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Birmingham City Council: Public Health Case Studies summary report

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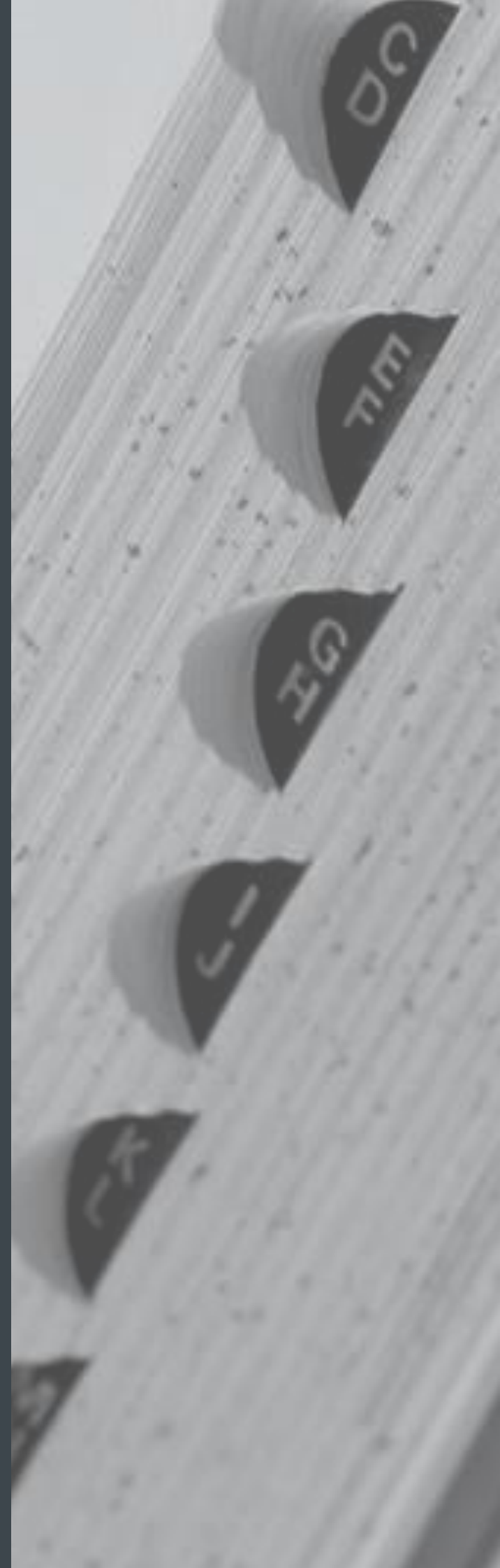
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Introduction

Changes to the demography of Birmingham were the source of both hope and concern for many of the citizens we spoke to over the course of this study. Birmingham’s population increase was plain to see, with residents saying shops and streets feel busier. Participants had strong feelings on this growth – believing it was the root cause of many areas of their lives becoming difficult in recent years, negatively impacting their quality of life. While it was not within the scope of this research project to ascribe causality or investigate the truth of these claims, it was clear that Birmingham citizens had strong concerns around some of the changes identified in the 2021 Census data – which they directly linked to negative impacts on their health and wellbeing.

Across the board, we heard concerns about the ability for public services, including schools, doctors, hospitals and dentists, to keep up. The NHS in particular was singled out as being under strain in the city. Residents also had concerns around the availability of suitable, affordable housing. There was a widespread perception that private rental and social housing could be undersized and in poor condition.

Immigration to Birmingham – both from other parts of the country and from elsewhere in the world – has long been part of the fabric of life in the city, and residents expected that this would continue to be reflected in changes to the population. However, participants talked about tensions between some nationalities and ethnic groups, particularly in the context of access to healthcare and housing. There was seldom any hard evidence for these perceptions, and challenging incorrect assumptions may be important for Birmingham City Council going forward. Despite these underlying social and economic issues, we heard widespread agreement that Birmingham is a tolerant and socially accepting place.

Looking forward, residents were often anxious about what the future would be like for themselves and their families, given their current, difficult circumstances. Visible investment, including that from the 2022 Commonwealth Games and the ongoing regeneration of the city centre, provided hope that the region would see more, better jobs in the future. Economic prosperity was seen as the basis for an increase in residents’ health and wellbeing.

