Sefydliad Cymru
Gweithgaredd Corfforol,
Iechyd a Chwaraeon
Welsh Institute
of Physical Activity,
Health and Sport

State of the Region

West Wales Sports Partnership

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Executive Summary

The Welsh Institute of Physical Activity, Health and Sport (WIPAHS) were commissioned by the West Wales Sports Partnership to undertake a data review and mapping exercise to establish a 'State of the Region' baseline for sport, physical activity, health and active recreation in West Wales.

The West Wales Sports Partnership (WWSP) was established in 2023.

Background

This project represents the first step in building a more cohesive, evidence-informed, and impact-driven strategy for sport, physical activity, health, and active recreation in West Wales. By translating data into insight, and insight into action, WWSP is positioning itself as a leader in regional collaboration and systemic change, one that other parts of Wales, and indeed the UK, can learn from.

Methods

- A survey was distributed to stakeholders across the West Wales region who had an interest in health, sport, physical activity, well-being and recreation in West Wales (Appendix A).
- Data from key data sources across West Wales (Box 1) were collated to produce a 'State of the Region' report, together with an interactive dashboard for stakeholders to access data that they can use to help inform practice. More information about the data sources can be found in Appendix B.

- National Survey for Wales, 2023*†
- Sport Wales, School Sport Survey, 2022*
- HAPPEN, 2024*
- School Health Research Network (SHRN), 2023*
- Welsh Census, 2021*
- Welsh Index of Multiple Deprivation (WIMD), 2019
- Child Measurement Programme, 2024
- ARCH Health Needs Assessment, 2023*

Box 1: *Data sources used to create the State of the Region report.*

*These data sources are either fully or partially self-reported which may be associated with recall and social desirability biases - the results should therefore be interpreted with caution.

†Only approximately 1.8% of the West Wales population completed the National Survey for Wales; it is important to be cognisant of this small sample size throughout the report.

Key Findings and Recommendations – Stakeholder Survey

The WWSP survey engaged 26 stakeholders from local authorities, health boards, national governing bodies, and community organisations. The findings highlight both strengths and areas for development in how data and insight are used across West Wales.

Current Practice

81% regularly collect data, including:

- Demographic & participation trends
- Geographic mapping (linked to WIMD)
- Attendance & activity monitoring
- Qualitative case studies
- Digital analytics (web/social media)

Data Literacy

Using and communicating data

Finding and interpreting data

Stakeholder Priorities

- Visual dashboards
- Localised insights (by LA/region)
- Quick-read summaries
- Case studies showing application
- Regular updates & briefings
- Data-sharing agreements

Capacity Building

- 77% want training on finding and using public data
- 58% want support embedding data into planning & evaluation
- 54% want help co-producing insights

The challenges and priorities identified through the stakeholder survey led to the following recommendations:

Recommendation 1: Strengthen confidence and capacity in data use

WWSP should lead on building confidence and capacity across the region by enabling access to training, resources, and practical tools (including the dashboard). This will support partners to find, interpret, and apply data more effectively in their decision-making.

Recommendation 2: Establish frameworks that enable data sharing

WWSP should create a regional framework that empowers partners to share data safely and consistently, reducing duplication, strengthening collaboration, and maximising the value of

existing evidence. This should also include consideration of aligning future data collection approaches to allow more consistent analysis across the region.

Recommendation 3: Support embedding of data into strategy and evaluation

WWSP should enable organisations to use shared tools and approaches that help embed insight into planning, strategy, and evaluation, moving beyond participation counts towards measuring outcomes and long-term impact.

Recommendation 4: Shape and coordinate future data capture across the region

WWSP should work with partners to align future data collection around common indicators, streamline surveys, and reduce duplication, improving the quality of insight across West Wales and positioning WWSP as the trusted regional evidence source.

Key Findings and Recommendations – State of the Region

The collated data provide key insights regarding strengths, gaps, and inequalities that the WWSP can respond to. West Wales shows strong engagement in physical activity, but persistent inequalities remain across age, gender, and geography. The evidence highlights clear opportunities for WWSP and its partners to enable change by advocating for targeted support and empowering communities where impact will be greatest, particularly for girls, those experiencing deprivation, and adults facing the greatest health challenges across the region.

Demographics and Inequalities in West Wales

Tackling inequalities requires a strong place-based focus across all parts of West Wales, recognising that deprivation, ethnic diversity, and health needs vary within and between communities. The region also faces the dual challenge of an ageing population, which brings higher disability and care needs. Addressing these issues means working with communities to understand and overcome barriers to participation, ensuring that existing and future opportunities for sport and physical activity are inclusive, affordable, and accessible to all.

Population Distribution

- Swansea: 238,500 residents.
- Carmarthenshire: 187,900 residents.
- Neath Port Talbot: 142,300 residents.
- Pembrokeshire: 123,400 residents.

Age Structure

- Majority are working-age (19–65 years) across all local authorities.
- Swansea: large numbers of both working-age and 65+ years.
- Pembrokeshire: smallest population, but higher proportion of over-65s.
- Children and young people form a smaller proportion in all areas.

Ethnic Diversity

- Predominantly White British:
  - Pembrokeshire: 96%
  - Carmarthenshire: 95%
  - Neath Port Talbot: 95%
- Swansea stands out as most diverse with 88% White British, 4% Asian, 1.1% Black, 1.5% Mixed Ethnicity.

Disability

- Strong link between ageing and disability:
  - Over 40% of disabled residents in West Wales are aged 65+ years.
  - Only a small minority of disabled residents are under 16 years.

Deprivation

- 26 LSOAs* in West Wales are ranked among the 100 most deprived in Wales and there are concentrated in Swansea and Neath Port Talbot (Appendix C).
- Most areas fall within middle deprivation deciles (5-7**), with relatively few in the least deprived categories.

*Lower-layer Super Output Areas – small geographic areas with ~1,500 residents used in official statistics

**Deciles divide all areas in Wales into ten equal groups based on their deprivation score, with 1 = most deprived and 10 = least deprived

Summary of Findings for Children and Young People

Theme	Key Findings
Physical Activity	• Only 17–19% of secondary pupils achieved 60-min per day physical activity guideline. • Boys more active than girls (22–24% vs 13–14%). • Levels similar across all local authorities.
Organised Sport	• West Wales has a higher percentage of children and young people participating in sport three times per week than the Wales average. • Girls' participation was lower than boys across all local authorities. • Demand from children and you people with disabilities includes weightlifting, tennis & archery; for children and young people without disabilities, swimming, football and cycling were primarily cited.
Sedentary Behaviour	• Sedentary behaviour levels high in Swansea and Neath Port Talbot, exceeding Wales average. • Girls are more sedentary than boys across all local authorities.
Active Travel	• Swansea has highest levels, higher than the Wales average. • Many primary school-aged children and young people report living close enough to walk to school but choose not to. • Boys more likely to use active travel than girls in secondary schools.
Physical Education (PE)	• 93% & 87% of primary and secondary school teachers, respectively, report the inclusion of ALN/disability pupils in PE. • Time allocated to PE varies, e.g. 100 mins/week in Carmarthenshire vs. 76 mins/week in Neath Port Talbot.
Healthy Weight	• Swansea was the only local authority with overweight and obesity levels lower than Wales average. • Higher overweight and obesity levels in more deprived areas.
Motivations & Attitudes	• Children and young people would do more sport if given more suitable opportunities, more time and someone to attend with. • Fun with friends was the main reason for participation for primary school children and young people.

Summary of Findings for Adults

Theme	Key Findings
Life Expectancy	• Females live longer than males in all local authorities. • Gender gap narrows when considering healthy life expectancy. • Pembrokeshire highest life expectancy; Neath Port Talbot lowest.
Organised Sport	• Carmarthenshire has the highest adult sport participation (3+ times per week). • In West Wales, 31% of adults show latent demand, 8% unmet demand. • Adults want to do more swimming, fitness classes and cycling. • Disability data limited locally; national data show inequalities between disabled and non-disabled adults.
Healthy Weight	• Swansea and Pembrokeshire have highest rates of healthy weight. • Carmarthenshire and Neath Port Talbot have highest rates of overweight and obesity, both above Wales average.
Physical Activity	• Between 55% and 61% of adults in West Wales report 150 minutes of activity per week. • Swansea and Carmarthenshire have the highest levels of adults meeting 150 minutes/week recommendation.

Taken together, these findings highlight that inequalities in activity and health begin early in life, with gaps already visible by gender and socio-economic status among young people. These gaps persist, and deepen, in adulthood, where participation falls further and the impact of health, disability, and deprivation becomes stronger. These challenges point to a number of key recommendations for WWSP and its partners to enable change across the region:

Recommendation 1: Drive place-based approaches in the most deprived communities
WWSP should take a leading role in enabling place-based approaches across the most deprived LSOAs. By convening partners, aligning resources, and championing local delivery, WWSP can ensure that investment is targeted where it will have the greatest impact in reducing inequalities.

Recommendation 2: Support girls' activity and active travel as growth areas
WWSP should enable stakeholders to co-design opportunities that make activity more appealing for girls and influence partners to strengthen safe, inclusive active travel schemes that reduce inequalities and generate wider health benefits.

Recommendation 3: Advocate for parity in PE provision across West Wales
WWSP should influence education and local authority partners to ensure equal access to PE time, with a particular focus on addressing variation between local authorities.

Recommendation 4: Empower local action on adult behaviours
WWSP should enable partners in health and community sectors to address inactivity, smoking, and poor diet through integrated, place-based approaches in areas of greatest need.

Recommendation 5: Understand barriers and enable engagement in existing opportunities
Rather than focusing on expanding provision, WWSP should work with partners to better understand the barriers and facilitators to participation in popular activities such as swimming, fitness, and cycling. By addressing these barriers, more people can be enabled to engage with existing opportunities and realise their latent demand for sport and physical activity.

Conclusion

Persistent inequalities demand a stronger place-based and systems response. By focusing on the conditions that enable participation, from local environments to organisational collaboration, WWSP and its partners can create the foundations for a more active and equitable West Wales.

Background and Purpose

The West Wales Sports Partnership (WWSP) commissioned The Welsh Institute of Physical Activity, Health and Sport (WIPAHS) to deliver a comprehensive review of sport, physical activity, health, and wellbeing across the region. The purpose of this project is to bring together existing data sources, highlight key patterns and inequalities, and identify opportunities where the partnership can enable greater impact.

