

Powys Population Assessment – Protected Characteristics Impact Assessment

The tables below illustrates how we have engaged with and taken account of the 9 protected characteristics, and identified any groups of people we don't know enough about.

Children and young People

Characteristic	How have we engaged people sharing this characteristic?	How have we taken this characteristic into account in the population assessment ?	How are their needs reflected in the data?	Are there any groups of people we don't know enough about and how will we resolve this gap?
Age	We have engaged with young people known to Children's Services. The ages ranged from 8 years to 22 years old.	Children and young people's issues have been considered alongside that of the general population where appropriate. There is a dedicated section within the Population Assessment where there are particular issues which solely affect children and young people.	Their needs have been considered as part of the wider population where appropriate. Where there are particular issues which solely affect children and young people, their needs have been considered in a dedicated section.	We did not consult with children aged under 8, however their needs will have been incorporated in our analysis where data has been available to us.
Disability	Feedback from parents and carers of children with disabilities have been fed into the relevant sections of the population assessment. Consultation has also taken place for short breaks commissioning, Transition review and Integrated Disability Service Development Project.	There are dedicated sections in relation to disabilities within the population assessment. There has been analysis of views from consultations, needs analysis of characteristics profiles from data.	There are dedicated sections in relation to disabilities within the population assessment where their needs have been considered. Identification of people with conditions with known needs. Needs identified from consultations collated.	Sensory impairment, identification of children with sensory impairments. Data from Schools service to inform Population Assessment. We recognise that there are some data gaps within our current intelligence and we will seek to resolve these.

Gender reassignment	We have engaged with young people known to Children's Services. The ages ranged from 8 years to 22 years old.			
Marriage and Partnership	Young people under the age of 18 can legally marry / enter into a civil partnership with their parents' consent.			
Pregnancy and Maternity	We have engaged with young people known to Children's Services. The ages ranged from 8 years to 22 years old.			
Race	We have engaged with young people known to Children's Services – 6% of these young people identified as non-white British.			
Religion or Belief	We have engaged with young people known to Children's Services. The ages ranged from 8 years to 22 years old.			

Sex	We have engaged with young people known to Children's Services – 59% of those who were sent the consultation were male, 40% were female and 1% identified as agender.	Where data has been available, we have considered whether different genders have different needs.	Where data has been available, we have considered whether different genders have different needs.	
Sexual Orientation	We have engaged with young people known to Children's Services. The ages ranged from 8 years to 22 years old.			We do have limited data provided by young people about their sexual orientation, however, due to the nature of the services that young people are accessing, they may not wish to provide this information.
Welsh Language	Our survey with young people has been available in English and Welsh so that young people can respond in their preferred language.			

Older People

Characteristic	How have we engaged people sharing this characteristic?	How have we taken this characteristic into account in the population assessment ?	How are their needs reflected in the data?	Are there any groups of people we don't know enough about and set an action to resolve?
Age	<ul style="list-style-type: none"> • Listen and Learn pre consultation exercise with Day Time Activity user and their family and / or carers. • Formal consultation for Review of Day Time Activities for Older People. • Consultation and engagement for the Older People's Accommodation Strategy • The majority of people who responded were over 55 years of age. 	Older people have been central to both review processes due to demographic changes in Powys.	<ul style="list-style-type: none"> • Demographics (average age, spread, and gender) • Isolation and loneliness • Access • Levels of need / health conditions • Target geographical areas / issues • Service availability / gaps 	It has been difficult to identify and / or engage with minority groups such as gender reassignment and sexual orientation.
Disability	<ul style="list-style-type: none"> • Disabled people were included in the above consultation and engagement processes, for example:- 	Disability was taken in to account to ensure access and types of provision can accommodate a wide range of needs	For the Day Time Activities Review we identified the percentage break down of levels of dependency to ascertain the transfer of costs if	It has been difficult to identify and / or engage with minority groups such as gender reassignment and sexual orientation.

	<ul style="list-style-type: none"> ○ People with dementia and other neurological conditions ○ People with sight and hearing impairment ○ People with mobility and physical disabilities ● Only 21% of respondents identified themselves as having no disability at all. ● 32% felt they had a lot of conditions that prevented them doing day to day tasks – mobility was stated as the biggest issue. 		<p>services were to close or change for example:</p> <ul style="list-style-type: none"> ● 45% have mobility issues, ● 15% are wheelchair users <p>We also identified the projection increases for those who may have dementia to help us identify respite / carer need (see section of Dementia)</p>	
<p>Gender reassignment</p>	<p>We invited representatives from protective groups to attend a consultation workshop to assess whether there were gaps in issues identified</p>	<p>At this point in time we have no specific evidence to suggest we need to additional account of this group.</p>	<p>No specific needs identified</p>	<p>It has been difficult to identify and / or engage with minority groups such as gender reassignment and sexual orientation indicating there may be a data gap.</p>

