
The Cambridge South East Transport Order

Transport And Works Act 1992

Transport And Works (Applications And Objections Procedure) (England And Wales) Rules 2006

Equality Impact Assessment Technical Note

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1. Introduction

AtkinsRéalis have been commissioned by Greater Cambridge Partnership (GCP) to complete an Equality Impact Assessment (EqIA) technical note to support the progression of the Cambridge South East Transport Phase 2 Scheme (referred to hereafter as 'the Scheme').

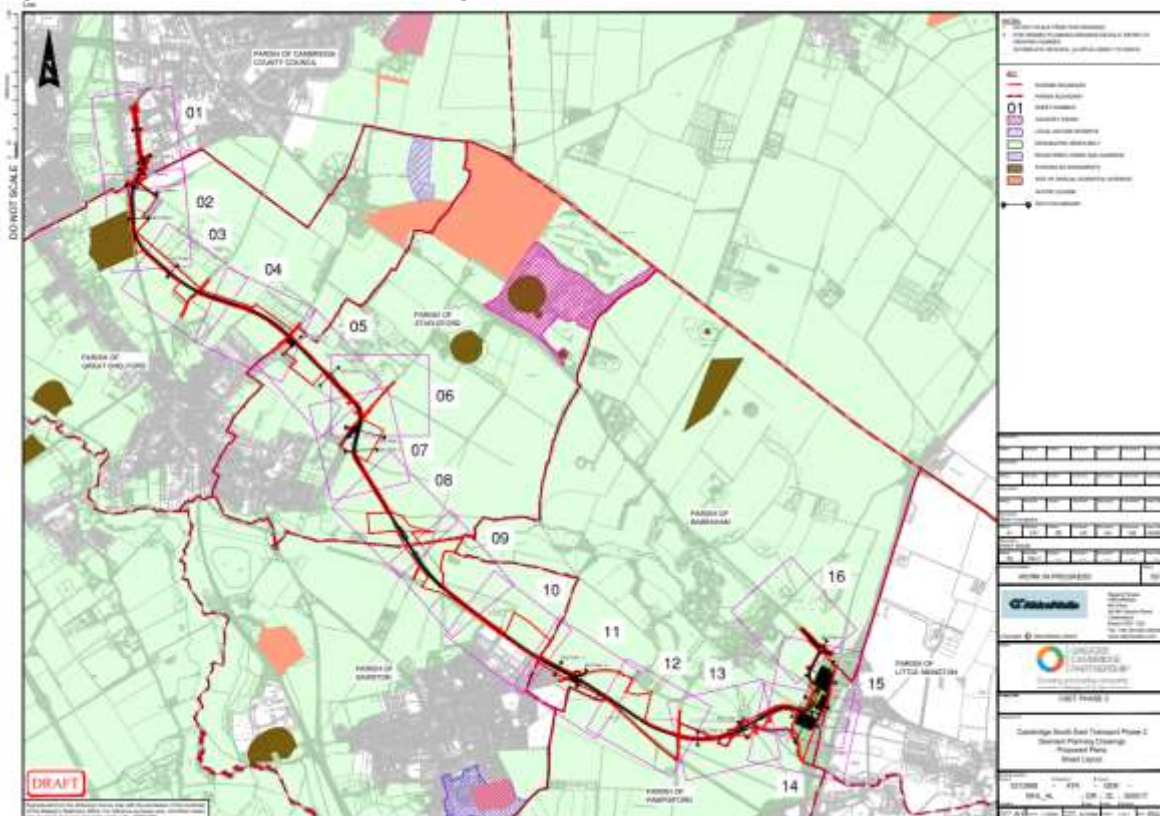
An EqIA for the Scheme was developed in October 2021 by Mott MacDonald (CSET-17-00) and reflected the Scheme at the time of the assessment. The scope of this technical note is limited to changes to the Scheme and evidence base since October 2021, and the associated impact of these changes on Protected Characteristic Groups (PCGs) and people living and working near the Scheme. It should therefore be read in conjunction with the EqIA for this Scheme prepared by Mott MacDonald in October 2021.

This EqIA technical note provides a way to facilitate and evidence consideration of the Public Sector Equality Duty as outlined in the Equality Act 2010 on the Scheme's progression since 2021.

1.1 Scheme Description

The Scheme proposes a new, public transport route between the Cambridge Biomedical Campus (CBC) and the A11/A1307 junction east of Babraham. The Scheme will be constructed to the southeast of Cambridge and will also serve the villages of Great Shelford, Stapleford and Sawston. It will connect into the existing wider public transport network to enable people to travel for employment, education and leisure. Figure 1-1 shows the proposed route alignment.

Figure 1-1 – CSET Phase 2 Route Alignment¹



¹ Please note the route alignment diagram is one of others provided on drawing file 'CSET-12-DP4-00_Proposed Site Plans' and should be read alongside these.

The Scheme is being delivered by Greater Cambridge Partnership (GCP) formed as part of the City Deal agreed in 2014 consisting of Cambridgeshire County Council, Cambridge City Council, South Cambridgeshire District Council, the University of Cambridge and the Local Enterprise Partnership with the Scheme aims of delivering the following benefits:

- Secure future economic growth and quality of life,
- Better public transport,
- Reduced congestion and limit future growth in traffic,
- Better cycling and walking links and
- Connect homes with places of work or study.

The high-level scope of the Scheme has not changed since 2021, however further detail is now available as expected at the current preliminary design stage. The Scheme will be comprised of:

- **A busway** between the A11 and the Cambridge Biomedical Campus via Sawston, Stapleford and Great Shelford
 - The busway would have intermediate bus stops along the route at Great Shelford, Stapleford and Sawston. These stops are at locations where the busway crosses existing roads and that are as close as possible to communities along the route to maximise their use.
 - An emergency access and maintenance track would run alongside the route for maintenance activities and active travel users, it would also act as an emergency refuge for passengers and staff in the event of an incident.
- **A travel hub** near the A11/A1307 junction with connections to Babraham, Babraham Research Campus and Granta Park,
 - **Capacity** - The travel hub would have a 1,250 car parking spaces, including 62 spaces for blue badge holders, 62 spaces with facilities for charging electric vehicles (EVs) and nine staff only/service spaces. There would be an additional 25 designated drop-off/pick-up spaces, 20 motorcycle parking spaces and 10 coach parking spaces. There would also be 188 cycle parking spaces provided, with a possibility to expand this to 314 if there is demand.
 - **User experience** - Shelters, waiting areas and drop-off/pick-up areas would be fitted with real-time bus information.
- **A path for walkers, cyclists and horse riders** along the new busway,
 - The path would be 3m wide with a 2m or 2.5m path either side, protecting it from the busway.

Scheme developments since 2021

Since the previous EqIA was submitted in 2021 (hereon referred to as the 2021 EqIA), it is understood that the following amendments to the Scheme have taken place to increase the accessibility of the Scheme for all:

- The addition of signalised crossings on all approaches of the Dame Mary Archer Way roundabout.
- A zebra crossing at the Astra Zeneca Travel Hub has been changed to a signalised crossing for pedestrians and cyclists.
- Access deterrent planting has also been proposed between the guided bus way and emergency maintenance track.
- The Scheme design has evolved to ensure the public transport route, including its bus stops, provides convenient access for all users. Following the 2022 consultation focussing on the minor amendment to the route alignment in Stapleford, two new controlled crossings have been added to the Scheme at Stapleford to ensure safe access.
- A vehicular crossing proposed at Rangeford retirement village.

In 2021, Milestone Infrastructure developed a suite of construction management plans to support the TWAO application which were considered in the 2021 EqIA. The construction management plans included:

- Code of Construction Practice (CoCP).



- Construction Environmental Management Plan (CEMP).
- Programme and Construction Phasing Plan.
- Construction Lighting Strategy.
- Spoil Management Plan.
- Landscape and Ecology Management Plan.

After gaining the necessary consents and permissions, the Scheme will broadly be constructed in a south to north direction. It is anticipated that construction will take place between December 2026 and December 2028. There will be seven site compounds located along the length of the Scheme, connected by a haul road that will allow for the transport of vehicles, plant, materials, and personnel.

