

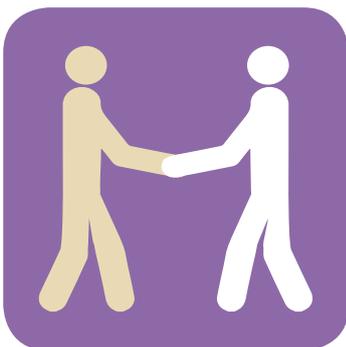
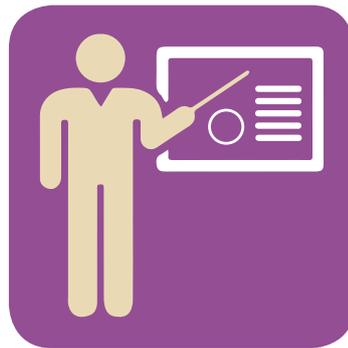
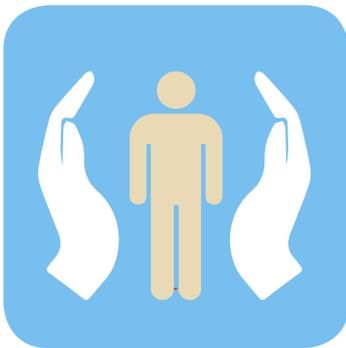


Llywodraeth Cymru  
Welsh Government



## Measuring national well-being:

A report on the national outcomes framework for people who need care and support, and carers who need support, 2016–17



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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 Action<sup>1</sup>. 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) Act<sup>2</sup> ('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' <http://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](http://www.legislation.gov.uk/anaw/2014/4/pdfs/anaw_20140004_en.pdf)

## Measuring national well-being

The development of the National Outcomes Framework<sup>3</sup> 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 statement<sup>4</sup> by setting out fifty-two 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<sup>5</sup> 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 focussing 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.

3. National Outcomes Framework <http://gov.wales/docs/dhss/publications/160610frameworken.pdf>

4. Well-being statement <http://gov.wales/docs/dhss/publications/160831well-being-statementen.pdf>

5. National Outcomes framework <http://gov.wales/docs/dhss/publications/160610frameworken.pdf>

- **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<sup>6</sup> and sources of data relating to the indicators can be found on the National Outcomes Framework pages on the Welsh Government website.

## **About this report**

This report meets the commitment made by the Welsh Government in 'Social Services: The national outcomes framework for people who need care and support and carers who need support' (March 2016) and by the previous Minister for Health and Social Services, Mark Drakeford, in his written statement on 31 March 2016<sup>7</sup> – both of which committed that the first report on the national outcomes framework would be published in 2016–17 as part of the wider, overarching evaluation of the Act.

This is the first annual report against the national outcomes framework for people who need care and support and carers who need support in 2016–17. This report will present data for each indicator. Trends will be reported where possible.

All subsequent reports of the national outcomes framework will be published annually in November. 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.

6. <http://gov.wales/docs/dhss/publications/160610frameworken.pdf>

7. Well-being statement <http://gov.wales/docs/dhss/publications/160831well-being-statementen.pdf>

# 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 dying in their place of choice**

**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**

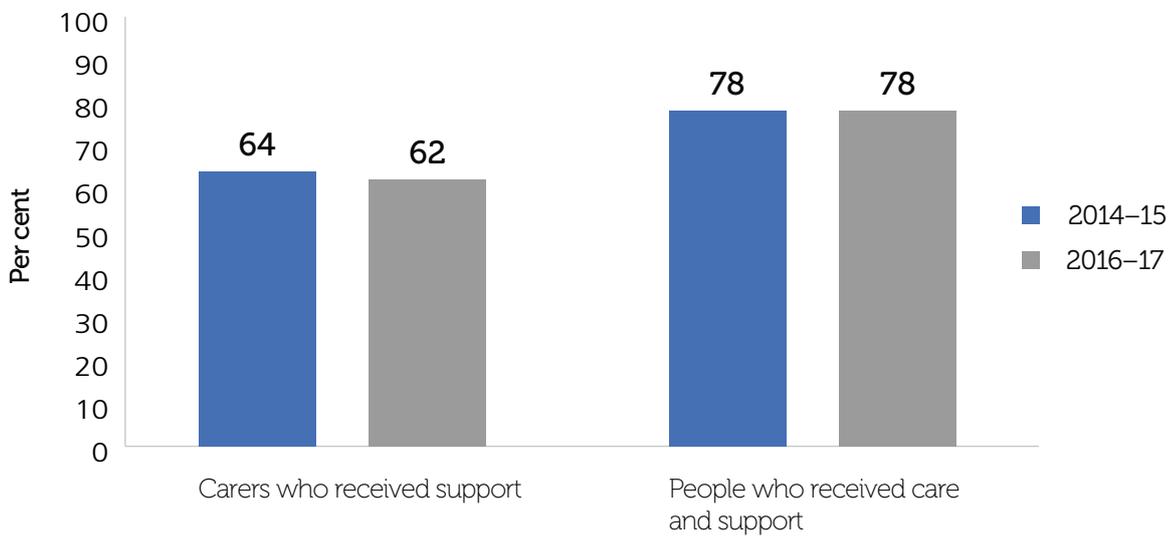
### Percentage of people who rate the care and support they have received as excellent or good

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:



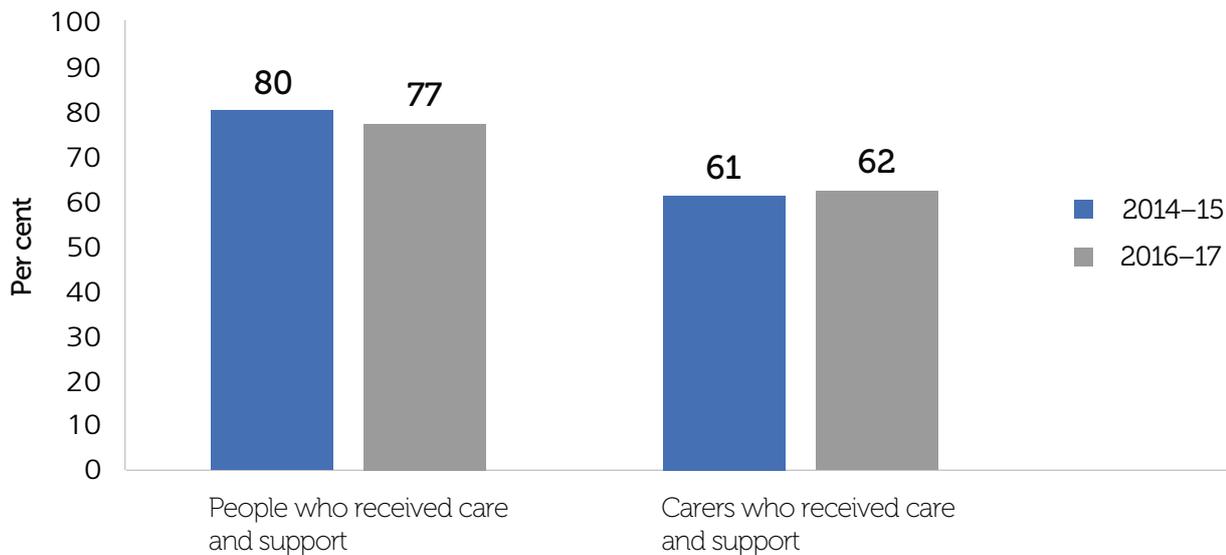
Source: National Survey for Wales

### 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 per cent 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

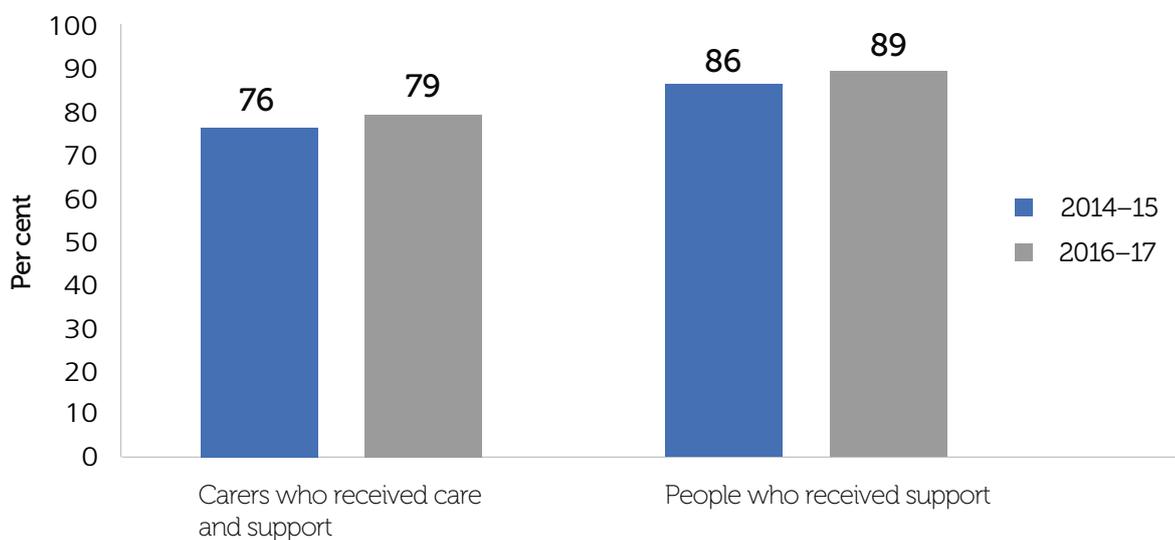
People who received care and support and carers who received support were asked to rate the people who directly helped, cared for, or supported them.

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

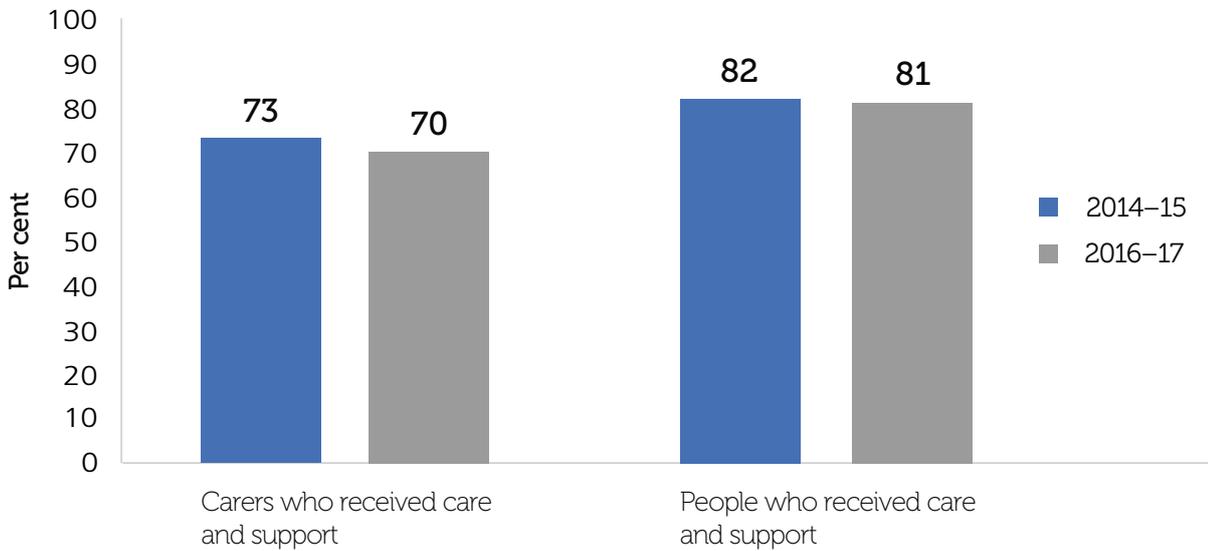
In order for people to make informed decisions about how best to manage their well-being, access to information, advice and assistance relating to care and support must be made available at the right time and in the right place.

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:



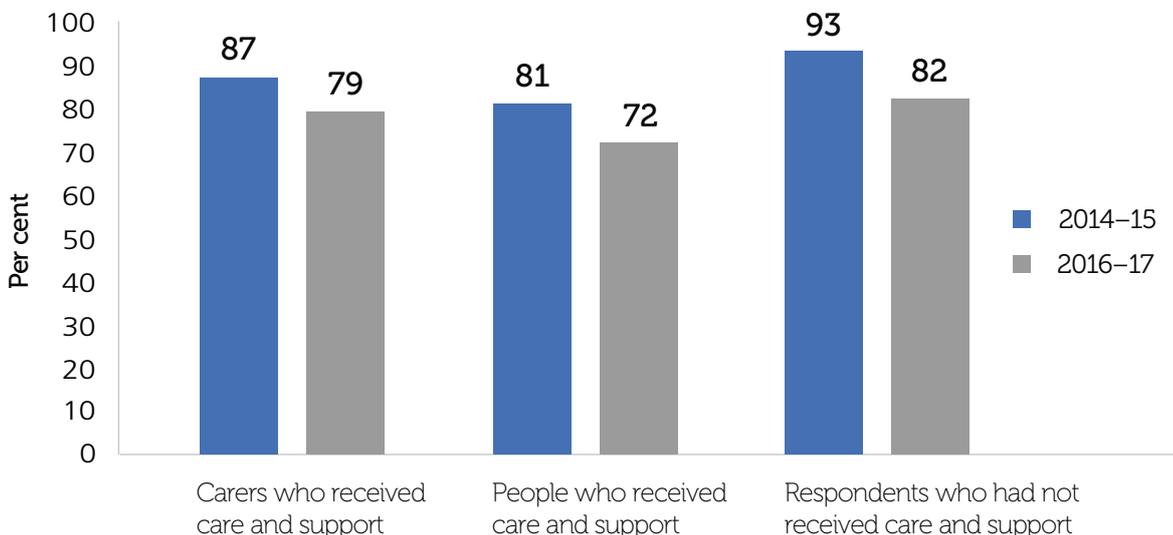
Source: National Survey for Wales

**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

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### **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 2016–17, around 10 per cent (10.2 per cent) of voluntary organisations offered welfare and children activities.

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### **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 2016–17, the percentage of direct payments made by local authorities in Wales was around 7 per cent (7.1 per cent).

#### **Indicator in development**

##### **Percentage of people dying in their place of choice**

Work is ongoing to identify a suitable and robust data source that captures whether people are contributing to decisions that affect their end of life.



