The Picture In Cumberland

Understanding Local and National Performance within Research Priority Areas

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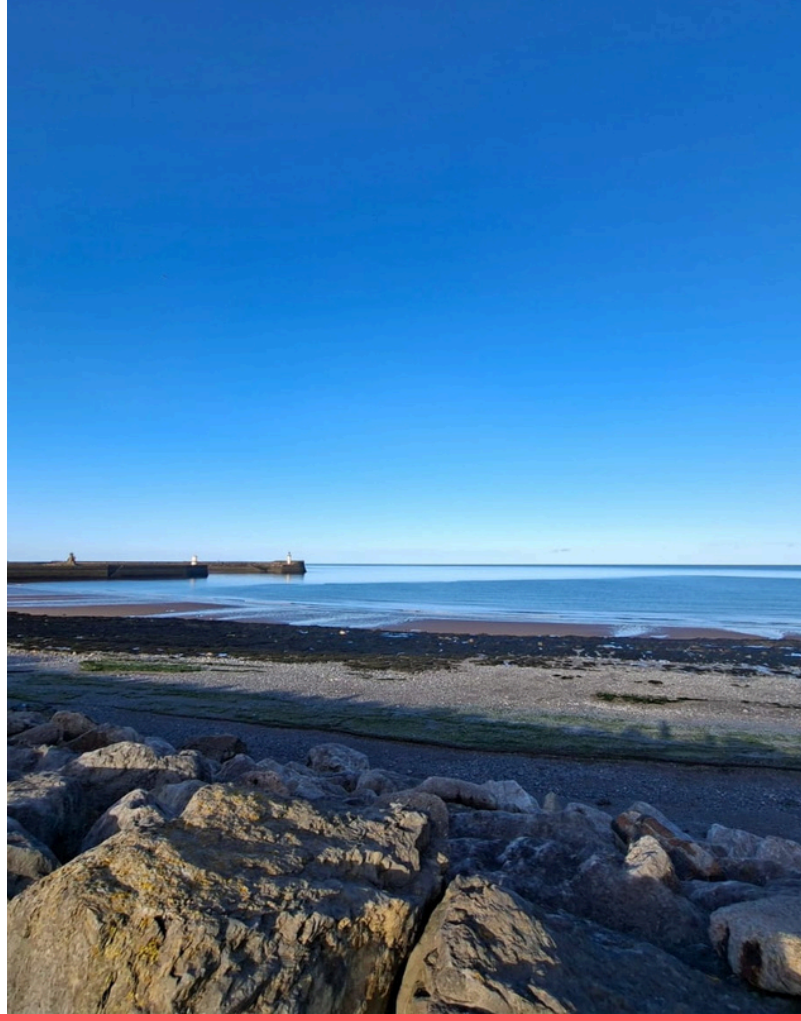
NIHR
Health Determinants Research Collaboration

Cumberland Council



The Health Determinant Research Collaboration (HDRC) is a five-year programme funded by the National Institute for Health Research, running from January 2024 to December 2028. The initiative was established to build and embed research capability across Cumberland Council and the voluntary sector, strengthening the capacity of staff to use robust evidence in planning, commissioning and delivering services. By focusing on applied research and collaborative working, the HDRC seeks to support more systematic, evidence-informed responses to persistent health inequalities across the county.

During 2024 the HDRC conducted a comprehensive stakeholder engagement process, consulting with 107 individuals representing council officers, elected members, community-based organisations and academic partners. The consultation was designed to surface local priorities, identify the most pressing evidence gaps and ensure that the research programme reflects community need. From this process seven priority themes were agreed, each selected on the basis of local relevance and the potential for research to influence policy and practice. These are; Poverty, Mental Health & Neurodiversity, Substance Use, Obesity & Food Insecurity, Cared for Children, Pathways to Employment and Access to Housing.

For each of the seven themes the HDRC pursues a consistent set of analytical questions: the extent and severity of the issue, the populations most affected, spatial variation across Cumberland's rural, coastal and urban areas, systemic and practical barriers to improvement, and the interventions or approaches that show promise. These questions drive an integrated research approach that combines scoping reviews of recent interventions, secondary data analysis to characterise the current evidence base, targeted primary data collection and community-led deep dives conducted with community co-researchers.

This report presents the secondary data analysis across all seven themes. To achieve this, a wide range of metrics, relating to all seven themes, have been collected from a variety of sources, with the aim of consolidating information into a single, central location. The aim is to provide a clear and concise baseline picture of the issues affecting Cumberland, to situate local performance relative to national benchmarks and to identify patterns that warrant further investigation or future policy attention.

By consolidating and interpreting existing data at both local and national levels, this report intends to inform future research across Cumberland, strategic decision-making, highlight opportunities for targeted intervention and signal areas of relative strength. The findings are intended to support policymakers, practitioners and community partners in prioritising actions that are evidence-led, equitable and tailored Cumberland's diverse places and populations.

Poverty

Index of Multiple Deprivation and the Income Deprivation Domain

Although Cumberland has fewer Lower Super Output Areas (LSOAs) within the most deprived national decile than the national average, a substantial share of local areas remain concentrated toward the lower end of the deprivation distribution (most deprived). Specifically, 23.1% of Cumberland's LSOAs fall within IMD deciles 1–3, and 45.7% fall within deciles 1–5 **(Figure 1)**. These proportions indicate that nearly half of Cumberland's small-area geographies experience at least moderate levels of relative deprivation and that almost a quarter are among the most severely deprived areas. Taken together, these patterns point to widespread income-related hardship across the county and underscore the need for geographically targeted interventions and resource allocation informed by local variation in deprivation. county and underscore the need for geographically targeted interventions and resource allocation informed by local variation in deprivation

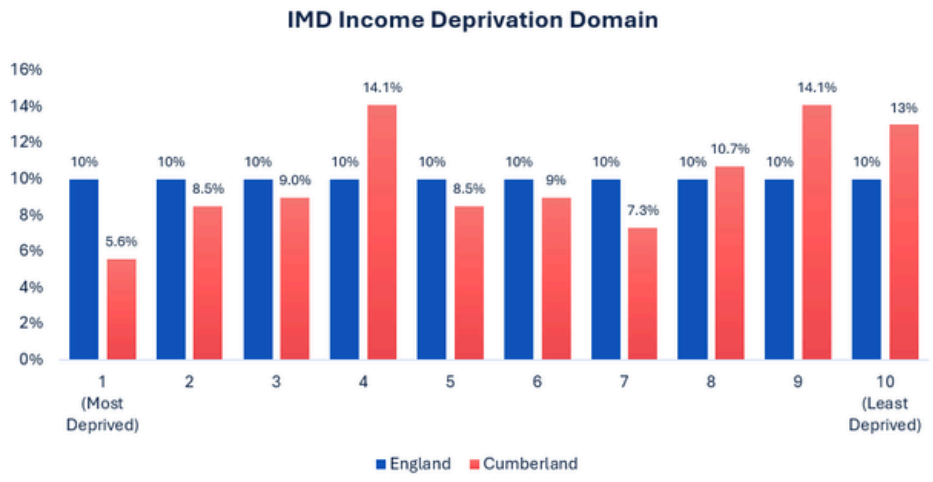


Figure 1. *IMD Income Deprivation Domain. Ministry of Housing, Communities and Local Government (2025)*

Poverty

Income

Between 2022 and 2024, average weekly earnings in Cumberland rose from £491.70 to £591.50, delivering a cumulative increase of 20.3 percent **(Figure 2).** This growth also surpasses the North West regional figure of £574.90 per week. Yet, despite these advances, Cumberland's earnings remain below the national average, a figure of £603.5 per week, a shortfall that has persisted since 2022 *(ONS - A.W.E, 2024).*

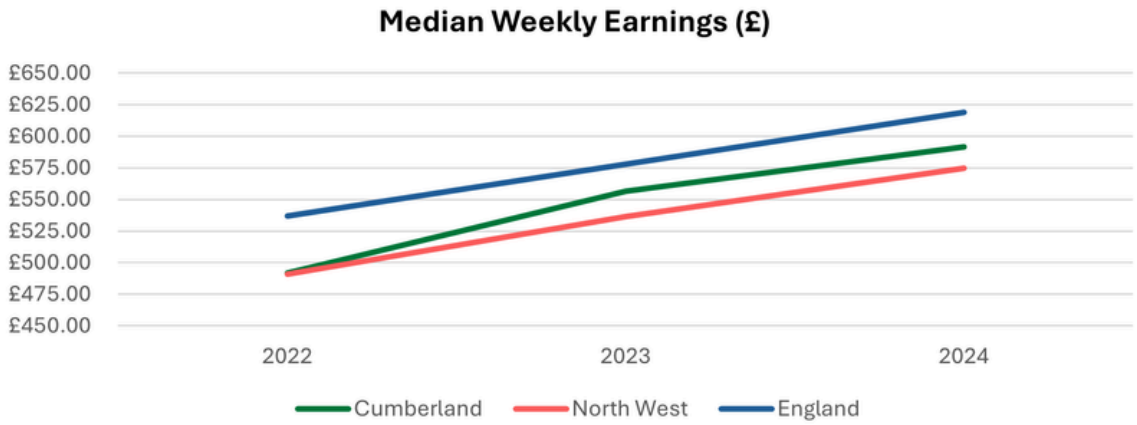


Figure 2. *Median Average Weekly Earnings. Office for National Statistics (2024)*

Similarly, full-time annual earnings in Cumberland rose from £25,624 in 2022 to £37,817 in 2024 **(Figure 3)**, thereby surpassing both the regional average of £35,298 and the national average of £37,617 over the same period *(ONS – ASHE, 2024)*.

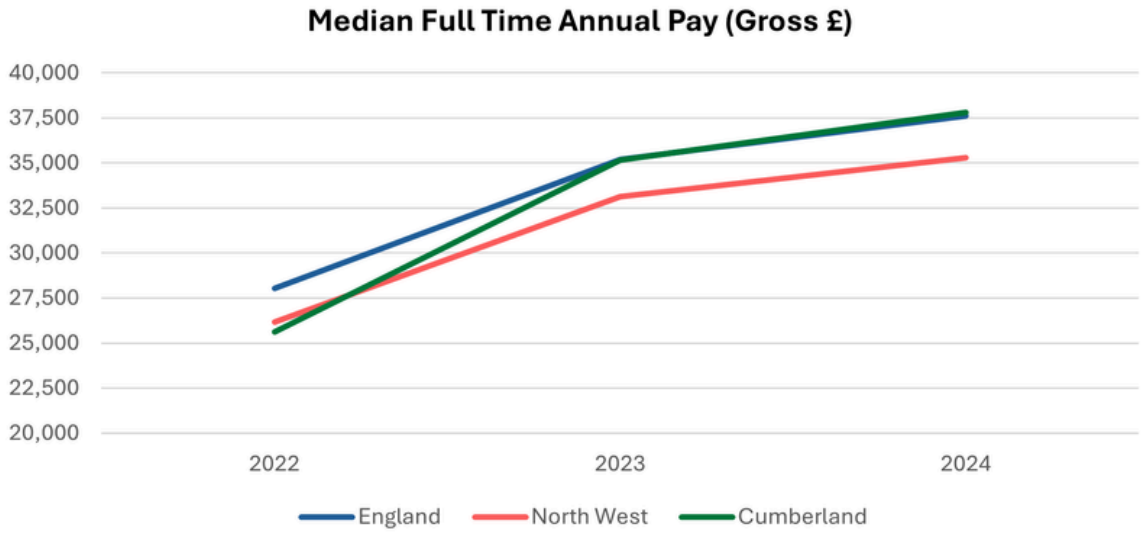


Figure 3. *Median Full Time Annual Pay. Office for National Statistics - ASHE (2024)*

Poverty

The Gross Disposable Household Income (GDHI), per head of population, shows a similar trend, in that Cumberland has demonstrated a substantial increase from £18,585 in 2020 to £21,411 in 2023 *(ONS - G.D.H.I, 2023)*. This is also a similar trend that is demonstrated across the North West region, with an increase from £18,395 in 2020 to £21,543 in 2023 **(Figure 4)**. This highlights that, on average, households within Cumberland typically have slightly less disposable income per year, compared to households within other local authorities across the North West region. Given that Cumberland has higher average weekly earnings compared to the North West the lower GDHI could be associated with increased costs of living within the region such as housing, energy, transport and food.
When compared with England's per-head GDHI of £25,425, Cumberland households face a £4,014 deficit, equivalent to a 15.8 percent shortfall. Such a gap underscores the dual challenge of sustaining wage growth while containing essential living expenses.

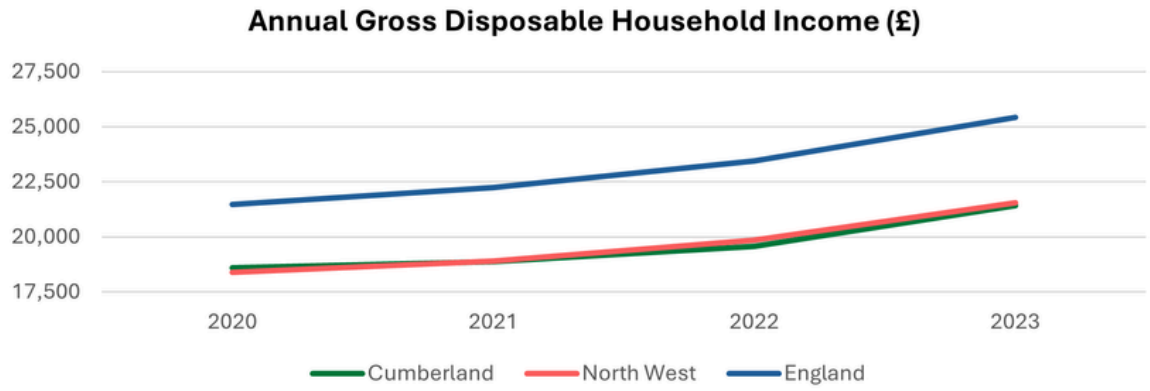


Figure 4. *Gross Disposable Household Income. Office for National Statistics (2023)*

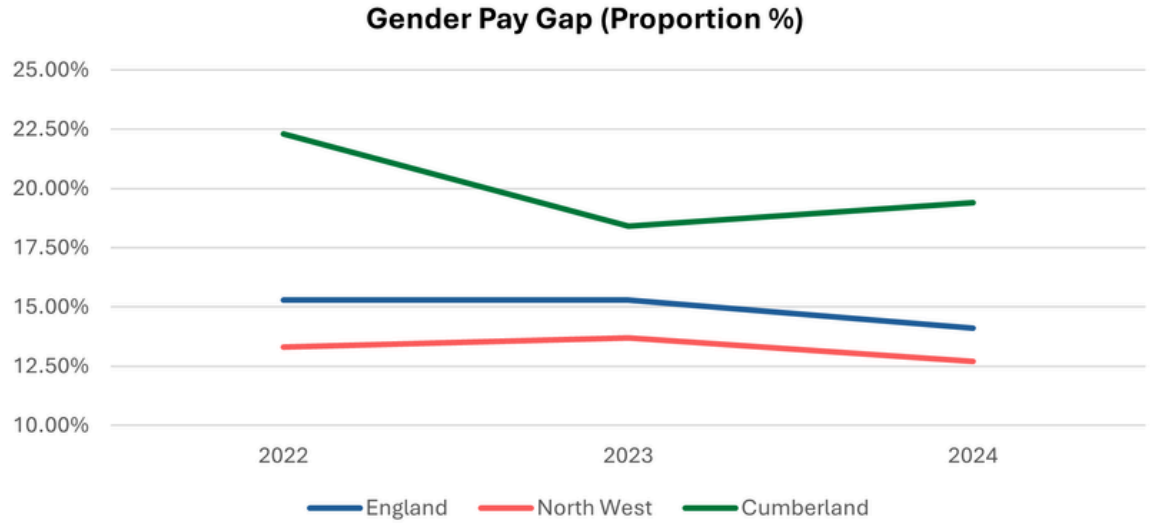


Figure 5. *Gender Pay Gap by Workplace Location. Office for National Statistics (2024)*

Poverty

There is a significant gender pay gap that exists within Cumberland with women being paid, on average, 19.4% less than their male equivalents *(ONS - Gender Pay Gap, 2024)*. This local disparity considerably outstrips both the North West regional average of 12.7% and the UK national figure of 14.1%, underscoring a structural imbalance that risks undermining economic growth and labour market efficiency **(Figure 5).**

Child Poverty

In Cumberland, the proportion of children in absolute low-income families rose from 13.6% in 2021/22 to 18.6% in 2023/24, a 5-percentage-point increase over two years (DWP, 2025). This local trend echoes wider patterns in the North West, where 24.2% of children now live in absolute low-income households, and across England, where the figure stands at 19.1% *(DWP, 2025)* **(Figure 6)**.

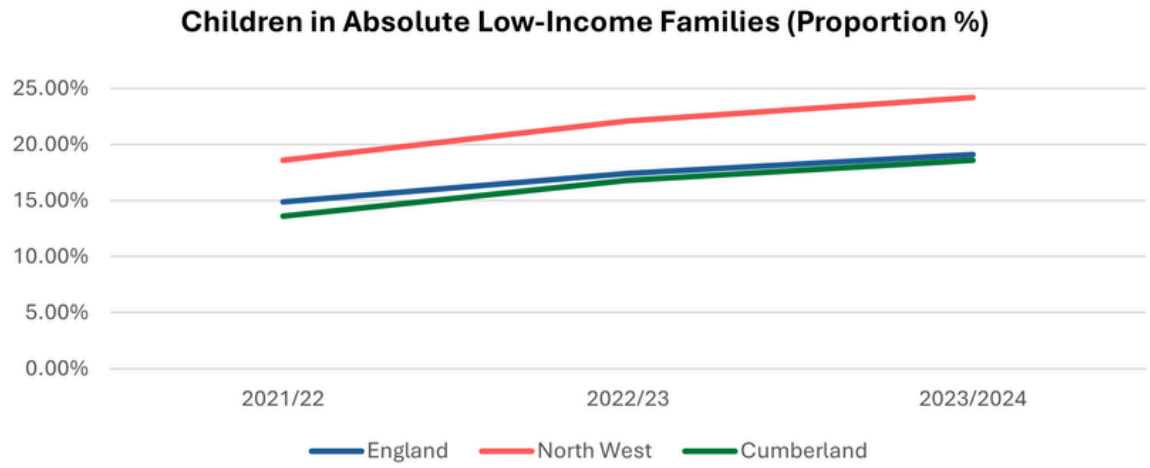


Figure 6. *Children in Absolute Low-Income Families. Department for Work & Pensions (2025)*

Over the past 2 years, the proportion of children in relative low-income households in Cumberland has risen sharply from 18.7% to 22.0% *(DWP, 2025)* a 3.3-point increase since 2021/22 **(Figure 7)**. This escalation is reflected across the North West where the rate climbed from 24.1% in 2021/22 to 27.8% in 2023/24 and in England as a whole, which saw an increase from 19.3% to 22.1% over the same period *(DWP, 2025)*. Such persistent growth in relative child poverty further goes to demonstrate widening income disparities and intensifying cost-of-living pressures on families.

Poverty

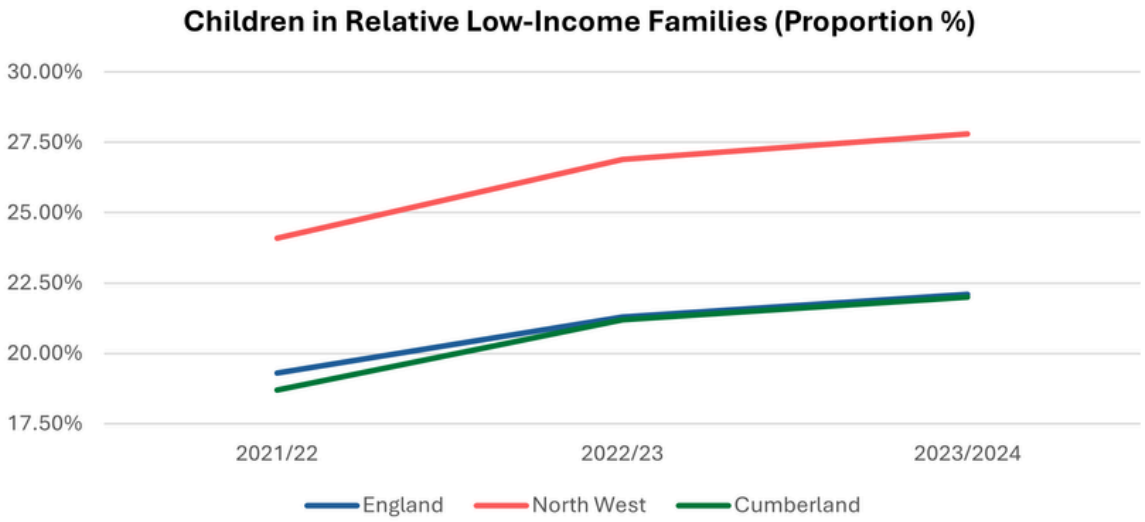


Figure 7. *Children in Relative Low-Income Families. Department for Work & Pensions (2025)*

Unemployment

Unemployment among those aged 16–64 in Cumberland has remained consistently below both the North West and England averages across the period shown **(Figure 8)**. In 2022/23 the unemployment rate in Cumberland was 3.7%, slightly below England (3.9%) and the North West (3.6%). The rate fell further in 2023/24 to 3.4%, before declining again to 2.7% in 2024/25, while unemployment increased slightly at both the regional and national level *(APS, 2025)*. This suggests that overall labour market participation in Cumberland has remained comparatively strong despite wider upward pressures in unemployment nationally.

Male unemployment in Cumberland remains consistently lower than both the North West and England averages. The rate increased slightly from 2.8% in 2022/23 to 3.3% in 2023/24, before stabilising at 3.1% in 2024/25 **(Figure 9)**. Over the same period, unemployment among males increased more noticeably at both regional and national levels, reaching 4.6% in the North West and 4.5% in England in 2024/25 *(APS, 2025)*. This indicates that male unemployment in Cumberland remains comparatively low despite broader labour market pressures

Poverty

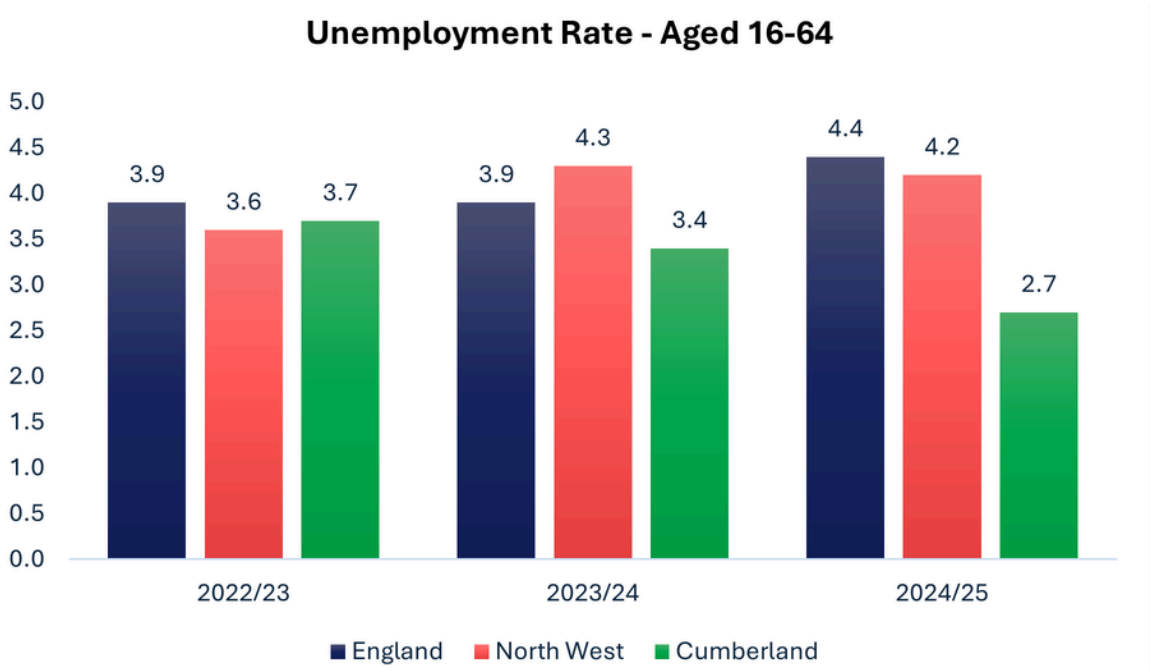


Figure 8. *Unemployment Rate. Annual Population Survey (2025)*

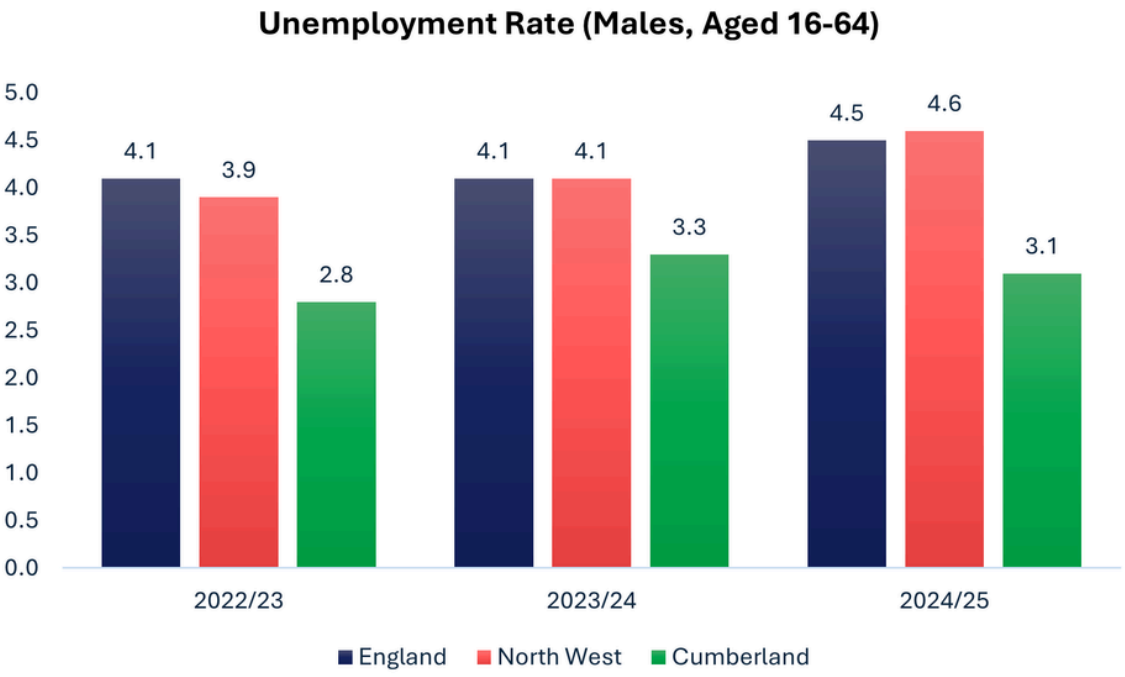


Figure 9. *Unemployment Rate for Males (16-64). Annual Population Survey (2025)*

Poverty

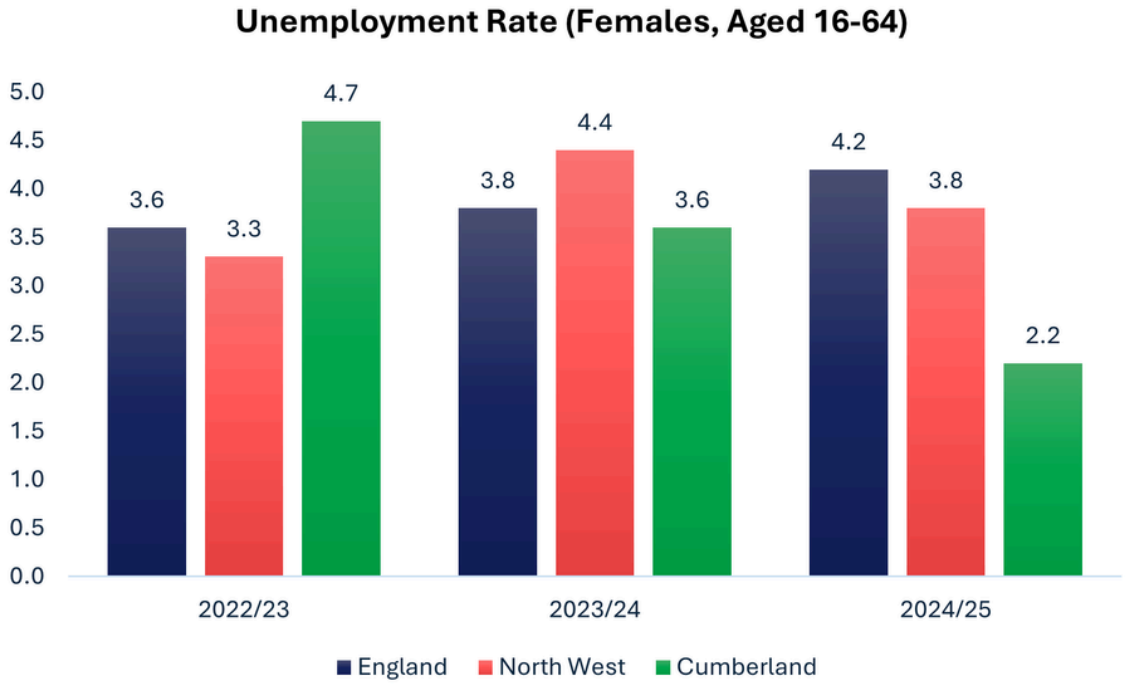


Figure 10. *Unemployment Rate for Females (16-64). Annual Population Survey (2025)*

Female unemployment in Cumberland shows greater variation over the period but has declined markedly in the most recent year. In 2022/23 the rate stood at 4.7%, notably higher than both the North West (3.3%) and England (3.6%). This fell to 3.6% in 2023/24 and declined further to 2.2% in 2024/25 **(Figure 10)**, considerably below both regional and national averages *(APS, 2025)*. This suggests a significant improvement in employment outcomes for women locally, although earlier fluctuations indicate potential volatility in female labour market participation.

Economic Inactivity

Economic inactivity among those aged 16–64 in Cumberland remains lower than both the North West and England averages across the period shown **(Figure 11)**. In 2022/23 the inactivity rate stood at 17.3%, compared with 22.8% in the North West and 21.1% in England. The rate increased slightly to 19.0% in 2023/24 and remained relatively stable at 19.1% in 2024/25, while levels across the region and nationally showed minor fluctuations *(APS, 2025)*. Despite this increase, Cumberland continues to record lower levels of economic inactivity than both regional and national benchmarks.

Poverty

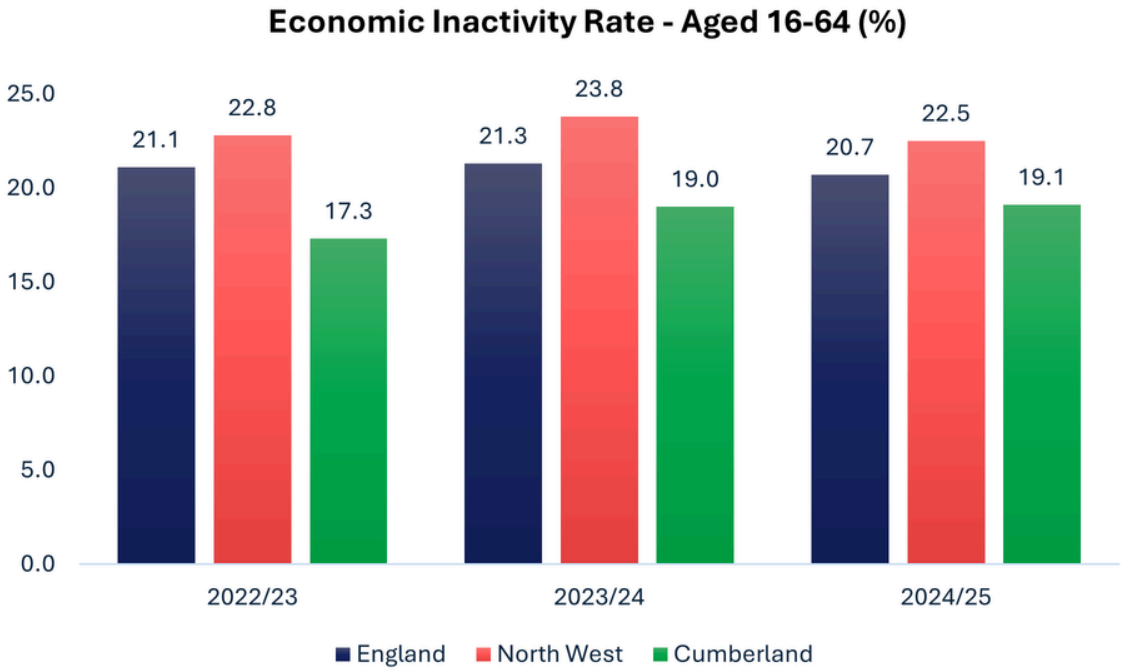


Figure 11. *Economic Inactivity Rate (16-64). Annual Population Survey (2025)*

Economic inactivity among males in Cumberland remains below both regional and national averages, although the rate has increased over the period shown **(Figure 12)**. The proportion rose from 13.4% in 2022/23 to 16.6% in 2023/24, before reaching 18.0% in 2024/25.

Over the same period, male inactivity in England increased slightly from 17.0% to 17.3%, while the North West remained higher at 19.9% in 2024/25 *(APS, 2025)*. This indicates that although male inactivity has risen locally, Cumberland continues to perform more favourably than regional and national averages.

Female economic inactivity in Cumberland has remained consistently below both the North West and England averages across the period shown **(Figure 13)**. The rate increased slightly from 20.9% in 2022/23 to 21.2% in 2023/24 before falling to 20.2% in 2024/25. In comparison, inactivity rates remained higher both regionally and nationally, with the North West at 25.2% and England at 24.0% in the most recent year. This suggests comparatively lower levels of economic inactivity among women in Cumberland despite similar broader labour market trends.

Poverty

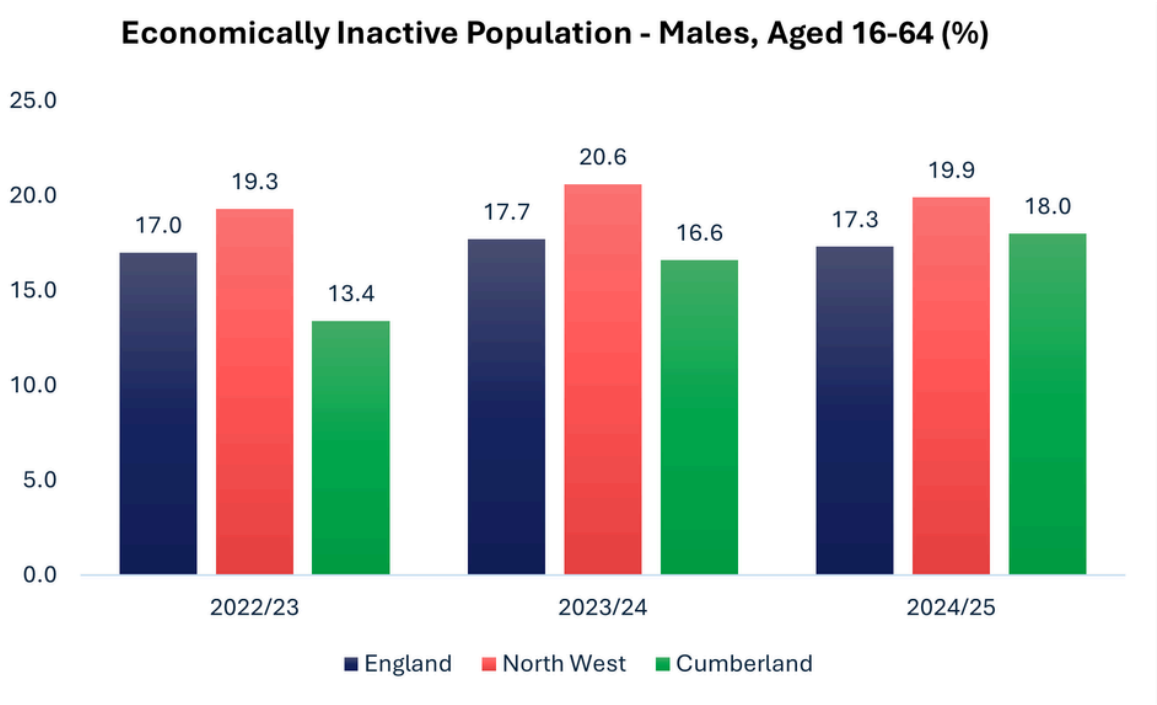


Figure 12. *Economic Inactivity for Males (16-64). Annual Population Survey (2025)*

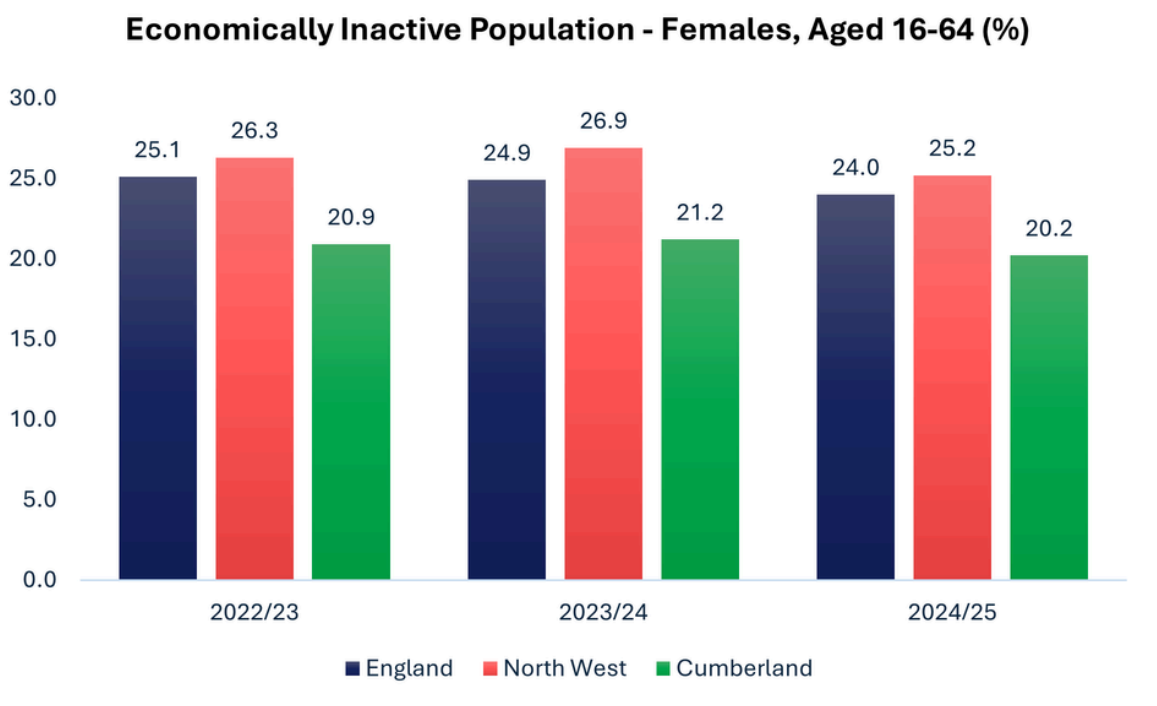


Figure 13. *Economic Inactivity for Females (16-64). Annual Population Survey (2025)*

Poverty

Out of Work Benefits

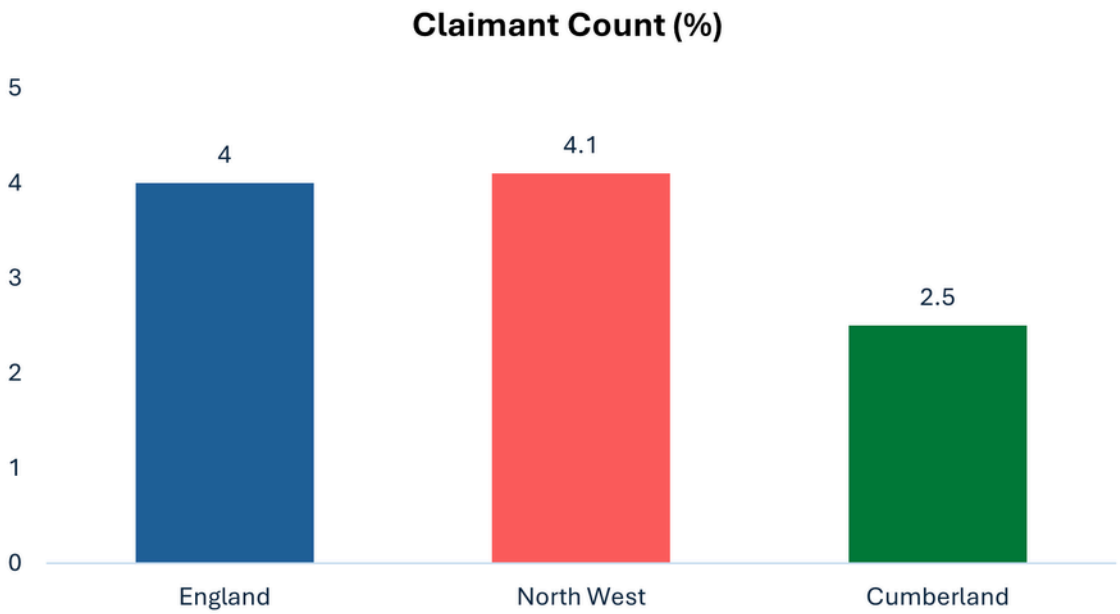


Figure 14. *Total Claimant Count. Office for National Statistics (2026)*

The claimant count in Cumberland is lower than both the regional and national averages. The proportion of working-age residents claiming unemployment-related benefits stands at 2.5%, compared with 4.0% across England and 4.1% in the North West *(ONS, 2026)* **(Figure 14)**. This indicates that a smaller share of the working-age population in Cumberland is currently claiming out-of-work benefits relative to wider benchmarks. These figures align with earlier indicators suggesting comparatively strong labour market participation locally.

Across all geographies, claimant rates are higher among males than females **(Figure 15)**. In Cumberland, 2.8% of working-age men are claiming unemployment-related benefits compared with 2.1% of women, both notably lower than the respective rates in England (4.5% for males and 3.5% for females) and the North West (4.8% and 3.3%) *(ONS, 2026)*. This pattern mirrors broader national trends but at a lower overall level locally. The data suggests that while gender disparities in claimant rates persist, overall reliance on unemployment-related benefits remains comparatively low in Cumberland.

Poverty

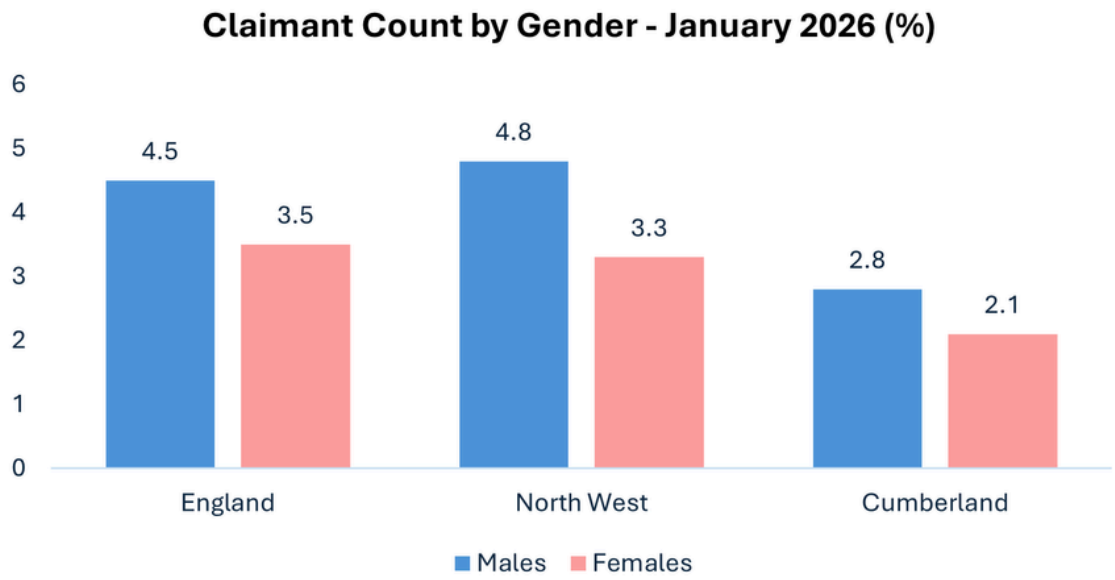


Figure 15. *Total Claimant Count by Gender. Office for National Statistics (2026)*

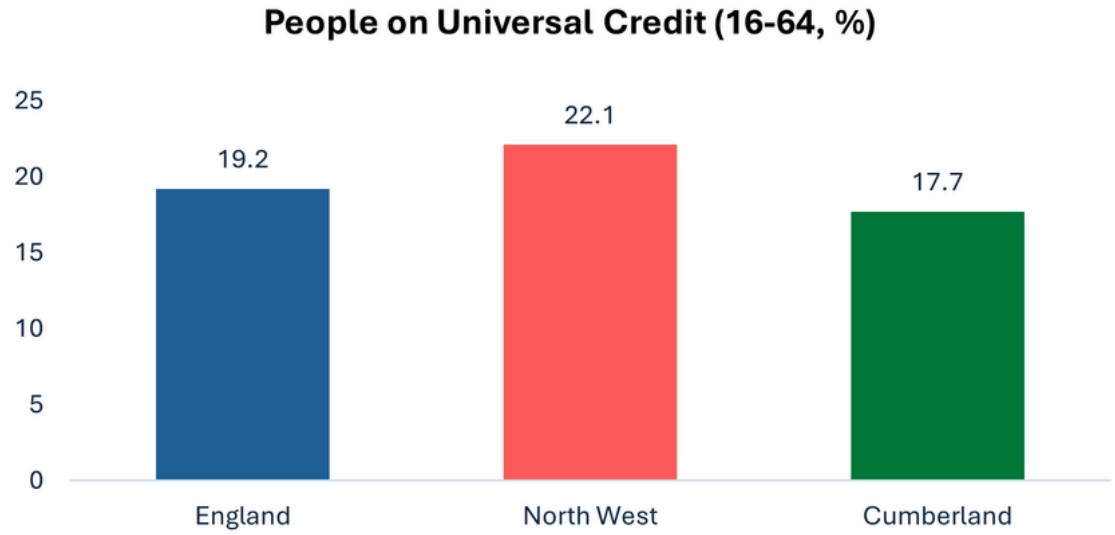


Figure 16. *People on Universal Credit. Department for Work & Pensions (2026)*

The proportion of working-age residents receiving Universal Credit in Cumberland is lower than both the regional and national averages **(Figure 16)**. In total, 17.7% of people aged 16–64 in Cumberland receive Universal Credit, compared with 19.2% across England and 22.1% in the North West *(DWP, 2026)*. This indicates that a smaller share of the working-age population in Cumberland is reliant on this form of income support. The pattern is consistent with other labour market indicators suggesting relatively favourable employment conditions locally.