This review is more than a snapshot of current practice: it provides an essential foundation for building a cohesive, evidence-informed, and impact-driven strategy for West Wales. It comes at a critical moment as pressures on health, wellbeing, and community resilience highlight the need for stronger collaboration and smarter use of resources. Indeed, in the current climate especially, increasing our impact on health and wellbeing will depend largely on enabling greater use of existing opportunities by addressing the barriers that prevent participation and strengthening the factors that help people to be active.

This project also reflects an international shift towards more evidence-informed, systems-based planning in physical activity and health. Case studies from other countries and regions show that when data is collated and visualised with a local lens, it becomes a powerful enabler of policy alignment, targeted investment, and impactful collaboration. By learning from these best practice examples and adapting them to local contexts, WWSP can help create the conditions for more inclusive, place-based, and sustainable change (Figure 1).

By translating data into insight, and insight into action, the project positions WWSP as a leader in regional collaboration and systemic change. It represents a first step in embedding evidence into decision-making so that opportunities for sport and physical activity are shaped by local context, inclusive of all communities, and focused on reducing inequalities across the region.

Figure 1. Case studies showing examples of the power of local data visualised with a local lens.

Scotland's Active Scotland Outcomes Framework provides a national model linking physical activity to broader social and health outcomes. It encourages local partnerships to use shared data to align efforts and measure progress toward common goals.

Victoria (Australia) developed regional strategies combining demographic and health data with spatial mapping to address access barriers and inform sport infrastructure planning. The *Active Victoria strategy* focuses on equity and co-design.

Sport New Zealand's Insights Tool is a sophisticated digital platform integrating participation data, health statistics, and facility mapping. Co-developed with regional stakeholders, it is widely used by sports trusts and councils to inform decision-making.

Method

Phase 1: Stakeholder Engagement

To ensure the review was grounded in local context and needs, WWSP identified a range of relevant stakeholders across the region. These included representatives from local authorities, health boards, education, third sector organisations, and community-based sport and physical activity providers. A short online survey (Appendix A) was developed to explore stakeholders' current use of data, perceived gaps, and priority areas for improvement. The survey gathered both quantitative and qualitative insights, helping to shape the direction of subsequent data collation and analysis.

Phase 2: Data Collation and Review

Following stakeholder engagement, relevant insight and data were identified and collated. The aim was to build a comprehensive picture of sport, physical activity, health, and active recreation across the four local authority areas: Carmarthenshire, Pembrokeshire, Swansea, and Neath Port Talbot. Where available, data was broken down to enable further analysis, allowing for a deeper exploration of inequalities in access, participation, and outcomes.

Table 1: Data sources

Name of Insight/Data	Year	Sample Size (Wales)
Welsh Index of Multiple Deprivation (WIMD)	2019	1,909 LSOA's
Welsh Census	2021	3.1 million people
Sport Wales School Sport Survey	2022	120,000 children and young people
ARCH Health Needs Assessment	2023	750,000 adults
National Survey for Wales	2023	12,000 adults
School Health Research Network (SHRN)	2023	125,000 children and young people
Child Measurement Programme	2024	30,000 children and young people
HAPPEN	2024	12,000 children and young people

Phase 3: Data Analysis and Visualisation

The combined dataset was analysed to identify trends in participation, health, and demographic indicators across the West Wales region. Insights from the stakeholder survey were used to guide areas of focus, ensuring alignment between regional priorities and the evidence base. Through this process, it became evident that data harmonisation across multiple datasets was not feasible due to a lack of commonality in the questions asked or approaches to data collection. This highlights an important consideration for future data collection and partnership planning, where greater alignment could strengthen the evidence base and reduce duplication.

Quantitative data were analysed descriptively and, where possible, comparisons were made between population sub-groups. A key element of this phase was the development of an interactive dashboard which allows users to visualise:

- Physical activity and sport participation
- Variations in health outcomes
- Areas of high deprivation or unmet need
- Gaps in existing provision and service delivery

The dashboard was developed using MATLAB, a programming language and computer environment that offers several advantages over other approaches. It provides flexibility and control over both the front end and back end of the application, enabling modifications with ease and dealing well with data in different formats. Additionally, MATLAB allows for the compilation of standalone applications that do not require users to have a MATLAB license. The dashboard's main feature is a workflow divided into two parts: the first enables users to analyse each local authority in isolation, while the second allows for comparisons between regions and schools. It includes basic preprocessing and data cleaning capabilities, and visualisations are organised according to key themes represented in the data provided by each authority. The dashboard generates a variety of plots, including bar charts, heat maps, and scatter plots, depending on the data type. Some plots are interactive, allowing users to dynamically manipulate them to explore specific aspects of the data.

These visual tools were designed to support strategic planning, resource allocation, and collaborative action that reflect the unique needs and priorities of West Wales communities.

Findings – Stakeholder Survey

Stakeholder Profile

A total of 26 stakeholders completed the survey, representing a diverse cross-section of organisations involved in sport, physical activity, health, and active recreation across West Wales. Respondents included National Governing Bodies of Sport, Local Authorities, and Health Boards, with roles ranging from senior leadership to community sport development officers. This mix provided perspectives spanning local delivery, national strategy, health integration, and community needs.

Coverage was strong across the four local authority areas — Pembrokeshire (81%), Carmarthenshire (62%), Swansea (58%), and Neath Port Talbot (54%). Several stakeholders worked across multiple authority areas (hence the percentages not equating to 100%), reflecting both regional reach and collaboration potential through cross-county programmes.

Confidence in Working with Data and Insight

Participants were asked to rate their confidence across several aspects of working with data and insight in relation to their roles. Overall, confidence was strongest in applying and presenting data, and weakest in finding and working with raw datasets.

All respondents indicated at least some confidence in accessing relevant data, suggesting a baseline level of data literacy across the group. Most also felt comfortable interpreting data, though a small number highlighted the need for further training or support in this area. Once data had been obtained and understood, stakeholders expressed high levels of confidence in applying it to practice, using insight to inform projects and decisions. Communication skills were also relatively strong, with only 7.7% of participants reporting low confidence in presenting data.

In contrast, confidence dropped when it came to finding relevant datasets in the first place. Several respondents identified this as a key area for capacity-building, noting that more support is needed to efficiently locate high-quality and relevant datasets. Similarly, while most stakeholders reported a baseline ability to interpret raw data, some indicated that additional training or resources would help them use such data more effectively.

When asked about organisational priorities, most participants indicated that their organisations value data and insight, particularly for monitoring and evaluation. Over 90% rated the collection of data and insight as a medium or high priority, and more than 70% saw monitoring and evaluation as high or very high priorities. However, relatively few considered data and insight to be a “very high” strategic priority, and while almost all organisations recognised the importance of making data-informed decisions, only a small minority

reported that this was embedded at the highest level. This suggests that while organisations are engaged with data, there remains significant potential to strengthen its role as a central driver of strategy and investment decisions.

Use of Research, Insight and Data in Practice

Participants reported using research and insight in a wide range of ways, most commonly to support strategic planning, operational delivery, identifying local need, targeting provision, and supporting funding applications. Several described drawing on the Welsh Index of Multiple Deprivation (WIMD) to map participant postcodes and align resources with areas of deprivation, while others drew on insight to track participation trends, guide programme development, and inform decisions about club locations, school sessions, and demographic engagement.

Data and insight were also seen as valuable for evidencing impact, tackling inequalities, and identifying opportunities for collaboration. While overall there was a strong appreciation for the role of evidence in shaping practice, one participant noted that relevant insight can sometimes be difficult to find or may be insufficiently specific to certain population groups, such as older adults.

Use of Individual Programme Evaluation Documents

Most participants did not use individual programme evaluation documents, often because evaluations were not sufficiently specific or they lacked time and capacity to engage with them. Only a small proportion (12%) reported doing so, citing sources such as the 60+ Active Leisure Scheme (ALS) Evaluations, Active Voices and Systems Mapping, and various NERS evaluations (e.g. 16-week evaluation data, Theseus data). These were valued for providing insight into programme effectiveness and informing working group discussions. However, even those who used evaluations noted barriers such as limited time to reflect on findings or apply them to future planning. Overall, uptake appears constrained by issues of relevance, accessibility, and operational capacity.

Collecting Own Insight and Data

Frequency of Internal Data Collection

When asked how often they or their organisation collected their own data or insights, most stakeholders already have established consistent data collection practices, providing a strong foundation for using internally generated insights alongside publicly available data.

Types of Insight Collected

Participants gathered a wide range of insight to inform planning, delivery, evaluation, and advocacy across physical activity, sport, and health sectors in West Wales:

- **Participation & Demographics**
  - Demographic and participation data (age, gender, ethnicity, disability, LGBTQIA+ status, etc.)
  - Geographic insight (mapping against deprivation indices)
  - Attendance and activity monitoring (numbers, frequency, location, demographics)
- **Feedback & Evaluation**
  - Surveys and consultations (questionnaires, consultations)
  - Programme and service evaluation (social value tools, continuous improvement)
  - Qualitative research and case studies (in-depth stories, examples of impact)
- **Accountability & Reporting**
  - Funder-specific reporting (grant requirements)
  - Outcome and referral data (training participation, referrals, outcomes)
- **Digital Analytics**
  - Social media engagement, website traffic, online interactions

Reasons for Collection

Participants reported collecting their own data for similar reasons to using publicly available data, particularly to support funding applications and shape program delivery. Additional reasons included:

- **Measuring progress and identifying needs** - Tracking improvements, monitoring participation trends and identifying underserved groups.
- **Informing strategy and decisions** - guiding operations, aligning with strategic objectives, and ensuring activities meet community needs.
- **Demonstrating impact** - evidencing effectiveness, supporting service development, and influencing stakeholders.

