





Measuring national well-being:

A report on the national outcomes framework for people who need care and support, and carers who need support, 2017-18













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Mae'r ddogfen yma hefyd ar gael yn Gymraeg. This document is also available in Welsh.

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Introduction

Background

In 2011, the Welsh Government published its ambitions for the future of social care in Sustainable Social Services for Wales: A Framework for Action¹. This paper puts in place a framework for meeting the challenges facing social services in the next decade and beyond, and sets out the priorities for action.

Sustainable Social Services for Wales is supported in legislation by the Social Services and Well-Being (Wales) Act² ('the Act') and will provide for a system that will be centred on the well-being of people who need care and support and for carers who need support.

The Act is made up of eleven separate parts (below) and supported by Regulations and Codes of Practice:

- Part 1 Introduction
- Part 2 General functions
- Part 3 Assessing the needs of individuals
- Part 4 Meeting needs
- Part 5 Charging and financial assessment
- Part 6 Looked after and accommodated children
- Part 7 Safeguarding
- Part 8 Social Services functions
- Part 9 Co-operation and partnership
- Part 10 Complaints, representations and advocacy services
- Part 11 Miscellaneous and general.

The Act imposes duties on local authorities, health boards and Welsh Ministers that require them to work to promote the well-being of those who need care and support, or carers who need support.

The Social Services and Well-being (Wales) Act changes the social services sector so that:

- People have control over what support they need, making decisions about their care and support as an equal partner.
- New proportionate assessment focuses on the individual.
- Carers have an equal right to assessment for support to those who they care for.
- Easy access to information and advice is available to all.
- Powers to safeguard people are stronger.
- A preventative approach to meeting care and support needs is practised.
- Local authorities and health boards come together in new statutory partnerships to drive integration, innovation and service change.

Principles of the Act

- The Act supports people who have care and support needs to achieve well-being.
- People are at the heart of the new system by giving them an equal say in the support they receive.
- Partnership and co-operation drives service delivery.
- Services will promote the prevention of escalating need and the right help is available at the right time.

The Act transforms social care in Wales and aims to improve people's well-being. Care and support services across Wales will focus on the well-being outcomes that people who need care and support and carers who need support want to achieve, and on people's rights and responsibilities.

¹ Sustainable Social Services for Wales: A Framework for Action www.gov.wales/docs/dhss/publications/110216frameworken.pdf

² Social Services and Well-being (Wales) Act 2014 www.legislation.gov.uk/anaw/2014/4/pdfs/anaw_20140004_en.pdf

Measuring national well-being

The development of the National Outcomes Framework was a requirement in Part 2 Section 8 of the Act to describe well-being for people who need care and support and carers who need support and provide a consistent approach to measuring well-being.

The framework builds further on the national well-being outcomes that are described in the well-being statement³ by setting out forty nine national outcome indicators defined under eight aspects of well-being that relate to all areas of an individual's life. These include:

- Securing rights and entitlements
- Physical and mental health and emotional well-being
- Protection from abuse and neglect
- Education, training and recreation
- Domestic, family and personal relationships
- Contribution made to society
- Social and economic well-being
- Suitability of living accommodation.

The national outcome indicators evidence whether the national well-being outcomes are being achieved, and provide a measure of the well-being of people who need care and support and for carers who need support.

The national outcome indicators have been set by Welsh Government working in collaboration with a wide range of stakeholders from across the social care sector in Wales. The key objectives of the national outcomes framework are:

 To set the national direction to promote the well-being of people who need care and support and carers who need support in Wales:

This shift in service provision to promote well-being provides a focus for all services (statutory, third and independent sector) to work with people who receive care and support and carers to understand what matters to them. Services must work in partnership to build on people's strengths and abilities to enable them to maintain an appropriate level of independence with the appropriate level of care and support. The national outcomes framework will support services to work together to promote well-being in relation to care and support.

 To provide greater transparency on whether services are improving well-being outcomes for people who need care and support and carers who need support in Wales using consistent and comparable indicators:

This will allow the sector to scrutinise its performance and will shine a spotlight on what needs to be done to improve people's well-being rather than focusing on the processes involved in delivering social services. The national outcomes framework will be the key driver for identifying evidenced based national priorities for improvement. This information will be used effectively to focus improvement resources in the most important areas, identify and extend best practice and identify where new policies are required.

 To describe the national well-being outcomes that people who need care and support and carers who need support should expect in order to live fulfilled lives:

This will give people a greater voice and more control over their lives and enable them to make informed decisions to ensure they engage in improving their own well-being. Focussing on people's well-being outcomes will drive better experiences and better services for people who need care and support and carers who need support.

A summary of the national outcome indicators and sources of data relating to the indicators can be found on the National Outcomes Framework pages on the Welsh Government website.

Links with other frameworks

This Social Services National Outcomes Framework is developed particularly to underpin the national indicators of the Well-being of Future Generations (Wales) Act 2015⁴ that measure whether Wales is achieving the seven well-being goals set out in the Act. These goals include achieving a prosperous, resilient, more equal and healthier Wales, through improving the social, economic, environmental and cultural well-being of Wales, both now and in the future.

This National Outcomes Framework also links closely to other outcomes frameworks including those for the National Health Service and the Public Health Outcomes Framework⁵. There is a direct overlap with some indicators that are shared across these frameworks, whilst there are some indicators which are complementary to

others. Work is ongoing to further align these frameworks as outlined in the Healthier Wales⁶.

About this report

This is the second annual report against the national outcomes framework for people who need care and support and carers who need support in 2017-18. This report will present data for each indicator, where new data has been made available. Trends will be reported where possible.

All subsequent reports of the national outcomes framework will be published annually. As information is gathered through the national outcomes framework over the coming years this will start to establish the evidence base to identify the national priorities for improvement in Wales and will start to provide an understanding of the overall impact of care and support on people's lives.

For 2017-18 a number of indicators have not been updated due to data availability. A number of data collections have also ceased, with no alternative measure available and therefore have been removed from the framework. Table 1 highlights for 2017-18, which items have been updated and also those that have been removed.

