



POPULATION NEEDS ASSESSMENT

Regional Partnership Board

Health and Social Care

March 2022

Get in touch

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The Powys Regional Partnership Board (RPB) is a statutory legal body, established in April 2016 by the Social Services and Well-being (Wales) Act. Its key role is to identify key areas of improvement for care and support services in Powys. The Powys RPB has also been legally tasked with identifying opportunities for integration between social care and health services.

The Powys RPB is multi-agency and brings together:

- Powys County Council – www.powys.gov.uk
- Powys Teaching Health Board – www.powysthb.wales.nhs.uk
- Powys Association of Voluntary Organisations (PAVO) – www.pavo.org.uk
- Public Health Wales – www.phw.nhs.wales
- Action For Children – www.actionforchildren.org.uk
- Care Forum Wales – www.careforumwales.co.uk
- Social registered landlord representation
- Citizen and carer representatives



Contents

Get in touch	2
Contents	3
Introduction	4
About the people of Powys.....	7
1. Children and Young People.....	20
2. Older people	34
3. Health	44
4. Physical disabilities and Sensory Impairment	58
5. Learning disability and autism	64
6. Mental health	77
7. Carers who need support.....	92
8. Violence against women, domestic abuse, and sexual violence	100
Equalities	102
Methodology.....	103
Lessons learned.....	106
Data Gaps.....	107
Table of figures.....	109
References	111

Introduction

The purpose of the population needs assessment (PNA)

Since April 2017, regions across Wales have published an assessment of the care and support needs in their area. These population needs assessments are a requirement of the Social Services and Well-being (Wales) Act 2014.

This assessment is the second published for Powys, and is a joint exercise undertaken by Powys Teaching Health Board and Powys County Council, in partnership with the third and independent sectors. It is overseen by Powys Regional Partnership Board (RPB) whose purpose is to drive the delivery of integrated health and social care services.

This PNA aims to provide a focused view of current and future health and social care needs in Powys from three key perspectives:

1. Identifying existing and future care and support needs (including the needs of carers)
2. Looking at the services and assets available to meet those needs
3. Identifying actions required to address any gaps in services or unmet needs

This PNA looks at need in this way across eight core themes:

1. Children and young people
2. Older people
3. Health
4. Physical disabilities and sensory impairment
5. Learning disability and autism
6. Mental health
7. Carers who need support
8. Violence against women, domestic abuse, and sexual violence

The purpose of the PNA is to enable Powys RPB to understand the views of Powys residents. This will enable the RPB to focus on the right services in the short to medium term. We need to build on the evidence we gathered during our first PNA, and to provide an honest account of what we know. However, there are also things that we do not know, or may only know at a Powys level, rather than down to a lower level, and these are clearly listed as data gaps.

We know that there are clear data gaps that we need to fill, and addressing these gaps needs to be a focus over the coming years. The coronavirus pandemic has required us to work and live differently; it has had effects on the services we provide; it has increased uncertainty around how we identify needs, plan services and deliver care – all of which have affected the preparation of this assessment. While the coronavirus pandemic is not the sole focus of this PNA, it has inevitably impacted on what has been included, both because

content related to COVID-19 has had to be incorporated, but also because the pandemic has had effects on areas not related to COVID-19. A priority for all services will be recovering from the coronavirus pandemic and supporting the needs of our residents.

The PNA links to, but is distinct from, the Well-being Assessment – a separate assessment that is a duty of Public Services Boards (PSBs) under the Well-being of Future Generations (Wales) Act 2015. The Well-being Assessment has a broader scope than the PNA, looking beyond health social care services at the general needs of the population of Powys in terms of social, culture, economy and environment.

Next steps

Following the publication of our PNA, we will produce an area plan which outlines our integrated priorities for the next five years. **The plan will be published in March 2023.**

The PNA will be used to inform the upcoming regional **Market Stability Report which is due for publication in June 2022.** The Market Stability Report will assess the stability and sufficiency of the social care market considering the findings and needs identified within this assessment.

It is important to note that the data-insight and intelligence we have access to is used regularly to help shape service delivery and continuous improvement.

Our 13-locality approach

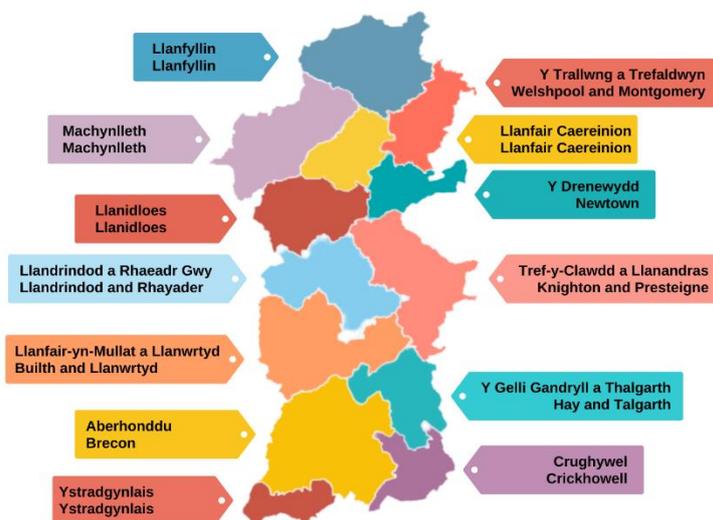


Figure 1 Map of Powys localities

Powys covers one quarter of Wales’s landmass, so to gain a better understanding of our residents’ needs we use geo-spatial analysis.

Geo-spatial analysis is the gathering of data and use of maps to visualise the data.

We have split the county into 13 localities, centred around Powys' largest towns and their surrounding areas using boundaries set by the Office of National Statistics (ONS, 2020).

This enables us to understand and compare areas of the county with each other and target support.

Where possible, we will look at data using this 13-locality approach.

Our 13 localities are:

- Brecon locality
- Builth and Llanwrtyd locality
- Crickhowell locality
- Hay and Talgarth locality
- Knighton and Presteigne locality
- Llandrindod and Rhayader locality
- Llanfair Caereinion locality
- Llanfyllin locality
- Llanidloes locality
- Machynlleth locality
- Newtown locality
- Welshpool and Montgomery locality
- Ystradgynlais locality



About the people of Powys

About the people of Powys	7
Powys Population.....	8
Age groups in Powys	8
Ethnicity and place of birth	9
Powys’ population past and future	11
Where the people of Powys live	14
Housing and household size.....	15
Accessing Services and Getting around	18

Understanding the features of the population that lives in Powys is essential to assessing needs. There are several key points about the people of Powys.

- Most recent population estimates indicate that there are 133,030 people living in Powys (ONS, 2020).
- The average age of the Powys population is higher than both the population of Wales and the population of the UK overall (ONS, 2020).
- The Powys population is predicted to continue to increase its average age and to increase in size in the coming years (Welsh Gov, 2018).
- The rural nature of Powys as a county, its low population density and its age structure all have important implications for how we deliver services (ONS, 2020).
- Powys has 58,345 households (ONS, 2011), with an average household size of 2.2 persons (Welsh Gov, 2018)
- Welsh Index of Multiple Deprivation (WIMD) category Access to Services show overall that 75% (59) of lower super output areas (LSOAs) in Powys are amongst the top 30% most deprived in all of Wales (Welsh Gov, 2019).
- Population changes and workforce need to be a key focus. If we do nothing there will be a care crisis in the short to medium term.



Powys population

Powys is made up of 133,030 people. (ONS, 2020)

The highest population numbers within Powys are in the Welshpool and Montgomery locality (14% of Powys residents live in this area) followed by Newtown (13%) and Brecon (11%) localities.

Llanfair Caereinion, Machynlleth, Llanidloes, Builth and Llanwrtyd, and Crickhowell localities all have small populations (each one accounts for 5% of the total population).

[Follow this link to explore Powys' population via our interactive report.](#)



Age groups in Powys

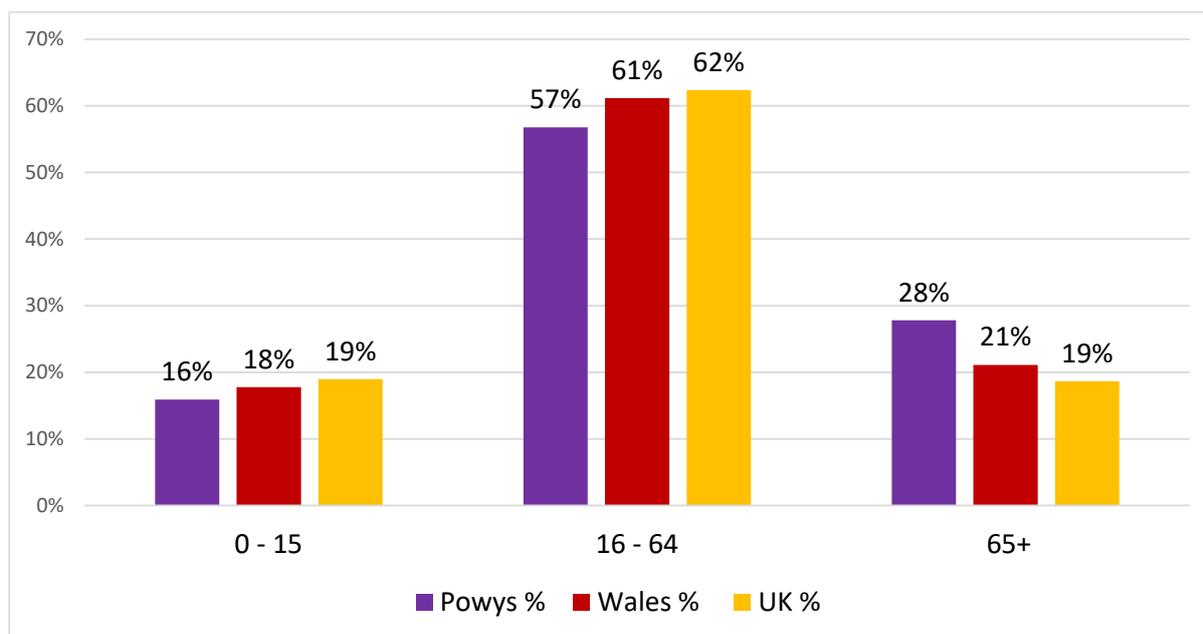


Figure 2 Percentage breakdown of mid-year estimates (ONS, 2020) by age bands

Powys has an older age population than both the Welsh and UK average. Powys residents aged 65 and over make up 28% of our population (Welsh average is 21% and UK average is 19%).

Due to this older age population, Powys has a lower working-age population than the Welsh and UK average, with 16- to 64-year-olds making up 57% of Powys' overall population

(Wales 61%, UK 62%). **The 0–15 age group makes up 16% of Powys residents**, again lower than the Welsh and UK averages of 18% and 19% respectively.

The distribution of those aged 0 to 15 fluctuates across the 13 localities with Newtown locality having the highest number of 0- to 15-year-old residents and Machynlleth having the lowest number.

57% of Powys residents are aged 16 to 64, meaning that, as with 0- to 15-year-olds, this segment of the population makes up a smaller percentage of the Powys population than we would see if we looked at the Welsh average (61%) or UK average (62%).

The Welshpool and Montgomery locality has the most residents aged 16 to 64 and Llanfair Caereinion has the fewest.

27% of Powys residents are aged 65 and over and represent a significantly higher percentage of the population in Powys compared to the national average. The Welsh average is 21% and UK average is 19%.

The Welshpool and Montgomery locality has the highest number of residents aged 65 and over and Machynlleth has the lowest (ONS, 2020).

[Follow this link for more demography insights and to see how our 13 localities compare to each other, via our interactive report.](#)

Ethnicity and place of birth

According to the 2011 Census (ONS, 2020), **94% of Powys residents were born in the UK.**

Of those not born in the UK:

- 0.3% (418) were born in Ireland
- 3.4% (4,638) were born in EU countries
- 2.1% (2,855) in other (non-EU) countries

Ethnicity in Powys shows that:

- 98% (130,827) are White
- 0.86% (1,142) are Asian/Asian British
- 0.57% (760) are Mixed/multiple ethnic groups
- 0.1% (132) are Black/African/Caribbean/Black British
- 0.09% (115) are other ethnic groups

There is little known about changes in ethnicity and place of birth information over the last 10 years, as this data was captured in the 2011 Census. We will be able to understand how

this has changed and update the information when the new 2021 Census data is released during 2022/23.

[Follow this link to view more information about Powys population ethnicity and place of birth and to understand the differences by locality in our interactive report.](#)

Welsh language

The Regional Partnership Board is committed to ensuring that the Welsh language is promoted and treated no less favourably than the English language, and that people can live their lives through the medium of Welsh if they choose to do so.

When providing our services, we have a duty to ensure our residents can access services in their preferred language. The “active offer” is a part of the Welsh Government framework for Welsh language services “more than just words”, meaning that residents should be offered services in Welsh without having to ask.

Accessing services in Welsh is fundamental to those residents in Powys who wish to communicate in their preferred language.

The Welsh language forms an important part of cultural well-being in Wales. The proportion of Welsh speakers in Powys is very similar to that of the rest of Wales, with 19% of Powys residents able to speak Welsh (ONS, 2011).

In Powys the 2011 Census showed that:

- **72%** of residents in Powys had ‘No Welsh Skills’
- **14%** could ‘Speak, Read and Write Welsh’
- **14 %** had other combinations of Welsh language skills, including ‘Speaking and Reading Welsh’ and ‘Speaking and Understanding Spoken Welsh’

There is a difference in the percentage of Welsh speakers within our localities in Powys.

The top three localities with the highest percentage of Welsh speakers¹ are:

- Machynlleth locality: 54%
- Ystradgynlais locality: 39%
- Llanfyllin locality: 35%

However, it is important to recognise that there are Welsh speakers within every locality in Powys and that the language is used in each of our communities.

¹ Welsh speakers are calculated by totalling the number of people in the following categories: ‘Can speak, read and write Welsh’ and ‘Can speak but cannot read and write Welsh’ categories.

[Follow this link to view more information about Welsh language in Powys, including how this differs across our 13 localities and LSOAs, via our interactive report.](#)

According to the Future Trends Report, over time the number of Welsh speakers in Wales is predicted to increase significantly (Welsh Gov, 2021). Projections based on 2011 Census data, calculated in 2017 by the Welsh Government, estimate that there will be approximately 666,000 people speaking Welsh by 2050. This equates to 21% of the population and represents an increase of 100,000 Welsh speakers in Wales over the 40-year period. For Powys this means that we could have as many as 28,000 Welsh speakers. However, the Future Trends Report also highlights that these figures are likely to be surpassed by 2030. The overall increase is assumed to be driven by younger age groups and maintained through future generations.

Powys' population past and future

Past population (all ages)

In the last 20 years the number of people who live in Powys has increased by 5%, from 126,134 people in 2000 to 133,030 in 2020. This is lower than the 9% population increase experienced across Wales as a whole.

This increase largely took place in the first 10 years of the period, with the last 10 years showing an increase of just 0.1% (the Welsh average over this same period was 4%).

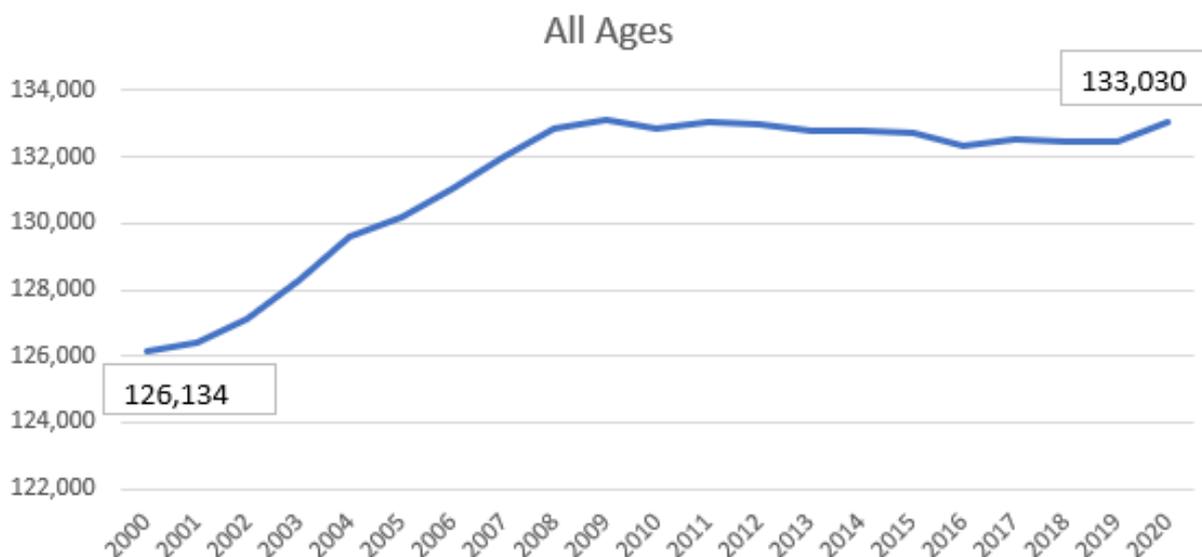


Figure 3 Population trend (ONS, 2020)

Changes in population growth have not been equally spread across all age groups.

Age 15 and under

The age 15 and under group saw a 7% decrease (Wales 6% decrease) in population between 2000 and 2010, and in the last 10 years has seen an additional 8% decrease (Wales 1% increase).

The 15 and under group has seen a reduction in Powys over the last 20 years of 14% in total, from 24,528 in 2000 to 21,069 in 2020 (Wales 5% reduction).

Age 16–64 group

The 16–64 age group has seen both an increase and decrease in Powys across the last 20 years, with an increase of 4% from 2000 to 2010 (Wales 7%), but between 2010 and 2020 has seen a 6% decrease overall (Wales 0%).

The 16–64 age group has seen a reduction in Powys over the last 20 years of 2%, from 76,607 in 2000 to 75,160 in 2020. Wales in the same period has experienced a 7% increase.

Age 65 and over

The 65 and over age group has seen a dramatic increase across Powys. From 2000 to 2010 there was an increase of 20% (Wales 11% increase) in this population age band, and from 2010 to 2020 an increase of 23% (Wales 20% increase).

The 65 and over age group has seen a large increase in Powys over the last 20 years of 47%, from 24,999 in 2000 to 36,801 in 2021 (Wales 33% increase).

Age 80 and over

The age 80 and over population group has the largest increase of all age groups. Between 2000 and 2010 there was a 29% increase in this age group (Wales 20% increase) and in the last 10 years the increase has been a further 19% (Wales 15% increase). **The aged 80 and over age group has seen the largest increase in Powys over the last 20 years with a 53% increase, from 6,361 in 2000 to 9,737 in 2020 (Wales 39% increase).**

(ONS, 2020)

[Follow this link to view more information about Powys' historical population and to understand the differences by locality and single year of age in our interactive report.](#)

Population projections

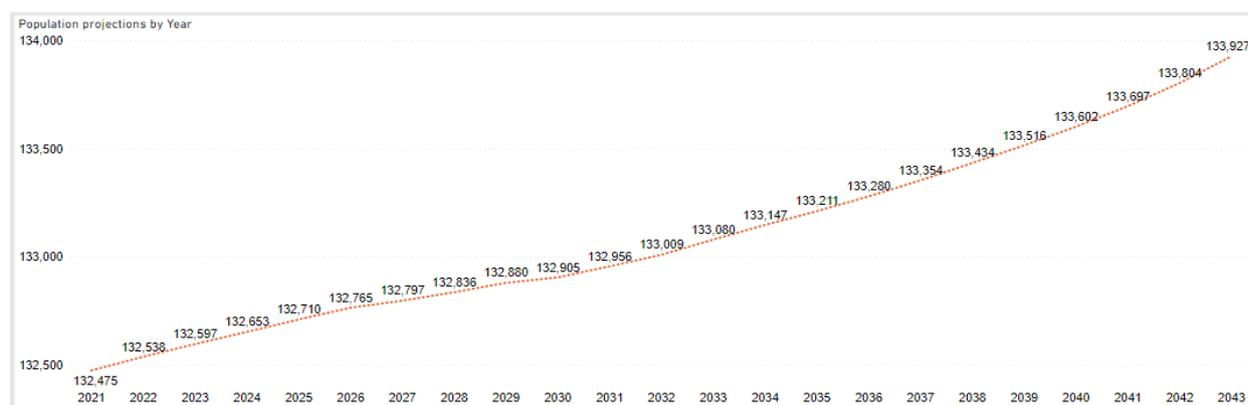


Figure 4 Population projections by year (Welsh Gov, 2018)

Between 2021 and 2043 it is projected that the Powys population will increase by 1%, from 132,475 to 133,927. This is lower than the 4.6% population increase projected across Wales as a whole.

Population projections are not equally spread across all age groups.

Age 15 and under group

The age 15 and under group has seen a reduction in Powys over the last 20 years, and this trend is set to continue with a **further reduction of 6.5% (-1,382 persons) projected by 2043 (Wales -3.8%).**

The year 2037 shows the lowest figure for the under 15 age group of 19,589 before slowly increasing to 20,473 by 2043.

Age 16–64 group

The 16–64 age group is projected to have a steady decline in Powys between 2021 and 2043. **This equates to a reduction of 8.8% (-6,512) persons of working age (Wales -0.5%)**

Age 65 and over

The 65 and over age group is projected a large increase in Powys of 25.2% (+9,346 persons). During the same period the Wales 65 and over age group will see a similar increase of 26.5%.

Age 80 and over

The 80 and over age group is projected a large increase in Powys of 63.7% (+6,318 persons). During the same period the Wales 80 and over age group will see a similar increase of 61%.

The increase in the number of elderly people in Powys will occur as the number of people of working age decreases.

By 2043, the number of elderly persons (age 65 and over) is projected to rise by 25.2% (+9,346), while at the same time the working-age population is projected to fall by 8.8% (-6,152).

The population change will create a gap between those who will need help and support in their later years, and those working-age people who will be providing it.

(Welsh Gov, 2018)

[Follow this link to view more information about Powys population projections by fixed age bands in our interactive report.](#)

[Follow this link to view more information about Powys population projections by single year of age \(or create your own age bands\) in our interactive report.](#)

Where the people of Powys live

Powys is the most sparsely populated local authority in all Wales and England.

Over half of the Powys population live in villages, hamlets or dispersed settlements (Powys: 58.7%, Wales: 17.1%) (ONS, 2011).

Powys covers a quarter of Wales' landmass. Powys has a small population and large geographical cover meaning that Powys' average population density is only 26 people per square kilometre (the Welsh average is 153 persons per km²). To put this in perspective, Cardiff's population density is 2,620 people per km², and London has a population density of 5,727 people per km².

The population density differs across our 13 localities, with the highest density in the Newtown locality with 78 people per km². The Welshpool and Montgomery locality is the second highest with a density of 64 per km² and Ystradgynlais is the third highest with 61 people per km².

Builth and Llanwrtyd is the most sparsely populated of our 13 localities with 11 people per km². Second lowest is Machynlleth with a population density of 12 per km² and third lowest is Llanfyllin with 17 people per km².

(ONS, 2020)

[Follow this link for more information about the Powys population density via our interactive report.](#)

Housing and household size

Houses are more than physical structures providing shelter. They are homes – where we bring up our families, socialise with friends, provide space where we can unwind and take refuge from the rest of the world. They are where we spend most of our time and have an influence on our health.

According to a report by The Health Foundation: “A healthy home needs to be affordable, provide for all household needs, somewhere we feel safe and connected to our community” (The Health Foundation, 2017).

Total Number of Households by Locality

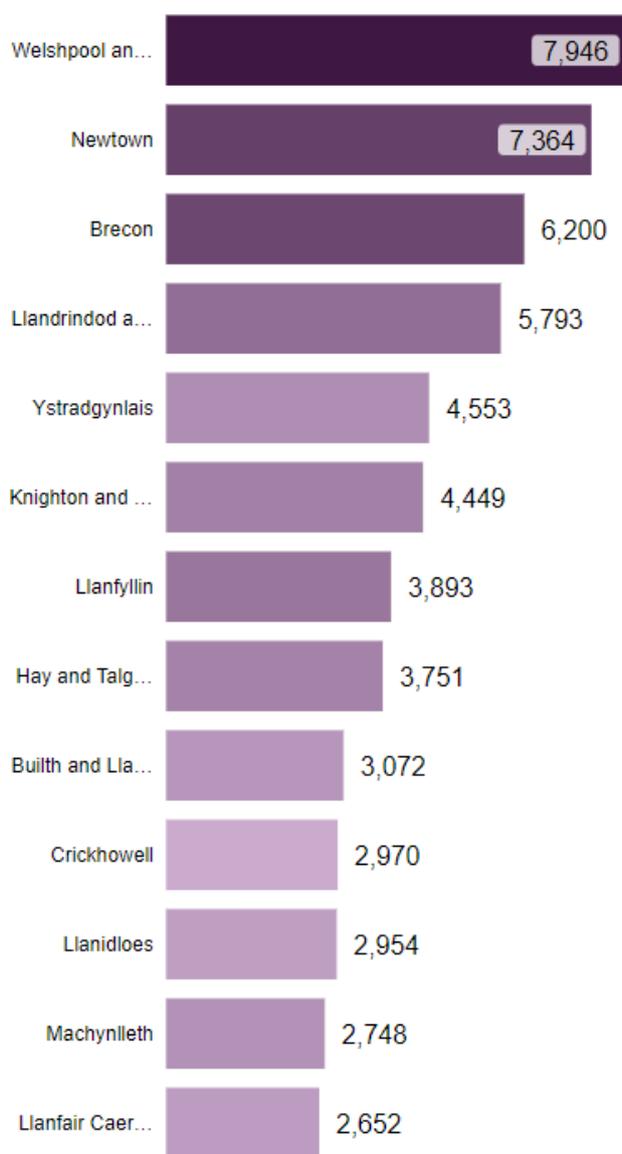


Figure 5 Number of households by locality (ONS, 2011)

In Powys, there are **58,345 households**, distributed across the county (ONS, 2011).

There are differences in the number of households across our 13 localities.

Welshpool and Montgomery (7,946), Newtown (7,364) and Brecon (6,200) localities rank first, second and third for the most households per locality in the county.

The locality household data here is from the 2011 Census and so is out of date. We will be able to provide an update on these figures and understand how households in Powys localities have changed in the last 10 years when the 2021 Census data is released.

Nationally, the number of households in the UK has continued to rise. While the average household size (2.4 people) has remained stable over the past two decades, the proportion of people living alone has increased.

In Powys the **average household size is 2.2 people per household** (Welsh Gov, 2018).

[Follow this link to view more information about the number of households and](#)

household size by our 13 localities from the 2011 Census.

In Powys in 2021, 36% of households are two-person households (no children) (21,584) and **34% are single-person** (one person) households (UK: 28% of households are single person) (Welsh Gov, 2018).

According to the Future Trends Report (Welsh Gov, 2021), the number of people living in single-person households is likely to increase in the future.

Housing projections show that there are 20,085 single-person households in Powys in 2021. **In the next 10 years single-person households in Powys will increase by 4.2%** to 20,940 (Welsh Gov, 2018).

