



A profile of people living in Harlow

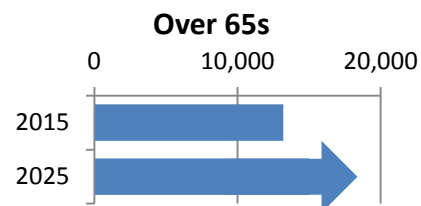
March 2016
Organisational Intelligence

Harlow is one of a number of 'new towns' built in the 1950's to provide social housing to people living in London. Covering an area of 12 square miles, the town was designed by the architect Lord Gibberd and built on a theme of neighbourhoods around the town centre. Each of the original seven neighbourhoods has necessary amenities – shops, schools, church, health centre and district council neighbourhood offices. The aim across the town was to have large areas of green open spaces - most of which have been preserved.

An overview of Harlow including key issues impacting the population, health and wellbeing, and demand on services

People and place

- An **ageing population** is increasing demand on services.



- Several **deprived areas** with poor health and unemployment.
- Very high population density.
- Very high rate of **crime** and fewer residents feel safe.
- Lower than average waste **recycling** levels.



Lifestyles

- Reducing **smoking, drinking** and child/adult **obesity**, plus increasing the level of physical activity, are all areas for improvement.
- Interventions need to reach high risk groups to reduce the number of preventable health conditions and service demand.
- Hospital admissions due to **alcohol** related conditions are worse than the England average.
- Increase in number of adults in **substance misuse** treatment.

Physical and mental health

- Third highest rate of **diabetes** in the county.
- Higher rate of hospital admissions due to **hip fractures** than England.
- Both prevention and treatment are important to improving health outcomes.
- Poor **wellbeing** amongst adults but a lower than average percentage with **mental health** problems.
- Increasing number of people with **dementia**. Unpaid carers require support to achieve their role.



Housing

- High proportion of **social tenants**, with fewer than average number of residents owning their own homes.
- Large rise in **house prices**.
- Very high proportions on the **housing waiting list** and in **temporary accommodation**.
- High rate of **homeless** households.
- Ageing population will impact on the availability of health services, housing and care homes.



Children and Young people

- Very high rate of **teenage pregnancy** is linked to a range of poor outcomes in later life.
- Higher than average **Chlamydia** testing but also higher percentages testing positive.
- High levels of **child poverty**.
- High rate of **children in care**.
- High level of eligibility for free early education entitlement (two year olds) but low **take up** rates.

Education

- Low percentage of children who are **ready for school**.
- The proportion who achieve a **good level of development** at age 5 is close to the average but there is a **gap** for those eligible for free school meals.
- Lower than average proportion achieve five or more **GCSEs** at grades A*-C.
- High proportion attend a **good or outstanding school**.
- Lowest **persistent secondary absenteeism** in Essex.
- Far fewer pupils than average aspire to go to **university**.



Employment

- Higher than average number of adults with **no qualifications**.
- Average adult unemployment but higher proportion of **young people** Not in Education Employment or Training.
- Lower level of **employment** amongst adults.
- Higher than average ratio of **jobs** per population and increasing number of jobs.
- Most businesses have 9 or fewer employees.



Transport

- Shortest average **travel time** by public transport or walking to reach key services in Essex.
- Below average percentage of residents in Essex who are satisfied with local **bus service** and local transport information.
- Access to a car is essential for people out of work and not able to use public transport or walk to an employment centre. 14% may miss out on **work opportunities** unless they have access to a car.

Greater demand on health and social care due to an ageing population and schools and services supporting 5-15 year olds

This section links to the following Essex County Council Outcomes



Children get the best start



Good health & wellbeing



Learning



Safer communities



Economic growth



Sustainable environment

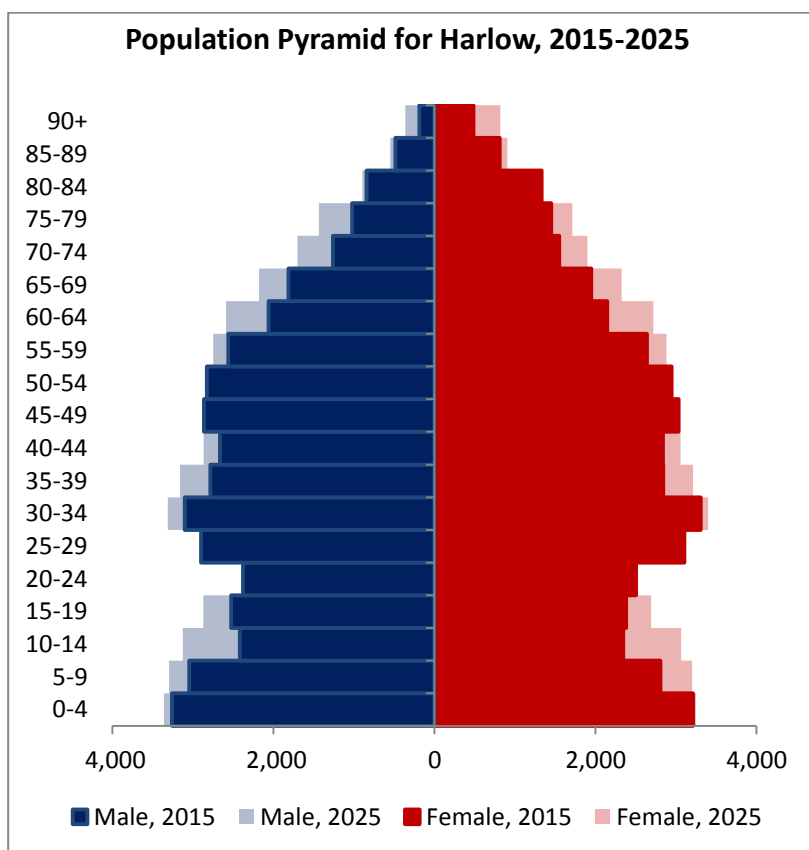


Independence



Harlow is the fourth smallest district in Essex in terms of total population numbers, accounting for 6% of the total population in Essex. It has a lower proportion of over 65s compared to the county as a whole although an 21% increase is expected between 2015 and 2025 equating to 2,800 more people. This ageing population will put greater demand on health, social care services and housing needs.

The working population is essential for economic growth, requiring adequate housing, access to jobs and businesses, and the Harlow proportion is forecast to decrease by 3% by 2024.

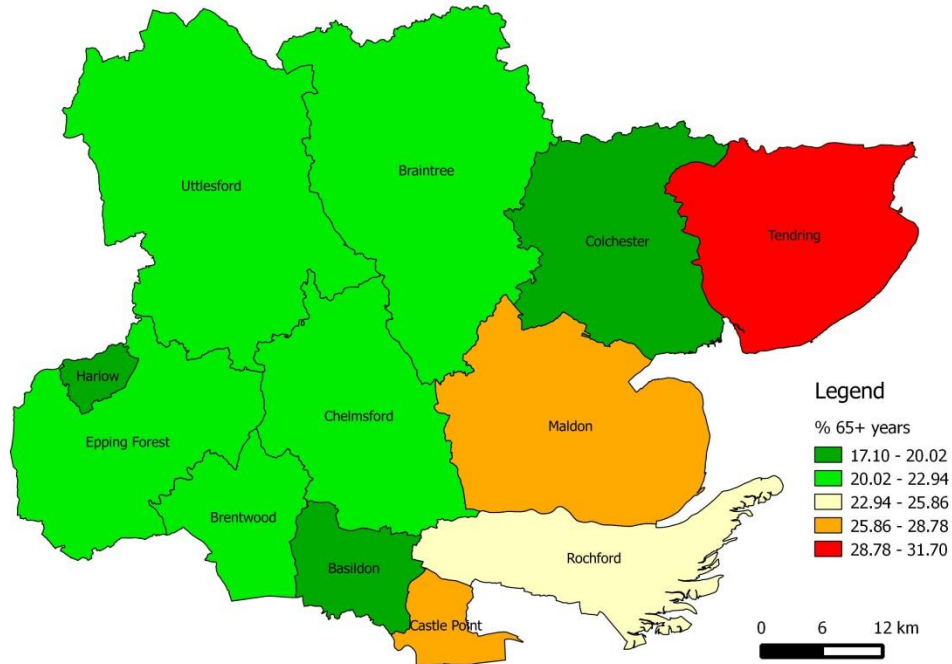


Between 2015 and 2025:

- The total population will increase from 84,600 to 91,800: an increase of 8% or 7,100 more people.
- Over 65s will increase from 13,200 to 16,000: an increase of 21% (2,800) and will represent 17% of the total population in the district.
- The proportion of the working age population will fall slightly from 58% to 55%.
- There will be 2,900 more under 19s.
- 14,400 new babies will be born over the period.

