhoods are 45% more likely to be inactive compared to a person from the least deprived quartile of neighbourhoods.
- Children and young people with low family affluence are 55% more likely to be less active compared to a child or young person with high family affluence.

PHYSICAL ACTIVITY – CHILDREN AND YOUNG PEOPLE

The chart (top right) shows that 46.3% of children and young people (CYP) in Harlow were physically active in 2021/22. This percentage is similar to the East region (46.8%) and less than the Essex (48.2%) and England (47.2%) averages.

This also means that 53.7% of CYP in Harlow were not meeting the CMO's recommendation of an average of at least 60 minutes moderate to vigorous intensity activity per day across the week.

The time series chart (bottom right) shows that the percentage of physically active CYP in Harlow had decreased to 43.4% in 2018/19 and in the most recent reporting year, the percentage has increased and as described above, close to the averages seen across Essex, the East region and nationally.

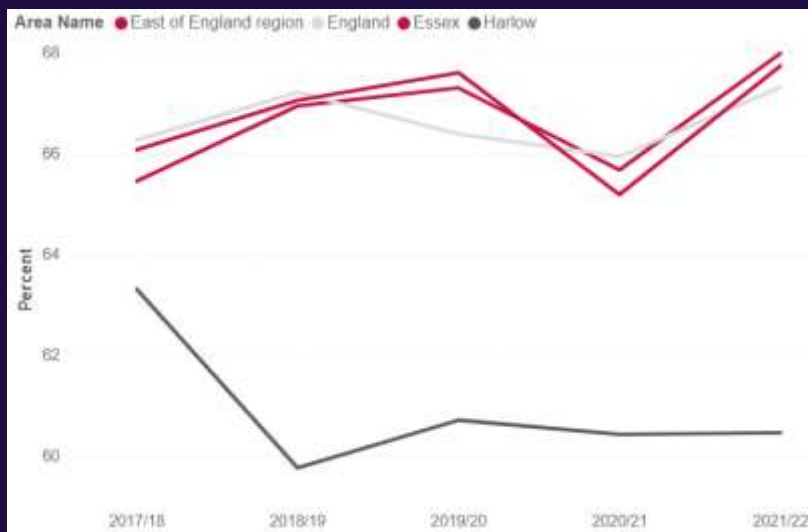


PHYSICAL ACTIVITY – ADULTS (19 +)

ACTIVE

In 2021/22, 60.5% of adults in Harlow were physically active, which is lower than the rates across Essex (67.7%), East of England (68%) and England (67.3%).

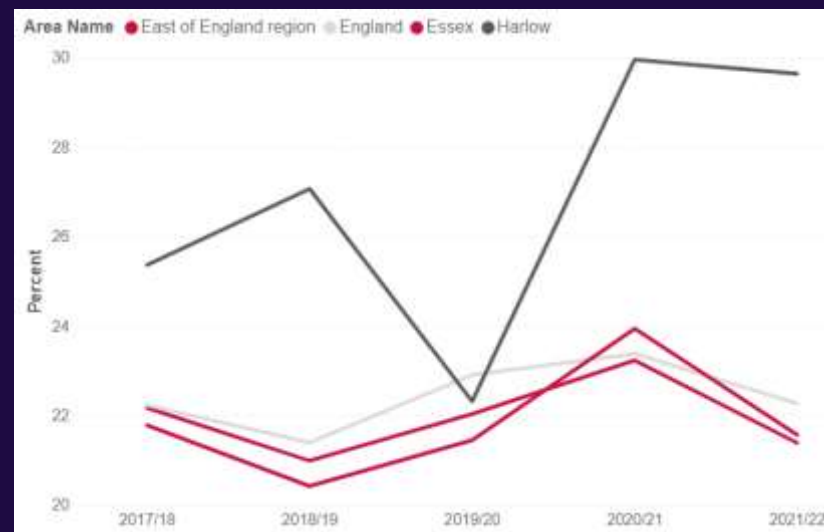
The chart (below) shows that the percentage of physically active adults in this area has been consistent for the last three reporting periods.



INACTIVE

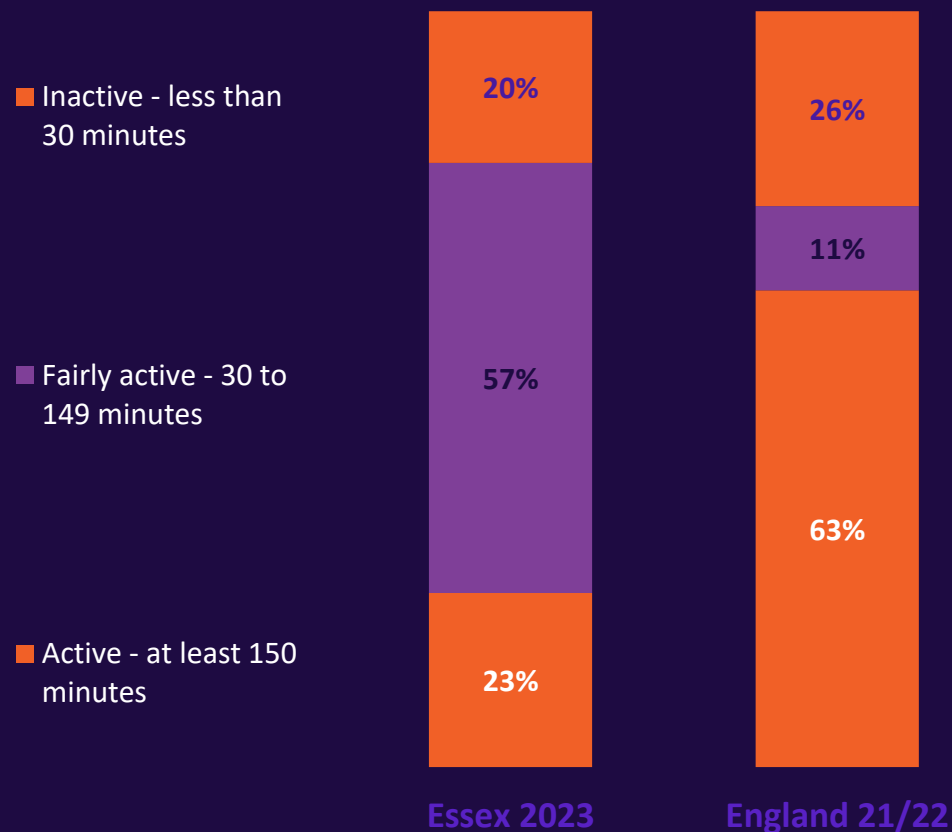
In 2021/22, 29.6% of adults in Harlow were physically inactive, which was the highest rate across Greater Essex and higher than the East region (21.4%) and nationally (22.3%).

The chart (below) shows that the percentage of physically inactive adults in this area decreased prior to the pandemic but has increased, with little recovery to previous levels.



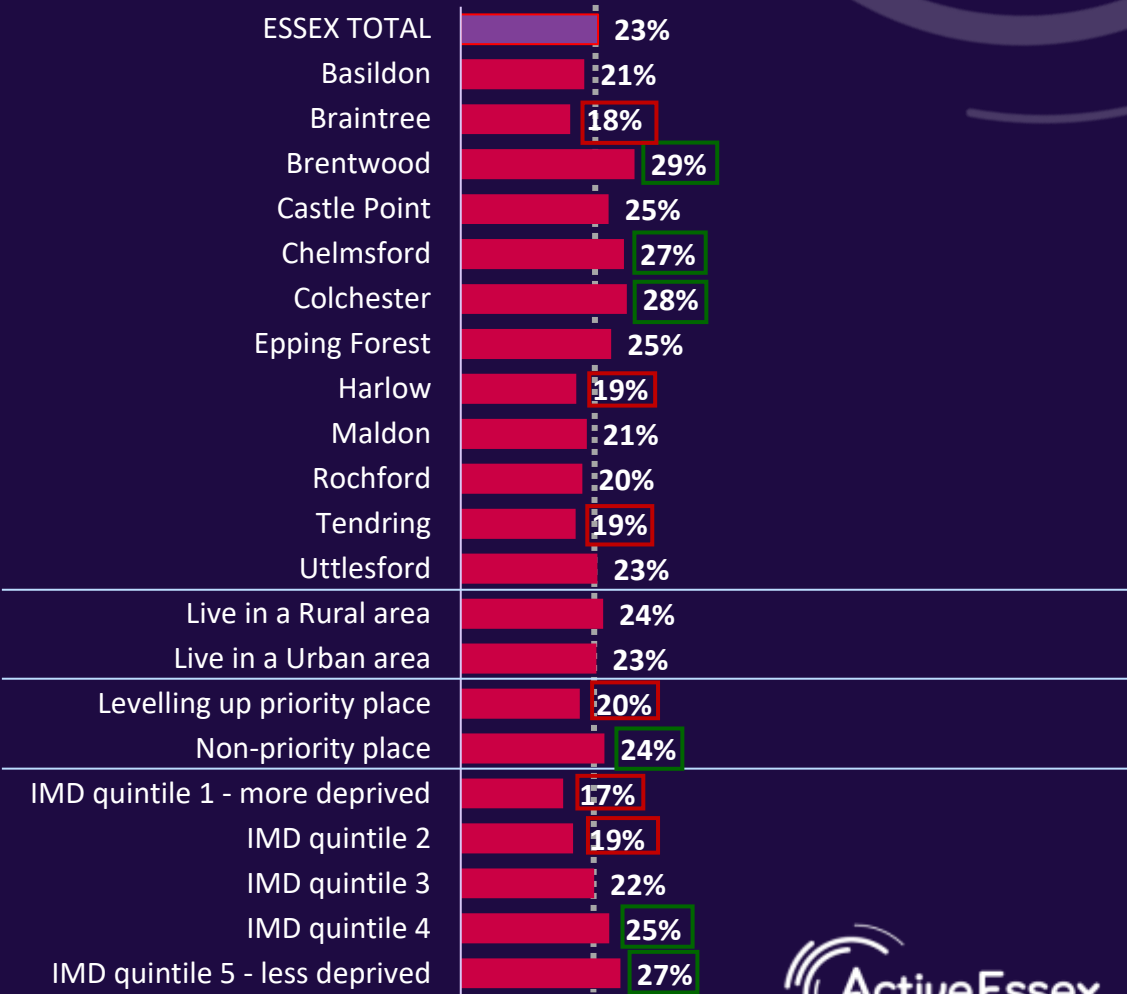
Essex Residents survey (2023) identified that 23% of Essex residents are ‘active’ and do at least 150 minutes of at least moderate-intensity activity a week, this is lower than the latest national figures, though levels of ‘inactivity’ is also lower at 20%. Data indicates 19% of Harlow residents are active.

