Welcome to the SSIA Population Assessment interactive resource toolkit. To use please hover over the left and right sections or use your scroll on your mouse to turn the pages, if at any point you wish to return to the main menu click on “Contents” in the right hand corner.

The resource has been spilt into 4 key sections which are accessible from every page.

If you wish to view it in full screen press ctrl + L.
ACKNOWLEDGEMENTS

This toolkit was written by Tony Garthwaite and Rebecca Cicero and commissioned by Welsh Government. It was produced in collaboration with Public Health Wales, Welsh Local Government Association and Social Services Improvement Agency.

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Llywodraeth Cymru
Welsh Government

BEFORE YOU START

This toolkit is designed to support you in undertaking a good population assessment and producing a population assessment report. It:

- Informs you of WHAT you need to do to comply with the legislation;
- Advises you of the benefits a population assessment can bring so that you have a benchmark to test the quality of your assessment;
- Offers you a planning tool so that you can be prepared for the task and organise yourselves accordingly;
- Breaks down the tasks into individual parts to help make the process more manageable;
- Provides you with advice on HOW to approach these component parts and fulfil your responsibilities.

N.B. The term “You” is used throughout this toolkit and is meant to address all those with responsibility for undertaking the assessment and preparing the report but because much of the legislation refers to the responsibilities of local authorities, you will see phrases like “you must, with your LHB partners...”. However, you should assume an expectation that there must be collective responsibility amongst partner agencies for this work. This collective ownership needs to be reflected across the local authority and between local authorities and local health boards.

PARTNERSHIP
The toolkit does not provide a prescriptive template on how to undertake your assessment or prepare your report, nor is it a substitute for reading and understanding the requirements on you which are contained in the Act and its regulations and Code of Practice. Decision-making and accountability rightly remains with you.

Instead, the toolkit contains information and advice to guide your work and signposts you to numerous reference points and resources which you can use to develop your approach and further your thinking on particular issues.

The toolkit has been designed to be accessible by people at all levels and mutually beneficial across all agencies. Completing a population assessment is a challenging task and whilst using the toolkit should make the task easier, the challenge ahead remains significant. The process should stimulate thinking, creativity and innovation and the toolkit encourages an approach to your assessment based on some essential key principles:

- Viewing the assessment in the way you would a major research project helps in understanding and organising the work needed;
- Planning for the assessment at an early stage, ideally before commencing the work, is essential;
- Establishing governance and project management arrangements from the outset is equally essential;
- The task must be undertaken collaboratively with collective accountability.

SOME BASICS ABOUT YOUR POPULATION ASSESSMENT REPORT

- **The final report is not the final plan.** It will identify your headline intentions for future detailed plans you will need to prepare under section 14a of the Act.

FUTURE PLANS

- It will provide you with information about individual needs and the range and level of services you currently provide. You will need to consider how you will prioritise unmet need to inform a more detailed response in your final plans.
- You are not expected to duplicate any recent work you have already undertaken to identify or assess local need. This can be included as part of your assessment.
- The final report and subsequent plans will be on a joint and regional basis. Although these will report on local needs, you will need to consider how you will respond jointly (LHB and LA) and regionally (on the LHB footprint) in respect of planning.
- This toolkit is **not a substitute** for the Act, Code and Regulations. It is designed to support you to meet those requirements.
PRODUCING A POPULATION ASSESSMENT REPORT: KEY ACTIVITIES

**Purpose of the Population Assessment: What does the report need to show?**

- Demonstrate Benefits
- Present the evidence
- Reflect planning and partnerships
- Fulfil Statistical Requirements
- Take account of strategic considerations

**Planning your Population Assessment**

- **Preparation**
  - Understand the task
  - Familiarise yourself with requirements
  - Know benefits of the assessment
  - Set up project management
  - Clarify roles and Responsibilities
  - Organise Partnerships and Governance

- **Planning and preparing your assessment**
  - (11 Step guide)

- **Situation**
  - Gathering information through
    - statistical data
    - engagement
    - research
    - other sources of intelligence (including individual assessments)

- **Response**
  - Analysing your evidence
  - Identifying gaps
  - Headline intentions for plans

- **Publication**
  - Final report sent to ministers
  - Report published online and made available for the public

**Resources**
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The What Guide

HOW TO USE THIS GUIDE

WHAT YOU NEED TO DO

Legislation

Benefits

Analysis

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The How to Guide

Planning your Population Assessment

Main Contents
HOW TO USE THE TOOLKIT

The toolkit will help you work through the different phases of activity necessary to produce and publish your population assessment report. The toolkit is interactive and enables you to move between sections. However, you are strongly advised to familiarise yourself with what is required of you (the 'What' guide) and the planning guide (the 'How' guide) before moving on to considering the individual component parts (the 'Help' guide).

How to navigate

At the top of each page, there are four tabs that will take you back to the main sections of the report. There are also sub-heading pages under each main section to help you navigate through the toolkit.

The arrow buttons at the side of pages allow you to click back and forth between pages. You can also skip to any page using the slide bar on the right hand side of the page, as you would any other PDF document.

You can also move back and forth between pages by using the left and right buttons on your keyboard.

Throughout the document are interactive checklists. You can click on the tick boxes to keep track of sections once you have completed them. If you have an older version of PDF, you may not be able to use these tick boxes. We have produced a separate Word document that includes all checklists for you to print off and use if you prefer to do this or your version of PDF does not support the interactive tick boxes.
LEGISLATION — WHAT YOU HAVE TO DO

This section of the toolkit not only describes the requirements of the legislation but also acts as a checklist you can use when preparing your population assessment report and after its completion.

You are undertaking the assessment under the following legislation:

- Section 14 of the Social Services and Well-being (Wales) Act
- The Care and Support (Population Assessments) (Wales) Regulations 2015
- The Care and Support (Partnership Arrangements for Population Assessments) (Wales) Regulations 2015
- The Part 2 Code of Practice and guidance on the exercise of social services functions and partnership arrangements (General Functions) of the Social Services and Well-being (Wales) Act 2014

You must

Jointly assess with your LHB partners:

a) the extent to which there are people in your authority’s area who need care and support;

b) the extent to which there are carers in your area who need support;

c) the extent to which there are people in your area whose needs for care and support (or, in the cases of carers, support) are not being met (by the authority, the Board or otherwise);

d) the range and level of services required to meet the care and support needs of people in your area (including the support needs of carers);

e) the range and level of services required to achieve the purposes in section 15(2) (preventative services) in your area; and

f) the actions required to provide the range and level of services identified in accordance with paragraphs (d) and (e) through the medium of Welsh.

Jointly with your LHB partners produce a report of the outcome of the assessment.
REQUIREMENTS UNDER THE ACT

When undertaking the assessment, you have to

- Have regard to the statement relating to the well-being for people in Wales who need care and support and carers who need support, which contains outcomes to be achieved (issued under section 8 of the Act).

OUTCOMES FRAMEWORK

- Engage with people (including adults and children with care and support needs, care, and the parents of children with care and support needs) in an innovative way and establish a procedure for this engagement.
- Consider creating a formal panel of people including those use services and carers for the purposes of engagement.
- Engage with private sector and third sector organisations concerned with the provision of care and support or preventative services to the local population.

ENGAGEMENT

- Form a partnership arrangement with your Local Health Board and other local authorities in your LHB area to coordinate the assessment exercise and produce the combined report.
- Form a joint committee to take responsibility for the management of the partnership arrangement established to coordinate the exercise.
- Agree a lead co-ordinating body responsible for co-ordinating and managing the production of the population assessment report.

GOVERNANCE

- Take into consideration other strategic plans.

OTHER LEGISLATION
**BENEFITS**

You should be aiming not only to fulfil your legislative requirements but also to achieve a number of benefits and outcomes via the assessment. Understanding these from the outset enables you to adopt a strategic approach to the assessment.

- A clear and specific evidence base in relation to care and support needs and carers’ needs to underpin the commissioning and delivery of their statutory functions. Throughout this document care and support needs includes those who are experiencing or at risk of abuse or neglect and in the case of children, other forms of harm.
- A clearer focus on preventative approaches for those who are experiencing or at risk of abuse or neglect, and in the case of children, other forms of harm.
- More informed operational decision-making.
- More efficient and effective planning, design and development of services equipped to meet future needs.
- Better information to promote the well-being of people who need care and support and carers who need support.
- Improved commissioning of services, including joint commissioning, that is based on evidence relating to an assessment of needs, services and outcomes.
- Evidence on which to prioritise the integration of services.
- An increased drive for change.
ANALYSIS

When undertaking the required analysis you must
- Make use of a number of sources of information.

GATHERING AND ANALYSING EVIDENCE
- Pay attention to the social services national outcomes framework and the performance measures in the performance measurement framework for local authorities, contained within the code of practice in relation to measuring social services performance, issued under section 145 of the Act.
- The national outcomes framework sets out the important well-being outcomes that can make a real difference to peoples lives. Services must be mindful of these when planning for care and support.

OUTCOMES FRAMEWORK
- Be innovative in identifying local data sources, research and statistics that could contribute to an assessment, including making use of technology.

GATHERING EVIDENCE, CORE THEMES
- Take account of the information and intelligence arising from engagement activity.

ENGAGEMENT
- Consider the findings of existing assessments such as those undertaken as part of the delivery of the Families First Programme.

EXISTING ASSESSMENTS, INFORMATION, ADVICE AND ASSISTANCE
- Achieve a balance of qualitative information that is underpinned by quantitative information.
- Use extensive statistical data but avoid undertaking the population assessment as a purely statistical exercise.
- Consider research by universities and other local organisations.

GATHERING AND ANALYSING EVIDENCE
- Consider how practitioners, professionals and other members of staff within local authorities and Local Health Boards, as well as within partner agencies such as the police and education, are likely to have informed views on the extent of needs for care and support and the needs of carers in the area.

ENGAGEMENT
- Be informed by the individual assessment process of care and support needs, or the support needs of carers, (as set out in the Code of Practice issued in relation to Part 3 of the Act)

EXISTING ASSESSMENTS, INFORMATION, ADVICE AND ASSISTANCE
- Consider management information collected by the Information, Advice and Assistance Service on the range and types of 'care and support' queries dealt with.

IAA
REPORT REQUIREMENTS

Further detail on preparing and publishing reports can be found in the Report section of the HELP GUIDE. This section gives an overview of the reporting requirements.

Your report must

- Cover your local authority area

PUBLICATION

- Be combined with the other reports in your Local Health Board area into a single joint report

PUBLICATION, GOVERNANCE

- Be approved by your Cabinet, the council and Local Health Board

GOVERNANCE

- Be published on your website and that of your Local Health Boards involved in their production.
- Be sent to Welsh Ministers at the time of publication.

PUBLICATION

- Include an Equality Impact Assessment.

EQUALITY IMPACT ASSESSMENT

- Be paid for by all the bodies who produced it, i.e. all those in the partnership arrangement.

GOVERNANCE

- Be produced by 1 April 2017 and thereafter once in every local government election cycle.

PUBLICATION

- Be kept under review as required but at once mid-way through the population assessment period.

REVIEW

- Comprise two sections:

  1. the assessment of need;
  2. the range and level of services required.
In Section 1 your report must

- Include details of how you have jointly engaged with people in its production and also how you have engaged with service providers.

**PUBLICATION, ENGAGEMENT**

- Be structured around general core themes which must include:
  - 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.

**PUBLICATION, CORE THEMES**

- Include an analysis under each theme of evidence spatially in order to develop an understanding of where and to what extent the core themes are concentrated or diffused across the assessment area.

**PUBLICATION, GATHERING AND ANALYSING EVIDENCE**

- Set out the differences in relation to the core themes across all local authorities and NHS cluster areas in the assessment area.

- Include an analysis of the evidence in terms of age groups where appropriate.

- Set out the extent to which needs are not being met.

**SECURE ESTATE, GATHERING AND ANALYSING EVIDENCE**

- Have taken into account the care and support needs of populations from the secure estate in order to fulfil the requirements of section 11 of the Act.

**WELSH LANGUAGE**

- Make clear the Welsh language community profile.
In Section 2 your report must

- Present the assessment of the range and level of services needed in line with the same core themes used in Section 1.

**PUBLICATION, CORE THEMES**

- Include an assessment of the extent to which needs identified in relation to the core themes could be met by providing services in partnership with the Local Health Board for your area and other local authorities within the area of that Local Health Board.

**PUBLICATION, GATHERING AND ANALYSING EVIDENCE, PARTNERSHIPS**

- Reflect how you are building on your duty to promote social enterprises cooperatives, user led services and the third sector.

- Identify the assets at an individual, community and population level which can help create services.

**SOCIAL ENTERPRISES, PREVENTION**

- Set out the assessment of preventative services, including advocacy services.

- Set out how a preventative approach can be delivered in partnership with the Local Health Board for your area of the local authority and other local authorities within the area of your Local Health Board.

**PREVENTION**

- Identify the actions to deliver services through the medium of the Welsh language.

