



Is Wales Fairer?

—
The state of equality and human rights 2018



Comisiwn
Cydraddoldeb a
Hawliau Dynol

Equality and
Human Rights
Commission

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Foreword

from our Commissioner for Wales



June Milligan
Commissioner for Wales

The Equality and Human Rights Commission works with others to make Wales a fairer place. We want Wales to be a country where everyone has the opportunity to prosper and thrive.

'Is Wales Fairer?' is our state-of-the-nation report on equality and human rights. It tracks how far we have come, and how far we still have to go, towards this ambition.

This is the third time in 10 years we have brought together evidence to assess levels of inequality in Wales, and here we cover progress since our last report in 2015.

Our report looks at outcomes for people in relation to education, health, living standards, justice and security, work, and participation in politics and public life. We outline key findings in each of these areas and make recommendations for change.

Since 2015, there has been some welcome progress. For example, there are fewer young people who are not in education, employment or training (NEET); gaps in attainment are narrowing for certain groups in early years education; more women are in senior positions in Wales; and there has been a reduction in police stations being resorted to as a 'place of safety' for people with mental health conditions.

These are significant if small steps forward. However, serious challenges remain and in some areas of life inequality is widening.


Deepening poverty in Wales is leading to an even starker gap in the experiences and opportunities of people born into different socio-economic backgrounds. Our findings show that this gap has widened in particular for women, disabled people, and some ethnic minority groups. Men born in the most deprived areas of Wales have over eight years less life expectancy than those born in the least deprived areas, disabled people face an education attainment gap, and high levels of racism and violence against women are a reality for many people living in Wales today.

Unless these inequalities are addressed now, the disadvantage that too many people in Wales face could become entrenched for generations to come.

This report comes at an important moment. The UK is set to leave the European Union and Wales will play its role in shaping the distinctive legislation, policy and practice that will define post-Brexit Britain, building on such foundations as the Wellbeing of Future Generations Act and the Children's Rights Measure.



Our report identifies a wide range of recommendations to address the key equality and human rights challenges in Wales



The Wales Act 2017 has given the Welsh Government the opportunity to enact a socio-economic duty, which would ensure public bodies work together to tackle the biggest driver of inequality in Wales: poverty. Human rights could be further advanced through being incorporated into Welsh legislation.

It is important that these – and other – opportunities are grasped. Our report identifies a wide range of recommendations to address the key equality and human rights challenges in Wales.

We are asking everyone who cares about fairness to work with us. Why? Because Wales will prosper and thrive if everyone who lives here has their fair chance in life.

Executive summary

‘Is Wales Fairer? 2018’ is the most comprehensive review of how we, in Wales, are performing on equality and human rights. Looking at all areas of life, including education, work, living standards, health, justice and security, and participation in society, it provides a comprehensive picture of people’s life chances in Wales today.



And while there has been some progress – such as fewer young people who are not in education, employment or training (NEET), a rising employment rate, more people in Wales engaging in democracy, a huge spike in women voting, a decrease in mental health conditions for disabled children and a reduction in police stations being used as a ‘place of safety’ for people with mental health conditions – there are serious challenges that are becoming clearer to see, with more evident divisions in society, as well as increased recording of hate crime and sexual offences. There has also been a rise in poverty that is leading to an even starker gap between the experiences and opportunities of different people, particularly people born into poverty, disabled people, and some ethnic minority groups in Wales.

All of this is set in a context of long-term reductions in public spending, divisions in society and ongoing uncertainty about the impact of leaving the European Union, which is likely to have a particular impact in Wales.

Why have we done this and who is it for?

We have a statutory duty under the Equality Act 2006 to report to the UK Parliament on how far everyone in Britain is able to live free from discrimination and abuses of their human rights. ‘Is Wales Fairer? 2018’ is a standalone report that examines the evidence in Wales. We have provided a clear, evidence-based assessment of where we have made progress, and the key challenges that we face here in Wales. We have looked at legislative and policy developments, highlighted data gaps and identified recommendations for action.

We want to work with government, regulators, policy makers, employers and those who work at the grassroots to discuss our recommendations and advise on how best to put them into action. When we next ask the question ‘is Wales fairer?’ in 2021, we hope to see progress as a direct result of how this report has influenced the agenda on equality and human rights in Wales.

‘Is Wales Fairer? 2018’ also provides a robust evidence base that will inform our own priority areas of work for the next three years. We will have a sharp focus on the most pressing issues outlined in this report. We will prioritise the work that we do, bringing the full range of our powers to bear to drive progress towards a fairer Wales before we report again.

How have we measured change?

We have used our Measurement Framework to collect and analyse the most robust and relevant evidence, and monitor progress in a consistent way, allowing us to measure change over time. The Framework is made up of a series of ‘indicators’ – these enable us to assess the elements of life that are important to all of us, including being healthy, getting a good education, and having an adequate standard of living. We looked at specific topics within each indicator, such as bullying at school, domestic abuse and life expectancy. For each of these, we have gathered information on law, policy and people’s lived experiences, using a range of qualitative and quantitative data and breaking down the data by the ‘protected characteristics’ of the Equality Act 2010. We have not included research that was published after 31 May 2018, and very few data from before 2015.

What have we found?

Steps in the right direction

Overall we have found some improvements in the areas of education, work, and political and civil participation. Attainment in early years is improving, with boys and children on free school meals achieving faster improvements, but this is not yet reflected in attainment for older children. There are fewer young people not in education, employment or training (NEET) and overall participation in higher education is increasing.

More people are in employment across Wales, with an increase in the proportion of women employed in high-paid occupations, and the gender pay gap has narrowed.

Political and civic participation has increased for some groups in Wales. There was a higher voter turnout and a significant increase in the number of women voting in the UK general election in 2017 and the National Assembly for Wales elections in 2016. If the proposed legislation is passed to extend the vote to 16–17-year-olds, we are likely to see a further increase in democratic participation.

Socio-economic disadvantage

More people in Wales are reliant on welfare than in England and Scotland, meaning that reductions made to in-work and out-of-work benefits are having a greater impact here. As we reported previously, these reforms are pulling more people, particularly women, disabled people and ethnic minorities, into poverty, weakening the safety net provided by social security that is vital to those unable to work, or stuck in low-paid or precarious work. Despite rising employment levels, work increasingly does not guarantee an adequate standard of living.

Too many people are homeless in Wales and an increasing number are sleeping rough, while there is no clear picture on 'hidden' homelessness, including people staying with family or friends and those who are 'sofa surfing'.

Socio-economic disadvantage has a knock-on effect on education and health outcomes. Despite some improvements in the educational attainment of most children in Wales, children from lower income backgrounds are still being left behind and children eligible for free school meals also have higher exclusion rates than others. In terms of health, adults and children living in the poorest areas are having poorer health outcomes. Adults living in the most deprived areas of Wales have lower life expectancies than those living in the least deprived areas.

Disabled people falling further behind

In Wales, one in five pupils with additional learning needs (ALN, previously known as special educational needs or SEN) will achieve five GCSEs at grade A*–C (including English or Welsh first language and mathematics), compared with two-thirds of pupils without ALN. There are also high exclusion rates for pupils with ALN.

Early disadvantage flows through into later life. As well as being seriously under-represented in apprenticeships, disabled people's employment rates in Wales are less than half of those for non-disabled people. For people whose impairment means they are unable to work full-time, disability benefits are a lifeline, but benefit sanctions disproportionately affect disabled people, who have also been among the hardest hit by tax and welfare reforms since 2010. This has lowered many disabled people's living standards even further, and they are more likely to be living in poverty.

Our housing inquiry showed that disabled people are demoralised and frustrated by the housing system and living in homes that do not meet their right to live independently. There is a shortage in the number of accessible and adaptable homes available in Wales, as well as long delays in making existing homes accessible.

Disabled people can experience serious deterioration in their mental wellbeing due to living in unsuitable accommodation. Nearly three times as many disabled people report poor mental health than non-disabled people. There is evidence that disabled people have poorer access to health services. For many deaf people and those with a hearing impairment, this can include difficulties in making initial contact with health services due to a lack of interpretation or communication support. Most people with learning disabilities are not receiving an annual health check.

These factors also impact on disabled people's ability to participate fully in society. We found that few disabled people are in positions of power in Wales. Closure of courts and inaccessible transport networks further restrict disabled people's ability to participate.

Challenges to women's safety and career progression

#MeToo put the spotlight on women's and girls' experience of high levels of violence and discrimination. In Wales we have seen an increase in domestic abuse, sexual violence and rape offences reported and recorded, and it is widely recognised that under-reporting is still a considerable issue.

Sexual harassment and sexist bullying is too readily accepted as part of life, with women reporting high levels of sexual harassment in the workplace and girls and young women facing sexist bullying in schools across Wales. Lesbian, gay, bisexual and transgender, disabled and ethnic minority children are also at risk of bullying.

Traditional gender roles, norms and stereotypes are continuing to affect educational attainment. Subject choices continue to show differences based on stereotypes for girls and boys, with girls being much less likely to continue studying science and maths after school. Strong gender segregation remains in apprenticeships. These factors, among others, mean women are still more likely to be in low-pay occupations than men. Stereotypes and sexualisation of women have wide-reaching consequences, so if we are going to tackle inequalities of outcome we need to shift societal norms.

Difficulties balancing caring responsibilities and moving up the career ladder are one of the drivers of this inequality, and seven out of 10 new mothers have had a negative or potentially discriminatory experience at work as a result of pregnancy or maternity. The responsibility to provide care disproportionately falls on women and this is usually unpaid. There are concerns that unpaid carers in Wales are not getting the support to which they are entitled.

There is clearly an urgent need for these issues to be prioritised on the policy agenda, but the under-representation of women as local election candidates and in public appointments is perhaps contributing to change being slower than it should be.

Race inequality persists in Wales

The majority (75%) of hate crimes reported and recorded in Wales in 2016/17 were motivated by race or religion. This is a particular concern given Britain's impending exit from the EU and the spikes in hate crime after the EU referendum and recent terrorist attacks.

High levels of violence and abuse experienced by some ethnic minority groups feed into the way they feel about their local area and can lead to a sense of isolation. Barriers to health, sport and leisure exist, particularly for people from ethnic minorities or for whom English is an additional language. Barriers to accessing health services are a particular issue for Gypsy, Roma and Traveller families, and access to mental health service provision is a key challenge for refugees and asylum seekers. This can further compound people's feelings of loneliness and not belonging.

We found that there are increased levels of loneliness in Wales, particularly for some ethnicities. One in four people from ethnic minority groups reported being lonely in Wales in 2016/17. This was also felt by younger people, older people, lesbian, gay, bisexual and transgender people, disabled people and those who are economically excluded.

Feelings of loneliness can result in mental health problems, but mental health provision in Wales is not meeting demand. The number of people waiting for mental health treatment has doubled in the past six years. Refugees and asylum seekers face particular challenges to access mental healthcare.

One in four people from ethnic minority groups reported being lonely in Wales in 2016/17

Some ethnic minorities have continued to succeed in education and employment, with Indian children, Chinese children, and children of mixed ethnicity achieving high attainment rates. Black pupils have lower attainment than White British pupils during early years education. This attainment gap narrows at GCSE level with 57.9% of Black pupils achieving 5 A*-C grades (including maths, English or Welsh) compared to 58.9% of White British pupils. However, for other ethnic minority groups this gap is not narrowing as only one in five (21.5%) of Gypsy/Gypsy Roma pupils will achieve this.

Attainment gaps are also evident at higher education level. While we are seeing an overall increase in participation in higher education, White British students in Wales have an attainment lead of 8.5 percentage points over ethnic minority students.

Ethnic minority groups are also under-represented in apprenticeships and, despite an increase in employment rates across Wales, not everyone is benefiting from this. Muslims continue to have a lower employment rate than either Christians or people of no religion.

Ethnic minority groups are under-represented in public appointments and the judiciary – only 1% of court and tribunal judges are from an ethnic minority.

Data gaps

There are clear gaps in the data in Wales that make it difficult to understand the experiences of people sharing all protected characteristics. There is a particular lack of data broken down by the protected characteristics of sexual orientation, gender reassignment, religion or belief, and race. There is also a lack of disaggregated data on health outcomes. We will continue to work towards closing these gaps in readiness for our next review in 2021.

What needs to happen next?

Although there has been positive progress in some areas of life for some people, there is clearly a lot still to do to ensure everyone is free from discrimination and can enjoy their basic human rights.

This report provides us with the agenda for change on equality and human rights in Wales. We are clear in our commitment to work with people across Wales to ensure the key challenges are addressed and our recommendations acted upon. But this is not the end of our conversation on inequality; we know that there are latent risks to human rights, and we are already planning how to shine a light on hidden inequality and push progress even further.

To stem the increases in adult and child poverty across Wales, we need the Welsh Government to enact the socio-economic duty in the Equality Act 2010 so that public bodies have due regard to the need to reduce the inequalities of outcome that result from socio-economic disadvantage as part of their strategic decision making.

There should be a sharp focus on improving life in Wales for disabled people, with the Welsh Government incorporating the United Nations Convention on the Rights of Persons with Disabilities (UNCPRD) fully into Welsh legislation.

There is an urgent need to improve the experiences of women and girls across Wales with the full implementation of the Welsh Government Violence against Women, Domestic Abuse and Sexual Violence Act (Wales) 2015 and delivery of the National Violence Against Women, Domestic Abuse and Sexual Violence Strategy by November 2021.

To put the spotlight on persistent race inequality in Wales, there must be improved data collection to enable a systematic and robust method for examining equality outcomes and the impact of actions taken to address inequalities in Wales, disaggregated for race except where there is a valid reason for not doing so.

Working with others, we are committed to delivering further meaningful change to ensure that Wales is fairer for everyone.

We are already planning how to shine a light on hidden inequality and push progress even further

1. Introduction

The Equality Act 2006 gave the Equality and Human Rights Commission (EHRC) the statutory duty to report regularly to the UK Parliament on the extent to which equality and human rights are improving in Britain.



'Is Wales Fairer? 2018' is a comprehensive review of evidence on how people's rights to equality and human rights are being realised in Wales. We have set out a clear, evidence-based assessment of where Wales has made progress, where we have fallen back and where things have not changed. This report will be of value to policy makers and influencers across all sectors, and to anyone with an interest in social progress and inclusion in Wales. Our aims are to:

- Report on the progress of equality and human rights, highlighting areas of improvement, areas where no progress has been made and those where the situation has deteriorated.
- Provide clear, measurable and achievable recommendations for action to improve people's lives.
- Identify areas where there are gaps in the evidence and how to address those.
- Engage with governments, regulators and parliamentary representatives, and the public, private and voluntary sectors, to highlight the evidence and to agree and put into action our recommendations.

At its heart, this review measures the gap between what we think society should be, and what it actually is: between the ideal and reality, between aspiration and attainment. It provides a strong evidence base to be able to answer the question: is Wales fairer today?

1.1 How we reviewed the evidence

The evidence in this review is based on our Measurement Framework, which measures and monitors progress on equality and human rights in a systematic and consistent way across Britain. We have reported on six major areas of life, using a variety of indicators. Within each indicator we have analysed progress or regress in the law, government policies and people's experiences. The six areas of life, or 'domains', are education, work, living standards, health, justice and personal security, and participation.

The evidence collection involved desk-based research of existing published sources and conducting our own secondary statistical analysis of datasets such as household surveys and administrative data (collected by government agencies such as schools and hospitals). To ensure a consistent comparison between reviews, we have not included evidence that was published after a cut-off date of 31 May 2018.

In our statistical analysis we compared data from 2010/11, 2013/14 and 2016/17 when this was possible. Where data were not available for these years, we used data from earlier years with similar three-year gaps for consistency. We have only reported on statistically significant differences for every measure. For some measures, particularly at the level of devolved administrations, for some protected characteristics or 'at-risk' groups, sample size breakdowns can be low or data not available, which can limit what we have been able to comment on. The full data tables of our own analysis have been made available on our website.

Where referring to protected characteristics, we recognise that source data and research may use terms in slightly different ways. Protected characteristics are described consistently unless a source uses a slightly different term, in which case we have replicated the term used in the source to avoid misrepresenting the findings.

The Measurement Framework also includes a definition of ‘vulnerable’ people that refers to those who are at higher risk of harm, abuse, discrimination or disadvantage. We have generally referred to these groups as ‘at-risk’ in the text but if the source uses ‘vulnerable’ we have retained that term. Similarly, we have retained source terminology relating to the medical model of disability, although we use the social model in our own work.

The Measurement Framework does not cover every issue that has a bearing on equality and human rights. In making our monitoring more concise and easier for people to understand, we have reduced the range of evidence we report against. We consulted formally with our partners, however, to arrive at the best balance of issues to paint a comprehensive picture. A full explanation of our methodology is in the appendix of ‘Is Britain Fairer? 2018’.

The Welsh Government’s new powers give it new opportunities to shape equality and human rights outcomes

1.2 Political and socio-economic context

The period since the last triennial review in 2015 has been one of the most eventful and volatile in recent times. We have seen two general elections, a change in prime minister, the triggering of Article 50 to leave the European Union and changes to devolved powers for Wales as a result of the Wales Act 2017. All of this has combined to create a lot of uncertainty and this extends to the status of equality and human rights. However, the Welsh Government’s new powers give it new opportunities to shape equality and human rights outcomes.

The most significant political change since the last triennial review is the implementation of the Wales Act 2017. The main change has been a switch from the ‘conferred matters’ model to the ‘reserved matters’ model, similar to Scotland. This clearly defines which matters are devolved and which matters are reserved for the UK Parliament. The powers of the Welsh Government have remained the same for the most part. However, two new devolved taxes have been put in place: the Land Transaction Tax on property and the Landfill Disposals Tax, which have replaced stamp duty and landfill tax, respectively. These are expected to generate approximately £1 billion in revenue for the Welsh Government over four years. Another significant change is the empowerment of the Welsh Government to independently enact the Socioeconomic Duty in Wales – a power previously reserved for the UK Government.

Since the last triennial review, there have been two general elections as well as National Assembly for Wales elections. In comparison with the rest of the UK, however, Wales has remained relatively stable. The 2015 general election saw Labour maintain the majority of Welsh MPs and the 2017 election saw the status quo being maintained. Labour gained three seats to control 28 of 40 seats, Plaid Cymru gained one seat, while the Conservatives lost three seats. The Welsh National Assembly elections in 2016 were a similar story with the exception of the emergence of UKIP in Wales, which gained seven seats at the expense of the Liberal Democrats and Conservatives.

Wales was the fastest growing nation in Britain in 2016, with an annual growth rate of 1.9% and a total output of £59.6 billion. Output per head growth in Cardiff was particularly strong at 4.5%, even outstripping London (3.7%). However, output per head was 72.7% of the UK average over the same period and remains the lowest of all three countries. At a regional level, both London (3% growth) and the South West of England (2%) grew at a faster rate than Wales.

Despite Wales' strong growth relative to England and Scotland, this needs to be viewed in the context of a UK economy that is the slowest growing economy in the G7 group of the world's seven most powerful industrialised economies. Wales, like the rest of the UK, has a productivity issue that is constraining economic growth as well as real wage growth. Wales is the least productive nation in the UK. Unemployment is roughly in line with the rest of the UK, at 4.4% compared to 4.2%, but a higher proportion of the population of Wales is economically inactive (23% compared to the UK average of 21%). Wales is also more reliant on the public sector as an employer. Almost 10% of its population were employed in the public sector in 2017 compared with 8.2% in the UK as a whole.

The uncertainty surrounding the UK exit from the European Union is likely exacerbating Wales' economic problems, particularly the reduction in the value of the pound, which has led to price inflation. Furthermore, Wales is the UK region that receives the largest share of European structural funds and the European Regional Development Fund, averaging around €340 million per year. West Wales and the Valleys is classified as a less developed region for funding from European structural and investment funds. While the UK Government has committed to continuing funding in the short term, it is not clear what form these funds will take and whether they will be maintained beyond 2020.

Like the rest of the UK, Wales also has an ageing population. Almost a fifth of the population are over the age of 65 and 2.2% are over the age of 85. This is putting pressure on public services at a time when spending cuts are already increasing the strain.

We look forward to discussing the findings and recommendations of this report with a wide range of audiences and to working with a range of stakeholders to address the key challenges that we have identified.



2. Education

This domain examines to what extent the right to an education is met in Wales. This means protecting and fulfilling this right so that everyone, particularly children and young people, can reach their full potential.



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Key findings

- Overall, school children in Wales attain scores in reading, science and mathematics below those in England and Scotland and most other developed countries.
- Educational attainment in children’s early years has generally improved.
 - Due to faster improvements than the average rate, boys, children on free school meals (FSM) and children with additional learning needs (ALN) have narrowed the attainment gap since 2012.
 - However, the attainment of children with some types of impairment, such as a hearing impairment, has worsened.
- Attainment gaps at school-leaving age persist for children with ALN and those eligible for FSM.
- Poorer children, children with ALN, White children and children of Mixed ethnicity have higher than average exclusion rates.
- Certain groups of children are more at risk of being bullied than others. Sexist bullying tends to be targeted at girls, while lesbian, gay, bisexual and transgender (LGBT) children, and children with ALN are also more likely to be victims of bullying.
- The proportion of young people that are not in education, employment or training (NEET) has dropped considerably in recent years.
- Overall participation in higher education has increased. But men, disabled people and those from ethnic minorities experience attainment gaps.
- Subject and career choices remain highly gendered, with girls being much less likely to continue studying science and maths after school.
- Engagement in lifelong learning (education courses or job-related training) has declined since 2013/14, including among younger people aged 25–34.

Overall, school children in Wales attain scores in reading, science and mathematics below those in England and Scotland

2.1 Introduction

The right to an education should also ensure that people are free from discrimination, bullying and abuse in education settings, including in lifelong learning and higher education. This chapter examines the legal structures, policies and outcomes in relation to three main indicators: the educational attainment of children and young people; school exclusions, bullying and those who are NEET; and people's experiences in higher education and lifelong learning. Education policy is devolved, so the Welsh Government is responsible for setting its own policies in relation to education.

2.2 Key policy and legal developments

The Welsh Government set out its strategic objectives in 2014 and updated these with a new five-year plan in 2017. The government's aims include: narrowing the attainment gap between children eligible for FSM and those not eligible; increasing girls' take-up of science, technology, engineering and maths (STEM) subjects; and giving young people greater knowledge of the STEM sector. The government has set targets on reducing the number of young people who are NEET. Its higher education policy aims to widen access and provide greater flexibility to students. In terms of legal developments, the Welsh Government confirmed the right of children and young people to bring appeals relating to ALN and claims of disability discrimination to the Special Educational Needs Tribunal for Wales (SENTW).

Qualified for Life (Welsh Government, 2014a) set out the strategic objectives for improving education for 3–19 year olds in Wales until 2020. Its 2016 'report card' reviewed a range of interventions to support teachers and schools, including a refreshed and updated national literacy and numeracy programme and new accreditation standards for all teacher training courses. The review found that improvements had been made in narrowing the poverty attainment gap at every key stage of education (Welsh Government, 2016a).

In 2016, the Welsh Government invited the Organisation for Economic Co-operation and Development (OECD) to review progress. The OECD acknowledged improvement in areas such as collaboration among schools, and welcomed the modernisation of the curriculum. It called for further policy attention to the Welsh Government's own stated aims, such as the national commitment to equity. The OECD also suggested expanding the mandate of regional consortia to include responsibility for supporting students with ALN (OECD, 2016). Building on the 2014 'Qualified for life' plan and other key policies, the Welsh Government has launched a new five-year action plan. It sets out how the school system will implement the new curriculum, with a focus on leadership, professional learning and raising standards (Welsh Government, 2017i).



Children in a classroom during a lesson.

Following the closure of Schools Challenge Cymru, the Welsh Assembly launched an inquiry into funding for disadvantaged pupils

One of the government's stated ambitions was to narrow the attainment gap between children eligible for FSM and those not eligible by the end of the Foundation Phase (which covers ages three to seven) (Welsh Government, 2013a). An evaluation of the Foundation Phase found it was associated with improved attainment for pupils eligible for FSM (Welsh Government, 2015a). The government has made a general commitment to increase girls' take-up of STEM subjects. It has outlined plans to give young people better career management skills and greater knowledge of the STEM sector, as well as raise the standard of STEM qualifications (Welsh Government, 2016b).

The Schools Challenge Cymru programme ran from 2014–17 and provided financial support to underperforming secondary schools in deprived areas. Participating schools were provided with specialist advisers on how to improve standards. An evaluation found the programme had a positive impact on school leadership and pupil engagement, although hard data on academic performance were not available (Welsh Government, 2017a). Following the closure of Schools Challenge Cymru, the Welsh Assembly launched an inquiry into funding for disadvantaged pupils (National Assembly for Wales, 2017a), which was yet to report at the time of writing.

In 2017, the Welsh Government consulted on its plans to improve services for the Gypsy, Roma and Traveller (GRT) community. One aspect of this was an ambition to narrow the gap in educational attainment for GRT children (Welsh Government, 2017b). The government agreed to monitor the use of the Education Improvement Grant, which provides financial assistance to schools, local authorities and regional education consortia, and provide better advice on its administration for the benefit of GRT people (National Assembly for Wales, 2017b).

The law requires those involved in making decisions about school exclusions to have regard to the guidance issued by the Welsh Government (2015b). The guidance, which is fully aligned with the United Nations Convention on the Rights of the Child (UNCRC), states that learners should only be excluded as a last resort. Criteria include serious breaches of a school's behaviour policy and circumstances in which a child's presence in school would seriously harm the education or welfare of others. Other than in exceptional circumstances, schools should avoid permanently excluding learners with statements of special educational needs¹ (SEN) and those who are receiving SEN support.

An evaluation found that provision for pupils at risk of exclusion or disengagement was most effective where local authorities, schools and pupil referral units (PRUs) worked together to meet the needs of pupils at risk of disengagement and to ensure that they remained in full-time education. In these high-performing areas there was a clear strategy and comprehensive provision to meet pupils' needs. This included school-based strategies, support from external specialists and placement at PRUs or other forms of provision. These areas tended to have lower overall exclusion rates (Estyn, 2015). More broadly, the Welsh Government has taken steps to improve education otherwise than at school (EOTAS), including better prevention and reintegrating learners into the mainstream (Welsh Government, 2017g).

A legal claim challenging the exclusion of a disabled child from school, on the grounds that it was discriminatory, can be made to the Education Tribunal for Wales, which is the new name of the SENTW. It was renamed by the Additional Learning Needs and Education Tribunal (Wales) Act 2018, which has established a new statutory framework for supporting children and young people with ALN in Wales. The act also confirms the right for children and young people to bring disability discrimination claims to the SENTW, and/or to challenge decisions relating to ALN, in their own name rather than through parents or carers. This replaces similar provisions first introduced on a pilot basis by the Education (Wales) Measure 2009 (Welsh Government 2014b).

¹ The Additional Learning Needs and Education Tribunal (Wales) Act 2018 replaces the terms 'special educational needs' (SEN) and 'learning difficulties and/or disabilities' (LDD) with the new term 'additional learning needs' (ALN). In this chapter we use the term ALN to mean the same as SEN, and vice versa.

Few schools in Wales have identified the reduction of prejudice-based bullying as one of their equality objectives (Estyn, 2014). The Children's Commissioner for Wales (2017) has called for better evidence on the prevalence of bullying and urged the government to take action. A review of healthy relationships education (Estyn, 2017) found that school leaders were often unaware of the range of government guidance available and did not place enough importance on personal and social education. It concluded that there were too many guidance documents and toolkits about personal and social education, sex and relationships education, and equality and diversity. The more effective schools built pupils' resilience and confidence so they could effectively challenge peer pressure, coercive behaviour and homophobic bullying. In May 2018, the Welsh Government announced that this area of study would become relationships and sexuality education (RSE) – a statutory part of Wales' new curriculum, which will be in place from 2022 (Welsh Government, 2018).

The Welsh Government set a target to reduce the numbers of young people aged 16–18 who are NEET to 9% by 2017, noting the figure was 12.1% at the end of 2011 (Welsh Government, 2013b). In 2016, according to official figures, the NEET rate was 10.4% (Welsh Government, 2017h). The Youth Engagement and Progression Framework has enabled good progress in early identification of at-risk people (identified by their behaviour, attainment and attendance in school). However, there has been inconsistent implementation of other policies, particularly on enhancing employability (Welsh Government, 2016c). The government has accepted that the current post-compulsory education and training system – a diverse sector that includes further and higher education, work-based learning and adult community learning – is not able to respond to the demands of diverse learners, such as disabled people.

It has consulted on proposals for a more effective system, overseen by a new Tertiary Education and Research Commission for Wales (Welsh Government, 2017c). For its apprenticeship scheme, the Welsh Government is funding an equality champion to work with providers and communities to overcome barriers to participation (Welsh Government, 2017d). See the Work chapter for more information on apprenticeships.

Higher education (HE) policy aims to widen access and provide greater flexibility, particularly to part-time students, those in work, residents in rural areas and those with caring commitments (Welsh Government, 2013c). HE institutions' fee and access plans for 2019/20 must consider 'evidence of how equality of opportunity activities are likely to improve access to, and success in and beyond, HE for students under-represented in HE'. The Welsh Government requires the Higher Education Funding Council for Wales (HEFCW) to set high standards for institutions that are taking insufficient action to increase their intake of students from under-represented groups (HEFCW, 2018). At the time of writing, the Welsh Government was consulting on the new Tertiary Education and Research Commission for Wales that will oversee educational and skills delivery across all compulsory and post-compulsory education and training.

Few schools in Wales have identified the reduction of prejudice-based bullying as one of their equality objectives

Following an independent review of higher education funding and student finance arrangements (Diamond, 2016), the Welsh Government commissioned a review of the Disabled Students' Allowances (DSAs). This review found that the DSAs were working well but recommended that Wales avoid adopting the English model of outsourcing needs assessment centres and instead make sure they are affiliated directly with higher education providers at the local level (Welsh Government, 2017e).

Adult community learning (ACL) provides education for at-risk groups, such as long-term unemployed people, single parents, ethnic minorities, disabled people and older people. The Welsh Government has been urged to review its approach to the ACL sector (Estyn, 2016). The government's adult learning strategy focuses on essential and digital skills, with an emphasis on older people staying active and working for longer (Welsh Government, 2017f).

2.3 Educational attainment of children and young people

2.3.1 Early years education

Attainment in early years education has been measured in Wales by analysing the percentage of seven-year-olds achieving the 'expected outcome' or better (as assessed by a teacher) at the end of the Foundation Phase (Table EDU.EAT.1).² Overall, 87.3% of children achieved the expected outcome in 2016/17, with girls (90.9%) outperforming boys (83.8%). Children not eligible for FSM (90.1%) were more likely to do better than children that were eligible (75.9%). These gaps have narrowed slightly: between 2013/14 and 2016/17, overall achievement went up by 2.1 percentage points, and by more for boys (2.8 percentage points) than girls (1.4 percentage points), and by more for children receiving FSM (3.5 percentage points) than for children not eligible for FSM (1.5 percentage points).

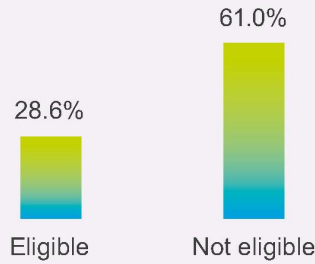
Over the period 2015–17, attainment was substantially lower for children with SEN (57.8% achieved the expected outcome) than those without SEN (96.7%).³ Around a quarter (24.0%) of children with autistic spectrum disorders achieved the expected outcome. Children with severe learning difficulties (5.0%) and children with profound and multiple learning difficulties (6.7%) had the lowest attainment. Between 2012–14 and 2015–17, children with SEN saw a greater increase in achievement of 3.7 percentage points compared with children without SEN (1.2 percentage points), although many impairment types saw a fall in attainment: children with physical and medical difficulties by minus 16.8 percentage points; those with hearing impairments by minus 26.5 percentage points; those with speech, language and communication difficulties by minus 9.5 percentage points; and those with behavioural, emotional and social difficulties by minus 5.6 percentage points.

In 2016/17, Indian children (93.2%) and children of Mixed ethnicity (88.8%) achieved more highly than White British children (87.7%). The lowest percentage achievement was by Gypsy/Roma/Irish Traveller children (56.2%). Black (83.1%), Other White (78.1%) and 'Other' children (79.6%) also had lower attainment than the White British group. Most ethnic groups improved between 2012–14 and 2015–17, with White British children progressing by 4.1 percentage points.

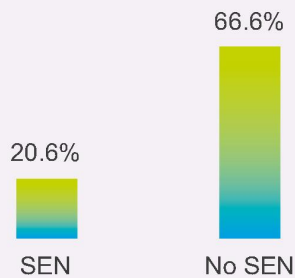
² The figures reported here are from analysis specifically conducted for the 'Is Wales Fairer? 2018' review using data from the Welsh Government.

³ Much of the evidence in this paper focuses on educational attainment as the only available consistent measure. However, we recognise that this is less meaningful for those with more serious or complex disabilities, when a person's rights, wellbeing and ability to reach their full potential may not always be represented by strict attainment.

Difference in attainment at school leaving age between pupils eligible for Free School Meals and those not eligible (2016/17)



Difference in attainment between pupils with Special Educational Needs (SEN) and those without (2016/17)



24%

of children with autistic spectrum disorders achieved the expected attainment outcome in early years education

2.3.2 Attainment at school-leaving age

The school system in Wales has been criticised for its poor performance. The OECD’s Programme for International Student Assessment (PISA)⁴ ratings show that 15-year-olds in Wales are outperformed by those in England and Scotland. In 2015, students in Wales scored below the OECD average for science (Welsh students achieved 405 points on average), reading (477 points) and mathematics (478 points), while students in England scored above the OECD average for science (512 points) and reading (500 points), and around the average for mathematics (493 points). Students in Scotland scored around the OECD average in all three subjects (497 in science, 493 in reading and 491 in mathematics) (OECD, 2015).