Background and Methodology

This research was commissioned by Birmingham City Council to reflect on demographic changes captured in the 2021 Census, and to explore the impact these changes may have on the health and wellbeing of Birmingham’s citizens and communities. This summary report provides headline findings across six topics as a means of understanding how major changes in demographics have impacted on Birmingham citizen, and what their current and future implications are on health and wellbeing. The topics are based on key changes identified between 2011 and 2021:

- Age
- Ethnicity
- Sexual Orientation and Gender Identity
- Migration
- Housing
- Employment

Further information is provided in an accompanying series of citizen case studies, which emphasise how these changes and trends are impacting the everyday lives of Birmingham’s residents.

We conducted a series of in-depth, semi-structured interviews with participants from target populations (see appendix for a full breakdown). These participants were all Birmingham residents, and their lived experience related to one or more of the topics explored in this report.

1. Age

Experience of Demographic Change

Many participants felt that the increase in Birmingham's population was clearly visible when going about their day-to-day lives, witnessing busier shops and public transport, larger class sizes, and greater demand for public services. There was a strong perception that this increase was due to migration, particularly of citizens coming from overseas – leading to some strong views on immigrants, their communities and the impact on the quality of Birmingham's services. These are discussed in terms of health and wellbeing in the following subsection.

Many participants commented on the visible increase in older residents, reflecting data which shows a sharp rise in people aged over 50. We heard how care and retirement homes had been opened in citizens' neighbourhoods, which gave the impression of high local demand. In several cases, participants had direct experience with finding suitable care for older family members, which was often difficult for them. There was also a perception that there are many elderly people living alone, which was seen as problematic in terms of these residents' quality of life – but also in limiting the stock of family homes available to those who really need them.

Census data that shows an 8.4% decrease in the number of children under 4 was also well recognised by our sample, and many described how their friends and family were choosing to have children later in life, or otherwise having fewer children than they had planned. This was directly linked to increases in the cost of living. Older participants told us that this represented a clear generational shift, comparing their adult children's situation with their own – where they often had already had a number of children by their late 20s. Again, this was linked to differences in the ability to buy a home and secure a mortgage, and in job security. We spoke to one person in their early 20s who had recently started a family. There was a suggestion from across the sample that this move towards starting a family later in life was not always shared across the different ethnicities, cultures and communities present in the city.

Effect on Health and Wellbeing

While some of this demographic change was of relatively little consequence to participants, such as the city centre seeming to be busier over the weekend, they also described the negative effect from a greater number of people accessing public services. Residents often made a connection between population growth and the increasing difficulty in getting medical appointments, as well as long periods spent on waiting lists. This view was widespread and present across geographies, ages and communities.

Migrants, asylum seekers, refugees and immigrant communities were often perceived to be responsible for the greater demand placed on the NHS. This sometimes included second and third generation families. Others also linked increases in the older population to strained services. We recognise that these views may not be accurate and the picture here is likely to be much more complicated – suggesting that there may be work to be done around communication here.

Future Outlook and Potential Actions

Our conversations found that residents thought that the trend for fewer births would continue. When asked about the future, we heard how many of those in their 20s and 30s had few plans to start a family, feeling it was not realistic in the current climate. Some specifically stated that they did not want to have children.

Older residents were anxious about their own children, especially where they had more than one child. Participants in their 50s and above were also concerned about their quality of life over the rest of their lifetime. The cost-of-living crisis and perceived poor state of public services – especially the NHS – were often at the root of these apprehensions around having children. Participants were concerned about how the city would be able to function with an ever-increasing population, and recent news of the Council's financial difficulties was often raised in this context.

“I worry more for my kids and the grandchildren than for us, because we manage on what we’ve got. We always have done, but it’s worrying thinking ‘where will the little ones live when they grow up?’ and ‘what kind of world are they growing up in?’”

Individual who identifies as Bisexual, aged 33, Oscott

The scale of the problems raised were such that participants struggled to see workable solutions. However, many did desire more community outreach work to be conducted with elderly residents, either from BCC or charities.

