

STARTING WELL: KING'S LYNN AND WEST NORFOLK



INSTITUTE *of*
HEALTH EQUITY



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ACKNOWLEDGEMENTS

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Report writing team: Jessica Allen, Benjamin Viles, Owen Callaghan. 2025

Suggested citation: Allen, J. Viles, B. Callaghan, O. (2025). *Starting Well - King's Lynn and West Norfolk*. Institute of Health Equity.

AUTHORS' ACKNOWLEDGEMENTS

Particular thanks to Mark Whitmore, Lee Watson, Kelly Redston, Rob Jakeman, Charles Blandy, and Serena Burton for their support throughout the first phase of the King's Lynn and West Norfolk Marmot Place project and their invaluable contributions to this report.

Thanks to the King's Lynn and West Norfolk Steering Group and Advisory Board for their advice, input and support, and to Cllr Jo Rust, portfolio lead for People & Communities at Borough Council King's Lynn and West Norfolk.

Thanks to the numerous stakeholders and community event attendees who attended the launch, community events and participated in meetings – all provided valuable insight and advice. The authors also acknowledge the important role of the VSCE sector in this project.

Thanks to the King's Lynn and West Norfolk Marmot Place Advisory Board, made up of senior representatives from the following organisations:

- Borough Council of Kings Lynn and West Norfolk
- Norfolk & Waveney Integrated Care Board
- Norfolk County Council
- UCL Institute of Health Equity
- Freebridge Housing
- Active Norfolk
- The Queen Elizabeth Hospital NHS Foundation Trust
- Norfolk Community Health and Care
- Norfolk & Suffolk Foundation Trust
- Norfolk Constabulary
- College of West Anglia
- Norfolk VCSE Assembly
- Norfolk Healthwatch
- Community Action Norfolk
- DWP

Thanks to the King's Lynn and West Norfolk Marmot Place Steering Group attendees:

Mark Whitmore, Lee Watson, Kelly Redston, Rob Jakeman, Rebekah Collet, Nichola Coburn, Charles Blandy, Serena Burton, Abigail Langley, Beverley Alden, Alexandra Chaplin, Jessica Allen, Benjamin Viles, Owen Callaghan

CHAPTER 1

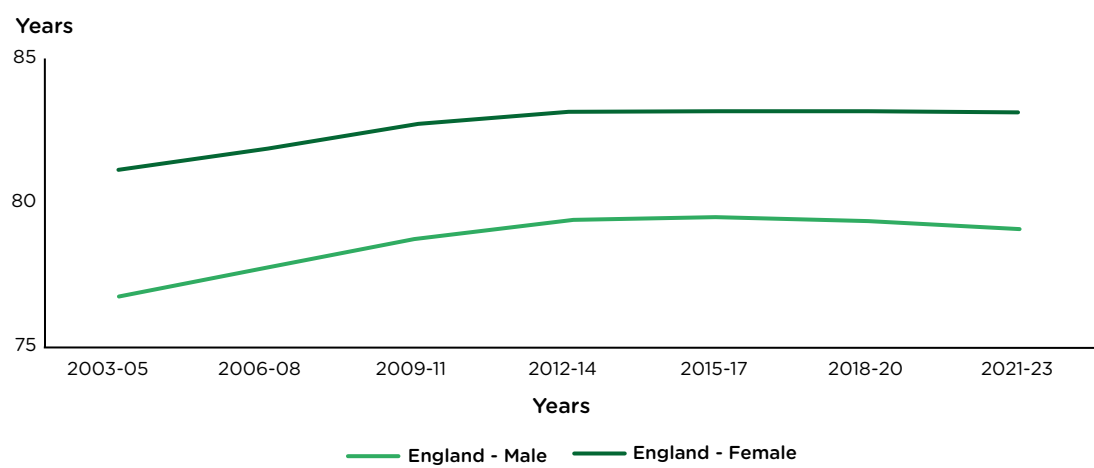
INTRODUCTION

HEALTH AND HEALTH INEQUALITIES IN ENGLAND

Across England, health is deteriorating and health inequalities are widening. Within that national context local areas are trying to tackle health inequalities by taking actions which are possible within their capacity and remit.

Figure 1 shows that following 2010 and the policies of austerity life expectancy stalled and has declined for males in England.

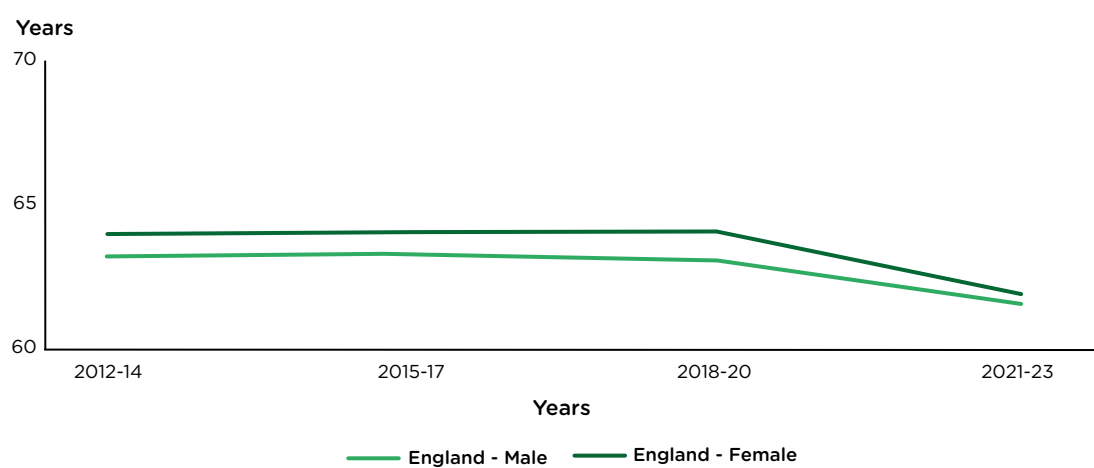
Figure 1. Life expectancy at birth, England, 2009-11 to 2021-23



Source: ONS (2024) [1]

How long people can expect to live in good health – healthy life expectancy – has also decreased sharply in England between 2012-14 and 2021-23, figure 2, partly related to the Covid 19 pandemic but healthy life expectancy had stalled among females prior to the pandemic and declined for males.

Figure 2. Healthy life expectancy, by sex, England, 2012-14 to 2021-23



Source: ONS (2024) [2]

Across the UK the health and wellbeing of children and young people, who are the focus of this report, has deteriorated in recent years with the UK having some of the worst health outcomes in Europe [3]. There are also widening inequalities in health among children, with children from more disadvantaged backgrounds, from some ethnic minority groups and those with disabilities and facing discrimination, all more likely to have poor health when young and as an adult. There are increasing inequalities in the social determinants of health for children and young people which will lead to widening health inequalities and a range of other important outcomes throughout life.

NATIONAL POLICY CONTEXT

There is currently no national health inequalities strategy to support action on tackling health inequalities nationally, although there are some new policies and strategies which commit to focus more on prevention, inequalities, and on children and young people, the focus of this review.

The Best Start in Life Strategy, announced in July 2025, aims to improve preventative support in the early years [4]. One of the key priorities in this strategy is the development of the Best Start Family Hubs, which will use learnings from Family Hubs and Start for Life approaches. This service will include Best Start Family Hubs, which will expand existing Family Hubs, and will be established in deprived areas in every local authority but available to all, with a workforce from across the early years system other local authority services, healthcare, nurseries, schools and local voluntary sector organisations [5-7]. Local communities will also be involved in the design of these services. Other priorities outlined in the strategy include improving health services and improving availability and quality of early years education and care. Effective roll out of Best Start Family Hubs has the potential to achieve meaningful impact on reducing inequalities in a similar way to that of Sure Start [8].

In late 2024, the UK government announced a New National Youth Strategy to support better access to opportunities among young people including better co-ordinated youth support services, and facilities and opportunities [9] and there will be a child poverty strategy in due course. These strategies and the overarching commitment to focus more on prevention do offer potential for reducing inequalities during the early years and are therefore relevant to King’s Lynn and West Norfolk’s ambition to reduce inequalities in the early years as part of the King’s Lynn and West Norfolk Marmot programme.



THE HEALTH EQUITY ‘MARMOT’ APPROACH IN KING’S LYNN AND WEST NORFOLK

Within this national context, in 2024 King’s Lynn and West Norfolk Borough Council commissioned the UCL Institute of Health Equity (IHE) on behalf of a range of local partners, including those represented at the King’s Lynn and West Norfolk Health and Wellbeing Partnership and the West Norfolk Place Board. The aim of this commission is to support them to identify key social determinants of health in their area, to advise them on any ways to take further action to reduce health inequalities which are within their capacity, and to develop as a system prioritising greater health equity for the long term.

Mostly health is shaped by factors outside the health care system, which affect the conditions in which people are born, grow, live, work and age. These are known as the social determinants of health, or the drivers or building blocks of health. The UCL Institute of Health Equity has developed 8 key social determinants principles to tackle health inequalities – these evidence-based principles were developed in the 2010 and 2020 Marmot Reviews [10, 11] and have been utilised by the more than 50 local areas in the UK which have taken on the Marmot approach.

The Marmot 8 Principles

- 1

➔

Give every child the best start in life
- 2

➔

Enable all children, young people and adults to maximise their capabilities and have control over their lives
- 3

➔

Create fair employment and good work for all
- 4

➔

Ensure a healthy standard of living for all
- 5

➔

Create and develop healthy and sustainable places and communities
- 6

➔

Strengthen the role and impact of ill-health prevention
- 7

➔

Tackle racism, discrimination and their outcomes
- 8

➔

Pursue environmental sustainability and health equity together

Together, King’s Lynn and West Norfolk Borough Council and the IHE developed a two-year programme to develop action on health inequalities. The starting point was a collaboration between the IHE and Norfolk County Council public health analysts who together developed an overview of the social determinants of health mapped onto the Marmot 8 principles. The data is available on the webpage dedicated to the King’s Lynn and West Norfolk Marmot work on [the IHE website](#) [12] and on King’s Lynn and West Norfolk shared site on the [Health Equity Network](#). The Norfolk and Waveney ICS public health management (PHM) team have aligned their work with the Marmot principles.

Based on an assessment of the data and discussions with the Advisory Board and Steering Group it was agreed that the first two Marmot principles were priorities for King’s Lynn and West Norfolk. – Giving Every Child the Best Start in Life, and Enabling all Children, Young People and Adults to Maximise their Capabilities and Have Control Over Their Lives.

METHODOLOGY

The report is based on data analysis, input from the Advisory Board and Steering Groups and discussions with key stakeholders (See Annex) and input provided by community groups during three community events. Examples of existing programmes having positive impacts in King’s Lynn and West Norfolk and other ‘Marmot’ Places are also included. The report overviews inequalities in health among babies, children and young people and inequalities in key social determinants of health including development in the early years, through education and skills building, and into employment and further education. There is also focus on rurality, housing, green space and transport all areas which impact on the health and lives of children and young people.

In this report the charts are mostly based on Middle Layer Super Output Area (MSOA) level data. MSOAs are made up of groups of Lower layer Super Output Areas (LSOAs). MSAO’S comprise between 2,000 and 6,000 households and have a resident population usually between 5,000 and 15,000 persons. MSOAs fit within local authorities [13]. In this report where we discuss MSAO data we have referred to this as “local areas”.



RECOMMENDATIONS FOR ACTION

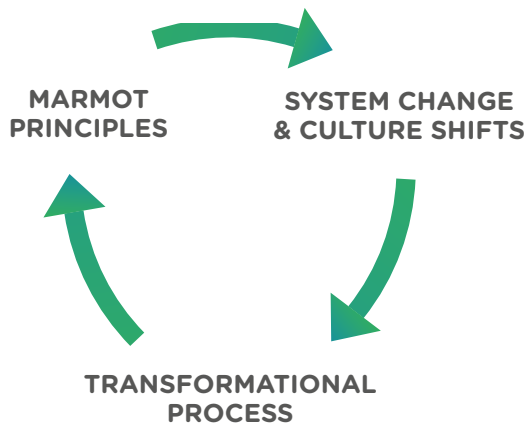
Analysis of the data and discussions with stakeholders, the Advisory Board and during the community events have informed understanding of the issues in the area and potential remedies. The views of stakeholders and community organisations have been important, they have told us about issues which are often not visible in the data. We include quotes throughout the report from stakeholders. We also asked stakeholders about their ideas for action to reduce inequalities and these have been included in the recommendations we set out.

High level recommendations for action are included in this report; but important next steps will involve work with stakeholders in King's Lynn and West Norfolk to co-produce specific, detailed plans for action with secured commitments from relevant stakeholders and the development of action plans for organisations. As well as specific recommendations for programmes and approaches to reduce inequalities, the recommendations address some of the system-wide issues which prevent good programmes being scaled up, prevent organisations from working collaboratively together to address concerns they share and can divert available resources away from organisations and programmes who can have more direct impacts to address inequalities in communities. Meanwhile Local Government and NHS reorganisations and a range of new policies are highly relevant, and evolving contexts for recommendations. As we work towards implementation the recommendations will adapt to these contexts, and there will be flexibility in the approach to allow for changes and modifications.

In this report we overview inequalities in a range of experiences and outcomes amongst children and young people in King's Lynn and West Norfolk which impact on health and the social determinants of health and drive wide inequalities in health across the Borough. We highlight examples of programmes and approaches which tackle and mitigate inequalities, without which inequalities in health and the social determinants would be even wider. Our experience in working with other places and with organisations in King's Lynn and West Norfolk shows there are many challenges facing the various sectors and organisations in working together to tackle health inequalities. The design and delivery of programmes, services and support can contribute to widening inequalities in experiences and opportunity among children and young people and this report recommends ways to build an effective health equity focussed, collaborative system in the Borough.

From work in other Marmot places, IHE have established areas where it is possible and important to make changes. These include action on the Marmot principles, supporting system change and culture shifts and through operational mechanisms – what we describe as transformational processes.

The Marmot approach – securing change to reduce inequalities in the social determinants of health.



The recommendations we make cover these three areas in King's Lynn and West Norfolk. They include:

The Marmot principles

Recommendations cover actions on Marmot principles 1 and 2 and housing, green space and transport.

Developing the health equity system: System change and culture shifts

These system and culture change recommendations include:

- Governance
- Leadership
- Advocacy
- Partnerships involving local government, public services, the VCFSE sector, healthcare, education business and the private sector
- Training and capacity building
- Prioritisation - health equity in all policies
- Community involvement

Transformational processes

- Proportionate Universalism – action which is universal but proportionate to the scale of need
- Resource allocations
- Contracts and commissioning for health equity and the SDH
- Data, monitoring and indicators
- Accountability mechanisms

There are many benefits to living in King's Lynn and West Norfolk; a strong local identity and communities, the beautiful countryside and coastline and many positive examples of programmes to support children and young people and their families across the Borough. Many of which are included as case studies in this report, but there are many others. There is a committed and active community voluntary and faith sector in King's Lynn and West Norfolk, which help to support many of the residents to lead more fulfilling and healthier lives. This

is reinforced by a dedicated workforce and strong leadership across service providers and local businesses, who continue to work to improve residents' lives despite ongoing cuts and uncertainty. While this report focuses on inequalities and those who do not have equal opportunities to live healthy and dignified lives, it is important to reiterate the level of commitment to making improvements, reducing inequalities and providing the vital support in a highly challenging economic and health context.



CHAPTER 2

THE CONTEXT AND HEALTH INEQUALITIES IN KING'S LYNN AND WEST NORFOLK

KING’S LYNN AND WEST NORFOLK DEMOGRAPHICS

The size, age and ethnicity of the population provide important context to understanding and tackling health inequalities and inequalities in the social determinants of health. Areas with an increasing proportion of older residents require higher levels of health and social care provision and additional support for older residents, however, there are fewer people of working age to deliver these essential services and the costs can be high. Given resource limitations, health and social care services and the community and voluntary sector are often unable to adequately cater for the needs of young people and there tends to be a focus on the older age groups, leaving children and young people under-served.

In King’s Lynn and West Norfolk the population is aging, and this is very marked in some smaller areas. Many children and young people and organisations that represent them have highlighted to us that living in areas with relatively few children and young people means few opportunities for a social life, and reduced access to education, employment, health care and to groups and activities for children and young people.

Some households from ethnic minority groups may be particularly isolated or experience discrimination in areas, like King’s Lynn and West Norfolk, which are ethnically homogenous. Appropriate services and support are not as readily available as they may be in areas with larger ethnic minority populations. Changes in the size, age and ethnic composition of residents can mean services and support may be inappropriate for the changing populations.

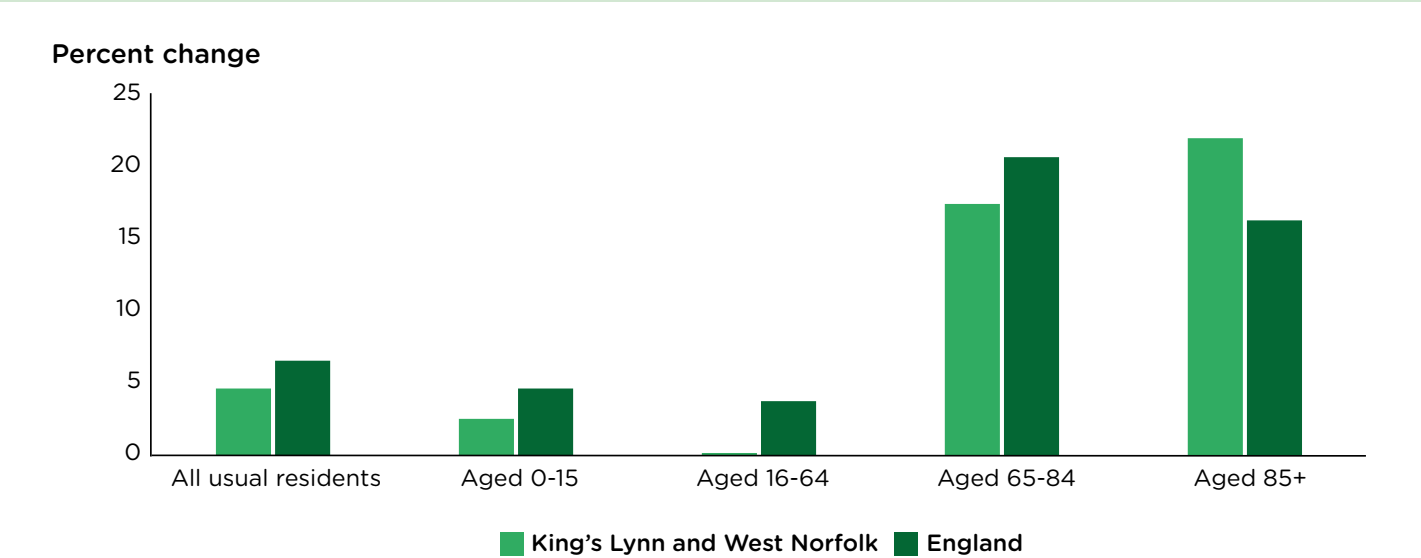
POPULATION SIZE AND AGE STRUCTURE

The ‘usual residents’ population of the Borough Council area of King’s Lynn and West Norfolk was 154,300 in 2021 [14] an increase of 4.6 percent between 2011 and 2021, 2 percentage points lower than the average 6.6 percent increase in usual resident population across England.

While growing, the population in King’s Lynn and West Norfolk is aging. Between 2011 and 2021 the median age of King’s Lynn and West Norfolk increased by two years, from 45 to 47 years of age. Population increases within each age group up to age 84 are lower in King’s Lynn and West Norfolk than the average across England. Of particular note is the stalling in the size of the working age population (an increase of 0.18 percent compared to England’s 3.7 percent). The 22 percent increase in the population aged over 85 between 2011 and 2021 is higher than the England average of 16.25 percent.

Whilst there has been a significant increase in those aged 85+ between 2011 and 2021 this is still the smallest population group, amounting to only 3.5 percent of the population in King’s Lynn and West Norfolk in 2021.

Figure 3. Percent change in population by age group, King’s Lynn and West Norfolk, and England, 2011 to 2021

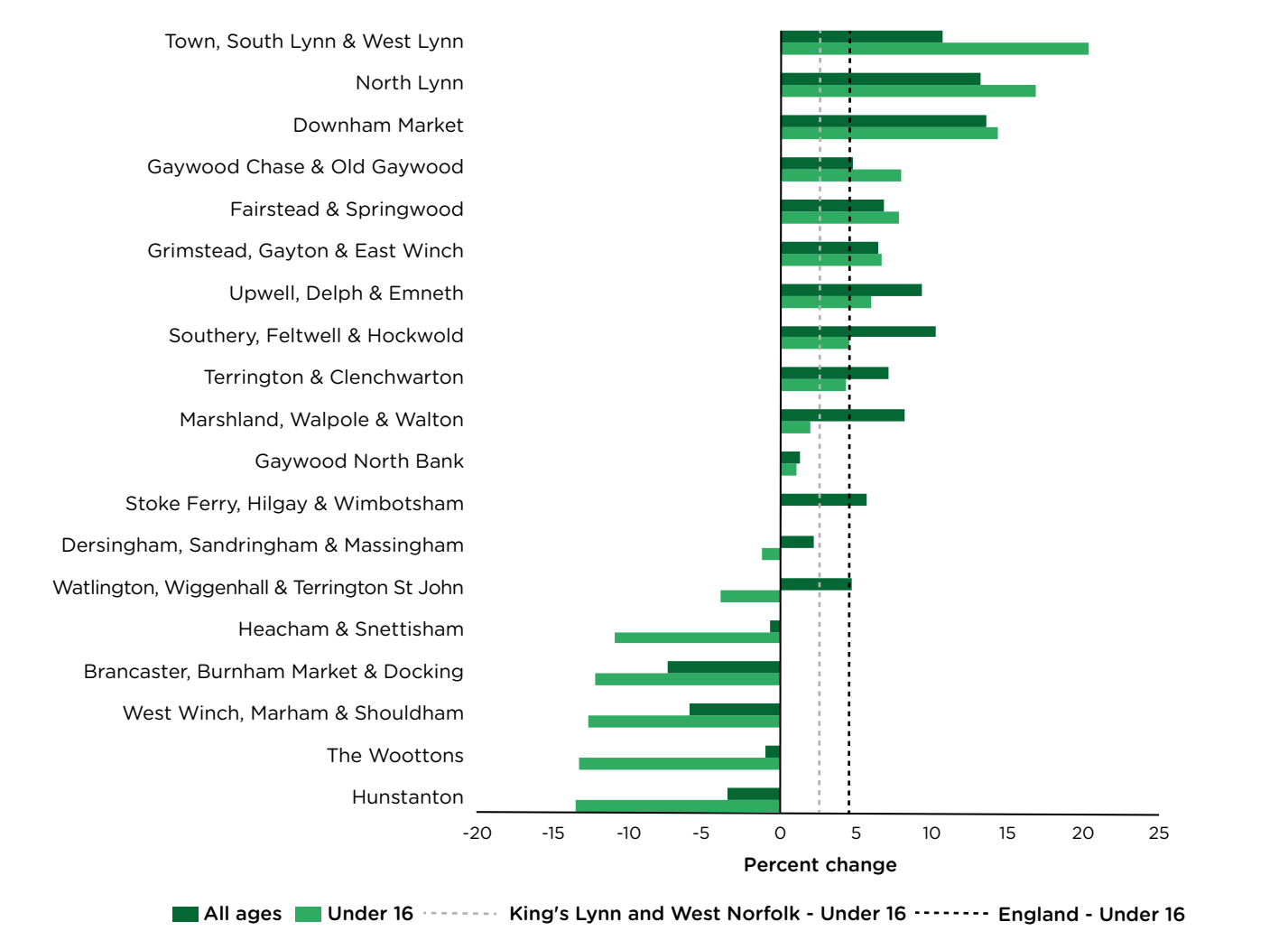


Source: Census' (2011 & 2021) [14, 15]

In King’s Lynn and West Norfolk there was a 2.5 percent increase in the population aged under 16 between 2021 and 2011, 2.1 percentage points lower than the England average of 4.6 percent. Town, South Lynn & West Lynn has experienced the highest percentage increase in its under 16 population

with a 20.3 percent increase. Conversely, Hunstanton has witnessed the biggest decrease in its under 16 population with a 13.6 percent decrease over this time period. The Woottons follows closely behind with a 13.3 percent decrease.

Figure 4. Percent change in population under 16 years old, and total population, King’s Lynn and West Norfolk MSOAs, King’s Lynn and West Norfolk, and England, 2011 to 2021

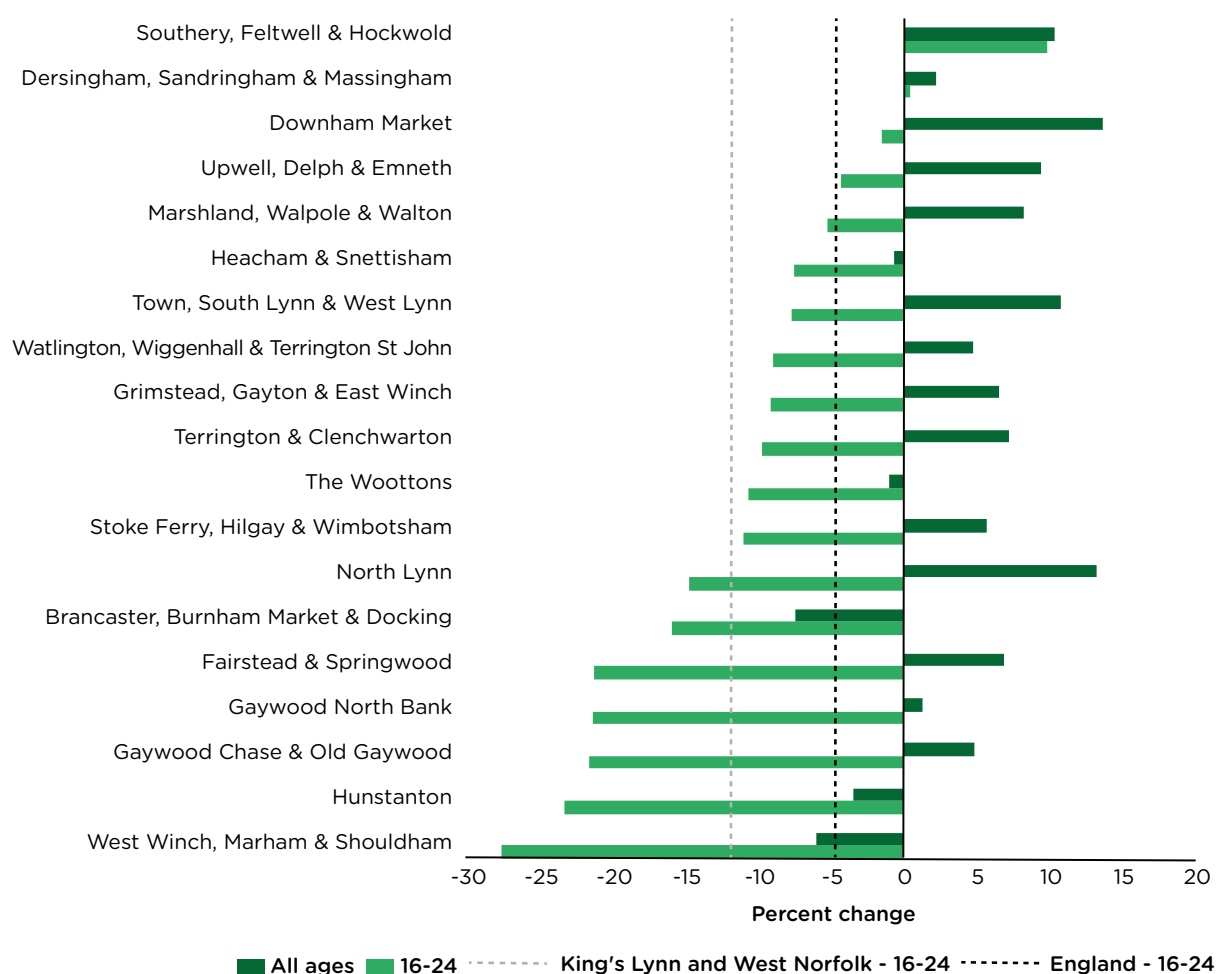


Source: Census (2011 & 2021) [14, 15]

The area which has experienced the largest decreases in its 16-24 year old population over this time period is West Winch, Marham & Shouldham with a 27.6 percent decrease. Conversely, Southery, Feltwell & Hockwold and Dersingham

experienced a nearly 10 percent increase in their 16-24 year old populations. Only two areas experienced increases in the population aged 16-24 years old, figure 5.

Figure 5. Percent change in population 16-24 years old, and total population, King's Lynn and West Norfolk MSOAs, King's Lynn and West Norfolk, and England, 2011 to 2021

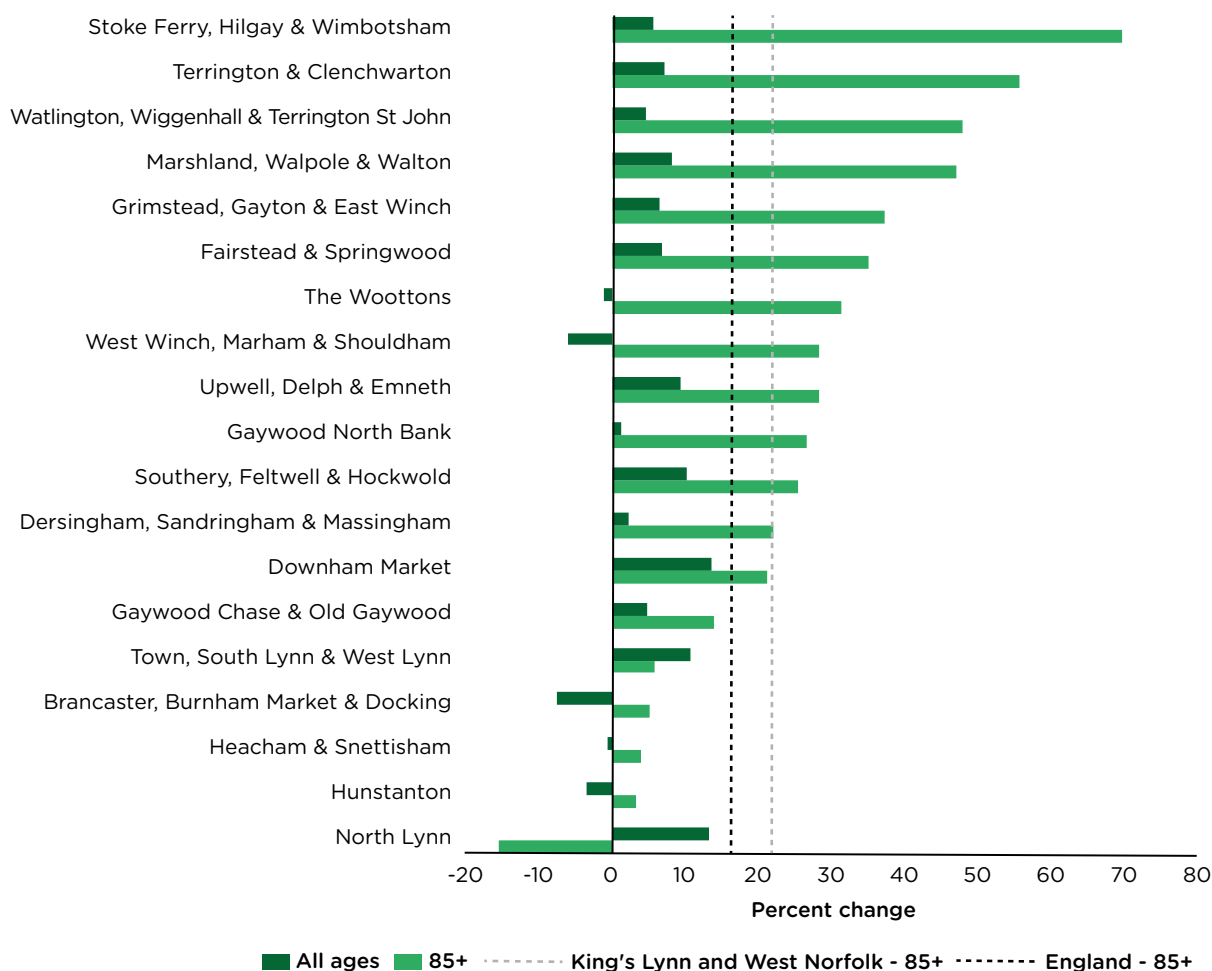


Source: Census' (2011 & 2021) [14, 15]

The majority of areas in King's Lynn and West Norfolk have experienced greater percent change increases in their 85 years and older populations than the England average, with Stoke Ferry, Hilgay & Wimbotsham having a 69.6 percent

increase among this age group between 2011 and 2021. The only area with a decreasing proportion of those aged 85 year old and over is North Lynn, where there has been a decrease of 15.5 percent among this age group, figure 6.

Figure 6. Percent change in population 85 years or older, King's Lynn and West Norfolk MSOAs, King's Lynn and West Norfolk, and England, 2011 to 2021

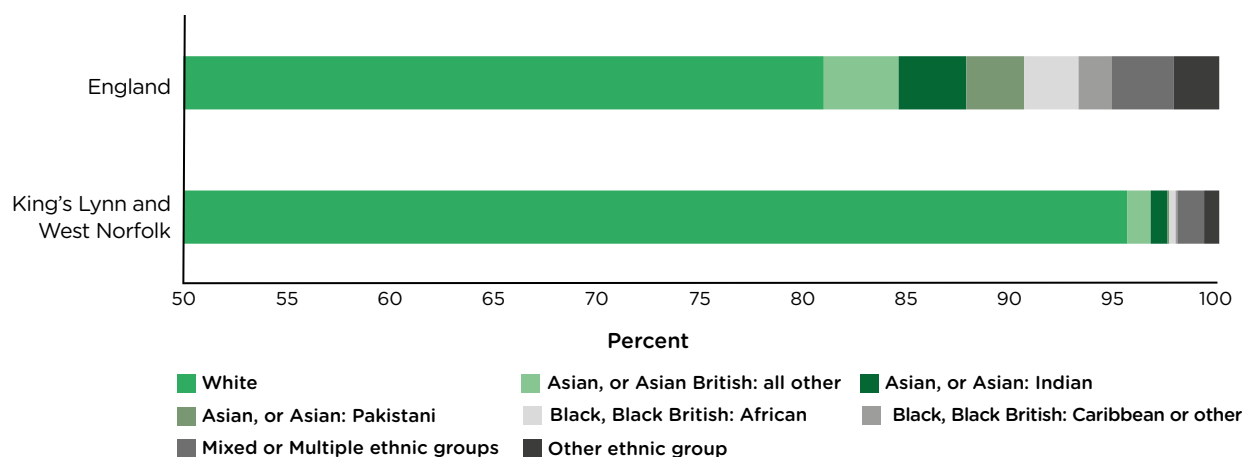


Source: Census (2011 & 2021) [14, 15]

ETHNICITY

The population of King's Lynn and West Norfolk is 95.7 percent 'White', higher than the England average of 81 percent. Of those who are not 'White', the next largest groups are 'Asia, or Asian British' with 1.1 percent, figure 7.

Figure 7. Ethnic group, percent, King's Lynn and West Norfolk, and England, 2021



Source: Census (2021) [14]

Looking in more detail at the ethnic breakdown of ethnic groups across King’s Lynn and West Norfolk, the next largest ethnic group after ‘White: English, Welsh, Scottish, Northern Irish or British’ (88.8 percent) is ‘White: Other White’ which represents 6.2 percent of the population. In the 2021 census, around 135,400 King’s Lynn and West Norfolk residents said they were born in England. This represented 87.7 percent of the local population. Lithuania was the next most represented nation, with just under 3,200 residents reporting this country of birth, 2 percent [16].

RURALITY

King’s Lynn and West Norfolk is predominantly a rural area, with a much higher proportion of residents living in rural communities compared with England overall. Among every age group fewer than 50 percent of people live in urban areas. Among those aged 65 and over, 66 percent, the highest proportion compared with other age groups, live in rural areas, figure 8.

Figure 8. Percent of population living in urban, smaller rural, or larger rural output areas, by age group, King’s Lynn and West Norfolk, and England, 2021

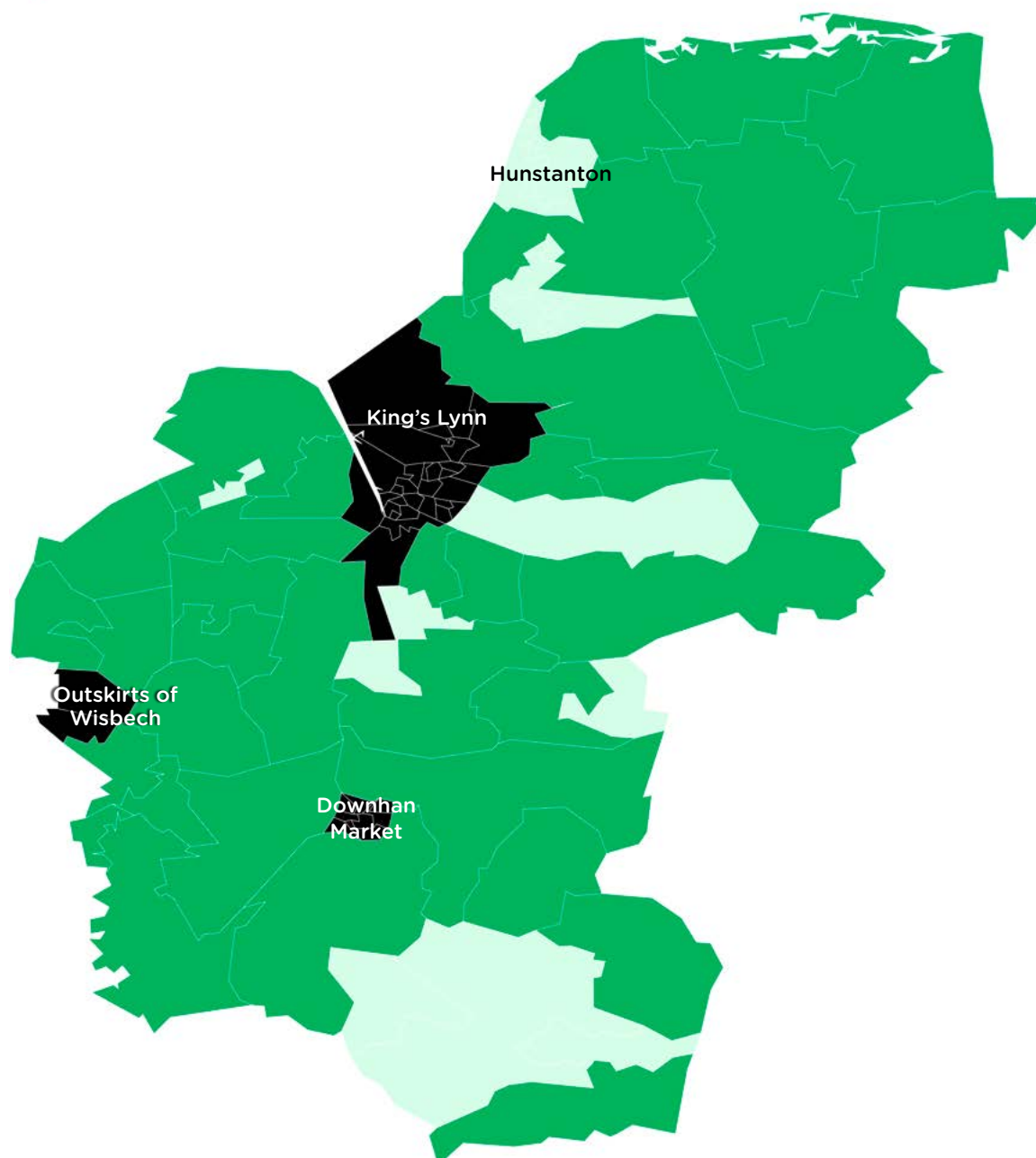


Source: Census (2021) [14]
Note: Output Areas (OAs) are defined as Urban if they have a high density of residential addresses, or if they intersect with Amalgamated Built Up Areas (ABUAs) with a resident population of 10,000 or more. OAs that intersect with ABUAs with populations less than 10,000, or that have lower densities of addresses, are assigned to the Larger or Smaller rural settlement categories [17].

Inequalities in rural areas often go ‘under the radar’, as they are not visible in data sets that cover areas which are too large to reveal small pockets of deprivation within otherwise relatively affluent areas. Rural deprivation also takes different forms compared to urban deprivation. In particular, limited access to essential services that support health and wellbeing, such as healthcare, childcare, and education. Access to wider sources of support, including community and voluntary services and social groups can also be restricted. Young people can feel isolated and stigmatised in rural areas, particularly in areas with older populations. While there are many benefits to living in rural areas, including access to green and blue

environments, clean air, and a strong sense of place, major challenges in rural areas include lack of affordable and reliable public transport, which limits opportunities to reach childcare, education, employment, and other vital services and increases social isolation and loneliness. For those relying on private cars, the high costs of ownership, parking, and maintenance present further barriers.

The map below shows the largely rural District of King’s Lynn and West Norfolk, with King’s Lynn, Downham Market and the outskirts of the town of Wisbech defined as urban areas, with Hunstanton defined as a larger rural area.



Source: ONS (2025) [17]

Notes: 1) Output Areas (OAs) are defined as Urban if they have a high density of residential addresses, or if they intersect with Amalgamated Built Up Areas (ABUAs) with a resident population of 10,000 or more. OAs that intersect with ABUAs with populations less than 10,000, or that have lower densities of addresses, are assigned to the Larger or Smaller rural settlement categories [17].

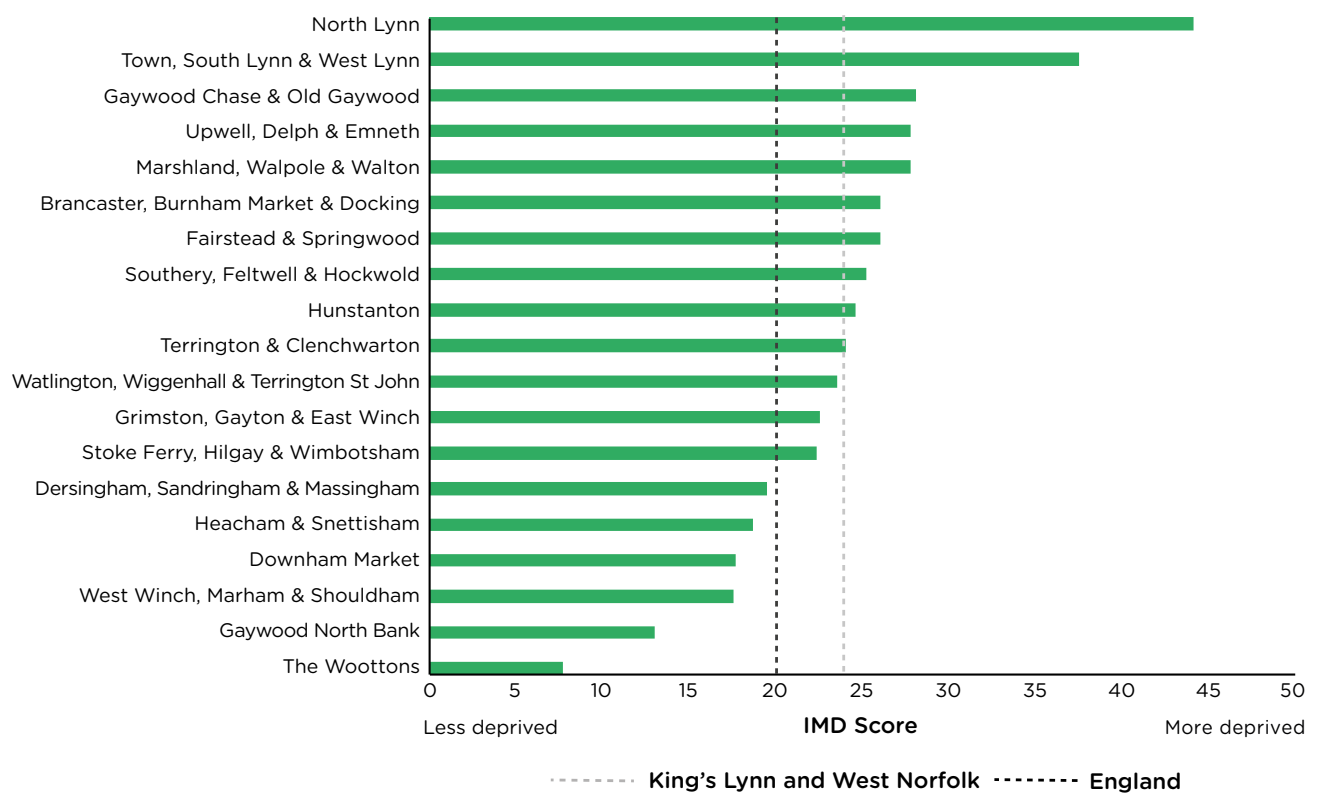
2) The urban area underneath Marshland, Terrington, and Walpole, is the outskirts of the town of Wisbech. The town of Wisbech mostly lies in Cambridgeshire.

DEPRIVATION IN KING’S LYNN AND WEST NORFOLK

Overall, King’s Lynn and West Norfolk is slightly more deprived than average for England, indicated by the Index of Multiple Deprivation (IMD) 2025 scores; England’s average score is 20.08 and King’s Lynn and West Norfolk’s score 24.05. Between 2019 and 2025, the construction of the Index of Multiple Deprivation (IMD) has undergone considerable revision. Consequently, changes in an area’s position within the IMD rankings between 2019 and 2025 do not necessarily indicate that the living conditions experienced by residents in an area have improved or worsened [18].

Figure 9 shows the 2025 IMD scores of all of King’s Lynn and West Norfolk’s small areas. North Lynn is the most deprived area in the Borough with an IMD score of 44.19. The least deprived area in the Borough is the Woottons with an IMD score of 7.73. IMD 2025 scores for areas in England range from 1.35 to 84.2. While there are clearly areas with high levels of deprivation, it should be noted that there is deprivation to some extent everywhere and residents experiencing deprivation in every area need support.