## 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

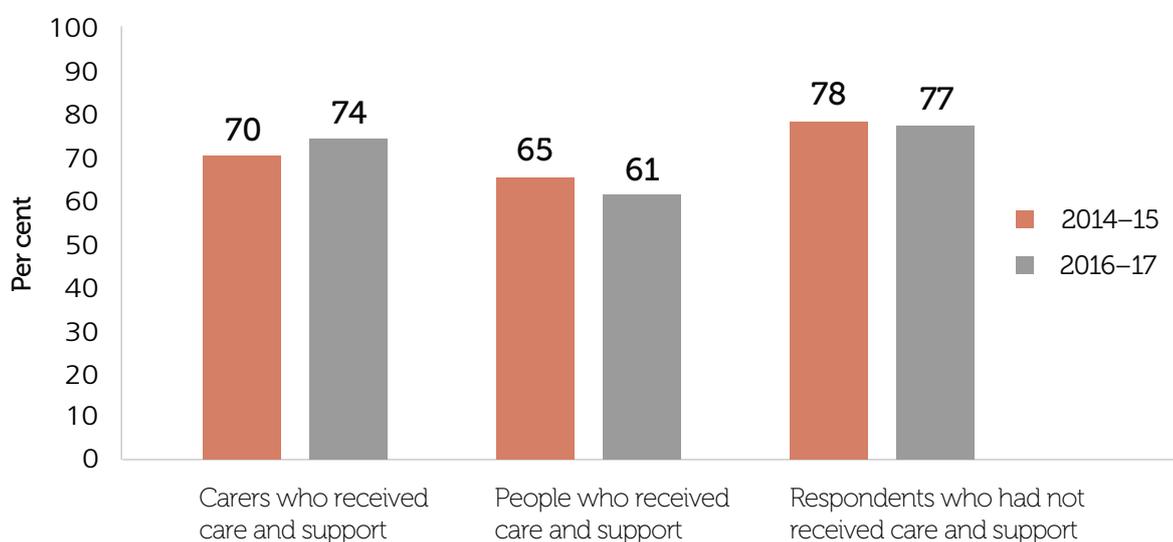
- **Percentage of...**
  - people with high happiness scores**
  - people with high life satisfaction scores**
  - people with high mental well-being**
  - people who have fewer than two healthy lifestyle behaviours**
  - live singleton births with a birth weight of less than 2500 grams**
  - children in need with mental health problems**
  - children in need with up-to-date immunisations**
  - Flying Start children reaching or exceeding their developmental milestones at 3 years**
  - children in need aged 5 and over with up-to-date dental checks**
  - adults reporting their health in general is very good or good**
- **The number of additional years of healthy life expectancy at age 65 years (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:



Source: National Survey for Wales

### 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 per cent of people who do not receive care and support.

### Percentage of people with high mental well-being<sup>8</sup>

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).

8. Figures presented are for adults only

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.

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### **Percentage of people who have fewer than two healthy lifestyle behaviours<sup>9</sup>**

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).

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### **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. In 2016, 5.4 per cent of singleton births had a birth weight of less than 2500g. This compares to 5.1 per cent in 2015.

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### **Percentage of children in need with mental health problems**

The percentage of all children in need in Wales diagnosed with mental health problems in 2016 has decreased to

7 per cent from 8 per cent in 2015. This represents a 1 percentage point decrease between 2015 and 2016 and has taken figures back to 2014 levels.

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### **Percentage of children in need with up-to-date immunisations**

To ensure that children in need stay healthy throughout their childhood; it is important they are being protected against infectious

diseases. Across Wales, 80 per cent of children in need for whom information was provided had up to date immunisations in 2016. This compares to 81 per cent in 2015.

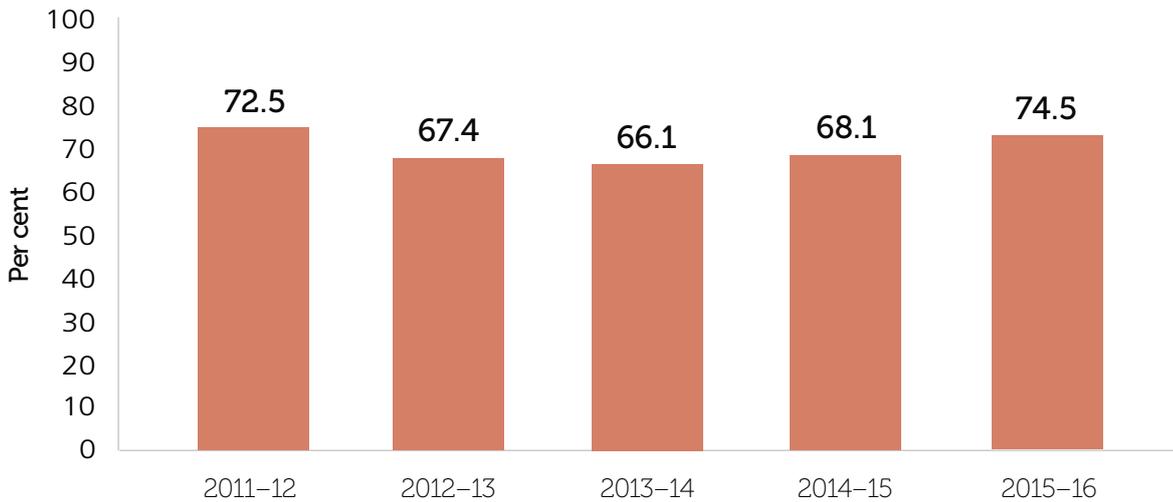
9. Figures presented are for adults only

**Percentage of children in need aged 5 and over with up-to-date dental checks**

Poor dental health is often an early indicator for other health issues later in life. The percentage of children in need aged 5 and over with up-to-date dental checks rose

6 percentage points across Wales in 2015–16 from 68 per cent in 2014–15 to 75 per cent in 2015–16. As chart 7 shows, this shows the highest percentage of children in need aged 5 and over with up to date dental checks since data has been collected.

**Chart 7** Percentage of children in need with up-to-date dental checks in Wales:



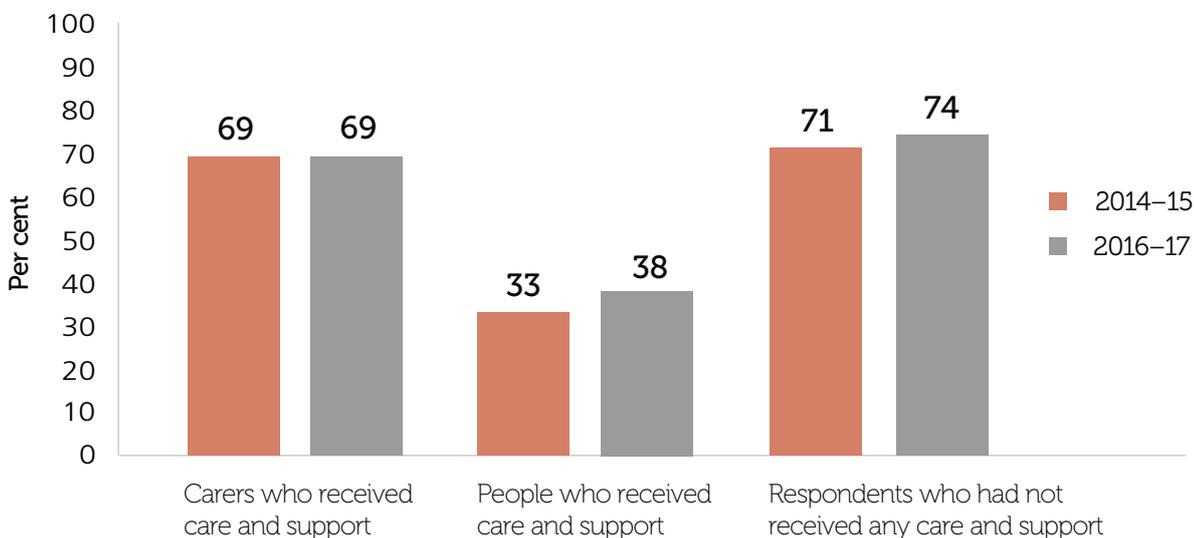
Source: Children in Need Census (CiN) data collection, Welsh Government

