



## **Cumberland Equality Objective – Evidence Base**

### **Content**

<b>Executive Summary</b>	<b>p.2</b>
<b>Age</b>	<b>p.4</b>
<b>Ethnic Origin</b>	<b>p.7</b>
<b>Sexual Orientation</b>	<b>p.13</b>
<b>Disability and Health</b>	<b>p.16</b>
<b>Sex</b>	<b>p.22</b>

## Executive Summary

This document sets out the evidence base for the setting of Cumberland Council's Equality Objective for 2024-28 and the four cross-cutting delivery themes.

The analysis focuses on the following protected characteristics, where there is national and local population data and evidence of disparities (statistical inequalities).

- Age
- Ethnicity
- Health
- Disability
- Sexual Orientation (which covers Gender Identity and LGBT+)

The document is split into sections for each protected characteristic by focusing on:

- The 2021 Census;
- National disparities and reports on disparities;
- Relevant local information on disparities.

With the Census information the headline figures are given at a Cumbria level with further district level data based on the pre-2023 district footprints of Carlisle, Allerdale and Copeland (when the Census was taken).

The Census information is based on briefings prepared by the Cumbria Observatory<sup>1</sup> and the disparities information is based on national Government information or specific research.

For people completing Impact Assessments it is important to consider **Intersectionality** when using the data. This relates to the cross-over between Protected Characteristics (i.e., disparities between males and females within the same ethnic group), or in other terms (i.e., the link between socio-economic conditions and disparities by race, sex, disability and so on, which in turn is related to environmental and health disparities experienced by the same groups).

### 2021 Census Summary of key points for Cumberland

#### Age

Cumberland has a population that is aging faster than the national average with a greater number of people aged over 65 than in 2011.

#### Ethnicity

Cumberland continues to be among the areas with the highest proportion of 'White British' people in the country, however the level of diversity has increased since 2011 despite a fall in some European groups since Brexit. The county's ethnic minority groups have become more globalised since the introduction of refugee programmes in 2015 and employers increasingly sourcing labour from round the world.

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<sup>1</sup> <https://cumbria.gov.uk/elibrary/Content/Internet/536/671/4674/17217/17220/44957112549.pdf>

### Health

- Cumberland's population's health has improved faster than the national average;
- Although more people report ill health than the national average, when age is factored in it is under the national average.
- There are stark differences within Cumberland especially in Copeland which has reported the 4<sup>th</sup> highest decrease in people reporting their health is fair or good.

### Disability

- Overall disability (defined as people reporting that they have a condition that limits day-to-day) has decreased, with Cumberland just above the national average for the whole population.
- When age is factored in Cumberland's rates of disability are close to the national average.

### Sexual Orientation and Gender Identity

- 2.3% of people identified as gay, lesbian or bisexual.
- 0.3% identified as transgender.
- While lower than the national average, these rates are higher than many non-urban metropolitan areas, including parts of the Home Counties.

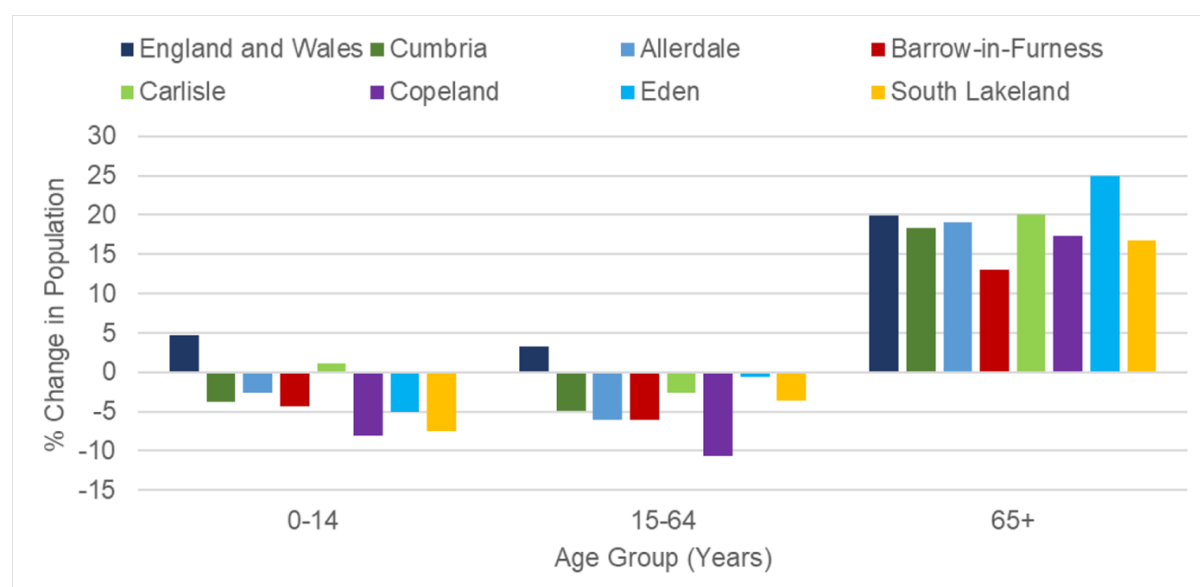
## Age

### Results of the Census

Overall, Cumberland stands out for its shrinking young and working age population compared to an overall increase in England and Wales. In the figure below, this is a trend that is pan-Cumbria.

Specifically for Cumberland the population decline for people aged under 65 is greatest in the south Cumberland area and along the west coast and less so in Carlisle.

In terms of the aging population, the proportion of Cumberland's population aged 65+ is currently lower than the national average (except in Carlisle where it is similar). However, this needs to be considered in relation to lower mortality rates, poverty and people aging with health conditions and disabilities along the west coast. Longer term forecasts show a significant rise in the proportion of people aged 65+ (see ONS below).



