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NORTH WALES
REGIONAL PARTNERSHIP BOARD

North Wales Population Needs Assessment 2027

Main report – consultation draft

July 2026

Mae'r ddogfen hon ar gael yn Gymraeg. This document is available in Welsh.

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Summary introduction

This is the consultation version of the report. The final version of the report will include changes we make because of the feedback we receive, and information about how we ran the consultation.

The North Wales Population Needs Assessment provides information about the care and support needs of people in North Wales and the support needs of carers. We use it to help plan our services and set priorities for the region. This works alongside health, well-being assessments and other assessments.

We publish an assessment every five years, the last version was published in 2022. The 2027 version of the assessment is a summary of the main messages from engagement feedback, data, and research, which we checked by consulting with people who use and provide care and support services.

We have published all the background data and research used in the Population Needs Assessment separately. These reports provide detailed charts and tables and explain any issues with data quality or availability, and include information about sources and methodologies.

An Easy Read version of this report is available on our website.

Main messages and priorities

These are the main messages and priorities based on the evidence we reviewed for the report but we recognise that things change, especially when we work with people to co-produce support based on what matters to them. This work is ongoing and we welcome further feedback about emerging issues after the report is published.

The number of older people in the population is increasing

The population of North Wales is changing. We expect to have more older people in the population, who are the group most likely to need care and support. This is because more of us are living longer due to health improvements and the large generation born after World War 2, the ‘baby boomers’, reaching older age. These population changes also mean there are not as many working age adults to provide social care for those who need it. There has also been a shift to providing more care in people’s own homes rather than in shared accommodation like care homes. We need to plan services that respond to these changes and the needs and strengths of our older population.

More people need support with their mental health and neurodivergence

More people need support with their mental health (including serious mental health conditions), and neurodivergence (such as Autism and ADHD). The increase is particularly high for young people. This may be because we are better at identifying who needs support, so this is an opportunity to make sure people get the care they need as early as possible before things get worse. People with care and support needs are more likely to also need support with their mental health. Work needs to be done to improve partnership working within mental health services.

Much of the care and support in North Wales is provided by unpaid carers

Much of the care and support in North Wales is provided by unpaid carers, such as friends and family. We estimate that it would cost £2.3 billion to replace unpaid care hours with paid care in North Wales, which is nearly as much as we spend on all health and social care services in North Wales combined. Providing unpaid care can be both rewarding and challenging. It can make it difficult for people to stay in work,

which may mean people have less money coming in, and can affect their health. Providing support to unpaid carers is important to support their well-being, the well-being of the person they care for, and to make sure the wider care system is sustainable.

People have told us they want us to listen to their needs, including providing help sooner, before they reach crisis

In every population group we looked at in the needs assessment, people have told us they want people to listen and provide help sooner, before they reach crisis. This can help prevent problems becoming worse. Sometimes, this need reaches beyond social care and health services and could be addressed by making sure people get the right housing, education, employment and other opportunities they need to thrive.

Support is needed beyond social care services

The main message from this needs assessment, beyond the social care sector, is the need to break down barriers in our society faced by people with care and support needs and unpaid carers. This includes the following.

- Accessible transport so people can get where they need to, such as health and social care services, work and leisure activities.
- Accessible and adaptable homes so that people can live where they choose.
- Improved access to paid employment as set out in the North Wales Supported Employment Strategy for people with learning disabilities.
- Improved access to health care. This includes making sure health care staff consider other potential causes when treating someone with an existing diagnosis (to avoid what's called 'diagnostic overshadowing') as well as providing accessible information and regular health checks for people with learning disabilities. This can reduce health inequalities and help people live longer and healthier lives.
- Poverty and deprivation increase risk of needing care and support, and impact people's care needs and well-being. Poverty can also be a consequence of poor health. Living in poverty can mean a person is more likely to experience unfair treatment, be less likely to seek help, and less likely to recover after treatment.
- The health and care sector is a major employer in the region which should be considered in workforce, skills and economic development planning.

Recommendations for each population group

These are the recommendations based on the evidence we reviewed for the report but we recognise that things change, especially when we work with people to co-produce support based on what matters to them. This work is ongoing and we welcome further feedback about emerging issues after the report is published.

- **Babies, children and young people:** The assessment supports the Children's Regional Partnership Board priorities around neurodiversity, supporting children's mental health and work on the national priority to remove profit from the care of children looked after by local councils.
- **Older people:** Help people age well, live the lives they choose and recognise their contributions. Provide care at home and avoid hospital care where possible. Provide enough good home care and care home places.
- **People living with dementia:** Deliver the dementia strategy by working together to provide accessible, good quality care based on what matters to people, create dementia friendly communities, support unpaid carers, improve transport and more.
- **Disabled adults:** Break down barriers faced by working age disabled people in transport, housing, employment, income, information and health care. Provide social care based on what matters to people.
- **Adults with a learning disability:** Put the North Wales Learning Disability Strategy into action to help people reach their potential, address transport issues, promote positive relationships, support people with profound and multiple learning disabilities and more.
- **Adults who are neurodivergent:** Create inclusive environments to address the challenges neurodivergent adults face. Make sure care and support is tailored to each person's needs.
- **Adults with mental health needs:** Provide mental health support through the health board's iCAN services. Work together to prevent suicide and self-harm through the North Wales Forum. Support people before they reach crisis and continue support for long enough to avoid future crises. Work needs to be done to improve partnership working within mental health services.
- **Carers who need support (unpaid carers):** Make sure the right support is in place for the person they care for. Provide support for carers, including breaks from caring designed around what matters to them.

- **Violence against women, domestic abuse and sexual violence:** Support regional work to address and prevent violence.
- **People experiencing homelessness:** Support people at risk of or experiencing homelessness. Provide the right housing in the right location to meet care and support needs and promote well-being.

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Introduction

This is the consultation version of the report. The final version of the report will include changes we make because of the feedback we receive, and information about how we ran the consultation.

This report has been written by the North Wales Regional Partnership Board. Partners include the six local councils in North Wales, Betsi Cadwaladr University Health Board and other partners including housing, police and fire services. The board oversees the planning and integration of services to make sure effective care and support are in place to meet the needs of the population.

The North Wales Population Needs Assessment provides information about the care and support needs of people in North Wales and the support needs of carers. We use it to help plan our services and set priorities for the region. This works alongside health assessments, well-being assessments and other assessments.

Care and support is about helping people to live the lives they want to lead. It includes support to meet practical needs, maintain independence, build on strengths, develop relationships and participate in family, community and working life. This can take many forms. Examples include help at home with personal care, meals or household tasks; support to access work, education or community activities; short breaks for carers; supported living services; day opportunities; information and advice services; advocacy; or equipment and adaptations to help people remain independent. Care and support may be provided by families, friends, businesses, community groups, charities or social care services from the local council.

We publish an assessment every five years, the last version was published in 2022. Since then, we have published regular updates on our website. These provide the background information and detail for the latest assessment.

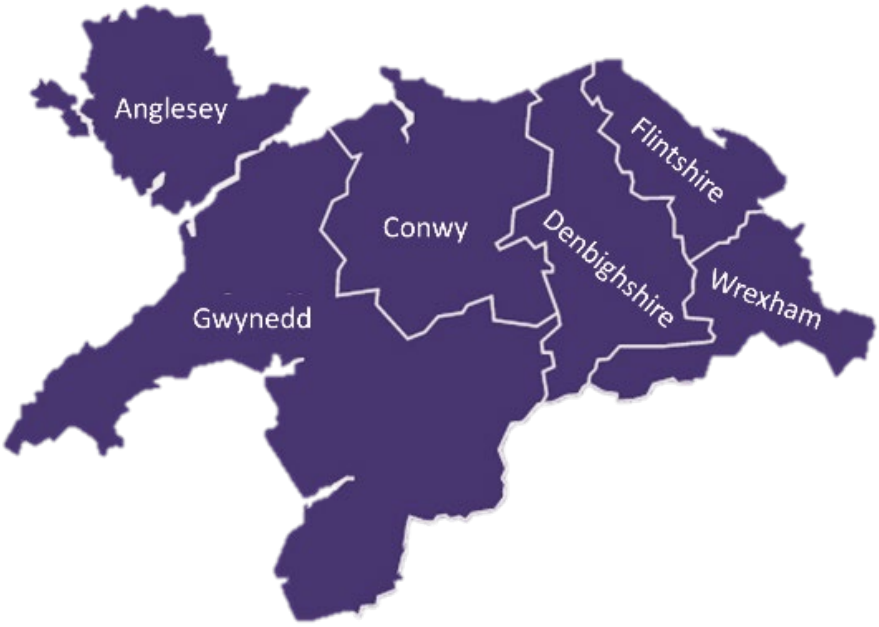
This is the third Population Needs Assessment the Regional Partnership Board has produced so the process has matured. While it is still important to check our assumptions, few of the findings are now new or surprising. The latest assessment builds on regional work which has taken place in the previous five years, for example, the regional dementia strategy and learning disability strategy were both informed by the needs assessment and are now part of the evidence base informing it.

The 2027 version of the assessment is a summary of the main messages from these updates, which we checked by consulting with people who use and provide care and support services.

About North Wales

North Wales is the largest region in Wales, covering almost a third of the country's land area and home to just over one fifth of its population. Around 697,100 people live here, served by one health board, six local councils and a wide network of town and community councils, businesses, charities and community organisations.

The region has an older population profile than Wales and the UK as a whole. The number of children and young people is falling, while the number of older people is increasing. The population aged 85 and over, the group most likely to need care and support, is expected to grow over the next decade, which will impact public services, local economies and unpaid carers.



North Wales is home to some of the most Welsh-speaking communities. Around 81% of all people age three and over speak Welsh in Caernarfon in the west, with fewer Welsh speakers towards the English border in the east.

The region includes areas of deep and persistent deprivation, particularly in parts of Rhyl, as well as rural poverty and isolation that can be less visible in national data.

North Wales is shaped by both its natural environment and its economic history. It includes Eryri National Park, extensive coastlines and rural communities, alongside areas influenced by industry and advanced manufacturing, particularly in the east.

Public services are major employers across the region, with agriculture and tourism being key economic drivers in more rural areas.

Road and rail links along the coast are relatively strong, but less so in the rest of the region. Public transport routes are not always fast or well-integrated. For many people, short distances in theory can mean long journeys in practice, shaping access to services, work and support.

Population groups

The assessment is organised around the population groups listed in the Welsh Government guidance. These are:

1. Babies, children and young people
2. Older people
3. People living with dementia
4. Adults who are disabled including sensory impairments or who have long-term health conditions
5. Adults with a learning disability
6. Adults who are neurodivergent
7. Adults with mental health needs
8. Carers who need support
9. People who have experienced violence against women, domestic abuse and sexual violence
10. People experiencing homelessness

Each chapter includes an assessment of need for the population group and information about the range and level of services required to meet that need.

For prevention and early intervention services we have also carried out a review of evidence about the effectiveness of available interventions that we will publish as an appendix to the report.

Issues affecting all population groups

The social care workforce

Challenges facing the social care workforce include:

- Increased demand for care
- Attracting and recruiting people to work in social care
- Retaining the staff currently working in social care

- The mental and emotional well-being of staff.

The increased demand for care is being driven by:

- Demographic changes with more older people and fewer working age people in the population
- Health inequalities being further exacerbated by the legacy of COVID-19 pandemic
- Increasing mental health issues
- Increasing numbers of people living with multiple long-term health conditions due to demographic changes and improvements in healthcare.

