

Evaluation
Research

Gwerthuso
Ymchwil

Complex Needs, Transition and Vulnerable Persons Project – Market Position Statement

Final Report

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1. Introduction

- 1.1. Collaboration between health and social care and integration of services to provide seamless, user-focused care lies at the heart of the Welsh Government's policy agenda. Children with complex needs, transition and vulnerable people are identified within the *Social Services for Wales: A Framework for Action and Social Services and Wellbeing (Wales) Act 2014*, as priority areas for improvement.
- 1.2. Collaboration is seen as both a way of improving care and also responding to the challenges of increasing demand (due both to increasing numbers of young people with complex needs and also rising expectations), alongside cuts in resources. (Williams, 2014). The drive for collaboration creates both opportunities and also challenges.

The Mid and West Wales Health and Social Care Regional Collaborative

- 1.3. The Mid and West Wales Health and Social Care Regional Collaborative (MWWHSCRC)¹ was established with a small regional collaboration team in 2013. Hosted by Carmarthenshire County Council it is made up of a Head of Regional Collaboration, two Project Managers, Project Officers and a Business Support and Knowledge Officer.
- 1.4. The MWWHSCRC was established with the aim of:

‘providing a strategic framework for coordinating and delivering a range of health and social care programmes across the region, maximising resources available, reducing duplication, achieving consistency and bringing about service improvement and transformational change in how we jointly commission and procure high quality services at a better price, improving outcomes for citizens in the region’.

¹ also sometimes referred to as Mid and West Wales Health and Social Care Collaborative Partnership (MWWHSCCP),

- 1.5. The Collaborative is a key driver within the Mid and West Wales region for the implementation of Sustainable Social Services and local delivery of new requirements placed on Local Government and its partners by the Social Services and Wellbeing (Wales) Act (2014)².

The Complex Needs, Transition and Vulnerable Persons Project

- 1.6. The Complex Needs, Transition and Vulnerable Persons (CNTVP) project forms part of the MWWHSCRC programme and is funded through Welsh Government's Regional Collaboration Fund (RCF). The project aims to develop a consistent regional approach to meeting the challenges posed by anticipated increased levels and complexity of demand, reductions in resources and new statutory responsibilities in relation to vulnerable people.
- 1.7. Intended to run in parallel to a project focused upon Learning Disability services, delays starting the CNTVP project and changes in key staff, have meant, progress has been slower than planned.

Aim and objectives of this study

- 1.8. As outlined in the specification for this study, forming a key part of the region's Population Needs Assessment, required by the Act, the Market Position Statement [MPS] will assess current and future demand for services through a population analysis of:
- Current and projected needs for young people with complex needs aged 11 to 25 years.
 - An analysis of the use of Out of County/ Region residential and education placements for children, young people and young adults.
 - Future demand by identifying younger children with complex needs or additional needs which could become complex in later childhood or early adulthood.

² http://www.ssiacymru.org.uk/home.php?page_id=2483

- Children with additional needs who may be considered to require support in early adulthood as 'vulnerable persons'.

1.9. The document assesses current market capacity across the region and produces a gap analysis in relation to future need, which identifies key strategic issues and challenges. It:

- Provides an analysis of the market structure and capacity, and identifies the distribution of services across the region.
- Identifies existing evidence based best practice.
- Identifies funding options and opportunities, current and future, including an analysis of fees.
- Analyses the interface between providers and purchasers.

1.10. The Market Position Statement is intended to provide a basis for future planning and commissioning across the Mid and West Wales Region.

Context for the study

1.11. The context for the Market Position Statement is important. In particular, there is agreement across key stakeholders on the need for change: given for example:

- rising demand for services (reflecting increasing numbers and increasing expectations on the part of service users), alongside cuts and freezes in services' resources (and also those of other partners, such as FE colleges);
- changes in the policy context, such as the Social Services and Well-Being Act; and
- a commitment to improve outcomes for young people with complex needs.

1.12. However, while there is widespread interest in regional collaboration (ranging from sharing practice to 'hard' integration), regional collaboration has proven

easier to support in principle, than it has been to practice (or implement). For example:

- it was observed that regional collaboration was often easier when developing new service (such as IFST), than when working with existing services (with established working practices, targets etc); and
- Many services have undergone internal reorganisation, or expect to do so (e.g. in relation to local authority re-organisation); face significant pressures meeting existing needs; and/or have experienced significant internal problems. Responding to these challenges has consumed scarce organisational resources and led some to (understandably) look inwards, rather than outwards.

1.13. As a consequence, stakeholders' levels of engagement in regional collaborative endeavours have differed across sectors (e.g. children's, adult and health services) and across the region (e.g. across LHBs and LAs). Initial efforts to develop regional collaboration in relation to young people with complex needs stalled and in some cases, it has felt that collaboration between services has diminished.

2. Approach and sources of data

2.1. The Market Position Statement draws upon four key sources of data:

- A desk based review of key project documents and LA or LHB policies;
- Interviews with and discussions with a range of stakeholders (outlined in table 1);
- Quantitative primary data provided by children’s, adult services and LHBs about the number of young people with complex needs, the nature of their needs and of provision made for them; and
- Quantitative secondary data on the numbers of young people with additional and complex needs in mid and west Wales (such as estimates, based upon expected prevalence rates, provided by Dafodil³, and the numbers of young people with different types of special educational needs (SEN), based for example upon the Pupil Level School Annual Census (PLASC)).

Table 1 key contributors

Service	Contributors
MWWHSC	Lois Poynting, Martyn J Palfreman
Carmarthenshire CC	Debbie Edwards, Helen Etherington, Kelvin Barlow, Rob Messenger, Steffan Smith, Wendy Thomas
Ceredigion CC	Claire James, Dellis Evans, Elfed Hopkins, Heulwen Davies, Sarah Lloyd-Williams,
Pembrokeshire CC	Chris Harrison
Powys CC	Pauline Higham, Steve Howell
Hywel Dda	Margaret Devonald-Morris
Powys THB	Rebecca Randell, Helen James, Ellis Peters
4Cs	Alison Smale

2.2. Emerging findings were discussed with heads of Children’s services and with the MWWHSCC Children’s Service programme Board, in August 2015.

³ Dafodil is a web-based system developed by the Institute of Public Care (IPC) for the Welsh Assembly Government.

3. Young people with complex needs

Defining young people with complex needs

3.1. The definition of “complex needs” is not straightforward. Existing definitions, such as requiring two or more targeted or specialist services, are too imprecise. Given the young people stakeholders are primarily interested in (or concerned about), for the purpose of this MPS, the definition, *young people whose needs could not be met in a cost effective way by existing services*, was agreed.

Services’ knowledge of young people with complex needs

3.2. Young people with complex needs are “known” to services. However, their needs and the services they accessed vary, meaning the group is diverse and data and knowledge about the group is fragmented across services and databases.

The dynamic nature of complexity

3.3. Complexity is a dynamic concept, which often changes over time, as for example, a young person’s needs, a family’s resources and/or services change (e.g. following transitions). It can both increase and decrease.

3.4. Complexity is linked to:

- young people’s needs and factors such as the intensity, frequency, predictability and stability of young people’s needs;
- family ‘resources’ (such as parents and carers’ skills and access to support) and parents and carers’ expectations (and demands); and
- service configuration/structure, flexibility and resources, and consequently its capacity to meet the young person’s and their parents’ and/or carers’ needs and expectations.

4. Profile of young people with complex needs

Young people known to Children's Services

4.1. The number of young people identified by children services as having complex needs, is relatively small:

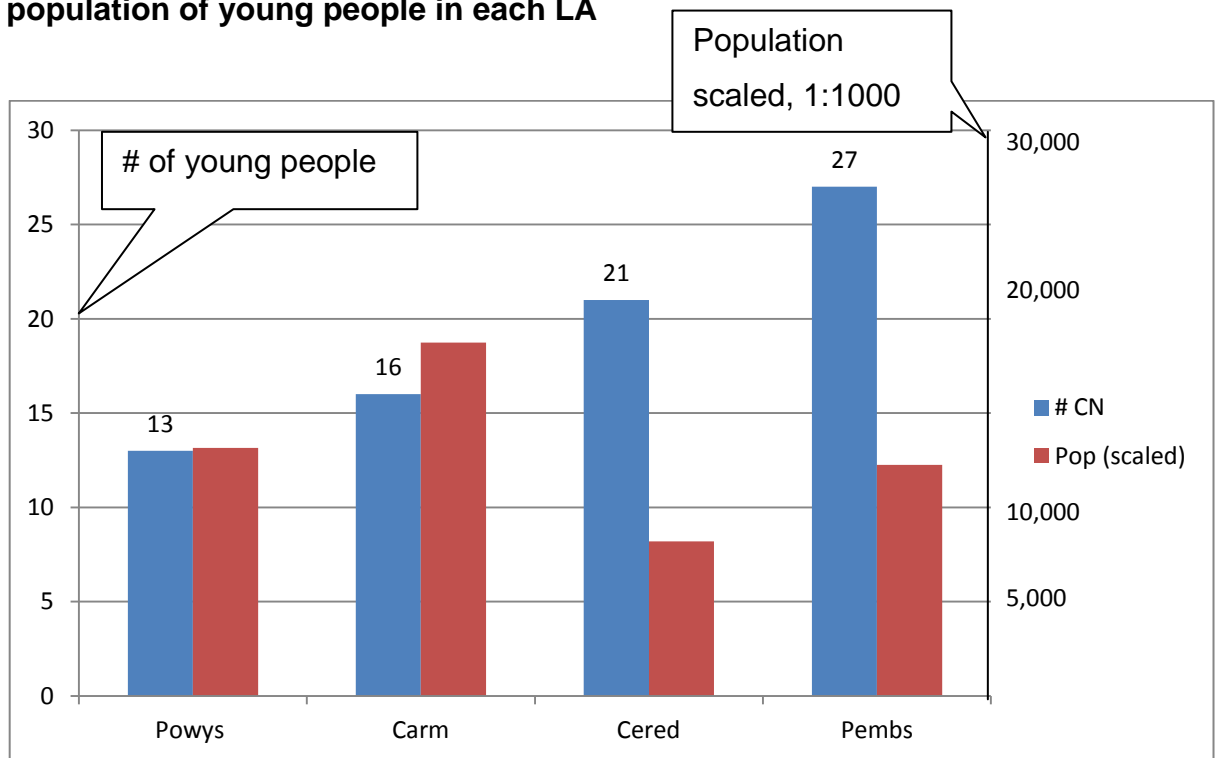
- Powys identified 13 young people;
- Carmarthenshire identified 18 young people (including two young people aged 18+)⁴;
- Ceredigion identified 21 young people; and
- Pembrokeshire identified 27 young people.

4.2. As graph 1 illustrates, the numbers do not reflect population size (Pembrokeshire has the smallest population of young people aged 18-25)⁵ and (given the definition of complexity used) are likely to reflect in part, differences in provision, and in interpretations of the definition, across the region.

⁴ These were included to illustrate challenges associated with transition.

⁵ Pembrokeshire has 18,280 young people aged 11-25, compared to 18,940 in Ceredigion and 31,500 in Carmarthenshire.