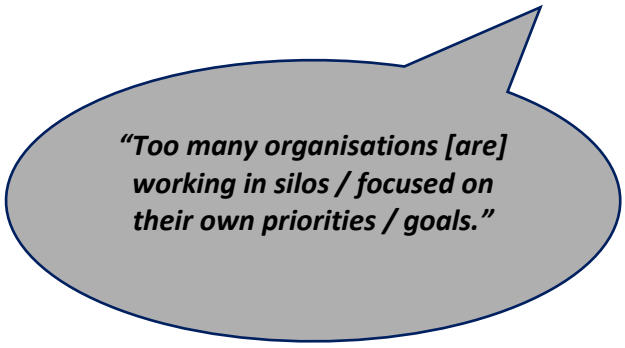
- **Evaluation and learning** - highlighting successes, areas for improvement, and lessons learned.
- **Advocacy and sector improvement** - sharing findings to promote collaboration, reduce duplication, and highlight priorities.

Overall, data collection was seen as valuable not only for accountability and reporting but also as a key driver of continuous improvement and strategic planning.

Views on Sharing Collected Insight

The majority of participants (85%) expressed strong support for sharing insights with WWSP and other stakeholders, seeing it as a way to "alleviate duplication of work", "improve the mapping of PA and sport across West Wales", and "help with funding applications". One participant noted, "The better understanding everyone has, the better West Wales benefits," capturing the sense that data sharing is essential for more effective collaboration. Several respondents also felt the sector is not yet maximising opportunities for shared learning, while others described data sharing as long overdue.

At the same time, participants emphasised the need for sharing to comply with GDPR and data protection requirements. Some (12%) highlighted the importance of formal agreements or standardised processes, while others expressed reluctance to share individual-level data but were open to sharing aggregated findings.



When asked about practicalities, the most commonly preferred platforms were OneDrive (46%) and Google Drive (31%). Together, these findings suggest a strong appetite for collaborative data sharing, provided it is supported by clear processes, mutual benefit, and robust safeguards.

Realising the Potential of Data

Participants widely recognised the value of research and insight for evidence-based decision-making, improving service delivery, and understanding stakeholder needs. Several described it as "critical" to their role. However, challenges such as limited time and resources, difficulty

locating Welsh-specific data, and a lack of structured processes for sharing insights often prevented evidence from being fully utilised.

To improve accessibility, respondents emphasised the importance of visual and localised formats. All participants highlighted dashboards as a priority, while 88% valued data broken down at regional or local authority level. Other suggestions included a central access point for relevant data (65%), regular briefing notes or email updates (62%), case studies showing application (50%), and concise summaries or "quick read" documents. Half also requested clearer explanations of datasets, and nearly a third wanted workshops to support data interpretation.

Alongside accessibility, participants identified clear opportunities for capacity-building. The greatest demand was for training on finding and using public data (77%). More than half also wanted support to embed data into planning and evaluation (58%) and to co-produce insights from existing datasets (54%). Fewer prioritised shaping data collection priorities (42%) or exploring data limitations (38%), suggesting a stronger immediate focus on practical skills that connect data directly to organisational decision-making.

Taken together, these findings highlight that realising the potential of data requires both better accessibility and stronger capacity to use it. By making evidence easier to access, interpret, and apply, while simultaneously equipping organisations with the skills to embed it into practice, the sector can move from collecting data to consistently generating meaningful insight and impact.

Recommendations

1. Strengthen confidence and capacity in data use

WWSP should lead a structured programme to build regional skills in accessing, interpreting, and applying data. Stakeholders highlighted low confidence in locating and using public datasets, with 77% requesting training. Practical workshops, guidance on using the interactive dashboard, and accessible outputs (e.g., case studies, quick-read summaries) will help organisations embed data into practice. This investment will support evidence-informed decision-making across the region.

2. Establish frameworks that enable data sharing

There is strong appetite among stakeholders (85%) for safe, consistent data sharing to reduce duplication and strengthen collaboration. WWSP should create a regional framework that sets out clear governance processes (GDPR compliance, data formats, and sharing protocols). A central platform (e.g., dashboard or secure shared drive) would enable partners to access and contribute insights, supported by regular knowledge exchange forums.

3. Support embedding of data into strategy and evaluation

Although most organisations collect data regularly, 58% want greater support in embedding insights into planning and evaluation. WWSP should coordinate shared tools, templates, and performance indicators to harmonise monitoring across the region. Capacity-building should help partners move from basic participation counts to measuring outcomes, long-term impact, and reductions in inequalities. This will strengthen the evidence base for investment and continuous improvement.

4. Shape and coordinate future data capture across the region

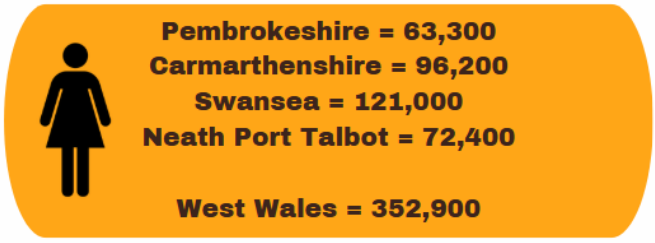
WWSP should work with partners to align and strengthen future data collection so that it is more consistent, comparable, and relevant to regional priorities. By agreeing common indicators, streamlining survey questions, and reducing duplication, the Partnership can improve the quality of insight available across West Wales. Taking a convening role in this area will position WWSP as the trusted source for evidence on sport, physical activity, and health in the region.

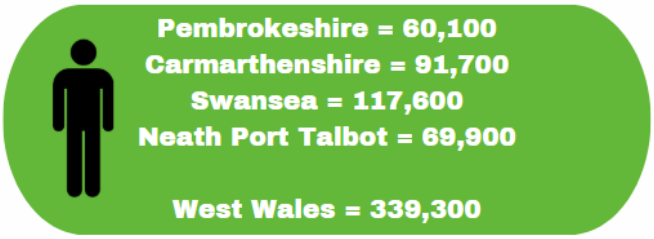
Findings – State of the Region

West Wales Population

Understanding the population profile of West Wales is vital for shaping policy, planning services, and tackling health and social inequalities. Looking at age, sex, local authority, disability, and ethnicity offers insights into community diversity and need. Population size and structure affect demand for education, healthcare, and jobs, while disability and ethnicity data highlight where tailored support may be required. Considering these factors together ensures strategies are responsive and resources are allocated fairly.

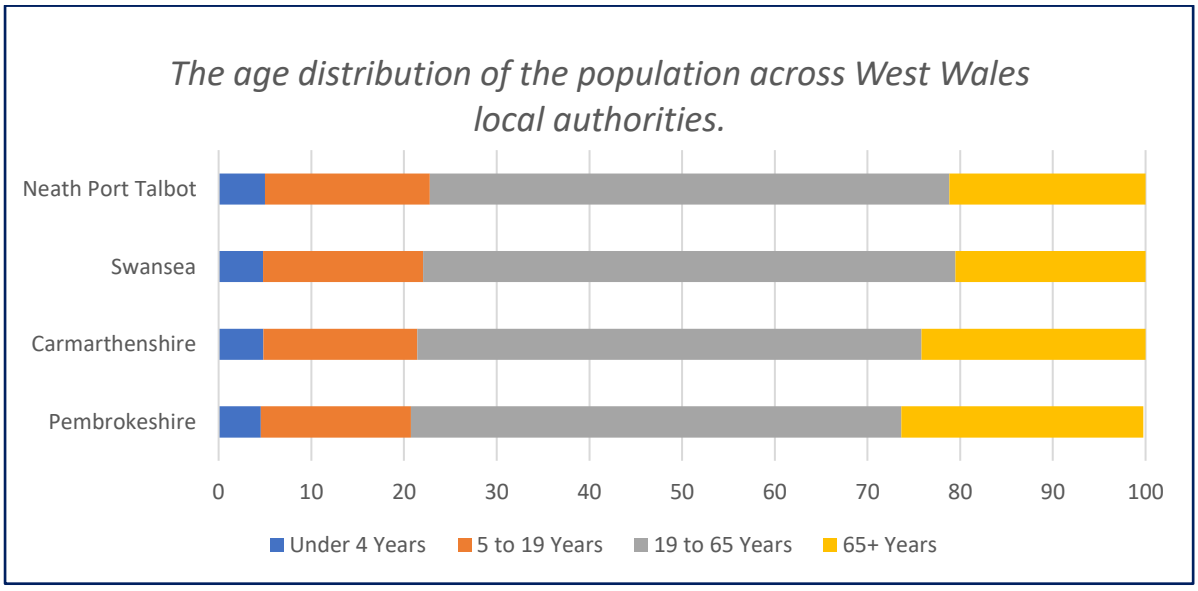
Swansea has the largest population in the region, followed by Carmarthenshire, Neath Port Talbot and Pembrokeshire. Across all four authorities, the population is relatively balanced between males and females, although females make up a slightly higher proportion in each area.





Age Distribution

The age distribution across West Wales local authorities shows a broadly similar pattern, with the largest proportion of the population aged 19 to 65 years. Neath Port Talbot and Swansea have slightly younger profiles, with a higher share of children and working-age adults.



Ethnicity

While the majority of residents across all four authorities identify as White British (96% in Pembrokeshire, 95% in Carmarthenshire, 95% in Neath Port Talbot, and 88% in Swansea), Swansea has notably higher proportions of minority ethnic groups. In Swansea, 4% of the population identify as Asian and 1.1% as Black, compared with less than 1.5% Asian and less than 0.5% Black in the other three authorities. The proportion of residents identifying as Mixed ethnicity is also slightly higher in Swansea (1.5%), compared with 0.9% in Pembrokeshire and Carmarthenshire and 1% in Neath Port Talbot.

Disabilities

Analysis of Census 2021 data shows clear differences in the age distribution of disabled and non-disabled residents across West Wales. Disabled populations are concentrated in older age groups, with over 40% of disabled residents aged 65 years and over in each local authority, compared with around 15–20% of non-disabled residents. Very few disabled residents are recorded among younger age groups, particularly under the age of 16 years. These patterns highlight the close association between disability and ageing, emphasising the importance of planning health and social care services that are responsive to the needs of older communities in West Wales.