⁴ Well-being of Future Generations www.gov.wales/topics/people-and-communities/people/future-generations-act/?lang=en

⁵ Public Health Outcomes Framework www.publichealthwalesobservatory.wales.nhs.uk/phof

⁶ A Healthier Wales: our Plan for Health and Social Care www.gov.wales/topics/health/publications/healthier-wales/?lang=en

Table 1: Indicators that have been updated or removed

Securing Rights & Entitlements		
	Indicator	Updating this Year Yes/No
1	Percentage of people who rate their care and support as excellent of good	No
2	Percentage of people whose care and support has helped them have a better quality of life	No
3	Percentage of people dying in their place of choice	No further data available – indicator removed from the framework
4	Percentage of people who feel they have been treated with respect	No
5	Percentage of people who rate the people that provided their help, care and support as excellent or good	No
6	Percentage of people that received the right information or advice when they needed it	No
7	Percentage of people reporting that they are in control of their daily life as much as they can be	No
8	Percentage of people who felt involved in decisions about their care and support	No
9	Percentage of voluntary organisations offering family welfare and children's activities	Yes
10	Percentage of adult service users receiving a direct payment	Yes

Physical & Mental Health & Emotional Well-being		
	Indicator	Updating this Year Yes/No
11	Percentage of people with high happiness scores	No
12	Percentage of people with high life satisfaction scores	No
13	Percentage of people with high mental well-being	No
14	Percentage of people who have fewer than two healthy lifestyle behaviours	No
15	Percentage of children in need with mental health problems	Changing to 'Percentage of children receiving care and support with mental health problems' due to changes in data collection methods
16	Percentage of live singleton births with a birth weight of less than 2500 grams	Yes
17	Percentage of children in need with up-to-date immunisations	Changing to 'Percentage of children receiving care and support with up-to-date immunisations' due to changes in data collection methods
18	Percentage of children in need with up-to-date dental checks	Changing to 'Percentage of children in need with up-to-date dental checks' due to changes in data collection methods
19	Life expectancy at Birth	Changing to 'Healthy life expectancy at birth' in line with the Public Health Outcomes Framework and the Future Generations and Well-being Indicator
20	Hip Fractures amongst older people	Yes
21	Percentage of Flying Start Children reaching or exceeding their developmental milestones at 3 years	No further data available – indicator removed from the framework
22	Percentage of people reporting that their health in general is good or very good	No

Protection from Abuse and Neglect		
	Indicator	Updating this Year Yes/No
23	Percentage of people reporting they feel safe	No
24	Percentage of registrations of children on local authority child protection registers	Yes
25	Incidence of sexual offences	Yes
26	Incidence of domestic abuse	Yes
27	Percentage of adults at risk of abuse and neglect reported more than once during the year	Yes

Education, Training & Recreation		
	Indicator	Updating this Year Yes/No
28	Percentage of people reporting that they are able do the things that matter to them	No
29	Key stage 4 results for children in need	Changing to 'Key Stage 4 results for children receiving care and support' due to changes in data collection methods
30	Key Stage 2 Results for Children in Need	Changing to 'Key Stage 2 results for children receiving care and support' due to changes in data collection methods
31	School attendance rates of Children in Need	Changing to 'School attendance rates for children receiving care and support' due to changes in data collection methods
32	Learner outcomes In further education, work based learning and adult community learning	Yes
33	Percentage of adults aged 16-64 with at least one qualification	Yes

Education, Training & Recreation		
	Indicator	Updating this Year Yes/No
34	Percentage of Children in Need achieving expected level of learning or above at foundation phase	Changing to 'Percentage of children receiving care and support achieving expected level of learning or above at foundation phase' due to changes in data collection methods
35	The average external qualifications points score for 16 year old looked after children	No further data available – indicator removed from the framework

Domestic, Family & Personal		
	Indicator	Updating this Year Yes/No
36	Percentage of people reporting overall, emotional and social loneliness	No
37	Percentage of people who think that people in their local area treat each other with respect and consideration	No
38	Percentage of people who feel they belong to their local area	No
39	Percentage of people who think that their local area is a place where people from different backgrounds get along well together	No

Contribution Made to Society		
	Indicator	Updating this Year Yes/No
40	Percentage of people reporting the things they do in life are worthwhile	No
41	Percentage of people who volunteer	No
42	Percentage of voluntary organisations offering community or youth activities	Yes
43	Percentage of voluntary organisations offering disability activities	Yes

Social & Economic Well-being		
	Indicator	Updating this Year Yes/No
44	Employment Rate of Adults aged 50 and over	Yes
45	Gap in life expectancy between least and most deprived	Change to 'healthy life expectancy at birth between the least deprived and most deprived' in line with the Public Health Outcomes Framework
46	The percentage of 19-24 year olds who are not in education, employment or training (NEETS)	Yes
47	Employment rate of adults aged 16-64 who are equality act core or work limiting disabled	Yes
48	Percentage of Materially deprived households	No

Suitability of Living Accomodation		
	Indicator	Updating this Year Yes/No
49	Percentage of people reporting that their accommodation is suitable for their needs	No
50	Percentage of voluntary organisations offering housing activities	Yes
51	Percentage of households which include dependent children	Yes
52	Percentage of social housing compliant with Welsh Housing Quality Standards	Yes

Chapter 1: National Outcomes Framework data



Securing rights and entitlements

Everyone has a right to be given a voice and an opportunity to be heard as an individual and as a citizen, and to have real control over their day to day lives. The well-being statement reflects the commitment outlined in the Social Services and Well-being (Wales) Act 2014 that social care must focus on the rights and entitlements of people

who need care and support and carers who need support.

Helping people to be in control of their own lives, as much as is reasonably practicable, and be involved in decisions about their care and support are key well-being outcomes.

Outcome Indicators

· Percentage of:

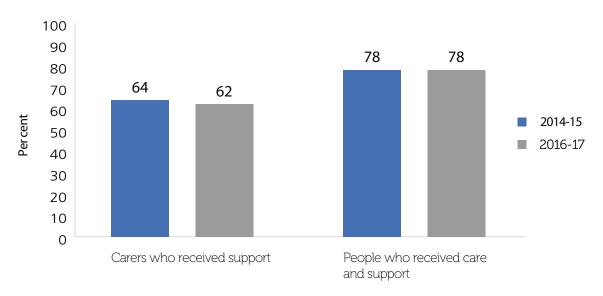
- people who rate the care and support they have received as excellent or good;
- people whose care and support has helped them have a better quality of life;
- people who feel they have been treated with respect;
- people who rate the people that provided their help, care and support as excellent or good;
- people that received the right information or advice when they needed it;
- people reporting that they are in control of their daily life as much as they can be;
- people who felt involved in decisions about their care and support;
- voluntary organisations offering family welfare and children activities;
- adult service users receiving a direct payment.

Percentage of people who rate the care and support they have received as excellent or good

To be able to improve their well-being, live independently and achieve their personal well-being outcomes, it is essential that people and carers must receive good quality care and support services.

In 2016-17, around three quarters (78 per cent) of people who received care and support in Wales rated the care and support they received as excellent or good. People who received care and support were more likely to rate the overall service as excellent or good compared with carers who received support (62 per cent). As chart 1 shows, there was no significant difference between the results for 2014-15 and those for 2016-17.

Chart 1 Percentage of people who rate the care and support they have received as excellent or good:

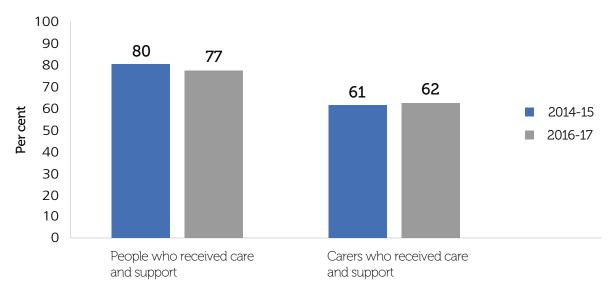


Percentage of people whose care and support has helped them have a better quality of life

People who received care and support and carers who received support were asked whether care and support services have helped them to have a better quality of life.