Powys already has a higher than national average level of single-person households. With this trend set to increase, this may put **more pressure on already limited single-housing stock in Powys for future generations.**

There is anecdotal evidence that suggests people are moving into Powys from more urban parts of England and Wales. Much of this movement is due to flexible working and people being able to work from home and keep their current role. This will have an impact on the availability and affordability of homes for existing residents in Powys.

Follow this link to [view more information about projected household and household type and historical household numbers in Powys.](#)

There is a need for more affordable, energy efficient housing. In Powys, **3,500 people are listed on the council's housing demand register.** A quarter of those are already social housing tenants. Many require smaller accommodation, often one or two bedrooms, while others need larger homes to cater for their growing families (Housing PCC, 2021).

For the first time, we have gathered registered social landlord data² and provided a snapshot of social housing across the county.

Social housing in Powys

There are nearly **9,000 registered social landlord homes** and Powys County Council owns 61% of these. Along with the council, there are nine housing associations offering social housing in Powys. The number of homes in each locality varies: 22% of all social housing provided is within the Newtown locality, while other localities have lower numbers (Housing PCC, 2021).

² The snapshot includes information from eight of the nine providers in Powys, September 2021.

Most houses offer two and three bedrooms. We have **1,890 one-bedroom properties**, and our housing demand list shows that we have 2,065 people waiting for a one-bedroom property.

The Future Trends Report (Welsh Gov, 2021) shows additional housing units will be needed in the future to meet increasing demand for future generations. This can be seen in housing projections where there is a predicted rise in households in Powys to 60,034 households in 2026 (Welsh Gov, 2018).

48% of properties have a low energy EPC (Energy Performance Certificate) rating (rating D–G). This is something we need to focus on to tackle climate change.

The average rent differs depending on the size of the property. There are slight differences in the weekly rent price across our 13 localities; however, they are not statistically significant.

We have insight into where those on the housing demand register would like to live, and the data shows there is an unmet demand for affordable housing in the communities where people come from. **Research shows that the number of people in need of social housing could rise rapidly as a result of the coronavirus pandemic, with low-income earners twice as likely to lose their jobs** (National Housing Federation, 2020).

[Follow this link to view more information about social housing in Powys.](#)

Accessing services and getting around

Powys is a rural county offering plenty of green space. However, one disadvantage is that many residents often live a long way from services. Powys is unique in that it does not have a district general hospital and residents must travel out of county, to other parts of Wales or over the border to England, to access certain types of health services.

There are large differences in distances to a district general hospital throughout Powys. Residents of Beguildy LSOA (in the Knighton and Presteigne locality) have the furthest to travel. It would take approximately 86 minutes to arrive at their nearest district general hospital (note: Beguildy is ranked second highest in Wales in terms of limited access to services).

However, residents living in Crickhowell LSOA (in the Crickhowell locality) only have a travel time of nine minutes to the nearest district general hospital.

[Follow this link to view more information about transport and travel times for residents in Powys to district general hospitals.](#)

68% (65,000) of working-age people travel to work using their own vehicle, while 16% (15,000 persons) walk or bike and 2% (2,000 persons) travel by public transport (ONS, 2011).

The Welsh Index of Multiple Deprivation (WIMD) (Welsh Gov, 2019) is the Welsh Government's official measure of relative deprivation for small areas in Wales. It is designed to identify those small areas where there are the highest concentrations of several different types of deprivation. WIMD ranks all small areas in Wales from 1 (most deprived) to 1,909 (least deprived).

Powys has 79 lower super output areas (LSOAs). These small areas have been ranked by WIMD category **Access to Services** and show overall that 75% (59) of LSOAs in Powys are amongst the top 30% most deprived in all of Wales:

- 51% (40) of Powys' LSOAs are in the top 10% most deprived
- 18% (14) LSOAs are in the top 20% most deprived
- 6% (5) LSOAs are in the top 30 % most deprived

Notably we have nine LSOAs who rank in the top 30 LSOAs in Wales for most deprived for **Access to Services**:

- Beguildy ranks the 2nd most deprived area in the whole of Wales
- Llanbrynmair and Banwy ranks 8th
- Disserseth and Trecoed ranks 9th
- Llansilin ranks 12th
- Llangunllo ranks 17th

- Yscir ranks 19th
- Nantmel ranks 21st
- Llanelwedd ranks 22nd
- Llanrhaeadr-ym-Mochnant ranks 24th

Powys does not contain any LSOAs in the top 10% least deprived for access to services in Wales. However, we do have five LSOAs in the least deprived 20% including Llanidloes 1, Llanidloes 2 and St Marys 1. And in the top 30% least deprived we have a further two LSOAs, Hay and Ynyscedwyn (Welsh Gov, 2019).

[Follow this link to understand more about WIMD in Powys and how we stand in comparison to Wales using our interactive report.](#)

In Powys, the percentage of people satisfied with their ability to get to and access facilities and services they need is **85% for 2020–21 which is a 17% increase from 2017–18**. This is only slightly behind Wales overall with 87% for 2020–21 (Welsh Gov, 2021).

1. Children and young people

1. Children and Young People	20
Education.....	21
Free school meals and educational attainment.....	22
Child poverty	24
Flying Start.....	26
Vulnerable Children.....	27
Early Help.....	27
Children receiving Care and Support.....	27
Children Looked After.....	29
Child Protection Register	31
What have people said?	33

This section considers matters that relate to the younger residents of Powys.

24% (32,376) of the Powys population is **aged between 0 and 24 years** (ONS, 2020).

By 2043, the number of 0- to 24-year-olds in Powys is **projected to fall by 6%** (to 29,634) (Welsh Gov, 2018).

In our last population assessment, we reported that there was expected to be an 18% drop in 0- to 24-year-olds by the year 2039. However, the most recent Welsh Government population projection has revised this forecast to provide a far less dramatic view. We do know that **as the percentage of younger residents decreases, this still has the potential to affect many of the services we provide.**

This decrease in younger residents is the result of an ongoing trend for young people to leave the county in favour of more urban areas.

Fewer young adults and families living in Powys results in a lower number of births in the county and the effects of this are already becoming apparent, with the average age of the population increasing rapidly. While some services, such as schools, have started preparations to mitigate the impact of this changing demographic, there is a high likelihood of other services needing to adapt to a reduced child population.

Education

At the time of writing there are **17,148 children in Powys schools**:

- 9,709 are attending a primary school
- 7,158 are attending a secondary school
- 281 are attending a special school



In Powys, there are 77 primary schools, broken down into 13 catchment areas.

The Powys school catchment areas are:

- Llanfyllin
- Welshpool
- Llanfair Caereinion
- Machynlleth
- Llanidloes
- Newtown
- Llandrindod Wells
- Presteigne
- Builth Wells
- Brecon
- Hay and Talgarth
- Crickhowell
- Ystradgynlais

For 2021–22, the average budget share per pupil for Powys primary schools is £4,857, which is higher than the Welsh average of £4,613. In Powys, 46 of our primary schools are below the Welsh average.

We have 11 secondary schools over 13 buildings and catchment areas. For 2021/22, the average budget share per pupil for Powys secondary schools is £5,471, which is lower than the Welsh average of £5,488. Nine of our 11 secondary schools are below the Welsh average (Welsh Gov, 2021-22).

Powys has three special schools. Two of the schools (Brynllwarch Hall and Ysgol Cedewain) are in the Newtown locality and one (Ysgol Penmaes) is in the Brecon locality (PCC, 2020).

As of 31 August 2021, there were 214 active pupils on the Elective Home Education (EHE) register meaning that we have seen a **54% increase in pupils being registered for EHE during 2020/21**. There is a link to COVID-19 and the increase in the number of students that

are registered for EHE. Welshpool and Montgomery locality has the highest EHE uptake with 33 pupils registered while Crickhowell has the lowest with only four EHE pupils in the locality.

Destination bilingual: materials outlining the benefits of choosing a Welsh medium education have been created to provide parents with the latest information about Welsh medium education and the benefits of bilingualism.

The average **percentage of students educated through the medium of Welsh in Powys primary schools is 21%** (Welsh Gov, 2021). The highest catchment area with students taught through the medium of Welsh is Machynlleth with **84%**. Three of the four schools in the catchment offer full Welsh medium provision. The five catchments (Welshpool, Newtown, Presteigne, Hay and Talgarth, and Crickhowell) neighbouring the English border have no Welsh medium provision available.

The average **percentage of students educated through the medium of Welsh in Powys secondary schools is 12%** (Welsh Gov, 2021). The highest catchment area with students taught through the medium of Welsh is Machynlleth with **68%**. Six catchments (Welshpool, Newtown, Presteigne, Hay and Talgarth, Crickhowell, and Ystradgynlais) have no Welsh medium provision available.

[Follow this link to view more information about Schools Benchmarking in Powys and how we compare to Wales via our interactive report.](#)

Free school meals and educational attainment

Free school meal eligibility is a key proxy measure of household income. At all key stages, **learners eligible for free school meals tend to perform significantly less well than those not eligible** (Welsh Gov, 2021).

Over the past two years from 2018–19 to 2020–21, Powys has seen the second largest increase (46% increase) among all Welsh local authorities in the number of children eligible for free school meals. The number of children eligible increased from 1,820 to 2,651.

In Powys **primary** schools, **15% of all pupils receive free school meals**, the highest being Maesyrrhandir CP School in Newtown catchment area with 46% of pupils receiving free school meals. The Newtown catchment has the highest free school meals take-up (23%).

The following three primary schools have no pupils receiving free school meals:

- Ysgol Pontrobert
- Ysgol Gynradd Carno
- Llanfihangel Rhydithon CP School

The catchment with the lowest number of pupils receiving free school meals is Crickhowell, with only 7% of pupils receiving free school meals.

In Powys **secondary** schools, **14% of all pupils receive free school meals**. The highest uptake is Ysgol Maesydderwen in Ystradgynlais catchment area with 23% of pupils receiving free school meals. This is followed by Newtown High School with 19% of pupils receiving free school meals.

Crickhowell High School has the lowest number of pupils receiving free school meals with only 7% of pupils receiving free school meals.

Poor educational attainment is likely to have an impact on children and young people's future life chances and perpetuates the cycle of poverty.

- **15% of pupils in Powys are eligible for free school meals**, which is lower than the national average of 22%.
- **33%** of children and young people in Powys who are eligible for free school meals are currently not receiving them (Wales 35%).

(Welsh Gov, 2021)

[Follow this link to view more information about school benchmarking \(including free school meals and take up\) in Powys and how we compare to Wales via our interactive report.](#)

Educational attainment for pupils in Mid Wales at Key Stage 4 shows that **those eligible for free school meals have lower outcomes than the rest of the population**.

The gap between those receiving free school meals and those who are not achieving Level 1³ is **8%**. At Level 2⁴ it was **33%** and for those achieving five A*–A grades it was **17%**.

(Welsh Gov, 2018-19) (Welsh Gov, 2021)

³ Level 1 – 5 GCSEs A*–G

⁴ Level 2 – 5 GCSEs A*–C

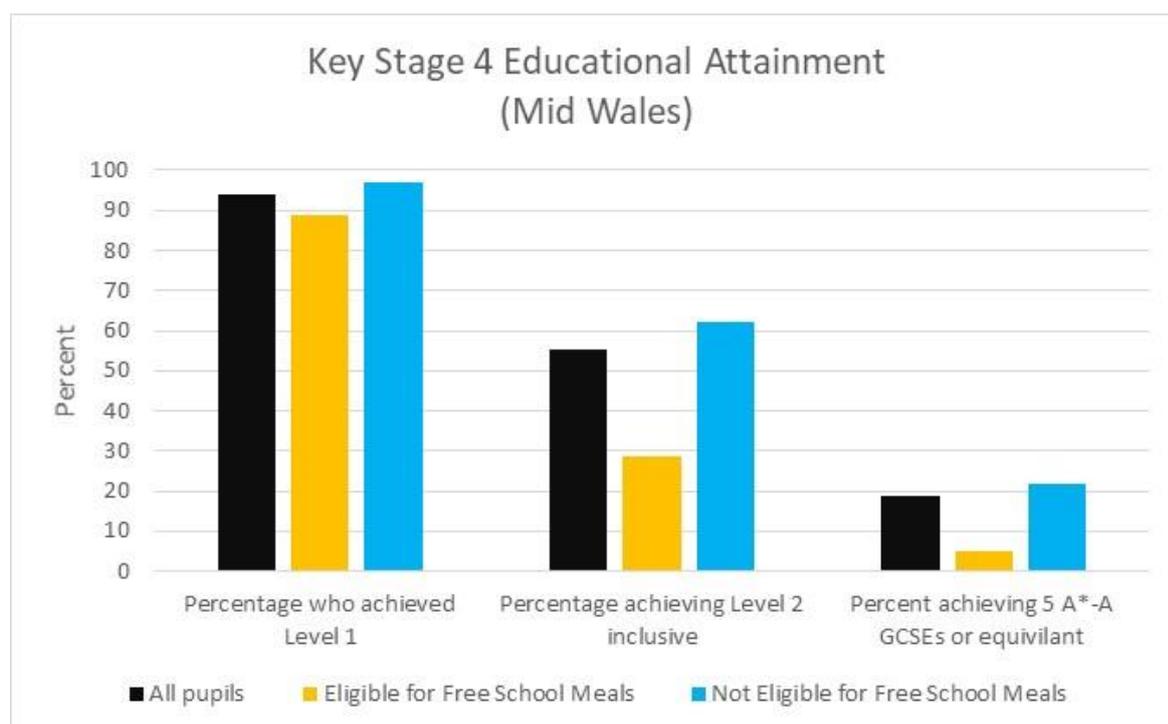


Figure 6 Key Stage 4 educational attainment for Level 1, Level 2 and GCSE (Welsh Gov, 2018/19)

The educational attainment shown in Figure 6 is for academic year 2018–19. On 18 March 2020 the Welsh Government (along with the other devolved nations of the UK) took the decision to cancel examinations for summer 2020. As a result, all schools provided pupils with centre assessed grades and legislation removed the obligations on a school to supply the data.

This meant there was no verification process of examination grades or comparative data available to local authorities. In addition, Welsh Government legislation dated 3 July 2020 removed the duties on governing bodies and local authorities to provide data to local authorities and the Welsh Government, respectively, on teacher assessment outcomes.

Due to the coronavirus pandemic and impact on learning over the 2020–21 academic year, the Welsh Government removed examinations for GCSE and A levels. Each school used centre determined grades to award overall grades to pupils for their GCSEs and A levels. However, centre determined grades are not verified or published by the Welsh Government.

Child poverty

Childhood poverty is a very important driver of population health for two reasons. First, adverse effects on health in childhood can be very powerful in setting children on a trajectory towards poor health throughout the life course. Second, poverty itself is

associated with a whole host of adverse risk factors, sometimes being thought of as a 'risk factor for risk factors', meaning that it can bring with it many negative effects on health.

Figure 7 indicates the percentages of children living in poverty for the different local authority areas in Wales for the year 2019.

24% of children in Wales overall were living in poverty that year, with the figure for Powys at 15%, lower than Wales overall, but still a startling **1 in 6 children in the county**.

Powys ranked lowest (alongside Monmouthshire) against the other 22 local authorities in Wales (Welsh Gov, 2019).

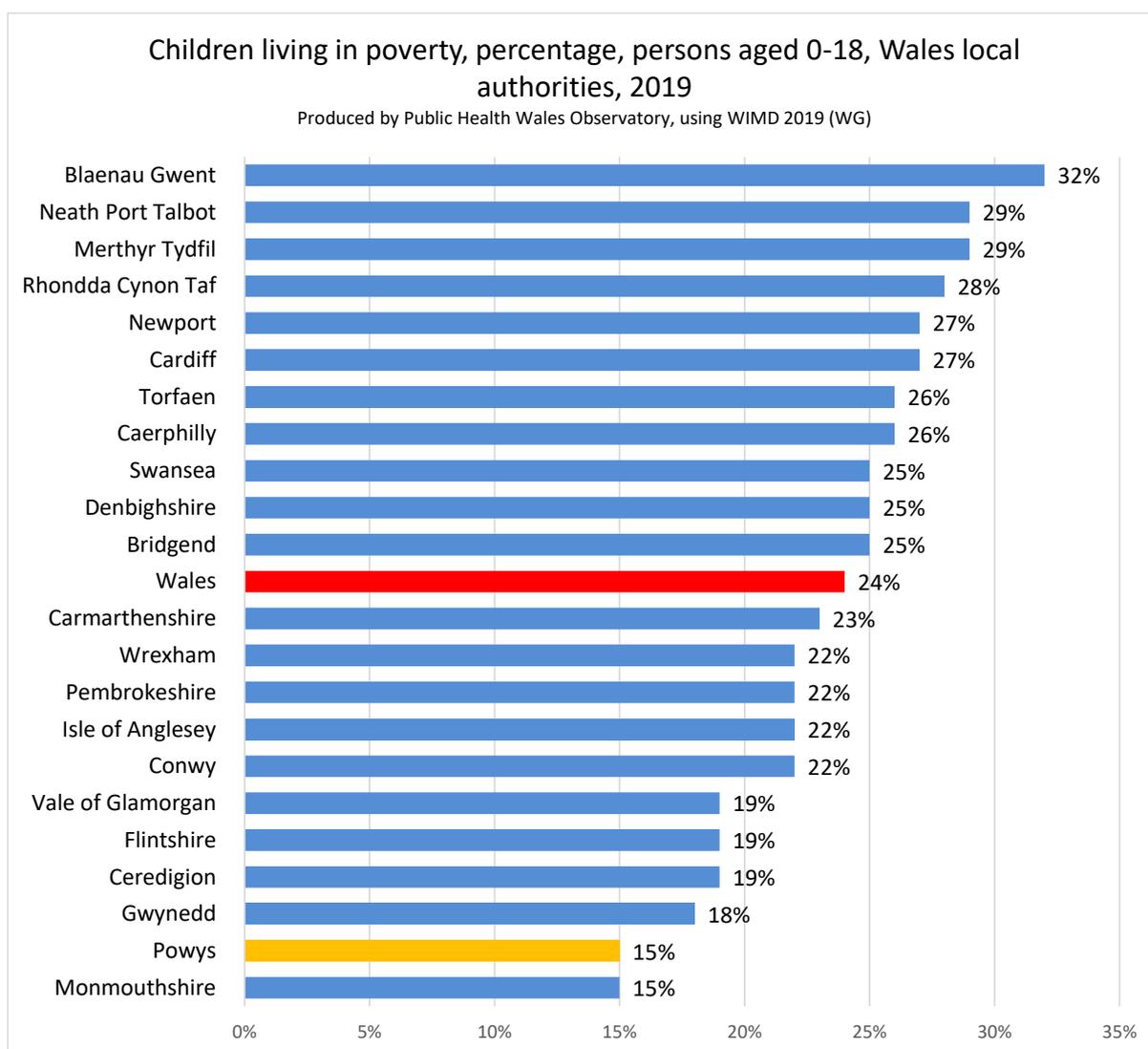


Figure 7 Bar chart showing % children living in poverty by local authority (Welsh Gov, 2019)

Since the release of the WIMD 2019 data, the coronavirus pandemic has impacted every aspect of society and exacerbated child poverty in Powys. We know that there were:

- **4,088 families with children in absolute poverty** (income is below 60% of median income) in 2019/20 in Powys, and **of these 1,248 (31%) were lone parent households.**
- **20% (4,324) children (aged under 16) living in relative low-income families in 2020.** Powys ranks 14th out of 22 among Welsh local authorities.
- **15% (3,207) children (aged under 16) living in absolute low-income families in 2020.** Powys ranks 7th highest among the 22 Welsh local authorities.

(Department for Work and Pension, 2019-2020)

In Powys, 55% (33,149) of households earn below the Wales average household income of £34,700 (37% earn above). However, **70% (42,107) of households earn below the UK average** household income of £40,257 (24% earn above) (CACI, 2021).

[Follow this link to view more information about household income in Powys and how this differs across our 13 localities.](#)

Research has shown that during the lockdown **30% of predominantly privately rented households with children experienced problems in the homes** such as damp, mould, electrical hazards, and leaking roofs or windows, with fewer than a third of those managing to resolve such problems (PCC, 2021). Living in these conditions can lead to many ill-health problems and can therefore put these children on a trajectory towards poor health throughout their life.

Flying Start

Flying Start is a Welsh Government funded programme offered to targeted postcode areas in the most disadvantaged areas in Wales. Children and their families are registered from pre-birth and remain part of the service until the child is four years old.

Help includes:

- high quality funded, part-time childcare for 2- to 3-year-olds
- enhanced health visiting service
- support for children to learn to talk and communicate
- access to parenting programmes

There are currently (January 2022) 836 eligible children on the Flying Start Health Visitor caseload in the five [Flying Start eligible](#) areas in Powys.

Of the 836 eligible children in Powys, the percentages by the five eligible areas are:

- 42% in Newtown
- 16% in Llandrindod Wells
- 15% in Brecon

- 12% in Ystradgynlais
- 15% in Welshpool

(PCC, 2022)

This provision targets the most disadvantaged postcodes in Powys. However, there are many households in poverty throughout Powys and children who are living in “non-disadvantaged” areas will be missing out on this provision. More work needs to be done to understand hidden poverty across Powys and to ensure that all those eligible are accessing the right level of services, despite where they live. This is even more necessary now as the rise in cost of living will mean more families are facing difficulties.

Vulnerable children

Further data is available on these vulnerable children at a more local level, but in order that they remain unidentifiable we are publishing this Powys level data.

Early Help

Since the last assessment, there has been a significant increase in the demand for **Early Help**, a service which considers how services, partner agencies and communities can work with children and families, looking at issues as they happen to ensure they get “the right help at the right time” before requiring further care and support. A breakdown of the number of new referrals to the service can be seen in the table below.

Year	Number of referrals	% increase versus 2018/19
April 2018 – March 2019	682	
April 2019 – March 2020 ⁵	954	40%
April 2020 – March 2021 ⁴	795	17%

Of these, the age groups impacted most were those aged 0 to 4, which increased from 4% of total referrals in 2018/19 to 10% of referrals in 2021, and those aged 5 to 9, which increased from 23% of total referrals in 2018/19 to 29% of referrals in 2021.

(PCC, 2021)

Children receiving care and support

The number of children receiving care and support in Wales for the year 2020 shows Powys is the 10th highest (out of 22) local authority in Wales with 665 children. Cardiff is the highest with 1,860, followed closely by Rhondda Cynon Taf with 1,825.

⁵ It is important to note that the Early Help service was suspended due to COVID-19 between March and June 2020.

The lowest local authority with children receiving care and support is Pembrokeshire with 295, followed by Isle of Anglesey with 365 (Welsh Gov, 2021).

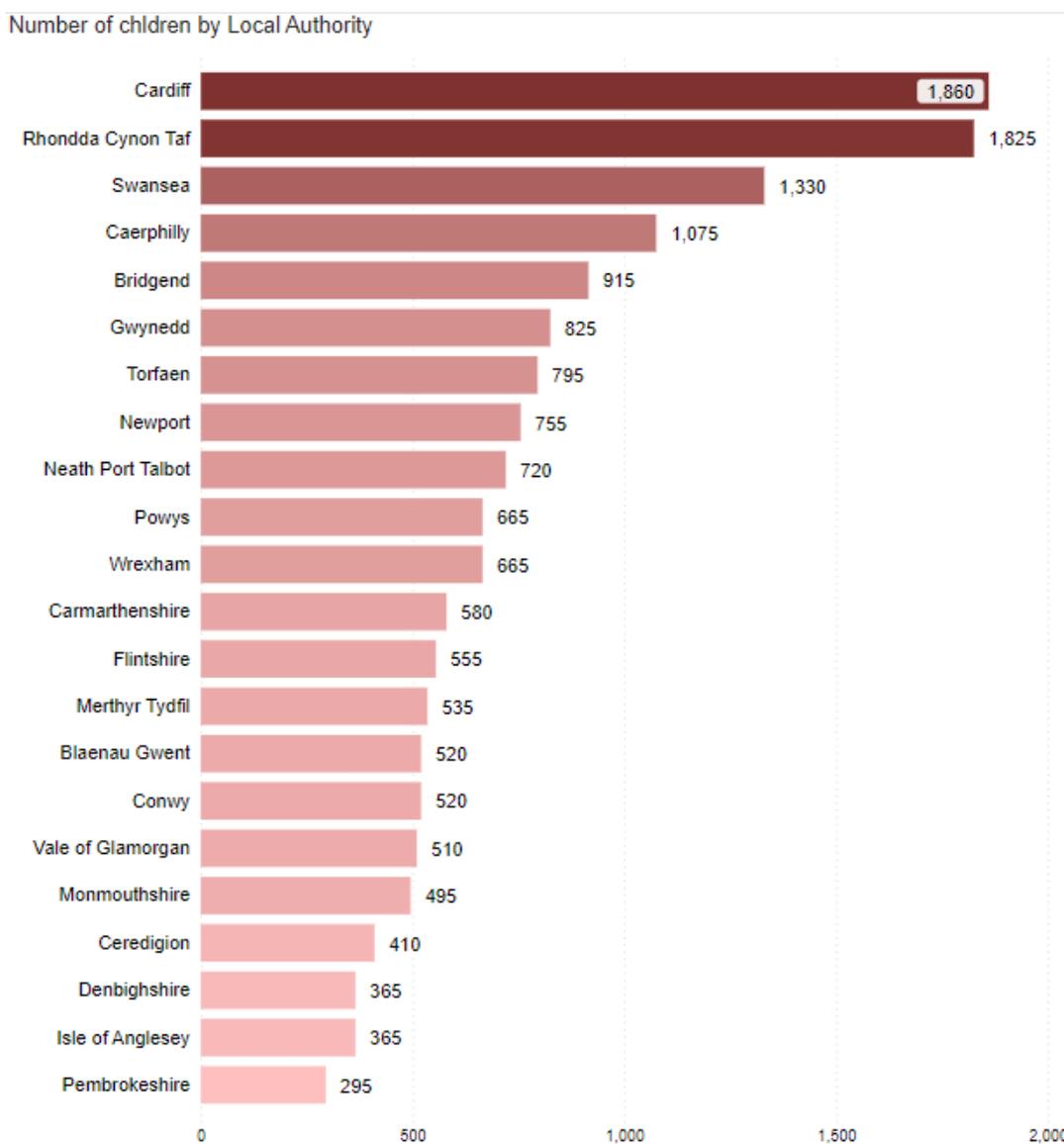


Figure 8 Bar chart showing number of children receiving care and support by local authority (Welsh Gov, 2021)

Over the last three years in Wales, the number of children [receiving care and support](#) has increased by 5%. **However, Powys has seen a 20% increase during the same period (PCC, 2021).**

The age demographics show that, of the children receiving care and support in Powys in 2020:

- 3% (30) were aged under 1 year
- 15% (100) were aged 1 to 4 years
- 24% (160) were aged 5 to 9 years

- 41% (265) were aged 10 to 15 years
- 16% (115) were aged 16 years and over
- 56% were male and 44% were female

[Follow this link to read more about children receiving care and support in Powys and Wales by viewing our interactive report.](#)

Lower-level support is offered through the Early Help service to support young people, with over 1,400 young people referred between April 2019 and March 2021. This includes one-to-one support for families, parenting support and information services.

