Coventry Joint Strategic Needs Assessment

Citywide Profile
2026 – 2029



Coventry City Council

coventry.gov.uk/jsna

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Introduction

What is the Coventry Joint Strategic Needs Assessment?

Welcome to the Coventry Joint Strategic Needs Assessment (JSNA) 2026-2029. The JSNA brings together evidence about the health and wellbeing of Coventry residents, to help leaders across health and care understand and work together to improve the health and wellbeing of Coventry residents.

Health is more than the healthcare system. It is not just about NHS hospitals, doctors, or nurses. Instead, health is about people's lives and is **determined by their economic and social circumstances**, such as:

- their **communities** - whether they have access to a good network of family and friends.
- their **prospects** - whether they have access to good jobs and education; and
- their **environment** - whether they live in a good neighbourhood with access to green spaces.

These social circumstances determine people's health and wellbeing and are known as the **social determinants of health.**

This JSNA contains a full range of evidence to provide stakeholders with an understanding of local people and communities. It contains a lot of numbers and statistics, essential in demonstrating the trends of how things have changed, as well as comparisons with other places. However, because health is about people, this JSNA also contains insights from local people and communities.

About this JSNA

The Health and Social Care Act of 2012 places a duty on Health and Wellbeing Boards to produce a Joint Strategic Needs Assessment.

In April 2018, the Coventry Health and Wellbeing Board authorised a move towards a place-based approach to the JSNA, with the production of a citywide JSNA profile and JSNA profiles for each of the city's eight Family Hub reach areas. In 2023 an updated citywide JSNA profile was published, followed by a series of further place-based profiles for priority areas in the city: Binley and Willenhall; Bell Green and Wood End, Henley Green, Manor Farm; Canley; Foleshill and Longford; Hillfields; and Tile Hill. These place-based profiles offer a rich understanding of these local neighbourhoods, underpinned by local insight and reflecting the community assets within the area.

This JSNA citywide profile was produced in 2026 by Coventry City Council with cooperation from partners across the Coventry Health and Wellbeing Board. It builds on learning and feedback from partners about how the JSNA is used and how it could be improved, including new intelligence to support wider application of the insight provided and enhance its relevance and impact.

Each JSNA profile is structured as follows:

Demographics and Communities

Prospects

Housing and Environment

Health and Wellbeing

For each topic area covered, the JSNA explores:

- Why is this important?
- What is the local picture? How does it compare?
- What does this mean for Coventry?

In addition to the JSNA profiles, other supporting documents are available here.

Executive Summary

Demographics and Community

- Coventry's population is growing, changing and becoming increasingly diverse, driven by international migration and natural population change.
- Coventry has a younger population than the rest of England, but the number of older residents is increasing.
- Population growth is uneven across the city, with the fastest increases in central and eastern neighbourhoods and in parts of the south of the city.
- Ethnic, cultural, linguistic and religious diversity has increased significantly, particularly among children and young people.
- Coventry's population profile includes higher proportions of renters, younger adults and households experiencing financial pressures than the UK average.
- Most residents report a strong sense of belonging to their community and the city, although neighbourhood trust and participation levels remain below national averages, with trust in neighbours well below the national level.
- Understanding these demographic, social and economic characteristics is essential for planning services, reducing inequalities and supporting healthy communities.

Prospects

- Early life experiences strongly influence lifelong health, wellbeing and opportunity.
- Early antenatal engagement has declined, but smoking in pregnancy has fallen and breastfeeding rates are above average.
- Infant mortality, stillbirth and premature birth rates remain higher than national levels, with significant inequalities.
- School readiness and early years outcomes lag behind national averages, particularly for disadvantaged children and those with SEND.
- SEND numbers and free school meal eligibility continue to rise.
- Educational attainment is improving but remains below national averages, with persistent attainment gaps.
- School absence remains above pre-pandemic levels and exclusions and suspensions are increasing.
- Mental health demand among children and young people continues to grow.
- Risky behaviours have declined, but smoking, sexual health and teenage conception rates remain concerns.
- Youth justice entry rates remain comparatively low.
- Economic growth has not been felt equally, with falling employment, rising unemployment and ethnic inequalities.
- Child poverty, fuel poverty, deprivation and digital exclusion remain key challenges.

Housing and Environment

- Coventry is the fourth most densely populated local authority area in the West Midlands.
- There is generally good access to services, although lower-than-average access to some amenities such as Post Offices, supermarkets and sports facilities.
- Coventry has many green spaces, including several high-quality sites, but overall provision is limited, unevenly distributed, and residents report low satisfaction. This includes poor access to green and blue (water) spaces, garden space and parks and play areas.
- Public transport connectivity is good, and the percentage of adults who engage in active travel is above the average for metropolitan areas. However there has been an increase in people commuting to and from work by car.
- Air quality in Coventry has improved, but it continues to affect health, particularly for vulnerable groups and residents in more deprived areas.
- Resident satisfaction with the local area as a place to live is well below the national average and has declined over time, with worsening perceptions of safety contributing to this trend.
- Recorded crime in Coventry has fallen markedly in recent years, although levels remain above the national average. Hospital admissions related to violent crime have declined substantially over the past decade, though rates remain higher than average.
- Domestic abuse is a significant issue in Coventry, with serious impacts on health and wellbeing and indications of substantial under-reporting and unmet need.
- Coventry has a total of 148,000 domestic dwellings and the number of houses has been growing annually. Coventry's housing stock is characterised by a high proportion of lower-value and older properties. Housing quality and energy efficiency remain significant challenges.
- The private rented sector has grown substantially in Coventry in recent years, comprising around a quarter of households, compared with one fifth nationally.
- Housing in Coventry remains more affordable than the England average, but affordability has steadily worsened over time.
- Coventry has a much higher rate of homelessness or families at risk of homelessness than national and regional averages and homelessness pressures in Coventry have intensified in recent years.
- Coventry now has a significantly higher rate of temporary accommodation than both England and the West Midlands. The number of people sleeping rough in Coventry also appears to be increasing.

Health and Wellbeing

- The overall health of residents in the city is below average, with life expectancy consistently lower than regional and national levels.
- There are significant health inequalities across Coventry's neighbourhoods that disproportionately affect certain communities, with some groups experiencing preventable and systemic disparities.
- Premature mortality in Coventry is higher than both the regional and national averages for males and females and has consistently remained this way.
- Cancer, cardiovascular disease, respiratory disease and chronic liver disease are driving premature mortality.
- There has been a notable increase in mortality from COPD (chronic obstructive pulmonary disease), now higher than regional and national averages.
- Across all major conditions, deprivation is strongly associated with higher prevalence, earlier onset and poorer outcomes.
- Preventable risk factors such as diet, smoking, alcohol consumption, and physical activity drive premature mortality and health inequalities.
- Alcohol causes disproportionately high harm in Coventry; the city continues to experience higher-than-average hospital admissions, mortality, and premature deaths linked to alcohol, particularly among men and older adults.
- A quarter of adults are inactive, and over two-thirds are overweight or obese. While rates in younger children are relatively better, obesity rises sharply by Year 6 and remains high in adulthood.
- Overall mental wellbeing in Coventry was affected by COVID-19 and was worse in 2022 than in 2018. Since then, there has been some improvement but not to 2018 levels.
- Coventry has declining uptake of childhood and annual flu vaccinations, and declining rates of HIV testing. Childhood immunisation is Coventry's weakest area in the ONS Health Index for England.
- Coverage of screening for cancers such as breast cancer, cervical cancer, and bowel cancer is below the national average.
- Coventry residents have relatively good access to health services overall. However, A&E waiting times and cancer treatment timelines at the local hospital are below average.

Chapter 1

Demographics and Community



Key messages

- Coventry's population is growing, changing and becoming increasingly diverse, driven by international migration and natural population change.
- Coventry has a younger population than the rest of England, but the number of older residents is increasing.
- Population growth is uneven across the city, with the fastest increases in central and eastern neighbourhoods and in parts of the south of the city.
- Ethnic, cultural, linguistic and religious diversity has increased significantly, particularly among children and young people.
- Coventry's population profile includes higher proportions of renters, younger adults and households experiencing financial pressures than the UK average.
- Most residents report a strong sense of belonging to their community and the city, although neighbourhood trust and participation levels remain below national averages, with trust in neighbours well below the national level.
- Understanding these demographic, social and economic characteristics is essential for planning services, reducing inequalities and supporting healthy communities.

What this means for Coventry

Understanding Coventry's population characteristics is essential for ensuring that services, infrastructure and community support systems develop in ways that:

- respond to population growth and diversity
- address health inequalities
- strengthen community resilience and social cohesion

While many residents feel a strong sense of belonging to their communities, work should be undertaken to improve levels of trust, participation and social connection as these remain below national averages.

The city's communities contribute to a rich cultural environment and strong economic potential, but it should be recognised that demographic and socioeconomic differences across neighbourhoods also shape health outcomes and inequalities. Services need to respond to Coventry's changing population and work together to address inequalities.

Population overview

Why is this important?

It is important to understand how Coventry's population and demographics are changing so that local communities and organisations can ensure the city has the right services to meet the needs of its people. Population growth creates opportunities for economic development, cultural diversity and workforce expansion, but it also increases demand for housing, education, healthcare, transport and community infrastructure. Planning for this growth is therefore essential to ensure Coventry remains a healthy, inclusive and sustainable city.

What is the local picture? How does it compare?

Coventry's population is growing, changing and increasingly diverse; the total population is growing faster than regional and national averages. According to the 2021 Census, Coventry had a population of 345,325 residents. Between 2011 and 2021, the population increased by 8.9% (28,000 people), compared with 6.6% across England and 6.2% across the West Midlands.

Coventry's population is growing, but it is hard to predict how much it will increase in the future. This makes it difficult to plan services. The uncertainty is caused by changing migration patterns, instability, and changes to how population is measured nationally.

The latest official figures (Office for National Statistics, 2024) estimate that Coventry's population has reached 369,000. This means it grew by an average of 2.24% per year over three years - about twice the national rate and faster than elsewhere in the West Midlands.

However, ONS alternative 'admin-based population estimates' suggest slower growth. These indicate the population increased by about 15,000 people to around 361,500 in 2024, with an average growth rate of 1.4% per year since 2021. This is still slightly higher than the regional and national averages.

In 2021 Coventry had a population of

345,325

a rise of over 28,000 residents since 2011



4,136 live births **in 2024**

15,000 net international migration per year



Drivers of population change

Population change in Coventry is shaped by natural population change and migration. Natural population change refers to the difference between births and deaths. In Coventry, there have been around 1,000 more births than deaths each year on average, contributing to population growth.

The total number of births to mothers living in Coventry is increasing, having previously fallen. Birth numbers have increased slightly in recent years, rising from **3,948 births in 2021 to 4,136 births in 2024.** This increase contrasts with national trends, where birth numbers across England have continued to fall. Birth numbers in Coventry remain below the 2011 peak of 4,801, and future growth is uncertain. Declining births between 2011 and 2021 led to a reduction in children aged 0–4, but the recent increase means this age group is now growing again.

The rise in the number of births between 2021 and 2024 was driven by increases in the number of births to Coventry mothers who were born outside of the UK, reflecting the city's increasingly diverse population. In 2024, 56% (2,318 of 4,136) of live births in Coventry were to mothers born outside the UK. The chart below illustrates how the country of birth of mothers changed between 2011 and 2024.

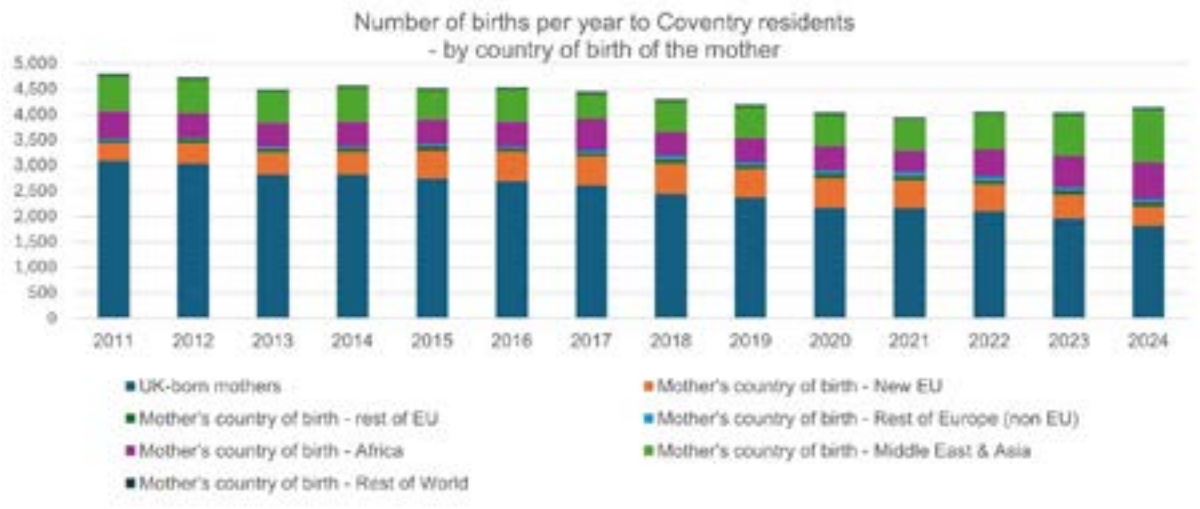
The number of deaths among Coventry residents has remained relatively stable in recent years, with 3,092 deaths recorded in 2024.

As across the UK, international migration to Coventry has increased in recent years and is one of the main drivers of Coventry's population growth.

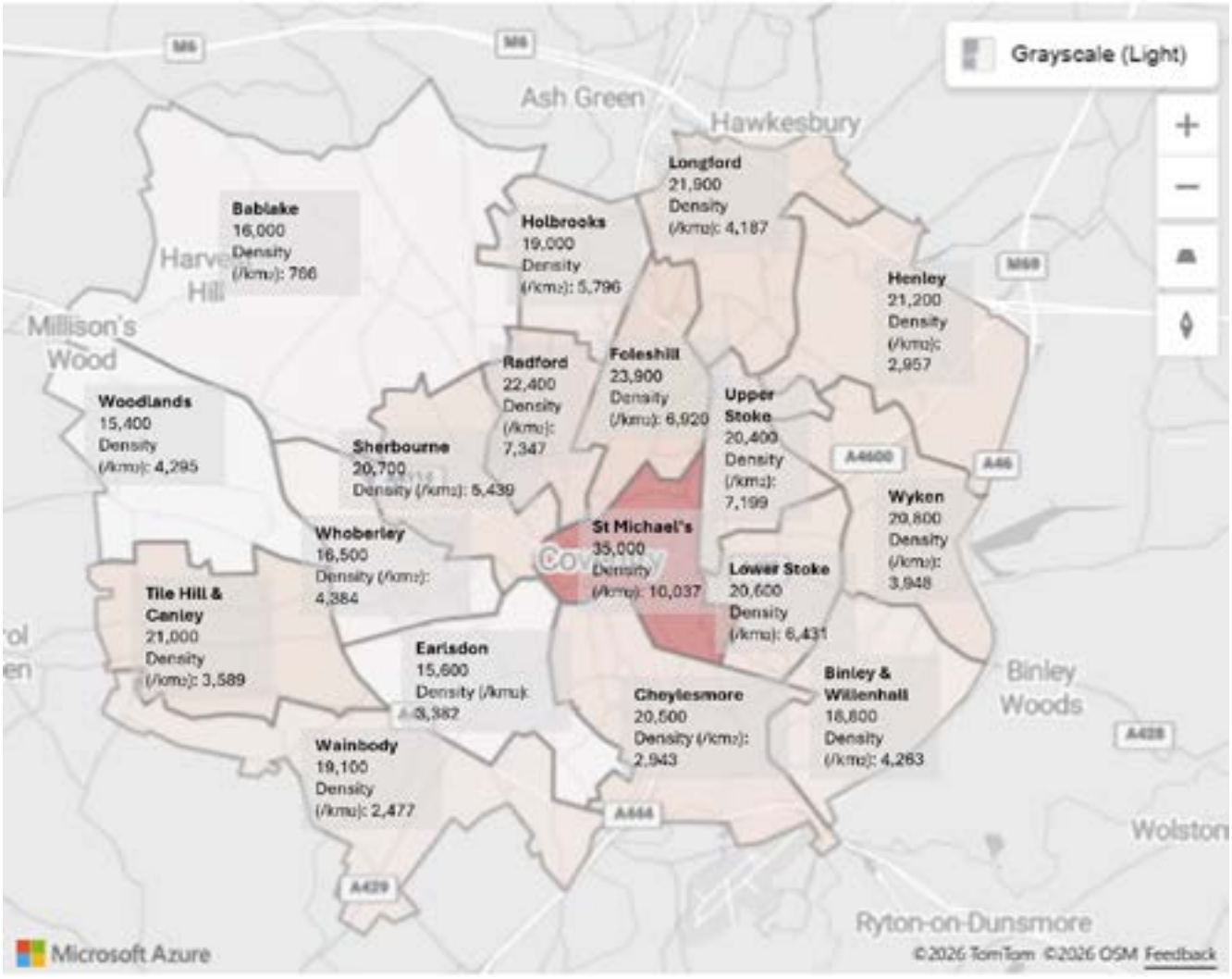
Between 2021 and 2024, an estimated average of 22,000 people per year moved to Coventry from overseas, resulting in an annual net international migration level of around 15,000 people per year once outward migration (people moving abroad from Coventry) is accounted for. These figures mark an increase from the pre-2021 average of 13,000 arrivals per year and a net gain of around 7,000; although uncertainties in estimating the size of these flows may mean the scale of this step change is exaggerated.

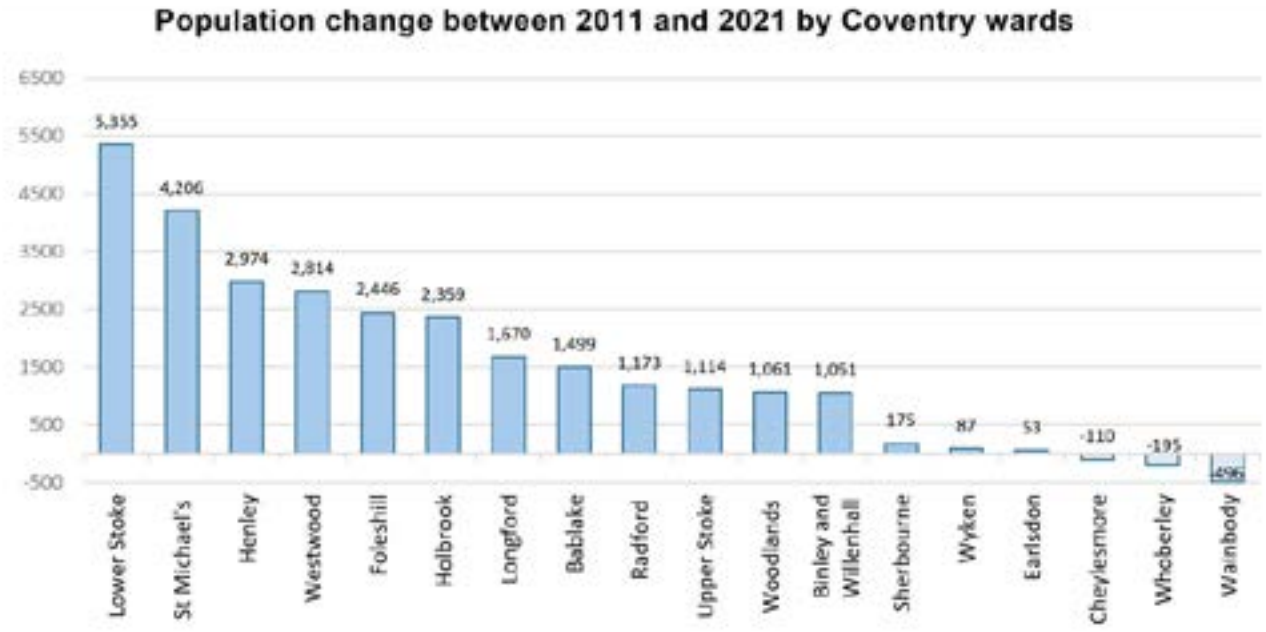
Many people move to Coventry for employment, higher education or family reasons, reflecting the city's role as a global city attracting students, skilled workers, and families from diverse backgrounds.

Total population size, density, and demographic profile varies considerably across Coventry. Based on 2024 mid-year



population estimates, wards in the north and east of the city generally have higher populations and are more densely populated as shown in the map below. St. Michael's, the central ward that includes the City Centre, Hillfields, and surrounding neighbourhoods, has notably the highest population, followed by Foleshill, and then Radford.





Population growth in Coventry hasn't been evenly distributed; some areas have experienced much more growth than others. The graph below illustrates the growth of total population by ward between 2011 and 2021; Lower Stoke and St. Michael's experienced the most significant population growth. These are the Coventry wards as they were defined at the time of the Census 2021.

Understanding population and communities is often better using more local areas. For this we use ONS statistical boundary areas, LSOAs (Lower Layer Super Output Areas) and MSOAs (Middle Layer Super Output Areas)[2]. These boundaries can be seen on maps here.

The fastest-growing areas between 2011 and 2021 were Whitley & Toll Bar End (45% growth), Henley Green & Wood End (36%), and Central Coventry (27%). Of Coventry's 42 MSOAs, 20 experienced growth above the England average.

For further information see:

- Briefing note on Census 2021 data for Coventry: Coventry Residents - Census 2021 – Coventry City Council
- Coventry Census 2021 data profile: Nomis - 2021 Census Area Profile - Coventry Local Authority, West Midlands Region and England Country
- More insight and census data tools on Coventry's City Council's website, at Facts about Coventry: Population and demographics – Coventry City Council

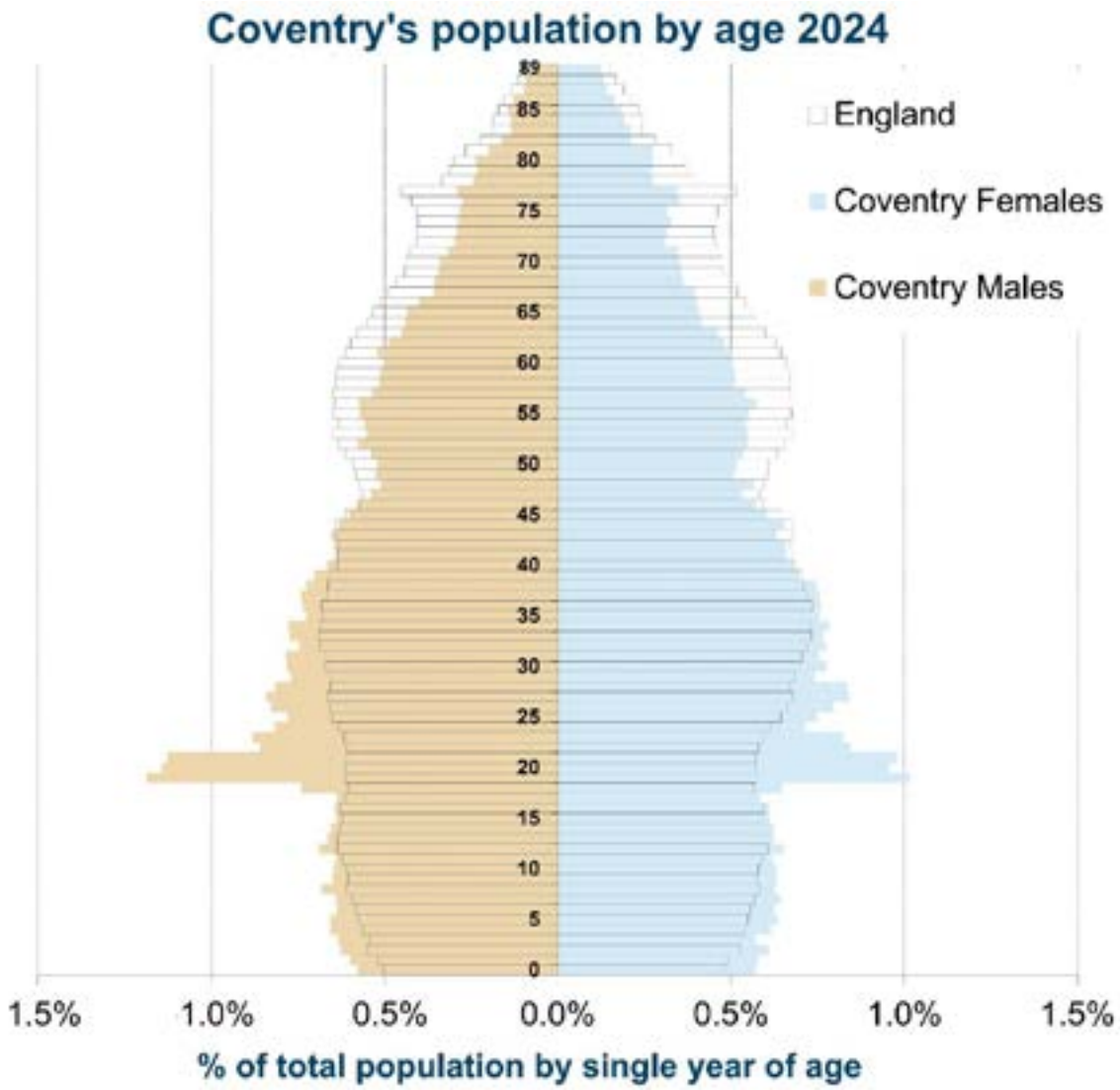
Age Profile

Coventry has a younger population than England overall. The median age is 35 years, compared with 40 years nationally.

This reflects:

- a larger proportion of children and young adults
- a large working-age population
- a smaller proportion of older residents

The 'population pyramid' diagram below illustrates Coventry's age profile in comparison with England as a whole.



Population growth has differed notably by age group, with population growth being the fastest among children and the population aged 25 to 44. Between 2021 and 2024, the fastest growing age groups in Coventry are estimated to be 25-34s and 35-44s, with estimated growth rates of 14% and 13%.

Although growth among older residents has been slower than among younger groups, the total number of older Coventry residents is steadily increasing. The total number of residents aged 85 and over increased from 6,700 in 2011 to 7,100 in 2021 and is estimated to have increased further to 7,300 by 2024. This trend indicates growing demand for health services and social care; planning must anticipate accelerated growth in older age groups over the next 10-15 years.

Student population

Coventry's demographic profile is strongly influenced by its two universities. Coventry University and the University of Warwick have contributed to its relatively high share of residents aged 18–24, including both undergraduates and postgraduate students.

Around 13% of Coventry residents are aged 18–24, compared with 8% nationally. Recent enrolment and population data suggest that the student-aged population in Coventry has fallen slightly since 2021, following a decade of steady growth. **The most recent estimates are that 33,000 students live within the city.** Between 2010/11 and 2020/21, total enrolments across the city's two universities rose from 56,100 to 67,255. However, by 2024/25 this had fallen to 57,385, primarily due to reduced numbers at Coventry University. The decline at Coventry University was largely among UK students, while international student numbers remained relatively stable.

Household structure and living arrangements

Household composition is an important factor influencing housing demand, community infrastructure and social support needs.

Between the 2011 and 2021 Census, the number of households in Coventry increased by 4.3%, rising from 128,592 to 134,140 households. This reflects both population growth and housing development across the city.

The most common household types in Coventry are:

- One-person households - 30.4%
- Couples with dependent children - 19.3%
- Couples without children - 13.3%

This reflects a mix of demographic and lifestyle factors.

Between 2011 and 2021 the main changes in household composition were

- Lone parent households with non-dependent children increased (+28.4%)
- Other household types with dependent children increased (+19%)
- Lone parent households with dependent children decreased (-10.4%)
- Two-person households decreased slightly

These changes may reflect wider social trends, including young adults remaining in the parental home longer, increased shared housing, and financial pressures affecting household formation.

Diversity

Why is this important?

The growth of new communities can change the age and ethnic profile of the city, which impacts on demand for local services such as schools and GP surgeries. Demand for services is influenced by many complex factors, such as living and working conditions, social inclusion, ethnicity, socioeconomic position, education, and cultural factors. One of the eight Marmot principles is to tackle racism, discrimination and their outcomes. The Marmot Build Back Fairer report summarises how the pandemic has 'revealed the stark inequalities in health and socio-economic factors for many of the UK's minority ethnic communities'.

What is the local picture? How does it compare?

Coventry is becoming increasingly diverse, with 45% of residents being part of a minority ethnic group in 2021, up from 33% in 2011. This is above the national average (26%) and regional average (28%). We use 'minority ethnic' to refer to all ethnic groups except the White British group. 'Minority ethnic' includes white minorities, such as Gypsy, Roma, and Irish Traveller groups, as well as those who identify as White Irish and 'White Other' (often people who have moved here from other European countries).

Of the minority ethnic population, Asian Indian formed the largest group, making up 9% of Coventry's total population compared to 3% in England and 5% in the West Midlands.

Diversity varies across the city. Some neighbourhoods have very high proportions of minority ethnic residents. Foleshill West, Foleshill East, and Hillfields had the largest percentage of their population identifying as a minority ethnic (>80%).

The chart below illustrates the profile of Coventry population by ethnic group categories.

Coventry's school population is more diverse than the population overall, indicating that the city will continue to become more diverse over time.

According to the 2024/25 School Census, 61.4% of pupils are from minority ethnic groups, compared with 54.3% in 2020/21.

