**RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL**

**CABINET**

**16TH FEBRUARY 2017**

**SOCIAL SERVICES AND WELLBEING ACT: IMPLEMENTATION PROGRAMME WELLBEING OF FUTURE GENERATIONS ACT: IMPLEMENTATION PROGRAMME. UNDERSTANDING OUR COMMUNITIES : THE POPULATION NEEDS ASSESSMENT AND THE WELL-BEING ASSESSMENT**

**REPORT OF GROUP DIRECTOR, COMMUNITY & CHILDREN'S SERVICES AND GROUP DIRECTOR, CORPORATE & FRONTLINE SERVICES, IN DISCUSSION WITH THE RELEVANT PORTFOLIO HOLDER, COUNCILLOR ANDREW MORGAN, COUNCILLOR GERAINT HOPKINS, COUNCILLOR MIKE FOREY AND COUNCILLOR JOY ROSSER**

**Author:** Nicola Davies, Head of Health and Wellbeing, Cwm Taf UHB - 01443 744824

1. **PURPOSE OF THE REPORT**

1.1 This report provides an update from the Cwm Taf multi agency workstream tasked with producing the Population Needs Assessment (PNA) required under part 2 of the Social Services and Well-being (Wales) Act (SSWB Act) and the Well-being Assessment (WBA) required under the Well-being of Future Generations (Wales) Act (WFG Act). It covers both Assessments but the consultation and approval processes are different for each Assessment. These arrangements are covered in section 7.

2. **RECOMMENDATIONS**

It is recommended that Cabinet

2.1 note the progress made;

2.2 note the current stage of engagement and consultation as part of the various governance and approval processes;

2.3 consider the draft Assessments and Briefing documents and provide any comments to inform the final versions;

2.4 note the Well-being Assessment will be approved by the Cwm Taf Public Services Board on 14th February 2017;

2.5 note the Population Needs Assessment will need to be approved by RCT Full Council on 22$^{nd}$ February 2017; Merthyr Tydfil Full Council on 22$^{nd}$ February 2017 and Cwm Taf University Health Board on 1$^{st}$ March 2017, with any other reasonable adjustments being approved by the Cwm Taf Social Services and Well-being Partnership Board on 9$^{th}$ March 2017.

## 3.    <u>REASONS FOR RECOMMENDATIONS</u>

3.1 Although the specific statutory consultation and approval requirements for each Assessment are different in terms of their routes through Local Authority, Health Board and other partners, it was agreed that having undertaken a combined approach to manage this project, we would be consistent in presenting both Assessments to the various Scrutiny committees, Local Authority Cabinets, Full Councils and University Health Board during January and February 2017.

3.2 Whilst appreciating the differences between the two Assessments, considering both together will help an understanding of where there are important connections between the two Assessments - improving the social, economic, cultural and environmental well-being of people in Cwm Taf at a population level will also have a positive impact on individual wellbeing in terms of care and support needs and how they can best be met.

3.3 The Wellbeing Assessment is subject to consultation with a range of statutory consultees (including Local Authority Scrutiny Committees) before approval by the Public Services Board, whereas this consultation stage is not formally required for the Population Needs Assessment. The Code of Practice for the SSWB Act requires that the PNA is approved by Full Councils in each Region and the Health Board.

## 4.    <u>BACKGROUND</u>

4.1 In order to provide a better future for the people of RCT and Merthyr Tydfil, public services must understand the population that lives in the area now and the population likely to live here in the future. This improves understanding of the wider context of people's lives, what is important to communities and the things impacting on their wellbeing. This enables services to plan appropriately together, commission successful initiatives and support people to live the best lives they can.

4.2 Understanding communities is not just about statistics; it includes information from those working in the public, independent and voluntary sectors. With the help of all partners, including the people living in Cwm Taf, a more complete picture about our communities can be painted.

**4.1.   Population needs assessment**

4.1.1   The SSWB Act requires a **population needs assessment**. The Code of Practice sets out that Local Authorities and Local Health Boards must jointly carry out an assessment of the needs for care and support, and the support needs of carers and identify:

- The extent to which those needs are not being met;
- The range and level of services required to meet those needs;
- The range and level of services required to deliver the preventative services required in section 15 of the SSWB Act; and
- How those services will be delivered through the medium of Welsh.

4.1.2   The first population assessment must be produced by **April 2017**. The combined report will be a rich source of information for everyone to use. It should be used to drive change by informing various planning, commissioning and operational decisions to help develop services to meet the needs of our communities.

4.1.3   In undertaking this assessment, public services must use both quantitative and qualitative data. This will involve engagement with a wide range of stakeholders, including service users, service providers and the public. An assessment must be undertaken for each Local Authority area, analysing evidence geographically as well as by the following theme groups:

- Carers;
- Children and young people;
- Heath and physical disabilities (including sensory impairment);
- Learning disabilities;
- Mental health;
- Older people; and
- Violence against women, domestic abuse and sexual violence.

4.1.4   A combined population assessment report must then be produced based on the Cwm Taf footprint. The reporting route is through the Cwm Taf SSWB Transformation Leadership Group to the Cwm Taf SSWB Partnership Board.

4.1.5   The population needs assessment will inform the development and implementation of a **local area plan** by May 2018 which will outline the specific services planned in response to each core theme identified in the assessment. Following consultation on proposed statutory guidance in relation to the area plan, Welsh Government (WG) intend to publish the final version in early 2017.

**4.2   Well-being assessment**

4.2.1   The WFG Act requires a **well-being assessment**. The public service organisations in Cwm Taf must prepare and publish an assessment of the state

of economic, environmental, cultural and social well-being. The assessment must include:

- Identification of the geographic community areas within the area;
- Analysis of the state of well-being of people/communities in the area;
- Analysis of the state of well-being in each identified community area; and
- Predictions of future trends of the area.

4.2.2 The first wellbeing assessment must be published by **April 2017**. The assessment will provide an overview of well-being in Cwm Taf, which will inform the understanding of communities and the design and delivery of services within those communities.

4.2.3 The assessment must use an extensive range of sources including both quantitative and qualitative evidence and also take the opportunity to capture the strengths and assets of people and their communities.

4.2.4 One Cwm Taf Public Services Board (PSB) has been established, covering the region. The reporting route is through the Cwm Taf Strategic Partnership Board to the PSB.

4.2.5 For public services, the wellbeing assessment will be used to inform the development of a **Local Well-being Plan** by May 2018 setting our key local objectives to be delivered together.

**4.3    Progress to date**

4.3.1 It was agreed by partners early on in the process that the work needed to undertake the two assessments would be managed as one project. It was also agreed that we wanted to take an innovative and fresh approach in order to face the challenge that "if we do things in the way we have always done, we will get what we have always got." This has enabled us to better reflect the 5 ways of working required in the WFG Act (sustainable development principles i.e. Integrate; Prevent; Collaborate; Involve; Long Term), maximised the use of partner skills and capacity and also ensured a more meaningful and robust approach which has identified a range of cross cutting themes to help align our local responses to the two Acts.

4.3.2 Key elements of the process adopted and work to date are described below:

- A multi agency **Core Group** met monthly to oversee and deliver the work needed. Membership included representation from Cwm Taf UHB, RCT and Merthyr Tydfil CBCs, South Wales Fire and Rescue, Natural Resources Wales, Public Health Wales, County Voluntary Councils (CVCs) and Data Unit~Wales. Two sub groups, one for **Data** and one for **Engagement,** were also established to lead the detailed work needed for both the quantitative and qualitative aspects of the assessments. A significant amount of material

was gathered, including statistics from national data sets/catalogues developed by WG and the Data Unit~Wales as well as local information and stakeholder views. This "technical" detail will be available in our online library (see below).

- Members of the Core Group have regularly participated in national and regional networks, sharing learning of the process of producing both assessments. Cwm Taf was used a pilot in producing a national population assessment toolkit (by Social Services Improvement Agency and WLGA) and have been regularly cited as good practice in the approach we have taken regarding our well-being assessment.

- The SSWB Delivering Transformation Grant and the WFG Well-being Fund have been used to fund additional **partnership analytical capacity**. Appointments have been made to two posts (1.6fte) from June 2016 to March 2017.

- The first stage of drafting of the population needs assessment was the production of seven **briefing documents**, one relating to each theme identified within the SSWB Act. The first draft of the well-being assessment produced four briefing documents, one relating to each theme (social, environmental, economic and cultural) of the WFG Act. Each briefing document was assigned a lead author, who worked closely with relevant services and wider partners to produce the document

- A detailed **Engagement Plan "Understanding our Communities"** was produced. Using an assets based approach, the first phase of engagement with stakeholders to inform the documents included:

  - Conversations with various stakeholders at a host of public events across Cwm Taf, using prompts to find out what is important to communities, what is positive/what makes communities happy and ideas on how wellbeing can be improved;
  - Conversations amongst established groups and forums, facilitated by the groups themselves or partners from the Engagement Sub Group, using the same prompts; and
  - Online questionnaires.

- The various Briefing documents were redrafted accordingly to take account of the findings from this initial engagement. A series of facilitated **stakeholder workshops** took place in October and November 2016 to continue the conversations, focusing in particular on the headlines that emerged from the briefing documents, understanding what gaps or limitations there might be and starting to explore some responses. Nearly 250 people attended these workshops, including members of the public and representatives from a number of organisations and groups.

- Opportunities for engagement were promoted through social media, signposting, networking and marketing. The return on all engagement opportunities has been good, with stakeholders getting involved, feeding in and facilitating their own conversations. Detailed reports from our engagement activities will be available in our online library (see below)

- External consultants (the Institute of Public Care, Practice Solutions, Netherwood Sustainable Futures and PwC) have acted as "**critical friends**" at various stages of the process, including facilitation at workshops, analysis and feedback to inform the drafting of the Assessment reports.

- Following the workshops, the briefing documents were further revised, in particular to highlight gaps in data, cross cutting links and common themes. These documents will be linked to overarching **Assessment Reports,** one for the population needs assessment report and one for the wellbeing assessment.

- In relation to the Well-being Assessment, there is a stage of formal consultation required with a number of statutory consultees, including the Overview and Scrutiny Committees in both Merthyr Tydfil and Rhondda Cynon Taf CBCs as well as the Future Generations Commissioner.

4.3.3 These Assessment Reports have been written in a very accessible style to encourage a wider range of stakeholders and service users to read and use them. They will help to provide feedback from our previous engagement activities and also facilitate ongoing conversations as we develop plans and services in response to our findings. The reports will act as a portal to draw people into the work we have done, with further levels of detail and analysis available through the briefing documents (which have also been written to be accessible) and then with the third, most detailed level of evidence being found in the technical library. All of these documents together as a composite collection make up our population and wellbeing assessments as set out in both Acts.

## 4.4    Overview of Assessments

### 4.4.1    Wellbeing Assessment

The draft overarching report for the Cwm Taf Well-being Assessment has been produced and is attached as Appendix 1. It provides an analysis of the common themes arising from the initial engagement exercise, the briefing documents and stakeholder workshops as well as a summary of what we have found - with more detail being available in the four briefing documents which are also available at Appendices 1-6 (one for each of the well-being themes specified in the Act.) The headline messages or issues in these documents, which have been drawn from the analysis of both data and engagement sources, are listed below:

### Cultural

- People need to feel part of their community and many want to offer their time, skills and connections.
- Our heritage and history, landscape and buildings should be celebrated and used in the future.
- Taking part in things seems to be good for everyone's wellbeing.
- Language is an important part of who we are and makes us feel like we belong.

### Economic

- Growing a resilient local economy that recognises the limits of the global environment.
- Helping the movement of people throughout Cwm Taf.
- People in decent work improving their overall wealth.
- People gaining new skills and qualifications to tackle the challenges they face.
- Development that facilitates a growing local economy and recognises the limits of the global environment.

### Environmental

- A healthy natural environment is the foundation for sustained economic growth, prosperity and resilience.
- Cwm Taf's environment (urban and countryside) has an important part to play in improving people's health and wellbeing.
- People want to live in a clean, safe environment and increasingly want to help manage their local areas.
- Communities face significant risks from a changing climate, now and in the future.
- Cwm Taf's unique wildlife is increasingly fragmented and under threat but people can make a difference and help wildlife thrive.
- Children are spending less time outdoors but access to safe, natural play space outdoors has been shown to improve children's physical and emotional wellbeing.

### Social

- Life expectancy and healthy life expectancy are improving in Cwm Taf. However, outcomes for our population are determined by the inequalities that persist.
- A good start in life is fundamental to the wellbeing of future generations.
- Preventing ill health across the population improves wellbeing and reduces inequalities.
- Ageing well in Cwm Taf: meeting the needs of an older population.

- Mental wellbeing: building resilient communities.
- Personal resilience and community cohesion.
- The quality of the home and environment has a substantial impact on wellbeing.
- A change of focus for Cwm Taf - from deficits to assets.

In addition to these specific themes, we discovered that there were many common, cross cutting issues across all four areas and that the segregation of the four themes of well-being is artificial. These are more about the way that organisations can work together and with communities differently for the well-being of future generations. This is the main focus of the Assessment Report for the PSB to consider in their response to the assessment, in developing their Well-being Plan.

As well as these, there are a number of connected issues within the data and information contained in the briefing documents. For example, the importance of building on strengths in local communities, crime and anti social behaviour, movement and connections (in terms of both transport and social links), awareness and information, prevention, infrastructure including housing, the outdoor environment, the importance of a good start in life.

In this way, our approach was recognised by our critical friends as an attempt "to develop a conversation *across* traditional policy silos". We want to make sure that these interconnections, particularly between environmental, cultural, social and economic well-being, as well as the diversity of the issues, are not lost but are explored further in the development of our Well-being Plan.

### 4.4.2  Population Assessment

The draft Assessment Report for the Cwm Taf Population Needs Assessment is attached as Appendix 7.  It provides an analysis of the common themes arising from the initial engagement exercise, the briefing documents and stakeholder workshops as well as a summary of what we have found - with more detail being available in the briefing documents for each of the theme groups as specified in the SSWB Act. These briefing documents are available for members to consider Appendices 7-15.  The headline messages or issues in these documents, which have been drawn from the analysis of both data and engagement sources, are listed below:

**Carers**

- Higher levels of poor physical and mental health, chronic conditions, disabilities atnd ageing population impact on need for informal care and numbers of carers.
- Carers need to be recognised and valued for their caring role. They want to be listened to and have more control but one size does not fit all.

- Carers must be able to find the information and support they need easily and quickly to help them sustain their caring role.
- Carers want to participate in and stay connected to a life alongside caring.
- Carers and service providers must work together with more effective communication and coordination between services, seeing the person and not the problem.

**Older people**

- Older people need and value supportive communities and family networks.
- Older people value their independence and want to live in their own home. They also expect health and social care to work together to coordinate their care.
- Older people want to be treated with dignity and respect and value continuity of care from health and social care services.

**Physical Disability and Sensory Impairment**

- Although a range of support services exist, people are unsure what is available to them and how to access services, support and help.
- People do not identify with the language and definitions that are routinely used by professionals and providers of services.
- Services need to focus on the needs of individuals.
- People with physical disabilities including sensory impairment want to be part of their community removing the barriers that exist.
- Establish early intervention and preventative services rather than reactive services, which often come into play at times of crisis.

**Learning Disability**

- People want to be able to be a part of their community.
- There seems to be more people with lots of different learning difficulties and what people expect from services is changing. This is creating challenges for everyone.
- It is difficult to access support in times of urgency.
- Services need to work together more collaboratively to see the person, not the problem.

**Mental Health**

- Supporting peoples mental health - children and young people, adults, older people.
- Supporting the development of preventative services.
- Developing a common language to improve service provision.
- Improving systems to provide better services and reduce inequalities.

**Violence against women, domestic abuse and sexual violence**

- People need to be empowered to report incidents of violence and take up the services we offer.
- Services need to meet the needs of all groups in our communities.
- Services need to work together to tackle the underlying problems that are leading to violence.
- Services need to protect and support children in families where violence and abuse is happening.
- People who use our services should tell us what they need and how we can do better.

**Children and Young People**

- Adverse Childhood Experiences (ACEs) have a tremendous impact on health and wellbeing later in life.
- Mental Health: Timely access to the right mental health care is crucial if we are to support better mental health among children and young people and reduce pressure on high level need services such as CAMHS.
- Wellbeing: Levels of subjective wellbeing are found to predict future health, mortality, productivity and income.
- Voice of children and young people: We need to get better at involving children and young people, seeking their views and actively listen to what they say

As with our work on the well-being assessment, professionals and members of the public do not identify with these themes when discussing the subjective term of 'well-being'. As such, a number of connected themes (echoing those in the well-being assessment) around the way organisations work together and with communities were identified and are explored in the draft Population Assessment Report.

Likewise, we discovered that there are many cross cutting and common issues, not least because people "belong" to more than one client group (or 'theme' as identified by the Act) and have a range of needs. it will be important to explore these overlaps and ensure effective integrated approaches, as well as the development of joint commissioning arrangements. For example:

- the Cwm Taf Statement of Strategic Intent for Learning Disabilities will need to link with the Cwm Taf Children's Strategy;
- support for Carers will need to be considered in the context of all client groups as carers look after people with a variety of needs as well as themselves also having their own specific needs;
- plans for older people and plans for mental health services will need to be developed together to support people with dementia effectively;

- There is significant overlap between mental health, domestic violence, substance misuse and the risk factors in relation to children needs;
- The need for a range of preventative services, together with improved community capacity and resilience, affects all groups and needs better understanding and a coordinated approach;
- Whilst there is significant focus on health and social care services, our findings have highlighted the importance of housing and accommodation issues as well as the links to other services such as education. We will need to review how these services are effectively involved in the work of the TLG and SSWB PB as we develop the Area Plan in 2017;
- Part 9 of the SSWB Act specifies a number of client groups which are a priority for integrated services and these groups have also been the focus of the Cwm Taf Regional Plan to date. However, this does not include some of the areas covered by the Needs Assessment such as Physical Disabilities, Sensory Impairment, Mental health, Violence against Women. We will need to understand what more we need to do to meet the care and support needs of these groups and how the SSWB PB works more collaboratively with other partnership groups already working in Cwm Taf on some of these issues e.g. the Together for Mental Health Partnership and the Community Safety Partnership.

## 4.5 Process issues/Lessons learnt

4.5.1 The approach we have taken and the products that have resulted are very different from previous needs assessment reports and we are mindful that there will be lessons to learn from this first attempt. Although there are requirements for what must be included in the reports, there is no set process for how it should be done or national template for reports. It is at the discretion of each area how to approach the assessment and present the final report.

4.5.2 A more detailed report identifying lessons learnt and potential next steps for reviews and future Assessments will be completed at the end of the project in April 2017 but the following issues have already been highlighted and will need to be addressed:

### a) Purpose of assessments:

In the same way that both Acts are seen as "transformational", requiring culture change and working differently, we have recognised that the way we undertake, present and use assessments also needs to change. There has been a consensus amongst partners that a greater focus of time and effort should be spent on developing better understanding and analysis in assessments, so as to ensure the intelligence and ability to answer the 'so what' questions and move from a 'situation analysis' to a 'response analysis' of information. This is reflected in the different approach we have taken to produce these Assessment Reports.

There is still a danger that gathering and presenting data becomes an end in itself and that assessments are either not robust enough or not being used appropriately to drive change by informing decision making, priority setting, commissioning and service delivery. WG have suggested that response analysis will feature most heavily in the Plans produced following the Assessments rather than in the Assessments themselves which are realistically likely to see an 80:20 split between situation / response.

This is the first time that these Assessments have been required and it has been a learning process for all involved – both nationally and locally. The feedback from our external critical friends is that we have made a good start in establishing our assessments as a platform / key strategic process which will help partners to understand future needs and demand, engage with stakeholders and plan for the future. We will need to build on this as we undertake the detailed work needed to produce the Well-being Plan and Area plan.

Data:

Despite there appearing to be an overwhelming amount of data available, both in the catalogues and data sets produced by the Data Unit for WG to support the assessments, as well as in terms of other national and local data sources, it is still difficult in some instances to really understand what is the story behind the data, what is it actually telling us and/or does it tell us what we really need to know. This was particularly challenging for lead authors when they are corporate officers, rather than 'experts' in these fields of interest.

In particular, drilling down and analysing data by sub Local authority/community areas is challenging in terms of data availability and disaggregation but this would help to illustrate how things vary from place to place and uncover variations and nuances in wellbeing and care and support needs across Cwm Taf. We need to be careful that we develop solutions that are not homogenous as one size does not fit all.

Given the wide range of data sources, reporting mechanisms and differing skills and capacity across partner organisations to gather and analyse the data, there is more work to be done around this aspect going forward. There are opportunities for further developments in data quality, analysis, sharing and presentation of information - this will need to link in with the approach being taken to the development of a new Cwm Taf Partnership Information Management system and online data observatory.

## b) Online library / data observatory:

The approach locally recognised that both Acts are transformational and require new ways of working. We therefore wanted our assessments to reflect this and, in particular, be accessible to our stakeholders, as well as providing partners with a clear framework for the subsequent development of plans in response.

It has been very challenging to balance the level of detail needed whilst still ensuring they are user friendly. In order to do this, we have created an online library where our evidence base of technical resources, detailed data and engagement reports can be found. This will become part of the new Cwm Taf Partnership Information Management system being developed for the PSB.

## 4.6. Next steps: consultation and approval processes

4.6.1 Building sufficient capacity and time into the process to analyse both the data and engagement findings and produce the Assessment reports has been challenging given the overall timeline needed to produce, approve, translate and publish the final assessments by April 2017.

4.6.2 Having taken into account feedback from the various consultees and scrutiny committees in relation to the WB Assessment, the Public Services Board will formally approve the Assessment at a special meeting on February 14th.

4.6.3 There is no formal consultation process for the Population Needs Assessment as each area has been required to undertake a range of engagement activities to inform their assessment from the outset. This form of engagement makes a significant change from previous approaches to assessments.

4.6.4 The SSWB Partnership Board will approve the final Population Needs Assessment at its meeting on 9th March. This will follow consideration and endorsement of the draft by the two Full Councils and UHB, therefore allowing for any reasonable adjustments requested by individual partners to be agreed and signed off at the Partnership Board which has Member and officer representation from the partner organisations, without the need for an amended report to be resubmitted to all the various partners a second time for approval.

4.6.5 Assessment reports must be published on each Local Authority's website by April 2017. Although this falls within the pre-election period, there are no implications for publishing the reports during this time as it is to fulfil a statutory function.

**Timeline Summary**

| | |
|---|---|
| RCT Overview and Scrutiny Committee to consider both Wellbeing and Population Needs assessments | 6th February 2017 |
| UHB Board Development Session - Population Needs Assessment for comments and Wellbeing Assessment for comments/ approval in principle | 8th February 2017 |
| Special meeting of the Public Services Board to consider and formally approve the Wellbeing Assessment | 14th February 2017 |
| RCT full Council to consider and formally approve the Population Needs Assessment and to note the Wellbeing Assessment | 22nd February 2017 |
| Merthyr Tydfil full Council to consider and formally approve the Population Needs Assessment and to note the Wellbeing Assessment | 22nd February 2017 |
| UHB full Board - Population Needs Assessment for comments/approval Wellbeing Assessment for information | 1st March 2017 |
| SSWB Partnership Board to approve the final Population Needs Assessment | 9th March 2017 |
| Required publication date for both Wellbeing and Population Needs Assessment | 1st April 2017 |
| Publication of a Public Services Local Well-being Plan in response to the wellbeing Assessment | May 2018 |
| Publication of a Cwm Taf local area Plan in response to the Population Needs Assessment | May 2018 |

## 5.   EQUALITY AND DIVERSITY IMPLICATIONS

5.1   The Code of Practice for the PNA states that an Equality Impact Assessment must be undertaken as part of the process. Through the WLGA network set up to support regions with the PNA process, there has been discussion with WG to clarify what is required as an EQIA would usually be undertaken as part of the plan in response to any Assessment. We have been informed that the intention behind this requirement is for partners to demonstrate that they are compliant with the well-being duties and various UN conventions described in the code of practice and that a full EIA is not needed at this stage.

5.2   In relation to the WB assessment, the PSB is not under a duty to carry out formal impact assessments although it is recognised that these may be helpful and/or necessary in relation to particular decisions that individual statutory members of the PSB may make. In any event, as with the PNA, due regard is needed to the Equality Act 2010 and the various UN conventions.

5.3   The nature of our engagement activities has been inclusive to reach out to all people impacted by our plans, including those with protected characteristics. It is

intended that a full EIA will be undertaken during 2017 as we develop the Area Plan and Wellbeing Plan in response to the Assessments.

## 6. <u>CONSULTATION</u>

6.1    There has been a greater emphasis on engagement and qualitative information to inform the assessments than in the past. An Engagement Plan for the project was developed at the outset and a detailed report of the outcomes from engagement is also being finalised.

6.2    We have tried to have more meaningful conversations about what matters to people and to recognise the value of the citizen voice. Working with a range of partners and community groups, we built on existing mechanisms, tapping into local groups and projects wherever appropriate, but also sought opportunities to reach out to people we had not previously spoken to,  both on a geographical and service user basis. By combining engagement for both Assessments, we avoided a traditional silo approach or consultation overload or fatigue but were still able to target and tailor our discussions with people as appropriate, for example, some activities involved more focussed discussions with particular service users or groups such as young carers, mental health service users, older people, people with learning difficulties and Community Voice projects which work with seldom heard groups like the LGBT community and gypsy travellers.  Other events such as town centre roadshows provided opportunities to talk to the wider public.

6.3    We recognise that feedback is an important part of the engagement process, both in terms of the Assessments but also as part of our ongoing work to inform the plans we develop in response. The way we have written our Assessment Reports will help this. We have also identified that there are some groups we need to do more to engage with, including the business community and independent sector.

6.4    The conclusions from our external facilitators were positive in terms of our approach and commitment to engaging and involving citizens as equal partners in service design and delivery (see backing documents for facilitator reports). For example, *"Cwm Taf Partnership has developed an innovative, progressive conversation among stakeholders across Cwm Taf about its wellbeing assessment."*
         Netherwood Sustainable Futures and PwC.

6.5    In relation to the Wellbeing Assessment, there is a requirement for formal consultation with a range of statutory consultees including, amongst others, the Future Generations Commissioner and Local Authority Overview and Scrutiny Committees. This consultation is underway until 7th February.

6.6    Engagement and consultation will be a significant area of future work to deliver effectively the requirements of both Acts and will require more work between organisations to agree the definitions we use and language we adopt in engaging

with the public. A workstream has been established under the PSB to look at this work and will need to take this forward in future.

## 7. FINANCIAL IMPLICATION(S)

7.1 There are none at this time

## 8. LEGAL IMPLICATIONS *OR* LEGISLATION CONSIDERED

8.1 Completion of the Population Needs Assessment is a requirement within Part 2 of The Social Services and Wellbeing (Wales) Act 2014

8.2 The requirement is that the assessment is completed as prescribed within the Codes of Practice that accompany the SSWB Act and endorsed by both RCT and Merthyr Council and Cwm Taf UHB by the end of March 2017

8.3 Completion of the Wellbeing Assessment is a requirement of the Well-being of Future Generations (Wales) Act 2015

8.4 The requirement is that the assessment is completed as prescribed within the statutory guidance (SPSF3) that accompanies the WBFG Act and approved by the Cwm Taf Public Services Board.

## 9. LINKS TO THE COUNCILS CORPORATE PLAN / OTHER CORPORATE PRIORITIES/ SIP

9.1 The work of the Cwm Taf Social Services and Wellbeing Partnership Board complements the Council's priorities to Promote independence and positive lives for everyone by ensuring

- Health and Social Care services will be personalised and integrated, with more people supported to live longer in their own homes

- Rhondda Cynon Taf's children and young people will receive a great start in life

9.2 The Wellbeing of Future Generations Act focuses on improving the social, economic, environmental and cultural wellbeing of Wales. It requires the Council, think more about the long term, work better with people and communities and each other, look to prevent problems and take a more joined up approach.

9.3 To make sure we are all working towards the same vision, the Act puts in place seven Wellbeing Goals. The Corporate Plan's vision, priorities and principles support the seven Wellbeing Goals promoted by the Wellbeing of Future Generations Act and these Goals are incorporated within the Council's action plans that deliver on the Council's three priorities.

10. **CONCLUSION**

This report will be presented for

- Scrutiny to Overview and Scrutiny Committee on 6th February 2017

- Approval to the full RCT Council at its meeting on the 22nd February 2017

- Approval to the full Merthyr Tydfil Council at its meeting on the 22nd February 2017

- Approval to the Cwm Taf University Health Board on the 1st March 2017

- Final endorsement from the Cwm Taf Social Services Partnership board on the 9th March 2017

## LOCAL GOVERNMENT ACT 1972

## AS AMENDED BY

## THE LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985

## RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL

## CABINET

## 16th FEBRUARY 2017

**REPORT OF GROUP DIRECTOR, COMMUNITY & CHILDREN'S SERVICES and GROUP DIRECTOR, CORPORATE & FRONTLINE SERVICES, IN DISCUSSION WITH THE RELEVANT PORTFOLIO HOLDER, COUNCILLOR ANDREW MORGAN, COUNCILLOR GERAINT HOPKINS, COUNCILLOR MIKE FOREY and COUNCILLOR JOY ROSSER**

**SOCIAL SERVICES AND WELLBEING ACT: IMPLEMENTATION PROGRAMME WELLBEING OF FUTURE GENERATIONS ACT: IMPLEMENTATION PROGRAMME. UNDERSTANDING OUR COMMUNITIES : THE POPULATION NEEDS ASSESSMENT AND THE WELL-BEING ASSESSMENT**

**Background Papers**

Population Assessment Regulations

http://www.legislation.gov.uk/wsi/2015/1367/pdfs/wsi_20151367_mi.pdf

http://www.legislation.gov.uk/wsi/2015/1495/pdfs/wsi_20151495_mi.pdf

Social Services and Wellbeing (Wales) Act 2014 Part 2 General Functions Code of Practice

http://gov.wales/docs/dhss/publications/151218part2en.pdf

Shared Purpose:Shared Future SPSF 3: Collective role (public services boards)

http://gov.wales/docs/desh/publications/161111-spsf-3-collective-role-en.pdf

External facilitator reports

Cwm Taf Population
Needs Assessment 22

**Officer to contact:** Sian Nowell 01443 668827

# CWM TAF WELLBEING ASSESSMENT

**March 2017**

## WHAT IS A WELLBEING ASSESSMENT?

This report forms part of the first Wellbeing Assessment for Merthyr Tydfil and Rhondda Cynon Taf (Cwm Taf).

The purpose of the assessment is to provide a picture of the current state of wellbeing in Cwm Taf. This includes what the data and evidence are telling us, and what people have told us about what wellbeing means to them.

As public services in Cwm Taf, we are trying to change the way we work together and the way we work with people in our communities, to improve wellbeing. This Assessment will help us to understand the good things we have done so far, the challenges we face and help us to plan together, make decisions and change processes, services and how money is spent.

For the first time, public services across Wales have a legal duty to work together in this way, with the people of Wales, for our future wellbeing. This duty is set out in the [Wellbeing of Future Generations (Wales) Act](), as seven national wellbeing goals, which we all have to contribute to achieving:

*Figure 1: Well-being Goals of Wellbeing of Future Generations (Wales) Act*



In contributing to these goals, public services will need to make sure that everything they do is designed and delivered in a way that helps to improve the cultural, economic, environmental and social wellbeing of people and communities of Wales, now and in the future.

They must also do this by working in five particular ways:

Thinking about the long term;

Looking to prevent problems;

Looking to contribute towards the Act's seven Wellbeing Goals and the goals of their own and other organisations;

Working better with each other; and

Working better with people and communities.

This law is helping us to change the way we work in Cwm Taf. It means that this way of working is now officially at the heart of everything that public services do across Wales.

The Wellbeing of Future Generations (Wales) Act is described as the 'common sense Act,' due to these ways in which public services must work. We must:

Work together to use what we have to improve our services and communities.

This might not always be the way that all public services work. This Assessment will help us to understand what we have in Cwm Taf, what we do well and what needs to be improved. It is a different way of working, but it is a difference that needs to be embraced if we want to improve wellbeing and create a better Wales for future generations.

Under another Welsh Government Act, called the Social Services and Wellbeing (Wales) Act, public services must carry out another assessment, called the [LINK POPULATION NEEDS ASSESSMENT]. This assessment is about the people who have care and support needs in Cwm Taf and what needs to be done to meet those needs.

These two important pieces of work have been carried out by the same group of officers, working in Cwm Taf. We have been looking at data and information and speaking to people, to gather information and views. This will help to make sure that the headlines of both assessments, together, create a *full* picture to help us plan what to do next. Lots of other policies and strategies have also been taken into account when writing this Assessment, including the views of the independent Commissioners for Wales. This work is ongoing and this Assessment provides us with a starting point to set priorities and plan for the future of our services.

## HOW TO USE THIS REPORT

This report contains the headline information of the Cwm Taf Wellbeing Assessment.

If you are interested in learning more about the headline information in this report, this can be found in the [LINK BRIEFING DOCUMENTS] which accompany this report. The briefing documents look at the cultural, social, economic and environmental wellbeing of Cwm Taf in more detail, including statistics and views from people who have taken part in the conversation so far.

Each level of this Assessment is supported by a more detailed level of data and information. This is held in a [LINK INFORMATION MANAGEMENT SYSTEM], which you might also like to browse through. You can also click on the links in this document (the words underlined and in blue), which will take you to other related documents or websites.

*Figure 2: Structure of Cwm Taf Wellbeing Assessment*



Through the **Understanding Our Communities** project, we spoke to people who live and work in Cwm Taf, people who use public services, people who work in public services, community groups and anyone else who wanted to have their say. This information was analysed for common things that people thought were important or wanted to talk about.

The work being done in Cwm Taf, particularly around getting people and communities involved in the conversation, has been welcomed by Welsh Government and by the Future Generations Commissioner for Wales (an independent role set up to advise, encourage and promote the duty of public services and the Wellbeing of Future Generations (Wales) Act). We are proud of the new and exciting ways we are making sure that people and communities are

able to have their say and have written about the work we are doing in a separate report.

This work is being lead by the Cwm Taf Public Services Board. This Board is made up of the leaders and senior managers of organisations in Cwm Taf, including:

- [Rhondda Cynon Taf County Borough Council](#);
- [Merthyr Tydfil County Borough Council](#);
- [Cwm Taf University Health Board](#);
- [Natural Resources Wales](#);
- [South Wales Fire and Rescue Service](#);
- [Interlink RCT](#);
- [Voluntary Action Merthyr Tydfil](#);
- [South Wales Police](#);
- [National Probation Service](#);
- [South Wales Police and Crime Commissioner](#);
- [Community Rehabilitation Company](#); and
- [Welsh Government](#).

The Cwm Taf Public Services Board is the first merged Board (working across two local authority areas) in Wales. The members of the Board have a legal duty to act together for the social, cultural, economic and environmental wellbeing of the people in the area.

In order to do this, we must first understand how good wellbeing is now. This will help us to know where and the extent of differences that need to be made. This has been done by completing this Wellbeing Assessment.

## OUR POPULATION

Cwm Taf is made up of two local authority areas; Merthyr Tydfil and Rhondda Cynon Taf. There are 296,000 people living in Cwm Taf; 20% of the population lives in Merthyr Tydfil and 80% lives in Rhondda Cynon Taf. More people live here than live in other places of the same size in Wales, but our population is not expected to rise as much as other areas in the next twenty years.

By 2036 our population is predicted to rise to 297,900.

*Table 1: Population Projection (2036)*

|  | Estimated population in 2036 | Percentage increase from 2011 to 2036 |
|---|---|---|
| Merthyr Tydfil | 62,400 | 6.1 |
| Rhondda Cynon Taf | 235,000 | 0.5 |
| Cwm Taf total | 297,900 | 1.6 |

Source: Public Health Wales Observatory

By 2036 our total population aged 64 years and under will decrease, but the numbers aged 65 years and over will grow significantly, with the biggest increase being in those aged 85 years and over.

*Figure 3: Population projections by age group*

**Population projections by age group, percentage change since 2011, Cwm Taf UHB, 2011-2036**
Produced by Public Health Wales Observatory, using 2011-based population projections (WG)
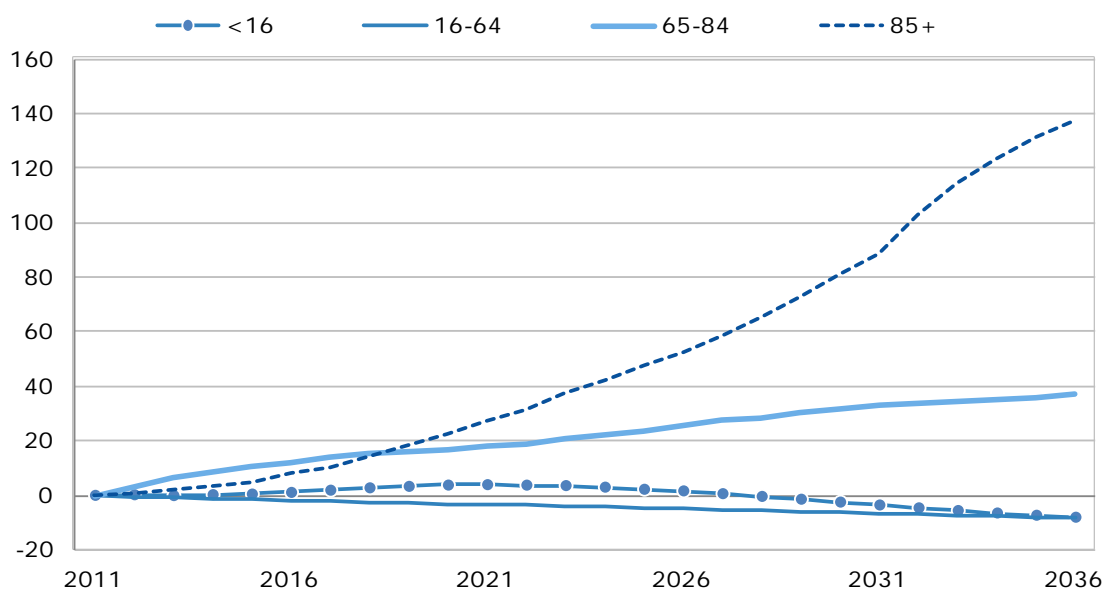


## OUR COMMUNITY AREAS

In carrying out this Wellbeing Assessment in Cwm Taf, we looked at different ways in which to split the region by area, to explore and compare wellbeing in different places. Lots of the numbers-based data that is available is measured by different public services, which all split the geography in different ways. So, there isn't one particular way to line up *all* the data in the same way.

Most of the data gathered is for Merthyr Tydfil and Rhondda Cynon Taf, but we need to look at what this data means on a smaller scale again for it to mean anything about individual communities. This is not always available, but where

possible, we will try to look at Cwm Taf as four areas which some services (for example GPs), people and communities recognise:

- Rhondda;

- Cynon;

- Taf Ely;

- Merthyr Tydfil.

Communities in Cwm Taf have their own identities, made by the people and things in them. In doing this Assessment, we talked to people who live, work and use services across Cwm Taf.

Statistics tell us that there are differences across Cwm Taf, such as the differences in life expectancy, levels of poverty, how people get around, the natural surroundings and housing. These are some of the things that form a backdrop to how we will deliver services in future.

We have looked at wellbeing under the four themes in the Wellbeing of Future Generations (Wales) Act (cultural, economic, environmental and social). We can take what we have learned through this Assessment and apply it to communities in different areas when planning and delivering future work. We will be able to use this Assessment to approach our work with a good understanding of wellbeing and explore how we can improve it in particular communities.

The data available to us will not always match the same boundaries as our community areas exactly, but this is more about using what we can to build our understanding of the things that affect wellbeing in particular areas. This will need to continue to be done together with communities.

As our understanding and the things that affect wellbeing change, we might decide that we need to look at community areas differently in the future. This Assessment will help us to look at the best ways to come together as public services and work with communities to make sure that what we do and how we do it has the best possible effect on wellbeing.

## WHAT IS WELLBEING?

People have tried to define wellbeing in different ways, but it is complicated. Words such as 'happiness,' 'life satisfaction,' 'positive relationships' and 'realising potential' have all been used to describe some of the things that make

up wellbeing. However, as our starting point for this Assessment we have chosen to use the following definition,[1] where wellbeing is:

> "The balance point between an individual's resource pool and the challenges they face."

In life, we face challenges every day. Wellbeing is when people have the psychological, social and/or physical resources they need to meet a particular psychological, social and/or physical challenge. When people have more challenges than resources, the see-saw dips, along with their wellbeing.

*Figure 4: Model of wellbeing (Dodge et al 2012)*
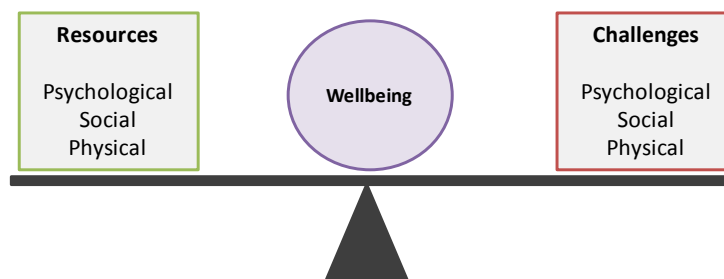


This definition is simple and can be applied to all individuals, regardless of age, gender or culture. It allows for the idea that each individual has their own resource pool which affects how they personally cope with challenges and experience wellbeing. It is also optimistic and shows how people can use their resources to take control of their lives when their see-saw dips.

Throughout our engagement process we've seen examples of how this model works, as people have described what wellbeing means to them.

- Wellbeing is improved when we feel like we belong;

- Wellbeing is improved when we know what to get involved in and how to get involved;

- Wellbeing is improved when we connect with each other and the world around us;

- Wellbeing is improved when we make the most of what we already have; and

- Wellbeing is improved when we are smart about the things we want to change.

---

[1] Dodge R, Daly A, Huyton J & Saunders L. (2012) The challenge of defining wellbeing, International Journal of Wellbeing, 2 (3), 22-235

People explained more about these resources – belonging, knowing, connecting, making the most of things and considering what to change, and how they help them maintain their balance of wellbeing

## Belonging

Feeling part of, or like you belong to, a community makes a huge difference to wellbeing. A 'community' does not have to mean where we live; it can mean family, people we do things with (like a team or club), or people we have things in common with (like language or job).

By joining in with other people, we may find ourselves doing something new, learning something or going somewhere we enjoy, or that opens doors to new friends, new skills and better wellbeing.

Strong community can last for many years. By coming together in this way, communities can make sure that they are a part of what is being done and how it is being done in their area.

Public services call this 'community cohesion' (meaning bringing people together and people working together). It is the idea that people with different interests, knowledge and opinions coming together are able to make much more of a difference than lots of smaller groups, or individuals, trying to make a difference alone.

In doing this Assessment, we have talked to people, communities and services across Cwm Taf. We have started to think about the differences between areas, what wellbeing means in different areas and how it might be improved. Once we start to plan for our future services, we will look in more detail at the individual areas.[2]

Many communities in Cwm Taf have a very strong sense of community spirit. This lets us know that these connections and the people who are able to bring others together are out there. We need to support them to make the most of the opportunities to bring a sense of belonging to their communities.

## Knowing

If a person or community wants to do something, get involved in something, or needs help, advice or support with a problem, one of the most obvious things that could stop them doing this is not knowing what is out there, or not knowing how to get involved in it.

---

[2] You can read more about the community areas, how they have been used in the Assessment and how they will be used in the future [here](#).

Some people may want to get involved in activities or services and they need to feel confident that they have the right information, or can get information easily. We have heard from many groups of people that want to make a difference to wellbeing but do not know where to start, which can be frustrating. We need to make sure that there are as few things stopping people from getting involved as possible.

What we do know is that there are more opportunities, activities, clubs, groups, teams, classes and information which can help wellbeing in our communities than one could ever possibly know. What is available is always changing and our public services need to understand the best ways of sharing information and what can really help people.

We need to think about the *ways* in which knowledge is shared, rather than simply making information available in the ways we have in the past. The most obvious way to understand and share this information is through the people who know Cwm Taf and what is going on here best; those who live and work in our communities.

## Connecting

It is all well and good knowing what we want and to know how to get to it, but the next challenge is actually being *able* to get to it.

The geography of Cwm Taf (the landscape, towns and travel routes) means that it is not always easy to get to where we need to go, so we need to look at getting around in different ways. This might be walking or cycling routes. We also need to think about how to make our buses and trains better at helping people get to where they need to be. We can also connect to each other in different ways, like through social media or online communities.

Many people told us that the links in our communities are good and we need to use these to help us to create stronger connections, which reach further and bring more people together. We also need to make sure that the links between communities and public services are strong and that our public services are helping in the right ways.

## Using what we have

We should start with what we already have. We have already identified the things that are going on in Cwm Taf and we need to build on them in the future. Pride in our communities and what we are doing can be made even better by looking at what we have around us and using our local assets. These things might be different in every village, town and community.

We also already have our [Cwm Taf Public Services Board](). The establishment of this Board means that all the organisations which can help make a difference to wellbeing are already sitting around the same table. Now, we must make sure that we all understand what the role of public services might be, what the role of the community might be, where the gaps are, what will work and how they can make that possible together.

## Changing what we can

There are some things which will mean big opportunities and exciting changes to our lives and communities, but we need to consider starting small and building on what we already know works. It is about taking the opportunities to work together more effectively. This might be making the most of money or time to really get something right and working together to make a real difference to people and their communities.

Public services have already started to explore how we can work together differently in Cwm Taf and these cross-cutting topics are things that make sense and things we all agree with. Wellbeing can be improved and protected in the future if we know how to make a difference and make it as soon as possible, before things start or get worse.

# WELLBEING IN CWM TAF

To help measure some of the things which make up wellbeing, the Welsh Government has set out [LINK NATIONAL INDICATORS SPREADSHEET]. At this stage, not all of the data is available for the indicators required, but we have used these as a starting point. We have also used research, data and conversations to build a wider understanding of the wellbeing themes.

We have organised the information into four briefing documents; cultural wellbeing, economic wellbeing, environmental wellbeing and social wellbeing, aligning with the themes of the Wellbeing of Future Generations (Wales) Act. Under each theme, we have used the information and our conversations with the people who live and work in Cwm Taf to understand what wellbeing is like. We have focused on the good things which are already happening in our services and communities. These are our resources or 'assets' and they could be buildings, outdoor areas, our natural environment, businesses, opportunities, people; anything that can be used to make community wellbeing better. This is called an asset based approach. This way of working will help public services and communities to have a better understanding of the assets we have and how We do not yet fully understand the extent of all the assets we have or how to use them. We need to understand what communities regard as assets and how

we can use these to improve wellbeing. Each section also looks at challenges identified through the data and from what we were told.

The sections below summarise each of the briefing documents.

## Cultural wellbeing in Cwm Taf

Language, history, music, theatre, writing, dance, art, sport, festivals, media and politics are all part of the culture of Cwm Taf. If we are thinking about belonging to a community, this is a good place to start. Community spirit connects people, makes them happy and improves wellbeing and culture is at the heart of this.

The landscape, buildings, natural environment and languages spoken in Cwm Taf are the things that help people feel like they belong, which has a positive effect on happiness and wellbeing.

Many people in Cwm Taf think that having family and friends close by is good for wellbeing. For people who do not have friends and family close by, getting involved in cultural activities is a great way to make new friends or connect with people in a different way, such as online or through social media. There are many activities and groups which bring people together, such as dancing, parent and toddler groups, community classes/clubs, church groups, sports teams, choirs and older people's dinners.

All of this is going on in Cwm Taf. A lot of this happens on a very local level (known as 'grassroots'), which shows that people do have the knowledge and the connections to make this happen.

People enjoy coming together for a common reason and taking part in or organising activities like this can make a difference to community wellbeing. Being part of a group that shares interests, or speaks the same language, can help people to feel they belong to something bigger and the networks made by these people make it easier to spread information about what is going on and how others can get involved.

The history of our communities is a part of what makes people feel like they belong, through the stories they share. These stories will continue to be told to future generations, with the people in our communities adding their own and continuing the tradition.

Buildings in our communities are a place for people to come together and get information. Across Cwm Taf, this has led to groups taking over community buildings. We need to use this process in ways that best suit the community,

rather than worrying about the things that can sometimes stop this happening easily.

The people involved in cultural activities in Cwm Taf have time, skills and connections which they are happy to share with their communities. There are more of these people out there and we need to make sure that they are able to get involved in a way that suits them.

Learning or speaking the Welsh language can have a positive effect on skills, jobs and networks and provide more opportunities to make connections. It is because of these things that we need to encourage more people to use the language in the future.

**Our cultural assets**

- Our many heritage buildings such as Cyfarthfa Castle and the Rhondda Heritage Museum attract tourism and host arts and performance events, as well as being sources of information about our historical and cultural past.

- In some areas groups have taken ownership of underused local buildings/environments and re-purposed them for community benefit. Friends of Parc Taf Bargoed and Welcome to our Woods in Treherbert are examples of this.

- People told us about the strong community spirit in Cwm Taf – about connections with family and friends and social activities in their neighbourhoods. This is increased through the networks people belong to such as choirs and sports clubs which are largely supported by volunteers.

- There is a thriving music scene in Cwm Taf, with successful venues such as the Pop Factory in Porth and the Muni and events like the Merthyr Rock festival and the Merthyr Rising festival in 2016.

- The annual Merthyr Tydfil Global Village Festival is about welcoming all languages, cultures and celebrating the different people that live in and around Merthyr Tydfil.

- The annual Parti Ponty festival in Rhondda Cynon Taf celebrates the Welsh language and Welsh culture.

- There are many small events and groups across Cwm Taf that bring people together to speak Welsh and to help grow the number of Welsh speakers in Cwm Taf.

**Our cultural challenges**

- We need to maintain and promote the use of our heritage and historical buildings and consider how we can diversify the use of other community buildings to benefit our communities.

- Taking part in creative activities is good for wellbeing. Some groups such as older people and those who are less well off face barriers in accessing these. Enabling inclusion in creative and community activities remains a challenge.

- We need to look at our approach to volunteering in Cwm Taf and use cultural activities to help people get involved and learn new skills.

- The internet and social media are powerful communication tools - and not just for our young people. We need to look at how we can use these more effectively to improve communication in and between communities.

- There is a national target to achieve one million Welsh speakers across Wales by 2050. This equates to 100,000 in Cwm Taf. Currently there are approximately 35,000 Welsh speakers in our area.

- We need to encourage the use of the Welsh language within our public service organisations in Cwm Taf and when engaging with other partners including communities.

*You can read more about cultural wellbeing in the [LINK CULTURAL WELLBEING BRIEFING DOCUMENT].*

## Economic wellbeing in Cwm Taf

When we talk about the economy, we are talking about everything that makes it possible for our communities to be successful. This includes the jobs and skills we have, how we make money and how we spend money. Economic wellbeing is an important part of overall wellbeing because it helps us to feel safe, comfortable and that we are in control of our lives.

Being in work is good for our health. Our wellbeing can also be affected by the built and natural surroundings we have, which is to do with how we plan and build our towns and communities.

If people and businesses do well, this can have a really positive effect on bringing more of the same into communities and giving communities something to share and be proud of.

Volunteering, learning new skills and putting time and money back into our communities to make a difference for others and for the future help us to feel good about ourselves. Volunteers are really important to community groups or

businesses in Cwm Taf, while at the same time giving others the opportunity to get involved in their community and feeling as though they are a part of something.

Having a paying job is important to people's wellbeing in Cwm Taf. Earning money and being able to look after our families makes us happy and proud and gives us money to spend on other things that are important to us, such as leisure activities.

The employment rate in Cwm Taf is growing and long term unemployment is reducing. However, these figures remain worse than they do in other areas of Wales. To make further improvements, we need to make sure that people have the right skills to help them get a job, but also that they know how to find jobs. This is all to do with how information is shared in communities and how we use the networks we have to make this as easy as possible.

Some people have jobs but do not earn enough money to support themselves and their families. 55% of people in poverty in Wales are in working households. Locally, people in work in Merthyr Tydfil are more likely to have lower paid work than people in Rhondda Cynon Taf. We need to make sure that it is more worthwhile for people to work than to not work and claim benefits.

The average distance employed people travel to work in Merthyr Tydfil (15.5km) and Rhondda Cynon Taf (16.3km) is shorter than the Wales average (16.7km). Despite this, the local landscape and geography of Cwm Taf mean it is often difficult to make connections and journeys locally. This can make it hard for people to easily get to a job, even if they have one.

Our public transport in Cwm Taf needs to be improved, but there are many other ways to get around, like walking or cycling, and we need to make sure that more people are encouraged to get around in this way. We also need to explore ways for people to get into the job market and different types of jobs that we might be able to have which may not have existed in the past, like online businesses or working online.

Councils have to write plans known as Local Development Plans [LINK MERTHYR TYDFIL AND RHONDDA CYNON TAF LOCAL DEVELOPMENT PLAN], which set out how they plan to use land in Cwm Taf. These important decisions affect the wellbeing of our communities; getting this right will attract people and businesses into the area in the future. There is lots of work like this, which is about planning services across Cwm Taf and we need to make sure that the right people are thinking about the headlines in this Wellbeing Assessment.

Where we live has a big influence on our wellbeing, with particular associations between housing and physical and mental health. In Cwm Taf a number of areas

have been identified as having significant levels of housing deprivation (Merthyr Tydfil Town, Penydarren, Merthyr Vale, Gurnos, Mountain Ash West and Rhydyfelin Central). Using the LDP as an opportunity for targeted regeneration of deprived neighbourhoods could lead to improvements in physical and mental health and overall wellbeing.

The number of qualifications people have when they leave school and the number of people with a job are both going up in Cwm Taf and the number of people out of work for a long time is going down, but there is still work to do. There are projects which run across Cwm Taf to help people who are looking for work and we need to continue to use these. This will help to keep these figures going in the same positive way in the future.

Cwm Taf is part of the Cardiff Capital Region City Deal and the things being done as part of this project, relating to jobs and transport, should benefit people here, too. We need to make sure that the Cardiff Capital Region City Deal considers this Assessment and others in the region, which help us to understand the things that can make a difference to wellbeing in the surrounding areas of Cardiff. This includes the things that affect employment in the area like getting to work, or childcare while you are working.

**Our economic assets**

- Urban regeneration in Cwm Taf gives us the opportunity to create places that attract investment and business and improve wellbeing. Tylorstown is a current example of a regeneration area.

- We have unique leisure facilities in Cwm Taf, such as Bike Park Wales, which we need to, make the most of.

- Volunteering plays an important role in the economy of Cwm Taf. The Community Voluntary Councils in Cwm Taf (Voluntary Action Merthyr Tydfil and Interlink RCT) support over 800 community and voluntary groups, whose volunteers are supporting activities in our communities.

- Cwm Taf local authorities are part of the Cardiff Capital Region City Deal and will be involved in opportunities to increase economic assets in our area.

**Our Economic challenges**

- Homes are more affordable in Cwm Taf than in other areas of Wales, but may still be beyond the reach of young people and those on low incomes.

- Welfare reforms have badly affected Cwm Taf communities particularly Maerdy, Penywaun and Gurnos.

- Less prosperous areas of Wales including Cwm Taf have benefitted from investment of European funding. The withdrawal of this funding once Britain leaves the European Union will be a considerable loss.

- The geographical landscape of Cwm Taf makes transport difficult. This, together with transport costs is a barrier to accessing work.

- Children growing up in poorer families leave school with lower levels of educational qualifications, which reduces their prospects for employment.

*You can read more about economic wellbeing in the [LINK ECONOMIC WELLBEING BRIEFING DOCUMENT].*

## Environmental wellbeing in Cwm Taf

The environment can make us think of air, water, weather and 'green' or outdoor parts of our communities. Environmental wellbeing in Cwm Taf comes from much more than that, though, and includes the home we live in, the street we live on and the people around us.

In Cwm Taf, people love the beautiful landscapes and attractive 'green' spaces. Natural surroundings are important in making people feel proud, positive and happy. In many communities in Cwm Taf, people are interested in taking ownership of the outdoor spaces and making sure they stay attractive, clean and safe to play and spend time in.

Large areas of Cwm Taf are publically owned and managed. Many of these areas, especially forests and woodlands, are located close to communities, which means opportunities for public service organisations, businesses and communities to work together to make the most of these spaces.

There are lots of groups and activities which help us to connect with our environment, through things like community gardening to make communities more attractive and help people learn new skills, or rambling and sport. Being able to use our surrounding outdoor spaces for some of these activities makes connections in communities and between communities stronger.

It is known that playing and spending time outside improves health. One in four children in Wales never plays outside. Children in Cwm Taf enjoy challenging,

outdoor activities, but feel that there is a lack of this kind of activity for them to get involved in.

Not enough people use our outdoors to stay fit and healthy. The cost of this across Wales is estimated to be around £650 million. The levels of adult physical activity in Cwm Taf are among the lowest in Wales. We need to make sure that as many people as possible understand the health benefits of spending time outdoors and know how much being outside could improve their wellbeing. People also need to know where they can go and what they can do and know how the outdoors, nature and wildlife can have a positive impact on them.

Using footpaths or cycle paths to get around ('active' travel) helps to keep us fit. It also means that people are able to get to places they might otherwise not be able to get to, to take part in activities or work there. Using other ways to get around Cwm Taf that aren't a car or bus also help to keep pollution down, make people more active and help keep them healthy.

Clean and safe communities are something to be proud of and attract tourism to Cwm Taf, bringing with it money. The cost of making sure our natural environment is attractive is low compared to the money that could come from businesses and visitors who are drawn to the beauty of Cwm Taf.

There are new laws which encourage public services to use land in particular ways and land is ready to be used by communities all over Cwm Taf. Lots of land across Cwm Taf is owned by Welsh Government, both local authorities and Natural Resources Wales, which is an opportunity to think together how we best use this in future.

We need to make sure the people who plan land use are considering communities and community wellbeing. Our wellbeing is about protecting the wonderful things we already have, so that future generations are able to enjoy them in the same ways.

A healthy natural environment will help us to manage the risks of flooding. Flooding is expected to increase in the future and can damage homes and businesses and cost money. We need to do all that we can to learn about climate change and make sure it does not negatively affect future generations.

**Our environmental assets**

- About a third of land in Cwm Taf is open to the public and the extent of our natural environment is one of our major assets.

- A healthy natural environment can attract economic investment through tourism.

- Our outdoor environment provides opportunities for physical activity:

- The Taff Trail is one of Wales' most popular active travel routes

- Cwm Taf has over 800km of public pathways.

- Parkrun in Ynysyngharad Park, Pontypridd attracts runners and volunteers every weekend.

- An outdoor nursery has opened in Dare Valley Country Park which allows children to learn through experiences of the outdoors.

- A number of schemes exist to manage the landscape and protect wildlife habitats. Healthy Hillsides is one example.

**Our environmental challenges**

- In Cwm Taf the risk of surface water flooding is high and expected to increase in the future.

- We have some of the highest proportion of socially disadvantaged communities located in flood risk areas.

- Although we have a wonderful natural environment, people told us that they were unaware of the paths and cycle ways in their areas. Better promotion and marketing is needed to encourage more people to use these assets for active travel and recreation.

- Children are spending less time outdoors, so they have fewer opportunities for physical activity and learning about and exploring the natural environment.

- Cwm Taf's unique wildlife is increasingly fragmented and under threat.

*You can read more about environmental wellbeing in the [LINK ENVIRONMENTAL WELLBEING BRIEFING DOCUMENT].*

# Social wellbeing in Cwm Taf

Social wellbeing is about all the things that affect how we live our lives. It is about people, families and communities and it is about how we grow up, learn, work and age in Cwm Taf.

Having a good start in life is important to the wellbeing of future generations. This starts with looking after women's health before, during and after pregnancy and can be affected by the home and wider environment where our

children grow up. Nineteen per cent of women in Cwm Taf in 2013 experienced stress, anxiety, depression and other mental health problems during pregnancy.

Some children go through physical, emotional, or sexual abuse or live in families where there is parental separation, substance misuse, domestic violence, or mental illness. These are called Adverse Childhood Experiences (ACEs) and 47% of adults in Wales have experienced at least one ACE during childhood. These experiences cause long lasting health harms which continue into adulthood and older age. If we want to build strong, resilient children we can have the greatest impact if we focus on stopping these things from happening and protecting children and their families from the impact of ACEs during the first 1000 days of life (from conception to age two).

Evidence tells us that investing in programmes that support children's wellbeing is good value, as early years programmes are often less expensive than the services needed to deal with the problems caused by poor child development.

If we want our adult population to be fit and healthy, it is important that this starts in childhood. 28% of children in Cwm Taf are overweight or obese by the time they start school. This leads to health problems later in life. Children in Cwm Taf eat less fruit and vegetables and are less physically active than children elsewhere in Wales.

Children's chances in life are strongly influenced by their experience during their early years. Children from poorer families don't do as well in education and this is noticeable in examination results. In the longer term this affects their future employment and income prospects.

Health is an important part of wellbeing and poor health affects our ability to learn, work and socialise. In Cwm Taf, the impact of unhealthy behaviours on illnesses and early deaths in Cwm Taf is starkly demonstrated below:

*Figure 5: Lifestyle, health and wellbeing in Cwm Taf*
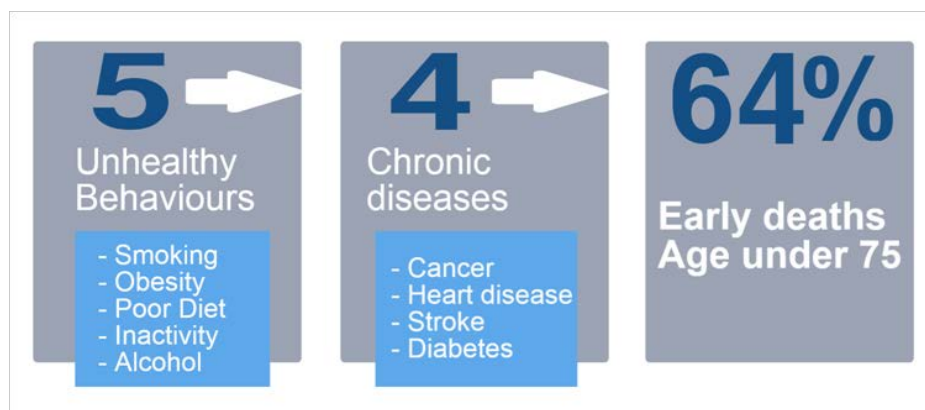
Rates of smoking and obesity are higher in Cwm Taf than the Wales average. Alcohol consumption and other substance misuse are associated with many chronic health problems including mental ill health, as well as social problems such as crime, assault and domestic violence.

People in Cwm Taf are living longer, and living longer in good health, which is good news. However, people living in the most deprived parts of Cwm Taf live shorter lives. For men, this is 7.4 years shorter and for women, 3.7 years shorter than those living in our least deprived areas. Healthy life expectancy is an estimate of how long people can be expected to live in 'good' or 'fairly good' health. The healthy life expectancy gap in Cwm Taf between our least and most deprived areas is 15 years for men and women.

We need to make sure that the people getting older continue to have good wellbeing. Our population aged 65 years and over is set to increase over the next twenty years, with the largest increase predicted to be in those aged 85 years and over. This will lead to an increase in age-related chronic illnesses and will have a significant impact on people, carers and health and social care services.

Older people in Cwm Taf value their independence and being able to live in their own home. They expect to be treated with dignity and respect, have easy access to good quality information and advice and have accessible transport. Future plans will have to look at the housing needs of this age group, as a range of more adaptable and specialised housing will be needed. A third of our population aged over 65 live alone and some have concerns about being isolated and lonely. In the future, communities will need to be more 'age-friendly'. This can be done by creating homes and neighbourhoods that help older people to remain active and involved with their friends, neighbours, family and local community.

As our older population increases, so will the amount of dementia in Cwm Taf. In 2015, there were approximately 3,685 over 65s affected by dementia in Cwm Taf. It is estimated that this will rise to 5,455 by 2030.

Our homes and the places we live affect our wellbeing. Housing hazards such as damp and mould increase the risk of allergies and asthma. Older people are particularly at risk of accidents happening due to poor lighting or lack of stair handrails. They are also more likely to suffer ill-health in a cold home which can be linked to fuel poverty. We have a legacy of old housing stock, coupled with people moving away from some areas of Cwm Taf where traditional industries have ended.

Feeling safe is important to people's quality of life. However, people have told us that crime and anti-social behaviour is a barrier for people using and enjoying their local environment.

There are many social assets within Cwm Taf communities which can help improve wellbeing. These include capacity, skills, knowledge, connections and potential of communities.

Good mental health is important for wellbeing. Cwm Taf has the highest levels of mental illness and poor wellbeing in Wales. People feel that everyone should be made more aware of the positive things that are happening through the many voluntary sector groups in Cwm Taf and value the beautiful outdoor environment.

