

Social exclusion in the Marches LEP

Peridot Associates Limited

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We would like to acknowledge the following organisations that sent in questionnaires, shared their experience with us and let us have access to their data, information and reports.

A4U	Mayfair Community Centre
Age UK, Herefordshire and Worcestershire	miEnterprise
Age UK, Shropshire, Telford and Wrekin	North Shropshire Home-Start
Aida Trust	OSCA Citizen Advocacy
Autonomy	Parents Open Door
British Red Cross	Qube
Church Related Community Worker, Bradford	Radnorship Healthy Friendships
Churches Together in Shropshire	RAWM
Citizens Advice Shropshire	Relate
Community Money Advice	SAND
County Sports Partnership	Severnside Housing
County Training	Shrewsbury ARK
Deaf Direct	Shrewsbury Furniture Scheme
Disabled Arts in Shropshire (DASH)	Shrewsbury Homes for All
Enable	Shrewsbury Disability Network
FAIRshare Credit Union	Shropshire Housing Alliance
Festival Housing	SIAS
Gender Matters	South Staffordshire & Shropshire Healthcare NHS Foundation Trust
Good Grief	Speakeasy N.O.W
Headway	SSAFA
Herefordshire Troubled Families Team	Taking Part
Home-Start South Shropshire	Telford and Wrekin Carers Contact Centre
Home-Start Telford and Wrekin	Telford and Wrekin Citizen's Advice Bureau
HOPE	Telford and Wrekin CVS
ImageMatch	Tenbury No Interest Loans Scheme (NILS)
Impact ASS	The Furniture Scheme, South Shropshire
Kindle Centre	The Roy Fletcher Centre
Landau Limited	Tickwood Care Farm
Listen not Label	Wave-length Social Marketing CIC
Marches Energy Agency	West Mercia Women's Aid
Marches Family Network	Wyldwoods

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EXECUTIVE SUMMARY

In developing this evidence base some key factors have been noted which are expounded upon here.

- Local Authority spending is now being targeted at those who need more intensive support, focusing more on meeting their statutory duties. For those people whose needs fall anywhere below this, their level of support is already needing to be met elsewhere and this is mainly through the voluntary and community sector.
Already organisations mentioned within this report are noticing the impact of this on their service delivery.
- Those in rural areas of the Marches already felt the effects of transport links on the socially excluded. But many places are seeing bus routes changing or going. This means that, for those living in rural parts of the Marches, the ability to get to appointments or to work on time is much harder. Bus fares are often higher where services are still operating.
- Many organisations working with the socially excluded mention three particular aspects which are affecting their service users:
 1. Managing the paperwork changes involved in the Welfare Reforms or with disability PIPs – many are confused and need help completing the forms to continue receiving benefits they are due;
 2. Many service users are presenting with increasingly complex needs which require more support and intervention to resolve e.g. housing issues but also drug/alcohol problems compounded by debt;
 3. Debt featuring as an ongoing theme throughout the questionnaire returns.

There is also a significant message within the findings about social inclusion and loneliness. The Social Care Institute for Excellence published 'Preventing loneliness and social isolation – intervention and outcomes' in October 2011. It states 'There are a number of population groups vulnerable to social isolation and loneliness (e.g. young care-leavers, refugees and those with mental health problems). Nevertheless, older people (as individuals as well as carers) have specific vulnerabilities owing to 'loss of friends and family, loss of mobility or loss of income'.

THE EVIDENCE BASE

The information presented in this report provides the most recent data as a baseline for the population group being described. It also offers recent reports and thinking on the theme relating to the issues and challenges faced by the population group. Evidence of need is derived from questionnaire returns and are direct references to responses gathered from providers working in the Marches. Where no information is provided, no returns relating to the theme were collected. This does not mean there is are no needs for the population group within the Marches; the only conclusion that can be drawn from this is that no providers working with the population group responded to the requests for information.

ADULTS IN RESIDENTIAL CARE

Numbers of adults in residential care are presented in the Projecting Older People Population Information (POPPI) database. The numbers in the Marches are as follows:

Herefordshire	2012	2014	2016	2018	2020
People aged 65-74 living in a LA care home with or without nursing	9	9	10	10	10
People aged 75-84 living in a LA care home with or without nursing	54	56	58	62	67
People aged 85 and over living in a LA care home with or without nursing	103	113	122	131	142
People aged 65-74 living in a non LA care home with or without nursing	121	131	138	141	142
People aged 75-84 living in a non LA care home with or without nursing	401	419	431	458	496
People aged 85 and over living in a non LA care home with or without nursing	794	865	936	1,007	1,092
Total population aged 65 and over living in a care home with or without nursing	1,483	1,593	1,695	1,809	1,949

People aged 65 and over living in a care home with or without nursing by local authority/non-local authority by age, projected to 2020, POPPI, 2012

Shropshire	2012	2014	2016	2018	2020
People aged 65-74 living in a LA care home with or without nursing	21	23	24	24	24
People aged 75-84 living in a LA care home with or without nursing	32	34	36	38	42
People aged 85 and over living in a LA care home with or without nursing	50	54	58	63	67
People aged 65-74 living in a non LA care home with or without nursing	240	259	270	276	275
People aged 75-84 living in a non LA care home with or without nursing	837	876	919	985	1,074
People aged 85 and over living in a non LA care home with or without nursing	1,587	1,694	1,837	1,980	2,123
Total population aged 65 and over living in a care home with or without nursing	2,769	2,940	3,143	3,365	3,605

People aged 65 and over living in a care home with or without nursing by local authority/non-local authority by age, projected to 2020, POPPI, 2012

Telford and Wrekin	2012	2014	2016	2018	2020
People aged 65-74 living in a LA care home with or without nursing	4	4	5	5	5
People aged 75-84 living in a LA care home with or without nursing	15	16	17	19	20
People aged 85 and over living in a LA care home with or without nursing	8	9	10	11	12
People aged 65-74 living in a non LA care home with or without nursing	63	68	71	73	75
People aged 75-84 living in a non LA care home with or without nursing	207	221	237	255	277
People aged 85 and over living in a non LA care home with or without nursing	345	382	419	456	506
Total population aged 65 and over living in a care home with or without nursing	643	700	759	819	894

People aged 65 and over living in a care home with or without nursing by local authority/non-local authority by age, projected to 2020, POPPI, 2012

EVIDENCE OF NEED IN THE MARCHES

No evidence of need was captured for this section in responses from organisations working with the socially excluded in the Marches.

ASYLUM SEEKERS

Home Office report, 'Immigration statistics, July to September 2013' published in November 2013, shows there were 23,765 asylum applications, a rise of 14%, with increases in applications from a number of nationalities, including Syria, Albania, Eritrea, Pakistan and Bangladesh. This remains low relative to the peak of 84,132 in 2002. Correspondingly, the number of applications received since April 2006 pending a decision continued to rise; by 19% to 15,438 main applicants at the end of September 2013.

No individual detail is available for the Marches area.

EVIDENCE OF NEED IN THE MARCHES

No evidence of need was captured for this section in responses from organisations working with the socially excluded in the Marches.

BEREAVED

Numbers of deaths in England and the West Midlands are:

	Number of deaths			Standardised mortality ratios		
	Persons	Males	Females	Persons	Males	Females
England	499,331	240,238	259,093	100	100	100
West Midlands	50,900	24,919	25,981	101	103	100

Source: Office for National Statistics (ONS)

No individual level of detail is available for the numbers of bereaved in the Marches.

EVIDENCE OF NEED IN THE MARCHES

- Already 100 service users in the first month for one service provider setting up a service.
- Increasingly older population in parts of the Marches will see a rise in numbers of older people losing partners; also increased numbers forecast for those living alone.

BLACK AND MINORITY ETHNIC GROUPS (BAME)

The Census 2011 gives the following information relating to population ethnicity in England, the West Midlands and the Marches.

Population groups	England (%)	West Midlands (%)	Herefordshire (%)	Shropshire (%)	Telford & Wrekin (%)
White; English, Welsh, Scottish, Northern Irish, British	79.8	79.2	93.7	95.4	89.5
White; Irish	1.0	1.0	0.4	0.5	0.4
White; Gypsy or Irish Traveller	0.1	0.1	0.2	0.1	0.1
White; other	4.6	2.5	3.9	2.0	2.7
Mixed/Multiple Ethnic groups; white and black Caribbean	0.8	1.2	0.2	0.2	0.9
Mixed/Multiple Ethnic groups; white and black African	0.3	0.2	0.1	0.1	0.2
Mixed/Multiple Ethnic groups; white and Asian	0.6	0.6	0.2	0.2	0.5
Mixed/Multiple Ethnic groups; other mixed	0.5	0.4	0.2	0.2	0.3
Asian/Asian British; Indian	2.6	3.9	0.3	0.2	1.8
Asian/Asian British; Pakistani	2.1	4.1	0	0.1	1.3
Asian/Asian British; Bangladeshi	0.8	0.9	0	0.1	0.1
Asian/Asian British; Chinese	0.7	0.6	0.2	0.3	0.4
Asian/Asian British; Other Asian	1.5	1.3	0.3	0.3	0.5
Black, African, Caribbean, Black British; African	1.8	1.1	0.1	0.1	0.6
Black, African, Caribbean, Black British; Caribbean	1.1	1.5	0.1	0.1	0.4
Black, African, Caribbean, Black British; Other Black	0.5	0.6	0	0	0.1
Other Ethnic Group; Arab	0.4	0.3	0.1	0.1	0.1
Other Ethnic Group; any other ethnic group	0.6	0.6	0.1	0.1	0.2

Source: Office for National Statistics, Neighbourhood Statistics, Census 2011

EVIDENCE OF NEED IN THE MARCHES

Evidence of need for black and minority ethnic groups with regard to domestic abuse:

- BME service users wanted a choice of BME professionals to work with them who understand their culture, faith and speak to them in the language of their choice
- Individuals need people who understand the background to their domestic abuse which might include forced marriage, refugee status or victim of torture and who are sympathetic with this

Evidence of need for black and minority ethnic groups with regard to mental health:

- Awareness raising and information about mental health issues and the system which focuses on black and minority ethnic groups, which incorporates different cultural frames of reference;
- Service users want health professionals from different cultures who understand the needs faces by black and minority ethnic groups;
- Lack of mother tongue communication means some people do not come forwards when needs arise as there is no-one to translate for them;
- There is increasing cultural diversity across the Marches and known number of BME community with mental health illnesses but, for many, there is the need to overcome cultural stigma first and to get past the 'going mad' label;
- BME community also need people to work with them who understand underlying needs which might be depression or loneliness but could also be caused by being a refugee, having a forced marriage, domestic abuse or being a victim of torture;
- There is a need for BME groups to have support in the language they feel most comfortable speaking, particularly when talking about difficult subjects

Evidence of need summarised from questionnaire responses:

- Advice services have long waiting lists for older people; not all advice services understand the needs of the BME population;
- Volunteer services length of wait depends on where the volunteer lives in relation to client needing support and who is available; some will not understand the needs of the BME population
- Numbers are not dropping requesting support yet, for many BME individuals, there is a longer wait if they require support from a BME professional or volunteer or if they require an interpreter
- Support has often been time fixed e.g. 12 weeks, 6 weeks etc. but this may not suit the individual being supported.

CARERS INCLUDING YOUNG CARERS

The numbers of carers in Herefordshire are given as follows in the 2011 Census, Health and provision of unpaid care, local authorities in England, published by the Office for National Statistics:

Carers in Herefordshire	Number
Total number of carers	20,676
People providing 1-19 hours	13,998
People providing 20-49 hours	2,362
People providing 50+ hours	4,316

In Shropshire these figures are:

Carers in Shropshire	Number
Total number of carers	34,260
People providing 1-19 hours	22,815
People providing 20-49 hours	4,046
People providing 50+ hours	7,379

In Telford and Wrekin these figures are:

Carers in Telford & Wrekin	Number
Total number of carers	17,944
People providing 1-19 hours	10,313
People providing 20-49 hours	2,653
People providing 50+ hours	4,978

In 2011, the Census showed there were 177,918 young unpaid carers in England and Wales. Of these, 54% were girls and 46% were boys. Within England the North West had the highest proportion of young carers providing unpaid care at 2.3% while the South East had the lowest proportion at 1.9%. Overall, Wales had the highest proportion of young carers providing unpaid care, at 2.6%. Between 2001 and 2011 the number of young unpaid carers increased by almost 19% during this period.

Country/Region	Proportion providing unpaid care		Number of young unpaid carers		Percentage increase between 2001 and 2011
	2001 (%)	2011 (%)	2001	2011	
England and Wales	1.7	2.1	149,929	177,918	18.7
England	1.7	2.1	139,188	166,363	19.5
Wales	2.2	2.6	10,741	11,555	7.6
North East	1.8	2.1	7,808	7,943	1.7
North West	2.0	2.3	22,917	24,561	7.2
Yorkshire and The Humber	1.7	2.0	14,615	15,733	7.6
East Midlands	1.8	2.1	12,603	14,327	13.7
West Midlands	1.8	2.2	16,526	18,979	14.8
East of England	1.5	2.0	13,100	17,497	33.6
London	1.9	2.2	22,044	26,231	19.0
South East	1.4	1.9	17,692	24,974	41.2
South West	1.5	2.2	11,883	16,118	35.6

Source: Census - Office for National Statistics

EVIDENCE OF NEED IN THE MARCHES

- Requests for support are increasing as local authority/Council funding is reduced
- Requests are for one-to-one support and group activities
- Increased numbers of carers means the amount and type of support for carers will need to increase
- Increasing questions relating to the Welfare Reforms means carers need help to understand them, particularly on forms
- Help requests increasing for help regarding appeals to local authority decisions regarding funding or support
- There are increasing numbers of young carers needing respite and support
- Support needs to be varied with some time-limited and others ongoing to meet individuals' requirements and prevent yo-yoing in and out of higher level support
- Information requests increasing regarding benefits and help to access services or support
- Increased need for services to prevent loneliness and isolation/social networks and community contact for carers
- Need for more services to those who are frailer and need additional support or cannot get out such as day services and volunteer befriending
- Requests for help to let carers know what is available and helping them to access services
- Need for transport to enable those in rural areas in the Marches to access activities and services or to meet with professionals
- Increased need for services which prevent crisis or greater levels of service such as falls prevention, dementia support and activities to stimulate mental and physical wellbeing particularly for older carers
- More opportunities needed for carer respite – including time to spend with other children, have a hobby or return to work
- Increased need for help with shopping
- More requests for support on discharge from hospital
- Requests for information and help to manage long term conditions
- Requests for foot care is on the increase

- Increased requests for support for lonely disabled and their carers
- Few offer support for those with more challenging mental health or complex needs without the carer being present
- Increased need for affordable social events for those with disabilities to socialise in the evening (larger and smaller group settings to suit individuals) – all ages and younger or older specific opportunities
- Requests for loans of wheelchairs and disability aids are increasing due to strain on hospitals and GPs
- Particular groups are harder to reach – young adult carers, male carers, BME carers, carers who have become marginalised by their caring role
- Opportunities needed for individuals to spend their direct payments where there are not many providers willing to take direct payments or where the market is not developed enough to offer choice

CHILDREN WITH DISABILITIES AND PUPILS WITH SPECIAL EDUCATIONAL NEEDS (SEN)

The estimated number of children with disabilities in the Marches based on the number of children with a statement of Special Educational Needs and in receipt of Disability Living Allowance (DLA) is:

Herefordshire:	Between 880 and 1648 children
Shropshire:	Between 1375 and 2690 children
Telford and Wrekin:	Between 1280 and 2349 children

For the West Midlands and the Marches the numbers of children with SEN are:

Special Educational Needs	Total pupils	Pupils with statements	Pupils at SA+	Pupils at SA	Total SEN pupils without statements	TOTAL SEN
England	8,249,810	229,390	473,035	779,635	1,316,220	1,545,610
West Midlands	900,950	26,975	58,470	85,130	147,910	174,885
Herefordshire	24,390	618	1,773	2,714	4,661	5,280
Shropshire	43,401	1,715	2,437	3,750	6,990	8,705
Telford and Wrekin	27,570	1,063	2,267	2,443	4,826	5,890

Source: DfE: Children with Special Educational Needs: an analysis – 2013 (October 2013, School Census)

By need or type of special education needs, the figures are:

	Specific Learning Difficulties	Moderate Learning Difficulties	Severe Learning Difficulties	Profound & Multiple Learning Difficulties	Behaviour, Emotional & Social Difficulties	Speech, Language & Communications Needs	Hearing Impairment	Visual Impairment	Multi-sensory impairment	Physical disability	Autistic Spectrum Disorder	Other Difficulty/disability	TOTAL
England	30,360	67,670	4,410	1,530	61,390	102,185	7,610	4,465	565	13,510	25,880	14,125	333,710
West Midlands	3,190	13,055	365	115	6,070	10,875	850	555	60	1,470	2,585	1,310	40,495
Herefordshire	204	164	17	6	202	358	25	14	x	38	45	78	1,155
Shropshire	316	637	19	6	381	579	33	20	3	58	118	75	2,245
Telford & Wrekin	175	522	7	5	274	390	41	22	3	78	55	36	1,610

Source: DfE: Children with Special Educational Needs: an analysis – 2013 (October 2013, School Census)

EVIDENCE OF NEED IN THE MARCHES

- Always more need for activities which are suitable for children and young people with disabilities;
- Increased need for face-to-face emotional support for families which includes advice and guidance but also breaks from their caring responsibilities for themselves, to spend with other children, to take part in leisure activities or to return to work
- Increased need to help young people to develop independent living skills to reduce the demand for residential support longer term

- Requests are increasing for specialised legal casework to help parents to understand the Welfare Reforms
- Few offer support for those with more challenging mental health or complex needs without the carer being present
- Increased need for affordable social events for those with disabilities to socialise in the evening (larger and smaller group settings to suit individuals) – all ages and younger or older specific opportunities
- Ongoing need for help with filling in forms e.g. Personal Independence Payments, Disability Living Allowance, Attendance Allowance and Employment Support Allowance or Carers Support
- Not enough opportunities for places to take disabled children and young people to where they will be accepted and made welcome
- Not enough opportunities for young people with disabilities to ‘hang out’ with their friends in the evening in the same way that those with no disabilities are able to
- Not enough places for parents/carers or young people to spend their direct payments as the market place is not primed in particular places to taking direct payments (e.g. Herefordshire)
- Universal services not open to encouraging children with disabilities and their families to attend events or for children with disabilities to access services without families having to stay as the ‘extra pair of hands’
- Requests for support are increasingly for more complex cases – support may be for child but support is often also needed for the parents/carers
- Short breaks provision in local authorities is focusing more on higher need cases and many lower threshold families are expected to take up support from universal services
- Requests are increasing for befriending support and, with local authority cuts, this is likely to mean early intervention and prevention support will reduce and individuals will have to reach higher thresholds of need before accessing support; this will mean that services become more reactive
- Support for young people with disabilities looking for work, helping them find apprenticeships, finding employers who will support them is harder
- Increasing need to help young people consider self-employment as the vehicle to finding work/employment; increasing demand from those organisations offering this
- Advocacy services are often working with more complex cases – people present wanting one aspect of support but often this leads to more deeper and longer term support being called for
- Families need ongoing support to come to terms with their child’s disabilities and needs at different points during the child’s life, not just when they are born e.g. when starting school, transitioning between services and learning independent skills ready for adulthood
- With a number of services losing funding there is an increased pressure on existing services particularly around life skills – cooking, budgeting, shopping, socialising, managing transport
- Increased need for support for families and young people managing their personal budgets

COMPLEX AND TROUBLED FAMILIES

The Department for Communities and Local Government published the report 'Troubled families: progress information at September 2013 and families turned around at October 2013' in November 2013. Statistics for England local authorities are presented.

Area	Total number of families	Number of families identified at end of September 2013	Number of families worked with at the end of September 2013	Number of families achieving crime/asb/education result as at the end of October 2013 ¹	Number of families achieving continuous employment result as at the end of October 2013	Total number of families turned around as at the end of October 2013 ³	Number of families achieving progress to work outcome as at the end of October 2013 ⁴
Herefordshire	310	310	281	100	1	101	4
Shropshire	455	455	187	1	0	1	1
Telford & Wrekin	365	200	175	45	0	45	2
Total	118,082	92,694	62,527	30,674	1,430	22,104	2,025

EVIDENCE OF NEED IN THE MARCHES:

- Requests increasing, particularly mental health and alcohol related issues compounded by debt;
- Lower level cases having to be 'left' as funding cuts mean support can only be given to higher need families;
- Issues have become more complex – including benefits advice, family or relationship counselling, mental health support, alcohol and drug support, debt advice, immigration, tax; many have become trapped in a cycle which they cannot break out of and are very depressed/angry
- People unable to afford solicitors, often they have limited access to the internet, limited literacy and numeracy skills, lacking confidence and/or skills to sort problems out without help
- Waiting lists and times vary according to complexity of need and capacity issues
- Those working with troubled families and those who work below this threshold describe more complex problems with clients and increasingly mental health issues
- A number of families are isolated by the rurality in which they live and find access to services increasingly difficult if they do not have their own vehicle
- For many families seeking support it is the number of challenges which they have to face which are causing the strain and a change in any one of these could cause a breakdown or deterioration
- More requests for intensive family support packages, some time-fixed, others suited to an individual's needs
- Many providers describe increasing requests for activities for young people allowing them to meet with their friends in safe environments and avoid getting into trouble of different types

DISABILITIES, INCLUDING LEARNING DISABILITIES

The 'Improving Health and Lives' website has the following statistics for Learning Disabilities in the Marches.

	Period 2011-12	England	West Midlands	Herefordshire	Shropshire	Telford & Wrekin
Adults with learning disabilities known to GPs	2007-08	3.40	3.96	5.14	3.73	3.54
	2008-09	3.74	4.24	5.42	4.61	3.58
	2009-10	4.13	4.40	5.52	4.87	3.57
	2010-11	4.33	4.58	5.48	5.46	3.85
	2011-12	4.54	4.78	5.69	5.79	4.02
Adults (18 to 64) with learning disability known to Local Authorities	2008-09	4.14	4.29	5.23	4.67	4.42
	2009-10	4.21	4.21	5.44	4.85	4.42
	2010-11	4.27	4.44	4.94	4.76	4.23
	2011-12	4.27	4.27	4.94	4.28	3.91

Herefordshire

Future needs

A detailed analysis of the future health and social care needs of adults with learning disabilities was produced by Herefordshire Council and Primary Care Trust in 2006. The key findings of that analysis still hold - and are supported by the recent trends described above; the full report can be downloaded below.

Key findings from the 2006 report were as follows:

- 531 adults were known to Herefordshire Learning Disability Services in April 2006 (this number had risen to 583 by April 2010). The majority of these people had a moderate, severe, or profound learning disability, but the service also supported some people with mild learning disabilities.
- This was lower than the number anticipated by national prevalence rates for people with moderate to profound learning disabilities, and might imply that some people who would be eligible for services were unknown to those services.
- Many more children with severe learning difficulties (often together with severe physical disabilities) are surviving into adulthood. More generally, people with learning disabilities are living longer, increasingly into old age. As a result, the number of adults with learning disabilities (AWLD) is expected to carry on increasing for the foreseeable future, and a growing number will go on to develop dementia.
- Despite living longer, people with learning disabilities are still more likely to die before the age of 50 than the general population.
- The average age of family carers has been increasing, with already many AWLD living with a carer over 70; and younger parents are much more likely to expect their children to live independently, away from the family home.

In 2006 it was estimated that the number of adults with a learning disability in the county needing care and support would increase by 13% (69 more people) by 2011 and 19% (102 more people) by 2015. The number with higher levels of dependency was expected to increase by 16% (50 more people) by 2011 and 27% (83 more people) by 2015. The numbers were expected to continue to grow thereafter. (Source: Needs Analysis: Adults with learning disabilities, 2006, Herefordshire Council and the Primary Care Trust)

Adults with learning disabilities in settled accommodation

Over the past few years the number of people living in settled care accommodation has increased however, the Learning Disability target remains to reduce the number of people living in registered care and to increase the number living in their own homes with support. Settled accommodation refers to accommodation arrangements where the occupier has security of tenure/residence in their usual accommodation in the medium- to long-term, or is part of a household whose head holds such security of tenure/residence.

Numbers of adults with learning disabilities living in settled accommodation:

66.9% in 2008-09

66.3% in 2009-10

(Source: Integrated Commissioning Directorate, Herefordshire Council)

Adults with learning disabilities in employment

Numbers of adults with a learning disability in regular paid employment:

- 6.5% in 2008-09

- 8.9% in 2009-10

(Source: Integrated Commissioning Directorate, Herefordshire Council)

The Projecting Adult Needs and Service Information (PANSI) System provides the following figures for those people aged 18-64 predicted to have a moderate or serious physical disability, by age, projected to 2020 in Herefordshire as:

HEREFORDSHIRE	2012	2014	2016	2018	2020
People aged 18-24 predicted to have a moderate physical disability	549	533	512	496	471
People aged 25-34 predicted to have a moderate physical disability	836	874	903	924	932
People aged 35-44 predicted to have a moderate physical disability	1,249	1,204	1,204	1,198	1,232
People aged 45-54 predicted to have a moderate physical disability	2,638	2,697	2,706	2,648	2,522
People aged 55-64 predicted to have a moderate physical disability	3,785	3,785	3,844	4,023	4,202
Total population aged 18-64 predicted to have a moderate physical disability	9,057	9,092	9,170	9,290	9,360
People aged 18-24 predicted to have a serious physical disability	107	104	100	97	92
People aged 25-34 predicted to have a serious physical disability	80	83	86	88	89
People aged 35-44 predicted to have a serious physical disability	379	366	366	364	374
People aged 45-54 predicted to have a serious physical disability	734	751	753	737	702
People aged 55-64 predicted to have a serious physical disability	1,473	1,473	1,496	1,566	1,636
Total population aged 18-64 predicted to have a serious physical disability	2,774	2,777	2,801	2,852	2,892

Figures may not sum due to rounding
Crown copyright 2012

Shropshire

The Projecting Adult Needs and Service Information (PANSI) System provides the following figures for people aged 18-64 predicted to have a moderate or severe learning disability, and hence likely to be in receipt of services, by age in Shropshire:

Shropshire	2012	2014	2016	2018	2020
People aged 18-24 predicted to have a moderate or severe learning disability	145	137	130	124	118
People aged 25-34 predicted to have a moderate or severe learning disability	157	164	170	174	175
People aged 35-44 predicted to have a moderate or severe learning disability	237	225	217	212	214
People aged 45-54 predicted to have a moderate or severe learning disability	239	245	245	240	229
People aged 55-64 predicted to have a moderate or severe learning disability	203	201	208	218	228
Total population aged 18-64 predicted to have a moderate or severe learning disability	981	972	969	968	964

Figures may not sum due to rounding
Crown copyright 2012

The Projecting Adult Needs and Service Information (PANSI) System provides the following figures for those people aged 18-64 predicted to have a moderate or serious physical disability, by age, projected to 2020 in Shropshire as:

SHROPSHIRE	2012	2014	2016	2018	2020
People aged 18-24 predicted to have a moderate physical disability	955	898	845	808	771
People aged 25-34 predicted to have a moderate physical disability	1,336	1,369	1,394	1,399	1,386
People aged 35-44 predicted to have a moderate physical disability	2,150	2,038	1,966	1,921	1,938
People aged 45-54 predicted to have a moderate physical disability	4,433	4,540	4,530	4,443	4,219
People aged 55-64 predicted to have a moderate physical disability	6,198	6,124	6,303	6,571	6,869
Total population aged 18-64 predicted to have a moderate physical disability	15,073	14,969	15,037	15,141	15,183
People aged 18-24 predicted to have a serious physical disability	186	175	165	158	150
People aged 25-34 predicted to have a serious physical disability	127	130	133	133	132
People aged 35-44 predicted to have a serious physical disability	653	619	597	583	588
People aged 45-54 predicted to have a serious physical disability	1,234	1,264	1,261	1,237	1,175
People aged 55-64 predicted to have a serious physical disability	2,413	2,384	2,453	2,558	2,674
Total population aged 18-64 predicted to have a serious physical disability	4,613	4,572	4,609	4,668	4,719

Telford and Wrekin

The Telford and Wrekin 'Population Profile' (produced by Delivery and Planning, Telford and Wrekin Council) covers the period 2011/12. It states that, in the 2001 Census, 18% of people in Telford and Wrekin stated they had a long term limiting illness. It is estimated, this profile, that there were 30,600 with a long term limiting illness in 2010.

The Health Survey prevalence rates from PANSI, Telford and Wrekin Population Model 2011, provides estimates of people with moderate and severe physical disability in 2010. These are given here:

Age Group	Moderate Physical Disability		Serious Physical Disability	
	2001 Health Survey rate	2010 Telford and Wrekin estimate	2001 Health Survey rate	2010 Telford and Wrekin estimate
18-24	4.1%	700	0.8%	100
25-34	4.2%	900	0.4%	100
35-44	5.6%	1,400	1.7%	400
45-54	9.7%	2,300	2.7%	600
55-64	14.9%	3,100	5.8%	1,200
Total		8,300		2,500

It is estimated, in the same profile, that in 2010 there were 2,800 people (aged 15-64) in Telford and Wrekin with a learning disability. Numbers in 2010 and prevalence rates are:

	Prevalence rate	Numbers in 2010
15-19	2.77%	300
20-24	2.69	300
25-29	2.49	300
30-34	2.49	200
35-39	2.45	300
40-44	2.45	300
45-49	2.28	300
50-54	2.37	300
55-59	2.33	200
60-64	2.20	200
Total		2,800

Based on the prevalence rates it is estimated that in 2010,

- 100 people aged 18-64 in Telford and Wrekin had Down's syndrome,
- 1,100 people aged 18-64 had Autistic Spectrum Disorder,

The Projecting Adult Needs and Service Information (PANSI) System provides the following figures for those people aged 18-64 predicted to have a moderate or serious physical disability, by age, projected to 2020 in Shropshire:

TELFORD & WREKIN	2012	2014	2016	2018	2020
People aged 18-24 predicted to have a moderate physical disability	648	652	648	627	599
People aged 25-34 predicted to have a moderate physical disability	899	911	916	932	945
People aged 35-44 predicted to have a moderate physical disability	1,305	1,243	1,204	1,193	1,198
People aged 45-54 predicted to have a moderate physical disability	2,309	2,376	2,415	2,376	2,279
People aged 55-64 predicted to have a moderate physical disability	2,891	2,891	2,935	3,054	3,203
Total population aged 18-64 predicted to have a moderate physical disability	8,051	8,074	8,118	8,183	8,225
People aged 18-24 predicted to have a serious physical disability	126	127	126	122	117
People aged 25-34 predicted to have a serious physical disability	86	87	87	89	90
People aged 35-44 predicted to have a serious physical disability	396	377	366	362	364
People aged 45-54 predicted to have a serious physical disability	643	662	672	662	635
People aged 55-64 predicted to have a serious physical disability	1,125	1,125	1,143	1,189	1,247
Total population aged 18-64 predicted to have a serious physical disability	2,376	2,378	2,394	2,424	2,452

EVIDENCE OF NEED IN THE MARCHES:

- Adult NEETs programme – waiting list particularly in Telford and Wrekin
- Numbers increasing as budget route is slow and money is reducing (i.e. payments to those with disabilities)
- The fixed length of support disadvantages a number of people with disabilities as many would benefit from a more personalised service which meets their needs rather than being a fixed length
- Increased requests for personal advice and advocacy numbers increasing as local authority support decreasing
- Sometimes it is difficult to find apprenticeships for people with disabilities as services cannot find suitable employers
- Issues have become more complex
- Waiting lists for Shropshire Mental Health Employment Service increasing
- Requests are increasing to services due to economic situation with other services closing or focusing on higher need disabilities
- Help needed for people with disabilities who do not meet particular thresholds of need do not get enough support to help them to access jobs
- Many gain training and education without much prospect of work
- Support and advice requests are increasing e.g. welfare reforms, how to be ready for work
- Increased requests for information regarding benefits and help to access services or support
- Increased need for services to prevent loneliness and isolation/social networks and community contact
- Increased need for services to those who are frailer and need additional support or cannot get out such as day services and volunteer befriending
- Increased need for opportunities to volunteer, providing social stimulation and feeling valued/wanted
- Help needed to access to and help to use IT and other technology such as phones, assistive technology, computers
- Help needed to include support for carers to help them to know what is available and helping them to access services
- Need for transport to enable those in rural areas in the Marches to access activities and services or to meet with professionals
- Services needed which prevent crisis or greater levels of service such as falls prevention, dementia support and activities to stimulate mental and physical wellbeing
- Opportunities for carer respite are needed
- Help needed with shopping and bill paying
- Support needed on discharge from hospital
- Information and help to manage long term conditions needed for families/carers
- Help with fuel poverty and heating costs
- Requests for foot care is on the increase
- Few offer support for those with more challenging mental health or complex needs without the carer being present
- Increased need for affordable social events for those with disabilities to socialise in the evening (larger and smaller group settings to suit individuals) – all ages and younger or older specific opportunities
- Requests for loans of wheelchairs and disability aids are increasing due to strain on hospitals and GPs
- Requests are increasing for specialised legal casework to help those with disabilities and/or their carers to understand the Welfare Reforms
- Few offer support for those with more challenging mental health or complex needs without the carer being present
- Increased need for affordable social events for those with disabilities to socialise in the evening (larger and smaller group settings to suit individuals) – age specific opportunities