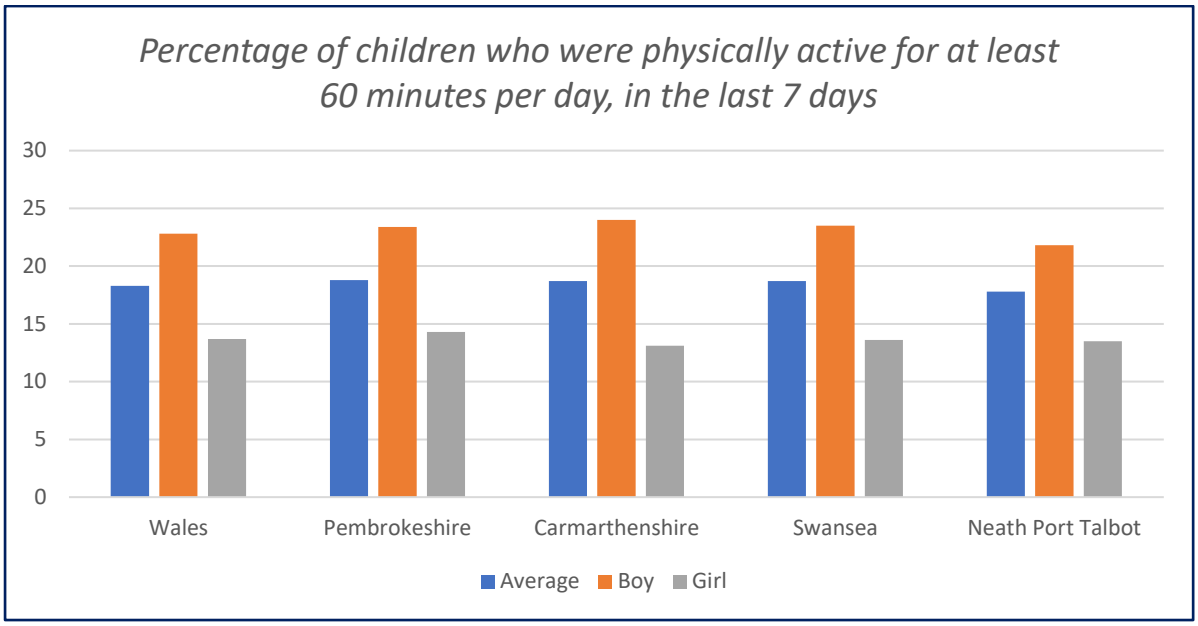
West Wales Deprivation

The Welsh Index of Multiple Deprivation (WIMD) is the official measure of relative deprivation for small areas in Wales, combining eight domains (income, employment, health, education, access to services, community safety, physical environment, and housing) to provide an overall ranking of deprivation. A rank of 1 indicates the most deprived area, while 1,909 represents the least deprived. Within West Wales, there are 25 Lower Super Output Areas (LSOAs) ranked among the 100 most deprived in Wales, although the majority of LSOAs in the region fall within the 7th decile. Few areas in West Wales fall in the 8th, 9th and 10th deciles indicating low numbers of those living in the least deprived areas.

Children and Young People in West Wales

Physical Activity and Sport Participation

Across West Wales, fewer than one in four children and young people are achieving the recommended 60 minutes of daily physical activity. HAPPEN (2022/23) data show that in primary schools, activity levels vary considerably between local authorities: 33% of pupils in Neath Port Talbot met the daily guideline, compared with 23% in Carmarthenshire, 20% in Swansea, and just 16% in Pembrokeshire. By secondary school, activity levels decline sharply, with SHRN (2022/23) showing that only 19% of pupils across the region meet the guideline, and a persistent gender gap of 22–24% of boys compared with just 13–14% of girls.



Organised sport remains a key contributor to activity, though inequalities are clear. The School Sport Survey (2022) found that 42% of pupils in West Wales took part in sport at least three times per week, slightly above the Welsh average of 39.5%. Participation was highest in Neath Port Talbot (46.0%), followed by Pembrokeshire (42.3%), Swansea (40.6%), and Carmarthenshire (40.5%). In every authority, boys were more likely than girls to take part—for example, in Swansea 45.4% of boys reported three or more sessions weekly compared with 37.6% of girls, and in Neath Port Talbot the gap was 49.9% vs 41.7% (See Spotlight 1 for a detailed breakdown of participation patterns by age and sex). Pupils with a disability or additional learning need were also less active, with only 36% participating three or more times weekly compared with more than half of their peers without ALN. Participation in sport three times per week was highest among children and young people from mixed or multiple ethnic groups (46%), followed by those from white (43%), black (40%), and Asian (31%) backgrounds.

When looking at latent demand for sport across Wales, West Wales, Pembrokeshire, Swansea, and Neath Port Talbot, the top three activities that children most wanted to do more of were swimming, basketball, and football. In Carmarthenshire, however, cycling replaced football in the top three.

Whilst those who joined extracurricular clubs reported high levels of enjoyment, it should be noted that 29% do not take part in lunch or after school sports clubs and 22% do not take part in community clubs, highlighting a significant proportion of the population who do not engage in any activities beyond those mandated by school.

Sedentary behaviour presents an additional challenge. The proportion reporting seven or more sedentary hours on weekdays was highest in Neath Port Talbot (18.4%) and lowest in Carmarthenshire (14.7%), with the regional average broadly in line with the Wales figure (17%). Girls were more sedentary than boys in Swansea, Neath Port Talbot, and Carmarthenshire, while the reverse was observed in Pembrokeshire.

Taken together, these findings highlight, irrespective of age, the majority of children and young people fail to achieve recommended daily activity levels, with gender and inequality gaps.

Spotlight - Organised Sport Participation in West Wales

	All			Boys			Girls			Other			Prefer not to say		
	All	Y3-6	Y7-11	All	Y3-6	Y7-11	All	Y3-6	Y7-11	All	Y3-6	Y7-11	All	Y3-6	Y7-11
Wales	39.5	37.4	41.2	43.2	40.3	45.6	36.4	34.7	37.9	28.1	37.0	25.8	26.2	28.8	24.3
West Wales	42.0	40.8	43.0	45.8	44.7	46.8	38.9	37.1	40.3	28.6		24.4	28	29.0	27.3
Pembrokeshire	42.3	41.5	43.0	44.1	42.6	45.5	41.1	40.6	41.5				36.7		
Carmarthenshire	40.5	37.4	43.0	44.7	41.0	47.7	36.8	33.9	39.2				25.1		
Swansea	40.6	41.2	40.1	44.5	45.4	43.7	37.6	37.5	37.8				24.3		
Neath Port Talbot	46.0	43.9	47.7	51.0	49.9	51.9	41.7	37.8	44.6						

This heatmap provides a visual snapshot of participation patterns, using a scale from red (low participation) through yellow (moderate) to green (higher). It highlights immediately where engagement is strongest and where there may be scope for targeted improvement. While the figures in green are the highest, they remain far from ideal and should be viewed in that context.

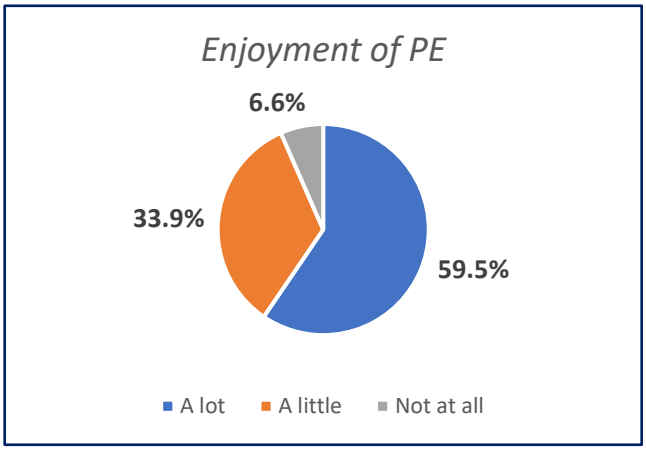
There is a noticeable difference in shading between boys and girls which reflects the persistent gender gap in participation, with boys consistently reporting higher levels of organised sport than girls across all local authorities. The “Other” and “Prefer not to say” groups show some of the lowest participation rates in organised sport, often below one-third. Their consistently lower engagement suggests they may face distinct barriers to participation, highlighting the importance of ensuring these groups are more comprehensively represented in future data collection across all regions so their experiences can inform inclusive provision.

Active Travel

Active travel makes a valuable contribution to children and young people's daily activity, but uptake across West Wales is limited and varies considerably by age and location. HAPPEN (2022/23) data show that in primary schools, many children and young people live within walking distance of school yet still travel by car. In Swansea, 72% of pupils lived close enough to walk, but only 42% reported walking to school on the previous day. Similar patterns were seen in Carmarthenshire and Pembrokeshire, where over 60% of pupils could have walked but only around one-third did so. In Neath Port Talbot, the figures were 64% and 59% respectively, although the very small sample size means these estimates should be treated with caution.

By secondary school, active travel remains underutilised. SHRN (2022/23) found that just 21.5% of pupils in Carmarthenshire and 34.5% in Swansea reported some form of active travel, with Neath Port Talbot and Pembrokeshire falling in between. Across all four authorities, boys were more likely than girls to use active travel.