The largest minority ethnic groups among pupils are:

- Black African (14.2%)
- Asian Indian (10.8%)
- White Other (9.7%)

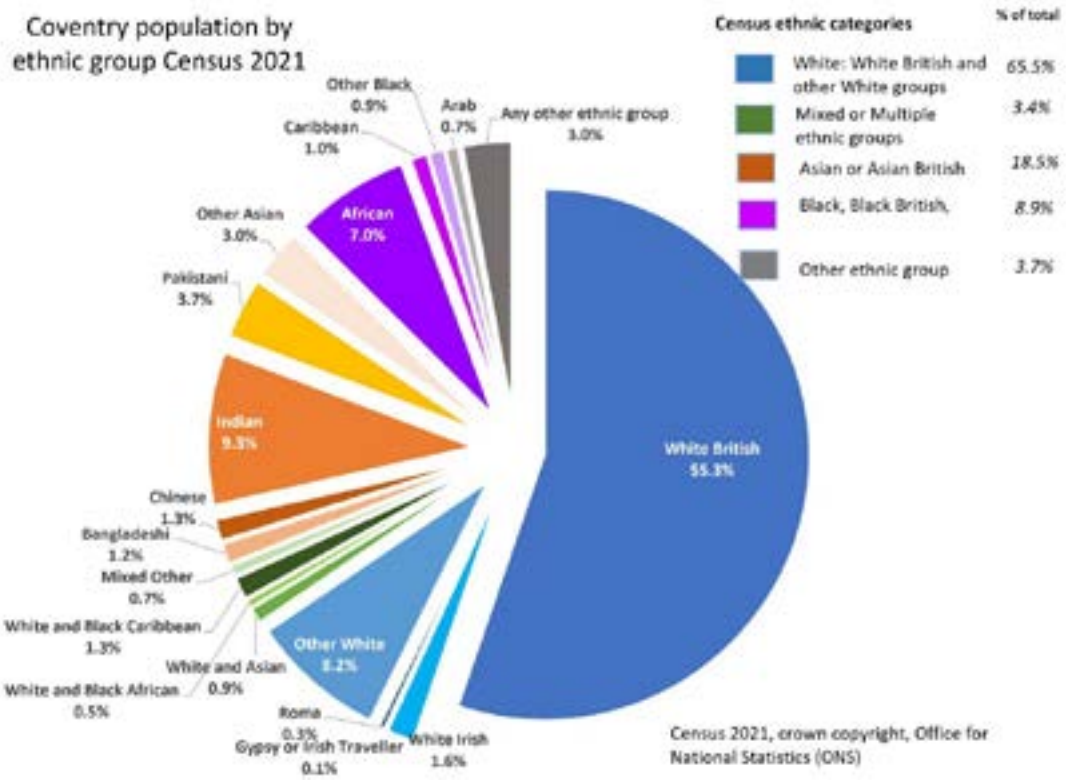
Over the same period, the proportion of White British pupils has declined from 45.7% in 2020/21 to 38.6% in 2024/25, reflecting demographic change and migration.

Coventry's population profile varies by age, with older residents more likely to be White British and younger residents more likely to belong to other minority ethnic groups.

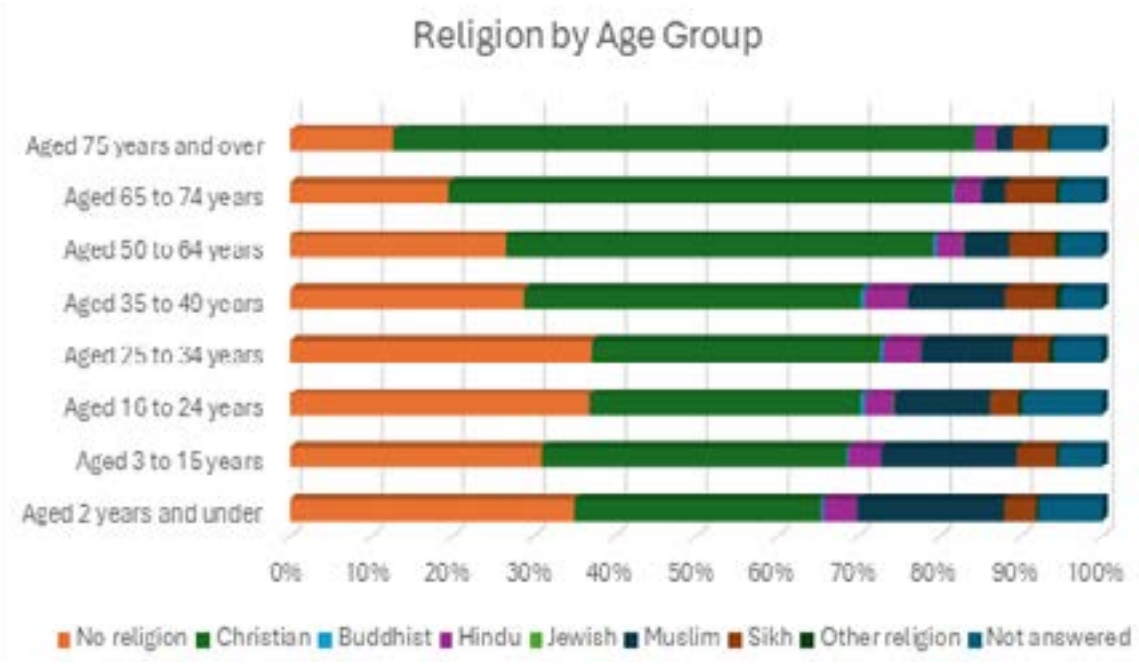
Coventry has an increasing diversity of languages. In 2021, 82.5% of residents reported English as their main language (down from 86.1% in 2011), compared with 90.8% nationally. More than 100 languages and dialects are spoken by residents across the city. The most spoken languages after English include Polish (2.3%), Panjabi (2.3%) and Romanian (2.1%).

Despite this growing diversity, English language proficiency among non-native speakers has improved: in 2021, 16.9% reported not speaking English well and 2.6% not at all, compared with 18.7% and 3.3% in 2011.

According to the 2024/25 School Census, 36.9% of pupils speak English as an additional language, compared with 21.5% nationally. While


Coventry population by ethnic group Census 2021
Census ethnic categories
% of total
White: White British and other White groups
65.5%
Mixed or Multiple ethnic groups
3.4%
Asian or Asian British
18.5%
Black, Black British,
8.9%
Other ethnic group
3.7%
White British 55.3%
Other White 8.2%
Indian 9.3%
African 7.0%
Pakistani 3.7%
Other Asian 3.0%
Any other ethnic group 3.0%
Arab 0.7%
Other Black 0.9%
Caribbean 1.0%
Chinese 1.3%
Bangladeshi 1.2%
Mixed Other 0.7%
White and Black Caribbean 1.3%
White and Asian 0.9%
White and Black African 0.5%
Roma 0.3%
Gypsy or Irish Traveller 0.1%
White Irish 1.6%
Census 2021, crown copyright, Office for National Statistics (ONS)


Ethnic group by age Group
Aged 65 years and over
Aged 50 to 64 years
Aged 35 to 49 years
Aged 25 to 34 years
Aged 24 years and under
Overall
0%
20%
40%
60%
80%
100%
Asian, Asian British or Asian Welsh
Black, Black British, Black Welsh, Caribbean or African
Mixed or Multiple ethnic groups
White
Other ethnic group



62.6% of children speak English as their first language, down from 66.3% in 2021, the majority of multilingual pupils are able to speak English well or fluently.

Religious affiliation provides another perspective on Coventry's diversity, with a notable increase in residents reporting no religion.

In 2021:

- 44% of residents identified as Christian
- 30% reported no religion
- 10% identified as Muslim
- 5% identified as Sikh
- 4% identified as Hindu

The proportion reporting no religion has increased significantly since 2011 (23%), particularly among younger residents. Younger residents are more likely to report no religious affiliation, while older residents are more likely to identify as Christian. These patterns reflect changing social attitudes.

Migration and newly arrived communities

Newly arrived communities form an increasingly important part of Coventry's population. According to the Office for National Statistics, between 2021 and 2024, most of the net migration to the UK was driven by people coming for work or study. The Coventry Director of Public Health annual report for 2024 explores in depth the complex social, economic, and global factors influencing migration to Coventry and the health and wellbeing of the city's migrant communities.

According to the 2021 Census, 27.9% of Coventry residents were born outside the UK. The most common countries of birth outside the UK are:



4.5%
India



2.6%
Poland



2.4%
Romania

In 2024, the number of people moving to the UK for work or study declined nationally, though remained well above pre-2021 levels. Local data indicates a similar trend in Coventry. More recent national data indicates that the falling trend may have continued in 2025. Work-related migration was the main driver behind the significant increase in net migration between 2020 and 2023, reaching relatively high levels. While most recent arrivals have come for work or study, there have also been people arriving for humanitarian reasons.

National Insurance Number (NINo) registrations for overseas nationals in Coventry follow a clear trend, especially for people moving to the city for work. Registrations dropped to 3,097 in 2020/21 during the pandemic, after averaging around 8,500 per year in the previous five years. They then rose sharply to 12,008 in 2021/22 and peaked at 17,654 in 2022/23. Since then, numbers have fallen to 14,170 in 2023/24 and 9,467 in 2024/25 with a slight increase of 9,808 in the 12 months to December 2025, but they remain higher than before 2021.

Coventry has consistently had higher NINo registration rates than most other local authorities, and the recent increase has been larger than the overall increase across England. Comparing NINo registrations in 2022/23 and 2023/24 with estimates of around 22,000 people moving to Coventry from overseas each year (between 2021 and 2024) suggests that most migration to the city is for work.

The nationality profile of Coventry's overseas workforce has also changed markedly. For many years prior to 2019/20, people from EU countries, particularly people from Romania, made up a large portion of Coventry economic migrants. Since 2019/20 however, the number of people from EU countries has fallen significantly. The largest increases in recent years have been amongst people from India; Nigeria; China and Pakistan. The changing profile of economic migrants in recent years should be considered so that any specific health needs can be provided for.

Coventry has a long history of providing safety to those fleeing conflict and persecution. Since 2014, the city has welcomed around 1,500 refugees through UK Government-funded resettlement programmes for vulnerable individuals fleeing conflict in countries such as Afghanistan, Iraq, Sudan, and Syria - most recently with arrivals from Afghanistan.

In addition, as of March 2026, Coventry has welcomed approximately 746 people through the Homes for Ukraine scheme, with an estimated 380 residing in the city, though numbers fluctuate as individuals move between locations. Around 300 British Nationals Overseas ('BNOs') from Hong Kong have also settled in Coventry, though new arrivals from Hong Kong have slowed considerably.

As of March 2026, there were an estimated 1,712 asylum seekers receiving Home Office support living in Coventry - the 4th highest number of all local authorities. Coventry continues to have the highest proportion of asylum seekers per capita in the West Midlands region. However, the actual number of asylum seekers residing in Coventry is a transient figure, due to the fluid and changing nature of this population.

These newly arrived communities contribute to the city's economic growth, cultural diversity and workforce, while also highlighting the importance of accessible services and support networks.

Socioeconomic profile (ACORN)

Geodemographic analysis using the Acorn tool provides insight into the social and economic characteristics of Coventry households.

Compared with the UK overall, Coventry households are:

- less likely to be financially comfortable
- more likely to be making ends meet or experiencing financial pressure



The top 3 Acorn Groups in the profile are

- Younger working families with average incomes, living in socially rented houses (4.M.Family Renters)
- Younger families struggling on low incomes in rented terraces (5.R. Hard-up Households)
- Students and young adults starting out, privately renting in house shares (5.P. Tenant Living)

These groups reflect Coventry's relatively high proportion of renting households, younger adults and families with moderate incomes.

Groups with smaller proportions in the city but exceptional compared to the UK include

- Single people across all ages, often living in high rise estates (6.U. Challenging Circumstances)
- Secure older adults in semi-detached houses (4.L. Traditional Homeowners)
- Young families and students in ethnically diverse urban centres (4.N. Urban Diversity)

These patterns help explain some of the social and health inequalities observed across the city.

Neighbourhood inclusion and perception

Community relationships and social connections are important determinants of health and wellbeing.

The Coventry Household Survey 2024/25 found that 61% of residents feel a strong sense of belonging to their local area, an increase from 54% in 2022. Those in Earlsdon (78%), Bablake (76%) and Cheylesmore (73%) wards are significantly more likely to have a strong sense of belonging at neighbourhood level.

62% of residents report a strong sense of belonging to Coventry as a whole. Those in Lower Stoke (76%), Sherbourne (75%), Upper Stoke (75%) and St. Michael's (74%) wards are significantly more likely to have a strong sense of belonging to Coventry as an area overall. This highlights a growing sense of civic pride and local connection among residents across Coventry.

Around 65% of residents agreed that people from different backgrounds get along well in their area, reflecting generally positive community

relationships. Data from the Community Life Survey indicates that **28% of Coventry residents say they trust many of their neighbours. This is well below the national average of 41%.** Building trust and mutual understanding at neighbourhood level is essential for strengthening community resilience, particularly in communities experiencing rapid population turnover.

Despite strong feelings of belonging, residents are less likely to participate in community activities. In the Coventry Household Survey:

- **36% of residents said they would be likely to get involved in improving their local community**
- **64% said they would be unlikely to participate.**

This represents a decline from earlier surveys and suggests a gap between **feeling connected to communities and actively participating in them.** Barriers may include:

- time pressures
- limited awareness of opportunities
- lack of accessible community spaces.

Social connections play an important role in supporting wellbeing. According to the Community Life Survey, **9% of adults in Coventry report feeling lonely often or always,** slightly higher than the **England average of 7%.**

Most residents report having people they can rely on for support, although levels of social support are **slightly lower than national averages.**

Groups more likely to experience weaker support networks include:

- younger adults
- men
- residents in more deprived neighbourhoods.

Loneliness and social isolation was identified as a strategic priority in Coventry's Health and Wellbeing Strategy 2023-26. Interventions include Connecting for Good and Chatty Cafés, as well as community-led projects such as Moat House Community Trust and Operation Shield. Libraries, creative networks, and groups such as Grapevine's Kindness Group play an important role in fostering social connections. Strengthening community infrastructure and early help services remains vital, alongside targeted support for groups at higher risk of loneliness, including disabled adults, younger people, and some minority ethnic communities.

Ongoing monitoring and evaluation will ensure these initiatives reduce pressure on health services and build community resilience.

Coventry residents are less likely than average to feel that people in their neighbourhood pull together, although volunteering is broadly in line with national levels and residents show a strong desire to influence local decisions.

According to the Community Life Survey 2023/24:

- 46% of residents agreed that people in their neighbourhood "pull together to improve the area," below the national average of 56%.
- However, 25% felt they could influence local decisions, slightly above the England average of 23%.
- 33% volunteered at least once a month, broadly matching national levels, while 52% volunteered at least once in the past year.
- 50% of respondents said it is important to influence local decisions, and 31% would like to be more involved, higher than the national average of 28%.

This indicates a strong appetite for people to be more involved in their community, even if opportunities to participate are unevenly distributed. Developing inclusive, co-produced approaches to decision making could help harness this enthusiasm and ensure that all residents have a voice in shaping their city's future.

Chapter 2

Prospects



Key Messages

- Early life experiences strongly influence lifelong health, wellbeing and opportunity.
- Early antenatal engagement has declined, but smoking in pregnancy has fallen and breastfeeding rates are above average.
- Infant mortality, stillbirth and premature birth rates remain higher than national levels, with significant inequalities.
- School readiness and early years outcomes lag behind national averages, particularly for disadvantaged children and those with SEND.
- SEND numbers and free school meal eligibility continue to rise.
- Educational attainment is improving but remains below national averages, with persistent attainment gaps.
- School absence remains above pre-pandemic levels, and exclusions and suspensions are increasing.
- Mental health demand among children and young people continues to grow.
- Risky behaviours have declined, but smoking, sexual health and teenage conception rates remain concerns.
- Youth justice entry rates remain comparatively low.
- Economic growth has not been felt equally, with falling employment, rising unemployment and ethnic inequalities.
- Child poverty, fuel poverty, deprivation and digital exclusion remain key challenges.

What this means for Coventry

Prospects across the life course are a key determinant of health and wellbeing. The opportunities people have in childhood and early adulthood including education, employment, income, housing, and digital access shape their long-term health outcomes and quality of life. Good prospects support financial security, social participation, and independence, while limited opportunities increase the risk of poverty, poor health, and social exclusion.

Early childhood represents one of the most important opportunities to improve long-term health and wellbeing.

Coventry shows strengths in several areas, including:

- reductions in smoking during pregnancy
- improving breastfeeding rates
- strong developmental outcomes at age two

- reducing rates of A&E attendances, and
- improvements in oral health.

However, challenges remain:

- lower engagement with some early year's health services
- declining childcare participation
- lower development outcomes at age five
- inequalities linked to deprivation, ethnicity and special educational needs
- higher infant mortality and prematurity rates

Addressing these issues will require continued collaboration between health services, early years education, community organisations and families. Strengthening support during pregnancy and the early years remains one of the most effective ways to improve life chances and reduce health inequalities across Coventry's population.

Increasing numbers of pupils with Special Educational Needs and Disabilities (SEND) are placing growing pressure on assessment processes and support services. This is leading to delays and potential inequalities in access to timely support.

A persistent attainment gap between the most and least disadvantaged children continues to impact overall educational standards across the city. Addressing low school attendance, reducing rates of suspensions and permanent exclusions would help improve standards.

Many indicators show that the economy in Coventry is resilient and often succeeding compared to similar cities. However, the benefits flowing from this are not evenly distributed across our communities and this compounds the health inequalities seen across Coventry.

Cost of living pressures are being felt across the city and this will impact the health and wellbeing of citizens. Fuel poverty is a factor for many people in deprived circumstances and cold, damp, difficult and expensive-to-heat homes will have a detrimental effect on those living in them.

Digital connectivity overall is good in Coventry but the benefits of this are not evenly distributed across our communities, with digital exclusion affecting particular groups who could benefit most from digital services.

Best start in life

Why this is important?

The earliest years of life are critical for human development. Experiences during pregnancy, infancy and early childhood shape:

- physical health
- brain development
- learning ability
- emotional wellbeing
- long-term social and economic outcomes

Health inequalities often begin during pregnancy and early childhood and can persist throughout life. Improving outcomes during this stage is therefore one of the most effective ways to reduce health inequalities and improve population wellbeing.

"Giving every child the best start in life is crucial for securing health and reducing health inequalities across the life course. The foundations for virtually every aspect of human development – physical, intellectual, and emotional – are laid in early childhood. What happens during these early years, starting in the womb, has life-long effects on many aspects of health and wellbeing".

Sir Michael Marmot

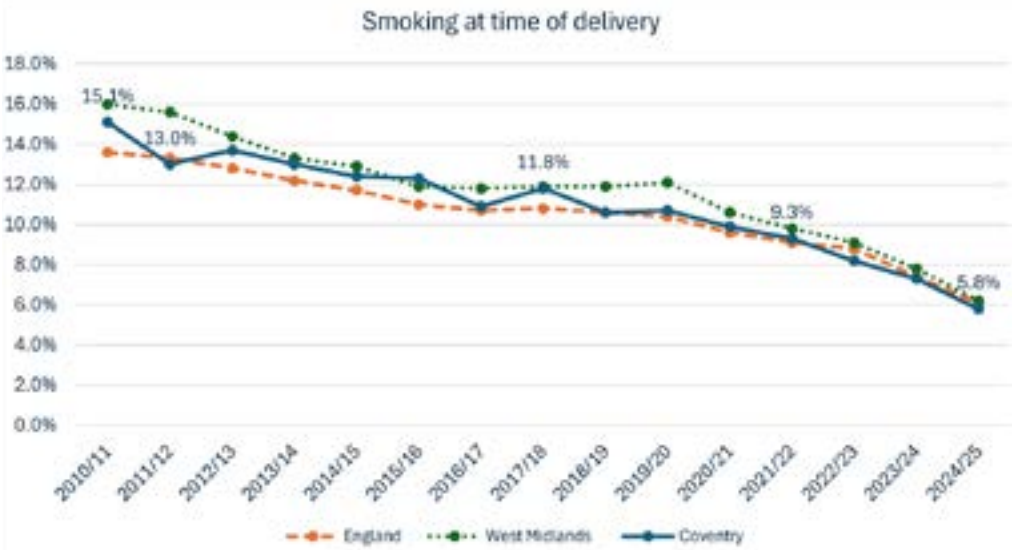
What is the local picture? How does it compare?

The sections below outline the local picture relating to the Best Start in Life.

Pregnancy and maternity

Since 2019/20, Coventry has seen a decline in early antenatal bookings, remaining below regional and national levels. Early antenatal booking allows timely access to screening, advice, scans and specialist support, all important for identifying health risks and supporting maternal wellbeing. In Coventry, early antenatal booking rates have declined in recent years, from 63% of pregnant Coventry women having their first appointment within 10 weeks in 2019/20, to 56% in 2023/24, lower than the national average of 64%.

Smoking at time of delivery has seen a continued downward trend. The rate has fallen significantly from 15.1% in 2010/11 to 5.8% in 2024/25. Coventry's rate is now lower than both the England average (6.1%) and the regional average (6.6%). This reflects successful smoking cessation support provided through maternity services.



Breastfeeding is more prevalent in Coventry than average. In 2023/24, 75.8% of Coventry newborns received breast milk as their first feed, higher than both regional (69.7%) and national averages (71.9%). Higher rates in Coventry are sustained. 60.7% of infants were breastfed (either fully or partially) at 6 to 8 weeks in 2024/25 compared to England's rate of 55.6%. Breastfeeding rates have improved in recent years. The rate at 6 to 8 weeks, now 6 in 10 babies (60.7%), has increased from 48.3% in 2017/18.

Infant mortality in Coventry is higher than the national and regional average and is rising. Infant mortality measures deaths among babies under one year of age and is widely used as an indicator of population health. The West Midlands has the highest infant mortality in England, and Coventry has the 5th highest rate in the region, significantly above the England average and higher than similar areas.

Between 2022 and 2024, there were 75 infant deaths in Coventry, equivalent to a rate of 6.1 per 1,000 live births. The Infant Mortality rate for England was 4.2.

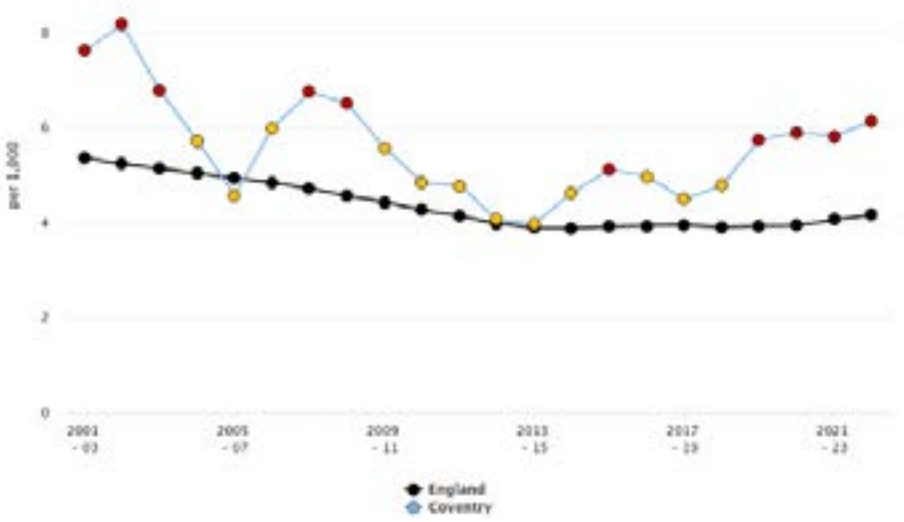
Coventry's stillbirth rate is also higher than national and regional averages and has been rising since 2017-19.

Between 2022 and 2024, Coventry recorded 1,082 premature births, a rate of 88.0 per 1,000 births, higher than both England (79.6) and the West Midlands (83.2). Prematurity is a big factor determining low birth weight. While overall low birth weight rates are stable, extreme prematurity and extremely low birth weight births are increasing; and extreme prematurity is a significant factor in Infant Mortality.

Health visitors play an important role in monitoring child development and supporting families as part of the Healthy Child Programme commissioned by the local authority. Completion of the New Birth Visit within 14 days is increasing again since a low of 71% in 2023/24, to 82% in 2024/25, remaining below the England average (85%).

The proportion of infants receiving the 6–8-week review is increasing but remains below the national average. This review provides an opportunity to assess breastfeeding, maternal mental health, postnatal and infant checks, and connecting families to support and vaccination services. Coverage has increased to 83% in 2024/25, narrowing the gap with national (85%) and regional averages (87%). Coverage of the 12-month developmental review has declined slightly in recent years, with Coventry performing slightly below national and regional levels.

Infant mortality rate per 1,000 live births for England and Coventry



Development in the Early Years

Coventry has a lower coverage rate for the mandated 2-2½-year developmental review compared to both national and regional averages. In 2024/25, coverage in Coventry was lower than national and regional averages:

Area	Coverage
Coventry	74.8%
West Midlands	77.9%
England	80.8%

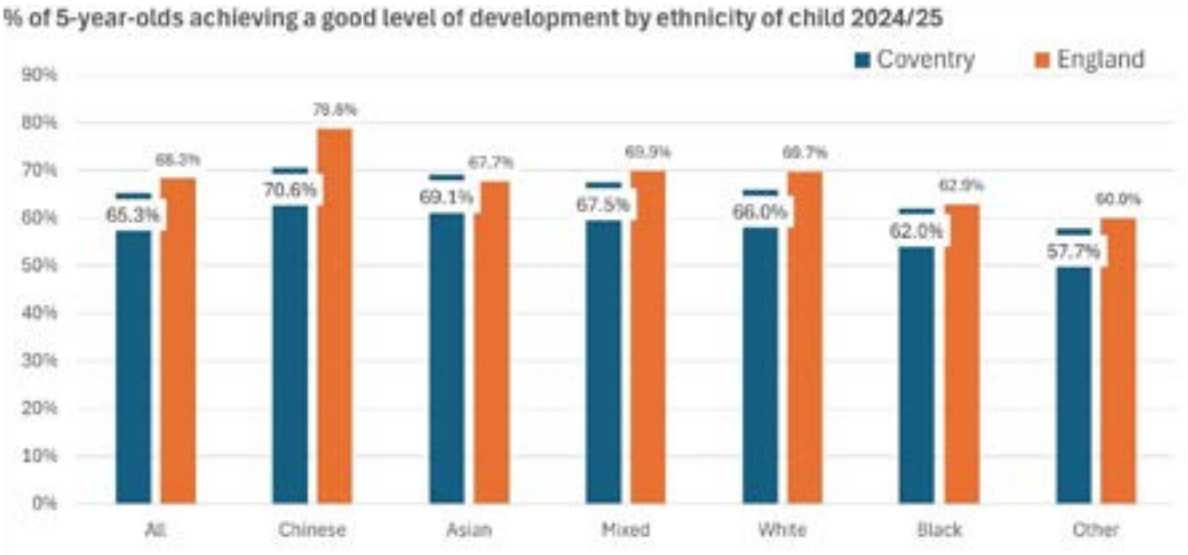
Among children who did receive the review in 2024/25, 94.6% completed the Ages and Stages Questionnaire 3 (ASQ-3), measuring key developmental domains, which is slightly higher than the national rate of 93.9% and comparable to the West Midlands at 94.3%.

Coventry performs well in terms of developmental outcomes at age 2-2½-years. At this stage of development, a higher proportion of toddlers in Coventry achieve a "good" level of development compared to national and regional averages.

In Coventry, uptake of funded early years childcare for 2, 3 and 4-year-olds has fallen. In 2025, uptake of free early education for 2-year-olds dropped to 60.0%, below the national (65.2%) and regional (62.4%) averages. The decline is partly linked to misclassification between children eligible for both Families Receiving Additional Support entitlement (FRAS) and the new working-parent entitlement. Uptake for 3- and 4-year-olds also fell to 86.2%, below the national (93.1%) and regional (94.5%) averages, continuing a decline from its 2019 peak of 97.6%.

Fewer children in Coventry reach a good level of development (GLD) by age five compared to national and regional averages. In 2024/25, 65.3% achieved GLD in Coventry compared to 68.3% England and 66.9% West Midlands[1]. Inequalities in reaching GLD within the city have already established themselves by the age of 5. 50.5% of children eligible for Free School Meals achieve GLD compared with 69.3% of those not eligible.

There are varying levels of early years attainment across ethnic groups, with most performing below national averages. Early years attainment in Coventry varies by ethnicity, with most groups performing below national levels. Children from 'Black' and 'Other' groups



1 measured using Early Years Foundation Stage (EYFS)

have lower outcomes locally. While most groups do worse than their national peers, 'Asian' children perform above the national average, and 'Chinese' children do relatively well in Coventry but below their national counterparts.

By Key Stage 1, a lower-than-average proportion of Coventry pupils are at the expected standard, and inequalities are presenting.

In 2024/25 in the statutory phonics screening check at the end of Year 1:

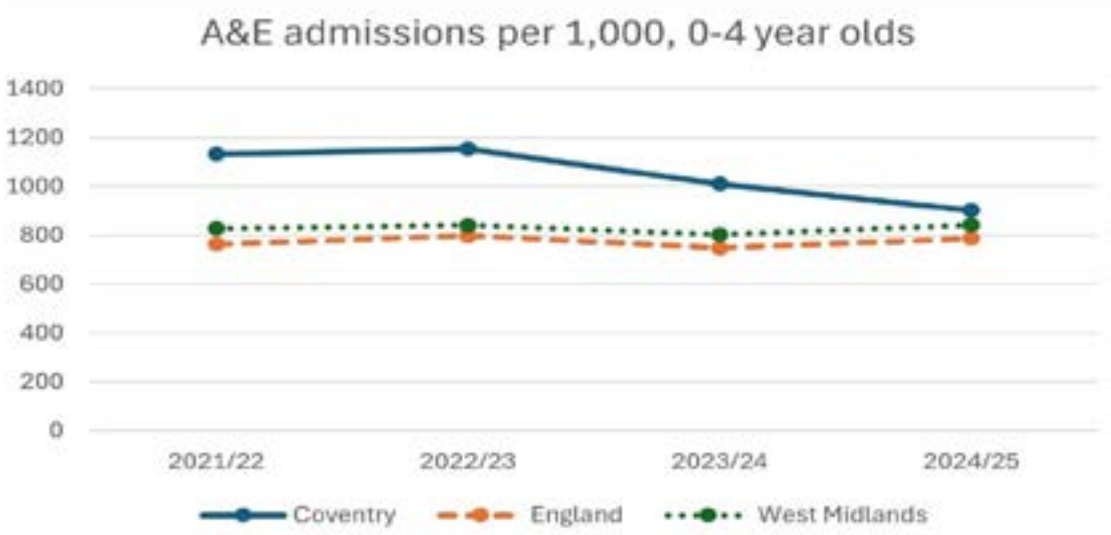
Area	Achieving expected standard
Coventry	77%
West Midlands	79%
England	80%

By Year 2, 86% of Coventry pupils meet the standard, compared with 89% nationally. Large gaps exist for children with:

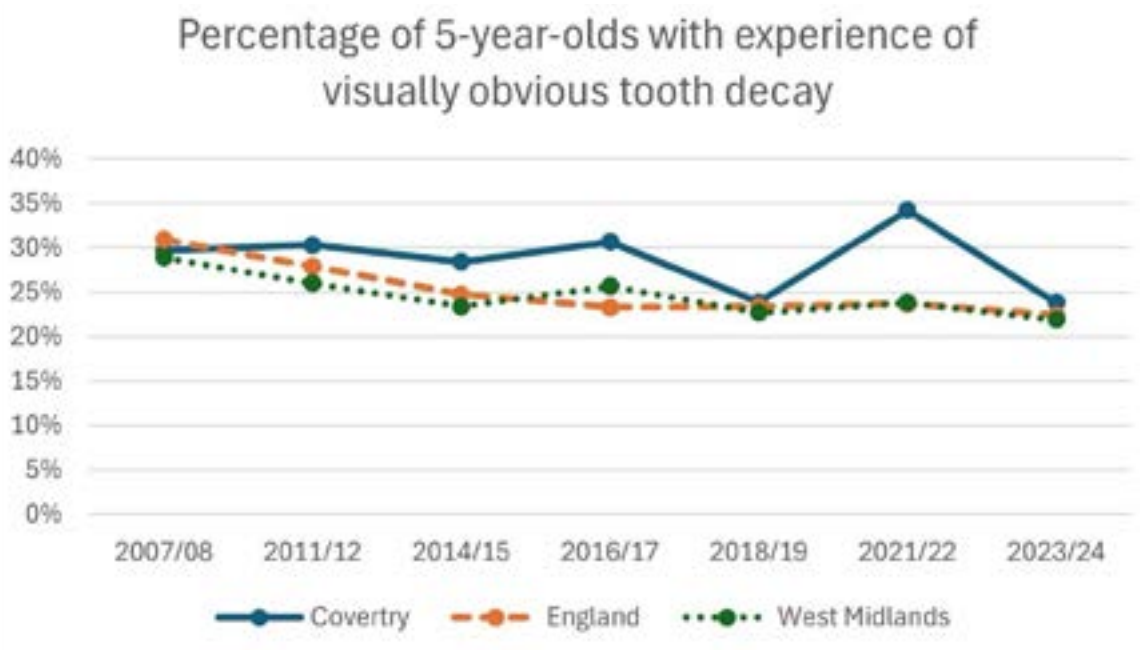
- Free School Meal eligibility (79%) (England 81%)
- Special Educational Needs (SEN) Support (69%) (England 71%)
- SEN: Education, Health and Care (EHC) Plan (15%) (England 31%)

Coventry has higher rates of A&E attendance among children aged 0–4 than national and regional averages, although the rate has reduced in recent years, closing the gap. A&E attendances for children under five are often preventable and are usually caused by accidental injuries (such as playground incidents) or by illnesses considered minor enough to be treated in the primary care setting by a General Practitioner.

