



Powys Public Services Board

Well-being Assessment 2017

Social Key Findings










Powys Public Services Board September 2017

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This section below describes the 15 key findings in detail and the data and analysis that was used to evidence our findings.

We rated the impact of each key finding against the 7 well-being goals and whether they are having a positive or negative affect on well-being (see key below)

Key	
	Negative - Critical
	Negative - Substantial
	Negative - Moderate
	No current impact on well-being
	Positive - Moderate
	Positive - Substantial
	Positive - Critical
	Negative - Critical (if no intervention)
	No Score Given

Adult Carers

Prosperous Powys	Resilient Powys	Healthier Powys	Equal Powys	Cohesive Powys	Vibrant Powys	Globally Responsible Powys
						



What are the key findings?

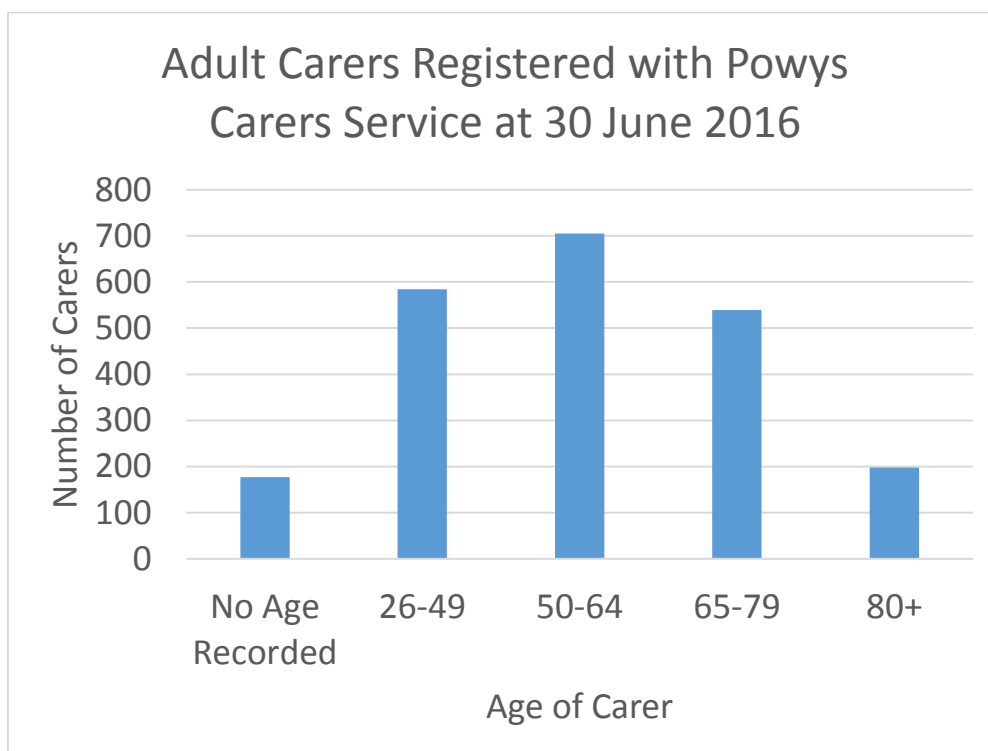
Adult carers need to be able to access information, advice and support to meet their needs. In Powys, there are 16,154 unpaid carers (Office for National Statistics, 2016), with the majority of these being over 50, and of those, a large proportion are retired. From national studies it has been found that the perceived health of carers is significantly poorer when compared to those who are not acting as carers (Carers UK, 2016). Around half of carers provide between 1-19 hours of care per week (ONS, 2016). The majority of these identified caring as being a major contributing factor to their poorer health. However, in recent years, the most noticeable growth in unpaid carers has been in those providing 50 or more hours of care per week. Unpaid carers are most common in south Powys, particularly in Ystradgynlais locality, while northern localities, such as Newtown, Welshpool, and Llanidloes had the lowest number of carers. The number of unpaid carers is expected to increase along with the county's ageing population.

However, unpaid carers under the age of 65 are projected to decrease by almost 10% by 2030 (ONS, 2016). Unpaid carers at present report that caring has greatly reduced their ability to maintain a full time job, or to attend other leisure or social activities. A majority of carers are also thought to be in financial difficulties. In the future, this may result in a large increase in people out of work as carers find themselves unable to return to the work place. There is also the growing issue of severe health inequality, with a potentially serious impact on the physical and mental health of carers.



What does the data tell us?

According to the 2011 population census, there are a total of 16,154 unpaid carers in Powys, of which 57% are female and 43% are male (ONS, 2016). The vast majority of these (15,038) are aged 25 and over (ONS, 2016). Of this group, carers aged 25-49 provided 4,665 hours of care per week, 50-64 provided 6,074 hours, and 65+ provided 4,299 hours. 65% of unpaid carers in Powys are aged 50 or over (ONS, 2016). A total of 39% are retired, 23% provide care full time, and 12% are employed on a part time basis. Of all carers aged 26+, a total of 2,203 had been identified by Credu in June 2016, though not all unpaid carers were identified. The various interventions made with adult carers show that more support is required for carers over the age of 25. The health of carers is thought to be significantly poorer than those with no caring responsibilities (Carers UK, 2016). Since 2001, there has been an increase of approximately 30,000 people providing care in Wales, an increase of 3.2%. The increase in number of carers was greatest in those providing 50 or more hours of care per week.

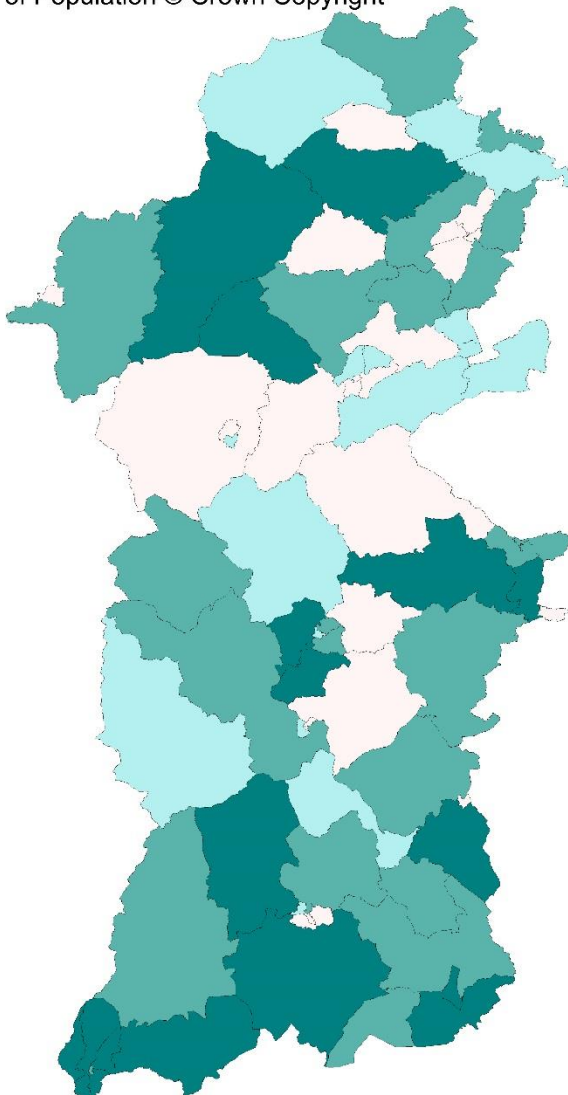


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% Population providing unpaid care

Source: 2011 ONS Census of Population © Crown Copyright

- 14% or over
- 12 to 13%
- 11.5 to 12%
- under 11.5%





Are there any specific locality differences?

Unpaid care (all ages): Highest in Ystradgynlais (15%); 2nd Crickhowell (13%) and Knighton and Presteigne (13%). Lowest in 4 localities (11%): Newtown, Welshpool and Montgomery, Llanidloes, Builth and Llanwrtyd (ONS, 2016).

Unpaid care (aged over 65): Highest in Ystradgynlais (17%); 2nd Llanfair Caereinion (16%); 3rd 2 localities - Crickhowell, Knighton and Presteigne (15%); Lowest in Llanidloes (12%); then low in 5 localities (14%): Builth and Llanwrtyd, Hay and Talgarth, Llandrindod and Rhayader, Machynlleth, Newtown (ONS, 2016).

The number of unpaid carers over 65 in Powys is predicted to increase by 35% (Wales: 30%) by 2030, whilst, unpaid carers under 65 is predicted to decline by nearly 10% by 2030 (Wales: -0.2%) (ONS, 2016).

Overall, this is an increase of 0.2% unpaid carers on balance in Powys (Wales: 7% increase) (ONS, 2016).



What do citizens say?

- 81% of carers surveyed agreed (or strongly agreed) that the support they had received had helped improve their health and well-being.
- 72 % of carers surveyed agreed (or strongly agreed) that contact with Powys Carers Service has improved the social, employment, or educational areas of my life.
- During Carers Week, Credu (formerly Powys Carer Service) Outreach workers engaged in the 'What Matters to You' conversations with Carers. Emerging issues included respite; opportunities to meet other carers; different services providing 'tea and chats' are competing with each other in Ystradgynlais and it is not clear who is doing what. Other key issues included difficulties in applying direct payments. In addition, some Carers have said they would like to help other Carers. (PCC, 2016)



What do staff say?

- Peer support groups can work independently but group dynamics can suffer without some Outreach Worker facilitation/support.
- Population Assessment Staff Questionnaire: Question: "Have any services closed in your area in the last 5 years? If yes, what has been the impact on service users and the need for support services?" Response: "Support for carers with Mental Health Services – impact too early to tell. Local Authority provision of Meals on Wheels closed – impact is increased pressure on domiciliary care for welfare visits and cooking tasks. Grant funding reductions to a variety of third sector organisations. One respite service for Learning Disabilities – service users now use other available services."



What does the third sector/private sector say?

Credu – connecting Carers' (formerly Powys Carers Service)

- Taking a sample of the average quarter of support given to people with Caring responsibilities who are over 65, we currently support about 600 people per quarter, 32% of whom need basic information and advice the other 68% require emotional support, advocacy to deal with benefits or services, respite solutions, support with their own health and well-being, support with isolation and family support.
- Where Carers are Caring for someone with a complex illness, they are telling us that they can struggle with managing the conflicting information and advice from different health professionals and that this is very stressful as they spend so much of their time trying to get health professionals to communicate with each other and worrying that the conflicting advice will damage the health of the person they care for. They tell us that they feel ultimately responsible for the person that they care for in this situation yet would be assured if their GP or other significant health professional could support them to make sense of and co-ordinate the advice of various consultants.
- Some Carers have responsibility for more than one person, some of our most vulnerable look after an ill spouse as well as adult children; their situation is challenging enough but sometimes they also have to spend considerable time and energy negotiating with services. The feedback they are giving is that having to 'fight' services can be crushing on top of all their other pressures.
- We are getting considerable feedback from Carers that once they set up arrangements with either domiciliary care providers, or set up their own arrangements, if things change or go wrong, it takes a very long time to sort out/get a Care Worker/PA replacement. This has all sorts of consequences and difficulties in terms of Carers having no respite, limiting their ability to sustain their own well-being and engage in activities other than Caring.
- Carers have highlighted how difficult it is in rural areas to get transport, even with the various community transport schemes that are taking place. What schemes there are and how they can help is patchy.
- Peer support groups can work independently but group dynamics can suffer without some Outreach Worker facilitation/support.



Are there any preventative measures associated with this data?

We have agreed a joint carers commissioning strategy and have commissioned an information, advice and support service for carers of all ages. The service specification was written at a time where we were planning for the implementation of the requirements set out in the Social Services and Well-being (Wales) Act 2014. For that reason we looked for a provider and developmental partner who would help shape and transform our support for carers, in particular we were seeking to transform processes and services in relation to raising awareness of the important role Carers play within the community and the additional support needs they may

have; developing an early 'well-being' assessment and statutory assessment for support; providing early intervention and preventive support for carers in order to minimise the escalation of issues and problems; developing social enterprises and community delivery models to support carers and provider opportunities for work, training and socialisation.



What we don't yet know.

Carers who we do not know about.

Ethnicity reporting (although this has improved).



National Trends

Carers UK report there is a total of 6,506,257 Carers in the UK (compared to 5,884,470 in 2001), 370,230 of these are in Wales. The 2011 Population Census shown an increase in the number of people identifying themselves as Carers in Powys - an additional 2,036 people since 2001. This equates to an 8.7% increase. Powys is ranked 14th in terms of the proportion of the population that provide care. Carers UK estimates a 40% rise in the number of carers needed by 2037 (an extra 2.6 million carers), meaning the carer population in the UK will reach 9 million. Care provided in the UK by carers is worth an estimated £81 billion per year (Carers UK, 2011). 58% of carers are female and 42% are male (ONS, 2011), in Powys, 57% of Carers are female and 43% male. One in four women aged 50-64 have caring responsibilities compared to one in six men, this compares with 59% of Carers over 85 are men and 41% are female.



Scenario

Short Term

In respect of Adult Carers in employment, juggling work and other commitments alongside their caring role; increased demand for services; potential impact on Adult carers' ability to work, study, or access leisure opportunities; social isolation; low income (Carers UK have reported that nearly half (48%) of carers are struggling to make ends meet).

Medium Term

Potential impact on adult carers ability to access or return to employment depending on the level of care they are providing or have provided; impact of caring on Carers own health and well-being; impact on their personal life (social isolation); lack of independence.

Long Term

What resources are going to be available to alleviate the pressure on Carers? Some adult carers will have reached retirement age and will be unable to return to work. However, there is a potential impact on adult carers' ability to access or return to work. Impact of caring on Carers

own health and well-being, impact on their personal life (social isolation), lack of independence. Financial pressure.



How do services currently contribute?

We have agreed a joint carers commissioning strategy and have recommissioned an information, advice and support service for carers of all ages. Powys is working to achieve an Everybody's Business model which means that identifying carers and understanding their support needs is part of everybody's role. This could also include a Team around the Carer approach once a Well-being Assessment has been completed in order to help a variety of agencies to work together to support carers of all ages and the people they care for. A Programme of work for Adult Health and Social Care has been established and an Accountability Framework that will deliver the carers' thematic area was developed and agreed.



Is need being sufficiently met?

As figures show, those who identified themselves as carers within the Census are not all known to our services. However, they may not require our support, but may not know it exists. Our newly commissioned Information, Advice & Support Service will proactively seek to engage and target carers who are in the most vulnerable or hard to reach areas and groups to ensure the service has equitable access. One key determinant of the likely number of carers in the future is the increased number of people living with dementia. It is estimated that by 2021 the number of people with dementia across Wales will increase by 31%, and by as much as 44% in some rural areas (Carers UK, 2016). 1 in 3 people will end their lives with a form of dementia, 1 in 5 people over the age of 80 presently has dementia, and two-thirds of those with a dementia diagnosis live in the community. The vast majority of these people will wish to live with or near their family and carers. Carers UK estimates that we will see a 40% rise in the number of carers needed by 2037 - an extra 2.6 million carers, meaning the carer population in the UK will reach 9 million (Carers UK, 2015).

Health Inequalities

Prosperous Powys	Resilient Powys	Healthier Powys	Equal Powys	Cohesive Powys	Vibrant Powys	Globally Responsible Powys
			★			



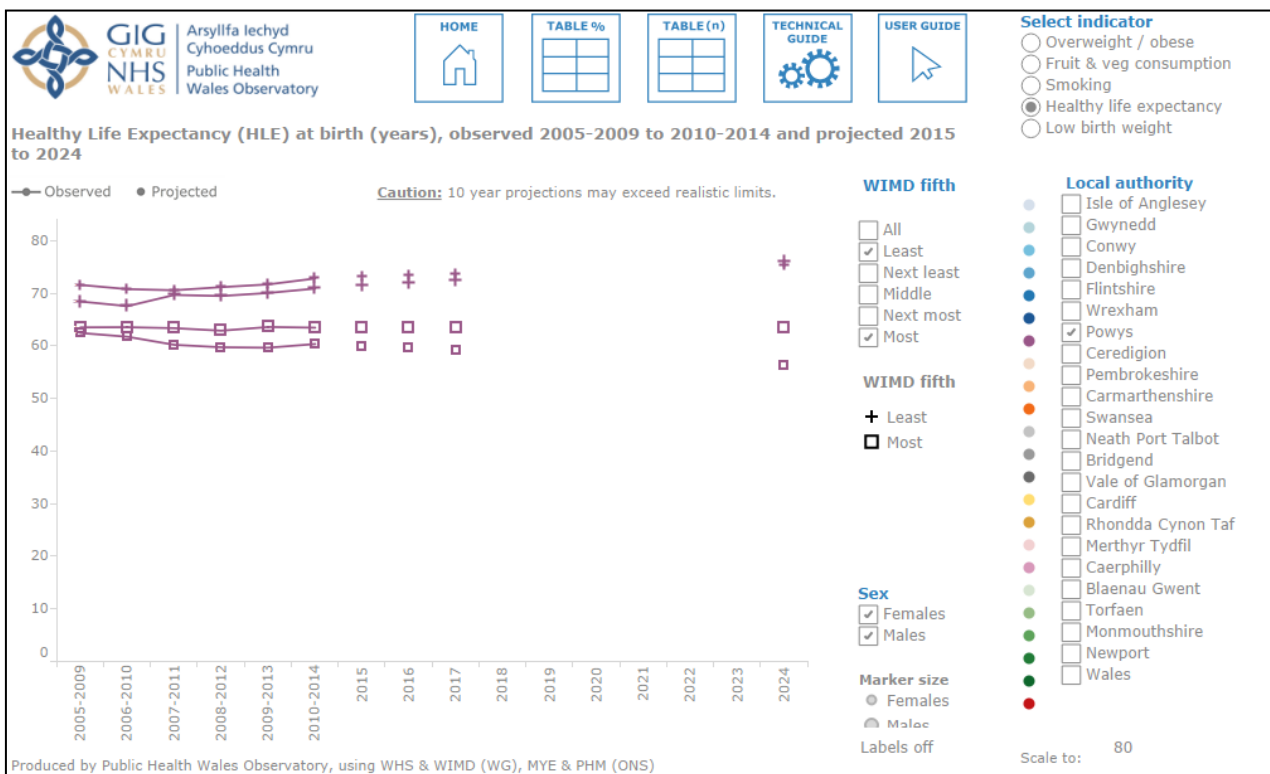
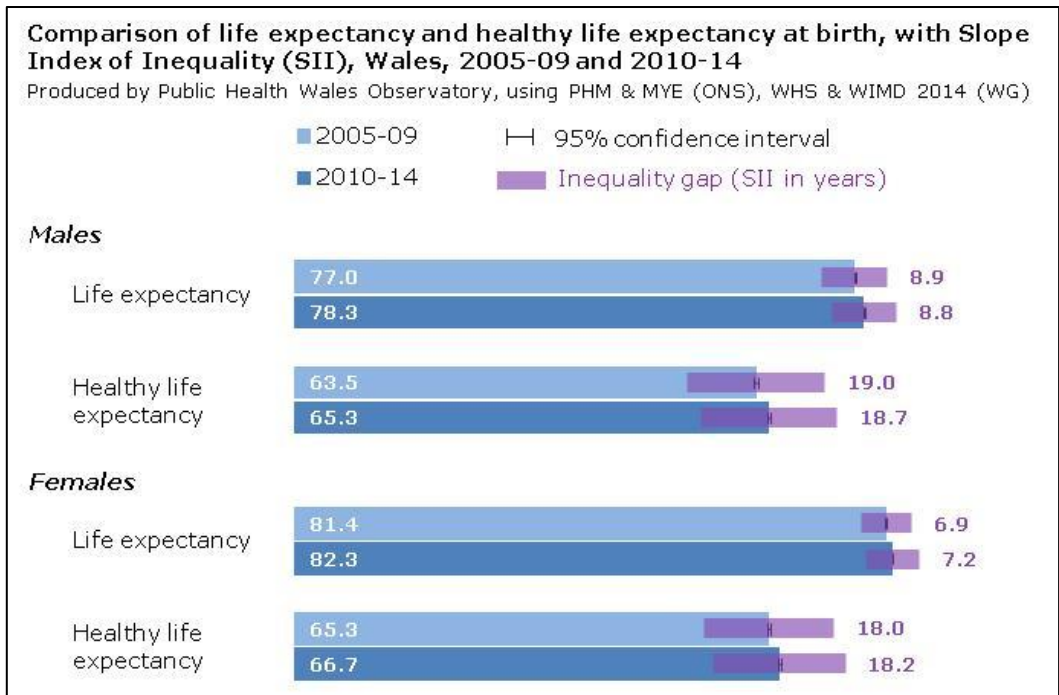
What are the key findings?

Inequalities in health are an issue of social justice. There is a social gradient in health; the lower a person's social position, the worse his or her health. Compared to the average across Wales, life expectancy and healthy life expectancy is significantly higher for men and women in Powys. However, while there has been a (non-significant) improvement in both life expectancy and healthy life expectancy for men and women, inequalities have widened between the highest and lowest quintiles, though not yet to the point of being statistically significant. It is possible that the current inequality gap in life expectancy and healthy life expectancy will continue to widen over the next 5-10 years due to socio-economic factors. Action on health inequalities requires action across all the social determinants of health.

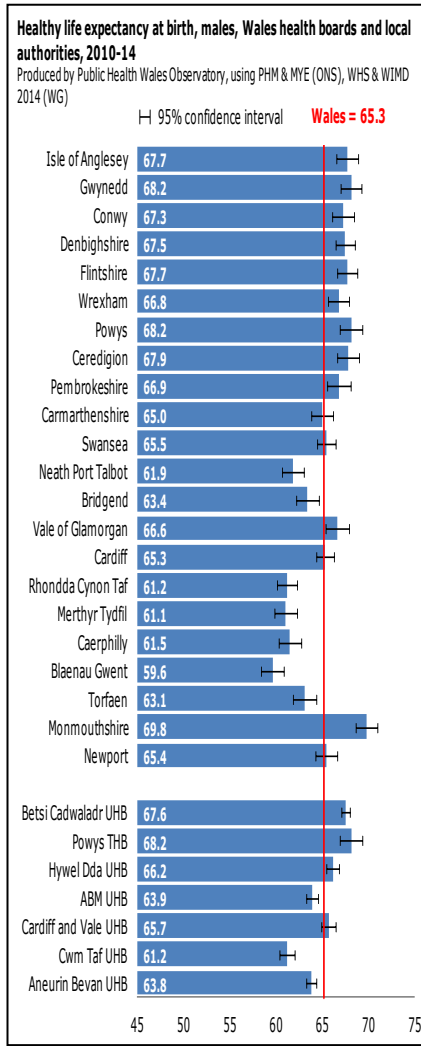
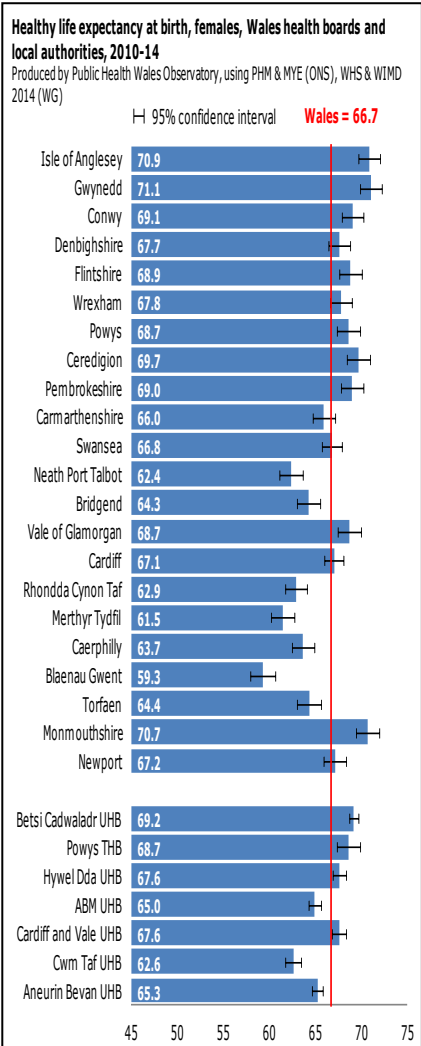


What does the data tell us?

