Norfolk County Council

# CORE20 Plus Groups

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# GEOGRAPHY

## CORE20 Plus Groups

# Coastal Areas

## Situation in Norfolk & Waveney


Whilst much of the coast is seen as 'idyllic' and a holiday destination by many, life can be a **daily struggle** for those that live in the most deprived areas.

**171,000** people live in the higher deprivation coastal towns of **Caister-on-Sea**, **Cromer**, **Gorleston**, **Great Yarmouth**, **Hemsby**, **Hunstanton and Lowestoft***.

## Key national recommendations from the Chief Medical Officer's report (2021) on Coastal Communities

There is less access to primary and secondary healthcare in coastal communities, despite their greater need. Evidence of a significant health service deficit in terms of recorded service standards, cancer indicators and emergency admissions. Key recommendations from the Chief Medical Officer's (CMO's) report were:

1. Develop a national **cross-government strategy** on health and wellbeing of coastal communities.
2. Address the current mismatch between **health and social care worker deployment** and disease prevalence in coastal areas
3. Improve **data and research** into coastal communities

Attracting NHS and social care staff to peripheral areas is difficult, catchment areas for health services are artificially foreshortened and transport is often limited, in turn limiting job opportunities

## National Health Need

Coastal communities, have some of the worst health outcomes in England, with low life expectancy and high rates of many major diseases. Reasons for poor health in coastal communities include:

- Poor **educational achievement**
- High levels of **deprivation**
- 2nd home ownership and **Houses of Multiple Occupation**
- Seasonal employment and **reduction in industry**
- **Older populations** with worsening health

Some conditions have a higher prevalence in coastal areas. The highest **coastal effect** among these conditions is for **COPD** and **mental health** where coastal communities have:

- **11%** Higher **mental ill health** prevalence
- **11%** Higher **COPD** prevalence
- **9%** Higher prevalence of **Chronic Kidney Disease**
- **8%** Higher prevalence of **Smoking**
- **6%** Higher prevalence of **Heart Disease**
- **6%** Higher prevalence of **Learning Disabilities**
- **5%** Higher prevalence of **Dementia**
- **3%** Higher prevalence of **Cancer**

Chief Medical Officer's Annual Report 2021 - Health in Coastal Communities – Summary and recommendations (publishing.service.gov.uk)

*Infographic produced by Insight & Analytics - May 2023.* Chief Medical Officer's Annual Report 2021 - Health in Coastal Communities – Summary and recommendations (publishing.service.gov.uk). (*) Built using ONS coastal towns, and using 2020 population estimates built up from Output area to Built-up-Area. Coastal towns in England and Wales - Office for National Statistics (ons.gov.uk)

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# PROTECTED CHARACTERISTICS

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# Learning Disabilities

## Situation in Norfolk & Waveney

**20,836**
**People (15+) in Norfolk & Waveney are estimated to have a Learning Disability (LD).**

**4,219**
**of these are estimated to have a moderate/ severe LD**

**7,628** of registered patients in Norfolk & Waveney have a recorded learning disability.

**5,192** or **33%** of all children in Norfolk receive **SEN support** due to a **Learning Difficulty** *. This is 34% nationally. *(b)*

**1,097** or **25%** of children and young people in Norfolk with special educational needs have a **statement** or **EHC** plan due to a **Learning Difficulty** * This is 26% nationally. *(b)*

## National Health Care Barriers and Considerations

People with a LD are under served in access to healthcare. Most avoidable deaths in people with a LD were because timely and effective treatment was not given.

Too many people with a learning disability are **prescribed medication inappropriately or** are **kept in long-term hospital care** against their best interests.

Between **30,000 to 35,000** adults with a LD in England are taking psychotropic medicines without a relevant diagnosis.

NICE advise that when staying in hospital, as soon as the person is admitted, the hospital and community LD team should work together with the person to develop a **discharge plan**.

Healthcare professionals have a **legal duty** to provide **reasonable adjustments** for disabled people. This can include providing easy-read information, avoiding medical jargon or longer appointment times.

**(NHS Digital, 2022 and NICE, 2021)**

## Health and Social Care Need

Many people with a LD have considerable, and often multiple, physical and mental health conditions. They're at **increased risk of developing chronic conditions** from both **genetic** and **lifestyle factors**. Common associated health conditions for people with a LD include **mental health problems, epilepsy, and underweight or overweight**.

