



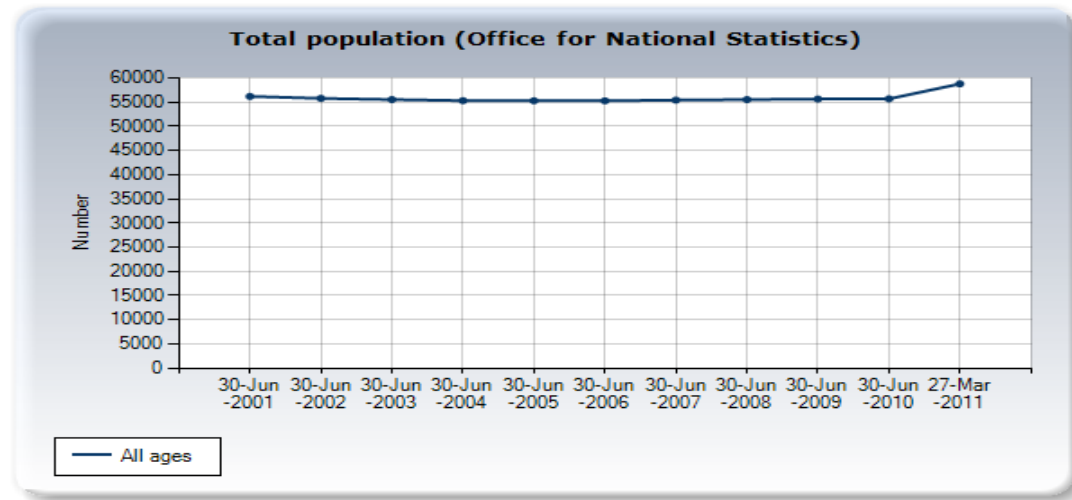


# Framework of needs assessment

1. Improving early years' experience
2. Improving educational outcomes for children, young people and families living in poverty/Improving the skills of young people and families
3. More inclusive and cohesive communities
4. Improving health outcomes of children, young people and families living in poverty/Preventing poor health and reducing health inequalities
5. Ensuring people receive the help they need to live fulfilled lives
6. Creating sustainable places for people

# Population Overview

- On Census night 2011 the population of Merthyr Tydfil was 58,800. The population grew by 4.6% (2,593) in the ten years since the last census. While the difference between births and deaths led to a small increase in the population, migration accounted for over 90 per cent of the population increase between 2001 and 2011. This includes both international migration and migration from elsewhere within the UK.

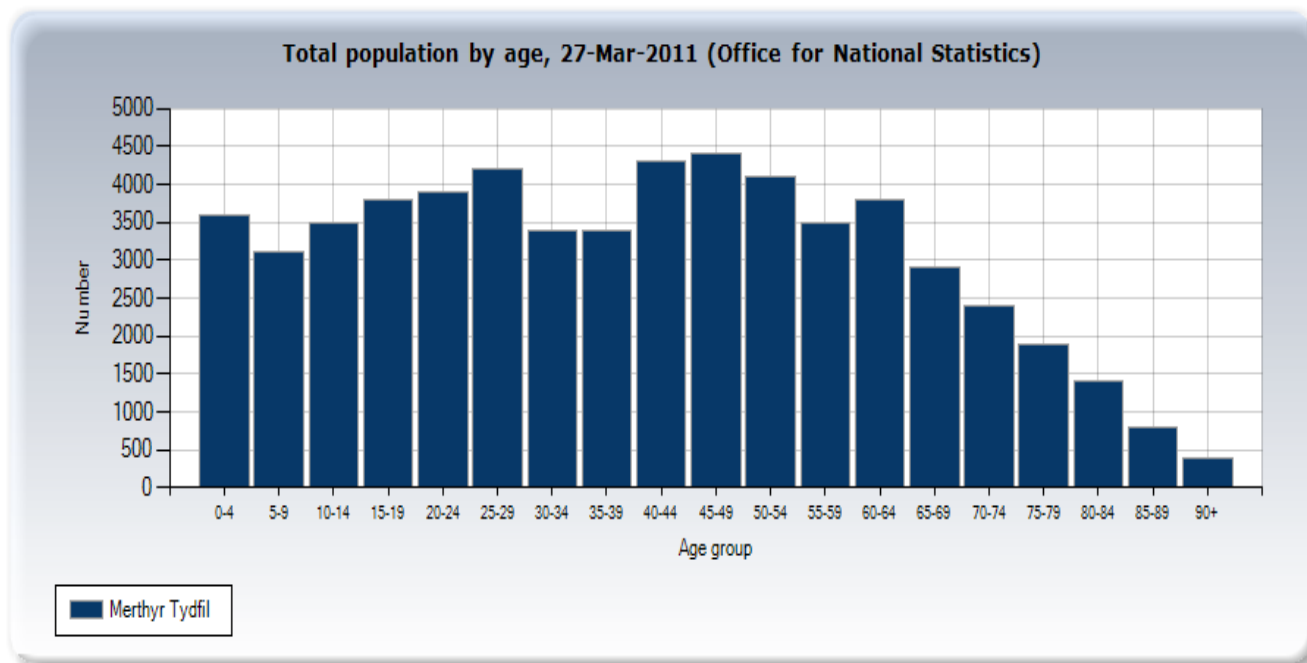


- The population projections for the area had estimated a slow steady growth of 3.6% to 58,069 by 2033 however the Census 2011 shows that we have already passed that projection. We will have to wait until the summer of 2013 before we have new population projections.



# Population Overview

- Between the 2001 and 2011 Census, the population of Merthyr Tydfil grew by 4.6% to 58,800. There were 24,300 households, and increase of 4.5% since 2001. The population of Wales grew by 5.3% over the same time period.
- The percentage of the population in Merthyr Tydfil aged 65 and over is 16.7%. This is an increase of 741 (8.2%) people in this age category since 2001. There were 15,800 residents aged 45-64 in 2011 (26.8% of the population), compared with 13,713 in 2001. This is an increase of 15.2%. In 2011 there was an increase in the number of residents aged 15-19, up 1% from 2001 to 3800 people. There has been a decrease in the number of 0-14 year olds, however there was an increase (up 10%) in the number of children under 5.



# Population Overview

- 49% of the population is male, 51% female. This is in line with the gender split nationally.
- Based on the population projections:
- The percentage aged 75 and over is projected to increase from just under eight per cent at local authority level to around 12.5 per cent by 2033.
- The percentage aged 85 and over is projected to double from around two per cent to around four per cent by 2033.
- Although significant increases are projected in the proportion of persons aged over 75 years and 85 years for Merthyr Tydfil these remain lower than for Wales.

# Population Overview

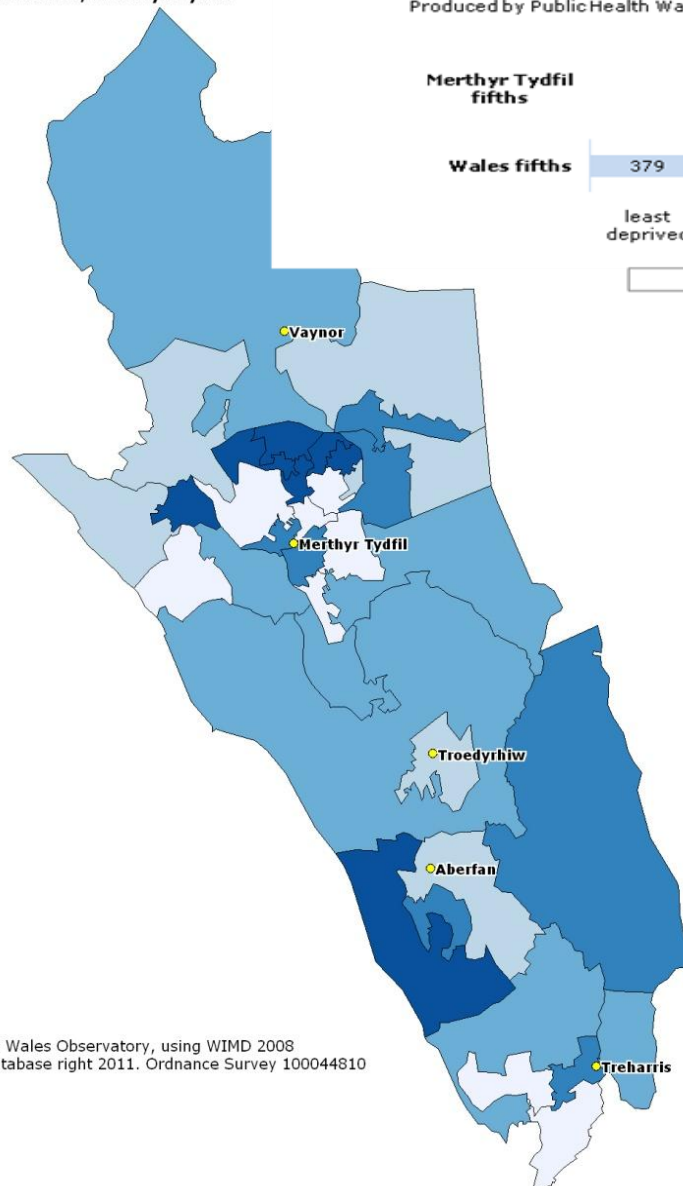
- Merthyr Tydfil has a minority ethnic (ME) population of approximately 3,167 (5.4%) individuals out of a total population of 58,802 (2011 Census).
- Findings from the WIMD 2011 show that Merthyr Tydfil is ranked the most deprived local authority in Wales. Of its 36 LSOAs, one in four (25%) are ranked within the top 10% of most deprived areas in Wales. Overall 78% of the LSOA were identified as being in the top 50% most deprived areas in Wales.
- The three most deprived LSOAs in Merthyr are  
Penydarren1, ranked 4 out of 1896  
Gurnos2, ranked 13 out of 1896  
Merthyr Vale2, ranked 17 out of 1896
- Deprivation fifths for each local authority are produced by ranking all Lower Super Output areas (LSOAs) within the local authority and grouping them into fifths, based on the Welsh Index of Multiple Deprivation (WIMD). The relationship between local and national fifths is illustrated in the map on the next slide.
- The map shows that the LSOAs in Merthyr Tydfil are concentrated towards the most deprived end of the national deprivation scale.

# The allocation of Merthyr Tydfil LSOA between the range of most deprived to least deprived across Wales 2011

## Local authority fifths of deprivation, Merthyr Tydfil Lower Super Output Area

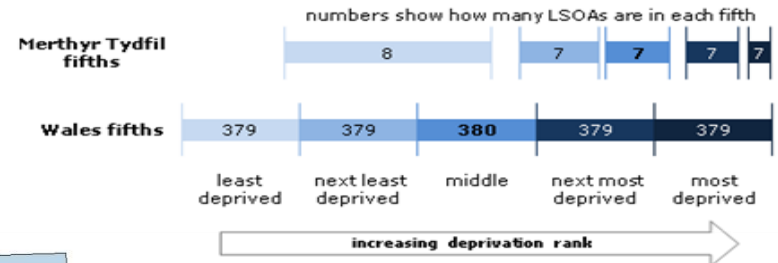
- Most deprived (7)
- Next most deprived (7)
- Median (7)
- Next least deprived (7)
- Least deprived (8)

LSOA boundary



## Range of deprivation within local authority fifths on a scale relative to Wales fifths

Produced by Public Health Wales Observatory, using WIMD 2008 (WG)



# 1. Improving early years' experience

## What does this mean?

- Providing the best possible start in life for babies from birth up to the age of 7 years and for parents from the time the mother becomes pregnant.
- Every child, regardless of their socio-economic, are ready to benefit from school when they enter nursery provision in the area.

## What we know.

- The 2011 Census shows that there are over 12,500 0-17 year olds living in Merthyr Tydfil, which is 21.4 per cent of the total population compared with over 633,400 in Wales, 20.7per cent of the total population
- The distribution of children and young people is unevenly spread across Merthyr Tydfil. The 0-17 age group makes up a larger than Merthyr Tydfil average proportion of the total population in Gurnos (26.3per cent), Penydarren (24.7 per cent), and Merthyr Vale (22.1 per cent).
- The General Fertility Rate (GFR) is calculated as the total number of live births per 1,000 females aged 15 to 44 years. In 2010, the GFR in Merthyr Tydfil was 66.9, the 6th highest rate of all local authority areas. This rate has risen over the past five years, as has the national rate. The highest rates within Merthyr Tydfil are in Pontsticill, Gurnos and Galon Uchaf
- Being healthy at birth and through the early years is a hugely important indicator for the lifelong wellbeing of children. Many indicators can be used to quantify the health of young children during this period of their lives. This begins before a child is born, with the health (and age) of its mother.

# Improving early years' experience

- Babies born weighing less than 2,500g are at risk of deficits in growth, cognitive development, diabetes and heart disease.
- Age of the mother at birth is closely associated with low birthweight; very young and older mothers have lighter babies. Deprivation has also been linked to infant mortality and low birthweight. There is a social gradient in low birthweight with higher proportions in manual compared to non-manual groups.
- The profile of maternal age in Merthyr Tydfil is very young compared to the rest of Wales, with 35 per cent of all births to mother aged under 24 years, the 2nd highest percentage of all local authority areas. Our percentage of births to mothers aged 35 years and over is the 3rd lowest in Wales, so the influence of young mothers on the incidence of LBW babies has to be considered substantial.
- At 8.8% of all live births, the proportion of babies born with a low birth weight (LBW) in Merthyr Tydfil is joint 4<sup>th</sup> highest in Wales and higher than the average in Great Britain.
- Merthyr Tydfil has the lowest rate of infant deaths in Wales, 3.5 per 1000 live births
- The Royal college of Speech and Language Therapists, Manifesto (NAW) identifies that around 9,874 in Wales between the ages of six and ten have a need of S&L therapy and that early intervention policy would have profound benefits for the Welsh economy, delivering net benefits of over £36 million per year.

# Improving early years' experience

- The combination of a relatively **high** Low Birth Weight (LBW) rate together with **low** infant mortality rate would appear to indicate that Merthyr Tydfil may experience a higher proportion of children with complex and multiple disabilities, than that indicated by prevalence rates from research.
- Results from the EPPE (Effective Provision of Preschool Education) study shows that one in three children were 'at risk' of developing learning difficulties at the start of preschool, however, this fell to one in five by the time they started school. This suggests that pre-school can be an effective intervention for the reduction of special educational needs (SEN), especially for the most disadvantaged and vulnerable children

# Improving early years' experience

- Childhood immunisation is one of the most effective preventative health measures available. They are also a good indicator of the take up of health services by a community and the engagement between health professionals and the population they serve. The World Health Organisation recommends immunity levels of 95 per cent to prevent outbreaks of disease.
- The Vaccine Preventable Disease Programme of Public Health Wales has published its latest COVER (Cover of Vaccinations Evaluated Rapidly) report, which shows uptake of all childhood vaccinations for the year between April 2011 and March 2012.
- Annual uptake of the completed course of '5 in 1' vaccine, scheduled at 2, 3 and 4 months of age, in children reaching their first birthday increased to 96.4 per cent. Uptake ranged by Health Board from 95.2 per cent (Cardiff and Vale University) to 97.2 per cent (Cwm Taf HB) and by Local Authority (LA) from 94.8 per cent (Monmouthshire) to 98.1 per cent (Anglesey). Merthyr Tydfil, along with 19 other local authorities achieved the 95 per cent target
- Uptake of the first dose of the vaccine in two-year-old children also showed an increase of just over one per cent – to 92.7 per cent – but still failed to hit the target. In Merthyr Tydfil the uptake of MMR in two year olds narrowly missed the 95 per cent target, achieving 94.2 per cent.
- The recent port shows the highest-ever uptake of the second dose of the MMR (measles, mumps and rubella) vaccine in five-year-old children – but the 87.1 per cent uptake still falls short of the 95 per cent target. In Merthyr Tydfil the percentage was 88.6 per cent.