In 2016-17, 77 per cent of people who had received care and support and 62 per cent of carers who received support agreed that their care and support had helped them have a better quality of life. Chart 2 shows the results were similar to those in 2014-15.

Chart 2 Percentage of people whose care and support has helped them have a better quality of life:



Source: National Survey for Wales

Percentage of people who feel they have been treated with respect

Being treated with dignity and respect, cared for appropriately free from abuse or neglect and being supported to live independently will help people and carers to improve their well-being and help achieve their personal well-being outcomes.

For people who receive care and support the percentage who felt that people treated them with respect decreased from 86 percent in 2014-2015 to 75 per cent in 2016-17. The percentage of people who felt that people treated them with respect also decreased for carers (85 per cent in 2014-2015; 79 per cent in 2016-17).

However, the biggest decrease was reported by people who had not received care and support. In 2014-15, 90 per cent said that they felt that they were treated with dignity and respect. This fell by 11 percentage points to 79 per cent in 2016-17.

Percentage of people who rate the people that provided their help, care and support as excellent or good

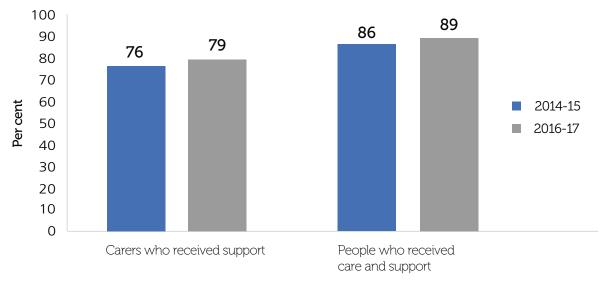
People who received care and support and carers who received support were asked to rate the people who directly helped, cared for, or supported them.

In 2014-15, 86 per cent of people who received care and support rated the people who directly helped, cared for, or supported

them as excellent or good. This compares with 89 per cent in 2016-17.

For carers who received support, 79 per cent rated the people who directly helped, cared for, or supported them as excellent or good. This figure has also increased by three percentage points from 2014-15 (76 per cent).

Chart 3 Percentage of people who rate the people that provided their help, care and support as excellent or good:



Source: National Survey for Wales

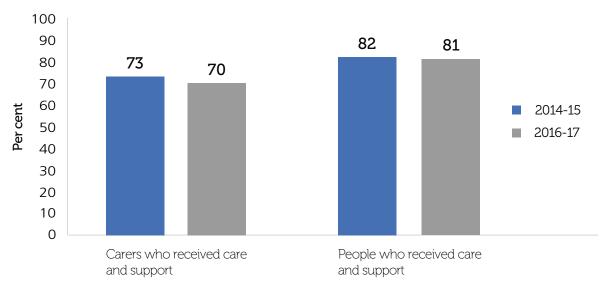
Percentage of people that received the right information or advice when they needed it

In order for people to make informed decisions about how best to manage their well-being, access to information, advice and assistance relating to care and support must be made available at the right time and in the right place.

People who received care and support and carers who received support were asked whether they agreed or disagreed that 'when receiving care and support in the last 12 months they had received the right information or advice when they needed it'.

There has been little change in this indicator since 2014-15. Chart 4 shows people who received care and support were more likely to agree that within the last 12 months they had 'received the right information or advice when they needed it' (2016-17, 81 per cent; 2014-15, 82 per cent), compared with carers who received support (2016-17, 70 per cent; 2014-15, 73 per cent).

Chart 4 Percentage of people who received the right information or advice when they needed it:



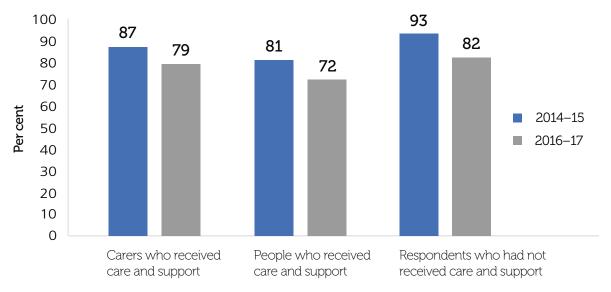
Source: National Survey for Wales

Percentage of people reporting that they are in control of their daily life as much as they can be

In 2016-17, 72 per cent of people who received care and support and 79 per cent of carers who received support agreed that they were in control of their daily life as much as they can be; however, people who had not received any care and support were more likely to feel in control of their daily life (82 per cent).

Chart 5 shows these figures have decreased for all respondents since 2014-15. In 2014-15, 81 per cent of people who received care and support and 87 per cent of carers agreed that they were in control of their daily life as much as they can be. This decrease was also reflected in the figures for people who had not received any care and support. In 2016-17, 82 per cent said that they felt in control of their daily life compared with 93 per cent in 2014-15.

Chart 5 Percentage of people reporting that they are in control of their daily lives as much as they can be:



Source: National Survey for Wales

Percentage of people who felt involved in decisions about their care and support

People receiving care and support must be equal partners in the design and the delivery of their care and support as they know what is best for them. The Act provides carers in Wales with equal legal rights to those they look after.

In 2016-17, around 4 in 5 people who received care and support (79 per cent) and carers who received support (71 per cent) agreed that they had been involved in any decisions made about how their care or support was provided for themselves or for the person they cared for respectively.

Percentage of voluntary organisations offering family welfare and children activities

The third sector complements statutory services by supporting seamless service provision and providing services for the benefit of people and communities in Wales.

Voluntary organisations offer activities to support family welfare and children, including: preschool provision, local centres providing services, adoption and fostering services, children's rights organisations and services for disabled children. In 2018, around 11 per cent (11.4 percent) of voluntary organisations offered welfare and children activities. This compares to 10.2 percent in 2017.

Percentage of adult service users receiving a direct payment

Direct payments are monetary payments made by local authorities directly to adults for the purchase of care and support services. This provides individuals with real control over the way in which their care and support needs are met. In 2017-18, the percentage of direct payments made by local authorities in Wales was around 8 per cent (7.8 per cent). This to compares to around 7 per cent (7.1 per cent) in 2016-17.



Physical and Mental Health and Emotional Well-Being

The well-being statement recognises how important it is for people who need care and support and carers who need support to have good physical, mental and emotional health in order to enjoy a good quality of life.

Being healthy and active can allow children to flourish and develop to their full potential, and limit the likelihood of needing assistance from care and support services later on in life. For adults, enjoying good physical and emotional health and well-being as they get older can help keep their independence and reduce social isolation by continuing to work and participate in their communities.

