

Thurrock's Joint Strategic Needs Assessment

Wider Determinants of Health 2026



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What Are Wider Determinants of Health?

Health is influenced by far more than individual choices and access to healthcare. The wider determinants of health, also known as social determinants of health, are the social, economic, and environmental factors that shape wellbeing and drive health inequalities across populations.

These determinants include:

- *Socioeconomic factors*: income, education, employment, housing, and social status.
- *Physical environment*: air and water quality, housing conditions, green spaces, and transport.
- *Social environment*: social support networks, community cohesion, and cultural norms.
- *Access to services*: healthcare, education, and social care availability.
- *Policy and governance*: laws, regulations, and economic policies that influence living conditions.

These factors explain why health outcomes vary between communities and underpin the root causes of health inequalities.

Purpose of This Report and what is covered

This report presents the Wider Determinants indicators, published by the Office for Health Improvement and Disparities (OHID), which forms part of the Department of Health and Social Care, comparing Thurrock with:

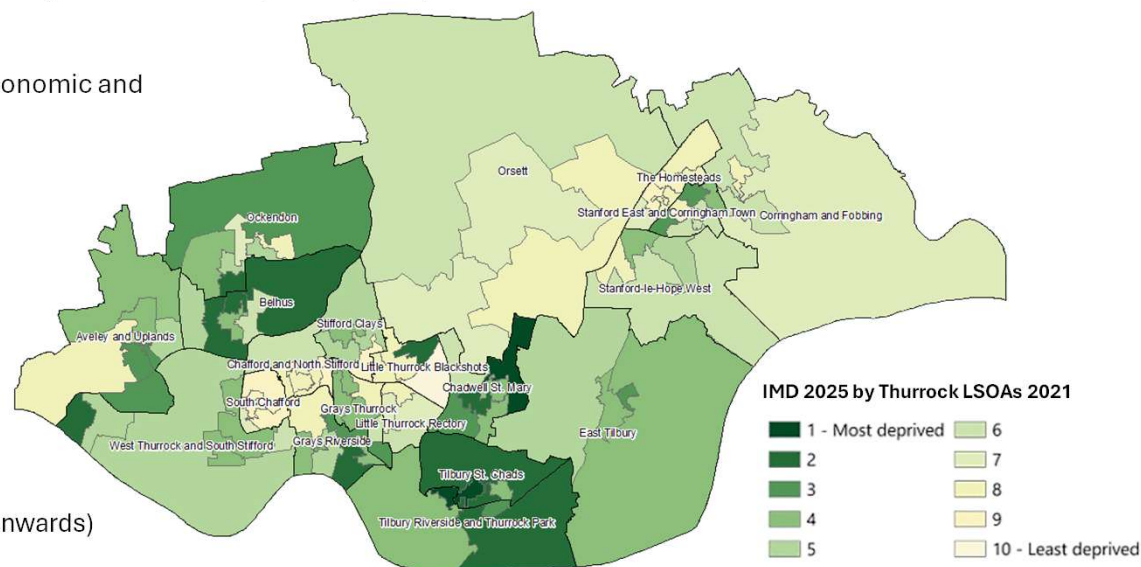
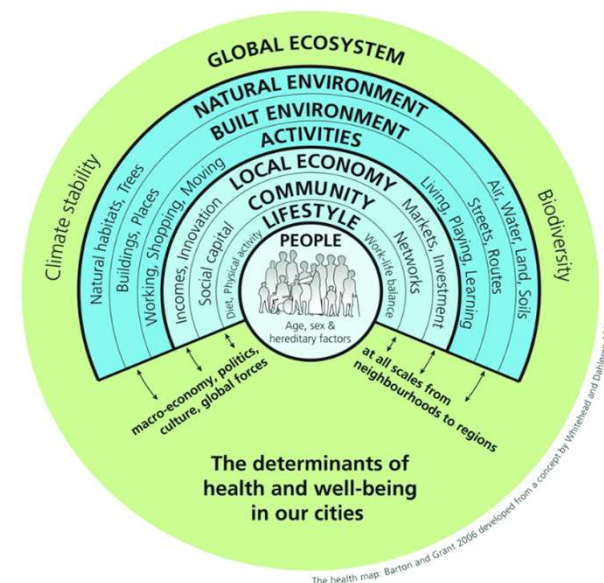
- England overall
- NHS statistical neighbours - these are local authorities with similar socio-economic and demographic characteristics to Thurrock (where data is available)

It includes:

- Groups at disproportionate risk
- Resident perspectives - what do residents say?
- Impact of each indicator on health
- Implications for Thurrock residents
- Index of Multiple Deprivation 2025 (IMD25) - mapping of relevant domains

Where indicators provide lower-level data (LSOA – Lower Super Output Areas), the report includes Thurrock maps and highlights inequalities within Thurrock.

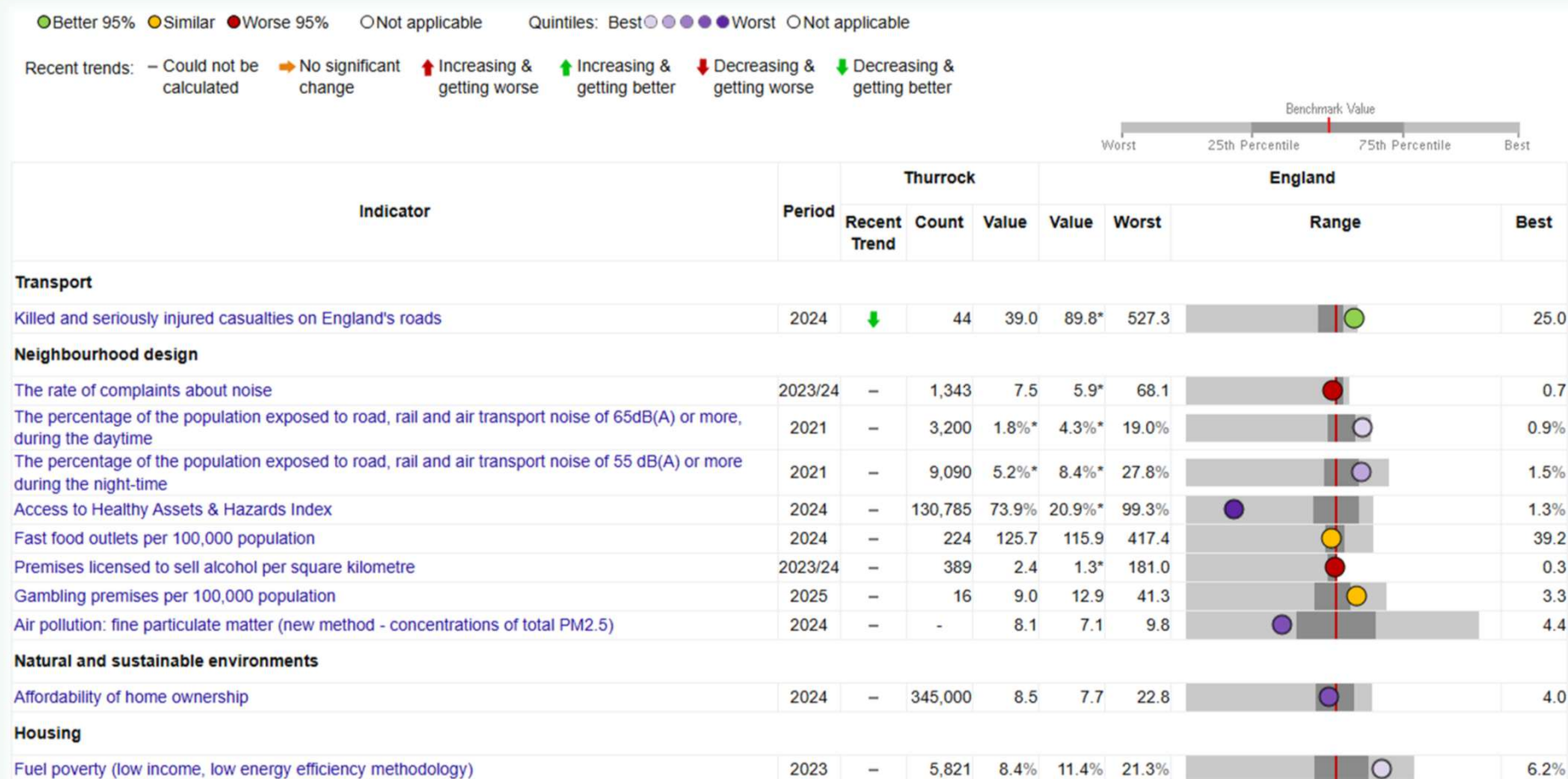
All data sources, research and indicator descriptions are within the Appendix (slides 67 onwards)



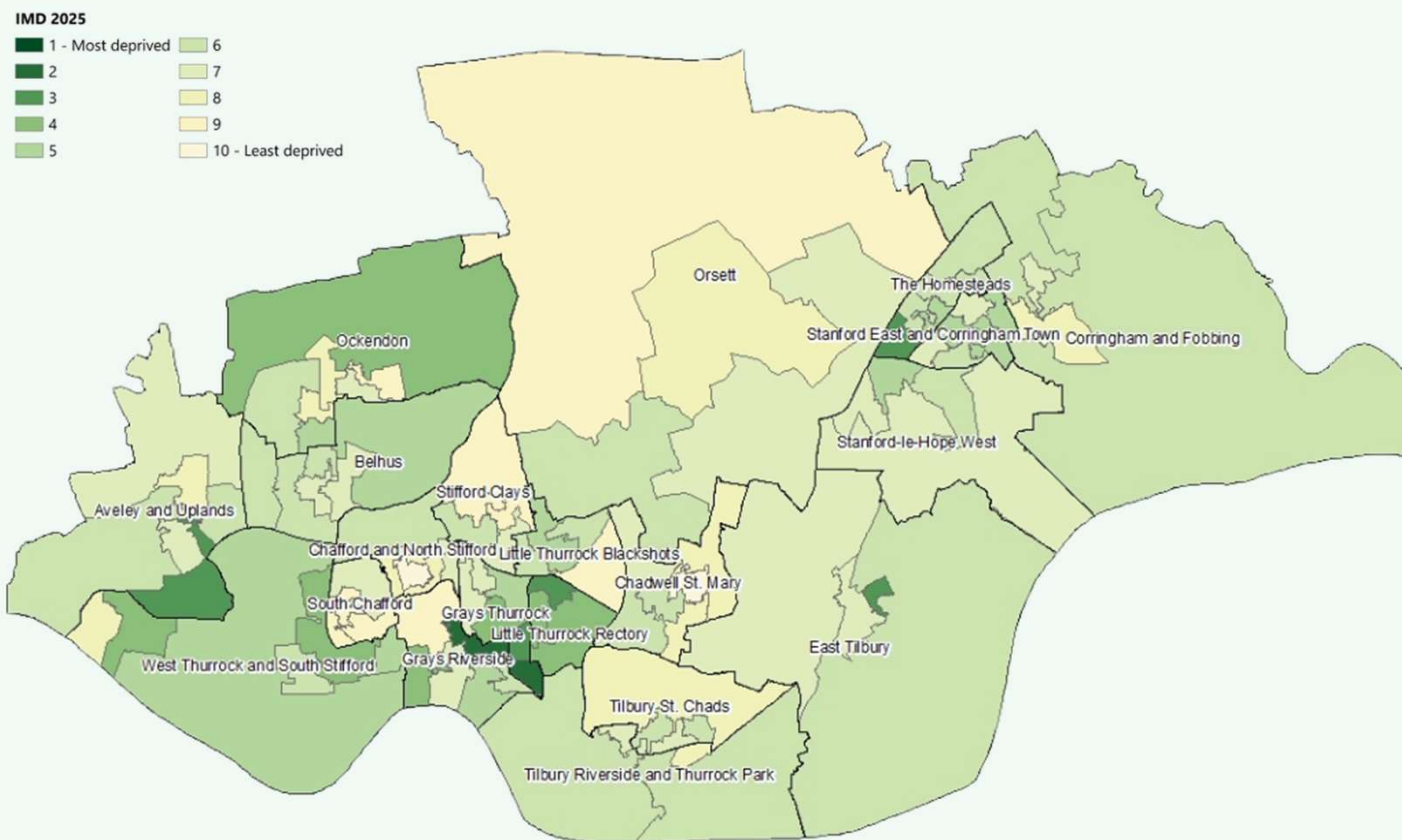
Natural and Built Environment

Natural and Built Environment

Source - *Wider Determinants of Health - Data | Fingertips | Department of Health and Social Care*



Thurrock LSOAs (2021) showing IMD 2025 domain – Living Environment deciles

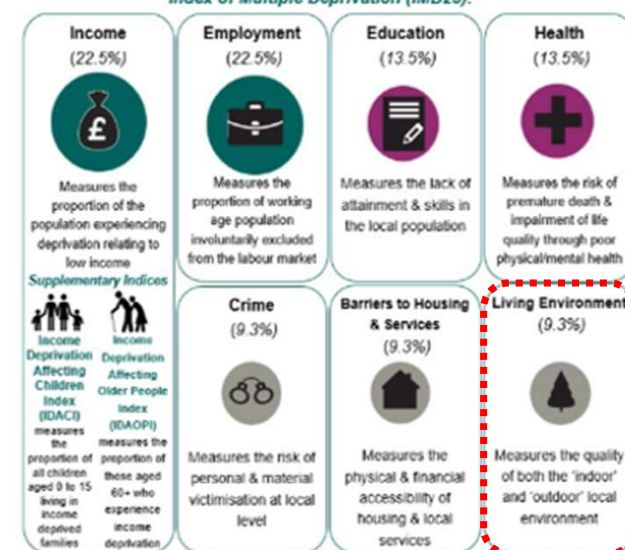


The English Indices of Deprivation 2025 (IoD2025)

The Indices relatively rank each small area in England from most deprived to least deprived



There are 7 domains of deprivation, which combine to create the Index of Multiple Deprivation (IMD25):



How can the IoD2025 be used?

- ✓ Comparing small areas across England
- ✓ Identifying the most deprived small areas
- ✓ Exploring the domains (or types) of deprivation
- ✓ Comparing larger administrative areas e.g. local authorities
- ✓ Looking at changes in relative deprivation between iterations (i.e. changes in ranks)
- ✗ Quantifying how deprived a small area is
- ✗ Identifying deprived people
- ✗ Saying how affluent a place is
- ✗ Comparing with small areas in other UK countries
- ✗ Measuring absolute change in deprivation over time

What impacts does the natural and built environment have on health?

Transport and Road Safety

- Road traffic environments influence **risk of injury, disability, and death**.
- Perceptions of unsafe roads can discourage **walking and cycling**, reducing physical activity.
- Overall impact on both **physical health and confidence in local areas**.

Noise and Environmental Quality

- High environmental noise contributes to **poor sleep, stress, and cardiovascular disease**.
- Night-time noise particularly affects **mental wellbeing and recovery**.
- Lower noise environments support **better overall health and quality of life**.

Access to Healthy Environments

- Access to green space, services, and amenities supports **physical activity and prevention**.
- Poor access can negatively affect **mental wellbeing and community engagement**.
- Unequal access contributes to **health inequalities across populations**.

Air Quality

- Poor air quality increases risk of **heart disease, stroke, and respiratory illness**.
- Indicators such as **PM2.5 exposure** and **NO₂ levels** contribute to higher mortality and increased hospital admissions.
- Disproportionately affects **vulnerable groups**, including children and older adults.

Housing and Financial Pressures

- Housing costs and affordability impact **mental health and financial wellbeing**.
- Financial strain can limit access to **basic health needs (e.g. food, heating)**.
- Poor housing conditions can compound **health inequalities**.

Home Environment and Energy Efficiency

- Cold or inefficient homes increase risk of **respiratory and cardiovascular illness**.
- Linked to **excess winter deaths and poorer mental wellbeing**.
- Warmer, energy-efficient homes provide **protection for vulnerable residents**.



What do residents say about Natural and Built Environment within Thurrock?

Source - *Creating Successful Places Local Plan – Initial Proposals*



Groups at a disproportionate level of risk for the natural and built environment

Minority ethnic workers

- Black, Asian, and Minority Ethnic (BAME) groups are more likely to:
 - Live in areas with worse air pollution.
 - Have limited access to green spaces (only 26% spend time in the countryside vs. 44% of white counterparts).
- These disparities contribute to higher rates of respiratory conditions like asthma.



health.org.uk, thinknpc.org

People in deprived areas

- Residents of highly deprived neighborhoods have less access to green space, poorer air quality, and higher exposure to urban heat islands.
- These areas often have culverted rivers, fewer trees, and increased flood risk, amplifying health inequalities.



gov.uk, health.org.uk

People in poor health or with limited mobility

- Individuals with existing health conditions or low mobility have reduced ability to respond to environmental hazards.
- They face greater challenges during floods, heatwaves, and poor air quality events.
- Disabled individuals are slightly more likely to live in areas deprived of green space, limiting opportunities for physical activity and stress relief.



climatejust.org.uk, health.org.uk

Older people and young children

- Older adults and very young children are more sensitive to climate impacts such as heatwaves and floods due to physical vulnerability.
- Extreme events can also cause developmental impacts in children.



climatejust.org.uk

Urban residents

- People living in dense urban environments face:
 - Higher exposure to air pollution.
 - Increased risk from urban heat islands and surface flooding.
- These risks disproportionately affect those without resources to adapt (e.g., cooling systems, insurance).



[assets.pub...ice.gov.uk](https://assets.publishing.service.gov.uk)

Transport - People killed and seriously injured (KSI) casualties on roads

Why is it important?

Motor vehicle traffic accidents are a major cause of preventable deaths and morbidity, particularly in younger age groups. Most road traffic collisions are preventable and can be avoided through improved education, awareness, road infrastructure and vehicle safety. The need for safer roads is also linked to public health strategy, and existing government backed initiatives, to increase "active travel" and physical activity.

What does it mean for Thurrock?

In Thurrock there are statistically significantly fewer deaths and serious injuries per billion vehicle mile, as there are nationally (39.0 per billion vehicle miles vs 89.8 per billion vehicle miles). Thurrock compares well to statistical neighbours.

The map shows that the rate of accidents is highest on A roads and the groups of the population who are most impacted are the 50% most deprived areas (inequalities chart)

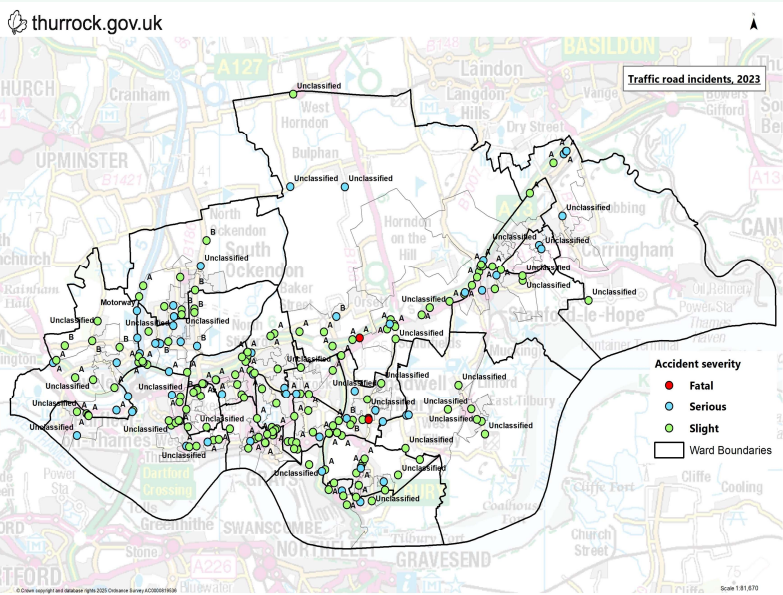
Over time the trend of accidents per billion vehicle miles has not changed in Thurrock.

Killed and seriously injured casualties on England's roads 2024

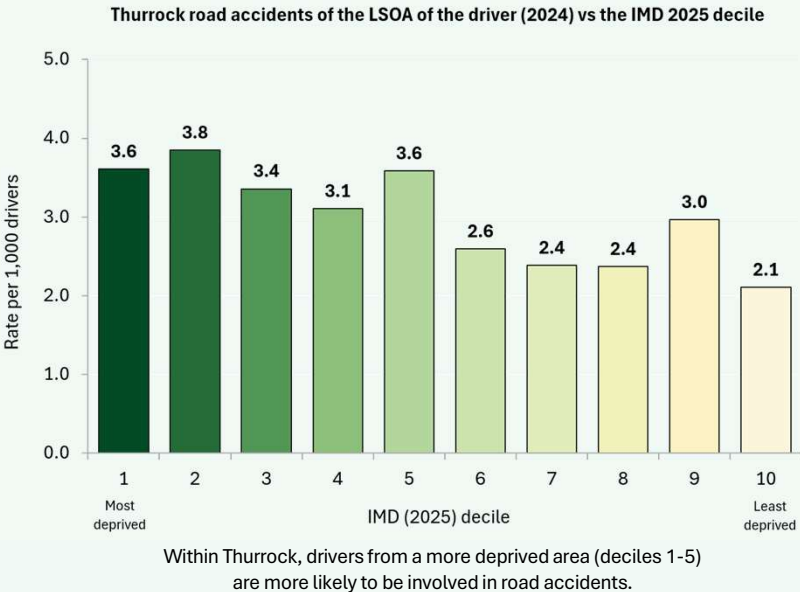
Crude rate - per billion vehicle miles

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	-	-	26,050	89.8*	-	-
Neighbours average	-	-	-	-	-	-
Blackburn with Darwen	➡	13	104	233.3	190.6	282.7
Medway	➡	1	121	136.1	113.0	162.7
Tameside	-	5	80	104.0	82.5	129.4
Oldham	-	9	74	102.1	80.1	128.1
Havering	➡	8	98	86.7	70.4	105.7
Bolton	-	7	113	86.6	71.4	104.1
Salford	-	15	105	70.6	57.8	85.5
Rochdale	-	4	77	68.0	53.6	84.9
Swindon	-	6	72	57.7*	-	-
Peterborough	⬇	3	69	56.8	44.2	71.9
Middlesbrough	-	11	48	53.2*	-	-
Bury	-	10	50	49.0	36.3	64.5
Stockton-on-Tees	-	12	47	48.9*	-	-
Milton Keynes	-	14	70	46.9*	-	-
Telford and Wrekin	➡	2	43	45.3	32.8	61.0
Thurrock	⬇	-	44	39.0	28.3	52.3

Map of road traffic accidents in Thurrock



Inequalities chart (Thurrock)



Neighbourhood design – road, rail and air transport noise of 65dB(A) or more, during the daytime

Why is it important?

There are a number of direct and indirect links between exposure to noise and health and well-being outcomes. Exposure to noise can cause disturbance and interfere with activities, leading to annoyance and increased stress. Furthermore, there is increasing evidence that long term exposure to high levels of noise can cause direct health effects such as heart attacks and other health issues. The indicator maps noise exposure, determined by strategic noise mapping and input data supplied from the relevant authorities. The results are overlaid on a residential population dataset to determine number of people exposed per authority.

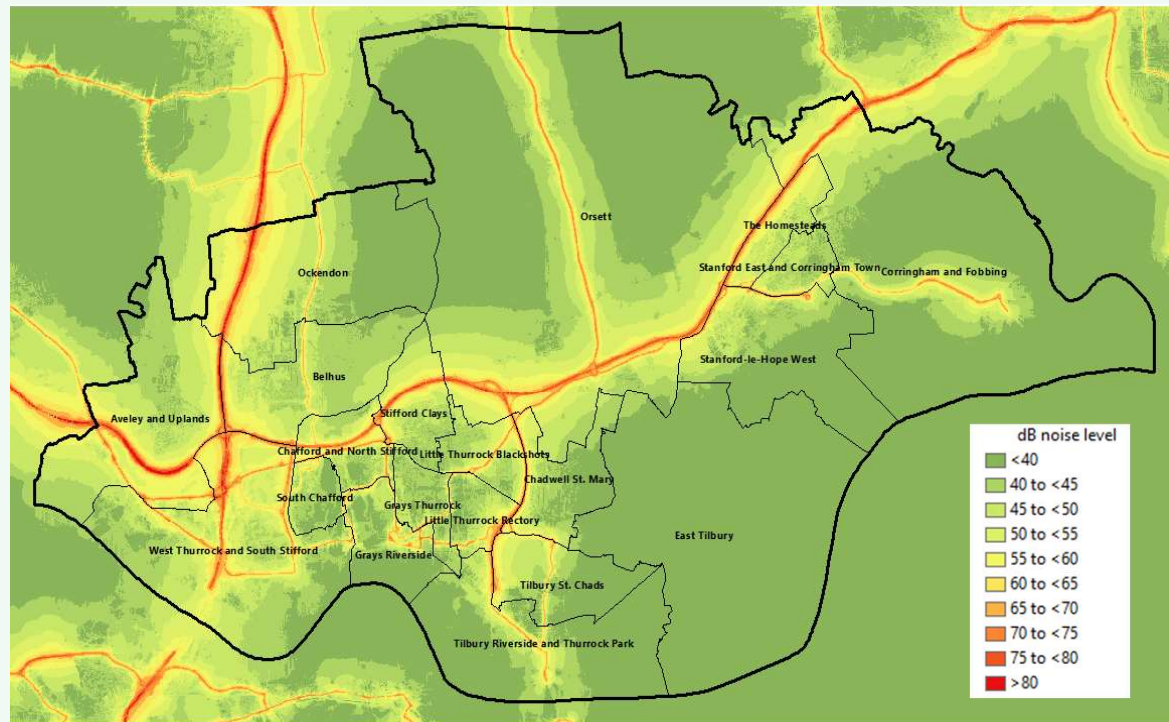
Department for Environment Food & Rural Affairs (DEFRA) road noise (all metrics summary) details that the day level (Lday) is a daytime noise indicator based upon annual average A-weighted long-term sound over the daytime period (07:00-19:00) which contains the same sound energy as the actual fluctuating sound across the same period ([Road Noise - All Metrics - England Round 4](#)).

What does this mean for Thurrock?

The percentage of residents exposed to high levels of road, rail and air transport noise during the daytime is comparatively low at (1.8%) when compared to England with (4.3%).

The percentage of the population exposed to road, rail and air transport noise of 65dB(A) or more, during the daytime New data 2021

Area	Value	95% Lower CI	95% Upper CI
England	4.3%	-	-
Neighbours average	-	-	-
Bolton	6.2%	-	-
Salford	5.9%	-	-
Rochdale	5.5%	-	-
Bury	5.0%	-	-
Oldham	4.9%	-	-
Havering	4.8%	-	-
Tameside	4.7%	-	-
Medway	2.8%	-	-
Blackburn with Darwen	2.5%	-	-
Swindon	2.2%	-	-
Middlesbrough	1.9%	-	-
Thurrock	1.8%	-	-
Stockton-on-Tees	1.5%	-	-
Peterborough	1.5%	-	-
Telford and Wrekin	1.1%	-	-
Milton Keynes	0.9%	-	-



Laeq 16h: indicates the annual average noise levels for the 16-hour period between 0700 – 2300



Neighbourhood design – Road, rail and air transport noise of 55 dB(A) or more, during the night-time

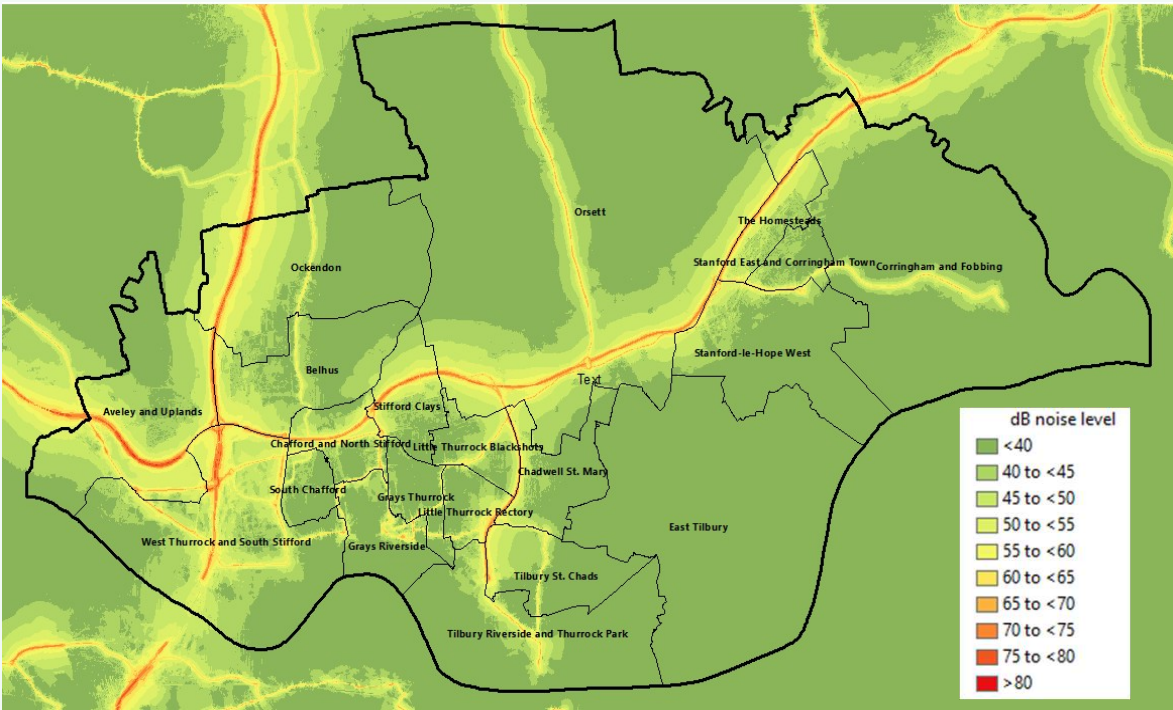
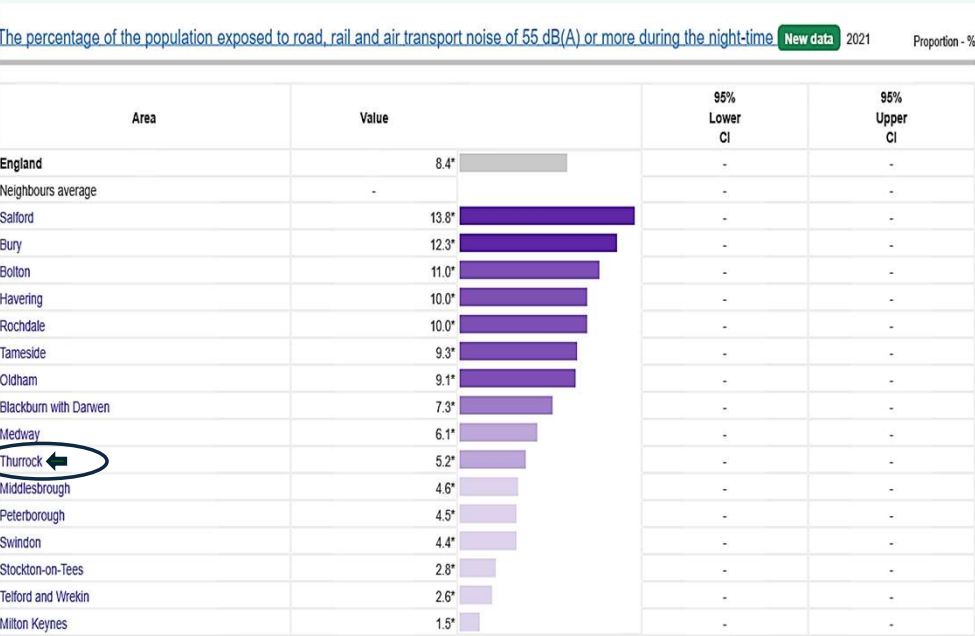
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Department for Environment Food & Rural Affairs (DEFRA) road noise (all metrics summary) details the night level (Lnight) is a night-time noise indicator based upon annual average A-weighted long-term sound over the night period (23:00-07:00) which contains the same sound energy as the actual fluctuating sound across the same period. ([Road Noise - All Metrics - England Round 4](#)).