2. Ethnicity

Experience of Demographic Change

Perhaps due to a lack of personal interaction, it was hard for many participants to separate their experience of demographic change regarding ethnicity from that related to migration. There was general acknowledgement that Birmingham had long been an ethnically diverse city, which will only increase in future. Many participants described how they had seen the mix of ethnicities present change, in their workplaces, neighbourhoods and across the city as a whole. While few found the Census data surprising, participants seldom shared any experiences or anecdotes relating to first hand interactions with people from other ethnicities, relating instead their broader perceptions and general understanding.

Participants were sometimes quick to describe an underlying sense of a lack of cohesion between different communities and neighbourhoods. We heard from multiple people, across different demographics and ethnic groups, that some areas of Birmingham were strongly associated with particular ethnicities, and that there was little interaction between these residents and those of other areas and wards. The Pakistani community in Alum Rock were often raised by citizens here.

Effect on Health and Wellbeing

It should be stated that we heard little to no evidence for concrete impact on citizens’ health and wellbeing that could be reliably connected to demographic changes in the ethnic make-up of Birmingham. However, there was a perception that there is inequality in the system, which some participants believed leads to different ethnicities and areas receiving different treatment and attention. While we did not collect any evidence to suggest that these perceptions are borne out in fact, participants did express strong opinions on the subject – we have provided examples that may be valuable to BCC in directing research and communications in future:

- Two black participants felt they had received inferior NHS treatment, from their GP and in longer waiting/diagnosis times compared to white friends of theirs.
- One Iranian participant and their family had experienced racism, with their child being anxious about the colour of their skin.
- One participant who was a refugee felt that some politicians and the war in Gaza had fuelled community tensions.
- A lack of street cleaning in areas perceived as majority Pakistani and South Asian, and a belief that these communities were routinely ‘treated differently’ when it came to the provision of public services.
- A belief that some ethnic groups are able to ‘jump the queue’ when it came to social housing and NHS treatment.
- A perceived hesitance from the police to act in relation to disorder from young Asian men.

However, we did also hear positive sentiment towards representatives from mosques, temples and gurdwaras, who participants thought were offering vital community support by providing food, educational classes, charity work and community outreach.

“To an alarming extent, racism and religious prejudices are on the rise. Of course, some of the racist stances and anti-civil behaviour of the people and crimes are the direct result of the tensions created by the Government’s policies in the society.”

Individual who lives in privately rented accommodation, in receipt of Universal Credit, aged 32, Handsworth

Future Outlook and Potential Actions

Participants assumed that Birmingham would continue to be diverse in terms of the ethnic groups represented by its residents. Despite the sometimes negative views reported here, participants were hopeful that the future would see increased equality of outcomes for all ethnicities in the city. Older residents believed that Birmingham has become more friendly to those from non-white backgrounds, describing racism and violence in previous decades, and thought that this trend would continue in the future. Parents and grandparents told us that under-18s often held much more open views than themselves, and generally appeared less interested in the ethnicity of their peers.

Many participants associated a reduction in inequality with increased integration between communities. Some felt more free English language tuition was the solution here, while others thought that more attention from the Council in key areas was critical. This meant more outreach, better provision of basic services and maintenance of the public realm. Some participants also suggested using creative means, such as artwork and film, to bring different ethnicities and cultures together.

3. Sexual Orientation and Gender Identity

Experience of Demographic Change

Many of the citizens we spoke to, young and old, noticed a real shift towards society becoming much more accepting around sexual orientation and gender identity, feeling it was increasingly easy for younger people especially to express their true identity. They didn’t think this was something unique to Birmingham, perhaps being reflective of broader generational attitudes. Those working with young people or in schools had seen a clear change in recent years, both in acceptance of different sexual orientations and gender identities and in the number of individuals identifying as transgender and non-binary.

A number of participants mentioned having LGBTQ+ friends and family, which contributed to what they considered a more accepting atmosphere. The Gay Village and yearly Pride were a familiar part of the fabric of Birmingham life for many of those interviewed. However, some felt for such a large city, Birmingham had a relatively small LGBTQ+ scene, especially when compared to cities like Manchester or London.