2. EqlA Background

2.1 What is an EqlA?

An Equality Impact Assessment (EqlA) is an assessment of the likelihood or actual effects of policies or proposals on social groups as defined in the Equality Act 2010. These groups known as Protected Characteristic Groups (PCG) include Age, Disability, Gender Reassignment, Pregnancy and Maternity, Race, Religion, Sex, Sexual Orientation, Marriage and Civil Partnership.

The purpose of an EqlA is to ensure that a scheme, strategy, development or policy does not discriminate against any individual or community and where possible promotes equality for all. It will also help to achieve a more cohesive relationship and increased transparency between scheme designers and users. It ensures that equalities are at the heart of scheme development, contributing to better safety, security and health, promoting greater equality of opportunity, and assisting in improving the quality of life for residents and communities.

This assessment aims to identify the range of possible impacts on the PCGs because of Scheme information and data that has become available since the 2021 EqlA submission in October 2021. It will identify whether any PCGs are likely to experience disproportionate impact because of the scheme. It aims to maximise the positive effects of the CSET 2 scheme and minimise the negative impacts, or effectively mitigate against them.

It should be noted that each PCG may have different experiences and impacts associated with the scheme, which will be examined in the EqlA technical note. It is important to also note that intersectionality (i.e. where an individual falls under multiple protected characteristic groups) may also affect the range of impacts experienced.

This EqlA technical note will assist in demonstrating that the GCP have fulfilled their responsibilities under the Equality Act 2010, and Public Sector Equality Duty (PSED). The GCP are a delivery body for Cambridgeshire County Council (CCC) and therefore, equality policies published by CCC also apply to GCP. This technical note will therefore assist GCP in meeting the objectives set out in the Cambridgeshire County Council “Equality, Diversity and Inclusion Strategy 2023-2027”.

2.2 EqlA Technical Note Background and Structure

Since the 2021 EqlA was issued, 2021 Census data has become publicly available and there have been changes to the scheme as it has progressed to its current preliminary design stage. The purpose of this technical note is to examine the most recent scheme information and analyse the most recent data available relevant to the EqlA and Scheme, in order to provide an updated evidence base for an assessment of the scheme’s impact on PCGs and people living, visiting and working near the Scheme. AtkinsRéalis also undertook a due diligence review of the 2021 EqlA in June 2022 (Appendix A), and impacts and recommendations of the review are included in this report.

The data used to prepare this EqlA technical note includes:

Scheme Information:

- Red line boundary (October 2024).
- Stapleford consultation summary (2022).
- Latest Scheme information and designs (October 2024).

Related Policy and Guidance:

- CCC’s Equality, Diversity and Inclusion Strategy 2023-2027.
- CCC’s Equality Diversity Action Plan May 2024.
- CCC’s Care Experience Equality Impact Guidance 2024.

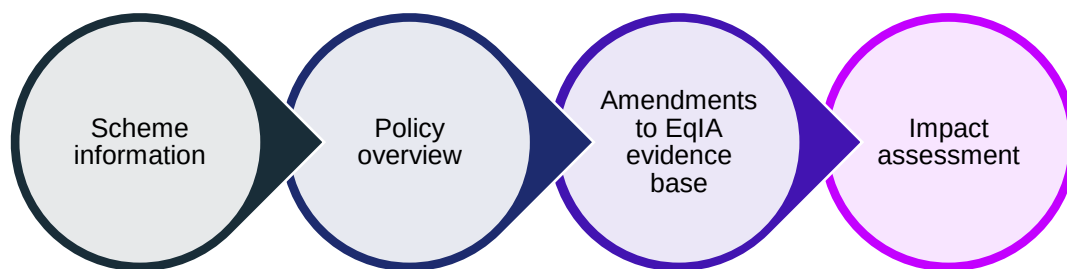


Data relating to PCGs and people living, visiting and working near the scheme:

- Census data (2021).
- Crime data (2023/2024).
- Hate crime data (2023/2024).
- Amenities data from Google maps.

This EqlA technical note sets out the key findings from this data review, before assessing how these changes will impact PCGs and people living, visiting and working near the Scheme. This EqlA technical note uses the structure presented in Figure 2-1 .

Figure 2-1 - EqlA technical note structure



2.3 Assessment assumptions and limitations

This EqlA technical note is based on information provided to the EqlA team at the time of writing in October 2024. The scope of this EqlA technical note has a range of assumptions and limitations as defined below:

- EqlA technical note covers the CSET 2 scheme only. It is noted that cumulative impacts are likely to arise from the numerous projects planned within Cambridge and the wider region, which is outside of the scope of this EqlA technical note.
- This EqlA technical note only assesses the impact of data or scheme information that has become available since the 2021 EqlA, rather than the impact of the full Scheme, which is covered in the 2021 EqlA. A list of the data reviewed for this assessment is detailed in section 2.2.
- This EqlA technical note was prepared following information received on 29th October 2024 at preliminary design stage, any scheme updates following this date have not been reflected in this note. A revision of the EqlA will be required at detailed design stage, to consider how the recommendations from this assessment have been considered on the scheme. It is suggested that one EqlA is produced at that stage which combines all Scheme impacts identified in one updated EqlA.

3. Policy and Guidance Background

The 2021 EqlA for the Scheme contains a literature review which explains policy related to the Scheme and EqlA. An assessment of policy relating to PCGs and the Scheme released after October 2021 has been completed and a summary has been provided below of the CCC 'Equality, Diversity and Inclusion Strategy 2023-2027', and the 'Care Experience Equality Impact Guidance 2024' prepared by CCC.

3.1 Equality, Diversity and Inclusion Strategy 2023-2027²

The CCC Equality, Diversity and Inclusion Strategy 2023-2027 sets out the approach and key objectives for the Council, building on the success and learning from the 2018-2022 Single Equality Strategy. The strategy objectives are in place so that the Council can achieve its ambition of becoming a greener, fairer and more caring place for the people and communities it serves.

The Strategy sets out objectives in line with the three themes below:

1. **Workforce:** "Foster an inclusive, supportive and safe working environment that attracts and retains diverse people who feel valued, respected, and empowered."
2. **Communities:** "Further understand and work with our diverse communities across Cambridgeshire, developing local solutions which address the needs of our communities."
3. **Services:** "Ensure people who use our services and residents have good quality public services that meet the diverse needs of our communities."

The Strategy sets out progress against these themes and challenges to be addressed. It is important to be aware of these when preparing this EqlA technical note, and for this reason the key challenges relating to service provision are set out below:

- Embedding co-production across all service areas.
- Embedding the collection and analysis of diversity data to inform service provision and positive action initiatives.
- Embedding Equality Impact Assessments throughout all decision-making processes.
- Rural isolation as a barrier to accessing support/services.
- Considering equality considerations earlier in the commissioning cycle.
- Ensuring piloted initiatives are evaluated effectively before rolling out further.
- Ensuring services can cope with a growing population and changing requirements e.g., school capacity to meet demand.
- Delivery of services - ensuring partners/service providers are culturally competent and value equality, diversity and inclusion (EDI).
- Balancing the need for more infrastructure and addressing inequalities with the climate change agenda.

CCC publish a quarterly action plan summarising progress towards the EDI Strategy. Progress has most recently been summarised in Equality Diversity Action Plan May 2024 and a further update will be published in November 2024.

² <https://www.cambridgeshire.gov.uk/asset-library/imported-assets/Equality-Diversity-and-Inclusion-Strategy-DEC23.pdf>

This EqIA technical note seeks to support GCP and CCC in achieving the objectives set out in the Strategy by understanding the diversity in the community impacted by the Scheme and setting out actions to mitigate disproportionate impact on the community and PCGs.

3.2 Guidance for considering care experience in Equality Impact Assessments

The Guidance document was co-produced by CCC and Care Leaver Offer to support the consideration of care experience in the EqIA process. The guidance was prompted by the Member of Parliament, Josh McCallister's independent review of Children's Social Care. In this review he noted:

The "Government should make care experience a protected characteristic" and "New legislation should be passed which broadens corporate parenting responsibilities across a wider set of public bodies and organisations."

