

Walsall Strategic Needs Assessment (WSNA)

Key findings – May 2014



This report summarises the key findings from Walsall Partnership's themed strategic needs assessments.

*Striving for excellence
in our neighbourhoods*

www.walsallpartnership.org.uk



Purpose

The purpose of the Walsall Strategic Needs Assessment (WSNA) is to summarise, annually, the key findings from the Borough's core strategic needs assessments and to help inform priorities across the Walsall Partnership.

It has been produced by the Walsall Intelligence Network (Analytical Group), led by a collaboration of analysts representing each of the four partnership priority themes to bring together intelligence from the most recently completed thematic needs assessments:

- **Joint Strategic Needs Assessment (JSNA) – undertaken late 2013**
- **Economic Needs Assessment – undertaken late 2013, early 2014**
- **Safer Walsall Community Safety Assessment – undertaken early 2014**

Together these documents provide a very large body of evidence towards understanding the Borough's key needs. The WSNA aims to succinctly set out the nature and scale of that challenge, so as to inform future versions of The Walsall Plan (Sustainable Communities Strategy¹). This will help ensure Walsall Partnership, together, focus on the things that will achieve its vision for the borough as *"a great place to live, learn, work and invest"*.

The key priorities towards achieving this vision are:

- Supporting Business to Thrive and Supporting Local People into Work
- Improving Health and Wellbeing, including Independence for Older People
- Creating Safe, Sustainable and Inclusive Communities – Reducing levels of crime and providing the right environment for people to live in.
- Improving Safeguarding, Learning and the Life Chances for Children and Young People

– Recognising that a person's early years crucially help determine what kind of future they will have.

These priorities have been adopted across the Walsall Partnership, for example Walsall Council Corporate Plan², and are supported by a series of key ambitions; aimed at addressing the

key challenges that the borough faces. At this time the WSNA refreshes our perspective on the nature and scale of the challenge and provides evidence to support that commitment; ensuring that the focus is right.



1 <http://www.walsallpartnership.org.uk/walsall-partnership/sustainable-community-strategy/>

2 http://cms.walsall.gov.uk/walsall_council_corporate_plan_.pdf

The scale of challenge

Based on a snapshot of some key headlines we can illustrate the scale of the challenge facing the borough. So if deprivation impacts were lower and Walsall was to match national averages³, we would need to achieve the following improvements:

- **4,770 fewer** children (under 16) living in poverty [Currently: 16,145]
- **62,420 fewer** residents living in the most deprived neighbourhoods [Currently: 113,500]
- **1,500 more** owner occupiers [Currently: 67,866]
- **7,420 fewer** residents claiming key out of work benefits [Currently: 24,960]
- **2,330 fewer** residents claiming Jobseeker's Allowance [Currently: 8,016]
- **£94 increase** in residents' full time weekly wages [Currently: £426.8]
- **21,200 more** residents gaining degree level qualifications [Currently: 36,000]
- **2,890 additional** business enterprises [Currently: 7,210]
- **370 additional** business start-ups per year [Currently: 800]
- **19,500 additional** jobs available in the borough [Currently: 98,400]
- **120 fewer** Year 6 children would be Obese [Currently: 697]
- **31 fewer** teenagers would become pregnant per year [Currently: 91]
- **13 fewer** infants would die per year [Currently: 30]
- **12 fewer** residents aged 75 years and under would die prematurely from a Stroke or Heart Disease per year [Currently: 72]
- **12 fewer** residents aged 75 years and under would die prematurely from a Cancer per year [Currently: 118]
- **5,612 more** children would be in a school rated as good or better by Ofsted [Currently: 29,325]
- **218 more** children achieving a good level of development at Foundation Stage [Currently: 1668]
- **35 more** children achieving level 2 or above in Key Stage 1 Writing [Currently: 2,973]
- **159 more** children achieving level 4 or above in Key Stage 2 Reading, Writing & Maths [Currently: 2,256]
- **132 more** pupils achieving at least 2 or more A*-E grades at A level [Currently: 1,701]



3 All Benchmarked to England for consistency

Issues where there is improvement

Whilst this report is focussed on summarising the key strategic needs of the Borough and the things that are its key priorities for improvement it remains important to highlight the areas where improvements are already evident. For example;

- The life expectancy of Walsall men and women has increased by about 4.5 years over the last 20 years. The gap between Male / Female Life Expectancy has narrowed slightly in Walsall. Male Life Expectancy is also starting to narrow compared to England and the West Midlands.
- The % of pupils achieving 5 GCSEs A* to C has increased in Walsall and the gap between Walsall and England has narrowed.
- Children's safeguarding practice has improved; an "adequate" Ofsted inspection judgment was gained in 2013 and work is underway to support the lifting of the DfE improvement notice imposed following the earlier "inadequate" judgment in 2012.
- The % of unemployed in the 18 to 24 year age group has fallen significantly over the last two years. However, the figure still remains higher than the England average.
- Over the past year there has been a significant reduction in the number of 16-18 year olds not engaged in education, employment or training (NEET)
- A Black Country Strategic Economic Plan has recently been approved by government and includes a range of activities that support Walsall businesses to thrive and local people to gain work
- The number of children taking part in active living has increased as more than 3,000 people have enrolled for free swimming. These new users also tend to access the leisure centres just over once a week.
- Dementia diagnosis rates have been increased from 43% to 51% during 2013/14.
- The proportion of adults who take part in 3 x 30 minutes of physical activity per week has increased from 16.1% in 2006 to 20% in 2012.
- The number of Walsall people under 75 years dying from Circulatory Disease has fallen annually to below the Peer Group Average; based on latest available data (2007-2011).
- The number of Police recorded Anti-Social Behaviour (ASB) incidents in Walsall have been consistently reducing in recent years.
- A maintained reduction in Serious Acquisitive Crime (Vehicle Crime, Domestic Burglary and Robbery).
- There are high levels of resident satisfaction with Police services in tackling Crime and ASB.



A Snapshot of Walsall demographic backdrop

It remains fundamentally important to our understanding of the borough's needs to be aware of how the composition of Walsall's population is changing. The 2011 Census took place on 27 March 2011 from which there has been a phased release of results, most recently including local characteristics published in late 2013. For more of Walsall's Census 2011 results please visit [Walsall Council Website 2011 Census pages](#)⁴.

Results have revealed a number of key changes to Walsall since the 2001 census.

Walsall experiences slower than national population growth though this is in line with regional trends.

Overall our resident population has grown to over 269,300: an increase of 15,800 since 2001 Census. This is a lower rate of growth than nationally (a 7.8% increase) but in line with the West Midlands regional growth (6.4%). Walsall's population has fluctuated over recent decades, but there has been a continual increase since the turn of the century. There are an estimated 107,822 households in Walsall, an increase of 6,500 (6.4%) since 2001.