Source: ONS, 2012 sub-national populations

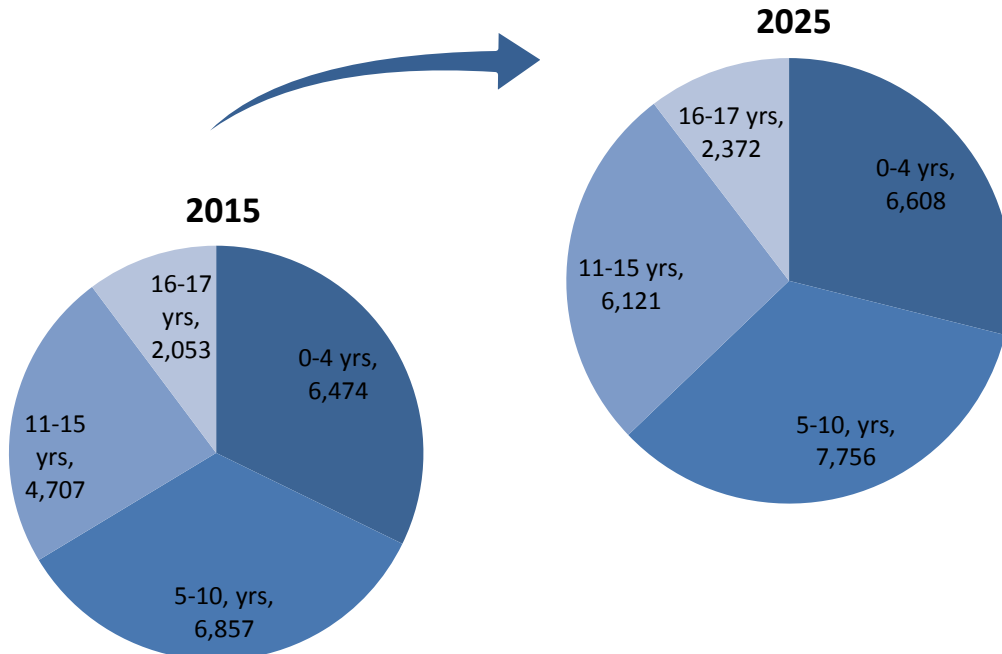
Percentage of older people (65+ years) by district (2024)



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Source: Office for National Statistics 2012-based sub-nation population projections

10th June 2015

Between 2015 and 2025, the 5-10 year old and 11-15 year old age groups will be the biggest growing age groups for children: an increase of 899 and 1,415 respectively. School places and services will need to be available to support these changes.



Harlow has a number of areas of relative deprivation

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Learning



Safer communities



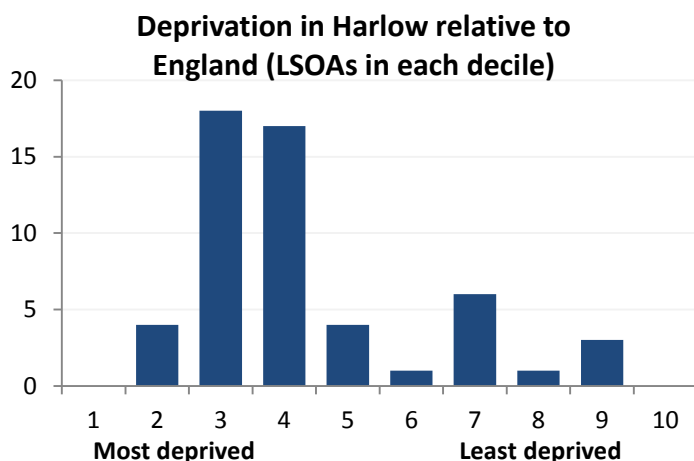
Economic growth



Sustainable environment



Independence



The Indices of Multiple Deprivation are made up of a number of different domains including: income; employment; health and disability; education, skills and training and housing and services which impact the overall deprivation. The difference in deprivation between areas is a major determinant of health inequality: if deprivation inequalities decrease then health inequalities are likely to decrease also.

There are 54 LSOAs in Harlow, with none of them being amongst the most deprived 10% (or the most affluent 10%) in England.

The distribution would suggest that there are a few affluent areas of Harlow but many that are relatively deprived. Harlow is ranked 101 out of 326 local authorities in England on overall deprivation (where 1 is the highest level of deprivation).

MOSAIC is a tool for identifying the characteristics of households within an area. There are 66 different household types in MOSAIC and some or all of them can be present in an area. The top three most prevalent household types in Harlow, representing 21% of households are:

“M56 Solid Economy” 9.5% of households	“K47 Offspring Overspill” 5.6% of households	“K46 Self Supporters” 5.4% of households
<ul style="list-style-type: none"> Families with children, aged 18-25 Renting from social landlord Household income less than £15k Lower wage service roles Relatively stable finances but small bills may be a struggle 	<ul style="list-style-type: none"> Pre-retirement families with adult children, aged 56-60 Own three bed semis and terraces Individual incomes not high, with household incomes of £30-39k Better off if children are contributing but bills can be a struggle 	<ul style="list-style-type: none"> Singles living alone, aged 46-65 Own two or three bedroom small homes, often terraces Still working Income typically of £20-29k

Staple Tye, Toddbrook and Mark Hall wards are areas with high deprivation and health inequalities. The household profiles in these areas are quite different and therefore the approach needed to reduce inequalities is also likely to be different.

Staple Tye ward	Toddbrook ward	Mark Hall ward
<ul style="list-style-type: none"> • 11% of households are M56 'Solid Economy' who tend to be families with children, renting their homes with incomes under £15k. • 7% are M55 'Families with Needs' who are cohabiting couples or singles with children, renting with household incomes under £15k. • 6% are N61 'Estate Veterans' (see right for definition). • 6% are M54 'Childcare Squeeze' who are couples likely to have pre-school children, own low value homes and have incomes of £30-39k. 	<ul style="list-style-type: none"> • 9% of households are M56 'Solid Economy' (see left for definition). • 7% are J41 'Central Pulse' who are singletons aged under 35 who rent flats, with incomes of £20-29k. • 6% are K47 'Offspring Overspill' who are pre-retirement families with adult children and incomes of £30-39k. • 6% are K46 'Self Supporters' who live alone, are aged 46-65 and own 2/3 bedroom small homes with incomes of £20-29k. • 6% are N61 'Estate Veterans' (see right for description). 	<ul style="list-style-type: none"> • 13% of households are M56 'Solid Economy' (see left for description). • 9% are O63 'Streetwise Singles' who are singles and sharers aged under 30 in low cost social flats with incomes of less than £15k. • 7% are N61 Estate Veterans' who are 76-80, often living alone, on low incomes and long term social renters. • 7% are K47 'Offspring Overspill' (see left for description). • 6% are J45 'Bus-Route Renters' who tend to be 25-40, living alone and renting lower value flats.

Reducing smoking, drinking and adult obesity are areas for improvement

This section links to the following Essex County Council Outcomes



Children get the best start



Good health & wellbeing



Learning



Safer communities



Economic growth



Sustainable environment



Independence

Smoking, drinking alcohol and obesity can cause preventable health conditions. At 23.8% Harlow has the third highest smoking prevalence in the county, and it is also higher than the national average of 18%. Prevalence is higher in people in routine and manual jobs (36.4%).

Alcohol related admissions to hospital were significantly higher than the national rate of 645 per 100,000 population in 2013/14. There were 193 arrests for drug possession in Harlow in the year to September 2015, down 13.1% from a year earlier and accounting for 7.8% of all arrests in Essex. 372 adults and 55 young people were receiving treatment for drug abuse, plus 226 adults and six young people were receiving treatment for alcohol abuse in the district in 2014/15. This is a

- 23.8% of adults are smokers, higher than the national average.
- 552 people (731 per 100,000) were admitted to hospital with alcohol related conditions, worse than the national average.
- 156 adults (and 31 young people) were in treatment for drug/alcohol misuse, up 12% from a year earlier.

10% decrease since 2013/14 in the number of adults being treated but the number is the fourth highest in the county.



Citizen Insight Source: Residents Survey 2015

11% of Harlow residents stated that they smoke, similar to the Essex average (10%).

The proportion of adults who are overweight or obese (66.1%) is in the mid range of districts but is slightly higher than the national average (64.6%). At 36.2% Harlow has the highest proportion of children aged 10-11 in the county (the Essex average is 30.7%) and the figure is also higher than the national average of 33.3% in 2014/15.

Compared to the county average Harlow has a lower rate of physical activity levels in terms of organised sport participation (31.7% compared to 35.4% of adults) and as part of a club membership (19.6% against 22.9%). Residents should do more to improve their levels of physical activity in order to benefit their health, to achieve a lower risk of cardiovascular disease, stroke and coronary heart disease and this may mean creating more opportunities for people to do so.

- 66.1% of adults and 36.2% of 10-11 year old children are overweight or obese. This is higher than the national figure for adults and children.
- 14.6% of adults in Harlow are doing enough physical activity to benefit their health, the third lowest in the county and lower than the national average of 17.6%.



Citizen Insight Source: Residents Survey 2015

- 35% said that in the last week they did 30 minutes of moderate physical activity on five days or more, lower than the county average of 39%.
- Harlow residents (38%) are most likely to cite lack of time as the main reason for not taking more exercise (slightly lower than the Essex average of 43%). They are more likely than all Essex residents to say that it is too expensive (32% compared to 23%).