In Powys, life expectancy and healthy life expectancy for males and females is significantly higher when compared to the average across local authorities and health boards (Public Health Wales NHS Trust, 2016). Life expectancy and healthy life expectancy has shown a slight, non-significant improvement between 2005-09 and 2010-14. Among males, the inequality gap in life expectancy has narrowed slightly, while among females it has widened – although not to the level of statistical significance (Public Health Wales NHS Trust, 2016). The gap in healthy life expectancy between the most and least affluent has widened for both sexes, although not yet reaching statistical significance. Premature deaths from cancer and circulatory disease are the main causes of the difference in life expectancy between the most and least affluent parts of the Powys population. 58% of adults are overweight or obese (Wales 59%), yet Powys citizens are generally healthier than the rest of Wales. 20% of adults smoke (Wales: 20%) and 24% of adults in Powys binge drink at least once a week (Wales: 24%).



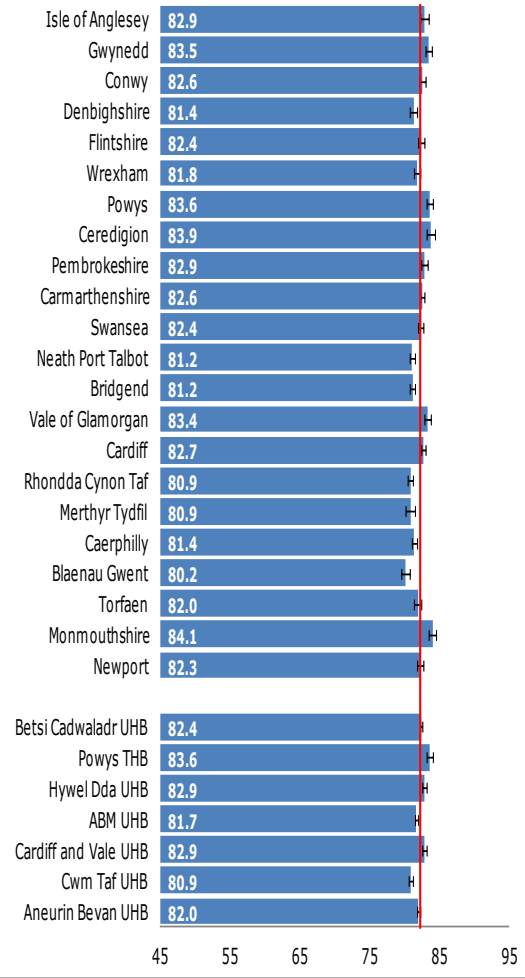
Powys Well-being Assessment 2017 - Framework



Life expectancy at birth, females, Wales health boards and local authorities, 2010-14

Produced by Public Health Wales Observatory, using PHM & MYE (ONS), WHS & WIMD 2014 (WG)

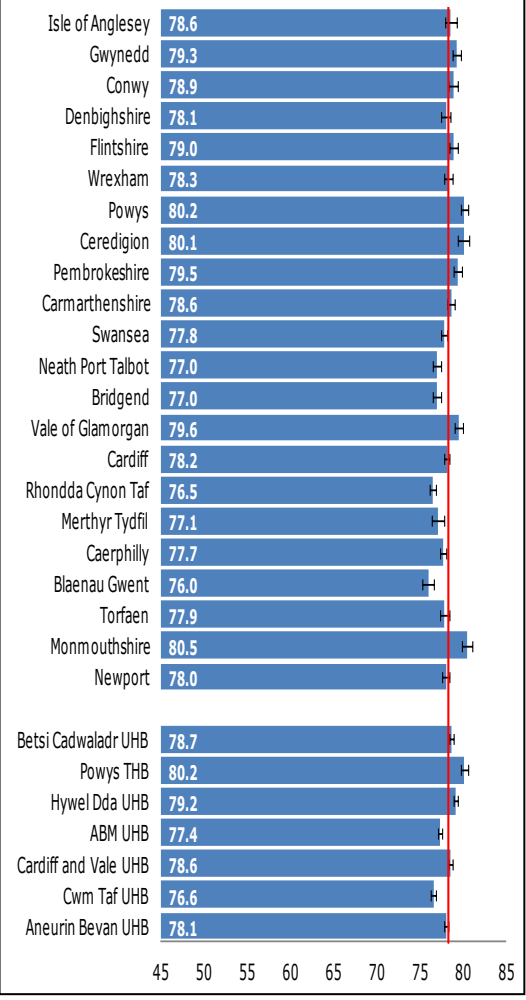
— 95% confidence interval **Wales = 82.3**

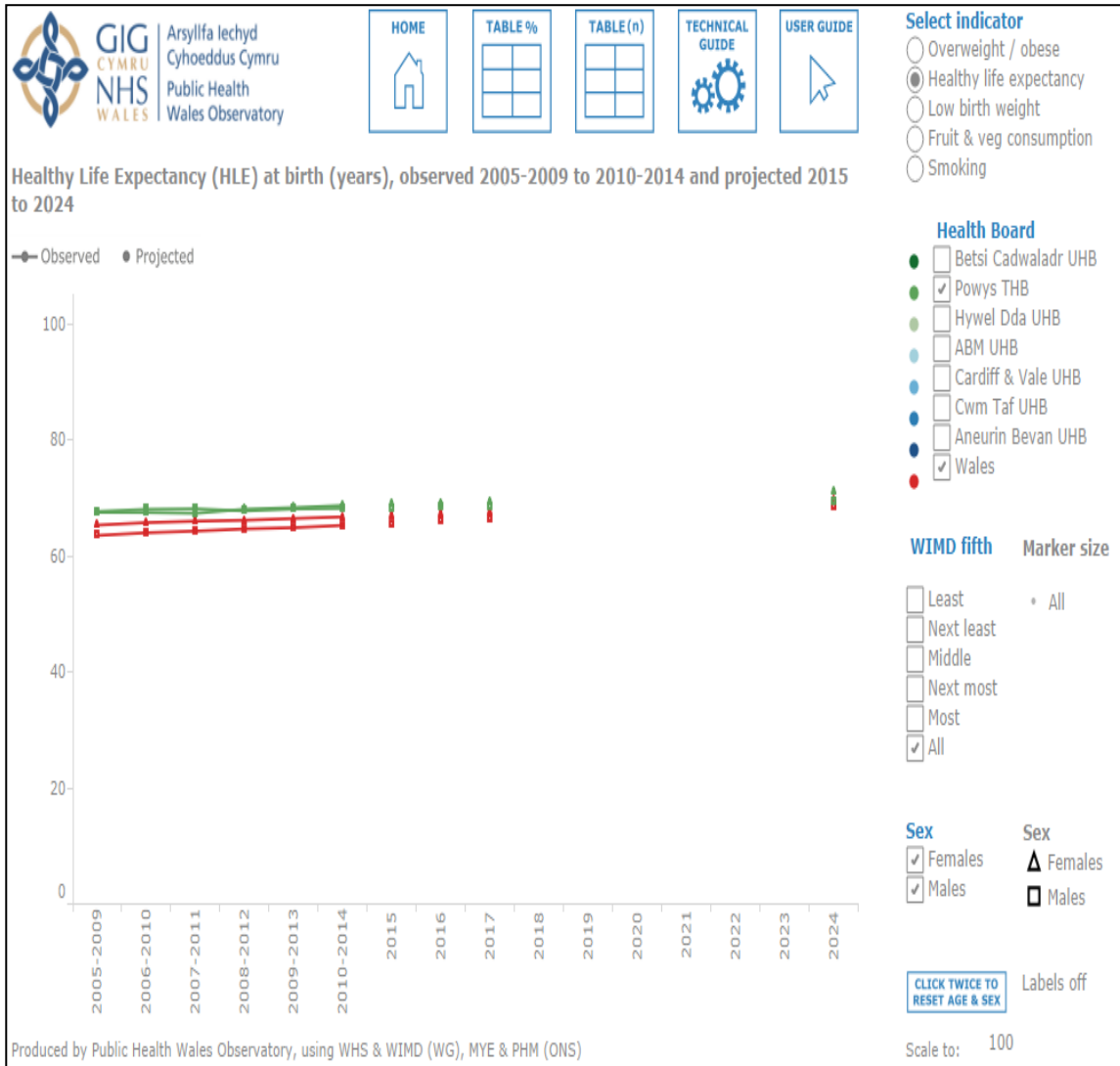


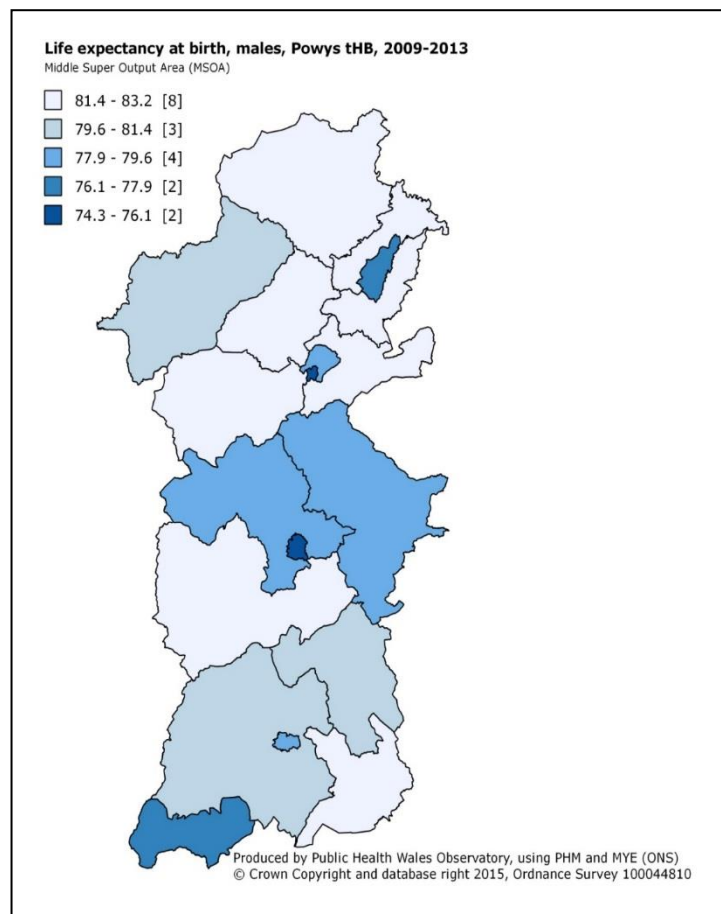
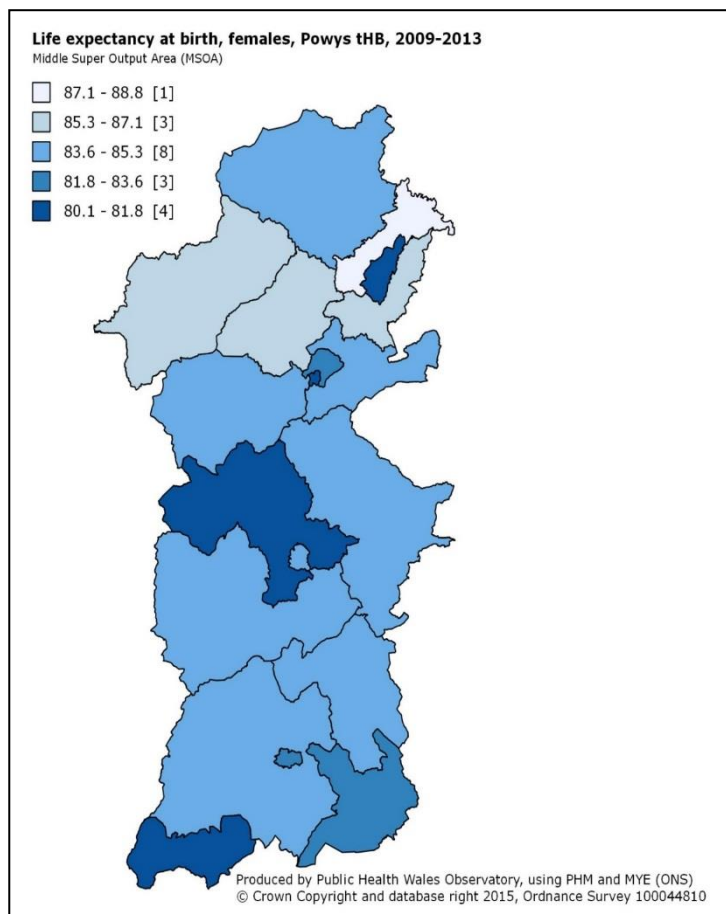
Life expectancy at birth, males, Wales health boards and local authorities, 2010-14

Produced by Public Health Wales Observatory, using PHM & MYE (ONS), WHS & WIMD 2014 (WG)

— 95% confidence interval **Wales = 78.3**







Are there any specific locality differences?

Life expectancy:

Males: Highest MSOA Ffridd Faldwyn (83.2yrs). Lowest MSOA Newtown South West (74.3yrs). Females: Highest MSOA Guilsfield Brook (88.8yrs). Lowest MSOA Welshpool (80.1yrs).



What do citizens say?

No information available about Powys residents views on health inequalities.



What do staff say?

No staff consultations have taken place on this issue.



What does the third sector/private sector say?

No 3rd/private sector information about views on health inequalities.



Are there any preventative measures associated with this data?

Current Public Health Wales work on adverse childhood experience (ACEs) is relevant. This is available at: <http://www.wales.nhs.uk/sitesplus/888/news/40000>

The Public Health Wales report 'Making a Difference' offers research evidence and expert opinion in support of preventing ill health and reducing inequalities. This is available at: <http://www.wales.nhs.uk/sitesplus/888/page/87106>

The Marmot review is a key source of national information. This takes a life-course approach with interventions identified across the lifespan.

This is available at:

<http://www.instituteofhealthequity.org/>

Health inequalities will link many other areas of the well-being assessment (e.g. educational attainment, employment, environment and early years) because these are the factors which need to be addressed to reduce inequalities in health outcomes.

This is available at: <http://www.instituteofhealthequity.org/>.



What we don't yet know?

No specific data gaps identified.



National Trends

Wales level data showing life expectancy and healthy life expectancy is shown below.



Scenario

Short Term

Health inequalities are unlikely to alter very much over such a relatively short time period. Existing differentials between the most and least deprived are unlikely to change.

Medium Term

Data from 2005-09 to 2010-14 suggests that differentials in life expectancy and healthy life expectancy between the highest and lowest quintiles of the population in Powys may be widening slightly. Projections from Public Health Wales specifically in relation to healthy life expectancy

also suggest a widening in the inequality gap for both males and females up to 2024. One of the implications of this for females is that the inequality gap in Powys may be greater than in Wales by 2024.

Long Term

The changes described over the medium term may or may not continue. We do know that differentials between the most/least deprived parts of the population are unlikely to change significantly without a step-change in social policy towards a more equal society at both the macro and micro level.



How do services currently contribute?

A number of efforts to address health inequalities at a strategic partnership level are captured in the Powys One Plan. This includes work to support vulnerable families, improve education for all, and provide stronger, safer communities.



Is need being sufficiently met?

The ambition is to reduce and ultimately remove health inequalities. The fact that rates have not altered significantly over time suggests that more needs to be done.

Prevention

Prosperous Powys	Resilient Powys	Healthier Powys	Equal Powys	Cohesive Powys	Vibrant Powys	Globally Responsible Powys
		★				



What are the key findings?

Healthy lifestyles are key contributors to health and well-being, 36% of adults eat their five a day (Wales: 32%). Unhealthy lifestyles place an increased demand on health and social care services and reduce opportunities to live fulfilling lives. In comparison to the rest of Wales, rates of physical activity on five or more days in a week in Powys are above average (39%, Wales: 31%), although 25% of people do no physical activity. Despite this, nearly 58% of adults are overweight or obese in Powys and this is predicted to continue to rise (Wales: 59%, Welsh Government, 2016). Several serious conditions are associated with being

overweight or obese. They include type 2 diabetes, hypertension, coronary heart disease and stroke, osteoarthritis and cancer.

Just under 20% of adults currently smoke (Wales: 20%, Welsh Government, 2016). Smoking is the single greatest cause of preventable mortality and a significant cause of health inequalities. Smoking causes a range of cancers, it leads to cardiovascular disease and a range of respiratory conditions, e.g. chronic obstructive pulmonary disease (COPD) and emphysema.

24% of adults binge drink at least once a week (Wales: 24%, Welsh Government, 2016). Regular drinking to excess can cause cancer, stroke, heart disease, liver disease, brain damage, and damage to the nervous system. The impact of unhealthy lifestyles on individuals and wider health and social care services means that prevention is an important topic.

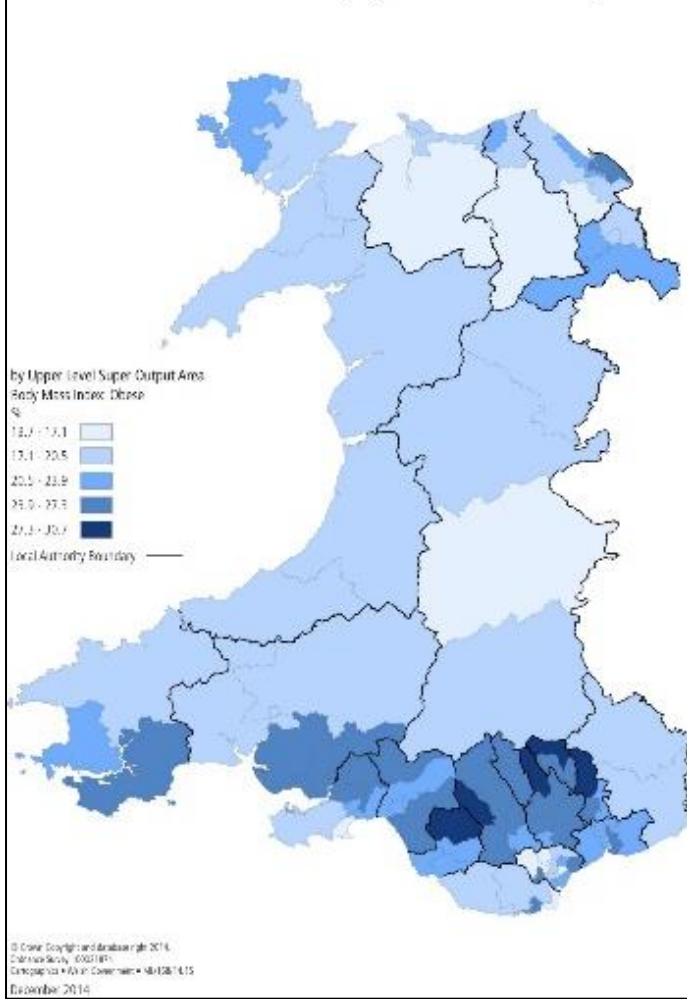
In addition to healthy behaviors, there are links between social isolation, loneliness and preventable conditions, particularly in older people. Levels of self-reported mental well-being in the Powys population appear relatively high when compared with the average across Wales (Welsh Government, 2014). Within Powys, most local areas also display high levels of the assets required for healthy communities when compared with Wales as a whole.



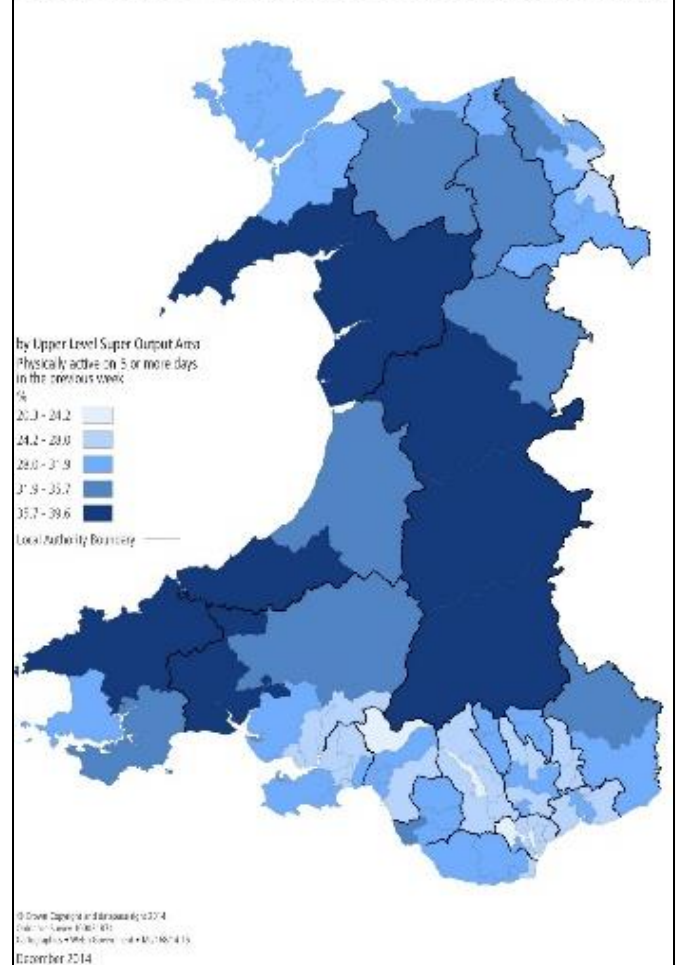
What does the data tell us?