**WELSH LANGUAGE**
WHAT SECTION—CHECKLIST

Have you familiarised yourself with

☐ The legislative requirements

☐ The benefits you hope to achieve

☐ What your report needs to cover?
PLANNING YOUR POPULATION ASSESSMENT

PROJECT MANAGEMENT
GOVERNANCE
PARTNERSHIPS
PLANNING THE PROJECT (11 STEPS)
PROJECT MANAGEMENT

The assessment is best viewed in the way you would approach a major research project – what we sometimes refer to as a “study” – because this will enable you to appreciate the size and scale of the task and the benefits of good planning. Before doing anything else, you should familiarise yourself with the statutory requirements contained in the Act, regulations and Code of Practice so that you are clear about the task. You should then immediately:

- Establish your governance arrangements including the establishment of a Joint Committee as prescribed by the Code of Practice.
- Identify the person(s) and local authority or other partner who will lead the project and those who will participate in undertaking the work.
- Establish a project team
- Clarify reporting lines between the project team and the Joint Committee.
- Identify and agree which project management practice you intend using remembering that partner agencies may currently adopt different models.

You will need to consider how to undertake the population assessment at the same time as undertaking the assessment of local well-being required under the Wellbeing of Future Generations (Wales) Act. You can find advice and guidance on approaching this in the WELLBEING OF FUTURE GENERATIONS section of the toolkit.

We have not included a prescribed timeline in this toolkit as local circumstances will need to be taken into account. However, we strongly recommend you attempt to identify all the tasks ahead of you now, including time for governance processes, translation and other logistical issues that could affect your ability to publish your report on time. A GANTT chart is likely to be an essential part of your project management arrangements.

An overview of key activity is included in the diagram Producing a Population Assessment Report: Key Activities
GOVERNANCE

You must:

- Form a partnership arrangement with your Local Health Board and the other local authorities in your LHB area.
- Form a joint committee with the bodies within the partnership for the duration of each population assessment period.
- Through the joint committee, and with due regard to existing expertise, knowledge and relevant resources, nominate a lead co-ordinating body which will be responsible for co-ordinating and managing the production of the population assessment, but all other bodies must participate in the exercise as required by the lead co-ordinating body. The nominated lead coordinating body can be reviewed when the partnership sees fit.

The lead co-ordinating body must:

- Ensure that the combined population assessment report has a consistent format and demonstrates clearly the extent to which core themes are concentrated or diffused across the partnership arrangement area and specifically in relation to each local authority area in the partnership arrangement.
- Resolve issues that may hinder the production of a combined population report.
- Keep population assessments under review.

Additional points

- If in exceptional circumstances, it may not be possible for a local authority or Local Health Board to agree to a particular aspect of the combined population assessment report, that authority or Health Board retains its duty for meeting the statutory requirements set out in section 14 of the Act.
- The partnership arrangements are purely to achieve the purposes of section 14 of the Act in undertaking the assessment. This is not to say they could not be useful in regard to fulfilling other coordinating functions. A separate section of this toolkit explains your wider obligations in respect of partnership arrangements under Part 9 of the Act.

PARTNERSHIP

- All bodies in the partnership arrangement must contribute to any costs involved in the exercise. (Costs should be minimal and mostly consist of staff time, although some costs might be incurred for printing or carrying out citizen engagement).
- All bodies in the partnership arrangement must share information required to undertake the population assessment. Any personally identifiable information should be shared within the principles of the Wales Accord on the Sharing of Personal Information (WASPI). All Local Health Boards and local authorities in Wales are signatories to the WASPI Accord.
Advice

- You will already have cross sector partnership arrangements in place. Make sure these are fit for purpose in respect of undertaking population assessments and amend them where necessary.

- Make sure the joint committee meets at appropriate intervals (this does not need to be frequent) and has clear reporting lines through the partnership.

- An early estimate of the costs should be undertaken so that budgets can be prepared. You should ideally create a pooled budget. Costs can be met through finance or if felt more appropriate through the allocation of resources in the shape of time or people.

- More information on WASPI can be found: 

  http://www.waspi.org
PARTNERSHIP ARRANGEMENTS

This section provides details on the partnership arrangements and the need to establish a regional board. The governance of the population assessment process must take place within this context.

The Statutory Guidance on Part 9 states:
1. You must make arrangements to promote co-operation with your relevant partners and others, in relation to adults with needs for care and support, carers and children.
2. Relevant partners must co-operate with, and provide information to, local authorities for the purpose of their social services functions.
3. You must work together to consider whether alternative not for profit business models will best meet the well-being needs of your local population.
4. You must establish pooled funds in relation to:
   - The exercise of care home accommodation functions;
   - The exercise of family support functions (IFSS);
   - Functions that will be exercised jointly as a result of your population assessment and subsequent plan.
5. You must also consider a pooled fund for any other funding obtained from Welsh Government.
6. You must establish an integrated team for the purpose of the exercise of family support functions – an IFST.

7. You must establish a Regional Partnership Board to manage and develop services to secure strategic planning and partnership working between local authorities and Local Health Boards and to ensure effective services, care and support are in place to best meet the needs of their respective population.

8. Your Regional Partnership Board will comprise the Local Health Board and all the local authorities in its area.

Duties and responsibilities of your Regional Partnership Board

Ensure the partnership bodies work effectively together to:
- Respond to the population assessment.
- Implement the plans which arise from it.

FUTURE PLANS

Ensure the partnership bodies provide sufficient resources for the partnership arrangements.
- Promote the establishment of pooled funds where appropriate.
- Ensure that all partners work effectively together to improve outcomes for people in the region.
- Ensure that services and resources are used in the most effective and efficient way to enable this.
- Prioritise the integration of services in relation to:
  - Older people with complex needs and long term conditions, including dementia.
• People with learning disabilities.
• Carers, including young carers.
• Integrated Family Support Services.
• Children with complex needs due to disability or illness.

LEGISLATION AND STRATEGIES
• Ensure an integrated approach to the development of services, care and support, which focus on opportunities for prevention and early intervention.
• Ensure that information is shared and used effectively to improve the delivery of services, care and support.
• Provide strategic leadership on the use of technology and common information systems.
• Consolidate the development of Integrated Family Support Services, and ensure a number of specific responsibilities attached to IFSTs are fulfilled including that they have sufficient resources to carry out their functions.
• Develop an integrated approach to delivering services for children with complex needs.
• Consider what additional or alternative arrangements may be required to integrate services relating to mental health and substance misuse to improve outcomes for individuals and/or make more effective use of resources. This should also include consideration of what arrangements would be more effective at a national, rather than regional or local level.

• Ensure a response to the advocacy requirements for all individuals.
• Ensure that information, advice and assistance is offered in a manner which is accessible and suits the needs of the people living in your region.
• Develop and coordinate formal or informal partnership arrangements.
• Prepare a report on the extent to which the board’s objectives have been achieved. This report must be submitted to Welsh Ministers and include specific details contained in Paragraph 34 of the Code of Practice. The first report must be prepared and submitted by 1 April 2017. Subsequent reports must be prepared and submitted annually.
• Adopt appropriate structures for ensuring the provision of integrated services. This could include the establishment of management or operational groups, as well as integrated teams for specific service areas. Written agreements will need to be developed for any partnership arrangements which involve a delegation of functions.
• Provide oversight and governance of partnership arrangements.

GOVERNANCE, PARTNERSHIPS
Governance of your Regional Partnership Board

The terms of reference of your Regional Partnership Board should make clear whether members of the board have delegated decision-making from their respective bodies, or organisations, where appropriate.

Membership must include, but not necessarily be limited to:

a) at least one elected member of a local authority which established the regional partnership board;

b) at least one member of a Local Health Board which established the regional partnership board;

c) the person appointed as director of social services under section 144 of the Act in respect of each local authority which established the regional partnership board, or his or her nominated representative;

d) a representative of the Local Health Board which established the regional partnership board;

e) two persons who represent the interests of third sector organisations in the area covered by the regional partnership board;

f) at least one person who represents the interests of care providers in the area covered by the regional partnership board;

g) one person to represent people with needs for care and support in the area covered by the regional partnership board;

h) one person to represent carers in the area covered by the regional partnership board.

Other persons may be co-opted as you feel appropriate.

You must develop and sign written agreements concerning any formal partnership arrangements which involve a delegation of functions or pooling of funds.

Pooled Funds

The requirement for pooled funds for family support functions and joint functions arising from your population assessment is effective from 6 April 2016 and for care home accommodation from the 6 April 2018. You should undertake preparatory work in relation to the latter to shape the future development of services and you may introduce the new arrangements before 2018 if you so wish. The work includes preparing a market analysis to include the needs of self funders, agreeing an appropriate integrated market position statement and commissioning strategy, agreeing a common contract and specification, developing an integrated approach to agreeing fees with providers and an integrated approach to quality assurance, and adopting a transparent use of resources.

Your partnership agreement should include the governance arrangements, including accountability, decision making and how the pooled budget arrangements will be managed.
The pooled budget can be hosted and managed by a statutory partner, or it can be hosted by a statutory partner and managed on their behalf by another organisation contracted to do so.

You should consider how to involve local external audit representatives in adding a value to the proposed agreement, including commenting on the audit and accounting implications of a local draft agreement.

**Additional points**

You should make appropriate arrangements at a strategic level to engage with other boards and organisations as needed.

You may wish to invite organisations or individuals to attend Regional Partnership Board meetings or sub groups as appropriate.

You should foster engagement through existing networks or forums, or through the development of new networks or forums. People who use services must be actively involved and engaged in the work of the Regional Partnership Boards.

**ENGAGEMENT**

Although there will be a member of the board to represent people with needs for care and support, you should recognise that this individual cannot be expected to represent all people in need of care and support. Therefore, they will need to work with both the Regional Partnership Board and the citizen panel (or other relevant groups) to inform the development and delivery of integrated services.

Representatives of the third sector cannot be expected to represent every organisation within their sector but they will need to ensure the sector is effectively engaged and able to influence and be involved in the delivery of integrated services, as appropriate. There should be one representative of local third sector organisations and another representative of national third sector organisations.
PLANNING THE PROJECT

The following is an outline plan of the steps you will need to incorporate into your project plan alongside the governance and partnership arrangements you should have already established. They concentrate primarily on the research elements of the work. By giving consideration to these steps at the start of the exercise, you will be able to build up a picture of the work that lies ahead and how it is best organised. At this planning stage, you will not be able to resolve all the issues but will be in a better position to anticipate what decisions you will need to make later.

STEP 1 - Define the objective of the Population Assessment

The objective of your assessment should identify what is going to be done. The objective should be clear, specific, and measurable, and relevant for the situation. It should identify the target group for the assessment, the nature of the decision(s) needed, and the scope of the assessment. The objective will have a broad focus and the following is suggested as a reasonable example of the task ahead which you may wish to adopt to guide your work:

To jointly produce a clear and specific evidence base in relation to care and support needs and carers’ needs to underpin the delivery of the local authority’s statutory functions and inform various planning, commissioning and operational decisions.

STEP 2 - Identify the likely participants in the study

By participants, we mean:

The target group i.e. those in need of care and support.

You can identify these in different ways, e.g. by age, gender, health status, and/or location). Remember that your report must include specific reference to certain CORE THEMES, namely:

- 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.

When considering your approach to collecting data and information, therefore, it is sensible for you to consider adopting these themes from the outset as a framework. Because you will also need to consider how you intend to analyse data by age groups and spatially, e.g. by Local Super Output Areas or electoral wards, it is advisable to think now about structuring your methodology to ensure you don't have to revisit data sources for more detailed information at a later stage. Further advice is contained in the section on research methods.
Any others who influence the target group
These are likely to include family members, community groups, practitioners, administrators, and/or policy makers. The code of practice prescribes that you involve and engage certain people in the assessment including

- citizens;
- service users;
- carers;
- children who use services and their parents,
- marginalised and minority groups including homeless people and Travellers,
- third sector organisations;
- private organisations;
- service providers

You should view these as participants in your study. Budget and human resources available will affect your choice of participants. Remember, you are only planning at the moment so it is unlikely that your participants list will be 100% accurate at this stage.

STEP 3 - Identify the rationale or purpose of the Assessment
The rationale or purpose of any needs assessment explains why it is important to have this information (why the assessment is being done) and how the results will be used. This includes identifying and involving those who will receive and use the results.

For example:

**The population assessment will ensure services are planned and developed in an efficient and effective way by public sector partners to promote the well-being of people with care and support needs.** The assessment will drive change, including by enabling both local authorities and Local Health Boards to focus on approaches to care and support which prevent needs occurring or escalating. It will provide the information required to support resource and budgetary decisions; ensuring services and outcomes are targeted, sustainable, effective and efficient.

Steps 4, 5 and 6 all deal with gathering the information needed to make the assessment. You will find advice on this elsewhere in this toolkit so at this stage you simply need to identify the range of approaches you are considering in order to understand future work and potential resource implications.

GATHERING EVIDENCE
Traditionally, there have been three approaches to healthcare related needs assessments, which appear applicable to population needs assessments for health and social care. These are:

(a) **Epidemiological approaches**: which use mainly quantitative data to estimate the size and composition of the population of interest, including information on place, over time, and by key population subgroups; the level of need (as indicated for example by the prevalence of disease, disability or adverse life circumstances) and the current provision of services to meet those needs;

(b) **Comparative** approaches: which use comparisons across time or between different geographies or population groups to establish potential needs by identifying areas or groups where there is relative under-provision;

(c) **Corporate approaches**: which gather mainly qualitative information to help understand the views of stakeholders (patients, public, professionals, policymakers etc) about current needs and priorities for future provision.