Figure 9. IMD Score, King’s Lynn and West Norfolk MSOA’s, King’s Lynn and West Norfolk, and England, 2025



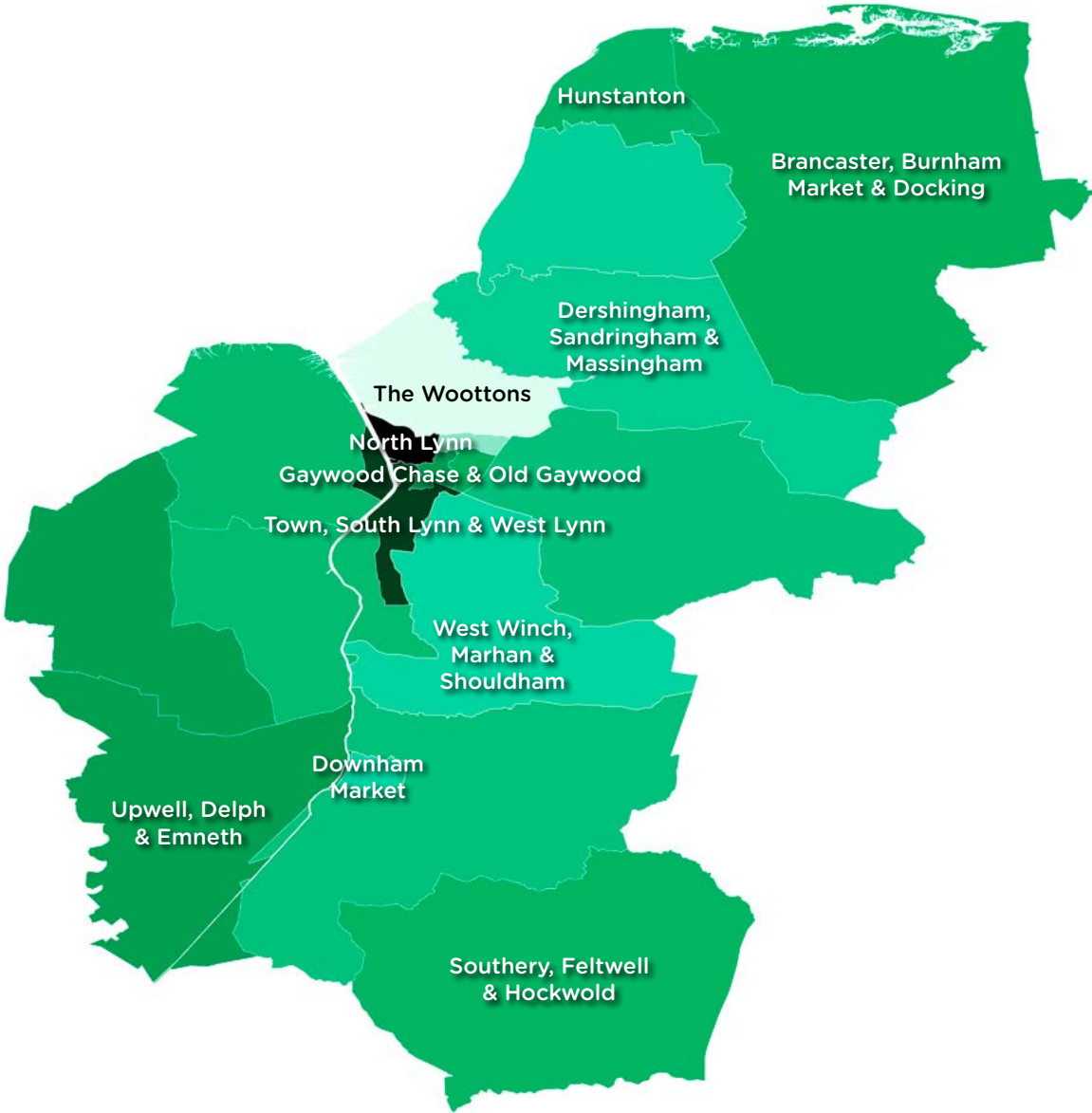
Source: Ministry of Housing, Communities & Local Government (2025) [19]

Note: An area’s IMD score is calculated by combining seven different domains of deprivation with different weightings [19]:

- 1. Income (22.5 percent weighting): Measures the proportion of the population experiencing deprivation relating to low income.
 - a. Income Deprivation Affecting Children Index: Measures the proportion of all children aged 0 to 15 living in income deprived families
 - b. Income Deprivation Affecting Older People Index: Measures the proportion of those aged 60+ who experience income deprivation
- 2. Employment (22.5 percent weighting): Measures the proportion of working age population involuntarily excluded from the labour market.
- 3. Education (13.5 percent weighting): Measures the lack of attainment and skills in the local population.
- 4. Health (13.5 percent weighting): Measures the risk of premature death and impairment of life quality through poor physical/mental health.
- 5. Crime (9.3 percent weighting): Measures the risk of personal and material victimisation at local level.
- 6. Barriers to housing and services (9.3 percent weighting): Measures the physical and financial accessibility of housing and local services.
- 7. Living environment (9.3 percent weighting): Measures the quality of both the ‘indoor’ and ‘outdoor’ local environment.

The map below shows the difference in IMD scores between areas in King's Lynn and West Norfolk and illustrates the close proximity between deprived and less deprived areas, for instance the most deprived area, North Lynn, borders the least deprived, The Woottons.

Map 2. IMD Score, King's Lynn and West Norfolk MSOA's, 2025



Source: Ministry of Housing, Communities & Local Government (2019) [19]

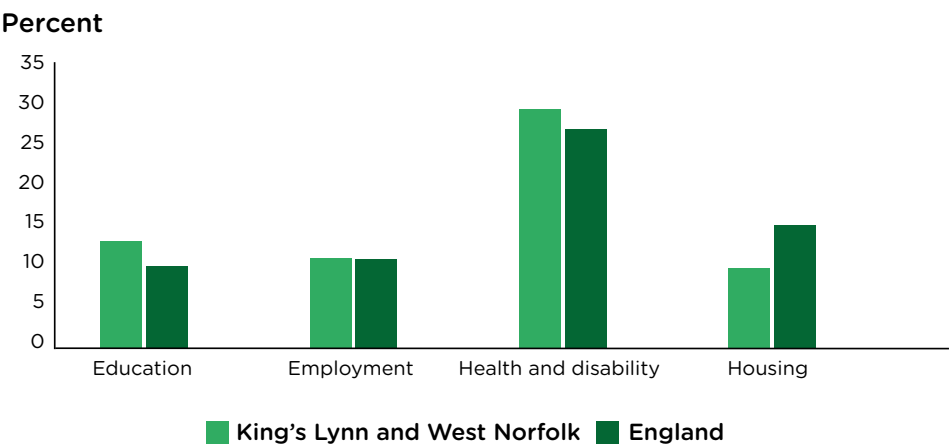
DIMENSIONS OF DEPRIVATION AMONG HOUSEHOLDS WITH DEPENDENT CHILDREN

The 2021 Census indicates that nearly 10 percent of children in King’s Lynn and West Norfolk are living in poor quality housing and 10 percent in households where no one is working, 14 percent where adults have low levels of education and nearly a third of children are living in a household with a family member who is in bad health or disabled. All these factors impact on children and young people’s experiences when young and can affect health and a range of social determinants of health.

In many cases there are multiple dimensions of deprivation experienced simultaneously.

Understanding how deprivation is experienced by children and young people in households as well as at area level should inform the design and delivery of support to prevent low education, poor health and poor quality housing and employment.

Figure 10. Percent of households with dependent children which are deprived, by deprivation dimension, King’s Lynn and West Norfolk and England, 2021



Source: Census (2021) [14]

- Notes:
- 1) A household is classified as deprived in the health dimension if any person in the household has general health that is bad or very bad or is identified as disabled. People who have assessed their day-to-day activities as limited by long-term physical or mental health conditions or illnesses are considered disabled. This definition of a disabled person meets the harmonised standard for measuring disability and is in line with the Equality Act (2010).
 - 2) A household is classified as deprived in the education dimension if no one has at least a level 2 education and no one aged 16 to 18 years is a full-time student.
 - 3) A household is classified as deprived in the employment dimension if any member, not a full-time student, is either unemployed or economically inactive due to long-term sickness or disability.
 - 4) A household is classified as deprived in the housing dimension if the household's accommodation is either overcrowded, in a shared dwelling, or has no central heating.

CHANGES IN LOCAL GOVERNMENT FUNDING

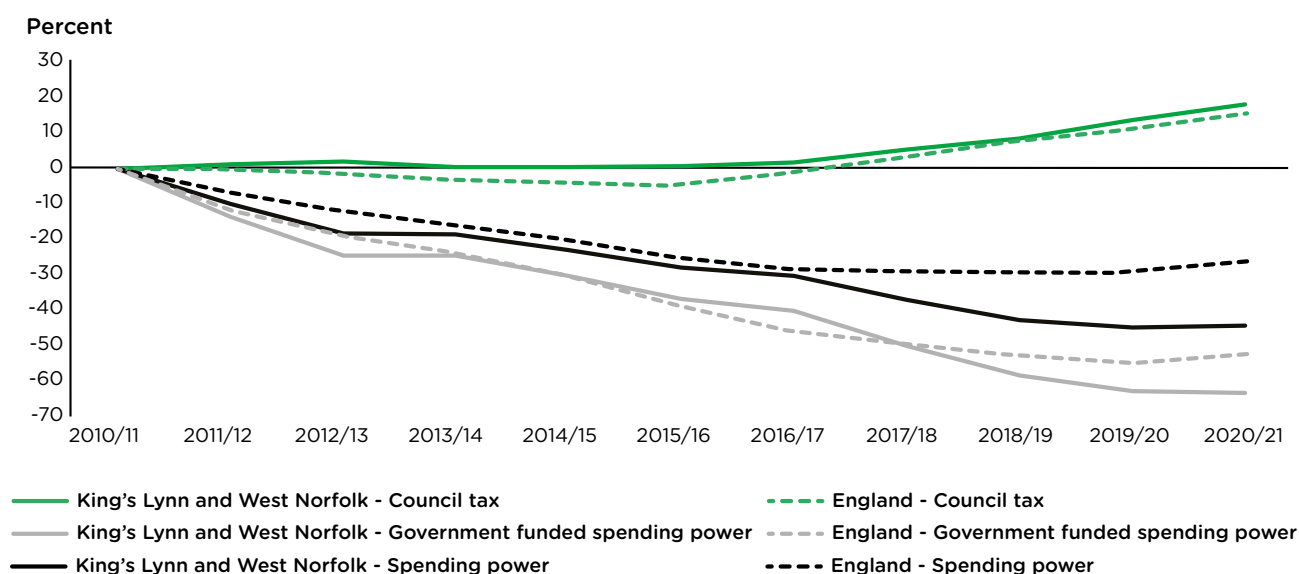
The rapidly changing financial situation across Norfolk and King’s Lynn and West Norfolk is essential context to understanding the drivers of inequalities and the capacity to tackle them. One important tranche of funding to the local area is through National Government funding to the District Council. In this section we set out the cuts to this funding since 2010/11, as it illustrates the financial context that the local area is operating in; other funding comes to education, public health and other public services and via Norfolk County Council; there have however, been real-terms cuts to budgets in all these areas since 2010. Overall between 2010-11 and 2019-20 Norfolk County Council grant from the Government was cut by £220 million, while the County Council has had to absorb additional costs of over £1 billion [20].

King’s Lynn and West Norfolk has experienced greater reductions in Government funded spending power than the average for England and between 2010/11 and 2020/21 funding from Central Government decreased by 63.3 percent, figure 11. These reductions have been partially offset by increases in Council Tax which have increased by 18.2 percent since 2010/11. This of course reduces spending power among affected residents. Taking the increased income from Council Tax into

account King’s Lynn and West Norfolk’s overall spending power reduced by 26 percent 2010/11 and 2020/21 and the effects of this and deep cuts to public services and support for community voluntary services through the cost of living crisis, has had significant impact in the Borough, as across England.

An additional factor impacting on available funding is the levy which King’s Lynn and West Norfolk Borough Council is required to pay to the internal drainage board (IDB) to protect from flooding. The average Band D council tax bill in 2025/26 is £2318.63, of which £1755.63 goes to Norfolk County Council, King’s Lynn and West Norfolk Borough Council receives £152.87 from the average Band D council tax bill. However, of the £152.87 the Borough Council receives, £65.81 is required to go to the IDB to cover their operational expenses through their levy arrangements. This means that the Borough Council only keeps £87.06, or 3.8 percent, of the total average Band D council tax bill to spend on local services. The council has received a grant allocation from the Ministry of Housing, Communities & Local Government (MHCLG) for the past three years to offset this pressure, the amount received is in the order of 13% of the levy cost incurred in 25/26. This allocation is determined annually with no guarantee it will continue [21].

Figure 11. Spending power and its components indexed to 2010/11, King's Lynn and West Norfolk, and England 2010/11 to 2020/21



Source: National Audit Office (2021) [22]

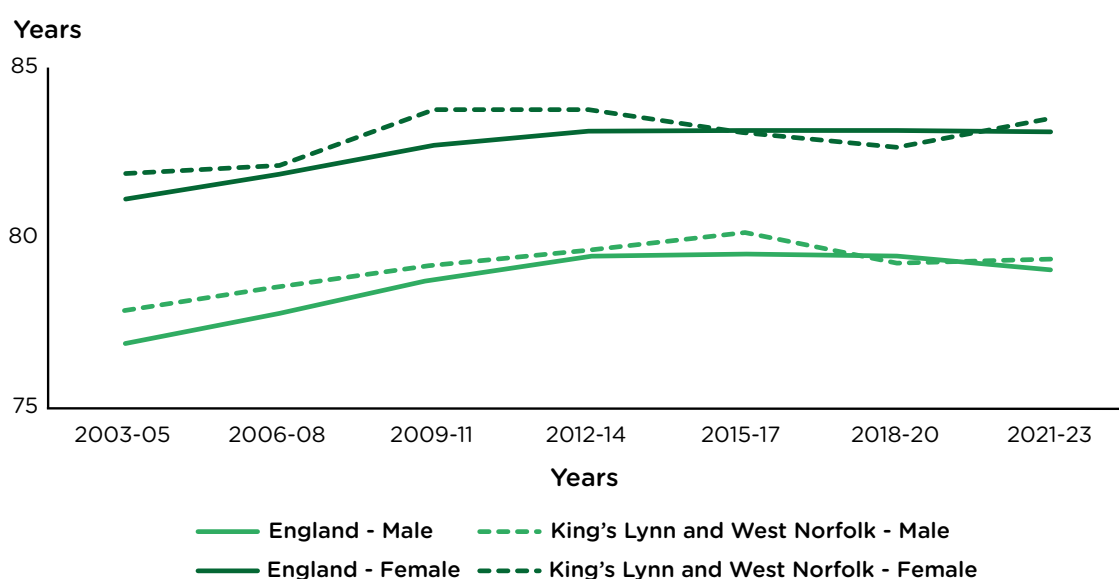
HEALTH INEQUALITIES IN KING'S LYNN AND WEST NORFOLK

This section provides a brief overview of health and health inequalities in King's Lynn and West Norfolk. More data is available at the IHE's webpage dedicated to King's Lynn and West Norfolk [12].

As across England, life expectancy in King's Lynn and West Norfolk has stagnated over the last decade. Male life expectancy was 79.4 years in 2021-23 in King's Lynn and West Norfolk, slightly higher than the England average of 79.1

years but decreased by a year between 2015-17 and 2021-23, related to the impacts of the Covid pandemic. Female life expectancy was 83.5 years in 2021-23, following a notable decrease of 0.7 years between 2009-11 and 2018-20, prior to the pandemic. Although, there has been a slight recovery in female life expectancy in King's Lynn and West Norfolk since 2018-20, it remains below the level in 2009-11 when female life expectancy was 83.75 years. There is a gender gap of 4 years in life expectancy between men and women.

Figure 12. Life expectancy, by sex, King's Lynn and West Norfolk and England, 2003-05 to 2021-23

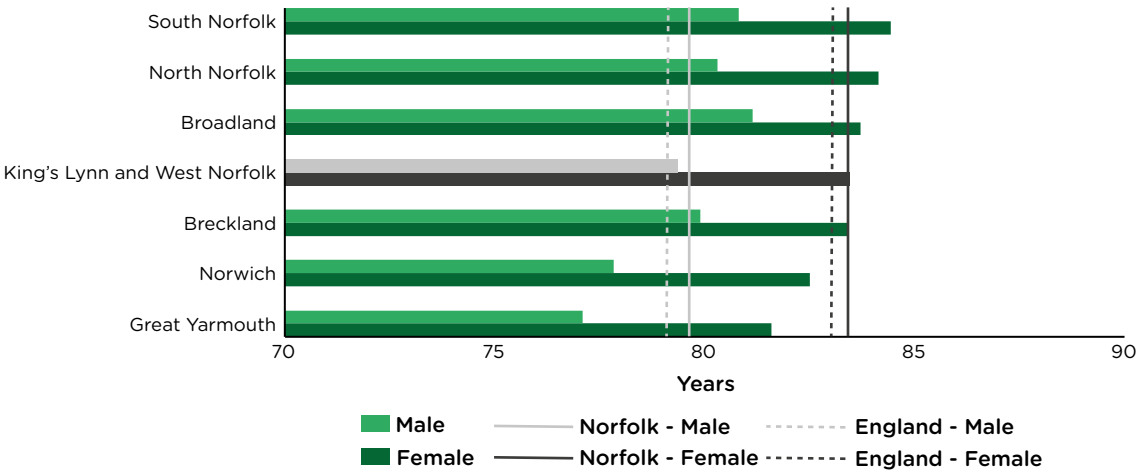


Source: ONS (2024) [1]

Female life expectancy in King's Lynn and West Norfolk (83.5 years) was the same as the Norfolk average in 2021-23,

whereas male life expectancy (79.4 years) was slightly lower than the Norfolk average of 79.6 years.

Figure 13. Life expectancy, by sex, Norfolk lower tier local authorities, Norfolk, and England, 2021-23



Source: ONS (2024) [1]

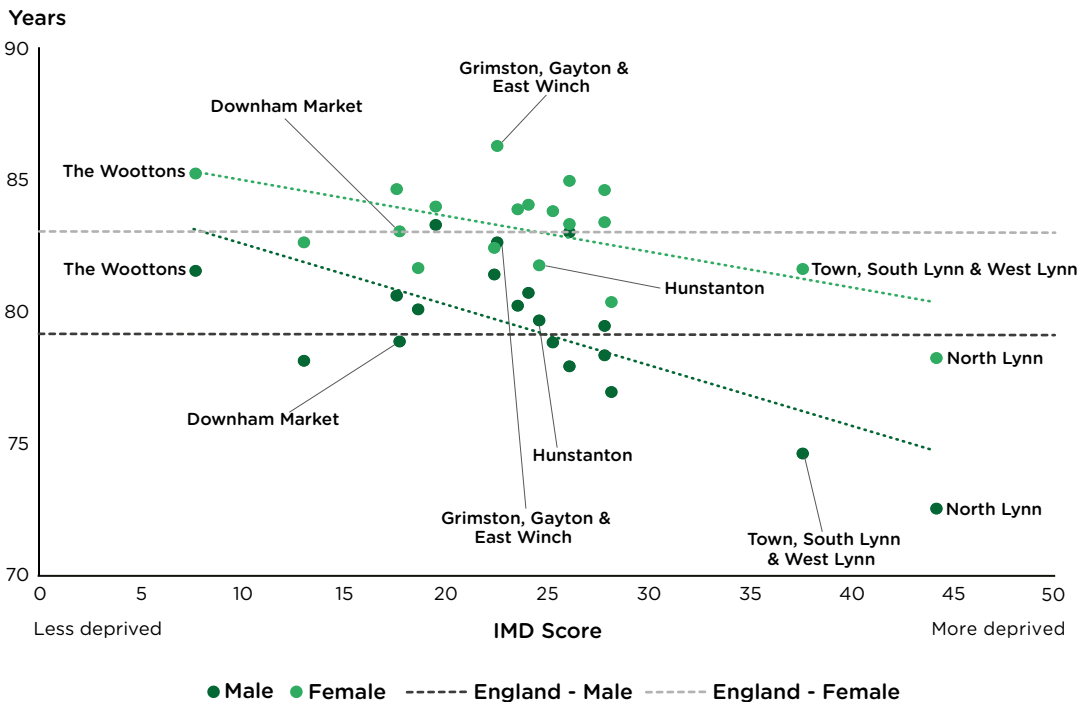
Gradients in life expectancy, where life expectancy is closely related to deprivation, are found in every area of England and across England as a whole; this means that action is needed to flatten the whole gradient in health so that everyone can enjoy the good health of those living in the least deprived areas. The way to do this to ensure that services, support and resource allocations are offered in a way which is proportionate to the scale of the problem but universally available to reach the whole gradient.

There are stark inequalities in life expectancy in King's Lynn and West Norfolk associated with the level of deprivation. The difference in life expectancy for residents of North

Lynn, the most deprived area in the Borough, compared to the those from The Woottons, the least deprived area in the borough, is 11 years for men and 8 years for women. The gap between male and female average life expectancy widens (light and dark green dotted lines in figure 14) as the IMD score increases so that across King's Lynn and West Norfolk, greater deprivation is associated with greater differences in life expectancy by gender, figure 14.

In King's Lynn and West Norfolk, the gradient in life expectancy is particularly steep for males, but is also evident among women, more deprived areas have life expectancy which is much lower than the average for England.

Figure 14. Estimated female and male life expectancy at birth, by deprivation (IMD Score 2025), King's Lynn and West Norfolk MSOA's, and England 2019-23

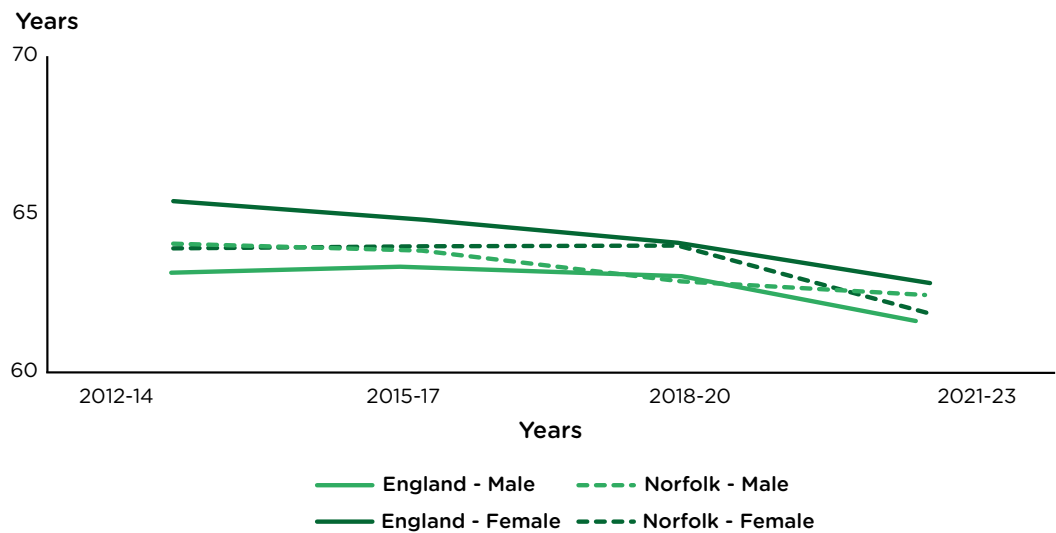


Source: Source: ONS (2024) [1]

Healthy life expectancy in Norfolk (figures are not available for smaller geographic areas) in 2021-23 was 62.5 years for men and 62.9 years for females, both 1 year higher than the corresponding England averages. Healthy life expectancy across Norfolk decreased between 2012-14 to 2021-23, with

a decline of 1.7 years for men and 2.6 years for women. These declines are even steeper than the comparable declines across England where the male average decreased by 1.65 years and the female average by 2.06 years in this same time period, figure 15.

Figure 15. Estimated healthy life expectancy at birth, years, Norfolk, and England, 2012-14 to 2021-23

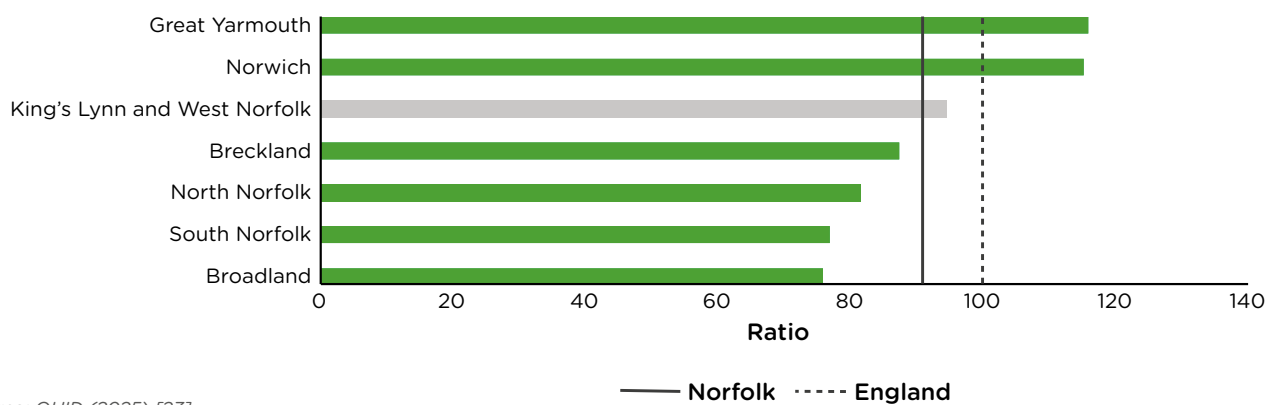


Source: ONS (2024) [2]
Note: Data is not available at district level

Mortality ratios show the number of deaths in a population as a ratio of the deaths expected if everyone in England had the same mortality - represented by 100 in figure 16 below. Places with a ratio higher than 100 indicate higher than average mortality rates, and places with lower than 100 indicate a lower than average mortality rate. Deaths under 75

are often considered to be preventable and are closely related to inequalities in the social determinants of health. In King’s Lynn and West Norfolk, the under 75 mortality ratio was 94.6, higher than Norfolk mortality ratio of 90.8, but lower than the England average of 100.

Figure 16. Deaths from all causes, under 75, indirectly standardised mortality ratio, Norfolk lower tier local authorities, Norfolk, and England, 2019-23

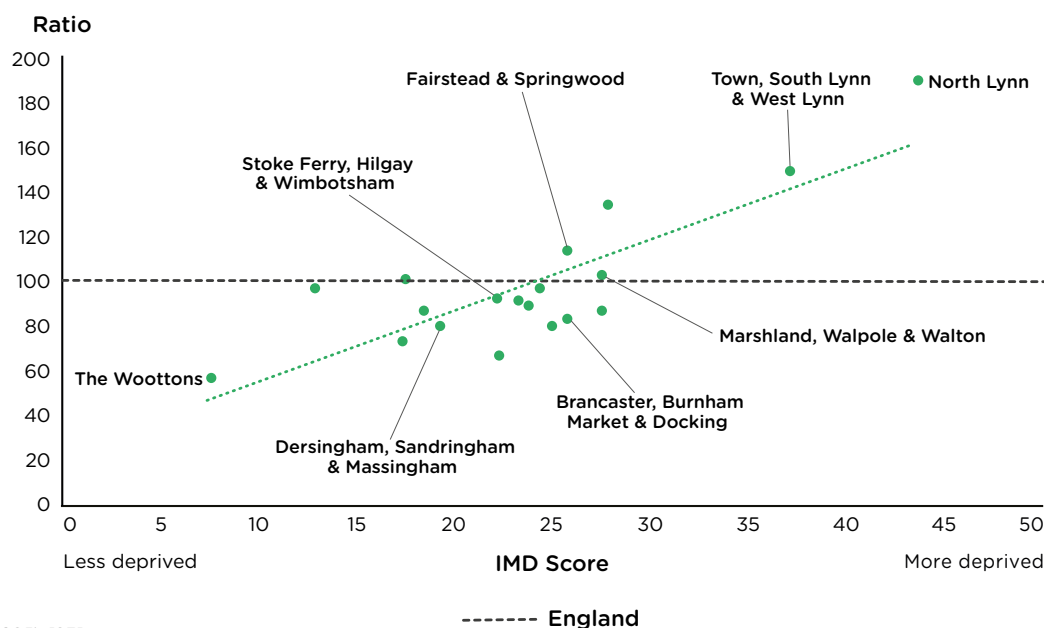


Source: OHID (2025) [23]

There is a clear association between deaths from all causes under age 75 and level of deprivation of areas. North Lynn, the most deprived area in King’s Lynn and West Norfolk, has a ratio

of 188.6, much higher than the average of 100 for England and higher than the King’s Lynn and West Norfolk ratio. Conversely The Woottons, the least deprived area, has a ratio of 56.4.

Figure 17. Deaths from all causes, under 75, by deprivation (IMD Score 2025), Indirectly Standardised Mortality Ratio, King's Lynn and West Norfolk MSOAs, and England, 2019-23



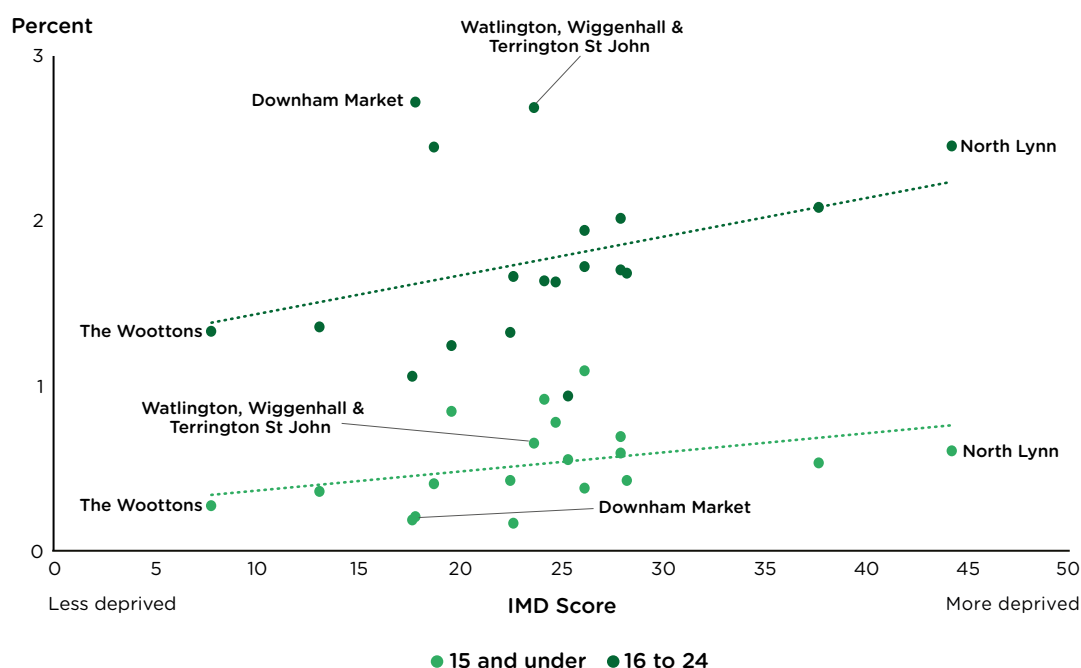
Source: OHID (2025) [23]

SELF-RATED HEALTH

The proportion of children and young people that rate their health as bad or very bad increases between the age groups 15 years and under and 16-24 years in King's Lynn and West Norfolk, figure 18. The relationship between poor self-rated health and deprivation becomes more evident as children

grow up and the cumulative health impacts associated with deprivation and disadvantage intensify. Among older age groups the cumulative impacts of living in deprivation are even more pronounced and there is an even steeper gradient in self-rated health and deprivation, figure 19.

Figure 18. Self-rated health of "bad or very bad", by age 15 and under and 16 to 24, by deprivation (IMD Score 2025), King's Lynn and West Norfolk MSOAs, 2021

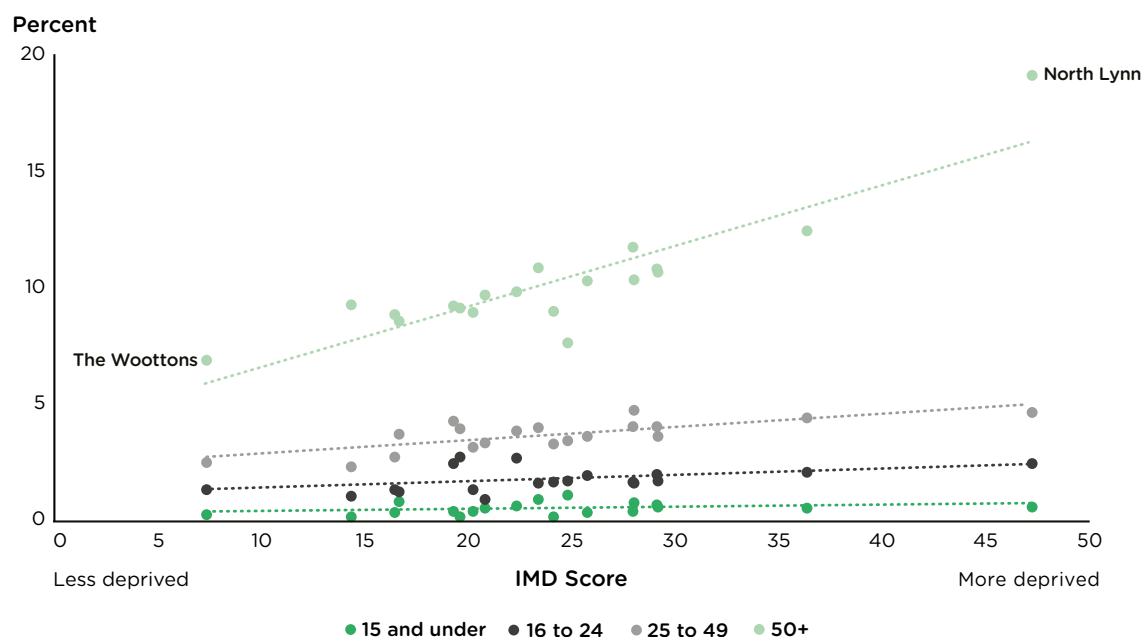


Source: Census (2021) [14]

Notes: 1) The question answer options in the census were: Very good; Good; Fair; Bad; Very bad.

2) The census either has to be filled out by each individual in a household or by the 'head of the household'. It is likely that the 'head of the household' has filled out the questionnaire answers from those 15 and under in a lot of instances, therefore making it not entirely 'self-rated', however given we include 16 to 24 year olds the self-rated title is still relevant.

Figure 19. Self-rated health of “bad or very bad”, by all age groups, by deprivation (IMD score 2025), King’s Lynn and West Norfolk MSOAs, 2021



Source: Census (2021) [14]

Notes: 1) The question answer options in the census were: Very good; Good; Fair; Bad; Very bad.

2) The census either has to be filled out by each individual in a household or by the 'head of the household'. It is likely that the 'head of the household' has filled out the questionnaire answers from those 15 and under in a lot of instances, therefore making it not entirely 'self-rated', however given we include 16 to 24 year olds the self-rated title is still relevant.



SUMMARY

This section has provided demographic and health context to the sections and recommendations which follow. In summary, the population of King’s Lynn and West Norfolk is aging and there are wide differences in the age structure within small areas within King’s Lynn and West Norfolk which has implications for service planning and often indicates that the needs of children and young people living in areas with predominantly older residents are not being met.

While King’s Lynn and West Norfolk has a relatively small proportion of ethnic minority groups, there is a need to address and meet the needs of these populations. We heard in stakeholder discussions and community groups that the needs of specific ethnic communities may be overlooked due to the small numbers and that there is discrimination and racism which can be overlooked and ignored.

While King’s Lynn and West Norfolk appears to have similar levels of deprivation to England as a whole there are huge variations within the Borough. These wide differences mean that the population requires very different levels of support although disadvantage and deprivation is present even in the wealthiest areas and there needs to be additional focus on deprived households in wealthy and rural areas as well as support in more deprived, urban areas.

Deprivation is experienced differently in rural and urban areas, and deprivation in rural areas can go under the radar. Further sections explore the implications of rurality on health, wellbeing,

education, employment and access to essential services and support for children and young people and their families.

There have been deep cuts in funds from national government to the Borough, even as need has increased, these cuts, alongside cuts to services are severely impacting on capacity to deliver effective services and reduce inequalities in health and the social determinants of health. Meanwhile households across the Borough are experiencing increasing poverty and difficulty making ends meet which also damage health.

Health in King’s Lynn and West Norfolk has deteriorated in recent years and there are wide inequalities in health, closely related to level of deprivation of areas. Inequalities in health intensify as children and young people grow and the affects of deprivation accumulate. Intervening early in life helps to disrupt these accumulations and is the most effective way to reduce inequalities in health and the social determinants of health for this age group and for the future.

CHAPTER 3

GIVE EVERY CHILD THE BEST START IN LIFE

This section provides a summary of health and health inequalities among children and young people in King's Lynn and West Norfolk and then moves into overviewing inequalities in key social determinants of health which drive inequalities in health for this age group and as they move into adulthood.

3A. INEQUALITIES IN INFANT AND MATERNAL HEALTH

Inequalities start during the very earliest stages of life, from the earliest beginnings in-utero and through infancy and childhood. Without effective action these inequalities accumulate and become harder to mitigate and disrupt. Effective and appropriate antenatal services are essential for healthy pregnancy and to identify appropriate support at the earliest stage, which must include support for households experiencing poor health and disadvantage in order to support better living conditions, financial support and advice for a healthy pregnancy and child development and health.

The need for support offered as early as possible was identified by many stakeholders.

“Deprivation is already set by the age of 5”.

King’s Lynn and West Norfolk Education Stakeholder

“Interventions that target young children help to prevent deprivation setting in throughout their lives”.

King’s Lynn and West Norfolk Police Stakeholder

“Support needs to start before children reach school, as deprivation and lack of services in the early years set the trajectory for later outcomes. Services are often in place but not accessed by families who need them most”.

King’s Lynn and West Norfolk Education Stakeholder

Stakeholders within the NHS highlighted that the midwifery service is under significant pressure, with capacity issues leading to a reduction in antenatal contacts. Face-to-face visits are now prioritised for the most excluded families, while others are offered online support, which limits engagement and opportunities for early assessment and intervention. Stakeholders also noted that there is some distrust of midwifery services among residents from more deprived areas, which they felt has increased since the pandemic. This distrust undermines engagement with midwifery and antenatal services and can result in parents and babies’ not being assessed by health services. The Perinatal Support Service developed in Cheshire and Merseyside offers an opportunity to support engagement and access with families experiencing disadvantage and health challenges, box 1, while similar support is offered through Norfolk Family Hubs.

Box 1. UK Case Study - The Perinatal Support Service from Citizens Advice on Prescription - Cheshire & Merseyside

The **Perinatal Support Service from Citizens Advice on Prescription (CAP)** was expanded in 2020 in Liverpool to support pregnant women and families with babies under one year old, particularly those struggling financially or with health difficulties. Each year it assists around 800-1,000 families, many coping with long-term health issues, limited income, or caring for children with learning disabilities or autism.

The service helps by linking families to essential local support like Children’s Centres, offering financial and welfare advice, and reducing dependency on healthcare services. CAP also helps improve families’ financial stability and wellbeing through providing employment advice to help parents find jobs. By improving financial stability, alleviating social isolation and addressing non-medical drivers of poor health, the programme aims to boost wellbeing among new parents, reduce pressure on the NHS, and ensure children have a stronger start in life.

A primary school headteacher emphasised the importance of supporting families from birth to two and that they see the outcomes of not doing that sufficiently when children join the school for nursery or reception with low levels of development. It was emphasised that intervening at these very early stages of life would benefit families and children through early years development and school and that schools were unable to reverse the effects of poor development in the earliest years.

LOW BIRTHWEIGHT

Low birthweight is indicative of both poor maternal health and poor infant health and can also affect children’s health and development in the longer term. Low birthweight is more common in more deprived areas and among some minority ethnic groups [24].

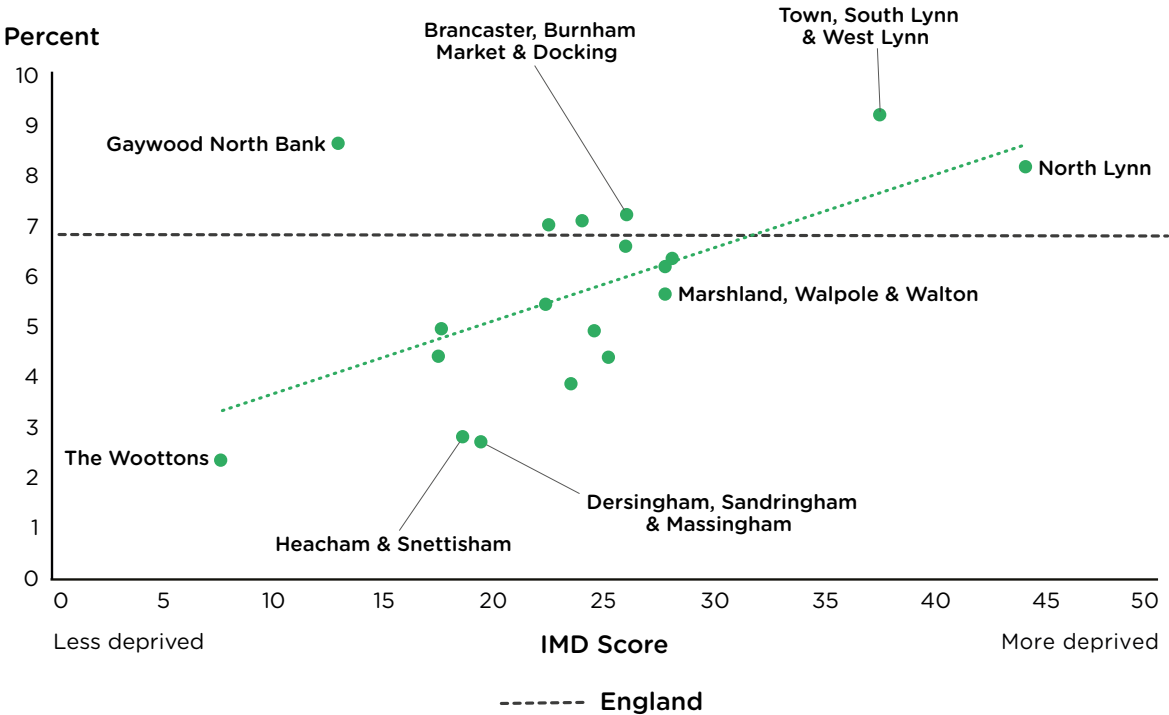
King’s Lynn and West Norfolk has relatively low levels of babies born with a low birthweight compared with other lower tier authorities in Norfolk, although care must be taken in interpreting these figures as there are wide confidence intervals due to low

numbers overall. However, the King's Lynn and West Norfolk figure of 1.8 percent low birth weight of term babies is statistically lower than the England average of 2.9 percent.

There are, however, wide differences in the percent of low birthweight babies between small areas in King's Lynn and West Norfolk related to level of deprivation, with less deprived areas tending to have a lower percentage of low birthweight

babies – again caveats apply due to the low numbers and therefore data reliability. Town, South Lynn & West Lynn has a significantly higher percent of babies born with a low birthweight in the time period, compared to the England average of 6.8 percent. The least deprived area The Woottons has the lowest percent of babies born with a low birthweight, although even here some babies are born with low weight.

Figure 20. Low Birthweight of live babies, percent, by deprivation (IMD Score 2025), King's Lynn and West Norfolk MSOAs, and England, 2018-22



Source: ONS (2024) [25]

BREASTFEEDING

Breastfeeding has a range of positive benefits for mothers and babies, however, across England there are clear inequalities in breastfeeding related to deprivation – higher rates in less deprived areas and lower rates in more deprived areas.

There is a gradient in the percentage of babies fully or partially breastfed at 6-8 weeks in King's Lynn and West Norfolk related to level of deprivation, figure 21. The Woottons and Stoke Ferry, Hilgay & Wimbotsham both have the highest percent of babies fully or partially breastfed with nearly half breastfed at 6-8 weeks, whereas North Lynn, the most deprived ward has the lowest rates, with only a third of babies breastfed.

Figure 21. Babies fully or partially breastfed at 6-8 weeks, by deprivation (IMD score 2025), percent, King's Lynn and West Norfolk MSOAs, and England 2020-2024 (5 year aggregated data)



Source: Cambridgeshire Community Services (2025) [KLWN Data Source]

There are a number of charities and organisations which devote effort to increasing rates of breastfeeding across King's Lynn and West Norfolk.

Box 2. La Leche League - West Norfolk [26]

La Leche League West Norfolk are a volunteer-led local group that provide breastfeeding support to families across West Norfolk. The group hold regular free drop-in sessions at baby groups in Wisbech, Kings Lynn, Downham Market and Marshland St James and also offer remote support options including phone, text, chat, email, help forms, and social media. Trained peer counsellors offer help and encouragement from pregnancy through breastfeeding and weaning, helping parents build confidence and overcome challenges to improve breastfeeding rates. The group also support those feeling anxious or nervous to attend in-person session, by providing necessary adjustments or arranging for a leader or buddy to meet attendees in entrance lobbies to sessions.

Box 3. Breastfeeding & Baby Support - West Norfolk [27]

Breastfeeding & Baby Support West Norfolk CIC is a local charity focused on increasing breastfeeding initiation and continuation in West Norfolk by offering free weekly peer support groups in King's Lynn and one-to-one appointments with an International Board-Certified Lactation Consultant from pregnancy through toddlerhood. They also provide training for volunteers including peer supporter, counsellor and baby-wearing/sling support, to strengthen community-based breastfeeding and parenting support.

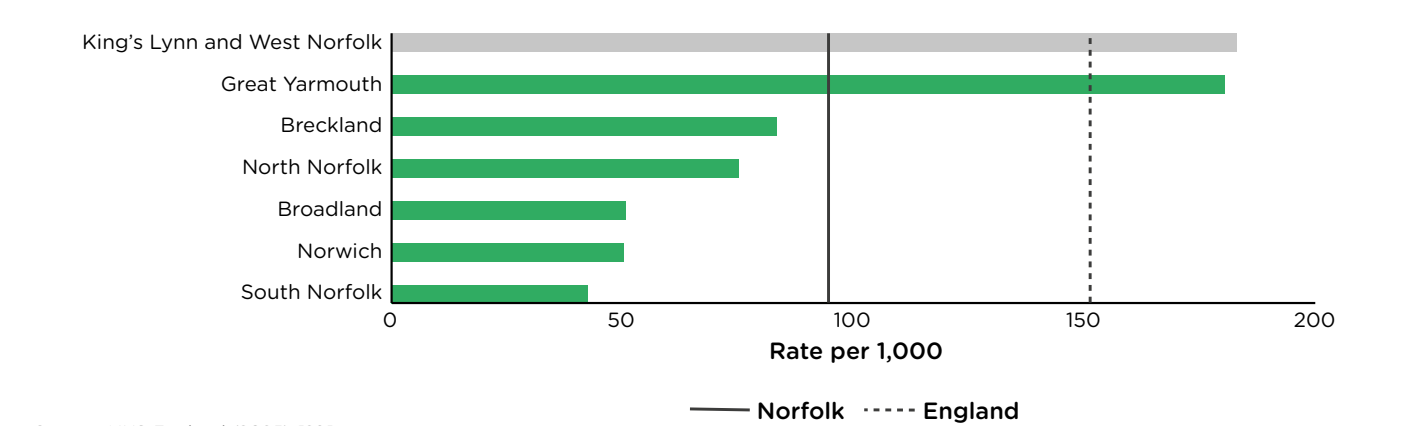
HOSPITAL ADMISSIONS AMONG 0-4 YEAR OLDS

In this section we overview some health system data for young children in King’s Lynn and West Norfolk. Health systems record health care activity rather than prevalence of health conditions and therefore may reflect differences in health care activity or recording. However, these important caveats aside, there are differences across Norfolk and within King’s Lynn and West Norfolk in rates of emergency admissions to A and E and planned hospital admissions among young children which warrant further analysis.

King’s Lynn and West Norfolk has the highest rate of emergency A and E admissions for those aged 0-4 of all the Norfolk lower tier local authorities with a rate of 183.2 per 1,000, higher than

the Norfolk average of 94.8 per 1,000 and the England average of 151.4 per 1,000, respectively. Stakeholders indicated that the relatively high rates of emergency A and E admissions may be related to differences in health care system recording and admission practices compared to other hospital trusts, as well as higher levels of need in the population and poor patient management in primary care and among patients and their families. Again, this warrants further exploration. Programmes to improve health and reduce inequalities should help reduce overall demand on healthcare services, although it is not clear how this directly impacts on A and E admissions. Improvements in access to primary care has been shown to help reduce emergency A and E Admissions [28].