Marriage and Civil Partnership,	Partners were consulted as part of the Review of Day Services for Older People in particular the impact on their caring responsibilities. 76% of respondents identified themselves as married with 10% stating that they were single. No other status was acknowledged.	Growth in the numbers of people living alone	No data other than the views of partners / carers shared as part of the consultation process which focused on the need for respite.	No
Pregnancy and maternity	We invited the general public to comment via the consultation process and required people who completed the questionnaire to identify themselves against the characteristics. No one identified themselves within this category.	At this point in time we have no specific evidence to suggest we need to additional account of this group.	No specific needs identified	No
Race	We invited representatives from protective groups to attend a consultation workshop to assess whether there were gaps in issues identified and invited the general public to comment via the consultation process and which required people to complete the	At this point in time we have no specific evidence to suggest we need to additional account of this group.	No specific needs identified	It has been difficult to identify and / or engage with minority groups such as gender reassignment and sexual orientation to understand their specific needs.

	questionnaire to identify themselves against the characteristics. Only 1% identified themselves as other than White British.			
Religion or belief	We invited representatives from protective groups to attend a consultation workshop to assess whether there were gaps in issues identified. The majority of respondents identified themselves as Christian, 28% stated no religion and only 1% as Jewish.	At this point in time we have no specific evidence to suggest we need to additional account of this group.	No specific needs identified	It has been difficult to identify and / or engage with minority groups such as gender reassignment and sexual orientation to understand their specific needs.
Sex	Both male and females were consulted as part of the two key review processes outlined above. The majority of respondents were female 67% against 33% male.	At this point in time we have no specific evidence to suggest we need to additional account of this group.	<ul style="list-style-type: none"> • Gender split in residential care is 69% of residents are female, 31% male • Gender split using day time activities is 76% female and 24% male. 	It has been difficult to identify and / or engage with minority groups such as gender reassignment and sexual orientation to understand their specific needs.
Sexual Orientation	We invited representatives from protective groups to attend a consultation workshop to assess whether there were gaps in issues identified. People were asked to	At this point in time we have no specific evidence to suggest we need to additional account of this group.	No specific needs identified at this stage.	It has been difficult to identify and / or engage with minority groups such as gender reassignment and sexual orientation to understand their specific needs.

	complete a questionnaire as part of an on line survey to identify themselves against the protective characteristics. Only 3% identified themselves as gay or bisexual with 4% preferring not to say and 92% stating that they were heterosexual.			
Welsh Language	Consultation was carried out in the language of Welsh if that was the preferred language. 95% identified that their main language was English with 5% as Welsh speaking.	There are currently services available for those who do speak Welsh, particularly in areas where Welsh is the predominant language.	No specific needs identified	This is a gap that needs to be addressed in any future outcomes framework

Characteristic	How have we engaged people sharing this characteristic?	How have we taken this characteristic into account in the population assessment ?	How are their needs reflected in the data?	Are there any groups of people we don't know enough about and set an action to resolve?
Age	<ul style="list-style-type: none"> Meeting with Carers to discuss the Joint Carers Commissioning Strategy (Adult Carers) Carers Rights Day Events (facilitated by Credu) (Adult Carers). Young Carer/Young Adult/Adult Carers groups. Carers Engagement Forum 	<p>Demographics (all ages and gender).</p> <p>Carers are regarded as being 'associated' with someone who is protected by the law because of their age or disability.</p>	<ul style="list-style-type: none"> Demographics (all ages, spread, and gender) Highest levels of Caring 	
Disability	<ul style="list-style-type: none"> Disabled people were included in the above discussion (engagement process) (e.g. neurological condition.) 	<p>Carers are regarded as being 'associated' with someone who is protected by the law because of their age or disability.</p>	<p>Health conditions/disability is recorded during an individual's assessment process.</p>	
Gender reassignment		<p>Carers are regarded as being 'associated' with someone who is protected by the law because of their age or disability.</p>	<p>Not specifically reflected</p>	<p>It is difficult to identify and / or engage with minority groups such as gender reassignment. Recognition that individuals change over time and respond accordingly</p>

Marriage and Civil Partnership,	Partners were consulted in respect of services to carers in Powys.	Demographics of all ages and gender. Carers are regarded as being 'associated' with someone who is protected by the law because of their age or disability.	Not specifically reflected	
Pregnancy and maternity		Carers are regarded as being 'associated' with someone who is protected by the law because of their age or disability.	Not specifically reflected	
Race	<ul style="list-style-type: none"> • Meeting with Carers to discuss the Joint Carers Commissioning Strategy (Adult Carers) • Carers Rights Day Events (facilitated by Credu) (Adult Carers). • Young Carer/Young Adult/Adult Carers groups. • Carers Engagement Forum 	Not specifically reflected Carers are regarded as being 'associated' with someone who is protected by the law because of their age or disability.	Not specifically reflected	The 2001 population census reported 1.62% (2,149) non-white ethnic group out of a total population of 132,976. Of the total population, 16,154 identified themselves as carers (12.15% of the population).
Religion or belief		Carers are regarded as being 'associated' with someone who is protected by the law because of their age or disability.	Not specifically reflected	

