

Protected Characteristics in Knowsley JSNA Data Profile

Knowsley Joint Strategic Needs Assessment

October 2023

Introduction

At the heart of Knowsley's Joint Health and Wellbeing Strategy is the acknowledgement that health and wellbeing outcomes across the Borough tend to be worse than our national and regional counterparts. The reasons for this are complex and multi-factorial, with wider determinants of health such as the place where you live, your education, your job and your community all impacting upon your health.



As Knowsley's population grows in size and diversity, understanding the needs of our population and the challenges that they face in terms of their health, and how they access health and care services is vitally important in addressing health and care inequalities.

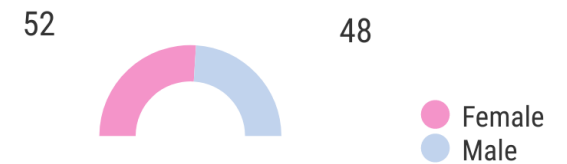
During the 2020 and 2021, we saw that the impact of COVID-19 replicated existing health inequalities, and has probably increased these inequalities with the worst impacts higher in those who were older, higher in those living in more deprived areas than living in the least deprived, and higher in Black, in Asian and in Minority Ethnic groups, than those in White ethnic groups.



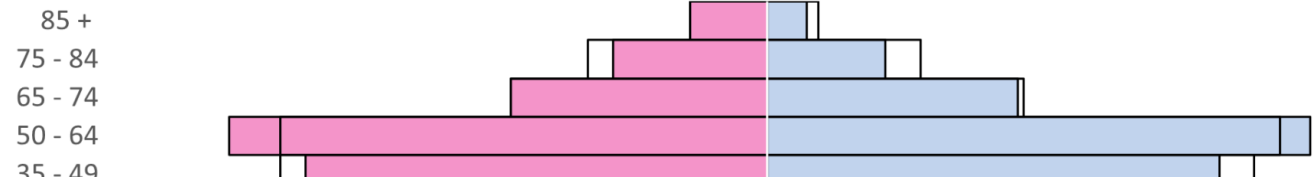
Age and Sex

- The Office for National Statistics (ONS) produce mid-year population estimates for each local authority in England and Wales. From this, **Knowsley's population is estimated to be 155,000**. This is the first mid-year estimate to use Census (2021) estimates as the base, which found Knowsley's population to be 154,500.
- The Census 2021 records the population in England as 51% female and 49% male. In Knowsley, it is **52% female** (80,700), **48% male** (73,800). However, there has been slightly more growth in the male population than female in the last 10-years.
- Census data also reflects the age structure of Knowsley's population.
- Knowsley's median age is 39, slightly below the national median age of 40.
- **The highest proportion of residents are in the age bracket 50 - 64**, the proportion of which is higher than the national average.

Knowsley - Population by Sex (2021)



Age Structure by Sex (2021)



Protected Characteristics



The Equality Act outlaws discrimination against anyone on the grounds of protected characteristics. The Public Sector Equality Duty, contained in section 149 of the Equality Act 2010 requires public authorities to have due regard to several equality considerations when exercising their functions.

This data profile is designed to provide a summary of available headline information on 'protected characteristics' in Knowsley. The protected characteristics outlined in the Equality Act 2010 are:

Age

Sex

Gender (Reassignment)

Race & Ethnicity

Religion

Disability

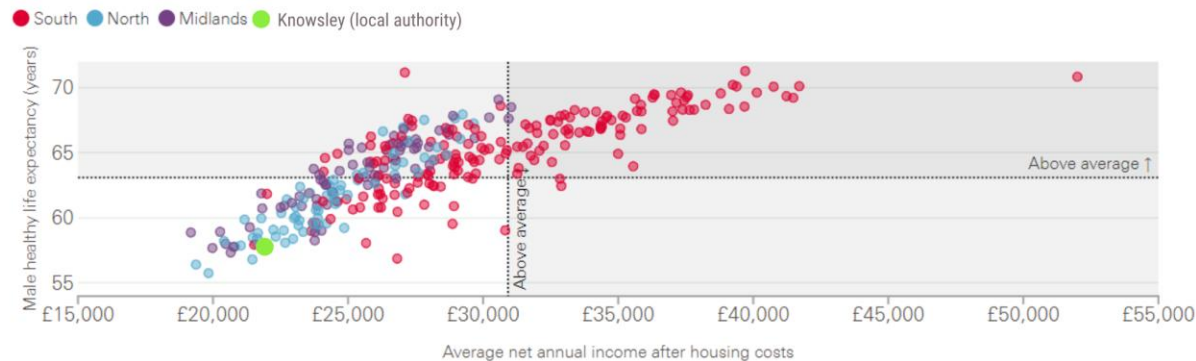
Marriage & Civil Partnership

Sexual Orientation

Pregnancy & Maternity

Healthy Life Expectancy

- Healthy life expectancy refers to the average number of years that an individual is expected to live in a state of self-assessed good or very good health, based on current mortality rates and prevalence of good or very good health.
- Males in Knowsley have a healthy life expectancy of **58.7 years** and females of **60 years**.
- As we know, the age group with the highest proportion of both males and females in Knowsley is 50-64. Applying this trend and assuming the same context, we should expect to see higher levels of poor health within the borough in coming years as a result of an ageing population.



 The Health Foundation
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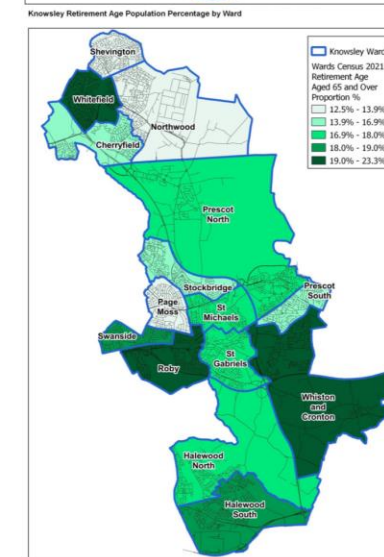
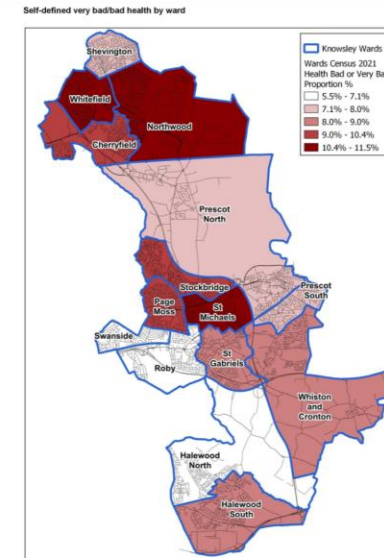
Source: Health Foundation analysis of [Office of National Statistics, Health State Life Expectancies for MSOAs, England: 2009-13](#), [Office for National Statistics, Income estimates for small areas, England and Wales: 2015-16](#)

- Analysis by The Health Foundation found that local areas of England with lower healthy life expectancy are more likely to have low income and be in the north of the country. This applies to Knowsley, where healthy life expectancy is lower than average, as is average net annual income after housing costs, at £21,879.38. There is a clear relationship between low-income, deprivation and poorer health.
- Healthy life expectancy is more than 18 years lower for the the most deprived compared to the least deprived - the graph evidences the strong relationship between healthy life expectancy and income for males. A similar relationship is seen for female healthy life expectancy.