What does this mean for Thurrock?

The percentage of residents exposed to high levels of Road, rail and air transport noise during the nighttime is comparatively low at (5.2%) when compared to England with (8.4%).



Lnight: indicates nighttime annual average noise level results in dB, where night is defined as 2300 - 0700



Neighbourhood design – Access to Healthy Assets and Hazards Index

Why is it important?
The index captures multidimensional features of the built environment including accessibility to retail services (e.g., fast food outlets, pubs, gambling stores), health services, green and blue spaces, and overall air quality. These features are potentially impactful to health, and the overall index captures unhealthy environments. The index provides a relative score for each area, indicating how its environment compares to others in terms of health-promoting or health-harming features. This tool supports spatial planning and public health interventions by highlighting environmental inequalities that influence physical activity, social connectivity, mental health, and overall wellbeing.

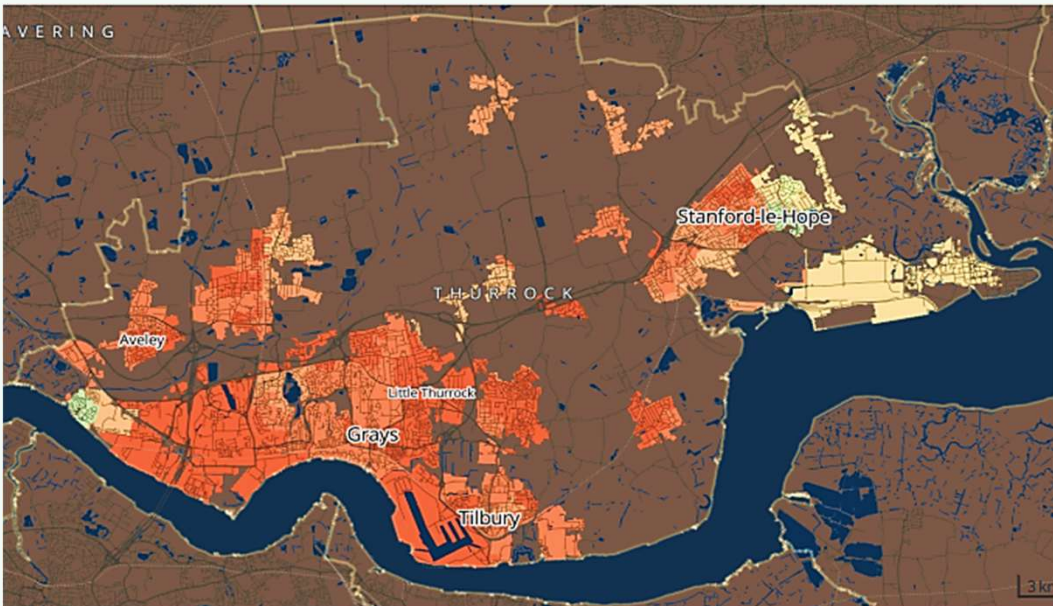
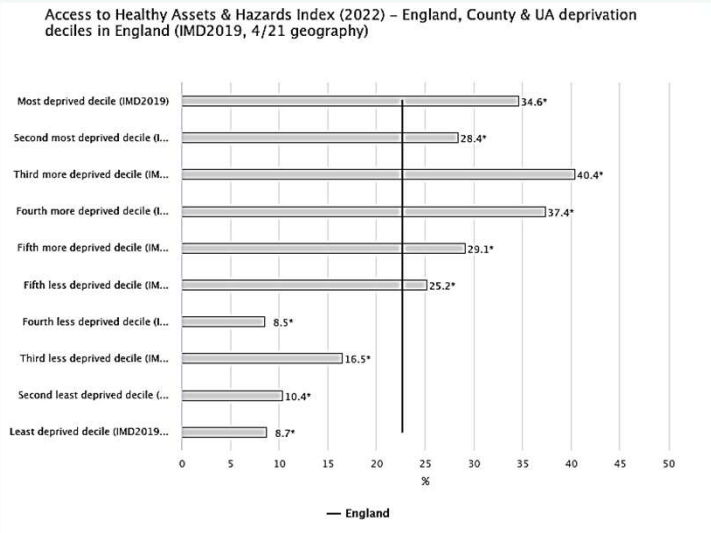
The indicator reports the percentage of a local authority’s population living in the worst 20% of Areas Nationally (i.e. those with the poorest AHAAH scores). A higher percentage indicates worse access to healthy assets and greater exposure to health hazards.

What does it mean for Thurrock?
(73.9%) of Thurrock’s residents live in areas where access to healthy assets is poorest nationally. Thurrock also compares very poorly to areas that are similar in regard to demographics (statistical neighbours).

Access to Healthy Assets & Hazards Index 2024

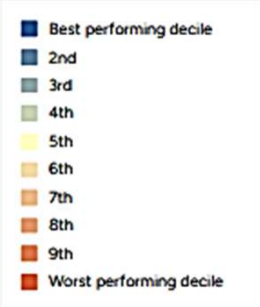
Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	-	-	11,938,667	20.9*	-	-
Neighbours average	-	-	-	-	-	-
Thurrock	-	-	130,785	73.9	-	-
Oldham	-	9	110,746	45.4	-	-
Middlesbrough	-	11	53,760	36.3	-	-
Havering	-	8	61,859	23.4	-	-
Swindon	-	6	51,813	22.0	-	-
Bolton	-	7	61,096	20.4	-	-
Stockton-on-Tees	-	12	40,130	20.1	-	-
Tameside	-	5	43,308	18.6	-	-
Salford	-	15	51,113	18.4	-	-
Medway	-	1	51,474	18.2	-	-
Rochdale	-	4	22,786	10.0	-	-
Peterborough	-	3	21,758	10.0	-	-
Blackburn with Darwen	-	13	13,283	8.5	-	-
Milton Keynes	-	14	20,783	7.1	-	-
Bury	-	10	13,425	6.9	-	-
Telford and Wrekin	-	2	3,940	2.1	-	-

Inequalities chart (National)



Map of Thurrock AHAAH

Access to Healthy Assets & Hazards. A multi-dimensional index developed by GeoDS for Great Britain measuring how ‘healthy’ neighbourhoods are.



Air pollution: fine particulate matter (new method – concentrations of total PM2.5)

Why is it important?
Air quality is a major public health concern, with strong evidence linking air pollution to coronary heart disease, stroke, respiratory illnesses, lung cancer, and worsening asthma. It also contributes to premature mortality—long-term exposure to air pollution in the UK is estimated to be responsible for an effect equivalent to 29,000 to 43,000 deaths each year (UKHSA Chemical Hazards & Poisons 2022).

While air pollution affects everyone, those living in more polluted environments, exposed to higher levels of pollutants, or who are particularly vulnerable to respiratory and cardiovascular conditions, experience greater health risks—widening health inequalities (Gov.Health Matters Air Pollution).

What does it mean for Thurrock?
There is a mean of 8.1µg/m3 within Thurrock and compares higher than areas that are similar in regard to demographics (statistical neighbours). Trends are aligned to England and suggest a decrease since 2018 but have been more static over recent years. Inequalities are observed between deprivation quintiles and ethnic groups.

Air pollution: fine particulate matter (new method - concentrations of total PM2.5) 2024

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	-	-	-	7.1	-	-
Neighbours average	-	-	-	-	-	-
Haverling	-	8	-	8.2	-	-
Thurrock	-	-	-	8.1	-	-
Medway	-	1	-	7.7	-	-
Tameside	-	5	-	7.6	-	-
Oldham	-	9	-	7.5	-	-
Salford	-	15	-	7.5	-	-
Peterborough	-	3	-	7.4	-	-
Milton Keynes	-	14	-	7.3	-	-
Bury	-	10	-	7.1	-	-
Rochdale	-	4	-	7.1	-	-
Bolton	-	7	-	6.9	-	-
Swindon	-	6	-	6.7	-	-
Blackburn with Darwen	-	13	-	6.3	-	-
Telford and Wrekin	-	2	-	6.2	-	-
Middlesbrough	-	11	-	5.9	-	-
Stockton-on-Tees	-	12	-	5.8	-	-

Inequalities charts (national)

Air pollution: fine particulate matter (new method - concentrations of total PM2.5) - trend



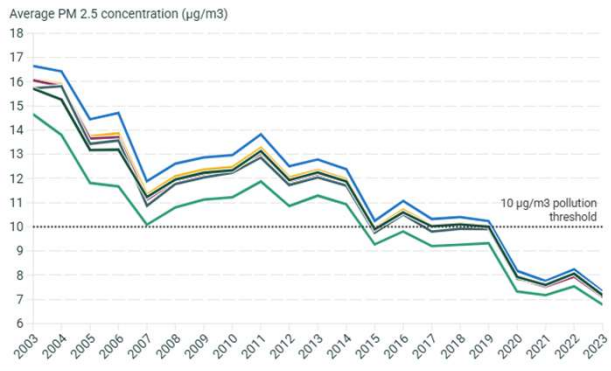
Average PM2.5 exposure over time by income deprivation quintile in 2004



The most deprived quintile consistently has higher PM2.5 pollution levels than the least deprived quintile. Individuals in the most deprived quintile are exposed to average PM2.5 concentration levels that are 8% higher than those in the least deprived quintile in 2023.

Average PM2.5 exposure over time by ethnicity

Click to switch on/off White All Ethnic Minorities Black Chinese & Indian Pakistani & Bangladeshi Mixed & Other Ethnicities



Ethnic minorities were exposed to levels of air pollution 6% higher than average levels for white populations in 2023, down from 13% in 2003. Since 2019, however, areas with large ethnic minority populations (namely London and the Midlands) have experienced substantial decreases in air pollution.

Affordability of home ownership

Why is it important?

Housing affordability plays a crucial role in shaping where people live and work. It influences housing quality, levels of poverty, community cohesion, and the time people spend commuting—all of which can have important implications for health outcomes. Housing is widely recognised as a key social determinant of health, and the relationship between housing conditions and health is well established in the literature ([The Marmot Review](#), [World Health Organization \(WHO\) Housing and health](#))

There is growing evidence of a direct association between unaffordable housing and poorer mental health outcomes ([Bentley,R.et al. \(2011\) Housing affordability](#))

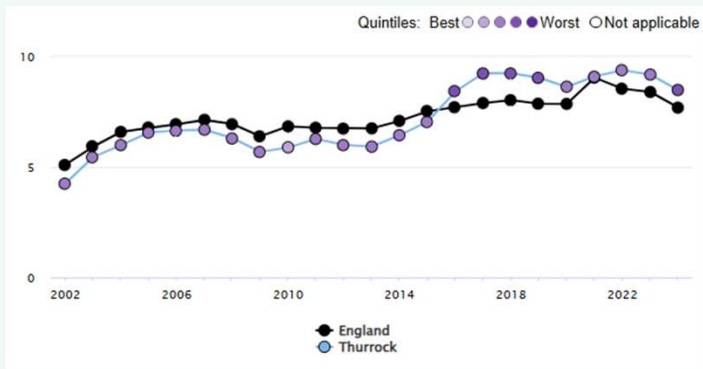
What does it mean for Thurrock?

Within Thurrock an average home costs 8.5 times more than the average household income, high compared to England (7.7 times more than average income). This has risen in Thurrock at a faster rate than England since 2013.

Affordability of home ownership 2024

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	-	-	289,995	7.7	-	-
Neighbours average	-	-	-	-	-	-
Havering	-	8	435,000	9.7	-	-
Thurrock	-	-	345,000	8.5	-	-
Milton Keynes	-	14	340,000	8.5	-	-
Medway	-	1	300,000	7.8	-	-
Swindon	-	6	266,500	7.0	-	-
Peterborough	-	3	236,000	6.6	-	-
Bury	-	10	230,000	6.5	-	-
Salford	-	15	221,095	6.4	-	-
Telford and Wrekin	-	2	217,000	6.4	-	-
Tameside	-	5	200,000	6.0	-	-
Oldham	-	9	190,000	5.7	-	-
Bolton	-	7	189,000	5.6	-	-
Rochdale	-	4	187,500	5.5	-	-
Blackburn with Darwen	-	13	143,500	4.9	-	-
Stockton-on-Tees	-	12	165,000	4.8	-	-
Middlesbrough	-	11	148,300	4.6	-	-

Affordability of home ownership - trend

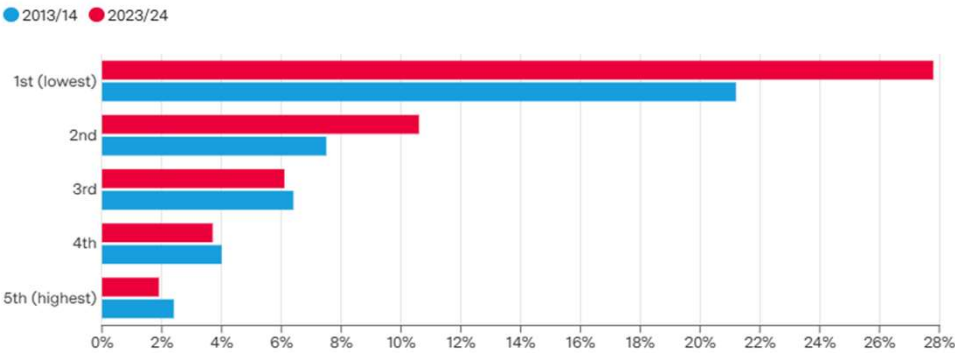


Inequalities chart (national)

- 28% of people in households on the lowest incomes spent more than a third of their income on housing costs in 2023/24, compared with only 2% of people in households in the top income quintile (the top 20% of incomes).
- Over the last 10 years, the percentage of people on the lowest incomes who spend more than a third of their income on housing has increased by 7%, while for people on the highest incomes it has slightly decreased.

People on low incomes are more likely to experience housing affordability problems.

People in households spending more than a third of net household income on housing, by demographic characteristics, UK, 2013/14 and 2023/24 (%)



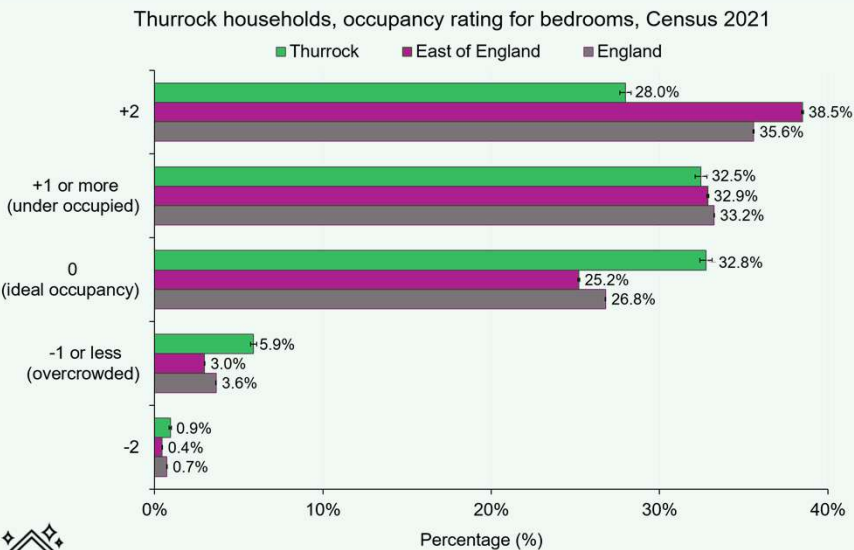
Source: [Department for Work and Pensions Households below average income, 1994/95 to 2023/24](#) - Data are pooled over the three years to the stated year.

Housing – high level key points within Thurrock

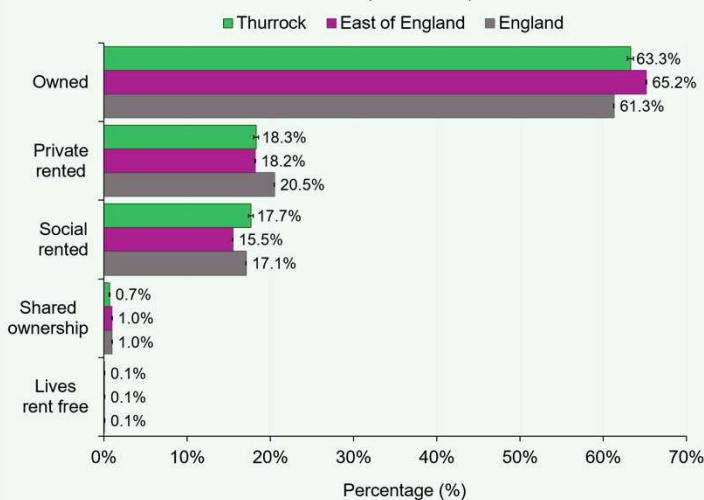
Overcrowding (all households)

- Occurs when a household has fewer bedrooms than required under the bedroom standard, indicating insufficient living space
- Strongly associated with poor physical health, including higher risk of respiratory illness and spread of infectious diseases
- Linked to poor mental health and wellbeing, driven by stress, lack of privacy, noise, and sleep disruption
- Negatively affects children’s outcomes, including educational attainment and emotional development
- More common in deprived populations, contributing to health inequalities and aligning with Core20 groups
- Recognised in UK public health policy as a key housing-related determinant of health, influencing demand on health and care services

Thurrock has higher levels of overcrowding (5.9%, rating -1 or less) than the East of England (3.0%) and England (3.6%). Under-occupation (rating +1) is similar at 32.5%, while ideal occupancy (rating 0) is better in Thurrock (32.8%) when compared with the East of England (25.2%) and England (26.8%).



Thurrock households, all tenure, Census 2021



Household Tenure – all types

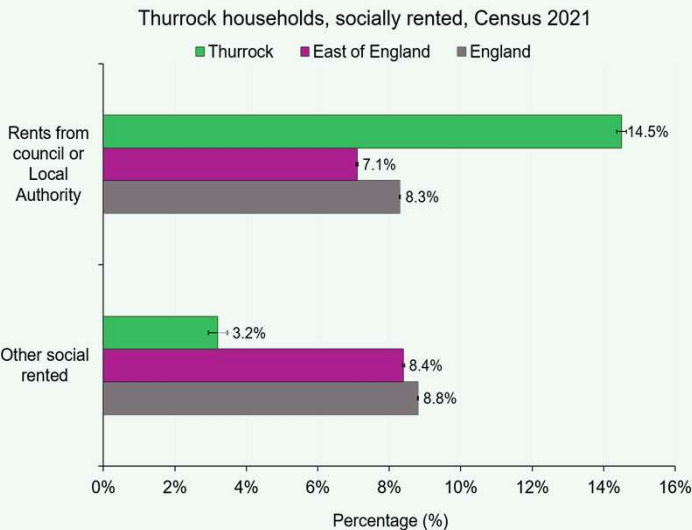
- Can determine housing quality (e.g. damp, cold, overcrowding), which affects physical health such as respiratory disease.
- Influences financial security, with high housing costs (especially renting) driving stress and limiting spending on essentials like food and heating
- Determines housing stability and security, affecting mental health and continuity of care, schooling, and employment
- Strongly associated with area deprivation, with poorer tenure types concentrated in more disadvantaged communities
- Acts as a key wider determinant of health in Marmot, linked to living standards and healthy environments

Thurrock’s household, all tenure, profile broadly aligns with regional and national patterns.

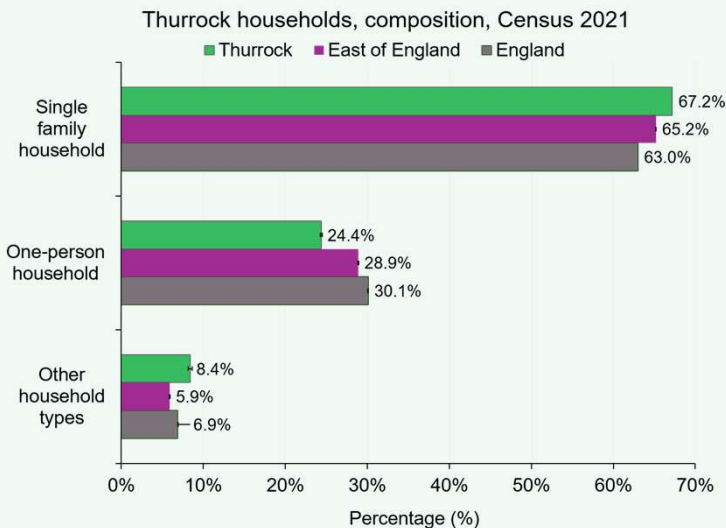
Social Rented Housing

- Provides greater tenancy security than private renting, supporting stability and better mental wellbeing.
- Offers lower and more predictable housing costs, reducing financial strain compared to private rented sector.
- Still associated with health risks where housing quality is poor (e.g. damp, cold homes), contributing to long-term illness.
- Identified in Marmot as part of the solution—expanding access to good quality, affordable social housing helps reduce inequalities.

While Thurrock has a similar proportion of social renting (above) a higher proportion of socially rented households are from the council/local authority (14.5%) compared with the East of England (7.1%) and England (8.3%).



Housing – high level key points within Thurrock



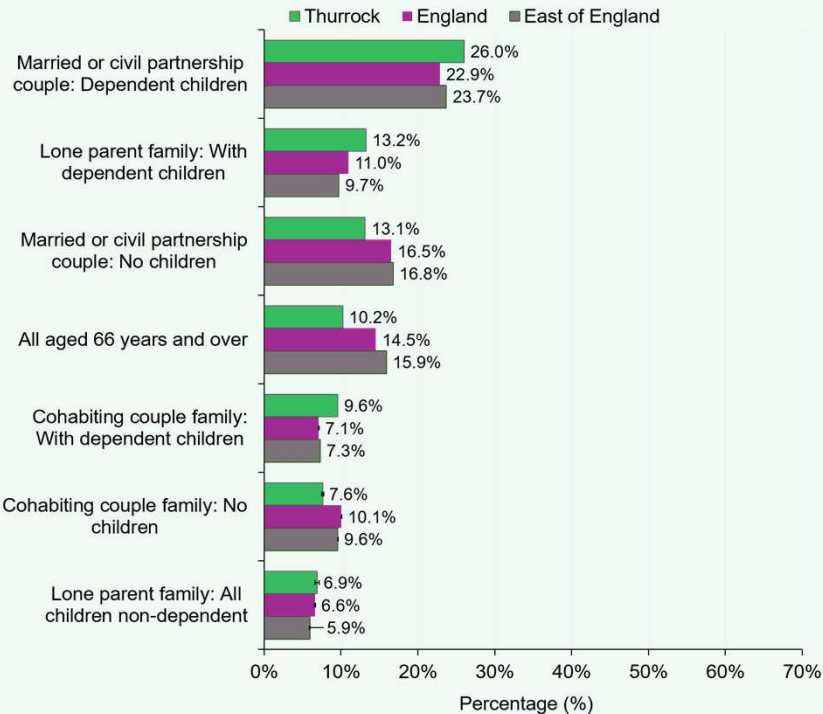
A single-family household is a household that contains only one family group, even if multiple people live within it.

Thurrock has a slightly higher proportion of single-family households (67.2%) compared to the East of England (65.2%) and England overall (63%) and a lower proportion of one-person households, at 24.4%.

Household composition

- Refers to the make-up of people within a household (e.g. single adults, families with children, multi-generational households).
- Strongly influences health needs and risks across the life course, with different groups experiencing different vulnerabilities.
- Single-person households (especially older adults) are linked to increased risk of social isolation and loneliness, poorer mental health and higher risk of long-term conditions.
- Households with children, particularly lone-parent families, are associated with higher levels of financial strain, child poverty, impacting on children's health, development, and educational outcomes.
- Larger or multigenerational households may experience increased risk of overcrowding, infection spread as well as protective effects (social support).
- Household composition is closely linked to deprivation and inequality, with certain groups (e.g. lone parents) more likely to be in the most deprived populations (Core20).
- Recognised within UK frameworks as part of the wider social and economic conditions shaping health inequalities and service demand.

Thurrock households, single family, Census 2021



Thurrock is more weighted towards married/civil partnership and cohabiting couples with dependent children (40.5%) when compared to East of England (22.9%) and England (30%).

It has lower levels of cohabiting couples with no children (7.6%) and lone parent households, with non-dependent children (6.9%).

Older people living alone

Nationally, just over half of older people living alone have three or more long term conditions. They are more likely to report depression or feeling lonely and can be classed as a vulnerable group. This has implications on pressure on A&E and GP services, particularly during winter months when isolation increases.

In Thurrock, 28.5% of people who are aged 66 and over are living alone (about 6800 one-person households), which is 10.2% of households which is lower than the England average (12.8%).

Household composition	Thurrock	East of England	England
One-person household: Aged 66 years and over	10.2%	13.3%	12.8%



Fuel poverty

Why is it important?

A household is considered fuel poor if it lives in a property with an energy efficiency rating of band D or below and, after meeting the required cost of heating, is left with an income below the poverty line.

Fuel poverty is driven by three main factors: low income, poor energy efficiency, and high energy prices. These factors are closely linked to cold homes, which are associated with poorer health outcomes and increased risks of illness and death across all age groups. Notably, over one in five (21.5%) [Institute of Health Equity](#) excess winter deaths in England and Wales are linked to the coldest homes.

What does it mean for Thurrock?

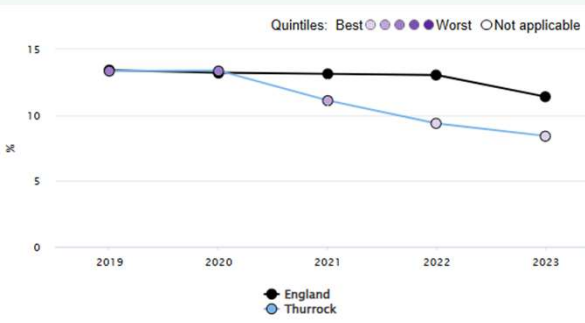
8.4% of Thurrock households experience Fuel Poverty compared to 11.4% in England, and is low relative to statistical neighbours. In Thurrock there is a higher proportion of Fuel Poverty within the 40% most deprived areas.

Fuel poverty (low income, low energy efficiency methodology) 2023

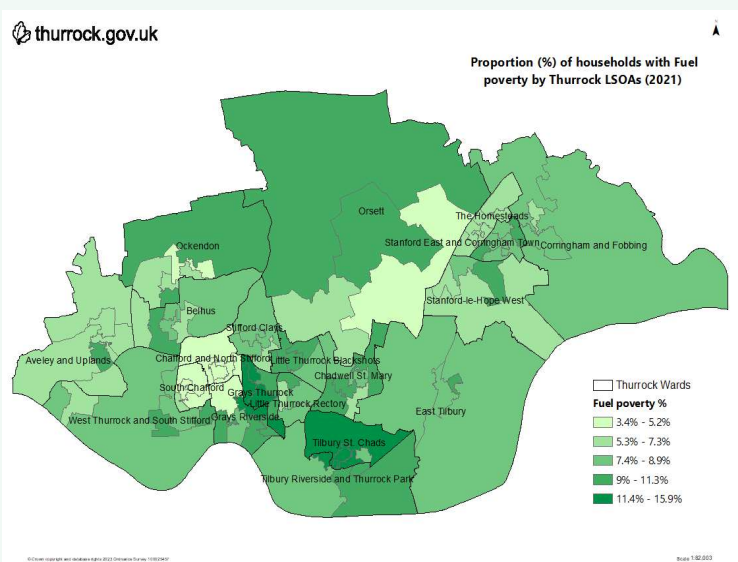
Proportion - %

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	-	-	2,801,647	11.4	-	-
Neighbours average	-	-	-	-	-	-
Blackburn with Darwen	-	13	8,827	14.6	-	-
Telford and Wrekin	-	2	11,320	14.6	-	-
Rochdale	-	4	11,874	12.8	-	-
Oldham	-	9	12,260	12.8	-	-
Bolton	-	7	15,131	12.4	-	-
Tameside	-	5	12,266	12.0	-	-
Middlesbrough	-	11	7,438	11.9	-	-
Salford	-	15	13,328	11.2	-	-
Bury	-	10	9,302	11.2	-	-
Medway	-	1	13,023	11.1	-	-
Peterborough	-	3	8,460	9.6	-	-
Stockton-on-Tees	-	12	7,978	9.2	-	-
Thurrock	-	-	5,821	8.4	-	-
Havering	-	8	9,190	8.4	-	-
Swindon	-	6	7,979	7.8	-	-
Milton Keynes	-	14	8,611	7.2	-	-

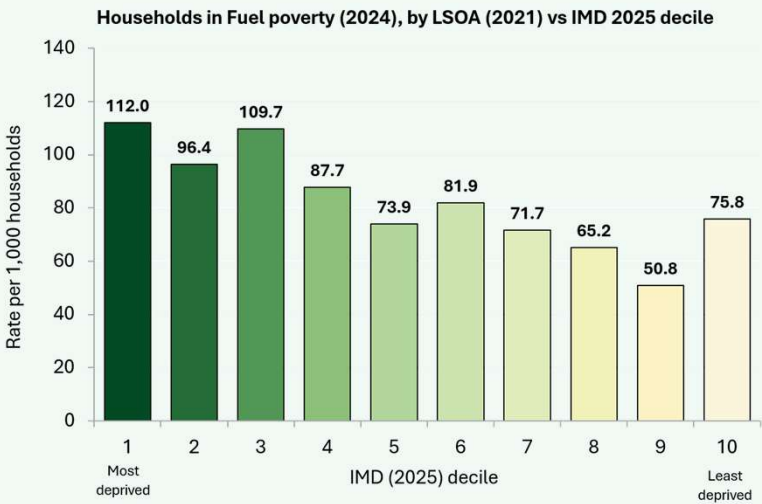
Fuel poverty (low income, low energy efficiency methodology) - trend



Map of Fuel Poverty (2024) households by Thurrock LSOAs



Inequalities chart (Thurrock)



In Thurrock there is a higher proportion of Fuel Poverty within the 40% most deprived areas.