# Improving early years' experience

- There is evidence to suggest that certain cohorts of children are far less likely to receive their vaccinations than others. For example, children with lone parents, those not registered with a GP, children in care, those with physical or learning difficulties and children from minority ethnic groups
- The current outbreak of measles began in November 2012, and shows no signs of ending. The number of confirmed cases of measles in the Swansea epidemic has risen to 588. The MMR jab is recommended by the World Health Organization, UK Department of Health and Public Health Wales as the most effective and safe way to protect children against measles. The alarming numbers of cases of measles and continuing spread of the disease in Wales illustrates how vital it is for parents to get their children vaccinated
- According to the UK wide Infant Feeding Survey 2010, the proportion of mothers smoking throughout pregnancy was highest in Wales at 16 per cent, although this is lower than the figure of 22 per cent in 2005.
- Although the overall proportion of mothers who smoked during pregnancy in Wales is 16 per cent, the rate is much higher in the younger age groups at 32 per cent and 27 per cent for the under 20 and 20-24 age groups respectively in 2010, compared to 10% of mothers aged 35 or over
- There is a social gradient to smoking during pregnancy, mothers from the routine/manual and never worked groups are most likely to smoke throughout pregnancy whereas the proportion who gave up is highest in the managerial /professional group

# Improving early years' experience

- Given the age profile of women giving birth in Merthyr Tydfil and the level of deprivation in the borough it is fairly likely that the issue of smoking when pregnant is a challenge facing LSB partners.
- The Infant Feeding survey 2010, found that mothers in Wales and (39 per cent) and England (41 per cent) were more likely to have drunk during pregnancy compared with mothers in Northern Ireland and Scotland (35 per cent for both countries). A decrease in the proportion of mothers drinking during pregnancy since 2005 was seen in all countries (from 55 per cent in 2005 to 39 per cent in 2010 in Wales).
- Breastfeeding is one of the simplest and most effective ways of improving the health of children, whatever their social circumstances. Breastfeeding provides considerable health benefits for mothers and babies and economic benefits to the healthcare system
- The initial breastfeeding rate in 2010 in Wales was 71 per cent (compared with 83 per cent in England, 74 per cent in Scotland and 64 per cent in Northern Ireland)..
- The pattern of breastfeeding rates is another example of the health inequalities in Wales. The highest incidences of breastfeeding in Wales were found among mothers aged 30 or over (81 per cent), those who left education aged over 18 (85 per cent), and those in managerial and professional occupations (85 per cent). Rates of breastfeeding amongst mothers who have never worked or are in routine or manual employment (47 per cent and 63 per cent respectively) are well below the Wales national rate and the rate for women in managerial and professional employment .
- Rates of breastfeeding are also affected by the age of the mother at birth. The overall rate of breastfeeding in Wales is 71 per cent. This drops to 42 per cent for mothers aged under 20 years, and 58 per cent for mothers aged 20-24 years. Mothers aged over 25 years breastfed at or above the national rate

# Improving early years' experience

- Up to the present time, data from the Infant feeding survey (on smoking and , drinking alcohol while pregnant on rates of breastfeeding) has only been available at an all Wales level, but work is currently being undertaken to analyse local maternity data sources. Initial findings should be available in Autumn 2013
- Obesity in pregnancy is associated with an increased risk of a number of pregnancy related complications and adverse outcomes. Babies of obese women have an increased risk of perinatal mortality compared with the general maternity population in the UK. In addition neonatal unit admissions (within 24 hours of birth) correlate directly with maternal obesity
- Wales has the highest overall prevalence of maternal obesity in the UK. We have no robust local data at present although it could be presumed that by having the highest percentage of overweight and obese adults in Wales Merthyr Tydfil could have a higher number of pregnant women that fall into those categories.
- The World Health Organization (WHO) regards childhood obesity as one of the most serious global public health challenges for the 21st century. Obese children and adolescents are at an increased risk of developing various health problems, and are also more likely to become obese adults.
- Children who are obese are much more likely to be obese in adulthood. Current national trends suggest that around 8 per cent of obese 1–2-year-old children will be obese when they become adults, while 80 per cent of children who are obese at age 10–14 will become obese adults, particularly if one of their parents is also obese

# Improving early years' experience

- 35% of children were classified as overweight or obese, including 19% obese. The estimates are based on the 1990 UK BMI curves. There was little difference between the levels of those classified as overweight or obese in boys and girls. (WHS 2011)
- Five years of data is available for children and young people in Wales via the Welsh Health Survey. During this time, there has been little change in children's reported levels of overweight and obesity
- Since September 2011, the Child Measurement Programme – a national programme run by Public Health Wales – will collect information on the heights and weights of all reception aged children in Wales to try and identify trends and monitor the health of children.
- The programme was introduced following a trial involving 457 Welsh schools to test the feasibility of measuring all children in reception year and year 4 to identify trends.
- The study confirmed that children living in the most deprived areas of Wales had statistically significantly higher rates overweight and of obesity than children living in the least deprived areas
- The National Institute for Health and Clinical Excellence advocates for partnership working and clear leadership to tackle the obesity epidemic. 2-5 years is considered a key age at which to establish good nutritional habits, especially with parents involved. The importance of consultation with and the active involvement of children and young people is also advocated

# Improving early years' experience

- The main oral disease of childhood is dental caries (or tooth decay). Although preventable, dental decay is still the most common childhood disease, and the dental health of children in Wales is amongst the worst in the UK.
- A significant number of school children are affected by dental decay, with disease levels being highest in deprived areas. The prevalence of dental caries (or tooth decay) remains high, and is strongly related to socio-economic status and lifestyle, resulting in oral health inequalities throughout Wales
- In Merthyr Tydfil 5 year olds, have on average 2.56 teeth affected by dental caries and for those with the disease an average of just under five teeth are affected. This is the second highest rate of all local authorities in Wales; however the rate has improved since 2005/06 when dmft was 3.90 for 5 year olds in Merthyr.
- For the most deprived fifth of five year old children in Wales as categorised by the WIMD 2008, the average dmft was 2.65 in 2007-8. The national child poverty target for 2020 is to bring this average down to 1.77 reflecting the current level exhibited by the middle deprived group
- The average dmft for 5 year olds for Cwm Taf health board as a whole was 1.89 and for the most deprived group it was 2.57 (Table 1), there is some way to go if the LHB wants to reflect national targets. Furthermore 6 of the 9 USOAs in Cwm Taf health board had an average dmft in excess of 1.77 in 2007-8
- In 2008-9 the average DMFT for 12 year olds for Cwm Taf health board as a whole was 1.18 and for the most deprived group it was 1.38 (Table 3); There is room to improve if the 1.12 national target is to be met by 2020.

# Improving early years' experience

- Child poverty is considered to be the greatest threat to children's health and wellbeing and children living in workless households have been shown to be at greater risk of future child poverty.
- According to the HM Revenue and Customs, the most recent data (August c2010) indicates that 28.2% of all children living in Merthyr Tydfil live in families deemed to be in poverty. These levels of families with children deemed to be living in poverty is far greater than the Welsh average of 22.2%.
- Across Merthyr Tydfil as a whole, just over one third of all children aged 0-3 years live in a household claiming one or more benefit(s). This percentage rises to 53.6% of all households in the current Flying Start areas, and exceeds 70% in some Flying Start areas.
- When ranked by the proportion of 0-3 year children living in households receiving income benefit in each LSOA, Penydarren1 has the 5th highest rate of any LSOA in Wales with 70.7% of all 0-3 year old children living in a household which receives income benefit. Gurnos2 has the 8th highest rate nationally.
- Child poverty disproportionately affects the youngest of all children living in poverty, with 31 per cent aged four or under.
- In 2010/11, 41.6% of pupils attending nursery were entitled to Free School Meals (FSM), the highest rate in Wales. In primary school the rate was 24.4%, compared to the Wales rate of 19.4%.
- Research from the UK and US provides compelling evidence that family income does have a direct impact on a child's educational attainment and is not only a transmission route for other socio-economic factors such as parental education.

# Improving early years' experience

- However results from the EPPE (Effective Provision of Preschool Education) study show that the link between *poverty and education is not inevitable*. A high quality pre-school provision combined with long duration has a greater effect on literacy than is even possible with a missive increase in household income. The effect on literacy of three years of high quality preschool compared to no preschool provision is 7.78 months. Increasing household income from zero to £67,500 only delivers a literacy effect of 6.25 months.
- The most significant general priority in relation to emotional wellbeing and mental health for children and young people relate to addressing issues that are 'family related'. Specifically, issues related to parenting, deprivation, parental substance and alcohol misuse and family breakdown including domestic abuse.
- In a survey of 356 young people in the Cwm Taf LSB area, (219 from Merthyr Tydfil), found that one in 10 young people felt that their life is not going well, and close to one in three young people indicated that they wished they had a different kind of life. This is not consistent with the Partnership Board aims of promoting the emotional wellbeing and mental health of young people.
- For the year ending December 2012, 63% (643) of domestic abuse referrals into Teule MAC, involve families that disclosed they have children. Children who live with and are aware of violence in the home face many challenges and risks that can last throughout their lives: including
  1. There is increased risk of children becoming victims of abuse themselves.
  2. There is significant risk of ever-increasing harm to the child's physical, emotional and social development.
  3. There is a strong likelihood that this will become a continuing cycle of violence for the next generation.

# Improving early years' experience

- MTCBC received 741 referrals relating to children in 2011-12.
- The 2011 CiN census showed that there were 530 Children in Need in Merthyr Tydfil, a rate of 435 per 10,000 people aged 0-17 years. This is the 2nd highest rate of all local authorities in Wales.
- In Merthyr Tydfil Domestic abuse (48%) and parental substance or alcohol misuse (44%) were the most frequently recorded parenting capacity factors, for CIN referrals in 2011, the highest rates of any local authority
- In Flying Start areas all CIN cases and those involving 0-4 year olds are at their highest levels in the four years since Flying Start began operating. The Flying Start evaluation argues that this illustrates that the extended contact with families occurring under the Flying Start programme in these areas maybe making identification of children in need more possible and potentially earlier before issues escalate.
- Flying Start areas accounted for 27% of all CIN cases in Merthyr Tydfil in 2011, but for cases involving 0-4 year olds the Flying Start areas account for 33 per cent of all cases.
- The number of children on the Child Protection Register as at 31st March 2012 was **105 (62 in 20010/11)**. There had been a steady decline in the numbers registered over the last three years to the lowest point since March 2007. However 2011/12 has seen a significant increase **(69%)**.
- There are a number of factors which have influenced this including an increase in larger families, the 'trickle down' effect of the 'baby P' case and the realignment of thresholds in order to strike the correct balance between early intervention / prevention and protection. This is a trend mirrored nationally, however the overall trend continues to be an increased number of registrations



# Improving early years' experience

- **74%** of the children on the register are under 9 years of age (a higher percentage than last year - **42%** and 2009/10 **60%**). The increase in this age groups registration largely accounts for the overall increase.
- As corporate parents local authorities are required to ensure the safety and wellbeing of looked after children, and to ensure that they are given the same opportunities as their peers. As of October 25th 2012 the authority was the corporate parent to **183** looked after children (LAC). At any one time 70 – 75% of looked after children will be of compulsory school age or in receipt of post 16 education
- 68 children were placed in care for the first time during 2011-12. Stability is recognised as important factor for the wellbeing of children in care. 11.4% of children looked after experienced three or more placements during 2011-12 ,compared to 16.2% in 2010-11. Despite the decrease the rate is above the Wales average of 9.2%
- School mobility is a predictor for lower levels of educational attainment and social behaviour. 25.6% of children looked after experienced one or more changes of school in the past 12 months, the worst performing local authority in Wales.
- Children in need have a far lower attainment levels than their peers at each of the Key Stages. Children in need who are looked after have slightly better attainment than those not looked after, but both groups are well below the national rate of attainment for all pupils.
- There was a slight improvement in the absenteeism rate from primary school, down from 7.6% in 2010/11 to 7.1% in 2011/12. This compares to the Wales average of 6.2%.. Currently Merthyr Tydfil is the lowest performing local authority.

# Improving early years' experience

- Absenteeism and deprivation, using the proportion of pupils entitled to free school meals (FSM) as the proxy, continue to be correlated in Merthyr Tydfil, and across Wales. Schools with a lower percentage of pupils entitled to FSM have a substantially lower rate of absenteeism compared to schools with a higher rate of FSM.
- 2012 is the first year of reporting on Foundation Phase outcomes across Wales. Performance on the Foundation Phase Outcome Indicator (FPOI) in Merthyr Tydfil was below the Wales average and the worst performing local authority.
- At key stage 2, although the Core Subject Indicator (CSI) improved between 2011 and 2012, the Wales average performed better and Merthyr Tydfil was the worst in Wales.
- The Communities that Care Audit 2006, showed that compared to the national sample, pupils in Merthyr Tydfil were more likely than pupils from the national sample to say that their parents would not ask them about their homework (19% compared to 16%).
- Live births is a key driver for future demand for childcare. In Merthyr Tydfil live births have increased (up 3.1%) between 2009 and 2010 faster than for Wales (up 2.8%) as a whole.
- The 2011 Childcare Sufficiency Audit (CSA) showed that there were 9.4 childcare places per hundred children in Merthyr Tydfil. This is up from the 2008 figure of 8.4, but is significantly below the Wales average of 14.2 per hundred children

# Improving early years' experience

- This provision of childcare is not spread evenly across the local authority area. Plymouth ward has nearly 30 places per 100 children compared to Penydarren, with only three places per hundred children and Park, which has no registered childcare places.
- Demand for childcare places after 6pm is 8 times higher than places available. Cost of childcare is between 22% and 87% more expensive in Merthyr Tydfil than the Wales average.
- Tackling affordability to give all parents a meaningful choice of childcare options if they decide to return to work would make a significant contribution to the life chances of disadvantaged children and their families.

## **Formal Childcare: Findings from the Childcare and Early Years Survey of Parents, England and Wales, 2009:**

- In 2009, 43 per cent of children in England and 45 per cent of children in Wales received some formal childcare in a typical week, compared to 22 per cent of children in England and Wales in 1999
- From the findings in the Childcare and Early Years Survey of Parents, it is clear that children experiencing disadvantage are less likely to receive childcare than their more affluent counterparts. For instance, children less likely to receive childcare include those from nonworking families; low-income families; and larger families
- Parents from disadvantaged families are almost twice as likely to be unaware of the entitlement to free early years provision as parents of children in less disadvantaged families – which suggests that there is a need to improve access to information for disadvantaged families.