Physical Education (PE) and School Context



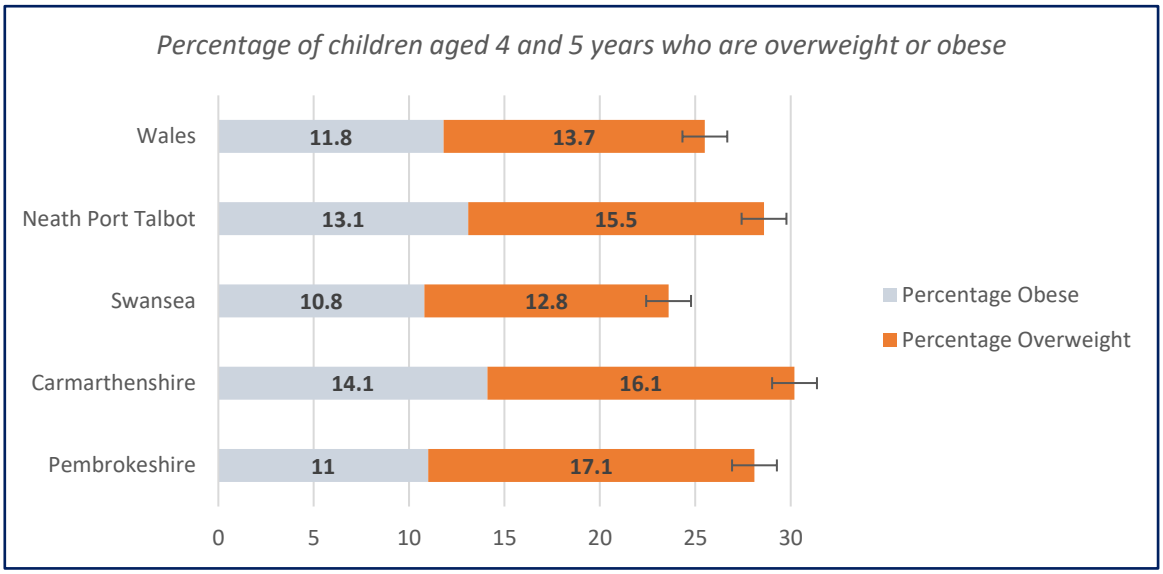
PE is widely recognised as a foundation for lifelong activity, yet provision is inconsistent across West Wales. The School Sport Survey (2022) found that pupils in West Wales received an average of 91 minutes of PE per week, close to the national average of 93 minutes, but with wide variation between local authorities. Pupils in Pembrokeshire (100 minutes) and Carmarthenshire (99 minutes) received the most, while those in Swansea (85 minutes) and Neath Port Talbot (76 minutes) received significantly less. Pupil enjoyment of PE was generally high, although the relatively vague groupings warrant caution in interpretation.

The quality and inclusiveness of PE also vary. In West Wales, 93.4% of primary staff and 87.0% of secondary staff reported that children and young people with disabilities or additional learning needs were included "all of the time." Primary schools were more likely to highlight inclusive spaces, while secondary schools reported greater confidence in modifying activities and using adapted equipment.

Health and Weight Status

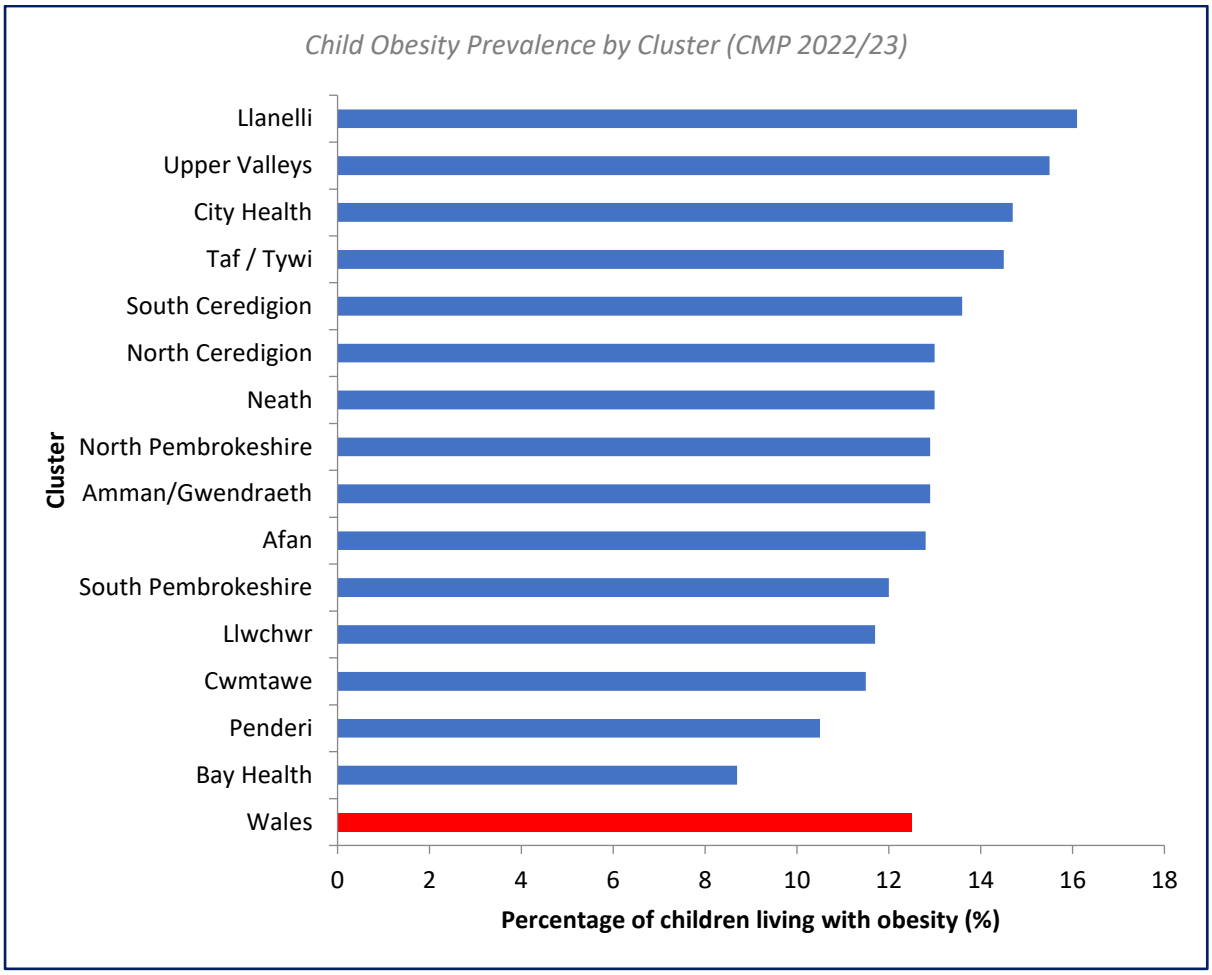
Childhood overweight and obesity remain a significant concern in West Wales, with levels above the Welsh average in three of the four local authorities. Child Measurement Programme data show that at age 4–5 years, around one in three children in the region are

above a healthy weight. Rates vary by local authority: 23% in Swansea (the only authority below the Wales average), rising to over 30% in Carmarthenshire, with Neath Port Talbot and Pembrokeshire also reporting levels above the national figure.



Smaller area data provide further insight into where challenges are most concentrated. Within Carmarthenshire, for example, 16.1% of children in Llanelli were living with obesity, compared with just 7.1% in Bay Health, a stark contrast within the same county. Similar intra-regional variation is evident elsewhere, with clusters in more deprived urban areas recording substantially higher prevalence than rural or more affluent areas. These differences highlight opportunities for targeted, place-based action rather than uniform approaches across each local authority.

Strong deprivation gradients are evident across all areas. In Hywel Dda, the proportion of children above a healthy weight rose from 25.0% in the least deprived quintile to 30.9% in the most deprived, while in Swansea Bay the figures were 21.9% to 27.0%. These inequalities mirror national patterns but are particularly acute in certain communities within West Wales, reinforcing the importance of addressing obesity as both a public health and equity issue.



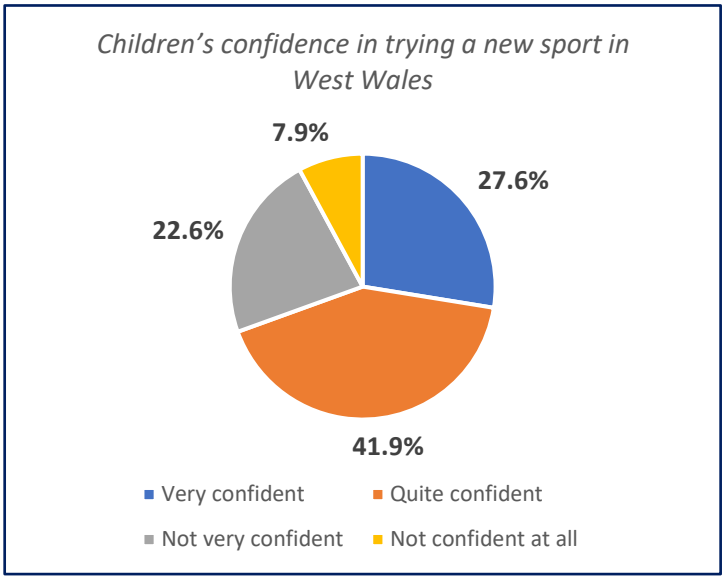
Overall, the evidence suggests that while obesity is a regional challenge, it is not evenly distributed. Higher rates in specific clusters such as Llanelli, combined with deprivation-related gradients, demonstrate the need for a place-based approach that prioritises those communities facing the greatest burden.

Drivers and Barriers to Participation

Children and young people's motivations for participating in sport and physical activity are shaped by enjoyment, confidence, and social connection, with potential differences by age and sex that warrant further exploration.

In primary school, HAPPEN data show that enjoyment, having fun with friends and learning and improving skills were the primary motivators. Motivation to compete against themselves or in a team setting were consistently lower but still valued by a majority (≥ 72%).

The School Sport Survey shows that most children and young people reported good to high levels of confidence to try a new sport. Pupils identified that opportunities better suited to their preferences (reported by 34–40% across local authorities) and having more available time (36–37%) would help them do more sport. Practical supports such as affordable costs, easier travel, and having someone to go with were also highlighted as important enablers.