Levels of physical activity a week (combined scores)



Base: All residents (answering) excluding those answering ‘prefer not to say’: 2023 = 6,064.
Benchmark: Active Lives Survey November 2021 to November 2022 (198,911)
Produced by Essex County Council Policy Unit

% ‘active’ (at least 150 minutes per week)



↑ ↓ Denotes a statistically significant difference vs. Essex total at the 95% confidence level

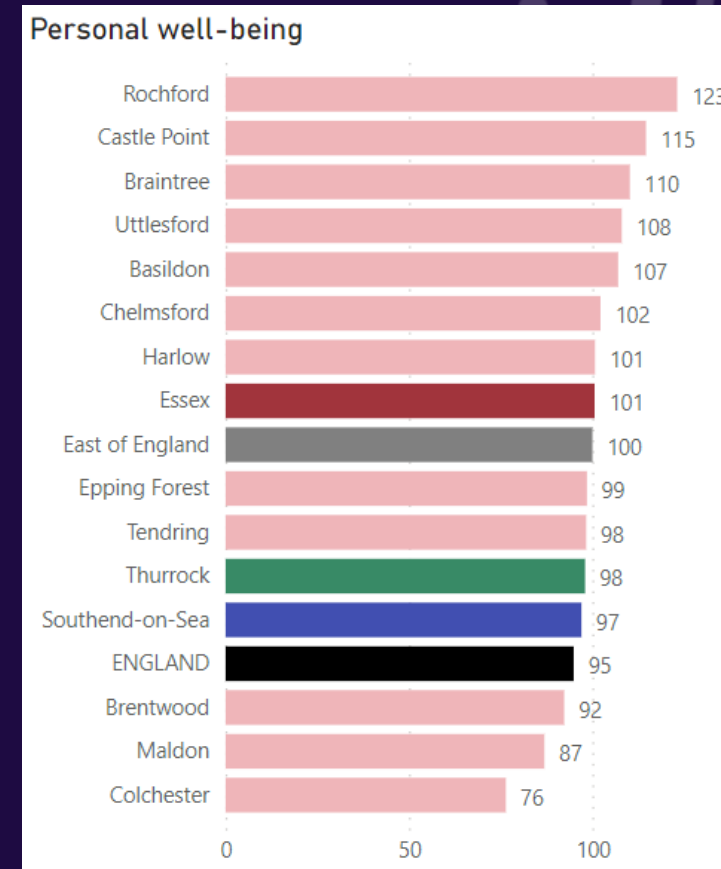
PERSONAL WELLBEING

Personal well-being looks at people's belief that activities in life are worthwhile, feelings of anxiety, happiness, and life satisfaction.

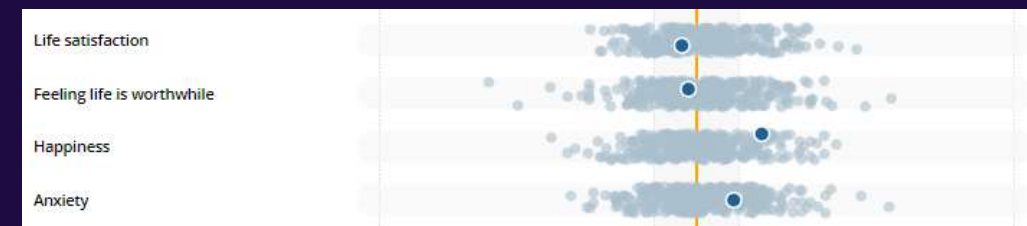
In the Health Index (2021), Harlow had a score of 101 for personal wellbeing, which was above the score for Essex (101), East of England (100) and England (85). The score improved by 22.6 points between 2020 and 2021, Harlow went from being in the bottom 20% of local authority areas to being in the top 40% across England for this subdomain.

The change was largely because of improvements in happiness (an increase of 37.2) and a decrease in feelings of anxiety (increase of 30.4).

Recent data (covering April 2021 – March 2022) indicates that Harlow score for happiness was better than the median local authority (as indicated by the orange line on the image (right)). The score for anxiety was also better the median local authority.



Source: ECC, Health Index Dashboard



Source: Office for National Statistics, subnational indicators explorer

Note: A Health Index score of 100 represents average levels of health in England in 2015. A higher number always means better health and a lower number means worse health.

MENTAL HEALTH

Nationally, one in four adults and one in ten children experience mental illness, but some groups are more at risk due to social, economic, and environmental circumstances. These groups include:

- Women who are pregnant or have a child aged under 12 months
- Children living at a socio-economic disadvantage
- Children with parents who have mental health or substance misuse problems
- Looked-after children
- Adults with a history of violence or abuse
- People with poor physical health
- Older people living in care homes
- Isolated older people
- Black and minority ethnic groups
- People living with physical disabilities
- People living with learning disabilities
- People with alcohol and/or drug dependence
- Prison population, offenders and victims of crime
- Refugees, asylum seekers and stateless person
- Carers
- People with sensory impairment
- LGBT (lesbian, gay, bisexual and transgender)
- Homeless people

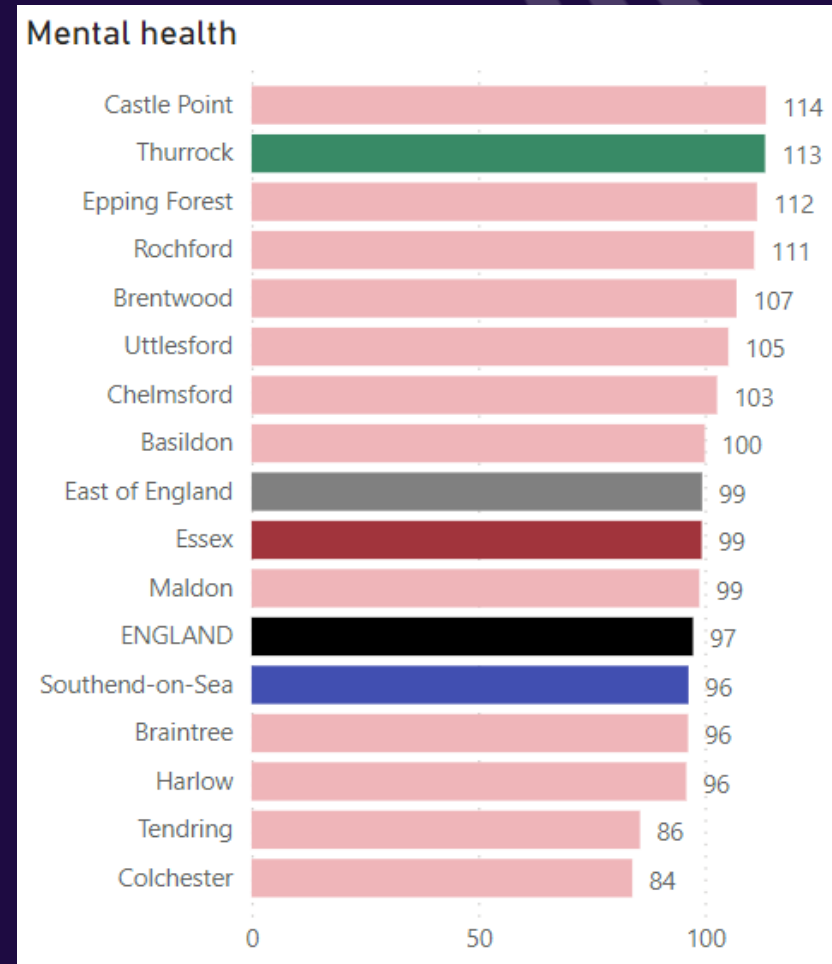
MENTAL HEALTH

Mental health addresses children's social, emotional and mental health, mental health conditions, self-harm, and suicides.

At a national-level, within the Health Index, the score for mental health (subdomain under Healthy People domain) in 2021 was 96, an increase from 89.8 in 2020.

The improvement was mainly due to an increase in score for suicide, from 78.2 in 2020 to 100.2 in 2021. There was also a small improvement to the score for children's social, emotional and mental health, from 86.2 to 88.2, but still below 90 or average of 100 (for England in 2015). The scores for the indicator, mental health conditions decreased from 96.5 to 89.4. The score for self-harm remained at 105.5.

Whilst an improvement was seen across certain indicators and overall, Harlow's mental health score remains below the average score for local authorities across England, the East of England and England.



Source: ECC, Health Index Dashboard

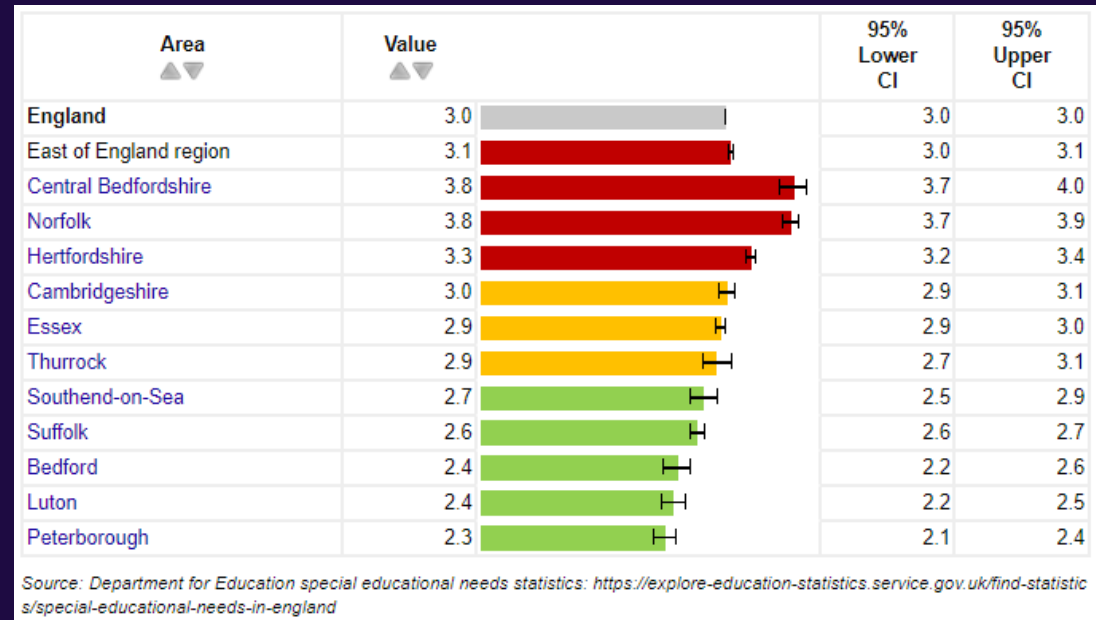
Note: A Health Index score of 100 represents average levels of health in England in 2015. A higher number always means better health and a lower number means worse health.