In general all three approaches are needed for population needs assessment and subsequent decision-making. All three are relevant to decisions which need to be made in Steps 4, 5 and 6 of the planning model.

**STEP 4 - Identify the information to be collected.**

You will need to decide on firstly the type of information that should be collected. E.g. demographic data, user group data, national and personal outcome information. The Code of Practice suggests information will be needed broadly and on a particular number of groups and subjects, namely

- 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.

The type of information collected should be determined in the context of the outcomes to be achieved set out in the National Outcomes Framework

http://gov.wales/topics/health/socialcare/well-being/?lang=en and the performance measurement framework for local authorities

STEP 5 - Select the methods for collecting the information.

This step describes how the information needed will be collected. You will find advice on research methods elsewhere in this toolkit but you should formulate an initial idea at this stage of the range of methods you are considering. The following strategies are frequently used but is not a prescriptive list and several of the strategies may be used depending on resource availability and appropriateness to the task.

**RESEARCH METHODS**

a) *Key informant interviews*

b) *Existing information (i.e. from data bases, previous studies)*.

c) *Focus groups* The code suggests that a panel approach might be a useful way of gathering information. Such a panel could be regarded as a type of focus group in this context.

d) *Surveys*

It is important to remember that the methods selected must suit the available time and resources (money, equipment, knowledge and skills) of the participants and the researchers as well as the need.

STEP 6 - Develop data collection tools and instruments

These may include, for example, interview forms, surveys and questionnaires.

Again, you will find advice on these elsewhere in this toolkit so at this planning stage you are merely formulating some initial ideas to estimate the work ahead. To save additional resources, it may be possible to use existing tools, adapt existing tools to meet your needs or develop tools tailored to a specific situation, acknowledging that local authorities and their partners already use a range of data collection tools to support their information gathering methods. Find out now what is available in your area. However, the Code of Practice refers to the need to be innovative in this respect so it may also be necessary to search for new methods and tools.

Therefore, by the time Step 6 is reached, you should be clearer about the information to be collected, its source, and the methods and tools which will be used.

**RESEARCH METHODS**
STEP 7 - Select the *sample*, *sample size* and *sampling procedure*

Advice on sampling is included elsewhere but it is assumed that it will not be possible to collect information from the whole population, so a sample or subset must be selected whose key characteristics will be representative of the target group and those influencing the target group. The *sample* is a subset of the target population from whom the information will be collected. At this planning stage, you are giving initial thought to how big a sample you think you need and how pragmatic you intend being. It is important to define the sample by the people who will be included or excluded from those being sampled.

**RESEARCH METHODS**

The Code requires a wide range of people to be involved in the population assessment. Therefore it is likely that there will need to be engagement with samples of the *public, service users, carers, children and their parents, service providers, third sector organisations, private sector organisations, practitioners, seldom heard groups, homeless people.*

**ENGAGEMENT**

STEP 8 - Develop a *schedule*

You will already have established governance and project management arrangements which may have included an initial project plan. At this step you are moving the detailed planning stage into implementation and your implementation plan will also need to reflect robust project management of the assessment process. This will involve setting clear dates for starting and completion, as well as spelling out accountabilities and responsibilities. A GANTT chart should be used to identify your intended schedule recognising that events may require you revising this as the study ensues.

STEP 9 - Conduct the assessment

This toolkit has been developed to assist the undertaking of the assessment.

STEP 10 - Analyse and summarise the results

You will find further advice elsewhere in this toolkit but at this stage you should formulate an initial assessment of the analytical tools you have available. These will include statistical analysis programs such as EPI-Info or SPSS which might be employed for tabulating and analysing quantitative data. You should also identify whether you have the skills, experience and abilities within your project team to undertake the necessary analysis.
STEP 11 - Present the information
The Code is prescriptive about aspects of the report’s presentation and will need to be followed at this final report writing stage.

PROJECT MANAGEMENT CHECKLIST

Have you

- [ ] Understood the outline planning guide and how it will apply to your assessment?
- [ ] Set out an initial position for what you will be doing under each step of the process?
## Resources Contents

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GATHERING & ANALYSING EVIDENCE
In order to help you identify the most relevant data for your population assessment, we have provided you with a Data Catalogue. The catalogue offers you a range of available data related to the population assessments, whilst recognising that needs will vary between areas.

In order to reflect changes in performance management and data collection, we will update the catalogue regularly to take account of any new, relevant data that becomes available. You can be kept informed of any changes through your nominated lead for the population assessments, and by checking the Data Unit website on http://www.dataunitwales.gov.uk/

The catalogue has been split into sections, based on the core themes, and also shows you the level at which the data is available in order to help you meet the requirement to analyse evidence spatially.

There is an introduction and user guide at the beginning of the catalogue. The catalogue itself provides direct links to the data sources to help you easily access the data.

It is for you to determine locally which data you wish to examine in detail and present in your assessment. This can include additional local data or evidence, where appropriate. You should speak to your regional co-ordinator to see if any decisions have been made around additional support for data gathering and analysis.

You can access the most up to date version of the catalogue on http://bit.ly/29mS1JG
ENGAGEMENT

Engagement with Individuals, Groups and Organisations

Engagement with Service Providers
ENGAGEMENT WITH INDIVIDUALS, GROUPS AND ORGANISATIONS

What does the Code of Practice Say?

The Code of Practice states that a broad range of individuals, groups and organisations that reflect the diversity of your population must be involved in the population assessment. There is a strong emphasis on active, innovative engagement, as opposed to consultation.

You will need to demonstrate you have asked people:

- what they perceive their needs to be and
- what services should meet those needs

You should also note that, in order to reflect the preventative element of the assessment, you must engage with non-users of statutory services.

You will also need to demonstrate that you have engaged with:

- People who have experience of using care and support services
- Carers
- Children and younger people, their parents and carers
- Seldom heard groups

OTHER KEY THEMES

You will need to explain what you did to gather people’s views and include this in your population assessment report.

REPORTING REQUIREMENTS
Who can help you?

You will already have built established links with the community for feedback or consultation purposes. There is no expectation that you will have to establish new engagement groups for the population assessment, especially if there are groups who have a trusted relationship with the organisation. Examples of this could be tenant participation groups or local access groups.

Third sector links

In each local Community Voluntary Council, there are Health and Social Care co-ordinators who will be able to coordinate engagement activity with local community groups. A list of contact details can be found at the end of this section. There are also nominated leads for each Local Health Board area within the CVCs. There are mental health service user engagement officers in each CVC.

A number of CVCs also run Community Voice projects. These projects engage with the community on health and social care needs. There will be established involvement activity that may have already discussed and identified issues that can be included in the population assessment.

Communities First will also have strong links with local communities, particularly with vulnerable and disadvantaged people. A list of all the cluster areas and lead contacts are on


Tenancy support workers often run local support groups around health and social care needs. Speak to your local housing associations to identify tenancy support workers to help you.

Community Housing Cymru also run a national health, housing and social care network


You should also note that there are smaller organisations and groups who may not be closely linked to your local CVC or other larger organisations. It’s important that you speak to as many community based organisations as possible so they can help you identify some of the more informal activity happening in your area, for example lunch clubs and local support groups.

Methods of engagement

When developing your engagement or participation materials, there are a number of approaches you could chose to take. Further information on how to do this can be found in our RESEARCH METHODS section. This includes information on

- Surveys and Questionnaires
- Focus Groups
- Engagement events
- One to one interviews
How should you target my engagement work?

A suggested list of who to speak to is listed below. You may wish to identify a lead link in the community for each group. More information on routes for engagement are included under each heading in the Themes section of this toolkit. **CORE THEMES**

- children and young people, including parents and carers
- older people
- health / physical disabilities
- learning disability/autism
- mental health
- sensory impairment
- carers who need support
- violence against women, domestic abuse and sexual violence

Other groups to include

- Offenders, ex-offenders and their families (including both adults and younger people) (please note, there are specific duties around the secure estate)
- Homeless people
- LGBT community
- BME groups
- Military veterans

**Reporting your Engagement Activity**

The Code of Practice states that you need to include in Section 1 of the report **how** you have engaged with people in the report’s production. A suggested summary of what you will need to include in the report is:

- Your methodology, including examples of any innovative approaches you have employed
- A list of the groups and organisations involved in the work
- The number of people you spoke to, both users and non-users of services
- What you asked people
- Headline messages emerging from the engagement activity
- How the information has been reflected in the assessment section of the report

A toolkit for engagement, including an example of an engagement plan can be found in the Participation Cymru manual

Advice on engagement

Be clear about what you are asking and why

You will need to make sure any questions you ask are for the explicit purpose of informing the population assessment. As this is about the individual’s care and support needs, the focus is not on asking about wider community needs but what that individual needs in terms of care and support and what they feel could prevent a care and support need escalating. You can also use this as an opportunity to gather ideas for future user-led initiatives, social enterprises and co-operatives.

Manage expectations

Asking people’s views on what services they want to see could lead to unrealistic expectations that all services will be provided. You may want to ask about needs first to help inform discussions around the kind of services people want to see. Structured questions will also help manage this, for example asking people what services they use now, how effective they find them and what they would like to see change.

Make sure any events or engagement materials are meaningful, accessible and easy to understand

Make sure you produce clear, accessible materials to explain the purpose of the engagement and how you will be using people’s views, including how they can keep updated on progress against the population assessment. Advice on this is included against each of the CORE THEMES.

Use the existing networks in your area

Each area will have existing networks and organisations that have trusted relationships with the specific groups of people with care and support needs. The majority will be represented through CVCs or your own organisation. You can identify small, local groups through speaking to Communities First contacts.

Consider any other activity

You will likely be undertaking engagement activity on your local wellbeing assessment at the same time as your population assessment. You will need to consider if you will be talking to the same people for both exercises and make sure there is no confusion for them around what you are asking and why, for example around Local Wellbeing Assessments.

Further support

We have developed an online engagement resource with information on participation techniques and some simple planning tools that have been developed by Participation Cymru.


- Children and Young People National Participation Standards

You will need to take account of the national standards for participation with children and young people, when planning any engagement activity with them. The standards can be found on

http://www.youngwales.wales/index.php/young-wales-cafe/resources
ENGGAGEMENT WITH SERVICE PROVIDERS

What does the Code of Practice say?
The first part of a population assessment report must set out how you have engaged with service providers in its production.

Who do you need to speak to?
As part of your wider engagement with the community, you will also need to ask the views of service providers. In the section ‘engaging with individuals, groups and communities’, you will have identified many local providers within the third sector.

However, you will need to speak to any independent service providers as part of this exercise. A suggested list would include:

- Providers of domiciliary care in the area
- Providers of residential care in the area
- Providers of sheltered accommodation
- Providers of secure accommodation
- Adoption and fostering services
- Independent advocacy services

If you have not already offered the opportunity, you may want to ask staff within the local authority and Local Health Board providing a care and support services for their individual views.

How can you do this?
If you have established working groups or regular meetings with service providers, for example independent care providers, you can use this as an opportunity to discuss any issues they have identified around care and support. You may want to set up an engagement event to ask providers for their feedback.

Going forward, you could establish a mechanism for regular feedback from any funded providers of care and support. This could be as simple as including a requirement in SLAs or grant reporting for a short commentary on issues faced by the people using their services. This information can be used for the assessment review and for future population assessment reports.

For staff within the authority or health board that deliver a service, you could issue a simple survey through operational managers. This could be issued to wider providers. This offers the option of anonymity for any staff or providers who do not want to be identified. RESEARCH METHODS
What should I ask?

Some suggested questions to address are:

- What do you think care and support needs look like in your service?
- How does this reflect the core themes?
- Are you aware of any needs that aren’t being met?
- Why do you think those needs aren’t being met?
- What should the priorities be for the sector for the next 5 years?

The population assessment will also feed into the Local Market Stability Reports (under the Regulation and Inspection of Social Care (Wales) Act). As well as being able to identify what does or doesn’t work well for the people they support, you may want to include in your report any pressures on the sector identified by service providers. Please note, the population assessment is intended to inform the Local Market Stability Reports, it is not the sole basis for those reports.

OTHER LEGISLATION

ENGAGEMENT CHECKLIST

I have followed

☐ Step 1 - Define the objective of the Population Assessment

☐ Step 2 - Identify the likely participants in the study

☐ Step 3 - Identify the rationale or purpose of the Assessment

☐ Step 4 - Identify the information to be collected.

☐ Step 5 - Select the methods for collecting the information.

☐ Step 6 - Develop data collection tools and instruments

☐ Step 7 - Select the sample, sample size and sampling procedure

☐ Step 8 - Develop a schedule

☐ Step 9 - Conduct the assessment

☐ Step 10 - Analyse and summarise the results

☐ Step 11 - Present the information
This section includes links to searchable libraries, repositories and hubs. These will contain research papers, evidence based practice and examples of good practice that can inform both gathering and analyzing evidence for your population assessment.

**Good Practice Wales**
Improving services is the goal of every public sector organisation as a result the collating, sharing and learning of good practice has become a priority for many organisations. While organisations share good practice internally often it is difficult to access examples of good practice from other organisations - this is a missed opportunity when there is so much that we can all learn from each other.