As a result, many local authorities including CCC carefully consider 'care experience' within EqIA processes to consider the differential impact of policies and services on care-experienced individuals. It is appropriate to define the following terms for the later assessment in this technical note:

Care experience includes anyone that had the state as its corporate parent by virtue of a care order in accordance with the Children Act 1989 and amendments³.

Care leaver is a person over 16 years old who has been in the care of the local authority and/or Health and Social Care Trust for 13 weeks or more.

A 'care leaver' is a term defined in law, whereas 'care experience' is a more flexible term which does not exclude individuals based on placement type and duration of time in care. The term 'care experience' is used in this technical note.

The guidance document outlines the following implications of care experience which might lead to marginalisation of care-experienced individuals:

1. **Lack of trust** in systems or institutions which could result in "hesitancy or difficulty in seeking out and accessing necessary services".
2. **Social networks** are crucial and provide valuable information, resources and support. Social networks may be limited or non-existent for care experienced individuals.
3. **Family guidance** can often be lacking or non-existent for care experienced individuals. Family importantly provides guidance, support and often positive role models.
4. **Digital connectivity** is sometimes challenging for people with care experience. Care experienced individuals might face digital exclusion due to lack of financial resources or guidance on the use of digital tools.
5. **Social mobility** – Care experienced individuals may experience challenges when it comes to advancing social economically because of hurdles in education, employment, housing and other areas.
6. **Access to public transport** – care experienced individuals may experience disproportionate impacts if they cannot access reliable and affordable public services as it is likely to impede access to physical service locations.
7. **Access to housing** – care experienced individuals aged 18-20 have housing priority provided by their local authority, however outside of their local authority, care experienced individuals may face challenges in finding a suitable rent guarantor.

³ Children Act 1989 - <https://www.legislation.gov.uk/ukpga/1989/41>

This EqIA technical note seeks to understand how the Scheme may have negative or positive impacts on care experienced individuals. Relevant data has been analysed in Appendix B to understand the likely representation of care experienced individuals in the region, potential impacts have been considered in Section 5, and recommendations to mitigate negative impacts are included in Section 6.

4. Amendments to the EqIA Evidence Base

This section of the EqIA technical note presents the amendments to the 2021 EqIA evidence base including changes to:

- The **socio-demographic profiling of residents living in the core assessment area (CAA)** - highlighting key changes between the 2011 Census data and 2021 Census data.
- Changes in CAA **amenities** recorded in the study area - because of red line boundary changes, or amenities opening/closing since October 2021.
- **Crime data** – using October 2023 – August 2024 crime data to understand any new patterns in crime and hate crime.
- **Consultation responses** – from the consultation which took place in 2022 (after the 2021 EqIA was published).

Findings from this revised EqIA evidence base will help to support the identification of any disproportionate positive or negative impacts for the local community living and working close to the scheme and PCGs.

4.1 Socio-demographic profiling

The demographic profile of the area in which the scheme is located has been understood through analysis of 2021 Census data and supplemented through other data where this is not available. The findings are summarised below and a full breakdown of statistics relevant to PCGs or vulnerable groups can be found in Appendix B on page 28. This shows the proportion of people with protected characteristics living in both the CAA (where this data is available), and South Cambridgeshire and Cambridge as the CAA falls in both areas. Cambridgeshire, East of England and national statistics have also been provided for comparison.

For the purpose of this assessment, key changes between the 2011 and 2021 Census data have been summarised in Table 4-1.

Table 4-1 - Key differences between Census 2011 and 2021 data

PCG or vulnerable group	Key differences between the 2011 and 2021 Census data
Age	<ul style="list-style-type: none"> • The proportion of children in the CAA and Cambridge dropped between the 2011 and 2021 Census by approximately 4% and 3% respectively. This is the opposite trend to the increase of ~3% seen in Cambridgeshire. The proportion of children in the East of England and England regions is 19%, which is the same as the 2011 Census. • The proportion of young people in the CAA increased by ~ 5%. • The proportion of older people decreased by ~4% in the CAA between the 2011 and 2021 Census, with a similar trend for England and East of England.
Disability	<ul style="list-style-type: none"> • In the CAA, the proportion of people whose day-to-day activities are 'limited a lot' has reduced by ~1%. • In Cambridge and South Cambridgeshire, the proportion of people whose day-to-day activities are 'limited a lot' is broadly similar, however the proportion of people 'limited a little' has increased by 2-3%.

	<ul style="list-style-type: none"> The proportion of people who do not have a long term physical or mental health condition in the CAA has fallen between the 2011 and 2021 Census, from 84% to 79%. The statistics for the East of England and England remain the same. The NHS⁴ reported that in England, women are more likely to have longstanding conditions (43% of women had a longstanding condition, compared with 37% of men).
Gender Reassignment	<ul style="list-style-type: none"> Gender identity data was not collected in the 2011 Census. In the 2021 Census, the proportion of people in the Cambridge who were a sex different to their sex registered at birth, including trans women, trans men, non-binary, other gender identities and no specific gender-identity (0.9%), was higher than all other areas where Census data was analysed.
Marriage and civil partnership	<ul style="list-style-type: none"> The proportion of people who are single has increased in all areas. It has increased most significantly in the CAA, where the percentage rose from 31% to 38%. The proportion of people who are married in all regions declined, most significantly in the CAA, where the percentage decreased from 53% to 48%. In the CAA, there is a similar proportion of people who are single and slightly more (~4%) people who are married. Fewer people are divorced, widowed and separated. In Cambridge, the proportion of people who are single (~57%) is much higher than all other comparative areas.
Pregnancy and maternity	<ul style="list-style-type: none"> In Cambridge and South Cambridgeshire, the number of live births, the General Fertility Rate (GFR) and Total Fertility Rate (TFR) have all fallen, whereas the opposite trend was seen in the East of England and England statistics. The difference is greatest in Cambridge, where the GFR has dropped from 45.7 (already ~12 below the England average) to 32.8.
Race and ethnicity	<ul style="list-style-type: none"> The proportion of people who are White in the CAA (77%) is between 4-12% lower than in South Cambridgeshire (89%), East of England (87%) and England (81%). Conversely, the proportion of people with Mixed or Asian ethnicity is generally higher in the CAA and Cambridge compared to South Cambridgeshire, the East of England and England. In the CAA, the proportion of people with other ethnicities has increased from 0.6% in 2011, to 2.4% in 2021.
Religion	<ul style="list-style-type: none"> 2021 Census data shows that in the CAA, the proportion of people who stated they were Christian was 44%, this was within 2% of the South Cambridgeshire, Cambridgeshire, East of England and England statistics. The percentage of Christians in Cambridge was significantly lower at 35%. This pattern was similarly demonstrated in the 2011 Census. In the CAA, the proportion of people who are Buddhist, Hindu or have a different religion is slightly higher than the England average, but by no more than 0.5%. There is a lower proportion of people who are Muslim in the CAA compared to the England average by approximately 4%, however it only differed to the East of England average by 0.5%.
Sex	<ul style="list-style-type: none"> The proportion of women in the CAA has decreased by 1.2% between the 2011 and 2021 Census. The proportion of women in Cambridge has increased by 1.4% from 48.5% to 49.9% between the 2011 and 2021 Census.

⁴ <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2021-part-2/adult-health-general-health>

	<ul style="list-style-type: none"> Overall, the proportion of men and women in the CAA is roughly balanced, with no percentage below 49% or above 51%.
Sexual orientation	<ul style="list-style-type: none"> Data on sexual orientation was not recorded in the 2011 Census, however data is available for Cambridge and at a regional and national level from the 2021 Census (it is not available at a CAA level). The proportion of people who are gay or lesbian (3%), bisexual, (4%), pansexual (0.4%) and asexual (0.3%) in Cambridge is higher than all other regions.
Care experience	<ul style="list-style-type: none"> There is no Census data related to vulnerable groups, such as those with care experience, however data on the number of vulnerable children at a local authority, regional and national level published by the Department for Education in 2024 has been analysed⁵. It should be noted that care experienced individuals can be any age, and therefore this figure is only analysed in this assessment to allow us to draw high level assumptions about the likely proportion of people in this vulnerable group in the CAA which may experience disproportionate impacts because of the Scheme. The number of children in need per 10,000 children under 18 years old has been compared in Appendix B for Cambridgeshire, the East of England and England. It shows that Cambridgeshire has a slightly lower rate of children in need compared to England, however a higher rate of children in need compared to the East of England.