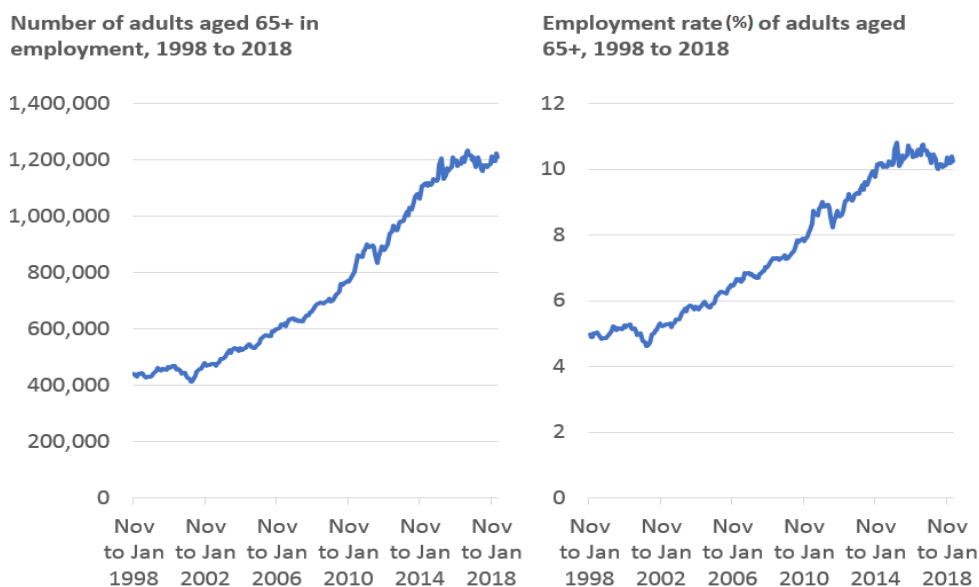
### ONS Report Living longer: how our population is changing and why it matters

This report provides an outlined of future trends linked to an aging population. These include:

- A rise in the population aged 65+ from 18% (2021) to 25% (2066);
- By 2039 Cumberland's population aged 65+ will be between 25% and 42%.

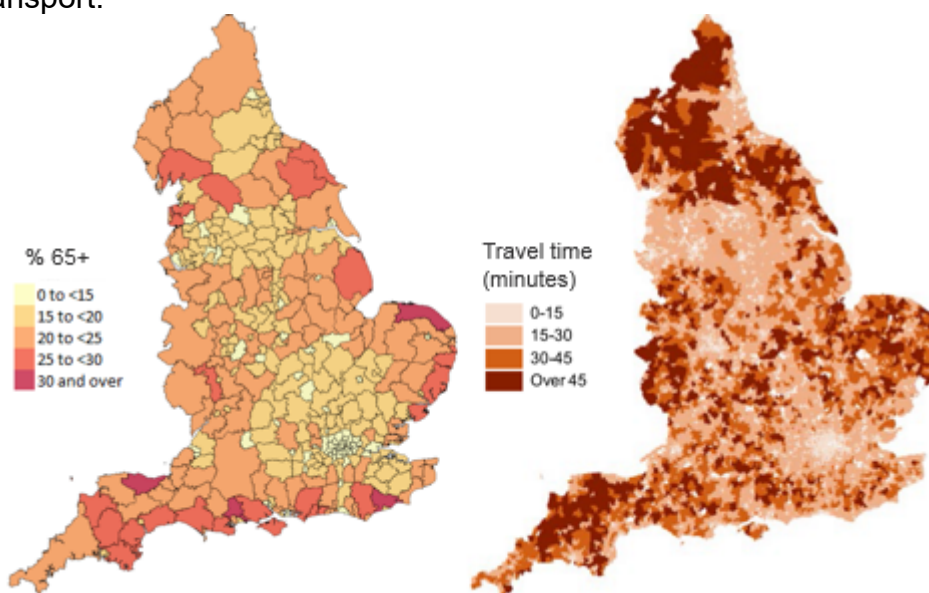
**Work:** Further increases in the proportion of people reliant on a state pension and people expected to work for longer;

## Persons aged 65 years and over in employment, UK, 1998 to 2018



Source: Labour Force Survey, Office for National Statistics

**Travel:** The table below shows that older people in Cumberland have a disproportionate impact in terms of travel to services and dependence on public transport.



**Source:** 2014 mid-year population estimates, Office for National Statistics; Journey time statistics: access to services, 2014, Department for Transport

### Implications for Public Services

- Rise in demand for adult social care, public health and NHS care and refocus on housing models that can keep people at home independently and infrastructure that supports an aging population (including public spaces,

transportation and climate adaptations that prevent excess winter and summer deaths);

- Changes to employment that extend trends towards longer more flexible packages of employment and pensions;
- Greater support for carers and people in employment who are aged 50+ with additional caring responsibilities;
- By 2039 Cumberland's population aged 65+ will be between 25% and 42%.

## Ethnic Origin

### Results of 2021 Census

Overall, the ethnic minority population has seen an increase of 44.8% between 2011 and 2021, with further increases annually. This is reflected in the number of first languages spoken by pupils in schools which stands at over 70. While the overall percentage of people from an ethnic minority heritage remains low, the rate of increase is greater than the national average and is related to several factors:

- EU migration between 2005 and 2016, with increasing numbers of White Other households with settled status post-Brexit;
- Cumbria's decision in 2016 to participate in UNCHR Refugee Programmes for the first time since the Kosovo War in 1999, which has supported a families, particularly from the MENA region (Middle East and North Africa) to settle (NB. Since the 2021 Census new programmes have opened up for Afghanistan and Ukraine, substantially increasing the diversity of people being supported);
- Parts of the area being selected by the Home Office for its Asylum dispersal scheme (with notable increases from the MENA region and further into Sub-Saharan Africa);
- Utilisation of the post-Brexit visa arrangements to recruit skilled workers from specific sectors i.e., Health and Social Care from across the Globe, which includes an increasing number of people who have No Recourse to Public Funds.
- Long-term pattern of second to fourth generation migrants settling in more rural areas (which creates a gradual increase particularly in people who identify from South Asian and African-Caribbean heritages).