There are many factors that will contribute to mental health and emotional well-being levels. To improve the overall well-being of people who need care and support and carers who need support, care and support services must work with people to look at the person's life as a whole to see how services can contribute to supporting people to achieve what matters to them.

Outcome Indicators

• Percentage of:

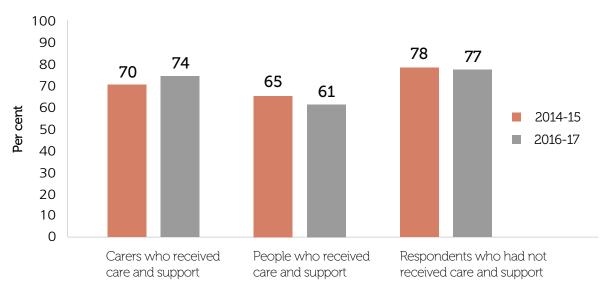
- people with high happiness scores;
- people with high life satisfaction scores;
- people with high mental well-being;
- people who have fewer than two healthy lifestyle behaviours;
- live singleton births with a birth weight of less than 2500 grams;
- children receiving care and support with mental health problems;
- children receiving care and support with up-to-date immunisations;
- Children receiving care and support aged 5 and over with up-to-date dental checks;
- adults reporting their health in general is very good or good.
- Healthy life expectancy at birth (males and females).
- Hip Fractures amongst Older People.

Percentage of people with high happiness scores

The majority of people who received care and support and carers who received support reported high or very high levels of happiness. When asked in the National Survey around two thirds of people who received care and support reported high or very high levels of feeling happy yesterday (61 per cent). Almost three quarters (74 per cent) of carers who received support, reported high or very high levels of feeling happy.

Despite the majority of those who receive care and support and carers who receive support having high happiness scores, it is slightly lower than those who do not receive care and support. In 2016-17, 77 per cent of people in this group reported high or very high levels of feeling happy (the previous day). Chart 6 shows these 2016-17 findings and the similar results for 2014-15.

Chart 6 Percentage of people with high happiness scores:



Percentage of people with high life satisfaction scores

The majority of people who received care and support and carers who received support reported high or very high levels of life satisfaction scores. In 2016-17, around two thirds of people (63 per cent) who receive care and support had high life satisfaction scores. This compares with 79 per cent of carers who receive support and 83 percent of people who do not receive care and support.

Percentage of people with high mental well-being⁷

The Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) was included in the 2016-17 National Survey to give information on mental well-being. Respondents were asked a series of statements, and based on their answers a score of between 14 (lowest mental well-being) and 70 (highest) was assigned. The 2016-17 average mental well-being score in Wales was 51. For analysis purposes we grouped these scores; below average mental well-being (scores 14 to 44), average well-being (scores 45 to 57), and above average mental well-being (scores 58 to 70).

In 2016-17, 23 per cent of people who did not receive care and support had high mental well-being, Similarly, 23 per cent of carers also scored highly. This compares to 18 per cent of people using care and support services. In 2016-17, 36 per cent of those who receive care and support reported low levels of mental well-being. This compares with 23 per cent of carers, and 21 per cent of those who do not receive care and support.

Percentage of people who have fewer than two healthy lifestyle behaviours⁸

People have a responsibility to do the things that keep them healthy and active. There are five lifestyle behaviours most commonly attributed to good health. These are: not smoking, having a healthy weight, eating five fruit or vegetables a day, not drinking above guidelines and meeting physical activity guidelines.

In 2016-17, one in ten people (10 per cent) who do not receive care and support have fewer than two of these healthy lifestyle behaviours. Similar percentages can be seen for people receiving care and support (10 per cent) and carers receiving support (9 per cent).

Percentage of live singleton births with a birth weight of less than 2500 grams

Being born with a low birth weight can pose long term challenges for a child's development and their likelihood to achieve their full potential throughout childhood and adult life.

The number of single babies (as opposed to twins or triplets etc.) born weighing less than 2.5 kg (5 pounds, 8 ounces) had been falling over the last decade or so but has increased in the last 2 years. The most recent statistics for 2017 showed that 5.6 per cent of births (single babies) were low birth weight. This is the highest percentage since 2009.

Percentage of children receiving care and support with mental health problems

Amongst the 7,950 children receiving care and support aged 10 and over, 14 per cent (1,130) had mental health problems at 31 March 2018.

- 7 Figures presented are for adults only
- 8 Figures presented are for adults only

Percentage of children receiving care and support with up-to-date immunisations

Amongst the 16,080 children receiving care and support, 82 per cent had up to date immunisations at 31 March 2018, suggesting somewhat lower rates than for the general child population⁹.

Percentage of children receiving care and support aged 5 and over with up-to-date dental checks

Information on dental checks was provided for 12,105 (99 per cent) children receiving care and support aged 5 and over. 76 per cent of children for whom information was provided had up to date dental checks at 31 March 2018. The proportion of children looked after who were up to date with dental

checks was higher (82 per cent) than for other children receiving care and support who were not looked after or on the child protection register (72 per cent).

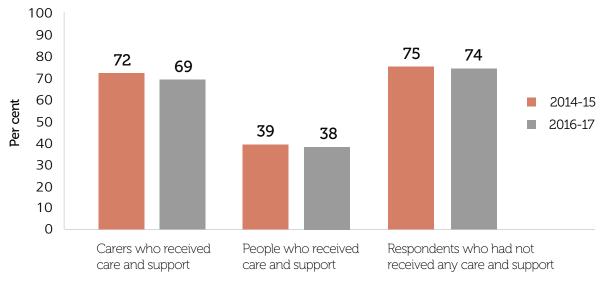
Percentage of adults reporting their health in general is very good or good

In 2016-17, people who received care and support were less likely to say that their health was either very good or good (38 per cent) when compared with carers who received support (69 per cent) and people who had not received any care and support (74 per cent). Chart 8 displays the 2014-15 and 2016-17 results.

Healthy Life Expectancy at Birth

Healthy life expectancy represents the

Chart 7 Percentage of adults reporting that their health in general is very good or good:



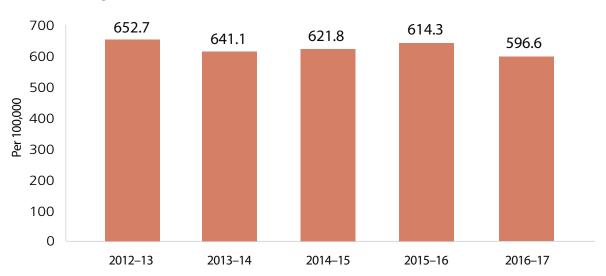
number of years a person might expect to live in good health. Estimates may vary depending on the methods and sources used, however five year averages suggest that between 2010 to 2014 the healthy lift expectancy for males is 65.3 and for females it is 66.7.