“I feel like for the second largest British city, Birmingham doesn’t tap into the queer culture – we don’t have such a scene. Like, if you go to Manchester and you can feel it way more. I feel like there is way more of a vibrant queer community there, where in Birmingham I had to, like, get out and go and meet up and try to find places. And it seems way more scattered.”

Individual living within a HMO (House in Multiple Occupation), aged 36, Moseley

Those from the LGBTQ+ community, or with many friends who were, tended to think that the Census data underreported the true number of people from these groups. Some suggested that this could explain the 9.4% who did not answer the Census question on sexual orientation.

"I find that statistic of '87.6% of Birmingham residents that identify as straight or heterosexual' quite shocking. There's probably more people that identify in a different sort of way. However, they might be scared to identify that way. I know a lot of gay people and non-binary people."

Individual not currently in employment, aged 40, Sheldon

Effect on Health and Wellbeing

While a more accepting environment was taken as fact by many of our participants, the lived experience of members of the LGBTQ+ community suggested that this may not always be the case in reality. We heard about serious assaults and other crime in the Gay Village. One person described receiving unpleasant comments from members of a range of different communities in Highgate, telling us how, for them, there was still a lot of intolerance in Birmingham. They believed cultural or religious differences were at the root of this intolerance. These issues made some participants feel unsafe or unwelcome in the city centre and beyond. While not directly related, we heard similar concerns from women around personal safety and sexual assault.

Overall, Birmingham was felt to be a good place to live by the LGBTQ+ community, though was considered perhaps a little behind the curve compared to Manchester or London.

Future Outlook and Potential Actions

Members of the LGBTQ+ community described how young people are under increasing pressure to come out, or to define their sexual identity. There were few suggested potential actions regarding sexual orientation and gender identity. However, participants did see it as important for the BCC to work with both the LGBTQ+ community and others to ensure safety and tolerance from all residents, and to provide the correct support for young people in times of need.

4. Migration

Experience of Demographic Change

We spoke to both those who had lived in Birmingham all their lives and those who had migrated from elsewhere. Many participants said they had noticed an increase in the number of people they understood to have come to Birmingham from other nations. This migration was through a number of routes, and different sentiments were attached to each.

- Asylum seekers and refugees: We heard empathy and respect for displaced people living in Birmingham, alongside concerns that they were not being properly looked after, but also that groups of people hanging around (as they were unable to work) with little to do could be intimidating. The number of Ukrainian families present in the city was a particular source of pride.
- Students: The number of students, and student accommodation, had noticeably increased from previous years. Participants said they were from Pakistan, India and African nations, whereas previously they were mainly from China.

- Residents born in Eastern Europe: While a relatively small proportion of the city’s population, participants felt these groups were increasingly noticeable on the high street.
- Residents born in South Asia: Many failed to differentiate between these residents and those from South Asian backgrounds with long-term links to Birmingham.

Very few non-migrant participants had had any direct contact with these communities, unless they were represented in their workplace, were working in schools and healthcare, or if they shared a place of worship. The presence of these migrant groups was often felt more through the sight of new shops and restaurants appearing in the local area. For example, we heard how Polish and Romanian convenience stores had become commonplace. However, these were seldom, if ever, used by the general population.

Effect on Health and Wellbeing

NHS services were the primary concern for both long-term residents and those who had come to Birmingham more recently, in terms of migration. A Polish participant who had moved for economic reasons told us how it had initially been tough for them to navigate the healthcare system, requiring them to find others in the community to help guide them through the process. They felt that they were taken less seriously or received a poorer standard of care from most healthcare professionals compared to UK nationals. They told us that this had been most obvious when dealing with NHS nurses from Eastern European nationalities, who were more caring and attentive. Others were shocked by the length of waiting times for routine GP appointments.

Housing was also mentioned by many participants as having a negative impact on their health and wellbeing. Those from the asylum system particularly described being placed into poor-quality accommodation, including hotels and housing association properties, which were small, damp and mouldy. It was extremely difficult and long-winded to get a more suitable place to live for them and their families.

