

Equality, diversity and inclusion annual report 2024 to 2025

Adult Social Care

Scope and data source. This section provides the age, gender, ethnicity and primary support reason (PSR) breakdown for adults receiving social care, using the Short and Long-Term Support (SALT) return for the year April 2024 to March 2025 (2024/25), with comparisons to 2023/24. As part of this mandatory reporting, we have included age, gender, ethnicity and disability. Religion and sexual orientation are not required to be reported so have been excluded from this report.

Equalities information has been provided in relation to long-term and short-term adult social care services which have been provided to adults. Long-term support encompasses any service or support which is provided with the intention of maintaining quality of life for an individual on an ongoing basis. Short-term support includes all episodes of support that are intended to be time limited without intending to maximise independence and reduce the need for ongoing support.

Adults in receipt of a long-term social care service

Lincolnshire has an older than average population, so high volumes among those aged 65+ align with population structure, increasing life expectancy, and long term conditions rising in older groups.

Growth in the 76–85 and 85+ cohorts is consistent with national trends showing the fastest growth in the “oldest old,” who typically have more complex needs and higher care utilisation.

Increases in younger adult cohorts (18–55) may reflect improvements in survival rates for people with lifelong conditions, growth in people with complex disabilities reaching adulthood, and increased identification of need.

By Age

Age	Number of adults (2024/25)	Percentage (2024/25)	Number of adults (2023/24)	Percentage (2023/24)
18 to 25	544	4.8%	507	4.8%
26 to 35	783	7.0%	736	6.9%
36 to 45	606	5.4%	590	5.6%
46 to 55	805	7.2%	776	7.3%
56 to 65	1,161	10.4%	1,144	10.8%
66 to 75	1,330	11.9%	1,267	12.0%
76 to 85	2,814	25.1%	2,575	24.3%

Age	Number of adults (2024/25)	Percentage (2024/25)	Number of adults (2023/24)	Percentage (2023/24)
85 and over	3,174	28.3%	3,004	28.3%
Total	11,217	100.0%	10,599	100.0%

In 2024/25, people aged 65+ accounted for 65.2% of those receiving long-term support, compared with 64.6% in 2023/24. The largest age group remains “85 and over”. The 76–85 and 85+ cohorts grew in absolute terms (+239 and +170 people respectively), reflecting ongoing demographic pressures.

By Gender

Gender	Number of adults (2024/25)	Percentage (2024/25)	Number of adults (2023/24)	Percentage (2023/24)
Female	6,564	58.5%	6,222	58.7%
Male	4,613	41.1%	4,333	40.9%
Undefined	40	0.4%	44	0.4%
Total	11,217	100.0%	10,599	100.0%

Women continue to make up a higher proportion of people drawing on long-term support (58.5%), with a small movement versus last year (–0.2pp). Male share is broadly stable at 41.1%. ‘Undefined/indeterminate’ remains very small (0.4%), suggesting data quality for gender is generally strong. There are a number of factors that may explain this, women are more likely to take on unpaid caregiving roles, in the UK, 59% of unpaid carers are female. This caregiving responsibility often falls on women which may be due to traditional gender roles and societal expectations. Men are often less likely to seek support due to societal norms around masculinity, which emphasise stoicism, independence, and self-reliance this can lead to men being less willing to accept help from care services, even when they need it. Because women are more likely to be unpaid carers, they may delay seeking formal care services for themselves until absolutely necessary.

By Ethnicity

Ethnicity	Number of adults (2024/25)	Percentage (2024/25)	Number of adults (2023/24)	Percentage (2023/24)
White	11,050	98.5%	10,454	98.6%
Asian or Asian British	44	0.4%	38	0.4%
Black or Black British	40	0.4%	31	0.3%
Mixed or Multiple ethnic groups	45	0.4%	41	0.4%
Other Ethnic Groups	24	0.2%	21	0.2%

Not Stated	14	0.1%	14	0.1%
Total	11,217	100.0%	10,599	100.0%

The population drawing on long-term support is predominantly White (98.5%), which is consistent with the wider Lincolnshire profile. Small increases are visible across minority ethnic groups, though numbers remain low. 'Not stated' is ~0.1%, indicating improved ethnicity recording. White includes: British, English, Irish, Scottish and 'any other white background'. Lincolnshire's population is predominantly White British, particularly in rural districts, so the ethnic composition mirrors local demographics rather than suggesting disproportionality.

The slight growth in minority ethnic groups may reflect small but steady changes in migration patterns, workforce movement, and population diversity.

By Primary Support Reason

Primary support reason	Number of adults (2024/25)	Percentage (2024/25)	Number of adults (2023/24)	Percentage (2023/24)
Learning disability support	2,102	18.7%	2,065	19.5%
Mental health support	1,111	9.9%	978	9.2%
Physical support: access and mobility only	1,419	12.7%	1,270	12.0%
Physical support: personal care support	5,866	52.3%	5,673	53.5%
Sensory support	33	0.3%	35	0.3%
Social support	147	1.3%	84	0.8%
Support with memory and cognition	518	4.6%	494	4.7%
Unknown	21	0.2%	0	0.0%
Total	11,217	100.0%	10,599	100.0%

The predominant Primary Support Reason remains physical support: personal care support (52.3%), followed by physical support: access & mobility only (12.7%). Learning disability and mental health have both grown in absolute terms, while 'social support' has risen from a low base. In Lincolnshire 20.1% are people with a disability as defined under the equality act. Compared to the previous year, there has been a slight increase in the number of adults needing support overall.