Sex	Both male and females (of all ages) are regularly engaged with through outreach work (Young Carers/Young Adult Carers); support groups and activities.	Gender of Carers registered with the Information, Advice and Support Service in Powys.	Gender of Carers registered with the Information, Advice and Support Service in Powys.	
Sexual Orientation	Carers (of all ages) are regularly engaged with through outreach work (Young Carers/Young Adult Carers); support groups and activities.	Carers are regarded as being 'associated' with someone who is protected by the law because of their age or disability.	Not specifically reflected	It is difficult to identify and / or engage with some minority groups
Welsh Language	The Council's Public website and the Information, Advice and Support Service provider for Carers provides information through the medium of Welsh and English. The Joint Carers Commissioning Strategy is available in Welsh and English	We have no robust user information on those attending services who want to access services in Welsh.	Summative Analysis (Well being Assessment) "More than Just Words" framework and Welsh Language Standards.	Where an individual Service User has identified that they prefer (as part of the initial needs assessment process), or where it is known that an individual prefers to be communicated with through the medium of Welsh, we should ensure that communication is provided in Welsh. If (currently) unable to provide communication in Welsh, reasonable steps should be taken to improve the ability to meet Service Users' request in this regard

Violence against women, domestic abuse and sexual violence

Characteristic	How have we engaged people sharing this Characteristic?	How have we taken this characteristic into account in the population Assessment ?	How are their needs Reflected in the	Are there any groups of people we don't know enough about and how will we Resolve this gap ?
Age	We have no data on the impact of VAWDASV on residents of Powys by age, however we are aware of national research which infers that older persons may under-report domestic abuse and feel there is a lack of appropriate provision for victims and survivors.	The lack of data means that we have not been able to take account of this in the assessment	The latest Home Office data indicates that 28 older people (aged 60+) in England and Wales were killed by a family member. This represented 24% of all victims. However, the reporting of domestic abuse incidents involving older people represented less than 4% of all reported incidences.	National research infers there are significant problems faced by older persons in disclosing domestic abuse. Evidence from staff in Childrens Services and from agencies suggests there may also be barriers faced by young people who may not be aware of the services and support available to them in their relationships.
Disability	We have no data on the impact of VAWDASV on residents of Powys by disability.	The lack of data means that we have not been able to take account of this in the assessment	According to the national strategy for VAWDASV Disabled people experience disproportionately higher rates of domestic abuse and also experience domestic abuse for longer periods of time, and more severe and frequent abuse than	In re-commissioning domestic abuse services we will seek to ensure that there is provision for physically disabled persons

			non-disabled people. Disabled women are twice as likely to experience domestic violence as non-disabled women and they are likely to experience abuse over a longer period of time and to suffer more abuse and injuries as result of abuse than disabled men.	
Gender Reassignment	We have no data on the impact of VAWDASV on residents of Powys by gender reassignment.	The lack of data means that we have not been able to take account of this in the assessment	The lack of data means that we have not been able to take account of this in the assessment	By talking to specialist organisations such as the Beaumont society and Gender Trust.
Marriage and Civil Partnership,	We have no data on the impact of VAWDASV on residents of Powys by this protected characteristic.	The lack of data means that we have not been able to take account of this in the assessment.	The lack of data means that we have not been able to take account of this in the assessment	This is a particular issue for honour based crimes, we need to develop appropriate services in consultation with the communities affected by these issues
Pregnancy and Maternity	We have no data on the impact of VAWDASV on residents of Powys by pregnancy and maternity.	The lack of data means that we have not been able to take account of this in the assessment	The lack of data means that we have not been able to take account of this in the assessment	Pregnancy and maternity are known from research to be risk factors for domestic abuse and are reflected in our

				specification for DA services.
Race	We have no data on the impact of VAWDASV on residents of Powys of race.	The lack of data means that we have not been able to take account of this in the assessment.	Research has found that Black and Minority Ethnic women are disproportionately affected by different forms of abuse e.g. forced marriage, “honour based” violence, Female Genital Mutilation, sexual exploitation in the form of commercial sex work, trafficking etc. the multiple vulnerabilities from these overlapping contexts makes it harder for women to flee violence. According to the national strategy on VAWDASV a major concern to service providers is their ability to assist migrant, refugee and asylum seeking women who have suffered, or are suffering violence against women and who have no recourse to public funds. This group	Certain issues such as Female Genital Mutilation, are affected by race. Training is being given to Social Workers to ensure they understand both the law and the cultural context for this abuse