“After I moved, they just did the same what they do... they put fresh wallpaper, just paint over, but they never treated the damp and the mould will still be there. I think it’s not fair. Something must be done, there must be some more control on those kind of houses.”

Individual who has migrated with refugee status (arrived between 2011 to 2021), aged 56, Harborne

We spoke to one Iranian refugee who felt that some ethnicities and nationalities received preferential treatment. For example, he felt Ukrainian refugees had been able to find accommodation and employment much quicker than Afghan or Iranian refugees. He explained that he worries about his family experiencing racism and difficulties finding employment. However, he also discussed factors that have had a positive impact on his mental health, such as connecting with Persian and Arabic communities as he can communicate with more people, and the support he has received from his church in terms of English lessons and improving his home.

Of those who were not migrants themselves, there was a concern that migrants were taking up a disproportionate amount of limited NHS resources. Part of this was about ‘fairness’ and additional budget and effort required, for example, around the necessity for translators.

A number of residents told us they wanted to leave Birmingham, in search of a better quality of life.

Future Outlook and Potential Actions

Migration was seen as a part of Birmingham’s past, present and future. Participant suggestions here were largely focused on the BCC facilitating better integration between communities wherever possible.

5. Housing

Experience of Demographic Change

Our sample included representation from renters, homeowners and those living in social housing. The recent increase in the prevalence of private rented accommodation in Birmingham was familiar to most participants. We spoke to several landlords, who reported that they had received unprecedented interest in their properties. This often involved a larger number of people than they expected. We heard an anecdote elsewhere about two couples sharing a one-bedroom flat.

Participants across a range of demographics said over-occupation and overcrowding were familiar to them. It was not an uncommon experience for full-time employed adults in their 30s and 40s to move back in with their parents. For residents looking to buy a place of their own, there were a range of difficulties relating to mortgages that meant that they were continuing to rent for longer than they had expected.

“I’ve still got three living at home with the dad because they can’t afford to get their own place. They’re 26, 30 and 38. The dad sleeps on the sofa while the other three boys have a bedroom because they’re all grown men, they can’t share, but they can’t go anywhere else either. Don’t get me wrong, they all work, but they still can’t afford to branch out on their own.”

Individual who identifies as Lesbian, aged 24, Perry Barr

Elderly people living alone were commonly mentioned, with some frustration evident among participants that they were living in homes that were sorely needed by young families. Over-occupation of homes by those from the ‘Asian, Asian British or Asian Welsh’ ethnic group also tallied with the assumptions and experiences of our sample.

Effect on Health and Wellbeing

Citizens in social housing described real difficulties in being placed, mentioning wait times of several years in some cases. This put them in a difficult situation, with the decision to either:

- Come off the waiting list and go into (often expensive) private rental accommodation – which meant they would never be able to get back into social housing given wait times.
- Stay on the list, but remain living in substandard conditions. Some had become homeless, relying on friends and family. Other adults had moved back in with their parents, sometimes into ex-council properties which they had managed to buy.

The constant worry that they had made the wrong decision, or that they could become homeless, caused stress and anxiety for these participants. This was compounded by the often poor state of their current accommodation. We heard that properties were too small to comfortably house families, leading to multiple children of different ages and sexes being forced to share bedrooms.

“Part of mental health is obviously to do with housing as well... I’m stuck in a two-bedroom house because obviously I can’t get out of private housing. With one son that’s ten and a daughter that’s four, so technically they shouldn’t be sharing the room anyway, but they are... which is obviously a stress to me in regards to my mental health. Because I’m basically stuck in this house when they need more space.”

Asian/Asian British Individual (Pakistani), aged 57, Handsworth Wood

Damp and mould were said to be rife across social and privately rented housing. In the case of the latter, landlords were not always forthcoming with solutions, causing mental and physical health problems. High rents were a perennial problem. On a number of occasions we heard the complaint that landlords were charging ‘London prices on a Birmingham wage’.

“In my old property, so I moved about a year ago. It definitely impacted my health then, because I was like ringing them constantly trying to get things fixed and whatever and then they never would. There was mould and I got a bad chest from it, ended up getting [a] quite bad chest infection and things like that. And there were other people in my building that had had the same sort of experience as well. I felt angry as I didn’t have a voice really with them at all. I just felt like I was paying money and then just being stuck there.”