Walsall has an increasingly dependent population - overall Walsall's population is ageing and this will impact on demand for local public services, with the need to plan for a growing number of older people being a key priority for all partners.

Walsall's total population is predicted to increase over the next 10 years by 4.5% from 269,500 (2011) to 281,700 (2021). However, Walsall's population structure has become increasingly

'dependent' since 2001, with an above average proportion of its resident population made up of children and older people, and a correspondingly lower proportion of working age people.

Whilst the numbers of people in the over 65 years age group is set to increase, the number of people 85 years and older will also increase by 12.9% from 5,467 in 2008 to 8,109 in 2021.

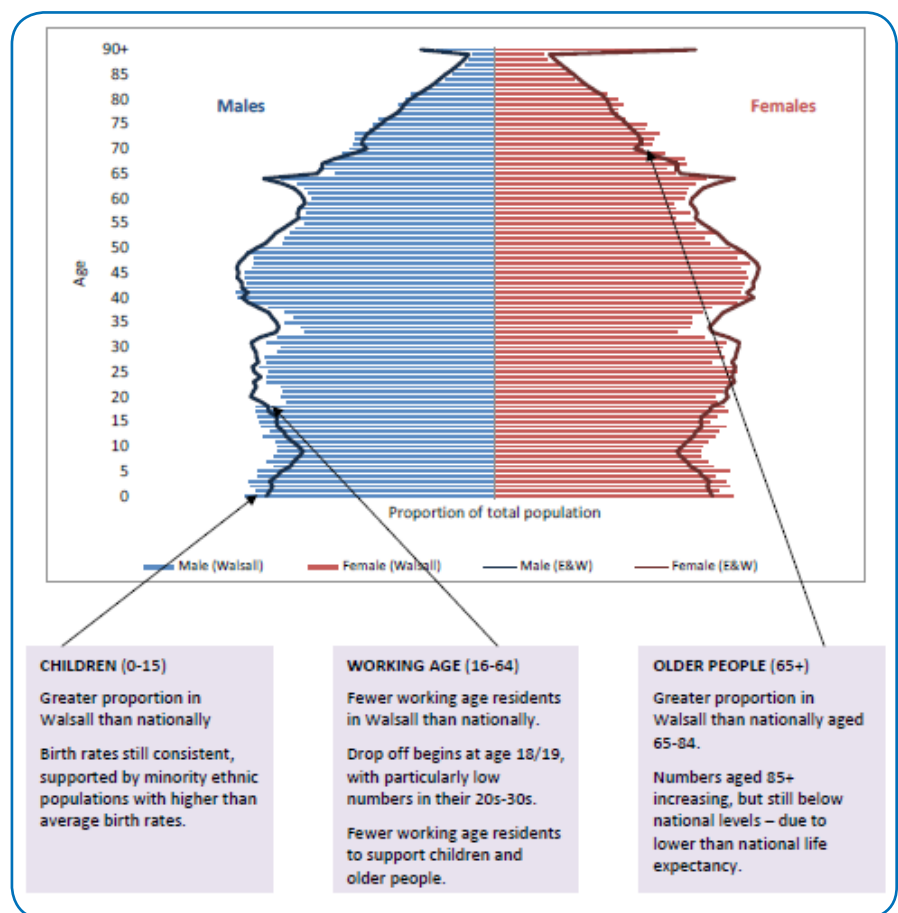


Figure 1: 2011 Population structure pyramid, Walsall and England & Wales

⁴ http://cms.walsall.gov.uk/index/community_and_living/census/2011_census.htm



Walsall's population is becoming more ethnically diverse and by 2011, 23.1% residents were from a minority ethnic background: a significant increase on 14.8% in 2001. This is higher than the England & Wales average (19.5%) and there has been a significant increase in the level of ethnic diversity in Walsall over the past decade. While 'White British' remains the largest single group at 76.9%, the number of residents from a minority ethnic group has risen to almost one in four (23.1%). The largest increase is in people of Asian background, with a rise from 10.4% in 2001 to 15.2% in 2011. Within this group, those of Pakistani background have increased the most to 5.3% of all residents (although Asian Indian remains the largest minority ethnic group at 6.1%).

This change has implications for community cohesion, as some areas have seen major changes in their ethnic composition over a relatively short period of time. Minority ethnic groups are highly concentrated in certain parts of the borough, with some wards experiencing much greater change than the borough average.

Deprivation is deeply entrenched in Walsall and has worsened with the recession. There are extremes of deprivation, with central and western areas typically much more deprived than eastern areas, although pockets of deprivation exist even in the more affluent part of the borough. Walsall fares particularly badly in terms of education, income and employment deprivation and many of the issues

that challenge the borough match the geography of deprivation. Walsall ranks as the 30th most deprived of the 326 Local Authorities in England, as last measured by the Indices of Multiple Deprivation (IMD) in 2010. That position has worsened since deprivation was previously measured in 2007, when Walsall ranked 45th out of 354. The IMD is a nationally-recognised small geography measure of deprivation; made up of seven domain indices: income, employment, health and disability, education skills and training, barriers to housing and services, living environment, and crime. It tells us a lot about our local communities and the poverty related pressures those areas experience.



*Striving for excellence
in our neighbourhoods*

Section 1:

Walsall Joint Strategic Needs Assessment (JSNA)

The recently refreshed Joint Strategic Needs Assessment (JSNA) 2013⁵ and the Director of Public Health's 2011/12 annual report⁶ "Public Health is Everyone's Business" have identified the main challenges facing the Health & Wellbeing of the residents of Walsall. The JSNA identifies the wide ranging health and well-being issues faced by the borough; particularly health inequalities typified by East–West trends in deprivation. The Walsall Health and Wellbeing Strategy⁷ has been developed by the Health & Wellbeing Board to try to solve some of these issues and is currently being refreshed and agreed by the Health & Well being Board.

Given the cross-cutting nature of the Health & Well Being (HWB) agenda the JSNA draws upon other strategic assessments for its evidence base; notably

- HWB Theme 1 Supporting Business to Thrive and Supporting Local People into work; refer to Section 2: Economic Assessment.
- HWB Theme 3 Creating Safe, Sustainable and Inclusive Communities; refer to Section 3 Community Safety Strategic Assessment.

Otherwise the key health and well being evidence based headlines for the borough are;

HWB Theme 2

Improving Health including wellbeing, healthy ageing and independence for older people

Life expectancy in Walsall is generally lower than national averages, but especially for men and where those living in the most deprived wards die on average 10.8 years younger than those in affluent areas. Life expectancy at birth is a good indicator of the health of a population. In Walsall life expectancy is higher in women (82.3) than men (77.3). For women, Walsall is on a par with regional but lower than national figures, although the gap is reducing. In contrast, male life expectancy is considerably lower in Walsall than regional and national figures; however, the gap is starting to narrow again. In terms of life expectancy there is a wide discrepancy between Walsall's communities which tends to mirror deprivation trends.