			can often be subject to issues such as Female Genital Mutilation, so called 'honour' based violence and forced marriage, as well as the already complex issues of domestic abuse and sexual violence. Visa issues, cultural, language and communication barriers can further complicate and isolate these women.	
Religion or Belief	We have no data on the impact of VAWDASV on residents of Powys by religion or belief	The lack of data means that we have not been able to take account of this in the assessment	The lack of data means that we have not been able to take account of this in the assessment	Religion can be cited as an excuse for certain forms of violence against women, we need to be mindful of this when dealing with clients
Sex	We have some data on the use of DA services by gender. The extent to which men can suffer abuse is contested and the legislation makes it clear that women are disproportionately affected by abuse.	Powys is unusual in Wales in being able to offer a male only refuge	Consultations with women survivors over the last decade repeatedly and consistently provide commissioners and policy-makers with the same information: women want timely, holistic responses to their multiple needs, and for many women it is	

			important that this is delivered in safe separate provision from men, by specialist support workers with significant understanding/knowledge and skills in violence against women, domestic abuse and sexual violence, that are accessible for the most vulnerable groups, that are available out of hours, and that provide a safe space to engage with other women to reduce isolation, regain confidence, provide respite and recovery, share experiences and knowledge, and gain mutual support.	
Sexual Orientation	There is some data from Marac (Multi Agency Risk Assessment Conference) cases that abuse in same sex relationships may be a significant issue	We do not have sufficient data to take account of this.	The Welsh Government funded research in 2014 which highlighted the barriers faced by lesbian, gay, bisexual and trans people when accessing domestic abuse and sexual violence services. The report highlighted individual, interpersonal	

			and structural and cultural barriers and made a series of recommendations to improve accessibility to services, including flexibility, confidential access and inclusivity.	
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Health and physical disabilities

Characteristic	How have we engaged people sharing this characteristic?	How have we taken this characteristic into account in the population assessment ?	How are their needs reflected in the data?	Are there any groups of people we don't know enough about and how will we resolve this gap?
Age	Through national surveys.	Figures are included for both adults and children.	Figures are included for both adults and children.	There is a lack of data included about health and wellbeing in older age. Currently, there is no ability to resolve this gap locally as intelligence on health and wellbeing is derived mainly from national datasets, e.g. the Wales Health Survey. This would require changes to be implemented at national level.
Disability	Gap in the assessment. Children with Disabilities - Consultation for short breaks commissioning, Transition review and IDS Development Project.	Gap in the assessment. Children with Disabilities - Analysis of views from consultations, needs analysis of characteristics profiles from data. Identified groups in the population assessment.	Gap in the assessment. Children with Disabilities - By identification of people with conditions with known needs. Needs identified from consultations collated	Currently, there is no ability to resolve this gap locally as intelligence on health and wellbeing is derived mainly from national datasets, e.g. the Wales Health Survey. This would require changes to be implemented at national level. Children with Disabilities - Sensory impairment, identification of children with sensory

				impairments. Data from Schools service to inform Population Assessment.
Gender Reassignment	Gap in the assessment	Gap in the assessment	Gap in the assessment	Currently, there is no ability to resolve this gap locally as intelligence on health and wellbeing is derived mainly from national datasets, e.g. the Wales Health Survey. This would require changes to be implemented at national level.
Marriage and Civil Partnership,	Gap in the assessment	Gap in the assessment	Gap in the assessment	Currently, there is no ability to resolve this gap locally as intelligence on health and wellbeing is derived mainly from national datasets, e.g. the Wales Health Survey. This would require changes to be implemented at national level.
Pregnancy and Maternity	Gap in the assessment	Gap in the assessment	Gap in the assessment	Data on healthy behaviours among pregnant women is available and will be included in the next iteration.

Race	Gap in the assessment	Gap in the assessment	Gap in the assessment	Currently, there is no ability to resolve this gap locally as intelligence on health and wellbeing is derived mainly from national datasets, e.g. the Wales Health Survey. This would require changes to be implemented at national level.
Religion or Belief	Gap in the assessment	Gap in the assessment	Gap in the assessment	Currently, there is no ability to resolve this gap locally as intelligence on health and wellbeing is derived mainly from national datasets, e.g. the Wales Health Survey. This would require changes to be implemented at national level.
Sex	Through national surveys and data sources.	Figures are shown by gender in some instances.	Figures are shown by gender in some instances.	Gender specific information is available for a lot of health and wellbeing measures and will be included in the next iteration.
Sexual Orientation	Gap in the assessment	Gap in the assessment	Gap in the assessment	Currently, there is no ability to resolve this gap locally as intelligence on health and wellbeing is derived mainly from national datasets, e.g. the Wales Health Survey. This would require changes to

				be implemented at national level.
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