Key implications for Thurrock residents

- **Neighbourhood health environments need urgent focus:**
Thurrock's high AHAH score highlights significant inequalities in access to healthy assets and greater exposure to environmental hazards, which can impact long-term physical and mental health.
- **Targeted planning and regeneration are essential:**
Improving access to green spaces, reducing environmental hazards, enhancing local services, and integrating public health into planning decisions will be key to improving residents' wellbeing.
- **Cost of living and housing pressures:** Residents may face competing financial pressures, particularly around housing costs. This can affect mental wellbeing, stability, and inequality, even where energy costs are less of an issue.
- **Environmental risks to long-term health:** PM2.5 levels suggest increased exposure to harmful air pollution. This creates a long-term burden of chronic disease. There is a need for sustained action on air quality, particularly linked to transport and industrial sources.
- **Road safety is a relative strength:** Thurrock sees fewer serious road injuries than England, but continued investment in road safety is essential given heavy logistics and commuter flows.
- **Lower transport noise exposure benefits health:**
Reduced noise burden provides protective effects against stress, disturbed sleep, and cardiovascular risks.

Summary of Thurrock's natural and built environment

Access to Healthy Assets & Hazards (AHAH) Index

- **Thurrock: 73.9%**
- **England: 20.9% (2024)**

What this means: A **higher AHAH percentage indicates poorer access** to health-promoting assets and higher exposure to hazards - including limited access to green space, health services, and more environmental hazards such as pollution or unhealthy retail clustering.

People Killed or Seriously Injured (KSI) on roads

- **Thurrock: 39.0 per billion vehicle miles**
- **England: 89.8 per billion vehicle miles (2024)**

What this means: Thurrock performs **better than England**, with significantly fewer people killed or seriously injured relative to traffic volume. This suggests effective local road safety measures - though high freight and commuter traffic still pose ongoing risks.

Transport noise exposure daytime exposure ≥ 65 dB

- **Thurrock: 1.8%**
- **England: 4.3% (2021)**

What this means: Thurrock residents experience **lower daytime transport noise exposure** than the national picture, despite proximity to major roads and port-related activity.

Transport noise exposure night-time exposure ≥ 55 dB

- **Thurrock: 5.2%**
- **England: 8.4% (2021)**

What this means: Night-time noise exposure in Thurrock is notably **lower than national levels**, meaning fewer residents face chronic sleep disturbance linked to transport noise.



Summary of Thurrock's natural and built environment

Air Quality - PM2.5 (fine particulate matter)

- **Thurrock:** 8.1 $\mu\text{g}/\text{m}^3$
- **England:** ~7.1 $\mu\text{g}/\text{m}^3$

What this means: PM2.5 is a key pollutant linked to heart disease, stroke, lung cancer, and respiratory illness. The WHO confirms there is no safe level of exposure, and reductions improve health outcomes. Thurrock's higher level indicates increased long-term health risks, particularly for vulnerable populations.

Housing & Living Environment - Affordability of home ownership

- **Thurrock:** 8.5
- **England:** 7.7

What this means: Housing is **less affordable than the England average**, placing **financial strain on residents**, particularly first-time buyers. This can impact **housing stability and wider wellbeing**. Lower affordability reflects higher housing costs relative to income, linked to financial strain and poorer mental wellbeing.

Fuel poverty (LILEE measure)

- **Thurrock:** 8.4%
- **England:** 11.4%

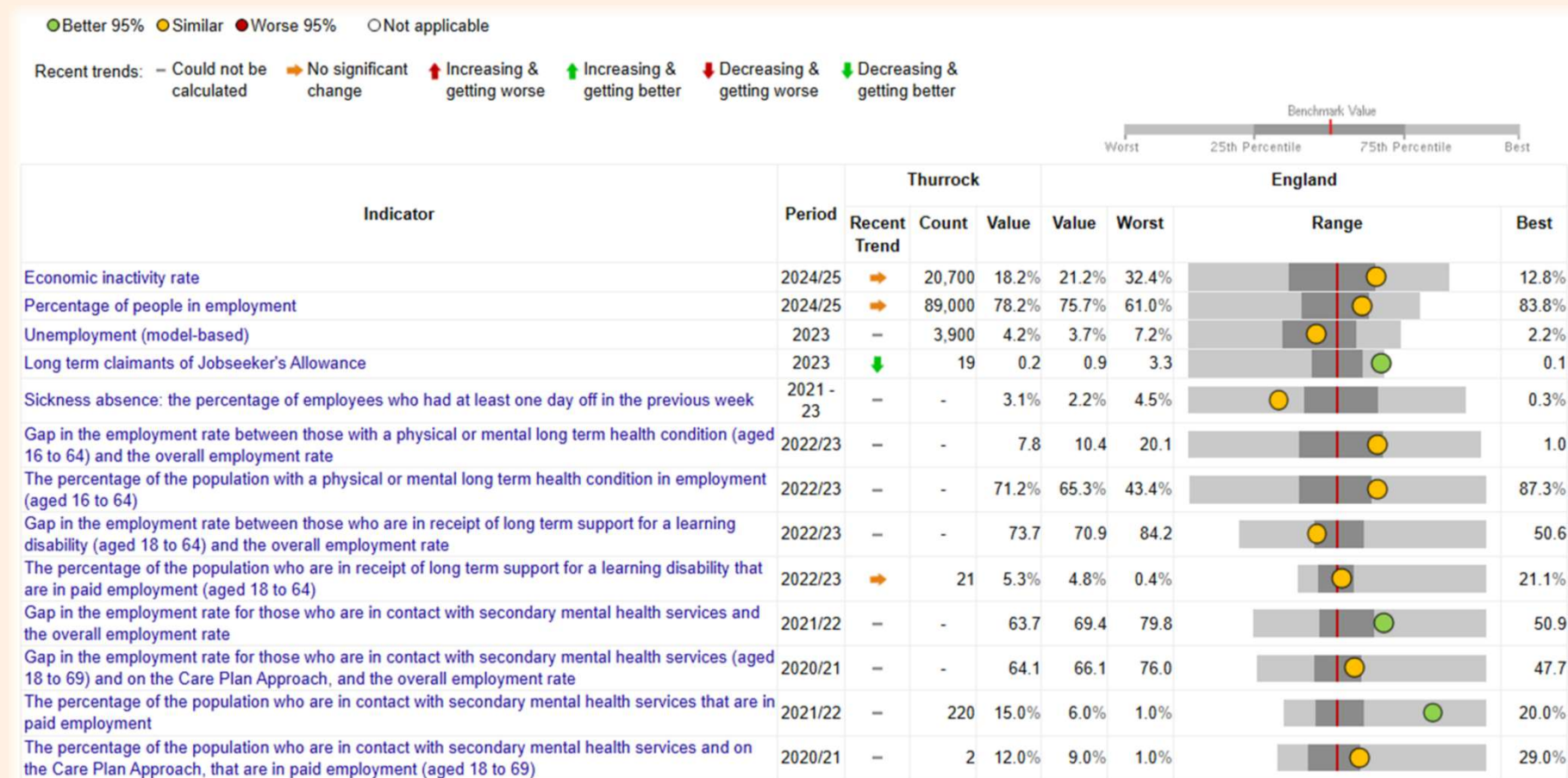
What this means: Thurrock performs **better than England and many similar areas**, with fewer households experiencing fuel poverty, but a notable proportion of households remain at risk, requiring targeted support.



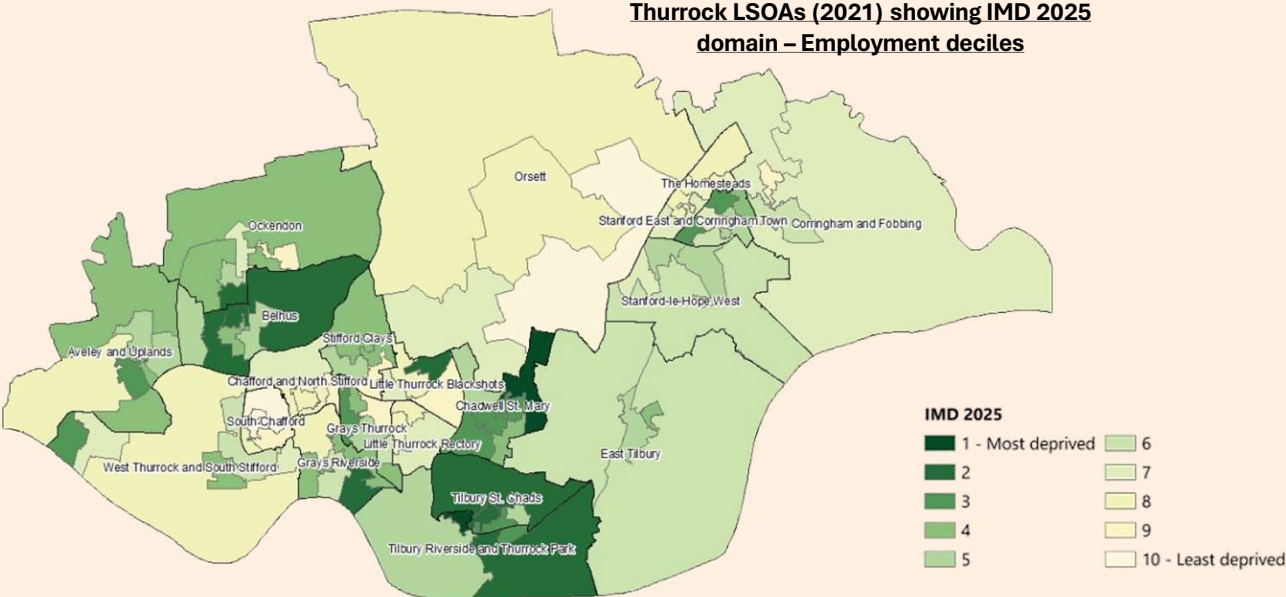
Work and the labour market

Work and the labour market

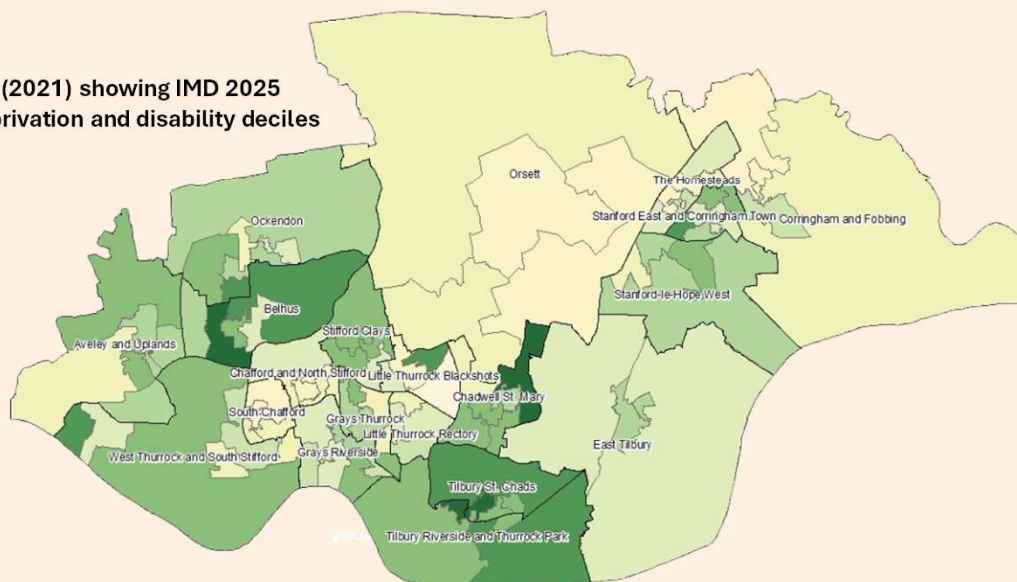
Source - [Wider Determinants of Health - Data | Fingertips | Department of Health and Social Care](#)



**Thurrock LSOAs (2021) showing IMD 2025
domain – Employment deciles**



**Thurrock LSOAs (2021) showing IMD 2025
domain – Health deprivation and disability deciles**

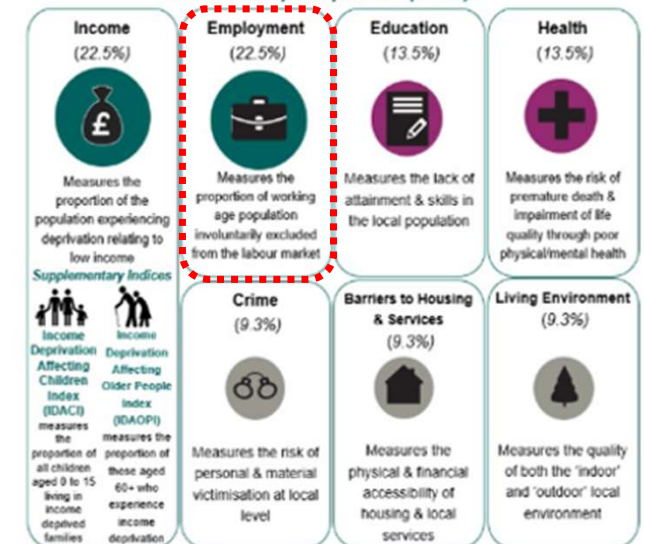


The English Indices of Deprivation 2025 (IoD2025)

The Indices relatively rank each small area in England from most deprived to least deprived



There are 7 domains of deprivation, which combine to create the Index of Multiple Deprivation (IMD25):



How can the IoD2025 be used?

- ✓ Comparing small areas across England
- ✓ Identifying the most deprived small areas
- ✓ Exploring the domains (or types) of deprivation
- ✓ Comparing larger administrative areas e.g. local authorities
- ✓ Looking at changes in relative deprivation between iterations (i.e. changes in ranks)
- ✗ Quantifying how deprived a small area is
- ✗ Identifying deprived people
- ✗ Saying how affluent a place is
- ✗ Comparing with small areas in other UK countries
- ✗ Measuring absolute change in deprivation over time

What impacts does work and the labour market have on health?

Employment

- Supports better physical and mental health; unemployment increases risk of depression, anxiety, and long-term illness.

Job security matters

- Insecure or unstable work increases stress and psychological distress.

Income from work

- Affects health through housing quality, food security, and ability to meet basic needs.

In-work poverty

- Is linked to poor health outcomes similar to unemployment.

Working conditions and stress

- Influence health: unsafe or physically demanding jobs increase injury and chronic illness.
- High demands, low control - can raise risk of mental ill-health and heart disease.
- Poor-quality work can harm health even when people are employed.

Labour-market

- Inequalities (by disability, ethnicity, age) contribute to wider health inequalities.



What do residents say about work and the labour market within Thurrock?

Source - [Thurrock Local Plan Initial Proposals Document](#)

More local employment opportunities are needed.

People would like to see more highly skilled and professional jobs available locally.

Opportunity for more incubator units and start-up spaces.

Employment opportunities and jobs in the creative sector.

No desire for new industrial units, but support for “live-work” (small-scale employment activities) and local small businesses.

Groups at a disproportionate level of risk in work and the labour market

Minority ethnic workers

- 45% of minority ethnic workers receive less than a week's notice for shifts vs. 28% of white workers.
- 38% experience unexpected shift cancellations vs. 24% of white workers.
- Often paid the lowest wages and face an "insecurity premium" (higher childcare costs, reliance on credit).
- Over 70% of minority ethnic workers are in shift work, compared to 53% of white workers.



livingwage.org.uk

Women

- Employment rate: 53.2% for women vs. 61.4% for men.
- Women are more likely to be in part-time or insecure roles due to care responsibilities.



ons.gov.uk

Precarious workers

- Around 10% of UK workers are in precarious work (low-paid, insecure jobs).
- 8% are "increasingly precarious," meaning they remain stuck in insecure work over time.
- Concentrated in hospitality, retail, agriculture, and construction.
- More likely to be female, younger, and working class.



ucl.ac.uk

Disabled people

- Employment rate for non-disabled adults: 64.7%.
- Employment rate for disabled adults: 27.3% (less than half).
- Barriers include workplace accessibility, discrimination, and health limitations.



ons.gov.uk

Other vulnerable groups

- Care leavers, ex-offenders, homeless individuals, and people with substance misuse issues face significant barriers to employment.
- These groups often require targeted interventions to access work



gov.uk

Percentage of people in employment

Why is it important?
The review "Is work good for your health and wellbeing" in 2006 concluded that work was generally good for both physical and mental health and wellbeing. Good access to local employment and good working conditions can positively influence the health of people in a community.

What does it mean for Thurrock?
In Thurrock there is a similar percentage of people in employment compared to most statistical neighbours (statistically better than bottom 4) and national average.

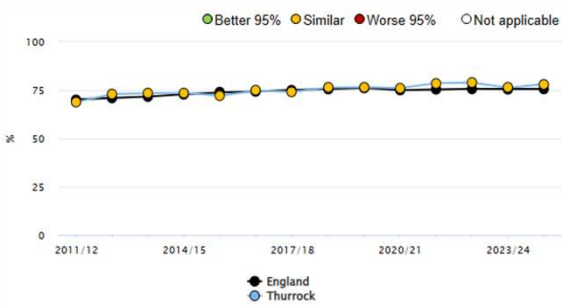
Trend data shows a similar stable pattern to England, over time.

Employment rates are lowest in areas of highest deprivation.

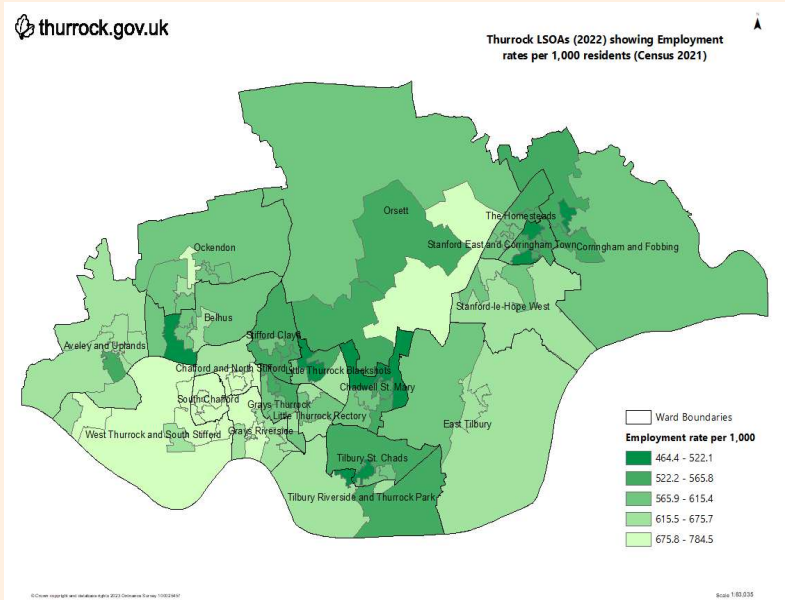
Percentage of people in employment 2024/25

Area	Recent Trend	Neighbour Rank	Count	Value	Proportion - %	
					95% Lower CI	95% Upper CI
England	↑	-	26,720,600	75.7	75.4	76.0
Neighbours average	↑	-	-	-	-	-
Medway	↑	1	144,600	80.5	76.9	84.1
Milton Keynes	↓	14	139,100	79.3	75.9	82.7
Swindon	↑	6	112,000	79.2	75.5	82.9
Thurrock	→	-	89,000	78.2	73.7	82.7
Havering	→	8	126,600	76.7	71.8	81.6
Stockton-on-Tees	→	12	92,300	75.2	70.8	79.6
Peterborough	↓	3	95,600	74.9	70.7	79.1
Tameside	→	5	104,500	74.2	70.0	78.4
Telford and Wrekin	→	2	80,600	72.7	67.8	77.6
Salford	→	15	119,900	71.7	66.7	76.7
Rochdale	↑	4	95,300	71.2	67.1	75.3
Bury	↓	10	82,200	70.1	65.7	74.5
Oldham	↑	9	102,000	68.7	64.1	73.3
Blackburn with Darwen	↑	13	63,100	68.6	64.4	72.8
Middlesbrough	→	11	58,900	66.8	63.0	70.6
Bolton	↓	7	120,900	66.8	61.6	72.0

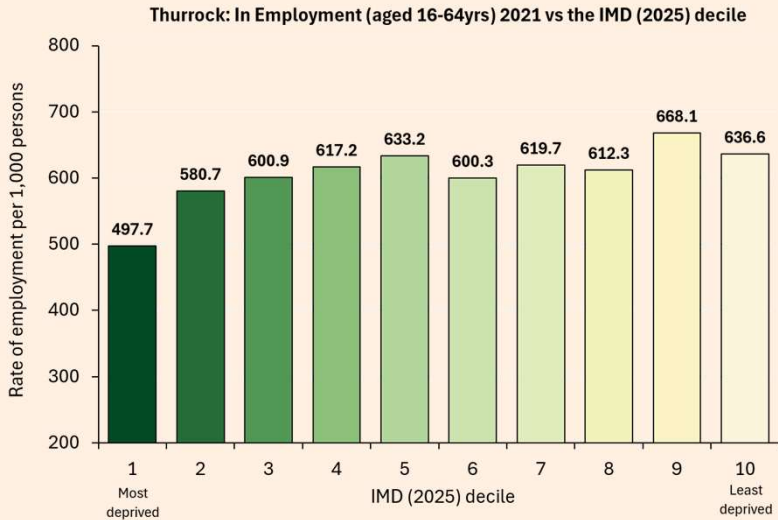
Percent of people in employment - trend



Map of Employed residents in Thurrock



Inequalities chart (Thurrock)



In Thurrock there is a higher proportion of people employed within the least deprived decile's 9 and 10

Population (%) with a physical or mental long term health condition in employment (aged 16 to 64)

Why is it important?

In the 2023/24 financial year, 16.8 million people in the UK reported a disability, with the rate among working-age adults reaching 24% (nearly one in four), highlighting the scale of the issue and its impact on millions of people’s working lives. Most long-term health conditions are acquired in adulthood, and with an ageing population, this issue is likely to become more prevalent.

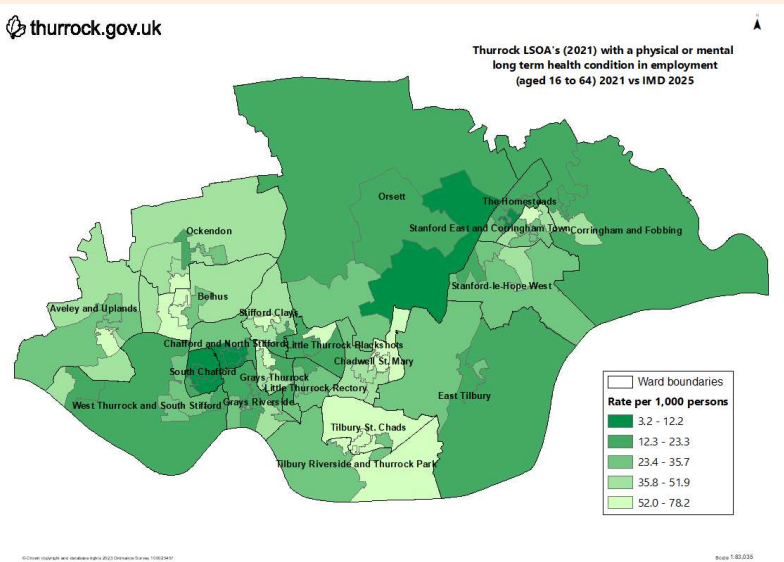
Health is currently the leading reason why people aged 50 to 64 are out of work. Only around half of disabled people are currently in employment. However, many, including those with long-term health conditions, want to work and could do so with the right support in place.

What does it mean for Thurrock?

In Thurrock there are statistically similar proportion of people in employment (71.2%) with a physical or mental long term health condition, when compared to England – (65.3%). In comparison to our statistical neighbours Thurrock is statistically similar to most.

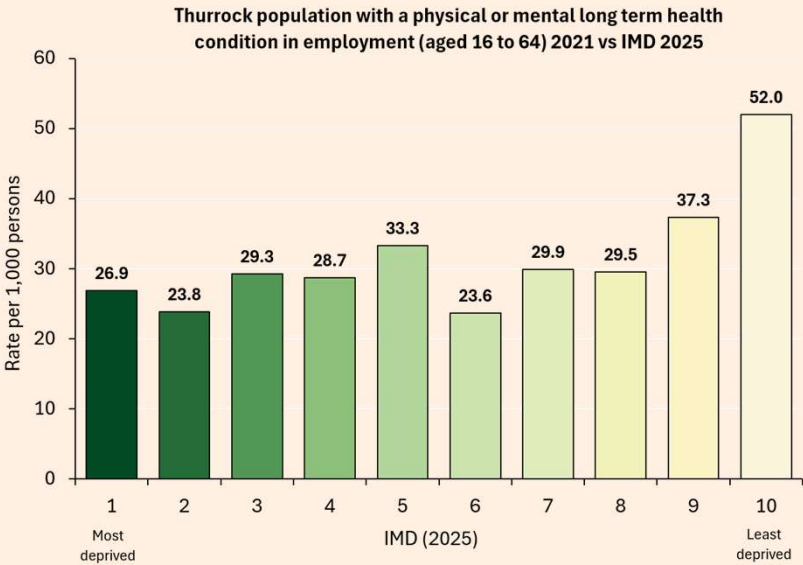
The percentage of the population with a physical or mental long term health condition in employment (aged 16 to 64) 2022/23

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	-	-	-	65.3	-	66.0
Neighbours average	-	-	-	-	-	-
Havering	-	8	-	80.5	73.1	88.0
Thurrock	-	-	-	71.2	63.5	78.9
Bury	-	10	-	69.9	61.8	78.0
Medway	-	1	-	68.7	59.9	77.6
Peterborough	-	3	-	67.0	57.4	76.6
Milton Keynes	-	14	-	65.7	58.0	73.4
Swindon	-	6	-	65.5	56.9	74.1
Salford	-	15	-	64.8	55.4	74.3
Oldham	-	9	-	64.1	55.1	73.0
Telford and Wrekin	-	2	-	63.3	54.2	72.3
Stockton-on-Tees	-	12	-	60.3	52.3	68.3
Tameside	-	5	-	59.6	52.1	67.1
Blackburn with Darwen	-	13	-	56.4	46.2	66.6
Rochdale	-	4	-	54.7	44.9	64.5
Middlesbrough	-	11	-	53.7	44.8	62.5
Bolton	-	7	-	53.6	42.7	64.6



Inequalities chart (Thurrock)

People with a disability, physical or mental health long term condition living in areas of least deprivation are more likely to be in employment than those in areas of higher levels of deprivation



Population (%) who are in receipt of long-term support for a learning disability that are in paid employment (aged 18 to 64)

Why is it important?

People with learning disabilities face numerous barriers to employment, including insufficient support, employer attitudes, and a general lack of understanding about what individuals can achieve with the right assistance—from education through to the workplace.

The health and wellbeing benefits of appropriate employment are well established. However, employment rates among disabled people continue to highlight one of the most significant inequalities in the UK.

What does it mean for Thurrock?

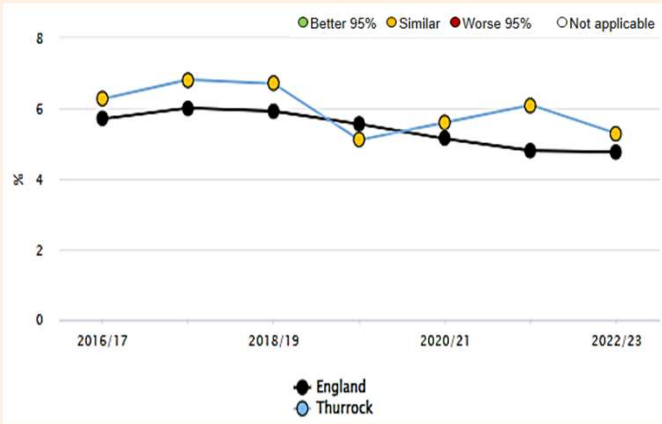
In Thurrock there are a similar percentage of people who are in receipt of long-term support, as there are nationally (5.3% compared with 4.8%) and in most statistical neighbours.

Trend data shows a similar pattern to England, over time, a general reduction in the percentage in paid employment over recent years.