Graph 1. The number of young people with complex needs compared to the total population of young people in each LA



Source: Children's Services and Daffodil⁶

Young people's needs

4.3. Across the region, there are four main (overlapping) groups of young people who have complex needs (qualitative evidence indicates that patterns in Powys are similar). In terms of numbers across the region:

- approximately 44 young people with **behavioural, emotional and social difficulties** (typically characterised as “challenging behaviour”), many of whom also have autism; complex social, emotional and mental health needs; and/or a learning disability;
- approximately 19 young people with **autism**, many of whom also have behavioural, emotional and social difficulties; a learning disability; and/or speech, language and communication difficulties;
- approximately 28 young people with complex **social, emotional and mental health needs**, including problems linked to ADHD, attachment disorder and

⁶ <http://www.daffodilcymru.org.uk/>

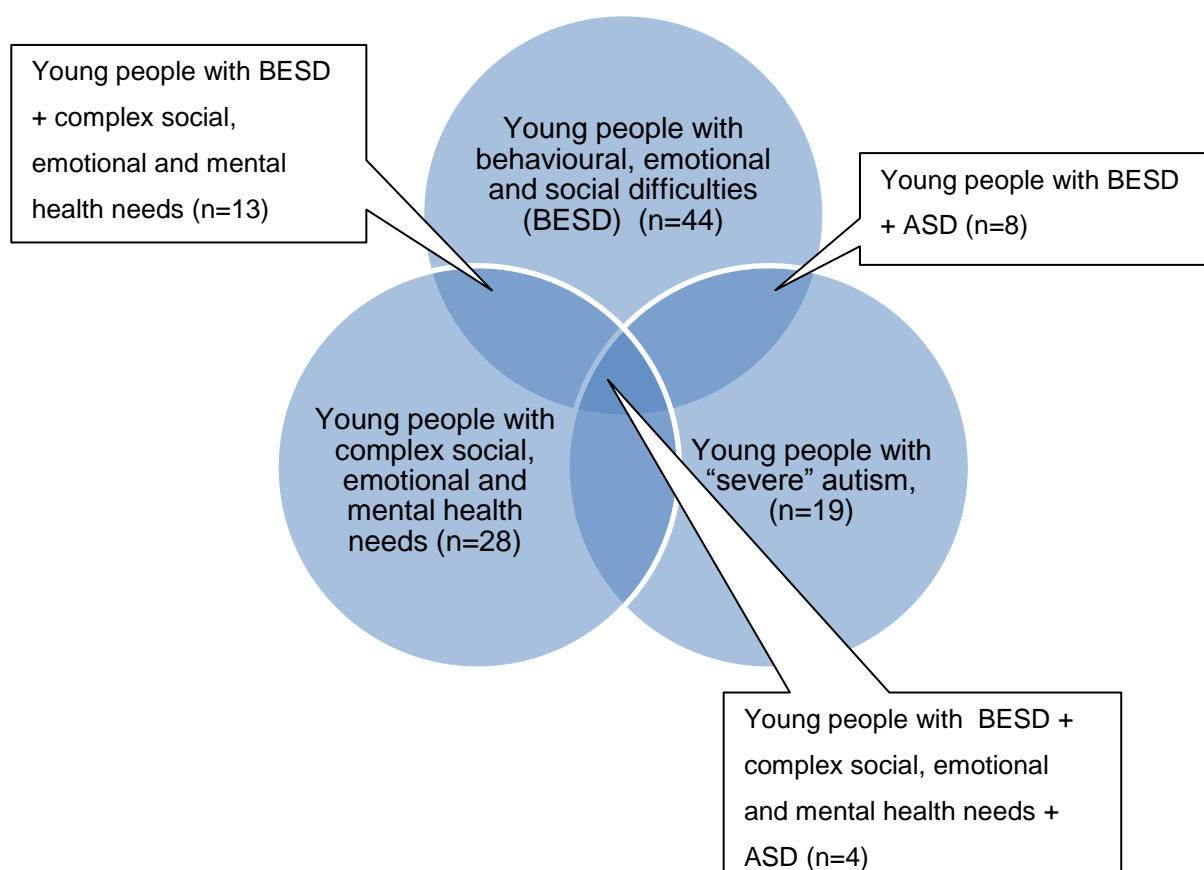
sexually harmful behaviour, many of whom also have autism, learning disabilities and /or behavioural, emotional and social needs; and

- approximately 16 young people with **severe disabilities** and/or **complex health needs** , who for example, need nursing care.

4.4. It is not possible to provide definitive numbers given inconsistencies in reporting across the four local authorities.

As figure 1 below illustrates, three of the groups overlap (those with severe disabilities and/or complex health needs form a separate group⁷).

Figure 1. approximate numbers of young people identified by children services in each group in the region



⁷ 3 of the 16 young people in this group also have BESD, ASD, and/or complex social, emotional and mental health needs.

4.5. The approximately 14 Young people with a learning disability could also be considered a group. However with only one exception, this appeared in combination with at least one other need and qualitative evidence indicated that their learning disability was typically 'overshadowed' by those other needs.

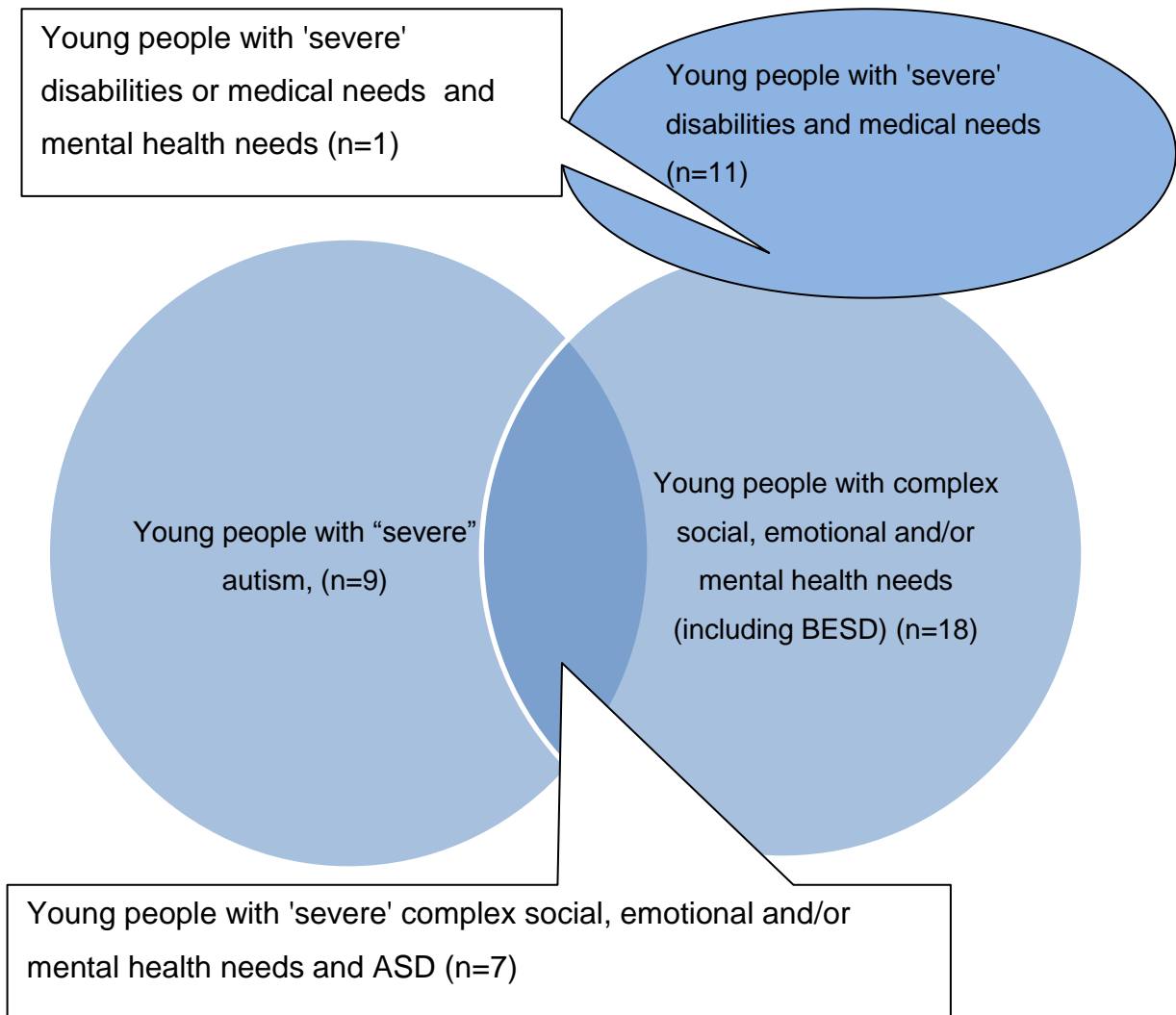
Young people with complex needs known to Local Health Boards

4.6. Hywel Dda UHB identified 30 young people with complex needs (including 7 aged 18). As figure 2 illustrates, they fell into two overlapping groups and one largely distinct group:

- young people with complex social, emotional and mental health needs (who often also had behavioural, emotional and social difficulties associated with their mental health problems);
- young people with severe autism; and
- young people with 'severe' disabilities or medical needs (who were a largely distinct group)

4.7. Powys THB was not able to provide data for the report.

Figure 2. numbers of young people identified by Hywel Dda in each group in the region



The degree of overlap between young people identified by children’s and health services.

4.8. It is not possible to match the data from children’s services with that provided by health services (as it was deliberately anonymised). However, it is possible to make some estimates. In almost all cases, provision for young people with complex social, emotional and mental health needs (10 out of 13) and/or severe autism (5 out of 5), such as residential placements, were being jointly funded by children’s and education services. Therefore, it is likely that they would also be considered to have complex needs by children’s and education services. In

contrast, young people with 'severe' disabilities or medical needs largely formed a separate group. Although young people in the group were often accessing specialist educational provision and/or support from children's services, such as direct payments, the data suggests the total expenditure was relatively low and it is likely that many of these would not be considered as having complex needs by children's or education services.

Young people with complex needs accessing adult services

4.9. Quantitative data was not provided by adult services. Qualitative data suggested the profile of young adults' (i.e. young people aged 18-25) needs was similar to those of young people aged 11-17: severe autism, complex social, emotional and mental health needs, behavioural and social difficulties and severe disabilities and/or complex health needs, all present challenges to adult services.

4.10. The profile of young adults with complex needs is similar to that of young people with complex needs, because at 18, young people's needs do not change (so young people with complex needs become young adults with complex needs). In principle, this means it should be possible to identify and predict the profile of young adults with complex needs.

4.11. The profile of young adults with complex needs is not identical to that of young people with complex needs though. For example:

- Changes in the provision made for young people at 18 can increase, or reduce complexity, an issue we discuss further in section five and six (on provision and transitions, due for example to changes in entitlements);
- Given the severity of their conditions it is unlikely that young people's needs would have been missed during childhood, however a small number of new cases may emerge due to, for example serious accident (such as a brain injury) or illness; and

- young people and young adults move in and out of the region, and in a small number of cases, may pass away.