⁴ Programme for International Student Assessment (PISA) is an international study by the Organisation for Economic Co-operation and Development (OECD) assessing the skills of 15-year-olds.

Attainment at the end of compulsory education has been measured in Wales by the achievement of the Level 2 inclusive threshold ('the threshold'), which requires the equivalent volume of five GCSEs at grade A*–C, including English or Welsh first language and mathematics. The threshold had a number of significant changes in 2016/17, making it difficult to compare with previous years. The following therefore focuses on the latest results (Table EDU.EAT.2):⁵

- Overall, 54.6% of pupils in Year 11 achieved the threshold in 2016/17. A higher percentage of girls (58.8%) than boys (50.7%) did so.
- Only one in five pupils with SEN (20.6%) reached the threshold, compared with two-thirds of pupils without SEN (66.6%). Attainment was particularly low for pupils with social, emotional and behavioural impairments (16.6%), speech, language and communications needs (15.6%), general learning difficulties (14.9%), and moderate learning difficulties (9.7%). Data were not available on pupils with severe or profound and multiple learning difficulties.
- Only half as many pupils eligible for FSM (28.6%) achieved the threshold compared with pupils not eligible for FSM (61.0%).
- Pooling three years' data to overcome small sample sizes, our analysis found that the percentages achieving the threshold were highest for Indian (81.0%) and Chinese pupils (80.8%). A higher percentage of Bangladeshi (65.2%) than White British pupils (58.9%) reached this level of attainment, compared with only one in five Gypsy/Gypsy Roma pupils (21.5%). Black (57.8%) and Pakistani children's attainment (59.7%) was close to the average.

⁵ The figures reported here are from analysis specifically conducted for the 'Is Wales Fairer? 2018' review using data from the Welsh Government.

2.3.3 Impact of gender bias and stereotyping on educational outcomes

While girls generally do better than boys in school, this advantage does not extend into the workplace in later life in terms of pay and vocational achievement (see the Work chapter for more detail). This is partly because of gender stereotypes. Boys' and girls' attitudes and expectations are formed at an early age and are heavily informed by social norms. When girls in the UK aged seven to 10 were asked to choose their top three potential careers, only 3% said engineer or architect; 6% said scientist and 6% said lawyer. Their preferred choices were singer or dancer (34%), teacher (29%) and vet (26%) (Girlguiding, 2015). Similarly, survey research with 13,000 school children aged 7–11 across the UK found that the most common career choice was 'sportsman' for boys (34.1%) and 'teacher/lecturer' for girls (18.6%). Over five times the number of boys aimed to have a role in the armed forces or firefighting services, compared with girls, and over 20 times the number of boys had aspirations to be a 'mechanic' or 'builder/architect/engineer' (Education and Employers, 2018).

Girls' uptake of STEM subjects is much lower than boys'. Girls are under-represented in most of the A-Level STEM subjects, with the exception of biology (Welsh Government, 2016d). Only 20% of A-Level physics candidates are female, despite their strong performance in science at GCSE level (Welsh Government, 2016e).

2.3.4 Impact of poverty and social exclusion on educational attainment

There is a clear association between socio-economic status and educational attainment across the UK. Even high-attaining children from disadvantaged family backgrounds are less successful later in life than those from better-off families (Social Mobility and Child Poverty Commission, 2015).⁶

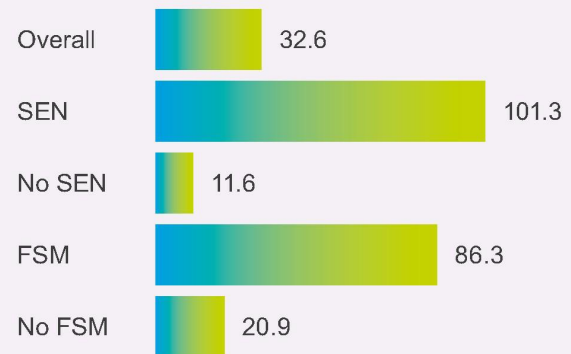
Research found that the poverty attainment gap in Wales emerged as young as three, narrowed in primary school and then widened again in later years. By the age of 14, children living in poverty were well behind their more affluent peers (Joseph Rowntree Foundation, 2013)⁷. Welsh Government data show that around one in five children eligible for free school meals (FSM) did not reach the expected standard of development in language ability by the age of seven. The equivalent figure for children not eligible for FSM was around one in 12 (Welsh Government, 2017j).

A Welsh Government report (2015c) found a number of barriers to looked after children and young people (LACYP) achieving positive educational outcomes. These included the transient nature of LACYP's living situations, meaning support services were fragmented and continuity of support was poor. The stigma associated with being looked after was considered to be another barrier. It was noted that some professionals have low expectations of this group.

⁶ The Social Mobility and Child Poverty Commission used measures of family income or parental social class to identify 'disadvantaged' and 'advantaged' backgrounds.

⁷ The Joseph Rowntree Foundation report defines 'children living in poverty' as those in receipt of FSM.

Exclusion rates 2015/16 (per 1,000 children)

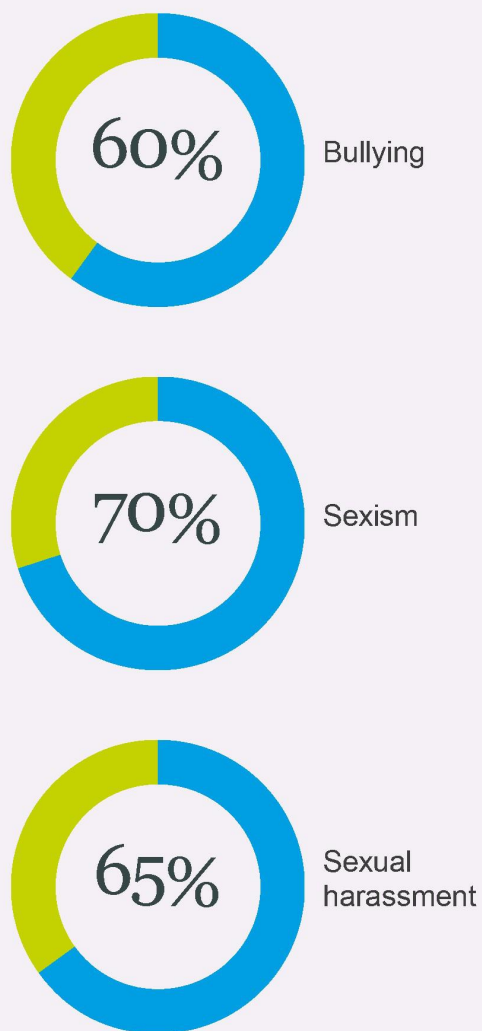


2.4 School exclusions, bullying and NEET

2.4.1 Exclusions from school

The consequences of formal exclusion from school, whether temporary or permanent, can be very serious. The high exclusion rate of pupils eligible for free school meals (FSM) has a negative impact on their attainment (Social Mobility Commission, 2017). Research with British children found an association between school exclusion and poor general health, prevalence of learning difficulties among children and poor parental mental health. There were also consistently high levels of psychological distress among children who had experienced exclusion (Ford *et al.*, 2017).

% of girls growing up in Wales who have experienced bullying, sexism or sexual harassment in 2016



In 2015/16, there were 32.6 exclusions overall for every 1,000 pupils (Table EDU.EBN.1).⁸ The exclusion rate was particularly high for pupils with SEN, at 101.3 per 1,000, compared with 11.6 per 1,000 for pupils with no SEN. It was also high for pupils eligible for FSM, at 86.3 per 1,000, compared with 20.9 per 1,000 for those not eligible. Exclusion rates⁹ were lower for Asian pupils (5.4 per 1,000) and Black pupils (19.7 per 1,000) and pupils from Other ethnic backgrounds (9.4 per 1,000) than for White pupils (31.6 per 1,000) or those of Mixed ethnicity (31.3 per 1,000).

Exclusion rates increased from 30.2 per 1,000 in 2012/13 to 32.6 per 1,000 in 2015/16. Pupils with SEN saw a large increase in exclusions of 15.7 per 1,000, while the rate for pupils with no SEN fell by 2.1 per 1,000. The exclusion rate also increased for pupils eligible for FSM by 8.6 per 1,000, which was more than the increase of 1.7 per 1,000 for pupils who were not eligible. Exclusion rates fell for Asian pupils by 8.9 per 1,000 and for Black pupils by 10.7 per 1,000, while increasing by 3.4 per 1,000 for White pupils and by 7.7 per 1,000 for pupils from other ethnic backgrounds.

There is a link between special educational needs and disability (SEND) and poverty, with poorer children more likely to have SEND. The exclusion rates for children with SEND, and those in poverty, tend to be far higher than average (Joseph Rowntree Foundation, 2016).

⁸ The figures reported here are from analysis specifically conducted for the 'Is Wales Fairer? 2018' review using data from the Welsh Government. The exclusion rate includes primary, middle, secondary and special schools.

⁹ The data on exclusion rates of different ethnic groups relate to fixed-term exclusions of five days or less only.

2.4.2 Bullying in schools

There are no official statistics on bullying in Wales, although evidence exists from various sources. It is a problem that affects the whole of Britain: a survey found that more than half of young people aged 12–20 across the UK had experienced bullying at some point, and one in five had been bullied in the past year (Ditch the Label, 2017).

Those with special needs or a disability, lesbian, gay, bisexual and transgender (LGBT) pupils and those from an ethnic minority or religious background are at particular risk of being bullied; cyberbullying is also on the rise (Estyn, 2014). More than half of LGBT young people in Wales (54%) and almost three-quarters of trans young people (73%) face bullying at school for being LGBT (Stonewall Cymru, 2017).

A 2016 study¹⁰ that investigated girls' experiences of growing up in Wales found that over 60% of girls had experienced bullying, 70% had experienced sexism and 65% had experienced sexual harassment (Full Circle Education, 2016).

In 2017, a survey of more than 1,500 secondary school children aged 11–16 in England and Wales found that over a third (37%) of female students at mixed-sex schools had personally experienced some form of sexual harassment at school. Almost a quarter (24%) had been subjected to unwanted physical touching of a sexual nature while at school (National Education Union and UK Feminista, 2017). A survey of nearly 2,000 young women and girls aged 13–21 across the UK found that 36% of respondents had experienced sexist comments on social media in the previous year – a major increase since 2014, when the proportion was 15% (Girlguiding, 2017).

¹⁰ This survey had 614 responses and was not nationally representative.

In 2017, the Children's Commissioner for Wales explored children and young people's experiences of bullying to understand its causes and impact. Physical identifiers such as ethnicity, disability and gender were considered to be key factors in prompting bullying (Children's Commissioner for Wales, 2017).

Bullying can have long-term consequences for the victims. A study involving British adults found that at age 50, those who had been bullied in childhood were more likely to have anxiety, depression and suicidal thoughts and to be less satisfied with their lives than those who had never been bullied (Evans-Lacko *et al.*, 2016).

2.4.3 NEET (not in education, employment or training)

In 2016/17, 7.4% of people aged 16–18 in Wales were NEET (Table EDU.EBN.2).¹¹ Between 2010/11 and 2016/17, the percentage of people who were NEET dropped by minus 4.1 percentage points.

A study found that school attendance and attainment were more effective at predicting someone's NEET status than demographic variables such as FSM eligibility, SEN status or ethnic background (Welsh Government, 2013d).

¹¹ The NEET figures reported here are from analysis specifically conducted for the 'Is Wales Fairer? 2018' review using data from the Office for National Statistics (ONS) Annual Population Survey.

2.5 Higher education and lifelong learning

2.5.1 Higher education, including subject choice, attainment and degree-level qualifications

In 2016/17, 28.2% of people in Wales aged 25–64 had degree-level qualifications, an increase of 2.9 percentage points since 2013/14 (Table EDU.HLL.1).¹² Younger people aged 25–44 were more likely to have such qualifications. Around twice as many non-disabled people (31.6%) as disabled people (16.6%) had degree-level qualifications. From 2013/14 to 2016/17, the proportion of disabled people with these qualifications and the proportion of non-disabled people both grew (plus 2.2 percentage points and plus 3.1 percentage points respectively).

A higher percentage of Indian (70.5%) and Pakistani (60.2%) people had degree-level qualifications than White British people (27.3%). More women (30.7%) than men (25.6%) had degree-level qualifications.

There are eight universities in Wales and in 2016/17 there were around 120,000 students (StatsWales, no date). Students in Wales represent about 6% of the UK's university student population (Universities UK, 2017). The highest ranked university in Wales in the 'Complete University Guide 2018' is Cardiff (37th) – although ranking systems for universities vary. Concerns have been raised about the lack of research capacity in STEM subjects in universities in Wales (Leadership Foundation, 2015).

¹² Unless otherwise stated, the figures reported here on higher education and lifelong learning are from analysis specifically conducted for the 'Is Wales Fairer? 2018' review using data from the ONS Annual Population Survey.

When it comes to overall attainment, in 2015/16, 70.3% of graduates in Wales achieved a first or 2:1, which was lower than the UK average of 73.2%. White British students in Wales had an attainment lead of 8.5 percentage points over ethnic minority students. Women outnumbered men overall, and were eight percentage points ahead of men in terms of attainment.

Non-disabled graduates were slightly more likely than disabled graduates to receive a first or 2:1 (Equality Challenge Unit, 2017).

2.5.2 Lifelong learning

In 2016/17, 30.4% of adults in Wales aged 16–64 had attended an education course, or job-related training (described as 'learning activities' below), in the last three months (Table EDU.HLL.2). The rate was much higher for those aged 16–24 (61.0%), and at its lowest for 55–64 year olds (14.8%). Many more non-disabled people (33.2%) than disabled people (19.4%) took part in learning activities. Chinese (76.0%), Black (52.8%), and Other White people (39.2%) were more likely to have engaged in learning activities than White British people (29.3%). More women (32.2%) than men (28.5%) had pursued learning activities.

Between 2010/11 and 2016/17, participation in learning activities increased by 2.5 percentage points up to 2013/14, then declined by 1.7 percentage points. Increases occurred over the six-year period for those aged 16–24 (4.3 percentage points) and 55–64 (2.1 percentage points). Learning activities increased substantially for the relatively small Chinese population (plus 33.7 percentage points) and for Bangladeshi people (plus 22.8 percentage points). However, since 2013/14, participation in learning activities has declined across a number of groups, including: White British people (minus 2.1 percentage points), those aged 25–34 (minus 4.4 percentage points), non-disabled people (minus 2.1 percentage points) and men (minus 2.2 percentage points).

2.6 Conclusion

Our review of education in Wales presents a mixed picture. The overall attainment of school children in Wales is lower, based on international measures, than other countries in the UK, and the attainment of children with ALN is still generally very low. Attainment in early years is improving, with children with ALN and children eligible for FSM narrowing the gap with other pupils. But for young children with certain impairments, attainment has declined in recent years. Children from poor backgrounds and Gypsy, Roma and Traveller children continue to have lower than average levels of attainment.

Girls are more likely than boys to experience bullying and harassment in schools; lesbian, gay, bisexual and transgender (LGBT) children and children with ALN are also at risk.

On a more positive note, the proportion of young people who are NEET has declined. The proportion of people with higher education qualifications has increased, although at a slower rate for disabled people than non-disabled people. Furthermore, disabled people, men and those from ethnic minorities experience attainment gaps at university and there is evidence of gendered subject choices in higher education. Beyond formal schooling, some groups are becoming increasingly disengaged from lifelong learning. White British people and younger people have had particularly notable drops in participation.

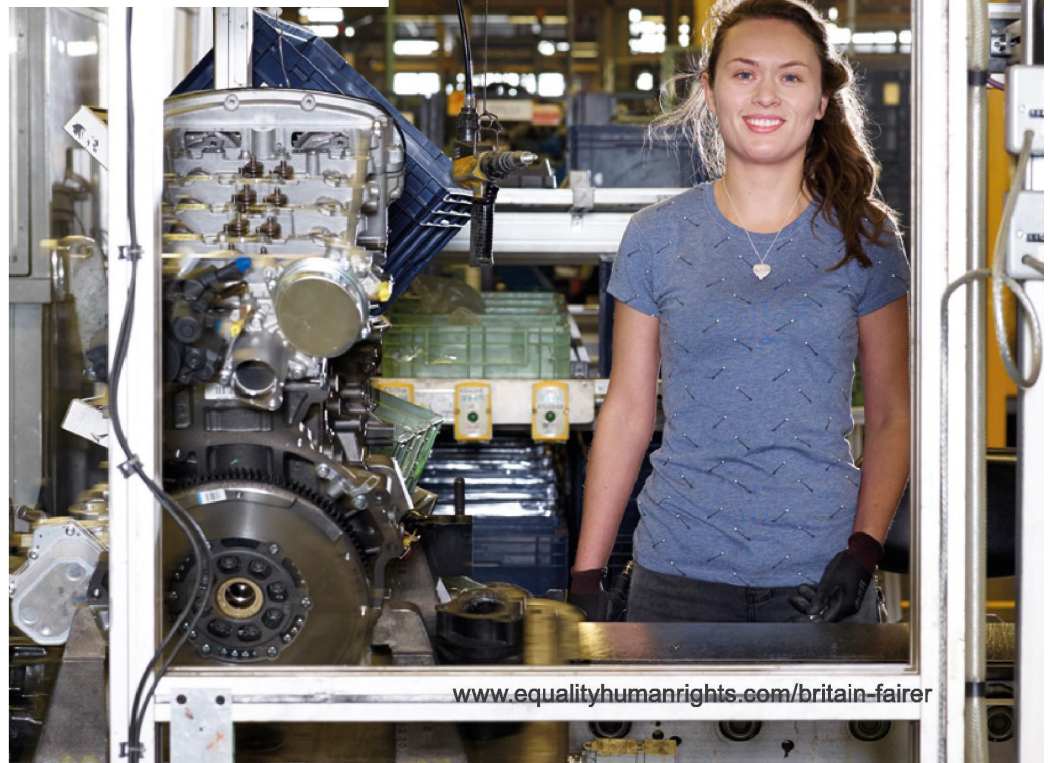
This chapter has not provided a complete overview of educational inequality, due in part to evidence gaps. Less is known about the educational experiences of certain at-risk groups in Wales such as LGBT young people, carers, homeless people, refugees and asylum seekers, and those with different types of impairments.

Children from poor backgrounds and Gypsy, Roma and Traveller children continue to have lower than average levels of attainment



3. Work

This chapter examines the extent to which workplaces in Wales are becoming fairer and free from discrimination.



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Key findings

- The overall employment rate has risen, but remains lower in Wales than in England or Scotland. Disabled people's employment rate in Wales is less than half that for non-disabled people.
 - Unemployment rates have fallen, with those aged 16–24 having the highest rate of unemployment.
 - Insecure employment is around twice as high as average for those aged 16–24 and has increased for this age group.
 - Disabled people are less likely than non-disabled people to work in managerial or professional occupations, which tend to have high pay.
 - Women are more likely than men to work in caring, leisure and other service occupations, or sales and customer service occupations, or elementary occupations, which tend to have low pay, but similar proportions of women and men are in high-pay occupations.
- Women continue to earn less than men on average.
 - Gender pay gaps are narrower in Wales than in England mainly because average hourly earnings of male full-time employees are much lower in Wales.
 - Average earnings also vary by gender, disability, ethnicity and religion or belief; in particular, average earnings are lower for disabled than non-disabled people.
 - Seven out of 10 mothers have had a negative or possibly discriminatory experience during pregnancy or maternity leave, or on returning from maternity leave.
 - In apprenticeships, strong gender segregation remains. Ethnic minorities are under-represented in apprenticeships and the representation of disabled people is particularly low.
 - Bullying and sexual harassment remain widespread in the workplace, although a lack of survey evidence means that it is difficult to quantify this.

Disabled people's employment rate in Wales is less than half that for non-disabled people

3.1 Introduction

All workers should be ensured an adequate standard of living, safe and healthy working conditions, fair wages, time to rest, and the opportunity to take part in public life. Everyone should also have the opportunity to enter, remain in and progress in employment.

The chapter uses three indicators to assess progress in employment, earnings and occupational segregation. The first covers employment rates, unemployment, insecure employment and unfair treatment, and bullying and harassment in the workplace. The second covers pay gaps in median hourly earnings, low pay and gender differences by occupation, sector and industry. The third covers vertical and horizontal segregation and segregation within apprenticeships.

3.2 Key policy and legal developments

The law relating to employment rights across Britain is reserved to the UK Parliament, so there are no key legal developments in this area in Wales that differ from those for the rest of Britain.

Under international human rights law, the UK Government is obliged to implement the right to work and ensure just and favourable conditions of work. Various UN treaty bodies and the Council of Europe have called upon the UK Government to: eliminate the persistent gender pay gap; address the root causes of unemployment; intensify efforts to increase the level of representation of women in decision-making positions; ensure that minimum wages are periodically reviewed; and reduce the use of temporary employment, precarious self-employment and zero-hour contracts (UN Committee on Economic, Social and Cultural Rights, 2016; UN Committee on the Rights of Persons with Disabilities, 2017; UN Committee on the Elimination of Racial Discrimination, 2016; European Committee of Social Rights, 2018).

The Taylor Review (2017) considered the implications of new forms of work on worker rights and responsibilities, as well as on employer freedoms and obligations, in the UK. This includes workers in the gig economy, which recent UK Government research defined as involving ‘the exchange of labour for money between individuals or companies via digital platforms that actively facilitate matching between providers and customers, on a short-term and payment by task basis’ (Department for Business, Energy and Industrial Strategy, 2018). The review’s 53 recommendations covered a range of labour market issues and sought to build on the existing framework of regulation. The UK Government’s response to the review, published in February 2018, included the setting up of four consultations on employment status, increasing transparency in the labour market, agency workers and enforcement of employment rights. Responses to the consultation are being evaluated at the time of writing (HM Government, 2018).



People clapping in the audience at a conference.

The McGregor-Smith Review (2017) examined the position and progression of ethnic minorities in UK workplaces. The review report contained recommendations about recruitment targets, the use of contracts and supply chains, work experience placements, and (for larger businesses) the publication of ethnicity data by salary band. The Parker Review (2017) recommended that FTSE 100 boards should have 'at least one director of colour' by 2021 (with FTSE 250 boards having the same target by 2024).


After completing the Race Disparity Audit (Cabinet Office, 2017), the UK Government launched a website to shed light on ethnic disparities across UK society, including in employment, unemployment, pay, business and the public sector workforce. However, this audit only covers Wales if the data pertain to policy areas that are not devolved and remain the responsibility of central government departments, while data on local services are only presented where they are compiled by central government departments.

A major review of mental health in the workplace quantified how investment in supporting mental health at work is good for business and productivity. It recommended that all employers, regardless of size or industry, should adopt six 'mental health core standards' that lay basic foundations for an approach to workplace mental health (Stevenson and Farmer, 2017).


The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 introduced a new requirement on all private and voluntary sector employers with 250 or more employees to publish information on their gender pay gap. Following the first round of reporting (the deadlines for which were 30 March 2018 for public sector employers and 4 April 2018 for private/voluntary sector employers), just over 10,000 relevant employers had published the required information; of these, 78% reported that they paid men more than women on average (Colebrook *et al.*, 2018). By the beginning of July 2018, partly as a result of enforcement action by us, all relevant employers had reported. Separate figures for employers with their head offices in Wales are not available.

In Wales, the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 require that listed public bodies in Wales, when drawing up equality objectives, must: have due regard to the need to have objectives that address the causes of any difference in pay between employees who share a protected characteristic and those who do not if it appears reasonably likely that the reason for the difference is related to the fact that those employees share a protected characteristic; make appropriate arrangements to collect, identify and publish information on the differences in pay, and the causes of any such differences between such employees; and publish an equality objective in relation to addressing any gender pay difference identified or publish reasons why they have not done so. Listed public bodies must also publish an action plan in respect of gender pay and review all their equality objectives at least once every four years.

Our pay gaps strategy, 'Fair opportunities for all', recommended that the Welsh, Scottish and UK governments should each develop national action plans to close gender, ethnicity and disability pay gaps and report regularly on progress. It also recommended that governments and employers should take action to: improve subject and career choices, educational attainment and access to apprenticeships; ensure better access for all to jobs that deliver fair rewards; implement flexibility in all jobs at all levels; deliver more equal sharing of childcare responsibilities between mothers and fathers; reduce discrimination and bias in recruitment, promotion and pay decisions; and increase diversity in senior roles (Equality and Human Rights Commission, 2017a).



By the beginning of July 2018, partly as a result of enforcement action by us, all relevant employers had reported their gender pay gap



In February 2018, the Women and Equalities Committee of the UK Parliament launched an inquiry into sexual harassment in the workplace in the UK, which draws on our call for evidence and recommendations on sexual harassment at work published in March 2018 (Equality and Human Rights Commission, 2018; Women and Equalities Committee, 2018). Our recommendations highlighted the need to eliminate workplace sexual harassment through transforming workplace cultures, promoting transparency and strengthening legal protections, which could be achieved by:

- a new mandatory duty on employers to take reasonable steps to protect workers from harassment and victimisation
- a statutory code of practice on sexual harassment and harassment at work, specifying the steps that employers should take to prevent and respond to sexual harassment
- legislation making any contractual clause that prevents disclosure of future acts of discrimination, harassment or victimisation void
- collection and analysis of data on the prevalence and nature of sexual harassment, with action plans addressing findings
- restoring lost protections, including the power of employment tribunals to make recommendations aimed at reducing the adverse effects of discrimination on the wider workforce and reintroducing an amended statutory questionnaire procedure in employment-related discrimination and harassment claims
- extending time limits to bring harassment claims, and
- introducing interim relief for victims of harassment.

In July 2017, the Supreme Court found, in *R (on the application of UNISON) v Lord Chancellor*, that the introduction of substantial fees in employment tribunals (ETs) in 2013 was unlawful as it had a significant adverse impact on individuals' abilities to access justice and enforce their employment rights, thereby preventing access to justice. Individuals were therefore able to submit a claim without paying a fee. As a result, the number of claims received by ETs has increased substantially; compared with January–March 2017, the number of single employment tribunal claims increased from 4,252 to 9,252 (118%) in January–March 2018 (Ministry of Justice, 2018).

Time limits for bringing claims in ETs remain at three months. Based on our work on pregnancy and maternity and sexual harassment (Equality and Human Rights Commission, 2016; Equality and Human Rights Commission, 2018), we consider that three months is not sufficient time for some people to consider what has happened to them, make a decision to pursue the claim, seek legal advice and start the legal process. Employees are also often faced with a choice of allowing the limitation period to expire while they pursue an internal grievance, or issuing a claim before they have exhausted internal procedures. We have therefore recommended that the time limit should be extended from three months to six months in cases involving pregnancy and maternity or harassment (Equality and Human Rights Commission, 2018).

The Welsh Government is committed to limiting the use of zero-hour contracts as one element of a broader approach to ensure a fair society for all

Following our major analysis of pregnancy and maternity discrimination in the workplace, published in 2016 (Adams *et al.*, 2016a; Adams *et al.*, 2016b), we identified six areas for action to tackle this discrimination, and the Women and Equalities Committee launched an inquiry into the issue. The committee called on the UK Government to publish an ambitious, detailed plan within the next two years or risk a further rise in pregnant women and mothers being forced out of work (Women and Equalities Committee, 2016). In addition to policy work with employers through our Working Forward initiative, we have also called for the Equality Act 2010 to be amended to prohibit employers from asking job applicants questions related to pregnancy and maternity.

In September 2017, the Women and Equalities Committee reopened its inquiry into older people and employment, looking at current government policies to help people extend their working lives, and considering further steps that could be taken to tackle issues, including age discrimination. The inquiry is ongoing (Women and Equalities Committee, 2017).

Besides these largely Britain-wide policy developments, some initiatives to promote equality in Wales have been undertaken by the Welsh Government. For example, the Welsh Government is working with the European Social Fund (ESF) on projects aimed to promote equality in Wales, including: the Parents, Childcare and Employment (PaCE) programme aimed at improving employment prospects for young parents aged 16–24 when childcare is their main barrier (Welsh Government, 2016a); traineeships, providing vocationally based learning for 16–18-year-olds at risk of becoming NEET (not in education, employment or training) (York Consulting, 2016); and the Healthy Working Wales Out of Work Service, providing support to individuals who have substance misuse or mental health conditions to enter employment or return to work (Healthy Working Wales, 2018). Wales will no longer be able to access the European Social Fund when the UK leaves the European Union.

In addition, there are City Deals covering the Cardiff Capital Region and Swansea Bay (which covers Swansea, Carmarthenshire, Neath Port Talbot and Pembrokeshire councils). North Wales was invited to develop a bid by the UK Government in 2016, and this commitment was restated recently by both the UK and Welsh governments (Cardiff Capital Region City Deal, 2018; Welsh Government, 2017a; Office of the Secretary of State for Wales, 2017; Morris, 2018).

The Welsh Government is committed to limiting the use of zero-hour contracts as one element of a broader approach to ensure a fair society for all (Welsh Government, 2016b). It has introduced a code of practice for ethical employment in supply chains in Wales, which commits all organisations that sign up to it to ensuring that zero-hour contracts are not used unfairly in their own organisations and supply chains. The guide to tackling unfair employment practices and false self-employment that sits alongside the code gives more detail on how to make zero-hour contracts fairer and of benefit to individuals and employers. All organisations in receipt of public funding in Wales, either directly or through grants or as part of a supply chain, are expected to sign up to the code of practice, which also includes measures for tackling slavery and other unethical practices (Welsh Government, 2017b; Welsh Government, 2017c).

In 2016, the Welsh Government published its programme for government, *Taking Wales Forward*, a five-year plan. It aimed to act in a number of areas to improve job opportunities, which will address employment gaps and occupational segregation, particularly those in lower-paid occupations (Welsh Government, 2016b). This includes offering higher levels of free childcare than the rest of Britain for working parents of three and four-year-olds (30 hours per week for 48 weeks of the year). However, an initial BBC Wales Live analysis indicates that the number of parents taking advantage of the free childcare offer has been lower than expected (Martin, 2018).

In September 2017, the Welsh Government launched its national strategy, *Prosperity for All*, which has five priority areas: skills and employability, early years, housing, social care, and mental health. It followed this with an employability plan and economic action plan for *Prosperity for All* in 2018. The employability plan, which aims to tackle unemployment and economic inactivity, identifies the need: to provide an individualised approach to employability support; for employers to upskill and support their workers and provide fair work; to respond to current and projected skill gaps; and to prepare for a radical shift in the world of work (Welsh Government, 2017d; Welsh Government, 2018a; Welsh Government, 2018b).

The Welsh Government's Strategic Equality Plan and Equality Objectives 2016–2020 (Welsh Government, 2016c) set eight objectives to identify and reduce the causes of employment, skills and pay inequalities related to gender, ethnicity, age and disability.

The Welsh Government has set a target of creating a minimum of 100,000 high-quality all-age apprenticeships by 2022 (Davies, 2018; Welsh Government, 2017e). Its apprenticeship policy identifies apprenticeships as an essential ingredient of economic success and a vital tool in building a stronger, fairer and more equal Wales. The action plan commits to increasing women apprenticeship starters and improving engagement with under-represented groups and/or protected groups (age, gender, ethnicity and disability); the plan does not set numerical targets for these commitments. The Welsh Government has also committed itself to developing a disability action plan to increase the very low proportion of disabled people on apprenticeships. In addition, the UK Government has introduced the Apprenticeship Levy through the taxation system and debate has ensued as to whether the Apprenticeship Levy brings any additional benefit to Wales.

3.3 Employment

3.3.1 Employment

Our analysis shows that in 2016/17, 56.2% of people aged 16 and over in Wales were in employment (Table WRK.EMP.1). The employment rate, which had risen by 2.7 percentage points since 2010/11, was lower than in England (60.5%) or Scotland (59.0%).¹³

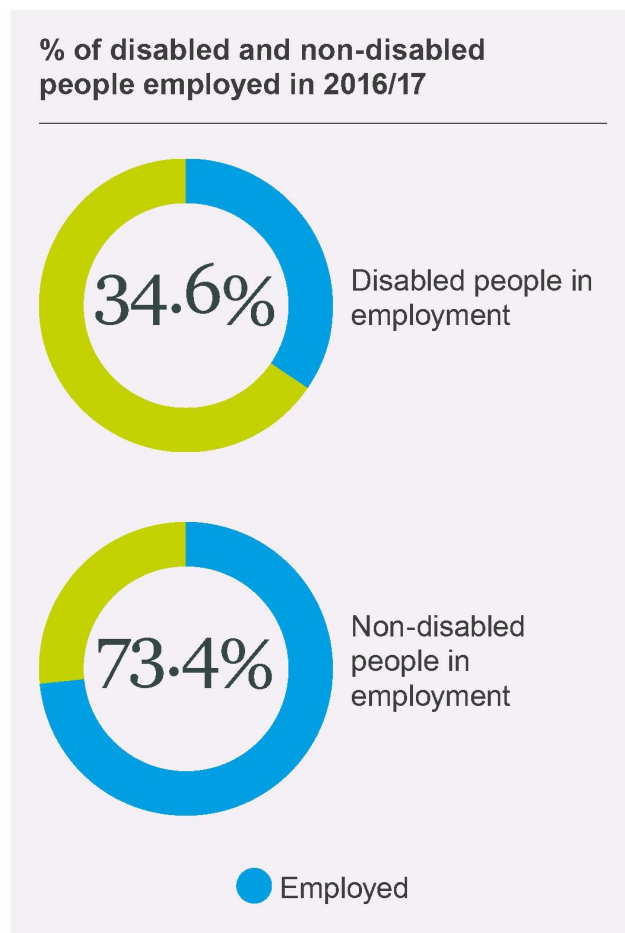
In April–June 2018, 69.9% of women and 78.6% of men aged 16–64 in Wales were in employment (Welsh Government, 2018c). Our own analysis for the 16 and over population showed that the female employment rate increased by 3.1 percentage points between 2010/11 and 2016/17 and the male employment rate by 2.3 percentage points. Single people (62.5%) were more likely to be employed than married people (58.3%) or those formerly married (38.5%), and the employment rate of single people had risen by 4.9 percentage points since 2010/11.