Oral health is an important indicator of child wellbeing. Data from the Office for Health Improvement and Disparities shows Coventry has historically had higher prevalence of tooth decay among children, although the gap has closed in most recent figures. Coventry has lower hospital admission rates for dental decay compared with England and the West Midlands. Tooth decay remains strongly associated with diet, deprivation and oral hygiene behaviours.



Data Source: Fingertips | Department of Health and Social Care



Data Source: Fingertips | Department of Health and Social Care

Education and skills

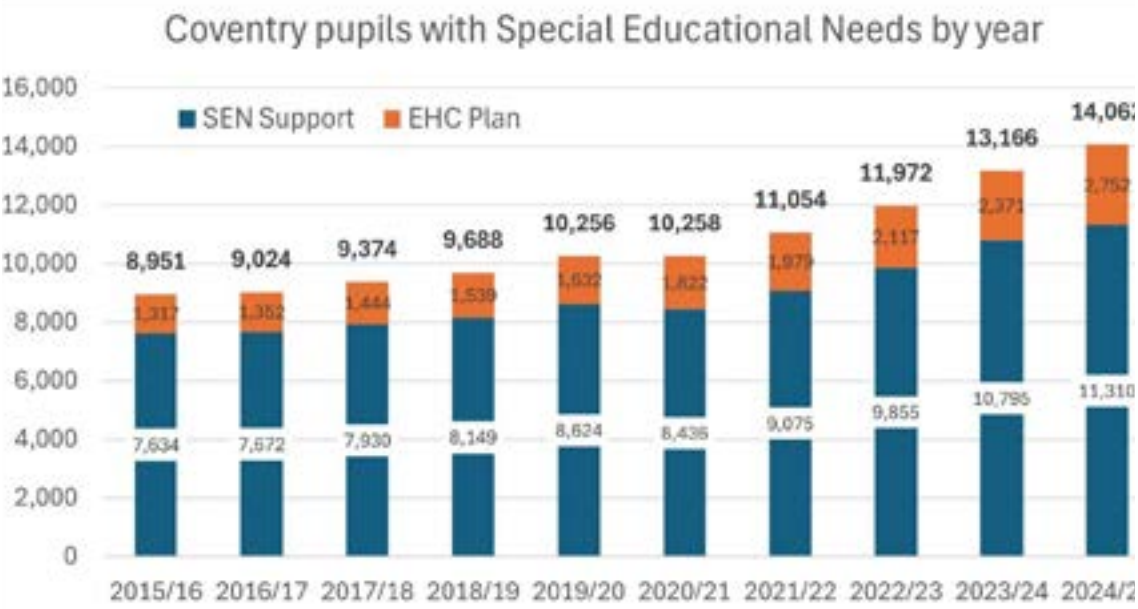
Why is this important?

Poor work chances, social isolation, and difficulties with mental and physical health are just a few of the social disadvantages that people could face later in life because of low educational attainment and low expectations and aspirations. By supporting high levels of educational attainment and boosting expectations these barriers can be removed so that children and young people achieve their full potential and promote social mobility.

What is the local picture? How does it compare?

During the COVID-19 pandemic, education was significantly disrupted impacting on school readiness and attainment. This should be considered when reviewing attainment statistics between 2019-2022.

The number of pupils with Special Educational Needs (SEN) in Coventry has continued to rise, reflecting a similar trend across England. In 2024/25, there were 14,062 pupils with SEN in Coventry, representing 22.1% of all pupils, higher than the national average of 19.6%. SEN is categorised into two groups: pupils with a Statement or an Education, Health and Care (EHC) plan, and those receiving SEN support. Between 2015/16 and 2024/25, the proportion of all Coventry pupils who have an EHC plan increased from 2.3% to 4.3%, while those receiving SEN support rose from 13.3% to 17.7%. These trends are broadly in line with national trends, although in Coventry a lower proportion have an EHC plan (England 5.3%) and more have SEN support (England 14.2%).



The most notable increases since 2015/16 have been among pupils with 'Speech, Language and Communication Needs' (SLCN) (from 1,679 to 3,803), 'Autistic Spectrum Disorder '(from 1,137 to 2,879), and 'Social, Emotional and Mental Health needs' (from 1,323 to 1,958).

SEN numbers have grown in both mainstream and special schools, but the increase has been a little more pronounced in mainstream settings, consistent with national patterns. In 2024/25, 89.9% of Coventry's SEN pupils attended mainstream schools. All pupils receiving SEN support were in mainstream schools, while those with an EHC plan were split between mainstream and special schools. The proportion of pupils with an EHC plan that attend mainstream schools has increased from just over a third in 2015/16 (36.6%) to just over half in 2024/25 (51.5%).

Eligibility for free school meals in Coventry continues to rise, reaching 28% across all school years in 2025, amounting to a total of 17,221 Coventry pupils across all phases of education. Both the number and proportion of pupils eligible are increasing, as they are nationally and regionally. Coventry's rate has remained higher than the England rate, but lower than West Midlands regional rate.

Percentage of pupils for Free School Meals Eligibility (2021 - 2025)			
Year	**Coventry**	**England**	**West Midlands**
2021	23.0%	20.8%	24.5%
2022	24.8%	22.5%	26.5%
2023	26.3%	23.8%	27.9%
2024	26.9%	24.6%	28.9%
2025	28.0%	25.7%	30.9%

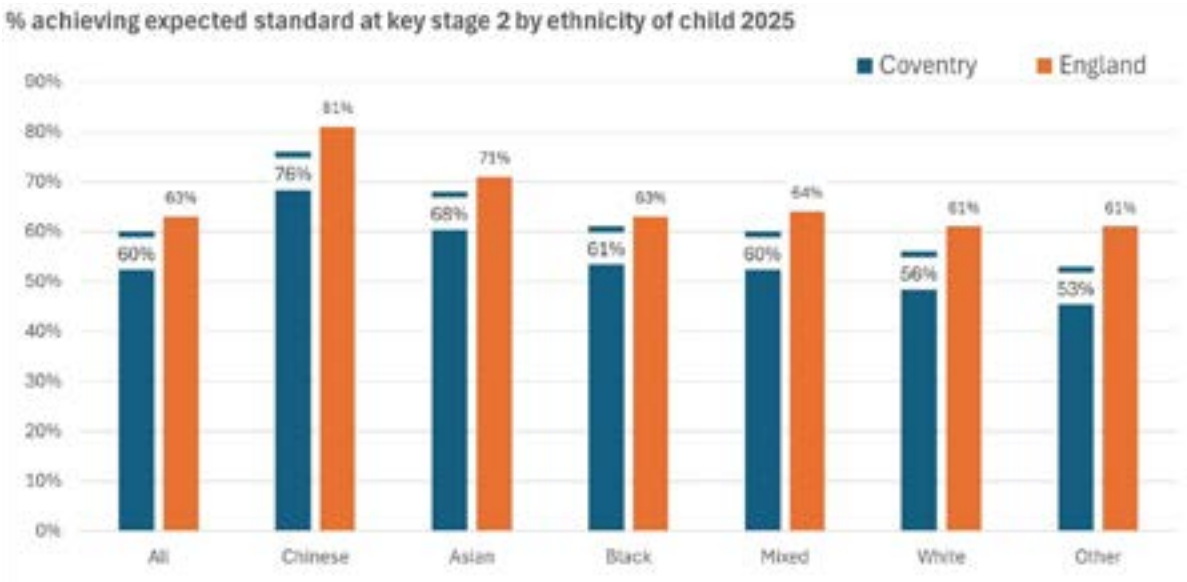
In 2025, 60% of Coventry pupils met the expected standard in reading, writing, and maths at the end of key stage 2, remaining lower than England overall (63%). This has improved since 2022 when 54% met the expected standard in Coventry, compared to 59% nationally. The Coventry rate has remained slightly below the average for similar areas (2025 statistical neighbour average 61%).

There are many factors that impact attainment and there are inequalities between some groups of pupils, although the trend of improvement has been seen amongst most groups. In 2025, 45% of disadvantaged pupils[2] achieved the expected standard in reading, writing, and maths, compared with 67% of non-disadvantaged pupils. The trend of gradual improvement since 2022 has been seen amongst both groups of pupils to a similar extent so the gap has remained the same (2022: disadvantaged pupils 40%; non-disadvantaged pupils 61%).

Attainment among pupils receiving SEN support has also improved from 22% in 2022 to 28% achieving the expected standard at key stage 2 in 2025, similar to the England average, 29%. However, it remains significantly lower than non-SEN pupils in Coventry at 73%. In 2025 only 2% of pupils with an EHC plan achieved the standard.

There are differences in the proportion achieving the expected standard at key stage 2 between children from different ethnic groups. Attainment rates across all ethnic groups are below their peers across England overall.

Rates have improved as a trend since 2022 across most ethnic groups, but some groups have improved by more than others. The volatility in the rates amongst 'Chinese' and 'Other' ethnic groups may be related to being based on relatively small numbers of pupils in any particular year.



2 Pupils are defined as disadvantaged if they are known to have been eligible for free school meals at any point in the past six years (from year 6 to year 11), if they are recorded as having been looked after for at least one day or if they are recorded as having been adopted from care.

% achieving expected standard at key stage 2 by ethnicity of child 2022 - 2025				
Year	**2022**	**2023**	**2024**	**2025**
All pupils	54%	56%	57%	60%
Chinese	78%	60%	62%	76%
Asian	66%	67%	65%	68%
Black	52%	59%	58%	61%
Mixed	47%	51%	55%	60%
White	51%	51%	54%	56%
Other	48%	56%	61%	53%

The number of pupils achieving at least a 'standard pass' (grades 9-4) in English and Maths at the end of key stage 4 is below the national average. In 2025, 61.1% of Coventry students received a "standard pass," compared to 64.8% across England overall. However, Coventry's rate is slightly better than the average amongst Coventry's statistical neighbour areas, 59.9%

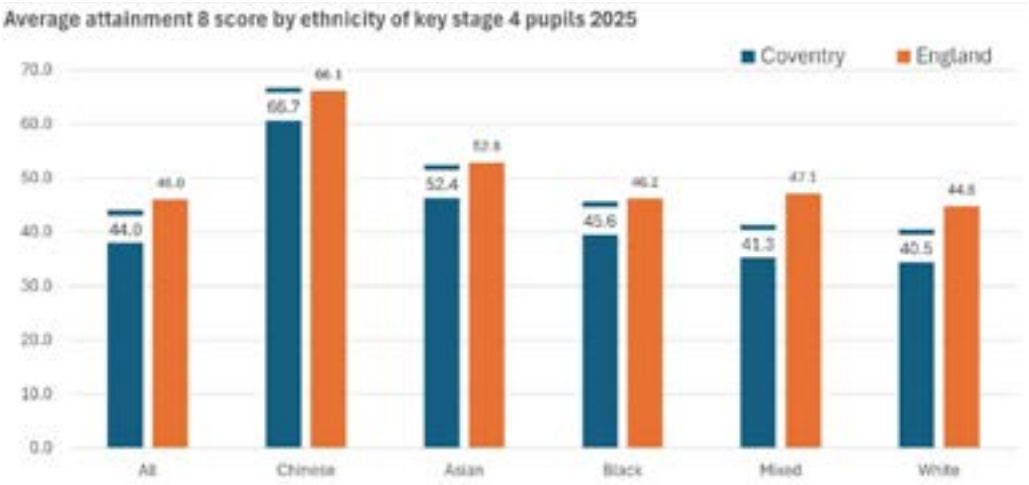
Attainment 8 scores amongst Coventry pupils are also lower than the national average. The average attainment 8 score[3] for pupils in Coventry was 44.0 in 2025, compared to 46.0 for England overall, but slightly higher than the statistical neighbours' average, 43.3.

There are inequalities in attainment in key stage 4. In 2025, overall attainment levels for disadvantaged pupils are lower, with an average attainment 8 score of 34.6 compared to 48.5 amongst non-disadvantaged pupils in Coventry (England 50.4). The average score amongst Coventry disadvantaged pupils is similar to the national average for this group (England 34.9).

There are notable differences between the average Attainment 8 scores of pupils by ethnic group. Pupils from 'White' and 'Mixed' ethnic groups have the lowest average scores, and all ethnic groups perform below the England average.

Average Attainment 8 score per pupil at KS4 - Vulnerable groups 2025		
Vulnerable groups	**Coventry**	**England**
Disadvantaged	34.6	34.9
Pupils with an Education, Health and Care (EHC) Plan	10.4	14.8
Pupils with Special Educational Needs (SEN) Support	33.5	33.8
Children in Care	18.0	17.3

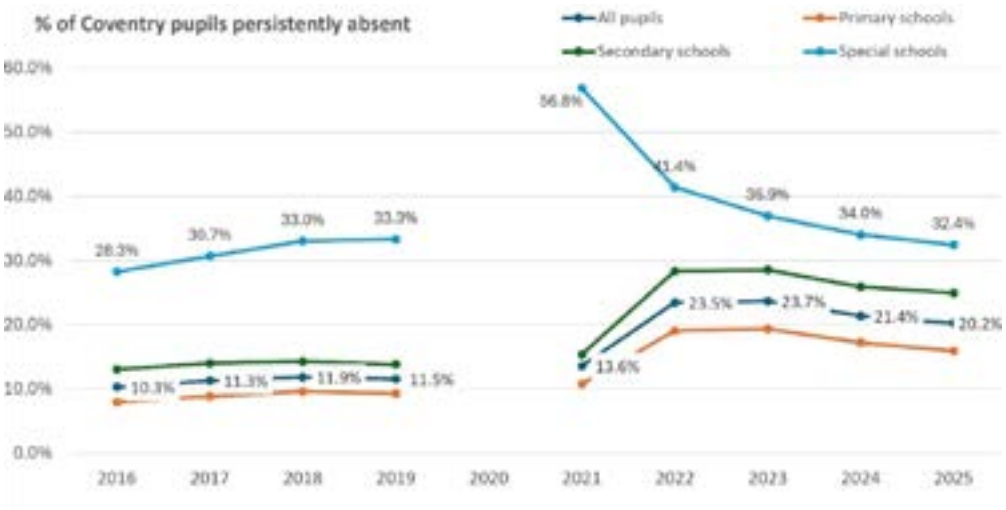
3 an average score used to measure an individual student's progress across their 8 best performing subjects taken at GCSE level



By Key Stage 5 (16- to 18-year-old) attainment is slightly below the national average, but in line with other areas similar to Coventry. Coventry's average point score in 2024 was 32.55, similar to our statistical neighbours, but below the national average which is 34.99.

School attendance rates in Coventry have declined in recent years, following national patterns. Total attendance fell from 95.2% in 2018/19 to 92.8% in 2024/25, with the sharpest drop during the 2021/22 academic year, coinciding with COVID-19 disruptions. In 2024/25, attendance stood at 94.4% in primary schools (England 94.8%), 91.0% in secondary schools (England 91.6%), and 88.6% in special schools (England 87.2%).

Persistent absence (defined as missing 10% or more of sessions) remains a challenge. In 2024/25 20.2%, or one-fifth of all pupils across all school phases, were persistently absent, higher than the national average of 18.1%. As with overall absence, persistent absence saw a sharp rise after the end of the lockdowns, but whilst rates have been gradually reducing since then, they have yet to return to pre-Covid levels.



Absence levels are notably higher among vulnerable groups. Pupils eligible for Free School Meals recorded an overall absence rate of 10.0% in 2024/25, almost double the rate of pupils not eligible at 5.4%, and persistent absence rates at 29.7% compared to 14.3% amongst non-eligible pupils. Pupils with Special Educational Needs also experience disproportionately high levels of absence. Among those with an Education, Health and Care (EHC) plan, overall absence reached 12.7%, while persistent absence was 34.3%. Rates were lower among pupils receiving SEN support (9.3% and 26.2%) but still significantly higher than those with no SEN (5.8% and 16.3%).

In Coventry, both permanent exclusions and suspensions in schools have been increasing over recent years, following a sharp rise after the end of lockdowns; Coventry's trends have mirrored England. In 2023/24 0.15% of all Coventry pupils were permanently excluded (England 0.13%), up from 0.03% in 2020/21. Exclusion rates are highest in secondary schools at 0.27% (England 0.25%). The number of suspensions amounted to 10.0% of all pupil enrolment (England 11.3%), up from 4.2% in 2020/21.

Whilst a growing proportion of the city's residents are achieving qualifications, there are still many who have no qualifications. In 2025, 45% of Coventry's working-age population was qualified to level 4 or above, which means they hold a qualification at Higher National Certificate Level or above, such as a foundation degree or degree; this rate is similar to the national average (England 48%). However, 11% of the city's working-age population has no qualifications at all, an estimated 27,300 residents aged 16-64, which is higher than the national average (England 6%). A lack of qualifications may make it more difficult for someone to find more fulfilling work in the city or reduce their chances of getting positions based in Coventry as the city's jobs become more competitive and demand higher-skilled workers.

The English Indices of Deprivation 2025 (IoD) shows that many neighbourhoods in Coventry are amongst the most deprived in England when it comes to Education, Skills and Training.

Adult education offers opportunities across the city for adults to engage and learn. In 2023-24, the Adult Education Service supported 4,062 adults and young people, resulting in 8,852 total enrolments across a broad range of programmes. Community Learning made up the largest share of enrolments at 49%, closely followed by Adult Skills at 47%.

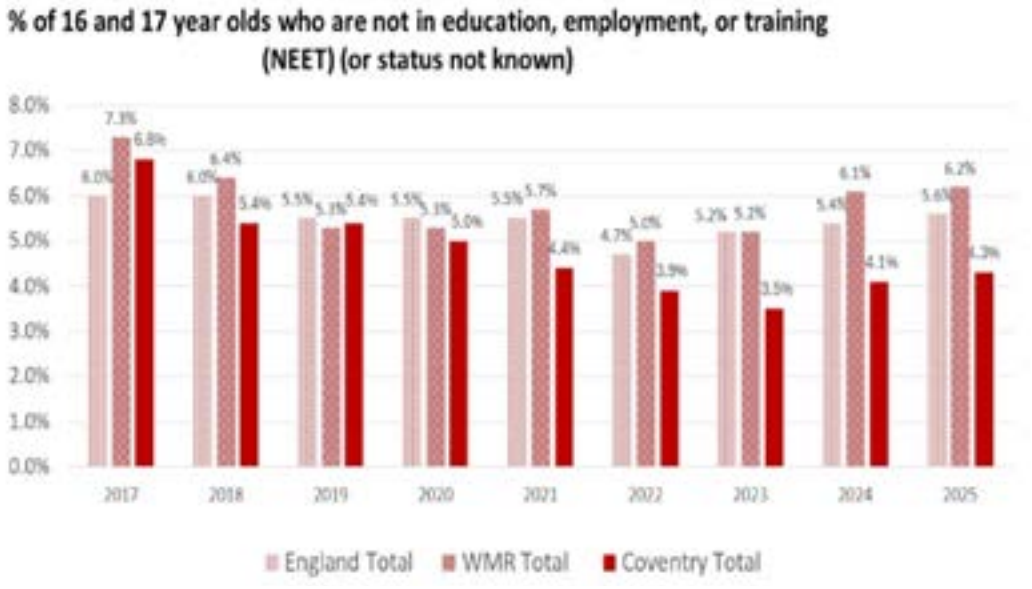
The learner profile demonstrates significant diversity and social impact. Nearly half of all learners (47%) were from minority ethnic groups, and 49% came from the 30% most deprived areas nationally, underscoring the service's role in widening participation. Additionally, 18% of learners declared a learning difficulty and/or disability. Most learners were women (76%).

Apprenticeship starts in Coventry for learners aged 19 to 25+ fell to 1,780 in 2024/25, down from 2,180 in 2023/24, the lowest level in five years. This downward trend mirrors patterns seen across the West Midlands Combined Authority (WMCA). The rate for Coventry of apprenticeship starts is 749 per 100,000 residents, which is around the WMCA average, but notably lower than the 1,002 starts per 100,000 recorded in 2019/20.

Apprenticeship starts between 2019 to 2025 (Coventry)						
	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024	2024/2025
Under 19	510	390	460	520	510	450
19 to 24	580	520	610	580	580	430
25+	1,170	1,100	1,100	1,160	1,080	900
Total	**2,250**	**2,010**	**2,170**	**2,260**	**2,180**	**1,780**

Young people: Not in Education, Employment or Training, vulnerable & children in care, care leavers and Risky Behaviours

In 2025, 4.3% of Coventry 16–17-year-olds were NEET (or activity not known), up from 3.5% in 2023 but still below regional and national averages. Coventry's NEET rate has remained better than both England and West Midlands averages, but rates have started to increase. The rate is made up of young people confirmed as NEET, and those for whom activity is unknown. The Coventry rate is better than average because of a relatively low number with an unknown status; in 2025 3.6% of Coventry 16–17-year-olds were known to be NEET (England 3.4%; West Midlands 3.6%) and 0.7% had unknown status (England 2.2%; West Midlands 2.9%).



Coventry hosts two large universities, resulting in a high proportion of economically inactive full-time students. Census 2021 data shows 48.2% of Coventry 16-24s as inactive full-time students, versus 37.9% in England and 42.7% in the West Midlands mayoral authority area (WMCA). In 2021, excluding students, 70.3% of young people were employed, 12.4% unemployed, and 17.3% economically inactive. Employment is slightly below the England average (74.0%) but above the WMCA average (64.8%), with unemployment and inactivity for other reasons lower in Coventry than across the WMCA area. However, young people are more likely to be unemployed than older age groups in Coventry.

Coventry Care Leavers exceed national averages in Education, Employment and Training. Engagement in education, employment or training (EET) is strong among younger Care Leavers. 65% of those aged 16 to 18 are currently in EET. Across the wider Care Leaver cohort, 57% were in EET in 2024, an improvement from 55% in 2023. Coventry performs better than national and regional comparators, exceeding the England average of 54%, as well as the averages for statistical neighbours and the West Midlands, both at 52%.

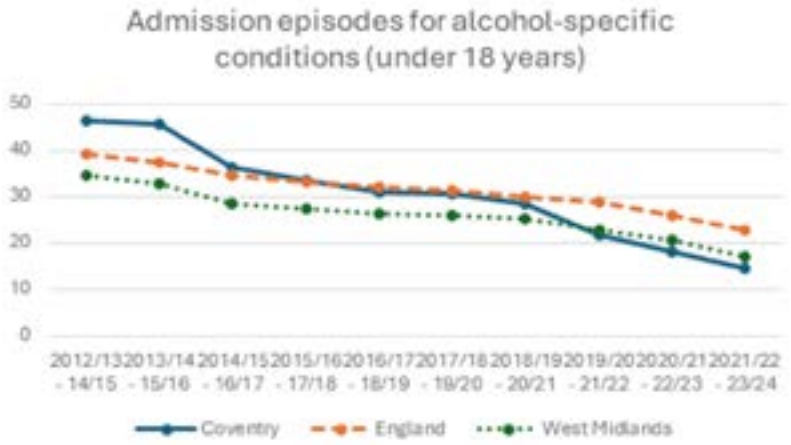
Accommodation outcomes for Care Leavers remain positive overall. Among those aged 19 to 21, 97% are living in suitable accommodation. When looking at all Care Leavers, 86% were in suitable accommodation in 2024. This represents a slight decrease from 87% in 2023 and is marginally below the averages for England, the West Midlands and Coventry's statistical neighbours, which all sit around 87% to 88%.

Overall, trends show a general decline in traditional risky behaviours among adolescents, including smoking, drinking, and drug use[4]. A new set of emerging risks is becoming increasingly prevalent - vaping and the use of novel psychoactive substances such as nitrous oxide are rising, and young people are increasingly exposed to a range of online harms. However, these trends are largely based on survey-data from young people attending school and therefore may under-report usage and will not represent certain groups, for example those excluded from school or home educated. Furthermore, these data are not available at a local level, although we have no reason to believe trends in Coventry are different to those seen nationally.

Alcohol consumption among young people in Coventry appears lower overall than the national average. When school pupils across the country were asked if they had ever had an alcoholic drink, 52.4% of Coventry pupils had, compared with 62.4% in England. However, this is self-reported, survey data and so may be biased. Coventry does have lower than the national average hospital admissions for alcohol-specific conditions among under-18s.



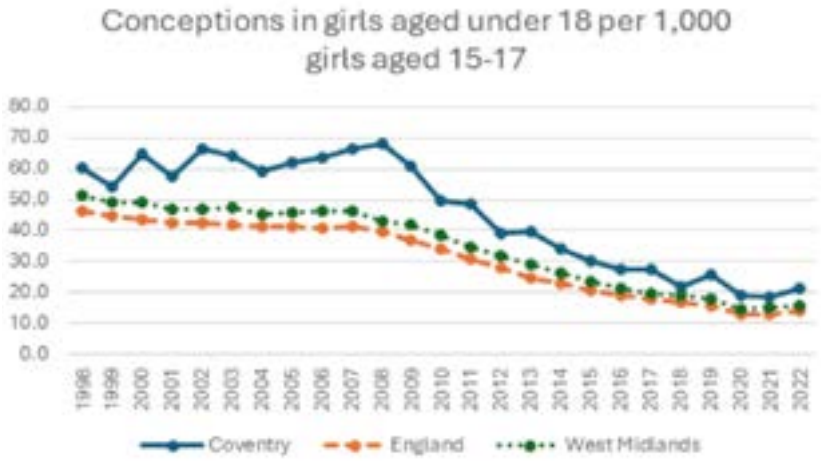
4 See Smoking, drinking and drug use among young people in England - NHS England Digital. Available from: https://digital.nhs.uk/data-and-information/areas-of-interest/public-health/smoking-drinking-and-drug-use-among-young-people-in-england; and Mytton OT, Donaldson L, Goddings AL, Mathews G, Ward JL, Greaves F, et al. Changing patterns of health risk in adolescence: implications for health policy. Lancet Public Health. Available from: http://www.thelancet.com/article/S2468266724001257/fulltext

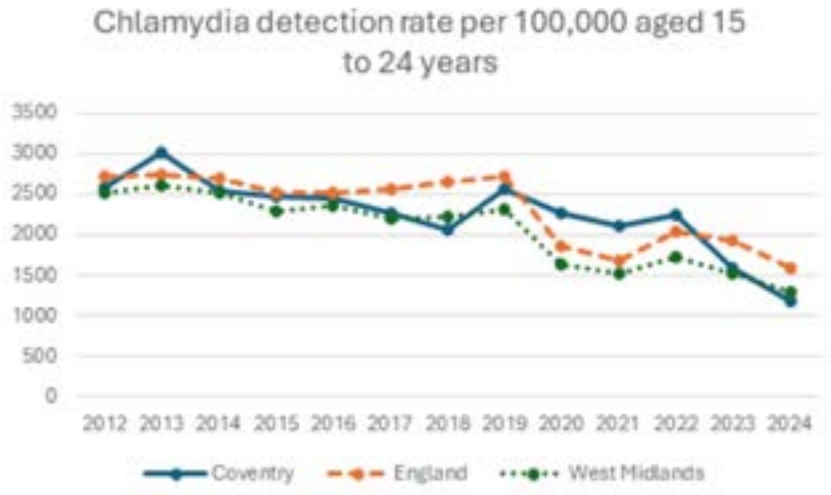


Data Source: Fingertips | Department of Health and Social Care

Very limited local, up to date data exists on prevalence of smoking or use of e-cigarettes among young people. Survey data from 2014/15 shows that in Coventry the prevalence of current smokers amongst 15-year-olds was 8.1% (very similar to the England value of 8.2%). 5.8% of those surveyed were classified as regular smokers, compared to a national prevalence of 5.5%. More up-to-date regional survey data shows that smoking prevalence amongst 11–15-year-olds has been decreasing since the survey started in 1982; indicating that in 2023 around 10% of the 11–15-year-old pupil population of the West Midlands have ever smoked. National survey data show that percentage of 15-year-olds currently using e-cigarettes has steadily risen from 4% in 2014 to over 8% in 2023. This trend can be seen in both girls and boys, with trend in girls growing faster. There is no reason to believe that this trend would be different in Coventry.

Sexual health indicators present some areas of concern for Coventry. The city continues to report above-average under-18 conception rates and elevated levels of repeat abortions among women under 25. Although the under-18 conception rate has been falling since 2008 and remains on a downward trend, it remains higher than regional and national levels.

