

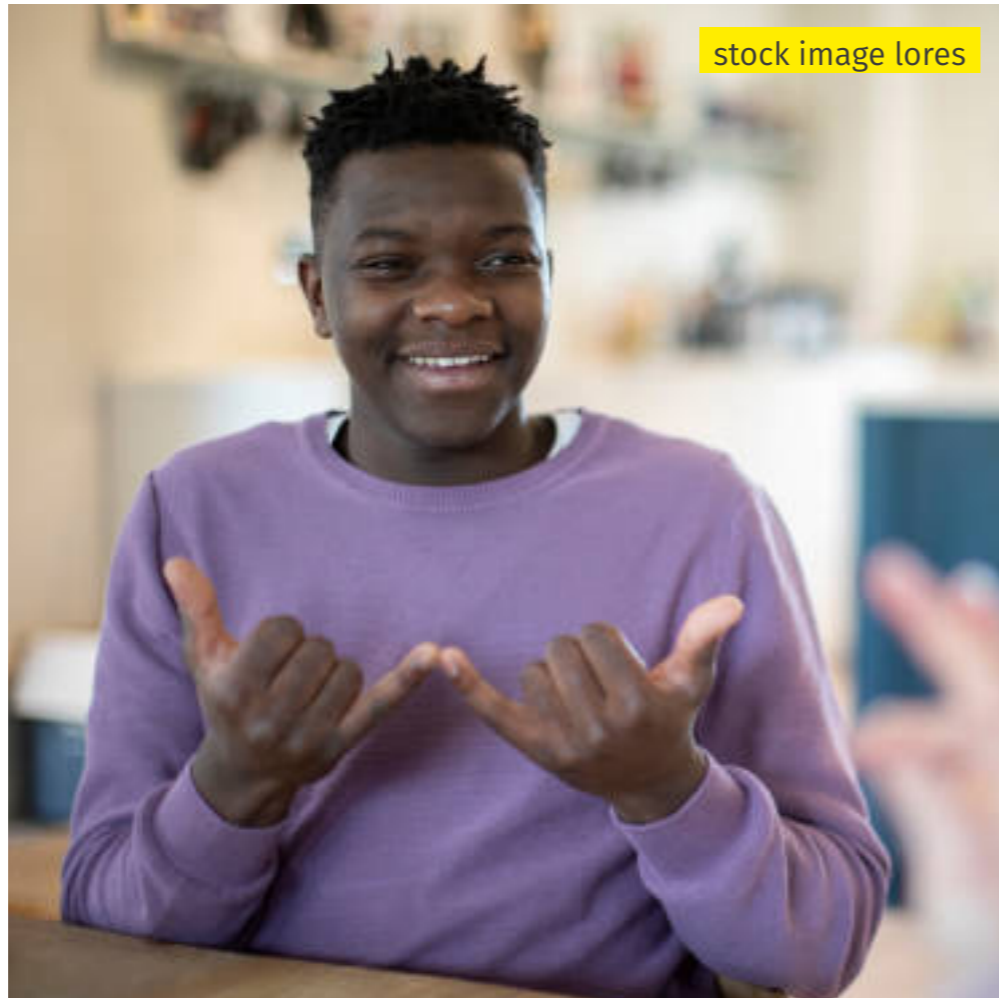


Cwm Taf Morgannwg
Bwrdd | Regional
Partneriaeth | Partnership
Rhanbarthol | Board

2022-2027

Population Needs Assessments Key Messages





Introduction and background

In 2014, the Welsh Government published the Social Services and Well-being (Wales) Act 2014. The Act put a 'duty' on Local Authorities, Cwm Taf Morgannwg University Health Board and partners (including the voluntary sector) to think about the overall 'well-being' of people who use care and support services and the carers who help them.

As part of the Act, there was a requirement to jointly carry out an assessment of the care and support needs of our population and the needs of carers. The range and level of services required to meet those needs as well as the range and level of preventative services.

The information within this document is an executive summary of the full Population Needs assessment.

This information has been analysed to identified need, demand and key messages and will be used to help build a picture of care and support needs for people in Cwm Taf Morgannwg.





Key findings:
Older people



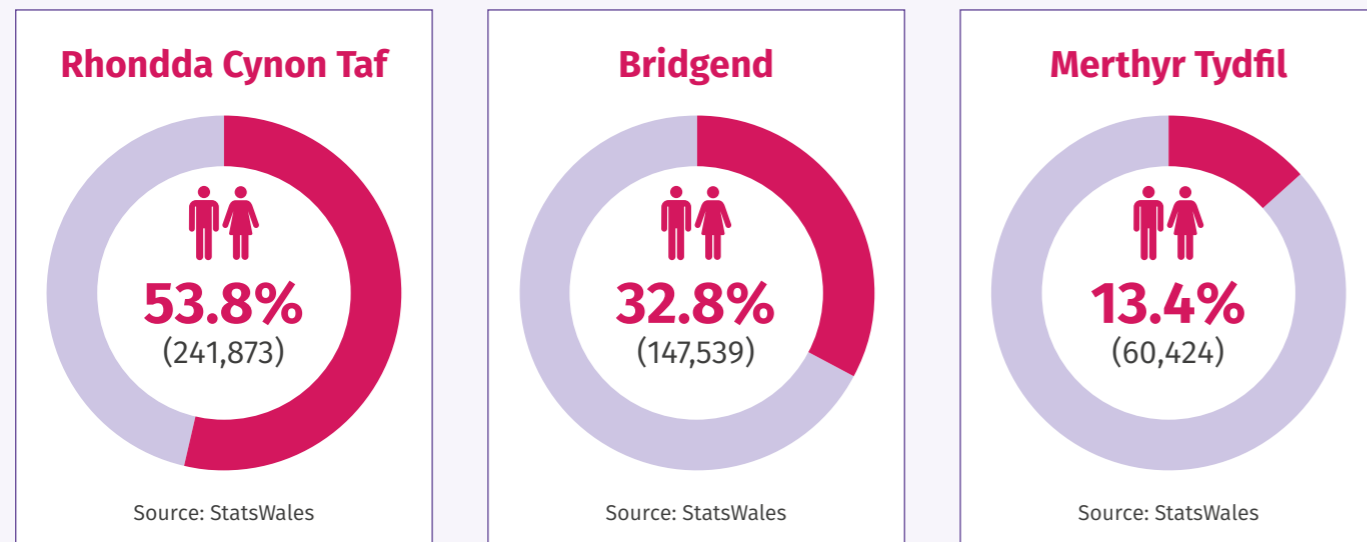
Key findings: Older people

Demographics

Cwm Taf Morgannwg is made up of three local authority areas: Merthyr Tydfil, Rhondda Cynon Taf and Bridgend. There are 449,836 people living in Cwm Taf Morgannwg, this is an increase of 8,535 since the last assessment in 2016.



Whole population split across Cwm Taf Morgannwg



Over the next 10 years our population is predicted to rise to 463,809 (3%) and to 475,229 over the next 20 years (5%). It is predicted that the population aged 64 years and under will decrease but we are expecting an increase in the number of people aged 65 years, with the most significant increase in those aged 85 years and over. This is going to have a considerable effect on individuals, their communities and the services that support them.

Health and physical disabilities (SSWB PG)

Life expectancy

Key messages to take from the data and research:

1. Healthy life expectancy is significantly lower in CTM for both males and females when compared to the Wales average.
2. Healthy life expectancy is higher in Bridgend when compared to RCT and Merthyr Tydfil.
3. Females, on average, live 3.7 years longer than males across the CTM region.

Key messages from the engagement activities:

1. Lack of opportunities to see a GP has an impact on people's long-term health, resulting in worsening of conditions that could have been prevented with earlier support.

Chronic conditions

Key messages to take from the data and research:

1. Prevalence of chronic conditions across CTM is higher than the Wales average for every condition.
2. The conditions with the highest prevalence, and the largest difference when compared to the Wales average, is for Asthma (7.4%) and diabetes (6.6%).
3. A significant proportion of patients with a chronic condition also had a mental health diagnosis (Rhondda pilot project).