More information, including resources to help address these social care workforce challenges, are available in our workforce evidence summary.

Commissioning and market stability

Commissioning is how health and care organisations plan, purchase and review services to meet people's needs. This assessment will help us understand current and future demand, while the Market Stability Report will help us understand whether there are enough services and providers available to meet that demand. This will help inform future commissioning decisions and support a stable and sustainable care provider market.

The Market Stability Report is due to be published by the Regional Partnership Board in October 2027.

Palliative and end of life care

Palliative and end of life is something we need to consider for all our population groups and has been raised in our consultation and engagement. There is a national needs assessment which is under development. We will include a link to this in our final report.

Digital technology

Digital technology has the potential to transform how health and care services are delivered, improving access to support, helping people live more independently, and enabling services to work more efficiently. As new technologies are developed and adopted, it is important to ensure they are safe, inclusive and meet the needs of the people who use them. This work is being led by the North Wales Digital, Data and Technology Partnership Board.

Data sharing

Data about where vulnerable people live is not always shared between services and doing so could help, particularly in emergencies (for example sharing with fire services, council's emergency planning services, water and energy providers).

Safeguarding

The joint North Wales Safeguarding Children's and Adults Board lead on safeguarding across the region.

Impact of the Covid-19 pandemic

The COVID-19 pandemic had a profound impact on health, well-being and the delivery of care and support services across North Wales. While the direct health effects were significant, some of the longest-lasting consequences have been increased social isolation, poorer mental well-being, pressures on unpaid carers, disruption to education and support services and widening inequalities. This is especially noticeable in evidence about children's mental well-being and engagement with education. The pandemic also accelerated changes in the use of digital technology and highlighted the importance of addressing digital exclusion so that services are accessible to all. Many of the immediate effects of the pandemic have reduced over time, but its impacts continue to shape needs across health and social care.

Other population groups and assessments

There are some groups with care and support needs that do not have their own chapter in the assessment because needs assessments and strategies are already in place for North Wales. This is so we avoid duplicating work already done.

Health care and public health

Information on public health, health care services, programmes to prevent ill health, and healthy lifestyle advice (including the five ways to well-being) can be found through Betsi Cadwaladr University Health Board. The Director of Public Health's Annual Report 2025 includes information about the building blocks of health and well-being which shape all our lives and how we can work together to strengthen these. More information about the North Wales approach is set out in our Well-being, Prevention and Anchor Charter Framework.

People with drug and alcohol problems

We have included some information in the mental health chapter. More information is available from the North Wales Area Planning Board. The board is a partnership which supports the planning, commissioning and performance management of substance misuse services across the whole of North Wales. They produced the North Wales Alcohol Harm Reduction Strategy 2025 to 2028.

Veterans

More information about veterans in North Wales is included in our background data and literature searches.

Well-being of future generations

Alongside this assessment of care and support needs, Public Services Boards are producing well-being assessments for the North Wales area based around the seven connected well-being goals for Wales.

- A prosperous Wales
- A resilient Wales
- A healthier Wales
- A more equal Wales
- A Wales of more cohesive communities
- A Wales of vibrant culture and thriving Welsh language
- A globally responsible Wales

We work closely with the Public Services Boards to share information about people's care and support needs to inform their well-being assessments. The assessments set out what everyone, including people with care and support needs, need to live well, both now and for future generations. They cover issues such as the economy, culture, climate, and nature, which are vital for the well-being of the groups included in this needs assessment, but which are beyond our scope.

The context of people's lives

To organise this report, we have split people into different groups, looked at the data we have about each group and considered the support they need. However, a key message to emerge out of our research is that people's real lives can't be neatly divided up and counted like this. Many of the problems people face emerge when services are not organised around what matters to the people who use them.

Good care and support are about helping people to live gloriously ordinary lives[1]. It's about recognising people's strengths and meeting basic needs as well as supporting opportunities for love, connection and meaning. It's about shaping the places people live to make sure they are inclusive and accessible, including good homes, jobs and education, and safe spaces in which to play, exercise and socialise.

Involving people in designing services

To move beyond 'us and them' approaches, we need to work alongside people and communities to design the services and support that affect them. This needs assessment helps identify the wider issues and trends shaping society, but how people experience these issues and what matters most to them will vary. That is why decisions about care and support should be made with people, not for them. This approach is often described as co-production, where people, families, communities and professionals share power and responsibility in designing and delivering care and support.

How we involved people in writing the report

This work was led by a steering group including representatives from each of the six councils and the health board, who linked up their local data collection and engagement activities with the regional work.

We learned from people's lived experiences by:

- Collating people's stories from engagement activities across North Wales.
- Summarising the research evidence about the different needs people have for care and support.
- Sharing a survey to find out what matters to people who need care and support. The survey was shared in different formats and versions to be as accessible as possible.

One of the key messages from this work was that listening and learning from people's lived experiences needs to be an ongoing part of the way we provide support. We need to take care that this is done thoughtfully, respectfully and ethically.

[1] Shannon, B and Nicoll, T. Gloriously Ordinary Lives.

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The words we use

The code of practice for writing Population Needs Assessments says the report should be drafted using accessible language so that it can be considered by members of the public. We have tried to use the clearest language we can in this report and included more technical terms and explanations in the background papers for those who need them. This is also why we have included data sources and references in the background papers rather than in this report.

The Social Model of Disability was formally adopted by the Welsh Government in 2022. The social model stresses that disabled people experience problems because of the way that society is organised rather than because of their impairments. It usually includes a shift to using identity first language like ‘disabled person’ rather than person first language like ‘person with a disability’, to highlight the barriers disabled people face in society.

Where possible we have followed guidelines written about their preferred language by members of population groups themselves, although sometimes the language used is different to reflect the terms used by the source material.

We have continued to use the term ‘people with learning disabilities’ as this is the term community and self-advocacy groups choose to use. However, we acknowledge that this language may not reflect fully the principles of the social model, and that people have different opinions about the language they prefer to describe themselves that can change over time.

These debates continue to be welcome across our discussions with people accessing services and their families.

We’ve also considered how we define and use the term ‘prevention’ throughout this report. Welsh Government guidance[2] states ‘There is no one definition for what constitutes preventative activity. It can be anything that helps meet an identified need and could range from wide-scale measures aimed at the whole population to more

[2] Welsh Government (2024) Part 2 Code of practice on the general social care functions of local authorities.

targeted individual interventions, including mechanisms to enable people to actively engage in making decisions about their lives.' Some argue we should avoid the term altogether 'and focus instead on what it is that we want to promote and to grow and to flourish'[3]. In general, where people have told us prevention is important for meeting their care and support needs, they are talking about getting help from services early, before they reach a crisis. Where we've used the term, we have tried to explain the context and focus on people's well-being.

The data we use

We have published all the background data and research used in the Population Needs Assessment separately. These reports provide detailed charts and tables and explain any issues with data quality or availability, and include information about sources and methodologies.

Welsh language, equalities and human rights

For each of the population groups we have considered the equality profile, information on protected characteristics, the socio-economic duty and carried out equalities and human rights literature searches to inform this needs assessment. This information is threaded throughout the report and its supporting background data and research rather than being published as a separate Equality Impact Assessment. We made this decision following discussions with Welsh Government officers.

This approach helped us to assess the impact on different groups with protected characteristics and can help inform equalities impact assessments for any decisions, policies or strategies developed in response to this needs assessment.

We have considered the following equality and human rights legislation:

- United Nations Convention on the Rights of the Child (UNCRC)
- United Nations Convention on the Rights of Persons with Disabilities (CRPD)
- United Nations Principles for Older Persons
- The Declaration of Human Rights for Older People in Wales 2014
- Human Rights Act 1998
- Equality Act 2010
- Social Services and Well-being (Wales) Act 2014

[3] Shannon, B (2023). Words that make me go hmmm: Prevention – Rewriting social care

- Well-being of Future Generations (Wales) Act 2015
- Welsh Government (2022) More than just words: Welsh language plan in health and social care

"These rights – and the intentions behind them – are at the core of what good care and support should mean at a day to day level. Whilst they may sometimes appear abstract, they are really about such mundane things as eating a meal when you are hungry rather than when a service wants to provide it; having a bath in privacy and comfort; being able to play with your children or go to church or to the pub in the same way as everyone else."

Equality and Human Rights Commission

Artificial Intelligence (AI) use in the report

Most of this report was written by human beings with some AI help in summarising and phrasing. The Regional Partnership Board Team have checked this for accuracy and take responsibility for the content.

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01 Babies, children and young people

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Population group

Babies, children and young people, age 0 to 24, who need care and support including:

- Children and young people who have experienced being in care
- Children and young people with long-term health conditions
- Disabled children and young people
- Children and young people with emotional and mental health needs
- Young people who are pregnant or parents
- Children and young people with experience of the youth justice system.

For more information about children and young people's well-being in general, including in early years, see the Focus on Early Years bulletin and Public Services Boards' Well-being Assessments.

Many of the issues and conditions that affect children needing care and support continue into adulthood. These are covered in more detail in the relevant chapters of this assessment.

Recommendations

The assessment supports the Children's Regional Partnership Board priorities around neurodiversity, supporting children's mental health and work on the national priority to remove profit from the care of children looked after by local councils.

Key messages

- Children and young people with care and support needs can thrive when they have the right help and a positive, supportive environment around them.
- All children have a right to education and play, to be safe, healthy, have a say and not live in poverty. We need to remove any barriers that prevent children with care and support needs from fully accessing those rights.
- The number of children with care and support needs is increasing at the same time as the overall number of children in the population is decreasing.
- The number of children and young people with care and support needs has increased to about 3,720 in North Wales.
- The number of children and young people with a probable mental health condition increased from one-in-nine to one-in-five between 2017 and 2023.
- There are around 4,410 young carers aged between 5 and 24 in North Wales.
- There are at least 8,100 disabled children in North Wales and this number is increasing.
- The number of children who are diagnosed with or seeking a diagnosis for neurodevelopmental conditions like autism and ADHD is increasing.
- Families of disabled children and children with long-term health conditions face additional challenges.
- There are around 140 unaccompanied young migrants and refugees who are the responsibility of North Wales local councils.
- The number of young people in the criminal justice system is decreasing.
- For young people with care and support needs, moving into adulthood often means navigating changes not only in their lives, but also in the services available to them (often called transition). This can be difficult when children's and adults' services aren't well coordinated.
- Child poverty is increasing.

What children and young people are telling us

- The youngest children say they want to spend time with family and friends, play outside, do things that keep them healthy, and be kept safe by the adults around them. To make life better they wanted to see children’s basic needs (food and water) are met, make sure people are kind, increase opportunities for play, and make sure everyone has housing.
- Parents told us that they wanted more pre-natal classes, more affordable childcare including Welsh medium options, more accessible information, support

for their mental health and well-being and that of their children, better communication between services to help people get the right support when they need it, support for fathers, and opportunities for their children to play.
- Young carers told us they wanted more mental health and well-being services, more awareness and more breaks from caring. It's important their caring role is recognised by schools and hospitals, so they can be trusted, respected and supported.

Children identified things that they felt would help to better support their mental health.

