Community Needs Assessment

October – December 2025

Tom Meares
Head of Community Development
Up for Yorkshire
tom@upforyorkshire.org.uk

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Executive Summary

Selby District is a community of 77,730 residents across a largely rural and semi-rural footprint in North Yorkshire. This report presents the findings of a structured community needs assessment conducted between October and December 2025, examining four priority domains: Public Health, Employment and Skills, Financial Inclusion, and Local Environment.

The assessment was designed to move beyond national statistical indicators — which present a broadly favourable picture of the district with areas of deprivation — and to build a detailed, evidence-based understanding of how residents experience life in this area. Its findings are intended to inform a partnership between business, community, and civic sectors committed to improving outcomes for local people.

The assessment draws on six independent data sources, together generating over 4,800 data points. These comprise

- the Index of Multiple Deprivation 2025 — the most recent government statistical dataset ranking every small area in England across seven deprivation domains
- a resident community survey (253 responses)
- the Selby District Disability Forum Survey (447 responses, collected by Everyday Enable CIC)
- a Lived Experience Workshop (15 participants, November 2025)
- semi-structured interviews with 22 contributors from 14 organisations across health, education, community, faith, local authority, and environmental sectors
- two business environment studies examining Selby High Street using on-street visitor research (287 interviews, QA Research, November 2025) and anonymised mobile phone movement data (CACI, December 2024–December 2025).

Findings have been triangulated across all six sources. Where conclusions are drawn, they are supported by convergent evidence from multiple independent datasets.

The gap between statistics and lived experience is the defining feature of this area.

The IMD 2025 places the project footprint at median deprivation decile 7 out of 10 — in the less deprived half of England, broadly consistent with North Yorkshire as a whole. Yet across every primary data source, residents describe a community under sustained pressure. This gap is partly explained by the nature of what national statistics measure — benefit dependency and mortality rates — rather than the day-to-day experience of financial anxiety, service inaccessibility, and unmet need.

Healthcare access is the most acute and consistently evidenced community need.

36.8% of community survey respondents identified health services as the single area that would most improve their quality of life — more than double any other category.
62.9% rated access to healthcare beyond their GP as poor, very poor, or fair. 54.3% rated GP access in the same range.
The issue is not health outcomes — the statistical data shows below-average rates of premature death and disability — but access to services, with long waiting times, inadequate mental health provision, and the cost of reaching hospital appointments all identified consistently across resident, stakeholder, and workshop evidence.

Transport is a structural constraint that compounds disadvantage across every domain.

86.4% of the project footprint falls in the worst 30% of areas in England for geographical access to services — a median decile of 1, against a national average of 5 to 6 and a North Yorkshire average that is itself below the national norm.

Residents without access to a car are, in practical terms, significantly limited in their ability to reach employment, healthcare, financial services, and community activities. This finding has independent support from the community survey, the disability survey, the lived experience workshop, and every sector of stakeholder evidence.

Employment need is characterised by a shortage of suitable local opportunities rather than a skills deficit.

Residents rated their own skills and qualifications more positively than any other employment indicator. Job availability and the ability to find suitable local work received the lowest ratings.

16.2% of survey respondents identified employment and career opportunities as their single highest priority.

Qualified young people are leaving the district not by choice but because the local labour market does not offer sufficient opportunities at the level they are qualified for.

Information access is a systemic gap affecting all four domains.

Information access is a systemic gap affecting all four domains.

Better information about services and support was the single highest priority in the lived experience workshop, receiving a clear majority of votes. Lack of information was the most reported employment barrier and featured consistently across health, financial, and environmental domains.

The landscape of community provision — though substantive — is fragmented and difficult to navigate, particularly for older residents, those without digital access, and those from minority ethnic communities.

Financial anxiety is more widespread than deprivation statistics indicate.

The project footprint has a median income deprivation decile of 8. Yet 17.8% of residents reported difficulty heating their home in the past year, 15.0% reported difficulty paying bills, and 10.3% reported food insecurity.

62.2% rated their financial security for the future as poor, very poor, or fair. The gap between the statistical baseline and lived experience is particularly pronounced in this domain.

The High Street reflects the community it serves.

Selby High Street is sustained predominantly by local residents, with 76% of current visitors from YO8 postcodes and three quarters aged 45 or over. It functions as community infrastructure rather than a visitor destination, serving an economically mixed population that includes both the most and least affluent local demographic segments.

42.3% of community survey respondents agreed or strongly agreed that businesses should play a bigger part in improving people's quality of life.

Section 1 — Research Overview

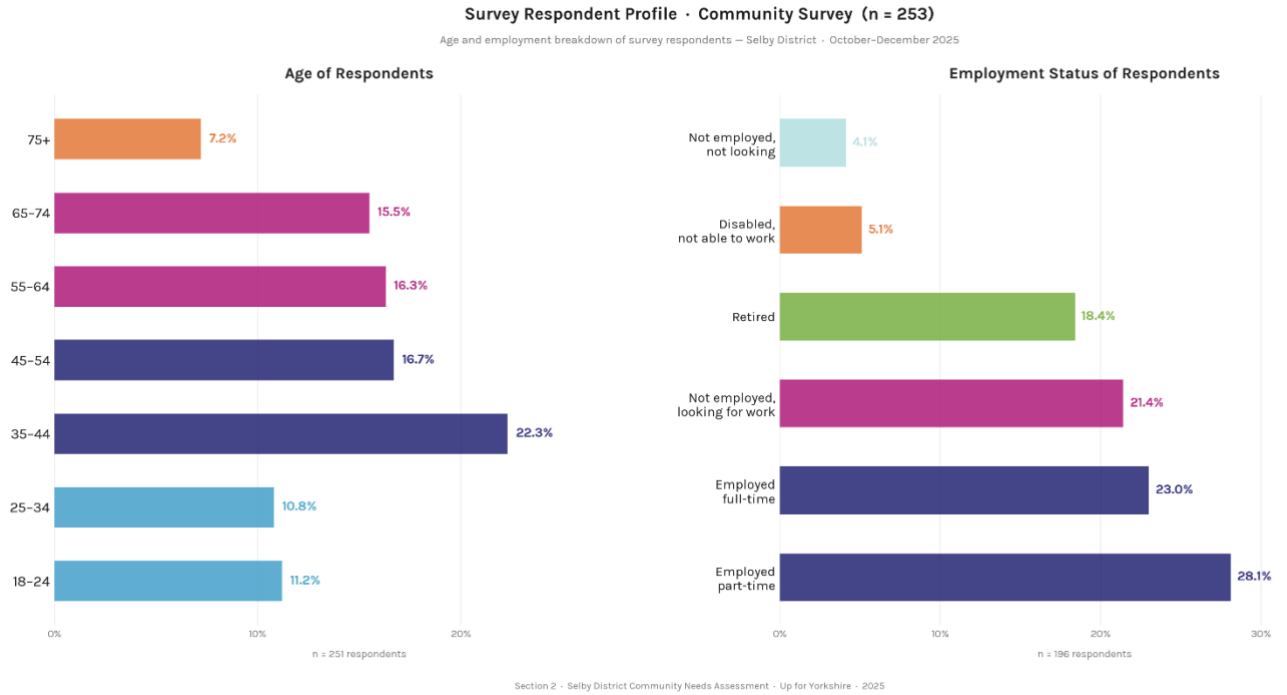
The community needs assessment was designed to build an evidence base that reflects the lived experience of residents alongside published statistical data, and to identify where community need is most acute across four priority domains: Public Health, Employment and Skills, Financial Inclusion, and Local Environment.
The research draws on six independent data sources:

- **Index of Multiple Deprivation 2025 (IMD 2025)** is the most recent government statistical dataset measuring relative deprivation across England. It ranks every Lower Super Output Area (LSOA) — small geographic units of approximately 1,500 residents — across seven domains including Income, Employment, Health, Education, Crime, Barriers to Housing and Services, and Living Environment. The project footprint covers 44 LSOAs across Selby District and surrounding villages, representing a combined population of approximately 77,730 residents. This data provides a nationally comparable baseline and enables identification of specific geographic areas of need.
- **The Community Survey** was an open questionnaire distributed to residents across the project footprint between January and February 2026. Responses were gathered through Up for Yorkshire's community programmes and outreach. A total of 253 completed surveys were received, spanning residents aged 18 to 75 and older across a wide range of employment, financial, and household circumstances. The survey asked residents to rate their experience across health, employment, financial, and environmental domains, identify barriers they had experienced, and indicate which single area would most improve their quality of life.
- **The Selby District Disability Forum Survey** was a separate questionnaire capturing the specific experiences of disabled residents and those with long-term health conditions. A total of 447 responses were received, making it the largest single dataset in this assessment. The survey explored accessibility of services and physical spaces, experiences of discrimination and hate crime, emotional wellbeing, and priorities for change. Its findings are presented throughout the relevant thematic sections to provide additional depth rather than as a standalone dataset. Everyday Enable CIC collected this data and we are grateful for allowing its inclusion in the needs analysis.
- **Lived Experience Workshops** were co-designed sessions giving residents the opportunity to discuss community issues in their own words and to vote on their priorities. The first workshop, held in November 2025, involved fifteen participants and explored all four priority domains alongside cross-cutting themes. Seven further sessions are planned.
- **Stakeholder Interviews and Surveys** gathered the perspectives of 22 contributors from 14 organisations working across health, education, community and voluntary, faith, local authority, and environmental sectors. Engagement took place through semi-structured interview. All stakeholder findings in this pack are anonymised by sector type.
- **Analysis of local business environment** comprises two complementary studies examining Selby's High Street as a physical, place-based indicator of the town's economic and social vitality. The QA Research visitor and potential visitor study (November 2025, 287 on-street interviews and 361 online surveys) profiled who currently visits Selby and what attracts or deters potential visitors. The CACI footfall analysis (December 2024 to December 2025) used anonymised mobile phone movement data to map the demographic profile, timing, and travel origins of visitors to Selby High Street and Selby Abbey. The High Street has been selected as a focus for this section because it is a visible, place-based space that residents encounter directly in their daily lives, and therefore functions as a meaningful proxy for the economic and social health of the town centre.