Hip Fractures amongst Older People

Emergency admissions to hospital for hip fractures among older people are most commonly as a result of a fall either inside or outside the home. Once a person has experienced a fall it can damage their self-confidence, can lead to people to become fearful in their daily lives and can result in increased likelihood of social isolation.

The rate of emergency admissions for hip fractures in people aged 65 and over has decreased year on year since 2012-13. Most recent figures suggest that in 2016-17 there were 596.6 admissions per 100,000. This compares to 614.3 per 100,000 in 2015-16 and 621.8 per 100,000 in 2014-15.

Chart 8 The rate of emergency admissions for hip fractures in people aged 65 and over:



Source: Public Health Outcomes Framework



Protection from abuse and neglect

The well-being statement recognises that feeling safe is an important well-being outcome; everyone has the right to be safe and protected from abuse and neglect. The Social Services and Well-being (Wales) Act strengthens existing safeguarding arrangements in relation to children, and introduces a duty to ensure that relevant partners (e.g. the police or local health boards) must report to a local authority any situation where they think an adult is at risk of abuse or neglect.

Supporting individuals to protect the people that matter to them is also an important well-being outcome, for example, by educating people and those around them to recognise the signs and risks of abuse.

In the wider community, feeling safe in public spaces can increase the likelihood of an individual getting out and enjoying their local community, which can help to reduce social isolation and provide a greater sense of trust and belonging to their local area.

Outcome Indicators

- Incidence of domestic abuse.
- Incidence of sexual offences.
- Percentage of re-registrations of children on local authority child protection registers.
- Percentage of people reporting they feel safe.
- Percentage of adults at risk of abuse or neglect reported more than once during the year.

Incidence of domestic abuse

The well-being statement describes well-being outcomes to protect people from abuse and neglect, as well as educating people and those around them to recognise the signs and dangers of abuse and neglect.

At year end March 2018 there were around 71,440 domestic abuse incidents and offences in Wales. This compares to around 66,700 domestic abuse incidents and offenses at year end March 2017. This shows a 7 percentage point increase in domestic abuse incidents between 2017 and 2018.¹⁰

Incidence of sexual offences

Tackling all forms of sexual violence is an overriding priority for the Welsh Government, and this is reflected in our Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act introduced into the Assembly in June 2014.

Across Wales, the number of sexual offences reported to the police has steadily increased over the last 6 years. In 2017-18 around 8,500 sexual offences were reported in Wales. This is over 2000 more sexual offences reported than 2016-17 (6,300).

10 Domestic abuse and Sexual Offences Data should be read with a caveat – it is known that a high proportion of offences are not reported to the Police, and changes in recorded figures may reflect changes in reporting or recording rates rather than actual victimisation. For these reasons, caution should be used when interpreting trends in these offences.

This shows a 34 percentage point increase in the number of sexual offences reported between March 2016-17 and March 2017-18.¹¹

Percentage of re-registrations of children on local authority child protection registers

The well-being statement describes how people should be safe and protected from abuse and neglect. It is important that children continue to be protected when at risk and that potential cases of repeated safeguarding issues are highlighted. In 2017-18, only a small percentage of registrations of children on local authority child protection registers during the year were re-registrations (5.4 per cent). This compares to 6.1 per cent in 2016-17.

Percentage of people reporting they feel safe

The well-being statement describes well-being outcomes for people who need care and support and carers who need support in relation to protection from abuse and neglect. The statement recognises that feeling safe is an important well-being outcome.

In 2016-17, the majority of both people who received care and support and carers who received support reported that they felt safe (84 per cent and 87 per cent respectively). Figures were broadly similar for those who had not received any care and support (88 per cent). Chart 9 shows that although a large proportion of people feel safe, figures have decreased since 2014-15. In 2014-15, 87 per cent of people receiving care and support, 91 per cent of carers and 94 per cent of people who do not receive care and support, felt safe.

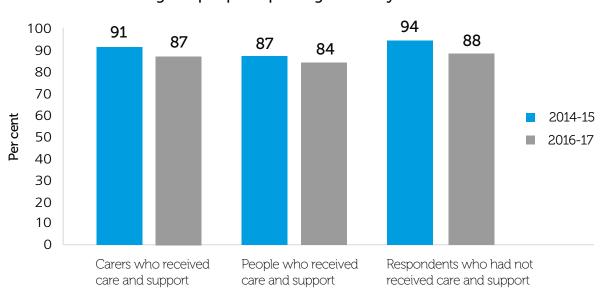


Chart 9 Percentage of people reporting that they feel safe:

¹¹ Figures at year ending March 31st. Recorded crime figures remain subject to revision in future publications, as forces resubmit data to reflect the latest information.

Percentage of adults at risk of abuse or neglect reported more than once during the year

Under the Social Services and Well-being (Wales) Act, local authorities and their relevant partners are required to report to the appropriate local authority where they suspect that an adult is an adult at risk (of abuse or neglect). In 2017-18, 19,178 reports were received and completed by local authorities during the year, where it was suspected that an adult was at risk of abuse or neglect. This represented around 76.8 per 10,000 of the total population aged 18 and over in Wales; and was an increase of 3,421 people (22 per cent) when compared to the previous year.

The number of adults reported more than once for the same category of abuse or neglect during the year increased from 1,814 in 2016-17 to 2,427 in 2017-18.



Education, training and recreation

The well-being statement recognises that being able to learn and develop to their full potential and being able to do things that matter to them are important well-being outcomes for people who need care and support and carers who need support.

Children must be able to acquire the necessary developmental skills in order to help them achieve their educational potential and progress to higher and further education. Into adulthood, a lack of basic educational skills such as reading, writing and numeracy can have a huge impact on people's daily lives, for example, being able to understand bills, forms and documents.

Learning is not limited to children and their education; further developing knowledge and skills through adult learning and training can give adults a sense of independence, improve confidence, and positively impact on a person's ability to getting and keeping a job. Having a regular income and staying out of poverty can have a significant impact on people's health and well-being.

Outcome Indicators

- Key stage 2 results for children receiving care and support.
- Key stage 4 results for children receiving care and support.
- School attendance rates of children receiving care and support.
- Percentage of children receiving care and support achieving the expected level of learning or above at the end of the Foundation Phase.
- Learner outcomes in the further education, work-based learning and adult community learning sectors.
- Percentage of adults aged 16-64 with at least one qualification.
- Percentage of people reporting that they are able do the things that matter to them.

Key Stage 2 results for children receiving care and support

Key stage 2 is the term given to the four years of schooling in maintained schools in England and Wales when pupils are aged between 7 and 11. Care and support services must encourage children to participate in education, training and recreation to support them in learning and developing to their full potential.

There is a wide educational attainment gap between children receiving care and support and all pupils in Wales. In 2018, 59 per cent of children who received care and support achieved the core subject indicator at Key Stage 2.