Age and Health

- With an increasingly ageing population, it is important for us to consider the association with ageing and a deterioration of health, and the greater impact that this will have on demand for health and care services across Knowsley and the region.
- At the biological level, ageing results from the impact of the accumulation of a wide variety of molecular and cellular damage over time. This leads to a gradual decrease in physical and mental capacity, a growing risk of disease and ultimately death. Older age is also characterised by the emergence of several complex health states, commonly called geriatric syndromes. They are often the consequence of multiple underlying factors and include frailty, urinary incontinence, falls, delirium and pressure ulcers (World Health Organization, 2022).
- The link between age and susceptibility to serious ill health was observed during the pandemic. For example, 93.8% of COVID-19 deaths in Knowsley were people aged 60 and over in the first year of the pandemic, with more than half of these deaths being people aged 80 and over.
- The maps show the proportion of people with self-defined very bad/bad health in Knowsley by ward, compared with the proportion of the population who are at retirement age (66 years). Wards with higher numbers of residents at retirement age tend to have higher numbers of residents self-reporting that their health is very bad/bad. This can be seen predominantly in Whiston and Cronton, Halewood South and Whitefield.
- However, in Knowsley there is a stronger relationship between self-reported poor health and deprivation than age. This can be seen in Northwood (where deprivation is high), as there is a younger population and worse health, and in Swanside and Roby, where there is an older population and lower numbers of residents reporting their health as very bad/bad.



Gender and Gender Reassignment

- Gender identity refers to a person's sense of their own gender, whether male, female or another category such as non-binary. This may or may not be the same as their sex registered at birth.
- The question on gender identity was new for Census 2021. It was added to provide the first official data on the size of the transgender population in England and Wales. This means that this is the first time that this data is available nationally or locally. In Knowsley, this really helps to understand our population and their needs.
- Data from the Census 2021 found that in Knowsley, **95.1% of residents' gender identity was the same as sex registered at birth (118,201 residents)**. This is slightly higher than the Liverpool City Region (94.5%), North West (94.2%) and England (93.5%) averages.
- There are no standard or robust sources of statistics regarding gender reassignment. Findings from the Census 2021 do tell us that:
 - **0.1%** of Knowsley residents identified as a **Trans Woman (64 residents)** and the same proportion as a **Trans Man (86 residents)**.
 - **0.2%** of Knowsley residents stated that their **gender identity was different from sex registered at birth** but no specific identity was given.
 - Both proportions are reflective of the Liverpool City Region, North West and England averages.
- The GP Patient Survey 2021 also found that 98.9% of patients in NHS Knowsley CCG identified with the same sex as registered at birth, whereas 0.6% of patients said they do not identify with the same sex as registered at birth.

Gender and Health Disparities

- The UK was found to have the largest female health gap in the G20 and the 12th largest globally. In Knowsley, life expectancy figures show that women in Knowsley have a lower life expectancy than their peers, with a greater gap than Knowsley men experience.
- Although **women tend to live longer on average than men** (believed to be as a result of biological differences), **women spend a significantly greater proportion of their lives in ill health and disability** when compared with men.
- Gender inequalities and gender norms intersect with socioeconomic, geographic and cultural factors and create structural barriers when accessing healthcare. The Royal College of Obstetricians and Gynaecologists found that women experience the following issues when accessing healthcare:
 - women cannot always find accurate information;
 - the NHS remains largely an intervention service, not a prevention service, and opportunities are often missed to empower girls and women; and
 - many women's healthcare services are fragmented and difficult to access.
- Further research shows that less is known about conditions that only affect women, including common gynaecological conditions that can have severe impacts on health and wellbeing. For example, on average it takes 7 to 8 years for women to receive a diagnosis of endometriosis, with 40% of women needing 10 or more GP appointments before being referred to a specialist.
- In August 2022, the government published a [Women's Health Strategy](#) with the aim of tackling disparities in access to services, experiences of services and outcomes. This strategy also aims to provide more support for women going through menopause.

Gender and Mental Health Disparities


- Gender disparities also present themselves in the occurrence of mental health conditions. It is thought that the reason for the disparities lie in socially constructed gender roles and their role in maintaining a stigma around men's mental health. The traditional 'strong male' stereotype is still prevalent in our society – the idea that expressing emotion is a sign of weakness, and a lot of work is being done to help men talk about their mental health.

Suicide is the biggest killer of men under the age of 50

- Around **3/4** of deaths from suicides each year are men.
- The rate of suicide is **over three times higher in men** (15.4 per 100,000) than in women (4.9 per 100,000). In Knowsley between 2019-20, 30 male suicides were recorded, compared with 9 female suicides.
- The rate of suicide is highest amongst men in mixed and white ethnic groups.
- Men are also nearly three times as likely as women to become dependent on alcohol and to report frequent drug use.

But women are three times more likely than men to experience common mental health problems

- While rates have remained relatively stable in men, research has found that prevalence of mental health problems is increasing in women. Social and economic factors can put women at greater risk of poor mental health, however women tend to have better social networks than men and find it easier to talk about their feelings.
- Young women in particular have been identified as a high-risk group, with over a quarter (26%) experiencing a common mental disorder—such as anxiety or depression—compared to 9.1% of young men.



Men are less likely to talk and seek help for mental health

Only **36%** of referrals to NHS talking therapies are for men.

Transgender Health Disparities

- Transgender people face different types of discrimination and poorer health outcomes compared to their cisgender peers. There can be significant overlaps with mental health and SEND issues too, adding further challenges to navigating access to services.
- Research has found that transgender people experience a disproportionately high burden of disease and are at a greater risk of certain cancers and heart disease linked to hormone use, smoking and obesity.