**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.

**Chart 8** Percentage of adults reporting that their health in general is very good or good:



Source: National Survey for Wales

### **Life Expectancy at 65 years**

In Wales, life expectancy for men and women aged 65 years in 2013–2015 was 18.1 years and 20.5 years respectively. This

means that men and women at this age could expect to live to reach their 83rd and 85th birthday respectively.

### **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 since 2014–15 from 621 per 100,000 admissions to 614 per 100,000 admissions in 2015–16.

### **Indicator in development**

#### **Percentage of Flying Start children reaching or exceeding their developmental milestones at 3 years**

The Welsh Government is currently identifying new measures of children's development during their attendance at Flying Start childcare between the ages of 2 and 3 years.



## 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.

In 2016–17 there were around 66,560 domestic abuse incidents and offences in Wales. This compares to around 58,700 domestic abuse incidents and offences in 2015–16. This shows a 13 percentage point increase in domestic abuse incidents between 2015–16 and 2016–17<sup>10</sup>.

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.

### **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 2016–17 around 6,340 sexual offences were reported in Wales. This is over 1,100 more sexual offences reported than 2015–16 (5,230). This shows a 21 per cent increase in the number of sexual offences reported between 2015–16 and 2016–17<sup>11</sup>.

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### **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 2016–17, 2,690 children were on the child protection register in Wales. Only a small percentage of these children were re-registrations (6.3 per cent).

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.

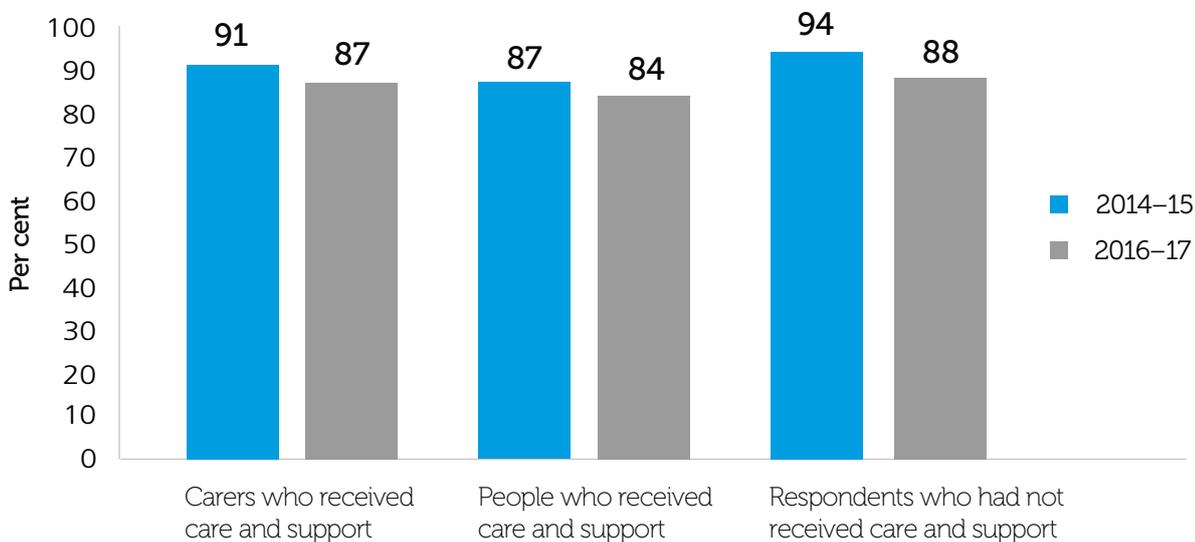
### Percentage of people reporting they feel safe

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:



Source: National Survey for Wales

#### Indicator in development

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

Data is being collected by Local Authorities in Wales and it is expected that Welsh Government will publish this data towards the end of 2018.



## 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

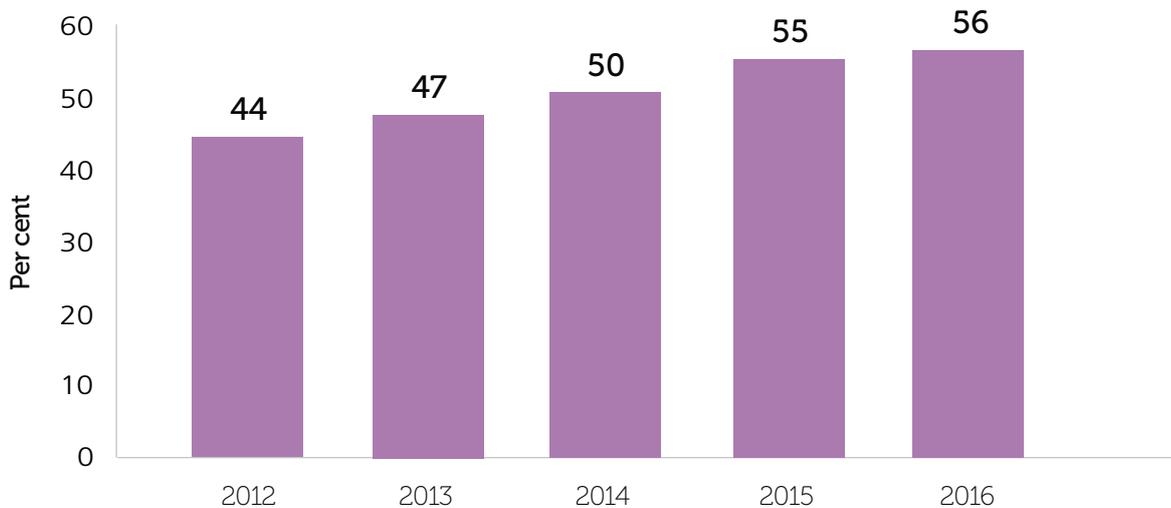
- **Key stage 2 results for children in need**
- **Key stage 4 results for children in need**
- **School attendance rates of children in need**
- **Percentage of children in need achieving the expected level of learning or above at the end of the Foundation Phase**
- **Learner outcomes in the further education, work-based learning and adult community learning sectors**
- **The average external qualifications point score for 16 year old looked after children in any local authority maintained learning setting**
- **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 in need

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.