Statistically, the Census has identified:

- Of Cumbria's 499,800 residents, 94.9% identified as White British compared the national average of 74.4%.
- 5.1% of Cumbrian residents identified as belonging to an ethnic minority group (including White minorities), this is an increase from 3.6% in 2011.
- Nationally, Allerdale and Copeland had the 1st and 2nd largest proportions of residents who identified their ethnic group as 'White British' and the 1st and 2nd smallest proportions of residents who identified their ethnic group as an ethnic minority group (including White minorities).
- Overall Cumbrian residents who identified as 'White British' decreased by -1.6% (compared to a national decrease of -1.7%), while residents who identified as belonging to the other ethnic group categories (including White minorities) increased proportionally (+44.8% compared to a national increase of +39.3%).
- There was an increase in the number of people who do not speak English as their first language and some changes in the main types of language people speak since 2011. According to the Census, the top 10 languages (excluding Ukrainian – see note above) are:
  - Polish            2927
  - Romanian      1558

- Hungarian 484
- Spanish 409
- Arabic 363
- Portuguese 308
- Chinese 285
- Turkish 277
- Filipino 267
- Bulgarian 250

NB. For Cumberland purposes, the majority of Filipino and Bulgarian speakers were in the Westmorland and Furness Areas.

The table below gives a breakdown of the all the ethnic groups and nationalities in with over 300 residents with the percentage of the Cumbrian population.

White: Polish	3,137	0.6
White: European Mixed	2,103	0.4
White: Irish	1,669	0.3
Mixed or Multiple ethnic groups: White and Asian (unspecified)	1,488	0.3
Asian, Asian British or Asian Welsh: Indian or British Indian	1,194	0.2
Asian, Asian British or Asian Welsh: Chinese	1,128	0.2
White: Romanian	1,077	0.2
Mixed or Multiple ethnic groups: White and Black Caribbean	796	0.2
Asian, Asian British or Asian Welsh: Filipino	668	0.1
Mixed or Multiple ethnic groups: White and Black African	590	0.1
White: Other White, White unspecified	543	0.1
Other ethnic group: Arab	461	0.1
Asian, Asian British or Asian Welsh: Bangladeshi, British Bangladeshi	446	0.1
White: North American	391	0.1
White: Hungarian	387	0.1
Asian, Asian British or Asian Welsh: Pakistani or British Pakistani	357	0.1
White: Other Eastern European	347	0.1
White: Gypsy or Irish Traveller	346	0.1
Black, Black British, Black Welsh of African background: African unspecified	340	0.1
Black, Black British, Black Welsh of African background: Nigerian	323	0.1
Asian, Asian British or Asian Welsh: Thai	307	0.1

### School Census January 2023

The School Census is taken 3 times annually in January, May and October and provides the best proxy data on ethnicity, languages spoken and nationality between censuses.

Key points from the Census show:



- Ethnic diversity has increased since 2001 across all districts in the Cumberland and the Westmorland and Furness area
- Nearly 70 different languages are being recorded as spoken in schools across both authorities
- There are pockets of diversity in which the proportion of people from an ethnic minority background is equal to or higher than the UK national average:
  - Urban centres, especially central Carlisle
  - Lake District National Park

The table below gives details on the ethnicity profile of schools in the Cumberland areas.

Local Authority	Cumberland
Total % of children from an ethnic minority group	7.4%
District with highest ethnic minority school figures	Carlisle 11.5%
Schools with the highest % of ethnic minority pupils	Carlisle primary 63.3%
Number of schools with more than 10% pupils from ethnic minority groups	34 schools (21 in Carlisle)

The table below gives a breakdown of the main ethnic minority groups (January 2023).

Ethnic group	Cumberland
White British (inc. White English)	35,975
White Other (excluding Gypsy Roma and Travellers)	987
Mixed heritage	697
Asian heritage	343
Black heritage	234
Chinese	68
Gypsy Roma and Travellers	75

The table below gives details on the top ten languages for Cumberland, based on children identified as English as an Additional Language.

Local Authority	Cumberland
Total languages	67 languages
Total average EAL	4.2% pupils EAL
District with highest EAL	7.1% pupils Carlisle
Rank 1	Polish 413 pupils
Rank 2	Ukrainian 84 pupils
Rank 3	Malayalam 81 pupils
Rank 4	Romanian 80 pupils
Rank 5	Arabic 54 pupils
Rank 6	Turkish 49 pupils
Rank 7	Portuguese 39 pupils
Rank 8	Lithuanian 35 pupils
Rank 9	Bulgarian 31 pupils
Rank 10	Chinese 29 pupils

NB. At the time there was only 1 **Ukrainian** speaker in Cumbria).

## The Government Race Disparities Unit<sup>2</sup>

The Government Equalities Office's Race Disparities Unit produces an ethnicity facts and figures service which collates data on outcomes by ethnic group across government departments and other public data collection bodies. The analysis below sets out disparities of potential relevance to Cumberland.

### Ethnicity and socio-economic status

- **Percentage of people in low-income households:** All ethnic minority groups had a higher percentage than White British people (for White Other the figure was the same before housing costs, but much higher after housing costs). NB. This is an average masking some ethnic minority groups whose average earnings are higher than White British people.
- **Persistent low income:** Overall 9% of all households (regardless of ethnicity) had persistent low income with all ethnic minority groups except Mixed more likely to be in a persistent low income household than White British Households.
- **Percentage in bottom 2 income quintiles:** All ethnic minority groups (including White Other) were more likely than White British people to be in the bottom 2 income quintiles, except Indian, which was the same as White British.

### Health disparities

- **Physical activity:** 61.4% of people aged 16 and over in England were physically active; people from a mixed ethnic background were most likely to be physically active out of all ethnic groups (68.0%), followed by people from the white 'other' ethnic group (65.0%); the percentages were lower for Asian, black, 'other' and Chinese ethnic groups than the national average, ranging from 50.4% to 57.8%.
- **Overweight adults (2017-18):** 62.8% of adults (people aged 18 and over) in England were overweight or obese; 67.5% of Black adults were overweight or obese – the highest percentage out of all ethnic groups; White British adults were more likely than average to be overweight or obese (63.7%)
- **Overweight children (2017-18):** 34% of children aged 10-11 were overweight; 32% for White British, and over 32% for all ethnic minority groups except Chinese and Mixed White/Asian.
- **Wellbeing/Life Satisfaction (2018):** Overall White respondents were more satisfied with life than non-White respondents except for Indian and Asian Other respondents.

### Housing disparities

- **Home ownership and private renting:** In every, socio-economic group and age group, White British households were more likely to own their own homes and less likely to privately rent than all ethnic minority households combined
- **Overcrowded housing:** White British households were less likely to be overcrowded than households from all other ethnic groups combined – this

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<sup>2</sup> <https://www.ethnicity-facts-figures.service.gov.uk/>

was across all socio-economic groups and age groups, most regions and income band.