Our analysis also shows that those aged 35–44 and 45–54 had the highest employment rates in 2016/17 (82–84%). The rates for those aged 16–24 (50.4%) and 55–64 (59.0%) were much lower. Between 2010/11 and 2016/17, the employment rates for those aged 45–54 and 55–64 increased by 5.2 and 8.1 percentage points respectively.

The employment rate for non-disabled people (73.4%) was more than twice the rate for disabled people (34.6%) in 2016/17. UK-wide research indicates that employment rates for disabled people vary considerably according to the type of disability or health condition, and that people with mental health conditions and those with learning difficulties have the lowest rates (Brown and Powell, 2018). A report by Citizens Advice Cymru (2017) found that its clients who were disabled or had a health condition encountered bad practice and discrimination by employers. Moreover, people with a disability or health condition who sought help on an employment-related problem were more likely to require support on an issue relating to pay and entitlements or dismissal. Issues relating to sick leave, sick pay and unfair dismissal were more common among this group.

Our analysis also shows that Indian (76.9%), Pakistani (74.4%) and White people excluding White British and White Irish people (71.8%) all had higher employment rates in 2016/17 than the White British rate (55.9%). The relatively small Chinese population is likely to have had the lowest employment rate (24.6%). The employment rate for White British people rose by 2.6 percentage points between 2010/11 and 2016/17, in line with the national average for Wales. Given small sample numbers, it is not possible to provide trend data for other ethnic groups in Wales except that the Chinese employment rate fell during this period.

¹³ Unless otherwise stated, the figures reported here for the employment indicator are from analysis specifically conducted for the 'Is Britain Fairer? 2018' review using data from the Annual Population Survey.



Those aged 16–24 had the highest unemployment rate in 2016/17 at 11.8%

People of no religion (65.4%) had a higher employment rate in 2016/17 than either Christians (50.0%) or Muslims (48.3%), and the rate for the no religion group had risen by 4.4 percentage points since 2010/11.

3.3.2 Unemployment

Our analysis shows that in 2016/17, 4.4% of people aged 16 and over in Wales were unemployed (Table WRK.EMP.2), the unemployment rate having fallen by 4.0 percentage points since 2010/11. Most of the reduction (3.0 percentage points) occurred between 2013/14 and 2016/17. Unemployment rates in England, Scotland and Wales were very similar.

Men (4.6%) and women (4.2%) had broadly similar unemployment rates in 2016/17. The unemployment rate decreased more for men (5.3 percentage points) than women (2.5 percentage points) between 2010/11 and 2016/17.

Those aged 16–24 had the highest unemployment rate in 2016/17 at 11.8%. This was around four times the rate for those aged 35–44 and 45–54 (both 2.5%). Between 2010/11 and 2016/17, unemployment rates fell for all age groups under 65, with the largest fall being for the 16–24 age group (10.6 percentage points).

The unemployment rate for disabled people (8.4%) was twice the rate for non-disabled people (3.9%) in 2016/17. The unemployment rate for non-disabled people fell by 3.0 percentage points between 2013/14 and 2016/17, and by 3.8 percentage points for disabled people. UK-wide research suggests that unemployment rates are particularly high for those with learning difficulties or disabilities (Equality and Human Rights Commission, 2017b).



Young people working as car mechanics.

Britain-wide research suggests that those in insecure employment are likely to miss out on key rights and protections at work

Indian people (1.5%) had a low unemployment rate in 2016/17, which was three times lower than that for the White British group (4.5%). Nevertheless, unemployment did fall for the White British group between 2010/11 and 2016/17. Christians (3.5%) had a lower unemployment rate than those of no religion (5.0%) and the unemployment rate fell between 2010/11 and 2016/17 for both these groups and for Muslims.

¹⁴ The TUC defined insecure employment as those working on a contract that does not guarantee decent employment rights (including zero-hour contracts, agency and casual work), or being in low-paid self-employment (earning less than the government's National Living Wage). Therefore, our figures and the TUC's are not compatible.

3.3.3 Insecure employment

Our analysis shows that in 2016/17, 10.4% of employees and self-employed people aged 16 and over in Wales were in insecure employment (Table WRK.EMP.3). This means that they were either employed in temporary or agency employment, or were self-employed and working in caring, leisure, other service occupations, as process, plant or machine operatives, or in elementary occupations (for example, cleaners or catering assistants). Britain-wide research suggests that those in insecure employment are likely to miss out on key rights and protections at work and also experience significant pay penalties (TUC, 2017).¹⁴ Evidence presented to an inquiry into poverty in Wales suggests that working time security is essential for workers to be able to participate effectively in society and organise work with other activities (Lloyd, 2017).

Men and women were almost equally likely (10.4%) to be in insecure employment. Those aged 16–24 were almost twice as likely as average to be in insecure employment in 2016/17 (22.2%).

Between 2010/11 and 2016/17, insecure employment increased by 1.0 percentage point overall and by 1.8 percentage points for women.

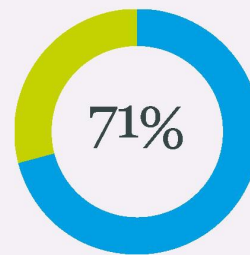
In October–December 2017, 43,000 people in Wales (3.0% of all people in employment) were employed on zero-hour contracts (defined as no guaranteed hours contracts) in their main job (Office for National Statistics, 2018).

3.3.4 Unfair treatment, bullying and harassment in the workplace

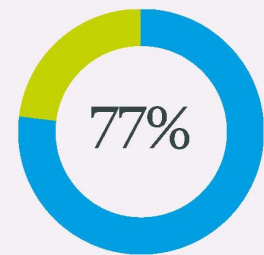
There have been no large-scale Britain-wide surveys of unfair treatment, bullying and harassment in the workplace since the UK Government’s Fair Treatment at Work Survey 2008; nor have there been any large-scale similar surveys in Wales. This means that nationally representative figures on the extent of unfair treatment, bullying and harassment in workplaces in Wales is not available. Other non-government surveys, for example by the TUC on bullying and harassment, do not provide separate data for Wales.

A survey conducted for us and the Department for Business, Innovation and Skills in 2016 did find, however, that 71% of mothers in Wales reported having had a negative or possibly discriminatory experience during pregnancy, maternity leave or on their return from maternity leave, although this was a lower proportion than for Britain overall (77%). Nearly half of mothers in Wales (48%) reported a negative impact on opportunity, status or job security as a result of their experiences (Adams *et al.*, 2016a).

Mothers reported having had a negative or possibly discriminatory experience during pregnancy, maternity leave or on their return from maternity leave (2016)



Wales



GB overall

48%



of mothers in Wales reported a negative impact on opportunity, status or job security as a result of their experiences

The study of employers for the same project found that 87% of employers in Wales felt it was in the interests of their organisation to support pregnant women and those on maternity leave. 7% found it difficult to protect employees from being treated unfavourably because they were pregnant or on maternity leave (compared with only 1% of employers in England and less than 0.5% of those in Scotland). A higher proportion of establishments in Wales (10%) than in England (4%) or Scotland (3%) offered no flexible working practices (Adams *et al.*, 2016b).

A 2017 study reported that 26% of people living in Wales had experienced unwanted sexual behaviour at work (ComRes, 2017).

3.4 Earnings

3.4.1 Pay gaps in median hourly earnings

Our analysis shows that in 2016/17, median hourly earnings of employees aged 16 and over in Wales (Table WRK.ERN.1) were £10.52 (at 2017 prices). They were lower than in England (£11.63) and in Scotland (£11.39). Median earnings (at 2017 prices) changed very little for both sexes between 2010/11 and 2016/17.¹⁵

Median hourly earnings were higher for men in Wales (£11.36) than women (£9.80) in 2016/17, representing a 13.7% gender pay gap. Using an alternative source, the Office for National Statistics (ONS) Annual Survey of Hours and Earnings (ASHE), the median gender pay gap for all employees in 2017 was 14.8% (see section 3.4.3). Married (£12.24) and formerly married (£10.08) people earned more than single people (£8.90) in 2016/17.

¹⁵ Unless otherwise stated, the figures reported here for the earnings indicator are from analysis specifically conducted for the 'Is Britain Fairer? 2018' review using data from the Annual Population Survey. Earnings are adjusted for inflation and at 2017 prices.

Median hourly earnings increased by age in 2016/17 to peak at £12.77 for those aged 35–44, before declining for older age groups. However, the lowest median earnings were for those aged 16–24 (£7.22). Between 2010/11 and 2016/17, median hourly earnings increased for those aged 35–44 and 65–74.

Median hourly earnings were higher in 2016/17 for non-disabled (£10.67) than for disabled (£9.72) employees, a disability pay gap of 8.9%. Earnings increased for non-disabled employees between 2013/14 and 2016/17.

In 2016/17, Indian people (£14.43) had higher median hourly earnings than White British people (£10.60), their earnings having risen since 2010/11. Black people (£8.71) had lower median hourly earnings than White British people. Christians (£10.83) had higher hourly earnings than those of no religion (£10.17) and Muslims (£7.79). Due to small samples, it is not possible to provide any trend data between 2010/11 and 2016/17 for any ethnic group (except Indian people and the 'Other' group) or for any religion or belief group.

Earnings increased with higher socio-economic category in 2016/17. Those employed in higher managerial and professional occupations had the highest median hourly earnings (£19.60) and those employed in semi-routine occupations had the lowest (£7.68), excluding those who had never worked or were long-term unemployed. However, between 2010/11 and 2016/17, earnings did rise (at 2017 prices) for those in routine occupations.

3.4.2 Low pay

In April 2017, provisional estimates found that 16,000 jobs in Wales (1.3% of all jobs) paid less than the National Minimum Wage (NMW) or National Living Wage (NLW) to employees aged 16 and over.¹⁶ In April 2016, an estimated 300,000 employees in Wales, 26% of all employees, were paid below the voluntary Living Wage (D'Arcy, 2017). This is a rate of pay calculated by the Living Wage Foundation. It is based on what families need to achieve an acceptable standard of living. There are two rates, one for workers in London and one for those in other parts of the UK. Employers accredited to the Living Wage Foundation have voluntarily agreed to pay the Living Wage to their employees. Heery *et al.* (2017) found that employer commitment to the voluntary Living Wage is strong and that the experience of most Living Wage employers has been a positive one.

3.4.3 Gender differences in earnings by occupation, sector and industry

The overall gender pay gap in hourly earnings excluding overtime for all employees (that is, both full-time and part-time employees) in Wales in 2017 was 14.8%. The gap has narrowed since 2012 (17.0%) (Office for National Statistics, 2017).¹⁷

¹⁶ The data did not distinguish between the NMW and NLW.

¹⁷ Unless otherwise stated, the figures reported in this section are from the Annual Survey of Hours and Earnings.

The overall gender pay gap in hourly earnings excluding overtime for all employees in Wales in 2017 was 14.8%

The equivalent gender pay gap for full-time employees only in Wales was 6.3% in 2017. In every year between 2012 and 2017, the gender pay gap for full-time earnings was narrower in Wales than in England, reflecting the much lower average hourly earnings of male full-time employees in Wales (£12.89) than England (£14.68) in 2017. Average hourly earnings of female full-time employees were also lower in Wales (£12.08) than England (£13.21). The gender pay gap for full-time employees in Wales has decreased from 9.4% in 2012 to 6.4% in 2017, although the trend has not been consistent.

The gap between the median hourly earnings of women working part-time and men working full-time in Wales was 30.2% in 2017, narrower than in either Scotland (33.8%) or England (37.3%).

In five major occupational groups – professional occupations, associate professional and technical occupations, skilled trade occupations, process and plant machine operatives and elementary occupations¹⁸ – men working full-time had higher median hourly earnings than women in 2017.

¹⁸ The other four occupational groups are: managers, directors and senior officials; administrative and secretarial occupations; caring, leisure and other service occupations; and sales and customer service occupations. In these occupations, the difference in hourly pay of women and men was not significant.

The gap between the median hourly earnings of women working part-time and men working full-time (gender pay gap as a result of part-time working) also varied between occupations and was much wider than the gap for full-time employees, reflecting the lower average hourly earnings of part-time employees compared with full-time employees and how that particularly affects women.

Comparing weekly and hourly pay gaps allows us to note the effect of different working hours on earnings. The overall gender pay gap in median weekly earnings for full-time employees in 2017 was 12.9%. The figure was wider for weekly than for hourly earnings due to full-time male employees working longer paid hours than female employees on average (38.9 hours compared with 37.0).

The gender pay gap in hourly earnings for full-time employees was narrower in 2017 in the public sector (8.5%) than the private sector (18.5%). It was also narrower in the public than the private sector for weekly earnings. Women comprised the majority of full-time employees in the public sector in Wales in 2017, while 70% of full-time employees in the private sector were men. Since median earnings for both men and women were much higher in the public sector than the private sector, this had the effect of narrowing the overall gender pay gap.

3.5 Occupational segregation

3.5.1 Vertical and horizontal segregation

Vertical segregation within an occupation occurs when members of one group (for example, men) are typically employed at a higher level than members of another (for example, women). Horizontal segregation occurs when members of one group (for example, men) are typically employed in different types of job than members of another (for example, women).

Our analysis shows that in 2016/17, 28.5% of people in employment aged 16 and over were employed in managerial or professional occupations (Table WRK.OCS.1).¹⁹ These tend to be high-pay occupations. Conversely, 29.4% were employed in caring, leisure and other service occupations, sales and customer service occupations, or elementary occupations, such as cleaners or kitchen and catering assistants. These tend to be low-pay occupations (Table WRK.OCS.2). Between 2010/11 and 2016/17, the number of people in high-pay occupations increased by 2.6 percentage points. A lower proportion of people in employment in Wales (28.5%) than England (31.5%) were in high-pay occupations in 2016/17 and a higher proportion were in low-pay occupations.

¹⁹ Unless otherwise stated, the figures reported here for the occupational segregation indicator are from analysis specifically conducted for the 'Is Britain Fairer? 2018' review using data from the Annual Population Survey.

Women (39.3%) were much more likely than men (20.3%) to work in low-pay occupations, but similar proportions of women and men were employed in high-pay occupations. Between 2010/11 and 2016/17, the proportion of employed women working in high-pay occupations increased by 6.1 percentage points, while the proportion of men who did so did not change significantly, resulting in the gender gap closing by 6.8 percentage points. Married people (35.4%) were more likely than single (19.8%) or formerly married people (26.3%) to be in high-pay occupations in 2016/17. In contrast, they were less likely to be in low-pay occupations.

Those aged 35–44 (37.0%) and 45–54 (32.3%) were most likely to work in high-pay occupations in 2016/17; in both age groups, the proportion in high-pay occupations increased between 2010/11 and 2016/17. Those aged 16–24 (8.9%) were least likely to do so. In contrast, those aged 16–24 were most likely (55.4%) to work in low-pay occupations.

Non-disabled people (29.2%) were more likely to work in high-pay occupations than disabled people (23.7%) in 2016/17. In contrast, disabled people were more likely than non-disabled people to work in low-pay occupations (33.2%, compared with 28.9%).

Married people were more likely than single or formerly married people to be in high-pay occupations in 2016/17

Indian people (67.3%) were more likely than those in other ethnic groups to work in high-pay occupations in 2016/17, and between 2010/11 and 2016/17 the number of Indian and White British people in such occupations increased. Small samples mean that it is not possible to provide accurate figures for the trends for other ethnic groups. Hindus were more likely than Christians and those of no religion to be in high-pay occupations. Between 2010/11 and 2016/17, the number of Christians and those of no religion in high-pay occupations increased by 2.6 and 4.4 percentage points respectively.

3.5.2 Segregation within apprenticeships

Women made up 59.8% of the 46,035 apprenticeships in Wales in 2016/17 and have comprised the majority of apprenticeship starts since at least 2012/13 (Welsh Government, 2018d). The great majority of people on apprenticeship programmes in 2016/17 (97.3%) self-identified as White. Only 485 people (1.1%) identified as Indian, 330 (0.7%) as of Mixed ethnicity and 260 (0.6%) as Black.²⁰ The 705 people who stated that they had a disability that affected their ability to learn and/or use facilities accounted for only 1.5% of people on these programmes (Welsh Government, 2018e).²¹

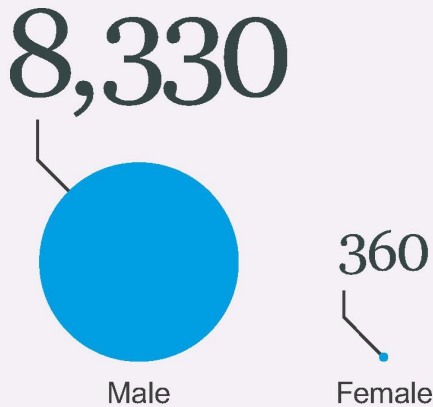
Compared with their overall share of apprenticeships in 2016/17 (40.2%), men were over-represented in Foundation Apprenticeships (Level 2) and under-represented in Higher Apprenticeships (Level 4) (Davies, 2018; Welsh Government, 2018d; Welsh Government, 2018e).

²⁰ The remainder self-identified other ethnicities or did not provide the information.

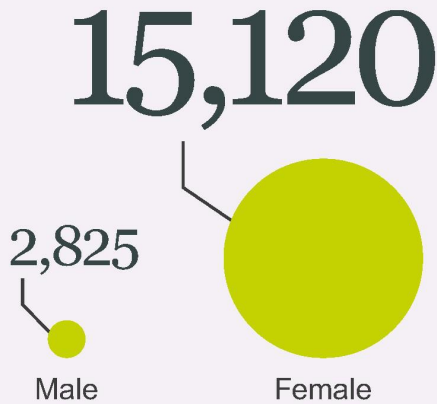
²¹ Learning difficulties were not included within the definition of disability used. In addition, learners who did not state what specific disability they had were classed as not having one.

Gender-segregation of apprenticeships in 2016/17

Construction and engineering programmes



Healthcare and public services programmes



The 2016 Apprenticeship Pay Survey also found that there were large differences in pay by apprenticeship framework in Wales

Apprenticeships also remain strongly gender-segregated. In 2016/17, there were only 360 female apprentices on the construction and engineering programmes, compared with 8,330 male apprentices. In contrast, in healthcare and public services, there were 15,120 female and 2,825 male apprentices (Welsh Government, 2018d). The 2016 Apprenticeship Pay Survey also found that there were large differences in pay by apprenticeship framework in Wales, with the basic hourly pay rate for Level 2 and 3 apprentices being lowest in the female-dominated hairdressing framework (Department for Business, Energy and Industrial Strategy, 2017).

3.6 Conclusion

Since our last ‘Is Britain Fairer?’ report in 2015, there has been progress in Wales in reducing inequalities between people sharing certain protected characteristics in some areas, but not in all. Employment rates have risen, and the unemployment rate has fallen for both women and men, but insecure employment has increased for those aged 16–24 and for women. The gender pay gap for full-time employees, although narrower in Wales than in England and Scotland, remains, and women are more likely than men to work in low-pay occupations. However there has been an increase in the proportion of women employed in high-pay occupations while the proportion of men in these occupations has seen little change. The majority of mothers have had a negative or possibly discriminatory experience during pregnancy or maternity leave, or on their return from maternity leave. Women outnumber men in apprenticeship starts, but apprenticeships remain strongly segregated by gender and ethnicity and disabled people remain under-represented in them. Non-disabled people in Wales are twice as likely as disabled people to be employed and the disability employment gap has widened in recent years.

The majority of mothers have had a negative or possibly discriminatory experience during pregnancy or maternity leave, or on their return from maternity leave

Finally, information is insufficient (or lacking altogether) for some people sharing certain protected characteristics. Generally speaking, there is far more large-scale Welsh data for sex than for any other protected characteristic, with a lack of information for sexual orientation, religion or belief, and for transgender in particular. While data are available by ethnicity, small sample sizes mean that it is often not possible to compare particular ethnic groups against the average for all of Wales and is especially difficult to show trends over time. There are also gaps in evidence by topic, for example zero-hour contracts and types of flexible working; particularly striking is the lack of any recent national survey data on unfair treatment, bullying and harassment.

4. Living standards



Everyone should have the freedom to enjoy an adequate standard of living, with independence and security, and to be cared for and supported when necessary.



www.equalityhumanrights.com/britain-fairer



Key findings

- Rough sleeping has increased and high levels of homelessness remain a concern. Evidence links this to recent UK-wide reforms to social security, as well as a lack of affordable housing and reductions in local authority budgets in Wales to tackle homelessness.
- Stronger duties on local authorities in Wales since 2015 are preventing homelessness for a larger number of people, but the impact on people with different protected characteristics is not clear.
- Disabled people face a shortage of accessible and adaptable homes and long delays in making existing homes accessible. Local authority data on accessible and adaptable housing in their area are generally poor.
- An increasing proportion of social housing is meeting the Welsh Housing Quality Standard. Recent legislation aims to improve terms and conditions for people renting in the private sector, but it is too early to evaluate its impact.

- Poverty has increased: a quarter of adults and a third of children are now living in poverty. Poverty and deprivation are both higher in Wales than in other nations in Britain, but severe material deprivation in Wales has decreased.
 - Disabled people are more likely to live in poverty and experience severe material deprivation than non-disabled people.
- UK-wide reforms to social security and taxes since 2010 are having a disproportionately negative impact on the poorest in society, particularly affecting women, disabled people, ethnic minorities and lone parents in Wales.
- The Social Services and Well-being Act (Wales) 2014 is so far having little positive impact on carers.
- More progress on the integration of health and social care is needed in order to better fulfil disabled people's right to live independently.

Disabled people face a shortage of accessible and adaptable homes and long delays in making existing homes accessible

4.1 Introduction

This chapter examines three indicators of living standards in Wales (poverty, housing, and social care) to assess how the right to an adequate standard of living is respected, protected and fulfilled.

4.2 Key policy and legal developments

4.2.1 Housing

An evaluation of the Housing (Wales) Act 2014 suggested that homelessness is being prevented for a larger number of people than previously, but the impact on people with different protected characteristics or who are at risk (particularly those with mental health conditions) was variable, largely due to differences in service provision. Single men, care leavers, ex-offenders and those experiencing multiple issues were most likely to have unmet housing needs (Welsh Government, 2017a). A further evaluation noted that few local authorities monitored equalities data for the services they provided and so could not demonstrate that their services were equally accessible and made available to all (Wales Audit Office, 2018).

The Homelessness Grant Programme was established in 2015 to support implementation of the homelessness provisions of the Housing (Wales) Act 2014 by providing grants to local authorities, voluntary organisations and registered social landlords. Funding for the grant programme was £5.9 million each year in 2016/17 and 2017/18. No evaluation has been conducted to assess the impact of the programme, although evidence indicates many local authorities use the funding to help people at risk of homelessness with rent in advance, deposits, and rent and mortgage arrears (Shelter Cymru, 2015).

One element of the Welsh Government's Supporting People Programme is to provide support to people threatened with, or recovering from, homelessness. The 2018/19 budget retained the programme for a further two years and allocated an additional £10 million in each year to maintain 2017/18 spending levels. In October 2017, the Welsh Government announced proposals to merge the programme with a number of others to create a single integrated Early Intervention, Prevention and Support Grant. The National Assembly for Wales Public Accounts Committee and Equality, Local Government and Communities Committee, and civil society organisations, have raised concerns about removing the ring fence from this programme and the potential impact on housing-related support services (Cymorth Cymru, 2018; National Assembly for Wales Public Accounts Committee, 2018). An evaluation by the Wales Audit Office concluded that despite significant investment in the Supporting People Programme, longstanding concerns about its design and delivery had not been addressed effectively, including a lack of effective impact measurement and inconsistencies in management of the programme across Wales (Wales Audit Office, 2017).

The Renting Homes (Wales) Act 2016 included measures to streamline the type of contracts available in both the private and social sectors and protect renters from being evicted for complaining about the condition of the property, and a new approach to joint tenancies that will mean perpetrators of domestic abuse can be targeted for eviction.

Rent Smart Wales was introduced in November 2015 under the Housing (Wales) Act 2014 and requires registration of all landlords and their properties, and licensing of all agents and managing landlords. The aim is to raise standards in the private rented sector. An evaluation commissioned by the Welsh Government reported that increasing numbers of landlords and agents were compliant, but there was a need for greater sharing of information among local authorities to help identify non-complying landlords (Welsh Government, 2016a).

The Welsh Government consulted on banning letting agent fees in 2017 but had not proposed a change to legislation at the time of writing.

The Welsh Government set a target in its 2016 programme for government, Taking Wales Forward, to build 20,000 affordable homes by 2021. It allocated £1.3 billion to meet this target and to complete the task of ensuring all existing social homes in Wales meet the Welsh Housing Quality Standard (Welsh Government, 2016b).

The Abolition of the Right to Buy and Associated Rights (Wales) Act 2018, which will come into force in January 2019, aims to protect social housing stock after the introduction of the Right to Buy scheme in Wales in 1980 led to a 45% reduction in housing stock.

The Welsh Government mitigated the effect of the UK Government's under-occupancy penalty policy by contributing further funding to Discretionary Housing Payment allocations to local authorities and investing £20 million in Social Housing Grants in 2014/15 and 2015/16 to develop smaller housing for those affected. Available evidence does not show an increase in the number of smaller homes being built in the social sector since 2015/16 (Wales Audit Office, 2015; Welsh Government, 2017b). UK legal developments related to the under-occupancy policy which are relevant in Wales are covered in 'Is Britain Fairer? 2018'

The Immigration Act 2016, under which landlords in England are required to check tenants' right to remain in the UK, is yet to be rolled out in Wales. The Joint Council for the Welfare of Immigrants has applied to pursue a claim for judicial review against the Home Secretary to stop the scheme from being rolled out in Wales and Scotland, and the Welsh Government has asked the UK Government to pause the roll-out until the judicial review has been ruled on.

In 2017 the Welsh Government launched a review of its 2011 'Travelling to a better future framework' for Gypsy and Traveller communities to bring it into line with the national strategy to encourage integration and collaboration across the public sector, Prosperity for All.

Single men, care leavers, ex-offenders and those experiencing multiple issues were most likely to have unmet housing needs

4.2.2 Poverty

The Well-being of Future Generations Act (Wales) 2015 requires public bodies to consider the long-term impact of decisions and seek to prevent persistent problems such as poverty. This includes working towards ‘a society that enables people to fulfil their potential no matter what their background or circumstances (including their socio economic background and circumstances)’.

The Welsh Government continues to use the relative income measure of poverty (after housing costs) as one of a suite of indicators for measuring progress in tackling child poverty in Wales (this measure was removed in England by the Welfare Reform and Work Act 2016). A revised Child Poverty Strategy for Wales was published in March 2015, setting out the Welsh Government’s objectives for tackling child poverty and improving outcomes for low-income households.

In the context of ongoing austerity measures, the UK Government made the following reforms to social security that apply to Wales:

- Benefit cap reduced to £20,000 for couples with or without children and single parents, and £13,400 for single people without children (2016).
- Benefits frozen from 2016–2020: Universal Credit, Income Support, Jobseeker’s Allowance, Employment and Support Allowance, Working Tax Credit, Child Tax Credit, Child Benefit, Housing Benefit and Local Housing Allowance.
- Universal Credit allowances for children restricted to a maximum of two children (2017).
- Employment and Support Allowance ‘work-related activity’ payment removed for new claimants (2017).

- Eligibility for the housing element of Universal Credit removed for some 18–21-year olds in 2017 but reinstated in 2018 following criticism by housing charities concerned that it would drive an increase in youth homelessness.
- Waiting period from Universal Credit claim to first payment reduced to five weeks, and calls to the UC helpline made free (2017).

UK legal developments related to the benefit cap and Personal Independence Payment that are relevant in Wales are covered in ‘Is Britain Fairer? 2018’.

An inquiry into refugees and asylum seekers in Wales recommended that the Discretionary Assistance Fund criteria should be expanded to enable financial support to both current and refused asylum seekers who are destitute (National Assembly for Wales Equality, Local Government and Communities Committee, 2017). The Welsh Government accepted this recommendation in principle, but noted that changes to the criteria could not be made until after 2020, when the current delivery contract ends (Welsh Government, 2017c).

An evaluation of the 2015 School Holiday Enrichment Programme pilot, which aimed to address food poverty, reported positive improvements in activity levels and diet and reduced social isolation among children taking part, while parents reported that food lasted longer at home (Welsh Local Government Association, 2017).²² The Welsh Government part-funded an expansion of the programme in 2017, and in the 2018/19 budget.

²² The programme provided healthy meals, food and nutrition education, physical activity and enrichment sessions to children in areas of social deprivation during the summer holidays.



Men using the washing machine in a supported home.

There has been a real-terms reduction in budgets for social care services of over 12% due to an increased need for services

4.2.3 Social care

Impact of social care funding on the provision of services

The Welsh Government has prioritised social care in budget allocations to local authorities since 2010, in the context of reducing budget settlements from the UK Government since then. Most recently, the Welsh Government made a local government settlement to maintain its assumed share of core spending at 2017/18 levels until 2020. This equates to £42 million in 2018/19.

The Welsh Government also provides funding that supports people to live independently in their own homes through the Supporting People Programme. As noted above, the 2018/19 budget retained the programme for a further two years and allocated an additional £10 million in each year to maintain 2017/18 spending levels, but an evaluation identified longstanding concerns that had not been addressed regarding effective impact assessment and inconsistencies in the programme's management (Wales Audit Office, 2017).

A £60 million integrated care fund has also been introduced, aiming to support people to maintain their independence and remain in their own homes. However, there has been a real-terms reduction in budgets for social care services of over 12% due to an increased need for services (Luchinskaya *et al.*, 2017).

The Welsh Government estimated that the cost to the social care sector in Wales from the increase to the National Living Wage would be between £14 million and £23 million in 2016/17. In January 2017, it announced additional funding of £10 million a year to help local authorities manage this impact, and in May 2017 this was increased to £19 million. There are ongoing legal cases in relation to the enforcement of the National Living Wage for 'sleep-in' shifts, which could affect social care providers in Wales.

The National Assembly for Wales Finance Committee conducted an inquiry into the cost of caring for an ageing population in 2017. The inquiry had not reported at the time of writing.

Quality of social care

The Regulation and Inspection of Social Care (Wales) Act 2016 made provision for a new system of social care service regulation and inspection that came into force from April 2018.

In 2016 a national outcomes framework for social services was launched to report on progress against measures in the Social Services and Well-being (Wales) Act 2014 on the wellbeing of people who need care and support and of carers who need support.

Choice and control over support to enable independent living and independent advocacy

Deprivation of Liberty Safeguards (DoLS) are needed if restrictions and restraint used on a person will deprive that person of their liberty, and misuse of the safeguards could have a negative impact on a person's ability to exercise control of their own care. They are applicable in Wales under the Mental Capacity Act 2005. There are ongoing calls across Britain to review and reform the legislation, following a 2014 Supreme Court ruling that widened the definition of a deprivation of liberty and led to a considerable increase in the number of applications made by hospitals and care homes (Care Inspectorate Wales, 2017a; Mind, 2017; Community Care, 2015). The legislation is being considered in an inquiry by the Joint Committee on Human Rights for England and Wales at the time of writing (JCHR, 2018).

Abuse and neglect

The statutory Independent Inquiry into Child Sexual Abuse in England and Wales opened in July 2015 in response to serious concerns that some organisations had failed, and were continuing to fail, to protect children from sexual abuse. The inquiry is due to report its interim findings at the end of 2018.

4.3 Housing

4.3.1 Overcrowding and suitable accommodation

In 2014/15, 93.9% of people in Wales were satisfied with their accommodation (Table LST.HSG.2). Satisfaction decreased between ages 16–24 (93.2%) and 25–34 (90.8%), then increased with age to 96–97% for those aged over 55. Disabled people were also less likely to report satisfaction (90.6%) compared with non-disabled people (95.1%).

4.3.2 Homelessness

Parts of the Housing (Wales) Act 2014 that came into effect from April 2015, including a stronger duty on local authorities to prevent homelessness, mean it is not possible to compare evidence on homelessness in Wales over recent years as data are collected differently.

Official estimates from single-night 'snapshots' indicate that the number of rough sleepers has increased by 44%, from 240 people in 2015 to 345 people in 2017 (Welsh Government, 2018a).

Evidence from local authorities on applications for support with homelessness is broken down into: those who are threatened with homelessness within 56 days; those who are currently homeless and in 'priority need'; and those who are currently homeless but not in 'priority need'.²³ During 2016/17, 9,210 households were threatened with homelessness, of which 62% were successfully prevented from becoming homeless for at least six months. In the same period, 10,884 households were homeless at the time of applying to the council and offered assistance to find accommodation, of which 41% were successfully helped to secure accommodation expected to last for at least the next six months. A further 2,076 households were homeless and considered to be in priority need. Settled suitable accommodation was arranged by the local authority for 81% of these households (Welsh Government, 2017d).

Of households threatened with homelessness in 2016/17, 61% of applicants were women. Overall, women were also more likely to be provided with accommodation by the local authority than men (66% of applicants), as pregnant women and single parents (most of whom are women) are considered to be in priority need. However in over half of households (56%) that were currently homeless and given assistance to find accommodation, the applicants were men (Welsh Government, 2017d).

²³ These categories are related to duties outlined in the Housing (Wales) Act 2014. People considered to be in 'priority need' include: pregnant women; people responsible for dependent children; young people aged 16 or 17; young people aged 18–21 who are care leavers or at particular risk of sexual or financial exploitation; victims of domestic abuse; veterans of the armed forces; ex-prisoners who have a local connection to an area; and those who may be vulnerable because of their age or a physical or learning disability or mental health condition.