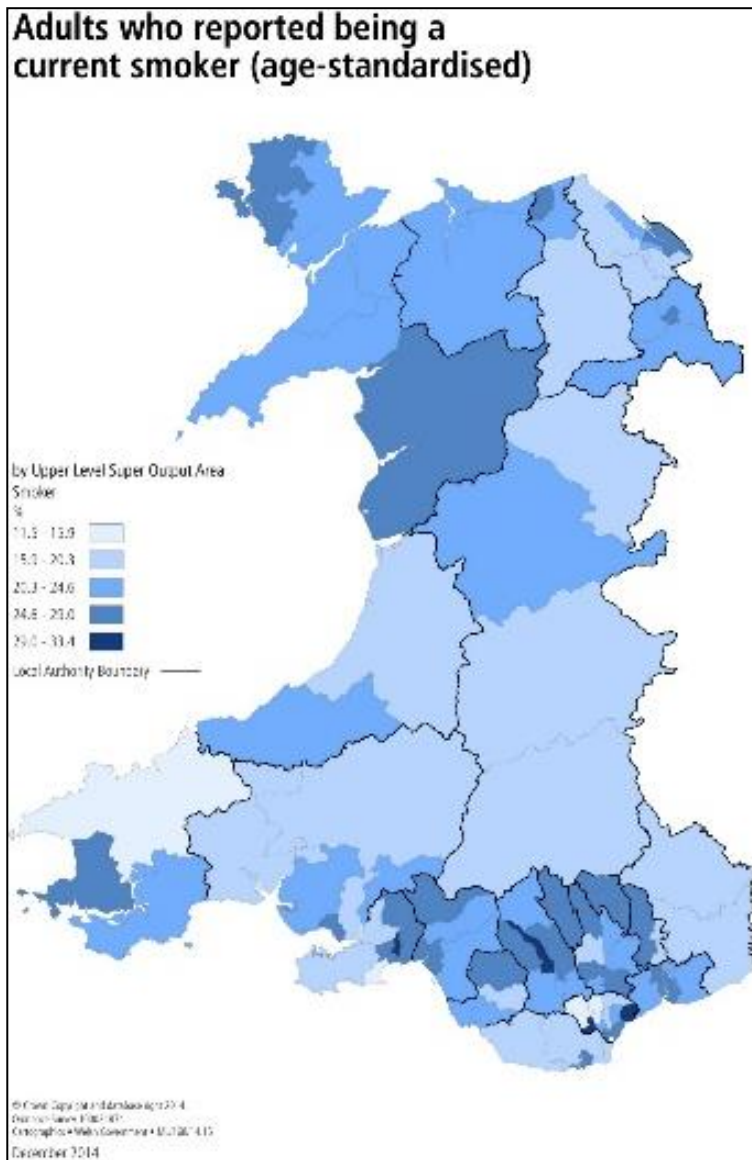
In Powys, among adults, there is a relatively high rate of regular physical activity with just over one in three self-reporting being regularly physically active (Welsh Government, 2016). However, there is a noticeable gap between genders with 45% of men reporting being physically active on 5 or more days a week compared to just 25% of women. In 2008-09, the figure for the percentage of people aged 50+ participating in any sport or activity for Powys was the highest across all Welsh Authorities, 61% (Wales 46%). In spite of these figures, on average six out of ten people in Powys are reported to be overweight or obese, one in five currently smoke, and four in ten say they regularly drink above the recommended guidelines (Welsh Government, 2016). One in three adults said that they had eaten the recommended five portions of fruit and vegetables on the previous day. Powys adults do report significantly higher levels of emotional well-being than in the rest of Wales. In addition to physical health risks, there a large number of older people thought be suffering from loneliness and isolation, which in turn can lead to a need for more intensive support. There are an estimated 15,571 people over the age of 50 living alone in Powys, which is just under a quarter of the population at 24%. According to figures provided by Age UK, between 6-13% of people are often or always lonely (Welsh Government, 2014). All of these factors may potentially contribute to the development of a medical condition or reduce a person's healthy life expectancy (Public Health Wales Observatory, 2013).

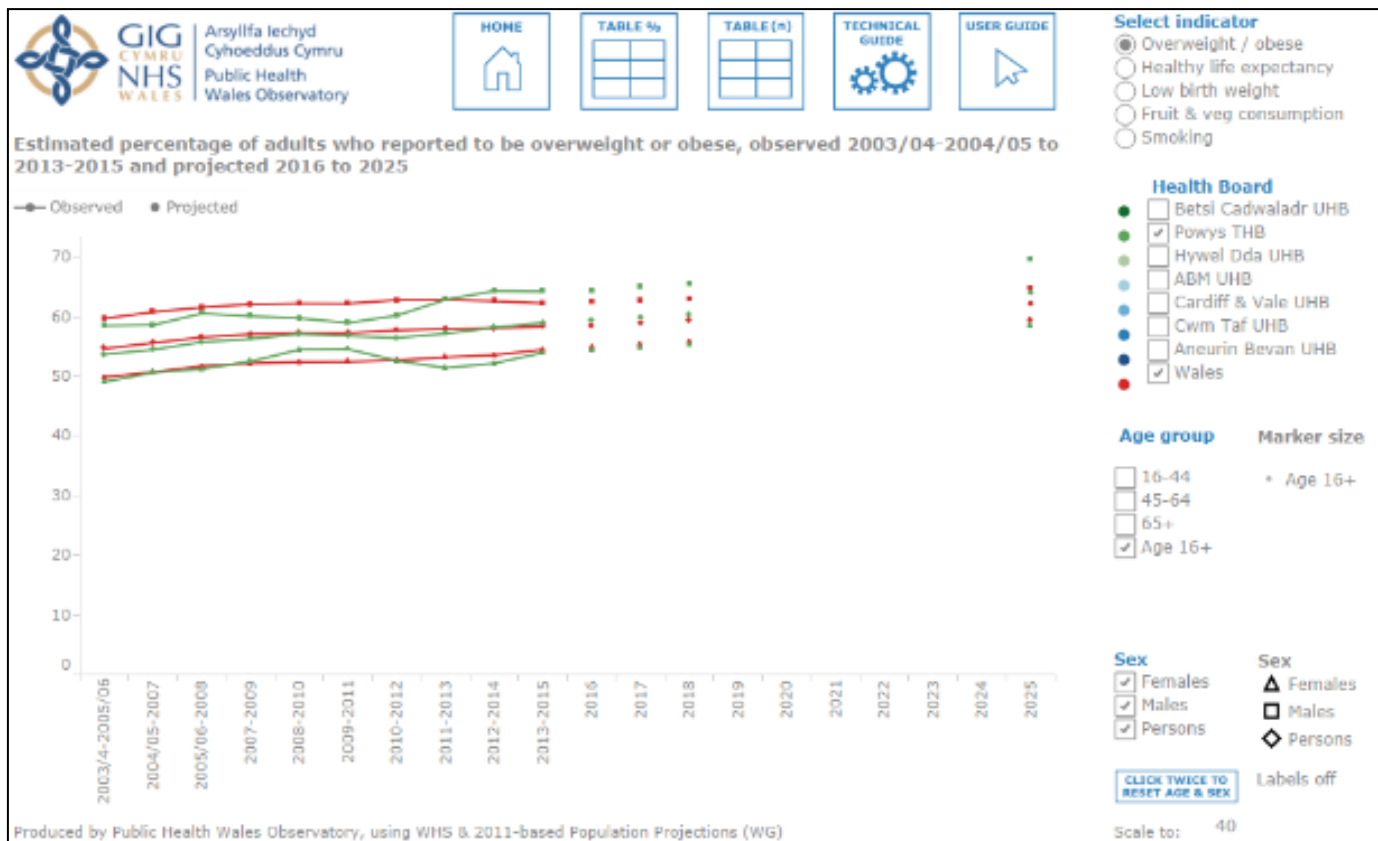
Adults who were obese (age-standardised)

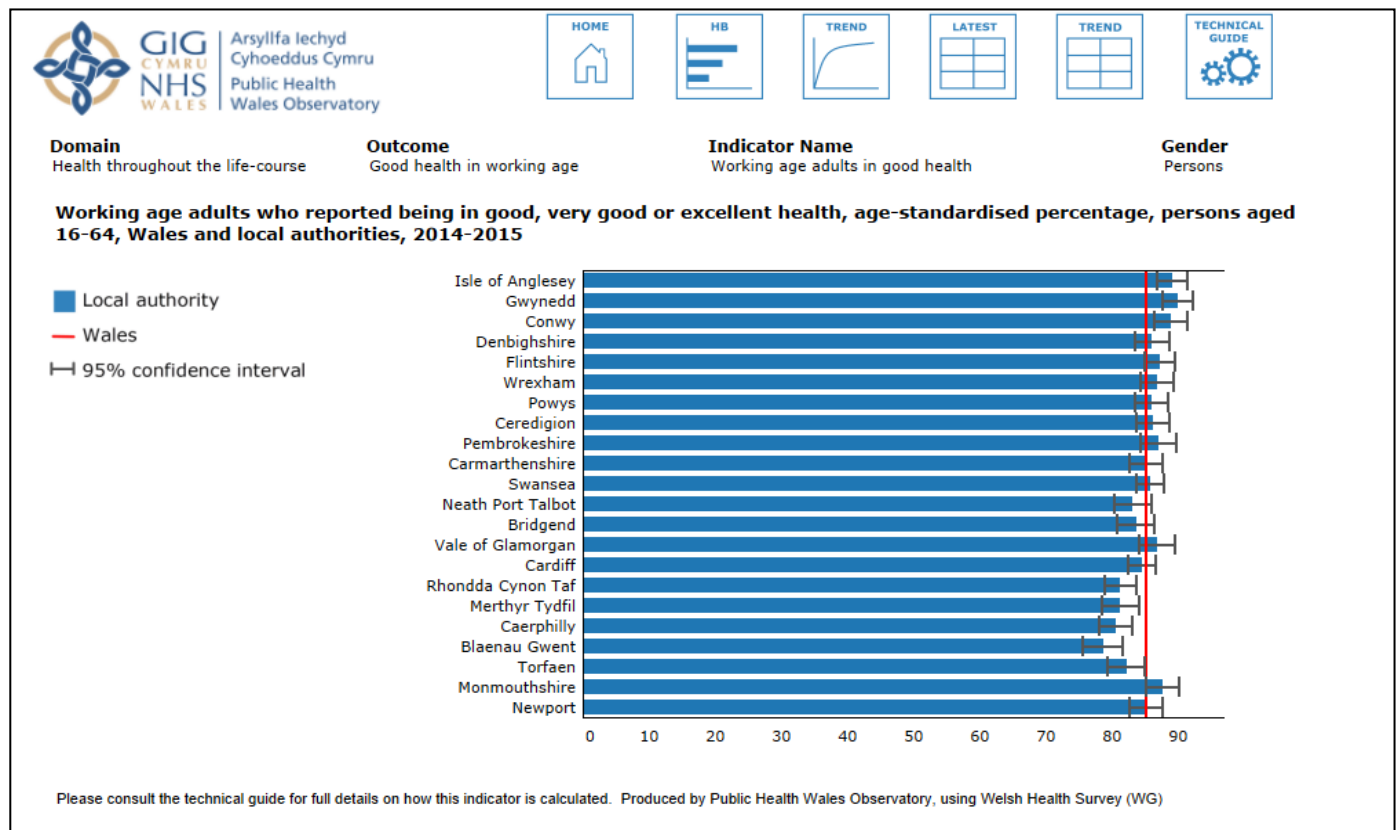
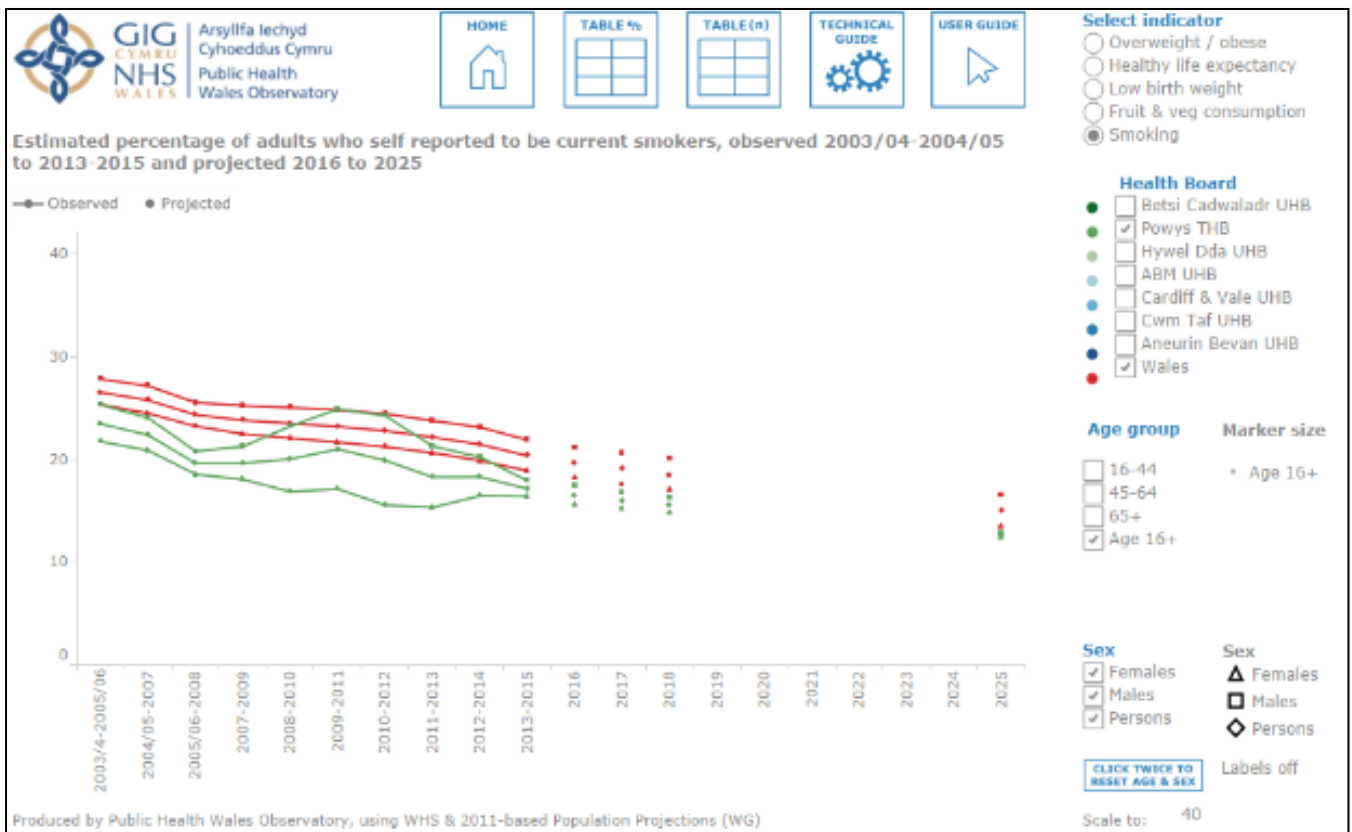


Adults who reported being physically active on 5 or more days in the past week (age-standardised)











Are there any specific locality differences?

Physical Activity: Mid Powys has the highest age standardised rate (40%) and North-East Powys has the lowest age standardised rate (36%), although the significance of the difference has not been tested. All areas are significantly higher than Wales (Welsh Government, 2016).

Smoking: North West and North Central Powys have the highest rates of age standardised adult smoking prevalence (24%). Mid Powys and South Powys have age standardised rates that are significantly lower than Wales (Welsh Government, 2016).

Drinking above guidelines: South Powys (43.4%) has the highest age standardised rate of adults drinking above guideline amounts on at least one day a week. The lowest is mid-Powys (40.9%) which is significantly lower than Wales (Welsh Government, 2016).

Healthy eating: North-East Powys has the highest age standardised rate of adults reporting eating five or more portions of fruit and veg in the previous day (42.9%). Age standardised rates in North-East and Mid-Powys are significantly higher than Wales (Welsh Government, 2016).

Adult obesity: North West and North Central Powys and Mid Powys are significantly lower than Wales.



What do citizens say?

The data described above is taken from citizen responses to the Welsh Health Survey (WHS). The WHS covers a range of health-related issues, including health status, lifestyle, health behaviours, and health service use. Results are published annually.

An achieved sample of around 15,000 adults and 3,000 children is aimed for per year, to include a minimum of 600 adults from each local authority area.

When Powys Residents were asked which services were missing from their local community, the sixth most common answer was “places to go during the daytime for older people”. In addition, the overarching issue that came out during the Listen and Learn process was the companionship that people valued most in terms of attending the Day Centre.



What do staff say?

Staff views on prevention have not been formally assessed in past, although current work developing a health and care strategy for Powys is gathering the views of staff on priorities for prevention.



What does the third sector/private sector say?

Third sector views on priorities for prevention will be gathered as part of the health and care strategy development.



Are there any preventative measures associated with this data?

The effects of loneliness and isolation includes:

- Adverse effects include increased blood pressure, abnormal stress response, heart disease and poor sleep, and its associated health problems.
- Additionally, several studies indicate a strong association with depression.
- Older people who are lonely or isolated also have substantially increased chances of developing dementia and, specifically, Alzheimer's disease, compared to better connected individuals.
- Older people who have unsatisfactory or limited social relationships have a significantly greater risk of mortality than people with stronger social networks.
-



What we don't yet know?

Small area statistics are lacking.

Trips and falls: data is now needed.

Accessing Sexual Health Services: data is now needed.



National Trends

Wales has consistently had a higher percentage of the population identified as overweight or obese than Powys. However, in 2013/14, this gap closed to 0.5%, with the Welsh average rate declining slightly, and the Powys rate increasing (Welsh Government, 2016). Wales also has a higher rate of adults smoking compared to Powys. This is also the case for the number of people drinking above recommended guidelines. Wales is also below Powys' score in terms of the number of people who reported eating five portions of fruit or vegetables on the previous day.



Scenario

Short Term

Current trends in healthy lifestyle behaviours are unlikely to change significantly.

Medium Term

If current trends continue, the prevalence of overweight/obesity will continue to rise. The use of tobacco products will remain static or decline slightly, and excess alcohol consumption may rise - partly due to changes in recommended alcohol intake. Rates of physical activity will remain unchanged and healthy eating will decline.

Long Term

Low rates of physical activity and poor diet will continue to lead to greater rates of overweight/obesity. Among males, overweight/obesity is projected to increase above the Wales rate by 2025. This may result in a greater prevalence of illness and disease linked to poor diet, e.g. diabetes, heart disease.



How do services currently contribute?

The contribution of Powys Teaching Health Board (PTHB) to healthy lifestyles is described in the current Integrated Medium Term Plan (IMTP).

The contribution of the wider partnership in Powys is described in the One Plan.

The work of Public Health Wales is described in their IMTP and in the Powys local team business plan.



Is need being sufficiently met?

Based on current projections, the prevalence of overweight/obesity will continue to rise. Nearly one in five adults still class themselves as current smokers, and around four in ten adults drink in excess of recommended amounts. This suggests that further work is required to address prevention.

Violence against women, domestic abuse and sexual violence

Prosperous Powys	Resilient Powys	Healthier Powys	Equal Powys	Cohesive Powys	Vibrant Powys	Globally Responsible Powys



What are the key findings?

This year, Powys has seen a noticeable rise in both the number of incidents of domestic violence, as well as the number of actual crimes being reported to police (Dyfed Powys Police, 2016). This continues the existing growing trend from 2010.

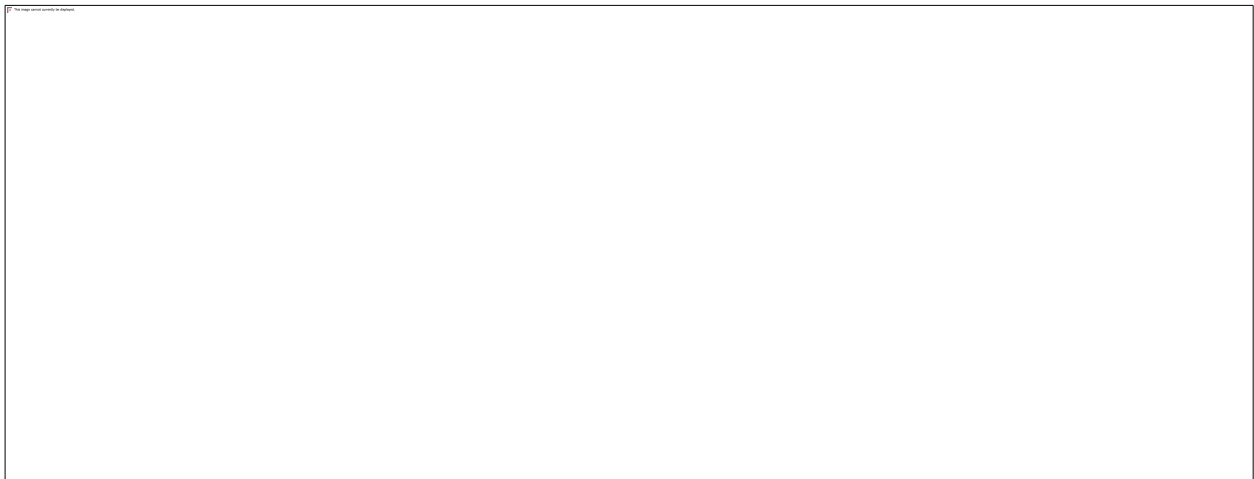
Domestic violence appears to be slightly more prevalent in the north of the county, where BME (Black, Minority, and Ethnic) and LGBT (Lesbian, Gay, Bisexual, Transgender) groups are also more likely to be affected. Despite this increase however, a vast majority of domestic violence crimes go unreported (Welsh Women's Aid, 2016). Domestic violence is also becoming an issue for Social Services, with a third of all CIN (Children in Need) cases referring to domestic violence as the reason for opening a case (Children and Young People's Partnership, 2015). While at present volunteer organisations are able to cope with demand, increased reporting may begin to place stress on the current system. Over the next few years, incidents of domestic violence are expected to continue to rise, and as the population of the county changes, incidents of FGM (Female Genital Mutilation), forced marriage, and honour killings may become more common.