Poverty

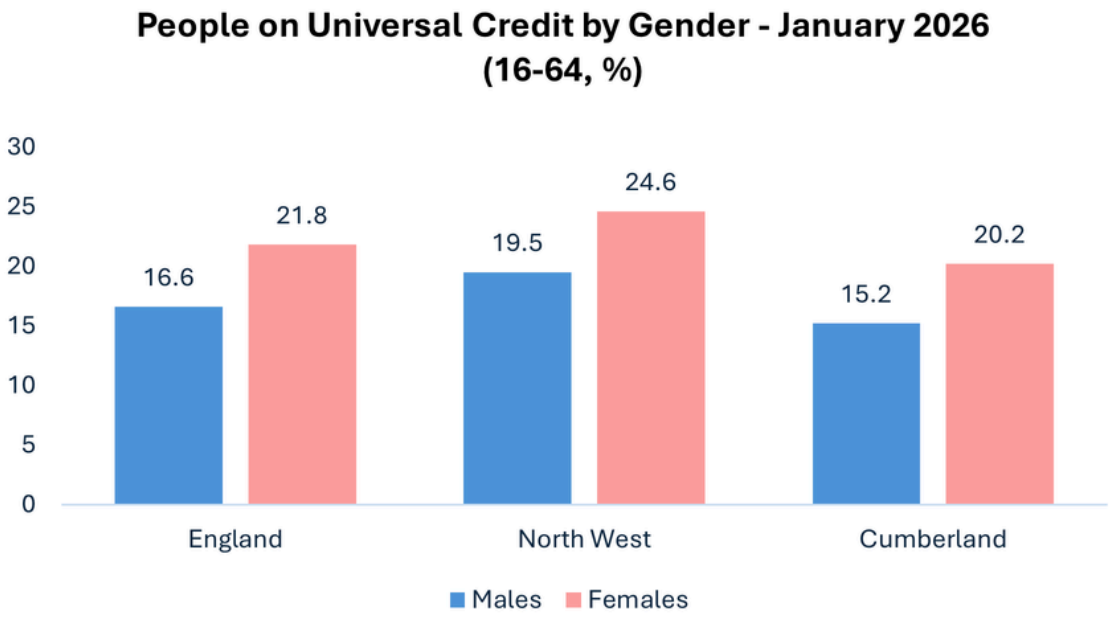


Figure 17. *People on Universal Credit. Department for Work & Pensions (2026)*

The proportion of working-age residents receiving Universal Credit in Cumberland is lower than both the North West and England averages for both males and females **(Figure 17)**. In Cumberland, 15.2% of men aged 16–64 receive Universal Credit compared with 19.5% in the North West and 16.6% in England. Among women, the rate is 20.2% in Cumberland, again lower than the North West (24.6%) and England (21.8%) *(DWP, 2026)*. Across all areas, a higher proportion of women than men receive Universal Credit, reflecting broader patterns in benefit receipt, although overall levels remain comparatively lower in Cumberland.

Poverty

In summary

Poverty in Cumberland reflects a complex picture shaped by national economic pressures and local socioeconomic conditions. Rising living costs, combined with persistent income disparities, continue to place strain on many households despite recent improvements in wages and employment indicators.

While labour market outcomes in Cumberland are generally favourable compared with regional and national benchmarks; characterised by lower unemployment, lower economic inactivity, and reduced reliance on out-of-work benefits structural challenges remain. Average household disposable income still falls below the national average, a substantial gender pay gap persists, and more than half of local neighbourhoods experience moderate to high levels of deprivation. These pressures are particularly evident in child poverty trends, with both absolute and relative low-income rates increasing over the past few years. Together, these patterns indicate that although employment conditions are comparatively strong, significant inequalities remain, highlighting the need for targeted, evidence-based interventions to address income disparities, support vulnerable households, and improve long-term economic wellbeing across Cumberland.

Mental Health

Child Mental Health Prevalence

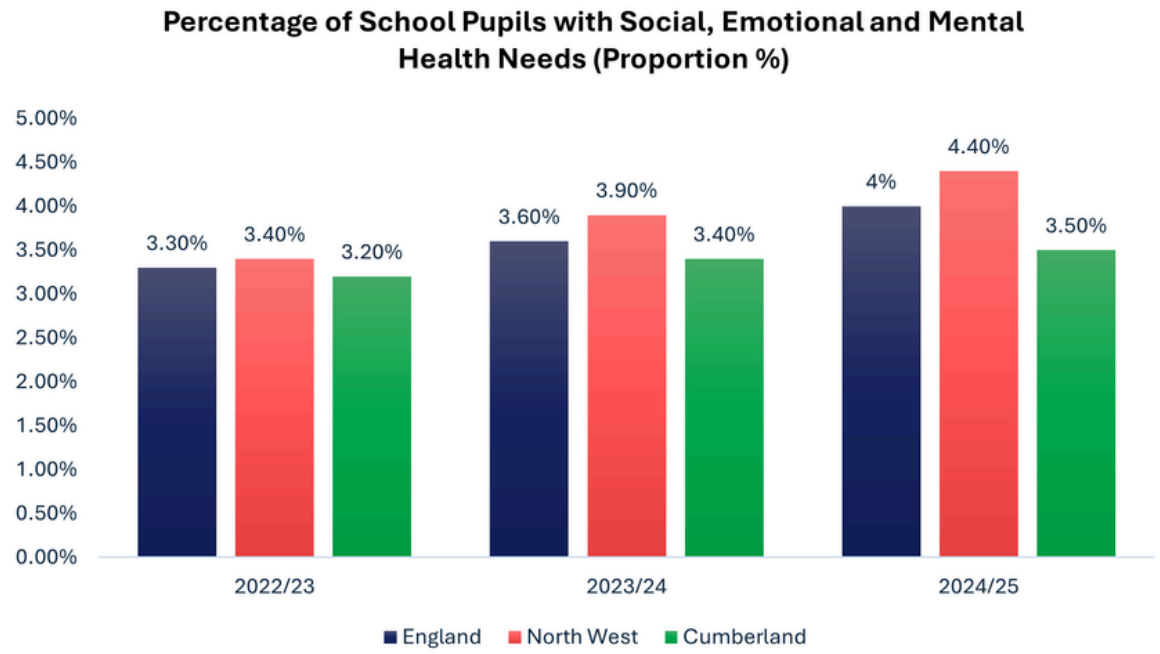


Figure 18. *School Pupils with Social, Emotional and Mental Health Needs. Department for Education (2025)*

The proportion of school pupils identified with social, emotional, and mental health (SEMH) needs has increased steadily across England, the North West and Cumberland over the period shown **(Figure 18)**. In Cumberland, the rate rose from 3.2% in 2022/23 to 3.5% in 2024/25. Although this remains slightly below both the England average (4.0%) and the North West (4.4%) in the most recent year *(DfE, 2025)*. The upward trend reflects a growing level of identified mental health needs among pupils and suggests that there is an increasing demand for mental health support within educational settings.

Mental Health

Child Mental Health Service Use

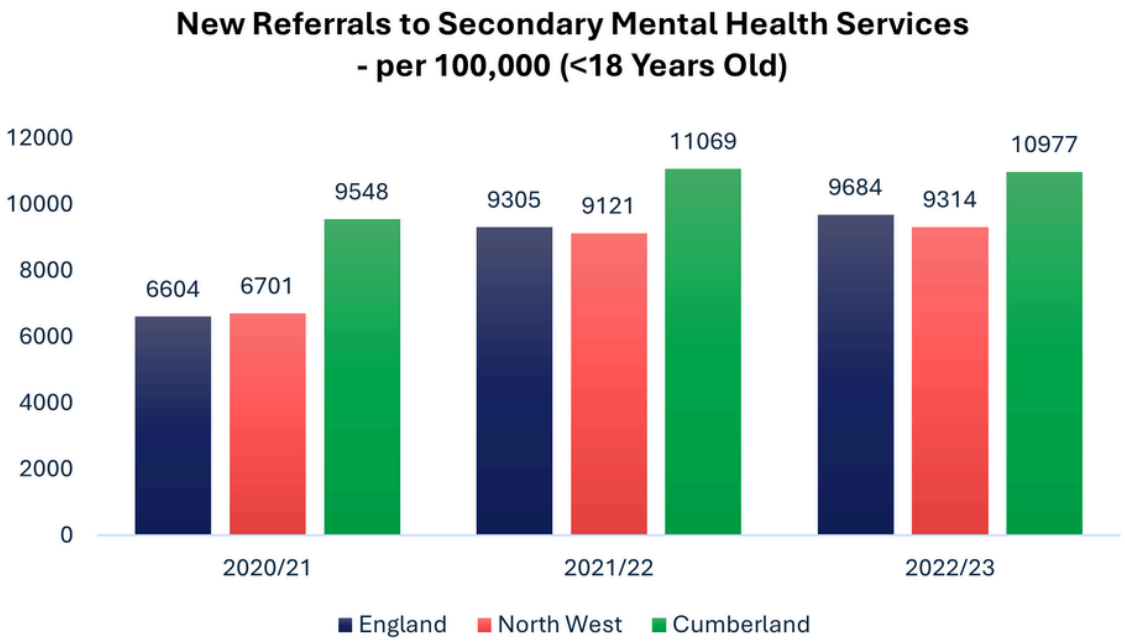


Figure 19. *New Referrals to Secondary Mental Health Services. NHS England (2023)*

Rates of new referrals to secondary mental health services for children and young people are substantially higher in Cumberland than both the regional and national averages **(Figure 19)**. In 2022/23, referral rates reached 10,977 per 100,000 children, compared with 9,684 in England and 9,314 in the North West. Although referrals in Cumberland have declined slightly from a peak of 11,069 per 100,000 in 2021/22, levels remain consistently above regional and national benchmarks *(NHS England, 2023)*. This indicates comparatively high demand for specialist mental health services among children and young people locally.

Mental Health

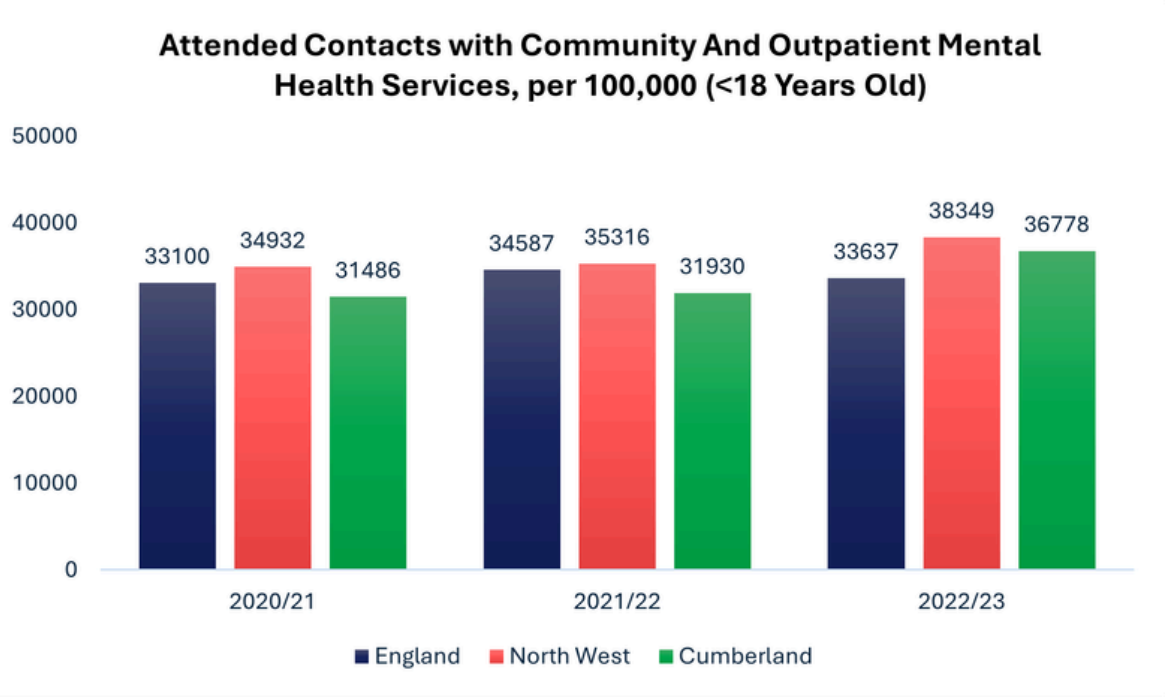


Figure 20. *Attended Contacts with Community and Outpatient Mental Health Services. NHS England (2023)*

Rates of attended contacts with community and outpatient mental health services for children and young people have increased in Cumberland over the period shown **(Figure 20)**. Contacts rose from 31,486 per 100,000 in 2020/21 to 36,778 per 100,000 in 2022/23. While levels in Cumberland were initially lower than both the North West and England averages, by 2022/23 the local rate had surpassed the England figure (33,637) and was approaching the North West level (38,349) *(NHS England, 2023)*. This trend suggests growing utilisation of community mental health services among children and young people locally.

Adult Prevalence

Recorded prevalence of depression has increased steadily across Cumberland, the North West and England over the period shown **(Figure 21)**. In Cumberland, prevalence rose from 17.1% in 2021/22 to 19.2% in 2024/25. Throughout the period, Cumberland has consistently recorded higher rates than both the North West and England averages, with the national figure reaching 14.3% in the most recent year *(NHS England, 2025)*. This indicates a comparatively higher burden of diagnosed depression within the local adult population.

Mental Health

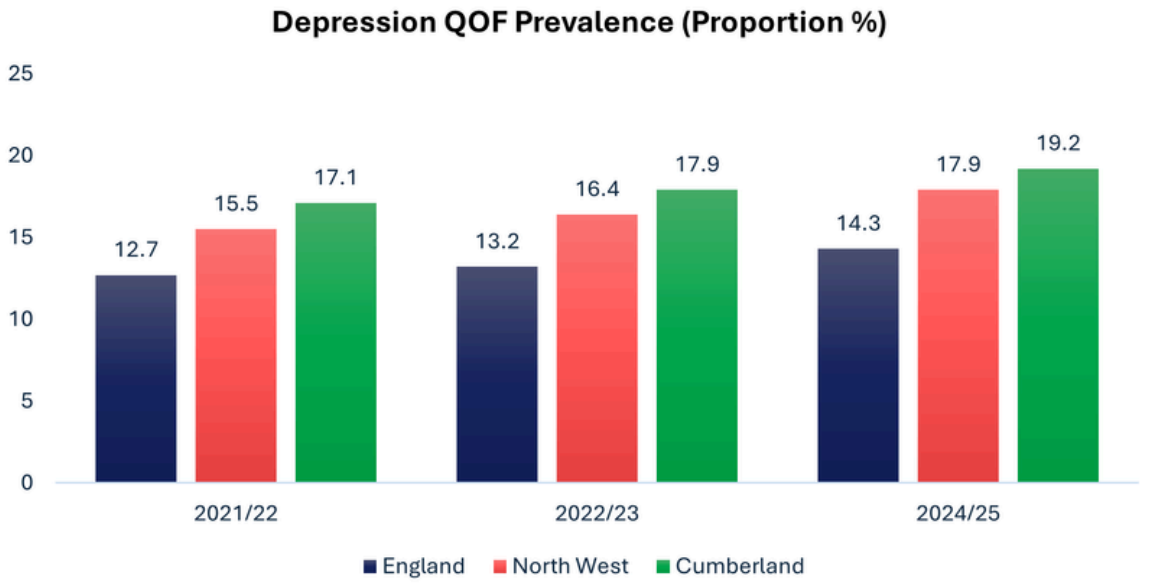


Figure 21. *Depression QOF Prevalence. NHS England (2024/25)*

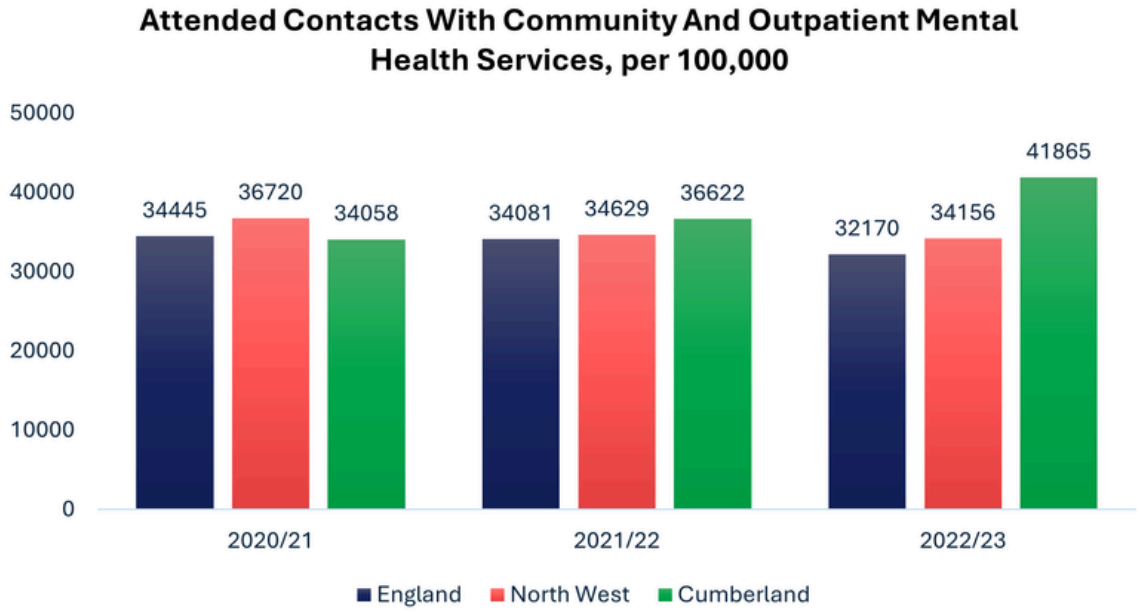


Figure 22. *Attended Contacts with Community and Outpatient Mental Health Services. NHS England (2023)*

Use of community and outpatient mental health services among adults in Cumberland has increased substantially in recent years **(Figure 22)**. Attended contacts rose from 34,058 per 100,000 in 2020/21 to 41,865 per 100,000 in 2022/23. While Cumberland initially recorded similar levels to regional and national averages, the most recent data shows a considerably higher rate than both England (32,170) and the North West (34,156) *(NHS England, 2023)*. This pattern suggests increasing demand for adult mental health services locally.

Mental Health

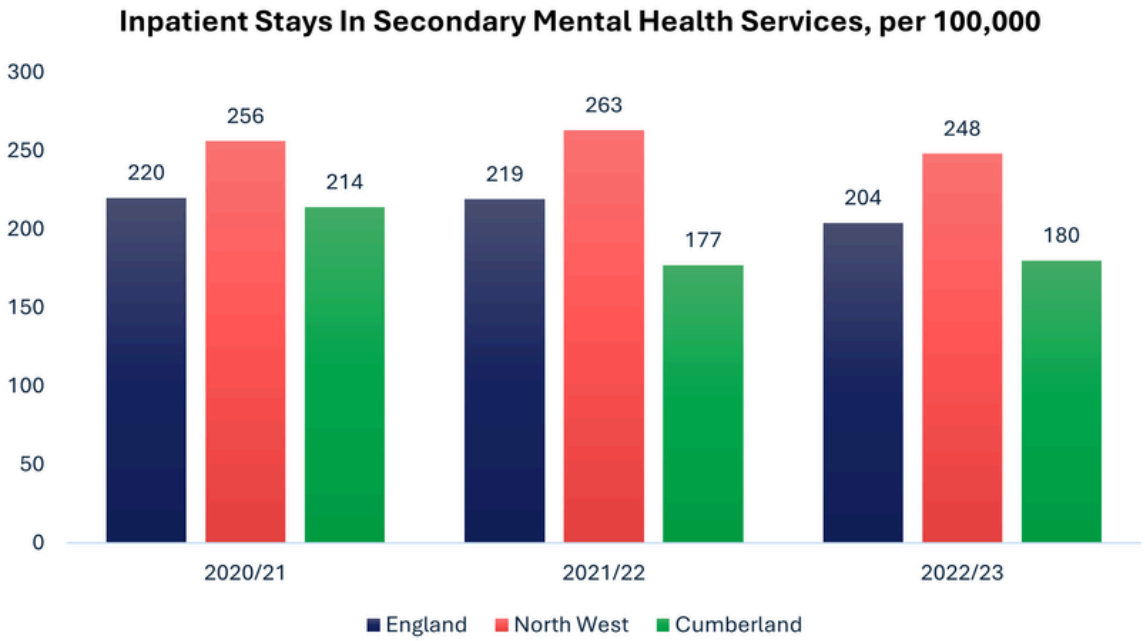


Figure 23. *Inpatient Stays in Secondary Mental Health Services. NHS England (2023)*

Rates of inpatient stays in secondary mental health services in Cumberland have declined over the period shown and remain below both regional and national averages **(Figure 23)**. In 2020/21, Cumberland recorded 214 inpatient stays per 100,000 population, compared with 220 in England and 256 in the North West. This fell to 180 per 100,000 in 2022/23, while the North West remained higher at 248 and England at 204 *(NHS England, 2023)*. These figures suggest comparatively lower reliance on inpatient mental health services locally, potentially reflecting greater use of community-based support or differences in service demand.

Mental Health Hospital Admissions

Emergency hospital admissions for intentional self-harm in Cumberland remain significantly higher than both regional and national averages, despite a declining trend in recent years **(Figure 24)**. In 2021/22, the rate stood at 224.1 admissions per 100,000 population, compared with 190.2 in the North West and 163.7 in England. Although the rate declined to 157.7 per 100,000 by 2023/24, it remains notably above the England average of 117 *(NHS England, 2024)*. This pattern indicates a persistently higher level of severe mental health distress locally.

Mental Health

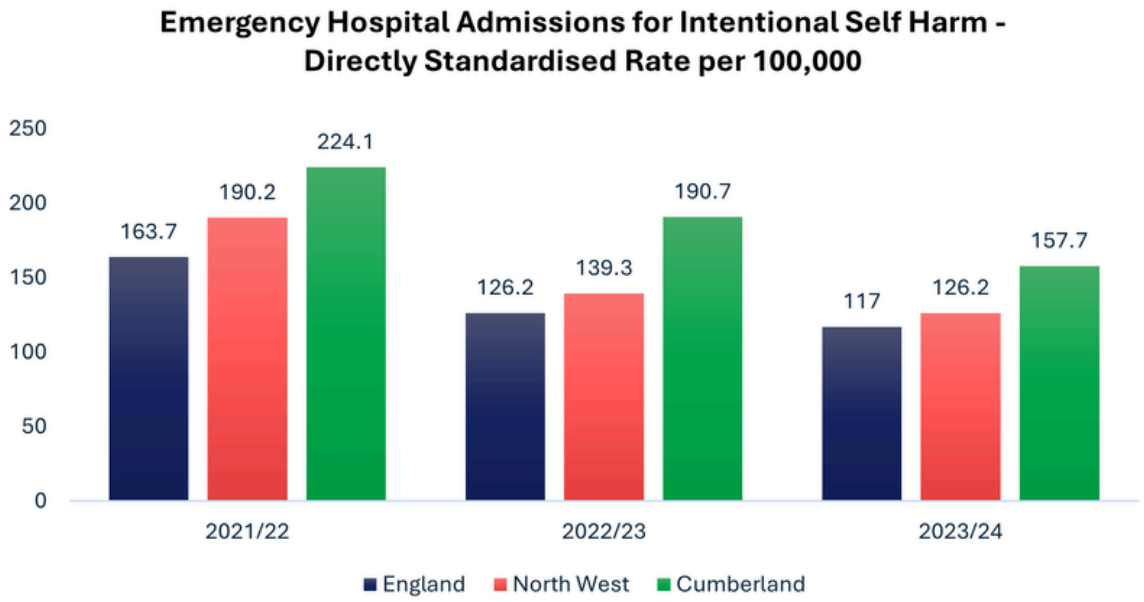


Figure 24. *Emergency Hospital Admissions for Intentional Self Harm. NHS England (2024)*

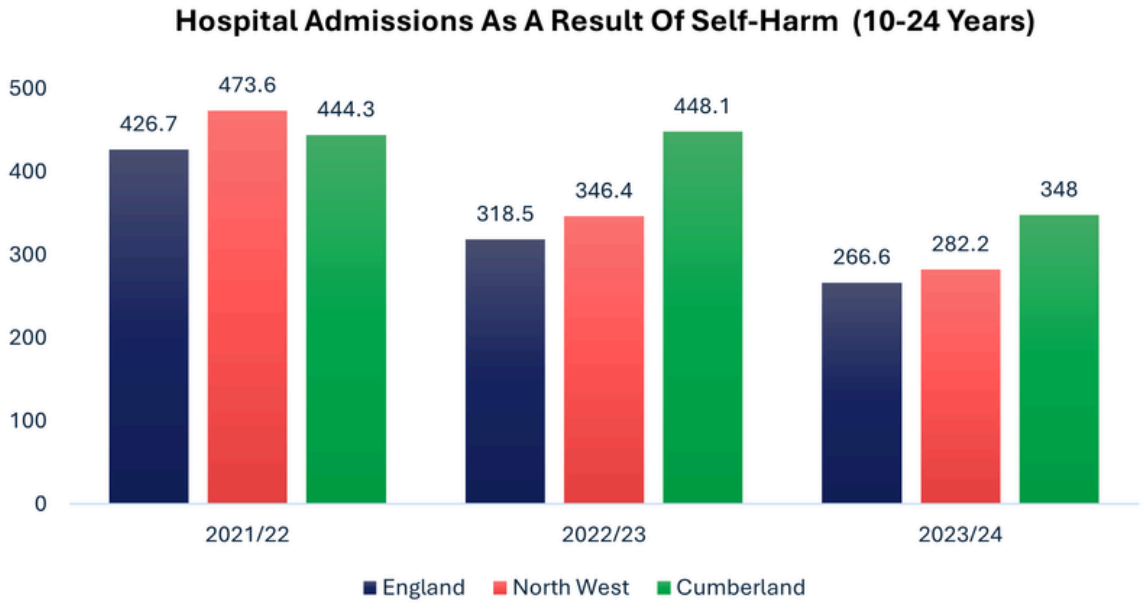


Figure 25. *Hospital Admissions As A Result of Self Harm (10-24yrs). NHS England (2024)*

Hospital admissions for self-harm among young people aged 10–24 are also consistently higher in Cumberland than in both the North West and England **(Figure 25)**. In 2021/22 the rate was 444.3 admissions per 100,000, compared with 473.6 in the North West and 426.7 in England. While admissions declined over the following years to 348 per 100,000 in 2023/24, this remains substantially higher than the national rate of 266.6 *(NHS England, 2024)*. These figures suggest that self-harm among young people remains a significant concern locally despite some recent improvement.

Mental Health

Suicide Prevalence

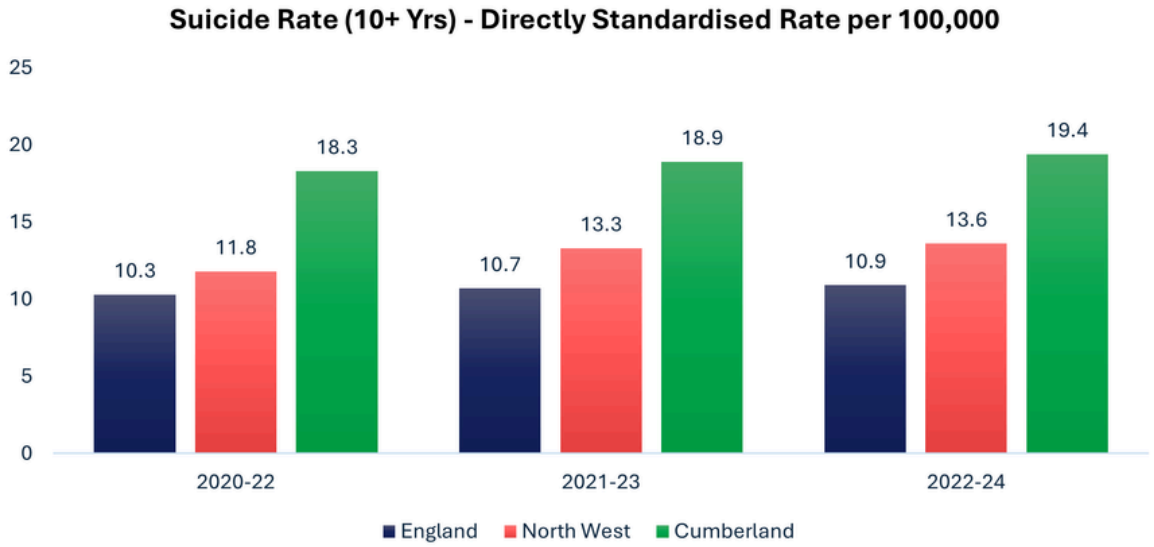


Figure 26. *Suicide Rate (10+yrs). Office for National Statistics (2024)*

Suicide rates in Cumberland are consistently higher than both the North West and England averages across the period shown **(Figure 26)**. The directly standardised rate increased from 18.3 deaths per 100,000 population in 2020–22 to 19.4 per 100,000 in 2022–24. In comparison, the England rate remained considerably lower at 10.9 per 100,000, while the North West recorded 13.6 in the most recent period *(ONS, 2024)*. This pattern indicates a persistently higher burden of suicide in Cumberland relative to both regional and national benchmarks.

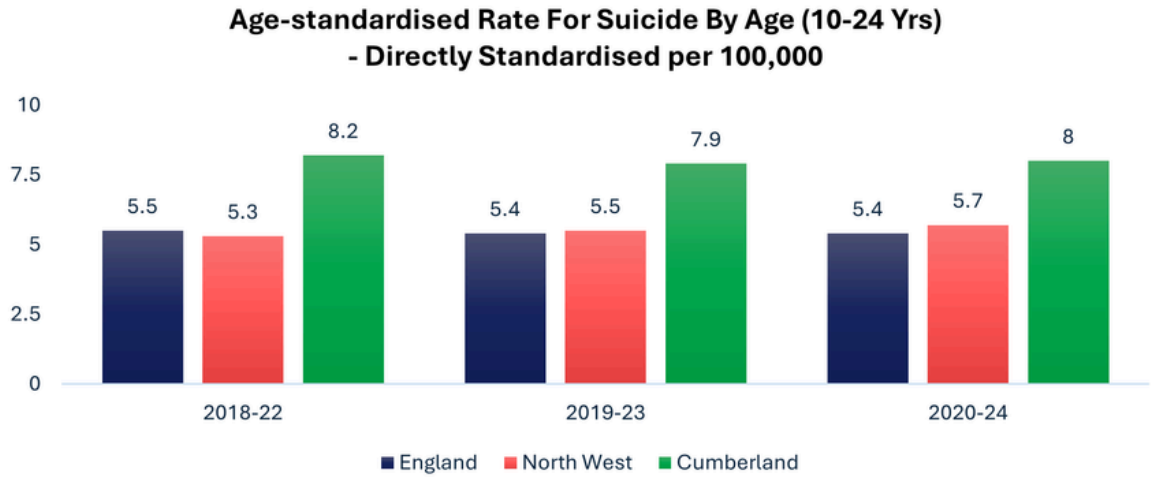


Figure 27. *Age-standardised Rate for Suicide by Age (10-24yrs). Office for National Statistics (2024)*

Mental Health

Among young people aged 10–24, suicide rates in Cumberland are also higher than both the North West and England averages **(Figure 27)**. The rate stood at 8.2 deaths per 100,000 population in 2018–22 and remained elevated at 8.0 in the most recent period (2020–24). In comparison, England recorded a rate of 5.4 per 100,000 and the North West 5.7 in the same period (ONS, 2024). These figures suggest that suicide among young people remains a significant concern locally.

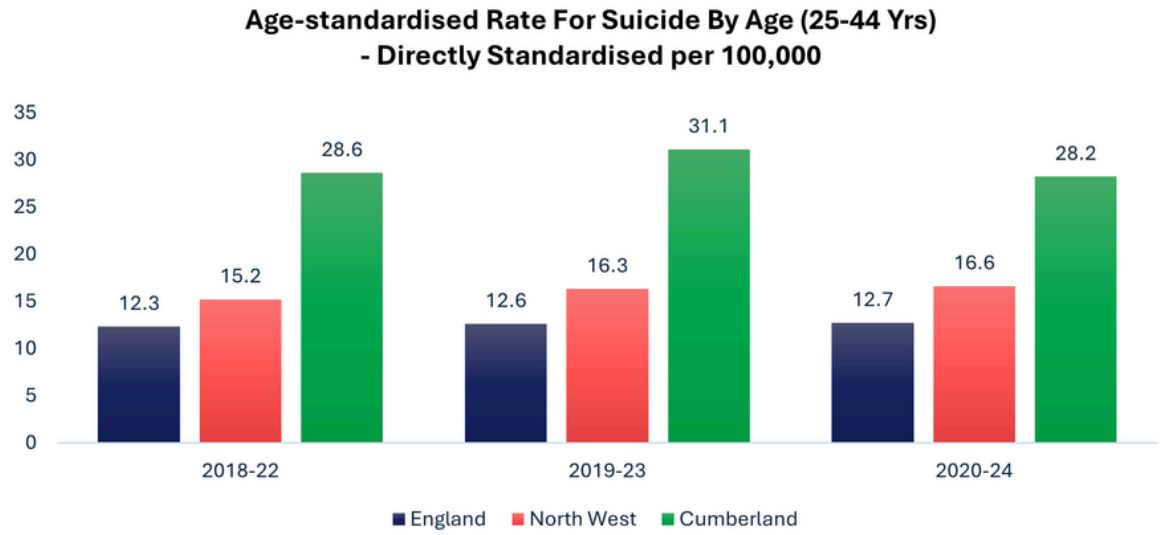


Figure 28. *Age-standardised Rate for Suicide by Age (25-44yrs). Office for National Statistics (2024)*

Suicide rates among adults aged 25–44 in Cumberland are substantially higher than both regional and national averages **(Figure 28)**. The rate increased from 28.6 deaths per 100,000 population in 2018–22 to a peak of 31.1 in 2019–23 before falling slightly to 28.2 in 2020–24. Despite this slight decline, the most recent rate remains significantly above both the North West (16.6) and England (12.7) *(ONS, 2024)*. This highlights a particularly elevated risk among working-age adults in Cumberland.

Mental Health

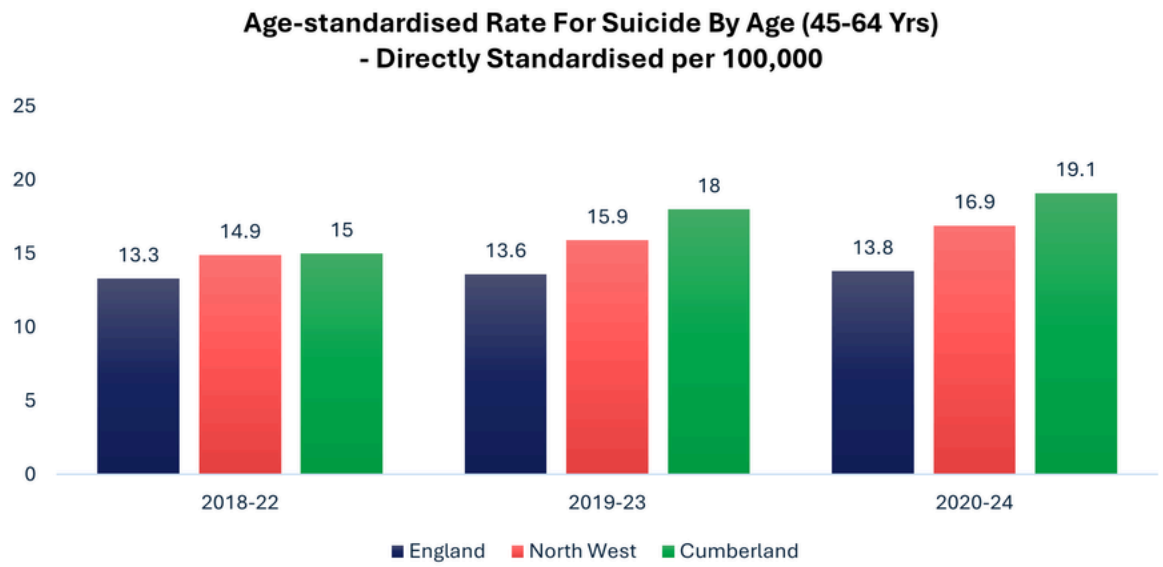


Figure 29. *Age-standardised Rate for Suicide by Age (45-64yrs). Office for National Statistics (2024)*

Suicide rates among adults aged 45–64 in Cumberland are consistently higher than both the North West and England averages across the period shown **(Figure 29)**. The rate increased from 15.0 deaths per 100,000 population in 2018–22 to 19.1 per 100,000 in 2020–24. In comparison, the most recent rates were 16.9 in the North West and 13.8 in England *(ONS, 2024)*. This indicates a persistently elevated risk of suicide among middle-aged adults in Cumberland relative to wider regional and national benchmarks.

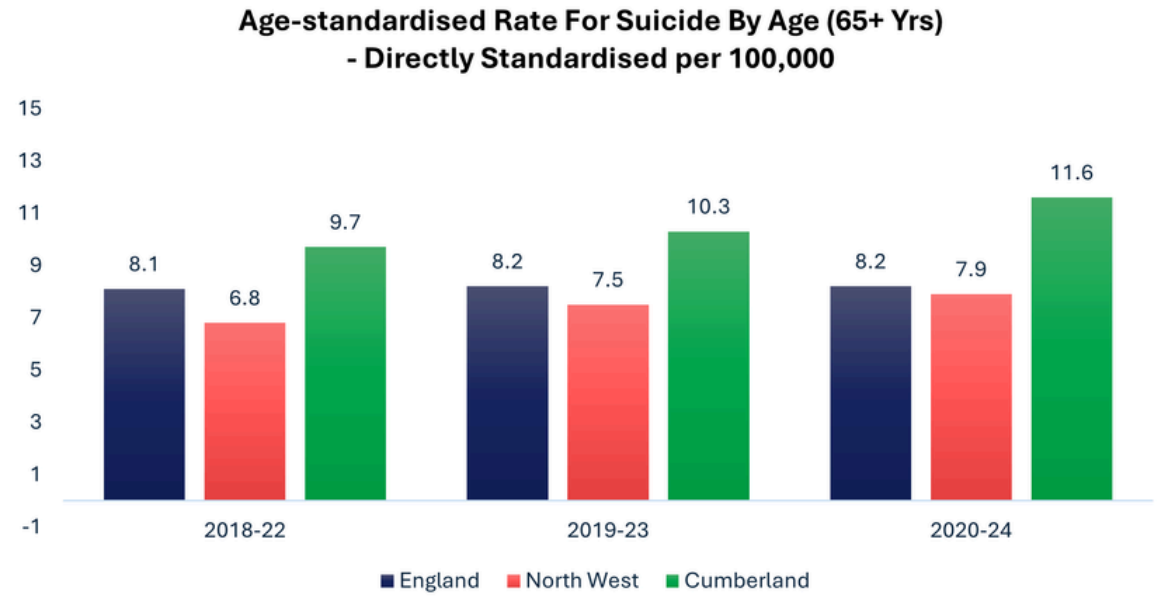


Figure 30. *Age-standardised Rate for Suicide by Age (65+yrs). Office for National Statistics (2024)*

Mental Health

Among adults aged 65 and over, suicide rates in Cumberland have also risen over the period shown and remain higher than both regional and national averages **(Figure 30)**. The rate increased from 9.7 deaths per 100,000 population in 2018–22 to 11.6 in 2020–24. In comparison, the most recent figures were 7.9 in the North West and 8.2 in England *(ONS, 2024)*. This pattern suggests that older adults in Cumberland may also face a higher risk of suicide compared with wider populations.

Mental Health

In summary

Overall, the mental health data for Cumberland indicates high and increasing demand for mental health services across both children and adults, alongside persistently poorer outcomes in severe mental health indicators when compared with regional and national benchmarks.

Among children and young people, the proportion of pupils identified with social, emotional and mental health (SEMH) needs has increased steadily in Cumberland, mirroring wider national trends. Although the local rate remains slightly below the England and North West averages, the rising prevalence reflects increasing identification of mental health needs within schools and suggests growing demand for support in educational settings.

This is reinforced by service use data, which shows that referral rates to secondary mental health services for children and young people are substantially higher in Cumberland than both regional and national averages. Despite a slight decline from peak levels, referrals remain elevated, indicating continued pressure on specialist child and adolescent mental health services. In addition, attended contacts with community and outpatient mental health services have increased significantly, with Cumberland's rate surpassing the England average by 2022/23 and approaching regional levels. Together, these patterns suggest both increasing mental health need and expanding engagement with support services among young people locally.

Mental Health

In summary

Among adults, mental health conditions also appear to be more prevalent locally.

Recorded prevalence of depression has risen steadily across all geographies, but Cumberland consistently reports higher levels than both the North West and England, indicating a comparatively greater burden of diagnosed depression within the local population.

Correspondingly, use of community and outpatient mental health services among adults has increased markedly, with Cumberland now recording substantially higher rates of attended contacts than both regional and national averages. This suggests growing demand for community-based mental health support.

In contrast, inpatient stays in secondary mental health services have declined in Cumberland and remain below both regional and national levels. This may indicate a greater reliance on community-based services locally, improvements in early intervention, or differences in service configuration. However, despite lower inpatient utilisation, indicators of severe mental health distress remain concerning.

Mental Health

In summary

Hospital admissions related to intentional self-harm remain significantly higher in Cumberland than both regional and national averages, although rates have declined in recent years.

Similarly, self-harm admissions among young people aged 10–24 remain substantially higher than the national average, despite some improvement.

These figures suggest that acute mental health crises and severe distress continue to affect the local population at higher levels than seen elsewhere. The most concerning pattern is observed in suicide rates, which are consistently higher in Cumberland than in both the North West and England. The overall suicide rate has increased over the most recent periods and remains significantly above regional and national benchmarks. Elevated suicide rates are observed across all age groups, including young people, working-age adults, and older adults. Particularly high rates among adults aged 25–44 and 45–64 highlight a pronounced risk among working-age populations, while rising rates among older adults indicate that suicide risk extends across the life course locally.

Mental Health

In summary

Taken together, the data suggests that while Cumberland has high levels of engagement with community mental health services, it also experiences significantly poorer outcomes in severe mental health indicators, including self-harm and suicide. These findings highlight the importance of continued investment in early intervention, prevention strategies, and accessible community-based mental health support, particularly for children and young people and for working-age adults who appear to be at greatest risk.

Neurodiversity

Child Neurodiversity Prevalence

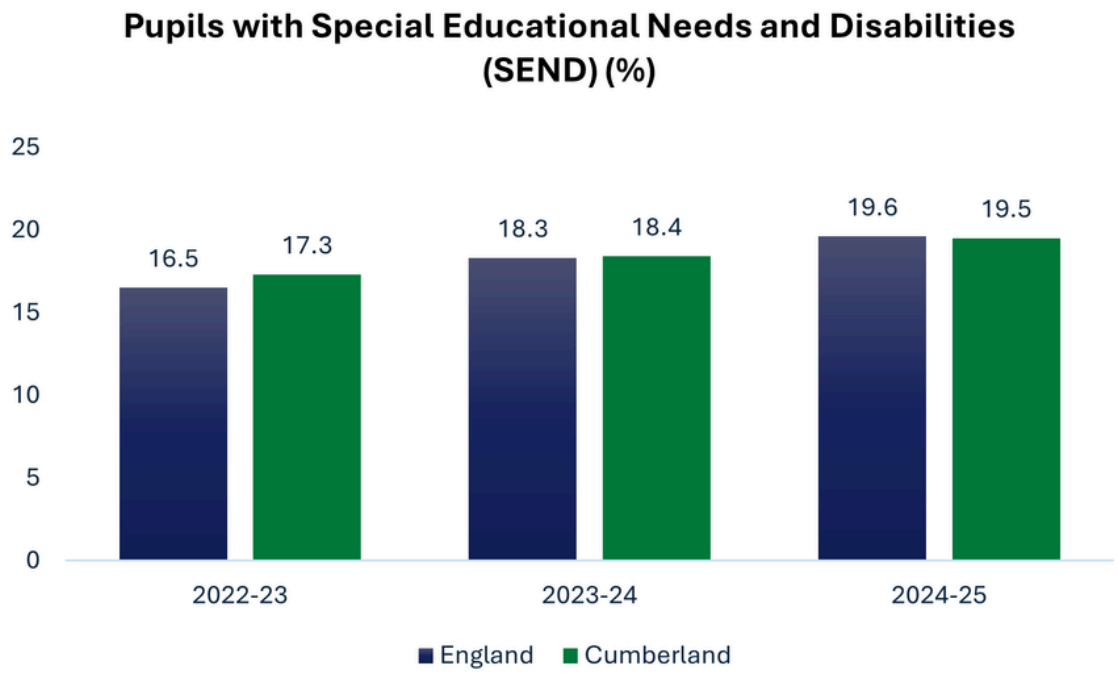


Figure 31. *Pupils with Special Educational Needs and Disabilities (SEND). Department for Education (2025)*

The proportion of pupils identified with Special Educational Needs and Disabilities (SEND) has increased steadily in both Cumberland and England over the period shown **(Figure 31)**. In Cumberland the figure has risen from 17.3% in 2022/23 to 19.5% in 2024/25. While Cumberland recorded slightly higher levels than England in 2022/23, the most recent data shows that the rates are broadly comparable, with England at 19.6% and Cumberland at 19.5% *(DfE, 2025)*. The trend reflects a growing number of pupils requiring additional educational support both locally and nationally.

Neurodiversity

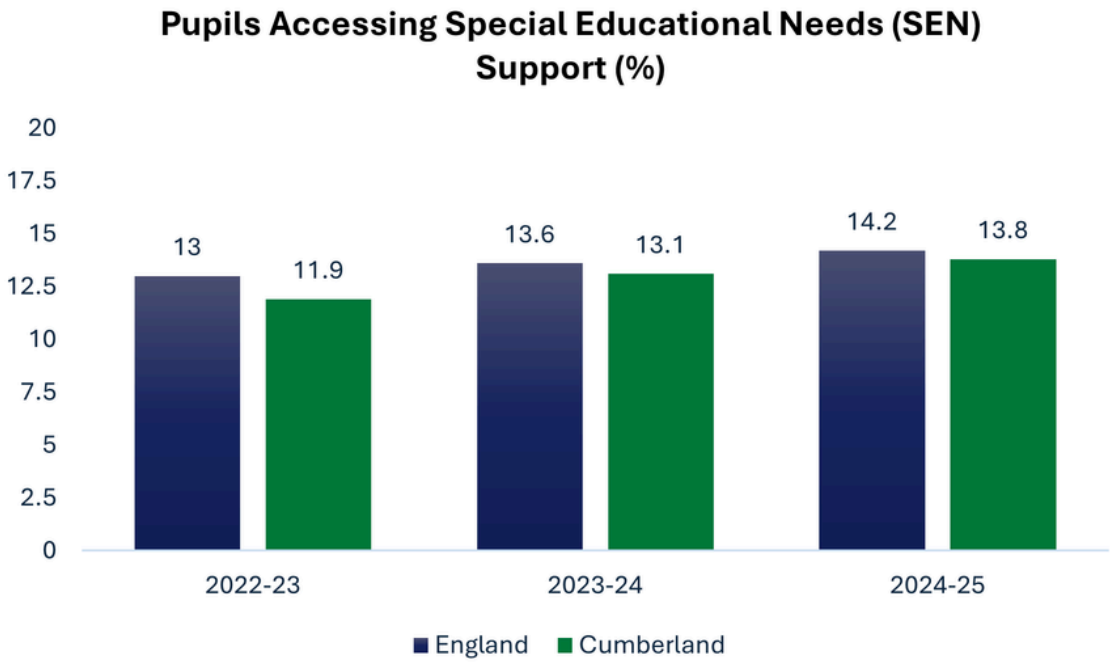


Figure 32. *Pupils Accessing Special Educational Needs Support. Department for Education (2025)*

The proportion of pupils receiving SEN support has also increased gradually over the period shown in both Cumberland and England **(Figure 32)**. In Cumberland, the rate rose from 11.9% in 2022/23 to 13.8% in 2024/25. Although Cumberland remains slightly below the national figure, which increased from 13% to 14.2% over the same period *(DfE, 2025)*, the overall pattern reflects rising demand for additional educational support within mainstream school settings. This trend highlights increasing pressures on education and support services to meet the needs of pupils requiring additional assistance.