Key messages from the engagement activities:

1. Older people housebound by chronic conditions raised concerns about the lack of services they have accessed during lockdown saying

Housebound people still can't come out. Some haven't heard about the booster vaccination, out of sight, out of mind.

2. Face to face services need to be improved, with older people saying that since the pandemic they have not been able to see their GP yet can go to the surgery and see nurse.

I would love to see my doctor face to face for an appointment. I can see a dentist no problem, also I can see a nurse.

3. A common concern raised with the lack of access to social care for elderly to stay in their own homes, where they were saying they would prefer to be rather than blocking hospital beds leading to ambulances.
4. People were raising concerns about the lack of knowledge of local support services available when people leave hospital.



Falls at home

Key messages to take from the data and research:

1. All local authorities across the region recorded a significant increase in the number of falls requiring an ambulance, between 2018/19 and 2020/21 the number increased by over 80%.
2. In 2020/21, almost 50% of the 6,573 falls across the region that required an ambulance involved people aged over 80.
3. The rate of older people aged 75+ currently account for most of all fall victims but this is expected to increase to 87.5% by 2040.

Key messages from the engagement activities:

1. Services supporting older people reported that falls at home have been a concern during the pandemic, exasperated by reduction in contacts older people are having with family, friends and professionals.

You have to ring [The GP] at 8:30am to get an appointment that day and if you can't get through that's it.

2. Another concern was linked to the length of time it is taking emergency service staff to be able to respond, leaving older people in prolonged stress and discomfort following a fall.
3. The reductions in support and prolonged waiting time following a fall is leading to older people feeling a loss of dignity, feeling like a burden, feeling forgotten and not valued.
4. The lifeline services was praised by those that had it but others said they couldn't afford the service. Some attending were not aware of the lifeline service or where they would find information about it.

Life has always been hard. I had a fall in January 2021 and now I cannot walk as far due to pain, although I am always on the go no matter what. I managed to do my own shopping in lockdown etc. Recently, life has become even harder as I have just lost my husband after 56 years of marriage, but I am still trying to keep life as before as much as possible, but it's difficult.

65+ with dementia

Key messages to take from the data and research:

1. The prevalence rate for people over 65 with dementia is estimated to increase by more than 62% across the Cwm Taf region, which equates to 10,140 older people.
2. Covid-19 has acutely impacted the health and wellbeing of people living with dementia, 49% of COVID-19 deaths in care homes and 25.6% of all COVID-19 deaths were people with dementia.
3. Pandemic restrictions resulted in additional challenges including infection control and a lack of social engagement and support leading to further deterioration.

Key messages from the engagement activities:

1. Many carers of people with dementia highlighted the lack of support available to them, especially linked to their deteriorating mental health.

A friend of mine - her husband has got dementia - but I'm more worried about her mental health than his.

There's no support for family carers.

2. A common theme across multiple participants was the struggle their faced finding and having access to the right information at the right time, some people said it would be good to have a list of useful contacts /services posted through the door, like we did for Covid / 999 emergency numbers.

To be informed is very helpful, it's no good having services and not knowing about them.

3. Being able to get of the house safely and have services they can go to where they feel safe was raised a number of times. With people asking for access to social groups, peer support services etc. where they can chat to people. Socialisation was important to many of the participants.

Coming to this group (Alzheimer's Society's activity group in Merthyr) has been amazing, I have such a good time here.

4. Access to appropriate public transport for those who don't have access to a car, as well as improved financial support was also raised by a number of people.
5. People raised concerns about the lack of knowledge in general (across the population) about dementia and the requirement for more awareness raising.
6. Being lonely was a common concern for those caring for people with dementia.

Young onset dementia

Key messages to take from the data and research:

- 1. Estimating the population prevalence of younger people living with dementia is therefore difficult with a best estimate of between 42-68 per 100,000 population, giving an estimate of between 190 and 306 in younger people living with dementia in CTMUHB. Most are not currently known to memory assessment services.
- 2. Lack of routine, feeling forgotten, loneliness, confusion and losing skills were highlighted as issues for people with early onset dementia.
- 3. People with learning disability are at higher risk of developing dementia.

Disability related benefits

Key messages to take from the data and research:

1. ????

We need person centred care. I want my own doctor that knows me. The new doctors don't know me and my background. My PIP was affected and dropped because the new doctors didn't know me and my circumstances.

Key messages from the engagement activities:

- 1. Many issues relating to PIP were raised by the deaf community including:
 - Not understanding why their deafness is not recognised as a lifelong disability
 - Issues when moving/changing GP surgeries and the new doctor not knowing the person well enough to make comment on their abilities, leading to reduction in benefit payments.
- 2. Suggestions were raised by people attending about the use of 'Direct Payments' benefits and how they could be used to support members of the deaf community to integrate better into mainstream activities and employment.
- 3. Lack of knowledge and understanding about direct payments with people not knowing if they qualify or how direct payments work, including a lack of BSL translators who could be employed through direct payments.



Adult lifestyle behaviours

Key messages to take from the data and research:

- 1. Almost half of all years lost (the measure of overall disease burden, expressed as the number of years lost due to ill-health, disability or early death) are attributable to 3 conditions: cancers, cardiovascular disease and musculoskeletal disorders with mental and substance misuse disorders in 4th place.
- 2. In all the behaviours apart from alcohol consumption, Cwm Taf Morgannwg records unhealthier figures than the Wales average. That said, it should be noted that Merthyr and RCT have a higher level of alcohol related admissions than the Welsh average.
- 3. Health related lifestyle behaviours are generally poor in the locality. The long-term health and social implications of engaging in harmful behaviours are wide ranging.

Obesity

Key messages to take from the data and research:

- 1. All local authorities across the region are below the Wales average for adults of a healthy weight, with Rhondda Cynon Taf is significantly lower than the other 2 local authorities.
- 2. Eating, physical activity and other weight-related lifestyle behaviours have been negatively impacted by the COVID-19 crisis and people with obesity may be disproportionately affected.
- 3. Obesity in the older population (65+) is slightly higher than younger ages, though the ability to lose weight becomes more difficult as we get older. Therefore, managing obesity in the elderly is important as a means of improving health, reducing risk and enhancing quality of life.



Learning disabilities and autism (SSWB PG)

Introduction to include Learning Disabilities Regional Citizen Priorities:

1. Family, Friendships, Peer Support;
2. Community Integration and Safe Spaces;
3. Daytime Opportunities;
4. Transport;
5. Supported and Independent Living;
6. Advocacy, Rights and Equality;
7. Communication and Information Sharing;
8. Healthcare;
9. Respite Care;
10. Life Transitions.

Priorities 8,9, and 10 are newly identified priorities and didn't feature in the 2020 citizen priority report, as such these have been explored to a lesser extent than the pre-existing 1-7 priorities resulting in their ranking positions. Conversations about these 3 priorities indicate that in future reviews of citizen priorities for people with a learning disability, priorities 8-10 may feature higher in the ranked order, especially healthcare.

Adults with a disability

Key messages to take from the data and research:

1. Whilst all areas across the region are below the Wales average for adults of a healthy weight, Rhondda Cynon Taf is significantly lower than the other 2 local authorities.
2. The proportion of the population identified as disabled is increasing with just over one in five aged 16 to 64 identified (21.8%).
3. A higher proportion of women than men identified as disabled (24.3% compared with 19.3%).

Key messages from the engagement activities:

1. A high priority was more opportunities and learn skills to make 'real' friends who can be there for them in hard times, this has to be outside of daytime opportunities. This has been something that has been highlighted by the recent lockdowns which have proved difficult.

In lockdown I moved to a new house in a new area and couldn't say goodbye to my old friends. I hope when lockdown ends that I get to see them and that I get to make new friends.

2. Opportunities to take part in family activities and be involved in family life and be able and supported to have a relationship and to start a family of my own if I want to.



I normally get to see mam and dad every Monday and it makes me happy. It was terrible in lockdown because I couldn't see them and now dad has passed away.