- Safe spaces in the community where young people can speak to someone or just relax knowing they are safe when they are going through a difficult situation and need help quickly (Crisis Safe Spaces). A place that's calm with respectful, skilled and trained professionals.
- Better access to community provision which supports well-being, including those with disabilities and lesbian, gay, bisexual, trans and queer (LGBTQ+) support groups.
- School support – training and resources for staff, privacy when accessing support, better support for physical disabilities, better support for those not attending school regularly, recognition of neurodiversity prior to diagnosis, links between services, and in-school interventions.
- Reducing stigma / judgement around mental health conditions.
- Child and Adolescent Mental Health Services (CAMHS) to value and act on the voice of the young person.
- Smoother transition from child to adult services.
- Person-centred approaches across mental health care.
- Services for children in the 'missing middle' who are 'not bad enough' for a service, but 'too bad' for another so they can get the right support.

What adults supporting children and young people are telling us

- There are long waiting lists for assessment and diagnosis for neurodevelopmental conditions and mental health support, which has an impact on children and families and means we may not be aware of all the children who need support.

- There are challenges to removing profit from the care of children looked after by their local council. These include making sure there are enough foster care and children's places available from not-for-profit organisations, supporting businesses to change their operating models and making sure children and young people's needs and rights are supported through the process.

What the data and research is telling us

The number of children in the population is decreasing

- The overall number of births and birth rates have been falling for some time.
- Net out-migration of young adults in some areas has also had an impact on the number of children in the population, as it reduces the number of women of child-bearing age in the population.
- These trends are likely to continue in the future.

The number of children and young people with care and support needs has increased to about 3,720

- There are 3,720 children receiving care and support across North Wales. This is 28.0 per 1,000 children aged 0 to 17 and is lower than the Wales rate of 32.7 per 1,000 children.
- The numbers of children who are receiving care and support have generally been on an upward trend, increasing by about 500 across North Wales since 2000. This increase is mainly due to increases in the numbers of children who are looked after.
- Children and young people can do well in care with positive educational, social and health outcomes. They face many challenges, such as moving homes or schools, feeling unsettled, and missing friends or family, and are more likely to experience difficulties with health, education, and building relationships. While outcomes can appear worse compared to the general population, this is not always the case when compared with other children who have had similar experiences. Things that can help include kinship care (grandparents, older siblings) whereas frequent placement changes, spending longer in care, and failed reunification attempts can make things more difficult.
- Children exposed to substance misuse are more likely to need care and support from social services with promoting contact with parents, developmental issues, mental health, social challenges and side-effects from substances, such as withdrawal.

- Adopted young people may experience feelings of contentment with good relationships with both birth and foster / adopted parents. However, many children who are adopted after being in care may experience issues with mixed feelings and emotions about their birth parents.
- For young people with care and support needs, moving into adulthood often means navigating changes not only in their lives, but also in the services available to them (often called transition). This can be difficult when children's and adults' services aren't well coordinated.

The number of children and young people with a probable mental health condition increased from one-in-nine to one-in-five between 2017 and 2023

This data comes from 'The Mental Health of Children and Young People' survey produced by NHS England.

- An estimated 28,600 children and young people aged 8 to 25 in North Wales have a probable mental health disorder.
- A more general survey of all school children in Wales found 37% of those aged 11 to 16 scored high or very high for emotional problems.
- Some groups of children can be more likely to experience poor mental health. These groups include neurodiverse children, children who have had traumatic childhoods, young carers, children with learning disabilities, care experienced children, children who experience poverty, young refugees and asylum seekers, children who experience homelessness, children who are known to the youth justice system, young adults who are not in education, employment, or training (NEET), children who are LGBTQ+ and children from some ethnic minority backgrounds.
- Young women aged 16 to 24 are about three times more likely to experience common mental health conditions than young men of the same age.
- The environments that children grow up in can affect their mental health.
- There has been a significant increase in eating disorders among young people. This is alongside a sharp rise in eating problems in recent years, especially among teenagers whose main anxieties are about weight and body image.
- It can be difficult to access the right mental health support at the right time.

There are around 4,410 young carers aged between 5 and 24 in North Wales

- 14.0 out of every 1,000 children aged 5 to 15 and 49.8 out of every 1,000 young people aged 16 to 24 are young carers.
- Around 710 young carers had a support plan during 2024/25 but there are some gaps in the data so this is likely to be an undercount.
- It can be difficult to identify young carers. They may not see themselves as carers, and it can take many years before young carers are identified as such.
- Some young carers report positive outcomes from being a young carer such as strong family bonds, developing skills / personal growth and increased empathy, compassion and a desire to help others.
- Young carers often face a wide range of emotional, physical, educational, social, and financial challenges that can limit their well-being, opportunities, and access to support.

There are at least 8,100 disabled children in North Wales and this number is increasing

- About one in ten disabled children have complex disabilities and are more likely to have care and support needs.
- There were almost 800 disabled children receiving care and support from North Wales councils in 2022/23.
- About two thirds of disabled children are boys.
- Three out of five disabled children are aged between 10 and 15.
- The main conditions for children claiming disability benefits are behavioural disorders and learning difficulties.
- The number of disabled children may increase in the future, even if the number of children in the population decreases.

Experiences of children living with long-term health conditions

- Children and young people living with long-term health conditions can demonstrate great use of coping mechanisms, self-efficacy, adaptability, and resilience. Some felt living with a health condition had strengthened their family relationships and made them more mature.
- Many children and young people experience issues due to living with a health condition. This can include living with pain and other symptoms, discrimination, and barriers to education and social participation. These experiences can affect

their emotional well-being, self-esteem, and quality of life, and may lead to stress, anxiety, or depression.

- Other challenges include transitions between services, lack of support, and feeling unheard.

Experiences of disabled children

- Disabled children and young people found positive and supportive environments in childcare or school can be lifechanging.
- Disabled children and young people can face issues around discrimination and barriers to accessing support, school, transport, work and social opportunities. This can lead to loneliness, feeling unsafe, and impact their mental health and well-being.
- It's important that their views are listened to and they have the right support to communicate their needs.
- Children who are blind and partially sighted can face challenges with being high need but not having their needs understood and disparity in access to specialist support.

Experiences of families

- Families of children with long-term health conditions can face challenges with social isolation; emotional, mental and physical health, supporting siblings, navigating the system – care can be fragmented with poor communication, impact on work and finances, and fear of judgement or lack of sympathy and empathy.
- Families of disabled children can face challenges with finding appropriate housing, difficulties accessing support and education and having to fight for their child's needs, limited access to Welsh language provision, financial and employment difficulties, physical and mental health, social isolation, stigma and discrimination, parental blame, family breakdowns, impact on siblings and not being listened to or taken seriously.
- The research also identified that access to the correct and sufficient support can help to reduce these challenges for children and young people and their families.

The number of children who are diagnosed with or seeking a diagnosis for neurodevelopmental conditions like autism and ADHD is increasing

- About 2,300 children and young people in North Wales are estimated to have autism. Better awareness and increased diagnosis of the condition means autism prevalence rates have increased, although rates may still be underestimated, especially for girls.
- Between 6,650 and 13,310 children in North Wales may have attention deficit hyperactivity disorder (ADHD) though this is harder to estimate.
- The number of children with autism who have additional learning needs is increasing.
- The number of neurodiverse children needing support may increase in the future, even if the number of children in the population decreases.

There are around 165 unaccompanied young migrants and refugees who are the responsibility of North Wales local councils

- The number of unaccompanied young asylum seekers who are the responsibility of North Wales local councils has risen since the last Population Needs Assessment to around 40 looked after children and 125 care leavers (those over 18 who have chosen to stay in contact with the local authority). Some of these children and young people may be living in other parts of the UK but our councils still have responsibility for their well-being.

The number of young people in the criminal justice system is decreasing

- The number of children in the criminal justice system (aged 10 to 17 who were cautioned or sentenced) was 196 in 2024/25, down from 523 in 2014/15.
- There may be fewer young people in the youth justice system due to policies to reduce criminalisation of young people, particularly care experienced young people and those at risk of exploitation.

Child poverty is increasing

- About 10,650 young people aged 0 to 17 and 3,350 aged 18 to 24 live in deprived areas in North Wales. This is about 8.0% of all 0 to 17 year olds in the region and 6.9% of 18 to 24 year olds.
- Denbighshire has a particularly high proportion of young people living in deprived areas, mainly concentrated in Rhyl.

- The proportion of children living in low-income families in North Wales is high compared to the Great Britain average of 23.9%. There are 31,350 (26.9%) children aged 0 to 15 living in low-income families.
- The proportion of children living in low income families has been on a generally upward trend since 2016/17. Across North Wales, about seven out of ten children identified by this measure are in families that are in work.
- An estimated 15.1% of people aged 16 to 24 are not in education, employment or training (NEET), which is equal to about 9,800 young people in North Wales.

Service review: what works and what needs improving

The Children's Regional Partnership Board focus on three priority areas.

1. Neurodiversity
2. Supporting mental well-being
3. Removing profit from the care of children looked after by local councils.

Specific priorities for improving support for children and young people with mental health and neurodevelopmental needs include the following.

- Develop an open access approach so that children, young people, and families get support and intervention when they need it. This is called a 'no wrong door approach'. Help should be available to everyone who needs it, even if they don't have a diagnosis. No-one should have to wait to become more unwell before they're eligible for a service. There is more information in our strategy, 'The Right Door'.
- Expand early intervention support.
- Expand support for children and young people who are too unwell for early intervention services but not unwell enough to be eligible for specialist mental health support. This group are sometimes called the 'missing middle'.
- Reduce neurodevelopment assessment waiting times while making sure children and young people can access appropriate support before diagnosis, based on a profile of their needs.
- Increase support after diagnosis for children, young people and families.
- Strengthen trauma-informed approaches and services for care-experienced children and young people.

- Improve transition pathways between Children and Adolescent Mental Health Services (CAMHS), children's neurodevelopment services and adult services through joint planning.
- Increase community-based crisis hubs and intensive home treatment where appropriate.
- Include workforce planning to ensure sustainable delivery of mental health and neurodevelopmental services.
- Strengthen outcome measurement to demonstrate the impact of services.

There is also a North Wales Early Years Integration and Transformation Steering Group who work together to pilot new ways of working and share learning to transform services and improve outcomes.

This work is based on children's rights to education and play, to be safe, healthy, have a say and not live in poverty as set out in the United Nations Convention on the Rights of the Child. It is also based on the Welsh Government Nyth/Nest framework, which sets out the key principles of mental health and well-being for babies, children, young people, and their families.

More information

- Literature searches and evidence summaries
- Research bulletins
- Engagement directory
- Focus on children and young people
- Health Needs Assessment: Mental Health of Babies, Children and Young People in Wales (Public Health Wales)
- Secondary school children's health and well-being dashboard: School Health Research Network (SHRN) survey data

Partnerships, strategies and policy

- North Wales Children's Regional Partnership Board
- The Right Door. North Wales regional strategy for children and young people. The Right Door means that wherever you go to find support – at school, a community service, social services, or health service – you'll get help.
- Emotional health, well-being and resilience framework. Framework for North Wales based around the five ways to well-being. The framework shows how

parents, other trusted adults and support services can help children and young people connect, be active, give, keep learning, and take notice at different ages.

- Welsh Government NYTH/NEST framework for improving mental health and well-being
- Local council play sufficiency assessments

02 Older people

This is the consultation version of the report. The final version of the report will include changes we make because of the feedback we receive, and information about how we ran the consultation.