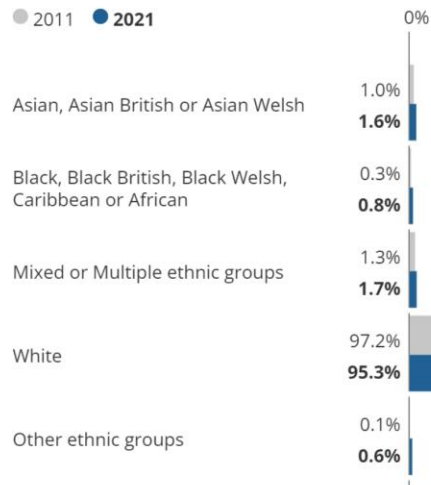
Research from Stonewall shows:

- Drugs and alcohol are processed by the liver as are cross-sex hormones. Heavy use of alcohol and/or drugs whilst taking hormones may increase the risk of liver toxicity and liver damage.
 - Alcohol, drugs and tobacco and the use of hormone therapy can all increase cardiovascular risk. Taken together, they can also increase the risk already posed by hormone therapy.
 - Smoking can affect oestrogen levels, increasing the risk of osteoporosis and reducing the feminising effects of oestrogen medication.
 - Many transgender people struggle with body image and as a result can be reluctant to engage in physical activity.
- A report by the House of Commons Women and Equalities Select Committee found that trans people also encounter problems when using the NHS as a result of negative attitudes and lack of knowledge or understanding from some healthcare professionals.
 - Being transgender, non-binary or non-gender and any discomfort a person may feel with their body, with the mismatch between their gender identity and the sex originally registered on their birth certificate, their place in society, or with their family and social relationships is not a mental illness. Gender dysphoria is the medical term used to describe this discomfort. Transgender people are likely to suffer from mental ill health as a reaction to the discomfort they feel. This is primarily driven by a sense of difference and not being accepted by society. The fear of such prejudice and discrimination, which can be real or imagined, can cause significant psychological distress.

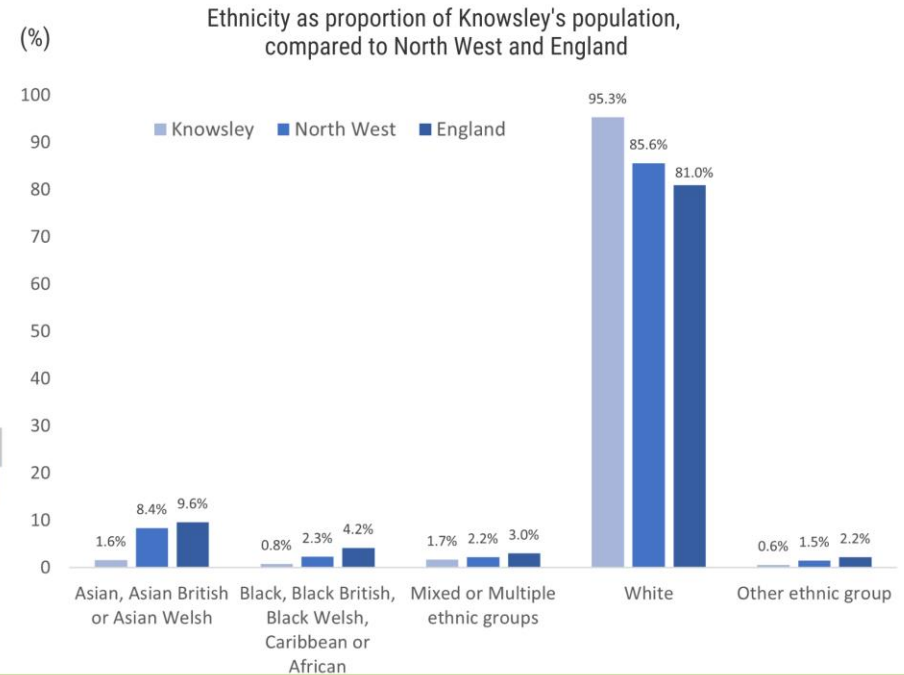
Ethnicity

- The Census 2021 data shows that **White ethnic groups continue to be the ethnic majority in Knowsley, accounting for 95.3% of the population.** This is significantly higher than North West and England averages, as shown in the graph below.
- **4.71%** of Knowsley's population are from **Asian, Black, Mixed or other ethnic groups.** This is an increase of 81% since 2011.
- The second largest ethnic group is Mixed or Multiple at 1.7%, followed by Asian, Asian British or Asian Welsh at 1.6%. Black, Black British, Black Welsh, Caribbean or African ethnic groups account for 0.8% of Knowsley's population.
- **All major ethnic groups in Knowsley have grown since 2011.** The biggest growth was in the White British and White Other ethnic groups.

Growth by ethnic group since 2011
Percentage of usual residents by ethnic group, Knowsley



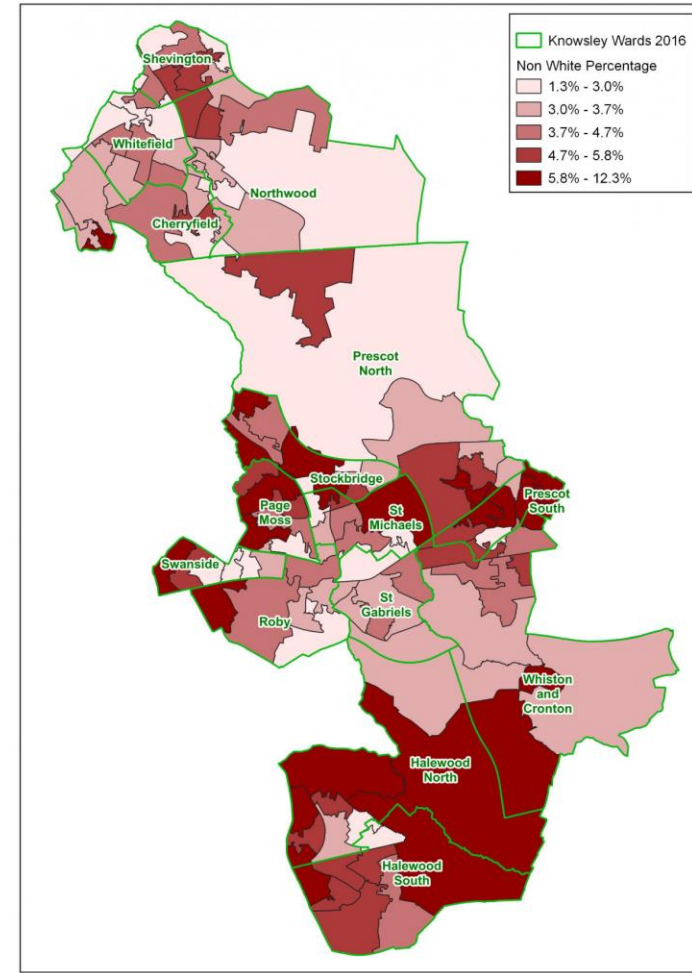
Source: Office for National Statistics – 2011 Census and Census 2021



Ethnicity - Geographical Spread

- The Census 2021 data shows that residents from ethnic minority groups in Knowsley are not evenly spread across the borough.
- The south of the borough, which predominantly covers Halewood electoral wards, has the highest concentration of residents from ethnic minorities. This could be linked to work and economic opportunities in this part of Knowsley.
- Prescott North is one of the least ethnically diverse wards, with fewer than 3% of residents from non-white ethnic groups, aside from a pocket of ethnic minority groups in the south of the ward.
- Northwood in Kirkby also has a smaller proportion of residents from ethnic minority groups.