The percentage of children in need achieving key stage 2 has seen a year on year increase since 2010. In 2016, 56 per cent of children in need were achieving key stage 2, as chart 10 shows, this compares to 44 per cent in 2012.

Chart 10 Key stage 2 results for children in need:



Source: Children in Need Census (CiN) data collection, Welsh Government

### Key stage 4 results for children in need

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 in need

achieving the core subject indicator for key stage 4 is lower than those achieving key stage 2, however, there has also been a year on year increase in the number of children in need achieving key stage 4 from 7 per cent in 2010, to 17 per cent in 2016.

### School attendance rates of children in need

School attendance can have a significant impact on the attainment of education outcomes for children. In 2016, the school

attendance rates of children in need were 92 per cent. This compares to 88 per cent in 2010, when data collection started.

### **Percentage of children in need 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. The percentage of children in need achieving the foundation phase has also seen a year on year increase since 2012. In 2016, 54 per cent of children in need achieved the expected level of learning or above at the end of the foundation phase in 2016. This compares to 44 per cent in 2012.

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### **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.

Success rates in Wales in the adult community learning sector fell slightly from 88 per cent in 2014–15 to 85 per cent in 2015–16. Success rates in the further education sector in Wales remained at 86 per cent in 2015–16 and the work based learning apprenticeship framework success rate fell from 82 per cent in 2014–15 to 81 per cent in 2015–16.

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### **The average external qualifications point score for 16-year-old looked after children in any local authority maintained learning setting.**

When a child becomes looked after, the local authority, as a corporate parent, has a legal duty to safeguard and promote their welfare; including responding to the child's need to be well and healthy and supporting the child's educational attainment. This is an important element in the development

of all children to help them achieve their educational potential and progress to higher and further education.

The average external qualifications point score for looked after children aged 16 in Wales increased slightly from 266 in 2014–15 to 296 in 2015–16.

Data is no longer being collected for this indicator therefore 2016–17 data is not available.

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### **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.

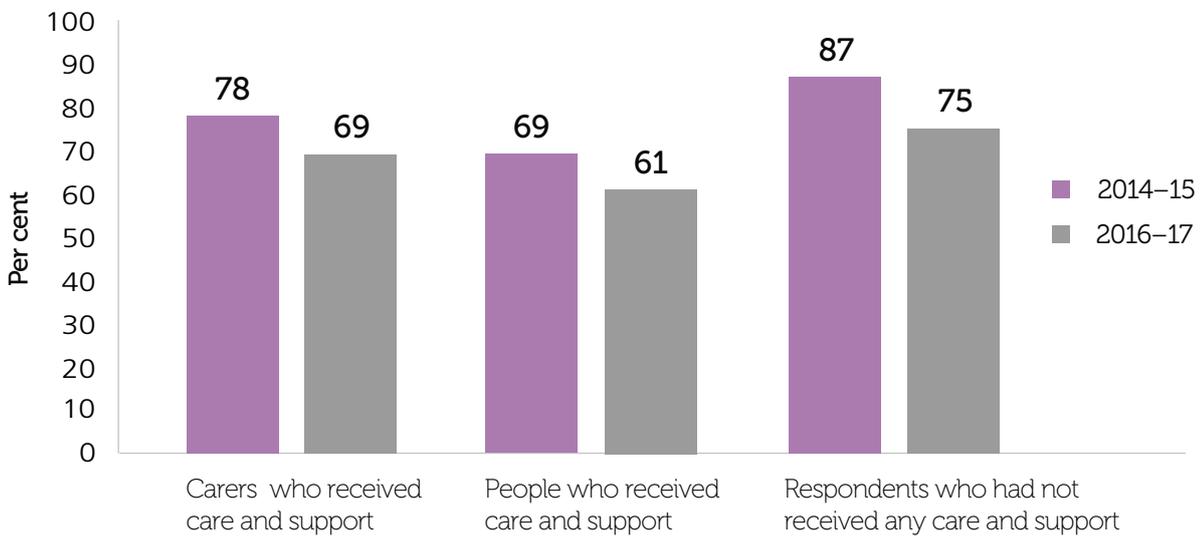
The percentage of working age adults (aged 16 to 64) with at least one qualification has seen a steady increase since 2012. In 2016, 91 per cent of working age adults held at least one qualification. This compares to 90 per cent in 2015 and 2014.

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



Source: National Survey for Wales



## 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

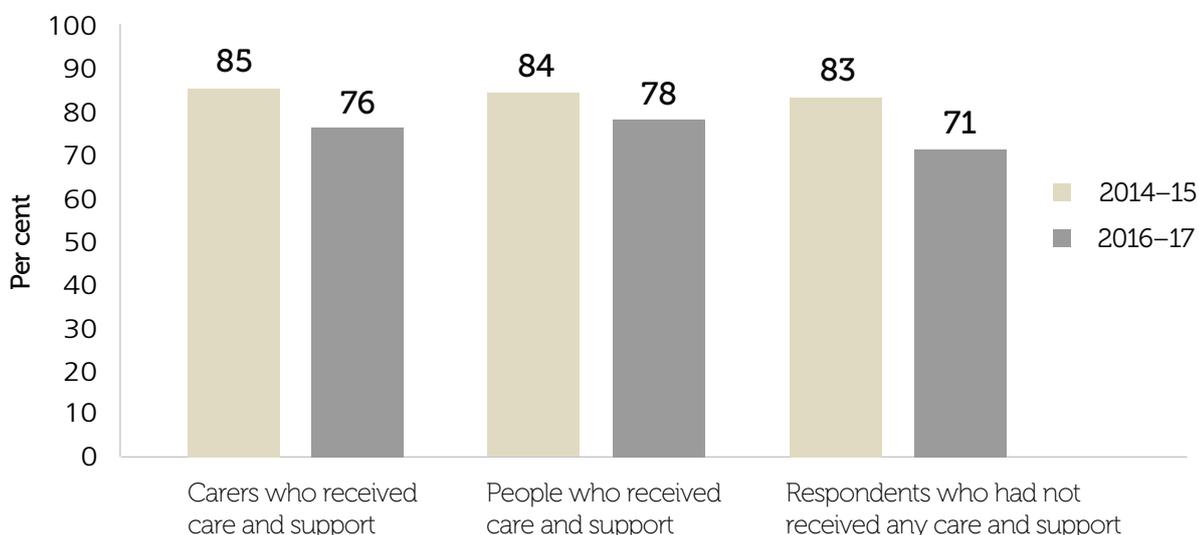
- **Percentage of...**
  - people who feel that they belong to their local area**
  - people who think that their local area is a place where people from different backgrounds get on well together**
  - people reporting overall, emotional and social loneliness**
  - people who think that people in their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



**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 loneliness<sup>12</sup>**

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).