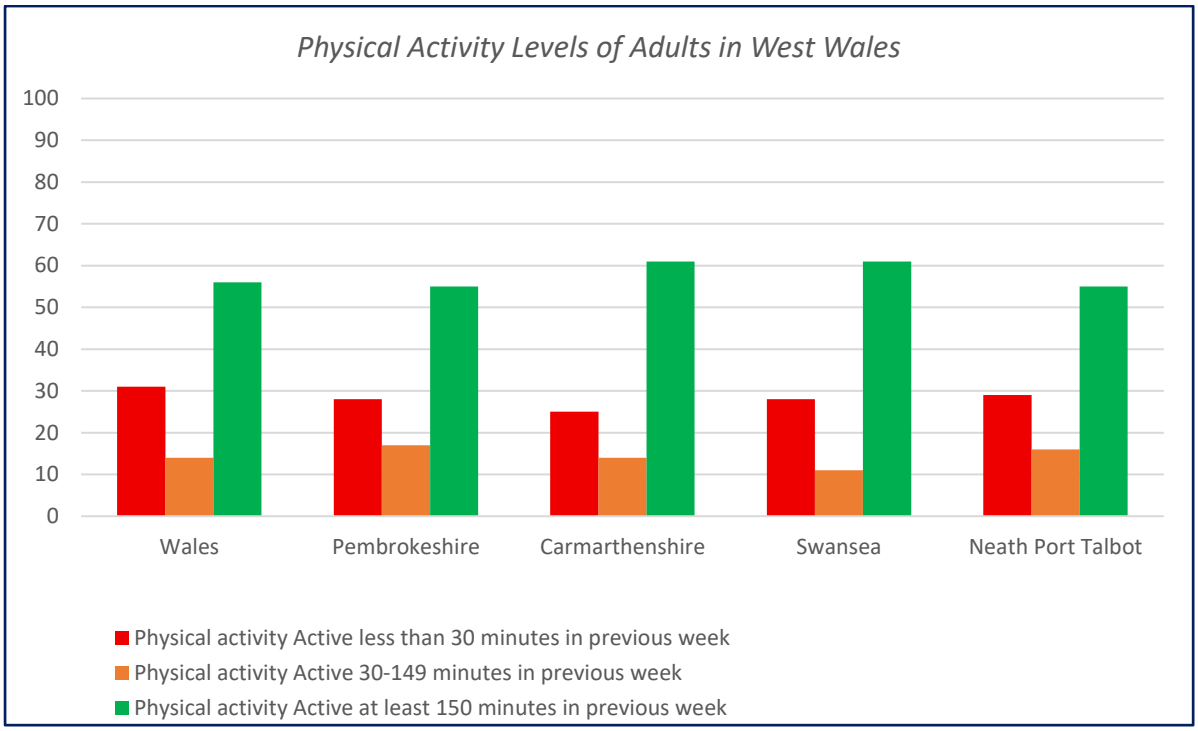
Findings from the School Sport Survey provide additional insight into the factors shaping what sports schools are able to offer. The most influential enablers in both primary and secondary schools were the facilities available (91% and 98%), access to equipment (80% and 81%), and staff skills (82% and 68%). Pupil preference was also important, though the pattern differed by phase. In primary schools, 55% of staff in West Wales reported that pupil voice influenced PE provision, above the national average of 48%, while in secondary schools the reverse was true, with only 70% citing pupil preference compared with 79% nationally. Less influential were historical precedence, staff capacity (37% in primary and 44% in secondary), and additional support, which were all reported by fewer than half of schools.

Taken together, these findings highlight a mix of internal factors (confidence, preference, enjoyment) and structural factors (facilities, staff expertise, resources) that shape participation. While children and young people are motivated by fun, skills, and friendships, their ability to take part is strongly determined by the opportunities schools can realistically provide. Strengthening pupil voice, increasing access to facilities and equipment outside of school hours, and supporting staff training are likely to be the most effective levers to reduce barriers and enable greater engagement in physical activity.

Adults

Physical Activity and Sport Participation

Across West Wales, the majority of adults reported achieving the recommended 150 minutes of moderate-to-vigorous physical activity per week according to the National Survey for Wales, with little variation according to local authority. The percentage of adults reporting less than 30 minutes of physical activity per week was also lower than the national average across all regions of West Wales. Whilst positive, at least one in four adults was still insufficiently active across all four areas.



Participation in organised sport was generally in line with the average for Wales (39%; Carmarthenshire: 42%, Swansea: 40% and Neath Port Talbot: 38%), with the exception of Pembrokeshire who reported only 32% of adults taking part in sport three or more times per week. In West Wales, 31% of people reported a demand for more sport, with similar proportions among women (37%) and men (39%), while 8% had an unmet demand. The greatest latent demand was for swimming, followed by fitness classes and cycling. Other popular activities included walking, American football, football and golf, tennis, fishing, and horse riding. This may highlight opportunities for local authorities and leisure providers to expand access to these sports.

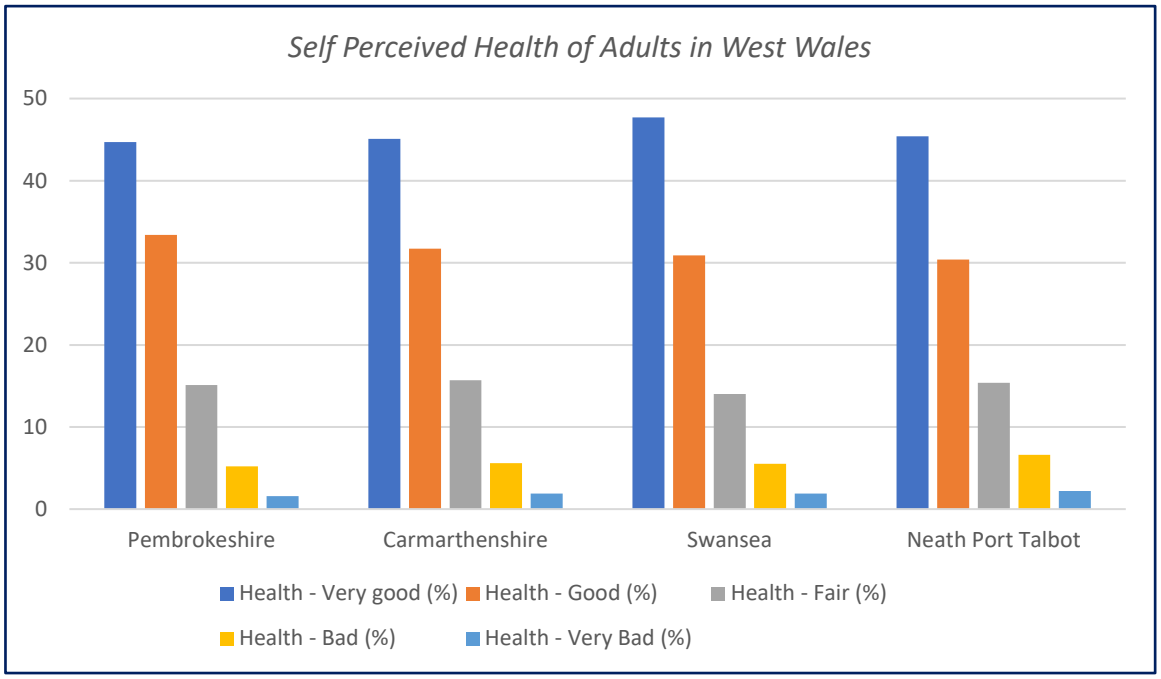
Adults with a disability or long-term illness were far less likely to be active (21% participating in sport three or more times a week) compared with those without such conditions (41%). The limited sample size requires caution, but these findings suggest inequalities in activity levels, with disabled adults potentially facing greater barriers to regular participation. Preferences for future opportunities were similar to those without disability, with swimming the most frequently requested activity.

Participation in sport in West Wales varies across ethnic groups, although small sample sizes mean findings should be interpreted with caution. Among adults identifying as White (Welsh, English, Scottish or Northern Irish), around one in three reported participating in sport three or more times per week, with similar levels reported among adults from other White backgrounds (34%). The highest engagement was reported among those from Black, Asian or Minority Ethnic (BAME) groups, with almost half (46%) reporting participating in sport three or more times per week. While these figures suggest encouraging levels of

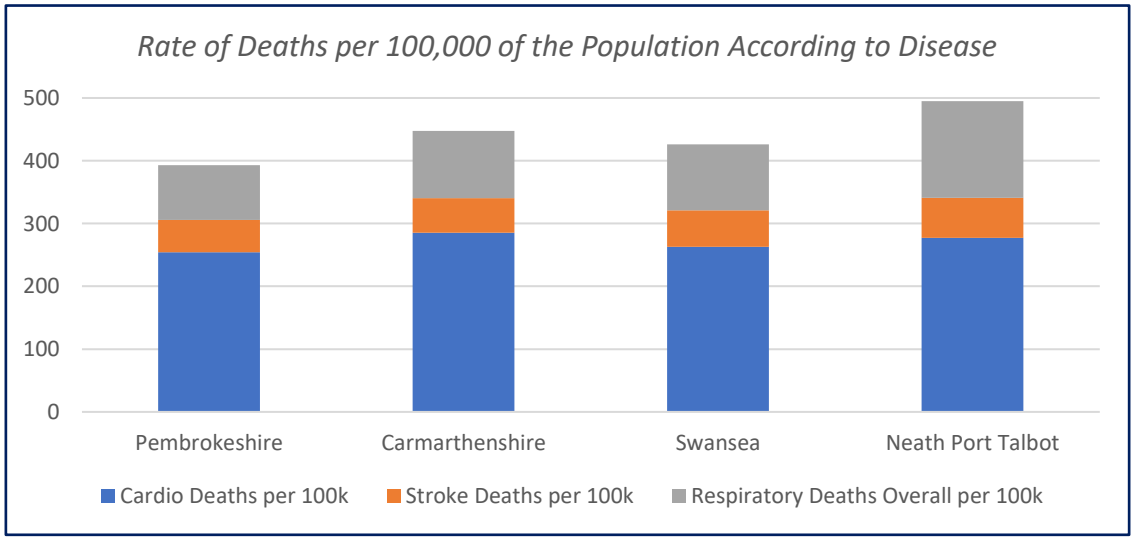
engagement among ethnic minority groups, the limited sample size make it difficult to draw firm conclusions.