**72%** of people with LD took up their **annual health check.** This aims to identify unmet physical and mental health need. An important element of LD health checks is making sure routine healthcare such as **cancer screening** has taken place. National figures show:

**3-4 x**
more likely to die from an **avoidable cause** than general population

**51%**
of women aged 50-69 with LD received **breast cancer screening** (compared to 65% in those in general population)

**35%**
of people in a **mental health hospital** with a LD, autism, or both had been in hospital for **over 5 years**

**(NHS Digital, 2022 and NICE, 2021)**

People with a learning disability aged 4 and over are likely to die on average, **23 years** (men) or **27 years** (women) earlier than the general population

**4 out of 5 adults with a LD who have long-term social care support receive this in a community setting in Norfolk.**

**2,850**
service users in Norfolk have a **LD**
**(NCC data, 2023)**

Of these accessing long-term social care in Norfolk:

**700** in **supported living**

**620** in **residential care**

**530** receiving **home support**

**1,400** attending **day opportunities**

**(NCC data, 2022/23)**

**For more detail please see our needs assessments on Norfolk Insight: Children and young people with special educational needs and disabilities (May-22), Adults with learning disabilities (May-18)**

*Infographic produced by Insight & Analytics - May 2022. (a) estimates calculated using 2018 SNPP CCG pops (for 2023) and* Estimating Future Needs for ASC for People with LD *. (b)* Special educational needs in England, Academic year 2021/22 – Explore education statistics – GOV.UK (explore-education-statistics.service.gov.uk) *NICE report (2021) available at:* NICE impact people with a learning disability | Reviewing the impact of our guidance | Measuring the use of NICE guidance | Into practice | What we do | About | NICE. Health and Care of People with Learning Disabilities, Experimental Statistics 2021 to 2022 - NDRS (digital.nhs.uk). (*) Includes profound, moderate, severe and specific LD.

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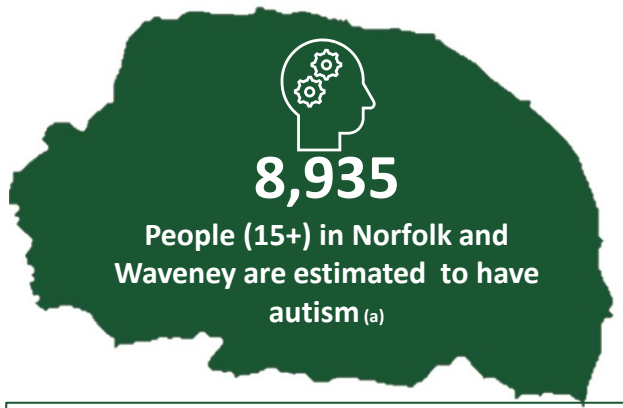
# Neurodiversity - Autism

## Situation in Norfolk & Waveney



**8,935**

**People (15+) in Norfolk and Waveney are estimated to have autism** (a)

In addition,

**1,950**

**children** in Norfolk have autism as a primary special educational need. This means the figure is likely to be higher than this as others will have autism as a secondary need (2021/22).

**Autism** is a set of lifelong, neurodevelopmental conditions characterized by difficulties with social and communication, narrow areas of interest, and repetitive behaviours.

## Health Care Barriers and Considerations

Autistic individuals have higher healthcare utilization, higher likelihood of hospitalization, prescription drugs claims, a greater number of emergency room, primary care, outpatient, inpatient, mental health, neurological, and speech therapy visits. Community and voluntary organisations play an important role in providing support for people with autism.

Autistic people have self-reported **poorer quality healthcare** than their peers. Healthcare adjustments are needed but infrequently available, such as:

- **Sensory environment adjustments**
- **Knowledge and communication of healthcare professional**
- **Flexibility of clinical service context** (e.g., offering online appointments, changing appointment length according to patient preference, etc.) (c)

## Health Need

**Males** are **4 times more likely** than **females** to be **diagnosed** autistic

Autism affects all **ethnic** and **socioeconomic groups** but **minority groups tend to be diagnosed later** and less often. **Early intervention** affords the best opportunity to support healthy development across the lifespan.

It is likely that many of the adults in Norfolk with autism have **not been formally diagnosed**. In particular, it is thought females are less likely to receive a diagnosis, as autism may present differently.