There has not been any change to the indices of multiple deprivation data since the 2021 EqIA and therefore, the impacts relating to this vulnerable group previously outlined are still considered relevant.

4.2 Area Background

4.2.1 Local Amenities

The extent of the CSET Phase 2 Scheme defined by a red line boundary. A core assessment area (CAA) was produced using a 1km boundary around the red line boundary to capture amenities which may be affected by the Scheme. The amenities assessment also provides an understanding of the staff and people that will travel to and from the study area and may also be impacted by the Scheme. The amenities can be seen in Figure 4-1 and key amenities relevant to PCGs are listed in Table 4-2.

⁵ Department for Education, GOV.UK. Outcomes for children in need, including children looked after by local authorities in England - [Explore our statistics and data - Explore education statistics - GOV.UK](#)

Figure 4-1 - Amenities within the CAA



The red line boundary has only changed by a small amount since the 2021 EqIA, however it should be noted that the northern section of the Scheme is in Cambridge and has a higher population and more amenities. Some of these amenities are likely to attract PCGs, certainly beyond the CAA and potentially Cambridge, examples of these amenities include Addenbrooke's Hospital, Royal Papworth Hospital and Cambridge Biomedical Campus. When the Scheme design is fixed, there should be an assessment of amenities which fall within the CAA as these amenities will be impacted more by the Scheme during construction and should therefore be included within communication and construction plans for the Scheme, as well as fully assessing the likely impact on these amenities as a result of the Scheme.

Table 4-2 - Amenities within the CAA

Amenity type	Amenity name
Religious establishments	
Church / place of worship	Faith Life Church, St Andrew's, St Peter's Church.
Community centres	
Public / village hall / community centre	Clay Farm Centre, Jubilee Pavilion, Cox's Close Community Room, St Mary's Community Hall, Chapelfield Way Community Centre, Johnson Memorial Hall.
Education centres	
Children's nursery	Bright Horizons Long Road Day Nursery and Preschool, right Horizons Bunnybrookes Day Nursery and Preschool, Shelford Day Nursery, Nursery at Stapleford Community Primary School, Trumpington Park Early Years and Childcare, Babraham Nursery.

College	Trumpington Community College, Long Road Sixth Form College, St Mary's School and Homerton College Sports Fields, Hills Road Sixth Form College Sports Ground.
Preparatory / First / Primary / Infant/ Junior / Middle School	Trumpington Park Primary School, Fawcett Primary School, Stapleford Community Primary School, Babraham C Of E Primary School, The Icknield Primary School, The Bellbird Primary School, Pelican Pre-preparatory School.
Secondary / High School	The Perse Upper School, St Mary's School and Homerton College Sports Fields.
Higher Education/ University	Forvie Site (University of Cambridge), Cambridge Biomedical Campus.
Care homes	
Care / Nursing Home	First Care Homes - The Cambridgeshire Care Home, City Care Services, Westminster Homecare, Cambridge Care Services.
Healthcare facilities	
Dentist	Devonshire House Dental Practice, Hills Road Dental Practice, Cambridge Orthodontic Practice, Dentistry and More.
General Practice Surgery / Clinic	Trumpington Medical Centre.
Hospital	Addenbrooke's Hospital, Cambridge Children's Hospital, Royal Papworth Hospital.

4.2.2 Crime

Table 4-3 shows the number and proportion of crimes recorded within the CAA between September 2023 and August 2024. Violence and sexual offences constituted more than a third of all recorded offences (38%) and were almost three times more frequently recorded than the second most recorded crime, anti-social behaviour (13%). Robbery was the most infrequently recorded crime, with eight instances, constituting 0.7% of offences. Both possession of weapons and theft from the person were recorded 11 times, therefore each constituting 0.7% of total offences. Crime and the potential impact of the Scheme on crime was considered at a higher level in the 2021 EqIA, and therefore a direct comparison is not provided in this technical note.

Table 4-3 - Crimes in the CAA (September 2023 – August 2024)

Crime Type	Number of Crimes Recorded	Percentage of Total Offences (%)
Anti-social behaviour	150	12.7
Bicycle theft	60	5.1
Burglary	43	3.6
Criminal damage and arson	113	9.6
Drugs	26	2.2
Other crime	24	2.0
Other theft	112	9.5
Possession of weapons	11	0.9
Public order	71	6.0
Robbery	8	0.7
Shoplifting	44	3.7
Theft from the person	11	0.9
Vehicle crime	66	5.6
Violence and sexual offences	443	37.5