The proportion of pupils with Education, Health and Care Plans (EHCPs) has increased steadily in both Cumberland and England over the period shown **(Figure 33)**. In Cumberland, the figure rose from 4.6% in 2022/23 to 5.7% in 2024/25. Throughout the period, Cumberland has recorded slightly higher rates than the national figure, which increased from 4.3% to 5.3% *(DfE, 2025)*. This trend reflects growing demand for statutory SEND support and highlights increasing pressures on local education to provide further support and assistance.

Neurodiversity

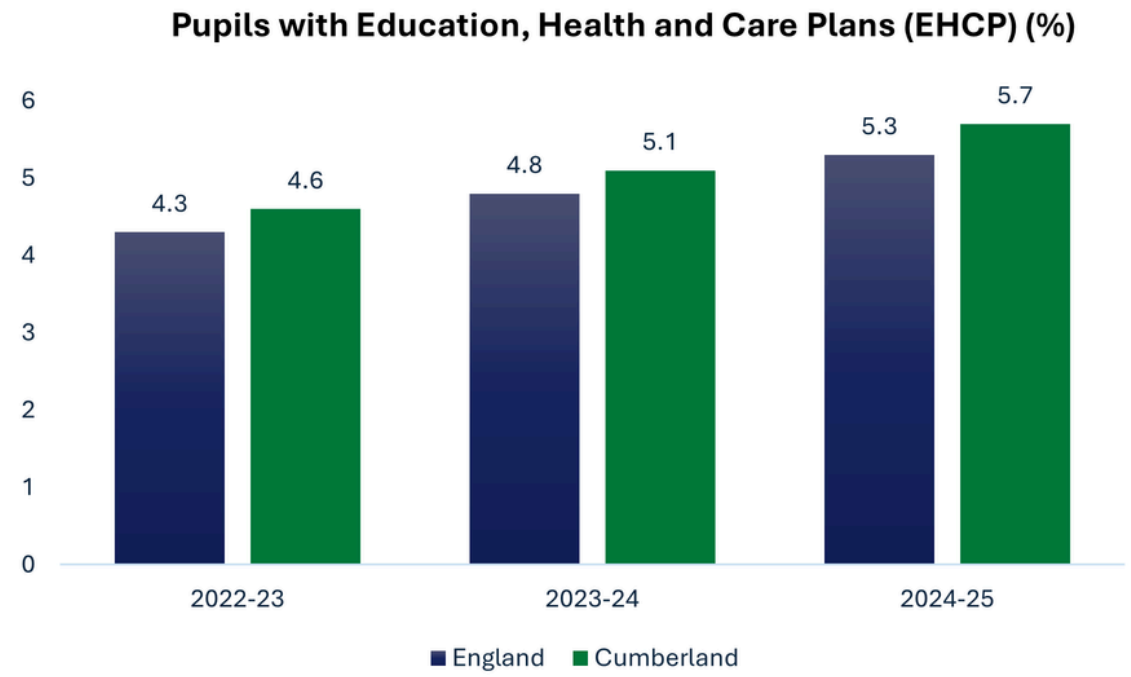


Figure 33. *Pupils with Education, Health and Care Plans. Department for Education (2025)*

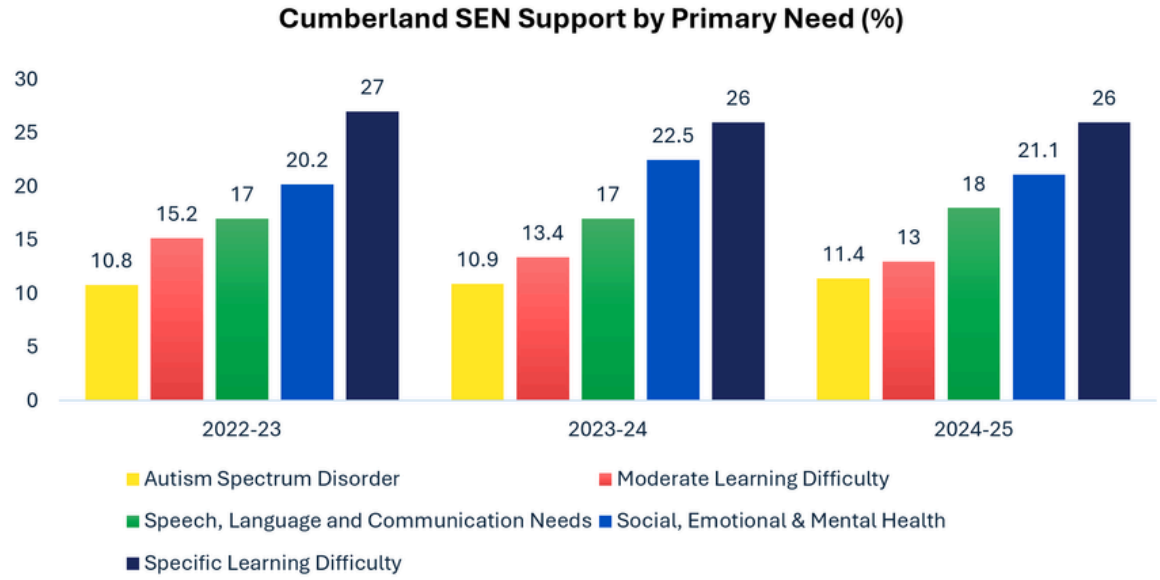


Figure 34. *Cumberland Special Educational Needs (SEN) Support by Primary Need %. Department for Education (2025)*

Neurodiversity

The distribution of SEN support by primary need shows some differences between Cumberland and national figures. In Cumberland, Specific Learning Difficulties represent the most common primary need, accounting for around 26% of pupils receiving SEN support across the period shown **(Figure 34)**. This is followed by Social, Emotional and Mental Health needs, and Speech, Language and Communication needs, which also represent substantial proportions of pupils requiring additional support.

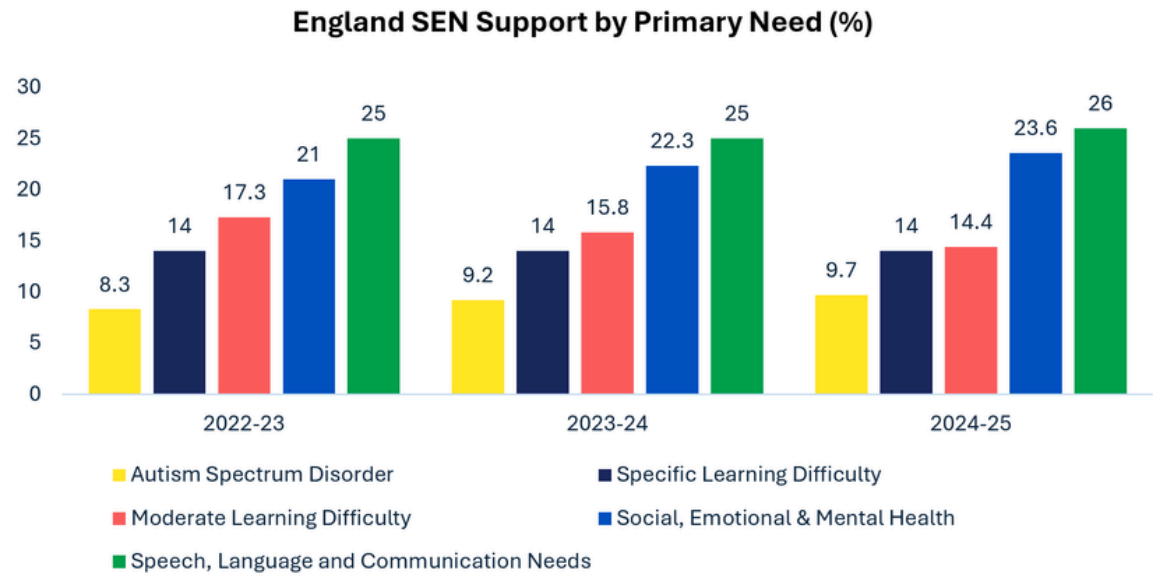


Figure 35. *England Special Educational Needs (SEN) Support by Primary Need %. Department for Education (2025)*

In contrast, Speech, Language and Communication needs represent the largest category national, accounting for approximately 26% of SEN support cases in England for 2024/25 **(Figure 35)**. Whilst the overall pattern of needs is broadly similar, these differences suggest that Cumberland may experience slightly greater demand for support relating to learning difficulties, whereas communication needs appear more prominent nationally *(DfE, 2025)*.

The distribution of Education, Health and Care Plans (EHCPs) by primary need in Cumberland broadly reflects national figures, although some key differences are evident.

Neurodiversity

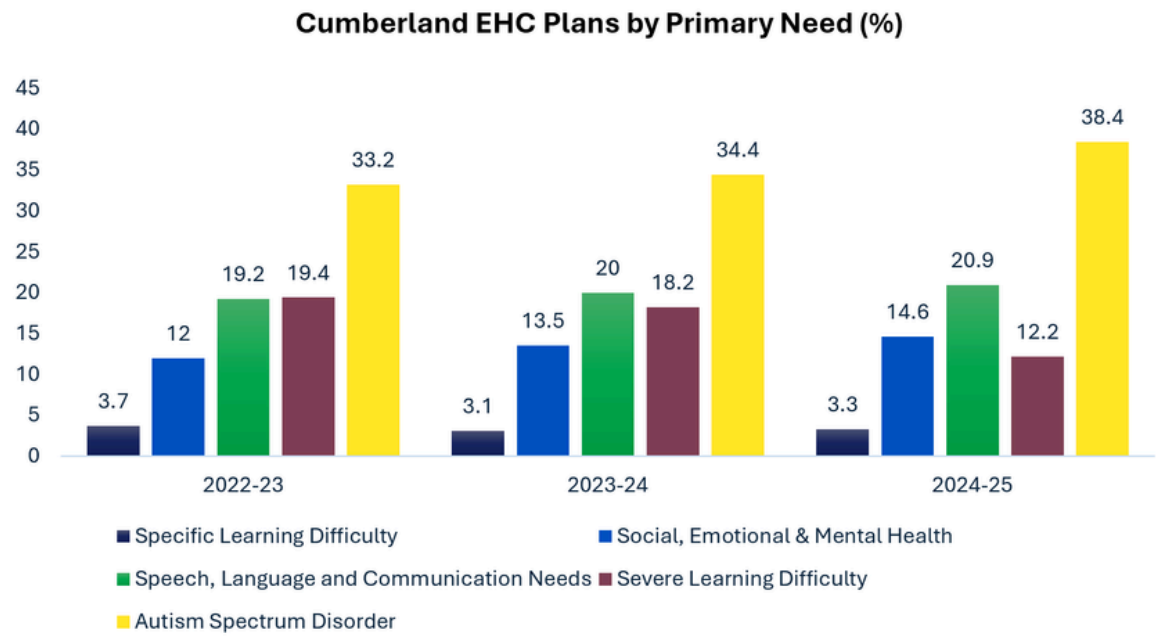


Figure 36. *Cumberland Education, Health and Care Plans by Primary Need %. Department for Education (2025)*

In both Cumberland and England, Autism Spectrum Disorder represents the largest category of need, accounting for approximately 38.4% of EHCP's in Cumberland **(Figure 36)** and 33.5% nationally in 2024/25 **(Figure 37)**.

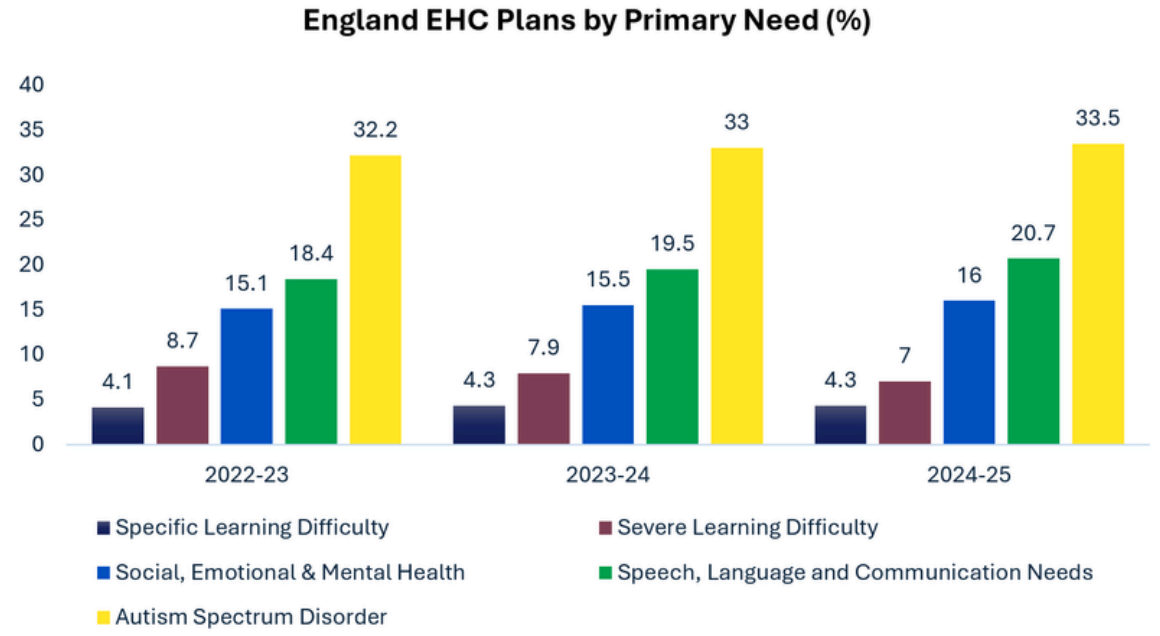


Figure 37. *England Education, Health and Care Plans by Primary Need %. Department for Education (2025)*

Neurodiversity

Speech, Language and Communication needs represent the second largest category locally and nationally, with proportions increasing gradually over the period shown. Social, Emotional and Mental Health needs also account for a notable share of EHCP's in both areas, although levels in Cumberland remain slightly below the national figure in the most recent year *(DfE, 2025)*.

Overall, these patterns suggest that whilst the profile of EHCP needs in Cumberland broadly align with national figures, Autism Spectrum Disorder.

Neurodiversity

In summary

Overall, the neurodiversity data indicates a steady increase in the number of pupils requiring additional educational support in Cumberland, reflecting wider national trends and growing demand for SEND-related services within schools and associated support systems.

The proportion of pupils identified with Special Educational Needs and Disabilities (SEND) has increased consistently across both Cumberland and England. By 2024/25, approximately one in five pupils in Cumberland (19.5%) were identified with SEND, bringing local levels broadly in line with the national average. This growth reflects increasing recognition and identification of additional needs within the school population and suggests rising demand for support services across education, health, and social care systems.

Within this overall increase, the proportion of pupils receiving SEN support within mainstream school settings has also grown steadily. Although Cumberland continues to record slightly lower rates than England overall, the upward trend highlights increasing reliance on additional classroom-based support and specialist interventions. This pattern indicates growing pressure on schools and local support services to provide inclusive educational environments capable of meeting diverse learning needs.

Neurodiversity

In summary

At the same time, the proportion of pupils with Education, Health and Care Plans (EHCPs) has increased significantly both locally and nationally.

Cumberland consistently records slightly higher EHCP rates than England, suggesting a comparatively greater demand for statutory, multi-agency support. EHCPs typically reflect more complex or long-term needs, and the increasing proportion of pupils with plans highlights the expanding requirement for coordinated educational, health, and social care provision.

Analysis of primary need categories further illustrates the profile of neurodiversity within the local population. In Cumberland, Specific Learning Difficulties represent the most common primary need among pupils receiving SEN support, followed by Social, Emotional and Mental Health needs and Speech, Language and Communication needs. Nationally, however, Speech, Language and Communication needs represent the largest category, suggesting some variation in the types of support most frequently required locally compared with wider patterns.

Neurodiversity

In summary

A similar pattern is evident in the distribution of EHCPs by primary need. In both Cumberland and England, Autism Spectrum Disorder (ASD) represents the largest category, accounting for a substantial proportion of EHCPs.

However, the proportion recorded in Cumberland is higher than the national figure, indicating a particularly strong demand for autism-related support locally. Speech, Language and Communication needs represent the second largest category in both areas, while Social, Emotional and Mental Health needs also account for a significant proportion of EHCPs.

Taken together, these findings suggest that neurodiversity-related educational needs are increasing steadily in Cumberland, broadly reflecting national trends but with some notable local characteristics, including slightly higher levels of EHCP provision and a greater relative prevalence of specific learning difficulties and autism-related needs. These trends highlight the importance of continued investment in inclusive education, specialist support services, and multi-agency provision, ensuring that schools and local services are equipped to respond effectively to the growing number of pupils requiring additional support.

Substance Use

Alcohol – Mortality

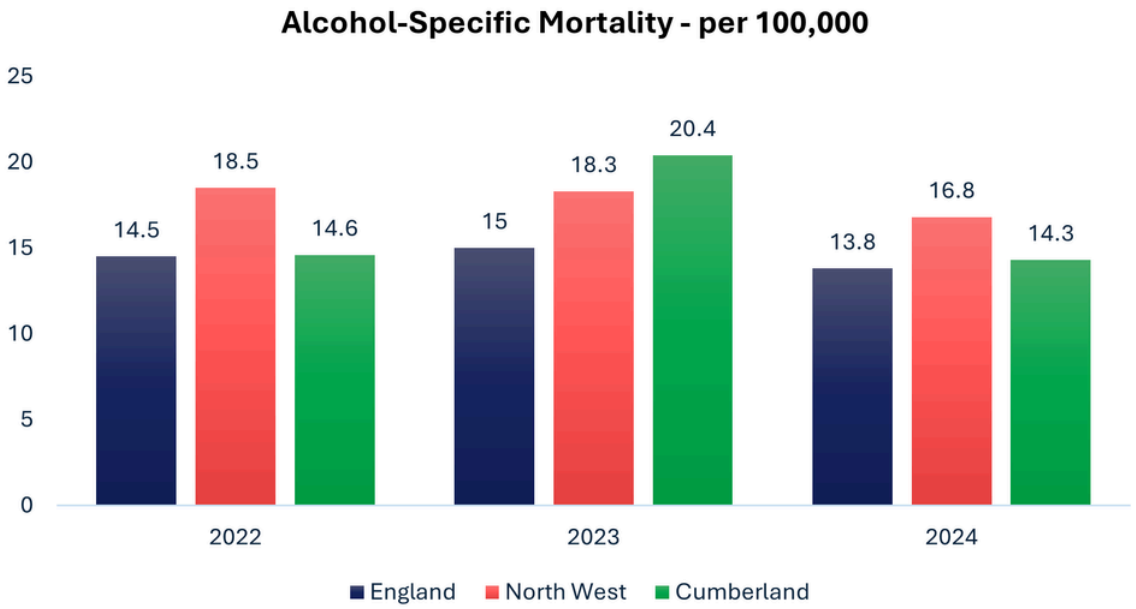


Figure 38. *Alcohol-Specific Mortality. Office for Health Improvement and Disparities (2024)*

Alcohol-specific mortality rates in Cumberland show some fluctuation over the period shown but remain broadly comparable with the national average **(Figure 38)**. In 2022, the rate in Cumberland was 14.6 deaths per 100,000 population, closely aligning with the England rate of 14.5 but remaining lower than the North West (18.5). Rates increased notably in 2023 to 20.4 per 100,000, exceeding both the England (15.0) and North West (18.3) averages. However, by 2024 the rate declined to 14.3 per 100,000, returning to a level similar to England (13.8) and remaining below the regional figure of 16.8 *(OHID, 2024)*. This pattern suggests some short-term volatility in alcohol-specific mortality locally, although overall levels remain broadly in line with national trends.

Substance Use

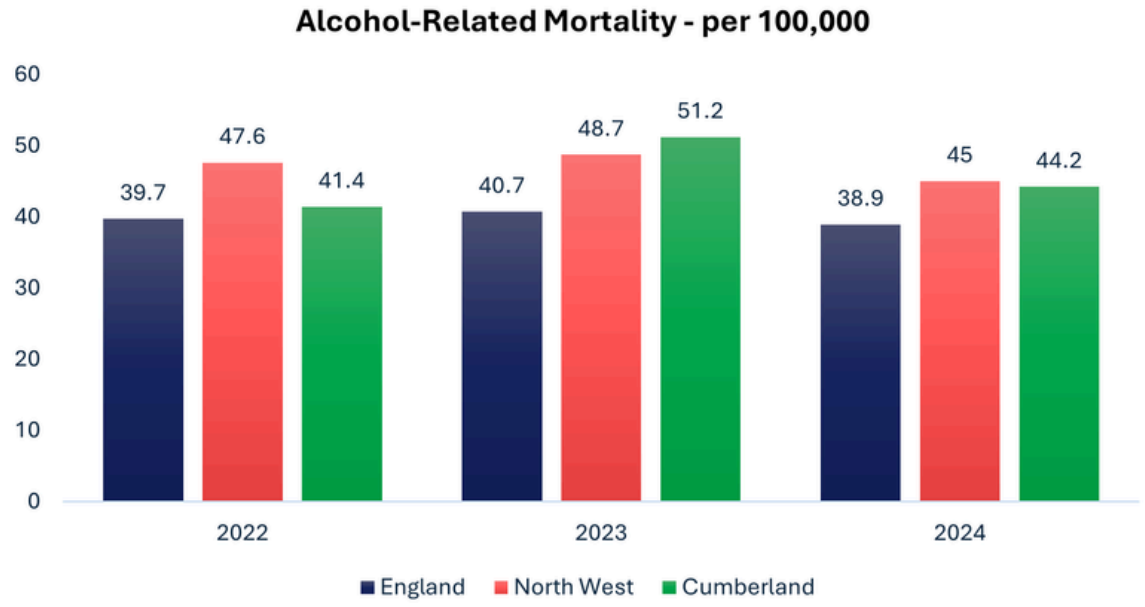


Figure 39. *Alcohol-Related Mortality. Office for Health Improvement and Disparities (2024)*

Alcohol-related mortality in Cumberland has remained consistently higher than the England average across the period shown **(Figure 39)**. In 2022, the rate stood at 41.4 deaths per 100,000 population, above the national figure of 39.7 but below the North West rate of 47.6. Rates increased substantially in 2023 to 51.2 per 100,000, exceeding both England (40.7) and the North West (48.7). Although the rate declined to 44.2 per 100,000 in 2024, it remains higher than the England average of 38.9 and closer to the regional rate of 45 *(OHID, 2024)*. These patterns suggest that alcohol-related harm continues to represent a significant public health concern locally despite some recent improvement.

Hospital Admissions

Hospital admission rates for alcohol-specific conditions in Cumberland have remained slightly below both the North West and England rates over the period shown **(Figure 40)**. In 2021/22, Cumberland recorded 603 admissions per 100,000 population, compared with 626 in England and 815 in the North West. Rates declined marginally to 574 per 100,000 in 2022/23 before falling further to 566 in 2023/24. While the North West consistently recorded the highest rates across all years, Cumberland's levels remained lower than the national rate in the most recent year *(OHID, 2024)*.

Substance Use

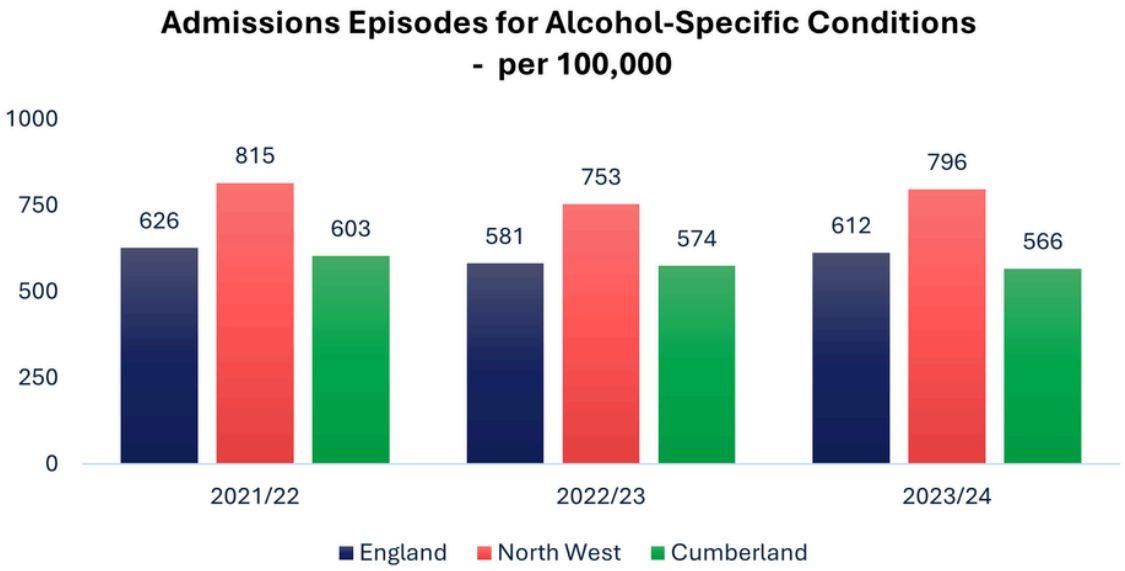


Figure 40. *Admission Episodes for Alcohol-Specific Conditions. Office for Health Improvement and Disparities (2024)*

This trend suggests that although alcohol-related hospital admissions remain present locally, the scale of alcohol-specific harm requiring hospital treatment appears comparatively lower than both regional and national benchmarks.

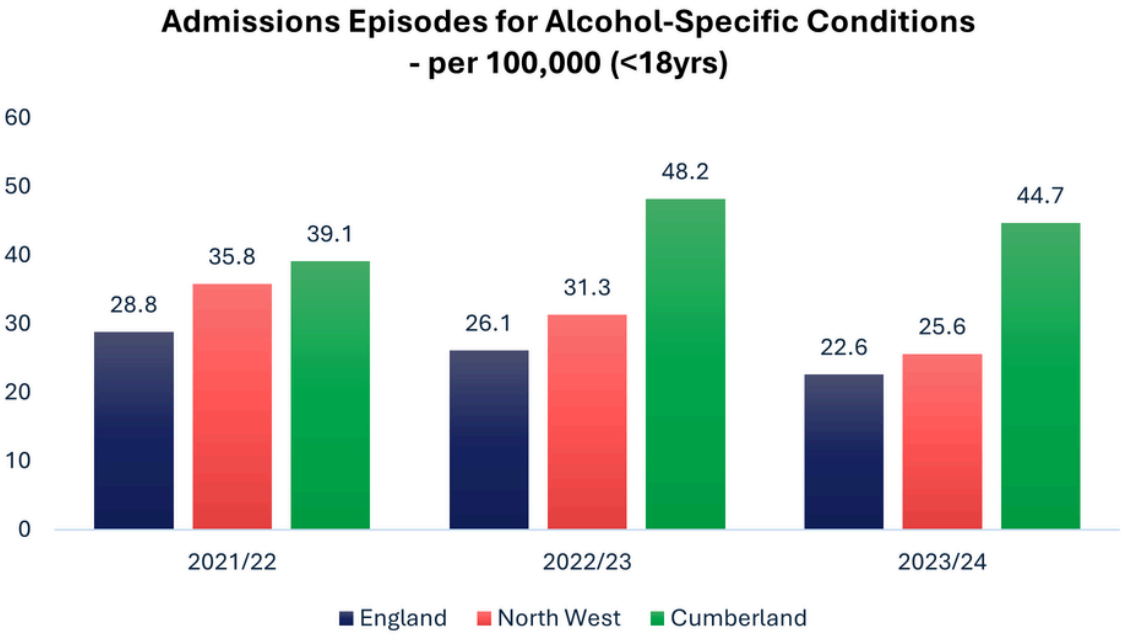


Figure 41. *Admission Episodes for Alcohol-Specific Conditions <18yrs Old. Office for Health Improvement and Disparities (2024)*

Substance Use

Hospital admissions for alcohol-specific conditions among those under 18 in Cumberland are notably higher than both national and regional figures **(Figure 41)**. In 2021/22, the rate stood at 39.1 admissions per 100,000 population, compared with 28.8 in England and 35.8 in the North West. Rates increased further in 2022/23 to 48.2 per 100,000 before declining slightly to 44.7 in 2023/24. Despite this small reduction, levels remain substantially higher than both England (22.6) and the North West (25.6) *(OHID, 2024)*. This pattern suggests a persistent and disproportionate level of alcohol-related harm among young people in Cumberland.

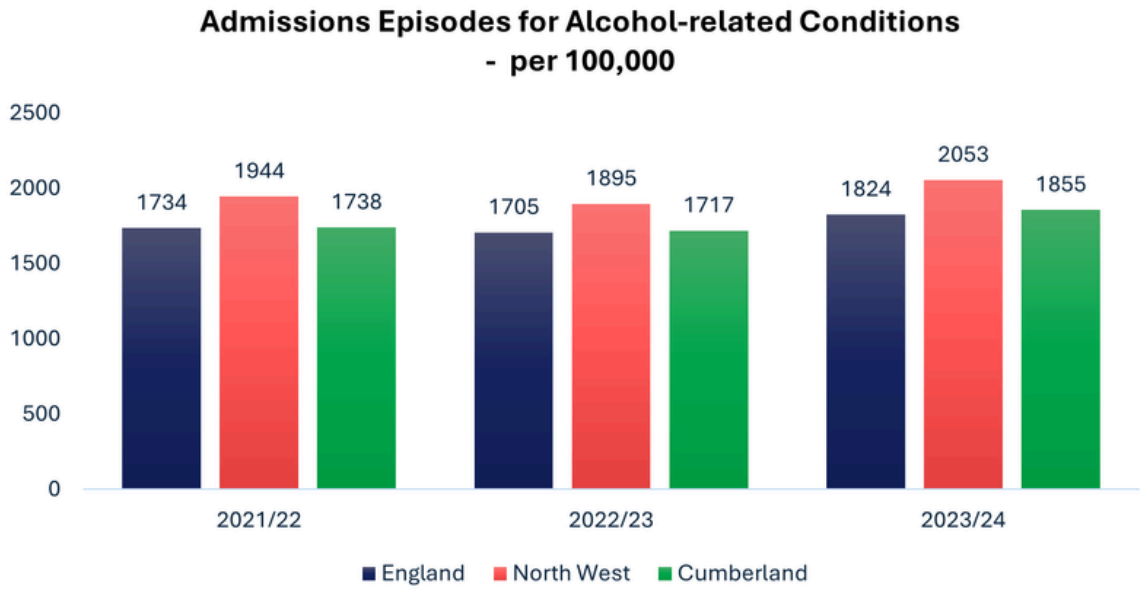


Figure 42. *Hospital Admissions for Alcohol-Related Conditions. Office for Health Improvement and Disparities (2024)*

Hospital admission rates for alcohol-related conditions in Cumberland have remained broadly comparable with national figures whilst consistently lower than the North West regional rate **(Figure 42)**. In 2021/22, Cumberland recorded 1,738 admissions per 100,000 population, slightly higher than England (1,734) but below the North West rate of 1,944. Rates declined marginally in 2022/23 to 1,717 per 100,000 before increasing again to 1,855 in 2023/24. Despite this recent increase, admission levels in Cumberland remain below the regional figure of 2,053 but slightly above England at 1,824 *(OHID, 2024)*. This suggests that while alcohol-related hospital admissions remain a concern locally, the scale of alcohol-related harm appears somewhat less pronounced than across the wider North West region.

Substance Use

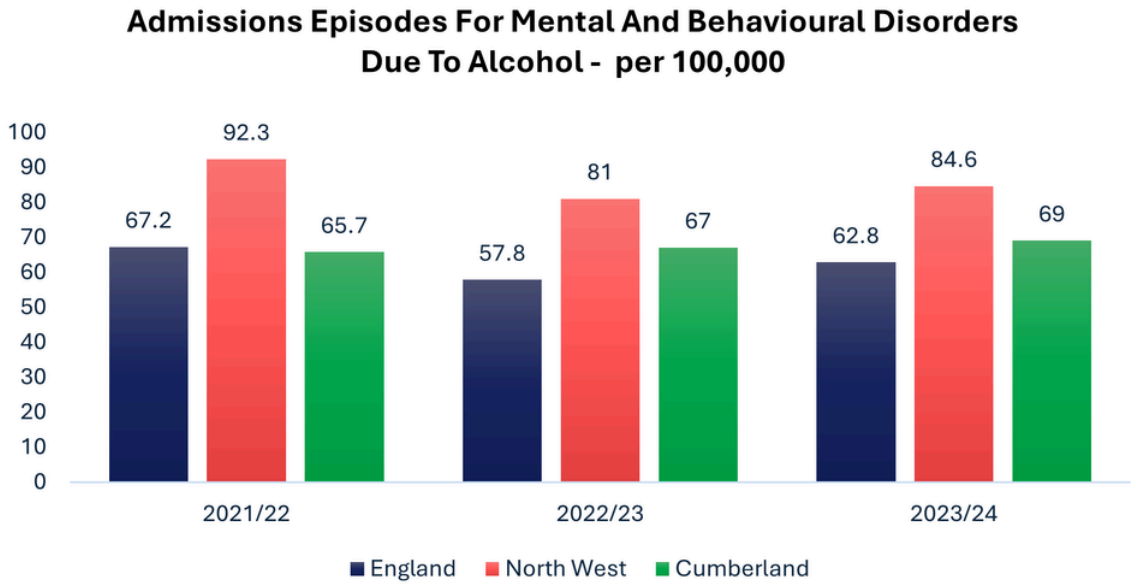


Figure 43. *Hospital Admissions for Mental and Behavioural Disorders Due To Alcohol. Office for Health Improvement and Disparities (2024)*

Hospital admission rates for mental and behavioural disorders related to alcohol in Cumberland remain broadly comparable with national figures but consistently lower than the North West regional rate **(Figure 43)**. In 2021/22, Cumberland recorded 65.7 admissions per 100,000 population, slightly below England's rate of 67.2 and considerably lower than the North West rate of 92.3. Rates increased marginally to 67 per 100,000 in 2022/23 and rose again to 69 in 2023/24. While this upward trend suggests a gradual increase in alcohol-related mental health admissions locally, levels remain substantially below those observed across the wider North West region *(OHID, 2024)*. This pattern indicates that although alcohol-related mental health harms are present in Cumberland, the scale of hospital admissions remains more moderate compared with regional benchmarks.

Substance Use

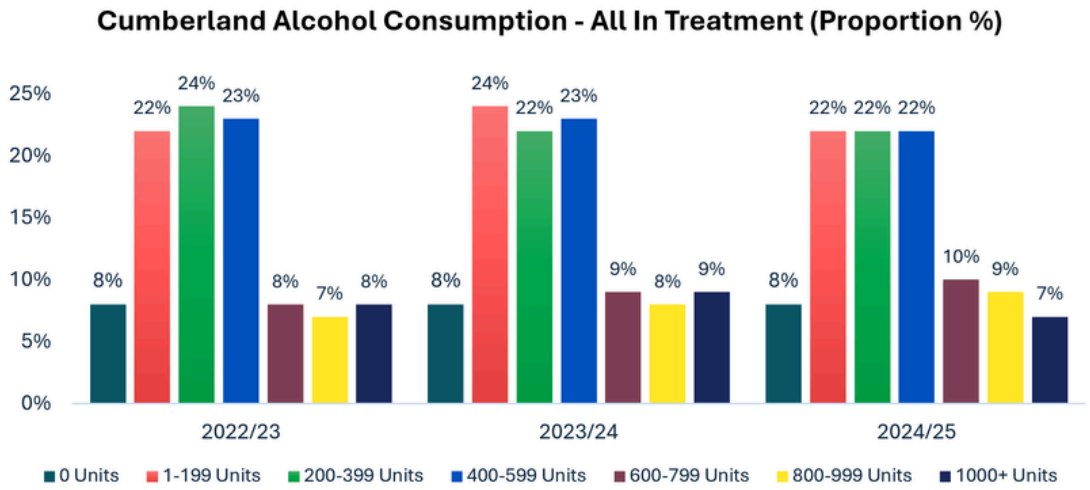


Figure 44. *Alcohol Consumption 28 Days Before Starting Treatment in Cumberland. Office for Health Improvement and Disparities (2025)*

Data on alcohol consumption in the 28 days prior to entering treatment shows that most individuals in Cumberland report moderate to high levels of alcohol use before commencing treatment **(Figure 44)**. Across the three years presented, the largest proportions of individuals consistently fall within the 1–199 units, 200–399 units, and 400–599 units consumption categories. In 2022/23, the highest proportion of individuals reported consuming 200–399 units (24%), followed by 400–599 units (23%) and 1–199 units (22%). A similar pattern is observed in 2023/24 and 2024/25, with around 22–24% of individuals in each of these mid-range consumption groups. Smaller but notable proportions of individuals report very high consumption levels, with 600–799 units, 800–999 units, and 1000+ units each accounting for roughly 7–10% of those entering treatment *(OHID, 2025)*. Overall, the data suggests that individuals accessing alcohol treatment services in Cumberland commonly report sustained moderate-to-high alcohol consumption in the weeks prior to treatment, highlighting the importance of accessible treatment pathways and early intervention to reduce alcohol-related harm.

Substance Use

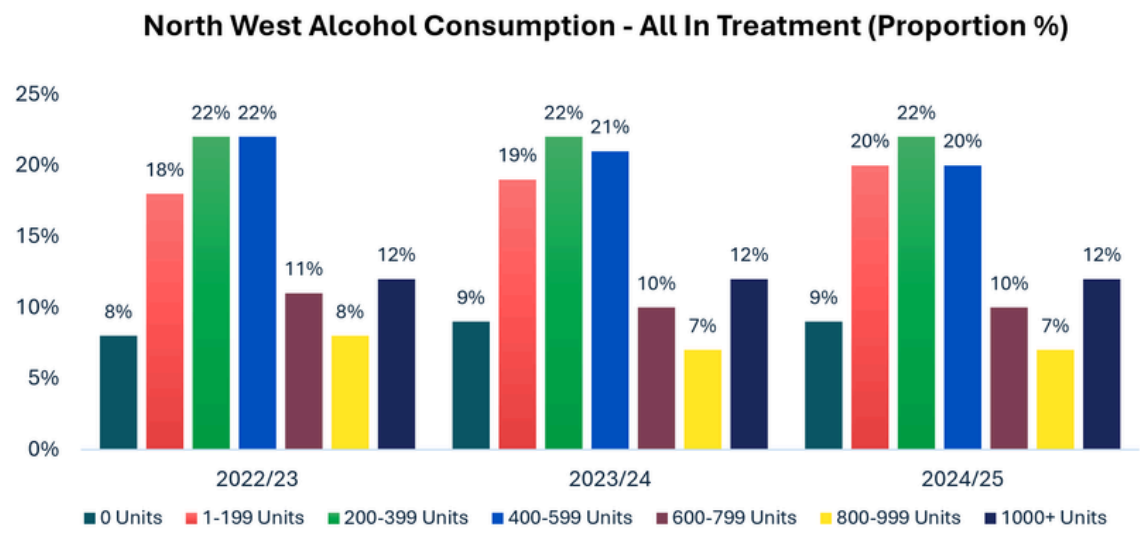


Figure 45. *Alcohol Consumption 28 Days Before Starting Treatment in North West. Office for Health Improvement and Disparities (2025)*

Patterns of alcohol consumption in the 28 days prior to treatment across the North West show a similar distribution to those observed in Cumberland, with the majority of individuals reporting moderate to high levels of alcohol use before entering treatment services **(Figure 45)**. Across all three years presented, the largest proportions fall within the 200–399 units and 400–599 units consumption categories. In 2022/23, both of these groups accounted for 22% of individuals entering treatment, followed by 1–199 units (18%). This pattern remains broadly consistent in 2023/24 and 2024/25, with around 20–22% of individuals reporting consumption within the 200–399 and 400–599 unit ranges. Smaller but notable proportions report very high levels of alcohol consumption, with 600–799 units, 800–999 units, and 1000+ units collectively accounting for approximately 28-32% of individuals entering treatment each year *(OHID, 2025)*. Overall, the data indicates that individuals accessing alcohol treatment services in the North West frequently report substantial alcohol consumption prior to treatment, highlighting the continued demand for specialist alcohol support services across the region.

Substance Use

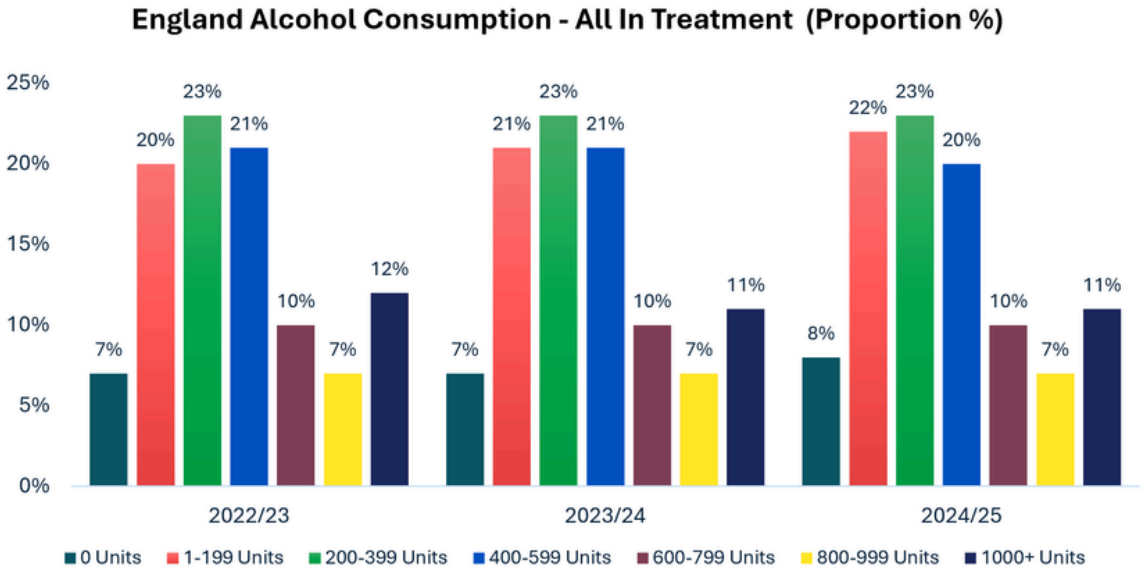


Figure 46. *Alcohol Consumption 28 Days Before Starting Treatment in England. Office for Health Improvement and Disparities (2025)*

National data on alcohol consumption in the 28 days prior to treatment shows a similar distribution to both Cumberland and the North West, with the largest proportions of individuals reporting moderate to high levels of alcohol use before entering treatment services **(Figure 46)**. Across all three years, the most common consumption category is 200–399 units, accounting for 23% of individuals in each year presented. This is followed by 400–599 units, which remains stable at around 20–21%, and 1–199 units, which increases slightly from 20% in 2022/23 to 22% in 2024/25. Smaller proportions of individuals report higher levels of consumption, with 600–799 units accounting for approximately 10%, 800–999 units around 7%, and 1000+ units approximately 11–12% of individuals entering treatment each year *(OHID, 2025)*. Overall, the national data indicates that individuals accessing alcohol treatment services commonly report substantial alcohol consumption in the period immediately prior to treatment, reflecting the ongoing demand for alcohol support services across England

Substance Use

Treatment

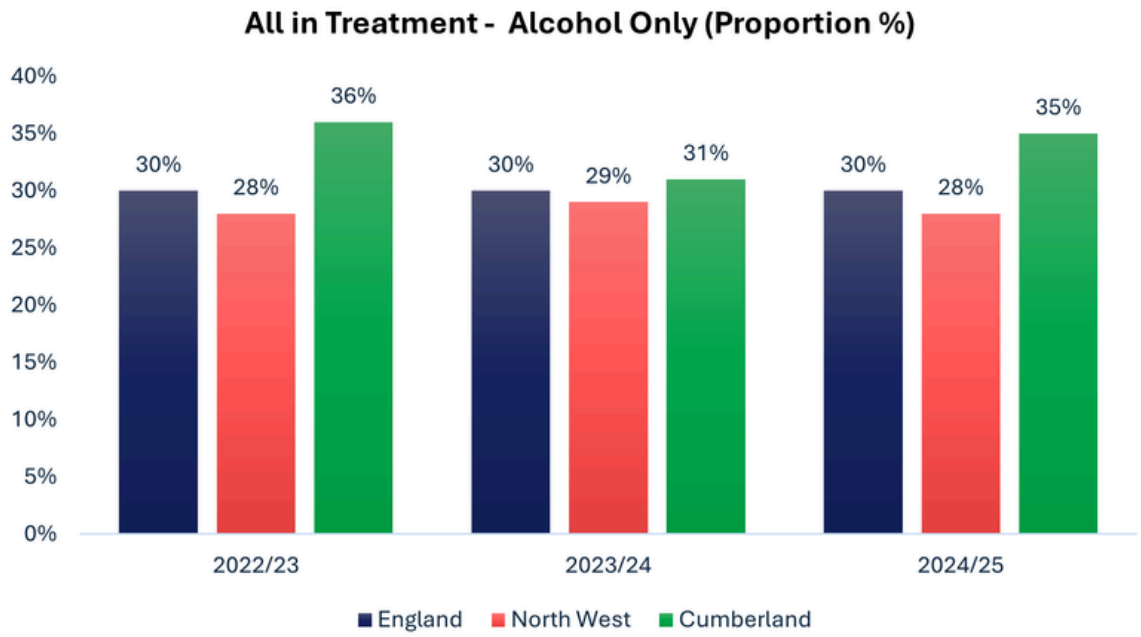


Figure 47. *All in Treatment, Alcohol Only. Office for Health Improvement and Disparities (2025)*

The proportion of individuals in treatment for alcohol-only dependency in Cumberland is consistently higher than both the North West and England **(Figure 47)**. In 2022/23, 36% of those in treatment in Cumberland were recorded as alcohol-only cases, compared with 30% in England and 28% in the North West. This proportion declined slightly to 31% in 2023/24, before increasing again to 35% in 2024/25. In contrast, the proportions for England remained stable at around 30%, while the North West remained lower at approximately 28–29% across the period *(OHID, 2025)*. These figures suggest that alcohol-only treatment represents a comparatively larger share of substance misuse treatment activity in Cumberland than seen regionally or nationally.

A similar pattern is observed for new treatment presentations related to alcohol-only use. Cumberland consistently records higher proportions of new alcohol-only treatment entrants compared with both the North West and England **(Figure 48)**. In 2022/23, 56% of new treatment presentations in Cumberland were for alcohol-only use, significantly higher than 42% in England and 41% in the North West. Although this proportion decreased to 46% in 2023/24, it remained above regional and national levels and increased again to 53% in 2024/25 *(OHID, 2025)*. In comparison, England and the North West show gradual declines over the same period.

Substance Use

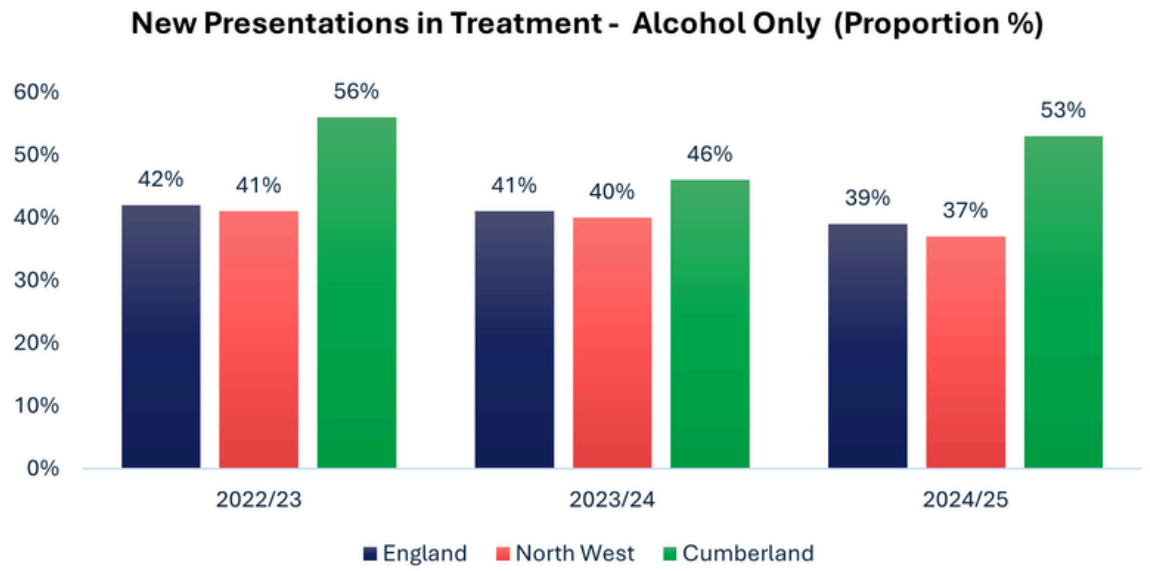


Figure 48. *New Presentations in Treatment, Alcohol Only. Office for Health Improvement and Disparities (2025)*

This trend indicates that alcohol remains a particularly prominent driver of new substance misuse treatment demand within Cumberland.