Good Practice Wales is a single access online portal to good practice and knowledge which is developed and managed by its Welsh Public Services partners.

http://www.goodpractice.wales

**Good Practice Exchange**
The Wales Audit Office Good Practice Exchange has case studies and service examples that can be useful to your assessment.

http://www.wao.gov.uk/good-practice

**Welsh Government Knowledge and Analytical Service**
Provides an overview of the activities being undertaken by all of the Welsh Government's central analytical resources.


**Care and Social Services Inspectorate Wales**
You can also find helpful reports and statistics on the CSSIW website

http://cssiw.org.uk/our-reports/?lang=en

**DEWIS**
Dewis Cymru is an information website and an all sector resource directory which aims to provide information about how people can maintain or improve their well-being, and about organisations which can help them. Dewis Cymru promotes people’s well-being by making it easier for them to information, advice and assistance relevant to their individual circumstances and needs.

Dewis provides information about local groups/services, for both statutory and voluntary sector services, in one place. However, the extent to which information is available will be different in each area. You will need to check what your local arrangements are.
Currently, the resource is operational for North Wales and being implemented in Cwm Taf, Cardiff & The Vale and Gwent, but other areas across Wales will be included as part of the wider development throughout 2016.

Advice: Dewis Reports

The way in which Dewis stores information about resources offers the potential for it to be able to generate reports on the range and level of services for an area, and to provide you with a report of the most searched terms, which could be used to support you in your wider identification of unmet needs (see section Analysing your Evidence). The SSIA and the Data Unit intend to build new functionality in 2016/17 which will enable you to access this information to help with your population assessment, subject to approval of the SSIA’s grant and work plan for 2016/17.

Please note, not all the information you will need will be available on Dewis as it is dependent on what your local authority or health board has chosen to share on there, and the overall level of resources held for your area. You will need to look at other resources, such as your local service directories and locally held service data to get a fuller picture of the range and level of services available.

For reports on local use and analytics, Dewis will be able to demonstrate the numbers of people searching for a specific word or term (i.e. dementia) in a set area. This will become available to local authorities who use Dewis during 2016-17.

http://www.dewis.wales/

Research Units

There are a number of research units across Wales you can contact about their latest research. A list is provided below with website and contact details.

Bangor University
The Centre for Mental Health and Society
http://www.cfmhas.org.uk/

The All Wales Academic Social Care Research Collaboration
http://www.ascccyru.org/
Tel: 01248 382238

Cardiff University

WISERD
http://www.wiserd.ac.uk/
Tel: 02920 879338

CASCADE
Cardiff University Children’s Social Care research centre
Tel: 029 2087 5402
http://sites.cardiff.ac.uk/cascade/
Includes a publications page, a page which has accessible briefings to CASCADE projects as well as a list of academic journal articles.
Criminology

Project DASH (DA)
Tel: 029 2087 5401
Sexual Offending
Tel: 02920 874773

Swansea University
Centre for Innovative Ageing
(01792) 602341
http://www.swansea.ac.uk/cia/

University of South Wales
Learning disability nursing
(01443) 483177
http://staff.southwales.ac.uk/users/862-rnorthwa#research

Health and Care Research Wales (Formerly NISCHR)
National Centre for Mental Health (NCMH)
Tel: 02920 688327
http://ncmh.info/
Centre for Ageing and Dementia Research
http://www.healthandcareresearch.gov.wales/centre-for-ageing-and-dementia-research/

Wales Centre for Primary and Emergency Care Research (PRIME)
Tel: 02920 687186
www.primecentre.wales
National Centre for Population Health and Wellbeing Research
Tel: 01792 513484
Wales Cancer Research Centre
02920 745452
www.walescancerresearchcentre.com

ORCA
You can search for relevant research on the Cardiff University institutional depository http://orca.cf.ac.uk, use the ‘advanced search’ function.
If you have any problems or need any help using the directory then you can contact them directly on ORCA@Cardiff.ac.uk or telephone 02920 876123.
AGGREGATING INDIVIDUAL ASSESSMENTS

Population assessments are strategic exercises and in order to gain a strategic understanding, you may have to consider some personal information. This will be obtainable through the process of individually assessing people’s care and support needs, or the support needs of carers. Information gathered while undertaking an INDIVIDUAL assessment, as well as the individual care and support plans, and the support plans of carers, will provide a source of information about patterns of need.

In addition, individual care and support plans, and support plans for carers will provide a source of information about patterns of well-being outcomes, and whether and how these are achieved.

In coproducing a care and support plan (or support plan for carers), local authorities must work with people to identify the personal well-being outcomes that a person wishes to achieve. The code of practice in relation to Part 4 of the Act (Meeting Needs) requires that a care and support plan also measures the progress towards maintaining and achieving their personal outcomes.

Aggregating the progress people make towards achieving their personal well-being outcomes will provide information that can be used locally to inform your population assessment. For example, by identifying the ways that needs are being met through the use of social enterprises, co-operatives, user-led organisations and the third sector or by identifying the range and level of preventative services. This will also provide an understanding on the ways that needs are not being met.

Similarly, management information collected by the Information, Advice and Assistance Service on the range and types of care and support queries dealt with, will also provide evidence on which you can draw.

INFORMATION ADVICE AND ASSISTANCE

You will be concerned to anonymise personal information and The Anonymisation Managing Data Protection Risk Code of Practice issued by the Information Commissioner’s Office explains the issues surrounding the anonymisation of personal data, and the disclosure of data once it has been anonymised. The code describes the steps an organisation can take to ensure that anonymisation is conducted effectively, while retaining useful data. A link to this Code of Practice is on

http://ico.org.uk/for_organisations/data_protection/topic_guides/anonymisation

Aggregating individual assessments to understand patterns of need is not a new phenomenon as service planning has always been based on understanding what needs are being presented and how they should be met. However, it could be argued that the population assessment process and the new Act in general requires a more systematic approach to aggregating and analysing assessments and you will need to establish a means of achieving this approach.
Advice

- Make sure you have a system that enables you to store data in a way that can be aggregated
- When you establish your IAA service, ensure it is capable of generating the required data
- Engage corporate colleagues in the development of your system
- Communicate the need to aggregate assessments with frontline staff, so that they can bring specific issues to your attention
The information, advice and assistance service will be evidence based, developing its range and focus on the basis of the findings from the population assessment, through the regional partnership arrangements. Similarly, the population assessment process will draw on the information, advice and assistance service to understand what needs people in its locality present with, and what information, advice and assistance they are seeking.

The clearest example of the inter-dependency of the population assessment and the IAA service is their common focus on prevention. The Information Advice and Assistance service will give individually focused information and advice to people, signposting to appropriate preventative and well-being service in the community, and provide assistance, where appropriate, to enable people to better help themselves and others. It should be thought of as a preventative service, offering early intervention through quality information, advice and assistance. However, it must also act as a central link to preventative services which are available in the community and promote the opportunity to access these services. These will range from universal services to more targeted support.

The IAA will enable you to gather invaluable data and information about the nature of enquiries and responses, and details of the type of information and advice offered. This will greatly assist your population assessment. Staff working within the IAA service will conduct individual assessments using the National Assessment and Eligibility Tool. This will provide additional useful information.

**AGGREGATING INDIVIDUAL ASSESSMENTS**

You must also use information gathered through the population needs assessment to design, develop and continually improve the information, advice and assistance service. This will ensure that the service is appropriately designed and accessible to different client groups within the locality, and consider what aspects of the service are best provided at a national, regional or local level.

**Advice**

- Make sure you have a system that enables you to store data in a way that can be aggregated
- When you establish your IAA service, ensure it is capable of generating the required data
- Engage corporate colleagues in the development of your system
- Communicate the need to aggregate assessments with frontline staff, so that they can bring specific issues to your attention
Research methodology is an academic subject in its own right and no attempt has been made in this toolkit to provide detailed instruction or present any theoretical basis for the choice of methods you should use in gathering data and information to inform your population assessment. Instead, you will find in this section the most basic introduction to research methods to give you a framework for thinking about which methods to adopt and some links to material and literature to develop your thinking further. You are strongly advised to access qualified advice on the design and administration of your research methods. Whilst the emphasis of your data collection in the context of your population assessment is on the range and level of services and not on the performance of services as such.

You should also note that the code of practice in relation to measuring social services performance sets out requirements on local authorities in relation to both qualitative and quantitative measures. This includes guidance for collection of satisfaction data. You will need to consider any advices on approaches to data collection as part of the performance management framework alongside this section of the toolkit.

You will be expected to analyse the data for presentation in your report in line with the **CORE THEMES** and also by age group and spatially, e.g. by Local Super Output Areas or electoral wards.

When considering your approach to collecting data and information, therefore, it is sensible for you to consider adopting these themes from the outset as a framework. This will ensure you don't have to revisit data sources for more detailed information at a later stage. For example, you will need to decide whether to collect and analyse data on the number of people with a learning disability on a local authority area or sub-authority level in which case, you will need to be clear about what that level is. Similarly, you will need to determine the most appropriate way of sub-dividing age groups. These are decisions which will be influenced by your experience of service planning and what data is available at different levels.

**Qualitative and Quantitative Research**

You will need to access both qualitative and quantitative data and information although you should note that as the Code of Practice encourages engagement to gather information and intelligence you will have a strong emphasis on a qualitative approach. There are many definitions of these methods and academic literature contains deep analyses of their strengths and weaknesses but for the sake of this toolkit, the two are differentiated by a simple suggestion that quantitative research refers to those techniques of data collection and analysis that rely on numerical data and qualitative research refers to those involving non-numerical data.

**National Outcomes Framework**

Data Collection Methods
You will need to decide which methods of collecting data you intend using. This section provides brief descriptions of the main methods available to you.

Surveys
These can be cross-sectional where you will be collecting primary data from a sample of people at one point in time in order to describe and analyse features of the general population; or longitudinal where you are collecting data at different points in time to identify changes. The main longitudinal designs are trend studies where you are studying samples to represent the general population; cohort studies where you are focusing on specific part of the population over time but still using different samples; and panel studies where you are collecting data from the same sample of people.

Sampling
You will need to adopt sampling in order to save time and cost because it is unlikely that you will be able to collect and analyse data from the whole population. There are two main types of sampling - probability or representative sampling, and non-probability or judgemental sampling.

Probability or representative sampling helps in estimating statistically the characteristics of the population from the sample. For non-probability or judgemental sampling, you may still be able to generalise about the population but not on statistical grounds.

This toolkit concentrates on probability sampling as the method you are more likely to use.

Probability sampling
The process can be divided into four stages:

1. Identify a suitable sampling frame based on your research objective. This could be the whole population in your area, or a subset such as older people, or children under 18. You will need to ensure that your sampling frame is as complete, accurate and up to date as possible.

2. Decide on a suitable sample size. The larger the sample size the lower likely error in generalising to the population but you will need to compromise, taking into account time and money and the margin of error you are prepared to tolerate.

3. Select the most appropriate sampling technique and select the sample. You may choose a random sample or systematically select people from your sample frame. You may also stratify or cluster your samples by dividing your population into discrete groups.

4. Check that the sample is representative of the population. You can use data such as census data to compare your sample with the general population.
Using secondary data

You will undoubtedly also rely heavily on secondary data, i.e. data which has already been collected for some other purpose for your population assessment. A Data Catalogue has been produced to help you with this, in terms of much of the quantitative data you need, and is explained elsewhere in this toolkit.

STATISTICAL DATA CATALOGUE

Interviews

Interviews range from highly formalised and structured situations, using standardised questions to informal and unstructured conversations. They may be conducted on a one to one basis, in groups, face to face, by telephone, or electronically via media such as the Internet. In determining which methods to use, you will need to consider the reasons for the interview, the significance of establishing personal contact, the nature of the questions to be asked and the cost and time available. Good preparation is essential for effective interviews, including logistical issues such as location and access. Interviewers need to be competent, knowledgeable and ideally trained to avoid bias. Questions can be open or closed depending on what is required and interviews may be recorded via notes or audio devices. The important principle to follow is that the purpose, format and “rules of engagement” are transparent.

Structured interviews

These use questionnaires based on a predetermined and standardised set of questions, requiring the interviewer to be disciplined about not going off script. They are useful in collecting quantifiable data.

Semi-structured interviews

These are non-standardised and sometimes referred to as qualitative research interviews. Here the interviewer will have a list of themes and questions but will vary them according to the person being interviewed or the flow of conversation.

Unstructured in-depth interviews

These are informal and are used to explore issues in greater depth. There is no predetermined set of questions and the interviewee is given the opportunity to talk freely about events, behaviours and beliefs in respect of the topic area.

Group interviews

These are sometimes referred to as focus groups when the topic is defined clearly and precisely and there is a focus on enabling interactive discussion amongst participants. Group interviews and focus groups serve a number of purposes. As well as gaining first hand knowledge that other methods may have been missed, they groups can add additional perspectives and provide a medium for collective engagement with those not being directly surveyed otherwise. Participants’ thoughts can be stimulated by each other and the person conducting the group interview can decide on the extent to which he/she participates in the discussion.
Care must be taken to ensure that dominant personalities do not inappropriately influence the direction of the interview and the responses of less forceful participants.

**Questionnaires**

“Questionnaires” is a general term to include all techniques of data collection when each person is asked to respond to the same set of questions in a predetermined order. They are usually not particularly good for exploratory research requiring large numbers of open-ended questions and work best with standardised questions where you can be confident that respondents will interpret the questions the same way.