3. Help for parents and family members to understand and respect the choices of people with a learning disability and support them in doing the things that they want.

It's good to be able to see my friends and spend time with them. Being with them means I can share my problems with them and we can talk about it, and that really helps me.

4. The lack of support and information for families who are waiting for a diagnoses was highlighted as a major concern for families who often felt alone.

Friends are someone to talk to and go places with. Through lockdown I have stayed connected to my friends on skype and the iPad.

Mental health (SSWB PG)

Loneliness

Key messages to take from the data and research:

1. Older people reported a low level of community run activities was increasing their feeling of isolation and reduced their social networks.
2. Reduced physical activities, lack of social contact, and cancellation of appointments, can lead to increases in disability, risk of injury, reduced cognitive function and mental health issues.
3. Prior to the Covid pandemic the percentage of loneliness was improving for 2 of the 3 local authorities and was 2.1% better than the Wales average by 2018/19.

Key messages from the engagement activities:

1. The engagement sessions have highlighted the impact isolation and loneliness is having on individuals, particularly older people, carers and people with a disability. People also said that online interaction is not being the same as physical interaction and although they could be talking to lots of people through gaming etc they can still feel incredibly lonely.

Loneliness has changed me...I used to do so many things and go to so many places. I used to do things that surprised me and others, that gave me a sense of achievement, but now, now I feel like I am barely existing, now I don't feel like me.

Sometimes you don't even realise your lonely until you have an opportunity like this to think and talk about it. My twin sister died, my mum died, now I have no one, I look at their pictures and it makes me smile to think of the good memories, but then I look at the empty house and I feel sad again.

2. A key theme that came up multiple times was people's loss of confidence to go out once restrictions eased with many people saying they still feel too afraid to go and about.

I suppose lockdown gave us all a sense of what it's like to be lonely and isolated, and even when the restrictions lifted so many people had lost their confidence and were afraid that they kept themselves isolated thinking that would be better for them, but it's not, we all need people and interaction to get through life, we all need something to look forward to, we all need to feel safe to go out and do things.

3. People raised issues with the level of support services across the spectrum when it comes to mental health support. This included preventative services (wider population wellbeing), transitional support plus specialist support (including a service for people with autism or a disability)
4. People provided some suggestions to help loneliness and isolation including:
 - Having a chatty table/buddy bench at different community locations throughout the region, like cafes, libraries etc. that professionals from different services and community can volunteer their time to man and who are equipped with local knowledge of things going on that people can get involved in. and young people - them to be included on the playground.
 - One suggestion from an older person *“a community bus that older people can use, so they can book a slot to go to community groups (a lifeline) safely to visit friends and relatives. Each community could have their own minibus.”*

MH related benefit claimants

Key messages to take from the data and research:

1. All three local authorities across the region have a higher percentage of people claiming personal independence payments with mental health conditions than the Wales average (CTM 3.9%, Wales 3.3%)

Rate of drug and alcohol misuse

Key messages to take from the data and research:

1. Although the total figure of clients referred for substance support has decreased over the past 3 years, there has been a slight increase in some substances including cannabis and benzodiazepines.

2. Research suggests solitary drinking and drinking as a coping mechanism, both of which increased in lockdown, are associated with drinking problems.
3. 40% of those drinking more said this was due to stress or anxiety, and 1 in 6 felt concerned about their level of drinking.

Key messages from the engagement activities:

1. Pharmacies are important to those that need to collect prescriptions daily, weekly and monthly. If there is no local pharmacy how you would get to another village for example. If you can't access the GP, its suggested you access your local pharmacy that often can't assist.

“Why do pharmacies, particularly in lock down, make you take your meds in the main space and not the treatment room?”

2. Services have indicated that they have seen a raise in the number of people attending their services who have turned to substances to help deal with stress and anxieties during the pandemic.
3. Lack of access to recovery groups and other support especially during the pandemic.
4. Access to 'neutral' community spaces so people who live alone have somewhere to meet others for support

“Sometimes buildings [like pubs and clubs] can be associated with stigma.”

5. More information about accessible services that are available

Sensory loss (SSWB PG)

A person with a 'health or physical disability including sensory impairment', may have difficulty carrying out everyday activities as their movement and senses may be limited. Sensory impairment is reduced or loss of sight, hearing or both. Those included are the blind, partially sighted, Deaf, and hard of hearing.

Hearing loss

Key messages to take from the data and research:

1. People who are deaf faced increased isolation due to impaired social interaction, impacted by masks and social distancing.
2. The hard of hearing were less likely to leave their home during lockdown just 54.8% in an average week, compared to 80% of disabled people with a mental health issue.

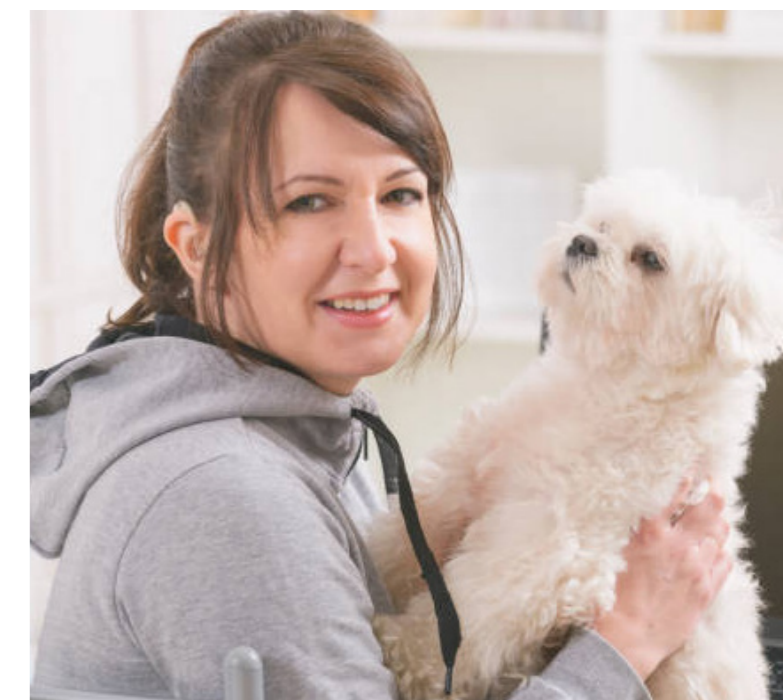
Key messages from the engagement activities:

1. People with hearing impairment have been reporting increased stresses and anxiety during the pandemic due to limited opportunities to communicate with people including health professionals. People reporting difficulties with masks and long waiting times for an interpreter if they can get one at all.

“I had coronavirus for 3 weeks and it was really hard. I was scared and depressed. All the medical staff had PPE and I was without interpreters. Everyone had masks on so I couldn't understand what they were saying.”

2. Access to information has been highlighted as an ongoing concern with many websites not catering to the needs of people with a hearing impairment, this has got worse during the pandemic.

“We have little to no support or advocacy for Deaf people. A Deaf person's first language is not English. It's our second language. BSL is our first language. Websites in English are not accessible to us.”



3. Lack of opportunities (long-term issue) for people with a hearing difficulty to access services within their communities. It was also raised that the lack of interpreters has really reduced the services they can fully engage in, including professional services (GP etc).
4. The issue with the lack of recognition for British Sign Language as the first language of people with hearing loss was continuously raised.
5. People with hearing impairment have suggested a number of solutions that would help them overcome the many difficulties they face on a daily basis:
 - “We need a 24/7 app to support Deaf people with interpreters. I feel I kill myself sometimes, I am so desperate but have nowhere to turn apart from my family, and then they have to get help for me, I feel like I have no independence”
 - “There is funding for foreign language interpreters, but there doesn’t seem to be enough funding for enough Deaf interpreters for Deaf people. There is not enough to meet demand”
 - Opportunities for the Deaf/deaf community to integrate into mainstream/hearing activities through support of interpreters and other reasonable adjustments. Direct payments to be explored as a potential source of this support
 - Mental health support for people with hearing impairment including specialist counselling services, mindfulness activities, deaf/deaf friendly wellbeing centres

Visual loss

Key messages to take from the data and research:

1. Many people with a visual impairment reported losing confidence going out and 2/3 felt less independent. Research also found that disruption to support services, and fear of going out had increased feeling isolated, which may impact mental wellbeing.
2. Findings suggest consideration for visual impairments is needed when circulating information in a health pandemic, especially as the blind are at increased risk.
3. With many appointments moving online, this can be problematic for those with visual impairments, research claims many of the technologies do not meet their accessibility needs.