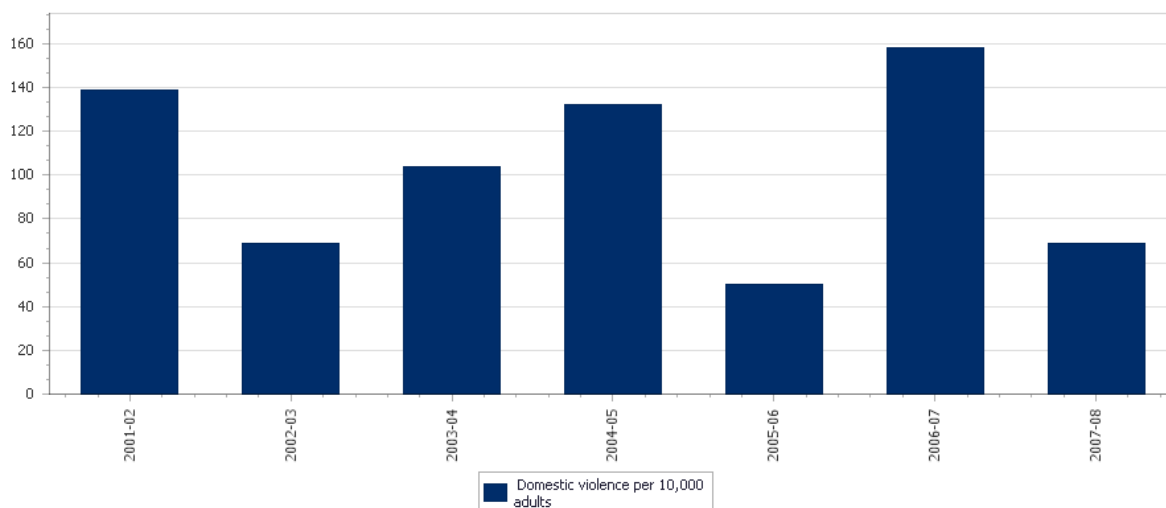
What does the data tell us?

Since August 2016, a total of 964 incidents of domestic violence have been reported to the police (Dyfed Powys Police, 2016). It should be noted that this figure may not reflect the true number of incidents as many occurrences of domestic violence continue to go unreported. Regardless, this year's figure constitutes a 10% rise against last year's figures, although changes in incident recording may have had an effect on the data. The total number of these incidents classified as actual crimes rose by 9% to 533. This rise continues the existing trend with an overall increase of 75% since 2010. At present, due to a lack of a national comparative data source, it is not possible to offer comparisons. In addition to this data, MARAC (Multi Agency Risk Assessment Conference), which handles those domestic violence cases where the victim is believed to be at the highest level of risk, also suggests a sharp rise in the number of domestic violence incidents when compared with neighbouring local authorities (Powys County Council, 2016). While this may well be attributed to a lack of pre-screening of cases referred to MARAC, this has not been researched and cannot be verified. However, at present MARAC data shows an increase rate of between 28-36%. It is not yet clear why this ongoing trend has occurred, and further research, in greater detail would be required.

Powys Well-being Assessment 2017 - Framework



Indicator	National figure	Most similar force group	SafeLives recommends	Police force	Carms	Ceredigion	North Powys	Pembs	South Powys
Number of Maracs	282	13	-	5	1	1	1	1	1
Cases discussed	81,764	3,461	-	1,334	454	190	173	342	175
Recommended cases	98,510	4,400	N/A	870	310	130	110	210	110
Cases per 10,000 population	33	31	40	61	58	58	62	66	62
Children in household	103,404	4,160	N/A	1,459	447	257	167	405	183
Year on year change in cases	5%	-2%	N/A	12%	8%	20%	36%	-3%	28%
Repeat cases	25%	16%	28% - 40%	16%	17%	16%	20%	13%	13%
Police referrals	64%	61%	60% - 75%	74%	75%	66%	76%	82%	59%
Referrals from partner agencies	36%	39%	25% - 40%	26%	25%	34%	24%	18%	41%
BME	15.00%	7.00%	0.00%	4.00%	5.00%	3.00%	6.00%	2.00%	3.00%
LGBT	1.00%	0.70%	5%+	0.50%	0.20%	0.50%	2.90%	0.00%	0.00%
Disability	3.90%	2.70%	17%+	0.80%	0.20%	0.50%	0.60%	1.20%	2.30%



Are there any specific locality differences?

Powys MARAC data is split between North and South. In the North there appears to be a higher than expected incidence of referrals involving BME and LGBT communities, but the numbers are small and this could be a statistical anomaly, more research into the data is needed.



What do citizens say?

As the vast majority of abuse is unreported we have no local data on the views of citizens. The latest national crime surveys show that 30% of women and 16% of men report having been the victims of domestic abuse, the methodology used in this survey restricts the number of incidents a person can report and it is argued that this lead to an under-representation of domestic violence to women (Welsh Women’s Aid, 2016).



What do staff say?

Staff from Children and Adult Social Services and Housing are aware of the impact of domestic violence. It is currently a significant factor in 49% of cases opened and classified as Children in Need and the greatest factor affecting parental ability to care adequately for children in cases placed on the Child Protection Register (CYPP, 2016). At conferences and presentations given to staff there is a general perception that much of this abuse is unreported.



What does the third sector/private sector say?

Voluntary providers like Calan, Hafan Cmyru and Montgomeryshire Family Crisis Centre (MFCC) feel they are at capacity coping with the current level of referrals, they are concerned about their ability to cope with an increase in demand as more victims feel able to come forward during the implementation of the VAWDASV (Violence Against Women Domestic and Sexual Violence Act 2015) Act.



Are there any preventative measures associated with this data?

Two projects are running in schools as part of our preventative strategy but the impacts will be long term. Powys currently has no perpetrator programme to offer perpetrators who are not involved in MARAC or the Criminal Justice system. We know that current services are only being used by a minority of victims, as awareness of the service for victims of domestic violence grows we can expect there to be a very considerable increase in demand. We have done very little work on the other aspects of the VAWDASV agenda such as FGM, forced marriage, etc. Evidence from research into census data indicates that there have been a number of births to mothers from FGM practising countries now living in Powys. Training is currently being provided to front-line social workers on the legal and practical issues of FGM, we have no data on forced marriage or the other aspects of VAWDASV.



What we don't yet know?

Understanding our high rate of MARAC referrals and understanding unmet needs for all VAWDASV issues.



National Trends

This information was not available, but has been identified as a data gap.



Scenario

Short Term

It is highly likely that reported domestic violence incidents and crimes will continue to rise in accordance with long term trends. As population changes continue we can also expect to see an increase in the risk of FGM and other such issues in Powys

Medium Term

Prospects for the medium term will depend on the extent to which Powys establishes effective arrangements for VAWDASV. If good progress is not made then there is a very high risk that services to victims and survivors will be overwhelmed and costs to the Council's Childrens and Adult services teams escalate.

Long Term

In the long term if progress has not been achieved in reducing VAWDASV then the health and economic impact on the community of Powys will be very considerable.



How do services currently contribute?

Historically services to victims of domestic violence have been spread across several departments and portfolio-holders and they still are today. We do not have an accurate picture of the demand and need in the County.



Is need being sufficiently met?

No. We can see from the increasing pattern of referrals that we are not meeting demand.

Mental Health

Improving mental health is a critical issue for people of all ages and its impact is cross cutting, affecting life chances, learning, home life, employment, safety, physical health, independence and life expectancy. One in four people in the UK will experience a mental health problem each year, and 25% of GP consultations are used for people with mental health problems. 11 years is the average time lost to life for males with mental health problems. Women with mental health problems on average lose six years. 8% of the Powys population report being treated for depression or anxiety and it is one of the top three leading causes of disability.

One in four patients presenting to their GP live with depression with the average GP seeing at least one patient with depression during each surgery session. 80% of people identified as having depression, are managed entirely in a primary care setting. In the UK, 25% of older adults have depression requiring an intervention and over 40% of those in their 80s are affected by depression. This is significant given Powys' demography. It is also important to note that depression is the leading cause of suicides in England and Wales each year.

It has been estimated that between 10-15% women suffer from post-natal depression. In Powys there are approximately 1000 births per year, which means around 100 women may suffer post-natal depression.

Prosperous Powys	Resilient Powys	Healthier Powys	Equal Powys	Cohesive Powys	Vibrant Powys	Globally Responsible Powys

Dementia

Dementia prevalence increases with age, roughly doubling every five years for people aged over 65 years. Dementia affects 20% of people over 80 years of age in the UK and one in 14 people over 65.

In Powys it is thought that only 39.6% of the projected number of people with dementia have a diagnosis.

Up to 70% of acute hospital beds are occupied by older people, approximately 40% of whom have dementia. However, patients who have dementia experience many more complications and stay longer in hospital than those without dementia. It is also estimated that 30 per cent of people will die with dementia and many of these die in general hospital settings. The improvement in care for people with dementia in general hospitals is a component of the Powys Dementia Plan.

Prosperous Powys	Resilient Powys	Healthier Powys	Equal Powys	Cohesive Powys	Vibrant Powys	Globally Responsible Powys

Reduced Child Population

Prosperous Powys	Resilient Powys	Healthier Powys	Equal Powys	Cohesive Powys	Vibrant Powys	Globally Responsible Powys
★				★		



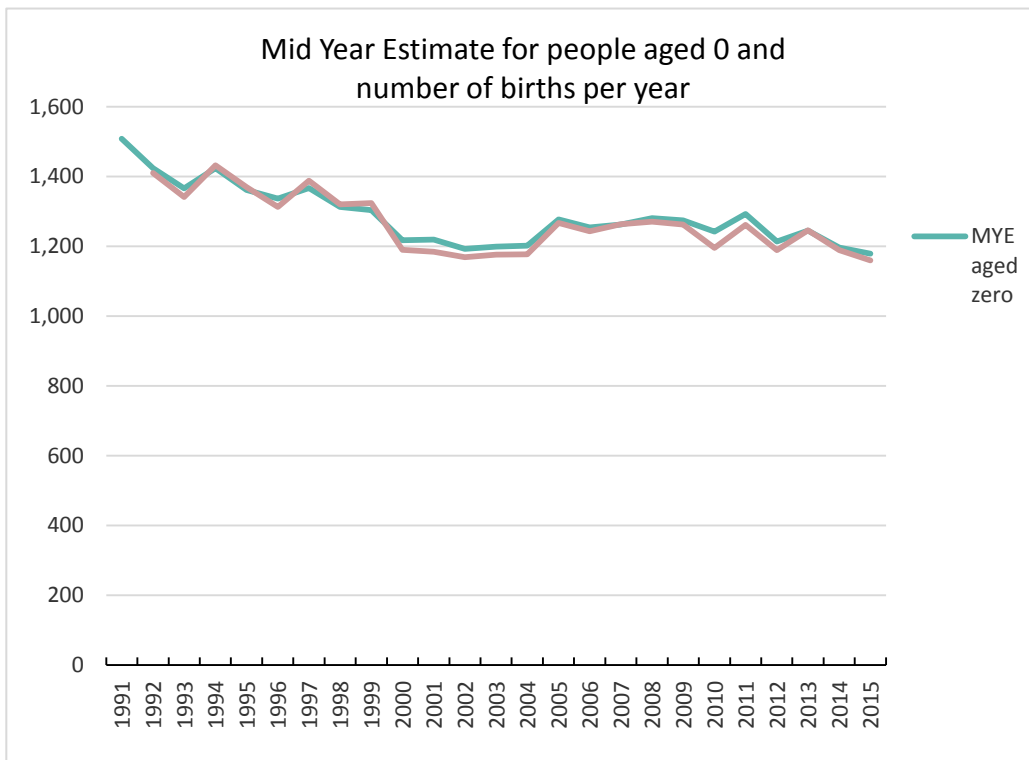
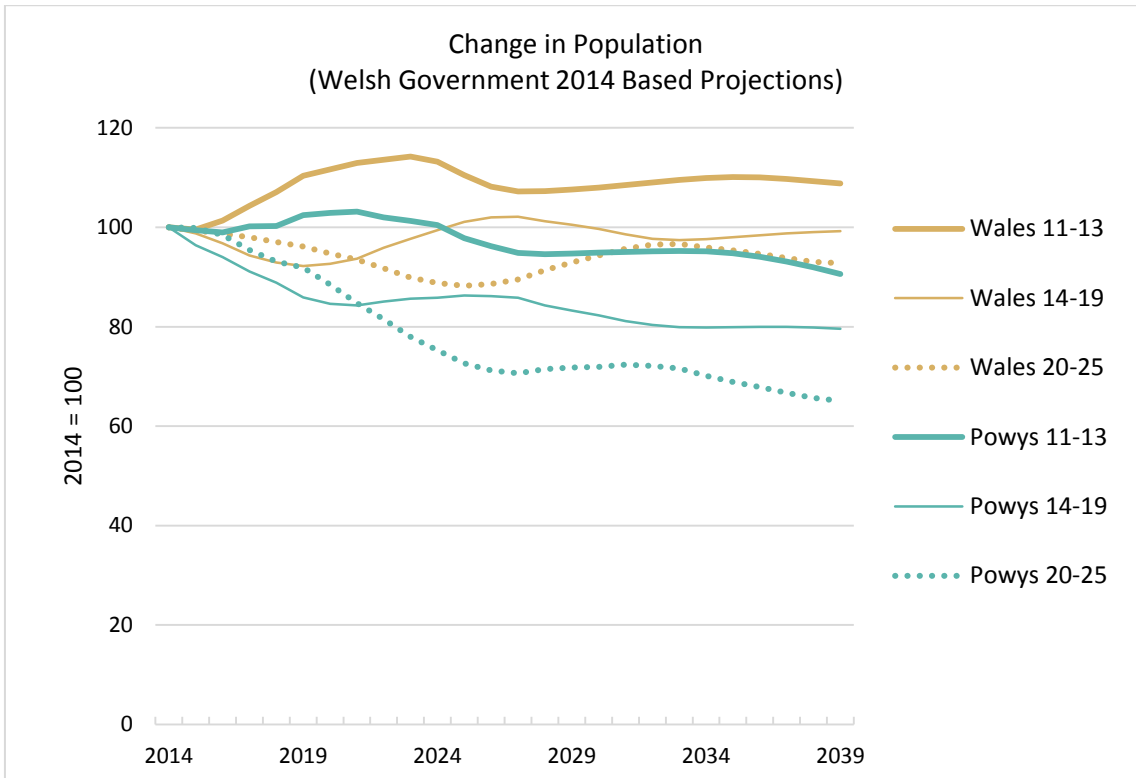
What are the key findings?

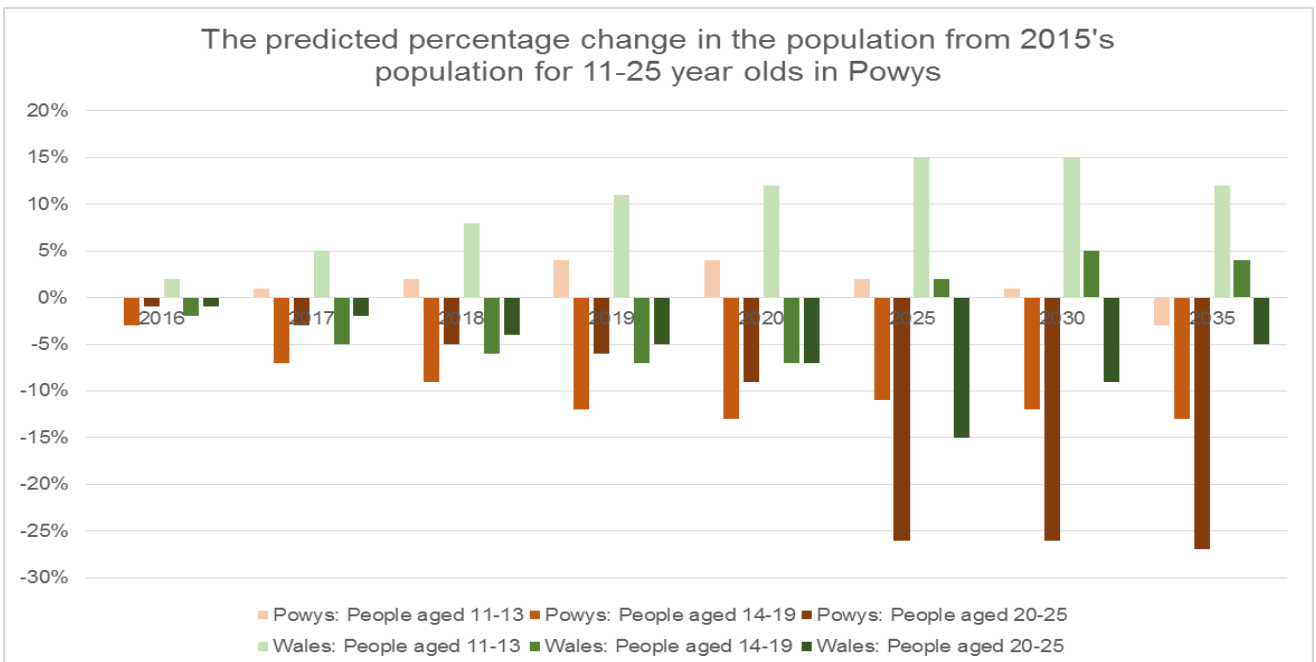
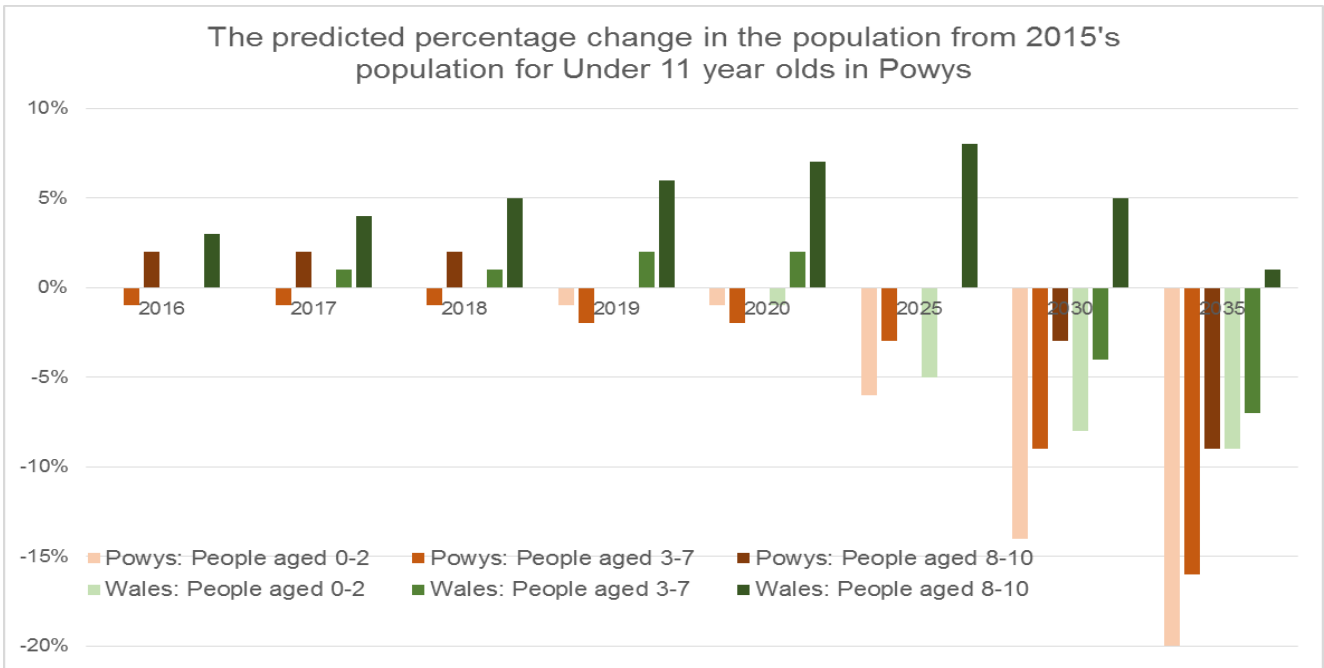
The population of children and young people in Powys is predicted to decrease within the next ten years, mainly due to an on-going trend for young people to leave the county in favour of more urban areas, as well as the reduced birth rate across Powys. The effects of this are already becoming apparent, with the average age of the population increasing rapidly. While some services, such as schools, have begun preparations to mitigate the impact of this changing demographic, there is a high likelihood of other knock on effects of a reduced child population. In particular, the cost of commissioned services is likely to increase and staff recruitment may become more difficult as the available workforce shrinks. The child population is predicted to begin to shrink by marginal amounts by 2018, with a decrease in the early years population. This will slowly spread to all early years and young adults' age groups, with the initial severe effects being felt by 2025.



What does the data tell us?

As the child population continues to reduce, as a result of young people moving to larger towns and cities, and fewer young families moving in, the average age of the population is going to increase at the same rate. A community with an ageing population is likely to be less attractive to businesses, who will experience difficulty in recruiting staff locally. Other effects include fewer schools, an increase in the number of unoccupied homes, and a consequent drop in house prices, a lack of new property development or rental accommodation, fewer care facilities, less turnover for local businesses, reduced use of local facilities, less use of public transport, resulting in an increase in price, and increased journey times. The child population is already in decline, with a drop in birth rates between 1991 and 2014 (PCC, 2015). It is estimated that by 2035 there will be 20% fewer 0-2 year olds in Powys. Other age groups will begin to decrease by 2025. In particular, 14-19 year olds are expected to drop by 13% by 2035, resulting in a follow on decrease of 27% in 20-25 year olds (PCC, 2015). It should be noted however, that these figures are estimates and previous forecasts on decreasing birthrate were greater than the actual decrease. In addition, some of the outward migration may be explained by young people leaving to attend higher education, as Powys has no higher education institutions, and many of these do not return after completing their education. This has a resultant knock on effect for the Powys workforce.







Are there any specific locality differences?

We cannot provide this data due to statistical concerns.



What do citizens say?

The majority of citizen feedback from our Facebook engagement mentioned the long journey to get to schools:

Encourage young families to settle in the area by relaxing planning rules for new builds
#bringdownbarriers

"Lack of local schools, you are closing them all. No leisure opportunities for children and young people. There is the perfect environment for it in Powys. Lack of encouragement for businesses to generate jobs. Doctors surgeries closing cos they can't attract staff. This is a dying County".

'You shut all the schools down, the leisure centres are being closed , the carers youth clubs have had their funding cut , there is nothing here for children I can't even get dental care for my kids cause the place can't get the staff , doctors being closed".

"Because your closing our schools, leisure centres, youth centres".



What do staff say?

See the Team Questionnaire submitted by the Children and Young People's Partnership (CYPP) Team.

In Powys, delivering services to a widely dispersed population remains difficult and if the number of children and young people declines, this could be interpreted as services becoming cheaper to deliver - this isn't necessarily the case as a reducing population means less critical mass for service delivery. This can result in:

- increased unit cost for delivering services;
- Additional travel costs;
- Higher levels of unproductive time (due to travelling);
- Additional communication costs;
- Increased training costs (due to transport issues).

As we commission more services, a lower population of children and young people could affect how attractive it is for providers to deliver services, as it becomes more expensive for them to do so. This would lead to less competition within the market and therefore a higher cost for the public services - similarly, delivering the service in-house could remain expensive due to mileage costs etc. unless there are other methods of service delivery.



What does the third sector/private sector say?

This information was not available, but has been identified as a data gap.



Are there any preventative measures associated with this data?

This information was not available, but has been identified as a data gap.



What we don't yet know?

Level of complexity of cases - i.e. what demand do we have for services across the different tiers of need?