Designing a good questionnaire demands more skill and knowledge than is often thought, both in terms of the phrasing and ordering of questions and how it is administered. For example, whilst electronic media are an efficient means of distributing and collecting large numbers, they also carry the risk of excluding those not familiar with, or uncomfortable about, using online research methods. You are strongly advised to seek expert assistance in using questionnaires as poor design and methodology can nullify the reliability and validity of the data you collect as well as causing a waste of resources.

Your choice of questionnaire will be influenced by the characteristics of your respondents, the importance of reaching particular respondents, the size of the sample you require, and the types and numbers of questions you need to ask. You will also want to ensure that respondents’ answers are not contaminated and take account of logistical issues such as time, money, the ease of automating data entry and, when using telephone questionnaires, the availability of interviewers.

**Useful links**

- National Institute for Health Research Introduction to Qualitative Research
  

- NHS Scotland’s Guide to Data to Support Health & Social Care Partnerships in Joint Strategic Commissioning and Joint Strategic Needs Assessment
  

- Scottish guidance on the use of data sources for Population Needs Assessment for Health and Social Care Partnerships.
  
In order to analyse the quantitative data you collect you will first need to process them into techniques such as charts, graphs and statistical tables or any format that enables you to explore, present, describe and examine relationships and trends within the data. A variety of computer packages are available to support data analysis ranging from Excel spreadsheets to more advanced software such as SPSS. It is assumed that much of your quantitative data will be collected from sources included in the DATA CATALOGUE. You will need to decide which data to prioritise and how to organise it, for example using tools and techniques such as GIS. You should also check with your regional co-ordinator about any national arrangements that have been made for the analysis of data linked to the Data Catalogue.

Until fairly recently qualitative data analysis was a labour intensive, manual task not least because of the general rule that groups of words are more difficult to order logically than numbers. However, the advent of computer aided qualitative data analysis software (CAQDAS) such as NVivo has made organising qualitative data much more manageable. Even so, these tools still depend on good quality source data and this can be in many forms, e.g. interview transcripts, reports and notes.

There is considerable literature on analysing quantitative and qualitative data and you will find references to these in this section of the toolkit. Only some helpful introductory comments are made here, therefore. In quantitative research, analysis involves things like summarising the frequencies of variables, differences between variables, and statistical tests designed to estimate the statistical significance of the results (i.e. the probability that they did not occur by chance). All this is done basically by counting how often something appears in the data and comparing one measurement with others. At the end of the analysis, not only will you have a mass of results but also have what you might call "the big picture": the major findings.

In qualitative research you will be interested in discovering the big picture but will use different techniques to find it. For the most part you are interested in using the data to describe a phenomenon, to articulate what it means and to understand it. Different approaches require different types of analysis.

Most types of analysis involve the categorisation of verbal or behavioural data, for purposes of classification, summarisation and tabulation. The content can be analysed on two levels. The basic level of analysis is a descriptive account of the data: this is what was actually said, documented or observed with nothing read into it and nothing assumed about it. Some texts refer to this as the manifest level of analysis. The higher level of analysis is interpretative: it is concerned with what was meant by the response, what was inferred or implied. It is sometimes called the latent level of analysis.

The rest of this section is devoted to what is considered to be the primary analytical approach needed to undertake a population assessment, namely situation and response analysis.
One reason for highlighting these is that a recent review/evaluation of the Single Integrated Plans (SIPs) undertaken on behalf of Welsh Government (http://gov.wales/statistics-and-research/evaluation-single-integrated-plans/?lang=en) reported useful lessons from a process not totally dissimilar to the assessment you are now required to undertake.

The SIPs evaluation reported interesting findings in respect of the evidence base and its analysis. It reported that for the majority of local authorities, a ‘needs assessment’ meant identifying the most pertinent problems faced by local communities and prioritising. This meant assessing the current situation of their area. The report referred to this approach as the ‘situation analysis’. For other authorities, the concept of a needs assessment invoked a broader meaning and included a wide range of activities, including producing a situation analysis combined with: revealing neighbourhood problems, providing an explanation of why some people are more vulnerable to certain issues than others, and the identification of opportunities to improve the current situation. In other words, the focus was on understanding what interventions may impact on people’s lives in the area for the better (and in some cases, implementing these interventions).

Your population needs assessment should demonstrate both a rigorous analysis of the current situation, (the ‘situation analysis’), but should also seek to understand how partnerships can respond effectively to the situation (the ‘response analysis’). This again reflects the balance needed between qualitative and quantitative information.

The Situation Analysis

You will need partnership and agency engagement when producing a situation analysis, as well as amalgamating existing data housed by existing partnerships. Your partnership and engagement activity should lead to you deriving outcomes, outcome measures, performance indicators and data sets, through round-table discussions, workshops, writing groups or seminars. Involving those with knowledge of local issues throughout the stages of building an evidence base will be invaluable. ENGAGEMENT

Your evaluation of needs should help stimulate discussion amongst planning partners and agencies. Whilst your starting point may centre on establishing a set of population indicators from the outset that can be used to form the basis of your situation analysis, you will also need to ensure you do not miss important issues to build up your picture of local need that can be gained through working collaboratively. A thorough and collaborative evidence gathering exercise will enable you to engage more meaningfully, drawing insight and intelligence from the information.

The development of your situational analysis must not be seen as a separate piece of work - a desk-top exercise that is undertaken by a single individual who simply brings together existing documents. The collaborative approach should ensure all the partner agencies own the data and prioritise its use. Viewing the situational analysis as an iterative exercise will help create a culture of sustainability with regard to the assessments. In this respect, data development should also be seen as a priority for all partners.
You will undoubtedly face many challenges when undertaking your population assessment such as time, costs, capacity and capability. All of these will be particularly evident in the analytical phase. The principle of a statistical data catalogue rather than a prescriptive mandatory data set reflects the spirit of the approach needed where partners can come together and identify and own priorities as part of managing the project.

Your analysis should be based on qualitative evidence to counterbalance and contextualise quantitative evidence, so that the outcome is not largely underpinned by superficial statistical analysis. This approach will allow you to understand causal and contextual factors that can affect the way data behave in different areas.

For example, high levels of certain long-term conditions such as unemployment or particular poverty related conditions will not necessarily have the same root causes in all areas, but the available statistics may not reveal the underlying context.

It is important, therefore, to incorporate qualitative data about the root cause of social issues within the situation analysis. Shedding light on relevant complex behavioural, societal, cultural, environmental and economic factors associated with entrenched local problems will help to determine effective modes of intervention. This could be achieved by:

- An improved understanding of the ‘citizen perspective’, which could be gained through involving them directly in the process through effective engagement and/or drawing on existing evidence and evaluations.

Synthesising existing research on what is currently known and identifying gaps;

Forming relationships with your local academic institutions that are researching topics of relevance and are willing to engage in discussions on improving the evidence base underpinning public services.

RESOURCES AND INFORMATION

There is a clear crossover of issues associated with your population assessment and the assessment you need to undertake under the Well-being of Future Generations Act. It is important, therefore, that there is close liaison between the two exercises and some of you will want to combine them.

WELLBEING OF FUTURE GENERATIONS ACT

This toolkit does not conclude which approach is best and you will need to decide how to proceed. Experience with the pilot site for developing this toolkit suggested that there were strengths in adopting an integrated approach because of the ability to cross-reference common data and issues. However, there were also many challenges in respect of keeping a focus on each assessment, which meant there was a need for regular reinforcement of the different expectations of each requirement. An integrated approach is not necessarily more efficient, therefore, than two separate assessments. If this method is chosen, we stress that the integrity of your population assessment and report must not be compromised by any other similar activity.
Your statistical analysis will benefit from the use of inferential statistical analysis – making predictions or inferences about a population from analysis of a sample – referred to in the section on **RESEARCH METHODS**.

Correlation and regression analysis would improve the sophistication of your outcome in these instances.

Viewing the situation analysis as an iterative exercise will help create a culture of sustainability with regards to needs assessments. In this respect, data development should also be seen as a priority within local authorities that have revealed data quality and availability issues.

**The Response Analysis**

Analysing how you respond to the situation analysis is not the same as preparing a detailed plan of action. This will need to follow your population assessment report under the provisions of s14a of the Social Services and Well-being (Wales) Act. **FUTURE PLANS**

In terms of delivering the intended outcomes, your report will need to draw on your analysis of evidence in describing in headline terms what needs to be done to attend to the issues identified. You will need to prioritise attention and possibly adopt a staged approach, including a commitment to undertake further analysis on certain areas. It may be helpful to identify your intentions as **short**, **medium** and **long term**.

The focus of the response analysis should be on identifying how interventions can assist, particularly those of a preventative nature, with the aim of highlighting what modes of intervention work best to address particular issues as demonstrated through the analysis of evidence.

You should produce a response analysis that include some examination of reports on relevant local, national and international interventions known to impact, in some way, on the issues identified. However, you should be aware that evidence of what works is not always universally agreed amongst researchers so you will need to justify the decisions you make. Ultimately, your population assessment should be seen as a way to shape future modes of service delivery, as well as providing a range of other benefits outlined elsewhere in this toolkit.

**BENEFITS**

The importance of engagement is equally apposite to your response analysis and the principles and practices in the section on engagement should be followed so that there is evidence of how engagement activity has informed your response.

**ENGAGEMENT**

Cross agency discussions between analysts and others involved in the analytical process are also an effective way to collaborate and empower, and can help to communicate the overall intentions of the population assessment to key players.

You should give as much attention to your response analysis as your situation analysis. Much of your efforts will be focused on assembling and appraising evaluative evidence on the effectiveness of interventions in producing their intended outcomes.
Essentially there should be a golden thread between the identification of need and the current range and level of services available as evidenced in your situation analysis, and plans to meet that need in future through different services, especially those of a preventative nature, as evidenced in your response analysis.

**PREVENTION**

Liasing with academic institutions on strengthening the evidence base for intervention would be beneficial. Pooling budgets and analytical resources would also help, especially around understanding causes of need and proven solutions. You could consider enabling different partners to take the lead on different issues in this respect. In short, investing in good analysis will lead to better decisions and better outcomes for people.

Your situation and response analysis must reflect a collaborative approach involving all partners and including others such as analysts, statisticians and social researchers to share ideas that would help to generate an effective response. Here is a checklist to guide your approach to analysing your evidence:

- Adopt outcomes-based methodologies (like Results-Based Accountability and its variants) that attempt to demonstrate causality and accountability; [http://resultsaccountability.com/](http://resultsaccountability.com/)
- Stratify data, where feasible, into relevant categories to develop understanding of who is affected by particular social problems. The themes provide a good basis for this.

**CORE THEMES**

- Ensure that for the whole area the needs of the groups covered by equality legislation are identified clearly, so that appropriate community wide action can be undertaken;
- Analyse evidence spatially, in order to develop understanding of where and to what extent needs are concentrated or diffuse across neighbourhoods;
- Analyse evidence in terms of age groups where appropriate;
- Invest time in developing thorough evaluation frameworks that allow, or at least partly inform, assessment of effectiveness and impact;
- Consider current data and evidence gathering and amend to provide a more robust approach;
- Using meta evaluation and evidence reviews to guide early thinking on new initiatives and approaches;
- Exploit opportunities to innovate, for example exploring data linkages; and
- Seek out best practice and learn from it.
Examples of online guides to data analysis

- SPSS product site
  The product site for SPSS a statistical data management and analysis package. Includes free demo.

- UCLA SPSS resource site
  [http://www.ats.ucla.edu/stat/spss](http://www.ats.ucla.edu/stat/spss)
  Extensive online guides and classes in using SPSS produced by the University of California in the US.

- A free ebook download site

Evaluation of the Single Integrated Plans

- Lessons learned

GATHERING AND ANALYSING CHECKLIST

- Have you established
  - Plan for gathering evidence
  - Appropriate balance of data collection and engagement activity
  - Which components of the data catalogue you will use
  - What other data, research and intelligence you will use
  - A system for aggregating individual assessments, to inform your evidence
  - A system for accessing information from your IAA services
  - An engagement strategy that meets the set requirements
  - An approach to achieving a situation and response analysis
STRATEGIC CONSIDERATIONS
The Code of Practice requires you to undertake an Equality Impact Assessment (EIA) as part of your population assessment, in order to meet your equality duties. It is vital that you build this in to the whole process and it is something you must do from the start.

Each area (local authority and Local Health Board) will have its own process for EIA and you will need to collectively decide how you want to do this as a joint exercise. Your project team will need to jointly agree which assessment process it will follow.

You can find information on some of the most recent findings of the EHRC in relation to equality on


There is a resource of information and best practice around Equality Impact Assessments on:

http://www.eiappractice.wales.nhs.uk/home

You will also need to consider any work that has been done locally on Strategic Equality Plans and how your assessment will fit with that.
The Code of Practice states that you must identify how the range and level of services identified in the population assessment will be delivered through the medium of Welsh. Specifically:

- Section 2 of the population assessment report must identify the actions required to deliver the range and level of services identified as necessary through the medium of Welsh.
- When assessing the extent to which there are people who need care and support and carers who need support, you should establish, and make clear in your population assessment report, the Welsh language community profile.