Figure 4-2 – Percentage of Total Offences Recorded, by Crime Type

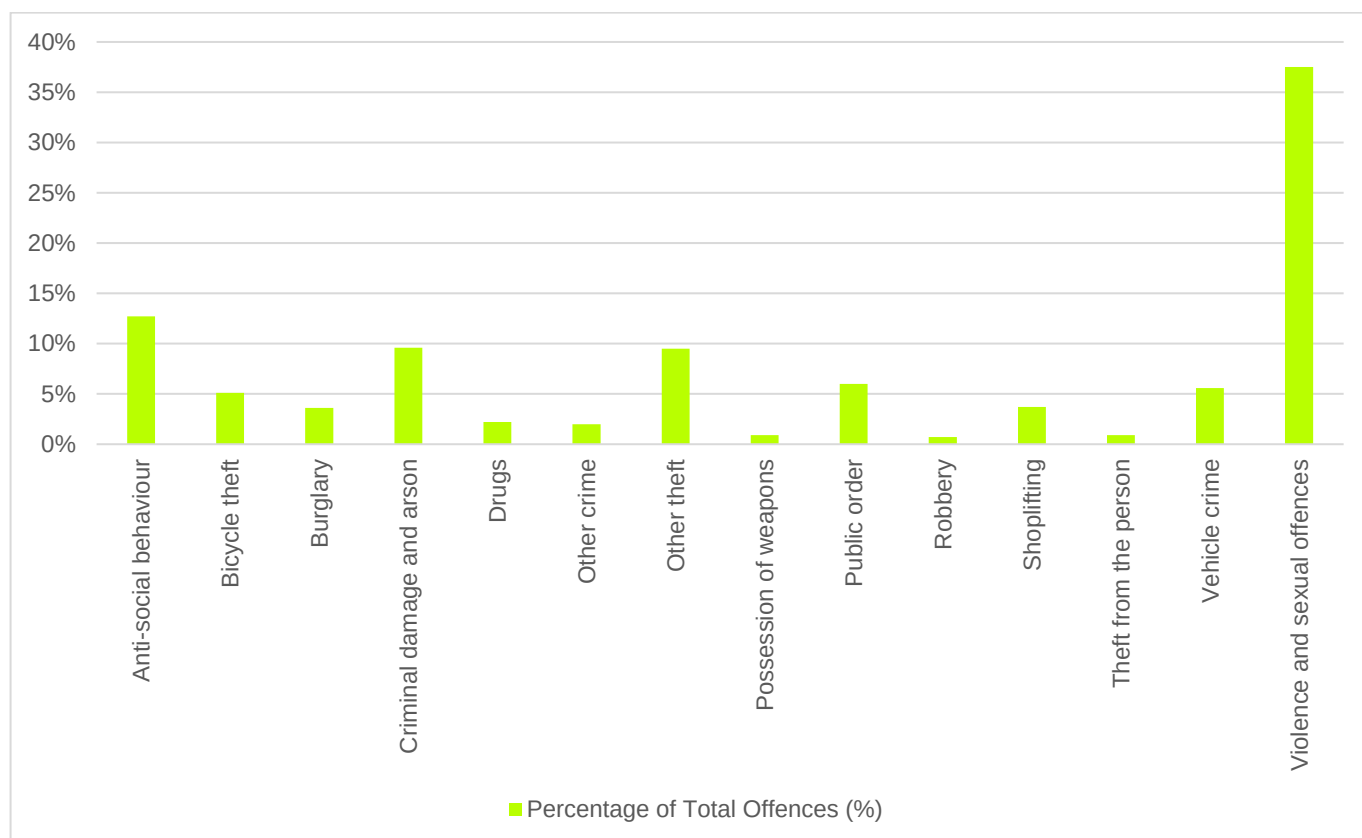


Table 4-4 shows hate crime data recorded between 2022 and 2023 in Cambridgeshire, East of England and England. Race related hate crimes account for 76.8% of all instances of hate crime in Cambridgeshire, a 6.3% higher proportion than the average for England (70.5%). There is a lower proportion of religion, sexual orientation and disability related hate crimes in Cambridgeshire compared to both the East of England and England. The proportion of transgender related hate crimes in Cambridgeshire is 0.2% lower than in the East of England, but 0.4% higher than in England. Hate crime and the potential impact of the Scheme on hate crime was considered at a higher level in the 2021 EqIA, and therefore a direct comparison is not provided in this technical note.

Table 4-4 - Hate Crime Data (2022-2023) ⁶

Hate Crime Type	Cambridgeshire		East of England		England	
	No. of Offences	% of Offences by Motivating Factor	No. of Offences	% of Offences by Motivating Factor	No. of Offences	% of Offences by Motivating Factor
Race	1,327	76.8%	7,908	70.0%	98,179	70.5%
Religion	60	3.5%	535	4.7%	7,954	5.7%

⁶ Hate crime, England and Wales, 2022/23: [hate-crime-england-and-wales-2022-to-2023-appendix-tables-second-edition.ods \(live.com\)](https://hate-crime-england-and-wales-2022-to-2023-appendix-tables-second-edition.ods(live.com)) (Accessed on: 21/10/2024)

Sexual orientation	222	12.9%	1,702	15.1%	22,877	16.4%
Disability	126	7.3%	1,220	10.8%	12,928	9.3%
Transgender	53	3.6%	404	3.8%	4,430	3.2%

It should be considered that many crimes and hate crimes which impact PCGs are not always reported and therefore, the figures presented here are likely to be lower than the actual instances of crime and hate crime. Fear of crime can also have a significant impact on PCGs (for example, causing people to change their travel behaviour) and this fear of crime is difficult to measure quantitatively.

4.3 Consultation on the Scheme

There has been consultation on the Scheme undertaken in 2016, 2018, 2019, 2020 and 2022. The most recent consultation was not covered in the 2021 EqIA and therefore, a summary on the consultation methods and findings relating to PCGs has been provided below.

4.3.1 2022 Stapleford Consultation

Stapleford consultation took place between 18 July and 30 August 2022, with the purpose to consult on a proposed route and bus stop location change in Stapleford, and to be considerate of proposals for a new retirement village.

A leaflet explaining the options and asking for people's views were distributed to homes and businesses in Stapleford. The consultation was also publicised on the GCP Scheme web page:

www.greatercambridge.org.uk/cambridgesoutheast

Consultees were invited to find out more and completed an online questionnaire on the 'Consult Cambs' website, they were also able to:

- Email their responses,
- Sent their responses via post; and
- Call the project team.

Age

Consultees were given the opportunity to provide their age range. A total of 302 respondents answered the survey question with regards to their age range. The most common answer was '65-74' with 70 respondents (23.2%) selecting that option, followed by '55-64' as the second most frequent response (65 respondents; 21.5%). The lowest representation was from the '15-24' age range, with only 2 respondents (0.7%).

Employment status

Consultees were given the opportunity to provide their employment status. Analysis of employment response (taken from consultation report (CSET-05-00)). A total of 301 respondents answered the survey question regarding their employment status. The most frequent category chosen was 'Retired', which was selected by 130 survey respondents (43.2%). This was followed by 'Employed', with 104 respondents (34.6%). The lowest representation was from the 'Unemployed' category, with just 1 respondent (0.3%).

Disability

Analysis of disability response (taken from consultation report) highlighted that a total of 293 survey respondents answered the question on whether they have a disability that influences travel decisions.

There were 126 people who provided comments with regards to the potential of the proposals to either positively or negatively impact people or groups with protected characteristics under the Equality Act 2010 as asked in Question 5 of the survey.



Respondents emphasised the importance of designing the Scheme to incorporate any necessary 'at grade' crossings of the busway and active travel routes to link the new retirement village with the proposed Country Park, with safety deemed crucial. Since the consultation, scheme design has evolved to ensure the public transport route, including its bus stops, provides convenient access for all users. The proposed routes currently meet the objectives of the Scheme by providing public transport access to/from Cambridge, Great Shelford, Stapleford, Sawston and Babraham. Two new controlled crossings have been added to the Scheme at Stapleford to ensure safe access.

5. Equality Impact Assessment

The table below summarises the likely impact upon PCGs as a result of the limited changes to the Scheme and the analysis of related policy and data made available since October 2021.

As highlighted in section 4.1, there are several changes to the demographic composition of the CAA and surrounding areas between the 2011 and 2021 Census. The overarching findings included:

- Proportion of children and older people has decreased in the CAA.
- The proportion of those who reported their day-to-day activities are limited a lot reduced, whilst those whose are limited a little increased.
- Proportion of single people increased, whilst married people decreased.
- In Cambridge and South Cambridgeshire, live births, GFR and TFR have all decreased.
- Proportion of people with Mixed, Asian or Other ethnicities has increased in the CAA.
- Proportion of females slightly decreased in the CAA.

Whilst the proportion of these PCGs have changed since the 2011 Census and the 2021 EqIA, it is evident that all PCGs remain present in the area and therefore the impacts identified for them in the 2021 EqIA remain.

Since the 2011 Census and 2021 EqIA, data is now available on gender reassignment, sexual orientation and care experience. Therefore, these have been included in the following impact table, along with impacts identified as a result of the limited to changes to the Scheme and since October 2021, namely:

- Addition of signalised crossings on all approaches to Dame May Archer Way Roundabout.
- A zebra crossing changed to a signalised crossing for pedestrians and cyclists.
- Access deterrent planting proposed between the guided busway and emergency maintenance track.
- Minor changes to the route alignment and two additional crossings at Stapleford.

Table 5-1 - Equality Impact Assessment Considerations

Equality Group (PCGs)	Summary of related impact as a result of amendments to evidence base
Age	<p>2021 Census data shows the proportion of children and older people has fallen since the 2011 Census. However, there is still representation of these groups of ~15%-18% each, and the proportion of children is in line with the East of England average and therefore there should still be careful consideration of Scheme impacts.</p> <p>Safety improvements because of design changes– Individuals with poor health or disabilities may face several barriers when travelling due to specific travel requirements including (but not limited to) physical access onto or across the transport system, usability of public transport information, or perceived safety and confidence issues. Signalised crossings are often more visible to drivers, and encourage pedestrians to wait and follow instruction, rather than zebra crossings. There are also two new crossings proposed in Stapleford which may positively impact all older people and those living in the retirement village. These crossings could make roads and junctions easier to cross for all pedestrians and non-motorised road users, particularly children and older people, who may feel less confident crossing busy roads. Furthermore, there may additional safety enhancements through the provision of access deterrent planting, resulting in fewer people (particularly children and young people) accessing between the guided busway and emergency maintenance track.</p>
Disability	<p>Whilst there weren't notable differences in the proportion of disabled people in the CAA or Cambridge between the 2011 and 2021 Census; the proportion of people without a long term physical or mental health condition in the CAA has fallen.</p>