These six sources have been triangulated to identify where findings converge, where they diverge, and where gaps in provision or awareness emerge. The findings are presented as an accurate account of what the data shows and do not extend to recommendations for specific interventions or commentary on individual organisations.

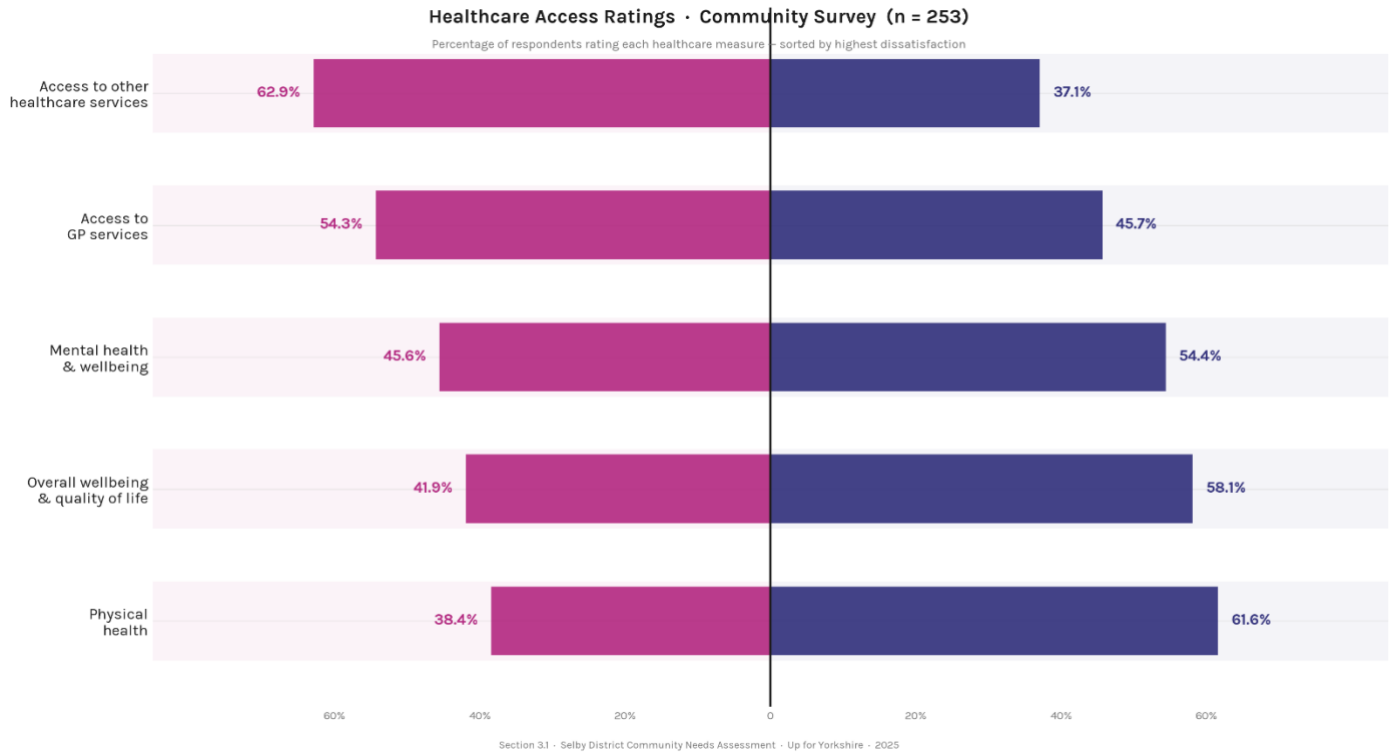
Section 2 — Community Survey Findings

The community survey received 253 completed responses from residents across the project footprint. Respondents ranged in age from 18 to 75 and older, with the largest groups falling in the 35–44 age band (22.1%), followed by 45–54 (16.6%) and 55–64 (16.2%). The majority of respondents provided YO8 postcodes, consistent with the project's geographic footprint centred on Selby town and surrounding villages. Responses were gathered through Up for Yorkshire's programmes, public advertisements in the Selby Times, flyer door drops and digital advertising on social media.



The survey asked residents to rate their experience across four domains on a scale from Very Poor to Very Good, identify barriers they had experienced in the past twelve months, and indicate which single area would most improve their quality of life.
For each domain, IMD 2025 data for the 44 project LSOAs is provided as a national comparator. The IMD ranks every LSOA in England into deciles from 1 (most deprived 10% of areas nationally) to 10 (least deprived 10%). A decile of 5 or 6 represents the national average. Where relevant, comparisons are also drawn to North Yorkshire, the unitary authority within which Selby District sits following the 2023 local government reorganisation, which ranks 189th out of 296 local authority districts in England on overall deprivation — placing it in the less deprived 36% of all local authority areas nationally.

2.1 Public Health



Community Survey Ratings
Access to healthcare services is the most negatively rated area across the entire survey. When asked to rate access to healthcare services beyond their GP — including dental, mental health, and hospital services — 62.9% of respondents gave a rating of Poor, Very Poor, or Fair. Access to GP services was rated Poor, Very Poor, or Fair by 54.3% of respondents. These are the two lowest-rated items across all four survey domains.

- Mental health and wellbeing was rated Poor, Very Poor, or Fair by 45.6% of respondents.
- Physical health ratings were comparatively more positive, though still 38.4% rated their physical health as Poor, Very Poor, or Fair.
- Overall wellbeing and quality of life was rated Poor, Very Poor, or Fair by 41.9%.

When asked which single area would most improve their quality of life, 36.8% of respondents chose health services and support — more than double the proportion selecting any other category. This was the dominant response across all age groups.

Barriers Experienced

"Getting appointments, follow ups, anything really! Where are the NHS dentists? Have to go to York and even then it's no longer NHS. What are we paying tax for?"

Community Survey respondent

Long waiting times were by far the most reported barrier in the health domain, cited by 49.4% of respondents. Difficulty accessing health services was reported by 36.4%, and 27.7% reported experiencing discrimination or feeling unheard by health services.

Health and caring responsibilities were identified as a barrier by 25.7%, cost concerns related to health by 19.0%, and lack of information or awareness about health services by 20.9%. Just 18.6% of respondents reported facing no barriers in the health domain — the second lowest "no barriers" figure of any domain.

Awareness of Support

43.9% of respondents said they knew where to access health services including GP and mental health support, leaving over half either uncertain or unaware of how to access health support.
IMD 2025 Context

The 44 project LSOAs have a median Health Deprivation and Disability decile of 8, meaning residents in this footprint experience significantly lower rates of premature death and disability than the national average (decile 5–6) and compare favourably with North Yorkshire as a whole, which sits at approximately decile 7 on this measure. However, this domain primarily captures health outcomes — premature mortality and disability rates — rather than access to services.

The Barriers to Housing and Services domain tells a different story. The median decile across the project footprint is 3, indicating that residents face substantially greater difficulty accessing key services due to distance and geography than the national average.
North Yorkshire as a whole ranks 112th out of 296 local authority districts on this domain — already worse than average for England — but the Selby project footprint, concentrated in more rural areas of the district, performs considerably worse still. The gap between good health outcomes and poor healthcare access is one of the defining paradoxes of this area.

Disability Survey

Among disability survey respondents, accessing health and social services was the single most commonly cited accessibility concern. Feelings of nervousness and anxiety were reported by 21.7% of respondents, and 13% described feeling isolated and excluded — experiences consistent with inadequate mental health and wellbeing support. Improving service access was the top priority identified by disability survey respondents, selected by 49.0%.

2.2 Employment and Skills

Community Survey Ratings

"Wider access to skills and qualifications so I can upskill and improve my job prospects."

Community Survey respondent

Employment ratings were more varied than health, reflecting a mixed picture of individual circumstances. Residents rated their own skills and qualifications most positively, with an average score of 3.81 out of 5 and 52.9% rating this as Good or Very Good. This suggests that skills deficits are not the primary employment challenge for most residents.

By contrast, job opportunities and the ability to find suitable work received the lowest employment ratings. Job opportunities were rated Good or Very Good by only 31.6% of respondents, with 45.5% giving a Poor, Very Poor, or Fair rating.

The ability to find suitable work was rated Good or Very Good by 36.0%, with 39.1% giving a Poor, Very Poor, or Fair rating. Access to skills and training opportunities was rated Poor, Very Poor, or Fair by 39.1%.