- Ongoing need for help with filling in forms e.g. Personal Independence Payments, Disability Living Allowance, Attendance Allowance and Employment Support Allowance or Carers Support
- Requests are increasing for befriending support and, with local authority cuts, this is likely to mean early intervention and prevention support will reduce and individuals will have to reach higher thresholds of need before accessing support; this will mean that services become more reactive
- Advocacy services are often working with more complex cases – people present wanting one aspect of support but often this leads to more deeper and longer term support being called for

DOMESTIC VIOLENCE OR ABUSE

England and Wales Police force area	Police incidents				
	2007/08	2008/09	2009/10	2010/11	2011/12
Staffordshire	20,096	21,471	12,577	16,193	16,457
Warwickshire	7,288	7,908	7,961	7,855	7,805
West Mercia	..	15,100	..	16,431	16,523
West Midlands	37,897	40,980	46,829	41,494	30,137
West Midlands Region	65,281	85,459	67,367	81,973	70,922

Source: Focus on: Violent Crime and Sexual Offences, 2001/12', ONS, Table 4.07

The Crown Prosecution Service (CPS) report, Violence against women and girls, Crime report 2012-2013 (July 2013), provides the following domestic violence statistics:

- Between 2005-6 and 2012-13, conviction rates have risen from 59.7% to 74.3% - over 14 percentage point (ppt) rise over this eight year period;
- This includes a rise of 1ppt over the year since 2011-12, reaching the highest recorded conviction rate;
- Areas that have improved on domestic violence conviction rates have also improved performance on all prosecutions – domestic violence has proved to be a barometer of good performance across the Service;
- 8 Areas improved their prosecution outcomes in the last year;
- The proportion of domestic violence cases has stayed the same since 2011-12 at 8.9% and although there has been a decline in volume of 11% over the same period, to 70,702 prosecutions, this reflects the decline in overall volume of prosecutions in Magistrates' courts over the same period;
- The proportion of guilty pleas rose again by a further 1ppt to 68.5% - 92% of all successful outcomes are a result of guilty pleas;
- Discontinued cases have continued to fall and reached the lowest level ever, at 20% of all prosecuted domestic violence cases;
- The ACPO/CPS Charging and Evidence Checklist was published in November 2012;
- Following the DPP-led National Scrutiny Panel on teenage relationship abuse in July 2012, actions are being implemented in 2013-14;
- Research indicated that charging domestic violence cases increased the cessation of abuse in cases supported by IDVAs - 72% of victims in charged cases experienced a cessation of abuse, rising to 74% when found guilty;
- Case studies from a number of CPS Areas illustrate ways that Areas, especially those with the highest performance, have improved prosecution outcomes – including support for a range of victims including BME victims; teenage relationship abuse; tackling serial perpetrators.

DOMESTIC ABUSE IN THE MARCHES

The West Mercia Police news article, published on 4th October 2013, entitled 'Violent crime falling in most parts of West Mercia and Warwickshire' stated "Violent crime continues to fall in most parts of Warwickshire and West Mercia as police step up action to prevent trouble, especially in city and town centres. Figures for the first half of year – from April to September – are encouraging, showing that violent incidents resulting in injury are generally still falling, maintaining the trend of recent years.

Four of the five areas within the West Mercia force area – Herefordshire, Shropshire, Telford & Wrekin, South Worcestershire and North Worcestershire – have seen a reduction over the same period last year. The fifth is on a par with last year.”

Violent crime resulting in injury

- Herefordshire: 497 compared with 511 last year (down 2.7%)
- Shropshire: 543 compared with 722 last year (down 29.7%)
- Telford and Wrekin: 540 compared with 540 last year (no change)

Source: *Violent crime falling in most parts of West Mercia and Worcestershire* news article, West Mercia Police, 4/10/13

The half-yearly figures (April-September) for violent crime resulting in injury in the Marches Local Policing Area of West Mercia are:

- Herefordshire: 497 compared with 511 last year (down 2.7 per cent).
- Shropshire: 543 and 772 last year (down 29.7 per cent).

- Telford & Wrekin: 540 and 540 last year.

It is acknowledged that domestic violence or abuse is only one form of violent crime.

Herefordshire

When considering numbers within Herefordshire, the needs assessment states:

“Nationally the Crime Survey for England & Wales (CSEW) found that in 2011/12, seven per cent of females 16-59 and five per cent of males were victim of domestic abuse or violence in the last year. If Herefordshire followed national trends that would mean 3,600 females and 2,500 males. West Mercia Police recorded 1,460 victims of domestic violence and abuse (aged 17-60 years), 1,204 females and 256 males. This equates to two per cent of the female and one per cent of the male population reported being victims (Mid-2011 estimates). If Herefordshire’s reported figures were as high as CSEW that would mean an additional 4,640 victims to those the police are aware of.”

Herefordshire’s Draft Community Safety Strategic Assessment 2013, Scanning Exercise, describes trends. “Looking at the change from present (6-months to October 2013) compared to the same period in 2011 there has been a 16% increase in the number of offences, but a 9% decrease in incidents. However this hides a greater level of increase from the six months to April 2012 compared to present where offences increased by 36% and incidents increased by 12%. This increase is also linked to the increase in violence without injury offences... Violence against the person offences made up 85% of domestic abuse offences in the first half of 2013 and almost all domestic abuse (incidents and offences) was labelled as emotional rather than physical.” The size of the problem is stated ‘In the 12 months to March 2013 West Mercia Police recorded 690 domestic abuse offences committed in the county and 1,285 incidents. The latest data (Q2 2013-14) shows that of the most serious cases that are subject to a MARAC (Multi Agency Risk Assessment Conference), 38% are repeat cases.”

Shropshire

Councillor Steve Charmley, Portfolio Holder Health and Wellbeing, Shropshire Council in the foreword of the Shropshire Domestic Abuse Strategy 2012-2014 (Safer Shropshire Partnership) states “In Shropshire it is likely that approximately 30,475 women will experience domestic abuse during their lifetime. West Mercia Police figures for Shropshire indicate that 2,352 cases of domestic abuse were reported in 2008–2009. National research estimates that domestic abuse places a cost per capita ‘tax’ of some £143.00 per head of population, based on costs in 2005. In Shropshire this equates to £41.6 million total population cost.

Accurate numbers are difficult to gauge as people do not always come forward for help but Citizen’s Advice in Shropshire’s report ‘Hate Incidents and Crimes, Domestic violence and Discrimination issues reported to Citizens Advice Shropshire 2012/2013’ provides an example of current statistics.

2012/13: Domestic Violence issues

A Against woman by curr/ex male ptr	28
AG Gateway	16
G Emotional psychological	11
F Physical	5
E Abuse of child(ren)	1
Z Other	1

2012/13 Total	62	and another 5 Domestic violence issues recorded under Actual/Threatened Homelessness for 5 clients.
2011/12 Total	47	and another 7 Domestic violence issues recorded under Actual/Threatened Homelessness for 7 clients.
2010/11 Total	78	and another 5 Domestic violence issues recorded under Actual/Threatened Homelessness for 5 clients.
2009/10 Total	68	and another 11 Domestic violence issues recorded under Actual/Threatened Homelessness for 9 clients.

The number of recorded domestic violence issues has grown again as compared to 2011/12. 62 issues were recorded for 60 clients. Ludlow East is the ward with the highest number of domestic violence issues recorded: 6 by 4 clients. Brown Clee follows with 5 issues by 3 clients

Per 1 April 2013 CAS is part of a pilot project around asking Debt clients (both men and women) a standard screening question on domestic violence.

NB AG Gateway means that when a client was Gatewayed it was recorded that there was a domestic violence issue within a certain area, but the specific category wasn't recorded and the case hasn't progressed from the Gateway stage.

Telford and Wrekin

The 2013 Population profile for Children and Family Services produced by Delivery and Planning, Telford and Wrekin Council, March 2013 provides the following table of incidents of domestic abuse (01/10/11 to 30/09/12). The data is described within the document:

- The crimes and incidents are identified as Domestic Abuse by the presence of a Domestic Abuse Interest Marker or Action Code, as recorded by West Mercia Police. (Multiple crimes and/or incidents can occur at the same address.)
- 'Crimes' are all substantive chargeable offences.
- 'Incidents' are by definition 'no crimed' and are not chargeable, i.e. where an incident has occurred but does not quite meet the threshold for charging. Reported crimes and incidents are only a small proportion of those committed.
- The SureStart Children Centre areas with the highest proportion of domestic abuse crimes is Oakengates (8.8 per 1,000 population) and the lowest is Hadley (1.9 per 1,000 population)

Domestic Abuse

Table 4.2: Incidents of Domestic Abuse (01.10.11 to 30.09.12)

Children & Family Area	SureStart Children Centre	Crime		Incident	
		number	rate per 1,000 population	number	rate per 1,000 population
Hadley Castle	Donnington	102	5.0	345	16.8
	Hadley	21	1.9	72	6.4
	Newport	98	5.6	338	19.2
	Oakengates	85	8.8	251	25.9
	St Georges	57	4.3	159	11.9
	Total	363	5.0	1165	16.1
Lakeside South	Brookside	22	2.8	49	6.3
	Dawley	101	7.4	277	20.3
	Sutton Hill	32	2.8	101	8.8
	Woodside	61	6.3	170	17.5
	Total	216	5.1	597	14.0
The Wrekin	Arleston	67	5.4	150	12.0
	Malinslee	82	4.9	274	16.2
	Newdale	38	7.0	126	23.4
	Wellington	104	5.1	318	15.6
	Total	291	5.3	868	15.8
Borough rate		870	5.1	2,630	15.4

Source: West Mercia Police, Protecting Vulnerable People Team. Note that all incidents without an postcode have been excluded.

EVIDENCE OF NEED IN THE MARCHES:

- There is always a consistent demand for the service from service users (Homestart 90 families per year; West Mercia Women's Aid have supported 8,200 women and 12,000 children affected by domestic abuse)
- Cases are becoming more complex compounded by debt, housing issues, depression and mental health issues, benefits being cut, transport problems to access services or get to work from rural areas
- Numbers are increasing; support packages need to work around the individuals being abused as it can take a while to gain trust and take the steps to break away from the abuse
- Specific support needed for those from marginalised groups or BME groups to receive the support they need. This could include having support from someone who understands the cultural, faith or gender specific issues which may prevent individuals from seeking help; language is often a barrier as is helping face the stigma which can arise from seeking help
- Lesbian, Gay, Bisexual and Transgender individuals also need support from groups who understand their needs and perspective

DRUG AND ALCOHOL ABUSE

The Health Profile 2013, published by Public Health England provides information on drug and alcohol misuse within the Marches.

The Draft Herefordshire Community Safety Strategic Assessment 2013 – Scanning Exercise describes the 'alcohol harm paradox' that is present in the county and reflects the national picture. 'Analysis reveals that a significantly larger proportion of adults residing in the most deprived areas of Herefordshire drink at a less than weekly frequency; 46% (41.0-51.9%) compared to 56% (53.1-58.0%) of the County population as a whole.

	Herefordshire	Shropshire	Telford and Wrekin
Hospital stays for alcohol related harm	3,713	5,449	2,792
Drug misuse	847	1,123	1,020
Alcohol-specific hospital stays (under 18)	29	33	27

EVIDENCE OF NEED IN THE MARCHES

- Self-referral requests increasing
- Requests are increasingly complex e.g. drug and alcohol with mental health compounded by debt
- Intervention work is having to stop due to cuts yet this is the very work which prevents issues escalating
- People coming forwards when issues are very challenging; support needs to be based around the needs of the individual rather than always fixed length of packages
- Support needs to be multi-faceted – self-esteem, housing, employment, money management, skill-building/qualification
- Support also needs to focus more on the family/friends of drug and alcohol users to help them to support their family member/friend
- Support needs to focus on cause of the addiction as well as the drug or alcohol use but there is an increasing demand for support for other types of addictive behaviour e.g. gambling
- Very little support for gambling addiction yet this is on the increase and often is linked to debt

FORMER SERVICES PERSONNEL

The Ashcroft report, May 2012 considers the Expectations and concerns about the transition to civilian life. It states:

- “45% of Service personnel said one of their biggest concerns about leaving the Forces was finances and budgeting. This varied according to seniority: 33% of officers were worried about this, compared to 49% of lower ranks, including 53% of lower ranks in the Army.
- Just over a third (35%) were worried about finding decent housing, including 41% of lower ranks and 45% of lower ranks in the Army. Just under a quarter (24%) said they were concerned about dealing with non-military life. Just over a fifth (21%) said they were worried about a lack of variety or boredom, or a lack of camaraderie and community spirit.
- By far the most widespread concern, though, was finding a good job. More than four fifths (81%) named it as one of their top three concerns about leaving the Forces.
- Only just over a third (35%) said they had a clear idea about what area of work they would go into when they left the Forces, though this rose to 41% in the middle and lower ranks of the Royal Marines, many of whom intended to go into maritime security. Only 27% agreed “it will be easy for me to find a good job when I leave the military” (and only 4% agreed strongly), though this was higher (39%) among officers.”

For some former Services personnel, mental health becomes prevalent, ranging in complexity and severity caused, as *The mental health of serving and ex-Service personnel: A review of the evidence and perspectives of key stakeholders* states, by ‘factors before, during and after military service.’

The main findings of the review showed:

- “The majority of serving and ex-Service personnel have relatively good mental health. Much of the existing evidence is focused on a minority of serving and ex-Service personnel who experience mental health problems; the most frequent being common mental health problems (e.g. depression or anxiety; Iversen et al 2009). The rates for these are broadly similar to the general population.
- Many personnel deployed to Iraq between Dec 2008 to Jun 2009 reported having good to excellent health (Mullighan et al 2010).
- Deployed Reservists were found to be at higher risk for mental health problems compared to deployed Regulars and non-deployed Reservists (Iversen et al 2009; Fear et al 2010; Harvey et al 2011).
- Early Service Leavers show high rates of heavy drinking, report suicidal thoughts or have self-harmed in the past compared to longer serving ex-Service personnel (Woodhead et al 2011), although self-harm is based on extremely small numbers.
- Alcohol misuse in UK military personnel represents a significant and well-known health concern. Recent studies confirm relatively high levels of heavy drinking in deployed personnel having a combat role (Knight et al 2011), and a few have been found to have psychiatric comorbidity (Rona et al 2010).
- The prevalence of post-traumatic stress disorder (PTSD) in UK military personnel returning from Iraq is low, between 4–6%, contrasting with figures from the US (between 8–15%) (Sundin et al 2010).
- Emerging evidence confirms the existence of delayed-onset PTSD, with a prevalence of 3.5% (Goodwin et al 2012). Life stress in the preceding 12 months is common but not said to be the main cause (Andrews et al 2009).
- There are lower suicide rates among UK serving personnel in all three UK Services (Royal Navy, Army and Royal Air Force) than in the general population. The exception to this is in Army males (serving between 1984–2007) under the age of 20 years (Fear et al 2009b). The prevalence of self-harm, though, is lower than that in the general population (Pinder et al 2011).
- Recent findings on mild traumatic brain injury (mTBI) and post-concussional syndrome (PCS) in UK personnel – claimed as a ‘signature’ injury from the Iraq war – suggest PCS is associated with reported psychological distress, mTBI with current symptoms of PTSD, that mTBI and PCS are not linked, and mental health problems predated the onset of mTBI (Fear et al 2009a; Rona et al 2012b).