**Our social assets**

- Life expectancy and healthy life expectancy in Cwm Taf are improving and people are living longer in good health.

- The gap in outcomes between the most and least deprived people in Cwm Taf is narrowing, but there is work still to be done.

- Community cohesion describes the ability of communities to function and grow in harmony and where people are confident that they belong. People in Cwm Taf have called this community spirit and feel that this is particularly strong in our area.

- Because social wellbeing is about all the things that affect our lives, it does not stand alone – cultural, economic and environmental assets all contribute to social wellbeing.

- Our statutory and voluntary services support the health and wellbeing of our communities.

**Our social challenges**

- We must develop collective action to prevent/ minimise harm caused by Adverse Childhood Experiences (ACEs) in Cwm Taf if we are to improve the prospects of our future generations.

- We must consider the use of cost effective preventative approaches, particularly in the early years, and in relation to the prevention of health harming behaviours in Cwm Taf.

- The increase in our older population in the coming years in Cwm Taf will present considerable health and social care challenges.

- Building confidence and resilience is important in improving wellbeing in Cwm Taf. Improving economic circumstances is a particular challenge.

- Addressing the quality, safety and suitability of our housing and built environment is key to meeting the present and future needs of our communities in Cwm Taf.
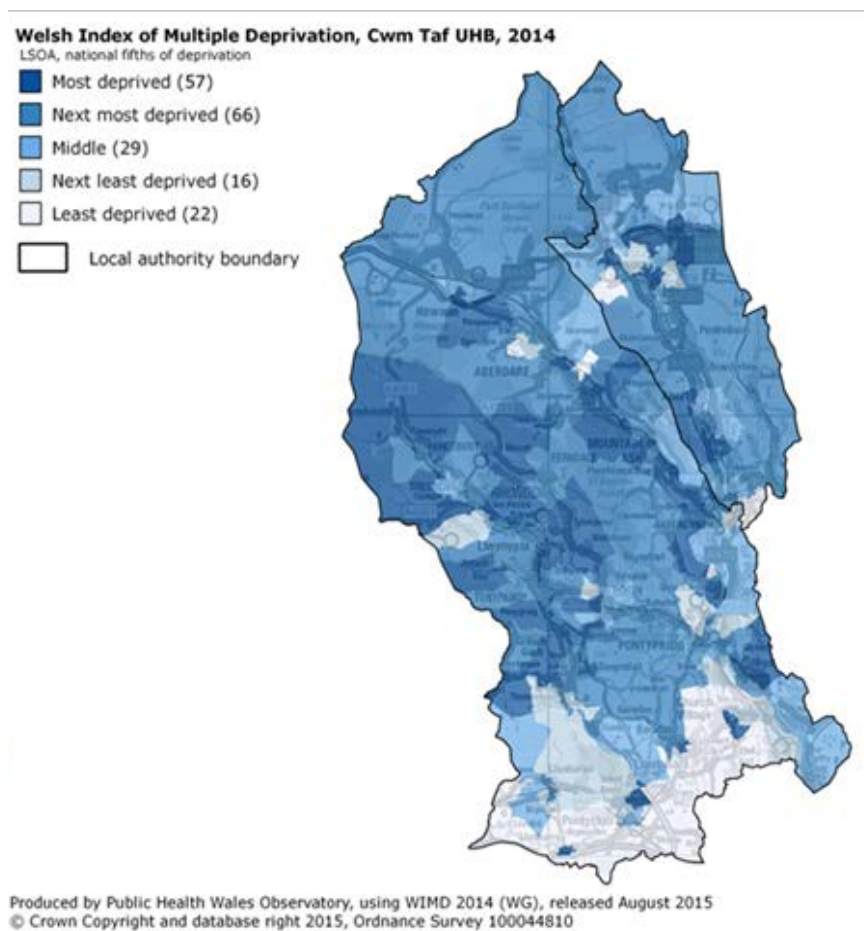
*You can read more about social wellbeing in the [LINK SOCIAL WELLBEING BRIEFING DOCUMENT].*

## CROSS CUTTING ISSUES IN CWM TAF

**Deprivation and inequalities**

Wellbeing is dependent on a wide range of factors including lifestyle, education, employment, income, housing and our environment. In Cwm Taf, a third of our population live in the most deprived areas of Wales. This leads to inequalities across all four wellbeing themes covered in this assessment, and results in poor health, social, educational and economic outcomes across the whole of the life course for our children, adults and older people.

*Figure 6: Deprivation Map of Cwm Taf*

**Welsh Index of Multiple Deprivation, Cwm Taf UHB, 2014**
LSOA, national fifths of deprivation

- Most deprived (57)
- Next most deprived (66)
- Middle (29)
- Next least deprived (16)
- Least deprived (22)

- Local authority boundary

Produced by Public Health Wales Observatory, using WIMD 2014 (WG), released August 2015
© Crown Copyright and database right 2015, Ordnance Survey 100044810

Austerity measures and welfare reforms have had a greater negative impact here than in other areas and these risk increasing inequalities further. It has been suggested[3] that the following evidence based actions could improve outcomes and reduce inequalities:

- Programmes that ensure adequate incomes, reduce debt and reduce income inequalities

- Programmes that reduce unemployment in vulnerable groups or areas and that promote physical and mental health in the workplace

- Programmes that improve physical environments, such as traffic calming schemes and the creation of green space

- Programmes that target vulnerable groups by investing in more intensive services and other forms of support for such groups, in the context of universal provision

- Early years programmes

- Policies that use regulation and price (for example, minimum unit pricing or taxes) to reduce risky behaviours.

This is not an exhaustive list, but demonstrates how reducing inequalities and improving wellbeing is dependent on integrated actions across all the themes of the Wellbeing of Future Generations Act.

**Measuring our assets**

Welsh Government has provided Public Service Boards with a set of national wellbeing indicators by which to measure progress. The list showing the current status of these indicators for Cwm Taf is [LINK SPREADSHEET SHOWING CWM TAF DATA AGAINST NATIONAL INDICATORS]. Due to the extent of inequalities in our area, many of these measures appear as deficits, even though progress is being made.

As we look towards adopting an assets based approach we must consider how we are going to meaningfully measure these to reflect the strengths and positive activity going on in our communities. Assets include the capacity, skills, knowledge, connections and potential in a community. Measuring assets

---

[3] NHS Health Scotland. (2016). *Economics of prevention, inequality.* Briefing 3. Edinburgh: NHS Health Scotland

alongside needs gives an improved understanding of communities and helps to build resilience and social capital[4].

People recognised some of these assets in the conversations we had as part of the engagement process. We can use these questions as a starting point for further with communities.

- We need to make sure that both strategic and local decision makers understand the links across all the themes of cultural, environmental, economic and social wellbeing in Cwm Taf

- How can public services and communities work better together in the future? What is standing in our way? How can public services remove some of the things that stop communities from being able to easily take ownership of their lives, areas and wellbeing?

- How can public services help people and networks to connect better to each other? How can we do this differently to the ways we have tried before? Who can help us?

- In what ways would communities like to volunteer or be involved with public services and with the things going on in their area? What is standing in their way?

- How can we make it easier for communities to identify the buildings and open spaces in their areas and have a say in how they should be used?

- How can we include businesses and other parts of the community in our work, and better understand how they can contribute to improving wellbeing?

- How can we get communities sharing their positive stories with the rest of the world and attract visitors to Cwm Taf? How can we promote what we are doing and how well we are doing it? Do we use tools like social media to their full advantage?

- Are we collecting the right evidence, which really tells us whether or not the things we are doing work? What is stopping us from sharing the information we collect more freely? What information should we be collecting and sharing? What are people interested in knowing?

---

[4] The networks of relationships among people who live and work in a particular society, enabling that society to function effectively.

**Dealing with cross cutting issues differently**

In this report we have looked at wellbeing according to four separate themes – cultural, economic, environmental and social, but many of the challenges faced by the Cwm Taf population are things that cut across more than one theme.

Our engagement workshops identified a number of interconnections between cultural, economic, environmental and social wellbeing. These are complex issues and should be developed further *across* traditional policy silos to make best use of resources and improve wellbeing for our population.

One example is housing:

| Housing | | | |
|---|---|---|---|
| **Cultural** | **Economic** | **Environmental** | **Social** |
| • People need to feel part of their community and many want to offer their time, skills and connections<br><br>• Community amenities maintain/ develop community cohesion | • Local development plans set out the land-use planning policies for different types of development<br><br>• Affordability of housing is difficult for some groups | • People want to live in a clean, safe environment and increasingly want to help manage their local areas<br><br>• A healthy natural environment can be a cost-effective way of regenerating and enhancing neighbourhoods. | • The quality of the home has a substantial impact on health<br><br>• As our population aged over 65 increases over the coming years, consideration needs to be given to the range of housing needs of this group<br><br>• Community safety issues affect well-being. |

## NEXT STEPS

This Assessment does not give us everything we need to know and our understanding of wellbeing needs to be updated as we go along. What it does give us is a current picture of wellbeing in Cwm Taf and some ideas of what to do next.

The Cwm Taf Public Services Board is already doing some important work around the ideas in this Assessment and looking at ways in which we can work together with communities to improve wellbeing in the future. [LINK BUILDING COMMUNITY CAPACITY/PLACE BASED WORKING].

The next stage of this work is to write a Wellbeing Plan, which will contain specific wellbeing objectives and details of how public services plan to meet these objectives, *together*, and improve wellbeing in Cwm Taf.

It is important that the objectives provide real opportunities for public services and communities in Cwm Taf to work together to improve wellbeing. *Each* objective should do this, as well as all of the objectives together. As we know, wellbeing means different things to different people and the objectives should be about how we can make it easier for everyone to have control over their own wellbeing.

The only way we can do this is to keep this conversation going, by talking to the people who know what will make a difference to wellbeing in Cwm Taf; the people who live and work here.

**Wellbeing Assessment Briefing Document: Culture**

1.      Introduction

Through the Understanding Our Communities project, public services are gaining a better understanding of the good things about communities, what matters to people and how their experiences and what they have to offer can help us to plan and provide services.

The Wellbeing of Future Generations (Wales) Act has been put in place to make sure that public services are doing all that they can to improve the **cultural**, **economic**, **environmental** and **social** wellbeing of people and communities, and working in ways that will help to create a Wales we want to live in, now and in the future.

The Act means that public services will have to:
*   Think about the long term;
*   Look to prevent problems;
*   Look to contribute towards the Act's seven wellbeing goals in all that they do;
*   Work better with each other; and
*   Work better with people and communities.

Under this Act, public services must carry out and publish a **Wellbeing Assessment**, which looks at the state of wellbeing of people in the area, people within specific communities within that area and think about what this picture is likely to look like in the future.

In Cwm Taf, we have been collecting lots of information for the Assessment, from the people making policy and commissioning decisions about services, the people delivering services and the people receiving services.

We then spent some time, talking with these people about the headlines that emerged under each theme and really thinking about **how** they affect wellbeing and what the **impact** of these headlines is likely to be on communities, now and in the future.

A summary of the headlines relating to **cultural wellbeing** are contained in this document. The document shows both how each headline relates to wellbeing and how cultural wellbeing relates to the other wellbeing themes.

All of the information gathered throughout the project to inform these headlines will also be available in an online library. You can find the full Wellbeing Assessment, which covers all four wellbeing themes [here].

---

2.      Cultural wellbeing

*'Celebrating success, valuing our heritage, culture and language
will strengthen our identity for future generations.'*[1]

---

[1]  "The Wales We Want" report (2015)
http://www.thewaleswewant.co.uk/sites/default/files/The%20Wales%20We%20Want%20Report%20ENG.pdf

Wales is wealthy when it comes to culture. Our language, history, music, theatre, writing, dance, art, sport, festivals, media and our differences define us as a nation. Here in Rhondda Cynon Taf and Merthyr Tydfil, we are known across the world for our history of coal-mining, our politics, our musical talents and our sporting stars.

This chapter explores what **culture** means to the people of Merthyr Tydfil and Rhondda Cynon Taf. The chapter is about how we live now; looking at statistics on how many people take part or go to 'cultural' activities, understanding the things we enjoy doing and the effect they have on our well-being and thinking about how our culture can be used to our advantage in the future of Cwm Taf.

3. <u>Headlines</u>

### *I. People need to feel part of their community and many want to offer their time, skills and connections.*

Community spirit connects people, makes them happy and improves well-being. The communities in Rhondda Cynon Taf and Merthyr Tydfil (Cwm Taf) have a particularly strong community spirit, with people talking about the friendly, welcoming streets, places and public areas where they live. This was about a 'time and a place' but also about the 'networks' that people belonged to, such as the Welsh speaking community.

The culture within a community can be a very local thing, depending on the history of the town, people who live there today, the activities that go on there and its potential for the future. These things are not easy to pin down, but are the heart of any community. People who were not linked in to local activities, the people around them or the area's history seemed to feel lonely and negative about the future.

The feeling of 'being part of the community' is more than just individual happiness and linked to activity on a community level; how connected the community is; how much people can offer and how organised the community is. People felt that they have the answers to many of the problems facing their communities, but felt powerless to change things without the help of services.

Having family and friends close by was seen as good for social well-being and something quite unique to Cwm Taf. There are also many activities and social groups that bring people together, such as dancing, parent and toddler groups, community classes, gardening clubs/allotments, church groups, choirs and older people's dinners – these were all mentioned across Cwm Taf. Face-to-face events and activities happening locally were seen as the best way of bringing the community together, but the power of social media and the Internet for finding useful information, organising things and meeting like-minded people was also talked about.

People that take part in these cultural activities felt it was important to keep them going for their own well-being. Finding information about what was happening and promoting opportunities for getting involve was critical, like through online information, community 'gossip' and display boards. There are also some examples of people who work in the

community and make connections between activities, services and members of the community (like Communities First workers or Community Co-ordinator posts).

Although many of the cultural activities are at 'grassroots' level, there are examples of these leading to communities coming together for a common cause such as businesses being set up and buildings / land being taken on by community members. In this way, organised communities can have a positive effect on the local economy and environment. For example, environmental projects like community gardening, clearing land and looking after paths can have an economic impact through growing and selling produce, encouraging tourism and volunteering giving people new skills and confidence.

Like all communities, the communities in Cwm Taf are changing. The community spirit of the area has grown through the history of Cwm Taf, whereas the increase in digitalisation means more people are spending time indoors and don't know their neighbours or their community as well as they might have done. It was felt that if this continued into the future, it would be bad for people's health, crime would increase, people would become lonelier and there would be a need for more services to step in and 'save' the community from breaking apart.

Examples that we can build on:
- Community activity is not new; community groups across the UK have been coming together for years to achieve things together. In Wales, there have been more and more groups taking over buildings, land and services e.g. there is a Leisure Trust in Merthyr Tydfil running libraries, the leisure centre and other facilities. There is also a community engagement programme called 'RCT Together' in Rhondda Cynon Taf, where groups have come forward and successfully taken on services or buildings once owned by the Council.
- There are community groups across Cwm Taf active in their local environment, taking ownership for their surroundings, building on hat's there and working together to achieve something different e.g. *Friends of Parc Taf Bargoed* and *'Welcome to our Woods'*: a project in Trehebert.

| What more do we need to know? |
|---|
| Individuals and community groups often feel frustrated when working with public organisations. How can we work better together in future and how can public bodies cut some of the 'red tape' that stops opportunities from being realised? |
| How can public bodies connect people better so that they can get involved in their community and the place that they feel connected to? |
| How can a more formal approach to volunteering (linked to culture and activity in the community) help people learn new skills and find work? |

## *II. Our heritage and history, landscape and buildings should be celebrated and used in the future.*

When we think about what culture means, the word 'heritage' is often mentioned. 'Heritage' can mean history, belonging and culture. In Welsh, it is *'etifeddiaeth'* which literally means 'inheritance' and suggests how our heritage is something to be passed on through the generations. The landscape, buildings, natural environment and languages spoken in Cwm Taf are the things that help people feel like they belong, which has a positive effect on their happiness and well-being. The heritage of Cwm Taf can also bring economic benefits to places across the region through tourism and celebrations within local communities.

The potential of assets such as Cyfarthfa Castle Museum in Merthyr Tydfil (which was the third most popular free attraction in Wales in 2014); [2] the Rhondda Heritage Museum; and more modern projects like the Canolfan Soar and Redhouse in Merthyr Tydfil were seen as brilliant venues to showcase our heritage. This includes arts, performance, history and selling local food, drink and gifts.

In a similar way, the amazing natural landscape in Cwm Taf has a good effect on people's physical and mental health. From playing outside, gardening, rambling and exercising outdoors, learning new skills in the forests to the great variety of natural life that lives in the countryside in Cwm Taf, the environment has great potential to help us live well. The landscape of Cwm Taf has been moulded by the humans and industry over the years, which is an unique selling point to encourage visitors and people to live and work here in the future.

The South Wales Valleys, the buildings and the traditions grew out of the industry in the 19th century. Small villages suddenly became 'boom towns' and by 1914, Wales almost matched the USA in terms of people moving from all over to here for work. The different nationalities coming together has created the businesses, buildings and cultures that we see today across Cwm Taf. The non-conformist religion became well-established and chapels were built across the area. Theatres, miners' institutes and clubs began to be built too.

Many of these buildings that were central to the community stand today. Some continue to be entertainment venues and meeting spaces, whilst others are home to specific services, community enterprises or privately run. Buildings are important to communities and provide a place to come together, find out what's happening, get involved in activities or just meet and socialise. The idea of multi-purpose buildings and landscapes came up many times in our discussions as the main strengths of Cwm Taf with ideas around the private sector, public sector and communities working together to make the most of the things that are already here.

This rich history is known worldwide and presents an opportunity for business and tourism. Many people felt that although the industrial past of Cwm Taf is important, business and community activity are what defines the area now in the 21st century. It was felt that there are opportunities here for more locally produced food, drink and gifts to be produced and marketed as from the area. There was also potential for businesses and social enterprises to use the richness of history, landscape and built environment here to make money for the community and have a positive impact on the social, economic and environmental well-being of the region.

<u>Examples that we can build on:</u>

---

[2] Welsh Government (2015) *"Visits to Tourist Attractions in Wales 2014: Report for Visit Wales."*
*http://gov.wales/docs/caecd/research/2015/151020-visits-tourist-attractions-2014-en.pdf*

- There are many buildings, sites and parcels of land that can be celebrated across the region as part of our heritage – the tourism and heritage services in the area have done a lot of work on promoting these, but it is also for communities to understand their own stories about their area and share them widely.
- Examples across Europe demonstrate the economic value of heritage e.g. the value of tourism in Ireland, the attractiveness of locations due to landmarks[3] but connectivity (transport, information and location) is really important to make the most of this.

| What more do we need to know? |
| --- |
| How can businesses in Cwm Taf help with this? How do they see their role or contribution to improving people's wellbeing? |
| How can we get communities sharing their positive stories more widely with the rest of the world to attract more visitors and celebrate our culture? Does social media have a part to play here? |

## III. *Taking part in things seems to be good for everyone's well-being.*

Research has shown that taking part in something creative or something that helps people relax (like exercise, playing sport, singing, art, acting etc.) is very good for well-being.[4] These things can make a difference to people's lives, in encouraging them to socialise, get out of the house and meet new friends, helping people get over problems in their lives and giving people new skills, which can lead to opportunities and work.

Research by the national Arts Council has shown that taking part in the arts can help communication, well-being and employment / educational prospects. In one study, 53% of people who took part said they had improved quality of life and well-being as a result of taking part in a project.

> *"It's made me want to do more training because I've been here it's made me feel I can have a go at something."*
> *(someone that took part in the Valley and Vale Projects)[5]*

In particular, people who were unwell, elderly or frail said that looking forward to something was very important to their recovery and their well-being. This was often about an activity in the community linked to art, leisure or culture. There are now many services that make this connection; such as books being prescribed by the doctor to help people understand their condition and help themselves, singing for people that have breathing difficulties and singing / poetry-reading for people with dementia and their carers.

---

[3] Case studies included in Europa Nostra (2015) *Culture Heritage Counts for Europe* http://blogs.encatc.org/culturalheritagecountsforeurope//wp-content/uploads/2015/06/CHCfE_REPORT_ExecutiveSummary_v2.pdf

[4] See, for example, Arts & Health South West - http://www.ahsw.org.uk/index.aspx

[5] Arts Council for Wales (2010) *'Findings from the pilot of the Community Arts Evaluation.' http://www.arts.wales/what-we-do/research/latest-research/community-arts-evaluation*

Exercise, playing and watching sport has a similar positive effect on physical and mental well-being because it involves improving fitness and feeling part of a bigger network. The assets (the buildings / facilities) in the area that help people do this were seen as really important (like the natural environment, swimming pools, leisure centres and cycle / walking trails). Specific mention was made to the Taff and Trevithick Trails, Bronwydd and Abercynon swimming pools, the National Lido of Wales in Pontypridd, Merthyr Tydfil Leisure Centre and use of the outdoor parks, fields and land.

There has been an increase across Wales since 2010 in the number of people going to and taking part in arts activities. In Cwm Taf, a study showed that there is a lot of people going to, and taking part in, modern dance. Most people went to events in their local neighbourhood or county, rather than further afield. This was echoed by conversations with people, who said they would much rather socialise in their local community. The most common barrier to people going along or taking part in a creative activity is time. But there is also a link between how wealthy somebody is and whether they take part in activities across the whole of Wales.[6]

Examples that we can build on:

It is clear that there is a lot going on in Cwm Taf compared to other parts of Wales and that people are well-connected in organising activities and finding out about what's going on. The thriving music scene in Merthyr Tydfil and Rhondda Cynon Taf is part of this with choirs, the Merthyr Rock festival in recent years and the Merthyr Rising festival going on in 2016 – a festival of arts, ideas and music. As well as small music venues across the region, there are a number of historic music venues such as the Pop Factory in Porth and the Muni in Pontypridd. Youth services across the region also offer opportunities for young people to develop their creative skills, including the 'SONIG' Youth Music Industry Programme and through Canolfan Soar.

There are many leisure and creative activities aimed at people who have not been very involved in the past. Being involved in creative things can take people's minds off everyday things, help people to achieve other things in their lives and increase confidence, build new friendship groups and new skills. For example, a project delivered in Communities First areas in RCT is aimed at people who suffer from can mental health conditions but focusses on arts, artefacts and heritage. Similarly, projects aimed at young people have increased confidence, skills and helped people to meet others e.g. digital media development; the 'Take Part' programme and the 'Up and Coming' MAGNET project.

| What more do we need to know? |
|---|
| The economic climate has meant that some projects have struggled over the last decade but people involved in these activities felt strongly that they cannot disappear in the future because of the benefits they have in bringing people and communities together. There are some reports that show how valuable taking part in social and cultural activities are for people's health but there is a need for more evidence to be collected to help build a case for using culture to overcome long-running problems or as ways of involving people. |
| How can the public bodies in the area work together with communities to get rid of some of the difficulties people have in getting involved? For example, giving people the |

---

[6] Arts Council for Wales (2015) *'Arts in Wales Survey Report'*: http://www.arts.wales/what-we-do/research/latest-research/arts-in-wales-survey-2015

confidence and help to go along to activities in their community or making sure communities can easily use the countryside around them to enjoy outdoor hobbies.

*IV.* ***Language is an important part of who we are and makes us feel like we belong.***

As well as the area that we live in, the language that we speak is an important part of our culture and who we are. The industrial boom meant that many people moved from around the world to Merthyr Tydfil and Rhondda Cynon Taf for work, bringing a range of languages to the South Wales Valleys. There is a need to recognise this as part of our wider heritage but also to welcome the number of languages being spoken in Cwm Taf today.

The main languages spoken here are Welsh and English, but other languages recorded on the Census (2011) included Polish; Portuguese; Arabic; Chinese; and Filipino. But this does not include the households that might have English or Welsh as their main language, but often speak other languages to relatives and friends.

Although the number of people speaking Welsh is going down overall in Cwm Taf, more children and young people are now able to speak Welsh, which is promising for future generations growing up in the area. The following maps highlight the level of Welsh language skills according to the Census in 2011 by area:

Although the average across Rhondda Cynon Taf is 12.3%, some areas like Llantwit Fadre and Hirwaun are as high as 17.1% and 16.4% respectively.

In Merthyr Tydfil, Treharris (11.7%) and Cyfarthfa (10.7%) have the highest percentage of Welsh speakers.
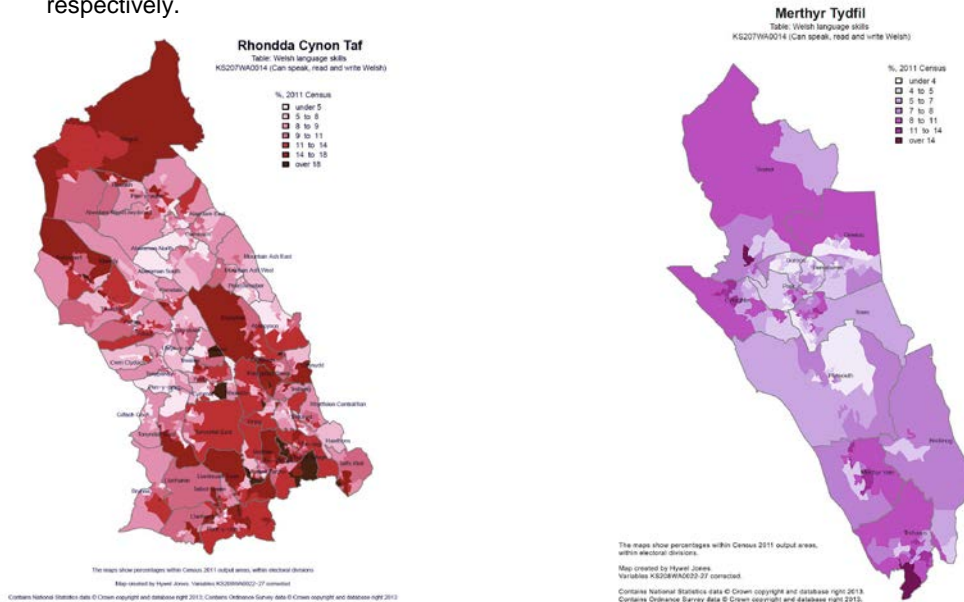


Language is part of who we are and the local cultural history of Rhondda Cynon Taf and Merthyr Tydfil. But being bilingual also has an effect on the jobs that are available to us, the opportunities that are opened up and the networks that we can move in. For these reasons, there is now a national target of one million Welsh speakers by 2050 across Wales. This equates to around a third of the current population and would be an equivalent of 100,000 Welsh speakers across the Cwm Taf region by 2050.

The growth in Welsh speakers in some age groups is positive, but we need to carry on growing this. If we could reach one million Welsh speakers across Wales by 2050 and help more people to continue to use their Welsh language skills after they leave school, we can make sure that more people experience the sense of community and belonging which comes from sharing the skill to speak our beautiful, historical language and contribute to the vibrant culture and thriving Welsh language of Wales.

As the maps above suggest, there are pockets of Welsh speakers across Cwm Taf, who access all sorts of opportunities to use the Welsh language. We need to work together to keep some of this going and encourage more people to get involved, while also encouraging more families to put their children through Welsh medium education, learn and use the language.

Examples that we can build on:
- The annual Merthyr Tydfil Global Village Festival is about welcoming all languages, cultures and celebrating the different people that live in and around Merthyr Tydfil. In RCT, there is an annual 'Parti Ponty' festival, celebrating the Welsh language and Welsh culture – as well as many smaller events and groups across the region that bring people together to speak their native tongue and take part in activities.
- There are many new projects beginning to help grow the number of Welsh speakers across Wales, including in Cwm Taf. Some learning could be used from other areas that have been successful, such as the Basque region in Northern Spain.

| What more do we need to know? |
|---|
| Organisations in Cwm Taf will need to make sure all staff have a positive attitude towards learning Welsh and other languages, and that they can talk about the benefits of being bilingual to others. |
| More information is needed on how speaking other languages can have an economic effect on well-being, leading to better opportunities, work and pay. |

_____

4.    Links to other wellbeing themes

**Cultural wellbeing** does not stand alone and has many links with the other wellbeing themes.

- Culture is what brings people together and, from this, they have the power to achieve bigger things. People are more likely to get involved in a cultural activity (including all of those mentioned in this chapter) than something more serious. Getting members of a community together can have the effect of organising the community more effectively, which has positive social effects on health and, depending on the issue, can lead to a positive effect on the economy and the environment of the area. The strength of community spirit in Cwm Taf needs to be used effectively in the future in this way.
- Social media can be considered a 'cultural' topic, but it has been discussed in terms of connecting people and organising things across all aspects of well-being.

- Even though culture is linked to the very local place that we live in or come from, it connects people across geographies through common interests and talents. A common theme of this work is connecting people and places physically across Cwm Taf through physical walking, cycling and transport routes but also through their common history and future. A focus on one thing in a place could have a very positive effect on how that community operates and what it can achieve.
- Awareness, marketing and promotion of what's going on with regards to culture is also a common theme. This is not only to benefit the social effect of being involved in cultural activities, but to attract visitors to the area through marketing the landscape, buildings and cultural activities. It was noted the powerful impact that having people based in communities, finding out what's going on and enabling the community to work together to achieve more, has had in certain areas of Cwm Taf. Moving funding towards this sort of work was seen as having a positive effect on communities and the people within them.

---

**Wellbeing Assessment Briefing Document**

1.      Introduction

Through the Understanding Our Communities project, public services are gaining a better understanding of the good things about communities, what matters to people and how their experiences and what they have to offer can help us to plan and provide services.

The Wellbeing of Future Generations (Wales) Act 2015 has been put in place to make sure that public services are doing all that they can to improve the **cultural**, **economic**, **environmental** and **social** wellbeing of people and communities, and working in ways that will help to create a Wales we want to live in, now and in the future.

The Act means that public services will have to:
- Think about the long term;
- Look to prevent problems;
- Look to contribute towards the Act's seven wellbeing goals in all that they do;
- Work better with each other; and
- Work better with people and communities.

Under this Act, public services must carry out and publish a **Wellbeing Assessment**, which looks at the state of wellbeing of people in the area, people within specific communities within that area and think about what this picture is likely to look like in the future.

The Wellbeing Assessment will connect the environment in which we live, the economy in which we work, the society which we enjoy and the cultures that we share, to people and their quality of life.  It is important to understand how these different elements of well-being relate to peoples' lived experiences in your locality and different communities in your area.

In Cwm Taf, we have been collecting information for the Wellbeing Assessment, from the people making policy and commissioning decisions about services, the people delivering services and the people receiving services.

We then spent some time, talking with these people about the headlines that emerged under each theme, thinking about **how** they affect wellbeing and what the **impact** is likely to be on communities, now and in the future.

A summary of the headlines relating to **economic wellbeing** are contained in this document.  The document shows both how each headline relates to wellbeing and how economic wellbeing relates to the other wellbeing themes.

All of the information gathered throughout the project to inform these headlines is available in an online library.  You can find the full Wellbeing Assessment, which covers all four wellbeing themes [here].

1

2.      Economic wellbeing

The wellbeing goal, a prosperous Wales describes wellbeing as "an innovative, productive and low carbon society which recognises the limits of the global environment and therefore uses resources efficiently and proportionately (including acting on climate change); and which develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities, allowing people to take advantage of the wealth generated through securing decent work".

What the term "economic wellbeing" means to local people in Cwm Taf is to have a job and to have money. People's skills and knowledge can influence their opportunities for employment, which in turn enables them to generate wealth. Generating wealth is important because money is essential to life[1].

Dodge *et* al. (2012) propose a definition of wellbeing as "**the balance point between an individual's resource pool and the challenges faced**". Individual differences in a person's ability to generate wealth are reflected in the challenges faced by people living in Cwm Taf.

3.      Headlines

### 3.1.    Growing a resilient local economy that recognises the limits of the global environment

In common with other developed countries, Wales has a higher consumption rate of key natural resources than the global average and a higher carbon footprint. Food, housing energy consumption and private travel are dominant contributors to our ecological footprint. Road transport and domestic consumption of electricity and gas[2] contributes most to our carbon footprint.

A key challenge is to create a long-term state where we shift towards the sustainable production and provision of essential goods and services that all people can access. These essential goods and services are quality food, sustainable transport and decent housing, in combination with amenities for people to participate in activities (such as access to attractive neighbourhoods and open spaces).

Our communities spoke of physical regeneration as a tool to create a place that attracts investment and business[3]. This has the potential to develop resilience through sustainable urban planning in combination with the development of green infrastructure[4] to improve the conditions for local residents and businesses.

What residents feel is essential for their current and future economic wellbeing was considered in conversation. During this conversation older people tended to express a belief that, whilst they may struggle they were in a relatively strong position compared to

---

[1] Cwm Taf Engagement Hub (2016)
[2] NAEI (2016) Local authority $CO_2$ interactive maps (2014)
[3] Cwm Taf Engagement Hub (2016)
[4] Wildlife Trust Wales (2016) Green Infrastructure

young people, where their perception was that "**things will only get worse for future generations, the young people are the ones that will really feel the impact of the cuts**" (Whealle, 2016).

How does this headline impact on wellbeing?

*If we could build our local economy based on a foundation of sustainable urban planning and green infrastructure, we will likely create conditions that are attractive to business investors, visitors and local residents alike.*

What are the risks of not maintaining or improving wellbeing in relation to this headline?

The natural environment is a core foundation of our economy.  Local development plans and planning policies determines how land can be used within a local authority's boundary.  We need to ensure that local development plans focus on the positive use of the natural environment through sustainable urban planning and the principles of green infrastructure to support the growth of a resilient local economy.

In addition to an economy that recognises the contribution of paid employment[5] to wellbeing is the contribution of unpaid or voluntary work.  Volunteering has a non-monetary contribution to the economy that is "vital to charities and civil society, helps to strengthen local communities, and improves the wellbeing of individuals who participate" and because this contribution is rarely assessed in monetary terms, there is a risk that we undervalue and under-invest in policies that promote volunteering" (Fujiwara *et* al. 2013).

Economic growth and the creation of new jobs have the potential to reduce spending on welfare.  Beatty and Fothergill (2014) estimate the welfare reforms to disproportionately affect people living in Merthyr Tydfil and Rhondda Cynon Taff.  They estimate an average reduction of £720 per year per working age adult in Merthyr Tydfil and £670 in Rhondda Cynon Taff.  Both areas are higher than Wales (£550) and GB (£470)[6].  The worst affected communities are Maerdy and Pen-y-waun in Rhondda Cynon Taff and Gurnos in Merthyr Tydfil, where the estimated loss is expected to average more than £1000 per year.  We can expect this loss of benefits to have a negative impact on consumer spending.

**What additional information would help in relation to this headline?**

- We have only limited information on how the different elements of wellbeing relate to people in different community areas in Cwm Taf.
- An unknown dimension is Brexit.  Until the UK Government sets out and confirms its position with the European Union the potential impact on different communities and communities of interest across Cwm Taf will remain an unknown factor.  However, we can assume a negative impact on less prosperous areas in Wales because they have retained entitlement to the highest level of regional aid from the European Union (Beatty and Fothergill, 2014), which is unlikely to continue.

---

[5] See headline 3.3
[6] See the REPORT for full details on the impact of the welfare reforms at ward level across the Valleys.

- We are unaware of how businesses in Cwm Taf see their role or contribution to improving people's wellbeing.  We would like to explore this area of wellbeing with businesses in Cwm Taf in the future.
- The Cwm Taf local authorities are part of the Cardiff Capital Region City Deal.  The deal was signed in March 2016 and aims to unlock economic growth across the Cardiff Capital Region; however, there is limited information on the overall economic outcomes they want to achieve or the expected impact on wellbeing.
- The information used to reflect on a low carbon economy focused on the end-user as emissions data.  What we don't know is the potential impact of small scale energy efficiency measures on our carbon footprint balanced against a shift in national production using sustainable fuels (solar, wind, water and tidal power).
- The term "innovative" is used in the wellbeing goal "a prosperous Wales" to address society but we have little information on what an innovative society looks like.  This is something we need to know in the future.
- The impact of crime on the growth of a resilient local economy, and considering the findings of the Home Office Organised Crime Procurement Pilots in the context of Cwm Taf.
- People spoke anecdotally on the positive and negative impacts of retail park developments and their influence on town centres.  It would help to explore the positive and negative perspectives in light of the high commercial vacancy rates in town centres, with specific reference to Cwm Taf areas.
- The role of tourism and visitors to the local economy is already identified in the Destination Management Plans for Rhondda Cynon Taff and Merthyr Tydfil.  We need to know how these plans connect to the different areas of wellbeing to promote and enhance areas so they are attractive for visitors.


### 3.2.    Helping the movement of people throughout Cwm Taf

The geographical landscape of Cwm Taf has meant that the dominant transport routes follow the valley topography on a north south direction to Cardiff, making east west journeys longer and more difficult.  Transport and transport costs as a barrier to accessing work is a consistent message from conversations with local people, with some speaking of being in "travel poverty".

In terms of connectivity, Merthyr Tydfil is a more compact local authority with shorter distances to travel within its boundaries when compared to Rhondda Cynon Taff, where travel distances are longer.  The average distance travelled by employed people in Merthyr Tydfil (15.5km) is shorter than Rhondda Cynon Taff (16.3km) and Wales (16.7km).

- In Merthyr Tydfil, 44 percent of employed people travel less than 5km to work.
- In Rhondda Cynon Taff, 44 percent of employed people travel less than 10km to work.

In terms of public transport, people in Cwm Taf identified the cost of transport as an issue, and also commented that transport links could be improved especially to for example hospitals[7].  There was a belief among people in Merthyr Tydfil that expensive

---

[7] Cwm Taf Engagement Hub (2016)

and inflexible public transport prevents them from travelling further afield for work.  They see vehicle ownership as an essential commodity, particularly when used to support access to work or training, saying "I found a job, but I couldn't get there, the transport just didn't work out."

<u>How does this headline impact on wellbeing?</u>

*If we could improve community connectivity through the availability of sustainable transport infrastructure across Cwm Taf, we will likely create conditions that help remove barriers and facilitate the movement of people.*

<u>What are the risks of not maintaining or improving wellbeing in relation to this headline?</u>

Community connectivity needs to extend beyond the main arterial routes into the peripheral communities.  Opportunities for extensive green infrastructure networks that support active travel can help enhance biodiversity and allow people and wildlife to travel through urban areas.

Local conversations revealed that people identify the car, bus or train as primary modes of transport.  When thinking about transport, there were few references to cycling and walking as viable options.  People did not place significance on active travel as a viable option, which may mean that active travel may be difficult to present as an alternative without first changing people's perception and removing barriers.

Improving public transport options and availability may permit more individuals and families to become independent and enhancing mobility for those without access to a personal vehicle.  Currently there is limited bus service availability in Merthyr Tydfil after 6pm or on Sundays (apart from routes to Cardiff)[8].

### 3.3.    People in decent work improving their overall wealth

The rate of in-work poverty is the most distinctive characteristic of poverty today with work not always being an opportunity to improve overall wealth (JRF, 2012).  The JRF (2016) has found that a record high of 55 percent of people in poverty are in working households.  The need for decent work to mean "well paid jobs" is important if work is to be a route to improve overall wealth.  The hourly rate of pay shows that, people who work in Merthyr Tydfil are more likely to have lower paid work and accumulate financial earnings more slowly that people in Rhondda Cynon Taff or Wales.

In conjunction, a national conversation summarised by JRF (2016) highlight "too often, people's experiences of trying to get out of poverty tell a story of barriers and traps, rather than routes out".  This echoes the challenges experienced by unemployed people in Cwm Taf, who spoke of insufficient employment opportunities[9] and numerous barriers to employment, particularly the lack of useful support or guidance (Whealle, 2016).

The employment rate in Cwm Taf is growing and long-term unemployment (over 12 months) is reducing; however, levels for adults and young people remain worse than

---

[8] Cwm Taf Engagement Hub (2016)
[9] Cwm Taf Engagement Hub (2016) and Whealle (2016)

5

Wales.  The challenge in Cwm Taf is to help people develop their resources (skills, knowledge etc.) and tackle the barriers they experience so they can enter into decent employment.

Employment and overall wealth impacts on wellbeing because there is a positive relationship between wealth, income and a person's wellbeing (ONS, 2015).  This is particularly true when considering the impact of long-term unemployment (over 12 months) on an individual's wellbeing, where "generally, long-term unemployment adversely affects people's mental and physical wellbeing and it is one of the most significant causes of poverty for their households" (Pentrogolo, 2014).

<u>How does this headline impact on wellbeing?</u>

*If we can remove barriers to employment, in particular long-term unemployment, and develop decent employment opportunities in Cwm Taf, we will likely have a positive effect on an individual's ability to generate wealth, increasing levels of life satisfaction, sense of worth and happiness while at the same time, decreasing levels of anxiety.*

<u>What are the risks of not maintaining or improving wellbeing in relation to this headline?</u>

It must pay to go to work.  When factors like expensive low wages, childcare, travel and transport costs are considered, people can be better off when not employed.  You can be working and living in poverty and you can be on benefits and have enough money for everything you need and more.  The economy needs to work for low income families and it needs to ensure employment is good enough to improve families' financial circumstances.  If not, in-work poverty will continue to grow.

The voluntary Living Wage offers an option to pay employees a minimum hourly rate that provides a modest but acceptable standard of living, which is higher than the National Living Wage[10].  The Bevan Foundation (2016) summarise the benefits of the Living Wage as not just financial; being paid a Living Wage improves family life and individual wellbeing and choices.

The pathway to employment begins at birth[11] and progresses through to adulthood. There are numerous new and existing programmes[12] and projects[13] delivering services to support working age adults improve their employment prospects across Cwm Taf. We need to work together to ensure that these programmes and projects maximise their impact by integrating their objectives.

**What additional information would help in relation to this headline?**

- The term "decent" is used in the wellbeing goal "a prosperous Wales" to address work but is ambiguous, so we need to know what decent work looks like.  This report

---

[10] The Bevan Foundation explored the potential consequences of the Living Wage, gathering employers', trade unions' and other campaigners' experiences and understanding of the voluntary Living Wage initiative.  Explore their findings for Merthyr Tydfil and Wales from their published materials.

[11] Education from early years to adulthood is explored under the skills and qualifications headline

[12] National programmes like Communities First, Families First, Supporting People and Flying Start

[13] European funded projects like Communities 4 Work, Bridges into Work 2 and Working Skills for Adults 2

assumes that decent means "well paid" but this would need to be confirmed in the future.

- The Cardiff Capital Region City Deal expresses an expectation to increase the number of people moving into employment (including those that have been out of work for a long time) across Cwm Taf.  We have an expectation that the Cardiff Capital Region Skills and Employment Board will provide clear details in the future of how it will achieve this.
- The role of tourism and visitors to the local economy is identified earlier but we need to understand the local impact of the tourist industry on an employee's earning potential.
- Currently parents of 3 and 4 years olds can access early education for at least 10 hours a week during school term time.  However, we need to know how the government will deliver its commitment of 30 hours per week of free childcare 48 weeks of the year for working parents of 3 and 4 year olds.
- In conversation, the impact of volunteering as a pathway to work was a seen as a significant and positive influencing factor.  It would be useful to explore this more formally.
- The level of childcare provision across Cwm Taf and how the intended provision of 30 hours a week of free early education and childcare for working parents of 3 and 4 year olds in Wales, for 48 weeks of the year, will be available for parents in Cwm Taf.

**A future perspective**

- Expand the organisations across Cwm Taf who commit to paying the voluntary Living Wage.
- Organisations across Cwm Taf increase employment opportunities to reach an employment rate of 87.5 percent by 2036.

In the 20 years from now (2016) until 2036, it is estimated that approximately 30,000 people in Cwm Taf would need to enter into employment.  This means filling existing and creating new jobs so unemployed people and people new to the employment market can secure employment in the Cwm Taf region, all while those currently in employment are able to continue to be employed.

- 22,000 people gaining employment in Rhondda Cynon Taff
- 8,000 people gaining employment in Merthyr Tydfil

### 3.4. People gaining new skills and qualifications to tackle the challenges they face

A focus of the wellbeing goal "a prosperous Wales" is to develop human capital[14] within the population.  Education and lifelong learning are primary sources of development for human capital.  The ONS (2012) found "overwhelming evidence that children's life chances are most heavily predicted on their development in the first five years of life.  It is family background, parental education, good parenting and the opportunities for

---

[14] Organisation for Economic Cooperation and Development (OECD), defines human capital as the knowledge, skills, competencies and attributes embodied in individuals that facilitate the creation of personal, social and economic well-being (OECD 2001).

learning and development in those crucial years that together matter more to children than money, in determining whether their potential is realised in adult life."

In Cwm Taf, educational attainment among pupils is increasing and more people are gaining qualifications; however, overall attainment and qualifications levels remain below Wales.  Children growing up in poorer families[15] leave school with lower levels of educational attainment, which is major factor contributing to patterns of social mobility (JRF, 2012).  The free school meals gap is reducing in Merthyr Tydfil but increasing in Rhondda Cynon Taff in a number of key stages.

Across Cwm Taf, the range of children who are more likely to leave school facing greater challenges because of lower attainment extends to children looked after, Special Educational Needs and White British groups.

The PISA[16] 2015 results highlight a wider challenge for Wales as a contributor to the global labour market.  Jerrim and Shure (2016) summarise the change in Wales since 2006, where:

• There has been a statistically significant decline in the average PISA science score;
• There is little evidence of a sustained change in average PISA mathematics scores;
• There has been no statistically significant change in the average PISA reading score.

Jerrim and Shure (2016) also highlight that only 6 percent of the variation in how Welsh students are performing can be put down to their socio-economic background, in the other UK nations, 11 percent of the variation can be explained by socio-economic background.

Education and helping people to develop life skills such as budgeting, was highlighted as important because of the particular challenges many people faced in Cwm Taf.  Parents taking responsibility in conjunction with schools was important, for example parents acknowledged the need for help where "if you're a parent who doesn't know how to budget yourself how are you going to help your children" (Whealle, 2016).  This message is not restricted to budgeting and can translate across other skill deficits where parents and families do not have the confidence to develop.

The need to gain higher level skills represents a significant challenge in Cwm Taf.  This is most evident to people furthest from the labour market, who talk about the need to develop life, literacy and numeracy skills just to enable them to meet everyday challenges (Whealle, 2016).  Others spoke of skills development for people in and out of work, in particular communication skills[17], because of the importance of continuous development, career progression and preparing for the jobs of the future.

---

[15] Free school meal status when used as a proxy for socio-economic status should be treated with caution (Hobbs and Vignoles, 2007).

[16] The Programme for International Student Assessment (PISA), led by the Organisation for Economic Co-operation and Development (OECD), provides evidence on how the achievement and abilities of 15-year-olds varies across participating countries.

[17] Cwm Taf Engagement Hub (2016)

This is important because predictions indicate that the majority of new jobs and vacancies will be in higher level occupations with individuals needing to gain higher level skills in order to access those jobs (Winkler, 2015).

How does this headline impact on wellbeing?

*Improving skills and educating people has the potential to contribute positively to wellbeing because it helps an individual develop their resource pool (skills and knowledge) to meet the challenges they face.*

**"Higher levels of qualifications and continued formal and informal learning have been found to be associated with greater individual subjective well-being"** (ONS, 2012).

What are the risks of not maintaining or improving wellbeing in relation to this headline?

People who report no educational qualifications are more likely to be in relative low income or economically inactive, with those who have a degree level or above least likely to be in relative income poverty (DWP, 2015). If we focus on improving people's skills they will be able to meet more difficult challenges (Dodge *et* al. 2012).

In Wales, provision for early years support is available across eligible areas in Cwm Taf from the Flying Start programme. This programme offers eligible parents free quality childcare for 2-3 year olds, parenting support, an enhanced health visitor service and support for speech, language and communication. The impact of this programme is the subject of national evaluation; however, there were issues related to service access, with the geographical (postcode) approach to determine eligibility was consistently criticised as "unfair" and viewed as "families who can pay for childcare themselves getting more help than me" (Whealle, 2016).

All pupils are taught literacy and numeracy skills in our schools and local authority anti-poverty programmes help co-ordinate essential skills provision for adults. Adult participants talk about the benefits of engaging in adult learning programmes to learn life skills (Whealle, 2016).

**What additional information would help in relation to this headline?**

- We do not know what the specific skill requirements to focus on beyond the core skills of literacy, numeracy and digital literacy. We will have a better understanding of the future skill requirements through the development of local anti-poverty and economic strategies.
- Since 2000, the European Union and the Welsh Government has funded employability programmes, investing in workforce and skill development across Cwm Taf. The complexity of withdrawal of European Union funding arrangements make additional information essential to understand the likely implications for future programmes of work.
- Skills development is a component of each local authority's current anti-poverty programmes, with projects ranging from early years development and family support to employment pathways. The current programmes are in flux through restructuring and aligning, which is a strategic issue that we will need to know the outcome of for future planning.

**A future perspective**

Organisations across Cwm Taf improve the skills of the working age population so only five percent are without a qualifications by 2036.

In the 20 years from now (2016) until 2036, it is estimated that approximately 11,350 people in Cwm Taf would need to gain a qualification. This means increasing the skills held by the current workforce, and ensuring those who are new to the workforce have the necessary skills and qualifications.

- 8,135 people gaining a qualification in Rhondda Cynon Taff
- 3,215 people gaining a qualification in Merthyr Tydfil

**3.5. Development that facilitates a growing local economy and recognises the limits of the global environment**

The places where we live have a significant impact on our wellbeing. Local development plans set out the land-use planning policies and proposals to determine developments and guide opportunities for investment and growth. These policies include land-use allocations for different types of development, for example housing, employment, retailing, education, open space etc. as well as criteria for assessing individual proposals.

The built and natural environment can have a profound effect on people's behaviour and opportunities (Pinoncely, 2016). People's health outcomes, education, employment prospects and opportunities to build wealth and improve well-being are significantly influenced both by their socio-economic status and where they live (Pinoncely, 2016). To grow a local economy, programmes should involve planning needs to encompass transport links, access to local services and amenities, and safer communities (Pinoncely, 2016), all of which are important to create conditions that are attractive to business investors, visitors and local residents alike.

In Cwm Taf, the Welsh Index of Multiple Deprivation (housing domain) identifies several areas[18] that experience significant levels of housing deprivation. These areas present a particular challenge as Wilkinson (1999) summarises years of research evidence to show the associations between housing and health, which supports the argument that good quality housing has a role to play in both physical and mental health. Opportunities exist to improve mental health through targeted regeneration in deprived neighbourhoods (White *et* al., in press).

People who live in households owned outright or being bought with a mortgage or loan have significantly higher well-being than those who live in rented or paid part rent/part mortgage households[19]. In Cwm Taf the average home is more affordable than Wales;

---

[18] Merthyr Tydfil      (Town 1, Penydarren 1, Park 3, Merthyr Vale 2 and Gurnos 3)
    Rhondda Cynon Taf     (Mountain Ash West 2, Rhydfelen Central / Llan 2)
[19] This is part of Measuring National Well-being, Personal Well-being in the UK, 2014/15 release by the Office of National Statistics 23 September 2015.

however, affordability can still be a key issue for people given lower wages, particularly in Merthyr Tydfil, and mortgage affordability.

<u>How does this headline impact on wellbeing?</u>

*Connecting development and regeneration approaches that strengthen both the natural and the built environment will likely enhance economic, social, environmental and cultural wellbeing in our communities.*

<u>What are the risks of not maintaining or improving wellbeing in relation to this headline?</u>

The spatial distribution and phasing of new housing development must be considered carefully to ensure that it is viable and to ensure that existing infrastructure can cope, or that planned new infrastructure can be delivered to ensure communities remain sustainable.  Without a local development plan there is likely to be a less coordinated approach to the delivery of new employment, housing and infrastructure across Cwm Taf.

**What additional information would help in relation to this headline?**

- There is a significant range in the quality and energy efficiency of the housing stock across Cwm Taf.  More detailed data would be useful to help develop a better understanding of property condition and the opportunities to improve.

---

4. Links to other wellbeing themes

   **Economic wellbeing** does not stand alone and has many links with the other wellbeing themes.

   In order to access employment and generate wealth participants in Welsh Government anti-poverty programmes cited the notion that it must pay to go to work, with factors such as expensive childcare and travel costs considered to be factors that mean "work doesn't pay" (Whealle, 2016).

   The development of Green Infrastructure can positively impact tourism with increasing visitors (spend) and makes a local area more attractive to tourists, businesses and visitors.

   Creating sustainable transport options provides health benefits by reducing the carbon impact of transport, which improves air quality.  This can also encourage physical activity, to provide physical and mental health benefits.

   The physical environment is a source of positive identity for people, having pride in their local area in terms of heritage and beauty.  However, there was a dominant theme in conversation with people of all ages that more was needed to be done in order to keep the local area clean and tidy (Elliott *et* al. 2016).  Clean and tidy green space has a contribution to improving physical and mental health, where people are more likely to maximise their use of the outdoors where it is looked after.

Exploring what value voluntary organisations and volunteers have to maintain and build cultural capital through grassroots projects like their contribution to preventative activities, health, crime, environmental quality and social cohesion.  Where volunteers and community groups contribute to skills development and invest in or enhance local environmental capital.

The impact of crime and the fear of crime on people's wellbeing show a statistically significant difference between victims and non-victims (ONS, 2015).  Young people are more likely to be the victims of crime, as are those unemployed, living in urban areas or living in the 20 percent most deprived areas (ONS, 2015).  While the impact of crime will be most prominent on the affected individual, communities are also affected by criminal activities.

**What additional information would help in relation to all headlines?**

- The spatial mapping and combing of datasets across all areas of wellbeing to develop our understanding of small areas across Cwm Taf.

---

5. References

- Bevan Foundation (2016) *Fair Pay for Merthyr: The Potential Impact of the Living Wage.*  Bevan Foundation. Retrieved 2016, from website
- DWP. (2015) *Households below average income: An analysis of the income distribution 1994/95 to 2013/14*. Department of Work and Pensions. Retrieved 2016, from website
- Elliott, E., O'Neill, M. and Byrne, E. (2016) Findings *relating to the Wellbeing of Future Generations (Wales) Act 2015: Our work in Merthyr*.  Cardiff University. Retrieved 2016, from unpublished
- Fujiwara, D., Oroyemi, P. and McKinnon, E. (2013) *Wellbeing and civil society: Estimating the value of volunteering using subjective and wellbeing data*. Department of Work and Pensions.  Retrieved 2016, from website
- Hobbs, G. and Vignoles, A. (2007) *Is Free School Meal Status a Valid Proxy for Socio-Economic Status (in Schools Research)?* Centre for the Economics of Education.  Retrieved 2016, from website
- Home Office (2016) *Organised Crime Procurement Pilots, Final Report.*  Home Office.  Retrieved 2016, from XXXX
- Jerrim, J. and Shure, N. (2016) *Achievement of 15-Year-Olds in Wales: PISA 2015 National Report.*  UCL Institute of Education.  Retrieved 2016, from website
- JRF. (2012) *Monitoring poverty and social exclusion 2012*. Joseph Rowntree Foundation. Retrieved 2016, from website
- JRF. (2015) *Monitoring poverty and social exclusion in Wales 2015*. Joseph Rowntree Foundation. Retrieved from website
- JRF. (2016) *We can solve poverty in the UK. A strategy for government, businesses, communities and citizens*. Joseph Rowntree Foundation. Retrieved 2016, from website
- JRF. (2016) *Households below a Minimum Income Standard: 2008/09 to 2013/14*. Joseph Rowntree Foundation. Retrieved 2016, from website

- JRF. (2016) *Monitoring Poverty and Social Exclusion 2016*. Joseph Rowntree Foundation. Retrieved 2016, from website
- ONS. (2012) *Measuring National Well-Being, Education and Skills*. Office of National Statistics. Retrieved 2016, from website
- ONS. (2015) *Measuring National Well-Being: Life in the UK*. Office of National Statistics. Retrieved 2016, from website
- ONS. (2015) *Chapter 3: Personal well-being and crime.* Office of National Statistics. Retrieved 2016, from website
- ONS. (2015) *Relationship between Wealth, Income and Personal Well-being, July 2011 to June 2012*. Office of National Statistics. Retrieved 2016, from website
- Owen, D. (2012) *Working Futures 2010 – 2020: Summary report for Wales*. UK Commission for Employment and Skills. Retrieved 2016, from website
- Petrongolo, B. (2014) *Tackling long-term unemployment: the research evidence*. Centre for Economic Performance. Retrieved 2016, from website
- Pinoncely, V. (2016) *Poverty, place and inequality.  Why place-based approaches are key to tackling poverty and inequality.*  Royal Town Planning Institute.  Retrieved 2016, from website
- Welsh Government. (2015) *The Wales We Want*. Welsh Government. Retrieved August 2016, from website
- Whealle, S. (2016) *A needs analysis and recommendations to support a future poverty strategy for Merthyr Tydfil*. Pleydell Smithyman Ltd. Retrieved 2016, from unpublished
- White J, Greene G, Farewell D, Rodgers S, Lyons RA, Humphreys I, John A, Webster C, Phillips CJ, Fone D. *Improving Mental Health through the Regeneration of Deprived Neighborhoods: A Natural Experiment*. American Journal of Epidemiology. (in press).
- Wilkinson, D. (1999) *Poor housing and ill health: A summary of research evidence*. The Scottish Office. Retrieved 2016, from website
- Winkler, V. (2015) *The shape of Wales to come: Wales' economy, environment and society in 2020*. Bevan Foundation.  Retrieved 2016, from website
- WTW (2016) *Green Infrastructure: A catalyst for the well-being of future generations in Wales*. Wildlife Trust Wales, retrieved 2016, from website

**Wellbeing Assessment Briefing Document: Environment**

1.       Introduction

Through the Understanding Our Communities project, public services are gaining a better understanding of the good things about communities, what matters to people and how their experiences and what they have to offer can help us to plan and provide services.

The Wellbeing of Future Generations (Wales) Act has been put in place to make sure that public services are doing all that they can to improve the **cultural**, **economic**, **environmental** and **social** wellbeing of people and communities, and working in ways that will help to create a Wales we want to live in, now and in the future.

The Act means that public services will have to:
- Think about the long term;
- Look to prevent problems;
- Look to contribute towards the Act's seven wellbeing goals in all that they do;
- Work better with each other; and
- Work better with people and communities.

Under this Act, public services must carry out and publish a **Wellbeing Assessment**, which looks at the state of wellbeing of people in the area, people within specific communities within that area and think about what this picture is likely to look like in the future.

In Cwm Taf, we have been collecting lots of information for the Assessment, from the people making policy and commissioning decisions about services, the people delivering services and the people receiving services.

We then spent some time, talking with these people about the headlines that emerged under each theme and really thinking about **how** they affect wellbeing and what the **impact** of these headlines is likely to be on communities, now and in the future.

A summary of the headlines relating to **environmental wellbeing** are contained in this document. The document shows both how each headline relates to wellbeing and how environmental wellbeing relates to the other wellbeing themes.

All of the information gathered throughout the project to inform these headlines will also be available in an online library. You can find the full Wellbeing Assessment, which covers all four wellbeing themes [here].

---

2.       Environmental wellbeing

**Environmental wellbeing** in Cwm Taf is a clean, safe environment which people value, use and enjoy. People are proud of the area's outstanding landscape, and regularly spend time outdoors in good quality, accessible greenspace. Children enjoy spending time outside, feel connected to nature and are proud of where they live. Communities help improve their local areas, learning new skills, building strong social bonds and helping wildlife flourish.

Green areas designed to reduce flooding and retain water during drought mean towns and villages are prosperous and resilient to a changing climate, attracting business and inward investment. A focus on new, emerging 'green' technologies means people have the skills and jobs that puts them at the forefront of sustainability. Cwm Taf's landscape is inseparable from its culture, and visitors enjoy exploring the area for recreation, food and drink, heritage and the arts. An increasingly popular place to visit and stay, local business is buoyant.

3.    Headlines

| A healthy natural environment is the foundation for sustained economic growth, prosperity and resilience |
| --- |

A healthy natural environments can be a cost-effective way of regenerating and enhancing neighbourhoods. There is evidence that a well-managed urban environment can increase economic growth at local and national level, attracting inward investment and increased visitor spend. For example, the UK NEA estimated that amenity value of green-space alone could range from losses of £1.9 billion p.a. to gains of up to £2.3 billion per year to the UK's economy, depending on policy scenarios[i].

Good quality greenspace can provide a safe, welcoming environment for people, and investment in green infrastructure can increase levels of development / occupation rates, attract skilled workers, business and inward investment, and help attract and increase visitor spend[ii]. It can also reduce flooding, improve air and water quality, help capture greenhouse gases and create attractive landscapes, helping people re-connect with nature.

Flooding and extreme weather events which damage assets and disrupt business operations pose the greatest risk to Welsh businesses now and in the future[iii]. Developing a low carbon economy can enable sustainable growth, and help build resilience and capacity in adapting to climate change, ensuring town centres and communities are also attractive, viable and better protected. A focus on new, emerging 'green' technologies can also help develop skills, training, and employment that will put Cwm Taf at the forefront of sustainability.

The environment has a significant influence on tourism which supports inward investment, provides employment, and offers opportunities to develop new skills. The value of wildlife and outdoor activity tourism to Wales is estimated to be in the region of £6.2bn with an estimated 206,000 jobs across Wales[iv]. The quality, accessibility, and diversity of natural landscapes are significant factors that encourage tourist visits to Wales - the top reason for coming to Wales, given by both UK and overseas visitors, is to enjoy the landscape and scenery.

How does this headline impact on wellbeing?

A healthy natural environment can increase economic growth, attract inward investment, increase visitor spend, and build resilience to climate change.

Flooding impacts on jobs and income through, for example, employers closing businesses temporarily, being forced to change employment conditions, or leaving an area due to unacceptable flood risks.

Attractive greenspace encourages greater social activity and more visitors than barren areas. Residents get to know their neighbours, and crime is lower in inner-city areas with more areas of natural vegetation[v].

<u>What are the risks of not maintaining or improving wellbeing in relation to this headline?</u>

A degraded environment means less resilience to environmental risks for business and residents. It also: deters inward investment; lowers property values; leads to long-term avoidable costs to the economy; fails to attract skilled workers; leads to low levels of development / occupation rates; and attracts fewer visitors which means less tourist spend.

<u>Examples of current practice to build on:</u>

- Three key green infrastructure schemes to learn from: Greener Grangetown, Cardiff; Vastra Hamnen, Malmo; and Connswater Community Greenway, Belfast.

- Cwm Taf's tourism offer as an outstanding area for recreation, culture and heritage. For example, cycling is worth £3bn a year to the UK economy[vi], and there are opportunities to build on Cwm Taf's potential as a premium cycling destination.

| What additional information would help in relation to this headline? |
|---|
| There is a need to build understanding among decision makers to better recognise the links between the environment and regeneration, prosperity and resilience. This is often overlooked in both strategic and local scale regeneration planning and delivery. |
| Green infrastructure schemes are still few and far between in Wales, despite the wide range of benefits they can bring. What will help bring green infrastructure into mainstream planning and delivery in Wales? |
| High levels of employment are critical to wellbeing. How does the PSB engage with the business community to better understand their role and contribution to local well-being? |

| **Cwm Taf's environment (urban and countryside) has an important role to play in improving people's health and wellbeing** |
|---|

The cost of physical inactivity to Wales is estimated to be £650 million per year[vii]. However, it's widely recognised that many of the key health issues are in many ways considered 'preventable'[viii].

There is growing international evidence that contact with, or access to, nature or greenspace may have beneficial implications for physiological and psychological health[ix]. There is also evidence that socio-economic inequalities in health may be narrower in places with better access to green spaces, compared with those with poorer access.

Levels of adult physical activity in Cwm Taf are amongst the lowest in Wales, but engagement told us that many people's immediate association with health and well-being is time spent outdoors. However, people shared their concerns on the quality, accessibility and awareness of greenspace, in both urban areas and the wider countryside. People commonly reported not knowing where they could go or what they could do. In particular, that greenspace isn't always located near to the people that would benefit from it the most, and often not managed in ways which make them accessible and attractive to use.

Path networks, urban trees and other green infrastructure aimed at improving the quality and accessibility of neighbourhoods, can play an important role in improving people's health and well-being, whilst providing safe access to key facilities, services, employment and areas of

recreation. Research shows that people are more active if they live within an attractive and inspiring environment[x].

Poor air quality has a direct impact on health and can also discourage people from venturing outdoors, which in turn contributes to more sedentary lifestyles. The main sources of air pollution in Cwm Taf arise from heavy traffic flow, particularly where there is frequent queuing and congestion, often made worse by new developments. Vulnerable groups include older people, adults with long-term limiting illnesses, and babies and children.

Integrated active travel can play a key role in improving the health of local residents, serving local transport needs, and helping address the issues of congestion and pollution from car dependency. A 2011 report by the London School of Economics highlighted that a 20% increase in cycling by 2015 would save the economy £207m in reduced traffic congestion, £71m in lower pollution levels, and £52m in NHS costs.