National Trends

The effects and scale of a reduced child population are expected to be less serious across Wales as a whole. While Powys is expected to experience a drop of up to 30% by 2035, Wales as a whole is only expected to see a reduction of 5% at worst (PCC, 2015).



Scenario

Short Term

Overall, the population of children and young people is estimated to decline over the next 3 - 5 years. Services have already begun to plan with this in mind (e.g. the School Modernisation Programme) to ensure that service delivery matches our demographics.

Medium Term

If the overall number of children and young people in the county continues to fall as predicted, this will continue to impact on the amount of funding Powys receives from Welsh Government as the current funding formula uses the number of children and young people as a criterion. Delivery of services to children and young people will become more difficult due to a lack of critical mass, which will increase the unit cost.

Long Term

If the birth rate and number of families moving to Powys with infants and children does not increase over the longer term, then the county will have to rely on net inward migration of workers to ensure that it can continue to support its citizens and to contribute to the local economy.



How do services currently contribute?

Services in the county are already commissioned to deliver in response to identified need whilst ensuring economies of scale.

For example, the CYPP commissioned an internet-based counselling service to ensure that young people, wherever they are in Powys, are able to access support. We were then able to integrate the online service with a face-to-face service so that young people can request an appointment to see a local counsellor in their area.



Is need being sufficiently met?

Partners, via the CYPP, have committed to delivering services via a locality-based model. This will ensure that services are designed to provide the best fit to the population to ensure critical mass whilst also being able to respond to local need.

Children with Disabilities

Prosperous Powys	Resilient Powys	Healthier Powys	Equal Powys	Cohesive Powys	Vibrant Powys	Globally Responsible Powys



What are the key findings?

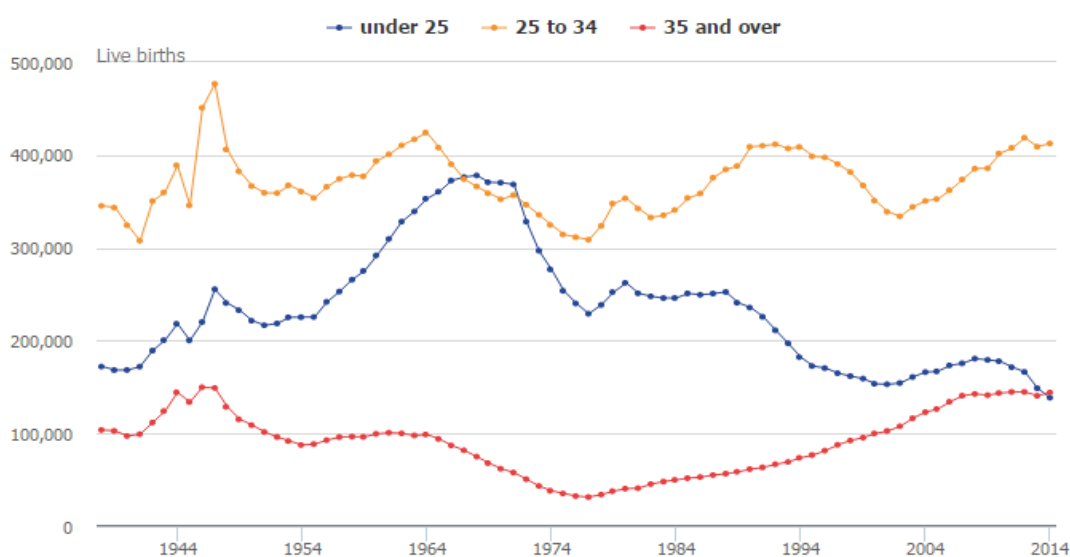
The projected population of children with disabilities is expected to decrease over the next ten years, in line with the decrease in child population. At present Autism Spectrum Disorders (ASD) are the most common form of disability in children, followed by learning difficulties and conduct disorders. While the number of children with disabilities is expected to decrease, the complexity of the needs is expected to increase and present a greater challenge and cost to services. At present, the current system is struggling with the number of children with increasingly complex additional needs.



What does the data tell us?

At present, Autistic spectrum disorders (ASD) are the most common presentation of disability within children in Powys (CYPP, 2015). This is followed by learning difficulties and conduct disorders. As of October 2016, there were 155 open cases referred to the Children with Disabilities team, the majority of these cases came from the north of the county (Daffodil, 2014). However, this figure does represent a slight decrease of 25 cases compared to the 2012 caseload. It is thought that this decline in number of presentations is linked to a steadily decreasing child population. If this is the case, the number of cases can be expected to continue to decline in line with decreasing child population. However, while the number of children appears to be decreasing, the complexity of their issues seems to be increasing. This may be linked to the increasing average age of mothers. According to the ONS, in 2014 there were three times as many mothers aged 25-34 than there were under 25. According to a study conducted in the United States, there is some correlation between the age of the mother and the likelihood of a child being born with a cognitive impairment, in particular autism and downs syndrome.

England and Wales



Source: Office for National Statistics



Are there any specific locality differences?

83% of Integrated Disability Service (IDS) cases receiving lower level support are in the North (PCC, 2016).

51.8% of CWD Cases are in the North and 48.2* in Mid & South. Population spacity is more significant in South area (PCC, 2016).



What do citizens say?

More Children and young people with complex needs e.g. challenging behaviour and classic autism.

Children and Young People are displaying more mental health issues including those with disabilities.

Need for more respite provision and specialised services such as trained foster carers and Bannau/Camlas (Residential).

Service users want control over their lives.

Disabled children and young people want to more access to the community activities that other children do.

Transition needs to be smooth between pathway stages, having clear and meaningful outcomes and support.

Parents asked if Short Breaks to be accessible at early stage - to help to prevent escalation to specialist support.



What do staff say?

Service capacity is a problem with some services Educational psychology, LD Nursing, Occupational Therapists, Children with Disabilities.

Delivering consistency of services across the sparsely populated rural community will remain a challenge especially with decreasing resources.



What does the third sector/private sector say?

The Powys Association of Voluntary Organisations (PAVO) and other organisations have been involved in IDS consultations on Short breaks and Transition reviews.



Are there any preventative measures associated with this data?

IDS Pathway support care planning at Early Intervention stage. IDS Development Project to increase integration and compliance with Social Services and Well-being Act. Short breaks recommissioned to widen accessibility to lower level needs.



What we don't yet know?

Additional Learning Needs (ALN) Statement including Statement reason.

Attainment of CWD children - not available.

Distance travelled to special schools - requested from Schools Service.

Health Data.

Service level Data - e.g. Ty Hafan hospice provision usage.



National Trends

Decreasing child population.



Scenario

Short Term

Service re-design and re-structure.

Medium Term

We will be supporting smaller number of children with complex needs, however the level of need will be greater. Issues around supporting children and young people with ASD and challenging behaviours that leads to family breakdown and exclusion from education.

Long Term

Too many unknowns.



How do services currently contribute?

Commissioning of services to deliver short break support to families.



Is need being sufficiently met?

This information was not available, but has been identified as a data gap.

Young People’s Mental Well-being

Prosperous Powys	Resilient Powys	Healthier Powys	Equal Powys	Cohesive Powys	Vibrant Powys	Globally Responsible Powys



What are the key findings?

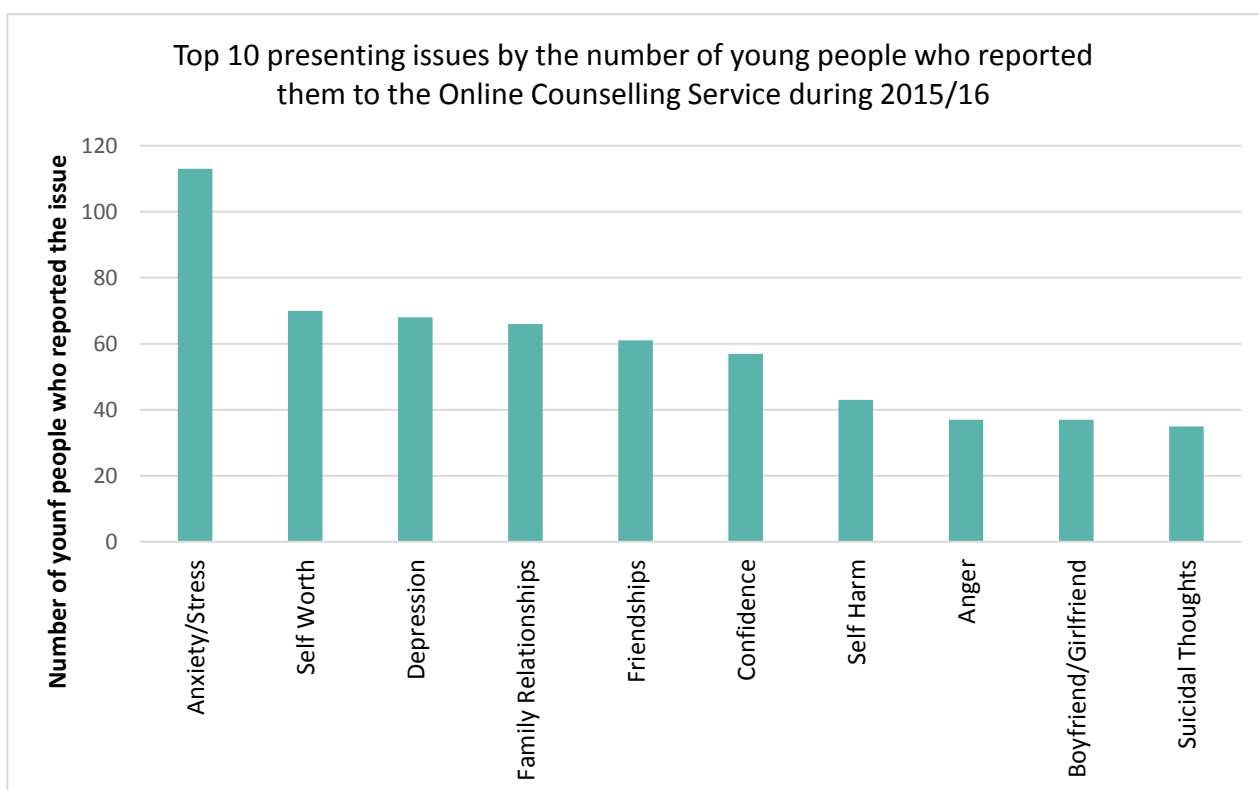
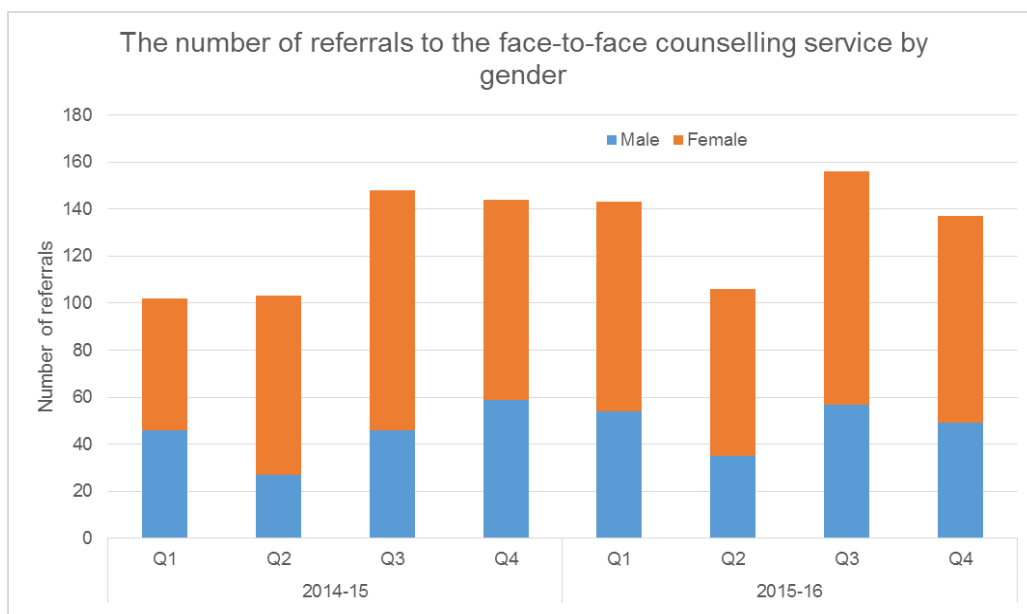
Based on current trends, the number of young people making use of mental health services in Powys is expected to rise noticeably. As access to mental health resources, such as information and counselling improves, more and more young people are becoming aware of issues and seeking help and advice from services. Surveys also suggest that young people continue to place a much higher priority on their mental health than their predecessors, and are consequently more likely to seek help. As a result, greater demand is being placed on mental health services, and this is exacerbated by further pressure from ongoing cuts to service's budgets. Males are also now more willing to access these services than in the past. Anxiety and stress represent the most common reported problem, along with self-worth issues and relationship difficulties.



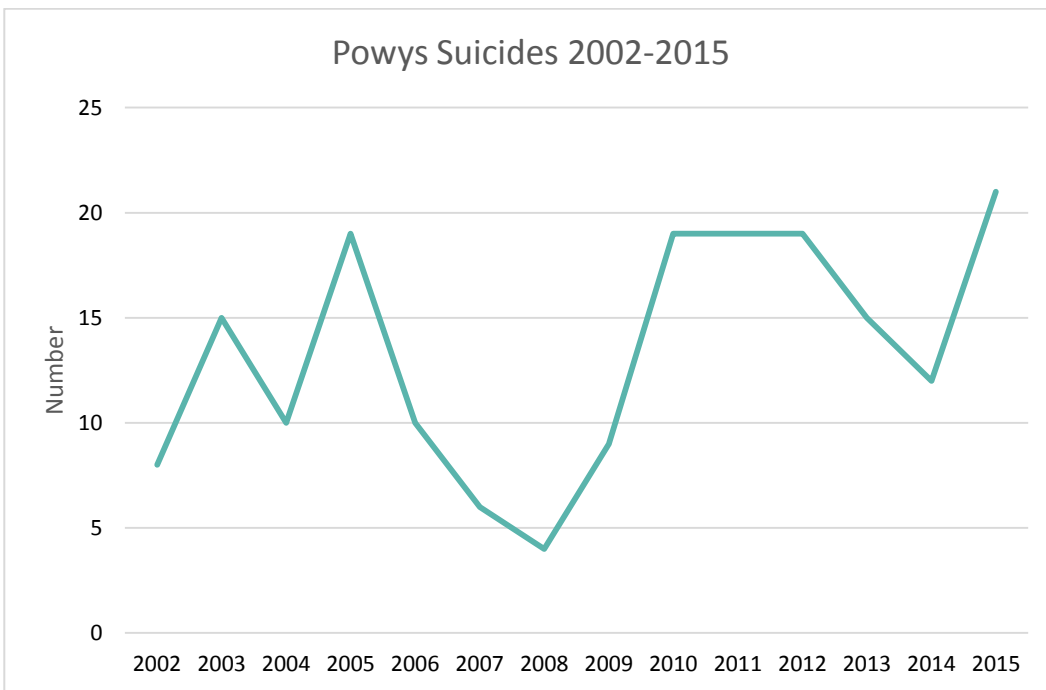
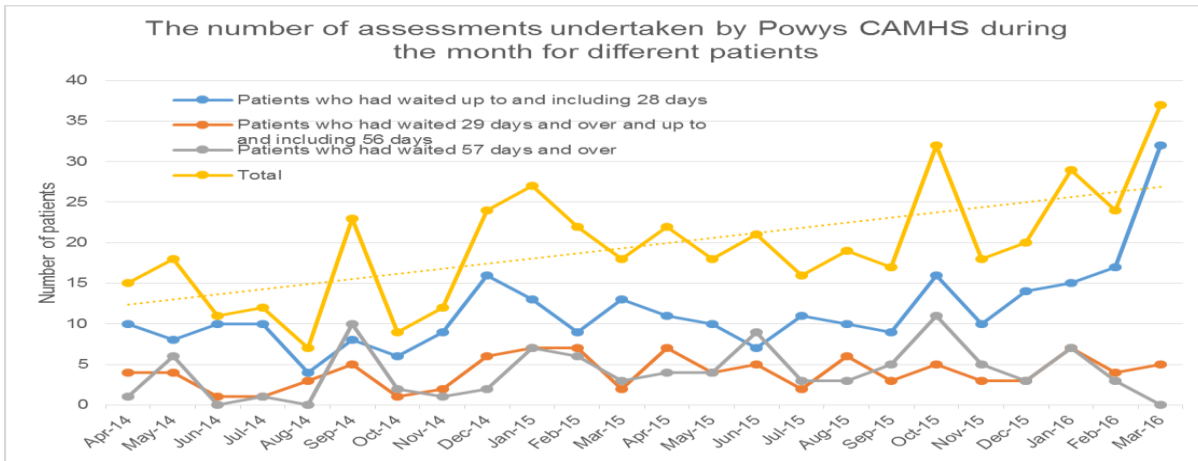
What does the data tell us?

Mental health issues are recognized as one of the leading cause of disease worldwide, comprising 28% of the total burden. This means that one in four people in the UK will experience a mental health problem in their lifetime (Daffodil, 2014). However, in Powys, as in many other areas of the UK, mental health services are found to be overstretched and lack specialized services. At present, public spending is more focused on coping with crisis, rather than prevention of issues. In addition, the number of people presenting with mental health issues appears to be increasing (Daffodil, 2014). At the Powys level, the number of assessments undertaken by the Child and Adolescent Mental Health Service (CAMHS) has increased between April 2014 and March 2016, and waiting times have also been reduced. Online registrations have also increased. An increasing number of males (36% of referrals) are now accessing counselling and mental health services, which is in line with the Welsh average (Daffodil, 2014). Of the issues reported, anxiety and stress were the most common overall, while for males, anger and behavior issues were more common, and in females, issues relating to self-harm were more common. There is also an increasing number of complex cases, including young people presenting with suicidal

thoughts. In the 0-11 Family support service, the most common issue was found to be low self-esteem.



N.B. This may include an element of double counting as these are aggregated quarterly statistics.



Are there any specific locality differences?

This information was not available, but has been identified as a data gap.



What do citizens say?

Powys Youth Forum members, which represent different young people across the county, have reported that mental health services are an issue for young people in Powys. The Eat Carrots, Be Safe from Elephants (Powys Junior Safeguarding Board) also reported that mental health services was one of their 4 priority areas for 2016/17.



What do staff say?

This information was not available, but has been identified as a data gap.



What does the third sector/private sector say?

This information was not available, but has been identified as a data gap.



Are there any preventative measures associated with this data?

Whole range of programmes to build resilience:

Play therapy, schools are currently providing the thrive programme.

'Fresh' - healthy mind, healthy body.



What we don't yet know?

Mental health data in relation to children with complex needs, some of whom are Looked After Children or Children from Other Local Authorities (COLA) who reside in

Powys.



National Trends

Wales has seen an increase in the number of children aged 5-15 with mental health issues, with an average growth of 4.3% for Wales. In comparison, Powys has seen an overall reduction of 7.7%.



Scenario

Short Term

Current trends suggest that the number of young people accessing emotional health & mental health services in Powys will continue to increase over this period.

Medium Term

If demand is not managed, increased cost interventions will be required in order to support emotional & mental health issues. Resilience (i.e. good mental health) is key to tackling a variety of issues, such as bullying, domestic abuse, poor parenting, unhealthy relationships etc. which can become intergenerational issues.

Long Term

As per the medium term, and there may be a potential increase in the number of incidents of self-harm and suicide among under 45s and higher level & cost interventions required in order to support individuals.



How do services currently contribute?

The counselling services offer an integrated approach - young people can access online counselling 24/7 and can also request an appointment with a face-to-face counsellor via the online site. Within the online service, young people articulate goals at the start of support and the number of goals reached is measured at the end of the intervention. The face-to-face service uses the Young Persons-CORE outcome measure to track whether there is a clinical or reliable change following the intervention.



Is need being sufficiently met?

At present, need is being managed and waiting times for assessments within CAMHS have improved. Additional funding was available to allow more young people to access counselling services, but this is no longer available due to funding reductions from Welsh Government. This impacts on the number of hours that online counsellors can support young people in Powys.

Child Care Sufficiency

Prosperous Powys	Resilient Powys	Healthier Powys	Equal Powys	Cohesive Powys	Vibrant Powys	Globally Responsible Powys
★						



What are the key findings?

The local authority has a statutory duty to assess and secure sufficient childcare and where gaps are identified, it should intervene in the market to facilitate the creation of provision. Powys' childcare facilities at present are a mixture of private, volunteer based organisations, as well as school based organisations providing variable levels of childcare. From our initial findings, Powys is currently meeting demand levels for Welsh medium early years provision. We have also made provision available to ensure that childcare services are accessible to children with additional needs, such as disability. Welsh Government's Flying Start scheme operates in five towns across Powys, providing free childcare hours for 2 year olds in these designated areas.

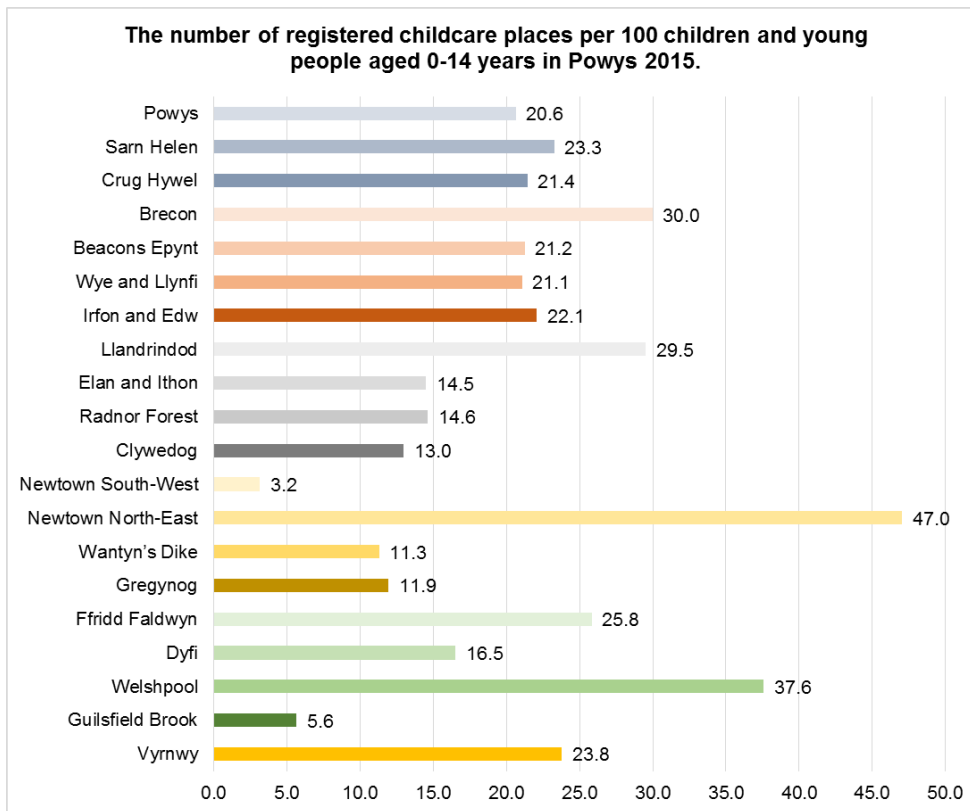
While at present there appears to be sufficient childcare and education provision to meet the needs of the population, the change to the age of admission to primary education will result in an increase in the demand for preschool childcare and early years education provision. At this time, a proposal by the Welsh Government to provide additional funded childcare and educational entitlements is also being considered and may therefore impact on childcare and educational provision. The cost of childcare also remains a barrier to accessing childcare.