- There appears to be an increasing trend in the reporting of non-specific symptoms (e.g. fatigue) that is not explained by psychological problems in two samples of serving personnel not deployed to the Gulf conflict (1990) and Iraq war (2003; Horn et al 2010).
- Evidence on violent behaviour in personnel returning from deployment to Iraq is emerging which shows a strong association with pre-enlistment antisocial behaviour (MacManus et al 2012b); and where having a combat role in deployed personnel appeared to be an additional risk factor for violent behaviour, as was self-reported aggressive behaviours, increased exposure to traumatic events, post-deployment alcohol misuse and symptoms of post-traumatic stress disorder (particularly hyperarousal symptom cluster; MacManus et al 2013).”

EVIDENCE OF NEED IN THE MARCHES

- Support requests are varied – financial assistance, signposting, ensuring entitlement to benefits and statutory services and welfare are the usual needs
- SSAFA works across statutory and voluntary services referring on to different or appropriate support services where possible; with budget cuts, some of the services are being scaled down which SSAFA would usually refer on to
- Hardest to reach are the homeless/those sleeping rough and substance misusers
- Numbers of users have remained steady in Herefordshire are steady but needs/cases are becoming more complex with people have needing support for multiple needs

GYPSIES AND TRAVELLERS

The release in May 2013 of the ‘Count of Gypsy and Traveller Caravans – January 2013’ by the Department for Communities and Local Government showed the following numbers of Gypsies and Travellers in the UK.

Local Authority area	Total no of pitches	Of which are:		Caravan capacity
		Residential	Transit	
England	4,711	4,469	248	7,888
Herefordshire, County of UA	57	57	0	114
Open Fields, Bromyard	14	14	0	28
Orchard Park, Watery Lane Hereford	11	11	0	22
Romany Close, Romany Close, Grafton, Hereford	9	9	0	18
Springfield Close, Croft Lane	10	10	0	20
Tinkers Corner, Bosbury	7	7	0	14
Turnpike, Pembridge	6	6	0	12
Shropshire	46	46	0	77
Cross Houses Caravan Site, Cross Houses Near Shrewsbury SY5 6JJ	5	5	0	5
Long Lane Craven Arms, Watling Street Craven Arms	10	10	0	10
Manor House Lane, Manor House, Prees, Whitchurch SY13 2HT	18	18	0	36
Park Hall, Park Hall Caravan Site Oswestry	13	13	0	26
Telford and Wrekin	33	33	0	66
Ketley Brook Caravan Park, Lawly Furnaces, Lawley, Telford, Shropshire, TF1 2JX	20	20	0	40
Lodge Road Caravan Park, Lodge Road Donnington wood Telford Shropshire TF2	13	13	0	26

Overall, the January 2013 count indicated that 86% of Gypsy and Traveller caravans in England were on authorised land and that 14% were on unauthorised land.

Herefordshire’s Gypsy and Traveller accommodation assessment 2013-2017 identified the following findings from the survey of Gypsy and Traveller households carried out in 2012:

- 31% of households surveyed had some sort of accommodation need (this could be a need for one or more units of accommodation arising from one household). This is very similar to a previous survey in Herefordshire in 2002, where 29% had some sort of accommodation need.

- Of the 17 households with an accommodation need, 7 (39%) had a requirement for at least one additional pitch – one of this number wished to move from bricks and mortar, the others were already occupying pitches.
- 10 households (56%) had a requirement for bricks and mortar housing. Four of these are experiencing severe accommodation problems, one being of no fixed abode and 3 being in temporary accommodation due to homelessness.
- The survey indicates a total additional requirement for 7 pitches and 9 units of RSL (Registered Social Landlord) accommodation within Herefordshire; 2 units of RSL accommodation in the county would be released by families who need to move.

HOMELESS

The Homelessness Statistics published by the Department for Communities and Local Government provide the following information for the Marches, December 2013:

Table 784(a)	Number accepted as being homeless in priority need						Total
	White	Black or Black British	Asian or Asian Black	Mixed	Other ethnic origin	Ethnic group	
England	8,410	2,100	1,130	400	520	770	13,330
Herefordshire	49	1	1	0	0	0	51
Shropshire	52	0	1	0	0	0	53
Telford & Wrekin	23	0	2	0	0	0	25

Source: Homelessness Statistics, Table 784(a), Local Authorities' action under the homelessness provisions of the 1985 and 1996 Housing Acts, by local authority (quarterly), December 2013, Department for Communities and Local Government

Table 784(a)	Decisions made during the July-September quarter 2013			
	Eligible homeless, in priority need, but not intentionally	Eligible homeless, but not in priority need	Eligible but not homeless	Total decisions
England	2,120	5,360	7,570	28,280
Herefordshire	5	8	19	83
Shropshire	12	69	34	168
Telford & Wrekin	3	1	17	46

Source: Homelessness Statistics, Table 784(a), Local Authorities' action under the homelessness provisions of the 1985 and 1996 Housing Acts, by local authority (quarterly), December 2013, Department for Communities and Local Government

Table 784(a)	Households accommodated by the authority on 30 th September 2013					
	Bed and Breakfast (including shared annex)	Hostels (including women's refuges)	LA/HA stock	Private sector leased (by LA or HA)	Other types (including private landlord)	Total in temporary accommodation
England	4,600	4,700	9,780	25,470	12,820	57,350
Herefordshire	0	0	34	16	25	75
Shropshire	8	13	39	0	0	60
Telford & Wrekin	0	18	20	23	0	61

Source: Homelessness Statistics, Table 784(a), Local Authorities' action under the homelessness provisions of the 1985 and 1996 Housing Acts, by local authority (quarterly), December 2013, Department for Communities and Local Government

The Joseph Rowntree Foundation published 'Monitoring Poverty and Social Exclusion' in December 2013. When considering homelessness, the report stated "Despite rising in recent years, the number of households accepted as homeless is still much lower than its 2003/04 peak."

When considering the main reasons for 'loss of last settled home for households found to be eligible, unintentionally homeless and in priority need during the year' the Department for Communities and Local Government published the following data in December 2013 in the 'Detailed Local Authority level homelessness figures, July to September 2013'.

	Main reason	England	Herefordshire	Shropshire	Telford & Wrekin
1	Parents no longer willing or able to accommodate	690	15	2	9
2	Other relatives/friends no longer willing or able to accommodate	740	8	10	3
3	Non-violent relationship breakdown with partner	70	3	2	1
4	Violence				
4(a)	Violent relationship breakdown, involving partner	270	7	14	3
4(b)	Violent relationship breakdown involving associated persons	50	0	0	0
4(c)	Racially motivated violence	-	0	0	0

4(d)	Other forms of violence	40	0	0	1
5	Harassment, threats or intimidation				
5(a)	Racially motivated harassment	-	0	0	1
5(b)	Other forms of harassment	20	0	0	0
6	Mortgage arrears	50	1	1	0
7	Rent arrears				
7(a)	LA or public sector dwellings	20	0	0	0
7(b)	Registered social landlord/other housing	20	0	0	0
7(c)	Private sector dwellings	140	0	0	0
8	Loss of rented or tied accommodation due to:				
8(a)	Termination of assured shorthold tenancy	1,440	13	17	3
8(b)	Reasons other than (a)	340	2	1	1
9	Required to leave National Asylum Support Service accommodation	60	0	0	0
10	Left an institution or LA care				
10(a)	Left prison/on remand	30	0	0	1
10(b)	Left hospital	30	0	0	0
10(c)	Left other institution or LA care	50	1	2	1
11	Other reason for loss of last settled home				
11(a)	Left HM forces	-	0	0	0
11(b)	Other reasons	370	1	4	1
12	Total households	4,410	51	53	25

Source: Detailed Local Authority level homelessness figures: April to September 2013, Department for Communities and Local Government, December 2013

Evidence of need in the Marches

The Community Mental Health Profiles, 2013, published by the Network of Public Health Observatories (NEPHO) give the following rates for 1,000 households for statutory homeless in the Marches local authorities for 2010/11.

Area	Rate per 1,000 households	Commentary
England Average	2.03	
West Midlands	3.76	
Herefordshire	1.91	Not significantly different to England
Shropshire	2.51	Significantly worse than England
Telford & Wrekin	1.61	Significantly better than England

EVIDENCE OF NEED IN THE MARCHES

- Increased need to help people with claiming welfare benefits
- Budgeting and debt management support also being identified by those working with the homeless
- Information, advice and support in respect of housing options is increasing; including managing a tenancy agreement and knowing how to exercise rights
- Dealing with neighbour disputes is a challenge
- Housing providers increasingly signposting to other statutory or voluntary agencies
- Helping tenants access assistive technology including aids and adaptation and Telecare to ensure safety in the home
- Numbers of people needing help with transport, mobility, shopping, housework and meal preparation on the increase
- Helping people to access employment, training and voluntary work also increasing
- Offering opportunities to increase confidence and self-esteem in addition to housing support
- Hardest or most complex to reach are those with complex needs e.g. mental health/learning disabilities/older people and travellers
- Support also increasing for those who have lost their housing, those in poor housing, victims of domestic abuse, income management, budgeting, filling in forms, reading correspondence for those with poor literacy skills, liaising with landlords over tenancy breaches, etc.
- There is always a waiting list for generic and young people/homeless services

- Requests for support is increasing particularly regarding welfare reforms and bedroom tax, the changes to PIP, LDA and claimants
- Numbers of people victims of domestic abuse are increasing
- Street homeless are the hardest to reach; Shrewsbury Homes for All are reaching out to this group via a drop-in at the Shrewsbury ARK

LESBIAN, GAY, BI-SEXUAL AND TRANSGENDER GROUPS (LGBT)

When considering sexuality by region, the following table offers some level of information by the 178,292 respondents in 2011/12.

Region	North East	North West	Yorkshire & The Humber	East Midlands	West Midlands	East of England	London	South East	South West
	2011/12	2011/12	2011/12	2011/12	2011/12	2011/12	2011/12	2011/12	2011/12
Heterosexual / Straight	95.5	94.2	94.4	94.6	93.0	93.2	90.7	95.2	93.7
Gay / Lesbian	1.2	1.1	1.1	0.8	0.9	0.7	1.9	0.9	1.1
Bisexual	0.4	0.3	0.5	0.5	0.5	0.3	0.6	0.4	0.4
Other	0.2	0.3	0.3	0.3	0.3	0.4	0.4	0.4	0.2
Don't know / Refusal	1.7	3.2	3.0	3.4	4.5	5.0	5.7	2.8	4.0
No response	1.0	0.8	0.8	0.4	0.7	0.4	0.8	0.4	0.5

Source: Office for National Statistics, Sexuality by Region, Integrated Household Survey 2011 to 2012.

Sexuality by age group, April to March to 11/12 provided the following detail.

Age groups	16-24	25-34	35-49	50-64	65+
	2011/12	2011/12	2011/12	2011/12	2011/12
Heterosexual / Straight	91.6	93.5	93.6	95.1	94.8
Gay / Lesbian	1.6	1.6	1.5	0.7	0.3
Bisexual	1.1	0.6	0.4	0.2	0.1
Other	0.3	0.3	0.3	0.4	0.4
Don't know / Refusal	4.1	3.5	3.6	3.1	4.0
No response	1.2	0.6	0.6	0.6	0.4

Source: Office for National Statistics, Sexuality by age group, Integrated Household Survey 2011 to 2012.

They have published 'A summary for Joint Strategic Needs Assessment' which states 'existing JSNAs often do not address LGB&T issues, needs and experiences of healthcare in any meaningful way. LGB&T issues within health and social care remain a relatively low priority for policy makers clinicians and commissioners, due to a relative lack of local evidence relating to LGB&T people's needs, outcomes and experiences of health and social care services. This is despite the fact that policy and decision makers must now take account of LGB&T people when designing and delivering publicly funded services, under the Public Sector Equality Duty, part of the Equality Act 2010. This relative lack of LGB&T specific evidence reinforces LGB&T needs and experiences as being a low priority, which in turn further re-enforces the lack of LGB&T specific evidence.'

The public health white paper 'Healthy Lives, Healthy People' identified poor mental health, sexually transmitted infections (STIs), problematic drug and alcohol use and smoking as the top public health issues facing the UK. All of these disproportionately affect LGB&T populations and the summary for Joint Strategic Needs Assessment describes these:

- 1 in 10 men who have sex with men are living with HIV, and 1 in 3 HIV positive men (in major UK cities) have undiagnosed HIV infection
- Illicit drug use amongst LGB people is at least 8 times higher than in the general population
- Around 25% of LGB people indicate a level of alcohol dependency
- Nearly half of LGB&T individuals smoke, compared with a quarter of their heterosexual peers
- Lesbian, gay and bisexual people are at higher risk of mental disorder, suicidal ideation, substance misuse and deliberate self harm

- 41% of trans people reported attempting suicide compared to 1.6% of the general population. Demand for health and social care services is increasing at the same time as funding is falling across the public, private and voluntary sectors. For example, during 2010/11, the Lesbian & Gay Foundation (LGF) helped 58% more counselling clients compared to the previous year, and delivered 28% more counselling sessions. The severity of issues reported by service users also increased, with nearly half (47%) of counselling clients having previously attempted suicide. If these service users had not been helped by the Lesbian & Gay Foundation, the eventual cost to public services in terms of hospital provision etc., and the potential cost to economic productivity, would be considerable. □ Estimates of the size of the LGB population vary, but surveys designed to capture sexual orientation and behaviour show 5-7% of the population is LGB, which is the figure the Government used when modelling the affects of civil partnership legislation. Taking 6% as the mid point and using the most recent population estimate of 52.2m people in England, we can reasonably estimate that the LGB population of England is 3.1m people. □ In terms of the trans population specifically the information is poorer. The Gender Identity Research and Education Society (GIRES) estimate that around 1% of the population is 'gender variant' to some degree, although not all will seek medical treatment. The number of people seeking treatment is increasing at around 11% each year. □ Other challenges to good health for LGB&T people include:
 - Care pathways for trans people are not meeting the international standards as set out by the World Professional Association for Transgender Health (WPATH). Care pathways remain inconsistent due to uneven commissioner and GP awareness of trans people's needs; 25% of trans people have been refused health treatment because a practitioner did not approve of gender reassignment
 - LGB&T older people are far more likely to live alone with fewer support networks which means they are more likely to be isolated and/or access social care. Social care is behind other health services in looking at LGB&T issues. The recent Equalities and Human Rights Commission report into homecare stated: "older lesbian, gay, bisexual and trans people quite often, we have found, face harassment or misunderstanding ... or ignorance of their needs in [care] services so they often have to go back into the closet for fear of the reaction that they might get from care providers"
 - Research suggests that gay men and lesbians are less likely to have routine screening tests than heterosexuals
 - 37% of lesbian and bisexual women identified they had been told by a health professional that lesbian and bisexual women did not require a cervical screening test
 - A survey of mental health professionals showed that 17% of therapists, psychoanalysts and psychiatrists have assisted at least one client/patient to reduce or change their homosexual feelings despite that, the British Association for Counselling and Psychotherapy (BACP) has stated "it would be absurd to attempt to alter such fundamental aspects of personal identity as sexual orientation by counselling", and such 'reparative' therapies may actually cause significant long term harm.
 - 20% of health care professionals admit to being homophobic. This has serious consequences for both care quality and patient outcomes.
 - A study suggested less than half of LGB people are out with their GP, which has major implications for the quality of those patient/clinician relationships □ Solutions which can be considered as part of the JSNA and Joint Health and Wellbeing Strategy process
 - Ensure there is information regarding the needs of LGB&T people included in the JSNA
 - Consider linking evidence about local general populations to other evidence about LGB&T people; for example high rates of harmful drinking in a local area will inevitably include a disproportionate amount of local LGB&T harmful drinkers
 - Work in partnership with LGB&T voluntary and community sector groups such as The Lesbian & Gay Foundation, who have experience in bringing local LGB&T communities issues and needs to local decision makers and service providers
 - The Lesbian & Gay Foundation also has a growing evidence base relating to LGB&T communities, including over 2000 responses to our 'I Exist' Survey of LGB&T people's experiences and needs and our online Evidence Exchange of over 1300 LGB&T statistics, both of which will be available in spring 2012.
 - Better sexual orientation and gender identity monitoring of staff and service users in health and social care and use of the data, is absolutely essential.