# Improving early years' experience

- Friends and family play a prominent role in providing childcare. In 2009, over 40 per cent of families had used informal carers in the week before the survey (41 per cent in England, 46 per cent in Wales). The most common informal carers were children's grandparents – 26 per cent of families in England and 32 per cent of families in Wales had benefited from grandparents' help with childcare in the week before the survey.
- Working parents were particularly likely to use grandparents as child carers and the importance of informal care in supporting parental employment is a recurring theme throughout the Childcare Survey
- Working mothers commonly reported that the availability of informal carers was a factor that enabled them to work, and many working mothers used informal care to supplement the hours of childcare they received from formal providers.
- Lack of childcare still represented a barrier affecting a number of women's employment decisions. Half of non-working mothers said that they would prefer to go to work if they could arrange good quality childcare that was convenient, reliable and affordable (53 per cent in England, 48 per cent in Wales). In addition, a notable proportion of working mothers would increase their working hours if good quality, reliable, convenient and affordable childcare were available (18 per cent in England, 15 per cent in Wales).
- Flying Start is one of the Welsh Government's five national budget priorities. It provides targeted part-time childcare for 2 year old, parental support, intensive health visiting support and early literacy support to families and children living in the most financially challenging neighbourhoods in every local authority area

# Improving early years' experience

- In 2011-12 there were 495 children receiving Flying Start services, just under a quarter of all children aged 2-4 years living in Merthyr Tydfil. This delivery target is set to expand to 898 by 2014-15, as Welsh Government doubling their financial commitment to the programme, which will be 40 per cent of that age group
- The United Nations Convention on the Rights of the Child, ratified by the UK Government in December 1991, recognises the importance of play for the child: Article 31: *"State parties recognise the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts"*
- Play is also a huge factor in improving the health of children and young people. By allowing them to engage in play, children and young people will become active at an early age and appreciate the benefits of healthy behaviour
- The sufficiency audit of children's play opportunities in Merthyr Tydfil is intended to be a working document that will be updated as determined by the Welsh Government, on a three yearly basis. It is intended to identify needs in providing sufficient opportunities both in terms of quality and quantity, for children and young people to play in an environment that stimulates and provides challenge within a safe environment.
- There are 56 playgrounds in total across the borough, ranging from 9 in Dowlais ward to 2 in Park ward.
- 65 per cent (33) of playgrounds are over 15 years old (original lifespan). 70 per cent of the equipment in these playgrounds will become obsolete within 5 years.
- 33 (26 per cent of all Play Suitable and Specialist Spaces) are beyond their planned lifespan now.

# Improving early years' experience

## The story behind the data

- The first 1000 days” (Cwm Taf Public Health Report) identifies that the period from conception to age two significantly influences the outcomes for children, parents, and families, throughout the life course, and from generation to generation.
- Being healthy at birth and through the early years is one of the most important indicators for the wellbeing of children.
- While teenage conception rates have declined substantially for Merthyr Tydfil, the overall rate masks the considerable variation between wards. The highest rate of teenage conception is in the Gurnos, at nearly 140 births per 1,000 women aged 15-17 years. This rate is nearly five times higher than the rate in Treharris, and is the fourth highest rate of all wards in Wales. Wales average is 37.7
- Rates of Low Birth Weight (LBW) are affected by maternal health, socio-economic background and the age of the mother. Geographically, the areas within Merthyr Tydfil with the highest rate of LBW babies correspond with the areas of highest social-economic deprivation.
- Infants with LBW and early gestation are more likely to have multiple and complex disabilities. The combination of a relatively high LBW rate together with low infant mortality rate would appear to indicate that Merthyr Tydfil may experience a higher proportion of children with complex and multiple disabilities, than that indicated by prevalence rates from research.
- While our immunisation rates are above the national average, those most likely to miss immunisations are among the most vulnerable groups in the population.

# Improving early years' experience

- Outcomes for children born to young mothers
  - Increased hospital admissions in childhood;
  - generally poorer health;
  - poor housing conditions;
  - lower educational attainment;
  - lower rates of economic activity in adult life;
  - twice as likely to be teenage parents themselves.
- The evidence suggests that early intervention and extended contact provides the best opportunity to enable children to reach their full potential and reduce the need for later intervention which is often more expensive and more prone to fail those it is working with.
- There is a significant research base on the effective engagement and support strategies for parents in helping to improve the emotional wellbeing and mental health for children and young people. Invariably parenting programmes and support for effective parenting also links to wider issues of addressing specific challenges such as domestic abuse, parental mental health needs, substance misuse, household poverty and worklessness each of which impact on the family.
- The quality of the early year's home learning environment has as significant impact on a child's progress and achievement. Pupils achieve higher results and are more likely to succeed when parents are involved in their education and provide support for learning.
- Children with no (or limited) pre-school experience have poor cognitive attainment, sociability and concentration when they start school. Poor early development can be closely linked to deprivation and poverty. Pre-school education can help to alleviate the effects of social disadvantage, combating social exclusion and promoting inclusion by offering disadvantaged children, in particular, a better start to primary school.

# Improving early years' experience

- School readiness can make a significant contribution to later attainment. There is clear evidence that initial achievement on school entry can set the tone for later achievement, by shaping the expectations of teachers, parents and children themselves.
- According to Professor Doris Entwisle, a leading expert on school transition, a child who performs well on entry to primary school tends to fall into a virtuous circle of educational achievement thanks to the raised expectations of his teachers, his own boosted self confidence and the avoidance of remedial classes in the first years of schooling.
- An evaluation of Family Support Services (FSS) in Merthyr Tydfil showed that children from Flying Start areas tended to be better prepared for school, demonstrated higher levels of social development and had many more experiences than they otherwise would not have had, than other children.
- The early contact made by health visitors in Flying Start areas is an example of how early intervention can help to identify 'risk' factors. 33% of all Children in Need referrals were made by health visitors are from Flying Start areas.
- Evidence from the National Institute for Health and Clinical Excellence advocates for partnership working and clear leadership to tackle the obesity epidemic. 2-5 years is a key age at which to establish good nutritional habits, especially with parents involved. The importance of consultation with and the active involvement of children and young people is also advocated.
- Childcare provision is also important to help parents to gain and maintain employment. Barriers facing families in Merthyr Tydfil are twofold, i.e. Affordability coupled with the inequality of access in certain wards .



# Improving early years' experience

- Evidence from the National Institute for Health and Clinical Excellence advocates for partnership working and clear leadership to tackle the obesity epidemic. The importance of consultation with and the active involvement of children and young people is also advocated. 2-5 years is a key age at which to establish good nutritional habits, especially with parents involved.
- Disadvantaged children in particular can benefit significantly from good quality pre-school experiences, especially if they attend centres that cater for a mixture of children from different social backgrounds. In addition the research pointed to the benefits of pre-school in reducing the 'risk' of Special Education Needs.
- The child who has a better Home Learning Environment, goes to a quality pre-school setting and who then goes on to attend a more effective primary school has a combination of 'protective' experiences that reduce the risk of low attainment and also benefit social/behavioural development.
- In addition, it is likely that specially targeted interventions for children who are identified as particularly behind their peers in cognitive or social/behavioural development at the start of primary school will also be necessary to prevent a widening of the gap during Key Stage 1 and 2.
- The further and higher education institutions in Heads of the Valley Education Programme (HOVEP) will support the work of Flying Start and Families First through offering parental engagement programmes and opportunities for workforce development and training.

# Improving early years' experience

- Absenteeism is a symptom of disengagement from school rather than a cause of it. Disengagement may begin as early as primary school, when students fail to become involved in either the academic or the social aspects of school. The key to improving school attendance is to notice these behaviours and intervene at a stage when there is a chance for correction.
- There is a relationship between the proportion of pupils entitled to free school meals and the rate of absenteeism. It suggests that in general schools with a higher proportion of pupils entitled to free school meals have higher absenteeism rates.
- The IHDP study found that poverty was the biggest single factor affecting cognitive development in its 'risk factors' theory and that poverty increased the chances of other risk factors being present, for example poor nutrition and a poor home learning environment.
- The Effective Provision of Pre-School, Primary and Secondary Education (**EPPSE 3-16**) project is a large scale, longitudinal, mixed-method research study that has followed the progress of 3000+ children in the UK since 1997 from the age of 3 to 16 years.
- Results from the EPPE study show how high quality provision enhances the outcomes of an earlier start. The effect on literacy of three years of low quality preschool compared to no preschool provision is 4.6 months. This shoots up to 7.78 months for three years of high quality preschool provision.
- The combination of high quality and long duration has a greater effect on literacy than is even possible with a massive increase in household income. Increasing household income from zero to £67,500 only delivers a literacy effect of 6.25 months

# Improving early years' experience

- The EPPSE research provides new evidence concerning the **combined** effects of Home Learning Experience, preschool and primary school in shaping educational outcomes. The three key findings from the study are:
  1. **Home learning:** The quality of the home learning environment (HLE) is more important for intellectual and social development than parental occupation, education or income. What parents do with their children is more important than who parents are.
  2. **Pre-school.** The effects of pre-school, have a powerful long term impact on children right up to the age of 11-14. However it is the quality and effectiveness of the pre-school attended that predicts better outcomes (intellectual/cognitive and social/behavioural development).
  3. **Primary school:** The academic effectiveness of primary school can continue to influence students' longer term academic outcomes at secondary school. A primary school with high academic effectiveness had significant effects for English, Science and Maths, but the positive benefits were stronger for maths and science.
- One point on which all early years research studies agree is the overwhelming importance of *high quality* provision for positive child outcomes.
- The nature of quality provision depends on the age of the child. For under threes, affection, communication and responsiveness have been identified as particularly important. For older children, learning opportunities and the educational aspects of the environment become increasingly significant.

# Improving early years' experience

- One of the most important determinants of whether children of different ages receive appropriate and responsive education and care is the level of staff qualification. The Cost, Quality and Outcomes study demonstrated that better qualified teachers provided better quality care in the “child/teacher closeness” aspect of care and that this produced better test results in primary school.
- The study concluded: ‘The quality of child care is primarily related to high staff-to child ratios, staff education, teacher turnover, administrator's experience, and their effectiveness in curriculum planning. In addition, teachers' wages, their education and specialization training were the most important characteristics that discriminate among poor, mediocre, and good quality centers.
- In order to help reduce the achievement gap for multi disadvantaged groups, actions to improve the Home Learning Environment, pre-school and primary school experiences will be needed, since improvements to any one in isolation would be insufficient to boost outcomes on its own
- As a report by the National Centre for Social Research into local childcare markets commented, ‘sustainability might be particularly threatened by lack of local employment opportunities for mothers. This is likely to be an issue in most deprived areas, with the success of efforts to expand childcare provision being largely dependant on the success of employment regeneration strategies.

## **2. Improving health outcomes of children, young people and families living in poverty/ Preventing poor health and reducing health inequalities**

### **What does this mean?**

- Improve life expectancy and healthy life expectancy
- Health inequity refers to those inequalities that are deemed unfair and also avoidable, and involve a moral judgement.

### **What we know?**

- The 2011 WIMD health domain shows that 44% of the LSOA in Merthyr Tydfil were ranked as being within the top 10% of most deprived areas in Wales. This level of deprivation is reflected in our mortality rates and life expectancies across the borough.
- The pattern of child poverty is unevenly spread across different wards in Merthyr. Almost a third of (29.1 percent) of all children in Merthyr Tydfil live in poverty. This rises to half of the children living in Gurnos ward and over a third in Penydarren, and 35.4% in Merthyr Vale.
- Life expectancy at birth is a widely used statistical measure of the average expected years of life for a newborn based on currently observed mortality rates. As such, life expectancy at birth is also a measure of mortality across all ages
- Life expectancy at birth in the UK increased in each three-year period between 2004–06 and 2008–10, rising from 77.0 to 78.2 years for males and from 81.3 to 82.3 years for females.
- Among the constituent countries England had the highest male and female life expectancy in each period, peaking at 78.6 and 82.6 years respectively in 2008–10. Scotland had the lowest life expectancy at birth in each period, reaching 75.8 years for males and 80.4 years for females in 2008–10.
- Life expectancy at birth in Wales, for both males and females, was second highest 77.6 years for males and 81.8 years

## **Improving health outcomes of children, young people and families living in poverty/ Preventing poor health and reducing health inequalities**

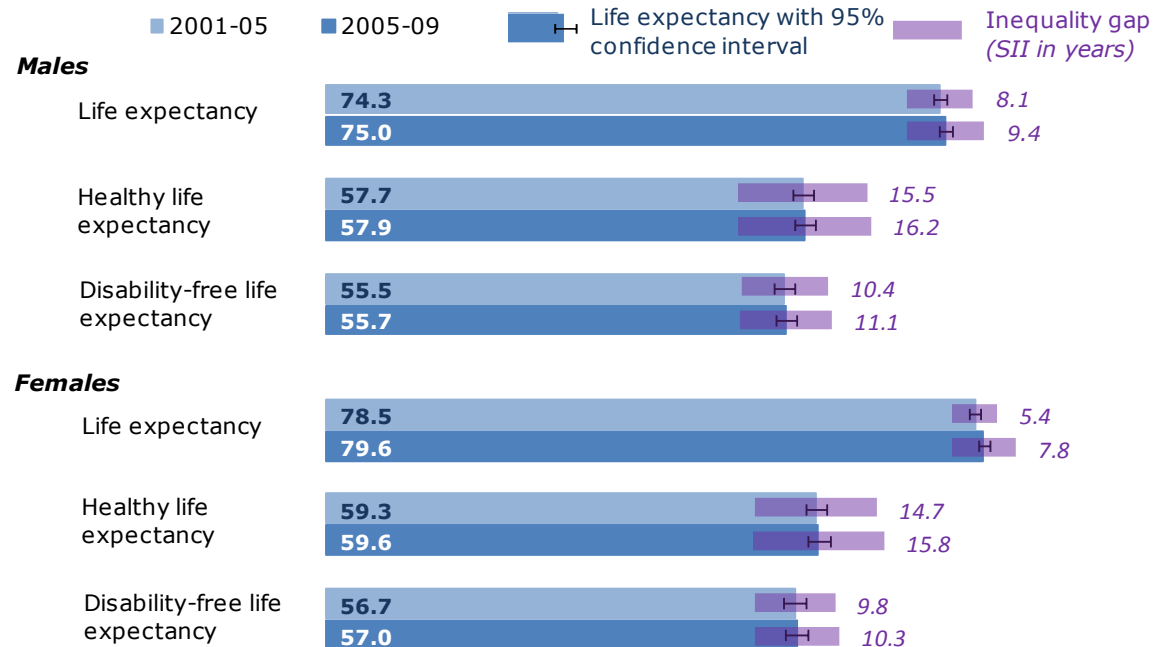
- Male life expectancy shows the greatest inequality across Great Britain. Overall the south of England has a longer life expectancy than Wales, northeast and northwest England, and Scotland. Female life expectancy does not demonstrate the same degree of variation
- Although life expectancy at birth has increased across Wales between 2000-02 to 2008-10, there is a clear gradient between the most deprived and least deprived areas. People living in areas of high deprivation have lower rates of life expectancy than people living in areas with less deprivation.
- Of the local authorities in Wales, Ceredigion had the highest life expectancy at birth for both males and females. Merthyr Tydfil had the lowest life expectancy in Wales for males and Blaenau Gwent the lowest for females. Life expectancy figures at local authority level in Wales differed by 5.4 years for males and 4.2 years for females. This difference between the highest and lowest local authority is smaller than the previous year (2007-09) but higher than the early 90's.
- Health inequalities are particularly stark when looking at healthy life expectancy. Healthy life expectancy (HLE) at birth estimates the number of years a person can expect to live in good health. HLE is useful in determining the health care needs of a population.
- There are also inequalities in the quality of life in terms of disability-free life expectancy. Disability-free life expectancy (DFLE) at birth estimates the number of years of life expected to be free from a limiting long-term illness or disability. People in the least deprived areas experience a substantially higher proportion of their life in good health than those in most deprived areas

## **Improving health outcomes of children, young people and families living in poverty/ Preventing poor health and reducing health inequalities**

- The Slope Index of Inequality (SII) measures the absolute gap in years of life expectancy between the most and least deprived, taking into account the pattern across all fifths of deprivation within the Local Authority.
- The SII shows, for example, that the gap in life expectancy in males between the most and least deprived fifth is nearly 9.4 years. When considering healthy life expectancy the gap is even greater at around 16.2 years. This is set out in Figure 1 overleaf.
- The inequalities present within Merthyr Tydfil are also present in every other local authority and LHB area in Wales, and the gap between least and most deprived is widening.
- Within Merthyr Tydfil there are huge variations in LE and HLE across our 11 wards. In Vaynor overall life expectancy is 79.4 years compared to 72.7 years in Merthyr Vale just a few miles away. Disparity in healthy life expectancy between wards is even starker, ranging from 56.6 years in Gurnos, to 66.3 years in Vaynor
- All cause mortality rate is the 2nd highest of any local authority area in Wales and is significantly above the national average. When mapped by MSOA, five of the seven areas in Merthyr Tydfil have a rate significantly higher than the national rate. The highest rate is in Gellideg.