How does this headline impact on wellbeing?

Increasing levels of physical activity increases peoples' healthy lifespans and reduces the incidence of chronic disease, including cardiovascular disease, some cancers, type II diabetes and osteoporosis.

The connections between green space and health include improved air quality, physical activity, social cohesion and stress reduction. For example, children living in areas with more street trees have lower prevalence of asthma[xi].

The natural environment can support social resilience by providing opportunities for interaction and engagement. Many outdoor recreational activities are free, enabling participation across communities.

What are the risks of not maintaining or improving wellbeing in relation to this headline?

The risks include: increased mental and physical ill-health; associated spiralling costs; further reductions in community cohesion and interaction; and adults and children increasingly disconnected from their local landscape and greenspace.

Examples of current/best practice to build on:

- The Taff Trail is one of Wales' most synonymous active travel routes. Cwm Taf has over 800km of public rights of way, and about a third of land is open access.

- The South East Wales Valleys Local Transport Plan (January 2015) aims to protect the environment by promoting walking, cycling and quality public transport.

- Cwm Taf's environment has a wealth of community based activities and sports clubs, e.g. Parkrun in Pontypridd attracts runners and volunteers every weekend.

- 'Beat the Street' aims to improve active travel rates. 175,000 people played in 2015 and there may be opportunities to align with existing active travel routes.

| What additional information would help in relation to this headline? |
|---|
| A new dialogue with communities in the South Wales valleys is needed to positively promote the countryside as theirs to use. Information, awareness, joined-up promotion will be key. What are the best ways to do this? |
| Identifying the main barriers that prevent people using, enjoying and interacting with their local landscape in the South Wales valleys. This would help organisations better understand what they can do to help break down those barriers. |
| Are we clear which communities in Cwm Taf have relatively poor access to greenspace? |

## People want to live in a clean, safe environment and increasingly want to help manage their local areas

Engagement in Cwm Taf told us its environment is perceived as a tremendous asset, and it makes people feel proud, positive and happy about where they live.

However, crime and anti-social behaviour was highlighted as a constant challenge and significant barrier for people using and enjoying their local environment. Living in community spaces that are full of dog mess, litter, fly-tipping and drug paraphernalia were common issues that people expressed concern about. People also revealed feeling neglected or even exploited in decisions regarding management of their local areas. They want access to 'good quality' greenspace and in some cases, more involvement in managing their local areas.

Equality of opportunity means addressing not only social and economic inequality but also environmental inequality[xii]. Relatively large areas of Cwm Taf are publically owned/managed, and many of these areas, particularly the forests and woodlands, are located close to towns and communities. This is a major asset and opportunity for collective action between organisations, business and the community.

Greater community involvement can be a catalyst for improving physical and mental well-being through developing skills, combating isolation, encouraging social bonding, building community capacity, and culture, the arts and language in describing a relationship to the environment. This can increase a sense of ownership, activity and visibility ('capable guardians') in areas, which in turn can help deter crime and anti-social behaviour. It also benefits organisations who are under increasing financial pressure to manage their assets.

How does this headline impact on wellbeing?

Crime and anti-social behaviour prevents people using and enjoying their local environment, undermines the safety and wellbeing of residents, impacts the local economy and environment, hinders prosperity, and reinforces negative perceptions of the area.

Initiatives aimed at involving communities in the management of their local parks and woodlands have been shown to increase social capital, improve community cohesion and reduce antisocial behaviour[xiii].

What are the risks of not maintaining or improving wellbeing in relation to this headline?

The risks include: public bodies spending more in the long run, working reactively in response to incidents; continued impacts to the cohesion of communities; negative perceptions of the area; missed opportunities for community initiatives; and disconnected/poor quality greenspace.

Examples of current practice to build on:

- The relatively large proportion of publically owned/managed land in Cwm Taf provides a great opportunity to encourage more community use and ownership.

- Cwm Taf has 10 green flag areas and 2 green flag communities, and 59 schools have achieved green flag status since 2014.

- PAWS is a local initiative that has successfully engaged dog walkers in reporting anti-social behaviour.

- Community groups across Cwm Taf active in their local environment, demonstrating how the environment can support community cohesion, sustainability, participation, health, education and training, e.g. Friends of Parc Taf Bargoed and Welcome to our Woods.

| What additional information would help in relation to this headline? |
|---|
| How can public organisations be less burdened by processes and procedures that prevent many local opportunities from being realised? Individuals and community groups commonly feel frustrated when working with public organisations. |
| Do Public Service Boards have a clear understanding of the costs of crime and anti-social behaviour, and are they benefitting from shared intelligence? |

## Communities face significant risks from a changing climate, now and in the future

There is clear evidence of climate change in Wales[xiv]. In broad terms, the most urgent risks for Wales are: more frequent flooding to communities, businesses and infrastructure; health and wellbeing from high temperatures; water shortages; impacts to the benefits nature provides (natural capital); food production; and new and emerging pests and diseases[xv].

Flooding is the most frequent type of "natural" disaster affecting homes, businesses and infrastructure in Wales and can disrupt the normal functioning of whole communities. In Cwm Taf, the risk of river and surface water flooding is high and expected to increase in the future, owing to the high rainfall and mountainous terrain. Cwm Taf has some of the highest proportion of socially disadvantaged communities located in flood risk areas. For some properties, flood insurance and mortgages may become increasingly difficult to obtain.

There are around 2,000 heat-related deaths per year across the UK, and the risk to health is projected to increase in the future as temperatures rise[xvi]. Wildfires deliberately caused by arson affect the South Wales Valleys every year, and Cwm Taf is one of the worst affected areas. Higher temperatures could result in more frequent and severe wildfires, threatening the safety of people, the environment and resulting in significant costs to the local economy.

Cwm Taf will need to plan adaptation measures to secure the long-term resilience of its communities from the impacts of severe weather. A relatively large proportion of Cwm Taf is publically owned or managed, providing opportunities for improving community resilience, both at a local and landscape scale. Moving to a low carbon society will also help build resilience and capacity in adapting to climate change.

How does this headline impact on wellbeing?

Flooding and heat impacts on people's physical and mental health and life expectancy, as well as people's living conditions and disposable income, and through direct economic damages to properties. Flooding can cause death, illness, injury and stress with impacts possibly greater for more socially vulnerable communities[xvii].

Research found the highest incidence of fires in the South Wales Valleys occurred in areas with the poorest and least healthy population, who are particularly vulnerable to the effects of wildfires. Smoke from wildfires is toxic and the impact is much greater on those with respiratory or cardiovascular illnesses, the elderly and very young[xviii].

What are the risks of not maintaining or improving wellbeing in relation to this headline?

The risks are: potential harm to life and critical community assets, likely to increase with climate change predictions; long-term avoidable costs to the economy; impacts on services; missed opportunities to build community resilience; impacts on the social environment, e.g. through the potential loss of social cohesion, historic places, and the natural environment.

Examples of current/best practice to build on:

- The relatively large proportion of publically owned/managed land in Cwm Taf is a major asset and opportunity for collective action to help address the challenges faced by a changing climate, at both a local and landscape scale, e.g. restoring Cwm Taf's upland peat can help reduce downstream flooding and improve air/water quality.

- Local Development Plans identifying suitable sites for future development.

- Investment in green infrastructure to help reduce the risk of flooding, improve air and water pollution, capture greenhouse gases and create attractive landscapes.

- 'Healthy Hillsides' (2016 Sustain Wales Award winner), a multi-partner approach pro-actively managing the Rhondda's hillsides for people and wildlife, and minimising the impact and severity of wildfires.

| What additional information would help in relation to this headline? |
|---|
| Greater emphasis and capacity is required on planning for 50 to 100 year time horizons, particularly in how action on climate change is delivered locally. As the governance of climate change in Wales is unclear, how do PSBs achieve this? |
| Adapting to climate change is a collective challenge, requiring a joined-up approach. New forms of strategic co-operation are needed to help manage the environment in ways that meet the challenges of a changing climate. |
| There are calls for larger scale experimentation in land management (natural flood management) as a way of absorbing floodwater, e.g. farm payments that subsidise land use as a way to reduce downstream flooding. How can this be progressed in Wales? |

**Cwm Taf's unique wildlife is increasingly fragmented and under threat but people can**

Nature enriches our lives and provides us with the foundations and protection for life. However, the 'State of Nature' report published in 2013 highlighted that 60% of species assessed had declined in the last 50 years[xix]. The main pressures on nature were highlighted: habitat change, climate change, pollution, over-exploitation and invasive non-native species[xx].

The wildlife of Cwm Taf is unique, diverse and important (nationally and internationally). Its landscape has been shaped by people who have lived and worked in it. However, recent studies suggest people's connections with nature are being lost, with negative implications for well-being[xxi]. More positively, research shows that 94% of the UK population agree we have a moral obligation to halt biodiversity loss[xxii].

The Environment (Wales) Act introduces a new biodiversity duty for all public bodies to promote the conservation and enhancement of biodiversity in their work. In Cwm Taf, relatively large areas of land are publically owned/managed (e.g. the forests managed by NRW account for approximately 19% of the area). The new legislation and public assets in Cwm Taf provide opportunities for organisations and communities to work together to help wildlife flourish, showcasing how investment in nature benefits people and the environment.

How does this headline impact on wellbeing?

A healthy natural environment supports people in many ways, such as food production, clean water and pollination. It builds resilience to both climatic and other changes, e.g. flood protection, pollination for crops and flowers, improved air / water quality, carbon storage.

Rivers, streams, lakes and wetlands provide drinking water and contribute to our enjoyment of life through the opportunities they provide for leisure and recreation.

Nature sites provide access and recreation opportunities that contribute to well-being and can be a fundamental part of the local landscape, its cultural heritage and economy. In 2011, Defra estimated that protected sites contribute £128m annually to the Welsh economy.

What are the risks of not maintaining or improving wellbeing in relation to this headline?

The risks include: the loss and further deterioration of natural processes that support society; vulnerability to pests and diseases; and reduced resilience to climate change. The State of Natural Resources Report (2016) published by Natural Resources Wales highlights the significant consequences to society from the loss of pollination. Replacing it with hand pollination has been estimated at £1.9bn per year in the UK.

Examples of current/best practice to build on:

- Restoring peatland and upland habitats via planning conditions and agreements for windfarms, and bringing them into long-term positive management.

- 'Healthy Hillsides' (2016 Sustain Wales Award winner), a multi-partner approach pro-actively managing the Rhondda's hillsides for people and wildlife, and minimising the impact and severity of wildfires.

- Joint working groups to: protect and manage the marshy grassland habitat the Marsh fritillary butterfly relies on at a landscape scale; understand the unique industrial history, geology, biodiversity and community value of coal spoil tips; promote sustainable grassland management for conservation benefit (led by PONT Cymru).

- An increase in community food growing encouraging people to grow and eat their own fruit and veg, helping reduce the risk of ill-health and obesity.

| **What additional information would help in relation to this headline?** |
| --- |
| There is still uncertainty in accurately measuring and outlining the value that nature provides to society, which is often referred to as 'natural capital'. NRW will be developing this alongside their delivery of Area Statements in 2017. |

| **Children are spending less time outdoors but access to safe, natural play space outdoors has been shown to improve children's physical and emotional wellbeing** |
| --- |

Welsh children are the least connected to nature in the UK. 1 in 4 children in Wales never play outside and just under 90% of children feel disconnected from the natural world.[xxiii].

Research shows access to natural play space and contact with nature positively impacts children's learning and wellbeing. Play Wales highlight how playing in nature strengthens resource to cope with stress, encourages an interest in looking after the environment, and contributes towards agility, balance, creativity, social cooperation and concentration[xxiv].

In Cwm Taf, children told us they enjoy outdoor activities that are challenging, but there's often a lack of activities and 'things to do'. This message was shared by parents in Cwm Taf who also highlighted the need for safe environments for children to learn, play and interact.

How does this headline impact on wellbeing?

Contact with nature enhances children's education, personal and social skills, health and wellbeing, leading to the development of responsible citizens[xxv].

It strengthens resource to cope with stress, improves children's cognitive development, encourages an interest in looking after the environment, and contributes towards agility, balance, creativity, social cooperation and concentration[xxvi].

What are the risks of not maintaining or improving wellbeing in relation to this headline?

The risks include: children who are less physically active with habits likely to continue into adulthood; an increasingly unhealthy population, placing unsustainable pressure on health services; increased disconnection from the natural world; less people taking an interest in looking after their local environment.

Examples of current/best practice to build on:

- The first ever Skogsmulle leadership course in the UK was held at Dare Valley Country Park, Cwm Taf in 2015. Skogsmulle is the Swedish early years outdoor learning approach that facilitiates children's learning through first hand sensory experiences in the outdoors. A local school has taken up Skogsmulle sessions with its Year 2 children.

- 'Walk to the Wild', a schools project to enable teachers to walk their pupils to a local 'wild' site for a (regular) half day outdoor learning experience.

- Cwm Taf's School Sport Survey shows that young people increasingly enjoy participating in sport.

4. <u>Links to other wellbeing themes</u>

**Environmental wellbeing** does not stand alone and has many links with the other wellbeing themes. Below are some of the key topics and links which have emerged:

| | |
|---|---|
| **Building on strengths** | A common theme throughout. The relatively high proportion of publically owned/managed land in Cwm Taf offers a great opportunity to: build climate resilience; improve people's health; encourage cultural activity; improve wildlife; enable communities to manage areas to improve skills, social bonding and combat isolation. |
| **Crime and anti-social behaviour** | The impacts of crime and anti-social behavior are far reaching, affecting people, the environment, local economy, and cultural perceptions of the area. |
| **Movement and connections** | Transport, access to services, active travel, community links, congestion, air quality. All of these things relate to how people move and connect across Cwm Taf. This is a broad, hugely significant topic that cuts across the four wellbeing themes. |
| **Awareness and information** | Whether people want to know what's on in the area, how to access services, or where they can safely go for a walk, people's awareness of what's around them is often limited. A new dialogue with communities is needed. |
| **Resilience to climate change** | This will be a key determinant of well-being that cuts across each of the four wellbeing themes, particularly people's health and wellbeing, inward investment, infrastructure, development, services, public sector finances, and community resilience. |
| **A low carbon future** | We will need to better understand ways of promoting well-being without a corresponding increase in ecological footprint. Moving to a low carbon society will help develop workers' skills around emerging green technologies, and help build community resilience and capacity in adapting to climate change. |
| **Prevention** | The pressures on public organisations are unsustainable. Preventative approaches to issues such as health can help create a more sustainable future. |
| **Tourism, recreation and leisure** | Tourism is playing an increasingly significant contribution to Cwm Taf, particularly in relation to recreation, leisure, food/drink and heritage. Managed and promoted well, it supports the local economy, cultural heritage, provides new, exciting opportunities for businesses, and encourages more people to visit/stay. |
| **Evidence** | The main messages on evidence have been around openness, transparency and rationalisation. There are some opportunities for Cwm Taf's PSB to do this, e.g. Adopting 'flymapper' for all field-based officers to build a robust base of fly-tipping evidence from which to plan and respond. |

## 5.     References

[i] UK NEA. 2011. *The UK National Ecosystem Assessment - Technical Report. Chapter 22: Economic valies from ecosystems.* Cambridge: UNEP-WCMC.

[ii] http://www.wtwales.org/sites/default/files/green_infrastructure.pdf

[iii] https://www.theccc.org.uk/wp-content/uploads/2016/07/UK-CCRA-2017-Wales-National-Summary.pdf

[iv] http://naturalresources.wales/media/679404/chapter-5-wellbeing-final-for-publication.pdf

[v] Kuo FE and Sullivan WC (2001) Aggression and violence in the inner city: effects of environment via mental fatigue. *Environment and Behavior* 33(4): 543–71.

[vi] The London School of Economics and Political Science, 2011.

[vii] *Climbing higher: creating an active Wales* by the Welsh Government 2009

[viii] Chief Medical Officer Annual Report, 2013-14 & 2014-15.

[ix] Life Course, Greenspace and Health, 2016.

[x] Department of Health (2008) – Health Inequalities: progress and next steps.

[xi] https://www.naturalresources.wales/media/672332/Gower%20Commons-plan%20english.pdf

[xii] http://naturalresources.wales/media/679404/chapter-5-wellbeing-final-for-publication.pdf

[xiii] Owen R, Powell J, Reed M, Kambites C & Lewis N. 2008. *An evaluation of Cydcoed: The social and economic benefits of using trees and woodlands for community development in Wales*. Forest Research. Available from: http://www.forestry.gov.uk/pdf/Cydcoed_final_report_Jan09.pdf/$file/Cydcoed_final_report_Jan09.pdf

[xiv] Jenkins et al 2009 Jenkins, G.J., Perry, M.C. & Prior M.J.O. 2009. *The climate of the United Kingdom and recent trends.* Met Office Hadley Centre, Exeter, UK. 121pp.??

[xv] UK Climate Change Risk Assessment, 2017 (UKCCRA17), Wales Summary.

[xvi] https://www.theccc.org.uk/wp-content/uploads/2016/07/UK-CCRA-2017-Wales-National-Summary.pdf

[xvii] Lindley S, O'Neill J, Kandeh J, Lawson N, Christian R & O'Neill M. 2011. *Climate change, justice and vulnerability*. Joseph Rowntree Foundation. Available from: https://www.jrf.org.uk/sites/default/files/jrf/migrated/files/climate-change-social-vulnerability-full.pdf

[xviii] *The public health impact of wildfires in Wales,* Andrew Kibble, Paul Callow (Centre for Radiation, Chemical and Environmental Hazards Wales), Huw Brunt, Public Health Wales

[xix] Burns F, Eaton MA, Gregory RD, et al. (2013) State of Nature report. The State of Nature Partnership.

[xx] Secretariat of the Convention on Biological Diversity (2010). Global Biodiversity Outlook 3, Montreal, Page 55.

[xxi] Louv (2010) – Last child in the woods: saving our children from Nature Deficit Disorder – Atlantic Books.

[xxii] European Commission (2013) Flash Eurobarometer 379: Attitudes towards biodiversity. November 2013.

[xxiii] RSPB (2013) Connecting with Nature. Available at: www.rspb.org.uk/connectionmeasure

[xxiv] Play Wales (2015) – Why playing matters and what we can all do about it.

[xxv] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/228842/8082.pdf

[xxvi] Play Wales (2015) – Why playing matters and what we can all do about it.

**Well-being Assessment Briefing Document**

1.      Introduction

Through the Understanding Our Communities project, public services are gaining a better understanding of the good things about communities, what matters to people and how their experiences and what they have to offer can help us to plan and provide services.

The Well-being of Future Generations (Wales) Act has been put in place to make sure that public services are doing all that they can to improve the **cultural**, **economic**, **environmental** and **social** well-being of people and communities, and working in ways that will help to create a Wales we want to live in, now and in the future.

The Act means that public services will have to:
*   Think about the long term;
*   Look to prevent problems;
*   Look to contribute towards the Act's seven well-being goals in all that they do;
*   Work better with each other; and
*   Work better with people and communities.

Under this Act, public services must carry out and publish a **Well-being Assessment**, which looks at the state of well-being of people in the area, people within specific communities within that area and think about what this picture is likely to look like in the future.

In Cwm Taf, we have been collecting lots of information for the Assessment, from the people making policy and commissioning decisions about services, the people delivering services and the people receiving services.

We then spent some time, talking with these people about the headlines that emerged under each theme and really thinking about **how** they affect well-being and what the **impact** of these headlines is likely to be on communities, now and in the future.

A summary of the headlines relating to **social well-being** are contained in this document. The document shows both how each headline relates to well-being and how social well-being relates to the other well-being themes.

All of the information gathered throughout the project to inform these headlines will also be available in an online library. You can find the full Well-being Assessment, which covers all four well-being themes [here].

---

2.      Social well-being

**Social well-being** is a complex concept to define. It is closely linked with health, as in the World Health Organisation's (WHO) definition:

*"Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity".  WHO 1948.*

*Other authors[1] have described well-being as:*
*".. more than just happiness. As well as feeling satisfied and happy, well-being means developing as a person, being fulfilled, and making a contribution to the community".*

Dodge et al (2012)[2] suggest a new definition where wellbeing is:
"The balance point between an individual's resources and the challenges they face"
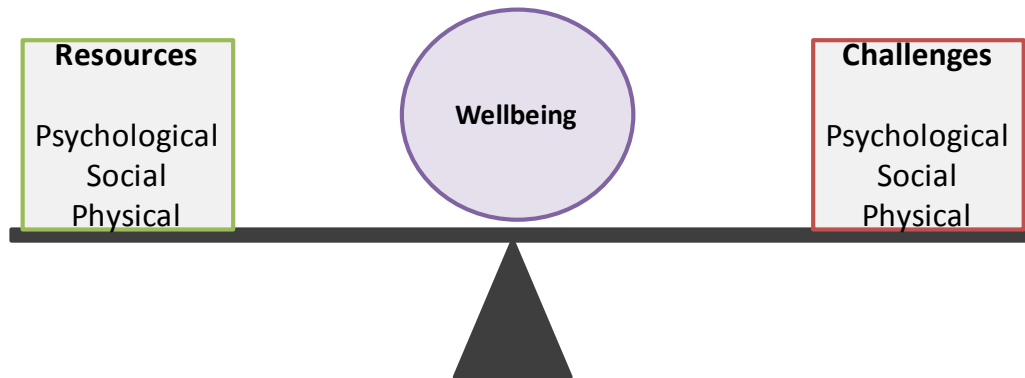


In life we face challenges every day. Stable wellbeing is when individuals have the psychological, social and physical resources they need to meet a particular psychological, social and/or physical challenge. When people have more challenges than resources, the see-saw dips, along with their well-being.

What is clear is that the well-being of individuals, families and communities is influenced by a wide range of social, economic and environmental and cultural determinants which interact together.

_____

3.     Headlines

***Life expectancy and healthy life expectancy are improving in Cwm Taf. However, outcomes for our population are determined by the inequalities that persist.***

1.  Life expectancy and healthy life expectancy are key measures of well-being
2.  The figures for Cwm Taf are improving
3.  The figures for Cwm Taf reflect the socio-economic deprivation and inequalities that persist in our area

Life expectancy (LE) is a widely used statistical measure of the average expected years of life for a newborn, based on recently-observed death rates. As such, LE at birth is also a measure of death across all ages. Whilst LE figures are our "best guess", they cannot provide a precise estimate of the lifespan of an individual.

---

[1] Shah, H., & Marks, N. (2004). *A well-being manifesto for a flourishing society*. London: The New Economics Foundation
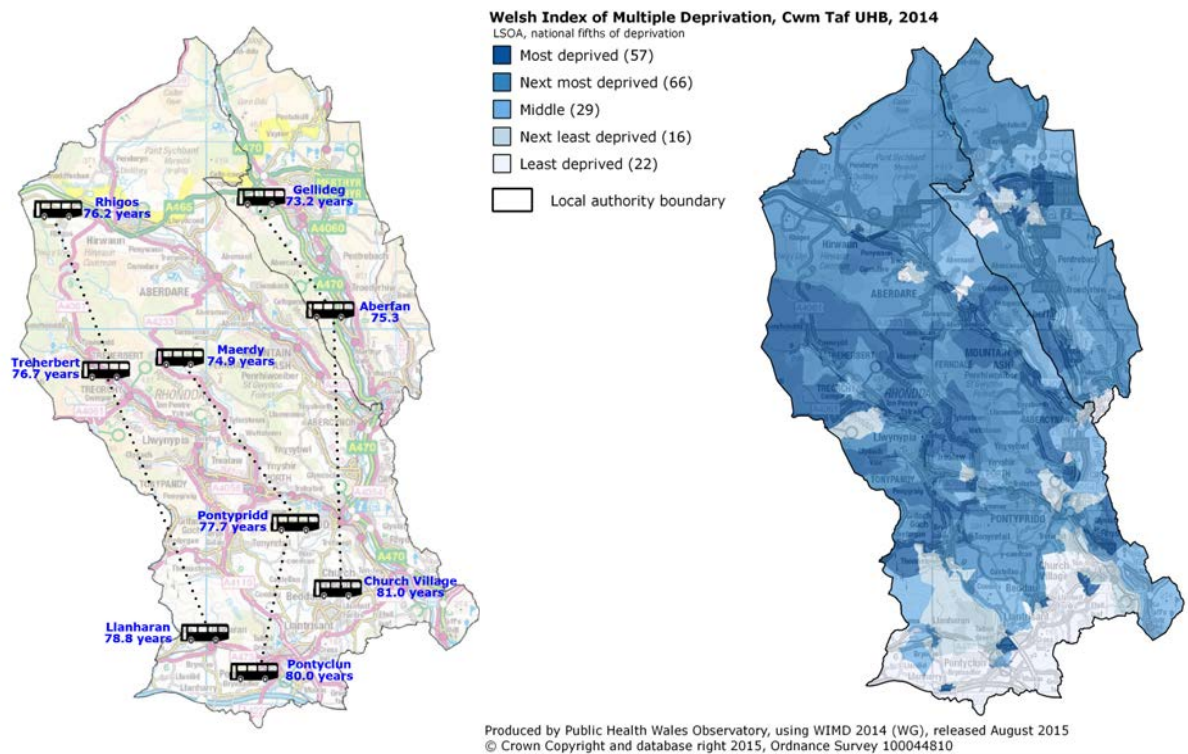[2] Dodge R, Daly A, Huyton J & Saunders L. (2012) The challenge of defining wellbeing, International Journal of Wellbeing, 2 (3), 22-235

In addition to general LE, it is important to consider healthy life expectancy (HLE). This represents the number of years a person might expect to live in good or very good health. HLE incorporates survey data on health in Wales.

In Cwm Taf, life expectancy and healthy life expectancy are improving and the inequality gap between the most and least deprived is narrowing However:

- Cwm Taf UHB remains the health board with the lowest life expectancy (76.6 years men, 80.9 years women) and healthy life expectancy (61.2 years men, 62.6 years women) in Wales,
- Across Cwm Taf the inequality gap (difference between the most and least deprived) for life expectancy is 7.4 years for men and 3.7 years for women. This is not as big a gap as in some other parts of Wales, but instead reflects the extent of deprivation across the area.
- The gap for healthy life expectancy between the most and least deprived areas of Cwm Taf is 14.8 years for men and 15.0 years for women.

The life expectancy bus journey through Cwm Taf reflects our areas of deprivation, particularly in the post industrial areas such as in the Rhondda and Cynon Valleys and Merthyr Tydfil.



Produced by Public Health Wales Observatory, using WIMD 2014 (WG), released August 2015
© Crown Copyright and database right 2015, Ordnance Survey 100044810

In Merthyr Tydfil, 81% of the resident population live in the most deprived half of Wales as shown by the Welsh Index of Multiple Deprivation (2014). The equivalent figure for Rhondda Cynon Taf is 72%. Cwm Taf is a socio-economically deprived area, with low levels of employment and educational attainment. These factors impact on the social well-being of people in our area.

Austerity measures and welfare reforms have impacted severely on our area and this may lead to increased inequalities[3].

**Overall financial losses resulting from welfare reforms, by local authority**
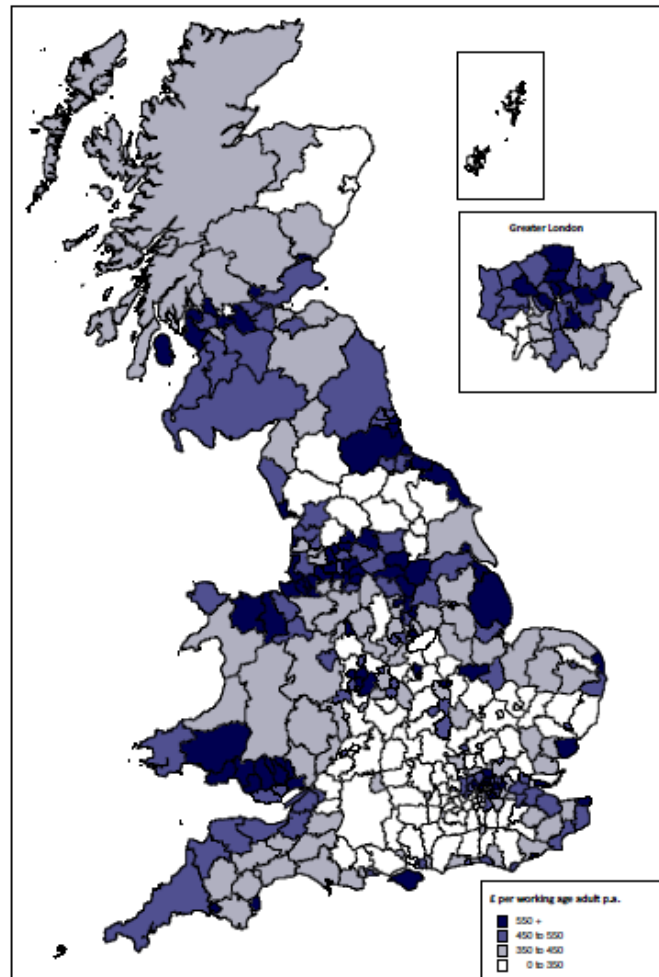


Source: Sheffield Hallam estimates based on official data

For Maerdy, Pen-y-Waun (Rhondda Cynon Taf) and Gurnos (Merthyr Tydfil), the estimated loss is expected to average more than £1,000 a year per adult of working age. This has consequences for local consumer spending and jobs. The strongest negative impact of economic downturn is on mental health.

---

[3] Beatty C, and Fothergill F, (2014) *The impact of welfare reforms on the valleys*, Sheffield Hallam University/ Industrial Communities Alliance (Wales)

## *A good start in life is fundamental to the well-being of future generations*

1. Giving every child a good start in life is a key policy agenda both nationally and locally
2. The wide ranging consequences of Adverse Childhood Experiences (ACEs) highlights the importance of preventing them before they happen
3. There is a strong economic case for investing in early years programmes, especially those that target the first 1000 days (from conception to second birthday)

**Maternal health**

Women are the bearers of future generations, and a mother's health before, during, and after pregnancy, as well as the home and wider environment in which children grow up have a major impact on their physical, social, emotional and cognitive development.

In Cwm Taf, 19% of women who gave birth in 2013 had experienced a mental health problem, with the vast majority of these being stress, anxiety, and depression. Depressed mothers may be less responsive to their baby's efforts to engage with them and this, in turn, affects how babies bond with their mother. Failure to establish a close and trusting bond with at least one main carer can lead to poor developmental and behavioural outcomes for the child.

Smoking during pregnancy is harmful to mothers and their unborn babies and can lead to longer term health problems for babies, children and adults. In Cwm Taf, latest figures (2014/15) show that 24.4% of women smoke during pregnancy.

Birth weight is an important determinant of future health. Low birth weight (LBW) is defined by the World Health Organisation as less than 2,500 grams. Babies born weighing less than 2,500g are at risk of problems with: growth, cognitive development and the onset of chronic conditions in later life. LBW is also considered a key predictor of health inequalities. Cwm Taf has the highest percentage of LBW babies in Wales. The latest (2014) data shows the following:

| Singleton live births, low birth weight (less than 2,500g) 2014 | Percentage |
|---|---|
| Rhondda Cynon Taf | 6.2 |
| Merthyr Tydfil | 7.2 |
| Cwm Taf | 6.4 |
| Wales | 5.1 |

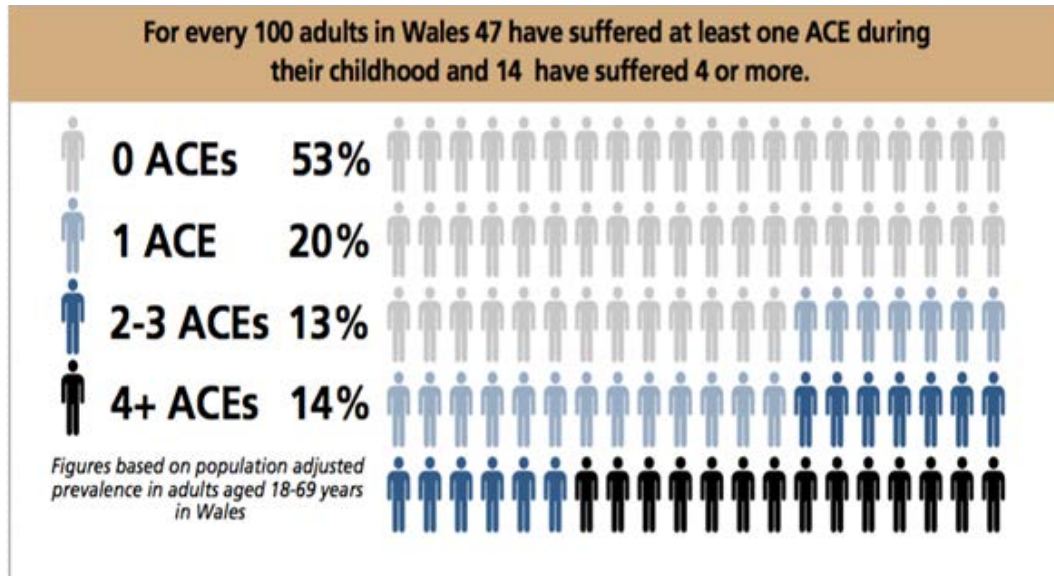Source Public Health Wales Observatory

**Adverse Childhood experiences (ACEs)**

ACEs are potentially traumatic events that can have negative, lasting effects on physical and mental health and well-being[4]. These experiences range from physical, emotional,
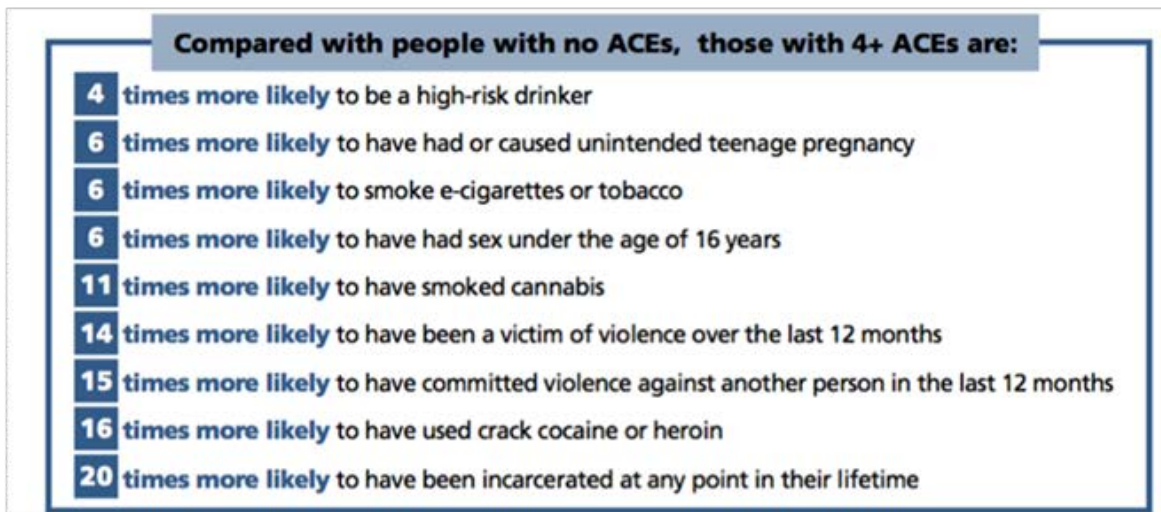
---

[4] Public Health Wales (2015) Adverse Childhood Experiences and their impact on health harming behaviours in the Welsh adult population

or sexual abuse of the child, to parental separation, parental substance misuse, domestic violence, parental mental illness, or the incarceration of a parent or guardian.



**For every 100 adults in Wales 47 have suffered at least one ACE during their childhood and 14 have suffered 4 or more.**

0 ACEs 53%

1 ACE 20%

2-3 ACEs 13%

4+ ACEs 14%

*Figures based on population adjusted prevalence in adults aged 18-69 years in Wales*

Source: Public Health Wales

There is a growing body of evidence showing that childhood experiences can affect health throughout the life course.



**Compared with people with no ACEs, those with 4+ ACEs are:**

4 times more likely to be a high-risk drinker

6 times more likely to have had or caused unintended teenage pregnancy

6 times more likely to smoke e-cigarettes or tobacco

6 times more likely to have had sex under the age of 16 years

11 times more likely to have smoked cannabis

14 times more likely to have been a victim of violence over the last 12 months

15 times more likely to have committed violence against another person in the last 12 months

16 times more likely to have used crack cocaine or heroin

20 times more likely to have been incarcerated at any point in their lifetime

Source: Public Health Wales

One example of the impact of ACEs relates to children in need. A child in need is defined under the Children Act 1989 as a child who is: unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a who is disabled.

6

In Cwm Taf, rates of children in need (CiN) are declining, although they remain the highest in Wales. A 2015 report found that abuse or neglect accounted for 60% of referrals to social services in Cwm Taf. Domestic abuse, parental mental illness and parental substance /alcohol misuse are the most frequently recorded ACEs relating to CiN.

In Cwm Taf, New Pathways is the only provider of support services for women, men and children who have been the victims of sexual violence. The Sexual Assault Referral Centre based in Merthyr Tydfil supports people across Cwm Taf and saw 316 clients in 2015/16, comprising 190 adults and 126 children. Their counselling service supported 201 adults and 76 children in the same time period. There is very little direct support provided to children to combat the impact of domestic abuse or sexual violence within their home environment.

*Further information can be found in the relevant sections (Children and young people, Violence) of the Social Services and Well-being Act Population Need Assessment (insert hyperlink)*

Although there are opportunities across childhood and adolescence to prevent or moderate the impact of ACEs, the evidence shows that we can have the greatest impact if we focus our efforts in preventing and/or protecting against the impact of ACEs for both parents and children during the first 1000 days of life from conception to age two.

As well as the impact on health harming behaviours, two further reports[5,6] have presented the impact of ACEs on mental health and the development of chronic disease in adults. The wide-ranging health and social consequences of ACEs emphasises the importance of preventing them before they happen.

Safe, stable and nurturing environments can have a positive impact on the development of skills that can help children reach their full potential. Strategies that address the needs of children and families include:
- Home visits to pregnant women and families with newborns
- Parenting programmes
- Partner violence prevention
- Social support for parents
- Teen pregnancy prevention programmes/support for teenage parents
- Mental illness and substance misuse treatment
- High quality childcare
- Sufficient income support for lower income families

**Childhood obesity**

The Child Measurement Programme for Wales (CMP) is a surveillance programme which aims to give an accurate picture of the growth of children in Wales. School nursing

---

[5] Public Health Wales (2016) Adverse Childhood Experiences and their impact on mental health in the Welsh adult population
[6] Public Health Wales (2016) Adverse Childhood Experiences and their association with chronic disease and health service use in the Welsh adult population

teams in each area measure and weigh every child in reception class unless parents have opted their child out of the programme.

Since the CMP was introduced in 2011 there has been a reduction in overweight and obese 4/5 year old children in Cwm Taf, and the latest report shows that 71.9% of 4/5 year olds are a healthy weight. However, 28.1% are overweight or obese. In Rhondda Cynon Taf, 1 in 8 children aged 4/5 are obese; in Merthyr Tydfil the figure is 1 in 7.

Rhondda Cynon Taf                     Merthyr Tydfil
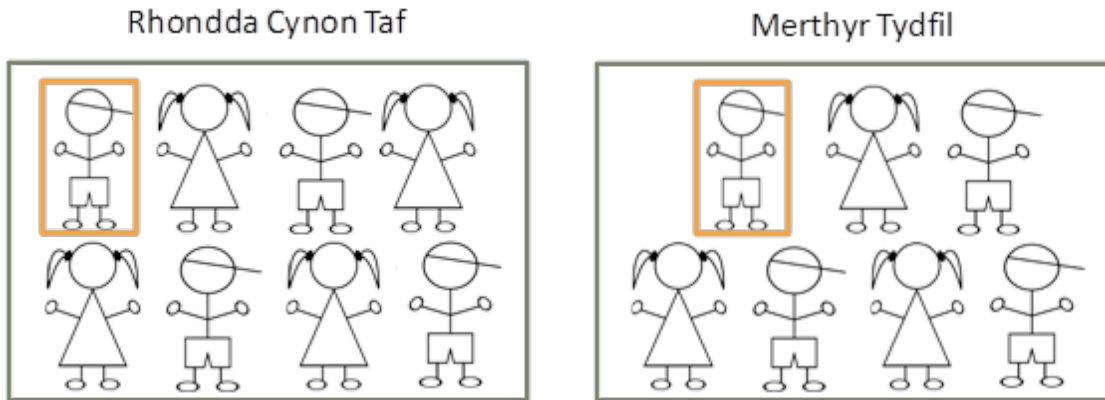


Several studies have shown that breastfeeding is a significant protective factor against obesity in children. Latest figures show that only half of mothers in Cwm Taf start to breastfeed, and this falls significantly in the days and weeks following birth, with only 21% of babies being exclusively breastfed at ten days.

From the Health Behaviour of School Children survey we know that children in Cwm Taf eat less fruit and vegetables than the Welsh average and are less physically active.

It is predicted that 60% of children who are overweight before puberty will be overweight in early adulthood. This can lead to the development of adult diseases such as Type 2 diabetes from an early age.

In addition, the children and young people of today will be the parents of tomorrow. Parental and in particular maternal influence further adds to the risk of a child becoming overweight or obese. This can develop into an inter-generational cycle of obesity, with obesity amongst the adult population continuing into future generations.

There is a strong relationship between levels of obesity and deprivation. This is reflected in the distribution of childhood obesity in Cwm Taf.


**Education, employment and inequalities**

Children's chances in life are strongly influenced by their experience during their early years. We have seen that inequalities begin before birth and that the home environments that children grow up in have a major impact on their physical, social and emotional development. The figures in the table below confirm that inequalities in Cwm Taf persist throughout children's lives and are demonstrated through a range of health and social indicators.

## Indicators for children and young people

| Indicator | Merthyr Tydfil | Rhondda Cynon Taf | Cwm Taf | Wales | What this means |
|---|---|---|---|---|---|
| Flying Start children reaching or exceeding their developmental milestones at age 3 | 82% | 85% | | 82% | |
| Children receiving scheduled vaccinations by age 4 | 92.0% | 86.0% | 87.3% | 84.6% | 93.6% of children in Cwm Taf are up to date with these scheduled vaccinations by age 5 |
| Average number of decayed, missing or filled teeth at age 5 | 2.59 | 1.54 | | 1.77 | |
| Rate of Children in Need | 450 | 421 | | 283 | |
| Children living in workless households | 24.1% | 12.6% | | 12.1% | |
| Rate of emergency admissions for injury (age 0-4) | 214 | 243 | | 177 | |
| Achievement of the Foundation Phase indicator by the categories : • Children not receiving free school meals | 89% | 91.2% | | 90% | This highlights the impact that inequalities have on children's development and outcomes by age seven |
| • Children receiving free school meals | 76.9% | 71.9% | | 75.1% | |
| • Children in Need | 45% | 48% | | 54% | |
| Teenage conceptions: rate /1,000 females aged 15-17 | 27.9 | 31.4 | 30.7 | 25.4 | Teenage pregnancy rates have fallen nationally since 2007, and have fallen consistently in Cwm Taf since 2009 |
| Care leavers leaving care with no qualifications | 24% | 23% | | 21% | |
| Year 13 school leavers not in employment, education or training (NEET) | 5.6% | 6.4% | | 3.8% | |

Unemployment and low income are the drivers of child poverty. In addition, the essential goods and services to meet basic needs and participate in society take up a relatively larger share of low income budgets. Although 24.1% of children in Merthyr Tydfil and 12.1% of children in RCT live in workless households, a recent report[7] has estimated that 55% of people in poverty are in a working family. In-work poverty is also more common for younger workers, part-time employees and the self-employed.

Children who receive free school meals have significantly poorer educational outcomes than those who don't, and this is apparent by the time of the Foundation Phase indicator at age seven.

---

[7] New Policy Institute (2016) *Monitoring poverty and social exclusion 2016*, Joseph Rowntree Foundation

By the time our children reach adulthood, for half of them, A Level (or equivalent) is their highest educational qualification, and 17% of our adults have either no qualifications or qualifications below GCSE level. This affects their employment and income prospects and in turn increases the risk of the cycle of inequalities continuing into future generations.

The Welsh Government's Tackling Poverty Action Plan (2015) contains the additional objectives:
- To use all available means to create a strong economy and labour market in Wales to reduce in-work poverty
- To help families increase their household income through effective debt and financial advice.

In trying to break the inequalities cycle there is a strong economic case for investing in the early years of life as demonstrated by Heckman and Tremblay[8].
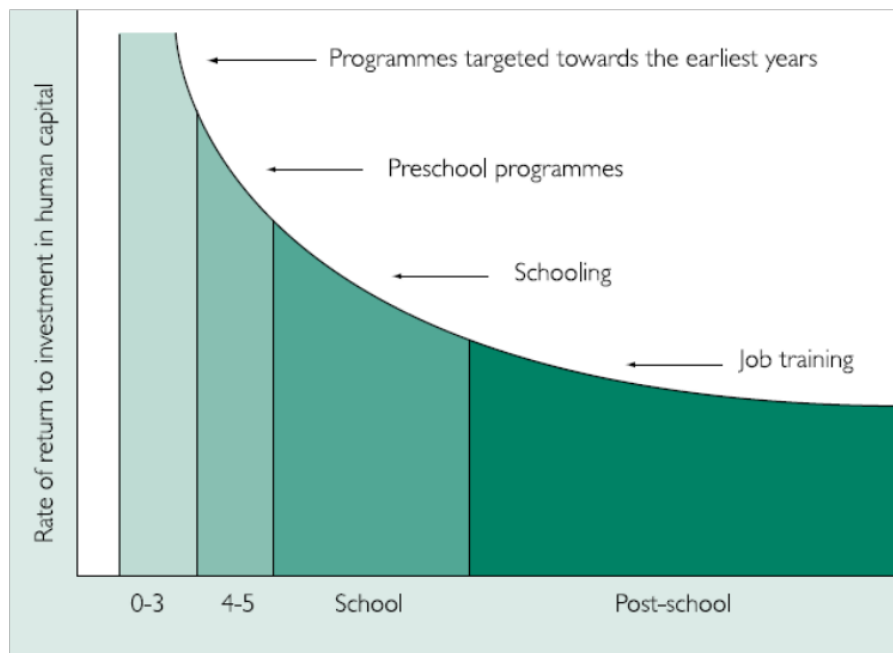


Early years programmes are often less expensive than the services needed to address the physical, social and behavioural consequences of poor child development. As well as universal programmes, additional, targeted support should be directed towards the most vulnerable children.

It will be vital to take into account evidence of effectiveness and cost-effectiveness when considering future investment in early years interventions in Cwm Taf.
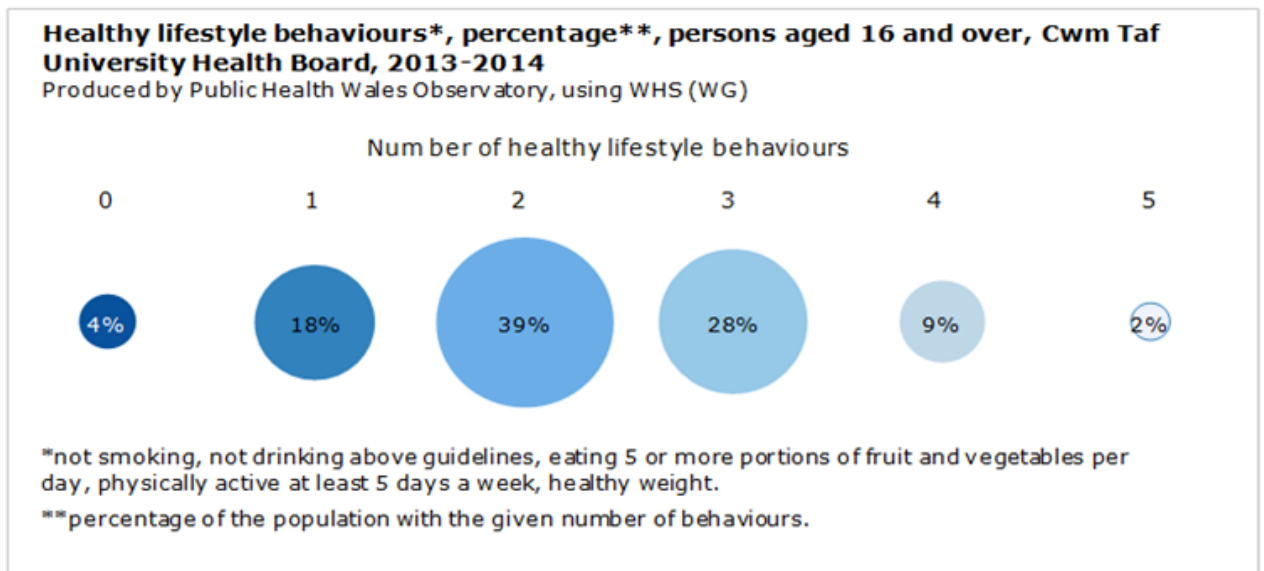
---

[8] Heckman J and Tremblay R (2006) *The case for investing in early childhood*, The Smith Family Research and Development.

***Preventing ill health across the population improves well-being and reduces inequalities***

1. Health is a resource for everyday life; poor health affects our ability to learn, work and socialise with family and the wider community
2. People in the most deprived communities live more years in poor health.
3. Five health harming behaviours (smoking, obesity, alcohol consumption, poor diet, inactivity) lead to four chronic diseases (heart disease, cancer, stroke, diabetes) which account for 64% of early deaths in Cwm Taf

**Lifestyle behaviours**

There is good evidence that people who have four or more healthy behaviours can reduce the risk of diabetes by 72%, vascular disease by 67% and cancers by 35%, when compared with those who have less than two healthy behaviours. In Cwm Taf, 11% of those aged over 16 have four or more healthy behaviours.



**Healthy lifestyle behaviours\*, percentage\*\*, persons aged 16 and over, Cwm Taf University Health Board, 2013-2014**
Produced by Public Health Wales Observatory, using WHS (WG)

Number of healthy lifestyle behaviours

| 0 | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| 4% | 18% | 39% | 28% | 9% | 2% |

\*not smoking, not drinking above guidelines, eating 5 or more portions of fruit and vegetables per day, physically active at least 5 days a week, healthy weight.

\*\*percentage of the population with the given number of behaviours.

The latest lifestyle data from the Welsh Heath Survey (2014/15) shows the extent and the impact of poor health behaviours in our population:

**Adult lifestyle indicators**

| Indicator | Merthyr Tydfil | Rhondda Cynon Taf | Cwm Taf | Wales | What this means |
|---|---|---|---|---|---|
| Adults who reported smoking daily or occasionally | 25% | 22% | 23% | 20% | Decreasing, but it is the most significant preventable risk factor for the development of many chronic conditions and associated mortality |
| Adults with a Body Mass Index classified as obese (more than 30kg/m² ) | 30% | 28% | 29% | 23% | Increasing year on year and is a preventable risk factor for the development of many chronic conditions and associated mortality |
| Adults who reported consuming alcohol above guidelines | 37% | 41% | 40% | 40% | Hospital admissions due to alcohol related liver disease are statistically significantly higher In Cwm Taf than the Wales average |
| Adults who reported eating five or more portions of fruit and vegetables the previous day | 28% | 28% | 28% | 32% | Poor diet and low levels of physical activity contribute to rising obesity levels |
| Adults who reported being active on five or more days per week | 29% | 26% | 27% | 30% | |

Source: Welsh Health Survey

The impact of unhealthy behaviours on illnesses and early deaths in Cwm Taf is starkly demonstrated below:
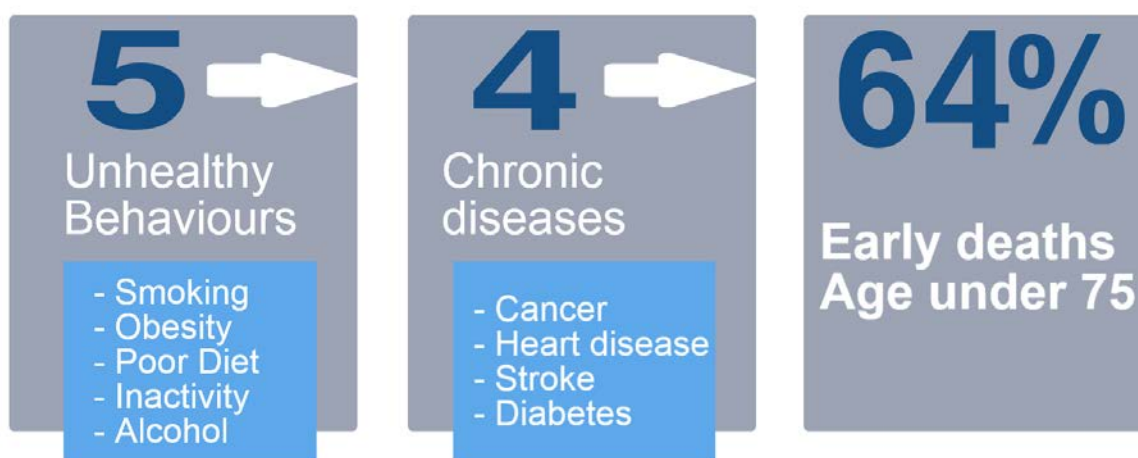


Although smoking rates are falling, it remains the largest single preventable cause of ill health and death and a major cause of inequalities in health and life expectancy. As tobacco tends to be consumed by those in the most deprived areas, it also contributes to poverty through loss of income and loss of productivity.

The rising burden of obesity is a major public health concern. In Cwm Taf it is estimated that 64,500 adults are obese. As well as adverse health outcomes for individuals, there are significant economic costs of obesity including increased, and increasingly unsustainable, health and social care expenditure. In addition, overweight and obesity are health inequality issues, with people from the lowest socio-economic groups most at risk.

Alcohol consumption is associated with many chronic health problems including mental ill health, as well as social problems such as crime, assault and domestic violence. A recent report has shown that 60% of adults in Wales have suffered some form of harm or negative experience in the last year as a result of someone else being under the influence of alcohol. Alcohol accounts for 62% of referrals to substance misuse treatment services in Cwm Taf, with substances making up the remaining 38% of referrals.

**Assessments in Cwm Taf 2015-16 by individual substance**

| Substance | Number of referrals | Rate per 100,000 population |
|---|---|---|
| Alcohol | 1162 | 392 |
| Cannabis | 272 | 75 |
| Heroin | 181 | 61 |
| Amphetamines | 106 | 36 |
| Cocaine | 43 | 14 |
| Methadone | 35 | 12 |
| Bendodiazepines | 17 | 6 |

Source: WNDSM (NWIS)

Not enough adults or children are physically active enough to protect their health. Physical activity contributes to well-being and is essential for good health. Individuals who have a physically active lifestyle have less risk of developing a range of chronic conditions compared to those who have a sedentary lifestyle.


**Chronic illness in Cwm Taf**

Cancers and circulatory diseases are consistently the major causes of premature death in Cwm Taf. Although premature death rates are reducing, the reduction is happening faster in our least deprived than our most deprived communities, resulting in a widening of the inequality gap for cardiovascular disease.

Lung cancer is one of the most common cancers and survival rates are poor. Around 70% of people die within a year of diagnosis in Wales. The incidence of lung cancer in Cwm Taf is the highest of all the health boards for both genders.  This is undoubtedly linked to having the highest smoking prevalence rates in Wales.

A similar link is seen with Chronic Obstructive Pulmonary Disease (COPD) of which, smoking is the main cause. Cwm Taf has the highest percentage of adults with COPD in Wales amounting to 8,035 individuals on GP practice chronic condition registers.

High blood pressure (hypertension) is strongly linked to unhealthy lifestyles. Persistent high blood pressure can increase the risk of a number of serious and potentially life-

threatening conditions. Thirteen percent of adults in Cwm Taf are on a GP hypertension register.

Although the Welsh Health survey reports alcohol consumption in Cwm Taf on a level with the Welsh average, in 2013/14 our area had the highest level of hospital admissions for liver disease in Wales; admissions due to alcohol-related liver disease were statistically significantly higher than the Wales average. Cwm Taf also has the highest rate of premature death from chronic liver disease in Wales,

The growing burden of type 2 diabetes is due to obesity, sedentary lifestyles, dietary trends and an ageing population. There is a seven times greater risk of diabetes in obese people compared to those of healthy weight, with a threefold increase in risk for overweight people. The incidence of diabetes is increasing as the prevalence of obesity has risen; diabetes among adults in Wales is predicted to rise to 10.3% in 2020 and 11.5% by 2030. In turn, people with diabetes are then at a greater risk of a range of other chronic health conditions.  Type 2 diabetes was diagnosed for the first time in a child in the UK in 2000, and in recent years numbers have risen.

As well as harm to individuals, treating diabetes is placing cost pressures on health boards. In Cwm Taf, prescribing costs for diabetes have increased by almost 40% since 2008/9 to £5million in 2013/14. However, it has been shown that lifestyle interventions can reduce the risk of type 2 diabetes in individuals with impaired glucose tolerance.

What is clear is that having unhealthy lifestyle behaviours is a major, **preventable** factor in the poor health outcomes and reduced life expectancy for our citizens; these factors are closely linked with deprivation and the inequalities that persist in our community.


**Addressing the wider determinants of health**

It is well established that inequalities result in poor health, social, educational and economic outcomes across the whole of the life course for children, adults and older people, and trap many of the most disadvantaged people in a cycle of deprivation. This has been demonstrated across a range of parameters that impact on social well-being in Cwm Taf. Furthermore, austerity measures and welfare reforms have impacted disproportionately on our area, and this may lead to increased inequalities.

Social and economic inequalities also drive health inequalities.  It has been suggested[9] that the following evidence based actions could improve health and reduce inequalities:
- Programmes that ensure adequate incomes, reduce debt and reduce income inequalities
- Programmes that reduce unemployment in vulnerable groups or areas and that promote physical and mental health in the workplace
- Programmes that improve physical environments, such as traffic calming schemes and the creation of green space
- Programmes that target vulnerable groups by investing in more intensive services and other forms of support for such groups, in the context of universal provision
- Early years programmes

---

[9] NHS Health Scotland. (2016). *Economics of prevention, inequality.* Briefing 3. Edinburgh: NHS Health Scotland

- Policies that use regulation and price (for example, minimum unit pricing or taxes) to reduce risky behaviours.

In this way, outcomes for social wellbeing are dependent on actions across all the themes of the Wellbeing of Future generations Act.

### *Ageing well in Cwm Taf: meeting the needs of an older population*

1. The population aged over 65 is set to increase over the next 20 years, with the largest percentage increase predicted to be in those aged 85 and over.
2. The associated increase in age-related chronic illnesses will have a significant impact on individuals, carers and health and social care services.
3. Future plans should include the development of housing options for this age group that maximise well-being and independence, are energy efficient and free from hazards

The age profile of our population is changing as people are living longer. Due to increases in the state pension age people will be working for longer and will also need financial resources to provide for extended periods of retirement. An older workforce may need to be supported through training and re-skilling. Although much of the dialogue around older people focuses on the care and support needs of this group, we must not underestimate the assets that older people bring to communities; they engage in paid or volunteering work, transmit experience and knowledge, or carry out caring responsibilities within their families. These contributions can only be realised if their own health and well-being allows.

It will also be important to have opportunities to participate in education as well as leisure and social activities at all ages. Continuous learning throughout life can bring people a range of benefits. Education and training improve mental capital, which in turn increases resilience in later life. Learning can also help improve physical and mental health.

Planning for housing and the wider environment will need to adapt as the age structure of our population changes. A decent home is fundamental to people's well being, and as older people can spend between 70 and 90 per cent of their time in their home, a warm, secure, accessible environment is crucial.  The Local Housing Market Assessments (LHMA) for Merthyr Tydfil and Rhondda Cynon Taf have noted that a range of more adaptable and specialised housing will be needed in the future.

It is vital that communities become more 'age-friendly'. This can be done by creating homes and neighbourhoods that enable older people to remain active and involved with their friends, neighbours, family and local community. Good public seating, toilets, well maintained pavements, well lit streets, clear visible signage, and streets that feel safe help older people maintain their confidence and independence. Schemes to promote social inclusion, volunteering initiatives, life-long learning and other meaningful activity can all have a positive impact. Free bus passes and free swimming for over 60s are examples of supporting older people to get out and about and maintain their well-being.

The key elements for ensuring a good quality of life for older people have been recognised in the Strategy for Older People in Wales[10] and match the themes of the Well-being of Future Generations Act.

Further confirmation of these key elements has come from our engagement with older people locally which has identified that people

- Value their independence
- Value the ability to live in their own home,
- Expect to be treated with dignity and respect
- Need easy access to good quality information and advice
- Are concerned about being isolated and lonely
- Need accessible transport

Maintaining a healthy lifestyle, attending screening programmes (breast, bowel and abdominal aortic aneurysm screening), and the uptake of flu and pneumococcal vaccinations all contribute to good health and well-being for this age group.

The population aged over 65 is set to increase over the next 20 years, with the largest percentage increase predicted to be in those aged 85 and over. By 2036 it is estimated that our older population will increase as follows:

| Age group | Increase | Predicted number |
|-----------|----------|------------------|
| 65-84     | 37%      | 16,200           |
| 85+       | 137%     | 8,600            |

Source: Public Health Wales Observatory

This trend is likely to continue, and will have a significant impact on individuals, carers and health and social care services.

In Cwm Taf, men can expect to have a healthy life expectancy of 61.2 years; for women this is 62.6 years, which means that their remaining lifetime may be limited by disability or chronic illness. The Cwm Taf Joint Commissioning Statement for Older People 2015 – 2025 sets out a common vision for health and social care services for older people.


### *Mental well-being: building resilient communities*

1. Poor mental health is both a cause and a consequence of social, economic and environmental inequalities; mental health problems both reflect deprivation and contribute to it. Mental ill-health is consistently associated with unemployment, less education, low income or material standard of living, in addition to poor physical health and adverse life events.
2. Cwm Taf has the highest levels of mental illness and poor well-being in Wales
3. Conversely, community spirit is felt to be strong in our area

Mental health is more than the absence of clinically defined mental illness. Mental health is determined by biological, psychological, social, economic and environmental factors

---

[10] Welsh Government (2013) *The Strategy for older people in Wales 2013-2023*

which interact in complex ways. Good mental health is fundamental to physical health, relationships, education, training, work and achieving potential.

In Cwm Taf:

- The prevalence of adults with any mental illness is the highest in Wales
- Antidepressant prescribing figures have increased across all health boards since 2006. Cwm Taf has the highest figures in Wales.
- The suicide rate is the highest in Wales
- The projected rise in the population aged over 65 and in particular, those aged over 85, will increase the prevalence of dementia
- Mental ill health accounts for a substantial burden of ill health and disability and, consequently, of the cost to services, and this is set to rise
- There is a strong correlation between social and economic deprivation and mental health problems.
- Merthyr Tydfil and Rhondda Cynon Taf are in the top four local authorities in Wales which have been hardest hit by the impact of welfare reforms. It is anticipated that this may have wide-ranging negative effects on claimants' well-being, and increased demands on the health, housing and social services that support them.

Poor mental health is both a cause and a consequence of social, economic and environmental inequalities; mental health problems both reflect deprivation and contribute to it. Mental ill-health is consistently associated with unemployment, less education, low income or material standard of living, in addition to poor physical health and adverse life events. This is starkly demonstrated across a range of indicators for Cwm Taf.

**Mental health indicators**

| Indicator | Merthyr Tydfil | Rhondda Cynon Taf | Cwm Taf | Wales | What this means |
|---|---|---|---|---|---|
| Adults who reported consuming alcohol above guidelines | 37% | 41% | 40% | 40% | More than half of people with substance misuse problems are simultaneously diagnosed with a mental health disorder at some point in their lives, with alcohol being the most commonly reported substance misused |
| Adults who reported binge drinking | 24% | 26% | 26% | 24% | |
| Mental Component Summary Score (measure of well-being) | 47.0 | 48.4 | 48.2 | 49.4 | Cwm Taf has the lowest score for well-being in Wales |
| Adults being treated for a mental illness | 18% | 15% | 16% | 14% | Cwm Taf is the highest in Wales |
| Admissions to mental health facilities (2015/16) | | | 1225 | | |
| Suicide rate/100,000 population (2014) | | | 14.1 | | Cwm Taf is the highest in Wales |

As our older population increases, so will the prevalence of dementia. Dementia is the progressive loss of brain function; the most common types are Alzheimer's disease and vascular dementia. Dementia is a growing health issue in Wales with over one in twenty

over the age of 65 affected and one in five over the age of 80.  In 2015 there were approximately 3,685 over 65s affected by some form of dementia in Cwm Taf. It is estimated that this will rise to 5,455 by 2030 with the growing population in this age group.