EVIDENCE OF NEED IN THE MARCHES

- Evidence of need for those struggling with their gender identity and their families struggling to come to terms with their loved ones
- Number of people struggling and suffering through a change in gender or with gender identity confusion is increasing and there are few mainstream services to support them
- Transgender needs are complicated as needs vary so much; as soon as transgender transition begins there are obvious visible difference and support is needed pre, during and post to help manage bullying and hate crime
- There is a need to have support for LGBT individuals but this needs to be by professionals willing and able to support without judgement and with understanding of the particular needs and challenges of this group

MENTAL HEALTH

The North East Public Health Observatories (NEPHO) present a range of mental health information for local authorities in England. The Community Mental Health Profiles (CMHP) are designed to give an overview of mental health risks, prevalence and services at a local, regional and national level using an interactive mapping tool. Below are the data sets relating to levels of Mental Health and illness in the profiles. Explanations and commentary are taken from the profiles.

Percentage of adults (18+) with dementia, 2011/12

This indicator estimates the prevalence of dementia from Primary Care Trust (PCT) data. Dementia is a syndrome characterised by catastrophic, progressive global deterioration in intellectual function and is a main cause of late- life disability. The prevalence of dementia increases with age and is estimated to be approximately 20 per cent at 80 years of age. In a third of cases, dementia is associated with other psychiatric symptoms such as depressive disorder, adjustment disorder, generalised anxiety disorder and alcohol related problems.

Area	Percentage of adults (18+) with dementia	Commentary
England Average	0.53	
West Midlands	0.52	
Herefordshire	0.56	Not significantly worse than England
Shropshire	0.68	Significantly worse than England
Telford & Wrekin	0.40	Significantly better than England

Ratio of recorded to expected prevalence of dementia, 2010/11

Many people with dementia go undiagnosed, and may not have the access to care that could be available to them. One way to investigate the variation of diagnosed to under-diagnosed patients is to look at numbers of observed to expected prevalence for dementia. There can be a large amount of people who may be suffering from dementia who are not recognised on the dementia register. This could have implications for the local implementation of the National Dementia Strategy. For this indicator, NEPHO have assessed higher values to be preferable, that is, where the recorded prevalence is close to the expected prevalence.

Area	Ratio of recorded to expected prevalence	Commentary
England Average	0.42	
West Midlands	0.41	
Herefordshire	0.34	Significantly worse than England
Shropshire	0.41	Not significantly different to England
Telford & Wrekin	0.38	Significantly worse than England

Percentage of adults (18+) with depression, 2011/12

This indicator estimates the prevalence of depression from General Practice records. Depression is common and disabling. The estimated prevalence of major depression among 16-65 year olds in the UK is 21/1000 (males 17, females 25). Mixed anxiety and depression is prevalent in a further 10 per cent of adult patients attending general practices. It contributes 12 per cent of the total burden of non-fatal global disease and by 2020, looks set to be second after cardiovascular disease in terms of the world's disabling diseases. Major depressive disorder is increasingly seen as chronic and relapsing, resulting in high levels of

personal disability, lost quality of life for patients, their family and carers, multiple morbidity, suicide, higher levels of service use and many associated economic costs.

Area	Percentage of adults (18+) with depression	Commentary
England Average	11.68	
West Midlands	11.64	
Herefordshire	12.91	Significantly worse than England
Shropshire	13.57	Significantly worse than England
Telford & Wrekin	15.66	Significantly worse than England

Directly standardised rate for hospital admissions for Mental Health, 2009/10

Admissions to hospital for a mental health condition should be avoided wherever possible through the use of assertive community based services and crisis teams. This indicator shows the number of hospital admissions for mental health. The data is sourced from the Hospital Episode Statistics dataset. Hospital Episode Statistics, The NHS Information Centre for health and social care.

Area	Standardised rate for hospital admissions	Commentary
England Average	243	
West Midlands	251	
Herefordshire	1,257	Significantly worse than England
Shropshire	291	Significantly worse than England
Telford & Wrekin	319	Significantly worse than England

Directly standardised rate for hospital admissions for unipolar depressive disorders, 2009/10 to 2011/12

Unipolar depression is a major depressive episode that occurs without the manic phase characteristic of bipolar depression. Major depression may include a combination of symptoms that interfere with a person's ability to work, sleep, study, eat, and enjoy once-pleasurable activities. Major depression is disabling and prevents a person from functioning normally. Some people may experience only a single episode within their lifetime, but more often a person may have multiple episodes.

Area	Standardised rate for hospital admissions	Commentary
England Average	32.1	
West Midlands	32.5	
Herefordshire	35.3	Not significantly different to England
Shropshire	20.9	Significantly better than England
Telford & Wrekin	38.4	Significantly worse than England

Directly standardised rate for hospital admissions for Alzheimer's and other related dementia, 2009/10 to 2011/12

According to the Alzheimer's Society, Alzheimer's disease is the most common cause of dementia, affecting around 465,000 people in the UK. The term 'dementia' describes a set of symptoms which can include loss of memory, mood changes, and problems with communication and reasoning. Alzheimer's is a progressive disease, which means that gradually, over time, more parts of the brain are damaged. As this happens, the symptoms become more severe.

Area	Standardised rate for hospital admissions	Commentary
England Average	80	
West Midlands	87	
Herefordshire	55	Significantly better than England
Shropshire	143	Significantly worse than England
Telford & Wrekin	136	Significantly worse than England

Directly standardised rate for hospital admissions for schizophrenia, schizotypal and delusional disorders, 2009/10 to 2011/12

Schizophrenia is one of the most common serious mental health conditions. The illness has a range of symptoms including hallucinations, delusions, and difficulty in thinking. Doctors describe schizophrenia as a psychotic illness. The 2000 National Survey of Psychiatric Morbidity in the UK found that 5 people in every 1000 had experienced a psychotic disorder (including schizophrenia and manic depression).

Area	Standardised rate for hospital admissions	Commentary
England Average	57	
West Midlands	51	
Herefordshire	60	Not significantly different to England
Shropshire	37	Significantly better than England
Telford & Wrekin	39	Significantly better than England

In-year bed days for Mental Health, rate per 1,000 population, 2010/11

Knowing the number of bed days used by patient each year helps commissioners with the planning of mental health services. This indicator measures the number of bed days used in secondary mental health care hospitals as recorded by the Mental Health Minimum Dataset.

Area	Rate per 1,000 population	Commentary
England Average	193	
West Midlands	194	
Herefordshire	153	Significantly lower than England
Shropshire	162	Significantly lower than England
Telford & Wrekin	201	Significantly higher than England

Number of contacts with Community Psychiatric Nurse, rate per 1,000 population, 2010/11

This indicator records the number of contacts that Outpatient and Community Psychiatric Nurse have with patients each year, per 1,000 population. The data is sourced from the Mental Health Minimum Dataset.

Area	Rate per 1,000 population	Commentary
England Average	169	
West Midlands	169	
Herefordshire	170	Not significantly different to England
Shropshire	5	Significantly lower than England
Telford & Wrekin	3	Significantly lower than England

Number of total contacts with mental health services, rate per 1,000 population, 2010/11

This indicator measures all contacts with mental health staff, including Consultant Psychiatrists, Community Psychiatric, Nurses, Clinical Psychologists, Occupational Therapists, Physiotherapists, Consultant Psychotherapists & Social Workers.

Area	Rate per 1,000 population	Commentary
England Average	313	
West Midlands	292	
Herefordshire	241	Significantly lower than England
Shropshire	31	Significantly lower than England
Telford & Wrekin	42	Significantly lower than England

EVIDENCE OF NEED IN THE MARCHES

- Information requests regarding benefits and help to access services or support have increased
- Signposting and information services continue to be frequently requested
- Services are needed to prevent loneliness and isolation/social networks and community contact
- Opportunities to volunteer, providing social stimulation and feeling valued/wanted
- Need for transport to enable those in rural areas in the Marches to access activities and services or to meet with professionals
- Few offer support for those with more challenging mental health or complex needs without the carer being present
- There is a waiting list for Shropshire Mental Health Employment Service
- Support for those with mental health in prisons is needed to ensure resettlement is successful
- Supported Employment has a proven track record for people with mental health issues and learning disabilities, helping these groups to gain and maintain employment; this could be expanded within the Marches and with other vulnerable groups

- Many people accessing services are struggling with multiple pressures e.g. debt, work problems/unemployment, family or relationship difficulties, poor transport (particularly with buses being removed to enable access to services or work opportunities)
- Increasing support is needed for those with mental health who are socially isolated helping them to manage their emotional wellbeing, access the medical and physical support they need to and live a meaningful life
- Hardest group to engage with are those with dementia and their carers and people who live in isolated rural communities who are struggling with mental health (or their family members)
- Increasing acknowledgement that children face stressors which can cause mental health symptoms but difficult to get diagnosis for children and find support for them – support for children with mental health distress is often at breaking point not earlier
- Many people with mental health issues take a while to engage with services so support needs to be person-centred/based and meet the timeline and speed of the individual needing support
- Placements to help those with mental health conditions step back into work are needed; this includes identifying employers who are willing to have people with mental health conditions as volunteers/apprentices

OFFENDERS, EX-OFFENDERS AND YOUTH OFFENDERS

The type of offence committed by the prison population is recorded in Table 3.1a, Total remand and sentenced population in prison by offence group and sex, on a quarterly basis, December 2011 to March 2013, England and Wales.

Prison population by offence group (all)	31 st March 2013	
	Remand	Immediate custodial sentence
All prisoners	10,768	71,492
Violence against the person	2,566	19,650
Sexual offences	1,039	10,498
Robbery	1,238	8,984
Burglary	1,194	7,322
Theft and handling	842	4,541
Fraud and forgery	238	1,336
Drug offences	1,663	10,244
Motoring offences	29	775
Other offences	1,564	7,785
Offence not recorded	395	357

The same information is provided relating to male prisoners.

Prison population by offence group (male)	31 st March 2013	
	Remand	Immediate custodial sentence
All prisoners	10,165	68,263
Violence against the person	2,421	18,750
Sexual offences	1,021	10,423
Robbery	1,184	8,656
Burglary	1,156	7,130
Theft and handling	775	4,069
Fraud and forgery	211	1,154
Drug offences	1,566	9,754
Motoring offences	28	757
Other offences	1,429	7,252
Offence not recorded	374	318

The information is provided here relating to female prisoners.

Prison population by offence group (female)	31 st March 2013	
	Remand	Immediate custodial sentence
All prisoners	603	3,229
Violence against the person	145	900
Sexual offences	18	75

Robbery	54	328
Burglary	38	192
Theft and handling	67	472
Fraud and forgery	27	182
Drug offences	97	490
Motoring offences	1	18
Other offences	135	533
Offence not recorded	21	39

YOUTH OFFENDERS

The West Mercia Youth Offending Service, Youth Justice Plan 2013/14 has area profiles for each of the local areas. An overview is given below for Herefordshire. Shropshire and Telford and Wrekin sections are awaiting information.

Herefordshire

Youth Offending Population – All Young People

There are 17,224 young people aged 10 to 17 in Herefordshire. In 2012 there were 275 youth justice sanctions (reprimands, final warnings or convictions) made on Herefordshire young people.

- A total of 225 individual young people accounted for these 275 outcomes, 1.3% of the youth population.
- Of the 225 young people entering or in the youth justice system in 2012, 70% were male.
- The majority, 79%, were aged 15 to 17 years.
- The peak age of offending for both young males and females was 17 years.

During 2012 there were a total of 127 pre-court disposals made on Herefordshire young people, 97 of these were Reprimands and 50 Final Warnings. In 2012 intervention programmes were provided for 24 (48%) of the Final Warnings.

Primary offence for reprimands were:

- 20% violence against the person;
- 18% theft and handling;
- 16% drug offences;
- 15% public order offences;
- 11% criminal damage.

These five offence categories accounting for 80% of the reprimands but also 84% of all final warnings. Violence against the person accounted for 44% of all Final Warnings.

Youth Offending Population – Young People Subject to Court Outcomes

In 2012 a total of 99 young people in Herefordshire accounted for 126 court outcomes. Orders requiring YOS interventions (Reparation Orders, Referral Orders, YROs and Custodial sentences) accounted for 89 of the 126 court outcomes.

- The majority, 71% of young people receiving court sentences were aged 15 to 17
- 17 year olds accounting for one third (33%) of young people receiving a court sentence.

The most frequently occurring primary offence for court sentences were:

29% violence against the person

13% public order offences,

11% theft and handling;

10% criminal damage

These four categories of offences accounted for 63% of all sentencing outcomes.

Shropshire

Youth Offending Population – All Young People

There are 29,933 young people aged 10 to 17 in Shropshire. In 2012 there were 236 youth justice sanctions (reprimands, final warnings or convictions) made on Shropshire young people.

- A total of 180 individual young people accounted for these 236 outcomes, 0.78% of the youth population.
- Of the 180 young people entering or in the youth justice system in 2012, 81% were male.

- The majority, 70%, were aged 15 to 17 years.
- The peak age of offending for both young males was 17 years and females 16 years.

During 2012 there were a total of 152 pre-court disposals made on Shropshire young people, 89 of these were Reprimands and 63 Final Warnings. In 2012 intervention programmes were provided for 14 (22%) of the Final Warnings.

The most frequently occurring primary offence for reprimands were:

- 28% violence against the person;
- 22% drug offences;
- 17% theft and handling;
- 14% criminal damage.
- 8% public order offences;

These five offence categories accounting for 89% of the reprimands and also 51% of all final warnings. Violence against the person accounted for 22% of all Final Warnings.

Youth Offending Population – Young People Subject to Court Outcomes

In 2012 a total of 57 young people in Shropshire accounted for 91 court outcomes. Orders requiring YOS interventions (Reparation Orders, Referral Orders, YROs and Custodial sentences) accounted for 70 of the 91 court outcomes.

- The majority, 80% of young people receiving court sentences were aged 15 to 17
- 17 year olds accounting for just under half (46%) of young people receiving a court sentence.

The most frequently occurring primary offence for court sentences were:

28% theft and handling;
24% violence against the person
10% public order offences,
9% breach of a statutory order
8% criminal damage

These five categories of offences accounted for 79% of all sentencing outcomes.

Telford and Wrekin

Youth Offending Population – All Young People

There are 17,525 young people aged 10 to 17 in Telford and Wrekin. In 2012 there were 254 youth justice sanctions (reprimands, final warnings or convictions) made on Telford and Wrekin young people.

- A total of 202 individual young people accounted for these 254 outcomes, 1.15% of the youth population.
- Of the 202 young people entering or in the youth justice system in 2012, 80% were male.
- The majority, 60%, were aged 15 to 17 years.
- The peak age of offending for both young males was 17 years and females 17 years.

During 2012 there were a total of 135 pre-court disposals made on Telford and Wrekin young people, 71 of these were Reprimands and 64 Final Warnings. In 2012 intervention programmes were provided for 20 (31%) of the Final Warnings.

The most frequently occurring primary offence for reprimands were:

- 37% violence against the person;
- 18% theft and handling;
- 14% public order offences;
- 13% drug offences;
- 13% criminal damage.

These five offence categories accounting for 95% of the reprimands and also 69% of all final warnings. Violence against the person accounted for 34% of all Final Warnings and domestic burglary and sexual offences for 8% each.

Youth Offending Population – Young People Subject to Court Outcomes

In 2012 a total of 81 young people in Telford and Wrekin accounted for 119 court outcomes. Orders requiring YOS interventions (Reparation Orders, Referral Orders, YROs and Custodial sentences) accounted for 101 of the 119 court outcomes.

- The majority, 83% of young people receiving court sentences were aged 15 to 17
- 17 year olds accounting for one third (38%) of young people receiving a court sentence.

The most frequently occurring primary offence for court sentences were:

- 30% violence against the person
- 19% theft and handling;
- 11% domestic burglary
- 8% public order offences,
- 7% breach of a statutory order

These five categories of offences accounted for 75% of all sentencing outcomes.

EVIDENCE OF NEED IN THE MARCHES:

- Needs for services are increasing – drug addiction; medical grounds
- Waiting list for Shropshire Mental Health Employment Scheme
- Requests are increasing – due to economic situation; people with disabilities find it harder to find jobs.
- Need for more support for people with severe mental health issues and severe learning disabilities
- Currently unable to help people who do not meet thresholds for support e.g. people with ASD, physical disabilities, sensory impairments, people who don't meet the FACs requirement, people on the Work Programme, people who only want voluntary placements
- Often support for offenders or ex-offenders requires multiple needs to be addressed; helping ex-offenders into employment means continuing to offer a broad package of support and Supported Employment methods
- Ongoing mentoring support needed post release to support the ex-offenders to keep from re-offending

OLDER PEOPLE LIVING ALONE

Age UK provide a monthly factsheet, 'Later Life in the United Kingdom' with the most up-to-date publicly available information on people in later life in the UK. The term "older" is used here for people aged 65 and over. The information in the first part of the section below is taken from the December 2013 issue with information accurate as of 29th November 2013.