MENTAL HEALTH – CHILDREN’S SOCIAL, EMOTIONAL AND MENTAL HEALTH NEEDS

Social, Emotional and mental health needs defines a wide range of needs children and young people may have at any given time. Unmet social, emotional and mental health needs in children and young people can lead to exclusion in school, and manifest itself as withdrawal, disruptive and challenging behaviour, self-harm, substance abuse, and eating disorders. Data on children’s social, emotional and mental health needs is only available at local authority level.

In 2021/22, the overall proportion of school age children with emotional, social and mental health needs is 2.9% in Essex and Thurrock, and 2.7% in Southend-on-Sea.

The proportion of school age children with emotional, social and mental health needs in Essex has increased from 2.0% in 2015/16.

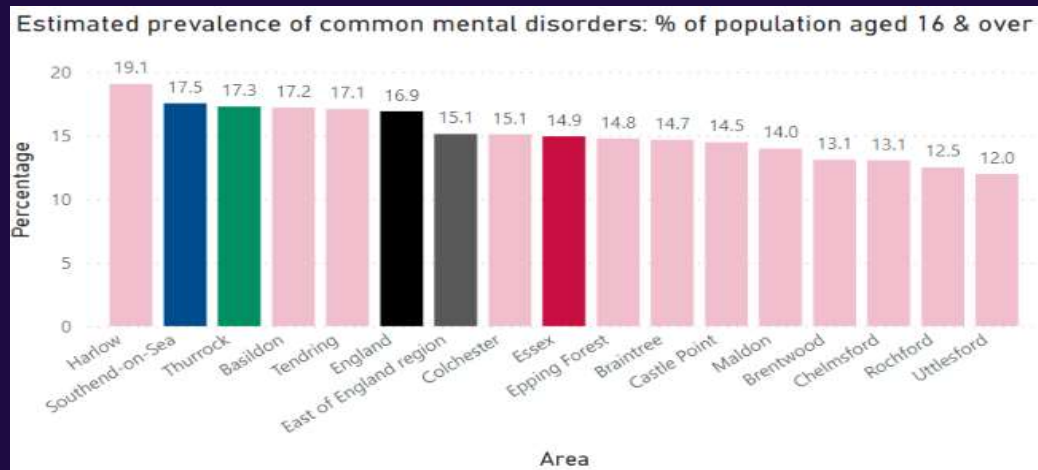


MENTAL HEALTH – PREVALENCE OF COMMON MENTAL DISORDERS

People Aged 16+

The estimated common mental disorders of the population aged 16 and over is significantly above all comparative area averages in Harlow (19.1).

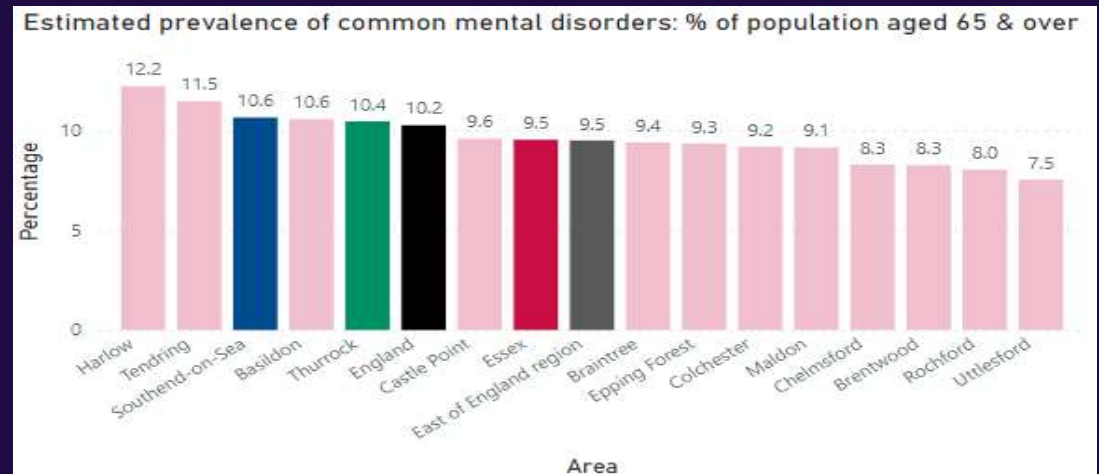
This data is from 2017, and we expect the situation could be worse due to COVID and the cost-of-living crisis.



People aged 65+

The estimated common mental disorders of the population aged 65 and over is significantly above all comparative area averages in Harlow (12.2).

This data is from 2017, and we expect the situation could be worse due to COVID and the cost-of-living crisis.



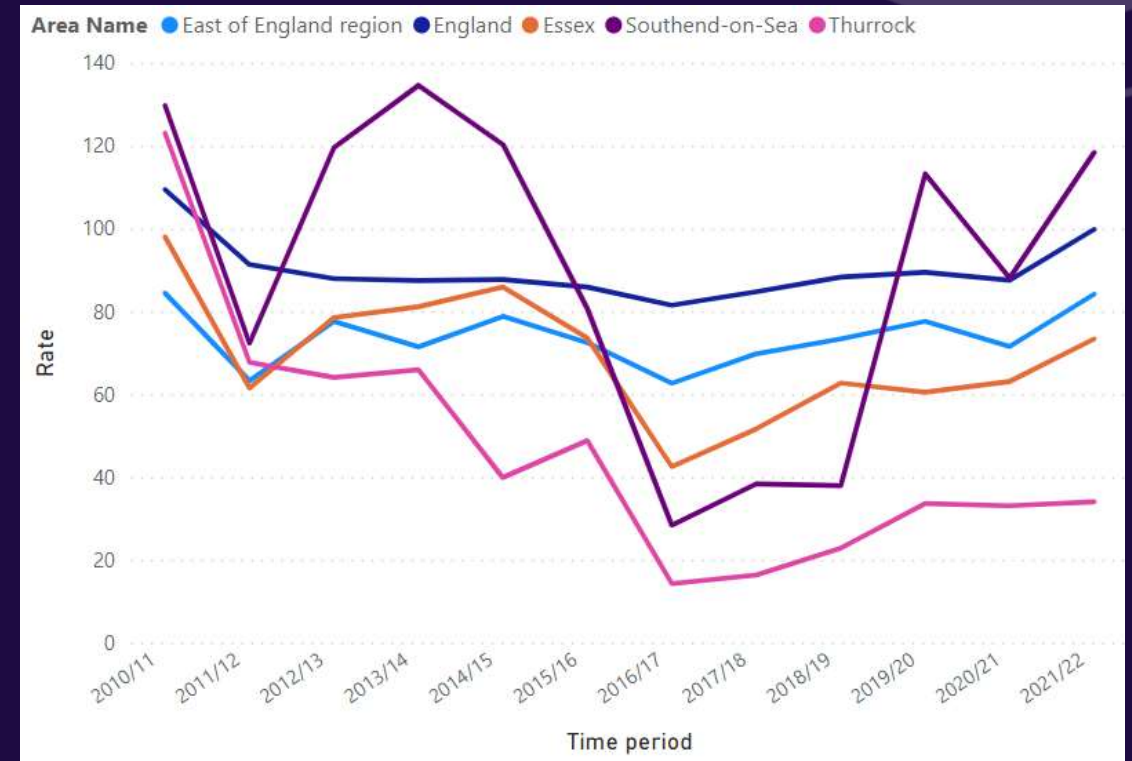
MENTAL HEALTH – HOSPITAL ADMISSIONS

In 2021/22, the hospital admission rate for mental health conditions in Essex was 73.3 per 100,000 population aged 0 – 17 years. This rate was lower than the East of England (84.2) and England (99.8) rate.

The hospital admission rate for mental health conditions for females (81.8) was higher than males (65.3).

The chart (right) shows that the hospital admission rate for mental health conditions for people aged 0 – 17 years has decreased over time, from 98 per 100,000 population in 2010/11 to 73.3 per 100,000 in 2021/22. The lowest rate during this period was 42.5 per 100,000 population in 2016/2017.

The emergency hospital admission rate for intentional self-harm in 2021/22 for Harlow was 125.5 per 100,000 population, which was lower than the rate for Essex (136.3), the East of England (145) and England (163.9).