The strength of evidence around dementia prevention is currently limited. However, the evidence that is available suggests that the best current advice to prevent dementia includes advocating healthy lifestyles specifically:

- Stopping smoking
- Reducing alcohol intake
- Eating a healthy diet
- Participating in physical and social activity

It has been estimated that by promoting and adopting healthy lifestyles in middle age, an individual's risk of developing dementia could be reduced by approximately 20%.

It is estimated that a third of our population aged over 65 live alone. This can exacerbate poor well-being due to social isolation.

Accommodation for our increasing, elderly population has been identified as an issue in the Local Housing Market Assessments for the two local authorities. A range of extra care housing options is needed including smaller, energy efficient homes, retirement complexes, sheltered accommodation, and care homes in order for older people to live independently in environments that support well-being.

It has been described earlier that as the number of older people in our area grows, it is vital that communities become more 'age-friendly' and promote social inclusion. The Alzheimer's Society has a recognition process for dementia-friendly communities. In our area, Maerdy, Mountain Ash and Pontypridd are signed up to this scheme.


**Personal resilience and community cohesion**

Building confidence and resilience in individuals and communities is an important step towards improving well-being. The Foresight Report[1] stated that:

*"Achieving a small change in the average level of well-being across the population would produce a large decrease in the percentage with mental disorder, and also in the percentage that have sub-clinical disorder -those languishing"*

A set of five, evidence based messages have been developed as a way of building well-being into everyday life[11]. These messages can apply to anyone – children, young people, adults, older people, and to those with or without mental health problems. They are first line messages in self-care and should be promoted widely in settings: education, workplaces and communities to improve resilience and well-being:

---

[11] Aked, J., Marks, N., Cordon, C., and Thompson, S. (2008) *Five ways to wellbeing.* London: New Economics Foundation

## Five ways to wellbeing

| | |
|---|---|
| **Connect** | With the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community. Think of these as the cornerstones of your life and invest time in developing them. Building these connections will support and enrich you every day. |
| **Be active** | Go for a walk or run. Step outside. Cycle. Play a game. Garden. Dance. Exercising makes you feel good. Most importantly, discover a physical activity you enjoy and that suits your level of mobility and fitness. |
| **Take notice** | Be curious. Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons. Savour the moment, whether you are walking to work, eating lunch or talking to friends.<br>Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters. |
| **Keep learning** | Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Set a challenge you will enjoy achieving.<br>Learning new things will make you more confident as well as being fun. |
| **Give** | Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself, and your happiness, linked to the wider community can be incredibly rewarding and creates connections with the people around you. |

Statistically we know that we have high levels of mental illness and poor well-being in Cwm Taf. However, people have reported that they feel that there is a strong community spirit in our area and they resent the label 'deprived' that is often applied to Cwm Taf. They feel that more people should be made aware of the positive achievements that have been made and they value local resources such as Pontypridd Lido.

As part of the engagement process the natural environment in our area has often been mentioned as one of our biggest assets. There is significant and growing evidence on the physical and mental health benefits of access to good quality green spaces, both urban and rural. It can also bring other benefits such as greater community cohesion and reduced social isolation.

Our two voluntary services councils - Interlink in Rhondda Cynon Taf and VAMT in Merthyr Tydfil between them support over 800 community and voluntary groups across Cwm Taf by building on their existing assets and strengths, empowering individuals, communities and organisations to have an equal voice and to make a difference through community development. In turn, these 800 groups cover a wide range of community interests and are supported by thousands of volunteers. Such groups and networks build social capital and cohesion.
http://www.interlinkrct.org.uk/
http://www.vamt.net/

Communities First is the Welsh Government's community focused tackling poverty programme. It supports the most vulnerable people in the most deprived areas of Wales,

to make these communities more prosperous, healthier, more skilled and better informed. There are 52 Communities First clusters in Wales, 11 of them are in Cwm Taf. On 16 October 2016 the Welsh Government's Cabinet Secretary for Communities acknowledged the contribution that the programme has made but is, "minded to phase out the Communities First programme while establishing a new approach to meet the challenges of the future. The new approach will focus on three key areas of employment, early years, and empowerment".

If social capital and community cohesion is to be maintained and improved in our most vulnerable communities then Cwm Taf must receive the appropriately proportioned share of the replacement model, as yet to be confirmed.


### *The quality of the home and environment has a substantial impact on well-being*

1. There is strong evidence linking health and well-being outcomes with the quality of the built and natural environments
2. In Wales, new legislation now has a clearer obligation to improve health and well-being, deliver high-quality place-making and sustainable environments, and reduce health inequalities across communities.
3. In Cwm Taf we have a legacy of old housing stock and depopulation in some areas following the decline of traditional industries

As part of the Planning Wales Act (2015), local planning authorities will be under a duty to have regard to the local well-being plans produced by Public Service Boards. This provides an opportunity to prioritise the development of healthy, sustainable communities.
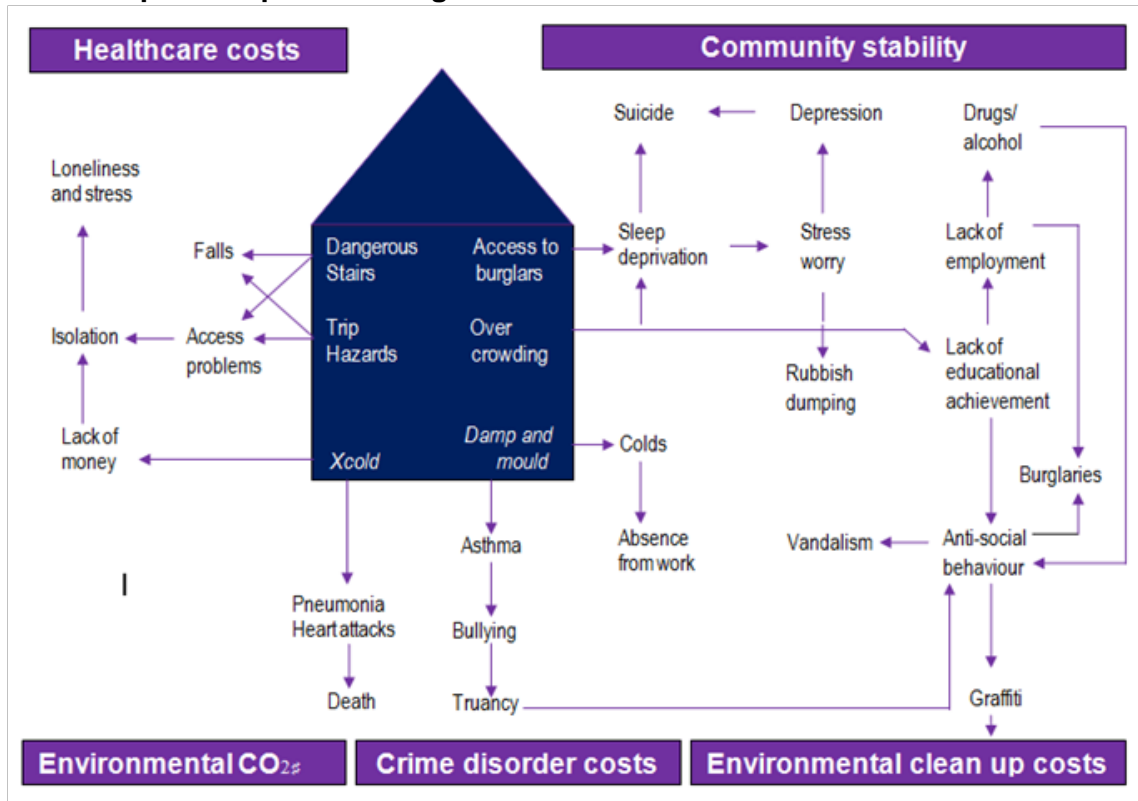
**Housing**

The quality of the home has a substantial impact on health; a warm, dry and secure home is associated with better health; poor housing is associated with increased risk of cardiovascular diseases, respiratory diseases as well as depression and anxiety.

In addition to basic housing requirements, other factors such as the neighbourhood and security of tenure can impact on well-being. A recent study[12] has shown that the targeted regeneration of deprived neighbourhoods can improve mental health.

---

[12] White J *et al* (2016) *Improving mental health through the regeneration of deprived neighbourhoods,* Cardiff University

**The impacts of poor housing on health**



Adapted from CIEH: Good housing leads to good health: a toolkit for practitioners

Housing related hazards such as damp and mould increase the risk of allergies and asthma. The elderly are particularly at risk of health problems relating to accidents arising from structural problems such as poor lighting or lack of stair handrails; they are also more likely to suffer ill health in a cold home which can be linked to fuel poverty

The Local Housing Market Assessments (LHMA) for Merthyr Tydfil and Rhondda Cynon Taf have noted a need for smaller, one and two bedroomed properties.

Merthyr Tydfil has a significantly higher proportion of older housing stock than elsewhere in Wales which has a high rate of unfitness, particularly amongst terraced housing. In Rhondda Cynon Taf there are distinct differences across the borough; the central and northern valleys have suffered from deprivation, depopulation and low levels of house building, linked to a decline in traditional industries; the southern third of the county has experienced growth pressures due to the proximity of the M4 corridor and access to the major urban centres.

As our population aged over 65 increases over the coming years, consideration needs to be given to the housing needs of this group. Older people who were consulted as part of the LHMA process valued independent living; for some this meant remaining in their own homes, while others felt more confident in supported accommodation. Both local authorities reported a lack of options in the housing market for this age group, but in Rhondda Cynon Taf there is currently an over-supply of sheltered housing. In Merthyr

Tydfil a recent study showed that all the older people's housing schemes are at 100% capacity.

A range of extra care housing options is needed including smaller, energy efficient homes, retirement complexes, sheltered accommodation, and care homes in order for older people to live independently in environments that support well-being. In addition, it is vital that communities become more 'age-friendly' and facilitate access and participation of people of all ages.

**The quality and safety of our built environment**

Where we live matters to our health and well-being. Barton and Grant's health map demonstrates this.

**The settlement health map –relationship between health and the physical, social and economic environments**



For example, an individual's ability—and motivation—to exercise and eat healthily can be limited by living in a neighbourhood that lacks safe areas for exercise, access to cheap, fresh fruit and vegetables is scarce, and where fast food outlets are plentiful.

As well as the physical and social environment, community safety has an impact on well-being. Community safety relates to people's sense of personal security and their feelings of safety in relation to where they live work and spend their leisure time. Feeling safe influences how people value their community, and is important to people's quality of life, often making the difference between people wanting to live and stay in their neighbourhood or not. Community safety issues that affect well-being include poorly lit

streets, graffiti or the cleanliness of an area through to services focussed on crime, victims of crime or those living in fear of crime[13]. .

**Community safety indicators**

| Indicator | Merthyr Tydfil | Rhondda Cynon Taf | Wales |
|---|---|---|---|
| Rate of all offences per 1000 population | 72.41 | 60.42 | 58.95 |
| Percentage of people who agree that it is safe for children to play outside in the local area | 56% | 61% | 64% |
| Percentage of people who agree that the local area is well maintained by the local authority | 59% | 59% | 70% |
| Percentage of people who agree that the local area is free from graffiti and vandalism | 65% | 68% | 77% |
| Percentage of people who agree that the local area is free from litter and rubbish | 53% | 49% | 62% |
| Percentage of people who tend to agree/strongly agree that the local area is free from heavy traffic | 4% | 38% | 48% |

Source: National Survey for Wales/ONS

**Planning and well-being**

A new briefing document[14] demonstrates how planning objectives relate to the spheres of this health map.

---

[13] Auditor General for Wales (2016) *Community safety in Wales,* Wales Audit Office
[14] TCPA (2016) *Planning for better health and well-being in Wales*

**Health and well-being objectives in planning for health, with respect to the spheres of the health map**

| Spheres from the health map | Objectives |
|---|---|
| People | <ul><li>Providing for the needs of all groups in the population</li><li>Reducing health inequalities</li></ul> |
| Lifestyle | <ul><li>Promoting active travel</li><li>Promoting physically active recreation</li><li>Facilitating healthy food and drink choices (including licensed premises)</li></ul> |
| Community | <ul><li>Facilitating social networks and social cohesion</li><li>Supporting a sense of pride and cultural identity</li><li>Promoting a safe environment</li></ul> |
| Local economy | <ul><li>Promoting accessible job opportunities for all sections of the population</li><li>Encouraging a resilient, vibrant and diverse local economy</li></ul> |
| Activities | <ul><li>Ensuring the provision of retail, educational, leisure, cultural and health facilities that are accessible to all</li><li>Providing good quality facilities, responsive to local needs</li></ul> |
| Built environment | <ul><li>Ensuring the good quality and required supply of housing</li><li>Promoting a green urban environment that supports mental well-being</li><li>Planning an aesthetically stimulating environment, with acceptable noise levels</li></ul> |
| Natural environment | <ul><li>Promoting good air quality</li><li>Ensuring security and quality of water supply and sanitation</li><li>Reducing the risk of environmental disaster</li></ul> |
| Global ecosystem | <ul><li>Promoting the substitution of fossil fuel with renewable energy</li><li>Adapting the environment to climate change</li></ul> |

Source: TCPA (2016) Planning for better health and well-being in Wales

Connecting these objectives with the spheres of the health map advocates health and well-being as a key goal of town planning. This approach focuses on the positive impact that urban planning can have on human health, well-being and quality of life, and has the potential to create healthy sustainable communities.

In particular for Cwm Taf, the causes of the significant and rising burden of obesity are not simply due to the food and physical activity choices of individuals. They are more complex than this and relate to a wide range of behavioural, societal and environmental factors.

Urbanisation has contributed to the development of 'obesogenic' environments, typified by high levels of car use, 24-hour food availability, sedentary occupations and low levels of physical activity. The fall in food prices relative to wages has encouraged greater consumption of soft drinks, confectionary snacks and fast food.

Evidence suggests that obesity will only decrease if the built environment is adapted to make it easier for people to be more physically active in their daily lives. Planning solutions should promote walking and cycling for leisure as well as active travel through well designed paths and cycle ways, while improving access to green space and leisure facilities. Such planning changes not only strengthen action on obesity, but also promote environmental sustainability.

### *A change of focus for Cwm Taf - from deficits to assets*

1. Cwm Taf is a socio-economically deprived area
2. Historically, a range of commonly used indicators have reported the deficits in our area
3. Engagement has shown that people who live here do not want to be associated with the negative stereotyping of valleys communities

The post industrial economic legacy in Cwm Taf has led to the area being known for poor income and employment levels benefit dependency and poor lifestyles which lead to chronic illness and low life expectancy. Certainly the economic recession, austerity measures and recent welfare reforms have impacted detrimentally and disproportionately on our communities. The persistent negative perceptions of Cwm Taf erode well-being and add to the poverty of aspiration felt in some communities.

In contrast, our engagement process has revealed that people who live here do not necessarily regard themselves as being deprived and do not want to be associated with the negative stereotyping of valleys communities. Instead we have heard about networks, groups and initiatives which involve and support people's well-being in local areas including:

- Food Co-operatives
- Credit Unions
- Time-banking
- Money Management skills.
- Transport/local solutions
- Digital literacy schemes
- Intergenerational activities – older people passing on traditional skills to young people

People spoke of the natural environment being one of our biggest assets, with parks and the Taff Trail being a source of enjoyment for individuals and families. Others suggested using community assets such as buildings where the original services had stopped, and exploring the potential of repurposing these as community hubs as a focus for activities and participation. All of these activities build social capital and increase community cohesion. By looking at the assets in our communities rather than the deficits we may learn how our citizens are maintaining their resilience in the face of such adverse circumstances.

Assets are factors or resources which improve the ability of individuals, communities and populations to maintain their well-being. These act as protective or supporting factors to buffer against life's stresses. They include the capacity, skills, knowledge, connections and potential in a community. Measuring assets alongside needs gives an improved

understanding of communities and helps to build resilience and social capital and thus develops a better way of providing services.

A range of assets indicators has been developed covering a range of topics across three domains:

| People | Community | Structure |
|---|---|---|
| Health | Services | Employment |
| Education | Family cohesion | Open environment |
| Financial well-being | Neighbourhood satisfaction | Built environment |

The asset indicators for Merthyr Tydfil and Rhondda Cynon Taf have been visually interpreted below as spider charts. These show how our local authority areas compare with Wales.



Health Asset indicators, percentages, Merthyr Tydfil 002 and Wales
Produced by Public Health Wales Observatory, using NSW (WG), Census 2011 (ONS) and DWP
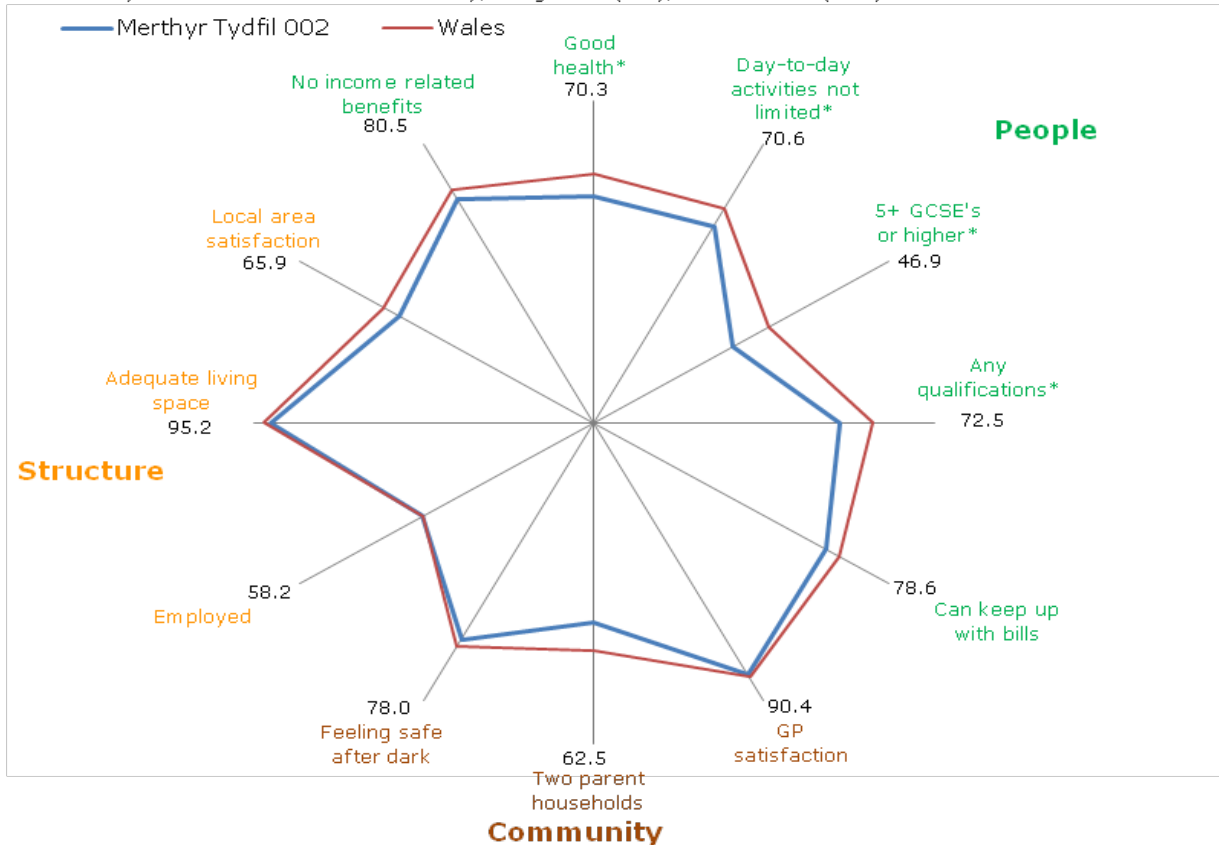
*These percentages are directly age-standardised using aggregated weightings from the 2013 European Standard Population.

Health Asset indicators, percentages, Rhondda Cynon Taf 001 and Wales

Produced by Public Health Wales Observatory, using NSW (WG), Census 2011 (ONS) and DWP
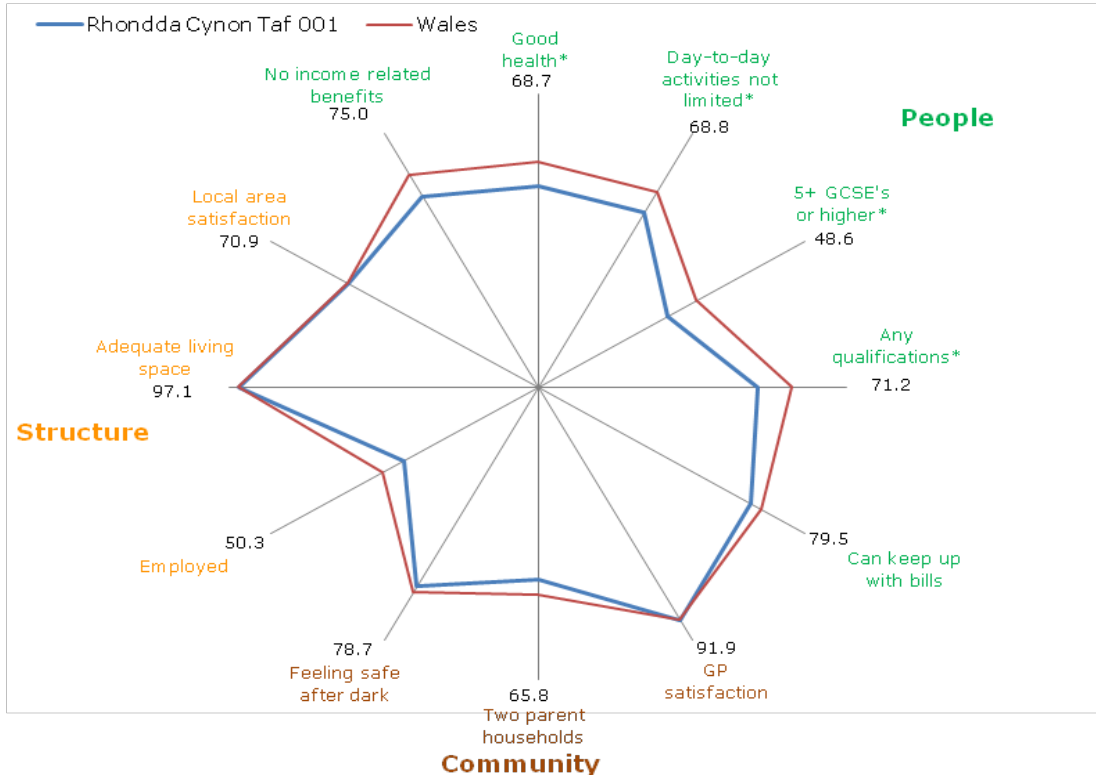
*These percentages are directly age-standardised using aggregated weightings from the 2013 European Standard Population.

By considering our assets we can begin to build on the strengths in our communities as well as targeting areas for improvement. However, further work needs to be done on measuring the assets in Cwm Taf as a starting point.

4.    Links to other well-being themes

Social well-being does not stand alone and has many links with the other well-being themes as has been discussed in this document.

Health in particular links across all the other well-being themes; poor health affects our ability to learn, work and socialise with family and the wider community.

The wider determinants of social well-being lie in all the themes, and action to reduce inequalities needs to happen across all themes if social well-being is to be improved.

In addition, action to improve social wellbeing for our whole population will also impact on all the client groups covered by the Social Services and Well-Being Act.

**NETHERWOOD SUSTAINABLE FUTURES**
Sustainable Development & Climate Change
Consultancy

**pwc**

**REPORT FROM**
**NETHERWOOD SUSTAINABLE FUTURES AND PwC**
**TO CWM TAF PUBLIC SERVICES BOARD**

# Cwm Taf: Understanding Our Communities
Wellbeing Assessment Consultation: brief analysis report

Dr. Alan Netherwood (Netherwood Sustainable Futures)
Jeff Brown (PwC)

12th December 2016

## 1. BACKGROUND

1.1 This document constitutes a brief report from Netherwood Sustainable Futures (NSF) and PwC to support Cwm Taf Public Services Board on the Well-being Assessment being prepared in response to the Well-being of Future Generations Act (Wales) 2015 (FGA).

1.2 By, October 2016  Cwm Taf Partnership had produced 4 'Briefing Documents' to inform their well-being assessment on environmental, social, economic and cultural well-being, and were in the process of developing a further six on various aspects of the Population Assessment required under the Social Services and Well-being Act (SSA). The objective of commissioning NSF and PwC was to explore the 4 'Briefing Documents' with stakeholders as part of a well-being assessment consultation[1].

1.3 This report provides an overview of key messages and overarching themes emerging from 4 stakeholder workshops which NSF and PwC helped the Cwm Taf partnership to plan and facilitate to inform the well-being assessment during October and November 2016. These were:

Cultural well- being, Hawthorn Leisure Centre, Pontypridd, 28/10/16
Environmental well-being, Orbit Business Centre, Merthyr Tydfil 4/11/16
Economic well–being, Park and Dare Theatre, Treorchy, 10/11/16
Social well-being, Soar Centre, Penygraig 22/11/16

1.4 These workshops involved stakeholders from across the Cwm Taf area to:

- Explore **headlines/critical issues** from the assessment  so far
- Explore appropriate **response** to headlines/critical issues
- Identify **actions** for further work in forthcoming response analysis.
- Highlight **crossover and connection** between other parts of the assessment (cultural, social, economic)
- Set the context to develop the **response analysis**

In order to facilitate discussion in each workshop NSF and PwC led 4 different exercises. These were:

---

[1] NSF and PwC experience on the FGA are included in Appendix A

Exercise 1: Exploring the Briefing Documents; Headlines; Gaps; Improvements.

Exercises 2 & 3: Exploring Response to the Headlines utilising the following table:

| Existing<br>(stuff we are already doing) | Enhanced<br>(more of the same) |
| --- | --- |
| New (Simple)<br>(alternative approach easy to do) | New (Complex)<br>(alternative approach hard to do) |

Exercise 4: Integration between headlines from other Briefing Documents.

1.5 It is important to note that this report is intended to inform the re-drafting of the well-being assessment after consultation and to inform CTP's approach to response analysis. The output from these sessions is intended to provide material to be included in and inform the well-being assessment, helping the Partnership move from situational analysis – the data and some interpretation – to the 'so what' question – to what are our priorities and what do we do about them? Including this information in the well-being assessment will be important – to develop further discourse on developing the Plan and establishing delivery mechanisms.

1.6 It is also important to note that all of the workshops were designed to inform the 1st Replacement Merthyr Tydfil Local Development Plan, with the Environmental well-being workshop, particularly being run (and funded by MTCBC) to focus on key issues for the Plan.

1.7 This report is not a gap analysis (although data gaps are discussed), or a verbatim report on the outputs of the workshops, which are available elsewhere. It is not a review of the wellbeing assessment Briefing Documents.

1.8 It is a considered analysis of the engagement process and the key themes emerging from the consultation, and provides an indication of *strategic issues* that the assessment, response analysis and well-being plan will need to address, rather than *individual ideas or interventions* which have been captured during the workshops.

1.9 The report is structured to provide a summary overview of each well-being assessment theme in turn - cultural, environmental, economic, and social, with a concluding section to explore cross-cutting issues with some recommendations for work going forward into the response analysis and Well-being Plan production.

1.10  There are a number of factors which must be acknowledged at the start of this report which should be borne in mind when reading this analysis:

- Cwm Taf Partnership has developed an innovative progressive conversation among stakeholders across Cwm Taf about its well-being assessment

- the authors of the four assessment 'Briefing Documents' from partner organisations provided excellent data and analysis as a first 'stab' for the well-being assessment (in addition to their day jobs) and were not necessarily 'experts' in these fields.

- the authors of the Briefing Documents provided excellent summaries and facilitation at the workshops themselves

- the co-ordination by the Cwm Taf partnership Analyst, Rae Baker, of the well-being assessment between two local authorities, Health Board, NRW and others has been first class and should be commended.

- the whole process has been developed in culture of positivity, to focus on 'what is good' as a counterpoint to the inherent difficulties of planning for the future, through austerity, welfare reform, public service redesign and post-Brexit uncertainty.

1.11  The following sections are illustrative of the level of discourse already underway in the Cwm Taf Well-being Assessment.

## 2. CULTURAL WELL-BEING

This section provides an overview of key issues that emerged at the Cultural well-being workshop. These are split into four categories: *strategic issues* that may need emphasis in the assessment, response analysis and well-being plan; potential *practical responses* that could be pursued via the well-being plan; specific issues which need addressing in the *well-being briefing paper; and further opportunities and challenges* that could be addressed in the response analysis and plan.

It is recommended that the Assessment authors consider the following with regard to the well-being assessment and plan:
- is this something that we need to know more about right now?
- is this something we need to know in developing our response analysis?
- is this something that needs to be included as an item in the Well-being Plan itself to increase our knowledge?

| CULTURE: Strategic Issues that need greater emphasis in the assessment, response and plan. | CULTURE: potential practical responses by the PSB and partners |
|---|---|
| *Care will need to be taken that the following strategic issues are emphasised and not lost throughout plan preparation:* | *Attendees saw the following as opportunities for the PSB to action through the partnership itself and individual organisations:* |
| Diversity of communities and place needs more recognition and the role that culture plays in these localities– culture is not homogenous, it is <u>very</u> local. | Increasing understanding what cultural activity is available –signposting through all media. Promotion of local cultural networks. Celebration of all cultural assets in Cwm Taf and beyond borders. |
| Diversity of cultures from different countries – origins, languages, contribution to culture across Cwm Taf. | Increase understanding of social cultural capital and assets: mapping: understanding: at a Cwm Taf level and within 4 areas. |
| Relationship between health care and cultural activities: preventative health care, particularly in mental health, isolation and social cohesion. | Mapping of communities of interest – not just place based. |
| The role of grassroots cultural projects in providing preventative activity, health, crime, environmental quality, social cohesion. | The face of the Welsh language to Cwm Taf communities via public services as a distinct and important part of culture – co-ordinated approach across all services. |
| The value of the work of voluntary organisations in maintaining and building cultural capital. | Expansion of health referral to include cultural activity, to aid mental and physical health, through personal goals, new skills. |
| The opportunity and threat of digitisation and social media to culture– a major generational change, presenting threats and opportunities. | Investment in assets with multi-purpose use to include cultural activities – schools, sports, libraries, inter-generational community hubs. |
| The link between environmental heritage, landscape and culture. Environment and landscape are part of the Cwm Taf story – pride in local landscapes, protecting heritage and natural assets. | |
| The role of FHE institutions in local culture. | |
| **CULTURE: specific issues for the Assessment 'Briefing' paper.** | **CULTURE: opportunities and challenges to develop a response** |

| *Attendees felt that the following issues needed further data/information/acknowledgement in addition to the above:* | *Attendees identified the following issues which may need to be explored more fully in the response analysis:* |
|---|---|
| Broader definition of culture is needed acknowledging: arts, music, sport, media, and play. | Importance of spaces for cultural activity – outdoor, virtual and built. |
| Acknowledgement of the huge role of food and drink culture in well-being and role in local economies | The opportunity of empty buildings for cultural activity. |
| Welsh language as part of local cultural history and landscape | Watching sport as well as direct participation is an important part of culture. |
| Businesses and social enterprises with a cultural focus? | Opportunities for social enterprise around culture |
| | Arts and culture as a career path. |
| | Businesses role in supporting cultural activity across Cwm Taf through workforce, financial support. |

## 3. ENVIRONMENTAL WELL-BEING

This section provides an overview of key issues that emerged at the Environmental well-being workshop. These are split into four categories: ***strategic issues*** that may need emphasis in the assessment, response analysis and well-being plan; potential ***practical responses*** that could be pursued via the well-being plan; specific issues which need addressing in the ***well-being briefing paper; and further opportunities and challenges*** that could be addressed in the response analysis and plan.

It is recommended that the Assessment authors consider the following with regard to the well-being assessment and plan:
- is this something that we need to know more about right now?
- is this something we need to know in developing our response analysis?
- is this something that needs to be included as an item in the Well-being Plan itself to increase our knowledge?

| ENVIRONMENT: strategic issues that need greater emphasis in the assessment, response and plan. | ENVIRONMENT: potential practical responses by the PSB and partners |
|---|---|
| *Care will need to be taken that the following strategic issues are emphasised and not lost throughout plan preparation:* | *Attendees saw the following as opportunities for the PSB to action through the partnership itself and individual organisations:* |
| Huge public land ownership is a major asset and opportunity for collective action from the public sector. | Increase access to information of what is around – e.g. use of apps Geocache, PROW, Forest Schools |
| Use of land and built environment as a catalyst for improving physical and mental well-being through: <br> • Skills development <br> • Combating isolation <br> • Social bonding in community <br> • Community capacity to develop and lead <br> • Culture arts and language to describe relationship to environment | Active travel activity should link to community facilities, employment, and leisure and wildlife interest – correlate and map this. <br><br> Increase accessibility to publically owned land. Statutory landowners to support communities to engage in local environment. Involve communities, sustainable land management, and information from PSB – sharing info and co-ordinate approach. |
| Climate change resilience as a key determinant of well-being, access to services, inward investment, public sector finance, community resilience – cuts across WBA – not just in environment. | New dialogue with communities – promotion – the countryside is theirs to use – and a community asset and should be a source of community pride - challenge pervasive culture "there is nothing for kids to do" – curriculum changes. |
| Opportunities for environmental projects for upskilling communities and individuals and funding – encouraging local stewardship | Need to build leadership and skills among decision makers to recognise and understand the links and between environmental and other aspects of well-being and create and support connections |
| Alternative and meantime land use of sites in public ownership –, wildlife, renewables, food, leisure, culture, conservation skills. | |
| Role of volunteers and community groups to develop skills and invest in environmental capital. | |
| Stronger links with Brecon Beacons National Park via landscape, economy, tourism, health work. | |

| | |
|---|---|
| Role of environment in attracting/deterring inward investment – attractiveness as a place to live and work – Cwm Taf's environmental 'offer'. | |
| **ENVIRONMENT: specific issues for the Assessment 'Briefing' paper.** | **ENVIRONMENT: opportunities and challenges to inform response.** |
| *Attendees felt that the following issues needed further data/information/acknowledgement in addition to the above:*<br><br>Needs more urban focus<br>Needs a greater focus on housing<br>Link should be made between environment, economy and public transport, active travel<br>Role of leisure and recreation in the environment<br>Crime and perception of place (wildfires – dangers through apps)<br>Role of private sector as environmental stewards, and their impact on environmental quality. | *Attendees identified the following issues which may need to be explored more fully in the response analysis:*<br><br>Each community's and individual's relationship with and view of the environment will be different and diverse in different areas of Cwm Taf.<br><br>This will be dependent on the landscape, environmental assets, and social economic conditions. Interventions should recognise this diversity.<br><br>Cultural change (digitisation) has resulted in reduced outdoor use.<br><br>Entry level activity for people's engagement with the outdoors.<br><br>Children and wild play – co-ordinated approach parents, children, schools, youth groups. Early year's intervention to connect with the outdoors.<br><br>Perception of environment: safety barrier.<br><br>Green tech focus –need to develop skills on this. |

## 4. ECONOMIC WELL-BEING

This section provides an overview of key issues that emerged at the Economic well-being workshop. These are split into four categories: *strategic issues* that may need emphasis in the assessment, response analysis and well-being plan; potential *practical responses* that could be pursued via the well-being plan; specific issues which need addressing in the *well-being briefing paper; and further opportunities and challenges* that could be addressed in the response analysis and plan

It is recommended that the Assessment authors consider the following with regard to the well-being assessment and plan:
- is this something that we need to know more about right now?
- is this something we need to know in developing our response analysis?
- is this something that needs to be included as an item in the Well-being Plan itself to increase our knowledge?

| ECONOMIC: strategic issues that need greater in the assessment, response and plan. | ECONOMIC: potential practical responses by the PSB and partners |
|---|---|
| *Care will need to be taken that the following strategic issues are emphasised and not lost throughout plan preparation:* | *Attendees saw the following as opportunities for the PSB to action through the partnership itself and individual organisations:* |
| Need to move away from the language of deprivation – self-identity is important. | Active travel activity should map and link between public transport, childcare facilities and employment sites. |
| Highlight the role of the informal economy in Cwm Taf and contribution to social cohesion – volunteering, informal carers, time-banking. | Develop Cwm Taf Oyster Card – low cost travel, enhanced childcare, home working through public service organisations. |
| Need to focus on the variety of communities and economic conditions and choices, rather than generic view e.g. all town centres are different. | Public sector bodies could build on/replicate the work of Housing Associations who develop community skills/training as part of their functions. |
| More focus is needed on economic well-being of communities rather than the individual. | Place conditions on developers for community benefit and climate resilience. |
| Focus on maximising income/ managing debt. What are levels of debt? | Community hubs for public service workers in town centres – to work away from the office, closer to home. Remote working. |
| Contribution of businesses and the private sector generally to well-being in different localities. | Public service procurement and commissioning should maximise clauses for skills training |
| Businesses role in maintain independence for individuals | Integrated mixed housing developments for young and old to develop supported living. |
| Complexity of withdrawal of European funding – need to understand likely implications and plan/ act/lobby accordingly. | Instigating work buses for large public sector employers, |
| Restructuring and aligning anti-poverty programmes. | Support childcare as social enterprises – drive down cost. |
| Retention of older workforce | Coordinated approach to the PSB through asset management, capital developments to maximise economic efficiency and economic opportunity in the locality. |
| Importance of pre 16 on economic prospects. Early interventions have long legacy on economic | |

| | |
|---|---|
| prospects of individual. | The role of the workforce plans of the major public sector employers in contributing to local well-being – to shape local employment prospects and procurement and commissioning to develop the local economy.<br><br>Better advice and project management support for fledgling community groups.<br><br>Role of schools in community for continuous learning e.g. budgeting or debt management.<br><br>Maximise use of built assets. Community based business hubs in empty offices/shops/priorities |
| **ECONOMIC: specific issues for the Assessment 'Briefing' paper.** | **ECONOMIC: opportunities and challenges to inform response.** |
| *Attendees felt that the following issues needed further data/information/acknowledgement in addition to the above:*<br><br>• Crime and its impact on the economy<br>• Levels of childcare provision<br>• Tourism Economy<br>• Housing – specifically the private rented sector<br>• What is the actual potential for localised employment?<br>• More focus needed on communities rather than the individual, too individual/person based.<br>• Business views. | *Attendees identified the following issues which may need to be explored more fully in the response analysis:*<br><br>Uncertainty of provision for anti-poverty work after demise of Communities First. Build on these foundations<br><br>Potential for tourism industry and role of SMEs in local communities.<br><br>More support for people to be work ready.<br><br>Re-invigoration of employment pathway work<br><br>Intergenerational working – skills swaps<br><br>Build on community transport activity.<br><br>Health drives the economy as much as economy drives health, wealth and employment has a direct positive impact on health<br><br>Employer links to schools.<br><br>Tax incentives to local businesses<br><br>Language skills are employment skills<br><br>Economic impact of ill health. Outdoor activity = better health = less sickness absence.<br><br>Linking active travel to health and employment areas.<br><br>Vibrant sports and leisure scene must help economic prospects.<br><br>Improved confidence, better health behaviours. |

| | Increased leisure and recreational activity can = jobs, jobs = health. |
| --- | --- |

## 5. **SOCIAL WELL-BEING**

This section provides an overview of key issues that emerged at the Social well-being workshop. These are split into four categories: *strategic issues* that may need emphasis in the assessment, response analysis and well-being plan; potential *practical responses* that could be pursued via the well-being plan; specific issues which need addressing in the *well-being briefing paper; and* further *opportunities and challenges* that could be addressed in the response analysis and plan

It is recommended that the Assessment authors consider the following with regard to the well-being assessment and plan:
- is this something that we need to know more about right now?
- is this something we need to know in developing our response analysis?
- is this something that needs to be included as an item in the Well-being Plan itself to increase our knowledge?

| SOCIAL: strategic issues that need greater emphasis in the assessment, response and plan. | SOCIAL: potential practical responses by the PSB and partners |
|---|---|
| *Care will need to be taken that the following strategic issues are emphasised and not lost throughout plan preparation:* | *Attendees saw the following as opportunities for the PSB to action through the partnership itself and individual organisations:* |
| Challenge of digitalization. People are social media focused, which may erode 9or build) community cohesion. | Measuring outcomes through value of social projects not numbers. |
| Poverty of aspiration in many communities. | Use of community assets (old pubs) as night time cafes |
| Isolated communities – depopulation – what is the strategic approach? | Training and skills building in communities via social enterprise and community self-help. (Public Sector staff trained to do this through workforce planning) |
| Decline of older housing stock – affordability? Welfare reform | Communal and work exercises for public sector workers– Japan. |
| Negative stereotyping of valleys communities. | |
| Longer term and coherent funding arrangements. | Clubs – mapping – catalysts for creating community cohesion. |
| Spend being shifted from cure to prevention. | Establishing community hubs as focus for activities and participation |
| Better working between national and third sector organisations and local groups. | Involving and supporting communities in developing |
| Role of free green space for outdoor education, health, particular groups. Maximise use of outdoors to improve mental health. | <ul><li>Food Co-operatives</li><li>Credit Unions</li><li>Time-banking</li><li>Money Management skills.</li><li>Transport/local solutions</li><li>Forestry schools</li></ul> |
| More work on future trends and impact on Cwm Taf communities | |
| **SOCIAL: specific issues for the Assessment 'Briefing' paper.** | **SOCIAL: opportunities and challenges to inform response.** |
| *Attendees felt that the following issues needed further data/information/acknowledgement in addition to the above:* | *Attendees identified the following issues which may need to be explored more fully in the response analysis.* |

| |
|---|

- Housing
- Crime and Anti-Social Behaviour
- Community Safety
- Education
- Too health-centric
- Not community focused
- Doesn't reflect cultural well-being
- Doesn't reflect community assets
- Role of employment in social well-being
- Unique social norms in the Valleys
- Social isolation
- Are skills available in communities?
- What could people produce – what are our social assets?

- Role of grandparents as carers.
- Value of volunteering to older people.
- Men's/women's sheds
- Shared accommodation schemes
- Gardening
- Allotments
- Traditional skills – elderly and young
- GP referral to outdoor opportunities
- Incentives for community buildings to provide healthy fast food.

## 6.  BRIEF ANALYSIS AND RECOMMENDATIONS

6.1 It is clear that attendees had a rich understanding of Cwm Taf which has helped to identify strategic, practical responses, opportunities, challenges and suggestions of what needs greater emphasis in the assessment. This is a rich body of data which has been developed within limited resources.

6.2 The issues under the **economic, environmental, cultural and social** themes together create a full understanding of wellbeing. This now needs building on to develop a response analysis and plan, which:
   a) refocuses on assets as well as deficits in the Cwm Taf area
   b) reflects the broad diversity of communities and communities of interest across Cwm Taf
   c) reflects the differences in what well-being means in particular localities
   d) that engages with the business community to understand their multiple roles in local well-being
   e) recognises the value and impact of social capital[2] in Cwm Taf
   f) considers the impact of crime across the well-being themes
   g) considers climate change resilience as a key determinant of well-being that cuts across all themes (access to services, inward investment, public sector finance, community resilience)

6.3 Specific issues to highlight for **cultural well-being** are:
   a) clearer links between cultural and social, economic, and environmental well –being drawing in examples from the workshops
   b) the diversity of assets (human, built, physical and social) available in particular communities and how to utilise these to support cultural well-being
   c) understanding of how business supports culture through, delivery of goods (food and drink) support to cultural activity and physical space

6.4 Specific issues to highlight for **environmental well-being** are mainly around the unique position of Cwm Taf having so much publically  land providing the PSB with major opportunities for:
   a) climate resilience, including managing land to reduce negative impacts of climate change on communities
   b) engaging communities in accessing land for well-being outcomes including cultural, physical and mental well-being for all age groups including the very young
   c) maintaining and enhancing biodiversity and other ecosystem services (including water and soils)
   d) engaging communities in managing land to enhance skills and individual well-being
   d)  clearer links between environmental and social, economic, and cultural well –being drawing in examples from the workshops

6.5 In addition to the major issue of business engagement in the assessment and plan, specific issues to highlight for **economic well-being** are the need to recognise and reflect :
   a) the value of the informal economy in Cwm Taf to multiple outcomes of well-being
   b) the impact of welfare reform and potential impact of Brexit on different communities and communities of interest across Cwm Taf
   c) the variety of economic conditions in communities across Cwm Taf including those that are particularly geographically isolated
   d) the wealth of practical suggestions of how the public sector can impact on economic well-being through adapting its approach to its 'business' and service delivery.

---

[2] ONS describes Social Capital as the activity of networks of groups (geographical, virtual professional, social) which support social well-being of – further information can be found on:
http://webarchive.nationalarchives.gov.uk/20160105160709/http://www.ons.gov.uk/ons/guide-method/user-guidance/social-capital-guide/the-social-capital-project/guide-to-social-capital.html

e) clearer links between economic and social, cultural, and environmental well –being drawing in examples from the workshops

f)

6.6 For **social well-being** there are some major areas which will need to be considered as the assessment, response and plan develop including housing, community assets, education and community safety. The current health focus needs to be re-balanced to reflect these major policy areas as well as the following specific issues:

a) recognition of how digitization has eroded social capital in communities as well as the opportunities to use it to connect communities, communities of interest and individuals.
b) using the frame of social capital to understand the range of social assets available in individual communities and across Cwm Taf
c) the effect of social isolation on particular communities
d) clearer links between social and cultural, economic, and environmental well –being drawing in examples from the workshops

6.7 Some final specific issues for **Cwm Taf PSB** to consider are that:

a) the Cwm Taf consultation must be recognised as an attempt to develop a conversation *across* traditional policy silos to develop the well-being assessment.
b) care must be taken to ensure that in developing the response and plan that the interconnections between environmental, social and economic well-being are not lost and are explored and reflected in the content of the plan.
c) the well-being plan needs to recognise the issues raised in this consultation and the *diversity* of well-being issues across a complex social economic and physical landscape. Care should be taken to develop solutions that are not homogenous and 'one size fits all'
d) it is recommended that as the Plan process reaches its final stages in late 2017/early 2018 that the PSB use this document to reflect on the Plan content and question if all major opportunities and challenge for collective action raised by this report have been explored and addressed.

**Dr. Alan Netherwood Sustainable Futures**
**Jeff Brown, PwC**

**12th December 2016**

APPENDIX A

NSF and PWC have a wide range of experience relevant to this area of work including:

- work with Welsh Local Government Association on their Early Adopters Programme for the Future Generations Act during 2014/2015, with 11 local authorities and 3 Welsh National Parks (including Merthyr Tydfil CBC)
- NSFs continuing work with local authorities across Wales on corporate responsibilities under the Act, and partnership work via Public Service Boards. (Powys (well-being assessment), Caerphilly, Torfaen, Ceredigion, Monmouthshire.)
- NSFs ongoing work with Natural Resources Wales to develop their capacity to respond to the FGA across Wales, and as a corporate body, including well-being assessments, and engagement with 20 PSBs across Wales
- NSFs work with Welsh Government and NHS Cymru to support Local Health Boards and Heath Trusts on the FGA through workshops in March and May 2016
- NSFs work with Dyfed Powys Police on their response to the FGA
- PwC's experience around the FGA also extends to the work undertake during the Acts initial legislative stages, when PwC undertook an assessment of the FGA's impact on stakeholders. This work formed a key part of part of Welsh government's final statutory regulatory Assessment of the then Bill.
- PwC have also undertaken some recent innovative work with the Life Sciences Hub in Wales to which assessed the way in which this important sector contributes towards the FGA's national Well-being goals.
- Both NSF and PwC are also currently engaged in creating a joint thought leadership piece considering the role that the private sector will play in delivering the aspirations of the FGA.

## CWM TAF POPULATION NEEDS ASSESSMENT
## March 2017

## 1.    WHAT IS A POPULATION NEEDS ASSESSMENT

This report forms part of the first Cwm Taf Population Needs Assessment. The information in this document has been collected and explored with the help of the people who know our communities best - those who work in and use care and support services in Merthyr Tydfil and Rhondda Cynon Taf (which is often called the Cwm Taf region).

In 2014, the Welsh Government published the [Social Services and Wellbeing (Wales) Act 2014](referred to in this document as 'the SSWB Act'). The Act brings together, for the first time, all parts of care and support services and the ways in which they are delivered. The Act puts a 'duty' on Rhondda Cynon Taf Council, Merthyr Tydfil Council, Cwm Taf University Health Board and their partners (including the voluntary sector) to think about the overall 'well-being' of people who use care and support services and the carers who help them. The Act sets out the particular ways in which these organisations must go about delivering change.

As part of the Act, Merthyr Tydfil and RCT Local Authorities and Cwm Taf Health Board must jointly carry out an assessment of the care and support needs of our population and the needs of carers. The range and level of services required to meet those needs as well as the range and level of preventative services must also be assessed, including any actions necessary to provide services through the medium of Welsh.

Senior officers from the local public service organisations responsible for the Act come together in a group called the Cwm Taf Social Services and Wellbeing Partnership Board. It is the responsibility of this Board to make sure that this Population Needs Assessment is done and to follow up its findings with action to make any changes needed.

The purpose of this Assessment is to help public services and their partners understand more about care and support needs and services in Cwm Taf, what we have already, what we do well and what we need to improve. It will help us to make better decisions as well as plan and deliver services more effectively together in the future. We will need to develop a plan (called a Local Area Plan), which sets out the areas of work  we intend to carry out in the future and services we need to develop to help us meet the care and support needs of the people in Cwm Taf. The Area Plan will need to  consider how we might need to reorganise our systems and  processes, what types of services we need and where they need to be, who should provide them, how to create/change services and how to spend money. The Local Area Plan will be published by April 2018.

In order to know what the priorities are when it comes to improving people's wellbeing in Cwm Taf and meeting their care and support needs (by designing and delivering services in the best way), we must first know:

- What level of care and support is needed;
- How services need to change to make sure that they are providing that level of care and support; and
- Where the gaps are and how to fill them.

We also need to know what the people of Cwm Taf think 'good' wellbeing is and what good services look like to them.
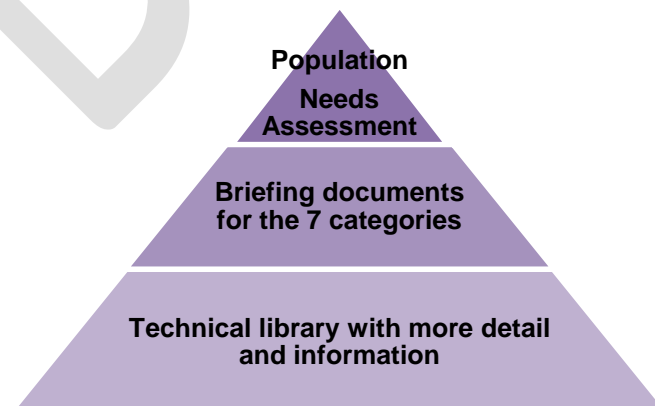
This document contains an overview of the 'headline' information relating to specific care and support categories. The categories of the Population Needs Assessment are: carers, children and young people, learning disability, mental health, older people, physical disability, sensory impairment and violence against women, domestic abuse and sexual violence.

The headline information is based on what we have found out through the Understanding Our Communities project, in which we spoke to people who live and work in Cwm Taf, people who use public services, people who work in public services, community groups and anyone else who wanted to have their say. This information was analysed for common things that people thought were important or wanted to talk about. We have also used data, statistics and research information to help us build a picture of care and support needs for people in Cwm Taf.

In addition to the findings for the separate categories, this Assessment also identifies 'overarching themes.' These overarching themes are the things which are common to more than one category and will have an impact on how public services should meet the care and support needs of people in Cwm Taf in the future.

We can use what we have learned in this Assessment to think about the ways in which we provide care and support services and, more importantly, how we can work better together to make sure that our services are doing the best for individuals and our communities.

## 2.    HOW TO USE THIS DOCUMENT

**Population Needs Assessment**

**Briefing documents for the 7 categories**

**Technical library with more detail and information**

This report contains the headline information of the Cwm Taf Population Needs Assessment.

The triangle shows the different parts of our work which taken together make up Cwm Taf's Assessment Report. Each level of this Assessment is supported by a more detailed level of data and information. This is held in a technical library (LINK INFORMATION MANAGEMENT SYSTEM) which you might like to browse though. You can also click on the links in this document (the words underlined and in blue), which will take you to other related documents or websites.  The Assessment Report has been put together like this so that each reader can explore the information we have collected and analysed in as much or as little detail as they would like and can follow up any particular areas of interest .

This document gives people an overview and flavour of what we have found and signposts to other more detailed components of our assessment. It contains the headline information, but a fuller understanding can be built using the different parts.

 If you are interested in learning more about the headline information in this document, you can follow the links  to the individual [LINK BRIEFING DOCUMENTS]. The briefing documents look at the information the headlines are based on more closely, including statistics and views from people who have taken part in the conversation.

## 3.      WHAT IS DIFFERENT ABOUT THE SSWB ACT?

The SSWB Act sets out how public services and their partners need to change their approach to caring for and supporting people. The Act is based on four principles. If public service organisations take these into account when working, we will be able to carry out their duty:

- The Act supports people who have care and support needs to achieve **well-being**

- **People** are at the heart of the new system by giving them an equal say in the support they receive

- **Partnership** and co-operation drives service delivery

- Services will promote the **prevention** of escalating need and the right help is available at the right time

Many changes are already being made in Cwm Taf to respond to the SSWB Act. Both the requirements of the Act and the results of this Assessment mostly reinforce a lot of what our public services have already been thinking about and work we have started to do together. This includes identifying where some of the gaps are, or what we may need to do next, using the resources we have better.

The Act is 'transformational.' This means that it will change the way in which care and support services are designed and delivered in the future. The difference will mean that services will concentrate on making the lives of the people that use them better, by

giving those people more control over how they use services and making sure that services are organised to support the things that already work well for people. Public services will also work more closely together, in better ways to make sure the resources they have go further and to make sure people are able to get care and support when they need it, where they need it and how they need it. The Act also says that public services must try and prevent problems from occurring and deal with care and support needs earlier.

The four sections below describe important aspects of the SSWB Act that we have taken account of as we have developed our Assessment and as we have drawn together our findings and analysis:

## i)      Wellbeing

People have tried to define well-being in different ways but it is complicated. Words such as 'happiness', 'life satisfaction', 'positive relationships' and 'realising potential' have all been used to describe some of the things that make up well-being.  Wellbeing means being happy, healthy and comfortable with your life. Wellbeing also means different things to different people at different times in their lives.

For the purposes of the SSWB Act, the Welsh Government has spoken to people who use and work in care and support services about wellbeing and have written a Wellbeing Statement, which describes some of the things which affect our wellbeing:

- Making sure you have your rights
- Being physically, mentally and emotionally happy
- You are protected from abuse, harm and neglect
- Having education, training, sports and play
- Positive relationships with family and friends
- Being part of the community
- Having a social life and enough money to live a healthy life
- Having a good home

The Welsh Government has provided some ways to measure these aspects of wellbeing. These are called wellbeing indicators and the idea is that if people agree with the statements about the way they live and feel, their wellbeing can be considered to be 'good.' Wellbeing is a difficult thing to actually measure and so it is really important that we look at the things which make up wellbeing (who we are, how we feel, where we live,

where we go and what we do or want to be able to do or achieve) for every individual person we work with in helping to understand their need for services

## ii)      People

Cwm Taf is made up of two Local Authority areas: Merthyr Tydfil and Rhondda Cynon Taf. There are around 296,000 people living in Cwm Taf. 20% of the population lives in Merthyr Tydfil and 80% lives in Rhondda Cynon Taf. Merthyr Tydfil has the smallest population while RCT has the second largest population amongst all Local Authority populations in Wales.  Whilst more people live here than live in other places of the same size in Wales, our population is not expected to rise as much as other areas in the next twenty years.

*Table 1: Population Projection (2036)*

|  | Estimated population in 2036 | Percentage increase from 2011 to 2036 |
|---|---|---|
| Merthyr Tydfil | 62,400 | 6.1 |
| Rhondda Cynon Taf | 235,000 | 0.5 |
| Cwm Taf total | 297,900 | 1.6 |

By 2036 our population is predicted to rise to 297,000. By 2036 our total population aged 64 years and under will decrease but the numbers aged 65 years and over will grow significantly, with the biggest increase being in those aged 85 years and over. This will have significant implications for individuals, the communities they live in and the ways in which services are provided to meet their needs.

The SSWB Act is about changing the focus of care and support services. In the past, services may have been designed and delivered based on things like when, how and where it was easiest for organisations to arrange them, rather than what the people using them wanted. The way that public services are required to work by the Act means that services instead focus on putting people at the heart of the new system and what we do.

By involving people and communities in their own care and support services, public services can make sure that the right services are provided at the right time in the right place, from the very beginning. This will mean a better chance of services being able to help the people using them achieve the outcomes and results they want. Being involved in their own care and support must include people having a say in the decisions that affect their lives or being in charge of their own care and support arrangements.

The Act is about the people who already use services, but also about the people who may need to use services in the future. Lots of work has been started locally to ensure that anyone who wants to have their say about these services, can. The people we

have talked to already represent many of the voices in our communities. Making sure that this continues is really important. We have talked to people of different genders, ages and nationalities, for example. As we continue with this work, we will need to make sure that we give *everyone* who wants it the opportunity to get involved in this conversation through a variety of different ways*.*

People who use care and support services are also part of our whole Cwm Taf population. We know that we need to involve the people using our services in how we deliver them, but lots of other people have a part to play, too. The people who use our care and support services are part of a community. A community can mean the place they live. Community can also mean family, social group or people with similar care and support needs.

We need to take what we have learned through this Assessment and apply it to different individuals and communities when planning and delivering future work. We will be able to use this Assessment to approach working in particular places with a good understanding of what is important to people with care and support needs and how we might improve services there. There is already work in Cwm Taf  exploring the ways in which we could do this.

## iii)   Partnerships

The Act requires Rhondda Cynon Taf Council, Merthyr Tydfil Council, Cwm Taf University Health Board and their partners (including the voluntary sector) to work together in a more 'joined up' way than they have in the past. By making sure that public service organisations in Cwm Taf work together, in the same ways, we can make better use of our resources, both in terms of the staff we employ and the money we use to buy services from other organisations. This is particularly important at times when we don't have as much money to spend as we may have in the past.

This is not a completely *new* way of working, but it is a way of working that public services might not always do automatically and it can be done even more effectively by also working more closely with our service users and residents. Public services use terms like 'culture change' (meaning changing the way we do things), 'strength based working' (meaning using what we already have and know is good), 'coproduction' (meaning working and deciding things together including service users, carers and the public), and 'integration' (meaning joining services together ) when talking about this way of working. Although the things we are talking about are complex and can't be achieved overnight, they can be thought of more simply as *working better together to use what we have to make sure our services make a greater difference to the people who use them.*

## iv)   Prevention

Prevention means stopping problems before they start, or stopping problems from getting worse. The Act says that public services should arrange the right services in the

right way to make prevention possible and effective. This will make a difference to how money is spent and how resources are targeted at particular people, places or problems. Public services need to make decisions together about services.

In the past, our services have reacted to problems once they have already started, or if they step in to help people in crisis. If we are able act earlier and move quickly before things get worse, we can help people to lead better lives without problems, or without their problems hugely affecting their wellbeing.

Public services need to look at ways of supporting preventative services which they perhaps haven't made the most of in the past, like using social enterprises (a business or community activity that puts the money it makes back into the community).

Once people begin using care and support services, it is important that they are supported not to become dependent on them. This is often called 'reablement' and it is about supporting people to take some control of their own care and support needs and allow services to take a step back. Good reablement services include not just services provided by the statutory sector but also a wide range of services provided in and by the community through voluntary and community groups.

## 4.    CARE AND SUPPORT CATEGORIES

The SSWB Act Social Services and Wellbeing (Wales) Act 2014 asks us to look at the care and support needs of the following groups of people in particular:

- Carers;
- Children and young people;
- People with learning disabilities;
- People with mental health needs;
- Older people;
- People with physical disabilities;
- People with sensory impairments; and
- People who have experienced violence against women, domestic abuse and sexual violence.

The services provided are usually organised around each category separately. The people in each category usually have a particular set of reasons why they need care and support. Because of this, it is sometimes assumed that the things which are important to people in each category are the same (and that their needs are different to the people in the other categories).

This is not always the case and generally, people's needs overlap; for example, an older person might have a physical disability, or a young person might also be a carer. This Assessment shows that dividing people up into these categories does not always help us to understand the needs of people and their families and what care and support they may need.

In Cwm Taf, we have categorised people like this in the past, when planning and delivering services. We have followed the guidelines in the SSWB Act when completing this Assessment and this means that we did look at the care and support needs of the people in these categories and have used these in this report and our briefing documents.

A summary of each of the briefing documents follows. However, we found from talking to people in Cwm Taf and from our analysis of data that much of the important information about how we could or should work in the future is the same across categories. There were few things which people feel are important which related only to the specific needs they have. People reminded us to look at the whole person and not just one particular problem they might be facing. The things that are important to carers, for example, are broadly the same things that are important to older people, or people with a learning disability. Later on in this document we have therefore highlighted these common issues which we have called overarching themes.

## 5. WHERE ARE WE NOW?

We are now going to look at the main headlines that have come out of this Population Needs Assessment, in relation to each category.

### i) Carers

*You can read more about the care and support needs of carers in Cwm Taf in the [LINK CARERS BRIEFING DOCUMENT], including the statistical data we have analysed, what Carers have told us and some examples of the work that public services are currently doing in this area.*

A carer is anyone, of any age, who helps someone else with their day to day life, for example, because they may be ill, frail, or have a disability but who is unpaid (except for carers related allowances). This includes children who care for a parent, parents who care for a disabled child and adults who care for other adults. This is often referred to as "informal caring" (to distinguish it from care provided by public services or private providers). Informal carers are really important in meeting the care and support needs of those they care for and they must be helped with their caring role so that their own health and wellbeing does not suffer and their own needs are not overlooked.

Nearly 13% of the population, nearly 40,000 people, are carers in Cwm Taf, but there are probably many more who don't call themselves a carer, as they just think of themselves as a parent, husband, wife, partner, child, friend or neighbour.

Because there are higher levels of poor physical health, disabilities and people who suffer with mental health problems in Cwm Taf than elsewhere in Wales, there is a greater need for help from informal carers, like family and friends. Our population is growing older and living longer and this also has an impact on the number of people who will need care and support of some kind.

Whilst it is good that more people are living longer in Cwm Taf, we need to make sure that the people getting older continue to have good wellbeing and are getting the right care and support. This is especially important for people who have caring responsibilities. There are more and more older people caring for even older people, or for more than one person (maybe caring for a partner and a parent). The majority of carers in Cwm Taf are over fifty and we know that the number of carers over the age of sixty-five is increasing more quickly than carers in other age groups.

We need to make sure that we think about each individual carer and what *they* need. The issues associated with caring will vary considerably depending on the individual circumstances of the carer and the needs of the person they are looking after. Our engagement and data analysis showed us that whilst carers have many common concerns, for example, wanting to be listened to or how to find information or support, the nature of their particular circumstances and those of the person they caring for means that "one size does not fit all." How we respond to the needs of a young carer who is supporting a parent and siblings at the same time as trying to keep up with their education or just have time to go out and have some fun will be very different from the support needed by an older person caring for their spouse or partner who is also elderly or suffering with dementia  or the needs of a parent carer of a child with disabilities.

If we are to meet their needs, we first have to identify carers of all ages, raising awareness amongst the public and with our staff about who carers are and what they do. For example, young carers told us that even though they carried a great responsibility, they also felt very proud of what they were doing and their closeness to their family members. However they wanted more people in their schools and in their communities to understand what it was like for them on a day to day basis.

In Cwm Taf, public services have developed a new Carers' Strategy. The strategy was put together by the key services which support carers, based on what carers had to say. In particular, carers wanted to be recognised and valued for their caring role. They wanted to be listened to and have more choice and control over their lives. For this to happen they need the right information, advice and assistance, together with a range of services to help them carry out their caring role. This includes support to maintain their own health but is also about being able to take up education, training and employment opportunities as well as being able to enjoy activities outside caring. Young Carers can face particular challenges coping with school life and maintaining relationships with their friends in their life outside caring. This can sometimes affect their aspirations and life chances.

Carers are a really important part of making sure that families and communities are able to support themselves, get the care they need to improve their wellbeing and take ownership of their own lives. However, Carers must be supported just as much by preventative services and care and support services as the people they care for. We know that 32% of carers in Cwm Taf are providing a considerable amount of time (more than fifty hours a week) caring for somebody and often this can cause issues with their

own health and wellbeing. 35% of Carers in Cwm Taf reported in the 2011 census that their health was fair, bad or very bad. Caring for someone else should not take up so much of a carer's time and energy that they are not able to have a 'balanced' life, where their own wellbeing is affected negatively by their caring responsibilities and they cannot continue to connect with a life alongside their caring responsibilities. Having a break, or respite care, both planned and in an emergency situation, was a big issue for the carers we spoke to.