Rough sleepers

44%



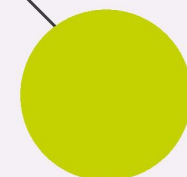
Official estimates from single night 'snapshots' indicate that the number of rough sleepers has increased by 44% from 2015 to 17

240



2015

345



2017

During 2016/17, 9,210 households were threatened with homelessness, of which 62% were successfully prevented from becoming homeless for at least six months

For 6% of households prevented from becoming homeless, and 5% of households relieved of homelessness, the applicant was from an ethnic minority background. This is slightly higher than official estimates of the ethnic minority population in Wales overall (4%) (Office for National Statistics, 2012).

Of households in priority need, 18% related to a member of the household being considered 'vulnerable' due to mental health conditions, a learning disability or learning difficulties. Of priority need households, 10% were considered 'vulnerable' due to a physical disability (Welsh Government, 2017b).

In a survey of Welsh local authorities, 89% reported that the flow of people seeking assistance for homelessness had increased from May 2015 to May 2017. This increase is in part due to the broader responsibilities that authorities now have under the Housing (Wales) Act 2014 and also to administrative changes in reporting this evidence. However, respondents noted that the new duties to prevent homelessness and to extend assistance to those not considered in priority need had the effect of encouraging homeless people to seek help, particularly single homeless people. Some respondents also noted that the impact of welfare reforms had increased homelessness, particularly among young, single people (Fitzpatrick *et al.*, 2017).

Evidence presented so far does not capture 'hidden' homelessness or the number of people affected in a homeless household.²⁴ Crisis estimates that in 2016, at any one point in time around 5,100 households in Wales were homeless. The majority of these people (3,100) were 'sofa surfing', staying temporarily with friends or relatives who were not their immediate family. An estimated 300 people were rough sleeping (Crisis, 2017).

Estimates based on official figures indicate that social landlords undertook 914 evictions in 2015/16, including 301 evictions of families with children; assuming an average of 1.7 children per household, this would suggest that approximately 512 children annually are made homeless through evictions from social housing. Tenants in social housing identified social security reform as the biggest risk factor to their eviction from council housing (Shelter Cymru, 2016).²⁵

4.3.3 Housing benefits

Local Housing Allowance has not kept pace with rent increases since 2012, with the effect that the allowance is not always sufficient to cover rent in the cheapest 30% of the market as intended. In Wales, claimants would need to contribute between 7% and 40% of their weekly Jobseeker's Allowance income to make up the shortfall to reach the bottom 30% rate (Chartered Institute of Housing, 2016). This situation is likely to worsen given that Local Housing Allowance was frozen at 2015/16 rates from April 2016.

A UK-wide evaluation of the under-occupancy charge found that disabled people experienced particular difficulty in downsizing due to a shortage of accessible or adaptable housing available (Cambridge Centre for Housing and Planning Research and Ipsos MORI, 2015).

²⁴ 'Hidden' homelessness refers to forms of homelessness that are not counted in official figures, such as when a person becomes homeless but finds a temporary solution by staying with family members or friends, living in squats or other insecure accommodation.

²⁵ Qualitative research with a sample of 14 households who had been evicted, or threatened with eviction, from council housing in Wales.

4.3.4 Housing tenure

At 31 March 2017, 61% of social housing dwellings were compliant with the Welsh Housing Quality Standard. This had not changed from the previous year, but has increased from 55% as at 31 March 2015 (StatsWales, 2017a).

The 2011 census reported that the majority (68%) of people in Wales owned their own homes, with equal proportions (16%) either renting from the social housing sector or from a private landlord or living rent free (Statistics for Wales, 2014). The National Survey for Wales 2012/13–2014/15 showed that younger adults and people aged 85 and over are more likely to live in social housing (Hackett and Cameron, 2017). Official estimates of the total number of homes show very little change in tenure type in recent years (StatsWales, 2017b).

National Survey for Wales data reported that in 2014/15, 77% of people who own their home were very satisfied with their accommodation, compared with 52% of people in private rented accommodation and 48% of people in social housing. However, this may be related to other factors as well as tenure type: people living in materially deprived households were more likely to be dissatisfied with their accommodation (11% compared to 2% of non-materially deprived households), and are also less likely to own their own homes. There was little difference in satisfaction rates across age groups (Welsh Government, 2016c).

Not enough new homes are being built to meet projected need. The number of new homes built each year has not met the Welsh Government's target since 2006/07, and while it has been steadily increasing since 2011/12 the total number completed in 2015/16 (6,900) is still below the target of 8,700 per year (Bevan Foundation, 2017).

Owner-occupation is calculated to cost more than four times annual earnings in almost all parts of Wales, and more than six times annual earnings in areas such as Cardiff, Ceredigion and Pembrokeshire (based on the ratio of median house prices to gross annual earnings at the median and lower quartile). This ratio increased slightly between 2011 and 2016. Calculating the average weekly rent of a studio and two-bedroom accommodation as a percentage of gross weekly earnings at the median and the 25th percentile, both social and private rents take up more than a quarter of the earnings of the least well-off people in most parts of Wales. Private sector rents became slightly more affordable for people on median and low earnings, and social sector rents became slightly less affordable for both groups (Bevan Foundation, 2017).

4.3.5 Housing for Gypsies and Travellers

There were 976 Traveller caravans in July 2017, a decrease of 5.2% from July 2015.²⁶ However, the proportion of caravans on authorised sites increased from 80% in July 2015 to 87% in July 2017 (Welsh Government, 2017e; 2016d; 2015).

²⁶ Annual counts are taken in July and January and have different patterns associated with seasonal variation. The January count tends to reflect lower levels of movement during the winter months.

4.3.6 Accessible housing for disabled people

Our 2018 inquiry found that disabled people are demoralised and frustrated by the housing system, reporting a severe shortage of accessible houses across all tenures. Disabled people can experience serious deterioration in their mental wellbeing due to living in unsuitable accommodation.

- Over half (52%) of local authorities have an accessible housing register, although their data on accessible and adaptable housing are generally poor.
- Despite the recent investment by the Welsh Government to build 20,000 new homes by 2021, there remains a severe shortage of accessible and wheelchair-accessible housing to meet increasing demand. The Welsh Government requires new social housing that it directly funds to meet some accessibility and adaptability criteria. However, only one of 22 local authorities set a percentage target for accessible and adaptable housing. These standards do not apply to building developments in the private sector.
- Installing home adaptations involves unacceptable bureaucracy and delay and disabled people are often left waiting for long periods of time, even for minor adaptations. The average wait for an adaptation in Wales, from application to installation, is 18 weeks.
- Disabled people are not getting the support that they need to live independently as the provision of advice, support and advocacy is patchy and people report that they have nowhere to turn when their housing is unsuitable. Only 30% of local authorities felt they were meeting the demand for tenancy support (Equality and Human Rights Commission, 2018).

The number of Disabled Facilities Grants completed has fluctuated: 4,121 were completed in 2016/17, a reduction from 4,189 in 2015 and from a peak of 4,454 in 2015/16.²⁷ The majority were completed in the owner-occupied sector (78% in 2016/17) (StatsWales, 2018).

Research into the experiences of the adaptations process by families with a disabled child reported that often the adaptations did not meet the needs of the child or their family (Satsangi *et al.*, 2018).

4.3.7 Housing for refugees and asylum seekers

Accommodation for asylum seekers awaiting the outcome of their asylum application is provided in Wales by housing company Clearsprings, under contract to the Home Office. An inquiry raised concerns about the poor quality of this accommodation, including: physical aspects and lack of maintenance; overcrowding; enforced room sharing without appropriate risk assessment; and harassment and anti-social behaviour experienced by residents from other tenants and members of staff. Concerns were also raised about the effectiveness of the complaints and inspection processes, as there is evidence that residents are reluctant to make complaints in case it affects their asylum application. In response to these findings, ongoing positive engagement to address the issues has developed between Clearsprings and the Welsh Refugee Coalition (National Assembly for Wales Equality, Local Government and Communities Committee, 2017).

²⁷ Disabled Facilities Grants are managed by local authorities and are available to disabled people who need to make adaptations to their home to make it more accessible.

Refugees granted leave to remain and considered in 'priority need' for housing can spend long periods in temporary accommodation that is often unsuitable or unsafe. Those not considered in 'priority need' face barriers to privately rented accommodation, such as lack of money for a deposit or rent, and not having someone to stand as a guarantor. Evidence suggests that outcomes are better for refugees who have support from a dedicated housing officer who understands their needs (National Assembly for Wales Equality, Local Government and Communities Committee, 2017).

4.4 Poverty

4.4.1 Relative poverty and severe material deprivation

Our analysis shows that in 2015/16, one in four (25.3%) adults in Wales was living in relative poverty (Table LST.PVT.1A).²⁸ This was higher than in England (19.6%) or Scotland (18.6%). Between 2010/11 and 2015/16 the percentage of people living in poverty increased by 4.7 percentage points. There was little change between 2010/11 and 2013/14, then an increase between 2013/14 and 2015/16 (plus 6.0 percentage points). In Britain overall, poverty rates have not changed significantly since 2010/11.

Over the longer time period from 2010/11 to 2015/16, poverty increased for older age groups aged 55 and over: for example, by 9.2 percentage points for those aged 65–74. However, between 2013/14 and 2015/16 poverty increased by 17.7 percentage points for those aged 16–24 and by 11.6 percentage points for those aged 25–34.

²⁸ The proportion of adults living in households below 60% of the contemporary median income after housing costs (also known as relative poverty). In 2015/16, 60% of the contemporary median income after housing costs was £248 per week (Department for Work and Pensions, 2017).



The poverty rate increased for women over the longer time period (plus 5.8 percentage points from 2010/11 to 2015/16) but for men in the shorter period (plus 7.8 percentage points from 2013/14 to 2015/16).

In 2015/16, a fifth (21.1%) of people aged 16–59 in Wales experienced severe material deprivation (Table LST.PVT.2).²⁹ This was significantly higher than in England (17.8%) and Scotland (14.1%). Across all three countries, severe material deprivation decreased over the period 2010/11 to 2015/16; the fall was minus 4.9 percentage points in Wales. The reduction for those aged 35–44 was minus 14.8 percentage points.

²⁹ Severe material deprivation is measured in the Family Resources Survey by the percentage of respondents identifying that they cannot afford four out of nine listed items considered to be essential.

The reduction in the proportion of adults living in severe material deprivation indicates that people's ability to afford certain items up to 2016 had not been detrimentally affected by increases in poverty, but there is a risk that this may have changed subsequently.

4.4.2 Social security and the benefit system

Wales has the highest rate of poverty in Britain and is more reliant on welfare than the other nations, meaning that reductions made to in-work and out-of-work benefits have a greater impact.³⁰ Average incomes are also below the UK average, so benefit reductions are likely to represent a larger percentage of net income (National Assembly for Wales Research Service, 2016).

Our analysis of changes to taxes, benefits, tax credits and Universal Credit since 2010 reported that across Britain, by the 2021/22 tax year, the largest impacts will be felt by those with lower incomes and the changes will have a disproportionately negative impact on certain groups, including disabled people, certain ethnic minorities, and women (Portes and Reed, 2018).

The effect on lower income groups in Wales is less than in England; however, households in the bottom half of the income distribution in Wales were forecast to lose between £500 and £1,700 per year compared with £1,300 and £2,200 per year for similar households in England. This difference is partly due to policies introduced by the Welsh Government to mitigate the impact of benefit and tax credit cuts on households (such as a scheme to offset the reductions in Council Tax Support for low-income households in 2013). Average rents are also lower in Wales than in England, so the impact of restrictions on Housing Benefit is less severe for claimants (Portes and Reed, 2018).

As a result of these reforms, child poverty in Wales is forecast to increase by just under 8 percentage points by 2021/22. This is lower than for Britain as a whole (forecast to increase by 10 percentage points), related to the fact that the income distribution is more unequal in England than in Wales or Scotland (Portes and Reed, 2018).

Analyses of Department for Work and Pensions data for Britain show that some groups of claimants are more likely to be sanctioned than others (for example, disabled people, younger people, men and some ethnic minorities) and that sanctioning may not be effective in encouraging disabled people into work (Baumberg Geiger, 2017; Reeves, 2017; de Vries *et al.*, 2017; National Audit Office, 2016). These findings are covered in more detail in 'Is Britain Fairer? 2018'. In April 2018, the UK Parliament Work and Pensions Committee launched an inquiry into benefit sanctions, to evaluate how they are operating and whether they are effective.

An increase in the number of 'part-working' families (households where people work part-time, are self-employed or have one full-time worker and one adult not working) has been linked to an increase in in-work poverty. Evidence over the last decade shows more of these families in poverty in 2016, but no increase for families where all adults are in work (National Assembly for Wales Research Service, 2016).

³⁰ The higher rate of poverty is related to higher unemployment and more low-quality, low-pay jobs in the economy.



4.4.3 Experiences of at-risk groups: child poverty and poverty of disabled people, refugees and asylum seekers

Child poverty

In 2015/16 one in three (34.1%) children in Wales was living in poverty. This was much higher than for Scotland (26.0%). In Wales, 40.0% of children aged 0–4 years were living in poverty, an increase of 17.2 percentage points from 2013/14.

Poverty was also linked to the marital status of the parent or carer³¹ children lived with, as half of children (52.4%) living in single households, and 58.8% of children living in separated/divorced/widowed/previously civil partnership households, were living in poverty in 2015/16. This increased markedly for the latter group by 40 percentage points from 2010/11.

³¹ The survey records the marital status of the 'household reference person', who may not be the child's parent or carer.

Disabled people

In 2015/16, disabled adults were more likely to be living in poverty (32.1%) compared with non-disabled adults (22.4%). This was particularly the case for those with mental health impairments, with around half affected (45.4%). The poverty rate for disabled adults increased by 8.8 percentage points between 2010/11 and 2015/16.

Disabled people aged 16–59 were nearly three times as likely (40.5%) to experience severe material deprivation as non-disabled people (15.3%) in 2015/16.

Between 2013/14 and 2015/16, the percentage of disabled people experiencing severe material deprivation decreased by 15.6 percentage points.

Refugees and asylum seekers

Asylum seekers who have been refused asylum are at risk of destitution as they have no right to housing, benefits, employment or recourse to public funds, unless they are temporarily prevented from leaving the UK. An inquiry noted that the Welsh Government's Refugee and Asylum Seeker Delivery Plan does not address destitution, representing a significant policy gap (National Assembly for Wales Equality, Local Government and Communities Committee, 2017).

Refugees who have been granted asylum are also vulnerable to destitution following the 28-day 'move on' period if they have been unable to secure accommodation or employment in that time. Poor access to advice services can increase the likelihood of becoming destitute (National Assembly for Wales Equality, Local Government and Communities Committee, 2017).

The British Red Cross reported that the number of people referred to it for destitution support in Newport and Cardiff doubled from 564 cases in 2013 to 1,027 in 2015 (National Assembly for Wales Equality, Local Government and Communities Committee, 2017). It is unclear whether this was driven by an increase in the asylum seeker population, more asylum seekers experiencing destitution, or a greater awareness of and referrals into the services offered.

4.4.4 Food and fuel poverty

Food poverty

In 2016/17, 1% of households did not eat a meal with meat, fish or a vegetarian equivalent at least every other day because they could not afford it. 3% of household respondents said there was a day in the last fortnight when they did not have a substantial meal due to lack of money, and 1% had received food from a food bank (Welsh Government, 2018b).

In 2016, 9% of households across Wales were classified as 'food insecure', meaning they did not have 'access at all times to enough food that is both sufficiently varied and culturally appropriate to sustain an active and healthy life' (Food Standards Agency, 2017 p. 30). Women were more likely to live in food insecure households than men (13% compared with 5%). Young people were also more likely to experience food insecurity: 10% of 16–24-year-olds and 18% of 25–34-year-olds lived in food insecure households compared with 2–3% of those aged 65 and over. Food insecurity was also more common among those in the lowest income quartile and unemployed people (Food Standards Agency, 2017).

Evidence from food banks suggests their use continues to rise. In 2017/18, the Trussell Trust's network of food banks in Wales provided 98,350 three-day emergency food supplies to people in crisis compared with 85,656 in 2015/16, an increase of 13%. Of this number in 2017/18, 35,403 (36%) went to households with children (Trussell Trust, 2018).

A survey of Trussell Trust food bank users across Britain found that certain groups may be more affected by food poverty.³² Single male households were the most common household type (38%), followed by female lone parents with children (13%). Households with a disabled person (49%) and asylum seekers (3.7%) were over-represented compared with these groups in the general population. One-third of Trussell Trust food bank clients were awaiting a benefit payment (Loopstra and Lalor, 2017).

Fuel poverty

In 2016 it was estimated that 23% of all households in Wales were fuel poor, a reduction from previous years, when the estimated level peaked at 30% in 2014.³³ The reduction was attributed to a combination of rising household incomes, lower household energy consumption due to energy efficiency improvements, and decreasing gas and oil prices (Welsh Government, 2016e). There are no official statistics on fuel poverty in Wales.

Estimated levels of fuel poverty in households considered 'vulnerable' and among social housing tenants have followed the same downward trend as for all households, reaching 24% and 27% in 2016 (Welsh Government, 2016e).³⁴

³² Random sample survey of 413 people across 18 food banks in the Trussell Trust food bank network.

³³ In Wales, a household is considered fuel poor if it needs to spend more than 10% of its income on fuel to maintain a satisfactory heating regime.

³⁴ 'Vulnerable' households are those containing a child, older person, or someone who is disabled or has a long-term illness.

The projected fuel poverty gap represents the difference between the required fuel costs for each household and the median required fuel costs. The average gap remained at an estimated £455 in both 2015 and 2016. However, the aggregated gap for all fuel poor households together increased in 2016 to £60 million from £58 million in 2015 (Welsh Government, 2016e).

4.4.5 Wealth and income distribution

In July 2014 to June 2016, the total household wealth of Wales was £0.99 trillion. Among the regions of Britain, Wales was the second lowest contributor to the total household wealth of Britain after the North East of England (£0.37 trillion) (Office for National Statistics, 2018).

In 2016, gross disposable household income (GDHI) per head in Wales was £15,835, 81.5% of the UK average.³⁵ This represented a small increase of 0.1 percentage points relative to the UK average from 2015. GDHI per head varies within Wales: in 2016, it was 86.5% of the UK average in East Wales, and 78.5% in West Wales and the Valleys (Welsh Government, 2018c).

³⁵ Gross disposable household income is the amount of money that all the individuals in the household have available for spending after taxes and benefits have taken effect.

4.5 Social care

4.5.1 Access to social care

As of 31 March 2016, 29.2 adults aged 18 and over per 1,000 were receiving support provided by local authorities in Wales (Table LST.SCR.2),³⁶ and this was higher for those aged over 65 (80.6 per 1,000). However, within this older age group the rate per 1,000 declined by 26.5 percentage points between 2009/10 and 2015/16.

4.5.2 Impact of social care funding on the provision of services

Wales has the largest and fastest growing proportion of older people in the UK (Hussey *et al.*, 2017). An increasing older-age population across Wales is leading to a rising need for social care services, in the context of reduced funding as described in the policy developments section above.

In 2015/16, a total of 72,259 adults received social care services in Wales (StatsWales, 2016). In 2014/15, 28,514 adults (aged 18–64) were supported to live in the community or in residential care homes (Care Inspectorate Wales, 2016a).

A review of health and social care integration reported some examples of services working together well but concluded that progress overall on developing integrated provision had been insufficient (Hussey *et al.*, 2018).

³⁶ Either through a care and support plan or a support plan for carers.

4.5.3 Quality of social care

The Care Inspectorate Wales regulates social care providers.³⁷ However, it does not report on the results of all inspections at a national level so it is difficult to assess change in overall quality of care provided. The inspectorate's 2017 annual report noted a 38.8% increase in concerns about services in 2016/17, with the majority about possible neglect or abuse. Most concerns (41%) were raised by members of the public and members of staff in services (11%). The inspectorate attributed this rise in part to an increased awareness of its role (Care Inspectorate Wales, 2017b).

A 2016 inspectorate report into the provision of care for people with a learning disability reported that, on an individual level, people received help that was well coordinated and person-centred and anticipated their future needs. However, most health boards inspected had no system in place to monitor the needs and outcomes of the adult learning disability population as a whole, raising concerns about boards' ability to plan strategically for current and future challenges (Care Inspectorate Wales, 2016b).

A 2014 report from the Older People's Commissioner for Wales, 'A place to call home?', was highly critical of the care delivered in many care homes. It found that care often did not meet individuals' needs and neglected emotional needs, and did not allow individuals choice and control. There has been no further examination of this topic since the report, although the Care Inspectorate Wales and the Healthcare Inspectorate Wales plan to carry out a review of healthcare support for older people living in care homes in North Wales, on the Commissioner's recommendation (Care Inspectorate Wales, 2017b).

³⁷ Up until January 2018 the Care Inspectorate Wales was known as the Care and Social Services Inspectorate Wales.

4.5.4 Choice and control over support to enable independent living and independent advocacy


In 2016/17 the number of applications for Deprivation of Liberty Safeguards (DoLS) rose by 9% from 2015/16 in Wales (see section 4.2.3). The statutory timescales for processing DoLS applications were routinely breached and a substantial number of applications were left unassessed (Care Inspectorate Wales, 2018), meaning there is a risk that people may be deprived of their liberty without the proper authorisation.

An annual report on progress on the 2016 Welsh social services outcomes framework reported that in 2016/17, 72% of people who received care and support and 79% of carers who received support agreed that they were in control of their daily life as much as they could be. This is in contrast with 82% of people who had not received any care or support agreeing with the statement. These figures were all decreases from the same survey conducted in 2014/15, although the report did not indicate any reason for the reduction (Welsh Government, 2018d).

4.5.5 Dignity and respect in social care

In 2016/17, seven in 10 (69.8%) adult social care service users reported that care and support services had helped them to have a better quality of life (Table LST.SCR.1). Those aged over 75 were more likely to say so (82.5%).

32%



of people in Wales were living as carers in 2016/17

4.5.6 Impact of caring on carers

Survey evidence reported that 32% of people in Wales were carers in 2016/17 (StatsWales, 2017c).³⁸ This is considerably higher than the figure of 12.1% identified for Wales in the last UK census (Office for National Statistics, 2013), which may be related to methodological differences. Middle-aged people were more likely to be carers (42% of the 45–64 age group were carers), as were women (34% of women were carers compared to 30% of men), and those living in social housing (36%) rather than privately rented housing (24%) (StatsWales, 2017c).

The same survey found that people living in material deprivation were more likely to report being carers (36% compared to 32% of those not living in material deprivation), as were people reporting high levels of anxiety (39% compared to 30–32% of people reporting no or lower levels of anxiety), and those with a limiting long-term illness (36% compared to 31% without).³⁹ More time spent caring was linked to an increased likelihood of living in material deprivation and having a limiting long-term illness. The causal relationship between these three factors is not known, suggesting further research is needed (StatsWales, 2017c).

³⁸ 'Carer' was defined in the survey as someone who looks after, or gives any help or support to family members, friends, neighbours or others because of long-term ill-health or disability, or problems related to old age.

An evaluation of the Social Services and Well-being Act (Wales) 2014 conducted by the regulator concluded that support for carers had not been a core part of planning and delivery of services under the new act for local authorities or their partners, despite specific duties on local authorities to support carers. Carers were not always offered an assessment of their needs; information and advice could be hard to find; and funding for carer support services was still predominantly short-term. Support was most limited for parent carers of children with complex needs and carers of adults with mental health needs (Care Inspectorate Wales, 2017c).

Under the act, local authorities have a duty to offer all carers a 'carer's needs assessment' to understand how they can be better supported in their caring role, and to meet all eligible needs. Official statistics show substantial variation in the number of carer's needs assessments undertaken by local authorities in 2015/16, and freedom of information requests by Carers Wales in 2016/17 reported little change to this picture. The charity has raised concerns about a 'postcode lottery' for carer's needs assessments (Carers Wales, 2017).

4.5.7 Abuse and neglect

In 2016/17, 11,761 adults were suspected of being at risk of abuse or neglect across all adult social services. Comparable data are not available for previous years (StatsWales, 2017d).

A 2016 inspectorate report into the provision of care for people with a learning disability raised concern about the leadership and governance of adult safeguarding, stating that 'quality assurance of adult protection was generally weak' (Care Inspectorate Wales, 2016b, p. 8).

³⁹ Figures for respondents reporting no or lower levels of anxiety are not included in the published report but were shared with us on request.

4.6 Conclusion

High levels of homelessness, increased poverty rates despite decreases in severe material deprivation, and UK-wide social security reforms hitting the poorest hardest, have contributed to an overall fall in living standards in Wales since our last report.

There has been an increase in rough sleeping, with evidence linking this to UK-wide social security reforms, in conjunction with a lack of affordable housing. However, there has been welcome progress in some areas, including on preventing homelessness and improving housing quality in the private sector.

Poverty rates have increased and both poverty and deprivation remain higher in Wales than the rest of Britain. Severe material deprivation in Wales has decreased (as across Britain), indicating that people's ability to afford certain items up to the start of the review period had not been detrimentally affected by increases in poverty, but there is a risk that this may have changed during the review period.

UK-wide reforms to social security and taxes since 2010 are having a disproportionate impact on the poorest in society, particularly affecting women, disabled people, ethnic minorities and lone parents, widening gaps between groups and entrenching disadvantage.

UK-wide reforms to social security and taxes since 2010 are having a disproportionate impact on the poorest in society

There has been some protection of social care funding, but there are also concerns about a reduction in the availability and quality of social care services. While there have been moves toward integration with healthcare, there is little evidence of what positive impacts this is having on service users.

While there have been some recent positive legislative and policy changes from the Welsh Government to improve living standards, in some cases it is too early to assess the impact of these. Some relevant areas (for example, social security) are subject to policy that is set by the UK Government. We are therefore concerned that these positive measures will still fall short of ensuring that the right to an adequate standard of living is respected, protected and fulfilled for everyone in Wales.



5. Health

Every person in Britain should have access to health services to support them to attain the highest possible standard of mental and physical health, avoiding premature mortality through disease, neglect, injury or suicide. They should have timely access to healthcare and information about health without discrimination.





Key findings

Access to healthcare

- Gypsy, Roma and Traveller families continue to experience difficulties in accessing quality health services.
- There are concerns about the quality of translation and interpretation services for migrants, refugees and asylum seekers, which may act as a further barrier to accessing health services.
- There is a need to develop access to, and the quality of, specialist healthcare for transgender people in Wales.
- The majority of people with learning disabilities in Wales do not receive an annual health check and the uptake rates vary considerably across the country.

Health outcomes

- Disabled children report good health less frequently than non-disabled children.
- In 2016, men in Wales were over four times more likely than women to die by suicide.
- Although life expectancy is increasing, there are significant gaps between and within local authorities; and adults – particularly men – living in the most deprived areas of Wales have lower life expectancies than those living in the least deprived areas.

Mental health

- Despite an increase in funding, mental health provision in Wales is not meeting demand. The number of people waiting for mental health treatment has doubled in the past six years.
- The number of children and young people referred to, and waiting for treatment from, child and adolescent mental health services continues to increase; but, in contrast with England, there has been some improvement in longer waiting times.
- Concerns remain about the level of specialist perinatal mental health services in Wales:
 - Up to one in five women in Wales is affected by perinatal mental illness.
 - Compared with the UK average of 40%, 70% of people in Wales have no access to specialist perinatal mental health services.
- Inconsistent monitoring of protected characteristics and at-risk groups makes it difficult to assess their access to health services and determine their health outcomes:
 - Access to mental health service provision is particularly poor for refugees and asylum seekers.
 - Poor access to health provision, combined with mistrust and reluctant uptake of health services, has a negative impact on Gypsy, Roma and Traveller health.

5.1 Introduction

This chapter summarises key findings that concern human rights and equality that impede fair access to healthcare and have an impact on people's health outcomes.

In line with our equality and human rights Measurement Framework, this chapter assesses the extent to which progress has been made since our last review across a number of indicators, including: access to healthcare, health outcomes, premature death, and mental health status (including access to, and quality of, services). Health is devolved, so the Welsh Government is responsible for setting its own policies in relation to health.

Despite an increase in funding, mental health provision in Wales is not meeting demand

5.2 Key policy and legal developments

The January 2018 independent review of health and social care in Wales made a number of recommendations on how change to the health and social care system in Wales can be supported. This includes recommendations for new models of care, with services organised around the individual and their family, as close to home as possible. The review also emphasised that services need to be preventative, easy to access, of high quality, and delivered without artificial barriers (Review of Health and Social Care, 2018). This review (a key commitment in Taking Wales Forward and Prosperity for All) has informed a new national plan for health and social care, which was published in June 2018 (Welsh Government, 2018b). In February 2018, the Cabinet Secretary for Health and Social Services announced a new £100 million Transformation Fund to deliver the recommendations of the review (Welsh Government, 2018a).

The Welsh Government has made a commitment to improving access to healthcare for at-risk groups such as Gypsies, Roma and Travellers, refugees and asylum seekers, and homeless people, and to some extent transgender people. However, poor access continues for children and young people, women who need perinatal care and people detained under the Mental Health Act 1983.

The 2018 Welsh Government's policy, *Enabling Gypsies, Roma, and Travellers*, sets out new proposals to improve access to help, advice and services for Gypsy, Roma and Traveller communities in Wales, and narrow the gap in health outcomes between Gypsies, Roma and Travellers and the general population. The proposals include: ensuring health needs assessments are conducted and results fed into service planning; training health practitioners on equality and cultural awareness to ensure barriers to healthcare are reduced; developing a system to ensure central reporting of Gypsy, Roma and Traveller health outcomes to better understand inequalities and target support (Welsh Government, 2018c).

In March 2018, a consultation was launched on the Welsh Government's *Delivery Plan for Refugees and Asylum Seekers* (developed in partnership with local authorities and the third sector).⁴⁰ It set out how services for refugees and asylum seekers in Wales can be improved, focusing on access to services (particularly mental health), increased participation in health improvement programmes and continued free healthcare provision. The consultation closed in June 2018 (Welsh Government, 2018d). Similarly, in April 2018, the Welsh Government launched a consultation on the provision of primary and secondary health services to refugees and asylum seekers (Welsh Government, 2018e). No findings have been released as at May 2018.

⁴⁰ The Welsh Government is responsible for many of the policies and services in Wales that help support refugees and asylum seekers but is not responsible for policy on immigration and asylum. This is a non-devolved issue that remains the responsibility of the UK Government through the Home Office.

The Welsh Government has highlighted that there is limited evidence about the health outcomes for transgender people in Wales. The *Transgender Action Plan* was launched in March 2016 to tackle barriers to equality for transgender people including in health services and develop and implement an NHS Strategy for Wales, which will include a care pathway and guidance for healthcare practitioners (Welsh Government, 2016f). In 2017, a commitment by the Welsh Government was made to improve community-based care, with the introduction of a network of GPs with a specialist interest in gender identity healthcare (NHS Wales, 2017). In August 2017, the Welsh Government announced a commitment to establish Wales' first adult gender identity services with a priority to combine hospital-based services with improved care in the community (Welsh Government, 2017a).

In February 2015, the Welsh Government launched *Together for Children and Young People (T4CYP)*, an NHS-led programme to improve children and adolescent mental health services (CAMHS) in Wales. This was followed in May 2015 by an additional £7.6 million in funding to improve CAMHS, predominantly aimed at reducing waiting times in specialist CAMHS for children with the most complex conditions and the highest level of clinical need (Welsh Government, 2015). The T4CYP programme states a commitment to embedding seven core aims for children and young people under the United Nations Convention on the Rights of the Child (Welsh Government, 2016d). At the time of writing, the impact of this increased funding on the programme had not been evaluated.



Member of staff using the sports hall in a secure mental health service.

There are severe shortages of specialist professionals and long waiting lists for children who need mental health treatment

There is a delivery plan (2016–19) for realising the objectives of the 2012 Together for Mental Health strategy for mental health and wellbeing in Wales (Welsh Government, 2016e). The Mental Health (Wales) Measure 2010 has various statutory requirements for service standards and service delivery. Wales has not replicated the English experience of the Increased Access to Psychological Therapies (IAPT) programme but has adopted ‘Matrics Cymru’, guidance that sets universal standards and evidence tables for the delivery of psychological therapies in Wales (National Psychological Therapies Management Committee, 2017). This outlines guidelines for providing evidence-based psychological therapies. Infrastructures or funding for delivery of these services are not always available.

Mental health charities and professional organisations feel that Wales would benefit from a similar government focus and investment on improving access to psychological therapies, and parity of access, whether in primary or secondary care (We need to talk Wales, 2016). While there has been some development of local cognitive behavioural therapy (CBT)-based services, it has not been on the scale or level of systematic organisation that there has been in England, resulting in patchy provision and longer waiting times, especially at a primary care level (Quality Compliance Systems, 2016).

There are also severe shortages of specialist professionals and long waiting lists for children who need mental health treatment. For example, the judge in *X (a child)* [2017] EWHC 2036 (Fam)⁴¹ expressed in stark terms the impact that the precarious state of suitable provision can have on children and young people with significant mental health conditions.

⁴¹ See particularly paragraphs 37–41.

Calls for better provision of perinatal mental healthcare continued through 2017, and the lack of inpatient care for women experiencing severe perinatal mental health illnesses has been described as unacceptable by a committee of Assembly Members. All health boards in Wales now have a community perinatal service in place, but one of the recommendations from the committee's report was that a mother and baby unit (MBU) be established in South Wales to provide an all-Wales service (National Assembly for Wales, 2017). The Welsh Government accepted nearly all of the inquiry into perinatal mental health's recommendations on how it could improve services for mothers, babies, fathers and families (National Assembly for Wales, 2017).

Since 2015 there have been several cases that have illustrated the limits of the current jurisdiction under the Mental Health Act 1983. This has revealed a need for an extension of the jurisdiction so that individuals can challenge not just that they are detained, but also the measures used during detention.⁴² In *Dyer v Welsh Ministers* [2015] EWHC 3712 (Admin) the claimant unsuccessfully challenged the failure of the NHS in Wales to provide facilities (of a higher than medium secure nature) for persons compulsorily detained on account of their mental condition within Wales. The court judged that the statutory regime was not suitable to create an individual entitlement to service provision and that no public law duties had been breached in making service provision decisions. As a result, NHS Wales will not be required to provide higher than medium secure facilities.