Projections: the profile of young people with complex needs in the future

4.12. It is difficult to project the numbers of young people who will have complex needs in 2020 and 2015. It is likely that any changes in absolute terms will be small, as the 'base' – the current number of young people with complex needs is small. However, the evidence of whether there is likely to be an increase, no change, or decrease is mixed.

4.13. Evidence indicating a modest increase in the numbers of young people with complex needs, includes:

- qualitative evidence that the numbers of young people with complex needs is increasing, due for example to increases improvements in health care, which have improved survival rate of premature babies (who are at greater risk of disability⁸) and extended life spans for young people with complex health needs;
- qualitative evidence of increasing parental expectations (which may increase demand for more costly provision) (see e.g. Williams, 2014);
- quantitative evidence that an increasing proportion of school age pupils have special educational needs, such as speech language and communication difficulties (SLCD), ASD, BESD and physical and medical difficulties (PMD) (Bowen & Holtom, 2015); and
- quantitative evidence that the mental health of young people declined during the 1990s and 2000s, although this decline may have levelled off (Nuffield Foundation, 2012).⁹

⁸ PLOS. 2010) Available at: <http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1000289> (Anderson and Doyle, 2008). Available at: [http://www.seminperinat.com/article/S0146-0005\(07\)00149-8/abstract](http://www.seminperinat.com/article/S0146-0005(07)00149-8/abstract)

⁹ Nuffield Foundation (2012) Social trends and mental health: introducing the main findings London: Nuffield Foundation

4.14. Evidence indicating a modest decrease includes:

- Quantitative evidence of trends in the numbers of young people with additional needs. These can be used to estimate trends in the numbers with complex needs¹⁰ and as outlined in section six, they indicate that the numbers will fall modestly, as the overall population of young people in the region declines by around 5% over the next ten years; and
- quantitative evidence that the proportion of school age children and young people with more 'severe' special educational needs, such as severe learning difficulties (SLD) and Multi Sensory Impairment (MSI) is declining (Bowen & Holtom, 2015).

4.15. Taken together, the evidence, suggests the number of young people with complex needs is likely to be relatively stable, as any increases in young people's needs and/or parental expectations are likely to be offset by a decline in the population of young people.

4.16. A further complication when making projections is that the nature of young people's needs is likely to change, given the small numbers of young people¹¹; changes in services, as they evolve to meet existing needs (so they are no longer considered complex); and the emergence of new needs (e.g. as health care and society changes).

¹⁰ Projections based upon the forecasts for young people with additional needs, assume that the ratio of young people with complex needs to young people with additional needs, remains stable.

¹¹ Small numbers tend to be more irregular than larger numbers.

5. Provision for young people with complex needs

5.1. By definition, there is no cost effective service solution for young people with complex needs. In most cases they are accessing some type of 'bespoke' or tailored provision (because of gaps in services), in addition to specialist and targeted services.¹²

Specialist provision

5.2. Young people with complex needs receive a range of primary specialist provision including:

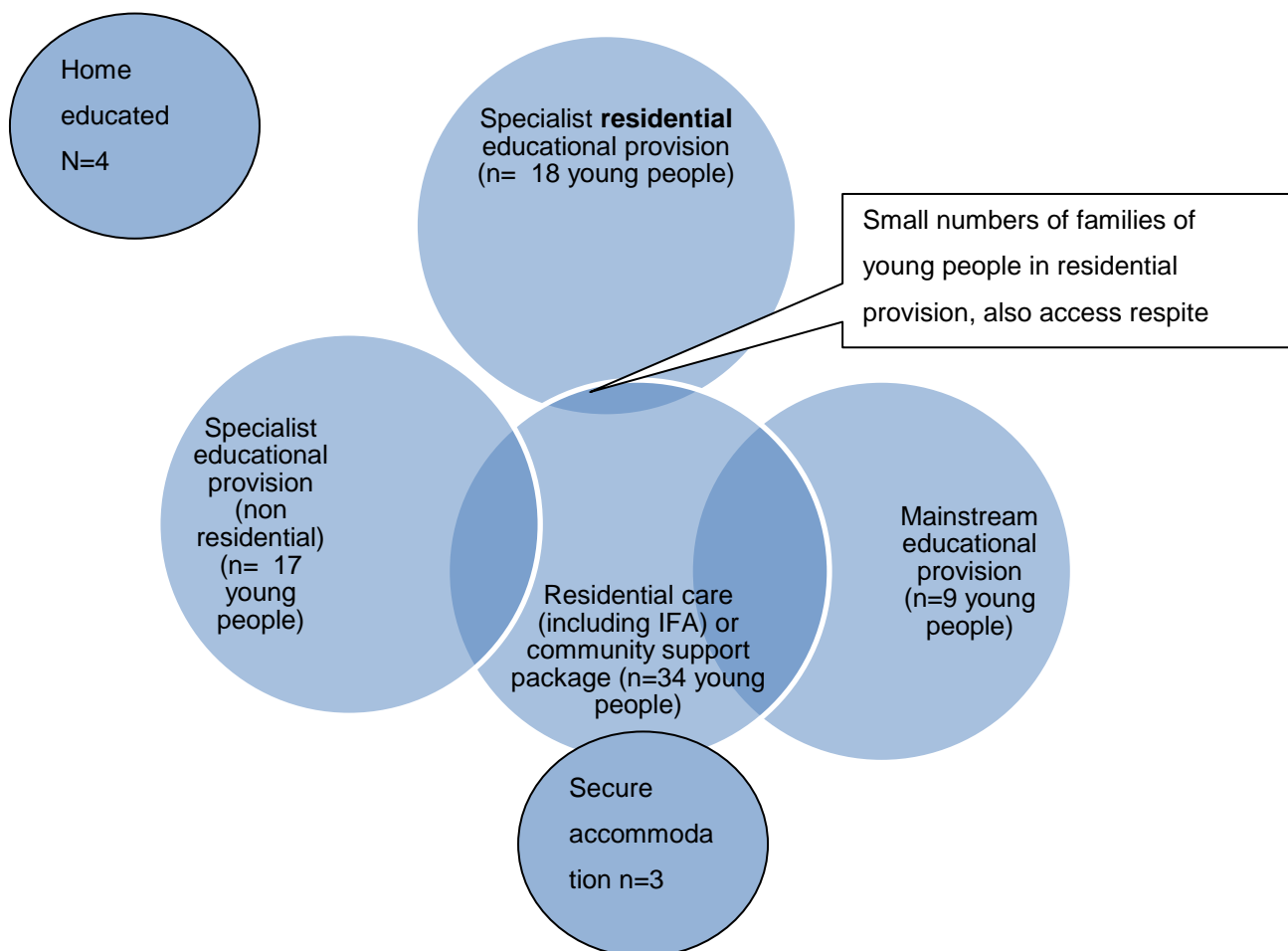
- Specialist educational provision (including residential provision, home education and private provision);
- 'Residential' care, such as Independent Fostering Arrangements (IFAs), in house placements, children's homes, care homes and secure accommodation; and
- Community care packages, which enable young people to be supported at home (including for example, both respite and nursing care).

5.3. This provision is supported by specialist health and education services such as special and language therapy (SALT), occupational therapy (OT), sensory, educational psychology (EP), physiotherapy, child psychology, and children and adolescent mental health services (CAHMS). Young people with complex needs, and their families, also typically access a range of other social services including: children's and adult's disability services; community support services, enabling young people to access a range wider community services (such as the Miras services in Ceredigion); and where available specialist services such as autism and transition teams.

¹² The boundaries between a specialist service for a number of young people and individualised provision are blurred. For example, you could describe some specialist educational provision as a specialist service

5.4. There is considerable overlap in the types of 'primary' provision young people access. Figure 3 illustrates the relationship between the type of educational provision accessed and care and community support packages. Differences in reporting across the three local authorities mean all figure should be regarded as indicative rather than definitive.

Figure 3. primary provision for young people with complex needs in the region (Children's services)



Provision and needs

5.5. Young people with autism and / or behavioural, social and emotional difficulties (BESD) were more likely than other groups of young people to have their needs

primarily met through specialist educational provision (20 out of 32 young people accessing specialist educational provision) . In contrast, those young people with complex social emotional mental health needs were more likely than other groups to have their needs met through residential care, most commonly independent fostering arrangements (IFAs) (17 out of the 24 young people in IFA).

5.6. In both Pembrokeshire and Ceredigion, family ‘concerns’, such as a lack of confidence in existing provision, were also identified as a reason why specialist educational provision was being made.¹³

Out of county provision

5.7. Approximately 36 young people identified as having complex needs are ‘out of county’ and 39 are ‘in county’.¹⁴ There are marked regional variations and for example the number of young people who are ‘out of county’ in Carmarthenshire is very low (n=3) but is higher in Pembrokeshire (n=8), Powys (n=12) and Ceredigion (n=15).

5.8. Out of county provision is reported to have a number of disadvantages:

- It can be harder to monitor quality and outcomes;
- It can separate young people from their families and communities; and
- It is often, although not always more costly

5.9. Moreover, like any externally provided provision (which can be ‘in’ or ‘out’ of county), there is typically less control over the quality and development of provision and it can be harder to plan for transitions into and out of the provision, than ‘in house’ provision.

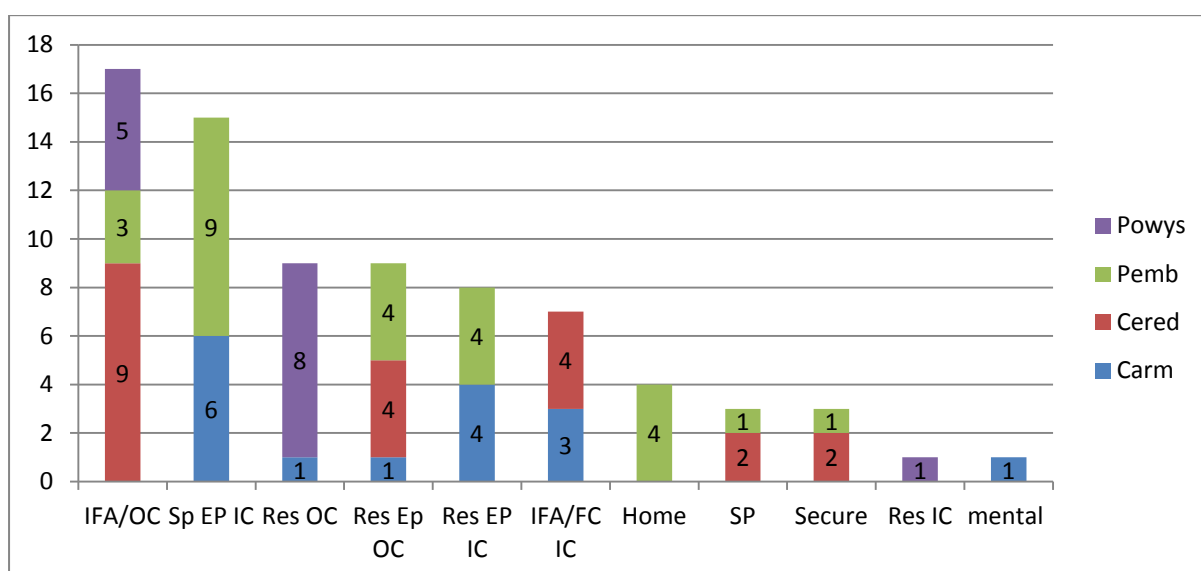
¹³ The positive impact of ALN support workers on parental confidence and understanding, in Carmarthenshire, may also be relevant here (see e.g. Holtom, et al, 2014)

¹⁴ Details on 4 young people were unclear.