Employment and career opportunities was selected as the area that would most improve quality of life by 16.2% of respondents, making it the second most commonly chosen priority overall.

Barriers Experienced

Lack of information and awareness was the most commonly reported barrier in the employment domain, cited by 15.8% of respondents. Difficulty accessing employment services was reported by 14.2%, and transport and location issues by 13.8%. Discrimination or feeling unheard in relation to employment was reported by 11.5%. Just over one in five respondents (20.9%) reported no barriers in this domain.

Awareness of Support

46.6% of respondents said they knew where to access job searching and application support, the most widely known support type in the survey. However, awareness fell sharply for specialist provision: only 19.4% knew where to access technical skills training, and 21.7% knew where to access work experience opportunities for themselves or their children.

IMD 2025 Context

The 44 project LSOAs have a median Employment Deprivation decile of 8, indicating that rates of unemployment benefit claimancy across the footprint are significantly lower than the national average (decile 5–6).
North Yorkshire as a whole ranks 225th out of 296 local authority districts on employment deprivation, placing it among the least affected areas in England. The project footprint's performance is consistent with this pattern. However, the lived experience described by residents points to a distinction that the statistical measure does not capture: employment deprivation as defined by the IMD records worklessness — people claiming out-of-work benefits — rather than the quality, suitability, or availability of local employment.

The community survey evidence suggests that the primary challenge in this area is not unemployment in the traditional sense but a lack of suitable local job opportunities, with residents in work or seeking work describing a limited local labour market rather than a personal skills deficit.

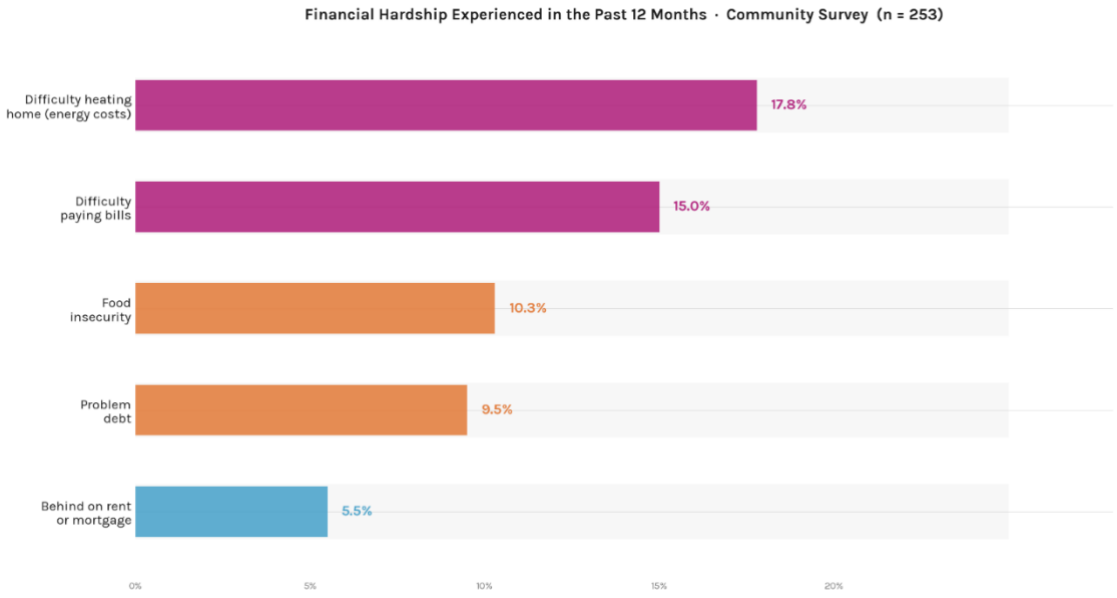
2.3 Financial Inclusion

Community Survey Ratings

Financial security for the future was the lowest-rated financial indicator, with 62.2% of respondents giving a Poor, Very Poor, or Fair rating. The current financial situation was rated Poor, Very Poor, or Fair by 56.8%, and access to financial support and advice by 57.7%.
The most positively rated financial indicator was the ability to pay bills and cover essential costs, though even here 44.6% gave a Poor, Very Poor, or Fair rating.
Financial stability and support was selected as the area that would most improve quality of life by 15.8% of respondents.

Financial Hardship in the Past Twelve Months

When asked about specific financial hardship experiences in the previous year, 17.8% of respondents reported difficulty heating their home due to energy costs, 15.0% reported difficulty paying bills, 10.3% reported food insecurity, and 9.5% reported problem debt. A further 5.5% reported having fallen behind on rent or mortgage payments.



Barriers Experienced

Cost concerns were the most commonly reported barrier in the financial domain, cited by 25.3% of respondents. Lack of information and awareness about financial support was reported by 14.6%. Just over one in five respondents (21.7%) reported no barriers in this domain.

Awareness of Support

Only 27.7% of respondents said they knew where to access financial advice and debt support, and 31.2% knew where to access benefits and welfare support — leaving the majority of residents either uncertain or unaware of how to access financial help.

IMD 2025 Context

The 44 project LSOAs have a median Income Deprivation decile of 8, reflecting significantly lower rates of means-tested benefit dependency than the national average (decile 5–6). North Yorkshire as a whole ranks 234th out of 296 local authority districts on income deprivation, making it one of the least income-deprived areas in England. The project footprint broadly reflects this position. However, the IMD income measure captures the proportion of residents receiving income-related benefits and tax credits — it does not record the financial experience of households that are above the benefit threshold but nonetheless under financial pressure.

The gap between what the statistics record and what residents describe is particularly pronounced in this domain: fuel poverty, food insecurity, and anxiety about future financial security are present at levels that the headline deprivation decile does not reflect.

Disability Survey

Among the disability survey respondents, financial and practical barriers to accessing services were consistently identified, with transport costs to attend appointments and the challenges of managing on fixed or limited incomes recurring as themes. Improved support and access to services was the fourth most commonly cited priority among disabled residents, selected by 34.0%.

2.4 Local Environment

Community Survey Ratings

Access to shops and essential services was the most positively rated environmental indicator, with 62.2% of respondents rating it as Good or Very Good.
Green spaces and parks were rated Good or Very Good by 60.4%, and safety and feeling safe locally by 58.7%.

Public transport was the weakest-rated environmental indicator, with 43.9% of respondents giving a Poor, Very Poor, or Fair rating — the lowest satisfaction figure of any environmental item and among the most consistently raised concerns across all domains.

Community facilities and cleanliness and maintenance of local areas also attracted relatively high levels of dissatisfaction, at 55.4% and 51.1% respectively giving a Poor, Very Poor, or Fair rating.

Local environment was selected as the area that would most improve quality of life by 13.4% of respondents, with open-text responses frequently referencing transport, green spaces, litter, and access to local facilities.

Barriers Experienced

Transport and location issues were the most commonly reported barrier in the local environment domain, cited by 17.4% of respondents — the highest transport barrier figure of any of the four domains. Lack of information and awareness was reported by 14.6%. Just under a quarter of respondents (24.9%) reported no barriers in this domain — the highest “no barriers” figure of any of the four areas.