Walsall contains some of the most deprived areas in the country and the communities living in these

areas have poor health and are most likely to adopt the most risky lifestyle behaviours.

More people are living with preventable ill health and dying prematurely. The high prevalence of a range of preventable conditions presents a real challenge and requires a concerted effort from communities and public bodies working together to improve. Helping People to achieve a healthy and active lifestyle from an early age and making healthy choices throughout life and healthy ageing are key priorities for Walsall.

Cancer is the leading cause of death in the under-75s in Walsall, Coronary heart disease (CHD) is extremely common across Walsall and diabetes prevalence is high

with incidence for all higher than nationally. The premature death rates from Circulatory Disease and Cancer are falling in Walsall. However there is still a gap between the Borough and the rest of England. Cancer deaths account for almost 712 deaths per year; 54 more deaths than the England average rates. Although deaths from CHD have reduced in the past 10 years, Walsall deaths remain higher than national figures. There are a range of extremely effective interventions for prevention and treatment of CHD. Chronic Obstructive Pulmonary Disease (COPD) affects 5,548 people in Walsall. It mainly occurs in people over the age of 40, and increases with age. COPD accounts for more time off work than any other illness. Whilst Walsall's population is ageing more people are living with ill-health and chronic long-term conditions in later life, and also ill

5 http://cms.walsall.gov.uk/walsall_jsna_refresh_draft_10.pdf

6 http://cms.walsall.gov.uk/dph_annual_report_v4.pdf

7 http://cms.walsall.gov.uk/hws_april_2013.doc



for a longer period of time. Walsall residents are more likely to suffer from a chronic disease such as diabetes at a younger age than the rest of England. Walsall has the 7th highest diabetes prevalence rate in the country (8%). Diabetes is a significant cause of disability and death, both of which can be reduced by good management of the condition.

Substance misuse is higher than national averages with the borough experiencing high alcohol related harm across a number of health and wellbeing indicators, and a significantly higher rate of problematic drug users than nationally.

Despite recent reductions Walsall has a higher rate of alcohol related hospital admissions (2,041 in 2011/12) than national/regional averages. The General Household Survey (2010) estimates Walsall has an estimated 34,058 hazardous drinkers, 33,550 binge drinkers and 10,174 harmful drinkers. More positively; the rate of alcohol related hospital admissions for under 18s (55 per 100,000 of population) is lower than the West Midlands (58 per 100,000) and slightly below the national average of 56 per 100,000. Whilst the rate of alcohol related crime has fallen in Walsall in the last 5 years rates remain higher than regionally and nationally. In terms of drug misuse, there are an estimated 2,107 adult problematic drug users (i.e. those who misuse heroin or crack cocaine) in Walsall; representing 13.06 per 1,000 population compared to 8.67 per 1,000 nationally. Positively, only relatively small proportions (70–100) of problematic drug users are not engaged in any form of treatment/intervention. 29% of all adults in drug treatment are referred from the criminal justice system. There are 178 young people in specialist substance misuse services, representing 12% of the entire



treatment population, compared to 9% nationally, almost exclusively treatment is for alcohol and cannabis misuse. The majority are referred via Youth Justice or the education system.

The estimated prevalence for smoking within the Walsall population is 22.7%, representing approximately 45,000 adults and smoking related deaths are significantly higher than national average.

In Walsall, there were 242 smoking related deaths per 100,000 population of 35 years+ (2008–10); whilst reducing this remains significantly higher than the England average (211). Smoking is still the single greatest cause of illness and premature death in England, killing one in two smokers prematurely. In Walsall, for pregnant women rates of smoking at the time of delivery are high (15.1%). Encouraging smokers to quit is becoming more challenging. However research shows at any one time 70% of smokers want to stop.

Obesity is one of the greatest public health challenges facing Walsall and the issues start

from a young age as there are especially high levels of childhood obesity with 23% of year 6 children considered obese compared to 19% for England.

The obesity prevalence in children aged 4–5 years also remains high at 12% compared to 9% nationally. In Walsall it is estimated that around 55,000 adults (26%) are obese and around 130,000 (62%) are overweight or obese. There are poor choices in lifestyle (smoking, diet and physical activity) at above average levels in the borough. Surveys show that more than 55% of Walsall residents take part in no recreational physical activity and active participation rates (22%) are below the national average of 22.5%, placing Walsall 14th from bottom of 339 local authorities.

A key priority for all partners is the inevitable impact that Walsall's ageing population will have on demand for a wide range of local public services, notably health and social care services, a heightened pressure when set against the backdrop of significant reduction in public sector funding. Many of

our boroughs older people struggle to live healthy and fulfilled lives so that supporting independent living and healthy ageing is a key priority. Prevention of ill health is not to extend life expectancy but to extend the proportion of each life lived in a healthy state. **The Healthy Life Expectancy in Walsall is about 60.3 year old this is 2.3 years lower than West Midlands and 3.4 years lower than England averages.**

A range of measures demonstrate that older people in Walsall are high users of institutional care, an approach that neither promotes efficient use of limited resources, nor meets the individual identified needs of older people and their carers. Older people receive much of their treatment and care away from their homes in bedded facilities provided by general acute hospitals, mental health hospitals, nursing and residential homes. Demand for emergency admissions has increased over the last year by about 14%. There are avoidable emergency admissions of older people to hospital with around 20% of emergency admissions estimated as preventable if there had been improvements in the way health and social care services are provided in the community. Too many people are entering residential care. There is a need to improve hospital discharge systems and intermediate care services to ensure a smoother experience of transfer from hospital to home. The proportion of people dying in their preferred place of death is low. Too many people are sent from care homes to hospital acute wards for their final days and hours, when appropriate care could be provided within the community.

Improvements in the way health and social care services are provided in the community would also mean fewer people having to enter residential care. The vision is that

by 2018, the older people of Walsall and their carers will experience a largely home-based model of care, centred on the specific needs of individuals. If this approach is to work it will need a partnership approach to build on the successful parts of the system that work well and taking steps to systematically implement a transformation at a scale and pace requiring integration as a means to designing the health and social care system to deliver the outcomes the borough needs.

The number of Walsall residents with Dementia is a growing issue, likely to increase by 22.5% over the next eight years and this will put extra pressure on all public services in Walsall. 1 in 6 adults in Walsall has a mental health problem at any one time and many do not seek help because of stigma. Dementia presents a huge challenge to Walsall given the future increases in older population, and people presenting with underlying mental health issues challenge a wide range of local public services. By 2010 it is predicted there will be 4,000 people suffering dementia compared to most recent estimates of 3,000 (2010). Currently only 43% of sufferers have a formal diagnosis and the proportion of those with dementia who have had an early diagnosis has been one of the lowest in the West Midlands.

