

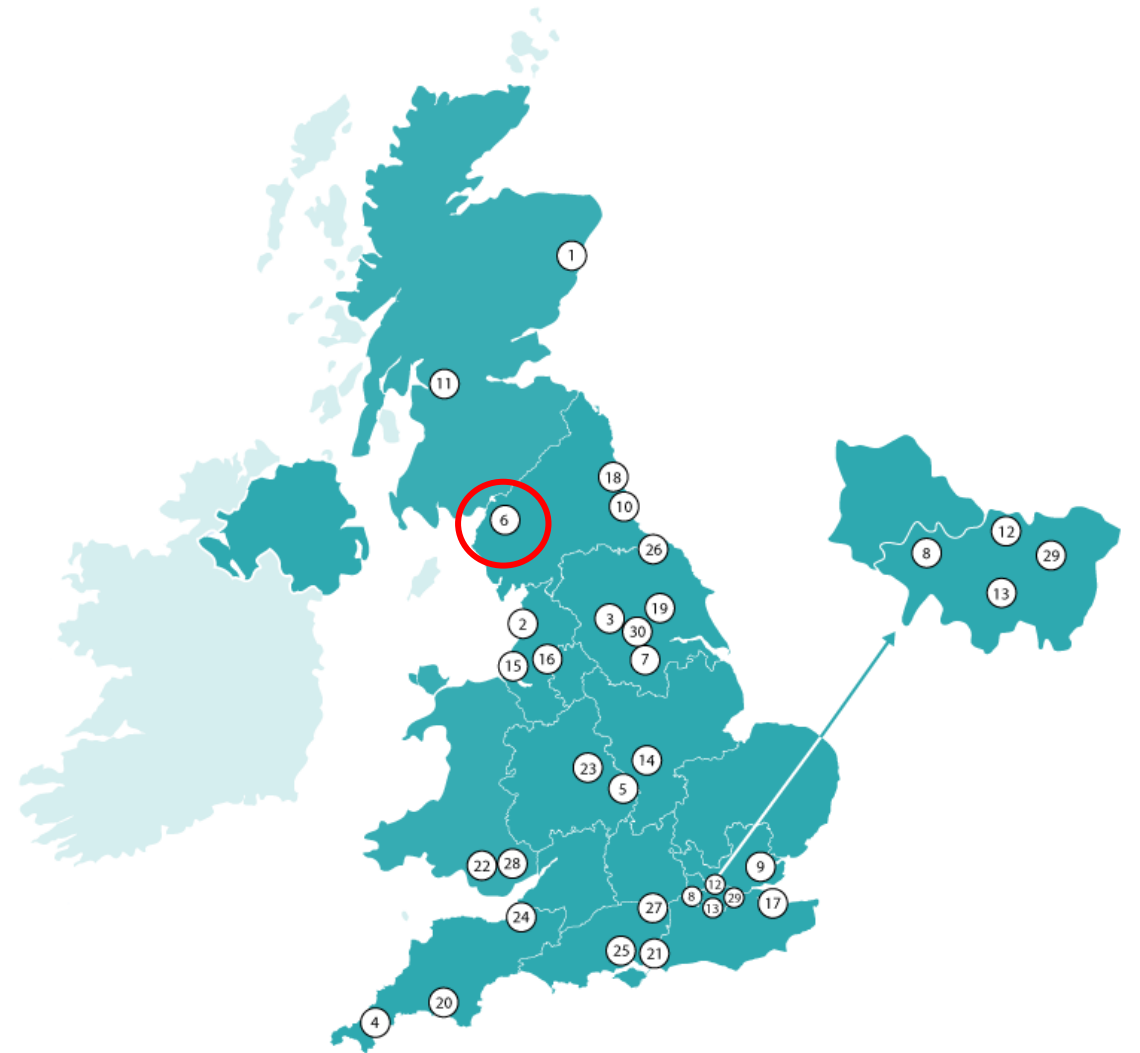
Cumberland Health Determinants Research Collaboration

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Cumberland HDRC

- 1st January 2024, official HDRC status
- Awarded £4.8m over the next five years

One of thirty HDRCs across the UK



A new Council, embedding research from the start

Our overarching **vision** is for the HDRC to shape Cumberland Council into a modern empowering council underpinned by research and evidence-based practice.

Our **aim** is to drive culture change through embedding research and evidence-based practice at the heart of everything we do, informing future policies to improve the health and wellbeing of our residents



Where are we at now?