Poor health and increasing numbers of people with dementia, diabetes and admissions due to hip fractures will put demand on health services

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Children get the best start



Good health & wellbeing



Learning



Safer communities



Economic growth



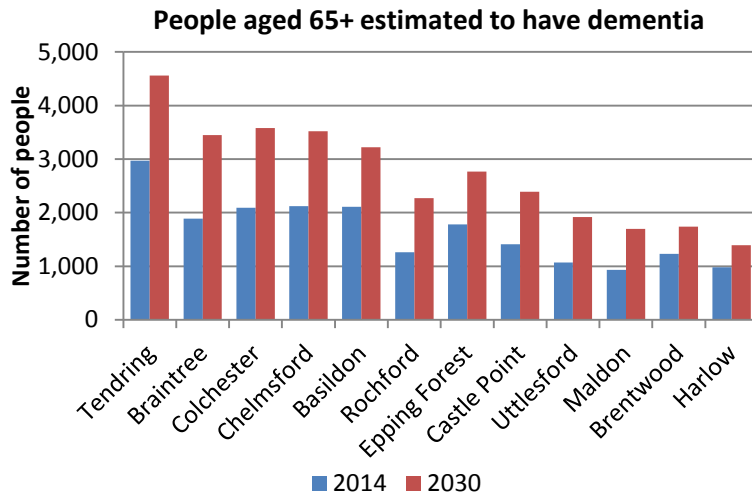
Sustainable environment



Independence



Increasing numbers of people with dementia will have an impact on health services including training of staff, support for unpaid carers, and the available housing stock as more places in supported and sheltered housing and care homes will be needed.



980 people aged over 65 are thought to have dementia and this number is expected to rise by 42% to 1,390 by 2030, the second lowest percentage increase in the county.

Harlow had the highest rate of people who died prematurely from cardiovascular diseases (CVD) in the county, higher than the national average of 75.7. It has the second highest rate of preventable deaths from CVD, which is close to the national average of 49.2. There has been a general improvement of these rates which is consistent with the national picture, and likely due to improvements in treatment and lifestyle. Prevention and treatment are important to improve things further.

- 81.1 per 100,000 people (147) died prematurely from cardiovascular disease (2012-2014), the highest rate in the county. 48.5 per 100,000 (86) were preventable deaths from CVD.

- 618 per 100,000 (95) residents aged 65+ were admitted to hospital with hip fractures in 2014/15.
- Harlow has the third highest rate of diabetes in Essex at 6.7% (4,871) of the GP registered population, and the rate has risen over the last four years.

The prevalence of hospital admissions due to hip fractures in the over 65s in 2014/15 was worse than the previous year and was worse than the England average of 571 per 100,000 population, but was however in the mid-range of figures in the county. Hip fractures can cause a loss of independence and are likely to result in an increased need for social care and care home places.

There was an increase in the number of recorded cases of diabetes in 2014/15, compared with the previous period, and the rate has been increasing over the last four years (as has the national figure). This may be due to higher levels of diabetes or improved detection by GPs. The rate is slightly above the national average.



Citizen Insight Source: Residents Survey 2015
 63% of Harlow residents rate their general health as good, the lowest percentage in Essex and below the county average of 70%.

658 adults in Harlow were receiving social care support in 2014/15. 90% had personal budgets while 21% had Direct Payments, very close to the figures for the whole of Essex.

74% of adults who had accessed reablement services during the year left as self-carers, i.e. being able to live independently, just above the county average of 71%. (Reablement is a short-term service to help people with their daily living activities in order to regain or increase their independence following an illness, injury, disability or when people need some support in re-building confidence).

- 658 adults in Harlow were receiving social care support in 2014/15.
- 90% of them had personal budgets, similar to the county average of 91%.

Lower than average life satisfaction, higher than average level of bullying and adult mental health prevalence in West Essex CCG is lower than England figures

This section links to the following Essex County Council Outcomes

 Children get the best start ✓	 Good health & wellbeing ✓	 Learning ✓	 Safer communities ✓	 Economic growth ✓	 Sustainable environment ✓	 Independence ✓
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National research highlights that good emotional and mental health is fundamental to the quality of life and productivity of individuals, families, communities and nations. It is associated with improved learning; increased participation in community life; reduced risk-taking behaviour and improved health outcomes. Poor child emotional well-being and mental health can have a lasting effect into adulthood. Research has shown that early intervention, preventative strategies and resilience building are effective to improve emotional wellbeing and mental health and are most effective when they take a holistic, family centred approach.



Citizen Insight

According to the 2015 Pupil Health and Wellbeing (SHEU) survey:

- Primary pupils in Harlow scored their overall wellbeing as 14.2 out of 20, close to the county average while secondary pupils scored their overall wellbeing as 12.5 out of 20, also similar to the Essex figure.
- 25.2% of secondary school pupils in Harlow say they have sometimes felt afraid to go to school because of bullying, above the Essex average of 20.5%.

67% of residents rated their life satisfaction at 7 or more out of 10, fewer than the 72% in the whole of Essex and the second lowest in the county (Residents Survey 2015)

People with a serious mental illness have mortality rates 2-3 times higher than the total population that is largely due to undiagnosed or untreated physical illness as there had been a focus on the mental illness.

The proportion of people with a mental health problem in the West Essex CCG (0.69%) area is lower than the national figure. This indicator shows the prevalence of schizophrenia, bipolar affective disorder and other psychoses. This figure is much lower than the 4.2% of those completing a GP survey who report they have a long term mental health problem, which may be due to an under recording of diagnosis or the increased likelihood of people with mental or physical health problems completing GP surveys.







A large proportion of older people diagnosed with mental health problems are often related to dementia. During 2014/15 the Older Age Mental Health team conducted 10 assessments for people entering the service and 18 reviews on residents in Harlow. This represented 2% of all assessments and 1% of all reviews conducted in Essex: the third smallest number of assessments and smallest number of reviews in the county.

In the NHS West Essex CCG area, which covers Epping, Harlow and Uttlesford:

- 0.69% have a mental health problem lower than the England figure (0.86%, QOF prevalence)
- 4.2% of people completing a GP survey report a long term mental health problem, lower than the England figure (5.1%)

Harlow has high rates of children in care, with a Child Protection Plan and children in poverty, and a very high rate of teenage pregnancy

This section links to the following Essex County Council Outcomes

						
Children get the best start	Good health & wellbeing	Learning	Safer communities	Economic growth	Sustainable environment	Independence
✓	✓	✓		✓		

The wellbeing of children and young people can be affected by many factors. Children and young people in care are among the most socially excluded children in England and there tend to be significant health and social inequalities for these children compared with all children. Harlow has the second highest rate of children in care in the county (47.8 per 10,000 population), although only a third of children originating from Harlow are placed there. Twice as many children originating from outside the district are placed in Harlow (mainly Unaccompanied Asylum Seeking Children).

The rate of children with a Child Protection Plan is 24.4, the second highest in the county and above the Essex average of 16.9, while its rate of children receiving other social care support at 215.0 is significantly higher than the county average of 152.5.

- At the end of December 2015 there were 96 children in care originating from the Harlow district.
- 49 children with a Harlow postcode had a Child Protection Plan in place.
- 432 children received other social care support.

During 2015, Harlow had 111 families commenced on a Family solutions episode, representing 10% of all episodes in Essex. Family Solutions is an early intervention project.

The rate of hospital admissions caused by injury to children aged 0-14 (either unintentional or deliberate) was 76.4 per 10,000 in 2013/14, below the Essex average of 92.3 and the second lowest district in Essex

- During 2015, Harlow had 111 families commenced on a Family Solutions episode.
- 127 children were admitted to hospital due to injury in 2013/14, a lower rate than the Essex average.

38.3% of two year olds were eligible for Free Early Education Entitlement and the take up rate was 58.3% in autumn term 2015.