The percentage of the population who are in receipt of long term support for a learning disability that are in paid employment (aged 18 to 64) 2022/23

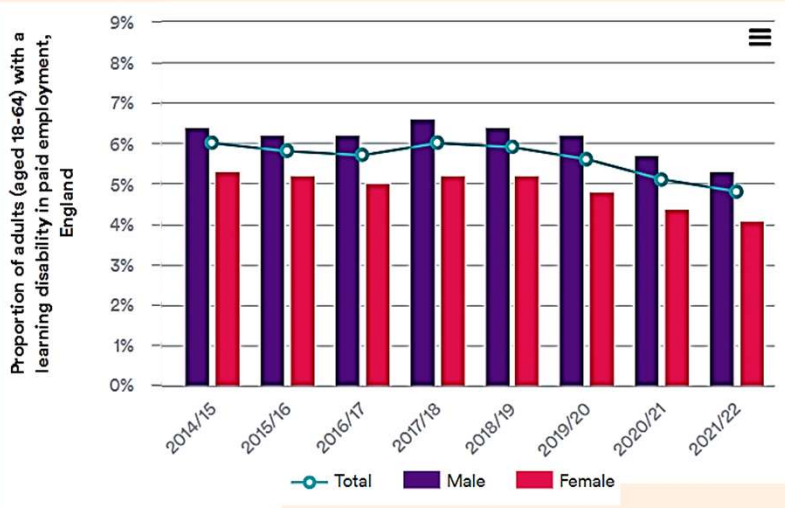
Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↓	-	6,371	4.8	4.7	4.9
Neighbours average	↓	-	-	-	-	-
Milton Keynes	→	14	49	8.6	6.6	11.2
Rochdale	→	4	44	6.6	4.9	8.7
Swindon	→	6	34	5.3	3.8	7.3
Thurrock	→	-	21	5.3	3.5	8.0
Tameside	↓	5	22	4.2	2.8	6.3
Bolton	→	7	28	3.5	2.5	5.1
Havering	↓	8	19	3.3	2.2	5.2
Stockton-on-Tees	→	12	15	3.2	2.0	5.3
Oldham	→	9	23	2.9	2.0	4.4
Telford and Wrekin	→	2	14	2.6	1.5	4.3
Bury	→	10	14	2.6	1.5	4.3
Medway	→	1	17	2.6	1.6	4.1
Peterborough	↓	3	11	2.3	1.3	4.1
Salford	↓	15	8	1.6	0.8	3.1
Middlesbrough	→	11	8	1.3	0.7	2.6
Blackburn with Darwen	→	13	4	1.1	0.4	2.7

The percentage of the population who are in receipt of long-term support for a learning disability that are in paid employment (aged 18 to 64)



Inequalities chart (national)

The proportion of adults aged 18 to 64 with a learning disability who receive long-term support and are known to their local council as being in paid employment has declined over time—from 6.0% in 2014/15 to a low of 4.8% in 2021/22. Gender disparities are observed, in 2021/22, 5.3% of men with a learning disability were in paid employment, compared with 4.1% of women, relatively this gap is larger than the gender gap in the general population.



The percentage of the population who are in contact with secondary mental health services that are in paid employment

Why is it important?

The relationship between mental health and unemployment is two-way. Good mental health supports employability, job acquisition, and job retention.

Conversely, unemployment can lead to stress and long-term physical health issues, often contributing to mental health challenges such as depression, anxiety, and low self-esteem.

What does it mean for Thurrock?

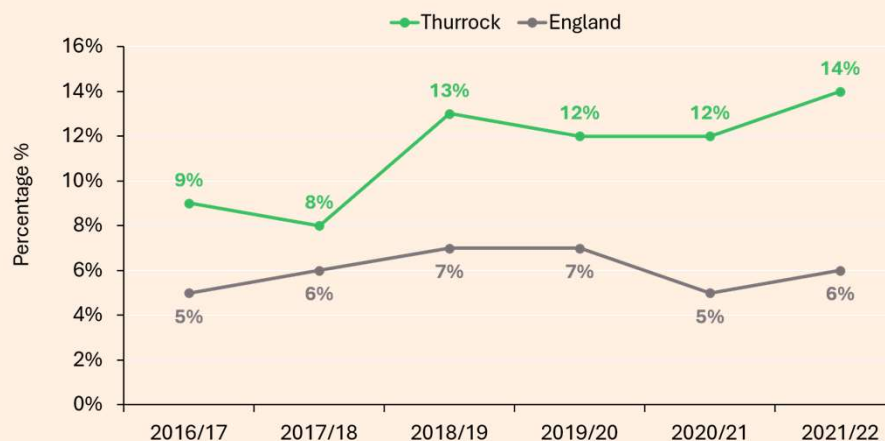
In Thurrock there are a statistically significantly higher proportion of people with secondary mental health services contact in paid employment, as there are nationally and most areas with a similar demographic (statistical neighbours).

The percentage of the population who are in contact with secondary mental health services that are in paid employment 2021/22

Proportion - %

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	-	-	39,406	6.0	5.9	6.1
Neighbours average	-	-	3,272	9.2*	8.9	9.5
Milton Keynes	-	14	444	20.0	18.4	21.7
Stockton-on-Tees	-	12	354	18.0	16.4	19.8
Thurrock	-	-	220	15.0	13.3	16.9
Salford	-	15	503	12.0	11.1	13.0
Middlesbrough	-	11	232	12.0	10.6	13.5
Havering	-	8	262	11.0	9.8	12.3
Bolton	-	7	294	11.0	9.9	12.2
Swindon	-	6	164	11.0	9.5	12.7
Medway	-	1	135	7.0	5.9	8.2
Peterborough	-	3	90	6.0	4.9	7.3
Bury	-	10	128	5.0	4.2	5.9
Rochdale	-	4	95	5.0	4.1	6.1
Telford and Wrekin	-	2	104	5.0	4.1	6.0
Tameside	-	5	117	4.0	3.3	4.8
Blackburn with Darwen	-	13	45	3.0	2.2	4.0
Oldham	-	9	85	3.0	2.4	3.7

The percentage of the population who are in contact with secondary mental health services that are in paid employment trend



Unemployment (model-based)

Why is it important
Unemployment is linked to increased risks of poor health and higher mortality rates. There is a well-established connection between unemployment and adverse mental health outcomes, including higher rates of suicide, self-reported ill health, long-term limiting conditions, and engagement in risky health behaviors such as alcohol consumption and smoking. These associations are often attributed to the psychosocial impacts of unemployment, including stigma, social isolation, and diminished self-worth.

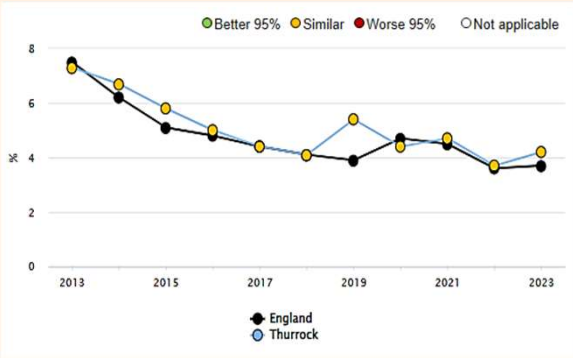
What does it mean for Thurrock?
In Thurrock there are a similar percentage of people unemployed, as there are nationally and compared to statistical neighbours.

Trend data shows a similar downward pattern to England, with a slight increase for Thurrock in 2019.

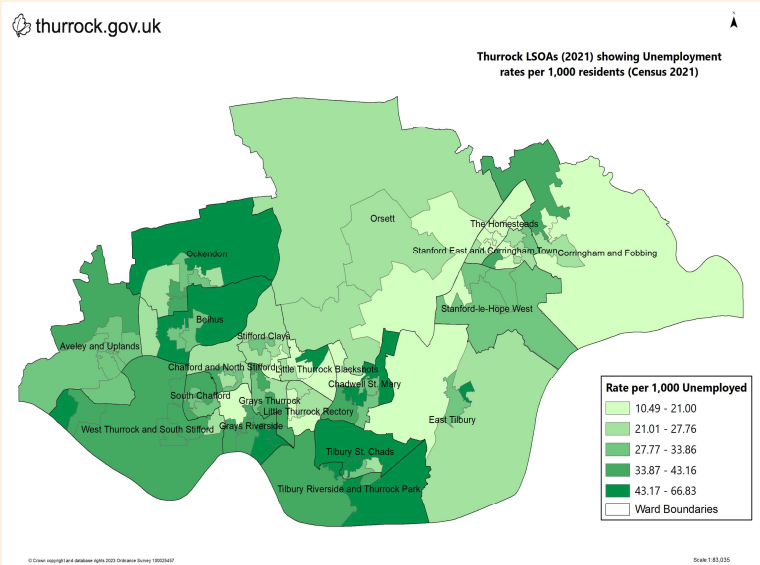
Unemployment (model-based) 2023

Area	Recent Trend	Neighbour Rank	Count	Value	Proportion - %	
					95% Lower CI	95% Upper CI
England	-	-	1,081,500	3.7	3.5	3.9
Neighbours average	-	-	-	-	-	-
Middlesbrough	-	11	3,200	5.3	3.8	6.8
Bolton	-	7	6,600	5.3	3.7	6.9
Salford	-	15	6,800	5.2	3.7	6.7
Blackburn with Darwen	-	13	3,200	4.8	3.4	6.2
Oldham	-	9	5,800	4.8	3.4	6.2
Rochdale	-	4	4,900	4.8	3.4	6.2
Havering	-	8	6,300	4.4	3.0	5.8
Peterborough	-	3	4,800	4.3	3.0	5.6
Thurrock	-	-	3,900	4.2	3.0	5.4
Stockton-on-Tees	-	12	3,900	4.0	2.8	5.2
Milton Keynes	-	14	4,900	3.6	2.6	4.6
Medway	-	1	5,100	3.5	2.5	4.5
Bury	-	10	3,000	3.4	2.3	4.5
Telford and Wrekin	-	2	3,000	3.4	2.3	4.5
Tameside	-	5	3,300	3.0	2.0	4.0
Swindon	-	6	3,100	2.6	1.8	3.4

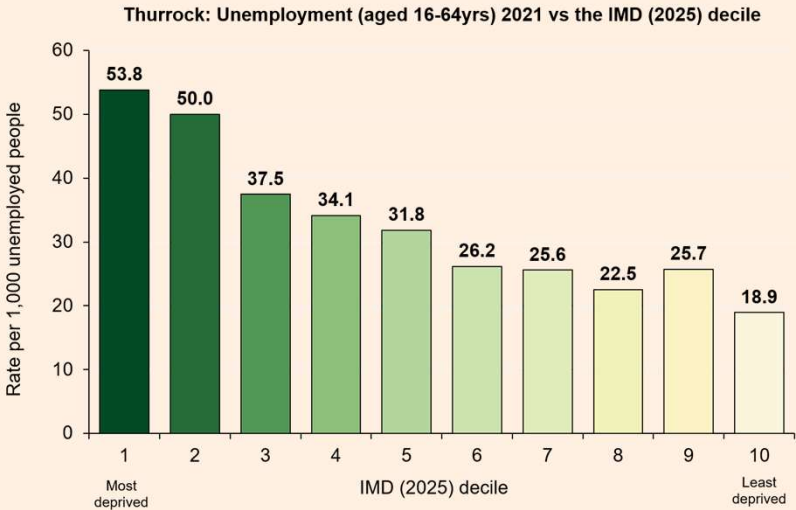
Unemployment (model-based)



Map of unemployed with a disability in Thurrock



Inequalities chart (Thurrock)



In Thurrock there is a higher proportion of unemployed people within the most deprived decile's 1 and 2.

Source - Nomis

Long term claimants of Jobseeker's Allowance

Why is it important?

long-term unemployment is associated with lower health satisfaction and an increased risk of suicide. It is linked to a range of adverse health outcomes, including poor mental health, higher suicide rates, increased self-reported ill health, long-term limiting conditions, and a greater prevalence of risky health behaviors such as alcohol consumption and smoking. These effects are often attributed to the psychosocial consequences of unemployment—such as stigma, social isolation, and a loss of self-worth.

What does it mean for Thurrock?

In Thurrock there are a statistically significantly lower percentage of long-term claimants of Jobseekers, as there are nationally and compared to most areas that are similar in terms of demographics (statistical neighbours).

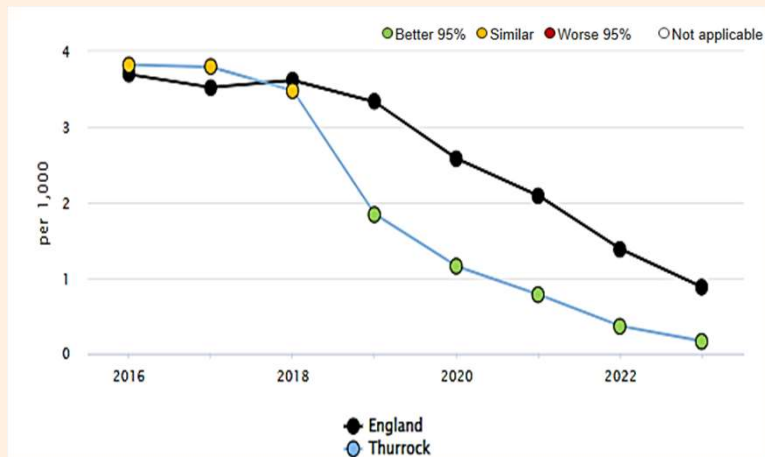
Trend data shows a similar pattern to England, over time, with a downward trend from 2018.

Long term claimants of Jobseeker's Allowance 2023

Crude rate - per 1,000

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↓	-	31,751	0.9	0.9	0.9
Neighbours average	↓	-	-	-	-	-
Bolton	↓	7	333	1.8	1.6	2.0
Middlesbrough	↓	11	161	1.7	1.4	2.0
Stockton-on-Tees	↓	12	196	1.6	1.4	1.8
Milton Keynes	↓	14	254	1.3	1.2	1.5
Blackburn with Darwen	↓	13	121	1.2	1.0	1.5
Salford	↓	15	216	1.1	1.0	1.3
Rochdale	↓	4	144	1.0	0.9	1.2
Havering	↓	8	158	1.0	0.8	1.1
Tameside	↓	5	112	0.8	0.6	0.9
Medway	↓	1	128	0.7	0.6	0.8
Bury	↓	10	61	0.5	0.4	0.6
Telford and Wrekin	↓	2	60	0.5	0.4	0.6
Oldham	↓	9	48	0.3	0.2	0.4
Thurrock	↓	-	19	0.2	0.1	0.3
Peterborough	↓	3	19	0.1	0.1	0.2
Swindon	↓	6	20	0.1	0.1	0.2

Long term claimants of Jobseekers Allowance



Inequalities for long term jobseekers' allowance (national)

People from poorer backgrounds are more likely to become and remain long-term JSA claimants.

- Long-term unemployment and JSA claiming are strongly linked to poverty and deprivation.
- People in the most deprived areas experience worse health, lower life expectancy, and higher unemployment persistence.
- Long-term unemployment itself worsens outcomes:
 - Reduced income
 - Fewer opportunities
 - Lower long-term employment prospects

Economic inactivity rate

Why is it important?

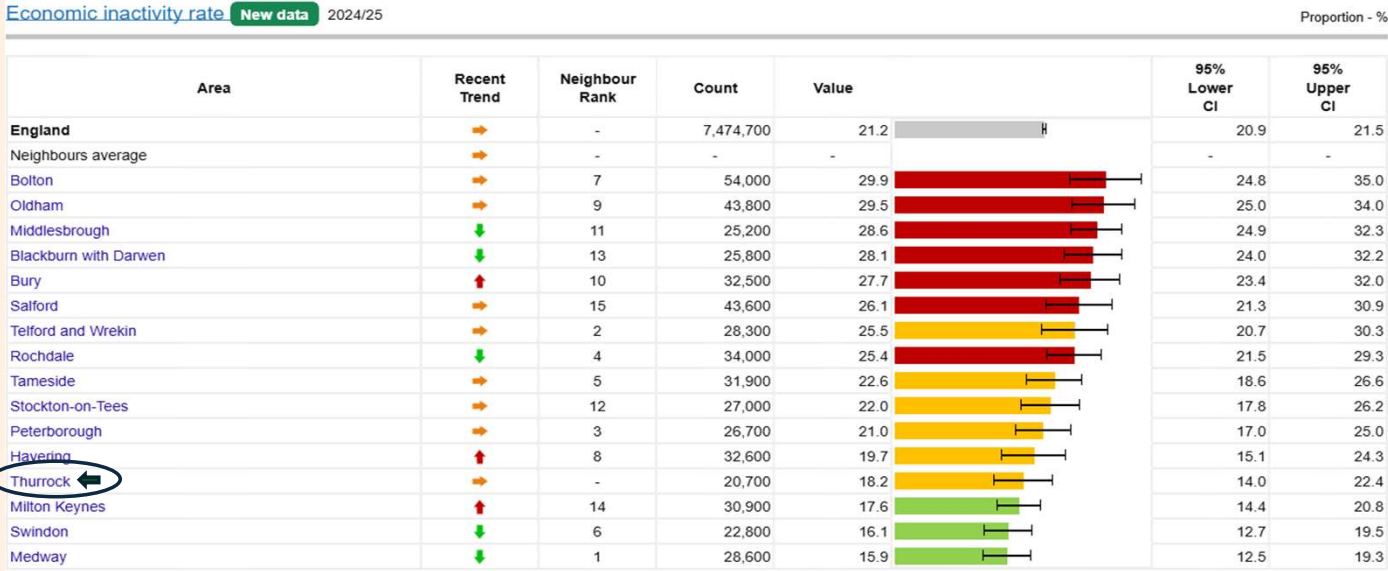
Together with unemployment rates, the economic inactivity (economic inactivity refers to people of working age who are not in employment and not actively seeking work) rate indicator provides a comprehensive view of the labour market status for the working-age population. Employment status is both associated with and causally linked to a range of health outcomes, making these indicators essential for understanding the wider determinants of health.

What does it mean for Thurrock?

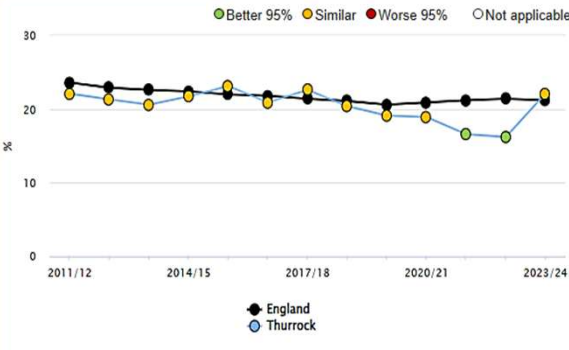
Thurrock's economic inactivity rate is statistically similar to the national average and most of its statistical neighbours, with over half showing no significant difference from the national average.

Economic inactivity is higher in the most deprived 10% of the population but is similar across all other deciles.

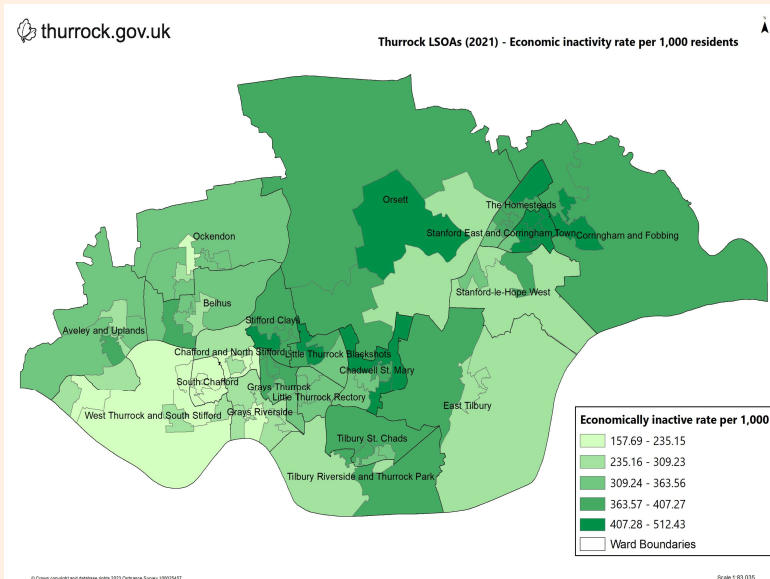
Trend data shows no significant change over time and is comparable to the England trend.



Economic inactivity rate

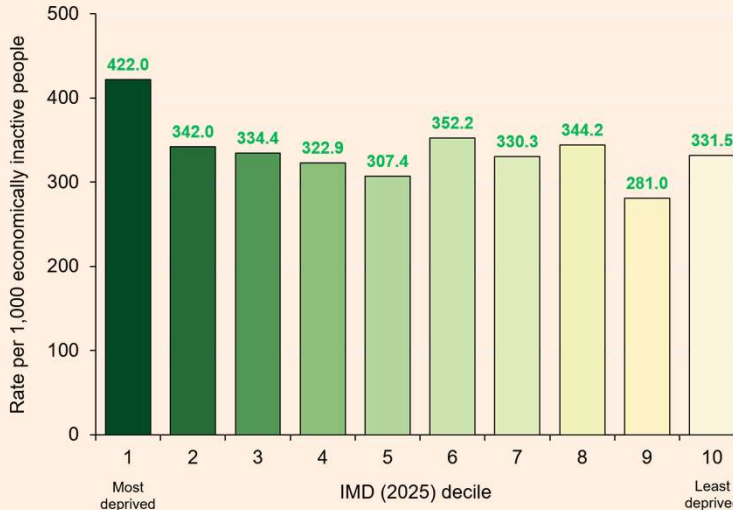


Map of Economic inactivity in Thurrock



Inequalities chart (Thurrock)

Thurrock: Economic inactivity rate vs the IMD (2025) decile



In Thurrock there is a higher rate of economic inactivity within the more deprived decile 1



Sickness absence: the percentage of employees who had at least one day off in the previous week

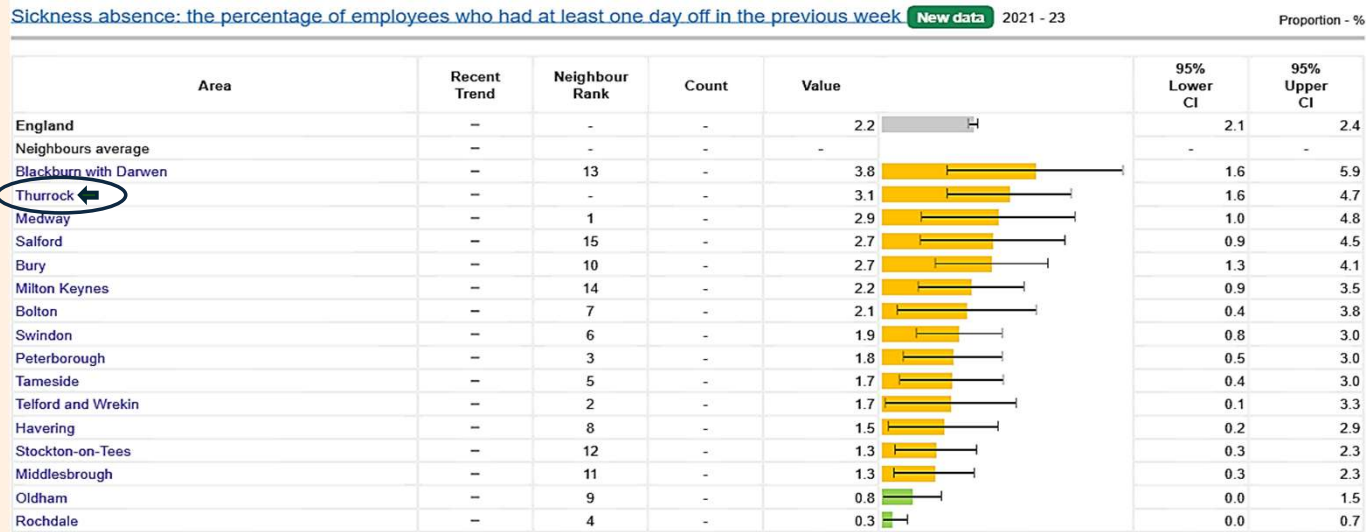
Why is it important?

Sickness absence is a key indicator of workforce health and wellbeing; it measures the proportion of employees who reported taking at least one day of sickness absence during the previous working week. High levels of absence can reflect underlying issues such as chronic illness, poor working conditions, or inadequate support for mental and physical health in the workplace.

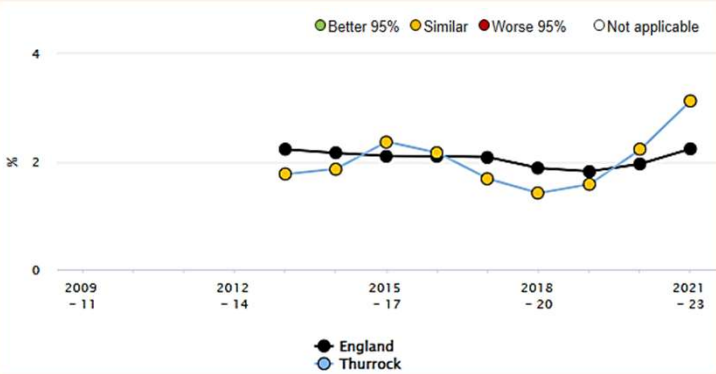
What does it mean for Thurrock?

Thurrock has a similar percentage, when compared to England and our neighbours

Trend data shows an increase over time.



Sickness absence: the percentage of employees who had at least one day off in the previous week



Inequalities chart for sickness absence (national)

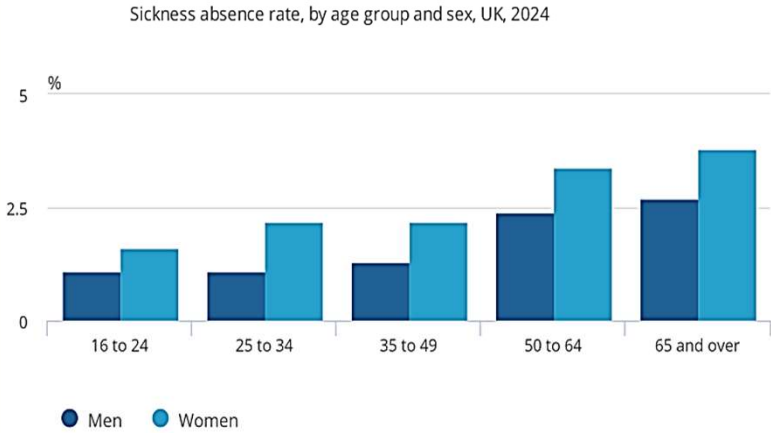
Sickness absence rates in 2024 were notably higher among older workers compared to their younger counterparts.

Gender disparities were also evident, with women consistently showing higher sickness absence rates than men across all age groups

While most age groups experienced a decline in sickness absence rates compared to 2023, the rate for workers aged 16 to 24 remained unchanged, making them the only group without improvement.

Minor illnesses were the most common reason given for sickness absence in 2024. This is the third consecutive year minor illnesses have been on top since the fall they experienced because of coronavirus (COVID-19) in 2020 and 2021.

Women's sickness absence rate was higher than men's in all age groups in 2024



Key implications for Thurrock residents

- **Thurrock shows strong employment inclusion**, especially for residents with long-term conditions and those accessing mental health services, indicating effective local support systems.
- **However, underlying challenges persist**, including higher unemployment, elevated sickness absence, and slightly higher economic inactivity than England.
- **Vulnerable groups still face major barriers**, particularly residents with learning disabilities, whose employment rates remain very low despite being marginally above the national average.
- **Workforce health and job quality are critical issues** due to the physical demands of many local jobs, contributing to sickness absence and long-term health-related worklessness.
- **Targeted interventions are needed** to improve job matching, upskill residents, expand supported employment, and strengthen workplace health programmes, ensuring that Thurrock's labour market growth benefits all residents.

Summary of Thurrock work and the labour market

Percentage of people in employment

- **Thurrock: 78.2% (2024/25)**
- **England: 75.7%**
- **What this means:** Thurrock performs slightly above the national average, indicating a relatively strong local labour market. This suggests that employment opportunities are generally accessible to residents. However, given Thurrock's reliance on sectors such as logistics, transport and manual roles, the quality, stability and progression opportunities within local employment may vary significantly.

Unemployment

- **Thurrock: 4.2%**
- **England: 3.7% (2023)**
- **What this means:** Despite higher overall employment, Thurrock's modelled unemployment rate is above the national rate. This may indicate challenges aligning local workers with available jobs, possible skills mismatches, or instability within key sectors such as warehousing, retail, distribution and entry-level work. Targeted employment programmes may be needed to address job readiness and resilience.

Economic inactivity rate

- **Thurrock: 18.2% (2024/25)**
- **England: 21.2%**
- **What this means:** Thurrock's slightly higher inactivity suggests more residents are outside the labour market due to factors such as ill-health, caring responsibilities, low skills, or limited access to flexible employment. While the difference from England is modest, the proportion of residents disengaged from work has long-term impacts on household income, health outcomes and local productivity.



Summary of Thurrock work and the labour market

Sickness absence – employees with ≥1 day Off in the Previous Week

- **Thurrock: 3.1%**
- **England: 2.2%**
- **What this means:** Short-term sickness absence is higher in Thurrock than nationally, which may reflect workforce health issues linked to demanding physical roles, high stress, shift work, or underlying long-term conditions. This can contribute to reduced productivity, financial strain for workers, and pressure on local employers. It also suggests opportunities for workplace health promotion and early-intervention occupational health support.

Adults receiving long-term support for a learning disability in paid employment (18–64)

- **Thurrock: 5.3%**
- **England: 4.8%**
- **What this means:** Although slightly above the England rate, paid employment for residents with learning disabilities remains extremely low. This persistent inequality highlights structural barriers such as lack of accessible roles, workplace discrimination, and limited supported employment pathways. It signals the need for strengthened cross-sector collaboration to help people with learning disabilities into meaningful work.

People with long-term physical or mental health conditions in employment (16–64)

- **Thurrock: 71.2%**
- **England: 65.3%**
- **What this means:** Thurrock outperforms England on inclusive employment for people with long-term conditions, indicating that more residents with health issues are able to remain in work. This is a positive sign of workplace flexibility, availability of suitable roles, or effective local health-to-work pathways. Despite this, nearly 3 in 10 residents with long-term conditions remain out of work, showing ongoing needs for tailored support.