We have published all the background data and research used in the Population Needs Assessment separately. These reports provide detailed charts and tables and explain any issues with data quality or availability, and include information about sources and methodologies.

Population group

This chapter looks at older people with care and support needs. There is no agreed definition of an older person. The context determines the age range, for example: including people aged 50 or over when looking at workforce planning; people aged 65 or over in many government statistics; people aged over state pension age, which is currently aged 67 or older; and people aged 85 or over when looking at increased likelihood of need for care and support.

More information about older people is included in the dementia chapter.

Recommendations

Help people age well, live the lives they choose and recognise their contributions. Provide care at home and avoid hospital care where possible. Provide enough good home care and care home places.

Key messages

- More of us are living longer so we need to plan services that respond to the needs and strengths of our older population.
- Older people are most likely to receive care and also to provide the highest number of hours of unpaid care for others.
- Dependency ratios are high in North Wales, which means there are not as many working age adults to provide social care to those who need it.
- The proportion of older people living in care homes has been reducing since at least 2001, likely due to longer-term policy trends towards providing more at home care, and general improvements in population health.

- Although people aged 85 and older are more likely to need care and support, almost three quarters of people aged 85 or over who live at home live independently without paid or unpaid care.
- More older people are likely to need care at home, and the sector faces challenges in meeting this demand.
- Better data sharing between key services could help improve support for vulnerable people.

What people are telling us

Based on the issues and concerns raised with the Older People's Commissioner for Wales, they have identified four key outcomes.

Older people need to:

- Be able to access the information, services and support they need
- Feel safe in their homes, communities, and relationships
- Be treated fairly and have their contribution recognised and valued
- Have their voices heard and have choice and control over their lives.

More could also be done to explore the potential for intergenerational working in social and community groups. Intergenerational working is when people from different age groups and stages of life collaborate, learn and share experiences with one another.

Service providers told us that data about where vulnerable people live is not always shared between services and that doing so could help, particularly in emergencies (for example sharing with fire services, council's emergency planning services, water and energy providers).

What the data and research is telling us

The number of older people in the population is increasing

- The latest population estimates (2024) put the total number of people aged 65 and over in North Wales at about 167,550. This is made up of 83,750 people aged 65 to 74, 62,200 aged 75 to 84 and 21,600 aged 85 and over.
- There are more women than men aged 65 and over. The proportion of women in the population increases in the older age groups – women make up 51% of the population aged 65 to 69 and 67% of the population aged 90 and over.

- Between 2014 and 2024 the population aged 65 and over in North Wales increased by 16,600 – rising from 21.9% of the total population to 24.0%. In the same period, the population aged 85 and over increased by 1,900 (2.9% of the population in 2014 compared to 3.1% in 2024).
- North Wales has a higher proportion of its population aged 65 (24.0%) or older than across Wales (21.7%) or the UK as a whole (19.0%).
- The proportions of older people in the population are highest in Conwy and Anglesey.
- The proportion and number of older people in the population is expected to increase until the mid-2040s, when the large baby-boomer cohort begins to decrease in size as more people in this age group die. The number of people aged 85 and over in North Wales (the age group most likely to need care and support) is expected to increase by 11,150 between 2024 and 2034.

Older people are most likely to receive care

This includes both paid and unpaid care at home and excludes people in care or nursing homes.

- The overall proportion of people receiving care at least once a week has been stable in recent years, at around five percent.
- The likelihood of receiving care at least once a week increased with age, with 27% of people aged 85 and over receiving care every week. This means almost three quarters of people aged 85 or over who live at home live independently without paid or unpaid care.
- Dependency ratios are high in North Wales, which means there are not as many working age adults to provide social care or unpaid care for those who need it.

Older people provide the highest number of hours of unpaid care

- Across Wales, while people aged 50 to 64 are the most likely to be providing unpaid care the older age groups provide the highest number of hours of unpaid care.
- For women, it was those aged between 75 and 79 who were most likely to provide 50 hours or more of care a week.
- For men, it was those aged between 85 and 89 who were most likely to provide 50 hours or more of care a week.

The proportion of older people living in care homes has been reducing since at least 2001

- The longer-term policy trends towards providing more care at home, and general improvements in population health mean demand for care home spaces has not kept pace with population growth.
- The number of people living in communal establishments (such as care homes and hospitals) has been stable at a North Wales level in the past decade while the population has grown, though patterns of change vary at local authority level.
- Around 3.1% of people aged 65 and over live in communal establishments in North Wales, rising to around 13.1% of those aged 85 and over.
- Based on population changes, we estimate that we may have another 1,740 people living in hospital, nursing and care homes in North Wales by 2036. This may vary due to policy changes and availability of suitable accommodation.

More older people are likely to need home care, and the sector faces challenges in meeting this demand

- Domiciliary care (home care support) may include help with daily living tasks, personal care, and other activities to maintain independence and well-being.
- Domiciliary care services are under significant pressure due to rising demand, workforce shortages and financial challenges for providers.
- Recruitment and retention of staff remains difficult, linked to low pay, insecure hours, workload pressures, changes to government policy affecting overseas recruitment, and the risks associated with lone working.
- People who rely on domiciliary care can experience delays, cancelled or shortened visits, and limited continuity of care due to workforce shortages.
- Families and unpaid carers often step in to manage gaps in support, which impacts on their own well-being.
- Technology in domiciliary care has the potential to improve coordination of services, efficiency and independence, but its effective use is limited by issues such as access to equipment and connectivity, usability, digital skills, costs, organisational support, and concerns about privacy, ethics and regulation.
- Some groups face additional barriers to accessing consistent, appropriate care, including some ethnic minority groups, lesbian, gay, bisexual, trans and queer (LGBTQ+) people and people living in rural areas.

Service review: what works and what needs improving

There are a wide range of preventative services in North Wales designed to help older people avoid unnecessary hospital stays and keep people active and independent to live the lives they choose.

The Regional Integration Fund supports older people with complex care needs, closer to home through a network of integrated services including the Community Resource Teams. Community Resource Teams operate across North Wales in different ways. The services include GPs, social workers, nurses, support workers, allied health professionals and other specialist clinicians who work together to provide wrap around support to people with health and social care needs within the community. The aim is to prevent people needing to go to hospital in the first place, or if they do, to help them get home faster. They work closely with other services to make this happen, including Home First and other response teams across the region. The Falls and Frailty project led by the Welsh Ambulance Services Trust (WAST) supports people who have fallen to access these services instead of going to hospital. This reduces their time waiting for ambulances and means they receive care locally instead of going to hospital. People have told us these services could be more consistent across North Wales.

Older people also have access to support from the Regional Integration Fund to services coordinating hundreds of activities in communities across North Wales to support people lead good, healthy lives. For example, Nifty 60s on Anglesey has created a community of people aged from 60 to over 90 who exercise regularly to meet their goals of picking up grandchildren, going on holiday and getting off the sofa more easily. With weekly attendance of over 350 people (and growing) across eight venues, older people can access low cost, evidence-based exercise classes and connect with others.

Home care

The invitation to tender that was put out along with the 2025 renewal of the North Wales Domiciliary Care Agreement aimed to address some of the needs identified including:

- A commitment to ensuring workers are paid a real living wage
- Steps to address the recruitment of modern slavery victims

- Commitment to fair working practices
- Looking at the training that is available to staff
- Processes to ensure continuous care and support, with minimal disruption.

Since the new agreement has been in place partners have reported that waiting lists have reduced.

Our research found potential for improvements to home care including:

- More joined up health and social care where social care is an equal partner
- Redesigning roles, and terms and conditions
- Incorporating new technologies
- Implementing effective prevention
- Maximising independence
- Embracing and using community assets
- Social participation / engagement tailored to the persons needs and preferences
- Strategies to reduce violence – training, reporting processes, working with family, peer support
- Rapid care packages for end of life care.

For more information including examples of good practice, guides and resources for improving home care, see the domiciliary care evidence summary ('Bringing care closer to home').

More information

- Literature searches and evidence summaries
- Research bulletins
- Engagement directory

Partnerships, strategies and policy

- Older People's Commissioner for Wales

03 People living with dementia

This is the consultation version of the report. The final version of the report will include changes we make because of the feedback we receive, and information about how we ran the consultation.

We have published all the background data and research used in the Population Needs Assessment separately. These reports provide detailed charts and tables and explain any issues with data quality or availability, and include information about sources and methodologies.

Population group

The term dementia describes symptoms that may include memory loss and difficulties with thinking, problem solving or language. There are many different types of dementia. The most common is Alzheimer's disease but there are other types such as vascular dementia or dementia with Lewy bodies.

Recommendations

- Deliver the dementia strategy by working together to provide accessible, good quality care based on what matters to people, create dementia friendly communities, support unpaid carers, improve transport and more.

Key messages

- People want accessible, good quality care based around what matters to them and their families. Communities can help by raising awareness and becoming dementia friendly.
- The number of people living with dementia has been increasing and is likely to continue to increase.
- Most dementia care is provided by unpaid carers, who need support.
- The North Wales Dementia Strategy and action plan sets out how we will work together to improve dementia care in North Wales.

What people are telling us

- Everyone should have easy access to good quality care when they need it.
- Care should be based around what matters to the individual and their family.

- Services should be easy to access, and help may be needed to navigate the support that is available.
- There should be a variety of groups and activities, so there is something to interest everyone.
- Dementia awareness and training should be available to the wider community, to help people understand and support those living with dementia, like the Dementia Friendly Communities scheme.
- Access to dementia friendly transport should be available, providing free or low-cost transport to appointments, activities, shopping, and places of interest.
- Welsh language: Services should be available in the person's language of choice.

What the data and research is telling us

- Dementia is a condition mainly associated with old age.
- The number of people living with dementia in North Wales is increasing.
- An estimated 12,150 people in North Wales are living with dementia, including about 300 people with young onset dementia.
- Not everyone with dementia is diagnosed. Around 5,800 people in North Wales have a dementia diagnosis, which is about half of the number estimated to have dementia.
- Women are more likely than men to be affected by dementia.
- The number of people with dementia is likely to increase in the future.

Diversity and inclusion in experiences of dementia

- Most dementia care is provided by unpaid carers, who need support.
- It is important to make services available in Welsh because people in Wales should be able to live their lives through the medium of Welsh if they wish to do so.
- People with young-onset dementia may have different care needs.
- People with learning disabilities have an increased risk of developing dementia.
- Ethnic group can affect prevalence, diagnosis, treatment and care.
- Lesbian, gay, bisexual, trans and queer (LGBTQ+) people can face additional challenges when living with dementia.

Risk factors and other things to look out for

- Some things might help reduce risk and delay onset of dementia although no single behaviour is guaranteed to prevent dementia, and some are easier to change than others.
- Mild cognitive impairment increases dementia risk but not everyone will develop dementia.
- There are links between sight and hearing loss and dementia risk.
- Other health issues still need monitoring as not every health issue is related to dementia. When other causes are missed it is known as ‘diagnostic overshadowing’.
- Poverty and deprivation increase risk of dementia, and impact care.

How dementia care is funded

- Most financial costs are paid by people living with dementia and their families.
- Spending on older people’s services increased in the last 10 years, which includes spend on supporting people living with dementia.

Service review: what works and what needs improving

Examples of good practice

- North Wales Dementia Memory Support Pathway
- Dementia Friendly Community accreditation scheme

What needs improving

The North Wales Dementia Strategy identifies priorities for improvement.