Strategic links

The ‘More than just Words’ follow-on strategic framework sets out the expectations on Directors of Social Services to establish a Welsh language profile of their community, as a basis for service planning. It is also expected that an active offer of Welsh language services will be made available. Action Plans for social services have been developed. Further guidance in available on

http://gov.wales/topics/health/publications/health/guidance/words/?lang=en

Welsh Language profile and the needs of Welsh speakers

Data

We have included available data on the Welsh Language in the Statistical Data Catalogue. An analysis of the 2011 census and profiles are available on on http://bit.ly/1m8h063 and a breakdown by local authority is available on http://bit.ly/1PMmpXT

Research and information

Further research and information is available on the Welsh Language Commissioners research register

A survey of local authority service users, split by region is available on

http://www.comisiynyddygymlraeg.cymru/English/Policy,%20Research%20and%20Data/Census%20Data/Pages/2011Censusresultsbylocalauthority.aspx

The Dignity in Care Toolkit also includes practical resources for Welsh Language audits

Engagement through the Welsh Language

You will need to consider ways of engaging with Welsh speakers around care and support needs. This can be done through a direct question as part of your wider community engagement and could be supplemented with a Welsh language focus group.

Aggregating Individual Assessments

The National Outcomes Framework people who need support and carers who need support includes the outcome statement ‘I get care and support through the Welsh Language if I want it’. Where care and support plans reference this outcome, this information could be used to inform your Welsh Language profile.

Meeting the Active Offer

You will also need to consider the overall capacity for making an active offer of Welsh language services and how you will ensure that. An example of this would be guidance or training you have provided or intend to provide to your workforce, including any training for independent and third sector providers. The Care Council for Wales are able to offer advice and support on Welsh Language workforce development. This includes information on the training available to meet the requirements of ‘More Than Just Words’


Range and Level of Services

As part of your mapping of the range and level of services, you should include (where known) whether these services are currently offered in Welsh.

For information on the range and level of Welsh language provision for registered providers, contact CSSIW for advice

http://cssiw.org.uk/about/strategic-plan/more-than-just-words/?lang=en
The Code of Practice states that you must have regard to the national outcomes framework and local authority performance measurement framework set out in the code of practice in relation to measuring social services performance.

The national outcomes framework sets out the important well-being outcomes that can make a real difference to people’s lives. Services must be mindful of these when planning for care and support. When people who need care and support and carers who need support co-produce their personal well-being outcomes with social services and their partners, the personal outcomes are more likely to reflect the outcomes defined in the well-being statement.

You will need to understand information in relation to people’s personal outcomes, the individual assessment process of care and support needs, or the support needs of carers, how these relate to national outcomes stated in the national outcomes framework and how progress is made against these.

**GATHERING EVIDENCE, CORE THEMES**

Details of the National Outcomes Framework can be found at http://gov.wales/topics/health/socialcare/well-being/?lang=en

A factsheet on the national outcomes framework and the performance measurement framework is also available on the Learning Hub

http://www.ccwales.org.uk/welsh-government-factsheets/

Your population assessment must relate to certain core themes. It must also take account of age and place differences. Overlaying the national outcomes framework on this process presents an essential but difficult challenge. You should consider using the framework at three stages at least to help meet this challenge.

**Stage 1**

Use the outcomes defined in the well-being statement to help frame your evidence gathering, alongside the core themes, particularly when engaging with people about the level of care and support they need to help them achieve their personal well-being outcomes. Ensure the questions you wish to put to people and the conversations you have with them are informed by examples of the outcomes defined in well-being statement.

**Stage 2**

Consider the extent to which services are supporting people to meet the outcomes described in the well-being statement when analysing your evidence of the range and level of services available.

**Stage 3**

Use the National Outcomes Framework as a quality control tool in considering whether the headline intentions arising from your population assessment are likely to meet the outcomes defined in the well-being statement.
You should also note that the code of practice in relation to measuring social services performance sets out requirements on local authorities in relation to both qualitative and quantitative measures and you should consider whether these may be useful in informing your population assessment. These can also be found via this link:


PERFORMANCE MEASUREMENT FRAMEWORK FOR LOCAL AUTHORITIES

The performance measurement framework for local authorities is contained within the Code of Practice in relation to measuring social services performance issued under section 145 of the Act. Any information collected through your performance management arrangements may be of use to your assessment. Information and guidance around collecting information as part of your performance management can be found here, including example data gathering tools such as interview scripts and questionnaires.


A factsheet is also available on the Learning Hub:

http://www.ccwales.org.uk/welsh-government-factsheets/

The performance measurement framework for local authorities contains quality standards that describe the activities of local authorities that contribute to the achievement of well-being outcomes in relation to their social services functions, and performance measures that evidence whether the quality standards are being achieved. The Code of Practice in relation to measuring social services performance demands you pay particular attention to these performance measures in the context of achieving outcomes and they include both qualitative and quantitative measures. The Code also describes how people’s individual well-being can be aggregated and how local authorities should use information on people’s individual well-being to assess the performance of the services provided. You can find more information on using information on individual assessments and care plans in the AGGREGATING INDIVIDUAL ASSESSMENTS section.
You must have due regard to other legislation and strategic plans when undertaking your population assessment, particularly:

- The UN convention on the rights of disabled people

- The UN convention on the rights of children
  [http://www.unicef.org.uk/Documents/Publication-pdfs/UNCRC_summary.pdf](http://www.unicef.org.uk/Documents/Publication-pdfs/UNCRC_summary.pdf) and
  [http://www.ohchr.org/EN/ProfessionalInterest/Pages/OlderPersons.aspx](http://www.ohchr.org/EN/ProfessionalInterest/Pages/OlderPersons.aspx)

- The UN principles for older people

Having regard to these principles and conventions is enshrined throughout the Social Services and Well-being (Wales) Act in relation to any individual person who needs care and support and carer who needs support. You should, therefore, familiarise yourself with them and ensure they are taken into account.

- The Public Sector Equality Duty contained in section 149 of the Equality Act 2010 which requires all public authorities to have due regard to protected characteristics when exercising their functions. You must therefore undertake an Equality Impact Assessment as part of the process of undertaking a population assessment. **EQUALITY IMPACT ASSESSMENTS**

- Integrated Medium Term Plans and the local planning areas established following Setting the Direction published in 2010. These will inform, and be informed by, your population assessment.

- Part 2 of the Housing (Wales) Act 2014 which requires local authorities to produce a homelessness strategy for the purposes of preventing and responding to homelessness. Given those affected, or at risk of being affected, by homelessness will likely have care and support needs, your population assessment should inform the production of a homelessness strategy.

- Any strategy that specifically relates to people named in the core themes which you must refer to in Section 1 of your report, viz
  - 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

The Well-being of Future Generations (Wales) Act 2015. Because of the particular relevance of this Act, you will find a separate section elsewhere in this toolkit.

**WELL-BEING OF FUTURE GENERATIONS (WALES) ACT**

**Regulation and Inspection of Social Care (Wales) Act 2016**

Section 56 of this Act amends Section 144 of the Social Services and Well-being (Wales) Act 2014 by placing a duty on local authorities to prepare and publish local market stability reports at times to be prescribed by regulations.

A local market stability report must include:

(a) an assessment in the local authority area of—

(i) the sufficiency of provision of care and support;

(ii) the extent to which regulated services were provided by service providers;

(iii) any other matter relating to the provision of regulated services;

(iv) how the assessment affects social services commissioning by the authority;

and (b) a report of any action taken in relation to the sufficiency of provision of care and support.

In preparing a local market stability report, a local authority must take account of the most recent published population assessment and plan that follows it **FUTURE PLANS** and consult with each Local Health Board with which it carried out the assessment.

Welsh Government will subsequently use the market stability reports to publish a national market stability report.

**Advice**

The nature of your work is that you will want to bear in mind the impact of all the legislation and plans that you and your partners operate. It is impossible to list these here so it is important that you not only establish effective partnership arrangements between agencies but also that you ensure links are made with other departments and services within each agency. This will avoid you having to identify all the inter-relationships beforehand as each service should be able to contribute relevant knowledge through the process. There is no specific duty to cross reference other strategies and plans in your report but you should have regard to them, and will want to in order to produce a meaningful assessment.

You should monitor the progress of other initiatives which may impact on your population assessment content and process. The Local Government White Paper, Reforming Local Government: Power to Local People, for example, refers to the need for Chief Executives of local authorities to produce a corporate plan which will set out how the authority intends to address the Executive’s priorities in the short, medium and long term.
This will bring together the Authority’s arrangements for strategic planning, financial planning and workforce planning. Guidance will be prepared to help local authorities prepare their corporate plan but as a minimum it is envisaged that the corporate plan would include the strategic population outcomes for the area, as agreed in the local Well-being Plan which will be required under the Well-being of Future Generations (Wales) Act 2015.

There will need to be appropriate coordination between work on your population assessment and preparation of the market stability report to ensure an understanding of responsibilities and timescales. You will need to take account of the requirements to work in partnership which make provision for pooled funds.

**PARTNERSHIP ARRANGEMENTS**
This Act establishes Public Services Boards (PSBs) for each local authority area which must include among others the local authority and LHB. Each PSB must improve the economic, social, environmental and cultural well-being of its area by working to achieve the well-being goals. It will do this by:

- Assessing the state of economic, social, environmental and cultural well-being in its area; and
- Setting objectives that are designed to maximise the PSBs contribution to the well-being goals.

Each PSB must prepare and publish a plan setting out its objectives and the steps it will take to meet them. This is called a Local Well-being Plan. It must say:

- Why the PSB feels their objectives will contribute within their local area to achieving the well-being goals, and
- How it has had regard to the Assessment of Local Well-being in setting its objectives and steps to take.

Each PSB will carry out an annual review of their plan showing their progress.

When producing their Assessments of Local Well-being and Local Well-being Plan, PSBs must consult widely. (N.B. You will not need to formally consult on the population assessment report as you will be engaging with the community throughout the assessment).

Extracts from the following provisions from the Well-being of Future Generations (Wales) Act. are included here for ease of reference to assist you in determining how you wish to manage the relationship between the assessment required under this Act and your population assessment. You will need to familiarise yourself with the detailed requirements and ensure there is appropriate connection between the two assessments.

**Section 37 - Assessments of local well-being**

- A public services board must prepare and publish an assessment of the state of economic, social, environmental and cultural well-being in its area.
- Each board must publish the assessment no later than one year before the date on which a local well-being plan is to be published.
- An assessment must—
  a) set out which community areas comprise the area of the board;
  b) include an analysis of the state of well-being in each community area and in the area as a whole;
  c) include an analysis of the state of well-being of the people in the area;
d) include any further analysis that the board carries out by reference to criteria set and applied by it for the purpose of assessing economic, social, environmental and cultural well-being in the area or in any community situated in the area;

e) include predictions of likely future trends in the economic, social, environmental and cultural well-being of the area;

f) include any other related analytical data and information that the board considers appropriate.

An analysis

a) must refer to any national indicators published under section 10;

b) must refer to a future trends report under section 11 to the extent that it is relevant to the assessment of well-being in the area.

- The analysis may include analyses of particular categories of persons determined by the board by reference to—

a) the fact that persons are vulnerable or otherwise disadvantaged for the same or similar reasons;

b) the persons possessing a common protected characteristic within the meaning of Chapter 1 of Part 2 of the Equality Act 2010 (c.15);

c) the persons being children (persons under the age of 18);

d) the persons being young people entitled to support under sections 105 to 115 of the Social Services and Well-being (Wales) Act 2014.

e) whether the persons—

i) may have need for care and support (as described in Part 3 of the Social Services and Well-being (Wales) Act 2014) or

ii) provide or intend to provide care and support for persons who may need it;

f) any other common factor the Board considers appropriate in describing a category of persons.

Section 38 - Preparation of Assessments

In preparing its assessment, each board must take into account the most recent population assessment.

Section 39 - Local well-being plans

- A public services board must prepare and publish a plan (a “local well-being plan”) setting out its local objectives and the steps it proposes to take to meet them.

- A local well-being plan must include a statement—

a) explaining why the board considers that meeting the local objectives will contribute within the area to achieving the well-being goals;
b) explaining how the objectives and any proposed steps have been set with regard to any matters mentioned in the most recent assessment of well-being published under section 37;

c) specifying the periods of time within which the board expects to meet the objectives;

d) explaining how any proposed steps are to be taken in accordance with the sustainable development principle;

e) if the plan includes objectives referred to in subsection (2)(b), specifying the proposed steps to be taken to meet those objectives and, in the case of steps to be taken by a combination of members of the board, invited participants or other partners, the persons making up the combination;

f) if the plan is not the first plan published by the board, specifying the steps taken to meet the objectives set out in the board’s previous plan and specifying the extent to which those objectives have been met;

g) providing such other information as the board considers appropriate.

Each board must publish its first local well-being plan no later than one year after the date on which the next ordinary election under section 26 of the Local Government Act 1972 (c. 70) following the commencement of this section is held, i.e. by 4th May 2018. (please note, the assessment of local well-being must be published no later than a year before the local well-being plan is published, so it must be completed by the end of April 2017).

Section 47 - Merging public services boards

1) Two or more public services boards may agree to merge if they consider it would assist them in contributing to the achievement of the well-being goals.

2) The Welsh Ministers may direct two or more public services boards to merge if the Welsh Ministers consider it would assist the boards in contributing to the achievement of the well-being goals.

3) But boards may merge only if—
   a) the same Local Health Board is a member of each board seeking or being directed to merge, and
   b) no other Local Health Board is a member of any of those boards.