Drug Use – Mortality

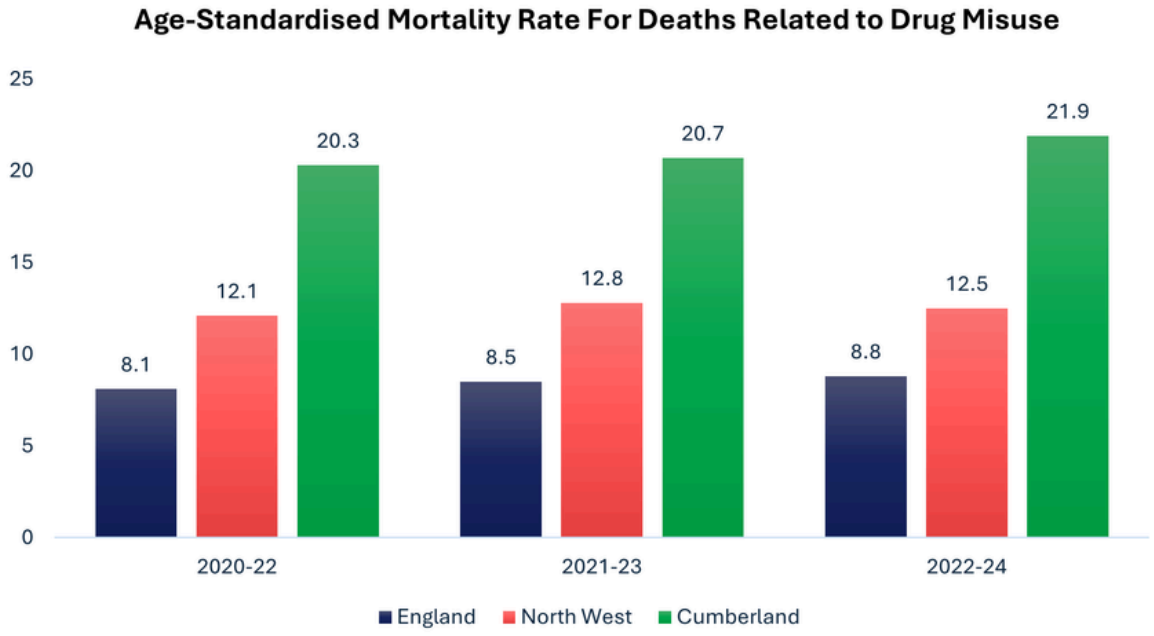


Figure 49. *Age-Standardised Mortality Rate for Deaths Related to Drug Misuse per 100,000. Office for National Statistics (2024)*

Substance Use

Age-standardised mortality rates for deaths related to drug misuse in Cumberland are substantially higher than both the North West regional and England averages across all periods shown **(Figure 49)**. In 2020–22, Cumberland recorded 20.3 deaths per 100,000, compared with 12.1 in the North West and 8.1 in England. This gap persists in 2021–23, with Cumberland increasing slightly to 20.7, while regional and national rates remain significantly lower. By 2022–24, the mortality rate in Cumberland rises further to 21.9 per 100,000, continuing to exceed both the North West (12.5) and England (8.8) by a considerable margin. These findings highlight a persistent and widening disparity in drug misuse mortality within Cumberland, indicating a significant local public health challenge relative to regional and national trends.

A similar pattern is observed in deaths related to drug poisoning, where Cumberland consistently records higher rates than both the North West and England **(Figure 50)**.

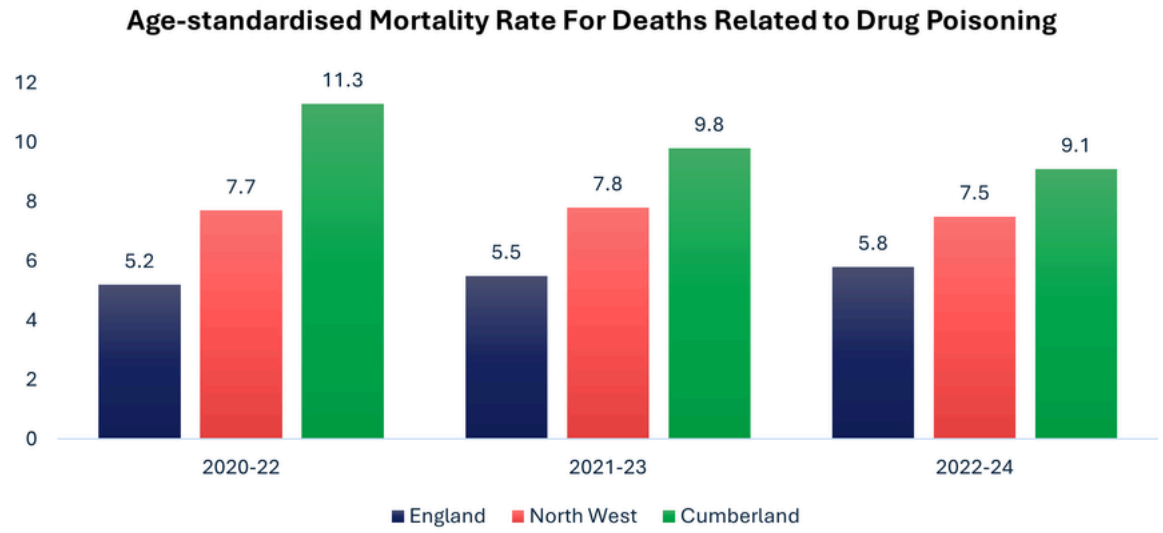


Figure 50. *Age-Standardised Mortality Rate for Deaths Related to Drug Poisoning per 100,000. Office for National Statistics (2024)*

In 2020–22, the rate in Cumberland stood at 11.3 deaths per 100,000, compared with 7.7 in the North West and 5.2 in England. While rates decline slightly in 2021–23 and 2022–24, Cumberland continues to report the highest mortality across all geographies, with 9.1 deaths per 100,000 recorded in the most recent period *(ONS, 2024)*. Although there is a modest downward trend locally, the sustained difference between Cumberland and both regional and national rates indicates ongoing challenges associated with drug-related harms and overdose risk within the area.

Substance Use

Drug Use – Treatment

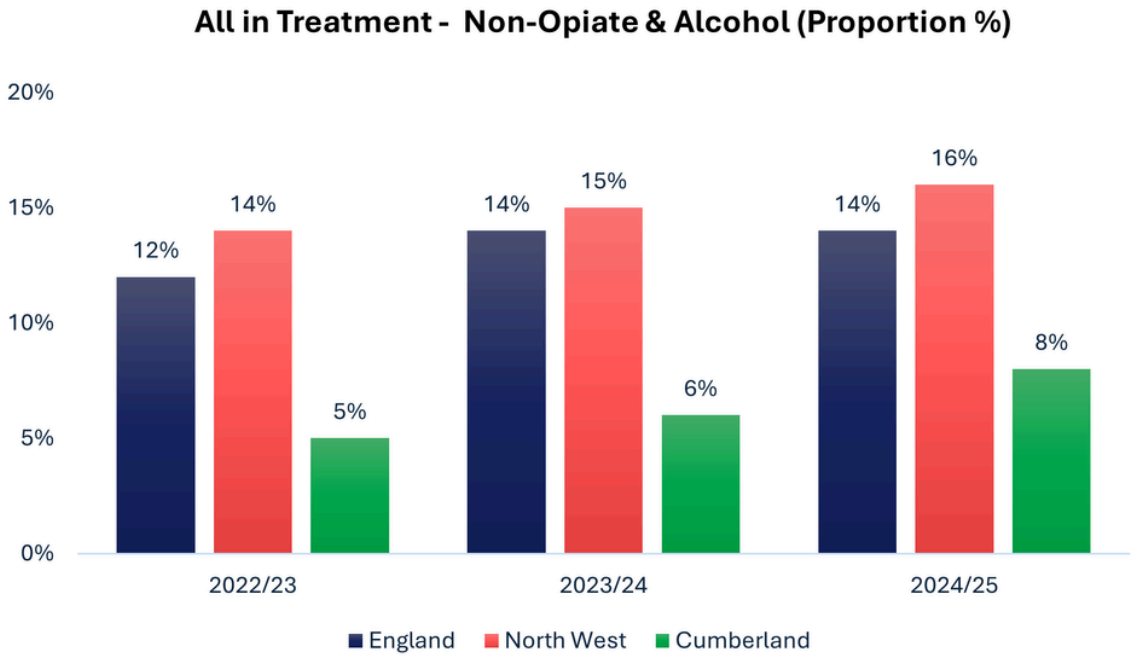


Figure 51. *All in Treatment, Non-Opiate & Alcohol. Office for Health Improvement and Disparities (2025)*

The proportion of individuals in treatment for non-opiate and alcohol-related drug use in Cumberland remains significantly lower than both the North West and England, although it shows a gradual increase over time **(Figure 51)**. In 2022/23, 5% of individuals in treatment in Cumberland were recorded in this category, compared with 12% in England and 14% in the North West. This proportion increased slightly to 6% in 2023/24, before rising further to 8% in 2024/25. Despite this upward trend, Cumberland continues to report a smaller proportion of treatment activity related to non-opiate drug use compared with regional and national patterns *(OHID, 2025)*. This may reflect differences in local substance use patterns, treatment demand, or service engagement.

Substance Use

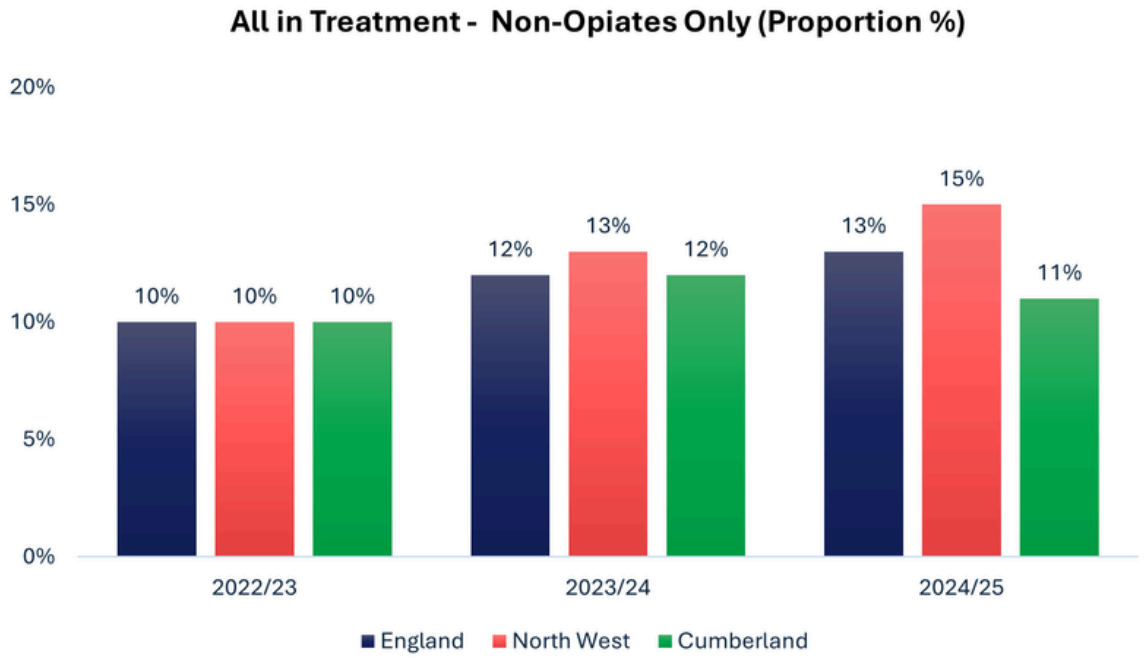


Figure 52. *All in Treatment, Non-Opiates Only. Office for Health Improvement and Disparities (2025)*

The proportion of individuals in treatment for non-opiate drug use in Cumberland remains broadly comparable to national and regional patterns, although it shows some variation across the period shown **(Figure 52)**. In 2022/23, Cumberland recorded 10% of individuals in treatment for non-opiate use, aligning with both England (10%) and the North West (10%). This increased to 12% in 2023/24, matching the national figure whilst remaining slightly below the North West (13%).

By 2024/25, the proportion in Cumberland declined marginally to 11%, compared with 13% in England and 15% in the North West *(OHID, 2025)*. Overall, while non-opiate treatment levels in Cumberland broadly follow national trends, they remain somewhat lower than those observed across the wider North West region.

Substance Use

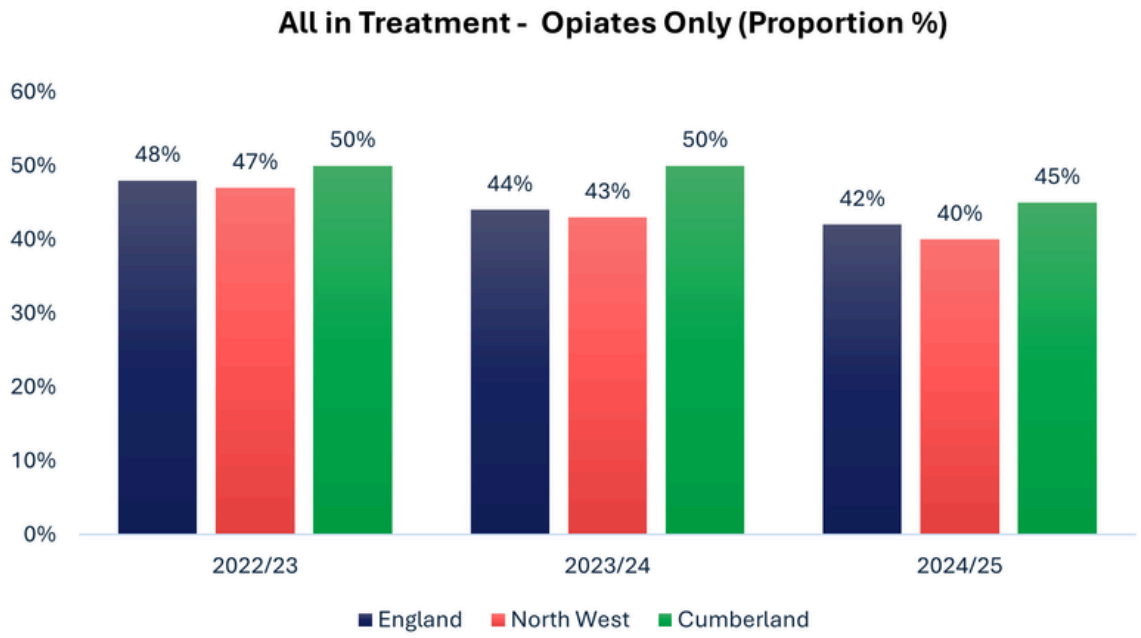


Figure 53. *All in Treatment, Opiates Only. Office for Health Improvement and Disparities (2025)*

Treatment for opiate use represents a significant proportion of substance misuse treatment activity in Cumberland and remains consistently higher than both regional and national figures **(Figure 53)**. In 2022/23, 50% of individuals in treatment in Cumberland were recorded as opiate-only cases, compared with 48% in England and 47% in the North West. This proportion remained at 50% in 2023/24, while rates declined slightly in both England (44%) and the North West (43%). In 2024/25, the proportion in Cumberland reduced to 45%, but still remained above England (42%) and North West (40%) *(OHID, 2025)*. These findings indicate that opiate use continues to represent a particularly prominent component of substance misuse treatment demand within Cumberland.

The proportion of new treatment presentations related to non-opiate drug use and alcohol in Cumberland has increased over the period shown but remains lower than both the North West and England **(Figure 54)**. In 2022/23, 8% of new treatment presentations in Cumberland were recorded in this category, compared with 18% in England and 20% in the North West. This proportion increased to 11% in 2023/24 and further to 12% in 2024/25, indicating a gradual rise in new presentations for this type of substance use locally *(OHID, 2025)*. Despite this increase, Cumberland continues to report substantially lower proportions of new presentations in this category compared with regional and national levels, suggesting differences in local patterns of substance use or service engagement.

Substance Use

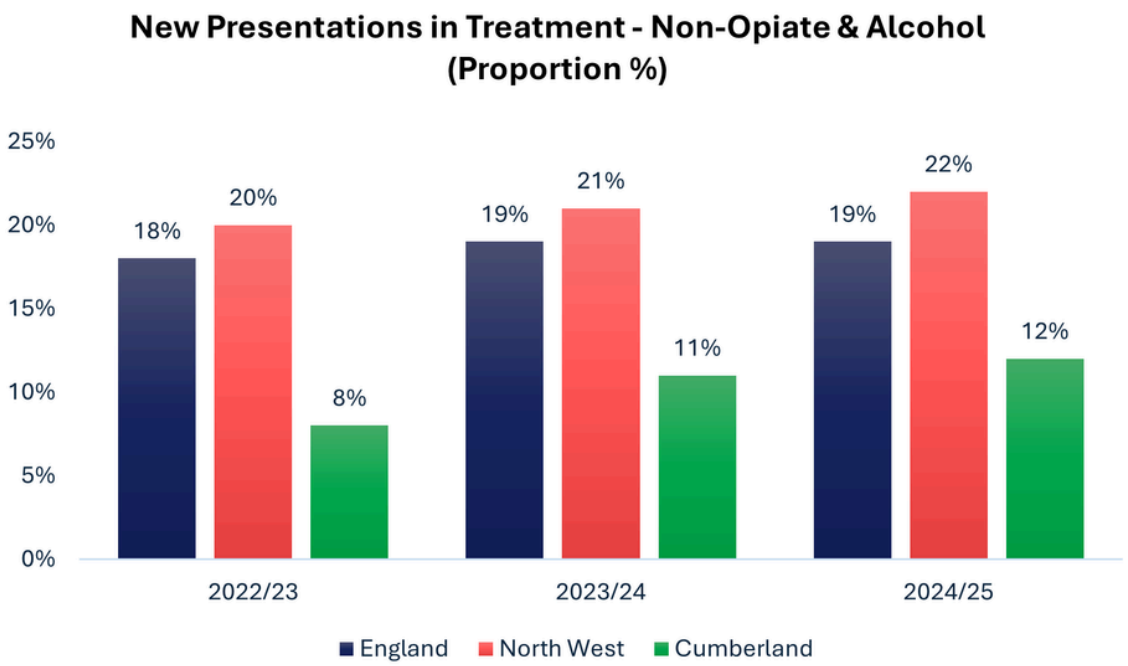


Figure 54. *New Presentations in Treatment, Non-Opiate & Alcohol. Office for Health Improvement and Disparities (2025)*

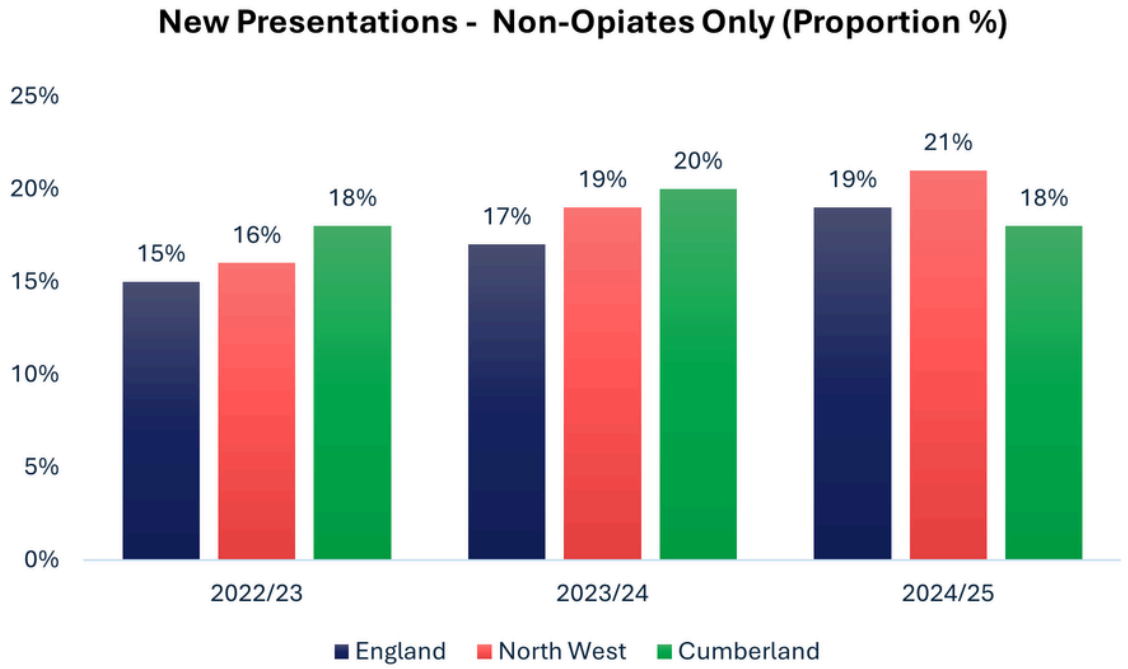


Figure 55. *New Presentations in Treatment, Non-Opiates Only. Office for Health Improvement and Disparities (2025)*

Substance Use

The proportion of new treatment presentations related to non-opiate drug use and alcohol in Cumberland has increased over the period shown but remains lower than both the North West and England **(Figure 55)**. In 2022/23, 8% of new treatment presentations in Cumberland were recorded in this category, compared with 18% in England and 20% in the North West. This proportion increased to 11% in 2023/24 and further to 12% in 2024/25, indicating a gradual rise in new presentations for this type of substance use locally *(OHID, 2025)*. Despite this increase, Cumberland continues to report substantially lower proportions of new presentations in this category compared with regional and national levels, suggesting differences in local patterns of substance use or service engagement.

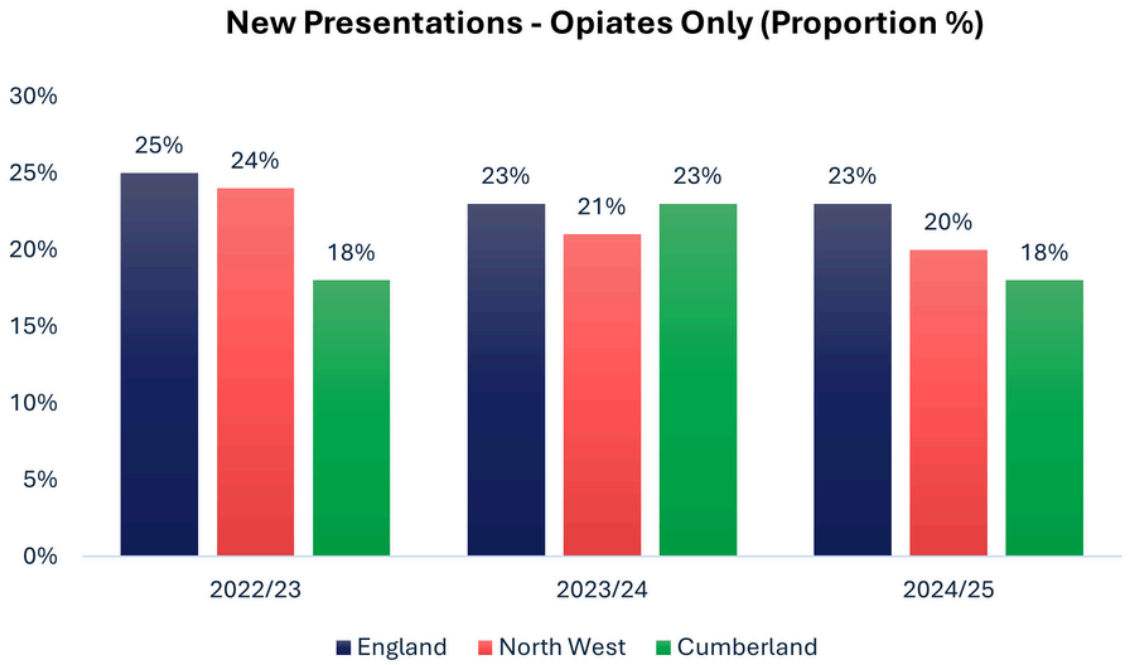


Figure 56. *New Presentations in Treatment, Opiates Only. Office for Health Improvement and Disparities (2025)*

The proportion of new treatment presentations relating to opiate use in Cumberland remains lower than both regional and national levels across the period shown **(Figure 56)**. In 2022/23, 18% of new treatment presentations in Cumberland were recorded as opiate-only cases, compared with 25% in England and 24% in the North West. This proportion increased to 23% in 2023/24, bringing Cumberland closer to the national level, before declining again to 18% in 2024/25. Despite some fluctuation, Cumberland consistently reports lower proportions of new opiate-related treatment presentations than both the North West and England *(OHID, 2025)*. This pattern may reflect differences in local patterns of substance use, treatment demand, or service engagement within the local population.

Substance Use

In summary

Overall, the data indicates that substance use continues to represent a significant public health issue in Cumberland, although the patterns of harm and service use vary between alcohol and drug-related indicators.

While some measures suggest levels comparable with national averages, others highlight persistent local challenges, particularly in relation to drug-related mortality and alcohol-related harm among young people.

With regard to alcohol-related harm, mortality rates in Cumberland show some fluctuation but remain broadly aligned with national trends. Alcohol-specific mortality has varied since 2022, with a temporary peak in 2023 before returning to levels similar to England in 2024. However, alcohol-related mortality remains consistently higher than the national average, indicating a continued burden of alcohol-related harm within the local population.

Substance Use

In summary

Hospital admission data presents a mixed picture. Rates of alcohol-specific hospital admissions are slightly lower in Cumberland than both regional and national figures.

This suggests that the overall scale of alcohol-related harm requiring hospital treatment may be comparatively lower locally. Similarly, admissions for alcohol-related mental and behavioural disorders remain below the North West regional rate, although they show a gradual increase over time. In contrast, hospital admissions for alcohol-specific conditions among those under 18 remain significantly higher than both regional and national figures, indicating a particular concern around alcohol-related harm among young people in the area.

Patterns of alcohol consumption among individuals entering treatment show that most report moderate to high levels of alcohol use in the weeks prior to treatment. Across Cumberland, the North West and England, the largest proportions consistently fall within the 200–399 units and 400–599 units consumption categories, indicating sustained heavy alcohol consumption among those accessing support services. Smaller but notable proportions of individuals report very high levels of consumption, suggesting the presence of more severe alcohol dependency among some treatment entrants.

Substance Use

In summary

Treatment data further highlights the prominence of alcohol-related substance misuse locally. The proportion of individuals in treatment for alcohol-only dependency is consistently higher in Cumberland than in both the North West and England, and the same pattern is observed for new treatment presentations.

This indicates that alcohol represents a particularly significant driver of treatment demand within local substance misuse services.

In contrast, patterns relating to drug use present a more complex picture. Mortality rates related to drug misuse in Cumberland are substantially higher than both regional and national levels, with rates increasing slightly between 2022 and 2024. A similar pattern is observed for deaths related to drug poisoning, where Cumberland consistently records the highest mortality rates despite a modest decline in recent years. These findings highlight a persistent and disproportionate burden of drug-related deaths locally, suggesting an elevated risk of drug-related harm within the population.

Substance Use

In summary

However, treatment data suggests that patterns of drug-related service use differ from mortality trends. The proportion of individuals in treatment for non-opiate drug use remains lower in Cumberland than both regional and national averages, although levels have increased gradually in recent years. Similarly, new treatment presentations involving non-opiate drugs remain substantially lower locally, indicating that treatment demand for these substances may be less prominent in Cumberland than elsewhere.

In contrast, opiate use represents a particularly significant component of local treatment activity. The proportion of individuals in treatment for opiate-only use remains consistently higher in Cumberland than both the North West and England, suggesting a greater reliance on treatment services for opiate dependency locally. Despite this, the proportion of new treatment presentations related to opiate use remains lower than regional and national levels, indicating that while many individuals are engaged in treatment for opiate use, fewer new entrants are presenting compared with wider trends.

Substance Use

In summary

Taken together, these findings suggest that substance use in Cumberland is characterised by relatively high levels of alcohol-related treatment demand and significant drug-related mortality, alongside patterns of treatment engagement that differ from wider regional and national trends. While hospital admission rates for alcohol-related conditions remain broadly comparable with national levels, elevated alcohol-related harm among young people and persistently high drug-related mortality highlight areas of particular concern. These patterns emphasise the importance of continued investment in prevention, early intervention, and accessible treatment services, particularly for alcohol dependency and high-risk drug use within the local population.

Obesity and Food Insecurity

Adult Prevalence

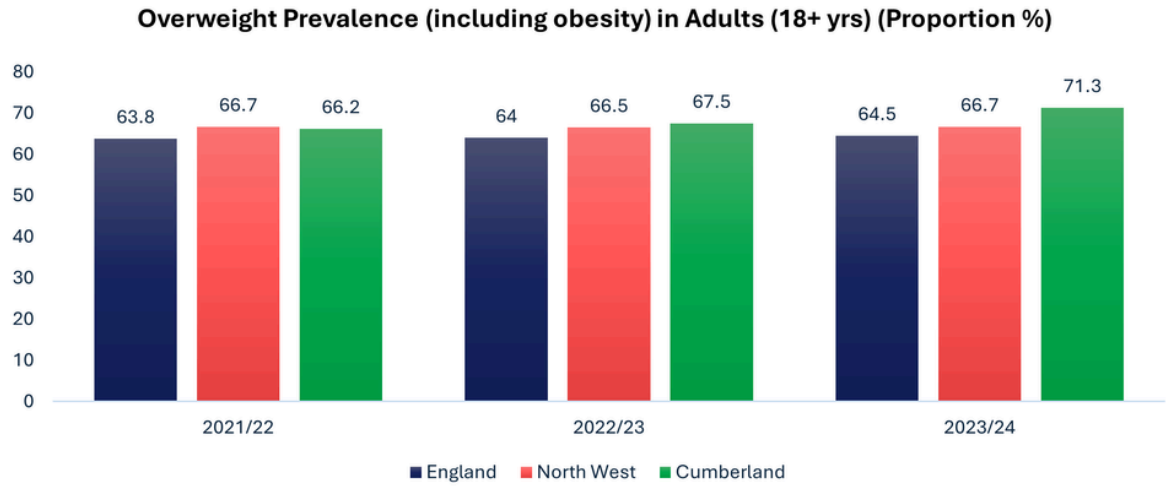


Figure 57. *Overweight Prevalence (including Obesity) in Adults. Office for Health Improvement and Disparities (2024)*

The proportion of adults classified as overweight or obese remains high across all geographies and shows a gradual increase in Cumberland over the period shown **(Figure 57)**. In 2021/22, 66.2% of adults in Cumberland were recorded as overweight or obese, slightly higher than England (63.8%) but similar to the North West (66.7%). This proportion increased to 67.5% in 2022/23, remaining above both England (64.0%) and the North West (66.5%). By 2023/24, the rate in Cumberland rose further to 71.3%, considerably higher than both England (64.5%) and the North West (66.7%) *(OHID, 2024)*. These findings indicate that overweight and obesity affect a substantial proportion of the adult population locally and suggest that excess weight represents a significant and growing public health challenge within Cumberland.

Obesity and Food Insecurity

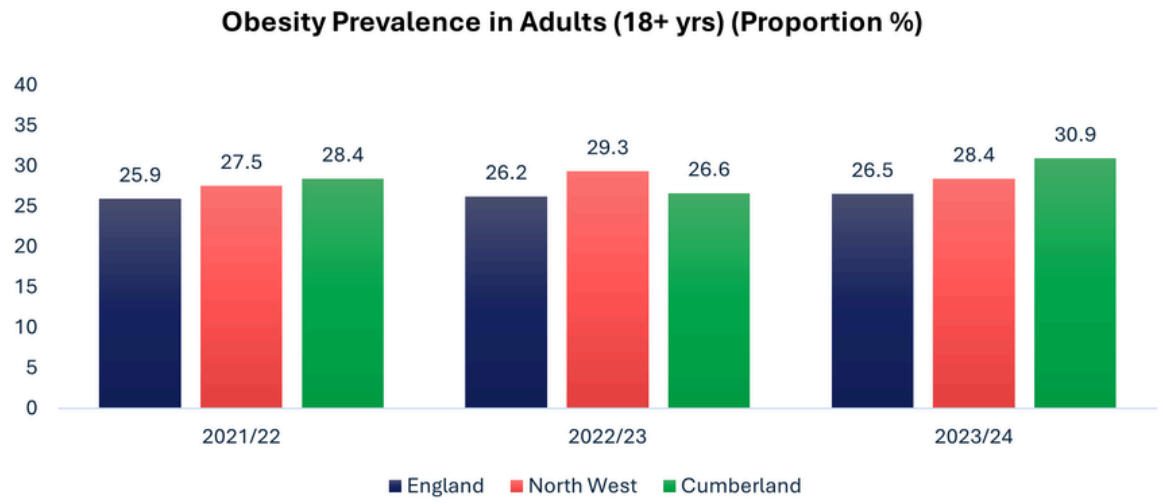


Figure 58. *Obesity Prevalence in Adults. Office for Health Improvement and Disparities (2024)*

A similar pattern is observed in obesity prevalence alone, with Cumberland consistently recording higher rates than both the North West and England **(Figure 58)**. In 2021/22, the obesity rate in Cumberland was 28.4%, compared with 25.9% in England and 27.5% in the North West. While the rate declined slightly to 26.6% in 2022/23, it increased substantially in 2023/24 to 30.9%, exceeding both England (26.5%) and the North West (28.4%) *(OHID, 2024)*. Overall, these figures indicate that obesity affects nearly one-third of adults in Cumberland, highlighting the importance of preventative strategies, community health initiatives, and accessible weight management services to address this growing health issue.

Related Conditions

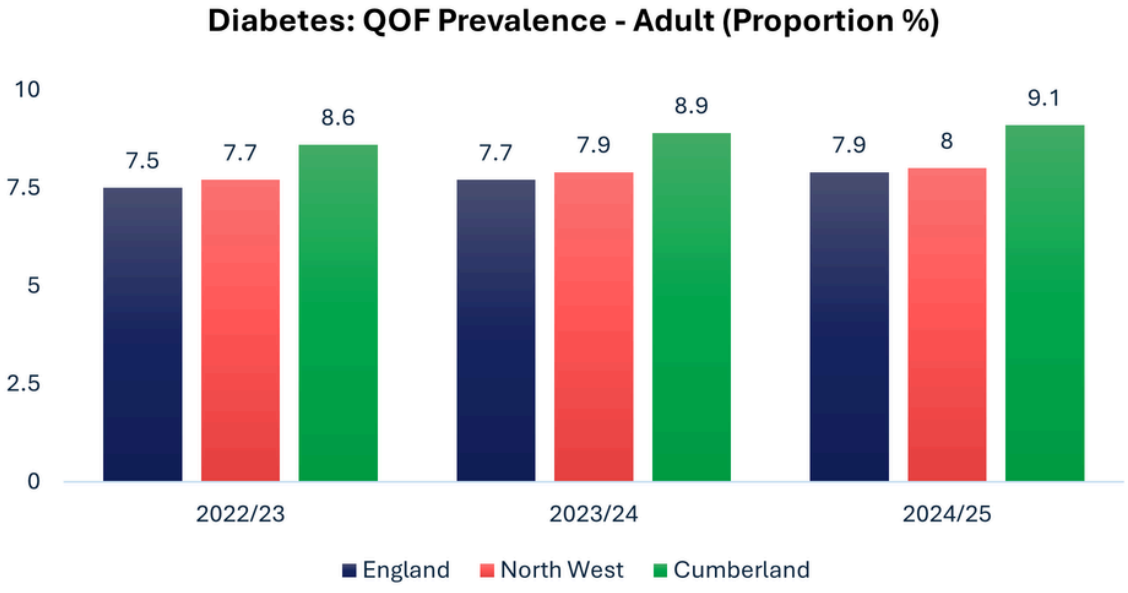


Figure 59. *Diabetes: QOF Prevalence. NHS England (2025)*

Obesity and Food Insecurity

The prevalence of diabetes among adults in Cumberland has increased gradually over the period shown and remains consistently higher than both regional and national figures **(Figure 59)**. In 2022/23, the prevalence rate in Cumberland was 8.6%, compared with 7.5% in England and 7.7% in the North West. This increased to 8.9% in 2023/24, before rising further to 9.1% in 2024/25. In contrast, England and the North West recorded more modest increases over the same period, reaching 7.9% and 8.0% respectively in the most recent year *(NHS England, 2025)*. These figures indicate that diabetes affects a slightly larger proportion of the adult population in Cumberland compared with both regional and national levels, reflecting the broader impact of risk factors such as overweight, obesity and lifestyle-related health behaviours within the local population.

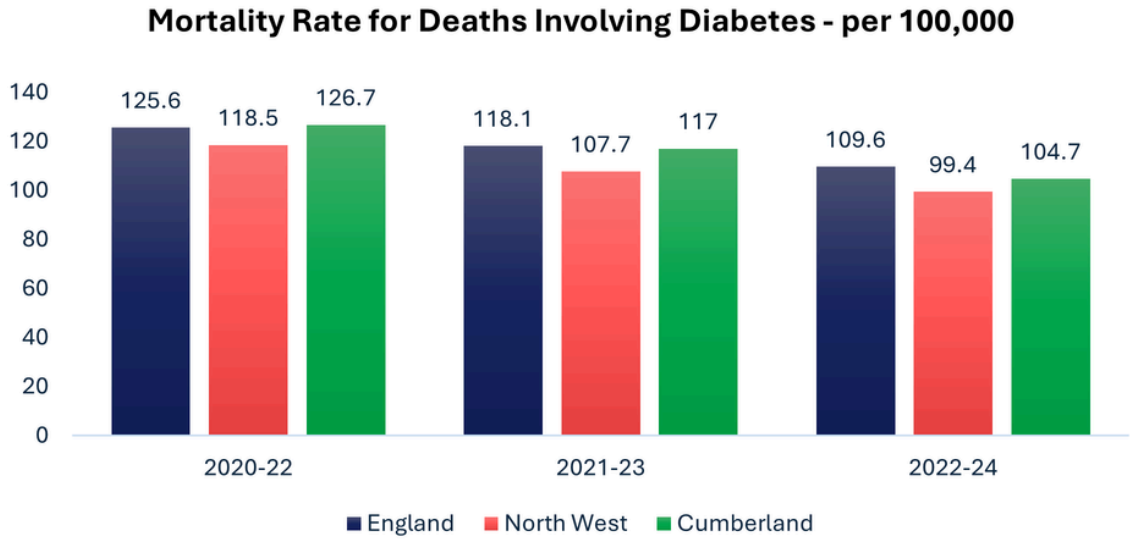


Figure 60. *Mortality Rate for Deaths Involving Diabetes. NHS England (2025)*

Mortality rates for deaths involving diabetes have declined across all geographies over the period shown, although Cumberland continues to record slightly higher rates than both regional and national levels **(Figure 60)**. In 2020–22, the mortality rate in Cumberland was 126.7 deaths per 100,000 population, compared with 125.6 in England and 118.5 in the North West. Rates declined in 2021–23 to 117 deaths per 100,000, and further to 104.7 in 2022–24, reflecting a broader downward trend *(NHS England, 2025)*. Due to this improvement, mortality rates in Cumberland remain below the England rate of 118.1 in 2021–23 and 109.6 in 2022-24. Although, regional rates have remained below both national and local levels since 2020-22.

Obesity and Food Insecurity

Adult Physical Activity

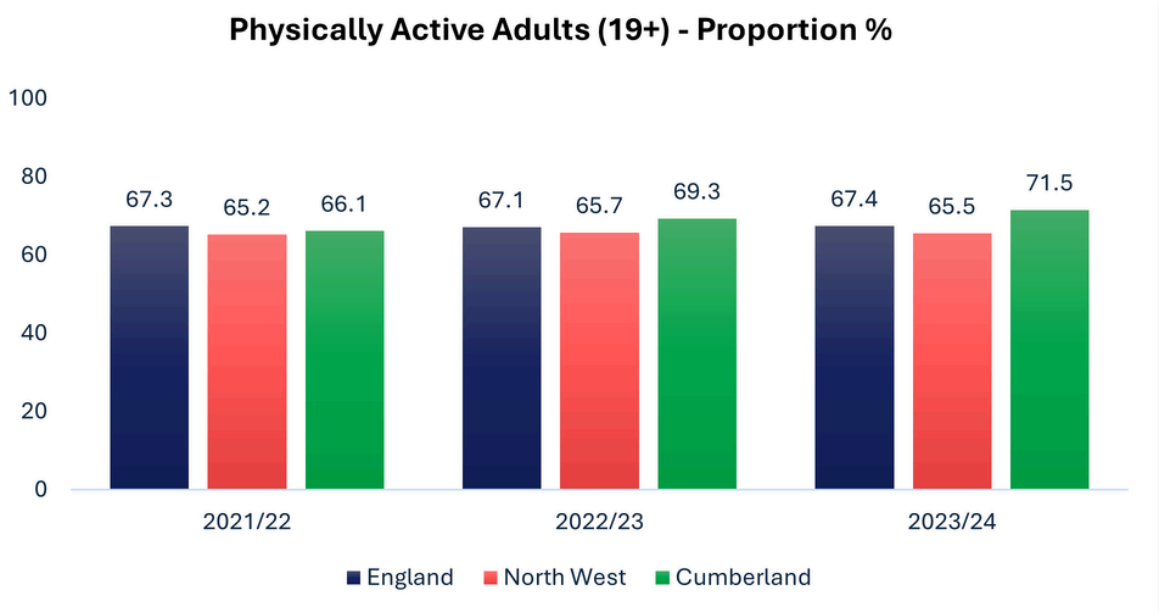


Figure 61. *Percentage of Physically Active Adults. Office for Health Improvement and Disparities (2024)*

The proportion of adults classified as physically active has increased steadily in Cumberland over the period shown and is now higher than both regional and national figures **(Figure 61)**. In 2021/22, 66.1% of adults in Cumberland were recorded as physically active, slightly below the national figure of 67.3% but above the North West rate of 65.2%. This increased to 69.3% in 2022/23, before rising further to 71.5% in 2023/24, exceeding both England (67.4%) and the North West (65.5%) in the most recent year *(NHS England, 2024)*. These findings suggest improving levels of physical activity within the local population and may reflect the impact of public health initiatives, increased awareness of healthy lifestyles, and improved access to opportunities for physical activity.

Obesity and Food Insecurity

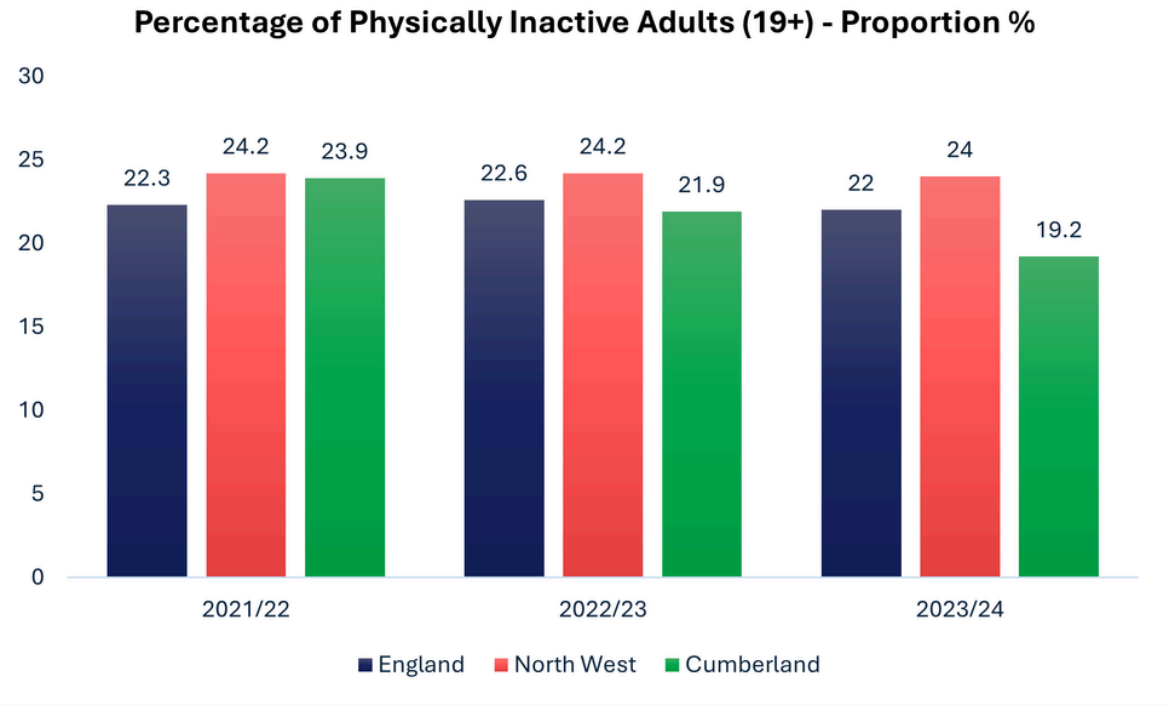


Figure 62. *Percentage of Physically Inactive Adults. NHS England (2024)*

The proportion of adults classified as physically inactive has declined in Cumberland over the period shown and is now lower than both regional and national levels **(Figure 62)**. In 2021/22, 23.9% of adults in Cumberland were recorded as physically inactive, slightly higher than the England rate of 22.3% but lower than the North West rate of 24.2%. By 2022/23, inactivity levels in Cumberland fell to 21.9%, and declined further to 19.2% in 2023/24. This most recent rate is notably lower than both England (22.0%) and the North West (24.0%), indicating that a smaller proportion of adults in Cumberland are physically inactive compared with wider benchmarks *(NHS England, 2024)*. These trends suggest improving engagement in physical activity locally, which may contribute positively to wider population health outcomes.