# Improving health outcomes of children, young people and families living in poverty/ Preventing poor health and reducing health inequalities

- Figure 1 – Comparison of life expectancy, healthy life expectancy and disability free life expectancy at birth, Merthyr Tydfil 2001-05 and 2005-09





## Improving health outcomes of children, young people and families living in poverty/ Preventing poor health and reducing health inequalities

- Data regarding general health are collected via the Welsh Health Survey (WHS) and the Census. Results from both sources reveal that levels of ill health increase with levels of deprivation. People with long term health conditions are the most frequent users of health services and information on long term health problems is a good indicator of the need for health and social services.
- In Wales 7.6 per cent of residents assessed their general health status as bad or very bad. The majority of local authorities with the highest rates of bad or very bad health are situated in the south Wales valleys.
- Both local authorities within Cwm Taf Health Board were above the Welsh average. Merthyr Tydfil had the highest proportion of residents who described their health status as bad or very bad at 11.2 per cent compared to Gwynedd which had the lowest proportion at 5.3 per cent. (census 2011)
- Findings from the Welsh Health Survey (2010/11) show that 27 per cent of adults living in Merthyr Tydfil reported that their health in general was *fair or poor*, significantly above the Welsh average of 20 per cent.
- The projected increase in the number of older people living in Merthyr Tydfil is likely to result in a rise of age-related chronic conditions, such as circulatory and respiratory diseases, cancers and dementia. As a consequence, the healthy life expectancy of this section of our population will be affected. Meeting the needs of these individuals in the future will be a key challenge.

## **Improving health outcomes of children, young people and families living in poverty/ Preventing poor health and reducing health inequalities**

- Lifestyle is an important factor in health outcomes.
- The percentage of adults smoking has decreased for both males and females. However smoking shows a clear association with deprivation, with highest smoking percentages in the most deprived areas. Findings from the Welsh Health Survey show the proportion of smokers in the most deprived quintile is more than double that in the least deprived.
- The highest smoking percentages are found in Blaenau Gwent (28%), Torfean (26%) and Rhondda Cynon Taf (26%) and the lowest in Monmouthshire (18%). The rates of smoking in Merthyr Tydfil have reduced to 24%, moving closer to the Wales average of 23%. (WHS2010/11)
- More than 40 per cent of people who have never worked or who are unemployed are current smokers with no recent signs of this figure decreasing. Smoking rates in managerial and professional groups continue to fall. These trends are likely to contribute to widening health inequalities in the future
- Overall smoking is more common in males than females although in children and young people the reverse is true. Rates of smoking in males aged 25-34 and 35-44 are particularly high (37 per cent and 31 per cent respectively) and have not reduced appreciably in the last seven years. Latest estimates suggest that around one in six girls aged 15-16 are regular smokers, compared to one in nine boys. Smokers in this age group reported starting at an average of just 12 years of age.
- Smoking-attributable mortality rates in Wales have fallen between 2001-03 and 2008-10 although the inequality gap has widened slightly. Mortality rates in the most deprived areas are over twice those in the least deprived areas. The inequality gap is more pronounced in females than males. The widening of the inequality gap is a result of mortality rates falling more steeply in the least deprived areas compared to the most

## **Improving health outcomes of children, young people and families living in poverty/ Preventing poor health and reducing health inequalities**

- The pattern of mortality rates from smoking across local authority areas is largely as would be expected given the pattern of smoking prevalence. The highest rates are found in the South Wales Valleys areas of Rhondda Cynon Taf, Merthyr Tydfil, and Blaenau Gwent (graph ?), where smoking prevalence is highest, and rates are lower in the more rural parts of Wales such as Powys, Ceredigion and Monmouthshire
- The rate of smoking attributable death in Merthyr Tydfil for men and women continues to be significantly above the Wales average however the rate is decreasing overall, for both sexes. When we examine the ratio of deaths from smoking across the deprivation fifths, rates are much higher in the most deprived areas of Merthyr Tydfil compared to least deprived areas, for both sexes. This inequality gap is slightly larger in females (ratio of 2.5) than in males (1.7) in 2007-09. For females these rate ratios have increased since 2001-03 which suggests a widening inequality. Over the same time period the male rate ratios have remained relatively static.
- Smoking is associated with a wide variety of diseases that can result in admission to hospital. In 2010, around 27,700 admissions in people aged 35 and over are estimated to have been caused by smoking, which represents approximately 5.3 per cent of all admissions in this age group. In England, for financial year 2009/10, this figure was slightly lower at 4.7 per cent
- In Wales, of all hospital admissions for males in 2010, around 7 per cent are estimated to be due to smoking, higher than in females (4 per cent). When considering the most deprived areas, the number of attributable admissions increases to eight per cent in males and five per cent in females. This is likely to be a result of the increased prevalence of smoking in more deprived areas

## **Improving health outcomes of children, young people and families living in poverty/ Preventing poor health and reducing health inequalities**

- The variation in smoking-attributable hospital admission rates between local authorities is generally consistent with the prevalence of smoking in these areas. However, perhaps reflecting the wider inequalities in females, there is greater local variation in local authority rates in females than males. For example, the admission rate in males in the Cwm Taf Health Board area is around 16% higher than the Wales rate, whereas in females it is 35% higher
- In 2010, around 3100 hospital admissions in the Cwm Taf health board area, in people aged 35 and over, are estimated to have been caused by smoking, which represents approximately 6 per cent of all admissions in this age group. This is higher than the Wales average of 5.3 per cent
- One of the key priority areas for the Welsh Government is to address smoking among children and young people. Smoking behaviour often starts during adolescence and affects health in later life. The average age at which children aged 15 in Wales start to smoke is just 12 years old
- Girls in Wales are more likely to report smoking weekly than their male counterparts. The numbers of boys (11 per cent) and girls (16 per cent) smoking in Wales are similar to their counterparts elsewhere in Great Britain and Ireland (HBSC survey 2009/10)
- Girls are consistently more likely to smoke than boys across all health board areas in Wales. In Aneurin Bevan and Betsi Cadwaladr University health boards girls are approximately twice more likely to smoke than boys. Children and young people living in these areas are also almost twice as likely to smoke regularly than those living in Powys Teaching Health Board. It is noteworthy that whereas adult smoking prevalence is highest in Cwm Taf, rates in young people are comparatively low, although this may reflect the relatively small sample size by health board

## **Improving health outcomes of children, young people and families living in poverty/ Preventing poor health and reducing health inequalities**

- Before the 1970s it was thought that only active smokers were at risk of developing cancers of the lung, heart disease and other smoking related illnesses. More recently the evidence has been building with several major reports and reviews supporting the argument that passive smoking is dangerous to adult and child health
- Women and children face the greatest risk from second hand smoke and the poorest are most affected. Smoking prevalence is higher in lower socio economic groups so the number of poor children exposed to smoking in the home is greater. Poor people are also more likely to live in crowded accommodation and have an existing disease that is exasperated by Environmental Tobacco Smoke.
- In 2011, 20% of adult non-smokers reported being regularly exposed to other people's tobacco smoke indoors, and 31% indoors or outdoors (WHS 2011)
- The percentage of non-smokers regularly exposed to second-hand smoke dropped considerably from 66% in 2005/06 to 42% in 2007, coinciding with the implementation of the smoking ban in Wales which came into force on 2nd April 2007, ending smoking in enclosed and substantially enclosed public places. Since 2008, second-hand smoking rates have remained fairly constant, for those exposed indoors or outdoors and indoors only.
- The percentage of adult non-smokers exposed to passive smoke indoors ranged from 30% in Blaenau Gwent to 15% in Monmouthshire. The percentage for Merthyr Tydfil was 25% (WHS 2010/11)
- In 2010 39% of children lived in households where at least one adult was a current smoker, and 17% of children lived in households where at least one adult had smoked in their home in the past seven days

## **Improving health outcomes of children, young people and families living in poverty/ Preventing poor health and reducing health inequalities**

- The percentage of children living in households where an adult had smoked at home in the previous week was five times higher in routine and manual households (25%) compared with managerial and professional households (5%).
- There also appears to indicate differences in the propensity of adult smokers to smoke in homes where children are present. In managerial and professional households, 21% of children lived with at least one current smoker, yet only 5% of children in these households lived with an adult who had recently smoked in the home. In households headed by someone who had never worked/was long term unemployed, 62% of children lived with a current smoker and 38% with an adult who had recently smoked in the home.
- Analysis by area of residence using the Welsh Index of Multiple Deprivation showed similar results, with over twice as many children in the most deprived areas living in households where an adult is a current smoker (55%) compared to the least deprived areas (24%).
- There is increasing concern about the harmful use of alcohol in Wales which is far more widespread than other substances. Alcohol consumption in Wales, as in the rest of the UK, has risen markedly in recent decades. The risk of alcohol related harm to health is related to how much and how often alcohol is drunk.
- The 2010/11 Welsh Health Survey suggests that 43% of adults in Merthyr Tydfil reported drinking above guidelines on at least one day in the past week (down 2 % from 2009/10) and just below the Wales average of 44%. In the same survey, the number of adults who reported binge drinking on at least one day in the past week was 29% compared to 27 % nationally. These findings are an improvement on the WHS 2009/10 when binge drinking was significantly higher than the Wales average

## **Improving health outcomes of children, young people and families living in poverty/ Preventing poor health and reducing health inequalities**

- Although survey data provides an estimate of alcohol consumption within populations, there is general belief that respondents underestimate their alcohol intake. Overall, it is suggested that survey estimates only represent 55-60 % of the true figure
- Although only available on an all Wales level, self-reported measures of drinking above guidelines and binge drinking are as common in the most deprived as in the least deprived communities. Alcohol-related mortality rates, however, show substantial inequalities with rates more than three and a half times as high in the most deprived areas for males, and more than twice as high for females
- Cwm Taf has the highest alcohol-related mortality rate amongst the health board areas in Wales for females and the second highest alcohol-related mortality rate for males. The alcohol-attributable mortality rate for males in Cwm Taff is statistically significantly higher than the rate for Wales
- There was a 63% increase in deaths from alcoholic liver disease from 2001/06 to 2007/08 in Cwm Taf
- Hospital admission rates due to alcohol are higher in Cwm Taf than for Wales as a whole. Between 2003 and 2007 an average of around 5,500 hospital admissions and 110 deaths (70 men and 40 women) per year in Cwm Taf are caused by alcohol
- A comparison of alcohol attributable hospital admissions for men and women across local authorities in Wales, shows that Merthyr Tydfil had the highest rate of men admitted to hospital for conditions entirely and in part, attributable to alcohol and the second highest rate for women in Wales.



## **Improving health outcomes of children, young people and families living in poverty/ Preventing poor health and reducing health inequalities**

- During 2011/12 there were 924 referrals from Merthyr Tydfil to substance misuse services, 65.4% presented with alcohol as the main substance.
- Adolescent lifestyle choices in key areas of smoking, alcohol use, diet, exercise, and sexual activity will not only impact upon the health and well being of children and young people, but will have longer term effects on healthy life expectancy.
- There is limited robust data available on the prevalence of alcohol and substance misuse, but the Health Behaviour in School aged Children Survey part of a large European wide survey repeated 5 yearly, does ask a number of questions related to this topic. Results for the Cwm Taf Health Board are:-
- 18% of young people aged between 11-15 in Cwm Taf, reported drinking one or more alcoholic drinks at least weekly compared to Welsh average of 16%. Within this Health Board area per cent of boys and girls were equal.
- 10% of respondents (7% boys, 13% girls) reported being drunk at least 4 times compared to a Welsh average of 12%.
- 8% of all respondents in Cwm Taf aged between 11 and 16 have used drugs in the last 12 months compared to a Welsh average of 9%.



## **Improving health outcomes of children, young people and families living in poverty / Preventing poor health and reducing health inequalities**

- The Health Behaviour in School-aged Children Survey (HBSC) 2010 indicated that for respondents aged 11 – 16 in Cwm Taf:
  - 10% had smoked in the last 30 days (Welsh average: 12%)
  - 5% had smoked at least once a week (Welsh average: 16%)
  - 28% ate fruit daily (Welsh average: 31%)
  - 23% ate fresh vegetables daily (Welsh average: 31%)
  - 56% ate breakfast daily during weekdays (Welsh average: 56%)
  - 41% are physically active at least 5 days a week (Welsh average: 44%)
  - 30% consume sugary drinks daily (Welsh average: 26%)
  - 83% self rated as being satisfied with their life.
- Children who are obese are much more likely to be obese in adulthood. Current national trends suggest that around 8% of obese 1–2-year-old children will be obese when they become adults, while 80% of children who are obese at age 10–14 will become obese adults, particularly if one of their parents is also obese.
- In Wales, a feasibility study was undertaken to measure the height and weight of children in schools. This found that the rate of overweight or obese children:
  - Reception Year (4-5 years old)- 22%,
  - Year 4 – 27.45%
- Children living in the most deprived areas of Wales had statistically significantly higher rates overweight and of obesity than children living in the least deprived areas.

## **Improving health outcomes of children, young people and families living in poverty / Preventing poor health and reducing health inequalities**

- The rate of adults who reported eating five/more portions of fruit/vegetables in Merthyr Tydfil has decreased to 31% and remains below the Wales average of 34%.
- 64% of adults in Merthyr Tydfil are overweight or obese compared to Wales average of 56%, including 28% who are obese, the highest of any local authority in Wales. In addition our rates of obesity are increasing quicker than national rates
- In high income countries, such as Wales, the World Health Organisation has identified the ten leading risk factors cause of death, 2004. See table overleaf.
- It can be seen from the table on the next slide, that many of the risk factors identified by the World Health Organisation are inter-related with overweight and obesity and collectively overtake tobacco as the leading cause of death.
- Foresight 2007 report that was commissioned by the UK Government highlighted that taking into account current trends by 2050 60% of men, 50% of women and 25% of children will be obese.
- The greatest consequences of obesity relate to the health of affected individuals. There is good evidence that obesity is a risk factor for many chronic diseases and is overtaking smoking as a preventable cause of disease and premature death. These include: Type II diabetes, high blood pressure, breathlessness, restricted breathing during sleep (sleep apnoea), gall bladder disease, coronary heart disease or heart failure, osteoarthritis of the knees, gout, complications of pregnancy, cancer, impaired fertility, lower back pain, increased risk during anaesthesia and foetal defects arising from maternal obesity.
- The above mentioned diseases are mainly of adults, but conditions such as Type II diabetes, coronary heart disease, cancers, osteoarthritis and back pain also affect children. There are also social and psychological consequences of obesity such as stigmatisation, discrimination, prejudice, poor self image, low self confidence and depression.

Ten leading risk factors cause of death, 2004. World Health Organisation (2009) *Global Health Risks: mortality and the burden of disease attributable to selected major health risks*, Available

[http://www.who.int/healthinfo/global\\_burden\\_disease/GlobalHealthRisks\\_report\\_full.pdf](http://www.who.int/healthinfo/global_burden_disease/GlobalHealthRisks_report_full.pdf)

Table 1: Ten leading risk factors cause of death, 2004		
	Risk Factor	Percentage of deaths
1	Tobacco use	17.9
2	High Blood Pressure	16.7
3	Overweight and obesity	8.4
4	Physical Inactivity	7.7
5	High blood glucose	7.0
6	High cholesterol	5.8
7	Low fruit and vegetable intake	2.5
8	Urban outdoor air pollution	2.5
9	Alcohol use	1.6
10	Occupational risks	1.1

## **Improving health outcomes of children, young people and families living in poverty / Preventing poor health and reducing health inequalities**

- In Wales Chlamydia is the most common bacterial Sexually Transmitted Infection followed by gonorrhea
- Young people and STIs :  
are an important risk group for acquiring a STI  
are more likely to have higher numbers of sexual partners  
use barrier contraception inconsistently  
are more likely to become re-infected after initial diagnosis and treatment for a STI.
- Teenage conception rates in Merthyr Tydfil increased by 21.5% between 2010 and 2011. The current rate is 34.2 conceptions per thousand women aged 15-17, the highest rate in Wales. However in the ten years since 2001 teenage conception rates in Merthyr Tydfil have dropped by 46.5% compared to an 24.8% drop nationally
- Over the past 30 years there has been an emergent idea in public health that health can be improved and protected by focusing on the place and environment. This has become known as the settings approach to health.
- Merthyr Tydfil has a significantly higher proportion of older housing stock than elsewhere in Wales. According to the 2001 Census there are currently 24,596 houses in Merthyr Tydfil; 52% are terraced houses with 45.4% of all dwellings built pre 1919. Nationally this figure is about 30 per cent, while in England only 21% of houses are of that vintage.
- The terraced stock is, in part, unsuitable for ageing populations, often with steep steps, stairs and two or three storey houses carved into steep hillsides. This increases social isolation as mobility reduces and increases the risk of falls.