Figure 22. Emergency A&E admissions aged 0-4 years, rate per 1,000, Norfolk lower tier local authorities, Norfolk, and England, 2023/24

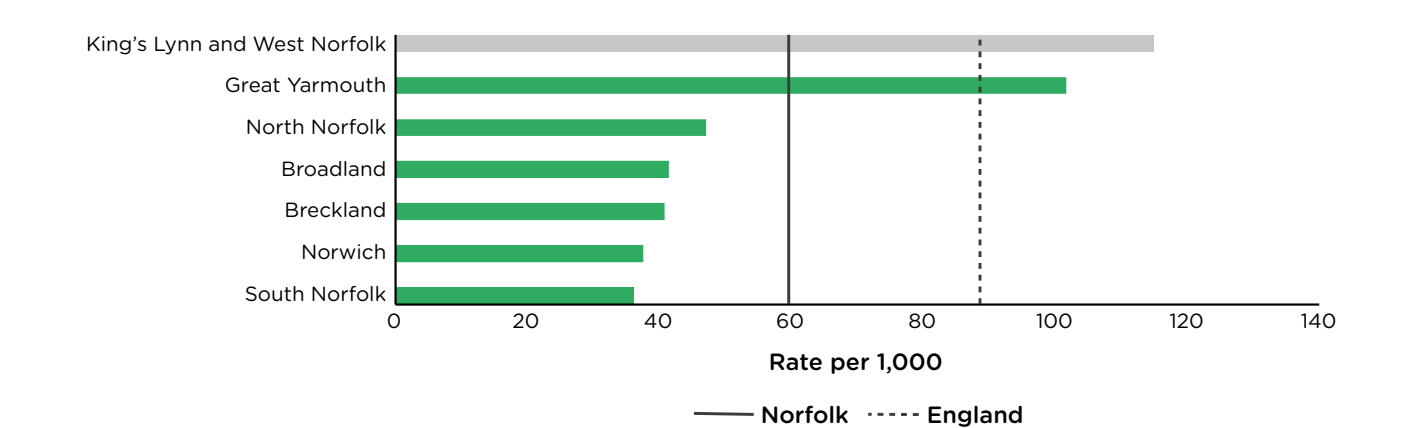


Source: NHS England (2025) [29]

Within King’s Lynn and West Norfolk, small areas have similar emergency admissions figures for those aged 0-4, with confidence intervals overlapping. However, Hunstanton had the highest rate of emergency admissions for those aged 0-4 which was statistically significantly higher than other areas, again this warrants further exploration.

King’s Lynn and West Norfolk has the highest rate of emergency admissions of babies under 14 days old among Norfolk lower tier local authorities with a rate of 115 per 1,000, which is far higher than the Norfolk average of 59.8 per 1,000 and the England average of 88.7 per 1,000.

Figure 23. Emergency admissions to hospital of babies under 14 days, per 1,000, Norfolk lower tier local authorities, Norfolk, and England, 2023/24



Source: NHS England (2025) [29]

THE 6-8 WEEK HEALTH REVIEW

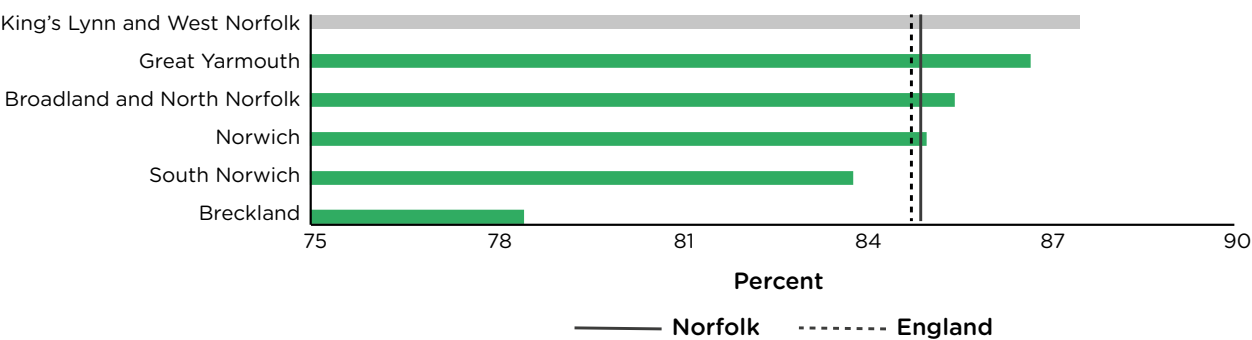
Nationally all infants are expected to be invited to receive a routine health review at 6–8 weeks, box 4. Depending on what the local offer is, the child will most likely be seen separately by a GP and Health Visitor. The GP reviews the baby’s clinical and physical health and give the go ahead for the baby’s first routine vaccinations. The health visitor assesses the baby’s growth and development and reviews the emotional health and well-being of the mother [30].

Not all infants receive the health review however, and in King’s Lynn and West Norfolk only 87.5 percent of infants received this review in 2024/25, with other babies and their families missing the assessment and potential for support. This figure is higher than the Norfolk average of 84.9 percent and the England average of 84.8 percent of infants receiving the review, figure 24. It is important to note that some babies may receive this health review late and that the majority of babies are seen within 12 weeks, with 96 percent of babies being seen with 12 weeks in King’s Lynn and West Norfolk. With this figure being similar across Norfolk localities for babies seen with 12 weeks.

Box 4. Health visitors – Just One Norfolk

The 6–8-week review is a scheduled follow up appointment typically conducted as a home visit or at a community venue to continue the assessment begun at the newborn visit. Led by a health visitor, this review explores the baby’s development, feeding patterns, parental wellbeing, and broader family needs. It also offers tailored advice on areas such as sleep, growth, immunisations, and maternal mental health. The review provides a crucial opportunity for parents to discuss any emerging questions or concerns in the early postnatal period, ensuring ongoing support for both mother and child.

Figure 24. Infants that received a 6-8 week review by 8 weeks, Norfolk localities*, 2024/25



Source: Cambridgeshire Community Services & UK Government (2025) [KLWN Data Source & 31]
Note: *Localities are coterminous with local authority districts except for the combination of Broadland and North Norfolk

Stakeholders indicated that the health visiting services being located away from GP practices weakened the support offered at this crucial stage for mothers and babies.

“Health visitors are no longer co-located with GP practices, which previously facilitated better communication and early intervention for families.”

King’s Lynn and West Norfolk NHS Stakeholder

A clinician from the Healthy Child Services in Norfolk described a ‘warm handshake’ approach with early help services, enabling smoother transitions for families between services by ensuring information is shared and families do not have to repeatedly inform a range of services about their circumstances. However, it was felt that staff often lacked information about what support is available locally and were therefore unable to refer families to services appropriately. Stakeholders, from all services repeatedly told us that they lack up-to-date information about what services and support are available locally and often do not know where to refer people who could benefit from such support to.

TRUST IN SERVICES

Many stakeholders reported that in some more disadvantaged households levels of trust in service providers is low, resulting in reduced uptake of services and limited trust in the advice offered. It is vital that trust is built between statutory services and local communities to ensure that those in the early years are seen by health professionals. The community and voluntary sector are often more trusted than statutory services and could be commissioned to support participation with services, build trust and build family and parental knowledge and know how through maternity and the early years.

“Some distrust in social services in more deprived areas provides another barrier to babies being seen for early health assessments, as families are deterred due to safeguarding concerns.”

King's Lynn and West Norfolk NHS Stakeholder

A lack of capacity or self-efficacy among parents to manage during the stress of pregnancy and the early years were referred to by stakeholders. Multiple stakeholders stressed the need for improved parental education and support, and as indicated in figure 10 in the previous section there are high levels of deprivation related to household education in King's Lynn and West Norfolk. Efforts to improve knowledge surrounding childhood development and existing support are required.

“Parental education should be a priority - parental education and support starting in pregnancy or earlier helps parents understand child development, build resilience, and access help when needed.”

King's Lynn and West Norfolk Education Stakeholder

A clinician told us that among the healthcare workforce there is not always sufficient understanding about the impact that social and economic disadvantage has on health and the social determinants of health. A programme of training and capacity building on the social determinants of health among healthcare staff is warranted, which establishes practical steps that healthcare staff can take in their day-to-day working lives.

The Just One Norfolk Family Hub is an open access service aiming to support families from before pregnancy and throughout childhood and is a collaboration between the NHS and local government. They offer health and social support and provide activities in physical locations. Extending their reach, physically through mobile services and through awareness building is needed so the service can reach areas and households who are not engaging, but who would benefit from such support, box 5.

Box 5. Norfolk Family Hubs

Norfolk Family Hubs is a collaboration between Norfolk County Council, NHS Eastern Norfolk & Waveney Healthy Child Services, Early Childhood and Families Services and a range of other health and care services, for families with babies, children and young people from conception until they reach the age of 19, or up to 25 for young people with special educational needs and/or disabilities.

Family Hubs provide drop-in community spaces, with one of the hubs based in King's Lynn. They also run early years and family activities in Downham Market and Narborough and other areas within Norfolk and work proactively within communities to identify each localities' needs, engage families within their communities and work to enhance the offer to families through partnership activities. The family hubs offer support to parents and carers from pregnancy through the early years and beyond. No appointment is needed and the hubs provide open-access, universal support to all families while tailoring the level of help based on individual need, a good example of proportionate universalism and a social determinants of health approach.

Some of the services and areas of support that the Family hubs provide include:

- 1. Health & Development**
- 2. Expert guidance on child health, feeding, development, emotional & physical wellbeing, and parenting tips**
- 3. NHS-backed support ensures trusted advice for early childhood concerns**
- 4. Advice & Signposting**
 - One stop access to local services and advice on health, parenting, SEND children, mental health issues.
- 5. Money, Work, Childcare & Housing**
 - Practical information and guidance on everyday life challenges, including employment, finances, housing and childcare options.
- 6. Activities & Community Connections**
 - Families are connected with local events, parent child groups, learning opportunities.
 - A Community Fund awards grants to local groups offering extra support and play.
- 7. Specialist Support for SEND**
 - Extended age support up to 25 years for children and young people with special educational needs or disabilities.

Box 6. King's Lynn – Action for Children, Early Childhood and Family Service

Action for Children's Early Childhood and Family Service (ECFS) in King's Lynn, works as part of the Family Hub offer in Norfolk and provides targeted early years support for families with children aged 0-5 across West Norfolk. Operating from its King's Lynn base, and various local hubs (including libraries, community centres, and schools) across Norfolk, the service provides both one-to-one home or community sessions and group activities designed to strengthen parent-child relationships, boost communication skills, manage challenging behaviour, and foster early emotional development. These weekly or multi-week offerings help parents to set realistic goals, engage in outdoor learning, and help children with additional needs through tailored play-based support.

The ECFS enhances school readiness and parental confidence by offering accessible, free, and evidence-based support. This is an example of proportionate universalism, where services are available to all families but with greater support to families facing more significant challenges, helping to reduce early childhood inequalities. Sessions designed for vulnerable or isolated families offer inclusive environments that encourage growth and well being.

The recent national announcement that further family support will be provided to families through Best Start Family Hubs provides an important route to enhance the existing Family Hub offer in King's Lynn and West Norfolk, with a particular focus on reducing inequalities and reaching those who may mistrust existing services and may have low levels of knowledge about what is offered and how to support healthy childhood development. The services should continue to be developed in collaboration with the community voluntary sector who are often trusted and close to the communities who need this support. A headteacher recommended building family networks, potentially through the new Best Start Family Hubs, with support be offered at the start of pregnancy to help parents understand child development, build resilience, reduce isolation and share concerns and access help when needed. Norfolk County Council support the embedding of the family networking approach across its services and partnerships with this forming part of the CYPSPA Prevention and Early Help Strategy [32]. Opportunities to further enhance this within the Kings Lynn and West Norfolk area could be further explored through the next stages in the Best Start Family Hub developments.

Box 7. Best Start Family Hubs

On 6 July 2025, the UK government announced a major expansion of family support through its **Best Start Family Hubs** programme, allocating over £500 million to roll out up to 1,000 hubs, with presence in every local authority in England by 2028. This initiative revives the legacy of Sure Start, aiming to reach an additional 500,000 children and enhance equity in early years support. Hubs serve as one-stop access points offering services like breastfeeding support, child development and early language help, housing and welfare advice, domestic abuse guidance, mental health and SEND support, stop-smoking programmes, and parenting classes.

Norfolk as one of the first 75 Family Hub areas has been developing this approach over the last 3-4 years and is in a good position to further enhance its offer into the Best Start Family Hub approach. Each Family Hub area has a partnership group, with active membership from across the children, young people and family's sectors, with relationships building between these groups and locality Health and Wellbeing Partnerships. This place-based model is important in developing the shared understanding of inequalities and taking forward partnership approaches to address this.

3B. CHILD POVERTY

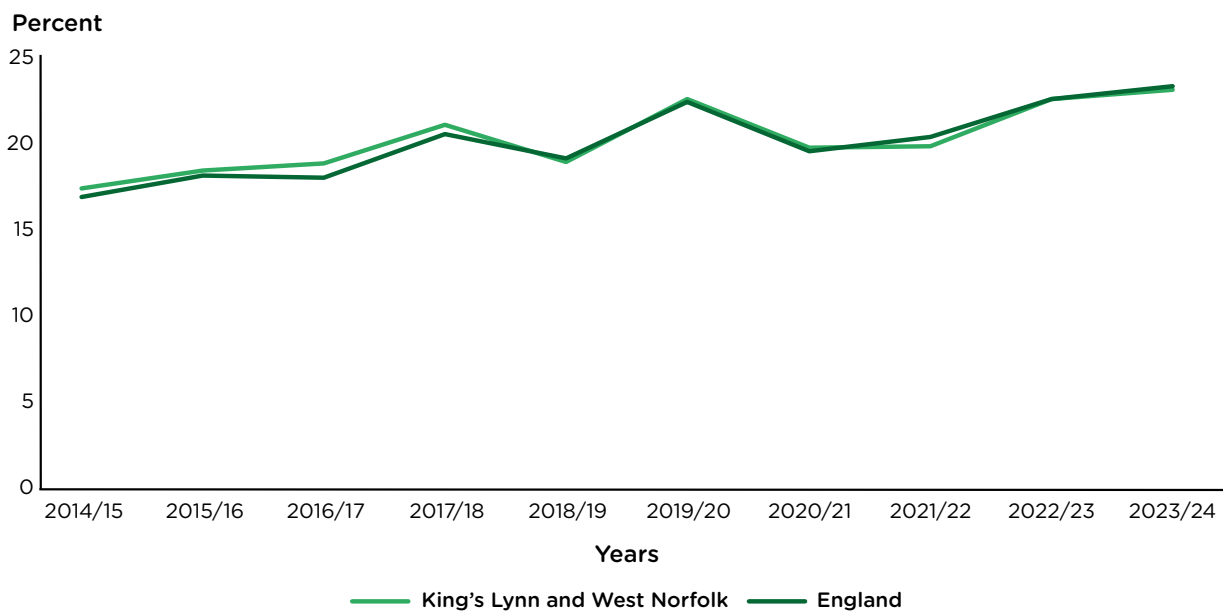
Living in poverty as a child has immediate and long-term impacts on health and on other social determinants of health [11]. Key drivers of child poverty include parental unemployment, low wages, inadequate social protection that fails to meet basic needs, the two-child benefit cap, high housing costs, and rising prices for essentials such as energy [33, 34] . Child poverty is not inevitable; it is shaped largely by political and policy decisions. Reducing child poverty is an essential health and equity strategy, as well as important for influencing other outcomes throughout life [10].

Local and District Councils have some scope to reduce child poverty by supporting access to eligible benefits, supporting access to skills building and employment programmes, and influencing employers to offer good terms and conditions including pay. Local and District councils, the community and voluntary sector, health and education can mitigate the impacts of child poverty, through the provision of programmes which offer proportionately more support to children living in poverty and in more deprived areas and by supporting families and households with the costs of essentials. Most of the stakeholders we had discussions with emphasised that poverty and material deprivation are driving many of the issues in health and the social determinants of health.

A child is defined as living in relative poverty if they live in a household whose equivalised net income is less than 60 percent of UK median equivalised net household income for that financial year. Absolute poverty is defined as a household whose equivalised net income is below 60 percent of what was the median income in the financial year 2010/11 adjusted for inflation. Rates of relative poverty are higher than rates of absolute poverty and both can be calculated before and after housing costs (BHC and AHC) are taken into account [35].

As across England the proportion of children living in relative low income BHC in King's Lynn and West Norfolk has increased since 2014/15 from 17.3 percent to 22.9 percent in 2023/24, roughly in line with the increase across England as a whole.

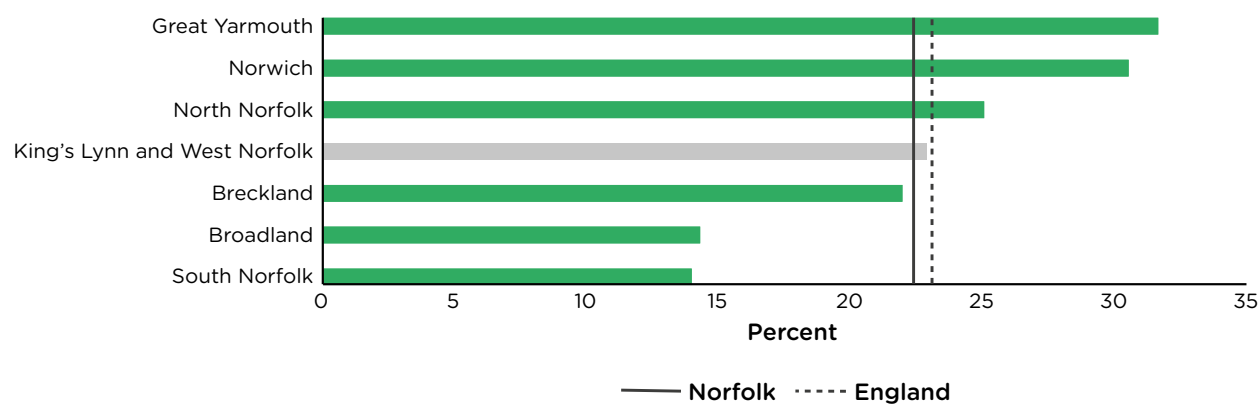
Figure 25. Children in relative low-income families (BHC), percent, King's Lynn and West Norfolk, and England, 2014/15 to 2023/24



Source: UK Government Department for Work and Pensions (2025) [36]

Figure 26 shows that King's Lynn and West Norfolk has a slightly higher percentage of children in relative low-income families BHC than the Norfolk average and that there are wide differences in these rates between local authorities in Norfolk [35].

Figure 26. Children in relative low-income families, Before Housing Costs (BHC), percent, Norfolk lower tier local authorities, Norfolk, and England, 2023/24



Source: UK Government Department for Work and Pensions (2025) [36]
Note: Relative low-income refers to people living in households with income below 60% of the median in that year.

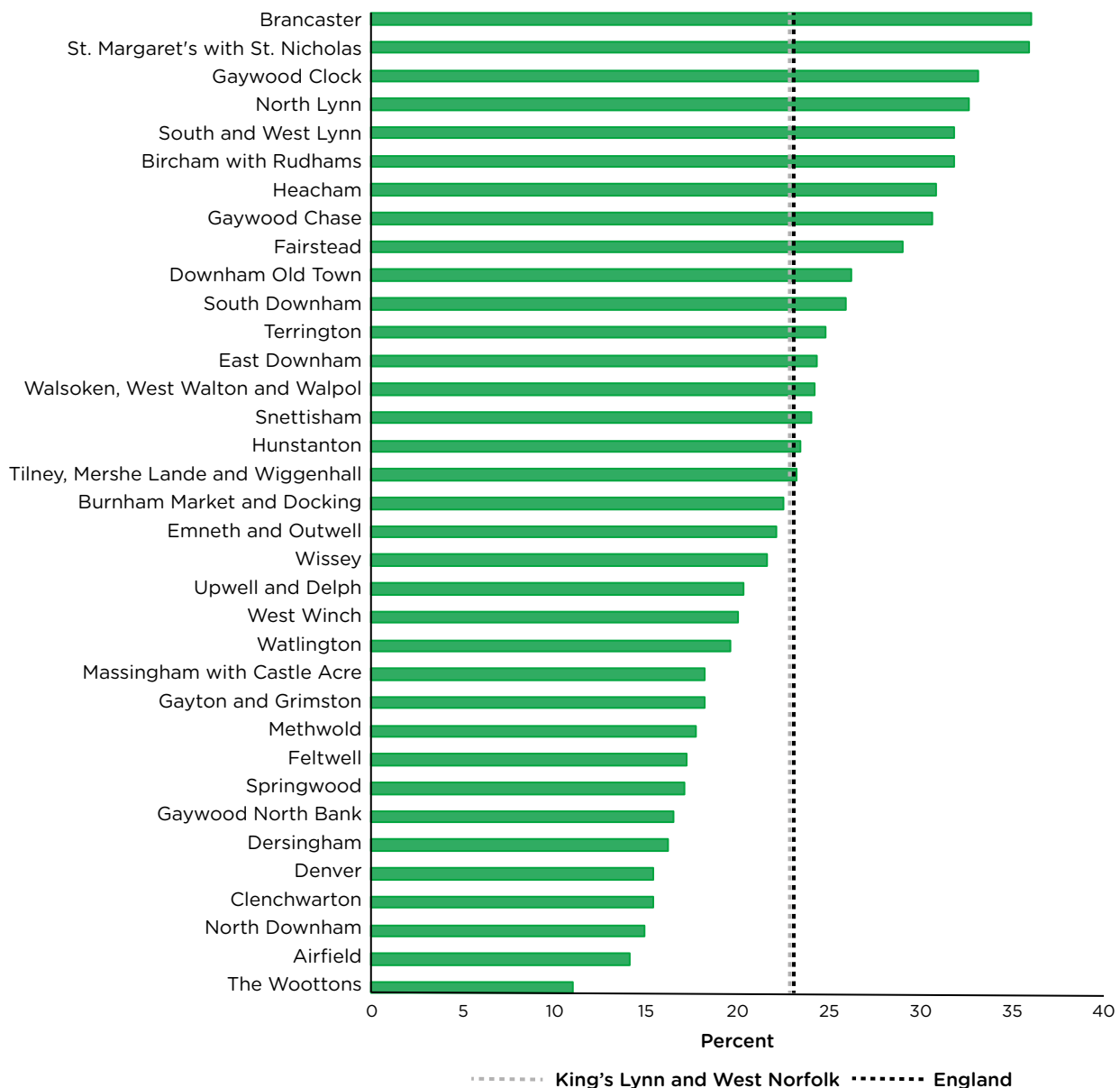
While rates of poverty are generally in line with the England average there are large differences within King's Lynn and West Norfolk. In Brancaster and St Margaret's with St Nicholas wards, the percentage of children in relative low-income is over 35 percent, three times higher than The Woottons with 11 percent of children in relative low-income families BHC.

Programmes to reduce and mitigate child poverty must be proportionate to the scale of the issue but also not targeted

so that poorer families in wealthier areas miss out completely. One in ten children are living in poverty in The Woottons and must also be offered appropriate support. As we indicate in subsequent sections, children who are living in poverty and deprivation in wealthier areas often have much worse outcomes than children living in poverty in poorer areas. There are several explanations for this including stigma and discrimination and appropriate services and support not being available.



Figure 27. Children in relative low-income families (BHC), percent, King's Lynn and West Norfolk wards, King's Lynn and West Norfolk, and England, 2023/24

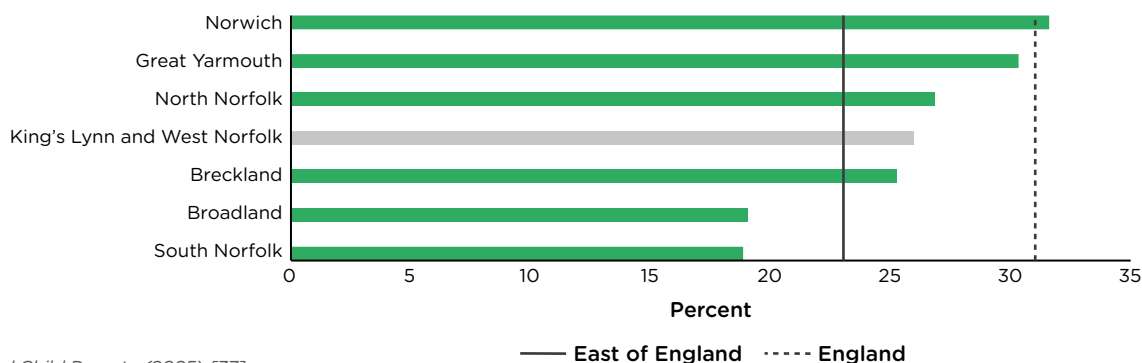


Source: UK Government Department for Work and Pensions (2025) [36]

The cost of housing pushes many households into poverty and across England there is a big increase in rates of child poverty once housing costs are accounted for. Figure 28 below, shows rates of children in relative poverty AHC are taken into account by lower tier local authority, based on analyses from the End

Child Poverty organisation [37]. In King's Lynn and West Norfolk 25.9 percent of children live in relative poverty AHC. This is 2.9 percentage points higher than the East of England average (23 percent) and 5.1 percentage points lower than the England average (31 percent).

Figure 28. Percent of children in relative poverty After Housing Costs (AHC), Norfolk lower tier local authorities, East of England, and England, 2023/24

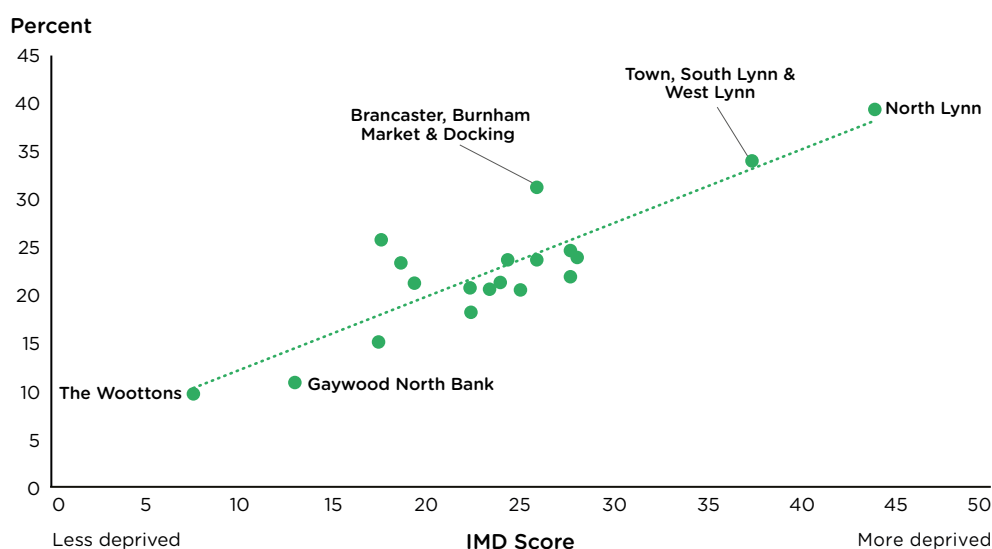


Source: End Child Poverty (2025) [37]

Free School Meal (FSM) eligibility clearly relates to levels of poverty and deprivation in an area. Data provided by FSM eligibility helps identify inequalities in educational attainment in the early years and through school. There is of course a close association between level of deprivation of small areas in King's Lynn and West Norfolk and the proportion of children

and young people eligible for free school meals. In North Lynn 39.4 percent of children and young people are eligible for free school meals, while in The Woottons 9.6 percent are. Across King's Lynn and West Norfolk more pupils in urban areas than rural areas are eligible for free school meals reflecting higher rates of child poverty and deprivation.

Figure 29. FSM eligibility, by deprivation (IMD Score 2025), King's Lynn and West Norfolk MSOAs, August 2025



Source: Norfolk County Council Children's Services (2025) [KLWN Data Source]

It is important to note that while the proportions vary by area, there are children and young people living in poverty and deprivation in every small area in King's Lynn and West Norfolk – even in The Woottons 10 percent of children are living in poverty. Programmes to reduce poverty and mitigate its impacts must be designed to be proportionate to the scale of the issue, but universal so they reach all those affected. Some geographically targeted programmes miss people who are not living in the area, similarly some programmes with eligibility criteria (including Free School Meal eligibility) miss people who still require support but are just over the threshold.

There are ongoing efforts in King's Lynn and West Norfolk to reintroduce the Healthy Child Service in schools and early years settings, following a relaunch of the 5 to 19 service. Reduced staff capacity has made maintaining these links challenging but rebuilding them is a priority. Parents from the 20 most deprived areas are contacted by phone and asked

about any needs they may have and are then linked into the locality family hubs to discuss these further and tapped into local support services and offers.

DIGITAL POVERTY

Inequalities in access to, skills in, and use of digital technologies are evident across the country. While there is no single definition, digital poverty is generally referred to as lacking the ability to engage with the online world when, where, and how it is needed. This may stem from limited access, or from low levels of digital literacy and confidence. Older people are particularly at risk of digital exclusion, but it is also linked to deprivation, employment status, rural location, ethnicity and disability. Digital exclusion affects many children, young people, and their families, limiting access to healthcare, education, and other essential services, while contributing to social isolation for parents and carers.

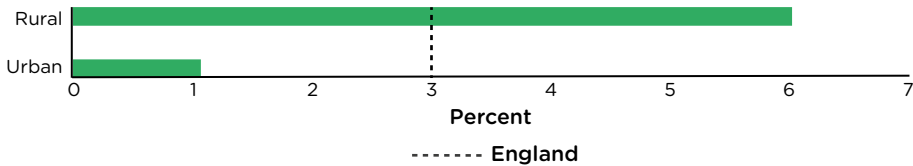
Communications from services, including healthcare and schools are increasingly digital and often the most deprived children and families are unable to access these communications. Digital poverty can impact children's school performance as they are unable to access homework and other online learning resources and families experiencing digital poverty are often unable to take up work which relies on access to digital devices and having experience using them.

Figure 30 shows much lower access to superfast broadband in rural areas in King's Lynn and West Norfolk where 6 percent of residential premises are unable to receive superfast broadband, compared to urban areas where only 1.1 percent of premises are unable to receive superfast broadband. Across King's Lynn and West Norfolk 93 percent of premises are able to receive superfast broadband, this is 4 percentage points lower than the national average of 97 percent.

“There are existing digital exclusions initiatives which aim to tackle digital poverty, such as providing iPads with resources to low-income pregnant women. However, uptake is limited due to lack of awareness and proactive outreach.”

King's Lynn and West Norfolk NHS Stakeholder

Figure 30. Residential premises unable to receive superfast broadband (30mb/s), by urban/rural split, King's Lynn and West Norfolk, 2024



Source: Ofcom Connected Nations (2024) [38]

Box 8. Norfolk - Tech Skills for Life

The **Tech Skills for Life** scheme in Norfolk is an initiative aimed at tackling digital exclusion by providing access to free devices, mobile data, and one-to-one digital coaching in local communities. The programme supports people of all ages, including families and young people, particularly in areas with high deprivation. Through community-based “Tech Coaches,” individuals receive personalised help with basic tech use, online safety, accessing services, and improving digital confidence. This hands-on, low-barrier support ensures participants can navigate everyday digital tasks like schoolwork, job applications, or online communication.

The scheme operates through an accessible referral process. Individuals or the individual’s carer can contact the service by phone, available Monday to Friday between 9 a.m. and 5 p.m. Calls are answered directly by a Community Tech Coach, or if the line is busy, callers can leave a message and will receive a call back. Alternatively, a short online form is available for those who prefer to make contact digitally. Once contact is made, Tech Skills for Life arranges to meet the individual in a trusted comfortable space, like the library or a local coffee shop, where they provide help and information for their individual’s needs.

For children and young people, the scheme plays an important role in improving educational access and digital literacy. Many families without a home computer or Wi-Fi access receive laptops and data SIMs, enabling children to complete online homework and engage with online learning platforms. Teenagers are also supported with skills for employability, such as CV writing and job searching. The programme strengthens intergenerational digital inclusion, as parents and children often learn together.

FOOD POVERTY

Across England food poverty is increasing as poverty increases and the cost of food increases. Hunger and poor nutrition affect brain development, concentration and physical health, leading to school absences and reduced ability to learn.

An online survey conducted by The Food Foundation in partnership with YouGov across England found that in January 2025, 13.8 percent of households experienced food insecurity, this is 4.5 percentage points lower than the level of food insecurity (18.4 percent) was in August 2022 [39]. The survey also found that 17.9 percent of households with children reported experiencing food insecurity compared with 12.6 percent of households without children in January 2025. In August 2022 25.8 percent of households with children experienced food insecurity, whilst 16 percent of households without children experienced food insecurity.

Between April 2024 and March 2025, the Trussell Trust delivered 6,728 food parcels for people facing hardship to foodbanks across North West Norfolk, 2,437 of these food parcels were for children. Across the entire of the East of England 332,540 food parcels were delivered.

Stakeholders from the voluntary sector discussed programmes in the area which provide activities, opportunities and courses to help children and young people access and cook healthy meals, such as the Purfleet Pantry and The Food for Thought scheme. However, they noted that challenges remain in reaching all eligible families, with barriers such as low awareness and stigma influencing this. As noted above strict eligibility criteria related to free school meal eligibility can mean some low-income families who are just above the free school meal threshold but still struggling financially are sometimes unable to access programmes aimed at tackling food insecurity. This can lead to resentment and stigma directed towards those

who qualify for the FSM eligibility, which in turn puts off those eligible from taking up the scheme, pushing them towards worse food insecurity. Some of these eligibility criteria are nationally prescribed so a tapered, proportionate approach may not be within the capacity of the local or district authority or health organisation.

“Strict eligibility criteria for programmes like the holiday activity and food programme can create stigma and resentment. I would suggest a tapered or universal approach to reduce barriers.”

King’s Lynn and West Norfolk VSCE Stakeholder

“Financial stigma prevents some young people in poverty from seeking help, such as reluctance to ask parents for money if they know their parents are struggling for cash or claim free school meals.”

King’s Lynn and West Norfolk Education Stakeholder

Box 9. King’s Lynn - The Purfleet Pantry

The **Purfleet pantry** is a “social supermarket” provided by The Purfleet Trust in response to increasing cost-of-living pressures in the region. The Pantry is open to all residents, regardless of income, location, or benefits status which follows the Marmot principle of *proportionate universalism*, offering universal access while scaling the level of support to reflect need. For a small annual membership fee of £3, individuals and families can purchase everyday groceries, fresh produce, toiletries, cleaning supplies, and even second-hand clothing and furniture at significantly reduced prices.

The Pantry had 900 members in its first year and the average food basket costs 38% lower than traditional supermarkets. The Pantry has partnerships with local food suppliers and is a sustainable, community-driven resource.

Beyond access to affordable essentials, the Pantry actively promotes better health through educational and engagement initiatives. These include cooking classes (teaching nutrition and budget-friendly meal prep), summer Book Clubs, and Growing Workshops focused on healthy living—all designed to help parents and children learn practical, long-term skills. Additional support comes through signposting to housing advice and Wellbeing Centre services, making the Pantry both a resource hub and a community connector.

Box 10. King’s Lynn - Food For Thought

The **Food for Thought (FFT)** scheme in King’s Lynn, run by the Borough Council’s **LILY** service, offers free, universal, drop-in cooking sessions aimed at helping people prepare nutritious meals on a budget. Over 12 weeks, participants learn practical skills like batch cooking, healthy swaps, and low-cost festive meals, with support from local chefs. Sessions are held at accessible community venues and designed to encourage social interaction, reduce isolation while promoting healthier, more affordable eating habits.

The project specifically targets socially isolated residents, including families on a low-income or living in rural areas with limited access to services. By rotating locations across West Norfolk, it overcomes transport barriers and meets communities where they are. Reflecting proportionate universalism, FFT is open to all but delivers greater support to those in greatest need. For families experiencing poverty, the scheme is particularly valuable as there is a focus on affordability and nutritious meals at low cost.

In 2024, FFT conducted a six month evaluation report, they found that 86 people in total attended their events in Downham Market and Hunstanton over a 12-week period, with a large number of these people attending multiple sessions across the 12 weeks. 55 percent of attendees reported they are cooking fresher and healthier meals and 35 percent of attendees have reported that FFT has helped with the cost of food. FFT has also increased knowledge and understanding of importance of having an intake of basic nutrition. Currently, most FFT sessions are held during core working hours, which limits participation among employed individuals. As a result, low-income working families, who could particularly benefit from these sessions, may be unable to attend. Expanding the programme to include sessions outside of standard working hours presents a valuable opportunity to increase accessibility and ensure broader community engagement.

3C. GOOD LEVELS OF DEVELOPMENT IN THE EARLY YEARS

This section highlights inequalities in development during the early years, inequalities which lay the foundation for inequalities that continue throughout childhood and beyond. Socioeconomic inequalities in child development are already recognisable by the second year of life [33, 34]. These inequalities have an impact by the time children enter school and persist and deepen during their school years [40].

National policy has a vital role to play in reducing these inequalities. For example, Sure Start, England’s first large-scale programme supporting families with children under five, led to substantial improvements in educational performance among children from low-income backgrounds, including better GCSE results for FSM pupils living near a Sure Start centre compared to those without access [41]. The Government’s plan to expand Family Hubs into the new Better Start Family Hubs across all local authorities is a positive step.

Early years development relates to the social, emotional, and cognitive skills needed to successfully transition into formal education. Across England, pupils eligible for free school meals don’t tend to reach the level of development of children who are not eligible for free school meals. Inequalities during this period of life translate into inequalities in health and in other social and economic outcomes throughout life [11]. In 2022 the ONS showed the lasting impact of free school meal status with eligible children earning less than their wealthier peers in adulthood, even with the same qualifications. At age 25, 23 percent of people who had been eligible for free school meals

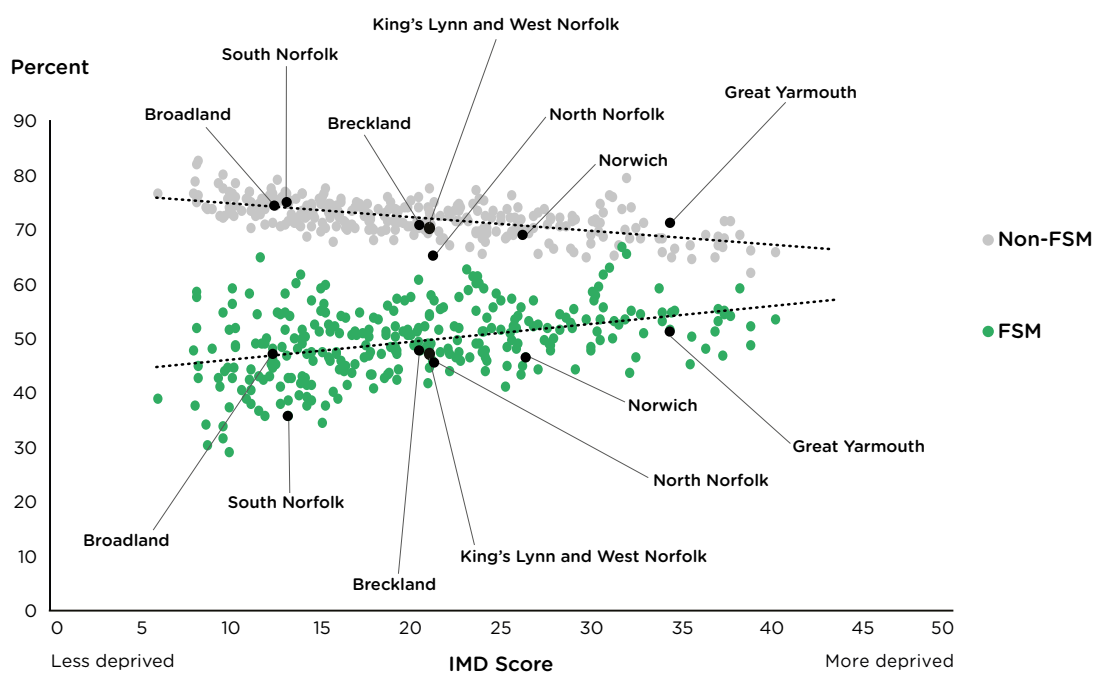
as children earned above the living wage, while the equivalent figure of those ineligible was 43.5 percent [42].

“Deprivation is set by the age of 5. Limited early years services are influencing this.”

King’s Lynn and West Norfolk Education Stakeholder

Across England, there are wide gaps in levels of development between those eligible for FSM and those not, and as Figure 31 sets out the size of the gap relates to level of deprivation of the local authority or district. Children eligible for FSM in more deprived areas in England have higher levels of development than children eligible for FSM in less deprived areas. Plausible explanations may include to the feelings of shame and stigma experienced amongst those growing up in poverty in wealthy areas and a lack of appropriate services and support for poorer families in wealthier areas.

Figure 31. Pupils achieving a good level of development at the end of reception, by FSM eligibility, by deprivation (IMD score 2025), English local authorities, 2023/24

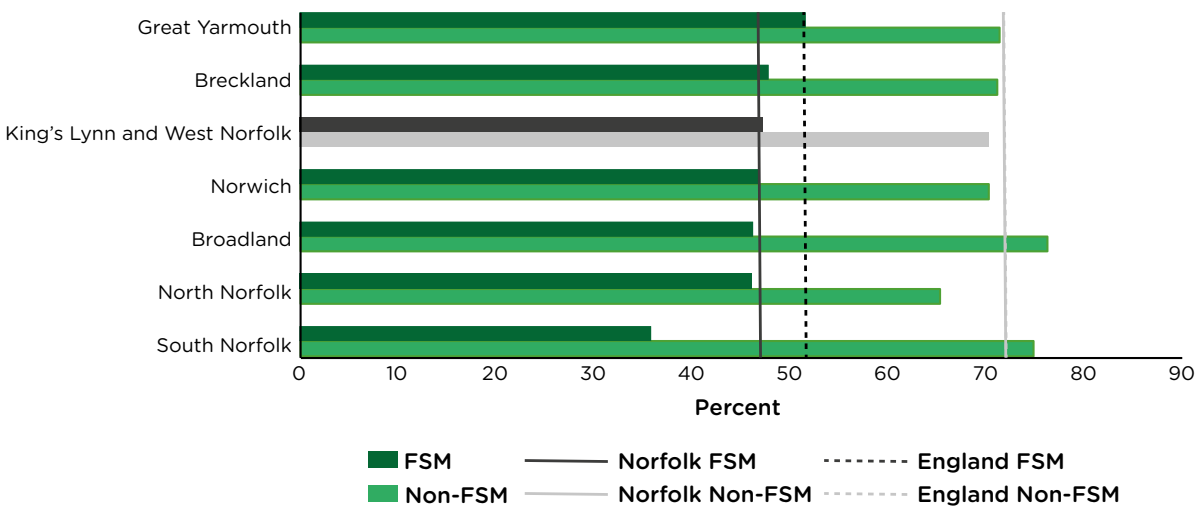


Source: Department of Education (2025) [43]

In King’s Lynn and West Norfolk less than half (47.2 percent) of children eligible for FSM achieve a good level of development, 23 percentage points lower than pupils not eligible for FSM (70.2 percent). The gap between the levels of development

related to FSM is wider in Norfolk and King’s Lynn and West Norfolk than the England averages where there is a difference of 20.5 percentage points between those eligible (51.5 percent) and those ineligible for FSM (72 percent), Figure 32.

Figure 32. Pupils achieving a good level of development at the end of reception, by FSM eligibility, Norfolk lower tier local authorities, Norfolk, and England, 2023/24

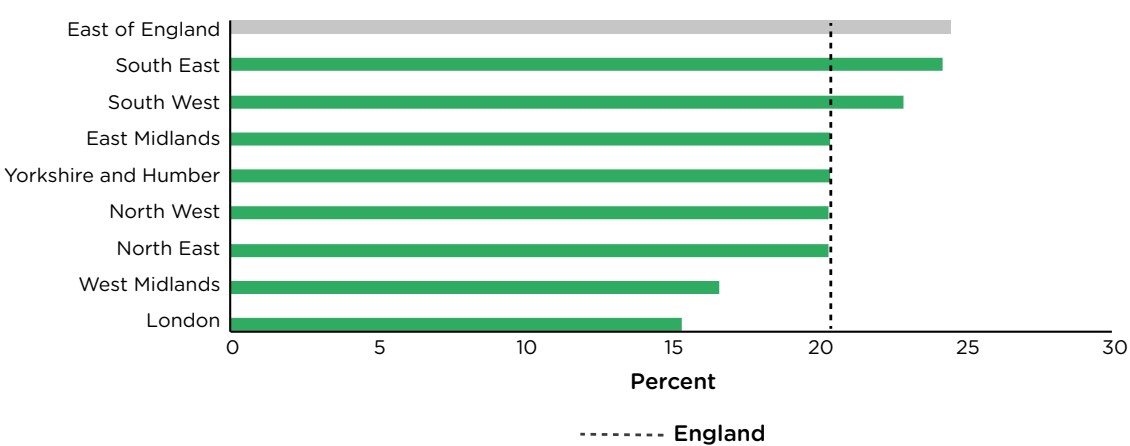


Source: Department of Education (2025) [43]
Note: England and Norfolk Non-FSM values overlap

Regionally, the East of England has the widest gap between FSM and non-FSM pupils at the end of reception. London, with

high rates of child poverty and deprivation has the lowest gap.

Figure 33. Gap between FSM and Non-FSM pupils achieving a good level of development at the end of reception, English regions, 2023/24

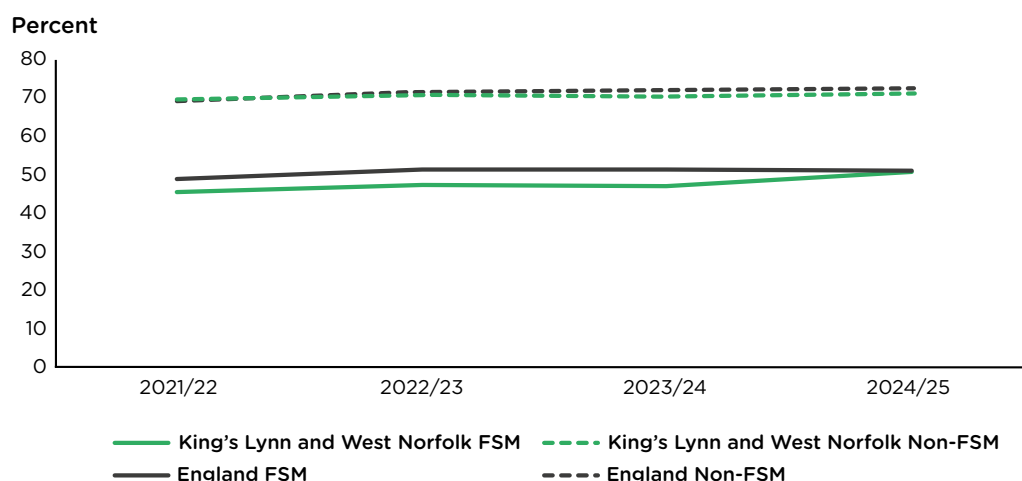


Source: Department of Education (2025) [43]

More positively, there have been some recent improvements in the percentage of young children who are eligible for FSM reaching a good level of development, with the proportion rising from 45.7 percent in 2021-2022 to 50.8 percent in

2024-2025, still well below the children who are not eligible for FSM, with comparable figures of 69.4 percent and 72.5 percent in King’s Lynn and West Norfolk although the gap is closing slightly.

Figure 34. Pupils with a good level of development, by FSM eligibility, King's Lynn and West Norfolk, and England, 2021/22 to 2024/25

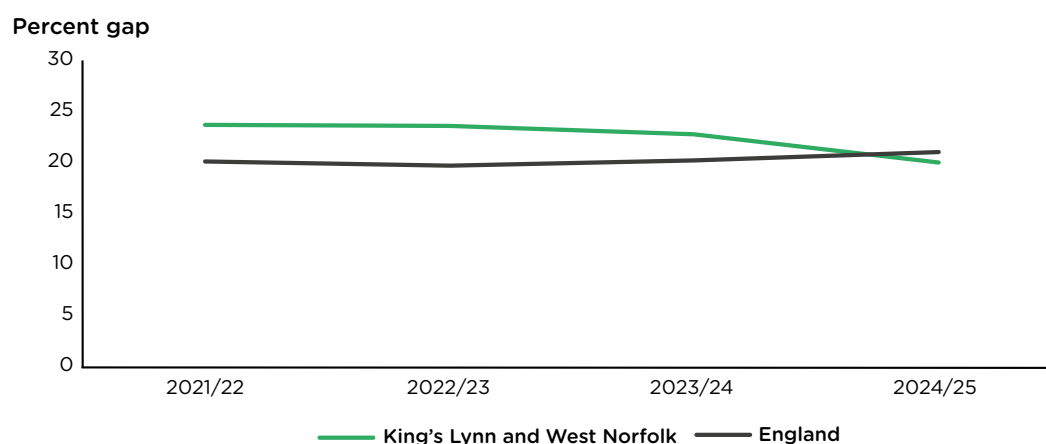


Source: Department of Education (2025) [43]

Overall, the gap between FSM and non-FSM pupils reaching a good level of development in King's Lynn and West Norfolk

has reduced and was lower than the equivalent for England in 2024-2025.