Knowsley Population at 2021 Census by Ethnic Group - Non White Percentage

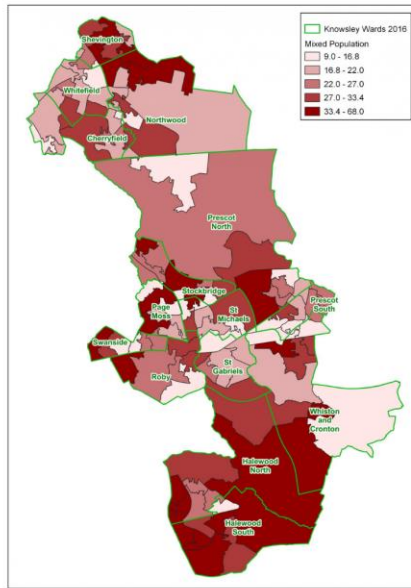


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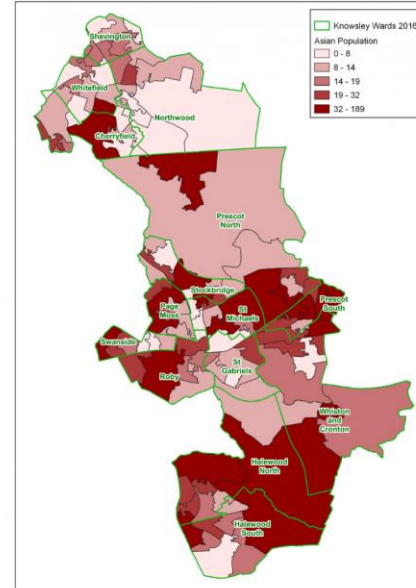
Ethnicity - Geographical Spread

- The maps below show the number of people per ethnic minority group by lower super output area (LSOA).
- All ethnic minority groups are most concentrated in the south of the borough, with the geographical spread varying per ethnic group.

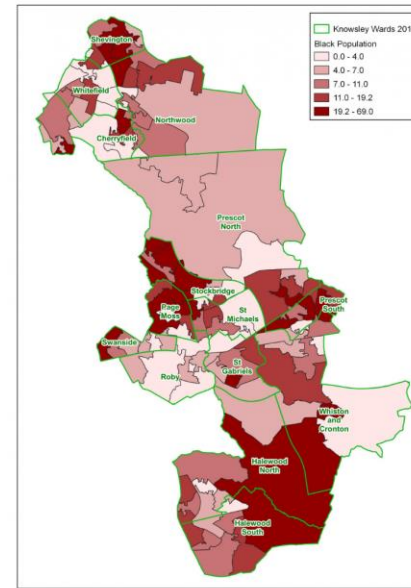
Knowsley Population at 2021 Census by Ethnic Group - Mixed or Multiple



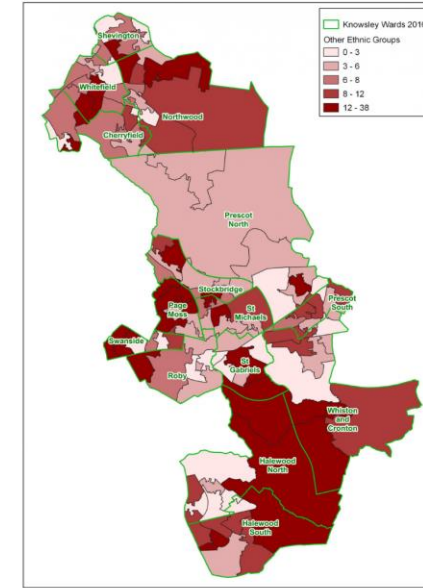
Knowsley Population at 2021 Census by Ethnic Group - Asian/Asian British



Knowsley Population at 2021 Census by Ethnic Group - Black/Black British



Knowsley Population at 2021 Census by Ethnic Group - Other Ethnic Groups



Understanding Health Disparities in Ethnic Groups

- Determining the causes of ethnic inequalities in health is challenging due to the complex interplay of deprivation, environmental, physiological and health-related behaviours that contribute to them.
- These 'risk factors' are known as proximal and intermediate risk factors (behavioural and 'in theory' modifiable) and distal risk factors (underlying vulnerabilities) - some of these are fixed (e.g. genetics) whereas others can be changed (e.g. socio-economic factors) but often require government or societal action to facilitate that change.
- Ethnic minority groups are disproportionately affected by socioeconomic deprivation, and structural racism and marginalisation can also reinforce inequalities, for example in accessing healthcare, housing, employment and the criminal justice system.

- People in **Bangladeshi, Pakistani and Black ethnic groups** are **most likely to be living in deprived neighbourhoods**.
- **Unemployment rates are highest among Black, Bangladeshi, and Pakistani populations**, while White and Indian groups are more likely to be in employment.
- People in **Bangladeshi, Pakistani, Chinese and Black ethnic groups** are about **twice as likely to be living on a low income** and experiencing child poverty as White people.
- People from **ethnic minorities are more likely to live in private rented accommodation and in overcrowded households** than White British people, with 30.2% of households in the Bangladeshi group being overcrowded compared with 2.8% of White British households.

- Behavioural risk factors (e.g. diet, physical activity, tobacco, smoking and alcohol) are also critical determinates of the prevalence of disease - particularly cardio-metabolic diseases and cancers. These behaviours vary cross-culturally, resulting in health disparities.

Recognised Health Disparities in Ethnic Groups

- A rapid review of ethnic disparities in the major causes of mortality and their risk factors by the government found that ethnic minorities have better health outcomes for many diseases despite higher levels of deprivation. Life expectancy and overall mortality is generally better in ethnic minorities, but not always healthy life expectancy.
- To reduce inequalities in life expectancy and overall mortality, interventions need to focus on their impact on those with the worst outcomes – which is often most closely associated with geography and deprivation, not ethnicity.

Findings from The Report of the Commission on Race and Ethnic Disparities include:

- **South Asian and Black ethnic groups have a much lower incidence of most cancers and lower mortality for all cancers.**

Black people however, have an increased risk of stomach and prostate cancer.

- **White people have the highest incidence and mortality for all cancers.**

- **The prevalence of type 2 diabetes is three to six fold higher for South Asian and Black people.**

- These differences are likely to be due to differences in the behavioural risk factors for these cancers (for example, tobacco use, alcohol and diet) and the lower rates seen for these cancers in ethnic minority groups may give some indication of the potential for prevention in White people. All major ethnic groups fare better than White ethnic groups in terms of tobacco use.
- A study by Queen Mary University of London and Barts Health NHS Trust, undertaken in 2021, also found that patients from minority ethnic groups made up a greater proportion of total admissions relative to the ethnic distribution of the east London background population, they presented to hospital at younger ages, and had a distinct and earlier onset burden of comorbid diseases.
- COVID-19 did, however, have a disproportionate impact on ethnic minority communities, with higher infection and mortality rates. Public Health England's report Beyond the data: Understanding the impact of COVID-19 on BAME groups highlighted the rate of infection and mortality as being much higher for those from particular BAME communities than for their non-BAME counterparts, this is believed to be due to socio-economic factors.