There are a number of young people across Powys who have emotional health and well-being support needs. Many do not meet Child and Adolescent Mental Health Services (CAMHS) criteria but still require additional support with their emotional health and well-being.

There were 207 young people signposted by CAMHS to other services to receive other support between 30 September 2020 and 1 October 2020.

Between December 2020 and December 2021, **11 young people entered local authority care in Powys** following concerns over escalating behaviours parents did not feel they were able to manage, and this increased the risks of these young people being at risk of significant harm.

Provisions were offered to the families and put in place through Edge of Care Services that maintained these young people at home for longer. However, if we could have offered therapeutic-based interventions to the young person through skilling of staff from all areas of their support package (including parents), we could have stabilised issues much sooner to prevent escalation to this level.

Between 2020 and 2021, **61% of children referred to the Youth Justice Service had committed crimes related to violence, substance misuse and public order**. These are all areas where therapeutic interventions in place as a preventative measure could assist young people to better regulate their emotions and prevent escalation of behaviours which can lead them into the criminal justice system.

Children looked after

A child who has been in the care of their local authority for more than 24 hours is known as a child looked after. Children looked after (CLA) are also often referred to as children in care, a term which many children and young people prefer.

As at 31 October 2021 there are 224 individual children looked after in Powys. Of these, 55.6% were male, 43.6% were female and the other 0.9% recorded gender as other.

The age demographics for children looked after show:

- **24%** (55) are aged 0 to 4 years
- **28%** (62) are aged 5 to 9 years
- **40%** (90) are aged 10 to 15 years
- **8%** (17) are aged 16 to 18 years

The number of children looked after by Powys broken down by placement location shows:

- **55%** (124) are inside the Powys boundary
- **26%** (58) are outside the Powys boundary but still within Wales
- **19%** (42) are outside Powys and outside Wales

(PCC, 2021)

Young people who have experienced care are supported to ensure a smooth transition as possible into adulthood, either moving to adult services for further support, or being supported in areas such as housing, education and employment. However, we know that many young adults leaving care have an increased likelihood of becoming homeless: **13% of all care leavers experienced homelessness during 2020/21.**

Working with young people, we continue to support them with our 'Closer to Home Strategy' with the usage of residential placements being the least preferred option if a foster carer placement is available and suitable.

There are currently 81 approved foster parents on Powys' register. However, there is a need to recruit additional foster carers, and support them with training and other resources (as at 31 October 2021).

The Powys Children Looked After Strategic Framework sets out our aspirations, intent and vision for improving outcomes for children looked after. For those children in our care we, as corporate parents, need to provide positive parenting and specialist support. In Powys, demand is greater than supply for quality placements for our children looked after.

Placements include:

- in-house foster care
- independent foster care
- residential care
- supported lodgings and semi-independent accommodation
- short breaks and respite care
- adoption

Children's residential homes

There are 18 children's residential care homes in Powys registered with Care Inspectorate Wales (CIW). One of these is council owned and run in-house and the other 17 are independent homes run by 12 external providers.

- Twelve homes provide mainstream residential care (34 beds including one solo provision).
- One home provides specialist residential care for males only, in relation to sexualised behaviours (12 beds).
- Three homes provide specialist residential care for children and young people with complex needs (34 beds).
- One home provides 26-week assessment resource for males who present significant complex and challenging behaviours that impact on their social, emotional and educational development needs (four beds).
- One home provides 12-week assessments resource for children and young people with complex emotional and behavioural needs (three beds).
- These 18 homes equate to 87 beds across North, Mid and South Powys.
- Of these 18 homes, four homes also provide on-site education provision.

Short breaks

A range of short breaks are available to children and young people across Powys including:

- residential short breaks up to 28 nights per year with an external provider in-county
- residential short breaks in excess of 28 nights per year with an external provider out-of-county
- short breaks with in-house foster carers
- direct payments for children and young people

Semi-independent accommodation

A range of 16+ accommodation and support has been developed with a variety of on-site tailored support levels or floating support with internal and external providers.

- Three springboard shared houses in Newtown, Llandrindod Wells and Brecon (six beds)
- One training flat in Newtown (one bed)
- Three shared houses with 24/7 on-site support in North, Mid and South Powys (12 beds)
- Solo flats in North, Mid and South Powys (three beds)

Child Protection Register

The Child Protection Register (CPR) is a **confidential list of all children in the local area who have been identified as being at risk of significant harm**. The register allows authorised

individuals in social work, education, health, police and the voluntary sector to check if a child they are working with is known to be at risk.

As of 31 October 2021, there are **107 children on the Powys CPR**.

The age demographics for children on the CPR shows:

- **38%** (41) are aged 0 to 4 years
- **23%** (25) are aged 5 to 9 years
- **33%** (35) are aged 10 to 15 years
- **6%** (6) are aged 16 to 18 years

The highest reason for children being on the CPR is **emotional or psychological abuse** with **44% (47)**. The second highest reason is **neglect** with **24% (26)**, followed by **sexual abuse** with **11% (14)**.

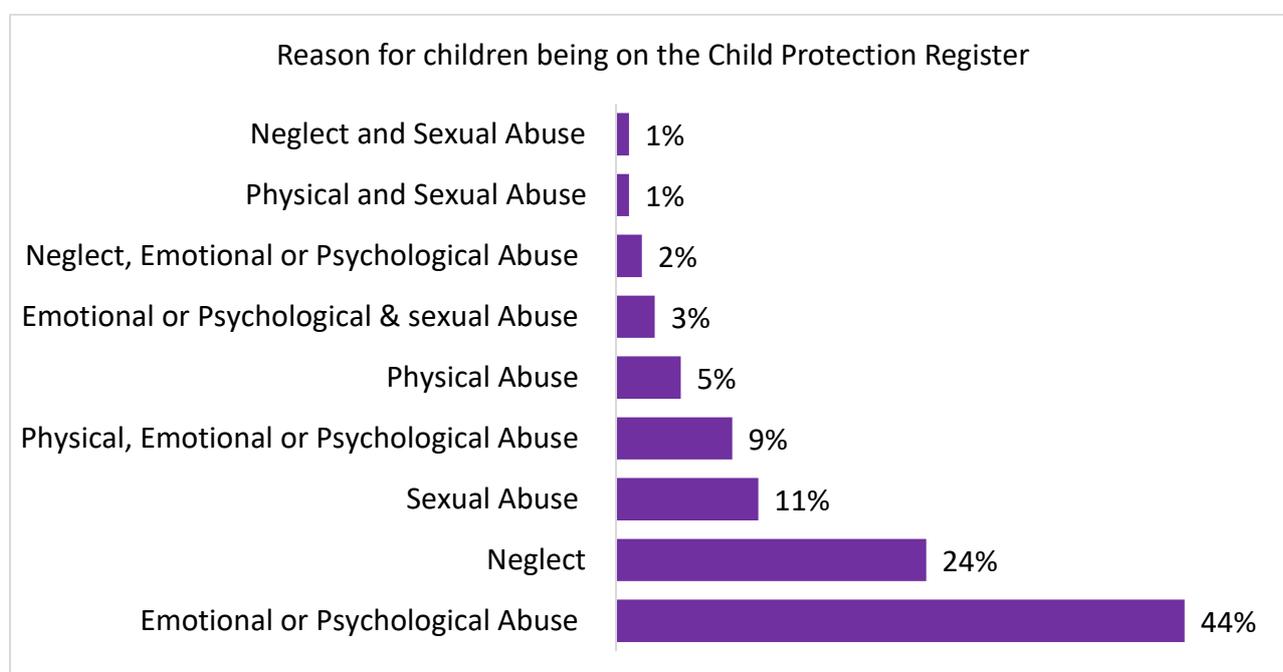


Figure 9 Bar chart showing % children on the CPR by reason

Child exploitation is an umbrella term which includes (but is not limited to) sexual, criminal and financial exploitation, forced marriage, domestic servitude and forced labour.

The Powys Child Exploitation Hub was created in July 2020 to support children up to the age of 18 years old who are identified as at heightened risk of child exploitation.

This programme focuses upon prevention, including community facing events, and protection. Powys County Council currently **supports 37 children at heightened risk of exploitation** and offers support to families and social work practitioners.

(PCC, 2021)

What have people said?

Children’s services have joined with Coram Voice and the University of Oxford to undertake the Bright Spots programme between November 2021 and June 2022 to gather the views of children looked after and care experienced young people up to the age of 25.

The surveys have asked young people to give their views on their care, their well-being, the people they know and their rights and opportunities.

Survey results will be published in April 2022 for the children looked after (0- to 18-year-olds) and in June 2022 for care experienced young people (18 to 25 years old). You can find out more about the survey online at www.coramvoice.org.uk/brightspots.

A survey for **young people and their views on emotional health and services** in Powys took place between 9 June 2021 and 5 November 2021. The survey was conducted online and a total of **233 responses** were received.

Most respondents (119) had not used any services in Powys previously (e.g. CAMHS, YIS, Credu, Kooth) whereas 114 had. For those who had accessed services, 40% had used the school nurse, followed by Kooth Online (18%) and CAMHS (16%) (JSWB, 2021).

When responding to what could be improved about the services in Powys, “knowing what services are available” (41%) and “better communication around these services” (16%) were identified as the main areas for improvement.

Other areas raised were:

- Lack of opportunity to socialise
- Missing education
- Timely access to information and services
- The need to feel listened to
- Stigma of talking about mental health
- Need for professionals being upskilled to understand and be able to support young people if they raise issues around mental health.

It is evident that school nurses provide a much-valued service in schools for young people. This raises concerns, as at present school nurses are on reduced timetables in schools so it is not apparent who young people are seeing in their absence. It is transparent that Powys young people don’t know about services that are available to them and is therefore vital we ensure information is accessible and available. Young people want professionals to listen to them and not just assume they know best, and would like support available during waiting times and clearer exit strategies. We also feel it’s important for this information to be fed back to GPs (JSWB, 2021).

2. Older people

2. Older people	34
Support at home	35
Domiciliary care.....	35
Reablement	37
Accommodation	40
Care Homes.....	40
Extra Care Units	42
Sheltered housing	42

We want to support older people to live independent lives. This includes supporting people to live at home or providing suitable accommodation options. As the elderly population increases (including the number of people with dementia), this will create increased demand on the services that we provide. Some elderly residents currently live in social housing and many of these may wish to stay in their own home for as long as possible. When people are moved to live in a care home, this may not be close to their own home.

The number of people that we support through domiciliary care is increasing. There are challenges for independent living, especially isolation and loneliness which can increase as people get older. Rural areas can face extra challenges in terms of supporting people to live at home, for example the number of people that we support through domiciliary care varies across the county.

By 2030, the number of **elderly persons in Powys is projected to rise by 15%, while at the same time the working-age population is projected to fall 3,200 (4%)** (Welsh Gov, 2018).

The population change in the next 10 years will **create a gap between those who will need help and support in their later years, and those of working age who will be providing it**. The old-age dependency ratio in Wales has historically been higher than the UK average. As Powys has a higher than the Welsh average of older people this **dependency ratio will cause increasing pressure on future generations in Powys**.

The National Population Survey (Welsh Gov, 2020) estimates for each year will vary, but around **7,000 people are employed in the care sector in Powys**. A 4% fall in the working-age population implies a fall of 280 employees from the care sector in Powys. A 15% rise in the elderly population implies a need for an additional 1,050 persons that may need adult social care support. This will result in a **total gap of 1,330 persons by 2030**.

This section assesses the older population in Powys, with reference to people aged 65 and over.

Support at home

In Powys, we are supporting older people to remain in their own homes as much as possible. This is initially via preventative support using tools, such as technology enabled care (TEC) and occupational therapy aids and adaptations.

Alongside these, there are a range of services available to provide support, including:

- domiciliary care
- reablement
- direct payments

As of September 2021, approximately two-thirds of older people with a package of care are being supported in their own homes.

Domiciliary care

Domiciliary care is the range of services put in place to support an individual in their own home. Services may involve routine household tasks within or outside the home, personal care of the person and other associated domestic services necessary to maintain an acceptable level of health, hygiene, dignity, safety and ease in their home.

There are **713 recipients receiving 10,200 hours of domiciliary care a week in Powys** (as at 1 October 2021) (PCC, 2021).

The highest recipients of domiciliary care are residents in Welshpool and Montgomery locality with 105 clients, followed by Newtown locality with 102 clients.

Llanidloes locality has the lowest clients of domiciliary care with 25 clients, followed by Llanfair Caereinion with 27 domiciliary care clients.

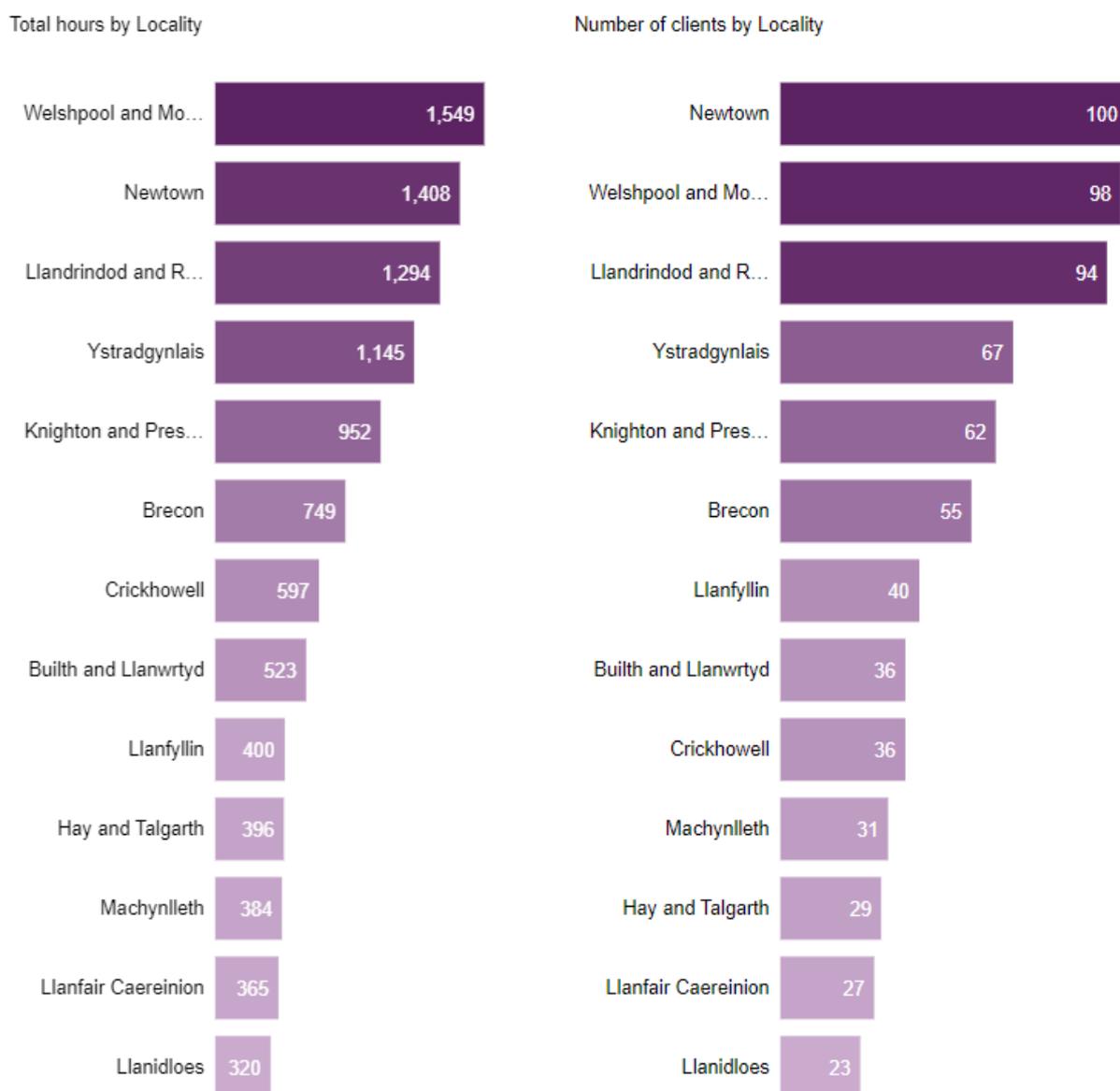


Figure 10 Bar charts showing number of domiciliary care clients and hours by locality (PCC, 2021)

Welshpool and Montgomery locality however received the highest number of hours, with 1,549 hours of domiciliary care provided. Next was Newtown with 1,408 hours of care and third highest was Llandrindod and Rhyader locality with 1,294 hours of care.

Llanidloes locality had the lowest number of domiciliary hours provided with 320 hours. The second lowest was Llanfair Caereinion locality with 365 hours and Machynlleth was third lowest with 384 hours of domiciliary care provided to residents.

Between October 2019 and October 2021 there has been a **5% increase** (+34) in clients but a **6.5% decrease** in hours (-669 hours).

(PCC, 2021)

[Follow this link to view more information about domiciliary care in Powys via our interactive report.](#)

Reablement

Reablement is the official title given to **short-term care at home**, to aid recovery after discharge from hospital. While post-operative care and post-discharge care are more general terms, referring to care offered for however long it takes for the individual to get back on their feet, reablement is more specific. Reablement has several benefits:

- It leads to improved health and well-being.
- It uses a strengths-based, person-centred approach.
- It supports timely discharge from hospital or enables an individual to remain living at home if, due to illness or disability, they have increasing difficulty with daily life activities.
- It is time limited, where short-term support is provided, usually for up to six weeks, but possibly for a shorter period depending on progress.
- Its focus should be on achieving outcomes rather than completing care tasks.

Between April 2019 and September 2021, **there have been over 600 periods of reablement completed**, with **82% of these individuals aged 65 and over** (PCC, 2021).

The locality with the highest number of reablement discharges is Welshpool and Montgomery with 93 discharges. Llandrindod and Rhayader locality is the second highest with 90 discharges.

The lowest locality is Machynlleth with 24 reablement discharges, followed closely by Llanidloes with 28.

Out of the 656 total reablement discharges since April 2019:

- 290 clients had all their identified goals achieved
- 226 partially achieved their goals
- 115 did not achieve their goal
- 33 were unknown

There were 115 clients whose identified goals were not achieved through reablement alone.

Over half of the reablement clients between April 2019 and September 2021 were female (67%) and 33% of the reablement clients were male.

Direct payments allow individuals to receive payments from the local authority instead of traditional packages of care. This provides much more flexibility and greater control, and allows the individual to act as the employer, using the payment as they see fit to meet their

needs. In November 2021 there were **481 recipients of direct payments** in Powys receiving **over 11,000 hours weekly** (PCC, 2021).

Between November 2019 and November 2021 there has been a **25% increase (124 clients)** and a **15% increase in hours (1,720 hours)**. There has been a minimal decrease in the last year (November 2020 to November 2021) of 17 clients and 229 hours (PCC, 2021).

Welshpool and Montgomery locality has the highest uptake of direct payments (96 clients), followed by Llandrindod and Rhayader locality (68 clients). Brecon locality and Newtown locality are both third highest (65 clients).

The locality with the lowest number of direct payments is Machynlleth (27 clients), followed closely by Ystradgynlais (28 clients).

The increase in direct payments uptake has supported the domiciliary care market, with some individuals setting up micro-enterprises within their own communities to support individuals in meeting their needs. From November 2020 to September 2021 there has been a **55% increase in domiciliary care micro-enterprises** from 16 to 29 (PCC, 2021).

TEC is a newer way of talking about care which incorporates services such as telecare, telehealth, telemonitoring, digital health and devices like alarms, monitors, apps or wearables – any technology-based solution that improves care in our homes and communities.

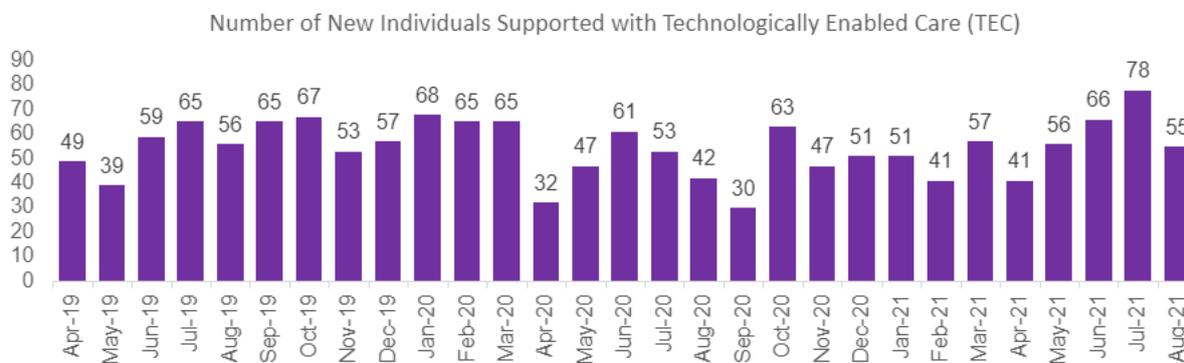


Figure 11 Bar chart showing number of new individuals supported by TEC by month (PCC, 2021)

There has been a constant uptake of TEC each month since April 2019.

For the period April 2019 to March 2020 there were a total of 708 new individuals. However for the same period the following year (April 20 to March 21) there was a decrease of 133 with 575 new individuals. This is to be expected, as once individuals have received equipment it is unlikely that they will need more in the future.

Occupational therapy focuses on developing, recovering or maintaining the daily living and working skills of people with physical, mental or cognitive impairments. The aim is to help people improve their ability to function as independently as possible so that they can participate in whatever activities are meaningful and important to them. Occupational therapists do this mainly by identifying and eliminating environmental barriers to independence and participation in normal daily life. Examples of means of support include things such as toilet seat raisers, grab rails and ramps. Within Powys, there has been an increased demand for occupational therapy services. There has been a **40% increase** in referrals to occupational therapy between the periods January 2020 and August 2021. This is aligned to the wider increase in demand for adult social care (PCC, 2021).



Figure 12 Bar chart displaying the number of new referrals to occupational therapy by month (PCC, 2021)

Community connectors (PAVO) helps people in Powys (aged 18+) and their families or carers to access community-level services and activities that will help them maintain independent lives and which help prevent their circumstances deteriorating to a point where they might need higher level health or social care services. The service can also help support people when they return to home from hospital by helping other third sector services, such as Red Cross, identify additional local services that may be needed.

The service has seen a large increase in contacts over the year 2021/21 in comparison with the last three years. Community connectors received 2,180 contacts in 2018/19, which rose slightly to 2,945 in 2019/20 but in 2020/21 we saw a huge increase of 7,385 contacts into the service. The year 2020/21 makes up 65% of all contacts received (PAVO, 2021).

The top three reasons for contacts were:

- **3,787 COVID-19 shielding call (36%)**
- **1,937 prescription/collection/injection (16%)**
- **672 shopping (6%)**

The year 2020/21 shows there was a large influx of contacts in April 2020 and May 2020. We can see the coronavirus pandemic is a large contributor to this.

When looking at which communities in Powys use community connectors more frequently, we can see that **Llandrindod and Rhayader locality are first with 20% (1,439)** of the contacts in the period 2020/21. The **second highest is Newtown locality with 11% (793)**, followed by **Brecon locality with 10% (746)**.

The **lowest is Llanfair Caereinion locality with only 2% (176)** of all contacts, followed by **Crickhowell locality with just under 3% (206)**, then **Machynlleth locality with just over 3% (250)** (PAVO, 2021).

Accommodation

Older people in Powys are entitled to be supported in several accommodation settings, ranging between sheltered housing, extra care or care homes.

Due to the rurality of Powys, it is sometimes very difficult to place people in a care home within or near their community. There are challenges for independent living, especially isolation and loneliness which can increase as people get older.

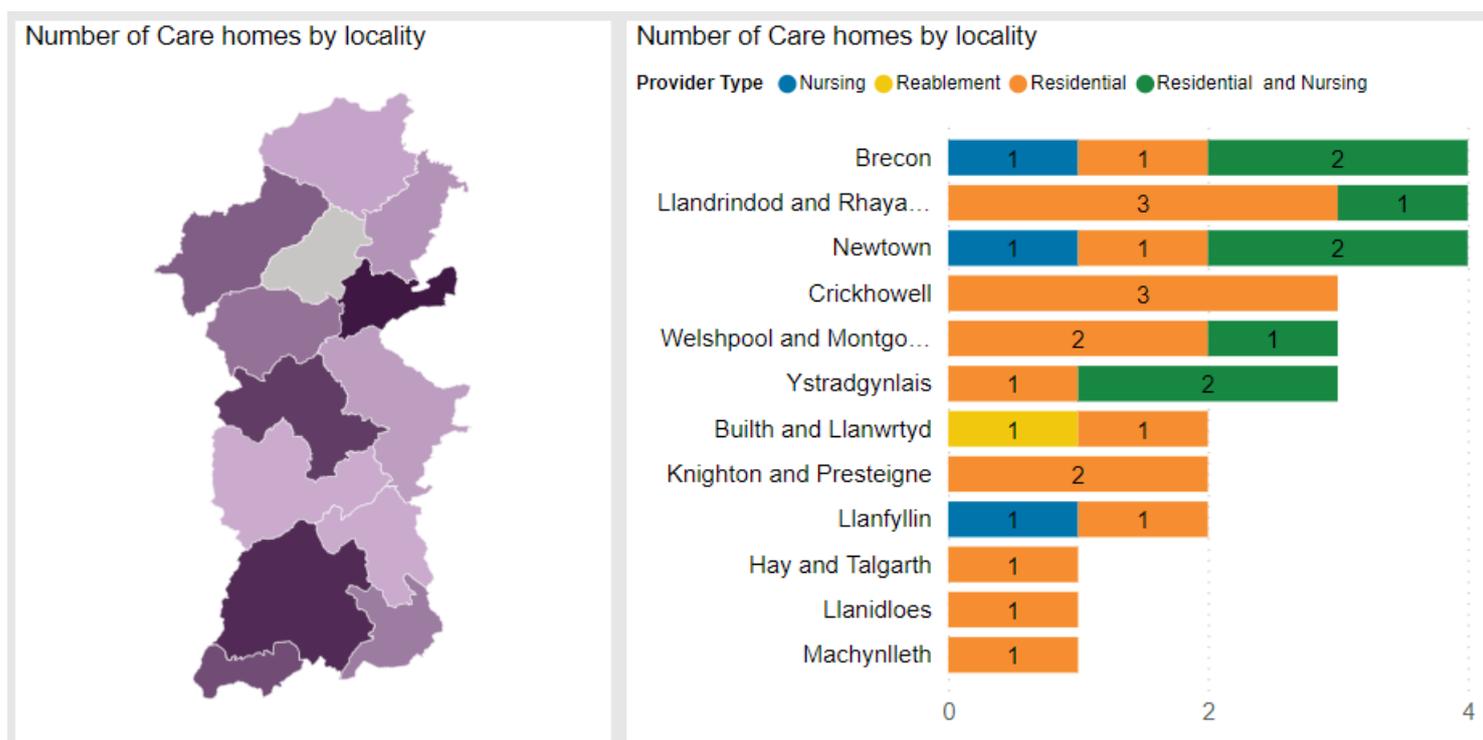
Care homes

In Powys, we currently have three main supported accommodation types: sheltered housing, care homes (residential or nursing) and extra care units.