Figure 35. Gap in pupils with a good level of development between FSM and non-FSM eligible pupils, King's Lynn and West Norfolk, and England, 2021/22 to 2024/25

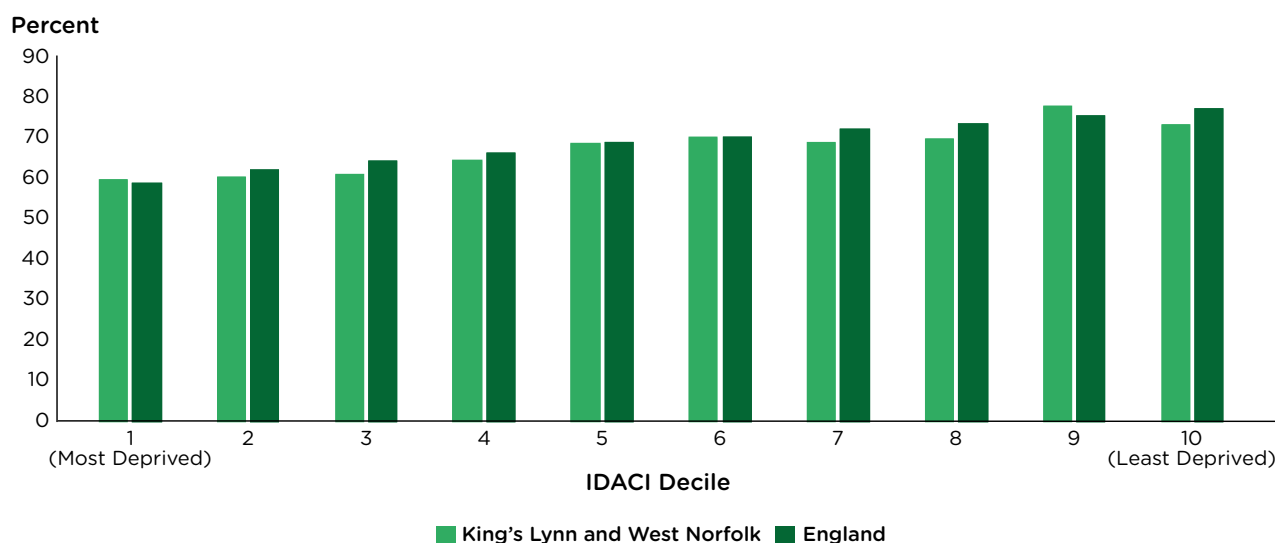


Source: Department of Education (2025) [43]

While comparisons between levels of development by FSM eligibility show wide gaps, it is important to highlight that there are inequalities across the social class gradient and it is not only the most disadvantaged pupils who are affected by lower levels of development but these differences are present across the income distribution. Figure 36 shows percentages of children achieving a good level of development being at the

end of reception by income decile. In the most deprived decile in King's Lynn and West Norfolk 59.4 percent of children are reaching a good level of development by reception. Whereas in the least deprived deciles in King's Lynn and West Norfolk, 77.5 percent of children achieve a good level of development by the end of reception, respectively.

Figure 36. Pupils achieving a good level of development at the end of reception, percent, by Income Deprivation Affecting Children Index (IDACI) decile, King's Lynn and West Norfolk and England, 2023/24



Source: Department of Education (2025) [43]

At community engagement events attendees discussed the reasons for lower levels of early years development in more disadvantaged households across King's Lynn and West Norfolk. Reasons given included limited access to early years support including childcare and antenatal care related to service cuts and rurality, parents not knowing what supports early years development, disengagement from support and services due to mistrust and families feeling that 'nothing makes a difference'. Stakeholders discussed that poverty and deprivation was a significant barrier to development, families were in stress with high levels of conflict and working shifts which left parents and carers feeling overwhelmed and unable to spend productive time with infants and young children. Additional support is required, as existing services are not always accessed due to time constraints faced by parents. Service design and delivery should therefore better reflect the busy and competing demands of family life.

It was felt that the situation had deteriorated since Covid and that virtual services did not help and more broadly that screen use by parents impacts on interactions with babies and young children impacting child development, socialisation, and parental engagement.

Attendees at community events mentioned that some children are starting school lacking speech, language, and communication skills, and sometimes not toilet trained, again partly the result of parental stress and not having sufficient time with their young children. An education stakeholder also commented on the increasing numbers of children with poor levels of speech and that they have now employ a speech and language therapist to help children.

At the South Lynn community engagement event attendees made particular reference to the impacts the home environment can have on child development. Overcrowding, cold and damp and mould impacts sleep, study, and overall wellbeing. Limitations in access to opportunities to play and socialise were also cited as barriers to childhood development. Financial constraints can reduce access to extracurricular activities that help build soft skills and confidence. Some parents lack the time, confidence or skills to support their child's learning at home or take them to mix with other children.

3D. ACCESS TO EARLY YEARS SETTINGS/CHILD CARE

An important way to improve levels and reduce inequalities in development in the early years is through good quality childcare. There is consistent evidence showing that participation in good quality early years services and childcare after the age of three is beneficial to the levels of development among young children in more disadvantaged households and is an important way to reduce inequalities in early years development [44]. Good quality and affordable childcare also enable access to the labour market for parents, particularly women in more deprived areas.

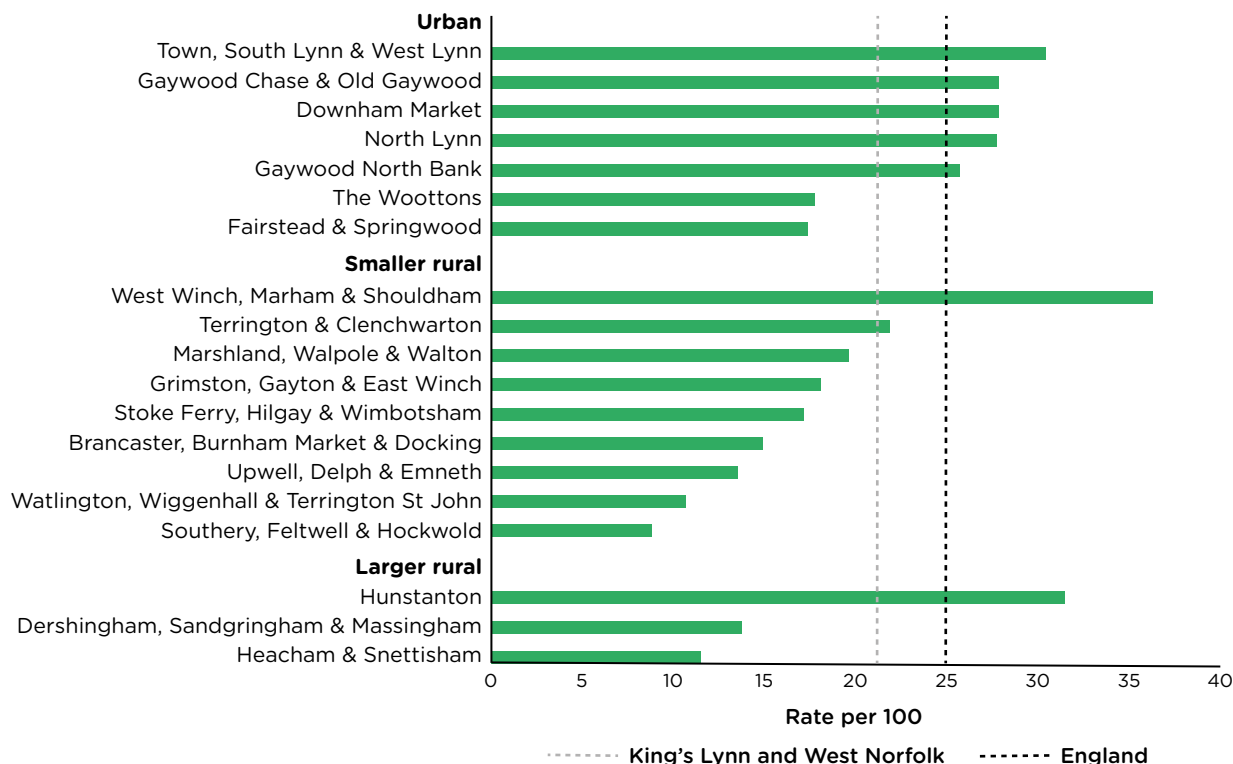
Since September 2025, all eligible working parents in England can access up to 30 hours of free childcare per week for children aged nine months until they are four years old. To be eligible for the scheme, parents must earn more than £9,518 but less than £100,000 per year [45]. However, issues persist regarding the number of childcare staff and places available across England, with areas of lower household incomes and higher deprivation on average having a lower number of childcare places and staff available than less deprived areas [46]. Children with parents who do not work or on very low income, below £9,518 who may benefit most from participation miss out.

The majority of small areas within King’s Lynn and West Norfolk have fewer childcare places per 100 children, than the England average of 25 per 100. West Winch, Marham & Shouldham with 36.4 places per 100 has the highest rate, whereas Southery, Feltwell & Hockwold, a rural area has the lowest rate with 8.8 places per 100 children and overall rural areas tend to have less provision than urban areas, figure 37. The recent increases in free childcare provision may help reduce these inequalities, although this requires careful planning and recruitment in rural areas which can be an issue due to transport costs.

“There are issues in terms of people unable to gain employment, or employment they are able to fit into their lives, due to a lack of childcare and/or expensive childcare.”

**King’s Lynn and West Norfolk Community
Member Stakeholders**

Figure 37. Childcare accessibility, childcare places per 100 children, sorted by rural classification King's Lynn and West Norfolk MSOAs, King's Lynn and West Norfolk, and England, 2023



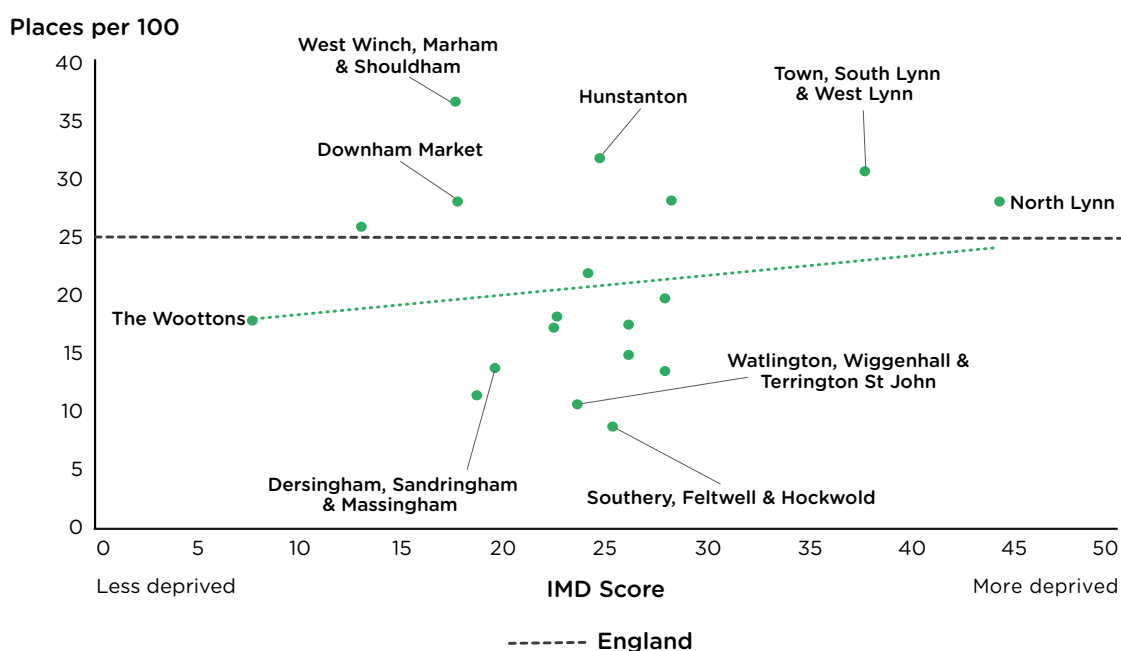
Source: ONS (2024) [47]

Note: This analysis only includes Ofsted-registered childcare places at nurseries and other group settings, and childminders.

There is a slight gradient in childcare places available per 100 children related to levels of deprivation in King's Lynn and West Norfolk. However, shown in figure 38 it is evident

that the association is fairly weak. This suggest that childcare accessibility across King's Lynn and West Norfolk, may not be largely influenced by the level of deprivation of an area, but also related to rurality.

Figure 38. Childcare accessibility and deprivation (IMD score 2025), childcare places per 100 children, King's Lynn and West Norfolk MSOAs, and England, 2023

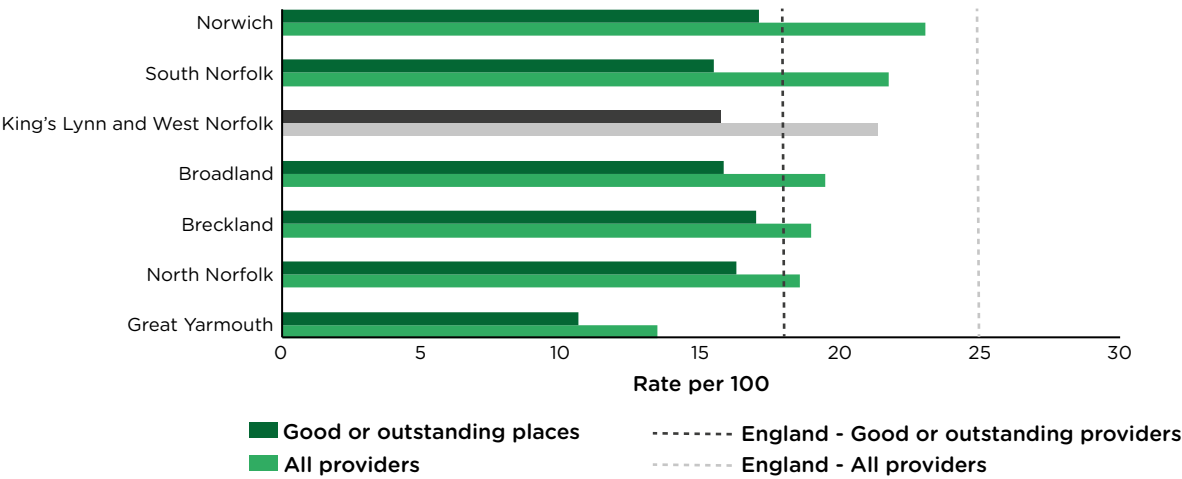


Source: ONS (2024) [47]

While provision of childcare places is important for supporting early child development and enabling parents to work, it is important that the quality of childcare is good. Figure 39 below shows that King's Lynn and West Norfolk has 15.3 good or outstanding childcare places per 100 children and 21.3 places per 100 children from all providers. Both these figures are below the corresponding England averages of 17.9 and 25. Parents may be reluctant to place their children in a childcare setting which is not deemed to be good or outstanding by Ofsted.

At the South Lynn Marmot community engagement event, attendees mentioned that good quality childcare is limited, and the childcare places that are of good quality tend to get booked up by more advantaged families that are “in the know”. Event attendees also commented on the limited access to support for 0-2 year olds and antenatal classes across the borough, despite this being a critical time for childhood development.

Figure 39. Childcare accessibility by quality of places, childcare places per 100 children, Norfolk lower tier local authorities, and England, 2023



Source: ONS (2024) [47]
Note: Good and Outstanding refer to grades provided by Ofsted.

Families and children also access many other settings, such as community groups, church-run play sessions, stay-and-play sessions at schools, and informal childcare provided by grandparents, other relatives, friends and neighbours. These spaces are often welcoming, caring and informal, providing valuable opportunities for children to develop communication, confidence, and social skills in a relaxed environment [48]. Parents and carers also connect with others and access

support networks. Some settings can also act as important points of contact for families to receive information, guidance, and advice from professionals or community volunteers on topics such as child development, health, and local services. These informal and community-based childcare options can help childhood development and support the wellbeing of both children and families.

RECOMMENDATIONS:

- 1 → Ensure support for families, babies, children and young people is available across King's Lynn and West Norfolk with proportionately more offered where needed
- 2 → Build families' capacity to have control of their lives and make positive changes
- 3 → Mitigate the impacts of poverty
- 4 → Prioritise the reduction of wide inequalities in early years development
- 5 → Improve access to quality childcare

CHAPTER 4

ENABLE ALL CHILDREN, YOUNG PEOPLE AND ADULTS TO MAXIMISE THEIR CAPABILITIES AND HAVE CONTROL OVER THEIR LIVES

Experiences during school years and early adulthood have lasting effects on health and on key social determinants of health, including education, skills building, social isolation, and future employment and income opportunities and living conditions. Inequalities in health are already apparent at this age but widen throughout these years; in recent years the mental health of young people has deteriorated across England and inequalities have widened, however there are long waits for mental health services.

Tackling inequalities in educational attainment and in the experiences young people have during school years are some of the most effective ways to reduce health inequalities throughout life. Across England, educational attainment gaps between children and young people have grown wider since the pandemic. These inequalities are particularly stark in King’s Lynn and West Norfolk and are wider than the average in England.

Nationally, there have been cuts to the education budget since 2010 and cuts to many services which were offered in school, such as tutors and school nurses [33]. Cuts to extra-curricular activity provided by schools, such as sport, music and drama have also contributed to widening inequalities, wealthier families access these activities as they can afford to pay for their children to do these activities outside school.

Cuts to youth services and youth clubs have been particularly harmful to the health, wellbeing and prospects of young people, particularly those living in more deprived areas and have been associated with increases in crime, antisocial behaviours, lack of skills development and social mixing [49].



4A. INEQUALITIES IN HEALTH AMONG YOUNG PEOPLE IN KING’S LYNN AND WEST NORFOLK

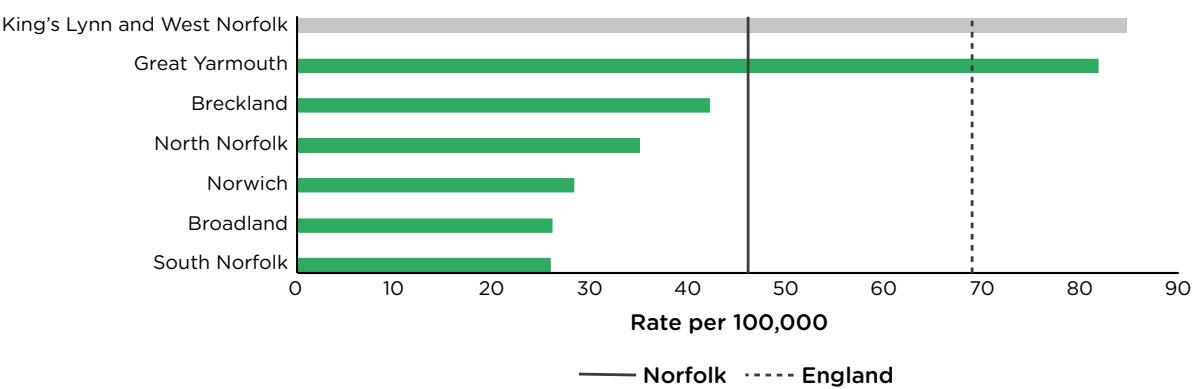
HOSPITAL ADMISSIONS

As set out in the previous section healthcare system data describes health care usage and reflects service availability and does not necessarily reflect prevalence of health conditions. However, the data can suggest that there may be issues with particular conditions and/or that there are insufficient preventive, primary care or other services available which may push patients into A and E and emergency admissions. King’s Lynn and West Norfolk has the highest rate of emergency admissions for under 18 year olds out of the Norfolk lower tier

authorities with a rate of 84.9 per 100,000 which is almost double the Norfolk average of 46.2 per 100,000, and also above the England average of 69.1 per 100,000.

As mentioned in an earlier section, stakeholders indicated that the relatively high rates of emergency A and E admissions may be directly related to higher need, primary care practices and different coding and admissions practices at Trusts in King’s Lynn and West Norfolk.

Figure 40. Emergency admissions under 18 years old, Norfolk lower tier local authorities, Norfolk and England, 2021/22 to 2023/24

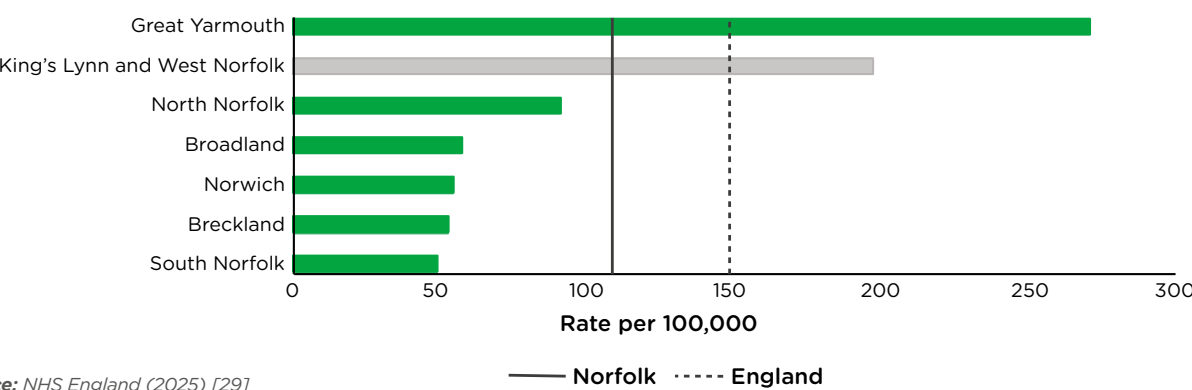


Source: NHS England (2025) [29]

King’s Lynn and West Norfolk has the second highest rate of emergency hospital admissions for asthma for 0-19 year olds out of the Norfolk lower tier authorities with a rate of 197.3 per 100,000 which is significantly above the Norfolk average of 108.6 per 100,000, and also above the England average of 148.6 per 100,000. High rates of emergency hospital admissions for

asthma may indicate high prevalence driven by damp living conditions as well as poor management by health care and by patients. As noted in chapter 5, there are high rates of non-decent households with Category 1 hazards in King’s Lynn and West Norfolk, which can expose residents to damp and mould which can lead to asthma and other respiratory diseases.

Figure 41. Emergency hospital admissions for asthma aged 0-19, per 100,000, Norfolk lower tier local authorities, Norfolk, and England, 2023/24



Source: NHS England (2025) [29]

MENTAL HEALTH

Data on the mental health of young people is limited and mainly provided by the health care system and therefore recording healthcare activity rather than prevalence and does not include low level mental health problems and challenges which many young people experience. Poor mental health among children and young people has increased markedly across England in recent years and more than one in five children and young people in England now have a diagnosable mental health condition [50]. There are indications that across Norfolk rates of hospital admissions as a result of self-harm are higher than the England average, but due to not entirely reliable data we have not included a chart.

“Mental health issues for children and young people since Covid are ‘off the scale’. Severe anxiety is leading to children not being asked questions at school. I believe it’s at a crisis point.”

King’s Lynn and West Norfolk Education Stakeholder

Poor and deteriorating mental health among children, young people and their families was raised by most stakeholders we had discussions with and highlighted in all three of the community events.

Box 11. Community Youth Worker – Norfolk

The Community Youth Work Offer, commissioned by the ICB, aims to improve social, emotional, mental health and wellbeing. It connects health care via Primary Care Networks (PCNs) with schools, and local community services to provide people, aged 11-18 with one to one, goal-based mentoring and youth work activities. Using youth work principles, the service is designed to provide early help support which is holistic and tailored to the needs and goals of the young person. Where a therapeutic or clinical approach is identified as a need, youth workers can support young people to access these via the Norfolk and Waveney NHS Advice, Support and Access Service.

The service has been trialled in four ‘early adopter’ PCNs (Kett’s Oak, Mid-Norfolk, NN4 and Gorleston) with dedicated resource and staff capacity and engagement in the project and its development. The priority groups among the four PCN’s have varied. Some PCN’s are using the youth work offer to target those who need prevention and early help support, whilst others are requesting youth work support for young people who are on specialist mental health services waitlists to improve engagement and reduce escalation of needs.

During the first year of the Community Youth Work project’s implementation, 367 young people had access to goal-based mentoring, and a further 1,117 attended youth activities and events provided locally. The project demonstrated positive outcomes for young people, particularly in education and employment support, building confidence, and making friends. The service was successful in providing holistic, person-centered support for young people who were on waitlists for specialist mental health services, or who may not have met these services criteria thresholds.

Key benefits for the PCN’s were seeing a reduction in GP appointments needed for youth mental health concerns, decreased referrals into CYP mental health services due to levels of need being de-escalated, and an increase in confidence amongst staff in the availability and effectiveness of youth work support.

Box 12. UK Case Study – Life Hacks, Luton

Life Hacks is a Young Persons Social Prescription service led by Active Luton. The programme has grown in recent years due to its success, securing local and national funding to expand.

Life Hacks is aimed at children and young people from age 5 to 19 years who would benefit from additional support to improve their health and wellbeing, social isolation or financial hardship.

Each child or young person referred to Life Hacks will have their own dedicated Link Worker who will provide support and coordinate access to different activities in the community for up to 12 weeks, for example physical activity, social or support groups, creative groups, education or training opportunities or advice from specialist services. The aim is to improve their health and wellbeing, social connectedness and have a positive impact on their life chances.

Key impacts include:

- Mental wellbeing improved significantly, particularly for those who had the lowest levels at baseline.
- Loneliness declined for the group most in need.
- Improved their sense of autonomy, reduced their sense of 'stigma' around mental health challenges.
- Providing mental health service provision with almost immediate access to non-clinically based emotional support.

Stakeholders in King's Lynn and West Norfolk felt that increasing poverty, family conflict, social media and phone use and rural isolation contributed to worsening mental health among young people. All stakeholders raised concerns about low aspirations among more deprived families and young people in King's Lynn and West Norfolk and that could lead to a lack of hope and low aspirations.

Several stakeholders referred to high levels of abuse within families and family conflict which led to trauma, poor mental health and disengagement. Poverty stigma, racism and discrimination were felt to further exacerbate poor mental health for young people.

It was noted that there was not sufficient support available for young people experiencing poor mental health and that cuts to youth clubs had contributed to increases in a range of mental health and other problems among young people.

"The closure of youth clubs and Sure Start centres following austerity, has led to increased crime, poverty, and mental health issues among young people."

King's Lynn and West Norfolk VCSE Stakeholder

At community events, attendees felt that SEN provision is inadequate, there are very long waits for diagnoses for SEN and neurodiversity, and that overstretched mental health and social care services were affecting aspiration, school attendance, and family resilience, with post-Covid challenges further impacting confidence and social skills. Nearly all stakeholders mentioned rising mental health issues since the Covid pandemic and called for coordinated, resourced approaches that combine prevention, targeted support, and promotion of mental wellbeing.

Poor mental health, poor sleep, and nutrition were seen as barriers to school attendance and achievement. Social isolation and limited outdoor access were also concerns.

The UK government announced in their 2025 spending review that they plan on expanding the coverage mental health support teams (MHSTs) in schools to 100 percent by 2029/30 [51]. MHSTs are made up of specialists offering a range of support, from group sessions that build resilience, to one-to-one session to help manage anxiety. This aims to address the current youth mental health crises and also improve school attendance. A stakeholder who is involved in the programme, mentioned existing MHSTs were tasked with expanding the proportion of pupils that they interact with from 7000 to 8000 students in the Norfolk and Waveney ICB area during 2025. The coverage of pupils that are supposed to be seen by MHSTs under the government's new plans, will increase from 57 percent in 2025 to 67 percent in 2026 with the addition of a MHST team, but it is important to recognise that additional work needs to be done to reach the desired target of 100 percent by 2029/2030.

Box 13. Norfolk Community Foundation – Sir Norman Lamb Mental Health and Wellbeing Fund

The **Sir Norman Lamb Mental Health and Wellbeing Fund** was a research initiative undertaken in Summer 2024 by the Norfolk Community Foundation in partnership with the Sir Norman Lamb Coalition. This initiative engaged 12 VCSE organisations involved with young people across Norfolk to conduct focus groups with 79 young people aged 9 to 25. The goal was to understand young people's current experiences, identify gaps in support, and gather insights to shape the future priorities of the Sir Norman Lamb Mental Health and Wellbeing Fund. The project aimed to fund groups who already had existing relationships with young people attending their sessions so that young people felt comfortable and able to express themselves.

Findings revealed two main concerns: the importance of safe, dedicated youth spaces and widespread feelings of physical insecurity in local communities. Every focus group emphasized the need for inclusive environments where young people could be themselves and access both social and mental health support. With 13 out of 14 groups reported concerns about physical safety, including fears related to violent crime and the lack of safe community spaces, especially for older youth. Barriers to accessing fun, enriching, and affordable activities were also repeatedly raised.

The insights gathered shaped the priority areas for the 2025 round of the Sir Norman Lamb Mental Health and Wellbeing Fund. In February 2025, a decision-making panel awarded funding to 17 groups whose proposals aligned closely with the needs identified by young people. Grants of up to £6,000 from a pot of circa £100,000 were awarded to those groups selected for the fund to be used to address one of the identified areas, such as spaces for young people to be themselves or interventions to support young people to feel safer. Some examples of projects that were undertaken in King's Lynn and West Norfolk and across Norfolk following funding being awarded include staff training on warning signs for serious youth violence, child criminal exploitation, child sexual exploitation, knife crime and terrorism; information sessions for young people; basic self-defence classes for young people; and first aid training for young people.

There have been positive recent developments in family based approaches to support children and young people and stakeholders highlighted innovative programmes in Norfolk. An NHS stakeholder described the integration of youth work teams into primary care, the expansion of social prescribing with a "think family" approach, and the use of data tools to identify and respond to local needs. Family hubs were praised as examples of joining up services and providing accessible support in one location, where families can access multiple services under one roof. The Flourish ambition is for Norfolk to be a place where all children and young people can thrive and reach their full potential. It focuses on what children said mattered most to them, being healthy, safe, supported,

understood, and valued for who they are [52]. Stakeholders also noted a cultural shift in children's social services in recent years, with greater recognition that addressing parents' needs is often key to supporting the child, reflecting a more holistic, family-focused approach.

"There was a culture shift a few years ago that children social services recognised that the bigger need was among parents needs than the child's needs and that is why the child is involved in social care."

King's Lynn and West Norfolk NHS Stakeholder

Box 14. MAP Charity - Norfolk

MAP Charity is Norfolk's largest youth charity, supporting 11-25-year-olds with holistic services, including advice, counselling, youth work, and mental health support. Some of the services that the charity provides include:

- Drop-in 'One Stop Shop' - Young people access free, confidential support without appointments, covering housing, employment, welfare rights, sexual health, relationships, and mental health, across multiple locations.
- Counselling & Therapy - MAP delivered approximately 9,500 counselling and therapeutic sessions in 2022, helping nearly 4,000 young people across Norfolk. This led to the charity being awarded the **GSK IMPACT Awards** from the Kings Fund.
- Early Intervention Mental Health Hubs - Operating mental health support hubs in King's Lynn, Great Yarmouth, Norwich, they offer immediate help for under-18s awaiting NHS care.
- Youth Advisory Boards (YABs) & Governance - MAP runs 6 of Norfolk's 7 district YABs, enabling young people to influence local health, policing, and council services. They annually consult with around 10,000 peers, identifying key issues like bullying, loneliness, and self-esteem. Members also participate in governance alongside senior mental health leaders.

An **evaluation of MAP's youth voice programmes** by the ESCR Centre for Society and Mental Health at King's College London, concluded that high proportions of young people reported improvements in their confidence, stress levels, feelings about their future, control over their life, overall enjoyment of life, and sense of purpose, following the completion of MAP youth voice programmes.

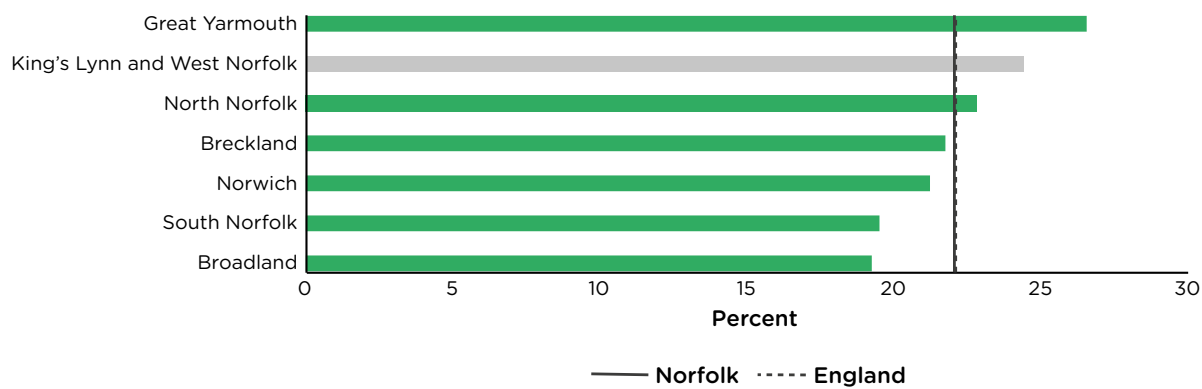
- 75 percent reported that they felt their mental health had improved as a result of participating in the youth voice programmes.
- 93 percent said the programme had a positive impact on young people as well as the wider world around them.

OBESITY AND OVERWEIGHT AMONG YOUNG PEOPLE IN KING’S LYNN AND WEST NORFOLK

In King’s Lynn and West Norfolk nearly a quarter, 24.4 percent, of children in reception are overweight or obese, the second highest of lower tier local authorities in Norfolk, behind Great Yarmouth, and above the England average of 22.1 percent.

There are close associations between deprivation and childhood obesity [53], but there is no reliable data available at small area level to explore this association for pupils in reception in King’s Lynn and West Norfolk.

Figure 42. Overweight or obese children in reception, percent, Norfolk lower tier local authorities, Norfolk, and England, 2023/24



Source: NHS England (2024) [53]
Note: Norfolk and England average values are the same (22.1 percent and therefore overlap on the graph).

By year 6 the proportion of young people who are overweight or obese has increased to nearly 40 percent of children, higher than the Norfolk average of 35.1 percent, other lower tier authorities in Norfolk and the England average of 35.8 percent.

Figure 43. Overweight or obese children in year 6, percent, Norfolk lower tier local authorities, Norfolk and England, 2023/24

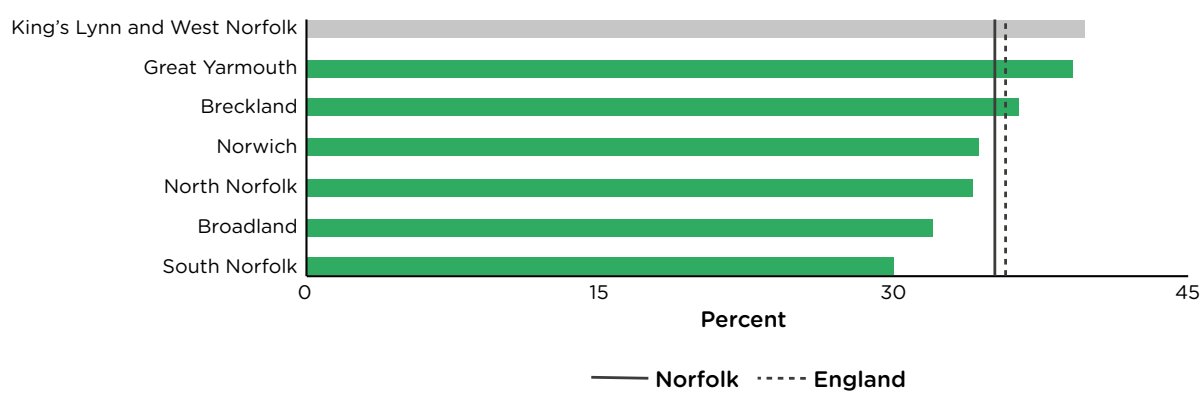
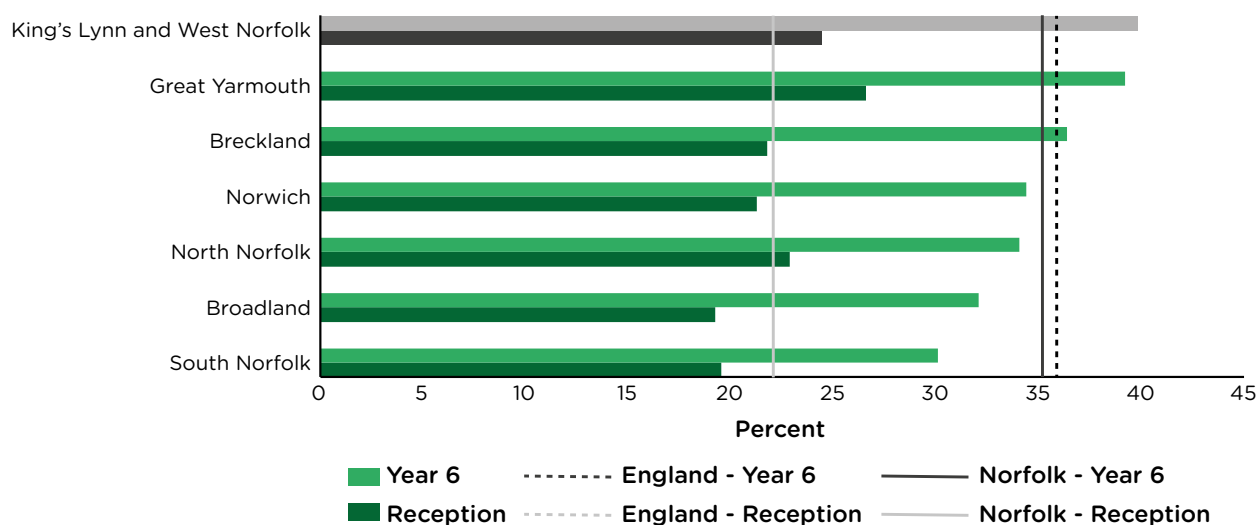


Figure 44 illustrates increases in obesity prevalence from reception to year 6 across Norfolk’s lower tier authorities. In King’s Lynn and West Norfolk there is a 15 percentage point difference between obesity prevalence in reception and year 6, this is the largest percentage point gap among all Norfolk lower tier local authorities. This difference exceeds the percentage point gaps for both the Norfolk and England averages, highlighting increasing rates of childhood obesity in King’s Lynn and West Norfolk.

Figure 44. Overweight or obesity prevalence in Reception and Year 6, Norfolk lower tier local authorities, Norfolk, and England, 2023/24



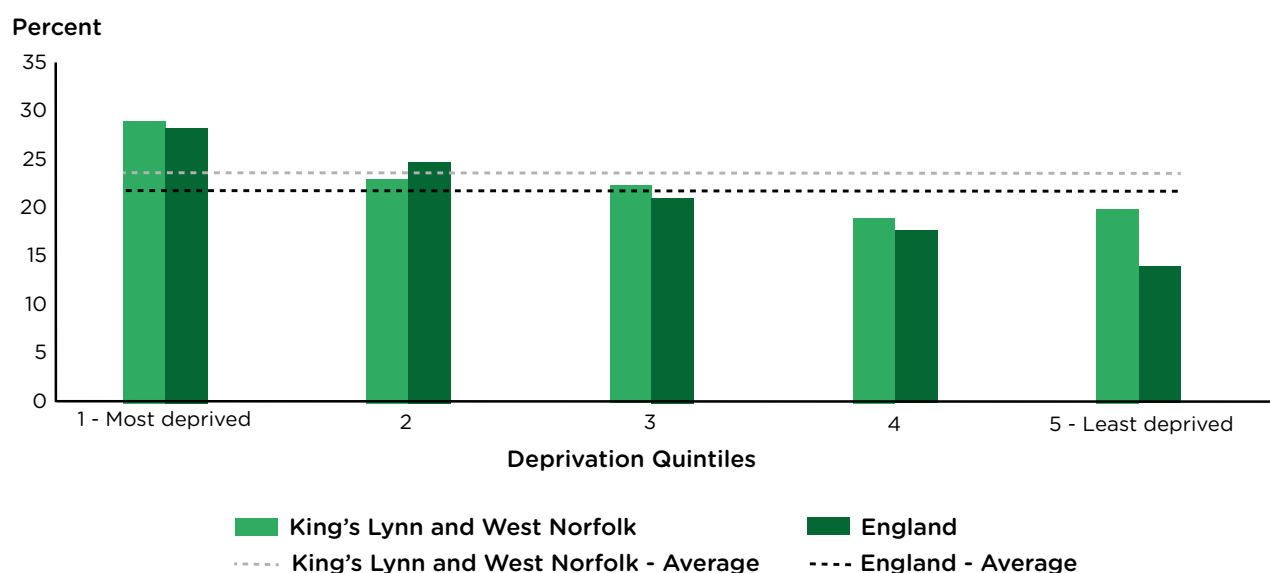
Source: NHS England (2024) [53]

Note: The England Reception and Norfolk Reception figures are the same (22.1) and therefore overlap on the graph.

There is a clear gradient in the prevalence of overweight or obese year 6 children associated with level of deprivation of small areas within King's Lynn and West Norfolk. Prevalence of overweight or obesity is 5.7 percentage points higher than the

average among those in the most deprived quintile in King's Lynn and West Norfolk and 7.2 percentage points higher than the England average.

Figure 45. Year 6 prevalence of overweight or obesity, by deprivation quintile, King's Lynn and West Norfolk, and England, 2023/24



Source: NHS England (2024) [53]

Box 15. Norfolk Children and Young People Healthy Weight management service

In 2024, Norfolk County Council launched a new **Healthy Weight management service** to support children and young people (CYP) aged 4-18 and their families to make long-term, sustainable changes to their health, weight and wellbeing. The Tier 2 weight management service offers a mix of face-to-face and digital resources to better support CYP and families maintain a healthy weight and lifestyle.

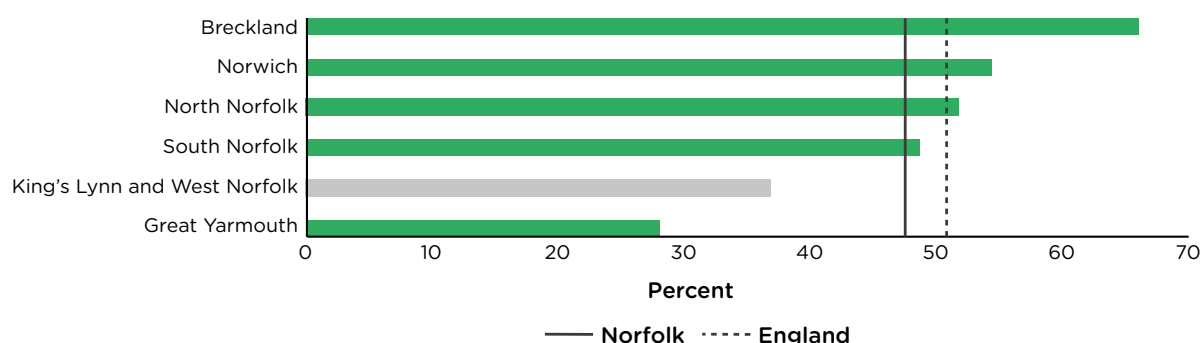
The new programme is part of a broader effort to tackle these issues and ensure that local families have the support they need to make better healthy lifestyle choices. **Gro Health** offers a holistic, 12-month programme that blends face-to-face interactions with state-of-the-art digital tools to provide a flexible and accessible service for families in Norfolk. Designed by NHS clinical experts, the service is rooted in evidence-based practices and tailored to meet the individual needs of every family and young person.

Fast food is often unhealthy and can contribute to increased obesity rates, particularly among children and young people. Fast food is often designed and marketed as being quick, convenient, and cheap, which can make it especially appealing to children and young people. King's Lynn and West Norfolk has 98.9 per fast food outlets per 100,000 people, slightly lower than the Norfolk average of 108.9, and England average of 115.9 per 100,000 [54]. However, the density will be higher in urban areas and as much of the Borough is rural the concentration may be particularly high in more deprived, urban areas.

PHYSICAL ACTIVITY

Being physically active has a range of positive physical and mental health benefits. In King's Lynn and West Norfolk there are low rates of physical activity among those younger than 16 and only 36.9 percent of under 16 year olds are physically active. This is lower than the Norfolk average of 47.5 percent and also the England average of 50.8 percent of under 16 year olds who are physically active.

Figure 46. Under 16 year olds who are physically active*, Norfolk lower tier local authorities, Norfolk, and England, 2022/23



Source: OHID based on Sport England (2025) [55]

Notes: 1) *Percent of children aged 5 to 16 that perform an average of at least 60 minutes moderate to vigorous intensity activity per day across the week.
2) Data for Broadland has been suppressed

There are programmes in place to support physical activity among young people and adults, but there have been reductions in schools' capacity to deliver sport and physical activity programmes. Voluntary and community sector stakeholders discussed the drawbacks of some exercise schemes, mentioning that they had previously not reached inactive people and mostly reached people that were already moderately active. It was felt that some new schemes are better at reaching inactive people and some programmes are mobile and delivered in small villages and rural settings. There is also a focus on encouraging people to move and enjoy a range of physical activities rather than focussing on sport which may not appeal to many people who are inactive.

In community events there it was highlighted that children are particularly concerned for their safety and this was cited as a reason for high levels of child obesity and physical inactivity. Other reasons include increased phone use and technology reliance, declining community engagement and reduced family support for physical activity, all of which contribute to sedentary lifestyles and limited social interaction.

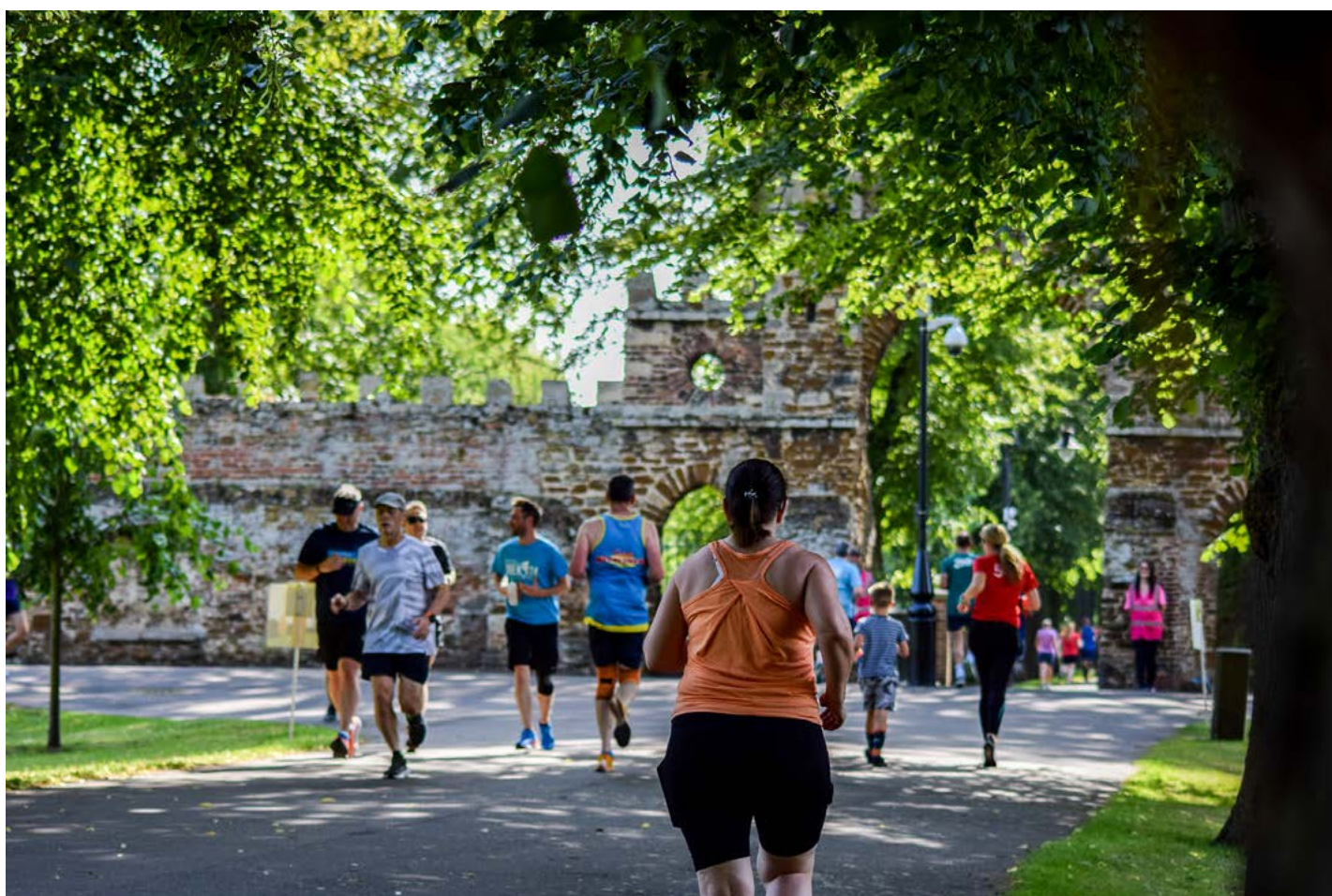
"These schemes try to change that narrative of actually it being about movement, it being about fun that, you know, this is something that you can be part of your daily life. It doesn't have to be something that costs a lot of money."