### Psychiatric conditions

Those with autism and a mental health problem may not **access services** as often as the general population with mental health problems, leading to **health inequalities**.

Research has also shown that **54% of people with autism are diagnosed with a psychiatric condition.**

**Research has shown people with autism are** *(b)*:

- **14 x** more likely to have **OCD**
- **4 x** more likely to have **dementia**
- **6 x** more likely to have **bipolar**
- **5 x** more likely to have **attention deficit disorders**
- **3 x** more likely to have **depression**
- **5 x** more likely to attempt **suicide**

### Chronic conditions

Many areas in Norfolk have identified **gaps in provision of preventative services**, to avoid the need for escalation to **specialist services*.**

Nearly all chronic medical conditions are significantly more common in adults with autism.

**Research has shown people with autism are** *(b)*:

- **2 x** more likely to have **dyslipidaemia**
- **16 x** more likely to have **epilepsy**
- **2 x** more likely to have **hypertension**
- **3 x** more likely to have **nutrition conditions**

*For more detail please see our needs assessments on Norfolk Insight: Adults and children with autism in Norfolk (Mar-19)

*Infographic produced by Insight & Analytics - May 2023. (a) estimates calculated using 2018 SNPP CCG pops (for 2023) based on the assumption that 1% of population have ASD. (b)* Croen LA et al. (2015) doi: 10.1177/1362361315577517. *(c)* Weir, E et al. (2022) doi: 10.1186/s13229-022-00501-w

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# INCLUSION HEALTH GROUPS

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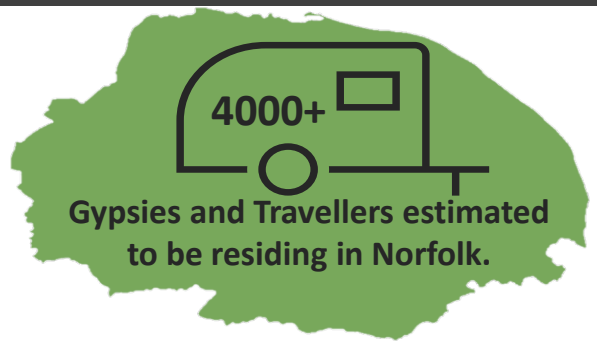
# Gypsy, Roma Traveller Health Inequalities




This number varies seasonally and is hard to record. For example in the latest census **828** Gypsy, Roma and travellers were recorded in **Norfolk and East Suffolk**

**The term Gypsy, Roma and Traveller communities encompasses those identifying as Gypsy, Roma, Traveller, Boater and Show people.**

## Health Outcomes

**Nationally, gypsies and travellers experience some of the worst outcomes of any group including poor health and significant health inequalities. Gypsies and Travellers compared to non-travellers:**

**Low Life Expectancy**

Live **10-25 years** fewer[1,2,3**]

**High Child Mortality**

**20x** more likely to experience child death[3**]

**Poor Mental Health**

**6x** more likely to die by suicide[4,5***]

**High Prevalence of Chronic Disease**

**24%** more likely to be affected by a long-term condition[4,5***]

**Spend longer in Poor Health**

Live **6 less years** in good health[1,2,3**]

## Barriers to Service Provision

**Barriers can be categorised into two groups**

### Service Provider Factors*

- Difficulty getting Registered
- Poor Communication & Understanding
- Digital Exclusion (e.g. missed invites to health checks, immunisations and appointments)
- Limited Cultural Competency

### Community Factors*

- Poor Health Literacy
- Literacy Levels
- Fear & Mistrust of the System
- Cultural Norms
- Taboos regarding prenatal, maternity & mental health

## Core Principles

The **good relationship** between existing Gypsy Roma Traveller services and the community should serve as the foundation for future work.

This should aim to better **understand the needs** and **challenges** faced by the community and identify the right **interventions** to **improve health outcomes** and **tackle disparities** in Norfolk*.