Adults in contact with secondary mental health services in paid employment

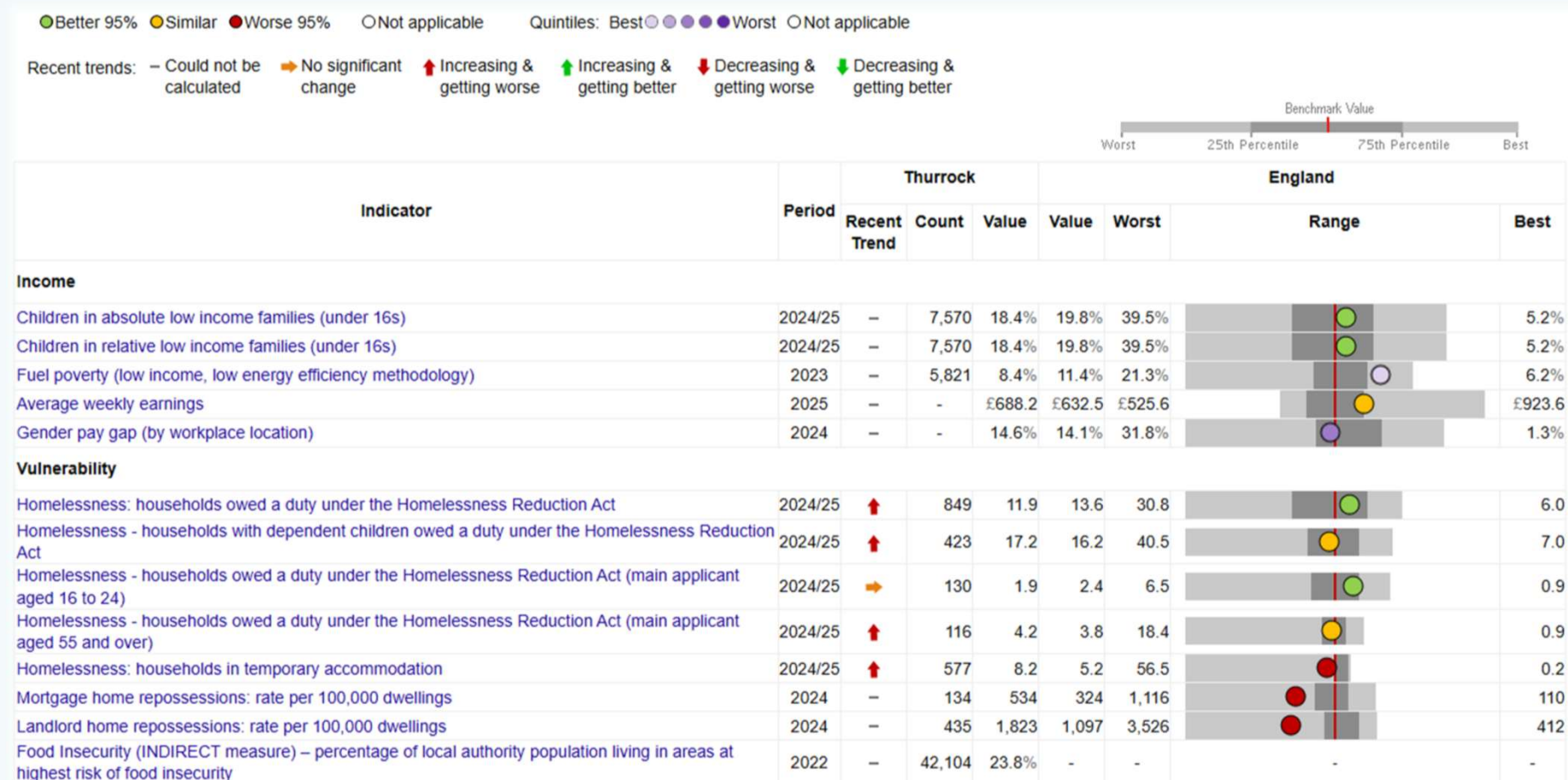
- **Thurrock: 15%**
- **England: 6.0%** (overall 2021/22)
- **What this means:** Thurrock's performance is significantly stronger than the national benchmark, with adults using secondary mental health services being more than twice as likely to be in paid work compared with England. This suggests the presence of effective mental-health-to-work programmes, strong partnerships between employers and mental health services, or good access to community-based recovery support. Sustaining this strength is essential to preventing relapse, social isolation and long-term unemployment.



Income and vulnerability

Income and vulnerability

(Source - [Wider Determinants of Health - Data | Fingertips | Department of Health and Social Care](#))



What impacts does income and vulnerability have on health?

Homelessness and housing

- Affordability are strong predictors of health inequalities.

Low income

- Limits access to healthy food, safe housing, and healthcare.

Financial stress

- Increases risk of anxiety, depression, and chronic illness.

Fuel and food poverty

- Lead to malnutrition and cold homes, worsening respiratory and cardiovascular conditions.

Vulnerability (e.g., disability, social isolation)

- Amplifies health risks due to reduced resilience and support.

Health inequalities

- Widen as disadvantaged groups face barriers to services and opportunities.

Job insecurity and debt

- Contribute to poor mental health and unhealthy coping behaviors (e.g., smoking, alcohol).

Children in low-income households

- Have higher risk of developmental delays and poorer educational outcomes.

What do residents say about Income and vulnerability within Thurrock?

Source - *Creating Successful Places Local Plan – Initial Proposals*

Residents want less junk food and less fast food outlets.

Residents suggest the opportunity to grow food more locally.



Groups at a disproportionate level of income deprivation and vulnerability

Ethnic minorities

- Pakistani and Bangladeshi communities have the highest poverty rates (47% and 53% respectively).
- Black ethnic groups also face significantly higher poverty levels.
- These disparities are linked to systemic inequalities in employment, housing, and education.



jrf.org.uk

Single-parent households

- Poverty rate for single parents is 42%, compared to 11% for couples without children.
- Childcare costs, part-time work, and benefit caps contribute to this vulnerability.



jrf.org.uk

Disabled people

- Disabled individuals face higher poverty rates (22%) due to, though extra costs can mean greater financial hardship due to:
 - Additional living costs
 - Barriers to employment
 - Inadequate support systems



[researchbr...liament.uk](http://researchbriefings.parliament.uk)

Financially vulnerable adults

- 44% of UK adults (over 20 million people) are financially vulnerable.
- Key drivers:
 - Poor health
 - Negative life events (e.g. bereavement, job loss)
 - Low financial resilience (e.g. lack of savings, high debt)
 - Low financial capability (e.g. poor numeracy, digital exclusion)



fca.org.uk

Children in absolute low-income families (under 16s)

Why is it important?

A family is considered to be in absolute low income if their equivalised income is below 60% of the median income in 2010–2011, adjusted for inflation and they have received at least one of the following benefits during the year: Universal Credit, Tax Credits, or Housing Benefit. This threshold is fixed in real terms, meaning it moves with inflation but not with changes in average income. It is designed to assess how the incomes of low-income families are keeping pace with the cost of living over time.

What does it mean for Thurrock?

In Thurrock there are a statistically significantly lower percentage of children in absolute low-income families (17.4%) , as there are nationally (19.%) and compared to most of our statistical neighbours.

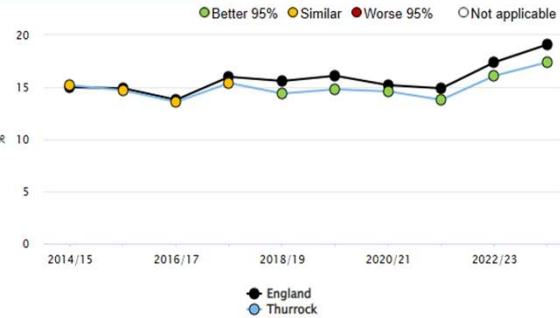
The rate of children in absolute low income families is almost 4 times higher in the most deprived areas of Thurrock (101 per 1,000 children) compared to the least deprived areas (22 per 1,000 children).

Trend data shows a similar pattern to England average.

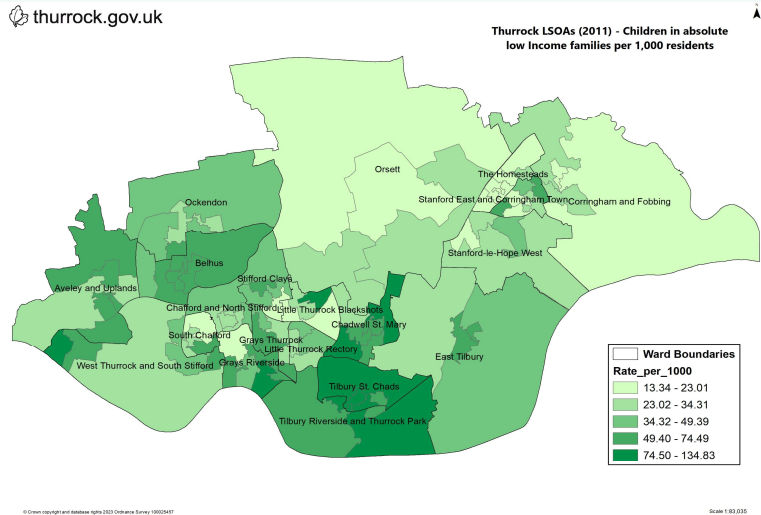
Children in absolute low income families (under 16s)_2023/24

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↑	-	2,030,841	19.1	19.0	19.1
Neighbours average	↑	-	-	-	-	-
Oldham	↑	9	21,759	39.0	38.4	39.6
Blackburn with Darwen	↑	13	13,345	37.3	36.6	38.1
Middlesbrough	↑	11	11,038	35.6	34.8	36.3
Bolton	↑	7	22,093	33.7	33.2	34.2
Rochdale	↑	4	16,258	32.4	31.8	33.0
Peterborough	↑	3	14,115	28.2	27.7	28.8
Tameside	↑	5	12,281	26.6	26.0	27.1
Salford	↑	15	14,241	25.8	25.3	26.3
Bury	↑	10	9,954	25.5	24.9	26.1
Telford and Wrekin	↑	2	8,744	22.9	22.3	23.5
Stockton-on-Tees	↑	12	8,584	22.0	21.5	22.6
Thurrock	↑	-	7,064	17.4	16.9	17.9
Medway	→	1	9,838	16.5	16.1	16.9
Milton Keynes	↑	14	10,065	15.5	15.1	15.9
Swindon	↑	6	7,210	15.2	14.8	15.7
Havering	→	8	6,744	12.3	11.9	12.7

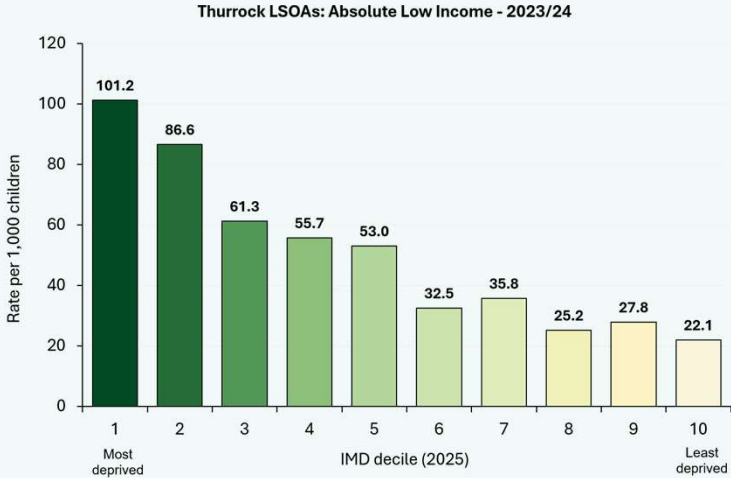
Children in absolute low-income families (under 16's)



Map of Children in absolute low-income families in Thurrock



Inequalities chart (Thurrock)



In Thurrock there is a higher proportion of Children in absolute low-income families, within the more deprived decile's 1 and 2.

Average weekly earnings

Why is it important?

Income plays a big role in health. People with higher earnings tend to live longer, have fewer disabilities, and report better overall health. They can afford healthier food, better housing, and access to healthcare. On the other hand, low income can limit these choices and make it harder to take part in social life, which can affect mental health and self-esteem. Poor health can also make it harder for someone to earn money, so the relationship goes both ways.

What does this mean for Thurrock?

In Thurrock the average weekly earnings are similar to England average and compares well to statistical neighbours.

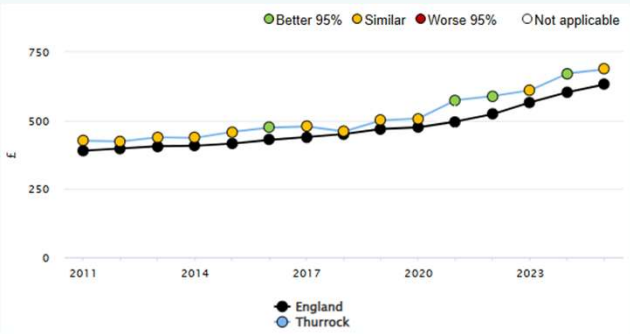
Trend data shows an increase over time, similar to England. This figure is not adjusted for inflation.

Average weekly earnings New data 2025

Median - £

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	—	-	-	632.5	631.3	633.7
Neighbours average	—	-	-	-	-	-
Havering	—	8	-	751.7	689.8	813.6
Thurrock	—	-	-	688.2	620.8	755.6
Milton Keynes	—	14	-	679.9	619.9	739.9
Medway	—	1	-	644.2	600.0	688.4
Swindon	—	6	-	632.4	591.5	673.3
Bury	—	10	-	614.5	550.7	678.3
Salford	—	15	-	594.1	561.5	626.7
Tameside	—	5	-	593.6	552.9	634.3
Oldham	—	9	-	577.5	535.6	619.4
Rochdale	—	4	-	576.0	532.0	620.0
Telford and Wrekin	—	2	-	575.2	527.8	622.6
Stockton-on-Tees	—	12	-	574.9	529.8	620.0
Peterborough	—	3	-	574.9	535.5	614.3
Middlesbrough	—	11	-	574.7	525.1	624.3
Bolton	—	7	-	548.3	505.3	591.3
Blackburn with Darwen	—	13	-	547.2	503.2	591.2

Average weekly earnings



Inequalities chart for average weekly earnings (National)

The UK has one of the highest levels of income inequality among developed countries.

Most UK households earn less than the average disposable income, which was £32,300 in 2022.

Disposable income includes wages and benefits, after direct taxes like income tax and council tax—but it doesn't account for indirect taxes like VAT.

Before the pandemic, median incomes were growing steadily at around 2.2% per year. But in 2022, things changed:

- The poorest 14 million people saw their incomes drop by 7.5%.
- Meanwhile, the richest 20% saw their incomes rise by 7.8%.
- That year, the bottom 20% of households had an average disposable income of £13,218, while the top 20% had £83,687.

When looking at original (pre-tax and benefit) incomes, the gap is even wider—the richest earned over 12 times more than the poorest.



Food Insecurity (INDIRECT measure) – percentage of local authority population living in areas at highest risk of food insecurity

Why is it important?

Food insecurity is the lack of reliable access to enough affordable, nutritious food for an active and healthy life. It generally includes uncertainty about where the next meal will come from, limited or inconsistent access to adequate food, having to reduce food quality, variety, or quantity, disruptions in eating patterns, such as skipping meals. Food insecurity can be temporary or chronic, and it is influenced by factors like income, housing costs, unemployment, health issues, and access to shops or support services.

What does this mean for Thurrock?

About 1 in 4 Thurrock households (23.8%) are food insecure. This compares well with statistical neighbours (range from 7.4% to 29.4%).

Areas at highest risk in Thurrock are shown in red on the map.

Food Insecurity (INDIRECT measure) – percentage of local authority population living in areas at highest risk of food insecurity 2022

Proportion - %

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	—	-	-	-	-	-
Neighbours average	—	-	-	-	-	-
Blackburn with Darwen	—	13	92,503	59.4	-	-
Oldham	—	9	132,574	54.4	-	-
Middlesbrough	—	11	78,610	53.0	-	-
Rochdale	—	4	106,940	47.1	-	-
Bolton	—	7	131,720	44.1	-	-
Peterborough	—	3	89,734	41.2	-	-
Tameside	—	5	81,390	35.0	-	-
Stockton-on-Tees	—	12	68,809	34.4	-	-
Salford	—	15	93,543	33.6	-	-
Telford and Wrekin	—	2	60,717	32.1	-	-
Thurrock	—	-	42,104	23.8	-	-
Bury	—	10	46,288	23.8	-	-
Swindon	—	6	42,483	18.0	-	-
Medway	—	1	47,814	16.9	-	-
Milton Keynes	—	14	41,351	14.2	-	-
Haverling	—	8	19,610	7.4	-	-

Inequalities (Thurrock and National)

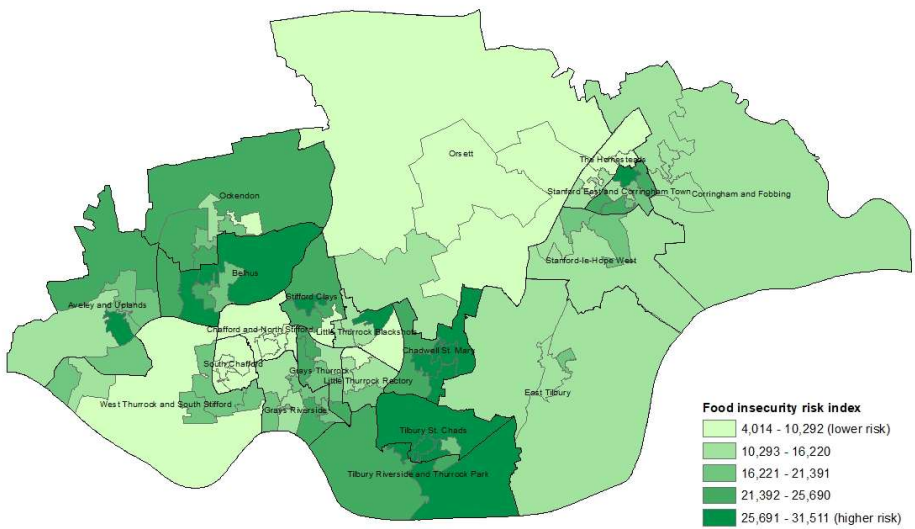
Households with lower incomes are disproportionately affected, often spending a higher percentage of their budget on food. The poorest fifth of UK households would need to spend 50% of their disposable income (disposable income is the amount of money that an individual or household has left after paying taxes) to afford a healthy diet, compared to just 11% for the richest fifth.

Ethnic minorities, disabled individuals, and single-parent households are at higher risk due to systemic barriers in employment, housing, and healthcare. Chronic health conditions and disabilities increase vulnerability, especially when combined with low income and poor access to services. Lack of transport and digital access further restricts food choices for vulnerable groups.

Areas with high deprivation scores show elevated food insecurity rates. Deprived areas often have limited access to affordable, nutritious food and are dominated by fast-food outlets.



Food insecurity risk index 2022/23 by Thurrock LSOAs (2021)



The University of Southampton have created the local Food Insecurity Risk Index, with many variables.

Compositional Rank reflects population characteristics within small areas –

- Household structure
- Benefit claimants
- Poor mental health
- Adult educational attainment

It also includes direct and indirect economic obstacles –

- Bus stops
- Distances to employment
- Food stores (inc. distance to medium/larger grocery stores)
- Internet speeds
- Affordable foods

Insecurity risk ranks measure for each LSOA. With rank one indicating the lowest risk, and 33,755 the highest risk.



Key Implications for Thurrock Residents

- **Income vulnerability affects children's health and life chances:** Higher levels of deprivation correlate with poorer educational outcomes, higher risk of illness, and reduced long-term earnings.
- **Targeted economic support is essential:** Lower local wages mean many residents face greater cost-of-living pressures, especially those who cannot access higher-paid employment outside Thurrock.
- **Food insecurity requires local intervention:** National trends combined with Thurrock's deprivation patterns highlight the need for targeted approaches - food partnerships, community pantries, and benefits maximisation.
- **Reducing inequalities requires multi-agency focus:** Combining economic development, anti-poverty strategies, and improved access to essentials (food, housing, childcare) is critical for improving population health.
- Together, these indicators highlight that while **overall income measures may look favourable, pockets of acute vulnerability persist**, requiring targeted support around food access, household financial resilience, and local service provision.

Summary of Thurrock's income and vulnerability

Children in absolute low-income families (under 16s)

- **Thurrock:** 17.4% in 2023/24
- **England:** 19.1% in 2023/24 (latest in Fingertips).

What this means: Thurrock's rate is **lower than the national average**, suggesting fewer children face deep income deprivation - but those who do may still experience compounded disadvantages such as poorer health and reduced life chances.

Average weekly earnings (£)

- **Thurrock:** £688.2 (2025)
- **England:** £632.5 (2025)

What this means: Thurrock sits **slightly above** the England average on this metric in 2025, which may offer some protection against cost-of-living pressures; however, residents in lower-paid or insecure roles may not feel this benefit equally, given Thurrock's employment profile and economic inequalities.

Food Insecurity (INDIRECT measure) – % of LA population living in areas at highest risk

- **Thurrock:** 23.8% (2022)
- **England:** Fingertips does not publish a single, stable “England average” for this proxy and describes it as an **indirect risk-based measure** built from small-area risk indices.

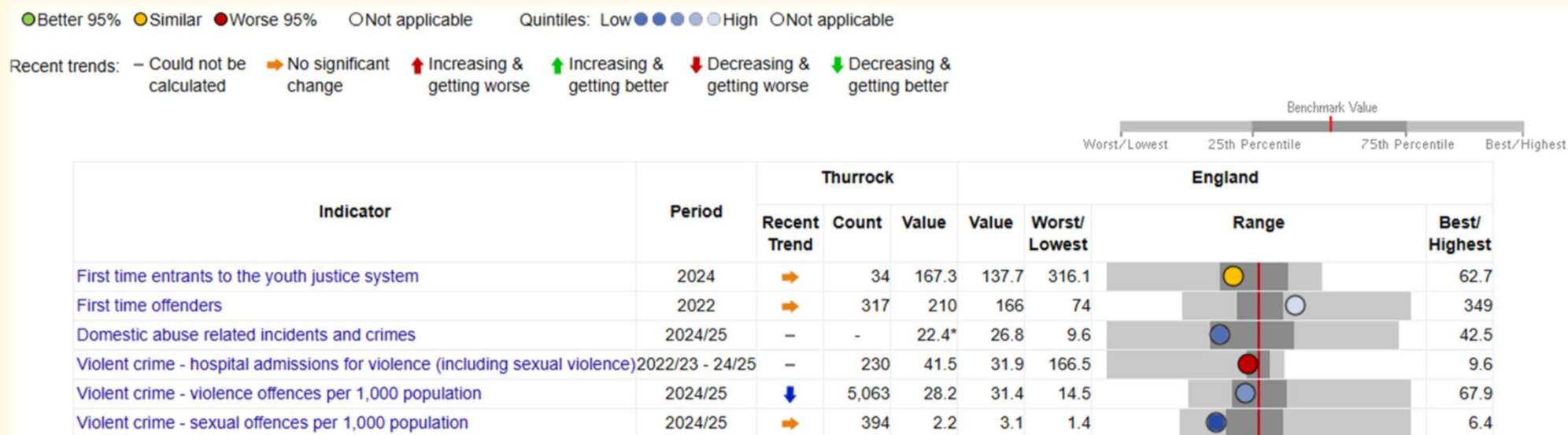
What this means: With **23.8%** of Thurrock's population living in “highest risk” areas (indirect proxy), the borough likely has **concentrations of risk above national expectations**, reinforcing the need for targeted upstream actions (income, employment, cost of living) and downstream support.



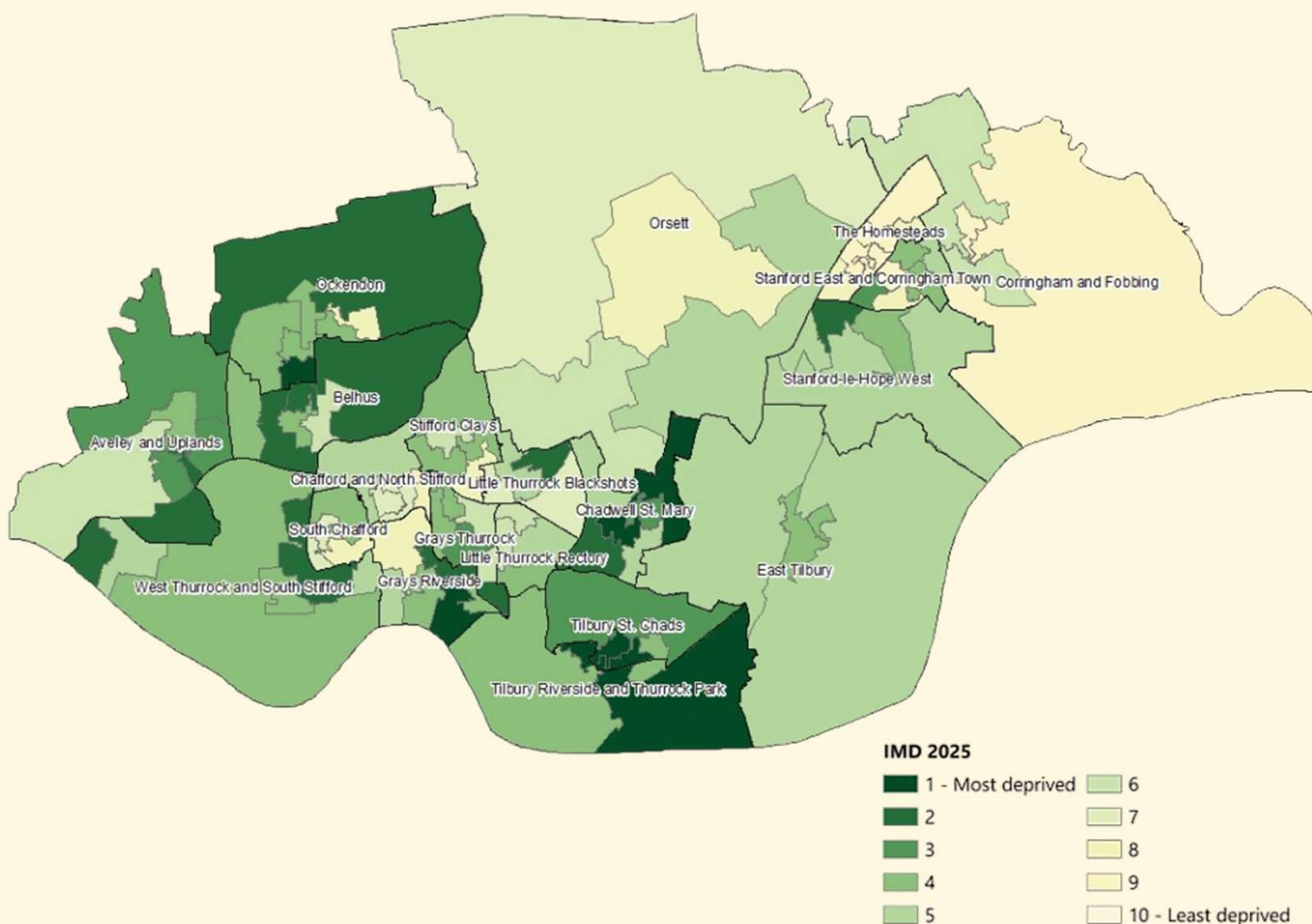
Crime

Crime

(Source - [Wider Determinants of Health - Data | Fingertips | Department of Health and Social Care](#))



Thurrock LSOAs (2021) showing IMD 2025 domain – Crime decile

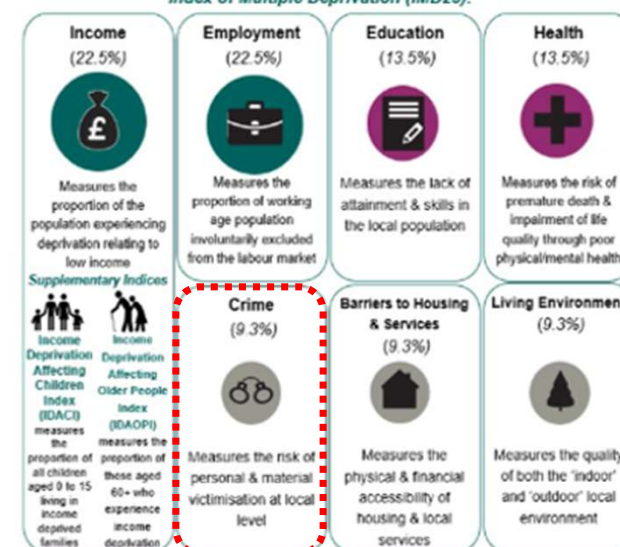


The English Indices of Deprivation 2025 (IoD2025)

The Indices relatively rank each small area in England from most deprived to least deprived



There are 7 domains of deprivation, which combine to create the Index of Multiple Deprivation (IMD25):



How can the IoD2025 be used?

- ✓ Comparing small areas across England
- ✓ Identifying the most deprived small areas
- ✓ Exploring the domains (or types) of deprivation
- ✓ Comparing larger administrative areas e.g. local authorities
- ✓ Looking at changes in relative deprivation between iterations (i.e. changes in ranks)
- ✗ Quantifying how deprived a small area is
- ✗ Identifying deprived people
- ✗ Saying how affluent a place is
- ✗ Comparing with small areas in other UK countries
- ✗ Measuring absolute change in deprivation over time

What impacts does crime have on health?

Physical harm

- injuries from violent crime or unsafe environments.

Mental health issues

- fear of crime increases anxiety, stress, and depression.

Community impact

- high crime areas reduce social cohesion and trust, leading to isolation.

Reduced physical activity

- people avoid outdoor spaces due to safety concerns, affecting fitness.

Economic strain

- victims face financial loss, affecting access to healthcare and essentials.

Substance misuse

- crime and drug-related activity often correlate, increasing addiction risks.

Intergenerational effects

- children exposed to crime experience trauma and developmental challenges.

What do residents say about crime within Thurrock?

Source - Creating Successful Places Local Plan – Initial Proposals

Residents don't feel safe within their local park.

More safe recreational activities, particularly for teenagers and children.

Speeding and high-volume traffic need to be addressed.

Residents are concerned about anti-social behaviour, with more CCTV and visible police patrols wanted to improve the feeling of safety

Some Town Centre are facing issues: with concerns about betting shops, anti-social behaviour, and rising drug misuse.



Groups at a disproportionate level of risk from crime

Ethnic minority communities

- Black individuals make up 4% of the population but account for:
 - 12% of the prison population
 - Arrest rate: 20.4 per 1,000 (vs. 9.4 for White individuals)
- Asian communities (9% of population) also show overrepresentation in certain stages of the criminal justice system.



theworlddata.com, gov.uk

People in deprived areas

- 25% of people in the most deprived neighbourhoods live in the top 10% highest-crime areas.
- In contrast, only 3.1% of people in the least deprived areas live in high-crime zones.



health.org.uk

Minority ethnic groups in high-crime areas

- Likelihood of living in the highest-crime neighbourhoods:
 - Black, Black British, Caribbean or African heritage: 19.3%
 - Asian or Asian British: 16.6%
 - Mixed heritage: 14.0%
 - White: 9.1%



health.org.uk

Structural factors

- Disproportionate policing practices (stop and search, arrests, use of force) affect racialised communities.
- Institutional bias documented in courts, sentencing, and prison systems.
- Contributing factors: poverty, school exclusion, precarious employment, and housing inequalities.



irr.org.uk

Older people and young adults

- 16–24-year-olds: 14.7% live in the highest-crime neighbourhoods.
- Over-64s: Only 7.2% live in these areas.



health.org.uk

First time entrants to the youth justice system

Why is it important?

Thurrock Children and young people who are at risk of offending—or who are already within the youth justice system—often face greater health inequalities than their peers. These include unmet physical and mental health needs, which can contribute to and be exacerbated by their involvement in the justice system.

What does it mean for Thurrock?