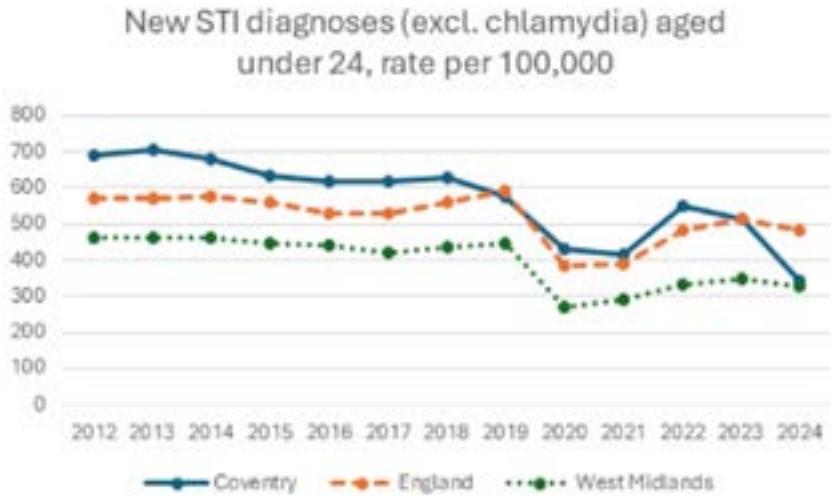




Chlamydia remains the most common bacterial STI among young adults. Coventry's chlamydia detection rate among young people aged 15-24 years is on a sustained downward trend and is now lower than both regional and national rates, placing the city among the lowest performers locally. Chlamydia is often asymptomatic, and therefore rates of diagnosis are used to reflect the success of this screening programme, although may also reflect differences in prevalence. This means that there are targets for higher rates. The detection rate in Coventry was lower than this target in 2022, and just 20.2% of 15–24-year-old females were tested, compared to 21.2% nationally.

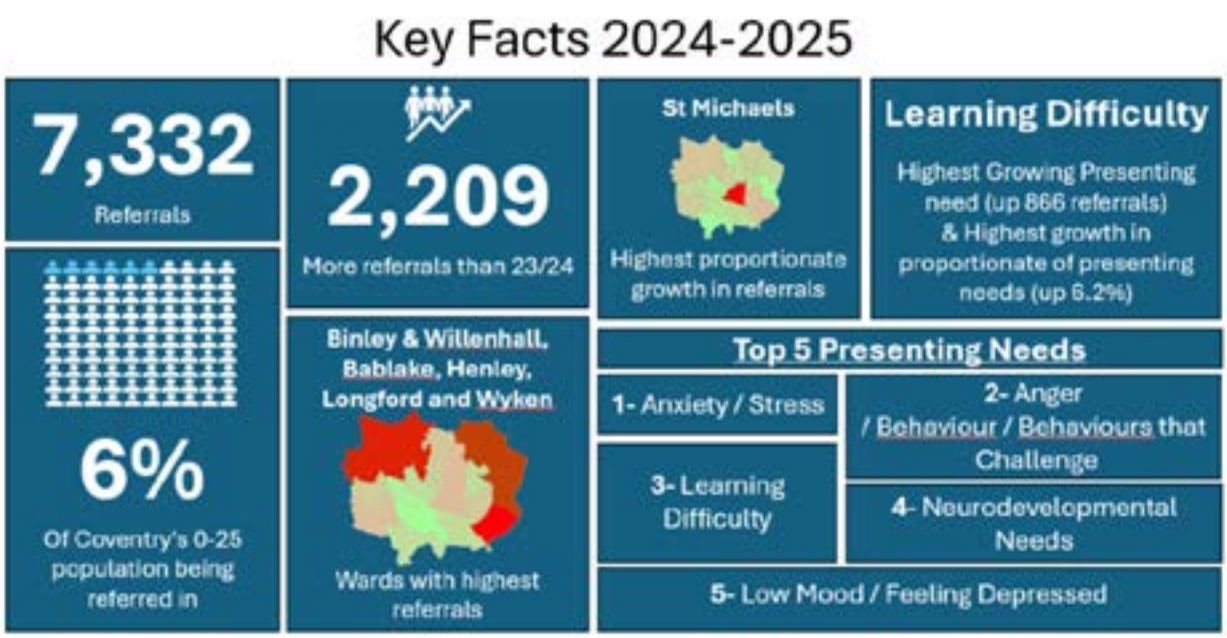
Data source: Fingertips | Department of Health and Social Care

The overall new STI diagnosis rate in Coventry has fallen to its lowest level since 2021 and is below the national average. This may be attributable to a decline in screening coverage.



Data source: Fingertips | Department of Health and Social Care

These patterns underline the need for strengthened sexual health education, targeted outreach, and improved screening and testing pathways across the city.



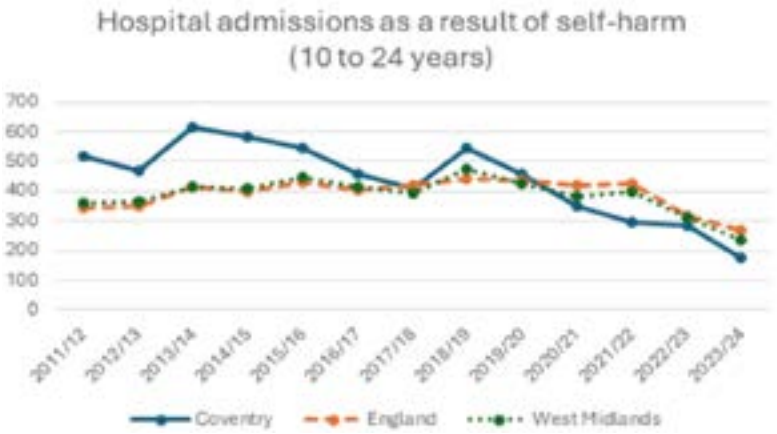
Children and young people in Coventry face significant mental health challenges, with demand for services continuing to rise. Between April 2024 and March 2025, there were 7,332 referrals to mental health services, representing roughly 6% of the city's young population. This figure is likely an underestimate of need due to persistent limitations in available data, underscoring the need for ongoing improvements in monitoring and reporting.

Data source: Children's mental health – Coventry City Council

The significant increase in referrals seen in 25/26 was driven by increasing demand for support with anxiety and stress, behavioural difficulties, learning challenges, neurodevelopmental needs, and low mood or depression. This surge in demand was most pronounced in St Michaels, one of Coventry's most deprived areas, suggesting a link between socioeconomic deprivation and the need for mental health support.

In terms of demographics, the gender breakdown of service users was 46.37% male, 51.05% female, 1.08% other, and 2.5% non-binary.

Rates of hospital admissions for self-harm in Coventry are broadly comparable to national averages. In 2023/24, there were 625 acute mental health-related admissions, highlighting the severity of mental health needs among some young people.



Data source: Children's mental health – Coventry City Council

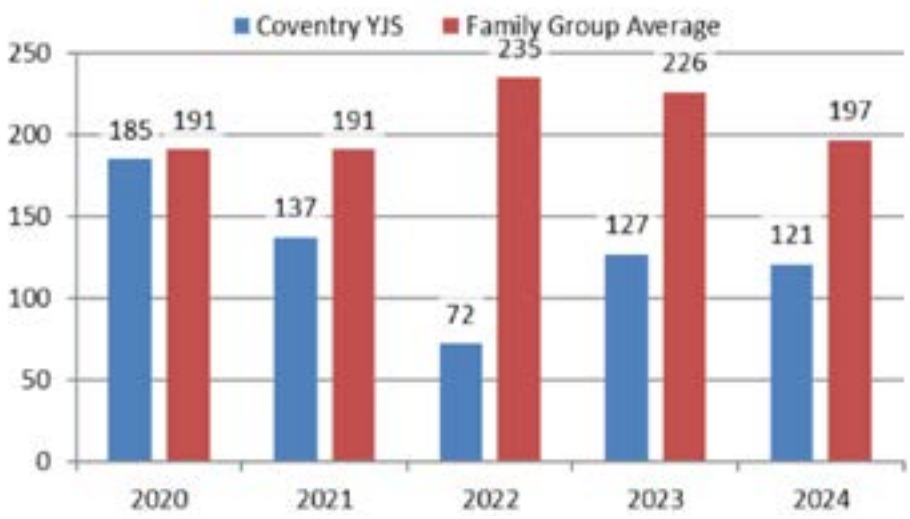
The above chart illustrates an overall downward trend in the admission rate (directly standardised) for both Coventry and its comparators.

This data collectively illustrates the substantial and growing demand for child and adolescent mental health services in Coventry. They highlight the urgent need for accessible, inclusive, and integrated approaches that can respond effectively to both immediate and long-term mental health challenges among young people. Mental health difficulties often overlap with other risky behaviours, which can exacerbate vulnerabilities and negatively affect long-term outcomes. These patterns emphasise the importance of early intervention, integrated support across services, and targeted strategies in areas of higher need.

Within the youth justice system (YJS), Coventry has maintained a comparatively low level of first-time entrants. These are children aged 10 to 17 who receive a caution or court sentence, creating a criminal record. Coventry's rate of 121 per 100,000 young people aged 10-17, (a count of 50 young people in 2024), has remained below the Youth Justice Family Group average (197). The most common offence among first-time entrants is Violence Against the Person, which includes all offences of weapon or bladed article possession.

Reoffending remains a concern. The most recently released data shows that 34.6% of children who offended went on to commit at least one re-offence within 12 months, slightly above the 30% average among Family Group members.

First time entrants to youth justice system - rate per 100,000 young people aged 10-17



The relationship between school exclusion and youth offending has shifted significantly since the pandemic. Prior to 2020/21, there was little correlation between girls' exclusion and offending rates, with analysis showing a weak negative correlation. From 2020/21 onwards, however, this changed dramatically, with a very strong positive correlation emerging over four years. This likely reflects the impact of COVID-19 on girls' behaviour in both school and wider society. Boys display a similar pattern, though the correlations are weaker, suggesting the pandemic and its aftermath had a stronger influence on girls.

There has also been a marked change in the types of offences committed by girls. A decade ago, most offences were related to theft, particularly shoplifting. Since the pandemic, theft offences have declined sharply, falling below 10%, while the proportion of offences categorised as Violence Against the Person has risen substantially, peaking at over 70% in 2022/23. Analysis also shows that 6.9% of girls excluded in 2022/23, who had no previous offending history, went on to commit an offence within a year, although this is likely an underestimate as it does not include offences committed outside Coventry.

The West Midlands records the lowest rate of cautions or sentences per 10,000 children among comparable areas such as Greater Manchester, West Yorkshire and Merseyside. In 2023/24, 582 children were cautioned or sentenced across the West Midlands, a 20% decrease from the previous year. Coventry recorded 61 children cautioned or sentenced, equating to 17.9 per 10,000, a 13% increase compared with the previous year but still the third-lowest rate in the region. Of those children, 42% were from a minority ethnic background, 85% were aged 15 to 17, and boys accounted for 90% of cases.

Coventry recorded 131 proven offences for children aged 10 to 17 years in 2023/24, equating to 38.35 offences per 10,000 children, with individuals sometimes responsible for multiple offences. Most offences had low to moderate gravity scores, though nearly a quarter fell into the more serious categories. Violence Against the Person was the most common offence type, accounting for 37% of incidents, followed by theft at 17%. In total, 89 cautions and court sentences were issued in Coventry during the year, representing a 9% increase compared to March 2023.

Economy and Employment

Why is this important?

A protective factor for health is having meaningful employment. Reducing avoidable health disparities will involve tackling the unequal distribution of money, wealth, and power by improving opportunities and skills. Employment is strongly associated with improved health outcomes. Meaningful work provides income, stability, purpose, and social connection. Conversely, unemployment, low pay, and insecure work are linked with poorer physical and mental health. Reducing health inequalities therefore requires addressing the unequal distribution of opportunities, income, and resources across the population.

What is the local picture? How does it compare?

The sections below outline the local picture relating to the economy and employment.

Economy

The local economy has demonstrated resilience in recent years amid challenges in the national economy, with growth in economic output of Coventry businesses, measured in Gross Domestic Product (GDP), and more importantly for residents, an increase in the number of jobs in Coventry since 2020. After several years of strong growth, Coventry's economic expansion slowed between 2016 and 2019, leaving the city more exposed to the impacts of the pandemic and the cost-of-living crisis. However, between 2020 and 2023, growth resumed, showing resilience amid global uncertainty, high energy costs, trade tariffs, and other challenges.

Nationally, growth has remained steady but moderate, with an annual rate of 1.4% for 2025.

Employment at Coventry businesses rose from 157,900 in 2016 to 169,350 in 2023, before falling to 164,600 in 2024 (excluding some self-employed roles). Businesses continue to face challenges, including high operating costs, taxation concerns, and potential trade tariffs, which may affect future growth and job creation.

GDP per head, and productivity, is higher in Coventry than regional averages; but real growth has been relatively flat.

Total GDP generated by Coventry businesses was estimated to total £12.9 billion in 2023, with annual growth averaging 7% a year (between 2020 and 2023). GDP per head has averaged 5% a year, similar to national and regional growth rates. However, high inflation over this period has meant that real growth has been relatively flat. Coventry's GDP per head stood at £35,719 in 2023, below the national (£40,382) and Warwickshire (£45,518) averages, but above the West Midlands regional (£32,077) and metropolitan area1 (£31,012) figures. The deficit with the national figure is wider than it has been and the gap with regional averages has narrowed.

Productivity, measured by Gross Value Added (GVA) per hour worked in 2023, remains above regional levels (£40.39 in Coventry vs £36.02 in the West Midlands region and £35.79 WMCA average), though below the England average (£42.39). Higher productivity supports slightly higher average wages locally; however, once inflation is accounted for, real productivity and wages have been largely flat or slightly declined since 2016.

Coventry has fewer businesses per capita than national and regional averages, with 9,825 businesses in 2025, 89% of which are small companies with less than 10 employees. This represents 345 businesses per 10,000 adult residents, compared with 391 in the West Midlands metropolitan area and 503 nationally.

In 2023 Total GDP was estimated at

£12.9bn

in 2025

9,825 businesses in the city



It is estimated that 50 Coventry companies were high growth businesses in 2024, with average annual growth in employment of at least 20% per year over three years. This amounts to 0.4% of all businesses in Coventry, the same proportion as the WMCA area, but lower than 0.5% of all across England; Coventry has remained persistently below the national average for this measure in recent years.

Despite strong business performance, prosperity is not shared evenly among Coventry residents. Gross Disposable Household Income (GDHI) per head remains comparatively low. In 2023, Coventry's GDHI totalled £6.9 billion, or £19,057 per head - well below England (£25,425), Warwickshire (£25,774), and the wider West Midlands region (£21,141), though slightly above the WMCA metropolitan average (£18,900). This shows that the value generated by Coventry's productive firms does not fully translate into higher household incomes for residents.

Employment

Employment is critical to residents' well-being, however the employment rate fell in 2025.

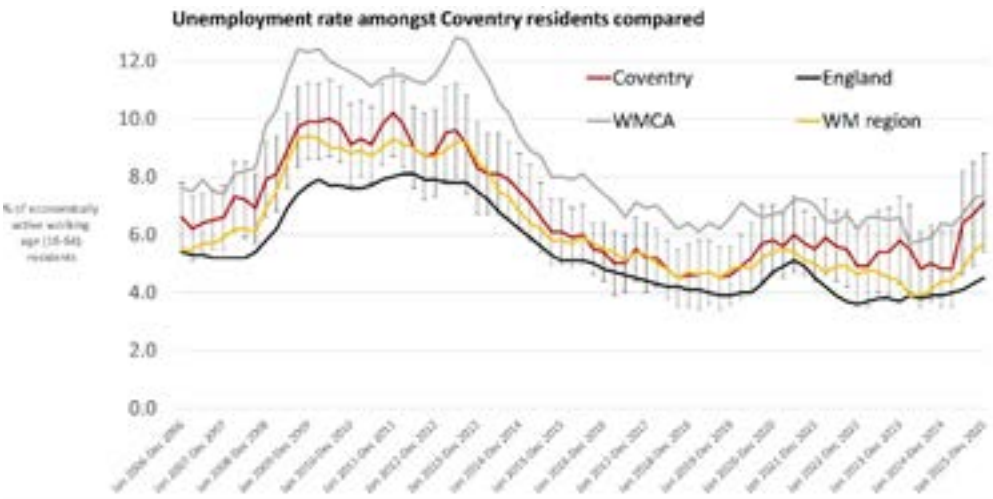
Across the calendar year 2025, Coventry's employment rate was 70%, below the national average of 76% and the West Midlands regional average of 74%, but similar to the West Midlands metropolitan area (69%). Just over three quarters of Coventry people in employment are full-time (77%) and just under a quarter (23%) are part time. Employment rose steadily from 2021/22 to 2024, peaking at 75%, before declining to 70% in 2025. Long-term trends show growth from just over 130,000 employed residents in 2011 (63% employment rate) to just over 190,000 in 2024 (75%), partly related to population growth; though recent declines have widened the gap with national and regional averages.

There are disparities amongst Coventry residents in the employment rate, and by type of occupation. The employment rate is lower among women than men. In 2025 66% of working-age women were employed (England: 73%), compared with 74% of men (England: 79%).

There are also notable disparities by ethnicity. 2024/25 estimates show a 75% employment rate among White residents, compared with 66% among residents from minority ethnic backgrounds. However, minority ethnic encompasses diverse communities with differing outcomes. Census 2021 data highlights this variation: while 'White British' residents had higher-than-average employment rates, groups such as 'Other White', 'White Irish', and 'Asian/Asian British: Indian' had even higher rates. In contrast, unemployment was highest among 'Black/Black British: Caribbean' and 'Black/Black British: African' residents, while economic inactivity was most common among 'Asian/Asian British: Bangladeshi', 'Asian/Asian British: Pakistani', and 'Other ethnic group: Arab' communities.

In terms of occupations, Coventry has a broadly similar proportion of residents in higher-paid roles ('managers, directors and senior officials' or 'professional occupations') compared with England (51% vs 54%), but a higher proportion in lower-paid roles (34% vs 28% nationally).

Census 2021 data reveal disparities in occupation type by ethnic group of Coventry residents. 'White Other' and 'Black or Black British' Coventry residents are less likely to be in managerial positions and more likely to be in occupations that are likely to be less well paid. 'Asian or Asian British' Coventry residents are more likely to be in 'professional occupations'. 'Black or Black British' Coventry residents are more likely to be in 'caring, leisure and other service occupations (many of which are poorly paid)'.



14,100

people unemployed during 2025

Economic inactivity amongst working age residents

Coventry	West Mids	National
22.4%	21.8%	20.5%

Unemployment in Coventry has risen in line with the fall in overall employment. An estimated 14,100 residents were unemployed across the calendar year 2025, giving a rate of 7.1%, well above the national average of 4.5%. This is an increase from 4.8% during 2024. The gap with national and regional averages has widened, bringing Coventry closer to the WMCA average.

In April 2026, around 14,000 Coventry residents were in the unemployment benefit "claimant count." This measure is different from the official unemployment rate. It mainly includes people claiming Universal Credit who must look for work. While many are unemployed, it also includes people in low-paid or part-time jobs who do not earn enough. This equals 5.8% of working-age residents, which is higher than England (4.1%) and the West Midlands (5.3%), but lower than the WMCA average (7.4%). Coventry ranks 4th highest among similar local areas. The number of people claiming has risen since 2024. At the same time, the employment rate has fallen, and economic inactivity has risen (see above). Because the claimant count also includes some people in low paid or part-time work, part of the increase may also reflect growth in insecure or part-time employment. The claimant count is also much higher than before the pandemic (7,900 in September 2019). Although changes to welfare rules may explain some of this rise, it also indicates growth in low-paid, part-time, or insecure jobs. For some households, even full-time work is not enough to stop needing Universal Credit.

Youth unemployment remains considerably higher than for older adults. The claimant count for 18-24-year-olds has risen steadily for more than three years, from 1,970 in January 2023 to 2,865 in April 2026. Census 2021 data show that, among young adults not in full-time education, 12.5% were unemployed, one in eight, significantly above the rate for older age groups.

Economic inactivity increased between 2024 and 2025 after several years of decline. Across the calendar year 2025, an estimated 57,300 working-age residents were inactive (22.4%), above the national (20.5%) and West Midlands regional averages (21.8%). Inactivity peaked in 2020/21 at 65,100 and had been on a generally reducing, but fluctuating trend up until 2024, partly influenced by a small reduction in the number full-time students in that time, but increased from 20.4% in 2024.

Among working-age residents, the reasons for inactivity were retired (2%), full-time students (7%), looking after home or family (5%), illness or disability (6%), and inactive for other reasons (2%). The proportion of working-age residents who are inactive full-time students is higher than the national average (England 5%).

Coventry has a higher-than-average number of neighbourhoods where people are in employment deprivation. The recently published English Indices of Deprivation 2025 (IoD) puts Coventry amongst the most deprived 20% of local authorities (LA) when it comes to Employment deprivation.

Wages and Income

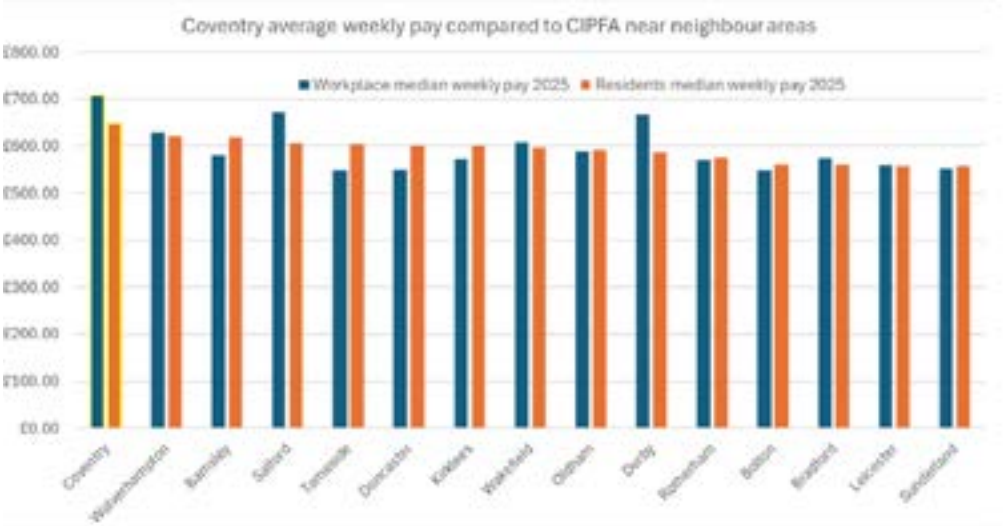
Average wages in Coventry workplaces are relatively high, but resident wages lag behind, reflecting commuting patterns as some higher-paid roles are filled by non-residents. Amongst similar areas, Coventry has both the highest workplace wages and the highest resident wages, yet also one of the largest gaps between the two.

In 2025, the average (median) annual wage for full-time workers for Coventry businesses was £41,278, above England (£39,298), the West Midlands region (£39,298) and the WMCA (£37,775). However, the median wage for Coventry residents in work, who don't necessarily work in the city, was much lower at £37,759.

Wages have grown in recent years, but only modestly in real terms. Inflation has eased from its 2022 peak (11.1%) to 2.8% in April 2026, still above the Bank of England's 2% target. Between 2021 and 2025, the median wage for working residents rose from £30,663 to £37,759, a 23% increase (around 5.3% a year on average), only slightly above average annual inflation (about 5%) and broadly in line with national and regional wage growth.

Despite wage growth, cost-of-living pressures remain significant, especially for lower-paid workers. The Living Wage Foundation and the Resolution Foundation have recently updated the estimate of the real living wage, at £13.45 per hour for 2025/26. While the average hourly wage for Coventry residents is £17.44, according to the Annual Survey of Hours and Earnings for 2025, distribution data estimates a quarter of all Coventry residents in work earned less than £13.49 an hour.

Financial stress remains a concern. In the 2024/25 Coventry Household Survey, Residents were asked how often they have been worried about money during the last few weeks. 13% of residents reported worrying about money almost all the time (a 4-percentage point decrease since 2022), and 23% worried quite often. Around a quarter (26%) never felt worried, a stable figure since 2022. Worry was higher among residents aged 45-54 (18%), those aged 35-44 (29%), and residents with a disability (35% vs. 16% for those without).



Deprivation

It remains the case that there are many neighbourhoods in Coventry where the residents live in high levels of multiple deprivation; Coventry has a higher-than-average proportion of areas with high deprivation.

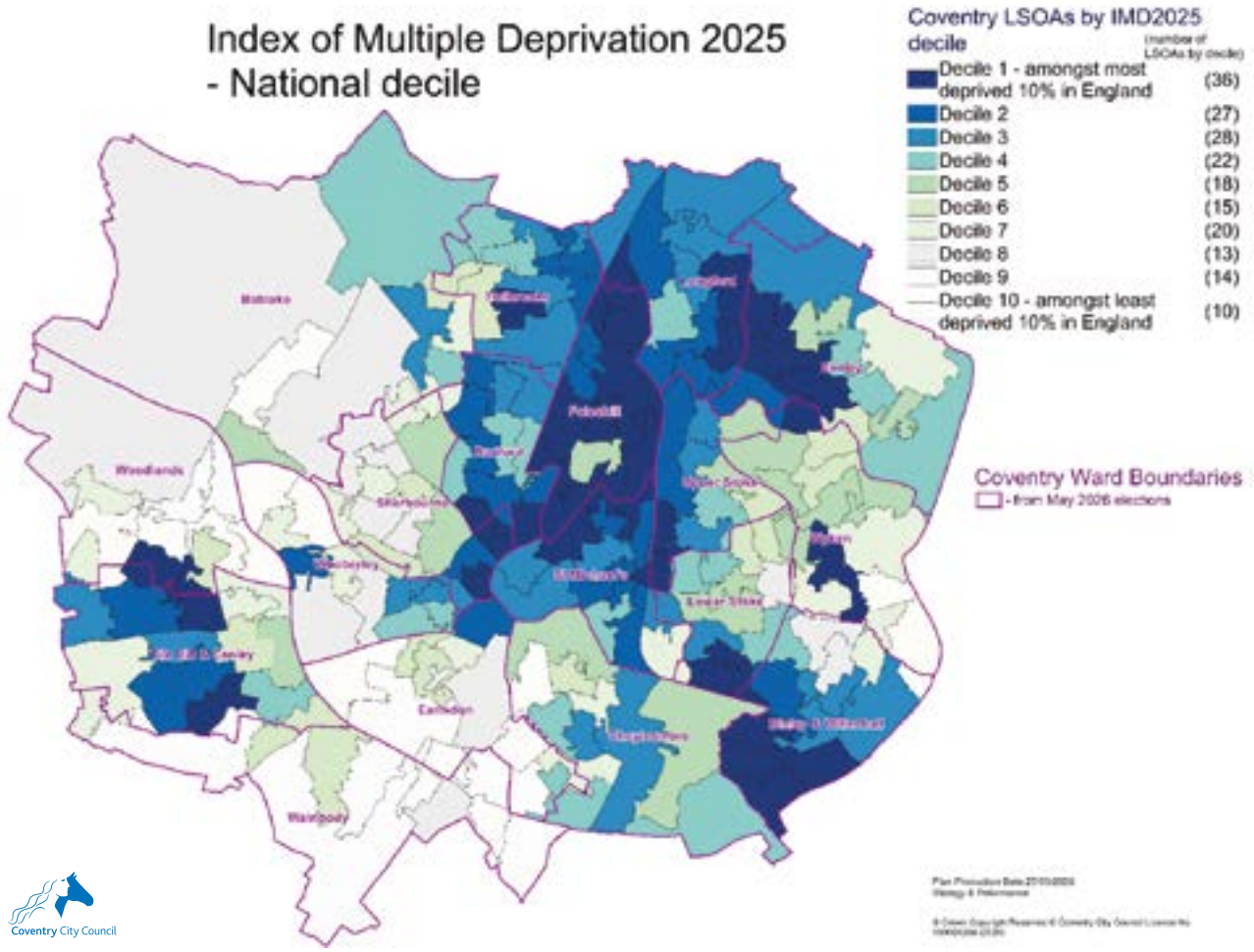
This is shown by the English Indices of Deprivation (IoD) 2025, which measures multiple dimensions of deprivation across seven individual domains[5].

When ranked against all other English local authority areas, Coventry is 48th most deprived out of 296 in terms of proportion of LSOAs in most deprived 10% and 57th in terms of the average deprivation score of all LSOAs.

Of the seven domains, Income and Health deprivation remain the most significant challenges.

Coventry has some of the most deprived neighbourhoods in England, particularly in the north, north-eastern and central parts of the city. 31% of Coventry's LSOAs are among the most deprived 20% nationally. This means an estimated 111,900 Coventry residents live in neighbourhoods amongst the most deprived 20% in England and, of these 64,100 in the most deprived 10%.

The map below shows the coverage of deprivation from the IMD across Coventry neighbourhoods.



5 The Index of Multiple Deprivation (IMD) is the official measure of relative deprivation at neighbourhood level (LSOA3) in England, it combines a wide range of aspects of an individual's living conditions, using basket of datasets across the seven domains: Income, Employment, Education, Skills and Training, Health Deprivation and Disability, Crime, Barriers to Housing and Services and Living Environment.

Whilst changes in methodology over time make comparisons problematic, research[6] identifies 10 key localities in Coventry where deprivation has been persistent and high.

LSOA name and code		LSOA local name	Area name (MSOA)
Coventry 004C	E01009607	Bell Green - Roseberry Ave	Bell Green
Coventry 024C	E01009638	Hillfields Village & Motor Museum	Hillfields
Coventry 039A	E01009539	Willenhall Wood - Middle Ride	Willenhall
Coventry 015C	E01009571	Paradise - Awson Street	Foleshill East
Coventry 015F	E01009574	Swanswell - Leicester Causeway	Foleshill East
Coventry 007A	E01009577	Aldermans Green - Deedmore Road W	Henley Green & Wood End
Coventry 007B	E01009579	Henley Green West	Henley Green & Wood End
Coventry 039D	E01009542	Willenhall - Chace Stretton	Willenhall
Coventry 039B	E01009540	Willenhall - Robin Hood & Mary Slessor	Willenhall
Coventry 007F	E01009709	Manor Farm	Henley Green & Wood End

Coventry has a relatively high number of neighbourhoods where people are in income deprivation, particularly for children and older people. The recently published English Indices of Deprivation 2025 (IoD) puts Coventry amongst the most deprived 16% of local authorities (LA) when it comes to Income deprivation.

The Income Deprivation Affecting Children Index (IDACI) is Coventry's worst-performing deprivation measure within the Indices of Deprivation. Coventry is among the 10% most deprived local authorities in England for this indicator, ranking 29th out of 296, with 46 of its 203 neighbourhoods (22.7%) in the most deprived 10% nationally. Coventry also shows high deprivation for older people (IDAOPI), ranking 35th, with 39 neighbourhoods in the most deprived 10% in England.

Child poverty in Coventry remains relatively high. In 2024/25, around 18,900 children aged 0-15 were living in relative low income families (before housing costs), representing 25.5% of all children in this age group. This is above the England average of 19.8%, though slightly lower than the West Midlands average of 27.1%. When housing costs are taken into account, the number rises to approximately 24,000 children. This means nearly one in three children (32.2%) aged 0-15 in Coventry are living in relative low income households, higher than the England average (27.1%) and in line with the West Midlands average (32.2%).