Languages

- Languages are not a protected characteristic as defined by the Equality Act and the majority (97%) of Knowsley residents speak English as their main language. The Census 2021, however, identified that **almost 70 different languages are spoken in Knowsley**.
- Polish was the second most spoken language (as main language). Followed by Romanian, Portuguese and Malayalam.

Top 10 Languages in Knowsley and Use (excluding English)

Main Language	Number of People	% of Population
Polish	1,011	0.7
Romanian	498	0.3
Portuguese	422	0.3
Malayalam	273	0.2
Arabic	202	0.1
Lithuanian	179	0.1
Tamil	174	0.1
Spanish	172	0.1
Hungarian	125	0.1
Chinese	112	0.1

Global spread of top 10 most commonly spoken languages aside from English (as main language)



*Malayalam is spoken mainly in the Southern Indian state of Kerala, but is also spoken in Tamil and Karnataka.

Religion and Belief

- The table below shows the religious affiliation Census results for Knowsley's population in 2021. This is a voluntary question and not all residents answered.
- **Knowsley has the highest proportion of people reporting their religion as "Christian" compared with all local authorities in England.**
- Since 2011, the proportion of those reporting "No Religion" has increased from 12.6% (18,439) to 27.2% (42,001) in 2021. This increase corresponds with a 14.3% decrease in the proportion of people in Knowsley who identified as "Christian".
- Very few Knowsley residents identified with a religion other than the main religions in the UK. Pagan being the highest (72 residents).

Religion	2011	2021	2011 (%)	2021(%)
Christian	117, 991	102, 929	80.9	66.6
No Religion	18, 439	42,001	12.6	27.2
Muslim	435	968	0.3	0.6
Hindu	266	456	0.2	0.3
Buddhist	165	260	0.1	0.2
Jewish	58	86	0.0	0.1
Sikh	37	65	0.0	0.0
Other religion	167	285	0.1	0.2

Disability

- The Equality Act 2010 defines disability as having a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.
- The Census 2021 asked those who self-reported to have a long-term physical or mental health condition(s) or illness(es) if their condition(s) or illness(es) reduce their ability to carry out day-to-day activities. In line with the Equality Act, those who assessed their day-to-day activities as limited by long-term physical or mental health conditions or illnesses were considered disabled. The table below shows the responses for Knowsley*.

Disability	Number	%
Disabled under the Equality Act: Day-to-day activities limited a lot	19,089	12.4
Disabled under the Equality Act: Day-to-day activities limited a little	15,901	10.3
Not disabled under the Equality Act: Has long term physical or mental health condition but day-to-day activities are not limited	8,427	5.5
Not disabled under the Equality Act: No long term physical or mental health conditions	111,102	71.9

*This data uses age-standardisation as health and age are closely related, with older people being more likely to be in poorer health. The responses are self-reported.

- The data shows that Knowsley has a significantly higher proportion of residents who consider themselves as having a disability (22.7%) when compared to England (17.3%).
- **Knowsley has the country's highest proportion of residents who reported to be Disabled under the Equality Act and their day-to-day activities limited a lot.**
- Correspondingly, Knowsley was among the local authorities - behind Liverpool and Blackpool - with the lowest proportion of non-disabled residents (76.4% - third lowest proportion in England).

Disability and Health Disparities

- Health inequities arise from unfair conditions faced by persons with disabilities. These factors include structural factors, social determinants of health (poverty and exclusion from education and employment), more susceptibility to risk factors (such as smoking and alcohol consumption), and barriers faced in the health system itself (World Health Organization, 2023).
- People with disabilities have a **shortened life expectancy** and **higher risk of premature death**.
- The 2018 Learning Disabilities Mortality Review found the median age at death was 60 for men and 59 for women with learning disabilities. This is significantly less than the median age of death of 83 for men and 86 for women in the general population. This means the **difference in median age of death** between people with a learning disability (aged 4 and over) and the general population is **23 years for men and 27 years for women** (Mencap).
- Persons with disabilities have **twice the risk of developing conditions such as depression, asthma, diabetes, stroke, obesity or poor oral health**. Such differences in health outcomes cannot be explained by the underlying health condition or impairment, but other discriminatory factors.
- The COVID-19 pandemic also had a significantly disproportionate affect on disabled people - **six in 10 people who died from COVID-19 in the first year of the pandemic were disabled** (The King's Fund). This was partly due to inaccessible public health communications, cancellations of regular health and social care services and inappropriate use of 'do not attempt resuscitation' notices, all of which exacerbated longer-standing inequalities.

Disability and Access to Health and Social Care

- Health systems create barriers for disabled people in accessing health and social care.
- These barriers often take the form of:
 - Negative attitudes or discriminatory practices of healthcare providers
 - Presenting health information in formats that cannot be understood
 - Difficulties accessing health facilities due to physical environment, lack of transport or financial barriers
 - A lack of knowledge and information on disability
 - A lack of data collection and analysis on disability
- All of the above contribute to health inequities faced by this group.
- It is important for health and care services to understand the broad diversity of disabled people's identities and experiences, and adopt a social model approach to disability. The social model of disability shows how the challenges disabled people face are caused by the design of environments, rather than by a person's impairments or health conditions. Environments and processes are often designed implicitly for people who aren't disabled and this can lead to people experiencing disablism: prejudice and discrimination that comes in the form of disabling barriers.

Marriage and Civil Partnership

- Marriage is a union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married couples (except where permitted by the Equality Act).
- In Knowsley, **the percentage of adults who were married or in a civil partnership decreased from 40.2% in 2011 to 37.2% in 2021.**
- As of 2021 Census day, **36.8% of residents were in an opposite sex marriage.** In England, 44.2% of people are married to someone of the opposite sex.
- **0.2% of Knowsley residents reported being in a same-sex marriage and 0.1% in a same-sex civil partnership** – this is slightly lower (0.1%) than national and regional averages for both figures.
- **The percentage of adults who had never married or registered a civil partnership in Knowsley increased from 40.3% to 45.6%.** The increase in adults who have never been married or in a civil partnership (since 2011), after standardising for age, was seen across all local authorities, religious groups and ethnic groups.
- The percentage of adults who had divorced or dissolved a civil partnership decreased from 8.4% to 8.2%.

Sexual Orientation and Health Inequalities

- Instances of discrimination, hostility and unfair treatment in healthcare services are still commonplace and contribute to health inequalities within the LGBT+ community. Discrimination – both experienced and expected – can deter LGBT people from accessing help when they're in need (Stonewall, 2018).



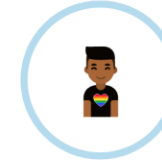
LGBT+ people are more likely to suffer with mental health conditions such as anxiety, depression and insomnia.



Young LGBT+ people (18-24) are more likely to take drugs (1 in 8) than young adults in general



1 in 7 LGBT+ people, including more than 1/3 of trans people, have avoided treatment for fear of prejudice.