In Thurrock there are a similar rates of first-time entrants into the youth justice system, as there are nationally and compared to statistical neighbours.

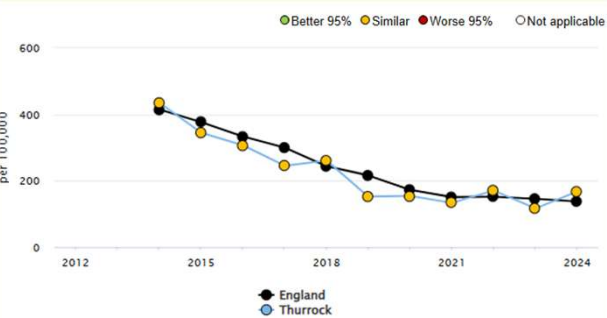
Trend data shows a similar pattern to England, over time, showing a decreasing trend over time.

First time entrants to the youth justice system 2024

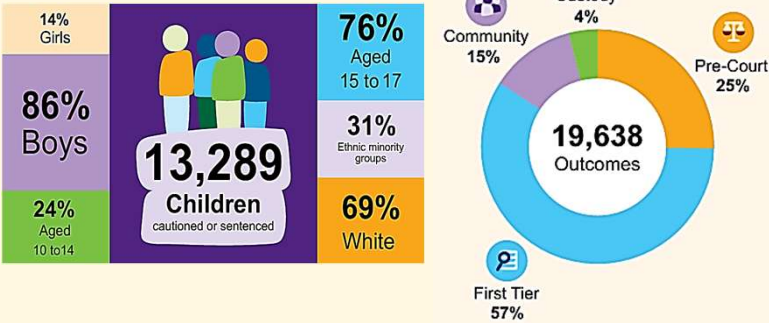
Crude rate - per 100,000

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↓	-	7,722	137.7	134.6	140.8
Neighbours average	↓	-	-	-	-	-
Middlesbrough	→	11	39	245.0	174.0	335.2
Rochdale	↑	4	57	216.9	164.1	281.2
Oldham	→	9	62	212.3	162.8	272.1
Bury	↑	10	43	206.5	149.6	278.0
Bolton	↑	7	70	203.7	158.9	257.1
Medway	→	1	58	192.5	146.3	248.8
Peterborough	→	3	48	186.1	137.2	246.8
Thurrock	→	-	34	167.3	115.8	234.0
Salford	→	15	42	157.1	113.1	212.4
Tameside	→	5	37	150.6	105.9	207.8
Stockton-on-Tees	→	12	32	148.7	101.7	209.9
Haverling	→	8	40	148.6	106.1	202.4
Milton Keynes	→	14	38	110.4	78.0	151.8
Swindon	→	6	25	102.4	66.3	151.0
Blackburn with Darwen	→	13	17	88.8	51.9	141.8
Telford and Wrekin	↓	2	-	*	-	-

First time entrants to the youth justice system



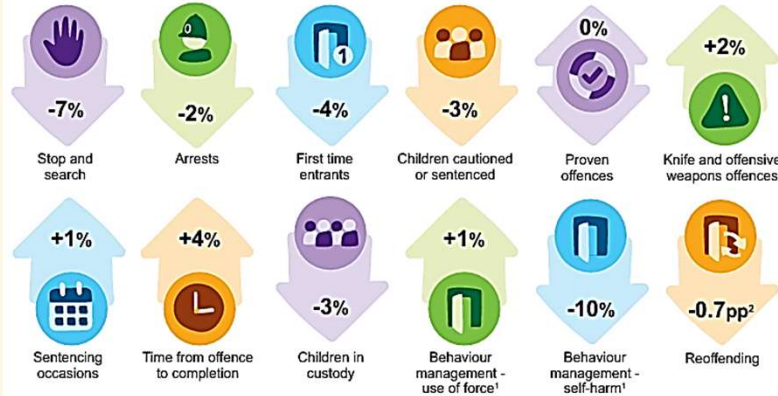
Youth Justice statistics and inequalities – 2024 to 2025



These statistics concentrate on the flow of children (aged 10 to 17) through the youth justice system in England and Wales.

Data is provided on the trends of stop and searches, arrests, first time entrants, children cautioned or sentenced, proven offences, criminal history, remand, those in youth custody, proven reoffending and comparisons to the adult system.

Percentage change to previous year



¹ Rate per 100 children and young adults in the secure estate for children
² pp = percentage point change

Violent crime - hospital admissions for violence (including sexual violence)

Why is it important?

Violent crime has a clear impact on both physical and mental health. By focusing on effective interventions, this measure helps inform public health planning and multi-agency strategies.

What does it mean for Thurrock?

Thurrock has a statistically significantly higher rate of violent crime compared with the national average and statistically worse than half of our statistical neighbours (areas with similar demographics).

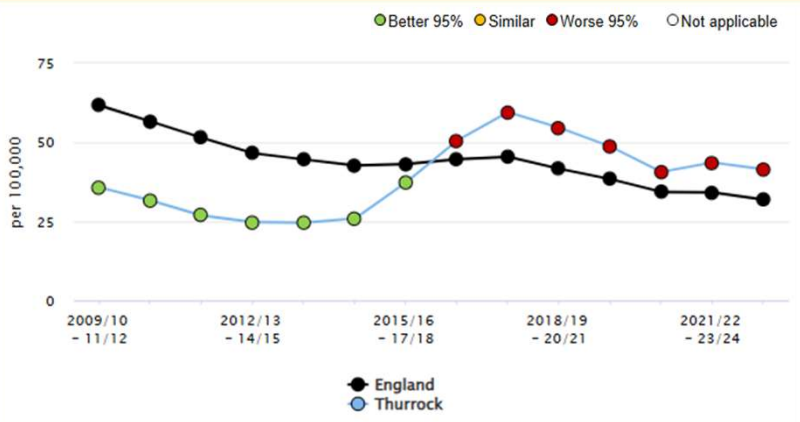
Trend data shows Thurrock lower than England from 2009/10 - 11/12 until 2015/16 - 17/18 when rates increased but continued to decline nationally. [note: rates are reducing in Thurrock more recently].

Violent crime - hospital admissions for violence (including sexual violence) 2021/22 - 23/24

Directly standardised rate - per 100,000

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	-	-	58,887	34.2	34.0	34.5
Neighbours average	-	-	-	-	-	-
Middlesbrough	-	11	360	82.0	73.6	91.0
Blackburn with Darwen	-	13	290	60.3	53.5	67.7
Stockton-on-Tees	-	12	295	51.6	45.9	57.9
Salford	-	15	405	43.9	39.5	48.6
Thurrock	-	-	240	43.8	38.4	49.8
Oldham	-	9	305	40.8	36.3	45.7
Rochdale	-	4	275	40.4	35.7	45.5
Bolton	-	7	340	38.5	34.4	42.8
Tameside	-	5	265	38.3	33.8	43.2
Bury	-	10	180	31.8	27.3	36.9
Havering	-	8	240	30.5	26.8	34.7
Peterborough	-	3	195	29.1	25.1	33.6
Medway	-	1	225	26.6	23.2	30.3
Milton Keynes	-	14	235	25.6	22.4	29.1
Swindon	-	6	150	21.4	18.1	25.1
Telford and Wrekin	-	2	120	21.0	17.4	25.1

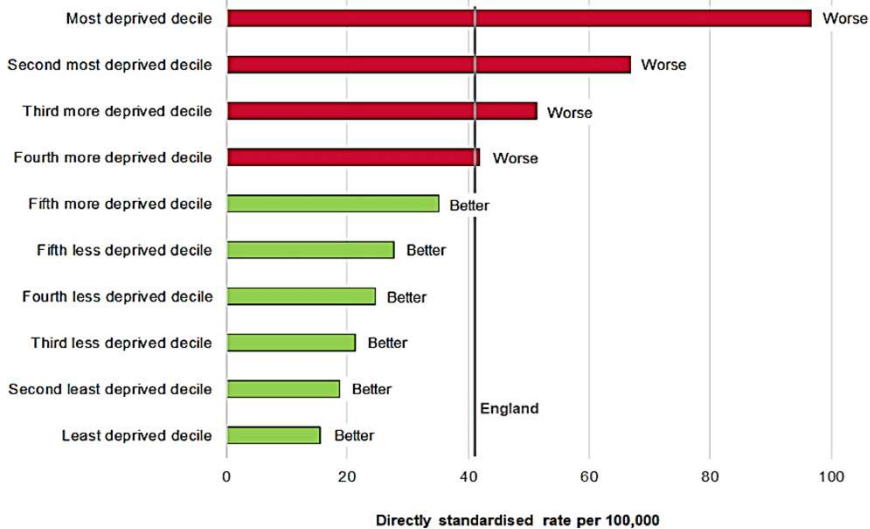
Violent crime – hospital admissions for violence (including sexual violence)



Inequalities chart for hospital admissions for violence (National)

The admission rates for violence in the most deprived areas in England was higher than in the least deprived areas, with admissions 6 times as high in the most deprived decile of lower super output areas than in the least deprived.

Age-standardised hospital admissions for violence, including sexual violence, by deprivation decile, England, April 2018 to March 2021



Domestic abuse related incidents and crimes

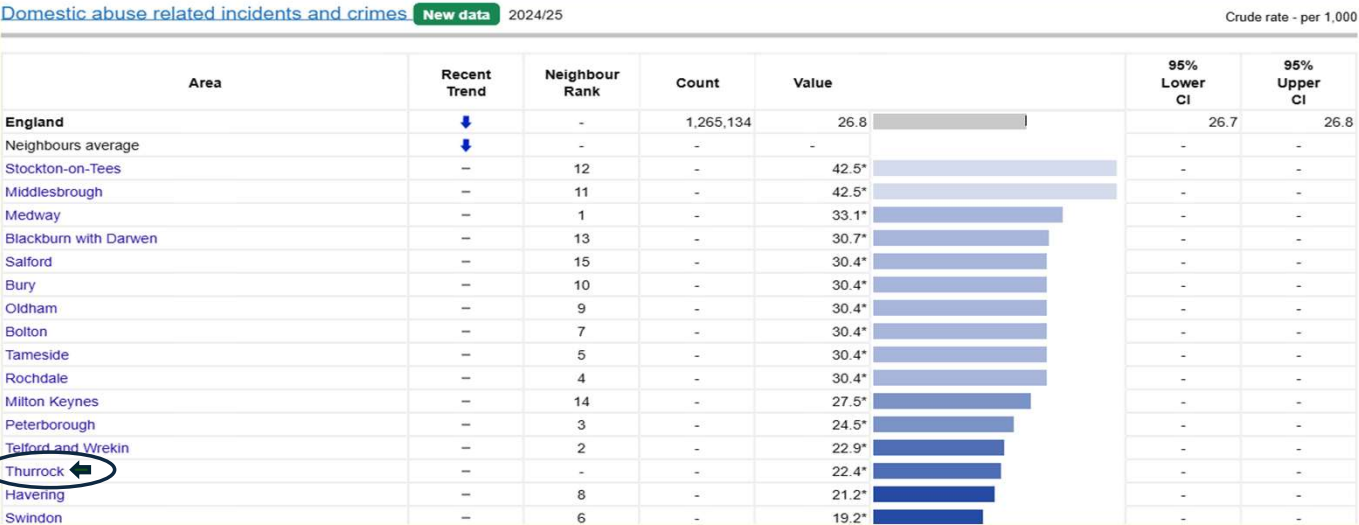
Why is it important?

Addressing domestic abuse as a public health concern is essential to ensuring that some of the most vulnerable individuals in society receive the support, care, and protection they need. A public health approach enables a focus on evidence-based interventions that not only support victims but also help prevent re-victimisation.

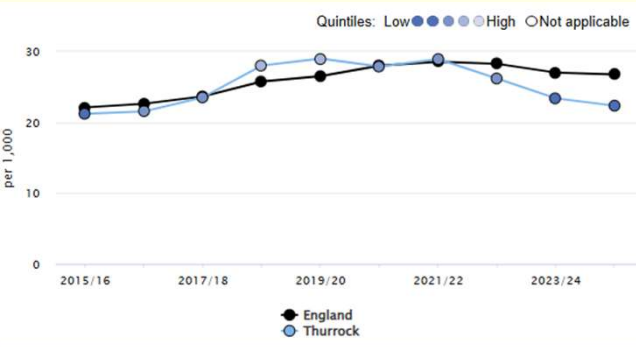
What does it mean for Thurrock?

22.4% of Thurrock residents have experienced domestic abuse related incidents and crimes compared to 26.8% in England.

Trend data shows similar pattern to England and little change over time.

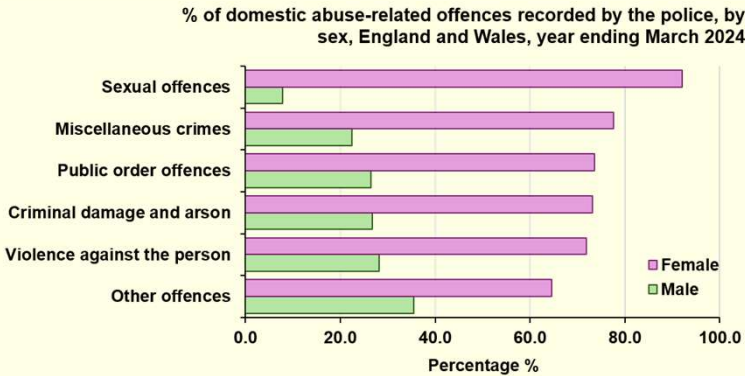


Domestic abuse related incidents and crimes

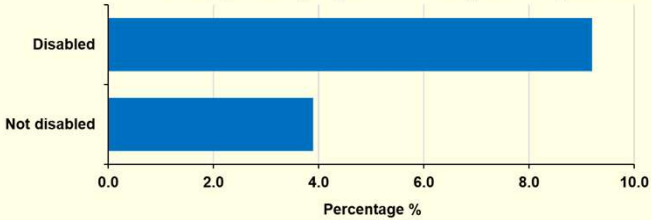


Inequalities within domestic abuse related incidents (national level)

Women and disabled people in the UK face significant inequalities in domestic abuse incidents and crimes. Women account for over 73% of victims (2024), often experiencing repeated abuse, serious injury, and coercive control, with nearly all perpetrators of coercive control being male.



% of domestic abuse in the last year for people aged 16 years and over, by disability, England and Wales, year ending March 2024



Disabled individuals, especially women, are disproportionately affected, with disabled women experiencing domestic abuse at more than twice the rate of non-disabled women. They also face greater barriers to accessing support, such as inaccessible services and underrepresentation in referrals.

These disparities are compounded by intersectional factors like gender, disability, race, and sexual orientation, which increase vulnerability and limit access to justice and support.



Key Implications for Thurrock Residents

- **Early-help and prevention efforts are working** for some cohort, particularly in preventing young people's first entry into the justice system, but continued investment is necessary in the face of national trends.
- **Violence-related harm is a priority area**, with higher hospital admissions pointing to unmet need, community vulnerability, and the need for strengthened multi-agency approaches.
- **Domestic abuse support must remain robust**, ensuring victims can report safely and access specialist services to avoid hidden harm.
- **Overall:** These indicators show a **mixed picture**—strength in youth diversion, concern around violent harm, and a need to maintain and enhance safeguarding infrastructure to protect vulnerable residents.

Summary of Thurrock's crime

First-time entrants to the youth justice system

- **Thurrock:** 167.3 per 100,000 (2024)
- **England:** 137.7 per 100,000 (2024)

What this means: Fewer young people enter the youth justice system in Thurrock than nationally, suggesting comparatively stronger early-help or diversion pathways—but continued vigilance is needed given wider rising national pressures.

Hospital admissions for violence (including sexual violence)

- **Thurrock:** 43.8 per 100,000
- **England:** 34.2 per 100,000 (2021/22–2023/24)

What this means: Thurrock's rate is higher than England, signaling more severe or concentrated violence requiring hospital care, with implications for community safety, safeguarding, and trauma-informed service demand.

Domestic abuse-related incidents and crimes

- **Thurrock:** 22.4 per 1,000
- **England:** 26.8 per 1,000 (2024/25)

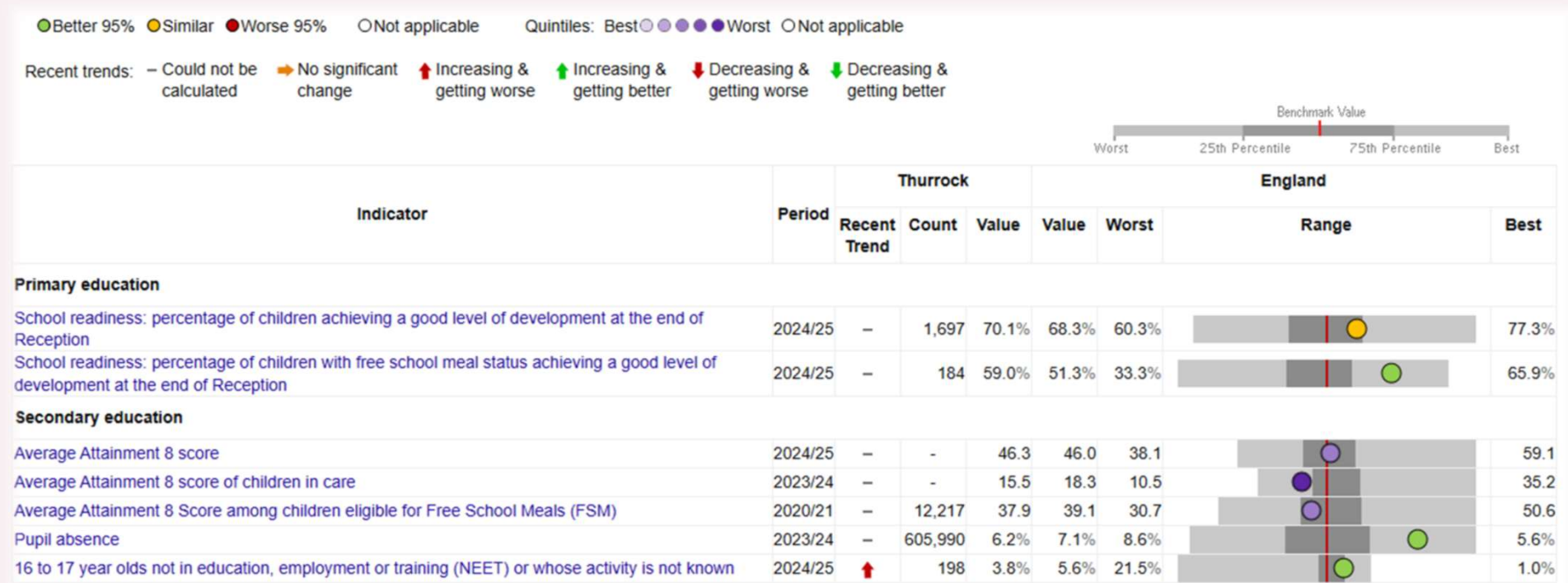
What this means: Recorded domestic abuse is lower than England, which may reflect effective local responses—but under-reporting remains a risk, so stable monitoring and victim-support access remain essential.



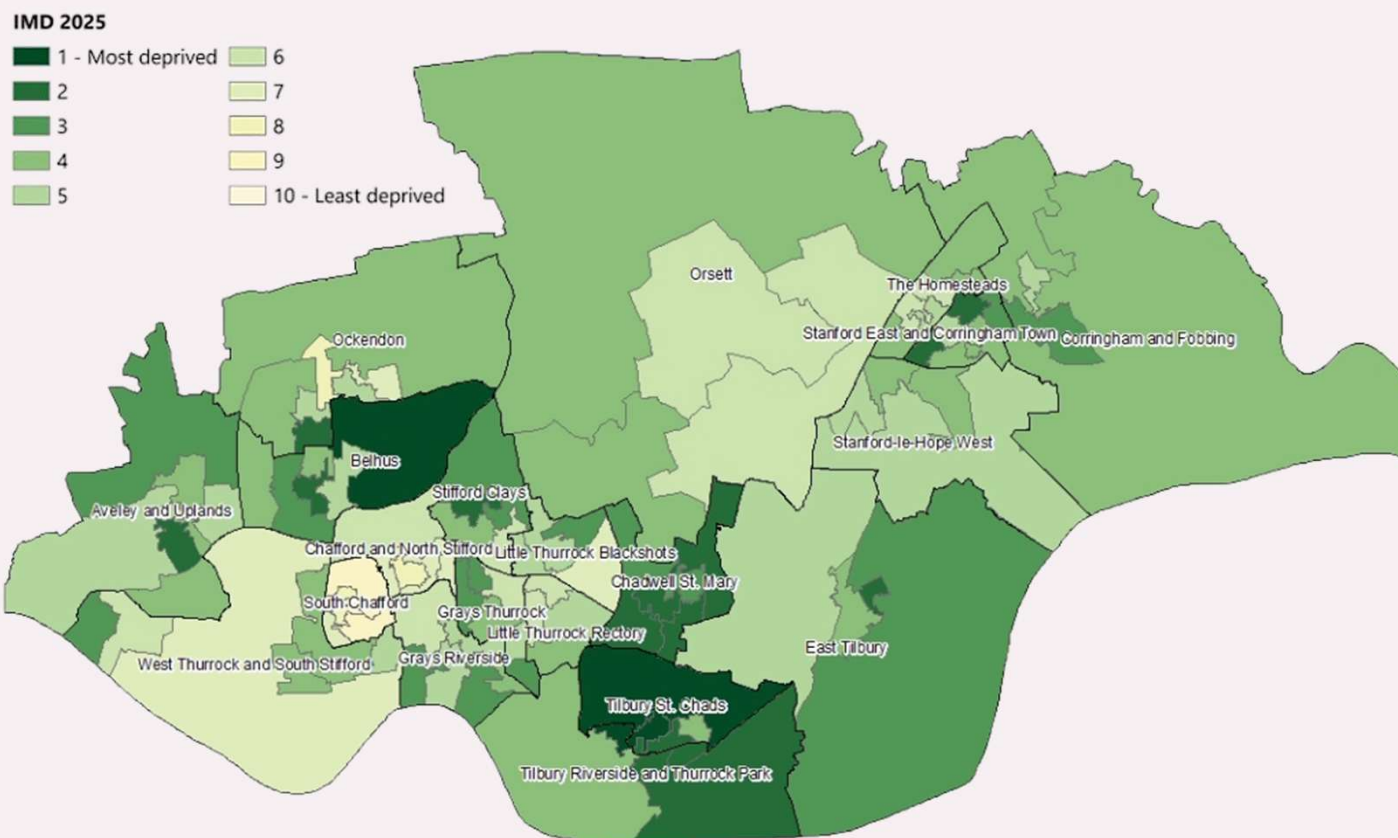
Education

Education

(Source - [Wider Determinants of Health - Data | Fingertips | Department of Health and Social Care](#))

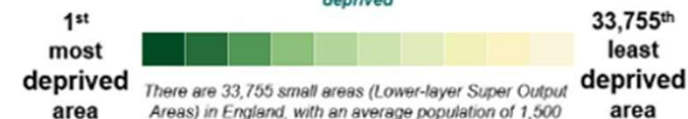


Thurrock LSOAs (2021) showing IMD 2025 domain –
Education, Skills and Training deciles

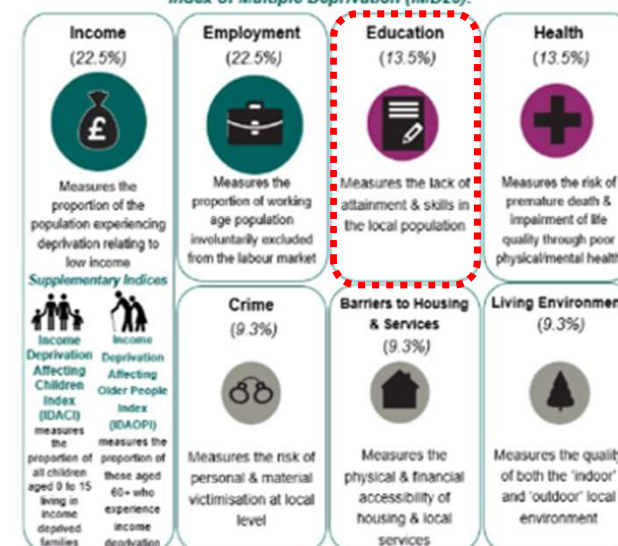


The English Indices of Deprivation 2025 (IoD2025)

The Indices relatively rank each small area in England from most deprived to least deprived



There are 7 domains of deprivation, which combine to create the Index of Multiple Deprivation (IMD25):



How can the IoD2025 be used?

- ✓ Comparing small areas across England
- ✓ Identifying the most deprived small areas
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- ✗ Identifying deprived people
- ✗ Saying how affluent a place is
- ✗ Comparing with small areas in other UK countries
- ✗ Measuring absolute change in deprivation over time

What impacts does education have on health?

Higher education

- Associated with improved health outcomes, access to higher wage work and improved access to healthcare.

Health literacy

- Increased health literacy is associated with informed decision making about diet, exercise and access to treatment and care.

Lower education

- Associated with poorer health outcomes including increased risk of chronic illness and shorter life expectancy.

Mental health benefits

- Education builds confidence, social skills, and resilience.

Intergenerational impact

- Parents' education levels influences children's health and development.

Employment opportunities

- Increased access to education is associated with reduced unemployment, which is associated with better physical and mental health.

Health inequalities

- Educational gaps contribute to disparities in health outcomes.



What do residents say about Education within Thurrock?

Source - *Creating Successful Places Local Plan – Initial Proposals*

Schools need expanding and aren't necessarily in the right places.

Parking around schools is a hazard.

It's difficult to attract good teachers. Schools are underfunded and the curriculum could be improved

There is a significant need for schools catering for special needs – Primary and Secondary.

Certain areas could use more tech education (web design, video editing, social media).

Some primary school are oversubscribed and there is no room to expand physically.

Groups at a disproportionate level of risk in education

Ethnic minority groups

- Certain ethnic groups, particularly Black Caribbean and Gypsy, Roma, Traveller children, face higher exclusion rates and lower attainment.
- Structural inequalities and bias in school systems contribute to these disparities.



*assets.pub...ice.gov.uk,
tce.resear...ice.org.uk*

Children with special educational needs and disabilities (SEND)

- SEND pupils are more likely to:
 - Be excluded from school.
 - Experience lower academic achievement.
- Require targeted interventions and inclusive practices.



assets.pub...ice.gov.uk

Children from low-income families

- Pupils eligible for Free School Meals (FSM) have significantly lower attainment:
 - At GCSE level, 43% achieve a standard pass in English and Maths vs. 72% of non-FSM peers.
 - Only 29% of FSM pupils progress to university vs. 49% of better-off peers.
- The disadvantage gap is widest in a decade for 11–16-year-olds and remains high for early years.



*post.parliament.uk,
durham.ac.uk, ifs.org.uk*

Boy

- Boys are disproportionately excluded compared to girls, especially in secondary school.
- Exclusion increases risk of exploitation and disengagement from education.



Persistent absentees

- Strong link between school absence and lower attainment.
- Absence rates are higher among disadvantaged and vulnerable groups.



*tce.resear...ice.org.uk,
post.parliament.uk*

Children in care or with safeguarding concerns

- Vulnerable children (e.g., those witnessing domestic abuse, young carers, or involved in crime) are at greater risk of underachievement.
- Schools that embed a culture of support rather than "othering" improve outcomes.



[nga.org.uk]

School readiness: percentage of children achieving a good level of development (GLD)at the end of Reception

Why is it important?

Children are considered to have reached a Good Level of Development (GLD) if they meet the expected level in 12 of the 17 early learning goals across these five key areas.

Children from disadvantaged backgrounds are more likely to experience delays in development and gaps in attainment by social background begin to emerge very early in life. Monitoring this indicator helps identify where early intervention and support are most needed to improve long-term outcomes.

What does it mean for Thurrock?

Thurrock has a statistically similar percentage of school readiness (70.1%), when compared to the national average (68.3%) and compares well to statistical neighbours (statistically better than half).

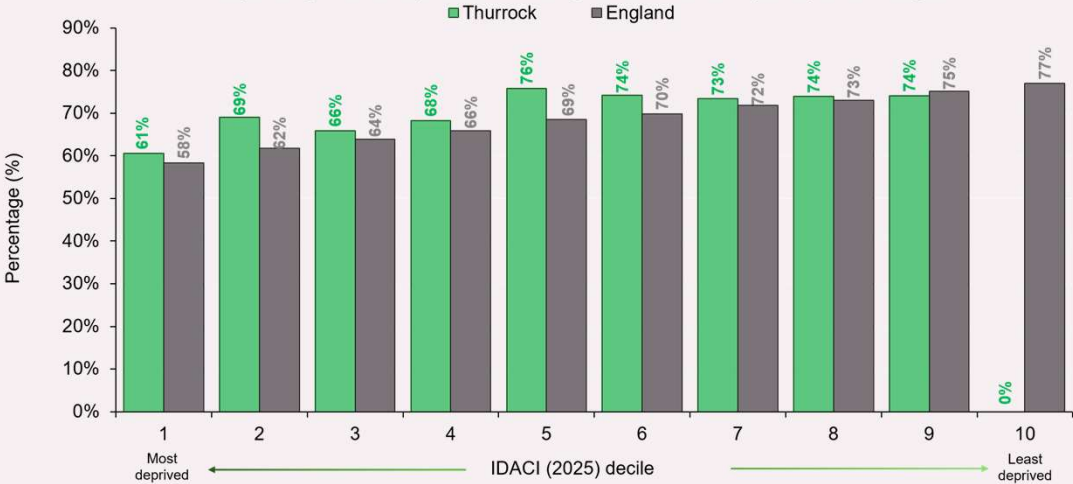
School readiness: percentage of children achieving a good level of development at the end of Reception New data 2024/25 Proportion - %

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	-	-	402,591	68.3	68.2	68.4
Neighbours average	-	-	-	-	-	-
Milton Keynes	-	14	2,600	73.0	71.6	74.5
Thurrock	-	-	1,697	70.1	68.3	71.9
Medway	-	1	2,471	69.6	68.1	71.1
Stockton-on-Tees	-	12	1,539	69.5	67.6	71.4
Havering	-	8	2,263	68.5	66.9	70.0
Swindon	-	6	1,771	68.2	66.4	70.0
Telford and Wrekin	-	2	1,482	67.3	65.3	69.2
Peterborough	-	3	1,767	65.3	63.5	67.1
Bury	-	10	1,356	65.2	63.2	67.2
Blackburn with Darwen	-	13	1,266	65.2	63.0	67.3
Bolton	-	7	2,561	64.2	62.7	65.7
Salford	-	15	2,046	63.4	61.7	65.0
Oldham	-	9	2,028	63.1	61.4	64.8
Middlesbrough	-	11	1,106	61.6	59.4	63.9
Tameside	-	5	1,635	61.6	59.7	63.4
Rochdale	-	4	1,708	61.0	59.2	62.8

Inequalities within School Readiness

Educational inequalities of School Readiness at the end of Reception, by Income Deprivation Affecting Children's Income (IDACI) decile show that that children in a more deprived area, have a lower GLD when compared to children within a less deprived area.