While areas such as Newtown have a large number of childcare places in relation to population, others have very few and therefore parents must be choosing to make alternative arrangements, such as utilising childcare facilities close to their place of work.



What does the data tell us?

In Powys, there are a total of 267 registered childcare settings (CYPP, 2015). These are made up of a mixture of privately operated, volunteer based, and school run organisations. In addition to this, the Welsh government operates two national schemes in Powys. The first, Flying Start, operates in Powys' five major towns. This scheme provides for a total of 12.5 hours of care per week beginning in the term after their second birthday and ending at the start of the term following their third birthday (CYPP, 2013). In addition to Flying start, the Welsh government also provides the Three Year Old funded education scheme, which provides ten hours of childcare per week beginning after a child become ineligible for Flying Start, and ending at the start of the term before their fourth birthday. Following the Council's decision to raise the age of primary school admission, a gap in provision is expected to appear with no full time day care for those over three years old. The Welsh government is developing a proposal for a program providing 30 hours per week of childcare to support working parents. However, this proposal has not yet been confirmed.

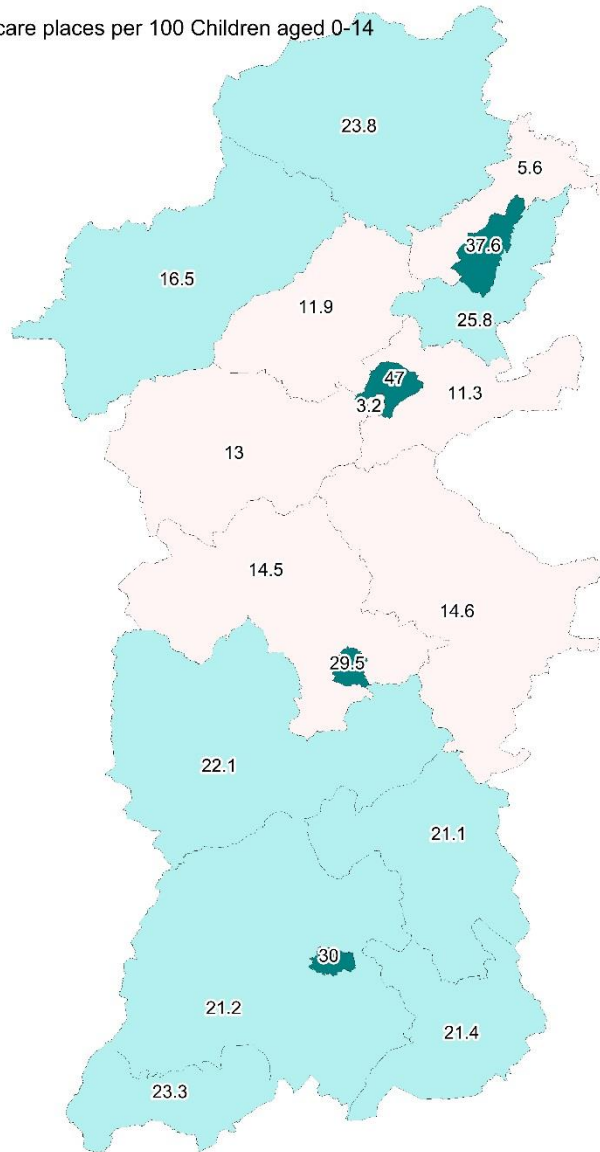


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Registered Childcare places per 100 Children aged 0-14
2015

- 27.5 and over
- 15 to 27.5
- under 15





Are there any specific locality differences?

The number of childcare places available per 100 children varies from 13 places in Guilsfield Brook to 86 places per 100 children in Newtown North-East. When looking at these figures, we should bear in mind that parents may choose childcare in an area outside of where they live (e.g. closer to where they work) and this may account for the wide variation seen in the number of places in a particular area compared with the estimated population of that area. The childcare market is ultimately subject to demand and supply forces and the Council will support childcare settings which have temporary sustainability issues and it will also support new childcare settings to establish in areas where there is demand for new provision.



What do citizens say?

Currently consulting parents as part of the Childcare Sufficiency Assessment.



What do staff say?

No information identified.



What does the third sector/private sector say?

Currently consulting childcare providers in the private and voluntary sector as part of the Childcare Sufficiency Assessment.



Are there any preventative measures associated with this data?

Employment and Skills

Poverty and Deprivation



What we don't yet know?

No specific data gaps identified.



National Trends

National figures not yet published by WG.



Scenario

Short Term

This information was not available, but has been identified as a data gap.

Medium Term

This information was not available, but has been identified as a data gap.

Long Term

This information was not available, but has been identified as a data gap.



How do services currently contribute?

This information was not available, but has been identified as a data gap.



Is need being sufficiently met?

This information was not available, but has been identified as a data gap.

Young Carers

Prosperous Powys	Resilient Powys	Healthier Powys	Equal Powys	Cohesive Powys	Vibrant Powys	Globally Responsible Powys
			☆	☆		



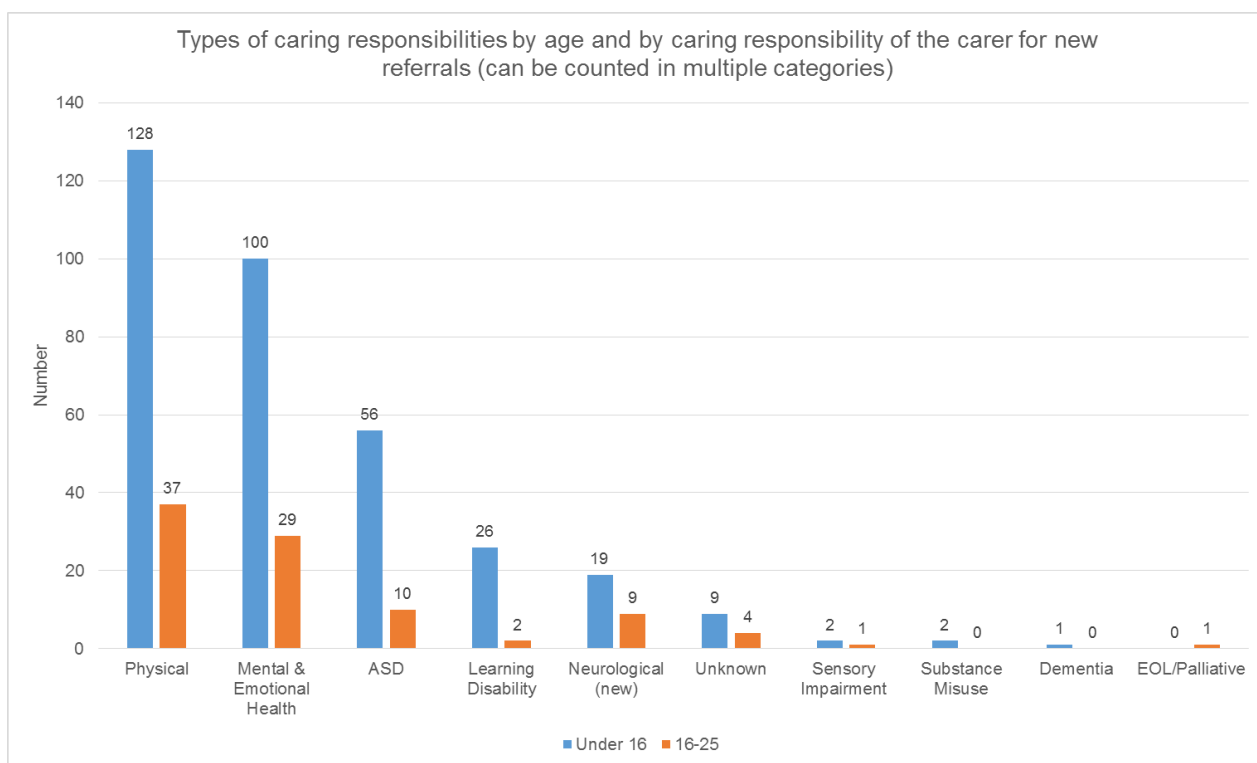
What are the key findings?

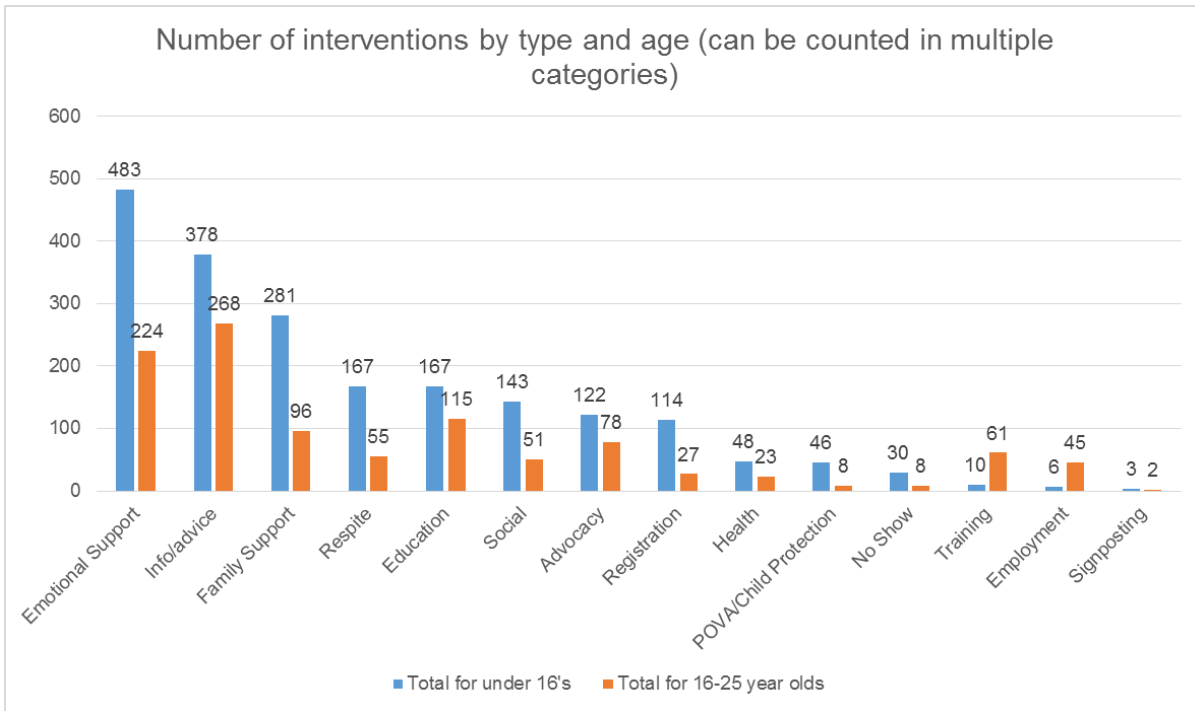
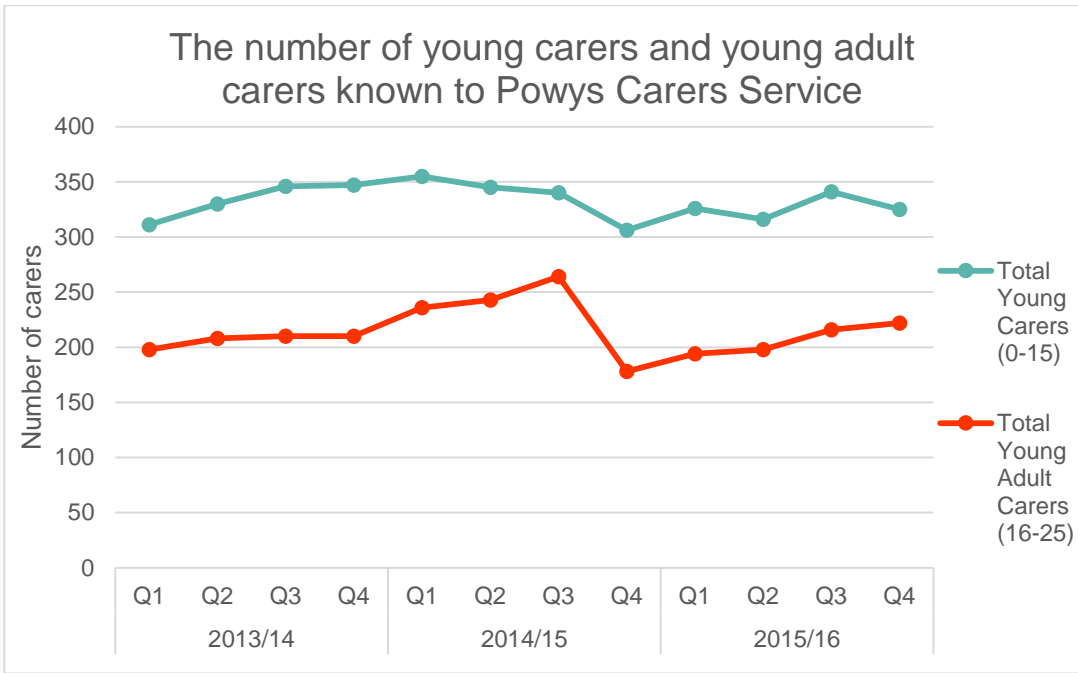
With the ongoing increase in Powys' elderly population, more and more young people are compelled to act as carers. This number is steadily increasing, in spite of the decreasing child population. The majority of young carers are providing up to nineteen hours of care (CYPP, 2016). This has had the knock on effect of some young carers missing school due to their responsibilities, in turn affecting their chances of securing future, long term employment. Despite these issues, young carers are not regularly being placed in contact with Social Services or other support organisations. Available support also greatly differs by age and hours of care provided.

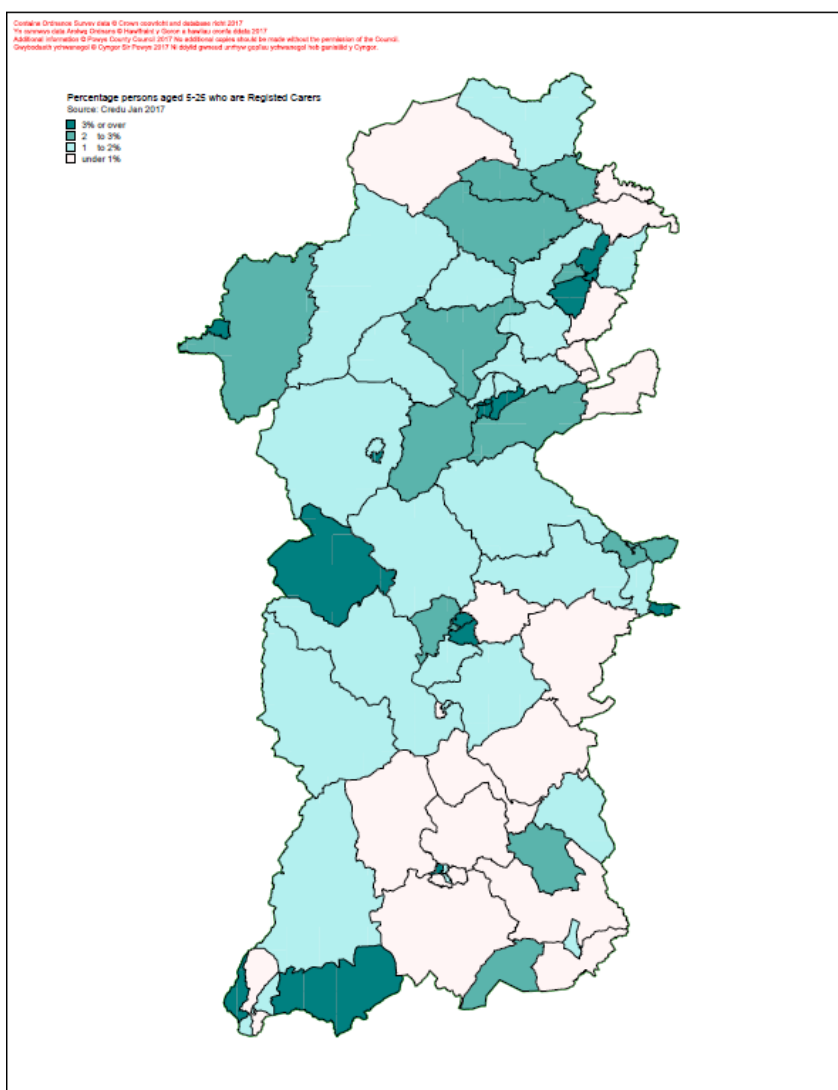


What does the data tell us?

According to the 2011 census, there are 1,066 unpaid carers aged 0-24 in Powys (Welsh Government, 2014). The majority of these provide between 1-19 hours of care per week. Only 576 young carers were known to Powys Carers Service in 2016 and not all of these were known to the commissioned information and advice service (CYPP, 2016). Support offered varies greatly depending on the age of a young carer. Emotional support was frequently required for carers aged 16 and under, and family support interventions were required for those aged 16-25. Another key impact on young carers is the fact that roughly 1 in 20 young carers miss school due to their responsibilities (CYPP, 2016). In turn, this affects their education and chances of long term employment. Young carers have a significantly lower attainment level at GCSE and are much more likely to be Not in Education, Employment, or Training (NEET), which further reduces their life chances. In spite of their need for extra support, young carers are no more likely than their peers to be in contact with Social Services or Educational Welfare Services, both of which were designed to offer them support.







Are there any specific locality differences?

This information was not available, but has been identified as a data gap.



What do citizens say?

This information was not available, but has been identified as a data gap.



What do staff say?

This information was not available, but has been identified as a data gap.



What does the third sector/private sector say?

Powys Carers Service assist carers to feel recognised and feel valued, making the most of their lives, and providing them with a strong voice. In particular, they help young carers to have a positive sense of identity, have aspirations and success in learning, plus a positive childhood experience.



Are there any preventative measures associated with this data?

This information was not available, but has been identified as a data gap.



What we don't yet know?

The number of young carers in each school and whether schools are aware of the number of young carers within their school (A survey by The (Former) Princess Royal Trust for Carers (2010), found that for over 39% of young carers, school staff were not aware that they were young carers and 68% said they had been bullied in school) - we're working with colleagues in Schools Service about this.

Ethnicity reporting was a gap but this has improved recently.



National Trends

The overall number of young carers known to Social Services in Wales has been falling each year since 2012, dropping from a high point of 1,070 in 2012, down to 782 in 2016. This is in contrast to the increase in carers becoming known to Powys Carers Service.



Scenario

Short Term

Increased demand. Potential impact on young carers' attainment in school as well as their opportunities for respite to enable them to socialise with their peers due to their caring responsibilities

Medium Term

Potential impact on young carers' ability to access employment if their attainment has been negatively affected by their caring responsibilities. If the carers have to cease their caring responsibilities, then Health & Social Care will need to provide (directly or via commissioned services) support to fill this gap. Transition from being a young carer to an adult carer and how this is managed around other changes as a young person becomes an adult.

Long Term

Employment and juggling caring responsibilities around family life and employment.



How do services currently contribute?

We have agreed a joint carers commissioning strategy and have recommissioned an information, advice and support service for carers of any age. Powys is working to achieve an Everybody's Business model which means that identifying carers and understanding their support needs is part of everybody's role. This could also include a Team around the Carer approach once a Well-being Assessment has been completed in order to help a variety of agencies to work together to support carers of all ages and the people they care for.



Is need being sufficiently met?

As figures show, those who identify as carers within the Census are not all known to our services. However, they may not require our support, or may not know it exists. Our newly commissioned Information, Advice & Support Service will proactively seek to engage and target carers who are in the most vulnerable or hard to reach areas and groups to ensure the service has equitable access.

Exclusion and Free School Meals (FSM)

Prosperous Powys	Resilient Powys	Healthier Powys	Equal Powys	Cohesive Powys	Vibrant Powys	Globally Responsible Powys
			★			



What are the key findings?

Whereas there is a gap between the attainment of pupils eligible for free school meals and those not eligible, pupils eligible for free school meals in Powys generally do as well or better than Welsh averages. Powys has a relatively high number of exclusions both fixed term and permanent. There is variation between schools.



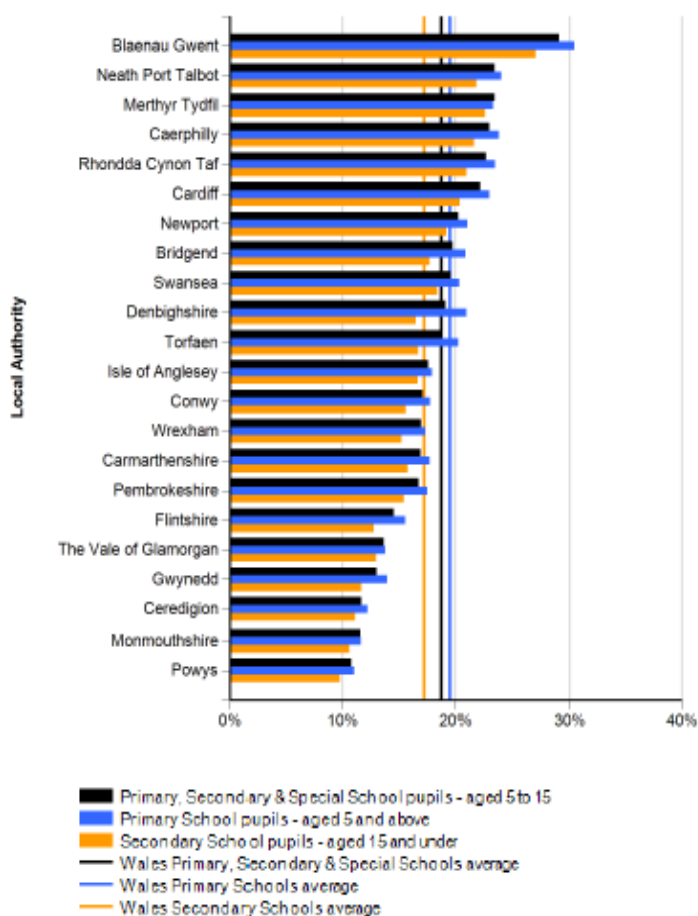
What does the data tell us?