- **Fuel Poverty:** White households were less likely to be in fuel poverty than households from all other ethnic groups combined

### **Educational disparities**

- **Early Years:** 71% of children meet the expected standard of development. 73% for White British children, lower than 71% for all Ethnic Minority Groups except Indian, Chinese, Mixed and Mixed White Other. The lowest are Gypsy Roma Traveller Children 34% and Irish Traveller Children 39%.
- **7-11 Year Olds:** Most ethnic minority groups out-perform White British children. The lowest pass rates are Irish Traveller and Gypsy Roma Traveller children.
- **GCSE English and Maths:** 51.9% of all children achieved Grade 5 or above. Most ethnic minority groups outperformed White British Groups (50.9%) – key disparities: Black Caribbean 35%; Black Other 45%, Irish Travellers 21% and Gypsy Roma and Travellers 9.1%.

**Destinations and earnings after study:** White people were the most likely out of all ethnic groups to be in sustained employment, study or both (at 78%); those most likely to have a destination that was not sustained were from the Black Caribbean (28%), Pakistani (26%) and Other Black (24%) ethnic groups.

### **Implications for Public Services**

- Public services will need to adapt to meet the needs from people from around the world speaking around 70 languages with different needs. This will have implications for customer contact services and all front-line services.
- To prevent discrimination public services will need to have better local research on disparities and work with local ethnic minority communities to develop a shared understanding of the key race equality priorities in services
- With around 400 race hate crimes per year, tackling racism at a structural and policy level, as well as on the ground will remain a key test for building trust and confidence among ethnic minority groups in public authorities.
- Forced migration could lead to greater pressures on housing due to:
  - risk of homelessness among some groups due to the nature of the programmes supporting them (Ukrainians, asylum seekers)
  - increase in houses of multiple occupancy due to lack of appropriate housing stock
  - community cohesion pressures if existing housing pressures are perceived to be exacerbated by supporting migration programmes
- Early Years, Schools and post-16 education settings accommodating people who come from diverse cultures, addressing educational attainment will require dedicated support and provision.

- Persistent inequalities for Gypsy Roma Travellers in relation to accommodation, health and education remains a long-term structural challenge that requires a bespoke approach.
- Opportunity to address workforce challenges through global recruitment, but requires strong workforce and organisational cultures that support diversity

## Sexual Orientation and Gender Identity

In the 2021 Census people were asked questions about sexual orientation and gender identity for the first time. This creates new baseline figures for Cumbria.

Overall, the numbers of people identifying as Gay or Lesbian, Bisexual and Transgender were close to the national average, and higher than most county-level authority areas.

### Sexual Orientation

- Of 420,000 people aged 16+, 93.5% answered the 2021 Census question about sexual orientation; this was slightly higher than the national average (92.5%).
- 91.1% identified as straight or heterosexual (compared to national average of 89.4%)
- 2.3% identified as gay or lesbian (1.2% versus national 1.5%), bisexual (0.9% versus national 1.3%) and 'other sexual orientation' (0.2% versus national 0.3%)

### Gender Identity

- Of Cumbria's 420,000 usual residents aged 16+, 95.1% answered the 2021 Census question about gender identity; this was slightly higher than the national average (94%).
- Compared to the national average, Cumbria had a slightly higher proportion of people who answered "Yes", indicating that their gender identity was the same as their sex registered at birth (94.7% vs. national 93.5%).
- Inversely, Cumbria had a marginally lower proportion of people who answered "No", indicating that their gender identity was different from their sex registered at birth but did not provide a write-in response (0.1% vs. national 0.2%).
- Finally, Cumbria had the same proportion as the national average in relation to people who identified as a trans man (0.1%), identified as a trans woman (0.1%) and who wrote in a different gender identity (0.1%).

Local Authority and District	LGB %
Allerdale	2.1%
Carlisle	2.8%
Copeland	2.1%
Cumberland	2.33%
England	3.1%

## Office for National Statistics overview of Gender Identity and Sex the Census 2021<sup>3</sup>

Nationally the following identifiable trends have been highlighted by the ONS:

- People aged 16 to 24 years were the most likely age group to have said that their gender identity was different from their sex registered at birth (in this article we refer to people in this category as being trans), with 1.00% identifying as such.
- A similar proportion of people who answered the sex question as female (0.52%) and male (0.56%) identified as trans.
- Across all age groups, there were a higher proportion of people who identified as trans in England than in Wales.

## Government Equalities Office National LGBT Survey July 2018<sup>4</sup>

Data on disparities for Sexual Orientation and Gender Identity are less easily available than for many other protected characteristics. The most recent large-scale survey was completed by the Government Equalities Office in 2018.

### Disparities in overall satisfaction

LGBT respondents are less satisfied with their life than the general UK population (rating satisfaction 6.5 on average out of 10 compared with 7.7). Trans respondents had particularly low scores (around 5.4 out of 10).

### Disparities in community safety

- More than two thirds of LGBT respondents said they avoid holding hands with a same-sex partner for fear of a negative reaction from others.
- At least two in five respondents had experienced an incident because they were LGBT, such as verbal harassment or physical violence, in the 12 months preceding the survey. However, more than nine in ten of the most serious incidents went unreported, often because respondents thought 'it happens all the time'.

### Mental Health disparities

24% of respondents had accessed mental health services in the 12 months preceding the survey.