- Work towards dementia friendly-status for our organisations and communities.
- Further develop the Memory Support Pathway.
- Identify hearing impairment in people with dementia.
- Increase support in the community so that hospital admissions are not required and work with emergency services to improve care for people affected by dementia.
- Explore transport solutions for people living with dementia.

More information

- Literature searches and evidence summaries

- Research bulletins
- Engagement directory

Partnerships, strategies and policy

- North Wales Dementia Strategy and action plan
- Draft dementia strategy for Wales 2026 to 2036

04 Disabled adults including people with sensory impairments or long-term health conditions

This is the consultation version of the report. The final version of the report will include changes we make because of the feedback we receive, and information about how we ran the consultation.

We have published all the background data and research used in the Population Needs Assessment separately. These reports provide detailed charts and tables and explain any issues with data quality or availability, and include information about sources and methodologies.

Population group

Using the Equality Act 2010 definition, people are disabled if they have a physical or mental impairment that has a substantial and long-term negative effect on their ability to do normal daily activities. In this section, we focus on adults aged 16 to 64 with physical impairments including sensory impairments and long-term physical health conditions that meet this definition.

In this chapter we focus on working age adults who need care and support. There is more information about this issue in the chapter about children and young people, and the chapter about older people.

Recommendations

Break down barriers faced by working age disabled people in transport, housing, employment, income, information and health care. Provide social care based on what matters to people.

Key messages

- At least 73,800 people aged 16 to 64 in North Wales have a disability, increasing from 15.3% of working age adults in 2011 to 18.1% in 2021.
- This includes about 30,950 people whose day-to-day activities were limited a lot.
- The likelihood of being disabled increases with age.

- The Royal National Institute for the Blind's sight-loss estimation tool shows 29,200 people in North Wales are blind or have sight loss, including about 4,000 with severe sight loss.
- An estimated 216,150 people in North Wales are living with hearing loss, including about 21,600 with severe hearing loss.
- An estimated 5,550 people in North Wales have both sight and hearing loss.
- The number of people with sight loss, hearing loss or both is predicted to increase in the next ten years, as the number of older people in the population grows.
- Compared to the general population disabled people are more likely to have poor health or to be unpaid carers. They are less likely to be in paid work, in full-time work, and more likely to struggle financially and experience deprivation. They are likely to face additional challenges if from an ethnic minority background and if from the lesbian, gay, bisexual, trans and queer community (LGBTQ+).
- Beyond the social care sector, we need to break down barriers faced by working-age disabled people in transport, housing, employment, income and health care.

What people are telling us

Some of the themes emerging from our engagement work include:

- **Palliative and end of life care**: some people said the palliative care nurses and carers are excellent, others said there was a lack of overnight nursing care to enable them to care for the person at home.
- **Acquired brain injury**: some people identified a gap in supporting the social care needs of patients with acquired brain injuries and recommended an approach based on collaborative working between health and local councils with the patient at the centre of decision making.
- **Support after health care**: some mentioned the importance of rehabilitation support following discharge from hospital for chronically ill and disabled patients and having to fight for social care that meets their needs.

Mention was made of people with sight loss facing significant risks to their physical safety, health, and well-being. Major challenges include a higher risk of falls, increased danger from street traffic and e-scooters, social isolation, and higher rates of depression and anxiety.

People with both sight and hearing loss (dual sensory impairment or deafblindness) face significantly elevated risks of falls, social isolation, cognitive decline (including dementia), cardiovascular issues, and depression. The loss of these primary senses deeply impacts daily communication, spatial awareness, and independent mobility.

People who deliver services tell us that demand and complexity are increasing, not just prevalence. There are challenges with transition between children and adult services. There are also issues around integration with health, including challenges around whether funding is provided by health or social care in some cases, called Continuing Health Care (CHC).

“Mae'n gymhleth. Neidio drwy hwps i gyrraedd y person iawn. Cael eich trim fel claf yn hytrach na fel person. Bysa cael un person neu un pwynt cyswllt yn brofiad llawer mwy positif, rhywun i edrych ar fy ôl neu afael fy llaw tra dwi'n mynd drwy y system.”

[It’s complicated. Jumping through hoops to reach the right person. Being treated as a patient rather than as a person. Having one person or one point of contact would be a much more positive experience, someone to look after me or hold my hand while I go through the system.]

Survey participant

We carried out engagement with a group of people with hearing loss as part of our dementia listening exercise. They told us about the importance of deaf awareness, communication and engagement particularly in British Sign Language.

The discovery report that set the foundations for a Women’s Health Plan in Wales identified themes from their survey and focus groups. Themes included women saying they weren’t listened to, believed or taken seriously about their health. They also said they felt like you can’t contact a GP for anything that isn’t urgent, which means waiting until symptoms are bad rather than getting help early. Some spoke about the impact this had on their ability to fulfil their caring roles. Support in the workplace, including empathy, understanding and flexibility can help women live with chronic health conditions.

What the data and research is telling us

At least 73,800 people aged 16 to 64 in North Wales have a disability as defined under the Equality Act:

- The number of disabled adults in this age group increased by about 8,850 between the 2011 and 2021 Census, from 15.3% to 18.1% of working age adults.
- Almost 2,100 disabled people aged 16 to 64 receive care and support from local councils.
- Men are more likely to receive care and support from local councils than women.
- The likelihood of being disabled increases with age.
- The main conditions for working age adults claiming disability benefits are psychiatric, musculoskeletal, and neurological conditions.
- About one in ten people who are disabled have complex needs. Disabled people with complex needs tend to have two or more of the following conditions – deaf or hearing impairment; blind or vision impairment; learning disability; autism.

Compared to the general population disabled people are:

- More likely to have poor health.
- More likely to be unpaid carers.
- Less likely to be in paid work, less likely to be in full-time work and more likely to struggle financially.
- Less likely to have educational qualifications.
- More likely to experience deprivation.

The number of working age adults needing support for disability and health conditions may increase in the future, even if the working age population doesn't grow very much.

An estimated 29,200 people in North Wales are blind or have sight loss, including about 4,000 with severe sight loss.

- The number of people with sight loss is predicted to increase by about 4,900 or 17% in the next ten years.
- Some of the most common causes of sight loss are cataracts, glaucoma and age-related macular degeneration.
- The risk of falls is higher in people with sight loss.

An estimated 216,150 people in North Wales are living with hearing loss, including about 21,600 with severe hearing loss.

- The number of people with hearing loss is predicted to increase by about 10,000 or 5% in the next ten years.
- Hearing loss is associated with an increase in other chronic health conditions.

An estimated 5,550 people in North Wales have both sight and hearing loss.

There are links between sight and hearing loss and dementia risk.

Research identifies the following challenges faced by disabled people, including people with sensory impairments or long-term health conditions.

- **People with chronic conditions** can experience a lack of long-term, person-centred support, alongside wider social issues such as financial strain, housing, and lack of accessible information and employment opportunities. They can face barriers within healthcare, including not being listened to, diagnostic overshadowing (where one condition is blamed for all symptoms), and poor access to mental health support. Multiple conditions can exacerbate difficulties including accessing services, and feelings of loneliness and isolation.
- **People receiving palliative and end-of-life care** and their families can find care is often poorly coordinated, with limited access to appropriate community and specialist support. Individuals may face avoidable hospital admissions, inadequate symptom management, and lack of awareness or involvement in decisions about their care. Access issues are exacerbated by workforce shortages, rurality, deprivation, and limited Welsh-language provision.
- **Disabled people** in general face systemic barriers including inaccessible services, transport, housing, workplaces, and public spaces. They can experience stigma, discrimination, poorer health outcomes, and social isolation. Delays or gaps in care can worsen future needs and mental well-being.
- **People with physical disabilities** face barriers largely related to the built environment and transport (e.g. inaccessible buildings, streets, and public transport). These issues restrict mobility, reduce social participation, and increase reliance on others.
- **People with sensory disabilities**. Deaf or hard of hearing people can face: communication barriers, limited access to British Sign Language (BSL) interpretation, and lack of accessible systems can lead to poorer care and reduced autonomy. People who are blind or have low vision can face difficulties with transport, communication formats, and higher risk of poverty and unemployment. People who are deafblind face significant challenges with

communication, mobility, accessing services, and social isolation, often worsened by lack of specialist support.

- **People with invisible disabilities** may struggle to access support due to lack of recognition or understanding. Fear of stigma or disbelief can lead to non-disclosure, isolation, and challenges in workplaces and public spaces.
- **People can face multiple disadvantage.** For example, some ethnic minority groups can face higher risk of some conditions, compounded by disadvantage, discrimination, and lack of culturally appropriate support. Women's conditions are often under-researched, symptoms not always believed, can be subject to weight blaming, being denied treatment, and face poorer health outcomes. Lesbian, gay, bisexual, trans and queer (LGBTQ+) people can have greater exposure to discrimination, poorer health outcomes, and exclusion within services and care environments.
- **Other health issues still need monitoring.** Not every health issue is related to existing disabilities or long-term conditions. When other causes are missed it is known as 'diagnostic overshadowing'.

Service review: what works and what needs improving

Themes emerging from the assessment are palliative and end of life care, investigating gaps in support for people with acquired brain injuries and providing emotional and rehabilitative support following health care. There is also a theme about the importance of listening and understanding what matters to people so we can work together to provide effective care and support as early as we can.

Beyond the social care sector, we need to break down barriers faced by working-age disabled people in transport, housing, employment, income and health care. The Women's Health Plan for Wales sets out the 10-year vision to improve health services for women.

More information

- Literature searches and evidence summaries
- Research bulletins
- Engagement directory

Partnerships, strategies and policy

- Women's Health in Wales: a Discovery Report

- Chronic Women – Menywod Cronig. Poetry by Women Living with Ongoing Health Conditions – Cerddi Gan Fenywod Sy'n Byw Gyda Chyflyrau Iechyd Parhaus
- Population Health Needs Assessment (PHNA) for palliative and end of life care [under development]
- National Audit of Care at the End of Life

05 Adults with a learning disability

This is the consultation version of the report. The final version of the report will include changes we make because of the feedback we receive, and information about how we ran the consultation.

We have published all the background data and research used in the Population Needs Assessment separately. These reports provide detailed charts and tables and explain any issues with data quality or availability, and include information about sources and methodologies.

Population group

Our vision is that people with learning disabilities are valued and supported to live happy, safe and fulfilled lives within their community in North Wales.

A learning disability is a reduced intellectual ability and difficulty with everyday activities. This is different from a learning difficulty which is a broader term including people with specific learning difficulties such as dyslexia.

In this chapter we focus on working age adults who need care and support. There is more information about this issue in the chapter about children and young people, and the chapter about older people.

Recommendations

Put the North Wales Learning Disability Strategy into action to help people reach their potential, address transport issues, promote positive relationships, support people with profound and multiple learning disabilities and more.

Key messages

- People with learning disabilities want help to reach their potential including in education and employment.
- Being heard and having control over your life is key to well-being.
- It's important to have access to transport, feel safe and supported, be involved in your community and activities (including late at night) and the right to a love life.
- People with learning disabilities need to have equal access to all kinds of health care.