The loss of independence is a concern where there has been an increased number of falls in older people in Walsall; particularly those in institutional settings. Walsall has higher rates of emergency admissions for fractured neck of femur for older people (65+) compared to regionally and nationally especially for those aged 80+ where the rate is increasing locally.

Walsall has a higher proportion of excess deaths amongst

older people than the region as a whole, especially amongst women and those with underlying health problems yet many of these deaths are preventable. Nationally, mortality rises by 21.2% during winter months, with many of these deaths amongst older people. Whilst excess seasonal deaths may also occur in the summer months due to excess heat, cold related illnesses severely affect cardiovascular and respiratory ailments. The provision of a warm home alleviates these ailments and combats cancer, heart disease, stroke and depression. However, **Walsall has significant numbers of households living in fuel poverty** despite recent reductions; 27% (2009) to 16.7% (2011). Fuel poverty is when a household needs to spend more than 10% of its income on fuel to adequately heat their home; it frequently affects vulnerable groups including older people and limits their ability to take part in a range of activities and often contributes to social isolation.

An increasing proportion of Walsall's population care for someone with a long term illness; 10.6% in 2001 increased to 11.6% in 2011, whilst the national rate stayed the same. 20.7% of Walsall's popn are living with a long term health problem or disability where residents are limited a lot or a little in their daily activities; this is higher than nationally (17.6%). Many of these will require support from families and friends; often in an unpaid caring role, and in Walsall many carers will also have health or social care needs of their own. Carers who give up their work, or reduce their hours of paid work to support relatives, are often disadvantaged by this, with lower incomes. This can then be associated with poor health outcomes and quality of life for the carer.



HWB Theme 4

Improving Safeguarding, Learning and the Life Chances for Children and Young People

Children and young people in Walsall face many barriers to success during their early years, their childhood and their early adulthood. The current national landscape of weak employment prospects, increased child poverty and cuts to public services are hard hitting and making these barriers increasingly hard to overcome.

Data shows that disadvantage starts at an early age in Walsall, with infant mortality being amongst the highest in the country, the rate of low birthweight babies is the highest, breastfeeding rates are low and the teenage conception rates remain high.

Walsall's infant mortality rate (7.6 per 1000 births) is close to the highest in the country (7.7, Wolverhampton) – a trend that runs contrary to the national picture of improvement. The borough has experienced high rates of Infant Mortality during the last 5 years, though there are wide inequalities between the most and least deprived in Walsall; with proportions of stillbirth and infant death being much higher in deprived areas. The rate of low birthweight babies is the highest (10.2) in the country. Breastfeeding rates are low at 35% of new mothers breastfeeding at 6-8 weeks compared to 47% nationally. The number of teenage conceptions is high at 46.9 (per 1,000 15 to 17 year old girls).

The borough's Early Years Foundation Stage attainment levels are well below national average and improving this situation is a key priority. With

writing; particularly amongst the boys, attainment across vulnerable groups i.e. children in or on edge of care, those with special needs all being key limiting factors for more pupils achieving a good level of development. The best start in life includes the provision of a high standard of education from an early age. A child's progress is assessed from an early age (Foundation Stage, when the child is between 3 and 5 years of age) and at Key Stage 1 (Year 2). Education is a key social determinant of inequalities in society. 46% of the pupils in Walsall have been judged to have made a good level of development at foundation stage; 6% below the national average, a gap that was similar under the previous assessment regime. Walsall currently performs third quartile and is ranked 112 (out of 152) local authorities.

At 71%, fewer of Walsall's Key Stage 2 pupils achieve level 4+ in Reading Writing and Maths at age 11 than their national (75%) or similar authority (73%) counterparts. Free school meals pupils' level 4+ attainment (56%) is less than that nationally (60%); English is a particular limiting factor in Walsall with a gender gap between the boys (58%) and the girls' (72%) attainment in writing. The gap in achievement between pupils with special educational needs and the rest is also significantly greater in Walsall than elsewhere, with 18% of school action+ pupils working to level 4+ in Walsall compared to the England average of 31%.

Overall attainment at Key Stages 4 (14-16 yr olds) and 5 (16-18 year olds) is starting to show signs of improvement. However, based on 2013 academic year results, there remains a gap in achieving what is regarded as the GCSE (Key Stage 4) 'Gold Standard' of each young person attaining 5 or more A*-C grades including English and Maths. Though the overall gap is narrowing it is exacerbated by issues regarding gender attainment and the achievement between the most vulnerable children and their peers which, though narrowing is still too wide.

Good attainment at GCSE level, including English and Maths equips young people to move confidently onto the next stage of their lives. Achieving the GCSE 'gold standard' is a key priority for Walsall. Results improved by 2%, rising from 56% (2012) to 58% (2013). The national average has remained at around 59%, an outcome that has not changed in the last 3 years. Walsall's current LA ranking has improved to 108 placing Walsall within third quartile for performance. English GCSE A*-C results improved by 3%, rising from 62% (2012) to 65% (2013). This still remains below the 2011 outcome of 68% and below this year's result for GCSE maths at 69%.

Better news is that Walsall's broader performance for pupils achieving 5+ GCSE A*-C has remained the same as the previous year at 87%, which is 6% above the national average. The national

average (81%) has remained unchanged for two years. Outcomes for pupils achieving 5+ GCSE A*-G has fallen this year by 1% to 92% but remains above the national average. Walsall's current ranking is 32nd and places Walsall in top quartile position.

Despite recent improvements in outcomes for KS5 pupils (16-18 year olds) attainment outcomes at Key Stage 5 lag behind national average.

It is recognised that good attainment at A/AS level or equivalent is equally important to access further education opportunities and/or employment opportunities. Attainment at this level is measured in two ways, the average point score per candidate⁸ and average point score per entry⁹. Outcomes for KS5 have improved in 2013 compared to the previous year. The average points per candidate improved by 56 points rising to 698 which places Walsall 51st in the country; second quartile and comparing well against the national average which has fallen for the second year in succession. Walsall's outcomes for average points per entry have also improved on the previous year by 6 points, from 202 points (2012) to 208 points (2013), placing Walsall 81st in the country; third quartile but below the national average of 213 points per entry.

Although the overall performance of pupils in Walsall schools has shown signs of steady but slow improvement in recent years;

too few pupils (62%, compared to 76% nationally) attend Walsall schools that are judged as good or better by Ofsted.