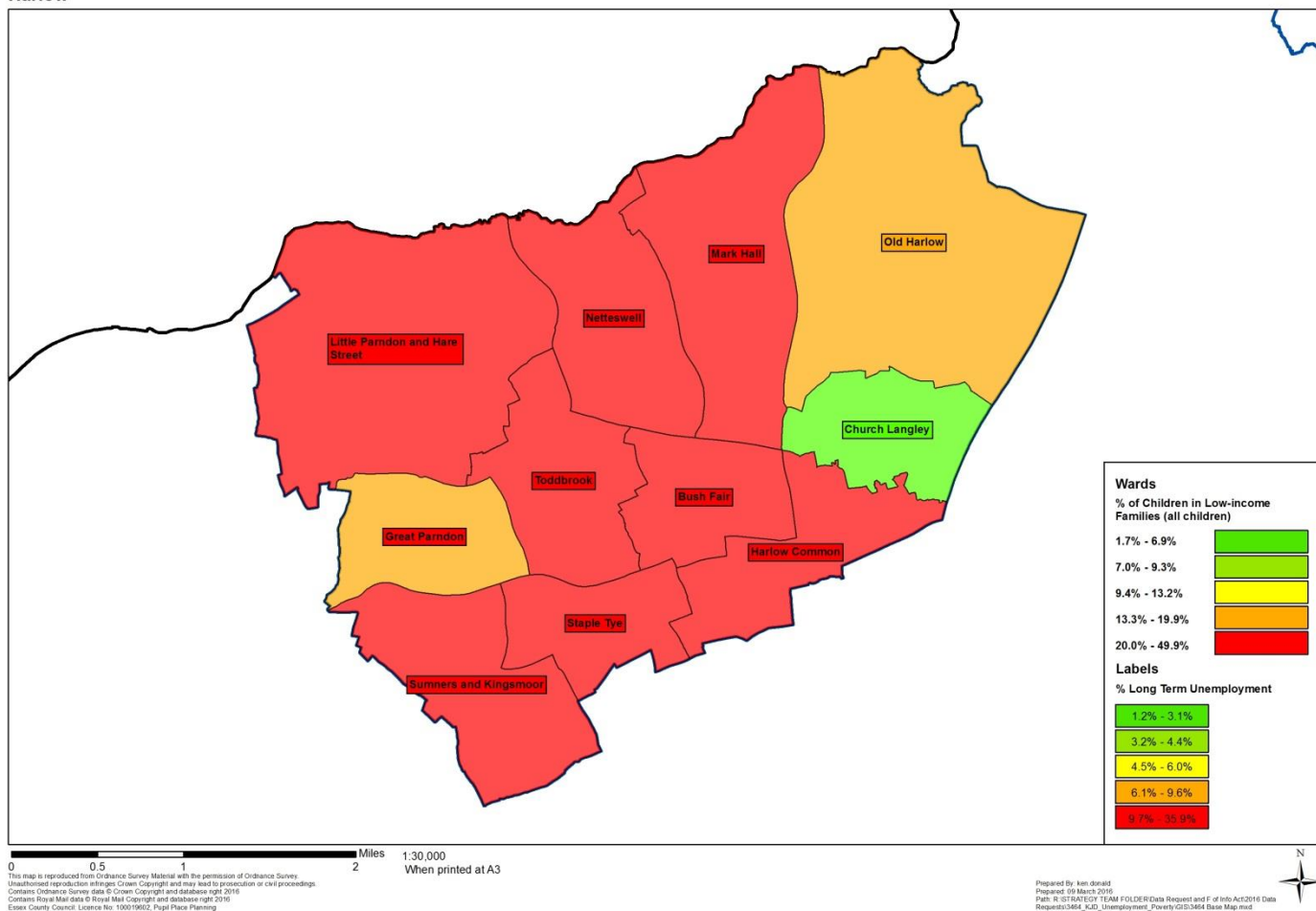
Inequalities that develop in childhood tend to also disadvantage people as they become adults, for example poor health and social exclusion of care leavers and poor health, and financial outcomes for children who experience poverty. Early support can help to mitigate these problems later in life. Free Early Education Entitlement (FEEE) is a priority nationally for early years and Harlow, while having the second highest proportion of families who are eligible, had the second lowest take-up rate in the county.

Low earnings and long-term worklessness are key factors impacting child poverty. Parental qualifications, family structure and size also have an impact on available income. Child poverty can lead to poor health outcomes including child-mortality and illness such as child mental health and low birth weight. Targeting initiatives at areas of high long-term unemployment may improve income and potentially reduce the risk of child poverty.

The map below shows the percentage of children in low income families compared to long-term unemployment (those claiming Job Seekers Allowance for more than 12 months). The bandings are based on the data across all wards in Essex and the map shows that Harlow has eight areas of significant child poverty when compared to the rest of the county plus two other wards that show above average child poverty or long-term unemployment.

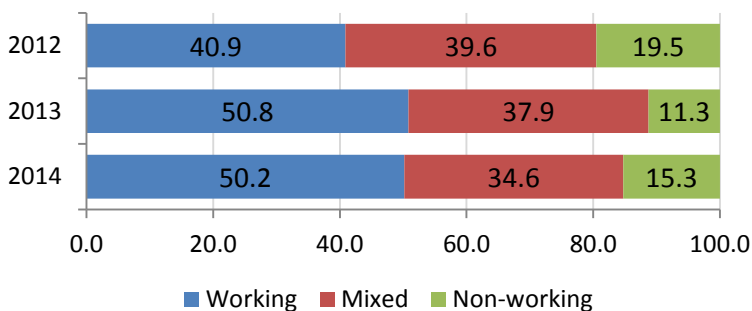
Percentage of children in low income families (2014) and long-term unemployment (2012/13) by ward

Harlow



Eight out of Harlow’s 11 wards had a higher than average percentage of children living in low income families in 2013 – the highest were Staple Tye (27.1%), Toddbrook (24.9%) and Mark Hall (24.9%). Nettleswell had the highest levels of long-term unemployment in 2013 (17.9%) followed by Staple Tye (16.2%), Little Parndon and Hare Street (15.3%) and Sumners and Kingsmoor (15.3%).

% Children in households



9.2% of Harlow residents were long term unemployed in 2014, the highest proportion in the county (the Essex average was 4.9%), and above the national average of

- 18.7% of all children were in low-income families in 2013, the third highest figure in Essex and slightly above national figures (18.0%).
- 9.2% of adults were long-term unemployed in 2014 (down from 12.1% in 2013), above the national average of 7.1%.
- A larger proportion of children were in non-working households (15.3%) in 2014 than in 2013, and this was higher than the Essex average of 12.5%.

7.1%. 84.8% of children in 2014 were in working/mixed households, compared to 80.5% in 2012.

Research evidence suggests that teenage mothers are less likely to finish their education, are more likely to bring up their child alone and in poverty and have a higher risk of poor mental health than older mothers.

- Harlow had the highest rate of under 18s teenage conceptions in Essex in 2013, at 38.3 per 1,000, which was also above the national rate.
- 9.7% of Chlamydia tests were positive in 2014, the highest proportion in Essex (7.6%).

At 38.3 per 1,000 teenage pregnancy figures for Harlow were significantly higher than both the national and Essex averages (24.3 and 22.3 per 1,000) in 2013.

Chlamydia testing suggests that Harlow has a very high proportion of 15-24 year olds testing positive (the highest in the county) although it also has the second highest proportion of this age group being tested. 24.6% of 15-24 year olds were tested compared to a county average of 21.5%.

Early years measures and GCSE results are poor and aspirations are low

This section links to the following Essex County Council Outcomes



Children get the best start
✓



Good health & wellbeing
✓



Learning
✓



Safer communities
✓



Economic growth
✓



Sustainable environment



Independence
✓

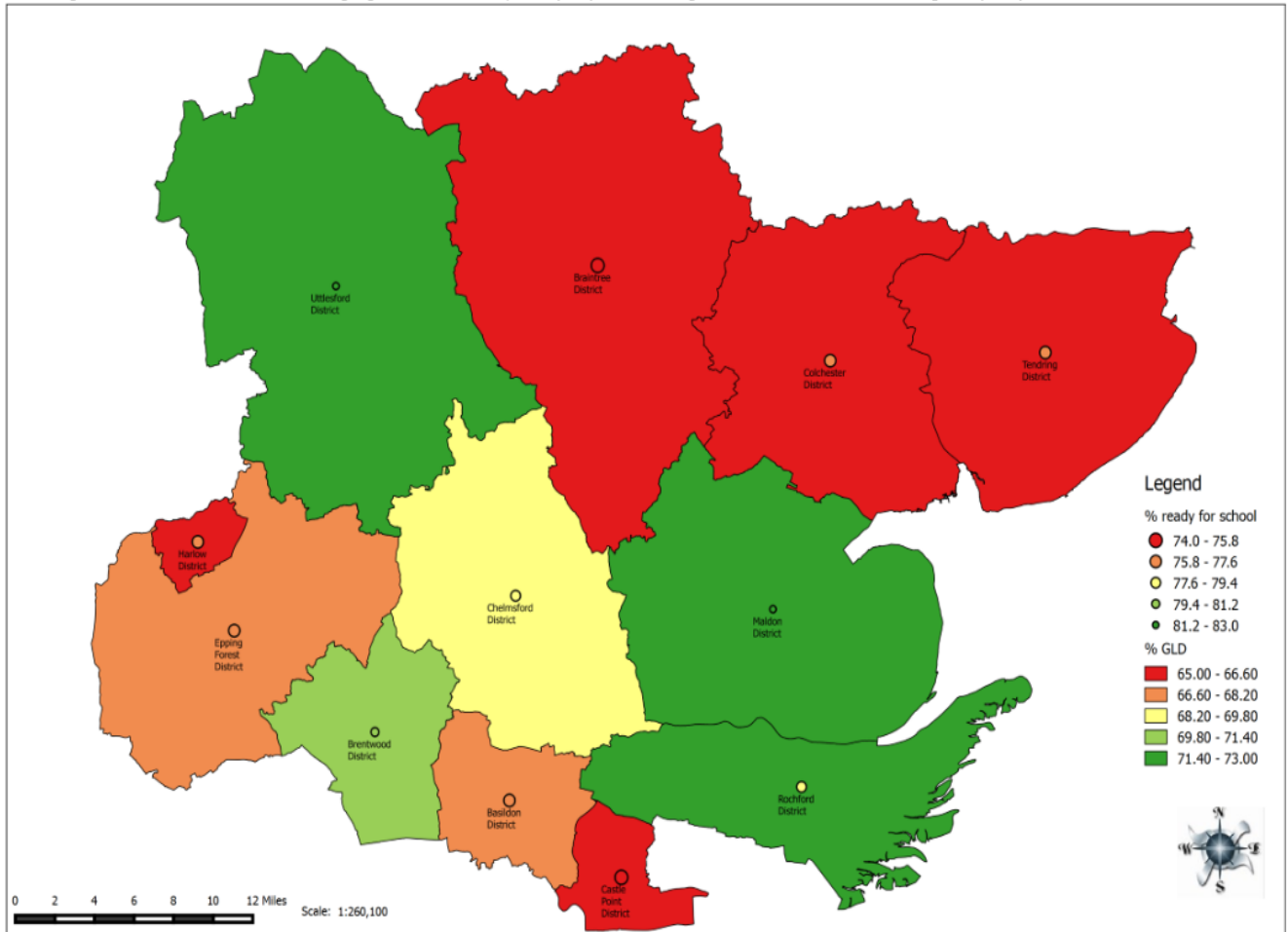
The general level of educational attainment within a population is closely associated with the overall health of that population. The long-term demographic and health problems for a child born into a family with traditionally low standards of educational attainment may be severe, affecting health choice behaviour and service provision uptake into adulthood. Parental unemployment, single parent households, having parents with low educational qualifications, being a persistent absentee and eligibility for free school meals are factors linked to low educational attainment. All attainment data relates to pupils attending schools in Harlow.