- The North Wales Together regional team, local councils, the health board, and people with learning disabilities have worked together to improve support since the last needs assessment.
- The North Wales Learning Disability Strategy says what we will work on together to continue to improve support for people with learning disabilities.
- Improve access to health care for people with learning disabilities. This includes making sure doctors consider other potential causes when treating someone with an existing diagnosis (to avoid what's called 'diagnostic overshadowing') as well as providing accessible information and regular health checks. This can reduce health inequalities and help people live longer and healthier lives.

What people are telling us

The overall message from the North Wales learning disability strategy consultation is we should be helping people with learning disabilities to reach their potential. Here are some of the other things people said are important to them.

- **Self-advocacy.** Having your views heard is key to well-being and independence.
- **Transport.** Bus passes are valued and unreliable transport causes challenges.
- **Feeling safe and supported.** People appreciate the support they receive, and value-based recruitment helps. Values-based recruitment is about finding people with the right values and behaviours, not just the right qualifications, and including people in decisions about who will support them. People want accessible, easy read information, especially with health appointments, and to feel safe in their local communities.
- **Community and leisure activities.** People enjoy lots of different activities and many want to be able to stay out late and safely attend activities like night clubs.
- **Promoting the right to have relationships.** Many people want the opportunity to have a 'love life'. This is going well for some people while others faced barriers including lack of privacy, space, and understanding.
- **Education and employment**. Better planning and options for life after school to match needs and ambitions. Help to access paid employment and create disability confident employers.
- **People with multiple and profound learning disabilities.** We need to do more work to promote independence and choice for this group and improve our understanding of the support required, including support for unpaid carers.
- **Health checks**. The work to promote regular and accessible health checks has been good and people want this to continue.

Feedback from the health board also mentioned the need to increase take-up of the national screening programmes and make sure people are registered with their GP so they can access regular health checks. They also mentioned the need to increase awareness of diagnostic overshadowing among health and care staff (making sure people consider other potential causes when treating someone with an existing diagnosis). Other health issues still need monitoring as not every health issue is related to learning disabilities.

What the data and research is telling us

- Estimates based on information published by Mencap suggest there are about 15,500 people with a learning disability in North Wales.
- There are an estimated 8,575 people of working age with a learning disability.
- There are about 3,325 children with learning disabilities.
- We are less sure about the estimates for older people (3,625) as we would expect to see lower numbers due to lower life expectancy for people with learning disabilities. People with learning disabilities have a life expectancy which is about 19.5 years shorter than the general population.
- Numbers are expected to increase slightly to about 15,900 by 2034 and 16,250 by 2044, driven by population growth overall.
- About 3,950 people with a learning disability diagnosis are registered with North Wales GPs (all ages) – this is only about 25% of the estimated total number of people with a learning disability.
- People with learning disabilities have worse health outcomes than the general population.
- There are about 3,025 people known to the health board's adult learning disability service and almost 1,800 health checks were made in 2024/25.

The latest data we have from the Learning Disabilities Register is quite old (2020/21) but it shows:

- about 3,670 people with learning disabilities were registered with Social Services across the region – this was about 53 people per 10,000 population and was higher than the Welsh average of 44 people per 10,000.
- about 600 people on the register were children (18%), 2,670 were of working age (73%) and 320 were aged 65 or over (9%).
- most people lived in a community setting (2,910), mainly in their own or their parents' home. 390 were in private or voluntary residential accommodation, 40 in

local authority or health service accommodation and 340 were in other accommodation.

Service review: what works and what needs improving

The North Wales Learning Disability Strategy 2019 was carried out by the North Wales Together regional team. They created the North Wales Supported Employment Strategy, tech drop-ins to help people use digital technology, active and positive behaviour support for people with complex needs, and more. See the refreshed strategy published in 2025 for details. We need to think about how this work will continue once the funding ends in 2027.

The latest strategy says we should focus on:

1. Helping people reach their potential.
2. Transport challenges, especially in rural areas.
3. Good support focused on what people can do.
4. A good place to live. Plan the houses and flats that are needed now and in the future. Have your own tenancy, supported living that feels like home and take reasonable risks in your own home.
5. Something meaningful to do. We need more supported employment and meaningful things for people to do in the daytime. We need to work with specialist colleges to focus on people's strengths and goals.
6. People with profound and multiple disabilities. Making sure people understand complex needs to provide the right support.
7. Voice, choice and control. Involve and listen to people so they can make their own choices about their lives. Promote self-advocacy and help people with profound and multiple disabilities to access advocacy support.
8. Supporting children and young people to develop skills and reach their goals.
9. Support for people at all ages. Make sure people have support throughout the different stages of life. Continue to promote regular and accessible health checks. Make sure unpaid carers have support, advocacy and options for breaks.
10. Promoting positive relationships. Empowering people to develop their social life, have healthy relationships and opportunities to enjoy activities including exercise, dancing, drama club, crafts, youth clubs, music events and more.

More information

- Literature searches and evidence summaries
- Research bulletins
- Engagement directory

Partnerships, strategies and policy

- North Wales Together
- North Wales Learning Disability Strategy 2025-2035

06 Adults who are neurodivergent

This is the consultation version of the report. The final version of the report will include changes we make because of the feedback we receive, and information about how we ran the consultation.

We have published all the background data and research used in the Population Needs Assessment separately. These reports provide detailed charts and tables and explain any issues with data quality or availability, and include information about sources and methodologies.

Population group

Neurodivergence is defined as having a brain that works differently and **neurodivergent** is a term used to describe a person who has a brain that works differently. This includes those who are autistic, have attention deficit hyperactivity disorder (ADHD), developmental co-ordination disorder (dyspraxia), and Tourette syndrome or tic disorders. This chapter focused on adults with neurodevelopmental conditions who require support or may require support.

Information about neurodivergent children and young people is available in the children's chapter.

Recommendations

Create inclusive environments to address the challenges neurodivergent adults face. Make sure care and support is tailored to each person's needs.

Key messages

- More awareness of autism and ADHD means more people are seeking a diagnosis. Better understanding of autism also means prevalence rates have increased.
- It is more difficult to estimate prevalence rates for other types of neurodivergence such as ADHD, dyslexia and developmental coordination disorder (dyspraxia).
- The number of people aged 18 to 65 needing support for neurodevelopmental conditions may increase in the future, even if the working age population doesn't grow very much.

- Creating neuro-inclusive environments may help address many of the challenges neurodivergent adults face.

What people are telling us

"The saddest thing for me as a late diagnosed person is that I spent 35 years feeling like everything was my fault. I'm sad for the person I was as I should never have been made to feel like that for being different."

Kris, an autistic adult

What the data and research is telling us

More awareness of autism and ADHD means more people are seeking a diagnosis

- Autism rates may still be underestimated, especially for women and girls.
- Autism rates appear higher for children than for adults, partly due to more recently updated research for children and greater awareness of the condition.
- About 4,600 people aged between 18 and 65 in North Wales are estimated to be autistic.

It is more difficult to estimate prevalence rates for other types of neurodivergence

- About 16,250 people in North Wales aged between18 and 65 may have attention deficit hyperactivity disorder (ADHD).
- Estimates for the number of people with dyslexia range from 3% to 20% of the population with the British Dyslexia Association estimating that 10% of the UK population are dyslexic, including 4% of the population who are severely affected.
- The Dyspraxia Foundation estimates that developmental coordination disorder affects around 5% of school-aged children, which includes about 2% of children who are more severely affected. Difficulties continue into adolescence and adulthood in most cases, with estimates in the range of 3% to 5% of adults being affected.
- The British Dyslexia Association estimates that 6% of people have dyscalculia.

The number of people aged 18 to 65 needing support for neurodevelopmental conditions may increase in the future, even if the working age population doesn't grow very much

- Over 1,300 working aged people in North Wales with a neurodevelopmental condition receive care and support from local councils.
- The number of Personal Independence Payments for neurodevelopmental conditions is increasing.

Creating neuro-inclusive environments may help address many of the challenges neurodivergent adults face

An inclusive community is one where everyone is welcome, no matter their differences. People who are neurodivergent often face significant challenges linked to stigma, lack of understanding, and insufficient support. These can include distress and trauma, pressure to mask their differences, delays or gaps in diagnosis and services (including access in Welsh), and difficulties moving from child to adult support services. Unmet needs, sensory environments, mental health impacts, and inaccessible recruitment or workplace practices can all reduce well-being, confidence, and opportunities in education, health, and employment.

The right sort of adjustments will be different for each person and will need to be balanced with the complexity and difficulty of making public spaces and services accessible to everyone. These are issues for the whole of our society to consider, not just for care and support services.

Other health issues still need monitoring as not every health issue is related to neurodivergence. When other causes are missed it is known as 'diagnostic overshadowing'.

Service review: what works and what needs improving

The North Wales Integrated Autism Service provides autism diagnostic assessments for people aged 18 and over along with information, support and directing people to places they can access for additional support. They are not a crisis service, so in an emergency people are advised to contact their local council.

More information

- Literature searches and evidence summaries

- Research bulletins
- Engagement directory

Partnerships, strategies and policy

- Neurodivergence Wales

07 Adults with mental health needs

This is the consultation version of the report. The final version of the report will include changes we make because of the feedback we receive, and information about how we ran the consultation.

We have published all the background data and research used in the Population Needs Assessment separately. These reports provide detailed charts and tables and explain any issues with data quality or availability, and include information about sources and methodologies.

Population group

This chapter focuses on working age adults with mental health needs who require support or may require support.

More information is available about:

- children's mental health in the children and young people's chapter.
- drug and alcohol issues from the North Wales Area Planning Board.
- mental well-being for the whole population including people maintaining or trying to maintain good mental health in the Public Services Boards Well-being Assessments.

Recommendations

Provide mental health support through the health board's iCAN services. Work together to prevent suicide and self-harm through the North Wales Forum. Support people before they reach crisis and continue support for long enough to avoid future crises. Work needs to be done to improve partnership working within mental health services.

Key messages

- One in four registered patients were recorded as having a mental health condition at a North Wales level. This figure includes a wide range of mental health conditions including dementia, depression and anxiety.
- Numbers and prevalence rates have increased for serious mental health conditions in the last five years to about 7,900 people or 1.1% of all people registered with a GP in North Wales.

- Throughout the needs assessment we've identified links between other care and support needs and risks to mental health and well-being.
- People with mental health issues often face wide-ranging challenges affecting health, work, finances and social connection, with mental ill health both influenced by and influencing wider social circumstances.
- It's important to people that they can access mental health support when they ask and before they reach a crisis point.
- Feedback from staff and the Partnership Board was that they'd like to see more joined-up working between health and social care across the region for mental health services.
- People who have mental health support needs often have chaotic lives and can't always fit into systems designed around fixed appointments or rules. Services need to be flexible to make allowances for this.

What people are telling us

The main theme emerging about mental health from responses to our survey is the need to provide mental health support when people ask and before they reach a crisis point. Other responses include the need for joined up support so people don't feel they're being passed around between services and having to tell their story multiple times. There were concerns about the lack of person-to-person support available for people with mental health needs and a shift to providing online self-guided courses instead, which was described in feedback as 'low effort' and 'virtually no support'.

Engagement was carried out in North Wales to inform the development of a Recovery College. A Recovery College is a space where anyone can come and learn about mental health recovery and well-being. They provide courses that are co-produced and led by people with lived experience of mental health challenges. The engagement found that people would like to see a service that looks beyond diagnosis and complements current third-sector, experience sensitive expertise. The key themes emerging from the analysis are:

- **Community-rooted approach:** a hyper-local Recovery College with strong links to respected community organisations and leaders.
- **Accessibility and inclusivity:** delivery in Welsh and English, flexible opening hours, physical and online options, and a welcoming, non-stigmatising environment.