There are **29 care homes** in Powys registered with **CIW**: 12 are council-owned homes run by Shaw Homes, 17 are privately run homes and one is a reablement unit run by Shaw Homes.

- Three homes provide nursing care only
- 18 homes provide residential care only
- Eight homes provide both residential and nursing care
- One is a reablement provider

(PCC, 2021)



Brecon, Llandrindod and Rhayader, and Newtown localities have four care homes each. The care homes in these three localities are a mix of nursing care homes, residential care homes and dual care homes (both nursing and residential).

Note – the reablement unit in Builth Wells is not a care home. This is a specific unit connected to Brynhyfryd care home and provides 12 reablement beds (six funded by Powys County Council and six funded by Powys Teaching Health Board).

Hay and Talgarth, Llanidloes and Machynlleth localities each have one care home and all three of these are residential care home providers.

Llanfair Caereinion is the only locality without a care home.

In Powys there are:

- 571 residential care beds registered with CIW
- 12 reablement beds
- 118 residential dementia care beds
- 280 nursing care beds
- 139 dementia nursing care beds

Newtown locality has the highest number of registered beds with 202. The second highest is Ystradgynlais with 183 beds, and Welshpool and Montgomery locality is third highest with 164 beds.

As stated above, 12 of these care homes are owned by Powys County Council. However, we commission some beds within private care homes too.

Powys County Council funds 49% (553) of the care home beds within the county, Powys Teaching Health Board funds 7% (80) with CHC funding (CHC stands for **NHS continuing health care**, with continuing meaning long-term life care) and the rest are either out-of-county placements (residents from outside the county placed within a Powys care home) or are privately funded care home residents (November 2021).

In additionally, both Powys County Council and Powys Teaching Health Board also fund placements for Powys residents in out-of-county care homes.

(PCC, 2021)

Extra care units

There are **58 extra care units**, currently one 10-unit extra care housing facility attached to a sheltered housing scheme (Bodlondeb) in Llanidloes (Llanidloes locality) and a 48-unit extra care housing scheme at Llys Glan yr Afon in Newtown (Newtown locality). These schemes are currently only available to rent.

There are two more extra care units due to open in mid-2023. Neuadd Maldwyn, in Welshpool (Welshpool and Montgomery locality), will consist of 66 extra care units and Pont Aur, Ystradgynlais (Ystradgynlais locality), will have 41 units, 10 of which are new extra care apartments.

(PCC, 2021)

Sheltered housing

Sheltered housing is accommodation for elderly or disabled people consisting of private independent units with some shared facilities and a warden. This is a great option for people who want to live independently but need a bit more support, or just need to live in a smaller and easier-to-manage home.

In Powys there are 2,170 sheltered housing homes.

To show it equally across the county we have converted this into a rate per 1,000 population of 75+ Powys residents.

Powys has a rate of 94 sheltered housing per 1,000 of 75+ population. The highest localities are Knighton and Presteigne locality (213) and Llanfair Caereinion locality (209), which have more than double the Powys average.

Newtown locality has the lowest rate with only 30 sheltered housing per 1,000 of 75+ population.

There are six localities above the Powys average (94 sheltered housing):

1. Knighton and Presteigne (213) Knighton and Presteigne (213)
2. Llanfair Caereinion (209) Llanfair Caereinion (209)
3. Builth and Llanwrtyd (177) Builth and Llanwrtyd (177)
4. Llanidloes (156) Llanidloes (156)
5. Llanfyllin (123) Llanfyllin (123)
6. Crickhowell (114) Crickhowell (114)

(PCC, 2021)



3. Health

3. Health	44
Life expectancy.....	44
Life expectancy	44
Healthy life expectancy	46
The life expectancy gap	46
Risk factors for poor health.....	48
Smoking	49
Alcohol consumption.....	50
Diet and physical activity.....	50
Obesity and overweight.....	51
Air quality.....	53
Loneliness and social isolation	53
COVID-19	54
Summary of population health in Powys	57

A key focus for partnership working in Powys is the health of people in the county. Understanding health at the level of the Powys population is important to us for seeing how we are doing and how health might be improved. In this section, we have focused on three important measures that can help give us a population perspective on overall health in Powys: life expectancy; healthy life expectancy; and the life-expectancy gap.

It is also important to consider the influences on the health of populations (not focusing just on the effects of health and social services). Particularly important are the effects of lifestyle risk factors (for example diet or smoking). We have therefore also summarised below important information on these and other risk factors in Powys.

The coronavirus pandemic that began in 2020 has had major implications for the health of people in the county. In the final part of this section on population health, we have looked at these effects in Powys in further detail.

Life expectancy

Life expectancy

Life expectancy is an estimate of the average number of years that newborn babies could expect to live, assuming that current mortality rates for the area in which they were born applied throughout their lives (Public Health Wales NHS Trust, 2020).

The most recently available data (2017–19) shows that life expectancy in Powys is **83.7 years for women and 80.0 for men**. For both women and men, this is higher than the overall life expectancy for Wales (Wales: 82.3 for women; 78.5 for men).

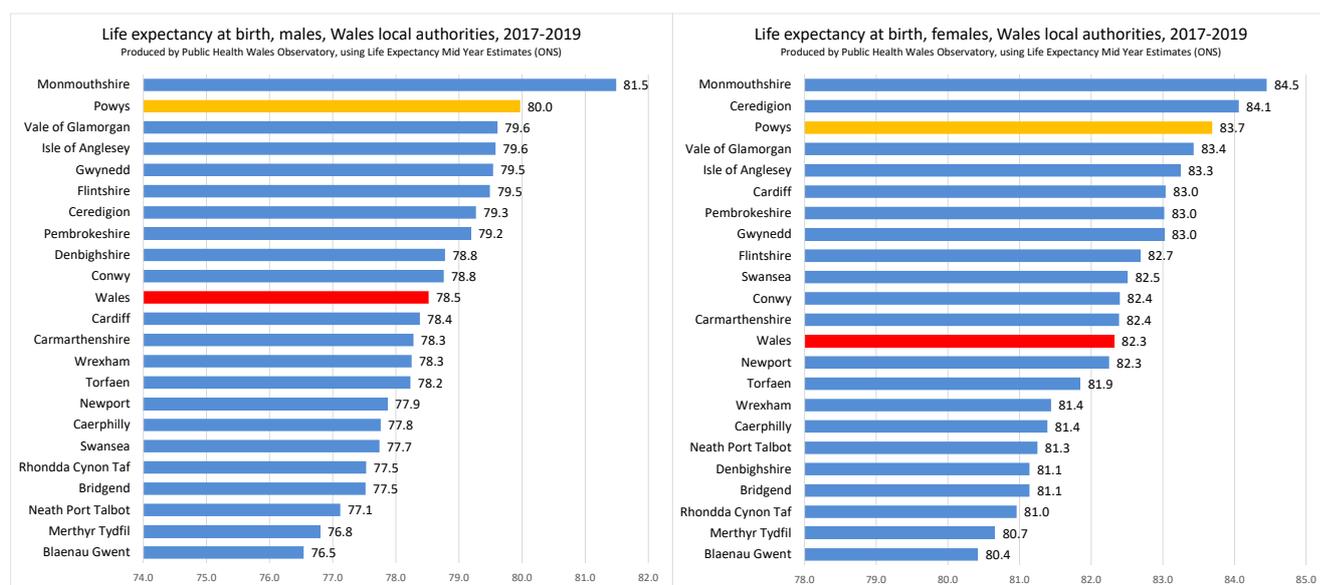


Figure 13 Bar charts showing life expectancy at birth for females and males (ONS, 2020)

A Public Health Wales report from 2020 indicates that there may be a plateauing in life-expectancy improvements in Wales. We also know that this is also occurring in many other developed nations (Public Health Wales NHS Trust, 2020).

Evidence from suggests that a plateau in life expectancy in Wales (which had been improving for many decades) is evident from around 2011 – a phenomenon that has been seen across much of Western Europe – but which occurred earlier in Wales (Public Health Wales NHS Trust, 2018).

This faltering in improvements in mortality has been mainly driven by deaths in the 85 and over age groups. However, it is also true that mortality in 55- to 84-year-olds is no longer declining (Public Health Wales NHS Trust, 2018). The same pattern appears to be occurring at a Powys level, where improvements in life expectancy at birth seem to have stalled in recent years, both for men and women.

Life expectancy in Powys is greater than for Wales overall, but this needs to be seen as part of a bigger picture. Life expectancy at birth in the UK in 2018 to 2020 was 79.0 years for males and 82.9 years for females (ONS, 2018) – in line with the figures for Powys – but international comparison indicates that the UK overall lags, particularly for women, behind

several developed countries on this measure. For example, in 2019 life expectancy at birth in Japan was 81.5 for men and 86.9 for women; for Switzerland it was 81.75 for men and 85.08 for women (WHO, 2021).

Healthy life expectancy

Healthy life expectancy is the average number of years a person can expect to live in good health, assuming that current mortality rates and levels of good health for the area in which they were born applied throughout their lives (Public Health Wales NHS Trust, 2020).

For the period 2017 to 2019, **healthy life expectancy (at birth) for Powys was 66.3 years for women and 63.3 years for men.**

People in Powys can expect to live longer in good health than the population of Wales overall, for which healthy life expectancy is 62.1 for women and 61.2 for men.

Healthy life expectancy in Wales also compares favourably with this indicator for the UK as a whole: for the equivalent period, healthy life expectancy at birth for the UK overall was 62.9 years for men and 63.3 years for women (ONS, 2018).

These overall figures however do not capture inequalities in life expectancy between groups, which are discussed below.

The life-expectancy gap

The Welsh Government produces a relative measure of deprivation called the Welsh Index of Multiple Deprivation (WIMD) (Welsh Gov, 2019). Measurement across eight domains of deprivation (including for example income, employment and housing) allows comparison of relative deprivation at small-area level in Wales. WIMD ranks 1,909 small areas in Wales, named lower super output areas (LSOAs), from 1 (the most deprived) to 1,909 (the least deprived) (Welsh Gov, 2019). These ranks can be used to understand relative deprivation of small areas in Powys.

Powys has 79 LSOAs: 11% (9) of these are in the top 30% most deprived areas of Wales, including:

- Ystradgynlais 1 (in the top 10% most deprived in Wales)
- Llandrindod East/West, Newtown East, Newtown South and Welshpool Castle (all ranked in the most deprived 20% in Wales)
- Newtown Central 1, Newtown Central 2, St John 2 (Brecon) and Welshpool Gungrog 1 (all ranked in the most deprived 30%)

Powys does not contain any LSOAs in the top 10% least deprived in Wales, but 10 LSOAs are in the least deprived 20% including Builth 2, Forden and Guilsfield. And in the top 30% least

deprived, we have a further 16 LSOAs including Crickhowell, Knighton 2 and Newtown Llanllwchaearn North (Welsh Gov, 2019).

[Follow this link to understand more about WIMD in Powys and how we rank against Wales.](#)

Having local measures of deprivation like the WIMD is important when thinking about the health of populations because it allows us to look at relationships between health and deprivation (deprivation is known to have multiple important effects on health). Specifically, we can examine the life-expectancy gap (the difference between life expectancy estimates for different groups) (Public Health Wales NHS Trust, 2020) to allow us to make comparisons between areas with differing levels of deprivation.

Analysis of this kind shows that, while the life expectancy in Powys compares favourably with that in Wales overall, **inequalities persist within Powys itself between the most and least affluent areas:**

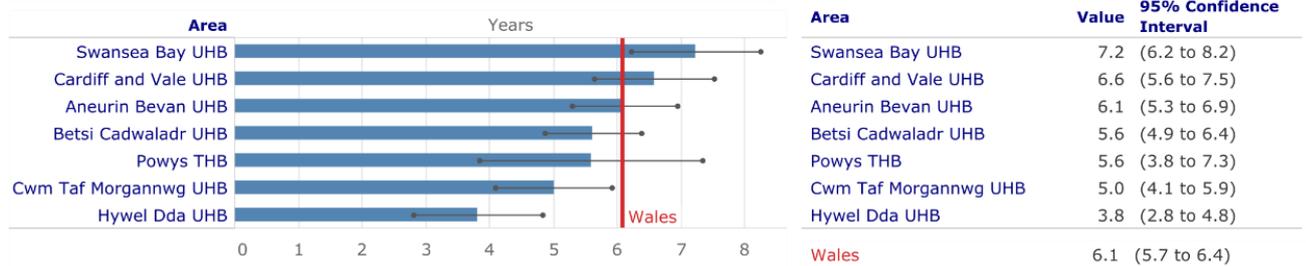
- a girl born in the least affluent parts of Powys **can expect to live 5.6 years less** than if born in the most affluent areas
- a boy brought up in the least affluent areas **can expect to live 6.5 years less in good health**

The life-expectancy gap for each of the health board areas in Wales is illustrated in below.

Gap in life expectancy at birth between the most and least deprived fifth, 2015 to 2017

Years, females, health boards

--- 95% confidence interval

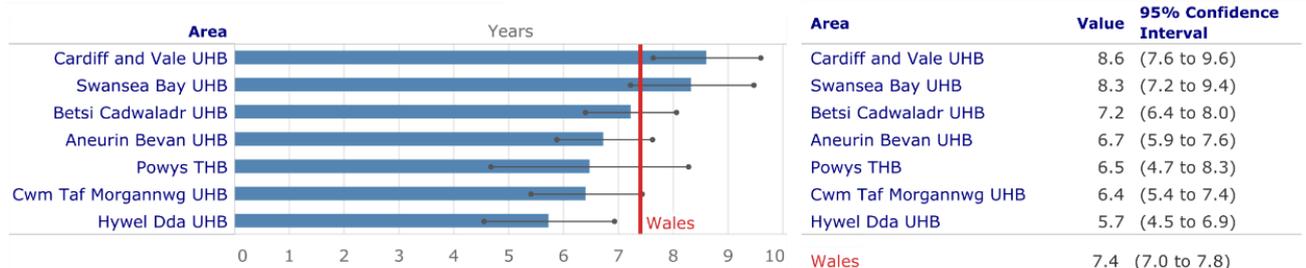


Produced by Public Health Wales Observatory, using WIMD 2014 (WG), PHM and MYE (ONS).

Gap in life expectancy at birth between the most and least deprived fifth, 2015 to 2017

Years, males, health boards

---95% confidence interval



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

Figure 14 Gap in life expectancy at birth between most and least deprived by local authority (Public Health Wales, 2015-17)

Risk factors for poor health

How can we explain the differences in life expectancy and healthy life expectancy, both between Powys and other areas and within Powys? Figure 16 is taken from a Public Health Wales report from 2020 (Public Health Wales NHS Wales Trust, 2019). It illustrates the extent to which different risk factors are important in driving ill health – indicating which risk factors contribute most to the burden of disease in the population of Wales.

Most of these risk factors relate to lifestyle (smoking, diet, alcohol and drug use) or are themselves directly influenced by lifestyle (obesity and overweight, high fasting plasma glucose, high systolic blood pressure, high LDL cholesterol). A key message here is the important effect that risk factors to do with lifestyle play in influencing health.

Top 10 Global Burden of Disease identified risk factors for disability-adjusted life years (DALYs), count, Wales, 2017

Produced by Public Health Wales Observatory, using Global Health Data Exchange (IHME)

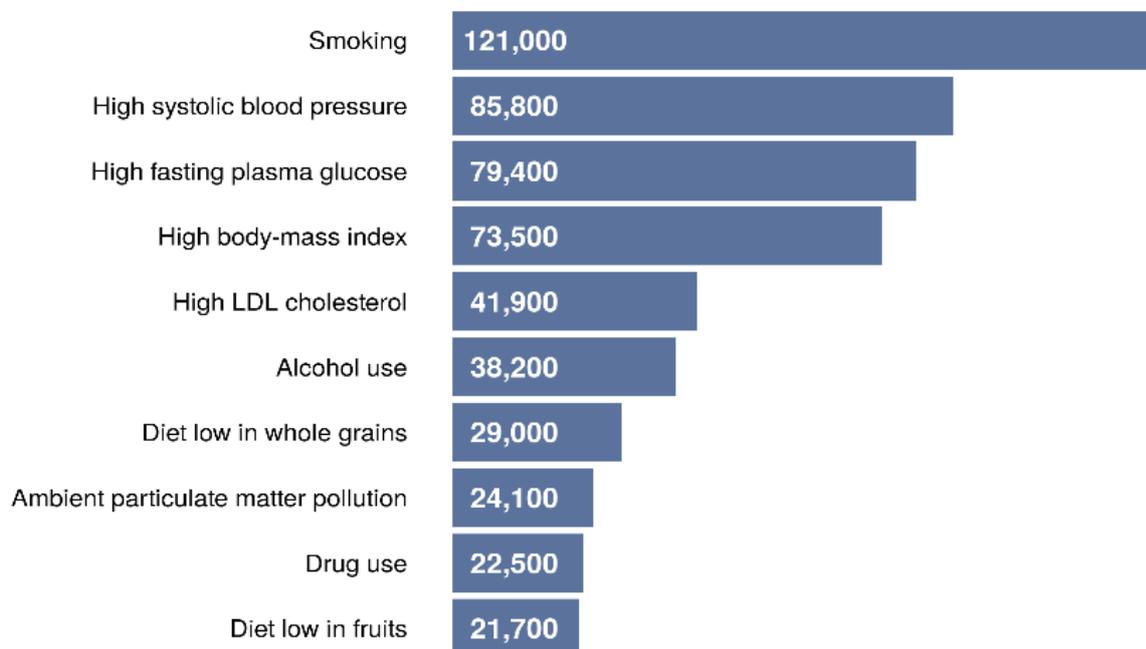


Figure 15 Top 10 global burden of disease identified risk factors for disability adjusted life years (Public Health Wales, 2017)

Lifestyles and the environment around us are key drivers of the health of our population. They have a much larger role in determining a population's health than do other influences such as the provision of health and social care services. Understanding how the Powys population is affected by these risk factors is important if we want to systematically improve the health of our population.

When compared with the rest of Wales, Powys adults tend to have healthier lifestyle behaviours (though this is not true for all risk factors). Using National Survey for Wales data (2020) we can understand how Powys compares to the other 22 local authorities and against the Welsh average for a number of these risk factors (Welsh Gov, 2020).

Smoking

Smoking is a key determinant of population health, being the **single greatest cause of preventable death**. Smoking causes a range of cancers, cardiovascular diseases and respiratory conditions (for example chronic obstructive pulmonary disease and emphysema).

- **14.5% of adults in Powys currently smoke** (Wales 17.4%). Powys ranks the 4th lowest amongst the 22 local authorities in Wales for smokers (Welsh Gov, 2020).
- **27.3% of Powys adults are ex-smokers** (Wales 29.3%), ranking Powys as the 6th lowest amongst the 22 local authorities in Wales (Welsh Gov, 2020).

Alcohol consumption

The proportion of adults over 16 whose **weekly average alcohol consumption** is over guidelines is higher than the percentage for Wales overall.

- **19.7% of adults in Powys** have a weekly average alcohol consumption **over guidelines (above 14 units)**. This is above the Welsh average of 18.6%. Powys ranks 8th highest amongst the 22 local authorities in Wales.
- **17.4% of adults in Powys** have a weekly average alcohol consumption that is **hazardous (between 14 and 50 units)**. This is above the Welsh average of 16.1%. Powys ranks 9th highest amongst the 22 local authorities in Wales.
- **2.3% of adults in Powys** have a weekly average alcohol consumption that is **harmful (over 50 units)**. This is below the Welsh average of 2.5%. Powys ranks 10th highest amongst the 22 local authorities in Wales (Welsh Gov, 2020).

Diet and physical activity

As well as being important risk factors in themselves, diet and physical activity in the population are key drivers of obesity. In this assessment, we have looked at consumption of fruit and vegetables as a useful indicator of the quality of a person's diet. The percentage of adults **who ate at least five portions of fruit or vegetables** (the previous day) is higher than the Welsh average, and the percentage who ate less than or no fruit or vegetables (the previous day) is lower than the Welsh average.

- **27.3% of adults in Powys** ate at least five portions of fruit or vegetables (the previous day). This is above the Welsh average of 24.3%. Powys ranks 6th highest amongst the 22 local authorities in Wales.
- **65.9% of adults in Powys** ate some, but less than five portions of fruit or veg (the previous day). This is below the Welsh average of 67.8%. Powys ranks the 5th lowest amongst the 22 local authorities in Wales.
- **6.7% of adults in Powys** ate no fruit or veg (the previous day). This is below the Welsh average of 7.9%. Powys ranks the 8th lowest amongst the 22 local authorities in Wales (Welsh Gov, 2020).

The level of **physical activity** is also better in Powys than in Wales overall.

- **60.8% of adults in Powys** were active for at least 150 minutes (in the previous week), meeting the minimum required guidelines for activity. This is above the

Welsh average of 53.2%. Powys ranks 4th highest amongst the 22 local authorities in Wales.

- **12.7% of adults in Powys** were active for between 30 to 149 minutes (in the previous week), below the guidelines. This is below the Welsh average of 13.9%. Powys ranks the 10th lowest amongst the 22 local authorities in Wales.
- **26.4% of adults in Powys** were active for less than 30 minutes (in the previous week), below the guidelines. This is below the Welsh average of 33%. Powys ranks second lowest amongst the 22 local authorities in Wales (Welsh Gov, 2020).

[Follow the link to look at more lifestyle factors and how Powys ranks against Wales, click here to explore our interactive report.](#)

Obesity and overweight

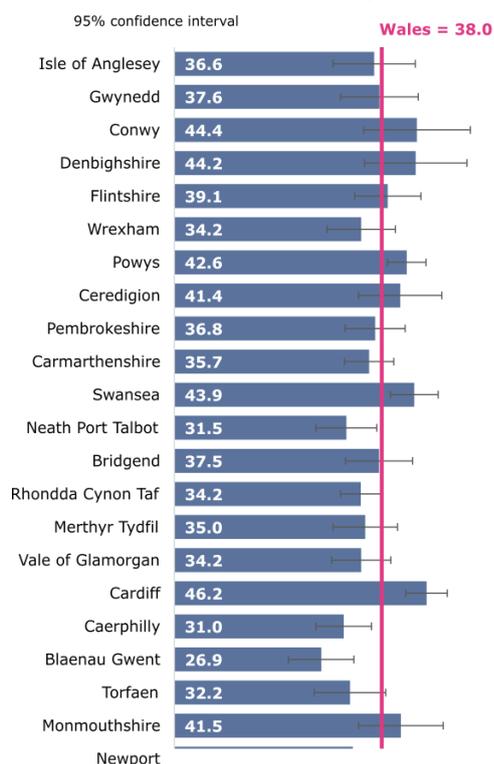
In Powys, **nearly 6 in 10 adults are overweight or obese and this is predicted to continue to rise.**

Obesity and overweight are associated with several serious conditions, including type 2 diabetes, hypertension, coronary heart disease, stroke, osteoarthritis and cancer (Dixon, 2010). Overweight and obesity are important over the life course of an individual, with childhood patterns of weight often carried over into adulthood (Inge, 2013) (International Journal of Obesity, 2011). Figure 17 shows the percentages of people in Powys who were of healthy weight (using most recently available data) for two different groups: working-age adults and older adults. Both groups in Powys have a higher proportion of people of a healthy weight than the Wales population overall.

- **42.6% of working-age adults (aged 16–64) in Powys are of a healthy weight.** This is higher than the Welsh average of 38%. Powys ranks 7th highest amongst the 22 local Authorities in Wales.
- **42.2% of older adults (aged 65+) in Powys are of a healthy weight.** This is higher than the Welsh average of 38.1%. Powys ranks 7th highest amongst the 22 local authorities in Wales.

**Working age adults of a health weight, percentage, persons aged 16 to 64,
Wales local authorities, 2017/18 - 2019/20**

Produced by Public Health Wales Observatory, using NSW (WG)



**Older adults of a healthy weight, percentage, persons aged 65+,
Wales local authorities, 2017/18-2019/20**

Produced by Public Health Wales Observatory, using NSW (WG)

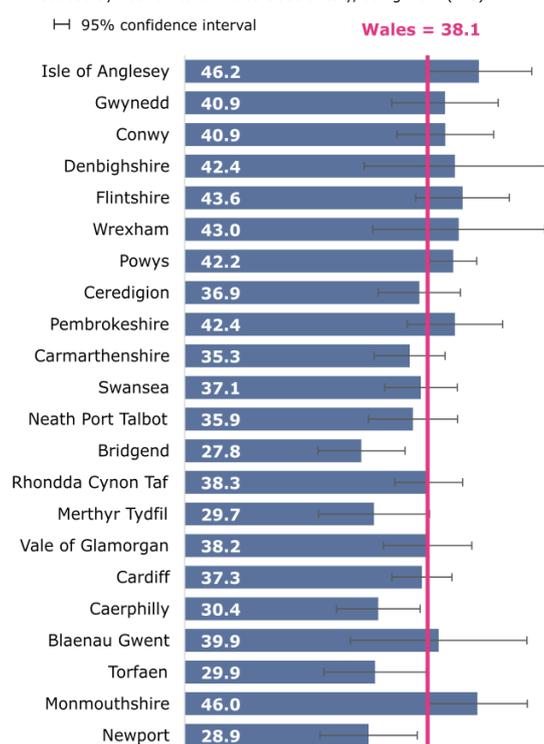


Figure 16 Working-age adults of a health weight (Public Health Wales, 2017/18–2019/20)

Figures for childhood obesity for different health boards in Wales are shown in Figure 18. In Powys in the year 2017/18:

- **75.5%** of children aged five were healthy or underweight. This is higher than the Welsh average of 73.6%.
- **24.5%**⁶ were overweight or obese, which is lower than the Welsh average of 24.5%.

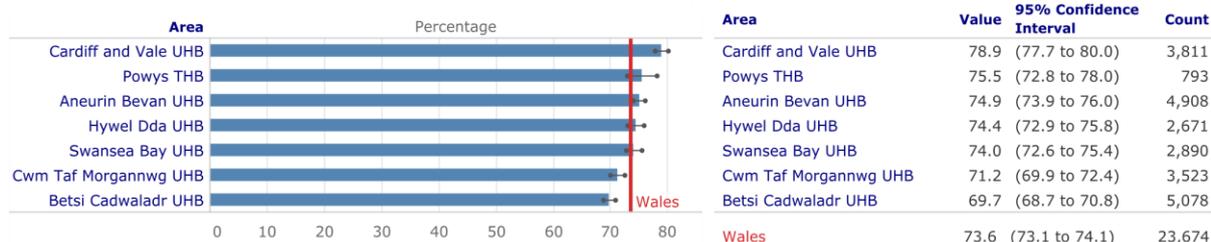
(Public Health Wales, 2017/18)

⁶ Percentage implied from the difference in those who were of a healthy weight.