Obesity and Food Insecurity

Child Obesity – Reception Prevalence

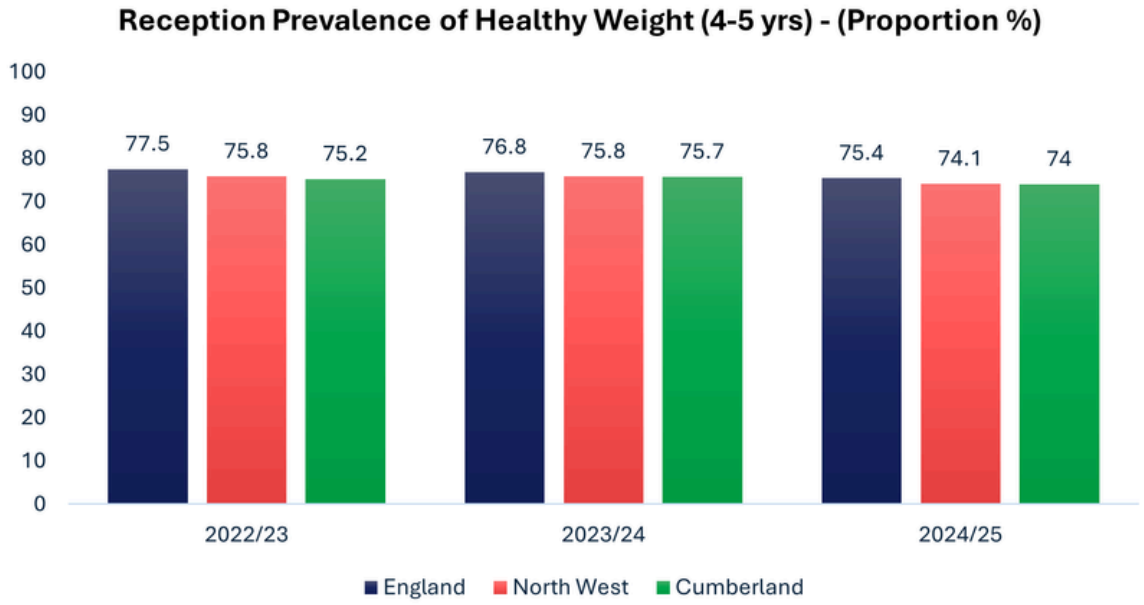


Figure 63. *Reception Prevalence of Healthy Weight (4-5yrs). NHS England (2025)*

The proportion of children aged 4–5 classified as having a healthy weight has declined slightly across all geographies over the period shown **(Figure 63)**. In 2022/23, 75.2% of children in Cumberland were recorded as having a healthy weight, slightly below the England rate of 77.5% and the North West rate of 75.8%. This proportion remained relatively stable in 2023/24 at 75.7%, but declined further to 74.0% in 2024/25. A similar downward trend is observed nationally and regionally, with England falling to 75.4% and the North West to 74.1% in the most recent year *(NHS England, 2025)*. These findings suggest that while Cumberland broadly follows regional patterns, the proportion of children maintaining a healthy weight has gradually decreased over time.

Obesity and Food Insecurity

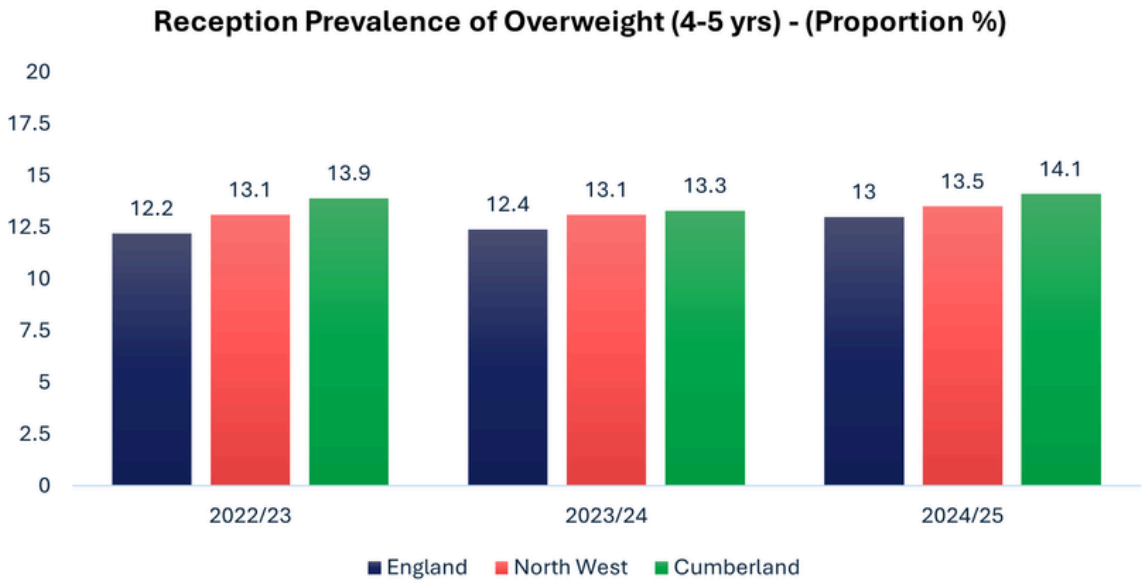


Figure 64. *Reception Prevalence of Overweight (4-5yrs). NHS England (2025)*

The proportion of children aged 4–5 classified as overweight has increased gradually in Cumberland over the period shown **(Figure 64)**. In 2022/23, the prevalence of overweight children in Cumberland was 13.9%, slightly higher than both England (12.2%) and the North West (13.1%). This proportion declined marginally to 13.3% in 2023/24, before increasing again to 14.1% in 2024/25. Across the same period, England and the North West also show modest increases, reaching 13.0% and 13.5% respectively in the most recent year *(NHS England, 2025)*.

Overall, these trends indicate that overweight prevalence among young children remains slightly higher in Cumberland compared with national figures, highlighting the importance of early intervention strategies to promote healthy weight in childhood.

Obesity and Food Insecurity

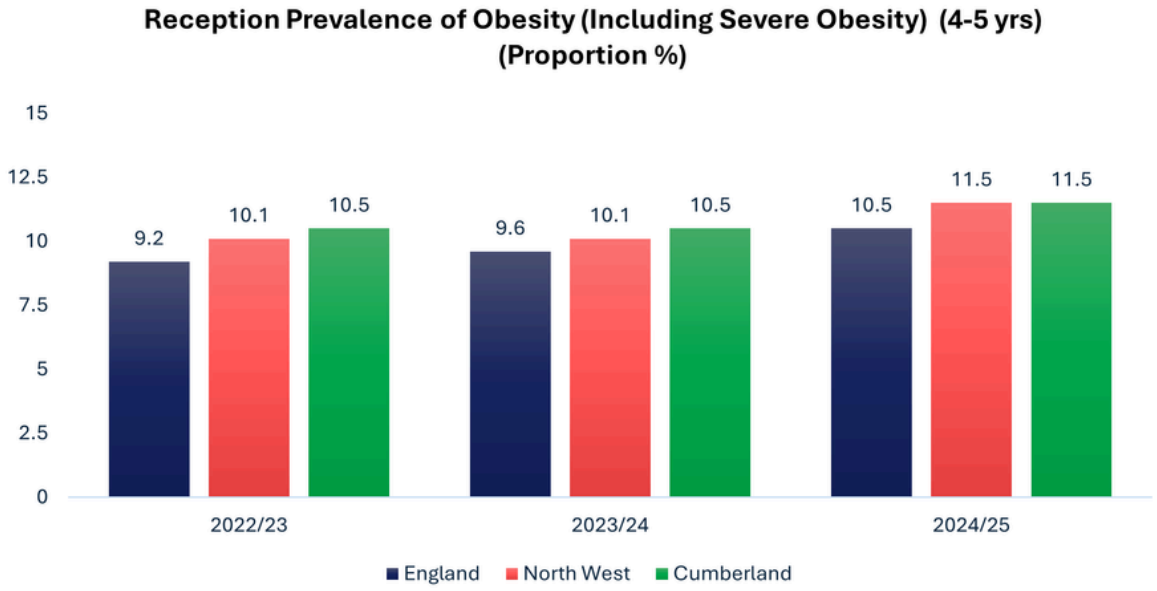


Figure 65. *Reception Prevalence of Obesity (Including Severe Obesity). NHS England (2025)*

The prevalence of obesity among children aged 4–5 in Cumberland has increased slightly over the period shown and remains comparable with regional levels **(Figure 65)**. In 2022/23, 10.5% of children in Cumberland were recorded as obese, higher than the England rate of 9.2% and similar to the North West rate of 10.1%. This proportion remained stable at 10.5% in 2023/24, while England and the North West reported rates of 9.6% and 10.1% respectively. By 2024/25, obesity prevalence in Cumberland increased further to 11.5%, matching the North West and remaining higher than the England rate of 10.5% *(NHS England, 2025)*. These findings indicate a gradual increase in obesity prevalence among young children locally and highlight the importance of early intervention strategies to support healthy weight in early childhood.

Child Obesity – Year 6 Prevalence

he proportion of children aged 10–11 classified as having a healthy weight in Cumberland has increased slightly over the period shown and is broadly comparable with regional and national levels **(Figure 66)**.

Obesity and Food Insecurity

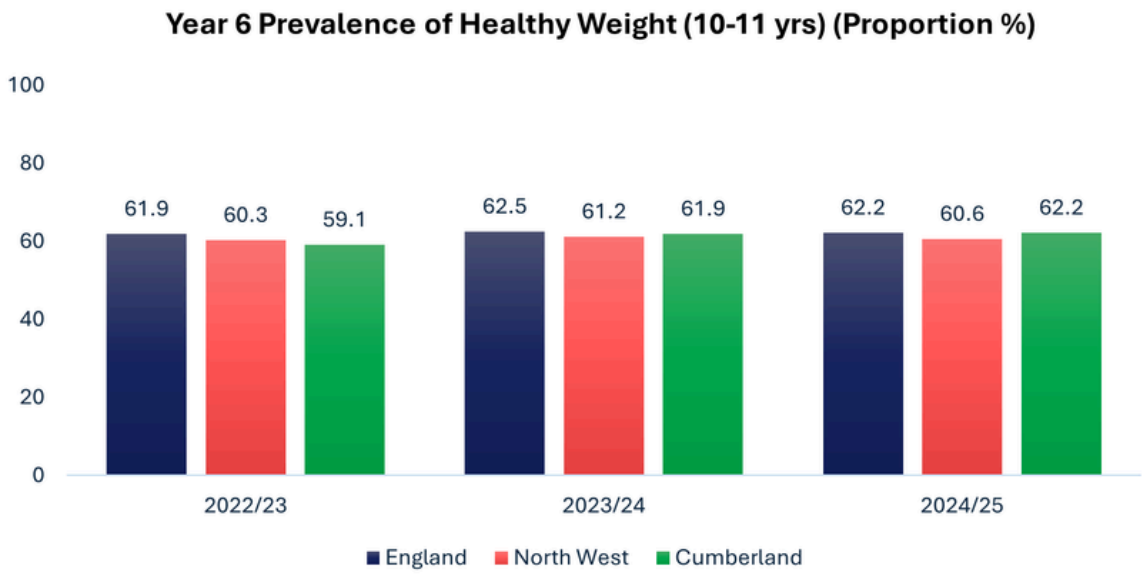


Figure 66. *Year 6 Prevalence of Healthy Weight (10-11yrs). NHS England (2025)*

In 2022/23, 59.1% of children in Cumberland were recorded as having a healthy weight, slightly below both England (61.9%) and the North West (60.3%). This increased to 61.9% in 2023/24, bringing Cumberland closer to the national figure of 62.5% and above the North West rate of 61.2%. By 2024/25, the proportion rose slightly again to 62.2%, matching the England rate and exceeding the North West figure of 60.6% *(NHS England, 2025)*. These findings suggest gradual improvement in healthy weight prevalence among older primary school children in Cumberland.

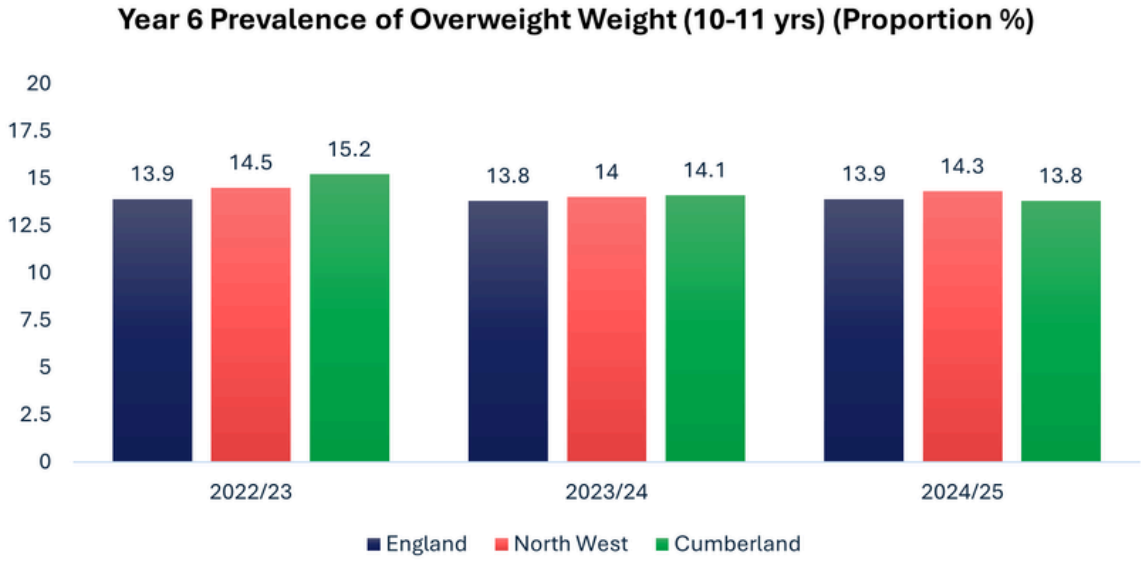


Figure 67. *Prevalence of Overweight (10-11yrs. NHS England (2025)*

Obesity and Food Insecurity

The prevalence of overweight among children aged 10–11 in Cumberland shows some fluctuation across the period shown but generally follows regional and national trends **(Figure 67)**. In 2022/23, 15.2% of children in Cumberland were classified as overweight, higher than both England (13.9%) and the North West (14.5%). This proportion declined to 14.1% in 2023/24, before falling further to 13.8% in 2024/25, bringing Cumberland slightly below the North West rate (14.3%) and closely aligned with the England figure (13.9%) *(NHS England, 2025)*. Overall, these trends indicate modest improvement in overweight prevalence among Year 6 pupils locally.

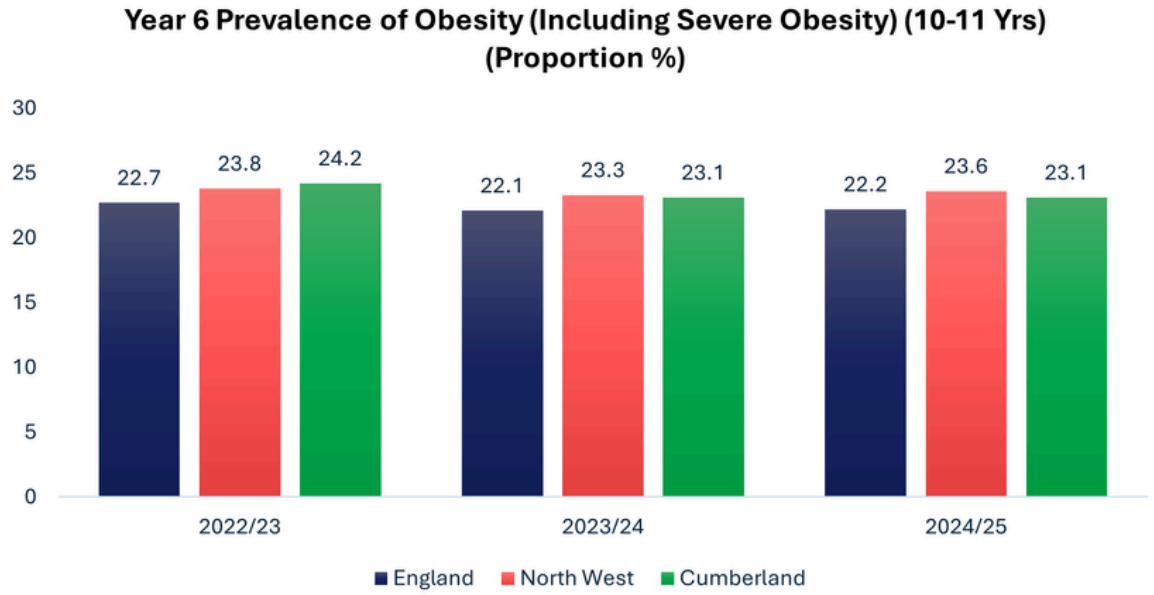


Figure 68. *Prevalence of Obesity (Including Severe Obesity) (10-11yrs). NHS England (2025)*

The prevalence of obesity among children aged 10–11 in Cumberland has remained broadly stable over the period shown and is comparable with regional levels, although above national levels **(Figure 68)**. In 2022/23, 24.2% of children in Cumberland were recorded as obese, slightly higher than both England (22.7%) and the North West (23.8%). This proportion declined marginally to 23.1% in 2023/24, aligning closely with the North West rate (23.3%) but remaining slightly above England (22.1%). By 2024/25, obesity prevalence in Cumberland remained stable at 23.1%, while England recorded 22.2% and the North West 23.6% *(NHS England, 2025)*. Overall, these figures indicate that obesity prevalence among Year 6 pupils in Cumberland remains broadly in line with regional levels, though slightly higher than the national average.

Obesity and Food Insecurity

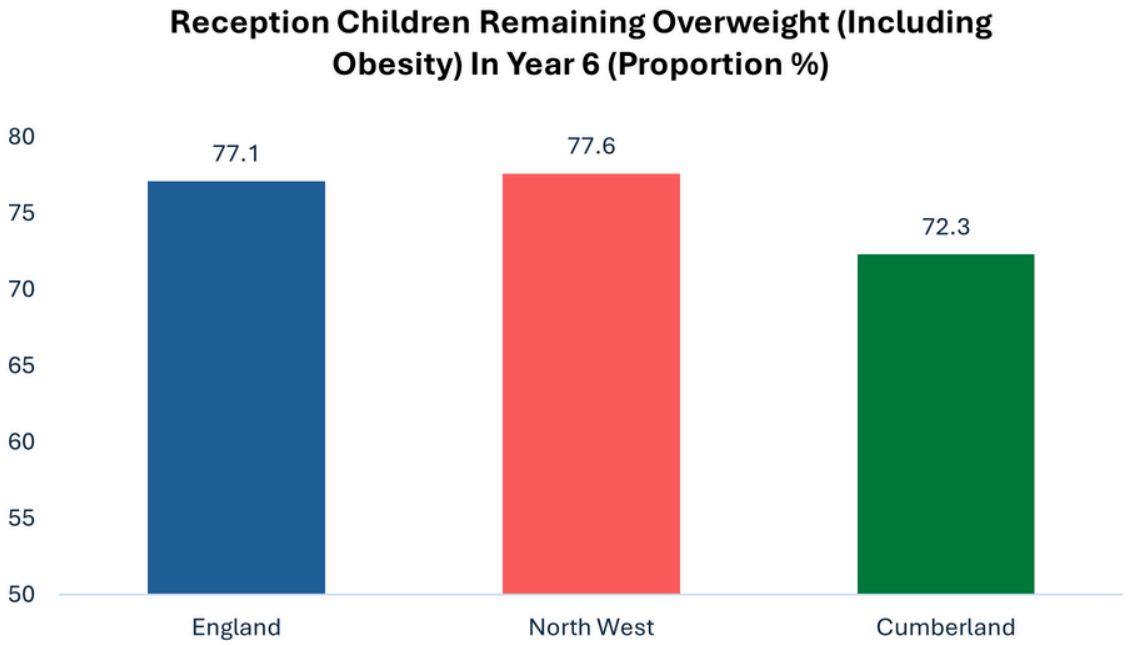


Figure 69. *Reception Children Remaining Overweight (Including Obesity) in Year 6. Department of Health and Social Care (2025)*

The proportion of children who were overweight or obese in reception and remained overweight by Year 6 is lower in Cumberland than both regional and national averages **(Figure 69)**. In the most recent data, 72.3% of children in Cumberland who were classified as overweight or obese in reception remained overweight by Year 6. This compares with 77.1% in England and 77.6% in the North West *(DHSC, 2025)*. These findings suggest that a slightly smaller proportion of children in Cumberland remain overweight as they progress through primary school, which may indicate some positive impact of local health promotion or lifestyle interventions.

The proportion of children moving from a healthy weight in reception to overweight or obesity by Year 6 in Cumberland is broadly similar to national levels **(Figure 70)**. In the most recent data, 21.7% of children in Cumberland who had a healthy weight in reception were classified as overweight by Year 6. This is comparable with 21.5% in England and slightly below the North West rate of 22.4% *(DHSC, 2025)*. These findings indicate that weight gain during primary school remains a common trend across all areas, highlighting the importance of sustained interventions aimed at supporting healthy lifestyles throughout childhood.

Obesity and Food Insecurity

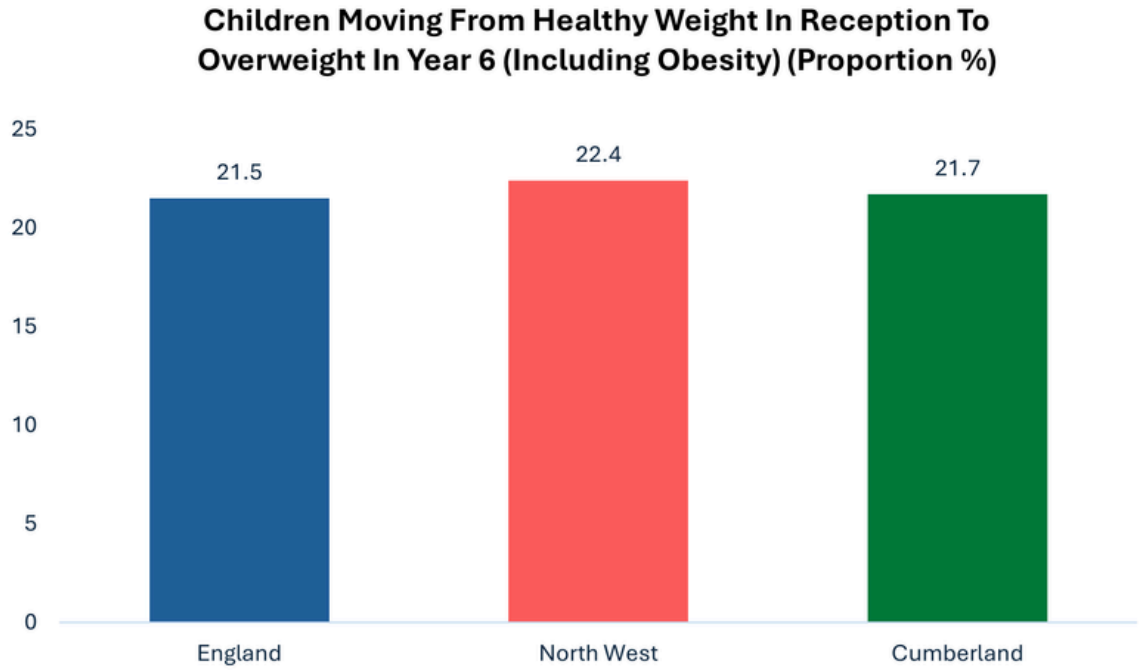


Figure 70. *Children Moving From Healthy Weight in Reception To Overweight in Year 6 (Including Obesity). Department for Health and Social Care (2025)*

Child Physical Activity

The proportion of children and young people meeting recommended physical activity levels in Cumberland shows some fluctuation over the period shown and remains broadly comparable with national and regional trends **(Figure 71)**. In 2022/23, 42.3% of children in Cumberland were classified as physically active, lower than both England (47.0%) and the North West (45.1%). However, activity levels increased significantly in 2023/24 to 49.1%, exceeding both England (47.8%) and the North West (47.6%). By 2024/25, the proportion declined slightly to 46.1%, again falling below England (49.1%) and the North West (51.2%) *(OHID, 2025)*.

Overall, these findings suggest some variability in physical activity levels among children locally, highlighting the importance of sustained initiatives to encourage regular physical activity among young people.

Obesity and Food Insecurity

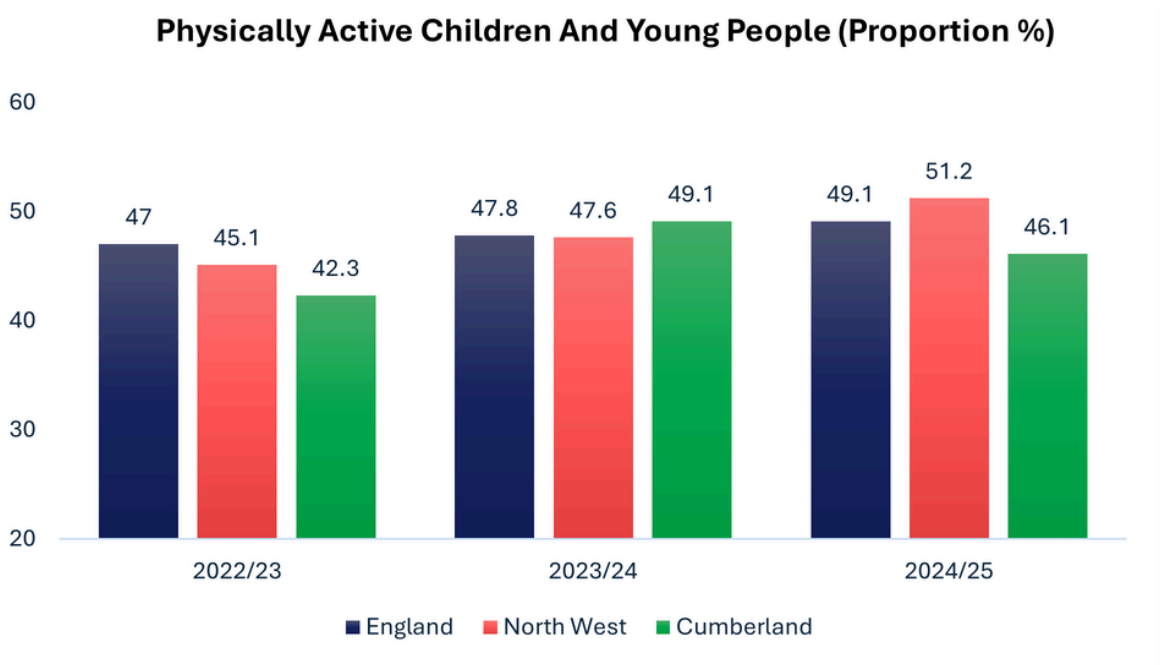


Figure 71. *Percentage of Physically Active Children and Young People. Office for Health Improvement and Disparities (2025)*

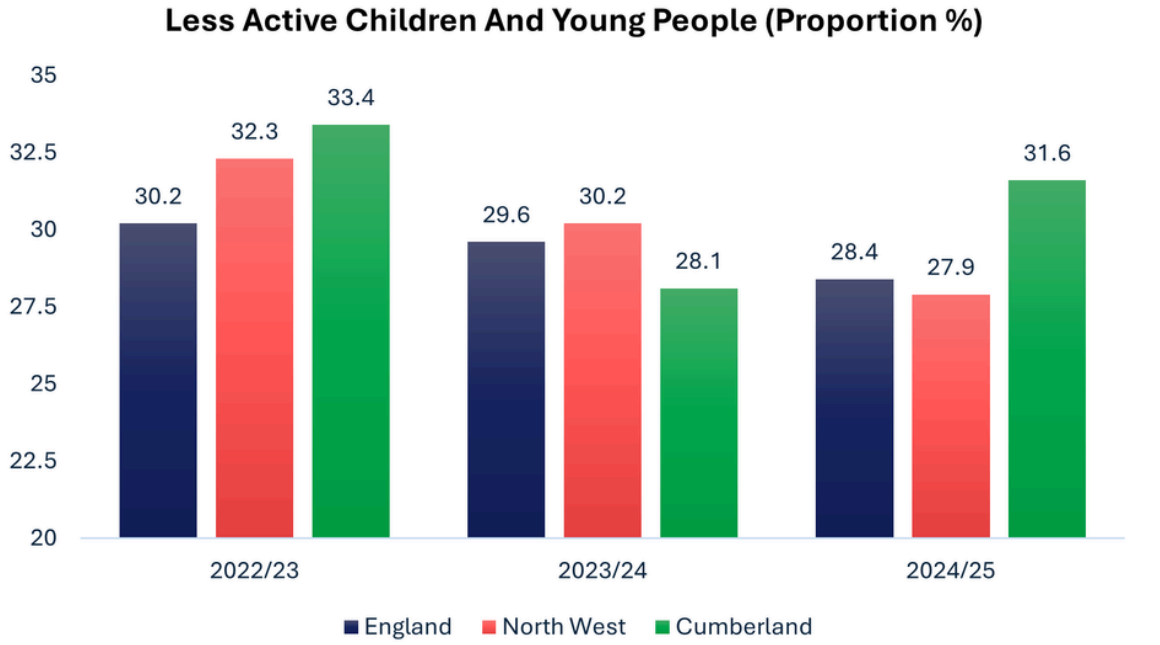


Figure 72. *Percentage of Less Active Children and Young People. Office for Health Improvement and Disparities (2025)*

The proportion of children classified as less active in Cumberland has varied across the period shown but remains broadly similar to regional and national patterns **(Figure 72)**.

Obesity and Food Insecurity

In 2022/23, 33.4% of children in Cumberland were recorded as less active, higher than both England (30.2%) and the North West (32.3%). This proportion declined notably in 2023/24 to 28.1%, falling below both England (29.6%) and the North West (30.2%). However, in 2024/25, the rate increased again to 31.6%, exceeding both England (28.4%) and the North West (27.9%) *(OHID, 2025)*. These fluctuations indicate that while there are periods of improvement, inactivity among children remains an ongoing concern locally.

Availability & Access

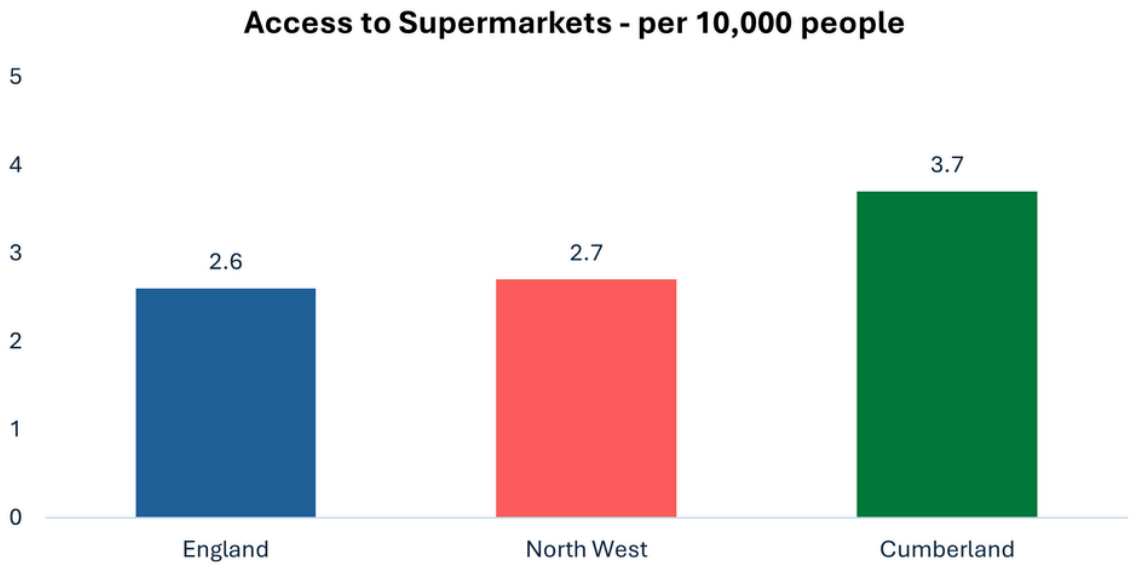


Figure 73. *Access to Supermarkets, per 10,000. Office for National Statistics (2024)*

Access to supermarkets in Cumberland appears higher than both regional and national averages **(Figure 73)**. There are 3.7 supermarkets per 10,000 people in Cumberland, compared with 2.7 in the North West and 2.6 across England *(ONS, 2024)*. Greater availability of supermarkets may improve access to fresh and affordable food options, which can support healthier dietary choices. However, access alone does not necessarily guarantee healthier purchasing behaviours, as other factors such as affordability, transport links, and consumer preferences also influence food choices.

Obesity and Food Insecurity

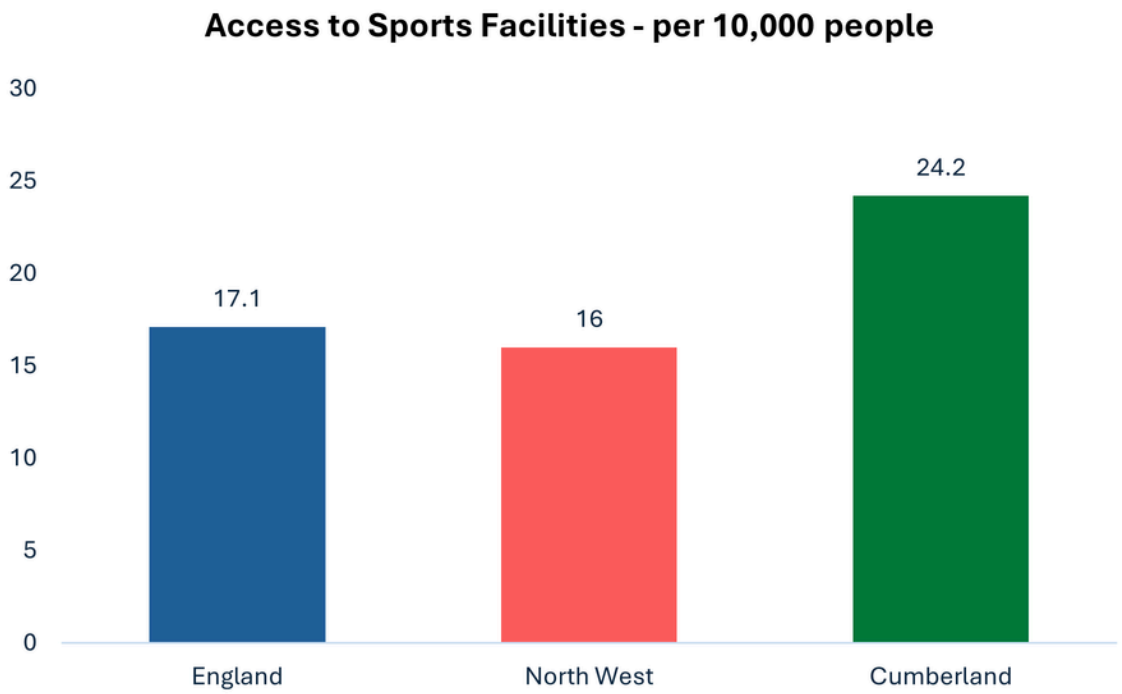


Figure 74. *Access to Sports Facilities, per 10,000. Office for National Statistics (2024)*

Access to sports facilities in Cumberland is notably higher than both regional and national levels **(Figure 74)**. Cumberland has 24.2 sports facilities per 10,000 people, compared with 17.1 across England and 16.0 in the North West *(ONS, 2024)*. Increased availability of sports and leisure facilities may provide greater opportunities for residents to engage in physical activity. This improved access could support efforts to promote healthier lifestyles and help address issues such as physical inactivity and obesity within the local population.

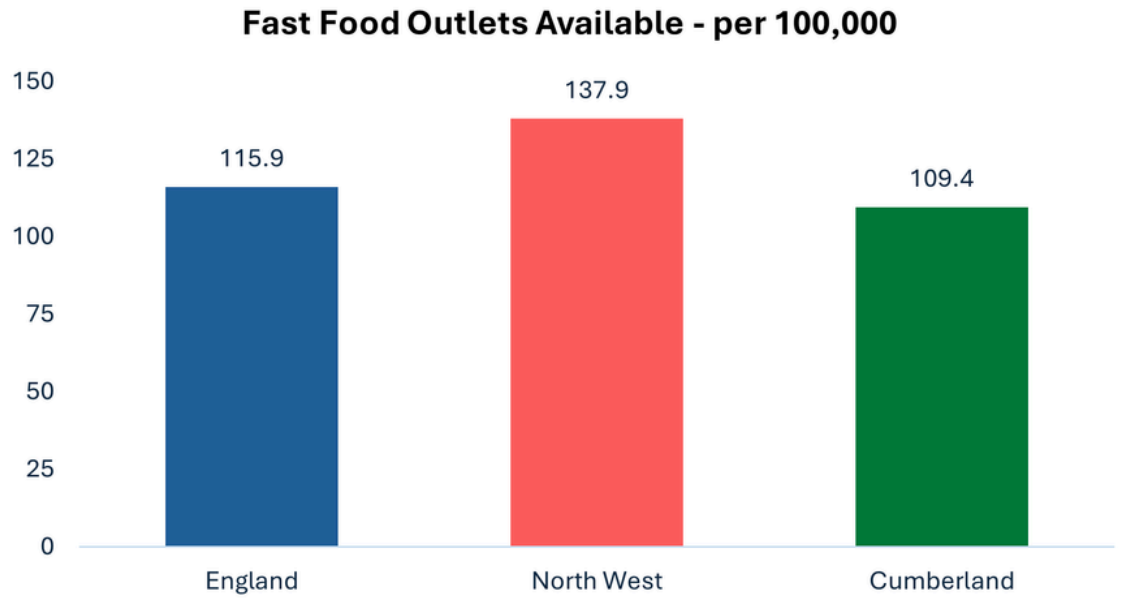


Figure 75. *Fast Food Outlets Available, per 100,000. Office for Health Improvement and Disparities (2024)*

Obesity and Food Insecurity

The number of fast food outlets in Cumberland is slightly lower than both regional and national averages **(Figure 75)**. There are 109.4 fast food outlets per 100,000 people in Cumberland, compared with 115.9 across England and 137.9 in the North West *(OHID, 2024)*. While a lower density of fast food outlets may help reduce exposure to unhealthy food environments, fast food remains widely available and continues to represent a potential contributor to poor dietary habits and obesity. Monitoring the local food environment remains important in supporting public health strategies aimed at improving diet and reducing obesity.

Obesity and Food Insecurity

In summary

Overall, obesity remains a significant public health challenge in Cumberland despite several indicators suggesting a relatively supportive environment for healthy lifestyles.

Adult overweight and obesity prevalence has increased over time and is now considerably higher than both regional and national averages, with over 70% of adults classified as overweight in the most recent year. Similarly, obesity affects nearly one-third of adults locally and diabetes prevalence is also higher than regional and national levels, reflecting the wider health impacts associated with excess weight.

Childhood obesity trends show mixed patterns. While obesity levels among children remain broadly comparable with regional averages, rates are generally slightly higher than national figures, particularly among younger children. Some positive trends are evident, including modest improvements in healthy weight prevalence among Year 6 pupils and a lower proportion of children remaining overweight between reception and Year 6 compared with national and regional levels. However, the proportion of children who become overweight during primary school remains similar to national trends, indicating that early prevention remains important.

Obesity and Food Insecurity

In summary

Notably, several environmental and behavioural indicators suggest that Cumberland has relatively favourable conditions for supporting healthy lifestyles.

Adults in Cumberland report higher levels of physical activity and lower levels of inactivity than both the North West and England. Access to sports and leisure facilities is also substantially higher locally, which may provide greater opportunities for residents to engage in regular physical activity. In addition, Cumberland has a lower density of fast food outlets than both regional and national averages, and higher access to supermarkets, which may support improved access to healthier food options.

Despite these favourable factors, obesity prevalence remains higher than both regional and national levels. This suggests that obesity in Cumberland may be influenced by a complex combination of factors beyond physical activity opportunities and the immediate food environment, including dietary behaviours, socioeconomic conditions, rural accessibility, and wider determinants of health. These findings highlight the need for continued multi-faceted approaches that combine physical activity promotion, healthy food access, prevention programmes, and targeted support for populations at greater risk of obesity.

Children Cared For

Prevalence

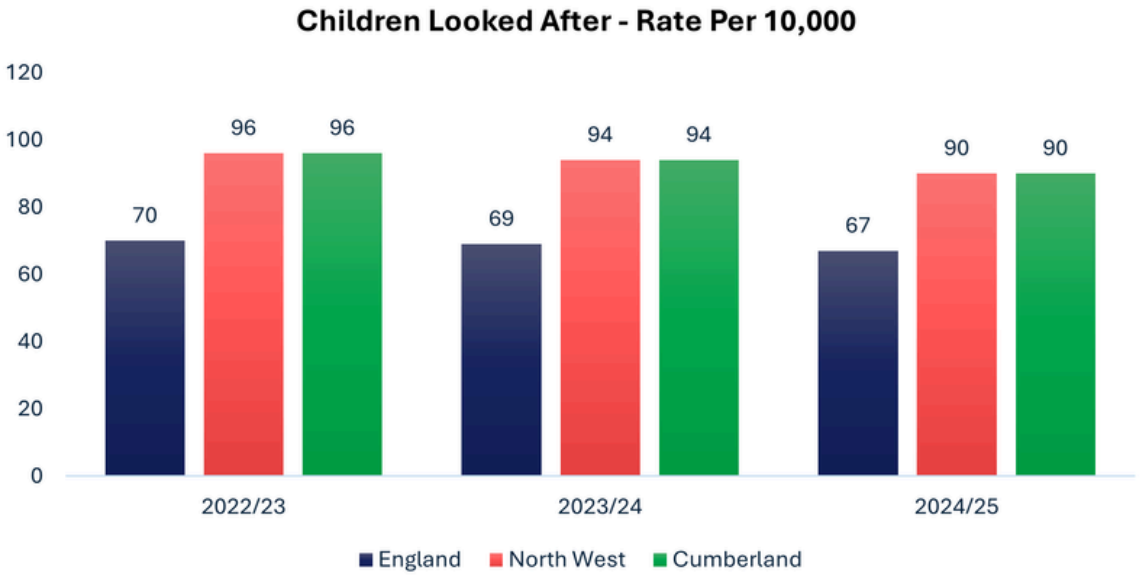


Figure 76. *Children Looked After, per 10,000. Department for Education (2024)*

The rate of children looked after in Cumberland has declined slightly over the period shown but remains higher than the national average **(Figure 76)**. In 2022/23, the rate was 96 per 10,000, compared with 70 in England and 96 in the North West. This fell slightly to 94 per 10,000 in 2023/24 and 90 per 10,000 in 2024/25, although the rate continues to exceed the England figure of 67 per 10,000 in the most recent year *(DfE, 2025)*. This indicates that a higher proportion of children in Cumberland are looked after compared with the national average.

The rate of children starting to be looked after has increased locally over the period shown **(Figure 77)**. In 2022/23, Cumberland recorded 30 per 10,000, slightly above England (28) but below the North West (31). This rose to 33 per 10,000 in 2023/24 and further to 35 per 10,000 in 2024/25, exceeding both England (26) and the North West (29) in the most recent year *(DfE, 2025)*. This demonstrates an increasing number of children entering care locally.

Children Cared For

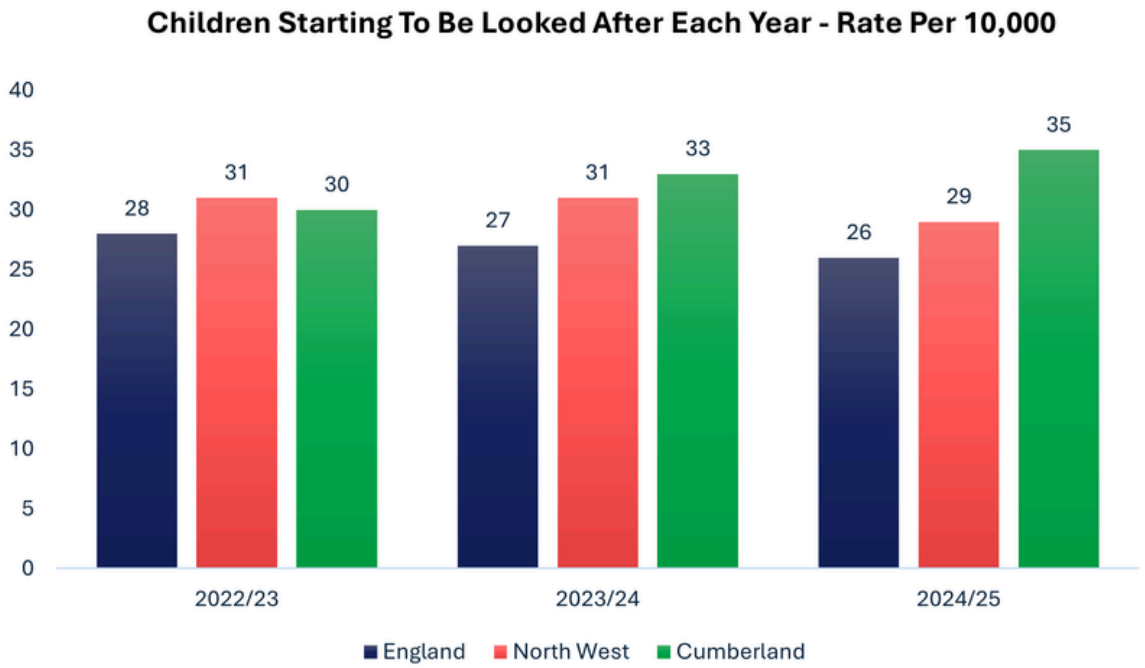


Figure 77. *Children Starting To Be Looked After Each Year. Department for Education (2025)*

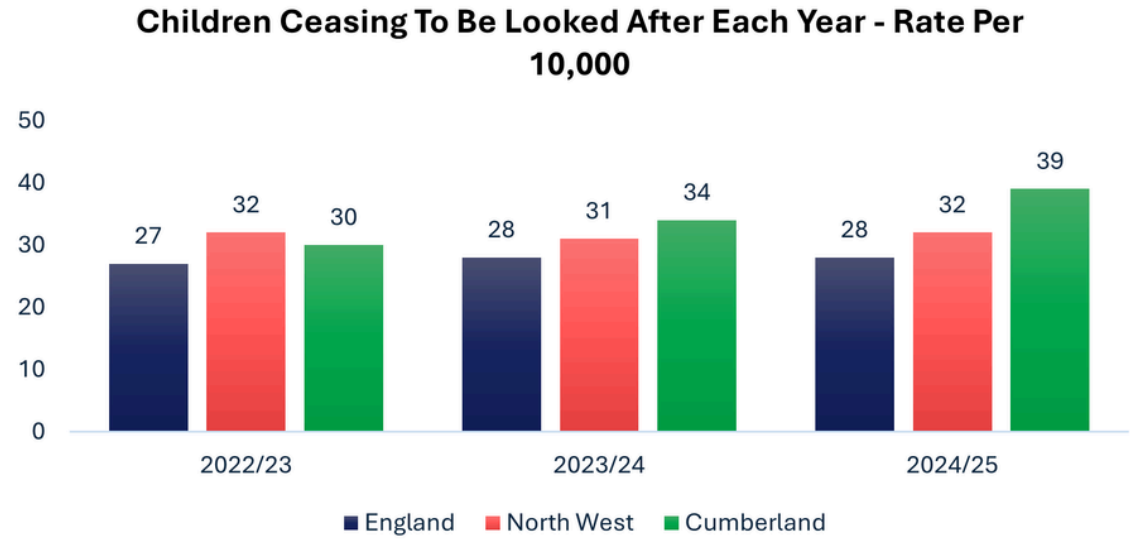


Figure 78. *Children Ceasing To Be Looked After Each Year, per 10,000. Department for Education (2025)*

Similarly, the rate of children ceasing to be looked after has also increased in Cumberland **(Figure 78)**. In 2022/23, the rate was 30 per 10,000, compared with 27 in England and 32 in the North West. This rose to 34 per 10,000 in 2023/24 and further to 39 per 10,000 in 2024/25, exceeding both England (28) and the North West (32) in the latest year *(DfE, 2025)*.

Children Cared For

Overall, these trends indicate that while the overall rate of children looked after in Cumberland has declined slightly, the flow of children entering and leaving care has increased, signifying a dynamic care system with ongoing demand for support and intervention.