Key messages from the engagement activities:

1. Many people with visual impairments reported feeling lonely during lockdown with difficulty in communicating with friends, family and services.
2. People with visual impairments have reported deterioration of their mental health during lockdown as access to usual support mechanisms reduced or ceased all together and no access to support specialising in support people with a visual impairment.

Technology and digital isn't going to replace people and human interaction.



3. People with visual impairments have reported issues with communication, particularly when trying to access GP services.

It'd be better to receive information by an online letter so I can access appropriate font sizes or screen readers. GPs still operate under a one size fits all and it doesn't work.

I got sent a letter but couldn't read it. People are just seen as numbers.

4. People with visual impairments value their independence and would like more choice and control over their lives.

There is a balance between friends/family support versus wanting to be independent, we should have the choice!

5. People with visual impairments would like to see health and social care professionals taking a person-centred approach in the development of services, which will help them to be more informed on accessibility needs and provision.

People are uneducated, including professionals in these services and this needs to change.

Services are not built with accessibility in mind.



Carers (SSWB PG)

The SSWB Act provides the legal framework for improving the well-being of people who need care and support. This includes carers who need support, who have the equivalent rights to those that they care for. As defined in the Act, a carer is a person of any age who provides or intends to provide care for an adult or disabled child but who is unpaid except for carers related allowances.

Key messages to take from the data and research:

1. Waiting for data from LAs
2. The Office for National Statistics showed during the pandemic, young carers and young adult carers mental health has worsened, they are more worried about the future, more stressed, less connected, and their caring hours have increased.
3. Behind Closed Doors report found the majority of carers in Wales feel concerned they will burnout, anxious services won't be restored and worried what will happen if they become ill.

Key messages from the engagement activities:

1. A common message received from people with caring responsibilities was the need for increased and improved respite care. People were saying that the current offer of respite is 'old fashion' and needs to be modernised and more flexible to meet the needs of carers.

If there's a respite plan for care, I want to be discussing what that should be. If I was saying to another unpaid carer, asking for help isn't a weakness, not a strength. We can all be one team. If you're asking for help from health & social care systems, we aren't failing – I wish we were seen as a member of the team around the individual and we were all considered equal.

2. Access to relevant information has consistently highlighted as an ongoing issue for people with caring responsibility with people not knowing what is available or how to find out.

For me, and when I had my son (with complex needs) and also my dad with dementia, it's all about that information and advice. You worry about so many things, you worry about how you'll manage and the impact on all aspects of your life. It's a scary place to be and you've got no idea where to start, who to go to and where to go for help. Getting the right information & support makes all the difference.

So many carers don't know their rights or entitlement to a carer's assessment. They don't know financial and practical support they are entitled to. We have that right to information, advice and guidance and the right to have our voice heard and co-produce services, and the right to have a life ourselves as well.

3. Not enough support to be able to meet the needs of the people giving or receiving care was a common theme during the engagement activities with many people reporting that it has contributed towards further deterioration.

Home carers are forgotten. They feel lonely and then you have bad health.

The social worker has disappeared – I don't know where to turn to.

Home care isn't easy to come by and COVID-19 has escalated that – if people are living in semirural areas it is hard to get people to go to people's homes, particularly if weather is bad.

A long-term supervisor is needed, not just somebody who is there for six weeks.

Resourcing – there's not enough people to help. Big issue is reduced services because of reduced capacity.

We don't know where to start. Even though I work in social care, I didn't know where to go for support. I'm trying to understand the responsibility of the GP, social services, district nurses, and don't know where to turn. I'm being passed from 'pillar to post'.

4. Services have reported that they have seen a significant increase in the number of carers accessing their services, following the easing of restrictions, who were at crisis point. Many struggled with the reduction of services and when they could eventually attend there were higher mental and physical health issues, people reporting being close to burn out, than previously seen.



Domestic violence (SSWB PG)

Violence against women includes a wide range of areas including domestic abuse, sexual violence, stalking, female genital mutilation, trafficking, and so called “honour” based violence.

Key messages to take from the data and research:

1. Across CTM the number of incidents of domestic violence (with and without injury) reduced between 2019/20 and 2020/21. This may have been impacted by the availability and accessibility of services during lockdown.
2. Nationally there was an increase in demand for victim support services, including a 65% increase in calls and contacts logged by the National Domestic Abuse Helpline between April and June 2020, compared with the first three months of the year.
3. Nationally, the number of cases discussed at multi-agency risk assessment conferences (MARACs) decreased in April to June 2020 compared with the previous quarter; this may reflect the difficulties high-risk victims faced when attempting to safely contact the police (the main source of referral to MARACs) during the lockdown period.

Key messages from the engagement activities:

1. People are reluctant to access support due to the stigma associated and the risk of further consequences if services were to become aware of any issues.

2. Access to alternative, early intervention or preventative services is something that was suggested by both victims of domestic abuse and those provide the specialist support.

“Prevention and early intervention are key, but with those mechanisms for support we need to bring awareness around what that looks like. When we look at the percentages of those who experience domestic abuse, they probably go through a number before they access support, whether it’s with a DV service or police service, or just with someone they trust.”

Prevention can be one off advice, to be a voice of reason or a voice of safety.

Not every survivor or victim wants to access support – engagement comes from being voluntary to service. Sometimes it’s about having the conversation with somebody you trust.”

“I’m afraid, I don’t want my kids taken off me...if I report him or my partner, it’s going to get worse.”

- Better understanding the need of people experiencing domestic violence and providing specialist support, including support for marginalised communities, to meet that need was raised by a number of people during the engagement activities.

Services know marginalised communities are not getting the support they need because when we look at intersectionality, what does it look like for a black and gay man who is experiencing domestic abuse, where does he go? There is support out there, but it's getting that message out there that we are here, that we can be that voice for you. When I have supported these marginalised communities we need to think about after care, like mental health. What does that look like? Some people prefer to speak to a black counsellor or an Asian counsellor – this is a wider systematic issue, which can then lead into underreporting for services that are needed.

I would like for there to be more support in my area for people who have experienced sexual violence. At the moment I can only ring helplines when I am feeling in need of support but it's not the same as seeing people face to face. I would like to be able to have somewhere to go to talk to people, whether it be professionals or other service users. Just knowing there is a network there that I can turn to when I need it would be of great comfort – something that is there long term and not just a few sessions.

Economic wellbeing

Workless households

A workless household is defined as a household which has at least one adult aged 16–64 and all adults in the household, aged 16 or over, are currently economically inactive or unemployed.

Key messages to take from the data and research:

- Over the 3-year period Rhondda Cynon Taf has seen a significant increase in workless households (+4.1%), Bridgend has seen a significant decrease (-2.9%, while Merthyr Tydfil remains stable (+0.2%).
- Young adults have been impacted more than older adults over the past 15 months. With rates of pay increases falling in a way that older groups have not. They are also more likely to have been furloughed and more likely to have lost their job altogether compared to older adults.
- Due to financial hardships a lot of 19-24 years olds moved back home during lockdown (+10%) and therefore more likely to live in workless households.

Benefit claimants (out of work)

Out of work benefit claimants relate to those claiming unemployment related benefits which include Employment and Support Allowance, other incapacity benefits and universal credit.

Key messages to take from the data and research:

- There is very little difference between the percentage of benefit claimants for each of the local authorities across the region, which are consistently in line with the national percentage.
- Incapacity benefit claimants varies across the region from 9.4% in Merthyr Tydfil and 9.0% in Rhondda Cynon Taf to 7.6% in Bridgend (Wales average 6.6%).
- Older workers have been disproportionately affected by the pandemic, with older peoples' working lives likely to have been shortened due to being unable to re-engage in the world of work.