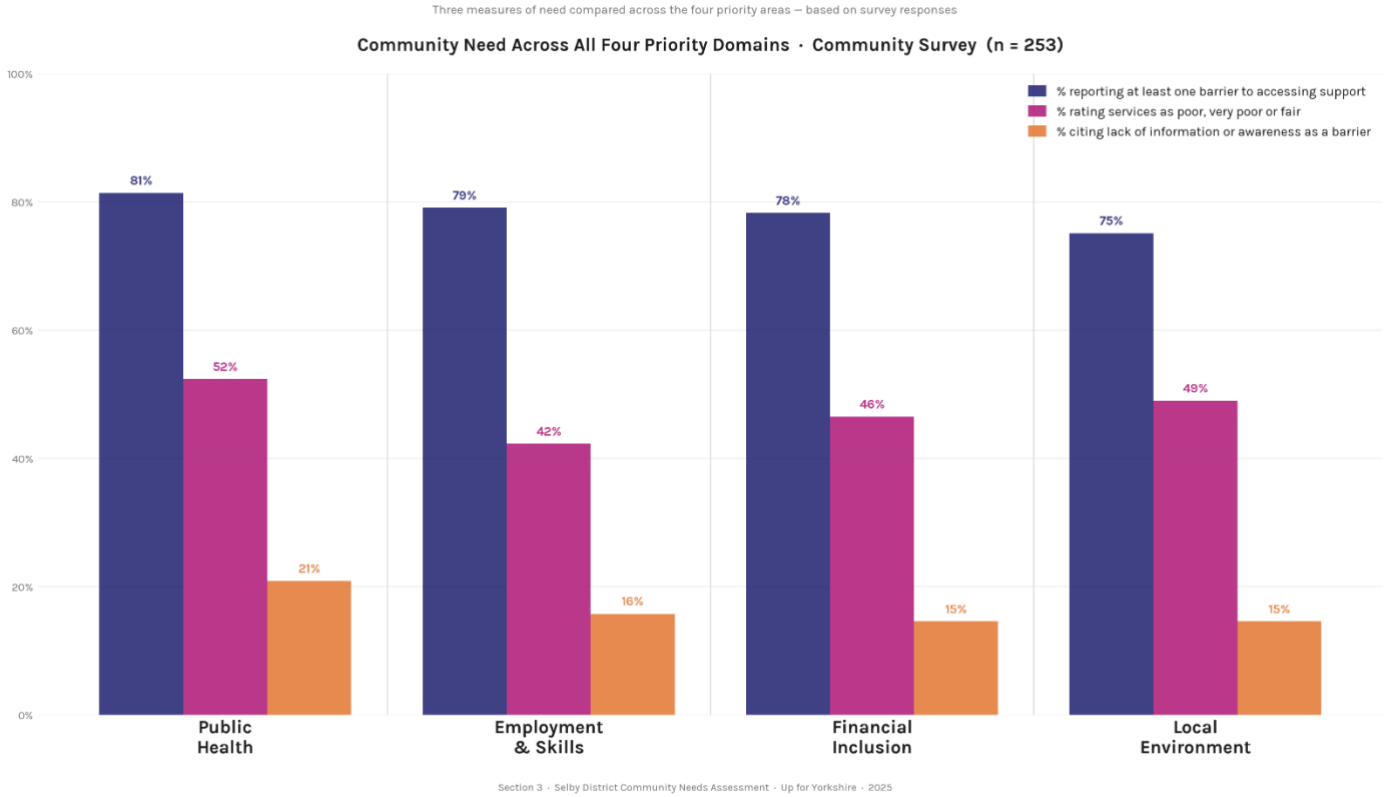
IMD 2025 Context

The geographical barriers picture from the IMD 2025 is the most striking finding in the statistical dataset.
Across the 44 project LSOAs, 86.4% fall within the worst 30% of areas nationally for geographical access to services, with a median decile of 1 — meaning the majority of the project footprint sits in the most geographically deprived 10% of all areas in England for access to services.
The national average for this sub-domain is decile 5–6. North Yorkshire ranks 112th out of 296 local authority districts on Barriers to Housing and Services, which is itself below the national average for England — but the project footprint’s performance is considerably worse than the North Yorkshire average, reflecting the more rural and dispersed nature of the communities covered.
This measure captures physical distance to services including GP surgeries, hospitals, food shops, and employment — and directly explains the transport concerns that emerge consistently across the community survey, the lived experience workshop, and stakeholder evidence.

The Living Environment deprivation domain, which covers factors including air quality, road traffic accidents, and housing conditions, has a median decile of 6 across the project footprint — slightly better than the national average of 5–6, and broadly consistent with North Yorkshire as a whole, which ranks 83rd out of 296 districts, indicating some environmental pressure relative to other less deprived areas but not a primary area of concern by national standards.

Disability Survey

Among disability survey respondents, public transport was the second most commonly cited priority for improvement, selected by 37.8%. Roads and pavements received the lowest accessibility score of any rated item in the disability survey, at an average of 3.70 out of 5. The finding that 86.4% of the project LSOAs fall in the most geographically deprived decile nationally for access to services is directly consistent with what disabled residents describe: a physical environment that creates particular challenges for those with mobility, sensory, or health-related needs.



2.5 Community Attitudes Towards Business and Sustainability

The community survey included a brief set of questions on Net Zero awareness and the role of business in community life.

41.9% of respondents agreed or strongly agreed that they understood what Net Zero is, while 32.1% disagreed or strongly disagreed, indicating that awareness remains limited across the community.

32.4% agreed or strongly agreed that Net Zero is important for the future of their local community, with 34.7% neither for nor against. 34.8% agreed or strongly agreed that more should be done to support Net Zero locally.

42.3% of respondents agreed or strongly agreed that businesses should play a bigger part in improving people's quality of life, with 17.8% neither agreeing nor disagreeing and only 8.3% actively disagreeing.

Section 3 — Lived Experience Workshop

The first Lived Experience Workshop was held in November 2025, with fifteen participants drawn from residents across the project footprint. The session was co-designed to give residents the opportunity to discuss community issues in their own words and to vote on their priorities.

The workshop explored five themes: Public Health, Employment and Skills, Financial Inclusion, Local Environment, and cross-cutting issues affecting all areas. For each theme, participants were presented with three statements describing common challenges and asked to vote for the one that best reflected their experience. A final vote then identified the single priority that participants felt would most improve life in the community.

3.1 Public Health

Within the health theme, the statement that received the strongest support was that mental health services were not meeting community needs. Long GP and hospital waiting times received the second highest vote.

The discussion around health was substantial. Participants described GP appointments as severely time-limited, with ten minutes felt to be inadequate for those with complex or long-term conditions. Mental health services were described as difficult to access, with long waits before any support was available and a frequent mismatch between the type of professional offered and what residents felt they needed.
Hospital transport emerged as a significant concern, with participants describing the financial burden of travelling to hospital appointments — including the cost of taxis when public transport was not viable — as a serious hardship for people on low incomes or without access to a car.

3.2 Employment and Skills

"Not enough job opportunities in general, and in particular for young people to aspire to."

Wendy Sissons, Contracts and Relationships Officer, York and North Yorkshire Combined Authority

Within the employment theme, the lack of suitable local jobs — rather than a lack of skills or training — received the strongest vote from participants. This directly mirrors the community survey finding that residents rate their own skills and qualifications more positively than local job availability. Transport and location barriers to employment received votes, as did limited knowledge of where to access careers advice and training.

The discussion reflected a community where people's aspiration and capability are not being matched by local opportunity. Participants described a labour market in which suitable jobs are often located outside the immediate area, making transport access to employment a structural barrier rather than an individual failing.

3.3 Financial Inclusion

"Many people don't know where to get financial advice or benefit support from."
— Lived Experience Workshop facilitator, summarising participant consensus, November 2025

Within the financial theme, worry about managing money received the strongest vote. The statement about not knowing where to get financial or benefits advice also received support. The cost of heating homes received just one vote, though this should be interpreted in the context of the community survey data showing that 17.8% of residents experienced difficulty heating their home in the past year — the workshop vote reflects priority ranking among a small group rather than the prevalence of the issue across the wider population.

The discussion highlighted that financial anxiety is experienced even by households that are not in acute crisis. Participants described the stress of managing on tight incomes without knowing what support might be available, and difficulty navigating the complexity of benefits and financial advice services.

3.4 Local Environment

Within the local environment theme, the statement that public transport is inadequate and prevents access to services, work, and healthcare received the highest vote — four of the votes cast in this theme. Rural distance and isolation affecting everything came second. Poor quality or unsafe spaces received the remaining votes.

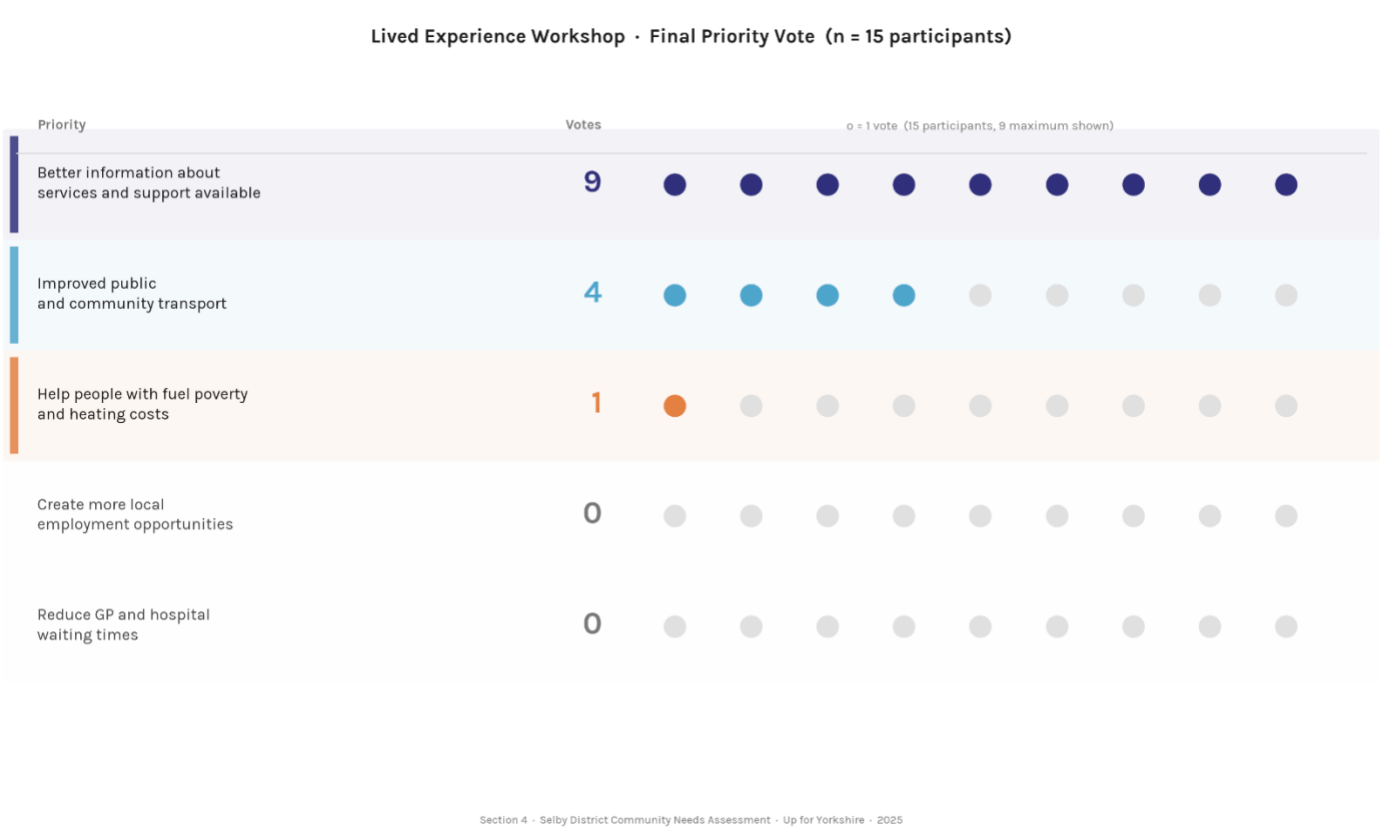
The discussion on transport was extensive and connected directly to the health and employment themes. Participants described bus services as unreliable or absent in many villages, leaving residents without a car effectively stranded from key services. The impact on older residents and those with health conditions was described as particularly acute. Participants noted that transport problems compound other disadvantages — a missed appointment, a job that cannot be reached, a social activity that becomes inaccessible — in ways that are invisible to service planners who do not experience them directly.