Provision across the region

5.10. As graph 2 illustrates, the provision made for young people varies across the region.

Graph 2. Provision made for young people with complex needs, identified by children services



Source: Children's Services

Key	IFA/FC	Sp EP	Res	Res EP	Home	SP	Secure	IC	OC
	IFA / foster care	Special educational provision	Residential	Residential educational provision	Home educated	Support package	Secure accommodation	In County	Out of county

Commissioning and costs

5.11. The 'primary' provision young people are accessing is typically commissioned on a case by case basis, through for example, complex needs panels. A lack of knowledge of the market, limited market capacity, time pressures and problems agreeing joint funding, are the key challenges in relation to commissioning individualised provision.

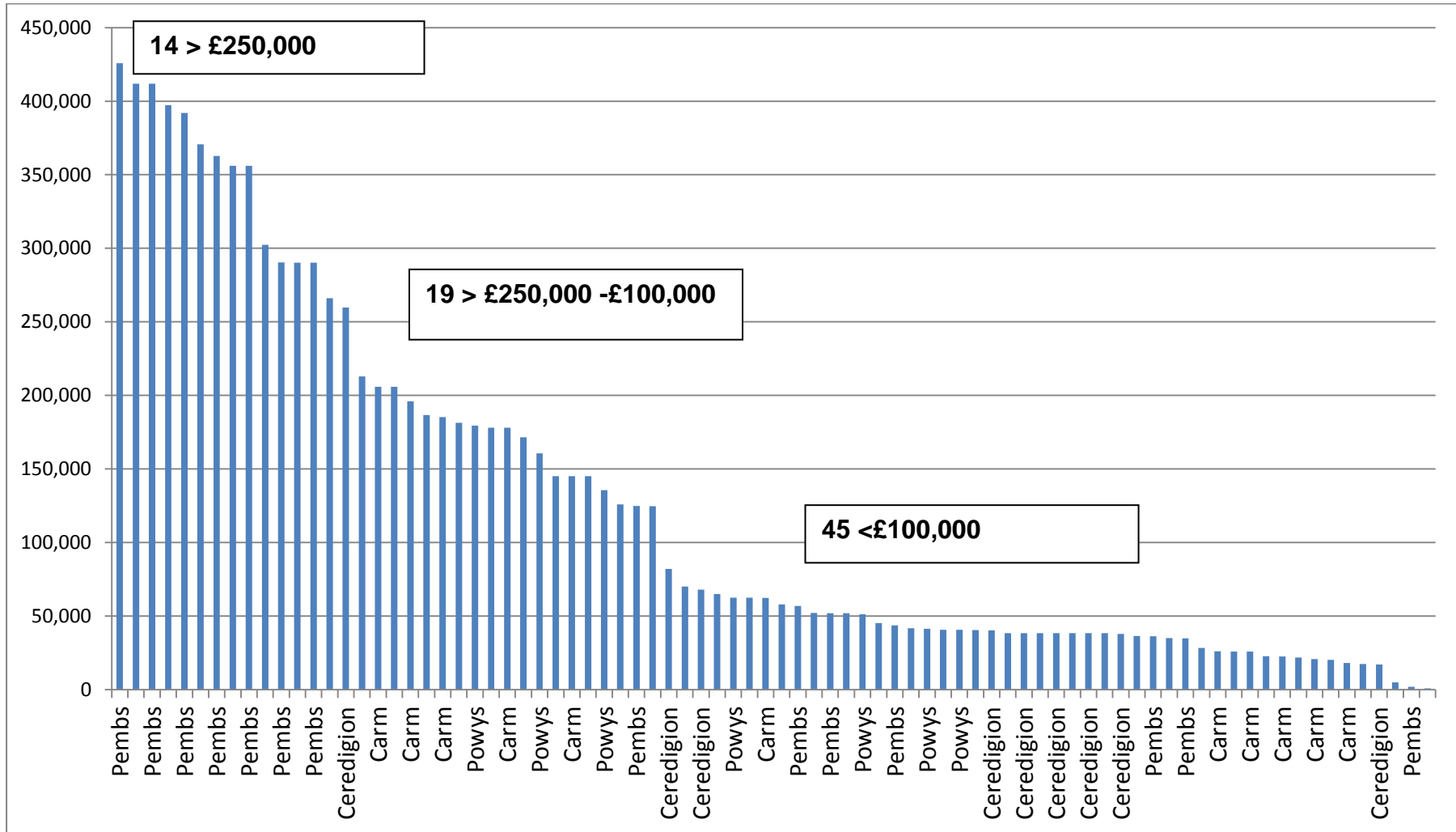
5.12. As table 2 illustrates, the costs of this provision vary considerably. The capacity to support families, so that young people can remain at home and access local educational provision, is therefore a critical factor in determining costs.

Table 2 illustrative costs for different types of provision (data provided by children’s services)

Type of provision	# of young people	Indicative costs (per year) (£)
Residential unit	12	150,00-400,000
Out of county residential specialist educational placements	10	150,000-200,000
In county specialist residential placements	8	140,000-180,00
Independent fostering arrangements	20	35,000-60,000
Non residential specialist educational provision	22	20,000-30,000

5.13. As graph 3 illustrates, the costs across the region vary considerably. There are roughly three groups: those where expenditure is greater than £250,000 (n=14); those where expenditure is between £100,000 and £249,000 (n=19) and those where expenditure is below m£100,000 p.a (n=45)

Graph 3. expenditure identified by children services across the region



Source: Children's Services

5.14. Expenditure in Pembrokeshire appears to be particularly high compared to the other LA. This reflects the large numbers of residential and/or specialist educational placements.

5.15. As table 3 illustrates, the costs of provision for young people identified by health services also varies considerably.

Table 3 illustrative costs for different types of provision (data provided by health services)

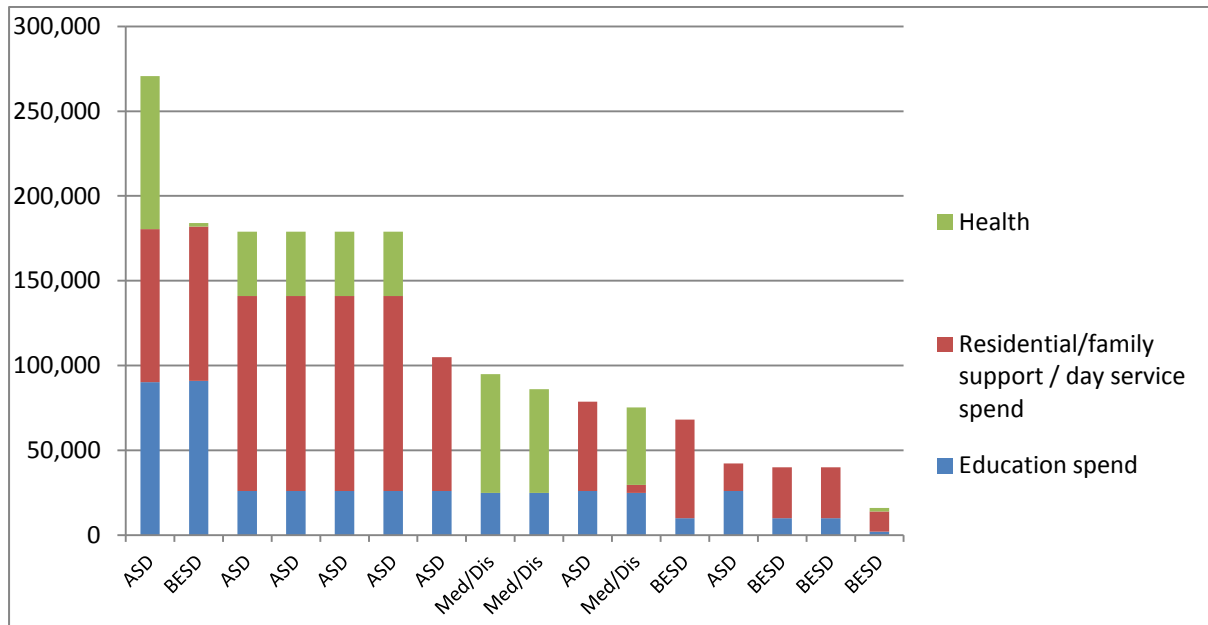
Type of provision	# of young people	Indicative costs (per year) (£)
residential placement + specialist CAHM service Continuing care	14	40,000-100,000
Other residential placements (including contributions to specialist residential educational provision)	5	13,000-60,000
Continuing care (typically for 'severe' medical/disability needs)	7	3,000-70,000

The distribution of costs between health, education and children's services

5.16. Differences in the way data was reported mean it is not possible to compare the distribution of costs between health, education and children's services across all LAs. The data that is available suggest that in general, the more expensive cases are jointly funded. This is illustrated by graphs 4 and 5, which provides illustrative data for Carmarthenshire and Pembrokeshire.¹⁵

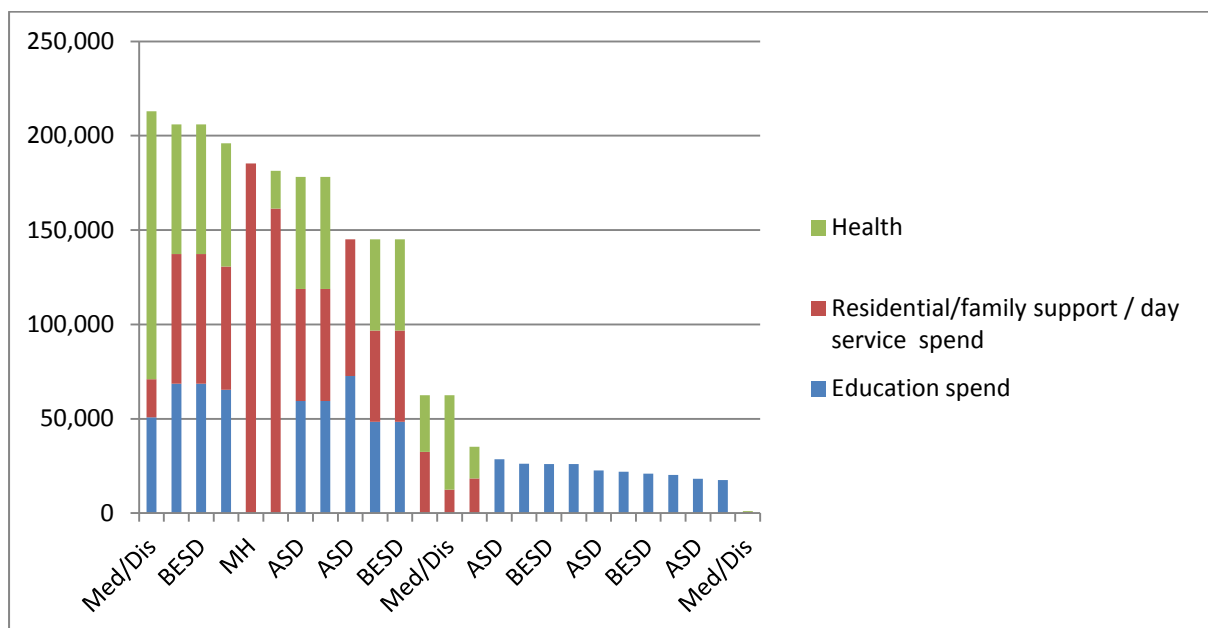
¹⁵ The additional data provided by Carmarthenshire and Pembrokeshire enabled this analysis.