Children age 5 of healthy weight or underweight, 2017/18

Percentage, health boards

--- 95% confidence interval



Produced by Public Health Wales Observatory, using CMP (NWIS).

Figure 17 Children aged 5 of healthy weight or underweight 2017–18 (PHW, 2017/18)

Air quality

An important environmental risk factor for ill health is the quality of the air that we breathe, because poor air quality has effects on respiratory and cardiac disease and can lead to lung cancer and stroke (Environmental pollution, 2008). Nitrogen dioxide (NO₂) is a gaseous pollutant and exposure to outdoor NO₂ is mainly related to road traffic emissions. Average nitrogen dioxide levels are a useful proxy indicator of overall air quality.

For this indicator Powys ranks second lowest of local authorities in Wales. Average NO₂ is 4.4 in Powys, compared to the Welsh average of 9.2. Predominantly this can be explained by the rural nature of the county. The NO₂ pollutant has decreased in Powys over the years; since 2007 it has almost halved from 7.92 to 4.38 in 2019.

[Follow the link to understand more about air pollutants in Powys and how we rank against Wales, click here to explore our interactive report.](#)

Loneliness and social isolation

Loneliness and social isolation have effects on physical health (where effects include cardiovascular disease, inflammation and functional decline) as well on mental health – where effects include depression, increased risk of suicide and cognitive decline (International Psychogeriatrics, 2019) (International psychogeriatrics, 2019) (Journal of Ageing Life Care, 2018). They are also associated with an overall increased risk of dying. The effects of loneliness occur at every stage of life, but older people are particularly at risk (International Journal of Obesity, 2011) (Journal of Ageing Life Care, 2018).

In the most recently available data, **17% of people in Powys report feeling lonely** – applied to the current population, this would mean approximately 22,600 residents across Powys. This percentage is higher than Welsh average of **15.5%** (though this difference is not statistically significant). The figures for each of the local authority areas in Wales are illustrated in Figure 19.

People feeling lonely, age-standardised percentage, persons aged 16+, local authorities, 2019-20

Produced by Public Health Wales Observatory, using NSW (WG)

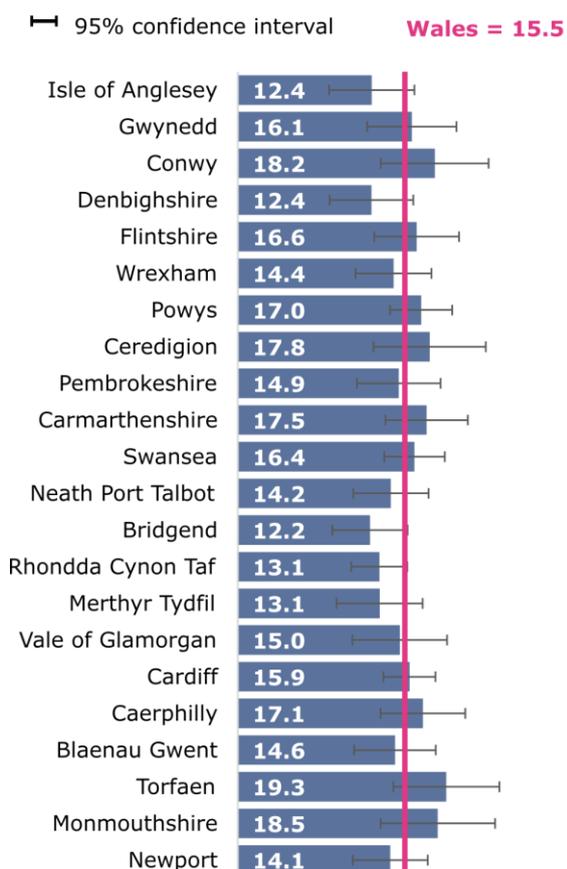


Figure 18 People feeling lonely by local authority (Public Health Wales, 2021)

COVID-19

The coronavirus pandemic has disproportionately hit older people and those with underlying health conditions. In nearly all countries, **at least 90% of COVID-19 deaths were amongst people aged 60 and over**. In many, about half or more were amongst residents in long-term care facilities. There has been a clear social gradient in COVID-19 deaths.

Underserved people, people living in deprived areas and ethnic minorities have been disproportionately affected. Those groups most affected are those that were already experiencing the greatest vulnerability to poor health and well-being (PTHB, 2021).

Table 1 COVID-19 related vulnerability: the most affected. Source: Public Health Wales

Direct health impact – contracting infection, severe illness, death	Indirect impact – through the five essential conditions (wider determinants of health)
People with pre-existing chronic conditions or disability Minority ethnic groups, especially Black and Asian People living in areas of higher socio-economic deprivation People living in, and at risk of, poverty and social exclusion Self-employed, those in insecure/informal/low-income employment (often key jobs) Front-line health or social care workers Living or working in crowded conditions, such as meat processing plants Marginalised or transient groups, such as homeless people, refugees and migrant workers, prisoners Those who do not have basic water, sanitation or hygiene facilities	
Older age Men Living in a care home	Children and young people Women, especially mothers Unskilled workers

Alongside the elderly, young people have been impacted by the pandemic. COVID-19 response measures have included mass school closures for prolonged periods, **resulting in negative impacts on child development, health and well-being, educational attainment, future educational and employment prospects, family income and the overall economy.** Lockdowns have been associated with direct negative psychosocial impacts, including lack of social contact, for example, for those aged 12 to 18 years; and experiencing loneliness for those aged 16 to 24 years.

For many people, **COVID-19 has been experienced as a syndemic** – a co-occurring, synergistic pandemic that interacts with and exacerbates existing chronic diseases and social conditions.

The estimated overall impact of COVID-19 on some specific conditions is set out below.

- The proportion of working-age adults *limited a lot by long-standing illness* is projected to increase from 18.1% in 2019/20, to 24.4% in 2022/23. **In Powys, this is 4,719 more adults.**
- The proportion of working-age adults with *musculoskeletal problems* is projected to increase from 17.1% in 2019/20, to 19.4% in 2022/23. **In Powys, this is 1,723 more adults.**
- The proportion of working-age adults with *heart and circulatory problems* is projected to increase from 12.8% in 2019/20, to 15.5% in 2022/23. **In Powys, this is 2,023 more adults.**

- The proportion of working-age adults with *respiratory problems* is projected to increase from 8.2% in 2019/20, to 10.6% in 2022/23. **In Powys, this is 1,797 more adults.**
- The proportion of working-age adults with *endocrine and metabolic problems* is projected to increase from 7.9 in 2019/20, to 10.9% in 2022/23. **In Powys, this is 2,247 more adults.**
- The proportion of working-age adults with *mental health problems* is projected to increase from 8.8% in 2019/20, to 11.9% in 2022/23. **In Powys, this is 2,322 more adults.**

(Public Health Wales, 2021)

The **four harms from COVID-19** will continue to exert an effect both in the short and longer term.

1. Direct harm from infection	<p>Acute infections, hospitalisations and deaths</p> <p>Longer-term complications of COVID-19 infection and hospitalisation</p> <p>Long COVID</p>
2. Indirect harm from overwhelmed services	<p>A profound shock to the NHS and social care systems</p> <p>There has been a major decrease in elective and emergency hospital admissions in Wales in 2020 when compared to 2019</p> <ul style="list-style-type: none"> • 55% decrease for elective admissions • 30% decrease in emergency admissions
3. Indirect harm from changes in health-seeking behaviour	<p>Limited access to prevention, treatment and rehabilitation services, such as:</p> <ul style="list-style-type: none"> • Cancer screening and treatment • Mental health referrals, despite increasing demand <p>Changes in health-seeking behaviours and the availability of access to essential diagnostic services may result in additional deaths from cancers (including breast, colorectal, lung and oesophageal) in the medium (1 year) and long term (5 years)</p>
4. Indirect socio-economic harms	<p>22% of households in Wales lost at least 20% of their weekly income between February and April 2020</p>
5. Harms arising from the way COVID-19 has exacerbated existing, or introduced new, inequalities in our society	<p>Socio-economic gradient in hospitals and deaths</p> <p>The rate of hospital admission and death from COVID-19 in the 20% most deprived areas in Wales is double that in the 20% least deprived</p>

(Welsh Gov, 2021)

(Welsh Gov Technical Advisory Group, 2021)

Our understanding of the population health impact of the coronavirus pandemic is still developing, and this will need to be kept under review as new research and intelligence is published particularly in respect of long COVID.

Summary of population health in Powys

In general, Powys compares favourably with Wales overall in terms of key population health indicators such as life expectancy and healthy life expectancy. However, there is no room for complacency: international comparison shows that Wales and Powys fall short of the healthiest countries on these indicators; the last decade has seen a concerning stalling in the improvements in life expectancy that previous decades had seen; the most deprived parts of Powys are notably less healthy than the least deprived – inequality in outcomes remains a significant challenge.

Likewise, many of the population levels of key risk factors in Powys look good compared to Wales overall but addressing inequality in Powys and moving life expectancy in Powys towards that of the healthiest nations will inevitably require sustained focus on improving population risk factors – partly through the way we provide services, but also through our wider partnership efforts.

Achieving the effects that we want to see has become more difficult in the face of the global pandemic: our understanding of its many effects on population health is still developing, but it is already clear that COVID-19 has brought with it widespread and interacting effects on many factors that influence population health.

4. Physical disabilities and sensory impairment

4. Physical disabilities and Sensory Impairment	58
Physical Disability	58
What have people said	60
Sensory Impairment	61
What have people said	62

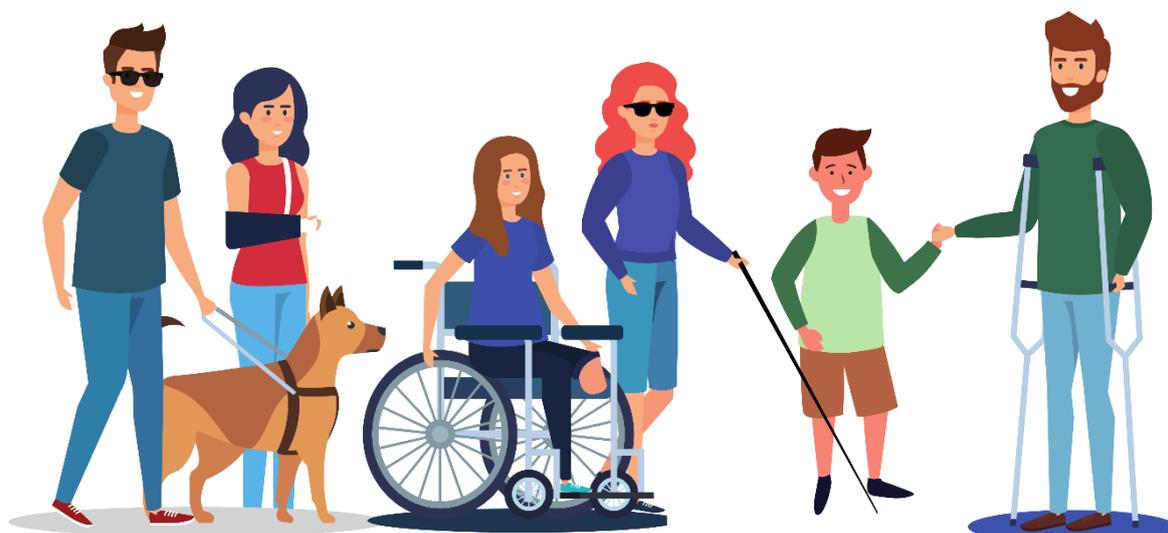
Physical disability

A physical disability is a limitation on a person's physical functioning, mobility, dexterity or stamina. Other physical disabilities include impairments which limit other facets of daily living, such as respiratory disorders, blindness, epilepsy and sleep disorders.

In Powys, 35.67 people per 1,000 of the population are recorded as having a physical disability (in Wales as a whole, this figure was 9.17 per 1,000 population in March 2018). Powys is the second highest local authority in Wales with only Conwy being higher with 35.97 residents per 1,000 population.

(Welsh Gov, 2019)

Note: The registers of people with physical or sensory disabilities include all persons registered under Section 29 of the National Assistance Act 1948. However, registration is voluntary, and figures may therefore be an underestimate of the numbers of people with physical or sensory disabilities.



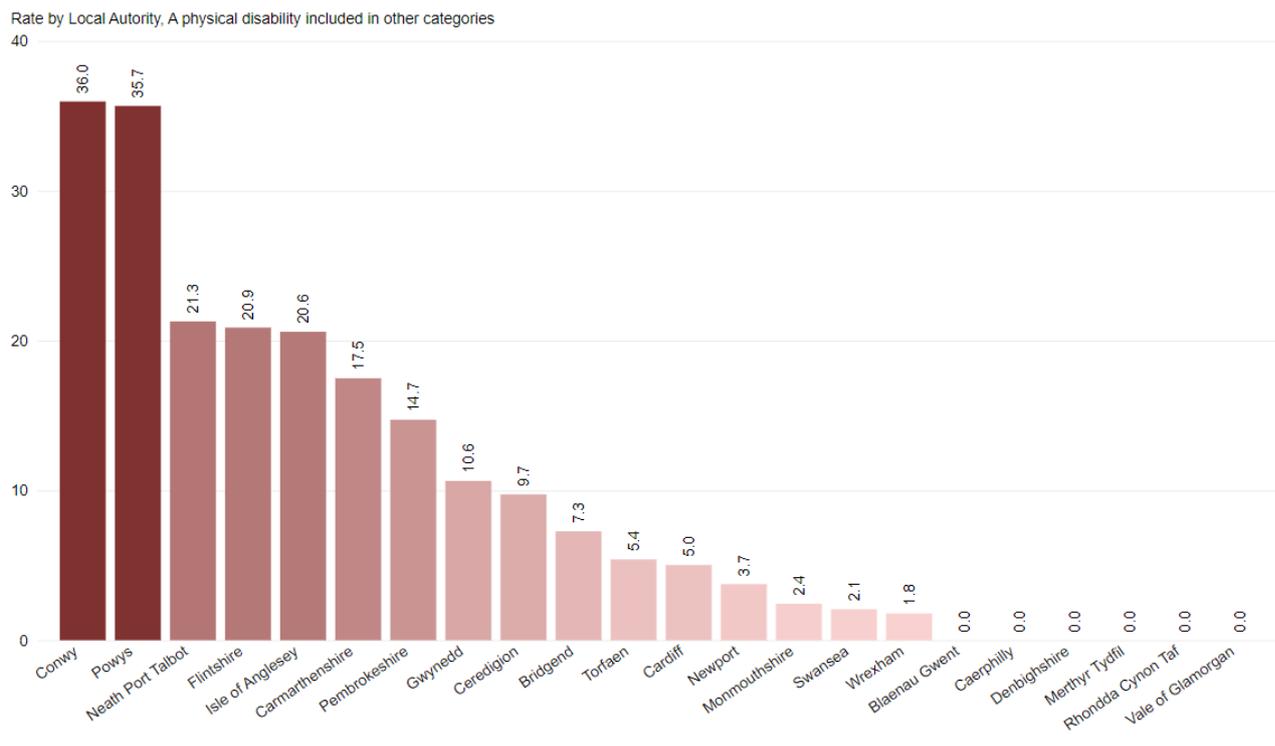


Figure 19 Rate of persons (per 1,000 population) with a physical disability by local authority (Welsh Gov, 2019)

[Follow this link to view more information about disability and sensory lost via our interactive report.](#)

There are three types of payments you can receive if you are registered with a disability:

- Disability Living Allowance (DLA)
- Personal Independence Payment (PIP)
- attendance allowance

DLA has been discontinued by the government and is gradually being replaced by PIP (UK Gov, 2021).

In Powys, 20% of people of working age are classed as Equality Act core or work-limiting disabled (Wales is 23%, 2015).

5% of working-age people were claiming DLA.

In February 2021, there were 2,577 Powys residents claiming DLA. The highest locality was Ystradgynlais with 466 residents, followed by Newtown locality with 341 residents claiming. The localities with the lowest number were Llanidloes, and Hay and Talgarth, with 97 of residents claiming.

In the same period, there were 6,270 Powys residents claiming PIP. The highest locality was Newtown with 1,032 residents, followed by Ystradgynlais with 860 residents claiming.

Population Needs Assessment – Regional Partnership Board

The locality with the least number of residents claiming PIP was Crickhowell, with 199 in February 2021.

As of October 2021, there were a total of **3,437 carers registered with Credu** in Powys: 2,390 are adult carers defined as persons aged 26 years and over, and 870 are young carers (177 carers registered are of unknown age).

Of those adult carers, 22% (518) reported as having a physical disability/illness as the highest type reported. Of those young carers 6% (48) reported as having a physical disability/illness as the highest type reported. For more information about Carers in Powys please see the Carers section.

What have people said?

[Wales Neurological Alliance](#) members in Powys took part in a small, virtual focus group (January 2022) and told us:

Support is needed with PIP assessments from someone with an understanding of the long-term issues of living with a specific chronic condition. Advocacy and help is needed in terms of attending the PIP appointment. There was concern that the PIP is only valid for three years and reassessment due.

Sian who has Multiple Sclerosis (MS) said: “The PIP assessment and process was very stressful, complex and daunting. The form was horrendous. Without the support of the MS Society I wouldn’t have been able to complete it alone. I worry that many others don’t have the support that I was fortunate to get through the MS Society project.”

The pandemic has resulted in huge disruption to care and treatment for people with disabilities. Examples include delays in scans and tests and treatment plans

Feedback from a family in North Powys caring for their child with a long-term and chronic illness raised concerns about:

- Finances due to travel costs for the long journeys to hospital and while being unable to work due to caring responsibilities, one family has had to re-mortgage their house to pay for the increased costs.
- Mental health of their child and the rest of the family due to the stressful situation they find themselves in.

Integration of the services from social services, education, health care and CAMHS is needed to support these families.

In the Living in Powys well-being survey, respondents were asked if they *considered themselves to be disabled*, and 13% answered yes. Of those:

- 23% highlighted that they had mental health issues

- 9% had a learning disability or difficulty
- **39% had physical/mobility impairment**
- 13% had hearing impairment
- 1% had visual impairment
- 2% had speech impairment

Sensory impairment

Sensory impairment is the common term used to describe deafness, blindness, visual impairment, hearing impairment and deafblindness.

Sensory impairment can be a significant life-limiting condition and its incidence increases with age. This means the challenges associated with the condition are likely to grow over coming decades. Accelerating factors in relation to sight loss include diabetes and obesity.

People with sensory impairment have a range of care and support needs. Early identification is vital, as is prevention, support to reduce loneliness, isolation and promote mental health, and well-being and measures to support access to employment.

Effective care and support are likely to reduce other risks associated with age and frailty, such as falls. A range of services are available across Wales. These provide a foundation for improvement in the future. Improvements need to focus on further development of generic and specialist services and improving access to other services for people with a sensory impairment. This will require collaborative approaches to ensure consistency and that common challenges are addressed.

We employ fully qualified rehabilitation officers who will assess a person with sensory loss needs and help the individual learn new skills and provide information to carers. An assessment aims to identify problems that sensory impairment causes on a day-to-day basis. The rehabilitation officers work with individuals to put together a rehabilitation plan which will list the help needed to live independently.

Wales Council of the Blind and the wider sight loss sector are concerned about the reducing numbers of rehabilitation officers for the visually impaired (ROVIs) in Wales. The recommended number is 1 per 70,000 residents. There are 30.3 full time equivalent (FTE) in Wales compared to the recommended 44.9 FTE recommended. This shortfall will exacerbate an already challenging scenario where COVID-19 restrictions have created both a backlog of cases and additional cases due to lost skills and the impact of reduced services in primary and secondary healthcare.

ROVIs are the only specialists qualified to work within social care with adults with sight loss. This reduction threatens the independence and well-being of future generations of blind and partially sighted people in Wales.

Only six local authorities meet the minimum standard of employed ROVIs. Powys County Council is 7th out of the 22 local authorities with 1.8 FTE when the recommended is 1.9 FTE (-0.5%) The worst of the local authorities is Cardiff with only 1 FTE out of the recommended 5.2 FTE (-81%).

The latest data available (2018) shows there are **11.83 people per 1,000 population in Wales registered with having a sensory impairment**. Powys is the highest local authority in Wales with **22.36 people per 1,000 population registered with a sensory impairment**.

The rate of people registered as severely sight impaired in **Wales is 2.07 people per 1,000 population**. Powys has the highest rate out of the 22 local authorities, with **3.56 people per 1,000 population registered as severely sight impaired** (Welsh Gov, 2019).

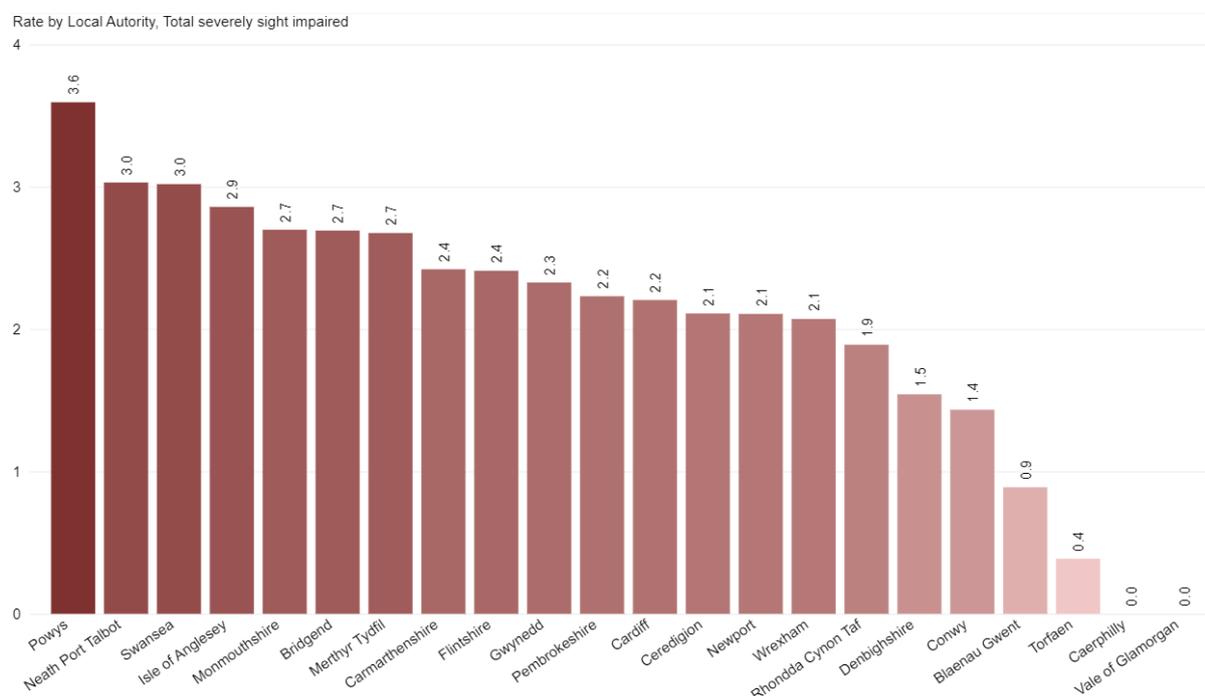


Figure 20 Rate of persons (per 1,000 population) who are severely sight impaired (Welsh Gov, 2019)

Note: The registers of people with physical or sensory disabilities include all persons registered under Section 29 of the National Assistance Act 1948. However, registration is voluntary, and figures may therefore be an underestimate of the numbers of people with physical or sensory disabilities.

[Follow this link to view more information about disability and sensory lost via our interactive report.](#)

What have people said?

In the Living in Powys well-being survey, respondents were asked if they *considered themselves to be disabled*, of the which 13% answered yes. Of those

- 23% highlighted that they had mental health issues
- 9% had a learning disability or difficulty
- 39% had physical/mobility impairment
- **13% have hearing impairment**
- **1% have visual impairment**
- 2% speech impairment

5. Learning disability and autism

5. Learning disability and autism.....	64
Learning Disability	64
Children with Learning disabilities	65
Powys County Council Inclusion Team	68
Powys Inclusion Panel.....	68
Older people with learning disabilities and autism.....	69
Supported Housing	70
What have people said?.....	73
What issues do we need to address in the next plan?	74
Autism Spectrum Disorder (ASD)	74

Learning disability

People who have a learning disability and their families want to live as independently as possible, socialise in their local community and live as full a life as possible.

Powys County Council has several systems in place to support people to access services and support. These include assessment and care management systems, resource allocation systems, continuing health care, health checks, direct payments, transition arrangements, ongoing consultation, planning and strategy systems.

Learning disability services in Powys are provided by the two statutory authorities and by independent sector providers. The joint learning disability services in Powys includes consultant psychiatrist, psychologist, social workers, speech and language therapist, occupational therapist, community support officers, health care assistants, community learning disability nurses, physiotherapist, clinical nurse specialist and team leaders.

A range of long-term and short-term accommodation services are commissioned in Powys, including residential care placements and supported living tenancies. However, there are also people that are placed out of county. These placements include small domestic settings, residential homes, residential specialist colleges, specialist behavioural facilities and larger residential communities catering for a diversity of service users with differing disabilities, care needs and behaviours which challenge services. To enable these people to return home would require an appropriate support within health and social care to sustain local placements.

National research shows that approximately **2.16% of the adult population** will have learning disabilities and approximately **2.5% of children in the UK** are believed to have a learning disability (Mencap, 2019).

In Powys, there **were 401 people with a learning disability entered on the register** on 31 March 2021. Of these, 380 (94%) are living within their communities. (PCC, 2021)

- **15% are living in their own home**
- **34% are living with parents or family**
- **0.5% are living in foster homes**
- **45% are living in lodgings and supported living**
- **5% are in a local authority residential accommodation**

Table 2 Number of persons on the register of people with a learning disability as at 31 March 2021 (PCC, 2021)

Place of residence	Aged under 16	Aged 16 to 64	Aged 65 and over	Total 2021
Community placements a. own home		42	20	62
Community placements b. parents/family	30	99	6	135
Community placements c. foster home	2	2	0	4
Community placements d. lodgings/supported living	0	132	47	179
Community placements e. subtotal (a–d)	32	275	73	380
Health service accommodation (inc. hospitals/hostels etc.)	0	0	0	0
Local authority residential accommodation (staffed or unstaffed)	1	8	12	21
Private or voluntary residential accommodation (staffed or unstaffed)	0	0	0	0
Other accommodation	0	0	0	0
Total 2021	33	283	85	401

Children with learning disabilities

There are three different individual development plans (IDPs) used in Powys County Council Schools.

- **School Action:** School Action is defined as provision that is “additional to or otherwise different from” expected mainstream differentiated provision. It will be made available at the earliest possible stage to any pupil who experiences greater difficulty in learning than the majority of their peers.
- **School Action Plus:** School Action Plus external support services, both those provided by the local education authority and by outside agencies, will usually see the child, in school if that is appropriate and practicable, so that they can advise teachers on new IEPs with fresh targets and accompanying strategies, provide more specialist assessments that can inform planning and the measurement of a pupil’s progress, give advice on the use of new or specialist strategies or materials, and in some cases provide support for particular activities.
- **Statement:** For a small number of pupils, including all those for whom a special school or an out-of-county special school placement is needed, it is possible for the council to maintain a Statement of Special Educational Needs.