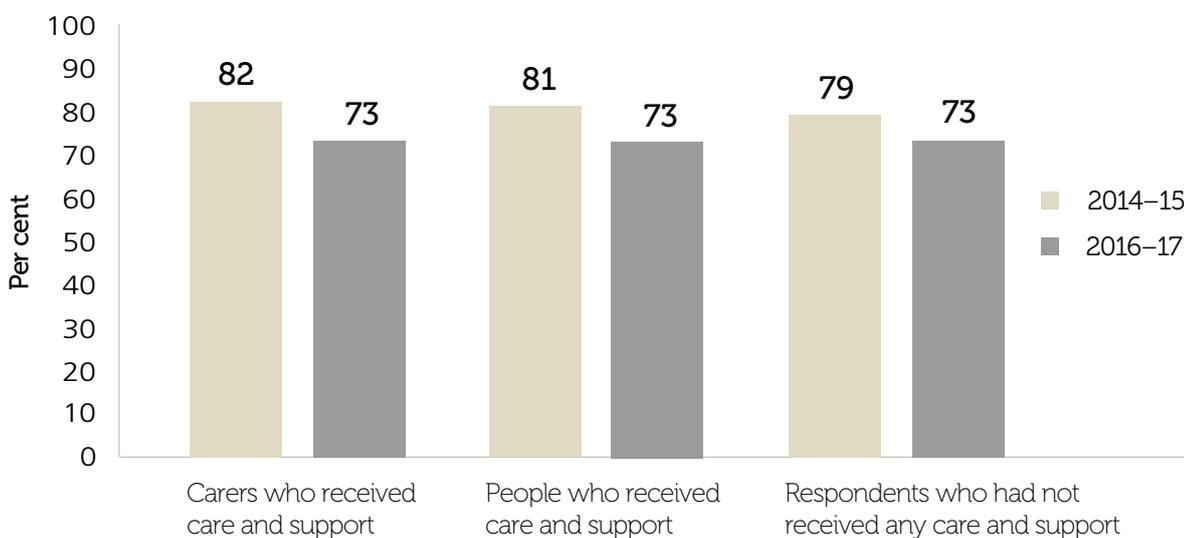
**Percentage of people who think that people in their local area treat each other with respect and consideration**

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 feel that people from their local area treat each other with respect:



Source: National Survey for Wales

12. Loneliness measure – De Jong Gierveld scale – see Terms & definitions



## Contribution made to society

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**

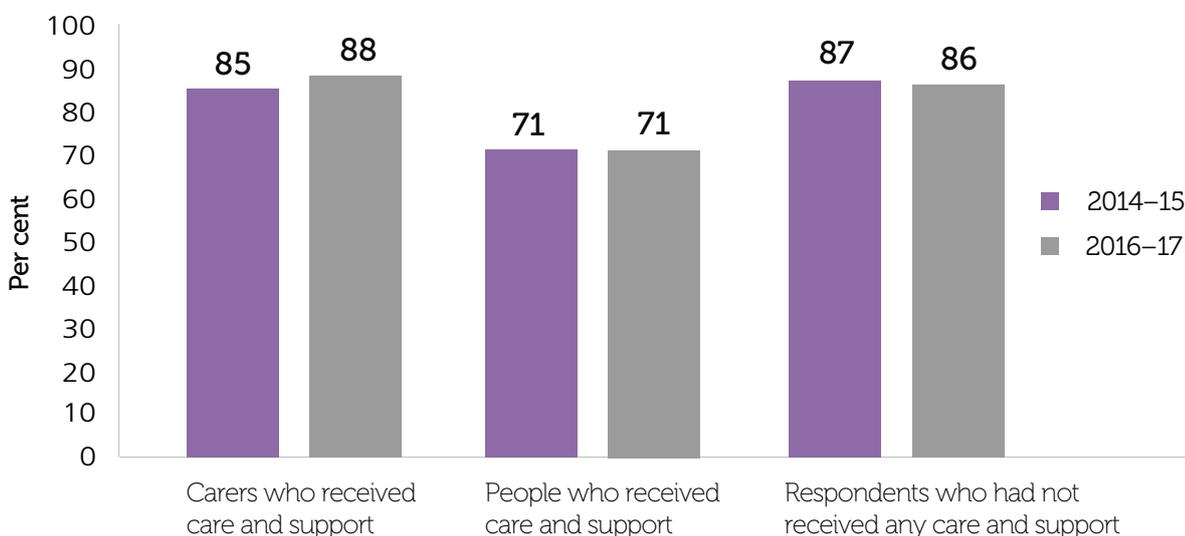
#### Percentage of people reporting the things they do in life are worthwhile

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:

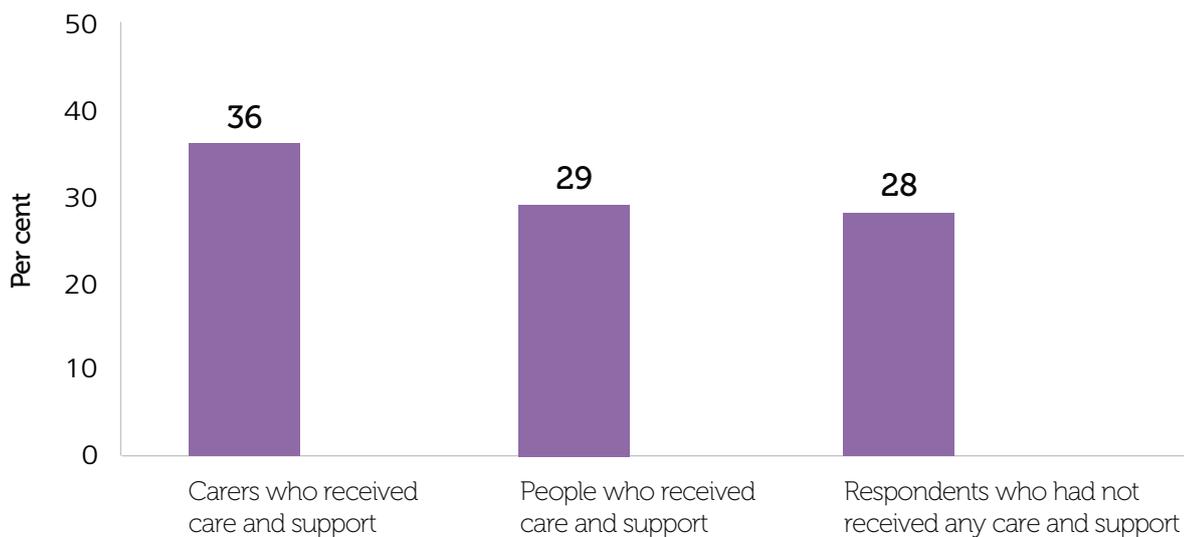


### Percentage of people who volunteer

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, 2016–17:



Source: National Survey

### Percentage of voluntary organisations offering community, youth or disability 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 2016–17, around 1 in 5 (19 per cent) voluntary organisations offered community or youth activities. In 2016–17, this was considerably higher than the number of voluntary organisations offering disability activities (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 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**