Health and Weight Status

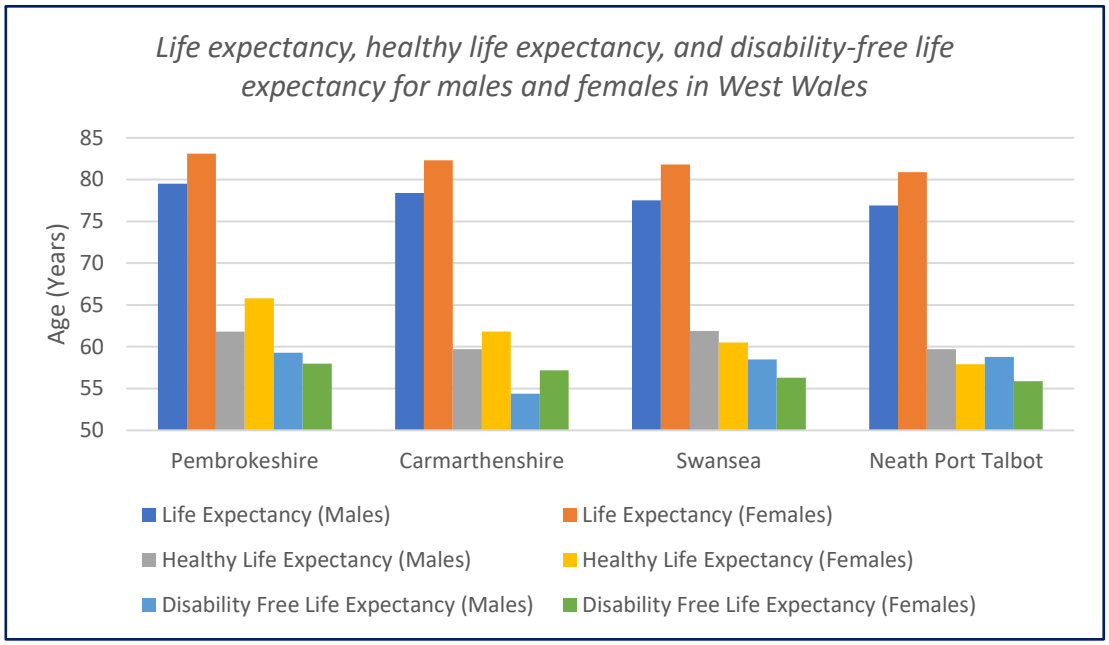
The majority of people report their health as either “very good” or “good,” accounting for around three-quarters of the population. Swansea had the highest proportion of residents describing their health as “very good” (47.7%), while Neath Port Talbot had the highest proportion reporting “bad” or “very bad” health (8.8%).



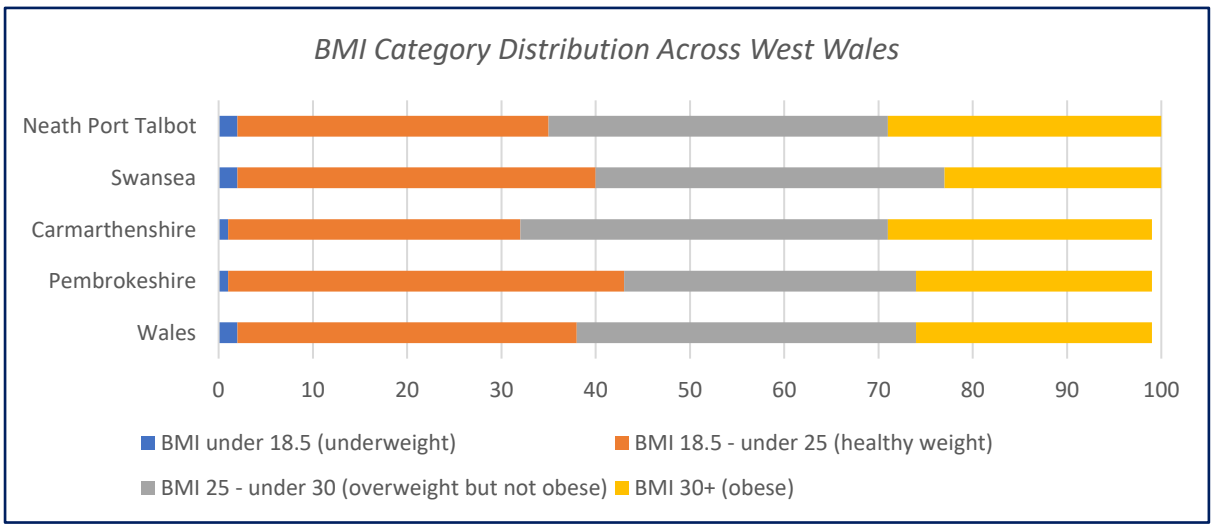
Long-term conditions are widespread, with cardiovascular disease accounting for the largest share of mortality in all four authorities, followed by respiratory conditions and stroke. Overall, Neath Port Talbot records the highest combined mortality across all three causes, while Pembrokeshire shows comparatively lower rates, indicating notable health inequalities across West Wales.



Females live longer than males in each area, with female life expectancy ranging from 80.9 years in Neath Port Talbot to 83.1 years in Pembrokeshire, compared with 76.9–79.5 years for males. However, when considering years lived in good health, the gap between males and females narrows substantially. For example, in Carmarthenshire, females live an average of 82.3 years, but only 61.8 years in good health, whereas males live 78.4 years with 59.7 years in good health. Disability-free life expectancy shows an even starker picture, with both males and females in Neath Port Talbot expected to live fewer than 60 years without disability.



According to both the National Survey for Wales and the Health Needs Assessment, over half of adults in West Wales are overweight or obese. Carmarthenshire has the lowest percentage of adults with a healthy weight (31%), whilst Pembrokeshire has the highest (42%). These regional differences are similarly evident when the population is split into those aged 16 – 64 years and 65+ years, with only 30 and 34 %, respectively, reporting a healthy weight in Carmarthenshire compared to 39 and 44 %, respectively, in Pembrokeshire.



Overall, the data highlight that excess weight remains a significant issue across West Wales, mirroring trends seen across Wales as a whole.

Accessing and Using the Interactive Dashboard

Whilst this report offers a high-level overview of the key data collected from across the West Wales region, a more detailed and interactive exploration of the findings is available through the regional dashboard. The dashboard allows users to examine the data in greater depth and at a more granular level, supporting tailored insights for specific localities or themes. To request access to the interactive dashboard, please contact WWSP.

Recommendations

Based on the findings of this data review and mapping exercise, the following recommendations are proposed to guide the West Wales Sports Partnership and its stakeholders in addressing key priorities across the region.

1. Drive place-based approaches in the most deprived communities

Deprivation is a key driver of inequality in West Wales, with 25 LSOAs among the most deprived in Wales. Health challenges are particularly acute in Swansea and Neath Port Talbot. WWSP should prioritise targeted investment in these areas, co-designing programmes with schools, health partners, and community groups. Place-based approaches will ensure resources have the greatest impact on reducing inequalities.

2. Support girls' activity and active travel as growth areas

Persistent gender inequalities in physical activity and low levels of active travel highlight two priority areas. Girls report lower participation across all age groups, and many children and young people - especially girls - do not actively travel to school despite living nearby. WWSP should enable stakeholders to co-design inclusive, fun, and socially driven opportunities that appeal to girls, while also advocating for safe and accessible active travel infrastructure. These approaches address both health and environmental goals.

3. Advocate for parity in PE provision across West Wales

PE provision varies widely, from 76 minutes per week in Neath Port Talbot to 100 minutes in Carmarthenshire and Pembrokeshire. WWSP should influence schools and local authorities to ensure all pupils have equal access to curriculum PE, tackling disparities that reinforce inequalities. Advocacy should also focus on staff training, resourcing, and timetabling to ensure inclusive, high-quality provision.

4. Empower local action on adult behaviours

Adult participation in physical activity varies across the region, with some groups (e.g., disabled adults) facing greater barriers. WWSP should work with health boards and community partners to integrate physical activity promotion into community initiatives and ensure support reaches those in areas of greatest need. Coordinated, place-based interventions can reduce long-term health inequalities and improve quality of life.

5. Understand barriers and enable engagement in existing opportunities

Rather than focusing solely on new provision, WWSP should work with partners to address barriers to participation in activities with high latent demand (e.g., swimming, fitness classes, cycling). By tackling affordability, accessibility, and confidence barriers, more residents can be enabled to engage with existing opportunities. This approach will unlock unmet demand and maximise the use of current infrastructure and services.

Conclusion

This first State of the Region review provides a comprehensive picture of sport, physical activity, and health across West Wales. The findings highlight both the strengths of the region and the persistent inequalities that continue to shape opportunities for children, young people, and adults. Levels of activity are encouraging in some areas, but the evidence is clear that gaps emerge early in life and widen with age, particularly for girls, those living in more deprived communities, and adults experiencing long-term health challenges.

At the same time, there are many reasons for optimism. The commitment of stakeholders, the appetite for collaboration, and the willingness to share and apply data represent a strong foundation for progress. The interactive dashboard developed through this project offers a powerful tool to translate evidence into localised insight, enabling smarter, more targeted decisions. The recommendations set out in this report provide a clear roadmap for strengthening capacity, embedding data into practice, and driving place-based approaches where they are needed most.

Moving forward, the challenge is to turn insight into action. By working together to address barriers, champion inclusion, and invest in opportunities that meet local need, the West Wales Sports Partnership and its partners can create the conditions for a healthier, more active, and more equitable region. This report is not an end point but a starting line — one that positions West Wales as a leader in using evidence to inspire change and deliver impact for all communities.

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Appendix A – Stakeholder Survey

West Wales Sports Partnership (WWSP) - Data Review and Mapping

The Welsh Institute of Physical Activity, Health and Sport (WIPAHS) have been commissioned by the WWSP to support with reviewing and mapping data for the region. This short survey seeks to understand how stakeholders use, interact with, and perceive datasets related to health, well-being, sport, physical activity and active recreation in West Wales. Your responses will help us identify where support is needed and how data can be better disseminated and applied locally.

