

A summary picture of working age and vulnerable adults in Birmingham

This document provides a summary of the key facts and figures on working age and vulnerable adults in Birmingham. For detailed information and a wider range of data (including sources), please see the JSNA Working age & vulnerable adults dashboard.

Click this [link](#) to access the dashboard.

All of us are vulnerable at different times in our lives. That may be through illness, disability, addiction, behaviours or experiences. We are taking a wide view of vulnerability here in this JSNA chapter, not just those who may be vulnerable to, or suffering from abuse, harm, or exploitation, but also wider disadvantage, and specific health and social challenges among those of working age, such as unemployment and unhealthy lifestyle behaviours.

This chapter of the JSNA aims to provide insight into Birmingham citizens who live with some of the greatest challenges. Through informed decisions, we can tackle inequalities and support all our citizens to live longer, healthier, and happier lives.

Unemployment and Economic Activity

A person's employment status has both an associative and causal relationship with a range of health outcomes, particularly when combined with other factors. Birmingham has significantly higher unemployment and economic inactivity than England as a whole, with around one in ten adults of working age claiming benefits.

Economic Inactivity and Unemployment

Around 30% of the working age population in Birmingham are economically inactive, representing almost 220,000 citizens. Economically inactive includes those who are long-term sick or disabled, temporarily sick (with no employment), people looking after family and home, students, and retired people.

In 2024, around one in ten (10%) of Birmingham's working-age population claimed out of work benefits (either Jobseekers Allowance or Universal Credit), significantly higher than the England average of 4.1%. Claimants are not equally distributed across the city, with some wards having considerably more claimants than others. The ward with the largest number of adults claiming benefits due to being unemployed was Aston, where 3,110 adults (20% of the ward population) were claiming. Proportionally, Of the 69 Birmingham wards, 63 had higher claimant counts than the England average (4.1%).

Inclusion health is a term often used to describe communities of experience who are often marginalised and disenfranchised by health services and have complex overlapping needs. This includes refugees and migrants, Gypsy, Roma, and Traveller communities, homeless people, those with drug and alcohol additions, victims of modern slavery, sex workers, and people in contact with the justice system. In Birmingham and Solihull Integrated Care System (ICS), a broad approach is taken to also include carers, veterans, and care leavers.

Gypsy, Roma, & Travellers

Gypsy, Roma, and Traveller communities often experience poorer health outcomes, higher rates of chronic illnesses, and lower life expectancy compared to the general population. Addressing these disparities requires targeted interventions and improved access to healthcare services, which can be hindered by discrimination, lack of trust, and documentation issues. Although considered to be an underrepresentation, the 2021 Census recorded a total of 1,834 Gypsy, Roma, and Travellers in Birmingham, representing 0.25% of the adult population. Around two thirds are under 35 years old. Fewer reported a disability than the general Birmingham population, but self-reported health status is worse. Economic inactivity is highest among the Gypsy and Traveller populations, compared to the Roma population and Birmingham average.

Adult Migrants

Monitoring migration contributes to understanding demographic changes in the city, including cultural diversity. This data helps us to understand patterns of migration, allowing resources to be allocated effectively, such as schools, healthcare services, housing, and public transport. Adult migrants, who may have travelled alone or with their families, face a range of risks that can have significant physical, psychological, and social impacts on their wellbeing.

A total of 26,638 adult migrants arrived in Birmingham in 2022. Adult migrants account for 3.7% of all Birmingham adults. Over half of adult migrants arriving in 2022 had travelled from Asia, primarily India, Pakistan and China. Around 14% of migrants arrived from African countries including Nigeria and Somalia. Around 8% of migrants came from European countries, with the highest numbers coming from Romania and Ukraine.

Veterans

Veterans face a range of issues after their military service, including mental health challenges, such as post-traumatic stress disorder (PTSD), depression and anxiety, substance abuse, and homelessness, which can be exacerbated by difficulties in finding stable employment and affordable housing. Many veterans also suffer with physical injuries sustained during service, such as amputations, spinal cord injuries, and chronic pain.