### Homelessness disparities

69% of young LGBT homeless people were rejected by their parents and suffered abuse within the family

### LGBTQ+ young people (2016 survey)

A study by Queer Futures in 2016<sup>5</sup> explored mental health and wellbeing outcomes for LGBTQ+ young people. It sought to understand why higher rates of self-harm and

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<sup>3</sup> [Gender identity: age and sex, England and Wales - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/people-in-the-uk/demography-and-diversity/gender-identity/gender-identity-age-and-sex-england-and-wales)

<sup>4</sup>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/722314/GEO-LGBT-Survey-Report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/722314/GEO-LGBT-Survey-Report.pdf)

<sup>5</sup> <http://www.queerfutures.co.uk/resources/>

suicidal feelings are experienced and how and when young people reach out for help. Their findings include the following:

- Over 70% of young people experienced discrimination, bullying, rejection, physical and verbal violence, threats and/ or other forms of marginalisation related to their sexual orientation and gender identity.
- Those who experienced abuse or negative interactions due to their sexual orientation were 1.55 times more likely to plan or attempt suicide than those who had not. Those who reported feeling affected by abuse related to their sexual orientation and gender identity were 2.18 times more likely to plan or attempt suicide than those unaffected.
- Over three quarters of participants had asked for help from at least one source, but nearly a quarter had not asked for help from anyone, online or offline. Results indicated that LGBT young people most often looked for help when they were at crisis point; i.e. when they felt that they were not coping, or could not go on with how they were feeling.
- The most commonly chosen reason for not asking for help was 'I didn't want to be seen as attention seeking' (49.5%), followed by 'I did not want them to worry about me' (43.5%). Just under one quarter of participants selected 'I did not want anyone to know about my sexual orientation/ gender identity'. The strongest predictor of asking for help was whether the participant had self-harmed.

### **Implications for public services**

- Transgender inclusion will require changes to service design and delivery, monitoring that allows for flexible gender identity, building designs that include non-binary changing and toilet facilities, policies that support culture change towards living a more gender fluid society;
  - Services for children and young people will see increasing numbers of people identifying as LGBT+ and professionals working with LGBT+ young people will need to have a strong understanding of their lived experience;
  - Support for LGBT+ community organisations and a greater emphasis on community belonging and addressing homophobia and transphobia will need to become a more integral part of wider community engagement and development strategies;
  - A greater focus will be required on understanding the health, housing and wider socio-economic disparities experienced by LGBT+ people;
  - To address LGBT+ disparities and the lack of national baseline material, more localised research would be required that involved professionals and members of the LGBT+ community working together.
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## Disability and Health<sup>6</sup>

The Equality Act and the Census work with a broad definition of disability that covers anyone who considers themselves to have a long-term condition that affects their day-to-day activities. Typically, this might include around 20% of the population.

Within this there are broad categories of conditions, but there is no Census data collected on these. As a proxy, there is a section below that uses a snapshot of people using Adult Social Care services to provide some evidence of numbers of people with Learning Disabilities, Mental Health service users, people with Sensory Loss and Mobility conditions.

Also included is modelling work on the potential trend increases for various kinds of disability in Cumberland (especially among people aged 65+).

NB. Many people legally classified as disabled would reject the term, especially including many in the Deaf community and many who are Neurodiverse.

### General Health

- 80.1% of Cumbria's population reported their health was 'good or very good'; slightly lower than the national average (82%).
- Compared to the national average, Cumbria had slightly higher proportions of residents who reported their health was 'fair' (14.2% vs. national 12.7%) and 'bad or very bad' (5.7% vs. national 5.2%).
- Once age structure is accounted for, 82% of residents in Cumbria reported their health was 'good or very good'; slightly higher than the national average (81.6%).
- Compared to the national average, Cumbria had slightly lower proportions of residents who reported their health was 'fair' (12.9% vs. national 13.1%) and 'bad or very bad' (5.1% vs. national 5.4%).
- The largest change by general health in Cumbria was a decrease in residents reporting their health was 'bad or very bad' (-4.9% vs. national -0.6%).
- Copeland had the 4th largest decrease in residents reporting their health was 'good or very good'.

### Disability

- 19.3% of Cumbria's population reported they were disabled (limited day-to-day activities) compared to 17.5% nationally, and 8.8% reported their day-to-day activities were limited 'a lot' compared to 7.5% nationally.
- With age factored in 18% of Cumbria's population reported limited day-to-day activities compared to the 17.8% nationally, and 7.6% reported their day-to-day activities were limited 'a lot' compared to 7.6% nationally.
- The largest change by disability in Cumbria was a decrease in residents reporting their day-to-day activities were limited 'a lot' (-14.8% vs. national -6.5%).

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<sup>6</sup> For a fuller Census briefing see

<https://cumbria.gov.uk/elibrary/Content/Internet/536/671/4674/17217/17220/44957112549.pdf>



The Institute of Public Care have set out 2020-2040 projections for various conditions in Cumberland linked to an aging society.<sup>7</sup>

<b>Cumberland</b>					
<b>Disability</b>	<b>Age Range</b>	<b>2020</b>	<b>2040</b>	<b>Change</b>	<b>% Change</b>
Mobility problems	18-64	9,661	8,195	-1,466	-15.2%
	65+	11,593	16,203	4,610	39.8%
Autistic Spectrum Disorders	18-64	1,568	1,398	-170	-10.8%
	65+	614	785	171	27.9%
Learning Disabilities	18-64	3,826	3,452	-374	-9.8%
	65+	1,338	1,729	391	29.2%
Diabetes	18-64	5,845	4,996	-849	-14.5%
	65+	8,040	10,201	2,161	26.9%
Visual impairment	18-64	103	92	-11	-10.7%
	65+	7,478	10,447	2,969	39.7%
Hearing impairment	18-64	18,729	15,792	-2,937	-15.7%
	65+	43,666	59,792	15,881	36.4%
Mental health problem	18-64	51,485	46,167	-5,318	-10.3
Alcohol related health problem	18-64	7,142	6,281	-861	-12.1%
Drug dependence	18-64	5,061	4,740	-321	-6.3%
Suicide	18-64	15	13	-2	-13.3%
Survivor of sexual abuse	18-64	18,242	16,383	-1,859	-10.2%
Early onset dementia	18-64	83	68	-15	-18.1%
Challenging behaviours	18-64	71	64	-7	-9.9%
Personal care	18-64	8,400	7,172	-1,228	-14.6%
Stroke	18-64	552	469	-83	-15.0%
Limited long term illness	65+	32,037	42,659	10,622	33.2%
Depression	65+	5,485	7,025	1,540	28.1%
Severe depression	65+	1,727	2,309	582	33.7%
Cardiovascular disease	65+	20,437	26,769	6,332	31.0%
Bronchitis/emphysema	65+	1,093	1,398	305	27.9%
Falls	65+	16,951	22,566	5,615	33.1%
Falls – hospital admissions	65+	2,019	2,929	910	45.1%
Continence	65+	12,527	16,591	4,064	32.4%
Obesity	65+	19,471	24,646	5,175	26.6%
Dementia	65+	4,470	6,603	2,133	47.7%

Projecting Adult Needs and Service Information) and POPPI (Projecting Older People Population Information) websites.