Population statistics

- There are 10.8 million people aged 65 or over in the UK;
- Over 1.4 million people are aged 85 or over;
- In 2010 approximately 640,000 people in the UK turned 65; in 2012, the figure was about 800,000. The number turning 65 is projected to decrease gradually over the next 6 years to around 650,000 in 2017;
- There are now more people in the UK aged 60 and above than there are under 18;
- The number of people aged 60 or over is expected to pass the 20 million mark by 2031;
- An estimated 4 million older people in the UK (36% of people aged 65-74 and 47% of those aged 75+) have a limiting longstanding illness. This equates to 40% of all people aged 65+;
- Depression affects 22% of men and 28% of women aged 65 or over. This would be just over 2 million people aged 65+ in England;
- There are currently 465,000 people with Alzheimer's in the UK and it is estimated that a further 62,000 people are developing Alzheimer's each year;
- 1.5 million people in England have care and support needs that the state does not meet;
- It is estimated that around 6,000 older people with high support needs and 275,000 with less intensive needs receive no care at all, from state or informal sources;
- Two thirds of NHS clients are aged 65 and over but they receive any two fifths of total expenditure;

- 9% of people aged 75 and over in England find it very difficult to get to their doctor's surgery;
- Nearly one in five (19%) find it very difficult to get to their local hospital;
- The number of emergency readmission for people aged 75+ in English hospitals in 2009/10 was 188,138, a rise of 88% since 1999/2000;
- The percentage of consultations undertaken as home visits fell from 22% in 1971 to 4% in 2006;
- About 410,000 older people in the UK have an unmet need for help with practical household jobs;
- Over a quarter (28%) of single female pensioner have no savings at all. For single male pensioners, it is 25% and for pensioner couples, it is 17%;
- 20% of people aged 60+ in GB (2.8 million people) owe money, 7% (nearly 1 million) have outstanding mortgage debt, 12% (nearly 1.2 million) owe money on credit cards, and 3% (about 400,000) have a bank loan;
- Pensioners from black and minority ethnic (BME) groups are more likely to be in poverty than white pensioners;
- For singled pensioners mainly reliant on state pension, average disposable weekly income is £144;
- Under the new fuel poverty definition (Low Income High Cost), there are 721,000 older households (where the oldest person is aged 60+) in England in the latest reported year (2011). This equates to about 1.2 million people aged 60+;
- 18% of adults aged 60-69 have a mobility difficulty and 38% of adults aged 70+ do. This is compared to 12% of everyone aged 16 and over;
- In the UK, 11% of those aged 65+ say they find it difficult to access a corner shop; 12% find it difficult to get to their local supermarket; 14% to a post office; 12% to their doctor's surgery; and 25% to their local hospital;

Older people living alone

- About 3.8 million older people live alone. 70% of these are women;
- Nearly 2.5 million people over 75 live alone; 1.8 million of these are women;
- In the UK, 11% of older people describe their quality of life as very poor, quite poor or neither good nor poor;
- Over 30% of older people say they are unable to cut their own toenails;
- Worse general health can be associated with depression among older adults, and other risk factors include not living close to friends and family, poor satisfaction with accommodation, and poor satisfaction with finances;
- People with a high degree of loneliness are twice as likely to develop Alzheimer's than people with a low degree of loneliness;
- Approximately 775,000 older people (7% of those aged 65 or over in the UK) say they are always or often lonely;
- 36% of people aged 65 and over in the UK feel out of touch with the pace of modern life and 9% say they feel cut off from society;
- Half of all older people (about 5 million) consider the television as their main form of company;
- 5% (500,000) people aged 65 or more in the UK say they spent Christmas alone.

When considering older people, the Projecting Older People Population Information (POPPI) gives the following predicted numbers to 2020 in England and the Marches as follows:

England	2012	2014	2016	2018	2020
Males aged 65-74 predicted to live alone	465,580	495,000	516,960	527,580	529,960
Males aged 75 and over predicted to live alone	587,010	624,002	654,398	697,510	753,270
Females aged 65-74 predicted to live alone	752,670	797,670	831,960	848,910	854,460
Females aged 75 and over predicted to live alone	1,520,547	1,565,870	1,603,751	1,669,814	1,762,595
Total population aged 65-74 predicted to live alone	1,218,250	1,292,670	1,348,920	1,376,490	1,384,420

Herefordshire	2012	2014	2016	2018	2020
Males aged 65-74 predicted to live alone	2,120	2,280	2,420	2,480	2,500
Males aged 75 and over predicted to live alone	2,754	2,958	3,128	3,366	3,706
Females aged 65-74 predicted to live alone	3,360	3,630	3,810	3,900	3,900
Females aged 75 and over predicted to live alone	6,832	7,015	7,198	7,625	8,296
Total population aged 65-74 predicted to live alone	5,480	5,910	6,230	6,380	6,400
Total population aged 75 and over predicted to live alone	9,586	9,973	10,326	10,991	12,002

Shropshire	2012	2014	2016	2018	2020
Males aged 65-74 predicted to live alone	3,500	3,760	3,880	4,000	3,980
Males aged 75 and over predicted to live alone	4,318	4,624	4,964	5,338	5,916
Females aged 65-74 predicted to live alone	5,640	6,060	6,330	6,420	6,450
Females aged 75 and over predicted to live alone	10,736	11,285	11,834	12,627	13,603
Total population aged 65-74 predicted to live alone	9,140	9,820	10,210	10,420	10,430
Total population aged 75 and over predicted to live alone	15,054	15,909	16,798	17,965	19,519

Telford and Wrekin	2012	2014	2016	2018	2020
Males aged 65-74 predicted to live alone	1,440	1,540	1,620	1,660	1,680
Males aged 75 and over predicted to live alone	1,462	1,666	1,802	2,006	2,210
Females aged 65-74 predicted to live alone	2,310	2,490	2,610	2,700	2,760
Females aged 75 and over predicted to live alone	3,843	4,026	4,270	4,575	4,941
Total population aged 65-74 predicted to live alone	3,750	4,030	4,230	4,360	4,440
Total population aged 75 and over predicted to live alone	5,305	5,692	6,072	6,581	7,151

EVIDENCE OF NEED IN THE MARCHES

- Information requests regarding benefits and help to access services or support are increasing
- Signposting and information services are increasing
- Services needed to prevent loneliness and isolation/social networks and community contact
- Services needed to those who are frailer and need additional support or cannot get out, such as day services and volunteer befriending
- Opportunities to volunteer, providing social stimulation and feeling valued/wanted for those older people living alone who are mobile and physically able are needed
- Access needed to and help to use IT and other technology such as phones, assistive technology, computers
- Help to include support for carers to help them to know what is available and helping them to access services
- Need for transport to enable those in rural areas in the Marches to access activities and services or to meet with professionals
- Services needed which prevent crisis or greater levels of service such as falls prevention, dementia support and activities to stimulate mental and physical wellbeing
- Opportunities for carer respite are increasing
- Help with shopping and bill paying are increasing
- Support on discharge from hospital is needed
- Information and help to manage long term conditions is needed
- Help with fuel poverty and heating costs is needed
- Requests for foot care is on the increase
- Few offer support for those with more challenging mental health or complex needs without the carer being present
- Increased need for affordable social events of different types for those with disabilities or those who are disadvantaged to socialise in the evening (larger and smaller group settings to suit individuals) – all ages and younger or older specific opportunities

- Increased and increasing need for help with ageing communities (e.g. Shropshire) including those with a long-term health condition or whose life is limited by their illness; also need for the carers of these individuals
- Training opportunities are needed for those older people who are newly bereaved or living alone now who want to learn how to use new technologies and who would like to/need to take up jobs
- Increasing need for older people and those with disabilities of working age to find affordable support to meet their needs and help them to access services as local authority services are being reduced or as costs rise
- Transport is the key factor to enable older people living alone to access statutory services and maintain contacts with friends and family; this is increasingly challenging
- Opportunities needed for those who are able to mentor and support those who are younger – sharing experiences and learning/knowledge

PUPILS WITH FIXED TERM AND PERMANENT EXCLUSIONS

Exclusion rates for the academic year 2011-12 are provided below for both permanent and fixed period exclusions.

PERMANENT EXCLUSIONS	State-funded primary schools	State-funded secondary schools	Special schools	Total state funded school permanent exclusions
England	690	4,390	80	5,170
West Midlands	140	530	10	670
Herefordshire	0	14	0	10
Shropshire	X	28	0	30
Telford and Wrekin	X	10	0	10

Source: DfE: Permanent and fixed period exclusions from schools in England: 2011-12 academic year

FIXED PERIOD EXCLUSIONS	State-funded primary schools	State-funded secondary schools	Special schools	Total state funded school permanent exclusions
England	37,790	252,210	14,370	304,370
West Midlands	5,060	27,360	2,350	34,770
Herefordshire	99	598	14	710
Shropshire	141	1,335	51	1,530
Telford and Wrekin	287	1,022	269	1,580

Source: DfE: Permanent and fixed period exclusions from schools in England: 2011-12 academic year

The following table provides descriptions of reasons for exclusions. The categories should cover the main reasons for exclusion and the 'other' category should be used sparingly. In reality, when completing the form as part of the exclusion process, 'other' is often ticked when multiple reasons are present.

Exclusion Reason	Description
Bullying	Verbal Physical Homophobic bullying
Damage <i>Includes damage to school or personal property belonging to any member of the school community</i>	Arson Graffiti Vandalism
Drug and alcohol related	Alcohol abuse Drug dealing Inappropriate use of prescribed drugs Possession of illegal drugs Smoking Substance abuse
Persistent disruptive behaviour	Challenging behaviour Disobedience Persistent violation of school rules
Physical assault against adult	Obstruction and jostling Violent behaviour Wounding
Physical assault against pupil	Fighting Obstruction and jostling Violent behaviour Wounding
Racist abuse	Derogatory racist statements

	Racist bullying Racist graffiti Racist taunting and harassment Swearing that can be attributed to racist characteristics
Sexual misconduct	Lewd behaviour Sexual abuse Sexual assault Sexual bullying Sexual graffiti Sexual harassment
Theft	Selling and dealing in stolen property Stealing from local shops on a school outing Stealing personal property (adult or pupil) Stealing school property
Verbal abuse/threatening behaviour against adult	Aggressive behaviour Carrying an offensive weapon Homophobic abuse and harassment Swearing Threatened violence Verbal intimidation
Verbal abuse/threatening behaviour against pupil	Aggressive behaviour Carrying an offensive weapon Homophobic abuse and harassment Swearing Threatened violence Verbal intimidation

When considering these categories, the picture across England and the Marches is as follows. For permanent exclusions numbers are noticeably small. Permanent exclusions in all state-funded primary, secondary and special schools were, for the academic year 2011-12:

PERMANENT EXCLUSIONS	Physical assault against pupil	Physical assault against adult	Verbal abuse against pupil	Verbal abuse against adult	Bullying	Racist abuse	Sexual misconduct	Drug and alcohol related	Damage	Theft	Persistent disruptive behaviour	Other	TOTAL
England	860	550	240	470	40	30	70	330	80	50	1,700	30	5,170
West Midlands	100	80	40	50	10	10	10	40	10	10	260	60	670
Herefordshire	X	X	0	X	0	0	0	0	0	0	X	8	10
Shropshire	X	X	0	X	0	0	0	X	0	0	14	X	30
Telford & Wrekin	X	X	0	0	X	0	0	0	0	0	X	X	10

Source: DfE: Permanent and fixed period exclusions from schools in England: 2011 to 2012 academic year

Fixed period exclusions in all state-funded primary, secondary and special schools were, for the academic year 2011-12:

FIXED PERIOD EXCLUSIONS	Physical assault against pupil	Physical assault against adult	Verbal abuse against pupil	Verbal abuse against adult	Bullying	Racist abuse	Sexual misconduct	Drug and alcohol related	Damage	Theft	Persistent disruptive behaviour	Other	TOTAL
England	58,130	16,970	12,290	60,220	4,490	4,180	2,740	7,740	6,620	5,320	73,430	52,260	304,370
West Midlands	7,550	2,210	1,410	6,700	610	620	350	790	860	600	7,740	5,330	34,770
Herefordshire	129	33	31	165	5	6	9	19	5	8	101	200	710
Shropshire	278	56	63	401	23	21	14	85	27	22	314	223	1,530
Telford & Wrekin	282	256	42	301	16	8	7	17	27	6	295	321	1,580

Source: DfE: Permanent and fixed period exclusions from schools in England: 2011 to 2012 academic year

EVIDENCE OF NEED IN THE MARCHES

- Increasing requests for support for children at risk of exclusion and for those who have begun to get into trouble at school to access out-of-school meaningful activities e.g. care farms, working outdoors, working with animals, learning rural crafts, cooking, gardening, life skills

SAFEGUARDING CHILDREN

Different population groups have been identified when considering those at risk of social exclusion in the Marches. These are:

- Safeguarding children
 - Looked after Children (LAC)
 - Children subject to Child Protection Plans (CPP)
 - Children in Need (CIN)
- Pupils with Special Educational Needs
- Pupils with fixed term and permanent exclusions
- Children and young people with disabilities
- Teenage parents
- Young people who are not in Education, Employment or Training (NEET)

Children in Need	Throughout 2012-13	Children starting an episode of need	Children ending an episode of need	Children in Need at 31 st March 2013
England	736,100	395,100	355,800	378,600
West Midlands	79,400	42,800	34,600	44,800
Herefordshire	2,514	1,441	1,155	1,359
Shropshire	2,218	1,014	728	1,490
Telford and Wrekin	2,868	1,512	1,556	1,312

Source: Characteristics of Children in Need in England: 2012 to 2013, DfE, www.gov.uk, Table B1

The numbers of children in need (CIN) over time is detailed below. After dropping in 2011-12, numbers of children in need in the United Kingdom at 31st March 2013 rose.

Children in Need	09/10	10/11	11/12	12/13
Numbers of CIN throughout the year	694,000	735,500	739,300	736,100
Numbers of CIN starting an episode of need	377,600	393,000	395,300	395,100
Numbers of CIN ending an episode of need	318,200	359,000	369,900	355,800
Numbers of CIN at 31 st March 2013	375,900	382,400	369,400	378,600

Source: Characteristics of Children in Need in England: 2012 to 2013, DfE, www.gov.uk, Table A1

The numbers of children in need (CIN) at March 2013 by primary need at initial assessment is detailed below:

Children in Need	Numbers of CIN at 31 st Mar 13	Abuse or neglect	Child's disability or illness	Parent's disability or illness	Family in acute stress	Family dysfunction	Socially unacceptable behaviour	Low income	Absent parenting	Cases other than CIN	Not stated
England	378,600	179,090	43,530	11,760	38,540	68,030	6,990	2,130	11,160	3,590	13,640
West Midlands	44,830	22,180	4,400	1,400	5,060	7,810	1,070	200	1,080	330	1,320
Herefordshire	1,359	591	75	100	41	183	33	x	x	86	244
Shropshire	1,490	596	228	29	52	491	35	x	x	0	30
Telford and Wrekin	1,312	870	171	24	81	116	25	x	x	0	0

Source: Characteristics of Children in Need in England: 2012 to 2013, DfE, www.gov.uk, Table B3

Child Protection Plans (CPP)	Children who became subject to a CPP during 2013/14	Children who ceased to be the subject of a CPP during 2013/14	Children who were the subject of a CPP at 31 st March 2013
England	52,700	52,100	43,100
West Midlands	6,700	6,500	5,200
Herefordshire	284	235	197
Shropshire	237	203	214
Telford and Wrekin	197	276	142

Source: Characteristics of Children in Need in England: 2012 to 2013, DfE, www.gov.uk, Table D1

The table below presents the looked after children figures at 31st March for each of the years since 2009 by gender and by age. It is taken from the Department for Education's statistics, Children looked after in England, including Adoption data.