## **Improving health outcomes of children, young people and families living in poverty / Preventing poor health and reducing health inequalities**

- 39% (7,900 homes) of private sector properties score a category 1 hazard on the HHSRS (housing health and safety rating system). The most significant hazards in Merthyr Tydfil are those associated with the threat of excess cold, falls on stairs and falls on level surfaces.
- Estimates suggest that one in three people aged 65 years and over experience a fall at least once a year – rising to one in two among 80 year-olds and older. Although most falls result in no serious injury, approximately 5 per cent of older people in the community who fall in any year sustain a fracture or require hospitalisation.
- In 2009, 39% of households in the private sector were at risk of fuel poverty (given the increase in fuel prices, this is most likely to be a underestimate of the extend of fuel poverty
- The increase in the number of older people is likely to result in a rise of age-related chronic conditions, such as circulatory and respiratory diseases and cancers. Mental health conditions most common in this age group become more prevalent.
- Dementia is much more common in people over the age of 85. Deprivation and age are also important drivers of the need for eye health care. Sensory impairment projections to 2030 are projected increase year on year. As a consequence, the healthy life expectancy of this section of our population will be affected. Meeting the needs of these individuals in the future will be a key challenge.

## **Improving health outcomes of children, young people and families living in poverty / Preventing poor health and reducing health inequalities**

- Estimates suggest that one in three people aged 65 years and over experience a fall at least once a year – rising to one in two among 80 year-olds and older. Although most falls result in no serious injury, approximately 5 per cent of older people in the community who fall in any year sustain a fracture or require hospitalisation. Admissions for over 65's due to falls expected to increase by 50% in next 20 years, A&E attendance to increase by 55%
- Higher than average rates of poor mental health are associated with areas of poor socio-economic outcomes, low income, high unemployment and poor physical health. These conditions all exist above the national average in many parts of Merthyr Tydfil.
- It is estimated that some 12% of the population are being treated for a mental health condition, compared to the Wales average of 11% .

# Improving health outcomes of children, young people and families living in poverty / Preventing poor health and reducing health inequalities

## The story behind the data

- The first 1000 days of life, from conception to age two significantly influence the outcomes for children, parents, and families, throughout the life course, and from generation to generation.
- Children born into secure and loving families where their physical and emotional needs are met are more likely to grow up to be better educated, more financially secure, and healthier adults and they are more likely to give their own children the same good start in life.
- Children who grow up in poverty and in homes where education is not valued, have poorer health, increase in learning and behavioural difficulties, lower educational attainment, lower income/unemployment as an adult and increased social isolation.
- It is well established that **inequalities** result in poor health, social, educational and economic outcomes across the whole of the life course for parents and children, and trap many of the most disadvantaged people in a cycle of deprivation.
- Disadvantage can start before birth and accumulate throughout the life course. Action to reduce health inequalities must therefore start before birth and be followed up through infancy and school age for maximum impact.
- Merthyr Tydfil faces many socio-economic challenges and according to the latest WIMD Index 2011, is the most deprived local authority in Wales, with 25% of its LSOAs ranked in the 10% most deprived in Wales.

## **Improving health outcomes of children, young people and families living in poverty / Preventing poor health and reducing health inequalities**

- Our greater need for health care is driven by our low healthy life expectancy and some of the biggest modifiable factors are smoking, diet and physical activity.
- The greatest consequences of obesity relate to the health of affected individuals. There is good evidence that obesity is a risk factor for many chronic diseases and is overtaking smoking as a preventable cause of disease and premature death.
- These include: Type II diabetes, high blood pressure, breathlessness, restricted breathing during sleep (sleep apnoea), gall bladder disease, coronary heart disease or heart failure, osteoarthritis of the knees, gout, complications of pregnancy, cancer, impaired fertility, lower back pain, increased risk during anaesthesia and foetal defects arising from maternal obesity.
- The above mentioned diseases are mainly of adults, but conditions such as Type II diabetes, coronary heart disease, cancers, osteoarthritis and back pain also affect children. There are also social and psychological consequences of obesity such as stigmatisation, discrimination, prejudice, poor self image, low self confidence and depression.
- The National Obesity Observatory reported that a recent comprehensive review of 57 international prospective studies found that Body Mass Index (BMI) is a strong predictor of mortality among adults. Overall, moderate obesity (BMI 30-35 kg/m<sup>2</sup>) was found to reduce life expectancy by an average of three years, while morbid obesity (BMI 40-50 kg/ kg/m<sup>2</sup>) reduces life expectancy by 8-10 years. This 8-10 year loss of life is equivalent to the effects of lifelong smoking.



Improving health outcomes of children, young people and families living in poverty / Preventing poor health and reducing health inequalities



Adapted from Dahlgren & Whitehead '91

### 3. More inclusive and cohesive communities

#### What does this mean?

Our community will be safer, with fewer crimes and less impact on lives from anti-social behaviour. All parts of our population can live together alongside each other with mutual understanding and respect, where every person has an equal chance to participate and has equal access to services. Community cohesion is about integration, valuing difference and focusing on the shared values that join people together.

#### What we know?

- The main population centre is the town of Merthyr Tydfil itself, but there are also a number of villages including Cefn Coed, Troedyrhiw, Merthyr Vale, Aberfan, Bedlinog, Trelewis and Treharris.
- Since the 2001 census the population of Merthyr Tydfil has gone through a period of decline and then growth, which is likely to be linked to the arrival of new residents from other regions of the UK and from outside the UK. On the night of the Census 2011 the population was 58,800, an increase of 4.5% (2593) since 2001.
- Merthyr Tydfil has a minority ethnic (ME) population of approximately 3,167 (5.4%) individuals out of a total population of 58,802 (2011 Census).
- Poles, Portuguese, Indians and Chinese account for the largest represented minority Ethnic (ME) groups in the Borough, with smaller numbers of Pakistanis, Bengalis, Hungarians and Filipinos.
- In 2010 approximately 5% of school aged children were from ME communities, and nearly 4 in 5 of these pupils had English as an additional language.

## More inclusive and cohesive communities

- 68.3% of respondents to the Community Cohesion and Safety survey 2011 agreed that their local area was a place where people from different backgrounds get on well together. The 2009-10 pilot of the National Survey for Wales found that 87% of respondents agreed with this statement.
- The survey found that 69.1% of respondents felt that they belonged to their local area. The 2009-10 pilot of the National Survey for Wales found that 87% of respondents agreed with this statement.
- 55.1% of respondents agreed that they liked to get involved in community activities in their local area. Women (59.07%) were significantly more likely to agree, compared with men (50.9%).
- Findings from the 'Community Conversation' (information gathered for MADF) highlights some of the issues faced by different communities in the borough. For e.g.

People with **physical disabilities** commented that many buildings were not accessible, and in organisations which had invested in equipment, staff were often unaware of how to use the equipment, or equipment was not always serviced or kept in working order.

**Young people** talked about the lack of employment opportunities, being unable to afford to use the new facilities at the Merthyr Leisure village, lack of public transport in the evenings.

**The LGBT** community talked about the lack of access to support networks and the absence of symbols being displayed locally to evidence safe places that would be welcoming of them.

# More inclusive and cohesive communities

- The 2007 Fordham Research commissioned to conduct an assessment of Gypsy and Traveller accommodation recommended to bring back into use the decommissioned pitches at the Glyn Mill site to support the provision of an additional 10 pitches.
- In 2011, 5.2% of residents aged 65 and over lived alone, compared to the Wales average of 5.9% . The number of people aged 65 years+ living alone in Merthyr Tydfil is projected to rise from 4,350 in 2011 to 5,960 in 2030 (+ 37%).
- Older women are more likely than older men to live alone and the percentage increases with advancing age. Twice as many women live alone in the over 75 age group compared to men
- In Wales 43% of people aged 75 and over live alone, this is lower than the proportion of older people living alone in Scotland, England and most English regions (2001 census)
- Merthyr Tydfil has the second largest percentage (46.9%) of people aged 75 years and over living alone (2001 Census).
- 17% increase in number of single occupied properties, and a 27% increase in single parent households by 2021 in Merthyr Tydfil.
- Homelessness is one of the most extreme forms of social exclusion. MTCBC action prevented homelessness for at least six months for 79% of potentially homeless households in 2011-12.
- Whilst the incidence of 'homelessness acceptance' has gradually fallen over the last few years, (20.6% in 2011/21 from 43.7%in 2006/07) the number of applications has remained approximately the same. Targeted prevention in certain areas is vital if homelessness is to be minimised in Merthyr Tydfil.

# More inclusive and cohesive communities

- The number of people presenting themselves as homeless for 2011/12 was 329, and decrease of 126 compared to 2010/11.
- 19 homelessness applications between August 2009-May 2010, claimed to be sleeping rough.
- As of April 2011 there were 725 private sector dwellings that had been vacant for 6 months or more, of these 2.1% (15) were returned to occupation through direct action by the local authority.
- 300 people living in Merthyr Tydfil have some kind of visual impairment, 220 people have some kind of hearing impairment and 135 people are registered as having a learning disability. It is estimated that there are approximately 8,600 people between 18 and 65 with a physical disability.
- It is estimated that some 12% of the population are being treated for a mental health condition, compared to the Wales average of 11% .
- Approximately 820 people in Merthyr Tydfil will be either gay or lesbian or bisexual.
- Cordis Bright survey (2010) carried out with 35 parents from ethnic minority communities, highlighted that overall parents were positive about the services they were using.
- 76.2% of respondents felt satisfied (30.7% very satisfied and 45.5% fairly satisfied) with their local area as a place to live. Community Cohesion and Safety survey 2011.
- Findings from the SWP Police Community Satisfaction Survey 2012 show that it is necessary to continue to improve public confidence to report hate crime. Of the respondents (110) who indicated they had been a victim of hate crime over 70% had not reported it.

## More inclusive and cohesive communities

- Home Office figures reveal that overall crime in Merthyr Tydfil continues to fall. Between April and March 2011/12 there was a 17% reduction in overall crime, compared to the same time last year. This is the equivalent of 860 fewer victims of crime, and is the biggest double digit reduction across South Wales.
- Police recorded ASB has reduced by 16% between January and December 2011. The number of ASB occurrences was 4,689.
- Between April and March 2011/12 there have been significant reductions in the number of Theft From Motor Vehicle (down 33%) and Theft of Motor Vehicle (down 40%) offences, despite these reductions Merthyr Tydfil remains a hotspot area for vehicle crime.
- Police analysis of MSVAP data shows that 45% (127) of offences are occurring in private dwellings. Offences occurring on licensed premises have seen a decrease on last year of 11% (31). Knife crime continues to remain low with 11% (31), those used in a public place account for 26% (8). The use of weapons remains static at 42% (117) of all offences (Data is for M/RCT combined).
- It is estimated that 22% of most serious violent offences are domestic violence. The Merthyr Tydfil Multi Agency Risk Assessment Conference has the highest rate of high risk domestic abuse referrals of all MARACs in the Wales, and the 3<sup>rd</sup> highest in the UK.
- Between April 2012 and March 2013, there were 1021 domestic abuse referrals into the Teulu Multi-Agency Centre (who provide support for domestic abuse victims), which is a decrease of 24% (324) on the same time last year.

## More inclusive and cohesive communities

- For the year ending December 2012, 63 per cent (643) of domestic abuse referrals into Teulu MAC, including incidents recorded via PPD1, involve families that disclosed they have children. This represents a decrease of 9 per cent on 2011's figures, and is a cause for concern as this figure is much lower than expected. It is likely that a lot of victims do not disclose they have children due to fear of children services becoming involved
- In Merthyr Tydfil the breakdown of a relationship, and specifically those involving domestic violence, is the biggest cause of families moving into temporary accommodation. 53 per cent of households were deemed vulnerable due to domestic violence in 2011/12, this compares to the Wales average of 13 per cent.
- In 2011, Police data showed that 48% of all violence with injury offences in Merthyr Tydfil were alcohol related. In the eight months up to March 2012, 31% of all ASB referrals in Merthyr Tydfil were alcohol related. 58% of all referrals to Teulu MAC (domestic abuse victims) involved alcohol misuse.
- Police Strategic Assessment 2011 identified ASB related to the town centre and the daytime economy as an issue in Merthyr Tydfil.
- 36% of respondents in Merthyr Tydfil said that drug use / drug dealing was a very big / fairly big problem in their area (2012 Police Community Satisfaction Survey)
- 30% of respondents in Merthyr Tydfil said that drunkenness was a very big / fairly big problem in their area (2012 Police Community Satisfaction Survey )
- Respondents to recent survey work in Merthyr Tydfil showed that young people began drinking and smoking at 12-13 years and taking drugs at 14-15 years old.

# More inclusive and cohesive communities

- Levels of smoking, drinking and drug use amongst young people involved in the recent substance survey appears to be higher than highlighted in previous survey work in Merthyr Tydfil.
- During 2011/12 there were 924 referrals from Merthyr Tydfil to substance misuse services, 65.4% presented with alcohol as the main substance.
- Merthyr Tydfil is ranked the highest of the 22 local authority areas for estimated alcohol misuse referrals and the second highest for drug misuse referrals. (2011/12)
- South Wales Fire and Rescue Service estimate an annual cost in their service area of around £7 million due solely to wildfires. Around 98% of all wild fires are started deliberately. Wildfires are more likely to occur in the most deprived areas of South Wales, as measured by the Welsh Index of Multiple Deprivation.
- The 20% most deprived areas in South Wales are nine times more likely to experience wildfires than the 20% least deprived areas. As well as following geographic pattern, wildfires also follow a temporal pattern. The majority happen in March, April and to a lesser extent May.
- In total there were 214 deliberate grass fires in Merthyr Tydfil during 2011/12 which was a 41.85% reduction on the previous year. For the last two financial years Merthyr Vale2 has topped the list for deliberate grass fires.



# More inclusive and cohesive communities

## The story behind the data

- The 2009 Community Cohesion Strategy for Wales identified a clear association between basic skills and cohesion and the need to break down the circle of inter-generational disadvantage of people with poor literacy and numeracy.
- Findings from the Effective Provision of Preschool (EPPE) project indicate that pre-school whilst not eliminating differences in social backgrounds, can help to promote better development and can thus help to combat social exclusion.
- 'Early intervention to provide a better start in life remains the best lever for tackling long term social inequality' (Social Exclusion Unit (2004) *Breaking the Cycle of Social Exclusion*, ODPM).
- Preventing early behavioural problems escalating into antisocial behaviour and associated negative conduct. such as criminality and drug abuse provides a huge return on public investment. Cost-benefit studies of US early intervention programmes indicate that the most significant benefits come from savings to the criminal justice system.
- The findings of the Merthyr Tydfil Community Cohesion and Safety survey suggest that there is a need to strengthen community resilience and integration between people from different backgrounds. The growth in the local population is mainly driven by migration, from within the UK and international. There are also certain 'risk' factors present which may put pressure on community cohesion such as economic decline and deprivation, competition for low skilled jobs, and pressure on the local housing stock.