Coventry has high rates of fuel poverty, an estimated 18.9% of all households in 2023 means Coventry ranks 3rd highest of all local authorities in England. This amounts to an estimated 25,700[7] fuel poor households in Coventry. That Coventry ranks so high shows how Coventry has both income deprivation and housing challenges.

6 Nuffield Foundation funded research led by Prof. Chris Lloyd of Queen's University Belfast "Trajectories of Deprivation

7 Low-Income Low Energy Efficiency (LILEE) fuel poverty metric, a modelled estimate of the number of Coventry households with a low energy efficiency rating and a disposable income below the poverty rate after housing and energy costs.

Fuel poverty fell in 2023 in Coventry and across England, down from 22.2% in 2022. This likely reflects modest improvements in home energy efficiency, a small drop in energy prices from their 2022 peak, and targeted government support. However, the data is lagged, and rates remain high in Coventry. While estimates suggest further declines in 2024, future increases are possible due to rising global energy pressures.

The household survey found that food security has improved slightly. Three-quarters (74%) of residents state that in the last 12 months they and their household have always had enough of the kind of food they wanted (up from 69% in 2022). 22% had enough to eat but not always the foods they preferred, down from 26%, while 4% said sometimes and 1% often that they did not have enough to eat (unchanged from 2022). Although a minority, these figures highlight ongoing health and wellbeing risks for those affected.

Digital Exclusion

Access to fast internet in the city is relatively good, but this doesn't mean people do access it, and many are at risk of digital exclusion. The availability of high-speed internet is an important consideration for residents and businesses when considering living, working, or investing here, and is an asset for the city. Coventry is the top ranked local authority in the West Midlands region for gigabit broadband coverage and is ranked 5th in the UK. The telecoms regulator Ofcom measures access to, and the performance of, fixed broadband and the mobile network in its Connected Nations Reports. 99% of Coventry households can access good quality fixed internet connectivity, defined as a data service that provides fixed download speeds of at least 10Mbit/s and upload speeds of a least 1 Mbit/s. In May 2026, gigabit availability covered 98% of households in Coventry, with 96% of households able to access Full-Fibre.

Digital accessibility and inclusion are increasingly important, and Coventry residents are using digital channels to access Council services more frequently: in 2024/25, 570,077 self-service transactions were completed, up from 455,612 in 2023/24. However, the Council recognises that not all residents can or want to interact digitally. **Key drivers of digital exclusion in the city include cost-of-living pressures, device affordability, language barriers, older age, and gaps in basic digital skills.** While broadband coverage is generally good, affordability and fear of online scams remain barriers for some.

The Coventry Household Survey 2024/25 provides a useful estimate of digital exclusion. Respondents were asked about confidence using digital services on a four-point scale from 'Not confident at all' to 'Very confident'. Across four questions, 16% of adults reported being 'Not confident at all' in at least one area. Risk of digital exclusion is higher among residents aged 75+ and those living in deprived areas.

Coventry has developed several initiatives to address these challenges, which are led by the **#COVConnects** programme.

Chapter 3

Housing and Environment



Key Messages

- Coventry is the fourth most densely populated local authority area in the West Midlands.
- There is generally good access to services, although lower-than-average access to some amenities such as Post Offices, supermarkets and sports facilities.
- Coventry has many green spaces, including several high-quality sites, but overall provision is limited, unevenly distributed, and residents report low satisfaction. This includes poor access to green and blue (water) spaces, garden space and parks and play areas.
- Public transport connectivity is good, and the percentage of adults who engage in active travel is above the average for metropolitan areas. However there has been an increase in people commuting to and from work by car.
- Air quality in Coventry has improved, but it continues to affect health, particularly for vulnerable groups and residents in more deprived areas.
- Resident satisfaction with the local area as a place to live is well below the national average and has declined over time, with worsening perceptions of safety contributing to this trend.
- Recorded crime in Coventry has fallen markedly in recent years, although levels remain above the national average. Hospital admissions related to violent crime have declined substantially over the past decade, though rates remain higher than average.
- Domestic abuse is a significant issue in Coventry, with serious impacts on health and wellbeing and indications of substantial under-reporting and unmet need.
- Coventry has a total of 148,000 domestic dwellings and the number of houses has been growing annually. Coventry's housing stock is characterised by a high proportion of lower-value and older properties. Housing quality and energy efficiency remain significant challenges.
- The private rented sector has grown substantially in Coventry in recent years, comprising around a quarter of households, compared with one fifth nationally.
- Housing in Coventry remains more affordable than the England average, but affordability has steadily worsened over time.
- Coventry has a much higher rate of homelessness or families at risk of homelessness than national and regional averages and homelessness pressures in Coventry have intensified in recent years.
- Coventry now has a significantly higher rate of temporary accommodation than both England and the West Midlands. The number of people sleeping rough in Coventry also appears to be increasing.

What this means for Coventry

Coventry is a densely populated city with a lot of green spaces – but the green spaces are not where the population is most dense. Making best use of green space for recreation and exercise has benefits for health and wellbeing and partners should prioritise creating and improving parks, play areas, and biodiversity in central and high-density neighbourhoods.

Increasing active travel is a success story for Coventry and will have a positive impact – both in terms of personal health improvements through more exercise and reduced air pollution from vehicles. There are opportunities to build on good connectivity and active travel by reducing reliance on cars, improving local access to services, and promoting walking, cycling, and public transport.

There is an opportunity to align housing, planning, transport, public health, and community safety services to address the combined drivers of poor health and wellbeing in neighbourhoods. This includes strengthening prevention of health risks in local environments, for example by reducing exposure to unhealthy outlets and improving access to healthy amenities.

Housing quality and energy efficiency remain significant challenges in Coventry, especially in the large private rented sector, with implications for health, wellbeing and fuel costs. Coventry's old housing stock has a detrimental effect on the health of families living in deprived areas of the city and will benefit from work to improve heating, insulation, and resistance to damp. Homelessness, families at risk of homelessness and rough sleeping are all too high in Coventry and individuals and families affected by this will have worse health outcomes than others.

Crime and violent crime are reducing in the city but remain comparatively high and continued work on bringing these rates down further will have a positive impact on health in the city. In particular, domestic abuse is a significant issue, with serious impacts on health and wellbeing.

Localities and Neighbourhoods

Why is this important?

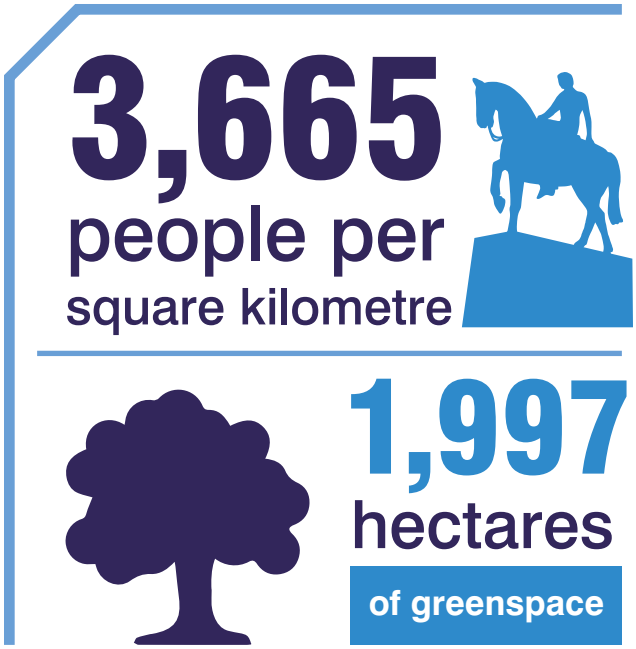
The quality of the built and natural environment, such as the local neighbourhoods, access to local shops, services, parks, and green spaces, transport infrastructure and air quality, affect the health and wellbeing of everyone and contribute to health inequalities.

What is the local picture? How does it compare?

Coventry is the fourth most densely populated area of the West Midlands[8]. Coventry has around 26 people living on each football pitch-sized area of land (3,665 people per square kilometre). Only Birmingham (4,426), Sandwell (4,173) and Wolverhampton (4,046) are more densely populated. This is far denser than England overall (449 people per square km) and ranks 49th most densely populated local authority in England and Wales.

Population density varies widely across the city. Brownshill Green is the least dense area at 461 people per square kilometre, close to the national average, while Hillfields is the densest at 12,289 people per square kilometre - over 20 times higher and among the most densely populated neighbourhoods in the West Midlands.

As a densely populated urban area, Coventry generally has good access to services, although there is a mixed picture, with lower-than-average access to some amenities. For the Geographical Barriers sub-domain of the Indices of Deprivation 2025, which measures connectivity to key services, only 2 of Coventry's 203 LSOAs fall within the 20% most deprived nationally.



Despite generally good access to services, **Coventry has higher exposure to some premises associated with public health risks.** The Access to Healthy Assets and Hazards (AHAH) 2024 indices rank Coventry at 76th highest local authority in England and Wales for combined scores on drive time to fast food outlets, gambling outlets, alcohol venues and tobacconist or vape shops.

According to Office for National Statistics (ONS) data on 'access to local amenities', there are fewer than average Post Offices and 'Community Facilities' per head in Coventry, and relatively few supermarkets. The number of Sports facilities is also below the national average, although better than the West Midlands metropolitan average. On the other hand, there are relatively many ATMs and, more importantly, Coventry has relatively good access to GP surgeries and pharmacies.

Transport links and access to community spaces varies. 40% of residents live within a 30-minute walk of a railway station and 89%

8 4th of 30 West Midlands local authority areas

within 60 minutes, which is lower-than-average for urban areas. Library access is better, with 81% of residents within a 30-minute walk and 99% within 60 minutes. Childcare accessibility is below average (265th nationally), though broadly in line with expectations given local income levels and comparable metropolitan areas.

Transport

The Department for Transport's new public transport connectivity score shows Coventry at 72.96, above the metropolitan districts average of 71.61. This score reflects how easily residents can access key destinations—such as jobs, schools, hospitals, and shops—using various transport options.

Coventry Transport Strategy sets out plans to create a city where it is easy, convenient, and safe to walk, cycle and travel on public transport, and where most people do not need to use a car to access essential services. Currently there are high levels of car ownership, with 72.4% of households owning at least one car. The 2024/25 Coventry Residents' Survey indicated that driving a car remains the most common form of transport for commuting to and from work (71%) or a place of study (37%), and escorting children to school (53%). We have seen an increase in those commuting to and from work by car from 61% in 2022.

Despite the large proportions of car drivers, **84% of respondents also indicated that Coventry was an easy place to travel around on foot and the city performs well for active travel:** it ranks 8th of 36 metropolitan boroughs for adults walking or cycling at least weekly (39.9%) in 2023. In 2024/25, 60% said it was easy to get around by bike compared to 52% in 2021. Sport England's Active Travel Survey estimated that in 2025 the percentage of adults who engaged in active travel at least twice in the last 28 days in Coventry was 32.7%, above the average for English metropolitan districts of 30.9%.

Coventry has one of the lowest rates of road deaths and serious injuries amongst urban areas, ranking 6th lowest out of 36 English metropolitan areas for the rate of killed and seriously injured (KSI) casualties on the road per billion vehicle miles: 62.6 in 2024. This is well below the mean of 99.9 for all metropolitan boroughs.

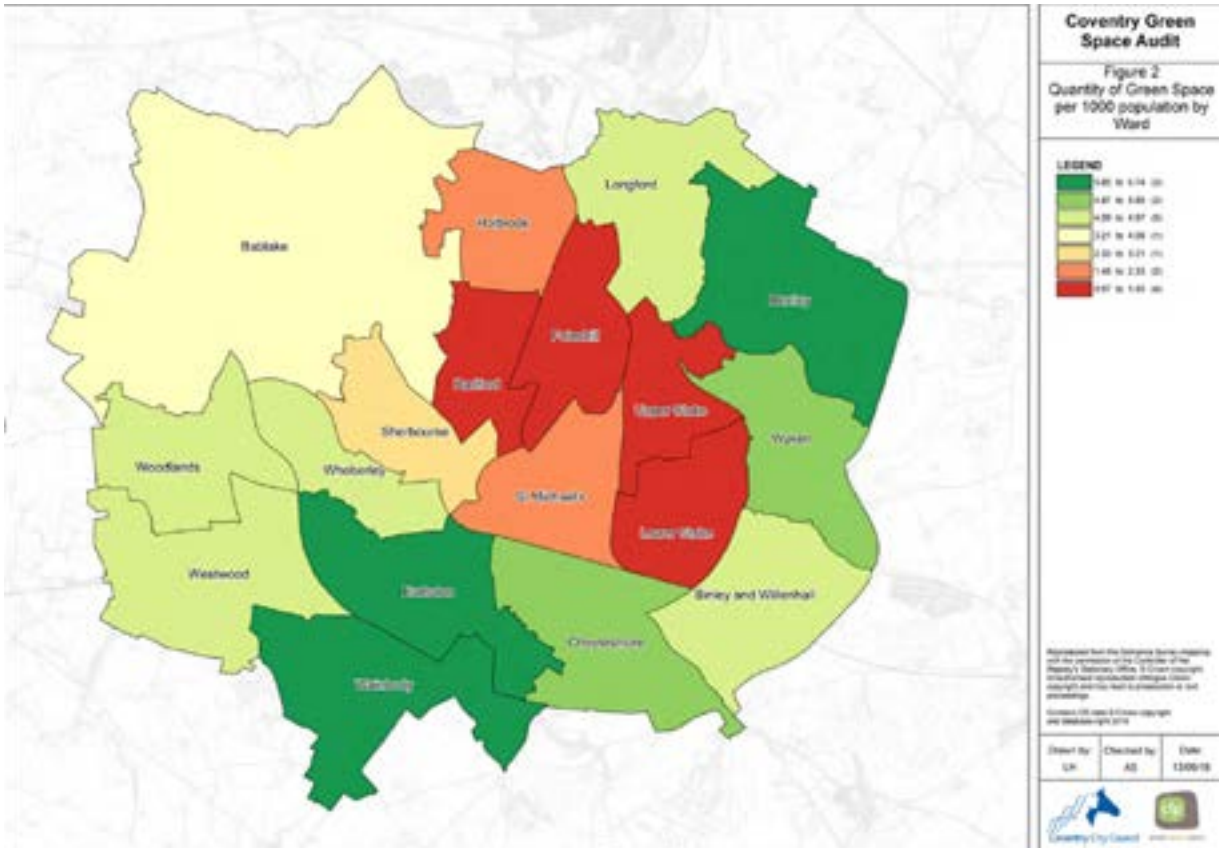
Building on the city's reputation as a leader in innovation, **Coventry has the highest rate of publicly available electric vehicle charging devices per 100,000 population** (674 per 100k), more than three times higher than the next highest metropolitan district in England (Solihull, 210 per 100k population).

Green Spaces

Coventry has many green spaces covering around one fifth of the city, including several high-quality 'Green Flag' sites, but overall provision is relatively low and unevenly distributed. The Coventry Green Space Strategy 2019-24 identified 1,997 hectares of green space, two-thirds of which are unrestricted public spaces, across 430 sites. Six parks and open spaces are recognised for their excellence with the 'Green Flag Award': War Memorial Park, Allesley Park, Longford Park, Caludon Castle Park, London Road Cemetery and Coombe Abbey Country Park.

Despite this, unrestricted green space amounts to only 3.05 hectares per 1,000 residents, lower than in many neighbouring West Midlands authorities. There are large inequalities between neighbourhoods and central areas have the poorest provision, as shown on the map overleaf. Foleshill, with 11.4 hectares (0.5 per 1,000 residents), has more than 10 times lower coverage than Henley, the ward with the highest, with 123.4 hectares at 6.0 per 1,000 residents.

Coventry Green Space Strategy 2019-24 – Green Space Audit[9]



More recent data reinforces this picture, indicating relatively low volumes of biodiversity, access to green and blue spaces, garden space and parks and play areas.

Coventry's Climate Change Strategy highlights low biodiversity, with only 11% of land conserved, against the UN target of 30%. The Access to Healthy Assets and Hazards (AHAH) 2024 indices rank Coventry 63rd lowest of all England and Wales local authorities for access to green and blue spaces, well below the average rank for metropolitan districts in England. 29% of neighbourhoods fall within the lowest 20% nationally, particularly in Foleshill, Hillfields, the city centre, Gosford Park, and parts of Radford and Chapelfields.

ONS data (2024) shows Coventry has fewer parks and play areas per head than average (32 per 100,000 residents), ranking 314th nationally. The 2025 Index of Deprivation Living Environment domain also shows higher levels of housing without private outdoor space (gardens etc.) than elsewhere in the West Midlands, and those neighbourhoods with less garden space are often also those with lower green space access.

Resident satisfaction with green spaces is low. The Community Life Survey 2023/24 found only 61% of Coventry residents were satisfied with local green and natural spaces, compared with 76% nationally. In the 2024/25 Coventry Household Survey residents were asked how they would rate the quality of their local green space, and how often they use it. 42% of residents rated their local green space positively,

9 These were the Coventry wards as they were when the Green Space Audit for the Coventry Green Space Strategy 2019-24 took place – the boundaries have since been revised with slightly changed boundaries live as from the May 2026 elections.

while 23% rated it poorly. Usage is mixed: 43% of residents said they use their local green space on a weekly basis or more often, whereas 36% said they use it less often than monthly and 15% said they did not use it at all.

Air Quality

Air quality in Coventry has improved in recent years, but it continues to affect health, particularly for vulnerable groups and residents in more deprived areas. The main pollutants of concern in Coventry are nitrogen dioxide (NO_2) and particulate matter (PM10 and PM2.5). These pollutants are largely linked to road traffic and congestion.

Levels of NO2 are measured at 73 roadside locations across Coventry. In 2024, only 1 location in Coventry exceeded the limit of an annual mean concentration of 40 μg/m3, compared with 21 in 2014 and 14 in 2019. A map showing those locations is shown below, those with the highest recorded levels of NO2 are coloured in red and amber. A location on Holyhead Road near to central Coventry has persistently recorded the highest level.

In general, across all locations, including the areas that have consistently seen the highest levels, NO2 levels have been falling as a trend, with some annual fluctuations.

The World Health Organization (WHO) updated their guideline level for annual nitrogen dioxide in 2021, recommending a more stringent 10 μg/m3; none of the locations has yet reached this low level.

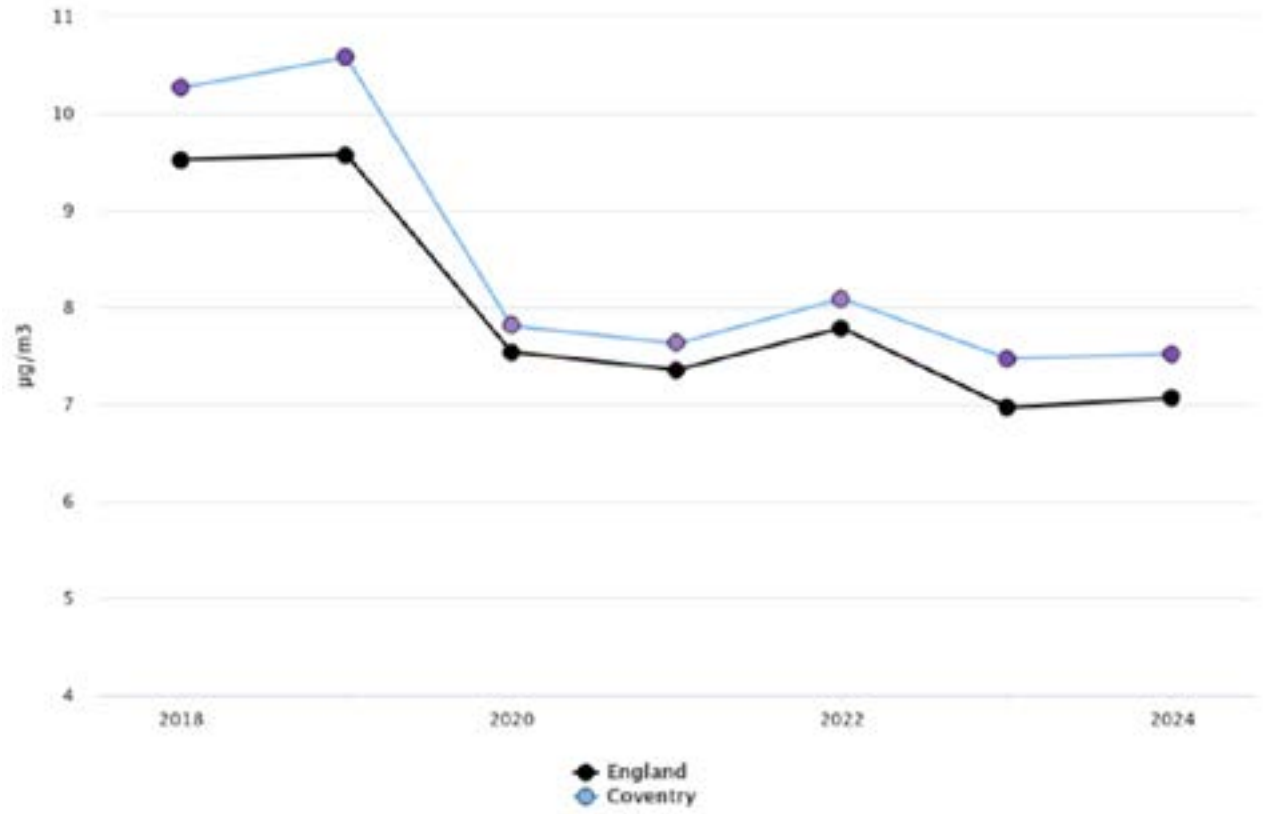
Fine particulate matter (PM2.5) is more of a concern. Modelled estimates of the average annual concentrations of PM2.5 across Coventry overall in 2024 are 7.5 μg/m3 compared to the England average of 7.1. While concentrations have reduced since 2018, they have been relatively flat since 2020. The UK Health Security Agency modelling estimates that 5.6% of mortality in Coventry is 'attributable' to the impact of exposure to PM2.5.

The Indices of Deprivation 2025 (IoD) Living Environment Outdoors sub-domain uses DEFRA modelled background pollution data by small area to score and rank all local neighbourhoods on levels of air pollution. Coventry's average air pollution levels are lower than the average for all metropolitan areas in England. Within the city,

Air quality in Coventry



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



pollution is highest in central, traffic-heavy areas, including parts of Radford (near Holyhead Road), Hillfields, Foleshill East, Stoke Heath and Gosford Park.

Air pollution disproportionately affects older people, children, pregnant women, those with existing health conditions and low-income communities. The neighbourhoods with the poorest air quality often overlap with those that have the least access to green space.

Several measures have been taken to reduce air pollution levels in Coventry, including upgrading much of the local bus fleet to be electric, new cycling routes, road improvements and promotion of electric vehicles including the installation of a high number of charging points.

Community perception and safety

Why is this important?

How people feel about the place they live in has an impact on their quality of life and their wellbeing. Being a victim of crime, and being worried about crime, impacts on a person's perception of their quality of life in the neighbourhood and has a negative effect on a person's mental and physical wellbeing.

What is the local picture? How does it compare?

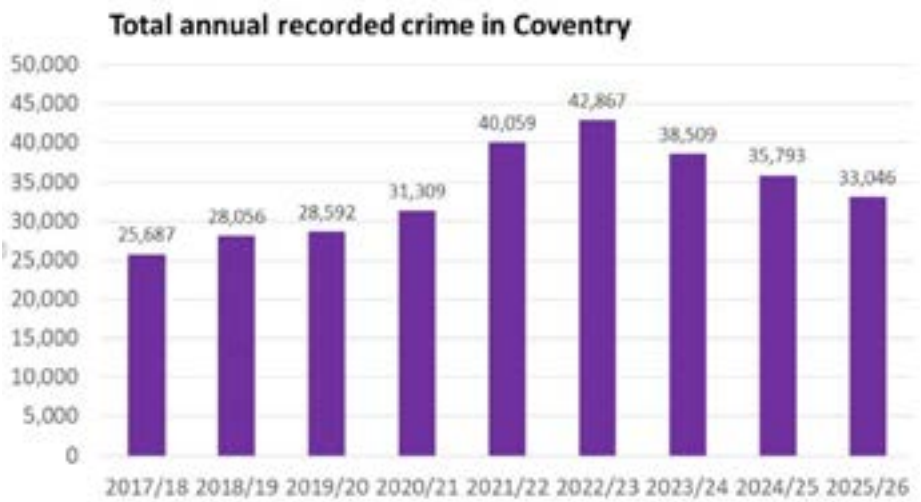
Residents' satisfaction with their local area in Coventry remains well below the national average and has declined over the longer term. In the 2024/25 Coventry Household Survey, 67% of residents said they were satisfied with their local area as a place to live. While this is a small increase since 2022, it is lower than both the national average (74%) and previous levels in Coventry (particularly 84% in 2018). Perceptions of change reflect this pattern. Nearly half of residents (46%) felt their local area had not changed much over the past two years, while one third (33%) believed it had worsened and only 7% felt it had improved. Findings from the national Community Life Survey 2023/24 are similar: 12% of Coventry residents felt their area had improved, broadly in line with the national average (11%).

Broader indicators of community sentiment from the Community Life Survey, are also weaker than nationally. Only 47% of Coventry residents said they were proud to live in their local area, compared with 59% nationally, and 54% would recommend their area as a good place to live (66% nationally). Overall satisfaction with the local area stood at 62% in Coventry versus 74% nationally, and just 40% of residents felt their area was attractive, well below the national figure of 57%.

Feelings of safety have declined markedly and are a key factor underpinning lower satisfaction. In 2024/25, the Coventry Household Survey found that 75% of residents reported feeling safe during the day, down from 77% in 2022 and significantly below the 94% in 2018 and the national level of 91%. Safety during the day is particularly low in Binley and Willenhall (61%), Foleshill (60%) and Radford (51%). Perceptions of safety after dark are much poorer: only 39% of residents felt safe at night, down from 45% in 2022 and far below 74% in 2018, as well as the national figure of 71%. Residents in Radford (68%) and Foleshill (63%) were especially likely to report feeling unsafe after dark.

Recorded crime in Coventry has fallen markedly in recent years, although levels remain above the national average. For April 2025 to March 2026, Coventry recorded 33,046 crimes, down from 35,793 the year before (2024/25). This is a crime rate for 2025/26 of 89.5 per 1,000 residents, down from 122.0 in 2022/23. While this remains higher than the England average (83.5; Jan-Dec 2025), it is lower than the West Midlands metropolitan area average (98.6), and Coventry's overall and violent crime rates are comparatively lower than many other local authorities in the West Midlands region.

Since 2022/23, overall recorded crime has decreased by 23%, representing a stronger decline than seen nationally.



Violence against the person has declined significantly, after being on an increasing trend up to 2021/22, but the rate remains above 2019/20 levels (27 per 1,000). It has fallen by 23% since 2021 and by 6% since 2024. Despite this progress, the violent crime rate remains above the national average (35 per 1,000 in Coventry compared with 31 in England). Theft offences, violent offences (with and without injury), shoplifting offences, stalking and harassment and vehicle-related offences were the most common types of police recorded crime in the year ending June 2025.

In 2024/25, the top four of all offences in Coventry were Violence without injury (17.7%), Shoplifting (10.7%), Violence with injury (10.4%) and Stalking and Harassment (10.2%).

While overall crime is falling, some offence types have increased since 2021, notably shoplifting, theft-related offences (including non-residential burglary and bicycle theft), sexual offences, death or serious injury caused by illegal driving, and homicide. **Sexual offences are a particular concern: the recorded crime rate has more than doubled in the past decade,** increasing significantly from 1.5 per 1,000 residents to 3.5 per 1,000 in 2021/22 and remaining at that level. This is above both national (3.1) and regional (3.2) averages.

There has been an increasing number of Modern Slavery[10] cases. A total of 197 cases were reported in Coventry during 2025, up from 166 in 2024. Most of the cases in Coventry have been under the categories of Labour, Criminal or Sexual Exploitation.

Domestic abuse is a significant issue in Coventry, with serious impacts on health and wellbeing. It is associated with increased risks of mental health problems, self-harm and suicide, and the number of people affected each year far exceeds those known to the police or support services. While women make up the majority of victims, men are also affected.

Responses to the Crime Survey for England and Wales allow an estimate of total prevalence nationally. Nationally, 7.8% of all residents aged 16+ said that they had experienced any domestic abuse, which includes many different types, in the year ending March 2025. There were higher rates among women (9.1%) than men (6.5%), and higher prevalence among younger adults. Given Coventry's relatively young population, prevalence is likely to be higher than average. Applying these overall prevalence estimates to Coventry's population, it can be estimated that around 24,700 residents experience domestic abuse each year.

5,953 domestic abuse crimes were reported to police in 2023/24, and 2,560 individuals received support from services commissioned by Coventry City Council in 2024/25, highlighting substantial under-reporting and unmet need. Across the West Midlands Police area, domestic abuse rates are higher than the national average, and Coventry Domestic Abuse Needs Assessment[11] indicates that Coventry has higher referral and refuge bedspace provision per 1,000 residents than both the regional and national averages, reflecting both demand and service capacity.

Hospital admissions related to violent crime in Coventry have declined substantially over the past decade, but rates remain higher than the national average. Between 2021/22 and 2023/24, the rate fell to 38.5 per 100,000 population, down from 48.2 (2018/19 - 2020/2021). Despite this improvement, Coventry's rate remains above the England average (34.2), though lower than the West Midlands average (40.6), indicating a continued need for prevention and victim support.

10 The Modern Slavery Act 2015 defines this crime as the recruitment, movement, harbouring or receiving of adults or children through force, coercion, abuse of vulnerability, deception or other means for the purpose of exploitation.

11 Domestic Abuse Strategy 2018-2025 – Coventry City Council

Hospital admissions for violence disproportionately affect young males and deprived communities. Between 2021/2022 to 2023/2024, Hospital Episode Statistics (HES) for West Midlands Violence Reduction Unit (VRU) found that 85.1% of emergency admissions for violence involved males, and admissions were highest among those aged 20–29 (31.8%). 41.4% of admissions came from the most deprived areas (decile 1) which, whilst lower than the regional proportion (67.8%), still highlights persistent inequalities. Most admissions involved people from White ethnic groups (64.4%), and the most common cause was assault by bodily force (45.1% in Coventry compared to 52.3% regionally), followed by sharp object assaults.