⁴² For example, *SSJ v SRK* – [2016] EWCA Civ 1317, *Djaba v West London NHS Trust* [2017] EWCA Civ 436 and *Secretary of State for Justice and Welsh Ministers v PJ and JJ* [2017] EWCA Civ 194.

The Mental Health Act 1983 (revised 2007) applies in Wales, but has different statutory guidance than in England. In October 2016, the Welsh Government published revised statutory code of practice guidance to professionals about their responsibilities under the Mental Health Act 1983, making specific reference to the requirements of the European Convention on Human Rights, the Human Rights Act 1998 and the Equality Act 2010 including the Public Sector Equality Duty (Welsh Government, 2016c).

Health Inspectorate Wales (HIW) has specific responsibilities to monitor the Mental Health Act 1983. Throughout 2016/17, HIW conducted 53 Mental Health Act monitoring visits and undertook a review of the tools used as part of HIW's inspection process for monitoring the use of the Mental Health Act. The tools were rewritten to take account of the Mental Health Act 1983 Code of Practice for Wales that came into effect in October 2016. Some of the issues HIW identified included that the reading of patients' rights under section 132 was not consistently repeated, and the recording of section 17 leave documentation did not always detail an adequate amount of information. Within some health boards there were insufficient numbers of section 12 doctors, and delays in providing information to Mental Health Act tribunals was apparent because of frequent responsible clinician changes (Health Inspectorate Wales, 2017). HIW continued to find that individual Mental Health Act administration teams were struggling to undertake their role in ensuring patient safeguards are upheld (that is, appeals against detention, provision of rights monitoring, consent to treatment safeguards), due mainly to a lack of resources (Health Inspectorate Wales, 2017).

In December 2015, the National Assembly for Wales Health, Social Care and Sport Committee (2015) published a post-legislative assessment of the Mental Health (Wales) Measure 2010. The measure placed legal duties on local health boards and local authorities with regard to the assessment and treatment of mental health conditions. It aimed to ensure: more mental health services are available within primary care; all patients in secondary services have a care and treatment plan; all adults discharged from secondary services can refer themselves back to those services within two years; and every inpatient has access to an independent mental health advocate. The committee's assessment pointed to a number of improvements made since the measure's introduction, such as a decrease in waiting times for assessment in local primary mental health support services (LPMSS). However, within the measure there is no explicit requirement for health boards to collect and report on indicators using data disaggregated by protected characteristics.

The Public Health (Wales) Act 2017 makes provision for regulations to be made about the use of 'health impact assessments'⁴³ by specified public bodies⁴⁴. These will set out circumstances when health impact assessments must be carried out as well as details about how they are to be carried out. The legislation will come into force following consultation on draft regulations.

⁴³ An assessment of the likely effect, both in the short term and in the long term, of a proposed action or decision on the physical and mental health of the people of Wales or of some of the people of Wales.

⁴⁴ This includes, for example: Welsh Ministers, a local authority, a local health board, Public Health Wales and Velindre NHS Trust.

In 2017, Public Health Wales developed guidance for health boards and other agencies on suicide and self-harm prevention. The guidance sets out steps that can be taken in developing local prevention strategies that contribute towards the Welsh Government's Talk to me 2 suicide prevention strategy's key objectives. These include: improving awareness, knowledge and understanding of suicide and self-harm among people; delivering appropriate responses to personal crises; and continuing to improve our understanding of suicide and self-harm in Wales and guide action. Some of the priority people that the strategy targets include men in mid-life, older people over 75 with depression, and children and young people with a background of vulnerability. No evidence of the impact of this new guidance has been published (Public Health Wales, 2017).

The Together for Mental Health Delivery Plan 2016–19 is part of the Welsh Government's strategy to improve the lives of people using mental health services, their carers, and their families (Welsh Government, 2015c), and has a key action for health boards to improve access to evidence-based psychological therapies. Progress in delivering the actions set out in the plan is monitored through regular updates to the National Partnership Board (Welsh Government, 2016e).

Individual Mental Health Act administration teams were struggling to undertake their role in ensuring patient safeguards are upheld, due mainly to a lack of resources

The Welsh Government previously published annual reports on progress in implementing Together for Mental Health, with the most recent in 2013/14. Public Health Wales also published reports on its contribution to deliver the 2012–16 delivery plan. The latest delivery plan's launch in 2015/16 included a full review of progress and incorporation of outstanding actions into the new plan, led by the National Partnership Board. Change to – or a lack of – reporting procedures is a consistent theme across wider health policy in Wales, which has made assessment of progress difficult. There is no information on how the Mental Health Crisis Care Concordat⁴⁵ (last updated on 16 November 2016) is working and what the results of the evaluation are (Welsh Government, 2016b).

A key mechanism for tracking progress on people's health in Wales is the Public Health Outcomes Framework, which sets out a shared understanding of the health outcomes that are important to the people of Wales. It was published in March 2016 and is updated on a regular basis by Public Health Wales. It is linked to the Well-being of Future Generations Act (Wales) 2015 national indicators and can be analysed across a number of characteristics, such as geography (for example, health board region, rural/urban, areas of most to least deprivation), age, disability and gender.

⁴⁵ The Mental Health Crisis Care Concordat is in place between relevant organisations in Wales with the aim of improving how people in mental health crisis – and who present a risk to themselves or the public – are helped.

⁴⁶ Unless otherwise stated, the figures reported here on waiting and referral times are from analysis conducted specifically for the 'Is Britain Fairer? 2018' review using data from the Welsh Government – NHS hospital waiting times: 18 weeks referral to treatment.

⁴⁷ The patient pathway is the route that a patient will take from their first contact with an NHS member of staff (usually their GP), through referral, to the completion of their treatment. It also covers the period from entry into a hospital or a treatment centre until the patient leaves.

5.3 Access to health

5.3.1 Waiting and referral times

Data from StatsWales show waiting times in Wales are increasing. In March 2017, nearly one in eight people (12.0%) waiting for health services had waited for more than 26 weeks since referral. This measure has increased from 6.0% in 2011 and 11.1% in 2014.⁴⁶

In April 2018, performance against the 26-week waiting for treatment target has improved, but at 87.5% is still below the 95% target; Cardiff and Vale University Health Board had the lowest percentage against the 26-week target (85.5%). The total number of patient pathways waiting longer than 36 weeks in April 2018 (14,797) decreased by all health boards through 2016/17, with the exception of Powys Teaching Local Health Board, which already met the target of zero pathways⁴⁷ waiting in excess of 36 weeks (StatsWales, 2018). Five times as many patients in Wales are waiting more than a year for surgery in 2017 compared with 2013 (Royal College of Surgeons, 2017).

Between April 2016 and January 2017, the Board of Community Health Councils in Wales monitored the waiting times for CAMHS and found that that health boards do not routinely publish waiting times in a consistent format. The board recommended that data relating to performance against the operating standards for initial assessment (four weeks) and commencement of treatment (16 weeks) should be published routinely on an all-Wales basis and disaggregated by health board area (these data were not available at the time of writing) (Board of Community Health Councils in Wales, 2017).

5.3.2 Access issues for at-risk groups

Access issues for people with a learning disability

There is a severe lack of published evidence in terms of access to healthcare services for disabled people in Wales, and very little on people with a learning disability. A 2015 review of access to health services for disabled people in Wales reported that: only 24% of people with depression and anxiety disorders had received any form of treatment; many deaf people and people with a hearing impairment were forced to make contact with their GP in a method that was not optimal; 90% of GP surgeries in Wales did not offer suitable alternatives for making appointments; there were barriers to arranging interpretation or communication support; and there were significant geographic variations in access to healthcare services across Wales, particularly in terms of mental health and rehabilitation services (Welsh Government, 2015b).

The majority of people with a learning disability in Wales do not receive an annual health check and the uptake rates vary by a considerable margin geographically across the country. Similarly the quality and consistency of annual health checks for people with a learning disability varies across Wales, and some GPs are reluctant to undertake annual health checks (Welsh Government, 2015b). There is a strong need for accessible health advice and information about health checks (EHRC, 2017).

The majority of people with a learning disability in Wales do not receive an annual health check

Access issues for homeless people

An investigation commissioned by the Welsh Government in 2016 to examine the experiences of homeless people⁴⁸ found a third of those asked stated their homelessness was caused, in part, by a health problem⁴⁹. Nearly a quarter who were admitted to hospital said they were discharged to the streets or 'unsuitable accommodation'. More than two-thirds of respondents had not had a hepatitis B or flu vaccination and half of the female respondents did not have cervical smears or breast examinations on a regular basis. Waiting times and the inability to make an appointment, as well as drug and alcohol problems, were some of the factors that prevented homeless people from accessing health services (Cymorth Cymru, 2017). Recommendations from the investigation report called for health boards to ensure people are not 'bounced' between mental health and addiction services, and that the Welsh Government and Public Health Wales monitor what is being done to improve the health and wellbeing of homeless people (Cymorth Cymru, 2017).

⁴⁸ The research is drawn from a sample of 332 homeless people from 21 out of 22 local authority areas. Homelessness is defined in the research as people who had slept rough, stayed in a hostel or B&B, stayed with friends or relatives, or applied to the council as homeless during 2015/16.

⁴⁹ When drug or alcohol problems were included as part of a broadly defined health issue.

Access issues for transgender people

Concerns have been raised about healthcare for transgender people in Wales, with some waiting a 2–3 years to see a specialist (Women and Equalities Committee, 2016). Transgender patients in Wales are referred to the Gender Identity Clinic in London, adding to the time and cost it takes to access healthcare as well as affecting the mental wellbeing of patients stuck in a lengthy referral process (Women and Equalities Committee, 2016). In order to improve health outcomes for transgender patients, the Welsh Government confirmed the establishment of the specialist Welsh Gender Team in February 2018, which will allow patients to be assessed and begin treatment, if needed, in Wales (Welsh Government, 2018g). A new planned specialist gender identity service in Wales is not yet fully operational and provision continues to be poor.

Access issues for Gypsies, Roma and Travellers

There are a number of entrenched issues related to Gypsy, Roma and Traveller communities' access to good quality, timely healthcare in Wales (The Traveller Movement, 2015). A recent study found that poor access to health provision, combined with a mistrust and reluctant uptake of health services, is still a major issue affecting Romani and Traveller health in Wales (Marsh, 2017). More specifically, issues related to accessing GP services, such as discrimination from receptionists and issues with literacy, were identified as key barriers to access.

Access issues for migrants, refugees and asylum seekers

Although health services provided for asylum seekers living in Wales and overall access to healthcare for this group in the four dispersal areas is considered 'good' (Public Health Wales, 2015), there are strong concerns about poor access in a number of key areas, including mental health provision. For example, there has been an increase in the numbers of women of childbearing age and children aged 0–5 years seeking asylum, and it is not known if services are equipped to understand their specific needs. There are also concerns about the quality of translation services such as LanguageLine or the Wales Interpretation and Translation Service (Public Health Wales, 2015), which may act as a further barrier or exacerbate existing barriers to accessing health services (EHRC, forthcoming).

Access issues for prisoners

The National Audit Office (NAO) (2017) report on mental health in prisons showed that, while clinical care was judged to be good, there were weaknesses in the system for identifying prisoners who needed mental health services. The NAO identified that prisoners did not routinely receive continuity of care on release, making successful rehabilitation more challenging. It added that the government did not collect enough, or good enough, data about mental health in prisons to be able to plan services to respond to prisoners' needs. The National Institute for Health and Care Excellence (NICE) guidance in 2016 recommended that steps should be taken to improve mental health in prisons, including carrying out a thorough mental health assessment upon a prisoner's arrival. There will be a review of these recommendations in March 2019 (NICE, 2017).

5.4 Health outcomes

5.4.1 People's current health status

In 2015, 80.6% of adults in Wales reported good health (Table HLT.OCM.1A), declining with age from 16–24 (93.2%) to 75+ (59.4%). Men reported good health more frequently (81.9%) than women (79.4%), with the highest rates for 16–24-year-old men (94.5%) and the lowest rates for women over 75 (57.2%).

In Wales, non-disabled people reported good health almost twice as frequently (95.5%) as disabled people (51.2%). Those with cancer (30.8%) and mental health difficulties (42.4%) reported good health less frequently than those with physical impairments (56.3%).

Similarly to England and Scotland, reporting of good health declines in Wales from 90.6% for those in higher managerial professions to 62.0% for those who have never worked or who are long-term unemployed. For non-disabled people these rates vary between 98.2% and 85.1%, while for disabled people the rates are below those of non-disabled people and vary between 66.6% and 35.7%.

There has been an increase in the numbers of women of childbearing age and children aged 0–5 years seeking asylum, and it is not known if services are equipped to understand their specific needs

Between 2010 and 2015, the percentage who reported good health declined for those aged 25–34 (2.3 percentage points) but increased for those aged 65–74 (5.1 percentage points, 5.5 percentage points for women) and those over 75 (3.8 percentage points). During this time there was more of an increase for disabled people (7.5 percentage points) than for non-disabled people (1.6 percentage points), with significant increases for those with physical impairments (9.0 percentage points) and for disabled people working as small employers or own account workers (9.0 percentage points), or in lower supervisory roles (9.7 percentage points).⁵⁰

In 2016/17, adults who reported as having 'good' or 'very good' health decreased as the level of deprivation increased – ranging from 62.4% of adults in the most deprived areas to 80.1% of adults in the least deprived areas (Welsh Government, 2017c).

⁵⁰ Unless otherwise stated, the figures reported here on adults who report good health are from analysis conducted specifically for the 'Is Britain Fairer? 2018' review using data from the Health Surveys for England, Wales and Scotland and the National Survey for Wales. Note, the impairment type data in the Welsh Health Survey is comparable with Scotland, but not England. Good health refers to 'good or very good' responses.

In 2015, 94.2% of children reported good health (Table HLT.OCM.1C). There was no significant difference between boys and girls or between age groups. Children in Scotland reported good health more often than those in Wales, and more so for girls. Non-disabled children reported good health more often in Scotland than in Wales. Disabled children reported good health less frequently (62.0%) than those without disabilities (87.4%), particularly children with 'Other' impairments (49.2%), but less so with mental health conditions (68.5%). Between 2010 and 2015, the percentage of children who reported good health declined when the 'household reference person' was in a lower supervisory occupation (3.8 percentage points). Between 2013 and 2015, the percentage of children who reported good or very good current health increased when the household reference person was in an intermediary occupation (6.1 percentage points).⁵¹

5.4.2 Health outcomes for other groups

No recent evidence has been collated on the health outcomes for transgender people and migrants, refugees and asylum seekers in Wales. There is very little existing evidence on the health outcomes of Gypsies, Roma and Travellers in Wales. One small study reveals that Romani and Traveller communities face high levels of health inequalities, including poorer health and shorter life expectancy than the general population (Marsh, 2017).⁵²

⁵¹ Ibid.

⁵² Based on 107 interviews.

Homeless people suffer high instances of alcohol abuse (which is both a cause and effect of homelessness). In 2015/16 alcohol misuse was one of the main causes of people becoming homeless in Wales; between 30% and 40% of people were found to become homeless because of alcohol misuse. An estimated 60% of the homeless population drink alcohol at hazardous and harmful levels (Welsh Government, 2015a). Evidence submitted to the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) in 2017 highlighted that people with learning disabilities in Wales experience more health inequalities than the general public. For example, people with a learning disability can have health conditions such as epilepsy, sensory impairment, respiratory problems, mental health conditions, autism, challenging behaviour, dental problems and incontinence more often or more seriously than the general population (EHRC, 2017).

5.4.3 Suicide

In 2016, the overall suicide rate in Wales (Table HLT.OCM.2) was 12.4 per 100,000 (the rate in England was 10.1 and 16.0 in Scotland). Men in Wales (20.9 per 100,000) were over four times more likely to die by suicide than women (4.3 per 100,000). Between 2013 and 2016, the suicide rate in Wales declined overall by 2.9 per 100,000. It declined by 8.5 per 100,000 for 45–54-year-olds, and by 4.4 per 100,000 for men and by 1.5 per 100,000 for women.⁵³

⁵³ Unless otherwise stated, the figures reported here on suicide are from analysis conducted specifically for the 'Is Britain Fairer? 2018' review using data from the Office for National Statistics – (ONS) – Suicides in the United Kingdom, and National Records of Scotland (NRS) – Probable suicides.

-8 years

From 2014–16, life expectancy at birth among the most deprived men in Wales was 73.6 years, compared with 82.5 years among the least deprived

5.4.4 Life expectancy

Compared to England and Scotland, Wales has the lowest life expectancies for men and women, particularly for disabled people. In 2014–16, life expectancy was the lowest of the three countries for men (61.6 years) and women (62.7 years). Life expectancy for non-disabled people in Wales was the shortest across the three countries for men (59.9 years) and non-disabled women (59.3 years) (ONS, 2017). Men in Wales were expected to live 18.5 years with a limiting long-term physical or mental health condition, whereas in England it was 16.7 years. For women in Wales this figure was 23.0 years, whereas in England it was 20.8 years. Consequently, men and women in England not only have a longer life than men and women in Wales, they also spend a higher proportion of their lives disability-free (ONS, 2017).

Although life expectancy is increasing, there are still significant gaps between local authorities; adults living in the most deprived areas of Wales have a lower life expectancy than those living in the least deprived areas (Bevan Foundation, 2017). From 2014–16, life expectancy at birth among the most deprived men in Wales was 73.6 years, compared with 82.5 years among the least deprived. The most deprived women were expected to live 78.4 years, while the least deprived women were expected to live 85.7 years (ONS, 2018b).

Life expectancy varied across the 22 unitary authorities in Wales for both men and women. There was greater variation in life expectancy among men, from 54.6 (Blaenau Gwent) to 67.1 (Ceredigion), and for women, ranging from 55.2 (Blaenau Gwent) to 67.1 (Powys) (ONS, 2017).

5.4.5 Malnutrition

There is only limited information on malnutrition in Wales. The Office for National Statistics (ONS) has published a series on the number of deaths in NHS hospitals in Wales between 2001 and 2016. The number of registered deaths when malnutrition was the underlying cause of death varied between one (2011) and 11 (2006 and 2015) to 10 (2016). The number of registered deaths when malnutrition was mentioned anywhere on the death certificate varied from 16 (2004) to 35 (2008 and 2015), and 18 in 2016 (ONS, 2018a). There are no breakdowns by protected characteristic.

5.4.6 Infant mortality

There were 101 infant deaths in Wales in 2016, an infant mortality rate of 3.1 per 1,000 live births. This is a lower number of deaths and a lower rate than in 2015. The infant mortality rate has declined in Wales (from 3.7 in 2014 and 2015). There were 217 perinatal deaths in 2016, a rate of 6.6 per 1,000 live births and stillbirths (ONS, 2016). There is no evidence available by protected characteristic.

In 2015, disabled people reported poor mental health nearly three times more frequently than non-disabled people

5.5 Mental health

5.5.1 Population reporting poor mental health and wellbeing

In 2015, 26.8% of adults in Wales reported poor mental health and wellbeing (Table HLT.MTL.1A). 15.4% of adults in Scotland reported poor mental health and wellbeing in 2016 and 14.7% of adults in England reported poor mental health and wellbeing in 2014.⁵⁴

Fewer men (22.3%) than women (31.1%) reported poor mental health in 2015. More women than men are treated for mental health conditions, which may be partly because women are more likely to disclose a mental health problem than men (Welsh Government, 2017b). Rates are also lower for those aged 65–74 (22.3%) than 45–54 (26.9%).⁵⁵

In 2015, disabled people reported poor mental health nearly three times more frequently (48.0%) than non-disabled people (16.9%). Younger disabled people also reported higher rates of poor mental health than older people, varying between 66.6% (aged 16–24) and 34.4% (aged 75+). Non-disabled men reported much lower rates of poor mental health (12.8%) than disabled women (50.2%). Disabled people who had never worked or who were long-term unemployed reported poor mental health more frequently (68.3%) than non-disabled people (30.6%), and much more frequently than higher managerial non-disabled people (12.9%).⁵⁶

⁵⁴ Unless otherwise stated, the figures reported here on poor mental health are from analysis conducted specifically for the 'Is Britain Fairer? 2018' review using data from the Health Surveys for England, Wales and Scotland.

⁵⁵ Ibid.

⁵⁶ Ibid.

People who had never worked or who were long-term unemployed reported poor mental health more often (47.2%) than any other socio-economic group (by National Statistics Socioeconomic Classification, NS-SEC). The lowest rates were for those in higher managerial positions (18.3%).

Analysis of data between 2010 and 2015 shows the number of adults in Wales who report having poor mental health and wellbeing is increasing by 2.5 percentage points for all adults (3.5 percentage points for women and 6.4 percentage points for those with mental health conditions). This is particularly the case for those aged 16–24 (9.2 percentage points) and young women (10.4 percentage points). In contrast, the number of older people reporting poor mental health aged 75 and over is reducing (5.6 percentage points, but 10.5 percentage points for men of that age).⁵⁷

There are similar patterns for children in Wales (Table HLT.MTL.1C). In 2015, 8.2% of all children aged 13–15 years had poor mental health and wellbeing, a figure largely driven by the rate for girls (10.9%). In England, 9.3% of all children had poor mental health and wellbeing in 2014, and in Scotland the figure was 10.4% in 2016. In 2015, 23.1% of disabled children had poor mental health and wellbeing, and between 2013 and 2015 this percentage declined substantially (by 24.3 percentage points).⁵⁸

⁵⁷ Ibid.

⁵⁸ Ibid.


The provision of mental health services in the Welsh language has been described as ‘inadequate’ and ‘poorly developed’

5.5.2 Access to, and quality of, mental health services

The Welsh Government has ring-fenced mental health funding in Wales and committed to additional funding for mental health – this has increased each year since 2016. However, stakeholders have raised concerns that mental health remains underfunded. More people are waiting for treatment and fewer services are available (Mind Cymru, 2016a; We need to talk Wales, 2016).

Up to one in five women is affected by perinatal mental illness (National Assembly for Wales, 2017). Compared with the UK average of 40%, 70% of people in Wales have no access to specialist perinatal mental health services (Mental Health Foundation, 2016). Since 2013, there has been no access to a mother and baby unit (MBU) in Wales for mothers with perinatal mental health conditions, resulting in patients travelling to England for service provision.

49%



Looked after children are at greater risk of experiencing poor mental health than children in the general population; in Wales, 49% of children looked after by local authorities were identified as having a mental health condition

The total number of children and young people referred to and waiting for treatment from CAMHS in Wales continues to increase, although, in contrast to England, waiting times are reducing. Between the 12 months to October 2016, there was an increase of 16% in the number of referrals to CAMHS, compared with the 12 months to October 2015. There has been a 31% decrease in those waiting over four weeks and a 44% decrease in those waiting over 26 weeks (Children, Young People and Education Committee, 2017). In its response to the National Assembly for Wales 'Emotional and mental health of children and young people' consultation, Samaritans Cymru reports that more than 1,000 young people out of 18,000 referred to mental health services waited more than six months for a first appointment – people referred for assessment by CAMHS should be seen within 28 days (Samaritans Cymru, 2017).

Over the past 30 years, the service provision for people with a mental health condition in Wales has changed to become more community based. The number of people resident in hospital continues to decrease from 1,820 in 2010 to 1,430 in 2016 (Welsh Government, 2016a). The number of admissions to mental health facilities in Wales (excluding 'place of safety' detentions) has decreased year on year between 2013/14 and 2016/17 (Welsh Government, 2018f).

In 2016, a Welsh mental health and wellbeing charity, Gofal, raised concerns that outcomes in primary mental health services have not improved since 2012, and stated that although there have been improvements in the range of advice, treatment and support offered to patients, all other treatment options continue to lag behind the large proportion of people offered prescription medication (Gofal, 2016). The provision of mental health services in the Welsh language has also been described as 'inadequate' and 'poorly developed' (Mental Health Foundation, 2016).

5.5.3 Access to psychological therapies

In 2015, a report by the Wales Mental Health in Primary Care Network listed timely access to psychological therapies and secondary care services, and poor service capacity, as key barriers to successful delivery of mental health services. In 2016, mental health charities continued to call for improved access to psychological therapies, as people's outcomes get worse the longer they have to wait to access treatment and support (Royal College of General Practitioners, 2015). In 2016, a Mind Cymru survey⁵⁹ highlighted further barriers, such as: patients not being offered any choice in the type of therapy⁶⁰ received; no explanation of different types of therapies; and having to request psychological therapies, rather than being offered them (Mind Cymru, 2016b).

While there has been an increase in local cognitive behavioural therapy (CBT)-based services, it has not been on the scale or level of systematic organisation that there has been in England, resulting in some areas being better equipped with mental health services than others and longer waiting times, particularly at a primary care level (Quality Compliance Systems, 2016). There is a lack of evidence on access to psychological therapies by protected characteristic although a core dataset is being developed, which it is hoped will provide this evidence.

⁵⁹ In a small study based on survey responses from over 400 service users.

⁶⁰ Therapies include: cognitive behavioural therapy (CBT), psychotherapy, group therapy, relationship therapy, mindfulness-based therapy, and counselling.

5.5.4 Mental health provision for looked after children

Looked after children are at greater risk of experiencing poor mental health than children in the general population. Provision in Wales for the most at-risk young people in residential care has been found to be particularly poor. In Wales, 49% of children looked after by local authorities were identified as having a mental health condition (NSPCC, 2015). Children aged 10–15 had the highest percentage of mental health conditions within the looked after children population (Welsh Government, 2015d).

5.5.5 Suicides of mental health service users

During 2005–15, 817 deaths (23% of general population suicides) in Wales were identified as patient suicides.⁶¹ This compared with 27% and 31% of general population suicides in England and Scotland respectively. This represents an average of 74 patient suicides per year: 31% were in acute care settings (inpatients, under crisis resolution/home treatment, recently discharged from inpatient care). Those whose first contact with mental health care had been in the 12 months before suicide made up 29% of patient suicides in Wales, which compares with 31% in England and 21% in Scotland. Over half had a comorbid condition and rates of previous self-harm, alcohol and drug misuse were high (National Confidential Inquiry into Suicide and Homicide by People with Mental Illness, 2017).

⁶¹ The individual had been in contact with mental health services in the 12 months prior to death.

5.5.6 Use of restraint of mental health service users

In 2005, the Welsh Government advised that no individuals should ever be restrained in a face-down (prone) position under any circumstances (Welsh Assembly Government, 2005, p. 6). But more recent guidance states that physical restraint should be carried out as a last resort and that prone restraint should only be used in exceptional circumstances (Welsh Government, 2016c, p.186–8). In 2014/15, there were 382 recorded uses of face-down restraint in mental health services in Wales (Mind, 2015).

In 2014/15, there were 382 recorded uses of face-down restraint in mental health services in Wales

5.5.7 Use of Mental Health Act and supervised community treatment

In 2016/17, admissions under the Mental Health Act 1983 (excluding place of safety detentions) and other legislation had increased by 3% from 2015/16 to 1,766. Of this number, 94% were detained without the involvement of criminal courts (under Part II of the Mental Health Act 1983). Of those detained without the involvement of criminal courts, 75% were admitted for assessment, with or without treatment (under section 2 of the Mental Health Act 1983). Section 2 admissions⁶² increased (in terms of numbers) between 2015/16 and 2016/17, rising from 1,211 to 1,246 (35 or 3%). In 2016/17, there were 206 patients subject to supervised community treatment (SCT)⁶³, including 17 for whom an independent hospital was responsible. Of this total, 117 were men and 89 were women. There is no breakdown by ethnic group or other protected characteristics (Welsh Government, 2018f).

⁶² Admissions to hospital for assessment.

⁶³ Supervised community treatment (SCT) was introduced into the Mental Health Act 1983 by the Mental Health Act 2007 and its purpose is to allow patients to continue their treatment in the community following a period of detention in hospital.

5.6 Conclusion

Despite increases in funding and a greater commitment by the Welsh Government to parity of esteem – valuing mental health equally with physical health – timely access to mental health provision in Wales is still a huge concern and health outcomes worsen as waiting times for services increase. There remain concerns about access to CAMHS and psychological therapies. Various at-risk groups report problems accessing necessary and specialist healthcare.

Some groups continue to experience worse health outcomes. Disabled children are less likely to report good health than non-disabled children, and men were over four times more likely to die by suicide than women, but more women and girls report poor mental health. There is concern about the impact of deprivation on life expectancy.

The Welsh Government has put in place various policies to improve access to healthcare for some at-risk groups. However, there is little evidence available to examine how these policies have affected these groups. There has also been little evaluation of the success of existing policies.

The health outcomes and barriers in access to health for some of the most disadvantaged people in society are unknown

There is a severe lack of disaggregated data across all areas of health discussed in this chapter, which means we do not truly know the health (and mental health) outcomes and the potential barriers in access to health for specific protected characteristics groups. More so, a lack of published evidence for some at-risk groups, particularly people with a learning disability and homeless people in Wales, means the health outcomes and barriers in access to health for some of the most disadvantaged people in society are unknown. This, combined with inconsistent monitoring, makes it difficult to assess the true level of equality in health access and provision in Wales.



6. Justice and personal security

Justice enables people to live in security, knowing that they will be protected and treated fairly by the law.



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Key findings

- There have been a number of court and tribunal closures in Wales in recent years. There are concerns that these closures have created geographical barriers to people's access to justice, especially among people living in rural areas and those with mobility-related conditions.
- Reduced financial support through legal aid and the use of tribunal fees have created a negative effect on people's access to civil and criminal justice.
- The number of recorded hate crimes has increased across all recorded protected characteristics in Wales, particularly for disability hate crimes.
- There has been a sharp increase in the number of sexual and domestic violence offences reported to, and recorded by, the police since 2015. This includes sexual abuse offences against children. This could be due to improved reporting or recording, or due to an increase in incidents.
- Three of the five prisons in Wales are overcrowded, posing potential risks for prisoner safety.
- There has been a considerable increase in self-harm and assault incidents in prisons in Wales.
- The inappropriate use of police stations as a 'place of safety' for people with mental health conditions has decreased considerably, but there has been a slight increase in detentions under the Mental Health Act 1983.

6.1 Introduction

This chapter explores the extent to which every individual is able to access justice, to live without fear of violence or abuse, and to be treated with the respect due to their inherent dignity and value.

Drawing on the evidence that is available, this chapter examines developments across three areas related to justice and personal security in Wales:

- confidence in the criminal justice system, access to criminal and civil justice (including the provision of legal aid), and liaison and diversion services
- reporting, recording and convictions with regards to hate crimes, homicides, sexual offences and domestic abuse, and
- conditions of detention in a range of settings, including the safety of those detained and the use of force and restraint.

6.2 Key policy and legal developments

6.2.1 Justice in Wales

Although a single legal system operates across England and Wales, the National Assembly for Wales and Welsh Government have introduced policies and legislation that are changing law and practice in Wales.

In September 2017, the First Minister of Wales announced that a Commission on Justice in Wales would be set up to review the operation of the justice system in Wales and set a long-term vision for its future.

Among other issues, the commission will examine access to justice, criminal justice and policing, civil justice and legal jurisdiction. It will consider what arrangements need to be put in place to make sure Wales has a justice system that is fit for purpose. The commission is scheduled to report in 2019 and its recommendations could have implications for the way justice is administered and delivered in Wales.

Closures are likely to make it harder for some people to be able to access courts and tribunals, particularly people with mobility impairments and those with caring responsibilities

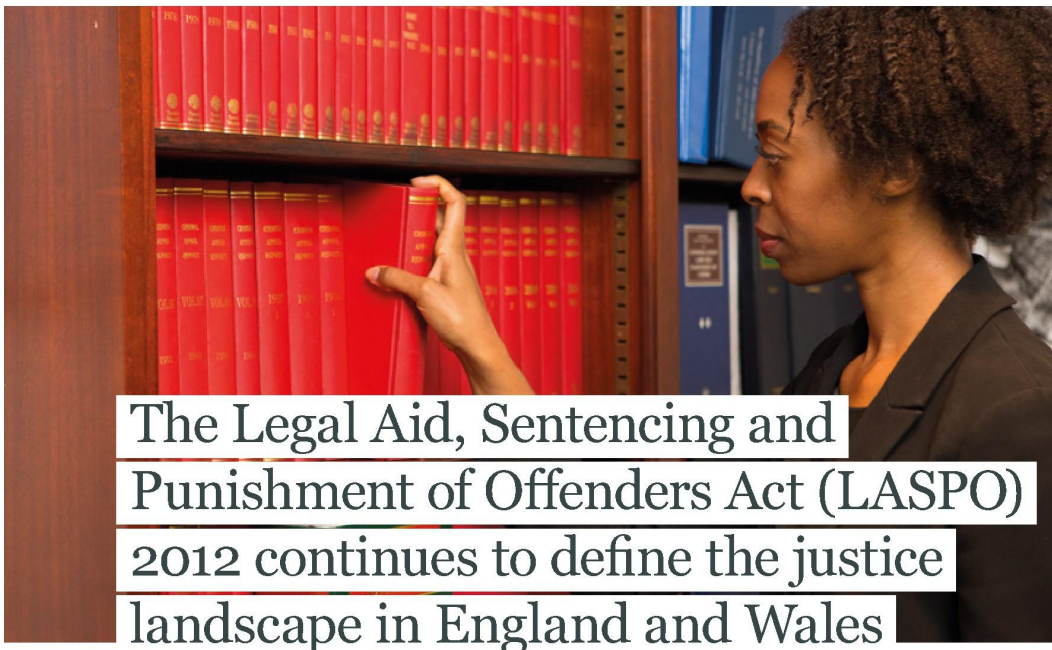
6.2.2 Civil and criminal justice: access to justice and legal aid

Access to courts and tribunals

The Welsh Government has responded to a number of policy changes introduced by the UK Government and the Ministry of Justice (MOJ) against a backdrop of deep budget cuts.