In 2015-16 at the Foundation Phase, 79.2% of pupils eligible for Free School Meals attained the Foundation Phase Indicator, 3.5 percentage points above Welsh averages. At key stage 2, 68.8% of pupils eligible for FSM achieved the core subject indicator, this was 8.3 percentage points below the Welsh average. At key stage 3 performance at 70.8% was 1.4 percentage points above Welsh average. At Key stage 4 41.75 of pupils eligible for free school meals attained the level 2 inclusive indicator (5 A*- C including English/Welsh and mathematics at GCSE).

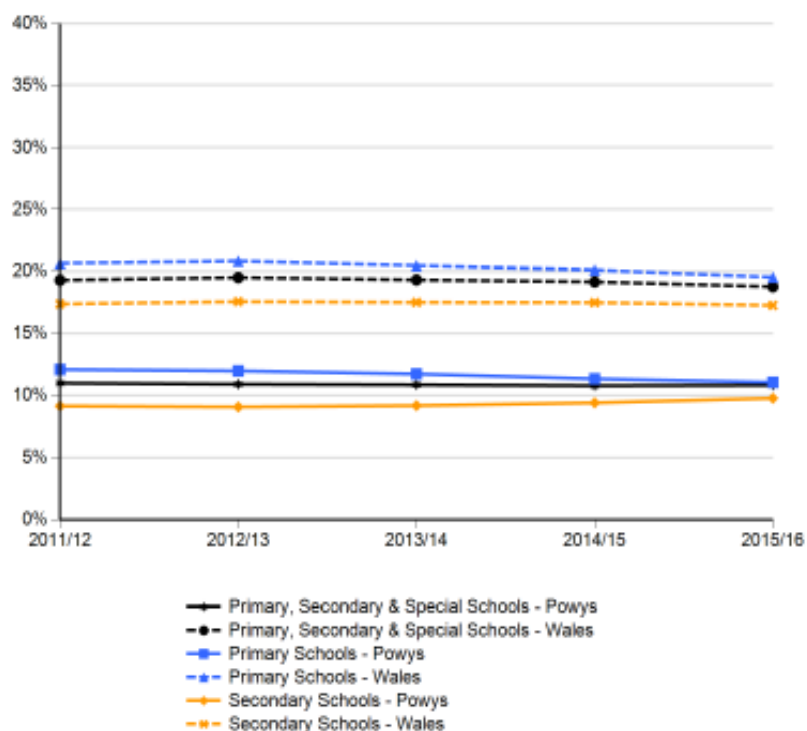
Procedures are in place which ensure the schools take responsibility for the exclusions and the pupils and parents have their rights protected in terms of appeal. There is a clear expectation that due to the excellent work of two high schools in particular over recent months that the figures will reduce as an accurate reflection of pupils having their needs met in the school.

There are specific schools that historically have had high numbers of exclusions but they have invested in provision to increase the support for those vulnerable learners. There has been a significant investment in schools to increase the skill and knowledge base of staff in working with those who may be liable to challenge schools with their behavior.

**1.1 % pupils of statutory school age eligible for FSM 3-year average
LA comparison - 2015/16**



1.2 % pupils of statutory school age eligible for FSM 3-year average



3-year average FSM eligibility (% pupils)	Year				
	2011/12	2012/13	2013/14	2014/15	2015/16
Primary, Secondary & Special Schools - Powys	11.0	10.9	10.9	10.8	10.8
Primary, Secondary & Special Schools - Wales	19.3	19.5	19.3	19.2	18.8
Primary Schools - Powys	12.1	12.0	11.7	11.3	11.0
Primary Schools - Wales	20.6	20.8	20.5	20.1	19.6
Secondary Schools - Powys	9.1	9.1	9.2	9.4	9.8
Secondary Schools - Wales	17.4	17.6	17.5	17.5	17.3



Are there any specific locality differences?

The highest level of deprivation are found in specific areas such as Newtown, Welshpool, and Ystradgynlais.



What do citizens say?

This information was not available, but has been identified as a data gap.



What do staff say?

School leaders including governors are required to carefully monitor the progress of vulnerable pupils. All schools are required to evaluate the impact of the Pupil Deprivation Grant (PDG) on the attainment of pupils eligible for free school meals and to publish how they use the grant on their school website. Nearly all schools state that they make good use of this grant.

In terms of exclusions, staff have undergone training in Thrive and/or attachment awareness, and report very favourably on the impact of these interventions.



What does the third sector/private sector say?

The regional school Improvement service through its team of Challenge Advisors evaluate the impact of the Pupil Deprivation Grant (PDG) on the attainment of this vulnerable group. In core inspections, nearly all schools have been judged as making good use of the PDG. Evaluation of the impact of PDG on pupil attainment is on-going through the programme of core visits to schools by Challenge advisors



Are there any preventative measures associated with this data?

The Powys Challenge Advisory team through the regional guidelines, challenges all schools on the performance of eFSM pupils every autumn term in Core Visit One. This visit includes a focused analysis on the performance of eFSM pupils.

The recording of exclusions is now clear and the development of capacity in schools is having a positive effect on the exclusion rates.



What we don't yet know?

The context of exclusions needs to include the numbers in Pupil Referral Unit (PRU), managed moves, and those in receipt of Elective Home Education.



National Trends

This information was not available, but has been identified as a data gap.



Scenario

Short Term

Exclusions: The numbers are set to reduce. Intervention is currently being developed including a strategy for children with behavioural, emotional, and social difficulties, including the PRU

Medium Term

Expectation is that exclusions will reduce to a level that reflects what may happen, for example, where a permanent exclusion is appropriate.

Long Term

This information was not available, but has been identified as a data gap.



How do services currently contribute?

The regional School Improvement Strategy through local Challenge Advisors provides monitoring, support, and challenge for schools and head teachers to improve the performance of vulnerable pupils. Schools are also provided with a comprehensive resource of best practice in terms of effective use of the PDG. Challenge Advisors make a judgement of the effectiveness of PDG in all schools.

Exclusions: The Schools Service and commissioned services such as early years intervention in Flying Start, Incredible Years, and anti-bullying programmes play an important role in preventing the behaviours that require response.



Is need being sufficiently met?

There is a need to reduce the attainment gap between eFSM and non-FSM pupils at all stages. Exclusions: The levels of exclusion are too high at present.

Vulnerable Children

Prosperous Powys	Resilient Powys	Healthier Powys	Equal Powys	Cohesive Powys	Vibrant Powys	Globally Responsible Powys



What are the key findings?

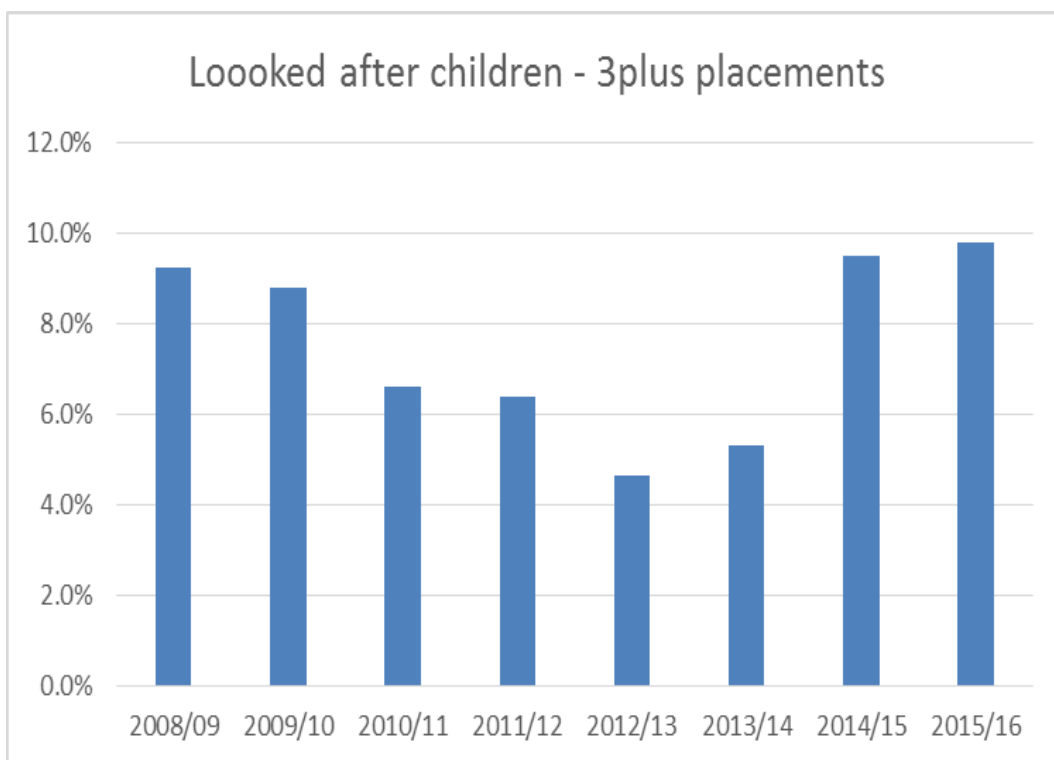
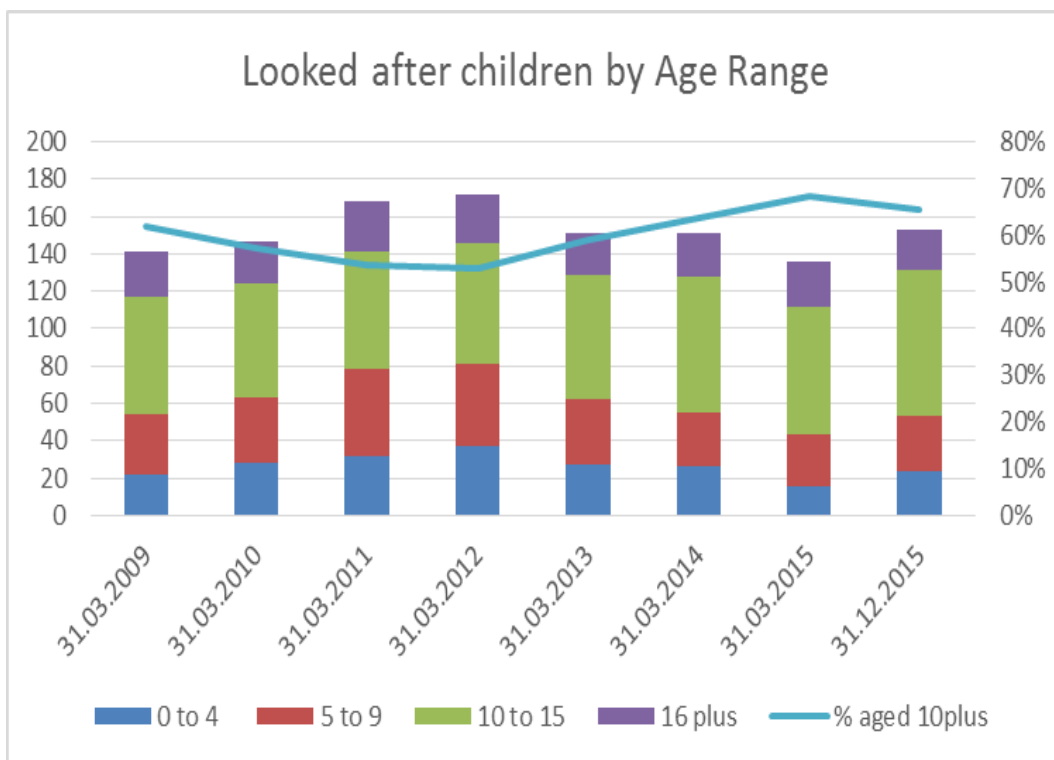
The average age of looked after children in Powys is steadily increasing. This is making it significantly harder for suitable foster parents to be found, as many are unwilling to accept older young people. The complexity of the needs of these children is also increasing, making it more of a challenge for potential foster carers to look after them. This increase in age also results in a higher number of placement breakdowns. In turn,

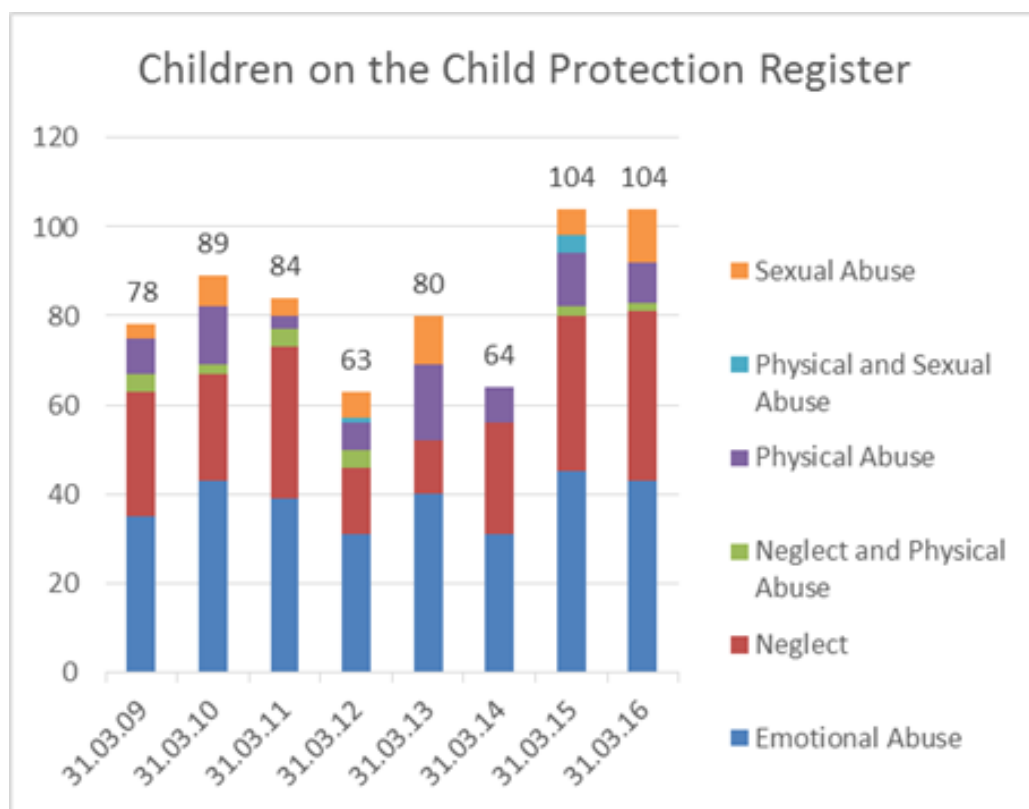
children who undergo multiple placement breakdowns suffer further impacts to their mental well-being. More children are now being placed on the child protection register, with neglect and emotional abuse being the main reasons for children being taken into care. In particular, cases of neglect have been rising compared to other issues. In contrast, the number of children referred to the Youth Justice Service has fallen in comparison to the 2010-11 figure, and as a result, fewer children are entering the youth justice system. A stronger multiagency response to supporting early intervention has led to a reduction in the number of Children in Need cases. Research by Public Health Wales shows that experiences during childhood can affect health throughout the life course. Children who experience stressful and poor quality childhoods are more likely to adopt health-harming behaviours during adolescence which can themselves lead to mental health illnesses and diseases such as cancer, heart disease and diabetes later in life. Adverse Childhood Experiences are not just a concern for health. Experiencing ACEs means individuals are more likely to perform poorly in school, more likely to be involved in crime and ultimately less likely to be a productive member of society.



What does the data tell us?

Over the last five years in Wales, the number of looked after children has increased by 5% (PCC, 2015). In Powys however, this has not been the case, with figures remaining largely static for the past five years at around 150 looked after children, representing one of the lowest rates in Wales (PCC, 2015). However, the needs of these children have steadily become more and more complex, resulting in more frequent placement breakdowns, at great expense to the local authority. There is a strong need for more foster parents, with better training and ability to cope with these more complex needs (Welsh Government, 2015). While the number of looked after children is low, the number placed on the child protection register has been steadily increasing, with neglect being the most common reason (PCC, 2015). The number of new entrants to the Youth Justice Service has fallen since 2010. The number of children in need has recently began to drop following improvements to the service, which allowed more cases to be closed.





Are there any specific locality differences?

Over the past 6 years Newtown has consistently been the locality with the highest levels of registrations, and these are significantly higher than many of the other similar localities.



What do citizens say?

This information was not available, but has been identified as a data gap.



What do staff say?

This information was not available, but has been identified as a data gap.



What does the third sector/private sector say?

This information was not available, but has been identified as a data gap.



Are there any preventative measures associated with this data?

This information was not available, but has been identified as a data gap.



What we don't yet know?

We need to undertake greater analysis around where children are known to services, in order to understand if there is anything that can be done differently to prevent escalation of need.



National Trends

The number of vulnerable children in Wales has increased since 2010, but at present is fluctuating with year on year increases and reductions in the number of looked after children aged 0-18. This is in contrast to Powys, where the figure has remained mainly static.



Scenario

Short Term

Increased pressures being placed on local authority budgets as a result of increased cost to accommodate children with complex needs

Medium Term

Ability for our complex looked after children to fully achieve educational outcomes as research shows that looked after children do not attain as well as non-looked after peers

Long Term

Reduced employment opportunities and long term reliance on local authority support.



How do services currently contribute?

Service is currently investing in training to support foster carers and is actively recruiting foster cares for specific children with complex needs. The service is also in the process or reviewing its Corporate Parenting Action Plan, and educational outcomes for our looked after children remains one of the key priority areas for both Children's Services & Schools Service.



Is need being sufficiently met?

Recruitment of carers remains an issue although various campaigns have taken place over the last 18 months, however the retention of existing carers remains a challenge.

Child Obesity

Prosperous Powys	Resilient Powys	Healthier Powys	Equal Powys	Cohesive Powys	Vibrant Powys	Globally Responsible Powys



What are the key findings?

The World Health Organisation has recognised childhood obesity as one of the greatest challenges to public health in the 21st century. The health consequences are serious, both in the short and long term. Overweight and obesity are of public health concern across all age groups, however they are of particular concern in children and young people due to the detrimental effects on health and well-being during childhood and the longer term implications for future ill health.

The proportion of reception aged (4-5 year old) children in Powys who are of a healthy weight or underweight is 76.4% (Child Measurement Programme 2014/15). This is slightly higher than in the previous Child Measurement Programme survey of 2013/14 when it was 76.1% although the difference between 2013/14 and 2014/15 is not statistically significant.

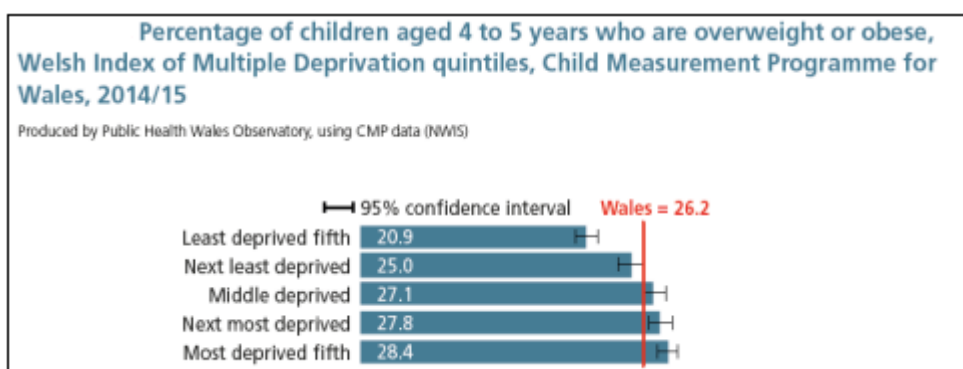
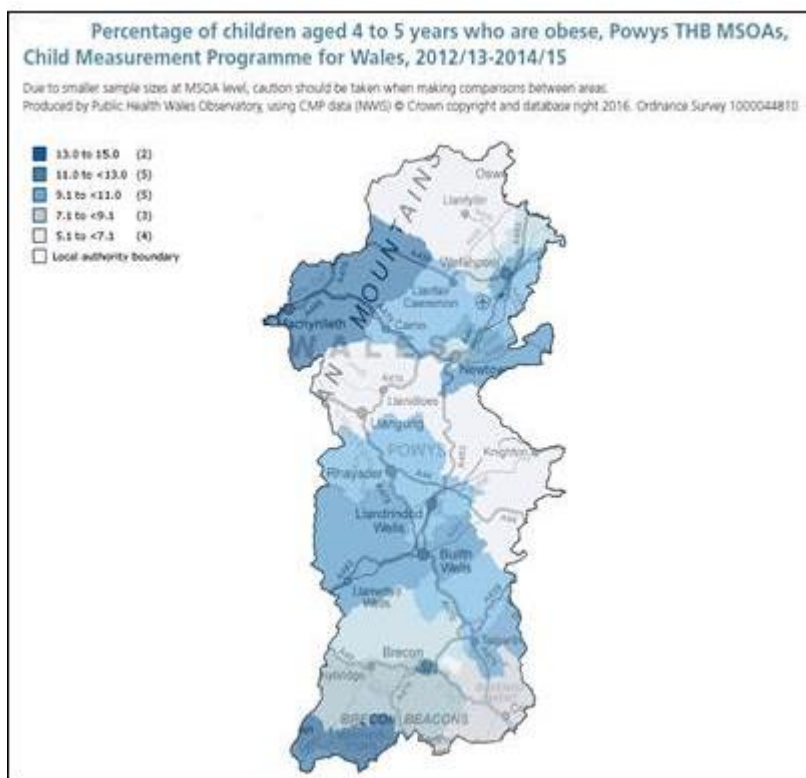
The proportion of overweight (14.4%), obese (9.2%) and obese or overweight (23.6%) children in reception in Powys has decreased slightly compared to 2013/14, although the differences between 2013/14 and 2014/15 are not statistically significant (Public Health Wales Observatory, 2014).

However, the proportion of reception aged children who are obese is statistically significantly lower in Powys compared to Wales: whilst Powys had a lower proportion of obese children in 2013/14 compared to Wales, 2014/15 was the first year that the difference between Powys and Wales was statistically significantly lower. Whilst this is encouraging, it is too soon to know whether this will be sustained in future years. It is also important to note that whilst levels of child obesity in Powys compare relatively favourably to Wales as a whole, almost a quarter of Powys children (23.6%) are already either overweight or obese by the time they start school (Public Health Wales Observatory, 2014).



What does the data tell us?

The issue of childhood obesity is becoming one of increasing concern in Wales. While rates are low in Powys compared to other local authorities in Wales, in Powys one in ten students are obese by the time they start school (Public Health Wales Observatory, 2014). Obesity this early in life frequently leads to the same issues in adulthood. At present, the rate of adult obesity in Powys is 60% (Public Health Wales Observatory, 2014). This in turn can lead to a number of more serious conditions resulting in premature mortality such as type 2 diabetes, cardiovascular disease, and cancer. In addition, obesity results in high cost to health and social services.