LOOKED AFTER CHILDREN IN THE UK	2009	2010	2011	2012	2013
All children looked after at 31 March	60,900	64,450	65,500	67,080	68,110
Gender	60,900	64,450	65,500	67,080	68,110
Male	34,580	36,170	36,440	37,020	37,510
Female	26,330	28,290	29,060	30,050	30,600
Age at 31 March (years)	60,900	64,450	65,500	67,080	68,110
Under 1	3,260	3,720	3,680	4,200	4,310
1 to 4	9,440	10,850	11,970	12,400	12,360
5 to 9	10,470	11,200	11,830	12,700	13,260
10 to 15	24,930	25,010	24,190	24,220	24,450
16 and over	12,800	13,670	13,830	13,560	13,730
Category of need⁵	60,900	64,450	65,500	67,080	68,110
Abuse or neglect	37,190	39,350	40,420	41,800	42,480
Child's disability	2,220	2,200	2,180	2,300	2,260
Parents illness or disability	2,700	2,820	2,710	2,680	2,500
Family in acute stress	5,310	5,790	5,850	6,010	6,230
Family dysfunction	6,830	8,020	8,920	9,540	10,160
Socially unacceptable behaviour	1,210	1,280	1,210	1,150	1,230
Low income	130	170	150	120	120
Absent parenting	5,310	4,830	4,050	3,490	3,150

Source: Children looked after in England including adoption, DfE, www.gov.uk, National Tables, Table A1

Figures for the West Midlands and Marches local authorities are:

LOOKED AFTER CHILDREN IN WM AND MARCHES	2009	2010	2011	2012	2013
England	60,900	64,450	65,500	67,080	68,110
West Midlands	7,630	8,020	8,150	8,470	8,950
Herefordshire	165	165	195	210	215
Shropshire	200	220	220	205	240
Telford and Wrekin	250	270	270	300	320

Source: Children looked after in England including adoption, DfE, www.gov.uk, Local Authority Tables, Table LAA1

The Department for Education's Statistical First Release document, 31st October 2013, provides the characteristics of Children in Need for England between 2012 and 2013. It describes a child in need as one 'who has been assessed by children's social care to be in need of services. These services can include, for example, family support (to help keep together families experiencing difficulties), leaving care support (to help young people who have left local authority care), adoption support, or disabled children's services (including social care, education and health provision).

Social Care Referrals	England	West Midlands	Herefordshire	Shropshire	Telford and Wrekin
Referrals	593,500	64,800	1,509	1,287	3,016
Initial assessments	441,500	52,800	1,404	806	1,518

Source: Characteristics of Children in Need in England: 2012 to 2013, DfE, www.gov.uk, Table C1

At 31st March 2013, the release states:

- the number of children in need had increased compared with the previous year, from 369,400 to 378,600;
- there were 593,500 referrals to children's social services – a decrease of 1.9% and the lowest level since 2009-2010;
- 441,500 initial assessments were completed, down 2.2% compared to 2011-12;
- core assessments rose by 5.4% to 232,700;
- 127,100 section 47 enquiries were initiated, up 2.0%;

- The number of children starting an episode of need decreased by 0.1% to 395,100;
- Since 2011-12, there has been a 3.8% decrease in the number of children ending an episode of need to 355,800;
- There has been an increase in the number of children in need of 2.5%, up to 378,600;
- 52,700 children became the subject of a child protection plan, up 1.1%.

TEENAGE PARENTS

In April 2013, the Office for National Statistics released part of the conception statistics for the Census 2011 data. The estimated number of conceptions to women aged under 18 in England and Wales in 2011 was the lowest since records began in 1969. In comparison, the estimated number of conceptions to women of all ages is the second highest since records began. Conception statistics include pregnancies that result in either one or more live births or stillbirths or a legal abortion.

The estimated number of conceptions to women aged under 18 in 2011 was 31,051. This compares with 45,495 conceptions in 1969, a decrease of 32%. In contrast, the estimated number of conceptions to all women in 2011 was 909,109 in comparison to 832,700 in 1969, an increase of 9.2%.

The under 18 conception rate for 2011 is also the lowest since records began with 30.9 conceptions per 1,000 women aged 15-17 compared with 47.1 in 1969 (a decrease of 34%). A comparison of rates across regions in England shows that the North East had the highest under 18 conception rate in 2011, with 38.4 per thousand women aged 15–17. The South East had the lowest rate for women aged under 18 in 2011 with 26.1 per thousand women aged 15–17.

In 'A framework for Sexual Health Improvement in England' published by the Department for Health in March 2013, the section on preventing teenage pregnancy states 'Continuing to reduce under-18 pregnancies is a high priority, as highlighted by the inclusion of this as an indicator in the Public Health Outcomes Framework. This is because:

- of all young people not in education, training or employment, 15% are teenage mothers or pregnant teenagers;
- teenage parents are 20% more likely to have no qualifications at age 30;
- teenage mothers are 22% more likely to be living in poverty at 30, and much less likely to be employed or living with a partner; and
- teenage mothers have three times the rate of postnatal depression and a higher risk of poor mental health for three years after the birth.'

It continues, 'Outcomes are also worse for children:

- Children of teenage mothers have a 63% increased risk of being born into poverty and are more likely to have accidents and behavioural problems.
- The infant mortality rate for babies born to teenage mothers is 60% higher.
- Teenage mothers are three times more likely to smoke throughout their pregnancy and 50% less likely to breastfeed, with negative health consequences for the child.

While teenage conception may result from a number of causes or factors, the strongest empirical evidence for ways to prevent teenage conceptions is:

- High-quality education about relationships and sex; and
- Access to and correct use of effective contraception.'

Teenage pregnancy in the Marches

The Conception Statistics, 2013, provides the following information on teenage pregnancy in the Marches. The detail provided here is the under-18 conception rate per 1,000 females aged 15-17 (crude rate), 2009-2011.

Conception at ages under 16	England	West Midlands	Herefordshire	Shropshire	Telford & Wrekin
Number	5,661	702	18	23	29
Conception rate per 1,000 women in age-group	6.1	6.8	5.6	4.2	9.0
% of conceptions leading to abortion	60.5	57.8			51.7

Source: Conception Statistics, England and Wales 2011, Published February 2013. Annual Table 5: Conceptions (numbers and rates) and outcome: age of women at conception and area of usual residence, 2009, 2010 and 2011

The Health Profile 2013 published for each of the three areas of the Marches provides the following detail on teenage pregnancies (under 18) for 2009-2011:

	Herefordshire	Shropshire	Telford & Wrekin
Local Number	94	142	151
Local Value	28.0	24.6	44.3
Position with regard to England average	Significantly better than England average	Significantly better than England average	Significantly worse than England average

UNEMPLOYED

Employment measures the number of people in paid work and differs from the number of jobs because some people have more than one job. Unemployment measures people without a job who have been actively seeking work within the last four weeks and are available to start work within the next two weeks.

The Labour Market Statistics for August to October 2013 were published in December 2013. The headlines from this show:

- The percentage of people aged from 16 to 64 who were in work (the employment rate) was 72.0%. The employment rate is up 0.4 percentage points from May to July 2013 and up 0.8 from a year earlier. There were 30.09 million people in employment aged 16 and over, up 250,000 from May to July 2013 and up 485,000 from a year earlier.
- The percentage of the economically active population aged 16 and over who were unemployed (the unemployment rate) was 7.4%. The unemployment rate is down 0.3 percentage points from May to July 2013 and down 0.5 from a year earlier. There were 2.39 million unemployed people aged 16 and over, down 99,000 from May to July 2013 and down 121,000 from a year earlier.
- The percentage of people aged from 16 to 64 who were economically inactive (the economic inactivity rate) was 22.1% (the lowest since 1991). The inactivity rate is down 0.1 percentage points from May to July 2013 and down 0.4 percentage points from a year earlier. There were 8.92 million economically inactive people aged from 16 to 64, down 45,000 from May to July 2013 and down 156,000 from a year earlier.
- Total pay rose by 0.9% compared with August to October 2012. Regular pay rose by 0.8% over the same period.

Unemployment in the Marches

The Local Labour Market Indicators by Unitary and Local Authority July 2012 to June 2013 published by the Office for National Statistics give the following information.

Area	Population 16-64s (000s)	July 2012 to July 2013			
		Labour supply			
		Employment (000s)	Unemployment (000s)	Economic inactivity (000s)	Claimant count
England	34,307	24,916	2,103	7,599	1,264,923
1,264,923 West Midlands	3,557	2,451	248	816	160,820
Herefordshire	113	82	5	25	2,672
Shropshire	189	141	9	31	4,740
Telford & Wrekin	108	72	7	24	4,489

Herefordshire

The key statistics for August 2013 published in Unemployment - Facts and Figures Herefordshire show:

- The number of Jobseekers Allowance claimants in Herefordshire saw a decrease between July and August 2013. The claimant rate was 2.0%, lower than the West Midlands region (4.1%) and England as a whole (3.3%).
- The number of people claiming for more than 12 months has dropped slightly (590 in August 2013) but remains much higher than previously and still exceeds the number claiming medium term (6-12 months).
- The wards with the highest unemployment rate in August 2013 were Leominster North (4.6%), Leominster South (4.2%), Belmont (4.0%) and Central (4.0%).

Shropshire

Figures for October 2013 show that the number of claimants in Shropshire has decreased to 3,894 or 2.1% as a percentage of the working age population. The number of people out of work has decreased from the previous month in all three of the Partnership areas: by -3.97% in the Central Area, -1.10% in the North Area and by -6.48% in the South Area.

In October 2013, the total claimant count unemployment rate was 2.1% in Shropshire, 3.8% in the West Midlands and 3.0% in Great Britain.

Total unemployment in Shropshire decreased by -3.42% between September and October 2013. Unemployment over the same period of time in the West Midlands decreased by -4.62% and in Great Britain decreased by -4.28%. Over the past year unemployment has decreased by -18.30% in Shropshire: this can be compared to a decrease of -16.11% in the West Midlands and a decrease of -18.55% in Great Britain. Over the last year, 12,076 people left the claimant count and 11,291 people became unemployed.

Telford and Wrekin

The Telford and Wrekin Economic Profile published in November 2013 provides the following information on unemployed in the authority.

- The Borough's modelled rate of unemployment for July 2012 to June 2013 was **9.3%**, placing Telford and Wrekin above the regional rate (9.2%) and above the national rate (7.8%).
- Rates of unemployment at local and regional level are higher than those reported one year previously (Telford and Wrekin Council up from 8.4% to 9.3%, West Midlands up from 8.9% to 9.2%), whereas the national rate has fallen from its June 2012 level (down from 8.1% to 7.8%). The Borough rate's most recent peak was 9.4% in March 2011.
- For the year to June 2013 an estimated 7,400 people in the Borough's working age population (aged 16-64) were unemployed (confidence intervals suggest a range between 5,500 and 7,900).
- The June 2013 figure (above) suggests that an estimated 500 additional people in the Borough were unemployed than was the case in June 2012.
- Youth unemployment in the Borough was reported as 32.1% at the end of June 2013, with an estimated 3,700 people aged 16-24 unemployed. Rates of youth unemployment in the Borough were above the national rate (20.8%) and the rate for the West Midlands region (24.6%).
- Rates of male and female unemployment for the year to June 2013 were both above regional and national comparators: Male (Telford and Wrekin Council 11.3%, West Midlands 9.9%, England 8.3%); Female (Telford and Wrekin Council 10.0%, West Midlands 8.9%, England 7.6%)

The Marches Local Enterprise Partnership and Hereford Enterprise Zone Skills Plan – Evidence Base published by Worcester Research in August 2012, considers the demand for skills in the Marches. The key findings are given as:

- The current level of recruitment activity in The Marches appears to be significantly lower than that found nationally, and those jobs available tend to be skewed towards the lower end of the occupational spectrum.
- Overall, just 3% of local employers report experiencing difficulties in filling vacancies which is lower than the 4% seen nationally.

- Where difficulties in recruitment do exist they are most acutely felt in relation to Skilled Trades and Caring, Leisure & Other Support occupations.
- Whilst skills deficiencies are an important cause of recruitment difficulties, a range of non-skills issues, such as remote location and poor transport, are significant causes of recruitment problems across The Marches.
- Just 1% of firms have skills shortage vacancies as compared with 3% across England as a whole. However, where they do exist skills shortages appear to affect Skilled Trades and Caring, Leisure & Other Service occupations most acutely.
- The skills most commonly lacking amongst would be recruits are: job specific and technical skills; problem solving; literacy; team working; oral communication; customer handling and numeracy. The basic skills of literacy and numeracy are both identified as a larger concern amongst local employers than is the case across England.
- Approximately one-in-seven local employers face skills gaps amongst their existing workforce, with an estimated 5.5% of the workforce identified as not fully proficient in their roles. This is just slightly lower than the figure of 6% seen nationally.
- Skills gaps are most prevalent amongst Elementary, Caring, Leisure & Other service roles, Admin & Clerical and Managerial roles.
- The presence of skills gaps appears to be having a smaller impact upon local employers than is the case nationally, with just 10% of firms affected describing them as having a major impact, as compared with 15% nationally.
- Approximately 12% of the workforce holds skills and qualifications that are not being fully utilised at the current time. This under-utilisation represents a loss of economic potential and seems to be highest amongst employees in Herefordshire.

The workforce in the Marches presents the following is crucial to economic success. It is vital, as the report states, to understand the dynamics of labour supply and demand if business and economic competitiveness, as a whole, is to be understood. The key points from this chapter are:

- Projections suggest that although the population is set to grow, most growth will occur amongst those aged over 60.
- Approximately 73% of the working age population (280,800 people) are in work in The Marches, and although the employment rate has been declining, the percentage in employment remains above the national average.
- The workforce is made up of 53% men and 47% women and jobs are heavily differentiated by gender. Part time work is prevalent and the LEP has the second highest rate of part-time working amongst women in the country.
- Around half of all workers are employed in Public Administration, Education, Health and Distribution. Manufacturing accounts for 1 in 7 jobs.
- The occupational structure of the workforce differs in some key respects from that of England in that The Marches has fewer 'higher skilled' occupations such as Managers, Professionals and Associate Professional staff and more skilled, semi-skilled and elementary workers than average. Reflecting this structure, the workforce is less well qualified than average, with 49.1% having qualifications above Level 3 compared to 52.3% nationally.
- Crucially, the qualifications gap is widening with national growth in Level 4 qualifications outstripping local growth rates.
- 135,800 people of working age – more than 1 in 3 of the total - are qualified to below Level 2. 12% of 16 -19 year olds have no qualifications at all.
- Data shows that 30 out of every 1,000 residents enrolled at university in 2008/09, a little below the average of 33 per 000. An estimated 47% of them return to The Marches for their first job on graduation.
- The Marches has a relatively high rate of self employment accounting for 11.4% of the working age population (44,000 people). However, the past 12 months has seen a sharp fall in male self employment.
- Migrant workers make a significant contribution to the workforce, with Herefordshire as the most popular destination. Numbers peaked in 2007 and have declined since then, but remain high at just under 4,000 workers.
- In recent years, unemployment rates have risen to their highest for more than a decade and currently 12,117 people (3.1%) in The Marches are unemployed, a little

below the national rate of 3.8%. Long term unemployment has been rising and 40% of the unemployed have been looking for work for more than 6 months.

Training & Workforce Development needs were seen as:

- In the past 12 months 58% of employers in The Marches have trained their staff, a level very similar to that seen nationally.
- The propensity to train rises with firm size, thus while 55% of small firms with under 5 employees provide training this rises to 97% of firms with more than 100 employees.
- Encouragingly, employers in the six sectors identified by the LEP as priorities for future economic growth have an above average propensity to train.
- The main type of training supplied is job-specific (81%), with Health and Safety training as the next most commonplace form of training.
- Local employers are considerably less likely to provide management training (25% compared with 34% nationally) and supervisory training (26% compared with 32% nationally) than average. Only 38% of managers in The Marches have received recent training compared with 45% across the UK.
- An estimated 11% of all employees have received training that will lead to a qualification, mostly at Level 2.
- Caring, Leisure & Other Services staff are most likely to receive training and Managers and Machine Operatives the least.
- Local employers are a little more likely than average to consider that their staff do not need training and that training is not a priority. Employers in The Marches are also less likely to have a training plan, business plan or training budget than is true nationally. □

EVIDENCE OF NEED IN THE MARCHES

- Requests for apprenticeships are increasing but waiting lists often apply as unable to find a suitable employer who is willing to offer them a place
- Finding employers willing and able to meet needs of disabled apprenticeships or training opportunities is increasingly difficult;
- Opportunities for different types of placement or apprenticeships are needed – e.g. self-employment support
- Difficult to find placements for the increasing numbers of people who want voluntary placements and training
- Those needing support are increasingly presenting with other problems as well e.g. they come for training/to learn a qualification but also have debt, alcohol misuse, housing problems and health problems which they need to work through
- There is a national focus on supporting people with severe disabilities into employment yet this is not reflected at a local level (ENABLE); if the emphasis were put on this, it would be possible to make a real difference to a socially excluded/marginalised group
- Increased requests for work with NEETs
- Requests for support are increasing for full packages of support from confidence and self esteem support through to CV writing, interview skills and support into the workplace
- Increasing interest in setting up businesses by those who are disabled or who are socially excluded as a way of getting employment; this requires supported employment models to enable confidence and skills to be developed
- Increased need for volunteer placements as a step into work
- There is a need for more work placements for young people to help them get on the work ladder
- Need for practical hands-on placements e.g. cooking, crafts, low-skill training through a mentor in 1:1 or small group opportunities as well as more structured training programmes

WORKING POOR AND THOSE IN DEBT

For the purpose of this report, working poor are those who are employed (full or part time) but who still receive working tax credits and those in debt. Working tax credits (WTCs) provide in-work support for people on low incomes, with or without children.