- **Peer-led and person-centred:** staffed by professionals with lived experience who can foster psychological safety, empathy, and trust.
- **Broad, holistic support:** courses and resources that address mental health recovery alongside wider issues such as housing, physical health, and community connection.
- **Sustainable infrastructure:** consistent funding, clear governance, co-production with service users, and reflexive practice to ensure ongoing relevance and impact.

Feedback from staff and the Partnership Board was that they'd like to see more joined-up working between health and social care across the region for mental health services. The separation of adults' and children's services within the health board was a particular concern.

Because of long waiting lists for children's mental health services children may be moved to adult services before being seen and then have to navigate adult services and adult waiting lists.

There is a gap in perinatal (new mums) mental health services, as there is sometimes a trade-off between who's responsible (gynaecology or mental health) even when the mental health issue is not related to pregnancy.

Feedback from commissioners is that it can be challenging to find suitable homes for people with mental health needs when at risk of homelessness. For example, if the only homes that are available are in noisy, chaotic environments that would have a further detrimental impact on their mental health.

People who have mental health support needs often have chaotic lives and can't always fit into systems designed around fixed appointments or rules. Missing two mental health appointments can lead to NHS support being withdrawn, while missing benefits appointments can result in sanctions, leaving some of the most vulnerable people without the help they need. Services need to be flexible to make allowances for this.

What the data and research is telling us

- People with mental health issues often face wide-ranging challenges affecting health, work, finances and social connection, with mental ill health both influenced by and influencing wider social circumstances. For example, financial

hardship can worsen mental health problems and poor mental health can make it harder to escape poverty.

- One in four registered patients were recorded as having any mental health condition at a North Wales level. This is around 191,650 patients and includes people of all ages. This figure includes a wide range of mental health conditions including dementia, depression and anxiety.
- Numbers and prevalence rates have increased for serious mental health conditions in the last five years. About 7,900 people with serious mental health conditions are currently registered with GPs in North Wales, which is about 1.1% of all patients. Numbers and rates have increased in all local council areas in the past five years when figures were about 7,050 people or 1.0% of patients. Serious conditions include schizophrenia, bipolar affective disorder and other psychoses.
- Across Wales, there were 436 suicides registered in 2024, which is 15.7 per 100,000 people. 124 of these suicides were in North Wales. Men are three times more likely to die by suicide in Wales than women. Suicide is an uncommon occurrence, so numbers are too small and sensitive to report in detail for North Wales, although local data is reviewed by the North Wales Suicide and Self-Harm Prevention Forum. The causes of suicide are complex including socio-economic deprivation, psychiatric illness including major depression, bipolar disorder, anxiety disorders, physical illness such as cancer, a history of self-harm and a family history of suicide.
- Challenges faced by people with mental health conditions include difficulties accessing timely, appropriate mental health support, with issues such as long waits, fragmented pathways, and services that do not always align well with people's needs or circumstances.
- Other health issues still need monitoring as not every health issue is related to mental ill-health. When other causes are missed it is known as 'diagnostic overshadowing'.

Service review: what works and what needs improving

Betsi Cadwaladr University Health Board has a Mental Health Hub providing advice and information about mental health support. This includes the iCAN services across North Wales which provide support with issues affecting mental health and well-being including online self-help resources, and iCAN Hubs where anyone can

drop-in for support. They work closely with voluntary organisations to provide one-to-one support and group activities. This has been found to improve people's well-being, reduce isolation and helps prevent people getting worse by stepping in to provide early help. This work is funded by the health board and the Regional Integration Fund.

There is a multi-agency North Wales Suicide and Self-Harm Prevention Forum. Around 70% of people who die by suicide are not known to mental health services. Preventing suicide requires a collective, multi-agency approach. Enfys Alice provides support to individuals who have been bereaved or affected by suicide in North Wales.

The Together for Mental Health Partnership Board is putting into action Welsh Government's mental health strategy in North Wales. This includes the open access model for mental health services provided by the health board.

More information

- Literature searches and evidence summaries
- Research bulletins
- Engagement directory

Partnerships, strategies and policy

- Welsh Government: Mental health and well-being strategy 2025 to 2035
- Understanding: a suicide prevention and self-harm strategy, Welsh Government
- Suicide prevention and surveillance, Public Health Wales
- Samaritans: latest suicide data
- Mental health and well-being profiles produced by the Public Health Directorate at Betsi Cadwaladr University Health Board

08 Carers who need support

This is the consultation version of the report. The final version of the report will include changes we make because of the feedback we receive, and information about how we ran the consultation.

We have published all the background data and research used in the Population Needs Assessment separately. These reports provide detailed charts and tables and explain any issues with data quality or availability, and include information about sources and methodologies.

Population group

Carers come from all walks of life and can be any age. Many people don't recognise themselves as carers, but they look after people with an illness, disability, frailty, addiction or mental health problem or they may be parents caring for their disabled children (sometimes called parent carers). The section focuses on people who provide unpaid care for family, friends and others rather than those who provide care as part of a paid or voluntary work, with some exceptions depending on the nature of the caring relationship. Where a family member receives a direct payment or Carer's Allowance they are still classed as unpaid carers.

Unpaid care is commonly provided by family members, friends or neighbours, it can be provided at home, at someone else's home or from a distance. Unpaid carers may provide care on a temporary or permanent basis and caring can include physical, practical, emotional and mental health support. Parent carers will often see themselves as parents rather than carers, but they may require additional services and support to meet the needs of their child.

Recommendations

Make sure the right support is in place for the person they care for. Provide support for carers, including breaks from caring designed around what matters to them.

Key messages

- Carers need the right support in place for the person they care for as well as additional support for themselves at times, including breaks from their caring role.

- One in ten people in North Wales provide unpaid care, which could cost £2.3 billion each year if replaced with like-for-like paid care.
- Carers are more likely to have poor health and to struggle financially. They are less likely to be in paid work.

What people are telling us

Building on work completed for the carers' strategy we have included the main messages below which we've checked against more recent consultation, engagement and carers' stories.

- Carers' well-being is closely related to the well-being of the person they care for. Carers often say that if the needs of the person they care for are met then they also feel supported as carers.
- Carers value the support available from voluntary groups and local councils.
- Providing care can feel isolating and stressful.
- Carers need the opportunity for breaks from their caring role. These should be flexible and based on what matters to them.
- Carers need information about their rights and the support available to them.
- Carers find it challenging to balance paid work with caring responsibilities or to return to paid work.
- Carers living in rural areas want the same level of services as those living in towns. It can be difficult to access support or breaks from caring, travel time is often not considered when replacement care is arranged, and carers living rurally can feel isolated.
- Carers who are in employment aren't always able to take up offers of support that are provided during the working week.
- Feedback from services in the region suggest they are highly valued.

What the data and research is telling us

- One in ten of our population are unpaid carers.
    - One in three carers provides 50 hours of care or more each week.
    - Most unpaid carers are women.
    - People aged 50 to 64 are most likely to be providing unpaid care.
    - At least 4,400 children and young people in North Wales are unpaid carers.
- Compared to the general population unpaid carers are:
    - more likely to have poor health.

    - more likely to be disabled.
    - less likely to be in paid work and more likely to struggle financially.
    - more likely to experience deprivation.
    - likely to face additional challenges if from an ethnic minority background.
    - likely to face additional challenges if from the lesbian, gay, bisexual, trans and queer (LGBTQ+) community.
- One in three unpaid carers are caring for parents who do not live with them.
- About one in five unpaid carers are sandwich carers. Sandwich carers provide care for sick, disabled, or older adult relatives as well as for dependent children.
- Older people are most likely to receive care.
- The number of people providing unpaid care is likely to increase in the future.
- There were over 2,700 North Wales carers with a support plan in 2023/24.
- Unpaid carers in North Wales provide £2.3 billion of care each year.
- Claims for Carer's Allowance are increasing.

Service review: what works and what needs improving

Across North Wales, six local councils are working in partnership with Betsi Cadwaladr University Health Board and third sector organisations to support carers. Each local authority offers a range of services and support tailored to carers where they live. More information is available on the Regional Partnership Board carers webpages.

Feedback from services in the region suggest they are highly valued by those who use them.

More information

- Literature searches and evidence summaries
- Research bulletins
- Engagement directory

Partnerships, strategies and policy

- Draft national strategy for unpaid carers 2026, Welsh Government

09 People who have experienced violence against women, domestic abuse and sexual violence

This is the consultation version of the report. The final version of the report will include changes we make because of the feedback we receive, and information about how we ran the consultation.

We have published all the background data and research used in the Population Needs Assessment separately. These reports provide detailed charts and tables and explain any issues with data quality or availability, and include information about sources and methodologies.

Population group

This chapter is about people who have experienced violence against women, domestic abuse and sexual violence and their care and support needs.

There's much more information about violence against women, domestic abuse and sexual violence in the North Wales Vulnerability and Exploitation Strategy [under review] and the North Wales Without Violence Strategy. We've tried not to duplicate this work and have only included key issues we came across throughout the rest of the needs assessment.

Recommendations

Support regional work to address and prevent violence.

Key messages

- People who have care and support needs are disproportionately affected by violence against women, domestic abuse and sexual violence.
- Experiencing violence and abuse can lead to additional care and support needs, particularly related to mental health and housing.

What people are telling us

About women

- Challenges faced by women who have experienced violence include limited access to safe accommodation due to a shortage of refuge spaces and affordable housing, mental health issues and long-waits for support for mental health issues.
- Women who have experienced domestic abuse are at increased risk of homelessness and may find it difficult to report or disclose the abuse and access support.
- Experiencing rape and/or sexual violence can impact many areas of life including physical and mental health, ability to care for themselves and others, work, education and relationships. They may also be reluctant to access support and face other barriers to accessing support.
- Experiencing stalking can have a negative impact on mental and physical health and well-being as well as feeling forced to change their lives or activities.
- Women who are in a forced marriage are more at risk of other kinds of violence and abuse and may face further challenges on leaving a forced marriage.
- Women who have experienced honour-based violence can face challenges with mental health as well as language barriers and immigration status making it more difficult to access help. These issues also relate to genital mutilation along with additional physical and mental harms. Honour based violence is usually described as crimes that have been committed by people who believe they are protecting or defending the ‘honour’ of a family or community.
- Women who have experienced trafficking and sexual exploitation can face mental health issues and long waits for treatment, lack of suitable accommodation and being vulnerable to further exploitation.
- Women from ethnic minorities, disabled women, lesbian, gay, bisexual, trans and queer (LGBTQ+) people, and older women who have experienced violence can face specific challenges.

About men

- Men who experience domestic abuse, sexual violence and other forms of abuse often face significant barriers to recognising their experiences as abuse and seeking help.
- Common challenges include stigma, shame, fears of not being believed, stereotypes about masculinity, concerns about being seen as the perpetrator,

and limited awareness or availability of services tailored to men experiencing abuse.

- These barriers can lead to delays in reporting abuse and can have serious impacts on physical health, mental well-being, relationships, employment and financial security.
- Some groups may face additional barriers linked to discrimination, cultural expectations, isolation or difficulties accessing appropriate support, including gay, bisexual, trans and queer (GBTQ+) men, men from ethnic minority communities, older men and disabled men.