The strongest message to come out of the Assessment for carers however was that "what good looks like for carers is when we get it right for the person they are caring for" This really needs carers and service providers in Cwm Taf working together, taking advantage of the knowledge and experience the carer has, sharing information and expertise to join up services better, not just in health and social care but also in other areas like housing, leisure and transport.

## ii)      Children and young people

*You can read more about the care and support needs of children and young people in Cwm Taf in the [LINK CHILDREN AND YOUNG PEOPLE BRIEFING DOCUMENT], including some examples of the work that public services are currently doing in this area.*

There is evidence that the first one thousand days of life (this includes before the child is born, up until they are two years old) have a significant  effect on the rest of the child's life. As Cymru Well Wales has explained it "these years have a long lasting impact on individuals and families. They shape the destiny for children as they grow up: their educational achievements, their ability to secure an income, their influences on their own children, and their health in older age."  Public services need to recognise the specific things that help with giving those with care and support needs the best possible start in life and the best ways to help them to get it.

Public services should decide which facts and figures should be gathered and shared about  children in their first two years of life*).* By improving how we do this, we will be better able to ensure that we  work together to get the right assistance and support to families at a time when it matters most and can have greatest impact.

To help to prevent care and support needs for children developing in the early stages of life, we can focus on providing support and assistance with meeting the challenges of parenting. Activities held across Cwm Taf to try and do this are not always well attended. The people who work in our services think that this might be because attending these classes makes parents feel that they are not good parents and that if classes were made available to everyone, there would be less negativity associated with joining in. Public services also need to do some work around understanding exactly what works in terms of parent support. Other support that is – or is considered being –

made available to everyone, not just families who are most vulnerable include support with self esteem, positive relationships and life skills.

In Cwm Taf, we have a Children and Young People's Statement of Strategic Intent. This document sets out the ways in which all services that care for and support children should be working, to make sure that children and their families get what they need, in the ways they need it. This includes their education and health. The work carried out under this Statement of Strategic Intent means that there is a good opportunity to provide both early help and intensive support in ways that are consistent with a joined up approach to our interventions and the way we work with families.

There are certain 'groups' of children who are more likely to need care and support services in their lives. These include children from families where there are other care and support needs, children who have been separated from their families and children with disabilities. It is important to remember that all of the needs that adults may have, children may have too, including being a carer, having poor mental health or experiencing violence or abuse.

Some children might have things happen to them early in life which could be damaging to their wellbeing in the future.[1] We need to make sure that children understand how important is to deal with the things that might lead to poor wellbeing as soon as possible and help them to do that.

As with all the other people we are talking about though, this is about more than just the children who 'officially' use our services. By making sure that children are supported to take control of their own lives and wellbeing, we can help them to live their best possible lives. If we are talking about stopping problems before they start, or stopping problems getting worse, working with children and their parents to deal with these problems is the most obvious place to start. This means that we must provide clear and easily accessible information about how young people and their families can find out more about what early help is available in their area. Young people have told us that they do not know how to go about getting information like this - so we know that there is a requirement to work on this.

Children have really important and helpful things to say about their needs, how they are involved in designing and delivering services and being a part of their own communities. We need to make sure that we listen to what children have to say and really consider it in our work. We need to think about the language and information we use to communicate with children and young people (how it is presented, how it is shared). Services which work with children in all parts of their lives, including their homes, families, schools and communities, need to come together to support them in a joined up way.

---

[1] These are known as Adverse Childhood Experiences, or 'ACEs' for short.

### iii)    Learning disability

*You can read more about the care and support needs of people with learning disabilities in Cwm Taf in the [LINK LEARNING DISABILITY BRIEFING DOCUMENT], including some examples of the work that public services are currently doing in this area.*

People who have a learning disability usually find it hard to understand things or learn new skills. They can't always live their lives without the help and support of others. There are many different types of learning disabilities and this is another example of how the care and support we provide needs to be thought about for each individual person. We need to make sure that we fully understand the different learning disabilities that could affect people in Cwm Taf.

We have some great services to help people with learning disabilities. These services have worked together to write a Learning Disability Statement of Intent. At the moment, we are consulting on this document with the people and their families who use these services to make sure that it is right.

There are not any health services which focus on providing care and support for people with learning disabilities. Health services are mostly provided by volunteer organisations. Health services have a really important part to play in making sure that the right organisations are being used and that what these organisations are doing fits in with what the rest of our public services are doing, so that people with learning disabilities get the care and support they need.

Over time, some people who use learning disability care and support services have come to expect these services to be delivered in a particular way. People with learning disabilities could be more independent of public services and more in control of their own lives. There is some work to be done to understand how this will affect the changes to some of the ways we work and how we continue to make sure that our services are right.

There are some people who will always have care and support needs, because of certain conditions that they have (like autistic spectrum disorders). This is unavoidable and the people who have learning disability care and support needs are more likely to need to use our 'specialist' services to be able to live their lives in the way they want.

Even though a joined up approach across many of our services is needed, there will always be those people who need a particular kind of care or support and it is important that we recognise this and provide where need to.

The people who know best what they need from services are the people who use them, care for people who use them and work in them. It is really important that they have their say. Many people who have a learning disability want the same things as people who don't; to have independence, to be in control of their own lives and needs and to be a part of their community.

**iv)     Mental health**

*You can read more about the care and support needs of people with mental health needs in Cwm Taf in the [LINK MENTAL HEALTH BRIEFING DOCUMENT], including some examples of the work that public services are currently doing in this area.*

In Cwm Taf, we think about the mental health services we provide by looking at the Together for Mental Health Strategy. This is a Welsh Government strategy which is about promoting good mental health for everyone, as well as providing the right services for people with mental illness. It covers all ages; children and young people, adults and older people. This strategy tells us how we can make sure that people who need to use our mental health services get the right support at the right time. The aim for people using mental health services should be to help them to deal with their problems and go on with a healthy life.

Having good mental health is important for everyone as it is essential to physical health, relationships, education, training, work and achieving potential. We know that mental health problems are common and affect one in four people at some time in their lives.

'Mental health problems,' like stress and anxiety, affect how we think, feel and behave, and can cause difficulties in our everyday lives. These can be helped by different kinds of support. 'Mental illness' is a term used to describe more severe or long lasting conditions, like depression, schizophrenia and bipolar disorder.

No public service would be able to deal with mental health alone, because there are so many things which have an effect on it. The only way that mental health services can make a real difference to people's lives is if those services work together and think about what they can do *together* to care for and support the people who need them.

Mental health needs can come from lots of things; things that have happened to us, where we live, what we do and how we live our lives. When we talk about 'mental *wellbeing*,' we are talking about something slightly different to mental health. Our mental wellbeing can mean things like how happy we are, our confidence or how in control of our lives we feel. These are the things that affect everyone, every day.

People with poor mental wellbeing are more likely to have mental health issues. With this in mind, public services need to make sure that they are doing everything they can to improve the mental wellbeing of people and communities, not just focus on the people who already need help.

A good start in life is really important to mental health. Some children might have things happen to them early in life which could mean lasting health harms or be damaging to their mental health in the future (ACEs). We need to make sure that children who have experiences like this are supported to deal with them as early as possible and go on to lead healthy lives. We can also help young people to avoid poor mental health by caring

for and supporting their parents and families to deal with any needs they may have which could have a negative effect.

The data public services collect about children with mental health needs does not always provide us with a clear picture of the level of care and support needs of this kind. This means that for conditions which should be addressed as soon as possible in children and young people, like Attention Deficit Hyperactivity Disorder (ADHD) and Autistic Spectrum Disorder (ASD), there is not always enough data to fully understand the need in Cwm Taf. In Cwm Taf, there has been a rise in referrals to the Child and Adolescent Mental Health Service (CAMHS), which has led to longer waiting times for assessment and treatment. Again, the data does not provide us with a clear picture of the level of need in Cwm Taf. Public services need to be sure that the data collected gives us the information we need to make decisions about our services.

Cwm Taf has a very high level of mental health needs. Poor mental health in adults can be caused by lots of things in life, including money worries, not living a healthy life or certain life events and experiences. There are certain groups of people who are more likely to have mental health needs, like people who have served in the military, people who have alcohol or drug problems, or people who experience negative things like violence and abuse. Public services need to make sure that they understand all of the people who are likely to need this type of care and support and the best ways to give it. People often say that the right service wasn't there for them, so the best way to do this is to involve people in their own care and support; each individual person is the only person who knows exactly what they need!

One of the most common reasons for mental health needs, especially ongoing needs, is housing. People who have mental health needs are more likely to live in rented accommodation living in a poor environment and having poor mental health often go hand in hand. Mental health needs can mean that someone is not able to pay their rent, or not living in a suitable place where they have the right support network. Finding the right ways to deal with the relationship between these two things is something that needs to be looked at by many services, working together and learning from each other. Housing Associations need to be involved in exploring how we do this right.

As more people in Cwm Taf live longer, there is more time for them to start to have poor mental health, or to experience the things that can lead to poor mental health. We need to make sure that we are giving everyone the best possible chance to live a healthy life. We can do this by making sure older people are supported to continue to have good mental wellbeing through things like having their independence, being a part of their community and leading a healthy life.

People with mental illness might not even think about using public services to help them until their condition is causing them problems, or they are in crisis. As a first step, it is important to support mental wellbeing. This can help public services to prevent people needing more complex (and more expensive) care and support.

Building confidence and helping individuals and communities to be more resilient will improve wellbeing. We know that there is a strong community spirit in lots of areas of Cwm Taf and we need to build on this by helping to bring people together, make people more aware of the good things that are happening through many voluntary sector groups and activities and help people to get involved in the things that improve wellbeing, such as the outdoor environment.

The language public services use to describe mental health care and support needs differ across different organisations. This can sometimes get in the way of joined up working between services, which use different criteria to work out the level of care and support need of the people using services. These definitions need to be the same if all services are to effectively work together to provide care and support.

People with mental healthcare and support needs might be using a combination of health services, social care service and community services. This can have a negative impact on the people using services, if they have to repeat themselves or try to manage all the different elements of care and support themselves. The mental wellbeing of some people, for example those with dementia, might become worse through the unfamiliarity of receiving different support from different places. Where services do not work together to provide one package of care and support, this leads to frustration for those using service and increased costs.

## v) Older people

*You can read more about the care and support needs of older people in Cwm Taf in the [LINK OLDER PEOPLE BRIEFING DOCUMENT], including some examples of the work that public services are currently doing in this area.*

More people are living longer in Cwm Taf. This is good, but we need to make sure that the people getting older continue to enjoy their lives and do not have so many care and support needs.

In Cwm Taf, we have an Older People's Statement of Intent which sets out how public services plan to design and deliver services for older people. The Statement of Intent tells us some key things which affect the health and wellbeing (the care and support needs) of older people. Older people contributed to this work and they are clear that they want public service organisations to arrange services to support their independence and help them stay in control of their own lives.

Lots of older people prefer to be able to do this with the support of family, friends and their community and to stay in their own home. Without these networks, older people often start to struggle, particularly as they get older (eighty years old and beyond). It is important that public services get the support they give right not just for the person with the needs, but also for the people who help them.

It goes without saying, but older people want to be treated with the same dignity and respect that they have been treated with all their lives, regardless of how they might get around, join in or communicate later on. Older people should be able to have as much of a say in their own lives and the services they use as anyone else.

Public services consider anyone over the age of fifty as an 'older' person. Many people at the age of fifty would argue that they are relatively young and would not personally define themselves as older, but it is at this age that people should consider planning for their old age pension, lifestyle, networks, etc.). Public services and their partners are good at promoting healthy lifestyles, but we also need to make sure that people can get involved in and understand what is available in their communities (now and later when they might need it).

Older people, particularly those who are frail, often suffer with a combination of problems that have an impact on the way they connect with others. This could be because they have problems walking steadily, remembering things, or hearing and seeing well. All these things affect people's confidence and ability to get out and about and live their lives.

Public services understand that feeling lonely or unconnected to friends can have a very negative effect on wellbeing and so we need to look at different ways of making sure that older people stay in touch with the things that matter to them and that there are opportunities for older people to stay active and connected.

Older people are more likely to suffer with illnesses or injuries that can stop them from being able to do as much for themselves. In the past, services have been put in place to do those things for them, but what we now know is that, with the right help, older people are able to regain the ability to do things for themselves and that this helps people feel better and more in control. In the future, public services and their partners will make sure that people have the opportunity to recover as much independence as they can, following a setback.

For some older people, their illness or frailty needs 'specialist' support. Public services in Cwm Taf agree that this support is best provided in the person's own home, as that is the place most people want to be. We will work with the person and their family to make sure the care and support is tailored to their situation and supports (not replaces) the help that they already get from others.

Sometimes though, if someone becomes very ill, or their care and support needs become very complicated, they may need to move to a nursing home, Public services need to make sure there are enough places available for people locally and that they are able to manage the care and support needs of this very vulnerable group of people. We also need to make sure that the family and connections people have are supported to continue wherever they live.

## vi)    Physical disability and sensory impairment

*You can read more about the care and support needs of people with physical disabilities and sensory impairments in Cwm Taf in the [LINK PHYSICAL DISABILITY AND SENSORY IMPAIRMENT BRIEFING DOCUMENT], including some examples of the work that public services are currently doing in this area.*

People who have physical disabilities may find it difficult to get around or carry out everyday tasks. 'Sensory impairment' means a problem with sight or hearing. People who have a physical disability do not necessarily have a sensory impairment, but some of the challenges they face can be similar.

For lots of people, the world around us can be a barrier to leading a full life. This is especially true for people with physical disabilities or sensory impairments. As public organisations, we need to make sure that people are able to get to the services they need in a way that suits them.

The care and support needs of children with physical disabilities or sensory impairments are very different to those of adults and can be difficult to get right. The only way we can make sure is to involve children and their families in what we are planning to try and whether or not services works.

As our population in Cwm Taf gets older, there is more time for people to develop the sorts of needs that require care and support services. By making sure that people and communities can easily get involved and help support themselves and each other, we need different ways in which people with physical disabilities or sensory impairments can get the care and support they need. People need to know what their options are and how to get involved.

There are some people who will always have care and support needs, because of certain conditions that they have (like Motor Neurone Disease). This is unavoidable and the people who have physical disability or sensory impairment care and support needs are more likely to require 'specialist' services to be able to live their lives in the way they want.

Even though a joined up approach across many of our services is needed, there will always be those people who need a particular kind of care or support and it is important that we recognise this and provide where we need to.

It is really important that people who use services, those who care for people using services and those who work in these services have their say. They are the people that know best what is needed to provide care and support services.

Many people who have a physical disability or sensory impairment want the same things as people who don't; to have independence, to be in control of their own lives and needs and to be a part of their community.

**vii)    Violence against women, domestic abuse and sexual violence**

*You can read more about the care and support needs of people who have experienced violence against women, domestic abuse and sexual violence in Cwm Taf in the [LINK VIOLENCE AGAINST WOMEN, DOMESTIC ABUSE AND SEXUAL VIOLENCE BRIEFING DOCUMENT], including some examples of the work that public services are currently doing in this area.*

Historically, services which support people who have been victims of violence and abuse have been provided by the voluntary sector (i.e. charities) rather than the statutory sector (public services). However, this may change, as a new law has been passed which says that public services have to provide this type of care and support. Most of this work is paid for using funding from Welsh Government, the Police and Crime Commissioner and other grant funding organisations. This means that these services are not always as 'joined up' with other care and support services. This is odd, because evidence tells us that people who have been victims of these things are more likely to need other types of support. People who have experienced these things are more likely to misuse drugs or alcohol, or need mental health support.

In Cwm Taf, public services are writing a local strategy to guide the services we provide in this area and how we provide them. The local strategy is based on a national strategy and has three key themes; stopping these things from happening in the first place, stopping these things from happening again or getting worse and supporting people who have been affected by these things.

People who have had these things happen in their lives do not always feel confident in coming to services for help. We need to think about how *anyone* who needs help feels that they can ask for it, not just the people that we know about through things like Police reports.

Violence and abuse is talked about a lot in services which focus on safety in our communities, but these terrible experiences can affect wellbeing in all parts of life and we need to make sure that the issues are being talked about in all the right places and that services are coming together in the right ways to help the best that they can.

Experiences of violence and abuse are complicated and not often talked about later on after the event. We need to look at how we ask the people we have helped what we did well and what we need to do differently. They are the only people who really know how our services should be providing care and support and we need to make it easy and comfortable for them to share their thoughts with us and be listened to.

We do not always think of these things happening to men, but they do and our services are not set up to offer care and support to men in the same way as women. We need to recognise that our communities are made up of different people and different relationships and think about how we can support everyone who has experienced violence or abuse.

Just as people who have suffered these things are more likely to have other care and support needs in the future, we can also think about the things that make it more likely for these things to happen in the first place. Children who see or experience violence and abuse are more likely to grow up to be violent or abusive themselves. We need to explore our understanding of *why* these things happen and use this to help us to avoid it, by helping victims, especially young victims, deal with it. To do this well, lots of services will need to come together to play their part in giving care and support.

## 6. SERVICES PROVIDED IN WELSH

The Social Services and Wellbeing (Wales) Act says that public service organisations must take into account the care and support services they provide to people who speak Welsh. In 2016, the Welsh Language Commissioner (an independent role set up to advise, encourage and promote the use of the Welsh language) published a set of Welsh Language Standards; a set of laws which public services must follow to make sure that people who prefer to use the Welsh language and people who prefer to use the English language are treated the same.

Just over 11% of people in Cwm Taf speak Welsh. Being able to speak Welsh has lots of benefits, including job possibilities, belonging to a community and making new connections with people who speak the same language. There are also proven links between the Welsh language and better care and support services, such as people suffering with dementia returning to using Welsh, as the language they used in childhood. It is because of these reasons that we need to get more people in Cwm Taf speaking Welsh in the future.

This will mean that public services need to be able to deliver services in Welsh. At the moment, public services work separately on the number of Welsh speakers who work in different services. If we are looking to join up lots of other parts of our services, it makes sense that we should explore together how we make sure that people who wish to speak to us or use our services in Welsh are able to do so.

At the moment, the information we have on things like the number of people speaking Welsh or the number of people learning Welsh in our services is not very good. The information we do have tells us that there are not enough Welsh speakers in our services to communicate with those with care and support needs in Welsh.

## 7. THE OVERARCHING THEMES

This section of the Assessment explores in more detail the common themes which have come out of our conversations with the people who use and work in our services. These overarching themes have come up repeatedly as important to people across Cwm Taf. These fit with the things the SSWB Act requires public services and their partners to consider in designing and delivering services, which is reassuring. Partners in Cwm Taf have already started to look at many of the themes identified here but the findings from our Assessment work will help us to focus on what needs to change most.

Traditionally, services are provided to people based on whichever of the above categories they fall into when they first become known to public services, but these overarching themes show that services do not always need to be split in this way. If we can solve *the* more common problems, it will help people in all categories and provide a strong foundation on which to provide the more specific services they might also need because of their particular circumstances or condition.

The overarching themes are linked to each other, too. It is not a case of looking at each one individually, but rather looking at them all together. It is only by thinking about *all* of these things that we will be able to make the greatest difference to our service users.

## i)      Overarching theme: Using our Data more effectively

Data is any information that tells us about our services. This might be direct feedback from people who use our services, how the people who use our services feel, or statistics, such as the number of people who have used them; it is basically any fact or figure about a service that can be 'measured.'

Data about the care and support services we provide and the data we collect to give us evidence of how well we are doing is different in different public service organisations. Services do not measure the same things and are not always able to share the data they have with each other easily. This might be because of processes or systems in individual organisations, or to do with sensitive information.

Public services do not have a great amount of resources (time and money) to spend looking at data, investigating how it changes over time and how we should use it to plan services. What is available is often looked at by public service organisations separately, which is not always the best way. We could do this better  - for example we could collect data once and put it in one place. The time which would have been spent working on the *same* data in many places will be freed up to do other things, or to work on *different* data to add to the shared collection.

Public service organisations do not always or cannot always share data and do not always think they can to share it with other services or the people and communities they help. This is getting in the way of services and communities being able to work well together. There is a very small amount of data that *can't* be shared for privacy reasons, but huge amounts of data which aren't shared could be. This would help services get a better understanding of the people and communities they work with and make it easier to join up solutions to problems.

There have been times when members of the same family, living in the same house, have been using different care and support services. If all organisations had access to the same data, they would be able to see, at a glance, which other services it is important that they link with.

There is a new data sharing system which organisations across Wales will start to use and will all have access to. This means that data will only need to be recorded in the system once and many organisations will be able to see it. In the future, we will also be able to make more use of information that now has to be collected routinely as part of the SSWB Act including feedback from individual service user assessment processes.

We also need to think about the data we are using to help us to make decisions about our services. We need to spend some time thinking about what the data we look at tells us and if that actually helps us understand if we are getting services right, or how we might get them right in the future. Just because we have collected certain data in the past, does not mean that it is the right or most helpful data. There will be things that we don't know which we do need to know and we need to work out how we can capture this kind of information.

Data that tells us how well our services have been performing and whether they are doing what people need them to do is often difficult to obtain. We might count how many people have used a service but not collect feedback on what difference it has made to them.  Public services sometimes say that they will do things and then can't provide information on how well that is going, if what we are doing is working and if not, why not. If the things we promised to do are not working out or having the impact we thought they would, we need the help of the people using our services to understand why. By sharing information better and finding more meaningful ways of measuring success, we are more likely to be able to work together to come up with services that meet people's needs. .

## ii)    Overarching theme: Information: Finding out more about support and services

Public services are doing lots of work around the information, advice and assistance they give  people and how people can find out easily and quickly what they want to know. This is anything that can help people or communities, like information on activities nearby, a suggestion of an organisation to contact for help or someone coming to their home to talk about how services can help in the future or to provide some assistance..

By focusing attention on giving this kind of information about what is available and how to be able to use it,, it is expected that more people will be helped earlier on and may not go on to need 'specialist' services (services for the people with the most complicated needs), as they may have done in the past. It is too soon to tell whether or not this is true, but the early data suggests that working  in this different way will have a positive effect. In future, the data collected around the information, advice and assistance we give can be used to help us think about the ways in which we deliver services and the services needed

If a person or community wants to do something, get involved in something or get help, one of the most obvious things that could stop them doing this is not knowing what is out there, or not knowing how to get involved in it. Some people might want to get

involved in activities or services and they need to feel confident that they have the right information, or can get information easily. Both people who use services and people who work within public services and their partner organisations (including the voluntary sector) do not always know where to start when it comes to finding out about what is available to help.

There are more services, organisations, activities, clubs, groups, teams, classes and other things that can help people in our communities across Cwm Taf than we realise. What is available is always changing and public services find it difficult to keep track of it or always recognise the things that are most valuable to people.

There are lots of ways to search for and share information. In the last year, Cwm Taf public services and their partners including the voluntary sector have started making as much information as possible available on the Dewis Cymru directory website. Merthyr Tydfil Council[2], Rhondda Cynon Taf Council[3] Cwm Taf University Health Board, also put information about what they offer on their own websites and in their public buildings (libraries, GP surgeries, etc.). There is, though, a lot still to be done and we have to work harder to collect and share information, views and ideas well.

We need to know what services are available, of course, but we also need to think about the *ways* in which knowledge is shared. The most obvious way to do this is through the people who know the areas and what is going on there. We need to work with people who use and work in our services and live in our communities to explore the best ways to keep information flowing and reaching the right people. This might be in ways that we haven't really used much in the past, like social media (Facebook, etc.).

People who are using care and support services will often be receiving different parts of their support from different organisations, including social services, voluntary sector organisations, private care companies and health services. People using care and support services are also often very unwell and the added complication of needing to coordinate their own care and repeat information many times can put an added strain on their wellbeing. Many of the organisations who play a part in the package of care and support have different information, equipment, activities and services to give and it is not always straightforward for the people receiving services to work out what they are entitled to, what is available and who they need to approach to get it.

Information should also be able to give information back to public services. Public services call this the 'citizen voice' and it is about people being involved in the services they use and having their say in how those services could be made better.

If we want to involve people and communities fully in the information we have and get their opinions on it, we need to make sure that they understand it. Public services often use complicated language to describe things, which can mean that there is confusion between services, or between services and people, about what we are actually talking

---

[2] Merthyr Tydfil Children's Services; Merthyr Tydfil Adult's Services
[3] Rhondda Cynon Taf Children's services; Rhondda Cynon Taf Adults' services

about. Language needs to be kept simple and clear, so that everyone understands what we are talking about.

It's all well and good knowing what we want and how to get to it, but the next challenge is actually being *able* to get to it. People with care and support needs might not be able to get involved as easily as others. This might be because of the way they get around or the way they communicate.

We talk a lot about the layout of Cwm Taf (the roads, the transport, the countryside) and that it is not always easy to get to where you need to go, so we need to look at bringing our services to the people who need them in different ways. Connections could also be made by reaching out to each other in different ways, through social media or online communities. Finding ways to connect to each other better will particularly help people who might be feeling lonely or isolated.

We know that the links in our communities are good and we need to use these to help us to create stronger connections, which reach further and bring more people together. We also need to make sure that the links between communities and public services are strong and that our public services are helping in the right ways.

Interlink RCT and Voluntary Action Merthyr Tydfil (the key voluntary sector partner organisations in Cwm Taf) are leading work focusing on how we can support strong community networks set up and work well [LINK BUILDING COMMUNITY CAPACITY PAPER

There are people in our communities, who live or work there, who have huge amounts of knowledge about what is going on, who's who and where to go. We need to find out who these people are and support them to do what they do best; connect people to each other. Once these community links are set up and made strong, they will be able to last for many years. By coming together in this way, communities can make sure that they are a part of what is being done and how it is being done in their area. We need to harness the existing community assets that exist across Cwm Taf and develop more.

Public services call this 'community cohesion' and 'community resilience' (meaning bringing people together, people getting along together and able to cope more effectively with their challenges). It is the idea that lots of different people with different interests, different knowledge, skills and different opinions come together and work together in different ways and are better able to make much more of a difference than lots of smaller groups, or individuals, trying to make a difference alone.

Public services and their partners, including voluntary sector organisations, need to work together to consider the headline information and overarching themes in this

Assessment in the work they do going forward. In Cwm Taf, some of these links and working relationships are already good, and people are getting used to working across the region where there brings benefits but there is more to be done. Links with others, particularly the people who use services are recognised as being very important and need to be strengthened. This will make sure that we are also involving the people and communities of Cwm Taf in our work.

Getting care and support services provided by different organisations working together is one of the principles of the SSWB Act. It is perhaps the most obvious thing that we can do as organisations to get better; it is certainly one of the most talked about. That is because, in many ways, it sounds very easy to do. Unfortunately, public services haven't always worked in a joined up way in the past and we need to change this if we want to deliver better care and support services. Sometimes we need to work harder to ensure common sense becomes common practice. Working together means opening up communication between people and includes sharing data, information, buildings, plans, money and people with each other. The more resources public service organisations are able to share, the better placed we will be to support people with care and support multiple needs under different categories, such as older people with dementia.

Working together also means *within* our organisations. Managers and people actually out working in our communities, as well as people using services themselves, need to have the same understanding of what we need to do and how to do it.

Services which provide support to people with specific needs might focus on developing their own work, without really thinking about how it fits with the work of other, related services. This is known as 'working in silos' and it means that people working in a service might only consider what they do and how they do it, rather than really thinking about how they can be a part of the 'bigger picture' and make a *joined up* difference to the wellbeing of people and communities in Cwm Taf.

What we need to do, then, is plan and deliver care and support services in a joined up way, learning from the examples of those services in Cwm Taf which are more developed than others to do this. We can look closely at things like what works, where it works and how it works to help us design and deliver care and support to fill the 'gaps' in some services.

When we were carrying out this Population Needs Assessment, lots of managers and staff from adults' and children's services in Rhondda Cynon Taf and Merthyr Tydfil Councils, as well as colleagues from many other organisations and the voluntary sector, got involved and had their say. We talked to lots of people already using care and support services and met others who will need to have their say in the future. There are some really important services and organisations, like education services, housing associations and private sector companies, that we also need to make sure are part of the work we do as they have an important role to play in meeting care and support needs or providing preventative services.

One of the reasons we need to work differently together is to make best use of the resources we have between us, especially when funding is limited. It is not always an easy conversation to have amongst public service organisation leaders, but some real changes to the ways we spend our money together need to be made. Sometimes we will need to make the case to Welsh Government that the rules need to change on what we can (and can't) spend money on.

'Specialist' services are the most expensive. We need to look at putting our money together to pay for the more expensive things. This will not always be possible, but where it is, it will free up money to spend on other things, which can help more people.

### v) Overarching theme: Stopping problems before they start, or get worse

This is the 'prevention' principle of the SSWB Act. The earlier we know what care and support needs someone has and help them to get the right help, the less likely it is that their needs will get worse.

Public services are often a last resort for people with care and support needs. Many people will be supported or cared for by their family, friends and communities, which usually allows them to keep their independence and stay at home for longer. We need to make sure that we support the people who are providing this early support within homes and communities and make sure that their wellbeing is protected too.

Where services are needed, we need to focus on getting it right early on. This can be done in many ways, like making sure children and families have the right care and support and making sure that people who have had a setback get help and encouragement to get themselves back on their feet (this is called 'reablement').

By using different approaches to providing services such as community initiatives, public services can make sure that 'specialist' services are not stretched by the work they have to do. This will put services in a better position to help in the right ways.

There will always be times when people need care and support and it is important that good quality services are available at those times of need. It is also important that when people need to use public services, that they stay in control of their own care and support. Public services should encourage support from family and friends to continue if possible and support this, so that the person is not totally dependent on one service.

There are known things that work if we want to stop problems, or stop problems getting worse. Making sure that people have safe, warm and clean houses could mean that they are able to stay there rather than go into hospital, or are able to come home from hospital sooner . People who have good support networks of family, friends and neighbours might be able to recognise their problems earlier, or have more help to get better, than people who are alone. There are lots of other examples of this and public services need to understand what they are, in order to build on what works.

No two people with care and support needs are exactly the same. Each person who needs the help of public services should be treated as an individual, with their own issues, challenges and ways of dealing with them.

The people who use our services have needs, but that shouldn't stop them from living a good and happy life. This can come from feeling like you belong, knowing what is out there and getting involved. People want to be involved in their own care and support. The ways in which people do this will be very different and every person who needs our help should be cared for or supported in a way that works for them. People need to be made to feel that they can say when things are not working and encouraged to work with public services to decide what to try next.

Feedback from our engagement was that Public services need to 'see the person, not the problem.' Care and support needs are not the only things that matter about a person. Every person who uses care and support services has thoughts, views, preferences and ideas. People need to be supported to recognise how they can express these and improve their own wellbeing. This might mean the difference between needing or not needing care and support services. Generally, the more people have a part to play in managing their own lives, the better things work out.

## 8. THE WELLBEING OF FUTURE GENERATIONS (WALES) ACT 2015

We have already talked about well-being as one of the principles of the Social Services and Wellbeing (Wales) Act 2014, but well-being is also the focus of another important Welsh Government law, called the Wellbeing of Future Generations (Wales) Act 2015.

The Wellbeing of Future Generations (Wales) Act 2015 (WBFG Act) is about improving the well-being of the people and communities of Wales, now and in the future. It puts a duty of public services to contribute locally to seven national wellbeing goals:



**Well-being Goals**

A globally responsible Wales

A prosperous Wales

A Wales of vibrant culture and thriving Welsh Language

A resilient Wales

A Wales of cohesive communities

A healthier Wales

A more equal Wales

The five particular ways in which public services must work to do this are:

- Think about the long term;
- Look to prevent problems;
- Look to contribute towards the Act's seven Wellbeing Goals and the goals of their own and other organisations;
- Work better with each other; and
- Work better with people and communities.

As part of the WBFG Act, public services have completed a [LINK WELLBEING ASSESSMENT] which looks at the four themes of social, economic, cultural and environmental wellbeing. This has helped us to understand what makes up wellbeing in Cwm Taf. The things that are important to *everyone* about their wellbeing are also often things that matter  to people with care and support needs.

What we have, then, is two very important pieces of legislation in Wales, both focussed on wellbeing in different ways but which need to be looked at together and not as completely separate, unrelated things. In Cwm Taf, these two important pieces of work have been carried out by the same group of officers.  We have been looking at data and information and speaking to people, to gather information and views. This will help to make sure that the headlines of both assessments, together, create a *full* picture to help us plan what to do next. Lots of other policies and strategies have also been taken into account when writing both Assessments, including the views of the independent Commissioners for Wales. This work is ongoing and the Assessments provides us with a starting point to set priorities and plan for the future of our services.

## 9.    ENGAGING PEOPLE IN THE POPULATION NEEDS ASSESSMENT

Through the 'Understanding Our Communities' project, we spoke to people who live and work in Cwm Taf, people who use public services, people who work in public services, community groups and anyone else who wanted to have their say. This information was looked at for common things that people thought were important or wanted to talk about.



The work being done in Cwm Taf, particularly around engaging people and communities in the conversation earlier on and more openly is different from what we have done in the past and has been welcomed. As well as more traditional engagement using paper

and online questionnaires, a range of innovative engagement activities have been undertaken. Examples of these include the following:

- Six 50+ forum events attended by nearly 150 local
- Information from the RCT Viewpoint Survey undertaken by 5,567 young people aged 11 to 25 .
- At Play schemes and Summer Events for children and families
- Focus group engagement sessions with a variety of different groups, including service users with visual impairment or loss, carers, deaf club, young at heart group, homelessness forum, care home residents among others.
- Coffee and cake sessions for around 30 people in Merthyr Tydfil and Aberdare to discuss issues around mental health
- 54 people with learning difficulties were involved in forums with RCT People First.
- The Older People's Listening Project, which involves 40 volunteer listeners including staff from 25 different organisations (from third sector, public health, LAs) is a project where stories are collected on a one-to-one basis or as part of a group discussion.

We are proud of the new and exciting ways we have made sure that as many people as possible were able to have their say in this Population Needs Assessment and have written about the work we have done and what people told us in more detail in a separate report. [LINK ENGAGEMENT REPORT

Even though we have made some really good progress in making sure that everyone who wants to have their say can, there have been some 'gaps' in who we have managed to talk to and who has made the effort to get involved, tell us what we need to know and help us to understand some of the information. This conversation will be ongoing as this work continues.

## 10.   NEXT STEPS

This Assessment does not tell us everything we need to know and our understanding of the care and support needs in Cwm Taf will need to be kept under review and updated as we go along. This Assessment is not like other public service assessments because it is not about a 'snapshot' picture; the work is ongoing and this Assessment will be updated (at least once every four years) to reflect the current state of care and support services and what needs to be done next. It has however given us an opportunity to find out about and reflect on the current position and in particular what matters to our service users and our residents. This will shape the actions we need to take in response to the Assessment.

The Cwm Taf Social Services and Wellbeing Partnership Board is already leading some important pieces of work around the areas covered in this Assessment. For example, the following have been completed or are being finalised:

- Cwm Taf Joint Commissioning Statement for Older Peoples Services
- Cwm Taf Carers Strategy

- Cwm Taf Statement of Strategic Intent for Children, Young People & Adults with Learning Disabilities and their families
- Joint Commissioning Statement for Children and Young People

Many of the findings from this Assessment built on previous engagement and gave us further insight and views which we have been able to take into account in finalising these pieces of work and as we implement the actions connected with them. However, there are other service areas, such as those for people with physical disabilities and sensory impairments, where the Assessment is a very important starting point as it has shown us that more work needs to be done locally to understand more fully the issues faced by different people in Cwm Taf using those services and how services need to be delivered differently.

Public services and their partners are already making connections with each other to work in new and better ways. It is impossible to explore all of the links or potential links between our services in this document, but it has shown us how important these are and how we need to make them work better. The Assessment highlighted that there are many cross cutting and common issues, not least because people "belong" to more than one category (or 'theme' as identified by the Act) and have a range of needs. In taking forward our plans, it will be important to explore these overlaps and ensure effective joined up approaches. For example:

- The Statement of Strategic Intent for Learning Disabilities will need to link with the Children's Strategy;
- Support for Carers will need to be considered in the context of all the categories as carers look after people with a variety of needs as well as also having their own specific needs;
- Plans for older people and plans for mental health services will need to be developed together to support people with dementia effectively;
- There is significant overlap between mental health, domestic violence and substance misuse issues and the risk factors in relation to the needs of children and young people;
- There is a need for a range of preventative services, together with improved community capacity and resilience,  which affects all groups and needs better understanding and a coordinated approach;
- Whilst there is significant focus on health and social care services, our findings have highlighted the importance of housing and accommodation issues as well as the links to other services such as education. We will need to review how these services are effectively involved in our detailed response to the Assessment findings
- The SSWB Act specifies a number of groups which are a priority for integrated services and these groups (Older people, Children and Young People, Carers and Learning Disability) have also been the focus of the work led by the SSWB Partnership Board to date. However, this does not include some of the areas covered by the Assessment such as Physical Disabilities, Sensory Impairment, Mental health and Violence against Women. We will need to understand what more

we need to do to meet the care and support needs of these groups and how we work more collaboratively with other partnership groups already working in Cwm Taf on some of these issues e.g. the Together for Mental Health Partnership and the Community Safety Partnership.

The Act will help us to change the way people in public services work in the future. Some of these changes might mean taking 'leaps,' rather than 'steps.' We must be brave and confident to take the leaps we need to take.

The next stage of the work is to write the Local Area Plan. The Plan will set out in detail what the Councils and the University Health Board will do to improve care and support services, by looking at the findings of this Population Needs Assessment [LINK SECTION 14A] and will be published by April 2018.

It is important that what we plan to do is not just a 'to do list' of things to tick off, which is how public services may have measured progress against in the past. What we plan to do needs to have been decided on together because it provides real opportunities for public services and the communities of Cwm Taf to improve the well-being and lives of the people  who use care and support services and their carers.

**Population Needs Assessment Briefing Document   CARERS**

**1.      Introduction**

Through the Understanding Our Communities project, public services are gaining a better understanding of the good things about communities, what matters to people and how their experiences and what they have to offer can help us to plan and provide services.

The Social Services and Wellbeing (Wales) Act has been put in place to make sure that public services are doing all that they can to support people using care and support services to have their say and get involved in managing their own wellbeing. The Act means that public services will need to make sure that the right support is available for the people who need it at the right time and in the right way.

Under this Act, public services must carry out and publish a **Population Needs Assessment**, which looks at:
- the needs for care and support, and the support needs of carers;
- the extent to which those needs are not being met;
- the range and level of services needed to meet those needs; and
- how services are delivered through the medium of Welsh.

In Cwm Taf, we have been collecting lots of information for the Assessment, from the people making policy and commissioning decisions about services, the people delivering services and the people receiving services. In order to look at all of this information in an organised way, we used the seven 'client' groups of the Act;
- Carers;
- Children and young people;
- Learning disability;
- Mental Health;
- Older people;
- Physical disability and sensory impairment; and
- Violence against women, domestic abuse and sexual violence.

We then spent some time, talking with these people about the headlines that emerged under and really thinking about **how** they affect people and **what** we public services can do to meet the needs of people using our services, in the best possible way, now and in the future.

A summary of the headlines relating to **Carers** are contained in this document. The document shows how the Carers headlines fit into the 'bigger picture' and the key messages which relate to *all* client groups and what we currently do and/or could do to deal with these headlines.

All of the information gathered throughout the project to inform these headlines will also be available in an online library. You can find the full Population Needs Assessment [here] as well as more specific data and detailed findings about carers.

---

2.    **CARERS**

The SSWB Act provides the legal framework for improving the wellbeing of people who need care and support. This includes carers who need support and it is significant that now carers have equivalent rights to those that they care for. As defined in the Act, **a carer is a person of any age who provides or intends to provide care for an adult or disabled child but who is unpaid except for carers related allowances**. The Act has removed the previous requirement that carers must be providing "a substantial amount of care on a regular basis". Carers are legally entitled to a carer's needs assessment regardless of the amount or type of care they provide, their financial means or the level of support they may need.

Alongside this legal definition and the use of the term "informal care" which is often used,, we recognise that **there is no typical carer**. Carers of all ages, whether young carers, young adult carers, parent carers of children with a disability, working age or older carers, look after family, partners or friends in need of help because they are ill, frail or have a disability. The care they provide can be physical, emotional or social. Carers are individuals who may not see themselves as carers, but consider themselves above all a parent, wife, husband, partner, son, daughter, friend or neighbour. Caring will often have an impact on the whole family, not just one person.

 Carers' circumstances vary enormously, as can the type and amount of support they give. Caring can be a gradual process as over time someone becomes more frail and needs more support or it can happen suddenly, for example if someone has an accident or a health problem like a stroke. Young carers often have adult caring responsibilities while having the legal status of children. Whilst it is also rewarding, caring can be both physically tiring and emotionally stressful. Carers often feel isolated, unsupported and alone, with poorer health, less financial security and fewer opportunities to participate in day to day life outside caring.

This document will consider the needs of carers in Cwm Taf but given the nature of caring, in terms of the ages and life circumstances of both the carers and the cared for, it must be read in conjunction with other documents produced as part of the Population Needs Assessment, for example in relation to Children and Young people, Older People, People with a Mental Health problem and Learning Disability/Autism.

---

**3.      THE CURRENT POSITION IN CWM TAF**

Current services for carers in Cwm Taf are provided by a range of organisations in the statutory and Third Sector. As well as accessing general services like GPs in primary care available to everyone, there are also specific services to support carers, including young carers and young adult carers. These include

- In RCT, a Carers Support Project run by the Local Authority
- In Merthyr Tydfil, a Carers Network of service providers coordinated by Voluntary Action Merthyr Tydfil (the County Voluntary Council)
- Services commissioned from the Third Sector including Crossroads Care, Barnardos, Age Connects Morgannwg.
- A network of over 420 Carers Champions in settings across health, social care, education, housing, leisure, Job Centres and in the voluntary sector.

Information to help carers is provided in a variety of ways, including a Carers A-Z Guide, regular newsletters and the use of carers notice boards, for example, in GP surgeries. During 2016, the new Cwm Taf Information, Advice and Assistance Service has been established together with the use of an online resource DEWIS (insert reference/link?)

Training existing staff across all sectors has been increased with the development of an e learning tool.  Training sessions for nursing and social work students in our local universities and colleges have also been provided. Training is important as we want to ensure our current and future workforce is carer aware.

**CWM TAF CARERS STRATEGY 2016-2019**

Building on the work locally over the last three years to implement the Welsh Government's Carers Measure (which promoted the early identification and support of carers), partners agreed that one of the priorities in addressing the requirements of the SSWB Act was to develop a new Carers Strategy for Cwm Taf.

The new Cwm Taf Carers Strategy (insert reference/link) was developed through engagement with a wide range of stakeholders, including carers themselves. It is about what we need to do to support carers, understanding and meeting any needs they have in their own lives, as well as working together with them to address the needs of the person they are caring for. Based on what carers told us, we developed a **Vision Statement**:

> *Carers of all ages in Cwm Taf will be recognised and valued as being fundamental to supportive and resilient families and communities. They will not have to care alone and will be able to access information, advice and support to help meet their needs, empowering them to lead healthy and fulfilled lives, balancing their caring role and their life outside caring.*

The Cwm Taf Carers Strategy includes 5 key areas for action:

**A) Identifying carers of all ages and recognising their contributions**

If we are to meet their needs, we first have to identify carers of all ages, raising awareness amongst the public and with our staff about who carers are and what they do. For example, young carers told us that even though they carried a great responsibility, they also felt very proud of what they were doing and their closeness to their family members. However they wanted more people in their schools and in their communities to understand what it was like for them on a day to day basis.

Carers of all ages need us to understand and value their caring role, recognising that they are key partners in the care they provide, involving them in decisions that affect them and the person they care for.

**B) Providing up to date, relevant and timely information, advice and assistance to carers of all ages.**

It was clear from our engagement that getting the right information and advice at the right time can make a huge difference. When people are first faced with a caring situation, or if their caring situation changes over time if someone's health deteriorates, they need information as quickly as possible so that they can make better decisions for themselves and their families. Helping people to realise they are carers as early as possible helps ensure they don't miss out on valuable information, advice and help.

Whatever the information needed, for example about managing money or allowances available, advice about the impact of caring on health and wellbeing, or how to access support services, it must be provided in a variety of understandable formats, accessible locally and promptly to help carers make informed choices.

**C) Providing support, services and training to meet the needs of carers of all ages.**

By this we mean different types of support which can help carers carry out their caring role effectively and meet a range of needs, including maintaining their own physical and emotional health and wellbeing, being able to take up education, training and employment opportunities as well as participation in activities outside their caring role.

Whilst all carers face different circumstances, a consistent message from our engagement was that time consuming or demanding caring responsibilities do restrict freedom and opportunities. Carers want better and more affordable respite (breaks from caring) available in a variety of ways and at different times of the day and weekends if they are to have valuable time for their own needs, whether this be in terms of working or leisure activities. Carers need to recharge their batteries but can only do so having confidence in the alternative care being provided to the person they care for.

**D) Giving carers of all ages a voice, with more choice and control over their lives**

By this we mean ensuring carers are involved in and consulted on issues and decisions that affect their daily lives and the lives of the person they care for. In addition we must enable their voice to influence the planning, design and delivery of future services that affect them.

By coming together as a supportive community of carers, people can share what is on their mind and talk about issues that affect them with people who understand and can help. The value of peer support groups for both younger and older carers was stressed in our engagement, as was the value of professionals taking time to "check up by a quick phone call or text just to see if they were doing ok."

**E) Working together to make the most of our resources for the benefit of carers of all ages**

Individuals, their families and carers may require care and/or support from more than one organisation. Where this is the case, the care and support they receive should be effectively coordinated and delivered - the right services at the right time in the right place.

We will need to deliver local services in a joined up manner to meet the needs of individuals but also make the best use of resources available to ensure carers and their families achieve a greater degree of independence and improved quality of life. We can do this by supporting and building on the range of skills, talents and resources already available in our local communities.

Alongside implementing our Cwm Taf strategy, we will also review any further actions needed as a result of Welsh Government refreshing the All Wales Carers Strategy. A national Statement of Intent is due out in the New Year.

---

4.    **HEADLINES**

This section summarises the headlines from our assessment. More detail, including the data sources and engagement reports that support them, can be found in the Carers section of the online needs assessment library.

Undertaking this assessment has given us an opportunity to revisit and build on what we know about carers, both in terms of data and the things that carers say are important to them, as summarised in the box below. It has reaffirmed and refined the key areas we need to focus on if we are to meet carers' needs for care and support.

One of the most important messages we have consistently been given is that **"what good looks like for carers is when we get it right for the person they are caring for."**

**The most common issues raised by carers during engagement**

- Easy access to a central point of up-to-date, easy to understand information and advice.
- Access to respite and short breaks to recharge batteries and more free time for young carers to spend with friends/socialise.
- Professionals should respect, communicate with and listen to carers.
- Awareness raising is needed to increase knowledge and understanding of the caring role, both in society and with professionals.
- More practical support would ease the pressure on carers.
- More emotional support would prolong the health and wellbeing of carers.
- More funding and resources is needed for carers.
- Support Groups for both younger and older carers are highly valued.
- Carers would like accessible and discounted transport.
- Better understanding is needed from employers and schools.
- Carers need more understanding of Carers Champions and their role.
- Better communication is needed between different agencies with automatic referral processes.
- Access to appropriate training and workshops to support carers in their caring role

a) **The higher levels in Cwm Taf of poor physical and mental health, chronic illnesses and disabilities, together with an ageing population, have an impact on the need for informal care and the number of carers locally.**

People living in Cwm Taf have lower life expectancy and live with a higher burden of ill health for longer than elsewhere in Wales. There are areas of significant deprivation which also impacts on health and wellbeing. Our population is ageing, with an increase of over 70% expected in the number of people over the age of 80 by 2030. We are likely to see a rise in the number of people living with a range of chronic conditions such as heart and respiratory disease as well as cancer and dementia. Over 40% of people aged 75 and over in Cwm Taf live alone. (reference? - UHB IMTP or separate data sources – cross check consistency with other chapters ) All of these things will have an impact on the need people have for care of some kind, much of which will be provided by informal carers who may be family, friends or neighbours.

The 2011 Census[1] provides us with information about carers but must be treated with some caution as it is based on people "self reporting" that they are carers and answering the census questions accordingly. From our engagement, people do not

---

[1] Census - Office for National Statistics http://dx.doi.org/10.5257/census/aggregate-2011-1

always recognise themselves as carers and the true level of informal caring is probably higher. Census data for Cwm Taf tells us that

- Nearly 13% of the population in Cwm Taf (29,640 carers in RCT and 7,427 in Merthyr Tydfil) were providing care to a family member, friend or neighbour. This is slightly higher than the all Wales figure of 12% and higher than the England and Wales figure of 10%.
- 57% of carers in Cwm Taf are female and 43% are male.
- The majority of carers locally are over the age of 50, with the largest group of people (34%) aged 50-64.
- The number of carers over the age of 65 is increasing more rapidly than the general carer population. There has been a 24% increase since 2001. With an ageing population, this is likely to increase further over the coming years.
- There were 3263 young and young adult carers under the age of 25, an increase of 16% since 2001
- 11,752 carers in Cwm Taf (32%) provide over 50 hours of care per week. This has increased from the 2001 Census. This highlights that Cwm Taf carers are providing substantial levels of care, which is frequently not recognised or valued and which can often impact on the health of the Carer themselves.

<span style="color:red">?numbers known to services ? RCT Carers support  or MT ? differences in way data is collected across the two areas</span>

This headline alerts us to the significant numbers of carers in Cwm Taf and, given the time they are spending in their caring roles, the enormous contribution they are making as part of the health and social care community through the informal care they are giving to their family, friends or neighbours. Many carers will not be "known" to statutory organisations or their role properly understood and appreciated by others in the wider community. We need to do more to raise awareness and understanding of the impact of a caring role.

   b) **Carers need to be recognised and valued for their caring role.  Carers want to be listened to and have more control over their lives but "one size does not fit all."**

Whilst we have some data about carers from the census and from carers known to services locally, we also know from engagement with carers and other groups in the community, such as children and young people, older people and people with a mental health problem, that often family members or friends who are providing help and support do not see themselves primarily as a carer or find the use of this term causes confusion with paid care workers.

The issues associated with caring will vary considerably depending on the individual circumstances of the carer and the needs of the person they are looking after. This headline reminds us that whilst carers have many common concerns, for example, wanting to be listened to or how to find information or support, the nature of their

particular circumstances and those of the person they caring for means that "one size does not fit all." How we respond to the needs of a young carer who is supporting a parent and siblings at the same time as trying to keep up with their education or just have time to go out and have some fun will be very different from the support needed by an older person caring for their spouse or partner who is also elderly or a parent carer of a child with disabilities.

We will only be able to respond appropriately if we respect, listen to and actively engage with carers as individuals who have a great deal of knowledge and experience about themselves and the needs of the person they are caring for. If we listen to what they want to achieve in their own lives and what works best for the person they look after, we will be better able to support them in their caring role.

### c) Carers must be able to find the information and support they need easily and quickly to help them sustain their caring role

We know that carers in Cwm Taf are providing substantial levels of care a week (as explained in headline (a) above). From our own engagement and a number of surveys undertaken by national organisations including Carers UK[2] and Macmillan[3] we also know that caring impacts in many ways both on individual carers and their families, including on the physical and mental health of the carers themselves. In addition to impacts on health, many people suffer financial hardship as a result of caring. They may be juggling work commitments or unable to sustain employment, worrying about possible changes to welfare or housing benefits.

- Census data in 2011 for Cwm Taf carers showed that 35% of carers rated their health as fair, bad or very bad.
- Carers UK 2015 State of Caring report found that 82% of carers felt caring had a negative impact on their health and 55% reported they had suffered from depression as a result of their caring role
- In Carers UK 2016 State of Caring report, 54% of carers reported that they expected their quality of life to get worse in the next year and 49% of carers had given up work to care whilst 23% had reduced their working hours.

This headline highlights that if we want carers to enjoy good physical and mental wellbeing, we need to support them appropriately as well as making sure the person they are looking after has their needs met effectively too. If any stresses and strains on the carer are reduced and they receive the information, advice and assistance they need easily and quickly, they are more likely to be able to cope with and continue their caring role. This is positive both for them and for the person they care for. It may avoid someone having to move into residential or nursing care or reduce the length of time they spend in hospital.

---

[2]Carers UK - https://www.carersuk.org/for-professionals/policy/policy-library/state-of-caring-2015
https://www.carersuk.org/for-professionals/policy/policy-library/state-of-caring-2016
[3] Macmillan - http://www.macmillan.org.uk/documents/campaigns/under-pressure-the-growing-strain-on-cancer-carers-macmillan-cancer-support-september-2016.pdf

The right support for the carer will vary considerably from person to person. It might be providing information about managing money and financial entitlements, training on how to improve their own health and emotional wellbeing such as mindfulness and stress relieving courses, training in relation to the specific care they are providing to their loved one, more practical support in juggling all the demands placed upon them or equipment that can help them with caring tasks. Too often services only become available when there is a crisis whereas the focus should be on prevention and earlier intervention.

### d) Carers want to participate in and stay connected to a life alongside caring

Caring can lead to social isolation and fewer opportunities to participate in activities outside caring. A Carers Trust (Wales) report in 2016 (reference) found that 35% of carers without good social support experienced ill health compared with only 15% of those who had good support. Young carers face particular challenges coping with school life and maintaining relationships with their friends in their life outside caring. This can ultimately impact on their aspirations and life chances.

There may be opportunities for carers and the cared for to socialise and undertake activities together, for example in dementia cafes or choirs run by the Alzheimers Society. Sometimes, however, it is about carers wanting a break from caring to follow a particular interest or just have "time out" but in order to make this happen, they need to be confident that they can safely leave the cared for person for a period of time and/or they might need to be looked after by someone else. Respite care is a big issue for carers as we found during our engagement, both planned and in an emergency situation.

Staying connected to friends and the wider community helps people remain resilient and confident during their time caring. It also means people are better placed to carry on with a fulfilling life after caring which many carers often find challenging.

In addressing this headline, we will need to think about how best opportunities are provided and nurtured in local neighbourhood networks for people to build relationships, socialise and support each other through a range of activities and experiences.

### e) Carers and service providers must work together with more effective communication and coordination between services, seeing the person and not the problem.

Caring can bring many benefits to both the carer and the cared for person and should not just be seen as a burden or problem. However, the challenges carers face often mean that there are more negatives than positives. For example, a recent report by the Older People's Commissioner for Wales "Dementia: more than just memory loss"[4]

---

[4] Older People's Commissioner for Wales -

http://www.olderpeoplewales.com/Libraries/Uploads/More_Than_Just_Memory_Loss.sflb.ashx

found that a lack of cooperation between services creates unnecessary difficulties and barriers for people living with dementia and their carers who often find themselves taking on a "care coordinator" role. This problem is borne out by our engagement with carers and not just those caring for someone with dementia. Carers asked for better communication between agencies, professionals to have empathy with what it is like to be a carer, improved sharing of information and continuity of care so they do not have to keep telling their story and liaising with lots of different people and organisations.

Addressing all the components of wellbeing encompassed in the SSWB Act means that not only will health and social services need to work together more effectively but a wider range of other partners including housing providers, Third Sector organisations, employers and businesses will have a role to play to meet the needs of carers for care and support. This approach will also help to maximise the use of our resources, skills and expertise to provide sustainable services.

---

## 5. Links to other headlines and common themes

The things which affect carers do not stand in isolation. As individuals, they may also be service users in their own right (for example, as an older person, someone with a sensory impairment or a mental health issue) and their needs will have been the focus of other sections in this PNA. Similarly, the care and support issues facing the person they are caring for will be addressed in these client group specific sections. However, as our headlines have illustrated, it is really important we recognise the overlaps and see people "in the round", taking a holistic approach to what both carers and the cared for person need, avoiding working in silos and ensuring our responses and plans are joined up.

Some of the key issues which face other population groups as well as carers are:

### a) Information and advice
Time and again in our engagement, people (both service users and staff) commented that they were not aware of services and activities being discussed or highlighted as examples of good practice or how they would be able to access them. There may be lots of information in a variety of places and formats (paper copies, online etc) but it would appear that people still can't easily find what they are looking for or it doesn't give them the answers they need to make informed choices and decisions.

It is early days to assess the impact of the new information, advice and assistance services provided locally as a result of the SSWB Act but we will need to ensure we are meeting this need. For example, information should be readily available where people go in their local communities and could be shared more effectively with a collaborative approach to communication rather than every organisation producing its own leaflets.

### b) Being listened to and understood
Whilst our engagement activities recognised and valued the importance of a citizen focus and a person centred approach, it was also clear from service users that too often

they feel they are not being listened to sufficiently and that services are planned and delivered around what best suits organisations rather than individuals. The SSWB Act's emphasis on personal well being outcomes will help refocus our approach but we will need to find ways of balancing individual views with service user voices that can be aggregated to inform the planning and commissioning of services at a population level.

### c) Preventative services

The SSWB Act emphasises the benefits of prevention and early intervention as the most effective way of supporting people rather than reactively responding to crises by which time their needs will have become more serious. Services which help carers maintain their own good health and wellbeing can be seen as preventative both for themselves and by enabling them to continue caring, which may well prevent the cared for person requiring more specialist services provided by statutory agencies like the Local Authority or Health Board. We need to give people more opportunities to seek help earlier, with more options and innovative ways of providing the assistance they need.

### d) Community connectedness and resilience

National policy promotes the development of community based activities and neighbourhood networks both as a means of improving health and wellbeing but also enabling individuals to take more control over their own care and supporting communities to help themselves.

Our assessments have also recognised that this local community capacity and resilience will be vital to improving and sustaining services. People and communities in Cwm Taf have untapped potential and something to give (assets in terms of skills and resources) that can be identified and harnessed to connect people and places more effectively. This brings people together with a sense of purpose and value to address individual and community issues which can improve quality of life, for example by tackling increasing problems of social isolation and loneliness.

### e) Coordination and working together

A common message from carers and other population groups is that services must work together more effectively, both within individual organisations and across agencies, particularly where people have multiple or complex needs. This is important not just for health and social care but also other areas like housing, leisure and transport if needs are going to be met fully.

---

**Needs Assessment Briefing Document**

1.      Introduction

Through the Understanding Our Communities project, public services are gaining a better understanding of the good things about communities, what matters to people and how their experiences and what they have to offer can help us to plan and provide services.

The Social Services and Wellbeing (Wales) Act has been put in place to make sure that public services are doing all that they can to support people using care and support services to have their say and get involved in managing their own wellbeing. The Act means that public services will need to make sure that the right support is available for the people who need it at the right time and in the right way.

Under this Act, public services must carry out and publish a **Population Needs Assessment**, which looks at:

the needs for care and support, and the support needs of carer;

the extent to which those needs are not being met;

the range and level of services needed to meet those needs; and

how services are delivered through the medium of Welsh.

In Cwm Taf, we have been collecting lots of information for the Assessment, from the people making policy and commissioning decisions about services, the people delivering services and the people receiving services. In order to look at all of this information in an organised way, we used the seven 'client' groups of the Act;

- Carers;
- Children and young people;
- Learning disability;
- Mental Health;
- Older people;
- Physical disability and sensory impairment; and
- Violence against women, domestic abuse and sexual violence.

We then spent some time, talking with these people about the headlines that emerged under and really thinking about **how** they affect people and **what** we public services can do to meet the needs of people using our services, in the best possible way, now and in the future.

A summary of the headlines relating to **children and young people in receipt of care and support** are contained in this document.  The document shows how children and young people in receipt of care and support fit into the 'bigger picture.  It summarises the

key messages which relate to *all* client groups and what we currently do and what else should be done to respond to the headline.

All of the information gathered throughout the project to inform these headlines will also be available in an online library.  You can find the full Population Needs Assessment [here].

---

## Children and young people

Definition: *The children and young people chapter includes those aged 0 to 18 as well as those eligible for services until they are 25 including care leavers.  Children with disabilities and young carers are discussed in the other chapters (put in links).*

### Strategic Context

The Cwm Taf Social Services and Well-Being Partnership Board is developing a statement of commissioning for children and families to ensure clarity of focus on the priorities that will deliver the aims of the Social Services and Well-Being Act 2014 (Wales).

The purpose of the statement is to set the direction of travel for the provision of high quality, accessible and integrated services that will focus on improving the education, health and wellbeing of children, young people and families in the Cwm Taf partnership region.

It will align existing service plans and strengthen joint working arrangements between the NHS, local authorities and the voluntary and private sectors.

At the centre of this plan, partners will agree a set of shared objectives, and an agreed method of assessing progress travelled. It will ensure that multi-agency working is encouraged and that all professionals can see how their work contributes to the overall wellbeing of children, young people and families across Cwm Taf. The strategy will seek to reduce the dependence on intensive interventions in favour of early intervention, prevention and promoting resilient communities.

---

# The profile of children and young people in Cm Taf

## Children and young people population **2015 mid yr pop estimates**

Cwm Taf comprises of two local authority areas of Rhonda Cynon Taf and Merthyr Tydfil.  The 2015 mid-population was estimated to be 296,735.  Merthyr Tydfil is the smallest local authority in Wales with a population of 59,324 while RCT has the third largest population of 237,411.

Cwm Taf's population is estimated to have increased slightly between 2005 and 2015 - up 2.2% (6406 people).  The growth in the population has been larger in Merthyr Tydfil than in RCT, up 5.3% and 1.4% respectively.

Cwm Taf has a relatively young age profile with its 62,210 children making up 21% of the population (i.e. 1 in every 5 people living in Cwm Taf is under 18).  Young adults (aged 18 to 24) make up 9% of the population.

Across Cwm Taff the overall population aged 0 to 24 has been declining since 2011, down from 90,442 to 89,772. Nationally there has been a similar decline down 0.8% over the same period.

**Children and young people population projections 2014 based projections**

The 2014 based population projections show the overall population of people aged 0-24 will decline by 1.6% between 2016 and 2025 across Cwm Taf.  Nationally the decline is 1.1%.  Within this age group the number of 16-24 year olds is projected to decrease the most.  Children and young people as a proportion of the total population is likely to increase to 29% of all people living in Cwm Taf, this is in spite of the projected decrease in the number of children and young people.

**Table 1: Cwm Taf Population projections by broad age band 2016-2025**

| Age group | 2016 | 2025 | Change 2012-25 | |
|-----------|------|------|--------|---|
|           |      |      | **Number** | **%** |
| **Age 0-4** | 17682 | 17558 | -124 | -0.7% |
| **Age 5-15** | 37547 | 38648 | 1101 | 2.9% |
| **Age 16-24** | 34022 | 31623 | -2399 | -7% |
| **Age 0-24** | 89251 | 87829 | 1422 | **1.6%** |
| **All ages** | 296765 | 301749 | 4984 | 1.7% |

**Daffodil: Projecting the need for care services**

- Both RCT and Merthyr Tydfil are predicted to see small percentage increases in the number of children aged 0-17 who experience abuse and neglect
- The long standing illness of mothers and their health behaviour lifestyles are predicted to slightly deteriorate across Merthyr Tydfil and RCT.
- Teenage pregnancies are predicted to reduce by 18.5% in Merthyr and 9.5% in RCT up to 2019
- Overall young carers are predicted to decline across both local authority areas

# [1]Child Poverty [HMRC Child Poverty](#)

Analysis of official figures, by the independent Joseph Rowntree Foundation 2016, highlights how children's life chances varying depending on where they live and the income of their parents.  The data shows that children born into poorer families are falling behind their richer peers from as young as age five (JRK, 2016).[2]

Merthyr Tydfil had the second highest (26.3%) level of child poverty in Wales.  Latest figures show a decrease of 2.8% between 2009 and 2013

RCT had the third highest (24.7%) level of child poverty in Wales.  Latest figures show a decrease of 2% between 2009 and 2013.