Source: ECC, JSNA Dashboard

MENTAL HEALTH - SUICIDE

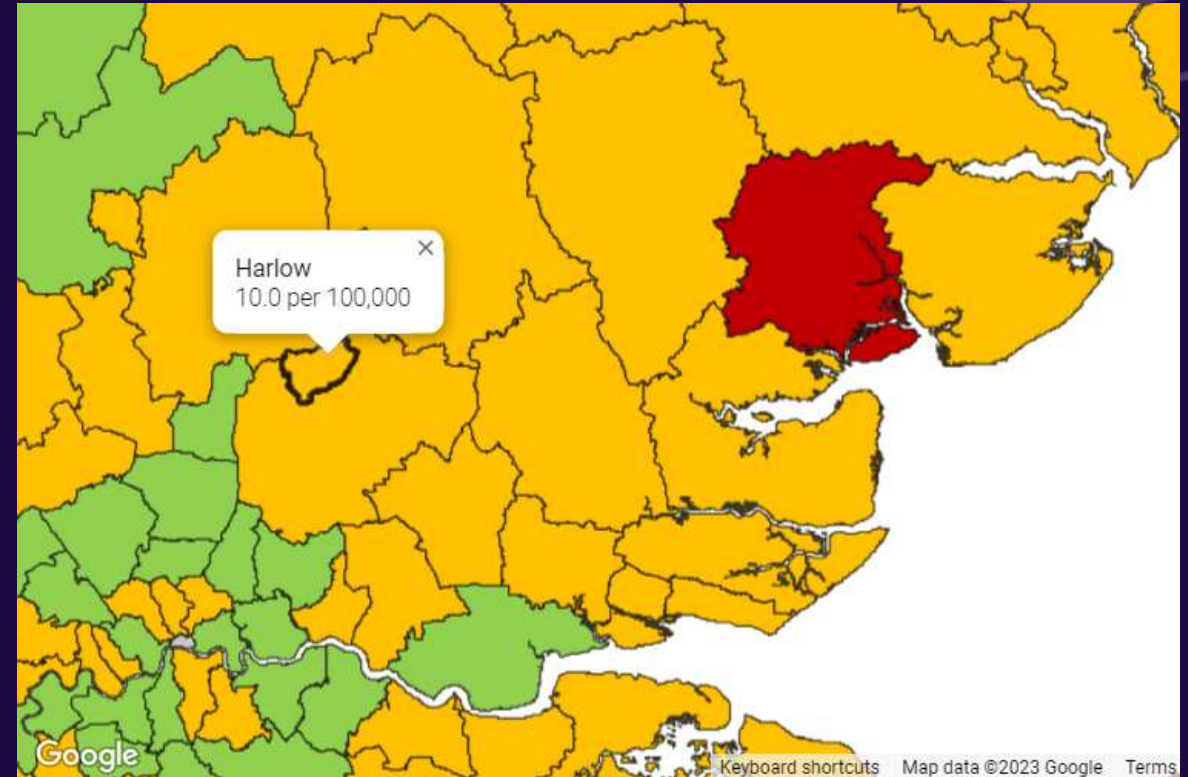
Whilst focus for addressing the differential in life expectancy is around the main diseases causing the gap, it should be noted that other key areas of health and care are also disproportionality impacting the more deprived areas of the county, with mental health of particular concern.

For 2019-2021 the suicide rate for Harlow was 10 per 100,000 population, which is lower than the rates for Essex (10.7), East of England (10.4) but higher than East of England (9.8).

The suicide rate for males in Harlow was 17.8 per 100,000 population and the number of cases for female was too small to calculate a rate.

The suicide rate for Harlow has decreased over the last 3 years from 20.7 per 100,000 population in 2017/2019.

Suicide rates in Essex are higher than national and regional averages and have been increasing over the past 2 decades. The highest rates are in the more deprived areas of the county.



Source: Public Health England, Fingertips

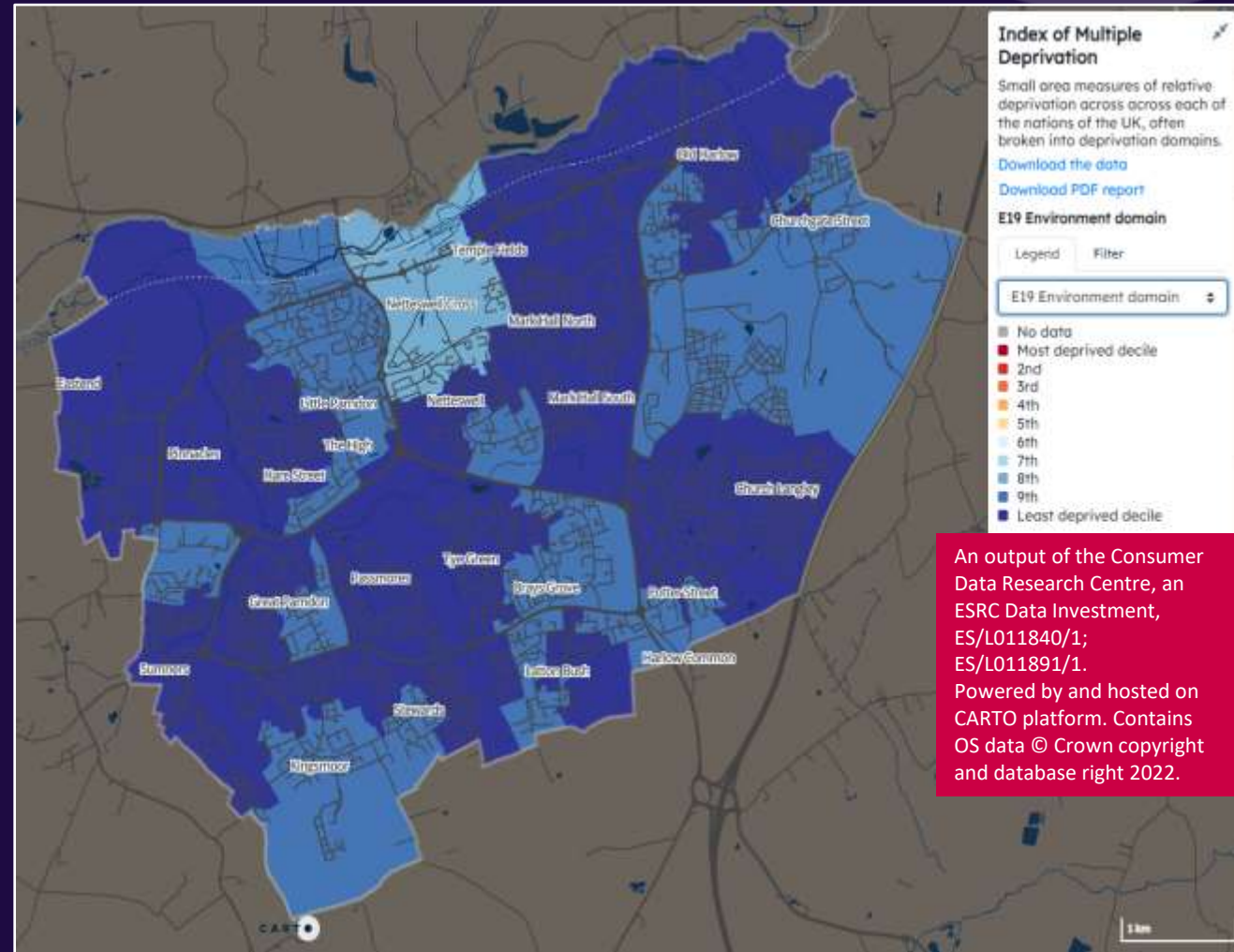
LIVING ENVIRONMENT - DEPRIVATION

The Living Environment Deprivation Domain measures the quality of the local environment. The indicators fall into two sub-domains. The 'indoors' living environment measures the quality of housing; while the 'outdoors' living environment contains measures of air quality and road traffic accidents.

In IMD 2019, Harlow has the highest rankings for the Living Environment domain, where it is placed in the top 20% ;east deprived areas nationally and had the highest “rank of average rank” out of all areas in England.

The map (right) shows that most neighbourhoods across Harlow are within the least deprived deciles, with only a small area near Netteswell Cross that has a decile of 8.

There are no Harlow residents living in the most deprived 20% of areas (Decile 1 & 2).

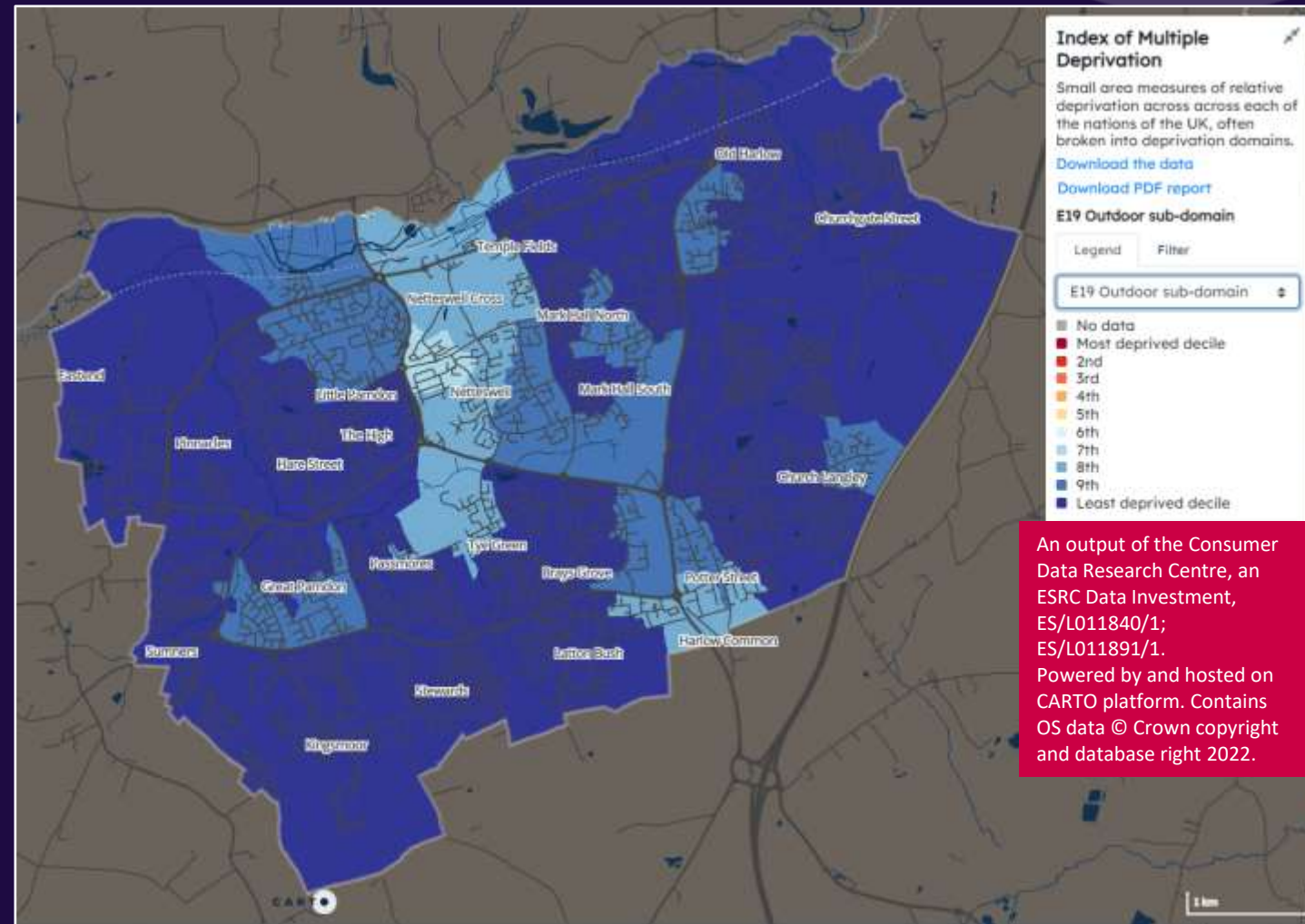


OUTDOOR LIVING ENVIRONMENT - DEPRIVATION

The Outdoor Living Environment sub-domain contains measures of air quality and road traffic accidents.