Employment rate

Key messages to take from the data and research:

- Across the region the rate of those people aged 50+ in employment has fallen by 7.6% in Merthyr Tydfil, 2.8% in Rhondda Cynon Taf, though Bridgend recorded an increase with 3.6% more in employment compared to 3 years ago.
- After almost consistent employment growth for older workers since the mid-1990s, the pandemic has resulted in a reduction in employment among workers aged 50-69 by 1.4%.
- Only workers aged between 16-24 recorded a higher fall at 3.9%, though they had a higher likelihood of finding new employment within 6 months when compared to older people.

Economic inactivity

Economic inactivity means that people (aged 16-64) are not involved in the labour market – they are neither working nor actively seeking employment. It also includes students, early retirees and the long-term sick.

Key messages to take from the data and research:

1. The inactivity rate between 2019-2021 has increased in Rhondda Cynon (+2.9%) and Merthyr Tydfil (3.4%) but decreased in Bridgend (-3.3%). That said all 3 areas have are significantly higher than the Wales average of 28.6%.
2. Nationally, the level of economic inactivity rose by 1.4 per cent for the over 50s, higher than any other age group.
3. When compared to the other age categories, there is an indication that during the pandemic a significantly higher percentage of over 50s have become unemployed and are not looking to go back into work.

Skills and knowledge

Adults with no qualifications

The working age skills profile for adults has improved significantly over the past 20 years, with fewer people with no or low-level qualifications (entry – level 1) and more with high level qualifications (levels 5-8).

Key messages to take from the data and research:

1. The current percentage of adults with no qualifications varies significantly across the region with Merthyr Tydfil recording the highest percentage at 14.9%, Rhondda Cynon Taf with 9.3% and Bridgend with 7.9%. All Local Authorities have recorded improvements compared to 3 years ago.
2. Around half of the working-age population lack basic numeracy skills with 1 in 4 lacking basic literacy skills.
3. Those with no qualifications are more at risk of not being in paid work and of receiving low rates of pay. Furthermore, individuals with no or very low qualifications have seen their earnings increase less rapidly in comparison to other groups in the workforce.

Keeping up with bills

Key messages to take from the data and research:

1. Between 2017/18 and 2019/20 the percentage of pensioners who have been able to keep with bills and commitments without any difficulties has improved to 84% (+2%).
2. On average, 36% of participants in Wales said they were finding it more difficult to manage financially at the time they completed the survey, compared with before the first UK-wide lockdown.
3. The groups for whom energy consumption has increased the most in Wales are also the most likely to say that someone from their household has worked from home (i.e. people under age 65, households with children).



General health

The information contained within this section is an overview of the general health and illness data captured within The National Survey for Wales.

Key messages to take from the data and research:

1. All Local Authorities across the region have a lower percentage of people reporting they are in good or very good health when compared to the Wales average (Rhondda Cynon Taf and Merthyr Tydfil 67%, Bridgend 70%, Wales 72%).
2. The number of people reporting 2 or more outstanding illnesses is highest in Rhondda Cynon Taf at 22%, compared to 20% in Bridgend and 16% in Merthyr Tydfil (Wales 20%).
3. The illness recording the highest percentage illnesses are:
 - Musculoskeletal complaints (higher than Wales average)
 - Heat and circulatory complains (lower than Wales average)

Key messages from the engagement activities:

1. The primary message coming through for a wide range of people attending the engagement activities has been the difficulty in accessing health services, which have got worse during the pandemic. This sometimes resulting in worsening general health



Things weren't great before – they are worse since covid.

I have had to wait 18 months for a dental appointment – It does feel like I have been forgotten!

I've all this mucus on my chest – a long time now. But trying to get hold of them (the Practice)...! When I finally saw them, they sent me to the Practice Nurse. I couldn't get to see a GP. (A – aged 97)

If you can't get through on the phone at 8.30am, you won't get an appointment.

There have been no annual reviews for those people on regular medication. I work part time with social care, and we are constantly chasing district nurses.



Housing

Houses without central heating

A household is described as 'without central heating' if it had no central heating in any of the rooms (whether used or not).

Key messages to take from the data and research:

1. The total number of households without central heating across CTM is 2,028 (1.1%), with the highest number and percentage being in Rhondda Cynon Taf.
2. Almost a quarter (22%) of older people don't realise that a number of serious health problems are made worse or brought on by the cold and this rose to 29 per cent amongst people aged 80 and over.
3. This year, more than any other, the high increase in energy costs are going to force many older people to live in cold homes. Many are concerned about staying warm in their own home this winter with millions citing worries about the increasing cost of energy bills.

Homelessness

The effects of homelessness can be said to extend far beyond the obvious problem of not having a safe, secure and stable home. In the UK the average homeless person can expect a life expectancy of 44 years old, they are 17 times more likely to have been a victim of violence and are 9 times more likely to commit suicide than a person in established and stable accommodation (Crisis UK).

Key messages to take from the data and research:

1. All local authorities across the Cwm Taf Morgannwg region have seen an increase over the past 4 years, but over the past 2 years RCT has started to see a decline.
2. The rate of households for whom homelessness was successfully prevented for at least 6 months varies significantly across each local authority. Comparing 2017/18 to 2019/20 highlights a decrease in prevention in Rhondda Cynon Taf to 37.3 per 10,000 households (-18) and improvements in Merthyr Tydfil to 35 per 10,000 (+10.7) and Bridgend at 46.6 per 10,000 (+9.3).
3. The second wave saw a bigger increase from people who are experiencing homelessness for the first time, including those furloughed and newly unemployed.

Key messages from the engagement activities:

- ????

Safety

Crime rate

Key messages to take from the data and research:

1. The crime rate per 1,000 population across the Cwm Taf Morgannwg region is considerably lower than the Welsh average (72/1,000). The percentage change in recorded offences by headline offence between year ending March 2020 and March 2021 was -16 in Bridgend and -10 in Cwm Taf, per 1,000 population.
2. The three highest victim-based crime recorded across each area are violence against a person, theft offences and stalking/harassment.
3. The highest recorded crime against society is public order offences.

Key messages from the engagement activities:

1. ????

Feeling safe

Key messages to take from the data and research:

1. While the percentage of people living in Rhondda Cynon Taf (69.6%) who feel safe has improved to just 1% below the Wales average, the percentage in Merthyr Tydfil has dropped by 8.3% (58.6%) and in Bridgend dropped to 64.7% (-8.3%).

2. Older people in Wales, older people (aged 65+) generally report feeling less safe in their homes, local area, town/city centres and on public transport at any time than do younger adults, particularly after dark.
3. Older people were advised by governments to limit social contact which caused many older people and their families to become increasingly anxious and fearful. As we emerge out of the pandemic a lot of the anxieties and fears are likely to remain.

Key messages from the engagement activities:

1. During the engagement activities across the region people were regularly asking for a safe place scheme where they could meet up with friends, participate in activities and have fun whilst feeling safe.

Sometimes when I am out in the community it can feel like I have a target on my back because of my learning disability, and this makes me not feel safe. People make fun of me and say nasty things.

2. A common message from multiple groups was the feeling of being less safe and even scared, especially during the pandemic.

I had coronavirus for 3 weeks and it was really hard. I was scared and depressed. All the medical staff had PPE and I was without interpreters. Everyone had masks on so I couldn't understand what they were saying.



Secure estate (SSWB)

Key messages to take from the data and research:

1. Under 4% of people with no identified ACEs had been incarcerated, yet this rose to 38.5% of those with four or more ACEs.
2. Adult prisoners tend to be at greater risk from due to pre-existing poor health. In the last two decades, the proportion of older prisoners has increased significantly. For these reasons, there were, and still are, serious concerns about the spread of the virus in prisons.
3. A review looking at the impact of covid on prisoners concluded that the cumulative effect of the pandemic on prisoners' well-being and rehabilitation was likely to be significant and far-reaching.