*Infographic produced by **Insight & Analytics** - **May 2022**. Data taken from '**Gypsy Roma Traveller Health Needs Assessment**'. Data is national unless otherwise stated.*

***References:* 1)** *EHRC (2017) 'Gypsies and Travellers: simple solutions for living together': https://www.equalityhumanrights.com/en/gypsies-and-travellers- simple-solutions-living-together.* **2)** *Leeds Gate (2015) 'Baseline Census': https://www.kirklees.gov.uk/beta/planning-policy/pdf/supportingDocuments/homes/Baseline-Census-Gypsy-Traveller-Communities.pdf .* **3)** *Parry et al (2007) 'Health status of Gypsies and Travellers in England'. J Epidemiol Community Health. 2007 Mar; 61(3): 198–204.* **4)** *Parry et al (2007) Ibid.* **5)** *University College Dublin (2010) 'All Ireland Traveller Health Study: Our Geels'. https://www.ucd.ie/t4cms/AITHS_SUMMARY.pdf.* * *Covers Gypsy, Roma, Traveller and Boater communities (not show people).* ** *Covers Gypsy, Roma and Traveller (not boaters or show people.* *** *Covers Irish travellers.*

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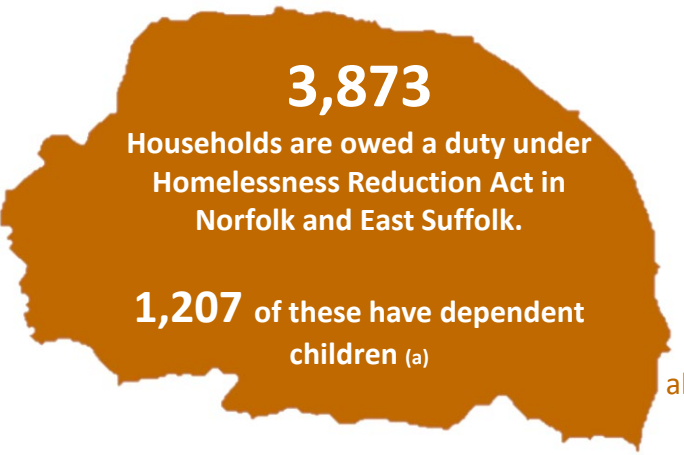
# Homeless People

## Situation in Norfolk & East Suffolk




During the early stages of the COVID-19 pandemic, approx. **650 people** were **homeless or at risk of homelessness** and needed accommodation (b).

**Norfolk Strategic Housing Partnership** was formed to alleviate rough sleeping and end homelessness in Norfolk

Homelessness is a **social determinant of health** and is associated with **severe poverty**. It often results from a combination of events such as relationship breakdown, debt, adverse experiences in childhood and through ill health.

## National Health Need

Homelessness is associated with **poor health, education and social outcomes**, particularly for children. **Co-morbidity** amongst the longer-term homeless population is not unusual.

**Up to 70%** of homeless young people have a **mental health problem** and **up to 33%** **self-harm**

**Homeless adults are 2 x** more likely to have **common mental health problems and 15 x** more likely to have **psychosis**

**Rough sleepers are 4 x** more likely to die from **unnatural causes** and **35 x** more likely to die from **suicide**

**Alcohol** and **drug problems** and the prevalence of **infectious diseases** e.g. TB, HIV and Hep C are very high amongst rough sleepers .

**Nationally the average age of death of a homeless person is:**

**45 years** compared to 79 years for males in the general population

**43 years** compared to 83 years for females in the general population

*(b)*

## The Norfolk Homelessness Prevention Strategy (2022-2025)

**The strategy has four priorities:**

1. **Reduce homelessness** by focussing on homelessness prevention services.
2. **Improve access** to homelessness support services across Norfolk.
3. Continue to develop **person-centred services** with a focus on co-production.
4. Continue to build **partnership working** to improve collaboration and whole systems change.

## National Health Care Barriers and Considerations

People who experience homelessness can struggle to access quality health and social care. For example, rough sleepers are **8 x** more likely to attend A&E than housed population and **1/3** are not registered with a GP. Key barriers to access include*:

1. **Staff education**, to improve knowledge and attitudes of staff
2. **Flexibility of systems**, including service location, appointments and GP registration
3. **Service coordination**, including poor discharge planning, fragmentation of services
4. **Patient preparedness**, including the awareness of need and desire to access healthcare
5. **Complex health needs**
6. **Holistic patient-centred care**, providing practical support alongside healthcare to fulfil basic needs such as hunger and shelter