	<p>People with physical or mental health conditions may need to access amenities such as healthcare establishments more frequently, or they could be impacted more significantly if they are required to change their route or travel plans. Any increase in travel distances to local amenities may have a disproportionate impact on those needing to make frequent trips and those with limited mobility or mental health conditions. Hospitals such as Addenbrooke's Hospital is likely to have staff, patients and visitors travelling from further than the CAA and Cambridge.</p> <p>Safety improvements because of design changes - The introduction of additional crossings and upgrade of signalised crossings is likely to benefit disabled people, particularly visual, hearing and cognitive impairments. It is important crossings are built to British Design Standards and are fully accessible for all road users.</p>
Gender Reassignment	<p>Gender reassignment data was not available for inclusion in the 2021 EqlA. Data is not available for the CAA, however the data for Cambridge is assumed representative of the CAA. The proportion of people in Cambridge who were a sex different to their sex registered at birth, including trans women, trans men, non-binary, other gender identities and no specific gender-identity (0.9%), was higher than all other areas where Census data was analysed, suggesting a higher likelihood of this PCG being present in and around the Cambridge.</p> <p>Potential temporary negative construction impacts - People within this PCG may have a worse perception of safety and be more at risk of hate crime, therefore consideration will need to be given when designing the Scheme specifically when thinking about physical factors that impact the perception of safety including accessible routes, surveillance (natural and CCTV) and lighting etc. In addition, any changes to existing routes due to diversions should provide information about alternative routes and journey planning to assist transgender people, thus improving or maintaining the quality of their current present travel experience.</p>
Marriage and Civil Partnership	<p>The Scheme changes since the 2021 EqlA are not expected to have any disproportionate impact upon this PCG. The impacts identified in the 2021 EqlA remain appropriate.</p>
Pregnancy and maternity	<p>In Cambridge and South Cambridgeshire, the number of live births, the General Fertility Rate (GFR) and Total Fertility Rate (TFR) have all fallen.</p> <p>Safety improvements because of design changes - The additional and improved signalised crossings will provide more frequent and safer crossing opportunities, which could benefit pregnant people with temporary mobility difficulties.</p>
Ethnicity	<p>The impacts identified in the 2021 EqlA remain in consideration, there may be an increase in the number of people in ethnic minority groups who experience the impacts already described as a result of the slight increase in the proportion of the population in this group.</p> <p>Safety improvements because of design changes - The increased number of crossings proposed for the scheme is likely to increase the ease of crossing for pedestrians. Crime data for 2023-2024 demonstrates that this PCG experiences the highest level of hate crime and therefore, the ability to cross could benefit this group when the scheme is operational by improving perceived and/or actual safety.</p>
Religion	<p>The scheme changes since the 2021 EqlA are not expected to have any disproportionate impact upon this PCG. The impacts identified in the 2021 EqlA remain in consideration.</p>
Sex	<p>The scheme changes since the 2021 EqlA are not expected to have any disproportionate impact upon this PCG. The impacts identified in the 2021 EqlA remain in consideration.</p>
Sexual Orientation	<p>Sexual orientation data was not available for inclusion in the 2021 EqlA. Data is not available for the CAA, however the data for Cambridge is assumed representative of the CAA. Within Cambridge, the proportion of people who are gay or lesbian (3%), bisexual, (4%), pansexual (0.4%) and asexual (0.3%), are higher than all areas surrounding the Scheme.</p>

	<p>Potentially temporary negative construction impacts – Similarly to the gender reassignment PCG, those who are LGBTQ+ may face barriers due to negative safety perceptions, and the risk of hate crime. Therefore, consideration should be given to physical factors that could impact the perception of safety and fear of hate crimes, to assist LGBTQ+ people, thus improving or maintaining the quality of their current present travel experience. This consideration needs to be present throughout the Scheme lifecycle; in the design of the Scheme, in the consideration of safe diversion routes for pedestrians and cyclists and when preparing the maintenance plans.</p>
Care experience	<p>The potential impact for care experienced people was not included in the 2021 EqIA, therefore it has been summarised here. There is little data relating to this vulnerable group which can be used to understand whether this group is over or underrepresented in the CAA. The number of children in need has been used instead as a figure which is assumed to be indicative of whether there may be a higher proportion of care experienced individuals in the CAA. Cambridgeshire has a slightly lower rate of children in need compared to England, however a higher rate of children in need compared to the East of England.</p> <p>Construction considerations</p> <ul style="list-style-type: none"> • Access to services – people with care experience may be impacted disproportionately during construction as access to services such as transport, workplaces or education will likely be disrupted for a two-year period. It is difficult to understand whether the Scheme may impact access to services for people currently in care, because the location of children's care homes is not always shared publicly for the safety of the children staying there. • Potential lack of access to scheme information – people with care experience may be impacted by digital exclusion if they face financial challenges. Although information on the scheme has been communicated by post to residents as well as online, depending on the catchment area included in the letter drop, people with care experience in the wider area may have an increased chance of not being notified. A lack of trust in systems and institutions as a result of experience with care systems may also discourage people in this group from feeding back or engaging with the Scheme which mean their views may not be voiced and/or considered. • Improved access to public transport – Care experienced individuals may face challenges accessing public transport, as financial challenges can result in people living in rural areas. Care experienced individuals may therefore benefit from the Scheme which plans to make public transport more accessible, aiding journeys to work, school or amenities such as healthcare services, food stores or religious establishments. <p>Operation considerations</p> <ul style="list-style-type: none"> • Care experienced individuals are often more dependent on public transport for accessing education, employment and for leisure purposes. The guided busway is likely to increase their travel options and provide improved services which may benefit this PCG. • Potential scheme impacts could be exacerbated if disadvantage arising from one or more other vulnerable groups or PCGs intersects to create unique and dynamic effects. For example, an individual who is disabled and has cared experience may be challenged disproportionately when accessing services.

6. Summary and Recommendations

This EqlA technical note has provided a revised evidence base to support the identification of impacts relating to the CSET 2 Scheme. Section 5 has summarised whether this evidence base would likely change any impacts already identified in the 2021 EqlA or result in new impacts for PCGs and vulnerable groups.

There have been some changes to the proportion of PCGs in the CAA and wider region which has been assessed through analysing 2021 Census data. It should be noted that there is representation of all PCGs in the CAA, and therefore, the impacts highlighted in the 2021 EqlA still remain. Data relating to sexual orientation and gender reassignment was collected in the 2021 Census, which has provided a greater understanding of the proportion of people within this PCG within Cambridge, which is assumed to be representative of the population in the CAA.

Some key design changes proposed since the 2021 EqlA will likely have a positive impact on PCGs and all Scheme users, as formalised and more frequent crossing points will increase pedestrian priority and safety. The construction stage of the Scheme is when disbenefits to multiple PCGs can occur and there is a need to work with the construction contractor to understand the TM planned and how this may impact on PCGs, vulnerable groups and communities living and working close to the Scheme.

Table 6-1 highlights recommended actions to ensure PCGs and vulnerable groups are considered in the Scheme and to mitigate any potentially negative impacts. Please note the actions included in the 2021 EqlA are still open actions and should be considered going forward.