Asian/Asian British Individual (Pakistani), aged 26, Sparkhill

Some young professionals in our sample told us they preferred to live alone, as a shared house would negatively affect their mental health. Some of these participants did have positive experiences with renting, for example, around not having to worry about fixing or replacing white goods, which improved their wellbeing.

Future Outlook and Potential Actions

Housing was a key area where Birmingham citizens thought there was little chance for improvement in the future. They felt that there was a lack of housing in the city, not enough new developments, and costs were too high. A number of people told us they knew of newbuild houses that remained unoccupied due to their price. Parents often worried about their children and grandchildren.

As with several other areas identified throughout this report, some participants felt that different ethnic groups were receiving preferential treatment. There was a perception that large South Asian families were being prioritised for social housing. This led to some frank conversations around what participants thought was fair and who should have priority – they sometimes linked this to the amount of time families had lived in Birmingham and the UK. Addressing these concerns may be a valuable action for BCC, e.g. through communications with residents.

6. Employment

Experience of Demographic Change

The rise in economic inactivity observed in the Census was familiar to participants. Several told us anecdotes about how they knew people who had decided to retire early, choosing to be ‘poor and happy’ rather than continue to work. Others were taking agency in their working lives by becoming self-employed – fitting their work around their family or home commitments – where this had previously been the other way around. Younger participants told us about the popularity of apprenticeships and NHS careers with built-in degrees.

The Census data shows that more people worked 15 hours or less per week in 2021 (11.2%) than they did in 2011 (10.0%). We spoke to several interviewees in this position, who told us that this was because they wanted to safeguard their current income from government benefits. If they took on a job that was contracted at more than 15 hours, they would lose access to financial support. Only a 40-hour-per-week contract would be likely to match their current income levels. However, this would require significant lifestyle changes, including spending much less time with their children.

Some participants were forthright in their views that claiming benefits had become an acceptable lifestyle choice for long-term Birmingham residents. They often contrasted this with migrants, who they felt were more likely to make

an effort to find work. However, there was a perception that some companies were paying new migrants lower wages than would be standard for that position. Residents told us about friends and family working jobs they were highly overqualified for.

Additionally, we heard that Birmingham's growing population and what felt like a general uptick in prospects since the 2022 Commonwealth Games, meant that there were more employment opportunities available for those who wanted them. However, there was also felt to be more competition due to an increased population.

Effect on Health and Wellbeing

Economic inactivity had an impact on participants' mental health. We spoke to a resident who had worked as a school lunchtime supervisor. She had lost her husband and her job in quick succession, and not worked since. This negatively impacted her mental health, leaving her feeling isolated and missing the company of people her own age.

It was not just older people who told us that unemployment was depressing. Some young people, in their late teens and early 20s, were struggling to find work, and described finding themselves in a spiral of poor health, a lack of income and diminishing prospects. We had honest conversations with these participants about feeling a lack of self-worth and considering themselves a burden on the NHS. Several participants in their 40s and 50s described similar situations, reporting widespread issues with alcohol and substance abuse among many of their peers, used as a coping mechanism.

"If I could get 40 hours a week or a full-time contract, I would work. The uncertainty of not knowing how many hours I will have each week isn't worth it. It feels very limited and you can feel quite worthless at times, and I have no money and am having to use food banks at the moment."

Individual who has migrated for education/work between 2011 to 2021 (Poland), aged 27, Ladywood

While economic inactivity related to the Covid-19 pandemic looks to have subsided, the move to working from home had been embraced by many in the sample. This came with many positives, particularly around being able to spend more time with their family and achieve a better work-life balance.

Conversely, residents described the negative mental and physical health impacts of jobs where home working wasn't possible. Working long hours with few breaks and commutes that meant they sometimes didn't see daylight, and struggled to fit in any exercise, led to health issues.

Future Outlook and Potential Actions

Participants were hopeful that Birmingham's population growth and increasing diversity would come with increased levels of opportunity for residents, with more and better jobs. There was a hope that salaries would increase to match ever-rising rents. They also wanted to see more programmes and apprenticeships to help people get into jobs, including migrants and the homeless.