King's Lynn and West Norfolk VSCE Stakeholder

Box 16. King's Lynn and West Norfolk – Active Norfolk, Sport England Place Partnership

Sport England's [Place-Based Approach in King's Lynn and West Norfolk](#) builds on its [uniting the movement investment](#) to tackle inactivity and health inequality. Launched in early 2025 as part of a first wave of 53 new Place Partnerships, the initiative targets areas in England's top 10 percent for inactivity and social need. Sport England research has found that affluence and activity levels are closely linked, with over a third of adults (34 percent) in England's most deprived places found to be inactive, compared to 20 percent in the least deprived places. Active Norfolk, acting as the local delivery partner, secured development funding in late 2024 to embed a coordinator and insight officer, enabling a community-driven process of data analysis, stakeholder consultation, and co-design of strategies.

The King's Lynn and West Norfolk Locality Officer coordinates with councils, health services, schools, sports clubs, and community groups to build strong local infrastructure with a focus on North Lynn. In the first year 2024–2025 there have been investments of £173,166 across King's Lynn and Great Yarmouth, addressing barriers to physical activity including improved access to low-cost sessions, particularly for underrepresented groups. This “clear-the-barriers” approach aims to create systemic change by embedding physical activity into local policy, design, and everyday life, to make being active the norm among communities facing the greatest need.



4B. EDUCATIONAL ATTAINMENT

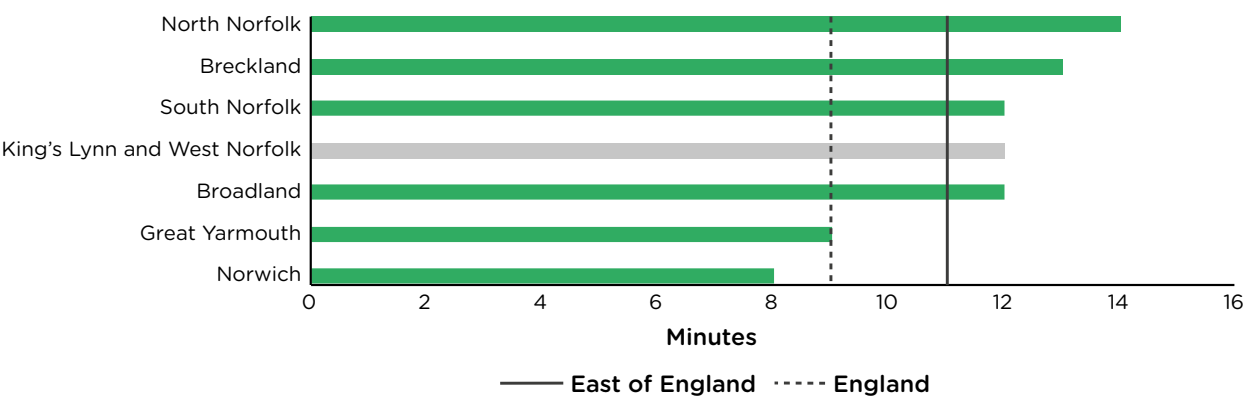
Inequalities that emerge in the early years often persist throughout life, however, there are still many routes to reduce these emerging inequalities and improve health and wellbeing, educational outcomes and experiences for young people at school. These routes encompass school based programmes and a range of support outside school including for families and communities. As across England, there are wide inequalities in educational attainment related to household income in King’s Lynn and West Norfolk. These inequalities have marked impacts on health, wellbeing, future employment prospects, income, living conditions. Reducing inequalities in educational attainment is an important way to reduce health inequalities.

ACCESS TO EDUCATION

In parts of King’s Lynn and West Norfolk access to education settings can be challenging, particularly secondary school and further education colleges. Stakeholders referred to rurality and transport as barriers and that high absence rates and disengagement from education were partly related to that.

Figure 47 depicts the travel time in minutes to the nearest primary school by walking or public transport. In King’s Lynn and West Norfolk average travel time to the nearest primary school is on average 12 minutes to travel. This is longer than the Norfolk average of 11 minutes and the England average of 9 minutes, however, travel time will be considerably longer for those living in more rural areas, but the data is not available at small area level.

Figure 47. Travel time to nearest primary school by walking or public transport, Norfolk lower tier local authorities, East of England and England, 2019

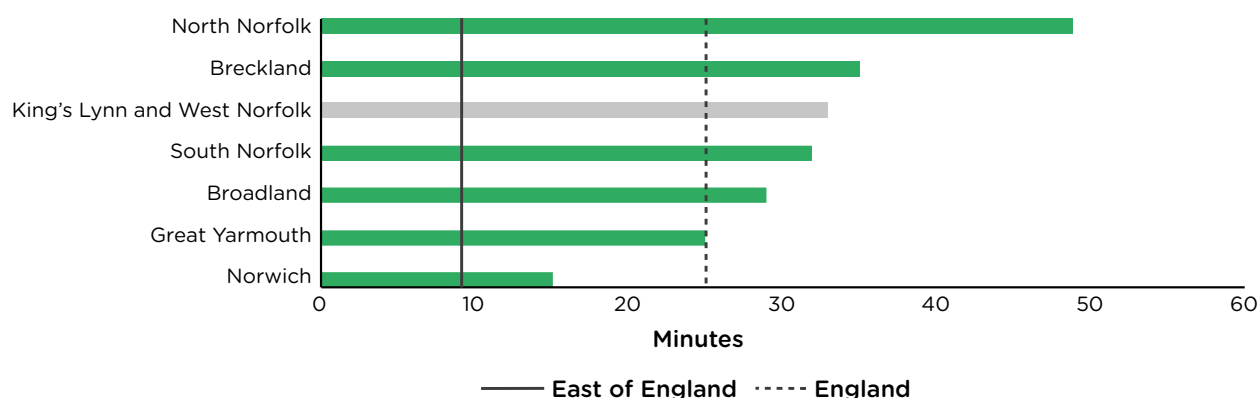


Source: LG Inform (2021) [56]

Access to secondary school and further education college is lower than to primary schools, evident in figure 48. It takes a student in King’s Lynn and West Norfolk on average 33 minutes to travel to college by walking or public transport.

This is higher than the East of England average by 8 minutes, and higher than the England average by 24 minutes. Students living in rural areas experience much longer travel times than their peers who live in urban areas.

Figure 48. Travel time to nearest further education college by walking or public transport, Norfolk lower tier local authorities, East of England and England, 2019



Source: LG Inform (2021) [56]

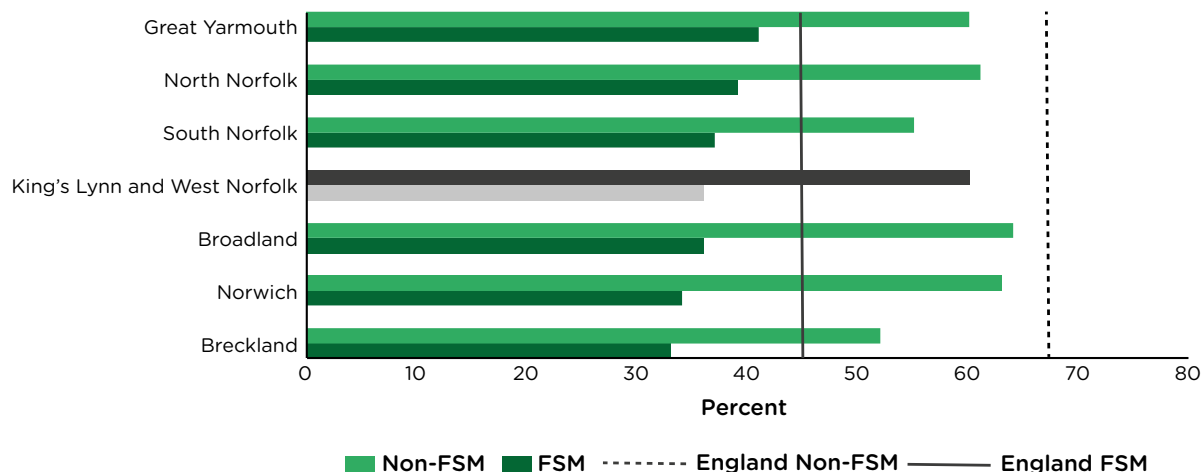
INEQUALITIES AT KS2

Across Norfolk there are lower levels of pupils reaching the expected standard in reading, writing and maths at KS2 than the England average, and boys are less likely to meet the expected standard than girls [57].

Figure 49 shows inequalities related to FSM eligibility at Key Stage 2. In King's Lynn and West Norfolk, only just over a

third, 36 percent of KS2 pupils who are eligible for FSM meet the expected standard in reading, writing, and maths, 24 percentage points lower than the percent of KS2 pupils meeting this standard who are not eligible for FSM (60 percent). All KS2 pupils in King's Lynn and West Norfolk have lower levels of attainment at this stage than the average for England.

Figure 49. KS2 pupils meeting the expected standard in reading writing and maths, by FSM eligibility, Norfolk lower tier local authorities, and England, 2023/24



Source: Department of Education (2025) [57]

As with early years development relatively low levels of attainment are found across the income distribution and there is a gradient in KS2 pupils meeting the expected standard in reading, writing, and maths related to the level of deprivation of small areas, with children in the more deprived areas having lower averages figure 50. In Gaywood North Bank 73.4 percent of KS2 pupils meet the expected standard in reading, writing

and maths, the highest level in King's Lynn and West Norfolk. Conversely, in Brancaster, Burnham Market & Docking, only 39 percent of KS2 pupils met this standard, a 34.4 percentage point difference between the two areas. It is vital to consider these differences within King's Lynn and West Norfolk – the ambition must be to raise and flatten these gradients in educational attainment.

Figure 50. KS2 pupils meeting the expected standard in reading, writing, and maths, by deprivation (IMD Score 2025), King's Lynn and West Norfolk MSOAs, 2023/34 and 2024/25

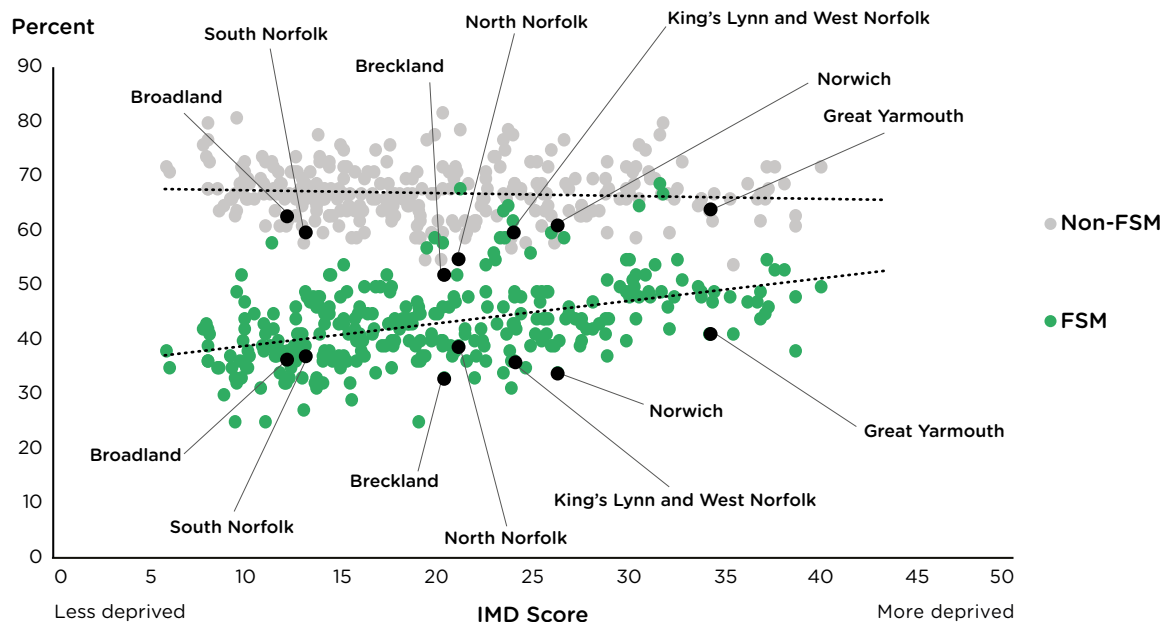


Source: NCC Children's Services (2025) [KLWN Data Source]

As with early years development, across England, there are significant differences between local areas in the percentage of pupils reaching the expected standards in reading, writing, and maths. In less deprived councils or districts the inequality between pupils eligible for FSM and those not eligible is

much wider than it is in more deprived areas and some of the wealthiest areas in England have the widest differences in the percentage of pupils reaching the expected standards in reading, writing, and maths, figure 51.

Figure 51. Pupils reaching the expected standard in reading, writing, and maths at the end of KS2, FSM and Non-FSM pupils, by deprivation (IMD score 2025), English local authorities, 2023/24

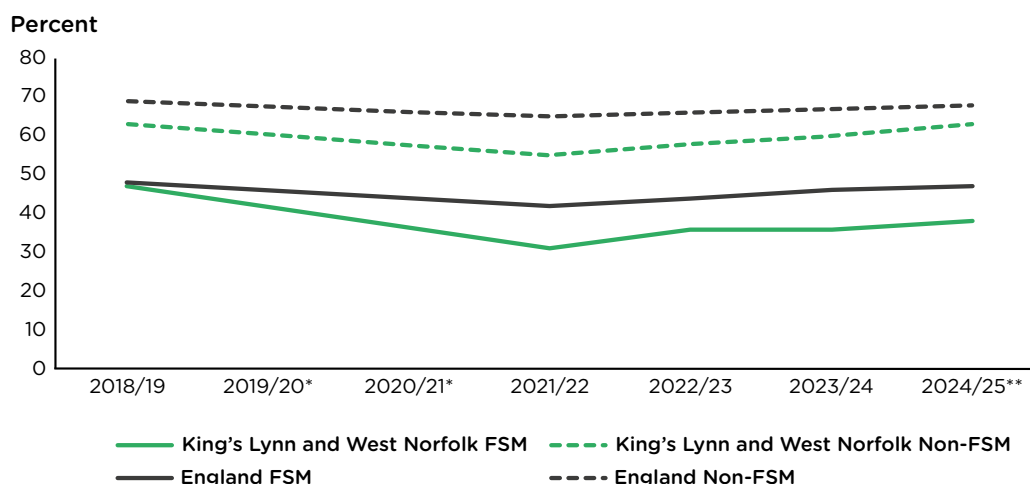


Source: Department of Education (2025) [57]

There have been deteriorations in the proportion of pupils reaching the expected standards in reading, writing and maths in King's Lynn and West Norfolk between 2018/19 and 2024/25, falling from 47 percent to 38 percent of those pupils, with even lower proportions through the pandemic,

figure 52. The gap in this measure between FSM and non-FSM pupils was lower than average for England in 2018/19 and 15 percent but has subsequently increased to be wider than the England average and is now 25 percent compared to England at 21 percent.

Figure 52. Pupils reaching the expected standard in Reading, Writing, and Maths, by FSM eligibility, King's Lynn and West Norfolk, and England, 2018/19 to 2024/25



Source: Department of Education (2025) [57]

Notes: * No data available for 2019/20 or 2020/21

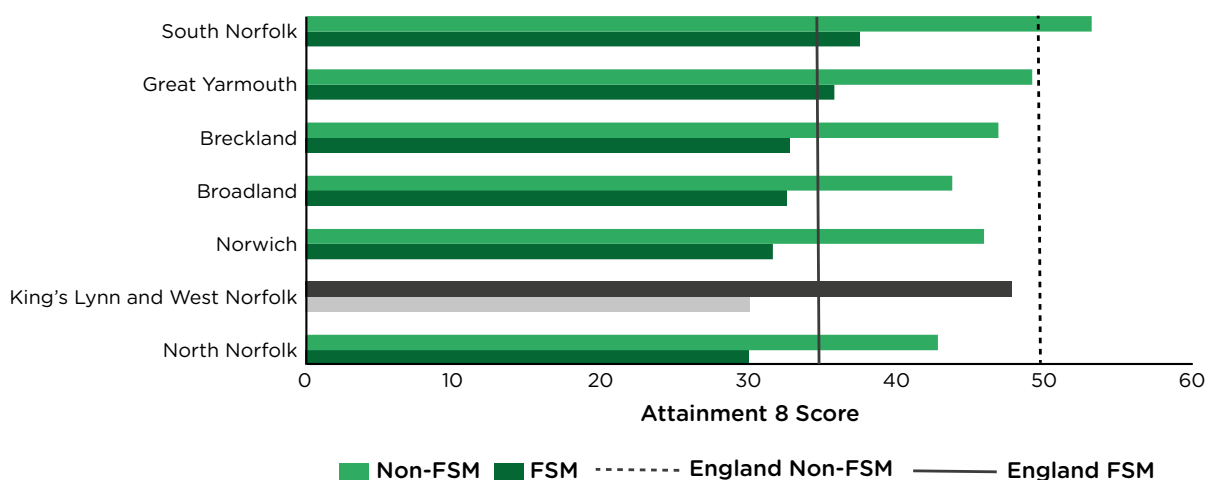
** 2024/25 data is provisional

Reasons for these differences in the size of the attainment gaps by level of deprivation may relate to how well set up schools are for children experiencing deprivation – schools with more children from more deprived households may be well attuned with how to support those children. Schools also receive higher levels of funding for pupils who are eligible for free school meals and for children with SEN diagnoses which gives them more capacity to support pupils. In large urban areas, with high levels of ethnic diversity, pupils from ethnic minority groups tend to have relatively high levels of attainment, including pupils from low-income households [58]. Many stakeholders and contributors at community events emphasised that in wealthy areas in King's Lynn and West Norfolk, as across the country, there can be a sense of shame and stigma attached to being in poverty and being eligible for free school meals. This can lead to bullying and disengagement from school and school work.

EDUCATIONAL ATTAINMENT AT 16 IN KING'S LYNN AND WEST NORFOLK.

There are relatively low levels and wide differences in Attainment 8 scores in King's Lynn and West Norfolk, which are measured at age 16. King's Lynn and West Norfolk has the joint lowest average Attainment 8 score (30) for FSM pupils out of the Norfolk lower tier local authorities, matching North Norfolk's figures and 4.7 points lower than the England FSM average score. Pupils not eligible for FSM in King's Lynn and West Norfolk have scores which are on average 17.8 higher. This gap in scores based on FSM eligibility is the largest of the all the Norfolk lower tier local authorities.

Figure 53. Average Attainment 8 score, by FSM eligibility, Norfolk lower tier local authorities, and England, 2023/24

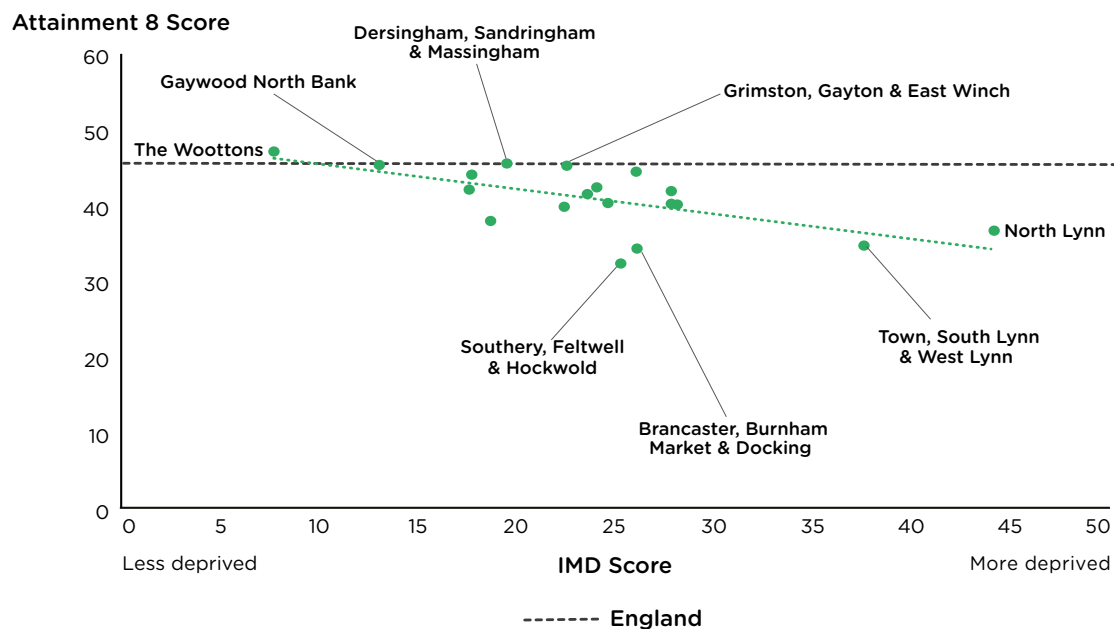


Source: Department of Education (2025) [59]

Within King's Lynn and West Norfolk, as with levels at Key Stage 2, there is an association between area level deprivation and Attainment 8 score with lower levels of attainment in more deprived areas. However, there is quite a bit of variation which indicates that there may be additional disadvantage associated with rurality.

The least deprived area in the Borough, The Woottons, has the highest average Attainment 8 score with a value of 47.5, slightly higher than the average score in England. Southery, Feltwell & Hockwold, a rural area, has the lowest average Attainment 8 score with a value of 32.6.

Figure 54. Average Attainment 8 score by deprivation (IMD Score 2025), King's Lynn and West Norfolk MSOAs, 2023/24

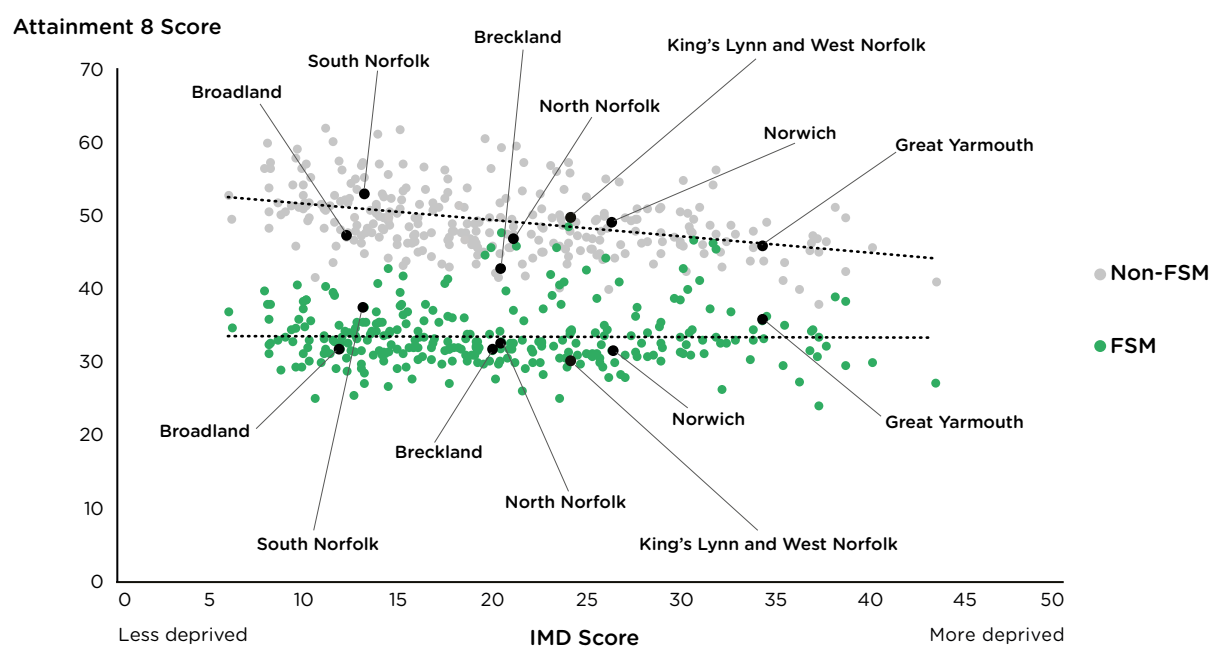


Source: Norfolk County Council & Department for Education (2025) [59]

Across England, there are notable differences between local areas in attainment levels and the extent of inequalities within areas. In less deprived councils or districts the inequality between pupils eligible for FSM and those not eligible is

much wider than it is in more deprived areas and some of the wealthiest areas in England have the widest differences in educational attainment, figure 55.

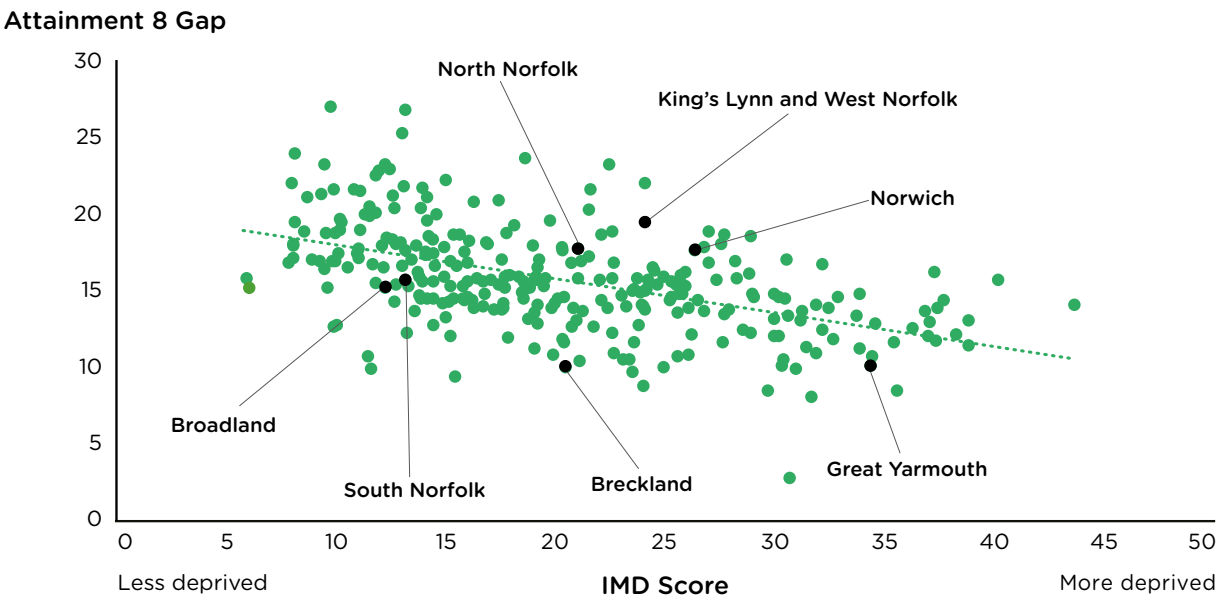
Figure 55. Average Attainment 8 score, FSM and Non-FSM pupils, by deprivation (IMD score 2025), English local authorities, 2023/24



Source: Department of Education (2025) [59]

Figure 56 shows that the size of the gap for Attainment 8 for each Norfolk lower tier local authority by level of deprivation (IMD score 2025). In King's Lynn and West Norfolk there is a 19.5 gap between Attainment 8 scores for FSM eligible and non-FSM eligible pupils.

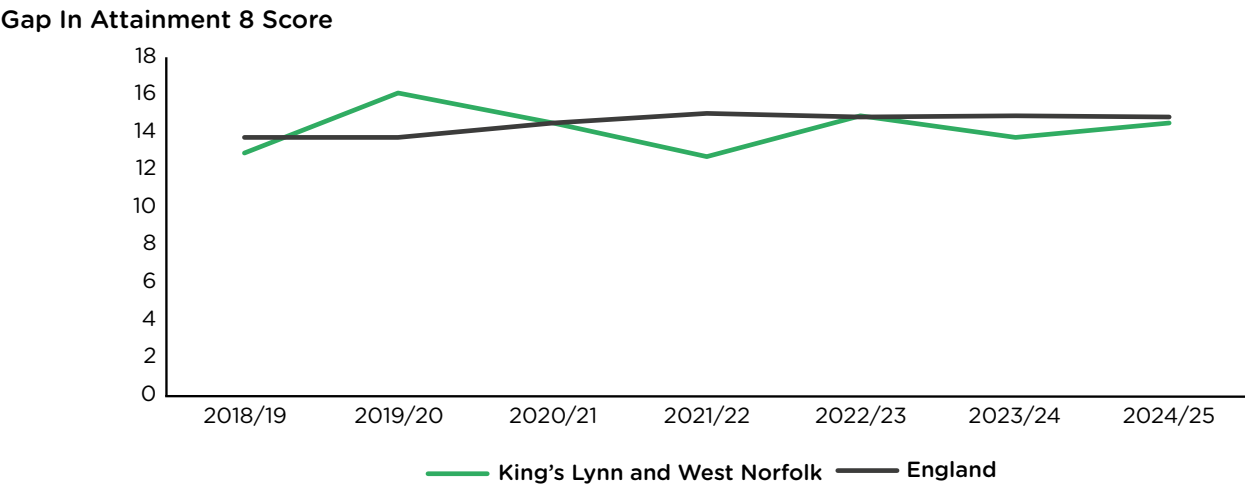
Figure 56. Gap in Attainment 8 score between FSM and Non-FSM pupils, by deprivation (IMD score 2025), English local authorities, 2023/24



Source: Department of Education (2025) [59]

The gap in Attainment 8 scores between pupils eligible for FSM and those who are not was slightly lower in 2024-25 than the average gap across England.

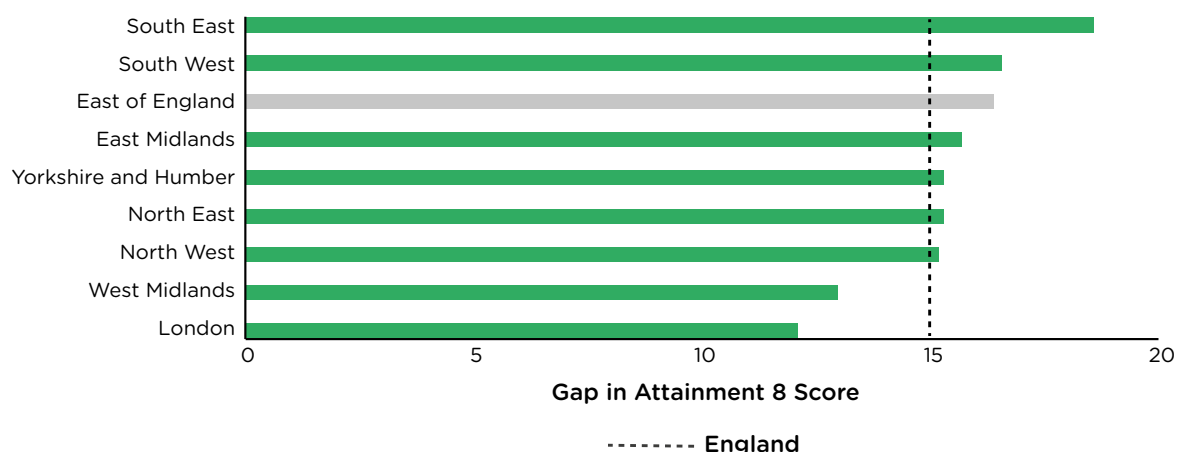
Figure 57. Gap in Attainment 8 score between FSM and non-FSM eligible pupils, King's Lynn and West Norfolk, and England, 2018/19 to 2024/25



Source: Department of Education (2025) [59]

Regionally the East of England has larger gaps in Attainment 8 scores between FSM and non-eligible FSM pupils than the England average. As with early years development, London and the West Midlands, both regions with high levels of deprivation have smaller gaps.

Figure 58. Gap in Attainment 8 score between FSM and Non-FSM pupils, English Regions, 2023/24

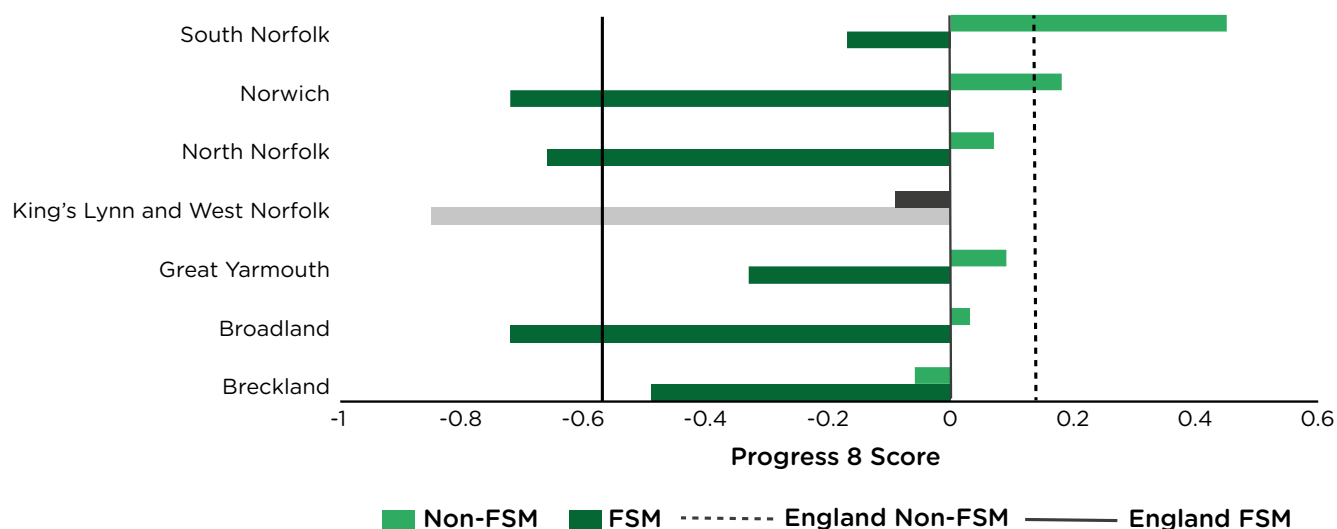


Source: Department of Education (2025) [59]

Progress 8 is a measure of educational progress across a range of subjects between KS2 to GCSE. A pupil's progress in subjects from KS2 to GCSE is compared to how much progress a pupil would be expected to make based on their KS2 level and is used to assess how well pupils do during secondary schools. Figure 59 shows Progress 8 scores for students in King's Lynn and West Norfolk schools, compared to schools in other Norfolk lower tier local authorities and across England. On average pupils eligible for FSM in King's Lynn and West

Norfolk achieved -0.84 lower grades than predicted by their KS2 scores and there is a greater deterioration for pupils eligible for FSM than the national average and compared with the rest of Norfolk. Those pupils not eligible for FSM in King's Lynn and West Norfolk on average also achieved -0.09 GCSE grades lower than expected. This is again the lowest score across all the Norfolk lower tier local authorities for that category and lower than the England average.

Figure 59. Average Progress 8 score, by FSM eligibility, Norfolk lower tier local authorities, and England, 2023/24



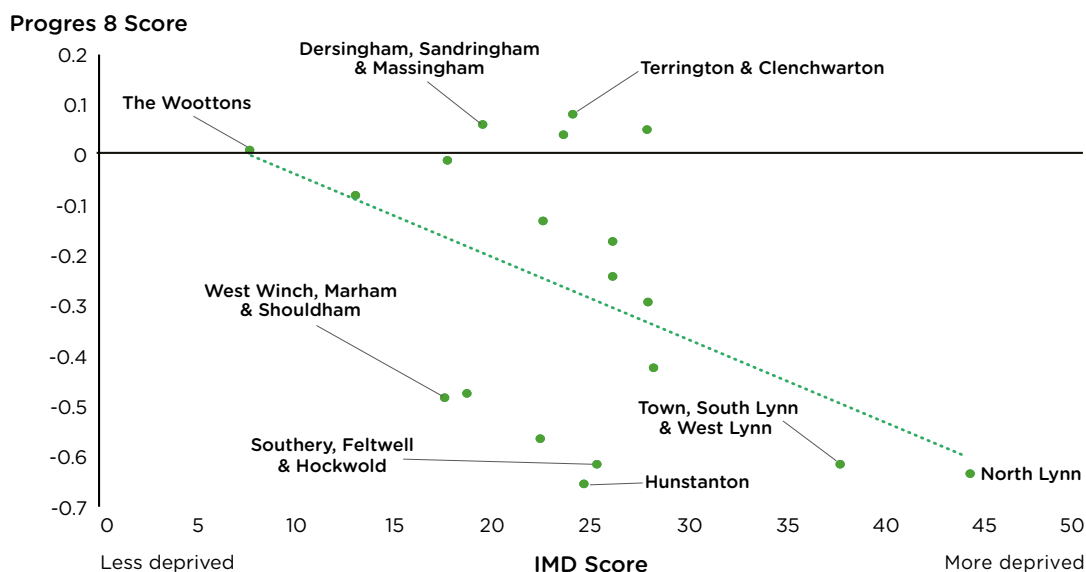
Source: Department of Education (2025) [59]

Note: Progress 8 is a measure that indicates how much a secondary school has helped pupils improve (or progress) over a five-year period when compared to a government-calculated expected level of improvement

In only 5 out of the Boroughs' 19 small areas do students achieve a better GCSE grade per subject than expected given their KS2 scores and in the remaining 14 areas across the borough, students do worse than the average pupil in

England. In Southey, Feltwell & Hockwold; Hunstanton; Town, South Lynn & West Lynn; and North Lynn, pupils achieved on average -0.6 a GCSE grade lower per subject than expected.

Figure 60. Average Progress 8 score by deprivation (IMD score 2025), King's Lynn and West Norfolk MSOAs, 2023/2024



Source: Norfolk County Council Children's Services (2024) [KLWN Data Source]

Education stakeholders in King's Lynn and West Norfolk raised concerns about how poverty and disadvantage shape young people's experiences in school. Some pupils living in poverty have to miss or leave school early due to caring responsibilities, or for employment, as they have to contribute financially to the household and this can include working night shifts. These circumstances are having a major impact on students' ability to learn and on their mental and physical wellbeing.

Stakeholders also raised concerns surrounding the transition period from primary to secondary school and secondary schools placing too much emphasis on academic achievement at the expense of pastoral care and socialising, driven in part by funding cuts to previously provided pastoral care and partly a response to the inspection framework and curriculum which focuses on attainment. This gap in support during the transition to secondary school often leads to higher anxiety, school refusal, exclusions, and, in some cases bullying leads to students leaving education altogether or being home-schooled.

"Schools are seen as the centre of a lot of communities. Teachers are having to do so many different jobs that are not just teaching. Schools need more support."

King's Lynn and West Norfolk Education Stakeholder

"Lots of children always on electronic devices and high rates of screen time, this is impacting their ability to concentrate in school."

King's Lynn and West Norfolk Education Stakeholder

"Some students living in poverty are working night shifts to help provide for their family and then coming into college the next day sleep deprived – it's having a real impact on their education."

King's Lynn and West Norfolk Education Stakeholder

"Due to a lack of affordable childcare, some students have to leave lessons early to go and look after their siblings. This impacts their educational attainment and engagement with their education."

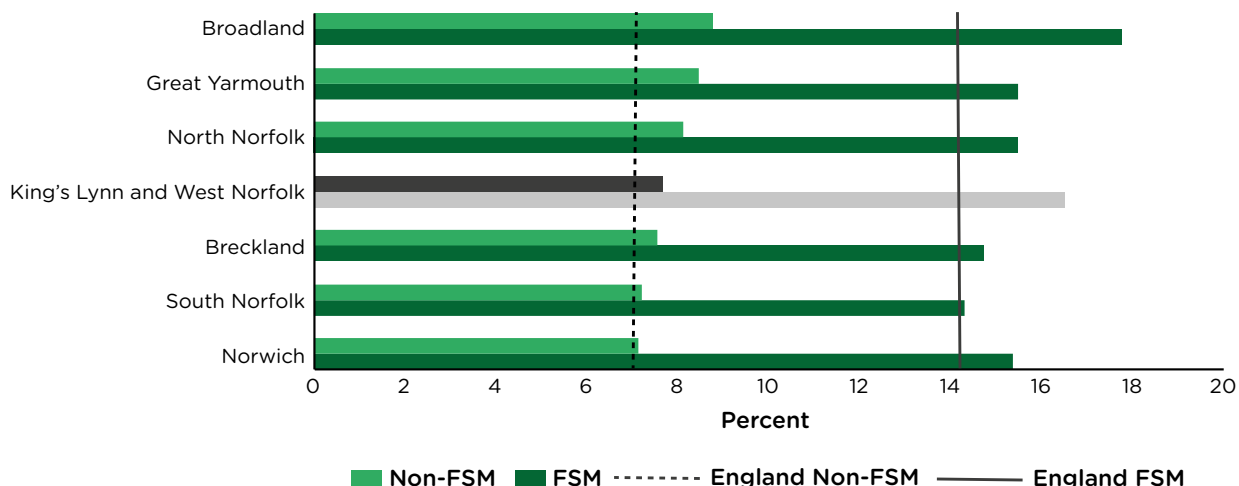
King's Lynn and West Norfolk Education Stakeholder

ABSENCE RATES

Prolonged or frequent absence from school limits children and young people's ability to reach their full educational potential and is linked to longer-term consequences, including lower employment prospects and reduced lifetime income and poor health [60]. Since the pandemic, absence rates have risen in many areas, with clear inequalities emerging. Rates of absence are higher among pupils from deprived backgrounds, as well as among looked after children and those with additional support needs.

The absence rate is the total number of sessions missed due to absence for all pupils as a percentage of the total number of possible sessions for all pupils. In King's Lynn and West Norfolk there is 8.9 percentage point difference in the absence rate from secondary school between those eligible for FSM and those ineligible. This is the second largest difference out of the Norfolk lower tier local authorities. The absence rate of 7.7 percent is 0.6 percentage points higher than the corresponding England average for pupils not eligible for FSM, whilst the areas absence rate of 16.5 percent among FSM eligible pupils is 2.2 percentage points higher than the England average.

Figure 61. Absence rate, authorised or unauthorised, secondary schools, by FSM eligibility, Norfolk lower tier local authorities, and England, 2023/24



Source: Department of Education (2025) [61]

- Notes:** 1) The absence rate is the total number of sessions missed due to absence for all pupils as a percentage of the total number of possible sessions for all pupils. One session is equal to half a day.
- 2) Authorised absence is absence with permission from a teacher or other authorised school representative - including absences where a satisfactory explanation has been provided. For example, through illness.
- 3) Unauthorised absence is absence without permission from the school. This includes all unexplained or unjustified absences and arrivals after registration has closed.

Persistent absence is when a pupil enrolment's overall absence equates to 10% or more of their possible sessions and is particularly harmful for health wellbeing in the immediate and longer terms. There are many programmes set up by schools to try and reduce persistent absence but there have been increases since the pandemic and there are clear inequalities related to household income.

King's Lynn and West Norfolk again has the second largest difference in persistent absentees between FSM and FSM ineligible pupils in Norfolk, a difference of 32.8 percentage points and just over half, 51.4 percent all FSM eligible pupils in King's Lynn and West Norfolk are missing 10 percent or more of sessions. This is 8.1 percentage points higher than the England FSM average, whereas the proportion of pupils not eligible for FSM who are persistently absent is slightly lower than the equivalent in England. This again highlights the inequalities between FSM pupils and pupils not eligible for FSM in the borough and on many measures the particularly disadvantageous position of lower income pupils in King's Lynn and West Norfolk.

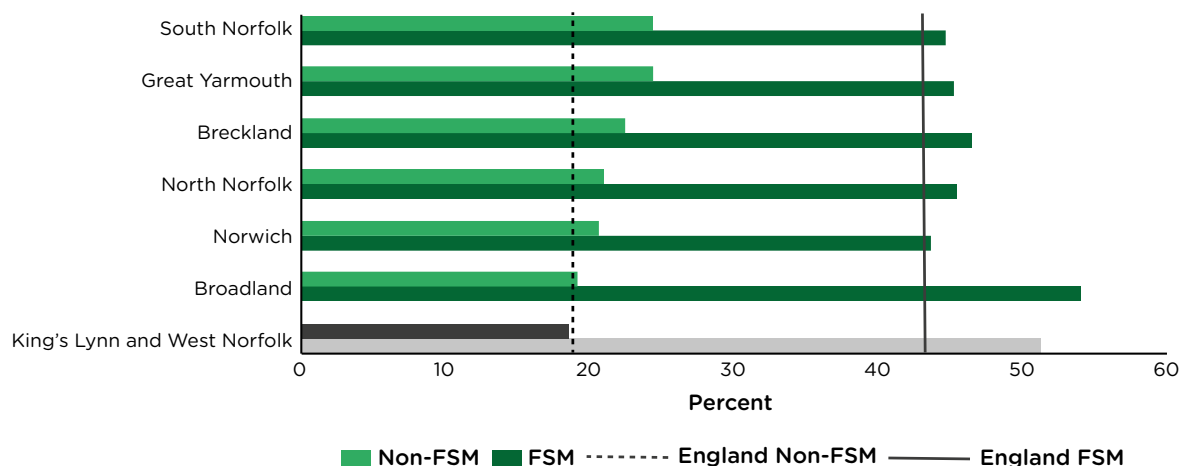
"School attendance can be very poor in some areas. Schools are working hard to address this, but this sometimes means teachers have to collect children from their homes because parents aren't taking them in."

King's Lynn and West Norfolk Housing Stakeholder

"The drop-off in pastoral support received in secondary school compared to primary school and trouble adjusting to the transition for children and parents can cause big issues."

King's Lynn and West Norfolk VSCE Stakeholder

Figure 62. Persistent absentees, authorised or unauthorised, secondary schools, by FSM eligibility, Norfolk lower tier local authorities, and England, 2023/24



Source: Department of Education (2025) [61]

Note: Persistent absence is when a pupil enrolment's overall absence equates to 10% or more of their possible sessions.

Box 17. UK Case Study - Emotionally Based School Avoidance - Gwent

In Gwent a local area (Monmouthshire) inclusion team launched the **Emotionally Based School Avoidance (EBSA)** project to tackle rising school absences through early, preventative intervention. Sparked by increased anxiety following Covid-19 school closures, the project aims to equip school staff and professionals with the tools and understanding to identify and support pupils showing signs of EBSA before it becomes entrenched. A cross-directorate group, led by the educational psychology service, developed a five-phase response, including:

- **EBSA guidance and resources** (e.g. an EBSA Pathway and Support Plan)
- School attendance and wellbeing guidelines,
- Professional training and consultation sessions.