This means that 16,719 children are being educated in schools that are judged as 'requiring improvement' or 'inadequate'. The schools that are not judged as "good" or "outstanding" are also often the schools where a smaller proportion of pupils achieve well academically.

Walsall's total school absence rate has increased from 5.2% (2012) to 5.6% (2013), and rates are currently higher than our statistical neighbours (5.3%) and national (5.2%) averages.

Achieving good rates of attendance at school is also important as evidence shows there is a strong correlation between achievement and absence.

Walsall is committed to reduce harm to vulnerable children with a particular focus on reducing the impact and costs of Looked after Children including through meeting the right children's needs in the right way and as early as possible.

Children's safeguarding practice has improved in Walsall; an "adequate" Ofsted inspection judgment was gained in 2013 and continued prioritised work is underway to support the lifting of the DfE improvement notice imposed following the earlier "inadequate" judgment in 2012. Following the 2012 judgment, the common nationally noted response was seen in Walsall, showing as

increased referral rates, social worker vacancies and agency staff use. Thresholds guidance was agreed in late 2013 and is being communicated through the partnership though there were still more referrals and initial assessments in March 2014 than would be expected for the level of deprivation. The rate of escalation to Children in Need status and/or being subject to Child Protection Plans is in line with expectation for poverty levels. The number and cost of Looked after Children is higher than would be predicted and work is underway to address this through managing timely and safe exit from the care system through step down procedures.

The Early Help offer is being further developed in Walsall with the aim of addressing children's needs at an earlier stage though multi-agency support and preventing the development of increased risk and children's escalation though the system where possible. This should help reduce the pressure on the rest of the social care system since there is a clear relationship between phases: the rate of child protection plans and the rate of Looked After Children for example. Considerable challenges remain for embedding and sustaining improvement across the Children's safeguarding system.

8 Average GCE A/AS point score per candidate calculates an average point score per candidate, which depends on the number of GCE examinations taken by candidates as well as the grades obtained. Each pass grade they achieve scores a certain number of points.

9 Average point per entry produces an average point score per examination entry, which does not depend on the number of examinations taken by individual candidates.



Section 2:

Economic Assessment

The first Local Economic Assessment Summary Report was published in June 2011. A refreshed assessment and analysis of the data was carried out during 2013 and early 2014, with the summary document due to be made available through the Walsall Intelligence LIS by mid 2014. Understanding the strength of Walsall's economy and the challenges it faces requires an exploration of a number of interlinked elements. These fall into 3 broad evidenced categories:

- Business and Competitiveness – the characteristics of Walsall businesses and the employment opportunities they offer (the local demand for labour).
- People, Skills and Employability – the characteristics of Walsall's working age residents and their ability to take up job opportunities on offer (the local supply of labour).
- Place and Infrastructure – the supporting conditions necessary for the borough to be a viable and attractive place to live, work, learn and invest – for businesses and residents.

Business and Competitiveness

Walsall experiences an output gap in the local economy, which has widened relative to the UK. Walsall's total economic output in 2012 was £3,606 million, equaling £13,310 per head of population; lower than the national average (£21,674) and showing a widening of the gap since 1997. The output of individual sectors shows a shift towards service industries contributing the majority of the borough's wealth, while the proportion of output from production (manufacturing and construction) has halved since 1997. However, productivity (measured by output per filled job) has been improving.

There is longstanding economic disadvantage, pre-dating the recent recession – which itself revealed an economy highly vulnerable to external shocks. Between 1998 - 2008, the national economy grew strongly and employment increased by 9%. But, over the same period Walsall experienced a 2.5% fall in employment and

lost 2,500 jobs. The recession emphasised Walsall's longstanding economic vulnerability: almost a further 10,000 full-time jobs were lost between 2008 and 2009 and our unemployment rate rose faster than neighbours and nationally. This emphasises the importance of rebuilding a more resilient Walsall economy where businesses and residents are better protected from future changes happening in the wider economy.

Walsall has a lower than expected number of active businesses, which contributes to a shortage of local employment opportunities. During the economic downturn the number of businesses fell due to fewer business start-ups and increased failure rates. Currently there are 7,210 active business enterprises in Walsall, meaning we require a 40% increase (almost 2,900 new businesses) just to bring us in line with national average for an area of this size. Business survival rates need to be improved to ensure these new

businesses provide sustainable employment opportunities. A low number of businesses inevitably impacts on the number of job opportunities. There are 98,400 jobs in Walsall (employees and self-employed), which equates to 0.59 jobs per working age adult. This compares with 0.70 nationally, and leaves Walsall needing an additional 19,500 jobs to achieve the current national average: a 20% increase on the current level of job provision.

The borough's employment market is fairly self-contained. Residents are unlikely to commute long distances to work; two thirds of Walsall jobs are filled by Walsall residents. Increasing the availability of jobs that are accessible to Walsall residents is vital to support the local population into employment, since many adults, particularly those in lower paid jobs, are generally unwilling to travel far outside the borough to find work.

Low spending power leads to limited capacity to support businesses and to local provision of shops and services that is relatively unattractive compared to larger or more affluent places in surrounding areas. Work for the Black Country Core Strategy found that Walsall town centre achieved less than 50% market share for comparison (non-food) goods shopping even in its core

catchment and there is an opportunity as well as a need to capture more expenditure for the borough's town and district centres.

There is untapped potential in both local supply chains and local markets for the Borough's companies to exploit. Only 3 in 10 Walsall companies have their main supply chain in the Black Country, meaning a considerable amount

of potential supply chain spending is lost to the local economy. Local businesses rely on the West Midlands for almost two thirds of their customers rather than taking advantage to exploit more distant markets. For example, only 7% of Walsall companies have the majority of their customers overseas – but over 1 in 5 (22%) currently export at least some products/services, suggesting some opportunity for expansion.

People, Skills and Employability

Walsall experiences low numbers of adults actively participating in the labour market. The borough has a relatively dependent population, with working age residents under-represented in its population structure. So while 64.1% of the national population is aged 16-64, only 61.8% of the borough's population is in this age group. This shortage of workers to support children and older people is exacerbated by the high numbers of working age residents who are not participating in the labour market. Only 72.5% of working age adults in Walsall are economically active, whether they are already in employment or currently seeking work: nationally this is 78.0%. This leaves 43,100 adults aged 16-74 who are inactive in the labour market (including those who are students, looking after a home/family, retired or sick). Of those who are inactive, 6,800 want a job, but for various reasons are not currently in employment (or actively looking for work).