Age When Entering Care

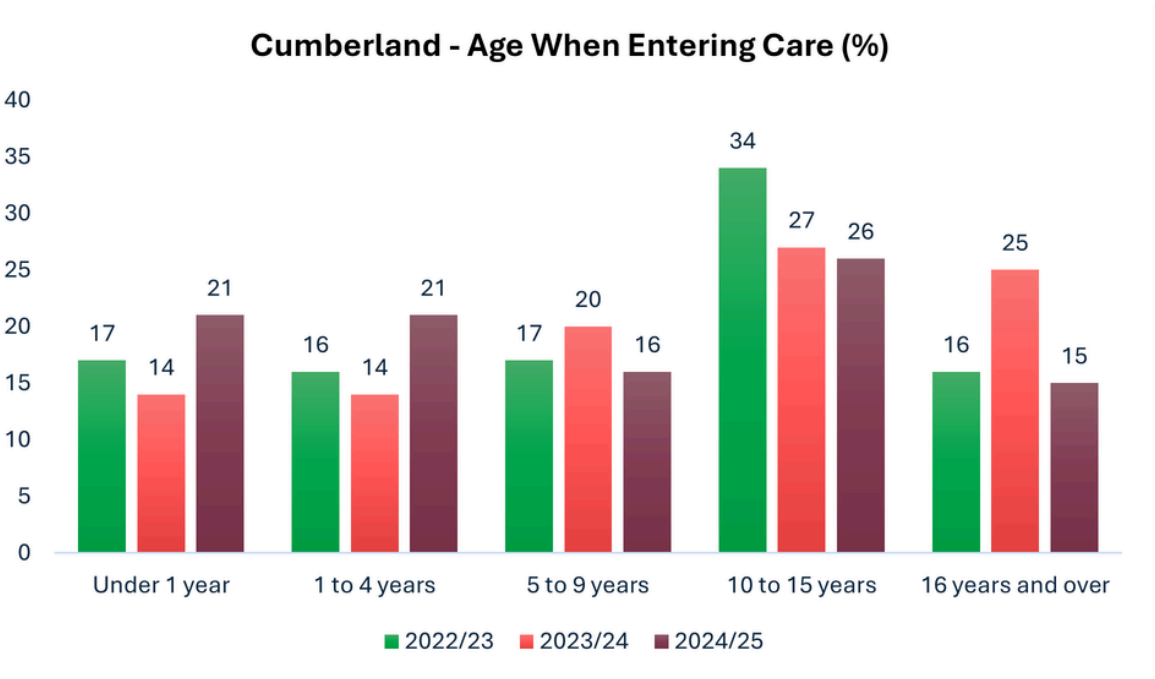


Figure 79. *Age When Entering Care Across Cumberland. Department for Education (2025)*

The age at which children enter care in Cumberland varies across age groups but shows some consistent patterns over time **(Figure 79)**. The largest proportion of children entering care are typically aged 10 to 15 years, although this has declined over the period shown. In 2022/23, this age group accounted for 34% of new entries to care, falling to 27% in 2023/24 and 26% in 2024/25 *(DfE, 2025)*. Despite this reduction, it remains the most common age group for entry into care.

Younger age groups account for a smaller but notable share of entries. The proportion of children under 1 year old entering care has increased over time, rising from 17% in 2022/23 to 21% in 2024/25, indicating a growing proportion of infants entering the care system. Similarly, children aged 1 to 4 years accounted for around 21% of entries across the period.

Children Cared For

For children aged 5 to 9 years, the proportion increased slightly from 17% in 2022/23 to 20% in 2023/24, before declining to 16% in 2024/25. Meanwhile, the proportion of young people aged 16 years and over entering care increased from 16% in 2022/23 to 25% in 2023/24, before falling to 15% in 2024/25.

Overall, these patterns indicate that while older children aged 10–15 years remain the most common group entering care in Cumberland, there has been some shift toward younger age groups, particularly infants. This highlights the importance of early intervention and family support services to help prevent children entering care at a young age, alongside continued support for older children and adolescents who may experience complex needs leading to care entry.

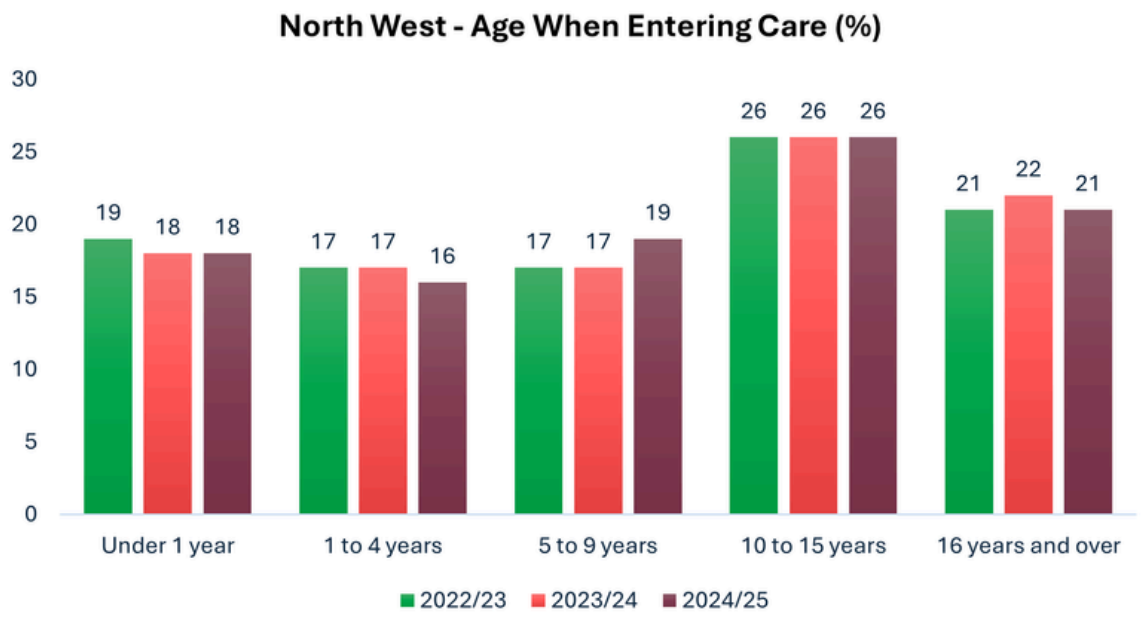


Figure 80. *Age When Entering Care Across The North West. Department for Education (2025)*

Across the North West, the age profile of children entering care remains relatively stable over the period shown **(Figure 80)**. The largest proportion of children entering care is consistently aged 10 to 15 years, accounting for 26% of entries in 2022/23, 2023/24, and 2024/25 *(DfE, 2025)*. This indicates that early adolescence remains the most common stage at which children enter care across the region.

Children aged 16 years and over represent the second largest group entering care, accounting for 21% in 2022/23, increasing slightly to 22% in 2023/24, before returning to 21% in 2024/25. This suggests that a notable proportion of young people enter care during later adolescence.

Children Cared For

Younger children account for a smaller but still significant proportion of care entries. The proportion of children under 1 year entering care declined slightly from 19% in 2022/23 to 18% in both 2023/24 and 2024/25. Similarly, children aged 1 to 4 years accounted for 17% in the first two years before falling slightly to 16% in 2024/25. For children aged 5 to 9 years, the proportion remained relatively stable at 17% in 2022/23 and 2023/24, rising slightly to 19% in 2024/25.

Overall, these trends suggest that across the North West, most children enter care during early adolescence (10–15 years), with smaller but consistent proportions entering during infancy, early childhood, and late adolescence. The relatively stable distribution across age groups indicates that the pattern of care entry in the region has remained broadly consistent over time.

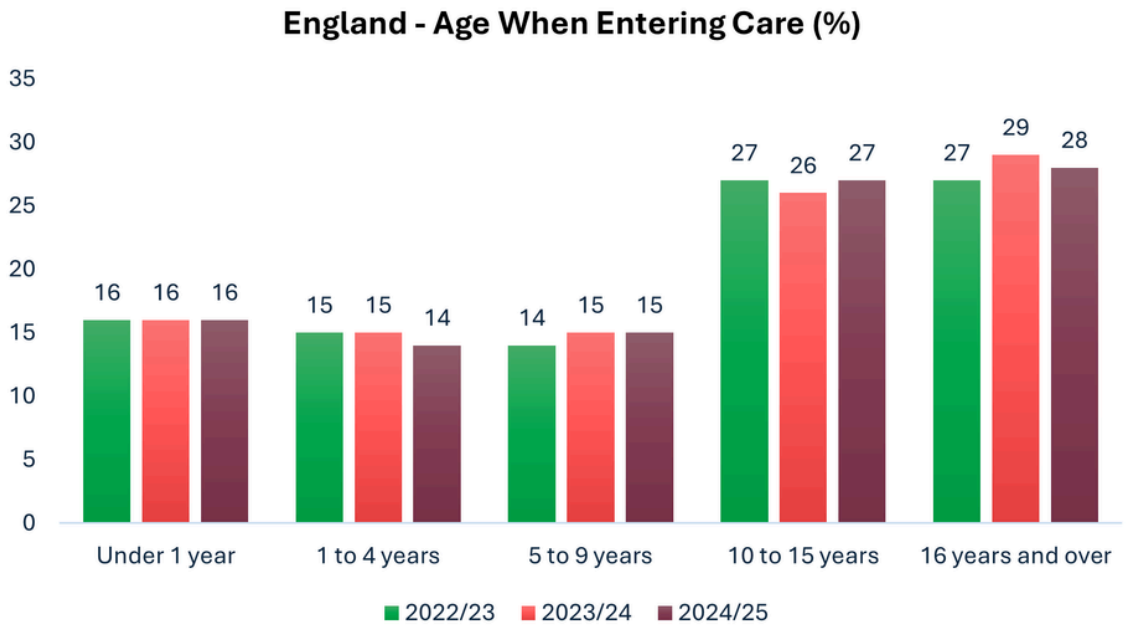


Figure 81. *Age When Entering Care Across England. Department for Education (2025)*

Across England, the distribution of ages at which children enter care remains broadly stable over the period shown **(Figure 81)**. The largest proportion of children entering care are older adolescents aged 16 years and over, accounting for 27% in 2022/23, increasing to 29% in 2023/24, and slightly decreasing to 28% in 2024/25 *(DfE, 2025)*. This indicates that late adolescence is the most common stage for entry into care nationally.

Children Cared For

Children aged 10 to 15 years represent the second largest group entering care, accounting for 27% in 2022/23, 26% in 2023/24, and 27% in 2024/25. This age group consistently represents a significant proportion of care entries across England. Younger age groups account for smaller proportions of entries. The proportion of children under 1 year old entering care remained stable at 16% across all three years. Similarly, children aged 1 to 4 years accounted for 15% in 2022/23 and 2023/24, falling slightly to 14% in 2024/25. For children aged 5 to 9 years, the proportion increased slightly from 14% in 2022/23 to 15% in both 2023/24 and 2024/25, indicating relatively stable levels over time.

Overall, the national pattern shows that most children entering care in England are in early or late adolescence, while younger children represent a smaller but consistent share of entries into the care system. These patterns are consistent with those observed at both a local and regional level.

Wellbeing of Cared for Children

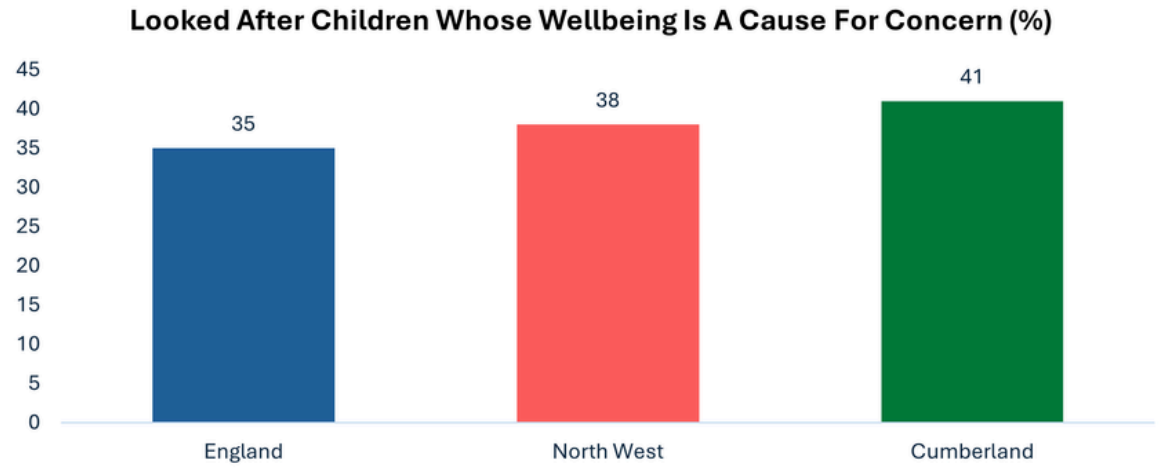


Figure 82. *Percentage of Looked After Children Whose Wellbeing Is A Cause For Concern. Department for Education (2024)*

The proportion of looked after children whose wellbeing is identified as a cause for concern is higher in Cumberland than both regional and national averages **(Figure 82)**. In the most recent data, 41% of looked after children in Cumberland were recorded as having wellbeing concerns. This compares with 38% in the North West and 35% across England *(Department for Education, 2024)*.

Children Cared For

These figures indicate that a larger proportion of children in care locally are experiencing wellbeing challenges compared with wider benchmarks. The difference suggests that looked after children in Cumberland may face greater levels of emotional, mental health, or social difficulties, highlighting the importance of targeted wellbeing support and access to appropriate services for this group. Overall, the data emphasises the need for continued focus on improving emotional health and wellbeing among looked after children in Cumberland, including strengthened support through education, health services, and social care interventions.

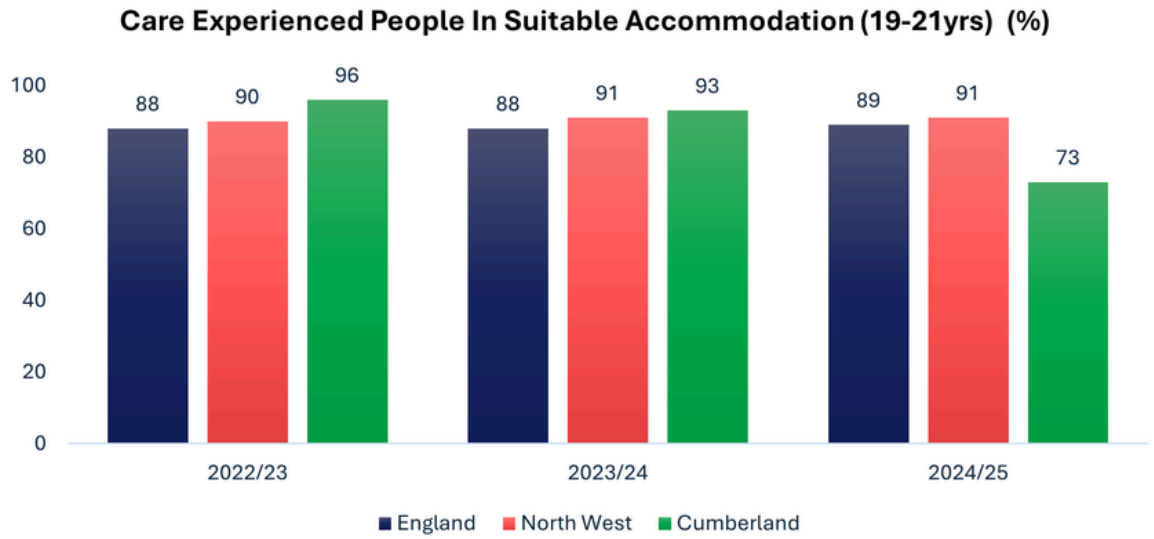


Figure 83. *Care Experienced People In Suitable Accommodation (19-21yrs). Department for Education (2025)*

The proportion of care experienced young people aged 19–21 living in suitable accommodation has declined in Cumberland in the most recent year and is now below both regional and national averages **(Figure 83)**. In 2022/23, 96% of care leavers in Cumberland were recorded as living in suitable accommodation, higher than both England (88%) and the North West (90%). This remained relatively high in 2023/24 at 93%, again exceeding England (88%) and the North West (91%).

However, in 2024/25, the proportion in Cumberland fell significantly to 73%, considerably lower than both England (89%) and the North West (91%) (DfE, 2025). This represents a substantial decline compared with previous years and indicates that a smaller proportion of care leavers locally are living in accommodation considered suitable.

Children Cared For

It is important to note that no accommodation information is available for 22% of care leavers in Cumberland for 2024/25, which may affect the interpretation of these figures. Nonetheless, the drop suggests potential challenges in securing or maintaining information regarding appropriate housing for young people leaving care in Cumberland. Overall, these findings highlight the importance of strengthening housing support and transition planning for care leavers to ensure they have access to stable and suitable accommodation as they move into adulthood.

Stability of Placements

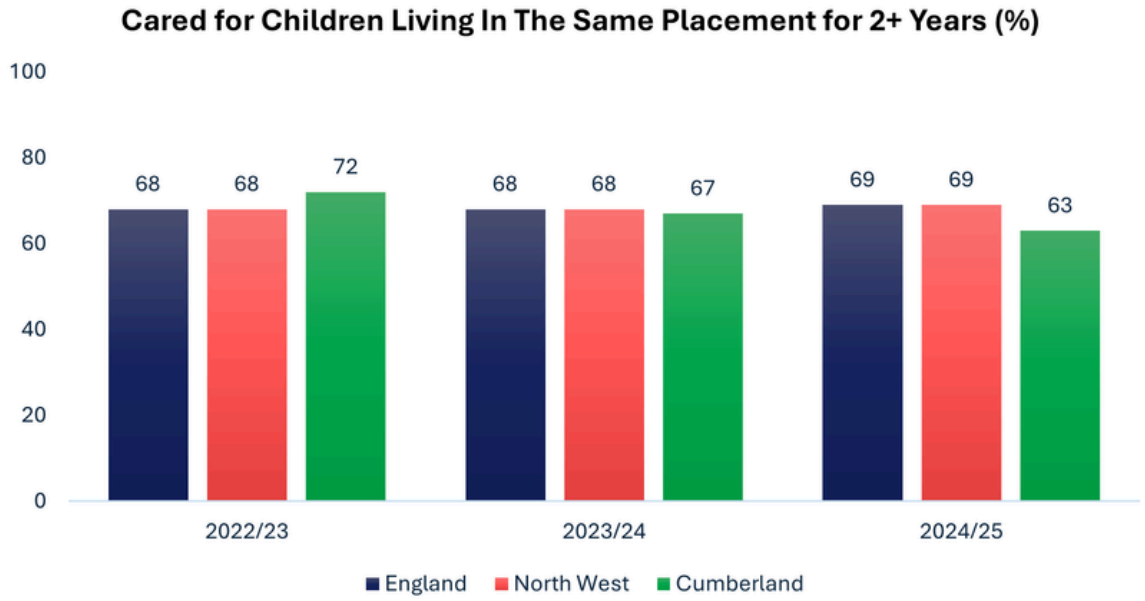


Figure 84. *Cared For Children Living In The Same Placement For 2+ Years. Department for Education (2025)*

The proportion of children living in the same placement for two or more years in Cumberland has declined over the period shown **(Figure 84)** and is now lower than both regional and national averages. In 2022/23, 72% of looked after children in Cumberland had remained in the same placement for at least two years, higher than both England (68%) and the North West (68%). However, this fell to 67% in 2023/24 and further to 63% in 2024/25, compared with 69% in England and 69% in the North West in the most recent year *(DfE, 2025)*. This decline suggests that placement stability has reduced locally over time.

Children Cared For

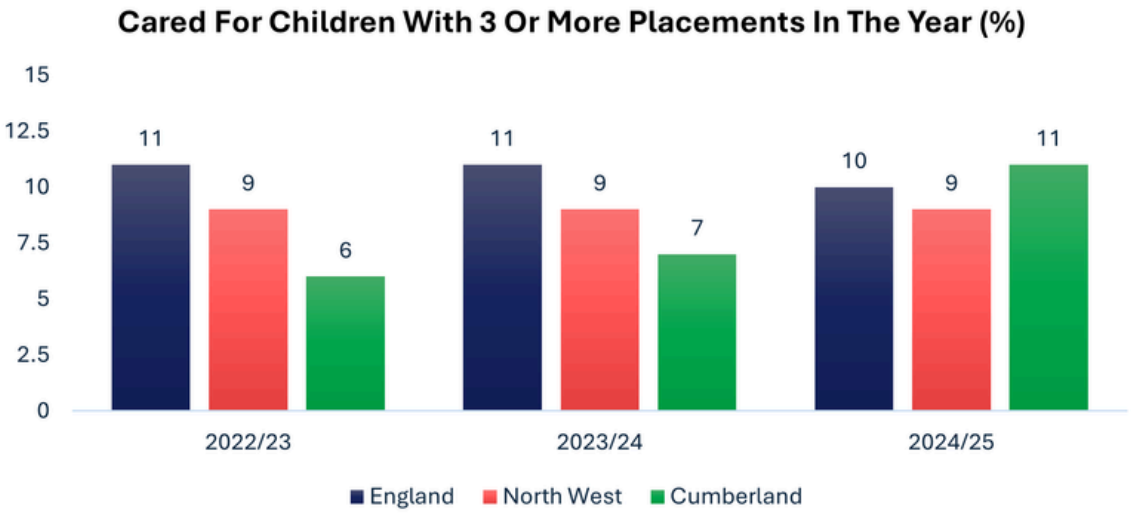


Figure 85. *Cared For Children With 3 Or More Placements In The Year. Department for Education (2025)*

A similar pattern is reflected in the proportion of children experiencing three or more placements within a year **(Figure 85)**. In 2022/23, 6% of children in Cumberland experienced three or more placements, lower than both England (11%) and the North West (9%). This increased slightly to 7% in 2023/24, before rising more sharply to 11% in 2024/25, exceeding both England (10%) and the North West (9%) *(DfE, 2025)*.

Overall, these trends indicate a decline in placement stability in Cumberland, with fewer children remaining in long-term placements and a growing proportion experiencing multiple moves within a year. This may have implications for children's wellbeing, education, and emotional stability, highlighting the importance of strengthening placement support and ensuring stable, long-term care arrangements where possible.

Children Cared For

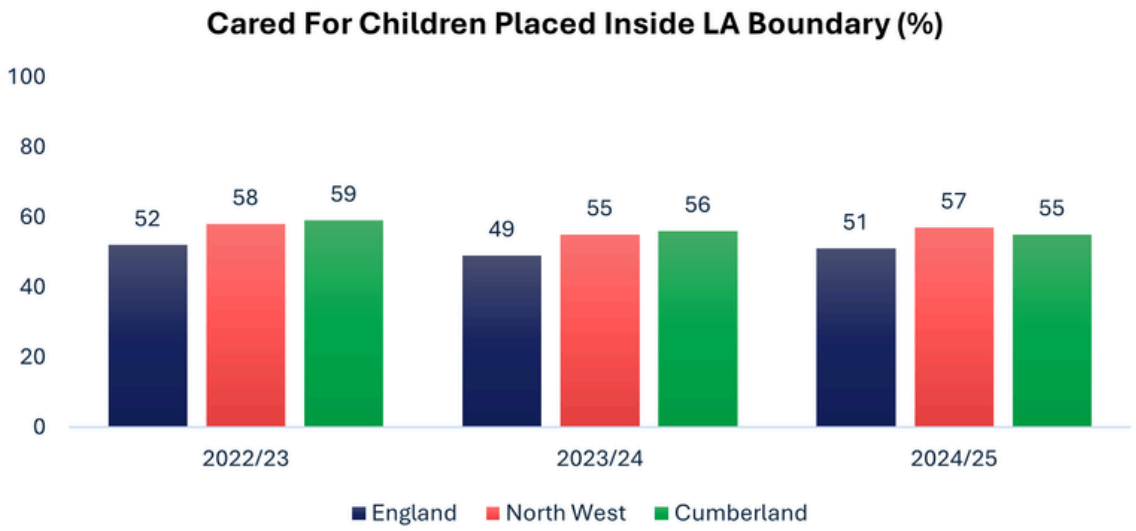


Figure 86. *Cared For Children Placed Inside Local Authority Boundary. Department for Education (2025)*

The proportion of cared for children placed within the local authority boundary in Cumberland remains broadly consistent over the period shown and is generally comparable with regional levels, although slightly higher than the national average in most years **(Figure 86)**.

In 2022/23, 59% of looked after children in Cumberland were placed within the local authority area, compared with 58% in the North West and 52% across England. This demonstrates that a slightly greater proportion of children in Cumberland were able to remain within their local area compared with the national average.

In 2023/24, the proportion in Cumberland declined slightly to 56%, though it remained similar to the North West (55%) and above England's rate of 49%. By 2024/25, the rate in Cumberland was 55%, which is slightly below the North West (57%) but still higher than England (51%) *(DfE, 2025)*.

Overall, these findings indicate that around half of looked after children in Cumberland are placed within the local authority boundary, which may help maintain connections with local communities, schools, and support networks. However, the fact that a substantial proportion of children continue to be placed outside the local area highlights the ongoing need to develop sufficient local placement capacity.

Children Cared For

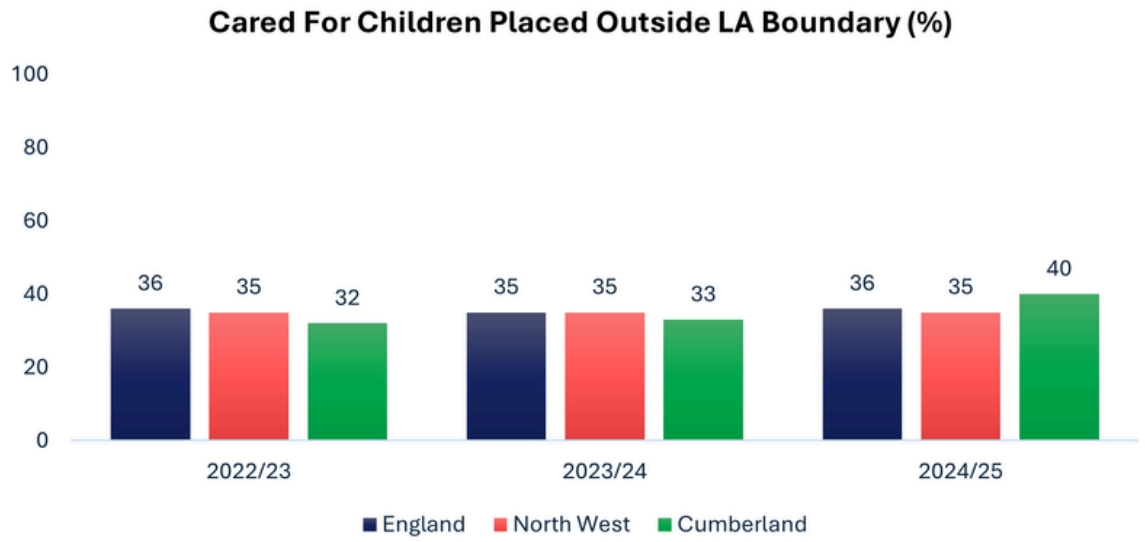


Figure 87. *Cared For Children Placed Outside Local Authority Boundary. Department for Education (2025)*

The proportion of cared for children placed outside the local authority boundary in Cumberland has increased over the period shown and is now higher than both regional and national averages **(Figure 87)**.

In 2022/23, 32% of children in Cumberland were placed outside the local authority area, which was lower than both England (36%) and the North West (35%). This indicates that, at that time, a smaller proportion of children from Cumberland were placed outside their local area compared with wider benchmarks.

In 2023/24, the proportion increased slightly to 33%, although it remained below both England (35%) and the North West (35%). By 2024/25, the rate in Cumberland rose to 40%, exceeding both England (36%) and the North West (35%). This represents a notable increase compared with previous years and indicates that a greater proportion of children are now being placed outside the local authority area *(DfE, 2025)*.

Overall, these findings suggest that out-of-area placements have become more common in Cumberland, which may reflect challenges in local placement availability or increasing complexity of care needs. Placements outside the local authority could make it more difficult for children to maintain connections with family, friends, schools, and local services, highlighting the importance of developing sufficient local placement capacity where possible.

Children Cared For

Care Leavers

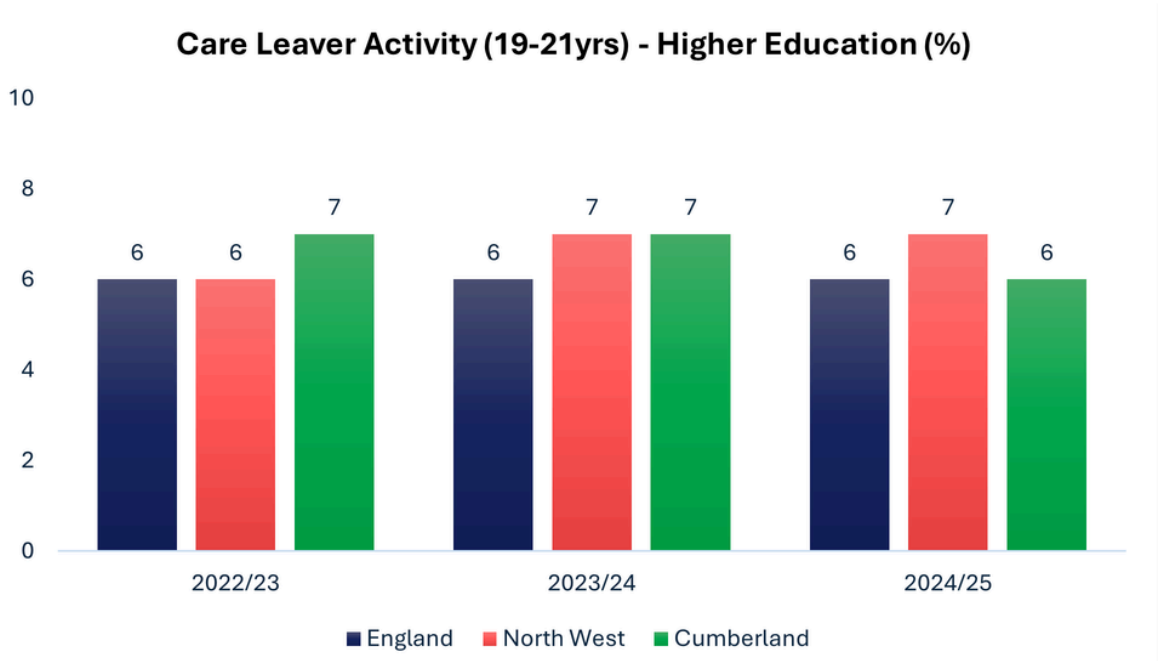


Figure 88. *Care Leaver Activity (19-21yrs) - Higher Education. Department for Education (2025)*

The proportion of care leavers aged 19–21 participating in higher education in Cumberland remains broadly similar to national and regional levels over the period shown **(Figure 88)**, although there is some variation across years.

In 2022/23, 7% of care leavers in Cumberland were recorded as being in higher education, slightly higher than both England (6%) and the North West (6%). This indicates that participation among care leavers locally was marginally above wider benchmarks at that time. In 2023/24, the proportion in Cumberland remained at 7%, aligning with the North West (7%) and remaining above England (6%). By 2024/25, participation in Cumberland declined slightly to 6%, bringing it in line with England (6%) but below the North West (7%) *(DfE, 2025)*.

Overall, these findings indicate that the proportion of care leavers progressing to higher education in Cumberland remains relatively low and broadly comparable with regional and national trends. This highlights the continued importance of providing targeted educational support, guidance, and opportunities to help care experienced young people access and succeed in higher education.

Children Cared For

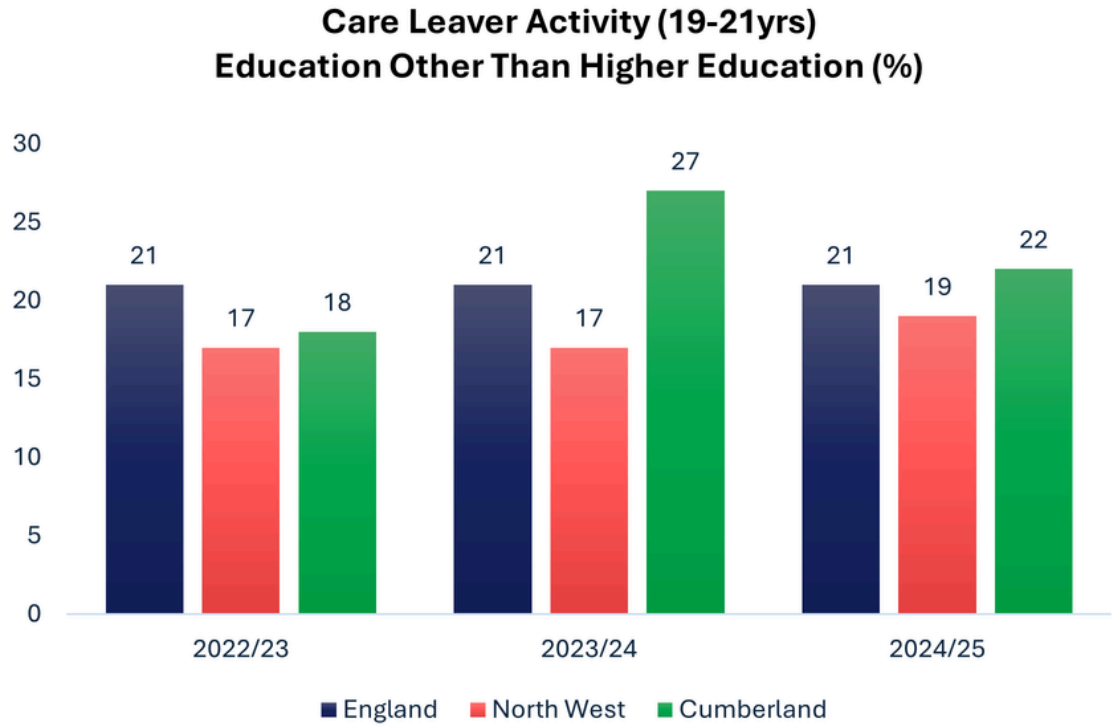


Figure 89. *Care Leaver Activity (19-21yrs) - Education Other Than Higher Education. Department for Education (2025)*

The proportion of care leavers aged 19–21 participating in education other than higher education in Cumberland has fluctuated over the period shown but remains broadly comparable with national and regional patterns **(Figure 89)**.

In 2022/23, 18% of care leavers in Cumberland were engaged in education other than higher education, which was slightly above the North West (17%) but below England (21%). In 2023/24, participation increased significantly to 27% in Cumberland, notably higher than both England (21%) and the North West (17%). This suggests a temporary rise in engagement with further education, training, or other non-degree educational pathways. By 2024/25, the proportion declined to 22%, though it remained slightly higher than both England (21%) and the North West (19%) *(DfE, 2025)*.

Overall, these findings indicate that while participation in education other than higher education among care leavers in Cumberland varies from year to year, it remains an important pathway supporting young people's skills development and progression into employment or further training.

Children Cared For

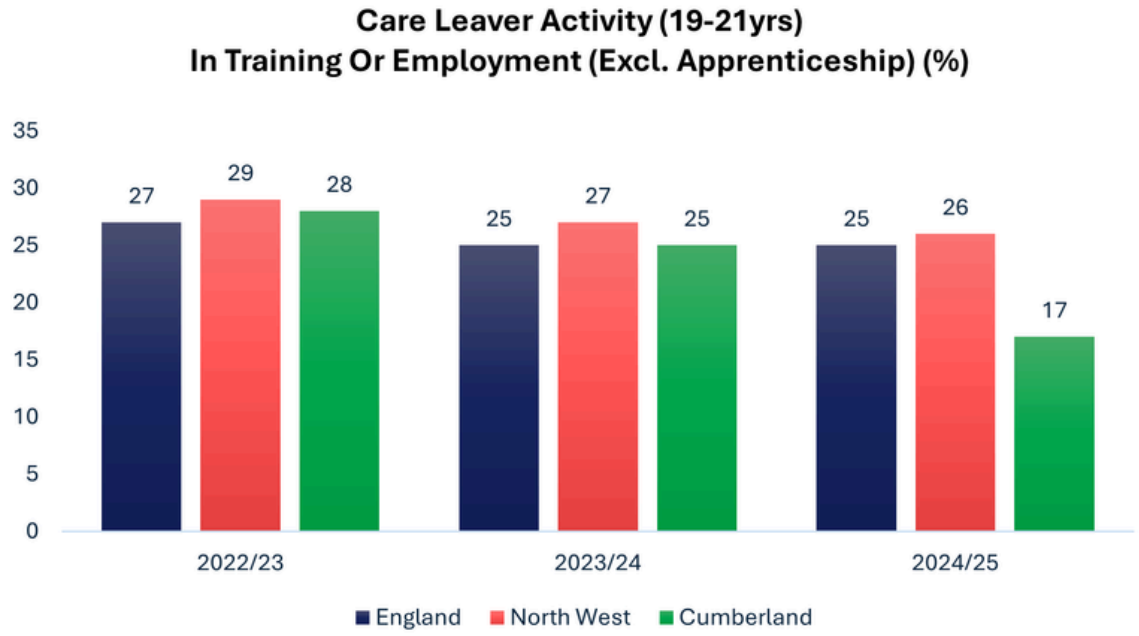


Figure 90. *Care Leaver Activity (19-21yrs) - In Training or Employment Excluding Apprenticeships. Department for Education (2025)*

Figure 90 shows the proportion of care leavers aged 19–21 who are in training or employment, excluding apprenticeships, comparing Cumberland, the North West, and England across three years. In 2022/23, 28% of care leavers in Cumberland were recorded as being in training or employment, slightly higher than England (27%) but marginally below the North West (29%). This suggests Cumberland was broadly in line with national and regional levels during this period. In 2023/24, the proportion in Cumberland declined to 25%, matching England (25%), but remaining below the North West (27%). By 2024/25, the proportion in Cumberland fell significantly to 17%, while England remained stable at 25% and the North West at 26% *(DfE, 2025)*. This represents a notable gap between Cumberland and both the regional and national averages.

Overall, the data indicates a downward trend in Cumberland, particularly between 2023/24 and 2024/25, where participation in training or employment dropped by 8 percentage points. This decline contrasts with the relatively stable figures seen nationally and regionally, suggesting that care leavers in Cumberland may be experiencing increasing barriers to accessing employment or training opportunities outside of apprenticeships.

Children Cared For

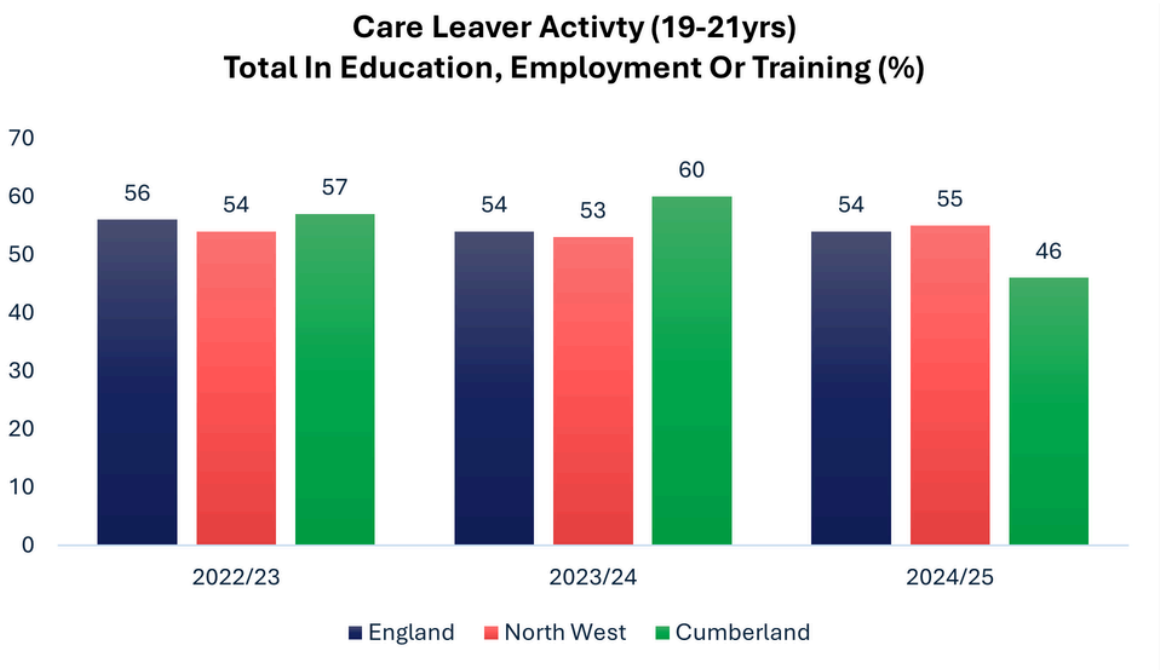


Figure 91. *Care Leaver Activity (19-21yrs) – Total in Education, Training or Employment. Department for Education (2025)*

Figure 91 shows the proportion of care leavers aged 19–21 who are in education, employment, or training (EET) across Cumberland, the North West, and England. In 2022/23, 57% of care leavers in Cumberland were recorded as being in education, employment, or training. This was slightly higher than both England (56%) and the North West (54%), indicating that Cumberland was performing broadly in line with, or slightly above, national and regional levels.

In 2023/24, the proportion in Cumberland increased to 60%, again exceeding England (54%) and the North West (53%). This suggests a positive position for Cumberland during this year, with a higher proportion of care leavers engaged in education, employment, or training compared with wider benchmarks.
However, in 2024/25, the proportion in Cumberland fell significantly to 46%, while England remained at 54% and the North West increased slightly to 55%. This represents a substantial 14 percentage point decrease for Cumberland compared with the previous year *(DfE, 2025)*.

Overall, the data indicates that although Cumberland previously performed above national and regional levels, there has been a notable decline in 2024/25, resulting in Cumberland falling below rates for both England and North West. This suggests a potential emerging challenge in supporting care leavers to access and sustain education, employment, or training opportunities.

Children Cared For

In summary

Overall, the rate of children looked after in Cumberland has declined slightly over recent years but remains higher than the national average, indicating a greater proportion of children entering the care system locally.

At the same time, both the rates of children entering and leaving care have increased, suggesting a dynamic system with ongoing demand for intervention and support.

Most children entering care in Cumberland are aged 10–15 years, although this proportion has decreased slightly over time. There has been a growing proportion of younger children, particularly infants, entering care, highlighting the importance of early intervention and family support services. These patterns broadly align with regional and national trends, where adolescence remains the most common stage for entry into care.

Several indicators highlight challenges relating to wellbeing and stability for looked after children in Cumberland. A higher proportion of children in care locally have wellbeing concerns compared with regional and national averages, suggesting increased emotional or mental health needs. In addition, placement stability has declined, with fewer children remaining in the same placement for two or more years and a rising proportion experiencing multiple placement moves.

Children Cared For

In summary

Placement patterns also indicate increasing pressure on local provision. While around half of children remain placed within the local authority area, the proportion placed outside the local boundary has increased, which may affect children's ability to maintain connections with family, schools, and support networks.

For care leavers, participation in higher education remains low but broadly in line with national and regional averages, while engagement in other forms of education has fluctuated but continues to play an important role in supporting progression. However, participation in training or employment has declined significantly, and the overall proportion of care leavers in education, employment, or training (EET) fell sharply in 2024/25. This suggests emerging challenges in supporting care experienced young people into sustainable education and employment pathways.

Overall, the data indicates that while Cumberland performs similarly to national and regional patterns in some areas, there are growing concerns around wellbeing, placement stability, housing for care leavers, and access to employment and training, highlighting the need for strengthened support and early intervention across the care pathway.

Pathways to Employment

Employment Rate

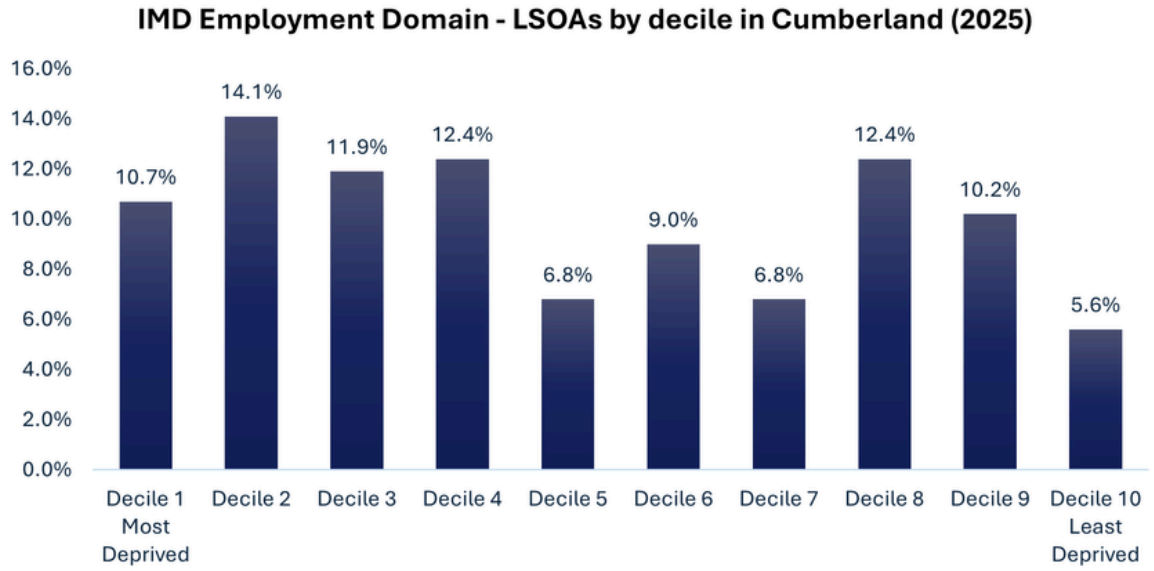


Figure 92. *Index of Multiple Deprivation Employment Domain - LSOA's by Decile in Cumberland. Index of Multiple Deprivation (2025)*

The distribution of Lower Super Output Areas (LSOAs) across the Index of Multiple Deprivation (IMD) Employment Domain deciles indicates a mixed pattern of employment-related deprivation within Cumberland **(Figure 92)**. The largest proportions of LSOAs fall within deciles 2 (14.1%), 4 (12.4%) and 8 (12.4%), suggesting that areas of both higher and lower deprivation are present across the county. A smaller proportion of LSOAs are located in the least deprived decile (5.6%), while several mid-range deciles, including deciles 5 and 7 (both 6.8%), also contain relatively fewer areas *(IMD, 2025)*.

Overall, the distribution suggests that employment deprivation in Cumberland is unevenly spread, with a notable concentration of neighbourhoods within the more deprived deciles. This highlights the presence of localised labour market disadvantage within certain communities.