Around 1% (8,156 people) of the Birmingham population reported that they had previously served in the armed forces in the 2021 Census. Veterans are predominantly male (78.1%) and of white ethnicity (76.8%). They report worse health than the Birmingham average, with 6.9% reporting bad or very bad health. They are also more likely to report being disabled. Despite this, veterans are more likely to be economically active (75.2%) than the Birmingham average (63.9%).

Homelessness & Rough Sleepers

Homelessness is associated with severe poverty and is a social determinant of health.

Whilst the estimated rate of people sleeping rough in Birmingham (3.1 per 100,000 population) is lower than the England average (6.8 per 100,000), the estimated rate of homeless deaths is higher in Birmingham (23.8 per million population) than in England (16.8 per million). In Birmingham, an estimated 20 homeless people died in 2021. Birmingham has a higher rate of families and households living in temporary accommodation than the England average, and the rate of households owed a duty under the Homelessness Reduction Act is also higher, with the exception of older adults.

Sex Workers

Women involved in sex work are among the most vulnerable people in society and tend to have some of the most complex needs. Evidence suggests sex work is driven by economic disadvantage, often compounded by other forms of social exclusion. Sex work often goes hand-in-hand with other forms of violence, abuse, and exploitation, and is associated with significant levels of harm to women. Prevalence of sex work is extremely difficult to estimate, but around 0.26% of all sexual health service attendees were recorded as sex workers in Birmingham, more than double the England average. Evidence shows that the median age is 35.6 years old and the majority are female, of white ethnicity, and from the most deprived areas. More sex workers smoke, drink or use drugs compared to non sex workers.

Carers

There are over 70,000 unpaid carers in the Birmingham (aged 18-64), which is around a third of the population in this age group, with the longest hours being provided by 35 to 44-year-olds. A third of carers in this age group provide 50 or more hours a week, compared to 15% in the 18-24 age group. Less than a quarter of adult carers 18+ report having as much social contact as they would like

Substance Use

Drug and alcohol addiction ruins lives for those caught up in active addiction, their family and friends, and for communities affected by crime and disorder. In Birmingham we see childhoods and futures damaged by parental substance abuse, as well as the premature deaths, illness, and disability caused by addiction that could have been prevented with the right support and intervention.

Alcohol

Alcohol is the most commonly misused substance among older people in England, with 55-64 year olds representing the age group with the highest proportion of individuals drinking over 14 units per week. In 2023, 199 people died in Birmingham as a direct consequence of alcohol consumption.

Around 84.3% of clients entering alcohol treatment in Birmingham in 2022/23 were also receiving treatment for a mental health condition and around one third of all people entering alcohol treatment successfully complete their treatment.

Drugs

In Birmingham in 2022/23, the majority of those referred for drug treatment commence treatment within three weeks, with just 0.5% waiting longer. Almost a third (29.2%) of non-opiate drug users successfully completed treatment (left the treatment free of drugs of dependence and did not re-present to treatment within six months), similar to the England average. Opiate drug users are less likely to complete treatment, with a success rate of 4% (significantly lower than the England average of 5%).

Adults leaving prison with substance misuse treatment needs may be offered community-based structured treatment. Around 48.3% of such adults successfully engaged in this type of treatment within three weeks of release from prison, significantly lower than the England average of 53.3%.

In 2022/23 there were 185 deaths due to drugs in adults who were in contact with treatment services in Birmingham, equivalent to 0.8% of this population.

Dual Diagnosis

Just over two thirds (67.6%) of people using drug and alcohol treatment services in Birmingham also have identified mental health conditions. This varies depending on the type of substance used, but overall there are almost 6,000 people living with dual diagnosis that we are aware of. There is, of course, always unmet need and individuals either unable to, or choosing not to access treatment services. Estimates produced in the Dual Diagnosis Deep Dive, suggest that almost 2.6% of 15 to 64 year olds in the city could be living with dual diagnosis. Life expectancy for these individuals can be around 15-20 years lower than someone without. The Dual Diagnosis Deep Dive is part of a series of reports which are in-depth needs assessments, which are intended to provide a focused and thorough exploration of a specific topic area or population of need, to inform strategy, commissioning and practice.

Abuse and Neglect

People affected by abuse, exploitation, and neglect are among the most vulnerable in our society. Abuse and neglect can occur anywhere: in a person's own home, a public place, in hospital, a care or education setting. Abuse and neglect can take many forms and repeated instances of poor care may be an indication of more serious problems of organisational abuse.