- 77% of pupils were 'ready for school' in 2014/15, the second lowest rate in the county but higher than the 72% in 2013/14.
- 66% achieved a good level of development at the end of the Early Years Foundation Stage, higher than the 59% a year earlier and close to the Essex average (68%).

The percentage of children in Harlow who are deemed 'ready for school' is one of the lowest in the county although it is close to the Essex average of 78%. The percentage who achieve a good level of development in the first year of school is close to the county average.

13.9% of primary and secondary pupils were eligible for free school meals in 2015, compared to 10.8% in the whole county. In 2014/15, just 42% of pupils who were eligible for free school meals (ie families with low income) achieved a good level of development, compared to 63% of those not eligible for meals, just under to the equivalent Essex figures of 43% and 66% respectively. The proportion of those receiving free school meals who achieve this is an area for improvement.

Percentage of children in Essex schools achieving a good level of development (GLD) and those eligible for free school meals achieving GLD (2015)



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 Created Date: 28-01-2016
 Created By: Andrew Heynes
 File Path: R:\STRATEGY TEAM FOLDER\Data Request and F of Info Act\2016 Data Requests\3424_LAH_GLD vs FSM map for district profiles

The percentage of pupils at Harlow secondary schools (53.3%) who achieved five or more GCSEs at grades A*-C including English & Maths in 2015 fell from 58.6% a year earlier. This appears to be consistent with the national trend. The results are the fifth lowest in the county and are considerably below the Essex average of 57.6%.

83.9% of all primary and secondary children studying in Harlow attend a good or outstanding school, slightly higher than in 2014 and close to the 84.3% in the whole of Essex.

- 53.3% of pupils attending secondary school in Harlow achieved five or more GCSEs at grades A*-C including English & Maths, the fifth lowest proportion in Essex.
- 83.9% of all pupils attend a good or outstanding school, the third highest in the county.

- 4.4% of half days in state funded secondary schools in the district were missed due to authorised and unauthorised absences in 2014/15.
- 3.7% of secondary pupils are deemed to be persistent absentees, the lowest district level.

Young people who attend school regularly are more likely to get the most they can out of their time at school, more likely to achieve their potential, and less likely to take part in anti-social or criminal behaviour. Reducing absenteeism and exclusion levels are therefore important. Harlow has a slightly lower absenteeism prevalence (in state funded secondary schools) than Essex (5.1%) and has the lowest percentage of persistent absentees (3.7%) in the county (the Essex average is 4.8%).



Citizen Insight Source: SHEU 2015

- 75% of primary and 45% of secondary pupils in Harlow say they enjoy school most or all of the time, the same as the Essex average for primary but well below the secondary figures of 62%.
- Aspirations in Harlow are the lowest in the county, with just 41% of secondary pupils wanting to go to university compared to 54% overall in Essex.

Higher than average proportion of adults with no qualifications, but although unemployment is lower there is a high proportion of economically inactive adults

This section links to the following Essex County Council Outcomes

						
Children get the best start	Good health & wellbeing ✓	Learning ✓	Safer communities	Economic growth ✓	Sustainable environment	Independence

Health and employment are intimately linked, and long term unemployment can have a negative effect on health and wellbeing. Unemployment leads to loss of income, which affects standards of living. The long-term effects can include depression and anxiety, a loss of identity and reduced perceptions of self-worth. In addition, work can play an important role in social networks and the complex interactions between the individual and society, as work is an integral part of modern day social networking.

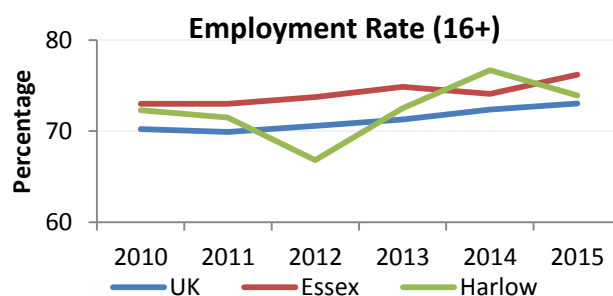
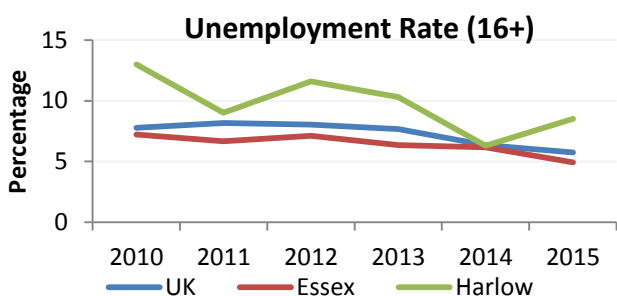
Young people with no qualifications are more likely to not be in education, employment or training post 16 and more at risk of not being in paid work and of receiving lower rates of pay.

- 10.2% of 16-64 year olds have no qualifications (2014), above the Essex and England averages (8.7% and 8.6%).
- 7.1% of young people were not in education, employment or training from Nov 2014 - Jan 2015, higher than the Essex average of 5.7%.
- 8.5% of 16-64 year olds were unemployed in June 2015, higher than the Essex average (4.9%).

More working age adults in Harlow have no qualifications when compared to the national and Essex averages. Harlow also has a lower than average proportion (44.2%) of adults with qualifications at level NVQ 3 or above. 4,660 adults were engaged in some form of further education in Harlow in 2013/14.

The proportion of adults over 16 who are unemployed in Harlow is higher than the whole of Essex and there are more young people aged 16-18 who are not in education, employment or training (NEET) than in Essex or England.

160 young people under 19 were in apprenticeships in 2014/15 (plus another 560 aged 19+), just a 1% rise over the previous year.



Harlow has an unemployment close to the Essex average but has a lower than average percentage of adults aged 16-64 who were in employment in June 2015, below the county average of 76.2%. The district has a proportion who were economically inactive that is similar to the Essex figure of 19.7%. The latter group includes, for example, all those who are looking after a home, retired or studying.

- 73.9% of adults were employed in June 2015, the third lowest proportion in Essex.
- 19.3% were economically inactive, in the mid-range of districts in Essex.



Citizen Insight Source: Residents Survey 2015

32% of Harlow residents consider themselves to be a participant in lifelong learning, slightly below the county average of 34%. The main barriers preventing them from participating in lifelong learning are lack of time and lack of interest.

High job density, mostly small businesses and lower than average earnings

This section links to the following Essex County Council Outcomes



Children get the best start



Good health & wellbeing



Learning



Safer communities



Economic growth



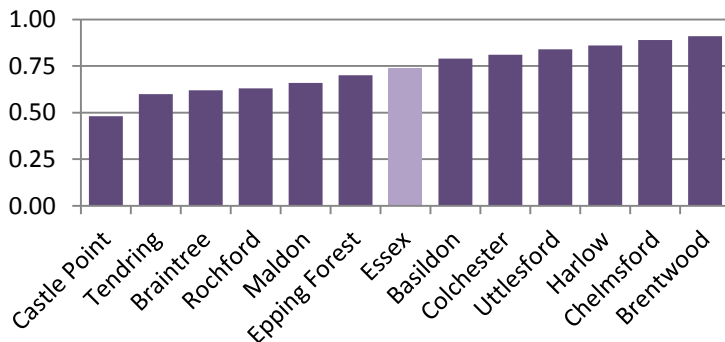
Sustainable environment



Independence

The number of jobs is expected to increase by 3.9% in the next five years, compared to 2.8% in the whole of Essex. Job density in Harlow is higher than the county average, with the ratio of total jobs to working age population in 2013 being 0.86 compared to 0.74 in Essex and 0.80 in England.