Key Stage 4 results for children receiving care and support

Key stage 4 is the term given to the two years of school education which incorporate GCSEs, and other exams, in maintained schools in England and Wales, when pupils are aged between 14 and 16. The percentage of children receiving care and support achieving the core subject indicator for Key Stage 4 is lower than those achieving Key Stage 2 and there is again a wide educational attainment gap between children receiving care and support and all pupils in Wales. In 2018, 13 per cent of children who received care and support achieved the core subject indicator at Key Stage 4.

School attendance rates of children receiving care and support

School attendance can have a significant impact on the attainment of education outcomes for children. In 2018 the school attendance rate of children receiving care and support was 92 per cent.

Percentage of children receiving care and support achieving the expected level of learning or above at the end of the Foundation Phase

The Foundation Phase is the statutory curriculum for all 3 to 7 year olds in Wales. It helps children to develop and acquire the necessary skills in order to have the best possible basis for their future growth and development. In 2018 52 per cent of children who receive care and support achieved the expected level of learning at Foundation Phase. This compares to 83 per cent of all pupils in Wales.

Learner outcomes in further education, work based learning and adult community learning

Learning providers in all sectors are crucial to driving education standards forward. This indicator looks at the proportion of all learning activities in the Further Education (FE) and Adult Community Learning (ACL) sectors in Wales that are both completed and achieved. The indicator for the Work based Learning (WBL) sector relates to successful completion of apprenticeship frameworks.

The learning activity success rate in Wales in the adult community learning sector in 2016-17 was 90 per cent, up four percentage points from 2015-16. The success rate in the further education sector in Wales also rose, to 87 per cent, up one percentage point from 2015-16. The work based learning apprenticeship framework success rate was 81 per cent, the same rate as in 2015-16.

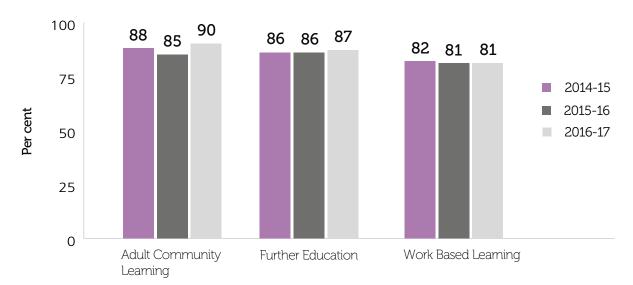


Chart 10 Trends in learner outcomes:

Percentage of adults aged 16-64 with at least one qualification

Basic educational skills such as reading, writing and numeracy can have a huge impact on people's daily lives, from understanding bills, forms and documents, to guiding children through school and onto further education opportunities. In adulthood, educational qualifications can also impact on a person's ability to getting and keeping a job, and their ability to receive a regular income.

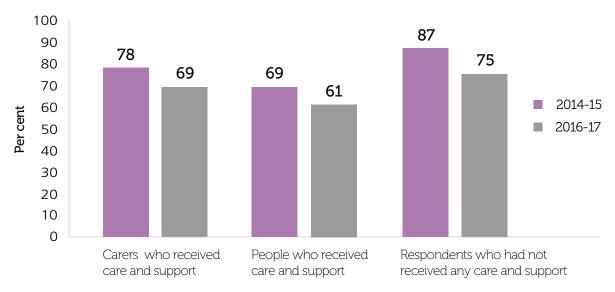
The percentage of working age adults (aged 16 to 64) with at least one qualification has seen a steady increase since 2012. In 2017, 91 per cent of working age adults held at least one qualification the same as in 2016.

Percentage of people reporting that they are able do the things that matter to them

People must be able to achieve their own personal well-being outcomes and continue to do what is important to them to provide people with their own independence. People's individual circumstances must be considered; people know what's best for them, and their views wishes and feelings must be taken into account.

In 2016-17, people who received care and support were less likely to report that they were able to do the things that matter to them (61 per cent) compared with carers who received support (69 per cent) and people who had not received any care and support (75 per cent). As chart 11 shows, there has been a decrease since 2014-15 in the proportion of people reporting they were able to do the things that matter to them, for all three groups of people.

Chart 11 Percentage of people reporting that they are able do the things that matter to them:





Domestic, family and personal relationships

The well-being statement recognises that having strong social networks, through family and friendships, and having a sense of belonging to the local community is important to reduce social isolation and loneliness for people who need care and support and carers who need support.

Having a sense of belonging to a greater community can improve people's confidence and self-worth and can reduce feelings of isolation by allowing people to engage with each other.

Outcome Indicators

- Percentage of people who feel that they belong to their local area.
- Percentage of people who think that their local area is a place where people from different backgrounds get on well together.
- Percentage of people reporting overall, emotional and social loneliness.
- Percentage of people who think that people in their local area treat each other with respect and consideration.

Percentage of people who feel they belong to their local area

In 2016-17, 78 per cent of people who received care and support, 76 per cent of carers who received support and 71 per cent of people who did not receive care and support felt that they belonged to their local area.

As chart 12 shows, the proportion of people who felt they belonged to their local area has fallen since 2014-15. In 2014-15, 84 per cent of people who receive care and support, 85 per cent of carers who receive support and 83 per cent of people who do not receive care and support felt that they belonged to their local area.

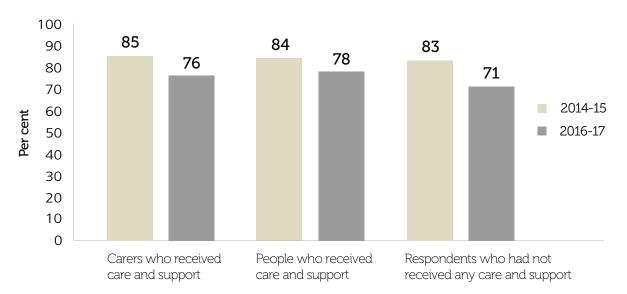


Chart 12 Percentage of people who feel they belong to their local area:

Source: National Survey for Wales

Percentage of people who think that their local area is a place where people from different backgrounds get on well together

In 2016-17, 70 per cent of people receiving care and support, 74 per cent of carers receiving support and 73 per cent of people not receiving support feel that their local area is a place where people from different backgrounds get on well together. There has been a decrease for two groups since 2014-15 where 82 per cent of people receiving care and support, and 80 per cent of people not receiving support felt that their local area is a place where people from different backgrounds get on well together.

Percentage of people reporting overall emotional and social loneliness¹²

Emotional and social loneliness can impact upon a person's health; social networks and friendships It can impact on reducing the risk of mortality or developing certain diseases, but also help individuals to recover when they do fall ill.