**Figure 1: Percentage of children in low income households**



---
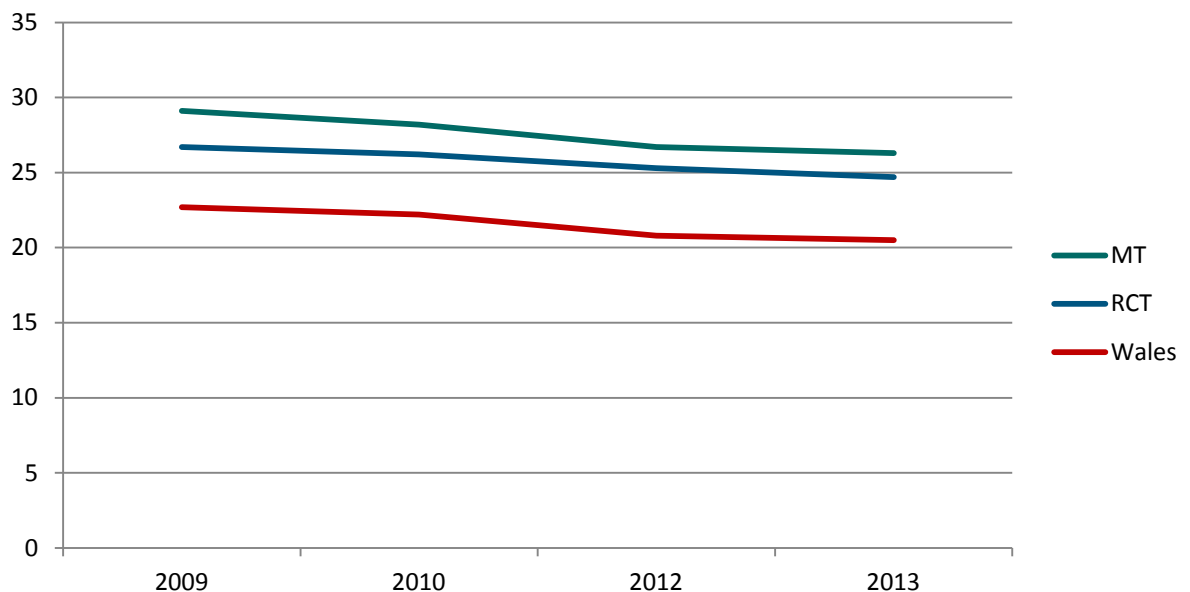
[1] Defined as the proportion of children living in families in receipt of out of work benefits or in receipt of tax credits where their income is less than 60% of the UK median
[2] https://www.jrf.org.uk/press/life-chances-postcode-lottery

The varying levels of income deprivation at Lower Super Output Area level show the extent of income inequality in Cwm Taf.  For example, in RCT 70.5% of children in Tylorstow1 are affected by income deprivation compared to just 1.1% of children living in Aberdare West/Llwydcoed6.  In Merthyr Tydfil the gap in inequality is narrower- though still at unacceptable levels.  57.2% of children in Penydarren2 live in low income households compared to 6.4% in Cyfarthfa4.

While no child should live in poverty, the data shows there is a need to ensure that resilience is strengthened in those communities most adversely affected by the impact of poverty- which we know is a strong predictor of poor outcomes across the lifespan of children and their families.

**Free school meals** [**Statswales free school meal**](#)

The number of school pupils eligible for free school meals is also a good indicator of relative deprivation and is one of the indicators used to predict demand for social care including children in care services.  Figure 2 shows both local authorities are above the average for both central south Wales and all Wales.  The trend data shows this has consistently been the case.

**Figure 2: Percentage of pupils eligible for free school meals**
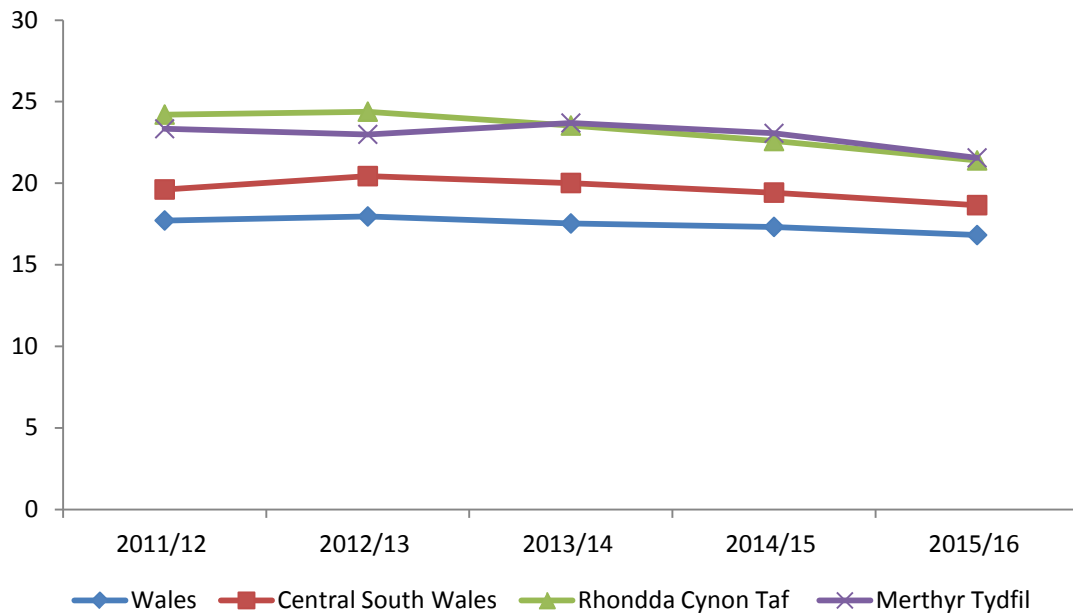


**Lone parent households** [Labour Market Statistics for Households, 2014](#)

Children living in lone parent families are at greater risk of income poverty according to Households Below Average Income data.  Furthermore, analysis of the Millennium Cohort Study data suggests that moves into poverty tend to be associated with relationship breakdown and becoming a lone parent.

The overall percentage of lone parent families was higher in Wales than in the UK, 9.2% in Wales compared to 8.6% in the UK.

The highest percentages of lone parent families were found in the Valleys local authorities: Merthyr Tydfil (12.8%), Neath Port Talbot (11.7%) and RCT (11.4%). While more rural areas had the lowest percentages: Ceredigion (5%), Gwynedd (6.3%) and Powys (6.3%).

## Impacts of poverty

Poverty takes its toll on family life through a lack of material resources, which contributes to stress and pressure that damage relationships and affect children's social and emotional progress and potentially reducing expectations and aspirations for the future. Whilst income remains the biggest single cause of child poverty it is important to recognise that for many children in Wales, poverty of experience can also be harmful to their development and sense of wellbeing.

### Education

Low income is a strong predictor of low educational performance. Findings from the Joseph Rowntree Foundation's *Education and Poverty programme* show that

- White children in poverty have on average lower educational achievement and are more likely to continue to under-achieve.
- Just 14% of variation in individual's performance is accounted for by school quality.
- Less advantaged children are more likely to feel a lack of control over their learning, and to become reluctant recipients of the taught curriculum
- Deprived children are more likely to feel anxious and unconfident about school.
- Out-of-school activities can help build self-confidence. Children from advantaged backgrounds experience more structured and supervised out-of-school activities.

There is a wide body of research on the social and economic outcomes associated with educational attainment. A review of these studies[3] reveals that individuals who fail to gain qualifications are clearly disadvantaged in many aspects of life—from the jobs they obtain and the wages they earn to their physical and emotional well-being. Society is also disadvantaged when students drop out as studies show that dropouts are less likely than graduates to contribute to the social and economic well-being of a country.

In Wales eligibility for Free School Meals is the proxy measure for poverty. The performance of pupils eligible for free school meals is discussed in the *Economic Wellbeing* chapter (insert link).

---

[3] The Impact of Dropping Out: Summary of Research Findings and References

## Speech and language

In the early years of a child's life, the amount and quality of 'talk' that children experience has a significant influence on their speech, language and communication skills. A landmark research study uncovered the widely cited "word gap" between children from low-income homes and their more economically advantaged peers[4].

By age 3, the recorded spoken vocabularies of the children from the professional families were larger than those of the parents in the welfare families (*families on benefits*). Between professional and welfare parents, there was a difference of almost 300 words spoken per hour. Extrapolating this verbal interaction to four years, a child in a professional family would accumulate experience with almost 45 million words, while an average child in a welfare family would hear just 13 million—coining the phrase *the 30 million word gap*. Hart and Risley's follow-up studies at age 9 show that the large differences in children's language experience were tightly linked to large differences in child outcomes.

Do we have details?? many children are entering school without the speech, language and communication skills needed to fully access the Foundation Phase. Speech, language and communication needs are the most common type of Special Educational Needs (SEN) in 4 - 11 year old children, and the numbers are rising (Gascoigne, 2012).

## Wellbeing

**Adults**

Numerous qualitative studies of poverty (including Ridge's (2002) child-specific study) show that living in poverty strongly impacts people's life experiences and their happiness.

As part of the *Wealth in Great Britain* series, the ONS published an article analysing data from the Wealth and Assets survey (WAS) covering the period July 2011 to June 2012[5]. For the first time questions on an individual's personal well-being were included.

The aim of the analysis was to consider how wealth and income are related to the different measures of personal wellbeing. The results show that overall wealth has a positive effect on individuals increasing levels of life satisfaction, sense of worth and happiness, while at the same time decreasing levels of anxiety.

Stevenson and Wolfers (2013[6]) argue that the relationship between income and subjective wellbeing is not linear and increases in income make more of a difference to the subjective well-being of the poor than the rich.

---

[4] Meaningful differences in the everyday experience of young American children, Hart, B & Risley, T. (1995)
[5] Relationship between Wealth, Income and Personal Wellbeing
[6] Stevenson, B. and Wolfers, J. (2013) *Subjective well-being and income: Is there any evidence of satiation?*.

**Children**

The importance of studying subjective wellbeing is increasingly acknowledged. However, where children are concerned, whilst there is no shortage of research into objective facets of child well-being such as educational attainment and child health, Casas (2011) points out that subjective well-being has often been neglected.

A recent review of the literature by Cooper and Stewart (2013) around links between money and outcomes for children – increases in money were found to positively influence outcomes for all children, but effects were stronger in poorer households.

## Health

There is a strong correlation between areas of high deprivation and health inequalities. Across Cwm Taf communities living in areas of high deprivation experience poorer health outcomes than communities living in areas of less deprivation. The term 'health inequities' relates to perceived unfair differences in health outcomes between groups that are potentially avoidable.

Reducing inequities in health is a key theme and priority for Cwm Taf University Health Board and in recent years the inequality gap between the most and least deprived has narrowed[7]. However many challenges remain. Cwm Taf has lower life expectancy, reduced years in good health and higher levels of chronic disease when compared to other areas in Wales.

Rates of low birth weight babies, teenage pregnancies, childhood obesity, and maternal obesity are higher in Cwm Taf than for the rest of Wales. Health related lifestyles are generally poor in Cwm Taf with the Welsh Health Survey (2008-13) identifying a number of areas within Cwm Taf as having statistically significantly higher proportions of people who smoke, are overweight or obese and/or a sedentary lifestyle.

The early intervention and prevention focus of the Future Generations of Wellbeing (Wales) Act 2015 and the Social Services and Wellbeing (Wales) Act 2014 provides us with the platform to shift resources to intervene and support children from the youngest age in order to secure better outcomes for the future.

For a more in depth look at health outcomes for children and the a discussion about Adverse Childhood Experiences please see the Social Chapter (provide link)

## Cost of child poverty

A report by JRF estimated a total cost of child poverty to UK public expenditure of between £11.6 billion and £20.7 billion[8]. Of the public services [9] reviewed the

---

[7] Public Health Wales: Measuring inequalities 2016
[8] The public service costs of child poverty Glen Bramley and David Watkins-Joseph Rowntree Foundation 2008
[9] Social services, health, education, housing, police and criminal justice, fire and rescue, environmental services

association between expenditure levels and poverty and deprivation was strongest for social services.  A key client group for social services are 'Looked After Children' whose care and upbringing is the statutory responsibility of the local authority.  The knock on effects of living in poverty such as stress, not being able to afford a healthy diet and increased social isolation through lack of income- all have a negative impact on parenting and may lead to more children being taken into local authority care[10].

---

[10] https://www.jrf.org.uk/report/relationship-between-poverty-child-abuse-and-neglect-evidence-review

# Mental health and wellbeing of children and young people

While the majority of children and young people in Wales enjoy good levels of mental wellbeing there is a significant proportion, around 1 in 5 who report low life satisfaction. Self-rated life satisfaction as measured by the Health Behaviour in School aged Children Survey (HBSC) has remained at the same level over time (between 2002 and 2014)[11].

- Around a third of young people feel they cannot rely on family or their peers when things go wrong
- Significant relationship between reported low levels of mental wellbeing and family affluence;
- Children in Wales on the whole appear to experience bullying to a greater extent

The latest results from the HBSC survey shows that 81% of young people in Cwm Taf report high levels of life satisfaction. The all Wales average was 83%.

Understanding Society Survey[12] found a number of factors were associated with mental ill health among young people:

- being bullied (4 times more likely to report mental ill health),
- quarrelling with their mother more than three time a week,
- being unhappy with their appearance,
- children who spent more than three hours on social website

Research evidence shows that school bullying not only affects how people feel at the time, but also their school exam results and later job prospects[13]. Bullying has been identified by the Children's Commission in Wales as one of her priorities to improve the lives of children and young people.

Local information from Eye to Eye counselling identifies the top 5 reasons why young people access counselling.

**Table 2: Top 5 Predominant issues in counselling 2015/16**

| Rank | RCT | Merthyr |
|------|-----|---------|
| 1 | Family | Family |
| 2 | Stress/Anxiety | Stress/Anxiety |
| 3 | Relationships | Bereavement |
| 4 | Self Worth | Relationships |
| 5 | Anger (joint 4th) | Self Worth |

---

[11] 2013-14 Health Behaviour in School aged Children Wales: Key findings
[12] https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/measuringnationalwellbeing/2015-10-20
[13] Impact of Bullying Report

Over the last five years there has been a significant increase in referrals due to Stress/Anxiety, which reflects the rise reported nationally. Figures from The National Society for the Prevention of Cruelty to Children revealed a 35% increase between 2014/15 and 2015/16 in young people calling ChildLine who reported anxious feelings.

## Mental health of children in care

It is estimated that 49% of children in care (aged 5-17) have significant emotional ill health, much of which is shown in conduct disorder. Many of these children have experienced abuse, neglect, loss and separation from family and friends. There were no significant differences in prevalence of mental disorders among young people in care between Wales (49%), Scotland (45%) and England (45%)[14].

Though children looked after or in need are known to be at greater risk of mental health problems the recorded rates of mental health issues in the Children in Need Census are very low Health of children in need .

Data from Eye to Eye shows that children in care accounted for 4% of their client base in RCT and Merthyr Tydfil- which equates to 55 children in RCT and 9 in Merthyr. The data does not allow for separate reporting so it is not possible to identify the reasons why these children were receiving counselling. Intelligence gathered from the stakeholder event held on the 29th of September in the Orbit Centre Merthyr, highlighted the lack of suitable trauma counselling for children in care in Cwm Taf.

## Self Harm

Following a freedom of information request by the NSPCC to all health boards in Wales with Accident and Emergency departments, figures published[15] show that around 1200 children and young people in Wales were taken to hospital after they self-harmed- an increase of almost 41% in the past three years within the health boards which provided the information. The new figures are backed by Childline which delivered 18,471 counselling sessions about self-harm – making it one of the most common reasons for children and young people to reach out to the NSPCC service.

A consultation with 250 young people in RCT, carried out by Eye to Eye, looked at the reasons why young people self-harm. The main reasons give were

- Bullying- including cyber bullying
- Abuse
- Familial problems

---

[14] :The mental health of young people looked after by local authorities in Wales ng-people-looked-after-by-local-authorities-in-Wales

[15] http://www.walesonline.co.uk/news/health/around-1200-children-young-people-12294932

Intervening early and providing appropriate support to improve young people's wellbeing is critical if we are to reduce the number of children self-harming and needing specialist mental health or emergency services. Findings from the consultation in RCT show that young people find it difficult to openly discuss self-harm as it is seen as a taboo issue, with little understanding in wider society leaving young people feeling stigmatised.

For a more in depth look at health outcomes for children please see the Social Chapter ==(provide link)==

## Domestic abuse

There are no official statistics on the number of children who live with domestic abuse. But there are a lot of research studies that tell us about children's experience of living with violence.

- Around 1 in 5 children have been exposed to domestic abuse[16]
- Domestic abuse is a factor in over half of serious case reviews[17]
- A third of children witnessing domestic violence also experienced another form of abuse[18]
- 1 in five teenagers have been physically abused by their boyfriends or girlfriends[19]

The definition of domestic violence in England and Wales was expanded in March 2013 to include victims aged 16 and 17 years old. It now includes controlling behaviour and coercive behaviour.

## Play

The United Nations Convention of the Rights of the Child, recognises the importance of play for the child….*the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in clutueral life and the arts (*Article 31).

Encouraging positive play environments and opportunities in our communities will pay dividends both in improving the health of the future adult as well as upholding our children's right to play in the here and now. Children say they want more time and good places to play outside with their friends[20].

---

[16] [Child abuse and neglect in the UK today:](#)
[17] [Pathways to harm, pathways to protection: a triennial analysis of serious case reviews 2011 to 2014](#)
[18] [:Meeting the needs of children living with domestic violence in London](#)
[19] [Partner exploitation and violence in teenage intimate relationships](#)
[20] [Play for Wales Issue 47 Autumn 2016](#)

# The current position in Cwm Taf

**Children and young people who have a need for care and support**

Under the Social Services and Wellbeing (Wales) Act 2014 there is a change to the definition and concept of a 'child in need'. The data for the new definition is not yet available, therefore for the purposes of this assessment the data to understand children and young people who have a need for care and support is based on the 'children in need' concept.

**Referrals to children services Statswales Referrals to children services**

Although there has not been much change in the overall number of children in Cwm Taf, the number of referrals to children's services has mainly followed an upward trend over the last five years and peaked in 2015-16 with 4567 referral (Table 3).

**Table 3: Number of referrals to children's services received during the year**

| | | | | | |
|---|---|---|---|---|---|
| **Merthyr Tydfil** | 741 | 928 | 825 | 698 | 802 |
| **RCT** | 2767 | 3017 | 3441 | 3102 | 3765 |
| **Cwm Taf** | 3508 | 3945 | 4266 | 3800 | 4567 |

Numbers have been rounded so may not sum

**Children in Need CIN Census 2015**

In 2015 there were 2625 children in need across Cwm Taf the equivalent of 422 children per 10,000 of the population under 18 which is above the rate for Wales as whole of 308 children in need for each 10,000 children in the population.

**Table 4: Children in need and rate per 10,000**

| | **2011** | **2012** | **2013** | **2014** | **2015** | **Rate per 10,000 2015** |
|---|---|---|---|---|---|---|
| **Merthyr Tydfil** | 530 | 555 | 575 | 615 | 530 | 425 |
| **RCT** | 1690 | 1880 | 1865 | 2115 | 2095 | 420 |
| **Cwm Taf** | 2220 | 2435 | 2440 | 2730 | 2625 | 422 |
| **Wales** | | | | | | 310 |

Numbers have been rounded so may not sum

Figure 3 shows the proportion of children in need that were looked after, under child protection and other children in need, which includes disabled children.

**Figure 3: Proportion of children in need by looked after status, Cwm Taf 2015**
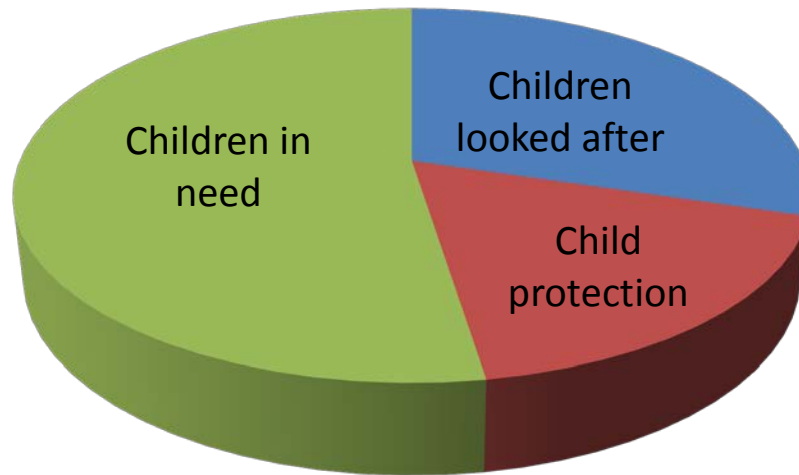


**Primary reason for referral Children in need and category of need**

Children in Need data provides us with a snapshot of what life is like for children before they are referred to social services.  The data paints a very negative picture of childhood.  The trauma, abuse and neglect experienced by children is referred to as Adverse Childhood Experiences (ACEs).  ACEs have a tremendous impact on future violence victimisation and perpetration and lifelong health and opportunity.  As such early experiences are an important public health issue [21] [22]

Abuse and neglect was the primary need (60%) for why a child in Cwm Taf was in receipt of social services- the all Wales equivalent was 51%.  A child's disability or illness accounted for 23% of the primary reason for referrals, the all Wales average was under a fifth.  The next most common reasons for a referral were Family in acute stress (9%), Parental disability or illness (3%), Family dysfunction (3%), and Socially unacceptable behaviour (1%).

Primary need in Cwm Taf masks local variation for referral reasons:

In MT, abuse or neglect accounted for          71%

In RCT, abuse and neglect accounted for     57%

In MT, a child's disability accounted for        15%

In RCT, a child's disability accounted for      25%

---

[21] http://vetoviolence.cdc.gov/apps/phl/resource_center_infographic.html
[22] http://www.wales.nhs.uk/sitesplus/888/news/43126

Domestic abuse, parental substance or alcohol misuse and parental mental ill health were the most frequently recorded parenting capacity factors in Cwm Taf.  Table 5 shows that the data for Cwm Taf masks local variation.

**Table 5: Parenting capacity in Cwm Taf masks local variation**

| Parenting Capacity | Merthyr Tydfil | RCT |
|---|---|---|
| Domestic abuse | 45% | 20% |
| Parental substance or alcohol misuse | 37% | 21% |
| Parental mental ill health | 29% | 21% |

For 5% (135) of children in need, for whom information was available, parental learning disability was recorded.  This group had the highest proportion (67%) of children looked after, followed by 45% of the children for whom parental substance or alcohol misuse had been recorded.

**Figure 4: Proportion of children in need by parenting capacity, and whether they were on the Child Protection register or looked after, 31 March 2015 Cwm Taf**
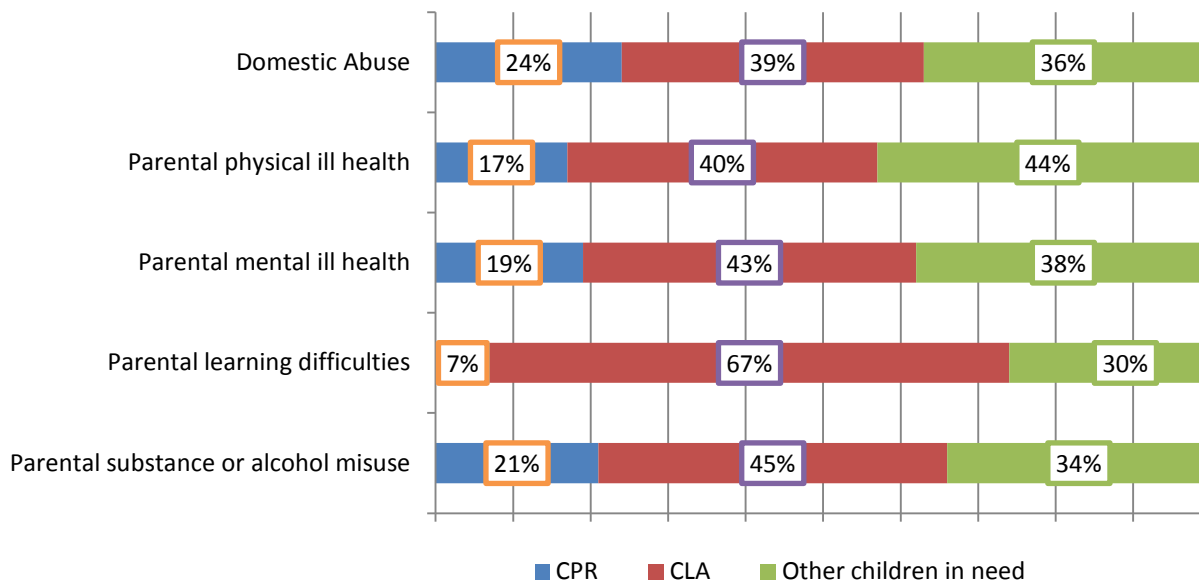


**Health of children in need**

Children looked after or in need are known to be at greater risk of mental health problems but the recorded rates of mental health problems in this group are very low. Amongst the 2,615 children in need, just 3% (75) had a mental health problem recorded in the Children in Need.  the Wales average was 8%.  The overall Cwm Taff level masks variation at the local authority level.

In RCT the proportion of children in need with a mental health problem has consistently remained below the all Wales level, averaging about 3% each year. Conversely in Merthyr Tydfil, the rate had steadily increased from 4% (20) in 2010 to 14% (85) in 2014, before reducing to current levels of 10%.

It must be said that given what we know about the adverse reasons why children are known to social services the data for mental health cannot be considered an accurate predictor of the need for mental health services.

The Census data shows higher levels of disability among Children in Need in Merthyr Tydfil (25%) and RCT (26.7%) compared to the Wales average (21%).

**Education of children in need**

The average proportion of children in need with a statement of Special Educational Needs (SEN) was 24% (for all ages) compared to 2% for all pupils in Cwm Taf (for all ages). Across Wales the proportion of children in need with a statement of SEN was 27%.

The CiN data shows us that the educational attainment of children in need is lower than the average for all pupils, at all stages in their education.

**Children in care**

Children and young people are placed outside their parents' care for many reasons. These include physical abuse, sexual abuse, emotional or psychological abuse and various types of neglect. These children and young people will have been exposed to multiple risks associated with poor long-term outcomes before entering care including poverty and deprivation, parental unemployment and relationship breakdown (Department for Children, Schools and Families 2008).

Children and young people looked after are also more likely to experience educational, behavioral, physical and psychological problems (Meltzer *et al.* 2003). Using data from a 1970 British birth cohort, one study reported on a cohort of children that had been in care (Viner & Taylor 2005). The report found that being in care during childhood is associated with adverse adult socio-economic, educational, legal and health outcomes in excess of that associated with coexisting childhood or adult disadvantage.

**Social Services and Wellbeing Act (Wales) 2014: Children Looked After**

Part 6 of the Social Services and Wellbeing Act aims to de-escalate the need for formal intervention in the lives of children and young people and strengthen the capacity of families to care for their children where it is safe to do so. Strengthening family resilience as means of reducing the need for formal intervention requires a greater understanding of the wellbeing of the wider community. Getting better at understanding what matters to communities, what they value and what is important to them is key to delivering long term sustainable positive outcomes for children and their families.

Under the new legislation, when it is necessary to look after a child the principal duty is to safeguard and promote the child's well-being. Actively listening to children, young people and their families and involving them in the co-production of services to meet their needs is crucial to achieving the aims of the Act.

**Profile of children in care:  Rate of Children looked after 2016**

The number of children entering care remains too high.  In 2016 the rate in Cwm Taf was 33 children per 10,000 higher than the Wales average (123 per 10,000 child population compared to 90).

**Figure 5: Children looked after at 31 March per 10,000 population under 18**
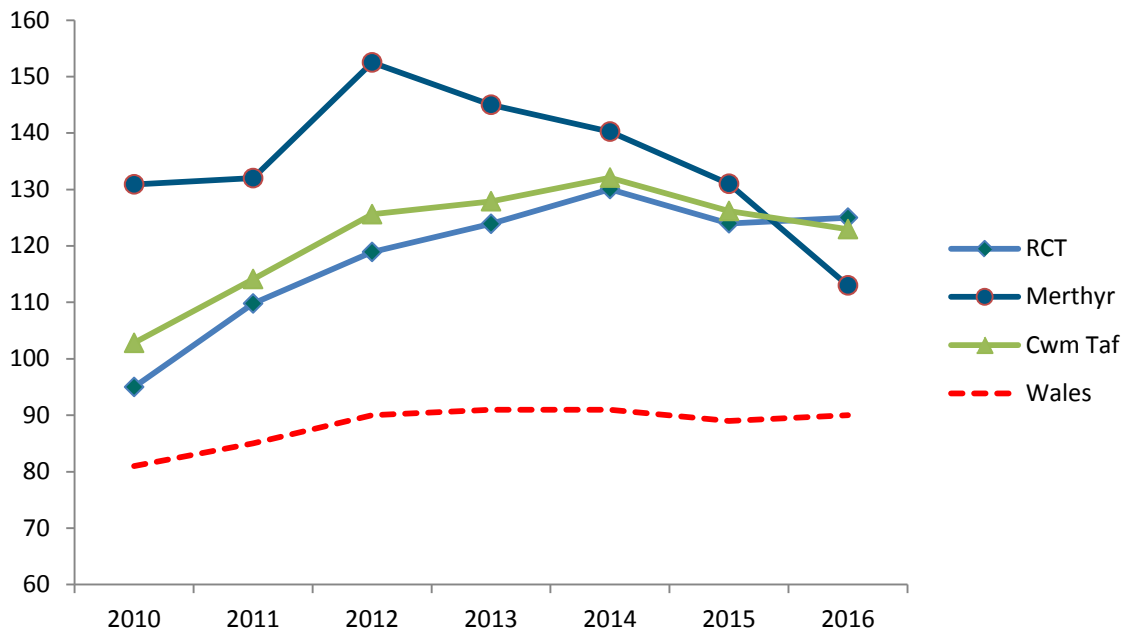


Across Cwm Taf the number of children looked after decreased by 2.5% between 2015 and 2016.  The overall trend for Cwm Taf masks variation at the local authority level

- In MT, there has been a decrease of 15.2% between 2015 and 2016
- In RCT, there has been an increase of 0.8%% between 2015 and 2016

**Changes in the profile of new Children looked after admissions**

Analysis of quarter 1 and 2 data for the year 2016/17 shows both local authorities have had an increase (67%) in the number of **new** children looked after admissions compared to the same period last year.   However the overall numbers of children looked after continue to reduce in Merthyr Tydfil (down 7.2%) and continue to increase in RCT (up 10%).

There are also differences in the age profile of the **new** children looked after admissions. Figure 6 shows that proportionately young children aged 0-3 are an increasing cohort of children becoming looked after in RCT- up 8% to 55% at the end of Q2.  In Merthyr Tydfil this age group represent 35% of new admissions, down 42% compared to the same time last year.

**Figure 6: Percentage of new Children Looked After admissions aged 0-3**
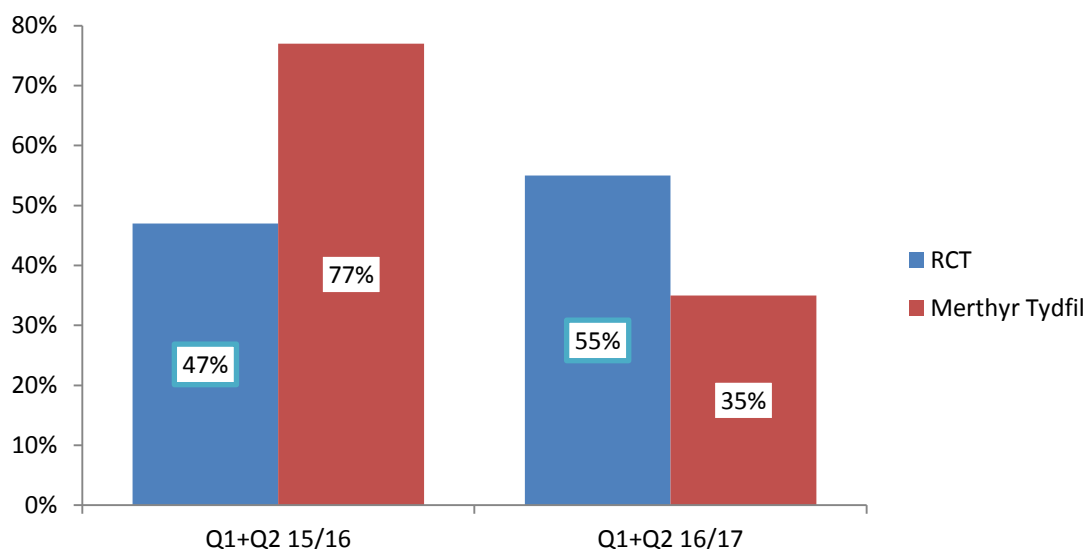


Source: Children Services operational data, RCT and MT

**What are the implications of a young CLA population?**

Additional demands placed on the service from kinship care or connected persons- to ensure these arrangements are sustained requires effective support for the extended family members

- The 0-3 age group are particularly vulnerable and are likely to have become looked after due to abuse and/or neglect- which is likely to have an impact on the need for mental health services
- More family support services will be required to enable families to make the necessary changes to care for their children safely, this includes current and future children
- A good range and quality of foster carers is needed to care for children whilst plans are made for their future,
- Additional specialist support and training for foster carers
- Due to the need to establish permanency for the young age group an increase in court proceedings are anticipated putting demands on the judiciary as well as other services

## Placement stability

Stability is one of the most significant factors associated with the wellbeing of children in care and their outcomes[23] .  In the most recent year 6.5% of looked after children in Cwm Taf have had 3 or more placements in the previous 12 months, below the all Wales average of 9.8%.  The data presented in Table 6 years shows the variation in stability of placement between the two local authorities over the last three years.

**Table 6: Percentage of Children looked after with 3 or more placements during the year**

|                    | 2013-14 | 2014-15 | 2015-16 |
|--------------------|---------|---------|---------|
| **Merthyr Tydfil** | 3.4%    | 6.1%    | 9.2%    |
| **RCT**            | 6.6%    | 5.8%    | 5.9%    |
| **Cwm Taf**        | 5.9%    | 5.8%    | 6.5%    |
| **Wales**          | 8.3%    | 9.0%    | 9.8%    |

Table 7 overleaf, shows that the stability of educational settings improved in Cwm Taf between 2014-15 and 2015-16.  However the Cwm Taf figure masks variation between the two local authorities.

In Merthyr Tydfil moves in educational settings (changes not due to transitional arrangements) have been increasing although the numbers involved are small.  The pattern in RCT has been more zig zag, with a steep increase between 2013 and 2014 before reducing again in 2015.

Stability will have an impact on educational achievement.  The data shows the educational performance of children looked after was mixed- standards were above and below the Welsh average on different indicators.  At Key stage 4 there was a significant decline in performance of children looked after in Merthyr Tydfil.  Stability, however, is not the only predictor of educational achievement.  There is a strong link between wellbeing and health and attainment[24].  As public bodies we must use the powers under both Acts to ensure we effectively improve the wellbeing of children and young people to ensure we realise the gains needed to improve the educational standards of our children that are in care.

---

[23] Promoting looked after children's emotional wellbeing and recovery .
[24] https:The link between pupil health and wellbeing and attainment Public Health England 2014

**Table 7: Percentage of Children looked after with one or more changes of school, which are were not due to transitional arrangements**

|  | 2013-14 | 2014-15 | 2015-16 |
|---|---|---|---|
| **Merthyr Tydfil** | 11.2% | 14.7% | 15.6% |
| **RCT** | 13.5% | 18.3% | 13.9% |
| **Cwm Taf** | 12.9% | 17.4% | 14.2% |
| **Wales** | 13.8% | 13.5% | 11.9% |

**Education of children looked after CIN Census 2015 Education data**

For each key stage the percentage of looked after children achieving the expected level is lower than that achieved by their peers. Improving the educational outcomes of children looked after is a key commitment by Welsh Government as outlined in the strategy *Raising the ambitions and educational attainment of children who are looked after*

**Attainment: Merthyr Tydfil**

- At the Foundation Phase Outcome Indicator the percentage of children achieving the expected level was above the Wales average (82% compared to 64%)

- At Key Stage 2, 55% achieved the expected level or above in English or Welsh, Mathematics and Science in combination compared with 45% in 2014. The all Wales average was 64%.

- At Key Stage 3, 80% achieved the expected level or above in English or Welsh, Mathematics and Science in combination. Performance was significantly above the Wales average of 48%

- At Key Stage 4 there was a significant decline in standards of children looked after between 2014 and 2015. The average wider points score was 261, down from 516 the previous year, and below the Wales average of 319.

**Attainment: RCT**

- At the Foundation Phase Outcome Indicator the percentage of children looked after achieving the expected level increased compared to last year but decreased compared to the year before. In 2015 standards remained below the Wales average (57% compared to 64%).

- At Key Stage 2, 71% achieved the expected level or above in English or Welsh, Mathematics and Science in combination compared with 53% in 2014. The all Wales average was 64%.

- At Key Stage 3, performance dropped by 2 percentage points between 2014 and 2015 and was below the Welsh average (32% compared to 48%).

- At Key Stage 4 the average wider points score increased between 2014 and 2015 from 282 to 327 and was above the Wales average of 319

**Achievement gap between looked after children and all pupils** [All pupils education data](#)

All children, whatever their backgrounds must be given every possible opportunity to reach their full potential. Therefore the attainment of children looked after should be understood in the context of the 'achievement gap' between children looked after and all pupils.

**Merthyr Tydfil[25]**

**Foundation Phase Outcome Indicator**

In 2015 the attainment gap between looked after children and all pupils at the Foundation Phase was much narrower for Merthyr Tydfil (7 percentage points) compared to the all Wales average (23 percentage points).

**Table 6: Percentage achieving the Foundation phase outcome indicator**

| Year | CLA | All pupils | Attainment gap (percentage points) | Welsh average attainment gap (percentage points) |
|------|-----|-----------|-----------------------------------|--------------------------------------------------|
| 2015 | 82 | 89 | 7 | 23 |
| 2014 | * | 81 | * | 28 |
| 2013 | * | 78 | * | 29 |

*data item not available

**Key Stage 2 Teacher Assessments**

The attainment gap for Key Stage 2 has narrowed between 2014 and 2015 and is due to standards of children looked after improving at a faster rate compared to all pupils (see Table 7 overleaf). However the attainment gap remains wider than the all Wales average (34 percentage points compared to 24).

**Table 7: Percentage achieving Key Stage 2 Core Subject Indicator**

| Year | CLA | All pupils | Attainment gap (percentage points) | Welsh average attainment gap (percentage points) |
|------|-----|-----------|-----------------------------------|--------------------------------------------------|
| 2015 | 55 | 89 | 34 | 24 |
| 2014 | 45 | 84 | 39 | 29 |
| 2013 | * | 81 | * | 30 |

*data item not available

---

[25] Due to small numbers historical data is not available on statswales for all indicators preventing a comparison

**Key Stage 3 Teacher Assessments**

In 2015 standards for children looked after at Key Stage 3 were very close to those achieved by all pupils- just a 4 point percentage gap considerably narrower than the all Wales average of 36 percentage points.

**Table 8: Percentage achieving Key Stage 3 Core Subject Indicator**

| Year | CLA | All pupils | Attainment gap (percentage points) | Welsh average attainment gap (percentage points) |
|------|-----|-----------|-----------------------------------|--------------------------------------------------|
| 2015 | 80 | 84 | 4 | 36 |
| 2014 | * | 75 | * | 35 |
| 2013 | * | 69 | * | 41 |

*data item not available

**Key Stage 4**

Research shows there are strong links between successfully attaining GCSEs (five or more A*-C) and higher levels of life satisfaction among young people[26]. There is also a strong association between quality GCSEs and positive health and labour market outcomes. Therefore performance at Key Stage 4 is an important impact indicator to show we are appropriately supporting children looked after.

The performance of children looked after at Key Stage 4 on the level 2 threshold inclusive is not available on statswales due to it being disclosive. However we do know that the overall average wider points score has declined between 2014 and 2015 and is below the Welsh average. Performance on this important indicator requires significant improvement in Merthyr Tydfil.

**What are we doing about standards?**

In Merthyr Tydfil the 'Strategy for Success' and action plan to improve the educational attainment of children and young people who are looked after in Merthyr Tydfil has been developed in co-production with young people who have been looked after.

This strategy and action plan is underpinned by the new legislative framework and national strategy in Wales and focuses on

1. All stakeholders knowing their roles, responsibilities and best practice

2. Building good partnerships with foster carers, schools and providers

---

[26] Dept of Education (2011). Youth Cohort study and longitudinal study of young people in England: The activities and experiences of 19 year olds: England 2010. London: DfE

3. Implementing evidence based interventions for attainment

4. Tracking achievement termly and implementing actions to address under performance

5. Reviewing funding so that it is targeted at identified need

6. Out of school activities to enable children and young people who are looked after to meet and share experiences in a supportive environment

**Rhondda Cynon Taf**

**Foundation Phase Outcome Indicator**

The attainment gap between looked after children and all pupils at the Foundation Phase has narrowed when comparing data for the last two years (Table 9).

In 2015 the attainment gap in RCT (29 percentage points) was wider than the all Wales average (23 percentage points).

**Table 9: Percentage achieving the Foundation phase outcome indicator**

| Year | CLA | All pupils | Attainment gap (percentage points) | Welsh average attainment gap (percentage points) |
|------|-----|------------|------------------------------------|--------------------------------------------------|
| 2015 | 57  | 86         | 29                                 | 23                                               |
| 2014 | 56  | 82         | 26                                 | 28                                               |
| 2013 | 58  | 81         | 23                                 | 29                                               |

**Key Stage 2 Teacher Assessments**

Table 10 shows the attainment gap between children looked after and all pupils at Key Stage 2 has narrowed considerably between 2013 and 2015 but remains wider than the all Wales average (15 percentage points compared to 24).

**Table 10: Percentage achieving Key Stage 2 Core Subject Indicator**

| Year | CLA | All pupils | Attainment gap (percentage points) | Welsh average attainment gap (percentage points) |
|------|-----|------------|------------------------------------|--------------------------------------------------|
| 2015 | 71  | 86         | 15                                 | 24                                               |
| 2014 | 53  | 84         | 31                                 | 29                                               |
| 2013 | 44  | 83         | 39                                 | 30                                               |

**Key Stage 3 Teacher Assessments**

As can be seen from Table 11 overleaf, the attainment gap for Key Stage 3 widened between 2014 and 2015 and is larger than in 2013.

In 2015 the gap between children looked after and all pupils in RCT was wider than the Welsh average (50 percentage points compared to 36)

**Table 11: Percentage achieving Key Stage 2 Core Subject Indicator**

| Year | CLA | All pupils | Attainment gap (percentage points) | Welsh average attainment gap (percentage points) |
|------|-----|-----------|-----------------------------------|--------------------------------------------------|
| 2015 | 32 | 82 | 50 | 36 |
| 2014 | 34 | 78 | 44 | 35 |
| 2013 | 24 | 73 | 49 | 41 |

**Key Stage 4**

The attainment gap between children looked after and all pupils for the Level 2 threshold inclusive was 36 percentage points, smaller than the all Wales average. Comparisons cannot be made between 2014 and 2015 as the data has not been published on statswales. However as can be seen from Table 12, the attainment gap in 2015 was larger than in 2013.

**Table 12: Percentage achieving Key Stage 4 Core Subject Indicator**

| Year | CLA | All pupils | Attainment gap (percentage points) | Welsh average attainment gap (percentage points) |
|------|-----|-----------|-----------------------------------|--------------------------------------------------|
| 2015 | 19 | 55 | 36 | 40 |
| 2014 | N/A | 51 | n/a | 38 |
| 2013 | 11 | 46 | 35 | 40 |

**What are we doing about standards?**

Rhondda Cynon Taff County Borough Council has identified the following priorities (subject to budgetary approval being secured) to improve the attainment of children looked after:

- Providing specialist support for KS4 learners preparing for GCSEs;

- Provision of intensive training and support for social workers and foster carers in relation to improving educational outcomes;

- Support and training for designated teachers.

- Development of a CLA-Friendly School resource files

- LAC Co-ordinators to develop innovative approaches/interventions by ensuring the voice of children and young people in care is captures and appropriate interventions put in place to address issues identified
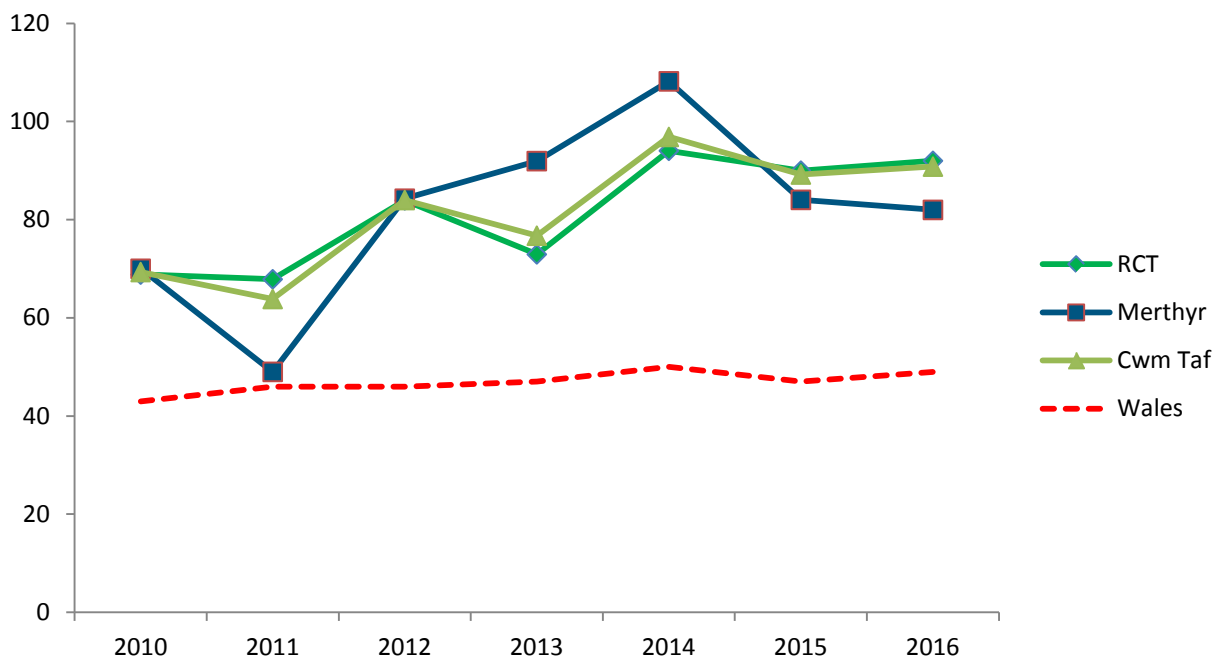
**Child Protection Register** [Rate of children on the Child Protection Register 2016](#)

In 2015/16, there were 565 children on the Child Protection Register across Cwm Taf an increase of 1.8% over the previous year, and a rate of 91 per 10,000 children under 18 (Wales 49 per 10,000 children).

In Merthyr Tydfil the number of children on the child protection register remained unchanged from the previous year at 105, which is a rate of 82 per 10,000 population aged under 18. Over the last 5 years Merthyr Tydfil has had a significant proportion of children on the child protection register, well above the rates nationally.

In RCT there was an increase in the number of children on the CPR, up 10 to 460 and the joint highest rate in Wales of 92 per 10,000 population aged under 18. Similar to Merthyr Tydfil, rates in RCT have remained well above the Wales average for the last 5 years.

**Figure 7: Children on the child protection register at 31 March per 10,000 population aged under 18**



 [Age of children under protection](#)

Table 13 overleaf shows the number of children on the child protection register by age group across Cwm Taf. The age groupings are helpful for showing the amount of age-appropriate services needed

**Table 13: Number of children under child protection, by age, Cwm Taf, 2015**

|  | Under 1 | Age 1 to 4 | Age 5 to 9 | Age 10 to 15 | Age 16 to 17 |
|---|---|---|---|---|---|
| **Merthyr Tydfil** | 10 | 30 | 30 | 25 | * |
| **RCT** | 50 | 150 | 135 | 100 | 10 |
| **Cwm Taf** | 60 | 180 | 165 | 125 | 10 |

Numbers have been rounded to the nearest 5 to avoid disclosure

**How safe are our children?[27]**

The NSPCC overview of child protection in the UK complies and analyses the most robust and up-to-date child protection data that exists across the 4 nations in the UK for 2016.

**Key findings**

There has been an increase in the reporting and recording of child abuse and neglect

- o All 4 countries in the UK have seen the number of recorded sexual offences against children increase over the last year.
- o England and Wales have seen an increase in the number of recorded cruelty and neglect offences in the last year.

Reports of online abuse have increased, including:
- o a rise in the number of ChildLine counselling sessions about sexting and cyberbullying
- o an increase in the number of URLs containing child abuse images being identified and removed from the internet
- o an increase in the number of recorded obscene publication offences.

**Gap in the evidence**

Analysis of the information gathered has highlighted a gap in the evidence based for this chapter around emerging local safeguarding issues.  We have identified that we need to include more information about this area when the population assessment is reviewed.

Link to chpt on Sexual violence provide info on Sex exploitation?

---

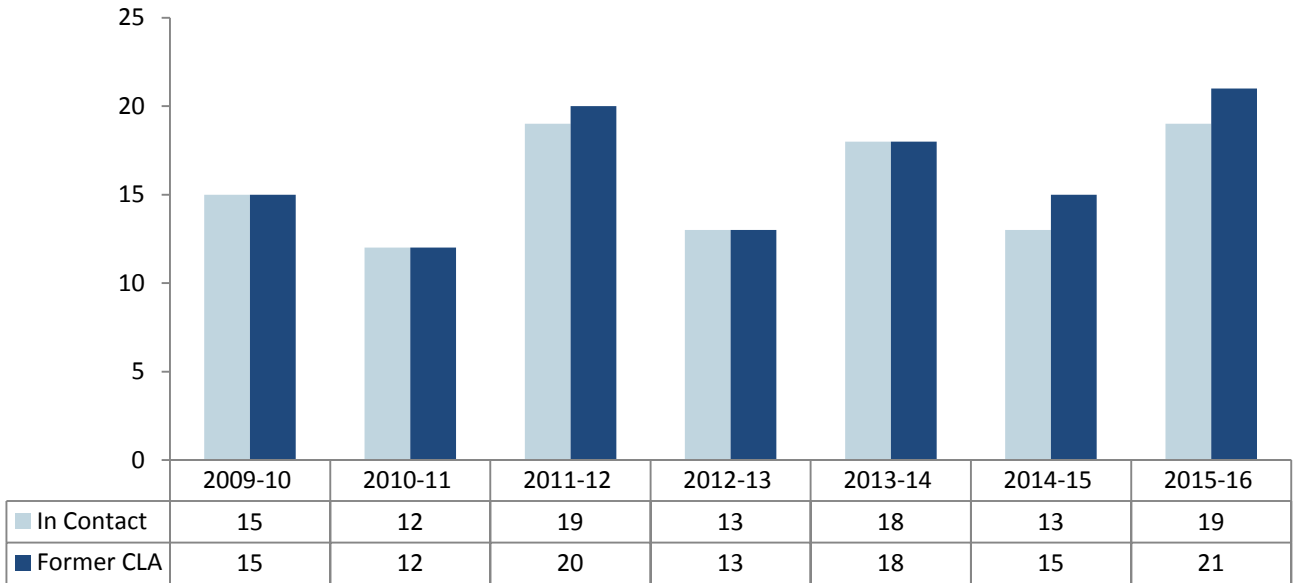[27] https://www.nspcc.org.uk/services-and-resources/research-and-resources/2016/how-safe-are-our-children-2016/

**Care Leavers**: National Strategic Indicators

In 2015/16 there was a total of 69 Care Leavers in Cwm Taf who were looked after.  Of those young people 89.8% (62) were still in contact with the local authority(s).  The number of Care Leavers who are not in contact with the local authority was 2 in Merthyr Tydfil and 5 in RCT.

**Figure 8: Care Leavers in RCT**

| | 2009-10 | 2010-11 | 2011-12 | 2012-13 | 2013-14 | 2014-15 | 2015-16 |
|---|---|---|---|---|---|---|---|
| In Contact | 34 | 20 | 29 | 34 | 38 | 46 | 43 |
| Former CLA | 35 | 21 | 30 | 36 | 38 | 47 | 48 |

**Figure 9: Care Leavers in MT**

| | 2009-10 | 2010-11 | 2011-12 | 2012-13 | 2013-14 | 2014-15 | 2015-16 |
|---|---|---|---|---|---|---|---|
| In Contact | 15 | 12 | 19 | 13 | 18 | 13 | 19 |
| Former CLA | 15 | 12 | 20 | 13 | 18 | 15 | 21 |

93.5% of Care Leavers in contact with the local authority(s) in Cwm Taf were in suitable non-emergency accommodation.

**Figure 10 Percentage of Care Leavers in Suitable Accommodation at age of 19**
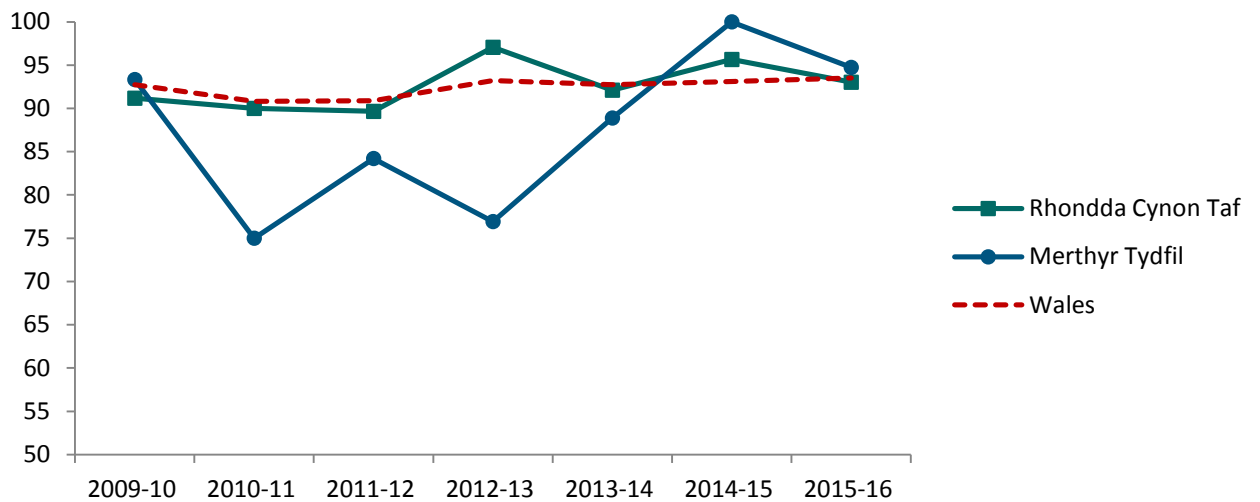


37.1% (62) of Care Leavers in contact with the local authority(s) in Cwm Taf were NEET. The corresponding NEETs level for all young people in Wales aged 19-24 was 19% at the end of 2015. The number of Care Leavers who were NEET was 7 in Merthyr Tydfil and 16 in RCT.

**Figure 11: Percentage of Care Leavers in education, employment or training at age of 19**
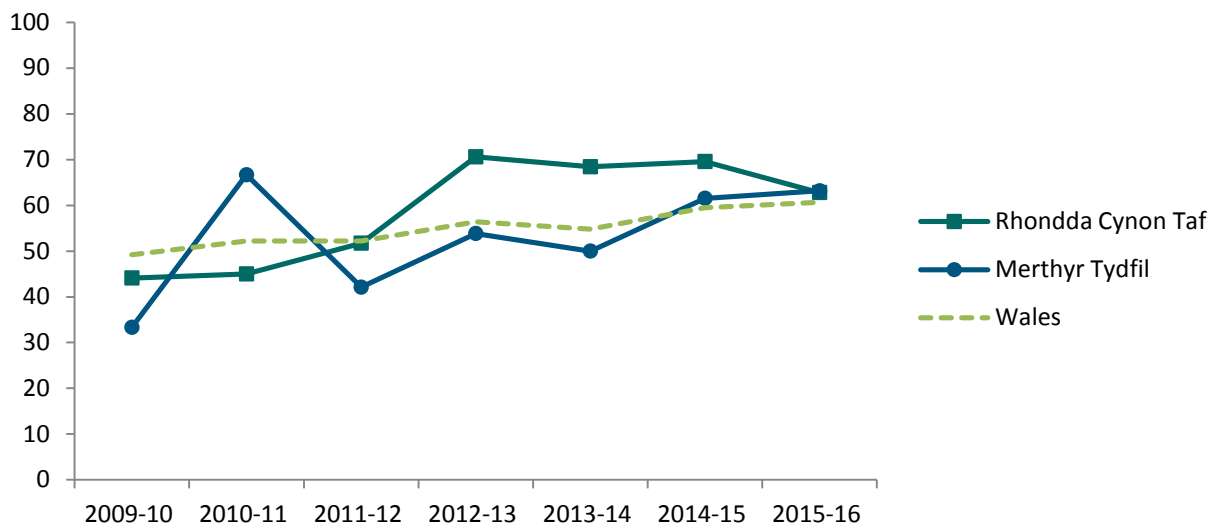


### Education

Between 1 April 2014 and 31 March 2015, 95 children aged 16 or over ceased being looked after in Cwm Taf and 79 % of these children had at least one qualification, similar to the all Wales average.

The proportion of care leavers aged 16 or over with 5 or more GCSEs at grade A* to G increased slightly from 27% in 2013-14, to 29% in 2014-15 in RCT.  In Merthyr Tydfil performance declined by decreased from 45% in 2013/14 to 27% in 2014-15.

In 2014/15 9% (5) of care leavers in RCT achieved 5 or more GCSEs at grade A* to C, the Wales average was 11% (80).  There was not data published for Merthyr Tydfil and no data for either LA in 2013/14

### Gap in evidence

The issues facing care leavers have been well documented – poor housing, risk of homelessness, unemployment, health problems, social isolation or ending up in custody[28].  In Wales the Children's Commissioner[29] has picked Transition – better support and planning to improve the transition to adulthood as one of her priorities to improve the lives of young people.

A gap in our knowledge for this assessment is the voice of the care leavers themselves. Their experience of the support they have received, the challenges they have experienced and what would have made life easier for them is a crucial piece of evidence that we recognise we need to gather.

[28] http://www.publications.parliament.uk/pa/cm201516/cmselect/cmpubacc/411/411.pdf
[29] https://www.childcomwales.org.uk/wp-content/uploads/2016/04/Strategic-Plan-English.compressed.pdf

## 2.    Headlines

## Adverse Childhood Experiences

**Adverse Childhood Experiences (ACEs) have a tremendous impact on health and wellbeing later in life.**

Public Health Wales has conducted research which has increased our understanding of the long term impacts that negative childhood experiences can have on individuals and the wider society.  The study into Adverse Childhood Experiences in Wales (ACEs)[30] found that children who suffer abuse are more likely to be involved in violence and misuse drugs and alcohol.  Many of the health problems we see today in adults can be rooted in childhood.  Professor Mark Bells, Director of Policy, Research and International Development in Public Health Wales said "…providing safe and nurturing environments for every child in Wales is the best way to ensure we raise healthier and happier adults who contribute to their communities and the economy."

We know from the information presented in this chapter that too many children in Cwm Taf are in care and for the majority they will have experienced trauma associated with abuse, neglect, loss and separation from family and friends before entering care.  Importantly, these experiences affect the way in which looked after children can feel about themselves and increase the risk of mental health problems[31].

According to the National Service for Adoption in Wales up to 25% of children placed for adoption have experiences in childhood that need specialist or targeted support[32].  As corporate parents we must work to help children recover and repair any damage from adverse experiences such as abuse and neglect through building resilience and addressing mental health difficulties.

Timely access to the right mental health care is crucial.  We know from stakeholder feedback that accessing specialist trauma counselling for looked after children looked is an issue across Cwm Taf.  Nationally delays experienced by young people who need extra help with their mental health has been identified as one of priorities for the Children's Commissioner in Wales.

Adverse childhood experiences are not confined to just those children in receipt of care and support – unfortunately many children from the general population will also be exposed to abuse, neglect and harmful experiences.  Prioritising the early years and focussing resources on early intervention and prevention to tackle the root causes of

---

[30] Welsh Adverse Childhood Experiences (ACE) Study,  Public Health Wales NHS Trust, 2015
http://www.cph.org.uk/wp-content/uploads/2016/01/ACE-Report-FINAL-E.pdf
[31] Action for Children (2014) Too much too young, London: Action for Children
[32] National Adoption Service (2016b) 'Population needs assessment and adoption support services (Letter to implementation managers)'.

health harming behaviours is critical if we are to ensure every child in Cwm Taf has the best possible start to life.

## Mental Health

**Timely access to the right mental health care is crucial if we are to support better mental health among children and young people and reduce pressure on high level need services such as CAMHS.**

Children and young people face many challenges –but they warn us that w*e must not medicalise growing up.*[33]  The report [Making Sense](#) written by young people, advocates support from people they trust- friends, educational counselling services and teachers – as way to address the majority of children and young people's emotional needs and overall development.  The young people highlight the importance of getting appropriate help at the earliest possible opportunity- rather than allowing problems to escalate to crisis point.  This finding is very much in keeping with the spirit of early intervention as advocated by both the SSWB Act and WFG Act.

The report consulted 500 CAMHS users and had the following key findings

- 75% of CAMHS users have a negative experience of CAMHS
- Less than half of CAMHS users agree that the service helped them get better and move on
- 75% of CAMHS users said that the service was friendly and approachable
- 56% of CAMHS users would prefer to turn to friends, 44% would prefer to turn to education counselling services and 39% would prefer to turn to teachers
- 29% said the best part of CAMHS was getting to talk to someone

Evidence from a consultation carried out by Eye to Eye[34], as part of the Create a Voice project in RCT, adds further support to the findings of the [Making Sense](#) report.  Being able to talk openly in school about why people self-harm or feel anxious and depressed, and having peer support, where echoed in the views of 250 young people aged 14-18 years who took part.

Key findings on the best ways to receive support for self-harm and mental health

- Self- harm should be discussed in PSE lessons
- Invite guest speakers into schools to talk about self- harm and mental health
- Run workshops to help young people learn how to address issues such as self-harm, stress, anxiety and depression

---

[33] [A report by young people on their wellbeing and mental health Jan 2011](#)
[34] Link to the original report will be available in the new year

- Create an *angry room* for young people to go and express themselves
- More training for anyone involved with young people about how to deal with someone who self-harms or is coping with stress, anxiety, depression
- Peer to peer training- so that friends can better support their friends in need

## Wellbeing

**Levels of subjective wellbeing are found to predict future health, mortality, productivity and income.**

We know that the impact of adverse experiences of children looked after have been shown to have a lifelong effect, making it all the more important to address the wellbeing of children whilst in care. Good wellbeing underpins any chance of success in ensuring children in care flourish and move on from traumatic experiences. Levels of subjective wellbeing are found to predict future health, mortality, productivity and income[35].

In Merthyr Tydfil we have started to build an evidence base of the subjective wellbeing[36] of children known to social services. This work will continue into the New Year in order to generate a robust baseline. We can present some preliminary findings from the work carried out to date.

Children known to social services had a much lower wellbeing score than children from the general population. Out of a maximum score of 5, children known to social services had an overall wellbeing score of 2.87 compared to 3.9 for children in the general population. We measured three different components of wellbeing and Figure 12 shows how they scored.

**Figure 12: Subjective wellbeing of children known to social services**

---

[35] World Happiness Report, 2013 (Eds) Helliwell, J, Layard, R and Sachs, J. http://worldhappiness.report/

[36] Subjective wellbeing is about people's own assessments of how their lives are going. This includes overall evaluations of the quality of life and different aspects of life. Hadley Centre/Coram Voice (2015) Measuring Well-Being: A Literature Review Children's Society (2015) The Good Childhood Report 2015. London: The Children's Society.

| | |
|---|---|
| **Good Relationship** | 3.00 |
| **Meaning and Purpose** | 2.99 |
| **Good Feeling** | 2.69 |
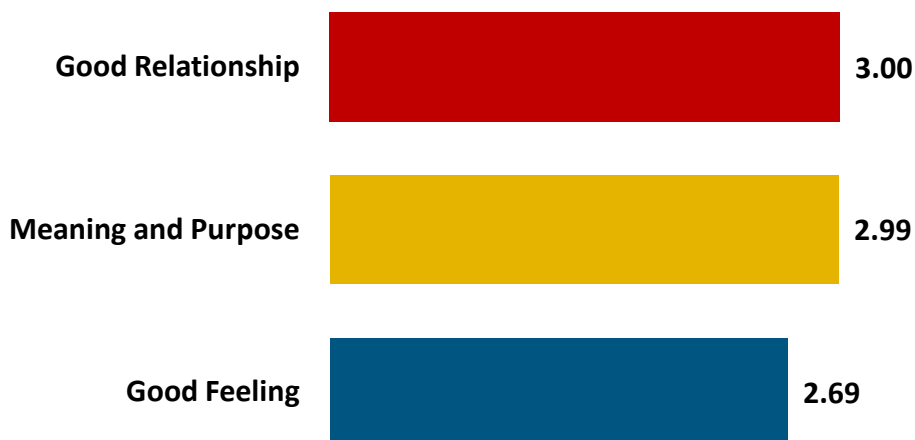
Source: MTBCB Performance Team

As can be seen from Figure 12 above, the 'Good Feeling' component of wellbeing had the lowest score. This component of wellbeing is measured by the following statements

- I've been feeling optimistic
- I've been feeling relaxed
- I've been thinking clearly

Qualitative evidence from boys who are looked after in RCT presents a similar picture of low wellbeing. They were quite negative about their own experience of their lives and communities as demonstrated by the following quotes:

'There's nothing good about Perthcelyn, it's shit with nothing to do'

'Abercynon is not very good, lots of drugs and you can smell them from the forest and when we are playing football'

'People in Fernhill are disgusting'

Perhaps surprisingly when asked about what would make things better, they boys talked the cleanliness of the environment –free of drug paraphernalia, litter, fly-tipping and dog mess. The links between positive wellbeing and the environment have long been established[37] and these issues are further explored in the Environmental chapter as part of the Wellbeing Assessment (insert link to the chapter).