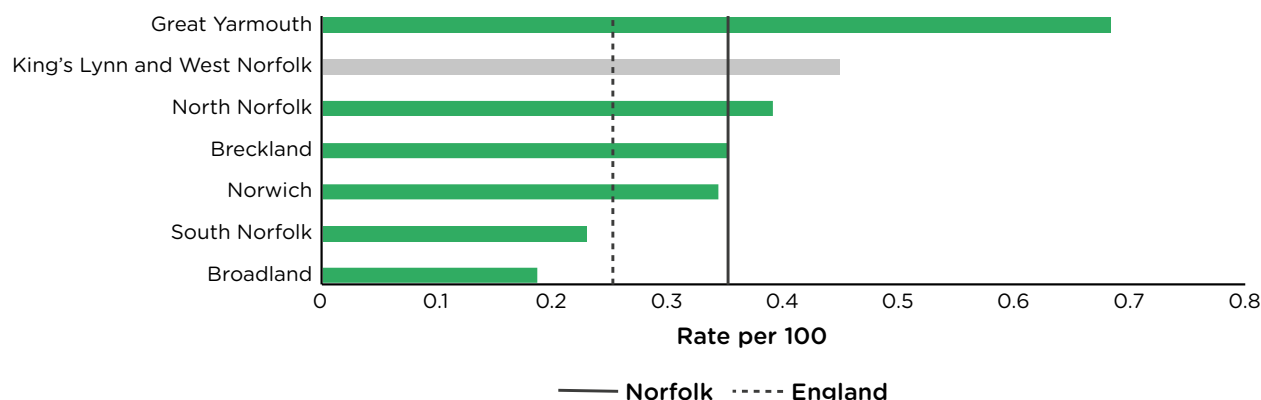
Since May 2021, the "Introduction to EBSA" training has been widely attended by school staff and mental health professionals, with 100 percent of attendees reporting improved understanding. All four of Monmouthshire's secondary schools have received bespoke EBSA training, and one has piloted a specialised provision for affected pupils, which is currently under evaluation. The project is also expanding to include parent/carers support, informed by parental input. One key aim has been to shift the language and attitudes around school avoidance, moving from a blame-based perspective to a more empathetic, supportive approach. Schools now have a structured package of resources and training to enable early and effective support for young people experiencing EBSA.

EXCLUSIONS FROM SCHOOL IN KING'S LYNN AND WEST NORFOLK

Excluding pupils from schools impacts their attainment and is associated with a range of negative outcomes throughout life, including less opportunities, worse job prospects and worse mental and physical wellbeing [62].

Schools in King's Lynn and West Norfolk have the second highest rate of permanent exclusions of pupils in Norfolk, equating to 37 pupils excluded in 2023/24. Overall Norfolk has a higher rate of exclusions than average in England. In England, secondary school pupils are most commonly excluded in Years 9 and 10 [63]. These years immediately precede the GCSE examination period, meaning that exclusion at this stage can present a significant barrier to pupils' ability to access learning and achieve key qualifications.

Figure 63. Permanent exclusions, secondary schools, Norfolk lower tier local authorities, Norfolk and England, 2023/24



Source: Source: Department of Education (2025) [63]

Box 18. King's Lynn Academy – Forward Step

King's Lynn Academy – **Forward Step** is an inclusive, specialist provision launched in 2018 to support students at risk of exclusion through a bespoke, holistic educational programme. Designed to meet both academic and social-emotional needs, Forward Step combines a highly personalised curriculum and therapeutic support including one-on-one mental health sessions, mentorship, and tailored reintegration into mainstream classes.

This provision has contributed to the King's Lynns Academy exclusions falling from 10 times the national rate to around one third of the national rate, and no pupil has been permanently excluded since 2019. One of the aims of the academy's development plan in the near future is to aim to become a 'zero-exclusion' school [64].

Forward Step serves as a model of how schools can deliver social good through educational inclusion: by providing a calm, purpose-built learning environment staffed by specialist teachers, TAs, and counsellors, it ensures that even students facing significant barriers can thrive academically and socially. The programme emphasises personal development, independence, and real-world skills, supporting successful reintegration into mainstream school or transition to post school pathways.

Box 19. Open Road - Norfolk

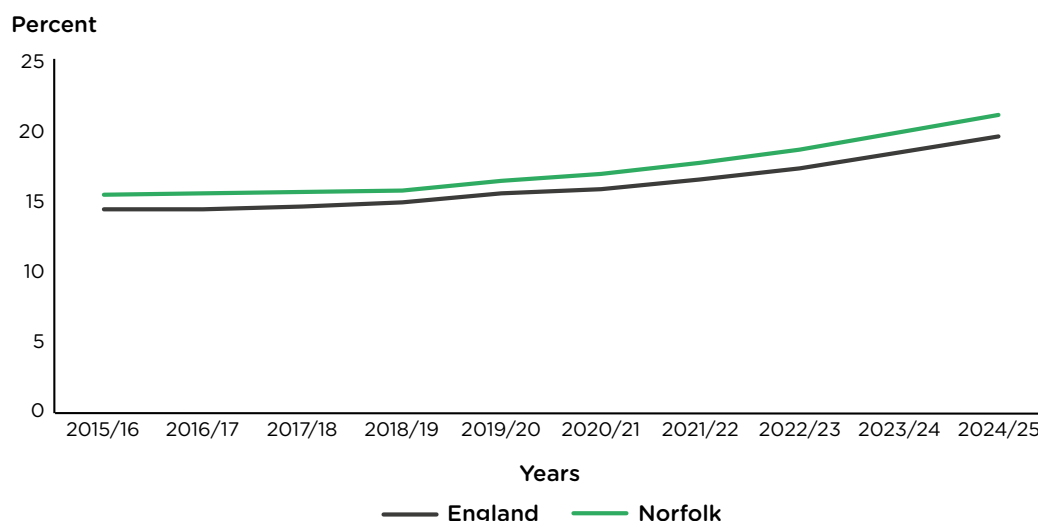
Open Road provides an alternative education and skills-building pathway for young people aged 14–16 who are at risk of exclusion or not thriving in mainstream school, often from disadvantaged backgrounds. Offering vocational training in automotive and construction alongside mentoring and academic support, it creates an environment where students can rebuild confidence, gain practical skills, and work towards recognised qualifications. Many learners face barriers such as SEND needs, anxiety, or poor school attendance, and Open Road's small group sizes and one-to-one mentoring help re-engage them in learning and prepare them for future education or employment.

The service has demonstrated strong outcomes, with students progressing into further training, apprenticeships, or returning to mainstream education. By combining practical, hands-on learning with tailored support, Open Road helps young people overcome existing barriers and achieve positive, lasting outcomes in their personal and educational

SPECIAL EDUCATIONAL NEEDS/ LEARNING DISORDERS

There has been an increase in the prevalence of pupils diagnosed with special education needs (SEN) in England; between 2015/16 and 2019/20 there was a 1.1 percentage point increase, however, since 2019/20 there has been an increase of 4.1 percentage points. In Norfolk figures have increased at similar rates.

Figure 64. Pupils with Special Educational Needs (SEN), Percent, Norfolk, England, 2015/16 to 2024/25



Source: Source: Department of Education (2025) [65]

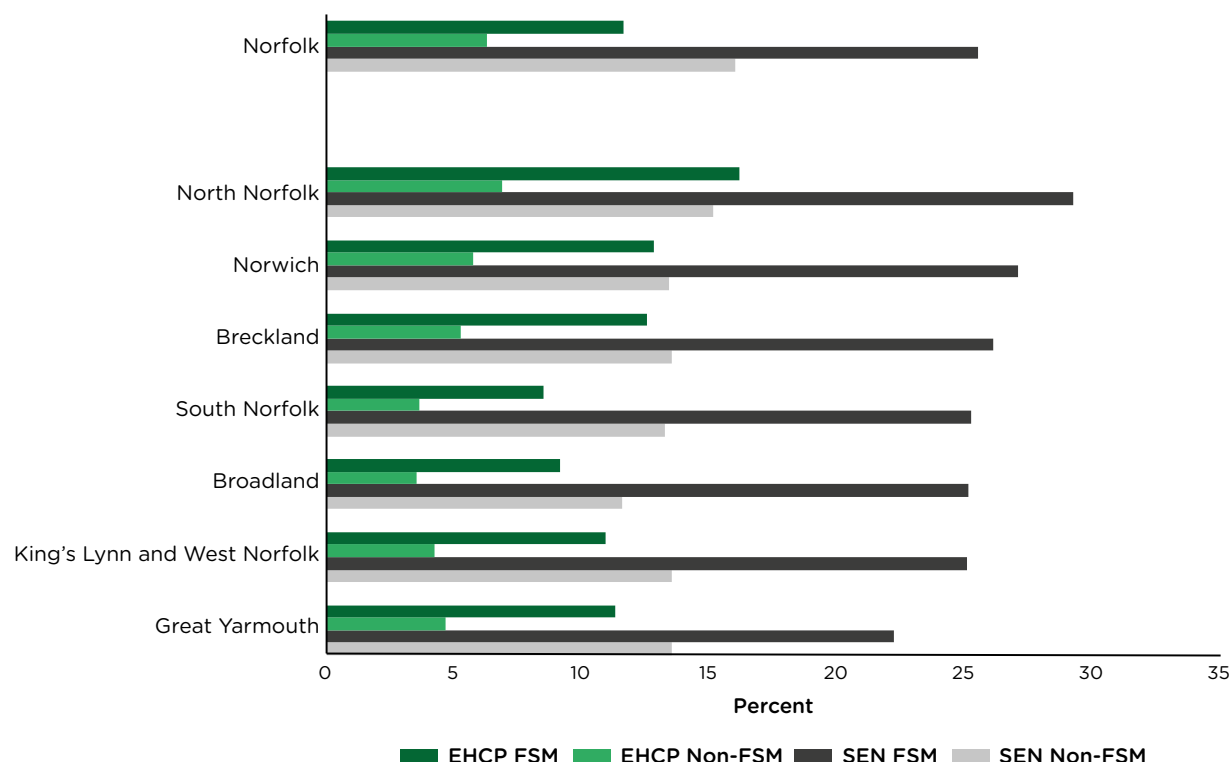
Many stakeholders raised concerns about the increasing proportions of children who have special educational needs in King's Lynn and West Norfolk, but there is uncertainty about whether that is a result of higher prevalence or higher rates of diagnoses. Stakeholders also referred to what they felt were inequalities in prevalence.

In King's Lynn and West Norfolk nearly a quarter, 25.1 percent of pupils who are eligible for FSM have a SEN diagnosis, 11.5

percentage points higher than the percent of non-FSM pupils with SEN (13.6 percent).

An Education, Health and Care Plan (EHCP) is a higher level of support than that available for pupils with SEN and is determined by a formal assessment. In King's Lynn and West Norfolk 11 percent of pupils have an EHCP and are on FSM, 6.8 percentage points higher than percent of pupils than for pupils not eligible FSM (4.2 percent), figure 65.

Figure 65. Pupils with SEN or EHCP, by FSM eligibility, Norfolk lower tier local authorities, and Norfolk, Summer term 2025



Source: Children's Services Norfolk County Council (2025)

Notes: 1) An EHCP (Education, Health and Care Plan) is a legal document drawn up between the local authority, Health and Social Care and a child's family, or a young person between 16 and 25. The EHCP identifies a child or young person's needs and sets out the additional support to meet those needs, over and above the normal SEND budget. Not all children will be entitled to an EHCP.

2) SEN and EHCP are not fully independent of each other.

Stakeholders highlighted widespread challenges in supporting children and young people with neurodiversity and mental health needs. NHS stakeholders described a fragmented system where long diagnostic waiting lists and limited interim support leave families struggling, and that neurodiversity and mental health services often operate separately, sometimes denying children the holistic care they need. They discussed that with the sharp increase in neurodevelopmental referrals; there have also been positive efforts to speed up SEN diagnosis assessments. There are reported wide variations between schools, with some acting proactively to support children with additional needs while others wait for formal diagnoses. The Pathway to Therapeutic (PTP) programme was seen as a positive example, offering creative therapies like play and equine therapy for children who can't access mainstream support.

"Children don't want to just be a number — being seen and heard makes a huge difference. Academically focussed schools can leave children with complex needs behind."

King's Lynn and West Norfolk VSCE Stakeholder

"Separation of neurodiversity and mental health services is a problem, with different providers and referral processes creating barriers to holistic support. With some children denied mental health interventions on the basis of a neurodevelopmental diagnosis, when in reality their issues are interlinked."

King's Lynn and West Norfolk NHS Stakeholder

Stakeholders in the education and VSCE sectors echoed concerns about access to diagnoses and appropriate support. One education stakeholder felt that trauma-related needs are sometimes misdiagnosed as ADHD, leaving children on long waits for inappropriate support that can stretch into adulthood. Another education stakeholder described poor mental health among young people as being "off the scale" since Covid.

A VSCE stakeholder emphasised that meaningful support for children with a range of SEN must involve families and schools working together, with a stronger focus on pastoral care.

"Children and families face long waiting lists for neurodiversity assessments and receive little or no support during this time, leading to repeated healthcare visits and increased home schooling due to unmet needs."

King's Lynn and West Norfolk NHS Stakeholder

"Some children are pushed down the ADHD diagnosis route when the root issue is trauma. They then wait five to ten years for support, missing out on help during critical stages of development. Many children can reach 18 without a diagnosis, they then lose access to children's services and struggle with the transition to adulthood. With problems continuing and even worsening into adulthood."

King's Lynn and West Norfolk Education Stakeholder

At community events, attendees highlighted the lack of resources and capacity that schools have to adequately support children with SEN in their schools. Schools' curriculums are also not inclusive or tailored towards diverse learning needs and many extracurricular activities have been cut. Stakeholders discussed what they felt were low levels of support for young people with SEN and poor mental health. Inadequate SEN provision, long wait times for neurodiversity diagnoses, and overstretched mental health and social care services, were they said, affecting aspiration, school attendance, and family resilience, with post-Covid challenges further impacting confidence and social skills.

Box 20. UK Case Study - Teenvine Plus - Coventry

Grapevine is a Marmot partner that works across Coventry and Warwickshire. Their 'strengthening people' work strives to 'enable all children, young people, and adults to maximise their capabilities and have control over their lives'. Grapevine's Teenvine youth projects support young people aged 11 to 18 with special educational needs and disabilities, socially isolated, marginalised from ordinary childhood experiences, and facing some of the biggest health inequalities.

Teenvine helps young people:

- See themselves as leaders of change in their own lives
- Develop a plan for a future they dream of
- To develop the relationships needed for onward opportunity
- To develop agency, empower their voices, forge new relationships, and inform others about what's needed to improve systems and services.

Teenvine projects include a mixture of one-to one support, advocacy, online gaming, group meet-ups, and the power of fun. Because of Teenvine, young people not engaged with education have gained the confidence to go on and study what they always wanted. Families experiencing inequality are supported to use their assets and strengths to overcome barriers, as leaders of their change.

The Swan Youth Project in Downham Market provides continuity for young people during school transitions, offering open access sessions and liaising with schools and parents to ease the process and provide a stable support network and has had many positive impacts.

Box 21. Downham Market - The Swan Youth Project

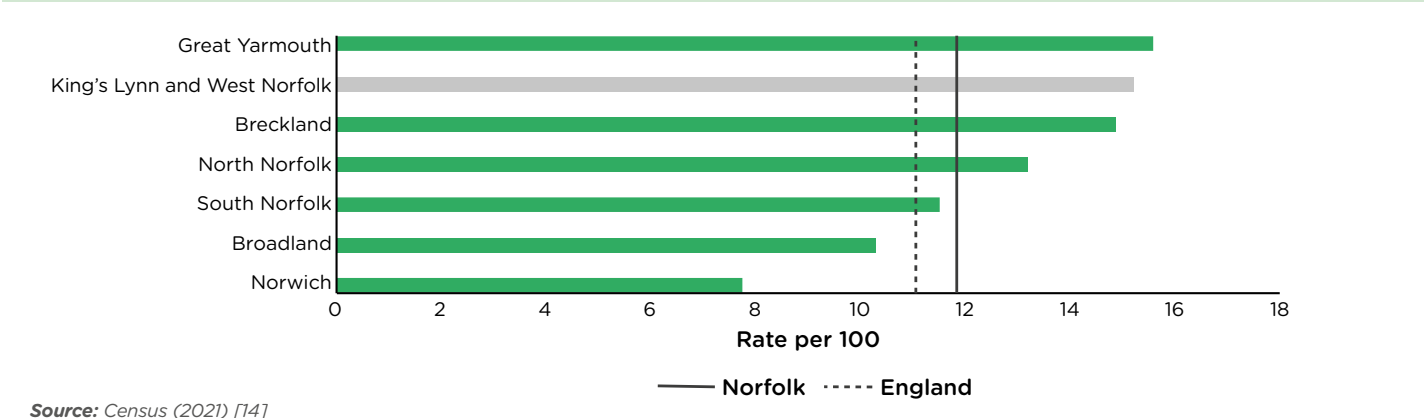
The **Swan Youth Project** is a trauma-informed charity supporting over 350 young people aged 8-18 each year. Swan offers free open-access drop-in sessions three evenings a week, acting as a gateway to more targeted one-to-one and family support. Their approach is grounded in trauma-informed practice, with a trained core team providing early intervention for mental health and wellbeing concerns. They also deliver tailored support for young carers through a key worker. Their services are highly valued locally, with weekly open access sessions regularly reaching capacity. Being embedded in the community, with a physical building and consistently high quality services is key to building a trusting relationship with their attendees. Their work is informed by the needs of the community, with a weekly Parents Group and a Young Persons Committee helping to shape services. The holistic approach allows for young people to be stepped up to 1:1 support or Family Support or linked to other services, whilst all the time attending Open Access. Swan Youth Project stays alongside young people and their families over the course of years, being there when needed.

Beyond youth support, Swan plays a broader community role through outreach in schools, awareness events, providing free hygiene products, and their '**Love Downham**' **Community Shop**, which offers subsidised essentials and informal signposting. The shop is open to all but designed to offer greater support to those who need it most, ensuring dignity of access without stigma. By combining universal availability with proportionate support, Love Downham bridges the gap between basic needs provision and early intervention, contributing to wider efforts to reduce health and social inequalities in the community.

YOUNG PEOPLE WITH NO QUALIFICATIONS

In King’s Lynn and West Norfolk 15.2 per 100 16-24-year-olds have no qualifications, this is the second highest figure of the Norfolk lower tier local authorities, higher than the Norfolk rate of 11.8 per 100 and the England average of 11.1 per 100.

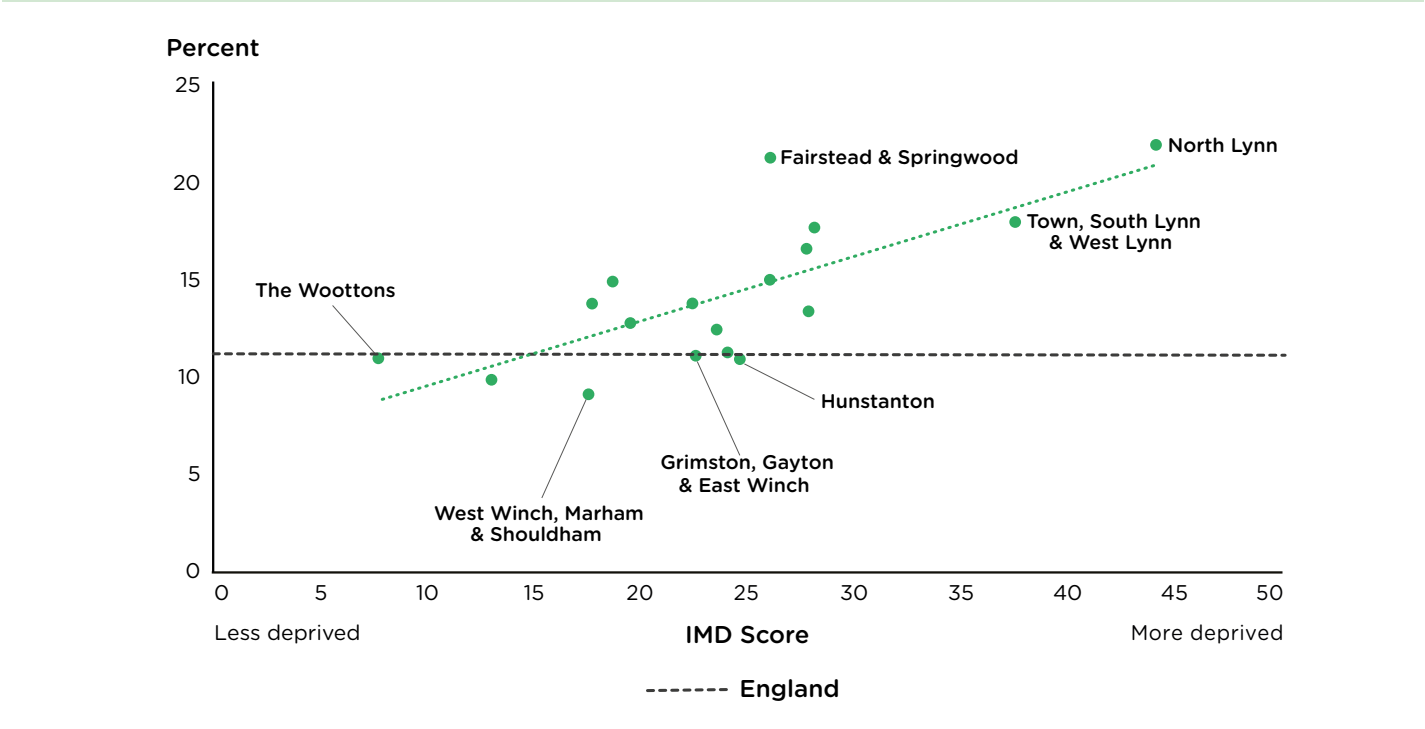
Figure 66. 16-24-year-olds with no qualifications, Norfolk lower tier local authorities, Norfolk and England, 2021



Source: Census (2021) [14]

Figure 67 shows a clear gradient in the percent of 16-24-year-olds with no qualifications and level of deprivation of the area they live in. West Winch, Marham & Shouldham has the lowest percentage of 16-24-year-olds with no qualifications with a figure of 9.1 percent. Conversely, North Lynn which is the most deprived area in the Borough has a figure of 21.9 percent, a difference of 12.8 percentage points between the highest and lowest areas.

Figure 67. 16-24-year-olds with no qualifications and deprivation (IMD score 2025), King’s Lynn and West Norfolk MSOAs, and England, 2021



Source: Census (2021) [14]
Note: Data suppressed for Southery, Feltwell & Hockwold

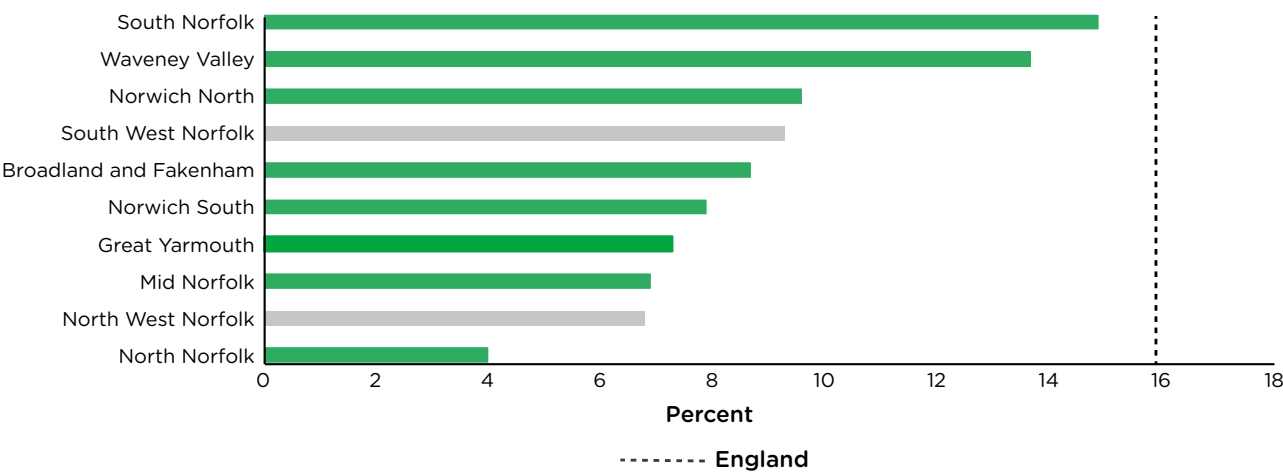
4C. ACCESS TO HIGHER EDUCATION

Access to higher education shapes future opportunities for employment, income, and social mobility. Having higher levels of education is strongly associated with better health and longer life expectancy. Barriers to accessing higher education, such as social inequalities, or lack of earlier educational support, can reinforce cycles of disadvantage, limiting opportunities for stable employment and adequate living conditions and negatively impacting health throughout life [33].

Both the constituencies that are located in King’s Lynn and West Norfolk, are below the England average for pupils that completed a degree by the age of 22 who were eligible for FSM. In South West Norfolk, 9.3 percent of pupils eligible for FSM completed a degree, 6.6 percentage points below the England average for FSM eligible pupils (15.9 percent)

and North West Norfolk, 6.8 percent of pupil, 9.1 percentage points below the England average achieved this. The national average for pupils not eligible for FSM completing a degree by the age of 22 is 32 percent, a 16.1 percentage point gap with FSM pupils, highlighting the stark differences in access to higher education between FSM and non-FSM pupils.

Figure 68. FSM Pupils completing a degree by age 22, Percent, Constituencies within Norfolk County Council, 2019/20



Source: Sutton Trust (2025) [66]
Note: North West Norfolk is entirely contained within King’s Lynn and West Norfolk, South West Norfolk is split between King’s Lynn and West Norfolk, and Breckland. Waveney Valley is split between Norfolk and Suffolk.

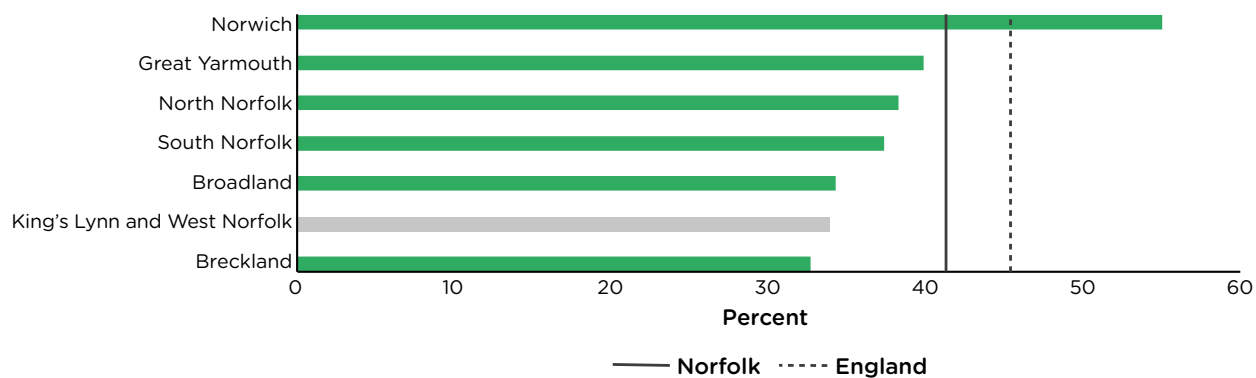
4D. ECONOMIC INACTIVITY AMONG YOUNG PEOPLE

Health among people who are unemployed, that is out of work and actively looking for employment, may be unaffected initially, but generally unemployment is harmful to health, particularly when it is long term. Being out of work and not actively looking for work, that is being economically inactive can also be harmful to health and impact negatively on a range of social determinants of health. Reasons for economic inactivity tend to differ at different life stages.

Economic inactivity among young people is mostly due to being a full-time student, and to lesser extent looking after family or home, prevented from working due to long-term sickness or being retired. Of these, long-term sickness and early retirement are indicative of a risk of premature mortality - both because of pre-existing ill-health and because of the likely adverse economic impact on the individuals themselves. Withdrawal from the labour force due to economic inactivity also harms economic productivity. Consequently, reducing premature ill-health and unnecessary economic inactivity is beneficial for individuals and society and reduces inequalities in health.

In King's Lynn and West Norfolk a third of 16-24 year olds were economically inactive in 2021, the relatively low rates are largely due to low proportions of young people who are students. This is the second lowest figure out of the Norfolk lower tier local authorities and 7.4 percentage points lower than the Norfolk average (41.3 percent) and 11.5 percentage points lower than the England average (45.4 percent).

Figure 69. 16-24 year olds who are economically inactive, Norfolk lower tier local authorities, Norfolk, and England, 2021

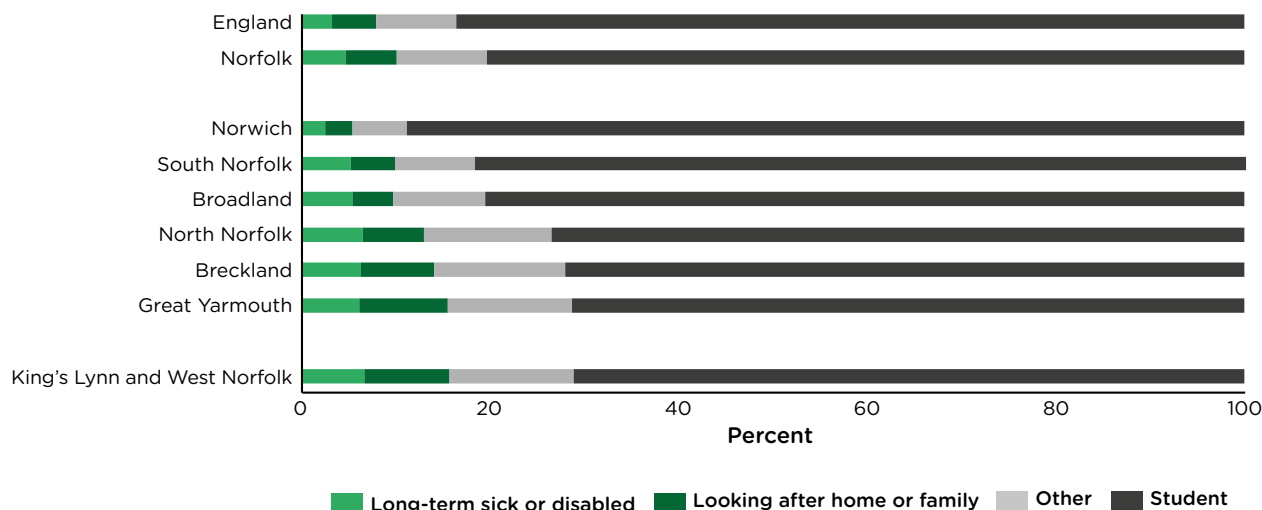


Source: Census (2021) [14]

While the most common reason for 16-24 year olds in King's Lynn and West Norfolk being economically inactive is due to being a student (71.1 percent) and going into higher education is generally positive for health and a range of other social determinants of health, this is the lowest proportion citing 'being a student' as a reason for being economically inactive among all Norfolk lower-tier local authorities and below the England average of 83.5 percent.

In King's Lynn and West Norfolk 6.7 percent of economically inactive 16-24 year olds cited being 'long-term sick or disabled' as their reason for being economically inactive, the highest proportion of all the Norfolk lower-tier local authorities and much higher than the England average of 3.3 percent. Nine percent said looking after family or home was their reason for being economically inactive, a relatively high proportion of young people who need to care for sick or disabled relatives as well as siblings and young children.

Figure 70. Reason for 16-24 years olds being economically inactive, Norfolk lower tier local authorities, Norfolk, and England, 2021



Source: Census (2021) [14]

Note: Retired category excluded due to small numbers. It is impossible to determine the 'other' reasons for economic inactivity, but to note that the proportion of people citing 'other' as a reason is quite high.

3.8 percent of 16-17 year olds in King's Lynn and West Norfolk are known to not be in education or employment (NEET) 1.1 percentage points higher than the England average (2.7 percent), however the King's Lynn and West Norfolk figures should be treated with caution due to the low level of confidence in the reliability of the data.

Business stakeholders working with young, unemployed people highlighted that poor mental health, low motivation, and employer inflexibility are major barriers to young people finding and sustaining employment. They emphasised the importance of empathy and understanding from employers and support agencies, noting that young people thrive when they feel valued and supported. One contributor stressed that employers need to recognise the "asset value" of their staff when they are motivated and engaged. However, widespread issues with demotivation and toxic workplace cultures were also identified as significant problems.

"Education often prepares individuals for jobs that don't exist, while employers seek skills education doesn't provide. The two sectors aren't meeting in the middle to address this skills mismatch."

King's Lynn and West Norfolk Business Stakeholder

Other stakeholders also mentioned the unrealistic expectations placed on children and young people due to social media and that young people were unaware of the realities of employment. At the South Lynn community event, attendees discussed the impact that phone and social media are having on children and young people's sleep.

Box 22. West Norfolk - BOOST

BOOST is a government-supported initiative launched in 2022 in King's Lynn which is running until at least March 2026. It supports young people aged 16-30, especially those not in education, employment, or training (NEET), offering tailored one to one support to build confidence, access skills training, mentoring, and careers guidance. To date, BOOST has supported over 500 people to begin an activity, get employability support, take part in training, or start a new job. With plans to expand further into West Norfolk.

BOOST helps young people progress towards work, training, or further education through workshops, mentoring, work placements, vocational training, and referrals to employers and training. By offering flexible, person led packages, ranging from bite size sessions to accredited courses, and ongoing 1:1 engagement, BOOST helps young people recognise their skills, improve digital & soft skills, and access work experience or formal qualifications. Its emphasis on local employer connections and sector aligned skills training supports stronger local workforce development and helps young people move into sustainable roles in their community.

Box 23. Norfolk - The Matthew Project - On Track

The **Matthew Projects On Track** programme is a free youth-focussed service offered by The Matthew Project targeting young people aged 13 to 24, aiming to help them move into or closer to education, training, employment or volunteering. It operates through several projects across Norfolk: 'King's Lynn and West Norfolk SPACE' supports 16-24-year-olds who are not in education, employment or training (NEET), facilitating positive group activities and community engagement to build motivation and resilience. The 'King's Lynn and West Norfolk Coaching' project provides one-to-one outreach coaching alongside employability groups to bridge gaps for disadvantaged youth.

On Track focuses on raising aspirations and resilience while providing safe spaces for learning and personal growth. Delivered in small groups, no bigger than 10, or through individual coaching, the programme is free to access and funded by a mix of government and charitable sources. Referrals can be made directly by young people or through schools, social workers and youth services, and support includes both outreach and follow-on community engagement to sustain progress.



4E. OPPORTUNITIES

The Sutton Trust Opportunity Index is a tool developed by the Sutton Trust [67], a UK-based educational charity, to measure social mobility and opportunities for young people across the UK. Their Opportunity Index focusses on constituencies in England and highlights the extent to which a young person’s background affects their opportunities and lives, by linking educational data for all pupils in state schools in England, to employment and earnings and benefits records in adulthood.

The Opportunity Index is calculated by considering six key indicators of social mobility across the life course:

- **School:** Attainment 8.
- **Post-16:** A Level result.
- **Post-16:** Percentage in sustained education/employment.
- **Post-18:** Percentage with degree by age 22.
- **Employment:** average earning at age 28.
- **Employment:** Percentage in sustained employment at age 28.

South West Norfolk and North West Norfolk are the two constituencies that make up the local authority of King’s Lynn and West Norfolk and are the lowest ranked constituencies on the Opportunity Index within Norfolk County Council, ranking at 444th and 420th on the opportunity index, respectively, out of a total of 543 in England. South West Norfolk ranks 169 places lower than the England median and North West Norfolk ranks 145 places lower than the England median. This highlights the low levels of social mobility and opportunity within these two constituencies in King’s Lynn and West Norfolk.

Figure 71. Sutton Trust Opportunity Index Constituency Rank Scores, Constituencies within Norfolk County Council, 2018/19 to 2023/24*



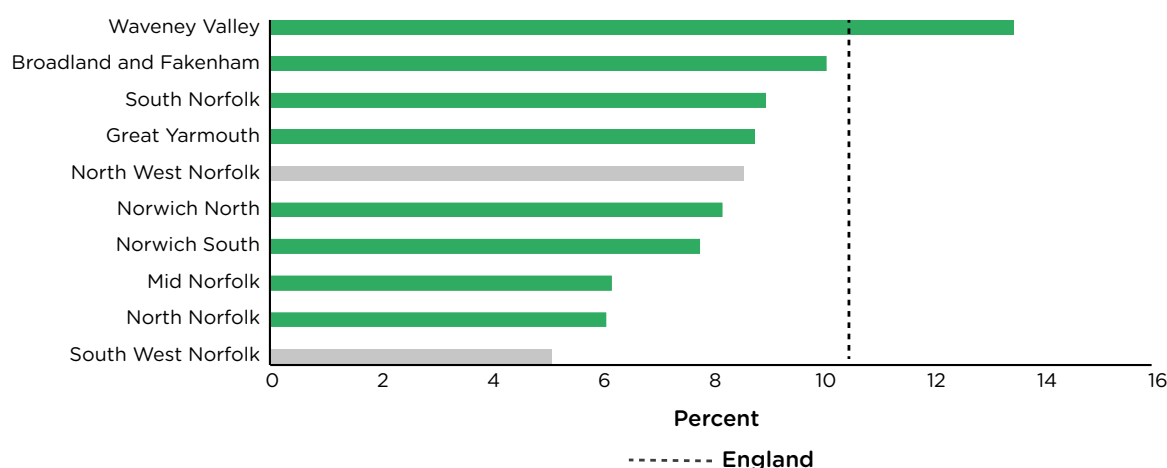
Source: Sutton Trust (2025) [66]

Note: 1) *The opportunity index rank score is calculated by a mixture of indicators – spanning different years
2) North West Norfolk is entirely contained within King’s Lynn and West Norfolk, South West Norfolk is split between King’s Lynn and West Norfolk, and Breckland. Waveney Valley is split between Norfolk and Suffolk.

South West Norfolk has the lowest percentage of FSM pupils that are among the top 20 percent of earners at the age of 28 of all the Norfolk County Council constituencies, only 5.1

percent. North West Norfolk has a figure of 8.6 percent. Both these percentages are lower than the England average of 10.5 percent in 2018/19.

Figure 72. FSM Pupils in the top of 20% of earners at age 28, Percent, Constituencies within Norfolk County Council, 2018/19



Source: Sutton Trust (2025) [66]

Note: North West Norfolk is entirely contained within King's Lynn and West Norfolk, South West Norfolk is split between King's Lynn and West Norfolk, and Breckland. Waveney Valley is split between Norfolk and Suffolk.

At community events participants highlighted barriers to young people accessing employment. In particular, having low aspirations which are passed on through generations, limited local jobs, and language barriers for migrants were flagged, while the loss of school career support and volunteering opportunities were also a concern. Attendees also discussed the lack of hope, unrealistic career expectations as a result of social media, and insufficient guidance. Many participants highlighted the increasing impacts of anxiety among young people and their loss of confidence post-Covid.

Some participants highlighted intergenerational dependence on benefits which was felt to dampen ambition and aspiration. It was felt that children may see reliance on benefits as normal or desirable, especially if parents are not nurturing higher aspirations and without examples of local people breaking the cycle, children may not see the value in education or employment. Children and families need hope and belief that change is possible. Positive role models, including faith leaders and successful local people, can inspire aspiration. Careers advice and work experience should start early, with exposure to a wide range of jobs and acceptance of all career paths.

"Some parents tell their kids don't bother going to university because it costs too much. Contributes to the low aspirations."

King's Lynn and West Norfolk Education Stakeholder

"Some young people seem devoid of any hope for the future. This is reinforced by a lack of opportunities and intergenerational poverty. We need practical positive examples of people from the local area showing what can be done."

King's Lynn and West Norfolk Education Stakeholder

Some stakeholders also felt that businesses could do more to recruit and retain parents with caring responsibilities.

"Recommendation that businesses offer child-friendly working hours to support young carers and parents, particularly single mothers, in balancing work and family responsibilities, thereby reducing poverty."

King's Lynn and West Norfolk Education Stakeholder

The RISE programme run by the police and partners in North Lynn was set up to reduce crime and antisocial behaviour in the area. It is also intended to build aspirations, confidence and skills among young people to give them a route to secure employment and meaningful activity. The programme builds on partnerships with other organisations in the area and is a positive example of the benefits of partnership working and coordination between various programmes for young people.

Box 24. North Lynn – RISE Initiative to Tackle Crime and Anti-Social Behaviour

RISE North Lynn is a multi-agency initiative launched in late 2024 to tackle organised crime, anti-social behaviour, and deprivation in North Lynn, a community facing significant socio-economic challenges and reduced life expectancy. Using the “Clear, Hold, Build” strategy, the project began with targeted enforcement to disrupt gangs and criminal networks. This was followed by increased community presence from police, housing, and fire services to stabilise the area and prevent a return of criminal activity.

The “Build” phase focuses on long-term regeneration through resident engagement and grassroots projects. Doorstep surveys collected insights on community concerns and aspirations, while local initiatives, including youth clubs, markets, and green space improvements, have been launched through The **Beacon community hub**. Backed by Norfolk Police, local government, and charities, the project has received strong community support and political backing, with early results showing both reduced crime and increased community cohesion.

The police inspector who leads the RISE North Lynn project stressed the importance the ‘build’ phase had on the success of the project, helping to build trust and engagement with the local community. They also attributed a lot of RISE’s success to the Beacon Church; the church helped to provide a good foothold in the community and provide a starting point to work.

The police lead said RISE was:

- “Changing people’s perception as to what the police can do, but also what we should be doing.”

And that the key to success was commitment and motivation:

- “These types of projects have to be delivered with passion otherwise there is no point at all”
- “Find cops and get them to go and go feel like they’re part of something, this is actually the key to all of this (RISE North Lynn). All the cops that are doing it understand why. Because of the way it’s been delivered to them and the way they’ve seen it.”

RECOMMENDATIONS:

1

Improve mental health for children and young people and their families

2

Prioritise reducing inequalities in educational attainment in King’s Lynn and West Norfolk

3

Strengthen support for families with children with special educational needs

4

Build skills and opportunities for further education and employment

5

Increase provision of activities for young people including in more rural and isolated areas

CHAPTER 5

INEQUALITIES IN HOUSING AND THE ENVIRONMENT IN KING'S LYNN AND WEST NORFOLK

Places characterised by good-quality, affordable housing, access to green and other public spaces, clean air, affordable and active travel and community cohesion all support good health. Across King's Lynn and West Norfolk there are many areas which have all these characteristics, however, many do not and there are particular issues with housing, transport and in some areas access to good quality green space. Living in rural areas can lead to social isolation which can negatively impact mental and physical wellbeing. These issues affect the health and wellbeing of children, young people and their families in the immediate and longer term. Living in rural areas can also affect key social determinants of health, particularly barriers in accessing support during the early years, education – particularly secondary and further education, employment opportunities, social mixing and a range of services and support. The cost and quality of housing is also a concern across King's Lynn and West Norfolk.

5A. HOUSING

Good quality housing is fundamental to health, while poor housing conditions are a major driver of ill health and premature mortality. Issues such as cold and damp homes, insecure tenures, high rents, disrepair, and overcrowding all contribute to widening health inequalities. Children are particularly vulnerable, evidence shows that growing up in poor housing increases the risk of severe ill health and disability later in life, as well as respiratory problems, impaired physical growth, delayed cognitive development, and mental health challenges including anxiety and depression [68].

Across England conditions in the private rental sector are particularly concerning, often harmful to health and there is often a lack of scrutiny or levers to ensure improvements are made. Several councils across the country have developed selective licensing schemes and other mechanisms to try and improve conditions in the private rental sector [69, 70].

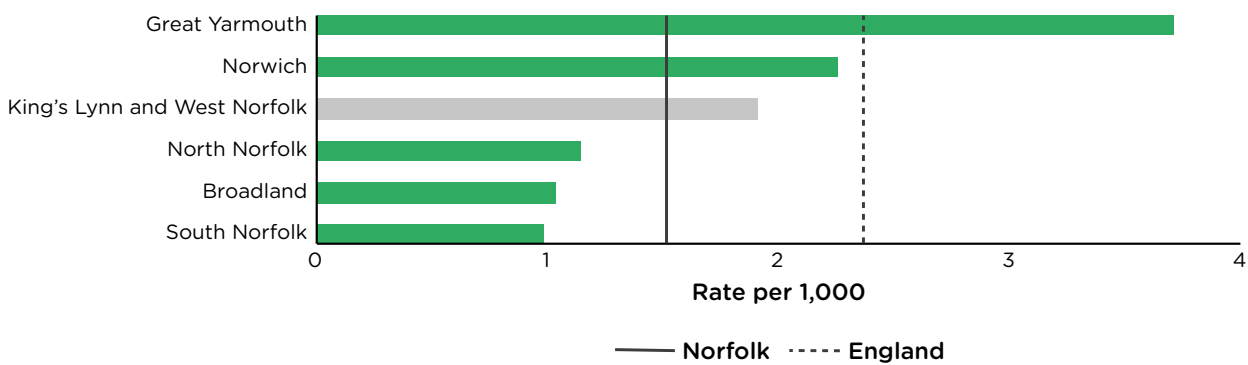
In relation to new builds, developers have potential to play an important role in supporting better health for children and young people and their families by increasing the supply of good quality affordable housing and by shaping healthy and sustainable places, building child friendly neighbourhoods, nearby amenities, and supporting the local community.

HOMELESSNESS

Nationally, there has been an increasing demand for housing accommodation for families in recent years, which has put unsustainable financial pressure on local authorities. Temporary accommodation is intended as short-term housing for households experiencing homelessness. However, due to a shortage of social and affordable housing, families are often housed in such accommodation for extended periods of time. These homes are often unsuitable for families placed in them, and there are regular reports of overcrowding, damp, mould, cold, disrepair and pests. Living in poor-quality, overcrowded housing can pose a serious risk to children’s short and long-term health and wellbeing [71].

There are 1.9 households per 1,000 where 16-24-year-olds are the main applicant who are owed a duty under the Homelessness Reduction Act in King’s Lynn and West Norfolk, higher the Norfolk average of 1.5 per 1,000 but below the England average of 2.4 per 1,000, Figure 73.

Figure 73. Households owed a duty under the Homelessness Reduction Act, main applicant aged 16 to 24, Norfolk lower tier local authorities, Norfolk and England, 2021/22



Source: Department for Levelling Up, Housing and Communities (2024) [72]
Note: No data available for Breckland

Stakeholders from the education and VSCE sector recounted experiences of interacting with young people who were homeless or had unstable housing situations often due to the high cost of private rents compared to local incomes and unstable home lives. This re-enforces the connection between poor housing and social disadvantage and stresses the need for more affordable and social housing in the area to prevent young people from falling into homelessness.

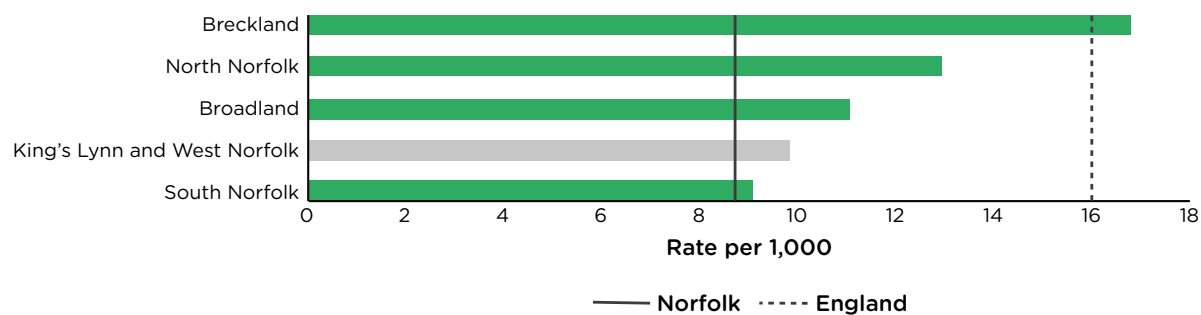
“Some young people across West Norfolk that come into my college are homeless.”

King’s Lynn and West Norfolk Education Stakeholder

In King’s Lynn and West Norfolk there are 9.9 per 1,000 households with dependent children owed a duty under the Homelessness Reduction Act. Although this is above the Norfolk rate of 8.7 per 1,000, King’s Lynn and West Norfolk performs better than most of the other Norfolk lower tier local authorities apart from South Norfolk, and well below the England rate of 16.1 per 1,000. Whilst the rate in King’s Lynn

and West Norfolk are relatively low, for those children who are living in temporary accommodation there is an urgent need to find secure housing and support children to mitigate the impacts. Many CVSE organisations work with families at risk of homelessness and in temporary accommodation, but the sector is beset by funding shortages and resulting inability to effectively meet need.