Social connectedness

Social connectedness is the experience of feeling close and connected to others. It involves feeling loved, cared for, and valued, and forms the basis of interpersonal relationships.

Key messages to take from the data and research:

1. The majority of the indicators within the National Survey for Wales that quantify the level of social connectedness are lower in Cwm Taf Morgannwg compared to the Wales average (pre-covid), these include:
 - Able to influence decisions affecting their local area
 - Agreeing they belong to the area
 - Able to access services/facilities they need
2. Research by the LGA have found that people who felt most lonely prior to Covid in the UK now have even higher levels of loneliness. This increase began as physical distancing, shielding and lockdown measures were introduced in the UK, in March 2020
3. There is an extensive evidence base about the impact of social isolation on people's lives, their relationships and their wellbeing. It leads to higher rates of premature mortality comparable to those associated with smoking and alcohol consumption – around 30 per cent higher than for the general population and is a risk factor in developing depression.

Key messages from the engagement activities:

1. A common theme coming up from multiple cohorts of people was the need for more local opportunities to engage including volunteering, community-based daytime activities, community-based education and safe places to meet.
2. Improved access and opportunities for groups to engage and integrate within their communities. This was particularly highlighted by people with disabilities and older people.

“Being in the community means I can see more friends and do more things like sports. I want to be able to join more groups, and not just groups for people with a learning disability.

I get most enjoyment doing activities in the community when my Personal Assistant (PA) is with me – but I like having the chance to try lots of activities.

In the community I want to go on courses and do lots more activities.”



3. A lack of accessible public transport was commonly raised as an issue especially with people with additional needs including mobility issues, visual impairments or learning difficulties. Some suggestions to improve the service included:
 - Review of public transport timetables to provide greater flexibility to attend appointments and activities in the community.
 - Conversion of public transport timetables into an Easy Read format, using visual aids to help them understand the prescribed time - including use of 12hour clock rather than 24hour clock as this is difficult for people with a learning disability to understand.
 - Public transport staff and drivers to undertake Learning Disability Awareness Training and more travel training and travel support being offered to people with a learning disability so that they can increase their confidence and independence.

“I had a really bad experience with a bus driver and my husband. The bus driver didn't have any patience and was very rude to us. No one had masks on the bus.

Being able to use transport gets me out and about. It means I can go to work and I can go on holiday.

I like doing different stuff and like different kinds of activities with my friends. At the moment I go out in the car and take sandwiches and a flask. It is good to see new and different places.

I had issues with my bus pass and bus drivers are rude sometimes.

Just before the pandemic my son started a travel training programme and now [because of covid] that has been put on hold and will set him back a lot.”



Key findings:
Children and young people



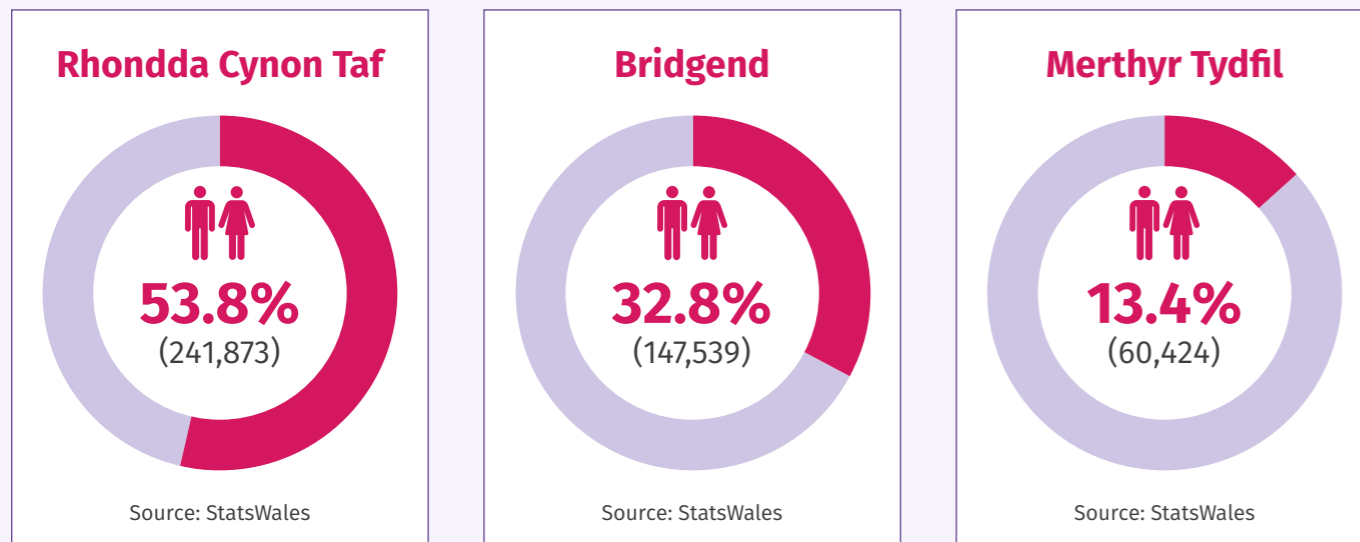
Key findings: Children and young people

Demographics

Cwm Taf Morgannwg is made up of three local authority areas: Merthyr Tydfil, Rhondda Cynon Taf and Bridgend. There are 449,836 people living in Cwm Taf Morgannwg, this is an increase of 8,535 since the last assessment in 2016.



Whole population split across Cwm Taf Morgannwg



Over the next 10 years the children and young people population is predicted to rise by only 846 (0.6%).

Health and physical disabilities

Obesity

Key messages to take from the data and research:

- 29.3% of children across Cwm Taf Morgannwg are overweight or obese which is the highest region across Wales and 2.4% higher than the national average.
- Children are significantly more likely than the Welsh average to be obese, if they live in areas of higher deprivation. The gap between obesity prevalence in the most and least deprived quintiles has increased from 5.9%.
- Research has linked weight gain and out of school time in the school holidays, and worse amongst those from deprived backgrounds. This is likely to have been the case during COVID19 lockdowns. Combined with added food insecurity, with over 20% of UK households worse off financially now than before the pandemic began, families are more likely to buy cheaper and more calorie dense foods.

Teenage conception (under 18)

Key messages to take from the data and research:

- The rate of conception per 1,000 females aged 15-17 has fallen steadily in both England and Wales since the late 1990s. Part year figures from 2020 suggest a slight increase across the region for the first time in a number of years.
- Even before this increase the rate across Cwm Taf Morgannwg has remained higher in Wales which is also higher than in England.
- Teenage pregnancy is a possible cause and a consequence of child poverty, which therefore increases the likelihood of ongoing health inequalities. Research has shown that teenage pregnancy is associated with poorer outcomes for both young parents and their children.

Learning disabilities and autism

A learning disability affects the way children and young people learn new things throughout their lifetime. It affects the way they understand information and how they communicate.

This means they can have difficulty:

- understanding new or complex information
- learning new skills
- coping independently

Children and young people with learning difficulties and autism

Key messages to take from the data and research:

1. Awaiting data from MT and Bridgend

My child gets anxious when they don't know somebody – this affects the whole family.

Lack of consistency in NHS Systems, which impacts autistic children:

There's never the same doctor in CAHMS.

Children need to learn in the right environment with people who understand them and can support them.

Key messages from the engagement activities:

1. A clear message coming out from the engagement activities was the need for a consistent routine when it comes to universal and specialist services. The pandemic has exacerbated this with all services inconsistent and constantly disrupted.

2. There needs to be more opportunities for children with additional needs to meet up with family and friends, socialise in a safe environment and have access to appropriate digital equipment to stay in touch. Somewhere where parents/carers would feel comfortable to take their child knowing they are safe.

There needs to be more groups for children with additional needs. It's important my child feels safe, and when there's not enough support, it's easier to just keep them inside.

Siblings' mental health, and the need for more support:

There is a constant stress in the household sometimes.

Covid has sometimes highlighted what doesn't work as well.. one of the attendees had been so much happier in the morning now she doesn't attend Day Centre.