3.5 Cross-Cutting Themes

The cross-cutting section of the workshop asked participants to consider issues affecting more than one domain simultaneously. The statement that services exist but residents cannot physically access them received the strongest vote. The statement about the same communities facing problems across all areas and the statement about lack of information about available help also received votes.

These findings are significant. They suggest that for participants, the primary experience of disadvantage is not the absence of services but disconnection from them — whether through physical inaccessibility, lack of awareness, or difficulty navigating provision that feels complex or fragmented. This connects directly to the community survey finding that just over one in ten residents knew where to access no form of support at all.

3.6 Priority Vote



Participants were asked to vote for the single priority that would most improve life in their community from a list of five options.

Better information about services and support received nine votes. Improved public and community transport received four votes. Help with fuel poverty and heating costs received one vote.
Creating more local employment opportunities and reducing GP and hospital waiting times each received no votes. The dominance of information access as the top priority is a notable finding.
Participants did not minimise the importance of transport, employment, or healthcare — all of which featured heavily in the thematic discussion — but when asked to identify the single most impactful change, the majority chose better information. The discussion that preceded the vote suggested that participants viewed information access as a precondition for everything else: knowing what is available, how to get it, and who to contact was seen as the first step that many residents currently cannot take.

Section 4 — Stakeholder Interviews and Survey

Perspectives were gathered from 22 contributors representing 14 organisations working across the project footprint. Engagement took place through semi-structured interview. Organisations spanned the health, education, community and voluntary, faith, local authority, and environmental sectors. All findings are presented anonymised by sector type.
Stakeholders were asked what was working well in the community, what was not working, and what they would change if they could. The findings below represent the themes that emerged with the greatest consistency across contributors, organised by the four priority domains. Where a theme was raised by multiple sectors independently, this is noted.

4.1 Public Health

"Little evidence of health services being pushed to a local level — GP centralisation leaves people struggling."

David Gluck, CEO, Tadcaster and Rural CIC

Healthcare access was raised as a concern by contributors across the health, community and voluntary, and faith sectors. The consistent picture was of a primary care system under significant pressure, with residents experiencing long waits for GP appointments, difficulty registering with practices, and a sense that appointments — when obtained — were too short to address complex or multiple needs.
Contributors in the health sector described the consequences of this in terms of conditions going unmanaged, residents presenting to secondary care at a later and more acute stage, and a growing burden on community and voluntary organisations to provide signposting and informal support that would previously have sat within the health system.

Mental health provision was identified as a particular gap by contributors across multiple sectors. Community and voluntary sector respondents described a significant unmet need for mental health support, with waiting times for formal services described as prohibitively long and the threshold for accessing support often felt to be set too high. Contributors in the faith and community sectors described providing informal emotional support to residents who had nowhere else to turn and noted that this role was growing.

The mismatch between what residents need and what is formally available — raised directly by residents in the lived experience workshop — was echoed by stakeholders who observed it from the other side of provision.

"Services in the district are still very Selby-focused and public transport is not the best — patients can't access everything that's happening in Selby." — Sophie Dawson, PCN Manager & Chris Pickard, Patient Care Coordinator, NHS / Tadcaster Medical Centre

One contributor working in the health sector noted that residents in the more rural parts of the project footprint face compounded disadvantage: not only are health services harder to reach, but the social isolation that comes with rurality can itself be a driver of poor mental health and delayed help-seeking.

4.2 Employment and Skills

Employment was raised most consistently by contributors in the education, community and voluntary, and local authority sectors. The dominant theme was the mismatch between the employment aspirations and capabilities of residents and the jobs available within a reasonable travelling distance. Contributors in the education sector described young people completing qualifications and then leaving the district — not because they wanted to, but because the local labour market did not offer suitable opportunities at the level they were qualified for. This outward movement of younger and more qualified residents was identified as a long-term challenge for the district's economic base.

The absence of a functioning local business network was raised by contributors in the community and voluntary sector as a structural gap. Without a forum through which employers, training providers, and community organisations can connect, opportunities for

local recruitment, work experience, and skills development are missed. This finding is consistent with the community survey evidence showing that awareness of training and work experience opportunities is among the lowest of any support type measured.
Contributors in the education sector also raised the issue of careers guidance, describing provision as insufficient to connect young people and adults with the pathways available locally.
One contributor noted that residents — particularly those who had been out of the labour market for some time — often did not know what was available or how to access it, echoing the community survey finding that lack of information and awareness was the most commonly reported barrier in the employment domain.

4.3 Financial Inclusion

Financial inclusion was raised most directly by contributors in the community and voluntary sector, including those working with specific groups such as older residents, families, and those experiencing housing instability. Contributors described a pattern of residents experiencing financial difficulty without knowing what support was available or feeling confident enough to seek it out. The complexity of the benefits system was identified as a barrier in itself, with residents lacking the knowledge or confidence to navigate it without support.

Cost of living pressures were described as having worsened significantly in recent years, with contributors noting that residents who previously managed comfortably were now seeking advice and support for the first time. Contributors in the faith sector, whose organisations provide food and community support, described a growing demand for practical emergency provision — food banks, warm spaces, and community food initiatives — from households that would not previously have accessed such services.

Contributors also raised digital inclusion as an intersecting barrier. Many financial support services, benefits applications, and advice resources are increasingly delivered online, and residents without internet access or digital skills — disproportionately older residents and those in poverty — face additional difficulty accessing help. This was described as a gap that community organisations are trying to address but lack the resource to close fully.

4.4 Local Environment

Transport was the most consistently raised issue across all stakeholder sectors, described independently by contributors in health, education, community and voluntary, faith, local authority, and environmental organisations. No other single issue received the same breadth of agreement. Contributors described a bus network that had contracted over recent years, leaving villages with infrequent or no services and residents without cars effectively cut off from employment, healthcare, and social activities. The reliability of existing services was described as poor, with cancellations and route changes creating unpredictability that undermined residents' ability to make and keep commitments.

Several contributors noted that transport is not experienced as an isolated problem but as a multiplier of other disadvantages. A resident who cannot reliably reach a GP appointment, attend a job interview, or access a training course faces compounding barriers that are each made worse by the absence of transport. This perspective — that transport functions as infrastructure for everything else — was consistent across sectors and directly mirrors what residents expressed in both the community survey and the lived experience workshop.

Environmental sustainability and Net Zero were raised by contributors in the community and voluntary and environmental sectors. Several noted that while there is appetite within the community for environmental action — particularly around reuse, sustainability, and green spaces — awareness of what Net Zero means in practice remains limited, consistent with the community survey data showing that 32.1% of residents disagreed or strongly disagreed that they understood what Net Zero is. Contributors described existing environmental initiatives, including community reuse and sustainability projects, as gaining traction but lacking the visibility and connectivity to reach residents beyond those already engaged.

Contributors in the community and voluntary sector also raised the issue of community engagement itself. A recurring observation was that the same residents and organisations tended to participate in consultation and community activities, while those most in need of support were often least visible. Trust in statutory services and in formal engagement processes was described as fragile in some communities, particularly among residents who felt their concerns had not been acted upon previously. Building trust was identified as a precondition for effective community engagement rather than a byproduct of it.

4.5 Cross-Cutting Observations

Several themes emerged consistently across sectors and domains that do not sit neatly within a single priority area.

The fragmentation of community provision was raised by multiple contributors. The community and voluntary sector in particular described a landscape of overlapping organisations, projects, and initiatives that is difficult for residents — and sometimes for professionals — to navigate. Contributors noted that duplication of similar services can create confusion, and that better coordination and communication between organisations would improve residents' ability to access support. This directly reinforces the lived experience workshop finding that better information about services and support was the single highest priority.