High levels of physical support reflect the age profile of people drawing on long term care older adults frequently require daily living and personal care support.

Increases in learning disability demand align with national evidence showing more people with complex needs surviving into adulthood and older age.

Growth in mental health support among adults is consistent with wider increases in mental health related presentations, including social isolation, long term conditions, and socioeconomic pressures.

The small numbers in sensory and social support categories are typical due to low prevalence and targeted services.

Adults In Receipt of a Short-term Social Care Service

By Age

Age	Number of adults (2024/25)	Percentage (2024/25)	Number of adults (2023/24)	Percentage (2023/24)
18 to 25	56	1.7%	26	0.8%
26 to 35	153	4.6%	131	3.9%
36 to 45	140	4.2%	129	3.9%
46 to 55	250	7.6%	254	7.6%
56 to 65	446	13.5%	441	13.2%
66 to 75	524	15.8%	511	15.3%
76 to 85	821	24.8%	855	25.6%
86 and over	916	27.7%	988	29.6%
Total	3,306	100.0%	3,335	100.0%

The majority of adults receiving a short-term service are over 65 years old. Short-term support continues to be more prevalent in older: people 65+ comprise 68.4% (2024/25) vs 70.6% (2023/24). Slight volume reductions at 76–85 and 86+ reflect fewer total episodes year-on-year (3,306 vs 3,335).

Short term or reablement services are primarily used after hospital discharge or sudden deterioration, which occurs more frequently in older adults.

The slight decrease in the very old (76–85 and 86+) may reflect changes in hospital discharge volumes, alternative pathways, or fewer short term care episodes overall this year (3,306 vs 3,335).

By Gender

Gender	Number of adults (2024/25)	Percentage (2024/25)	Number of adults (2023/24)	Percentage (2023/24)
Female	2,101	63.6%	2,178	65.3%
Male	1,194	36.1%	1,151	34.5%

Gender	Number of adults (2024/25)	Percentage (2024/25)	Number of adults (2023/24)	Percentage (2023/24)
Unknown	11	0.3%	6	0.2%
Total	3,306	100.0%	3,335	100.0%

There is a significantly higher proportion of female adults receiving a short-term service than males. Females represent 63.6% of recipients of short-term support (down from 65.3%); the male share is 36.1% (up from 34.5%). The 'unknown' category remains negligible (<0.5%). There is a significantly higher proportion of women receiving short term social care, and research suggests this reflects a combination of demographic and social factors. Women live longer than men and therefore make up a larger share of the older population most likely to require short term or reablement support. They also experience higher rates of frailty and long-term conditions in later life and are more likely to live alone, with fewer opportunities for spousal or informal care support. At the same time, women carry most unpaid caring responsibilities and often delay seeking help for themselves until needs escalate. In contrast, men are less likely to seek or accept support due to societal norms around independence and stoicism, which can suppress male referral rates. Together, these factors contribute to women consistently representing around two thirds of all short-term support.

By Ethnicity

Ethnicity	Number of adults (2024/25)	Percentage (2024/25)	Number of adults (2023/24)	Percentage (2023/24)
White	3,251	98.3%	3,279	98.3%
Asian or Asian British	8	0.2%	9	0.3%
Black or Black British	12	0.4%	11	0.3%
Mixed or Multiple ethnic groups	13	0.4%	7	0.2%
Other Ethnic Groups	0	0.0%	3	0.1%
Not Stated	22	0.7%	26	0.8%
Total	3,306	100.0%	3,335	100.0%

Ethnicity patterns for short-term support mirror long-term support: White 98.3%, with very small volumes across other groups. 'Not stated' reduced to 0.7% from 0.8%, indicating modest improvement in recording. Patterns again reflect the wider Lincolnshire demographic profile, rather than differences in access or outcomes.

By Primary Support Reason

Primary support reason	Number of adults (2024/25)	Percentage (2024/25)	Number of adults (2023/24)	Percentage (2023/24)
Learning disability support	295	8.9%	246	7.4%
Mental health support	82	2.5%	59	1.8%
Physical support: access and mobility only	1,622	49.1%	1,790	53.7%
Physical support: personal care support	1,149	34.8%	1,112	33.3%
Sensory support	11	0.3%	9	0.3%
Social support	80	2.4%	68	2.0%
Support with memory and cognition	61	1.8%	51	1.5%
Unknown	6	0.2%	0	0.0%
Total	3,306	100.0%	3,335	100.0%

Short-term episodes are primarily driven by physical support needs: ‘access & mobility only’ accounts for 49.1% and ‘personal care support’ 34.8%. There are proportionate increases in learning disability and mental health short-term episodes, albeit from lower baselines. High proportions of physical support reflect that reablement is primarily used following illness, injury, falls, or hospital discharge — all of which affect mobility.

Growth in learning disability and mental health short term episodes may relate to crisis prevention work, early intervention, or support needed after breakdowns in informal care.

Very small sensory or social support numbers are typical, as these needs are often addressed through other pathways.