Are there any specific locality differences?

Yes, inequalities are seen in relation to childhood obesity. For example there is variation in overweight and obesity prevalence within Powys (see map above). Overweight and obesity in children follows a deprivation gradient in Wales. Reception aged children are significantly more likely than the Welsh average to be obese if they live in an area of higher deprivation. Inequalities are also seen across Wales by ethnic group (children from black ethnic backgrounds, more likely to be overweight or obese; children from an Asian background, less likely to be overweight or obese). Some differences are also seen between girls and boys: for

example in Powys 78% of girls and 75% of boys had a healthy weight or were underweight in the 2014/15 Child Measurement Program (CMP) survey.



What do citizens say?

This information was not available, but has been identified as a data gap.



What do staff say?

This information was not available, but has been identified as a data gap.



What does the third sector/private sector say?

This information was not available, but has been identified as a data gap.



Are there any preventative measures associated with this data?

The following National Institution for Health and Care Excellence (NICE) guidelines provide a comprehensive summary of up to date evidence relating to prevention and treatment of obesity in children and taking a community approach:

- Weight management: lifestyle services for overweight or obese children and young people
- NICE guidelines [PH47] - Obesity in children and young people: prevention and lifestyle weight management programmes NICE quality standard [QS94] Published date: July 2015
- Obesity: working with local communities NICE guidelines [PH42] Published date: November 2012

10 Steps to a Healthy Weight

Policy initiatives to address childhood obesity in Wales focus on prevention and early intervention. 10 Steps to a Healthy Weight is the national evidence-based policy for the promotion of healthy weight and reduction of overweight and obesity in pregnant women and 0-5 year olds. It encompasses physical activity and healthy eating along with factors which support these (e.g. getting enough sleep, playing outdoors and limiting screen-time): a formal launch event for the 10 Steps will take place in Powys in November 2016.

10 Steps is in line with other national initiatives including the Chief Medical Officer's recently launched guidelines: Physical Activity for Early Years and Change4Life.

Wider determinants of health - overweight and obesity

It is important to note that the causes of obesity are complex and strongly linked to wider societal changes (Foresight Report, Tackling obesity: future choices 2007) - including reduced physical activity due to changes in the built environment, increased use of motorised transport and the

availability of processed energy dense food. Any comprehensive, longer term, prevention plan should take these environmental factors into consideration.



What we don't yet know?

The CMP is a large-scale annual survey and provides robust data on weight in reception age children (4-5yrs) across Wales including at Health Board and Local Authority level. This survey is very resource-intensive to undertake. It is coordinated nationally and the measurements are undertaken locally in school settings by the School Nursing service. In addition to providing data on children aged 4-5, the results of the CMP survey can be used (with caution) to provide a proxy measure of weight in the wider child population. There is no equivalent survey for children or young people of other ages or for adults although self-reported data on overweight and obesity is available for adults.

The following link to support for Well-being Assessments may be useful:

<http://www.wales.nhs.uk/sitesplus/922/news/42399>



National Trends

In Wales children are weighed and measured in Reception (age 4-5) by the Child Measurement Programme Wales (CMP). The most recently published CMP survey data is for children measured in 2014/15. A summary of the findings is outlined above.



Scenario

Short Term

This information was not available, but has been identified as a data gap.

Medium Term

This information was not available, but has been identified as a data gap.

Long Term

This information was not available, but has been identified as a data gap.



How do services currently contribute?

Powys Healthy Weights Steering Group

This multi-agency group chaired by the Director of Public Health coordinates a range of work which aims to promote healthy weight across the life-course. Sub-groups have been established to

coordinate aspects of the group's overall action plan. These include sub-groups which focus on health weight in pregnancy and pre-school aged children and in school-aged children and young people. Greater Local Authority representation at this group would be very welcome and would enable a more coordinated multi-agency approach to the promotion of healthy weights across Powys.

Local authority services

A wide range of the services provided or commissioned by local authorities have the potential to influence child obesity through opportunities for physical activity and the promotion of healthy eating. Some examples include: promotion of active travel (e.g. promotion of walking and cycling, development of cycle lanes, safe routes for pedestrians, traffic calming), access to leisure services, green spaces, play facilities and the development of sports opportunities for all ages, pre-school and school facilities, promotion of healthy eating and healthy food policies (e.g. school meals, vending and consideration of health impacts in relation to planning applications such as fast food outlets near schools).



Is need being sufficiently met?

This information was not available, but has been identified as a data gap.

Educational Attainment

Prosperous Powys	Resilient Powys	Healthier Powys	Equal Powys	Cohesive Powys	Vibrant Powys	Globally Responsible Powys
					★	



What are the key findings?

Standards in Powys are generally good. There has been good evidence of improvement in standards in Powys schools in recent years. However there is too much variation.

Recent Estyn inspections (since September 2010) have placed 25% of Powys High Schools in Special Measures, one in need of significant improvement and a further 25% (3 schools) in Estyn Monitoring (PCC, 2016).

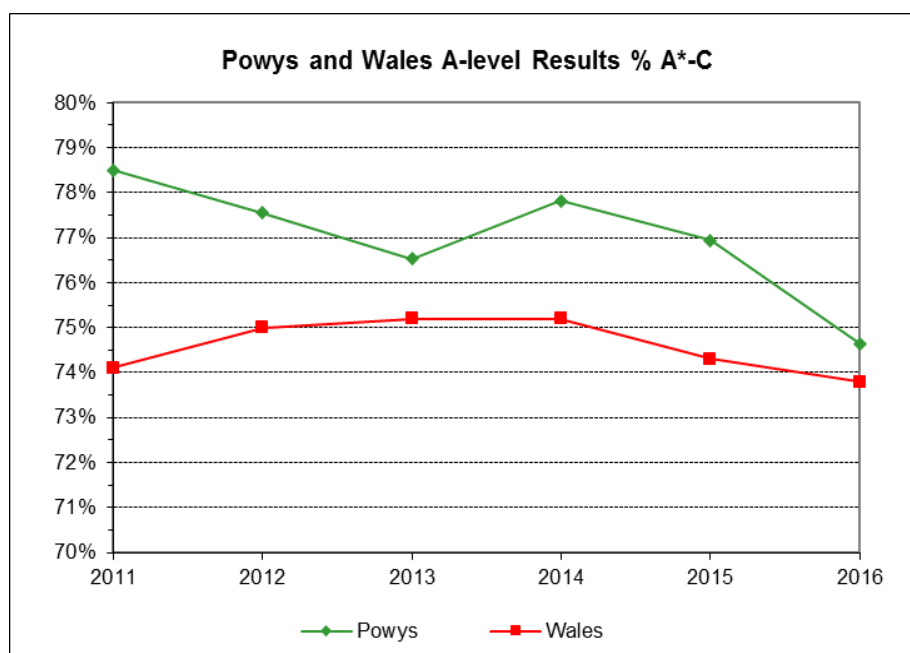
Recruitment and retention of head teachers and senior leaders is often difficult. There has been significant changes in head teachers in Powys in the past three years. Current head teachers in 6 out of 12 Powys High Schools (50%) have been in post for one year or less and 4 out of 12 schools (33%) have had at least three Heads or Acting Heads in post during the last five years

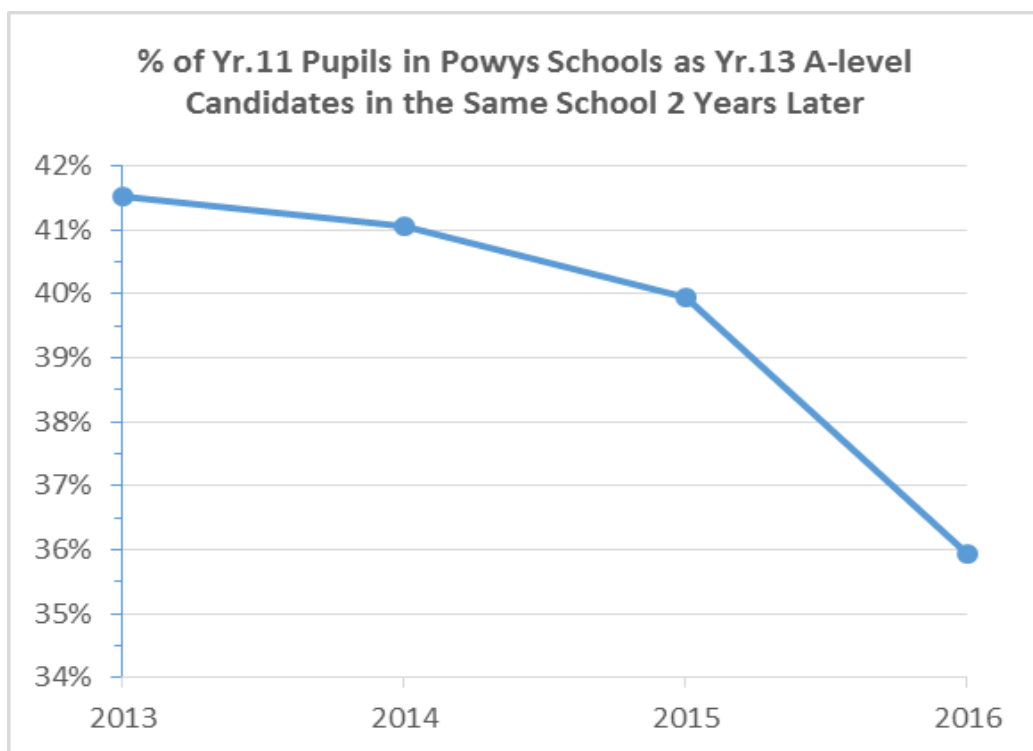
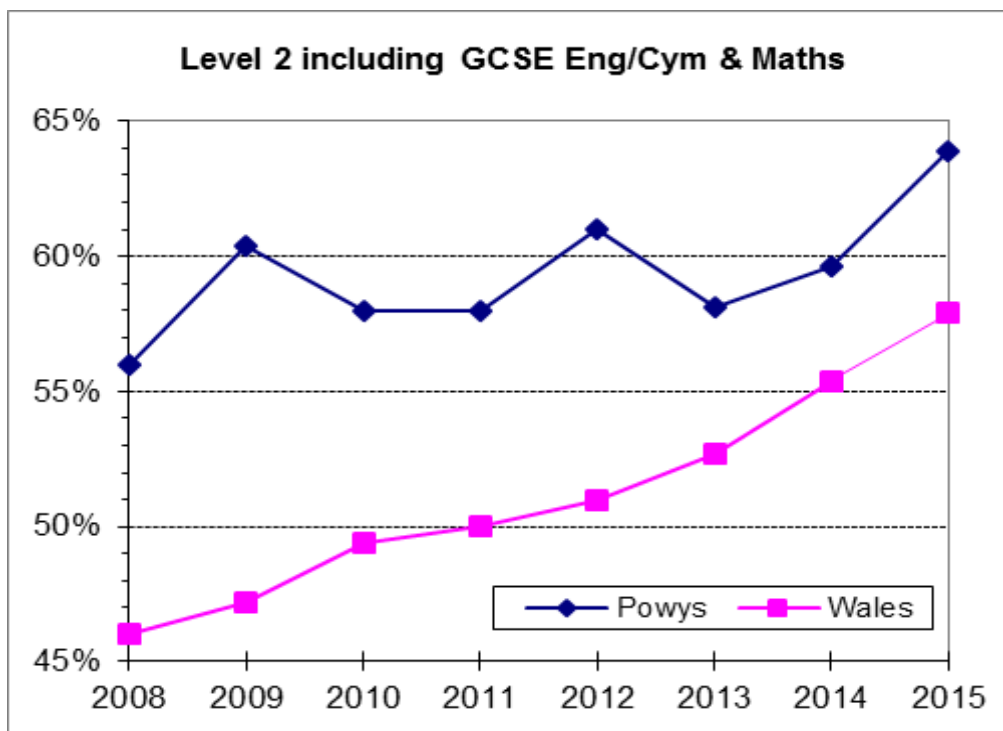
In addition retention of pupils to Powys school Sixth forms is under increasing competition from tertiary college provision both locally and in neighboring counties of both England and Wales (Careers Wales, 2015). Furthermore, the rapidity of the school transformation process designed to alleviate these issues is heavily influenced by the political process, public opinion and recent reductions in the purchasing power of schools.

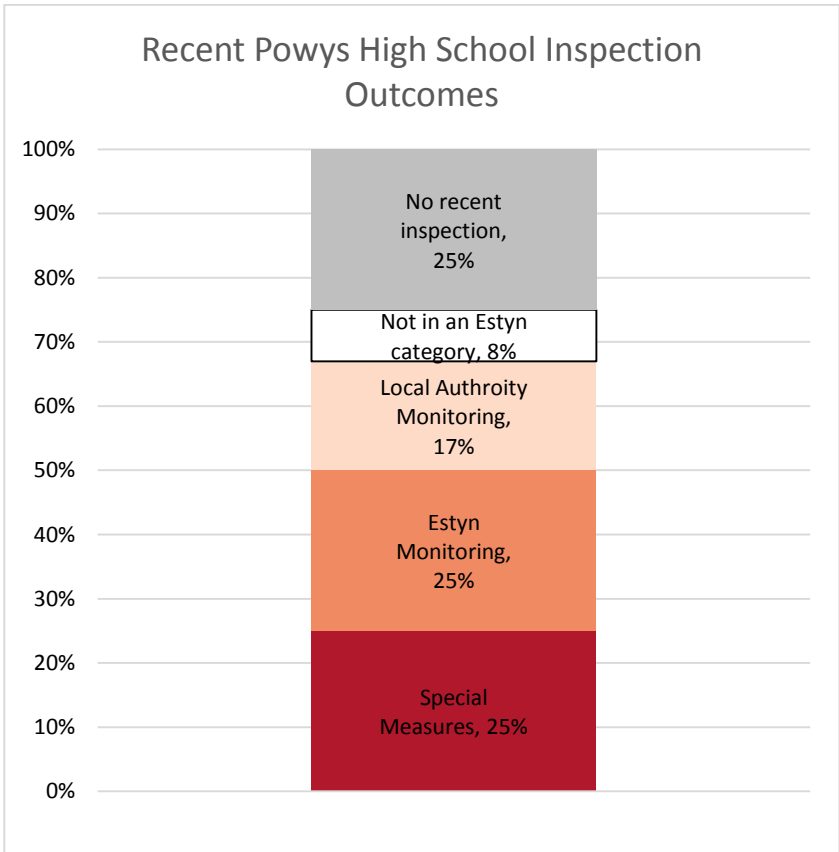
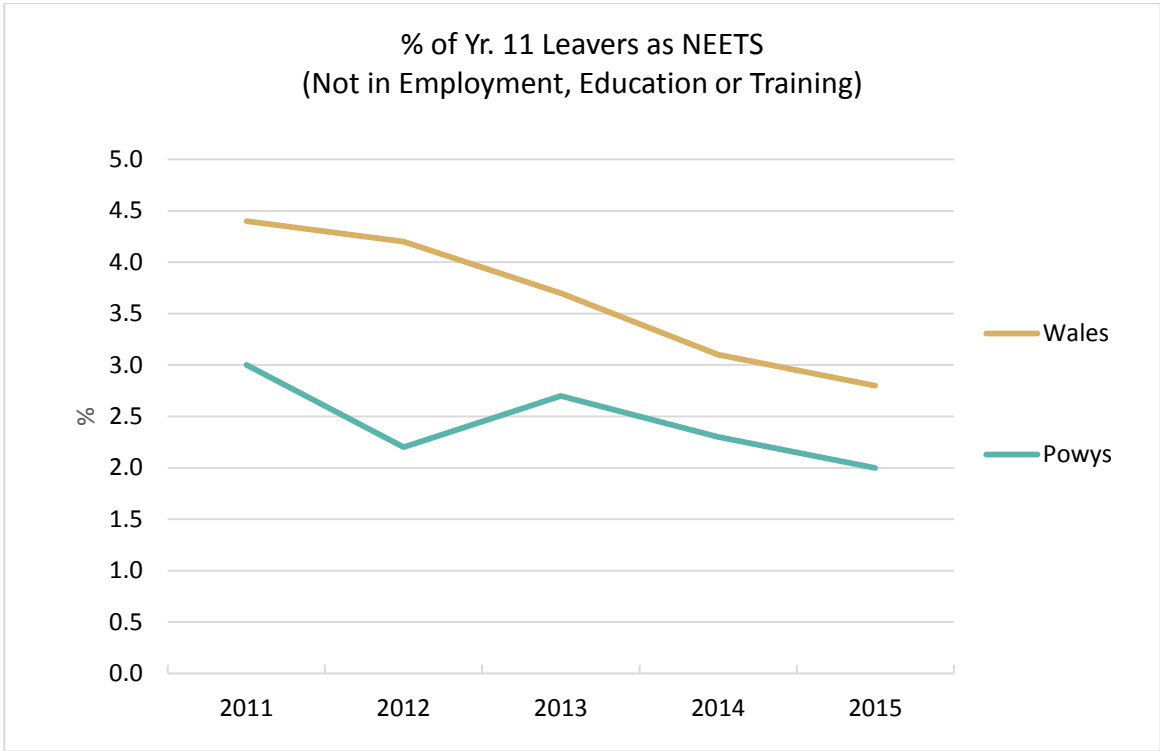


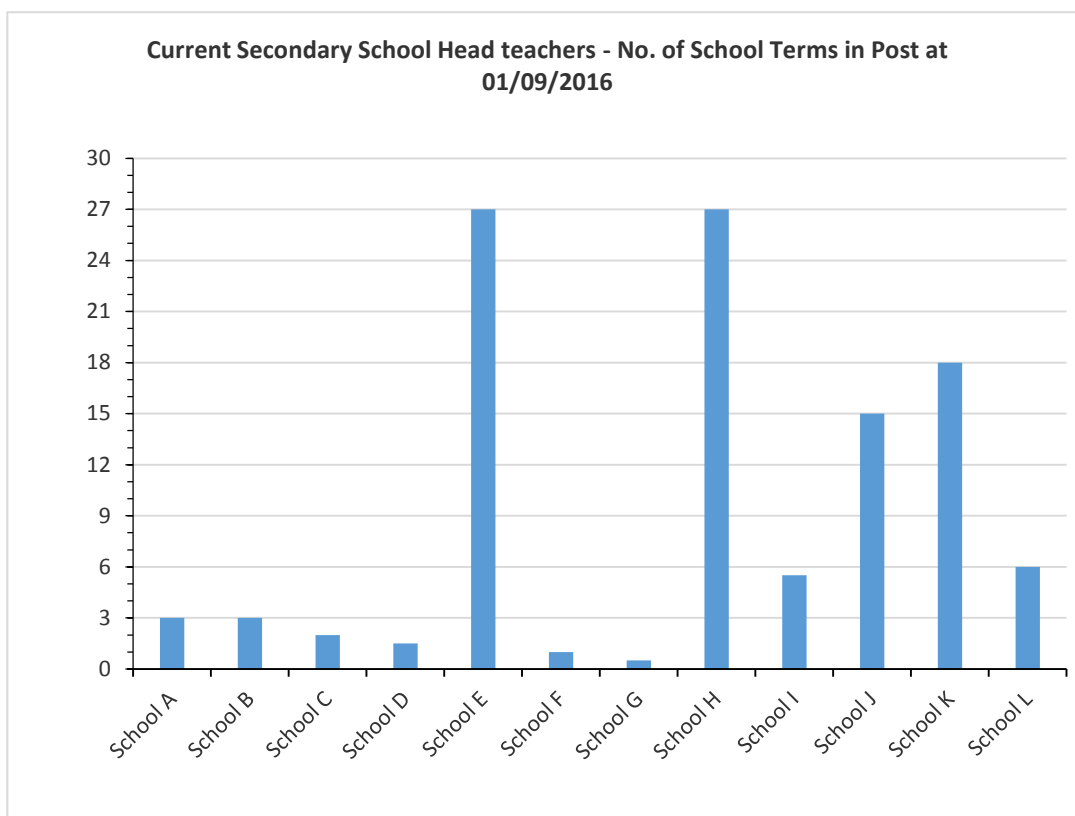
What does the data tell us?

Whereas standards are improving in most schools, there is not enough consistency in the quality and breadth of provision across all Powys High Schools making it difficult for some pupils to achieve their full potential.









Are there any specific locality differences?

Yes - Powys High Schools by and large serve their local communities hence any inconsistencies in performance will impact significantly on the locality. The three schools that are in or have been in Special Measures may have had an adverse impact on the local communities



What do citizens say?

The Powys Residents Survey carried out in both 2013 and 2015 showed a significant decline in satisfaction with the Secondary Education system from 68% to 59%.



What do staff say?

In the last School Perception Survey carried out in 2014 Head teachers were asked to rate the appropriateness of the provision for 14-19 education planned by the council and its partners. Of the 27 responses received only 19% rated the service as 'Good' or better, 56% rated it as 'Satisfactory' and 26% rated it as either 'Poor' or 'Very Poor'.



What does the third sector/private sector say?

The School inspection service in Wales (Estyn) have previously recommended that Powys maintains the momentum of the School Transformation process and uses its powers of intervention to accelerate school improvement where deficiencies have been identified.



Are there any preventative measures associated with this data?

The Powys/ERW School Improvement Team works closely with schools to mitigate the impact of local deficiencies where possible. In addition the whole Schools Service aims to identify and implement long-term solutions through the School Transformation process



What we don't yet know?

There is no shortage of data on all aspects of school performance, most of which is in the public domain.



National Trends

Some Powys High Schools are not performing as well as they should be when compared to similar schools in other Local Authorities in Wales. However there are positive upward trajectories in some key indicators even in some schools which are causing concern.



Scenario

Short Term

Current High School transformation projects aim to resolve many of the issues hindering the progress of schools which are in difficulty. Some progress should materialise in the short-term but this is unpredictable.

Medium Term

More significant progress should be visible in the medium-term providing the current momentum is maintained.

Long Term

The benefits of current projects to transform High School provision should fully materialise in the long-term.



How do services currently contribute?

The regional School Improvement Strategy governed by ERW through local Challenge Advisors, who provide monitoring, support and challenge for schools and head teachers to improve their performance. Schools are also provided with a comprehensive service to support their use of performance data in self-evaluation and a range of further back-up services provided

by the county, to support all the major functions and responsibilities of individual schools. The School Transformation Team co-ordinate the process to bring about major changes to the structure and delivery of the school system in Powys as required by developments in education practice and the local context. However closing, merging, or re-organising large organisations such as secondary schools is a highly challenging process.



Is need being sufficiently met?

Not always as access to high quality, broad provision is compromised for young people in some areas of Powys. This can be compounded by the geographical nature of the county and the appeal of out-of-county provision, especially post-16. However every effort is made by the Schools Service to mitigate these issues while planning for long-term solutions.