Table 6-1 – Recommendations

Action	Deadline	Responsible
Understand impact of traffic management (TM) – Information on TM is still limited at this stage. Therefore, we recommend liaising with the construction contractor to gain a greater understanding of shifts and TM required for the Scheme and the potential impact on PCGs and the local community including local road-users, pedestrians and cyclists. The EqlA technical note should be revisited at the next project stage to review this impact. The project team should work closely with key amenities in the CAA to understand how TM is likely to impact access for people visiting the hospital (e.g. staff and patients visiting Addenbrooke's hospital) to mitigate the impact where possible.	Detailed design	Project manager, stakeholder engagement lead
Opportunities for inclusive design considerations - It is recommended that an inclusive design consultant is involved and the EqlA team remain involved in the Scheme at detailed design stage to review the Scheme design proposals and explore opportunities to mitigate potential disproportionate impact identified and further improve accessibility for all.	Detailed design	Project manager/ commissioning manager
The communication plan for the scheme should be in place to inform residents and businesses in Cambridge of the schedule of activity (specifically for those identified within 1km of the Scheme). Communications should be issued in advance of any works commencing. As a minimum, this communication should include the following information: <ul style="list-style-type: none"> • Scheme background information. • When the works are starting and expected durations. 	Detailed design	Project manager, stakeholder engagement lead

<ul style="list-style-type: none"> • What the works involve, including any closures to accesses and diversion routes as appropriate. • Contact information for the project team. • Links to the project website. <p>The approach to communication should include a variety of formats and mediums, to ensure the communication is accessible. This may include provision of online and hard copy materials, which include pictorial and large print information, with consideration of colour schemes and use of clear language, to assist those who do not have English as a first language</p>		
<p>Further consideration of care experienced individuals – There is an opportunity to work with charities and/or services supporting people with care experience to understand further how the Scheme may impact them to ensure their feedback and views are included as the Scheme develops.</p>	Ongoing	Project manager, stakeholder engagement lead
<p>EqlA updates - To provide an updated EqlA should the design or operational plans for the project change, or if any additional consultation or engagement is undertaken.</p>	Ongoing	Project manager, EqlA team

APPENDICES



Appendix A. AtkinsRéalis EqIA Due Diligence Review

Technical Note

Project: Cambridge South East Transport (CSET) Phase 2

Subject: EqIA Review

Author: Nicola Glover

Date: 28/06/2022

This technical note provides a review of an Equality Impact Assessment (EqIA) undertaken by Motts for the Cambridge South East Transport (CSET) Phase 2 Project, which Atkins have now taken over.

This review is a due diligence process which asks: what issues would 'you' have should 'you' have to give evidence at a Public Inquiry (PI).

The EqIA sections are summarised in the table below, along with any potential issues, solutions and outcomes.

Section	Issue	Solution	Outcome of solution
1 Introduction	<i>None</i>	<i>n/a</i>	<i>n/a</i>
2.1.4	Map of impacted area. We usually use scheme alignment and do a buffer around that, however given the later stages of the project the RLB has been used.	RLB incorporates the potentially impacted local population more inclusively than purely just the scheme alignment.	Impartial observation but agree with approach to analysis
3 Literature review	<i>None</i>	<i>n/a</i>	<i>n/a</i>
4.2.2 / 4.2.3	Fig of community resource is very thorough. Though religious establishments are called 'Church / place of worship'. It should either collectively use a neutral term (i.e., religious establishments/buildings) or separate them out, to examine which PCGs within 'Religion and belief' are most likely to be impacted (for example, Christians, Muslims, Buddhists etc.).	As no religious group is overrepresented, therefore happy with approach to amalgamate religious establishments.	Impartial observation but agree with approach to analysis
4.12	Sexual orientation. Regional data is available, but only presented for UK level.	Though regional level data might provide slightly more insight into the likely prevalence of LGBT groups in the area, as	Impartial observation but agree with



		it's not disaggregated any further, it wouldn't provide enough detail to be useful down to the study level.	approach to analysis
5 Stakeholder engagement	<i>None</i>	<i>n/a</i>	<i>n/a</i>
6.1.1 Table 1.1	The row for 'Changes to public realm' for both construction and operation doesn't include whether there would be an impact on disabled people or the pregnancy and maternity group.	Ideally, we would add disability and pregnancy and maternity to the PCGs affected. However, as there is no adverse impact for the other PCGs listed (children, young people, older people), it is unlikely there would be any differential impacts on the 2 omitted PCGs.	Impartial observation but agree with approach to analysis
6.1.1 Table 6.1	In these tables I think the conclusions have been born out of where PCGs are overrepresented in the study area. While this is a good approach to highlight those most likely to be impacted, it should also state that while there may be lower proportions of PCGs than UK/regional averages, they will still be present in the study area and should therefore be considered throughout. For example, it's stated 'No ethnic or racial groups are over-represented within the ethnic minorities in the study area', but we still have to consider this group in terms of language barriers etc. as they still make up 18.4% of the study area.	We need to make sure it is 'inclusive for all'. Whilst approaches should be proportionate, we have to ensure all PCGs are considered regardless of their population size. While I would like to see them feature more in this table, they are mentioned further in 7.1., with regards to language barriers, so I'm comfortable they've been considered.	Agree with 'overall effects' conclusions in the tables.
7 Recommendations	Seems a concise but thorough summary of recommendations and mitigations with an owner for responsibility. Also good addition of ambition level, to signify which must be achieved and where others would add value.	Suggestions of additions: - Advance warning, in order to allow people to change/adapt their journeys beforehand.	Agree with recommendations made

Overall, I agree with the approaches used and agree with the overall conclusions/recommendations made in the EqIA.

There were some areas I feel it could be elaborated, or further information added which would add even more positive EqIA outcomes. It may be that due to the current project stage, additional information is not yet known or that certain aspects are out of scope. However, I'd recommend for any further updates of the EqIA to include more detail on the intricacies of these and their potential impact on the PCGs. Such as further details about the accessibility of the on-route stops, the Hub, car parks, disabled space provision and the likely bus fleet being used.

With that in mind I've added some additional point below for future consideration.



Section	Issue	Solution	Outcome of solution
<p>More detail on parking for the stops along the route</p> <p>More information about the fleet / types of buses likely to be used</p>	No doubt all aspects of the scheme are being designed and planned to be fully accessible, however more detail could enhance the EqlA regarding bus stops and buses being used.	<p>Might be worth a mention in 7.1.3 'Contractors, employment and supply chain' to have 'communication with inclusive design consultants / EqlA team to inform bus choice. To ensure they are fully accessible.'</p> <p>Ensure Hubs are fully accessible too, disabled spaces, tactile paving, ramped/raised access. Etc</p> <p>Another example would be ensuring the accessibility of buses marries up with that of the Hub and stops (i.e. is there a requirement for raised platforms for alighting or do the buses lower to ground level?)</p>	An observation made where I feel more value could be added around the positive EqlA outcomes
More detail on Transport Hub	I feel the Transport Hub may not be fully assessed here, particularly in terms of everything the Hub offers, further detail about car parking.	<p>There are a number of elements to these that can have beneficial and adverse impacts to PCGs. I'm sure they're all being considered as 'standard' in the wider project but would be good to see them here.</p> <p>For example, the drop off point, waiting room and welfare facilities are mentioned, but not really highlighted as a positive outcome. If done well and with PCGs in mind, they could provide additional positive outcomes.</p> <p>Older people, those with disabilities and pregnancy and maternity PCGs would all benefit from the waiting rooms and welfare facilities.</p>	An observation made where I feel more value could be added around the positive EqlA outcomes

Appendix B. Socio-demographic profiling

B.1 Age

Table B-1 shows the population by age group including children, young people, the working age population and older people within each region. At 18.3%, there is a similar proportion of children (aged 0-15) in the CAA than the averages for Cambridgeshire (17.6%), East of England (18.7%), and England (18.6%). The proportion of young people (16-24) at 13.3%, is higher than the county, regional, and national averages.

Table B-1 - Population by age group

	CAA (%)	Cambridge (%)	South Cambridgeshire (%)	Cambridgeshire (%)	East of England (%)	England (%)
Children (aged 0-15)	18.3	14.4	19.6	17.6	18.7	18.6
Young People (aged 16-24)	13.3	21.0	8.0	11.1	9.7	10.6
Working age (aged 25-64)	52.5	53.2	52.8	52.7	52.0	52.4
Older People (over 65)	15.8	11.4	19.6	18.6	19.6	18.4

B.2 Disability

Table B-2 shows the proportion of the population with a disability or long-term health condition that limits their day-to-day activities. At 4.6%, the CAA has slightly lower proportions of individuals who have their day to day activities 'limited a little' than Cambridge (4.9%) and South Cambridgeshire (5.2%). This is notably lower than the average for the East of England (6.6%), and England (7.3%). The proportion of individuals who report that their day-to-day activities are 'limited a little' in the CAA (9.0%) is slightly lower than averages for Cambridgeshire (10.2%), and the averages for the East of England and England (both 10%).