*(c)*

**For more detail please see our needs assessments on Norfolk Insight: Homelessness (Dec-19)**

*Infographic produced by Insight & Analytics - May 2023. (a) https://www.gov.uk/government/statistics/statutory-homelessness-in-england-financial-year-2021-22. (b) Norfolk Strategic Housing Partnership – Hopestead. (b) The impact of homelessness on health: a guide for local authorities | Local Government Association. (c) **McNeill, S et al. (2022)** **doi: 10.1186/s12913-022-08265-y***

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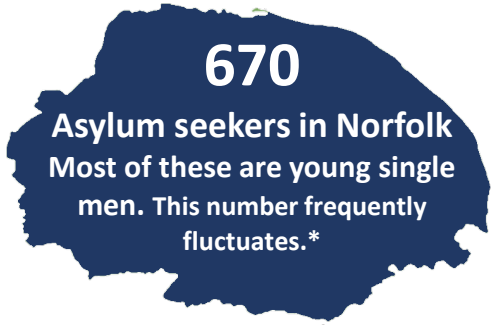
# Refugees and Asylum Seekers




**Main countries of origin of Asylum Seekers in Norfolk are:**
Afghanistan, Albania, Eritrea, Iran, Iraq, Pakistan, Sudan, Syria and Turkey.

In addition, as at the end of 2022, there were **9 asylum seekers** in East Suffolk*.

*East Suffolk data from Asylum statistics - House of Commons Library (parliament.uk)
Norfolk data from SERCO (nationally commissioned accommodation provider)

## National Health & Wellbeing Risks

There is **a lack of data** of health needs of this cohort in Norfolk but main risk factors prior to and once living in the UK include:

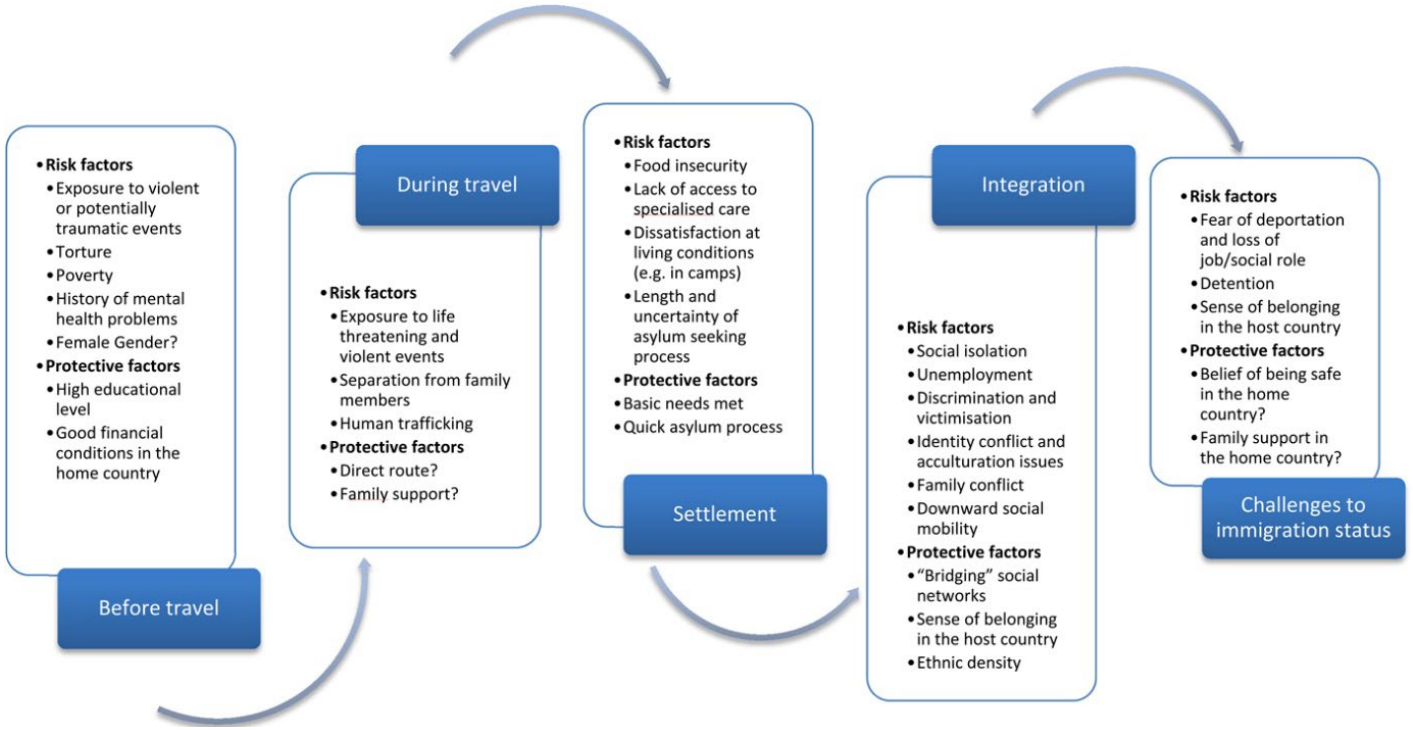
- **High blood pressure**
- **Low Vaccine Coverage**
- **Physical Inactivity**
- **Smoking**
- **Crowded & Poor Quality Housing**
- **Poor nutrition**
- **Poor Travel Conditions**