Knife-related harm remains a concern. Admissions for assault with a sharp object in Coventry rose from 25 in 2021/22 to 40 in 2023/24, although levels remain below the 2019/20 peak (50) and are broadly in line with other West Midlands authorities. Regionally, knife-related violence is concentrated among males aged 15-24, reinforcing the importance of early intervention programmes.

Coventry has made strong progress in reducing serious youth violence (SYV). The city has the second lowest SYV victim rate in the West Midlands and recorded a 3.8% reduction in incidents between 2022 and 2024. However, Coventry still contains several neighbourhoods with high levels of knife crime, and the city sits within a region that continues to have one of the highest knife crime rates nationally, despite recent reductions.

Housing and homelessness

Why is this important?

Historically, housing is only considered in relation to health in terms of support to help vulnerable people to live healthy, independent lives and reduce the pressure on families and carers. However, it is now recognised that good quality housing for all leads to better health and wellbeing, as it indirectly affects early years outcomes, educational achievement, economic prosperity, and community safety.

Conversely, rough sleeping and homelessness significantly impacts on a person's mental and physical health, and the longer someone experiences rough sleeping, the more likely they will develop additional mental and physical health needs, develop substance misuse issues and have contact with the criminal justice system.

What is the local picture? How does it compare?

Coventry has a total of 148,000 domestic dwellings and the number of houses has been growing annually. Coventry's population has been increasing and Coventry City Council's Local Plan 2011 – 2031, adopted in 2017, identified a need to increase house building in Coventry, with provision for a minimum of 24,600 additional dwellings between 2011 and 2031. This required an average of 1,300 new homes per year from 2017.

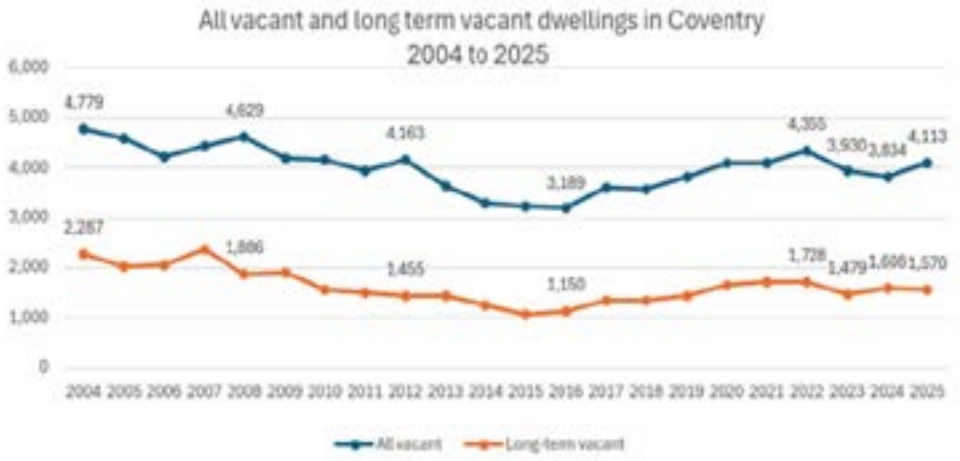
The table below shows the total number of new houses built per year (net additions, new houses minus demolitions) for the last six years, in line with this plan. Planning permission is in place for a net additional 11,800 dwellings over the next 10 years.

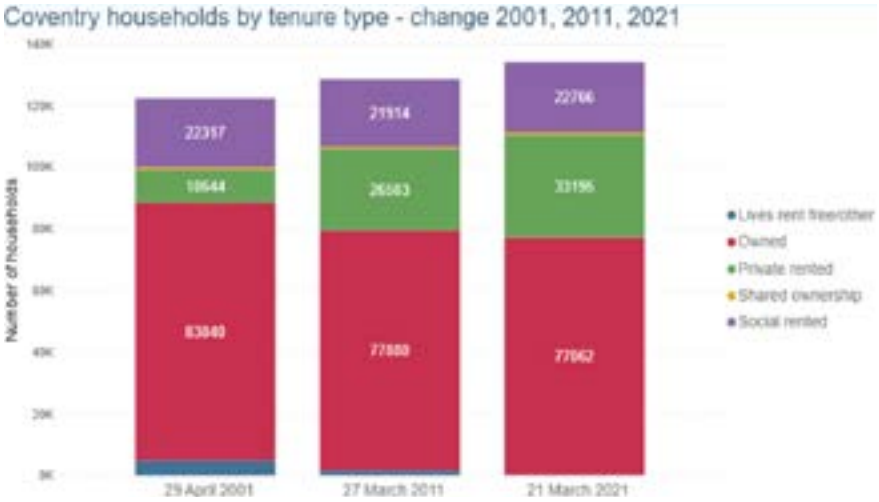
Period	Net additions to dwelling stock
2019/20	2,088
2020/21	436
2021/22	1,851
2022/23	1,446
2023/24	1,301
2024/25	697

The number of vacant houses in the city has reduced over the long term, performing better than both national and regional trends. In 2025, there were 4,113 vacant properties in the city, less than 4,355 in 2022, whereas over that period there have been rising vacancy levels across England and the West Midlands. As a percentage of all dwellings, those vacant in Coventry make up 2.78%, a lower proportion than the rest of the West Midlands metropolitan area (2.95%) and England overall (2.94%). This suggests stronger local housing demand and effective action to bring homes back into use. The chart below illustrates the longer-term trend of a reduced number of vacant dwellings.

Coventry's housing stock is characterised by a high proportion of lower-value and older properties. As of 2025 Valuation Office Agency data, 70% of Coventry's properties were in the lower Council Tax Bands A & B, significantly higher than national (43%) and regional (55%) averages. Almost two-thirds (63%) of Coventry homes were built before 1965, compared to 51% nationally, reflecting an ageing housing stock and reinforcing the importance of investment in quality, energy efficiency and renewal. Census 2021 data highlights distinctive features of Coventry's housing stock. Terraced housing is much more common than nationally, accounting for 40% of dwellings compared with 23% in England, while detached housing is less prevalent.

The private rented sector has grown substantially in Coventry in recent years, although owner occupation remains more prevalent. The comparatively large private rented sector comprises around a quarter of households, compared with one fifth nationally.





Census 2021 - Tenure of household	Coventry		England	West Midlands
	number	% of total	% of total	% of total
Total: All households	134,140	100.0	100.0	100.0
Owned	77,062	57.4	61.3	62.8
Shared ownership	906	0.7	1.0	0.8
Social rented	22,766	17.0	17.1	18.2
Private rented	33,195	24.7	20.5	17.9
Lives rent free	211	0.2	0.1	0.2

Housing pressures are reflected in higher levels of overcrowding. In 2021, 7.7% of Coventry households were overcrowded, above both national and regional averages. Overcrowding is more common in rented housing, particularly in the social rented sector, highlighting ongoing challenges around housing quality, affordability and space.

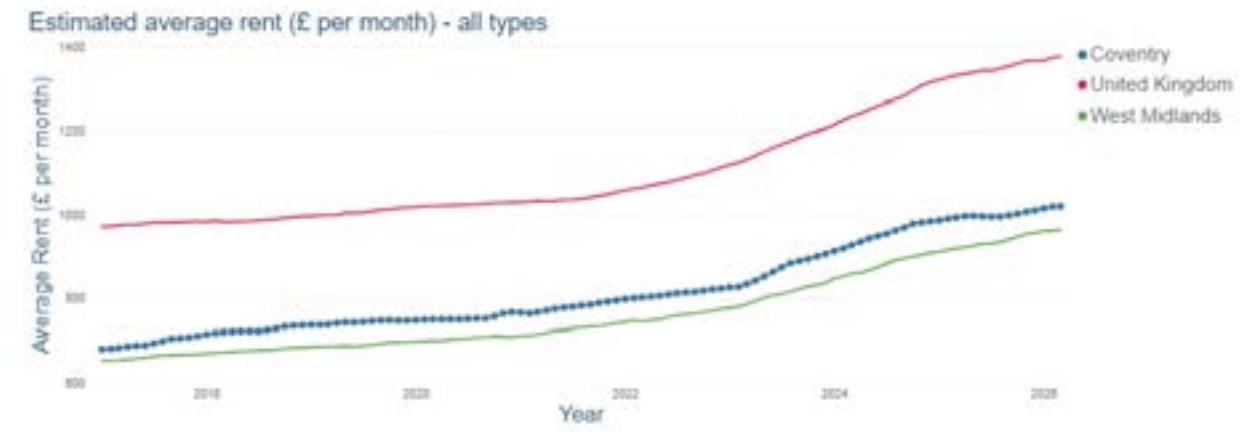
Housing quality and energy efficiency remain significant challenges in Coventry, with implications for health, wellbeing and fuel costs. In 2024/25, 50.5% of homes in Coventry achieved an EPC rating of C or above, so a lower proportion of homes have good energy efficiency than the national average (53.3%), although similar to the West Midlands region (50.0%), and Coventry's rate is the same as the average for all metropolitan English local authority areas.

Despite progress since 2019, Coventry continues to face significant housing quality issues, with Category 1 hazards and damp problems concentrated in specific property types and tenure categories. According to the English Housing Survey (EHS) data modelled for the local authority area, 16.6% of all dwellings in Coventry were estimated to be non-decent in 2023 (1 in 6 of all occupied dwellings), down from an estimated 18.7% in 2019, but higher than both England (14.5%) and the West Midlands (15.7%). Notably, Coventry's rate is higher than the average for all metropolitan English local authority areas (15.2%). Non-decent homes are most common in the private rented sector, where a quarter of properties fail to meet standards, and are more prevalent in flats and terraced housing.

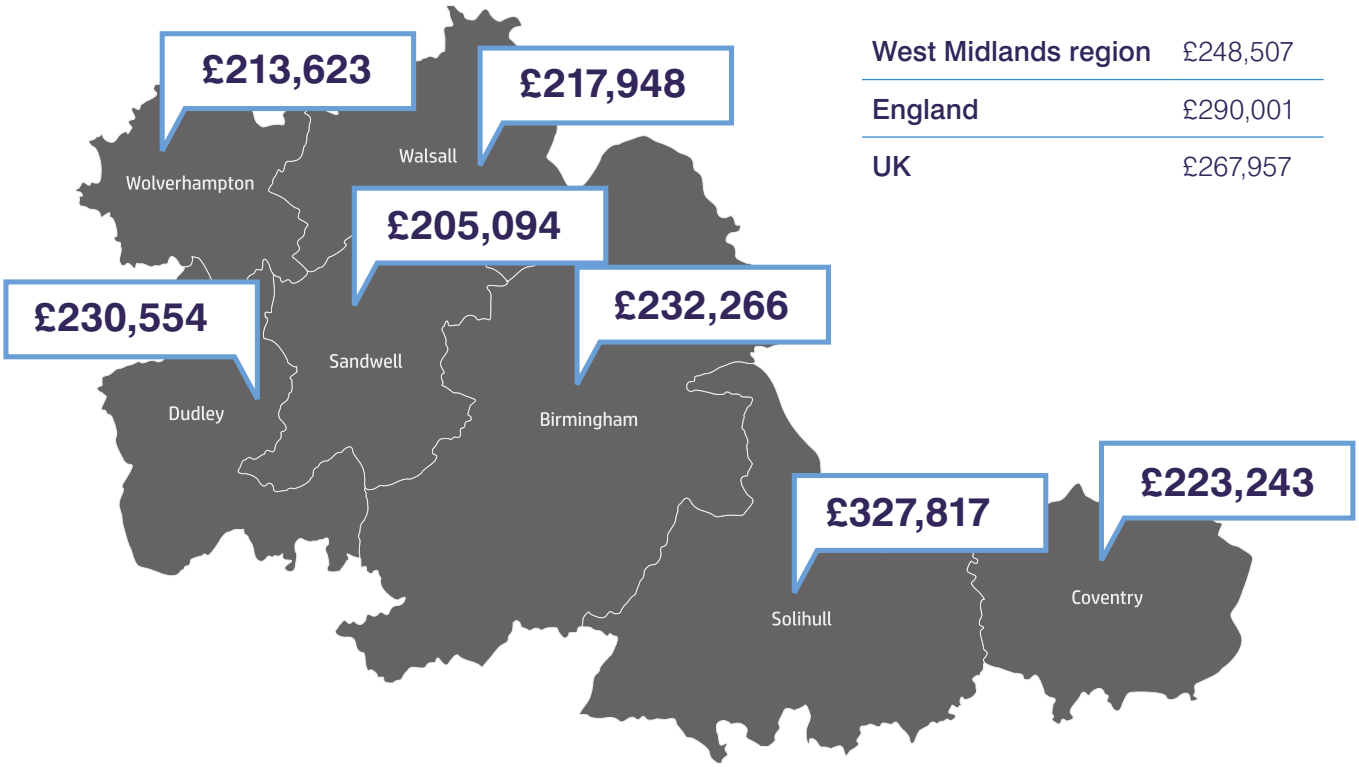
The average monthly rent of privately rented houses in Coventry is higher than the

regional average and has been increasing notably, faster than the increase in house prices. The estimated average rent in March 2026 was £1,021 per month, higher than the West Midlands regional average (£964), lower than the UK average (£1,377). Between January 2022 and March 2026 average rent levels in Coventry increased by 27.8% (from £799) compared to 30.0% across the UK overall, highlighting growing pressure on renters. The chart below shows how rents have increased over time.

House prices in Coventry have also risen, increasing by 9.9% between January 2022 and February 2026, slightly faster than the UK average increase (8.0%). Despite this, average prices remain lower than national and regional averages, as shown in the table below.



Average house price February 2026



West Midlands region	£248,507
England	£290,001
UK	£267,957

Housing in Coventry remains more affordable than the England average, but affordability has declined over time. The cost of living crisis has seen increasing inflation, which has had negative impacts on people's spending power, further reducing the affordability of housing. People have seen their rents increase, along with the price of food and energy bills, putting some in the position of having to do without one or more of these essentials. The ratio of house prices to earnings has risen, making home ownership increasingly difficult in the city. In 2024, the average house price in Coventry was 6.3 times the median workplace wage, lower than the England average ratio of 7.7.

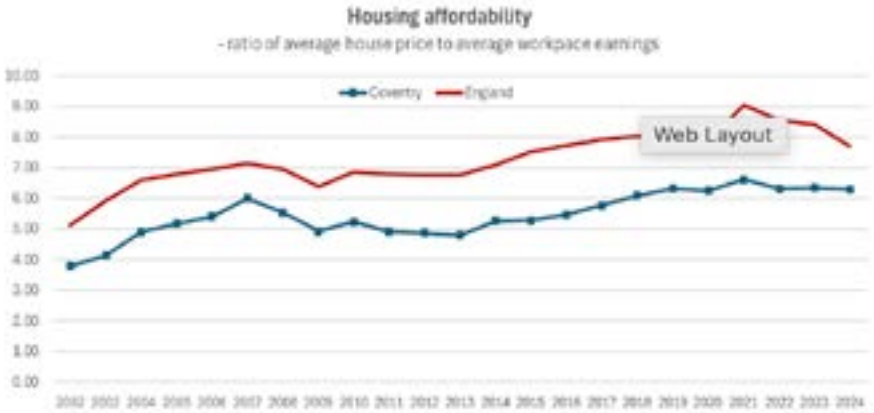
Coventry remains slightly more affordable than other West Midlands metropolitan areas and sits around the middle of English metropolitan authorities. However, workplace wages in Coventry are higher than the earnings of many residents, meaning local people do not fully benefit from these higher salaries. As a result, housing is less affordable for current residents, particularly those on lower incomes with the cheapest homes were 6.9 times the lowest quartile wage in 2024, highlighting continued pressure on lower-income households.

Homelessness

Homelessness has increased both locally and nationally since 2019, with the COVID pandemic having a devastating impact on our communities and neighbourhoods, through social, health and economic disruption.

Under the Homelessness Reduction Act (HRA) 2017, local authorities have duties to prevent and relieve homelessness, including providing advice, developing personalised housing plans, supporting people at risk within 56 days, securing accommodation for those already homeless, and receiving referrals from partner agencies. Coventry City Council's Homelessness and Rough Sleeping Strategy 2025-2029 builds on earlier strategies and recognises homelessness as ranging from rough sleeping to insecure or inadequate housing.

Coventry has a much higher rate of households owed a homelessness duty than national and regional averages, particularly for the relief duty, indicating a greater proportion of households already homeless when they present. 3,133 Coventry households were owed a duty under the HRA during 2024/25, a rate of 19.8 per 1,000 households in Coventry, notably higher than the England average of 13.6.



Households owed a duty under a Homelessness Reduction Act (per 1,000)



Out of all owed a duty in 2024/25, 69% were already homeless and owed a relief duty (England 55%), so Coventry has a particular problem with people already being homeless.

For those owed a relief duty, the most common reasons include family or friends no longer willing or able to accommodate them (26%), followed by domestic abuse (16%), being required to leave accommodation provided by the Home Office as asylum support had ended (12%) and eviction from supported housing (12%).

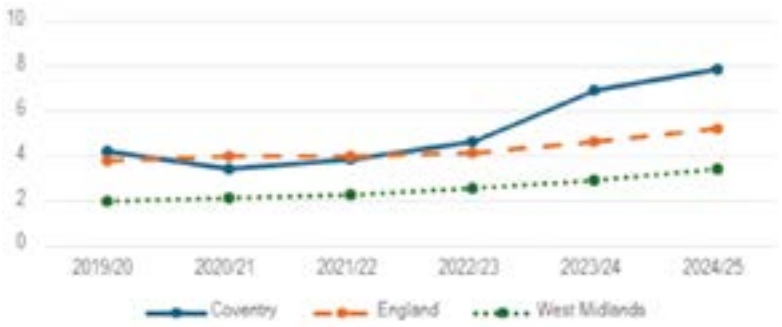
The main driver of homelessness prevention cases is the end of assured shorthold tenancies (40%), with two-thirds of these due to the landlord wishing to sell or re-let the property.

Out of the 3,133 households owed a duty in 2024/25, 922 included children. The number with children has followed similar trends to the total number, generally making up about a third of households owed in duty in Coventry – and at a rate of 21.3 per 1,000 households with children in Coventry. **The local rate is notably higher than the England average of 16.2.**

In 2025/26, 52% of Coventry households at risk of homelessness were successfully prevented from becoming homeless, while 32% of homeless households were successfully rehoused. Comparative data for Q3 2025/26[12] shows Coventry's overall success rate (39% of cases prevented or relieved) is below the English metropolitan average of 43%. This partly reflects Coventry's higher proportion of relief cases, which typically have lower success rates than prevention cases.

Homelessness pressures in Coventry have intensified in recent years. While rates of temporary accommodation (TA) were previously broadly in line with national levels, Coventry now has a significantly higher rate than both England and the West Midlands. An average of 1,244 Coventry households were in TA throughout 2024/25, a rate of 7.9 per 1,000 households, much higher than the England rate of 5.2.

Households in temporary accommodation (per 1,000)



Local data indicates that by April 2026 there were 851 households currently residing in TA, indicating that the total in TA may have come down in the last year. Of these, 44% are single parent households, and a total of 1,822 children are currently living in TA.

Comparative data shows that **Coventry has a significantly higher rate of households with children in temporary accommodation** compared with national, regional, and other metropolitan averages. **The average length of time households with children have been in temporary accommodation is 300 days,** highlighting the prolonged nature of TA placements for families. However, no families with children were placed in bed and breakfast accommodation for longer than six weeks.

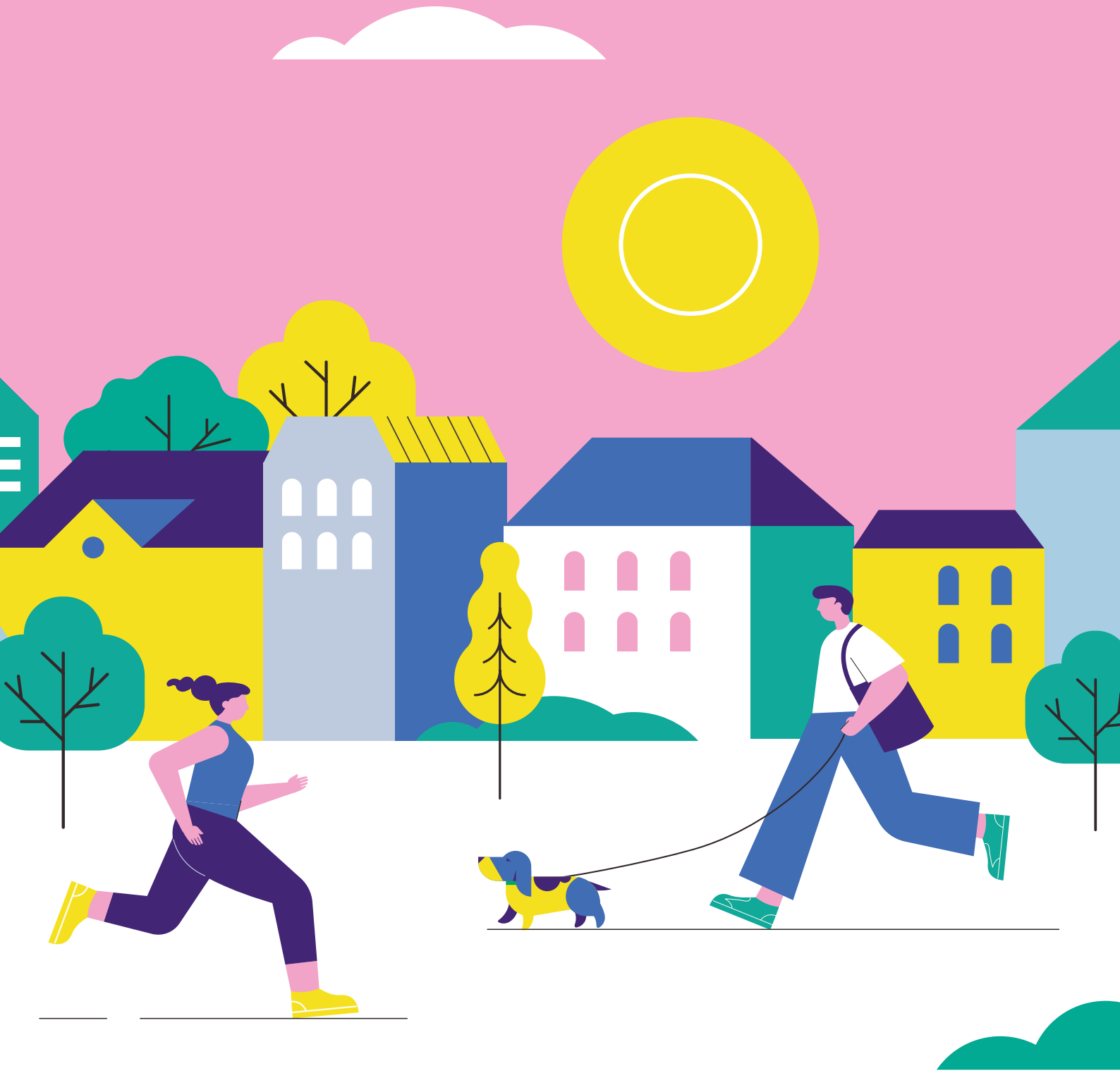
The number of people sleeping rough in Coventry appears to be increasing. It was estimated that 29 people were sleeping rough in Coventry, taken from a snapshot survey on a night in Autumn 2025[13]. While it is acknowledged that this is unlikely to represent the totality of people who sleep rough at any one time, or for a period during a year, this is the highest number of all snapshots since 2010. The total has fluctuated over this period with an increasing trend since 2020 – the trend can be seen in an LG Inform report here.

12 lginform.local.gov.uk

13 Ministry of Housing, Communities and Local Government request annual snapshot counts of how many people are sleeping rough in each local authority area on a given night every Autumn, collated by outreach workers, local charities and community groups and is independently verified by Homeless Link

Chapter 4

Health and Wellbeing



Key Messages

- The overall health of residents in the city is below average, with life expectancy consistently lower than regional and national levels.
- There are significant health inequalities across Coventry's neighbourhoods that disproportionately affect certain communities, with some groups experiencing preventable and systemic disparities.
- Premature mortality in Coventry is higher than both the regional and national averages for males and females and has consistently remained this way.
- Cancer, cardiovascular disease, respiratory disease and chronic liver disease are driving premature mortality.
- There has been a notable increase in mortality from COPD (chronic obstructive pulmonary disease), now higher than regional and national averages.
- Across all major conditions, deprivation is strongly associated with higher prevalence, earlier onset and poorer outcomes.
- Preventable risk factors such as diet, smoking, alcohol consumption, and physical activity drive premature mortality and health inequalities.
- Alcohol causes disproportionately high harm in Coventry; the city continues to experience higher-than-average hospital admissions, mortality, and premature deaths linked to alcohol, particularly among men and older adults.
- A quarter of adults are inactive, and over two-thirds are overweight or obese. While rates in younger children are relatively better, obesity rises sharply by Year 6 and remains high in adulthood.
- Overall mental wellbeing in Coventry was affected by COVID-19 and was worse in 2022 than in 2018. Since then, there has been some improvement but not to 2018 levels.
- Coventry has declining uptake of childhood and annual flu vaccinations, and declining rates of HIV testing. Childhood immunisation is Coventry's weakest area in the ONS Health Index for England.
- Coverage of screening for cancers such as breast cancer, cervical cancer, and bowel cancer is below the national average.
- Coventry residents have relatively good access to health services overall. However, A&E waiting times and cancer treatment timelines at the local hospital are below average.

What this means for Coventry

People living in more deprived areas of the city are more likely to develop major health conditions, be diagnosed later, and have worse outcomes, highlighting the need for prevention and early support in disadvantaged communities. The Marmot approach seeks to address this gradient, and services should continue to use the Marmot principle of proportionate universalism, where the intensity and level of support are scaled proportionally to the level of disadvantage or need.

Coventry residents' health is affected by their behaviours. Too many people drink alcohol at harmful levels, smoke, eat unhealthy diets, and do not get enough physical activity. Public services should continue to address these behaviours by offering support to individuals where appropriate and providing opportunities for citizens to help themselves. There are also opportunities for public services to address the social determinants of health that influence these behaviours.

Alongside this, improvements can also be made to protective health behaviours and interventions, such as vaccination uptake, HIV testing and cancer screening.

COVID-19 negatively affected the mental wellbeing of Coventry residents, but recovery to pre-pandemic levels has not yet happened, suggesting that mental health pressures remain a key issue to be addressed by local partners.

Demand for health and care services is expected to increase as the city's population increases and ages, with more people living with complex multi-morbidity. This requires a population health response, and a shift to more proactive, preventative care. Integrated, place-based planning is needed to address inequalities in access to health services and reduce avoidable hospital activity.

Life Expectancy

Why is this important?

Life expectancy and healthy life expectancy are important indicators of a population's overall health. The Marmot Review, Fair Society, Healthy Lives, highlights strong links between preventable differences in health outcomes and deprivation. It shows that people who are experiencing multiple forms of deprivation not only have shorter lives but spend a greater portion of those shorter lives in poor health. As a Marmot City, Coventry has adopted and embedded the principles of Marmot, tackling the social conditions that can lead to health inequalities, and working to improve the areas in which people are born, grow, live, work, and age.

What is the local picture? How does it compare?

Overall health in the city is below average, with life expectancy consistently lower than regional and national levels. Recent data shows a further decline; this is partly due to the inclusion of COVID-19 deaths. Life expectancy provides a broad overview of population health

and should be interpreted with caution, as pandemic-related excess deaths may not have a lasting impact on long-term trends. However, improvements in life expectancy had already stalled before 2020.

Life expectancy for females in Coventry is 81.8 years and for males is 77.4 (2022-2024). This is below the national average of 83.3 for women and 79.5 for men. The trends for life expectancy show a slight increase in recent years for females.

Healthy life expectancy (the number of years a person can expect to live in good health) is 58.1 years for females and 58.5 for males. Healthy life expectancy for Coventry females is lower than the national (61.9) and regional (60) averages. Coventry males are also slightly lower than the national (61.5) and regional (60.3) averages. Looking at the data over time shows a decreasing trend for both females and males.

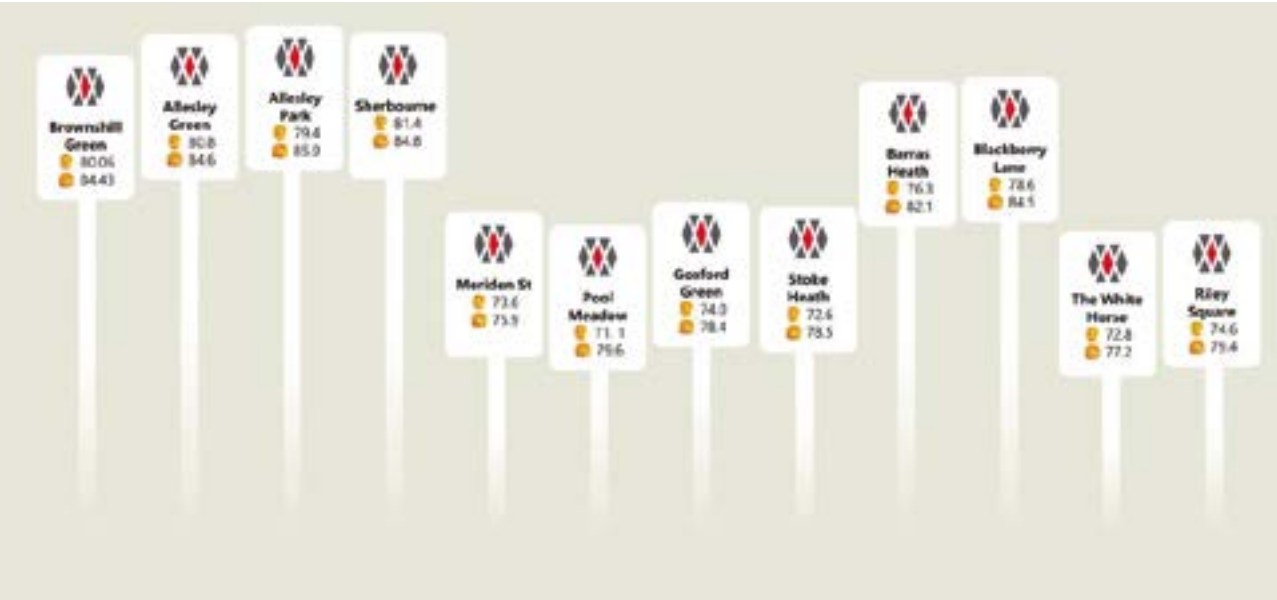
The gap between healthy life expectancy and life expectancy is referred to as the 'window of need'. It is the average number of years that a person is likely to live in poor health and may require support from the health and care system. This gap is widening.

In Coventry, females can expect to live more than a quarter of their lives in poor health (23.7 years) whilst males can expect to live 18.9 years in poor health.