Walsall experiences high levels of dependency on out-of-work benefits, particularly those linked to ill-health – remaining above national levels despite recent improvements. Over

1 in 7 Walsall adults – 24,960 people (14.9%) – are out of work and dependent on a key benefit¹⁰. Levels of benefit dependency have reduced considerably from a recession high of 18% in 2009, when an extra 5,000 residents were claiming, and now approach their level of the past decade. However, they remain significantly higher than nationally (10.6%) – resulting in an additional 7,230 claimants in Walsall. By far the most claimed of these out-of-work benefits are those which suggest people are unable to work due to illness or disability: Employment Support Allowance (ESA) and Incapacity Benefit. Currently almost 12,000 people claim ESA, or 7.1% of all working age adults, a figure largely unaffected by the recession and remaining between 13,000 - 14,000 since 1999. But while the current figure is the lowest to date there have been significant changes to eligibility that are likely to have reduced the number of people able to claim, and despite this reduction the current proportion remains considerably higher than the England average (5.8%). Dependency levels are unevenly distributed across the borough with greatest concentrations around the Town

Centre, Darlaston, Willenhall and North Walsall.

Walsall has seen significant recent reductions in unemployment. However, levels are still well above national average, and numbers of youth and long-term jobseekers are of particular concern. There are 8,254 adults (4.9% of all 16-64 year olds) actively seeking work and claiming Jobseeker's Allowance. Levels of claimants are now at their lowest since the end of 2008, but have yet to return to their pre-recession low of around 5,500. However, levels remain above the England average (3.5%), and there is wide disparity in claimant levels across the borough: rates in St Matthew's, Pleck and Birchills Leamore are particularly high. Long term unemployment has increased rapidly, and currently 1,655 people have been claiming for over 2 years: at the start of 2009 there were only 100 people. This suggests that there is a cohort of claimants who have become distanced from the labour market and consequently will experience additional difficulty in re-entering employment. Young people aged 18 to 24 make up the largest group of jobseekers with 2,255

¹⁰ *Key out of work benefits include Jobseeker's Allowance (JSA), Employment and Support Allowance (ESA) and incapacity benefits, lone parents on Income Support and other income related benefits



young JSA claimants (27% of the total). There have been significant reductions in youth unemployment over the past couple of years, however, the claimant rate of 9.3% remains well above the England average of 4.9%. 5.6% of young people aged 16-18 are not in education employment or training (NEET), which is better than in similar local authorities but can negatively affect the prospects of those concerned. Care leavers, young mothers and those with a special educational need are the least likely to fare well.

Adults across Walsall have generally low skills and qualification levels, leading to a shortage of appropriate skills for employment. Walsall has fewer adults with qualifications than nationally: 17.0% (26,000 people) have no formal qualifications, nationally this is 9.7%. This trend was improving over recent years,

but fell back again in 2012. There are also relatively few with higher level qualifications, as 23.4% of adults have NVQ4 equivalent (degree level skills) or higher: the highest level to date, but still lower than nationally (34.2%). Surveys of basic skills reveal that 1 in 2 adults have a literacy standard below level 2 (i.e. equivalent to a GCSE grade C). Numeracy standards are even poorer, with 4 in 5 adults below GCSE level ability. Tests of ICT capability suggest that while a third of adults have a good understanding of ICT and are proficient in the use of email, only 1 in 10 has a similar aptitude in the use of word processing or spreadsheets. Employers consistently express their need to recruit staff who are 'work ready' with the right attitudes and behaviours alongside appropriate skills.

Average weekly earnings in Walsall are below national levels. The average weekly full-time earnings of Walsall residents are £427 – this is £94 a week less than the national average. This is partly a result of the lower numbers of local people employed in higher skilled occupations.

Large numbers of Walsall children (16,100 under 16's) are living in families that are experiencing poverty. Inevitably many adults claiming out-of-work benefits or in low paid employment will have children; consequently there are high numbers of children living in poverty in Walsall. In 2011, over 16,100 under 16s were in poverty (or 29.2%, compared with 20.6% nationally). Growing up in poverty, or with no adults in their household in work, has an impact on young people's aspirations and future life chances, particularly their educational attainment and health.



*Striving for excellence
in our neighbourhoods*

Place and Infrastructure

Walsall's locational advantages are sometimes hindered by its local transport network. Walsall enjoys a central location at the heart of the national transport network, with good rail and road links and direct access onto the M6. It also has a hierarchy of town, district and local centres that provide the most sustainable basis to provide access to shops, services and opportunities. However, there are local transport constraints that restrict movement within the borough, and reduce accessibility onto the strategic road network. This is important to resolve in order to 'unlock' sites for development that are attractive for investment, and to allow goods and people to move freely around the borough. Accessibility, including via public transport, is crucial in ensuring that local people can easily access opportunities and services for employment, shopping, leisure, health and education. Transport improvements need to be complemented by an approach to services and facilities that promotes investment where it will

be most accessible to those who need to benefit.

It is a challenge to provide a supply of suitable quality employment sites in Walsall.

It is vital that a sufficient pipeline of land is retained to meet the needs of industry over the coming decade. Demand will come from local companies who are consolidating or expanding, as well as from inward investment; there is evidence of unmet demand from both in the past. Emerging local challenges includes the need to retain sites that are appropriate and affordable for local businesses to allow them to remain in Walsall. Many landowners are keeping land and premises off the market, or are asking unrealistic prices; this is already deterring demand and impairing regeneration. Crucially, some sites, particularly in the western half of the borough, are likely to have negative values because of the legacy of contamination; this may require public sector intervention and funding to realise their opportunities.

In Walsall, there is a need for a housing offer that addresses the needs and aspirations for a choice of good quality and affordable housing; capable of responding to changing population, social and economic needs. Walsall requires an appropriate supply of housing for its current population, but also for any future population changes. This includes those brought about by economic development and changes in employment, as well as a changing population structure. It is recognised that house building can boost the economy, for housing providers and in terms of consumer spending as well as by supporting changes to the local economy. Good quality housing will also attract and retain workers and enable residents to be most productive and to participate in society. On the other hand, the ability of people to be able to afford housing and of developers and others to provide it will depend on personal and on local economic circumstances.

Emerging issue Impact of Welfare Reform

The Government's planned welfare reforms represent the most fundamental changes to the benefits system in a generation. Welfare Reform changes are having an impact on the borough and its residents, with resulting evidence of increased demand on local public services. The affects of which are set to continue to evolve as the national programme for delivery is being phased in.

Recently the Council's Corporate Scrutiny and Performance Panel led a cross panel working group to review the impact of welfare reform on the borough from the perspective of local residents, the Council and its partners. The resulting 'Impact of Welfare Reform in Walsall'¹¹ report was received by the group in March 2014. It concluded that the reforms were having a wide ranging, often detrimental, impact on local residents and is predicted to

have a significant impact on the local economy. As this is a highly impactive and evolving issue, the council has agreed in April to set up a 'Welfare Reform Forum' where local partner organisations come together to share information and understanding to lead on the development of co-ordinated strategy and action plan to support local communities and to alleviate impact on the borough.