# More inclusive and cohesive communities

- According to the British Crime Survey (BCS), the risk of being a victim of crime is lower for households in least deprived areas compared to most deprived areas. This would suggest that the areas identified in the WIMD 2011 as being most deprived in Merthyr Tydfil would have a higher degree of likelihood for crime and disorder to occur.
- By tackling the particular areas of deprivation that have been identified as above average, there should be a knock on effect of reducing crime and disorder in the long term. This is a perfect example of how other non-enforcement partner agencies can contribute to crime and disorder reduction.
- Partnership working designed to reverse spirals of decline in disadvantaged communities are instrumental in fostering a strong sense of a safer community. These include working with communities from the grassroots to deliver economic prosperity and jobs, efficient transport, good education, decent housing, improved health care.
- Empty homes can be a focus for increased levels of crime, vandalism, anti-social behaviour and drug-abuse. The Empty Homes Grants are helping to reduce the incidence of anti-social behaviour associated with long term vacant properties.
- To reduce fear and increase feelings of security it is necessary to tackle the anti-social behaviour which undermines the quality of life in communities, especially in the most deprived neighbourhoods.
- Cordis Bright research conducted in Merthyr Tydfil found that the barriers to accessing services by ethnic minority communities included, lack of knowledge about services, lack of time to access services, and language difficulties.

# More inclusive and cohesive communities

- To ensure the wider community benefits of housing are realised by communities, Where possible, improve the natural and built environment of communities, and the services and facilities available to local people.
- Visibility has a large part to play in peoples perceptions of safety and feelings of reassurance that police are tackling the issues that are of concern. The Police Strategic Assessment 2011, identified that individuals involved in drugs, alcohol, and retail crime hang around the Merthyr town centre which members of the public find intimidating, lowering perception levels. The image of the town centre is very crucially entwined with the regeneration plans for Merthyr Tydfil.
- Despite significant reductions in the level of crime and disorder locally, findings from the Police Community Satisfaction Survey 2011 show there is a need to communicate this message more effectively with people living in the borough.
- Vulnerable groups such as the elderly, lone parents, homeless, ethnic minority groups, carers, people with disabilities etc, are at increased risk of loneliness and social exclusion. The World Health Organisation has rated loneliness as a higher risk to health than smoking and as great a risk as obesity.
- People with good social networks live longer, are less likely to report being depressed, and are less susceptible to infectious illness than those with poor networks .

## **4. Improving educational outcomes for children, young people and families living in poverty/ Improving the skills of young people and families**

### **What does this mean?**

- A commitment to bring about significant improvements in education participation, achievement and skills for employability.
- Provide a pathway through education and training from pre-school, through school education, post-16 tertiary provision and on into further, work-based and higher education.
- A strong skill base is an important element of a productive and sustainable economy. And helps to create a successful and productive society.

### **What we know**

- The 2011 WIMD education domain shows that 25% of the LSOA in Merthyr Tydfil were ranked as being within the top 10% of most deprived areas in Wales.
- In 2012, Merthyr Tydfil was the worst performing local authority in Wales for the Foundation Phase, key stage 2 and key stage 4, ranking 22/22/22, against other authorities in Wales. In key stage 3, Merthyr Tydfil's performance improved slightly in 2012, (21/22) but continues to be below the LA's FSM ranking.

### **Key stage 2**

- At KS2, although the CSI improved between 2011 and 2012, the Wales average performed better, and Merthyr Tydfil's performance was the worst in Wales

# **Improving educational outcomes for children, young people and families living in poverty/ Improving the skills of young people and families**

## **Key stage 2**

- Performance at level 4 and above in all core subjects is well below the average for Wales, and is below the FSM ranking in all indicators except for pupils achieving level 4 or above in English, which is consistent with the FSM ranking (i.e. 20th).
- Performance in Welsh second language is steadily improving over time. However, performance remains 10.1 percentage points below the Wales average, with the percentage achieving level 4 and above the lowest in Wales for the last 2 years (ranking 22nd).
- Performance in Welsh First language is 3.7 pp points above the Wales average and its performance is 8/22.
- At level 5 and above performance is 21/22 in English and science, and slightly above FSM ranking in mathematics (18th).

## **Key Stage 3**

- In 2012 Key stage 3 Core Subject Indicator performance improved by a large 12.9 percentage points over the previous year, and has improved by 12.4 percentage points over the 4-year trend.
- Despite this sharp rise in performance at KS3 CSI, Merthyr Tydfil is still well below the Wales average by 8 percentage points, and remains the worst performing local authority in Wales.

# **Improving educational outcomes for children, young people and families living in poverty/ Improving the skills of young people and families**

## **Key Stage 3**

- Pupil performance in English, mathematics and science is improving, but performance remains well below the Welsh average. However, improvements in maths and science over the five-year trend are at a slightly faster rate than improvement across Wales, while in English improvement is slower. This means MT's performance in English is falling behind. All three subjects have ranked 21 or 22 in Wales for the last 3 years.

## **External examinations at key stage 4 and post-16**

- Performance in 2012 saw a sharp drop at key stage 4 from 39.3% to 31.9% on the level 2 threshold including English/Welsh and Maths and from 38.1% to 31.1% on the Core Subject Indicator. Merthyr Tydfil had the lowest performance in Wales for both indicators
- Performance at Level 2 threshold including E/W and Maths has declined overall by 1.8 percentage points over the last 5-years while the Welsh average has continued to improve by nearly 5 percentage points over the same period.
- Similarly the CSI at Key stage 4 has fallen by 1.9 percentage points compared with national increase of nearly 4 percentage points. This means MT is falling further behind in both indicators.
- The percentage of pupils achieving the level 1 threshold increased, and at a greater rate than the Wales average. However, Merthyr Tydfil's relative performance has remained the same at 21/22

## **Improving educational outcomes for children, young people and families living in poverty/ Improving the skills of young people and families**

- The percentage of pupils achieving the level 2 threshold got worse with a drop of 1.5 percentage points, while the Wales average improved. The capped average wider points score dropped by 0.1 percentage points, whilst the Wales average increased by 8 percentage points. This means Merthyr Tydfil is falling behind.

### **Post 16**

- The percentage of learners in MT's secondary schools gaining the level 3 threshold improved at a similar rate to Wales in 2011. However, provisional data for 2012 suggests an increase significantly greater than for Wales as a whole, with performance now just below the Wales average, and ranked 14/22.

### **Leaving without a recognised qualification**

- Two 15 year old students left full-time education without a recognised qualification in 2011/12. This represents 0.3% of that cohort, and is below the Welsh average (0.4%) and an improvement in performance on 2010/11 when 10 pupils (1%) left without a recognised qualification. We are currently ranked joint 4th best performing LA.
- The NEETs (not in education employment or training) figure for year 11 has reduced over the 5-year period from 7.8% in 2008 to 6.2% in 2012, representing a fall of 16 from 60 in 2008 to 44 in 2012. Wales average 4.2%.
- The five year trend for year 13 NEETs shows a steady decline from 8.3% in 2008 to 4.3% in 2012. Wales average 5.1%

## Improving educational outcomes for children, young people and families living in poverty/ Improving the skills of young people and families

- The percentage of year 11 **pupils staying in education** has increased slightly from 73% in 2008 to 77% in 2012. However, the figures represent a **slight decrease** in numbers of 24 from 561 to 537.
- The percentage of pupils in Year 13 continuing in some form of full time education has **decreased** over the period from 79.8% in 2008 to 77.3% in 2012.

### Comparison to similar schools on FSM benchmarks

- When compared to similar schools on the free-school-meal benchmarks, the performance of MT's schools in 2012 is below average in the Foundation Phase and well below average for the CSI in KS2. In both, too many schools are in the bottom quarter. In the Foundation Phases: LLC 40% / MD 36% in Mathematical development).
- In KS2, 64% of schools are below the median, of which 41% are in the bottom quarter. This is a deterioration on previous years, and is the worst in Wales.
- In KS3 in 2012, performance is average at best, but with 50% of schools in the lowest quarter, and 50% in the second quarter. No school has been in the top quarter for the CSI or mathematics during the last 3 years. This means no schools are among the best in Wales.
- At key stage 4 provisional data for 2012 suggests performance is below average on four of the five main indicators. All schools were below the median for the level 2 threshold including E/W and ma, with 75% in the bottom quarter. No school has been in the top quarter for the last three years for L2 incl E/W and Ma, or the CSI.



# **Improving educational outcomes for children, young people and families living in poverty/ Improving the skills of young people and families**

## **Standards in informal and non-formal qualifications**

- In 2010-11 MT had the joint highest proportion of participation in the youth population (11-25), and its levels of national accreditation places the youth service as the fourth highest in Wales

## **Gender gap**

- In key stages 1, 2 and 3 at the expected level and higher levels the gap between the attainment of girls and boys is greater than the Welsh Average.
- In key stage 3 the gap is a cause for concern in English at L5+, in mathematics at the higher levels and in numeracy, reading and writing at L5+.
- In key stage 4, with the exception of mathematics at L2, the gap between the attainment of boys and girls is greater than the WA

## **Free School Meal**

- In 2012 at Key Stage 2 CSI, and Key Stage 3 CSI the gap in performance between FSM and non-FSM pupils got wider. At the same time, the average across Wales continued to improve
- At KS4 CSI, the gap in performance between FSM and non-FSM pupils got wider (by 7.5 percentage points) reversing the improving trend of the previous 3 years. At the same time, the average across Wales improved

## **Improving educational outcomes for children, young people and families living in poverty/ Improving the skills of young people and families**

- For all but the Level 1 threshold the gap between FSM and non-FSM pupils has widened over the last 3 years (non-FSM pupils have improved whilst the figure for FSM pupils has declined). For the Level 2 including E/W and Ma and CSI the gap has doubled, with only 11% achieving these indicators in 2011

### **School Banding**

- Two secondary schools in band 2 in 2011, one in band 4 and another in band 5. Weaker performance across all four schools in nearly all indicators in 2012 is likely to impact negatively on banding in all four schools

### **School attendance**

- 2011/12 saw further improvements in secondary school attendance rates, moving from 11<sup>th</sup> to 10<sup>th</sup> out of the 22 local authorities. The overall rate of absenteeism from secondary schools is 7.6%, 0.2 percentage points below the Wales average.
- The rate of unauthorised absence for 2011/12 is 1%, below the Wales average of 1.4%.
- The Communities that Care Audit 2006 contained questions on pupil commitment to school. Overall local findings were in line with the national findings. However there is disparity within Merthyr Tydfil itself. Pupils from the Gurnos were far more likely to hate school or play truant in the past year than the rest of the local authority area.

# **Improving educational outcomes for children, young people and families living in poverty/ Improving the skills of young people and families**

## **Qualifications for working aged adults**

- NOMIS data reported Merthyr Tydfil as having 14.8% of working aged adults with no qualifications compared with 11.4% Welsh average. The percentage has decreased by 11.7% since 2004 which compares favourably with the Welsh average decrease of 6.1%.
- This improvement has also seen Merthyr Tydfil improve from being the worst performing Welsh authority to currently being 18 out of 22 local authority areas.
- In 2012 59% of persons with no qualifications (who are not in full time education) are either unemployed or economically inactive. This compares to 26 per cent across the population as a whole.
- In 2012 the proportion of working age adults who held a Level 2 and above qualification was 69.3% compared to 75% nationally. There has been a positive improvement of 16.1% over a ten year period.
- In 2012 the proportion of working age adults holding level 4 qualifications or above was 26.5%, nationally it was 33%
- Welsh government data shows the change in employment rates between 2001 and 2011 is smaller for higher qualification levels, suggesting the impact of the recession on employment rates has affected those with no or low qualifications most.

## **Improving educational outcomes for children, young people and families living in poverty/ Improving the skills of young people and families**

- Launched in November 2010 The Universities of Glamorgan and Newport are collaborating together in a unique way under the banner of the Universities Heads of the Valley Institute, which is known as “UHOVI”. UHOVI primarily focuses on level 4 education and above, across the five counties of the Head of the Valleys.
- Data from the 2010 Welsh Local Labour Force Survey showed that 15 per cent of employees across all industries in Wales had received in-work training in the last four weeks. Across the 22 local authorities this ranged from 18.4 and 18.3 per cent in Wrexham and Cardiff, to 10.6 and 10.4 per cent in Caerphilly and Merthyr Tydfil. Between 2007 and 2010 Merthyr Tydfil has had the lowest proportion of employees receiving in work training in the last four weeks.
- Using the percentages from the National Adult Basic Skills Survey Wales 2010, we can estimated numbers of adults living in Merthyr Tydfil with basic skills Need: Literacy (9655) and numeracy (20468).
- Vulnerable Family research indicated that 54% of the 300 most vulnerable families in Merthyr Tydfil do not hold an academic qualification.
- Welsh government statistics persons with a disability (DDA current disability and/or work-limiting disability) are more likely to hold no qualifications than non-disabled persons, and less likely to hold qualifications at level 2 or above

# Improving educational outcomes for children, young people and families living in poverty/ Improving the skills of young people and families

## The story behind the data

- There is a wide body of research on the social and economic outcomes associated with educational attainment. A review of these studies reveals that individuals who fail to gain qualifications are clearly disadvantaged in many aspects of life—from the jobs they obtain and the wages they earn to their sense of physical and emotional well-being. Society is also disadvantaged when students drop out, since studies show that dropouts are less likely than graduates to contribute to the social and economic well-being of the country.
- Educational attainment is strongly linked with deprivation. Intelligent children from the most deprived families, in general, have lower educational attainment than less able children from the more affluent families. However recent studies from the OECD and the well respected EPPSE study have shown that the link between poverty and educational attainment is not inevitable.
- Literacy and numeracy are fundamental skills required to function and progress in society, both professionally and socially. The 1999 Moser Report identified the numerous impacts that poor basic skills can have upon personal earnings and families, upon communities and society, and for the economy.
- The evaluation of Skills for Life in England noted “There is a clear association between poor basic skills and learning disabilities, and poor basic skills and poor health.” The Moser report also noted that there is a link to both physical and mental illness' from poor literacy and numeracy.

## **Improving educational outcomes for children, young people and families living in poverty/ Improving the skills of young people and families**

- There are extensive references in existing research to the links of between low levels of literacy and numeracy and poor health or disability amongst individuals. The evaluation of Skills for Life in England noted “There is a clear association between poor basic skills and learning disabilities, and poor basic skills and poor health.”. The Moser report also noted that there is a link to both physical and mental illness from poor literacy and numeracy.
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- Since the National Survey of Adult Skills in 2004 , the basic skills agenda has been highlighted fairly consistently as one of the key challenges facing Wales, both in terms of education and lifelong learning and how the issue relates to wider policy concerns, such as economic development, social inclusion and poverty reduction.
- Welsh government data shows the change in employment rates between 2001 and 2011 is smaller for higher qualification levels, suggesting the impact of the recession on employment rates has affected those with no or low qualifications most.

## **Improving educational outcomes for children, young people and families living in poverty/ Improving the skills of young people and families**

- There is a body of evidence to illustrate the importance of family programmes and the positive impact of improving adult literacy and numeracy skills to aid prevention of the intergenerational transfer of poor literacy, language and numeracy skills. It has been found that family learning has a wider positive impact by enhancing confidence and greater self esteem for children and their families within schools and the wider community.
- Evidence from research into school achievement highlights the drop off in achievement among disadvantaged children during the long holidays. The cumulative effect of five summers during elementary school was that low socio-economic status (SES) children gained less than one point in reading and lost eight points in maths. During the same period, high SES children gained 47 points in reading and 25 points in maths.
- This is known as the 'faucet effect'. The education tap is turned off for disadvantaged children during summer holidays.
- This 'faucet effect' can be overcome by a quality home learning environment. Home circumstances have the most significant impact on a child's progress and achievement. Pupils achieve higher results and are more likely to succeed when parents are involved in their education and provide continued support for learning.
- Research illustrates that the quality of the early year's home learning environment indicates that home circumstances have the most significant impact on a child's progress and achievement. Pupils achieve higher results and are more likely to succeed when parents are involved in their education and provide support for learning.