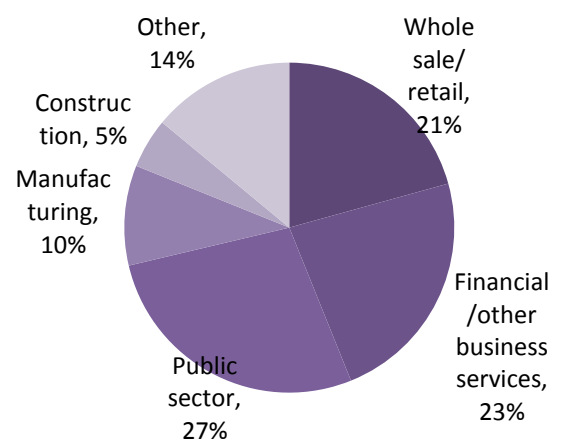
Jobs Density 2013



- The jobs to population ratio of 0.86 is higher than the Essex and England figures.
- 3.9% growth in number of jobs is expected between 2015 and 2020, higher than the Essex average growth of 2.8%.
- Average weekly earnings are £540, lower than the Essex figure.

Average gross weekly earnings for full time workers in 2015 were £540 in Harlow, lower than the Essex average of £575 but higher than the England figures of £533.

27% of jobs are in the public sector, 23% are in financial/other business services, 21% are in the wholesale/retail sector and 10% are in manufacturing. 86.9% of businesses in Harlow have 9 employees or less (fewer than the Essex average of 89.5%).



Lower than average proportion of Harlow residents feel safe and the rate of crime is very high

This section links to the following Essex County Council Outcomes



Children get the best start



Good health & wellbeing



Learning



Safer communities



Economic growth



Sustainable environment



Independence

A much lower than average proportion of Harlow residents say that they feel safe during the day or after dark.



Citizen Insight Source: Residents Survey 2015

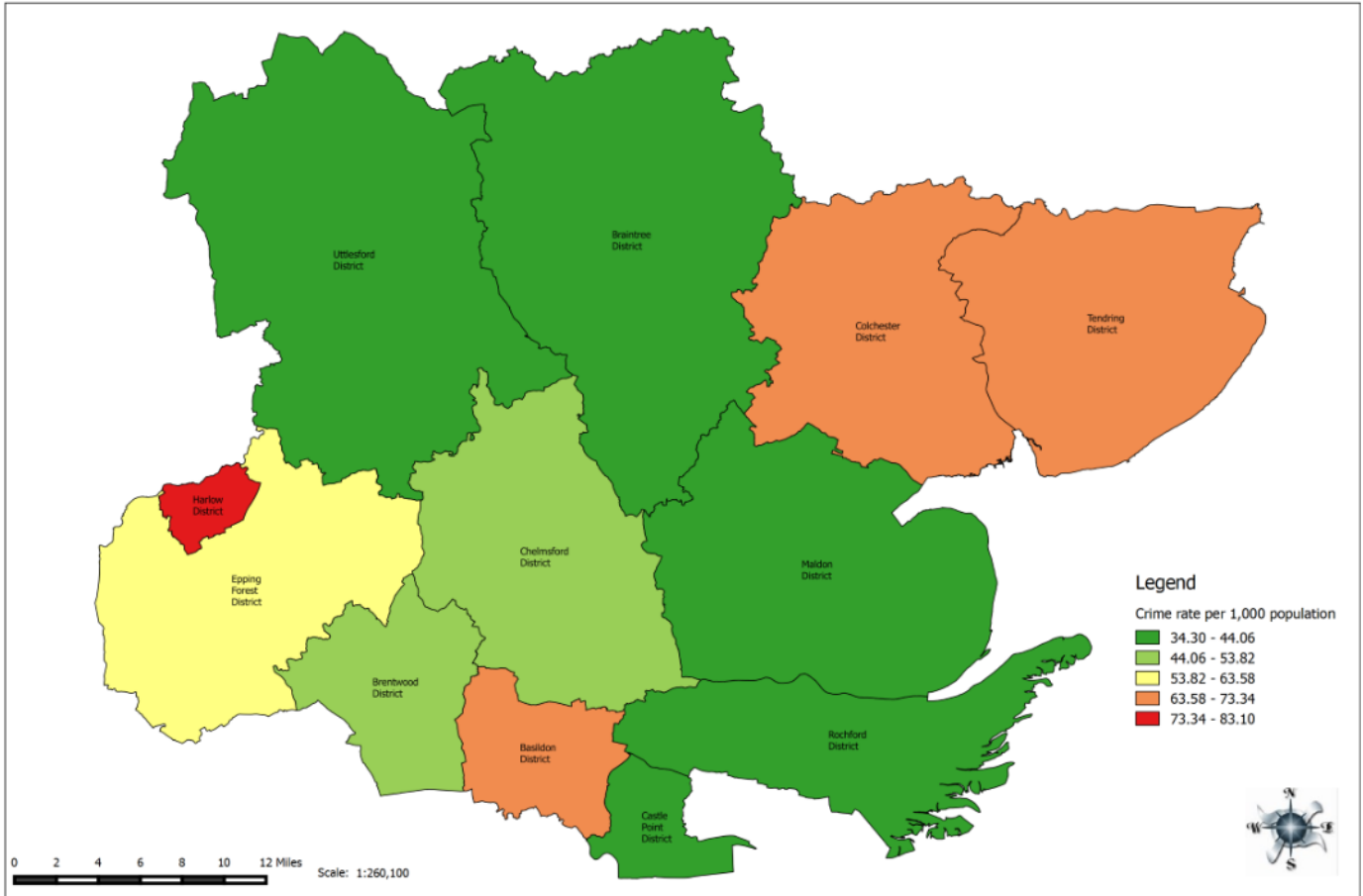
- 74% of adults in Harlow say they feel safe during the day, the lowest district figure and well below the Essex average of 85%.
- Just 28% say they feel safe after dark, also the lowest district figure and considerably lower than the county average of 49%.
- 49% of adults are satisfied with safety on the roads, above the county average of 42%.

Motor vehicle traffic accidents are a major cause of preventable deaths, particularly in younger age groups. For children and for men aged 20-64 years, mortality rates for motor vehicle traffic accidents are higher in lower socio-economic groups. The vast majority of road traffic collisions are preventable and can be avoided through improved education, awareness, road infrastructure and vehicle safety. Harlow had a rate of 22.0 per 100,000 population of people killed and seriously injured on the roads in 2012-2014, significantly lower than the Essex figure of 42.2 and the England rate of 39.3.

The rate of those killed/seriously injured on the roads (22.0 per 100,000 population) is lower than the county and national rates.

There are many risk factors that increase the likelihood of offending and other poor outcomes. These risk factors include: a person's attitude to crime, risk taking behaviour, substance misuse, mental and physical health, access to employment and training, financial issues and family relationships. These poor outcomes may not only impact the individual but their children and have long-lasting effect. The pathways into offending are very complex and there may be no link, an indirect link or direct link from risk factor to offending and some risk factors may make certain types of offending more likely. Evidence suggests that supporting people with the right support at the right time and ensuring that there are not any gaps or inconsistencies between agencies may be most effective way in reducing crime.

Crime rate per 1,000 population in the 12 months to September 2015

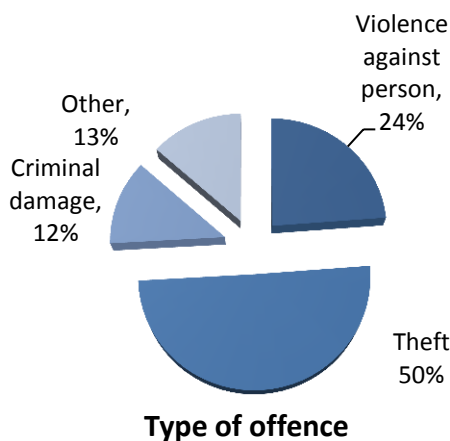


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Created Date: 28-01-2016
 Created By: Andrew Heynes
 File Path: R:\STRATEGY TEAM\FOLDER\Data Request and F of Info Act\2016 Data Request\3424_AH_GLD vs PFM map for district profiles

Data Source: Office for National Statistics. Crime in England and Wales

Harlow had a crime rate of 83.1 offences per 1,000 population in the 12 months to September 2015, up 7.2% on the previous year and the highest in the county. Theft offences accounted for half of all offences during this period (this comprises burglary 9%, vehicle theft 14% and other theft 27%).