11 <http://www2.walsall.gov.uk/CMISWebPublic/Binary.ashx?Document=14272>



Section 3:

Safer Walsall Partnership Strategic Assessment

The 2014/15 Safer Walsall Partnership Strategic Assessment was completed Feb 2014, and based on a range of police and partnership information has refreshed our perspective on the main challenges for the Borough in relation to Community Safety. Overall, the latest strategic assessment evidence substantiates existing borough priorities although, as a result of the refresh the Safer Walsall Partnership Board agreed, during April 2014, to amend and review its strategic priorities in line with the broader strategic ambition within The Walsall Plan to ensure achievement of creating safe, sustainable and inclusive communities; reducing levels of crime and providing the right environment for people to live in.

Given the sensitivity of its content; the Community Safety Strategic Assessment is not available for open publication but has been communicated to those involved in influencing community safety outcomes. A refreshed Community Safety Strategy is being updated and will be openly published during May 2014. The key needs as informed by the 2014 Safer Walsall Partnership Strategic Assessment are summarised below.

Overall crime levels have steadily declined over the last 10 years but reducing, controlling levels of crime remains a key outcome for our residents, and particular priorities for Safer Walsall Partnership include violence with injury, domestic burglary, business crime and addressing areas impacted by particularly high levels of crime (Priority Areas). Total recorded crime has been reducing for the last ten years having almost halved since 2002/3. Between Nov 2012-Oct 2013 there was an almost 19% reduction in overall crime compared to the same period two years previously; 3,663 fewer incidences of crime. Contributing to this success are the significant reductions across several key crime types; including, for example, anti-social behaviour (-40%), Theft Other, (-39%) and Criminal Damage (-26%). Walsall has less crime per 1,000 population than the average of our similar Community Safety Partnership (CSP) group and is currently the second top performing West Midlands Local Policing Unit (LPU) for service satisfaction for crime and anti-social behaviour; indicating good public confidence.

However, some crime types and community safety issues continue to cause challenge or are issues of particular community concern and hence remain key priorities for the borough;

There has been an increase in recorded Violence with Injury (VWI) offences throughout the Borough and levels are increasing. 49% of all violence with injury occurs in public places; town centre violence has increased and almost 50% of offences take place during the night time economy; the majority within Walsall Town Centre; clustered around pubs and clubs.

However, both Darlaston South and Willenhall South wards have seen large increases in offences. Whilst serious youth (10-18 yrs) violence has significantly reduced (-23.3%) most VWI victim are aged 18+ with highest proportions aged 19-25 yrs; a key priority cohort.

In Walsall domestic burglary crimes have continued to reduce and levels are relatively well managed. Domestic Burglary has recently (Nov 2012-Oct 2013) reduced by a further 6% overall but as **domestic burglary impacts on an average of 100 victims per month and remains, as shown in recent**



surveys, a specific Community Concern within the Local Policing and Crime Plan and hence tackling it remains a priority.

Given the economic climate and rising cost of living, notably food prices, business crime has increased slightly, most notably associated with 'Theft Shop Stalls' where better recording practices are now in place and reduction is a priority. Over the last 12 months 26% of all victims were Business Crime victims with over a third of those offences classed as 'Theft Shops Stalls (46%)'. The largest percentage of offenders was also detected for Theft Shops Stalls (26%) and the largest proportion of crime committed by repeat offenders was also theft shops and stores.

The range of community safety issues varies across the borough but some areas in particular continue to experience disproportionately higher levels of crime and disorder than others and these are designated as Priority Areas where targeted action is needed to improve outcomes for residents. This Priority Area Programme was initiated nearly 2 years ago and in Walsall there are 3 Priority Areas; Walsall Town Centre, Birchills and Bloxwich. Whilst the bulk of crime and disorder issues remain within these hotspot areas, following targeted action some crime figures are starting to show a reduction there. Numerous activities have taken place within each Priority Area including the utilisation of the Jill Dando institute of criminology problem solving methodology that helps inform areas for improvement. In Walsall TC priority area for example significant reductions have been seen in violence with injury (-9.8%), domestic burglary (-42.7%), ASB (-17.9%), Criminal Damage (-15.9%), Arson (-13.3%), Theft other

(-10.6%), Burglary other (-10%) with an overall reduction in total recorded crime (-3%).

Walsall is committed to reduce harm to vulnerable children and preventing Child Sexual Exploitation (CSE) is a development priority across the West Midlands. The strategic assessment highlights that whilst CSE data sets are emerging, and the cohort impacted upon is small, there is clear evidence that within Walsall there are children who are vulnerable to CSE, cohorts of potential CSE offenders and locations which harbour CSE activity.

Hence, CSE is a risk within Walsall Borough and there is a need to co-ordinate activity to ensure it is prevented, victims are protected and offenders are prosecuted. In September 2013, Walsall Safeguarding Children's Board commissioned the establishment of the Walsall Child Sexual Exploitation and Missing Committee (CEMC) with responsibility for ensuring effective partnership working of key agencies who respond to children at risk of sexual exploitation, those being sexually exploited, absent and missing from home.

The picture of how Domestic Abuse impacts across the borough differs dependent upon partner agency and without a coherent single assessment in place understanding the overall trend is not made easy, but the proportion of referral rates to children's social care as an outcome of this issue are routinely high. Working in partnership to reduce the harm to vulnerable victims caused by Domestic Abuse continues to be a key priority. In terms of police reported issues; the Community Safety Strategic Assessment found that domestic abuse offences (Crimes) had

increased by 4.6% (1,168 Nov 2012-Oct 2013 compared to 1,117 Nov 2011-Oct 2012); this is thought to be a combination of more accurate recording practices and improved confidence in reporting issues to the police. However, domestic abuse Incidents, where Police are called but no crime is recorded e.g. verbal argument, declined by 3.6% over comparable period. The vast majority of Police reported offences involve violence (73%), affects female victims (86%) who are relatively young (30% aged between 18-24yrs), and in terms of ethnicity most were white European (80%), followed by Asian (12%) and African Caribbean (5%). Just under one quarter of all violence with injury offences involve Domestic Abuse offences.

There has also been a decline in the number of attendances at A&E where incidences of assault took place at home; committed by a partner/ex partner, acquaintance or relative as have the number of referrals to DART (Domestic Abuse Referral Team). Domestic Abuse still poses a significant challenge for the Borough and there is a need for continued sharing of information between partners, in order to create a greater understanding of shared challenges, to drive a more targeted service and reduce vulnerability and harm to those vulnerable to it. A new Domestic Violence Strategy is being developed and a review of the Domestic Abuse Response Team (DART) process has taken place. Achieving a successful longer term strategy for Domestic abuse will be strengthened by the further development of the multi disciplinary agency partnerships. A positive outcome will be to increase the ability to develop routes for early intervention and prevention and to identify and assist repeat survivors of Domestic Abuse.