## **Improving educational outcomes for children, young people and families living in poverty/ Improving the skills of young people and families**

- The OECD has recently published a study, related to PISA, which found that as many as a third of children from disadvantaged backgrounds can overcome socio-economic disadvantage to succeed at school. Poverty doesn't equal destiny in education.
- A new study from EPPSE and analysed by the Institute of Education finds that parent power, high quality pre-school education and high quality teachers help disadvantaged children get ahead.

### **The implications of the study according to the Institute of Education are:**

1. Recruit the best teachers to schools in disadvantaged areas;
2. Assess children early and provide additional support classes and teaching where necessary;
3. Emphasise “active cultivation” and “parent power” in parenting classes and programmes;
4. Promote “communities of learning” in the classroom so students can take responsibility for their and others' learning;
5. Schools and communities should provide extra educational experiences especially for “vulnerable” children.



## **Improving educational outcomes for children, young people and families living in poverty/ Improving the skills of young people and families...(cont)**

- Education and training , which result in an increase in skills level, have a significant role to play in the economic resurgence of the borough and can be the catalyst to drive the regeneration of Merthyr Tydfil.
- Key to delivering high quality educational outcomes, is a commitment to transform the current relatively low levels of education participation and achievement pre-16 so that young people in the area will be able to fully benefit from the opportunities post-16.
- The success of University Heads Of the Valley Institute is inextricably lined to our ability to improve substantially educational attainment, and so produce an increase in the number of learners with Level 3 qualifications.
- There are four key measures which are linked closely to the aim of improving educational attainment:
  - Attainment of a Level 2 qualification including English/Welsh/Mathematics
  - National curriculum attainment levels at the age of 14
  - Attainment of a Level 3 qualification at age 19
  - Progression into further/higher education, employment and training
- Data on student achievement reveals that it is between the ages of 8 and 14 that a significant number of young people cease to make progress in their education, leading to disengagement and declining levels of student achievement. This process begins in the latter stages of primary education and is often associated with problems encountered with basic skills, particularly literacy.

## **Improving educational outcomes for children, young people and families living in poverty/ Improving the skills of young people and families...(cont)**

- Absenteeism is a symptom of disengagement from school rather than a cause of it. Disengagement may begin as early as primary school, when students fail to become involved in either the academic or the social aspects of school. Poor performance on assignments, misbehavior, failure to do homework, and lack of participation in extracurricular activities are all signs of disengagement, which often leads to frequent absences, retention in grade, and repeated transfers to other schools.
- A number of research studies substantiate that these signs of disengagement are precursors to dropping out, and students may advertise their intentions fairly early on. The key to reducing the dropout rate is to notice these behaviors and intervene at a stage when there is a chance for correction.
- Disengagement from education and low achievement accelerates in the early stages of secondary school, and are significant precursors for dropping out of school. This is where interventions to prevent young people from becoming NEET should be focused.
- Early research suggested that certain social and family background factors were associated with an increased risk of becoming NEET, such as being poor, ethnic minority, from a single-parent family, or from a family with low educational attainment or low support for education
- In the 1980s, researchers began questioning the role of individual factors—in part because these variables are beyond the control of school systems—and research was designed to identify school-related factors associated with dropping out. This research documented that although individual demographic factors are related to dropping out, students' educational experiences are equally important

## **Improving educational outcomes for children, young people and families living in poverty/ Improving the skills of young people and families**

- These studies showed that students who dropped out reported that they disliked school and found it boring and not relevant to their needs; had low achievement, poor grades, or academic failure; or had financial needs that required them to work full-time.
- Pupils in Merthyr Tydfil responding to a Communities that Care audit in 2006, on questions about their commitment to school, said that 31% of them found school subjects slightly or very dull, 6% felt that their school work was not very important, or important at all, for their future lives and 33% said that in the past year they had often or very often hated being in school.
- Other research has identified school-related factors associated with lower dropout rates, including schools with smaller enrollments, more supportive teachers, positive relationships among students and school staff, and a more rigorous curriculum

### **BASIC SKILLS**

- Poor basic skills commonly go hand in hand with a number of other factors including low paid employment or worklessness, reliance on income support, ill health, additional learning needs amongst other socio-economic challenges.
- Literacy and numeracy are fundamental skills required to function and progress in society, both professionally and socially. The 1999 Moser Report identified the numerous impacts that poor basic skills can have upon personal earnings and families, upon communities and society, and for the economy.

## **Improving educational outcomes for children, young people and families living in poverty/ Improving the skills of young people and families**

- The Wavehill 2011 research suggests that having weak skills in literacy, numeracy and language is a barrier to gaining employment and improving individual socio-economic status.
- University Heads Of the Valley Institute (UHOVI) is delivering foundation degrees for full and part time learners in the Heads of the Valleys area, all of which contain a significant element of work based learning.
- UHOVI bitesize courses also offer an accessible, accredited route into higher education that adults in the Heads of the Valley can access locally.

## **5. Ensuring people receive the help they need to live fulfilled lives**

### **What does this mean?**

- Improve outcomes for workless families by reducing their reliance on benefits and by increasing their economic activity status.
- Improve financial capability among people living in Merthyr Tydfil.
- People receive the support they need to be independent in their own homes, and only go into hospital or care placements when they have a need to do so.
- Ensure effective safeguards for vulnerable children and adults
- Children, young people and adults enjoy good mental health and wellbeing

### **What we know?**

- In 2004, only 64.4% of working aged adults (16-64) in Merthyr Tydfil were economically active. This compared with the Welsh average of 72.7% (+8.3%) and the UK average of 76.4% (+12%). In December 2012, the Merthyr Tydfil rates had substantially improved to 73.4% which is just below the Welsh average 73.5% and the UK average of 76.9% (3.4%)
- In 2012 the economic inactivity rate (excluding students) ranged from 26.2 per cent in Neath Port Talbot to 18.4 per cent in Cardiff. Merthyr Tydfil was ranked 17th out of the 22 local authorities' with a rate of 24.7 per cent, above the Welsh average of 22.2 per cent
- The Labour Force Survey estimates for the 3 months to January 2013 show the unemployment rate in Wales was 8.4% of the economically active down 0.5 percentage points from the same period a year earlier. For the UK as a whole it was 7.8 per cent, down 0.5 percentage points from the same period a year earlier

## Ensuring people receive the help they need to live fulfilled lives

- ILO unemployment rates: In 2012 Merthyr Tydfil had an unemployment rate of 12.1%, the second highest in Wales after Blaenau Gwent.
- Claimant Count: In January 2013, there were 2,395 adults aged 16 to 64 claiming Job Seekers Allowance (JSA), 6.3% of that cohort, compared to Wales rate of 4.2% and the GB rate of 3.8%.
- There are 35,300 people of working age living in Merthyr Tydfil. In 2012 64.5% of these were employed – 22,800 people. This figure is lower than for Wales at 67.3% and for the UK at 70.6
- There is a slightly higher proportion (25.5%) of adults (16-64) working part-time compared to the Welsh average (26.4). The UK average (25.7%) is similar to Merthyr Tydfil.
- The most recent data shows that in August 2012, there were 9,440 people claiming at least one working age benefit, this is a quarter (24.8%) of the resident population in Merthyr Tydfil. The proportion claiming benefits has been decreasing over the last decade down 6.8% since August 2002 from 31.6%
- The latest statistical bulletin for workless households covers the period April to June 2012. For the UK as a whole around 17.9% of households were workless. The workless rate varies greatly across the regions in England and countries of the UK. The North East had the highest percentage of workless households at 24.5%, while the South East had the lowest at 14.1%. Wales was the third highest region, with 21.6% of workless households

# Ensuring people receive the help they need to live fulfilled lives

- Data from the 2011 Annual Population Survey shows that for the twelve months between January and December the highest percentage of workless households in Wales was in the Central Valleys, and this area was the third highest across the UK. The Central Valleys comprises of Merthyr Tydfil and Rhondda Cynon Taff, where 28.7 per cent of households were workless.
- Looking at Wales only, figures from Welsh government show that in 2011 Blaenau Gwent and Merthyr Tydfil had the highest percentage of workless households (31.8% and 30.1 %), while Monmouthshire and the Vale of Glamorgan had the lowest, 16.2 % and 17.3% respectively
- 29.2% of children in Merthyr Tydfil lived in households which had no adult of working age in employment. This is substantially higher than the national rate of 18.6% and was the second highest rate in Wales, behind Blaenau Gwent (33.2%).
- The recession has hit young people in Wales hard. The most recent data from the ONS shows that 54,000 people aged 16-24 were unemployed (November 2012 to January 2013) this is an unemployment rate of 23.9 per cent, up 0.5 percentage points from August to October 2012.
- A third (33.1 per cent) of 16-24 year olds living in Merthyr Tydfil are out of work (Sept 2012). The most recent trends show that since 2005 the unemployment rate for young people across Merthyr Tydfil has been consistently higher than the rates for Wales and the UK . (ILO unemployment rate).

# Ensuring people receive the help they need to live fulfilled lives

- Claimant Count: Jobseeker's Allowance (JSA) is paid to people under pensionable age who are available for, and actively seeking, work of at least 40 hours a week. In January 2013, there were 765 young people aged 16-24 years claiming JSA in Merthyr Tydfil, 10.9 per cent of that population. This rate is nearly twice the national rate (6.5 per cent) and is the second highest of all local authorities
- In 2012 average gross weekly pay (£412.50) in Merthyr Tydfil was 10% below the national average, the 2<sup>nd</sup> lowest in Wales. Only Powys earned marginally less £412.2
- Welfare reforms could cost recipients £7million in Merthyr Tydfil.
- The abolition of Council tax benefit in March 2013 will equate to at least an additional £500,000 tax to be collected from the lowest income households in the borough (affecting almost one third of households).
- In 2010/11, referrals to the Community Services Welfare Rights Officer were up 9% to 629 compared to 2009/10.
- In the past decade, there has been a 99.74% increase in the price of average houses; compared to an all Wales average increase of 71.95%. Merthyr's low average incomes and high house prices means the ability of local households to become owner occupiers is increasingly becoming unachievable
- In 2010, mortgage possession claims leading to orders in Merthyr Tydfil were 4.58 per 1,000 households. This was the fourth highest rate of all local authorities in England and Wales and the highest in Wales. It has dropped from its peak in 2008, but remains well above the 2000 rate



# Ensuring people receive the help they need to live fulfilled lives

- The Cordis Bright review (2010) of Family support caseloads showed that at least 30% of families who received Family Support services accessed debt management information and support.
- Limiting long term illness is a measure of long term illness, health problems or disability that limits a person's daily activities or the work they do. Census 2011 shows that 26.9% of the population in Merthyr Tydfil have activity limitation.
- The number of adults economically inactive due to long term sickness has historically always been very high in Merthyr Tydfil. Our current rate of 37.3 per cent of all adults aged 16-64 years is the highest of all local authority areas in Wales. There are currently 3,500 people not working because of illness or injury. This compares to the Wales rate of 26.7% and the UK rate of 22.2%. However the number and rate has decreased over the last eight years. Down from 48.7% in 2004 to 37.3% in 2012.
- Welsh Health Survey 2011 indicated that 20% of adults reported being '**limited a lot**' by either a health problem or disability, this compares to the Wales average of 16%
- According to Welsh Government statistics, Persons with a disability (DDA current disability and/or work-limiting disability) are more likely to hold no qualifications than non-disabled persons, and less likely to hold qualifications at level 2 or above.
- The 2011 Census included a question on general health and this information enables an assessment to be made about the nation's health status and to make comparisons between areas within England and Wales.

# Ensuring people receive the help they need to live fulfilled lives

- People living in London and the South East region had the highest percentages of 'Very good' or 'Good' general health, and Wales and the North East region the lowest. In Wales only 46.6 per cent reported 'Very good' health and 7.6 per cent reported their health as 'Bad' or 'Very bad'. (Census 2011)
- According to the Welsh Health Survey (2010 and 2011) , the Cwm Taff Local Health Board area has the highest percentage of people (25%) who reported their general health to be 'poor or fair'. Within Cwm Taff the results at local authority level were 27% for Merthyr Tydfil and 25% for RCT, both of which are significantly above the Welsh average (20%).
- 300 people living in Merthyr Tydfil have some kind of visual impairment, 220 people have some kind of hearing impairment and 135 people are registered as having a learning disability. It is estimated that there are approximately 8,600 people between 18 and 65 with a physical disability.
- Over the next 10 years there will be a reduction in the numbers of adults with a learning disability accessing adult services, however a higher proportion are likely to require more intense services.
- The 2011 Census shows that in Merthyr Tydfil 12.6% (7,427) of the usual residents provide unpaid care, this represents an absolute increase of 1, but the proportion of the population has remained the same as the 2001 Census. Neath Port Talbot was the authority with the largest percentage of its population providing unpaid care at 14.6 per cent, higher than any authority in England; Cardiff had the lowest at 10.1 per cent.
- Number of people aged 65 years+ with dementia predicted to increase by 55% in next 20 years in Merthyr Tydfil: 2010 – 640, 2030 – 1,000

# Ensuring people receive the help they need to live fulfilled lives

- Within the Cwm Taf LHB area, there is a predicted increase (54%) in both the number of older people attending A&E and the number of hospital admissions up to 2030, as a result of a fall. Many individuals can lose their independence and quality of life as a result.
- Estimates suggest that one in three people aged 65 years and over experience a fall at least once a year – rising to one in two among 80 year-olds and older. Although most falls result in no serious injury, approximately 5 per cent of older people in community who fall in any year sustain a fracture or require hospitalisation.
- 116.5 per 1000 population of adult service users aged 65+ continue to live independently at home which is above the Welsh average of 78.6 per 1000 (2011/12).
- A delayed transfer of care – also known as “bed blocking” – arises when a person who no longer needs hospital treatment is unable to leave hospital and return to their own home or to a social care setting such as a residential home. In the first nine months of 2011/12 the rate of delayed transfer of care for social care reasons per 1000 population age 75+ was 2.7 (12 people) compared to the Welsh average of 5.76.
- In 2011-12, the average number of days taken to deliver a Disabled Facilities Grant ranged from 175 days in Merthyr Tydfil to 638 days in Newport.
- The 2011 Children in Need (CiN) census showed that there were 505 CiN in Merthyr Tydfil, a rate of 410 per 10,000 people aged 0-17 years. This is the 2nd highest rate of all local authorities in Wales.
- The percentage of CiN who are on the Child Protection Register and are Looked After is in line with the national rate. 12% of our CiN are on the CPR compared to 11% nationally, and a further 33% are looked after, compared to 27% nationally.

## Ensuring people receive the help they need to live fulfilled lives

- Stability is recognised as important factor for the wellbeing of children in care. 11.4% of children looked after experienced three or more placements during 2011-12 ,compared to 16.2% in 2010-11. Despite the decrease the rate is above the Wales average of 9.2%
- Secondary school mobility is a predictor for lower levels of educational attainment and social behaviour. 25.6% of children looked after experienced one or more changes of school in the past 12 months, the worst performing local authority in Wales.
- The Valuing People White paper suggests that one third of all adults with a learning disability living at home do so with carers aged over 70 years of age. Support for older family carers to plan for the future will be needed to avoid the risk of family breakdown.
- There were 65 young carers known to Social Services during 2011/2012.
- During 2010/11 there were 126 referrals to the Adult Protection Coordinator, which is an increase of 18% on the previous year.
- During 2011/12 the main adult service user group for Vulnerable adults was mental health followed closely by physical disability. There has been a significant increase in referrals in the older person's category (up from 6 to 16).
- Self-reported physical and mental health scores have improved on the 2009/2010 WHS results. MT is no longer the lowest (worse) scoring local authority area in Wales (WHS 2010/2011). Though we still score lower than the Welsh average for both indicators.
- The supply of antidepressants by prescription across Cwm Taf has increased significantly. In 2008/09 Cwm Taf residents received 342,627 antidepressant prescriptions, this increased to 452,225 in 2011/12 which represents an almost 30% increase.
- The Welsh Health Survey suggests that over 18,000 people in Cwm Taf maybe receiving treatment for depression or anxiety at any one time (2009/10).