1 in 8 LGBT+ people have experienced unequal treatment from healthcare staff because of their sexuality.

- Poor mental health amongst LGBT+ is a significant issue: more than half of LGBT people (52 per cent) said they've experienced depression in the last year; more than four in five trans young people have self-harmed at some point compared to one in ten young people in general; and bisexual women are four times as likely to have a long-term mental health problem as straight women**.
- Findings from Stonewall also show that poor mental health is higher among LGBT people who are young, Black, Asian or minority ethnic, disabled or from a socio-economically deprived background. This evidences the complex nature of protecting people from health inequality, with one or more protected characteristic.

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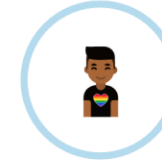
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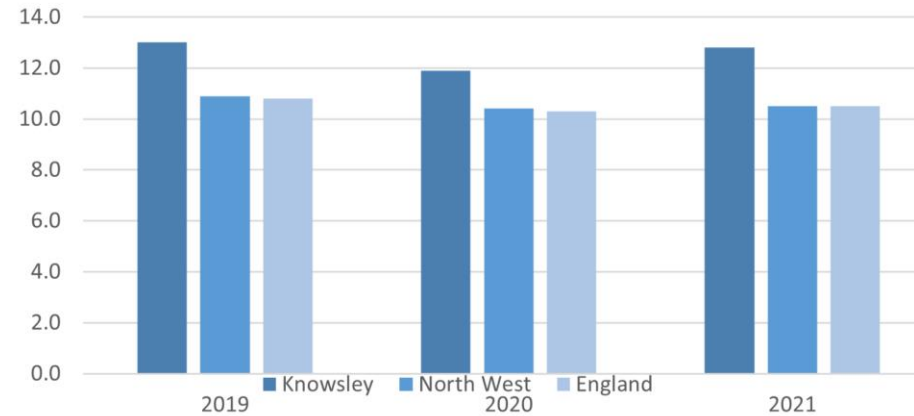
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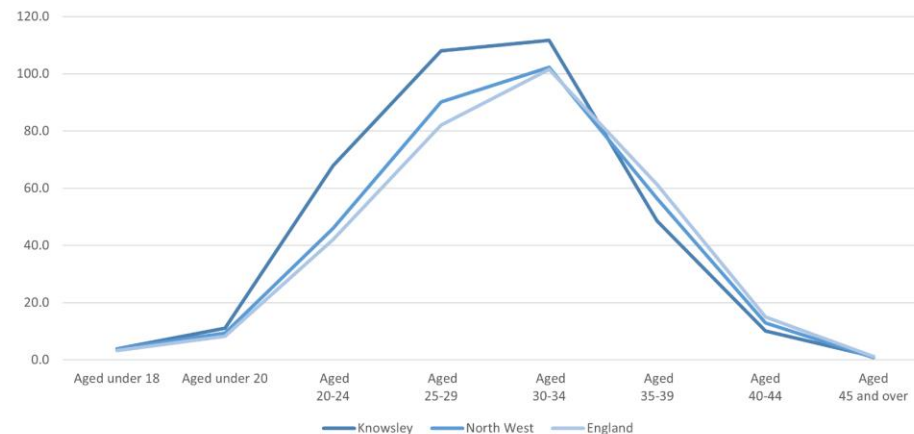
Pregnancy and Maternity

- The Crude birth rate is the number of live births per 1,000 population of all ages. Knowsley's crude birth rate has been consistently higher than North West and England rates since 2019 - the earliest data available at local authority level.
- The mean age of the mother in Knowsley was 29.6 in 2021, which is slightly younger than the North West (30.5) and England (30.9).
- Knowsley's fertility rates are significantly higher between the ages of 20 and 34 than regional and national averages. The fertility rate in Knowsley drops significantly when reaching the age group 35-39.
- Between 2018 and 2021, 2.7% of births on average were to mothers under the age of 20 in Knowsley, this was slightly higher than in England (2.5%) but lower than the North West (3.1%). There is significant variance across the borough, with higher occurrences of teenage pregnancy in the most deprived wards.
- There are less live births between the ages of 35 and 44 in Knowsley, compared to the North West and England.

Crude Birth Rate in Knowsley, North West and England, year-on-year comparison



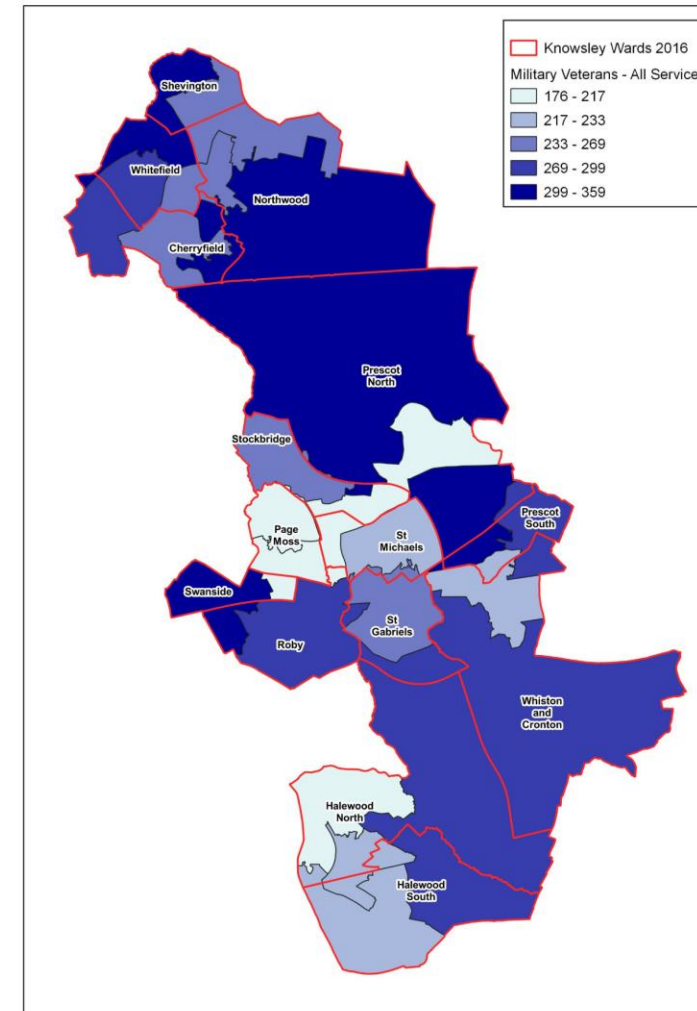
Age-specific fertility rate in Knowsley, North West and England (2021)



Armed Forces Personnel

- Although serving in the Armed Forces is not recognised as a protected characteristic under the Equality Act 2010, we recognise the moral obligation to respect, support and ensure fair treatment to our local Armed Forces Community.
- We are signatory to the Liverpool City Region Armed Forces Covenant, a voluntary statement of mutual support between the civilian community and its local Armed Forces Community. It encompasses the moral obligation between the Nation, the Government and the Armed Forces, at the local level.
- There are an estimated 5,133 (4.1% of the population) Armed Forces veterans living within Knowsley. This population is unevenly spread across the borough but there are veterans residing in every ward, with the highest numbers residing predominantly in the northern wards.
- Those who serve in the Armed Forces, whether regular or Reserve, those who have served in the past, and their families, should face no disadvantage compared to other citizens in the provision of public and commercial services. Special consideration is appropriate in some cases, especially for those who have given most, such as the injured and the bereaved.