### **Cumbria Adult Social Care Data 31/3/2023 Disability**

<sup>7</sup> <https://www.pansi.org.uk/>

The figures below use compare the % of people using physical disability, mental health and learning disability services against the overall district census profiles to check for under- and overrepresentation.

Overall:

- **Physical Disabilities:** People from Copeland have the highest proportionate numbers of users with physical disabilities
- **Carers:** Carers are more closely distributed by % of population across districts
- **Other Vulnerable:** Allerdale is significantly under-represented in this group, with Carlisle, Copeland and Eden roughly similar to the underlying population %.
- **Mental Health:** Carlisle has a significantly higher % of people in mental health services than the % of the population.

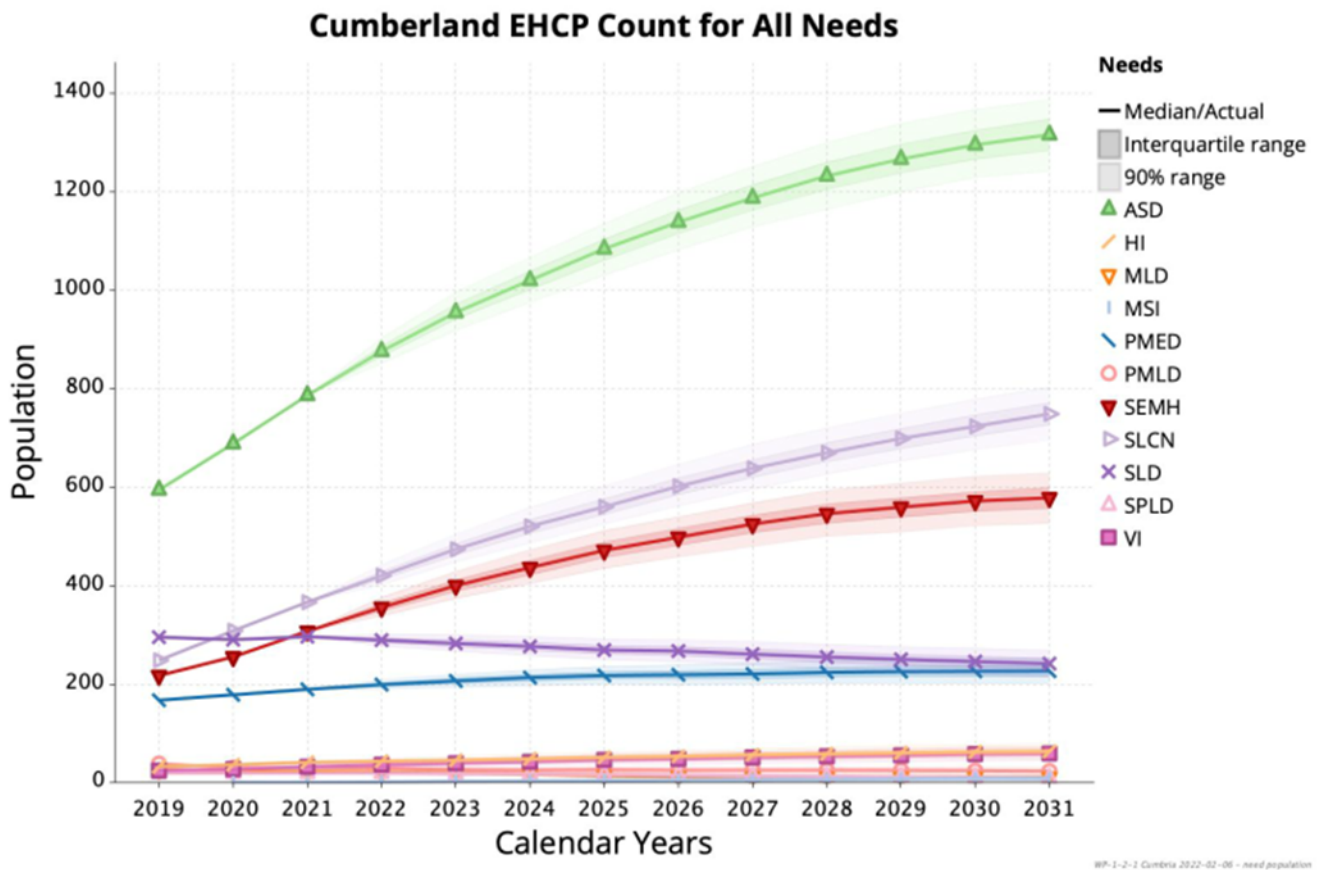
District	Allerdale	Barrow-in-Furness	Carlisle	Copeland	Eden	South Lakeland	Out of County	Unknown	Total
Census population 2021	19.2%	13.5%	22%	13.42%	10.9%	20.9%			
Physical Disability	1382 (20.6%)	1104 (16.48%)	1496 (22.33%)	1020 (15.22%)	529 (7.9%)	1089 (16.25%)	51	27	<b>6698</b>
Over under-rep	Over	Over	Over	Over	Under	Under			
Carer	845	740	1049	656	580	983	32	24	<b>4909</b>
Over under-rep	Under	Over	Under	Same	Over	Under			
Other Vulnerable	200	824	248	236	79	860	44	17	<b>2508</b>
Over under-rep	Under	Over	Same	Same	Same	Over			
Mental Health	408	178	599	251	201	212	117	24	<b>1990</b>
Over under-rep	Same	Under	Over	Same	Under	Under			
Learning Disability	351	225	385	209	156	294	62	7	<b>1689</b>

### Disability trends for younger people

Special Educational Needs and Disability (SEND) and Education and Health Care Plans (EHCP) provide proxy information on the numbers of disabled children in the population. While Cumberland follows the national trend towards a decline in physical mobility and complex medical forms of disability, the overall rise in conditions related to neurodivergence, mental health, and speech language and communications has risen significantly.

The numbers of young people with an EHCP has doubled since 2019 and is set to increase over the next decade before levelling off in the 2030s.