Section 48 - Collaboration between public services boards

1) Two or more public services boards may agree to collaborate if they consider it would assist them in contributing to the achievement of the well-being goals.

2) The Welsh Ministers may direct two or more public services boards to collaborate in whatever way the Welsh Ministers consider would assist the boards in contributing to the achievement of the well-being goals.

3) For the purposes of this section, a board collaborates if it—
   a) co-operates with another board,
   b) facilitates the activities of another board,
c) co-ordinates its activities with another board,
d) exercises another board’s functions on its behalf, or
e) provides staff, goods, services or accommodation to another board

**Advice**

Both Acts require assessment processes to be undertaken which will lead to different outputs. In the case of the population assessment, the outputs are the population assessment report and subsequently the detailed plans devised under Section 14A of the Social Services and Wellbeing (Wales) Act. In the case of the assessment of local well-being, the output is the Local Wellbeing Plan for the PSB area. One (the population assessment) needs to concentrate on people’s needs for care and support and the range and level of services; it has operational as well as strategic dimensions. The Assessment of Local Well-being will be higher level and centered on the wider wellbeing (economic, social, environmental and cultural) of the whole population.

The timing schedules for the two sets of requirements illustrate the different outputs:

<table>
<thead>
<tr>
<th>Assessment completion date</th>
<th>POPULATION ASSESSMENT, REPORT AND PLAN</th>
<th>ASSESSMENT OF LOCAL WELL-BEING AND LOCAL WELL-BEING PLAN</th>
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</thead>
<tbody>
<tr>
<td>31.3.17</td>
<td>No later than one year before the plan is published (e.g. 31.4.17)</td>
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<table>
<thead>
<tr>
<th>Report publication date</th>
<th>POPULATION ASSESSMENT, REPORT AND PLAN</th>
<th>ASSESSMENT OF LOCAL WELL-BEING AND LOCAL WELL-BEING PLAN</th>
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<tbody>
<tr>
<td>31.3.17</td>
<td>see above, the assessment will need to be published at this point</td>
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<thead>
<tr>
<th>Plan preparation period</th>
<th>POPULATION ASSESSMENT, REPORT AND PLAN</th>
<th>ASSESSMENT OF LOCAL WELL-BEING AND LOCAL WELL-BEING PLAN</th>
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<tbody>
<tr>
<td>The report will include headline intentions but detailed plans will be prepared between 31.3.17 and 31.3.18</td>
<td>Between 4.5.17 and 4.5.18</td>
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<table>
<thead>
<tr>
<th>Plan publication</th>
<th>POPULATION ASSESSMENT, REPORT AND PLAN</th>
<th>ASSESSMENT OF LOCAL WELL-BEING AND LOCAL WELL-BEING PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>31.3.18 (subject to further advice on s14A)</td>
<td>No later than 4.5.18</td>
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</tbody>
</table>

*N.B. In reality, you will need to complete these processes in advance of these dates to allow for appropriate consultation periods (for population assessment plans and WFG assessment) and governance.*
You may include the detailed plan which follows publication of your population assessment report within your Local Well-being Plan, if all members of the Public Services Board agree. **FUTURE PLANS**

Whether or not you intend incorporating your detailed plan within your Local Well-being Plan, you will need to be clear about the approach you intend following not least because the Local Well-being Plans are based on each local authority area and the intentions arising from your population assessment covers a health board area. This suggests 22 Assessments of Local Well-being and, unlike the population assessment, no requirement for a combined assessment (though the powers to collaborate would enable a combined assessment to be prepared).

It follows that you should ensure a governance structure that enables connections to be made between the Joint Committee overseeing your population assessment, the Regional Partnership Board and the Public Services Boards overseeing the Assessment of Local Well-being and the Local Well-being Plan.

**PARTNERSHIP SECTION**

Your Joint Committee cannot be established as a sub-committee of any PSB as the areas covered by the two outputs are different. The area of the PSB is the local authority area while the Joint Committee covers the LHB area.

The synergies between the population assessment and the Assessment of Local Well-being are obvious. As well as taking into account the most recent population assessment you have carried out, the latter requires you to take into account a number of particular subjects which may also feature in your population assessment, namely:

- the most recent review of the sufficiency of nursery education provision for the local authority area carried out under section 119(5)(a) of the School Standards and Frameworks Act 1998 (c.31);
- the most recent assessment of the sufficiency of the provision of childcare in the local authority area carried out in accordance with regulations made under section 26(1) of the Childcare Act 2006 (c.21);
- the most recent assessment of the sufficiency of play opportunities in the local authority area carried out under section 11(1) of the Children and Families (Wales) Measure 2010 (nawm 1);
- the most recent strategic assessment prepared in accordance with regulations under section 6 of the Crime and Disorder Act 1998 (c.37) relating to reducing crime and disorder;
- the most recent strategic assessment prepared in accordance with regulations under that section relating to combating substance misuse;
- the most recent strategic assessment prepared in accordance with regulations under that section relating to the reduction of reoffending.
There are workload implications of preparing and publishing two assessments, some of which can be overcome by combining the effort to gather data and engage with people. As the well-being needs of people needing care and support must be included in the well-being assessment in any case, it could be argued there is no need for there to be separate data gathering exercises. However, regardless of how you organise the two assessments, you should not lose sight of their different purposes and foci. The population assessment is likely to require a level of operational detail and management information that would not be necessary for the more strategic assessment of local well-being. The assessment of local well-being will also consider a wider range of other evidence covering the broader economic, social, environmental and cultural well-being of the area.

It is vitally important to remember that the population assessment report and the assessment of local well-being are two separate products with different purposes and will need to retain their individual identity and integrity. Any effort to integrate their formulation should not be at the expense of the value inherent in focusing specifically at the different subject matters.

There is no best way of ensuring you meet both sets of requirements. You must decide which approach to follow and evidence to date suggests that some areas intend integrating the two tasks while others are keeping them separate. The learning from the pilot exercise is that there are some benefits of unifying the exercise in terms of ensuring a coordinated approach and avoiding duplication of effort but there are also challenges to overcome in respect of maintaining a clear focus on which initiative is being addressed at given points in time.

You should take account of any proposals for PSBs to collaborate or merge, as there may be implications for managing and governing your population assessment.
PREVENTION AND PREVENTATIVE SERVICES

Your assessment of the range and level of services must have an emphasis on how services and support can prevent needs occurring and escalating. The Code of Practice reinforces the status of prevention as a cornerstone of the Act.

Defining prevention and preventative services

The Code of Practice does not provide a definition and there are few reliable definitions in the academic literature. However, you can use other means to identify what constitutes a preventative service and you should acknowledge that you are already providing services of this nature.

The Code of Practice confirms that preventative services are services which will achieve the following purposes:

a) Contributing towards preventing or delaying the development of people’s needs for care and support;

b) Reducing the needs for care and support of people who have such needs;

c) Promoting the upbringing of children by their families, where that is consistent with the well-being of children;

d) Minimising the effect on disabled people of their disabilities;

e) Contributing towards preventing people from suffering abuse or neglect;

f) Reducing the need for:

- proceedings for care or supervision orders under the Children Act 1989,
- criminal proceedings against children,
- any family or other proceedings in relation to children which might lead to them being placed in local authority care, or
- proceedings under the inherent jurisdiction of the High Court in relation to children;

g) Encouraging children not to commit criminal offences;

h) Avoiding the need for children to be placed in secure accommodation; and

i) Enabling people to live their lives as independently as possible.

Other benefits of the preventative approach are:

- Prevention and early intervention makes social services more sustainable.
- Care and support services can prevent people reaching a crisis point.
- Preventative services can help people to learn, keep or improve skills and functional ability (habilitation) and are integral to promoting well-being.
- People in certain circumstances may particularly benefit from preventative support, including:

  - Families requiring support to address challenges, the immediate or cumulative impact of which could lead to care proceedings;
  - Hospital admission/discharge;
Identifying the range and level of services required

You need to establish and assess what is currently being delivered/available, taking account of capacity levels and quality of service. These will include:

- universal services
- targeted services; and
- services aimed at minimising the effect of an existing need.

People must be fully engaged in identifying what preventative measures could assist them and in planning their delivery.

ENGAGEMENT

Where an individual is not able to express their views, wishes or feelings, you must ensure the individual is supported to do so. A link to the Code of Practice on Advocacy, which sets out people’s rights and entitlements to advocacy support, can be found here:


A useful model for thinking about preventative services is that prevention broadly falls into 3 levels. Clearly, however, this three-tiered framework does not map neatly onto a continuum of services, from low-level to more intensive provision not least because there is no agreed definition of what constitutes a preventive service. The examples are included here merely to assist you in a difficult task and are not prescriptive. You will need to be determine your own understanding of prevention and preventative services and which services are cost effective.

Level 1 - Primary prevention:

This is likely to be targeted at individuals who are relatively healthy and active and prevent the necessity for people to consider accessing care and support. Examples include:

- Programmes and activities that are designed to keep people well and healthy, such as exercise programmes, smoking cessation, immunisation, food distribution schemes and other healthy living initiatives.
- Information, advice and assistance services which enable people to be signposted to various forms of support and advice that prevent their needs escalating.
- Programmes to develop life skills.
- Lifestyle change programmes.
- Advocacy
- Befriending and neighbourhood schemes.
Programmes and approaches that address parental behaviours which, if left unchecked, could result on children being accommodated.

**Level 2 - Secondary prevention:**
At this level, a need for some form of care and support is likely to have been identified, either because a person has presented with identifiable needs or because they have been identified as being at risk of specific conditions or events such as falls or stroke. **Examples include**
- Reablement services.
- Respite care
- Telecare or telemedicine.
- Aids and adaptations.
- Certain packages of domiciliary care.
- Respite and day care.
- Primary care.
- Therapies.
- Falls prevention programmes.
- Stroke prevention programmes.
- Screening and case finding.
- Initial assessments.

**Level 3 - Tertiary prevention:**
At this level, prevention is aimed at minimising disability or deterioration from established diseases and, therefore, is targeted at relatively ill and frail people. The main function of this level of prevention is to delay but possibly not prevent inevitable deterioration. **Examples include**
- Higher need packages of domiciliary care.
- Intermediate care.
- Short-term care.
- Integrated family support

There are of course imperfections in this approach and there will be different opinions on which categories apply to different services. The example below illustrates this by providing alternative stratification. The important point is not be overly concerned with the inconsistencies in classification but to benefit from using this framework to help you identify preventative services.

<table>
<thead>
<tr>
<th>Primary prevention</th>
<th>Secondary prevention</th>
<th>Tertiary prevention</th>
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<tbody>
<tr>
<td>Services that prevent the need for people to visit the front door e.g. Library, leisure services, youth drop in, information access, local community clubs, health promotion, Housing services.</td>
<td>Action to detect possible problems occurring e.g. hearing tests, sight, dental check up's, welfare rights, primary care and MH primary care, falls prevention, school attendance.</td>
<td>Action to reduce the impact of an existing problem e.g. TAF, IFST, FAST, Reablement, Equipment and adaptation, telecare, hospital discharge service, carers project, YOS, supporting people.</td>
</tr>
</tbody>
</table>
Principles to guide your approach to prevention and preventative services

- Preventative services are often best created and managed collaboratively.
- The whole of the local authority and health service, including GPs, can contribute to creating preventative services.
- The third sector performs a range of functions important to achieving prevention and must be properly engaged.
- Engaging with providers can help identify where preventative services can assist.
- It is important to recognise the need to deliver or arrange preventative services in a different way to overcome barriers in rural communities.
- Carers have a key role in the preventative service approach. Carers themselves provide a form of preventative service.
- Information and support is needed for people to identify what matters to them and how they can best achieve their outcomes.
- People should not be excluded from any preventative services because they will not fully ‘recover’ or their condition is not preventable. It should not matter whether someone may need support again in the future if their condition changes or is likely to deteriorate further.
- See prevention as part of a ‘continuum of support’ which links elements provided by the third sector and other partners to that which is provided or commissioned by local authorities.

Delivering preventative services

The Code of Practice clarifies that:

- Accessibility should be a key principle when planning for preventative services. Particular attention should be given to ensuring the needs of those with disabilities are properly considered when planning for preventative services in an area.
- Preventative services must be provided or arranged in an appropriate and timely manner.
- People should not be excluded from any preventative services because they have a care and support need that they might not ‘recover’ from.
- In line with Part 3 of the Act (Assessing Needs) you should put in place arrangements to identify and target particular individuals for preventative services.
- You should always look to provide preventative services to individuals at every stage of a person’s pathway.
- People should be fully engaged with finding their own solutions.
- People should access information about preventative services through the information, advice and assistance service.
- You should ensure that support is provided to people, including children, who require appropriate support to enable them to meaningfully engage with preventative services.
- You must in certain circumstances ensure the individual is supported by an independent advocate at no cost to the individual.
You may not charge for the first six weeks of reablement services provided for the purpose of providing assistance to an individual to maintain or regain the ability to live independently.

You must not charge for preventative services for children.

**Advice**

You can use the information above to create a model approach and checklist for identifying preventative services. This will include answering the following key questions:

- Does the service meet any of the purposes defined in the Code of Practice?
- Does the service achieve any of the additional benefits?
- Has your engagement activity confirmed which services matter to people?
- Have you adopted a collaborative approach including the third sector and providers?
- Have you placed suitable emphasis on the position of carers?
- Does the service help people achieve their personal outcomes in line with the National Outcomes Framework?