Figure 74. Households with dependent children owed a duty under the Homelessness Reduction Act, Norfolk lower tier local authorities, Norfolk and England, 2022/23



Source: Department for Levelling Up, Housing and Communities (2024) [72]
Note: No data available for Great Yarmouth or Norwich

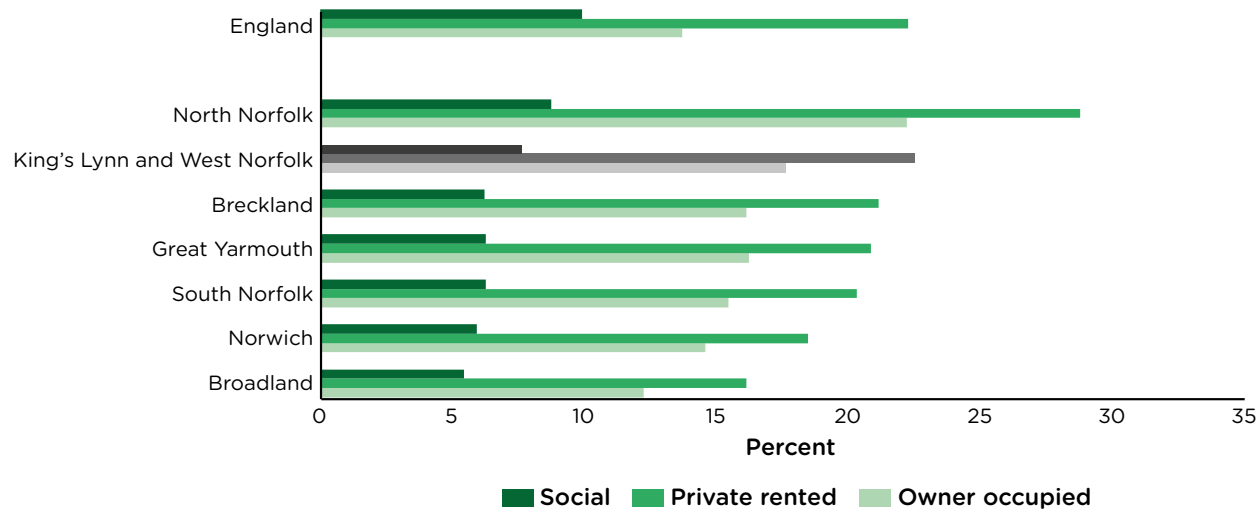
“Lots of people think, ‘I wouldn’t be eligible for social housing,’ when actually they are. There’s a whole education piece missing.”

King’s Lynn and West Norfolk Housing Stakeholder

HOUSING QUALITY

Across England conditions in private rental housing are generally worse quality than social and owner occupied housing. In King’s Lynn and West Norfolk, 7.7 percent of social homes, 17.8 percent of owner occupied homes and 22.8 percent of private rented homes are non-decent. These figures are the second highest in each of their respective categories across Norfolk’s lower tier local authorities. A higher percentage of owner occupied, and private rented homes are non-decent compared to the corresponding England averages.

Figure 75. Non-decent homes*, by tenure type, Norfolk lower tier local authorities, and England, 2022



Source: Ministry of Housing, Communities and Local Government (2025) [73]
Note: *A non-decent home is one with a hazard or immediate threat to a person’s health, not in a reasonable state of repair, lacking modern facilities or not effectively insulated or heated.

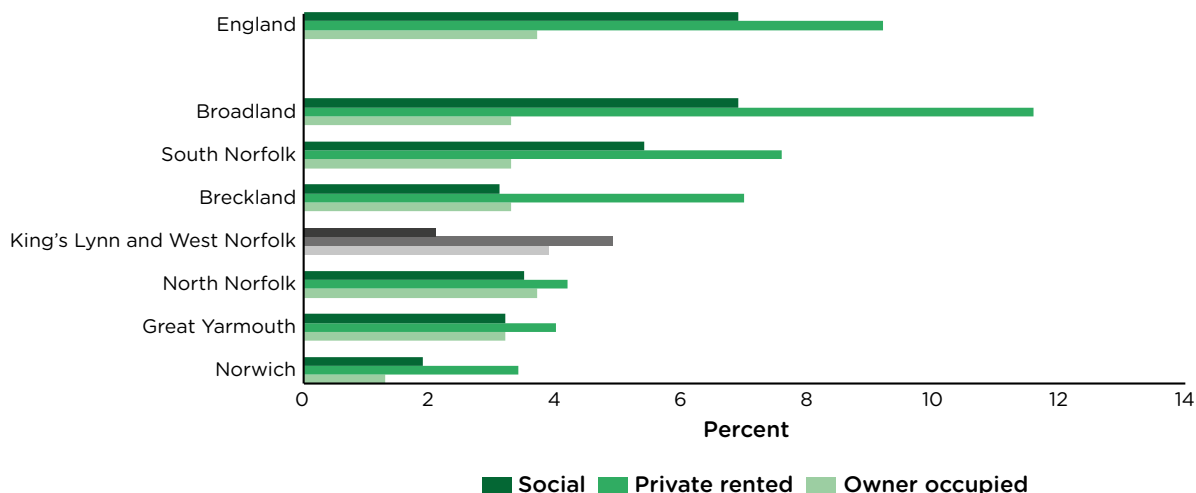
“Enforcement gaps and limited incentives for landlords mean unsafe or unhealthy housing persists, while new regulations risk driving small landlords out of the market and worsening housing shortages.”

King's Lynn and West Norfolk Housing Stakeholder

Damp housing is a particular risk for children and young people, both to their physical health, through increased risk of developmental delays and respiratory problems, and to their mental health. UK children miss more school days due to disease burden from damp than any EU member state, with rates over 80 percent higher than the EU average and living in damp housing harms educational attainment [74].

In King's Lynn and West Norfolk, 2.1 percent of social homes; 3.9 percent of owner occupied homes and 4.9 percent of private rented homes are damp. These rates are lower than the English average, except for owner occupied homes.

Figure 76. Damp homes, by tenure type, Norfolk lower tier local authorities, Norfolk and England, 2022

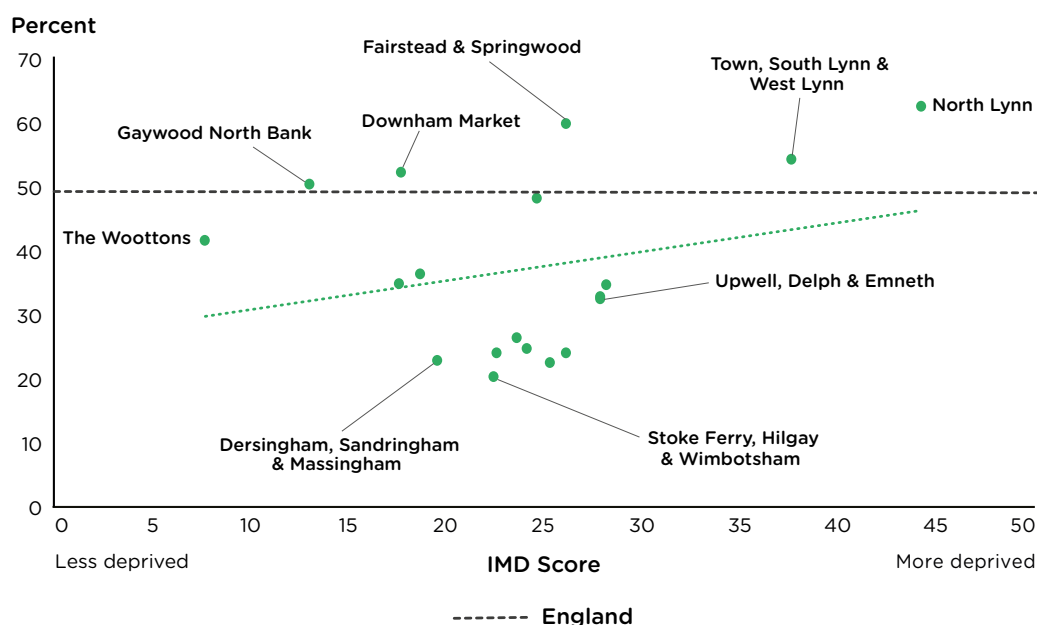


Source: Ministry of Housing, Communities and Local Government (2025) [73]

Figure 77 shows an inverse gradient related to area deprivation and the proportion of homes which are insulated to EPC rating C and above, at which level they are considered sufficiently insulated to reduce damp and cold. The most deprived area in the Borough North Lynn, has the highest percentage of

dwelling with an EPC rating of C or above, 62.3 percent – indicating that the high proportion of social rental in that area is well insulated. The area with the lowest percentage of dwellings with an EPC rating of C or above is a relatively rural area, Stoke Ferry, Hilgay & Wimbotsham with a figure of 20.4 percent.

Figure 77. Dwellings with an EPC rating of A, B, or C, and deprivation (IMD Score 2025), percent, King's Lynn and West Norfolk MSOAs, 2024



Source: ONS (2024) [75]

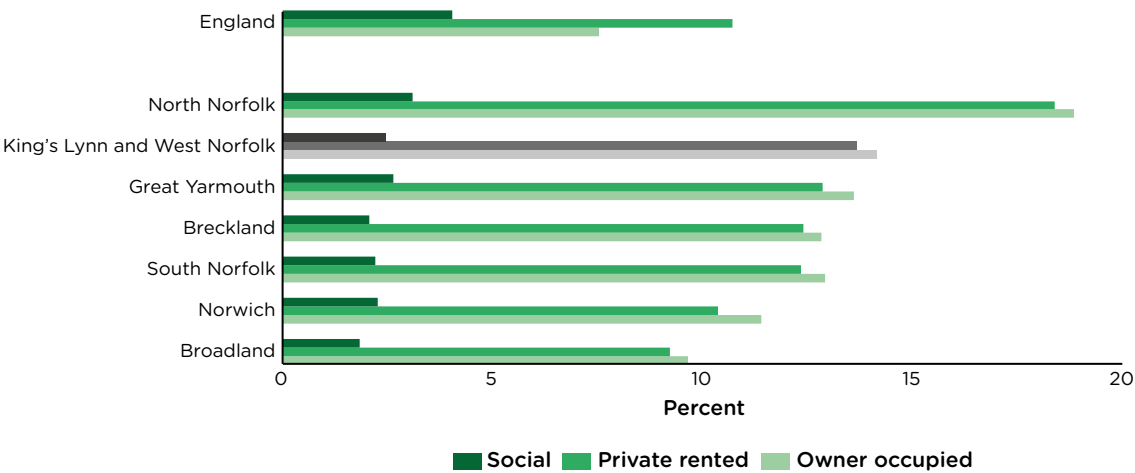
Stakeholders noted the scale of the challenge of insulating housing to a rating of EPC C, as many of the poorly insulated homes are owned, older properties in rural areas. Information and support to owner occupiers in rural areas may encourage them to instal better insulation.

“It’s a big challenge to get all 7,200 of our properties (7000 of which are social rental, 200 are ownership/leasehold properties) to EPC C by 2030 – we don’t believe we’ll achieve this.”

King’s Lynn and West Norfolk Housing Stakeholder

In King’s Lynn and West Norfolk, 2.2 percent of social homes have Category 1 hazards; 13.7 percent of owner occupied homes have category 1 hazards; and 14.2 percent of private rented homes have category 1 hazards. A Category 1 hazard is a hazard that is a serious and immediate risk to a person’s health and safety. The owner occupied and private rented figures far exceed the England averages of 7.5 percent for owner occupied and 10.7 percent for private rented respectively.

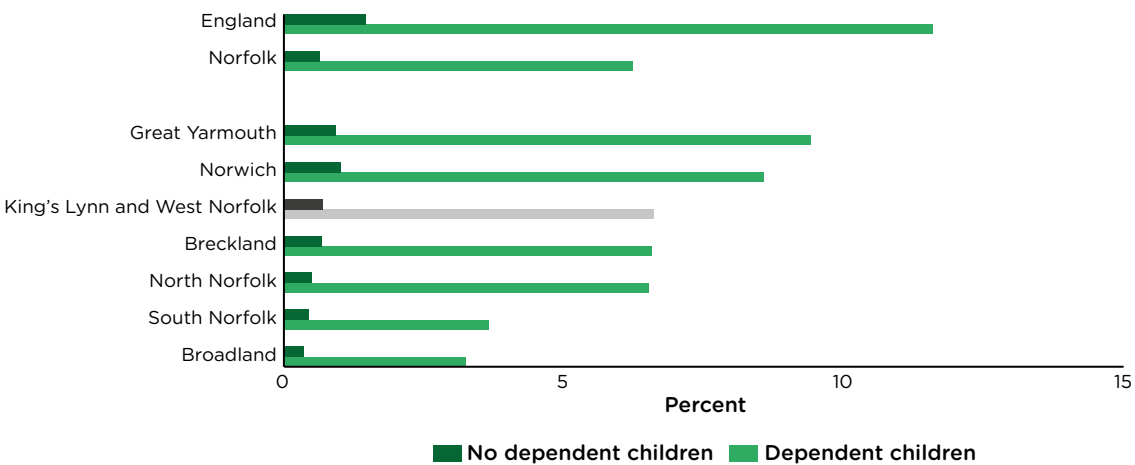
Figure 78. Homes with category 1 hazards*, by tenure type, Norfolk lower tier local authorities, Norfolk and England, 2022



Source: Ministry of Housing, Communities and Local Government (2025) [73]
Note: A category 1 hazard under the Housing Health and Safety Rating System (HHSRS) is a serious and immediate risk to a person’s health and safety within a property.

In King’s Lynn and West Norfolk, 6.6 percent of households with overcrowded bedrooms have dependent children in the household, 5 percent lower than the England average.

Figure 79. Households with overcrowded bedrooms, by whether there are dependent children* in household, Norfolk lower tier local authorities, Norfolk and England, 2021

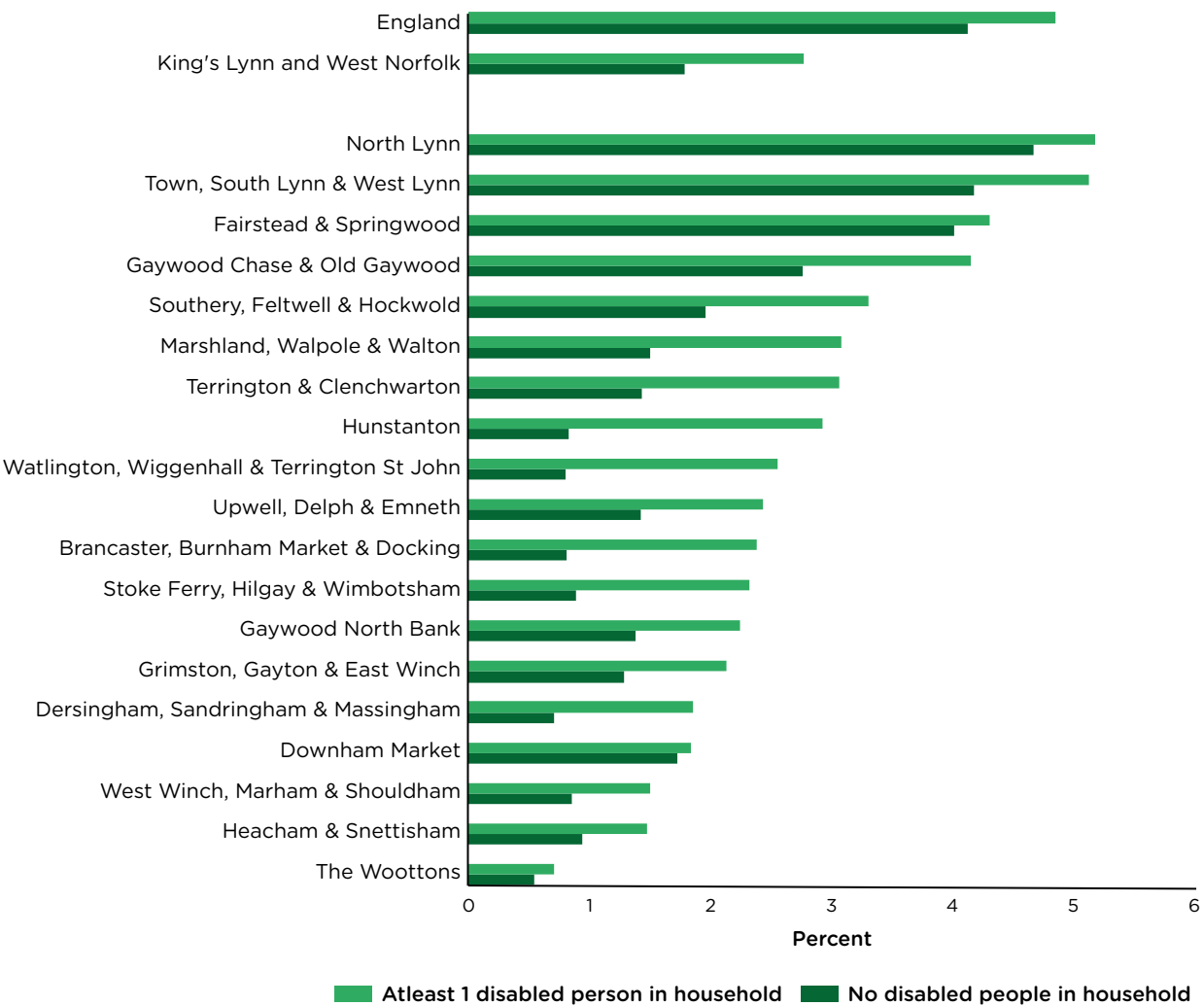


Source: Census (2021) [14]
Note: *A dependent child is a person aged 0 to 15 years in a household or a person aged 16 to 18 years who is in full-time education and lives in a family with their parent, parents, grandparent or grandparents. It does not include any person aged 16 to 18 years who has a spouse, partner or child living in the household [76].

Figure 80 shows the level of overcrowding across King's Lynn and West Norfolk among households with no disabled people in the household and households with at least 1 disabled person in them. On average, King's Lynn and West Norfolk have fewer overcrowded households, both those without disabled people and those with at least one disabled person, than the England averages, by 2.3 and 2.1 percentage points respectively.

However, these figures may hide high levels of inequality within the Borough. North Lynn has relatively high rates of overcrowding among households with at least 1 disabled person, 5.2 percent, and households with no disabled people, 4.7 percent. In contrast, The Woottons has the lowest percentage of households with overcrowded bedrooms for both households.

Figure 80. Households with overcrowded bedrooms, by whether there is anyone disabled under the Equality Act in household, King's Lynn and West Norfolk Wards, King's Lynn and West Norfolk, and England, 2021



Source: Census (2021) [14]

Stakeholders from the housing and health sector told us how the old, damp, and overcrowded homes are contributing to respiratory conditions across the borough, views which correspond with King's Lynn and West Norfolk's high asthma hospital admissions rate. Stakeholders described widespread issues with poor-quality private rentals, overcrowding, and the shortage of larger family homes, particularly affecting families with disabilities. While housing providers are aware of the health impacts of poor living conditions, many families do not recognise the link between issues like damp or overcrowding and their health.

Concerns were also raised about the potential impact of new regulations, such as the Renters' Reform Bill and energy efficiency standards, on small landlords, which could lead to fewer affordable rentals and rising housing need, whilst, also highlighting the lack of effective enforcement and incentives for private landlords to improve property conditions. Housing sector stakeholders also discussed the potential effects of concentrating vulnerable tenants in social housing without adequate support, and how this can lead to challenging neighbourhood dynamics and increased pressure on housing staff, who are often not equipped to manage complex support needs.

“Overcrowding and poor maintenance has a big impact on families with disabilities, and limited housing stock makes it difficult to relocate those in unsuitable homes.”

King’s Lynn and West Norfolk Housing Stakeholder

“We need to balance the needs of customers with the needs of the neighbourhood – placing people with significant support needs in the wrong settings can destabilise communities.”

King’s Lynn and West Norfolk Housing Stakeholder

Box 25. UK Case Study - Northumberland - Modelling Improvements in Warm Homes and Healthy Life Expectancy Inequalities [68]

Northumberland faces persistent inequalities in both housing quality and health, driven in part by cold, damp homes. Only 44.8 percent of homes currently meet the minimum EPC C rating, leaving around 80,537 properties in need of retrofit. Of these, 19,905 households are officially at risk of fuel poverty, while around 35 percent of households across the North East fall below the Joseph Rowntree Foundation Minimum Income Standard, making them vulnerable to living in cold, unhealthy conditions. To support action to address this, the IHE modelled how improving insulation and energy efficiency could improve healthy life expectancy (HLE) and reduce health inequalities.

Three hypothetical scenarios were explored. The most ambitious scenario showed that improving insulation among low income households could lead to a five-year increase in HLE among lower income groups. Across all scenarios, the results indicated measurable health gains for those in lower income groups, with a projected 4.5 percent reduction in the Slope Index of Inequality under the central most ‘realistic’ estimate. The modelling also suggested wider benefits, including reduced falls, fewer respiratory illnesses, better nutrition from lower fuel costs, and improved mental wellbeing. Importantly, even the most conservative model provided sufficient evidence to support the NHS’s potential role in contributing to retrofit investment as a preventative health measure.

The findings underscore the need for a targeted and data-driven approach to improving housing quality. While area-based interventions are useful, they may miss deprived households in otherwise affluent communities, so future monitoring should measure HLE by income rather than geography. Overall, the modelling demonstrates that investing in warm homes can significantly improve health outcomes, extend healthy life expectancy, and narrow health inequalities, delivering benefits across housing, health, and climate policy objectives.

Box 26. UK Case Study - Leeds - Selective Licensing Scheme [69]

Leeds is among the 20 percent of English councils that have implemented a [Selective Licensing scheme](#) to improve rental housing conditions. Leeds City Council introduced Selective Licensing in two high-density urban areas, Beeston and Harehills, where more than 6,200 properties have been subject to licensing. Leeds City Council staff conducted property inspections to ensure compliance with key conditions, including:

- Maintaining gas and electrical safety standards
- Addressing waste management
- Proactively inspecting properties to ensure they are safe, warm, and secure
- Tenant health discussions to assess housing-related health needs
- Collaboration on antisocial behaviour, involving landlords and local agencies

In 2024, Leeds Public Health partnered with Leeds City Council’s Housing Team to assess its impact on housing quality and health inequalities, with early findings showing improvements in mental well-being and reductions in antisocial behaviour. The Selective Licensing scheme has delivered tangible benefits for tenants and communities including:

- Improving housing conditions
 - > More than 1,598 homes in Beeston and Harehills were significantly improved.
 - > 5,294 hazards were identified, including in both Category 1 and Category 2 hazards.
 - > Over 6,000 people are now living in better-quality homes as a result of Selective Licensing.
- Supporting tenants and strengthening communities
 - > Leeds City Council facilitated over 1,900 referrals to partner organisations for issues such as: employment support, English language courses, financial and debt advice, and health services.
- Collaborating with partners to tackle wider issues
 - > These agencies coordinate efforts to improve housing conditions, reduce crime, and support vulnerable tenants. Joint inspections have also helped address issues such as cannabis cultivation, illegal subletting, and unmanaged properties.

HOUSING AFFORDABILITY

The median housing affordability ratio compares the median price paid for residential property to the median gross annual earnings for full-time workers - a higher ratio indicates a less affordable home. King's Lynn and West Norfolk has an

affordability ratio of 7.41, this is lower than the East of England ratio of 9.07 and the England ratio, but the ratio is still high and housing unaffordable for many people in the District.

Figure 81. Median housing affordability ratio, Norfolk lower tier local authorities, East of England, England, 2024

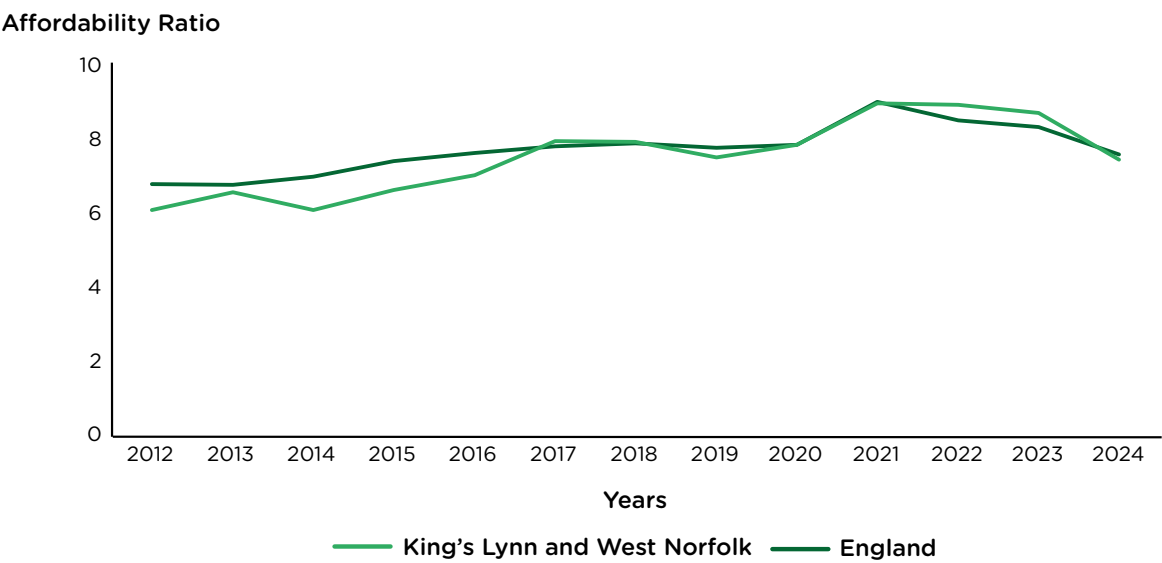


Source: ONS (2025) [77]

The housing affordability ratio in King's Lynn and West Norfolk has increased by 1.36 between 2012 and 2024, largely in line with the England average over this period. The median

housing affordability ratio across the borough was at its peak in 2021 with a ratio of 8.92.

Figure 82. Median housing affordability ratio, King's Lynn and West Norfolk, and England, 2012-2024



Source: ONS (2025) [77]

Many people across King's Lynn and West Norfolk, struggle to access affordable housing, particularly good quality affordable housing. Unaffordable housing pushes many households into poverty and debt and unable to afford other essential goods and services, including heating and food. High housing costs

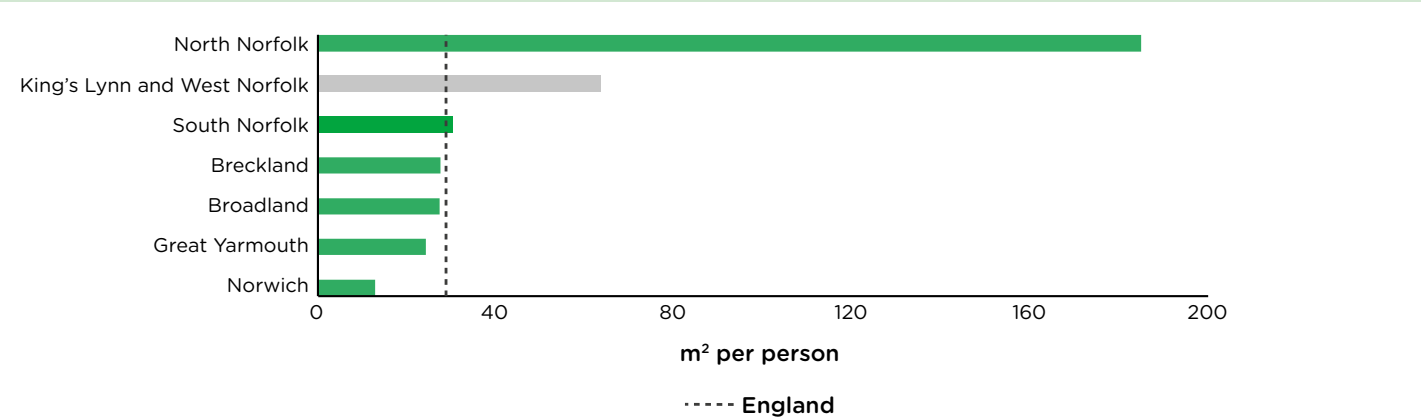
lead to poor mental and physical health. As across England there is huge demand for better, quality, affordable homes. Many new developments are small flats and are unsuitable for families and developers must be required to provide affordable, large family homes in any new developments.

5B. GREEN SPACE

Access to safe, local green spaces plays a vital role in supporting health and wellbeing. Exposure to greener environments is linked to better mental health and an improved quality of life for both children and adults. Green spaces also foster social connections, reduce loneliness, help mitigate air pollution, and provide free opportunities for physical activity. However, across England, access to and the quality of green spaces is unequal, with fewer and lower-quality green areas in more deprived communities [78]. For children and young people, these spaces offer essential opportunities for outdoor play, socialising, and physical activity, supporting their overall physical, mental, and social development.

King’s Lynn and West Norfolk has the second highest green space provision per person of the Norfolk lower tier authorities, with 63.5 square metres (sqm) provision of green space per person. This is higher than the East of England average of 37.6 sqm and the England average of 29 sqm.

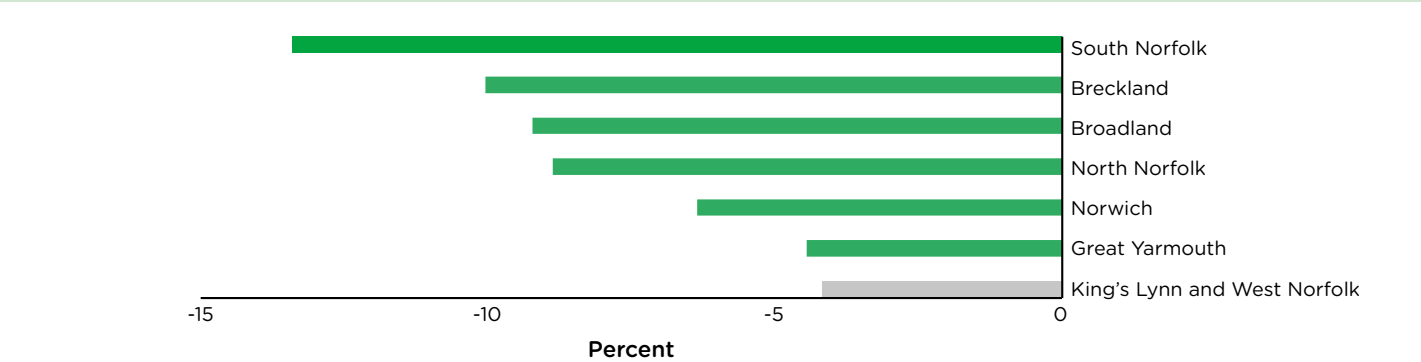
Figure 83. Green space provision, meters squared (m²) per person, Norfolk lower tier authorities, East of England, and England, 2024



Source: Fields in Trust (2024) [79]
Note: Provision of green space per person (sqm): The total green space provision per person within the given area, reported in square metres.

King’s Lynn and West Norfolk green space index (GSI) is projected to be the least negatively affected in the future up to the year 2043, compared to all the other Norfolk lower tier authorities. Nonetheless, King’s Lynn and West Norfolk’s GSI score is still projected to decrease approximately 4.19 percent by 2043, indicating a decrease in the boroughs level of park and green space provision. Green space is an asset that can be further used to improve the health and wellbeing of children and young people.

Figure 84. Green Space Index - 2043 future projection, percent, Norfolk lower tier authorities and England, 2024

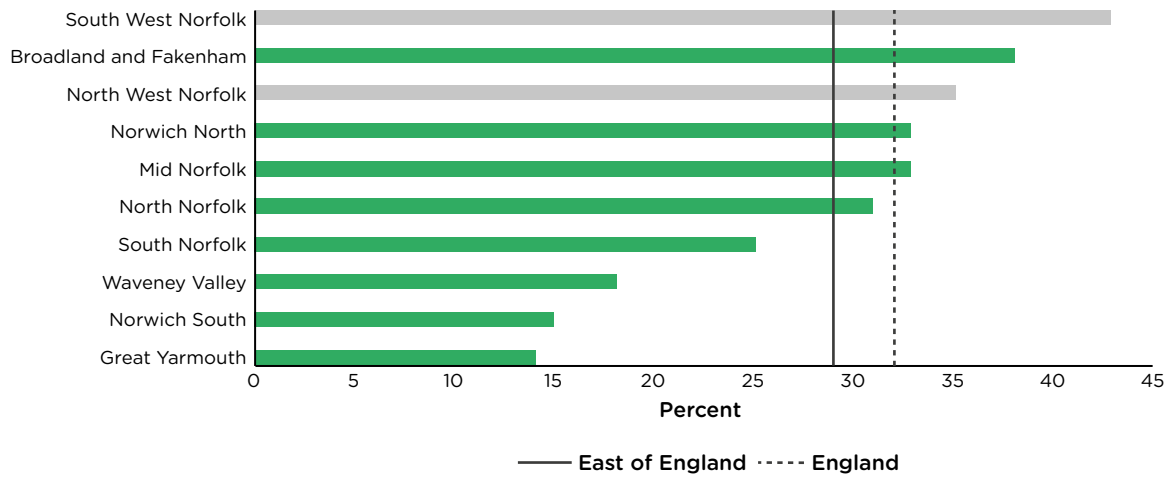


Source: Fields in Trust (2024) [79]
Note: 1) The GSI Index future projection indicates the expected percentage change in an area’s Green Space Index score over time.
2) GSI Score is Fields in Trust unique measure showing whether an area meets a minimum level of park and green space provision, where a score of 1 demonstrates a minimum standard of provision.

Despite the availability of green space, the two Constituencies within the District have the highest percentage of children aged 9 or under who do not live within a 10-minute walk of a playground,

42.9 percent of children in South West Norfolk and 35.7 percent of children in North West Norfolk respectively.

Figure 85. Children up to 9 not within 10min walk to a playground, percent, Constituencies within Norfolk County Council, East of England, and England 2024



Source: Fields in Trust (2024) [79]
Note: North West Norfolk is entirely contained within King's Lynn and West Norfolk, South West Norfolk is split between King's Lynn and West Norfolk, and Breckland. Waveney Valley is split between Norfolk and Suffolk.



5C. TRANSPORT AND RURAL ISOLATION

TRANSPORT

Reliable, regular and affordable transport is an important determinant of health, it enables access to work, education, social networks, and services [33] and not having access to reliable and affordable transport increases inequalities in health [80]. Bus services are essential infrastructure, particularly in rural places and for more deprived groups. Despite this, provision of bus services outside London worsened between 2008-2023, with a drop of 48 percent for urban bus services (except London), and 52 percent for rural bus services [81].

Recent national surveys have found that young people make fewer trips than older people, with young people without a car, and those in the lowest income quartile having even more reduced mobility than others [82]. Young people cite affordability and infrequency of transport as reasons for missing school, turning down jobs, training or social activities. This reflects the situation in many parts of King's Lynn and West Norfolk, where young people identify cost, safety, and accessibility as key factors which affect their use of public transport.

At community group engagement events, lack of transport was repeatedly flagged as a major obstacle to education, employment, childcare, and healthcare, impacting aspirations, school attendance, and access to services. Participants also discussed how transport challenges, particularly travelling with children and unfamiliarity with the public transport reduces use of buses.

Various stakeholders commented on the low levels of bus service provision in West Norfolk, significantly lower than in other parts of Norfolk, with transport difficulties and the centralisation of services in King's Lynn making access difficult for families in rural areas. Many VSCE organisations are not able to assist or support people who have additional needs or those lacking in confidence to use public transport [83].

Some stakeholders and attendees at community events explained how the safety and suitability of some bus services is poor in the area. For example, instances where bus stops were located on roads that were unsafe or difficult to reach on foot, or where stops were poorly lit and overgrown discourage use of bus services. There is a need for more services that support people of all ages to use public and community transport as VSCE stakeholders said they are seeing more people who are anxious or lack confidence to travel and use timetables

“Infrequent and unreliable public transport prevents families from attending hospital and clinic appointments, with some areas lacking regular bus services, resulting in low engagement and missed healthcare opportunities. Which is regularly affecting the most deprived.”

King's Lynn and West Norfolk NHS Stakeholder

“Rural issues are a major barrier for children and young people’s education - 1 hour to get to school, 1 hour back from school - really long days, tired throughout affects schoolwork.”

King's Lynn and West Norfolk VCSE Stakeholder

Box 27. King's Lynn – Bus Service Improvement

Funded through Norfolk County Council’s £49.55 million allocation from the UK Government’s Bus Service Improvement Plan (BSIP), the council has **improved bus services in King's Lynn** and surrounding areas by increasing their regularity. Key enhancements include the North Wootton-King's Lynn circular, which now runs three times hourly and additional weekday and Saturday journeys on the 3H Town Link, and an extended early-morning and evening schedule for several routes. A town-wide flat fare of £1.50 makes travel more affordable, alongside a £3 fare cap introduced in January 2025 as part of nationwide efforts to ease cost of living pressures.

Stakeholders also highlighted the need for private cars in rural areas, but that this was unaffordable for many people – widening inequalities. Particular issues were cited as fuel costs, vehicle maintenance and repair and then when cars were unavailable, they could not access education, employment and essential services. In the Community Action Norfolk - VSCE report, West Norfolk Hilgay, Wisbech, Heacham, and Hunstanton were identified as significantly challenging for those without access to a car, with buses from Downham Market to King's Lynn often passing rural communities [74]. For many young people the cost of learning to drive and owning and using a car is unaffordable, and there is a lack of appropriate taxis for those who are disabled.

RURAL ISOLATION

At community events and in discussion with stakeholders’ issues to do with rural isolation were repeatedly raised, particularly among young people. It was felt that due to the small numbers of children and young people in rural areas, their views and thoughts were overlooked and their needs not met. An important point for future engagements. There were discussions about the rise in home schooling, particularly in rural areas and the possibility for children to be ‘lost’ and missing out on education in some cases. Rural schools also have a lower number of teachers available to teach classes as it is often harder to recruit teachers there.

VCSE stakeholders noted that their service delivery often depends on the availability of volunteers and staff, and that is more difficult in rural areas due to difficulties accessing public

and community transport. The additional costs associated with rurality also affect delivery, with many organisations reporting difficulties in securing sufficient funding to help people access in-person activities or services. Stakeholders also emphasised the need for outreach support funding that fully reflects the true costs of delivery in rural areas.

Stakeholders noted that employment opportunities in rural areas are limited, reducing access to employment but also potentially affecting whole communities and householders if a local employer moves or closes. Many workers in rural areas are paid the minimum wage which compounds cost-of-living issues. It was also noted that language barriers can be an issue for migrants who are employed by factories and farms in rural areas.

Rural isolation can contribute to poor early years development. Limited access to early years support including childcare and antenatal classes, service cuts, and Covid-driven shifts to virtual interaction is impacting child development, socialisation, and parental engagement.

“Families in rural areas struggle to access services such as family hubs due to lack of transport and distance, whereas families in more urban areas benefit from closer proximity to services and better infrastructure.”

King’s Lynn and West Norfolk Education Stakeholder

Box 28. Wellbeing on Wheels Bus

The **Wellbeing on Wheels (WoW) bus** is a mobile health and wellbeing service operating across Norfolk and Waveney, designed to bring essential health support directly into communities. Originally launched during the COVID-19 pandemic to deliver vaccinations to homeless and inclusion-health groups, the service has since evolved to offer a wide range of drop-in support including health checks, mental health advice, vaccinations, antenatal services, and signposting to wider care.

The WoW bus is oriented towards more marginalised groups and those in rural communities who are underserved, including people experiencing homelessness, rural isolation, poverty, and Gypsy, Roma, Traveller and migrant groups. The scheme has helped to increase healthy literacy amongst these communities as well as overcoming barriers to accessing health services including issues with transport, digital services, and mistrust. Co-ordination of the bus requires working collaboratively with partner organisations across sectors to build trusting relationships with communities and ensure that services onboard are in response to what communities share that they would like support with. The bus offers a model of proportionate universalism to ensure services are available to all, but has greater focus directed toward those most excluded.

RECOMMENDATIONS:

1

→

Improve access to decent quality housing

2

→

Increase provision of play areas and support for physical activity

3

→

Improve access to affordable, regular transport

CHAPTER 6

DELIVERING GREATER HEALTH EQUITY FOR CHILDREN AND YOUNG PEOPLE

The collaboration between IHE and King's Lynn and West Norfolk has involved stakeholders from across the Borough, including the District and County Council, VCSE organisations, businesses and the economic sector, the healthcare system, education, the police, transport, housing, the leisure sector, faith organisations and residents. All of these organisations have an impact on health and the social determinants of health, both positive and negative, and all must be involved in working collaboratively for greater health equity. These system partners have helped shape many of the recommendations and proposals in this report and together with residents, they form the foundation of the Borough's health equity system.

6A. FAMILIES AND COMMUNITIES

Families and communities play a vital role in shaping health and wellbeing across all stages of life and particularly for babies, children and young people. Families provide emotional support, care, and guidance, influencing behaviours and attitudes. Supportive family relationships help build resilience, reduce stress, and promote positive mental and physical health, while instability or conflict within families can have long term negative effects on both physical and emotional wellbeing. Communities also contribute significantly to overall health by creating networks of support, shared resources, and opportunities for social connection. Safe and inclusive communities reduce social isolation, and promote access to services such as education, healthcare, and recreation. Together, families and communities create strong foundations for health, happiness, and resilience, contributing to the wellbeing of both individuals and society as a whole.

We have been repeatedly told that families need to be at the heart of the development and delivery of programmes and services and that without family-based support sustained improvements for babies, children and young people will not be delivered. The importance of strong families and communities was emphasised repeatedly by stakeholders and community members at community engagement events. Many stakeholders referred to deteriorations in community cohesion and families and households increasingly feeling hopeless, despairing and beset with intractable problems.

While services are set up to support families and communities facing these issues, cuts and increasing need have meant that services cannot provide the level of support or focus on prevention; many services can only, at best, react to crises rather than prevent them. We heard too that in the face of multiple challenges, families and individuals have lost resilience and the capacity to make positive changes themselves. Families were increasingly becoming reliant on fragmented and stretched services and services and support which are offered are often not trusted or seen as inappropriate or irrelevant and as such, not used.

“Sometimes parents are not taking enough responsibility. Sometimes this is due to entrenched problems. We have to give out tough love to these parents sometimes.”

King’s Lynn and West Norfolk, VSCE stakeholder

The indications that families are not able to address challenges, even when support is available signals that greater efforts are needed to create the conditions for families and communities to have control of their lives and rebuild trust. Community, voluntary sectors and faith based organisations have an essential role in achieving this and other stakeholders should partner more effectively with these organisations to support change within households and communities.

TRUST

Lack of trust was frequently highlighted as a reason for families not engaging with education, health care and other services or taking up support when offered. At times, distrust in services related to previous family and community experiences with some families wary of healthcare, social care and education services due to concerns about child removal and child protection. Stakeholders in the housing sector noted reluctance from some families to engage with support services such as the Early Help Hub, due to mistrust of professionals and fear of social services involvement, despite efforts to present these services as supportive and preventative.

“Families often avoid early help offers due to fear of social services involvement or disbelief that engagement will improve their circumstances.”

King’s Lynn and West Norfolk Education Stakeholder

Stakeholders in the education sector described how entrenched distrust in education, and resulting disengagement with their children’s education and low attendance in school, often stems from parents own experiences during their time in the education system. Stakeholders noted that engagement initiatives are not always taken up. Low aspiration, and disengagement from education, often rooted in their own negative experiences, undermine children’s progress.

“When parents aren’t on board with the school, it’s really hard to make it work with the kids.”

King’s Lynn and West Norfolk Education Stakeholder

At community events, participants discussed parental engagement in education and literacy skills. Groups discussed how some parents struggle with reading and writing, making it hard to engage with schools or support their children's learning and that they felt shame associated with low levels of literacy that lead to parental and then child disengagement.

Healthcare stakeholders also referred to weak data-sharing and communication between different parts of the health system which leads to poor handovers between services and between families and services and interruptions in continuity of care, which undermine trust. Families must navigate the healthcare system themselves, and this led to a failure to engage, frustration with having to repeatedly relay the same information – stakeholders reported that many families feel that there is no point to the engagement and therefore disengage.

“Families sometimes don’t want to interact with services because they’ve been referred before and it hasn’t done anything to change their scenario.”

King’s Lynn and West Norfolk Education Stakeholder

“Families often do not see the value in accessing support due to previous negative experiences or a lack of understanding about available services.”

King’s Lynn and West Norfolk VSCE Stakeholder

Stakeholders from the VSCE sector discussed that in many cases the public have a higher level of trust in them and faith-based services, than they do statutory services. This represents a significant opportunity for the voluntary community sector and faith based organisations to help build engagement with services, although the required persistent outreach in building trust is a slow process.

“Building trust requires time, persistence, and informal engagement, such as school community events and approachable, consistent relationships with families.”

King’s Lynn and West Norfolk Education Stakeholder

“We need stronger collaboration between statutory services, colleges, and voluntary organisations to address local needs and build trust.”

King’s Lynn and West Norfolk Education Stakeholder

SOCIAL MOBILITY AND INTERGENERATIONAL INEQUALITY

In section 4 we outlined low levels of opportunity and social mobility in the Borough. At community events, intergenerational inequality and low aspirations were cited as reasons which contributed to the relatively low levels of child development and educational attainment and higher than average numbers of people with no qualifications.

Event attendees identified several contributing factors to intergenerational inequality in the area. Limited social mobility was a recurring theme, with many young people influenced by entrenched patterns of low aspiration and a reliance on low-skilled employment or accepting that economic inactivity was inevitable. Even high-achieving students were reported to frequently follow the career paths of their parents, reflecting a lack of exposure to broader opportunities.

During community engagement events, attendees discussed how:

“Deprivation is caused by inter-generational poverty - the same families are involved in crime.”

King’s Lynn and West Norfolk Police Stakeholder

SAFETY – PHYSICAL AND PSYCHOLOGICAL

Across England, children and young people report feeling unsafe in their communities, at school and at home, contributing to poor mental health and disengagement from activities and social life. At the community events attendees discussed how fear of crime, antisocial behaviour and cyber bullying has led to increased anxiety among children and young people which leads to children being scared to leave the house and interact with other people.

Trusted adults, safe spaces, and community safety teams are vital for children's security and wellbeing. Other safety concerns that were raised at other community engagement events include increasing parental concerns about safety, busier roads, and generational shifts in attitudes about safety. These have led to children spending less time outdoors, with adults passing on heightened anxieties about the world.

Stakeholders felt that there were increasing levels of abuse, neglect and trauma, much of which was not reported or identified. Some stakeholders suggested that the impacts of this on children and young people are not always well understood and resulting behaviours can be misunderstood, for instance as SEN or autism spectrum disorders when children's behaviour was largely driven by experience of abuse and trauma.

“Domestic violence seems to be constant and ever-present at the moment. Children are also increasingly concerned for their safety.”

King’s Lynn and West Norfolk Education Stakeholder

Box 29. Stronger Families Norfolk

The **Stronger Families Norfolk** social outcomes partnership was formed in 2019 to support families and children on the edge of care or already in care due to abuse or neglect. Stronger Families supports children and adolescents at risk of being taken into care or in care, providing them (and their family) with access to a proven therapeutic programme (using Functional Family Therapy, FFT). The programme is designed to help them address behavioural and emotional issues, built on a foundation of acceptance and respect.

A partnership approach has enabled a more collaborative, flexible approach to problem-solving. This has facilitated a number of delivery innovations, including:

- In collaboration with Social Care and Early Help teams, Stronger Families was able to extend the service to a younger age group so that more families can access the service.
- A flexible budget has enabled Stronger Families to hire additional therapists and an additional clinical supervisor, providing additional capacity and clinical supervision to support the team.
- Partnership Boards have enabled joint improvements to contractual and operational areas, such as using locality-based referral and success rates to offer targeted support.
- The clinical team utilises its “psychology fund” to offer access to individual therapy to carers/young people during and after the family therapy.