7. Conclusion and Summary of Potential Actions

We asked participants what actions the Council, Government, communities and other organisations could take in the future to improve the health and wellbeing of Birmingham residents. Citizens were well aware of not only the wider context of a cost-of-living crisis, but also the circumstances of BCC's section 114 notice. As a result, they were pragmatic about the level of change they could expect to see, for example, around the NHS.

We heard an immense amount of civic pride, and our interviews suggest that being more vocal on what makes Birmingham a great place to live, now and in the future, would be well received. Several times we heard participants say that they seldom heard any good news about the city. They mentioned that the 2022 Commonwealth games provided a significant boost – not just of investment, but also of positivity in the region. There was a real appetite for building on this. In part, this was a communications issue, with low awareness of the Council’s role and existing campaigns.

However, there are serious issues which need to be addressed for this to be seen as authentic. There was significant anxiety about crime and personal safety, which in many cases was preventing residents spending time outside. Older residents especially were worried about break-ins, and a number told us they had installed security cameras on their property.

We have broken down potential actions into four areas which touch all the key topics addressed across this report:

Communication

- Shouting louder about the positives.
- Increasing visibility of the Council, building knowledge of who BCC are and what they can do. Having a presence in schools and colleges.
- Making systems/services easy to navigate, including face-to-face options.

Engagement, Outreach and Partnerships

- More funding and community facilities for all ages, e.g. youth clubs, community centres.
- Working with charities and small businesses to tackle community issues.
- Enhancing English Language learning opportunities.
- Increasing space for the arts at a community level.

Crime and the Public Realm

- Making areas feel safe to support people in exercising outside.
- Increasing green space.
- Taking tough action on hate crime, knife crime and sexual harassment.
- Increasing visible policing and improving follow-up on thefts and burglaries.
- Ensuring cleaner streets, action on fly-tipping and more attention given to areas including Alum Rock.

Infrastructure

- Drawing private investment to the area.
- Ensuring that redevelopment is well planned and amenities are within easy access.
- Prioritising affordable homes.
- Improving both the quality of and access to social housing.

“I’ve seen a lot of redevelopments in Birmingham at the moment, which is obviously very good. The Commonwealth Games helped as well. That brought a lot of money into the city. I’ve seen that we’re building loads of new properties, and also more student accommodation. When they’re redeveloping all these places, they’re building supermarkets and kids’ parks. Having all that in an area where you live will really impact your health and wellbeing, just in terms of you being able to get out of the house more easily and having more choice for everything.”

Individual who lives in privately rented accommodation (in employment and not in receipt of Universal Credit), aged 30, Sutton Wylde Green