The map (right) shows the IMD 2019 decile for each neighbourhood in Harlow for Outdoor sub-domain of the Living Environment domain.

It shows that nearly all neighbourhoods are in the top 20% least deprived nationally.



GREEN SPACES

Ordnance Survey (OS) publish the locations and extent of green spaces that are likely to be accessible to the public. The data includes the following types of green spaces: allotments or community growing spaces, bowling greens, cemeteries, religious grounds, golf courses, other sports facilities, play spaces, playing fields, public parks or gardens and tennis courts. Large rural areas such as National Parks are not included in the OS Greenspace dataset.

The percentage of tree canopy area is derived from Environment Agency.



9.3 % Total Green Space, equivalent to 284.2 hectares

Compared to 2.2% for England



1.74% Public parks and gardens greenspaces, equivalent to 53.1 hectares

Compared to 0.8% for England



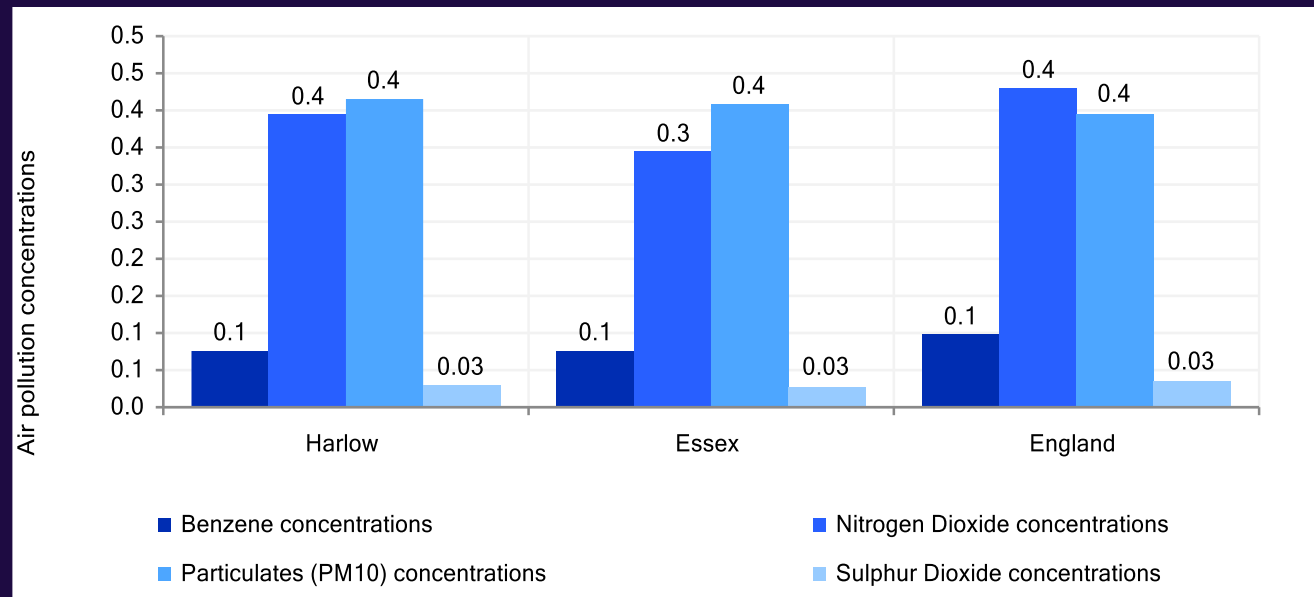
17.9% Tree cover, where the average for England is 14.1%.

AIR POLLUTION

Air pollution focuses on the concentrations from four air pollutants: nitrogen dioxide, benzene, sulphur dioxide and particulates. The air quality data was collected for 2016 on a 1km grid and obtained from the UK National Air Quality Archive for use in the Indices of Deprivation 2019. A higher score indicates a higher concentration of the pollution with a score of greater than 1 indicating that the levels of pollution exceed national standards of clean air.

In 2021, 6% of mortalities in Harlow were attributable to air pollution compared to 5.5% for Essex and England.

The chart (below) shows that Harlow had higher levels of nitrogen dioxide concentrations (0.4) in the air (2019), compared to Essex (0.3). Similar concentrations across Harlow, Essex and England were found for particulates (PM10).



Source: Local Insight, OSCI

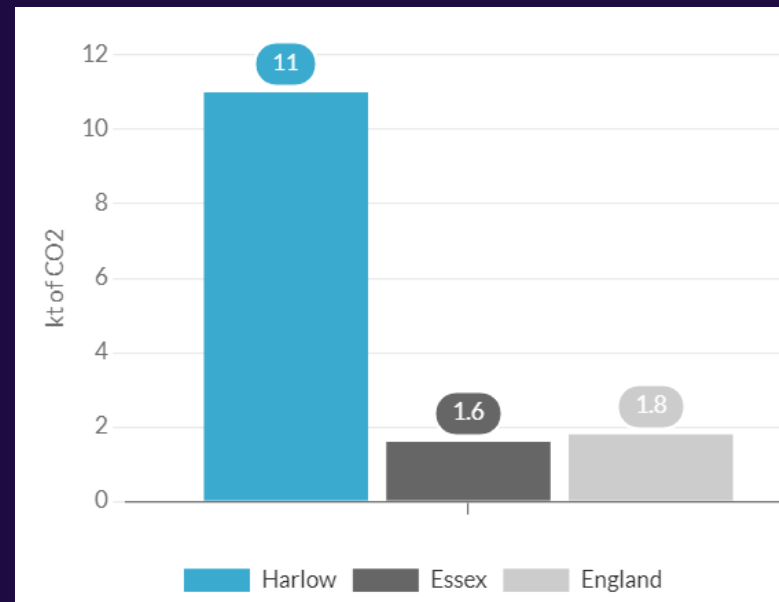
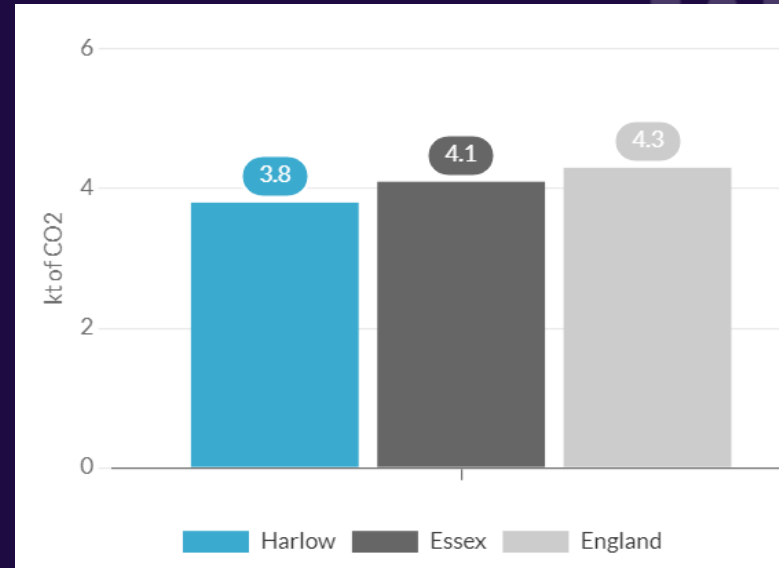
CARBON EMISSIONS

Emissions of carbon dioxide and other greenhouse gases from the production and use of energy across multiple sectors contribute in many ways to climate change.

In 2020 total carbon emissions (CO₂ per capita) for Harlow was 3.8 tonnes per person. The chart (top right) indicates that the carbon emission per person in Harlow is lower than the emissions by person in Essex (4.1) and England (4.3).

However, as the chart (bottom right) shows the total CO₂ emissions per km² for Harlow was 11 tonnes, which was significantly higher than Essex (1.6) and England (1.8) total emissions per km².

In 2020, the domestic sector produced the highest emissions in Harlow – 10.5.7 kt of CO₂ followed by transport (93.1), industry (95.3) and commercial (29.2). Most of the emissions in the domestic sector was from gas (77.1 kt of CO₂).



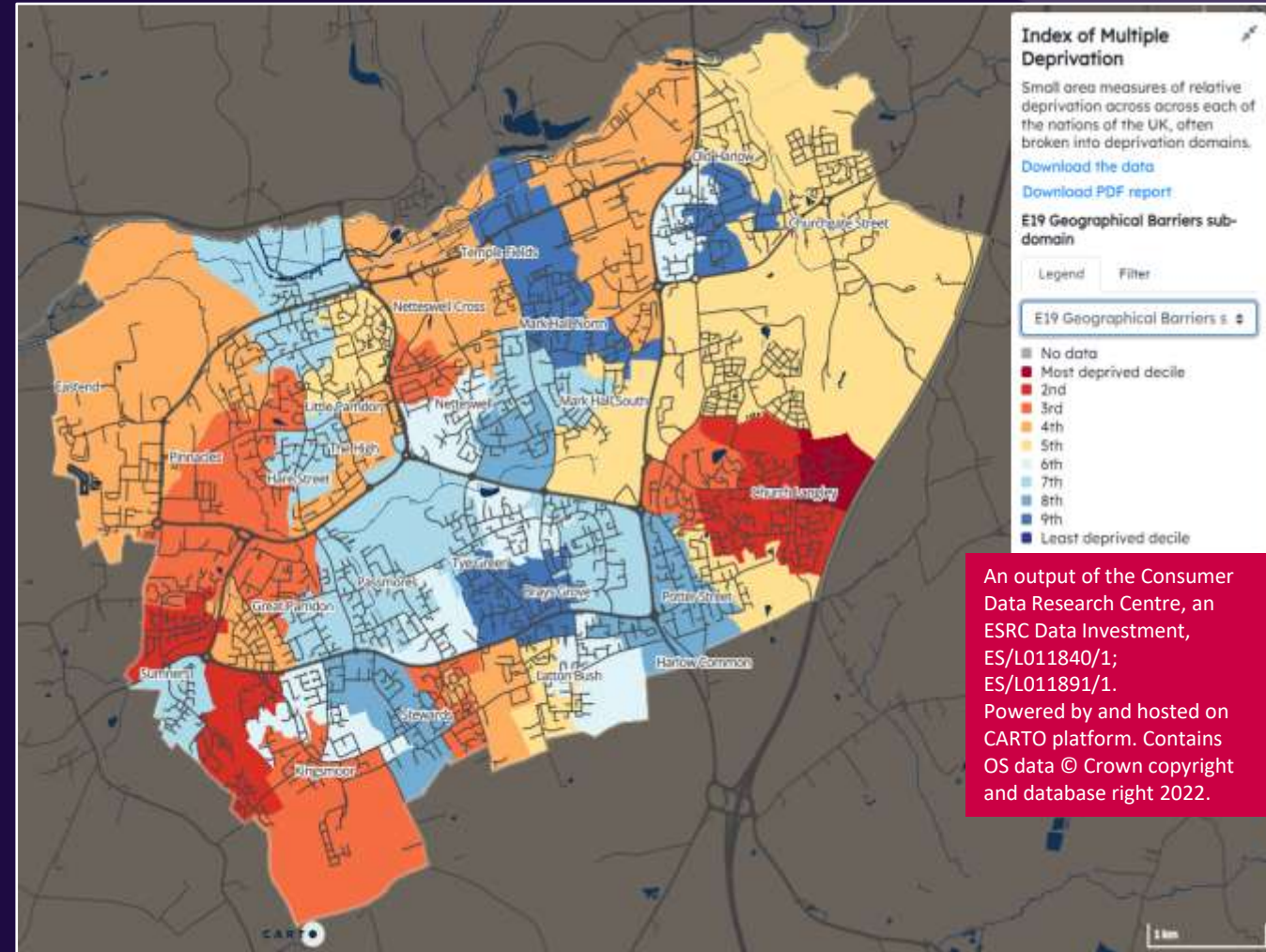
Source: Sport England Local Area Insights Report