Table B-2 – Population by disability

	CAA (%)	Cambridge (%)	South Cambridgeshire (%)	Cambridgeshire (%)	East of England (%)	England (%)
Disabled under the Equality Act: Day-to-day activities limited a lot	4.6	4.9	5.2	6.0	6.6	7.3
Disabled under the Equality Act: Day-to-day activities limited a little	9.0	9.8	9.6	10.2	10.0	10.0

Not disabled under the Equality Act: Has long term physical or mental health condition but day-to-day activities are not limited	7.9	7.7	8.5	8.0	7.2	6.8
Not disabled under the Equality Act: No long term physical or mental health conditions	78.5	85.3	85.3	83.8	83.4	82.7

B.3 Gender Reassignment

There is no data available within each CAA regarding gender reassignment. However, information was collected countrywide during the 2021 Census.⁷ Table B-3 shows gender reassignment data for both Cambridge and South Cambridgeshire, within which the CAA is located. Whilst South Cambridgeshire has a broadly similar demographic profile with regard to gender identity and reassignment, Cambridge has a higher rate of individual identifying as non-binary (0.3%), than county, regional and national averages (all 0.1%).

Table B-3 - Gender reassignment data

	Cambridge (%)	South Cambridgeshire (%)	Cambridgeshire (%)	East of England (%)	England (%)
All other gender identities	0.2	<0.1	0.1	<0.1	<0.1
Different from sex registered at birth but no specific identity given	0.3	0.1	0.2	0.2	0.2
Non-binary	0.3	0.1	0.1	0.1	0.1
Not answered	9.3	5.3	6.2	5.6	6.0
Same as sex registered at birth	89.7	94.3	93.3	93.9	93.5
Trans man	0.1	0.1	0.1	0.1	0.1
Trans woman	0.1	0.1	0.1	0.1	0.1

B.4 Marriage and civil Partnerships

Table B-4 shows the proportion of population who are married or in a civil partnership in the CAA, Cambridge, South Cambridgeshire, Cambridgeshire, the East of England and England. At 38.2%, the CAA has a lower

⁷ [Gender identity, England and Wales - Office for National Statistics](#)

proportion of individuals who are single (never married and never registered a civil partnership), than Cambridge (56.5%). The average for the CAA is broadly similar to averages for Cambridgeshire (36.9%), the East of England (34.7%), and England (37.9%). The proportion of individuals in the CAA who are divorced, widowed or separated is lower than the regional and national averages.

Table B-4 - Population by marriage and civil partnership

	CAA (%)	Cambridge (%)	South Cambridgeshire (%)	Cambridgeshire	East of England (%)	England (%)
Single	38.2	56.5	30.2	36.9	34.7	37.9
Married couple	48.1	32.6	53.7	46.4	47.1	44.4
Civil partnership	0.3	0.3	0.2	0.2	0.2	0.2
Divorced	6.7	6.0	8.3	8.8	9.5	9.1
Widow	5.0	3.3	5.7	5.7	6.3	6.1
Separated	1.7	1.4	2.0	2.0	2.2	2.2

B.5 Pregnancy and maternity

Table B-5 shows the live births, general fertility rate (GFR), total fertility rate (TFR) and live births across each of the regions. Cambridge has a significantly lower general fertility rate and total fertility rate than the regional or national averages.

Table B-5 - Pregnancy and maternity values

	Cambridge	South Cambridgeshire	Cambridgeshire	East of England	England
Live births	1,293	1,634	9,345	67,054	595,948
General fertility rate (GFR)	32.8	57	53.6	57.1	54.3
Total fertility rate (TFR)	1.04	1.66	1.57	1.65	1.55

B.6 Race and ethnicity

Table B-6 shows the breakdown of the race and ethnicity of the population of the CAA, Cambridge, South Cambridgeshire, Cambridgeshire East of England and England. The CAA has a higher proportion of Asian and Mixed individuals when compared to the national and regional average, and has a higher proportion of non white residents (22.9%) than South Cambridgeshire (11.0%). The CAA has a broadly similar demographic profile to Cambridge.

Table B-6 - Population by ethnicity

	CAA (%)	Cambridge (%)	South Cambridgeshire(%)	Cambridgeshire (%)	East of England (%)	England (%)
White	77.1	74.5	89.0	88.6	86.7	81.1
Mixed	5.2	5.1	2.8	2.9	2.8	3.0
Asian	13.0	14.8	5.8	5.8	6.4	9.6
Black	2.3	2.4	1.2	1.4	2.9	4.2
Other	2.4	3.1	1.3	1.3	1.4	2.2

B.7 Religion

Table B-7 provides the religious profile of the CAA compared to the districts South Cambridgeshire and Cambridge, the East of England region and England. Aside from a lower proportion of Muslims (3.2% vs 6.7%), the CAA has a broadly similar religious demographic profile to the national average.

Table B-7 - Population by religion and belief

	CAA (%)	Cambridge (%)	South Cambridgeshire (%)	Cambridgeshire (%)	East of England (%)	England (%)
Christian	43.5	35.2	45.3	45.1	46.6	46.3
Buddhist	0.8	1.1	0.5	0.5	0.4	0.5
Hindu	2.3	2.3	1.4	1.1	1.4	1.8
Jewish	0.4	0.7	0.3	0.3	0.7	0.5
Muslim	3.2	5.1	1.7	2.1	3.7	6.7
Sikh	0.2	0.2	0.2	0.2	0.4	0.9
Other	0.7	0.8	0.5	0.6	0.6	0.6
No Religion	41.0	44.7	43.3	43.2	40.2	36.7
Not Stated	8.0	9.8	6.7	7.0	6.1	6.0

B.8 Sex

Table B-8 shows the proportion of the population who are male and female in CAA, Cambridge, South Cambridgeshire, East of England, and England. The CAA has a broadly similar ratio of men to women when compared to regional and national averages.

Table B-8 - Population by sex

	CAA (%)	Cambridge (%)	South Cambridgeshire (%)	Cambridgeshire (%)	East of England (%)	England (%)
Female	50.7	49.9	50.9	50.6	51.0	51.0
Male	49.3	50.1	49.1	49.4	49.0	49.0

B.9 Sexual orientation

There is no data available on this protected characteristic for the CAA. However, data was available countrywide from the 2021 Census⁸. Cambridge has a higher than average proportions of people identifying as gay or lesbian, pansexual and bisexual. Notably, the proportion of individuals who listed bisexual was 3.8%, which is close to three times the proportion for England (1.3%)

Table B-9 - Population by sexual orientation

	Cambridge	South Cambridgeshire	Cambridgeshire	East of England	England
Straight or Heterosexual	80.6	90.0	88.3	90.2	89.4

⁸ [Sexual orientation, England and Wales - Office for National Statistics](#)

Gay or Lesbian	2.7	1.1	1.5	1.2	1.5
Bisexual	3.8	1.2	1.8	1.1	1.3
Pansexual	0.4	0.2	0.2	0.2	0.1
Asexual	0.3	0.1	0.1	<0.1	0.1
Queer	0.2	<0.1	0.1	<0.1	<0.1
All other sexual orientations	0.1	<0.1	<0.1	<0.1	<0.1
Not answered	11.9	7.2	8.0	7.2	7.5

B.10 Care Experience

Data relating to care experience was not collected in the 2021 Census, however DfE data was published in October 2024 showing:

- The number of children with an episode of need at any point during the year.
- The rate of children with an episode of need at any point during the year per 10000 children aged under 18.

Data is not available for the CAA, however it has been summarised below at a local authority, regional and national level. It should be noted that the number of children in need does not represent the full number of care experienced individuals who can be any age. However, the number of children has been assumed to reflect the wider number of people who are care experienced in the local authority.

Table B-10 - Children in need data, 2024

	Cambridgeshire	East of England	England
Number of children with an episode of need in 2024	6,590	56,350	756,150
Rate of children with an episode of need per 10000 children (under 18)	473.5	412.2	630.2

The rate of children with an episode of need is lowest in the East of England when compared to Cambridgeshire and England. Even though care experienced individuals are not likely to be overrepresented in the Cambridgeshire, they will still be present in the study area and should therefore be considered throughout.

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