There are currently 3,545 (21%) pupils with special educational needs (SEN)/additional learning needs (ALN) in Powys. Of these:

- 57% (2,011) pupils are on School Action
- 32% (1,119) are on School Action Plus
- 12% (415) pupils have statements of SEN
- 279 pupils attend one of the three special schools located in the county
- 138 attend primary or secondary specialist centres based in local schools.

Powys currently has three special schools and two pupil referral unit (PRU) settings, as shown in the figure below.

- Most pupils with SEN/ALN will be taught in their local mainstream school.
- All pupils with SEN/ALN will be placed in a provision that meets their needs, as near to home as is practicably possible, with the appropriate specialist teaching, support and facilities that enables every learner to meet their potential.
- There will be a comprehensive range of specialist provision, including special schools, PRU, specialist centres, satellite centres and early assessment provision.
- This will include both English and Welsh medium provision.
- Special schools will cater for those pupils who have the most complex needs, for example severe learning difficulties, profound and multiple learning difficulties and complex ASD.
- Schools within and across geographical areas will support each other and share effective practice.

(PCC, 2021)

Powys County Council Inclusion Team

The central team for inclusion has been further strengthened with additional appointments and a range of training, coaching and mentoring to upskill officers. As a result, schools in Powys are well supported with an experienced and knowledgeable inclusion team who provide good quality guidance to schools for pupils with ALN.

Powys Inclusion Panel

The Powys Inclusion Panel is a multi-agency referral panel which began in September 2019, following consultation with schools. The key principle of the Powys Inclusion Panel is that there is no “wrong front door”. There are clear terms of reference, which are reviewed annually with stakeholders to ensure that the referral system meets requirements. The Powys Inclusion Panel is attended by a range of multi-agency professionals including schools, children’s services, educational psychology service, sensory service, neuro-developmental service, CAMHS, youth services.

An early years additional learning needs lead officer (ALNLO) has been appointed to support the work of early identification and intervention for children across Powys. The early years ALNLO has developed very effective relationships with colleagues in health and children’s services and with schools and settings. This is a strength of the service. An experienced foundation phase advisory teacher has been appointed as an early years specialist teacher to strengthen the support for ALN to 3+ settings. As a result, good quality training and guidance is provided and there are close working links with the foundation phase advisory team.

Following a recent review with stakeholders, further improvements have been made to improve the referral system, including the development of a Powys Inclusion Panel triage.

Due to the coronavirus pandemic, **the number of referrals, especially related to pupils with anxiety and non-attendance, has significantly increased**, with 90 referrals received by the panel on one occasion. Inclusion and youth services are very proactive in seeking solutions for support to schools by working collaboratively with partners in health and children’s services. As a result, colleagues across these services have established an integrated access to services and an “early help” pilot to support pupils with anxiety, school avoidance and family-related issues. These projects are at an early stage of development and have not been evaluated. However, 73% of headteachers agree or strongly agree that the referral process for pupils with SEN/ALN are clear and effective.

There is a better co-ordinated approach to provision for post-16 SEN/ALN pupils through the post-16 workstream, demonstrating a more co-ordinated approach between school improvement, schools, the SEN/ALN team and other officers. Improved co-ordination between the admissions team and ALN managers ensures that all pupils are placed in the appropriate provision in Powys schools.

Recently ALN managers have provided training on the new Additional Learning Needs and Education Tribunal (Wales) Act 2018 and code for colleagues in children’s services and health and for cabinet. Regular updates are provided for senior leaders, schools and governors, with specific training for additional learning needs co-ordinators (ALNCos). This has led to a common understanding of the requirements and key responsibilities of officers regarding the act across the council. Speech and language therapists have recently engaged in the pre-school project which is being developed to ensure early identification and intervention. We have worked with health and children’s services to map out the provision that is currently in place to develop a co-ordinated approach to supporting young children with SEN/ALN, and we have instigated the joint planning of training with CAMHS, health services (regionally and locally) and integrated autism services.

(PCC, 2021)

Older people with learning disabilities and autism

People with learning disabilities are living longer than in the past and as a result the number of older people with a learning disability is increasing. Approximately 1.5 million people in the UK have a learning disability. This is even though people with learning disabilities are 58 times more likely to die before the age of 50 than the rest of the population.

Older people with a learning disability need more support to age well, and to remain active and healthy for as long as possible. Research by the Disability Rights Commission in 2006 found that people with a learning disability are two and a half times more likely to have health problems than the rest of the community.

- 29,000 adults with a learning disability live with parents aged 70 or over, many of whom are too old or frail to continue in their caring role. Only 25% of these cases have a local authority planned alternative housing.
- Less than 20% of people with a learning disability work but at least 65% of people with a learning disability want to work. Of those people with a learning disability that do work, most work part time and are low paid.
- People with a learning disability are four times more likely to die of preventable causes compared to people in the general population.
- People with a learning disability are 10 times more likely to have serious sight problems and 6 out of 10 people with a learning disability need to wear glasses.

(Powys Teaching Health Board, 2021)

As at 31 October 2021, Powys provides 128 adults with learning disabilities with direct payments to assist them in living independent lives.

- 62.4% of the recipients are male
- 37% are female
- 0.6% are transgender

The age bands of those adults with learning disabilities receiving direct payments are:

- 32% under 25
- 35% aged 25–34
- 24% aged 35–54
- 5% aged 55–64
- 4% aged 65 plus

(PCC, 2021)

What have people have?

In the Living in Powys well-being survey respondents were asked if they *considered themselves to be disabled*, of the which 13% answered yes. Of those

- 23% highlighted that they had mental health issues
- **9% had a learning disability or difficulty**
- 39% had physical/mobility impairment
- 13% have hearing impairment
- 1% have visual impairment
- 2% speech impairment

Supported housing

The Powys accommodation and support delivery plan predicts the likely development of accommodation and support services over the next five years. Although predicting future demand is difficult, it is anticipated numbers will fluctuate due to need, strength-based assessments and the progression model informing move on options future demand for specialist accommodation in Powys shows the need for 72 places by 2026.

The localities with the highest demand are shown in the Demand Forecast image and outlined in the text below, with further details given below.

Current provision 2021:

In county

- Supported housing – 188 placements
- Residential care – 27 placements

Out of county

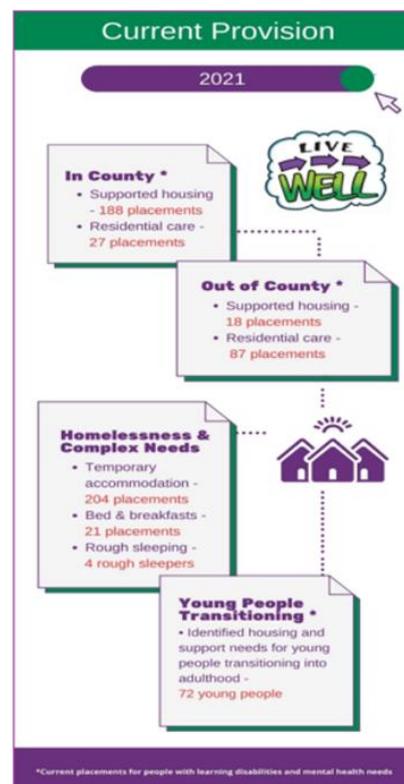
- Supported housing – 18 placements
- Residential care – 87 placements

Homelessness and complex needs

- Temporary accommodation – 204 placements
- Bed and breakfasts – 21 placements
- Rough sleeping – 4 placements

Young people and transitioning

- Identified housing and support needs for young people transitioning into adulthood – 72 young people



Demand forecast 2021 to 2026

- Welshpool area 15
- Newtown area 18
- Llandrindod Wells area 12
- Brecon area 16
- Ystradgynlais area 11
- Total 72

We have identified four ways in which we will drive the strategic intent of an Accommodation and Support Plan for people living with learning disabilities, mental health conditions, multiple and complex needs, and physical and sensory disabilities.

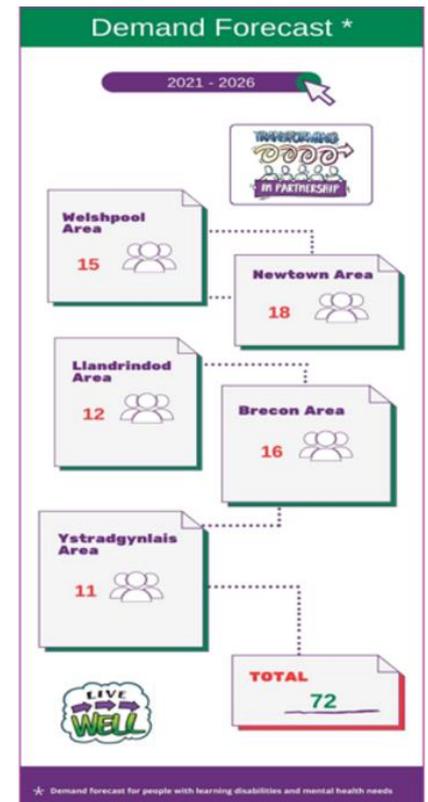




Figure 22 What will we do? Accommodation and support (PCC, 2021)

(PCC, 2021)

What have people said?

In June 2021 BCA Independent Advocacy Services consulted with people who attend our weekly Zoom self-advocacy meetings to find out what services and activities they would like in the future. The answers informed a wider consultation which was posted out to 77 people with a learning disability in south and mid Powys. We received 55 replies: 71% of the people who replied could use Zoom, leaving a significant 29% who could not. Of those who did use Zoom, 36% did not like it, and 70% of respondents wanted more social activities. Replies from the consultation echoed what people have been telling us in the Zoom meetings, that face-to-face contact with other people is greatly valued but people also want meaningful activities.

BCA clients show there is a demand for activities, as demonstrated by a lockdown art project we ran in February/March 2021 – we anticipated 30 participants, but 65 people requested art packs and took part in Zoom art workshops and/or completed artwork at home. Our members consistently tell us that they value face-to-face contact. Our first outside meeting of our Choir Cats singing group in May 2021 was attended by a young man unable/unwilling to access Zoom. It was only the third time he had left his house since September 2020, and he now looks forward to attending every week.

What issues do we need to address in the next plan?

The current issues facing Powys include the following.

- Until recently, the local authority has not had a clear enough vision for learners with SEN/ALN.
- The purpose of some of the specialist provision has been unclear.
- Depending on where pupils live, they have access to a different quality and type of provision.
- Some pupils have to travel long distances to reach a provision that meets their needs.
- Some pupils who are currently placed in specialist provision (special schools or specialist centres) could be educated in a mainstream school.
- Access to provision through the medium of Welsh is inconsistent.
- Mainstream schools do not all have the facilities or expertise required to support pupils with a wide range of learning needs.
- Processes for identifying and providing intervention for pre-school children with SEN/ALN are inconsistent across Powys.

Autism spectrum disorder (ASD)

Autism is a lifelong developmental disability which affects how people communicate and interact with the world (NAS, 2022). Autism is a spectrum. This means everyone with autism is different. Some autistic people need little or no support. Others may need help from a parent or carer every day. Being autistic does not mean you have an illness or disease. It means your brain works in a different way to other people. It's something you are born with or first appears when you are very young. If you are autistic, you are autistic your whole life. (NHS, 2019). There are a range of therapeutic interventions and environmental approaches which can support autistic individuals to maximise their potential.

It is estimated that **autism spectrum disorders (ASD) affect 1 in 100 people in the UK** (NAS, 2022) and in **Powys**, ASDs are the **most common presentation of disability within children** (Integrated Autism Service, 2021)

3.44% of all mainstream pupils have a diagnosis of ASD, or traits associated with autism (PCC, 2022). 5.9% of pupils of all additional learning needs across the county are diagnosed with ASD, or traits associated with autism (PCC, 2022).

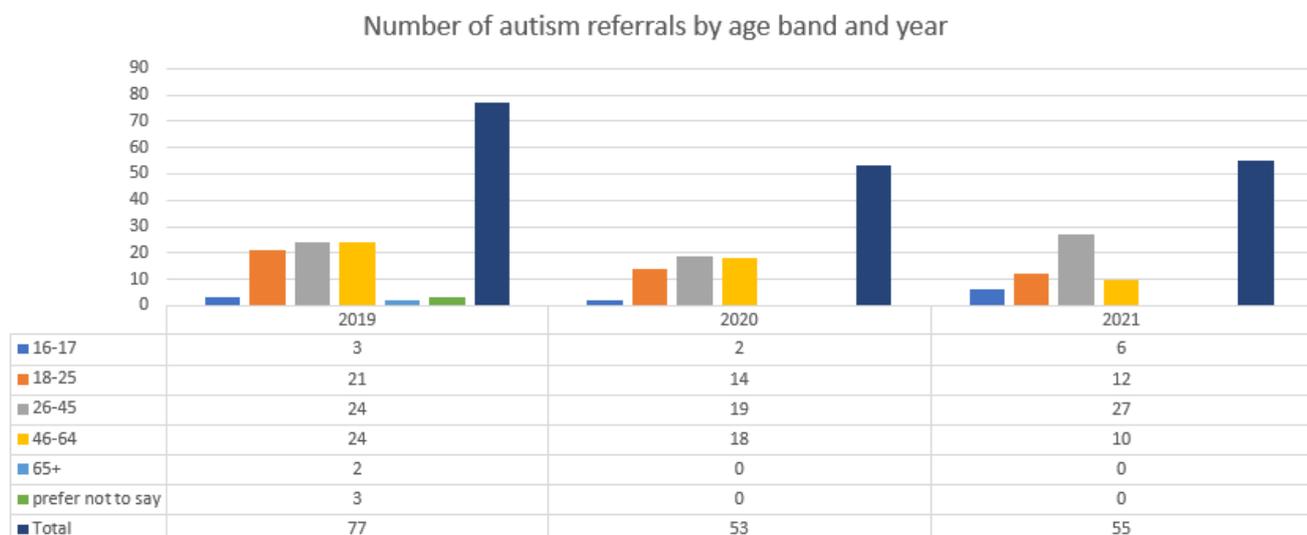


Figure 23 Bar chart showing number of autism referrals by age and year (Integrated Autism Service, 2021)

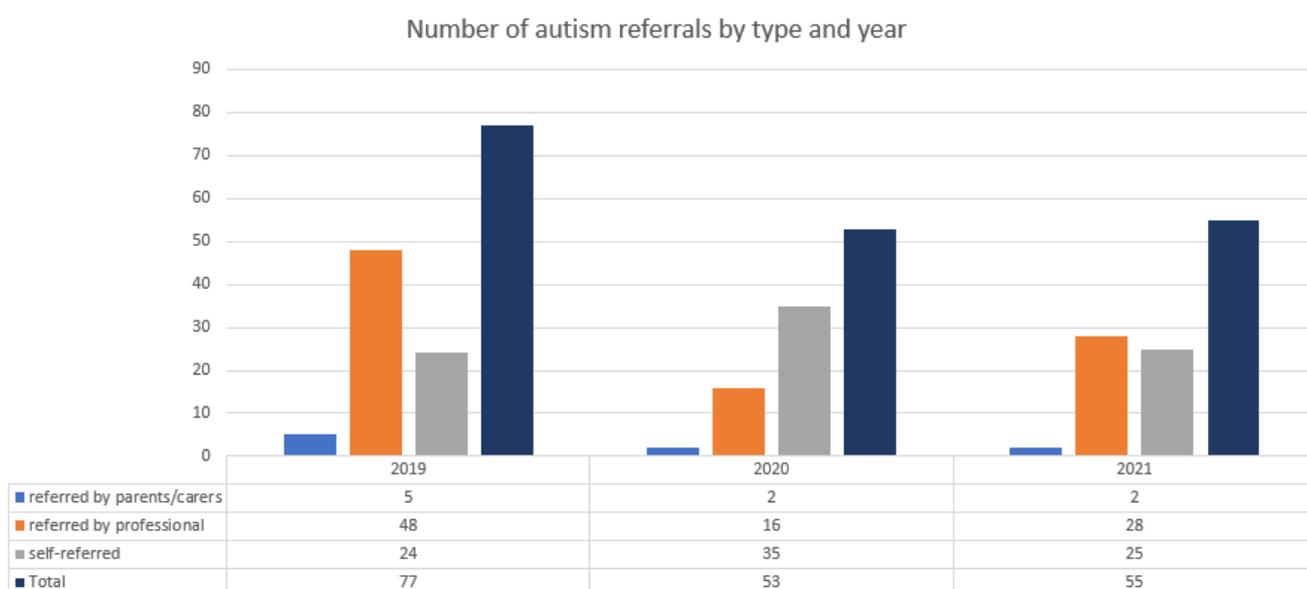


Figure 24 Bar chart showing number of autism referrals by type of referral and year (Integrated Autism Service, 2021)

The Integrated Autism Service (IAS) in Powys has been set up to offer a mix of health and social care expertise.

Powys County Council is working with stakeholders and partner agencies to ensure that it can deliver services for all autistic people and their families and ensure that their voice is heard in all aspects of planning and rollout. We are working to implement the ASD code of practice and are developing systems and processes with autistic people to ensure that support and facilities are fit for purpose and targeted to meet needs.

Historical data shows that adults experienced difficulties accessing assessments and obtaining diagnosis. Even though the IAS improved on performance, the objectives were not achieved due to a combination of staff resignations and COVID-19 when the service was “stepped down” and some staff were redeployed to deliver COVID-19 duties.

Since January 2020 the IAS has restructured the service to improve access to assessment and diagnosis and now has a full complement of qualified assessors.

There are 110 clients on the waiting list for assessment and the **waiting time** (which have been exacerbated by the COVID-19 cessation of the service) **currently stands at 12 months**. Currently there are no clients on the waiting list for support, but it is envisaged that this will increase.



6. Mental health

6. Mental health	77
Mental Health in adults.....	77
What have people said?	81
Evidence of Impact of COVID-19 on Mental Health.....	84
Mental Health in children	86
What have people said?	89

Mental health in adults

Positive mental health is a key factor for good health and relevant to the whole population. In 2007 the World Health Organization stated that there is no health without mental health, which means that public mental health is integral to all public health work. 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 (Powys Teaching Health Board, 2021).

The coronavirus pandemic has had a significant impact on mental and emotional health and well-being. As of January 2022, mental and emotional health services, including primary, secondary and third sector care and support, are experiencing unprecedented requests for help across Wales, for mild to moderate depression, anxiety, bereavement and lingering effects of grief, social isolation and loneliness. The number of people accessing crisis services is also increasing, with emerging needs relating to eating disorders, psychosis and complex needs (including substance misuse and risks of homelessness and debt) all becoming more prevalent.

Depression is the most common mental health problem for older people and prevalence rises with age (Powys Teaching Health Board, 2021).

Women are more often diagnosed with depression than men. **At any one time, around 10% to 15% of the over 65 aged population nationally will have depression and 25% will show symptoms of depression.** The prevalence of depression among older people in acute hospitals is 29% and among those living in care homes is 40%. **More severe depression is less common, affecting 3% to 5% of older people.**

Welsh Government published data shows that in 2020 22.2% of pregnant women under Powys Teaching Health Board presented with mental health conditions at their first

pregnancy appointment. This is a slight increase from the previous year (21.6%). However, it is quite a significant decrease from 2018 (29.6%) (Welsh Government, 2020).

Office of National Statistics data taken during 2020 evidences an increase in mental and emotional health issues. **19% of adults were likely to be experiencing some form of depression during the coronavirus pandemic** in June 2020; this had almost doubled from around 1 in 10 before the pandemic (July 2019 to March 2020) (ONS, 2020). **13% of adults developed moderate to severe depressive symptoms during the coronavirus pandemic.**

People with mental health needs can seek advice and support from their GP. Access to GP surgeries declined during the pandemic, with many people choosing not to contact their GP, due in part to national lockdown(s) and other pressures relating to NHS services. As of January 2022, numbers of people accessing GP services are consistent (and rising) with pre-pandemic requests for help (Powys Teaching Health Board, 2020-2022).

However, two-thirds of older people with depression never discuss it with their GP, and of the third that do discuss it, only half are diagnosed and treated. **This means of those with depression only 15%, or 1 in 7, are diagnosed and receiving any kind of treatment.** Even when they are diagnosed, older people are less likely to be offered treatment than those aged 16 to 64.

It has been estimated that **between 10% and 15% of women suffer from post-natal depression.** In Powys there are approximately 1,000 births per year, which would indicate that around 100 women will suffer post-natal depression.

The most common mental health disorders for the working-age population are anxiety and depression (Social Care Wales, 2017).

According to the pharmaceutical needs assessment (Powys Teaching Health Board, 2021), in the UK:

- 25% of older adults have depression requiring an intervention
- Over 40% of those in their 80s are affected by depression. Over 40% of those in their 80s are affected by depression..
- Depression is the leading cause of suicides in England and Wales each year
- Suicide is more common in men
- Substance misuse is more common in men

In Powys there were **250 admissions to a mental health facilities in 2019–20.** The data shows admissions to mental health facilities in Powys have **decreased by 23%** since 2014–15, which correlates with the decrease for the Welsh average (23.5%).

The figure for Powys is consistently below the Welsh average. Although the numbers seem to be decreasing it is not known if this is because of early prevention or if there are other factors affecting this (Welsh Gov, 2021).

There were **285 suicides in Wales** in 2020 (Office for National Statistics, 2021).

Powys is the **6th highest** local authority with **1.05 suicide death rate per 10,000 population in 2020**, which accounts for 4.9% of all suicide deaths in Wales for 2020.

Over the last 10 years the number of suicides in Powys has ranged between 19 and 21 suicide deaths recorded annually. Between 2015 and 2019, 5.6% of all suicides in Powys were persons aged 25 and under.

The number of suicides in Powys

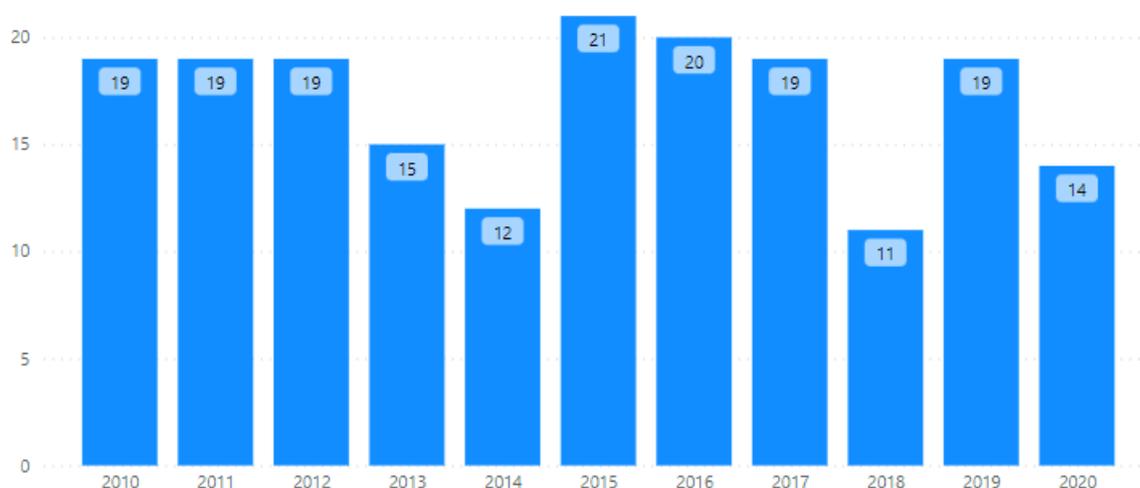


Figure 25 Number of suicides in Powys over time (ONS, 2021)

What do we know about young people's mental health? (Social Care Wales, 2017)

- Suicide is a major cause of death for people aged 15–44.
- One in five deaths of men aged 15–24 is a result of suicide.
- Regions recognise those at higher risk of suicide, particularly young men. One region identifies higher self-harm levels in the LGBT (Lesbian, Gay, Bisexual, Transgender) community and other note the risk factors, such as substance misuse and those more socio-economically deprived.

Dementia is a major public health issue in Wales.

Approximately **42,000 people in Wales** have dementia, although in September 2020 only 22,686 people have a dementia diagnosis. It is most common among older people – dementia affects 1 in 20 over the age of 65 and **1 in 5 over the age of 80**.



Source: Wales: General medical services contract: Quality and outcomes framework Sept 2020

As life expectancy increases, there will be more older people and so more people with dementia (NHS Wales, n.d.) (Health Challenge Wales, n.d.).

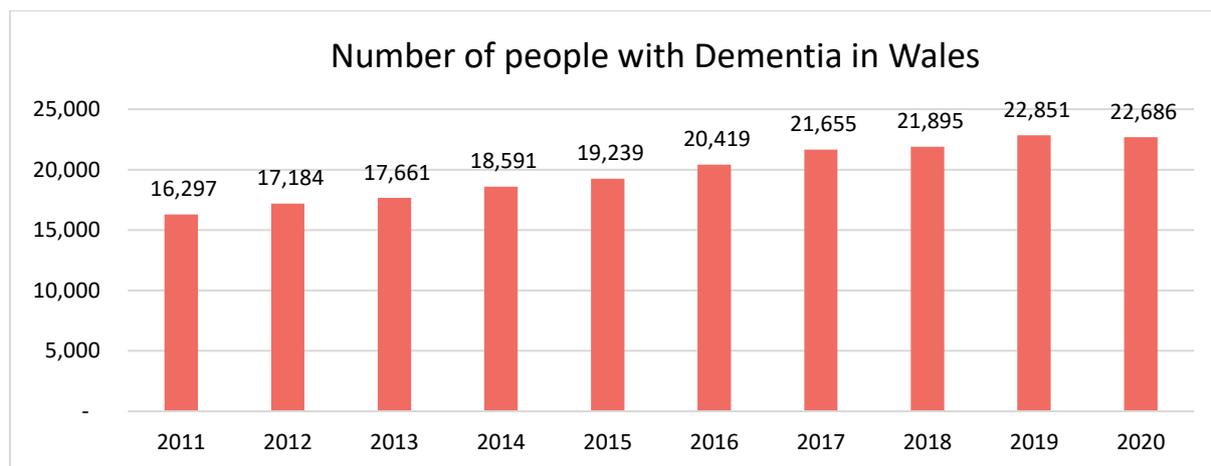


Figure 26 Bar chart showing the number of people in Wales diagnosed with dementia between 2011 and 2020 (Alzheimer's Research UK, 2021)

In **Wales**, between 2015 and 2020, the number of people on the dementia register **increased by 18%**, from 19,239 to 22,686 (Alzheimer's Research UK, 2021).

Between 2010 and 2018, Powys Teaching Health Board had the highest prevalence rate for dementia out of the seven health boards in Wales. This diagnosis rate is calculated by dividing the number of people diagnosed with dementia (as reported in national health statistics) by the total estimated number of people living with dementia. For Powys Teaching Health Board this rate ranged from 59% to 76% between 2010 and 2020.

In 2019 Powys Teaching Health Board dropped to second behind Betsi Cadwaladr Health Board with 76%, continuing its decline in 2020 where Powys Teaching Health Board dropped to being the 4th highest with a rate for dementia of 72%.