Domestic Abuse

In 2023/24, the rate of domestic abuse-related incidents and crimes in Birmingham was 36.2 per 1,000 population, significantly higher than the England average of 27.1 per 1,000. This is in the highest quintile for this indicator nationally. (For this indicator, Local Authorities are allocated the rate of the police force within which they sit.)

Safeguarding

A formal adult Safeguarding Enquiry is undertaken by the Local Authority in response to abuse or neglect concerns in relation to an adult who is unable to protect themselves. In the 2023-24 period 13,627 Safeguarding Concerns were received, of which 961 (7.1%) were progressed to a Safeguarding Enquiry.

More than half of all Safeguarding Concerns (54.8%) and Enquiries (56.4%) in Birmingham were for adults in the 18-64 age group. There were more Concerns and Enquiries for females than males. Around half of all Concerns and Enquiries were for people who were not already known to, or receiving support from, Birmingham Adult Social Care.

Of the Concerns which progressed to an Enquiry:

- one in three involved financial or material abuse.
- just under a third involved neglect
- a quarter involved psychological abuse
- a quarter involved physical abuse
- the majority (63.3%) related to abuse taking place at home

Illness & Disability

People with disabilities have twice the risk of developing conditions such as depression, asthma, diabetes, stroke, and obesity and can live shorter lives than average. For people living with chronic conditions, progression may lead to long-term day to day impairment and disability and understanding current and future need is vital for service planning and to reduce inequalities. Long-term illness and disease can damage quality of life and affect people's finances, relationships, mood and social connections. Additionally, health disparities mean some groups are more likely to have poorer outcomes than others. Vulnerability and disease are therefore closely entwined.

Care & Support

Adults Social Care received 15,635 request for support for citizens aged 18-64, who were not already in receipt of support. During the same year, around eight in every thousand people in this age group living in the city were receiving long term support.

Disability

In Birmingham, 121,018 people of working age (16 to 64 years) reported having a disability that affected their day-to-day activities to some extent. This accounts for approximately 16% of the city's working-age population. There are many people in the city with a long-term physical or mental health condition that reported no limitations and do not consider themselves to have a disability at the point in time that their information was captured, but long-term their future needs may change. Disability is correlated with ageing and in the 55-64 age group, around 28% of citizens in the city consider themselves to have a disability.

Learning Disability

Citizens living with learning disabilities experience significant health and wellbeing inequalities throughout their lives. It is recognised that many citizens living with a learning disability will experience poorer health and die at a younger age than the general population. There are almost 11,000 people of working age registered as having a learning disability on their GP health record and around 2,000 receive support (including direct payments) from adult social care in Birmingham. Approximately 70% live in stable and appropriate accommodation and only 1% are in paid employment.

Mental Health

In 2023/24, there were around 16,400 new diagnoses of depression in adults (aged 18+) in Birmingham and almost 17,500 people had severe mental disorders such as schizophrenia, bipolar and other psychoses. Just 2% of people in contact with secondary mental health services are in paid employment and 41% live in stable and appropriate accommodation. Around 5% of citizens surveyed reported low satisfaction and worthwhile scores, 9% reported low happiness, and 22% reported high anxiety. There were 6,692 mental health admissions in the three year period to 2023/24 with geographical variation across the City.

Working Age Dementia

Of all those with a dementia diagnosis, 4.4% are of working age. This is over 300 people in Birmingham, and as a rate, is lower than England.

QoF Prevalence

The objective of the Quality and Outcomes Framework (QOF) is to improve the care patients are given by rewarding practices for the quality of care they provide to their patients. Accurate QoF registers allow estimation of prevalence and facilitate targeted interventions such as health checks and vaccinations. However differences in QoF prevalence may reflect differences in diagnosis and recording as well as rates of illness.

On GP registers in Birmingham there are:

- 35,000 adults living with coronary heart disease (2.5 % of patients)
- 39,000 adults with chronic kidney disease (3.7%)
- 19,000 adults with chronic obstructive pulmonary disease - COPD (1.4%)
- 103,000 adults with diabetes (9.4%)
- 173,000 adults with hypertension (12.4%)
- 19,000 have experienced a stroke (1.4%).