What the data and research is telling us

The North Wales Serious Violence Prevention Steering Group has produced a needs assessment about serious violence in North Wales. These figures are based on information that is reported to the police. These can be looked at alongside information from the Crime Survey for England and Wales, which measures crime by asking members of the public about their experiences and perceptions of crime. However Women's Aid found that women often don't report or disclose domestic abuse to the police and may under report domestic abuse in surveys.

Findings from the serious violence needs assessment include the following:

- Domestic abuse is a persistent driver of the most serious violence. Almost half of the most serious violence occurs in someone’s home (47%).
- Though reported and recorded violent crime has been falling in the past four years – including domestic abuse, sexual assault and rape – non-crime domestic incidents have increased. The report concludes that this suggests that underlying social and environmental conditions remain conducive to domestic violence.
- Domestic abuse is the second highest influencing factor in serious violent offences, being involved in about a quarter (26%) of all cases.
- Though most serious violence is male-on-male violence, about one in three victims of serious violence are women or girls, though only about one in five suspects are women or girls.
- Victims of stalking and harassment are significantly more likely to be female (75% of stalking offences in 2025, and 63% of harassment cases). Almost nine out of every ten stalking offences (87%) are domestic abuse related.

- Vulnerability is the key driver of aggressive behaviour in young people. A very small number of young people account for most youth violence.

According to Women's Aid, there are no reliable prevalence data on domestic abuse, but the Crime Survey for England and Wales (CSEW) offers the best data available. In November 2025, the latest figures, to the year ending March 2025, found that:

- nearly a third of women (30%) had experienced domestic abuse since the age of 16. For men, the figure was around one in five (22%).
- about 78% of victims of domestic abuse were female and 22% were male.
- a significantly higher proportion of people aged 16 to 19 years and 20 to 24 years were victims of domestic abuse in the last year, compared with those aged 25 years and over.
- a significantly higher proportion of people who have been homeless in their lifetime experienced domestic abuse in the last year.

The Office for National Statistics introduced abuse scales, published in November 2025, to group together different types of victims that experience domestic abuse based on the abusive behaviours and their impacts, giving us the most accurate picture of domestic abuse to date. The abuse scales show that women experienced significantly higher rates of domestic abuse than men in the most serious categories. For partner abuse specifically, women were over three times as likely to experience higher numbers of abusive behaviours and impacts – 4.1% of women were recorded as experiencing partner abuse in the highest category (Cluster 3) compared to 1.3% of men.

Service review: what works and what needs improving

Regional groups working across North Wales to address violence against women, domestic abuse and sexual violence, include:

- The Joint North Wales Safeguarding Board
- The North Wales Serious Violence Prevention Steering Group

Organisations across North Wales have been rolling out Ask and Act training as part of the Violence Against Women, Domestic Abuse and Sexual Violence National Strategy.

More information

- Literature searches and evidence summaries
- Research bulletins
- Engagement directory

Partnerships, strategies and policy

- North Wales without violence strategy
- North Wales Serious Violence Needs Assessment (2026), North Wales Serious Violence Prevention Steering Group
- Women's Aid – how common is domestic abuse?

10 People experiencing homelessness

This is the consultation version of the report. The final version of the report will include changes we make because of the feedback we receive, and information about how we ran the consultation.

We have published all the background data and research used in the Population Needs Assessment separately. These reports provide detailed charts and tables and explain any issues with data quality or availability, and include information about sources and methodologies.

Population group

People experiencing homelessness includes those who are living in temporary accommodation, for example those living in shelters, with family / friends, or other temporary accommodation, as well as people who are sleeping “rough” on the streets.

This chapter also includes information about housing more generally. The right housing in the right location provides social and economic security for individuals, families and the wider community. It is key to people’s mental, physical and emotional well-being, and to decisions about care and support.

Recommendations

Support people at risk of or experiencing homelessness. Provide the right housing in the right location to meet care and support needs and promote well-being.

Key messages

- People experiencing homelessness have unique needs and reasons for being homeless. Factors that increase the risk of becoming homeless include relationship breakdown, poverty, unemployment, mental health issues, drug or alcohol misuse, domestic violence and abuse, being care experienced, and criminal justice involvement.
- People experiencing homelessness face many challenges with long-term impacts on health, well-being and access to support

- People who are homeless often have chaotic lives and can't always fit into systems designed around fixed appointments or rules. Services need to be flexible to make allowances for this.
- The number of people seeking help to relieve homelessness has increased in North Wales in the past five years.
- The number of households in temporary accommodation has almost tripled over the past five years. This lack of stability can cause disruption to school and work and take people away from family and communities which had provided support.
- People experiencing homelessness face many challenges with long term impacts on health, well-being and access to support.
- Housing costs are rising and there are general pressures on the housing stock around supply, quality and security of tenure. Many low-income households are facing shortfalls between rent and benefit support. Buying a home is increasingly unaffordable for many residents.

What people are telling us

Feedback from commissioners is that it can be challenging to find suitable homes for people with mental health needs when at risk of homelessness. For example, if the only homes are available are in noisy, chaotic environments that would have a further detrimental impact on their mental health.

Conwy's housing support needs assessment found that about a third of participants felt they wouldn't cope without support, even after rehousing. This was because they were scared to be by themselves due to risk of relapse or re-offending, the lack of social connections, or because they have never lived independently.

Flintshire's housing support needs assessment found that around one in five households presenting as homeless had previously approached the council for homelessness support. The assessment identified single men as the largest group affected by homelessness, many of whom may not have previously engaged with support services.

Single people are the main pressure on homelessness services at present but we need to be aware that single people form relationships and raise families too, so we need to make sure housing stock and housing support systems (including benefits) can support that transition.

Housing staff told us that there is a need to address the root causes of homelessness, as those who need care and support often have other issues that impact on the ability to keep a home/tenancy together. This includes making sure that other services stay involved with people with care needs, rather than people being 'handed off' to homelessness support once that presents as the immediate crisis.

People who are homeless often have chaotic lives and can't always fit into systems designed around fixed appointments or rules. Missing two mental health appointments can lead to NHS support being withdrawn, while missing benefits appointments can result in sanctions, leaving some of the most vulnerable people without the help they need. Services need to be flexible to make allowances for this.

[Engagement for housing support needs assessments is underway at the moment, so we will be able to include these later in the year.]

What the data and research is telling us

People experiencing homelessness have unique needs and reasons for being homeless with some factors that increase risk

Some of the factors that increase the likelihood of someone becoming homeless include relationship breakdown, poverty, unemployment, mental health issues, drug or alcohol misuse, domestic violence and abuse, being care experienced, and criminal justice involvement.

People experiencing homelessness face many challenges with long-term impacts on health, well-being and access to support

- Challenges faced while experiencing homelessness include housing shortages, stigma, financial insecurity, barriers accessing employment and services, digital exclusion, and increased exposure to harm.
- Homelessness is linked to poorer physical and mental health, higher rates of mortality, and difficulties accessing timely, coordinated healthcare.
- Temporary accommodation can provide positive opportunities but long stays, poor conditions, inaccessibility, and distance from support networks can undermine well-being and cause disruption to school and work.
- Housing support staff play a critical and skilled role in supporting people through crisis but face high stress, heavy workloads, short-term contracts, and limited resources.

- People who are no longer homeless but have previous experience of homelessness can also still face similar challenges.
- Certain groups (including ethnic minorities, disabled people, autistic people, lesbian, gay, bisexual, trans and queer (LGBTQ+) people, older people, children and young people, refugees, military veterans and Gypsies and Travellers) may face distinct barriers such as discrimination, unsuitable accommodation, or unmet support needs.
- Preventing homelessness involves acting early and providing ongoing support, by addressing underlying causes such as trauma, poverty and disrupted transitions, providing person-centred support. Maintaining appropriate support even after rehousing is important, to reduce the risk of homelessness happening or recurring.

The number of people seeking help to relieve homelessness has increased in North Wales the past five years

- Growth has mainly been amongst households in priority need, which includes some of the most vulnerable groups in our society, and includes many people with care and support needs.
- At an all Wales level, about a third of all households in priority need contain a member who is classed as vulnerable, including vulnerabilities due to old age, physical disability, mental illness or learning disabilities or difficulties. About a quarter are households containing children. Street homelessness accounts for 17% of cases. Other priority needs include care leavers, people fleeing domestic violence, people leaving the armed forces, and people leaving prison.
- About two thirds of cases seeking help with homelessness are single person households. Most of these are men, who are less likely to come into contact with support services than women because they are less likely to ask for help in general. They are less likely to access health services, less likely to have responsibility for children, and so are less likely to contact education and family support services. Housing support services are an opportunity to provide wider support to this group.

The rate for homeless households in temporary accommodation is high in North Wales compared to Wales averages

- Numbers grew from 600 households in temporary accommodation in March 2020 to 1,700 in March 2025. This growth is partly due to changes in local government responsibilities following the Covid 19 pandemic.

- About half of all households in temporary accommodation are living in bed and breakfast accommodation. Living in temporary accommodation – especially accommodation without cooking facilities, communal family areas, or private spaces – can lead to long term health and well-being issues.
- This lack of stability can cause disruption to school and work and take people away from family and communities which had provided support.

Housing costs are rising

- Though house prices in North Wales tend to be lower than UK averages they have increased much faster than wages and inflation over the past decade, so home ownership is increasingly unaffordable for many residents.
- Rental costs in both the social and private sectors have also risen substantially, contributing to high reliance on housing related benefits and leaving many low-income households facing shortfalls between rent and benefit support.
- Housing benefits often do not cover full housing costs. Housing benefits are disproportionately claimed by single person households and households with children.

There are general pressures on the housing stock around supply, quality and security of tenure

- New house building rates are not keeping pace with population and household growth, and new build housing does not seem to be meeting the demand for housing for one- and two- people households.
- Much of our housing stock in North Wales is quite old and does not always match household needs, including accessibility needs and energy efficiency.
- Social housing stock is usually the accommodation that public services have the most direct access to and control over when looking for housing solutions for some of our most vulnerable population groups, but in some areas we have lower than average provision of this type of tenure. The number of households living in social housing in the region decreased by about 1,600 between 2011 and 2021.
- Increasing reliance on the private sector to house homeless people can mean less secure and stable housing and increased costs compared to social housing, particularly for people with additional support needs.
- In some parts of North Wales the presence of second homes, holiday lets or Airbnb type accommodation can put additional pressure on the housing stock for local needs.

Service review: what works and what needs improving

The Welsh Government Housing Support Grant aims to prevent homelessness and support people to access and/or maintain a stable and suitable home. The grant is delivered by local councils who work together across North Wales along with other partners to understand how to best use the funding.

[We will add findings from housing support needs assessments once these are completed]

The new Homeless and Social Housing Allocation (Wales) Act 2026 includes a duty for the public sector to ask, act and cooperate to prevent and relieve homelessness.

The North Wales Regional Partnership Board has been working with the Regional Innovation Coordination Hub network and the health board, local authorities and third sector organisations on a warmer homes project. They are exploring how health data can help identify people who would benefit most from extra support to stay warm and well.

More information

- Literature searches and evidence summaries
- Research bulletins
- Engagement directory

Partnerships, strategies and policy

- Homelessness and Social Housing Allocation (Wales) Act 2026

[We will add links to housing support needs assessments when completed, or links to local council housing strategies]