**Mental Health**

**5x** more likely to have MH need than host population

**61%** experience serious mental distress

## Critical time points for mental health of refugees and asylum seekers (a)




## National Health Care Barriers and Considerations

Refugees and asylum seekers experience multifaceted challenges and barriers that require a whole system approach. The three main challenges are:

**Continuity of Care**
Including ease of access to health information and health facilities. Also collaboration of institution to minimise loss of health care info.

**Communication**
Language can be a barrier, leading to misunderstandings

**Confidence**
Trust in healthcare providers/ institutions and the ability to apply own beliefs in decisions

**Costs**
Associated travel costs to attend appointments, local activities or meet others

*Infographic produced by Insight & Analytics - May 2023. Data taken from 'Norfolk Refugee and Asylum Seekers Needs Assessment'. Refugees are individuals residing in a country outside of their country of origin due to threat of serious harm, conflict, violence, persecution and/or other human rights violations. Their claim for asylum has been approved and they been granted protection and certain permissions in the country they have fled to. Asylum seekers are individuals who have entered the legal process of seeking international protection with their refugee status yet to be determined. (a) data from Giacco 2020*

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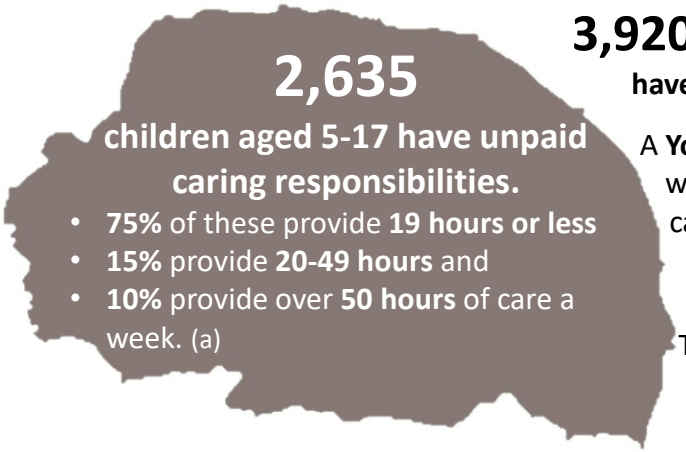
# Young Carers

## Situation in Norfolk & East Suffolk



**2,635**

**children aged 5-17 have unpaid caring responsibilities.**

- **75%** of these provide **19 hours or less**
- **15%** provide **20-49 hours** and
- **10%** provide over **50 hours** of care a week. (a)

**3,920 Young people aged 18-24 also have unpaid caring responsibilities.**

A **Young Carer** is someone **under 18** who provides regular and ongoing care to a family member or friend who is physically or mentally ill, disabled or misuses substances.

This may involve support **cooking**, **shopping**, **cleaning**, managing **medicines** or **money**, or **looking after siblings**.