- The rate of crime in Harlow is 83.1 per 1,000 population and represents 7,037 offences.
- The rate of domestic abuse offences at 28.0 is higher than the county average.
- The rate of anti-social behaviour incidents is 48.2 (4,077 offences).
- 26.9% of offenders re-offended in 2013, the second highest rate in Essex.

There were 1,758 domestic abuse offences in 2014/15, a rate of 28.0 per 1,000 population which was above the county average of 19.7 and the second highest district figure. The rate of anti-social behaviour incidents in Harlow is the highest in the county at 48.2, up 2.9% over the previous year.

The percentage of all offenders who re-offended was the second highest in the county in 2013 (this is the latest data publically available).

Some areas show significantly worse health across a number of indicators, compared to England

This section links to the following Essex County Council Outcomes



Children get the best start
✓



Good health & wellbeing
✓



Learning
✓



Safer communities



Economic growth
✓



Sustainable environment



Independence

Health inequalities are differences in health outcomes between different population groups. To improve health and reduce inequalities, we need to consider all the factors that influence health, which are known as the wider determinants of health.

This 'tartan rug' table shows for each Middle Super Output Area (MSOA) in the local authority, the value for each key indicator and whether it is significantly different from the England average. The map shows the exact location of individual MSOAs.

Many of the Middle Super Output Areas (MSOA's) have worse outcomes for most of the indicators listed in the table, especially Harlow 002, 003, 006, 007 and 008. The table also shows that all but one MSOA in Harlow have a significantly higher than average over 65 population, which could influence service provision.



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Please note that some of this data may differ from those presented earlier in the report due to varying data sources. (It may not be the most recent source as it is broken down by MOSA)

Key:	■ significantly worse than England (higher for population indicators)
	■ significantly better than England (lower for population indicators)
	■ not significantly different

	Percentage of population aged 65 years and over	Income Deprivation	Child Poverty	Older people deprivation	GCSE achievement (5 A*-C incl. Eng & Maths)	Unemployment	Adult obesity	Adult Binge Drinking
England	16.9	14.7	21.8	18.1	58.8	3.8	24.4	20.1
Essex CC	19.2	15.5	16.5	14.9	59.8	3.0	24.2	19.4
Harlow CD	15.3	15.7	23.8	19.6	55.0	4.4	26.6	19.6
Harlow 001	18.2	11.8	19.8	17.7	56.4	2.3	23.9	20.0
Harlow 002	16.5	19.5	29.4	23.3	53.4	4.7	25.8	17.2
Harlow 003	16.3	18.4	26.7	24.9	58.3	5.5	27.5	19.3
Harlow 004	13.9	17.4	26.0	19.4	65.2	5.2	27.0	20.4
Harlow 005	9.3	5.4	8.3	11.7	55.8	1.5	25.0	22.9
Harlow 006	17.2	17.7	26.4	20.3	53.3	4.9	28.1	17.9
Harlow 007	17.1	19.1	28.9	20.1	55.3	5.9	25.7	17.2
Harlow 008	18.0	18.3	27.9	20.9	37.2	4.6	26.8	19.2
Harlow 009	15.6	11.0	15.9	17.2	74.2	3.8	27.8	21.0
Harlow 010	14.4	20.2	31.1	20.4	48.2	5.3	28.6	19.2
Harlow 011	12.9	16.6	28.4	16.5	51.7	5.0	26.5	20.3

Life expectancy for men in the Harlow district is significantly worse than the national average, while life expectancy for women is similar to the national average. However, in Harlow 004 life expectancy for men and women, rate of deaths from all causes and rate of deaths from respiratory disease are significantly higher than the England average.

Life expectancy & Causes of death (per 100,000 population)

	Life Expectancy for males	Life Expectancy for females	Deaths all ages, all causes	Deaths under 75, all causes	Deaths under 75, all circulatory disease	Deaths under 75, all cancer	Deaths under 75, all coronary heart disease	Deaths all ages, stroke	Deaths all ages, all respiratory disease
England	78.9	82.8	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Essex CC	79.8	83.3	95.3	89.3	84.7	96.1	81.5	89.5	93.2
Harlow CD	78.1	82.6	101.8	111.2	110.7	113.7	114.9	81.5	116.4
Harlow 001	79.5	85.1	85.1	99.3	66.9	136.1	75.5	56.3	80.6
Harlow 002	77.3	80.7	113.5	116.1	127.7	120.2	133.1	84.8	104.3
Harlow 003	76.4	81.7	105.0	142.0	119.9	149.0	134.3	83.3	117.8
Harlow 004	75.4	80.6	128.0	126.0	133.9	125.3	110.1	113.0	146.9
Harlow 005	87.2	90.8	61.1	64.0	65.6	76.5	86.0	44.7	52.2
Harlow 006	78.4	81.1	113.1	109.3	117.0	103.5	106.1	97.5	142.5
Harlow 007	78.2	81.5	101.6	121.2	116.4	115.7	96.2	81.7	131.3
Harlow 008	77.2	83.6	99.9	121.5	105.6	126.0	111.8	79.8	125.4
Harlow 009	80.9	83.8	88.4	86.9	112.2	67.1	116.5	60.2	113.1
Harlow 010	77.5	85.8	99.2	119.5	120.1	124.1	156.6	83.7	119.2
Harlow 011	79.6	83.2	98.3	119.1	135.0	107.8	140.9	88.4	112.0

Recycling levels are low, but while travel times in Harlow are good satisfaction with bus services and the environment are very low

This section links to the following Essex County Council Outcomes



Children get the best start



Good health & wellbeing



Learning



Safer communities



Economic growth



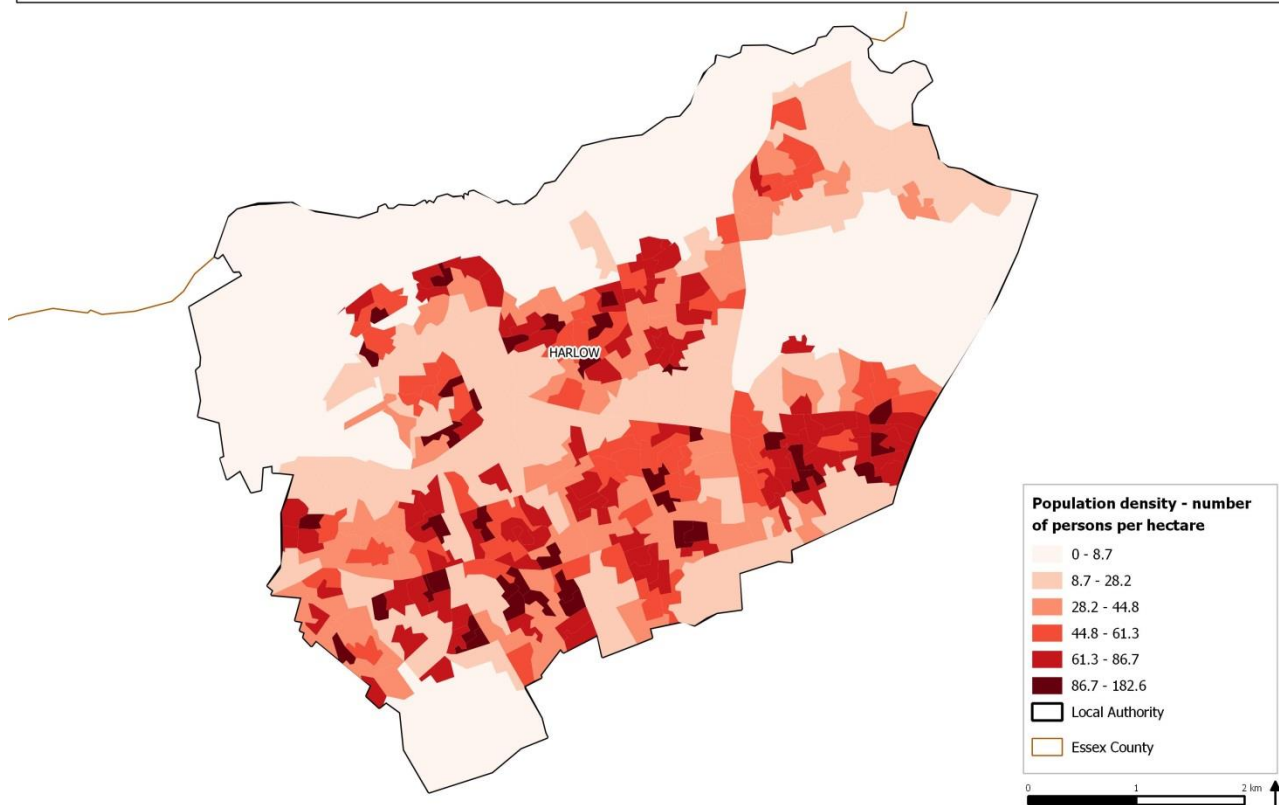
Sustainable environment



Independence

Harlow has a population density of 25.8 persons per hectare, the highest district in the county and significantly above the 3.8 average of the whole of Essex. The population density map below shows where the highest rates of population are, although just over half (53%) of the Harlow district is classified as green space (the Essex highest is 93% in Uttlesford, while the Essex lowest is 51% in Castle Point): green spaces are important for wellbeing, community cohesion and for wildlife.