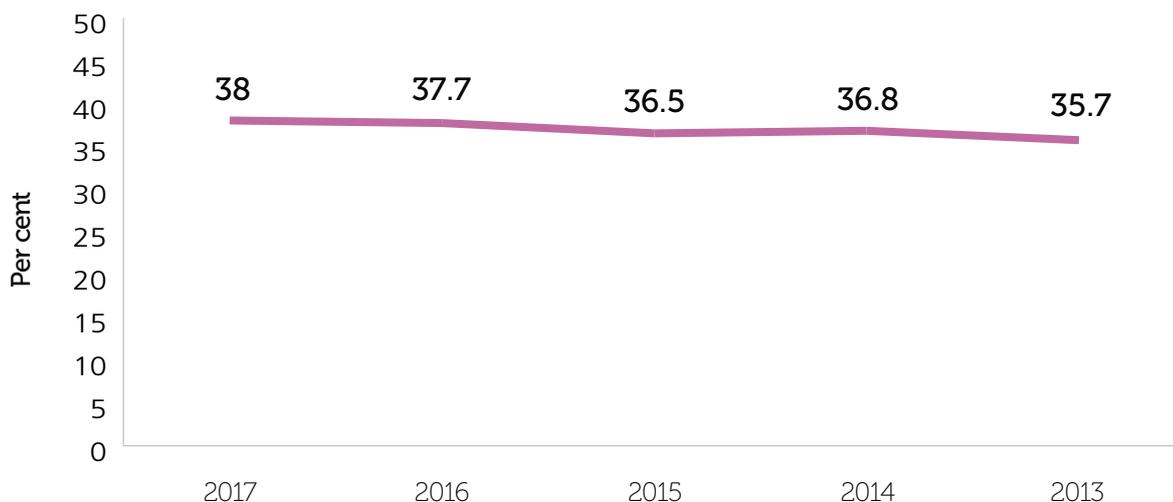
#### **Employment rate of adults aged 50 and over**

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.

In 2016–17, around two in five adults (38 per cent) aged 50 and over were in employment, this is a 0.3 percentage point increase since 2016.

**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.

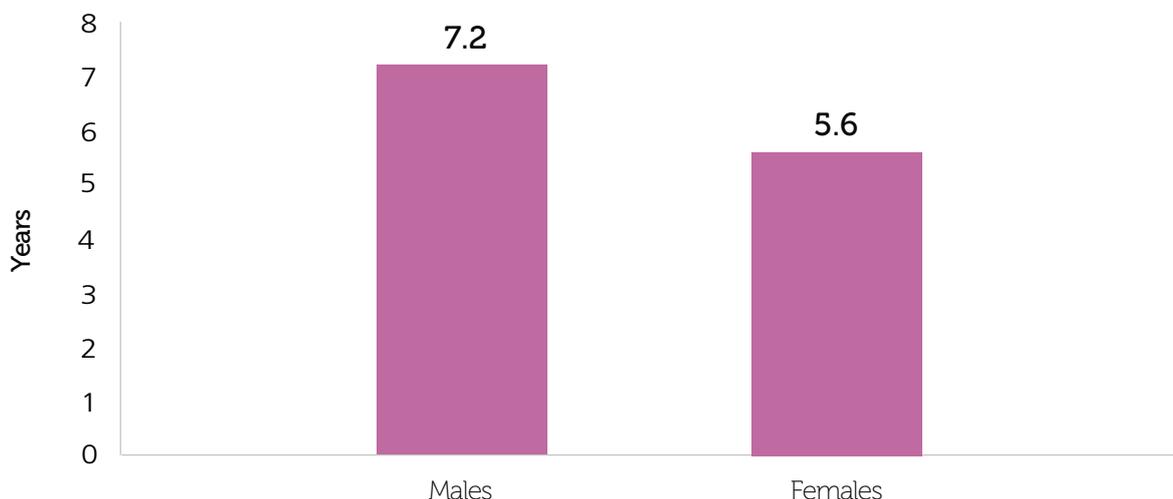
In 2016 just under half (45 per cent) of people aged between 16–64 who are equality act core or work-limiting disabled were in employment. In 2017 the percentage of people aged 16–64 who are equality act core or work-limited disabled who were in employment increased to 46 per cent.

**Gap in life expectancy between least and most deprived**

The social and economic conditions of the area where people are born or live can have a significant impact on their health and well-being.

As chart 17 shows, in 2013-15, the gap in life expectancy between people living in the most and least deprived areas in Wales was slightly larger for males (7.2 years) than for females (5.6 years).

**Chart 17** Gap in life expectancy between least and most deprived, 2013–15:



Source: Office for National Statistics and Welsh Index of Multiple Deprivation

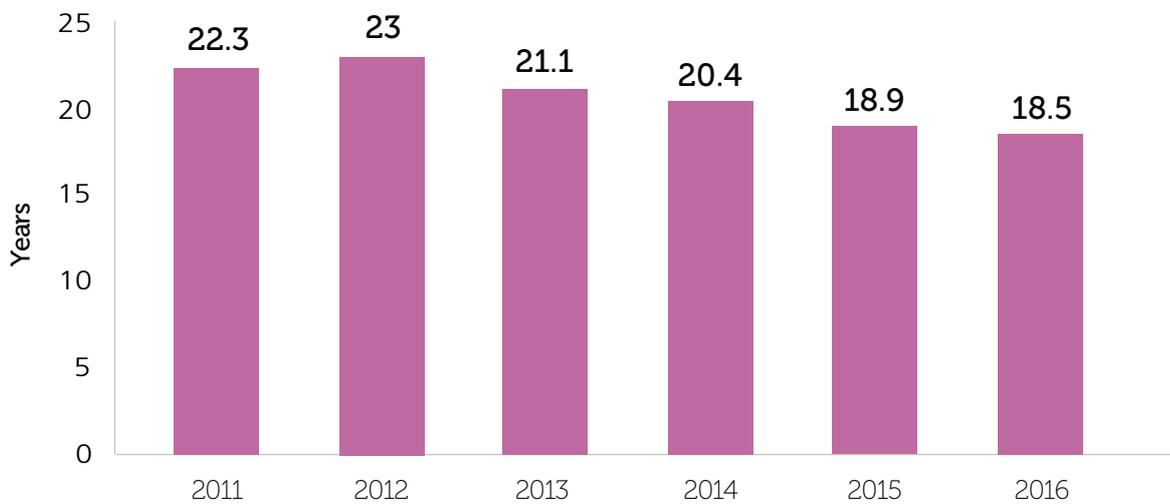
**The percentage of 19–24 year olds who are not in education, employment or training (NEET)<sup>13</sup>**

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 (NEETS)

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 2016, 18.5 per cent of 19–24 year olds in Wales were classified as NEET. 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 and training (NEETS):



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

13. Data for year end 2016 are provisional

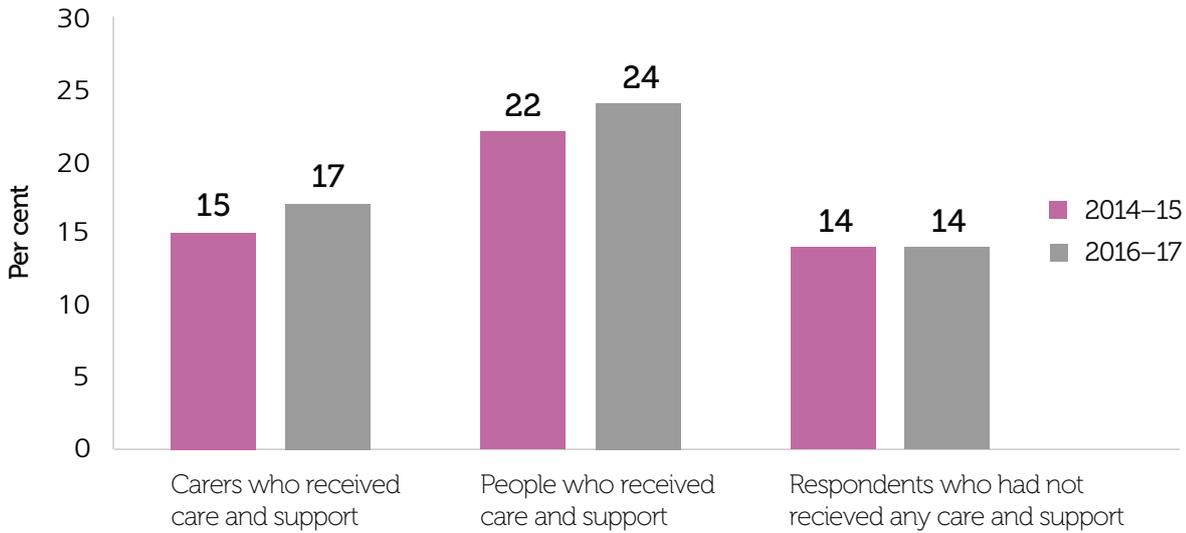
### Percentage of materially deprived households