Previously served in the UK regular armed forces, UK reserve armed forces, or in both

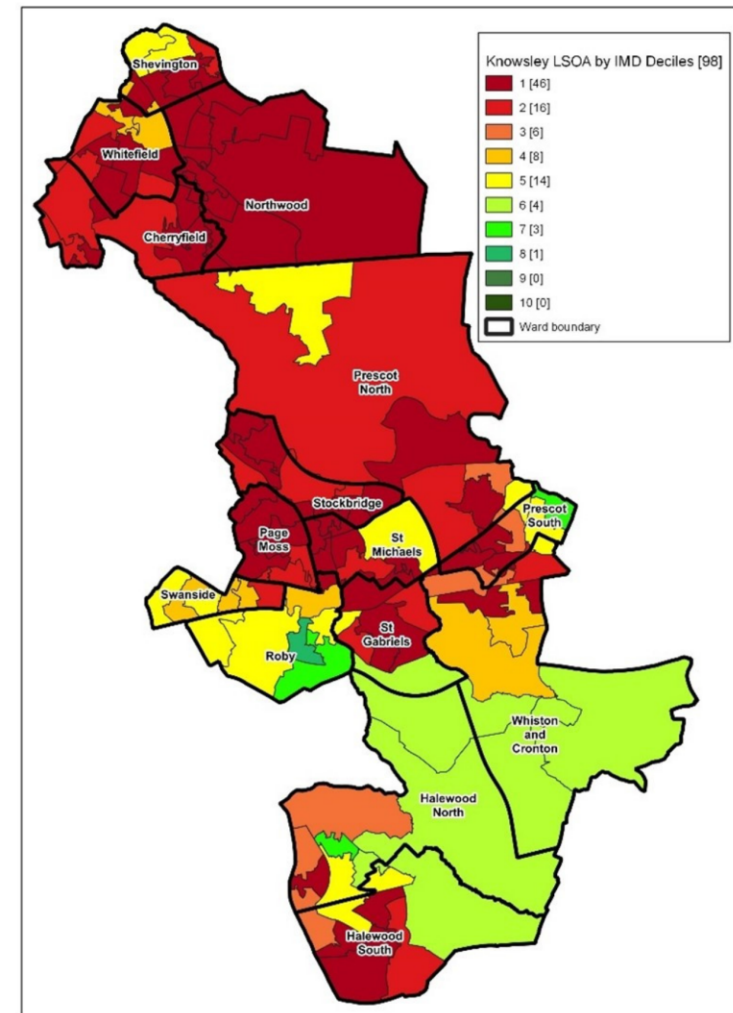


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Deprivation

- According to the Indices of Deprivation (2019), **Knowsley is the second most deprived borough in England.**
- The map shows the levels of deprivation across the borough, by lower super output area (LSOA). There are pockets of LSOAs where there is less deprivation - for example, in Roby, Halewood North, Prescott South and Whiston & Cronton.
- It is important to note that these statistics are a measure of relative deprivation, not affluence, and to recognise that not every person in a highly deprived area will themselves be deprived. Likewise, there will be some deprived people living in the least deprived areas.
- Knowsley has the third highest proportion of LSOAs (compared with all other local authorities) in the most deprived 10% nationally.
- Census 2021 data shows that 41% of households are not deprived in any dimension. This has increased from 31.3% of households in 2011. The dimensions of deprivation are indicators based on level of education, employment, health and housing (overcrowding or with no central heating).
- 0.3% of households in Knowsley reported being deprived in four or more dimensions, this is a decrease from 0.8% in 2011.

Index of Multiple Deprivation Deciles 2019

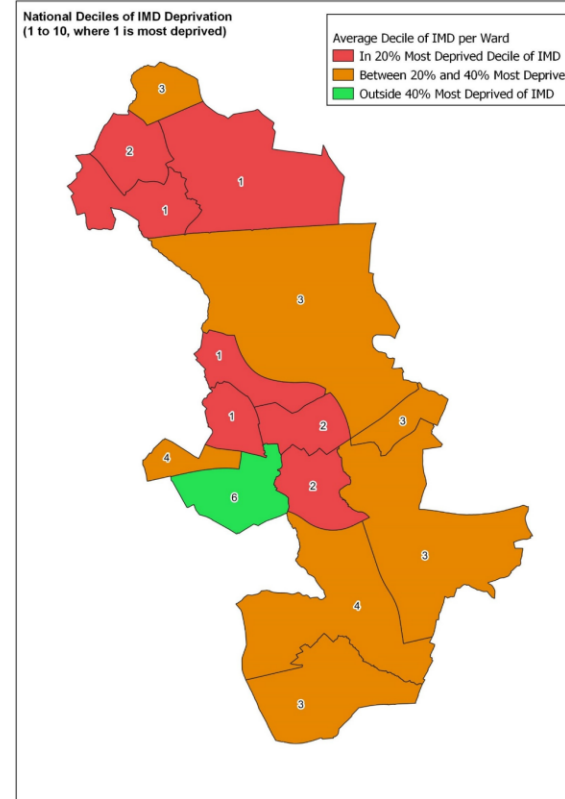
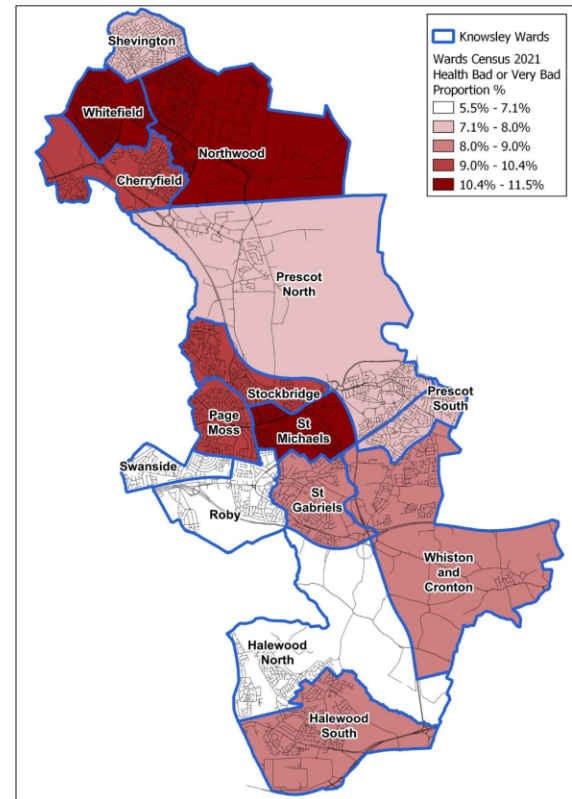


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Intra-Inequalities in Knowsley

- The high levels of deprivation in Knowsley closely correlate with the levels of poor health. Census 2021 data shows that the wards with the highest proportions of self-defined "very bad/bad health" tend to be the most deprived wards.