GEOGRAPHICAL BARRIERS - DEPRIVATION

The Barriers to Housing and Services Domain measures the physical and financial accessibility of housing and local services. The sub-domain, geographical barriers relates to the physical proximity of local services such as post office, primary school, general store or supermarket and GP surgery.

The map (right) shows the IMD 2019 decile for each neighbourhood in Harlow for the Geographical barrier sub-domain of the Barriers to Housing and Services domain.

It shows that the neighbourhoods that in the top 10% most deprived nationally (most deprived) are in Church Langley area. There are also neighbourhoods within the top 20% which are located near Sumners.



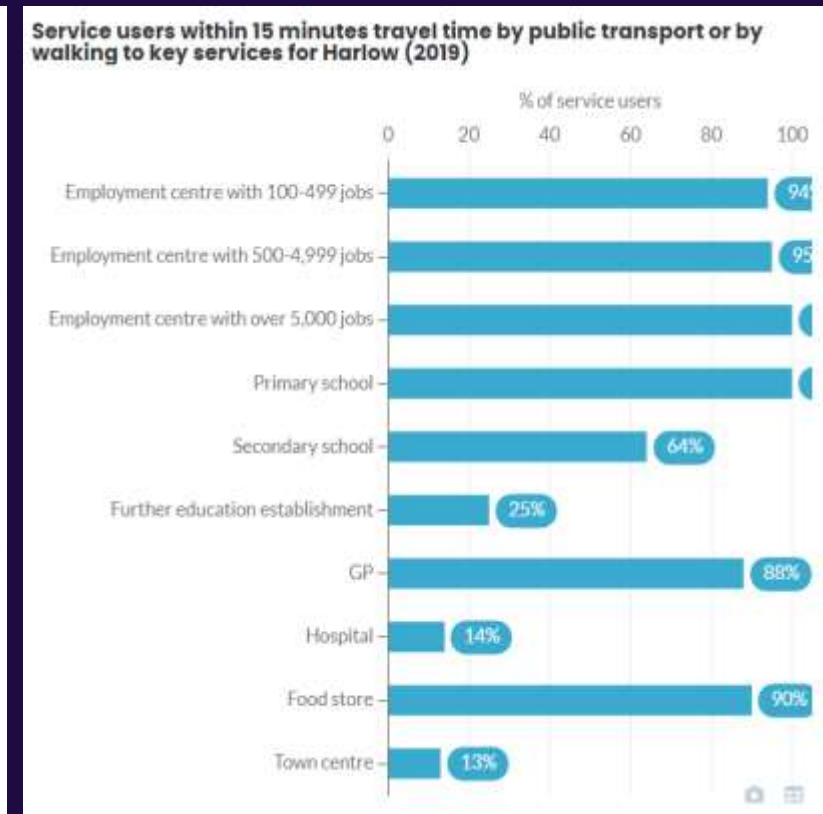
JOURNEY TIMES

Understanding journey times to key services is essential to measure how policy makers and Local Authorities can help making these journeys both more feasible and attractive. Walking, cycling and taking public transportation are encouraged when journey times are lowered, and this helps reducing the carbon footprint of every individual.

The infographic and chart (right) shows that the lowest minimum journey time to 8 key services in Harlow is 9.2 minutes by car, followed by 11.9 minutes by bicycle and 13.8 minutes by public transport or walking.

Over 90% of service users are within 15 minutes travel time by public transport or by walking to the following key services for Harlow:

- Employment centre with 100 – 499 jobs
- Employment centre with 500 – 4,999 jobs
- Employment centre with over 5,000 jobs
- Primary School
- Food store



CRIME - DEPRIVATION

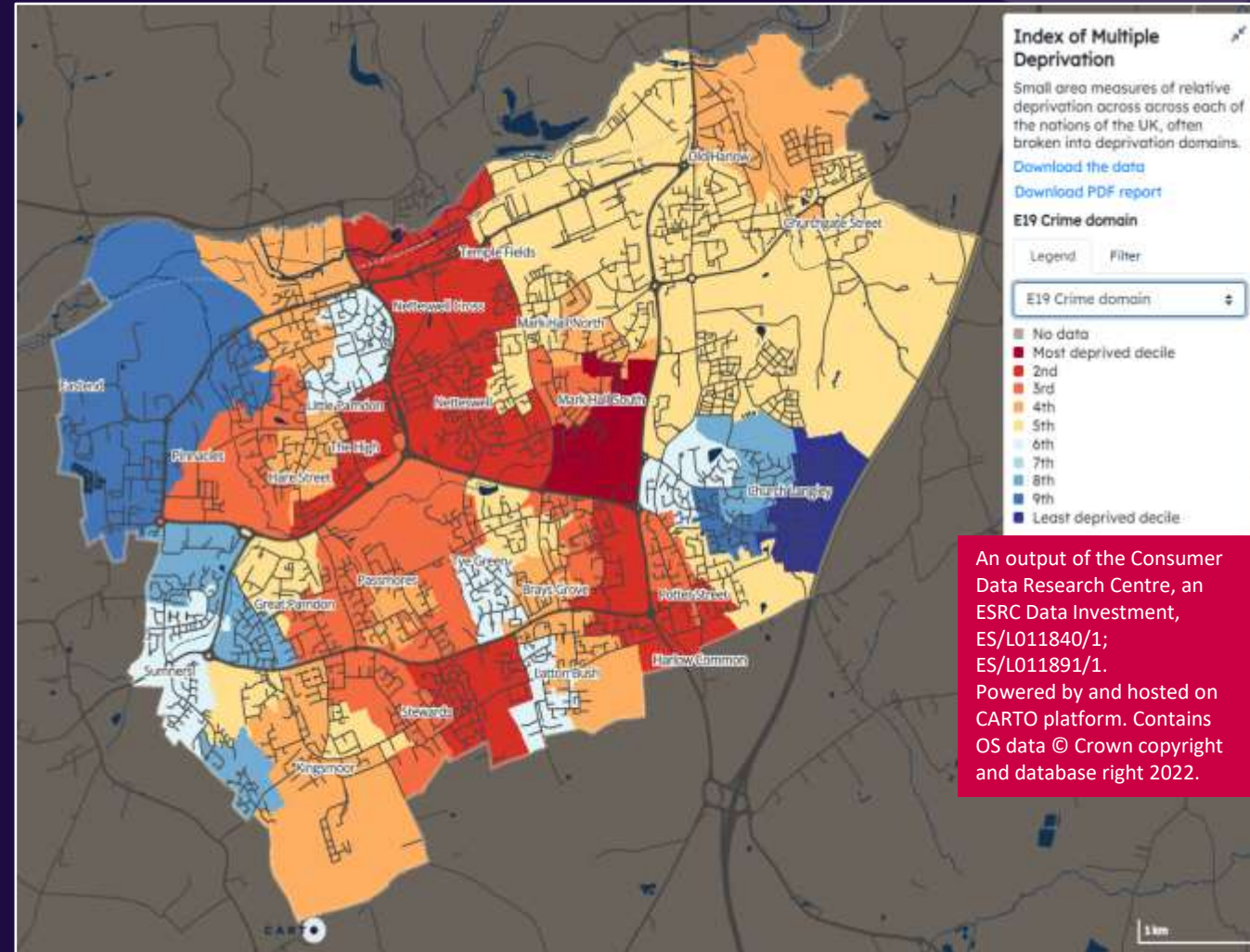
The Crime Domain measures the risk of personal and material victimisation at local level. It includes indicators about recorded crime rates for violence, burglary, theft and criminal damage.

The IMD 2019 crime rank for Harlow was 78 and improved by 24 places since IMD 2015, which moved from decile 2 to 3.

The map (right) shows the IMD 2019 decile for each neighbourhood in Harlow for the Crime domain.

It shows that the neighbourhood that is in the top 10% most deprived nationally for the Crime domain is Mark Hall South. There are also neighbourhoods ranked in the top 20% nationally which include Netteswell, Harlow Common and Stewards.

The number of Harlow residents living in the most deprived 20% of areas (Decile 1 & 2) was 15,372 people, equivalent to 17.7% of the total population of the area.