Whilst reports of Anti-Social Behaviour (ASB) remain high in volume and the issue remains a key concern for residents, levels of police reported ASB have significantly reduced and partners are working together well to collectively improve how the issue is reported and dealt with, though Youth ASB and inconsiderate parking are issues of community concern.

There has been a 19.3% reduction in police reported ASB incidents in the Borough and customer satisfaction with Police services in relation to ASB is positive at 80.2%. The borough's main ASB hotspot continues to be Walsall Town centre and police priority areas located within Walsall North and Walsall South Area Partnerships though ASB impacts right across the borough in varying forms. **Whilst residents show concern about youth related ASB; the rate of young people being First Time Entrants to the Youth Justice System has actually decreased significantly in Walsall.**

Nationally, the Anti-Social Behaviour Crime and Policing Bill 2013/14 receives Royal Assent in Spring 2014 and has implications on how partners deal with ASB as it strives to introduce simpler, more effective powers to protect victims and communities.

Across Walsall just over half (57.7%) of all ASB reported is recorded by various partner agencies other than the Police. Youth related ASB remains a significant proportion of total ASB an issue that remains, when asked, a key priority for local residents. Inconsiderate parking is also one of the top three issues raised by respondents in the recent Police and Crime Commissioner Survey as an issue of community concern. Within Walsall, partners are improving the way they work together to tackle ASB including

providing broadly consistent levels of service regardless of the point at which an ASB complaint is received. A borough ASB guidance manual is being developed and an ASB trial is taking place in two area partnerships; Brownhills/Pelsall/Rushall/Shelfield and Walsall South. Partnership information sharing through monthly Area Tasking reporting collates information into a single data source which creates a richer and more detailed picture on which to base informed multi-agency activity.

Walsall Partnership deliver good outcomes against offender management, but significantly during 2014, the national programme of change involving the abolition of Probation Trusts is significant and presents both a degree of vulnerability and opportunity locally in terms of ongoing management of offenders; a key priority.

There are around 1300 offenders in Walsall and overall rates of re-offending at 7.42% are significantly below predicted levels 8.91%. Completion rates for offenders on Drug Rehabilitation Requirements and Alcohol Treatment Requirements are relatively good (64.5% and 61.9% respectively). 91.5% of offenders are in suitable and settled accommodation with 53.8% in employment at the end of their order. As would be expected, most offenders (75%) reside within the borough, but some Walsall offending is committed from those living outside of Walsall; most notably across the Sandwell (5.8%) and Wolverhampton (5%) borders. Walsall town centre is most often where offenders living outside the borough commit their crime. Through the Walsall Integrated Offender Management Programme, Partners work together to reduce crime and re-offending by

addressing the key issues facing perpetrators and their families. This is achieved by supporting the greater coordination of agencies and the programmes they deliver to manage offenders and ensure that individuals do not fall through the gaps. This work takes a holistic approach seeking to address the issues that contribute to offending behaviour and also to target and convict those whose behaviour does not change. Linking priority offenders between Police, Probation, Housing and Drug and Alcohol Services has delivered notable successes.

During 2014 two new organisations will be created to replace The Probation Trust; The National Probation Service (NPS), responsible for managing the most difficult and high risk offenders and Community Rehabilitation Company (CRC), responsible for medium and low risk offenders. Such major change will inevitably be challenging whilst opportunities arise as the CRC will be taking on management of offenders who have received a sentence of 12 months or less where these were not previously within probation service remit. Safer Walsall Partnership will continue to work with Probation Services and maintain an ambition to divert offenders from crime during this period of significant change programme.

There are a significant number of offenders who are committing crime in Walsall to fund their drug habit and both drug and alcohol dependency continues to account for significant crime as well as health and social cost impacts on the borough. In Walsall there are an estimated 2,107 opiate and/or crack cocaine users, a rate of 12.4 drug users per 1,000 population; significantly more than

England average (8.6). The majority of individuals testing positive for drugs on arrest did so for cocaine (53%), opiates (27%) or both (20%). Theft was the trigger offence for most (42%) of these offenders, followed by burglary dwelling (12%). Three quarters of those testing positive are male, from a white background (78%) with peak age group of 25-33 yrs. Walsall is achieving lower than average rates of abstinence from opiate, crack and cocaine amongst adults in treatment. 28% of all offenders who started on a probation order stated that one of the reasons for their offending behaviour has been due to use of drugs.

Walsall is currently the best performing area in the West Midlands in relation to alcohol treatment. However, there is a high prevalence among the offender population of drinking at higher risk levels, both among adults and young offenders. Alcohol misuse accounts for two thirds of

violent crime and is a key factor in domestic abuse. 35% of offenders who started on a probation order during 2013 said their offending was due to alcohol misuse.

Despite Walsall's increasing ethnic diversity the borough has traditionally experienced a good sense of community cohesion with low levels of extremist activity when compared to other areas of the West Midlands, however, Hate Crime¹², an indicator of community cohesion, is increasing.

Past research has always tended to convey a strong sense of community belonging and feeling that people from different backgrounds get on well together in Walsall¹³. Terrorism nationally is diversifying and the UK now faces a greater range of threats from more areas across the world, a trend which is reflected in Walsall. The main vulnerability exists within areas that are becoming increasingly diverse

in terms of their demographic profile, experience high levels of unemployment and deprivation. Hate crime has increased 25% (Nov 2012-Oct 2013) compared to Nov 2011 -Oct 2012. Most offences were racist (92%) followed by homophobic (5%). The vast majority occur in Walsall South AP (35%), notably within Walsall Town Centre, followed by North Walsall Area Partnership (18.7%). To some extent the recent increase in Hate crime might be explained by a peak during July 2013 around the time of the terrorist attack in Walsall when community tensions were heightened. Walsall Partnership is committed to maintaining the borough's positive community cohesion reputation and has prioritised this for some time now and takes Hate Crime seriously so that this issue has recently become a key priority for Safer Walsall Partnership.



12 Hate crimes are any crimes that are targeted at a person because of hostility or prejudice towards that person's disability, race or ethnicity, religion or belief, sexual orientation, gender or transgender identity

13 Source: 2008 Place Survey



For further information on the WSNA please contact:

Business & Partnership Intelligence

Walsall Council
Civic Centre
Darwall Street
Walsall WS1 1TP

Telephone: 01922 652509

Email: walsallintelligence@walsall.gov.uk

Produced by Walsall Intelligence Network (Analytical) leads
Vanessa Holding, Martin Ewin, Liz Connolly, Amanda McPhee, Sarah Mace, Karen Marcroft