When it comes to promoting looked after children's wellbeing, we know that positive stable and trusting relationships are of paramount importance. Research with looked after children also shows that other important factors include having a sense of control

---

[37] http://www.gov.scot/resource/doc/254447/0075343.pdf

and influence over their lives, feeling emotionally and physically safe, and having a narrative about their life which contributes to a secure sense of self[38]. These themes have been reiterated locally by children who are looked after across Cwm Taf.

We also know from our own research in Cwm Taf that children and young people in the general population want to have people in their lives that they can trust; they want to have an influence over their own lives and they want to feel listened to.

As public bodies we need to have a clearer focus on helping children recover from abuse and neglect, and if we are to truly adopt a preventative agenda we must ensure that improving the wellbeing of all children and their families is prioritised in order to build a Cam Taf that is more equal, healthier, prosperous, resilient, cohesive, with a vibrant culture that makes a positive contribution globally (The Wales we Want as outlined in the Wellbeing of Future Generations (Wales) Act 2015).

## The voice of children and young people

**We need to get better at involving children and young people, seeking their views and actively listen to what they say.**

This headline is perhaps the most straightforward to deliver. We need to get better at talking to children and young people, seeking their views and actively listening to what they say.

One of the key findings in the RCT Viewpoint survey was that pupils felt there were not asked their views, yet they have demonstrated to us during this population assessment that they want to contribute, they want to have a say, and they have ideas about how best to meet their needs.

Some quotes from engagement with young people

**"Important to get young people's views because that's who you are trying to help."**

**""Good to get thoughts out, happy to give ideas on how to improve services."**

**I have enjoyed being involved. I feel it's important to involve the younger generation."**

**""Good to have our voices heard."**

**"I think it was good as it gives us a chance to make a change."**

---

[38] Children and Young People's Views on Being in Care, A Literature Review (2015) Hadley Centre for Adoption and Foster Care Studies and Coram Voice. University of Bristol. London: Coram Voice. http://www.coramvoice.org.uk/sites/default/files/Children's%20views%20lit%20review%20FINAL.pdf

It's time we took notice and start to view children and young people as an incredible asset in the community, an untapped resource that could help us deliver the outcomes we are all working to achieve.

## 3.    Response

## Prevention

Both the Wellbeing of Future Generations (Wales) Act 2015 and the Social Services and Wellbeing (Wales) Act place a duty on public bodies to focus on prevention.   There is an abundance of research evidence to demonstrate the benefits to people and the wider society of having the best possible start in life.  Many of the issues identified in this chapter have their roots laid down before birth and in early childhood.  It therefore makes sense that we make a commitment to focus resources on preventing problems from occurring or intervening early to prevent them from escalating.

**Language**

However research for this chapter has highlighted the importance of meaning and language. Although prevention and preventative services are terms that are widely known they do not have a common understanding among the different organisations and services that are working with children and their families.

Establishing a definition of prevention that is commonly understood by all service providers and organisations across Cwm Taf would ensure that we can confidently refocus resources on activities that will deliver the benefits of working in a way that prevents rather than reacts to problems. .

**Data sharing**

Public Health advocates that the first 1000 days[39] of life, from conception to age two, as the most significant timeline to make a difference in a person's life.  However doing the population assessment has highlighted that it is precisely during this timeline when data and information sharing is limited.  Most of the data we use to profile vulnerable children occurs after the child has been exposed to adverse experiences- yet this profiling work is often described as preventative when in reality its an early intervention.

**Risk assessment**

---

[39]http://www.cwmtafuhb.wales.nhs.uk/sitesplus/documents/865/Item%20No%2013%20Annual%20Report%202011.pdf

The lack of a consistent method for assessing risk across Cwm Taf was identified by stakeholders as a barrier to effectively working to prevent problems or being able to intervene early.

**Parenting**

Programmes that support effective parenting are evidenced based interventions[40], but we know from our research that take up of parenting classes in Cwm Taf can be poor, outcomes are unclear, and we are unsure which parenting programmes are the most impactful.  Feedback from stakeholders suggests that certain preventative services, like parenting classes, are not palatable to families as they feel stigmatised because they have been targeted.  Stakeholders suggest that parenting classes should be a universal service.  If we are to raise the aspirations of vulnerable families and increase their resilience then they need to be exposed to different kinds of families- this will not happen in programme that only bring vulnerable families together.

---

[40] Resnick, M., et al. (1997). Protecting adolescents from harm. Findings from the National Longitudinal Study on Adolescent Health. *Journal of the American Medical Association,* 278(10), 823-32.

**Population Needs Assessment Briefing Document**

1.      Introduction

Through the Understanding Our Communities project, public services are gaining a better understanding of the good things about communities, what matters to people and how their experiences and what they have to offer can help us to plan and provide services.

The Social Services and Wellbeing (Wales) Act has been put in place to make sure that public services are doing all that they can to support people using care and support services to have their say and get involved in managing their own wellbeing. The Act means that public services will need to make sure that the right support is available for the people who need it at the right time and in the right way.

Under this Act, public services must carry out and publish a **Population Needs Assessment**, which looks at:
- the needs for care and support, and the support needs of carer;
- the extent to which those needs are not being met;
- the range and level of services needed to meet those needs; and
- how services are delivered through the medium of Welsh.

In Cwm Taf, we have been collecting lots of information for the Assessment, from the people making policy and commissioning decisions about services, the people delivering services and the people receiving services. In order to look at all of this information in an organised way, we used the seven 'client' groups of the Act;
- Carers;
- Children and young people;
- Learning disability;
- Mental Health;
- Older people;
- Physical disability and sensory impairment; and
- Violence against women, domestic abuse and sexual violence.

We then spent some time, talking with these people about the headlines that emerged under and really thinking about **how** they affect people and **what** we public services can do to meet the needs of people using our services, in the best possible way, now and in the future.

A summary of the headlines relating to **learning disability** are contained in this document. The document shows how the learning disability headlines fit into the 'bigger picture' and the key messages which relate to *all* client groups and what we currently do and/or could do to deal with these headlines.

All of the information gathered throughout the project to inform these headlines will also be available in an online library. You can find the full Population Needs Assessment [here].

2. Learning disability
*Definition of client group theme. This definition shouldn't come from a policy or corporate document. Remember that this report is public facing and that should be reflected in that way that you explain who the people we are talking about in this briefing document are.*

This document is about children, young people and adults with learning disabilities and / or Autistic Spectrum Disorders living in Rhondda Cynon Taf and Merthyr Tydfil (the Cwm Taf region).

If a person has a 'learning disability', it is usually said that they find it hard to understand new or complex information, to learn new skills and that they can't always live their lives without the help and support of others. A learning disability usually starts before adulthood and has a long-lasting effect.

The term 'learning disability' is used to describe many different types of conditions and people with the same learning disability may experience it differently. This is also true for Autistic Spectrum Disorders, where some people might have difficulties communicating with others, problems with controlling their behaviour and a different way of seeing the world to people without Autistic Spectrum Disorders. So, it is very difficult to talk about people with 'learning disabilities' as one group and people with learning disabilities might talk about the same condition in different ways.

When children and young people are in school, the terms 'Special Educational Needs', 'Additional Learning Needs' and 'learning difficulty' are also used to describe the different levels of support they might get to help with their learning.

---

3. The current position in Cwm Taf
*Provide detail, where applicable, on the current position of work relating to this client group across Cwm Taf, particularly any ongoing work or strategy which will be used in conjunction with the PNA to inform service design and delivery for this client group going forward.*

Most people with a learning disability or Autistic Spectrum Disorder will not use high-level, specialist services for their condition but will use the same services as everyone else. As well as the services that are for everybody, services in Cwm Taf for people with learning disabilities include:

- Education for children and young people with more serious Special Educational Need, like learning support classes in mainstream (regular) schools, four special schools and two units for pupils that need extra help;
- Funding for schools to help them support pupils with Special Educational Needs;
- Services within the Council like Educational Psychology; Learning Support; Behaviour Support; Attendance and Wellbeing; Youth Engagement and Participation; and Supporting Education, Employment and Training support;
- Supported housing;
- Supported employment and things to do / places to go in the day;
- Services that give families / carers some time to rest from caring for the person who has a disability;

- Plans that help people to live the life they want to lead;
- Care in the home and Direct Payments, which give the money directly to disabled people and their families so they can choose the services they want;
- Support for people to speak on behalf of people with learning disabilities;
- Health services support;
- Social work support;
- Charity and voluntary support.

As part of the Social Services and Well-being (Wales) Act, people in Cwm Taf have been putting together a document called the 'Cwm Taf Joint Statement of Intent for Learning Disability'. The document has been put together by people who work in the local services on offer for people with learning disabilities. At the moment, they are showing it to the people and their families that use the services to make sure it is clear and a true picture.

The 'Joint Statement of Intent for Learning Disability' says that people with a learning disability should have more choice and control about what happens to them and be able to use modern and effective services that support them to live without too much support from services or their families – this is called 'independent living' and people have told us how important this is to them in their lives.

In the future, the 'Joint Statement of Intent for Learning Disability' will be used with this document and the finished Population Needs Assessment to help services and the people using services make decisions.

---

4. Headlines
   *For each headline:*
   - *State headline;*
   - *Pick three reasons which explain how this headline was arrived at;*
   - *Describe how the headline impacts on the wellbeing of people using services and what the gap actually means;*
   - *Describe the ways in which current practice needs to be built upon and/or changed in order to address the headline and give examples of how this may be feasibly done.*

### I. *People want to be able to be a part of their community.*

Everybody we talked to told us how important it was to them to feel a part of their community – whether that was where they live, the people they spend time with or the things they take part in. People said that they enjoy being given the opportunity and support to live independently, which means different things to different people. Some people thought 'being independent' meant living in their own home, with little or no support from services, others linked independence to living away from their family members.

For example, even though some people lived in buildings where there are staff available to help, this represented 'home' to them. They talked about the staff and the other people they lived with as having a good effect on their independence. People also talked about making

friends with family, partners and colleagues mentioned as things that make people feel good and improved their well-being.

Learning new skills, doing some training or getting a job was also seen as a good thing to do by people with learning disabilities and people who work with them. People told us that learning and having a job was good for their mental and physical well-being, helping them to achieve bigger and better things.

Many people with learning disabilities and / or Autistic Spectrum Disorders do not use specialist services, so it is important that all services are easy to use for people with learning disabilities too. For many of the people we spoke to, a 'learning disability' is not what leads how they feel from day to day, it is the other barriers to feeling well such as getting around, spending time with other people, feeling purposeful and feeling valued that were more important to everyone. As such, people told us about the things they are involved in through their local community like play schemes, music, bowls clubs, walking groups, dance and brass bands that are open to everyone, but make an effort for people with learning disabilities to take part as well.

At the moment, not all services or communities are set up in the best way to do this and we need to raise awareness across businesses, members of the community and public services to help everyone enjoy activities in their community. This will involve time and patience in understanding what needs to change for everyone to get involved, learning from those activities that do this well to repeat this, and making sure that services are more flexible and use 'common sense' on what people might need.

## II. *There seems to be more people with lots of different learning difficulties and what people expect from services is changing. This is creating challenges for everyone.*

We think that there are about 5,500 people in Cwm Taf who have a learning disability and about 2,500 of these are children and young people. About 600 children and young people have an Autistic Spectrum Disorder in Rhondda Cynon Taf and about 140 children and young people live with this in Merthyr Tydfil (some of them will also have a learning disability).[1]

Only a small number of these people are using services in Rhondda Cynon Taf or Merthyr Tydfil. At the moment, about 234 children and young people are using services through the Disabled Children's Team in Rhondda Cynon Taf but there are another 239 children and young people supported by the team who do not have a recorded disability. In Merthyr Tydfil, 87 children and young people are being supported by the Disabled Children's Team at the moment.[2]

But people who work with children and young people have said there seems to be more people with more complicated difficulties. For example, the number of young people that have needed a statement saying that they have a Special Educational Need has grown by 46% since 2012 (from 564 to 823 pupils in 2016). This is putting pressure on services and

---

[1] Daffodil Cymru data: http://www.daffodilcymru.org.uk/
[2] Data provided by Children's Services in RCT and Merthyr Tydfil Councils

4

suggests that the number of people with difficulties is rising. This needs to be thought about in planning services for the future for adults with learning disabilities.

As well as this, the services people expect are changing. More people with learning disabilities and their families want to live in the same way as everyone else, with children going to mainstream schools, taking part in lots of things and being able to live independently. This has been a long process and is to do with the way we now live. Our communities and families have changed and this has meant that more traditional services are thought of as 'old-fashioned'.

Public services have not been able to move as quickly as people's expectations, so there are now some gaps in low level, community services such as housing, employment advice and social support. Instead, there are too many people still using traditional services like day centres. Although people enjoy visiting day centres and making new friends, as well as day centre services being a rest for families and carers, they are generally not helping people to reach their full potential and help them to live fuller lives. But there are some good examples of people getting involved in activities, training and getting work through supported services. There are also new models of housing called 'extra care accommodation' for older people, where people can live independently but still have support. People wondered whether these services might also be useful for younger people with learning disabilities too.

As well as this, the Welsh Government are working with local Council and Health services to bring in a National Joined-up Autism Service[3]. This will change the way children and young people with Additional Learning Needs have support in school; encourage employers and job centres to support people to get a job and help the wider community to understand Autistic Spectrum Disorders to best support the person.

Locally, we need to look at how organisations move funding from more 'traditional' services to focussing on what people want to achieve. This will involve thinking differently about the positive things already in the community that can be used and built upon to improve people's lives. To achieve this, services across Cwm Taf will need to be better at sharing information with each other to help decisions about where to invest money in future services.

### III. _It is difficult to access support in times of urgency._

As we have already said, most people with a learning disability or Autistic Spectrum Disorder will not need services for their condition. But, this is not to say that they might not need support and services at certain times of their lives. People with learning disabilities are more likely to suffer with their health and mental health problems[4]. If services don't know

---

[3] More information is available here (30th Nov 2016): http://gov.wales/topics/health/socialcare/asd/?lang=en

[4] For example, respiratory diseases and coronary heart diseases are leading causes of death in people with learning disabilities and within the learning disability population in Cwm Taf, 164 adults are predicted to have schizophrenia, 328 have an anxiety disorder and 219 have depression. Dementia is also more common in adults with learning disabilities (Ref: Cwm Taf Statement of Intent: http://www.rctcbc.gov.uk/EN/Council/CouncillorsCommitteesandMeetings/Meetings/Cabinet/2016/11/02/Reports/AgendaItem5LearningDisabilityJointStatementofCommissioningIntent.pdf)

about these people, their problems can get worse and worse until they reach a crisis point. We need to avoid this from happening.

The same is true for families who have been looking after their child or adult with learning disabilities. Sometimes they need support when things get really difficult or when something happens that pushes the whole family into stress. There are gaps at the moment in these 'intensive services', those services that help to manage a crisis, bring the family back from the brink and help problems to be tackled longer term.

Very often, these things relate to problems with behaviour and mental health. There are already some local services for children and adults with issues controlling their behaviour, but people told us that they need more services, from an earlier age and a 'just in case' low level service, perhaps in the community through a voluntary organisation.

We also need to change the attitudes of services and families, so that people feel welcome and want to be helped. Everyone (not just families affected by learning disabilities or autism) said that they wanted to feel understood and listened to. They said it would help to have programmes around basic things like going to the toilet, sleeping habits and for this to be available throughout a person's life – not just for young children. Good examples of this include the 'Early Bird' Parenting Programme[5] that helps parents to understand behaviour of children who have an Autistic Spectrum Disorder and the specialist Flying Start Health Visitors.

### IV. _Services need to work more collaboratively to see the person, not the problem._

This is a common theme running through the Social Services and Wellbeing (Wales) Act and other national laws at the moment. It was also something that staff and members of the public spoke strongly about during this process. People also said that this was hard because of all the different services, laws and pots of money; this stops staff from using their common sense for the person to reach their aims. And members of the public said that they just wanted services that made sense and gave them real choice and control over what they choose.

Some examples of this include how people with learning disabilities might want to spend their direct payments (money given directly to people and their families to buy the services they feel they need to help them). Some people might want to use this money to do activities that they enjoy, which will lead to new skills, more confidence and bigger things. But, at the moment, the system makes it quite difficult for Councils and Health Boards to allow this to happen.

Likewise, everyone is different and will need different levels of support at different times in their lives. At the moment, children and young people (up to the age of 18 or 25 years old) get certain services that adults might not be able to use. Different teams also work with children to those that work with adults, and they often work in very different ways. Sometimes, this isn't very helpful for the person who has one service up to the age of 18 and 364 days, and totally different services available to them from the age of 19 years old.

---

[5] Programme through the National Autistic Service: http://www.autism.org.uk/earlybird

This is true for families who foster a child with learning disabilities, who then might need an adult placement. This should be a quick and easy process, but can be challenging.

As we have already said, this can be true where people's conditions are getting more complicated. For example, elderly people might have a learning disability, poor physical health and dementia. This means they can be passed from service to service, which is confusing and difficult for the person and their family. Some of this is because national policy create divides in what services certain people can use. But this needs to change if we are going to support people to live the lives they want to lead.

In this way, everyone agreed that the system has to be more flexible to help staff to see the person and not the problem. This means that Welsh Government might need to make some changes, so that local services can do the things they need to do for the person.

Services will also need to work better together to understand what the person wants to achieve. Health, Social Services in the Council and voluntary sector will need to share information, work together to plan and deliver services to meet some of the complicated needs of people with learning disabilities and Autistic Spectrum Disorders. This is going to be difficult for some services and they will need to make brave decisions in trying new things. This is a 'culture change' across Cwm Taf. But listening to people with learning disabilities and / or Autistic Spectrum Disorders and their families, involving them in decisions and planning with them, will make this process a lot easier.

_____

**5.      Links to other headlines and common themes**

The things which affect people with **learning disabilities** do not stand alone. The same things are likely to affect other people who use care and support services, but who do not have a learning disability. Likewise, there are other headlines and common themes which will affect people who have a learning disability, but will not be related to that learning disability. Some of the common themes that have been brought forward by this work include:

- The need for people to feel a part of their community is universal. Feeling alone seems to be a common problem for people with learning disability and Autistic Spectrum Disorders, but it is also the case the elderly, people with mental health problems and other people in society. Our population assessment is focussed mainly on health and social care but people's lives are about much more than social services and if we are to help people help themselves, there is a need for more services to understand the different barriers for people feeling part of their community. As such, we need to think more about housing, leisure, transport, and planning, as the process develops in the future.

- People also felt that services needed to be more modern and move away from day centres and more towards building provision around what's already there in communities, rather than fitting people into services. This is a culture change for services, which try to sort out a problem, rather than look at the person's whole life. This will involve working with the community and with partner organisations under the Social

Services & Well-being Act to focus on what can be achieved if people think outside their own services.

- Across this work, it has been recognised that we do next has to involve the people affected by these services and their communities. We need their help in shaping services for the future and to check how things will work in practice. We will also need to build strength in communities, as they surround a person and can make a big difference to their lives. Building good networks will help people connect and strengthen the community as a whole.

- The parallel needs of carers have been brought up across chapters of the assessment because the well-being of individuals very often depends on the families around them. Any services that are put in place for one client group should think about what this means for carers – for example, learning disability day services must be planned in conjunction with respite services.

- The need for services that respond effectively to a crisis are still needed across Cwm Taf, even though our aim is to build strength around families.

- There is a strong case for collecting better data, sharing information in a better way and using data and information more to help plan services in the future.

**Population Needs Assessment Briefing Document: Mental Health**

1. Introduction

Through the Understanding Our Communities project, public services are gaining a better understanding of the good things about communities, what matters to people and how their experiences and what they have to offer can help us to plan and provide services.

The Social Services and Well-being (Wales) Act has been put in place to make sure that public services are doing all that they can to support people using care and support services to have their say and get involved in managing their own well-being. The Act means that public services will need to make sure that the right support is available for the people who need it at the right time and in the right way.

Under this Act, public services must carry out and publish a **Population Needs Assessment**, which looks at:
- the needs for care and support, and the support needs of carer;
- the extent to which those needs are not being met;
- the range and level of services needed to meet those needs; and
- how services are delivered through the medium of Welsh.

In Cwm Taf, we have been collecting lots of information for the Assessment, from the people making policy and commissioning decisions about services, the people delivering services and the people receiving services. In order to look at all of this information in an organised way, we used the seven 'client' groups of the Act;
- Carers;
- Children and young people;
- Learning disability;
- Mental Health;
- Older people;
- Physical disability and sensory impairment; and
- Violence against women, domestic abuse and sexual violence.

We then spent some time, talking with these people about the headlines that emerged under and really thinking about **how** they affect people and **what** we public services can do to meet the needs of people using our services, in the best possible way, now and in the future.

A summary of the headlines relating to **mental health** are contained in this document. The document shows how the mental health headlines fit into the 'bigger picture' and the key messages which relate to *all* client groups and what we currently do and/or could do to deal with these headlines.

All of the information gathered throughout the project to inform these headlines will also be available in an online library. You can find the full Population Needs Assessment [here].

2.     Mental health

Good mental health is essential to physical health, relationships, education, training, work and achieving potential. Mental health is affected by biological, psychological, social, economic and environmental factors which interact in complex ways[1].

For the purpose of this document, the following definitions[2] will be used:

a)  Mental well-being
The World Health Organisation defines mental health as:
*'A state of well-being whereby individuals recognize their abilities, are able to cope with the normal stresses of life, work productively and fruitfully, and make a contribution to their communities'.*

b)  Mental health problems
This term describes those experiences that interfere with day to day functioning. This can be at a clinically diagnosable level, but may also be sub-clinical. People who experience mental health problems may be helped by a range of support interventions.

c)  Mental illness
The Mental Health Act (2007) defines mental illness as:
*'Any disorder or disability of the mind'*
This term describes more severe and enduring conditions that are more likely to receive a clinical diagnosis and require treatment by specialist mental health services. This may include disorders such as depression, anxiety, schizophrenia, bipolar disorder. In children and young people this may be defined by the presenting behaviour or conduct.

For the purpose of this assessment, the client groups covered are:

- Children, young people, adults and older people in Cwm Taf who are in need of, or receiving, care and support as a result of their mental health problems or mental illness.

---

3.     The current position in Cwm Taf

**Together for Mental Health** (T4MH) is the age inclusive, cross-government strategy for Wales. It emphasises the need:

- To promote better mental well-being among the whole population
- To ensure that the needs of vulnerable people with mental health problems receive the appropriate priority
- To adopt a recovery and enablement approach to improve the lives of service users and their families

---

[1] Foresight (2007), *Tackling obesities: Future Choices – Project report*, London: Government Office for Science

[2] Together for Children and Young People (2016) *Child and adolescent mental health needs assessment*, Public Health Wales

- To work in partnership, acknowledging that no single body or sector can transform mental health in Wales.

**The Mental Health (Wales) Measure** places legal duties on health boards and local authorities to improve support for people experiencing mental ill-health.

The **Together for Children and Young People (T4CYP) Programme** is a multi-agency, multi-professional programme aimed at improving the emotional and mental health services provided for children and young people in Wales. The programme was launched at the end of February 2015 and is being led by the NHS in Wales with the support of Welsh Government.

---

4.    Headlines

### *Supporting people's mental health in Cwm Taf*

1. Around 50% of lifetime mental illness starts by the age of 14 and continues to have a harmful effect on the individual and their family for many years
2. Cwm Taf has the highest rates of mental illness and poor well-being in Wales
3. Projected increases in our older age population will lead to increased levels of dementia which will have a large impact on the need for provision of care and support services for this group.

### *Children and young people*

**Maternal mental health**
The foundations for good mental health lie in pregnancy, infancy and early childhood, particularly in relation to influencing brain development. The mental well-being of parents during pregnancy and the early years of life have an impact on the child's social, mental, and emotional development. Maternal mental health is also closely associated with socio-economic disadvantage and with poor emotional and social support.

In Cwm Taf, figures show that 19% of women who gave birth in 2013 had experienced a mental health problem, with the vast majority being of these being stress, anxiety, and depression. Depressed mothers may be less responsive to their baby's efforts to engage with them and this, in turn, affects how babies bond with their mother. Failure to establish a close and trusting bond with at least one main carer can lead to poor developmental and behavioural outcomes for the child. Protecting the mental well-being of women at this time is essential in promoting the well-being and resilience of children.

**Adverse Childhood Experiences (ACEs)[3]**
ACEs are potentially traumatic events that can have negative, lasting effects on physical and mental health and well-being. These experiences range from physical, emotional, or sexual abuse of the child, to parental separation, parental substance misuse, domestic violence, parental mental illness, or the incarceration of a parent or guardian.

---

[3] Public Health Wales (2016) Adverse Childhood Experiences and their association with Mental Well being in the Welsh adult population

ACEs have been shown to have a negative impact on physical health and mental well-being. Compared to adults who experienced no ACEs, those who had experienced four or more ACEs were (over the previous two weeks):

- 3 times more likely to have never/rarely felt relaxed
- 3 times more likely to have never/rarely felt close to other people
- 4 times more likely to have never/rarely been thinking clearly
- 5 times more likely to never/rarely have dealt with problems well
- 5 times more likely to have never/rarely been able to make up their own mind about things
- 6 times more likely to have never/rarely felt optimistic about the future
- 6 times more likely to have never/rarely felt useful.

Children and young people known to be at greater risk of mental health problems include those experiencing family breakdown; those in the Looked After System and those showing behavioural problems making them at risk of exclusion from school; children who have experience trauma. It is important to identify those at risk of mental ill health as early as possible.

Although there are opportunities across childhood and adolescence to prevent or moderate the effect of ACEs, the evidence shows that we can have the greatest impact if we focus our efforts in preventing and/or protecting against the impact of ACEs for both parents and children during the first 1000 days of life from conception to age two.

ACEs have a major impact and multiple long last effects into later adult life; the wide-ranging health and social consequences of ACEs emphasise the importance of preventing them before they happen.

**Supporting mental well-being in children and young people in Cwm Taf**
A universal population approach is needed which seeks to build mental well-being across the whole population and create the conditions in which the likelihood and impact of mental health problems and mental illness can be reduced. There is evidence to show that a number of preventative interventions are both effective, and cost-effective in promoting good well-being. These include:

- Health visiting intervention to reduce post-natal depression
- Supporting those working with children and families in the early years through appropriate training to enable them to recognise social and environmental risks and to support parents in managing early behavioural problems. Universal and targeted parent support is associated with improved mental health outcomes for parents and children
- Parenting interventions for the prevention of conduct disorders in children
- Access to early years educational opportunities is associated with improved mental health outcomes
- There are a range of programmes that can be delivered within the school setting for which there is some evidence of effect on social and emotional well-being, self confidence and self control in addition to reduction in conduct problems, violence and bullying. Across Cwm Taf, all primary and secondary schools are part of the Healthy Schools Scheme. In addition, 73 pre-school settings are engaged in the Healthy and Sustainable Pre Schools Scheme
- Recognition of the signs of mental distress in children and young people at an early stage and referral to helping services such as school based counselling.

**Mental health problems and mental illness in children and young people in Cwm Taf**

There are challenges in defining mental health conditions in children and young people due to differences in how cases are defined, recognised, coded and recorded. Different agencies providing services to children and young people have varying definitions of the words used in relation to mental health/illness and also in the definitions of terms such as 'prevention' and 'early intervention'. As a result, data collection in this area is inconsistent.

**Estimated number of children aged 5-16 with a range of conditions, local authorities and Cwm Taf, 2015**

|  | **Merthyr Tydfil** | **Rhondda Cynon Taf** | **Cwm Taf** |
|---|---|---|---|
| Conduct disorders | 530 | 2,036 | 2,365 |
| Emotional disorders | 330 | 1,280 | 1,640 |
| Hyperkinetic Disorders (ADHD) | 140 | 535 | 675 |
| Eating disorders* | 25 | 95 | 120 |
| Any mental disorder* | 855 | 3,300 | 4,165 |

Source: Public Health Wales Observatory. Note: individuals may have more than one disorder. * Based on ONS Prevalence Survey. Totals may not add up due to estimation.

Conduct disorders include temper outbursts, disobedience, fighting and bullying are the most common presenting form of mental disorder in children and young people

Emotional disorders include anxiety and depression

It is estimated that the numbers of children aged 5-15 predicted to have any mental health problems will increase slightly in the near future, but will return to current levels in the longer term.
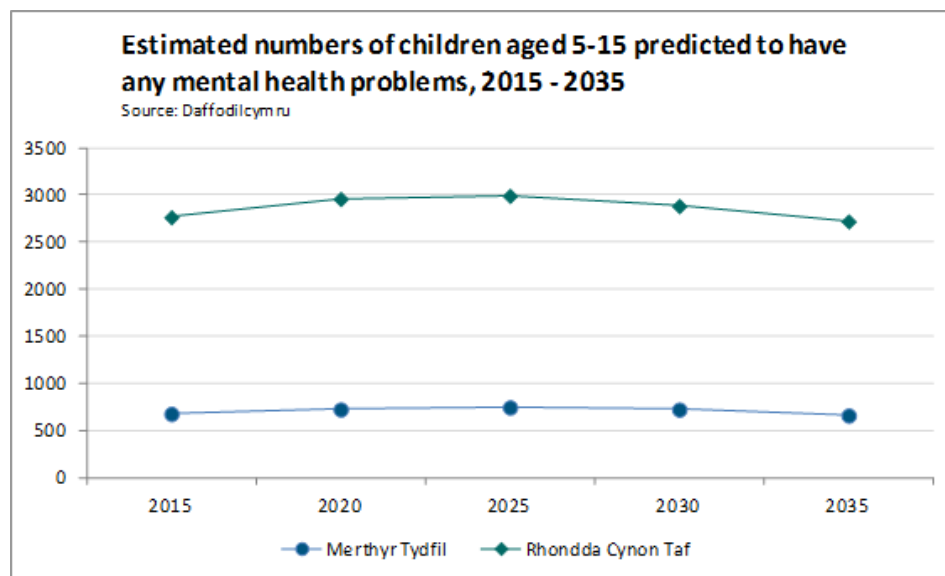


Source: DataUnit Wales

**Children in need (CIN) at 31 March 2015 with mental health problems**

|  | Total CIN | Number with mental health problem | Percentage with mental health problem |
|---|---|---|---|
| Merthyr Tydfil | 525 | 55 | 10 |
| Rhondda Cynon Taf | 2090 | 20 | 1 |

Source: StatsWales

**Neurodevelopmental disorders**
These include Attention Deficit Hyperactivity Disorder (ADHD) and Autistic Spectrum Disorder (ASD).The UK (and Wales) does not have a single survey or source of data on the number of children and young people with specific neurodevelopmental disorders.

In Wales there is insufficient service activity data for ADHD to consider whether the needs of those with ADHD can be met.

It is very difficult to estimate how many people are affected by ASD; Welsh Government has accepted a rate of 1% of the total population as the best estimate of prevalence. When this rate is applied to our population it is estimated that 726 children aged 0-17 are predicted to have any ASD in Cwm Taf.

Following the publication of the first Welsh Government Autistic Spectrum Disorder Strategic Action Plan there has been a reported increase in awareness of ASD, which has contributed to a sharp rise in diagnosis among school-age pupils. Improvements in data recording and condition classification coding are essential to inform assessment of need and service provision for this group[4].
**Note: Additional information is included in the Learning Disabilities document**.

**Child and Adolescent Mental Health Services CAMHS**
Cwm Taf UHB hosts the regional CAMHS service which provides specialist mental health services for children and young people in Merthyr Tydfil, Rhondda Cynon Taf, Cardiff, Vale of Glamorgan, Bridgend, Neath Port Talbot and Swansea. .As well as community mental health services, there are also 15 in-patient beds for children across the region with more complex mental health needs.

The four- tier service model for CAMHS services is represented below:

---

[4] Public Health Wales (2016) Child and adolescent mental health needs assessment
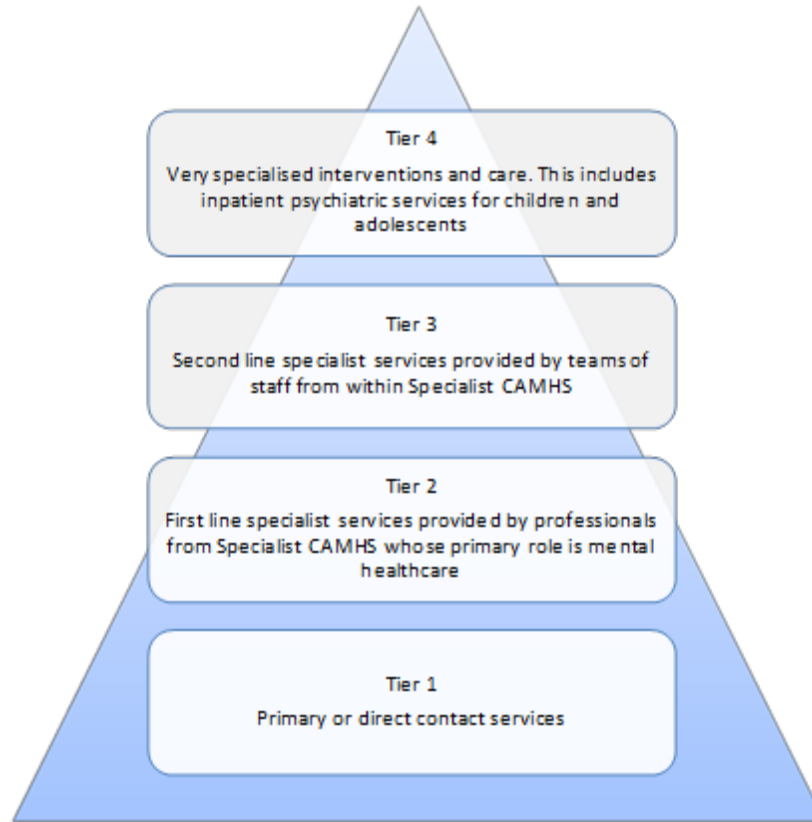
Source: Welsh Assembly Government

All tiers should manage the care of children and young people across the sectors, agencies and departments according to their assessed needs.

Evidence from specialist mental health services for children suggests that referrals have increased significantly and this is resulting in long waiting times for assessment and treatment. However, the data on service use is very poor in quality and incomplete Consideration should be given to improving data collection and sharing so that information relating to children and young people in contact with services is known across the system, and optimal use can be made of available resources.

Eye to Eye is a registered charity which provides school and community based counselling services across Cwm Taf for young people aged 10-25, In 2014/15 they provided counselling to 1800 young people.

However, in the four tier CAMHS model for children and young people, there would appear to be a gap between the level of support provided by Eye to Eye and specialist CAMHS services, according to our engagement. This could account for the large numbers of referrals directly to CAMHS if there is a lack of services at lower tiers of the pathway. This leads to long waiting times and clients not being able to access the service most appropriate for their level of need.

Hospital admissions data reflects the need for professionals working with children to have some level of training in managing mental health problems.

**Number and rate per 100,000 population of hospital admissions for young people where there is any mention of mental and behavioural disorders (ICD 10 F00 to F99) in the admitting episode, Cwm Taf, 2014**

| Age group | Number | Crude rate per 100,000 (95% CI) |
|---|---|---|
| 0-16 years | 529 | 902 (827 to 982) |
| 17-24 years | 988 | 3116 (2925 to 3317) |

Source: Public Health Wales Observatory, using PEDW (NWIS)

*Supporting the mental health of adults in Cwm Taf*

Poor mental health is both a cause and a consequence of social, economic and environmental inequalities; mental health problems both reflect deprivation and contribute to it. Mental ill-health is consistently associated with unemployment, less education, low income or material standard of living, in addition to poor physical health and adverse life events.

Cwm Taf has the highest levels of mental illness and poor well-being in Wales
The overall cost of mental health problems in Wales (2007/8) was estimated at £7.2 billion a year.

The challenging picture of mental health and well-being in Cwm Taf is shown in the latest available data across a range of measures summarised in the table below.

**Adult mental health indicators**

| Indicator | Merthyr Tydfil | Rhondda Cynon Taf | Cwm Taf | Wales | What this means |
|---|---|---|---|---|---|
| Adults who reported consuming alcohol above guidelines | 37% | 41% | 40% | 40% | More than half of people with substance misuse problems are simultaneously diagnosed with a mental health disorder at some point in their lives, with alcohol being the most commonly reported substance misused |
| Adults who reported binge drinking | 24% | 26% | 26% | 24% | |
| Mental Component Summary Score (measure of well-being) | 47.0 | 48.4 | 48.2 | 49.4 | Cwm Taf has the lowest score for well-being in Wales |
| Adults who reported being treated for a mental illness | 18% | 15% | 16% | 14% | Cwm Taf is the highest in Wales |
| Admissions to mental health facilities (2015/16) | | | 1225 | | |
| Suicide rate/100,000 population (2014) | | | 14.1 | | Cwm Taf is the highest in Wales (Other health board areas range from 10.7 -13.6) |

Sources: Welsh Health Survey/ Welsh Government Data Unit/ NCISHP report

Adult mental illness covers a broad spectrum; this document highlights key issues for our area.

**Depression**
Antidepressant prescribing figures have increased across all health boards since 2006. Cwm Taf has the highest figures in Wales. This is a long standing issue and relates to socio-economic conditions and other wider determinants of well-being.

**Co-occurring mental health and substance misuse problems**
The term, 'dual diagnosis' usually refers to the co-occurrence of a mental illness alongside substance misuse. The relationship between mental illness and substance misuse is complex and can change over time. It can vary between people; someone may have:
- A mental illness that has led to substance misuse
- A substance misuse problem that has led to a mental illness
- Two initially unrelated disorders (mental illness and substance misuse) that interact with and exacerbate each other
- Other factors that are causing mental illness and substance misuse including physical health problems

Evidence suggests that the number of people diagnosed in primary care with a dual diagnosis has increased in recent years, although there is a lack of national data on this.

Compared to people with a mental health problem alone, those with substance misuse and mental health problems are:
- likely to experience more severe mental health problems
- be at increased risk of suicide
- experience unstable housing
- have financial difficulties
- be less likely to engage with treatment interventions
- are more likely to fall through the gap between services.

Substance misuse can affect people regardless of their age background or ethnic origin and can also lead to significant problems in people's lives. Regional, multi agency, Area Planning Boards are responsible for delivering the Welsh Government Substance Misuse Strategy across Wales.

Cwm Taf has the highest rates of both drug misuse deaths and alcohol related deaths in Wales. Data from the Welsh National Database for Substance Misuse evidences the continued need for services across Cwm Taf, with approximately 3,000 referrals received annually for the period April 2013 to March 2016.

**Veterans**
Following military service, veterans of any age may suffer from a range of mental disorders, the most common being depression, alcohol misuse and anxiety disorders, as well as Post Traumatic Stress Disorder (PTSD).  The Ministry of Defence (MoD) defines

a veteran as "anyone who has served in HM Armed Forces, at any time, irrespective of length of service, including National Servicemen and Reservists"[5].

There are currently no official figures available on the number of military veterans in the UK, particularly at a local level. The Royal British Legion's (RBL) "Count Them In" campaign is calling for additional questions to be included in the next Census in 2021 to improve local data on the ex-service community. The MoD holds data on recruitment locations, but does not hold information on where personnel go on leaving service, or where they subsequently move to; not all personnel recruited from Wales will be resettled back here. This means that attempts to count veterans can only be a best estimate, based on surveys and modelling of the past, current and future military population. Within Wales some of the highest rates are to be found in areas where there are defence establishments.

The Public Health Wales Observatory, using datasets from the Royal British Legion (Royal British Legion 2014) has produced estimates of the number of veterans currently living in Wales together with projections of the future number of veterans likely to live in Wales.

**Estimated veteran population\*, all persons aged 16 and over, Cwm Taf UHB and local authorities**

|  | 2014 | 2020 | 2025 | 2030 |
|---|---|---|---|---|
| Merthyr Tydfil | 3790 | 2760 | 2150 | 1700 |
| Rhondda Cynon Taf | 15110 | 10990 | 8580 | 6780 |
| Cwm Taf UHB | 18900 | 13750 | 10720 | 8480 |

Produced by Public Health Wales Observatory, using MYE (ONS) and prevalence estimates from the Royal British Legion
\*Estimated population rounded to the nearest 10

The UK household survey of the ex-service community indicates that the prevalence of mental illness is around 8%, equating to 1,512 veterans in Cwm Taf (based on 2014 figures). That survey also reported that mental health problems have doubled since 2005 and that only one i twenty individuals have sought help for this issue. The risk of developing a mental health disorder may not only be linked to experiences during an individual's period of service with the Armed Forces but also to the transition period from military to civilian life. The Kings Centre for Military Health Research (KCMHR) cohort study[6] found that early service leavers are more likely to have adverse outcomes (e.g. suicide, mental health problems) and exhibit risk taking behaviours (e.g. heavy alcohol consumption) than those veterans who serve for longer periods.

The Veterans NHS Wales service (VNHSW) operates on a hub and spoke model with Cardiff and Vale University Health Board operating as the hub and five other health boards operating local spokes. It a primary care service with an open access policy accepting referrals from veterans themselves, and referrals made on their behalf from

---

[5] MOD (2011) *The Armed Forces Covenant,* Ministry of Defence

[6] King's Centre for Military Health Research. (2010). *A fifteen year report - what has been achieved by fifteen years of research into the health of the UK Armed Forces?* London: Kings College.

family members and statutory and non-statutory services. It is available to any veteran of HM Armed forces that has, or is suspected of having, a mental health problem related to military service. In Cwm Taf, the service provides a comprehensive assessment of veterans' medical, psychological and social needs which may lead to psychological therapy provided by Veterans Therapists. It also Signposting to other support services and where appropriate, onward referral to mental health services[7].

Further engagement is needed with the VNHSW staff in Cwm Taf to find out more detail on local need and service provision.

**Wider social needs of adults with mental health problems**

There are significant unmet housing needs for adults with mental health issues. Housing problems are frequently given as a reason for a person being admitted or re-admitted to inpatient mental health care. People with mental illness are far more likely to live in rented accommodation and their mental ill-health is often given as a major reason for tenancy breakdown. They may be offered accommodation in areas that are unsupportive – in areas with known drug problems/ antisocial behaviour, which affects their ability to maintain good mental health. Clients with tenancies often face eviction unless appropriate tenancy support is incorporated with care plans.

Providing wider community support such as housing, debt/employment advice, and social opportunities supports well-being. It also links with prudent healthcare and doing only what is needed.

Support service example: Newydd Housing

Charitable housing associations such as Newydd Housing provide affordable homes and support sustainable communities. They provide health and well-being support for tenants as well as debt/benefits advice. Tenants can access IT skills training and the computer loan scheme, and can become more involved though projects such as the community garden scheme.

***Supporting the mental health of older people in Cwm Taf***

In Cwm Taf, the population aged over 65 is set to increase over the next 20 years, with the largest percentage increase predicted to be in those aged 85 and over.

| Age group | Percentage increase by 2036 | Predicted number by 2036 |
|---|---|---|
| 65-84 | 37% | 16,200 |
| 85+ | 137% | 8,600 |

Source: Public Health Wales Observatory

This trend, along with an increase in the prevalence of age-related chronic conditions is likely to continue, and will have a significant impact on individuals, carers and health and social care services.  In particular, the rising costs of dementia – human, societal and economic, will be felt as our older population increases.

---

[7] Chick P (2014) A Review of the Veterans' NHS Wales Service, Public Health Wales
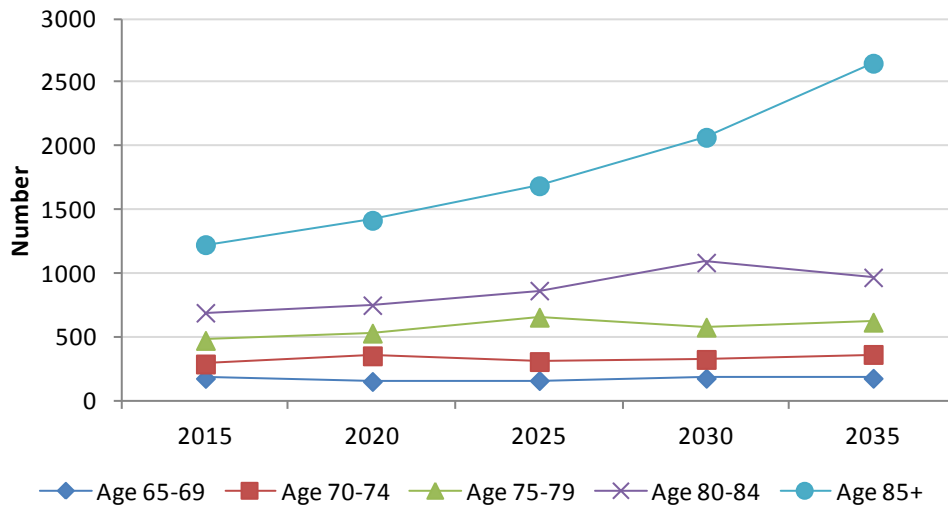
**Population estimated to have dementia 2015-2035, Merthyr Tydfil**

Source: Daffodil
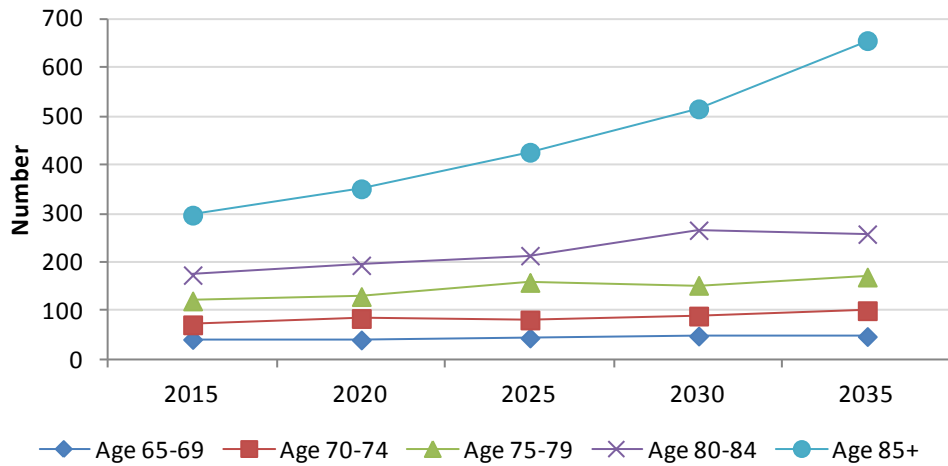


**Population estimated to have dementia 2015-2035, Rhondda Cynon Taf**

Source: Daffodil



As the population ages, the demographic profile of hospital ward populations is changing. In Cwm Taf, a 2012 survey showed that for general hospital beds:

- Almost 3 in 4 beds were occupied by patients aged over 65
- 1 in 4 beds were occupied by someone identified as suffering from dementia
- 1 in 12 beds were occupied by someone suffering from a solely mental health problem.
- Dementia is a major factor in prolonging length of stay in non-mental health beds.

The strength of evidence around dementia prevention is currently limited. However, the evidence that is available suggests that the best current advice to prevent dementia includes advocating healthy lifestyles specifically:

- Stopping smoking
- Reducing alcohol intake
- Eating a healthy diet
- Participating in physical and social activity

It has been estimated that by promoting and adopting healthy lifestyles in middle age, an individual's risk of developing dementia could be reduced by approximately 20%.

As well as predicted increases in dementia, it is estimated that a third of our population aged over 65 live alone. This can make well-being worse due to social isolation.

A number of issues have been highlighted in relation to services for older people with mental health problems.

The redesign of older people's mental health service is a priority for Cwm Taf UHB for 2016/17 with the aim of closing hospital beds and increasing community provision. However, this is dependent on ensuring increased provision of local nursing/care home provision. Current difficulties in finding placements for people results in delayed transfers of care, which is unsatisfactory

Patients with dementia need familiarity, but feel they are often 'bounced' from service to service, which is unsettling for them. This demonstrates the need for a fully integrated approach between the health board, local authorities and third sector to provide the range of wraparound services needed to support older people with complex needs.

Accommodation for our increasing, elderly population has been identified as an issue in the Local Housing Market Assessments for the two local authorities. A range of extra care housing options is needed including smaller, energy efficient homes, retirement complexes, sheltered accommodation, and care homes in order for older people to live independently in environments that support well-being.

As the number of older people in our area grows, it is vital that communities become more 'age-friendly'. This can be done by creating homes and neighbourhoods that enable older people to remain independent, economically active and involved with their friends, neighbours, family and local community. Schemes to promote social inclusion, befriending, volunteering initiatives, life-long learning and other meaningful activity can all have a positive impact. Free bus passes and free swimming for over 60s are examples of supporting older people to get out and about and maintain physical activity. However, it has been noted that lack of transport options can make social isolation worse for older people. The Alzheimer's Society has a recognition process for dementia-friendly communities. In our area, Maerdy, Mountain Ash and Pontypridd are signed up to this scheme.

Support service example: Care & Repair

Care & Repair help older homeowners and private tenants to repair, adapt and maintain their homes. Their Rapid Response Adaptations Programme (RRAP) provides essential adaptations for people who are in hospital awaiting discharge, have recently been discharged from hospital, or at risk of being admitted to hospital or into a Care Home. They also provide help with unclaimed welfare benefits, home safety and security measures and affordable warmth solutions.

***Supporting the development of preventative services***

1. Preventing mental illness has multiple benefits for individuals, services and wider society
2. For a variety of reasons including stigma, people with mental illness may not present to services until their condition is causing them problems or even at crisis point
3. The cost of treating mental health problems is also very large relative to other health conditions. Mental illness accounts for 20% of the total burden of disease (as defined and measured by the WHO), compared with 16.2% for cardiovascular disease and 15.6% for cancers.

At population level mental well-being is linked to conditions in which people are born, grow, live, work and age. Mental ill-health is consistently associated with unemployment, less education, low income or material standard of living, in addition to poor physical health and adverse life events. Action to promote population wellbeing therefore needs to address the fundamental structures which affect our lives – education, employment, economy. This directly links with the themes of the Well-being of Future Generations Act.

Building confidence and resilience in individuals and communities is an important step towards improving well-being. The Foresight Report[1]stated that:

*"Achieving a small change in the average level of well-being across the population would produce a large decrease in the percentage with mental disorder, and also in the percentage that have sub-clinical disorder -those languishing"*

A set of five, evidence based messages have been developed as a way of building well-being into everyday life[8]. These messages can apply to anyone – children, young people, adults, older people, and to those with or without mental health problems. They are first line messages in self-care and should be promoted widely in settings: education, workplaces and communities to improve resilience and well-being.

---

[8] Aked, J., Marks, N., Cordon, C., and Thompson, S. (2008) *Five ways to wellbeing*. London: New Economics Foundation

## Five ways to wellbeing

| | |
|---|---|
| **Connect** | With the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community. Think of these as the cornerstones of your life and invest time in developing them. Building these connections will support and enrich you every day. |
| **Be active** | Go for a walk or run. Step outside. Cycle. Play a game. Garden. Dance. Exercising makes you feel good. Most importantly, discover a physical activity you enjoy and that suits your level of mobility and fitness. |
| **Take notice** | Be curious. Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons. Savour the moment, whether you are walking to work, eating lunch or talking to friends.<br>Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters. |
| **Keep learning** | Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Set a challenge you will enjoy achieving.<br>Learning new things will make you more confident as well as being fun. |
| **Give** | Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself, and your happiness, linked to the wider community can be incredibly rewarding and creates connections with the people around you. |

There is evidence to show that a number of preventative interventions across the life course are both effective, and cost-effective. These include:

- Health visiting intervention to reduce post-natal depression
- Parenting interventions for the prevention of conduct disorders in children
- School-based social and emotional learning programmes
- School-based interventions to reduce bullying
- Early detection and intervention in psychosis
- Screening and brief intervention in primary care for alcohol misuse
- Promoting wellbeing in the workplace
- Debt advice
- Befriending schemes for older adults

Preventative service example: Porth Men and Women's Sheds

'Men's Sheds' are social groups or enterprises set up in local communities originally to tackle growing concerns of social isolation amongst men who had time on their hands (due to retirement, unemployment, illness. They are self-governed, self-supported and sustainable with a small committee; their own individual constitution, their own income and eventually their own premises. How each individual shed looks and the activities

that take place in them depend entirely on the skills and interests of the group. The Porth group is a community project primarily for men and women over 65's but not exclusively so, and provides woodwork, sewing, knitting, walking football, free golf coaching, biking group (future), cuppa's, a place to chat and cake (sometimes).

http://www.mensshedscymru.co.uk/porth-mens-shed/  Tel: 01443 682312

Preventative service example: Valleys Steps

The Valleys Steps service has been developed to provide appropriate alternatives to the prescription of antidepressant medication and referrals for assessment within mental health services. It aims to increase the degree of emotional resilience in the communities of Cwm Taf which is of particular relevance and value in the current climate of social and economic adversity.  They offer free, drop-in Stress Control and Mindfulness courses at a range of times and community venues across Cwm Taf.



www.valleyssteps.org

In communities across Cwm Taf a wide range of activities are happening which support well-being. This is evident in the range of voluntary organisations supported by VAMT and Interlink, our county voluntary councils. However, our engagement with stakeholders and services users has highlighted gaps in preventative services for people with mental health problems. These include wider community support such as housing, debt/employment advice, and social support. It has been noted that such support is vital to maintain well-being in people with mental health problems, as difficulties with housing, employment and financial matters or social isolation may cause deterioration of their condition which, if unresolved may lead to crisis. However, it is difficult to maintain levels of social support if funding for this is short term and/or inconsistent.

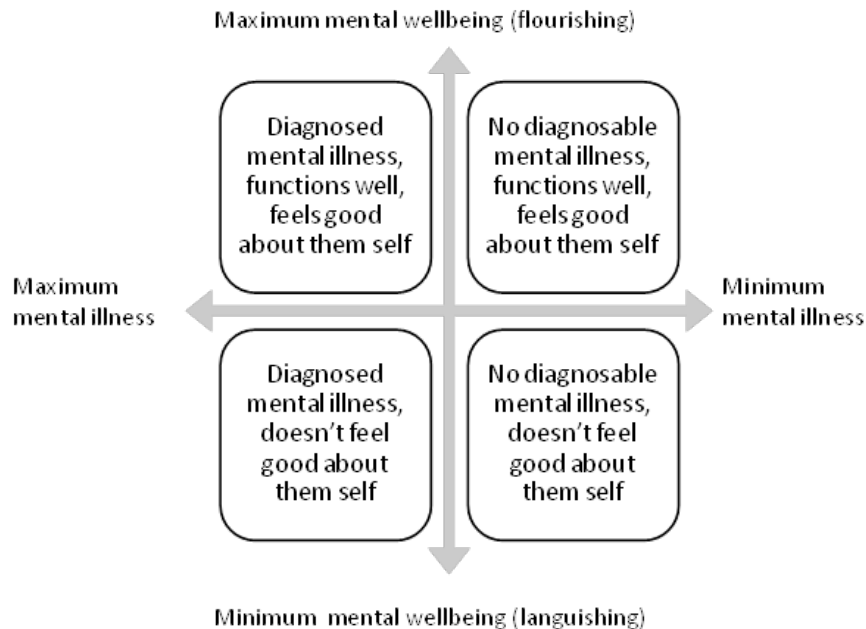### *Developing a common language to improve service provision*

1. There are differences in the definitions and terminology used across the services for people with mental health problems/mental illness
2. This is confusing for service users and is a barrier to integrated working between agencies
3. This issue may also apply to the other groups covered by this act.

The World Health Organisation has given us a clear, holistic, positive definition of what mental health is:

 *'A state of well-being whereby individuals recognise their abilities, are able to cope with the normal stresses of life, work productively and fruitfully, and make a contribution to their communities'.*

However, the language commonly used relating to the term 'mental health' is often confusing and stigmatising. For example, the term 'mental health services' actually relates to services for those people who have some degree of mental illness.

The model[9] below shows how people experience the different but linked concepts of well-being and mental illness. This demonstrates that well-being is not a static state; individuals may move between quadrants at different times of their lives, and in response to different circumstances. This could explain why we have so many terms to cover the spectrum of experiences from well-being through to severe and mental illness.



Maximum mental wellbeing (flourishing)

| Diagnosed mental illness, functions well, feels good about them self | No diagnosable mental illness, functions well, feels good about them self |

Maximum mental illness — Minimum mental illness

| Diagnosed mental illness, doesn't feel good about them self | No diagnosable mental illness, doesn't feel good about them self |

Minimum mental wellbeing (languishing)

Furthermore, across the vast range of services provided by the health board, local authorities, third sector providers and community organisations, definitions of terms such as 'prevention' and 'early intervention' differ. Service providers have different funding arrangements and eligibility criteria for people to be able to access their services. Where definitions of terminology vary between services, people with mental illness may not meet eligibility criteria but still have care and support needs that go unmet.

Across the care pathway from well-being to mental illness we need to develop consistency in relation to definitions and a shared understanding of what we mean by these commonly used terms, in order to recognise where we're most likely to be effective.

### *Improving systems to provide better services and reduce inequalities*

1. Good data and information is essential to assess the need for, and planning of, services

---

[9] Keyes, C.L.M. (2002) The mental health continuum: from languishing to flourishing in life. *Journal of Health and Social Behavior* 43 (2):207-222.

2. Service users, particularly those with complex health and social support needs, want seamless services
3. Lack of integration in the health and care system leads to delayed transfers of care which are frustrating for service users and increase costs for providers

For children and young people, adults and older people we have seen examples throughout this document where data is limited, or poorly and inconsistently collected. This makes assessment of need and service planning very difficult. The various agencies which involved in providing care and support to someone with mental health problems will all have their own systems of data collection, depending on their funding, accountability and governance requirements. However, it is often unclear how data is used to inform the provision of the services that people with mental health problems have identified – hence the gaps in preventative services outlined above.

Where several agencies are involved, information sharing arrangements between partners are essential to optimise the care for clients. It is clear therefore, that data collection across agencies should be improved, and aligned with agreed national frameworks to better inform future service planning.

Engagement with stakeholders and service users have reported difficulties arising from the lack of integration between health, social services and third sector with regard to referral pathways, service planning and delivery in order to meet the complex needs of this client group. For example, delayed transfers of care for dementia patients in hospital may be due to the lack of availability of appropriate housing or support services being available. This is frustrating for service users and carers and causes additional costs for services.

An example of good practice in integration of services is the Cwm Taf MASH (Multi Agency Safeguarding Hub)

Integrated service example: Cwm Taf MASH (Multi Agency Safeguarding Hub)

The Cwm Taf MASH is the first point of contact for new safeguarding concerns and has significantly improved the sharing of information between agencies, helping to protect the most vulnerable children and adults from harm, neglect and abuse.

The Cwm Taf MASH handles concerns about children, adults at risk and high risk domestic abuse; taking a holistic, family approach. Nearly 50 staff from the Police, Health, National Probation Service, Community Rehabilitation Company, Education, Children's Social Care and Adult Safeguarding are working together in the MASH office. The MASH directly receives safeguarding concerns from professionals such as teachers and doctors, as well as members of the public and family members via Rhondda Cynon Taf CBC and Merthyr Tydfil CBC contact centres.

For concerns that meet the threshold for Social Care involvement, representatives from the different agencies in the MASH and outside will collate information from their respective sources to build up a holistic picture of the circumstances of the case and the associated risks to the child, adult or high risk domestic abuse concern. As a result, more informed decisions will be made about what action to take and support will be targeted on the most urgent cases. Feedback will also be given to professionals

reporting concerns. Better co-ordination between agencies will lead to an improved service for vulnerable adults, children and families

5.  Links to other headlines and common themes

Everyone has mental health needs whether or not they have a diagnosis of a mental health problem. The well-being of the population is determined by a wide range of factors including physical health, relationships with family, friends and community, meaningful employment, leisure activities. All the interactions which contribute to population well-being are captured in the model below.
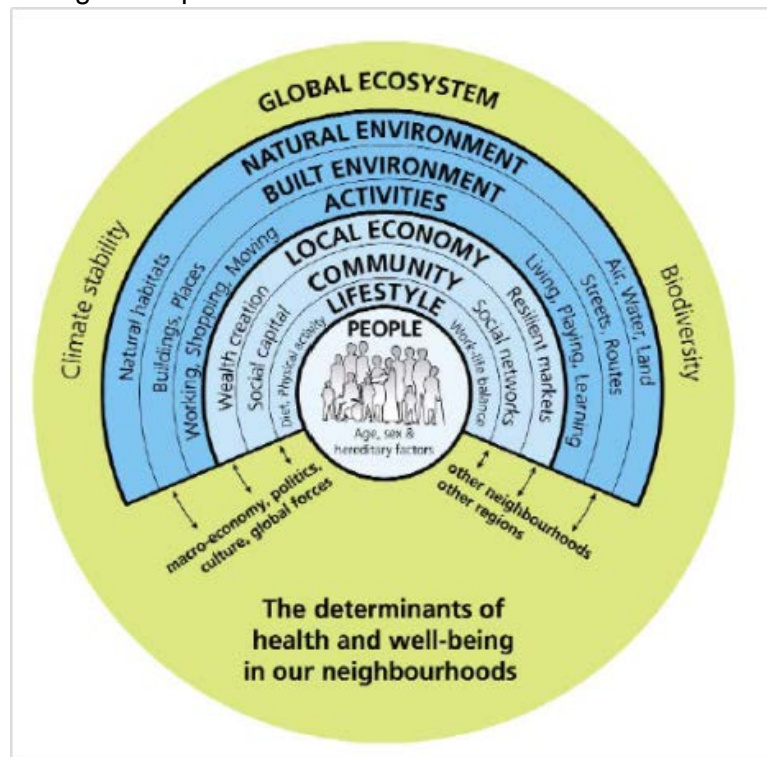


Source: Barton and Grant[10]

Mental well-being therefore links with all four themes of the Well-being of Future Generations Act: cultural, economic, environmental and social well-being.

People who are in any of the other groups covered by the Social Services and Well-being Act are more likely to suffer mental health problems/mental illness in addition to their presenting condition:
- Carers;
- Children and young people;
- Learning disability;
- Older people;

---

[10] The Health Map. Barton, H. and Grant, M. (2006) *"A health map for the local human habitat."* The Journal of the Royal Society for the Promotion of Health, 126(6), pp. 252-253.

- Physical disability and sensory impairment; and
- Violence against women, domestic abuse and sexual violence.

Supporting and promoting mental health should therefore be an element in the care and support for all groups.

Poor mental health is both a cause and a consequence of social, economic and environmental inequalities; mental health problems both reflect deprivation and contribute to it. Inequalities in health arise because of inequalities in society – in the conditions in which people are born, grow, live, work and age. Mental ill-health is consistently associated with unemployment, less education, low income or material standard of living, in addition to poor physical health and adverse life events.

Evidence shows that the strongest negative effect of economic downturn is on mental health[11]. Unemployment rates and increased job insecurity have resulted in less money available in many households. Negative impacts of unemployment on well-being include:
- Financial strain caused by loss of income
- Difficulty in finding alternative employment
- Loss of social role
- Anger and frustration about the situation
- The stigma attached to being unemployed

Given the relationship between debt and mental ill health, the recession has added to the problems that people in poverty face, and has resulted in increased levels of anxiety and depression. In addition, Cwm Taf has also been especially hard hit by welfare reforms[12].

Taking action to reduce inequalities requires action across the whole of society if mental health and well-being is to be improved. For example, a recent study[13] has shown that the targeted regeneration of deprived neighbourhoods can improve mental health.

---

[11] Winters, L., McAteer, S., Alex Scott-Samuel, A. (2012) *Assessing the Impact of the Economic Downturn on Health and Well-being*. Liverpool: Liverpool Public Health Observatory.

[12] Beatty C, and Fothergill F, (2014) The impact of welfare reforms on the valleys, Sheffield Hallam University/ Industrial Communities Alliance (Wales)

[13] White J *et al* (2016) *Improving mental health through the regeneration of deprived neighbourhoods*, Cardiff University

**Population Needs Assessment Older People**

## 1. Introduction

Through the Understanding Our Communities project, public services are gaining a better understanding of the good things about communities, what matters to people and how their experiences and what they have to offer can help us to plan and provide services.

The Social Services and Wellbeing (Wales) Act has been put in place to make sure that public services are doing all that they can to support people using care and support services to have their say and get involved in managing their own wellbeing. The Act means that public services will need to make sure that the right support is available for the people who need it at the right time and in the right way.

Under this Act, public services must carry out and publish a **Population Needs Assessment**, which looks at:
- the needs for care and support, and the support needs of carer;
- the extent to which those needs are not being met;
- the range and level of services needed to meet those needs; and
- how services are delivered through the medium of Welsh.