The diagnostic rates have been impacted by COVID-19 over the past 18 months as no diagnostic clinics have been held. Powys Teaching Health Board has a current diagnostic rate of 34% but this is predicted to increase when people on the waiting list attend their appointment and receive a potential diagnosis.

The Dementia Care Pathway of Standards was launched in March 2021 following consultation with over 1,800 people. There are 20 standards narrowed down from over 100 Population Needs Assessment – Regional Partnership Board

potential standards which drill down to the details of what people believe will make a positive difference to dementia care in Wales. Powys Teaching Health Board has led the way in arranging a workshop to present the Standards to health care staff, local authority and third sector partners.

Following the workshop four workstreams have been developed to progress the Standards in Powys and memory assessment services feature in 10 of the 20 standards, including improving the diagnostic rates. The Dementia Friendly Hospital Charter has a standard to put principles into practice that reflect the aspirations in the Dementia Action Plan for Wales, covering a number of person-centred and rights-based approaches, which will improve dementia care during a hospital admission.

Establishing the Dementia Care Pathway of Standards in Powys will mean there is a clear focus for the development of robust dementia care provision.

What do we do to support mental health?

In March 2020, all Powys mental health charities stopped their face-to-face services, including drop-in groups and 1:1 counselling sessions. Some restarted some face-to-face sessions once the first lockdown was relaxed, and they had been able to put procedures and equipment in place to allow social distancing.

Across the county, most community centres for mental health and well-being have adhered to Welsh Government guidelines and are open for face-to-face support, by pre-appointment rather than “drop-in”. Where possible, group work is taking place, either outdoors or where facilities enable adherence to social distancing and ventilation guidelines. The third sector has also embraced providing remote access to support, by phone, video or through Facebook and/or other social media methods. Restrictions have not prevented organisations from supporting their communities in whatever way possible, and the number of people seeking support from mental health charities continues to increase (PAVO, 2021).

What have people said?

The Powys Mental Health Planning and Development Partnership has a sub-group for engaging with different service user and carer representatives, along with third sector and multi-agency staff, and seeks to consistently ensure the voice of stakeholders shapes the way our mental health services are developed.

Engage2Change Powys Mental Health Report 2020–21

After engaging with various population groups in Powys, access to timely, in-county mental health services for both children and adults is highly valued. Residents want faster diagnosis and referral with reduced waiting times, coupled with more specialist services provided closer to home. During public engagement for the North Powys Well-being Programme in

2019, there was consensus across all groups for all-age integrated mental health services delivered in county.

When the first COVID-19 lockdown came into force (March 2020), referrals to the SilverCloud service went up from 130 per month to 550, almost overnight. Rapid expansion of the SilverCloud support team was necessary – secondments from other Powys Teaching Health Board teams and Public Health Wales filled the gap to meet the increased demand.

Throughout 2020–21, Engage to Change has undertaken several initiatives to raise awareness of mental health in Powys. In spring 2020, a survey was released to capture people’s experiences of accessing Powys mental health services during the pandemic. Feedback was varied but provided valuable insight into the needs of the population. The results helped us identify future areas of investment such as befriending and support services for younger people.

The Patients’ Council is a project facilitated by the Powys Association of Voluntary Organisations (PAVO) and aims to give a voice to patients currently in Felindre Ward, who are offered acute in-patient mental health services. The Patients’ Council holds regular, patient-only meetings which give people an opportunity to express their views on the services they receive while they are in hospital. We have seen several initiatives introduced as a direct result of the Patients’ Council highlighting need. Powys Citizens Advice Bureau has been providing a pilot in-reach service to Felindre Ward, Bronllys Hospital to support patients in managing their financial and social circumstances to help aid their recovery and enable a smooth transition home.

Patient feedback noted that patients can be admitted suddenly with little notice (such as via a Section 136), leaving them with only the clothes on their back. Many people arriving on the ward **felt unprepared** and didn’t manage to bring any of the necessities. Welcome packs have now been introduced on Felindre Ward. The goal of the welcome packs is to make Felindre inpatients feel at ease on the ward by addressing some of their immediate personal care needs. The packs contain items such as information leaflets, toothbrush, toothpaste, underwear, flannels and a comb. For 2021–22, the focus is to **increase the activities** available on the ward ahead of smoking cessation in mental health hospitals in September 2022.

“Small Steps” is a service innovation research project designed to take people with moderate to severe mental health difficulties using secondary mental health services for weekly activities in the Brecon Beacons National Park. The aim of the project was to evaluate the mental health and well-being benefits associated with outdoor activities for this client group. Many research studies have demonstrated the benefits of engagement with the natural world and greenspace for physical health, mental health and well-being. Physical activity in natural environments can ease stress, anxiety and depression, and improve mood and self-esteem. After offering some taster sessions to people using mental

health services within Ty Illtyd community mental health team in Brecon, a group of participants were then identified to join the project and engage in the 2–3-hour weekly activity group sessions in Brecon Beacons National Park led by staff from the National Park’s communities team. The programme was co-produced from a list of available activities which included hill and nature walks in the National Park and around Brecon canal; sensory and interest walks e.g. learning about plants, local geography and history; geocaching; wildlife surveys; tree identification; navigation practice; rural and survival skills; art and photography. Participants reported **increased confidence, sense of purpose and motivation**, and reflected on the **helpful social aspects** of the group – for example being motivated to attend the group despite feeling anxious, which brought great **benefits to their mental health** when they might otherwise have cancelled an appointment due to anxiety. Some particularly commented on the benefits of now feeling able to access the National Park for outdoor activities during COVID-19 lockdown, which helped them **feel less trapped** and still able to **engage in meaningful activities**.

Other new priority areas of focus for this year will include:

- **Eating Disorders** – a service that is relatively new in Powys, but with the upturn in referrals into the service, additional capacity for clinical support has been factored into our budget(s) in terms of service improvements for this year.
- The development of a **single point of access** for mental health calls in Powys providing out-of-hours support, including the proposed development of out-of-hours “Sanctuary” type services with the third sector supporting people experiencing crises, is underway.
- The links between housing/homelessness, substance misuse and mental health needs and joining up services and pathways to support people who have complex needs.
- Children and young people’s mental health priorities, including a “Whole School Approach” to family and/or children/young people’s need, where education is the gateway for knowledge and support.
- Psychologically informed services, including new trauma-based psychology support service for people with complex needs.
- Continuing to provide our **Silvercloud CBT** (cognitive behavioural therapy) service, including our “Blended Approach” to support people to access the online service if people are struggling, via our commissioned third sector providers in Powys.
- Continued focus on our improvement to services with growing our early intervention in psychosis, eating disorders, perinatal, complex trauma and specialist support for our CAMHS, with a multi-agency focus on additional support for people living with substance misuse and at risk of becoming homeless.

Suicide and self-harm support is a key area of priority for us this year and we are intending to launch a new services supporting people bereaved by suicide.

Arts in health and our focus on eco-therapy interventions, linking with the need to access “social prescribing”, is also a key area of development. We are working closely with third sector providers, such as Montgomeryshire Wildlife Trust and other trusts, to support referral pathways for patients, services users and carers.

Evidence of the impact of COVID-19 on mental health

COVID-19 has had a direct impact on non-COVID related activity in the NHS, on case volume, the demands associated with infection prevention and control measures, and has impacted the workforce. Lockdowns and social distancing measures have also caused severe disruption to health services and impacted non-COVID activity.

The harms associated with a reduction in non-COVID NHS activity include (but are not limited to) increases in behaviour which risks health (for example, alcohol consumption), due to the cessation of primary preventive services; delayed diagnosis (due to a range of factors); and delay and other disruptions within health care treatment pathways (Powys Teaching Health Board, 2021).

The proportion of working-age adults with mental health problems is projected to increase from 8.8% in 2019/20, to 11.9% in 2022/23. For Powys Teaching Health Board, this means there could potentially be 2,322 more adults of working age diagnosed with a mental health problem in Powys, over this period.

Women are more likely to report, consult and be diagnosed with depression and anxiety. It is possible that depression and anxiety are under-diagnosed in men. Traditionally men have been more reserved when it comes to their emotional health and well-being. However, we are starting to see more initiatives for men to speak to others, which should encourage them to open up about their well-being.

Public Health Wales has provided further information showing potential increased risk to physical and mental health because of the pandemic, see figure below.

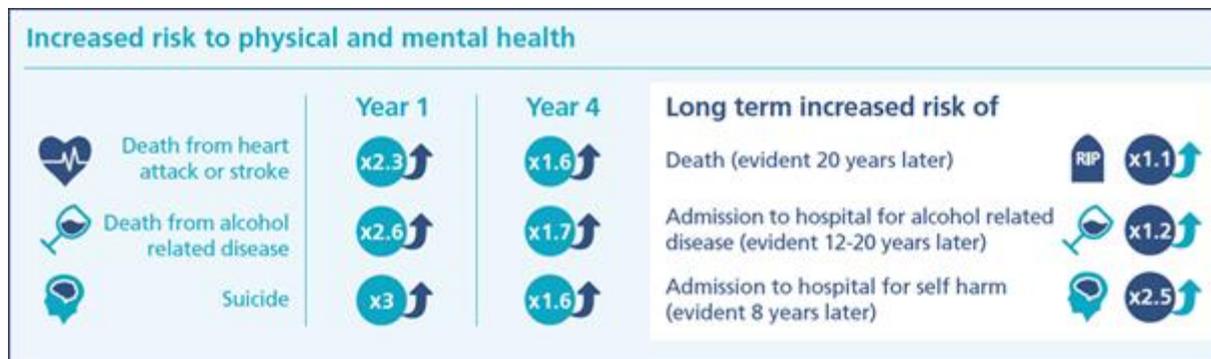


Figure 27 Visual showing the risk to physical and mental health (PHW)

There is international evidence that disruption to health services, due to coronavirus, has impacted those living with non-communicable disease such as mental health. There is

evidence that the percentage of working-age adults with chronic health conditions is projected to increase following the coronavirus pandemic.

Internationally, there is evidence that around 60% of adults (including around three-quarters of people aged 18–24 years) experienced a deterioration in mental health during April and May 2020. There is evidence that the risk of such a deterioration is higher in people with a history of mental health problems. There are also particular risks and patterns amongst younger people and older adults (Powys Teaching Health Board, 2021) (NHS Wales, 2020).

Although the overall picture is complex, there is evidence that COVID-19 and related interventions – including school closures – had a negative impact on the mental health and well-being of children and young people in the UK, during the first lockdown (Powys Teaching Health Board, 2021) (Welsh Government, 2020).

Concern has been expressed that there will be a surge of exacerbated and untreated mental illness after the pandemic (Powys Teaching Health Board, 2021) (Champs Public Health Collaborative, 2020).

The proportion of working-age adults with mental health problems is projected to increase from 8.8% in 2019/20, to 11.9% in 2022/23. For Powys Teaching Health Board, this mean there could be 2,322 more adults of working age with a mental health problem in Powys, over this period.

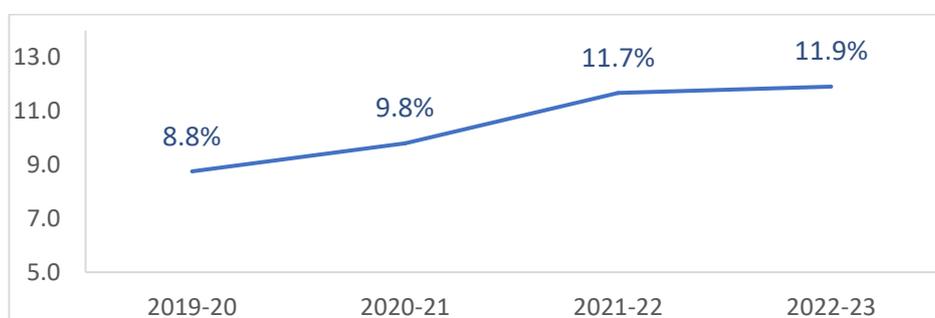


Figure 28 Line graph showing projected percentage of adults with mental disorders (PTHB)

Mental health in children



“1 in 10 children have a diagnosed mental health disorder, the most common being a conduct disorder” (Social Care Wales, 2017).

As the pandemic progresses, a mixed picture is emerging of the effects that lockdown, media coverage and disruption to normal routines are having on the well-being of children and young people.

At a local level it becomes more evident that recent events have had a negative impact on the mental health and well-being of some children and young people in Powys resulting in a significant increase in demand for counselling services across the county.

Alongside this, mental health also impacts upon demand for children’s social care, with parental mental ill health being a factor for 39% of children receiving care and support, (national average: 36%). It is important to note that this has risen by over 9% since 2017, a trend which is seen nationally.

17% of children (aged 10 or over) receiving care and support were reported to have a mental health issue, which is higher than the national average of 14%. This is similar to the 2017 figure of 18% (Welsh Government , 2021) (Welsh Government, 2021).

It is also anticipated that there will be an impact on the mental health of young people, with a likely increase in the number of referrals to CAMHS to support them in managing their situation. May 2020 saw the lowest number of referrals (24) in the previous 18 months, and this is almost a 50% reduction from May 2019 (46). This does raise concerns that young people may not be accessing the required support at the right time, which may impact their well-being and also suggests that there may be an increased demand for the service post-COVID-19.

Current provision includes:

- developing a single point of access for CAMHS
- school counselling services
- raising awareness of mental health in schools and to promote youth mental health first aid
- self-harm pathway between health and education and PSE (physical and social education) lessons addressing self-harm
- educating those working with young people on dealing with someone who self-harms or is experiencing anxiety and depression
- emotional well-being services

(Social Care Wales, 2017)

The number of children and young people attending counselling by Local Authority
2019-2020

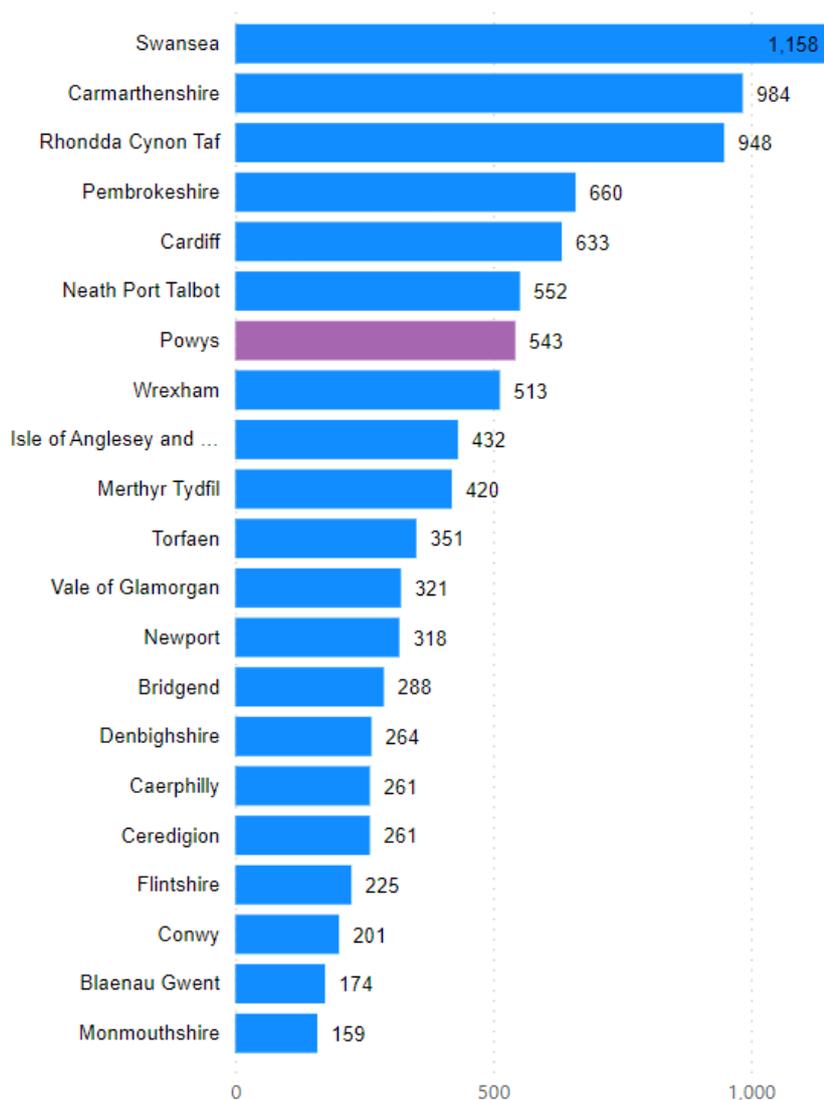


Figure 29 Bar chart showing the number of children and young people attending counselling by local authority for the year 2019–20 (Welsh Gov, 2021)

The figure above shows Powys is the 7th highest local authority of children and young people attending counselling during the year 2019–20, with 543 attending.

Swansea is the highest with 1,158 and Monmouthshire is the lowest with 159.

(Welsh Gov, 2021)

Number of children and young people attending counselling over time

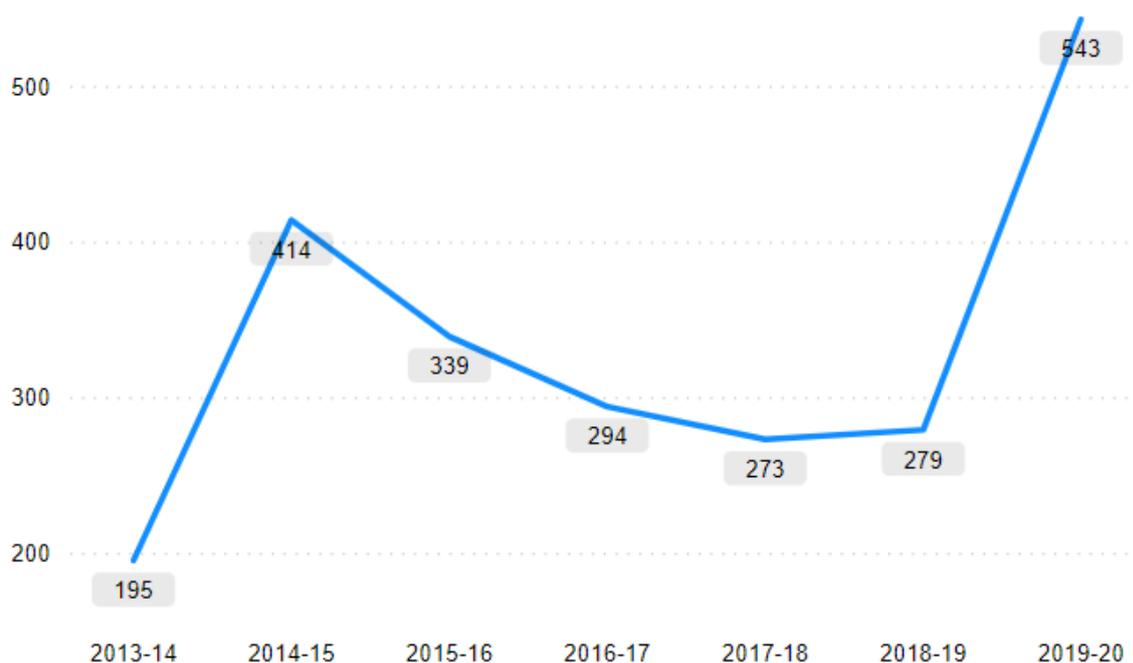


Figure 30 Line chart showing the number of children and young people in Powys attending counselling over time (Welsh Gov, 2021)

The figure above shows the number of children and young people attending counselling within Powys over a six-year period. The highest peak is in 2019–20 with 543, a 48% increase on the previous year (2018–19, 279) (Welsh Gov, 2021).

The second highest peak was in 2014–15 with 414. However, this still shows a 23% increase from 2014–15 to 2019–20 (Welsh Gov, 2021).

The “staying at home and social distancing rules” had both positive and negative impacts on the Welsh population. There is evidence that the first lockdown negatively impacted the mental well-being of the “whole population”. However, the impact may have been particularly marked for children and young people, older people, key workers, people on low incomes and at risk of unemployment, people with existing poor mental health and those who were shielding (Powys Teaching Health Board, 2021).

Of those who deliberately self-harm and access CAMHS, under referrals and wait times it is known that:

- only 50% of those children and young people who self-harm seek help – mainly girls
- 36% of 16- to 25-year-olds have self-harmed at some point
- from January 2020 to August 2021 there were 247 referrals
- Average age of young person accessing CAHMS Powys is 15; UK is 13
- 15 signposted, refused to attend

- Wait times – 85% of those referred and accepted are seen within 7 days (7 follow-up); rest seen within 10 working days

(Powys Teaching Health Board, 2021)

As a result of successive lockdown periods, there has been a significant increase in recorded instances of children and young people within the county experiencing anxiety and a range of other mental health issues. A corresponding increase in demand for counselling has seen an increase of 64% in new referrals when comparing September 2020 with September 2021; Xenzone, our commissioned counselling service, currently have 245 active cases. Working in close collaboration with key partners, the schools service is making effective use of additional funds received from the Welsh Government to reduce the number of children and young people on the counselling waiting list and increase the number of sessions available (PCC, 2021).

What have people said?

(Engage2Change, 2021)

Young people have been hit hard by the coronavirus pandemic. Not necessarily in the life-threatening ways generally reported in our older populations, but in the restrictions and impacts in their social lives, education and relationships, as well as the worries and fears around their family members.

Powys has seen an increase in acuity within children's mental health services over this past year, as the unseen toll of the pandemic continues to reveal itself. Powys has maintained a service throughout the pandemic and has benefitted from the outstanding multi-agency partnership work and relationships that we have continued to foster.

Advancements in digital technology means that many meetings can be conducted virtually, saving time and being more efficient across the county. The virtual platform, Attend Anywhere, was also rolled out to enable appointments via a smartphone or computer. Throughout the pandemic Powys has continued to have face-to-face appointments for those in most needs, complex issues and increased risks.

"Teams around the Cluster" brings all relevant agencies together across the 13 school clusters in Powys, each one having an allocated primary mental health practitioner from CAMHS. This development has continued with partners on the Early Help hubs and development of a single point of access for all referrals of young people with emotional health and well-being issues across Powys, which would mean that referrals will no longer bounce between agencies. Instead decisions would be made at one central point and this supports recommendations of the Missing Middle Report including the No Wrong Door Report.

The CAMHS In-Reach Schools project pilot has been hugely successful and has resulted in new monies coming from Welsh Government to Powys for the development of our own in-reach service in the coming months/year which will see all schools in Powys benefit from specialist mental health support and liaison. Powys CAMHS now have access to an age-appropriate bed at Felindre Ward, Bronllys Hospital. This provides a safe and well-needed provision for our young people when they are at their most vulnerable in Powys.

(PCC, 2019)

Residents commented on the importance of mindfulness and would like to see more classes, including mindfulness sessions for children, and more are currently being delivered across schools in Powys.

Activities for children and young people were perceived to be insufficient and with a lack of variety. Views were shared that there is a lack of local youth centres in Powys and that it would be good to upgrade to a “youth learning centre” for disadvantaged youths. Free play classes for children, including improved access to free swimming classes, clear and safe outdoor play areas, as well as access to arts and cultural activities for children and young people, were also seen as being a positive move forward in offering more variety.

Powys Community Health Council, Mental Health of Young People During COVID-19 – September 2021

In September 2021 Powys Community Health Council published the results of a survey circulated in June/July 2021 to find out from young people in Powys about the mental health and well-being support available to them during the pandemic. The survey also asked how young people thought those services could be improved. There were 337 responses = received with a majority (91%) from the 11- to 17-year-old age bracket.

Respondents were asked whether they felt able to speak to anyone about their feelings and, if so, who did they speak to.

- Parent or carer: 203 (60%)
- Brother/sister/other family member: 106 (31%)
- Friend: 205 (61%)
- Teacher/tutor/other staff member at school/college/university: 69 (20%)
- School counsellor/school nurse: 23 (7%)
- GP/doctor: 25 (7%)
- Telephone helpline (eg Childline, Young Minds, Samaritans): 10 (3%)
- I haven't felt able to speak to anyone: 34 (10%)

[Follow the link to view the full report here: Mental Health of Young People During COVID-19 – Powys Community Health Council \(nhs.wales\)](#)

In the Living in Powys well-being survey respondents were asked if they *considered themselves to be disabled*, of the which 13% answered yes. Of those

- 23% highlighted that they had mental health issues
- 9% had a learning disability or difficulty
- 39% had physical/mobility impairment
- 13% have hearing impairment
- 1% have visual impairment
- 2% speech impairment

In the same survey, respondents were asked how satisfied with their life they are nowadays:

- 61% very happy or happy
- 26% neutral
- 13% unhappy or very unhappy

And *how happy they felt yesterday*,

- 61% very happy or happy
- 25% neutral
- 14% unhappy or very unhappy

When asked what priorities they would put into a well-being plan, answers included:

- “Improve mental health for residents through a range of people led interventions.”
- “Make health care more accessible – easier access to GP and shorter wait times for assessments for mental health/autism.”
- “Better mental health care and provision – currently very poor.”
- “Access to quicker assessments for mental health (waiting time over 14 months).”
- “To be able to afford a nice home with a garden (not a shoebox overlooked by lots of others, people living like this will struggle to have good mental health. The current new builds like Newydd Housing are a prime example of housing that will be bad for mental and emotional health).”

7. Carers who need support

7. Carers who need support	92
Number of unpaid carers.....	93
Rate of unpaid carers.....	93
What have people said?	94
Adult Carers.....	95
Young Carers	96
What have people said?	98

The Welsh Government defines a carer as “anyone of any age, who provides unpaid care and support to a relative, friend or neighbour who is disabled, physically or mentally ill, or affected by substance misuse”.

Carers can be involved in a whole range of tasks: from cooking and housework; lifting, washing and dressing the person cared for; helping with toileting needs; administering medication; and providing emotional support.

Based on the 2011 Census there were **16,154 people living in Powys providing unpaid care, 12.1% of the Powys population** (ONS, 2011).

Carers in Powys provide many hours of care:

- **63%** provided unpaid care for **1 to 19 hours** per week
- **13%** provided unpaid care for **20 to 49 hours** per week
- **24%** provided unpaid care for **50 or more hours** per week

Most adult carers are retired (39%), 23% are caring full time and do not have paid employment, and 12% do have part-time paid employment. The age demographic of our carers is:

- 57% women, 43% men.
- **Age bands**
 - 27% (4,304) aged 65 and over
 - 38% (6,096) aged 50 to 64
 - 23% (3,736) aged 35 to 49
 - 6% (942) aged 25 to 34
 - 4% (698) aged 16 to 24
 - 2% (378) aged 0 to 15 (ONS, 2011)

Number of unpaid carers

There are large differences in the number and rate of unpaid carers across our 13 localities.

Welshpool and Montgomery (2,080), Newtown (1,885) and Brecon (1,745) localities rank first, second and third for the highest number of unpaid carers in the county.

Rate of unpaid carers

Ystradgynlais (150 per 1,000), Crickhowell (134 per 1,000) and Knighton and Presteigne (128 per 1,000), Hay and Talgarth (123 per 1,000) localities have the highest rates of carers per 1,000 Powys population.