There are significant health inequalities across Coventry's neighbourhoods that affect certain communities disproportionately. Males living in less deprived areas of the city can expect to live up to 11.7 years longer than those living in the most deprived areas of Coventry; for females the gap is 9.5 years. These differences are wider than the regional averages (10.5 years for males and 8.5 years for females). Coventry has the second largest inequality gap for males and the third largest for females among West Midlands districts. Coventry's Number 7 bus route runs through some of the most affluent and most deprived areas in Coventry and we use it to illustrate inequalities in life expectancy.

People in more deprived parts of the city not only live shorter lives but also spend a greater proportion of their shorter lives in poor health compared to those living in less deprived parts of the city.

Life Expectancy in Coventry on the Number 7 bus route



Mortality and major causes of death in Coventry

Why is this important?

Understanding patterns of premature death and long-term illness helps target action where it is most needed. High mortality rates and widening inequalities place pressure on individuals, families and services, reinforcing the need for prevention and earlier intervention, particularly in the most deprived communities.

Identifying the conditions affecting our population enables more effective commissioning and better allocation of resources. Life expectancy data already shows clear geographic inequalities across Coventry, and these are reflected in variations in disease prevalence, age of diagnosis and outcomes between different areas of the city.

What is the local picture?

How does it compare?

Premature mortality (deaths amongst residents aged under 75 years) in Coventry is higher than both the regional and national averages for both males and females and has remained consistently so. Within the West Midlands, Coventry ranks 4th out of 15 authorities for males and 5th out of 15 authorities amongst females for premature mortality.

According to the Global Burden of Disease (GBD) data from the Institute for Health Metrics and Evaluation (IHME), the four biggest causes of death in the under 70 population of the West Midlands in 2023 were:

Neoplasms (37.9%)

Cardiovascular Disease (CVD, 21.8%),

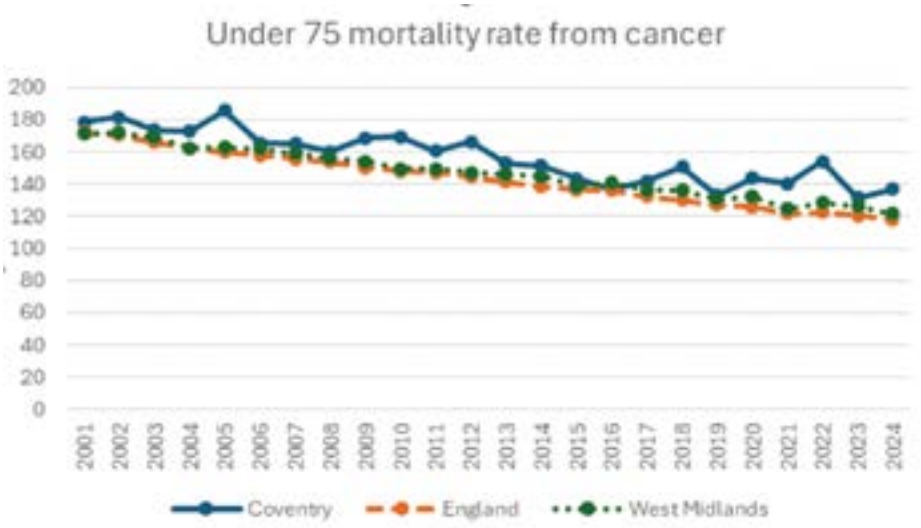
Digestive Diseases (9%)

Respiratory Diseases (5.5%)

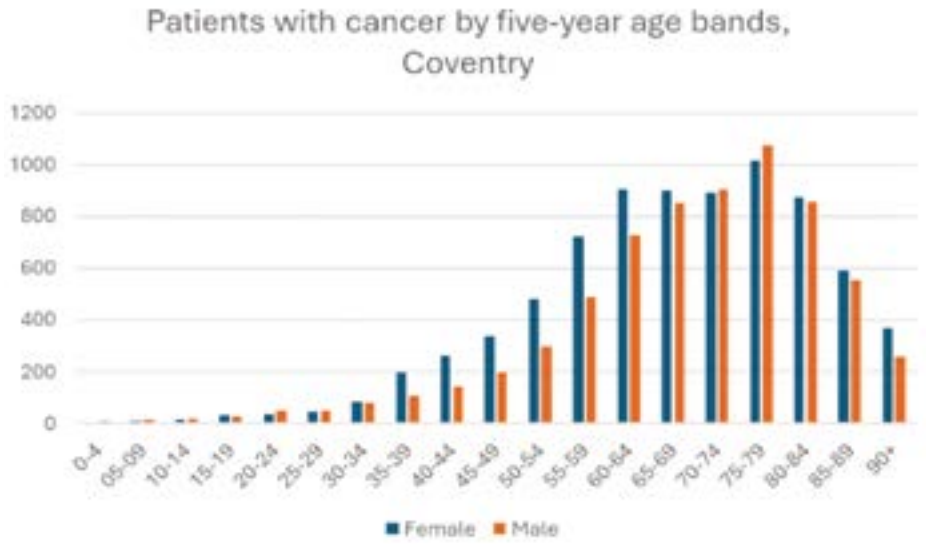
Local data reflects similar patterns and highlights significant inequalities by deprivation.

Cancer

Despite a slight increase in 2024 and a higher rate than comparators, the overall trend for deaths from cancer is steadily declining in Coventry.



Fingertips | Department of Health and Social Care



Locally available data shows that half of the people with cancer in Coventry are aged 70+, with prevalence increasing sharply with age (1-in-10 people aged 65-69; 1-in-5 people by the ages 80-84). Females are almost twice as likely as males to have cancer from age 35 onwards.

20.2% of all people with cancer in Coventry live in the top quintile of the most deprived areas of the city (the Core20), compared to 13.9% who live in the least deprived areas. Those in the Core20 are diagnosed five years earlier on average (median age 61 vs 66).

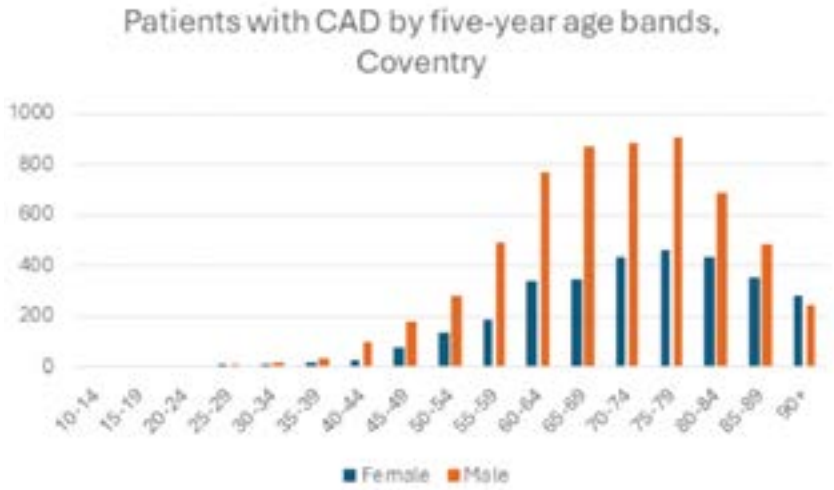
Cardiovascular Disease (CVD)

Mortality from CVD in Coventry remains stable (109.2/100,000 population) but higher than for England. There are a range of conditions covered by CVD.

Coronary artery disease (CAD), which can be linked to lifestyle factors such as smoking, excess alcohol use and hypertension, accounts for a significant burden. Local data also shows that males are significantly more likely than females to have coronary artery disease (CAD), with the gap emerging from around age 40, when males are nearly four times as likely to be affected.

Although hypertension prevalence remains below regional and national averages, it is increasing locally.

Over a quarter (25.4%) of people with CAD live in the Core 20 – this refers to people living in the 20% most deprived neighbourhoods as part of the health inequalities framework used by the NHS. Inequalities are evident in age at diagnosis: 64 in the most deprived areas (Core20) compared to 71 in the least deprived.



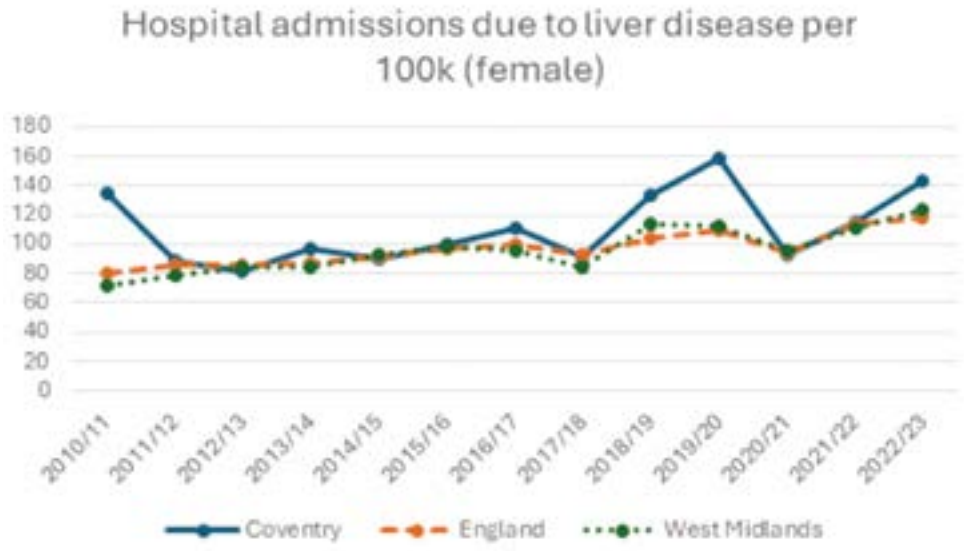
Chronic Liver Disease

Liver disease includes conditions such as alcohol-related liver disease, non-alcoholic fatty liver disease, hepatitis, haemochromatosis and primary biliary cholangitis. It often presents without symptoms until significant damage has occurred, known as cirrhosis.

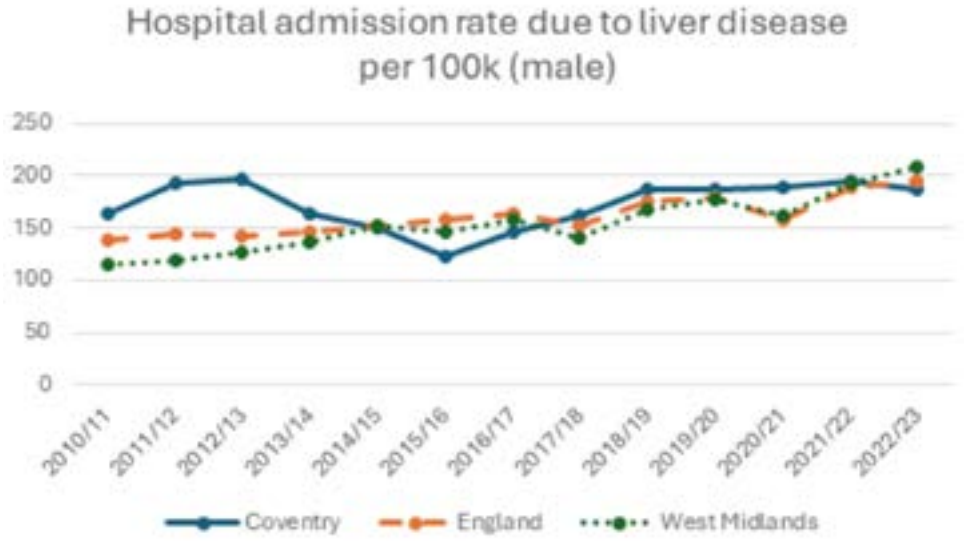
Hospital admissions for liver disease are higher in males and increasing for both sexes. Although admission rates are similar to comparators, Coventry has higher mortality from chronic liver disease.

Local data shows that liver disease disproportionately affects males between age 35 and 54, despite there being an almost equal split between the overall number of people with the condition (48% female; 52% male).

Greater numbers of people with chronic liver disease live in the Core20, with 29.8% vs only 7.8% in the least deprived areas. Diagnosis occurs eight years earlier in the most deprived communities (median age 47 vs 55).



Data source: Fingertips | Department of Health and Social Care



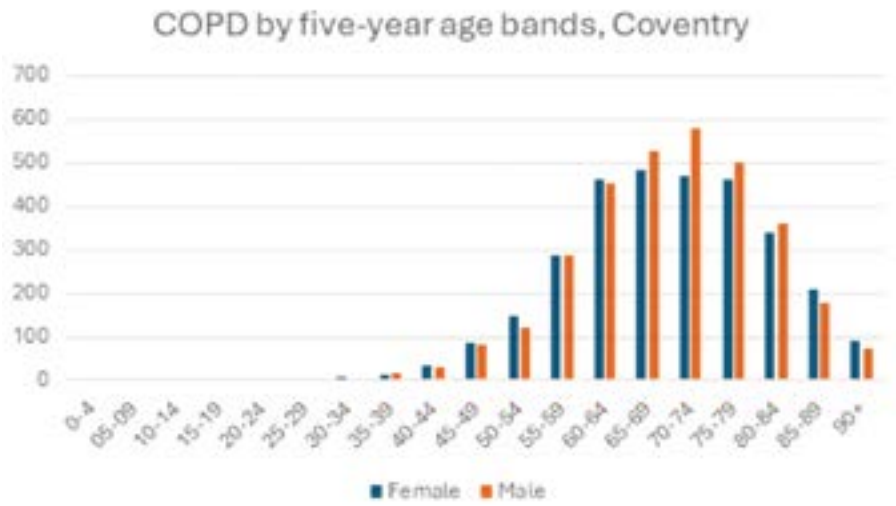
Data source: Fingertips | Department of Health and Social Care

Respiratory Disease (COPD)

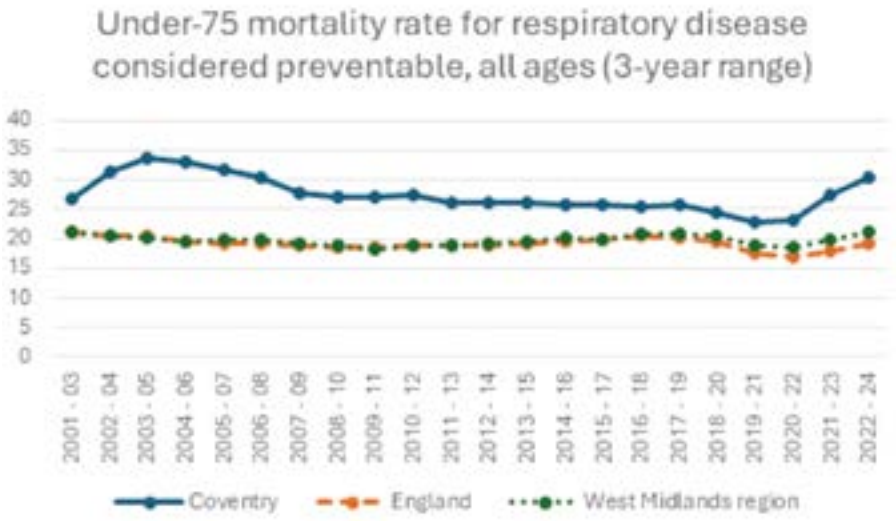
Mortality from chronic obstructive pulmonary disease (COPD) has risen since 2020 and is now higher than regional and national averages (62.6 per 100,000 compared with 47.6 in the West Midlands and 45.5 in England). Although rates stabilised briefly before the pandemic, they have continued to increase, with a widening gap between Coventry and comparators.

COPD predominantly affects older adults: 73% of patients are aged 60-84. Only 16% of the GP-registered population in our dataset are between these ages.

Inequalities are stark; 34.1% of people with COPD live in the Core20, compared with 5.9% in the least deprived areas. Diagnosis occurs eight years earlier in the most deprived communities (median age 65 vs 73).



Data source: HDI



Data source: Fingertips | Department of Health and Social Care

Inequalities in preventable mortality

Across all major conditions, deprivation is strongly associated with higher prevalence, earlier onset and poorer outcomes, reinforcing the need to target prevention and early intervention in the most disadvantaged communities.

Some groups within Coventry's population experience avoidable and systemic health inequalities[14]:

People living in deprived areas have lower life expectancy and are diagnosed with conditions earlier.

People from some minority ethnic groups experience higher risk of certain health conditions. For example, black and Asian ethnic groups often have higher instances of diabetes[15].

People with disabilities or long-term conditions often experience poorer health outcomes and shorter life expectancy. In Coventry, life expectancy for someone with a learning disability is 63 years. People with a learning disability are also more likely to engage in risk behaviours such as smoking and have higher rates of obesity and cardiovascular disease than the wider population.

People experiencing homelessness face barriers to GP registration and ongoing care.

Armed forces veterans experience higher rates of physical and mental health conditions including back pain and depression. Veterans are more than twice as likely to suffer from lower back pain than non-veterans and almost three times as likely to have depression.

Inclusion Health Groups: vulnerable migrants, refugees and asylum seekers; Gypsy, Roma and Traveller communities; people with alcohol and drug dependence; sex workers; those in contact with the judicial system; victims of modern slavery.

Healthy behaviours and lifestyle

Why is this important?

Individual behaviours, such as diet, smoking, alcohol consumption, and physical activity can affect health. These lifestyle behaviours are strongly influenced by the environment in which people live. For example, people living in a 'food desert', with limited access to affordable and healthy food, are more likely to eat unhealthily; an unsafe environment is likely to discourage people from walking or cycling; and social and cultural influences, including friendship groups, advertising and media, play an important role in determining people's lifestyles.

These lifestyle risk factors including poor diet, physical inactivity, excessive alcohol consumption and smoking are all linked to ill health and premature death. Having a combination of the risk factors contributes to greater ill health. People facing poorer social circumstances are more at risk of having multiple risk factors, exacerbating avoidable differences in health.

What is the local picture? How does it compare?

The Household Survey 2022, the latest data on general health available, showed that 7 in 10

14 The Kings Fund – Health Inequalities in a nutshell www.kingsfund.org.uk/insight-and-analysis/data-and-charts/health-inequalities-nutshell

15 DiabetesUK – Ethnicity and type 2 diabetes www.diabetes.org.uk/about-diabetes/type-2-diabetes/diabetes-ethnicity

Coventry residents (71%) considered that their general health is either very good (29%) or good (42%). Under 1 in 10 (7%) considered it to be bad. The proportion that rated their health as either very good or good has decreased over time (78% in 2018 and 73% in 2022). The proportion rating their health as bad has decreased from 8% in 2021 but is higher than the 1% recorded in 2018. Specific lifestyle factors are detailed below.

Smoking

Smoking prevalence in Coventry shows mixed trends. Although rates have fallen from 18.8% in 2013, recent years have fluctuated, with an increase reported in 2024. The Coventry Household Survey 2024/25 found 14% of residents smoke (up from 11% in 2022), while the Annual Population Survey (APS) estimated prevalence at 10.6%, slightly above England (10.4%) and below the West Midlands (11.3%). Overall, rates remain close to but slightly above the national average.

Smoking is significantly higher among working adults (aged 18-64) in routine and manual occupations (19.4%), who are twice as likely to smoke as those in other occupations. The GP Patient Survey (2024/25) found prevalence **is also much higher among people with long-term mental health conditions** (31.1%), over three times the rate of those without such conditions and above regional and national averages.

E-cigarette use is rising, with 9% of residents reporting use in 2024/25 (up from 4% in 2021).

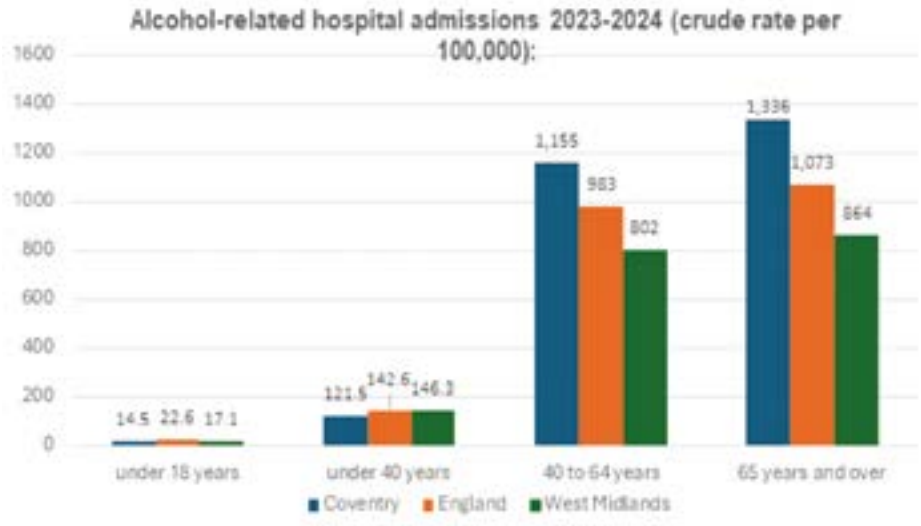
Quit activity is slightly below average, with 4.1% setting a quit date in 2024/25 compared to 4.5% for national and regional averages. However, quit success rates are strong: 56.9% of those who set a quit date successfully stopped smoking, higher than both England (53.6%) and West Midlands (42.3%) averages. Overall, 2.3% of Coventry's smoking population quit successfully, similar to national (2.4%) and regional (1.9%) levels.

Alcohol Consumption

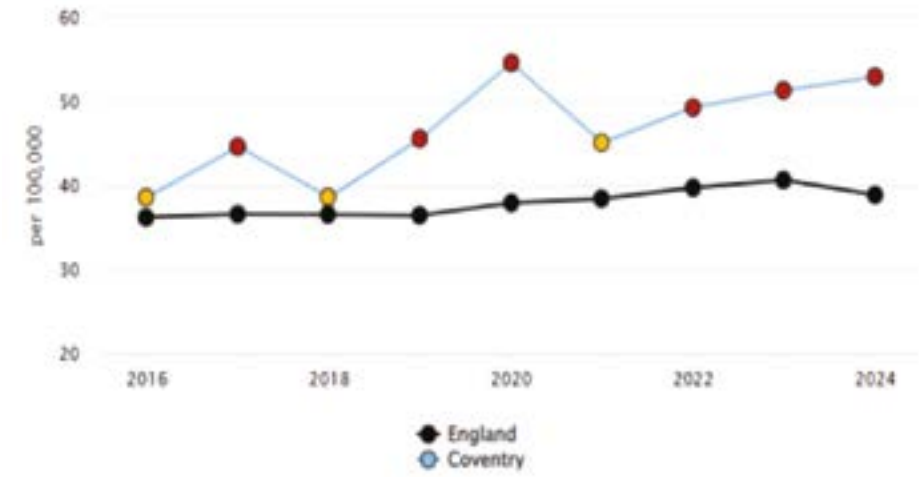
Alcohol causes disproportionately higher levels of harm in Coventry. Although more residents report not drinking, the city continues to experience higher-than-average hospital admissions, mortality, and premature deaths linked to alcohol, particularly among men and older adults. The 2024/25 Coventry Household Survey indicates a shift in drinking behaviour. 44% of respondents report not drinking alcohol, up from 34% in 2022. Most respondents consumed alcohol once a week or less, though 28% report drinking more than 2–3 units on two or more days per week.

Despite this, alcohol continues to have a significant health impact. In 2023/24, Coventry recorded 705 alcohol-related hospital admissions per 100,000 residents, well above England (504) and the West Midlands (607), with the highest rates among those aged 40+.

Alcohol-related mortality is also higher than regional and national averages (53.0 per 100,000 compared with 38.9 in England and 43.6 for West Midlands) and has increased since 2021. Alcohol-specific mortality (19.7 per 100,000 residents) remains above comparators (13.8 per 100,000 England, 16.5 per 100,000 West Midlands). Premature mortality and potential years of life lost are particularly high among males. Deaths from alcoholic liver disease (15.5 per 100,000) exceed England (11.4) and regional rates (14.0), although they have fallen slightly since 2022



Alcohol-related mortality rate 2016-2024 (per 100,000 population)



An estimated 18.2 per 1,000 adults were alcohol dependent in 2019/20, the third highest rate in the West Midlands[16]. 16.1 per 10,000 adults were treated for alcohol addiction in 2024/25[17]. Coventry's rate for treatment for alcohol dependence was lowest in the West Midlands.

Healthy Weight

Dietary habits in Coventry are constrained by cost, time, and the local food environment. While most residents value healthy eating, only around a quarter meet the five-a-day recommendation, takeaway consumption is common, and food insecurity affects a small but significant proportion of households.

Coventry has a higher density of fast-food outlets (124.5 per 100,000) than both the West Midlands and England averages. According to the Active Lives Adult Survey (ALAS), 25.5% of adults are meeting the five-a-day fruit and vegetable consumption recommendations in Coventry in 2023/24, below England (31.3%) and the West Midlands (28.7%), and this has declined slightly in recent years.

16 Office for Health Improvement and Disparities

17 National Drug Treatment Monitoring System (NDTMS)

The Coventry Household Survey 2024/25 found that whilst 93% of respondents recognise the importance of healthy eating, cost and time are key barriers. 72% say price is the most important factor when buying food (up from 64% in 2022), reflecting cost-of-living pressures. Over a quarter (26%) eat takeaways at least once or twice a week.

Physical inactivity is improving, but excess weight remains a major challenge in Coventry. A quarter of adults are inactive, and over two-thirds are overweight or obese. While rates in younger children are relatively better, obesity rises sharply by Year 6 and remains high in adulthood, highlighting the need for sustained prevention across the life course. In 2023/24, 64.8% of adults in Coventry were physically active (150+ minutes per week) - below England (67.4%) but slightly above the West Midlands average (64.1%). Activity levels have improved from 58.4% in 2021/22. Younger adults are more active than older groups, with participation declining steadily with age. Walking for travel is increasing, with 18.5% of adults reporting this in 2022/23 - similar to England (18.6%) and above the regional average (15.4%).

However, 24.1% of adults remain physically inactive, higher than England (22.0%) but slightly lower than the West Midlands (24.9%). Inactivity rises sharply in older age, affecting over half (51.6%) of those aged 75+.

Coventry's obesity rate is lower than England and the West Midlands in Reception year children, but by Year 6 it rises above the national average. In 2024/25, 22.7% of Reception children (aged 4–5) were overweight or obese, below England (23.5%) and the West Midlands (24.4%). This continues an overall decline since 2020/21 (27.7%).

By Year 6 (aged 10–11), 38.8% were overweight or obese, above England (36.2%) and just below the West Midlands (38.9%). Although this reflects improvement since 2020/21 (45.8%) and 2023/24 (40.8%), levels remain high.

Obesity alone follows a similar pattern: Reception rates (10.7%) are close to national levels and below the regional average, while Year 6 obesity (24.8%) exceeds England and is broadly in line with the West Midlands.

In 2023/24, 67.7% of adults in Coventry were overweight or obese, higher than England (64.5%) and slightly above the West Midlands (67.1%). Rates have fluctuated in recent years but remain high overall. Additionally, 27.1% of adults were classified as obese, above the national average (26.5%) but below the regional rate (29.7%).

Overall, while physical activity is improving, inactivity in older adults and high levels of excess weight, particularly in older children and adults, remain key public health challenges.



Lifestyle risks – health & wellbeing segmentation

The Wellbeing Acorn classification identifies population groups based on health behaviours and wellbeing risks. **Several groups with higher health risks are more common in Coventry** than in the UK, including:

Unhealthy routines – (6.3%of Households) Adults are more likely to neglect their physical health through unhealthy eating, inactivity, smoking, and alcohol use. As a result, they may have significant health issues like obesity, cardiovascular diseases, diabetes, mental health problems, and a lower quality of life.

Multi-generational strains – (5.2% of Households) Households where multiple generations live together often experience stress due to differing needs and responsibilities. This can include care for elderly family members and young children at the same time, leading to financial and emotional burdens. These households may benefit from support systems that address the needs of all generations.

Burdened Lifestyles – (7.1% of Households) Younger populations facing significant life burdens, including financial stress, health issues, and demanding responsibilities. This group often experiences reduced quality of life and wellbeing, struggling to manage the pressures of daily life.

Detrimental Practices – (8.4% of Households) Inactive individuals, working in lower-income occupations, and usually renting. Their excesses, including a higher likelihood to be smoking and/or binge drinking, add to their stress.

Urban Isolation – (12% of Households) Primarily middle-aged singles and large families living in cities and urban areas, with a relatively high proportion in rented accommodation. There are associated pressures characterised by low incomes, poor dietary habits and health and wellbeing. They are less likely to feel part of a community or know their neighbours, despite living in densely populated areas.

Balanced Behaviours – (9.6% of Households) Families with young children maintaining a middle-income lifestyle. Supervisory occupations provide stability. Whilst health is generally good, they have some concerns which come from their lifestyle.

Midlife Moderation – (6.7% of Households) Typically aged 45-64, moderation guides this cohort as they are relatively stable, both economically and socially, with a balanced lifestyle and good overall health, but some bad habits.

Understanding these groups helps target public health interventions and prevention programmes.

Mental health, neurodiversity and emotional wellbeing

Why is this important?

Mental health is a state of wellbeing that enables people to cope with everyday stresses, work, learn and contribute to their communities[18]. Mental health conditions are as varied as ones which affect our physical bodies, including mental disorders and psychological disabilities.

Risk factors include individual factors such as genetics, emotional skills and substance misuse, as well as social and environmental influences including poverty, violence and deprivation. Risks are particularly significant in sensitive developmental periods like early childhood, when experiences can have lasting effects.

18 www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response

However, protective factors, such as strong relationships and social networks, good emotional foundations, stable housing and employment, and access to education all help build resilience and support positive mental wellbeing.

What is the local picture? How does it compare?

The Household Survey includes a short version of the Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) and data indicated that the mean score for Coventry has fallen since 2018. After a steady decline from 26.41 in 2018 to 21.75 in 2022, it has subsequently risen to 22.78. SWEMWBS scores range from 7 to 35: scores of 18 to 20 indicate possible depression and scores of 17 or below indicate probable depression. Coventry's current mean score is within the average range, but it remains well below its 2018 level, which suggests that residents continue to experience mental health pressures.

Children and young people's mental health is detailed in chapter 2. Coventry and Warwickshire Mental Health Needs Assessment, published in 2021, provides a detailed assessment of mental health needs.

Anxiety

Anxiety disorders are linked to a range of social, biological and environmental factors. Experiences such as trauma, loss and abuse increase risk, and anxiety is also associated with poorer physical health outcomes, including cardiovascular disease[19].

In Coventry, **17% of the GP-registered population has a recorded diagnosis of anxiety.** The condition affects all ages, from early childhood to older adulthood. Females are 56% more likely than males to have a recorded diagnosis, and there are twice as many younger females aged 15-24 with a recorded diagnosis than males of the same age.