CRIME - RATES

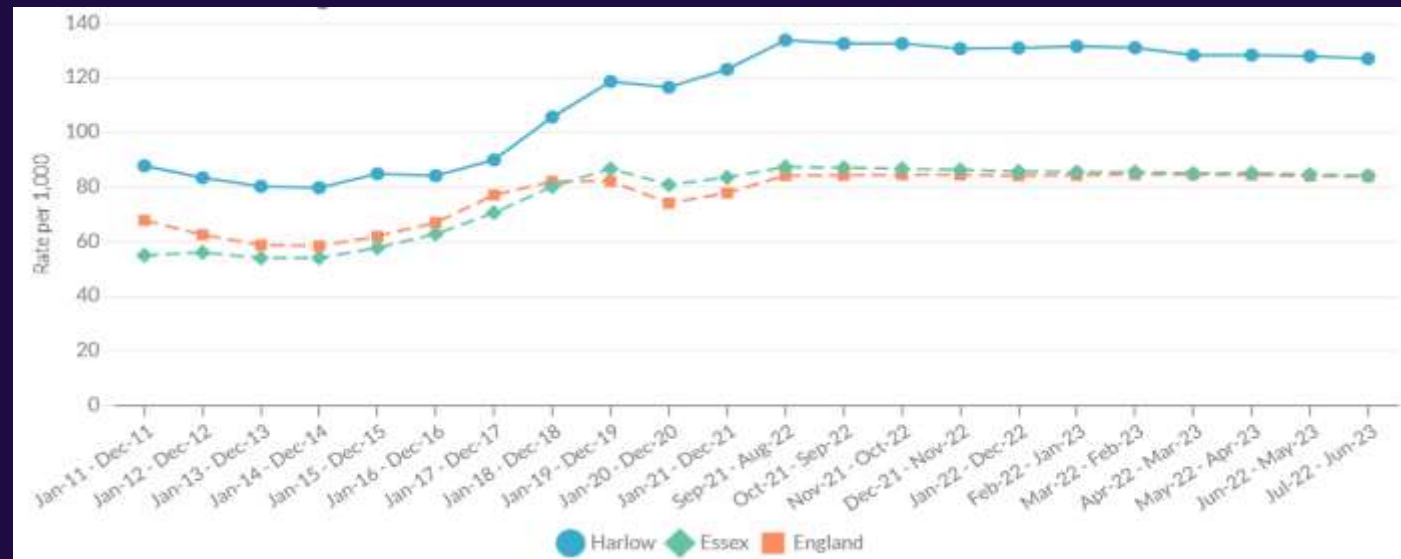
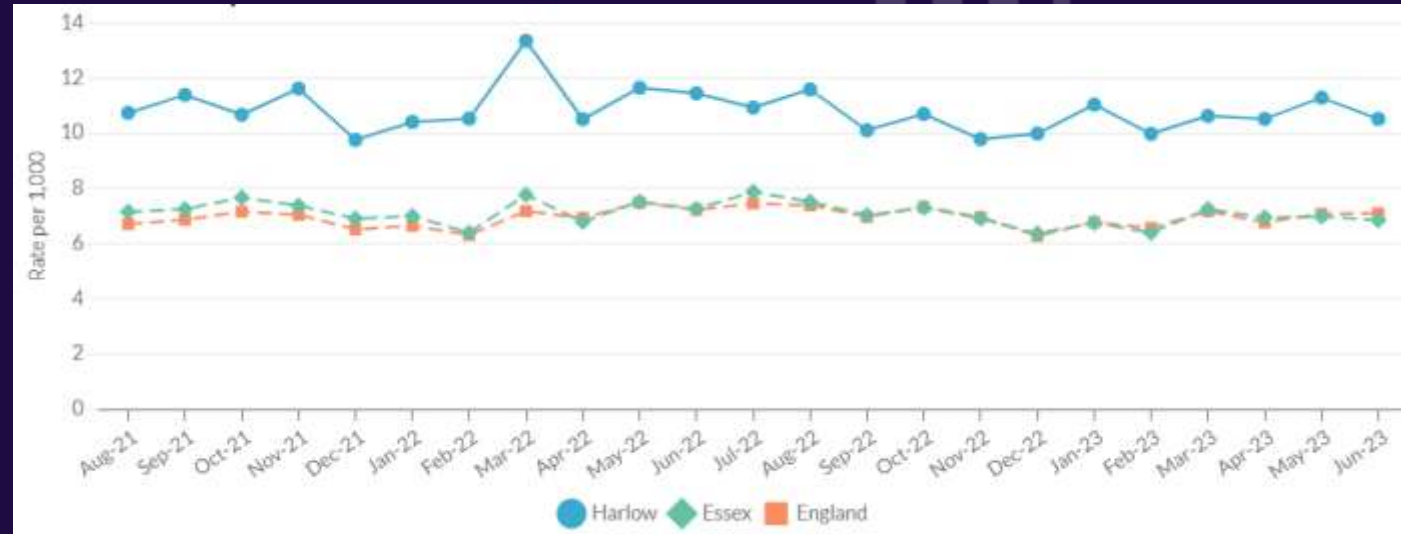
The absence of a safe and secure place in which to live can have an extremely negative impact on physical and emotional health and wellbeing.

Between July 2022 and June 2023, there were 11,066 crimes reported in Harlow.

As of June 2023, the crime rate was 10.5 per 1,000, population, which was higher than the Essex (6.9) and England (7.1) crime rates (chart, top right).

The 12-month rolling rate for Harlow was 127.1 per 1,000 population (chart, bottom right).

As the chart (bottom right) shows the crime rate in Harlow increased year-on-year between January - December 2011 to August 2022 and has plateaued since— 67 per 1,000 population), although there has been a decrease in the crime rate in the last four reporting years.



Source: Sport England Local Area Insights Report

CRIME - TYPE

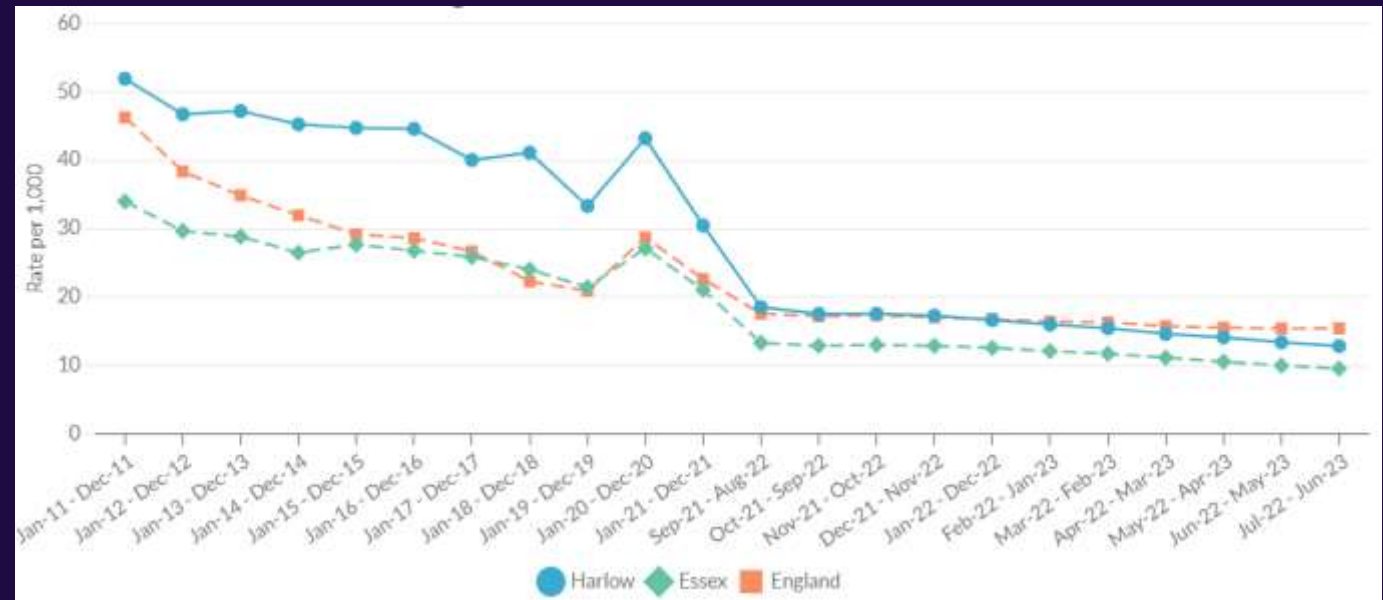
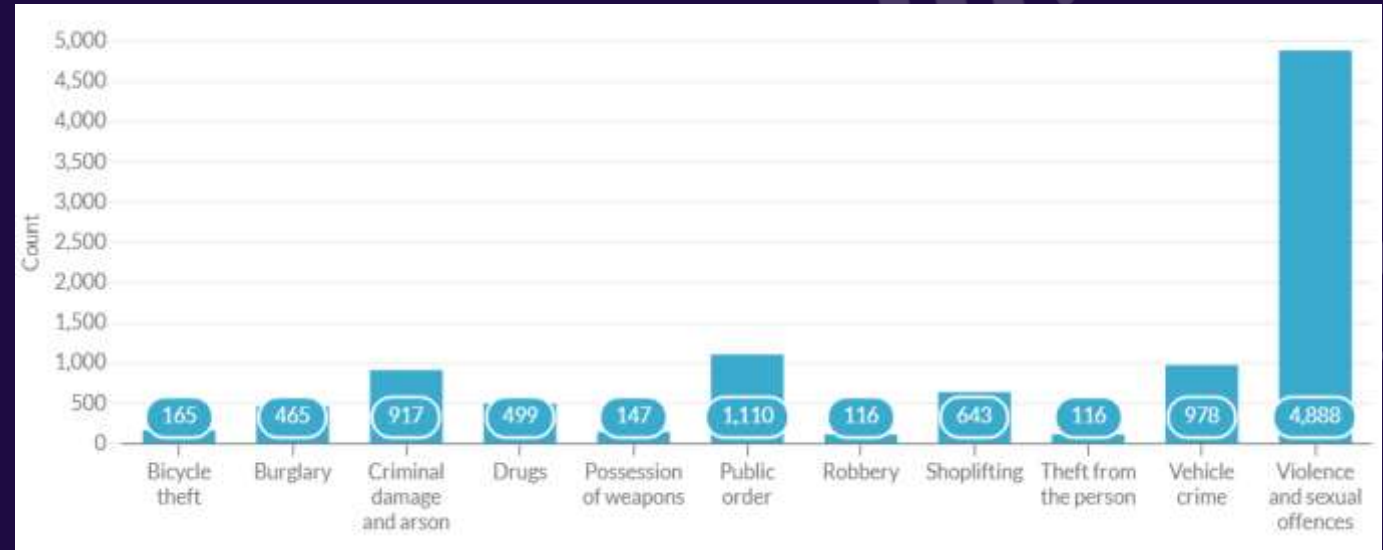
Between July 2022 and June 2023, there were 11,066 crimes reported in Harlow.