In 2016, the MOJ launched a £1 billion transformation of the courts system to produce cost efficiencies and improve access for a number of groups who have previously had issues accessing the courts (Lord Chancellor *et al.*, 2016). Under plans published in February 2016, the UK Government signalled its intention to close a further 86 court and tribunal buildings as part of this modernisation programme (MOJ and HM Courts and Tribunals Service [HMCTS], 2016a). Ten of the proposed closures are in Wales, with 15 closures having already taken place between May 2010 and July 2015 (Simson Caird, 2016).

In its consultation on the proposed closures, the MOJ said that it would aim for all users to be able to attend court or a tribunal on time and return within a day, by public transport if necessary (MOJ and HMCTS, 2018, p. 24). The MOJ noted that the decision to close a court or tribunal building will sometimes increase travel times. It acknowledged that the predominantly rural nature of Wales, coupled with poor public transport provision, may exacerbate concerns over access to justice as a result of court closures, but that it is committed to developing alternative ways for users to access services, including the use of other civic buildings where appropriate (MOJ and HMCTS, 2016b).



Barrister selecting a law book to read.

The Legal Aid, Sentencing and Punishment of Offenders Act (LASPO) 2012 continues to define the justice landscape in England and Wales

In response to the consultation, the Welsh Government submitted its own analysis of the impact of court and tribunal closures on travel times, which showed worse impacts than the UK Government's predictions (Welsh Government, 2016a). We have also expressed concerns that court and tribunal closures are likely to make it harder for some people to be able to access courts and tribunals, particularly people with mobility impairments and those with caring responsibilities (EHRC, 2018). However, it is difficult to assess the impact without a full evaluation of the closures.

Provision of legal aid

The Legal Aid, Sentencing and Punishment of Offenders Act (LASPO) 2012 continues to define the justice landscape in England and Wales. LASPO introduced changes to the scope of legal aid, eligibility for legal aid and the rates paid for legal aid work, resulting in a substantial fall in legal aid spend.

Several organisations have been critical that the reduction in legal aid has restricted access to civil and criminal justice in Wales, and has exacerbated the lack of legal advice available for people in Wales in areas such as housing (Law Society, 2016). Moreover, United Nations (UN) treaty bodies have repeatedly called on the UK Government to review the impact of legal aid reforms to ensure that disadvantaged and marginalised groups and persons with protected characteristics are not disproportionately affected (UNCESCR, 2016; UNCERD, 2016; UNCRPD, 2017; UNCRC, 2016).

Remuneration for criminal legal aid cases has also come under fire. In January 2018, the Law Society issued proceedings against the MOJ to challenge a decision to implement further cuts to legal aid, in a bid to reverse a cut to the Litigators' Graduated Fee Scheme. In March 2018, the Criminal Bar Association of England and Wales called on its members to refuse instructions on all new legal aid cases, and to be prepared to go on strike, in reaction to proposed changes to the Advocates' Graduated Fee Scheme (CBA, 2018).

Liaison and diversion services

The Criminal Justice Liaison Service (CJLS) is the referral process across England and Wales for people entering the criminal justice system in need of mental health, learning disability or substance misuse support. The Welsh Government has placed liaison within a larger strategy for mental health, Together for Mental Health, covering the period 2016–19. The delivery plan for this strategy includes an aim for key partners – including the Welsh Government, the HM Prison and Probation Service (formerly the National Offender Management Service) and health boards – to work collaboratively to improve diversion from criminal justice services by March 2018 (Welsh Government, 2016b). While progress is monitored against success measures, no comprehensive evaluation of liaison or diversion services in Wales has been carried out to date.

A further separate framework has been developed to address hate crime in Wales, with objectives on prevention, supporting victims, and improving multi-agency responses

6.2.3 Hate crimes, and sexual and domestic abuse

The UK and Welsh governments have announced a number of policies concerning hate crimes, sexual offences and domestic violence.

In 2016, the UK Government published an action plan on hate crime for England and Wales, which focused on prevention, response, reporting, support for victims and building an improved understanding of the causes and effects of hate crime (Home Office, 2016a). While its aims are commendable, the action plan failed to outline the specific ways in which its aims would be achieved or how actions would be evaluated (Walters and Brown, 2016).

A further separate framework has been developed to address hate crime in Wales, with objectives on prevention, supporting victims, and improving multi-agency responses (Welsh Government, 2014). The 2016/17 progress report evidenced an increase in the use of sentence uplifts,⁶⁴ which recognise that hostility on the basis of a protected characteristic is a motivating factor in the offence (Welsh Government, 2017). The report also suggested there had been progress on increasing awareness about reporting, particularly among groups where under-reporting is common; this includes transgender people, disabled people, and people from Gypsy and Traveller communities.

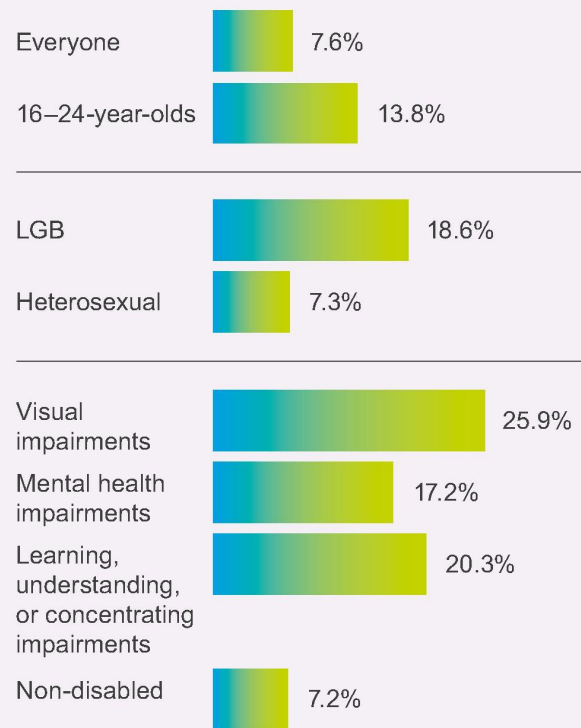
⁶⁴ When a defendant is convicted of a hate crime, the Crown Prosecution Service (CPS) can apply for a sentencing 'uplift' which has the effect of increasing the sentence.

In December 2015, controlling or coercive behaviour in intimate or familial relationships became a new offence in England and Wales under the Serious Crime Act 2015. The Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act was introduced in 2015. The purpose of the latter act is to improve the public sector response and arrangements to raise awareness and prevention, and to protect and support victims of gender-based violence, domestic abuse and sexual violence.

In 2016, the UK Government published a revised strategy to eliminate violence against women and girls (VAWG) (HM Government, 2016). The Welsh Government published its own five-year strategy in November 2016, as required by section 3 of the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015. The strategy aims to build on collective progress to date and to prioritise delivery in the areas of prevention, protection and provision of support (Welsh Government, 2016c). A key delivery mechanism for the Act is the National Training Framework, which sets out training standards for relevant authorities: local authorities, local health boards, fire and rescue authorities, and NHS trusts (Welsh Government, 2016d). The strategy also highlighted the importance of ‘ask and act’, a process of targeted enquiry to be practised across the relevant authorities in relation to the Act.

In addition, the Welsh Government announced that following a review of healthy relationships education in 2017 this area of study will become relationships and sexuality education (RSE) – a statutory part of Wales’ new curriculum, which will be in place from 2022. This will explore issues such as domestic abuse and consent (Welsh Government, 2018).

% of people estimated who experienced domestic violence and abuse in Wales (2016/17)



6.2.4 Conditions of detention

There has been a range of developments in prisons in Wales since 2015. All prisons became designated smoke-free in May 2016 and a new prison in North Wales (HMP Berwyn) opened in early 2017 with capacity for more than 2,100 prisoners.

The Welsh Government has reiterated the problems caused by the lack of prisons for either women offenders or high-risk offenders, who currently have to be housed in jails in England, especially the impact it has on maintaining family connections (Welsh Affairs Committee, 2015). There are also limited facilities for young offenders in Wales, with very few places available in young offender institutions (YOIs), secure training centres (STCs) and secure children’s homes (SCHs) in Wales, meaning that offenders from Wales are likely to be housed in England.

While a new prison has been built in Wales, the conditions of existing detention settings in Wales have also come under the spotlight. Recent inspections of prisons in Wales by HM Chief Inspector of Prisons (HMCIP) found mixed results. Conditions at HMP Usk/ Prescoed and HMP Parc have remained adequate (HMCIP, 2017a; 2017b). But safety outcomes have deteriorated in HMP Cardiff and inadequate conditions were reported in HMP Swansea (HMCIP, 2016; 2017c).

The use of force and restraint in detention has also received attention by the Welsh Government. In 2005, the Welsh Government advised that no individuals should ever be restrained in a face-down (prone) position under any circumstances (Welsh Assembly Government, 2005, p. 6). But more recent guidance states that physical restraint should be carried out as a last resort and that prone restraint should only be used in exceptional circumstances (Welsh Government, 2016e, pp. 186–8).

⁶⁵ The 2016/17 data were not available at the time of publication.

6.3 Criminal and civil justice: public confidence and access to justice

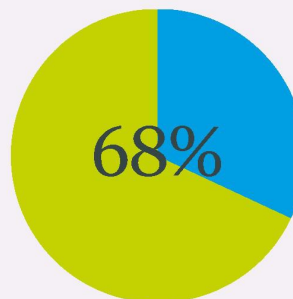
6.3.1 Public confidence in the justice system

The 2016/17 Crime Survey for England and Wales reported that half of adults aged 16 and over (53%) are confident that the criminal justice system (CJS) as a whole is effective and about two-thirds (68%) are confident that the CJS as a whole is fair, compared with 42% and 61% respectively in 2010/11 (Office for National Statistics [ONS], 2017a).

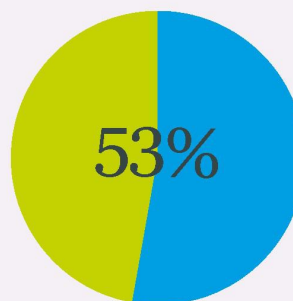
Thinking about the CJS as a whole, in 2015/16 two-thirds of adults aged 16 and over in Wales (65%) agreed that the CJS treats those who have been accused of a crime as ‘innocent until proven guilty’ (Table JPS.EFF.1).⁶⁵



Confidence in the criminal justice system in Wales is up



% of adults in Wales that think the criminal justice system is fair (2016/17)



% of adults in Wales that think the criminal justice system is effective (2016/17)

6.3.2 Access to courts and tribunals

Court and tribunal modernisation

In 2015, the Ministry of Justice announced proposals to close 86 courts and tribunals in England and Wales, as part of the £1 billion programme to transform the court and tribunal system, and integrate or merge 31 more (HM Courts and Tribunals Service, 2017). The planned closure of 10 courts and tribunal hearing centres in Wales was heavily criticised by the Law Society, which disagreed with eight of the planned closures, mainly because of their impact on journey times and associated costs (Law Society, 2015, pp. 47–52).

Tribunals and tribunal fees

Employment tribunal (ET) fees were introduced in July 2013, with discrimination claims attracting higher fees (Pyper *et al.*, 2017). The fees led to a substantial fall in the subsequent number of claims accepted at ET.

In July 2017, the Supreme Court declared that the Employment Tribunals and the Employment Appeal Tribunal Fees Order 2013 was unlawful and this seems to have reversed the decline in claim receipts. Between 2014 and 2017, the number of single claims received at ET in Wales increased by 41% from 709 to 997 (MOJ, 2018a).⁶⁶ However, this is still much lower than the 2,457 claims received in 2012, before the fees order was introduced.

6.3.3 Provision of legal aid

There is evidence to suggest that LASPO has had a particularly negative impact on access to civil legal aid in England and Wales for women, children, migrants and refugees, and disabled people (Anthony and Crilly, 2015; Amnesty International, 2016; Law Society, 2017; Bach Commission, 2017).

Applications for legal aid and expenditure⁶⁷ on legal aid in England and Wales have continued to fall since LASPO came into force in 2013. Real-terms expenditure on criminal legal aid decreased from £1,289 million in 2010/11 to £863 million in 2016/17, and from £1,125 million in 2010/11 to £646 million in 2016/17 for civil representation (MOJ, 2018c). At the same time, the total number of applications granted at magistrates' courts and at the Crown Court also fell considerably.

The Welsh Government has supported the development of advice services to provide frontline advice on issues that were previously in scope of legal aid. In 2018/19, the Welsh Government is planning to provide £5.97 million in grant funding to third-sector organisations (including Citizens Advice Cymru, Shelter Cymru and Age Cymru), helping people across Wales to access free, independent advice on social welfare issues, including housing, debt and welfare benefits (National Assembly for Wales, 2018, para. 5 and 555).

⁶⁶ 'Employment Tribunal claims are counted as received (receipts) once the relevant issue fee has been paid or remitted, and the tribunal has accepted the claim as valid. Claims in employment tribunals can be classified into either single or multiple claims. Single claims are made by a sole employee/worker, relating to alleged breaches of employment rights. Multiple claims are where two or more people bring proceedings arising out of the same facts, usually against a common employer [...] The trend in multiple claims is more volatile than single claims due to large numbers of claims against a single employer which can skew the national figures' (MOJ, 2018b, pp. 7–8). Hence only single claim figures are quoted here.

⁶⁷ Expenditure refers to the budgeting measure of expenditure (RDEL) used in the Ministry of Justice and Legal Aid Agency annual report and accounts. The RDEL (Resource Departmental Expenditure Limit) is current expenditure from within the annual Departmental Expenditure Limits that are set by the Treasury for each government department, excluding AME (Annually Managed Expenditure). In legal aid terms, this is work in progress where the payment date is unknown.

6.4 Violence and abuse: hate crimes, homicides, and sexual and domestic abuse

The number of incidents of violence or abuse reported to the police in Wales has increased sharply since 2015, but there are widespread concerns around under-reporting and under-recording.

6.4.1 Hate crime and prejudice-based harassment

Hate crime is defined as any criminal offence that is perceived, by the victim or any other person, to be motivated by hostility or prejudice towards someone based on a personal characteristic (Crown Prosecution Service, 2016).⁶⁸ There are five centrally monitored strands of hate crime across Britain: race, religion, sexual orientation, disability and transgender identity.⁶⁹

Between 2013/14 and 2016/17, the number of offences recorded by the police as hate crimes in Wales increased by 57% from 1,877 to 2,941 incidents (Home Office, 2014; 2017a).⁷⁰ Increases were recorded for all five monitored strands over this period. This is similar to the trend seen in England over the same period, where there was an 80% increase in recorded hate crimes.

The Office for National Statistics (ONS) has stated that action taken by police forces in England and Wales to improve their recording practices, together with greater awareness of hate crime and improved willingness of victims to come forward, is likely to be a factor in the increase in recorded hate crime offences (Home Office, 2017b).

75%

of hate crimes recorded in Wales in 2016/17 were motivated by race or religion

Recorded race hate crimes



The number of race hate crimes recorded by police in Wales increased by 47% from 1,412 in 2013/14 to 2,080 in 2016/17

⁶⁸ The police, Crown Prosecution Service and other agencies that make up the criminal justice system agreed a common definition of monitored hate crime in 2007, which covered five 'strands' (HM Government, 2012).

⁶⁹ Since 2008, all police services in England and Wales have been required to record and measure hate crime offences across all five strands of hate crime. Individual forces can choose to monitor additional strands.

⁷⁰ Statistics based on police-recorded data have been assessed against the code of practice for official statistics and found not to meet the required standard for designation as National Statistics. This applies to all police-recorded data presented in this report.

Estimates based on the Crime Survey for England and Wales (CSEW) 2014/15 suggest that only 48% of hate crime is reported to the police, while research from the University of Leicester found that only 24% of victims reported their most recent hate crime experience to the police (Chakraborti *et al.*, 2014).⁷¹ A number of issues have been identified as barriers to reporting: victims feel the police would not take the incident seriously; that the incident was being dealt with by them personally or with the help of others; that the police could not have done anything; or that it was a private matter (Chakraborti *et al.*, 2014).

The Crown Prosecution Service (CPS) completed 737 hate crime prosecutions in Wales in 2016/17 compared with 705 in 2013/14 (CPS, 2014; 2017a).⁷² The conviction rate across all strands of hate crime decreased slightly from 87.5% in 2013/14 to 82.2% in 2016/17 (CPS, 2014; 2017a).⁷³ This followed a 9% drop in police referrals across England and Wales between 2014/15 and 2016/17, and the CPS has stated that it will work with police forces to understand this fall (CPS, 2017a).

⁷¹ The research involved 1,421 participants, including 1,106 survey respondents.

⁷² These figures exclude data from the British Transport Police as these could not be disaggregated by nation.

⁷³ The CPS collects data to assist in the effective management of its prosecution functions. The CPS does not collect data that constitute official statistics as defined in the Statistics and Registration Service Act 2007. This applies to all CPS-recorded data presented in this report.

⁷⁴ It is possible for a crime to have more than one motivating factor (for example, an offence may be motivated by hostility towards the victim's race and religion). Hence, as well as recording the overall number of hate crimes, the police also collect data on the number of motivating factors by strand. For this reason, the sum of the five motivating factors (3,047) exceeds the total number of offences (2,941) recorded in 2016/17.

Race and religion hate crimes

The majority of hate crimes recorded in Wales in 2016/17 were motivated by race or religion (75%), including racially or religiously aggravated offences defined by statute.⁷⁴ The number of race hate crimes recorded by the police in Wales increased by 47%, from 1,412 in 2013/14 to 2,080 in 2016/17. The number of religion hate crimes increased from 76 in 2013/14 to 123 in 2016/17 (Home Office, 2014; 2017a).

There is some evidence to suggest that there are 'spikes' in race and religion hate crimes following trigger events such as terrorist attacks and the EU referendum (Awan and Zempi, 2016; Miller *et al.*, 2016).

There is a lack of robust data on the experiences of particular ethnic and religious groups in Wales, but evidence from a number of third-party reporting centres suggests that there has been an increase in ethnically and religiously-motivated harassment and abuse in England and Wales as a whole (Community Security Trust, 2018; Tell MAMA, 2017). In addition, three of the four police forces in Wales record hate crimes committed against Gypsies, Roma and Travellers. By contrast, there are fewer than 10 police forces in other parts of the UK that record hate crimes against Gypsies, Roma and Travellers (Traveller Movement, 2016).

The conviction rate decreased slightly from 88.8% in 2013/14 to 83.1% in 2016/17 (CPS, 2014; 2017a). The proportion of successfully completed prosecutions with a recorded sentence uplift was 55.8% in 2016/17: an increase of 43.8 percentage points from 2014/15.

Sexual orientation, disability and transgender identity hate crimes

In 2016/17, the police in Wales recorded 461 sexual orientation hate crimes, 338 disability hate crimes and 45 transgender identity hate crimes (Home Office, 2017a). There was a sharp increase in the first two monitored strands compared with 2013/14, when the police recorded 270 sexual orientation hate crimes and 150 disability hate crimes (Home Office, 2014). The Home Office (2017b) suggests that these increases were due to more people coming forward to report incidents, and better identification and recording of hate crime offences by police forces.

Evidence from the voluntary sector suggests that these increases may also reflect an increase in incidents. Research for Stonewall Cymru (2017) reported that, in 2017, 20% of lesbian, gay and bisexual (LGB) people in Wales had been a victim of hate crime or incident in the past 12 months, compared with 11% in 2013. Half (52%) of trans people reported that they had been a victim of a hate crime or incident in 2017.

The majority of LGB and trans people who had experienced a hate crime or incident (82%) did not report it to the police (Stonewall Cymru, 2017). Among the reasons given for not reporting incidents, some feel that verbal abuse and harassment is not serious enough to be reported to the police, while others believe that reporting will not make any difference (Hardy and Chakraborti, 2017). In addition, many LGB and trans people normalise the homophobic or transphobic abuse they receive.

The conviction rate for sexual orientation and transgender crime prosecutions in Wales was similar in 2016/17 (83.7%) and 2013/14 (82.1%), but decreased for disability hate crime prosecutions from 82.2% in 2013/14 to 71.2% in 2016/17 (CPS, 2014; 2017a). The CPS issued a public statement in August 2017 identifying action it will take on prosecuting hate crimes and other crimes against disabled people (CPS, 2017b). The CPS has also committed to adopting a 'social model' understanding of disability to help improve prosecution rates (CPS, 2017a).⁷⁵ Among other things, this will include challenging assumptions about disabled victims' reliability or credibility and ensuring that disabled people are aware of the support available to them to give their best evidence (CPS, 2017b).

6.4.2 Homicides

The term 'homicide' covers the offences of murder, manslaughter (including corporate manslaughter) and infanticide in England and Wales.

In Wales, the number of victims of homicide increased from 16 in 2013/14 to 33 in 2016/17 (ONS, 2018a). This corresponds to an increase from 5.2 offences per million population to 9.3 offences per million population, but remains low by historical standards.

⁷⁵ The CPS understands the social model of disability to mean that the prejudice, discrimination and social exclusion experienced by many disabled people is not the inevitable result of their impairments or medical conditions, but rather stems from specific barriers they experience on a daily basis.

6.4.3 Sexual violence and abuse

The number of sexual offences recorded by the police across Britain has increased in recent years, but under-reporting is still recognised as a considerable issue. Findings from the Crime Survey for England and Wales (CSEW) suggest that around five in six victims of sexual assault (83%) do not report their experiences to the police.

In 2016/17, the highest ever number of sexual offences was recorded by the police in Wales: 6,344 sexual offences compared with 2,441 offences in 2010/11 (Home Office, 2016b; ONS, 2018b). It has been suggested that these increases have been driven by both improved police recording processes and increased willingness of victims and survivors to report crimes.

6.4.4 Domestic violence and abuse

As with hate crimes and sexual offences, it is widely recognised that domestic abuse continues to be under-reported. More domestic violence offences are committed than are reported to, and recorded by, the police, including among same-sex couples (ONS, 2017b).

In 2016/17, the percentage of people who experienced domestic violence and abuse in the previous 12 months was 7.6% for Wales (Table JPS.VNT.5), but higher for those aged 16–24 (13.8%). It was more than double for LGB people and those with other sexual orientations (18.6%) than for heterosexual people (7.3%). It was higher for people with impairments affecting vision (25.9%), mental health (17.2%) and learning, understanding or concentrating (20.3%) than for non-disabled people (7.2%). In fact, it had declined by 5.6 percentage points between 2010/11 and 2016/17 for non-disabled people.

The police recorded 66,555 domestic abuse related incidents and offences in 2016/17, compared with 41,229 recorded incidents in 2010/11 – an increase of 61% (ONS, 2013; 2017b). Conviction rates for domestic abuse related crimes in Wales increased from 71.9% to 75.7% over this period (ONS, 2017b).

A study of specialist domestic abuse services in Wales reported funding cuts in nearly half of specialist services for 2016/17, with a lack of adequate funding for specialist children and young people's domestic abuse support services being of particular concern (Welsh Women's Aid, 2016). Nearly all service providers that responded to the survey (22 of 23) reported that funding and service continuation was their organisation's main challenge in that year.

The UK Government does not currently compel local areas to provide adequate refuge provision and data on the number of refuges are not collected or held centrally in Wales. There is also concern about the lack of refuge-based support for survivors of domestic abuse (and their children) including women from ethnic minorities, disabled women and a small number of men (Welsh Women's Aid, 2017).

The police recorded 66,555 domestic abuse related incidents and offences in 2016/17, compared with 41,229 recorded incidents in 2010/11 – an increase of 61%

6.4.5 Crimes against children

There was a substantial increase in the number of sexual offences against children (under the age of 16 years) reported to, and recorded by, the police in 2016/17 compared with 2013/14.

The NSPCC's (2018) report on child protection documented an increase in the number of sexual offences against children recorded by the Welsh police in 2016/17: 2,845 sexual offences against under-16s were recorded, representing a 92% increase from 2013/14 (1,478 offences). The rate of sexual offences per 10,000 children increased from 26.6 to 51.1 in Wales over the same period (NSPCC, 2017).⁷⁶

The NSPCC has suggested that improved recording of child sexual offences by the police and increased willingness of victims and survivors to come forward have contributed to increases in police-recorded crime and subsequent prosecutions. The NSPCC has identified a range of improvements, from social workers working with more children on child protection plans and registers, to more members of the public calling NSPCC's helpline for advice or to report concerns. High-profile inquiries, including the Independent Inquiry into Child Sexual Abuse (IICSA), and increased scrutiny of police are likely to have contributed to these improvements.

There has also been an increase in the number of offences of cruelty and neglect by parents or carers recorded by the Welsh police, from a rate of 4.9 per 10,000 children under the age of 16 in 2013/14 to 7.6 per 10,000 children in 2016/17.

⁷⁶ Comparisons should not be made between countries due to differences in data collection practices and coverage.

⁷⁷ Categorisation of prisoners in England and Wales centres on an assessment of risk, especially the risk (and potential consequences) of escape (Garton Grimwood, 2015).

6.5 Conditions of detention

Despite some positive trends, such as fewer young people being held in custody and the declining use of police cells to detain people under the Mental Health Act, detention conditions are becoming worse for many people. This includes the over-representation of ethnic minorities, overcrowding and a substantial increase in assaults and self-harm.

6.5.1 Detained population

There were 3,558 male prisoners in Wales at 31 March 2017 (MOJ *et al.*, 2017), but a longstanding issue for Wales is the lack of prisons for both women offenders and high-risk offenders⁷⁷ (Welsh Affairs Committee, 2015). Calls for the recently opened HMP Berwyn in Wales to have a women-only wing were rejected, which means that women living in Wales must continue to serve their sentences in England.

Prison population by age

The population in different detention settings has changed over time, particularly in terms of age. The proportion of older prisoners has gradually increased in England and Wales (HMCIP, 2017d). This has been linked with an increase in men convicted of non-recent sexual offences and the imposition of longer sentences. Older people are more likely to experience physical or mental health conditions, so this demographic shift has presented additional challenges for those responsible for the health of prisoners (the health and wellbeing of prisoners is also discussed in the Health chapter of this report).

Very few children and young people under the age of 18 are held in custody in secure establishments in Wales. An average of 38 young people aged 10–17 attached to youth offending teams (YOTs) in Wales were detained in youth custody in 2016/17, compared with 50 in 2013/14 (MOJ and Youth Justice Board for England and Wales, 2018).⁷⁸ The majority (37 out of 38) were male, but a small number of girls from Wales are held in secure training centres in England (Welsh Affairs Committee, 2015).

Detentions under the Mental Health Act

Under section 136 of the Mental Health Act 1983, the police in England and Wales may remove people from where they are and take them to a place of safety if they appear to be ‘suffering from mental disorder’ and it is considered that their behaviour poses an imminent risk of serious injury or death to themselves, or to another person.

In 2016/17, the rate of adults (aged over 16) per 10,000 detained under the Mental Health Act (Table JPS.DTN.4) was 6.95 in Wales and higher for men (7.9) than women (6.1). Between 2010/11 and 2016/17, the rate of adults per 10,000 detained under the Mental Health Act increased slightly from 6.89.

⁷⁸ In 2016/17, an average of 53 young people were held in youth custody in establishments in Wales, indicating that several young people attached to YOTs in England were held in these establishments.

The use of police cells as a place of safety under section 136 is declining

The use of police cells as a place of safety under section 136 is declining. In 2016/17, a police cell was used as a place of safety 117 times in Wales (Home Office, 2017b), compared with 541 times in 2014/15 (National Police Chiefs’ Council, 2015). In 2016/17, there were no cases of a police cell being used as a place of safety for a person aged under 18 in Wales (Home Office, 2017c), compared with 16 uses in 2014/15 (National Police Chiefs’ Council, 2015).

In 2016/17, 4% of those detained in police stations in Wales were taken there because there was no capacity in a health-based place of safety. For more than half the cases in 2016/17 (55%), the reason was recorded as ‘other’ or ‘not known’ (Home Office, 2017c). This contrasts sharply with the situation in England, where ‘no capacity’ was recorded as a reason in 52% of cases and ‘other’ or ‘not known’ was recorded as a reason in 31% of cases.

6.5.2 Overcrowding and conditions of detention

Overcrowding can have a negative impact on the physical and mental health of prisoners (van Ginneken *et al.*, 2017). Combined with staff shortages, this has consequences for the safety and dignity of prisoners (HMCIP, 2017d).

Of the 3,549 male prisoners in Wales in 2016/17, 1,405 were held in crowded conditions (MOJ and HM Prison and Probation Service, 2017).⁷⁹ Three of the four public prisons in Wales are experiencing some of the highest levels of overcrowding in Britain.⁸⁰ The percentages of prisoners held in crowded accommodation in 2016/17 in HMP Swansea, HMP Cardiff and HMP Usk/Prescoed were 79%, 64% and 55% respectively, compared with 84%, 59% and 52% in 2010/11.

Recent inspections of prisons in Wales by HM Chief Inspector of Prisons (HMCIP) showed mixed results. Although conditions at HMP and YOI Usk/Prescoed and Parc were reported to be adequate, safety outcomes had deteriorated in HMP and YOI Cardiff and inadequate conditions were reported in HMP Swansea (HMCIP, 2016; 2017a; 2017b; 2017c).

⁷⁹ In England and Wales, the crowding rate is measured by the MOJ as the number of prisoners held in a cell, cubicle or room in which the number of occupants exceeds the uncrowded capacity. For example, this means that two prisoners held in a single occupancy cell, or three prisoners held in a cell designed for two, are said to be crowded.

⁸⁰ At the time of writing, there were four public prisons in Wales (HMP Usk/Prescoed, HMP Cardiff, HMP Swansea and HMP Berwyn) and one private prison (HMP Parc).

6.5.3 Non-natural deaths

The number of non-natural deaths in prisons in Wales remains low. There was one apparent self-inflicted death in 2017 in Wales, compared with four in 2014 and none in 2011 (MOJ, 2018d).

6.5.4 Safety of those detained

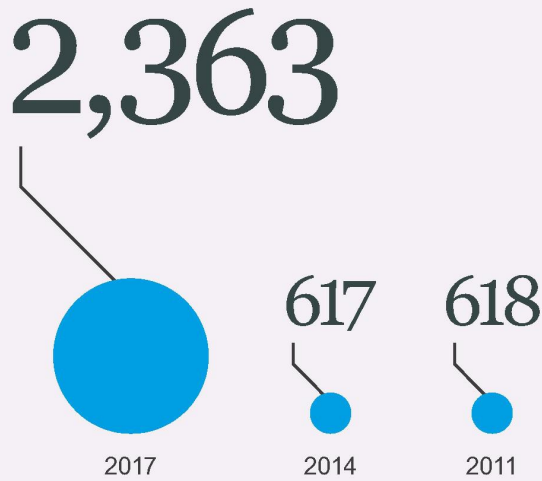
There has been a considerable increase in self-harm and violent incidents in prison settings in recent years.

There were 2,363 recorded self-harm incidents in prisons in Wales in 2017 – four times as many as in 2011 (618 incidents) or 2014 (617 incidents) (MOJ, 2018e). There were 231 incidents of self-harm in HMP Berwyn in its opening year.

The number of recorded prisoner-on-prisoner assault incidents in prisons in Wales exceeded 3,000 for the first time in 2017 (3,059), representing an increase of 33% from 2012 (2,297) and 15% from 2015 (2,662). There were almost 2,500 assaults on staff in 2017, which is 20% higher than in 2012.

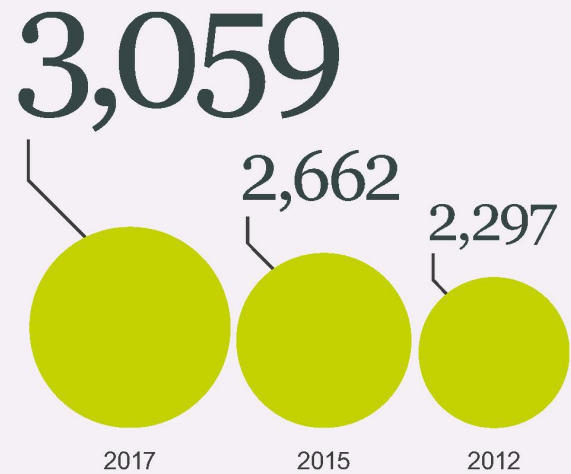
Of the 3,549 male prisoners in Wales in 2016/17, 1,405 were held in crowded conditions

Self-harm incidents



There were 2,363 recorded self-harm incidents in prisons in 2017 – four times as many as in 2011 (618 incidents) or 2014 (617 incidents)

Assault incidents in prisons



There were 3,059 recorded prisoner-on-prisoner assault incidents in 2017 – representing an increase of 33% from 2012 (2,297) and 15% from 2015 (2,662)

2,500 

There were almost 2,500 assaults on staff in 2017, which is 20% higher than in 2012

6.5.5 Use of force and restraint

Police use of force

There has been a considerable increase in the use of Tasers in Wales. There were 627 uses of Taser by police in Wales in 2016 (including 126 discharges), compared with 397 uses in 2014 (including 100 discharges).⁸¹ This 58% increase in use is largely due to a 69% increase in non-discharges, where Tasers are brought into action (for example, as deterrents) but not fired (Home Office, 2015; 2017e).⁸²

The published statistics on the use of Tasers by police forces do not include the age or ethnicity of those against whom a Taser is used, but media reports suggest there were 30 incidents of Taser use against children in Wales in 2016, up from 19 in 2014 (Miller and Hayward, 2017).⁸³

Restraint in health and care settings

There is limited data on the use of restraint in health and care settings (see also the social care section within the Living Standards chapter). Research by Mind Cymru, based on Freedom of Information requests, found 158 instances of face-down restraint in Wales in 2015/16 (Smith, 2016). This represents a considerable decrease from the 1,382 instances recorded in 2014/15.

⁸¹ Some police forces were unable to supply data for all types of Taser use prior to 2014 (Home Office, 2017d), hence no comparisons have been made with pre-2014 data.