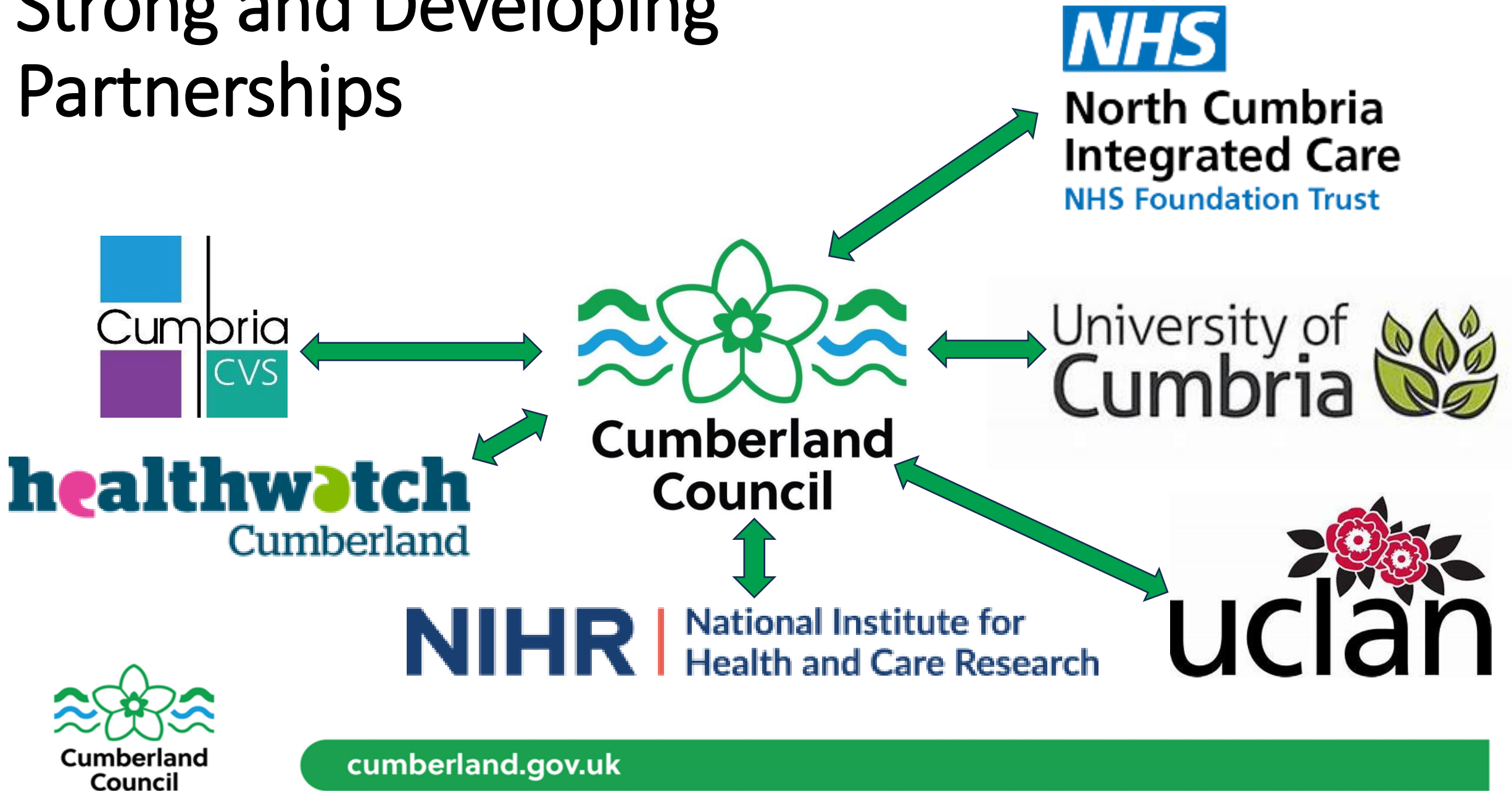
Recruitment!

- Two Research Officers in post
- Research and Innovation Manager appointed
- Training Officer and Communications and Engagement officer appointed

HDRC implementation

- Development of Governance Framework
- Workforce Skills Audit for Cumberland Council
- Developing approaches of working with Communities for Research

Strong and Developing Partnerships



Cumberland HDRC's Research Priorities

Children and Families

**Education, Skills and
Employment**

Mental Health

**Obesity and
Food insecurity**

**Social Infrastructure
Connectivity and Access**

Children and Families

- 18.1% of children in Cumberland live in relative low-income families.

While this is lower than the national average (19.9%), there are some wards where levels of child poverty are much higher than the national average

- the proportion of children in relative low-income families in Maryport South ward is 1.5 times the national average (30%).



Education, Skills and Employment

- 31% of our working population are qualified to NVQ level 4 equivalent, worse than the national average.
 - low educational attainment (with one in four LSOAs in the 10% most deprived on the indices of deprivation for Children's Education, Skills and Training)
- Few professional or skilled jobs and predominance of low skilled, low paid, insecure employment - with household wages being significantly lower than the national average

Obesity and Food Insecurity

- Childhood obesity is higher than the national average and increasing.
- Adult obesity is higher than the national average and increasing.
- Levels of food insecurity were significantly higher amongst households with children. 53% of respondents who lived with dependent children were food insecure, compared to 27% among survey respondents without children (source: FILL Cumberland Survey 2023).

Social Infrastructure Connectivity and Access

Low population density and economies of scale make the provision of equitable services challenging, resulting in poor connectedness to key services and civic assets, exacerbated by:

- Digital poverty
- Transport poverty
- Poor transport infrastructure
- Centralisation/withdrawal of statutory services.

Mental Health

- Cumberland presents a growing challenge from mental ill-health due to social isolation which is exacerbated by physical isolation.
- Loneliness and social isolation also impacts the young; young people in most communities in Cumberland struggle to get mental health support and problems are worsened in rural areas due to poor transport and lack of places to meet.
- 93% of LSOAs in the poorest of communities show higher than average scores for mood and anxiety disorders

What is Cumberland HDRC supporting now?

Re-investigating a potential research project on Digital Inclusion across Cumbria

Supporting Active Cumbria with new Place Partnership work

Supporting Suicide Prevention Research Project

The Social Care Research Ambassador Scheme

Mapping new training and research opportunities for Cumberland colleagues

Building North West Research Network with other HDRCs