The chart (top right) shows that the main crime type reported in Harlow during the period was Violence and Sexual Offences (4,888).

The 12-month rolling crime rate for violence and sexual offences in Harlow is 56.1 per 1,000 population, which is higher than the Essex (34.2) and England (38) rates for this crime type.

Other crime types prevalent in Harlow during the period were public order (1,110) and criminal damage and arson (917). The 12-month rolling crime rate for Harlow for both crime types is higher than Essex and England's rates.

The chart (bottom right) shows the 12-month rolling crime rate for Anti-Social Behaviour. The rate has decreased over time, to a rate of 12.8 per 1,000 population, which is below the rate of England (15.4).

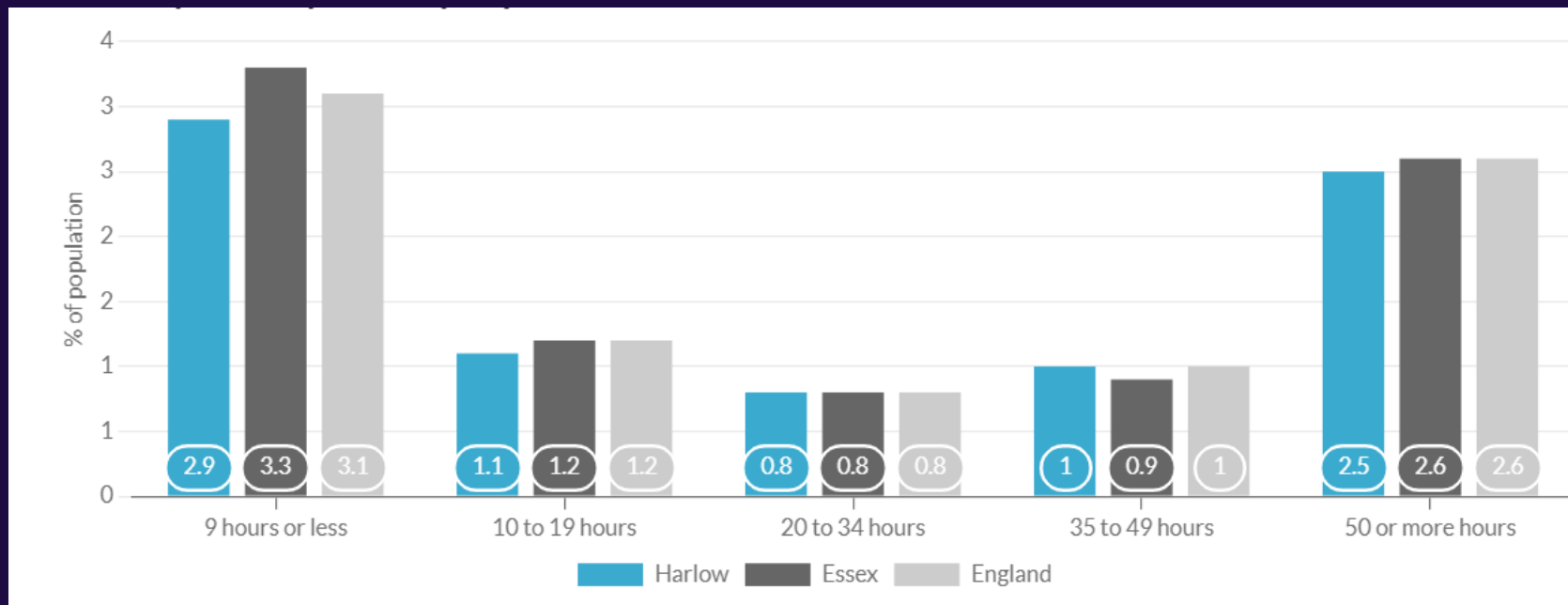


Source: Sport England Local Area Insights Report

UNPAID CARE

A carer is anyone, including children and adults, who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid. Unpaid carers who provide high levels of care for sick, or disabled relatives and friends, are more than twice as likely to suffer from poor health compared to people without caring responsibilities.

The chart (below) shows that 2.9% of Harlow's population provides 9 hour or less of unpaid care and 2.5% provides 50 or more hours, both percentages are below the proportion of Essex and England residents that provide unpaid care.



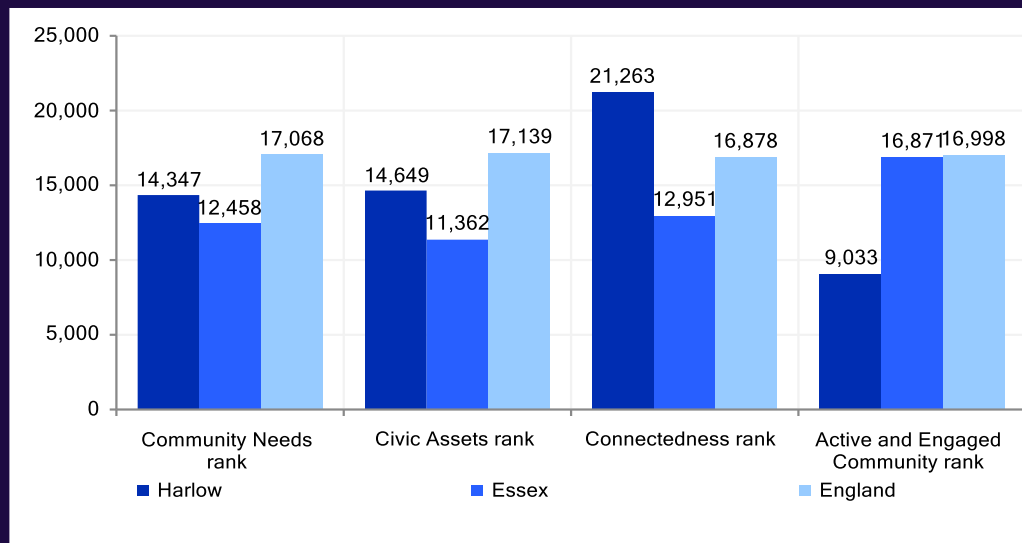
Source: Sport England Local Area Insights Report

COMMUNITY NEEDS INDEX

The Community Needs Index was developed by Oxford Consultants for Social Inclusion (OCSI) and Local Trust (2023) to identify areas experiencing poor community and civic infrastructure, relative isolation and low levels of participation in community life. It created by combining a series of 28 indicators, conceptualised under three domains: Civic Assets, Connectedness and Active and Engaged Community (see text box left).

A higher rank indicates that the area has relatively higher levels of need.

The chart below indicates that Harlow has a high rank (or need) for connectedness, when compared to other domains, and across comparable areas.



Source: Local Insight, OSCI

Civic Assets: measures the presence of key community, civic, educational and cultural assets in a close proximity of the area. These include pubs, libraries, green space, community centres, swimming pools – facilities that provide things to do often, at no or little cost, which are important to how positive a community feels about its area.

Connectedness: measures the connectivity to key services, digital infrastructure, isolation and strength of the local jobs market. It looks at whether residents have access to key services, such as health services, within a reasonable travel distance. It considers how good public transport and digital infrastructure are and how strong the local job market is.

Active and Engaged Community: measures the levels of third sector civic and community activity and barriers to participation and engagement. It shows whether charities are active in the area, and whether people appear to be engaged in the broader civic life of their community.

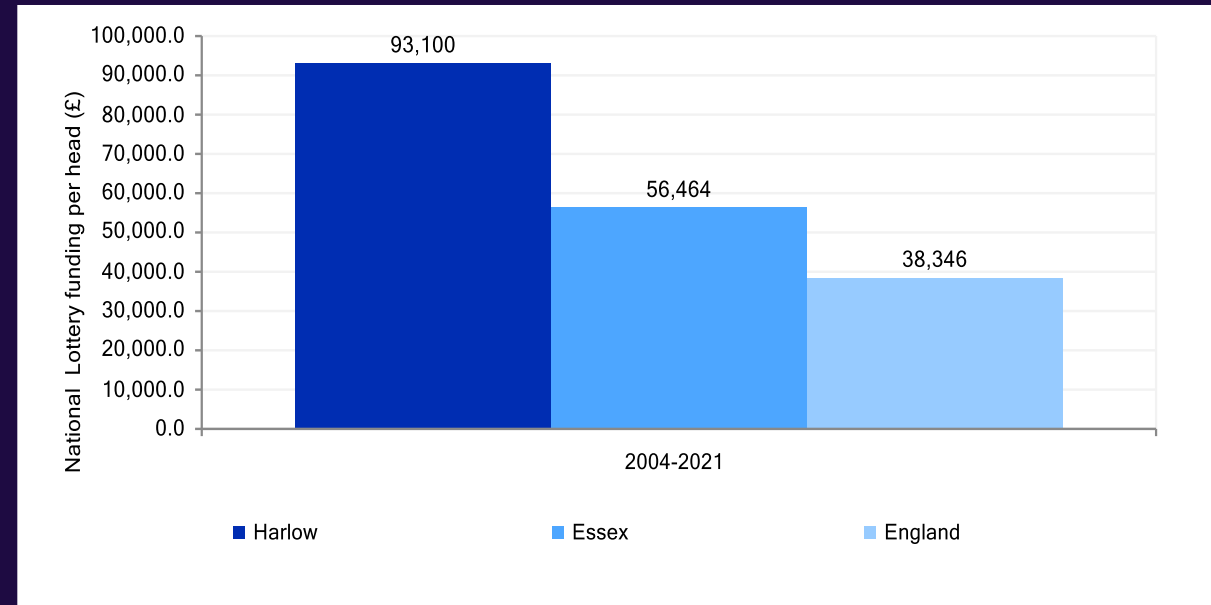
FUNDING - NATIONAL

National Lottery Community Fund figures are from 2004 – 2021 and used the 360Giving Standard to produce a dataset of grants. It excludes grants greater than £1million in order to focus on community grants.

Between 2004 and 2021, there has been 21 individual grants per 10,000 population issued into Harlow by the National Lottery Community Fund. This figure is lower than the England average of 30 per 10,000 population.

Over the same period, there has been £93,100 per 1,000 population and as the chart (right) shows this amount is higher than the Essex and England averages.

The total amount of grants awarded by major funders in Harlow was over £1.6 million (£1,647,726 to be precise) or £19 per head, as of 2019. However, this amount per head is £15 less than the England average (£34 per head).



Source: Local Insight, OSCI