On average, 92 percent of young people from families participating in the Stronger Families programme stay out of care. There have been 936 starts to the programme, which has led to 412,591 days of care being averted.



6B. PARTNERSHIPS

Reducing health inequalities requires strong partnerships between sectors and organisations that have an impact on health including local government, public services - healthcare, social care, education, housing, the police, transport and the VCSE sector, the faith sector, businesses and communities and households themselves. There are many examples of strong partnerships in the Borough, however, repeated issues with lack of partnership working which lead to disjointed, patchy delivery, lack of support - even when support is available - inefficiencies, duplication and consequent lack of trust and engagement among residents. Placing a greater priority on partnerships for greater health equity in King’s Lynn and West Norfolk will lead to reductions in health and other social and economic inequalities.

As across England there are many ways in which sectors do not function well as a system to prioritise action on health inequalities and we repeatedly heard about the need for much stronger partnerships between a range of sectors and organisations and involving families and young people themselves. Siloed service delivery, lack of information sharing and tensions between sectors and organisations were repeatedly highlighted. The role of the community, voluntary and social enterprise and faith sector is often particularly overlooked.

SILOED WORKING

Stakeholders highlighted that there is siloed working between and within many organisations including between different departments within the same organisation, with little communication between teams leading to duplication of work and effort. The need for much better collaboration between teams working on areas or projects that relate to children and young people was repeatedly stressed. Stakeholders also reported a need for improved data sharing between services, to identify gaps and help coordinate support for those most in need. Challenges in co-ordinating and communication can lead to gaps in provisions and contribute to loss of trust and engagement with essential services.

“We see duplication, siloed working, and sometimes even hostility between sectors.”

King’s Lynn and West Norfolk VCSE Stakeholder

“There is fragmentation of services across regions, leading to inconsistent access and quality of care for children depending on their postcode, and challenges in coordinating referrals and continuity of care, especially for mental health and community nursing.”

King’s Lynn and West Norfolk NHS Stakeholder

“There is confusion caused by overlapping services. It would be good to clarify roles and responsibilities among agencies to ensure families receive the right support from the appropriate provider.”

King’s Lynn and West Norfolk NHS Stakeholder

“Risks of duplicated efforts and wasted resources due to poor coordination, as well as gaps in provision, particularly for families with complex needs.”

King’s Lynn and West Norfolk Housing Stakeholder

Stakeholders from the VSCE, Education, and Housing sectors were particularly critical off the lack of joined-up working between statutory bodies. Stakeholders from those sectors shared many examples of times they have been overlooked by healthcare when they believe they have all the necessary skills, local knowledge and relationships, and expertise on the topic to contribute to the success of projects and improve people’s wellbeing.

Education was highlighted as an area where partnership working needs to be strengthened, particularly as the academisation of schools means that they can operate in isolation and not link well with other schools and with activities across the Borough.

“Some schools have become very insular as they have become academies - housing have reached out to them to help tackle the impacts of deprivation but the academies never got back to them.”

King’s Lynn and West Norfolk Housing Stakeholder

Schools also felt that other services did not support the children and young people who are experiencing poverty, poor mental health and a range of other health and social concerns which schools could not support.

“Lack of joined-up working between education, health, and social care, with schools often left to manage complex family issues alone.”

King’s Lynn and West Norfolk Education Stakeholder

Housing services also pointed to a highly fragmented system, where education and healthcare don’t partner well with housing and there are significant and potentially damaging disconnects between these services.

“Housing professionals aren’t recognised as equal partners and professionals. We’re constantly tripping over other sectors because roles and services aren’t clear.”

King’s Lynn and West Norfolk Housing Stakeholder

At community events, attendees highlighted fragmentation and poor coordination between services available to families, with multiple agencies doing similar work but lacking coordination or clear links and no clear system for signposting or connecting families to the right support. Improved service awareness and access was identified as a gap as well - many people do not know what local services (like Family Hubs or Early Childhood and Family Service) do or how to access them. Information about available support is often out of date, not reaching those who need it, and digital exclusion (poor connectivity, lack of access) can make this worse.

LACK OF INFORMATION SHARING

Many organisations and residents are not aware of the range of services and programmes available in particular areas across the Borough, meaning that opportunities for referral to support and opportunities for collaboration are missed. This gap in knowledge also extends to local community members, who during the community engagement events expressed difficulties in understanding what support is available or how to access it.

“The complexity and opacity of the support system, with professionals and families often unsure of what services are available, eligibility criteria, and how to access help, leads to missed opportunities for intervention.”

King’s Lynn and West Norfolk Housing Stakeholder

Strengthening communication and collaboration from the outset would improve people’s experiences of services across King’s Lynn and West Norfolk and help professionals identify the right contacts across different sectors to help work on projects and increase efficiency across the council and among its partners.

“Can be difficult in identifying the right contacts from different services to help work on projects - need to have passion for the project.”

King’s Lynn and West Norfolk Police Stakeholder

“There are challenges in being recognised as professionals by colleagues in social services and health, which can hinder effective partnership working.”

King’s Lynn and West Norfolk Housing Stakeholder

“Professionals across sectors struggle to keep track of available services and referral pathways, leading to inconsistent support for families and missed opportunities for joint working.”

King’s Lynn and West Norfolk Housing Stakeholder

“Often services focussed on children with big mental health issues and social care issues don’t meet in the middle to help the child.”

King’s Lynn and West Norfolk NHS Stakeholder

There was widespread consensus that both residents and professionals often lack awareness of available activities and services, with examples given of stakeholders being unaware of key community organisations and programmes. To address this, stakeholders emphasised the need for a regularly updated, easily accessible directory of services and better information sharing between organisations. Ensuring that both professionals and families can clearly see what support exists would help people navigate the system and access appropriate support which suits them.

6C. THE ROLE OF BUSINESSES

Businesses have an important influence on the health and wellbeing of residents across King’s Lynn and West Norfolk through their role as employers, suppliers of goods and services and through their impacts on the local economy and sometimes as donors to community programmes and households. Through all these routes, businesses impact both positively and negatively on health and contribute to health inequalities in the area. Businesses are not often considered to be a core partner for greater health equity, and it is important that they are involved in much closer partnerships with all the stakeholders in King’s Lynn and West Norfolk working for greater health equity.

In relation to children and young people businesses have a role in supporting their employees who are pregnant or with young children and contribute positively through supportive working environments and employment practices, potentially offering support for childcare costs, access to childcare and providing flexible working which suit family commitments. In subsequent work we will explore the role of businesses in terms of contributing to skills building for young people and in providing good quality, healthy employment but it is also important to emphasise the potential that businesses have in supporting families during the early years and for children in younger years at school and in the community.

“Our experience with DWP is that they don’t have their community connections at all. They don’t have business connections. So it’s hard for them to reach out to a community. They have no network.”

King’s Lynn and West Norfolk Business Stakeholder

“There is great potential for businesses to support disadvantaged groups through flexible employment opportunities and reasonable adjustments, noting the lack of support for employers to create such roles.”

King’s Lynn and West Norfolk Health Stakeholder

“Need to focus on facilitating engagement with businesses and charitable funders and connect local employers with residents to address recruitment challenges.”

King’s Lynn and West Norfolk Health Stakeholder

“There are businesses, albeit only a few, who want to be involved in social good but the offer isn’t always right. Charities don’t really need extra volunteers with limited knowledge of the charity work. What is more useful is to get someone good on social media, do some accounting, manage their website for example. We should have a county wide campaign to let medium/ small businesses they can help with some charities although businesses would find this hard right now due to limited resources.”

King’s Lynn and West Norfolk VSCE Stakeholder

Stakeholders told us that many service providers, including public health bodies and local authorities often have little contact with businesses and lack awareness about procurement opportunities and positive impacts that businesses can, and in some cases are willing to have.

Businesses and employers are often not engaged in community initiatives, with employment opportunities in areas like the North Lynn Industrial Estate under-recognised by residents, and efforts to involve businesses requiring targeted outreach to the right individuals and there are missed opportunities for recruitment in these areas which could be facilitated by public health and community organisations.

“There are persistent disconnects between businesses, education providers, and employment support systems such as DWP, highlighting the challenges faced by jobseekers and the lack of effective communication and collaboration among these sectors.”

King's Lynn and West Norfolk Business Stakeholder

“There is a need for better networking, open conversations, and localised solutions, with need for focus on connecting the right people and aligning business incentives with health and employment outcomes.”

King's Lynn and West Norfolk Business Stakeholder

It was indicated that public health and other stakeholders should make much greater effort to involve business.

Box 30. Vision – King's Lynn

Vision King's Lynn is a regeneration initiative focused on revitalising the town through investment in business, skills, infrastructure, and community wellbeing. A key element is the collaboration between local businesses, government, and community organisations to deliver social value alongside economic growth. This includes raising young people's aspirations and supporting business and skills growth. Businesses play a strategic role on the King's Lynn Neighbourhood Board, shaping priorities and directly supporting projects.

In addition to skills development, Vision King's Lynn invests in shared community infrastructure, such as the planned Community and Learning Hub, which will provide digital access, training, mental health support, and inclusive spaces for all residents. Through co-design and wide consultation, the initiative ensures that regeneration efforts reflect local needs. Ultimately, Vision King's Lynn demonstrates how businesses can be key drivers of social good shaping strategy, offering opportunity, and contributing to a more inclusive and connected town.



6D. THE ROLE OF THE VOLUNTARY, COMMUNITY AND SECTOR ENTERPRISE SECTOR

The VCSE sector plays a crucial role in addressing the social determinants of health yet can often be excluded from partnerships with public services and local councils or not adequately resourced to participate meaningfully. Community members and stakeholders emphasised the vital support and trusted role that VSCE’s provide in the borough for children, young people, families and communities, but that too often they are not considered to be a ‘proper’ partner.

There are many examples of outstanding practice from the community and voluntary sector across King’s Lynn and West Norfolk, despite the many challenges associated with rising need, declining availability of volunteers and lower levels of funding and charitable giving. There needs to be more effective understanding from statutory partners about what is working well and what is needed to improve this and to sustain positive interventions for the long-term.

“Both residents and professionals lack awareness of available community activities, and the voluntary sector has often felt overlooked by health and public services.”

King’s Lynn and West Norfolk VSCE Stakeholder

VSCE sector stakeholders emphasised the need for a shift in how commissioners and funders engage with their sector. Current contracting processes can be overly bureaucratic, with rigid evidence requirements and performance metrics that miss the real impacts – which may be to build trust, confidence and capacity, rather than directly improve health in the short term.

Stakeholders called for a more flexible approach, which recognises the strengths of local organisations and empowers communities to lead and deliver the work that most meets their needs. Effective partnerships with the VCSE sector require statutory services and the Council more broadly to have greater trust in voluntary sector partners and to understand the impact that they have.

There were also many complaints about the lack of funding available to the VSCE sector and when funding is available the grant application or commissioning process was seen as overly onerous, time-consuming and not appropriate for the types of services and support being delivered.

“Voluntary sector not high enough on the council’s agenda - cuts to funding are happening too often.”

King’s Lynn and West Norfolk VSCE Stakeholder

“Funding, clear expectations, consistency, transparent are all required for VSCE services to perform well.”

King’s Lynn and West Norfolk VSCE Stakeholder

“Voluntary sector organisations face constant threats of cuts to their funding.”

King’s Lynn and West Norfolk VSCE Stakeholder

Many stakeholders indicated that there are many small VSCE organisations providing vital support to families and places that they knew and understood, and that such support cannot be offered by large organisations. This can also lead to competition for scarce resources and duplication in some cases. More effort is needed to build information and awareness about what services are available and to support small organisations to build stronger partnerships rather than competing for funding.

6E. THE FAITH SECTOR

The Faith sector has many resources in King’s Lynn and West Norfolk which were referred to as being untapped, with faith leaders indicating that they do not have strong communication with service providers or the council.

At community engagement events participants commented that faith groups are a major asset in many of the local communities, that they are trusted and provide positive role models, hope, and community connection. In rural areas, there are churches in small communities which provide groups for young children and their families and for older people and others and that these activities and the building should be considered as important partners delivering services and support. There are significant opportunities to build and strengthen partnerships with faith-based organisations across the Borough, although Norfolk has a lower proportion of people who identify as religious than across England and many people may therefore not engage with support offered by faith groups.

The Church of England produced a Homegrown Mapping Report [84] with the goal of recognising the churches role in communities and asking how churches can better work together across King’s Lynn and West Norfolk, to improve how they serve children and young people. Findings highlighted the church’s potential and opportunity to improve the lives of children and young people when engaging alongside other local service providers. This potential is facilitated by local churches long-lasting presence, and trust within communities. This trust is important in a time where there is often growing distrust in local services [84].

“The Beacon church played a massive role in the success of the RISE North Lynn project. The church helped to provide a good foothold in the area and provide a great starting point to work with the community.”

King’s Lynn and West Norfolk VSCE Stakeholder



6F. THE HEALTH CARE SECTOR

Across England, there are many urgent demands on resources in the NHS and the leadership and workforce are under significant pressures. There has also been a focus on adult health, particularly older adults in the healthcare systems. In this context, the case for the health care system to make improvements in the social determinants of health among children and young people can be challenging and despite their significance for health, the social determinants of health are not a focus for health care.

Stakeholders from statutory services and the VCSE sector understood that children and young people’s view and priorities are often taken into account last when planning service decisions are made. Stakeholders from the housing sector referred to historical hostility and lack of collaboration between sectors, with voluntary and community organisations feeling overlooked, and the healthcare system focusing primarily on older adults. The adult-orientated nature of healthcare planning and lack of advocacy for children and young-people in decision-making needs to be improved to improve children and young people’s lives across the borough. Leaders across the health system need to ensure that young people’s concerns are valued in future planning.

“There is fragmentation of services across regions, leading to inconsistent access and quality of care for children depending on their postcode, also challenges in coordinating referrals and continuity of care, especially for mental health and community nursing.”

King’s Lynn and West Norfolk NHS Stakeholder

“Children lack strong representation in healthcare decision-making, with priorities often skewed towards adult populations, and highlighted the absence of frameworks ensuring children’s needs are considered in service planning.”

King’s Lynn and West Norfolk NHS Stakeholder

“Funding cuts often affect children’s services first. The system is too focused on the older generation.”

King’s Lynn and West Norfolk VCSE Stakeholder

Despite these challenges there are important opportunities for the healthcare system to do more to support improvements and reduce inequalities in the social determinants of health among children and young people.

INTEGRATED CARE SYSTEMS

Integrated Care Systems are required to: improve population health and healthcare outcomes; to tackle inequalities in outcomes, experiences and access; to enhance productivity and value for money and to support broader social and economic development [85]. Despite the pressures and cuts in provision of services and workforce, some stakeholders did refer to the helpful ambition and approach from the leadership. At times though they said this was not well communicated and there were not detailed plans about how to turn the strategic focus on health inequalities into practical actions that the health and care system can take forward. The ICS however, has tried to enhance its focus on population health management and is building strong links with partners, these are often oriented towards adult health.

A stakeholder from the ICB highlighted the limitations in data which contributed to a focus on adult health, weak identification of need and fragmentation of services.

“Existing data systems are adult-focused, with insufficient data on children, making it difficult to identify and target those most in need, especially for complex cases involving both mental health and neurodiversity.”

King’s Lynn and West Norfolk NHS Stakeholder

While Integrated Care Systems have fostered a partnership approach to improving health, across England this has been overshadowed by the need to improve care, manage workforce pressure and drive down wait times. Partly as a result, while there have been some improvements in partnership working these have not been sufficient. In King's Lynn and West Norfolk we repeatedly heard about challenges in partnering with NHS service providers and with the workforce, covered in the partnership section above. Family Hubs, Neighbourhood Health Centres and an increasing focus on prevention should help strengthen such partnerships.

“There are challenges in being recognised as professionals by colleagues in social services and health, which can hinder effective partnership working, and suggested that improved mutual understanding and clearer pathways for collaboration are needed.”

King's Lynn and West Norfolk Housing Stakeholder

“Often services focussed on children with big mental health issues and social care issues don't meet in the middle to help the child.”

King's Lynn and West Norfolk NHS Stakeholder

NEIGHBOURHOOD HEALTH CENTRES

The development of Neighbourhood health centres provide an opportunity to embed social determinants of health approaches through partnership working, with support and referrals offered to families for the conditions in which they are living and which shape their health as well offer accessible health care services.

HEALTH CARE ANCHOR ORGANISATIONS

Healthcare providers, including the Queen Elizabeth Hospital (QEH) in King's Lynn, are important anchor institutions that can lead efforts to address the social determinants of health. The QEH has faced significant challenges recently, and has been ranked as the worst performing NHS trust in the country [86]. This has led to the hospital facing recruitment challenges and a reliance on agency staff. However, there are important potential opportunities to strengthen the QEHs role in improving health for residents of King's Lynn and West Norfolk. These include enhancing their employment practices and increasing their local recruitment, developing services and approaches which support better outcomes in the social determinants of health. In addition, the hospital can have a positive impact in the community by advocating for better conditions in key social determinants, procuring locally, and working with voluntary and community sector organisations, education providers, and the Council. There are many excellent examples of NHS anchor organisations across the UK [87].

PRIMARY CARE SETTINGS

Primary care plays a vital role in improving population health and reducing health inequalities. GPs, as the first point of contact for many patients, witness first-hand, the health and social issues experienced by people living in areas of high deprivation. Beyond delivering healthcare, general practice is at the heart of communities so is well positioned to play a part in addressing the broader social determinants of health for children and young people. The Royal College of General Practitioners has emphasised that “a strong, properly resourced general practice service is essential if the UK is to reduce and eventually end health inequalities” [88]. There are many approaches which primary care have developed which are relevant to King's Lynn and West Norfolk including Trailblazer programmes, Deep End GPs and rural health approaches [88, 89].

NEIGHBOURHOOD HEALTH CENTRES

The Government's 10-Year Health Plan [4], announced the development of neighbourhood health centres which provide an important opportunity to deliver improvements in community health, prevention of ill health and improvements in key social determinants of health. IHE is working to develop a social determinants of health focus in these centres.

6G. OTHER ASSETS

Education services, school buildings, businesses, and Sandringham Estate all have potential to develop as important anchor organisations. This has the potential to improve the social determinants of health for communities in places where they are located.

There are primary schools in rural villages which can be developed as community hubs, opening facilities for residents to meet and playgrounds to open during weekends and school holidays for instance. Schools recruit and buy goods and services locally and their procurement should be oriented towards supporting local economies. We repeatedly heard that schools can feel quite separate from local communities and they are closed during holidays and that they don't always link well with other services and the communities. There was a sense that schools had become more insular as they have become academies.

“Some schools are quite insular... we’ve got two primary schools on one of the estates and when we realised it’s an area of deprivation and we’ve reached out to both to start a conversation around how we can work together and they never responded.”

King’s Lynn and West Norfolk Housing Stakeholder

Businesses across King’s Lynn and West Norfolk have the potential to develop as important anchor organisations, but this potential is not sufficiently realised. Stakeholders mentioned that while Sandringham Estate provide some employment and housing they do not actively contribute to the community, with recent changes making some of the estates facilities less accessible to local people, with some people being priced out of visiting the estate due to high parking charges.

At community events, attendees highlighted other assets linked to community and faith organisations, and sports and leisure facilities, libraries, green spaces, community transport schemes which they felt should be further shared and utilised in creative ways.



6H. RESOURCES

Cuts to services and resulting workforce shortages and pressures mean that many children and young people are simply not receiving access to services or the kind of support that they and their families urgently need. There are shortages of money, staff, and time in every sector and pressures have intensified over the last 15 years, with many services unable to meet increasing levels of need. While these shortages beset every area in the UK, they are particularly felt in areas with mixed rural/urban populations and seemingly relatively wealthy areas where poverty and need can be overlooked or ‘hidden’.

It is important to acknowledge that reducing health inequalities does require effective national policies, actions and effective and equitable distribution of resources. Nevertheless, there is still work that can be done at a local level to ensure that resources are effectively and efficiently used for action on the social determinants of health and investment in children and young people as a foundation for reducing health inequalities throughout life. Weak partnerships and even lack of awareness about what services and support are available mean that there can be costly duplication as well as gaps. Sharing information and joint planning can help reduce this waste and inefficiencies.

“Services are massively disjointed across Norfolk. Siloed funding is everywhere.”

King’s Lynn and West Norfolk VSCE Stakeholder

As we have highlighted repeatedly in this reports, health and key social determinants of health relate to geographic level of deprivation, rurality, socioeconomic position and demographic characteristics and are distributed on a gradient. In some circumstances highly targeted support has unintended and damaging consequences including lack of uptake of available services, shame and stigma among those who are in receipt of services and services are more prone to being cut. Stakeholders

highlighted both the negative impacts of some targeted services and the benefits of universal services to enable families to access support early and without stigma. A key principle which IHE advocates is proportionate universalism – the design and delivery of support and allocation of resources which are universal but proportionate to the scale of need in order to raise and flatten the gradient in health and in the key social determinants of health.

Commissioning and grant giving processes were repeatedly highlighted as unnecessarily punishing for the voluntary and community sector. Questions were raised about whether commissioners were well placed to understand the support being offered by many VCSE organisations which is based on holistic family and area-based support, rather than specific services and oriented towards improving capacity and resilience which are not measured or capture in data in the way some commissioners insist on.

Stakeholders from the community and voluntary sector discussed the impacts of funding reductions on essential services such as midwifery, health visiting, and youth clubs, leading to fewer opportunities and support options for young people and families. They described how county-level commissioning often overlooks local expertise, with contracts awarded to large organisations unfamiliar with the area. Strict eligibility criteria for targeted programmes result in many families missing out on support, and the process can create stigma and shame.

6I. LEADERSHIP AND ACCOUNTABILITY

Strong, shared leadership and accountability for health equity across King’s Lynn and West Norfolk’s entire health equity system are essential to drive real and lasting change.

While there is an ICP Health Inequalities Strategic Framework for Action, and partnerships with clear ambitions to tackle health inequalities (West Norfolk Place Board and Kings Lynn and West Norfolk Health and Wellbeing Partnership) [90], there is relatively weak accountability for reducing health inequalities in organisations within King’s Lynn and West Norfolk, even within the health care system [91]. Reducing inequalities in health can be ‘lost’ in a complex system with other sector priorities dominating. As noted above Integrated Care Boards do have responsibility for reducing inequalities in health, but accountability can be weak and reorganisations and resource constraints mean this is not prioritised sufficiently and service delivery priorities dominate. Public health also has a responsibility to reduce health inequalities, but action can be focussed on health behaviours and preventive health care, such as screening and vaccinations and immunisations – while these priorities are helpful and can help mitigate health inequalities, they do not tackle the upstream causes or social determinants of health inequalities.

Strong leadership on health equity across a range of partners is crucial to driving meaningful action on health inequalities. Every organisation with a role in shaping health outcomes has a responsibility to contribute to this agenda. System-wide leadership and coordination are needed to ensure consistent, sustained progress in reducing inequalities. Public health is also located at County Council level and some of the context and local needs in King’s Lynn and West Norfolk can be overlooked. Public health can strengthen its role by leading a system wide and community centred delivery system including at Borough level. The resources currently invested within the Health and Wellbeing Partnership and the ongoing commitment to both the partnership and West Place Board from stakeholders provide a foundation to build upon and other resources through Family Hub Grants, which can be better aligned with each other to avoid duplication.

Stakeholders repeatedly told us that ambition and leadership exist to address the social determinants of health; however, immediate pressures and the impacts of cuts and service decommissioning can prevent these ambitions from being realised in practice.

“There is a big disconnect from the people working on the ground and those at the top often involved in descion-making - agendas are very far apart.”

King’s Lynn and West Norfolk VSCE Stakeholder

This lack of translation into action is compounded by a ‘practice’ gap, where workforces are not aware of what they can do in their roles to reduce health inequalities even when motivated to do so. Effective leadership for health equity requires that workforce at all levels know how to take meaningful action on the social determinants of health, while ensuring accountability for progress. Providing training and resources would support this, and the VCSE sector has the potential to make significant contribution to this, if adequately funded.

Strategies which are jointly developed with partners and with clear responsibilities and accountabilities are needed, but lacking in King’s Lynn and West Norfolk, as in many places. Such cross sector partnerships need to be developed collaboratively, drawing on the strengths and insights of partners across all sectors.

“We need clear governance and senior leaders and individuals from partner organisations who are genuinely passionate about collaboration, that’s how change happens.”

King’s Lynn and West Norfolk Police Stakeholder

Stakeholders discussed the need for services to hold themselves accountable for inequalities, this requires strong leadership. It is important that services are there not just to be “tick-box” services and that organisations must be willing to alter their methods of working to cater for individual needs at times, to ensure real progress is made. VSCE stakeholders emphasised the importance of different organisations being consistent and transparent in their service delivery, as well as having clear expectations regarding what realistic outcomes they aim to achieve.

“Too many services that are just ‘tick box’ services. Services are not always willing to switch their ways to help cater for individuals.”

King’s Lynn and West Norfolk VSCE Stakeholder

RECOMMENDATIONS:

- 1 → Raise awareness and accountability for health inequalities within King's Lynn and West Norfolk
- 2 → Strengthen partnerships for health equity
- 3 → Build trust between services and families across King's Lynn and West Norfolk
- 4 → Empower families and communities
- 5 → Equitable resources and commissioning
- 6 → Strengthen data and information for greater health equity



CONCLUSIONS AND RECOMMENDATIONS SUMMARY

CONCLUSION

The Marmot programme in King's Lynn and West Norfolk has been developed to support ongoing efforts to reduce persistent and widening health inequalities in the Borough. There are challenges to this ambition, including significant cuts in funding to the Borough, rising deprivation in some areas and deterioration in many important social, economic and environmental factors which shape health. There are also hidden pockets of deprivation in rural areas, which often go unseen. Many of these challenges relate to national context, but there is still appetite to mitigate impacts and be ambitious locally, and much to build on, including existing local assets, programmes and a strong desire among many of the stakeholders to reduce health inequalities.

For too many children and young people, disadvantage begins early and accumulates over time, leading to poorer health, reduced life chances, and avoidable inequalities that extend into adulthood and lead to wide inequalities in health and life expectancy within the Borough. This report provides an overview of health and key social determinants of health in maternity, during the early years and among children and young people – inequalities during these important ages were highlighted as priorities. The report also outlines inequalities in housing, transport, rurality and the environment – all of which affect the health of babies, children, young people and their families.

Inequalities begin before birth and widen during the early years related to deprivation, poverty, poor housing, limited access to childcare and overstretched maternity and early years services. We were also told about a lack of trust in many statutory services, driven in part by peoples' experiences with services throughout their lives and a pervading view that 'nothing will change', particularly evident among families living in poverty in more deprived areas of the Borough. Stigma, associated with living in poverty and accessing some available services, was also highlighted as a barrier to accessing support and is particularly evident in low levels of educational attainment among children from lower-income households. Low levels of aspiration and hope were also repeatedly cited as barriers to young people's educational attainment and employment prospects.

Rurality presents a particular challenge in King's Lynn and West Norfolk. While rural living offers many benefits, deprivation in rural areas can be hidden and experienced differently to urban deprivation. This can include social isolation, limited transport options, and barriers to accessing childcare, education, employment, and essential services, with long-term impacts on health, wellbeing, and life chances.

Addressing challenges requires a renewed commitment to health equity among all stakeholders in King's Lynn and West Norfolk. While the Borough benefits from strong communities, a dedicated council and public services workforce and a highly motivated and vibrant VSCE sector, these are often insufficient to meet growing need and changing contexts. The report highlights the need for strong leadership and accountability; much strengthened partnership working; improved data in rural areas, and a system-wide understanding and prioritisation of the social determinants of health. Action should be grounded in the principle of proportionate universalism, ensuring that services are universal but delivered at a scale and intensity that reflects differing levels of need. This will reduce health inequalities across the socioeconomic gradient and reduce stigma. Families, children and young people must be involved in the identification, design and delivery of support, with trusted, community-based organisations recognised and resourced to work in partnership with services.

Building on the evidence and the views of the many stakeholders we consulted, the report sets out high-level recommendations for action for the many sectors and organisations which shape health across the Borough. The next phase of the programme involves organisations developing practical ways forward, with specific commitments and implementation. There is a great deal that can be achieved to ensure greater health equity for all the residents of King's Lynn and West Norfolk.

RECOMMENDATIONS SUMMARY

GIVE EVERY CHILD THE BEST START IN LIFE

Ensure support for families, babies, children and young people is available across King's Lynn and West Norfolk with proportionately more offered where needed

Build families' capacity to have control of their lives and make positive changes

Mitigate the impacts of poverty

Prioritise the reduction of wide inequalities in early years development

Improve access to quality childcare

ENABLE ALL CHILDREN, YOUNG PEOPLE AND ADULTS TO MAXIMISE THEIR CAPABILITIES AND HAVE CONTROL OVER THEIR LIVES

Improve mental health for children and young people and their families

Prioritise reducing inequalities in educational attainment in King's Lynn and West Norfolk

Strengthen support for families with children with special educational needs

Build skills and opportunities for further education and employment

Increase provision of activities for young people including in more rural and isolated areas

INEQUALITIES IN HOUSING AND THE ENVIRONMENT IN KING'S LYNN AND WEST NORFOLK

Improve access to decent quality housing

Increase provision of play areas and support for physical activity

Improve access to affordable, regular transport

DELIVERING GREATER HEALTH EQUITY FOR CHILDREN AND YOUNG PEOPLE

Raise awareness and accountability for health inequalities within King's Lynn and West Norfolk

Strengthen partnerships for health equity

Build trust between services and families across King's Lynn and West Norfolk

Empower families and communities

Equitable resources and commissioning

Strengthen data and information for greater health equity

LIST OF ABBREVIATIONS

A and E – Accident and Emergency	NHS – National Health Services
ABUA – Amalgamated Built Up Areas	OA – Output Area
AHC – After Housing Costs	OHID – Office for Health Improvement and Disparities
BC – Borough Council	ONS – Office for National Statistics
BHC – Before Housing Costs	PCN – Primary Care Network
BSIP – Bus Service Improvement Plan	PU – Proportionate Universalism
CAN – Community Action Norfolk	QEH – Queen Elizabeth Hospital
CAP – Citizens Advice on Prescription	SDH – Social Determinants of Health
CYP – Children and Young People	SEN – Special Educational Needs
DfE – Department for Education	UCL – University College London
DfT – Department for Transport	VSCE – Voluntary Community and Social Enterprise
DWP – Department for Work and Pensions	
EBSA – Emotionally Based School Avoidance	
ECFS – Early Childhood and Family Service	
ECHP – Education, Health and Care Plan	
EPC – Energy Performance Certificate	
FFT – Functional Family Therapy	
FFT – Food For Thought	
FSM – Free School Meals	
GCSE – General Certificate of Secondary Education	
GLD – Good Level of Development	
GP – General Practitioner	
GSI – Green Space Index	
HLE – Healthy Life Expectancy	
ICB – Integrated Care Board	
IDB – Internal Drainage Board	
IDACI – Income Deprivation Affecting Children Indices	
IHE – Institute of Health Equity	
IMD – Index of Multiple Deprivation	
KLWN – King’s Lynn and West Norfolk	
KS2 – Key Stage 2	
LA – Local Authority	
LE – Life Expectancy	
LSOA – Lower Layer Super Output Area	
MH – Mental Health	
MHCLG – Ministry of Housing, Communities & Local Government	
MHST – Mental Health Support Teams	
MSOA – Middle Layer Super Output Area	
NEET – Not in Education, Employment or Training	

LIST OF STAKEHOLDERS

Clinical Lead for Population Health Management	GP / ICB
Clinical Lead for Population Health Management	GP - Mental Health / ICB
Queen Elizabeth Hospital Paediatrician	NHS
Chief Executive Officer	Community Action Norfolk
Deputy Clinical Lead - Norfolk Healthy Child Service	Norfolk Healthy Child Service
Lecturer	College of West Anglia
Headteacher	Greenpark Academy
Inspector West Norfolk Neighbourhood Policing Inspector	Police
Director of Operations	Freebridge
Director	Active Norfolk
Head of Active Communities for Active Norfolk	Active Norfolk
Associate Director	Turning Factor
Children and Young People Mental Health Programme Manager	NHS Norfolk and Waveney Clinical Commissioning Group (CCG)
Chief Executive	SWAN Youth Project

BIBLIOGRAPHY

1. Office for National Statistics. *Life expectancy for local areas of Great Britain*. 2024; Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/datasets/lifeexpectancyforlocalareasofgreatbritain>.
2. Office for National Statistics. *Healthy life expectancy in England and Wales: between 2011 to 2013 and 2021 to 2023*. 2024; Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/healthstatelifeexpectanciesuk/between2011to2013and2021to2023>.
3. Holden J, *Ten actions the government can take to improve children's health*. 2025: The King's Fund.
4. UK Government. *Policy Paper - Giving every child the best start in life*. 2025; Available from: <https://www.gov.uk/government/publications/giving-every-child-the-best-start-in-life>.
5. Department for Education. *Giving every child the best start in life*. 2025 Available from: <https://www.gov.uk/government/publications/giving-every-child-the-best-start-in-life>.
6. Cabinet Office. *Tackling Child Poverty: Developing Our Strategy*. 2025 Available from: <https://www.gov.uk/government/publications/tackling-child-poverty-developing-our-strategy/tackling-child-poverty-developing-our-strategy-html>.
7. UK Government. *Policy Paper - 10 Year Health Plan for England: fit for the future*. 2025; Available from: <https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future>.
8. Carneiro P, et al., *The short-and medium-term effects of Sure Start on children's outcomes*. 2025, The Institute for Fiscal Studies.
9. UK Government. *New National Youth Strategy to break down barriers to opportunity for young people*. 2024; Available from: <https://www.gov.uk/government/news/new-national-youth-strategy-to-break-down-barriers-to-opportunity-for-young-people>.
10. Marmot, M., et al., *Fair Society, Healthy Lives - The Marmot Review*. 2010: Institute of Health Equity, London.
11. Marmot, M., et al., *Health equity in England: The Marmot Review 10 years on*. 2020, Institute of Health Equity, London.
12. Institute of Health Equity. *Marmot Place - King's Lynn and West Norfolk*. 2025; Available from: <https://www.instituteofhealthequity.org/resources-reports/kings-lynn-and-west-norfolk>.
13. Office for National Statistics. *Census - Statistical geographies* Available from: [https://www.ons.gov.uk/methodology/geography/ukgeographies/statisticalgeographies#:~:text=Middle%20layer%20Super%20Output%20Areas%20\(MSOAs\)%20are%20made%20up%20of,MSOAs%20fit%20within%20local%20authorities](https://www.ons.gov.uk/methodology/geography/ukgeographies/statisticalgeographies#:~:text=Middle%20layer%20Super%20Output%20Areas%20(MSOAs)%20are%20made%20up%20of,MSOAs%20fit%20within%20local%20authorities).
14. Office for National Statistics. *Census 2021*; Available from: <https://www.ons.gov.uk/census>.
15. Office for National Statistics. *Census 2011*; Available from: <https://www.ons.gov.uk/census/2011census/2011censusdata>.
16. Office for National Statistics. *How life has changed in King's Lynn and West Norfolk: Census 2021*. 2023; Available from: <https://www.ons.gov.uk/visualisations/censusareachanges/E07000146/>.
17. Office for National Statistics. *2021 Rural Urban Classification*. 2025; Available from: <https://www.ons.gov.uk/methodology/geography/geographicalproducts/ruralurbanclassifications/2021ruralurbanclassification>.
18. Norfolk Insight. *Norfolk JSNA Briefing Document - Index of Multiple Deprivation 2025: Overview*. 2025; Available from: <https://www.norfolkinsight.org.uk/jsna/index-of-multiple-deprivation-2025-overview/2025/11/19/>.
19. UK Government. *English indices of deprivation 2025: statistical release*. 2025; Available from: <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2025/english-indices-of-deprivation-2025-statistical-release#:~:text=Many%20non%2Ddeprived%20people%20live,deprivation%20relating%20to%20low%20income>.
20. Norfolk County Council. *About Our Budget*. Available from: <https://www.norfolk.gov.uk/article/38756/About-our-budget>.

21. Borough Council of King's Lynn and West Norfolk. *Where your Council Tax goes*. 2025; Available from: https://www.west-norfolk.gov.uk/info/20117/your_council_tax_explained/86/where_your_council_tax_goes.
22. National Audit Office. *Financial sustainability of local authorities data visualisation raw data*. 2021; Available from: <https://www.nao.org.uk/financial-sustainability-update-raw-data/>.
23. OHID. *Avoidable mortality in England and Wales: 2023*. 2025; Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/avoidablemortalityinenglandandwales/2023>.
24. Felker, A., et al., *Saving Lives, Improving Mothers' Care: Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2021-23*. 2025.
25. Office for National Statistics, *Birth characteristics in England and Wales: 2022*. 2024.
26. La Leche League. *La Leche League West Norfolk*. 2025; Available from: <https://laleche.org.uk/supportgroup/lll-west-norfolk/>.
27. Breastfeeding & Baby Support West Norfolk CIC. *Breastfeeding & Baby Support West Norfolk CIC*. Available from: <https://bbswestnorfolk.co.uk/>.
28. Dolton P and Pathania V, *Can increased primary care access reduce demand for emergency care? Evidence from England's 7-day GP opening*. Journal of Health Economics, 2016. 49: p. 193-208.
29. NHS England. *A&E Attendances and Emergency Admissions*. 2025; Available from: <https://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/>.
30. NHS. *Your baby's health and development reviews*. Available from: <https://www.nhs.uk/baby/babys-development/height-weight-and-reviews/baby-reviews/>.
31. UK Government. *Health visitor service delivery: data for 2024 to 2025*. 2025; Available from: <https://www.gov.uk/government/statistics/health-visitor-service-delivery-data-for-2024-to-2025>.
32. Flourish, *Prevention & Early Help Strategy 2021 – 2025* 2025, Norfolk County Council.
33. Marmot M, et al., *Health equity in England: The Marmot Review 10 years on*. 2020, Institute of Health Equity: London.
34. Marmot M, et al., *Fair Society, Healthy Lives: The Marmot Review*. 2010, Institute of Health Equity: London.
35. House of Commons Library. *Poverty in the UK: Statistics*. 2025; Available from: <https://researchbriefings.files.parliament.uk/documents/SN07096/SN07096.pdf>.
36. UK Government Department for Work and Pensions. *Children in low income families: local area statistics 2014 to 2024*. 2025; Available from: <https://www.gov.uk/government/statistics/children-in-low-income-families-local-area-statistics-2014-to-2024>.
37. End Child Poverty. *Local Child Poverty Statistics 2025*. 2025; Available from: <https://endchildpoverty.org.uk/child-poverty-2025/>.
38. Ofcom Connected Nations. *Connected Nations 2024*. 2024; Available from: <https://www.ofcom.org.uk/phones-and-broadband/coverage-and-speeds/connected-nations-2024>.
39. The Food Foundation. *Food Insecurity Tracking - Round 16*. 2025; Available from: <https://foodfoundation.org.uk/initiatives/food-insecurity-tracking#tabs/Round-16>.
40. Department for Work and Pensions. *Households Below Average Income: An analysis of the UK income distribution: 1994/95-2017/18*. 2019. ND; Available from: <https://assets.publishing.service.gov.uk/media/5c9b763eed915d07a9736a1c/households-below-average-income-1994-1995-2017-2018.pdf>.
41. Carneiro P, et al., *The short- and medium-term effects of Sure Start on children's outcomes*. 2025, Institute for Fiscal Studies: London.

42. Office for National Statistics. *Education, social mobility and outcomes for students receiving free school meals in England: initial findings on earnings outcomes by demographic and regional factors*. 2022; Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/educationandchildcare/articles/educationsocialmobilityandoutcomesforstudentsreceivingfreeschoolmealsinengland/initialfindingsonearningsoutcomesbydemographicandregionalfactors>.
43. Department for Education. *Early years foundation stage profile results - Academic year 2024/25*. 2025; Available from: <https://explore-education-statistics.service.gov.uk/find-statistics/early-years-foundation-stage-profile-results/2024-25>.
44. Hobbs A and Mutebi N, *The Impact of Early Childhood Education and Care on Children's Outcomes, and the Sustainability of the Sector*. London: UK Parliament, 2021.
45. UK Government. *Free Childcare for Working Parents*. 2025; Available from: <https://www.gov.uk/free-childcare-if-working>.
46. Ofsted. *Changes in access to childcare in England*. 2024; Available from: <https://ofsted-eyda.github.io/childcare-accessibility-ofsted/>.
47. Office for National Statistics. *Childcare accessibility in England data*. 2024; Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/educationandchildcare/datasets/childcareaccessibilityinenglanddata>.
48. Brewer M, Bryson C, and Park A, *The role of informal childcare*. 2012, The Nuffield Foundation.
49. Villa C, *How cuts to youth clubs affected teen crime and education*. 2024: Institute for Fiscal Studies.
50. Future Minds, *Why investing in children's mental health will unlock economic growth*. 2025, Children & Young People's Mental Health Coalition.
51. UK Government, *Almost million more pupils get access to mental health support*. 2025.
52. Norfolk County Council. *Flourish Ambition*. Available from: <https://www.norfolk.gov.uk/article/39200/Flourish>.
53. NHS England. *National Child Measurement Programme, England, 2023/24 School Year*. 2024; Available from: <https://digital.nhs.uk/data-and-information/publications/statistical/national-child-measurement-programme/2023-24-school-year>.
54. Food Standards Agency. *Wider Determinants of Health: statistical commentary on the location of fast food outlets*. 2025; Available from: <https://www.gov.uk/government/statistics/wider-determinants-of-health-february-2025-update/wider-determinants-of-health-statistical-commentary-february-2025>.
55. OHID, *Percentage of physically active children and young people*. 2025.
56. LG Inform. *Travel time in minutes to nearest primary school by public transport/walking in King's Lynn and West Norfolk*. 2021; Available from: <https://lginform.local.gov.uk/reports/lgastandard?mod-area=E07000146&mod-group=AllDistrictInRegion&mod-metric=10226&mod-type=comparisonGroupType>.
57. Department for Education. *Key stage 2 attainment - Academic year 2024/25*. 2025; Available from: <https://explore-education-statistics.service.gov.uk/find-statistics/key-stage-2-attainment/2024-25-revised>.
58. The Institute of Health Equity. *Structural Racism, Ethnicity and Health Inequalities in London*. 2024; Available from: <https://www.instituteofhealthequity.org/resources-reports/structural-racism-ethnicity-and-health-inequalities>.
59. Department for Education. *Key stage 4 performance - Academic year 2024/25*. 2025; Available from: <https://explore-education-statistics.service.gov.uk/find-statistics/key-stage-4-performance/2024-25>.
60. Department for Education, *Working together to improve school attendance: Guidance for maintained schools, academies, independent schools, and local authorities*. 2022.
61. Department for Education. *Pupil absence in schools in England - Autumn and spring term 2024/25*. 2025; Available from: <https://explore-education-statistics.service.gov.uk/find-statistics/pupil-absence-in-schools-in-england/2024-25-autumn-and-spring-term>.
62. Timpson, E., *Timpson review of school exclusion*. 2019, UK Government.
63. Department for Education. *Suspensions and permanent exclusions in England - Autumn term 2024/25*. 2025; Available from: <https://explore-education-statistics.service.gov.uk/find-statistics/suspensions-and-permanent-exclusions-in-england/2024-25-autumn-term>.

64. King's Lynn Academy. *Values - Ethos - Inclusion*. Available from: <https://www.kingslynnacademy.co.uk/page/?title=Values+%2DEthos+%2DInclusion&pid=31>.
65. Department for Education, *Special educational needs in England - Academic year 2024/25*. 2025.
66. The Sutton Trust. *The Opportunity Index*. 2025; Available from: <https://www.suttontrust.com/opportunity-index-interactive-map/>.
67. Holt-White E, Cullinane C, and Montacute R, *The Sutton Trust - The Opportunity Index 2025*, The Sutton trust.
68. Donkin A, *Reducing Inequalities By Improving Housing in Northumberland*. 2025, Institute of Health Equity.
69. Erskine S, Ireland M, and Boyce T, *Selective Licensing in Leeds*. 2025, Institute of Health Equity.
70. The Institute of Health Equity. *Fuel Poverty, Cold Homes and Health Inequalities in the UK*. 2022; Available from: <https://www.instituteofhealthequity.org/resources-reports/fuel-poverty-cold-homes-and-health-inequalities-in-the-uk/read-the-report.pdf>.
71. Housing Communities and Local Government Committee, England's Homeless Children: *The Crisis in Temporary Accommodation: Government Response*. 2025.
72. Department for Levelling Up Housing and Communities. *Homelessness - households with dependent children owed a duty under the Homelessness Reduction Act*. 2024; Available from: <https://www.gov.uk/government/statistics/statutory-homelessness-in-england-financial-year-2020-21>.
73. Ministry of Housing Communities and Local Government. *English Housing Survey: local authority housing stock condition modelling, 2023*. 2025; Available from: <https://www.gov.uk/government/statistics/english-housing-survey-local-authority-housing-stock-condition-modelling-2023>.
74. Gehrt D, et al., *Impacts of the Indoor Environment in Our Homes and Schools on Child Health*. 2022.
75. ONS. *Energy Performance Certificate (EPC) Band C or above, England and Wales*. 2024; Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/housing/datasets/energyperformancecertificateepcbandcoraboveenglandandwales>.
76. Census. *Dependent child indicator variable: Census 2021*. 2023; Available from: <https://www.ons.gov.uk/census/census2021dictionary/variablesbytopic/demographyvariables/census2021/dependentchildindicator>.
77. ONS. *Housing affordability in England and Wales: 2024*. 2025; Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/housing/bulletins/housingaffordabilityinenglandandwales/2024>.
78. Public Health England, *Improving access to greenspace, A new review for 2020*. 2020.
79. Fields in Trust. *Green Space Index*. 2024; Available from: <https://fieldsintrust.org/insights/green-space-index>.
80. Daly S and Allen J, *Healthy High Streets - Good place-making in an urban setting*. 2018, Public Health England and Institute of Health Equity.
81. Friends of the Earth, *How Britain's bus services have drastically declined*. 2023.
82. Collings S, et al., *Transport to Thrive*. 2023, UWE Bristol and Sustrans.
83. Community Action Norfolk. *The VCSE Sector Landscape in West and North Norfolk*. 2025; Available from: <https://www.communityactionnorfolk.org.uk/sites/sites/default/files/VCSE%20Sector%20Landscape%20in%20West%20and%20North%20Norfolk%20-%20Consultation%20Report.pdf>.
84. The Church of England. *Homegrown Mapping Report 2025 Listening Well and Acting Together for Children and Young People in West Norfolk*. 2025; Available from: https://www.dioceseofnorwich.org/mission-and-ministry/mission/children_youth_families/homegrown/.
85. NHS England. *Guidance on developing the joint forward plan*. 2023; Available from: <https://www.england.nhs.uk/long-read/guidance-on-developing-the-joint-forward-plan/#:~:text=Legislative%20requirement:%20Duty%20to%20reduce,to%20services%20or%20outcomes%20achieved>.
86. BBC News. *Best and worst-performing NHS Trusts in England named*. 2025; Available from: <https://www.bbc.co.uk/news/articles/cq8eqxlypv7o>.

87. East London NHS Foundation Trust. *Being a Marmot Trust*. Available from: <https://www.elft.nhs.uk/information-about-elft/our-strategy-vision-and-values/population-health/being-marmot-trust>.
88. Boyce T and Steen R, *Trailblazers: Primary Care and Health Inequalities*. 2025, Institute of Health Equity.
89. ECLIPSE. *ECLIPSE - Delivering National & Regional Integrated Data Solutions for the NHS*. Available from: <https://www.eclipselive.org/>.
90. Norfolk and Waveney Integrated Care System. *Health Inequalities Strategic Framework for Action 2024 - 2034*. 2024; Available from: <https://improvinglivesnw.org.uk/~documents/route%3A/download/1074/>.
91. Allen J, Boyce T, and David H, *Health inequalities: Improving accountability in the NHS*. 2023, The Institute of Health Equity.