Section 1: About You

1. Email address:
2. Organisation:
3. Job role/title:
4. Geographical area of focus (select all that apply):
   ☐ Pembrokeshire
   ☐ Carmarthenshire
   ☐ Neath Port Talbot
   ☐ Swansea

Section 2: Confidence

5. How confident are you in these same areas?
   (Scale: Very Confident | Confident | Somewhat Confident | Not Confident | Not Applicable)
   a. Accessing publicly available data relevant to your role
   b. Understanding or interpreting publicly available data
   c. Using data to inform decisions or develop projects
   d. Communicating or presenting data to others
   e. Knowing where to find relevant datasets
6. To what extent does your organisation place a prioritiy on the following?
   (Scale: Very High Priority, High Priority, Medium Priority, Low Priority, Very Low Priority)
   a. Data/Insight Gathering
   b. Monitoring/Evaluation
   c. Making Data-Informed Decisions

Section 3: Familiarity and Use of Research and Insight

7. Please indicate your level of familiarity and use for each research and insight resource listed below:
   (Tick all that apply)

Dataset	**Heard of it**	**Never Heard of it**	**Used it**	**Would find it useful**
Sport Wales - School Sport Survey (Children)				

Sport Wales – School Sport Survey (Staff)				
Child Measurement Programme				
Primary Care Clusters				
HBSC / SHRN				
National Survey for Wales				
HAPPEN Data				
Well-being of Wales				
Wales Activity Tracker				
Facility Data (e.g. access, usage, availability)				
Play Wales – Play Sufficiency Survey				
Welsh Index of Multiple Deprivation (WIMD)				
Disability Sport Wales – National Sport Snapshot Survey				
ARCH Health Needs Assessment				
Data Cymru				
National Governing Body (NGB) High Level Participation Data				
National Partners Data (Urdd, StreetGames, Disability Sport Wales etc)				

8. If you selected that you used the research and insight above, please tell us which, how and what you use it for.

9. Are there any other pieces of research and insight you use or believe would be useful that aren't listed above?

10. Do you have any other comments about the pieces of research and insight listed or any others you've mentioned?

11. Do you use any individual programme evaluation documents to help inform your practice? If yes, which evaluation document(s) do you use and why? Examples include the Sport Wales Active Leisure Scheme Evaluation, the Active Education Beyond the School Day Evaluation and the National Exercise Referral Scheme Evaluation.

12. How often do you or your organisation collect your own data?

- Regularly
- Occasionally
- Rarely
- Never
- Not sure

13. Please provide some information on what types of insight you or your organisation collect and what you do with this insight.

14. Why do you gather this data or insight?

15. What are your views on sharing your collected insight (in line with relevant data protection regulations) with the Sports Partnership and/or other stakeholders in West Wales to support physical activity, health, sport and active recreation?

16. On what platforms would you feel confident sharing the data?

    a. One Drive
    b. Dropbox
    c. Google Drive
    d. Azure
    e. Other (please specify)

Section 4: Views on Data Use and Support Needs

17. What are your general thoughts on accessing and using research and insight in your role or at your organisation?

18. If data were provided in a raw format (e.g. Excel or CSV), how would you feel about interpreting it?

    - Very confident
    - Somewhat confident
    - Not confident
    - I would need support
    - I wouldn't use it in that format

19. What would make data more accessible and useful to you? *(Select all that apply)*

20. More visual summaries (e.g. dashboards, infographics)

    - Regular briefing notes or email updates
    - Localised data (e.g. regional or local authority level)
    - Data interpretation workshops
    - Case studies showing how data has been applied

- Clear explanations of datasets and methodologies
- A central access point for relevant data
- Other (please specify)

Section 5: Future Opportunities and Support

21. Would you be interested in receiving future support in any of the following areas? *(Tick all that apply)*

- Training on finding and using public data
- Understanding data limitations and caveats
- Embedding data into planning and evaluation
- Co-producing insights from existing datasets
- Opportunities to inform data collection priorities

Appendix B – Description of Data Sources

Child Measurement Programme

The Children's Measurement Programme (CMP) provides an important source of population-level data on children's growth, health and well-being in Wales. By collecting standardised measurements of height and weight for children at key stages, the programme monitors levels of childhood overweight and obesity and tracks trends over time. This evidence is crucial for understanding patterns of health across different communities, identifying inequalities, and informing strategies to promote healthier lifestyles from an early age. Within West Wales, the CMP offers valuable insight into the health of local children and supports schools, health services, and policymakers in developing targeted interventions to improve outcomes.

School Health Research Network

The School Health Research Network (SHRN) is a unique policy–practice–research partnership between Welsh Government, Public Health Wales, and Cardiff University. In 2023, all secondary schools in West Wales (except for one in Carmarthenshire) took part in the SHRN survey, providing a robust and representative evidence base. The survey captures rich information on young people's health, well-being, behaviours, and school environments, offering valuable insights that complement other child-level data sources and highlight the broader context in which children and adolescents are growing up.

School Sport Survey

One of the largest surveys of its kind, the 2022 School Sport Survey provided young people across Wales with the opportunity to share their views on sport and physical activity. Delivered by Sport Wales in partnership with schools and local authorities, the survey offers a detailed picture of participation levels, behaviours, and attitudes, helping to shape understanding of how sport and physical activity fit into young people's lives. In 2022, more than 116,000 pupils took part, including 24,572 from West Wales, making it one of the most comprehensive sources of evidence on children and young people's engagement in sport and well-being. The findings are widely used by schools, local authorities, and national organisations to inform planning, target investment, and track progress against policy priorities for children and young people in Wales.

Health and Attainment of Pupils in a Primary Education Network (HAPPEN)

The HAPPEN Primary School Network is a research initiative led by Swansea University that works with schools to better understand and improve children's health, well-being, and education across Wales. Through the HAPPEN Survey, primary school aged children share their views and experiences on a wide range of topics, including health behaviours, physical activity, nutrition, and well-being. In the most recent survey, a total of 7,016 children across Wales took part, including 882 from Carmarthenshire, 22 from Neath Port Talbot*, 308 from

Pembrokeshire, and 934 from Swansea. This provides valuable insight into the health and well-being of primary school-aged children across West Wales, supporting schools, local authorities, and policymakers to create healthier environments for young people.

***Given the very small sample from Neath Port Talbot, results should be viewed with caution.**

A Regional Collaboration for Health (ARCH) Health Needs Assessment (HNA)

The ARCH HNA delivers a comprehensive snapshot of the current state of health and well-being across the ARCH region, specifically within the Hywel Dda University Health Board and Swansea Bay University Health Board. Drawing together data from multiple sources, it highlights key health challenges and inequalities affecting communities in South-West Wales. This evidence forms a critical foundation for decision-making, helping to guide policy direction, allocate resources, and shape interventions that address the region's most pressing health needs. ARCH used the following data sources to compile the HNA:

- ONS Census, 2021
- Digital Health and Care Wales Health Map Wales, 2023
- Public Health Outcomes Framework, 2022

National Survey for Wales

From 2016-17 onwards the survey includes topics previously covered by the Welsh Health Survey, Active Adults Survey, Arts in Wales Survey, and Welsh Outdoor Recreation Survey. This took the form of a random sample, 45-minute face-to-face survey of around 12,000 adults each year (aged 16+) living in private households across Wales. In May 2020, due to the COVID-19 pandemic, the survey was redesigned as a 20-minute telephone survey. For May to December 2020, respondents came from those who had completed the National Survey face-to-face in previous years and who had agreed to be re-contacted for further research. From January 2021 onwards, a fresh sample of households was selected at random. From this point, The National Survey for Wales involved conducting interviews with people aged 16 and over based on a randomly selected sample of residential addresses across Wales. The data presented in this report is from the 2022-2023 survey.

Appendix C – Welsh Index of Multiple Deprivation (LSOA's in West Wales)

Local Authority	Lower-Layer Super Output Area (LSOA)	WIMD Rank
Pembrokeshire	Pembroke Dock: Llanion 1	62
	Haverfordwest: Garth 2	71
	Pembroke: Monkton	85
Carmarthenshire	Tyisha 2	17
	Glanymor 4	68
	Bigyn 4	84
Swansea	Townhill 2	16
	Townhill 1	18
	Penderry 3	22
	Castle 1	23
	Penderry 1	31
	Townhill 3	32
	Castle 2 North	36
	Mynyddbach 1	37
	Townhill 5	41
	Penderry 4	48
	Townhill 6	58
	Bonymaen 1	81
	Morriston 5	95
Neath Port Talbot	Briton Ferry West 1	25
	Cymmer (Neath Port Talbot) 2	38
	Aberavon 4	44
	Neath North 2	49
	Sandfields West 2	55
	Sandfields East 2	76
	Neath East 1	82

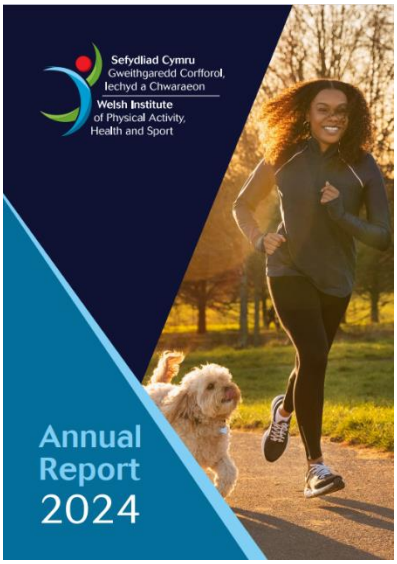
Welsh Institute of Physical Activity, Health and Sport

WIPAHS is a pan-Wales network of all eight Welsh Universities and Sport Wales. With members based across Wales, we can capitalise on the nation's unique culture and its remarkable range of expertise, infrastructure, and facilities. WIPAHS brings together world-leading academics, with representatives from Sport Wales and Welsh Government, who are driven to answer practice-based questions, identify fundamental research questions, and ensure that findings are reflected in Welsh policy and practice. An advantage of working with WIPAHS is the access to such breadth of knowledge and resource available across the partners.

Our research expertise includes health inequalities and the use of physical activity as medicine. We are also experts in physical literacy, and the application of technology to promote physical activity or manage health conditions. Whilst working across the lifespan, many of our researchers are leading experts in using physical activity to improve short- and long-term outcomes in children and young people. Researchers have contributed to numerous Chief Medical Officer's physical activity and health expert working groups (including children and young people guidelines), Physical Activity in the National Institute for Health Care Excellence (NICE) quality standards advisory committee for childhood obesity and are a WHO HEPA Europe Steering Committee Member.

As a practice-driven organisation, WIPAHS seeks to answer the questions posed by partners working in the field, as well as widely disseminate knowledge across a diverse range of audiences. WIPAHS uses the transformative power of physical activity and sport to improve the lives of people in Wales.

Further information on projects we have led and supported can be found in our Annual Report 2024.



Sefydliad Cymru
Gweithgaredd Corfforol,
Iechyd a Chwaraeon

Welsh Institute
of Physical Activity,
Health and Sport

If you are interested in finding out how WIPAHS can help your organisation to answer important research and evaluation questions, provide your organisation with important insight, or identify collaborators, please do get in touch.

If you already have a specific project in mind, please complete our expression of interest form.

We will then get in touch to discuss your needs.

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