## National Barriers to Service Provision

Little is known about barriers to healthcare access for young carers due to them remaining a largely '**hidden cohort**'. Initiatives which may help include:

- Flagging of carers on health computer systems, providing local information packs and services
- **Raising awareness** of this cohort can weaken barriers and **open supportive channels**.
- **Acknowledgement, support, and signposting** can liberate this vulnerable population and provide necessary foundations for young carers to fulfil their full potential.(d)

**Teachers and other school and college staff** are also in a key position to **identify** and help young carers due to the frequent and regular contact they have with them and to observe the impact of caring on their learning and wellbeing. (c)

## Health, Social and Wellbeing Need

By investing lots of time looking after a family member or friend, young carers may not find enough time for themselves. This risks impacting on their **emotional** or **physical well being** and **educational achievement**. **In a 2017 survey of young carers in Norfolk found** ***(b):***

**9%**

had **poor mental wellbeing**.
*Compared to 5% of all pupils in Norfolk.*

**56%**

had been **bullied** in the last year.
*This was 36% for all pupils in Norfolk.*

**24%**

reported they had a **long-standing illness**.
*This was 14% for all pupils in Norfolk.*

**41%**

enjoy 'most' or 'all' of their lessons
*This was 51% for all pupils in Norfolk.*

Research shows that the demands of caring can have a knock-on effect on **later life opportunity** and manifest themselves at school in the following ways:

- **Absenteeism**
- **Arriving late, without the proper equipment**
- **Inability to concentrate and engage**
- **Isolated from their peers**
- **Struggling to complete homework**
- **Tired, stressed and anxious** (c)

Many young carers also experience other **traumatic life changes** such as: (c)

Loss of family **income**

**Family break-up**

**Death** of a loved one

**Housing instability**

Seeing effects of **illness** or **addiction** on the person they care for

*Infographic produced by Insight & Analytics - June 2023. (a) data ONS Census 2021. (b)* Children and young people's health and wellbeing survey – A report for young carers (2017) *. (c)* https://carers.org/downloads/resources-pdfs/wales-school-resources/emotional-well-being-of-young-carers.pdf *. (d)* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5647913/

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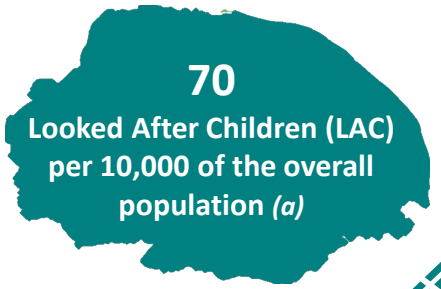
# Looked After Children

## Situation in Norfolk and Waveney

**In Norfolk…**




**1,089**
Children looked after as 31st March 2022*(b)*

**70%**
are looked after due to **abuse and neglect** (this is 66% nationally) *(b)*

**82**
were **unaccompanied asylum-seeking children** *(b)*

**10%**
had **3 or more placements** in a year (this is 10% nationally) *(b)*

**30%**
of care leavers are **not in education, training or employment** (17-21 yrs) (compared to 35% nationally)

**8%** of 17-21 year olds leave care into **accommodation deemed unsuitable** (This is 5% nationally) *(b)*

In **Waveney, 83 per 10,000** of the overall population are LAC. This is **187 children**. **76%** of these have a primary need of **abuse and neglect** (c)

## Norfolk Health Need

LAC tend to have higher levels of health needs than their peers, and these are often met less successfully – leading to **poorer outcomes**. They have significantly more prevalent and more **serious emotional and mental health needs** (mainly because of the frequency with which these children enter care with problems arising from poverty, abuse, neglect, or trauma from other family circumstances) *(e)*. In Norfolk, their health needs are:

**81%**
have had their **annual health assessment** (this is 89% nationally) *(b)*

**82%**
have had their **annual dental check** (this is 70% nationally) *(b)*

**95%**
have up-to-date **immunisations** (this is 85% nationally) *(b)*

**100%**
have up-to-date **development assessments** (0-4 yrs) (this is 89% nationally) *(b)*

**44%**
are affected by **poor emotional wellbeing**
This is higher than England (37%) and is the highest in the region. *(b)*

## Statutory Guidance for Health Services

- Under section 22(3)(a) of the Children Act 1989, local authorities have a duty to promote the child's physical, emotional and mental health and act on any early signs of health issues. This includes arranging for them to have a health assessment and ensure they have an up-to-date health plan.
- LAC should never be refused a service, including for mental
- health, on the grounds of their placement being short-term or unplanned.
- Local authorities, CCGs and NHS England should ensure that plans are in place to enable children leaving care to continue to obtain the healthcare they need.
- LAC should be able to participate in decisions about their health care. *(e)*