In 2016-17, the group reporting the highest levels of overall emotional and social

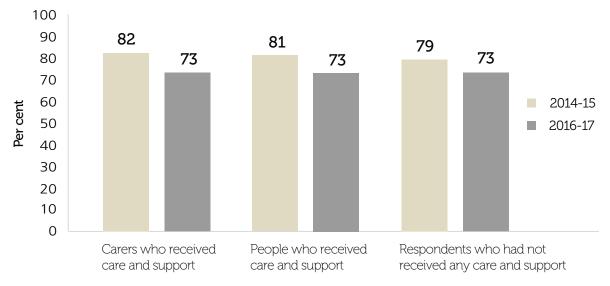
loneliness were those who receive care and support (22 per cent). This was followed by people who do not receive care and support (17 per cent) and then carers who receive support (15 per cent).

Percentage of people who think that people in their local area treat each other with respect and consideration

Feeling safe, being willing to participate in and contribute to the local community is important to ensure peoples well-being. Being treated with respect and consideration by family and friends, public services and in the wider community can impact upon whether a person feels safe and willing to participate in and make a contribution to their local community.

Chart 13 shows that in 2016-17, almost three quarters (73 per cent) of people in each category felt that people in their local area treated each other with respect and consideration. The chart shows there has been a general fall, between 2014-15 and 2016-17, in the proportion of people feeling this way.

Chart 13 Percentage of people who think that people from their local area treat each other with respect:



The well-being statement recognises that the key well-being outcomes for people who need care and support and carers who need support are being able to engage and make a contribution to their community, and to feel valued in society. Both of these outcomes can provide a sense of feeling worthwhile which can help people to take better care of their physical, mental and emotional health.

A low sense of worth can affect mental health, behaviours and how people relate to others, including their friends and family. Being treated with respect and consideration by family and friends, public services and in the wider community can impact upon whether a person feels safe and willing to participate in and make a contribution to their local community.

Outcome Indicators

- Percentage of people reporting the things they do in life are worthwhile.
- Percentage of people who volunteer.
- Percentage of voluntary organisations offering community or youth activities.
- Percentage of voluntary organisations offering disability activities.

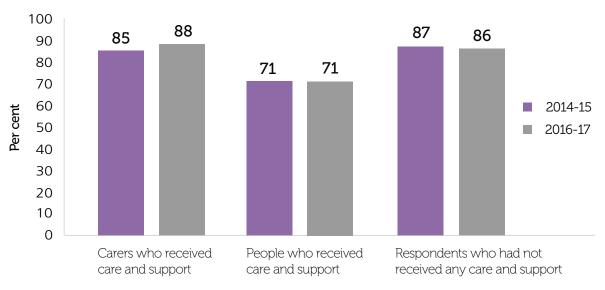
Percentage of people reporting the things they do in life are worthwhile

The well-being statement recognises that a sense of feeling worthwhile and being valued in society can help people who need care and support and carers who need support to take better care of their physical, mental and emotional health, and can help people make positive steps towards achieving their personal well-being outcomes.

In 2016-17, people who received care and support were the group with the lowest percentage of people who felt that the things they do in life are worthwhile (71 per cent). This compares with carers who received support (88 per cent) and people who had not received any care and support (86 per cent).

As chart 14 shows, there has been little change since 2014-15.

Chart 14 Percentage of people reporting the things they do in life are worthwhile:



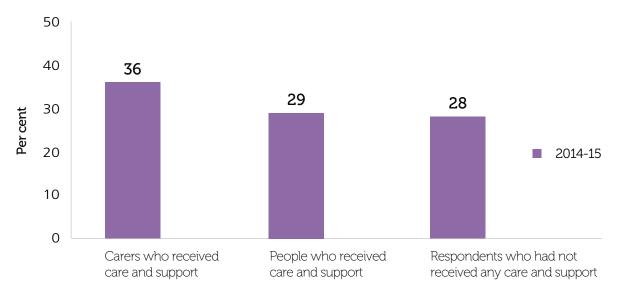
Source: National Survey for Wales

Percentage of people who volunteer

Volunteering is a way for people to be able to engage in and make a contribution to their local community. Volunteering can bring many benefits to people, including developing new skills, increased social interaction and a sense of feeling valued.

Chart 15 shows that in 2016-17 36 per cent of carers volunteered for clubs or organisations for free. This compares with 29 per cent of care users and 28 per cent of people who were neither carers nor users.

Chart 15 Percentage of people who volunteer:



Percentage of voluntary organisations offering community or youth activities

The voluntary sector is very diverse. Although the majority of voluntary organisations are registered charities there are also housing associations, credit unions, community interest companies, trusts and local community groups which aim to support various individuals within the community. Community activities include groups working to regenerate their local communities, improving local access to services, community newsletters and development programmes. Youth activities include groups that involve young people, youth centres, young farmer's clubs, uniformed organisations and cultural groups.

In 2017, around 1 in 5 (19 per cent) voluntary organisations offered community activities, this figure remained the same in 2018 at 19 per cent.

This was also true for organisations offering youth activities. In 2017 and 2018 the percentage of voluntary organisations offering youth activities was 7 per cent.

Percentage of voluntary organisations offering disability activities

In 2017 and 2018, the percentage of voluntary organisations offering disability activities was 4 per cent.

Social and economic well-being

The well-being statement recognises that the social and economic status of people who need care and support and carers who need support is important in determining their levels of well-being. Quality, secure employment is recognised as being fundamental to people's economic, physical and mental well-being.

Maintaining high employment rates is vital to raising living standards and tackling inequality and poverty. People may be faced with a number of barriers to employment. Some may have health issues; others may simply need to update their skills to reflect the current work environment.

Removing these barriers and supporting people to stay in work will help people have the same access to services and opportunities as the rest of society, and ensure they can continue to play an active role in society and live as healthy, independent and fulfilling lives as possible.

The social and economic conditions of the area where people are born or live can also have a significant impact on their health and well-being. This is especially true for children in need of care and support and children looked after by local authorities, who are more likely to live in the more deprived areas of Wales.

Outcome Indicators

- Employment rate of adults aged 50 and over.
- Employment rate of adults aged 16-64 who are Equality Act core or work-limiting disabled.
- Gap in healthy life expectancy between least and most deprived.
- The percentage of 19-24 year olds who are not in education, employment or training (NEET).
- Percentage of materially deprived households.

Employment rate of adults aged 50 and over

Older people may be faced with a number of barriers to employment, through health issues, or having skills that do not reflect the current work environment. Helping older people to stay in work will ensure they can continue to play an active role in society and live as healthy, independent and fulfilling lives as possible.

At year-end March 2018, around two in five adults (38.3 per cent) aged 50 and over were in employment, this is a 0.3 percentage point increase since year-end March 2017.

Chart 16 Employment rate of adults aged 50 and over:



Source: Labour Force Survey

Employment rate of adults aged 16-64 who are Equality Act core or work-limiting disabled

Quality, secure employment is recognised as being fundamental to people's economic, physical and mental well-being. Removing barriers for disabled people will help make sure disabled people have the same access to services and opportunities as the rest of society.