Self-defined very bad/bad health by ward

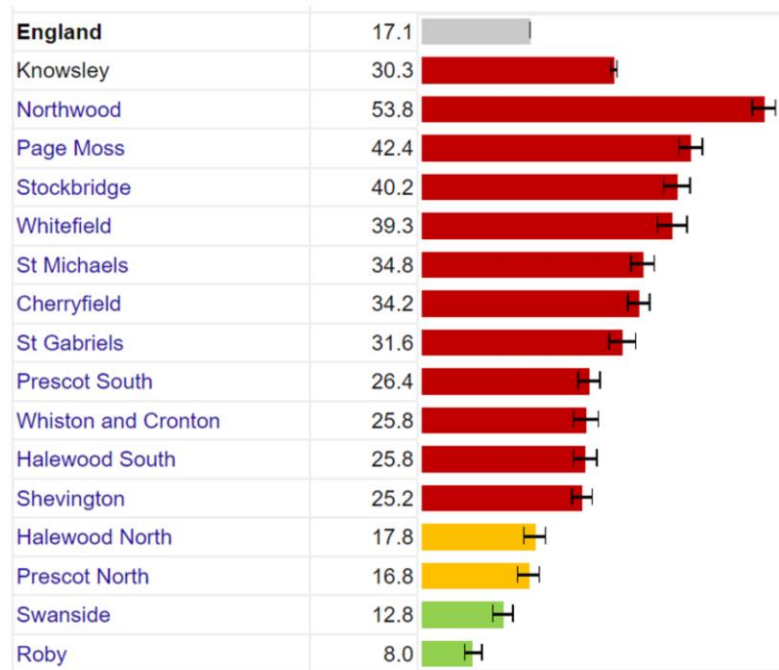


- COVID-19 has widened health inequalities in England by disproportionately affecting those already experiencing health inequalities, such as those in the most-deprived areas and people from ethnic minority backgrounds.

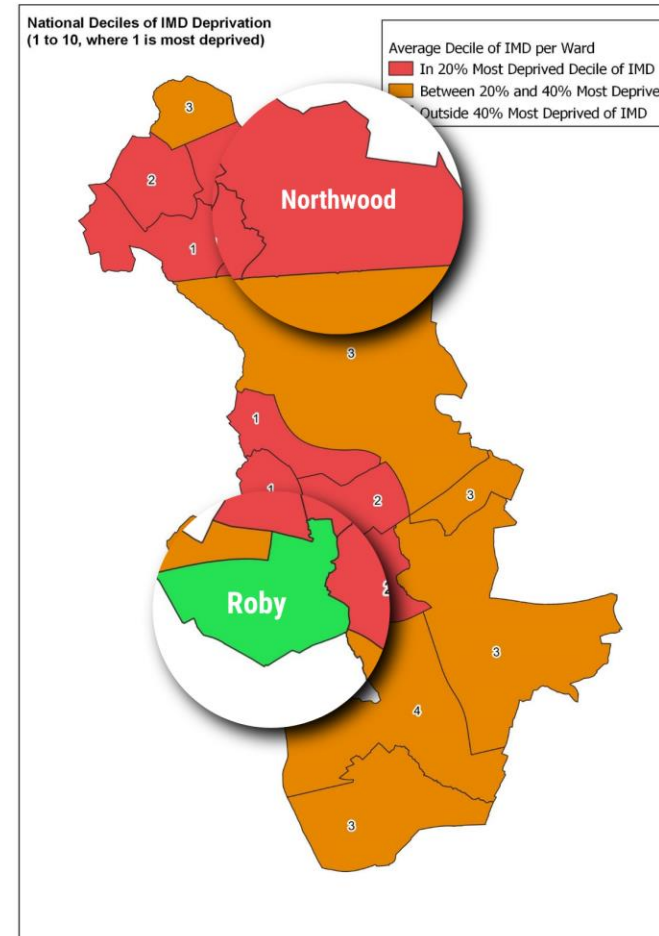
Intra-Inequalities in Knowsley: Deprivation

- Socio-economic deprivation significantly impacts on health outcomes. Where deprivation is higher, health outcomes tend to be poorer and vice versa. When combined with one or more protected characteristics, the inequalities tend to worsen. This is observed across the borough.

Electoral Wards - IMD Deprivation Score 2019



- Northwood is the electoral ward with the highest levels of deprivation in Knowsley. It ranks as the sixth most deprived electoral ward in England. In contrast, Roby is the least deprived electoral ward.
- There are stark differences in health outcomes when comparing the two wards.



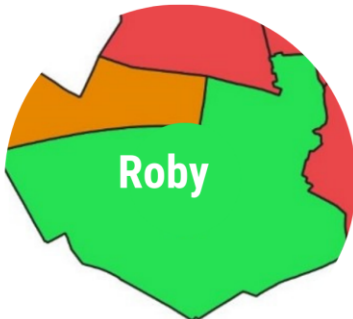
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Intra-Inequalities in Knowsley: A Snapshot of Health Disparities



- 11, 868 residents
- 96.1% of residents are White
- 12.7% of households are deprived in three dimensions

Census 2021



- 9,584 residents
- 96.1% of residents are White
- 2.2% of households are deprived in three dimensions

Census 2021

- Comparing health outcomes in Northwood (the electoral ward with the highest levels of deprivation) with health outcomes in Roby (the least deprived ward) helps to show the extent that socioeconomic deprivation can influence health outcomes. Health outcomes are **significantly worse** in Northwood than in Roby.
- The **life expectancy** in Northwood is the lowest in the borough at 72.4 for males and 76.2 for females. This is **more than five years lower** than the least deprived ward, Roby, where male life expectancy is 79.8 and female is 81.5.
- Northwood has the **highest proportion of disabled residents in Knowsley** (26.9%), the lowest proportion is found in the second least deprived ward, Swanside (17.7%).
- Northwood had the second highest ratio of emergency hospital admissions for Chronic Obstructive Pulmonary Disease out of 6951 electoral wards in England, between 2016/17 - 20/21 (based on standardised ratios). The ratio was 512.1 per 100 in Northwood, compared with 101.6 per 100 in Roby.
- Northwood ranks significantly higher than Roby for deaths from respiratory diseases and deaths from all cancers (based on standardised ratios), and the highest in the borough for both.
- Northwood also had the highest rate of teenage pregnancy in the borough (5.4%) between 2018 and 2021. The proportion of teenage pregnancies in Roby was 0.8% and in Swanside, 0.4%.

Find out more:

<https://knowsleyknowledge.org.uk/jsna>