3. Waiting times to access services was raised consistently by parents as well as the need for an early intervention service that is aligned to the NHS.

Early intervention and more aligned NHS & social care systems:

There is a two-year waiting list after referral for neurodevelopment assessment. It used to be that a paediatrician could diagnose, and so the waiting lists were smaller. Now it needs to go to a panel and could require a number of home visits.

There needs to be early intervention – not tick boxes! Referral needs to be made through understanding GPs. GPs need to have a better understanding of needs of child – Children need to be more included and children's voices need to be heard directly. All specific needs should be accommodated.

4. The lack of understanding amongst staff within wider service areas as well as schools, was a major cause of concern and frustration for parents, especially around autism.

There is a severe lack of understanding in mainstream education. There is no compulsory term in special education for teacher trainees.

Autism should be part of the training curriculum for health and education staff – not just half a day spent, which isn't compulsory a lot of the time.

Children need to learn in the right environment with people who understand them and can support them.

It's important that people can understand my child's needs, and are educated around autism.

My child needs to trust the people they are around.

An Autism Co-ordinator is needed.

5. Communication between social care staff and NHS staff is key to providing the right support to the child, young person and family and ensuring this is effectively communicated to the family themselves.

There is a lack of communication between health and social care. (All the group agreed on this.)

It's not about just money – it's about communication.

The public don't understand the difference in the roles, and the professionals seem to get confused as well. They don't seem to know what each other do in their roles.

Make the health and social care work together to enable a person-centred service. It's a lesson to learn.

6. Parents raised concerns about accessing appropriate information and support while awaiting a diagnosis. They went on to say that the information and support should be based on their child's needs and a diagnosis.

Mental health

Mental health problems affect around one in six children. They include depression, anxiety and conduct disorder (a type of behavioural problem) and are often a direct response to what is happening in their lives.

Referrals to CAMHS

Key messages to take from the data and research:

1. The majority of the referrals received and accepted were from the 12-17 age category and that the majority of those referrals were female (60% in 2020/21).
2. Between 2019-2021 the main reasons for referrals to CAMHS was for anxiety (683), suicidal ideation (620), low mood (495) and overdose (284).
3. Research highlighted that although the mental health of the UK's children and young people may have been impacted by the Covid it was deteriorating before the pandemic. It also found that health, educational, and social outcomes for children with mental health conditions are worse than for previous cohorts

Key messages from the engagement activities:

1. Waiting times was the primary message from the engagement activities with multiple parents frustrated having to wait years to get an appointment or diagnoses with little or no support while they wait.

There is a two-year waiting list after referral for neurodevelopment assessment. It used to be that a paediatrician could diagnose, and so the waiting lists were smaller. Now it needs to go to a panel and could require a number of home visits.

There needs to be early intervention – not tick boxes! Referral needs to be made through understanding GPs. GPs need to have a better understanding of needs of child

2. People raised concerns with amount of support available for people with mental health concerns including preventative services as well as specialist support. With one parent saying that there was “no mental health worker that specialised in supporting young people with autism”.
3. Children and young people who attended the engagement events said that they had found the lockdowns very difficult and felt it had significantly impacted their mental health but when they tried to speak about it they felt that “no one is listening to us”.

School based counselling

Key messages to take from the data and research:

1. Due to the closure of schools during the pandemic the data for the past 2 academic years does not correlate to previous years, but prior to the 2019/20 academic year there had been a continual increase in the number of children and young people receiving counselling in Rhondda Cynon Taf and Merthyr Tydfil.
2. The predominant issues for pupils being referred for school based counselling are:
 - Anger
 - Anxiety
 - Family
 - Self-worth
 - Stress
3. The pandemic has had a devastating impact on many of the young people with them reporting feeling deeply anxious, started self-harming again, having panic attacks, or are losing motivation and hope for the future.

Sensory impairment

Hearing and visual impairment

Key messages to take from the data and research:

1. Awaiting data from MT and Bridgend

Key messages from the engagement activities:

1. Poor communication to people with both a hearing and visual impairment was a key theme that was raised during the engagement activities, with people saying that they would often miss key messages if it wasn't in an appropriate format.

Communication is the key.

2. The issues around the level of support given to unpaid carers and recognising the work they do was highlighted across all disabilities including hearing and visual impairments.

We need to give credit and respect to unpaid Carers and listen to them. They use hoists, give peg feeds etc. We need to realise that if a Carer wasn't there you'd need a Band 5 or 6 nurse to provide these services, which takes resources away from other areas of health.

3. The Covid pandemic has resulted in a number of concerns especially with the lack of face to face appointments with a GP. The requirement to use a telephone or go online has proved extremely challenging for some people.

Having access GP and health visitor services is a priority. Group was very unhappy that they could not see a GP face to face. There is an expectation that people are able to provide photos and send to GP online, and that they that they were able to fill out forms online, which is not realistic for many people. People don't always have the technical ability, or the equipment or the connectivity in our area.



We need reassurance from our GPs by them assessing us face to face.

4. Increase awareness training for professional supporting people with a sensory impairment or other disability.

Include awareness and teaching sessions for professionals as mandatory, for students in health and social care.

Carers

Young carers

Key messages to take from the data and research:

1. Awaiting data from MT and Bridgend

Key messages from the engagement activities:

1. Increased support for young carers to look after themselves physically and emotionally, including more 'me time' opportunities within their communities, which in turn would improve their ability to look after the loved ones.
2. Improved knowledge and understanding of young carer identities and rights, as well as improving the knowledge of other professionals who support young people.

Personally, I am a young carer, so I want to push more for young carers and young carers rights and just making it more known to be honest, because I feel like a lot of people just don't know what [young carers] are.

As a young carer its good that I get to meet new people and seeing different people's opinions and seeing what matters most to other people and what other people find important.

Domestic violence

Children who witness domestic violence or are victims of abuse themselves are at serious risk for long-term physical and mental health problems. Children who witness violence between parents may also be at greater risk of being violent in their future relationships.

Children witnessing domestic violence

Key messages to take from the data and research:

1. Awaiting data from MT and Bridgend
2. Fewer child protection interventions have been seen due to children interacting with fewer agencies, which can make children more vulnerable to violence. Community Care (2020) found that among social workers, children's services were more dissatisfied, they were more concerned about personal protective equipment availability, and reported an increased workload, with domestic abuse referrals putting a strain on the system.

Key messages from the engagement activities:

During the engagement activities the young people attending came up with a number of suggestions that would improve the support they receive address their needs:

Make more groups available for recovery.

More interaction options for children that don't cost so much.

Tap into other social groups – invite them into groups to open up opportunities to survivors volunteering, peer support, group walks, group meet ups etc.

We need funders and the coordinator involved to make this change happen.

Economic wellbeing

Analysis shows the stark difference between outcomes for children in workless families and those in lower income working families. Children growing up in workless families are almost twice as likely as children in working families to fail at all stages of their education (DWP, 2017).

Children in long-term workless households

Key messages to take from the data and research:

1. Between 2017 and 2019 Bridgend (-5.9%) and Merthyr Tydfil (-1.6%) have seen a decrease in the number of children living in workless households, but over the same period Rhondda Cynon Taf have seen a significant increase (+4.4%).
2. Over the same period the percentage of children living in long-term workless households has increased from 9.2% to 9.9%, subsequently considerably increased the likelihood of experiencing problems with their relationships, have poor mental health, and be in problem debt.
3. The Covid pandemic has had a significant impact on unemployment and subsequently the percentage of children living in workless households. The number of people claiming unemployment-related benefits, which includes some people working but on low incomes, increased by 120.8% between March and August 2020. There is also some evidence that people on low incomes saw a higher-than-average drop in income at the onset of the pandemic.

Free school meals

Free school meals are awarded where the parent or pupil meets the eligibility criteria and a request has been made by, or on behalf of the parent or pupil for free school meals. Eligibility is depended on parents receiving one from a list of income support payments.