Pathways to Employment

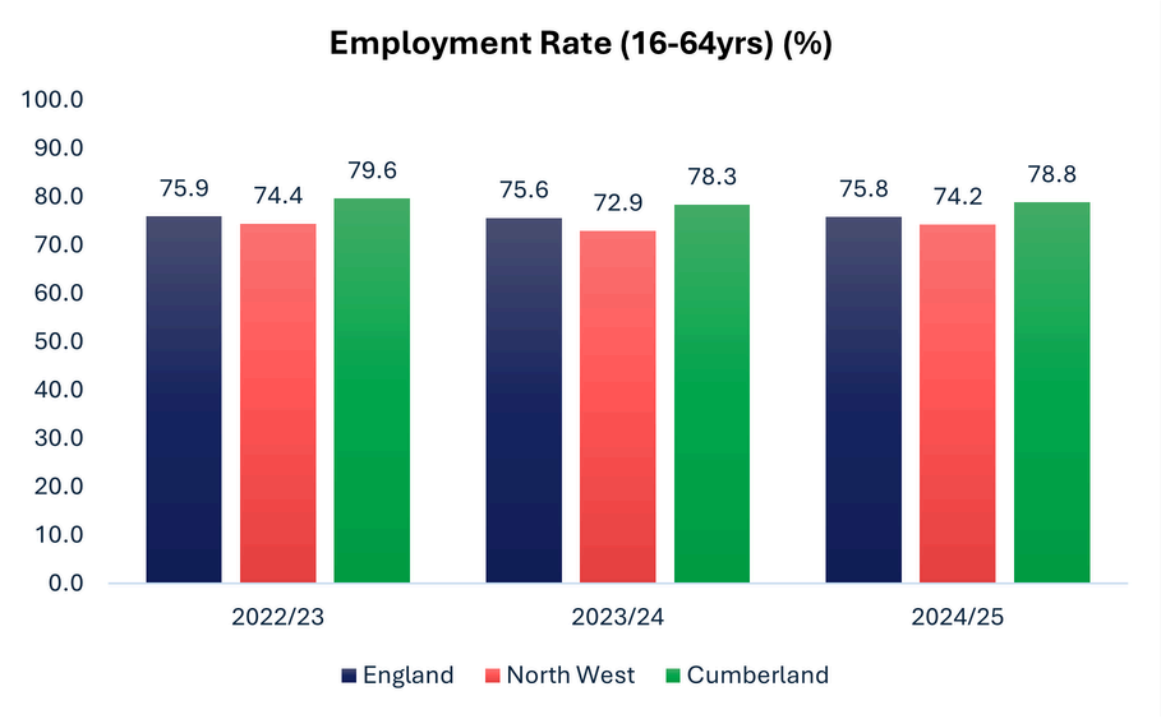


Figure 93. *Employment Rate (16-64yrs). Annual Population Survey (2025)*

Employment rates among people aged 16–64 in Cumberland are consistently higher than both the North West and England across the three years shown **(Figure 93)**. In 2022/23 the employment rate in Cumberland stood at 79.6%, compared with 75.9% across England and 74.4% in the North West. Although the rate declined slightly to 78.3% in 2023/24, it remained above regional and national figures before increasing again to 78.8% in 2024/25 *(APS, 2025)*. Overall, these figures suggest that Cumberland performs relatively well in terms of employment participation among the working-age population, maintaining higher employment levels than both the regional and national benchmarks.

Employment rates among males aged 16–64 are also consistently higher in Cumberland than in both the North West and England **(Figure 94)**. In 2022/23 the male employment rate in Cumberland was 84.1%, compared with 79.6% across England and 77.6% in the North West. Although the rate declined slightly to 80.6% in 2023/24, it remained above both comparators before stabilising at 79.5% in 2024/25 (APS, 2025). Despite the modest decline over the period, male employment levels in Cumberland continue to exceed regional and national levels. This suggests relatively strong labour market participation among working-age men within the county.

Pathways to Employment

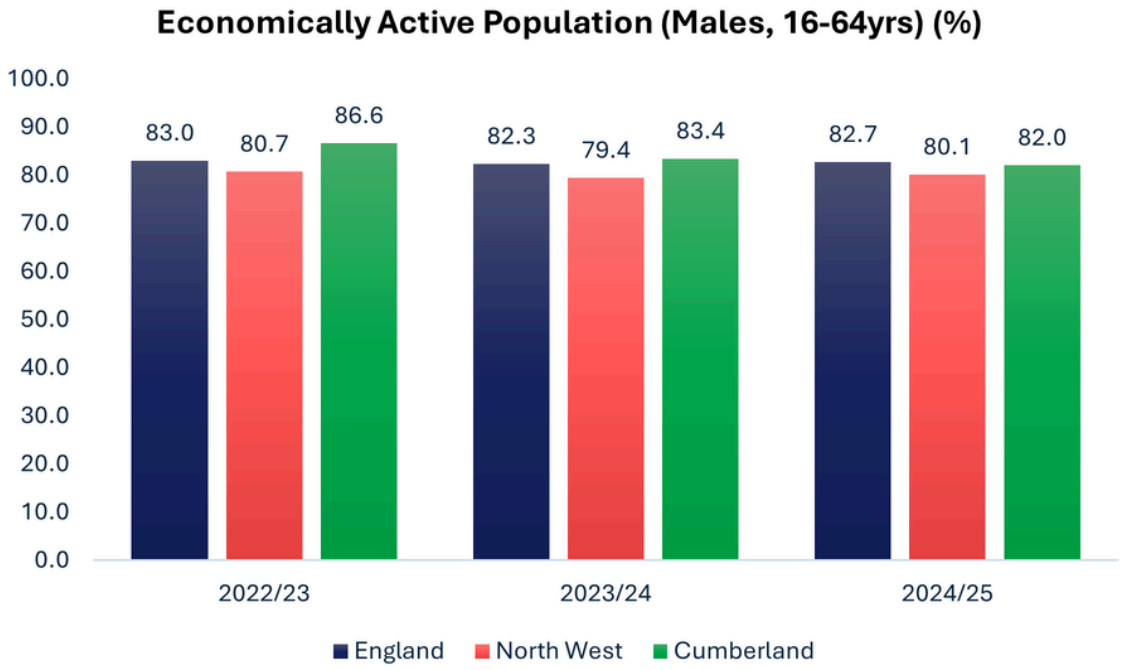


Figure 94. *Employment Rate in Males, Aged 16-64yrs. Annual Population Survey (2025)*

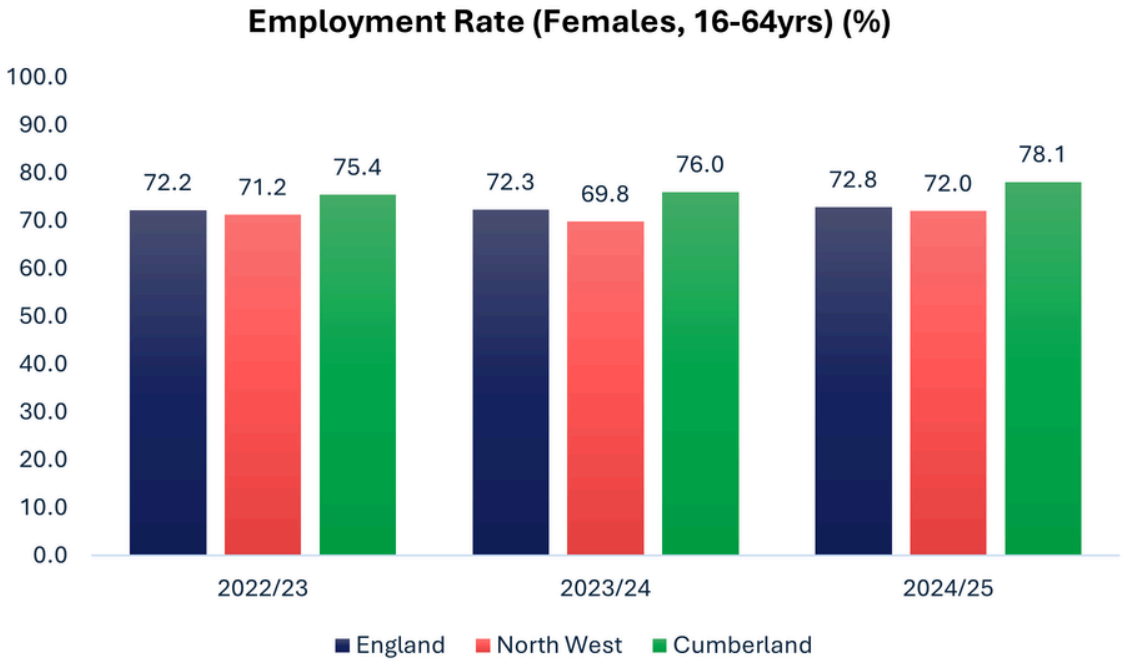


Figure 95. *Employment Rate in Females, Aged 16-64yrs. Annual Population Survey (2025)*

Pathways to Employment

Employment rates among females aged 16–64 are consistently higher in Cumberland than in both the North West and England **(Figure 95)**. In 2022/23 the female employment rate in Cumberland was 75.4%, compared with 72.2% across England and 71.2% in the North West. The rate increased slightly to 76.0% in 2023/24 before rising further to 78.1% in 2024/25 *(APS, 2025)*.

Across the same period, female employment in England and the North West remained relatively stable, increasing only modestly. Overall, these figures indicate that women in Cumberland have comparatively higher levels of labour market participation than regional and national levels.

Economic Activity

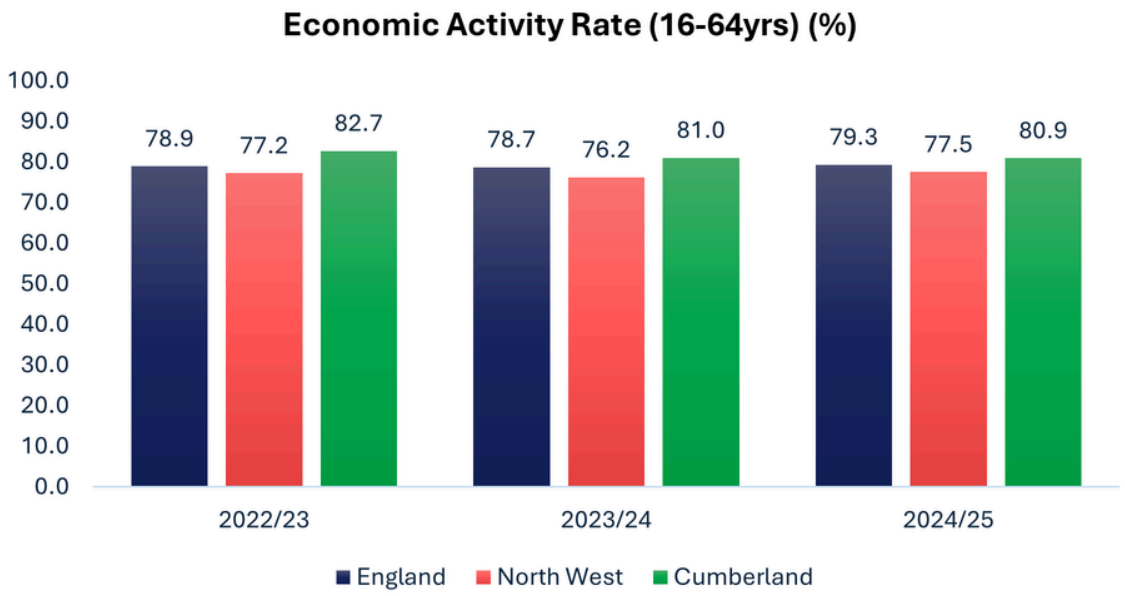


Figure 96. *Economic Activity Rate (16-64yrs). Annual Population Survey (2025)*

The economic activity rate among people aged 16–64 in Cumberland is consistently higher than both the North West and England **(Figure 96)**. In 2022/23 the rate in Cumberland was 82.7%, compared with 78.9% across England and 77.2% in the North West. Although the rate declined slightly to 81.0% in 2023/24, it remained above both comparators before stabilising at 80.9% in 2024/25 *(APS, 2025)*.

Pathways to Employment

Despite the small decrease over time, Cumberland continues to record relatively strong economic participation among the working-age population. This suggests that a larger proportion of residents are either employed or actively seeking work compared with regional and national levels.

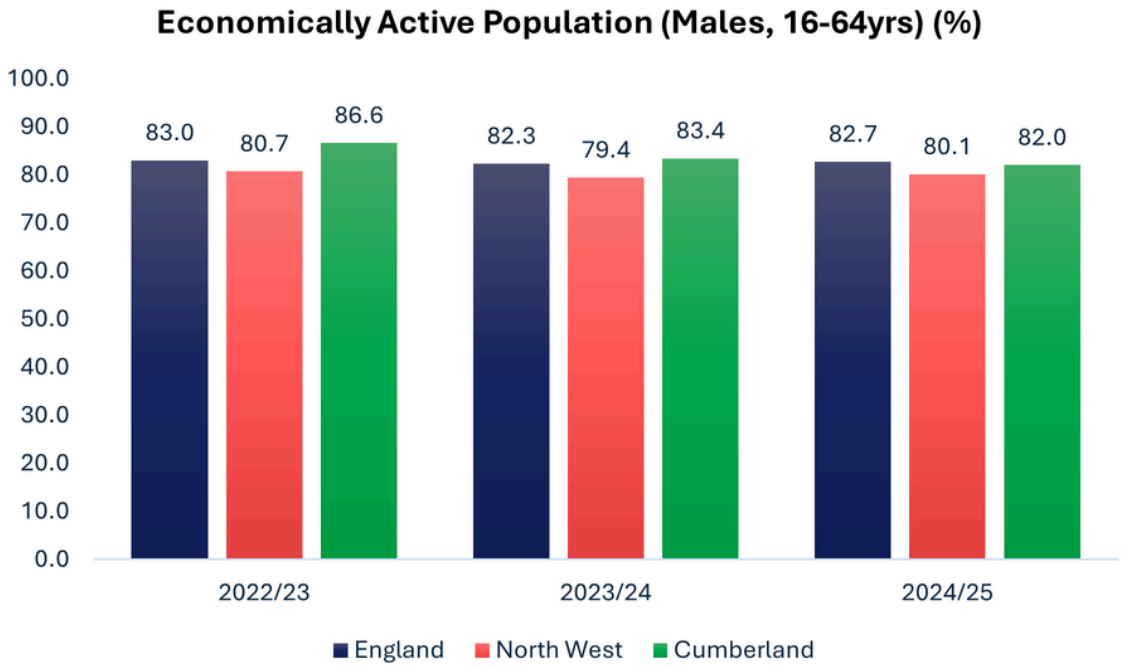


Figure 97. *Economically Active Population - Males, Aged 16-64yrs. Annual Population Survey (2025)*

Economic activity among males aged 16–64 in Cumberland is also higher than in both the North West and England **(Figure 97)**. In 2022/23 the economic activity rate for males in Cumberland stood at 86.6%, compared with 83.0% across England and 80.7% in the North West. The rate declined slightly to 83.4% in 2023/24 and further to 82.0% in 2024/25 *(APS, 2025)*.

While there has been a modest reduction over the period, male economic participation in Cumberland remains broadly comparable with England and higher than the regional average. This suggests relatively strong engagement in the labour market among working-age men in the county.

Pathways to Employment

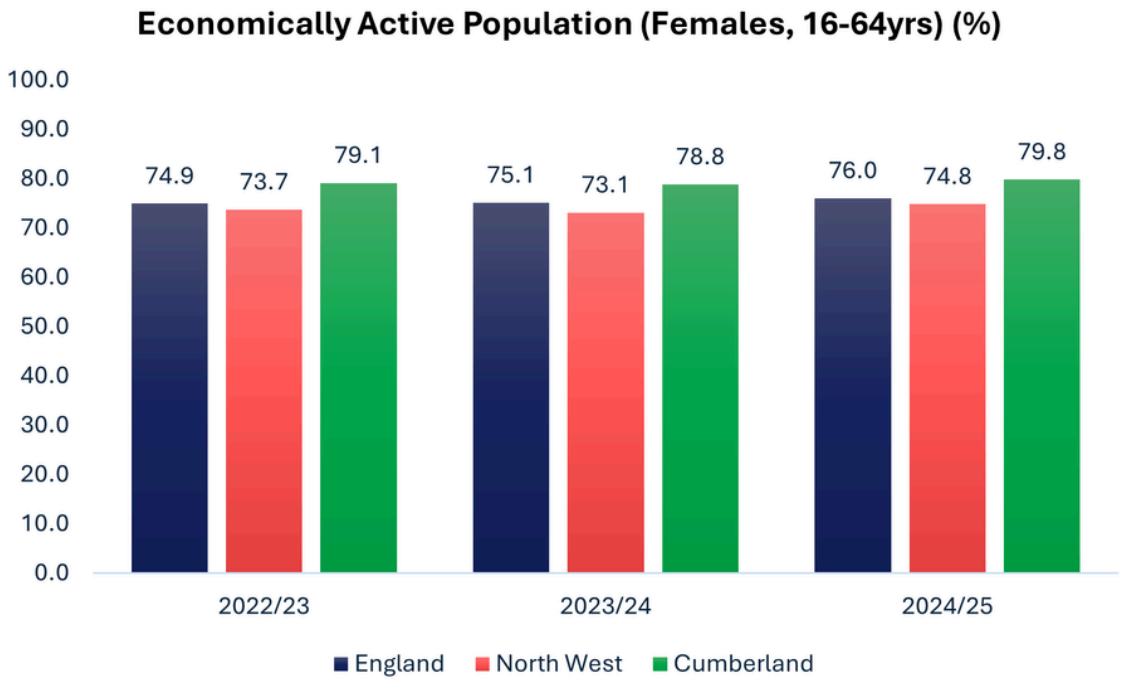


Figure 98. *Economically Active Population - Females, Aged 16-64yrs. Annual Population Survey (2025)*

Economic activity among females aged 16–64 in Cumberland is consistently higher than both the North West and England across the three years shown **(Figure 98)**. In 2022/23 the economic activity rate for females in Cumberland was 79.1%, compared with 74.9% across England and 73.7% in the North West. The rate declined slightly to 78.8% in 2023/24 before increasing again to 79.8% in 2024/25 *(APS, 2025)*.

Across the same period, economic activity among women in England and the North West increased gradually but remained below the level observed in Cumberland. Overall, this suggests relatively strong labour market participation among working-age women in the county.

Pathways to Employment

Type of Work

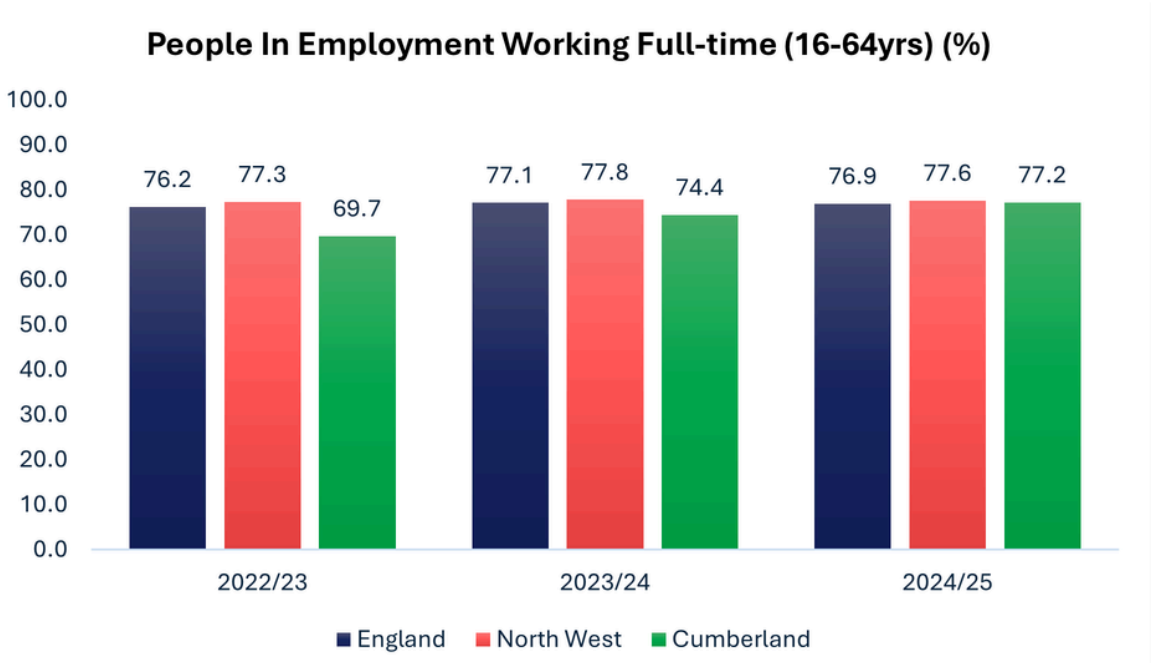


Figure 99. *People in Employment Working Full Time (16-64yrs). Annual Population Survey (2025)*

The proportion of people in employment working full-time is broadly similar across Cumberland, the North West and England **(Figure 99)**. In 2022/23, 69.7% of employed people in Cumberland were working full-time, compared with 76.2% in England and 77.3% in the North West. However, the proportion increased in Cumberland over the following years, rising to 74.4% in 2023/24 and 77.2% in 2024/25. By 2024/25, the share of full-time employment in Cumberland had increased to a level comparable with both regional and national averages *(APS, 2025)*. This suggests that the structure of employment locally is becoming more aligned with wider labour market patterns.

The proportion of people working part-time in Cumberland has declined over the period shown **(Figure 100)**. In 2022/23, 30.0% of employed residents were working part-time, compared with 23.6% across England and 22.5% in the North West. This proportion fell to 25.6% in 2023/24 and further to 22.8% in 2024/25 *(APS, 2025)*.

By the most recent year, the share of part-time employment in Cumberland had moved closer to both regional and national levels. This reflects the increase in full-time employment locally and suggests a gradual shift in the composition of employment towards full-time work.

Pathways to Employment

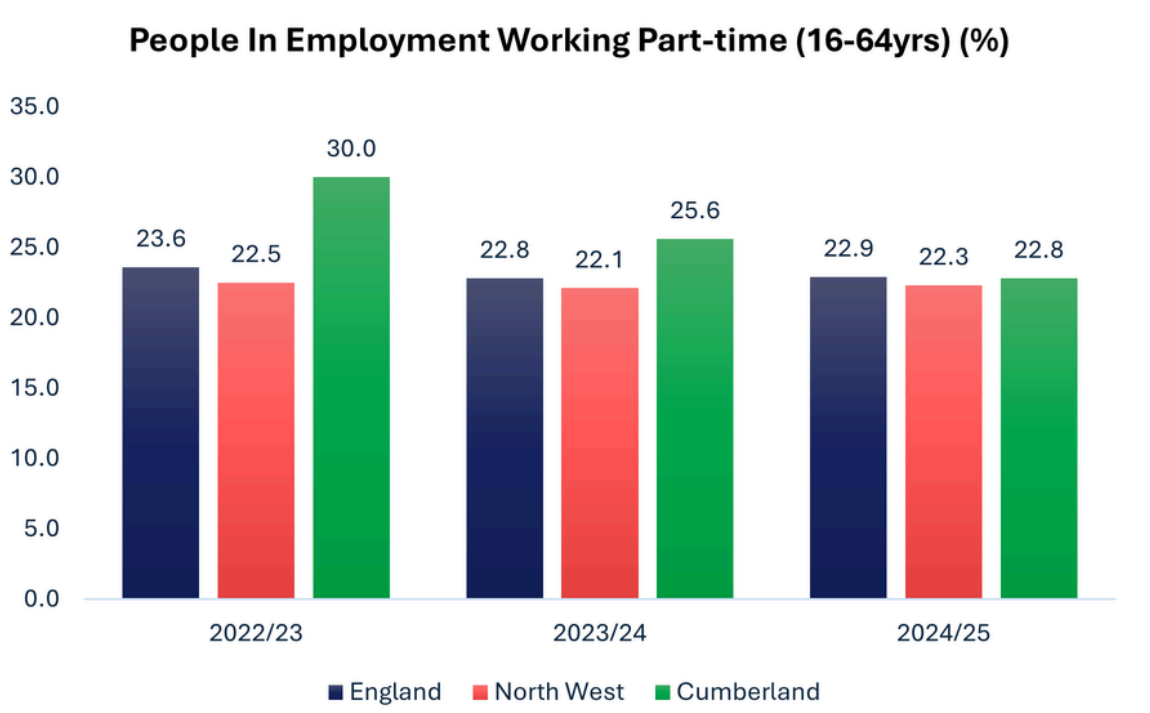


Figure 100. *People in Employment Working Part Time (16-64yrs). Annual Population Survey (2025)*

Type of Work - Males

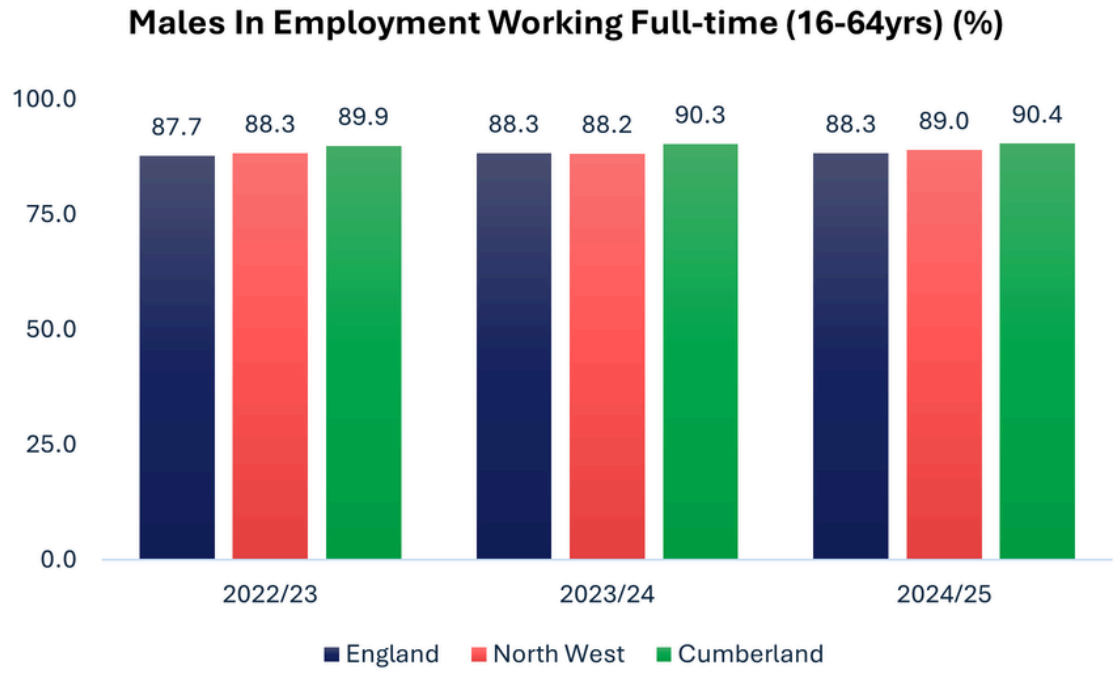


Figure 101. *Males in Employment Working Full Time (16-64yrs). Annual Population Survey (2025)*

Pathways to Employment

The proportion of males in employment working full-time is consistently high across Cumberland, the North West and England **(Figure 101)**. In Cumberland, the share of employed men working full-time increased slightly from 89.9% in 2022/23 to 90.3% in 2023/24 and 90.4% in 2024/25. These levels are slightly higher than those observed across England (87.7% rising to 88.3%) and the North West (88.3% rising to 89.0%) *(APS, 2025)*. Overall, the data indicates that full-time employment accounts for a slightly larger proportion of male employment in Cumberland than in both the regional and national labour markets.

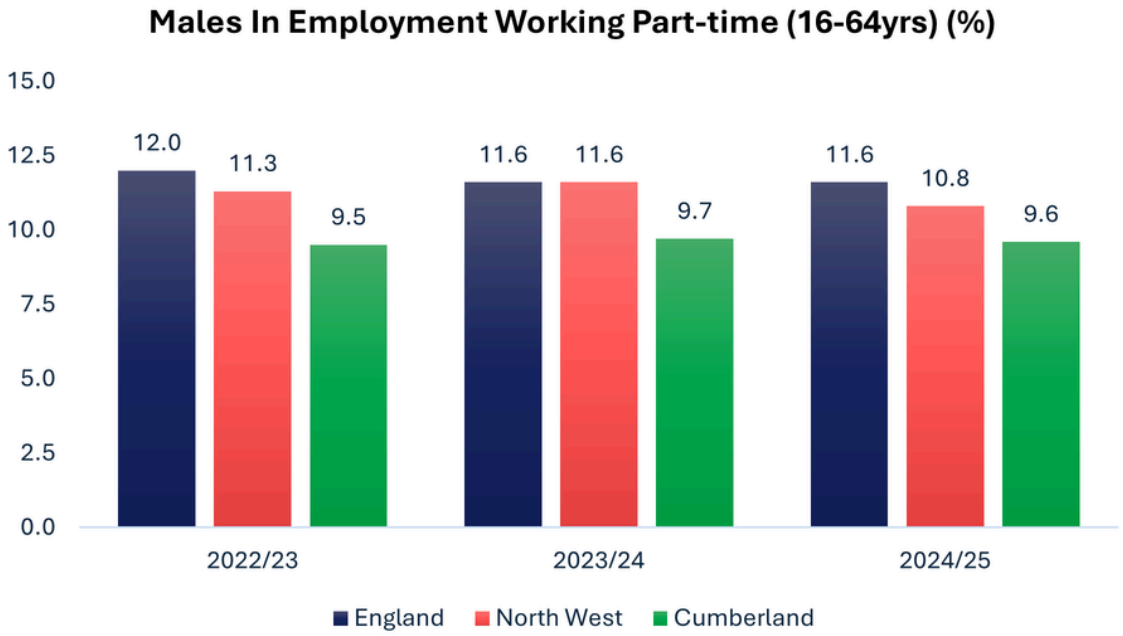


Figure 102. *Males in Employment Working Part Time (16-64yrs). Annual Population Survey (2025)*

The proportion of males in employment working part-time remains relatively low across all geographies **(Figure 102)**. In Cumberland, part-time employment among men increased slightly from 9.5% in 2022/23 to 9.7% in 2023/24 before declining marginally to 9.6% in 2024/25. This compares with 12.0% to 11.6% in England and 11.3% to 10.8% in the North West over the same period *(APS, 2025)*. These figures indicate that part-time work represents a smaller share of male employment in Cumberland than in both the regional and national labour markets.

Pathways to Employment

Type of Work – Females

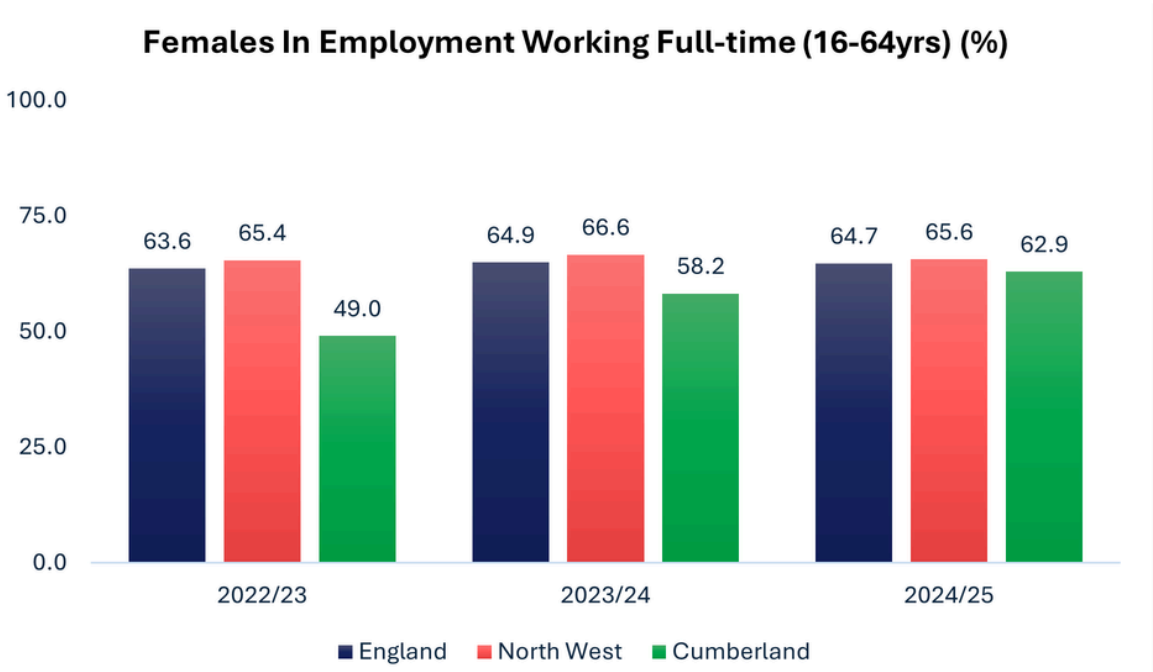


Figure 103. *Females in Employment Working Full Time (16-64yrs). Annual Population Survey (2025)*

The proportion of females in employment working full-time has increased in Cumberland over the period shown **(Figure 103)**. In 2022/23, 49.0% of employed women in Cumberland were working full-time, compared with 63.6% across England and 65.4% in the North West. This proportion rose to 58.2% in 2023/24 and further to 62.9% in 2024/25 *(APS, 2025)*.

Although the proportion of full-time employment among women in Cumberland was initially lower than both regional and national averages, the gap has narrowed considerably over time. This suggests a gradual shift towards greater full-time employment among women in the local labour market.

Pathways to Employment

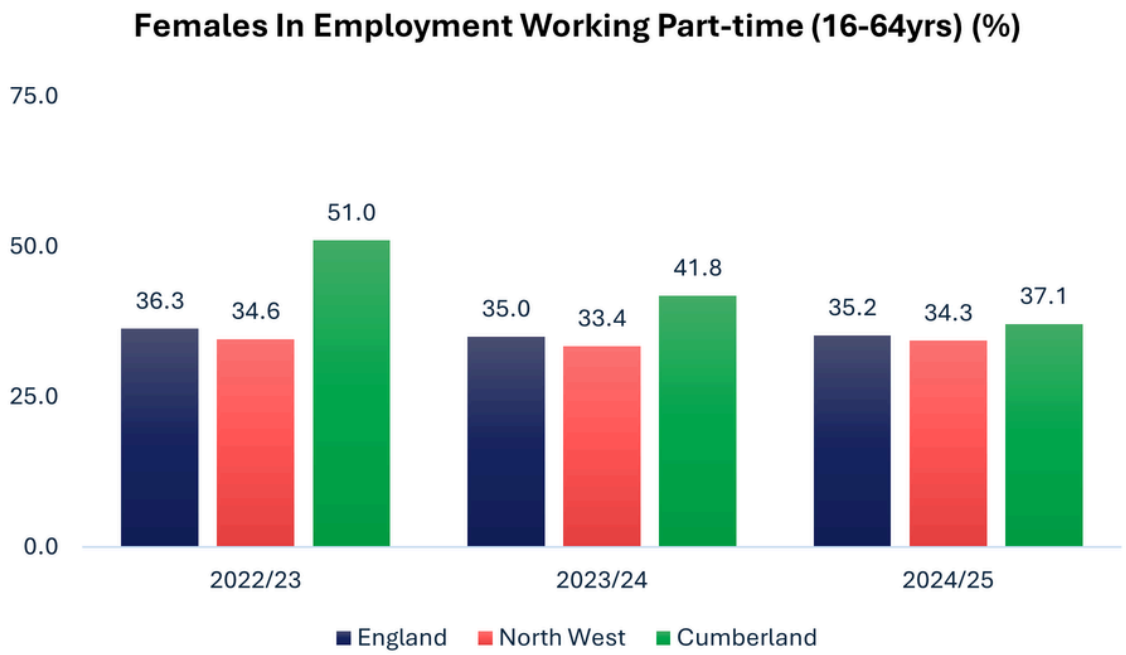


Figure 104. *Females in Employment Working Part Time (16-64yrs). Annual Population Survey (2025)*

The proportion of females in employment working part-time has decreased in Cumberland over the period shown **(Figure 104)**. In 2022/23, 51.0% of employed women in Cumberland were working part-time, considerably higher than both England (36.3%) and the North West (34.6%). This proportion declined to 41.8% in 2023/24 and further to 37.1% in 2024/25 *(APS, 2025)*.

Although part-time employment remains slightly higher among women in Cumberland than in regional and national averages, the gap has narrowed significantly. This reflects the increase in full-time employment among women locally and suggests a shift in the structure of female employment over time.

Qualifications

The distribution of qualification levels in Cumberland shows some differences compared with both the North West and England **(Figure 105)**.

Pathways to Employment

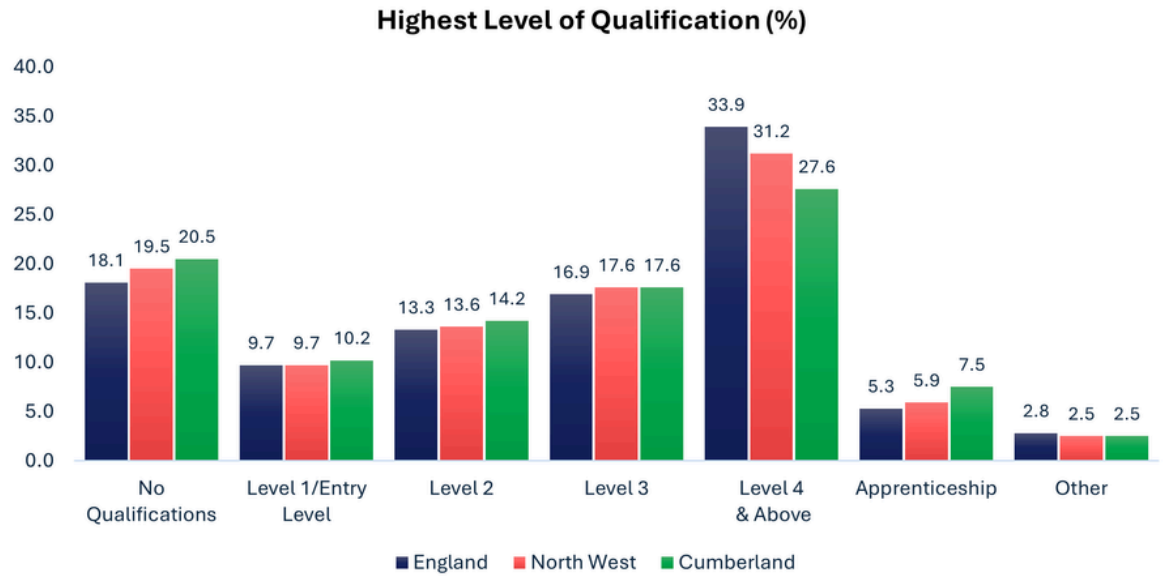


Figure 105. *Highest Level of Qualification. Office for National Statistics (2021)*

A slightly higher proportion of residents in Cumberland report having no qualifications (20.5%) compared with England (18.1%) and the North West (19.5%). At the same time, Cumberland also records slightly higher proportions of residents with Level 1, Level 2 and Level 3 qualifications *(ONS, 2021)*. However, the proportion of residents with higher-level qualifications (Level 4 and above) is lower in Cumberland (27.6%) than in both England (33.9%) and the North West (31.2%). Overall, this suggests that while many residents hold mid-level qualifications, the county has a comparatively smaller share of people with higher-level qualifications.

Further Education & Training

Participation in further education and skills training in Cumberland remains broadly comparable with national levels but slightly below the North West **(Figure 106)**. In 2022/23, the participation rate in Cumberland was 5,525 per 100,000 population, compared with 5,174 across England and 5,734 in the North West *(DfE, 2025)*. The rate increased slightly to 5,584 in 2023/24 before declining marginally to 5,339 in 2024/25.

While participation levels in Cumberland remain relatively stable over time, they are consistently lower than the regional average. This may indicate slightly lower engagement with further education and skills training compared with the wider North West labour market.

Pathways to Employment

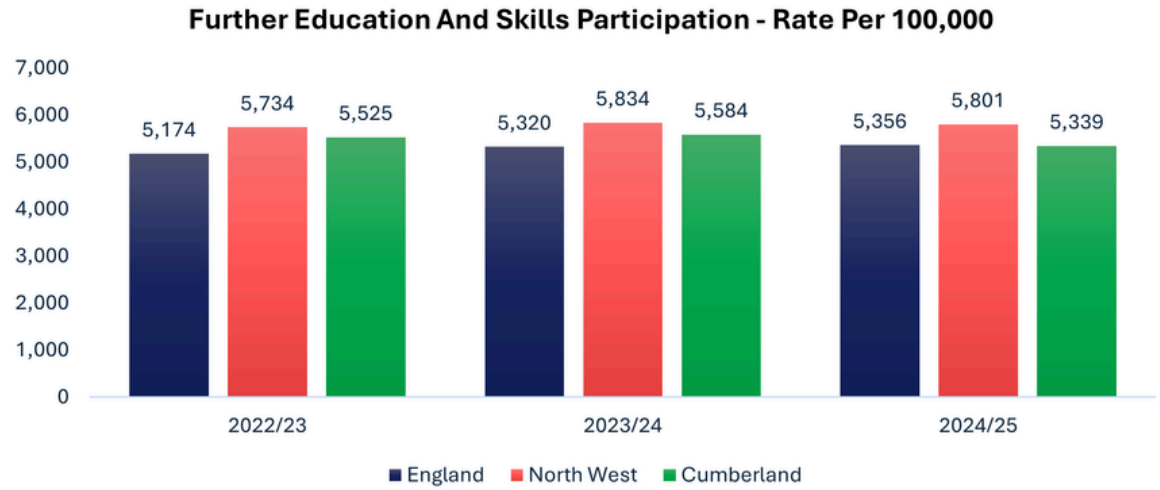


Figure 106. *People in Further Education and Skills Participation, per 100,000. Department for Education (2025)*

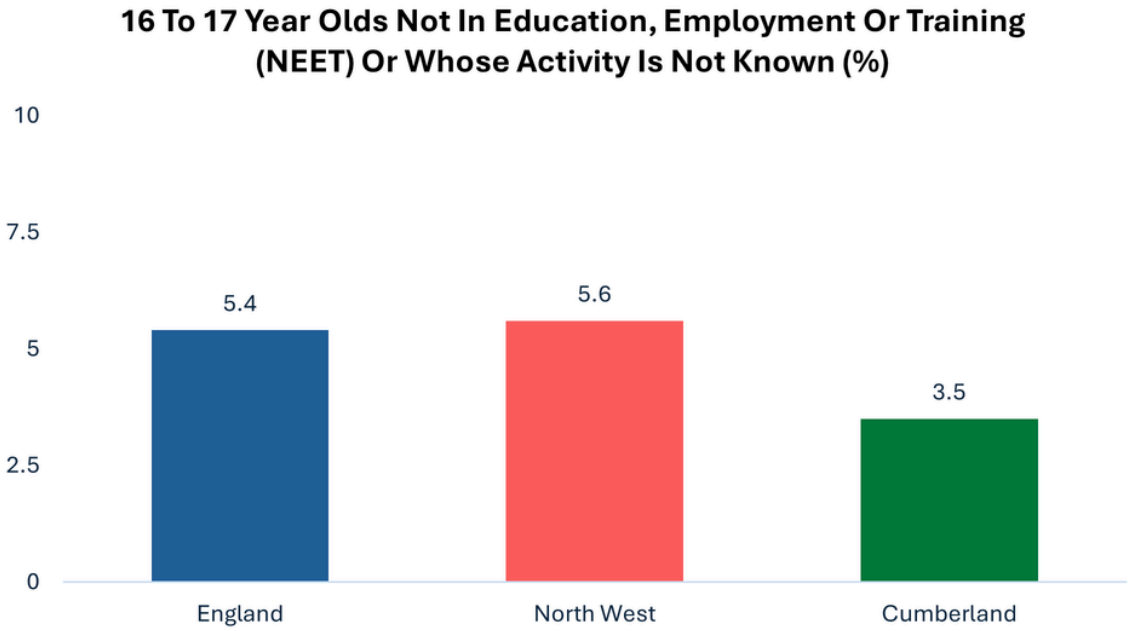


Figure 107. *16-17yr Olds Not in Education, Employment or Training (NEET) or Whose Activity Is Not Known. Department for Education (2024)*

The proportion of 16–17 year olds who are not in education, employment or training (NEET), or whose activity is not known, is lower in Cumberland than in both the North West and England **(Figure 107)**. In the most recent data, the rate in Cumberland stands at 3.5%, compared with 5.4% across England and 5.6% in the North West *(DfE, 2024)*.

Pathways to Employment

This suggests that a smaller proportion of young people in Cumberland are disengaged from education, employment or training compared with regional and national levels. The relatively lower NEET rate may indicate stronger engagement of young people with education and training pathways within the county.

Apprenticeships

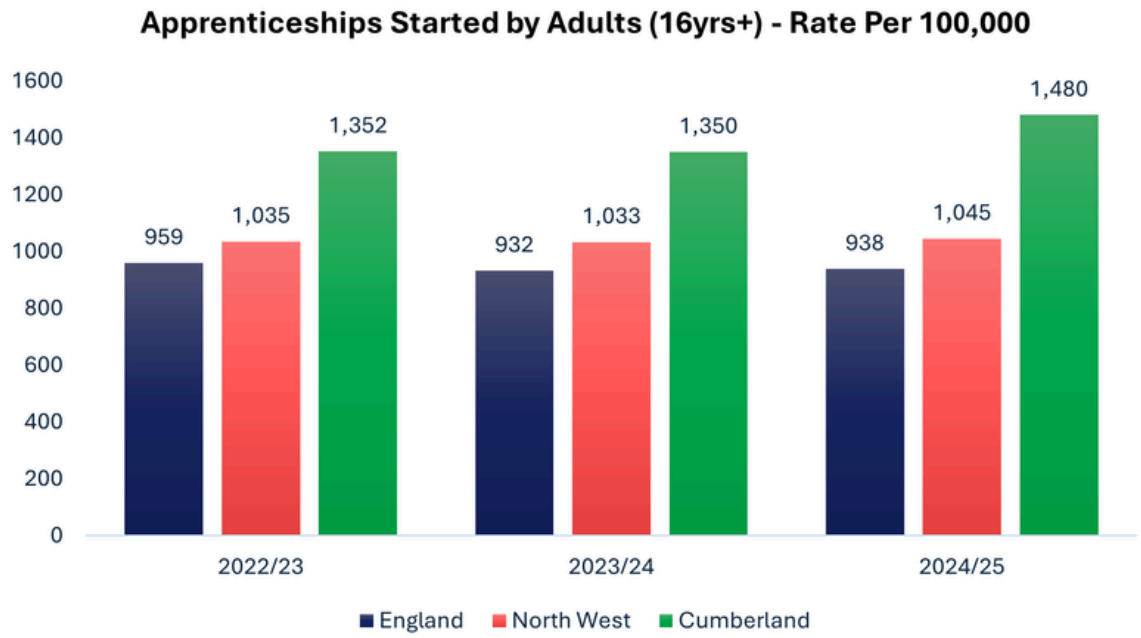


Figure 108. *Apprenticeships Started by Adults (16yrs+), per 100,000. Department for Education (2025)*

The rate of apprenticeships started by adults in Cumberland is consistently higher than both the North West and England **(Figure 108)**.

In 2022/23, the rate stood at 1,352 per 100,000 population in Cumberland, compared with 959 across England and 1,035 in the North West. The rate remained comparatively high in subsequent years, reaching 1,350 in 2023/24 and increasing further to 1,480 in 2024/25 *(DfE, 2025)*. These figures suggest strong engagement with apprenticeship opportunities among adults in Cumberland, with participation levels consistently exceeding both regional and national figures.

Pathways to Employment

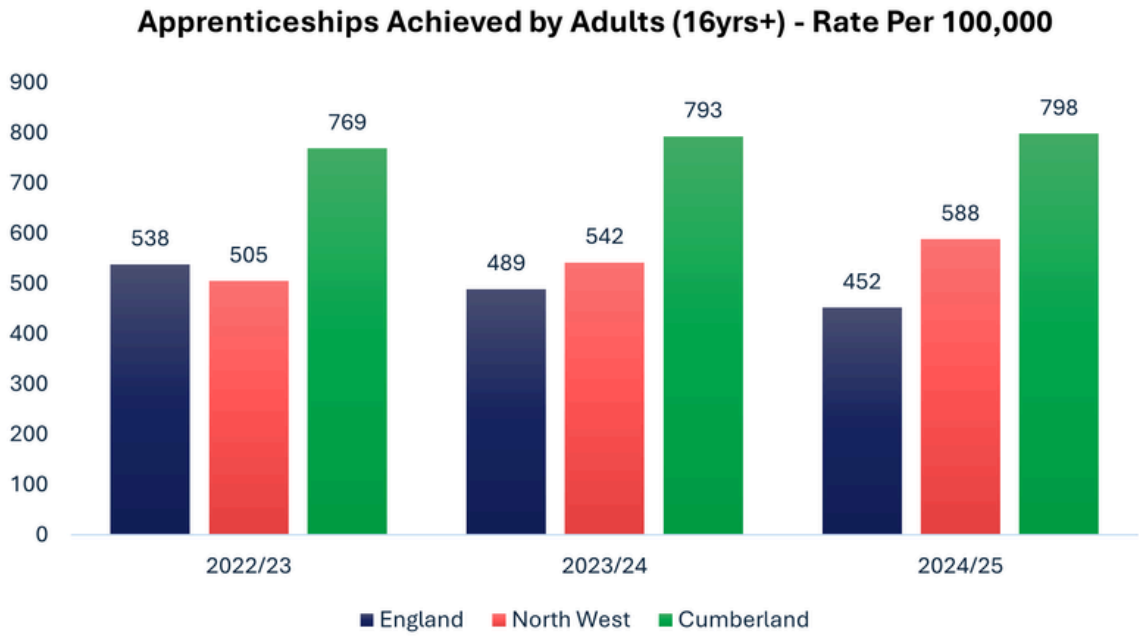


Figure 109. *Apprenticeships Achieved by Adults (16yrs+), per 100,000. Department for Education (2025)*

Apprenticeship achievement rates among adults are also higher in Cumberland than in both the North West and England **(Figure 109**). In 2022/23, the achievement rate in Cumberland was 769 per 100,000 population, compared with 538 across England and 505 in the North West. The rate increased further to 793 in 2023/24 and 798 in 2024/25 (DfE, 2025).