Population Density in Harlow, 2011



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March 2016

Citizen Insight Source: Residents Survey 2015

- Just 59% of Harlow residents agree that they have a high quality environment, well below the Essex average of 75%. 73% are satisfied with the local area as a place to live, the second lowest district figure and below the county average of 82%.
- 15% say they have given unpaid help to groups, clubs or organisations over the last 12 months (volunteering), lower than the county average of 23% and the lowest district figure.



Transport impacts on the health of a population via a number of factors including unintentional injuries, physical activity undertaken, air pollution and access to services. The last of these involves people traveling for basic necessities such as work, education, healthcare and purchasing food. Good transport links have an important role in enabling access to business and jobs which are important to allow for economic growth. Some 14% of people seeking jobs in Harlow (ie on job seekers allowance) may miss out on employment opportunities unless they have access to a car.

- At 9 minutes, the average travel time by public transport or walking to reach key services is the shortest in the county.
- 86% of those on job seekers allowance are able to access employment centres by public transport or walking, slightly higher than the Essex average (83%).

The affordability and accessibility of driving a car has increased over the past 30 years and this has heavily influenced planning decisions to be car focussed. However, there is still a significant proportion of the population without car access who are reliant on public transport, cycling and walking. The nine minute average travel time by public transport or walking to reach key services is lower than the Essex average of 13 minutes. Improvements in the travel time to key services (i.e. employment centres, primary schools, secondary schools, further education, GPs, hospitals and food stores) by public transport/walking is a national trend.

In 2015, 1% of the main road network was in a condition where structural maintenance should be considered (less than the countywide figure of 2-3%). Just 4% of the local road network was in this condition, the lowest district proportion in Essex and better than the county average of 13%.



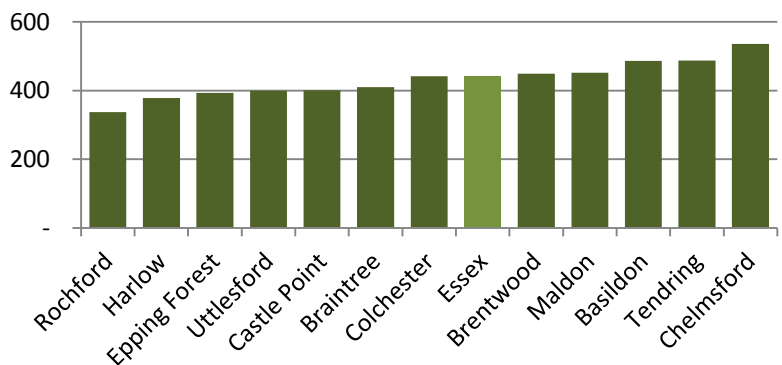
Citizen Insight Source: Residents Survey 2015

- Just 45% of residents are satisfied with their local bus service and 35% are satisfied with their local transport information. Both are well below the county averages of 51% and 39% respectively.
- 15% are satisfied with the condition of roads in Harlow, below the county average of 17%.

Harlow has the third lowest levels of recycling in the county with just 45.9% of household waste sent for reuse, recycling or composting in 2014/15.

- With 46.1% of household waste being recycled in 2014/15, Harlow was the fourth lowest district and below the Essex average of 51.1%.
- It had 378 kg of residual waste per household, the second lowest in the county.

Residual Household Waste Per Household (kg) 2014/15



High proportion of social tenants but high proportions on the housing waiting list and in temporary accommodation with a high rate of homeless households

This section links to the following Essex County Council Outcomes



Children get the best start



Good health & wellbeing



Learning



Safer communities



Economic growth



Sustainable environment



Independence



The relationship between housing and health is a recognised association but a complex one. A number of elements in and around the home can impact on health and wellbeing and will be influenced by other determinants such as education, employment and infrastructure. Specific housing related issues affecting health are indoor pollutants, cold and damp, housing design, overcrowding, accessibility, neighbourhood safety, social cohesion and housing availability.

Additionally as people get older and demand for people to stay within their own homes for longer increases the demand for specific housing needs will also increase.

Economic growth and housing are inextricably linked. Without a sustainable housing programme providing homes for people to live in and without a growing local economy, an area will be unable to provide the jobs and homes to attract new people and retain current residents and drive the economy forward.

- The number of dwellings in Harlow rose by 1.8% to 36,370 between 2011 and 2014, similar to the rise in Essex and England (both 1.7%).
- House prices in Harlow have increased by 13.5% since 2011, the fifth highest district rise.
- 7.3% of Harlow households were deemed fuel poor in 2013, the third lowest district in Essex.

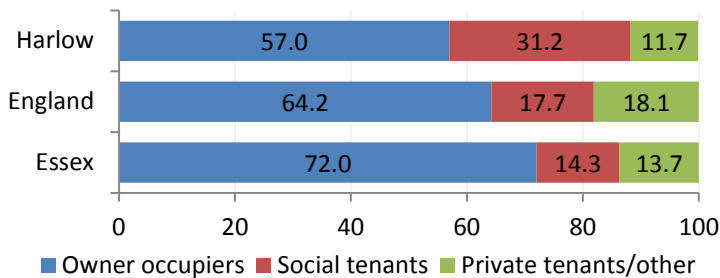
The 1.8% increase in dwellings in Harlow since 2011 is in line with the increase in Essex and England.

House prices across Essex have been increasing year on year outstripping wages, making home ownership less and less affordable for a large proportion of the Essex community. The 13.5% rise in Harlow has been higher than many other districts in Essex.

High energy prices coupled with low income mean 7.3% of people in Harlow are considered to be fuel poor, the third lowest district in Essex. (A household is said to be fuel poor if it needs to spend more than 10% of its income on fuel to maintain an adequate standard of warmth.) From 2012-2013 there were 79 excess winter deaths in Harlow. This is around 11.8% additional deaths, lower than the national average (20.1%).

Just 57.0% of households in Harlow are people that own their own homes (either with a mortgage or outright), the lowest district figure and significantly less than nationally (64.2%) or in Essex (72.0%). There is a very high proportion of social tenants (31.2%), who may be impacted by low stock levels, but a low proportion of private tenants (11.7%).

Percentage Household Tenure in 2011



- Residents in Harlow are less likely than all other districts to own their homes, either with a mortgage (36%) or outright (21%).

- Higher than average number of households on the housing waiting list at 2,800.
- 3.07 per 1,000 households were homeless or in priority need in Harlow in 2014/15, the fourth highest rate in Essex.
- The rate of homeless households in temporary accommodation at 4.09 per 1,000 households was the second highest in the county.

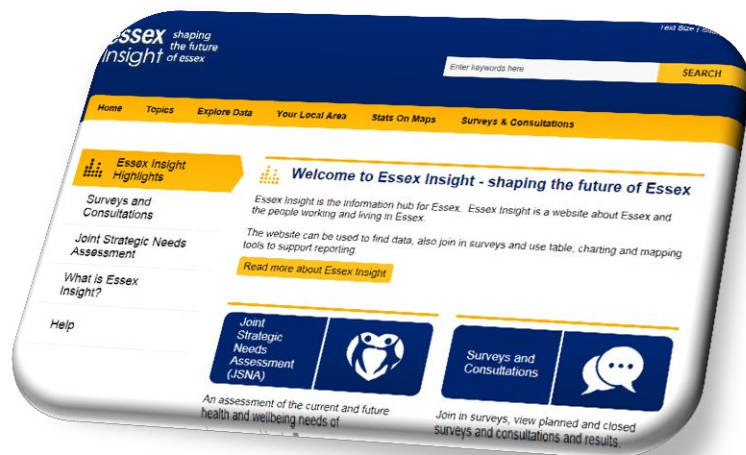
There were over 2,800 households on the housing waiting list in 2014/15, which was the third highest number in Essex although Harlow has the fourth smallest population in the county.

Homelessness is associated with severe poverty and is a social determinant of health. It is also associated with adverse health, education and social outcomes, particularly for children. In 2014/15, 3.07 per 1,000 households were homeless or in priority need in Harlow, the fourth highest rate in Essex and worse than the national average of 2.4 per 1,000. Harlow had a rate of 4.09 (per 1,000 households) of homeless households in temporary accommodation awaiting a settled home in March 2015, the second highest rate in the county (the Essex average was 2.21).

Essex Insight is the Partnership information hub for Essex and a website about Essex and the people working and living in Essex.

The website can be used to find data, also join in surveys and use table, charting and mapping tools to support reporting.

It is home to a suite of products that supports the Joint Strategic Needs Assessment (JSNA).



There are links in this report to the JSNA specialist topic reports found on Essex Insight e.g. Child Poverty and CAMHS Needs Assessments.

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