In 2016–17, people who received care and support were more likely to live in a materially deprived household<sup>14</sup> (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.

Chart 19 Percentage of materially deprived households:



Source: National Survey for Wales

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.



## 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**
  - homeless households which include dependent children**
  - voluntary organisations offering housing activities**
  - 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.

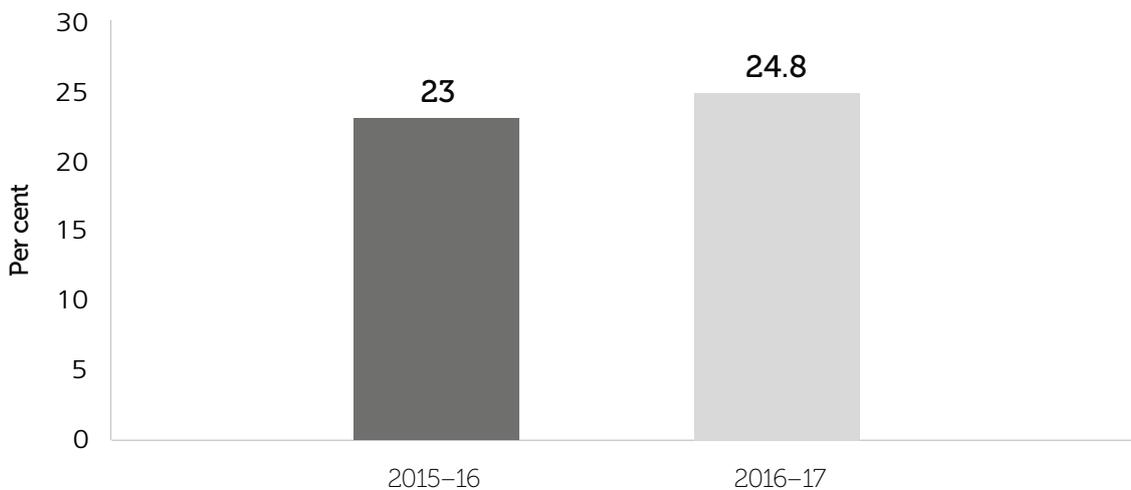
### Percentage of homeless households which include dependent children<sup>15</sup>

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 2016–17, around a quarter of all households assessed as being homeless contained dependent children (25 per cent). As shown in chart 20 this is a slight increase on 2015–16.

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.

### 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.

In 2017, 86 per cent of all social housing stock in Wales was compliant with the WHQS (including acceptable fails). This figure has increased since 2015–16 when 79 per cent of all local authority housing stock in Wales was compliant with the WHQS.

15. The original National Outcomes Indicator was 'Percentage of homeless households which include dependent children or pregnant woman'. However, due to changes to the homelessness legislation introduced in April 2015 information is not collected centrally on households assessed as homeless (under Section 73 of the Housing (Wales) Act 2014 where the household contains a pregnant member.

## 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 an annual 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.

# Annex A: Terms and definitions

## Welsh Index of Multiple Deprivation

The Welsh Index of Multiple Deprivation (WIMD) is used as the official measure of deprivation in Wales. Deprivation is a wider concept than poverty. Deprivation refers to wider problems caused by a lack of resources and opportunities. The WIMD is constructed from eight different types of deprivation. These are: income, housing, employment, access to services, education, health, community safety and physical environment. Wales is divided into, 1,909 Lower-Layer Super Output Areas (LSOA) each having about 1,600 people. Deprivation ranks have been worked out for each of these areas: the most deprived LSOA is ranked 1, and the least deprived 1,909. For this bulletin, we have grouped the people living in the 20 % of LSOAs that are most deprived based on WIMD score and compared them against the 20% of the LSOAs that are least deprived. See also Material Deprivation below.

## Material deprivation

Material deprivation is a measure which is designed to capture the consequences of long-term poverty on households, rather than short-term financial strain.

Non-pensioner adults were asked whether they had things like 'a holiday away from home for at least a week a year', 'enough money to keep their home in a decent state of decoration', or could 'make regular savings of £10 a month or more'. The questions for adults focussed on whether they could afford these items. These items are really for their 'household' as opposed to them personally which is why they were previously called 'household material deprivation'.

Pensioners were asked slightly different questions such as whether their 'home was kept adequately warm', whether they had 'access to a car or taxi, when needed' or whether they had their hair done or cut regularly'. These also asked whether they could afford them, but also focussed on not being able to have these items for other reasons, such as poor health, or no one to

help them etc. these questions were less based on the household and more about the individual.

Those who did not have these items were given a score, such that if they didn't have any item on the list, they would have a score of 100, and if they had all items, they had a score of 0. Non-pensioners with a score of 25 or more were classed as deprived and pensioners with a score of 20 or more were classed as deprived.

Parents of children were also asked a set of questions about what they could afford for their children.

In this bulletin the non-pensioner and pensioner measures of deprivation are combined to provide an 'adult' deprivation variable. The terms 'adult' and 'household' deprivation may be used interchangeably depending on context.

## Loneliness

Various measures of loneliness can be used for data analysis purposes but the National Survey uses the De Jong Gierveld. This is calculated using De Jong Gierveld loneliness scale – see terms and definitions 6-point loneliness scale. For this scale, respondents were shown a series of 6 statements and asked to indicate, the extent to which each statement applied to the way they felt. There were 3 statements about 'emotional loneliness (EL)' and 3 about 'social loneliness (SL)'.

1. I experience a general sense of emptiness (EL)
2. I miss having people around me (EL)
3. I often feel rejected (EL)
4. There are plenty of people I can rely on when I have problems (SL)
5. There are many people I can trust completely (SL)
6. There are enough people I feel close to (SL)

The scale uses three response categories: Yes / More or less / No - where the neutral and positive answers are scored as "1" on the negatively worded questions (in this instance, questions 1-3). On the positively worded items (questions 4-6), the neutral and negative answers are scored as "1". This means that an answer of 'more or less' is given the same score as 'yes' or 'no', depending on the question.

The scores for each individual question are added together to provide an overall loneliness measure. This gives a possible range of scores from 0 to 6, where 0 is least lonely and 6 is most lonely. For reporting purposes in this bulletin we have considered people who have a score of 4 to 6 as being lonely.

### **Mental well-being**

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).