# Ensuring people receive the help they need to live fulfilled lives

## Story behind the data

- There is a clear relationship between geographic location and worklessness, as the report on the Working Neighbourhood describes “many of the most disadvantaged people in the labour market also live in the most disadvantaged places. Because disadvantaged areas often lack some of the social and economic infrastructure able to support people on their path into employment.
- Examples of this infrastructure include education, weak skills in literacy and numeracy, public transport, and childcare facilities. All of these factors have been identified as serious issues in the needs analysis for Merthyr Tydfil.
- Other barriers to employment identified in the report ‘Reaching the untapped potential in the Upper Valleys’ include health and medical issues, financial disincentives for those on benefits (ie the cost involved in returning to work), lack of work-readiness skills.
- The Welfare to Work agenda is marked by major changes in levels of benefit payment made and assessment regimes for particular benefits; whilst this is applicable to the UK its most extensive impacts are likely to be experienced in areas like Merthyr Tydfil, which have the highest levels of existing benefit claiming.
- Certain household types are also more likely to be disproportionately affected by the tax and benefit reforms, families with children, particularly the poorest families with children, non-working lone parents and workless couples with children, those with children under five and families with more than two children are most likely to be affected by the tax and benefit changes.

## Ensuring people receive the help they need to live fulfilled lives

- Support for people to participate as active citizens both economically and socially is important as a means of empowering them to take more control over their lives and avoid loneliness and isolation.
- Being able to understand health information and make decisions from that information is vital to a person's well-being . Studies have shown a link between low literacy and poor health outcomes. For example:
  1. People with lower health literacy skills had a higher incidence of diabetes-related problems
  2. Poor literacy was associated with a higher risk of hospital admission
  3. Low functional health literacy in women with diabetes was associated with factors that may negatively impact birth outcomes
  4. Inadequate health literacy was associated with poorer physical and mental health in older adults
- One of the key ways to ensure that people have healthy, meaningful and fulfilled lives is through citizenship and inclusion. To achieve this people from all sections of society must be able to enjoy full access and participation in their local communities.
- A home should help people be independent and give them the security to be active members of their communities. Many older, some young, vulnerable or disadvantaged people experience crises that affect their health or wellbeing; they need housing support to help them lead full and active lives.

# Ensuring people receive the help they need to live fulfilled lives

- Evidence suggests that basic support to maintain and improve general well-being, together with practical help in the home and opportunities to meet with other people and prevent loneliness, avoids deterioration and the need for more intensive services.
- Research identifies that worklessness is a central wellbeing indicator, and in areas where economic activity rates are higher, the crime rates, health and education indicators are more positive.
- The Welfare to Work agenda is marked by major changes in levels of benefit payment made and assessment regimes for particular benefits; whilst this is applicable to the UK its most extensive impacts are likely to be experienced in areas like Merthyr Tydfil, which have the highest levels of existing benefit claiming.
- The impact of the welfare reforms is likely to be felt by a large number of residents as well as significant reductions in income into the local economy from benefit payments to residents.
- The abolition of the council tax benefit will adversely impact on collection rates and increase personal debt levels.
- Benefit level reductions, including housing benefit, will place particular pressures on family finances as cost of living rises. IFS estimates that in Wales the poorest income group will lose 3% of their overall income. Advice agencies are likely to experience increasing demand for their services due to the impact of the benefit and tax changes.

## Ensuring people receive the help they need to live fulfilled lives

- The Citizens' Advice Bureau caseloads in Merthyr Tydfil over the past three years has reduced due to the loss of funding for a locally run debt project.
- During the recent recession house prices in Merthyr Tydfil have decreased more than most other areas in Wales. From April 2008 to April 2011, average house prices in Merthyr Tydfil decreased by 7.76% compared to an all Wales average price decrease of 3.54% over the same period. Negative equity limits householders ability to restructure their finances and seek a better mortgage rate from a different lender.
- Financial capability can help reduce child poverty and poverty among the elderly. There is also evidence that an improvement in financial capability leads to an improvement in psychological well-being. Data from the Merthyr Tydfil Financial Inclusion Team suggests that moving from low to average levels of financial capability:
  - Increases psychological wellbeing by 5.6%
  - Increases life satisfaction by 2.4%
  - Decreases anxiety and depression by 15%
  - The 2.4% in life satisfaction is 12 times bigger than the impact of earning an extra £1000 a year
- People cannot always prevent ill health, especially as you grow older. To empower people to maintain their independence and manage their own conditions as far as possible will require early intervention and reducing unnecessary hospital admissions. Appropriate housing and necessary aids and adaptations must be in place to achieve this.





## Ensuring people receive the help they need to live fulfilled lives

- For disabled people of all ages, housing is a key enabler of independent living. Adapted housing enables people to maintain their independence, remain in their communities and exercise choice in the way they live their lives. Disabled Facilities Grants (DFGs) can help towards the cost of adapting a disabled person's home.
- Infants with Low Birth Weight (LBW) and early gestation are more likely to have multiple and complex disabilities. The combination of a relatively high LBW rate together with low infant mortality rate would appear to indicate that Merthyr Tydfil may experience a higher proportion of children with complex and multiple disabilities, than that indicated by prevalence rates from research.
- Traditionally the outcome of transition for people with complex and multiple disabilities has tended to be moving into a residential home, which is a costly option and one that research indicates does not result in good outcomes for service users.
- 39% (7,900 homes) of private sector properties score a category 1 hazard on the HHSRS (housing health and safety rating system). The most significant hazards in Merthyr Tydfil are those associated with the threat of excess cold, falls on stairs and falls on level surfaces.
- The new Extra Care Facility "Ty Cwm" opened in Twynrodyn in 2012. Extra housing provides more support than traditional sheltered housing and greater independence than residential care. This new development will help meet the needs of people over the age of 50 in Merthyr Tydfil.
- As the Cwm Taf Health Board states "Mental illness is consistently associated with deprivation, low income, unemployment, poor education, poorer physical health and increased health-risk behaviour."

## Ensuring people receive the help they need to live fulfilled lives

- Analysis of the 2001 census shows that carers who provide over 50 hours care per week are statistically twice as likely to suffer from poor health as other people.
- ONS statistics found that carers who do not get a break are twice as likely to suffer from mental health problems as those that do.
- Children sometimes find themselves in circumstances where they have to provide significant support for other family members. As such, these young carers also need to be supported by local authorities to ensure their health and wellbeing is safeguarded.
- As corporate parents local authorities are required to ensure the safety and wellbeing of looked after children, and to ensure that they are given the same opportunities as their peers.
- Children in need have a far lower attainment levels than their peers at each of the Key Stages.
- Children whose parents are unemployed are at increased risk for experiencing poverty, homelessness and child abuse.
- Childcare provision is important for the development of social and motor skills in young children and allowing parents to gain and maintain employment. Barriers facing families in Merthyr Tydfil are twofold, i.e. Affordability coupled with the inequality of access in certain wards .

## 6. Creating sustainable places for people

### What does this mean?

- Energy efficient low carbon low waste society
- Accessible high quality homes and buildings
- Natural environment is protected and enhanced
- Sustainable transport infrastructure with a wider choice of travel options including walking, cycling, and public transport
- Strong and sustainable economy with regenerated communities

### What do we know

- Joint bottom of the league table in Wales for recycling and composting. However the financial year 2011/2012 saw a substantial increase in performance (up 8% to 43%) which brings us much closer to the statutory target of 52%.
- Merthyr Tydfil has a significantly higher proportion of older housing stock than elsewhere in Wales. According to the 2011 Census there are 24,264 houses in Merthyr Tydfil; 49.6% are terraced houses, with 45.4% of all dwellings being built pre 1919.
- The dominant type of tenure in Merthyr Tydfil is Owner Occupier, accounting for 65.3% of the market. Private renting accounts for 11.6% of the total market, and social housing for 21.1%.(Census 2011).
- According to available data sources, house prices and earnings vary between local Electoral Divisions, with some having a higher number of owner occupied properties, whilst others have a higher concentration of social housing . These variances, together with differing access to amenities and transport links, also impact upon the local housing market.

# Creating sustainable places for people

- Between 2004 and 2009 there has been significant investment in improving the housing stock in Merthyr Tydfil. In 2009 4.9% of private housing stock was estimated to be unfit for human habitation, compared with 8% in 2004.
- In the private housing stock, 80.6% of all Category 1 hazards are due to the presence of excess cold hazards
- In 2009, 39% of households in the private sector were at risk of fuel poverty.
- As of April 2011 there were 725 private sector dwellings that had been vacant for 6 months or more, of these 2.1% (15) were returned to occupation through direct action by the local authority.
- The Local Housing Market Assessment, divides and analyses the County Borough into three housing sub-market areas: the Merthyr Tydfil area, the Mid Valleys Communities area and the Treharris and Trelewis submarket area. T
- The LHMA assessment 2010 identified an overall shortfall of up to 62 affordable houses a year, although this figure indicates the scale of the affordability problem rather than the solution to it. Moreover, this figure masks local need; at a neighborhood level some low demand areas have a surplus of affordable housing and some high demand areas have a substantial deficit.
- There are currently two declared Renewal Areas in Merthyr Tydfil. The Dowlais Renewal Area was declared in October 2003, and the Bedlinog/Trelewis Renewal Area was declared in 2011. The Aberfan & Merthyr Vale Renewal Area finished in 2011 after being declared in May 2001.

# Creating sustainable places for people

- Significant physical and environmental regeneration across the Borough for example, Cyfarthfa Park, Taff Bargoed, and the town centre.
- Relative to the rest of Wales, none of the 36 LSOAs in Merthyr Tydfil are in the 10% most deprived for transport in Wales, only 2 (Vaynor 1 and Cyfarthfa 1) are in the 20% most deprived and only 13 are in the 50% most deprived in Wales.
- 94.9% of highways inspected are of a high or acceptable standard of cleanliness, the total length of footpaths and other rights of way classified as easy to use by the public is at 85%
- 89.9% of 60+ people hold a concessionary bus pass which is above the Welsh average
- Our Local Transport Service Grant will be reduced by 27% in 2012-13 from £182,000 to £132,000
- The Bus Service Operators' Grant (BSOG) is paid to eligible bus and community transport operators to help offset the cost of duty on fuel. In 2010/11, the Welsh Government paid almost £22million to operators across the country. This figure will drop by 25% in 2012/13
- 29.7% of the resident population in Merthyr Tydfil have no access to a car or van (22.9% in Wales) the highest of all local authorities in Wales. This rises to 48.7% in the Gurnos and 34.6% in Merthyr Vale (Census 2011).

# Creating sustainable places for people

## Story behind the data

- Changes to Council waste management policy, including fortnightly refuse collections, the red tag scheme, community recycling collection initiative to achieve a zero waste community in the Gurnos and Galon Uchaf.
- Fly-tipping Action Wales launched a pilot scheme with Welsh Government and MTCBC, to track cases of fly tipping across the Valleys Regional Park. The scheme uses GPS technology to identify trends in fly-tipping and key hot spots, and helps improve intelligence sharing across the 9 local authority areas within the valleys region.
- Over the past decade the issue of empty properties has gained prominence at both a national and local level. Empty Homes represent waste, financial expense and missed opportunity. They deny homes to those in housing need, which is a particular concern in today's economic climate. They can blight communities, attract vandals and squatters and tie up the resources of local authorities and the emergency services.
- Bringing empty homes back into use is a sustainable way to meet future housing demand and helps to alleviate pressure to develop greenfield sites. Living next to an empty property can devalue a home by up to 10%. The Empty Homes Agency estimates that if just 2% of the empty private sector homes were brought back into use, the revenue would exceed £50 million per year.
- The Local Authority is committed under its Private Sector Empty Homes Strategy to tackling long term vacant properties. In this current climate where grant assistance is unavailable for bringing empty homes back into use, the Authority has to increasingly resort to enforcement activity to deal with problematic empty properties.

# Creating sustainable places for people

- There are a number of enforcement options that require owners to take action to repair, renovate or remove problem buildings. Many enforcement options allow the Council to act and do necessary works where an owner fails in their duties. The costs of doing this are recoverable. These enforcement procedures include statutory notices, management orders, enforced sale, and compulsory purchase orders.
- Social rented accommodation is typically of a much higher standard than private rented accommodation and a significant proportion of older owner occupied stock.
- Welsh government data shows the change in employment rates between 2001 and 2011 is smaller for higher qualification levels, suggesting the impact of the recession on employment rates has affected those with no or low qualifications most.
- In July 2010, Economic Renewal: a new direction Welsh Assembly Government, highlighted the correlation between literacy and numeracy levels amongst the working population and economic development. The new programme for economic renewal, which set out a commitment ensuring schools, colleges and universities equip young people with the basics of literacy and numeracy required for the workplace.
- Education and training must contribute to the transformation of Merthyr Tydfil , and underpin the long term aim of sustaining the regeneration of the borough. To ensure that education and training contribute to local economic growth, it is necessary to engage with employers in the development and delivery of higher learning.

# Creating sustainable places for people

- Increasingly economies are being transformed into high skill economies. Most of the growing sectors require a higher degree of literacy and numeracy than traditional sectors such as agriculture and mining. Given this change it is imperative that we expand our skills base both for the benefit of the economy and importantly for quality of life for our citizens
- The opening of Puddlers bridge, a traffic free crossing on the Trevithick Trail linking Pentrebach with Merthyr Town Centre, and allows for a safe crossing over the very busy A460. By creating safer routes for walking and cycling it is hoped to encourage more people to make their short daily journeys on foot or bike
- According to the WIMD 2011 people in Merthyr Tydfil have good access to services, (*compared with every LSOA in Wales*) however the recent Merthyr Tydfil HSCWB strategy 2011-14 highlights, “there is a need to improve access to health and social care services for the public in Merthyr Tydfil and for staff working in the area”.
- In some communities, for eg Bedlinog and Pontsticill the provision and availability of transport is poor, especially at evenings and weekends
- Welsh Government have announced cuts to both The Local Transport Services Grant and the Bus Service Operators Grant. This reduction in funding will directly impact upon the availability and provision of bus services in the borough. Many of the communities who benefit directly from both grants are from our most deprived areas. They are also geographically isolated from services and places of employment and education. Other services affected will be the community based services which provide transport outside of peak hours



# Creating sustainable places for people

- Lack of access to personal transport has an impact on all aspects of people's lives. Access to childcare was highlighted as an issue for parents and the ability to commute will increase the employment opportunities for adults. A lack of household transport will also affect a families' ability to access leisure and retail facilities.
- The current phase of Town Centre Regeneration focuses on six key projects
  1. Building Enhancement Scheme
  2. New traffic system, including a new bridge
  3. Improved pedestrian access from the railway station to the town centre and café quarter
  4. A new multi-story car park
  5. A new civic square
  6. A new college green to link the Merthyr Learning Quarter and the Riverside

- Presentation data gathered by Ann-Marie McCafferty
- Once the needs assessment has been finalised, if you would like a full copy please contact the partnership team on 01685 724689 or contact [participationinfo@merthyr.gov.uk](mailto:participationinfo@merthyr.gov.uk).