⁸² Discharge is defined as firing or holding a Taser against a person's body to deliver an incapacitating effect or cause pain. Non-discharge includes situations where a Taser is not fired but is drawn or aimed, produces a red dot (using the targeting mechanism without firing), or arced (sparking the Taser without having a target) (Home Office, 2017d).

⁸³ These figures were based on responses to Freedom of Information requests released by all four police forces in Wales.

6.6 Conclusion

Evidence suggests that access to criminal and civil justice is at risk of being undermined by recent developments. This is particularly the case in relation to legal aid reforms, and court and tribunal closures. By contrast, the abolition of employment tribunal fees in 2017 seems to have led to an increase in the number of claims made to employment tribunals.

Since 2015, there has been a considerable increase in the number of hate crimes, sexual offences and domestic abuse incidents reported to the police, which may indicate greater confidence to report or an increase in incidents. Under-reporting and under-recording remain key issues, as findings from the Crime Survey for England and Wales suggest that there is a large gap between the number of incidents recorded by the police and the number that have actually taken place.

There has been a slight increase in the rate of adults being detained under the Mental Health Act, but there has been a decrease in the inappropriate use of police cells as a place of safety.

There is clear evidence to suggest that conditions in detention have worsened since 2015. Three of the five prisons in Wales are some of the most overcrowded in Britain, and self-harm and assault incidents in prison settings have increased in recent years.



7. Participation

Participation in decision making and in communities is important to enable people to influence the decisions that affect them in different areas of life. Being able to access services and form relationships with freedom and autonomy also allows people to exercise their rights through participating in their communities.





Key findings

Political and civic participation and representation

- Voter turnout in Wales for the 2017 general election was higher than that in 2015, and in 2017 women were more likely than men to vote.
- Women remain under-represented among local election candidates in Wales and in public appointments, and in England and Wales there remains a lack of disabled and ethnic minority magistrates.
- The Welsh Government consulted in 2018 on electoral reform for local elections, including extending voting eligibility to 16 and 17-year-olds.

Access to services

- The lack of accessibility of the rail network in Wales, and a reduction in bus services in rural areas, creates barriers to social and economic participation for households without cars, for older people in rural areas, and for disabled people.
- With increasing digitalisation of services and communication, being older, a disabled person, having no qualifications, or living in social housing remain risk factors for digital exclusion, although personal internet use is improving among older people. There continue to be areas of digital exclusion, particularly in rural areas of Wales.

Privacy and surveillance

- The UK Government's bulk powers of surveillance, particularly regarding the retention of communications data and their use, are not compliant with human rights law.

Social and community cohesion

- Loneliness, isolation and a reduced sense of belonging are some of the most significant issues facing particular groups, including older people, disabled people, carers, new parents, lesbian, gay, bisexual or transgender people, and people from some ethnic minorities.

The Welsh Government consulted in 2018 on electoral reform for local elections, including extending voting eligibility to 16 and 17-year-olds

7.1 Introduction

Everyone in Wales has the right to participate in political and everyday life. This chapter examines the evidence on how the enjoyment of this right is realised and looks at change in recent years. We examine four indicators of participation in Wales: political and civic participation and representation; access to transport, digital and financial services, and culture, leisure and sport; privacy and surveillance; and social and community cohesion.

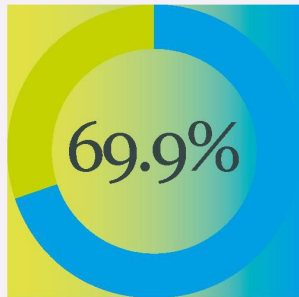
7.2 Key policy and legal developments

7.2.1 Political and civic participation

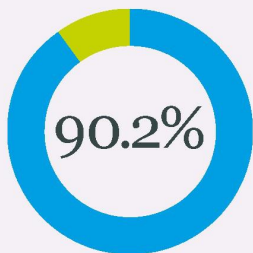
Voting

The Wales Act 2017 devolved powers in relation to local government and National Assembly for Wales elections, including the conduct of those polls. Following a formal consultation on electoral reform, which included questions on extending voting eligibility to 16 and 17-year-olds and questions on prisoner voting, the Welsh Government set out intentions to bring forward legislation that will extend the franchise to 16 and 17-year-olds at local government elections in Wales (Welsh Government, 2018a). An expert panel advising on National Assembly for Wales electoral reform reported in December 2017 that the system should 'encourage and support the election of a body of representatives which broadly reflects the population', and recommended the reduction in the minimum voting age to 16 years with effect from 2021 (National Assembly for Wales, 2017a, pp. 9, 97). The National Assembly for Wales consulted on the recommendations of the expert panel in 2018 (National Assembly for Wales, 2018a). Although Wales continues to be one of the few nations in Europe without a national youth parliament, work is now underway to establish one (National Assembly for Wales, 2018b; 2017a).

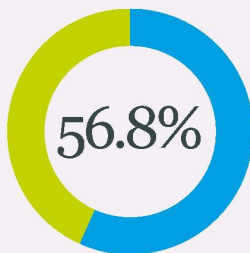
% of adults (over 18 years) who voted in the 2017 general election



% who voted in 2017



Women



Men

29.3



Between 2015 and 2017, the voting rate for women rose by 29.3 percentage points

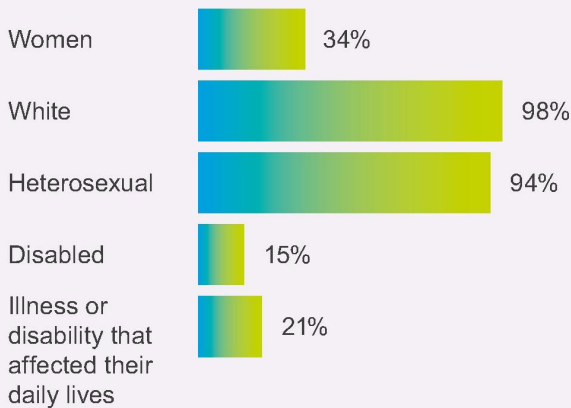
Turnout for the 2016 National Assembly for Wales election



In December 2017 the Council of Europe agreed changes proposed by the UK Government to address the 2005 Hirst judgment on prisoner voting rights. The UK Government agreed to amend guidance to address an anomaly in the current system where offenders who are released back in the community on licence under the Home Detention Curfew scheme can vote in UK elections, but those who are released on temporary licence cannot. This does not extend to Welsh elections, although the consultation on electoral reform does include questions on prisoner voting.

In March 2018 the UK Parliament passed changes to anonymous voter registration to make it easier for domestic abuse survivors across Britain to register to vote anonymously. The changes came into force in England, Wales and Northern Ireland on 7 March (UK Government, 2017a; 2018a; Electoral Commission, 2018a). The changes include broadening the sorts of professionals able to provide verification of the abuse, and expanding the type of evidence that can be put forward.

Local government election candidates for the May 2017 elections



26%

of councillors were women following the election



41.7%

of Assembly Members in Wales were women in 2016



Political participation and freedoms of expression, assembly and association; trade unions, legislation and membership

The UK-wide Access to Elected Office Fund was set up in 2012 to provide financial support for disabled people standing for election to the UK Parliament, English local and mayoral elections, Greater London Authority elections, and police and crime commissioner elections in England and Wales. The fund closed in May 2015, and although the Scottish Government made similar provisions for Scottish local government elections in May 2017, the fund has not been replaced in England, Wales or Northern Ireland. In May 2017, the UK Government announced that it would provide interim Access to Elected Office funding of £250,000 to support disabled people standing for elected office over the next 12 months and that it would be initiating a programme of work with political parties to help improve the support given to disabled candidates. It is not yet clear if there will be a more permanent reinstatement of the fund following the 2019 local elections (UK Parliament, 2018).

Between 2014 and March 2017, the Welsh Government ran the Diversity in Democracy programme, in which councillors mentored people from diverse backgrounds interested in becoming involved in public life, with the aim of raising the profile of local government and increasing the diversity of individuals standing for election (Welsh Government, 2017a). The programme had 65 mentors and 51 mentees from under-represented groups; 16 mentees stood for election, and four were elected. At the time of writing the Welsh Government was evaluating the programme (Welsh Government, 2017b).

Current UK legislation on statutory limits on campaign expenditure does not explicitly exempt costs incurred by political parties and candidates to address inequality in representation, including disability-related needs. In its report to the National Assembly for Wales on the 2016 elections, the Electoral Commission recommended that: ‘Governments with legislative competence over elections within the UK should amend the definitions of political party and candidate spending so that reasonable expenses that can be attributed to an individual’s disability are exempt’ (Electoral Commission, 2016, p. 10).

Section 106 of the Equality Act 2010 requires political parties to publish candidate diversity data. However, this provision has not yet been brought into force, and as a result the available information on candidate diversity is poor. The Expert Panel on Assembly Electoral Reform in Wales recommended that a gender quota is integrated within the electoral system put in place for 2021, and that if this does not happen that political parties adopt these quotas to ensure their candidate selection processes support and encourage the election of a gender-balanced National Assembly for Wales. The panel also recommended that the Welsh Assembly should call on the Secretary of State to commence section 106 of the Equality Act 2010 in relation to assembly elections, to transfer the power to do so to Welsh ministers, or to legislate for the assembly’s electoral arrangements to include the provision of diversity data (National Assembly for Wales, 2017a).

In relation to trade unions, the Trade Union (Wales) Act 2017 came into force on 13 September 2017 and disapplied many of the restrictions imposed by the Trade Union Act 2016 in so far as they would apply to public authorities in Wales, such as the requirement for 50% turnout and a 40% overall support requirement for those delivering ‘important’ public services, and reducing mandates’ validity from being open ended to six months. The act also prohibits public authorities in Wales from using agency workers to cover the duties of staff engaged in official industrial action.

Civic participation including public appointments and volunteering; ability to influence decisions in the local area

In 2017, the Cabinet Office launched a UK-wide public appointments diversity action plan to address lack of diversity in public appointments in England and Wales and collate baseline data on current public appointees. It set out the UK Government’s ambition for representation of women and ethnic minorities in public appointments to be brought in line with that of the resident population in England and Wales by 2022 (UK Government, 2017b).

A 2015/16 UK Parliament Justice Select Committee inquiry into the role of magistrates in England and Wales found the UK Government needed to address the lack of younger, disabled and ethnic minority magistrates. The UK Government stated that it would consider the introduction of ‘equal merit provisions’⁸⁴ for recruitment to the magistracy for the protected characteristics of race, disability and age (UK Parliament, 2016a). The Judicial Diversity Committee of the Judges’ Council launched a programme to support those interested in applying to the high court judge selection exercise (Courts and Tribunals Judiciary, 2017).

⁸⁴ If two or more candidates are of equal merit, a candidate from an under-represented group may be selected.



Man sat in his wheelchair next to a car.

Since 6 April 2017, designated taxi and private hire vehicle drivers have been obliged by law to transport wheelchair users in their wheelchair

7.2.2 Access to transport

The provision of accessible journey information is important to help people with visual and hearing impairments to travel on public transport. The Bus Services Act 2017 gave the UK Secretary of State for Transport a power, after consultation with the Welsh ministers, to make regulations to compel local operators to provide such information. However, regulations have not yet been made.

In 2017 the Supreme Court held that bus drivers should do whatever they reasonably can to ensure that wheelchair users can access wheelchair spaces on buses, even when they are occupied by other passengers (see *First Group plc v Paulley* [2017] UKSC 4). This may include requiring a passenger to move to another seat and, if necessary, stopping the bus with a view to pressurising the passenger to move.

Since 6 April 2017, designated taxi and private hire vehicle drivers have been obliged by law to transport wheelchair users in their wheelchair, provide passengers in wheelchairs with appropriate assistance, and charge wheelchair users the same as non-wheelchair users (Equality Act 2010, section 165). However, there is no requirement in Wales or at a UK level to make a proportion of taxi or private hire vehicles accessible, and non-designated vehicles, which, in many areas, are the majority of taxis, are unaffected by this requirement. The Welsh Government made a policy statement on accessible and inclusive public transport objectives in December 2017, reiterating the obligations on local licensing authorities under the Public Sector Equality Duty (Welsh Government, 2017c).

The Wales Act 2017 devolves more powers over transport to the Welsh Government. These came into force in April 2018, and give Welsh ministers the power over the registration of local bus services by the Traffic Commissioner for Wales, and licensing of taxis and private hire vehicles in Wales.

The Welsh Government's Strategic Equality Plan included an objective of putting the needs of people with protected characteristics at the heart of design of public services, including transport. Following this, a policy statement published in December 2017 set out six objectives designed to make public transport inclusive and accessible to older people and disabled people (Welsh Government, 2017b; 2017c).

The Welsh Government's Rural Development Programme identified that for people living in rural communities, public transport often does not meet their needs, and so they use it less often. It is then assumed by service providers that demand for those services is declining, which results in a reduction in services, leading to a spiral of decline in service provision. Issues relating to a lack of bus services operating at peak hours, unreliability, poor frequency, expense and inconvenience were identified as critical issues (Welsh Government, 2017d).

The Welsh Government has brought forward some measures to improve the accessibility of public transport in Wales. In March 2016, it introduced the Voluntary Welsh Bus Quality Standard, which set out core requirements that bus services must meet to maintain their eligibility for public funding, including that audio/visual 'next stop' information equipment is installed on vehicles acquired after 2015 (Welsh Government, 2016a). A mandatory concessionary bus fare scheme operates in Wales, which entitles disabled people and older people to universal free travel across bus services in Wales.

In Wales, rural transport needs in some communities have been addressed through rural transport partnerships, community transport services or developing other locally-led community transport solutions, such as demand-responsive buses, community minibuses and community rail partnerships, which also support the specific transport needs of disabled people and older people (Jones, 2016; Minnis, 2018). The UK Government ran a consultation on the future of the community rail strategy and expects to publish a new strategy in summer 2018 (Department for Transport, 2018).

British Transport Police run a 'report it to stop it' campaign to tackle rising reports of sexual offences across the rail network (British Transport Police, undated). In addition, the Welsh Government funded an extra 21 police community support officers to tackle hate crime on the rail network as part of its 2014–17 delivery plan to tackle hate crime, and in 2017 committed to continue to monitor levels of hate crime across the transport network (Welsh Government, 2017f; 2015).

Access to digital services; barriers to financial access and vulnerability to fraud

Ensuring that digital services are accessible is required by the Equality Act 2010 in many situations because a failure to do so will amount to unlawful discrimination. However, it leaves a degree of interpretation for service providers about how far they are required to go to increase digital accessibility, and there is as yet no UK case law precedent on web accessibility to clarify the position. EU Directive 2016/2102, which came into force in October 2016 and must be implemented by 23 September 2018, set out standards to make public sector websites and mobile apps more accessible.

The Welsh Government published its own digital inclusion strategic framework for Wales in 2016, which set out 15 objectives, including reducing digital exclusion among disabled people, unemployed people, residents of social housing and people aged over 50, and obtaining robust data and research on digital exclusion in Wales (Welsh Government, 2016b).

In relation to access to financial services, the Welsh Government's 2016 financial inclusion strategy for Wales made a number of commitments, including to ensure everyone in Wales has access to a basic bank account (Welsh Government, 2016c).

Access to culture, leisure and sport

The Sport Wales strategic equality plan 2016–20 set out equality objectives for Wales, with a focus on those living in socio-economic disadvantage in Wales and the role of sport in the promotion and protection of the Welsh language (Sport Wales, 2016). Priorities set out in the 2018 vision for Sport Wales include opportunities for every child and young person to undertake at least five hours of safe, high-quality sport every week and sustaining their engagement throughout their adult life, encouraging local take-up of sport, and increasing participation (Sport Wales, 2018).

7.2.3 Privacy and surveillance

It is essential that state powers of surveillance are compliant with human rights and are non-discriminatory. They must therefore strike the right balance between the right to respect for privacy and the state's legitimate interests to protect national security and prevent crime. In the UK there is continuing uncertainty about how bulk surveillance and retention powers comply with human rights law. Data protection legislation has been strengthened with the adoption of the General Data Protection Regulation (GDPR), while policy development in the UK focused on standards and codes of practice to protect users from online harm and ensuring children's safety.

The Sport Wales strategic equality plan 2016–20 set out equality objectives for Wales, with a focus on those living in socio-economic disadvantage

As part of its work towards a Digital Charter, introduced in 2018 with the aim of making the internet safe, free, open and accessible, the UK Government published an Internet Safety Strategy green paper that consulted on proposals to ensure individuals' online activities are kept safe and secure. Consultation responses published in May 2018 emphasised the importance of ensuring free speech is safeguarded and protecting users' rights while protecting users from online harm. The government response also identified the need for a particular focus on children in care and mental health (DCMS, 2018; UK Government, 2018b).

The UK Government's use of so-called 'bulk' powers permits large-scale interception and retention of private information, bulk interference with devices such as personal computers and mobile phones (hacking), and the retention and searching of extensive personal datasets containing private information, including about people in respect of whom there are no grounds for suspicion. A number of legal cases have challenged the use of bulk powers and the sharing of personal information overseas, following revelations by Edward Snowden about the extent of bulk data collection programmes used by the US and British intelligence agencies and data-sharing arrangements between the two countries (Amnesty International, 2015).

The Investigatory Powers Act 2016 (IPA) introduced major reforms to the legal and regulatory framework governing the collection, retention and use of personal data by the state for law enforcement purposes, including by the security services, police and other agencies. There remain concerns about the extent to which aspects of the IPA breach human rights standards, and there have been legal challenges to powers in the act that allow the retention of, and access to, communications data that have found the IPA incompatible with EU law. UN member states via the Universal Periodic Review, as well as the UN Committee on Civil and Political Rights, have urged the UK Government to strengthen individuals' right to privacy, and ensure that any surveillance powers conform with its international human rights law obligations, in particular the principles of legality, proportionality and necessity.

In 2017 the Information Commissioner's Office (ICO) published its Information Rights Strategic Plan 2017–21, which highlighted that the use of big data, artificial intelligence and machine learning has significant implications for privacy and data protection (Information Commissioner's Office, 2017).

There remain concerns about the extent to which aspects of the IPA breach human rights standards

7.2.4 Social and community cohesion

In 2016, The Welsh Government published its community cohesion national delivery plan for 2016/17. The plan set out outcomes focusing on: hate crime; modern slavery; inclusion of Gypsy and Traveller communities; immigration and supporting the inclusion of asylum seekers, refugees and migrants; understanding the impact of poverty; and that policies and services are responsive to community tensions, including supporting engagement with communities impacted through Prevent. The community cohesion national delivery plan aligns with the Welsh Government's Strategic Equality Plan, where community cohesion will be a strategic objective for the Welsh Government, and the Tackling Poverty Action Plan. The Welsh Government currently funds a network of eight community cohesion coordinators, which covers all local authorities, to support delivery of the plan, but it is not clear if funding for these will continue (Welsh Government, 2016d).

The Well-being of Future Generations (Wales) Act 2015 imposes new duties on public bodies to work towards improving wellbeing, including a more equal Wales and a 'Wales of cohesive communities'. This includes the establishment of a public services board in each local authority area in Wales, which must prepare and publish an assessment of the state of wellbeing in its area, and then a wellbeing plan that must set out objectives and steps to achieve them (Future Generations Commissioner for Wales, 2018). While assessments and plans have already been drafted by some local authorities, it is yet to be seen what impact these new duties and the public services boards set up by the act will have on social and community cohesion.

Living in an urban area with higher levels of deprivation is negatively related to high levels of community cohesion (NatCen, 2018). Implementing Part 1 of the Equality Act 2010 could help to tackle this, as it imposes a duty on certain public bodies, when making decisions of a strategic nature, to consider how they can reduce inequalities resulting from socio-economic disadvantage. However the duty, which was approved by the UK Parliament, has still not been implemented in England or Wales. The Welsh Government gained the power to introduce the duty on 1 April 2018 under the Wales Act 2017, and the duty came into force in Scotland on 1 April 2018.

Tackling hate crime is also vital to social cohesion, and it is important that criminal law deals with it appropriately.

In 2017, the rate of voting for women in the most recent general election was higher in Wales than in England and Scotland

7.3 Political and civic participation and representation

7.3.1 Voting

69.9% of adults (over 18 years) in Wales voted in the 2017 general election (Table PPN.PCP.1), with women (90.2%) substantially more likely to vote than men (56.8%). Between 2015 and 2017, the voting rate for women rose by 29.3 percentage points. There was no statistically significant change for men during this time.⁸⁵

In 2017, the rate of voting for women in the most recent general election was higher in Wales than in England (plus 21.7 percentage points) and Scotland (plus 30.7 percentage points). Between 2010 and 2017, the rate of voting in general elections for women increased in Wales compared to England.

Turnout for the 2016 National Assembly for Wales election was 45.4%, an increase from 41.1% in 2011 (Jones and Holzinger, 2016). The voter turnout in Wales for the 2016 EU referendum was 71.7%, compared with 67.2% in Scotland and 73% in England (The Electoral Commission, undated).

⁸⁵ The British Election Study. Owing to small sample sizes for Wales, there are few significant results to report overall and on disaggregation by equality characteristics.

7.3.2 Political participation and freedoms of expression, assembly and association; trade unions, legislation and membership

A survey of local government election candidates in Wales for the May 2017 elections found that 34% were women, 98% were from a White ethnic group, 94% identified as heterosexual or straight, and 14% said their main language was Welsh. 15% of candidates considered themselves to be disabled and 21% reported having an illness or disability that limited their daily activities. There was a similar pattern for elected town and community councillors who were included in the survey (Welsh Government, 2017g). Following the election, 26% of councillors were women, with considerable variation across Wales' 22 local authorities (Equality and Human Rights Commission, 2017a).

Despite an increase in the proportion of women candidates for National Assembly for Wales elections between 2011 and 2016 (LSE Public Policy Group, 2016), the proportion of women elected as Assembly Members (AMs) remained at 41.7% (25 women AMs elected) in 2016, the same level as in 2011. There are no regularly collected data on the proportion of AMs in Wales who are disabled, from ethnic minorities, are lesbian, gay or bisexual, or are transgender. In 2014, 26.5% of all adults aged over 16 years in Wales undertook one of a number of political activities (Table PPN.PCP.2).⁸⁶ The sample sizes for Wales were too small to provide precise findings by protected characteristics.⁸⁷

⁸⁶ There are no more recent data available since 2014. For Wales, political activities were defined as: signed a petition; boycotted, or deliberately bought, products for political, ethical or environmental reasons; took part in a demonstration; attended a political meeting or rally; contacted or attempted to contact a politician or a civil servant to express views.

⁸⁷ British Social Attitudes Survey (PPN.PCP.2).

In relation to trade unions, the proportion of employees who were trade union members fell by 8.8 percentage points in Wales between 1995 and 2016. A similar fall was seen in Scotland (9.7 percentage points) and England (8.7 percentage points). However, between 2015 and 2016, while membership levels continued to fall in England (minus 1 percentage point) and Scotland (minus 2.7 percentage points) there was a small (0.3 percentage point) increase in the proportion of employees in Wales who were union members to 35.5% (Department for Business, Energy and Industrial Strategy, 2017).

7.3.3 Civic participation, including public appointments and volunteering; ability to influence decisions in the local area

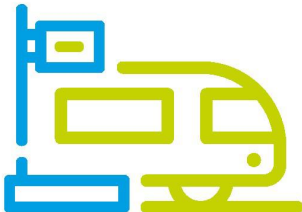
In Wales, women continue to be under-represented in senior public roles in some sectors; in 2015/16 only 14% of local government chief executives in Wales were women, despite women making up 73% of overall local authority staff. Meanwhile, 42% of chief executives of the 100 largest charities in Wales were women, an increase of 6% since 2014. Women make up the majority of chief executives of NHS health boards and trusts (60%) and head teachers (60%).

In policing and fire and rescue services, a greater proportion of women were in leadership roles in 2015/16 than in the general staff; 43% of police and crime commissioners and deputies were women compared with 29% of all police officers, and a third (33%) of chief fire officers and deputies were women compared with 50% of all fire and rescue service staff (Equality and Human Rights Commission, 2017a).

Although women are still under-represented in public roles, this is improving. A significant proportion of public appointments are regulated by the Commissioner for Public Appointments, which reported that of the bodies it regulates in England and Wales, women made up 45% of all public appointments and reappointments in 2016/17. This is a small improvement on previous years (39.3% in 2013/14). The proportion of chair appointments made to women continued to be low (28%); this was also the case for ethnic minority and disabled candidates (Commissioner for Public Appointments, 2017; UK Government, 2017b).

In 2015/16 there were 112 public appointments or reappointments to boards of public bodies in Wales; of these, 47.2% were held by women, 3.9% by ethnic minorities and 3.7% by disabled people (Equality and Human Rights Commission, 2017a).

34%



of railway stations in Wales do not have access for wheelchair users and half are not fully accessible to disabled people

Women and ethnic minority and disabled people also remain under-represented in the judiciary. As of 1 April 2017, 28% of court judges and 45% of tribunal judges in England and Wales were women. Although representation has improved for those aged under 40, almost all magistrates (85%) were aged over 50. Only 7% of court judges and 10% of tribunal judges are from ethnic minority groups, falling to 1% in Wales. Only 4% of magistrates declared themselves to be disabled, in comparison with 16% of working-age adults (House of Commons Justice Committee, 2016, p.17; Courts and Tribunals Judiciary, 2017).

In 2014/15, 20% of people in Wales agreed that they can influence decisions affecting their local area, compared with 24% in 2012/13. Those with qualifications of degree level and above, those with good general health, and those who felt they were in control of their daily life and were treated with respect were more likely to feel that they could influence decisions affecting their local area (Welsh Government, 2017h; Welsh Government, 2014).

7.4 Access to services

7.4.1 Access to transport

In written evidence to the National Assembly for Wales inquiry into loneliness and isolation, the Campaign for Better Transport reported that: ‘When a bus service is withdrawn, or even when it reduces in frequency... it prevents people travelling not only to social and health services but to see friends and family and remain independently mobile. This is particularly true in rural areas of Wales’ (National Assembly for Wales, 2017b, p.16). In its summary report, the inquiry highlighted that people living in rural areas are vulnerable to loneliness and isolation, particularly as they age, with people tending to retire to rural areas of Wales where transport and services may be scarce. In Wales, where around 20% of pupils travel to school by bus, there have been local authority cuts to school transport. This drives up reliance on car use, which may not be affordable for all families, and affects the choice of schools available to families (Campaign for Better Transport, 2016).

Access to a car makes it easier to get around and opens up access to employment areas in Britain not easily accessible by public transport; but car ownership can be unaffordable for people on low incomes (Social Mobility Commission, 2017). In Wales, two-thirds of single pensioners have no car, leaving them vulnerable to a lack of transport or access to key services, particularly in rural areas (National Assembly for Wales, 2017b; Older People’s Commissioner for Wales, 2013).

In Wales, two-thirds of single pensioners have no car, leaving them vulnerable to a lack of transport or access to key services, particularly in rural areas

Half of railway stations in Wales are not fully accessible to disabled people, with 34% having no access for wheelchair users (Equality and Human Rights Commission, 2017b). Disabled people in Wales also experience poor access to, and have poor experiences when trying to use, taxis and private hire vehicles, including a lack of wheelchair-accessible vehicles, long waits for pre-booked taxis, and being refused journeys (Disability Wales, 2017). Evidence collected through a Welsh Government consultation revealed that a fifth of respondents (21%) thought that new requirements needed to be introduced by legislation to improve access to taxis and private hire vehicles, in support of Law Commission recommendations (Welsh Government, 2018b).

As well as public transport being accessible, it should be safe for people to use. The National Survey for Wales found that in 2016/17, 79% of adults felt safe travelling by public transport after dark, compared to 97% of those travelling by car after dark. Women were less likely (68%) than men (89%) to feel safe when travelling by public transport after dark (Welsh Government, 2017i).

7.4.2 Access to digital services

In 2017, 87.7% of people in Wales had used the internet in the past year (Table PPN.ACS.1). The rate was higher for people aged 35–54 years (100%). Just under three-quarters (70.5%) of disabled adults but almost all (94.9%) non-disabled adults had used the internet.

The National Survey for Wales found that 84% of households had access to the internet in 2016/17. This compares with 87% of households in Scotland that reported having internet access at home in 2016, and 89% of households in Britain overall in 2017. In Wales, households in social housing were less likely to have access to the internet in 2016/17 (72%) compared with those in privately rented or owner-occupied housing (88% and 87%), although this gap has narrowed since 2014/15 (Welsh Government, 2017j; Office for National Statistics, 2017).

Wales continues to have areas of digital exclusion due to lack of infrastructure, particularly in rural areas

In 2016/17, 85% of people in Wales used the internet at home, work or elsewhere. Although the proportion of older people who use the internet showed the greatest growth of all age groups (from 22% in 2012/13 to 40% in 2016/17 for over-75-year-olds), in 2016/17 they remained the age group with the lowest proportion of internet users (Welsh Government, 2017j). This is partly due to a lack of online confidence; a fifth (20%) of people aged over 65 years described themselves as 'not confident' online, particularly when managing personal data, compared with the average of 7% (Ofcom, 2017). Although some older people may not use digital services through their own choice, for others there are barriers relating to poverty or lack of access to computers and digital technology (Welsh Government, undated). The Welsh Government's digital inclusion progress report identified these barriers as motivation, online safety, cost and equipment, and highlighted the programme for government target for 95% of adults to have basic digital skills by 2021 (Welsh Government, 2018c; Welsh Government, 2016e).

Living in rural areas and experiencing poor access to digital services are often related. Despite government commitments to improving digital services across the UK, Wales continues to have areas of digital exclusion due to lack of infrastructure, particularly in rural areas. With services being increasingly available 'digital-only' by default, support for those in rural areas who might otherwise be left isolated is increasingly important (Alzheimer's Society, 2016). The proportion of households with access to the internet in Wales that connect to it through superfast broadband increased from 21% in 2014/15 to 37% in 2016/17, but this remains much lower among rural households compared with urban households.

7.4.3 Barriers to financial access and vulnerability to fraud

Financial exclusion is the inability, difficulty or reluctance to access mainstream financial services (House of Lords Select Committee on Financial Exclusion, 2017). Meaningful access to financial services is essential for participation in society. While digitisation of financial services presents new opportunities for financial access, those groups who are at greater risk of digital exclusion are vulnerable to the increasingly online nature of financial services.

Multiple factors can make it difficult or impossible for people to manage money online, get a bank account, gain access to credit, or get insurance, leaving them at risk of financial exclusion. These factors include: living in rural areas that still have poor internet access; lack of basic digital skills; not having a passport or driving licence; not having a permanent address; being older (over 65) or disabled; or being an ex-offender (Financial Conduct Authority, 2016). The risk of digital exclusion is exacerbated by the closure of high street bank branches, with concerns that this could in future lead to increased financial exclusion. There have been an estimated 130 bank branch closures in Wales over five years (Edmonds, 2018).

Experimental statistics released by the Welsh Government based on the first year of data collected revealed that in 2016/17, of 9,215 cases of abuse reported for those aged 65 and over, 1,430 were for financial abuse (Welsh Government, 2017l).

7.4.4 Access to culture, leisure and sport

In 2014, there were around 280 public library premises in Wales (National Assembly for Wales, 2014). Although three-quarters of people in Wales said libraries are important for their community, there was a decline in frequent library use across the UK, with Wales seeing the sharpest drop in frequent use (Peachey, 2017). Assessment of libraries in Wales against the Welsh public library standards for 2014–17⁸⁸ gave a mixed picture, but libraries performed well on goals designed to provide safe and accessible spaces and information resources for those with special education needs, despite ‘significant budget restrictions’ and a drop in staffing and in usage during the course of the framework (Creaser and White, 2017; Welsh Government, 2017k). It is not clear if this decline in library use indicates an overall decrease in access to culture and media, or a switch to digital and other alternatives.

There are initiatives to provide a consistent offer for visitors with an impairment or specific access requirement, and their carers or personal assistants, to theatres and arts centres in Wales (Hynt, undated). It is not clear what impact these initiatives are having on participation.

⁸⁸ Special requirements as set out by the standards can include: physical and health impairment; economic disadvantage (e.g. long-term unemployed); cultural difference (e.g. non-native speakers, new arrivals); educational background; or other circumstances that require special library services.

In 2016, just over half (58.7%) of people aged 16 years and over in Wales had exercised in the last four weeks (Table PPN.ACS.2). This was just one in three (31.7%) people for 65+ year olds. Disabled people (46.6%) were also much less likely to have taken exercise in the last four weeks than non-disabled people (69.4%). Between 2012 and 2016, the percentage of people in Wales who had taken exercise in the last four weeks declined by 11.2 percentage points overall, with the greatest decline taking place between 2014 and 2016 (minus 13.0 percentage points).

Sport Wales identified the importance of sport as a source of social interaction for older people that could help to prevent social isolation (Sport Wales, 2018).

Sport Wales identified some common factors that make people less likely to take part in sport, particularly those from ethnic minorities. These included social isolation, racism, a lack of appropriate facilities, and the impact of certain cultural expectations. Although racism was identified as a barrier to sport, Sport Wales also recognised that for some people sport provided a space to escape discrimination (Sport Wales, 2016).

Although racism was identified as a barrier to sport, Sport Wales also recognised that for some people sport provided a space to escape discrimination

7.5 Privacy and surveillance

Powers to legislate on privacy and surveillance are not devolved to Wales. For that reason, legislative developments described here reflect those taking place in the UK.

7.5.1 Internet use and awareness of privacy settings

While access to, and use of, the internet in Britain has increased since 2015, the means by which people use the internet have changed. There has been an increase in people going online via a smartphone or tablet, rather than a computer, and more than half of newer users (those who started using the internet within the past five years) use a device other than a computer to go online (Ofcom, 2017).

According to the National Survey for Wales, in 2016/17 92% of people in Wales who used the internet accessed it at least daily, with 71% accessing it several times a day. Internet users aged 16–29 were most likely to access the internet several times a day (87%), compared with 35% of those aged 75 and over (Welsh Government, 2017i).