The rate of unpaid carers for Powys is 122 persons per 1,000. Four of our 13 localities are higher than the Powys average.

It is important to note that some LSOAs within our localities have significantly higher rates of carers than the overall locality. For instance, Ystradgynlais 2 LSOA (in Ystradgynlais locality) has 53 more carers per 1,000 than the Powys average and has the highest rate of carers than all 79 Powys LSOAs with 175 carers per 1,000.

The second highest LSOA is Aber-craf (Ystradgynlais locality) with 171 carers per 1,000 and the third highest LSOA is Yscir (Brecon Locality) with 164 carers per 1,000.

[Follow this link to view more information about unpaid carers in Powys, via our interactive report.](#)

However, it is important to note that these figures are significantly outdated. In the last 10 years, the ageing population in Powys has meant a large increase in the number of carers in the county and with added pressures due to COVID-19, the number of carers will have increased even more. During the last assessment it was predicted that the number of carers was set to rise by up to 40%, due to the ageing population in Powys. A report conducted by Carers UK in June 2020 shows that across the UK **there is an estimated 50% increase in carers since the 2011 Census.**

In Wales 19% of the adult population said they were already providing care before the COVID-19 outbreak (487,000 people) and a further 8% said they have started caring since the COVID-19 outbreak (196,000 people). This suggests there are currently as many as 683,000 unpaid carers in Wales (Carers UK, 2020).

Carers UK research shows that there has been a 7% increase in unpaid carers in the last 10 years, from 12% to 19%. Combined with the additional 8% who began caring since the coronavirus pandemic, nearly one-third (27%) of the Wales population are currently providing unpaid care.

Profile of carers in Wales (Carers UK, 2020):

Population Needs Assessment – Regional Partnership Board

- 57% are women and 43% are men.
- Half of unpaid carers are in paid employment (50%)
- 31% are in full-time work
- 19% are in part-time work
- Age bands
 - 17% are aged over 65
 - 28% are 55–64
 - 19% are 44–54
 - 25% are 35–44
 - 5% are 25–34
 - 6% are 18–24

If we apply the Welsh national average in terms of the percentage of carers against the Powys population today, we estimate the number of unpaid carers in Powys (before COVID-19) to be **25,275, an increase of 56% (9,121) since 2011.**

With the additional pressures of COVID-19, the average percentage of carers in Wales rose to 27%. In Powys this would mean a rise to **35,918 carers, an additional increase of 10,643 carers since the beginning of COVID-19.** However, in 2022 we will have more up-to-date figures once the 2021 Census data is released.

It's important to note here that the research carried out by Carers UK only includes carers aged 18 or over, and carers under 18 are not included in these estimates.

What have people said?

In the 'Living in Powys' well-being survey, out of 470 responses, 45% identified themselves as being (or had been) a carer for a friend, neighbour or family member. Of these respondents, 59% had never had contact about their caring responsibilities with either the council, the Department of Work and Pensions, carers organisations or their GP practice.

Challenges faced by unpaid carers in Wales (Carers UK, 2020)

When asked what challenges unpaid carers are faced with, the general public stated the following as the top challenges:

- not being able to take time away from caring (**78%**)
- managing the stress and responsibility (**77%**)
- the financial impact of the additional care costs (**72%**)
- the impact it has on other personal relationships (eg with family, friends, partners etc.) (**70%**)

Unpaid carers responded with the following challenges:

- not being able to take time away from caring (**74%**)

Population Needs Assessment – Regional Partnership Board

#1

The Welsh public said the top challenge affecting unpaid carers in Wales was:

not being able to take time away from caring



- managing the stress and responsibility (**73%**)
- the negative impacts on their physical and mental health (**73%**)
- the impact it has on other personal relationships (eg with family, friends, partners etc.) (**65%**)
- the financial impact of the additional care costs (**53%**)
- the negative impact it has on their ability to do paid work (**50%**)
- not having anyone to talk to about the challenges of caring (**46%**).

Adult carers

As of October 2021, there were a total of **3,437 carers registered with Credu**. According to the above estimates, this shows that potentially only 10% of carers are getting support, leaving up to 90% of carers in Powys without any official advice or support around their caring responsibilities.

70% of those (2,390) are adult carers, defined as persons aged 26 years and over (177 carers registered are of unknown age).

The distribution of adult carers known to Credu (of known age) across age bands show that:

- 6% (190) of carers are aged 80 and over
- 17% (594) are aged 65 to 79
- **24% (829) are aged 50 to 64, the largest age band for carers**
- 17% (584) are aged 36 to 49
- 6% (193) are aged 26 to 39

71% of adult carers are female, 29% are male and less than 1% are transgender or other.

Of those adult carers, 31% (742) self-reported as having a disability.

- **22% (518) reported as having a physical disability/illness as the highest type reported.**
- **5.5% (132) of adult carers reported to have a mental/emotional health issue.**
- The remaining 3.5% of carers have reported other disabilities including neurological, learning disability, sensory impairment, substance misuse, ASD, dementia, long-term health condition, behavioural or end of life planning.

The employment status of those adult carers known to Credu are:

- **32% (442) full-time carers**
- 22% (319) in full- or part-time or self-employment
- 9% (122) in full- or part-time education
- 5% (68) on long-term sick and 3% (38) unemployed or looking for work

Of those whose relationship to the carer is known:

Population Needs Assessment – Regional Partnership Board

- **38% of carers are caring for their partner/spouse**
- 30% are caring for their son/daughter (step/in law)
- 24% are caring for their mother/father (step/in law)
- 3% are caring for their sibling (step/in law)
- The remaining 5% are caring for either a friend, grandparent, ex-partner/spouse, grandchild, neighbour or other family member.

The number of adult carers registered differs across our 13 localities. Newtown has the highest number of registered carers with 369, Llandrindod and Rhayader are second highest with 307, and Welshpool and Montgomery third highest with 266 registered carers.

Crickhowell has the fewest registered carers with 85, second fewest is Llanidloes with 88, and third fewest is Llanfair Caereinion with 113. For 104 of the registered adult carers, the locality is unknown.

Between January 2020 to March 2020, the Credu issues log recorded that they had contacts from carers for help and advice on a number of subjects, notably:

- 133 adult carers contacted the service for advice on emotional support
- 107 contacted for health and well-being advice
- 89 contacted for advice on managing the caring role/impact
- 85 contacted for advice on finance/benefits

Other contacts needed support and advice on other topics such as advocacy, social/connecting/ friendships, employment, education and practical help (to name a few).

As of November 2021, there are 94 open carers cases known to adult services in Powys County Council. The council offers several services to help support these carers including short breaks (respite).

There were 262 contacts through the Adult Social Services Information Support Team (ASSIST) from carers between April 2021 and November 2021. For the same period in 2019 there were 188 contacts. This shows a **39% increase in contacts from carers compared with same period in the last year.**

Young carers

Young carers are children and young people aged 25 and under who have caring responsibilities for someone who has a physical or mental illness, a physical or learning disability or a drug or alcohol problem.

Being a young carer can have a big impact on the things that are important when growing up. Young carers on average achieve lower grades at GCSE and miss or cut short on average 48 days of school each year. Young adult carers are four times more likely to drop out of

higher education. In a survey by Carers Trust, 39% said that nobody in their school was aware of their caring role, 26% have been bullied at school because of their caring role and 1 in 20 miss school because of their caring role (Social Care Wales, 2017).

As of October 2021, there were a total of **3,437 carers registered with Credu**.

25% of those (870) are young carers (177 carers registered are of unknown age).

The distribution of young carers known to Credu (of known age) across age bands show that:

- 2% (69) of carers are aged under 8
- **7% (236) are aged 8 to 11, the largest age band for young carers**
- 4% (147) are aged 12 to 13
- 4% (143) are aged 14 to 15
- 4% (134) are aged 16 to 18
- 4% (141) are aged 19 to 25

56% of young carers are female, 44% are male and less than 1% are transgender or other.

Of those young carers, 16% (139) self-reported as having a disability.

- **6% (48) reported as having a physical disability/illness**
- **3% (29) of young carers reported to have ASD**
- **3% (25) have mental/emotional health issues**
- The remaining 4% of young carers have reported other disabilities including learning disability, behavioural, neurological, sensory impairment, long-term health condition or substance misuse issues/addiction/recovery.

The employment/education status of those young carers known to Credu are:

- **87% (523) in full-time education**
- 2% (14) home educated
- 1% (6) full-time carers
- 4% (25) in full- or part-time or self-employment
- The remaining are either not in education, employment or training (NEET), looking for work or unemployed

Of those whose relationship to the carer is known:

- **55% are caring for their mother/father (step/in law)**
- 36% are caring for their sibling (step/in law)
- 4% are caring for their son/daughter (step/in law)
- 2% are caring for their grandparent

- 2% are caring for their partner/spouse
- The remaining 1% are caring for other family members/other.

The number of young carers registered differs across our 13 localities, Newtown has the highest number of registered young carers with 174, Llandrindod and Rhayader are second highest with 134, and Welshpool and Montgomery third highest with 115 registered young carers.

Crickhowell has the fewest registered young carers with 13, second fewest is Llanidloes with 29, and third fewest is Hay and Talgarth with 30 young carers. For 44 of the registered young carers, the locality is unknown.

Between January 2020 to March 2020, the Credu issues log recorded that they had contacts from young carers for help and advice on several subjects, notably:

- 48 carers contacted the service for advice on emotional support
- 43 about education and 6 about employment
- 42 about social/ connecting and friendships
- 39 about managing caring role and impact
- 30 about respite

Other contacts needed support and advice on other topics such as advocacy, supporting family relationships, voice/influence, practical help, finance and benefits, and safeguarding (to name a few).

Between April 2021 to November 2021, there have been 40 young carers presented to Children's Services, Powys County Council through their front door. Of those, 27 needed information and advice, six have gone on to receive early help and support, seven have gone on for further assessment. Trend data is not available due to historical reporting data gaps.

What have people said?

A survey carried out by Carers Trust UK ([My Future, My feelings, My family](#)) in July 2020 about the impact of COVID-19 on young carers found that (in the UK):

- 58% of young carers and 64% of young adult carers felt that the amount of time they spend caring had increased since COVID-19.
- 8% of young carers and 15% of young adult carers cared for over 90 hours per week during the pandemic
- 42% of young adult carers were unable to take a break from caring
- 19% of young carers and 21% of young adult carers told us that time away from the person they care for was an important coping mechanism during lockdown
- 40% of young carers and 59% of young adult carers say their mental health is worse (since coronavirus)

- 30% of young carers and half of young adult carers want mental health support
- 19% of young adult carers are drinking more alcohol and 4% are using illegal drugs to help them cope
- 56% of young carers and 39% of young adult carers said their education is suffering
- 41% of young carers said they didn't have enough time to spend on schoolwork
- 69% of both young carers and young adult carers say they feel less connected to others than they did before the pandemic

Credu commissioned a video series for Carers Week 2021 to highlight the diversity of caring. Each carer lives in a different part of Powys and has a different caring role.

[Follow this link to view all videos in the series through the Credu YouTube channel.](#)

Transcript sections taken from “I care” – Ffion about a young carer named Ffion who lives in Newtown Powys and cares for her parents.

“It was around Year 8 someone from school referred me to Credu, and that’s when I really realised, I was a young carer.

Homework and being in school all the time and focusing can be really tricky. I feel that that is something that a lot of young carers struggle with. I am pretty supported in school about being a young carer. I’m quite a well-known young carer. I am a member of the carers steering group, junior start well board, Carers Trust youth council and the Powys ambassadors for youth safeguarding.

I feel that something I have in common with every young carer is the worry. You worry all the time you are in school, there is always worry at the back of your mind, you are always worrying about something whether that is school or the person you care for. Always worrying about something.

Being a young carer, there is such a community. I have made loads of friends and some of my closest friends are young carers because they understand what I am going through more than others. My friends will just dismiss me if I am having a bad day but my young carer friends will give me a hug and reassure me.

Being a young carer doesn't limit me; it makes me better, in a way. My message to young carers would be: don't be ashamed of being a young carer. Don't be limited. Just be yourself, be unique and you'll be fine, and everything is going to be ok.” Ffion.

8. Violence against women, domestic abuse, and sexual violence

*“It is estimated that **one in four women and one in six men will experience violence in their lifetime.***

The majority of those who will experience violence and abuse are women.** However, some regions note that, although most people who experience violence and abuse are women, there are specific issues for men that need to be addressed. **Men are three times more likely not to tell anyone they are experiencing abuse.

There has been an increase in reporting of historical sexual abuse in recent years, but much abuse still goes unreported. We need to make every contact count so that people are supported to escape abuse. Reasons for keeping it secret include feeling ashamed, not realising it was abuse, and thinking it won't be taken seriously.”

(Social Care Wales, 2017)

The Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 was the first law of its kind in the UK. It addresses domestic abuse and sexual violence regardless of gender or sexual orientation. There is also no age limit in the Act, so it also covers children and older people.

Between January 2018 and December 2020, a total of 2,152 incidents relating to domestic abuse against women were reported to the police (Dyfed Powys Police, 2021). It should be noted that this figure may not accurately reflect the true number of incidents as many occurrences of domestic violence continue to go unreported. During the same period there were 1,681 domestic abuse related violence against the person crimes reported to the police, relating to women (Dyfed Powys Police, 2016), a 50% rise from January to August 2016.

The figures below are reported by Dyfed Powys Police (2018–20):

- Number of people aged 18-64 who were alleged victims of violence against the person: 1,618 females; 2,156 (all genders)
- Number of people aged 65 or over who were alleged victims of violence against the person: 63 females; 107 (all genders)
- Number of people aged 18–64 who were alleged victims of a sexual offence: 102 females; 106 (all genders)
- Number of people aged 65 or over who were alleged victims of sexual offences: 2 females; 2 (all genders)
- Number of people aged 18–64 years who were alleged victims of domestic abuse: 2,071 females; 2,707 (all genders)
- Number of people aged 65 or over who were alleged victims of domestic abuse: 81 females; 139 (all genders)

- Incidence of domestic abuse: 2,152 females; 2,973 (all genders)
- Incidence of sexual crime (including those that are not domestic abuse related): 818 females; 983 (all genders)

Caveat: There may be a number of crime reports that do not document the victim's age and therefore the figure above may be slightly under-estimated. Despite this, most numbers have increased significantly compared to the previous assessment.

Data provided by Dyfed Powys Police for the time-period January 2018 to July 2021 shows the following.

The three localities with the highest rate of crime are:

- Newtown locality: 3,180 crimes per 10,000 population
- Llandrindod and Rhayader locality: 2,742 crimes per 10,000 population
- Brecon locality: 2,388 crimes per 10,000 population

The three localities with the lowest rate of crime are:

- Llanfair Caereinion locality: 854 crimes per 10,000 population
- Llanfyllin locality with 967 crimes per 10,000 population
- Llanidloes locality with 1,235 recorded crimes per 10,000 population

14.1% of crimes during this time were flagged as relating to domestic abuse.

Equalities

To help us determine whether this population assessment and resulting plan will assist or inhibit our ability to eliminate discrimination; advance equality; and foster good relations an Equality Impact Assessment (EIA) was carried out. The outcome is to ensure that Powys County Council and Powys Teaching Health Board services are delivered equitably.

Carrying out an EIA involves systematically assessing the likely (or actual) effects of a policy or practice on people in respect of the nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation. Also when assessing impact we have tried to look at diversity within as well as between the groups, for example disabled people with different impairments.

For each of the eight core themes we have summarised how we have:

- engaged with the nine protected characteristics and any gaps
- made sure we've taken these groups into account in the population assessment itself
- reflected their needs in the data collected.
- identified if there any groups of people we don't know enough about and set an action to resolve.

A full Equalities Impact Assessment will be carried out on our local area plans.



Methodology

The PNA was undertaken collaboratively and has been agreed by the Powys RPB. This signifies a shared commitment to address all the issues highlighted in this report. Our assessment combines quantitative data and insight, alongside qualitative user feedback.

We have used publicly available data, our engagement information (Public Health Wales, Powys Teaching Health Board, Powys County Council and Powys Association of Voluntary Organisations), as well as national research, reports and evidence to help understand the situation and experience of residents and those using services.

Partners engaged with people throughout the county and encouraged everyone to share thoughts and ideas. All engagement activity was structured around the eight core themes and the data and intelligence gathered was a mixture of new engagement with people needing care and support, as well as utilising existing user feedback and previous consultation and engagement information.

The assessment was carried out in three phases.

Phase 1 – Data gathering (June – September 2021)

We identified what data was readily available and the data gaps we had from our previous assessment. All relevant quantitative and qualitative evidence from any recent consultations that partners have been involved in was considered. The team developed a list of stakeholders to engage with, as well as the best mechanisms to do so, for example utilising existing groups to better engage. The team realised that coronavirus would be a feature of the PNA; however, it would not be the sole focus.

Phase 2 – Engagement and testing data (September – November 2021)

Partners work together to conduct consultation and engagement around the emerging data gaps, using a range of channels and techniques to capture further insights. This included a mix of digital and “piggy-backing” opportunities. We engaged with hard-to-reach groups and the general public on our insight and tested these.

Phase 3 – Analysis (November 2021 – January 2022)

Detailed analysis of the results collected was carried out and included a mix of qualitative data and insights (e.g. resident attitudes and feelings) which complemented the more traditional quantitative information that we captured (e.g. numbers of residents satisfied with a service). By effectively cross-referencing the two types of data we ensured that we had a robust assessment.

The written PNA evolved during this process and was refined during each step as we had access to richer insights from our residents and service users.

We engaged with a vast number of stakeholders across a huge area and a common set of groups. We undertook a detailed stakeholder mapping exercise to ensure our assessment reflects people's needs as accurately as possible.

Living in Powys survey

We conducted a Living in Powys survey over a period of eight weeks in June/July 2021.

Due to the coronavirus pandemic, and Welsh Government regulations, face-to-face focus groups, on-street surveys and public events have been unable to take place and our well-being engagement exercises were primarily online, with printed copies only distributed if/when required.

This engagement campaign targeted the population of Powys, and while it was not possible to collect information from the whole population, we used a sample of those whose key characteristics were representative of the target group. To ensure we had results representative of the Powys population, 384 responses were required to have a confidence level of 95% (with a margin of error of +/-5%). Our initial 'Living in Powys' survey received 475 responses and our follow-up 'Well-being Assessment' survey received 614 responses.

The survey was promoted through: Powys County Council and PSB partner social media accounts; the local press; direct emails to PSB Partners, their staff and stakeholders; the Powys People's Panel 1,000+ members; county councillors; town and community councils; internal communications to council staff; and on bus stops throughout Powys.

Stakeholders we engaged with:

- RPB Partnership Engagement Forums
- Town and community councils
- The workforce
- Service user and carer groups
- Citizens panels
- Carers forums
- PSB partners
- Disability/access groups
- Environmental groups
- Dementia action groups
- Tenant associations
- Powys County Council housing tenants
- Other equality groups
- Youth groups
- Women's Institute
- 50+ groups

- Pensioner groups
- Corporate parenting group members
- Schools
- Sports associations
- Governing bodies
- Voluntary groups and charities (via PAVO)
- Businesses

(note this is not an exhaustive list)

To ensure engagement activities were successful, we employed the following tactics:

- Be clear about what we are asking and why.
- Focus on “what matters” to people.
- Make sure any events or engagement materials are meaningful, accessible and easy to understand.
- Use existing networks as much as possible to avoid duplication (piggy-backing).
- Use a wide range of techniques and a multi-channel approach.
- Ensure seamless communication between partners throughout.

Channels included:

- Surveys – mainly online
- Focus groups
- Press releases
- Social media
- Intranets
- Video
- Virtual forums
- “Piggy-backing” events and meetings
- Email

Wherever possible, we have provided a locality level picture. As Powys is such a large county, with a landmass covering a quarter of Wales, the 13-locality approach helps understand differences across place.

Lessons learned

Producing the PNA within the timescales has been challenging. The impact of the coronavirus pandemic has been felt across all health and social care services and has limited the opportunity for staff to fully engage in the development of the PNA as they have done previously. This is due to health and social care focusing on delivering vital services to vulnerable persons through the coronavirus pandemic.

One of the main limitations has been access to good quality data about the population, services and “usual” demand for those services. Trend data has been impacted due to the lockdowns and restricted provision of services. The 2021 Census data will not be published in time to include in the assessment and many indicators were unavailable due to increased pressures on services.

There is a lack of locality level data in some themes, particularly disability and sensory loss, health, mental health and autism, making it difficult to understand needs at a lower than Wales/Powys level. While we know about age and gender of our service users, we have limited or no knowledge about some of the other protected characteristics within Powys.

Wherever possible we have aligned the findings from the PNA and the Well-being Assessment, and vice versa. The overall population needs in terms of health and care link with the overall well-being of residents when looking at their health, economy, community and environment factors.

Data gaps

Population needs assessment themes	Data gaps
Protected characteristics	<ul style="list-style-type: none"> • While Powys is not very ethnically diverse, it would be worthwhile acknowledging how inequality affects people in Powys. For example, ethnicity and gender-based oppression can result in significant health inequalities. Some characteristics data is not generally captured (unlike age and gender which is more common amongst datasets). • <i>LGBT+ experiences</i>: currently no reference within the assessment. Data generally not captured. • <i>Disability</i>: greater analysis (going beyond rates of disability) could be useful to understand levels of accessibility and experience accessing services in Powys. • <i>Awareness</i>: Welsh Government’s Race Equality Action Plan, LGBTQ+ Action Plan, Disability Rights Taskforce and how these potentially affect Powys and organisations on the PSB.
Demographics	<ul style="list-style-type: none"> • <i>Ethnicity and place of birth</i>: the latest data available is from the 2011 Census, which is now over 10 years old. • <i>Welsh language skills</i>: the latest data available is from the 2011 Census, which is now over 10 years old. • <i>Projected Welsh language speakers</i>: the only data we had made available to us is at national level (Wales). • <i>Welsh language</i>: we need to further explore the longer-term future of the Welsh language in Powys, in conjunction with national level predictions and relevance to our area. • <i>Number of households</i>: the latest data available is from the 2011 Census, which is now over 10 years old.
Children and young people	<ul style="list-style-type: none"> • <i>Educational attainment</i>: latest data is from 2018/19 as examinations were cancelled due to COVID-19 in 2020. • <i>Hidden needs</i>: there are children and young people who have not been identified and decision makers should be mindful that they may have a care and support need. • <i>Children with disabilities</i>: some local level data is known (those known to social care only) but this is not representative of the needs of the population. This is not included in this assessment.

Population needs assessment themes	Data gaps
Older people	<ul style="list-style-type: none"> • <i>Hidden needs</i>: there are older people who have not been identified and decision makers should be mindful that they may have a care and support need.
Health	<ul style="list-style-type: none"> • <i>Loneliness and isolation</i>: the latest data available is from the 2011 Census, which is now over 10 years old. • <i>Welsh Index of Multiple Deprivation (WIMD)</i>: small area (LSOA data) available but only gives relative levels of deprivation, not actual numbers. • <i>Staying healthy</i>: the data made available to us is only down to Powys level. • <i>Obesity</i>: the data made available to us is only down to Powys level.
Physical disabilities and sensory impairment	<ul style="list-style-type: none"> • <i>Hidden needs</i>: there are people with physical disability and sensory loss who have not been identified and decision makers should be mindful that they may have a care and support need. • <i>Physical disabilities</i>: the data made available to us is only down to Powys level. • <i>Sensory loss</i>: the data made available to us is only down to Powys level.
Learning disability and autism	<ul style="list-style-type: none"> • <i>Hidden needs</i>: there are people with learning disabilities and/or autism who have not been identified and decision makers should be mindful that they may have a care and support need. • <i>Children awaiting autism diagnosis</i>: neuro-developmental team.
Mental health	<ul style="list-style-type: none"> • <i>Mental health</i>: some data made available to us is at national level (Wales) or at a Powys level only. • <i>Hidden needs</i>: there are people with mental health issues who have not been identified and decision makers should be mindful that they may have a care and support need.
Carers	<ul style="list-style-type: none"> • <i>Carers</i>: the latest data available is from the 2011 Census, which is now over 10 years old.
Violence against women, domestic abuse, sexual violence	<ul style="list-style-type: none"> • <i>Hidden needs</i>: there are people who have been victims that have not been identified and decision makers should be mindful that they may have a care and support need.

Table of figures

Figure 1 Map of Powys localities	5
Figure 2 Percentage breakdown of mid-year estimates (ONS, 2020) by age bands.....	8
Figure 3 Population trend (ONS, 2020).....	11
Figure 4 Population projections by year (Welsh Gov, 2018)	13
Figure 5 Number of households by locality (ONS, 2011).....	15
Figure 6 Key Stage 4 educational attainment for Level 1, Level 2 and GCSE (Welsh Gov, 2018/19).....	24
Figure 7 Bar chart showing % children living in poverty by local authority (Welsh Gov, 2019)	25
Figure 8 Bar chart showing number of children receiving care and support by local authority (Welsh Gov, 2021).....	28
Figure 9 Bar chart showing % children on the CPR by reason	32
Figure 10 Bar charts showing number of domiciliary care clients and hours by locality (PCC, 2021)	36
Figure 11 Bar chart showing number of new individuals supported by TEC by month (PCC, 2021)	38
Figure 12 Bar chart displaying the number of new referrals to occupational therapy by month (PCC, 2021)	39
Figure 13 Bar charts showing life expectancy at birth for females and males (ONS, 2020) ...	45
Figure 15 Gap in life expectancy at birth between most and least deprived by local authority (Public Health Wales, 2015-17)	48
Figure 16 Top 10 global burden of disease identified risk factors for disability adjusted life years (Public Health Wales, 2017)	49
Figure 17 Working-age adults of a health weight (Public Health Wales, 2017/18–2019/20).	52
Figure 18 Children aged 5 of healthy weight or underweight 2017–18 (PHW, 2017/18).....	53
Figure 19 People feeling lonely by local authority (Public Health Wales, 2021)	54
Figure 20 Rate of persons (per 1,000 population) with a physical disability by local authority (Welsh Gov, 2019).....	59
Figure 21 Rate of persons (per 1,000 population) who are severely sight impaired (Welsh Gov, 2019).....	62
Figure 22 Locations of special schools and pupil referral units in Powys (PCC, 2021)	67
Figure 23 What will we do? Accommodation and support (PCC, 2021)	73

Figure 24 Bar chart showing number of autism referrals by age and year (Integrated Autism Service, 2021).....	75
Figure 25 Bar chart showing number of autism referrals by type of referral and year (Integrated Autism Service, 2021)	75
Figure 26 Number of suicides in Powys over time (ONS, 2021)	79
Figure 27 Bar chart showing the number of people in Wales diagnosed with dementia between 2011 and 2020 (Alzheimer’s Research UK, 2021).....	80
Figure 28 Visual showing the risk to physical and mental health (PHW)	84
Figure 29 Line graph showing projected percentage of adults with mental disorders (PTHB)	85
Figure 30 Bar chart showing the number of children and young people attending counselling by local authority for the year 2019–20 (Welsh Gov, 2021)	87
Figure 31 Line chart showing the number of children and young people in Powys attending counselling over time (Welsh Gov, 2021)	88

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