Graph 4 contributions by education, health and social care to provision for young people with complex needs in Carmarthenshire



Source: Carmarthenshire Children's Services

Graph 5 contributions by education, health and social care to provision for young people with complex needs in Pembrokeshire



Source: Pembrokeshire Children's Services

Specialist services for young people with complex needs

5.17. In some cases, specialist services have been established for groups who would otherwise need individual provision (e.g. the Therapeutic Intervention Service for Sexually Harmful Behaviours and Garreg Llywyd residential special school, for young people with problematic sexual behaviour or severe autism respectively).

Outcomes for young people with complex needs

5.18. Young people and their families' experiences, and outcomes, in areas transitions to adulthood for young people with complex needs, were often reported to be poor. In part this reflects the definition of complexity used (as these are young people whose needs services are struggling to meet). However, it also reflects the problems many young adults experience when making transitions. These are discussed further in section five and are common to many parts of Wales (Townesley et al, 2013; Holtom et al, forthcoming).

6. Transitions for young people with complex needs

The impact of transitions upon complexity

6.1. Transitions between for example school and college and/or between children and adult services, is a key 'fault line' at which point complexity (and costs) can escalate. In particular, education provides 'respite' for parents and carers and schools in particular, provide a focus for interventions, but this is lost, following transition (and the short fall does not appear to be met through day care / training provision for young people).

Transition planning

6.2. Poor planning can cause, entrench or exacerbate complexity, and contributes to poor experiences for young adults, parents and carers, and in response, there has been a lot of work in the region focused on improving transitions. However, although transition services have improved parents' and carers' experiences, they have generally not improved forward planning as much as hoped.

6.3. Key barriers to transition planning include the pressure upon services (who can be focused upon fire fighting rather than forward planning); difficulties associated with joint working; and differences in eligibility criteria (e.g. for children's and adult services).¹⁶

¹⁶ It was observed that increased access to services when young people were 'children' could create expectations that were not fulfilled when they became (young) adults. Pressures upon budgets and policy shifts toward "prudent health care" and the concept of "can, and can only" under the Social Services and Well-Being Act, may reduce provision for young people (and therefore lower expectations when they become young adults).

7. Young people with additional needs

7.1. There is no single definition of “additional needs” used by stakeholders in Mid and West Wales. For the purpose of the MPS, the focus is upon a number of groups of young people who may need support as “vulnerable adults” under the definition of the Social Services and Well-Being Act. A small number of these young people may have “complex” needs later in life.

Profile of young people with additional needs in mid and west Wales

7.2. Estimates of the numbers of young people in each key groups of young people who may have additional needs, is provided in tables 3 and 4, based upon expected prevalence rates.¹⁷ The groups are not exclusive. Further details including break downs by LA and LHB is provide in the appendix.

7.3. Tables 4 and 5 illustrate that in terms of numbers, young people’s behaviours (most notably drug and alcohol misuse), mental health disorders, and disabilities (including special educational needs – SEN), are associated with the largest numbers of young people with additional needs.

¹⁷ The key source here is Dafodil, <http://www.daffodilcymru.org.uk/>

Table 4 Estimated numbers of young people aged 11-25 in mid and west Wales in key groups in 2015

Group	# of young people	% of young people
All young people (11-25)	89,560	100%
Young people with a special educational need	20,187	22.54%
young people with a mental health disorder	7,287	8.14%
young people who have serious physical abuse aged 11-25	6,269	7.00%
young people who have experienced serious absence of care	5,374	6.00%
young people who have experienced serious sexual abuse	5,374	6.00%
Young people with a disability (according to Disability Discrimination Act definitions)	6,538	7.30%
young people with a severe LD	415	0.46%
young people with a profound and multiple LD	102	0.11%
young people with LD and challenging behaviour aged	40	0.04%
young people with a severe disability	90	0.10%

Table 5. Estimated numbers of young people (differing ages) in key groups in mid and west Wales in 2015

Group	Age range	Estimated # of young people	Estimated % of young people
young people misusing drugs	14-25	22,166	30
young people who are 'NEET'	20-25	7,279	19
young people committing an offence resulting in a disposal	10-17	890	2*
young women become pregnant	14-19	772	2

* Based on the 11-19 population

Projections

7.4. It is likely that the overall numbers of young people with additional needs will decline over the next two years. This reflects two factors:

- Firstly, the overall population of young people in mid and west Wales is projected to decline by around 5% by 2025; and
- Secondly, on many measures, the proportion of young people with additional needs is declining. For example, rates of teenage pregnancy, drug and alcohol misuse are all declining in Wales (WG, 2014).

7.5. There are likely to be changes in the needs of young people with additional needs, as not all types of need are projected to decline. For example, the numbers of school age children with special educational needs is increasing (Bowen & Holtom, 2015) and there is some evidence that mental ill health is increasing (Nuffield Foundation, 2015). In part this is likely to reflect improvements in awareness and recognition of needs which were missed in the past. Full details on projections for each of the key groups (including break downs by LA and LHB) are included in the appendix.

Provision for young people with additional needs

7.6. Most young people with additional needs are known to, and accessing targeted or specialist services. A small number are missed and their needs only manifest themselves later (e.g. after leaving or disengaging from school). Key services for young people with additional needs, and their parents or carers, include:

- Specialist SEN and/or health services (e.g. educational psychology, SALT , CAHMs, CMHTs);
- Children's and adult disability services;

- Educational provision (in both mainstream specialist or independent schools and colleges), including pastoral support, and young engagement and progression support;
- Families First, including team around the family/young person, and family support programmes;
- Drug and alcohol misuse services; and
- Youth justice and youth intervention (diversion) services.

7.7. These services typically face the pressure of increased demand alongside cuts in resources (see e.g. Bowen & Holtom on specialist SEN services and Williams, 2014 on the challenges facing public services in Wales)

Outcomes for young people with additional needs

7.8. Where data is available (e.g. for young people with SEN, and for young people with some type of disability, such as ASD or a learning disability), it indicates that outcomes, in terms of educational attainment and successful transitions to independent living and employment, are much worse than those of young people without additional needs.

8. Young people with complex needs: options and opportunities for change

Introduction

- 8.1. There is no panacea. By definition there is currently no cost-effective solution for young people with complex needs (if there were, they would no longer be considered to have complex needs). Professionals and services across the region are committed to improving outcomes for young people and their families, and if there were easy solutions, they would have been identified. As a result, much of this section is focused upon areas for improvement (rather than strengths).
- 8.2. Equally, complexity is not fixed, and there are examples from across the region and beyond of how complexity can and has been reduced creating more cost-effective solutions for young people, their families and services.
- 8.3. Although there is no single solution to this challenge there are multiple opportunities (or options) for improvement. Some changes are small, others large. Change should focus upon:
- building upon existing strengths;
 - exploiting opportunities for change; and
 - action to address weaknesses and threats.
- 8.4. The development of 'opportunities' for improvement should take a systemic approach: improvements in a range of areas have the potential to contribute to improvements across the whole service system and over time their collective (or systemic) contribution can become greater than their individual parts.

Exploiting opportunities for improvement

8.5. There is an openness and willingness across the region to consider change. For example:

- There is a commitment across the region to improving outcomes for young people and their families;
- With appropriate support, many families can cope, helping prevent needs escalate and become more complex;
- There is pressure upon services¹⁸ to increase efficiency (which more positively, can be a spur for innovation)¹⁹;
- There are policy changes which will require changes, most notably the Social Services and Well-being Act, but also for example, Prudent health care and proposed reforms to the statutory framework for SEN; and
- There is an interest in collaboration and the MWWHSCC provides a focus and structure for developing collaboration.

¹⁸ Given pressure upon resources, demographic changes and increasing expectations (see e.g. Commission on Public Service Governance and Delivery (2014). *Commission on Public Service Governance and Delivery: Full Report*: Cardiff: Welsh Government, available online at: <http://gov.wales/docs/dpsp/publications/psgd/140120-psgd-full-report-env2.pdf>

¹⁹ See e.g. New Economics Foundation (2012). *Doing Services Differently Local innovations for disabled people and their families*, accessed online at <https://www.scope.org.uk/Scope/media/Documents/Publication%20Directory/Doing-services-differently.pdf?ext=.pdf/>

Building upon strengths and exploiting opportunities for improvement ²⁰

Table 5 key strengths and opportunities for improvement

Strengths	Options for further improvement
<p>There are examples of how complexity has been reduced in the region. Those include:</p> <ul style="list-style-type: none"> • A focus upon early intervention and support for young people and families, most notably the provision of good respite care for families, so that families are better able to cope; • Training and professional development, which mean some staff are better able to deal with needs that would otherwise be considered complex, such as peg feeding and challenging behaviour; and • The development of new targeted and specialist provision such as children’s and adult’s disability services, TISHH and Garreglwyd special school. 	<ul style="list-style-type: none"> • Intra-regional learning to identify how complexity has been reduced for key groups in parts of the region.* This could include a focus upon: <ul style="list-style-type: none"> - specialist ASD provision for children in Carmarthenshire (Garreglwyd) and Powys (Bannau); - respite provision for families of children in Carmarthenshire; - complex needs clinics for those young people who do not yet need a service that is not available, in Carmarthenshire; - the Therapeutic Intervention Service for Sexually Harmful Behaviour (TISSH-B) pilot in Carmarthenshire - the adult autism service in Ceredigion; - the multi-agency ‘Continuum of Need’ focused on step / step down interfaces in Ceredigion; - the Multi- disciplinary Key worker Team for children with disabilities in Ceredigion; - the assessment and diagnosis pathway for children with ASD in Powys; and - team around the family /child support in Pembrokeshire .

²⁰ These are illustrative and are not intended to provide a comprehensive catalogue of the strengths and opportunities facing the region.

<p>Young people with Complex needs are 'known' to services and although complexity is dynamic, increases in complexity (e.g. following transition) can be predicted.</p>	<ul style="list-style-type: none"> • Building upon this MPS to better understand the profile of the key groups with young people with complex needs (i.e. young people with 'severe' ASD, severe BESD or complex social, emotional and mental health needs or complex medical or health needs/disabilities) and the causes of increasing complexity (e.g. transition). • Although not a panacea²¹, there is potential to make better use of education data (including the SEN register and vulnerability assessment profiles) to identify those school age young people with additional needs, which may become complex later in life, unless services intervene (i.e. early intervention).
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*The examples are biased toward Carmarthenshire as more evidence was available for this LA.