In 2015, fewer than one in five (17.6%) people in Wales limited the information they provided when using social media (Table PPN.PR.V.1), or did not provide personal information at all. In 2016, following changes to the wording of the survey question, nearly half (43.7%) of people in Wales said they managed access to their information in this way.^{89, 90}

⁸⁹ Because of the low sample size, it is difficult to provide precise findings on a breakdown of the sample by protected characteristics, and it is difficult to provide precise findings on the change over time between 2010 and 2015.

⁹⁰ Opinions and Lifestyle Survey, internet access module.

7.5.2 Treatment of personal data

In 2015, 2.2% of adults in Wales who had used the internet in the past year reported abuse of personal data, pictures or videos on community websites (Table PPN.PR.V.2). This is not a significant change from 2010 levels, when 4.7% of adults reported abuse of personal information.^{91, 92}

A 2017 poll suggested that nearly half of UK adults planned to use new rights over their personal data when the General Data Protection Regulation (GDPR) came into force in May 2018. People aged 45–54 were most likely to issue a request under the new regulation in the first month (21%), compared with 13% of 14–24 year olds. This also varies by nation, with only 12% of adults in Wales planning to use new rights (GDPR.Report, 2017).

⁹¹ Owing to the small numbers of people in Wales who had used the internet in the last year and reported experience of abuse of personal information on community websites, there are few significant results to report on disaggregation by protected characteristics.

⁹² Opinions and Lifestyle Survey.

7.6 Social and community cohesion

7.6.1 Trust and sense of belonging in the local neighbourhood

In 2016/17, 8.7% of adults in Wales said that most people could be trusted (Table PPN.CSN.1).⁹³ Older people (75 years and over, 16.5%) were more likely to agree compared with 45–54-year-olds (8.2%). Those living in a village, hamlet or isolated dwelling were more likely to be trusting of people in general (11.4%), compared with those living in urban areas (7.7%). Those with mental health conditions and learning difficulties were less likely to be trusting of people in general (4.3%) than non-disabled people (8.5%). Between 2013/14 and 2016/17, there was a minus 5.4 percentage points decline in feelings of trust in Wales overall, and fewer people in most groups said that most people could be trusted.

In comparison, in 2016/17, 71.6% of adults in Wales agreed they belonged to their local area (Table PPN.CSN.2). Older people (75 years and over, 86.1%) most often agreed they belonged to their local area and younger people aged 16–24 (61.8%) less often. Similarly, those living in a village, hamlet or isolated dwellings (77.0%) were more likely to agree that they belonged to their local area than those living in urban areas (69.5%). People with mental health conditions (57.7%) were less likely to agree than non-disabled people (72.5%). People identifying as gay, lesbian, bisexual or other (63.0%) were less likely to agree than those identifying as heterosexual or straight (71.6%).

⁹³ National Survey for Wales.

7.6.2 Social and community cohesion, building relationships to counter radicalisation and extremism

Research has revealed a mixed picture of community cohesion in Britain, with complex drivers, and marked by important inequalities (NatCen, 2018). The study found that half (50%) of British adults agreed they have a strong sense of community, with a similar level (55%) agreeing that different people get on well together in their local area. Key drivers of community cohesion were found to be neighbourliness (for example, feeling able to ask neighbours for favours), having a degree or higher income, and being in a managerial or professional occupation, while living in an urban area with higher levels of deprivation and a higher proportion of local population from a non-white ethnic background is negatively related to community cohesion. Having positive experiences of social mixing with neighbours is also an important factor in views on community cohesion (NatCen, 2018).

Prevent is a strand of the UK Government's counter-terrorism strategy that is designed to support people at risk of joining extremist groups and carrying out terrorist activities. Critiques of the government's Prevent policy to counter extremism suggest that: its focus on security has worked against other government priorities such as community cohesion; it focuses too much on Islamic extremism to the neglect of far right extremism; and that it does not tackle underlying inequalities (Tinkler, 2016). To date there has been no robust published evaluation of the impact of the Prevent strategy on community cohesion.

In 2016/17, 6,093 individuals in England and Wales were referred to Prevent due to concerns that they were vulnerable to being drawn into terrorism, with 12% still receiving Channel support in March 2018. Of those referred, 61% were referred for concerns relating to Islamist extremism, and 16% for concern relating to right-wing extremism. The majority of the individuals that went on to be discussed at a Channel panel (760; 66%) and those that received Channel support (184; 55%) were referred for concerns relating to Islamist extremism. 24% (271) of those discussed at a Channel panel and 37% (124) who received Channel support were referred for right-wing extremism-related concerns (Home Office, 2018)

Stonewall Cymru polled over 1,200 gay, lesbian and bisexual and transgender people in Wales and found that many still experience poor treatment while using public services and going about their lives

7.6.3 Community interaction and use of common spaces; access to, and exclusion from, engaging with the local community

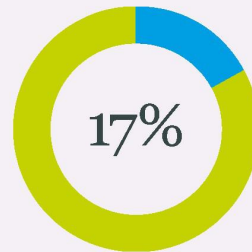
Stonewall Cymru polled over 1,200 gay, lesbian and bisexual and transgender people in Wales and found that many still experience poor treatment while using public services and going about their lives; a third (30%) said that they avoid certain streets because they do not feel safe, while two in five (39%) would not feel comfortable walking down the street while holding their partner's hand. This increases to three in five gay men (57%) (Stonewall Cymru, 2017).

An inquiry by the National Assembly for Wales Health, Social Care and Sport committee into loneliness and isolation found that these are some of the most significant issues facing older people, with around a quarter of older people in Wales reporting being lonely or socially isolated, and recommended that the Welsh Government review the timescales for the development of its strategy to address loneliness and isolation, with a view to publication before 2019. The inquiry also highlighted that younger people, service veterans, disabled people (including those with unsupported hearing loss), people with serious and long-term health conditions, and people with mental health conditions, carers, young or new parents, people who are lesbian, gay, bisexual or transgender, and people from some ethnic minorities who may face additional barriers such as language, and those living in rural areas (exacerbated by lack of transport) were more likely to experience higher levels of loneliness and isolation (National Assembly for Wales, 2017b).

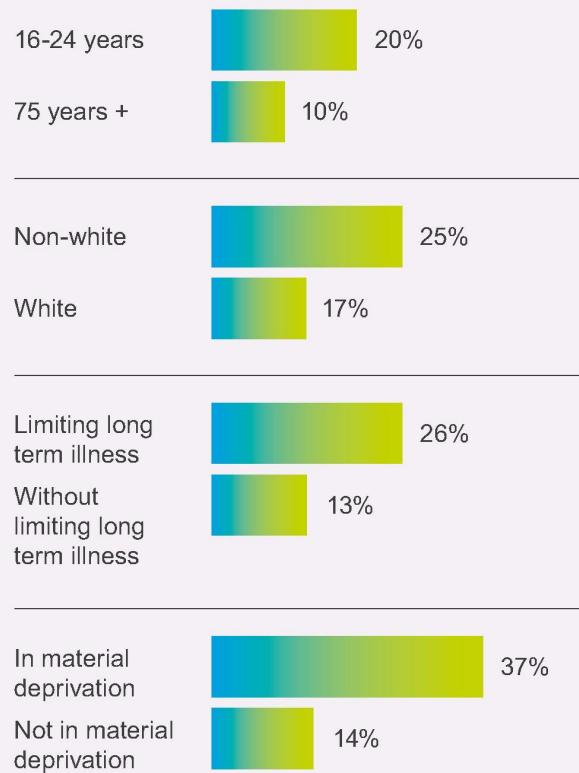
People in material deprivation were much more likely to be lonely compared with those who were not

Loneliness was measured for the first time in the National Survey for Wales in 2016/17. The survey found that 17% of people in Wales were lonely, while more than half (54%) had experienced some feelings of loneliness. The survey also found that people aged 16–24 years were more likely to be lonely (20%) compared with those aged 75 and over (10%), as were people from non-white ethnic groups (25%) compared with White people (17%), and people with limiting long-term illness (26%) compared with those without (13%). The impact of having a long-term limiting illness on loneliness was greater for younger people. People in material deprivation were much more likely to be lonely (37%) compared with those who were not (14%). Feeling safe in the local area and volunteering were related to a decreased likelihood of feeling lonely (Welsh Government, 2018d).

% of people living in Wales who felt lonely (2016/17)



% who felt lonely (2016/17)



7.7 Conclusion

Political and civic participation has opened up for some groups in Wales, with increased voter turnout in Wales in the 2017 general election, particularly among women, and a consultation on electoral reform that includes questions on reducing the voting age for local and National Assembly for Wales elections to 16 and 17-year-olds. However, women continue to be under-represented among local election candidates in Wales, as well as in public appointments, and women, disabled people and people from ethnic minorities are under-represented in the judiciary in England and Wales.

Despite Welsh Government measures to improve the accessibility of public transport in Wales, the accessibility of the rail network for disabled people in Wales remains poor and disabled people continue to have poor experiences when trying to use taxis and private hire vehicles. This, and the continued reduction in bus services in rural areas of Wales, risk contributing towards social isolation among disabled people, older people, and those living in rural areas.

An increasing proportion of people using the internet in Wales has the potential to improve access to digital services, but Wales continues to have areas of digital exclusion. The move towards digitalisation of services and communication presents new opportunities for living an independent and socially included life, improving access to services and social interaction, particularly for disabled and older people, and those living in rural areas. Older people, who may most benefit from accessing digital services, have seen the greatest increase in accessing the internet but remain the most excluded.

There were declining levels of trust among most protected characteristics, particularly for those with mental health conditions, while loneliness and social isolation were identified as the most significant issues facing older people in Wales. New legislation and policies have embedded community cohesion within the Welsh Government's duties and strategic objectives, but the impact of any new policies to tackle divisions will only be seen in the longer term.

There were declining levels of trust among most protected characteristics, particularly for those with mental health conditions

8. Conclusion

This report seeks to answer the question, ‘is Wales fairer?’ – has the realisation of equality and human rights for people in Wales improved since our last report in 2015? The simple answer is, ‘not entirely’. The evidence points to five significant findings.



1. Steps in the right direction

From the evidence in the work, education and participation chapters we can see overall increases in employment, a narrowing of educational attainment gaps for some, and an increase in levels of political participation – particularly a huge spike in voter turnout for women.

2. Socio-economic disadvantage

A continuing increase in homelessness, increased poverty rates and the adverse effects of UK-wide social security reforms on the poorest groups have contributed to an overall fall in living standards in Wales since our last review.

3. Disabled people falling further behind

Disabled people are being denied their right to independent living and in many cases are not experiencing the progress seen for other groups, with gaps in educational attainment and employment widening rather than narrowing.

4. Challenges to women's safety and career progression

While women have some of the most equal outcomes they have ever had, the prevalence of societal gender norms in education and employment, and experiences of harassment and violence, obstruct this progress.

5. Race inequality persists in Wales

Some ethnic minority people are experiencing improvements, but hate crime motivated by race is still far too prevalent in Wales.

1. Steps in the right direction

There have been some overall improvements in outcomes, and reductions in inequalities, within education, political participation and work.

Early indications are that we are starting to make positive progress on education outcomes; early years attainment gaps have been narrowing for disabled and poorer children, but this is not the case for older children, where large attainment gaps for these same groups of children remain.

The Welsh Government has pursued policies to improve attainment and widen participation at university. There has been particular success in lowering the number of young people who are not in education, employment or training (NEET). There are also now more people with higher education qualifications.

Since our last review was carried out, employment rates have risen and the unemployment rate has fallen for both women and men in Wales. There has also been an increase in the proportion of women employed in high-pay occupations. However, there has been a rise in insecure employment and pay gaps still persist.

There have been positive developments in people participating in politics. There was an increased voter turnout in Wales at the 2017 UK general election, and participation among ethnic minorities and young people also increased, although these groups were still less likely to vote. There was a rise of nearly 30% in the number of women voting in the 2017 general election in Wales. If the current commitment from the Welsh Government to reduce the voting age to 16 is enacted, this may well lead to further improvements in political participation.

While most justice-related policies are still legislated by the UK Government, some positive trends have appeared. The establishment of the new Commission on Justice for Wales creates potential opportunities to progress a fair and equal approach to justice. There has also been a decline in the use of police cells as a ‘place of safety’ for people detained under the Mental Health Act. However, there has been a notable deterioration in conditions of detention, with severely overcrowded prisons and an increase in self-harm and assaults within the adult male prison estate.

2. Socio-economic disadvantage

Poverty rates in Wales continue to rise, with a 4.7% increase in people living in poverty over the last few years. One in four people in Wales was living in relative poverty compared to one in five across Britain. Over one in three children is living in poverty, and, without urgent preventative action, this is set to increase by 8% by 2022. Child poverty was found to be even higher for children living with lone parents, with over half living in poverty. While there has been some decrease in adults experiencing material deprivation, it is not clear whether this is due to increases in debt rather than a stronger financial position.

Socio-economic disadvantage and deprivation is strongly linked to poorer outcomes in education and health. People from the most deprived households have significantly lower educational attainment at school-leaving age, putting them at a lifelong disadvantage in the employment market. Although life expectancy across Wales is increasing, this is not the case for adults, particularly men, living in the most deprived areas of Wales. Ongoing and intergenerational poverty is entrenching disadvantage and shortening the lives of men by nearly 10 years.

Our evidence shows that certain government policies have disproportionately affected the incomes of certain groups, compounding the disadvantage they already experience. Our cumulative impact assessments evidenced that tax and social security changes since 2010 have reduced income for women, certain ethnic minority communities – such as Bangladeshi households – disabled people and lone parents more than other groups, and will continue to do so.

3. Disabled people falling further behind

Disabled people are falling further behind in many areas, evidenced by disparities with non-disabled people increasing rather than reducing. Disabled children are less likely to report good health than non-disabled children, much more likely to be excluded from school, and only one in five disabled children left school with five GCSEs compared to two in three non-disabled children.

Disabled people in Wales are twice as likely to be unemployed as non-disabled people. We recognise that full-time employment is not always an option for some disabled people, but those currently in employment should not experience deteriorating opportunities. The small overall shift toward higher-pay occupations is not benefiting disabled people; in fact, the number of disabled people in low-pay occupations has increased.

Disabled people are falling further behind in many areas, evidenced by disparities with non-disabled people increasing rather than reducing

Due to low levels of employment and the impact of welfare reform, disabled people are nearly three times more likely to experience severe material deprivation than non-disabled people.

A severe shortage of accessible houses across all tenures affects disabled people's right to independent living and risks deterioration of their mental wellbeing. Nearly three times as many disabled people report poor mental health than non-disabled people.

4. Challenges to women's safety and career progression

For women, many indicators show a considerable narrowing of disparities and positive trajectories. Girls outperform boys at school and more attend university. However, our evidence shows high levels of bullying, harassment and negative experiences reported in both workplaces and educational settings. We also found that subject choice for women at university appears to be significantly gendered. So, while on the face of it women are experiencing more equal outcomes in many areas, their experiences of victimisation and the restrictions arising from perceived gender norms still have an impact across multiple areas of their life. This indicates that strong gender stereotypes and violence persist in society in Wales and continue to hold women back.

Women and girls reported poorer mental health, although men were more likely to die by suicide. Women are also among those disproportionately affected by decreases in living standards resulting from social security reforms. Moreover, women continue to be under-represented among local election candidates and public appointments in Wales, and in the judiciary of England and Wales.

High rates of domestic violence and sexual harassment that disproportionately affect women are a major concern. While increases in police-recorded sexual offences may be indicative of better recording or more confidence in reporting, levels of prejudice-based violence remain a significant concern. Women, disabled people, particularly those with mental health conditions, and lesbian, gay and bisexual people are more likely to be victims of domestic abuse and sexual violence. Similarly, evidence suggests that women, and lesbian, gay, bisexual and transgender (LGBT) and disabled young people are more likely to experience bullying in school and, along with ethnic minorities, are more likely to experience harassment and discrimination in the workplace – evidence that prejudice-based victimisation is still a prominent experience for some.

5. Race inequality persists in Wales

Ethnic minorities in Wales are experiencing high levels of hate crime. Over 75% of all hate crime reported and recorded in Wales is motivated by prejudice against race or religion. This can then directly affect the way people feel about their local area, with one in four ethnic minority groups reporting being lonely in Wales in 2016/17.

Different ethnic groups are achieving different educational attainment outcomes in Wales, although the attainment gap between Black children and White British children is narrowing at GCSE level.

Ethnic minority groups are under-represented in apprenticeships in Wales, with 97.3% of apprentices identifying as White. Muslims continue to have a lower employment rate than either Christians or people of no religion.

Gypsy, Roma and Traveller communities are particularly excluded; they have the poorest attainment levels at school and are more likely to be excluded from school. Only one in five Gypsy, Roma and Traveller children leaves school with five GCSEs at A–C grade. They also face barriers to accessing healthcare and have poorer health outcomes.

Barriers to sport and leisure exist, particularly for young people from ethnic minorities or people for whom English is an additional language.

Data gaps

Across our review we have a comprehensive picture of issues against our indicators with regard to disability and sex. But there are serious gaps in data for Wales that make it very difficult to make a full assessment of equality in Wales.

In relation to sexual orientation and gender reassignment, while individual research on specific subjects provides snapshots of evidence of poor outcomes, there is insufficient data to determine whether these gaps have improved or deteriorated over the period of our review. Part of this is due to sensitivities around asking questions on sexual orientation and gender identity to be able to classify respondents within administrative data or surveys. Although unfortunately beyond our cut-off deadline for inclusion, we welcome the UK Government's National LGBT Survey, which sheds more light on these issues, and the government's commitment in its LGBT action plan to develop monitoring standards for sexual orientation and gender identity. We hope that this will improve the evidence for us in Wales.

There is also a lack of data on religion or belief, and pregnancy and maternity, so our ability to evidence progress over time has been limited. This means that the true scale of adverse outcomes or under-representation across many aspects of life are limited for different religions and for women who are pregnant or new mothers.

There is limited evidence available to examine how Welsh Government policies have affected particular groups, as very few robust evaluations of policies have been carried out in the period under review. For example, there is a lack of disaggregated data across all areas of health, which means we do not truly know the health, including mental health, outcomes and the potential barriers in access to healthcare for specific protected characteristics. Combined with inconsistent monitoring, this makes it difficult to assess the true level of equality in health access and provision in Wales.

It is essential that the Welsh Government addresses these data gaps through systematic and robust data collection. We will work closely with the Welsh Government to ensure that by the time of the next review we can more clearly see the true picture of inequality in Wales.

In 2022 we want to see significant progress on equality and human rights in Wales that results in reductions in entrenched and persistent inequality. We want everyone to live in a fairer Wales.

9. Recommendations

The following recommendations are based on the findings in each chapter. They outline the actions that organisations need to take to address the key equality and human rights issues identified in our report.



Having identified the issues and the changes that need to be made, our own role will be to work with others to help them effect change, and to use our range of powers to influence policy and legislative change, improve compliance with the law and enforce the law when it is breached.

Realising equality and human rights for everyone in Wales

In analysing evidence for this report, a number of key overarching challenges and gaps in evidence were identified within the equality and human rights infrastructure of Wales. The Welsh Government and public bodies must address these in order to address the more detailed recommendations for action.

Infrastructure

1. In order to use the leverage of public services and resources to address the findings of inequality in this report, the Welsh Government and all public bodies should, in performing their public sector equality duty, set equality objectives or outcomes and publish evidence of action and progress in relation to those key findings that relate to their functions.
2. The Welsh Government should review how the public sector equality duties could be amended to focus public bodies on taking action to address the key challenges in this report.
3. To ensure that public bodies work together to reduce the inequalities linked to socio-economic disadvantage, the socio-economic duty in the Equality Act should be brought into force in Wales by the Welsh Government as a matter of priority.
4. To strengthen the equalities infrastructure in Wales, the Welsh Government should provide clarity to the public sector on how the obligations of the Equality Act 2010 and the Well-being of Future Generations Act (Wales) 2015 relate to each other, and can be used to improve equality and human rights outcomes.
5. To strengthen the human rights infrastructure in Wales, the Welsh Government should incorporate other UN treaties, including the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).
6. To ensure that equality and human rights protections are safeguarded and enhanced during the Brexit process and beyond, the Welsh Government should, where possible, legislate to replace gaps in rights in domestic law resulting from the loss of the EU Charter of Fundamental Rights.
7. To focus public bodies in Wales on addressing key inequalities, regulatory bodies, including education and training inspectorate Estyn, Healthcare Inspectorate Wales, Wales Audit Office and the Care Inspectorate Wales should inspect for action and progress on those inequalities.
8. To build the foundations of a fair society in Wales, the Welsh Government should embed learning opportunities on equality and human rights from an early age and across the new curriculum to ensure education in Wales produces citizens who respect diversity, understand the value of human rights and participate in our democracy.

Data gaps

9. To more effectively address inequalities and discrimination, the Welsh Government and other national agencies that routinely collect and use data, including the Office for National Statistics (ONS), Wales Audit Office, Data Cymru and Wales Observatories, should collect and publish data disaggregated by ethnicity, or publish their reasons for not doing so.
10. To more effectively address inequality of outcomes in education, the Welsh Government should collect and publish attainment data for school-leaving age on additional protected characteristics, such as sexual orientation, and by impairment type, including children and young people who use British Sign Language (BSL).
11. The Welsh Government and local authorities should improve data collection on the prevalence of homelessness across Wales, by collecting and publishing data on homelessness (including rough sleeping) broken down by protected characteristic.
12. NHS Trusts and Local Health Boards in Wales should collect, monitor and analyse comprehensive data on health outcomes and use of health services disaggregated by protected characteristic and for at-risk groups, including refugees and asylum seekers, trans people, and socio-economically disadvantaged and older people, and by impairment type, including users of BSL.

Chapter recommendations

Education

13. To address attainment gaps for children and young people and provide support to overcome the barriers to them reaching their full potential, at all levels of education, the Welsh Government, local authorities, schools, universities and Higher Education Funding Council for Wales⁹⁴ should monitor and evaluate programmes aimed at addressing attainment gaps, and how effectively these address attainment gaps in relation to socio-economic disadvantage, disability, sex, race and other protected characteristics, in line with their responsibilities under the Public Sector Equality Duty.
14. To reduce the high exclusion rates for children with certain protected characteristics (including disabled children and Mixed ethnicity children):
 - i. The Welsh Government should seek to identify and address the causes of such high exclusion rates for particular groups.
 - ii. The Welsh Government should extend to children under 16 the right to be heard before being excluded and to appeal against exclusions. Such children should be provided with legal advice and assistance throughout the appeal or claim process.

⁹⁴ And the forthcoming Tertiary Education and Research Commission.

15. To tackle and reduce prejudice-based bullying and sexual harassment:
- i. The Welsh Government should require schools to gather data on bullying, including on the basis of protected characteristics, and use the information to develop equality objectives under the Public Sector Equality Duty, take action, evaluate and report progress on their anti-bullying strategies.
 - ii. Local authorities should analyse bullying data gathered by schools, including racist bullying, to identify trends and help establish solutions in line with their responsibilities under the Public Sector Equality Duty.
 - iii. The Education Workforce Council should provide teachers with professional development and support in recognising, recording and challenging prejudice-based bullying and harassment, both during initial training and as a part of continuous professional development.
16. To improve the representation of women on science, technology, engineering and maths (STEM) courses, Careers Wales should ensure that careers guidance and work experience opportunities tackle gender norms, expectations and stereotypes to challenge gender segregation and encourage a wide range of subject and career choices for women and girls from primary school onwards.

Work

17. To address gender, ethnicity and disability pay differences, occupational segregation and employment gaps, and address unfair treatment, bullying and harassment in the workplace:
- i. The Welsh Government should ensure that the implementation, monitoring and evaluation of policies designed to build prosperity in Wales (including Prosperity for All and associated action plans), and significant investments, such as City and Growth Deals, address current inequalities.
 - ii. The Welsh Government and other employers in Wales should:
 - offer flexible working from day one, and offer all jobs (including the most senior) on a flexible and part-time basis unless there is a genuine justifiable business reason to prevent this, recognising that flexible work and part-time work are both now standard patterns of work
 - ensure effective policies and training to prevent and respond to sexual harassment
 - implement the six areas of action to address pregnancy and maternity discrimination set out in our ‘Pregnancy and maternity discrimination in the workplace: Recommendations for change’ report, and
 - ensure that any use of insecure employment contracts adequately protects the rights of workers.

18. To increase the number of disabled people in employment, the Welsh Government should ensure that initiatives, including its employability plan and Working Wales, include targets and report regularly on progress, including by impairment group, and take additional steps if progress is insufficient.
19. To reduce gender segregation and improve the participation and progression of women, ethnic minorities and disabled people across a range of apprenticeships:
 - i. The Welsh Government, National Training Federation for Wales, apprenticeship providers, employers and other relevant stakeholders should take action to address barriers to participation and ensure that apprenticeships at all levels are of good quality. This should include requiring apprenticeship providers to set and meet targets for improved participation and to use positive action provisions.
 - ii. The Welsh Government should hold apprenticeship providers to account, including through procurement and funding mechanisms.
 - iii. The Welsh Government should monitor and report progress on the effectiveness of action taken to increase participation of under-represented groups, including improvements made by apprenticeship providers and employers in Wales.
20. To increase the numbers of women, ethnic minorities and other under-represented groups on company boards and in senior positions, companies and employers in Wales should: set and report against targets; seek advice from independent consultancies experienced in making diverse appointments; advertise widely; and use positive action to promote or recruit equally-qualified diverse candidates.
21. To reduce inequality in the public sector workforce in Wales, the Welsh Government and all other listed public bodies should use the Public Sector Equality Duty to:
 - i. identify and take action to address gender, ethnicity and disability pay differences, occupational segregation and employment gaps, and to increase diversity in their workforce, and
 - ii. ensure those employers contracted by the public sector address pay differences, occupational segregation and employment gaps and demonstrate equality in employment practices, including using the National Living Wage as the wage floor and ensuring zero-hour contracts and other forms of insecure employment are used appropriately and do not erode the rights of workers to just and favourable conditions of work.
22. To address the ethnic minority and disability pay gaps, and strengthen gender pay gap reporting, the Welsh Government should review and improve the specific duties – under the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 – to require public bodies in Wales to take action to address pay and employment differences, report on progress and publish pay gap data.

Living standards

23. The Welsh Government should monitor the effect that the introduction of the statutory duties on local authorities to prevent homelessness under the Housing (Wales) Act 2014 has had on people sharing different protected characteristics, and take action to address any disproportionate negative impact on those groups.
24. To ensure disabled people's right to independent living is realised, the Welsh Government should ensure an adequate supply of accessible and adaptable housing and related support by:
 - i. imposing requirements that all new homes are built to Development Quality Requirements (which incorporate the Lifetime Home Standard) and that 10% of new homes are built to wheelchair-accessible standards
 - ii. together with local authorities and housing providers, urgently addressing the bureaucratic hurdles and delays within the adaptations systems, to ensure that low-cost, minor adaptations in particular can be installed quickly, and
 - iii. providing additional funding to disabled people's organisations and advice agencies to increase the supply of independent advice and information about housing options, including adaptations, with a particular focus on the private-rental sector.

25. To address the proportion of men, women and children of all ages living in poverty, the Welsh Government should set itself achievable and binding targets to reduce poverty and should report on progress annually.
26. The Welsh Government should target its tax and spending decisions on minimising and reducing disadvantage experienced by different groups, and should conduct and publish a Cumulative Impact Assessment of the varied impact on people with different protected characteristics alongside all national fiscal events.
27. Local authorities should ensure that they meet their obligations under the Social Services and Well-being Act (Wales) 2014 to conduct carer's needs assessments and, in addition, act upon the needs identified to ensure the health and wellbeing needs of carers are met.

Health

Overarching

28. In taking forward its strategy, A Healthier Wales,⁹⁵ the Welsh Government should ensure that equality and human rights are thoroughly embedded within the 10 design principles and the transformation programme, with clear targets for reducing the inequalities set out within this report.

⁹⁵ This is the Welsh Government's response to the independent review of health and social care in Wales.

Access to healthcare

29. The Welsh Government should ensure healthcare is accessible to all in Wales without discrimination. In particular, the Welsh Government should:
- i. increase access to healthcare for Gypsies, Roma and Travellers, including by improving engagement activity to develop levels of trust with communities
 - ii. improve the accessibility and quality of translation services available to migrants, refugees and asylum seekers when accessing healthcare
 - iii. implement a fully integrated gender identity service in Wales and monitor the impact on health outcomes for transgender people in Wales, and
 - iv. increase uptake rates and close regional variations in people with learning disabilities taking up their right to an annual health check.

Health outcomes

30. The Welsh Government should prioritise action to reduce health inequalities experienced by people sharing different protected characteristics in Wales, including by:
- i. embedding the UN Convention on the Rights of Persons with Disabilities (UNCPRD) into healthcare strategy and delivery to assist the closing of health inequalities between disabled children and non-disabled children

- ii. ensuring that the suicide prevention plan Talk to me 2 is fully evaluated and that new action plans focus on remaining areas for improvement to reduce suicide, particularly for middle-aged men in Wales, and
- iii. ensuring healthcare services are tailored to the particular needs of areas and individuals to close the gaps in life expectancy between people living in the most and least deprived areas.

Mental health – general

31. The Welsh Government should fully evaluate progress made under the Mental Health (Wales) Measure 2010 and the Together for Mental Health strategy, including the extent to which services are meeting the different needs of people sharing different protected characteristics. Areas for improvement should be reflected in the design and implementation of Together for Mental Health's future delivery and its successor strategy.

Children and young people's mental health

32. To improve the provision of timely children and young people's mental health services, the Welsh Government should set out, implement and evaluate:
- i. an improvement plan for local primary mental health support services for children and young people in Wales, and
 - ii. a national action plan for the delivery of psychological therapies for children and young people.

Justice and personal security

Civil and criminal justice

33. The Commission on Justice in Wales should take account of the relevant key findings and recommendations of 'Is Wales Fairer? 2018'.
34. To ensure access to justice in Wales, the Welsh Government should:
 - i. implement any recommendations of the Commission on Justice in Wales, when published in 2019, that address the key findings and recommendations in 'Is Wales Fairer? 2018', including on the mitigation of UK legislation and policy on access to justice and legal aid, and conditions of detention
 - ii. improve the availability of transport for accessing courts, particularly for rural households, and
 - iii. review the provision of both general advice services and specialist discrimination advice in Wales, to ensure adequate access to good quality services across Wales.

Hate crime

35. To increase confidence in the criminal justice system and improve the response to hate crime, the Welsh Government, police forces and other relevant bodies in Wales should improve support for victims and witnesses to report online and offline hostility and intimidation, and develop effective mechanisms for tackling it.

Violence and abuse: sexual and domestic abuse

36. To address violence against women, domestic abuse and sexual violence, the Welsh Government should:
 - i. ensure the full implementation of the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 and deliver the national violence against women, domestic abuse and sexual violence strategy by November 2021, ensuring that:
 - appropriate prevention programmes are developed and implemented, and
 - survivors of violence against women, sexual or domestic abuse, receive appropriate and timely support, including specialist support for women from ethnic minorities, disabled women, women with complex needs, and children and young people.
 - ii. raise awareness of the issue, including by implementing all outstanding actions from the National Assembly for Wales Equality, Local Government and Communities Committee post-legislative scrutiny of the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015, and
 - iii. collect and monitor data about the number of spaces needed in refuges, and develop a sustainable funding model for refuges and domestic abuse services, including those that provide specialist services.

Conditions of detention

37. To improve conditions in detention settings and reduce overcrowding across Wales:
- i. The Welsh Government should work with the UK Government to invest in appropriate alternatives to prisons, including community sentencing, rehabilitation centres and diversion.
 - ii. Police forces in Wales should keep accurate and detailed reports on the use of police cells as a 'place of safety' under the Mental Health Act.

Participation

38. To increase democratic engagement, the Welsh Government should ensure that there are opportunities to develop political literacy as a key part of the new curriculum in Wales to support and empower young people to vote, particularly 16 and 17-year-olds should this be extended to them.
39. To increase diversity in political representation, the Welsh Government and the Assembly Commission should:
- i. call on the UK Government to commence section 106 of the Equality Act 2010 in relation to National Assembly for Wales elections, to transfer the powers to do so, or to legislate for the Assembly's electoral arrangements to ensure that diversity data is collected, and
 - ii. work with political parties to ensure funding for the additional disability-related costs of disabled candidates and make these costs exempt from campaign costs.

40. To remove barriers to political participation, Welsh political parties should voluntarily publish diversity data on the selection and election of candidates in local and national elections, and work with the Welsh Government to ensure funding for the additional disability-related costs of disabled candidates.
41. To reduce under-representation on public boards, the Welsh Government and public bodies in Wales should set themselves targets to increase diversity in public appointments, publish how they will make full use of positive action, and publish their progress annually.
42. To improve transport accessibility for disabled people and older people in Wales:
- i. The Welsh Government should set enforceable specific disability access requirements for all planning and transport infrastructure projects and services.
 - ii. Transport for Wales should work with Network Rail and rail contractor KeolisAmey to improve accessibility of the existing rail infrastructure across Wales.
 - iii. Public transport providers and regulators should provide training to ensure all staff have the knowledge and skills to help meet the needs of disabled passengers.

10. References



Data tables

Our analysis specifically for the 'Is Wales Fairer? 2018' review is available in the data tables published alongside this report online. The data tables contain the sources, notes and detailed breakdown of the dataset. Where these data are used in the report, the specific data table is referenced using its reference code, for example, EDU.EAT.1. The data tables can be found at the following link:

www.equalityhumanrights.com/britain-fairer

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Bus Services Act 2017

EU Directive 2016/2102

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Part 1 of the Equality Act 2010

Trade Union (Wales) Act 2017

Trade Union Act 2016

Wales Act 2017

Well-being of Future Generations (Wales) Act 2015

Welsh Public Library Standards

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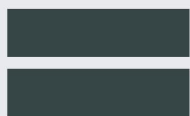
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