- Autism (ASD) projected to continue to contribute to the largest proportion of the population.
- Speech Language and Communication Needs (SLCN) are also a growing area of need.
- Social Emotional and Mental Health Needs are now the 3<sup>rd</sup> largest cohort.



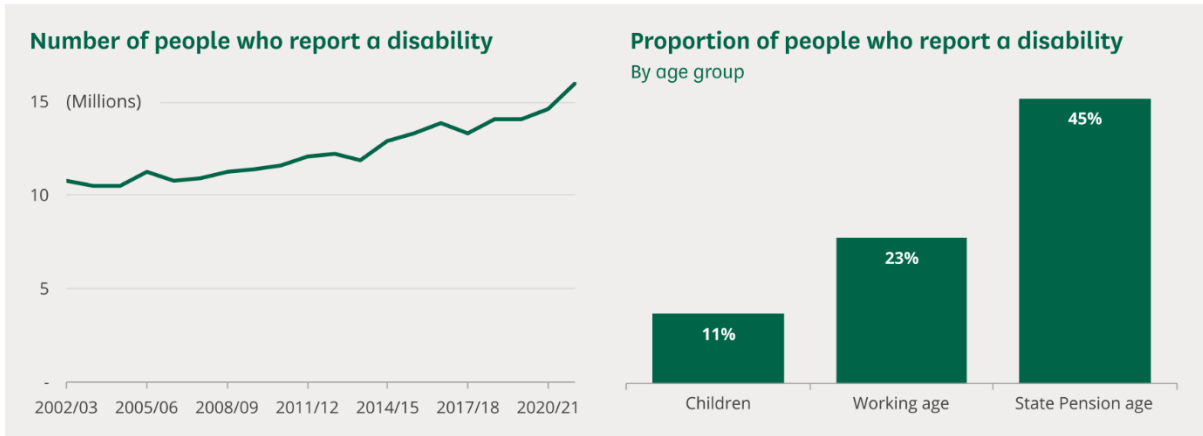
## The ONS Outcomes for Disabled People in the UK 2021 Report<sup>8</sup>

This report provides the most recent national overview of disparities in outcomes for disabled people.

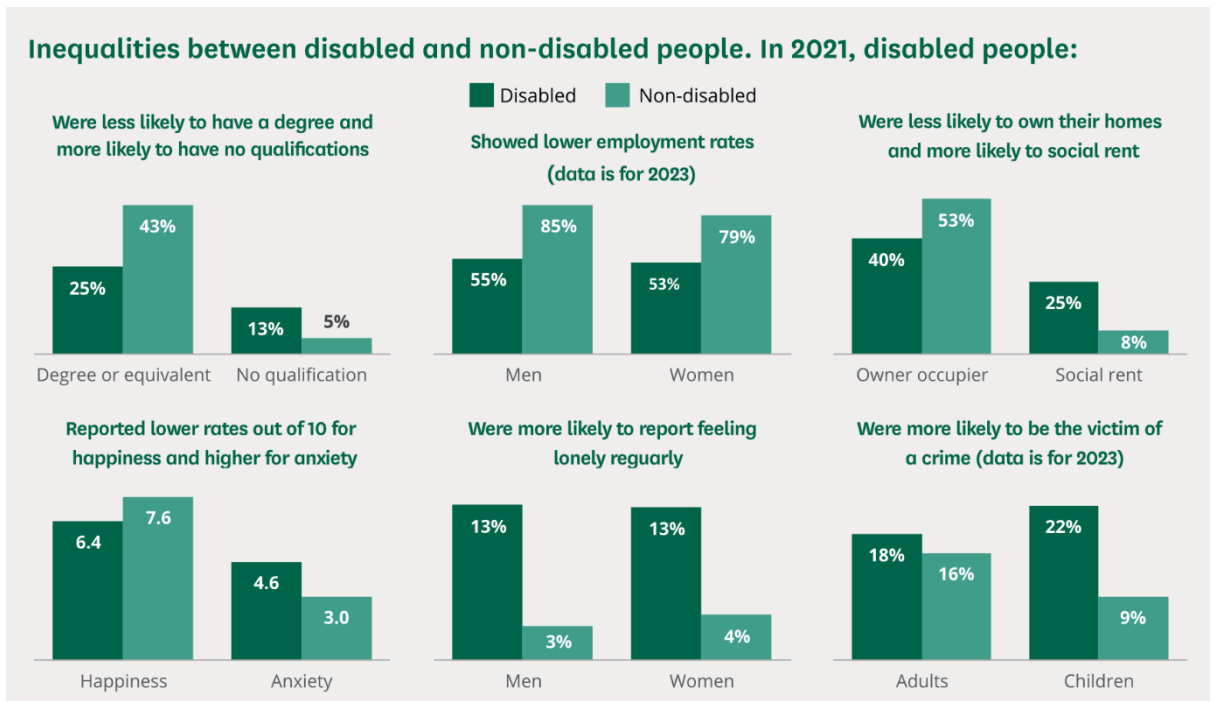
Infograph 1 sets out the overall rising trend of disability in the UK in the 21<sup>st</sup> Century.  
<sup>9</sup>

<sup>8</sup> <https://www.ons.gov.uk/releases/outcomesfordisabledpeopleintheuk2021>

<sup>9</sup> The national disability infographics have been taken from the UK Parliament Report on UK disability statistics: Prevalence and life experiences published August 2023  
<https://commonslibrary.parliament.uk/research-briefings/cbp-9602/>



Infograph 2 sets out the disparities facing disabled people



## Implications for Public Services

### Implications of for Public Services

- A transformation in the way public services think about neurodivergence with greater emphasis on pre-diagnostic support, especially in relation to children and young people and addressing the growing demand for SEND support, and also for working age adults to benefit from neurodivergent supportive workplaces;
- Increasing pressure to provide preventative mental health support and a wider range and sufficiency of different forms of therapeutic support, as

well as further work on the intersectionality of mental health (i.e., intersectionality with LGBT+, ethnicity, sex, age, and poverty);

- Increased demand for Adult Social Care and acute health services;
- Pressures on housing stock, including cost of disability and climate adaptation, demand for extra-care housing;
- Increasing need for disability accessible transport and built environment
- Accessibility opportunities and challenges in terms of digital services and assistive technology;
- Increasing demand for more age friendly and disability friendly approaches to support in employment, with a shift from 'reasonable adjustments' to inclusion by design.