School readiness: percentage of children achieving a good level of development at the end of Reception, by Income Deprivation Affecting Childrens Income (IDACI) decile - England



School Readiness: percentage of children with free school meal status achieving a good level of development (GLD) at the end of Reception

Why is it important?

Children from disadvantaged backgrounds are at greater risk of poorer early development, gaps in attainment by social background emerge very early in life. Monitoring this indicator helps identify where targeted support and early intervention are most needed.

What does it mean for Thurrock?

Thurrock has a statistically significantly higher percentage of School Readiness in children with free school meals, compared with national average and statistical neighbours.

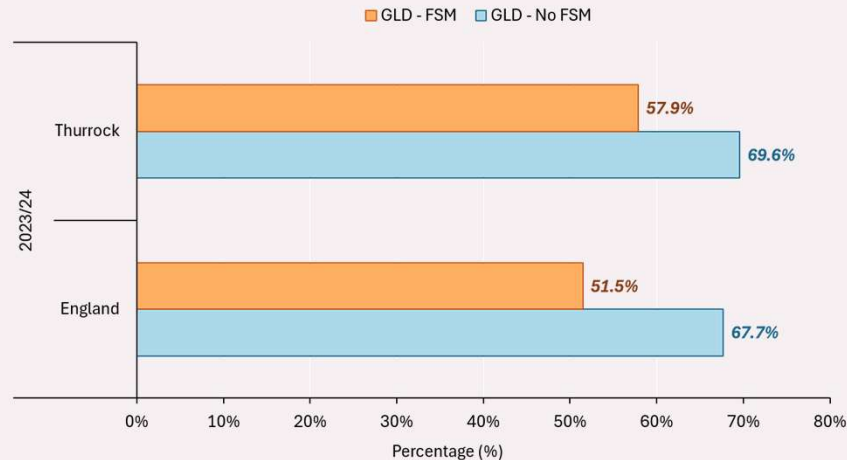
School readiness: percentage of children with free school meal status achieving a good level of development at the end of Reception

New data		2024/25						Proportion - %	
Area	Recent Trend	Neighbour Rank	Count	Value		95% Lower CI	95% Upper CI		
England	-	-	51,394	51.3		50.9	51.6		
Neighbours average	-	-	-	-		-	-		
Thurrock	-	-	184	59.0		53.4	64.3		
Havering	-	8	215	55.7		50.7	60.6		
Swindon	-	6	155	54.6		48.8	60.3		
Stockton-on-Tees	-	12	251	54.1		49.5	58.6		
Milton Keynes	-	14	309	54.0		49.9	58.1		
Salford	-	15	454	53.8		50.4	57.1		
Middlesbrough	-	11	308	53.5		49.4	57.5		
Medway	-	1	352	53.2		49.4	56.9		
Bolton	-	7	364	51.7		48.0	55.4		
Bury	-	10	139	50.9		45.0	56.8		
Telford and Wrekin	-	2	223	50.6		45.9	55.2		
Blackburn with Darwen	-	13	155	49.5		44.0	55.0		
Oldham	-	9	333	48.2		44.5	51.9		
Peterborough	-	3	245	47.9		43.6	52.3		
Tameside	-	5	311	47.0		43.3	50.9		
Rochdale	-	4	239	47.0		42.7	51.3		

Inequalities within children eligible for Free School Meals (FSM)

The percentage of children with GLD at the end of reception is statistically significantly lower in children who with free school meal status than those who do not. The difference is smaller in Thurrock than it is nationally.

School Readiness: percentage of children with free school meal (FSM) status achieving a good level of development (GLD) at the end of Reception - 2023/24



Pupil absence

Why is it important?

Parents of children aged 5 to 15 (at the start of the school year) are legally responsible for ensuring their children receive a suitable education—either through regular school attendance or alternative arrangements. A child’s educational attainment is shaped by both the quality of education they receive and their family’s socio-economic background.

Pupil absences can have/cause multiple effects on children's health, including increased risk of mental health problems (i.e. additional stress due to emotional strain from falling behind), children feeling disconnected from classmates which affects emotional wellbeing, and leads to social isolation. Children with a chronic health condition are more likely to have poor attendance, but these absences must be approached supportively, not punitively.

What does it mean for Thurrock?

Thurrock compares well to national average and statistical neighbours with a statistically significant lower rate of pupil absence.

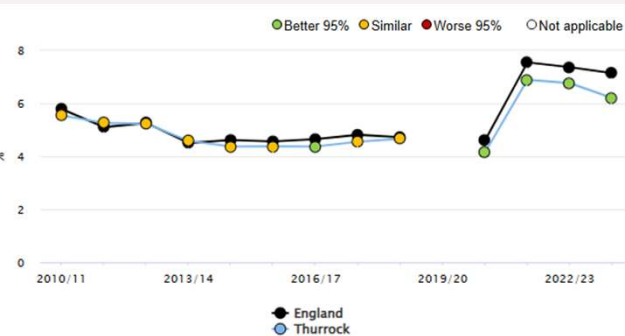
Trend data shows a similar pattern to England, over time, with both rising from 2020.

Pupil absence: **New data** 2023/24

Proportion - %

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↑	-	187,334,908	7.1	7.1	7.2
Neighbours average	↑	-	-	-	-	-
Middlesbrough	↑	11	664,770	8.5	8.1	8.8
Rochdale	↑	4	966,252	7.8	7.5	8.1
Salford	↑	15	937,769	7.7	7.4	7.9
Stockton-on-Tees	↑	12	758,354	7.5	7.2	7.9
Oldham	↑	9	1,078,408	7.4	7.1	7.7
Bury	↑	10	686,079	7.3	7.0	7.6
Blackburn with Darwen	↑	13	639,973	7.2	6.9	7.5
Tameside	↑	5	875,710	7.1	6.9	7.4
Swindon	↑	6	817,902	7.1	6.8	7.3
Medway	↑	1	1,079,069	7.0	6.8	7.2
Peterborough	↑	3	900,693	7.0	6.7	7.2
Telford and Wrekin	↑	2	659,687	6.7	6.5	7.0
Milton Keynes	↑	14	1,083,143	6.7	6.5	7.0
Bolton	↑	7	1,148,265	6.7	6.5	6.9
Thurrock	↑	-	605,990	6.2	5.9	6.5
Haverling	↑	8	836,463	6.2	5.9	6.4

Pupil absence (New Data)



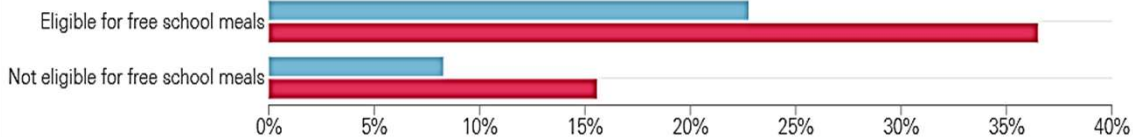
Inequalities in persistent school absences (national)

The Health Foundation found that the rate of persistent absences (pupils missing 10% or more of their classes) is now higher compared with before the pandemic.

Pupils with a Gypsy, Roma or Irish Traveler background, children eligible for free school meals and children with special educational needs are the most likely to be persistently absent from school, England, 2018/19 and 2022/23.

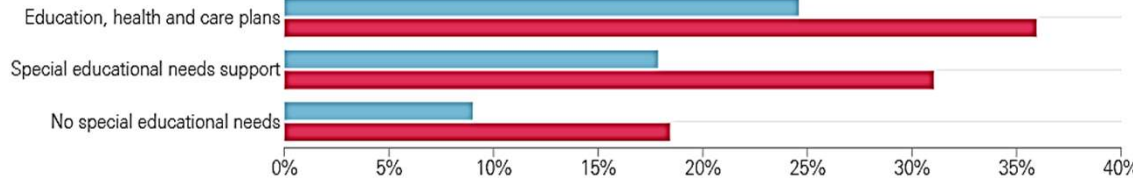
Ethnicity Sex **Free school meals** Special educational needs

2018/19 2022/23 - England



Ethnicity Sex Free school meals **Special educational needs**

2018/19 2022/23 - England



Average Attainment 8 score for all pupils

Why is it important?

Attainment 8 is a Key Stage 4 measure that shows the average achievement of pupils across eight GCSE-level subjects, including double-weighted English and Maths.

Children’s education and skill development are crucial not only for their personal wellbeing, but also for the social and economic health of the nation. Learning equips children with the knowledge, skills, and attributes needed for mental, emotional, social, and physical wellbeing—both now and in the future.

What does it mean for Thurrock?

In Thurrock the average attainment 8 score is (45.5) compared with England’s score of (46.2).

Trend data shows a similar pattern to England, over time.

Average Attainment 8 score 2024/25

Mean - Score

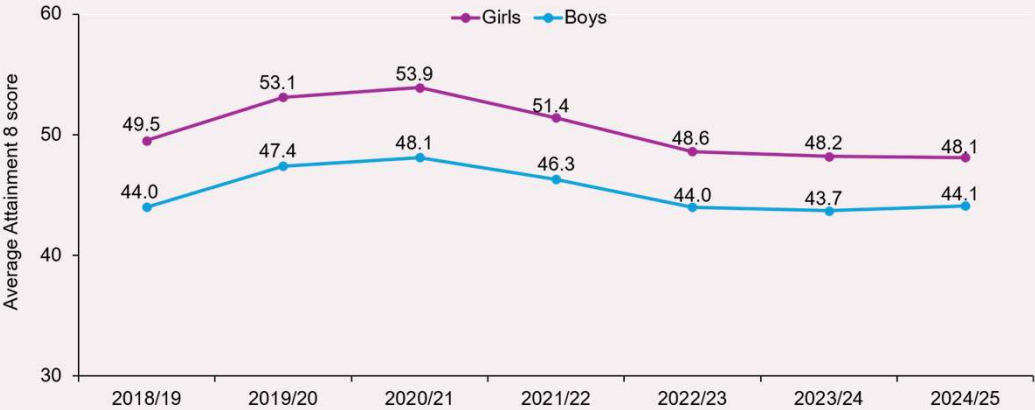
Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	—	-	-	46.0	-	-
Neighbours average	—	-	-	-	-	-
Havering	—	8	-	48.2	-	-
Thurrock	—	-	-	46.3	-	-
Swindon	—	6	-	45.9	-	-
Blackburn with Darwen	—	13	-	45.6	-	-
Bolton	—	7	-	45.4	-	-
Milton Keynes	—	14	-	45.2	-	-
Stockton-on-Tees	—	12	-	45.0	-	-
Medway	—	1	-	45.0	-	-
Bury	—	10	-	44.6	-	-
Salford	—	15	-	43.9	-	-
Tameside	—	5	-	43.4	-	-
Peterborough	—	3	-	43.1	-	-
Oldham	—	9	-	42.4	-	-
Telford and Wrekin	—	2	-	42.1	-	-
Middlesbrough	—	11	-	41.9	-	-
Rochdale	—	4	-	41.7	-	-

Inequalities trend within average attainment 8 (England)

Existing average attainment gender inequalities gap is narrowing from –

- 5.5 points in 2018/19
- to 4.5 points in 2023/24
- and to 4.0 in 2024/25

Average Attainment 8 score, sex: Girl and Boy, England



Average Attainment 8 Score among children eligible for Free School Meals (FSM)

Why is it important?

Attainment 8 is a Key Stage 4 measure that shows the average achievement of pupils across eight GCSE-level subjects, including double-weighted English and Maths.

Educational attainment is a key predictor of future wellbeing, influencing access to employment, income, housing, and other resources. Pupils from disadvantaged backgrounds, including those eligible for FSM, often face additional barriers to academic success.

What does it mean for Thurrock?

In Thurrock the average attainment 8 score is 37.9 compared with England's average of 39.1.

Average Attainment 8 Score among children eligible for Free School Meals (FSM) 2020/21

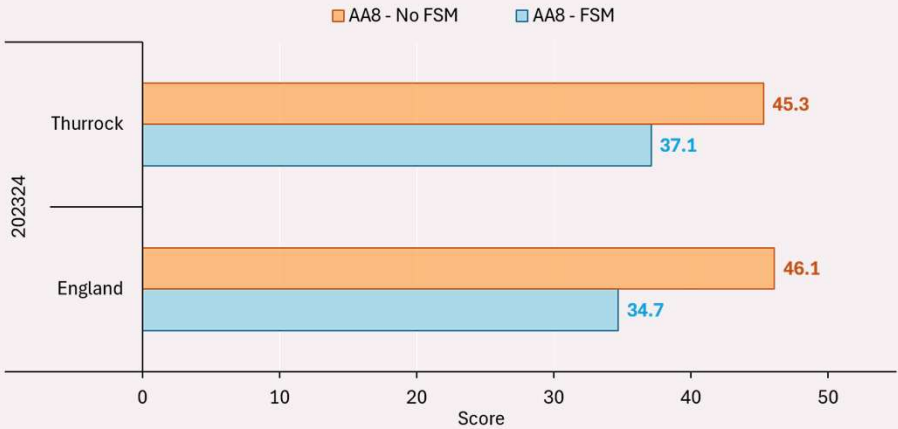
Mean - Score

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	-	-	4,214,205	39.1	-	-
Neighbours average	-	-	-	-	-	-
Blackburn with Darwen	-	13	17,591	41.1	-	-
Havering	-	8	18,471	40.6	-	-
Swindon	-	6	14,973	39.5	-	-
Bolton	-	7	30,680	38.5	-	-
Middlesbrough	-	11	20,233	38.5	-	-
Tameside	-	5	20,975	38.5	-	-
Rochdale	-	4	25,315	38.2	-	-
Thurrock	-	-	12,217	37.9	-	-
Oldham	-	9	30,994	37.9	-	-
Stockton-on-Tees	-	12	17,525	37.9	-	-
Bury	-	10	15,388	37.9	-	-
Milton Keynes	-	14	20,022	37.6	-	-
Telford and Wrekin	-	2	15,214	37.5	-	-
Medway	-	1	19,681	37.3	-	-
Peterborough	-	3	17,557	35.3	-	-
Salford	-	15	23,528	34.8	-	-

Inequalities within children eligible for Free School Meals (FSM)

Pupils receiving free school meals consistently score lower than their peers.

Average Attainment 8 (AA8) score per pupils eligible for Free School Meals (FSM) compared to AA8 pupils Non-FSM



Average Attainment 8 score of children in care

Why is it important?

Attainment 8 is a Key Stage 4 measure that shows the average achievement of pupils across eight GCSE-level subjects, including double-weighted English and Maths.

A looked after child is one who has been in the care of a local authority continuously for at least 12 months as of 31 March (excluding those in respite care). This timeframe is used to assess the impact of care on educational attainment.

Education is vital for children's mental, emotional, social, and physical wellbeing. It equips them with the skills and knowledge needed for a healthy and successful life. Children with poor mental health are more likely to underachieve academically. Higher educational qualifications are linked to better wellbeing and life outcomes in adulthood.

What does it mean for Thurrock?

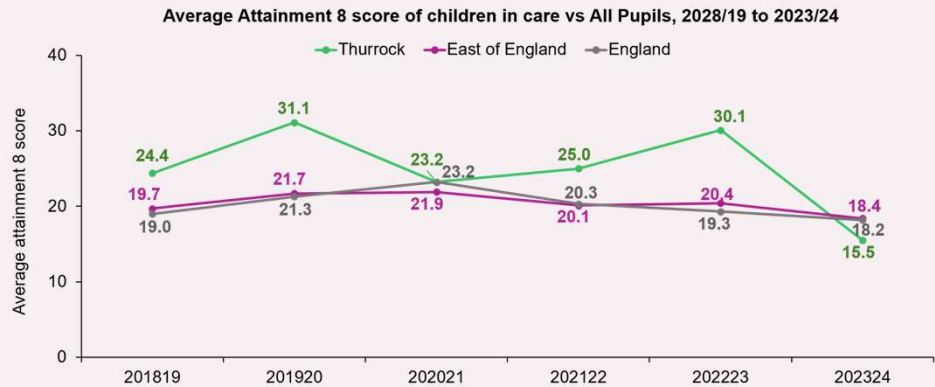
In Thurrock the average attainment 8 score is 15.5 compared with England's score of 18.3. Thurrock has the second lowest average compared to statistical neighbours. Trend suggests a slow decline in achievement for this disadvantaged group.

Average Attainment 8 score of children in care 2023/24

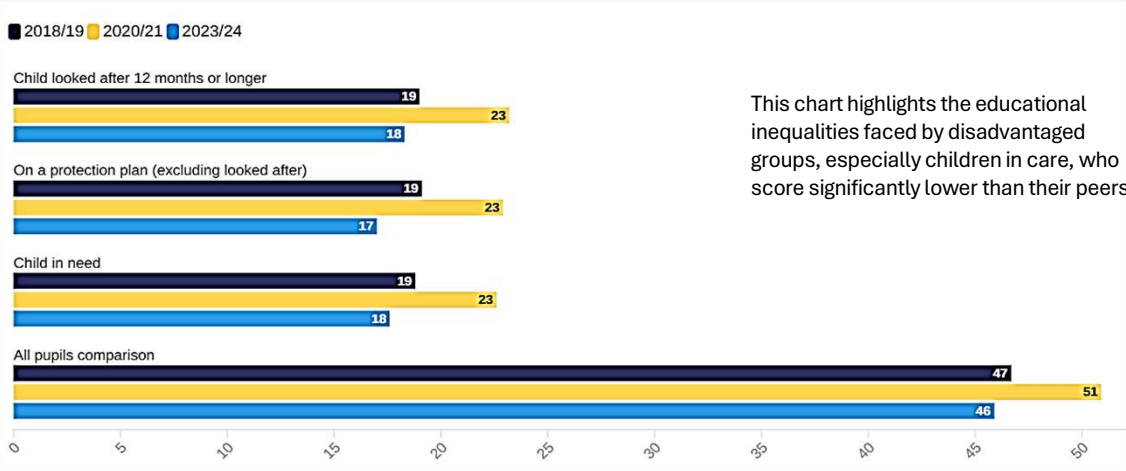
Mean - Score

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	-	-	-	18.3	-	-
Neighbours average	-	-	-	-	-	-
Havering	-	8	-	30.3	-	-
Rochdale	-	4	-	25.1	-	-
Peterborough	-	3	-	23.2	-	-
Middlesbrough	-	11	-	21.7	-	-
Bolton	-	7	-	21.3	-	-
Salford	-	15	-	19.2	-	-
Oldham	-	9	-	18.8	-	-
Swindon	-	6	-	18.5	-	-
Medway	-	1	-	17.9	-	-
Stockton-on-Tees	-	12	-	16.9	-	-
Bury	-	10	-	16.9	-	-
Tameside	-	5	-	16.5	-	-
Blackburn with Darwen	-	13	-	16.1	-	-
Telford and Wrekin	-	2	-	15.9	-	-
Thurrock	-	-	-	15.5	-	-
Milton Keynes	-	14	-	15.3	-	-

Trend data – Thurrock, East of England and England



Inequalities within England: average attainment 8 score, of children in social care.



16- to 17-year-olds not in education, employment or training (NEET) or whose activity is not known

Why is it important?
Young people aged 16 to 17 who are not in education, employment or training (NEET), or whose activity is unknown, face increased risks of negative outcomes such as poor health, depression, and early parenthood. This indicator highlights the importance of coordinated support across services to help vulnerable young people engage in learning and work.

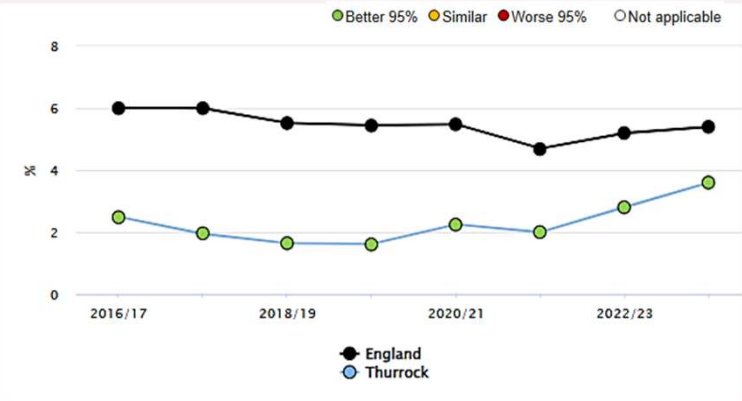
What does it mean for Thurrock?
In Thurrock, the indicator ‘16- to 17-year-olds not in education, employment or training (NEET)’ is statistically significantly better, when compared with national average. In comparison to our statistical neighbours, Thurrock has a statistically lower percentage compared with most others.

Trend data shows Thurrock levels increasing from 2019.

16 to 17 year olds not in education, employment or training (NEET) or whose activity is not known New data 2023/24 Proportion - %

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	→	-	69,000	5.4	5.4	5.4
Neighbours average	→	-	-	-	-	-
Salford	↑	15	489	8.5	7.8	9.3
Stockton-on-Tees	↑	12	343	7.0	6.3	7.7
Swindon	→	6	387	6.6	6.0	7.3
Tameside	↑	5	377	6.6	6.0	7.3
Oldham	↑	9	408	6.0	5.4	6.6
Rochdale	↑	4	366	5.9	5.4	6.5
Medway	↓	1	400	5.4	4.9	6.0
Peterborough	↓	3	263	4.8	4.2	5.4
Blackburn with Darwen	→	13	220	4.7	4.2	5.4
Bolton	↓	7	362	4.5	4.1	5.0
Bury	→	10	192	4.0	3.5	4.6
Telford and Wrekin	↓	2	187	4.0	3.5	4.6
Middlesbrough	→	11	132	3.9	3.3	4.7
Thurrock	↓	-	177	3.6	3.2	4.2
Milton Keynes	↓	14	218	3.0	2.6	3.4
Havering	→	8	183	2.8	2.5	3.3

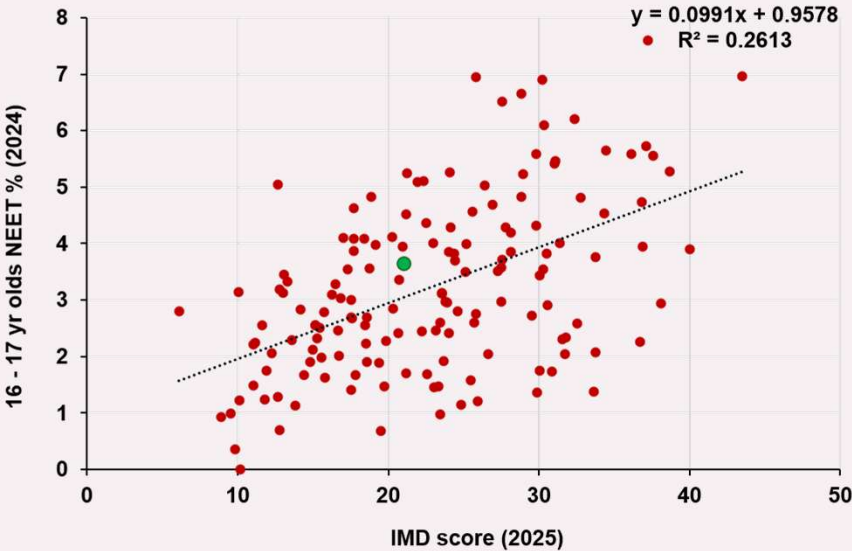
16- to 17-year-olds not in education, employment or training, (NEET) or whose activity is not known (New Data)



Inequalities within 16- to 17-year-olds (NEET) all England Local Authorities and Thurrock

Using 2024 (calendar year) education data, it would indicate that more deprived areas tend to have higher levels of young people who are NEET.

IMD Score
Higher score = more deprived
Lower score = less deprived



Key implications for Thurrock residents

→ **Stronger start in life:**

Above-average school readiness, including for FSM children, shows early years services are performing well.

→ **Reduced educational**

inequalities: Thurrock outperforms England in GLD for disadvantaged children, narrowing early attainment gaps.

→ **Better attendance culture:** Lower absence rates improve learning continuity and long-term attainment.

→ **Strong support for children in care:** Attainment 8 scores well above national CLA levels indicate effective interventions and educational stability.

→ **Positive youth engagement:** Low NEET rates reflect good local pathways into education, employment, and training.

Summary of Thurrock's education

School Readiness - Good Level of Development (GLD) – all children

- **Thurrock:** 70.1% (2024/25)
- **England:** 68.3%

What this means: Thurrock children are performing above the national average, indicating stronger early years development

GLD – Children eligible for Free School Meals (FSM)

- **Thurrock:** 59.0% (2024/25)
- **England:** 51.3%

What this means: Thurrock's most disadvantaged children achieve significantly better GLD outcomes than their peers nationally.

Pupil Absence - overall absence

- **Thurrock:** 6.2%
- **England:** 7.1%

What this means: Thurrock has lower absence levels, suggesting stronger engagement and more consistent school attendance.

Educational Attainment 8 – Children in Care

- **Thurrock:** 15.5 (2023/24)
- **England** (CLA 12 months): 18.3

What this means: Children in care in Thurrock achieve an Attainment 8 score far above the national CLA average, indicating stronger educational outcomes for this vulnerable group.

Young People Not in Education, Employment or Training (NEET 16–17)

- **Thurrock:** 3.6%
- **England** (range across LAs): 0.9% to 22%

What this means: Thurrock's NEET rate sits towards the low end of the national distribution, suggesting effective tracking, support, and post-16 pathways.



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Page	Indicator	Rationale / Methodology / Definition
1	Front sheet	
2	Contents	
3	What Are Wider Determinants of Health? / Purpose of This Report and what is covered	
4	Natural and Built Environment	
5	OHID Natural and Built Environment indicators	Wider Determinants of Health - Data Fingertips Department of Health and Social Care
6	Thurrock LSOAs (2021) showing IMD 2025 domain – Living Environment deciles	IMD – English indices of deprivation 2025 - GOV.UK
7	What impacts does the natural and built environment have on health?	World Health Organization (2018) – Global Status Report on Road Safety https://www.who.int/publications/i/item/9789241565684 Department for Transport (2019) – Road Safety Statement https://www.gov.uk/government/publications/road-safety-statement-2019 World Health Organization (2018) – Environmental Noise Guidelines for the European Region https://www.who.int/publications/i/item/9789289053563 European Environment Agency (2020) – Environmental Noise in Europe https://www.eea.europa.eu/publications/environmental-noise-in-europe Public Health England (2020) – Improving Access to Greenspace https://www.gov.uk/government/publications/improving-access-to-greenspace WHO (2016) – Urban Green Spaces and Health https://www.who.int/publications/i/item/9789289052764 World Health Organization (2021) – WHO Global Air Quality Guidelines https://www.who.int/publications/i/item/9789240034228 UK Government (2019) – Clean Air Strategy https://www.gov.uk/government/publications/clean-air-strategy-2019 Office for National Statistics (2021) – Housing affordability and wellbeing https://www.ons.gov.uk/peoplepopulationandcommunity/housing/articles/housingaffordabilityinenglandandwales/2021 Marmot Review (2020) – Health Equity in England: The Marmot Review 10 Years On https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on Department for Business, Energy & Industrial Strategy (BEIS, 2021) – Fuel Poverty Strategy (LILEE) https://www.gov.uk/government/statistics/fuel-poverty-statistics UK Health Security Agency (UKHSA) – Cold Weather and Health Guidance https://www.gov.uk/government/publications/cold-weather-plan-for-england
8	What do residents say?	96b7decc3f368cb01f5d357833abc7b2_Thurrock_Local_Plan_Initial_Proposals_Document_2023.pdf
9	Groups at a disproportionate level of risk for the Natural and Built Environment	
10	Transport - People killed and seriously injured casualties on roads	The Royal Society for the Prevention of Accidents have issued a guide to Road Safety and Public Health (2014), which explores the relationship between road safety and public health aims. The guide recommends that public health and road safety teams identify areas for collaborative working and potential benefits of road safety initiatives on other health issues and share data and evidence to identify effective actions and evaluate their impact. The Department for Transport's Road Safety Statement (2019) outlines the current picture on road safety, steps currently being undertaken to reduce road casualties, and future actions. https://www.gov.uk/government/statistical-data-sets/road-safety-open-data Road safety open data - GOV.UK

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11	Neighbourhood design – road, rail and air transport noise of 65dB(A) or more, during the daytime	The Government's policy on noise is set out in the Noise Policy Statement for England (1). The policy's long-term vision aims to promote good health and a good quality of life through the effective management of noise in the context of Government policy on sustainable development. Within this context and through the effective management and control of environmental, neighbour and neighbourhood noise, the policy aims to: • avoid significant adverse impacts on health and quality of life; • mitigate and minimise adverse impacts on health and quality of life; and • where possible, contribute to the improvement of health and quality of life (1).
12	Neighbourhood design – Road, rail and air transport noise of 55 dB(A) or more, during the night-time	(1) Department for Environment, Food and Rural Affairs (DEFRA). Noise Policy Statement for England (NPSE) [Online]. March 2010 [last accessed January 2025]. Available from: https://www.gov.uk/government/publications/noise-policy-statement-for-england Defra Data Services Platform, Road Noise - All Metrics - England Round 4
13	Neighbourhood design – Access to Healthy Assets and Hazards Index	The AHAH (Access to Healthy Assets and Hazards) Index is a multidimensional tool designed to help policymakers and public health professionals identify areas with environments that may negatively impact health. Rather than assessing environmental features in isolation, the index provides a comprehensive view of how conducive an area is to good health. Key Domains of the AHAH Index: Access to Retail Services (health-demoting): Includes density of fast food outlets, pubs, nightclubs, off-licences, gambling outlets, and tobacconists. Access to Health Services (health-promoting): Includes proximity to GP surgeries, A&E hospitals, pharmacies, dentists, and leisure centres. Physical Environment (health-promoting): Includes access to green spaces and levels of air pollutants (NO₂, PM₁₀, SO₂). Air Pollution (health-demoting): Measures concentrations of NO₂, PM₁₀, and SO₂.
14	Air pollution: fine particulate matter (new method – concentrations of total PM2.5)	Poor air quality is a significant public health issue. There is strong evidence that air pollution causes the development of coronary heart disease, stroke, respiratory disease, and lung cancer, exacerbates asthma and has a contributory role in mortality (Air Pollution Evidence Review from Public Health England, 2019 https://www.gov.uk/government/publications/improving-outdoor-air-quality-and-health-review-of-interventions). The annual burden of long-term exposure to air pollution in the UK has been estimated to be an effect equivalent to 29,000 to 43,000 deaths at typical ages (UKHSA Chemical Hazards and Poisons Report, 2022). Although air pollution can be harmful to everyone, it particularly affects people living in polluted areas, those who are exposed to higher levels of air pollution in their day to day lives, and those who are more susceptible to health problems caused by air pollution, widening health inequalities (https://www.gov.uk/government/publications/health-matters-air-pollution). The annual average metric is a summary of typical environmental conditions and the population weighting accounts for human exposure. In addition to this indicator, other air pollutants (such as NO₂), as well as indoor air pollutants, are also considered important. However, methodological considerations make it impractical to include these in a health outcomes indicator at present. The inclusion of this indicator aims to support local areas to prioritise action on air quality to help reduce the health burden from air pollution. The data used for this indicator is the same as that which underlies the PHOF indicator - Fraction of annual all-cause adult mortality attributable to particulate air pollution (new method). The method is based on total concentrations of PM2.5 rather than just the anthropogenic component. Annual concentration of PM2.5 (fine particulate matter) at an area level, adjusted to account for population exposure. PM2.5 means the mass (in micrograms) per cubic metre of air of individual particles with an aerodynamic diameter generally less than 2.5 micrometers. PM2.5 is also known as fine particulate matter.