Key messages to take from the data and research:

1. With the exception of 2020/21 (due to the impact of the pandemic), children and young people with a SEN are more likely to be eligible for free school meals when compared to those without.
2. During the pandemic more than one in five children across Wales became eligible for free school meals with numbers soaring to the highest level for at least two decades. In some more deprived areas, during peak times, the percentage raised to nearly one in every three children.

Not in education, employment or training (NEET)

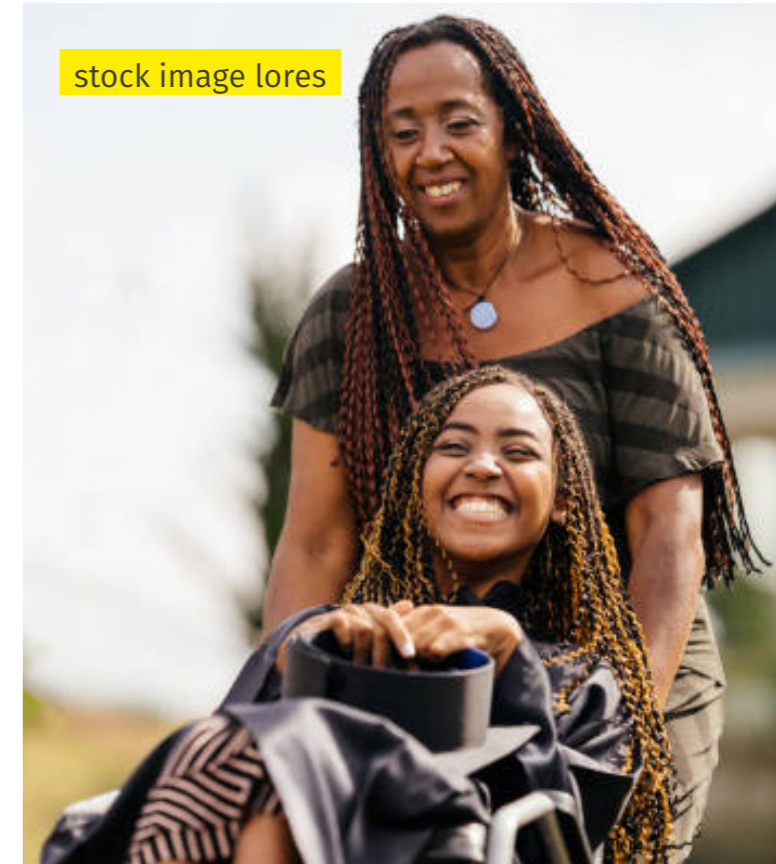
Key messages to take from the data and research:

1. In the year following the Covid outbreak, there was a fall in the number of young people who were NEET. The percentage of young people across Wales who were NEET fell from 11.7% (2019) to 9.2% (Q1 2021) and for 16-18 year olds and from 16.1% to 15.3% for 16-24 year olds.
2. Over the same period there has been an increase in the proportion of young people who are NEET, and who are also unemployed. Further analysis of the data indicates that the reduction in NEET has been produced by a significant increase in the percentage of young people remaining in full time education.
3. Disabled young people are significantly more likely to be NEET than young people that are not disabled. During 2019/20 18.1% of young people with a disability were NEET compared to 7.3% without a disability.

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Skills and knowledge

Key messages to take from the data and research:

1. Research identified significant disparities between different groups, with 97% of children in disadvantaged households – largely those who had received free school meals – said they had a digital device such as a laptop or tablet at home, only two out of three said they were able to use it to complete their schoolwork. In comparison, pupils from non-disadvantaged households, 99% said they had digital devices at home, although more than one in five reported that they did not have sufficient access to complete their work.
2. Only 45% of children eligible for the pupil premium said they understood the schoolwork they were given during lockdown, compared with 57% of their better-off peers also working remotely.
3. Children taking GCSE courses appeared most at risk of disruption, with nearly one in four pupils in years 10 and 11 saying they could not get help from family members with questions about their schoolwork, while 40% said they lacked a routine to help them study from home.

Housing

Young people between the ages of 16 and 24 years old who find themselves homeless are amongst the most vulnerable groups in our society. Homelessness for young people is a trauma which can have long lasting and significant detrimental effects on a young person's wellbeing and potential in live a fulfilling and productive role in society for themselves and others.

Youth homelessness

Key messages to take from the data and research:

1. Between 2016-2019 the number of young people presenting as homeless and needing to access the local authorities final duty to secure accommodation increased sharply. The most common reason stated were:
 - Parents no longer being willing to accommodate (33.8%)
 - Other relatives or friends no longer willing to accommodate (23.9%)
 - Personal conflicts (22.5%)
2. In the UK the average homeless person can expect a life expectancy of 44 years, they are 17 times more likely to have been a victim of violence and are nine times more likely to commit suicide than a person in established and stable accommodation (Crisis UK). Homeless people are also more vulnerable to mental health issues, physical illness, substance misuse issues, physical and sexual assault and diseases.
3. The number of young people accessing assistance under the housing act has fallen over the three-year period by 17.5%, with the numbers indicating that young females were more susceptible to becoming homeless or seeking advice and guidance with housing issues than males in the same age group.

Safety

Children looked after

Key messages to take from the data and research:

1. The number of children looked after across CTM increased by 8.23% between March 2018 and March 2020, compared to a 12% increase across Wales. Although the overall percentage for CTM is lower than the Wales average the increase varies significantly per local authority (RCT +5.9%, Bridgend +2.6%, Merthyr Tydfil +32.3%).
2. Children aged 10 to 15 make up the largest proportion of children looked after across the region (37%). All age groups apart from the under 1's have seen a rise over the five years, but the biggest increase has been in rate of 5-9 year olds (14.3%).
3. The gender split over the 3-year period indicates that for each year there were more boys looked after compared to girls, with the boys making up 56% of all looked after children as of 31st March 2020. This is a similar pattern as the previous 10 years+.

Key messages from the engagement activities:

The friends I met in Care are very important and they were sad when I left, but I still write to them. They gave me a cup and a photo to remember them.

My friend died when I was in Care and she made me a dream catcher that I still have. I miss her. I had help from the staff in the Care Home. Most of my experiences in Care were good but some were not, but it was a nice home.

Children receiving Care and Support

Following the commencement of the Social Services and Well-being (Wales) Act in April 2016, the children in need census has been discontinued and replaced by the children receiving care and support census. The children receiving care and support census is based on the definition of eligible children who have care and support, i.e. children (under the age of 18) who have a care and support plan.

Key messages to take from the data and research:

1. The number of children receiving care and support has remained relatively consistent, though there has been some slight fluctuating within individual local authorities.
2. Data relating to parental factors for children receiving care and support show that the main reasons relate to substance misuse, mental health and domestic abuse.
3. Although abuse and neglect remains the highest category for children receiving a care and support plan it has decreased across the region over the past 3 years (-17%), over the same period Family in acute stress has increased significantly (+114%).

Youth offending

A young offender is a person who has been convicted of, or cautioned about, a criminal offence. A young offender can be male or female. Criminal justice systems will often deal with young offenders in a different way to adult offenders.

Key messages to take from the data and research:

1. Boys who were disaffected from school/persistent truants had a higher risk of serious or persistent offending.
2. The use of drugs in the last year was a strong predictor of a serious or persistent offender, being nearly five times higher than for non-offenders
3. The predominant factors exhibited by serious and persistent offenders were hanging around in a public place (80%), delinquent friends or acquaintances (65%), drug user/used in the last year (52%), poor parental supervision (47%) and disaffected from school (36%).

Social connectedness

Young people between the ages of 16 and 24 years old who find themselves homeless are amongst the most vulnerable groups in our society. Homelessness for young people is a trauma which can have long lasting and significant detrimental effects on a young person's wellbeing and potential in live a fulfilling and productive role in society for themselves and others.

Key messages from the engagement activities:

“ Really we are underfunded, especially the youth side of things. We've had so many opportunities and so many services taken away from us, and I feel like when everything got cut a lot of young people lost out. ”

“ Just want a place where you can have fun, relax, just chill out with your mates, bounce off each other and just have that sort of connection. ”



Contacts