The consistently higher achievement rates suggest that not only are more apprenticeships being started locally, but completion levels are also comparatively strong. This may indicate effective engagement with apprenticeship programmes and skills development pathways in Cumberland.

Distance to Work

Patterns of commuting distance in Cumberland differ slightly from both the North West and England **(Figure 110)**. A higher proportion of people in Cumberland travel very short distances to work, with 15.3% travelling less than 2 km compared with 12.2% in the North West and 11.0% across England. Similarly, slightly higher proportions of residents travel between 10 km and 20 km (12.8%) and between 20 km and 30 km (5.9%) compared with regional and national averages.

Pathways to Employment

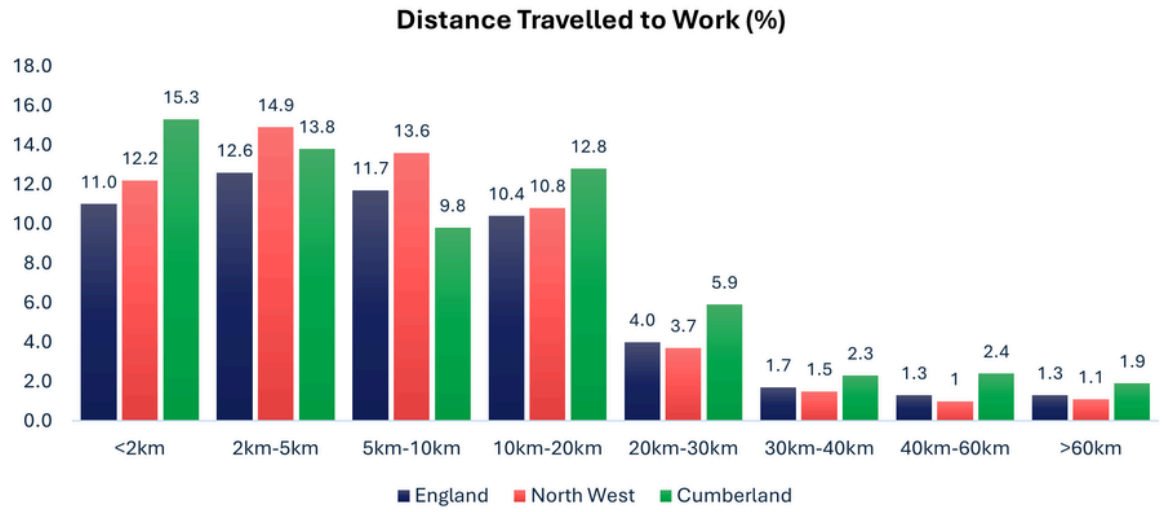


Figure 110. *Distance Travelled to Work (km). Office for National Statistics (2021)*

Conversely, a smaller share of residents travel between 5 km and 10 km (9.8%) than in both the North West (13.6%) and England (11.7%). Travel over longer distances above 30 km accounts for relatively small proportions of journeys across all geographies, though Cumberland records slightly higher shares than the regional and national averages in these categories *(ONS, 2021)*. Overall, the data suggests a mixed commuting pattern in Cumberland, with a notable proportion of very short journeys but also slightly higher levels of longer-distance commuting.

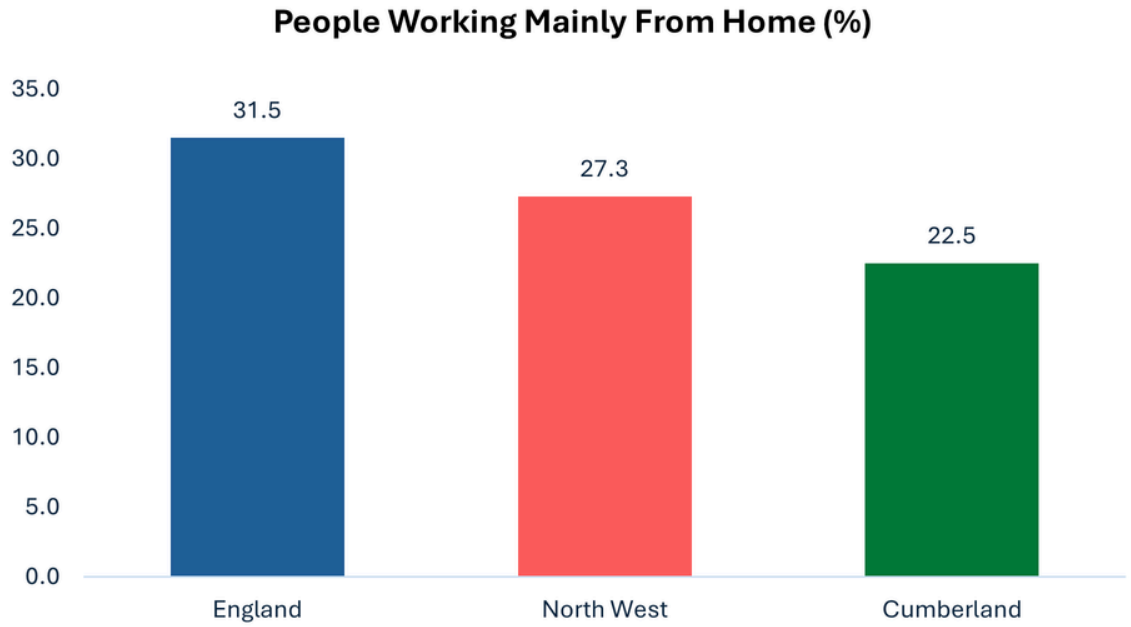


Figure 111. *Percentage of People Mainly Working From Home. Office For National Statistics (2021)*

Pathways to Employment

The proportion of people working mainly from home is lower in Cumberland than in both the North West and England **(Figure 111)**. In the most recent data, 22.5% of workers in Cumberland report mainly working from home, compared with 27.3% across the North West and 31.5% in England *(ONS, 2021)*. This suggests that remote working is less prevalent in Cumberland's labour market, potentially reflecting the local employment structure, occupational mix, or the rural nature of parts of the county where certain types of work require physical presence.

Pathways to Employment

In summary

Employment and economic activity levels in Cumberland are broadly comparable to, and in some cases higher than, regional and national levels.

Employment rates for both men and women are generally slightly higher in Cumberland than in the North West and England, while overall economic activity rates also remain consistently above regional levels. The data suggests strong labour market participation locally, particularly among women, whose employment and economic activity rates have increased over the period shown. Patterns of work also indicate a shift towards full-time employment, with the proportion of residents working full-time increasing over time while part-time employment has declined.

Despite relatively strong employment participation, differences are evident in the local skills profile. A slightly higher proportion of residents in Cumberland report having no qualifications compared with both England and the North West, while the proportion of residents holding higher-level qualifications (Level 4 and above) is notably lower. At the same time, Cumberland records relatively strong engagement with vocational pathways.

Pathways to Employment

In summary

Participation in apprenticeships is significantly higher than both regional and national averages, with both apprenticeship starts and completions consistently exceeding those seen across England and the North West.

In addition, the proportion of young people aged 16–17 who are not in education, employment or training (NEET) is lower in Cumberland, suggesting relatively strong engagement with education and training among younger residents.

Travel and working patterns further reflect the structure of the local labour market. A higher proportion of residents travel very short distances to work, though there are also slightly higher shares of workers travelling longer distances compared with national figures, reflecting the rural and dispersed geography of the county. At the same time, a smaller proportion of residents report working mainly from home compared with both the North West and England. Overall, these findings suggest that while employment participation in Cumberland is relatively strong, the local labour market is characterised by a distinct occupational and skills profile, as well as commuting patterns influenced by the county's geography and settlement structure.

Access to Housing

Household Type

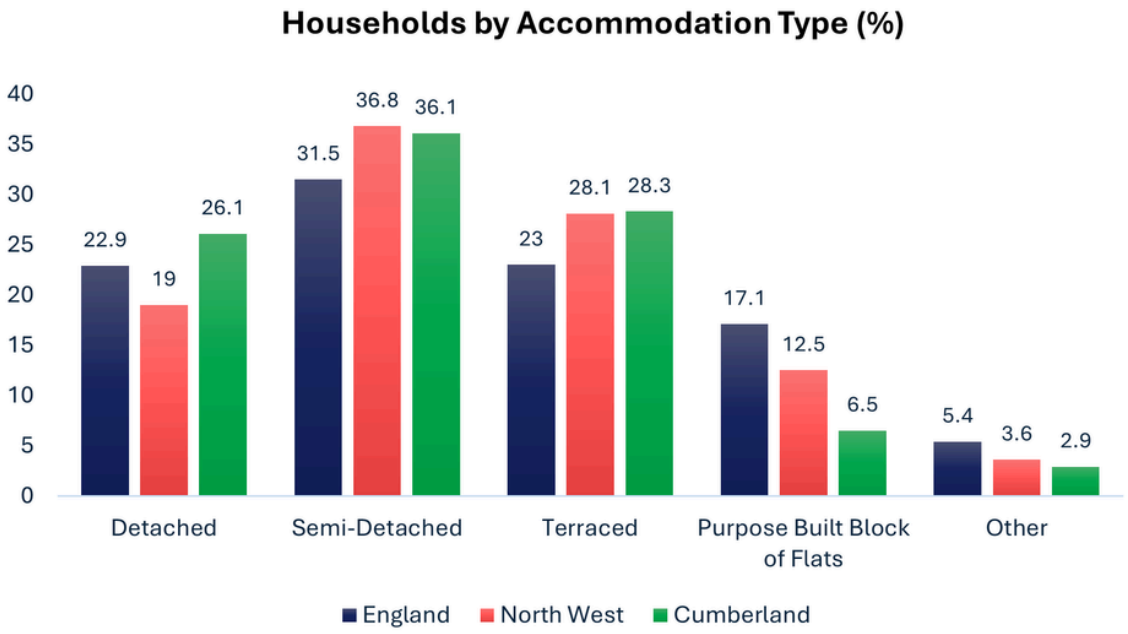


Figure 112. *Households by Accommodation Type. Office for National Statistics (2021)*

The distribution of accommodation types in Cumberland differs somewhat from both the North West region and England overall **(Figure 112)**. Detached housing represents a larger proportion of the housing stock in Cumberland (26.1%) compared with England (22.9%) and the North West (19.0%). Semi-detached properties form the largest category across all geographies, although the proportion in Cumberland (36.1%) is slightly lower than in the North West (36.8%) and broadly similar to England (31.5%).

Terraced housing accounts for 28.3% of households in Cumberland, which is higher than England (23.0%) but similar to the North West (28.1%). In contrast, purpose-built flats make up a considerably smaller share of accommodation in Cumberland (6.5%) compared with England (17.1%) and the North West (12.5%), indicative of a housing profile more strongly characterised by houses rather than flats *(ONS, 2021)*.

Access to Housing

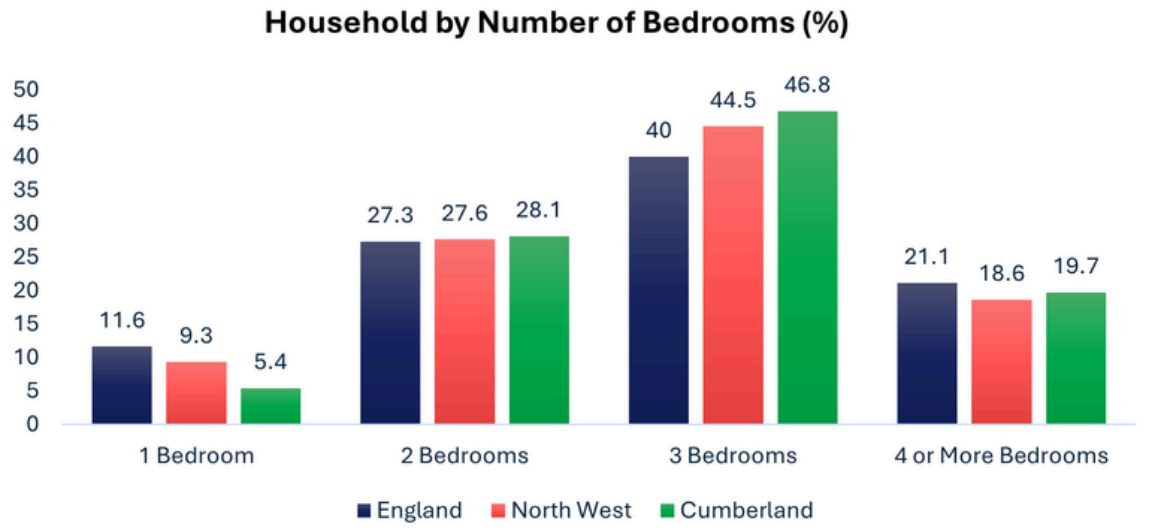


Figure 113. *A Household by Number of Bedrooms. Office for National Statistics (2021)*

Households in Cumberland are more likely to occupy larger properties compared with England overall **(Figure 113)**. Nearly half of households in Cumberland (46.8%) live in properties with three bedrooms, which is higher than both the North West (44.5%) and England (40.0%). Similarly, the proportion of households living in properties with four or more bedrooms in Cumberland (19.7%) is slightly higher than the North West (18.6%), though lower than England overall (21.1%). In contrast, smaller properties are less common locally, with only 5.4% of households in Cumberland occupying one-bedroom accommodation compared with 11.6% in England and 9.3% in the North West *(ONS, 2021)*. The proportion of two-bedroom homes is broadly consistent across the three geographies.

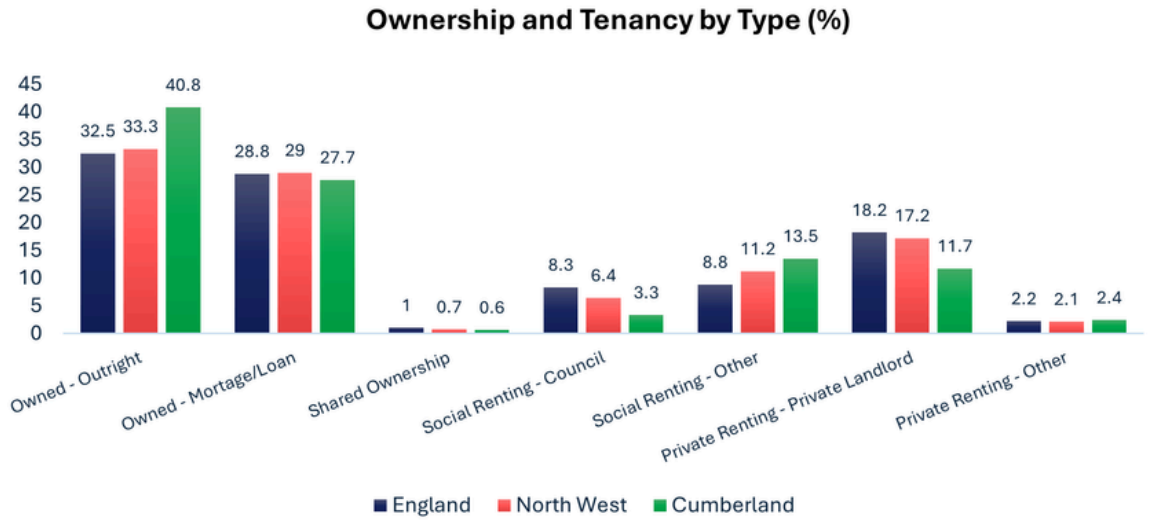


Figure 114. *Ownership and Tenancy by Type. Office for National Statistics (2021)*

Access to Housing

Patterns of housing tenure in Cumberland show higher levels of outright home ownership and lower levels of social renting compared with regional and national trends **(Figure 114)**. A larger proportion of households in Cumberland own their homes outright (40.8%) compared with the North West (33.3%) and England (32.5%). Ownership with a mortgage or loan is broadly similar across areas, though slightly lower in Cumberland (27.7%) than in England (28.8%) and the North West (29.0%). Social renting through the council accounts for a smaller share of households in Cumberland (3.3%) compared with the North West (6.4%) and England (8.3%). Private renting through landlords represents 11.7% of households locally, which is lower than both the North West (17.2%) and England (18.2%) (ONS, 2021). Overall, these figures suggest that home ownership forms a larger component of the housing tenure profile in Cumberland relative to regional and national patterns.

Price of Housing

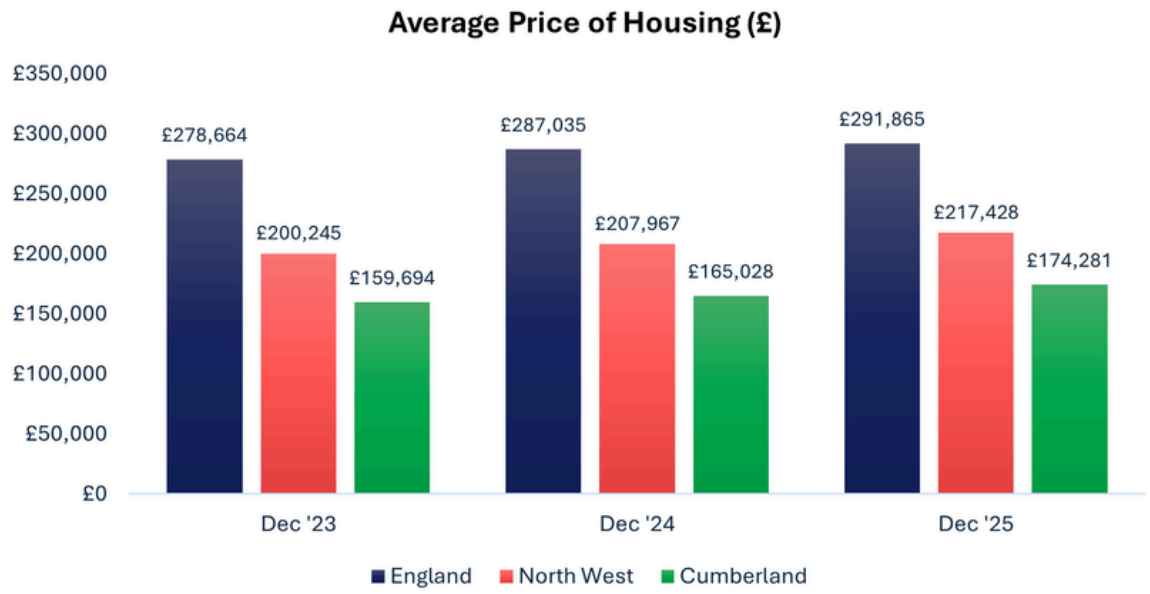


Figure 115. *Average Price of Housing. UK House Price Index (2025)*

Average house prices have increased steadily between December 2023 and December 2025 across Cumberland, the North West and England **(Figure 115)**. Cumberland consistently records lower average house prices than both the regional and national averages. In December 2023 the average price in Cumberland was £159,694, rising to £165,028 in December 2024 and £174,281 in December 2025. Over the same period, average prices increased from £200,245 to £217,428 in the North West and from £278,664 to £291,865 across England (UKHPI, 2025).

Access to Housing

Although the rate of growth appears broadly similar across the three geographies, the absolute price gap between Cumberland and national averages remains substantial. These figures suggest that while housing in Cumberland remains comparatively more affordable than elsewhere, price increases continue to follow wider national trends.

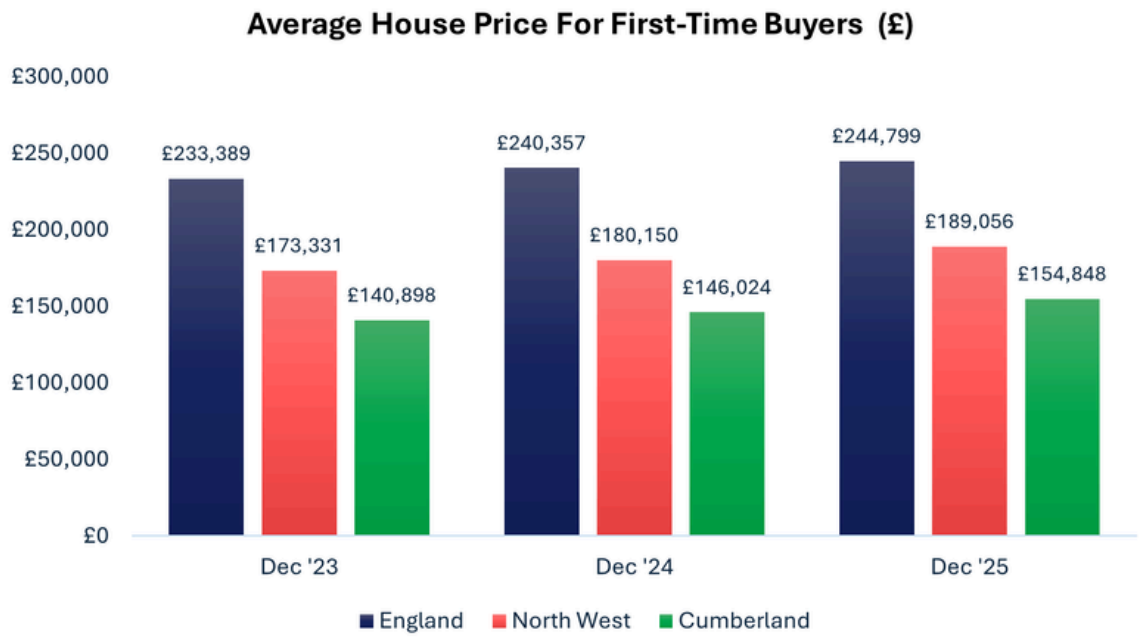


Figure 116. *Average House Price for First Time Buyers. UK House Price Index (2025)*

Average house prices for first-time buyers have increased gradually across all geographies between December 2023 and December 2025 **(Figure 116)**. Cumberland records consistently lower purchase prices for first-time buyers than both the North West and England. In December 2023 the average price paid by first-time buyers in Cumberland was £140,898, rising to £146,024 in December 2024 and £154,848 in December 2025. In comparison, average prices increased from £173,331 to £189,056 across the North West and from £233,389 to £244,799 across England *(UKHPI, 2025)*.

While entry-level housing remains more affordable locally in absolute terms, the upward trend in prices mirrors broader regional and national patterns. This suggests that first-time buyers in Cumberland may still face increasing barriers to home ownership despite comparatively lower house prices.

Access to Housing

Figure 117. *House Price Inflation from January 2023 to December 2025. UK House Price Index (2025)*

Annual house price inflation shows a broadly similar pattern across Cumberland, the North West and England over the period January 2023 to December 2025 **(Figure 117)**. Rates declined through much of 2023, with several months of negative growth recorded, before gradually recovering throughout 2024. Inflation then increased further into early 2025, reaching a peak across all areas before moderating again later in the year *(UKHPI, 2025)*.

Throughout the period, Cumberland generally recorded slightly lower inflation rates than both the North West and England, indicating somewhat slower price growth locally. Although trends broadly track national housing market movements, the lower rate of inflation suggests that house price increases in Cumberland have been more moderate than in the wider regional and national context.

Price of Renting

Average monthly private rents have increased steadily between January 2024 and January 2026 across Cumberland, the North West and England **(Figure 118)**. Cumberland consistently records lower average rents than both the regional and national averages. In January 2024 the average private rent in Cumberland was £561 per month, increasing to £606 in January 2025 and £653 by January 2026. Over the same period, rents rose from £809 to £941 in the North West and from £1,264 to £1,423 across England *(ONS, 2026)*.

Access to Housing

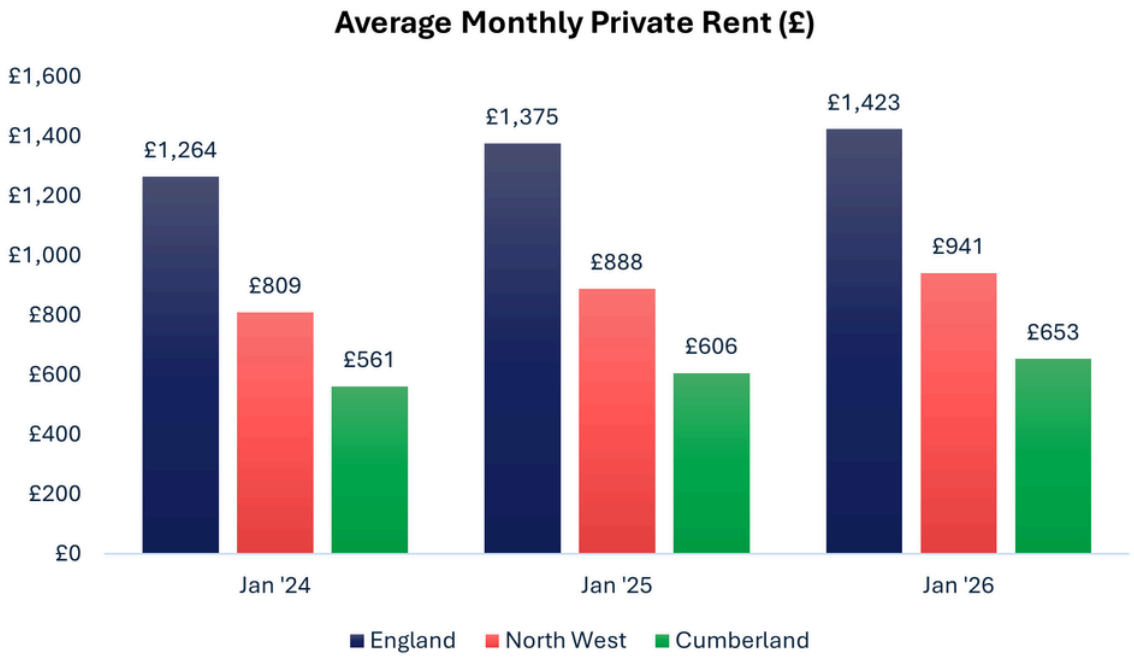


Figure 118. *Average Monthly Rent for Private Renting. Office for National Statistics (2026)*

Average monthly private rents have increased steadily between January 2024 and January 2026 across Cumberland, the North West and England **(Figure 118)**. Cumberland consistently records lower average rents than both the regional and national averages. In January 2024 the average private rent in Cumberland was £561 per month, increasing to £606 in January 2025 and £653 by January 2026. Over the same period, rents rose from £809 to £941 in the North West and from £1,264 to £1,423 across England *(ONS, 2026)*.

Although rental costs remain lower locally in absolute terms, the upward trend is consistent across all areas. This indicates that renters in Cumberland are experiencing similar inflationary pressures in the private rental market as those seen regionally and nationally.

Annual private rental price inflation increased steadily across Cumberland, the North West and England throughout 2023 and 2024, reaching peak levels around late 2024 to early 2025 **(Figure 119)**. During this period, inflation rates in the North West and England were generally higher than those observed in Cumberland. Following the peak, rental inflation began to moderate across all areas through 2025, although rates remained positive *(UKHPI, 2026)*.

Access to Housing

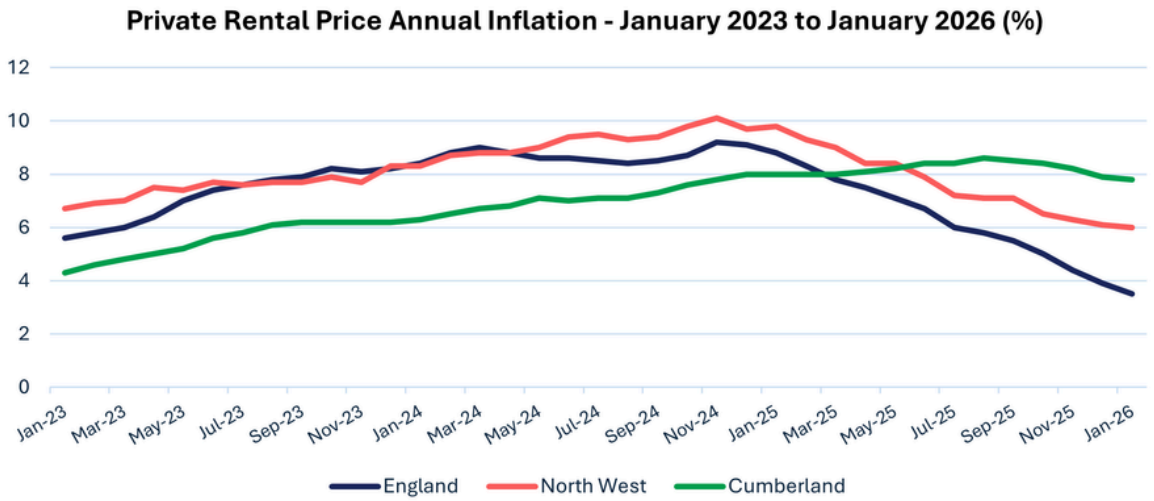


Figure 119. *Private Rental Price Annual Inflation. UK House Price Index (2026)*

Cumberland consistently recorded slightly lower rental inflation than both regional and national averages, suggesting that rent increases have been somewhat less pronounced locally. However, the overall trajectory broadly mirrors wider national housing market trends, indicating sustained pressure on rental affordability.

Housing Stability

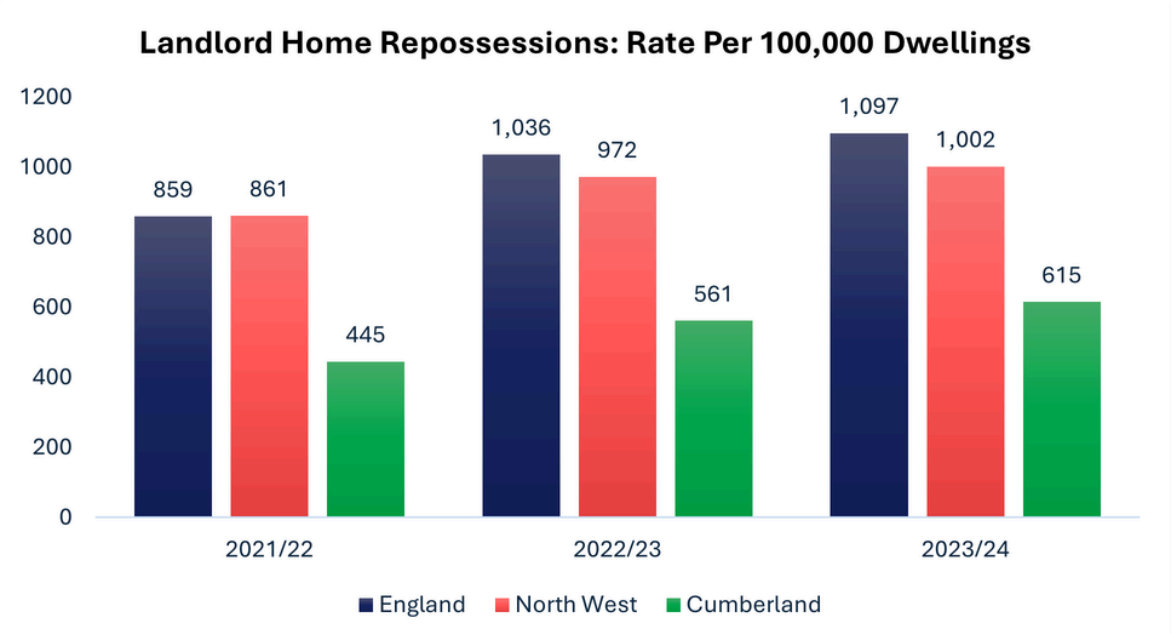


Figure 120. *Landlord Home Repossessions, per 100,000 Dwellings. Ministry of Justice (2024)*

Access to Housing

The rate of landlord home repossessions has increased across Cumberland, the North West and England between 2021/22 and 2023/24 **(Figure 120)**. In Cumberland, repossession rates rose from 445 per 100,000 dwellings in 2021/22 to 561 in 2022/23 and 615 in 2023/24. Although these rates remain lower than both the North West and England, the upward trend reflects a similar pattern to that seen at regional and national levels *(MoJ, 2024)*.

Across England, repossession rates increased from 859 to 1,097 per 100,000 dwellings over the same period, while the North West rose from 861 to 1,002. Despite comparatively lower levels in Cumberland, the continued increase suggests growing pressures within the housing system that may affect housing stability.

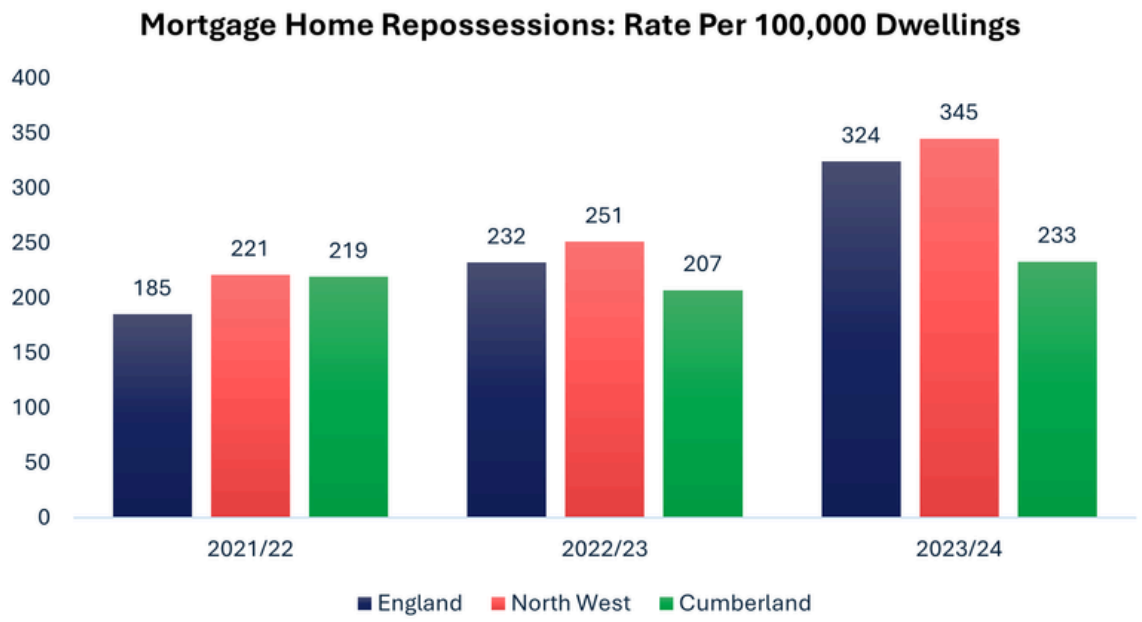


Figure 121. *Mortgage Home Repossessions, per 100,000 Dwellings. Ministry of Justice (2024)*

Mortgage home repossession rates have increased across Cumberland, the North West and England between 2021/22 and 2023/24 **(Figure 121)**. In Cumberland, the rate rose from 219 per 100,000 dwellings in 2021/22 to 207 in 2022/23, before increasing to 233 in 2023/24. Although the rate declined slightly between the first two years, the overall trend across the period indicates a gradual increase *(MoJ, 2024)*.

Access to Housing

Across England, repossessions increased from 185 per 100,000 dwellings in 2021/22 to 324 in 2023/24, while the North West rose from 221 to 345 over the same period. Cumberland's rates remain consistently lower than both regional and national levels, indicating comparatively lower levels of mortgage-related housing instability locally despite the upward trend.

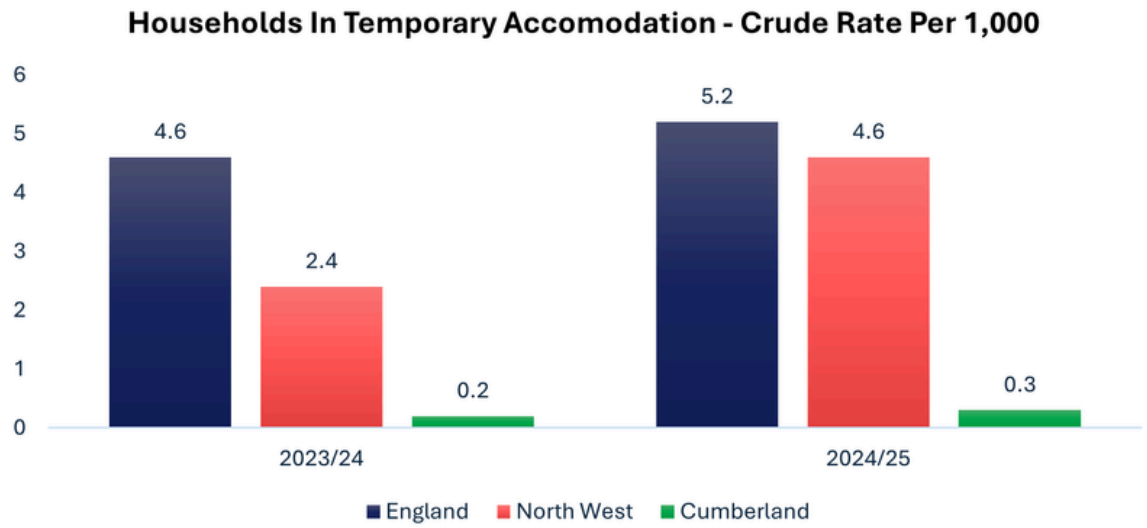


Figure 122. *Households in Temporary Accommodation, per 1,000. Ministry of Housing, Communities and Local Government (2025)*

The number of households in temporary accommodation remains substantially lower in Cumberland than in both the North West and England **(Figure 122)**.

In 2023/24 the rate in Cumberland was 0.2 households per 1,000, increasing slightly to 0.3 in 2024/25. This compares with an increase from 2.4 to 4.6 in the North West and from 4.6 to 5.2 across England over the same period *(MHCLG, 2025)*.

While the absolute number of households requiring temporary accommodation remains relatively small locally, the increase between the two years mirrors wider upward trends. This suggests that pressures associated with housing insecurity and homelessness are increasing nationally and regionally, though they remain less pronounced in Cumberland.

Access to Housing

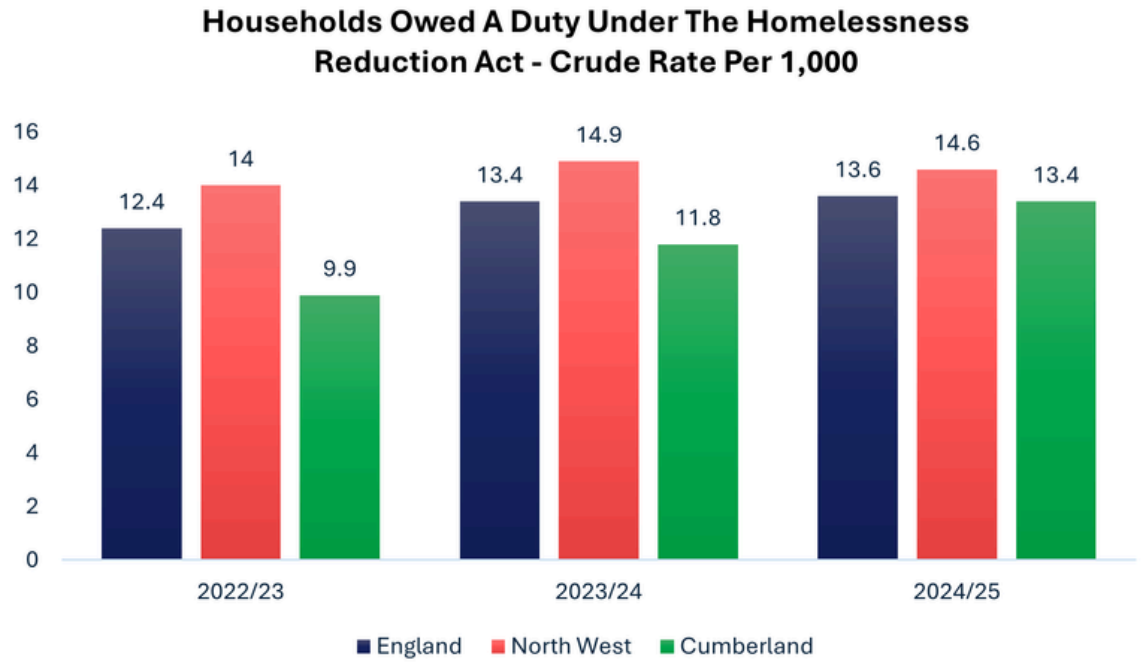


Figure 123. *Households Owed A Duty Under The Homelessness Reduction Act, per 1,000. Ministry of Housing, Communities and Local Government (2025)*

The rate of households owed a duty under the Homelessness Reduction Act has increased in Cumberland over the period shown **(Figure 123)**. In 2022/23 the rate stood at 9.9 households per 1,000, rising to 11.8 in 2023/24 and 13.4 in 2024/25. This indicates a steady increase in the number of households seeking or requiring homelessness prevention or relief support *(MHCLG, 2025)*.

Although Cumberland's rate was lower than both England (12.4 rising to 13.6) and the North West (14.0 rising to 14.6) in earlier years, the most recent data shows levels broadly comparable with the national average. This may indicate growing demand for homelessness prevention services locally, reflecting wider housing pressures.

Access to Housing

In summary

Housing indicators suggest that Cumberland's housing market remains comparatively more affordable than both the North West and England, although trends broadly follow wider national patterns.

Average house prices and prices paid by first-time buyers are consistently lower locally, while the proportion of households owning their homes outright is higher than regional and national averages. Private rental costs are also substantially lower in Cumberland, though rents have increased steadily in recent years. Despite lower absolute costs, the overall trajectory of house prices and rental growth mirrors regional and national trends, indicating that affordability pressures are still present for some households.

Measures of housing market dynamics further highlight these patterns. House price inflation and private rental price inflation in Cumberland broadly track trends observed across the North West and England, with periods of declining growth followed by recovery and stabilisation. While inflation rates have generally been slightly lower locally, increases in both purchase prices and rental costs suggest that the local housing market is influenced by wider economic conditions affecting the national housing sector.

Access to Housing

In summary

Indicators relating to housing stability show a more mixed picture. Rates of landlord and mortgage repossessions have increased in recent years across all geographies, although Cumberland continues to record lower levels than both the North West and England.

Similarly, the number of households in temporary accommodation remains very low locally, though a small increase has been observed. However, the rate of households owed a duty under the Homelessness Reduction Act has risen steadily and is now broadly comparable with the national average. Taken together, these findings suggest that while housing pressures in Cumberland appear less acute than in many other areas, there are signs of increasing demand for housing support services and emerging pressures within the local housing system.

In summary

This report provides a baseline assessment of key health and social determinants affecting Cumberland as part of the Health Determinant Research Collaboration (HDRC), a five-year programme designed to strengthen the use of research and evidence in local policy and service delivery. Drawing on national datasets and local sources, the analysis examines seven priority themes identified through stakeholder engagement: poverty, mental health and neurodiversity, substance use, obesity and food insecurity, cared for children, pathways to employment, and access to housing. The findings highlight a complex picture in which Cumberland performs comparatively well in some structural indicators, while significant inequalities and health challenges remain.

Across several socioeconomic indicators, Cumberland demonstrates relatively strong labour market participation. Unemployment, economic inactivity and reliance on out-of-work benefits are generally lower than regional and national averages. However, these positive labour market outcomes coexist with persistent structural inequalities. Household disposable income remains below the national average, a substantial gender pay gap persists, and over half of neighbourhoods experience moderate to high levels of deprivation. Child poverty has increased in recent years, reflecting wider cost-of-living pressures affecting families across the UK.

Mental health represents one of the most significant areas of concern. Demand for both child and adult mental health services is high, with referral rates and community service use exceeding national averages. Cumberland also records higher prevalence of diagnosed depression and significantly elevated rates of self-harm and suicide across multiple age groups, particularly among working-age adults. Although inpatient mental health admissions are relatively low, these severe outcome indicators suggest a substantial burden of mental health need locally.

Demand for neurodiversity-related educational support is also increasing. The proportion of pupils identified with Special Educational Needs and Disabilities (SEND) has risen steadily, with around one in five pupils requiring additional support. Education, Health and Care Plans (EHCPs) are slightly more common locally than nationally, and Autism represents the largest category of identified need. These trends highlight growing pressure on education, health and social care systems to provide inclusive and coordinated support.

Substance use indicators reveal a mixed picture. Alcohol-related mortality and treatment demand remain significant, with a particularly high proportion of individuals entering treatment for alcohol-only dependency. Alcohol-related hospital admissions among young people are also higher than national averages. Drug-related mortality is a major concern, with rates substantially higher than both regional and national benchmarks, despite comparatively lower levels of treatment engagement for some drug categories.

Obesity and food insecurity data indicate that excess weight is a significant public health challenge in Cumberland. Over 70% of adults are classified as overweight or obese, and diabetes prevalence is higher than regional and national levels. Childhood obesity remains broadly similar to regional trends but is generally slightly above national averages.

Notably, behavioural and environmental indicators such as adult physical activity levels, access to sports facilities, and supermarket availability appear relatively favourable locally, suggesting that obesity is influenced by a broader combination of socioeconomic and lifestyle factors.

Overall, the findings demonstrate that while Cumberland performs favourably in some economic and structural indicators, the area faces significant challenges relating to health inequalities, mental health outcomes, substance use harms, and the wellbeing of vulnerable groups. These patterns emphasise the importance of targeted, evidence-informed interventions that address both the immediate drivers of health outcomes and the wider social determinants shaping wellbeing across the county.

For **children in care**, Cumberland records a higher rate of looked-after children than the national average. While the overall rate has declined slightly, more children are entering and leaving care each year, indicating ongoing demand for services. Several indicators raise concerns about wellbeing and stability, including higher levels of emotional and wellbeing issues among looked-after children, declining placement stability, and increasing numbers of placements outside the local authority area.

Outcomes for care leavers also present challenges, particularly the recent decline in participation in education, employment or training.

Housing indicators show that Cumberland remains comparatively more affordable than many areas in England. House prices and private rents are significantly lower than regional and national averages, and home ownership rates are higher. However, housing costs are rising in line with national trends, and there are signs of increasing pressure within the housing system. Repossessions have increased, and the number of households seeking homelessness prevention support has grown, although levels of temporary accommodation remain relatively low.

Webinar: Building The Picture in Cumberland: Understanding Health and Wellbeing

Tuesday 25th August 2026 10am-10:45am

Microsoft Teams

Join Cumberland HDRC Data Analyst Peter Kelly to hear more about the purpose of our report which brings together a wide range of data on the wider determinants of health across Cumberland, the North-West and England, how the data was sourced and brought together whilst highlighting the key findings across each of the HDRC's seven research themes to provide a comprehensive baseline of health inequalities within Cumberland.

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Glossary

- **Absolute poverty** refers to people living in households with income below 60% of median income in a base year, usually 2010/11. This measurement is adjusted for inflation *(HoC - Poverty in the UK, 2025)*.
- **Relative poverty** is defined as people living in households with income below 60% of the median in that year *(HoC - Poverty in the UK, 2025)*.

Appendix

ONS Household Deprivation Variable Definitions

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

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