When considering West Midlands statistics, the numbers of recipient families receiving Child or Working Tax Credit in each country and English region in April 2013 was:

	With Children (thousands)							With no children (thousands)	Total Families (thousands)
	Out-of-work		WTC and CTC		CTC only		Childcare element ²		
	Families	Children	Families	Children	Families	Children	Families		
United Kingdom³	1,481.3	2,829.7	1,885.3	3,372.1	857.7	1,728.6	445.8	569.0	4,793.3
Great Britain	1,422.9	2,719.1	1,818.6	3,253.3	825.2	1,658.3	429.4	547.7	4,614.3
England and Wales	1,309.7	2,521.4	1,675.1	3,020.7	760.0	1,530.2	392.0	490.0	4,234.8
England	1,231.2	2,374.0	1,580.5	2,857.1	714.3	1,438.8	371.3	456.8	3,982.9
North East	72.7	134.9	83.4	142.0	34.6	67.2	18.0	32.6	223.4
North West	185.7	352.1	243.8	437.4	96.9	191.0	69.2	83.5	610.0
Yorkshire & the Humber	130.3	254.3	179.5	327.5	77.8	155.1	41.7	58.7	446.3
East Midlands	98.3	190.7	140.5	248.5	71.0	141.6	35.3	44.3	354.0
West Midlands	148.8	293.5	183.3	343.8	85.1	171.2	43.3	53.2	470.4
East	113.9	218.0	151.3	268.9	80.1	163.6	31.2	38.0	383.3
London	241.1	474.5	252.8	479.1	80.6	162.0	50.3	52.2	626.7
South East	148.2	282.0	202.8	359.0	105.9	218.4	46.8	46.9	503.8
South West	92.2	174.1	143.1	250.9	82.4	168.6	35.5	47.3	364.9
Wales	78.4	147.4	94.6	163.6	45.7	91.4	20.7	33.3	251.9
Scotland	113.2	197.6	143.5	232.6	65.2	128.1	37.4	57.6	379.6
Northern Ireland	55.1	104.1	63.0	112.5	30.1	65.1	15.5	20.6	168.8
Foreign and not known	3.3	6.5	3.6	6.3	2.4	5.2	0.9	0.8	10.2

Footnotes

¹Footnote one removed as column not included

²Families benefiting from the childcare element are included in those receiving CTC & WTC or CTC Only, and are not counted separately in the total numbers.

³Includes Foreign and not known

In the Marches local authorities, these figures are:

	With Children (thousands)							With no children (thousands)	Total Families (thousands)
	Out-of-work		WTC and CTC		CTC only		Childcare element ²		
	Families	Children	Families	Children	Families	Children	Families		
WEST MIDLANDS	148.8	293.5	183.3	343.8	85.1	171.2	43.3	53.2	470.4
Herefordshire	2.9	5.3	4.8	8.5	2.9	5.8	1.3	1.8	12.4
Shropshire	4.3	7.8	6.9	11.8	5.1	10.4	2.1	2.6	18.9
Telford and Wrekin	5.2	10.6	5.8	10.2	2.8	5.6	1.5	1.6	15.4

POVERTY AND THOSE IN DEBT

Children's Society	
<u>Herefordshire</u>	
Estimated number of children in poverty in 2012: 4018	
Estimated% of children in poverty in 2012: 11%	
<u>Shropshire</u>	
Estimated number of children in poverty in 2012: 5845	
Estimated % of children in poverty in 2012: 10%	

According to the Institute of Fiscal Studies in 2011, allowing for differences in cost of living, pay rose more slowly in the West Midlands than anywhere else and relative poverty was the highest in the United Kingdom. The 'State of the West Midlands Working Paper, May 2013' published by the Centre for Local Government WM states 'being in work does not in itself preclude a household from being in poverty. Indeed, the incidence of so-called "in-work poverty" is increasing so much that figures show that 93% of new housing benefit claimants between January 2010 and December 2011 had been from working households.'

KPMG/Markit estimated in 2012 that 22% of workers in the West Midlands earn below a Living Wage of £7.20 an hour – among the worst of the English regions. The region's median wage was £10.43 per hour compared to the UK figure of £11.20. (Source: Living Wage Research for KPMG: Current Trends in Household Finances and Structural Analysis of Hourly Wages (Markit, October 2012))

The three job sectors with the highest proportions of people earning below the living wage in the West Midlands are

- Elementary Personal services occupations
- Hairdressers and related occupations
- Elementary cleaning occupations

Poverty in the Marches

Herefordshire

Poverty Herefordshire, a report produced by Herefordshire Council Research Team in April 2012 states: 'The proportion of households living in poverty ranges from 14% in the north east of Hereford City (Tupsdene MSOA1) to 32% in the south west of Hereford (South Wye West MSOA). The areas with the highest rates of poverty are largely the same as those that experience high levels of income deprivation according to the indices of deprivation; and where more households have low income (net income less than £15,000) according to estimates derived from Mosaic public sector². These areas are primarily urban most notably Hereford City, Leominster and Ross-on-Wye, but also to a lesser extent the market towns of Kington and Bromyard. That's not to say that all urban areas have high poverty rates. In fact the area estimated to have the lowest level of poverty is also in Hereford City (Tupsdene in the east of the city).

When considering the employment status of those experiencing in-work poverty, the report considers those with no one in full-time employment and one or more in part-time work as households at greatest risk. Nationally 30% of this group were in poverty in 2009-10 with the next most at-risk groups being:

- One or more full-time self-employed (25%)
- Couple, one full-time work, one not working (25%)

Given that there is a higher rate of self-employment in Herefordshire, this is considered a concern.

The report continues, 'Unfortunately no data is available for Herefordshire to look at the economic status of households in poverty within the county. What we do know is for those that are in work (as employees) have significantly lower earnings than the national median. Also wages in the county have seen much smaller increases in wages than has occurred nationally. Between 2006 and 2011 median wages for residents working full time increased by approximately 4% compared to an equivalent increase of 13% nationally. This weak wage growth in the county will inevitably affect household income. Note that no information is available for earnings of self-employed workers who make a larger proportion of those in employment compared to nationally. Whilst household income is dependent on more than just earnings (i.e. benefits, tax credits, investment income and pensions) those on lower earnings are more at risk of being in poverty. Nationally 7% of those on the lowest wages were in poverty compared to just 2% of all workers. Around 17,000 families in Herefordshire receive working and child tax credits (22% of all families), which proportionally is slightly less than across England (24%).'

Shropshire

The Index of Multiple Deprivation (IMD) 2010 is a nationally recognised measure of deprivation at the small area (Super Output Area - SOA) level. It measures deprivation by assessing indicators relating to income, employment, health and disability, education, skills and training, barriers to housing and services, crime and the living environment. The Overall IMD 2010 is derived from all seven of the domains (income, employment, health and disability, education, skills and training deprivation, barriers to housing and services, living environment and crime deprivation). These domains are weighted according to importance to produce a consistent score which can then be compared with the whole of England. The Overall Index is used to rank the Super Output Areas (SOA) from 1 (most deprived) to 32,482 (least deprived).

Shropshire ranks 101st out of 149 counties in England. In 2004, it ranked 105th and in 2007 it ranked 101st. This ranking has remained unchanged since 2007. (Source: Shropshire website: [http://www.shropshire.gov.uk/facts-and-figures/index-of-multiple-deprivation-\(imd\)/](http://www.shropshire.gov.uk/facts-and-figures/index-of-multiple-deprivation-(imd)/))

- Generally there are higher deprivation rates in urban areas than in rural areas

- One SOA falls within the 10% most deprived in England, located within Harlescott Ward in Shrewsbury
- The five most deprived areas in Shropshire are located within the former district wards of Harlescott, Meole Brace, Monkmoor, Battlefield and Heathgates (all in Shrewsbury) and Market Drayton East
- The district with the highest proportion of its population living within the most deprived fifth of areas in England is Shrewsbury and Atcham (6.6%)
- 17 out of 192 SOAs in the county fall within the 30% most deprived in England. These areas fall within the following wards:
 - Shrewsbury and Atcham District: Harlescott (most deprived), Meole Brace, Monkmoor, Sundorne, Battlefield and Heathgates, Castlefields and Quarry, Sutton and Reabrook,.
 - Oswestry District: Castle, Gobowen, Gatacre, Cambrian.
 - North Shropshire: Market Drayton East, Whitchurch North.
 - South Shropshire District: Ludlow Henley, Stokesay.
 - Bridgnorth: Highley

Telford and Wrekin

Telford and Wrekin is in the top 30% most deprived local authorities in the West Midlands, and in the top 40% most deprived nationally.

- Across Telford and Wrekin there are pockets of nationally significant deprivation. There are 14 Telford and Wrekin SOAs (out of a total 108) ranked within the top 10% most deprived nationally (areas of Woodside, Malinslee, Cuckoo Oak, Brookside, Hadley & Leegomery, Dawley Magna, College and Donnington) an increase from six SOAs in the 10% most deprived in 2007.
- The most deprived wards are Woodside and Malinslee. All of Woodside's five SOAs rank in the 20% most deprived nationally as do three of the four SOAs in Malinslee.

Experian rankings for poverty (described above under Herefordshire) have Telford and Wrekin featured as the 51st Local Authority for the deprivation factors out of a total of 327 authorities featured. The rankings for economic resilience show Shropshire featuring as 96th out of the 408 local areas/districts of the UK included in the study.

Figure 1 below shows the Index of Multiple Deprivation 2010 by SOAs in Telford and Wrekin (overlaid with ward boundaries).

Life in Debt

The Money Advice Service produced a report 'Indebted lives: the complexities of life in debt' in November 2013. When considering the over-indebted it shows:

- 8.8 million people who are over-indebted in the UK
- 4 million who have been struggling to pay their bills for more than a year.
- Majority of over-indebted are of working age
- 58% are in work
- 48% live in privately-owned homes.
- Half have a household income of less than £20,000 per annum
- Women are over-represented, accounting for 64% of the whole
- The age profile peaking between the ages of 35-44 (32% of the overall group)
- The age group drops significantly as people reach 55+

The over-indebted population is spread disproportionately across the UK and the top 5 over-indebted areas have more than 40% of their total population struggling with debts. These are:

- City of Kingston upon Hull 43.1%
- Nottingham 41.2%
- Manchester 41.1%
- Knowsley 40.7%
- Liverpool 40.6%

The report states that, despite the majority of the over-indebted population reporting that their debt is having a negative impact on their lives, only 17% of people are currently receiving advice to get help dealing with their debts.

EVIDENCE OF NEED IN THE MARCHES

- Cases are becoming more complex
- Increasing numbers of people accessing and becoming 'trapped' by PayDay loan companies
- Increasing numbers of people applying for loans for debt consolidations
- Withdrawal of savings has increased over past 12 months
- Money advice – 2 or 3 week waiting time
- People tend to access other services as well – food bank, support work and money advice
- Poverty and isolation levels are increasing
- Continued demand for household goods at very low prices; more people being referred to food banks (not the people you would expect to access it)
- Requests for debt support and specialist money advice has increased though a number of services which offer this support have had funding cut (e.g. Citizens Advice Shropshire)
- Increased need for benefit specialist advice, including legal advice
- Numbers of specialists within organisations being reduced due to budget constraints yet numbers requesting and needing support is increasing
- Waiting periods are increasing as services but this can cause people to revert to pay day loans
- Increasingly cases are complex – household might need help with debt but also may need relationship counselling, financial planning support, housing support and access to food banks
- Increasing requirement for debt advice with continuing debt education to help people to stay out of debt; increasing needs to find alternatives to pay day loans (e.g. Tenbury No Interest Loan Scheme or Credit Unions)

YOUNG PEOPLE NOT IN EDUCATION, EMPLOYMENT OR TRAINING (NEET)

Since May 2013, the Office for National Statistics (ONS) has published a quarterly estimate of young people Not in Education, Employment or Training (NEET) providing, for the first time, estimates of young people who are NEET for the United Kingdom.

For the purposes of these statistics, a person is NEET if they are aged 16-24 and not in education, employment or training. A person is considered to be in education or training if they:

- are on a Government employment or training programme;
- are working or studying towards a qualification;
- have had job-related training or education in the last four weeks; or
- are enrolled on an education course and are still attending or waiting for term to (re)start.

NEETS in the Marches

Over-indebted population
<u>Herefordshire</u>
Ranked 231 st out of 406 local authorities in the UK
13.0% of the population are over-indebted
<u>Shropshire</u>
Ranked 230 th out of 406 local authorities in the UK
13.2% of the population are over-indebted
<u>Telford and Wrekin</u>
Ranked 56 th out of 406 local authorities in the UK
28.3% of the population are over-indebted
<i>Source <u>Indebted Lives: The complexities of Life in Debt</u>, Money Advice Service, November 2013</i>

Numbers of 16-24 year olds who are not in education, employment or training in the UK and West Midlands are:

Quarter	Year	England	West Midlands
Q1	2010	921,000	121,000
Q2	2010	868,000	104,000
Q3	2010	1,023,000	116,000
Q4	2010	934,000	125,000
Q1	2011	927,000	131,000
Q2	2011	991,000	115,000
Q3	2011	1,181,000	137,000
Q4	2011	969,000	120,000
Q1	2012	960,000	116,000
Q2	2012	986,000	128,000
Q3	2012	1,038,000	136,000
Q4	2012	890,000	113,000
Q1	2013	909,000	116,000
Q2	2013	935,000	127,000

Source: DfE NEET statistics quarterly brief: April to June 2013

Numbers of 18-24 year olds who are not in education, employment or training in the UK and West Midlands are:

Quarter	Year	England	West Midlands
Q1	2010	831,000	109,000
Q2	2010	769,000	93,000
Q3	2010	885,000	100,000
Q4	2010	866,000	118,000
Q1	2011	844,000	116,000
Q2	2011	893,000	102,000
Q3	2011	1,034,000	117,000
Q4	2011	887,000	105,000
Q1	2012	865,000	102,000
Q2	2012	891,000	112,000
Q3	2012	933,000	119,000
Q4	2012	837,000	104,000
Q1	2013	843,000	106,000
Q2	2013	852,000	115,000

Source: DfE NEET statistics quarterly brief: April to June 2013

Not all young people's destinations are known. Young people drop out of college or may get a job part way through a year which makes records on activity unknown.

This table shows numbers of 16-18 year old NEETs and includes the percentage whose activity is not known.

	16-18 year olds known to the local authority	16-18 year olds NEET		% whose activity is not known
		Estimated number	%	
WEST MIDLANDS	192,653	11,940	6.2%	16.3%
Herefordshire	5,854	360	6.2%	10.1%
Shropshire	9,208	500	5.4%	12.0%
Telford & Wrekin	6,050	420	6.9%	8.7%

Source: DfE NEET statistics quarterly brief: April to June 2013

EVIDENCE OF NEED IN THE MARCHES

- Requests for apprenticeships are increasing but waiting lists often apply as unable to find a suitable employer who is willing to offer them a place
- Finding employers willing and able to meet needs of disabled apprenticeships or training opportunities is increasingly difficult;
- Opportunities for different types of placement or apprenticeships are needed – e.g. self-employment support
- Difficult to find placements for the increasing numbers of people who want voluntary placements
- Increasing requests for placements for young people