In Cwm Taf, we have been collecting lots of information for the Assessment, from the people making policy and commissioning decisions about services, the people delivering services and the people receiving services. In order to look at all of this information in an organised way, we used the seven 'client' groups of the Act;
- Carers;
- Children and young people;
- Learning disability;
- Mental Health;
- Older people;
- Physical disability and sensory impairment; and
- Violence against women, domestic abuse and sexual violence.

We then spent some time, talking with these people about the headlines that emerged under and really thinking about **how** they affect people and **what** we public services can do to meet the needs of people using our services, in the best possible way, now and in the future.

A summary of the headlines relating to **older people** are contained in this document. The document shows how the older people's headlines fit into the 'bigger picture' and the key messages which relate to *all* client groups and what we currently do and/or could do to deal with these headlines.

All of the information gathered throughout the project to inform these headlines will also be available in an online library. You can find the full Population Needs Assessment [here].

## 2.    <u>Older people</u>

There is no agreed definition of older or old people and people differ widely in what they consider to be old. Members of each age band are a very diverse group and age is a very unreliable indicator of state of health or mental or physical capacity of any individual.

However it is also true that the probability of suffering a wide range of health problems and limitations of function increases with increasing age. Any grouping into age band is arbitrary but in order to plan services it is helpful to consider the needs of the different age groups within the population.

In 2001 policy from the United Kingdom in the form of the National Service Framework for Older People broadly categorized three bands for older people whilst also identifying the associated goals for health and social care. They are as follows:

Entering old age**:**      People from 50 to the official retirement age who have completed their career. They are supposed active and independent and many remain so into late old age. The goals for health and social care policy for this group would be to promote and extend healthy active lives

Transitional phase:      A group in transition between healthy, active life and frailty, often occurring in the seventh or eighth decades, but can occur at any stage. The Goals of health and social care policy for this group would be to identify emerging problems pre-crisis, ensuring effective responses that prevents crisis and reduce long-term dependency.

Frail older people:      A vulnerable group due to health problems e.g. stroke or dementia, social care needs or a combination of both. Frailty is often experienced in late old age, so services should be designed with this in mind. The goals of health and social care policy should be to anticipate and respond to problems, recognising the complex interaction of physical, mental and social care factors that can compromise independence and quality of life.

As the population ages, the health and well being of older people and the provision of services to meet their needs becomes increasingly important.

With improved living conditions and better health care throughout life, life expectancy continues to increase. This, combined with declining birth rates has created a shift in the age structure of our population, with increases in the proportion of the population aged over 65. The critical issue is whether people will spend these extra years in good physical and mental health, or in illness, distress and loss of independence.

**3.** **The current position in Cwm Taf**

The number of older people that live in our communities in Cwm Taf is growing. We have achieved real improvements in the effectiveness of our medical and public health services and, as a result, people are living longer healthier lives. In the next 15 years, we expect our population of people over the age of 65 years to grow by 30% and those over the age of 80 years to grow by 70%.

The services we commission to support our older citizens and their carers are often already stretched. It has been estimated that if these services simply increase to keep pace with demographic change, this will result in a near doubling of care costs by 2026. We know that we have to adopt a new approach to use our resources as wisely as possible.

We also know that we must improve the experience of our older citizens as they come to require the support and care that we provide. As large public bodies, we are complex organisations. We have each developed systems to assess people's need for support and to arrange and provide it. These systems are often complex and hard for people to navigate. Our services can operate alongside each other in a way that can make people feel as if they are "being given the run-around". We are committed to improving the way we work together to place our older citizens at the very centre of the services they receive.

The Social Services and Wellbeing (Wales) Act (2014) sets out a challenge for us to fundamentally reshape the way individuals, families and communities are supported by our statutory organisations. In responding to the Act, we must make a radical change in our "offer" to individuals, families and communities; supporting them to take responsibility for their own health and wellbeing. We must shift our emphasis from reactive long term (often institutional) services to an approach which promotes choice, dignity and independence, focusing on the strengths of individuals and their social and community networks.

The starting point for is to emphasises the key role of families and communities in offering support and care to their members. All our citizens are surrounded by a network of family, friends and neighbours that influence their quality of life. They in turn contribute to the community in which they live. This is perhaps especially true for our older community members.

Our role is to complement these networks by supporting people to continue to live fulfilled lives as they grow older, and when they need it, to help them tackle life problems (e.g. ill-health, bereavement, becoming socially isolated).  This is important not only for the individuals concerned, but for the resilience, wellbeing and development of our communities as a whole.  It is our intention to support older people who have become isolated to reconnect with their communities.

To do this we need to make the right services available at the right time, and ensure that they are efficient and well co-ordinated.  By doing so we can support people as soon as they need it, help them to remain happily within their family and community, and for some, avoid expensive and disruptive specialist and substitute care.  By doing this successfully over time we can also take some resources out of specialist and substitute care and into better community and universal services.

Together, we have adopted a common vision statement for integrated health and social care services for older people:

*"Supporting people to live independent, healthy and fulfilled lives".*

This will be achieved by providing health and social care services that are:


- Integrated, joined up and seamless.
- Focused on prevention, self-management and reablement.
- Responsive and locally delivered in the right place, at the right time and by the right person.
- Safe, sustainable and cost effective.
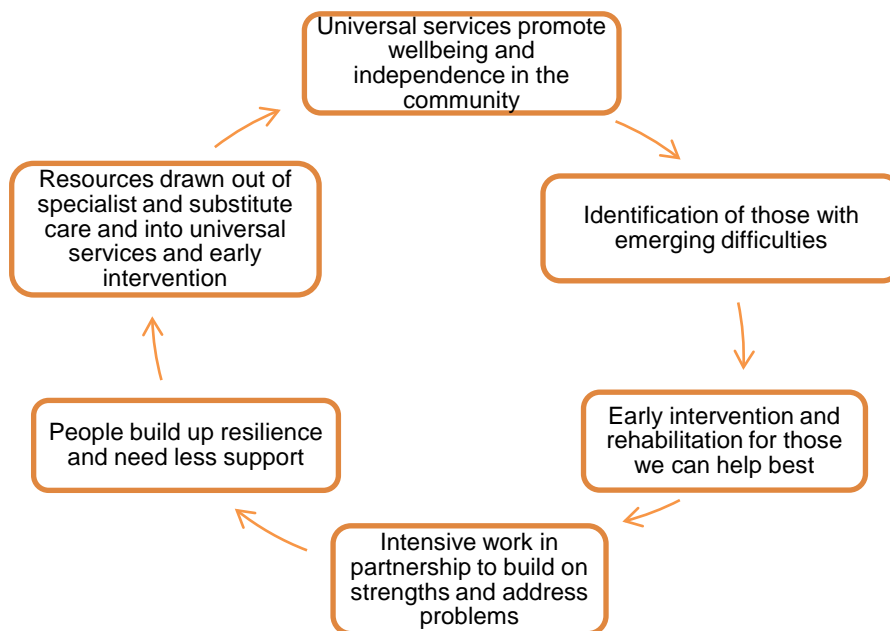
We will achieve this by building an integrated, co-ordinated approach to health and social care services (where they overlap) comprising 3 inter-related levels:

- Community, Universal and Prevention Services.
- Early Intervention and Reablement Services.
- Specialist and Substitute Services.

**Community, Universal & Prevention Services**

**Early Intervention & Reablement**

**Specialist & Substitute**
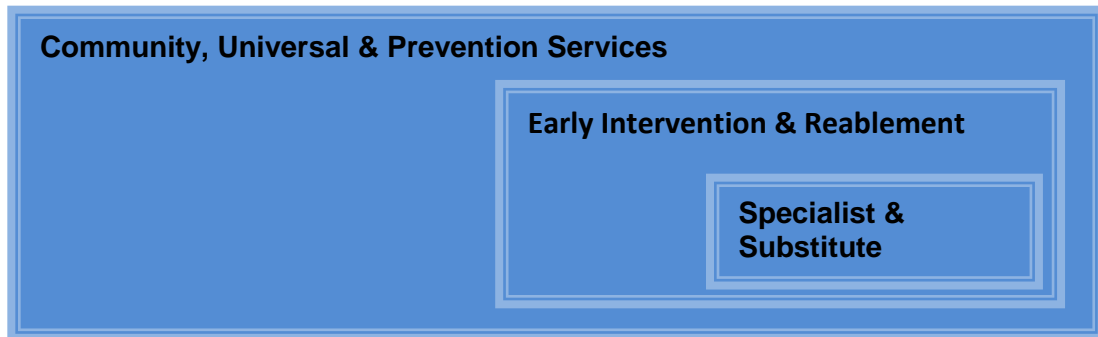
The aim is to be sure that we focus our attention on making a difference.  We need to be able to see that the support that we offer has improved the health and wellbeing of our citizens.

For that reason we need to be clear what "outcomes" we are seeking so our joint commissioning statement sets these out as shown in the table below:

**This is what good looks like for older people in Cwm Taf**

- Older people live longer, healthier and happier lives.
- Older people live life to the full and are enabled to maintain their independence for as long as possible.
- Older people who become ill, frail or vulnerable receive the care and support they need at the right time in the right place.
- All individuals and communities recognise the need to take more responsibility for their own health and wellbeing and are supported to do this.
- That people are treated with dignity and respect and treat others the same
- That People are heard and listened to.
- That People  know and understand what care, support and opportunities are available and use these to help them achieve their well-being

- That people get the right care and support, as early as possible

## 4.   Headlines from the older peoples population assessment

<u>The ageing population</u>

In Cwm Taf the adult resident population in 2013 was 231,670. There were over 53,000 people over 65 and over 23,000 people over 75.

Current projections see a rise in the total adult population of Cwm Taf to 237,930 by the year 2030. This represents an increase of 2.7%. However this figure masks a disproportionate increase in the older population.  Overall, the population under 55 will decrease by c.14,000 (10%) but we expect the number of older people to grow much more rapidly.

By 2030, the number of people over 65 years will increase by 30.4% and people over 80 years by 71.3%

National policy has focussed on service improvement, co-ordination between national and local government and greater integration of social care, health services and other agencies in Wales, notably the third sector.  There is increasing emphasis on individuals and communities being at the centre of decision-making about their care and on providing care and support at home where possible.

Meeting the needs of an increasingly ageing population will be a key challenge for the Cwm Taf Partnership. In the current economic climate, the relative (and absolute) increase in people who are economically dependent and, in some cases, care-dependent, will also pose particular challenges to communities.

It is clear from the research and changes to Policy across the UK that preventative and early interventions are considered to be the most effective way of supporting older people in the long term and this is reflected in the model of service that the Cwm Taf Partnership has committed to implementing outlined above

There are however people who suffer with more complex physical, mental and social care factors usually associated with older old age and frailty and for these people the focus of the Cwm Taf Partnership will be around the quality of care available and the value added towards achieving the wellbeing outcomes of the person and their carers.

---

**Outcome summary of key themes from the engagement with the public, staff and the third sector in Cwm taf (2015/16)**

**NOTE older people have told us that they:**

- Value their independence
- Value the ability to live in their own home,
- Expect to be treated with dignity and respect
- Value continuity of care from health and social services

---

Levels of deprivation

We are all familiar with levels of deprivation in our communities. Cwm Taf UHB is the most deprived in Wales with 34% of the population living in some of the most deprived areas of Wales.

This has implications for health and wellbeing given the association between deprivation and ill-health, which manifest in shorter life expectancy

There is also a gradient in life expectancy across Cwm Taf with higher levels of deprivation in valley communities, compared to the less deprived areas along the M4 corridor. A man born in the most deprived areas of Cwm Taf can expect to live 5 years less than if he were born in the less deprived areas.

We also observe this gradient in healthy life expectancy - defined as the number of years lived in good health and Disability-Free Life Expectancy. This means that a man born into one of our most deprived communities can expect to live 23 years of his already shortened life with a disability or limiting long term illness.

Without improvements in healthy life expectancy it is anticipated that health and care costs will increase as the population ages.

Good physical health has a significant beneficial impact on health and wellbeing in older age, the ability to be physically active improves muscle strength and emotional health whilst reducing risk of falls and isolation

The World Health Organisation identifies that older people are at most risk of disease as they age and that the following are notable areas that increase those risks.

- Smoking
- Alcohol
- Poor oral health
- Poor nutrition
- Medication (compliance and review)
- Adherence to therapy/treatment
- Psychological factors (depression/cognitive function)
- Hearing loss
- Vision loss
- Access within the physical environment

Whilst in general people today are more aware that the above are important factors in preserving health and wellbeing in the UK, it should be noted that for those aged 65 and over, lower socio-economic status is associated with more physical, psychological, cognitive and overall ill health

The co-occurrence of two or more chronic diseases in an individual is considered inevitable with age and 'frailty' in particular can create a situation whereby minor incidents trigger a major change in health. The research concludes that person centred and integrated care is essential to support older people effectively, recommending in particular a pro active and preventative approach across health and social care as most effective particularly where older 'frail' people are concerned.

---

**Outcome summary of key themes from the engagement with the public, staff and the third sector in Cwm taf (2015/16)**

**NOTE older people have told us that they:**

- Expect Health and social care to work together to co-ordinate their care
- Want help when they need it
- Value Health promotion messages (stroke awareness, eye health and hearing tests)
- Need easy access to good quality information and advice
- Want to be recognised and valued by professionals if they are a carer

---

Continuing with traditional models of service is not an option. There are considerable challenges that, if not managed creatively, will see resources increasingly targeted at those in greatest need. Restricting the number of people receiving support, to those with the highest needs, may result in a short term reduction in demand, but without adequate preventative strategies, we will not secure the sustainability that can deliver long term financial and workforce capacity, to guarantee better outcomes for people.

The SSWB Act directs the Cwm Taf Health and Social Care community to prioritise the needs of older people and promotes a range of developments to build the strengths of individuals and their social and community networks. Of particular note is the provision of information advice and assistance, proportionate assessments, carer recognition and support, the development of a wider range of preventative services and stronger powers to keep people safe from abuse and neglect

Of note with regards to preventative approaches and integration of health and social care has been the development of intermediate care services which are predominantly targeted at older people and aimed at

- Helping people avoid going into hospital unnecessarily;
- Helping people be as independent as possible after a stay in hospital; and
- Preventing people from having to move into a residential home until they really need to.

Intermediate care services can be provided to people in different places, for example, in a community hospital, residential home or in people's own homes and can be provided by a variety of different professionals and care staff. NAIC Audits in England have demonstrated that four service models (crisis response; home based; bed based; and re-ablement) deliver good outcomes for people in terms of a) likelihood of returning home, b) improvement in activities of daily living and c)achievement of person specific goals

Further evidence from Social Care Institute for Excellence also identifies the benefits of reablement in particular with regards to restoring people's ability to perform usual activities and improving their perceived quality of life.

---

*Cwm Taf Joint Commissioning Statement 2016 -Early Intervention and Reablement*

*For those who have needs which cannot be met purely by community, universal and preventative support, we will offer time-limited and goal orientated services to help them address their difficulties, by supporting them to recover and regain their independence preventing the need for specialist or substitute care. We will ensure a "whole system" approach where older people and their support networks will experience a single integrated care pathway.*

*The key components of our role in supporting strong communities through early intervention and reablement services are as follows.*

- *Single Point of Access.*
- *Integrated Assessment Process.*
- *Reablement Service.*
- *Integrated community health and social care services ( @home service).*

---

Loneliness and Isolation

44.5% people aged 75 and over live alone in Cwm Taf.

We know from research that Social isolation affects 7-17% of older adults, and is becoming more prevalent. We also know that older people can spend between 70 and 90 % of their time in their home

Social isolation is associated with an elevated risk of mortality, higher rates of emergency admissions, re-hospitalisation and earlier entry into care homes

**Outcome summary of key themes from the engagement with the public, staff and the third sector in Cwm taf (2015/16)**

**NOTE older people have told us that they:**

- Experience loneliness and isolation particularly at night
- Value social networks
- Value day centers and public amenities such as libraries as a meeting place
- Value public transport
- Lose their confidence following bereavement, illness or frailty etc.
- Want to feel connected to their community
- Want to be safe
- Want more housing/accommodation options

A warm, secure, accessible environment that meets their needs is crucial.  The older population is diverse and there will never be a 'one size fit all' solution but a range of more adaptable and specialised housing will be needed and this is identified in the joint commissioning statement.

Housing should however be considered in the context of the wider neighbourhood.

 Interventions that improve people's homes are less likely to be effective without similar improvements in the surrounding environment.  Connectivity will be increasingly crucial to the health and wellbeing of the ageing population and should be considered in a holistic way which includes physical mobility, transport, the built environment and technology

Local discussion with third sector groups and the public has emphasised a need to develop community capacity and resilience across the region to support the need for low level services, close to where people live, that create opportunities to connect with other people and improve quality of life by offering purpose and social interaction

Some areas in the region already have strong networks of support in place but this is not a consistent picture

There is evidence in some English Local Authorities that low level community run activities can have a significant impact on supporting vulnerable groups, which is reflected in lower demand for statutory services.

This success appears to be at its strongest where Local Authorities are actively supporting communities to build their capacity in response to their specific local needs

*Cwm Taf Joint Commissioning Statement 2016 - Community, Universal and Prevention Services*

*We see a key role for ourselves in nurturing supportive communities and family networks. The availability of easily accessible universal services together with general and targeted health and wellbeing initiatives is the foundation of our service model.*

*The key components of our role in supporting strong communities through universal and preventative services are as follows.*

- *Supportive Communities – Building Community Capacity & Resilience.*
- *Information advice and support.*
- *Health and Wellbeing.*
- *Housing Related Support.*

**5.** **Links to other headlines and common themes**

The things which affect older people do not stand alone. The same things are likely to affect other people who use care and support services of note this would include

There are a number of issues addressed elsewhere in the Population Assessment that affect older people Likewise; there are other headlines and common themes which will affect older people

Of note:

**People in need of care and support**

To follow is a table identifying a snapshot over 2 years of the number of people in Cwm Taf with a care and support plan as at the 9th of December reported by locality.

This snapshot demonstrates that contrary to the expectations in the population assessment the number of people with a care and support plan has decreased across most service areas over the year.

However, there are a number of factors that could have impacted on this situation not least the effectiveness of the short term intervention services (reablement, community co-ordinators MASH etc.) and further work is required to monitor if this trend is sustained and the variables that can be identified to have had the greatest impact

| Adult Services | Number with an Open Plan as at 09/12/15 | Number with an Open Plan as at 09/12/16 |
|---|---|---|
| Rhondda Teams (physical disability all ages and OPMH) | 600 | 559 |
| Rhondda adult Mental Health Team | 221 | 202 |
| **Total Rhondda Teams** | **821** | **761** |
| | | |
| Cynon Teams (physical disability all ages and OPMH | 553 | 502 |
| Cynon adult Mental Health Team | 176 | 212 |
| **Total Cynon Teams** | **729** | **714** |
| | | |

| | | |
|---|---|---|
| Taff Teams (physical disability all ages and OPMH | 784 | 759 |
| Taff adult Mental Health Team | 211 | 254 |
| **Total Taff Teams** | **995** | **1013** |
| | | |
| CST East - Learning disability team | 372 | 362 |
| CST West Learning disability team | 409 | 412 |
| **Total CST** | **781** | **774** |
| | | |
| **Children's Services** | **Number with an Open Plan as at 09/12/15** | **Number with an Open Plan as at 09/12/16** |
| All Teams | 2257 | 2196 |
| Number Open to East Teams | | 1067 |
| Number Open to West Teams | | 1129 |

**Dementia (see also mental health chapter)**

We expect dementia to be an issue of increasing significance for older people in the future and predict that the number of people over 65 with dementia will increase from 3,463 to 5,325 (a 53.7% increase) and for those over 75 from 2,903 to 4676 (a 61% increase).

Dementia is the most costly of all chronic illnesses and increasing age is the greatest risk. There is evidence to suggest that cost-effective drug and non-drug interventions can delay the onset of dementia and also reduce disability once dementia is diagnosed amongst these interventions would be the emerging technologies which have the potential to change care in the home and community. Capitalising on the opportunities this offers however will mean addressing barriers and being sensitive to public concerns around privacy

Many older people with dementia will access the older people's service model along with other older people but often people with dementia need specialist interventions (such as dementia reablement or EMI nursing or residential care

The quality of specialist and substitute care for this vulnerable service user group is of particular importance and the training needs of the workforce to effectively help and care

for people with dementia is identified as a priority for the social care workforce development partnership in Cwm Taf

**Carers (see also carer's chapter)**

In 2001 in Rhondda Cynon Taf, there were 29,640 Carers and in Merthyr, 7,427 Carers a combined total of 37,067.

Of those carers that we know about, a total of 11,752 carers provide over 50 hours of care per week. This has increased by 9% in Merthyr Tydfil and 7% in Rhondda Cynon Taf since the 2001 Census.

Whilst the detail regarding the needs for carers is set out in another section of this population needs analysis it is important to consider here that between 2001 and 2011 the number of carers who are over 65 has grown by more than 30%.

In this context the aims of the Cwm Taf carers strategy below have significant meaning for older people

- To identify Carers of all ages and recognise their contributions
- To provide up to date, relevant and timely information, advice & assistance to Carers of all ages
- To provide support, services & training to meet the needs of Carers of all ages
- To give Carers of all ages a voice, with more choice & control over their lives
- To work together to make the most of our resources for the benefit of Carers of all ages

**Sensory impairment (see also the sensory impairment chapter**

During the engagement process for the Population Needs Assessment the impact of a sensory impairment on the health and wellbeing of older people was identified

Older people and third sector groups identified the importance of raising awareness through health promotion activity around the benefit of eye and hearing tests to identify health conditions early on and also to maximise the use of technology to assist people adapt to their impairment (i.e. use of glasses, hearing aids, simple aids and some adaptations to the home etc.)

Staff and older people also identified that sensory impairments contributed to falls, loss of confidence, loneliness and isolation and exacerbated some conditions such as dementia

Sensory impairment was not specifically addressed during the development of the Cwm Taf joint commissioning statement and whilst there are specialist services responding to peoples sensory needs this area will require further work in the future particularly with regards to staff training and development

There is no accurate means of identifying the numbers of people living with sensory impairments in the region as the sensory impairment register maintained by social care only reflects a small proportion of people affected - further work is therefore required in this area

### Community Resilience

Local discussion with third sector groups and the public has emphasised a need to develop community capacity and resilience across the region to support the need for low level services, close to where people live, that create opportunities to connect with other people and improve quality of life by offering purpose and social interaction

Some areas in the region already have strong networks of support in place but this is not a consistent picture

There is evidence in some English Local Authorities that low level community run activities can have a significant impact on supporting vulnerable groups, which is reflected in lower demand for statutory services.

Older people in particular identified this as they are prone to suffering with loneliness and isolation and reducing social networks as they age - however this is not an exclusive issue for older people and improved local activities and social groups can offer advantages to all vulnerable groups

## 6. References

**National references (all internet information viewed 28/9/16 - 30/9/16**

http://www.who.int/ageing/active_ageing/en/

http://england.shelter.org.uk/__data/assets/pdf_file/0013/41440/factsheet_older_people_and_housing_may_2007.pdf

https://www.gov.uk/government/publications/future-of-an-ageing-population

https://futureofageing.blog.gov.uk/2015/09/22/health/

https://futureofageing.blog.gov.uk/2015/08/21/cultural-and-social-factors/

http://www.kingsfund.org.uk/time-to-think-differently/trends/demography/ageing-population

http://www.ageuk.org.uk/documents/en-gb/for-professionals/health-and-wellbeing/evidence%20review%20healthy%20ageing.pdf?dtrk=true

http://www.ageuk.org.uk/documents/en-gb/for-professionals/evidence_review_loneliness_and_isolation.pdf?dtrk=true

http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Day_services_evidence%20_%20of_effectiveness_October_2011.pdf?dtrk=true

http://sscr.nihr.ac.uk/PDF/Findings/Findings_AD1.pdf

http://www.lifestorynetwork.org.uk/wp-content/uploads/downloads/2014/03/making-health-care-systems-fit-ageing-population-oliver-foot-humphries-mar14.pdf

https://statswales.gov.wales/Catalogue/Health-and-Social-Care/Social-Services/Adult-Services/Service-Provision

http://gov.wales/topics/health/publications/socialcare/strategies/older/?lang=en

http://www.ccwales.org.uk/the-act/

**Population Needs Assessment Briefing Document**

1.      Introduction

Through the Understanding Our Communities project, public services are gaining a better understanding of the good things about communities, what matters to people and how their experiences and what they have to offer can help us to plan and provide services.

The Social Services and Wellbeing (Wales) Act has been put in place to make sure that public services are doing all that they can to support people using care and support services to have their say and get involved in managing their own wellbeing. The Act means that public services will need to make sure that the right support is available for the people who need it at the right time and in the right way.

Under this Act, public services must carry out and publish a **Population Needs Assessment**, which looks at:
* the needs for care and support, and the support needs of carer;
* the extent to which those needs are not being met;
* the range and level of services needed to meet those needs; and
* how services are delivered through the medium of Welsh.

In Cwm Taf, we have been collecting lots of information for the Assessment, from the people making policy and commissioning decisions about services, the people delivering services and the people receiving services. In order to look at all of this information in an organised way, we used the seven 'client' groups of the Act;
* Carers;
* Children and young people;
* Learning disability;
* Mental Health;
* Older people;
* Physical disability and sensory impairment; and
* Violence against women, domestic abuse and sexual violence.

We then spent some time, talking with these people about the headlines that emerged under and really thinking about **how** they affect people and **what** we public services can do to meet the needs of people using our services, in the best possible way, now and in the future.

A summary of the headlines relating to **health and physical disabilities including sensory impairment** are contained in this document. The document shows how these headlines fit into the 'bigger picture' and the key messages which relate to *all* client groups and what we currently do and/or could do to deal with these headlines.

All of the information gathered throughout the project to inform these headlines will also be available in an online library. You can find the full Population Needs Assessment [here].

---

**2.      Health, physical disability including sensory impairment**

The information contained in this briefing documents details the care and support needs of children, young people and adults with health and physical disabilities including sensory impairment, living in Cwm Taf (Rhondda Cynon Taf and Merthyr Tydfil).

A person with a 'health or physical disability including sensory impairment', may have difficulty carrying out everyday activities as their movement and senses may be limited. Sensory impairment is reduced or loss of sight, hearing or both. Those included are the blind, partially sighted, deaf, and hard of hearing. A disability may be present from birth or occur during a person's lifetime. Health disabilities can include chronic conditions, for example obesity. For people who have suffered, for example, a stroke there may be long term effects on their movement, speech, hearing and sight.

As illustrated, there are many different types of conditions, this can make it hard to discuss common issues affecting these people, as they may not feel like, and self-identify as a group.

_____

**3.      The current position in Cwm Taf**

This is not a complete list of the services provided across the Cwm Taf area but gives examples of services currently being provided by public sector partners and the Third Sector.
- Care and Support plans for those with eligible needs;
- Carers Services – services that give families/carers time off from their caring responsibilities to rest;
- Services provided by the local Council that allow people to remain in their home during later life, whilst still receiving assistance with their personal care needs;
- Payments made directly to service users to pay for their own care;
- Education based services including provision for Special Educational Needs and Additional Leaning Needs;
- Health services including joined up services for older people and support to pregnant women to deliver healthy babies;
- Housing solutions with varying levels of support depending on individual needs;
- Third Sector support including advice and assistance, to help people express their views, ensuring their interests are represented, further details available on the DEWIS web-site[i];
- Sports activities and projects which are tailored to the needs of those with disabilities and sensory impairment; and
- Community Equipment including Telecare, assisted listening devices and interpretation services that help individuals with disabilities maintain health and independence.

There are a number of pieces of work developed or being developed across Cwm Taf by key people working with particular client groups including older people and people with a learning disability.

The ***Joint Commissioning Statement for Older People*** [ii] seeks to ensure that older people live longer, healthier, fuller and happier lives; where they are encouraged and supported to maintain their independence for as long as possible, whilst recognising that some may become ill, frail or vulnerable, and ensuring that these people receive the respect, care and support they want and need at the right time and in the right place.

The Cwm Taf Joint ***Learning Disability Statement of Intent*** [iii] (a document put together by the key people in Cwm Taf working with this particular client group) says that people with a learning disability should be able to access modern and effective services which they have identified as important and which support them to be more independent.

The increase in the number of older people in Cwm Taf is likely to result in an increase in dementia, chronic conditions such as cardiovascular, respiratory diseases and cancers. The Cwm Taf University Health Board has a number of plans to support people with specific chronic conditions including– cancer, heart disease, respiratory conditions, stroke, eye health and diabetes. Obesity can also be an underlying cause and impact upon on a number of these conditions.  The Cwm Taf Healthy Weight, Healthy Valleys Strategy aims to help people to improve their nutrition and physical activity in order to maintain a healthy weight [iv]. Public Health Wales has developed a 10 step approach to preventing childhood obesity, to ensure that future generations grow up to be a healthy weight [v].

Despite the various documents outlined there remains a need for a more strategic direction in Cwm Taf for future services for those specifically with physical disability including sensory impairment. This should also include, not only what is traditionally perceived as a disability, but also a range of chronic conditions, for example obesity, which may "disable" individuals and prevent them from living healthy and fulfilled lives.

This will allow a strong and shared commitment by organisations that provide services to ensure that people with these disabilities receive seamless, integrated health and social care services. Giving these people improved awareness and greater confidence in the services they will receive.

_____

4.    **Headlines**

**Although a range of support services exist, people are unsure about what is available to them and how to access services, support and help.**

People told us they don't know what services are available to them or how to access the support and help they need. This is despite the existence of a specialist directory style website (DEWIS), which has been designed to direct individuals to the services and support they might need. Service users and indeed a number of professionals remain unaware of and unfamiliar with DEWIS despite it having been available for a number of months. People instead report relying on family, carers and friends for advice, and value this support, however for some this support may be absent and for others, additional support may be required. The reliance on digital technology is an issue as it is often assumed that everyone has access to the internet, and therefore everyone can find out what they need to know. However, it is known that disabled people are less likely to live in households with internet access than non-disabled people. Further to this there are significant communication issues for those who are deaf or blind or have some form of

sensory loss. The format of information needs careful consideration, especially for those who were born deaf, as English may be difficult for them to understand, with British Sign Language (BSL) their first language.

If people are more aware of the availability of support and services and are able to access them, the additional support and help received may improve their wellbeing. Without this people may not have access to what they need and their overall wellbeing may suffer as a result.

There are a range of services, support and help available. However, it is clear that people do not always know about the options available to them. It is important that those involved in the care and support of people, for example, GPs, need to direct people to these support services and increase awareness in order to ensure people get the help they require. This has to start with service providers, as there is a need to increase awareness among professionals, in order for them to be able to do this. By having information on a range of care and support services available in one place, in a location that people routinely visit, with staff available to offer help and guidance, people will be better supported to access the services they require.

## **People do not identify with the language and definitions that are routinely used by professionals and providers of services.**

There are around 4150[vi] people in Cwm Taf registered as having some kind of physical disability or sensory impairment. Service providers believe this number is not a true reflection of the numbers affected as people do not identify with the language, definitions and terminology used. Deaf and blind, especially culturally deaf and blind (those born deaf or blind), service users feel particularly dis-connected with the term impairment, they do not feel they have an impairment or loss as they have never had that sense to impair or lose. There are also issues with under reporting as people don't want to be on registers as they are not sure how this information will be used, or they are worried about discrimination. The mechanism for reporting on these figures is a potential issue also, as the format of surveys is not always accessible to some, an example being, the culturally deaf. As previously mentioned, English is not always well understood and they may therefore find it difficult to complete forms and surveys in English.

As people don't identify with the language and don't define themselves using these words, they are not accounted for and go unnoticed. As a result, they are not directed to the support and help, which is available to them, and which they may need. This can impact on their quality of life and general wellbeing.

There are a number of services and third sector organisations who have a really good understanding of how these people define themselves. The people working in these organisations have a wealth of expertise in terms of what these people need, if we work with these people and listen to them when they talk about how people define themselves and what they need we can improve our understanding of this group. With improved understanding and more appropriate definitions, registers may be more accurate, so that service providers have a better understanding of who needs care and support, and also what type of care and support they need, and those that need that care and support can access it.

**Services need to focus on the needs of individuals.**

As previously mentioned, there are many different types of conditions, which can affect people, as such it is really important that the services available consider individual needs. For example, the needs of a deaf person will be different from someone who has a physical disability and is in a wheelchair, or someone who has suffered a stroke which may have affected their movement and senses in a number of ways. Clearly having one type of service will not cater for all the individual needs that exist. Choice and independence[vii] are important to disabled people just as they are for non-disabled people. They want to feel involved, in control and listened to, and respected. Having a personal budget and receiving direct payments, can give them more choice and control to make decisions about what services they want and need to help them. For example, offering age appropriate respite services, to allow family to have a short break from their caring responsibilities, to include alternative and modern options, for example appropriately supported sports activities/clubs, rather than more traditional options as offered in day centre settings. This may be especially important for younger service users.

Due to the way services are set up, sometimes people with multiple needs, for example an elderly deaf person, who is frail and has dementia, may need to access multiple services for their varied care and support needs. This may be further complicated due to the need for additional communication support, which it is reported service providers are not always aware of. Having to retell their story again and again, can leave them and their family feeling frustrated, confused and weary. This is not efficient for the service user or indeed services and service providers. There is a need for more joined-up working to better support these people and improve outcomes for them.

Service providers need to be aware of the full extent of a person's needs, and services need to be more flexible to ensure care and support is provided in the most logical way, so that a person is able to access all of the services they require in the most straightforward way (via as few service providers as possible).

To achieve this, changes need to happen at a higher level to allow local service providers to work together to better understand the needs of service users. It will be important that they share information, and plan and deliver services together to ensure that individual needs are met by their combined services. It is recognised that this will be a huge change and will require significant work and commitment, however the benefit and improvement for services users will be invaluable.

**People with physical disabilities including sensory impairment want to be part of their community removing the barriers that exist.**

People (not just those with physical disabilities and sensory impairments) talked about the importance of being an equal part of their family, social groups and communities. This includes being given the opportunity and the support to live independently; get skills and/or a job; being able to get out and about within their community, have a decent home, live and make friends and be involved in the things that are happening.

Disabled people and those with sensory impairment face significant barriers in fulfilling their potential and playing a full part in society[viii]. These barriers include social isolation,

and increased risk of depression, poverty[ix]and additional living costs[x], reduced choice and independence across various areas of life (work, education and training[xi], play and recreation, accommodation[xii]).  They may be more vulnerable to discrimination and harassment[xiii] [xiv][xv], and their access to the physical environment may be limited (transport[xvi], buildings[xvii], goods and services[xviii] etc).

Most disabled children have the same wishes as all other children - to live at home, go to school and spend time with their friends and peers. Younger People with disabilities may face problems in education, and later employment, as well as in accessing technology to support independent living, they may also require additional support during transition from childhood to adulthood.

Deaf people told us that communication is a huge issue (that is not unique to just this group). Problems they experience include the lack of available interpreters, they also said that the increased and improved use of technology, e.g. remote interpreter service, was not always helpful. Others talked about the lack of accessible information and the available options for reporting problems, while also saying that information was hard to understand, especially when people use jargon.

Organisations providing services need to change the way in which they communicate with people who receive their services, it is also important that people are confident in communicating their needs to those who provide services.

This could be through developing common communication standards across a range of public services. Feedback from engagement with people who use services tells us that the following would be helpful; more visual, easy read information, drop in sessions for people through current One Stop Shop, Council One4All centres (or equivalents) with, for example, an interpreter available to deal with any queries, provide information etc. Involving existing groups that already provide support and advice across Cwm Taf, their experience and knowledge, will help to identify the improvements that are needed.

**Establish early invention and preventative services rather than reactive services, which often come into play in times of crisis.**

We know that our older generation will grow in the next 15 years, especially the over 80 population[xix], as a result we expect more people will need help, care and support from services. These people are likely to include those with health and physical disabilities, and sensory impairment, as it is known that these conditions become more common as people get older[xx]. For some these are accepted as part of the aging process, however sensory loss, for example, can be prevented if people act quickly and seek help when they first notice a reduction in their sight or hearing.

Premature babies and those with a low birth weight are more likely to have multiple and complex disabilities[xiv], positively medical advances in recent years mean that these babies will live longer. It is known that low birth weight can be linked to teenage pregnancy and mothers who smoke while pregnant. In order to reduce the risk of babies being born early, with a low birth weight, and the risk of disabilities that brings, it is important that help is available to those who may be at risk.

People told us about the importance of having help available to them when they need it. Whether that is, for example, when considering a move to supported housing for a person who is finding it difficult to continue living in their own home. Having that move available to them while they are still well enough to deal with it, rather than at crisis point when it is much more difficult and stressful for them to undertake.

As we have stated there will be increased demand for services in the future. If we don't take action at an early stage, the level of services people need will also increase. This will put more pressure on existing services, making it more difficult for those in need to access the care and support they require.

Some examples of simple early support services that could be put in place include a routine hearing screening programme for older people, which could have huge benefits, including cost [xxi], identifying hearing loss at an early stage and reducing that loss with hearing aids can reduce isolation[xxii], depression, anxiety and improve emotional wellbeing and independence[xxiii]. Likewise, as hypertension is known to be the single biggest risk factor for stroke[xxiv], the implementation of routine blood pressure screening could potentially reduce the risk of stroke for many people. Stroke can have long term effects on a person's movement, speech, hearing and sight, so the potential benefits of reducing the risk of stroke in the general population are clear.

---

5.    Links to other headlines and common themes

The things which affect people with **health and physical disabilities including sensory impairment** do not stand alone. The same things are likely to affect other people who use care and support services. Likewise, there are other headlines and common themes which will affect these people but will not be related to their disability. Some of the common themes identified through this work include:

- Everyone wants to feel part of their community. Social isolation is not just an issue for people with physical disabilities including sensory impairment, but also for older people, people with mental health problems and people with learning disabilities. Feeling part of the community is not just about being able to access care and support, but also being able to live independently; having access to information and being able to communicate, developing skills and/getting a job; being able to get out and about within their community, having a decent home, living and making friends and being involved in the things that they enjoy.

- People told us they don't know what services are available to them or how to access the support and help they need. This is true for the general population, not just those with care and support needs. People report relying on family, carers and friends for advice, and value this support, however for some this support may be absent and for others, additional support may be required. The reliance on digital technology is an issue as it is often assumed that everyone has access to the internet, and therefore everyone can find out what they need to know. However, it is known that disabled people are less likely to live in households with internet access than non-disabled people, this is also the case for older people.

- As previously mentioned, there are many different types of conditions, which can affect people. As such it is really important that the services available consider individual needs. Clearly having one type of service will not cater for all the individual needs that exist. Choice and independence[xxv] are important to disabled people just as they are for all people. Everyone wants to feel involved, in control and listened to, and respected. People may have multiple needs but don't want to access multiple services, having to retell their story again and again. This can lead to feelings of frustration and confusion. This is not efficient for the service user or indeed services and service providers. To overcome this local service providers, need to work together to better understand the needs of service users. It is recognised that this will be a huge change and will require significant work and commitment, however the benefit and improvement for services users, across the board, will be invaluable.

- The predicted increase in our older generation will result in more people needing help, care and support from services. This will not just include people with health and physical disabilities, and sensory impairment. Having access to help when it is needed is important for everyone. If we don't take action at an early stage, and with the likely increased demand for services in the future from the older generation, whether they are physically disabled, a carer, or have a mental health issue, there will be more pressure on existing services. This will make it more difficult for those in need to access the care and support they require.

---

[i] https://www.dewis.wales/
[ii] Joint Commissioning Statement for Older People's Services – 2015-2025.
[iii] http://www.rctcbc.gov.uk/EN/Council/CouncillorsCommitteesandMeetings/Meetings/Cabinet/2016/11/02/Reports/AgendaItem5LearningDisabilityJointStatementofCommissioningIntent.pdf
[iv] Public Health Wales - Healthy Weight, Healthy Valleys Strategy 2012-2015
[v] http://www.wales.nhs.uk/sitesplus/888/page/84909
[vi] Welsh Government
[vii] ONS Opinions Survey 2012
[viii] http://odi.dwp.gov.uk/disability-statistics-and-research/disability-facts-and-figures.php
[ix] Magadi, M. & Middleton, S. (2007), Severe Child Poverty in the UK, London: Save the Children
[x] Centre for Research in Social Policy at Loughborough University
[xi] Labour Force Survey Quarter 2 2012
[xii] English House Condition Survey 2008
[xiii] British Crime Survey 2010/11
[xiv] Fair Treatment at Work Survey 2008
[xv] Equality and Human Rights Commission (2011). Hidden in plain sight – An equality and human rights Commission Enquiry into disability related harassment. Wales Summary.
[xvi] ONS Opinions Survey 2011
[xvii] Life Opportunities Survey.
[xviii] ONS Opinions Survey 2010.
[xix] Joint Commissioning Statement for Older People's Services – 2015-2025.
[xx] Welsh Government.
[xiv] Children With Disability - An Overview, Orlagh Barnes, NHS Norfolk, 2 April 2008
[xxi] RNID and London Economics (2010) Cost Benefit Analysis of Hearing Screening for Older People
[xxii] National Council on Aging (2000) 'The consequences of untreated
hearing loss in older persons'. Head and Neck Nursing, 18/1, Winter

2000.

[xxiii] Kochkin, Sergei and Rogin, Carole (2000) 'Quantifying the obvious: the impact of hearing instruments on quality of life'. The Hearing Review, January 2000.

[xxiv] https://www.stroke.org.uk/sites/default/files/high_blood_pressure_and_stroke.pdf

[xxv] ONS Opinions Survey 2012

**Population Needs Assessment Briefing Document**

1.        Introduction

Through the Understanding Our Communities project, public services are gaining a better understanding of the good things about communities, what matters to people and how their experiences and what they have to offer can help us to plan and provide services.

The Social Services and Wellbeing (Wales) Act has been put in place to make sure that public services are doing all that they can to support people using care and support services to have their say and get involved in managing their own wellbeing. The Act means that public services will need to make sure that the right support is available for the people who need it at the right time and in the right way.

Under this Act, public services must carry out and publish a **Population Needs Assessment**, which looks at:
- the needs for care and support, and the support needs of carer;
- the extent to which those needs are not being met;
- the range and level of services needed to meet those needs; and
- how services are delivered through the medium of Welsh.

In Cwm Taf, we have been collecting lots of information for the Assessment, from the people making policy and commissioning decisions about services, the people delivering services and the people receiving services. In order to look at all of this information in an organised way, we used the seven 'client' groups of the Act;
- Carers;
- Children and young people;
- Learning disability;
- Mental Health;
- Older people;
- Physical disability and sensory impairment; and
- Violence against women, domestic abuse and sexual violence.

We then spent some time, talking with these people about the headlines that emerged under and really thinking about **how** they affect people and **what** we public services can do to meet the needs of people using our services, in the best possible way, now and in the future.

A summary of the headlines relating to **Violence Against Women, Domestic Abuse and Sexual Violence** are contained in this document. The document shows how the **Violence Against Women, Domestic Abuse and Sexual Violence** headlines fit into the 'bigger picture' and the key messages which relate

to *all* client groups and what we currently do and/or could do to deal with these headlines.

All of the information gathered throughout the project to inform these headlines will also be available in an online library. You can find the full Population Needs Assessment [here].

---

**Violence Against Women, Domestic Abuse and Sexual Violence**

For the purposes of this chapter the following definitions apply:

1) "*abuse*" means physical, sexual, psychological, emotional or financial abuse.

2) "*domestic abuse*" means abuse where the victim of it is or has been associated with the abuser.

3) "*sexual violence*" means sexual exploitation, sexual harassment, or threats of violence of a sexual nature.

4) "*violence against women*" means:

- violence, threats of violence or harassment arising directly or indirectly from values, beliefs or customs relating to gender or sexual orientation;
- female genital mutilation;
- forcing a person to enter into a religious or civil ceremony of marriage.

---

2. The current position in Cwm Taf

The main document setting the direction for these services is the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act.

The Council and Health Board will jointly develop a local strategy that delivers these national priorities. For example the local strategy will need to set out how we develop and implement a whole education approach to tackling VAWDSV within schools and the National Training Framework for VAWDASV (which outlines the levels of training professionals are required achieve).

The three key themes are

- Prevent – how we prevent VAWDASV from happening in the first place,
- Protect – how we protect victims and their families from more violence,

- Support – how we support victims and their families affected by violence.

In Cwm Taf we have a range of services to support victims and families. We have begun work with those responsible for violence. However we need to do more work on preventing violence form happening in the first place.

---

3.      Headlines

**People need to be empowered to report incidents of violence and take up the services on offer.**

Many victims don't report the violence or abuse they are experiencing. Many people who do report incidents to the police or other agencies do not go on to take up the offer of support. The services we do provide often predominantly help those at the greatest risk and less support is available for others.

This means that many victims of violence and abuse are unheard and receive little or no support. We need to ensure victims are informed of the services that are available. We need to ensure that victims can easily access the services we provide and understand that they don't have to report it to the Police. We need to provide services that meet the needs of all victims and not just those at the greatest risk.

To do this our staff need to make every contact count, whatever service they work in. If they feel that someone may be a victim of violence or abuse they must be confident enough to ask the question and act on the information they receive. Our services need to be redesigned to ensure that we can respond as early as possible before the situation gets worse. Our staff need to be trained to deliver this new approach.

**Services need to meet the needs of all groups in our communities.**

The information we have on people who use our services suggests that we are not meeting the needs of some groups in our communities. For example there are no services specifically provided for men. Historically our services are designed to meet the needs of women rather that the more diverse communities of today. As services for domestic abuse have been extended, this has not been the case for victims of sexual violence.

This means that there are gaps in our services and some groups are not provided for. We need to ensure that our services reach everyone who needs them. To do this when we design our services we must ensure that the needs of men are recognised and responded to appropriately. We need to recognise that

different groups within our communities have specific needs and our services need to respond to those needs accordingly.

**Services need to work together to tackle the underlying problems that are leading to violence.**

Many people who access our services are experiencing a range of problems such as substance misuse or poor mental health and may be known to other services. These may be causing or contributing to the violence or abuse they are experiencing and should not be tackled in isolation.

If we don't work together to tackle all of the underlying causes of violence and abuse then it is unlikely that any improvement will last. Services need to be designed around supporting people and families rather than around tackling individual issues. To do this we need to be more flexible in how our services are funded and organised so that a range of provision can be joined up.

**Services need to protect and support children in families where violence and abuse is happening.**

The information we have form our services tells us that children are present in most homes where we are supporting a victim of violence or abuse. Children who see or have experience of domestic abuse are more likely to experience problems in later life.

We need to provide more services to directly support children where violence or domestic abuse is happening in their family or to them directly. We need to work with schools to ensure that children know as early as possible what a healthy relationship is and how to report problems when they are experiencing violence or abuse.

**People who use our services should tell us what they need and how we can do better.**

The people who use our services do not routinely get involved in telling us what they want or how we should meet their needs. This means that services are designed by professionals who believe they know what people need without being informed by the people who will ultimately use the service.

We need to find a way to have a conversation with people that allows them to inform the way we are designing and delivering our services.

4.    Links to other headlines and common themes

The things which affect people with **Violence Against Women, Domestic Abuse and Sexual Violence** do not stand alone. The same things are likely to affect other people who use care and support services, but who are not victims of violence or abuse. Likewise, there are other headlines and common themes which will affect people who are victims of violence and abuse, but will not be related to that violence and abuse. Some of the common themes are:

- We need to be able to use information between services and across organisations in a more intelligent way to better inform how our services are designed and delivered; to enable us to identify people who are vulnerable and in need of support and to provide a joined up package of services.

- We need victims of violence and abuse to be more aware of the services that are available so they can access information, advice and assistance when they need it.

- Services and organisations need to work better together to provide a joined up approach to effective family support.

- Funding arrangements are often fragile and rely on external grants. There is a lot of unmet need. We need to organise and manage our resources in a different way across our services and organisations to provide sustainable services.

---

5.     References

- The Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015
- National Strategy on Violence against Women, Domestic Abuse and Sexual Violence
- A framework for delivery 2016 - 2021
- The Well-Being of Future Generations (Wales) Act 2015
- The Well-Being of Future Generations (Wales) Act 2015
- The Housing (Wales) Act 2014
- The Renting Homes (Wales) Act 2016
- Ending Violence against Women and Girls Strategy 2016-2020'
- The Serious Crime Act 2015.
- The Council of Europe Convention on preventing and combating violence against women and domestic violence ('Istanbul Convention')

- The Convention on the Elimination of all Forms of Discrimination against Women (CEDAW)
- The European Convention on Human Rights
- A Whole Education Approach to Violence against Women, Domestic Abuse & Sexual Violence in Wales
- The National Training Framework on violence against women, domestic abuse and sexual violence
- Local Data sources
- Cwm Taf VAWDASV Service Map

better outcomes through well run, evidence-based public care

# Cwm Taf Partnership

# Population Needs Assessment Stakeholder Workshops Summary and Analysis

# Report

# December 2016

OXFORD
BROOKES
UNIVERSITY

# Cwm Taf Partnership

# Population Needs Assessment
# Stakeholder Workshops
# Summary and Analysis

# Report

## 1        Background

To support Cwm Taf Partnership in carrying out its Population Needs Assessment (PNA), the Institute of Public Care (IPC) was commissioned to facilitate a series of engagement workshops.  The overall purpose of these workshops was to ensure the continued involvement of stakeholders in the population assessment process.

Specifically, the aim of the workshops was to bring stakeholders together to consider the emerging priorities/challenges of the PNA briefing documents, to inform thinking about options to address them.  Stakeholders were to include staff, service users, residents, community groups, Elected Members, and anyone who had already engaged in the process and expressed a wish to stay involved and others.

The intention was that the products from the workshops would inform the 'response analysis' of the assessments, which will detail how partners will address the priority needs identified.

This report is one of those products, and forms a high level summary and analysis of key themes and ideas that emerged from the workshops.  It is intended to inform discussion and consideration of further action by Rhondda Cynon Taf County Borough Council, Merthyr Tydfil County Borough Council, Cwm Taf University LHB, and in the first instance by Cwm Taf Partnership's Transformational Leadership Group.

For the report, IPC has been asked to offer a summary of the workshops, common themes, good practice examples and ideas generated.  We have been asked to include a commentary including our own observations, and suggestions about issues for future consideration.  In offering our view, we have taken note of the legislative requirements for local authorities and LHBs in relation to the PNA, as summarised below.

The PNA stakeholder workshops have been organised as part of Cwm Taf Partnership's response to its requirements under the Social Services and Well-being (Wales) Act 2014.  There is a strong emphasis in the Code of Practice on co-production, and working with people to find appropriate solutions.  In relation to assessing the needs of populations, there is:

- A requirement on local authorities and LHBs to undertake an assessment of the extent to which there are people who need care and support and carers who need support.
- A requirement that the local authorities within a LHB area form a single partnership arrangement with that LHB for the purposes of undertaking this assessment.

Section 14 of the Act requires that the assessment must identify:

- The extent to which those needs are not being met
- The range and level of services required to meet those needs
- The range and level of services required to deliver the preventative services required in section 15 of the Act
- How these services will be delivered through the medium of Welsh

An assessment report must be published by 1 April 2017, and section 1 **must** include specific core themes dealing with:

- children and young people
- older people
- health/physical disabilities
- learning disability/autism
- mental health
- sensory impairment
- carers who need support; and
- violence against women, domestic abuse and sexual violence

A series of PNA chapters were prepared by different authors from the Partnership, reflecting the core themes above. The workshops that IPC was asked to facilitate were then orientated around the chapter themes. In the next section, we outline the process and methodology of the workshops, and summarise the priority issues that stakeholders were asked to address at each session.

## 2       Workshops – process and methodology

Six half-day workshops were arranged, as follows:

| Theme | Date |
|---|---|
| Carers | 20 October |
| Mental Health | 31 October |
| Older People, Physical Disability, Sensory Impairment | 8 November |
| Violence against Women, Domestic abuse and Sexual Violence | 15 November |
| Learning Disability | 17 November |
| Children and Young People | 23 November |

The IPC work was managed by Graeme McLaren, Principal Consultant, who also facilitated four of the workshops.  The remaining two – Older People and Learning Disability, were respectively facilitated by Juliet Bligh and Sarah Broadhurst, Principal Consultants.

Around 140 people attended the workshops, with numbers ranging from 17 (Learning Disability) to 34 people (Mental Health).  Representation was from the two local authorities, Cwm Taf UHB, South Wales Police, South Wales Fire and Rescue, Public Health Wales, 38 third sector organisations, Welsh Government/SSIA, and around 5 self-declared service users/carers.  It is worth noting that:

- There was significant representation from the two local authorities, predominantly from adults' and children's services.
- There was significant under-representation from health.
- The proportion of third sector participants was highest at the older people/physical disability/sensory impairment workshop.

The aims for each workshop were to:

- Ensure continued involvement of all stakeholders in the population needs assessment process by:
  - Reminding ourselves why we're doing this, and what's been done so far
  - Reviewing what the data says about priority needs
  - Drawing on our own experience to identify any gaps, and add to the data
  - Considering how to address the priority needs
  - Confirming next steps

It was agreed that a consistent approach was important, and accordingly, each workshop plan adopted the same format, with introductions, a summary presentation of the data from the respective chapter authors, with priority themes identified, and a series of issues for participants to consider.  Participants had the opportunity to work in discussion groups, each led by a table facilitator.  The discussion groups were also given the task of building a picture of existing good practice, and ideas about effective ways of addressing needs – reinforcing the notion that the workshops were concerned with building on current strengths.

Our remit here is not to reprise the data presented by the chapter authors.  However, we should note the priority needs issues, identified by the author for each chapter, as each workshop was asked to consider these priorities, as part of the process of identifying any gaps.  There is considerable overlap between these priority issues – indeed, a number of workshops considered the same ones, but there were some differences.  The priorities presented to each workshop are summarised in the table below:

| Workshop | Priority issue |
|---|---|
| Carers | <ul><li>Identification and recognition of Carers</li><li>Information and advice</li><li>Support and training</li><li>Voice, choice and control</li><li>Communication and coordination</li></ul> |
| Mental Health | <ul><li>Gaps in preventative services.</li><li>Lack of integration between health, social services and third sector</li><li>Delayed transfers of care</li><li>Data collection</li><li>A common language</li></ul> |
| Older People, Physical Disability, Sensory Impairment | <ul><li>Gaps in preventative services.</li><li>Lack of integration between health, social services and third sector</li><li>Delayed transfers of care</li><li>Data collection</li><li>A common language</li></ul> |
| Violence against Women, Domestic abuse and Sexual Violence | <ul><li>Numerous gaps in service provision.</li><li>Lack of integration across the boundaries of service provision</li><li>Geographic inconsistencies in provision</li><li>Lack of service user engagement</li><li>Challenge of moving resources from high risk support services to preventative services.</li></ul> |
| Learning Disability | <ul><li>Gaps in preventative services.</li><li>Lack of integration between health, social services and third sector</li><li>Delayed transfers of care</li><li>Data collection</li><li>A common language??</li></ul> |
| Children and Young People | <ul><li>Need for a common language – e.g., what do we mean by preventative?</li><li>Need for use of broader data sets and improved sharing of data</li><li>Universal v targeted</li><li>Preventative services need to be more universal</li></ul> |

The raw qualitative data from each workshop has been collated by IPC, and made available to the respective chapter authors to help inform further drafts. For this report, IPC was asked to offer a high level summary of the key themes and issues that emerged from the group discussions, and in the overall plenary session at each event. These are set out below, taken from basic headlines captured on flipcharts at tables, and arranged thematically. IPC has included some interpretive commentary against the themed issues, and we also add some general observations from the workshop facilitators.

# 3      Workshops - Common themes

## 3.1      Data

- Two questions featured repeatedly at the workshops, which were expressed broadly as "What's the story behind the data?", and "What is it actually telling us?".

- Data is not presented consistently across the different chapters. While this is inevitable to an extent, given the wide range of data sources, reporting mechanisms, and differing capacity to gather the data, there is the opportunity to consider future presentation in a clear and consistent way.

- There is the opportunity for further subsequent analysis of the data, to enable an understanding of what it is suggesting. An example picked up was in relation to Mental Health: the GP prescribing rate is used as an indicator. But in reality this might only illustrate the appetite for prescribing, and not whether there is higher prevalence of depression.

- There is an ongoing need for better data, and more meaningful performance indicators. So, for instance, domestic violence data tends to be focussed on crisis, and it would be good to also have a broader set of indicators of early risk (bullying in schools, youth offending, Team around the Family), which would play into the prevention agenda more effectively; or by including data on food bank take-up, another dimension could be added to help understand children at risk. The Children and Young People's workshop suggested a vulnerability indicator framework ought to be developed – this might enable a better understanding of needs of 14-25 yrs. old group, known to be most at risk (also where there is a sharp decline in support services)

- The feedback from the workshops needs to be complemented by the work undertaken previously on the views of service users, and this will need to inform ongoing future analysis - there is often good qualitative material that could be used, and this is fundamental to informing a better understanding of need. This may also enhance the understanding of needs in different places, where the existing data sets cannot be disaggregated to local level.

## 3.2      Information

- There was a widely shared view that information about services and support could be further improved to be accessible and up to date for citizens.

- The workshops provided a useful opportunity for people to pool knowledge, and this served to underline the need for further improvement in the co-ordination of information for both service users and professionals in the future.

### 3.3　　　　Citizen voice

- There was a view expressed in all the workshops that further emphasis on the voice of the citizen, and their role in helping to shape services would be important. Across the workshops, there were repeat calls for citizens to be engaged and involved as equal partners in service design and development.

- There was widespread recognition of the extent to which carers' needs cross refer to every chapter of the PNA, and agreement on the need for the voice of carers being reflected. Addressing issues for any client group must include a focus on carers: for instance, learning disability day services must be planned in conjunction with respite services.

- At the same time, there was recognition that there must be a "reality check" in place, so that a citizen-focussed, person-centred approach results in a needs based understanding, and not a "free-for-all".

### 3.4　　　　Collaboration

- While it was recognised that the PNA briefing documents were orientated around the Social Services and Well-being Act client groups, it was clear from each workshop that is a significant overlap between the chapter themes - the relationship between Mental Health, Domestic Violence, Substance Misuse and the risk factors for children, for instance. There was a very strong sense that the PNA chapters need to be brought together with a "golden thread", and that this is critical for service planning, for instance around support for children in households' where there is domestic abuse.

- There was feedback that the PNA remains a little too heavily focussed on health and social care – perhaps inevitable as the requirement comes from the Social Services and Well-being Act. However, it was observed that the assessment of population needs is about "much more than social services". There is a need to broaden the focus to include housing, leisure, transport, and planning, as the process develops in the future.

- Related to this was a widely expressed view that an approach which focuses priorities on a set of shared outcomes for the population would be valuable. This was raised both as a way of focussing organisational minds on the citizen, but also as a mechanism for using performance indicators more purposefully.

### 3.5　　　　Sustainability

- There was recognition that, especially given restraint on public finances and the need to adopt preventative approaches to help meet demand, there must be an emphasis in the analysis on developing sustainable responses to needs of the population.

- The expectations of local populations are changing, which brings a risk of an inability to meet demand. Community resilience is vital to managing this, and a PNA must therefore factor in a detailed understanding of what makes communities resilient. This relates to the points raised about citizen voice.

- Community resilience is vital to sustaining services, and there is a need for support for people to build community networks.

- There was a clear view at the workshops that in order to build community resilience, and to be responsive to the citizen voice, there is an imperative to reframe the focus to "fit provision around what's already there in communities, rather than fitting people into services".

These points underline the need for culture change and also the guiding principle of focussing on assets, rather than deficits. The workshops adopted this principle, and it was readily acknowledged by participants.

## 4 Workshops – Shared Ideas

The workshops offered an opportunity for participants to pool knowledge and ideas and so build a picture of current good practice examples, and possible ways to meet identified need. The chapter authors have access to the full lists generated at each workshop. The table below sets out a selection of ideas generated – some are ideas that might be developed further, but with no examples in operation in the Partnership area; others are concrete examples from the Partnership area and beyond.

| Workshop | Example |
|---|---|
| MH | Keep Safe Cwmru - Card Scheme LD Service, South Wales Police, Mencap Cwmru |
|  | Valley Steps - One stop shop offering signposting and information for emotional wellbeing |
| Carers | Team around the Family (TAF) model – should be replicated for adults |
|  | Bridgend Carers Centre - Training, support and activities |
|  | Cwm Taf Carers' Information and Consultation Strategy |
| OP/PD/SI | Merthyr Tydfil digital inclusion classes within sheltered housing schemes |
|  | Rhondda Cynon Taf: Dementia friendly towns/communities: Pontypridd, Maerdy, Mountain Ash |
| VAWDASV | Identification and Referral to Increase Safety (IRIS) – DVA training, support and referral programme based in GPs and funded by South Wales PCC and Cwm Taf UHB. |
|  | Multi Agency Safeguarding Hub (MASH) – single point of contact for professionals |
| LD | RCT Carers Support Service for Children |
|  | Flying Start - health visitors have smaller caseloads/early intervention, behaviour support, support with speech & language |
|  | ABMU HASC teams co-located |
| CYP | Emotional Literacy Support Assistant (ELSA) training in schools |
|  | RCT Vulnerability Profiling – pilot in Rhondda |

# 5        Workshops - Facilitators' general observations

In a debrief session with members of the PNA Core Group, following the final workshop, IPC was asked to include our own observations as part of this report.  The three IPC facilitators have planned and debriefed together, and we have therefore had an opportunity to reflect on the workshops as a whole.  We offer observations from a facilitators' perspective, without having been party to the pre-workshop planning and organisational arrangements.

We recognise the achievement the Cwm Taf Partnership in making an early start with this process, and in seeking to engage with as wide a group of stakeholders as possible, in the context of a demanding timeframe.  The following observations are intended to inform the ongoing process of the PNA and its part in informing strategic thinking.

- Attendance at workshops varied depending on the particular population group concerned. Overall, representation from universal services, apart from perhaps housing, was light - a concern given the strong focus on preventative services – and this may be an area to explore and address in future exercises. It is always difficult to get an exact balance between attendees in workshops like this – some had heavy third sector representation, while others had heavy local authority representation for example – but as the PNA process develops it may be worth being very explicit about the balance of representation required from different organisations and sectors in the community.

- Citizen participation in the workshops was not very strong, although we understand that the engagement with citizen's groups in other activities prior to the workshops had been extensive.  There is a value in citizens and professionals sharing perspectives in sessions like these, and we would encourage this approach to be explored further in future.

- Each workshop was informed by a briefing paper relating to a PNA chapter.  The depth of the analysis did vary somewhat, and some workshops appeared therefore to be more about filling a knowledge gap, with less space to focus forward to the intended aim of generating ideas about how to address the needs. We recognise that there may have been good reasons for this, as some chapters had the advantage of building on stronger and more readily available baseline information from the outset, but there is the opportunity to develop more consistent analyses across the population groups in the future.

# 6        Areas for consideration

The issues and outputs from the workshops are intended to inform future strategic planning.  Drawing on our experience of facilitating the stakeholder engagement workshops, and the themes identified, we suggest, in summary, a number of areas for further consideration by the TLG, and the respective Boards within the Cwm Taf Partnership. There are some key areas where participants are keen to see further developments in strategic planning between partners in the future:

- There are opportunities for further developments in data quality, analysis, and sharing of information in the future between partners, as well as further opportunities for engagement in securing the citizen voice to inform strategic plans.

- Collaboration between partners on the strategic development agenda is required by the SSWB Act, and could build on the good progress to date and be further extended, going beyond health and social care, and with a stronger outcome focus. There is widespread recognition that the needs identified cannot be addressed in siloes, and will require full engagement from the range of stakeholders.

- By definition, the PNA starts from the perspective of need.  However, the picture of the supply side is of equal importance.  This will need to be addressed as part of the forthcoming requirement for local authorities to produce market stability reports.

- Population groups are, of course, not entirely mutually exclusive and so in taking forward plans to meet specific needs it will be important to ensure effective integrated agendas across the board.  For example:
  - The Statement of Strategic Intent for Learning Disabilities, and the Children's Strategy will need to link closely.
  - Engagement with and support for carers will need to be considered for all populations groups.
  - Partners may need to assure themselves that strategic plans to support for people with dementia are held effectively between mental health and older people's plans.
  - Prevention, community resilience and early intervention are wide-ranging agendas facing all population groups which need a co-ordinated approach.

Overall, within the context of a challenging timetable and wide range of engagement mechanisms, Cwm Taf has clearly made a good start in establishing the population needs analysis as a key strategic process to help partners together to understand future needs and demand, engage with stakeholders and begin to plan for the future. We hope that these suggestions will complement the other information sources and inform the ongoing development of this process.

**Institute of Public Care
December 2016**