²¹ The experience of Carmarthenshire illustrates some of the challenges here. For example, recording of a child's SEN can be inconsistent across schools, does not provide information about the severity of a child's needs or a family's capacity to cope.

Tackling weakness and threats

Table 7 key weakness, threats and opportunities for improvement ²²

Weakness and threats	Options for change/ improvement
<p>The diversity of needs and the fragmentation of data about children and young people with complex needs makes planning and commissioning for <i>groups</i> of young people with complex needs very challenging at LA, LHB and regional levels. As a consequence, much planning and commissioning take place at the level of <i>individual</i> children and young people, and focuses upon ‘buying’ provision, rather than ‘making’ or ‘reshaping’ existing provision. This means opportunities to create new services/provision for key groups of children/young people, who often do not easily “fit” into existing services, such as young people with ‘severe’ ASD, severe BESD or complex social, emotional and mental health needs, are missed, and there can be over-reliance upon out of county provision.</p>	<ul style="list-style-type: none"> • Building upon this MPS to develop a better understanding of the profile of young people with complex needs within LAs, LHBs and the region. • Enhancing the use of existing data, most notably education data, such as the SEN register and vulnerability assessment profiles to improve the earlier identification of children and young people likely to have complex needs later in life. • A review of the needs of children and young people with complex needs, the provision made for them and its cost, by a regional panel or group. • Exploring the potential for regional or LHB wide (in West Wales) decision making panels (such as complex needs panels or package advisory meetings) with remit to focus upon
<p>The small numbers of children and young people with complex needs, means the numbers of children/young people and their needs, can change swiftly²³, particularly within local authority areas. This combined with the size and rurality of the region can make it difficult to develop and sustain in county specialist provision close to families (e.g. there is uncertainty about how many young people in</p>	<ul style="list-style-type: none"> commissioning for both individual and also key groups of children/young people (i.e. young people with ‘severe’ ASD, severe BESD or complex social, emotional and mental health needs or complex medical or health needs/disabilities); and

²² These are illustrative and are not intended to provide a comprehensive catalogue of the weaknesses and threats facing the region.

²³ The small numbers mean the impact of differences due to chance are exaggerated.

<p>Carmarthenshire will need Garreglwyd in the medium term and for some families living near borders, provision in a neighbouring LA could be closer to home).</p>	<ul style="list-style-type: none"> • Exploring the potential for creating regional or sub-regional specialist provision for key groups of young people (i.e. young people with BESD, complex social, emotional and mental health needs and/or severe autism or complex medical or health needs/disabilities). This could mean more ‘in region’, even if ‘out of county’, provision was developed.
<p>The ‘market’ within LAs can be weak or thin (but would be wider at a regional level); it can be difficult for private or voluntary sector providers to develop provision at a LA level given the small numbers and volatility in the numbers of young people with complex needs.</p>	
<p>Institutional cultures which <i>can</i> be (but which are not always or consistently): risk averse; unwilling to take on systems leadership roles and constructively challenge other professionals; and/or characterised by low expectations. These factors can mean ‘easy’ but sub-optimal solutions, which can be both costly and ineffective, are chosen (e.g. higher levels of support than are needed, providing services that are not needed²⁴). This in turn can create dependency on the part of families and mean that adult services “inherit” packages of support they cannot sustain/offer.</p>	<ul style="list-style-type: none"> • Institutional leadership and professional development, including a focus upon person-centred planning.
<p>Family cultures which <i>can</i> be (but are not always or consistently) risk averse; characterised by low or unrealistic expectations of their children’s potential; low levels of trust in statutory services (sometimes grounded in negative experiences, including a sense of having to</p>	<ul style="list-style-type: none"> • Investing in work with families, to address issues linked to low levels of trust, misunderstandings, a lack of transparency in decision making and a lack of information about what is available. The focus upon person-centred planning and the ALN family

²⁴ For example, interviewees talked about cultures on social services where the failure to get families a service could be perceived as a failure.

<p>'fight' to access services); unrealistic expectations of what services can offer²⁵; and a lack of knowledge of alternatives (e.g. to mainstream or specialist college placements).</p>	<p>support worker in Carmarthenshire provide examples of how relationships between services and families can be improved.</p> <ul style="list-style-type: none"> • Improving transparency about decision making and the services that are available. The local SEN “offers” being developed in England may offer one example of how this can be done. • Enhancing families ‘voice’ (e.g. through consultation and user group meetings). • Monitoring and reviewing tensions between families and services, in order to identify the causes and potential solutions.
<p>Complexity often increases following a young person’s transition from school (i.e. 16-19 depending on the type of school). Costs tend to increase at this point and young people can become increasingly disabled, as for example skills developed through education are lost. In some cases the transition to college can delay this. The transition to a specialist college can also increase costs dramatically (and therefore by definition, also complexity).</p>	<ul style="list-style-type: none"> • Developing post 16/19 opportunities for young people with additional and complex needs. This could include college (and WBL) provision²⁶, community based volunteering and social, sporting and leisure activities that enable young people to consolidate and potentially extend the skills acquired through school and which offer meaningful, purposeful activities.
<p>Improvements to transition planning (such as the introduction of transition key workers and establishment of transition teams) can improve families experiences of transition, but often struggle to</p>	

²⁵ For example, interviewees talk about families seeing social workers as offering a “magic key” who could unlock access to services they wanted, or who looked of a diagnosis in the hope that it would increase their entitlement to disability related welfare benefits.

²⁶ See e.g. Beyer, S., Kaehne, A., Meek, A., Pimm, C., and Davies, A. (2014). *Impact of the Real Opportunities Project*. Cardiff: Welsh Centre for Learning Disabilities: Cardiff University.

<p>change the outcomes unless post school options (including, but not limited to college) are improved.²⁷</p>	
<p>Some existing day services are not aimed at young adults.</p>	
<p>The culture of evaluation and review can be (but is not always or consistently) weaker in adult services. In part this is because corporate responsibility/accountability structures are weaker (e.g. as education and children services' responsibilities in relation to looked after children and school age children responsibilities) and co-ordination and oversight (e.g. the paediatricians' role ends) changes as a young person reaches the age of 18.</p>	<ul style="list-style-type: none"> • Consider extending complex needs panel to cover young people aged 19-25, with a focus upon monitoring and evaluating provision and outcomes for young people. This should include identifying what is and is not working for this group and could support efforts to improve commissioning for key groups of young people with complex needs (i.e. young people with 'severe' ASD, severe BESD or complex social, emotional and mental health needs or complex medical or health needs/disabilities).
<p>Monitoring and evaluation can be service rather than person-centred (e.g. social, education and health services focus upon monitoring and evaluating provision they fund, rather than focusing upon the whole package of provision for the child/young person).</p>	
<p>Financial pressures have led to retrenchment. This has undermined collaboration, reduced trust between services²⁸ and is reported to have contributed to 'cost shunting'²⁹ between and within services.³⁰</p>	<ul style="list-style-type: none"> • Honest and open dialogue through structures such as the MWWHSC (but there are no easy solutions here). • A focus upon joint needs assessments at a regional or LHB level, building upon the MPS, to jointly explore how best to meet the needs of key groups (e.g. young people with 'severe' ASD, severe

²⁷ See e.g. Welsh Government (2013). *The Costs and Benefits of Transition Key Working: an analysis of five pilot projects*, accessed online at:

<http://gov.wales/docs/caecd/research/130125-costs-benefits-transition-key-working-en.pdf>

²⁸ For example there was a widespread perception within social services that health services aim in discussions about individual young people was to "avoid [taking on] financial responsibility" (this was expressed light heartedly, but reflected a real concern).

²⁹ The transfer of responsibility from one service to another.

³⁰ For example, as social workers focus upon more complex cases, lower level services like TAF, are required to take on more of the less complex cases.

	<p>BESD or complex social, emotional and mental health needs or complex medical or health needs/disabilities).</p> <ul style="list-style-type: none"> • Explore the potential for developing joint pathways for assessing and meeting the needs of key groups of young people.
<p>Planning by adult services can be (but is not always or consistently) poor because whilst adult services recognise the importance of transition planning, they struggle to prioritise it, given other competing priorities and limited capacity.</p>	<ul style="list-style-type: none"> • Increasing the capacity of adult services and the prioritisation attached to forward planning.

9. Conclusions

Young people with complex needs

- 9.1. Although the numbers of young people with complex needs are small, they are a priority group for services, given poor outcomes and high costs.
- 9.2. Across the region, there are three key groups of young people with complex needs, young people with:
- 'severe' ASD;
 - severe BESD and/or
 - complex social, emotional and mental health needs.
- 9.3. By definition there is currently no cost-effective solution for young people with complex needs. People and services are committed to improving outcomes for young people and their families, and if there were easy solutions, they would have been identified.
- 9.4. The challenge facing the region is considerable and the current position is not sustainable. Demand is likely to remain high; practice needs to change in response to new policies (most notably the Social Services and Well-Being Act); whilst resources are likely to be frozen or cut.

Options for reducing complexity (and therefore improving outcomes and efficiency)

- 9.5. Complexity is not fixed and can increase – or occasionally decrease, as for example, services change. For example, cuts in services, as a result of financial pressures could increase complexity in the future. Equally changes to services have, and could reduce complexity.