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15	Affordability of home ownership	Ratio of median house price to median gross annual residence-based earnings (A higher ratio indicates that on average, it is less affordable for a resident to purchase a house in their local authority district). Housing affordability affects where people live and work. The quality of housing, poverty levels, community cohesion, and time spent commuting are all affected by housing affordability and can impact health outcomes. Housing is an important social determinant of health, and the link between housing and health is widely acknowledged.[1,2] There is increasing evidence of a direct association between unaffordable housing and poor mental health. [3] In a study by Pollack et al.[4] ‘the strongest associations were found between housing unaffordability and cost-related outcomes, supporting the mechanism that unaffordable housing is associated with financial trade-offs and reduced discretionary spending on health-related expenses. It is possible that, over time, these trade-offs may have a deleterious effect on health, for example, by reducing one’s ability to successfully manage chronic conditions or decreasing the use of preventive services. Lack of housing affordability may be a sensitive marker for other forms of material deprivation such as food insecurity’. This indicator, based on median house price and median earnings in a given area, is just one way of looking at affordability of home ownership. Its strengths lie in providing a simple, broad and comparable measure across areas. We hope to complement this indicator with a measure of affordability of private rented accommodation in the future. [1] Braubach, M. (2011). Key challenges of housing and health from WHO perspective. International Journal of Public Health, 56, 579-580 [2] Commission on Social Determinants of Health. (2008). Closing the gap in a generation: Health equity through action on the social determinants of health. Final report. Geneva: World Health Organization. [3] The impact of housing problems on mental health, Shelter, April 2017, [4] Housing Affordability and Health among Homeowners and Renters. Craig Evan Pollack MD MHS, Beth Ann Griffin PhD. Julia Lynch PhD. American Journal of Preventive Medicine Volume 39, Issue 6, December 2010, Pages 515-521. Inequalities in housing affordability The Health Foundation
16	Housing – additional high level key points within Thurrock	Overcrowding - It is calculated by comparing the number of bedrooms the household requires to the number of available bedrooms. An occupancy rating of -1 or less implies that a household's accommodation has fewer bedrooms than required (overcrowded). English Housing Survey 2023–24 (health & housing): https://www.gov.uk/government/statistics/english-housing-survey-2023-to-2024-health-and-housing-fact-sheet Marmot BMJ editorial on housing affordability and health: https://cambridgeshireinsight.org.uk/wp-content/uploads/2025/01/marmot-bmj-editorial-3jan25.pdf DHSC Housing and health in strategic planning (2026): https://www.gov.uk/government/publications/housing-and-health-in-local-strategic-health-planning NHS England Core20PLUS5 framework: https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/ Marmot Review 10 Years On: https://www.health.org.uk/reports-and-analysis/reports/health-equity-in-england-the-marmot-review-10-years-on-0 DHSC Housing and health in local strategic planning (housing conditions including space and overcrowding): https://www.gov.uk/government/publications/housing-and-health-in-local-strategic-health-planning NHS England Core20PLUS5 (deprivation and health inequalities framework): https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/ ONS - Housing: Census 2021 in England and Wales - Office for National Statistics

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17	Housing – additional high level key points within Thurrock	English Housing Survey 2023–24 (household characteristics and health): https://www.gov.uk/government/statistics/english-housing-survey-2023-to-2024-health-and-housing-fact-sheet DHSC Housing and health in local strategic planning (social and household factors in health): https://www.gov.uk/government/publications/housing-and-health-in-local-strategic-health-planning NHS England Core20PLUS5 (deprivation and vulnerable population groups): https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/ Nationally, just over half of older people living alone have three or more long term conditions: https://www.health.org.uk/features-and-opinion/features/health-and-health-care-use-of-older-people-living-alone
18	Fuel poverty (low income, low energy efficiency methodology)	A household is considered to be fuel poor if they are living in a property with a fuel poverty energy efficiency rating of band D or below And when they spend the required amount to heat their home, they are left with a residual income below the official poverty line. There is compelling evidence that the drivers of fuel poverty (low income, poor energy efficiency, and energy prices) are strongly linked to cold homes [1]. Evidence shows that living in cold homes is associated with poor health outcomes and an increased risk of morbidity and mortality for all age groups; furthermore, studies have shown that more than one in five (21.5%) excess winter deaths in England and Wales are attributable to the coldest quarter of housing [2]. The Government is interested in the amount of energy households need to consume to have a warm, well-lit home, with hot water for everyday use, and the running of appliances. Therefore fuel poverty is measured based on required energy bills rather than actual spending. This ensures that those households who have low energy bills simply because they actively limit their use of energy at home, for example, by not heating their home are not overlooked [3]. 1. Wilkinson P, Landon M, Armstrong B, Stevenson S, Pattenden S, McKee M and Fletcher T (2001) Cold Comfort: The Social and Environmental Determinants of Excess Winter Deaths in England, 1986–96. Bristol: The Policy Press. 2. UCL Institute of Health Equity (2011). The Health Impacts of Cold Homes and Fuel Poverty. Available from: http://www.instituteofhealthequity.org/resources-reports/the-health-impacts-of-cold-homes-and-fuel-poverty/the-health-impacts-of-cold-homes-and-fuel-poverty.pdf 3. Department for Business, Energy & Industrial Strategy (2024). Annual Fuel Poverty Statistics in England, 2024 (2023 data). Available from: https://assets.publishing.service.gov.uk/media/65ccceba1d939500129466a9/annual-fuel-poverty-statistics-report-2024.pdf The percentage of households in an area that experience fuel poverty based on the "low income, low energy efficiency (LILEE)" methodology
19	Key Implications for Thurrock Residents	https://thurrock.moderngov.co.uk/documents/s40450/Childrens%20Social%20Care%20Performance%202023-24.pdf https://www.gov.uk/government/statistics/child-development-outcomes-data-for-2024-to-2025/child-development-outcomes-2024-to-2025-statistical-commentary https://www.gov.uk/guidance/compare-your-good-level-of-development-gld-data
20	Summary of Thurrock’s natural and built environment	https://www.gov.uk/government/publications/clean-air-strategy-2019 https://www.who.int/publications/i/item/9789240034228 https://www.ons.gov.uk/peoplepopulationandcommunity/housing/articles/housingaffordabilityinenglandandwales/2021 https://www.gov.uk/government/statistics/fuel-poverty-statistics

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21	Work and the labour market	
22	OHID Work and the labour market indicators	Wider Determinants of Health - Data Fingertips Department of Health and Social Care
23	Thurrock LSOAs (2021) showing IMD 2025 domain – Employment deciles / Thurrock LSOAs (2021) showing IMD 2025 domain – Health deprivation and disability deciles	IMD - English indices of deprivation 2025 - GOV.UK
24	What impacts does this on health? / What do residents say within Thurrock?	96b7decc3f368cb01f5d357833abc7b2_Thurrock_Local_Plan_Initial_Proposals_Document_2023.pdf
25	Groups at a disproportionate level of risk on work and labour market	
26	Percentage of people in employment	The review "Is work good for your health and wellbeing" (2006) concluded that work was generally good for both physical and mental health and wellbeing. Access to local employment and good working conditions can influence the health of a community. The 'Inequality' view includes a more detailed breakdown by age. The need for those aged 50 and over to be able to access good quality work, and to be supported in remaining or returning to such work, is a key aspect of healthy ageing policy and is included in the Consensus on Healthy Ageing statement. Number of people who are in employment (either as an employee, self employed, in government employment and training programmes or an unpaid family worker ILO definition of basic economic activity) and are of working age (16 to 64).
27	Population (%) with a physical or mental long term health condition in employment (aged 16 to 64)	This indicator provides contextual information to the employment gap indicator of the same number, showing more information on the employment of people surveyed who said they had a long-term health condition. As such it does not necessarily relate to all people with long term health conditions but to those who responded to say they have a physical or mental health condition that they expect to last 12 months or more. Only around half of disabled people are in work, but many disabled people including people with long term health conditions want to work and could do so with the right support. This disability employment inequality is a result of a wide range of barriers and historic injustices. It means too many people are missing the range of positive impacts that come with paid employment, including good health and social outcomes. Around one in six working age adults report a disability, affecting the working lives of millions of people. The majority of long-term health conditions are acquired in adulthood, and in an ageing population this is an issue that is likely to worsen. Health is the leading reason for people aged 50 to 64 to be out of work. Research shows that disabled people are more vulnerable to discrimination in work and to redundancy, and are less well represented in well paid, quality work and more senior positions. Research has also shown that the pandemic has had a disproportionate negative effect on disability employment with disabled people 60 percent more likely to have lost their job. The command paper, Improving Lives: the future of work, health and disability, sets out the government's intention to monitor progress on the goal by tracking the number of working aged disabled people in employment, as recorded by the Annual Population Survey. In 2017, the government set a goal to see a million more disabled people in work by 2027. This indicator provides a good indication of the impact limiting long term illness has on employment. The percentage of respondents in the Annual Population Survey who have a physical or mental long term health condition who are classified as employed (either as an employee, self employed, in government employment and training programmes or an unpaid family worker (International Labour Organisation definition of basic economic activity) aged 16 to 64). Nomis - Query Tool - RM019 - Economic activity status by hours worked by disability

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28	Population (%) who are in receipt of long-term support for a learning disability that are in paid employment (aged 18 to 64)	The percentage of working age learning disabled clients known to Councils with Adult Social Services Responsibilities (CASSRs) in paid employment (aged 18 to 64). This includes clients who received long term support during the year and appear in the LTS001a measure (table 1a) of the annual statutory return on Short and Long Term Support (SALT) with a primary support reason of Learning Disability Support. Support settings Nursing, Residential, and Community are included; Prison setting is excluded. This indicator provides contextual information to the employment gap indicator of the same number, showing more information on both the underlying population who are receipt of long term support for a learning disability, and the employment of that population. This indicator is based on an associated indicator from the Adult Social Care Outcomes Framework (ASCOF) and as such relates to a subgroup of people receiving support for learning disabilities as opposed to all people with learning disabilities. The evidence that appropriate work can bring health and wellbeing benefits is widely recognised. However, employment rates amongst disabled people reveal one of the most significant inequalities in the UK. Declining health and being out of work deny the benefits that employment can bring, creating pressures on the NHS, and sustaining a major injustice in society. There are many barriers that face people with a learning disability to access employment, which include a lack of support, employers' attitudes, and a general lack of understanding of what someone can achieve with the right support, from education through to employment. Mencap's 2019 Big Learning Disability Survey found 23% of working age adults (aged 18 to 64) with a learning disability have a paid job. This is compared to: 53% of working age adults with any disability, and 76% of working age adults (aged 16 to 64) in the general population in the UK. The NHS Long Term Plan acknowledges that employment rates for people with a learning disability and/or autism have remained low for many years. The COVID19 pandemic has introduced additional employment challenges. The associated NHS Digital ASCOF indicator 1E measures employment outcomes for adults with a primary support reason of learning disability support. There is a strong link between employment and enhanced quality of life, including evidence benefits for health and wellbeing and financial benefits. The definition of individuals included in the denominator population is restricted to those working age adults that are known to the council with a primary support reason of learning disability support who received long term support during the year in the settings of residential, nursing and community but excluding prison. The local authority counts for this contextual indicator allow users to see numbers of people in receipt of learning disability support and percentage employed, data which is masked by the gap in employment indicator where no counts or denominator values are available. Supporting people in employment Nuffield Trust
29	The percentage of the population who are in contact with secondary mental health services that are in paid employment	The relationship between mental health and unemployment is bi-directional. Good mental health is a key influence on employability, finding a job, and remaining in that job. Unemployment causes stress, which ultimately has long term physiological health effects and can have a negative impact on mental health, including depression, anxiety, and lower self-esteem. The NHS Mental Health Implementation Plan 2019 to 2020 to 2023 to 2024 sets out how the NHS is improving access to mental health support for people in work and its commitment to supporting people with severe mental illnesses to seek and retain employment. Supporting someone to become and remain employed is a key part of the recovery process. This indicator replaces 93886. The change in methodology is necessary since the Care Programme Approach (CPA) was superceded by the Community Mental Health Framework. This means the original denominator for this indicator - number of people in contact with mental health services - has fundamentally changed its definition. More information regarding the specific of the change can be found here. Definition The measure shows the percentage of adults who receive secondary mental health services and are in paid employment at the time of their most recent assessment, formal review or other multi-disciplinary care planning meeting. https://digital.nhs.uk/data-and-information/publications/statistical/cpg-outcomes-indicator-set/march-2022/domain-3-helping-people-to-recover-from-episodes-of-ill-health-or-following-injury-cpg/3-17-percentage-of-adults-in-contact-with-secondary-mental-health-services-in-employment 3.17 Percentage of adults in contact with secondary mental health services in employment - NHS England Digital

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30	Unemployment (model-based)Proportion - %	Unemployment is associated with an increased risk of ill health and mortality. There are relationships between unemployment and poor mental health and suicide, higher self-reported ill health and limiting long term illness and a higher prevalence of risky health behaviours including alcohol use and smoking. Links between unemployment and poor mental health have been explained by the psychosocial effects of unemployment: stigma, isolation and loss of self-worth. People with long term psychiatric problems are less likely to be in employment than those with long-term physical disabilities, despite indications that most people with severe mental illness would like to work. Definition Percentage of the economically active population aged 16+ without a job who were available to start work in the two weeks following their interview and who had either looked for work in the four weeks prior to interview or were waiting to start a job they had already obtained.
31	Long term claimants of Jobseeker's Allowance Crude rate - per 1,000	Count for jobseekers allowance claimants, 16 to 64 year olds claiming for more than 12 months, crude rate per 1,000 resident population, 16 to 64 year olds. Numerator data extraction and preparation. Numerator data is downloaded from the NOMIS website (www.nomisweb.co.uk) via the Advanced Query, taking data from the 'Claimant Count' directory and then 'claimant count - age and duration'. Data is reported for calendar year (each month needs to be ticked) and is reported rounded to the nearest 5. Age and duration are selected as 'claiming for over 12 months'. Counts are for both male and female so 'Total' is selected. Geography is selected for each individual geographical level: England, government office region, county (local authorities: county / unitary) and local authority ('local authorities: district / unitary') this is because the data returned is rounded to the nearest 5. If higher geography counts were obtained from aggregating local authority level data, the totals would be derived from rounded data, rather than direct from actual counts held on NOMIS. An average figure is then calculated for the year from the counts for each month, for each level of geography. It is this value that is used for the numerator. https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthinequalities, https://www.health.org.uk/evidence-hub/work/trends-in-unemployment-and-long-term-unemployment
32	Economic inactivity rate Proportion - %	This indicator measures the percentage of the population aged 16–64 who are economically inactive - i.e, not employed and not meeting the International Labour Organisation (ILO) definition of unemployment (not employed, available to start work within two weeks, and actively seeking employment within the past four weeks). It forms part of the Work and the Labour Market domain, offering insight into the composition of the local labour market and broader economic conditions. As such, it should be interpreted as an area-level descriptor. It is important to distinguish between the unemployed and the economically inactive. The economically inactive include individuals who are long-term or temporarily sick (and not employed), those caring for family or home, students, and retirees. The health interventions suitable for economically inactive individuals—such as support to return to work where appropriate—differ from those aimed at unemployed individuals. This distinction is emphasized in the Improving Lives: Work, Health and Disability green paper [4].
33	Sickness absence: the percentage of employees who had at least one day off in the previous week	Indicator Sickness absence: the percentage of employees who had at least one day off in the previous working week (aged 16 and over) The independent review of sickness absence (published December 2011) was commissioned by government to help combat the 140 million days lost to sickness absence every year. The review provided an important analysis of the sickness absence system in the UK: of the impact of sickness absence on employers, the State and individuals, and of the factors which cause and prolong sickness. This is in line with the Government's strategy for public health, which adopts a life course approach and includes a focus on the working-age population in the "working well" stage to help people with health conditions to stay in or return to work.

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34	Key Implications for Thurrock residents / Summary of Thurrock Work and the labour market	
35	Summary of Thurrock Work and the labour market continued	
36	Income and vulnerability	
37	OHID income and vulnerability indicators	Wider Determinants of Health - Data Fingertips Department of Health and Social Care
38	Thurrock LSOAs (2021) showing IMD 2025 domain – Barriers to Housing and Services decile / IDACI and IDAOPI	IMD - English indices of deprivation 2025 - GOV.UK
39	What impacts does this on health? / What do residents say within Thurrock?	96b7decc3f368cb01f5d357833abc7b2_Thurrock_Local_Plan_Initial_Proposals_Document_2023.pdf
40	Groups ar a disproportionate level of income deprivation and vulnerability	
41	Children in absolute low-income families (under 16s)	This indicator measures the proportion of children under the age of 16 living in families classified as being in absolute low income in each local area. Income is assessed on a Before Housing Costs (BHC) basis and is equivalised to account for differences in family size and composition. Equivalisation ensures fair comparisons by adjusting household income to reflect the needs of different family types, using a couple without children as the reference point. The absolute low-income measure provides a consistent benchmark for tracking poverty over time. A reduction in the percentage of children in absolute low income indicates that the incomes of the poorest families are rising faster than inflation, reflecting real improvements in living standards. The statistics are aligned with the Households Below Average Income (HBAI) dataset and are calibrated using a three-year average to ensure consistency and reliability across Great Britain and its regions. https://stat-xplore.dwp.gov.uk/webapi/jsf/dataCatalogueExplorer.xhtml;jsessionid=286E171A21A57BFA22DD0C40AD7FDEBD
42	Average weekly earnings	The Average Weekly Earnings indicator helps show how income varies between different areas and groups, based upon employee's resident location (reference period is a point during April each year) in different income brackets. The indicator uses median gross earnings (before tax, National Insurance and other deductions) instead of the average to give a more accurate picture, since a few very high earners can distort the average. It includes both full-time and part-time workers (through the PAYE system) to reflect the real economic resources people have, but it leaves out overtime pay because that can vary a lot. Overall, this measure helps us understand how income is spread across the population and how it might affect people's health and wellbeing and its part of a wider set of measures used to understand income and vulnerability in communities. Income plays a big role in health. People with higher earnings tend to live longer, have fewer disabilities, and report better overall health. They can afford healthier food, better housing, and access to healthcare. On the other hand, low income can limit these choices and make it harder to take part in social life, which can affect mental health and self-esteem. Poor health can also make it harder for someone to earn money, so the relationship goes both ways. The Scale of Economic Inequality in the UK - Equality Trust

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43	Food Insecurity (INDIRECT measure) – percentage of local authority population living in areas at highest risk of food insecurity	This indicator shows the percentage of a local authority's population living in Lower Super Output Areas (LSOAs) that fall within the 20% most at risk nationally on the Food Insecurity Risk Index. It helps fill a data gap, as national surveys like the Food Standards Agency Food Tracker and the Family Resources Survey do not provide estimates below the regional level. By offering local authority-level insights, this measure supports targeted interventions and informs the government's levelling up agenda, especially in the context of the rising cost of living. Certain groups are more vulnerable to food insecurity, particularly single adults with multiple children. While food bank usage is often tracked, it is not a reliable proxy for food insecurity, as many affected individuals do not access food banks. Additionally, food bank locations are influenced by community resources and local networks, not necessarily by need. Thurrock Foodbank is a valuable service supporting those in Thurrock who are having difficulty in buying food for themselves and their families. Last year they provided 7,974 food parcels, 3,599 of which included children. Since 1st April 2024 they have supplied 1,745 food parcels, 802 of which were to families that included children. Source - The Spotlight's on Thurrock Foodbank – Stronger Together Thurrock. https://www.mylocalmap.org.uk/iaahealth/, https://foodfoundation.org.uk/initiatives/dietary-inequalities, https://link.springer.com/article/10.1186/s41043-025-00801-w, https://www.gov.uk/government/statistics/united-kingdom-food-security-report-2024/united-kingdom-food-security-report-2024-theme-4-food-security-at-household-level, https://www.trussell.org.uk/news-and-research/publications/report/hunger-in-the-uk-2025, https://www.ucl.ac.uk/bartlett/publications/2025/apr/food-uk-addressing-food-insecurity-21st-century
44	Key Implications for Thurrock Residents / Summary of Thurrock's Income and vulnerability	https://fingertips.phe.org.uk/search/low%20income https://assets.publishing.service.gov.uk/media/663d09b94f29e1d07fadc4d0/Table_of_PHOF_updates_May_2024.pdf https://fingertips.phe.org.uk/search/employment https://fingertips.phe.org.uk/profile/wider-determinants/supporting-information/update-archive https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/bulletins/averageweeklyearningsingreatbritain/latest https://fingertips.phe.org.uk/profile/wider-determinants/ https://www.gov.uk/government/statistics/wider-determinants-of-health-april-2023-update
45	Crime	
46	OHID crime indicators	Wider Determinants of Health - Data Fingertips Department of Health and Social Care
47	Thurrock LSOAs (2021) showing IMD 2025 domain – Crime decile	IMD - English indices of deprivation 2025 - GOV.UK
48	What impacts does this on health? / What do residents say within Thurrock?	96b7decc3f368cb01f5d357833abc7b2_Thurrock_Local_Plan_Initial_Proposals_Document_2023.pdf
49	Groups at a disproportionate level of risk	
50	First time entrants to the youth justice system	This indicator measures the rate per 100,000 of children and young people aged 10 to 17 who receive their first conviction, caution, or youth caution, based on their area of residence. Including this indicator in local planning ensures that vulnerable young people are considered in mainstream health and social care commissioning. It also supports early intervention strategies aimed at reducing youth offending and promoting better long-term outcomes. Youth justice statistics: 2024 to 2025 - GOV.UK

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51	Violent crime - hospital admissions for violence (including sexual violence)	This indicator measures the age-standardised rate per 100,000 population of emergency hospital admissions due to violence, based on ICD-10 codes X85 to Y09 (external causes of injury). The inclusion of this indicator supports a balanced and evidence-based approach to tackling violence. It highlights the importance of prevention and treatment alongside traditional criminal justice responses. By focusing on effective interventions, this measure helps inform public health planning and multi-agency strategies. The NHS's role in sexual assault services is a key public health function. This aligns with the UK Government's strategic ambition, as outlined in the Call to End Violence Against Women and Girls (2010) and subsequent action plans, to deliver a cohesive and comprehensive response to violence. Tracking hospital admissions for violence provides valuable insight into the burden of interpersonal violence on health services and communities. It also helps identify at-risk populations, monitor trends, and evaluate the impact of violence reduction initiatives. Public Health Outcomes Framework: commentary, February 2022 - GOV.UK
52	Domestic abuse related incidents and crimes	This indicator tracks the crude rate per 1,000 population of domestic abuse-related incidents and crimes recorded by the police. It provides insight into the scale and distribution of domestic abuse across communities and supports the development of targeted prevention and support services. The UK Government's strategic ambition, as outlined in the Ending Violence Against Women and Girls Strategy 2016–2020, is to contribute to a cohesive and comprehensive response to domestic abuse. This includes the role of the NHS in delivering sexual assault services, which are recognised as a core public health function. https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabusevictimcharacteristicsenglandandwales/yearendingmarch2024#:~:text=Data%20supplied%20from%2029%20police,crimes%20recorded%20by%20the%20police
53	Key Implications for Thurrock Residents / Summary of Thurrock's crime	https://homenicom.co.uk/area/thurrock https://fingertips.phe.org.uk/profile/health-profiles/data https://fingertips.phe.org.uk/static-reports/public-health-technical-guidance/Presentation/Trend_markers.html
54	Education	
55	OHID education indicators	Wider Determinants of Health - Data Fingertips Department of Health and Social Care
56	Thurrock LSOAs (2021) showing IMD 2025 domain – Education, Skills and Training deciles	IMD - English indices of deprivation 2025 - GOV.UK
57	What impacts does this on health? / What do residents say within Thurrock?	96b7decc3f368cb01f5d357833abc7b2_Thurrock_Local_Plan_Initial_Proposals_Document_2023.pdf
58	Groups at a disproportionate level of risk	
59	School readiness: percentage of children achieving a good level of development at the end of Reception	This indicator measures the percentage of children who achieve a Good Level of Development (GLD) at the end of the Early Years Foundation Stage (EYFS). It is a key measure of early childhood development across a broad range of areas, including: communication and language, personal, social and emotional development, physical development, literacy, and mathematics. Create your own tables on early years foundation stage profile results - Explore education statistics - GOV.UK
60	School Readiness: percentage of children with free school meal status achieving a good level of development at the end of Reception	This indicator measures the percentage of children eligible for free school meals (FSM) who achieve a Good Level of Development (GLD) at the end of the Early Years Foundation Stage (EYFS). It is a key measure of early childhood development across areas such as: Communication and language, Personal, social and emotional development, Physical development, Literacy, and Mathematics. Create your own tables on early years foundation stage profile results - Explore education statistics - GOV.UK

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61	Pupil absence	This indicator shows the percentage of half days missed by pupils due to overall absence in the academic year (including authorised and unauthorised absence). Educational qualifications play a key role in determining an individual's position in the labour market, which in turn affects income, housing, and access to other essential resources. These factors are closely linked to overall health and contribute to health inequalities. Improving school attendance—by addressing both authorised and unauthorised absences—is central to the Government's goal of enhancing social mobility and helping every child reach their full potential. Achieving this requires coordinated efforts across all services that support young people, with clear local priorities. Inequalities in persistent school absences The Health Foundation
62	Average Attainment 8 score	This indicator reports the average Attainment 8 score for pupils in state-funded schools, based on their local authority of residence. Attainment 8 measures performance across eight GCSE-level subjects, including: English and math's (both double-weighted), Three English Baccalaureate (EBacc) subjects (e.g., sciences, history, languages) and Three additional approved qualifications Children with poorer mental health are more likely to experience lower educational attainment, and evidence suggests that higher educational qualifications are a strong predictor of adult wellbeing. Education influences an individual's labour market position, which in turn affects income, housing, and access to resources. Attainment is shaped by both the quality of education and family socio-economic circumstances. Release home - Key stage 4 performance - Explore education statistics - GOV.UK
63	Average Attainment 8 Score among children eligible for Free School Meals (FSM)	This indicator measures the average Attainment 8 score for pupils in state-funded schools who are eligible for Free School Meals (FSM), based on their local authority of residence. Attainment 8 reflects achievement across eight GCSE-level qualifications, grouped into four elements: Math's – double-weighted, based on the EBacc math's qualification. English – highest score in English language or literature, double-weighted if both are taken. EBacc subjects – three highest scores from science, computer science, history, geography, and languages. Open element – three highest scores from any other approved qualifications, including technical awards. Local Authority Interactive Tool (LAIT) - Create Your Own
64	Average Attainment 8 score of children in care	The Key Stage 4 Attainment 8 score measures the academic performance of looked after children. It includes results from previous academic years and only includes children matched to Key Stage 4 data. Key stage 4 average Attainment 8 score of children looked after continuously for at least twelve months at the end of March (excluding children in respite care). Only children who have been matched to key stage 4 data are included. This is the amended version of key stage 4 data. Includes entries and achievements for these pupils in previous academic years. https://explore-education-statistics.service.gov.uk/find-statistics/outcomes-for-children-in-need-including-children-looked-after-by-local-authorities-in-england/2024 https://www.activeesseximpact.org/media/Thurrock-HAF-DofE-Report-2023_Final_compressed.pdf , Explore and download data - Outcomes for children in need, including children looked after by local authorities in England - Explore education statistics - GOV.UK, What are the average Attainment 8 scores of children in social care in England? - Nuffield Family Justice Observatory

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65	16- to 17-year-olds not in education, employment or training (NEET) or whose activity is not known	This indicator shows the proportion of 16- to 17-year-olds who are NEET or whose activity is not known is used to monitor youth engagement and inform targeted interventions. Increasing participation in education and employment is central to improving social mobility and driving economic growth. To support this, the Education and Skills Act 2008 introduced a requirement for young people to remain in education or training until the end of the academic year in which they turn 17 (extended to 18 from 2015). Since 2016, local authorities are only required to track and report on young people up to academic age 17 (i.e. those who turn 18 during the academic year). Sources - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/356062/Review3_NEETs_health_inequalities.pdf, https://explore-education-statistics.service.gov.uk/data-tables/fast-track/0fe15b15-2b2d-4900-211f-08dec5f77ede
66	Key implications for Thurrock residents / Summary of Thurrock’s education	https://assets.publishing.service.gov.uk/media/663d09b94f29e1d07fadc4d0/Table_of_PHOF_updates_May_2024.pdf https://www.thurrockopportunities.co.uk/resources/neet/ https://blogs.ucl.ac.uk/cepeo/2025/10/09/delivering-government-target-for-school-readiness/ https://thurrockservicesforearlyyears.co.uk/Pages/Download/89baba85-4bc6-4ab2-8aa2-5cbdefa0cff4/PageSectionDocuments
67-78	Appendix – Rationale / methodology / indicator definition	

Thurrock's Joint Strategic Needs Assessment
Wider Determinants