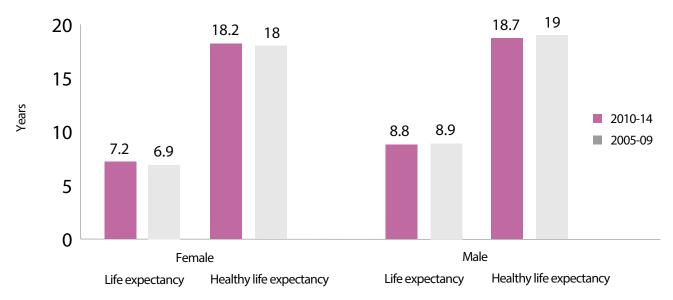
In year ending March 2018 just under half (47.2 per cent) of people aged between 16-64 who are equality act core or work-limiting disabled were in employment. This has increased slightly since year end March 2017 where the percentage of people aged 16-64 who are equality act core or work-limited disabled who were in employment was 46.4 per cent.

Gap in healthy life expectancy between least and most deprived

Healthy life expectancy remains unequal across Wales. Deprivation is strongly linked to life expectancy – people born into deprived families will have shorter healthy life expectancy. This is reflected in the healthy life expectancy gap between the most and least deprived areas of Wales and this hasn't changed in the most recent years.

The most recent data suggests that for females, the gap in healthy life expectancy between the least deprived and most deprived areas in Wales in 2010 to 2014 is 18.2 years. For males the gap is 18.7 years.

Chart 17 Gap in life expectancy between the most and least deprived parts of Wales, 2005-2014

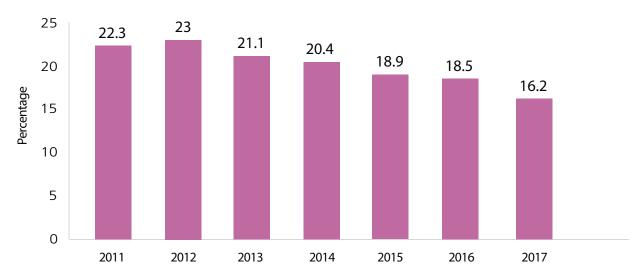


The percentage of 19-24 year olds who are not in education, employment or training (NEET)¹³

Training, further or higher education or securing sustained employment is important for young adults aged 19-24). High numbers of young adults not in some form of training, further or higher education, or securing sustained employment can have a range of negative consequences for young people and on society more widely, for example through increases in general health problems or crime rates.

At the end of 2017(provisional), 16.2 per cent of 19-24 year olds in Wales were NEET, this compares to 18.5 per cent in 2016. This continues the gradual improvement in NEET rates since 2012.

Chart 18 The Percentage of 19-24 year olds who are not in education, employment or training (NEET):



Source: Welsh Government Statistical First Release (SFR 78/2017)

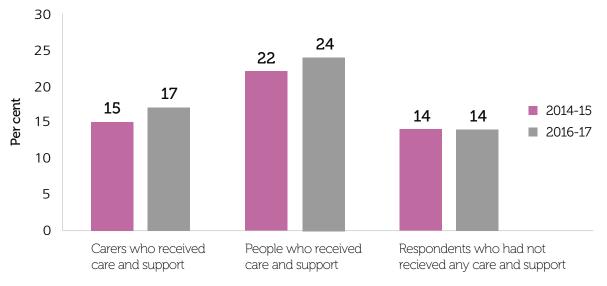
Percentage of materially deprived households

In 2016-17, people who received care and support were more likely to live in a materially deprived household¹⁴ (24 per cent) compared with carers who received support and people who had not received any care and support (17 per cent and 14 per cent respectively).

Similar results were found in 2014-15 as shown in Chart 19.

¹⁴ A materially deprived household is defined as a household that is not able to afford things like keeping the house warm enough, make regular savings, have a holiday once a year, and whether the household has access to the internet.

Chart 19 Percentage of materially deprived households:





Suitability of living accommodation

Safe, satisfactory and appropriate living accommodation can have a significant impact on the well-being of people. The well-being statement sets out that people who need care and support and carers who need support should live in a home that best supports them to achieve their well-being.

Poor living conditions and overcrowding can have a negative impact on physical health and mental well-being of people and can hinder children's learning and development.

This emphasises the important role and responsibilities care and support services, local authorities and housing associations all have in working together in partnership to ensure living accommodation is suitable for the needs of all people who need care and support and carers who need support.

Outcome Indicators

- Percentage of people reporting that their accommodation is suitable for their needs.
- Percentage of homeless households which include dependent children.
- Percentage of voluntary organisations offering housing activities.
- Percentage of social housing compliant with Welsh Housing Quality Standard.

Percentage of people reporting that their accommodation is suitable for their needs

In 2016-17, 87 per cent of people who received care and support agreed that they had suitable accommodation for their needs and 89 per cent of carers who received support agreed that they had suitable accommodation for the needs of the person that they cared for in their household. Similar results were reported in 2014-15.

Percentage of homeless households which include dependent children

A number of different personal and social factors can contribute towards people becoming homeless, and can cause huge disruption and trauma to anyone involved, but children are especially vulnerable to the effects of homelessness, often missing out on schooling.

In 2017-18, around a quarter of all households assessed as being homeless contained dependent children (23 per cent). As shown in chart 20 this is a slight decrease on 2016-17.

25 23 23 23 23 23 15 10 5 0 2015-16 2016-17 2017-18

Chart 20 Percentage of homeless households which include dependent children:

Source: Homelessness data collection, Welsh Government

Percentage of voluntary organisations offering housing activities

The third sector complements statutory services by supporting seamless service provision and providing services for the benefit of people and communities in Wales. It is also aimed at facilitating an environment where people are better enabled to support themselves, where appropriate.

In 2017, 3 per cent of voluntary organisations offer housing activities, such as homelessness projects, care and repair schemes, housing advice services and tenants and residents associations. This remained the same in 2018.

Percentage of social housing compliant with Welsh Housing Quality Standard (WHQS)

The quality of social housing in Wales can have an impact upon people who receive care and support services. The WHQS was first published in 2002 and aims to ensure that all dwellings are of good quality and suitable for the needs of existing and future residents. Revised guidance was issued in 2008. The Welsh Government expect all social landlords in Wales to adopt the standard and bring all their homes up to it as soon as possible but in any event by 2020 and to maintain this into the future.

In 2017-18, 91 per cent of all social housing stock in Wales was compliant with the WHQS (including acceptable fails). This figure has continued to increase since central data collection started in 2011-12, when 42 per cent of all social housing stock in Wales was compliant with the WHQS (including acceptable fails).

Next steps

Progress against the national outcomes framework for people who need care and support and carers who need support will be reported on by the Welsh Government in a written report.

Welsh Government will continue to develop and update the indicators for where there is no data available and for where data collection has been amended or data collection has ceased. We will also continue to monitor the data and policies under the Act during implementation to understand whether policy is being implemented as intended and to support policy improvement.