9.6. Although there is no single solution to this challenge there are multiple opportunities (or options) for improvement. Some changes are small, others large. Change should focus upon:

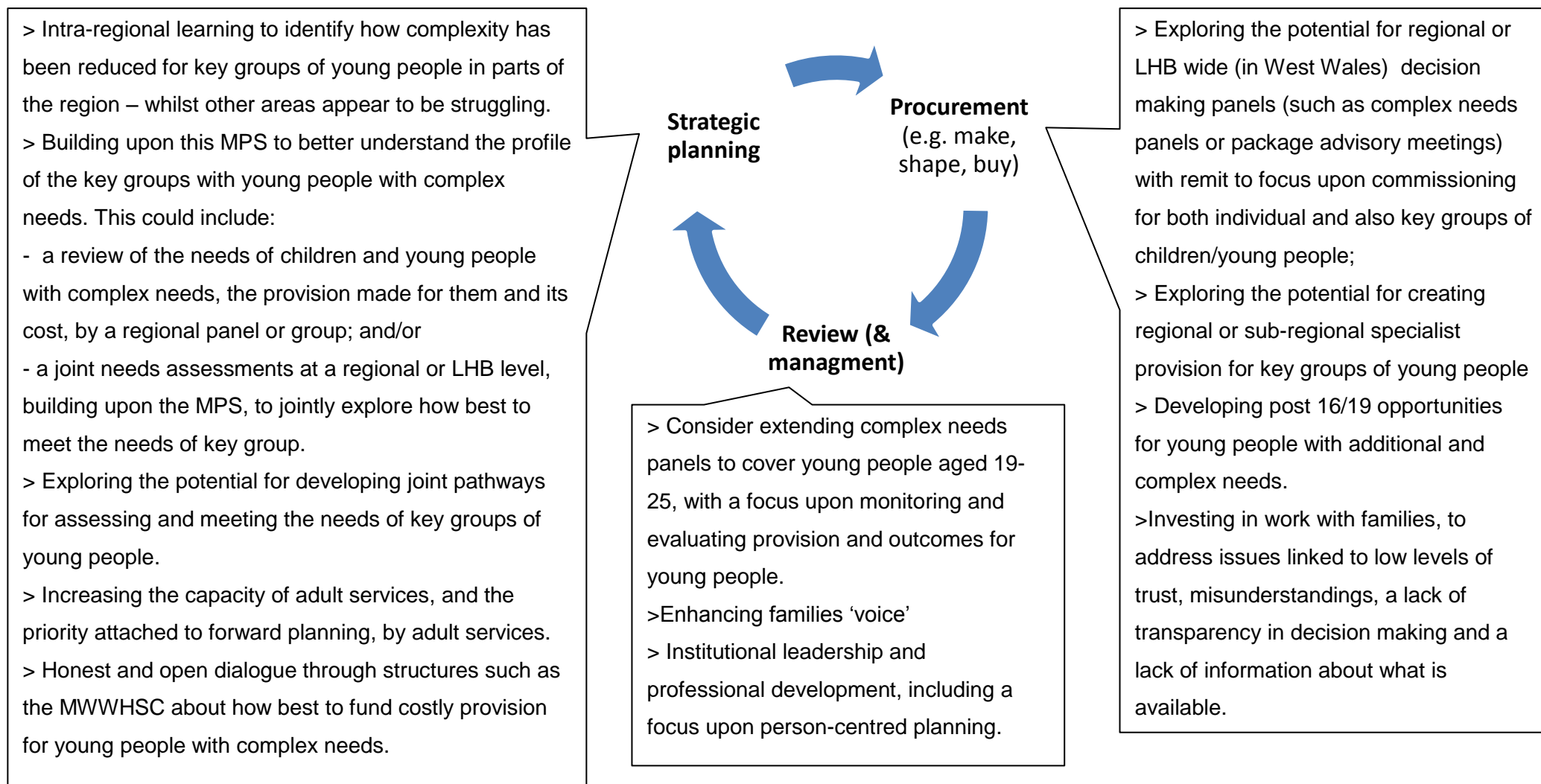
- building upon existing strengths;
- exploiting opportunities for change; and
- action to address weaknesses and threats.

And should aim to:

- reduce the numbers of young people with complex needs (e.g. through earlier intervention and improving support or families, so they are better able to meet and cope with needs themselves); and
- reduce the costs of provision and improving outcomes for young people with complex needs (e.g. through improvements in commissioning, including the development of new specialist services, collaboration and reducing families' expectations/demands).

9.7. As illustrated by figure 4, the options address each stage of the commissioning cycle.

Figure 4. Key options for addressing each stage of the commissioning cycle



Challenges

9.8. The challenge facing the region is considerable though. For example:

- Earlier intervention and better planning and commissioning has the potential to reduce complexity, but can itself be costly;
- Person (or family) centred provision can help improve outcomes and experiences. Although easy to support, it is difficult to deliver in practice and it may also not necessarily reduce costs; and
- Collaboration takes time and commitment, and can be costly/cost neutral. Financial pressure have also caused services to retrench, and have often reduced collaboration in the region.

9.9. Moreover, changes in services, expected in response to local authority reorganisation, but also internal reorganisations, pose a challenge to collaboration in the short term. Services may, for example, become more insular and inward looking, during periods of reorganisation, and uncertainty about the future structure of services may discourage changes in the short term. Local authority reorganisation may also (necessarily) change the nature of collaboration between LAs within the region, and the challenges facing services (following reorganisation), may shift from collaboration to questions of equity and distributions of services within enlarged LA

10. Profile of young people with additional needs

Note: Numbers have been rounded up or down to the nearest whole number, meaning that totals may not add up.

Tables 7 to 9 The population of young people aged 11-25 in Mid and West Wales

Population 2015

Area Age group	Hywel Dda UHB			Powys THB	Mid and West Wales
	Carmarthenshire	Ceredigion	Pembrokeshire	Powys	
11-13	5940	2070	3810	4,100	15920
14-19	12,800	6120	7560	9050	35,530
20-25	12,760	10,750	6910	7690	38,110
Total 11-25	31,500	18,940	18,280	20,840	89,560

Population 2020

Area Age group	Hywel Dda UHB			Powys THB	Mid and West Wales
	Carmarthenshire	Ceredigion	Pembrokeshire	Powys	
11-13	6,660	2,170	4,270	4,270	17,370
14-19	12,040	5,930	7,560	7,880	33,410
20-25	11,850	9,760	6,910	6,970	35,490
Total 11-25	30,550	17,860	18,740	19,120	86,270

Population 2025

Area Age group	Hywel Dda UHB			Powys THB	Mid and West Wales
	Carmarthenshire	Ceredigion	Pembrokeshire	Powys	
11-13	6,790	2,260	4,340	4,170	17,560
14-19	13,210	6,180	8,150	8,020	35,560
20-25	10,900	9,400	5,960	5,670	31,930
Total 11-25	30,900	17,840	18,450	17,860	85,050

Source: *Daffodil*

Table 10 estimating future proportion of young people with SEN based on past trends*

	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
ASD	0.74	0.85	0.91	0.99	1.06	1.14	1.22	1.29	1.37	1.44
SLD	0.52	0.53	0.53	0.50	0.47	0.47	0.46	0.44	0.43	0.42
PMLD	0.15	0.16	0.17	0.17	0.17	0.18	0.18	0.18	0.19	0.19
MSI	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01

* Data is based upon academic years (September – July)

Source: PWU based on data from PLASC

Table 11 2015 estimates of the numbers of young people with ASD aged 11-25

Area Age group	Hywel Dda UHB			Powys THB	Mid and West Wales
	Carmarthenshire	Ceredigion	Pembrokeshire	Powys	
11-13	69	24	44	35	137
14-19	149	71	88	78	306
20-25	242	204	131	146	724
Total 11-25	460	299	263	259	1167

Different rates apply for children and adults (those aged 20-25)

Table 12 2020 estimates of the numbers of young people with ASD aged 11-25

Area Age group	Hywel Dda UHB			Powys THB	Mid and West Wales
	Carmarthenshire	Ceredigion	Pembrokeshire	Powys	
11-13	77	25	50	50	202
14-19	140	69	88	91	388
20-25	225	185	131	132	674
Total 11-25	442	279	269	273	1264

Different rates apply for children and adults (those aged 20-25)

Table 13 2025 estimates of the numbers of young people with ASD aged 11-25

Area Age group	Hywel Dda UHB			Powys THB	Mid and West Wales
	Carmarthenshire	Ceredigion	Pembrokeshire	Powys	
11-13	79	26	50	48	204
14-19	153	72	95	93	413
20-25	207	179	113	108	607
Total 11-25	439	277	258	249	1,223

Different rates apply for children and adults (those aged 20-25)

Table 14 2020 estimates of the numbers of young people with ASD aged 11-25

Area Age group	Hywel Dda UHB			Powys THB	Mid and West Wales
	Carmarthenshire	Ceredigion	Pembrokeshire	Powys	
11-13	96	31	61	61	250
14-19	173	85	109	113	481
20-25	225	185	131	132	674
Total 11- 25	502	305	306	312	1425

Different rates apply for children and adults (those aged 20-25)

Tables 15 to 17 Young people with a learning disability and challenging behaviour

Table 15 2015 estimates of the numbers of young people with LD and challenging behaviour aged 11-25

Area Age group	Hywel Dda UHB			Powys THB	Mid and West Wales
	Carmarthenshire	Ceredigion	Pembrokeshire	Powys	
11-13	3	1	2	2	7
14-19	6	3	3	4	16
20-25	6	5	3	3	17
Total 11- 25	14	9	8	9	40

Table 16 2020 estimates of the numbers of young people with LD and challenging behaviour aged 11-25

Area Age group	Hywel Dda UHB			Powys THB	Mid and West Wales
	Carmarthenshire	Ceredigion	Pembrokeshire	Powys	
11-13	3	1	2	2	8
14-19	5	3	3	4	15
20-25	5	4	3	3	16
Total 11- 25	14	8	8	9	39

Table 17 2025 estimates of the numbers of young people with LD and challenging behaviour aged 11-25

Area Age group	Hywel Dda UHB			Powys THB	Mid and West Wales
	Carmarthenshire	Ceredigion	Pembrokeshire	Powys	
11-13	3	1	2	2	8
14-19	6	3	4	4	16
20-25	5	4	3	3	14
Total 11-25	14	8	8	8	38

Young people with a severe learning disability

Table 18 2015 estimates of the numbers of young people with a severe LD aged 11-25

Area Age group	Hywel Dda UHB			Powys THB	Mid and West Wales
	Carmarthenshire	Ceredigion	Pembrokeshire	Powys	
11-13	28	10	18	19	74
14-19	59	28	35	42	165
20-25	59	50	32	36	176
Total 11-25	146	88	85	96	415

Table 19 2020 estimates of the numbers of young people with a severe LD aged 11-25

Area Age group	Hywel Dda UHB			Powys THB	Mid and West Wales
	Carmarthenshire	Ceredigion	Pembrokeshire	Powys	
11-13	31	10	20	20	80
14-19	56	27	35	36	155
20-25	55	45	32	32	164
Total 11-25	141	83	87	89	399

Table 20 2025 estimates of the numbers of young people with a severe LD aged 11-25

Area Age group	Hywel Dda UHB			Powys THB	Mid and West Wales
	Carmarthenshire	Ceredigion	Pembrokeshire	Powys	
11-13	31	10	20	19	81
14-19	61	29	38	37	165

20-25	50	44	28	26	148
Total 11-25	143	83	85	83	394

Young people with Profound and multiple learning difficulty

Table 21 2015 estimates of the numbers of young people with a profound and multiple LD aged 11-25

Area Age group	Hywel Dda UHB			Powys THB	Mid and West Wales
	Carmarthenshire	Ceredigion	Pembrokeshire	Powys	
11-13	7	2	4	5	18
14-19	15	7	9	10	41
20-25	15	12	8	9	43
Total 11-25	36	22	21	24	102

Table 22 2020 estimates of the numbers of young people with a profound and multiple severe LD aged 11-25

Area Age group	Hywel Dda UHB			Powys THB	Mid and West Wales
	Carmarthenshire	Ceredigion	Pembrokeshire	Powys	
11-13	8	2	5	5	20
14-19	14	7	9	9	38
20-25	14	11	8	8	40
Total 11-25	35	20	21	22	98

Table 23 2025 estimates of the numbers of young people with a profound and multiple severe LD aged 11-25

Area Age group	Hywel Dda UHB			Powys THB	Mid and West Wales
	Carmarthenshire	Ceredigion	Pembrokeshire	Powys	
11-13	8	3	5	5	20
14-19	15	7	9	9	41
20-25	12	11	7	6	36
Total 11-25	35	20	21	20	97