Cultural barriers to seeking help were identified by contributors in the community, voluntary, and faith sectors. A pattern of self-reliance and reluctance to acknowledge need — sometimes described informally as characteristic of the area — was observed to prevent residents from seeking support they were entitled to and that could make a material difference to their circumstances.
Contributors noted that trusted community relationships, rather than formal service channels, were often the most effective route to reaching these residents.
The inclusion of underrepresented groups was raised by contributors in the health and community sectors. Residents from minority ethnic communities, including migrant and asylum-seeking populations, were described as facing additional barriers to accessing services due to language, digital literacy, and lack of familiarity with local provision.
Similarly, the needs of LGBTQ+ residents, particularly younger people, were identified as underserved locally. Contributors noted that provision tends to be designed around the majority and that targeted outreach is needed to reach those furthest from existing services.

Section 5 — Analysis of Local Business Environment

This section draws on two complementary studies examining Selby's High Street as a physical, place-based indicator of the town's economic and social vitality. The High Street has been

selected as a focus because it is a visible, publicly accessible space that residents encounter directly in their daily lives, and therefore functions as a meaningful proxy for the economic and social health of the town centre.
For businesses operating in or connected to this area, the High Street data offers a direct window into the economic activity, consumer demographics, and community conditions that form the context for their operations — and into the potential for the town centre to serve a broader role in community life than it currently does.

The first is the QA Research visitor and potential visitor study, commissioned to support the Shop for the Future initiative led by Up for Yorkshire, which is working to revitalise Selby's High Street by promoting its charity shops as a distinct attraction. The study comprised 287 face-to-face interviews conducted on Selby High Street in November 2025, supplemented by 23 postcard survey completions, and a separate online survey of 361 potential visitors living within a one-hour drive of Selby who do not already visit regularly.

The second is the CACI footfall analysis, which used anonymised mobile phone movement data to map the demographic profile, visiting patterns, and travel origins of people visiting Selby High Street and Selby Abbey between December 2024 and December 2025. CACI's Acorn segmentation system classifies visitors by demographic group based on the characteristics of the postcode areas in which they live, enabling comparison of who is and is not currently using these spaces.

5.1 Who Currently Uses Selby High Street

The current visitor base for Selby High Street is heavily local and significantly skewed toward older age groups. The QA Research visitor survey found that 76% of current visitors came from YO8 postcodes, with a further 8% from other YO postcodes. Just 7% came from DN (Doncaster) postcodes and 4% from LS (Leeds) postcodes, confirming that the High Street is not currently functioning as a destination attracting visitors from the wider regional catchment.

Three quarters of current shoppers are aged 45 or over, and a third are aged 65 or over. Children and younger adults are significantly underrepresented relative to their proportion of the local population. Most visitors are visiting alone or in pairs, with only 3% of parties including a child under 16.

The CACI analysis broadly confirms this picture. The top Acorn groups visiting the High Street are –

- Semi-rural Maturity (12.9%) — older couples approaching or in retirement living in semi-rural areas
- Aspiring Communities (12.2%) — home-owning families and couples with above-average incomes
- Commuter Belt Wealth (10.2%) — well-off older families and empty nesters.
- Mature Success (9.7%) and Limited Budgets (9.6%) also feature prominently.

The presence of the Limited Budgets and Hard-up Households groups (9.0%) in the High Street visitor profile is relevant to the wider community needs picture: these groups — young families and single parents with a high proportion renting socially, and households facing financial pressure — are among the demographics most likely to be experiencing the financial difficulties identified elsewhere in this assessment.

The QA Research data notes that awareness of what Selby offers — even among regular visitors — is limited, with fewer than half of current visitors able to give a strong word association with the town. This mirrors the information access gap identified consistently in the community survey and stakeholder evidence, where lack of awareness of available support was reported as a barrier across all four priority domains.

The presence of Limited Budgets and Hard-up Households among the top High Street visitor segments — groups characterised by financial pressure, social renting, and constrained household incomes — confirms that the town centre is already serving a population that overlaps significantly with those experiencing the financial, employment, and health pressures described elsewhere in this assessment.
Current shoppers are overwhelmingly repeat and regular visitors. 96% had visited Selby within the previous twelve months, and 94% of those had done so six or more times. The mean number of visits in the past year was 69, with two thirds visiting fifty or more times. The High Street is therefore functioning primarily as a place of habitual local use rather than as a visitor destination.

5.2 How the High Street is Experienced

The primary reason for visiting the High Street was general browsing (43% selected spending time on the High Street as one of their activities), followed by a small food shop (37%) and visiting a café or restaurant (23%). Only 7% of current visitors went to one or more charity shops during their visit, suggesting that despite the concentration of charity retail on the High Street, it is not yet a primary draw even for those who already visit regularly.

Satisfaction with the High Street is generally positive among those who use it, but the qualitative picture is more mixed. Word associations with Selby among current visitors include both positives — historic, friendly, enjoyable, interesting — and negatives, with declining, uninspiring, uninteresting, and run-down also featuring in the top ten associations.
Fewer than half of those surveyed gave any single word association with confidence, suggesting that Selby lacks a strong or distinctive identity even among its regular users.

Perceptions of the High Street as run-down and in need of regeneration are held by a significant proportion of current visitors. The research notes that many current shoppers do not consider the High Street to be interesting or vibrant, and that satisfaction across a range of individual metrics — independent shops, food and drink, events and markets — tends to be concentrated in the good rather than very good range, indicating room to improve the quality and distinctiveness of the offer.

Likelihood to return is high among current visitors — over 80% of those living in Selby said they were likely or very likely to return for shopping. However, likelihood to recommend is considerably lower, with only 29% saying they were likely to recommend Selby to someone else, and 50% saying they were unlikely to do so.
This suggests a visitor base that values the High Street for its familiarity and convenience but does not feel strongly enough about it to advocate for it to others.

5.3 Transport and Access to the High Street

Transport mode data from the QA Research survey is consistent with the transport picture elsewhere in this assessment. The majority of current visitors arrive by car, reflecting the limited public transport connectivity identified by residents throughout the community survey, the lived experience workshop, and stakeholder interviews. Walking is the second most common mode for those living in Selby itself, but for visitors from surrounding villages, car dependency is high.

The CACI analysis shows that residents — defined as those living within 6km — and local visitors — those living between 6km and 25km away — together make up the dominant share of

footfall at both the High Street (38% residents, 23% local visitors) and Selby Abbey (34% residents, 26% local visitors). Workers account for 22% of High Street footfall.

Tourist visitors, defined as those travelling from more than 25km away, make up only 17% of High Street visitors. This confirms that the High Street is sustained primarily by local demand, and that its vitality is directly linked to the economic and social conditions of the surrounding community.

The CACI data shows that weekday morning footfall is among the highest periods of activity on the High Street. In the context of the wider assessment findings — where transport barriers, part-time employment patterns, and caring responsibilities feature prominently — this pattern is worth noting, though the data does not identify the characteristics of those visiting at these times.
The concentration of footfall among residents and local visitors — combined with the information access gaps and transport barriers identified throughout this assessment — suggests that the town centre occupies a specific and potentially underutilised role as the most accessible shared physical space for a dispersed rural population.

5.4 Potential Visitors and the Wider Catchment

The QA Research potential visitor survey, conducted with 361 respondents living within a one-hour drive of Selby who do not already visit regularly, provides insight into the scale of opportunity to grow the visitor base.
Awareness of Selby is not the primary barrier — only 3% of potential visitors had never heard of the town. The challenge is conversion: 31% are aware of Selby but have never visited, and 23% have visited but not within the past five years.

The main barriers to visiting are not primarily practical but perceptual. The top reasons given for not visiting were that other more interesting places are closer (26%), that Selby is not perceived to offer anything different to places closer to home (25%), and that it has never been recommended by family, friends, or colleagues (20%).
A perception that the town is run-down was cited by 12% of potential visitors as a barrier, consistent with the views expressed by current visitors.

5.5 Social Grade and Disability

The social grade composition of current High Street visitors reflects a broader socioeconomic spread than the demographic skew toward older age groups might suggest.
The QA Research data shows that AB social grades — higher and intermediate managerial and professional occupations — account for 30% of current visitors, slightly above their 24% share of the England population. DE social grades — semi-skilled and unskilled occupations, and those reliant on state benefit — account for 27% of current visitors, also above their 23% national population share.
The High Street is therefore serving a genuinely mixed economic population, with those facing financial pressure forming a meaningful share of its regular user base.

Disability and accessibility are relevant considerations for the High Street visitor offer. The QA Research data shows that the proportion of current visitors reporting a long-standing health issue or disability affecting daily activities is broadly consistent with the England population average of 18%, despite the older-than-average visitor profile. Respondents with a disability in their party showed higher-than-average likelihood to return to Selby for shopping (85% net

likely) and above-average interest in the charity shop and sustainability proposition (54% net likely to visit). This is consistent with the disability survey finding that improving service and retail access is a priority for disabled residents.

5.6 Selby Abbey as a Complementary Asset

The CACI data enables direct comparison between Selby High Street and Selby Abbey as visitor locations. Selby Abbey attracts a distinctly different demographic profile: the top Acorn group is Commuter Belt Wealth (22.4%), reflecting well-off older families and empty nesters, followed by Limited Budgets (12.5%), Mature Success (12.2%), and Semi-rural Maturity (10.1%).
The Abbey visitor profile is more affluent on average than the High Street profile, suggesting that the Abbey draws visitors from a slightly wider and more prosperous catchment.