Appendix



Demographic profiles of participants

| Topic | | Target populations |
|--|----|--|
| Age | 1 | 1 x Individual aged between 16–24-years old (without children) |
| | 2 | 1 x Individual aged between 16-24 years old (with a child aged between 0-4 years old) |
| | 3 | 1x Individual aged between 25– 39-years old (in full-time employment) |
| | 4 | 1x Individual aged between 50-60 years old (in full-time employment) |
| | 5 | 1 x Individual aged between 40-49-years old (not currently in employment) |
| | 6 | 1 x Individual aged between 60-65 years old (who has retired in the last 3 years) |
| | 7 | 1 x Individual aged between 70-75 years old (who has only lived in Birmingham) |
| Ethnicity | 8 | 1 x Asian/Asian British Individual (Pakistani, aged 18 to 34 years old) |
| | 9 | 1 x Asian/Asian British Individual (Pakistani, aged 50-64 years old) |
| | 10 | 1 x Black/Black British Individual (Somalian, aged 18-49)* |
| | 11 | 1 x Black/Black British Individual (Nigerian, aged 18-49)** |
| | 12 | 1 x Black/Black British Individual (Caribbean, aged 50-64 years old) |
| | 13 | 1 x White Individual (Polish, 25-34 years old) |
| | 14 | 1 x White Individual (Romanian, 25-34 years old)* |
| Sexual orientation and gender identity | 15 | 1 x Individual who identifies as Gay or Lesbian (aged 16-54 years old) |
| | 16 | 1 x Individual who identifies as Bisexual (aged 16-34 years old) |
| | 17 | 1 x Individual who identifies as Transgender, Pansexual, Asexual or Queer (aged 16-34 years old) |
| Migration | 18 | 1 x Individual aged between 20 to 44 years old, who arrived in the UK from 2011 to 2021 |
| | 19 | 1 x Individual who has migrated for education or work between 2011 to 2021 (aged between 20 to 44) |
| | 20 | 1x Individual who has migrated for resettlement or with refugee status (arrived between 2011 to 2021) |
| | 21 | 1 x Individual who is seeking asylum (who arrived in the UK between 2011 and 2021)* |
| Housing | 22 | 1 x Individual living within either a HMO (House in Multiple Occupation) or an overcrowded household, aged 18-50 years old |
| | 23 | 1 x Individual who owns their accommodation outright |
| | 24 | 1 x Individual who lives in socially rented accommodation (provided either by the local authority or by a housing association) |
| | 25 | 1 x Individual who lives in privately rented accommodation (in receipt of Universal Credit) |
| | 26 | 1 x Individual who lives in privately rented accommodation (in employment and not in receipt of Universal Credit) |
| Employment | 27 | 1 x Individual who is economically inactive: as they look after their home or family |
| | 28 | 1 x Individual who is not in employment and has never worked |
| | 29 | 1 x individual employed on a 'zero hours' contract |
| | 30 | 1 x Individual who is economically inactive: Long-term sick or disabled (Asian/Asian British, Black/Black British or White) |

* These profiles do not have a dedicated case study, due to challenges with recruiting suitable individuals.

**We spoke to two participants from this profile.

Demographics breakdown of participant sample*

*Participant numbers under 4 have been suppressed.

| Age | Number of participants |
|-------|------------------------|
| 0-18 | 0 |
| 19-30 | 9 |
| 31-40 | 5 |
| 41-50 | <4 |
| 51-60 | 7 |
| 61-70 | <4 |
| 71-80 | <4 |
| 81+ | 0 |

| Gender | Number of participants |
|-------------------|------------------------|
| Male | 12 |
| Female | 14 |
| Non-binary | <4 |
| Prefer not to say | <4 |

| Sexuality | Number of participants |
|-------------------------|------------------------|
| Bisexual | <4 |
| Gay | <4 |
| Lesbian | <4 |
| Heterosexual / straight | 22 |
| Other | <4 |
| Prefer not to say | 0 |

| Ethnicity | Number of participants |
|---|------------------------|
| English / Welsh / Scottish / Northern Irish | 11 |
| Any other white background | <4 |
| Mixed / multiple ethnic groups | <4 |

| | |
|---|----|
| Asian / Asian British | 4 |
| Black / African / Caribbean / Black British | 7 |
| Any other ethnic group | <4 |
| Prefer not to say | 0 |

| Housing | Number of participants |
|----------------------------------|------------------------|
| Owens their home outright | 4 |
| Owens with a mortgage or loan | 4 |
| Shared ownership | <4 |
| Rents from a local authority | 6 |
| Rents from a housing association | <4 |
| Rents from a private landlord | 8 |
| Rents from other source | <4 |
| Lives rent free | <4 |

| Religion | Number of participants |
|--------------------|------------------------|
| Christian | 11 |
| Buddhist | <4 |
| Hindu | <4 |
| Muslim | <4 |
| Jewish | <4 |
| Sikh | <4 |
| No religion | 10 |
| Any other religion | <4 |
| Prefer not to say | <4 |

| Region of Birmingham | Number of participants |
|----------------------|------------------------|
| North | 7 |
| South | 5 |
| East | <4 |
| West | 9 |
| Central | 4 |

| NE-SEC Classification | Number of participants |
|---|-------------------------------|
| Higher managerial, administrative and professional | <4 |
| Lower managerial, administrative and professional | 9 |
| Intermediate | <4 |
| Small employers and own account workers | <4 |
| Lower supervisory and technical | <4 |
| Semi-routine | <4 |
| Routine | <4 |
| Never worked/long-term unemployed | 7 |
| Full-time student | <4 |