Sexual Health

Sexual health is a critical public health issue, encompassing both individual well-being and the prevention of sexually transmitted infections (STIs) and unintended pregnancies. It involves promoting positive sexual relationships, providing high-quality information and education, and ensuring access to services such as contraception, testing, and treatment.

In 2024, chlamydia was the most commonly diagnosed sexually transmitted infection (STI) in Birmingham with a diagnosis rate of 1,544 per 100,000 population (aged 16-64). The chlamydia diagnosis rate in those aged 25 and over was lower, at 237 per 100,000 population. Chlamydia is most common among young, sexually active adults, particularly those under the age of 25. In the UK, the highest rates of chlamydia diagnosis are seen in the 15-19 and 20-24 age groups.

The STI testing rate in Birmingham was 3,872 tests per 100,000 population in 2024, lower than the England average.

Late diagnosis of HIV has a serious negative impact on morbidity and mortality and can increase onward transmission. In the period 2021-23, around 43% of HIV diagnoses that were first diagnosed in the UK, were diagnosed late. This is lower in gay, bisexual and other men who have sex with men (25%).

Lifestyle

Unhealthy lifestyles significantly impact public health, contributing to chronic diseases and increased mortality. Key lifestyle risk factors include smoking, excessive alcohol consumption, poor diet, sedentary lifestyles, and obesity. These factors are linked to a wide range of health problems, including heart disease, stroke, various cancers, diabetes, and mental health issues.

Physical Activity

Government guidelines recommend healthy adults should complete at least 150 minutes of moderate intensity exercise per week. The Active Lives Survey suggests that around 61% of adults in Birmingham meet this threshold, which is significantly worse than the England average of 67.1%. Around 27.9% of adults reported that they were physically inactive, completing less than 30 minutes of moderate intensity physical activity per week.

Excess Weight

Two thirds of people in the city are classified as overweight or obese (body mass index [BMI] over 25kg/m²), and 3 in every 10 are classified as obese (BMI greater than or equal to 30 kg/m² or greater than or equal to 27.5 kg/m² for patients with a South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean family background) Obesity is associated with life-limiting conditions such as type 2 diabetes, cardiovascular disease and some cancers.

Smoking

Around 15% of Birmingham adults report themselves as current smokers, 18% as ex-smokers and 68% have never smoked. Adults with a long-term mental health condition in Birmingham have a higher rate of smoking than the general population and are 2.5 times more likely to smoke. A quarter of people in manual and routine occupations are current smokers. For people using smoking cessation services, quit rates at 4 weeks are significantly lower in Birmingham than England, with 322 people who successfully quit at 4 weeks in 2022/23.

Premature Mortality

Premature mortality refers to deaths that occur before the age of 75 and it serves as a key indicator of population health and health inequalities. Several groups are disproportionately affected by premature mortality, for example people with severe mental illness, or learning disabilities who are at higher risk. Many premature deaths are considered preventable (conditions like heart disease, stroke, some cancers, infections and suicide) through a combination of public health interventions and better healthcare access.

Mortality Rates

In 2023, there were 1,887 deaths in the city among those of working age (15-64). As a rate this is significantly higher than England. This accounted for 20% of deaths that year. In this age group, around 28% had an underlying cause of cancer, 22% circulatory disease and 9% respiratory disease.

Premature Mortality and Severe Mental Illness

Severe mental illness (SMI) is associated with an increased risk of premature mortality. This can be expressed as a percentage of the difference between premature mortality experience by adults with SMI compared to adults without SMI. For adults living in Birmingham with SMI the additional risk of dying before the age of 75 is almost 270%. The highest excess death is from respiratory disease (371%), followed by liver disease (306%), cardiovascular disease (199%), and cancer (85.6%)

Suicide

In the period 2021-23, a total of 279 people died by suicide in Birmingham, of which 208 were men. Deaths from suicide were recorded in all Birmingham constituencies, with Northfield having the highest rate proportional to the population (47 deaths) and Sutton Coldfield having the lowest (19 deaths).

Place of Death

The most common place of death among adults under the age of 65 is hospital (46.4%), followed by home (36.3%), other places (8.6%), hospices (6.3%) and care homes (2.4%).