The CACI data shows that 15% of Selby Abbey visitors also visit the High Street on the same day, compared to only 4% of High Street visitors who also visit the Abbey. This directional asymmetry suggests that the Abbey functions as the stronger initial draw, with an opportunity to convert Abbey visitors into High Street footfall that is currently only partially realised. Both locations share similar visiting time patterns — activity is concentrated in mid-morning and early afternoon, peaking at weekends — and browsing is the dominant movement type at both sites.

Section 6 — Analysis

6.1 The Gap Between Statistics and Lived Experience

The most significant structural finding of this assessment is the consistent gap between what national deprivation statistics indicate and what residents describe. Across the project footprint, the IMD 2025 data places the 44 LSOAs at a median overall deprivation decile of 7 — in the less deprived half of England, and broadly consistent with North Yorkshire as a whole, which ranks 189th out of 296 local authority districts nationally.

On income, employment, and health outcomes, the statistical picture is relatively favourable. Yet across every primary data source — the community survey, the disability survey, the lived experience workshop, and stakeholder interviews — residents and organisations describe a community under sustained and in some cases worsening pressure.
62.9% of community survey respondents rated access to healthcare beyond their GP as poor, very poor, or fair.
62.2% rated their financial security for the future in the same range.
The lived experience workshop identified information access, transport, and financial anxiety as dominant concerns.
Stakeholders across all sectors described growing demand for community support, contracting statutory provision, and residents managing needs that are not captured by conventional poverty measures.

Two factors explain this gap. First, the IMD income and employment measures record benefit dependency rather than financial precarity — they do not capture households that are above the benefit threshold but nonetheless vulnerable to cost-of-living shocks. Second, and most distinctively for this area, the geographical barriers sub-domain reveals a picture that cuts sharply against the overall deprivation score: 86.4% of the project LSOAs fall in the worst 30% of

areas in England for geographical access to services, with a median decile of 1. This is a rural access problem that the headline IMD score masks entirely.

The gap between what the statistics record and what residents describe is particularly pronounced in the financial domain and is consistent with a period of significant cost-of-living pressure that conventional deprivation measures are not designed to capture in real time.

6.2 Healthcare Access as the Dominant Community Priority

Across every primary data source, healthcare access emerges as the single most acute and consistently expressed community need. It is the top priority in the community survey, selected by 36.8% of respondents as the area that would most improve their quality of life — more than double any other category.
It generated the most substantial discussion in the lived experience workshop, where long waiting times received the highest vote in the health theme. It was raised as a concern by contributors across the health, community and voluntary, and faith sectors in stakeholder interviews. And among disability survey respondents, improving service access — of which health service access is the primary component — was the top priority at 49.0%.

The nature of the concern is consistent across sources. It is not primarily about health outcomes — the IMD data places the project footprint at median decile 8 for health deprivation, indicating lower-than-average rates of premature death and disability. The problem is access: to GP appointments, to mental health services, to dental and specialist care, and to hospital services where transport costs create financial hardship for those on low incomes.
The divergence between good health outcomes and poor healthcare access is one of the most clearly evidenced findings in this assessment, and it is reinforced from multiple directions simultaneously.

Mental health is a specific and consistently evidenced sub-theme. It was the strongest vote in the health theme of the lived experience workshop. It was raised by stakeholders across multiple sectors as an area of significant unmet need. And 45.6% of community survey respondents rated their mental health and wellbeing as poor, very poor, or fair — a higher proportion of negative ratings than for physical health.
The disability survey reinforces this further: nervousness and anxiety were reported by 21.7% of respondents, and 13% described feeling isolated and excluded.

6.3 Transport as a Cross-Cutting Structural Barrier

Transport is not a standalone issue in this assessment. It is the mechanism through which multiple other disadvantages are compounded, and the evidence for this is consistent across all four primary data sources and the two business environment studies.

In the community survey, transport and location issues were reported as a barrier across all four domains — to employment (13.8%), to health access (13.4%), to financial support (6.7%), and to the local environment (17.4%).
In the lived experience workshop, inadequate public transport received the highest vote in the local environment theme, and the second highest priority vote overall.
In stakeholder interviews, transport was the single most consistently raised issue across all sectors — the only issue that generated independent concern from contributors in health, education, community and voluntary, faith, local authority, and environmental organisations

simultaneously. In the disability survey, improved public transport was the second most commonly cited priority at 37.8%.

The IMD 2025 geographical barriers data provides the statistical underpinning for what residents describe. A median decile of 1 for geographical access to services — placing the majority of the project footprint in the most geographically deprived 10% of all areas in England — confirms that transport barriers are not perceived but structural.
North Yorkshire performs below the national average on this measure, ranking 112th out of 296 districts, but the project footprint's performance is considerably worse than the North Yorkshire average.
The CACI and QA Research data add a further dimension. The majority of High Street and Selby Abbey footfall comes from residents and local visitors travelling short distances, with car dependency high among those coming from beyond walking distance. The High Street sees its highest footfall during weekday mornings and on Saturdays during shopping hours — a pattern consistent with a visitor base that relies on the High Street for regular, practical local needs rather than occasional leisure visits.

6.4 Employment: Availability Rather Than Skills

The employment evidence across this assessment consistently points to the same conclusion: the primary challenge in the project footprint is not a skills deficit among residents but a shortage of suitable local job opportunities.

In the community survey, residents rated their own skills and qualifications more positively than any other employment indicator, at an average of 3.81 out of 5. Job opportunities and the ability to find suitable work were the two lowest-rated employment items.
In the lived experience workshop, lack of suitable local jobs — explicitly distinguished from lack of skills — received the strongest vote in the employment theme.
In stakeholder interviews, contributors in the education sector described qualified young people leaving the district because the local labour market could not absorb them.

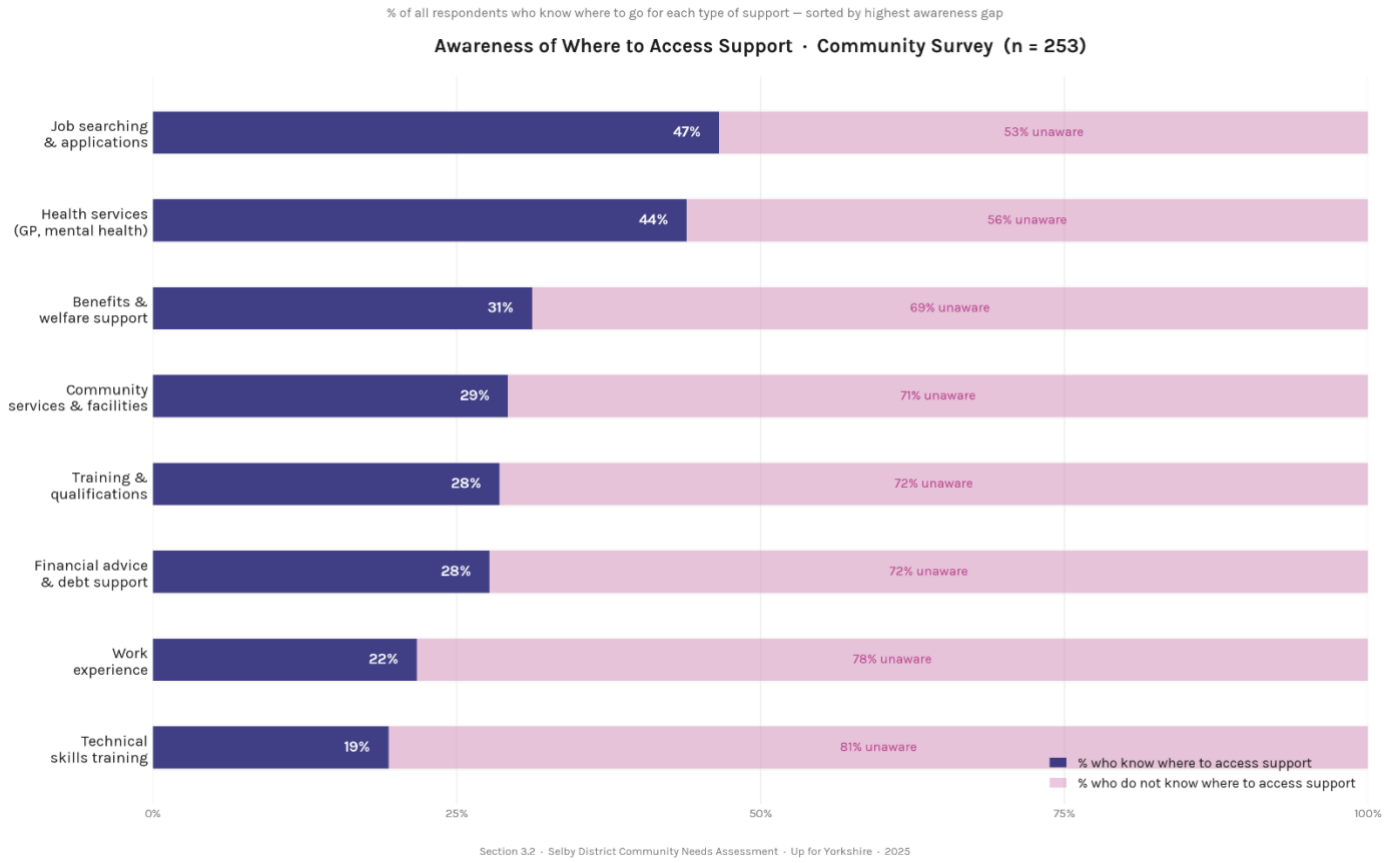
The IMD 2025 employment data records a median decile of 8 across the project footprint — significantly below the national average for unemployment benefit claimancy. This does not contradict the community evidence. It reflects the fact that residents are largely in work or seeking work but describes a labour market in which the available jobs do not match resident aspirations or qualifications, and in which transport barriers limit access to a wider employment geography.
The distinction between worklessness — what the IMD measures — and underemployment or employment inaccessibility — what residents describe — is important.