Young people with a severe disability

Table 24 2015 estimates of the numbers of young people with a severe disability aged 11-25

Area Age group	Hywel Dda UHB			Powys THB	Mid and West Wales
	Carmarthenshire	Ceredigion	Pembrokeshire	Powys	
11-13	6	2	4	4	16
14-19	13	6	8	9	36
20-25	13	11	7	8	38
Total 11-25	32	19	18	21	90

Table 25 2020 estimates of the numbers of young people with a severe disability aged 11-25

Area Age group	Hywel Dda UHB			Powys THB	Mid and West Wales
	Carmarthenshire	Ceredigion	Pembrokeshire	Powys	
11-13	7	2	4	4	17
14-19	12	6	8	8	33
20-25	12	10	7	7	35
Total 11-25	31	18	19	19	86

Table 26 2025 estimates of the numbers of young people with a severe disability aged 11-25

Area Age group	Hywel Dda UHB			Powys THB	Mid and West Wales
	Carmarthenshire	Ceredigion	Pembrokeshire	Powys	
11-13	7	2	4	4	18
14-19	13	6	8	8	36
20-25	11	9	6	6	32
Total 11-25	31	18	18	18	85

Young people with a mental health disorders (including ADHD)

Table 27 2015 estimates of the numbers of young people with a mental health disorder aged 11-25

Area Age group	Hywel Dda UHB			Powys THB	Mid and West Wales
	Carmarthenshire	Ceredigion	Pembrokeshire	Powys	
11-13	665	232	427	459	1,783
14-19	1,434	685	847	1,014	3,979
20-25	510	430	276	308	1,524
Total 11-25	2,609	1,347	1,550	1,780	7,287

Different rates apply for children and adults (those aged 20-25)

Table 28 2020 estimates of the numbers of young people with a mental health disorder aged 11-25

Area Age group	Hywel Dda UHB			Powys THB	Mid and West Wales
	Carmarthenshire	Ceredigion	Pembrokeshire	Powys	
11-13	746	243	478	478	1,945
14-19	1,348	664	847	883	3,742
20-25	474	390	276	279	1,420
Total 11-25	2,568	1,298	1,601	1,640	7,107

Different rates apply for children and adults (those aged 20-25)

Table 29 2025 estimates of the numbers of young people with a mental health disorder aged 11-25

Area Age group	Hywel Dda UHB			Powys THB	Mid and West Wales
	Carmarthenshire	Ceredigion	Pembrokeshire	Powys	
11-13	760	253	486	467	1,967
14-19	1,480	692	913	898	3,983
20-25	436	376	238	227	1,277
Total 11-25	2,676	1,321	1,637	1,592	7,227

Different rates apply for children and adults (those aged 20-25)

Casual links

Young people misusing drugs (14-25)

Table 30 2015 estimates of the numbers of young people misusing drugs aged 11-25

Area Age group	Hywel Dda UHB			Powys THB	Mid and West Wales
	Carmarthenshire	Ceredigion	Pembrokeshire	Powys	
14-19	3,853	1,842	2,276	2,724	10,695
20-25	3,841	3,236	2,080	2,315	11,471
Total 14-25	7,694	5,078	4,356	5,039	22,166

Table 31 2020 estimates of the numbers of young people misusing drugs aged 11-25

Area Age group	Hywel Dda UHB			Powys THB	Mid and West Wales
	Carmarthenshire	Ceredigion	Pembrokeshire	Powys	
14-19	3,624	1,785	2,276	2,372	10,056
20-25	3,567	2,938	2,080	2,098	10,682
Total 14-25	7,191	4,723	4,356	4,470	20,738

Table 32 2025 estimates of the numbers of young people misusing drugs aged 11-25

Area Age group	Hywel Dda UHB			Powys THB	Mid and West Wales
	Carmarthenshire	Ceredigion	Pembrokeshire	Powys	
14-19	3,976	1,860	2,453	2,414	10,704
20-25	3,281	2,829	1,794	1,707	9,611
Total 14-25	7,257	4,690	4,247	4,121	20,314

Youth justice

Table 33 2015 estimates of the numbers of young people committing an offence resulting in a disposal aged 10-17+

Area Age group	Hywel Dda UHB			Powys THB	Mid and West Wales
	Carmarthenshire	Ceredigion	Pembrokeshire	Powys	
10-14	75	42	66	39	222
15	62	23	46	34	165

16	114	27	56	38	235
17+	99	54	57	58	268
Total 10+	350	146	226	168	890

Table 34 2020 estimates of the numbers of young people committing an offence resulting in a disposal aged 14-19

Area Age group	Hywel Dda UHB			Powys THB	Mid and West Wales
	Carmarthenshire	Ceredigion	Pembrokeshire	Powys	
10-14	82	44	71	40	237
15	62	22	46	32	162
16	108	26	49	31	214
17+	91	51	48	49	239
Total 10+	343	142	214	151	850

Table 35 2025 estimates of the numbers of young people committing an offence resulting in a disposal aged 11-25

Area Age group	Hywel Dda UHB			Powys THB	Mid and West Wales
	Carmarthenshire	Ceredigion	Pembrokeshire	Powys	
10-14	85	47	73	39	244
15	66	24	47	32	169
16	118	24	53	32	227
17+	104	53	56	54	267
Total 10+	374	148	229	156	907

Teenage pregnancy

Table 36 2015 estimates of the numbers of young women become pregnant aged 14-19

Area Age group	Hywel Dda UHB			Powys THB	Mid and West Wales
	Carmarthenshire	Ceredigion	Pembrokeshire	Powys	
14-19	274	131	178	189	772

Table 37 2020 estimates of the numbers of young women become pregnant aged 14-19

Area Age group	Hywel Dda UHB			Powys THB	Mid and West Wales
	Carmarthenshire	Ceredigion	Pembrokeshire	Powys	
14-19	258	126	159	167	711

Table 38 2025 estimates of the numbers of young women become pregnant aged 14-19

Area Age group	Hywel Dda UHB			Powys THB	Mid and West Wales
	Carmarthenshire	Ceredigion	Pembrokeshire	Powys	
14-19	287	136	176	173	771

Abuse and neglect

Table 39 2015 estimates of the numbers of young people predicted to have experienced serious absence of care aged 11-25

Area Age group	Hywel Dda UHB			Powys THB	Mid and West Wales
	Carmarthenshire	Ceredigion	Pembrokeshire	Powys	
11-13	356	124	229	246	955
14-19	768	367	454	543	2,132
20-25	766	645	415	461	2,287
Total 14-25	1,890	1,136	1,097	1,250	5,374

Table 40 2020 estimates of the numbers of young people predicted to have experienced serious absence of care aged 11-25

Area Age group	Hywel Dda UHB			Powys THB	Mid and West Wales
	Carmarthenshire	Ceredigion	Pembrokeshire	Powys	
11-13	400	130	256	256	1,042
14-19	722	356	454	473	2,005
20-25	711	586	415	418	2,129
Total 14-25	1,833	1,072	1,124	1,147	5,176

Table 41 2025 estimates of the numbers of young people predicted to have experienced serious absence of care aged 11-25

Area Age group	Hywel Dda UHB			Powys THB	Mid and West Wales
	Carmarthenshire	Ceredigion	Pembrokeshire	Powys	
11-13	407	136	260	250	1,054
14-19	793	371	489	481	2,134
20-25	654	564	358	340	1,916

Total 14-25	1,854	1,070	1,107	1,072	5,103
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Table 42 2015 estimates of the numbers of young people predicted to have experienced sexual abuse aged 11-25

Area Age group	Hywel Dda UHB			Powys THB	Mid and West Wales
	Carmarthenshire	Ceredigion	Pembrokeshire	Powys	
11-13	356	124	229	246	955
14-19	768	367	454	543	2,132
20-25	766	645	415	461	2,287
Total 14-25	1,890	1,136	1,097	1,250	5,374

Table 43 2020 estimates of the numbers of young people predicted to have experienced sexual abuse aged 11-25

Area Age group	Hywel Dda UHB			Powys THB	Mid and West Wales
	Carmarthenshire	Ceredigion	Pembrokeshire	Powys	
11-13	400	130	256	256	1,042
14-19	722	356	454	473	2,005
20-25	711	586	415	418	2,129
Total 14-25	1,833	1,072	1,124	1,147	5,176

Table 44 2025 estimates of the numbers of young people predicted to have experienced sexual abuse aged 11-25

Area Age group	Hywel Dda UHB			Powys THB	Mid and West Wales
	Carmarthenshire	Ceredigion	Pembrokeshire	Powys	
11-13	407	136	260	250	1,054
14-19	793	371	489	481	2,134
20-25	654	564	358	340	1,916
Total 14-25	1,854	1,070	1,107	1,072	5,103

Table 45 2015 estimates of the numbers of young people predicted to have experienced serious physical abuse aged 11-25

Area Age group	Hywel Dda UHB			Powys THB	Mid and West Wales
	Carmarthenshire	Ceredigion	Pembrokeshire	Powys	

11-13	416	145	267	287	1,114
14-19	896	428	529	634	2,487
20-25	893	753	484	538	2,668
Total 14-25	2,205	1,326	1,280	1,459	6,269

Table 46 2020 estimates of the numbers of young people predicted to have experienced serious physical abuse aged 11-25

Area Age group	Hywel Dda UHB			Powys THB	Mid and West Wales
	Carmarthenshire	Ceredigion	Pembrokeshire	Powys	
11-13	466	152	299	299	1,216
14-19	843	415	529	552	2,339
20-25	830	683	484	488	2,484
Total 14-25	2,139	1,250	1,312	1,338	6,039

Table 47 2025 estimates of the numbers of young people predicted to have experienced serious physical abuse aged 11-25

Area Age group	Hywel Dda UHB			Powys THB	Mid and West Wales
	Carmarthenshire	Ceredigion	Pembrokeshire	Powys	
11-13	475	158	304	292	1,229
14-19	925	433	571	561	2,489
20-25	763	658	417	397	2,235
Total 14-25	2,163	1,249	1,292	1,250	5,954

NEETS

Table 48 2015 estimates of the numbers of young people who are NEET aged 20-25

Area Age group	Hywel Dda UHB			Powys THB	Mid and West Wales
	Carmarthenshire	Ceredigion	Pembrokeshire	Powys	
20-25	2,437	2,053	1,320	1,469	7,279

Source: WG³¹

³¹ <http://gov.wales/statistics-and-research/young-people-not-education-employment-training/?lang=en>

Table 49 2020 estimates of the numbers of young people who are NEET aged 20-25

Area	Hywel Dda UHB			Powys THB	Mid and West Wales
	Carmarthenshire	Ceredigion	Pembrokeshire	Powys	
20-25	2,263	1,864	1,320	1,331	6,779

Table 50 2025 estimates of the numbers of young people who are NEET aged 20-25

Area	Hywel Dda UHB			Powys THB	Mid and West Wales
	Carmarthenshire	Ceredigion	Pembrokeshire	Powys	
20-25	2,082	1,795	1,138	1,083	6,099