Inequalities are evident across the city. **Over a quarter (28.1%) of people with anxiety live in the most deprived areas (Core20),** compared with 8.3% in the least deprived areas. Diagnosis also occurs earlier in more deprived communities (median age 36 vs 40), highlighting the impact of socioeconomic factors on mental health.

Depression

Much like anxiety, depression is a common mental health disorder which affects an estimated 4% of the global population. Depression is approximately 1.5 times more common in females than males[20]. Our local data shows that Coventry is no exception, with females 1.57 times more likely to have a recording of depression than males.

In Coventry, 13.3% of adults have a recorded diagnosis of depression - lower than the West Midlands (15.1%) and England (14.3%). However, prevalence has more than doubled since 2012/13 and continues to rise. **Almost 1 in 3 people (30%) with depression live in the most deprived areas** (Core20), compared with 7.6% in the least deprived areas. Diagnosis also occurs earlier in more deprived communities (median age 38 vs 42), reinforcing the link between deprivation and mental health.

Dementia

Dementia is an overarching term describing a loss in cognitive functioning, including memory, thinking and reasoning with such severity as to impact everyday life. Most commonly this is seen

19 www.who.int/news-room/fact-sheets/detail/anxiety-disorders

20 www.who.int/news-room/fact-sheets/detail/depression

in Alzheimer's and vascular dementia. Though ageing is a primary risk factor, it can affect those under the age of 65, with 9% of cases experiencing young-onset dementia[21].

In Coventry, 4.6% of the GP-registered population aged 65 and over has a recorded diagnosis of dementia, with only 5% of all those with dementia aged under 65 years of age. Almost 30% of all people with dementia live in the Core20, compared to only 13% in the least deprived areas.

The median age at diagnosis of dementia for those in the Core20 is 81 vs a median age of 84 in IMD deciles 9 and 10.

Autism

Autism is a lifelong and neurodivergent condition which affects how an individual experiences and interacts with the world and the environment around them. Though those with autism are distinct from one another, they share characteristics that differ from those of non-autistic people in the ways that they think, feel and communicate. Things such as socialising may make you tired or confused, or loud noises can be overwhelming. Though autism is a spectrum, it is not a straight line between 'more' or 'less' autistic i.e., each autistic person has their own unique combination of characteristics. National data from Projecting Adult Needs and Service Information (PANSI) estimated that 1% of the population aged 18-64 in both Coventry and England overall had autism in 2025.

However, according to our local health data, a higher percentage of **1.7% of the GP-registered population aged 18-64 has a diagnosis of autism in Coventry.** The overall all-age prevalence in Coventry is 2.4%, with almost 60% of those diagnosed aged under 20 years of age. White British is the ethnicity with the highest levels of autism, 69% of those with a recorded diagnosis of are White British, equating to a population prevalence of 3% in this group.

A third of those with autism in Coventry live in NHS Core20 areas, while only 11.3% live in the least deprived quintile.

Sensory impairment

Sight loss can range from a visual impairment to total blindness and can impact anyone at any stage of life, whether through cataracts, age-related macular degeneration and glaucoma, or through accidental damage. Survey data from fingertips indicates that 1.4% of the population of England aged 16+ have some level of sight loss.

Deafness can range from the partial or total inability to hear sound, through damage to inner ear hair cells, blockages or damage preventing sound waves, or both. Survey data from Fingertips indicates that 5.8% of the population of England aged 16+ have reported deafness or hearing loss.

In Coventry, **our local health data indicates that 0.2% (624) of our population aged 16+ has a form of vision loss which has been diagnosed and recorded on their GP record, with an equivalent figure of 5.2% (18,384) for hearing loss.**

Of all the people with vision loss of all ages in Coventry (of which there are 660 according to local data), 78.8% of them are aged 40 years and over. 35.3% of people with vision loss live in Core20 areas, and the greatest proportion are White ethnicity (62.4%).

For all of those with hearing loss of all ages in Coventry (of which there are 19,723 according to local data), 70.1% are aged 40 years and over.

21 www.who.int/news-room/fact-sheets/detail/dementia

28.4% live in the Core20, and 70.7% are White.

The data shows that those living in more deprived areas have an earlier diagnosis of both sight and hearing loss. **For sight loss, those in the Core20 areas have a median age of diagnosis 51, while those in least deprived areas have a median age of 60. The equivalent figure for those with diagnosed with hearing loss being aged 41 and 51 respectively.**

Health Protection

Why is this important?

Health Protection is a term used to cover a set of activities within public health. It is defined as protecting individuals, groups, and populations from single cases of infectious disease, incidents and outbreaks, and non-infectious environmental hazards such as chemicals and radiation. Monitoring health protection coverage helps to identify possible drops in immunity before levels of disease rise.

What is the local picture? How does it compare?

Childhood vaccination uptake in Coventry continues to fall and remains below the 95% target for several key vaccines.

In 2024/25, uptake was below national and regional averages for routine immunisations, including: DTaP/IPV/Hib at age 1 (88.1%); rotavirus vaccination (86.0%); and MMR at age 2 (84.6%), all falling since 2021/22. However, uptake is stronger for some adolescent vaccines, including: HPV vaccine (dose 1) for males aged 12-13 (69.3% vs 67.7% nationally, 66.0% regionally); HPV dose 1 for females aged 12-13 (74.0% vs 72.9% nationally and 70.8% regionally); and Meningococcal ACWY Conjugate (MenACWY) vaccines for 14 to 15-year-olds (79.9% vs 73.0% nationally and 71.9% regionally).

The Office for National Statistics (ONS) Health Index for England combines 56 indicators to assess overall health and enables comparison with national performance. **The Index identifies childhood immunisation as Coventry's weakest area.** While the child immunisation score improved, it remains below the England benchmark (where 100 represents the 2015 national average).

Area	2020	2021
England	98.3	100.1
Coventry	79.4	93.8
West Midlands	95.3	99.7

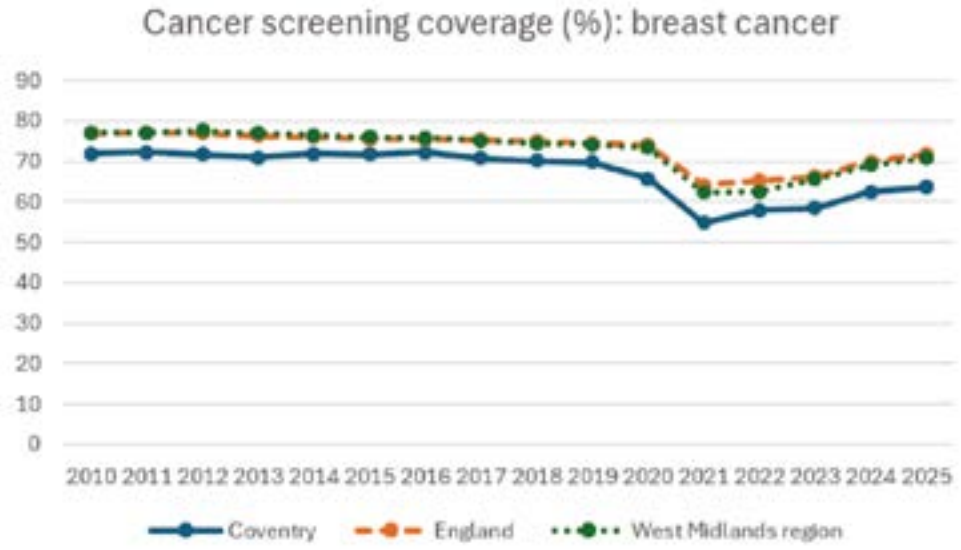
According to the UK Health Security Agency (UKHSA), flu vaccination uptake in Coventry is below national and regional averages and continues to decline.

Among adults aged 65+, uptake was 71.6% in 2024/25, down from 81.0% in 2021/22 and below the WHO 75% target, as well as below England (74.9%) and the West Midlands (73.5%).

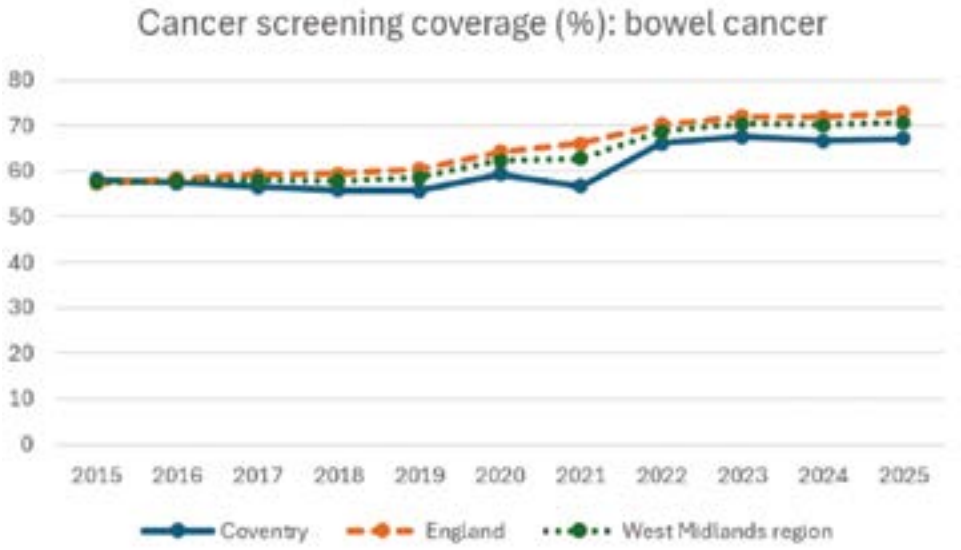
For under-65s in at-risk groups, uptake fell to 37.4%, below England (40.0%) and the West Midlands (38.5%), and significantly lower than 50.2% in 2021/22.

Uptake among children has also declined. Coverage for 2–3-year-olds (36.8%), primary school pupils (42.5%) and secondary school pupils (30.8%) is below national and regional averages, with sustained downward trends in recent years.

Coverage of screening for cancers such as breast cancer, cervical cancer, and bowel cancer are below the national average.



Data source: Fingertips | Department of Health and Social Care

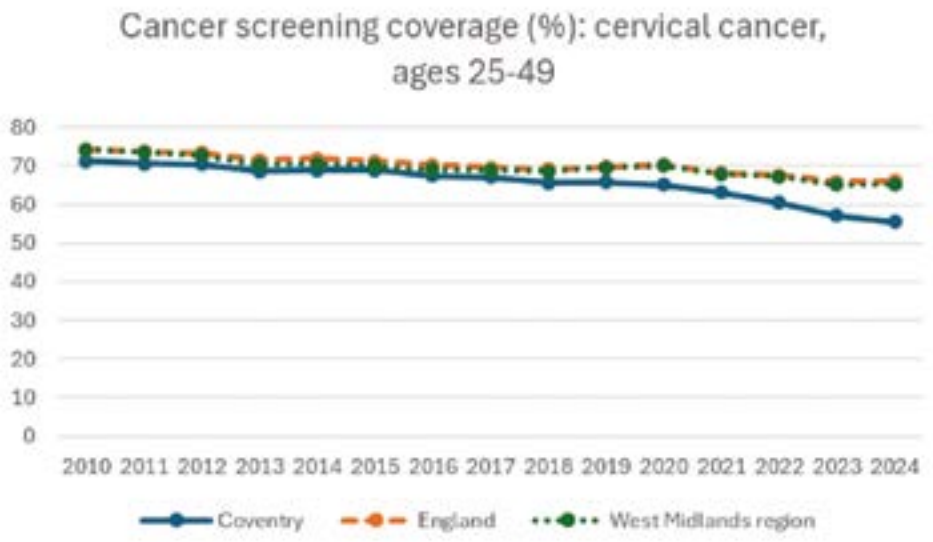


Data source: Fingertips | Department of Health and Social Care

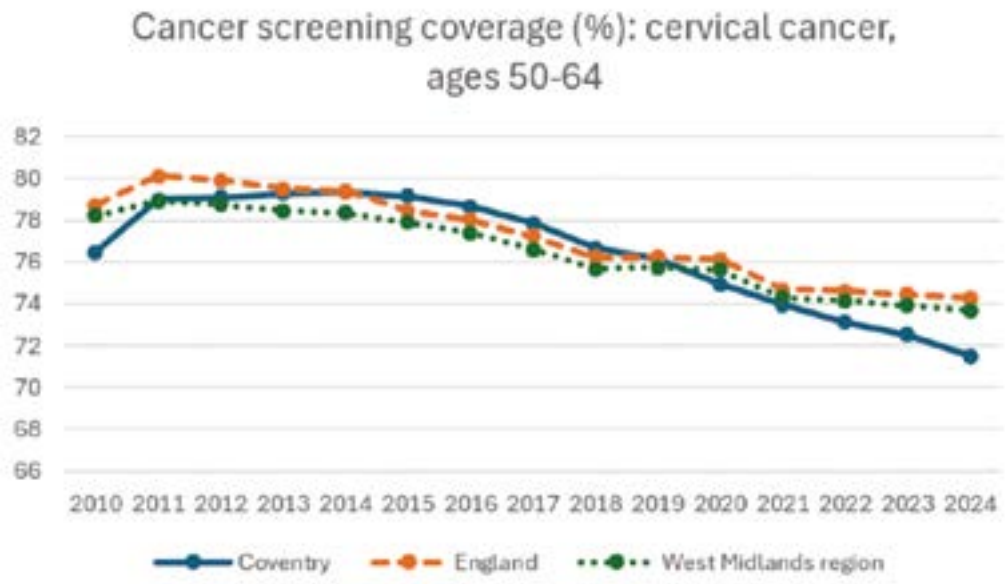
Breast cancer screening coverage has remained under both the national and regional averages since 2010, though it has been increasing since 2021 in line with comparator groups.

Cancer screening for bowel cancer is below regional and national comparators; it is more closely aligned than breast cancer. This is also seeing an increasing trend across the board.

Cervical cancer screening, although closely aligning with national and regional figures up to 2015 for both age groups, has seen a steady decline in coverage and is at its lowest level since 2010. While regional and national rates have also dropped, Coventry has dropped to worst in the West Midlands for those aged 25-49, and 11th in the West Midlands for those aged 50-64.

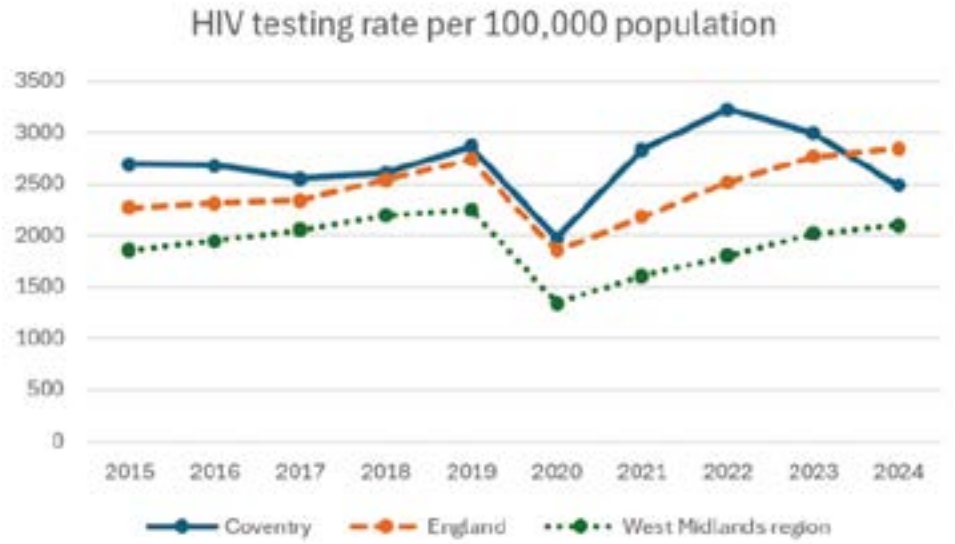


Data source: Fingertips | Department of Health and Social Care

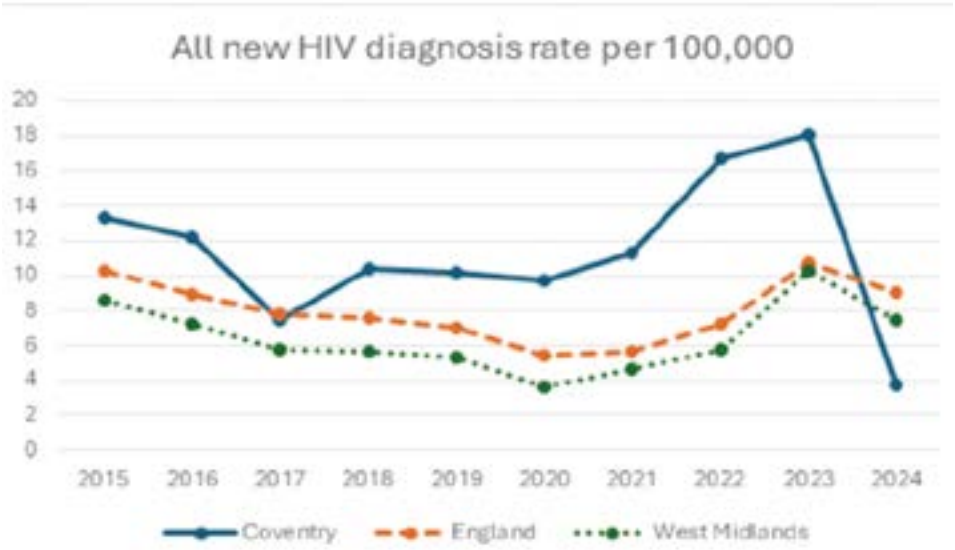


Data source: Fingertips | Department of Health and Social Care

HIV testing remains essential for early diagnosis and prevention. Coventry has historically tested at higher rates than both regional and national averages. However, **in 2024, testing fell below the national rate for the first time,** though it remains above the regional average.



Data source: Fingertips | Department of Health and Social Care



Data source: Fingertips | Department of Health and Social Care

There has been a **large drop in the new HIV diagnosis rate**, as shown in the figure above.

Demand and access

Why is this important?

The demand for health and care services is expected to increase as the city's population grows and ages. To manage this growth there is a need to shift the emphasis to proactive and preventative care. This means ensuring people have better general health regardless of where they live, requiring fewer visits to hospital and shorter stays if they need inpatient care; and remodelling urgent and emergency and planned care so that it can cater to the expected increase in demand.

What is the local picture? How does it compare?

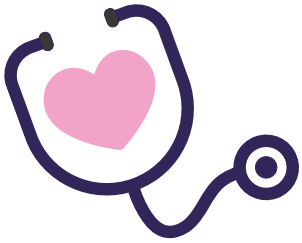
Compared to other places, Coventry residents have relatively good access to health services, in terms of the number of facilities, proximity and travel time.

Office for National Statistics (ONS) data from 2024 on 'access to local amenities' indicates that the number of GP surgeries and the number of Pharmacies per head is relatively high in Coventry. At 16.6 surgeries per 100,000 population Coventry ranks 33rd highest out of 317 local authority areas in England and Wales, and 23.0 pharmacies per 100,000, ranking 29th. Coventry has slightly better than average ratios for these services amongst all other metropolitan areas. **However, Coventry has a relatively low number of dental practices; at 11.1 per 100,000 population this is lower than the metropolitan local authority average (14.8) and ranks 279th of local authority areas in England and Wales.**

The 2024 Access to Healthy Assets and Hazards (AHAH) Index ranks Coventry 61st out of local authorities in England and Wales for drive-time access to GPs, pharmacies, dentists and hospitals. On average, residents live closer to health services than in most parts of the country and slightly closer than in comparable metropolitan areas.

There are 49 GP practices in Coventry, but access varies between neighbourhoods. The map below, from the Shape Place tool, illustrates the location of Coventry GP surgeries and walking time to the nearest. (The yellow areas are within a 20-minute walk, and the dark green areas are less than 5 minutes). Most areas are within a 20-minute walk. The red boundaries illustrate the Coventry neighbourhoods that are amongst the most deprived 20% in England. All people living in these areas are within a 20-minute walk, although not all residents will be able to travel this easily.

Coventry ONS 'access to local amenities' rankings:



33rd for GP surgeries

29th for pharmacies

279th for dental practices

72.4% of A&E patients seen within four hours **in 2025**





Coventry & Warwickshire Pharmaceutical Needs Assessment 2025-2028 **highlights that Coventry has a higher-than-average number of pharmacies, concluding there is sufficient access to pharmacies in Coventry and no gaps in pharmaceutical provision.** There are 82 pharmacies in the city, a rate of 2.27 per 10,000 population compared with 1.85 nationally.

Access to out-of-hours provision is also strong: all residents live within a 15-minute drive of a pharmacy open outside standard weekday hours. Beyond essential services, many pharmacies provide a wide range of advanced services - such as the New Medicines Service, Appliance Use Services, Seasonal Flu Vaccinations, and Pharmacy First. While availability varies by service, overall provision across the city is good.

Data on walking time to dental practices in Coventry indicates that many people live further than a 20-minute walk from their nearest dentist.

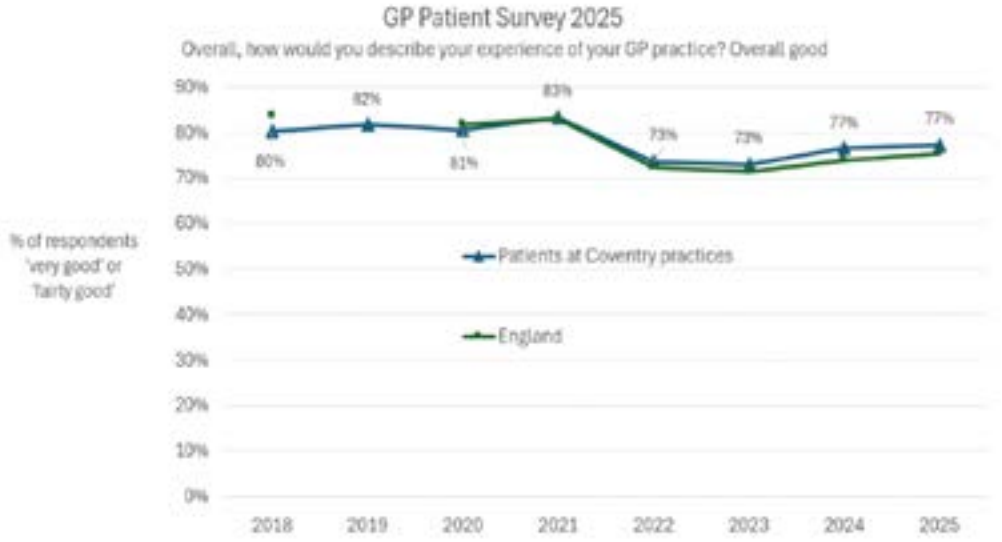
Although GP practice coverage is strong, staffing levels per patient are lower-than-average. As a rate of FTE staff per 100,000 registered patients at these practices, for all types of staff the Coventry numbers are comparatively lower:

General Practice Workforce - NHS England: December 2025	Coventry			Coventry & Warwickshire	England
Staff group	**Head count**	**FTE**	**Ratio: FTE per 100,000 patients**		
GP	362	279	40*	45*	45*
Nurse	112	75	16	26	21
Other Direct Patient Care staff	81	48	10	28	16
Admin/Non-Clinical staff	595	415	89	120	104

*GP – General Practitioner – the ratio is calculated not including GP trainees

Results from the 2025 national GP Patient Survey suggest overall satisfaction in Coventry is in line with, or slightly above, the national average.

77% of the 4,956 Coventry respondents rated their GP experience as "very good" or "fairly good", compared with 75% nationally. While this indicates marginally higher satisfaction locally, differences may reflect sampling variation. As seen nationally, satisfaction has improved since 2023 following a marked decline in 2022.



Several other findings from the 2025 national GP Patient Survey suggest that patients in Coventry report a slightly better-than-average experience compared to England overall. In 2025, 63% of respondents from Coventry practices said it was "very" or "fairly" easy to contact their GP by phone, compared with 53% nationally, though this has broadly declined over time. Overall, 75% of Coventry respondents described their most recent experience of contacting their GP as "very" or "fairly" good, compared with 70% nationally. Similarly, 72% felt the waiting time for their last appointment was "about right" (67% nationally), and 90% said their needs were met at their last appointment - in line with the England average.

Local hospital services in Coventry are provided by University Hospitals Coventry and Warwickshire (UHCW) NHS Trust, which ranks at 101 out of 134 acute trusts as per the recently developed league tables of acute trusts under the NHS oversight framework[22]. These quarterly measures combine multiple performance indicators but should be interpreted with caution as they do not necessarily reflect individual patient experience and are most meaningful when comparing similar types of trusts.

Although University Hospitals Coventry and Warwickshire NHS Trust (UHCW) performs relatively well overall in the 2025/26 Q2 league table for Access to Services, there are specific areas where performance is below average - particularly A&E waiting times and cancer treatment timelines.

Across the 2025 calendar year, 72.4% of A&E patients at UHCW were seen within four hours, meaning more than one in four waited longer. This is lower than the England average (74.7%) and slightly below the NHS Midlands trusts average (72.9%).

Performance is stronger once a decision to admit has been made, 5% of emergency admissions waited more than four hours from decision to admit to being admitted, compared with 24% nationally.

Cancer waiting times remain a challenge. Based on data from September 2024 to August 2025, UHCW ranked 108th out of 121 trusts in an analysis of three national cancer targets.

72.8% of patients were diagnosed or had cancer ruled out within 28 days of urgent referral (target 75%; England 76.6%).

95.8% began treatment within 31 days of a decision to treat (target 96%; England 91.3%).

60.2% completed the full referral-to-treatment pathway within 62 days (target 85%; England 68.9%).

Overall, while access measures show some strengths, A&E and cancer waiting times remain key areas for improvement.

22 www.england.nhs.uk/long-read/acute-trust-league-table

Conclusions

Demographics and Communities

Understanding Coventry's population characteristics is essential for ensuring that services, infrastructure and community support systems develop in ways that:

- respond to population growth and diversity
- address health inequalities
- strengthen community resilience and social cohesion.

While many residents feel a strong sense of belonging to their communities, work should be undertaken to improve levels of trust, participation and social connection as these remain below national averages.

The city's communities contribute to a rich cultural environment and strong economic potential, but it should be recognised that demographic and socioeconomic differences across neighbourhoods also shape health outcomes and inequalities. Services need to respond to Coventry's changing population and work together to address inequalities.

Prospects

Prospects across the life course are a key determinant of health and wellbeing. The opportunities people have in childhood and early adulthood including education, employment, income, housing, and digital access shape their long-term health outcomes and quality of life. Good prospects support financial security, social participation, and independence, while limited opportunities increase the risk of poverty, poor health, and social exclusion.

Early childhood represents one of the most important opportunities to improve long-term health and wellbeing. Coventry shows strengths in several areas, including:

- reductions in smoking during pregnancy
- improving breastfeeding rates
- strong developmental outcomes at age two
- reducing rates of A&E attendances, and
- improvements in oral health.

However, challenges remain:

- lower engagement with some early year's health services
- declining childcare participation
- lower development outcomes at age five
- inequalities linked to deprivation, ethnicity and special educational needs
- higher infant mortality and prematurity rates

Addressing these issues will require continued collaboration between health services, early years education, community organisations and families. Strengthening support during pregnancy and the early years remains one of the most effective ways to improve life chances and reduce health inequalities across Coventry's population.

Increasing numbers of pupils with Special Educational Needs and Disabilities (SEND) are placing growing pressure on assessment processes and support services. This is leading to delays and potential inequalities in access to timely support.

A persistent attainment gap between the most and least disadvantaged children continues to impact overall educational standards across the city. Addressing low school attendance, reducing rates of suspensions and permanent exclusions would help improve standards.

Many indicators show that the economy in Coventry is resilient and often succeeding compared to similar cities. However, the benefits flowing from this are not evenly distributed across our communities and this compounds the health inequalities seen across Coventry.

Cost of living pressures are being felt across the city and this will impact the health and wellbeing of citizens. Fuel poverty is a factor for many people in deprived circumstances and cold, damp, difficult and expensive-to-heat homes will have a detrimental effect on those living in them.

Digital connectivity overall is good in Coventry but the benefits of this are not evenly distributed across our communities, with digital exclusion affecting particular groups who could benefit most from digital services.

Housing and Environment

Coventry is a densely populated city with a lot of green spaces – but the green spaces are not where the population is most dense. Making best use of green space for recreation and exercise has benefits for health and wellbeing and partners should prioritise creating and improving parks, play areas, and biodiversity in central and high-density neighbourhoods.

Increasing active travel is a success story for Coventry and will have a positive impact – both in terms of personal health improvements through more exercise and reduced air pollution from vehicles. There are opportunities to build on good connectivity and active travel by reducing reliance on cars, improving local access to services, and promoting walking, cycling, and public transport.

There is an opportunity to align housing, planning, transport, public health, and community safety services to address the combined drivers of poor health and wellbeing in neighbourhoods. This includes strengthening prevention of health risks in local environments, for example by reducing exposure to unhealthy outlets and improving access to healthy amenities.

Housing quality and energy efficiency remain significant challenges in Coventry, especially in the large private rented sector, with implications for health, wellbeing and fuel costs. Coventry's old housing stock has a detrimental effect on the health of families living in deprived areas of the city and will benefit from work to improve heating, insulation, and resistance to damp. Homelessness, families at risk of homelessness and rough sleeping are all too high in Coventry and individuals and families affected by this will have worse health outcomes than others.

Crime and violent crime are reducing in the city but remain comparatively high and continued work on bringing these rates down further will have a positive impact on health in the city. In particular, domestic abuse is a significant issue, with serious impacts on health and wellbeing.

Health and Wellbeing

People living in more deprived areas of the city are more likely to develop major health conditions, be diagnosed later, and have worse outcomes, highlighting the need for prevention and early support in disadvantaged communities. The Marmot approach seeks to address this gradient, and services should continue to use the Marmot principle of proportionate universalism, where the intensity and level of support are scaled proportionally to the level of disadvantage or need.

Coventry residents' health is affected by their behaviours. Too many people drink alcohol at harmful levels, smoke, eat unhealthy diets, and do not get enough physical activity. Public services should continue to address these behaviours by offering support to individuals where appropriate and providing opportunities for citizens to help themselves. There are also opportunities for public services to address the social determinants of health that influence these behaviours.

Alongside this, improvements can also be made to protective health behaviours and interventions, such as vaccination uptake, HIV testing and cancer screening.

COVID-19 negatively affected the mental wellbeing of Coventry residents, but recovery to pre-pandemic levels has not yet happened, suggesting that mental health pressures remain a key issue to be addressed by local partners.

Demand for health and care services is expected to increase as the city's population increases and ages, with more people living with complex multi-morbidity. This requires a population health response, and a shift to more proactive, preventative care. Integrated, place-based planning is needed to address inequalities in access to health services and reduce avoidable hospital activity.