## National Health Care Barriers and Considerations

**Common barriers and considerations are:**

- **Incomplete medical histories** are common due to broken placements and moving between GP's, meaning that common **physical and mental health problems can go unidentified or mismanaged.**
- Child may not have **advocates** (birth parents or stable foster parents) that can request assessment and treatment.
- In**sufficient or timely access** to mental health services due to **placement instability** which can compound or create a circle of individuals with emotional and behavioural problems.
- Placement changes impact on the child's place on **waiting lists.** *(d)*

*Infographic produced by Insight & Analytics - May 2023. (a) Norfolk County Council data taken from internal Vital Signs report as at June 2023. (b)* Children looked after in England 2022. (c) Suffolk County Council data as at 19th July 2023(d) Jones *et al* (2012) The effectiveness of interventions aimed at improving access to health and mental health services for looked after children and young people: a systematic review. Families, Relationships & Societies, 1 (1). pp. 71-85. ISSN 2046-7435. (e) Promoting the health and wellbeing of LAC- GOV.UK (e) Healthy futures: supporting and promoting the health needs of looked after children (local.gov.uk)

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# Armed Forces Community

## Situation in Norfolk

**40,094**
**People have previously served in the UK Armed Forces** (a)

**5.2 %**
**of the population are veterans**
**This is higher than England and Wales (3.8%)(a)**

**2,140**
**Serving personnel are stationed in Norfolk.**
Of these:
- 1,360 are in the RAF
- 410 are in the Army
- 370 are in the Royal Navy/Marines (b)

The majority of Norfolk's Regular Forces personnel are stationed at RAF Marham, with **1,350** personnel. (b)

**14.5 per 1,000** pupils on roll are eligible for the service child pupil premium. This is equivalent to 1,602 students. This is significantly higher than England (10.4 per 1,000) (c)

## Armed Forces Covenant

The **Armed Forces Act 2021** further enshrines the **Armed Forces Covenant into law** to help prevent service personnel, veterans and their families being disadvantaged when accessing essential services like healthcare, education and housing. This means that organisations such as Local Authorities and other public bodies have due regard to the principles of the Armed Forces Covenant and can provide support by:

- Mitigating the impacts of Service life on service users from the Armed Forces community through improved access to services and special provision to those who have sacrificed the most, such as the injured and bereaved.
- Employing members of the Armed Forces Community including service leavers, family members of someone serving, reservists and bereaved family members.

ARMED FORCES COVENANT

## National Health and Wellbeing Risks

### Serving personnel

In general, the health of the serving military population is good compared with the general population, due to the expected physical fitness required to join the armed forces, social support networks available, and access to health care and employment. However, there is increased:

Higher risk alcohol consumption

Musculoskeletal injury

Tobacco smoking

**Mental ill health** prevalence rates are the **same as the general population**, with slight increases in combat troops and reservists.

### Veterans

Increased isolation/ loneliness

High rates of gambling

Exit from the military and relocations are common causes of **isolation** and **loneliness** and may indicate why some veterans may wish to remain near social networks established during service.

Veterans are more than 10x more likely than non-veterans to experience **gambling harms** and gamble as a way of **coping with distress**.

### Service families

54% of service families have a **child of school age.**

More frequent relocations

Separation from one or both parents

Interrupted Learning

Increased caring responsibilities

Children of service personnel are:
- More likely to **relocate** meaning they may have to leave family and friends to start again in another area with a different education system.
- Likely to be separated from a family member for long periods of time whilst they are on deployment causing **anxiety** and **uncertainty**.
- Have increased responsibilities at home while their parent is on deployment, such as chores and support which can affect **wellbeing** and **learning** of children in the household

(d, e, f, g, h)

*Infographic produced by Insight & Analytics - Nov 2023 a) ONS Census 2021. (b)* MOD Annual Location Statistics 2023 (c) Pupil premium: allocations and conditions of grant 2022 to 2023 - GOV.UK (www.gov.uk) (d) *Norfolk Armed Forces Community Needs Assessment.(e)* Meeting the public health needs of the armed forces: a resource for local authorities and health professionals (f) Swansea Uni Health and Gambling study (g) Supporting Armed Forces children – Enquire (h) Tri-Service_Families_Continuous_Attitude_Survey_2022_Main_Report.pdf

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