The absence of a local business network, identified by stakeholders as a structural gap, is relevant here. Without a mechanism connecting employers, training providers, and community organisations, the information flows that would enable residents to identify and access appropriate opportunities are limited.

6.5 Information Access as a Systemic Gap

Information access emerges across this assessment not as one issue among many but as a precondition that affects residents' ability to act on every other area of need. Its prominence is consistent and striking.

In the lived experience workshop, better information about services and support received nine votes in the final priority vote — a clear majority, and the single highest priority of any issue discussed across the entire session. In the cross-cutting section of the workshop, the statement that services exist but residents cannot physically access them received the strongest vote, and lack of information was identified as a companion barrier.
In the community survey, lack of information and awareness was the most commonly reported barrier in the employment domain (15.8%), and featured consistently across health (20.9%), financial (14.6%), and local environment (14.6%) domains.
Just 9.5% of respondents said they knew where to access support — in addition awareness of specialist support, including technical skills training (19.4%), financial advice (27.7%), and work experience (21.7%), was low across the population.



In stakeholder interviews, the fragmentation of community provision was raised by multiple contributors as a structural problem. A landscape of overlapping services, projects, and initiatives that is difficult for residents to navigate was described as a barrier in itself, and one that disproportionately affects those with lower digital skills, older residents, and those from minority ethnic communities with additional language barriers.

The community survey finding on business attitudes is relevant here too: 42.3% of respondents agreed or strongly agreed that businesses should play a bigger part in improving people's quality of life, suggesting an openness among residents to forms of community-business engagement that extend beyond conventional corporate activity.

6.6 Financial Pressure Beyond the Statistical Picture

The financial evidence in this assessment describes a community in which financial anxiety is significantly more widespread than national statistics suggest, and in which cost-of-living pressure has created new vulnerability among households that were previously managing adequately.

In the community survey, 62.2% rated their financial security for the future as poor, very poor, or fair — the highest negative rating of any financial indicator. Across specific financial hardship measures, 17.8% reported difficulty heating their home, 15.0% reported difficulty paying bills, and 10.3% reported food insecurity in the past year. These figures sit alongside an IMD income deprivation decile of 8 — among the least deprived in England — confirming the gap between what conventional measures record and what residents experience.

In stakeholder interviews, contributors in the faith and community voluntary sectors described growing demand for food banks, warm spaces, and community food initiatives from households that had not previously accessed such services, corroborating the community survey picture of emerging rather than entrenched financial hardship. The complexity of the benefits system and digital access barriers were identified as compounding factors that prevent residents from accessing support they are entitled to.

The disability survey reinforces the financial dimension: transport costs to attend appointments, managing on fixed or limited incomes, and navigating a benefits system perceived as complex were all identified as barriers by disabled residents.

6.7 The High Street as Community Infrastructure

The business environment data situates the High Street within the wider community picture in a specific and useful way. Rather than a separate economic story, the High Street data confirms and extends several of the community findings.

The visitor base is predominantly local, predominantly older, and economically mixed — including both the most and least affluent Acorn segments among its regular users. This is not a destination drawing discretionary visitor spend from outside the district; it is a piece of community infrastructure serving local daily needs. Its health is therefore directly linked to the economic and social conditions of the surrounding population described throughout this assessment.

The perception of the High Street as run-down, described by both current visitors and potential visitors in the QA Research data, connects to the broader community narrative of a place that has experienced contraction and is in need of reinvestment. The low recommendation rate among current visitors — only 29% likely to recommend despite high personal loyalty — suggests a community that values what it has but does not feel confident advocating for it externally.

The Selby Abbey data offers a complementary perspective. The Abbey attracts a more affluent visitor profile than the High Street, with Commuter Belt Wealth accounting for 22.4% of its Acorn profile. The finding that 15% of Abbey visitors go on to visit the High Street in the same day, compared to only 4% of High Street visitors who visit the Abbey, identifies a directional opportunity that is currently only partially realised. The shared dominance of browsing footfall at both sites, and the convergence of peak visiting times in mid-morning and early afternoon at weekends, suggests that the two assets are functionally complementary.

6.8 Conclusions

Across all six data sources, six findings emerge with consistent and independent support.

Healthcare access is the most acute area of expressed community need, characterised by inadequate access to primary, mental health, and secondary care rather than by poor health outcomes.

Transport functions as a structural barrier that compounds disadvantage across all four priority domains, with a statistical basis confirmed by the IMD geographical barriers data and a lived experience confirmed by every primary data source.

Employment need in the district is characterised by a shortage of suitable local opportunities rather than a resident skills deficit, a distinction with direct implications for how employment support is designed and targeted.

Information access is the systemic gap that prevents residents from connecting with available support across all domains, identified as the single highest community priority in the lived experience workshop and evidenced consistently in the community survey barrier data.

Financial anxiety is more widespread than the IMD income data indicates, reflecting cost-of-living pressures and a form of financial fragility that benefit dependency measures do not capture.

Community openness to business engagement is evidenced directly. 42.3% of community survey respondents agreed or strongly agreed that businesses should play a bigger part in improving people's quality of life, with only 8.3% actively disagreeing. This finding sits alongside a Net Zero awareness picture in which 34.8% agreed more should be done locally to support Net Zero — relevant for organisations with ESG commitments or Social Value Act obligations.

Glossary of Terms

The following terms are used throughout this report. Definitions are provided to support readers who may be unfamiliar with the statistical frameworks and research concepts referenced in the text.

Term	Definition
Acorn	A demographic segmentation system developed by CACI that classifies UK residential postcodes into categories based on the characteristics of people who live in those areas, including income, lifestyle, and behaviour. Used in this report to profile visitors to Selby High Street and Selby Abbey.
CACI	A data and technology company whose Acorn segmentation and footfall analysis tools have been used in this report to analyse visitor movement and demographics at Selby High Street and Selby Abbey.
CSR	Corporate Social Responsibility. A business model in which companies integrate social, environmental, and community concerns into their operations and strategy, beyond their core commercial activities.
Decile	A statistical division of a ranked dataset into ten equal groups. In the IMD 2025, decile 1 represents the most deprived 10% of areas in England, and decile 10 represents the least deprived 10%. Deciles 5 and 6 represent the national average.
Deprivation	In the context of the IMD, deprivation refers to unmet needs caused by a lack of resources of all kinds, including financial, physical, and social. It is measured across multiple domains rather than income alone.
ESG	Environmental, Social and Governance. A framework used to evaluate how businesses manage their responsibilities to the environment, their communities, and their internal governance. ESG commitments are increasingly a contractual and investor requirement for businesses.
Footfall	The number and movement of people visiting a location. In this report, footfall data from the CACI analysis refers to anonymised mobile phone movement data used to measure the volume, timing, and origin of visits to Selby High Street and Selby Abbey.
Geographical Barriers	A sub-domain within the IMD Barriers to Housing and Services domain. It measures physical distance to key services including GP surgeries, hospitals, food shops, and employment. Areas with poor geographical access score lower (more deprived) on this measure.
IAG	Information, Advice and Guidance. A term used in community and employment services to describe provision that helps people access information about available support, understand their options, and take action to improve their circumstances.
IMD	Index of Multiple Deprivation. The official government measure of relative deprivation in England, published by the Ministry of Housing, Communities and Local Government. The most recent edition, IMD 2025, ranks every Lower Super Output Area in England across seven domains of deprivation.
LSOA	Lower Super Output Area. A small geographic statistical unit used by the Office for National Statistics, typically containing between 1,000 and 3,000 residents. LSOAs are the building blocks of the IMD and allow deprivation to be measured at a granular local level. This report covers 44 LSOAs across the project footprint.
Net Zero	The target of reducing greenhouse gas emissions to as close to zero as possible, with any remaining emissions absorbed or offset. The UK government has a legally binding commitment to reach Net Zero by 2050.
Semi-structured Interview	A qualitative research method in which an interviewer uses a guide of topics and questions but allows the conversation to develop naturally. Used in this report for stakeholder engagement to capture both consistent themes and individual insights.
Social Grade	A classification of socioeconomic status based on the occupation of the chief income earner in a household. AB grades represent higher and intermediate managerial, administrative, and professional occupations; C1 supervisory and clerical; C2 skilled manual; DE semi-skilled, unskilled, and state-dependent households.
Social Value Act	The Public Services (Social Value) Act 2012 requires public bodies in England and Wales to consider how services they commission might improve the economic, social, and environmental wellbeing of the area. It is increasingly used in procurement to require businesses bidding for public contracts to demonstrate social value commitments.

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