## Sex

In the Equality Act, Sex refers to a binary concept of male and female gender as ascribed at birth.

The Census figures for Cumberland tend to reflect national trends with a near 50/50 split with older age-related differences widening linked to health inequalities and deprivation (i.e., areas with higher deprivation seeing the gap between male and female longevity being wider than in affluent areas).

More work is required on the economic activity questions in the Census mapped to research on sex, occupation and pay to establish disparities.

Overall women are overrepresented in low pay work, single mothers the most likely group to rely on emergency welfare support, and women make up approximately 90% of Domestic Abuse victims.

### **The Equality and Human Rights Commission Monitoring Report 2023**

The EHRC has identified the following headline disparities for women and men:

- Girls continue to outperform boys in early years, primary and secondary education across Britain.
- The employment gap between men and women has narrowed due to improvements in educational attainment.
- The pay gap between men and women, known as the gender pay gap, has narrowed slightly, but with little change for more educated women. Child rearing is a key cause of the gender pay gap.
- Women in Britain now have higher rates of poverty than men and the proportion of households headed by women that are overcrowded has grown.
- Socio-economic inequalities in life expectancy in the UK continue to be wider for men than women with decreases since 2010 and following the COVID Pandemic nationally, and especially in the North West.<sup>10</sup>
- Men are far more likely than women to be in prison or to die by suicide. The male suicide rate has increased in England and Scotland.
- There has been a sharp drop in charges for rape offences, with more women withdrawing their case.
- More men than women voted in the 2019 general election, a trend not seen in the previous three elections. At the same time, women in England have become more engaged in political activities than men.

### **Women in the Economy: The Government Gender Equality Road Map 2018<sup>11</sup>**

This report identified a number of drivers of inequality in the economy:

<sup>10</sup> [Life expectancy for local areas in England, Northern Ireland and Wales - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

<sup>11</sup>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/821889/GEO\\_GEEE\\_Strategy\\_Gender\\_Equality\\_Roadmap\\_Rev\\_1\\_1\\_.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/821889/GEO_GEEE_Strategy_Gender_Equality_Roadmap_Rev_1_1_.pdf)

- Limiting attitudes to gender:
  - 67% girls aged 11-16 think women do not have the same life-chances as men
  - 22% A-level physics students are women
  - Social norms and stereotyping in advertising and social media.
- Women tending to be in lower paid sectors:
  - Women 50% more likely to work in lower paying jobs;
  - Women 20% more likely to be stuck in a lower paying job for 10 years:
  - Gender segregation accounts for 35% of the gender pay gap
  - 38% Head Teachers are women while 63% teaching staff are women.
- Women take more time out of work for caring responsibilities:

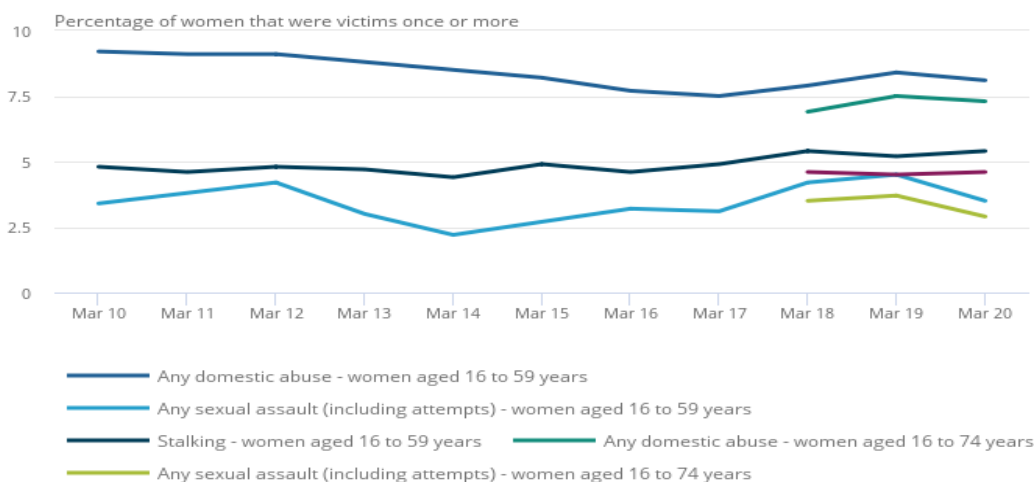
## ONS on the Lasting Impact of Violence against Women and Girls 2021<sup>12</sup>

As part of its Census review the ONS identified a number of trends in relation to women's and girls' experience of violence.

Overall prevalence remains largely unchanged over the past decade.

Levels of abuse towards women have remained similar in recent years

Year on year prevalence of domestic abuse, sexual assault and stalking in the last year for women aged 16 to 59 years and 16 to 74 years in England and Wales



Source: Office for National Statistics - Crime Survey for England and Wales, March 2020

Other findings include:

- 46% of female homicides in 2020 were victims of domestic violence;
- 25% of women who experienced violence were abused as children (emotional abuse and witnessing domestic violence as the largest types of abuse);
- Outside the domestic environment, in 2021 32% of women aged 16+ experienced harassment in a public setting;

<sup>12</sup>

<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/thelastingimpactofviolenceagainstwomenandgirls/2021-11-24>

- 78% of women reported feeling unsafe walking in an open space or park after dark (rising to 89% for women who experienced harassment);
- Ofsted reported in 2021 that 90% of girls, and nearly 50% of boys, said being sent explicit pictures or videos of things they did not want to see happens “a lot or sometimes” to them or their peers.

### **Implications for Public Services**

- Developing an all age/phase educational curriculum that addresses gender disparities in attainment between boys and girls, with particular focus on girls succeeding in STEM subjects and boys from lower income households closing the gap on reading and writing.
- Developing public health interventions that address gender related health disparities, especially in terms of the intersection between health and socio-economic inequality.
- Impact of an aging population and the cost of childcare will disproportionately impact on women in the public sector workforce who are statistically more likely to have caring responsibilities, potentially exacerbating the gender pay gap and limiting access to senior positions.
- A growing pressure to address gender segregation in employment, by attracting more males into front line health and care roles and more women into historically male-dominated occupations.