For examples of emerging good practice and research, you can search the SCIE prevention library on

Section 16 of the Act and the Code of Practice which supports it emphasise that identifying assets at an individual, community and population level will be essential to understanding the existing and potential contributions people, communities and organisations make. Developing and enabling community resources can contribute to a preventative approach. Not-for-private-profit organisations, such as social enterprises, co-operatives, user led services and the third sector can be a valuable resource in this respect.

The development and promotion of not-for-private-profit organisations can promote other environmental and social goals, thereby benefitting the community in many ways. This approach will support innovation and creativity, increase community resilience and reduce the risk of reliance on one single form of service delivery.

Preventative services may be developed and delivered directly and/or in partnership with other local partners including the third sector.

Social enterprises, co-operative organisations, co-operative arrangements, user led services and the third sector often conduct activities which are deemed to add value to society; for example, through the employment of local people in delivering the service. They should also function as preventative services.

You must:

1. Use your population assessment to inform you in meeting the requirement within section 16 of the Act and the Code of Practice which supports it.
2. Work in **partnerships** to promote the development of not-for-private-profit organisations to provide care and support and support for carers, and preventative services. These models include social enterprises, co-operative organisations, co-operative arrangements, user led services and the third sector.
3. Build on this duty by enabling people to design and operate their own services to meet their care and support needs at an individual, organisational and strategic level.
4. Involve people in considering the range and level of services required to meet their needs and the co-production of the design and operation of services. This includes consideration of how these needs can be met by promoting and encouraging the development of social enterprises, co-operatives organisations or arrangements, user led services and the third sector.
5. Ensure you consider new opportunities presented by the Public Contracts Regulations 2015.
What is a social enterprise?

Business Wales describes a social enterprise as a business with primarily social objectives. Profit is mostly reinvested in the business or in the community, rather than maximising profit for shareholders and owners. Social enterprises also compete in the marketplace and need to be well run to make money and achieve their social aims. They can vary from small community owned village shops to large organisations delivering public services.

What is the Third Sector?

The Welsh Government Third Sector Scheme sets out a definition of what constitutes the Third Sector. It says that it is widely accepted that Third Sector organisations are:

- Independent, non-governmental bodies
- Established voluntarily by people who choose to organise themselves
- Value-driven and motivated by social, cultural or environmental objectives rather than simply to make a profit
- Committed to reinvesting their surpluses to further their social aims and for the benefit of people and communities in Wales.

Advice

- You should consider roles which champion the growth of these models and consider officer roles with specific responsibility for developing social enterprises, co-operative organisations, co-operative arrangements, user led services and the third sector.
- You should create an environment locally to promote user voice and control at every level and seek to raise awareness more widely of the role of these models in supporting people to get good quality care and support, and the benefits and range of support available. You should facilitate the sharing of good practice in this area and support staff to understand how they can work with social enterprises, co-operatives, co-operative arrangements, user led services and the third sector.
- When engaging people you should focus on outcomes, rather than processes and outputs. **ENGAGEMENT.** You must work with people to identify and monitor progress that people make towards achieving and maintaining personal outcomes and:
  - Consider the personal outcomes set out in the well-being statement
  - Consider the effectiveness of social enterprises, co-operative organisations and arrangements, user led organisations and the third sector in supporting people to achieve well-being, meet their outcomes and where possible, provide added value. **OUTCOMES FRAMEWORK**

Resources

Further information and guidance on social enterprises is available at:

- Wales Co-operative Centre
- Social Business Wales
- Social Firms Wales
  [http://www.socialfirmswales.co.uk/](http://www.socialfirmswales.co.uk/)
The report Fulfilling the Duty, [http://bit.ly/1UECCFb](http://bit.ly/1UECCFb) provides guidance on how opportunities can be created for people to set up and run their own care and support services.

The Public Contracts Regulations ([see http://bit.ly/1Kzwk3b](http://bit.ly/1Kzwk3b)) contains opportunities for nurturing the development of organisations which fulfil a number of objectives, such as; reinvesting profits with a view to achieving the organisation’s objective, and any distribution of profits is based on participatory considerations; the structures of management or ownership of the organisation, are, or will be, based on employee ownership or participatory principles and require the active participation of employees, users or stakeholders.

They also support the transformation of the way in which services are provided. For example, Regulation 40 sets out how contracting authorities may seek or accept advice from independent experts or authorities or from market participants while preparing the procurement. This approach is incorporated into the WPPS and the Wales Procurement Route Planner, and recognises the benefits and innovative approaches that can be achieved through early supplier engagement and seeking feedback from the Marketplace.

Regulations 20 and 77 provide opportunity for a procurement to be used in a way that strengthens and helps create community-focused enterprises.
STRATEGIC CONSIDERATIONS CHECKLIST

Have you

☐ Completed an Equality Impact Assessment

☐ Undertaken a Welsh language profile

☐ Considered the links to the National Outcomes Framework

☐ Cross referenced other legislation and strategies

☐ Considered links with Wellbeing of Future Generations

☐ Established an approach to understanding preventative services

☐ Considered the potential for social enterprises, user led services and co-operatives?
What needs to be in the report?

The Code of Practice requires that you plait the report into two sections. Each report must include a combined (LHB footprint) and area (each local authority under the LHB) assessment.

Further information is provided in the ‘WHAT’ section of the toolkit.

In Section 1 your report must

- Include details of how you have jointly engaged with people in its production and also how you have engaged with service providers.
- Be structured around general core themes which must include:
  - 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.

- Include an analysis under each theme of evidence spatially in order to develop an understanding of where and to what extent the core themes are concentrated or diffused across the assessment area.
- Set out the differences in relation to the core themes across all local authorities and NHS cluster areas in the assessment area.
- Include an analysis of the evidence in terms of age groups where appropriate.
- Set out the extent to which needs are not being met.
- Have taken into account the care and support needs of populations from the secure estate in order to fulfil the requirements of section 11 of the Act.
- Make clear the Welsh language community profile.
In Section 2 your report must

- Present the assessment of the range and level of services needed in line with the same core themes used in Section 1.
- Include an assessment of the extent to which needs identified in relation to the core themes could be met by providing services in partnership with the Local Health Board for your area and other local authorities within the area of that Local Health Board.
- Reflect how you are building on your duty to promote social enterprises cooperatives, user led services and the third sector.
- Identify the assets at an individual, community and population level which can help create services.
- Set out the assessment of preventative services, including advocacy services.
- Set out how a preventative approach can be delivered in partnership with the Local Health Board for your area of the local authority and other local authorities within the area of your Local Health Board.
- Identify the actions to deliver services through the medium of the Welsh language.

Publication of Reports

You will need to publish one report for each population assessment area. There will be a total of seven population assessment reports for Wales in line with the regional partnership arrangements.

**PARTNERSHIPS**

This section sets out the arrangements for publishing the final report. The report will need to be published on the website of:

- Each local authority
- Each Local Health Board

At the time of publication, the report must also be sent to Welsh Ministers. The lead co-ordinating body for the report is responsible for sending it to the Welsh Ministers.

You should ensure that no personally identifiable information is included in the published reports, in line with the WASPI protocols.

There is no set template for your published report, only requirements on what needs to be included. You will need to decide how it will look, the overall style and length and if you want to provide hard copies.

**Timescales for publication**

The first population assessment report must be published by April 2017.
The Care and Support (Population Assessments) (Wales) Regulations 2015 will prescribe the timeframe for the production and publication of subsequent population assessment reports. See http://www.legislation.gov.uk/wsi/2015/1367/made

Review

Mid way through the electoral cycle, you will need to review the population assessment report. The requirement is to review the report at least once during the cycle. For more information, see the REVIEW section.

The nominated lead co-ordinating body for your area is responsible for any arrangements to amend and review the documents. If there are any significant changes in the needs for care and support or the needs of carers, following a review, you will need to produce an addendum detailing those changes. This document will need to be published on all websites and submitted to Welsh Ministers.

You may wish to review your report more frequently. For more advice, please see the REVIEWING YOUR ASSESSMENT REPORTS section.

Accessibility of reports

The Code states that:

The population assessment report should be drafted using accessible language so that it can be considered by members of the public. It is important the assessment report explains clearly how the local authorities and the Local Health Board have arrived at their decision in relation to the needs identified and the level of services required to meet those needs.

In order to make the reports as accessible as possible, you should consider:

- Making the font 12 point Arial as a minimum (clear print)
- Good colour and contrast (for people with a sight impairment)
- Clear, easy to read language

You will also need to make the report available bilingually.

Further advice on producing accessible materials is available on the Disability Wales toolkit. This includes advice on how to develop publications using clear, accessible language and in specific formats, such as Easy Read. You can find the toolkit at http://www.disabilitywales.org/toolkit/practical-resources/
Flesch-Kincaid score for readability

There are useful tools in Microsoft Word that can help you check the readability of your report. The Flesch-Kincaid score recommends a readability score of 60 or over. Advice on how to do this in Word is available on

https://support.office.com/en-gb/article/test-your-document-s-readability-0adc0e9a-b3fb-4bde-85f4-c9e88926c6aa

More information on how to write for the web can be found on the ONS style guide

http://style.ons.gov.uk/

DETAILED PLAN FOLLOWING YOUR POPULATION ASSESSMENT

Your population assessment will include your headline intentions for action in line with your RESPONSE ANALYSIS. These will need to become a detailed plan within a year following publication of your population assessment report. Under Section 14A of the Social Services and Well-being (Wales) Act you must prepare and publish a plan setting out:

a) the range and level of services you propose to provide, or arrange to be provided in response to your assessment of needs;

b) in the case of a local authority, the range and level of services the authority proposes to provide, or arrange to be provided, in seeking to achieve the purposes provided by preventative services;

c) in the case of a Local Health Board, anything the Board proposes to do in connection with its duty to have regard to the importance of preventative action when exercising functions;

d) how the services set out in the plan are to be provided, including the actions you propose to take to provide, or arrange to provide, the services through the medium of Welsh;

e) any other action you propose to take in response to the assessment;

f) the details of anything you propose to do in response to the assessment jointly;
g) the resources to be deployed in doing the things set out in the plan.

Regulations are currently being prepared which will describe the arrangements for reviewing, consulting on, monitoring and evaluating the plan. They will also describe the joint planning requirements on the relevant bodies – local authorities and Local Health Boards and the duties on the Regional Partnership Boards to discharge the plans. Accompanying guidance will be issued which will set out further information such as connections with the Local Well-being Plans required under the Well-being of Future Generations (Wales) Act 2015.

Advice

Whether or not you intend incorporating your plan within your Local Well-being Plan, you will need to be clear about the approach you intend following not least because the Well-being Plans are based on each local authority area and the intentions arising from your population assessment covers a Local Health Board area. Your detailed plan will need to reflect both the joint action and the action you are planning as individual agencies.

You should ensure a governance structure that enables connections to be made between the Joint Committee overseeing your population assessment, the Regional Partnership Board and the Public Service Boards overseeing the Well-being Plan.

PARTNERSHIP SECTION

REVIEWING YOUR ASSESSMENT REPORTS

You must:

- Review your assessment as required, but at least once mid-way through the population assessment period, i.e. at least once in every local government electoral cycle.

- If your review identifies a significant change in the needs for care and support or the needs of carers, an addendum to the assessment report should be produced and be published in line with the publication requirements for the original assessment and sent to the Welsh Ministers.

- When carrying out reviews of the population assessment reports, local authorities and Local Health Boards should continue to be mindful of the views expressed by the people they engage with when developing the initial assessment reports. Additional engagement may also be required, therefore, at the review stage in which case you should follow the recommended practice on engagement. ENGAGEMENT
Advice
A review is not a repeat or fresh assessment. It needs to be proportionate to meeting the principle that keeping assessments under review is necessary to ensure that circumstances have not changed to such an extent that the value of the original assessment has been diminished. Rapid and significant changes in the needs of the population and/or the range and level of services are unlikely but it is still important to identify changes and whether any response is needed.

You will need to decide how to approach undertaking reviews. A review could be a one-off event, say at the mid point of the electoral cycle period or multiple events at chosen intervals, or be undertaken as an ongoing process. In this context, the requirement for a midway approach should not be taken literally. Regardless of which approach you follow you must still publish an addendum if you identify significant changes.

You will also need your addendum agreed by your Joint Committee and consult upon the changes as per the population assessment process.

One-off reviews
The advantage of a one-off approach is that it provides clear focus and is an easier process to manage as the practices followed in the original assessment can be repeated as felt appropriate. It may also be less time consuming than ongoing or more regular reviews.

However, one disadvantage is that it might be difficult to resist repeating the whole assessment process and becoming very labour intensive.

The period for following through on new plans may also be insufficient for them to have had effect by the time of the next full assessment.

Multiple fixed point reviews
The advantages will be similar to a one-off approach but greater in terms of identifying changes when they arise. The disadvantages will also be similar but greater in terms of time consumption.

Ongoing review
An ongoing review process whereby monitoring tools enable you to identify changes contemporaneously brings many benefits as action can follow at the right time. However, you will need to be satisfied that this does not lead to unnecessary and disproportionate reviewing and reporting. Ideally, you should integrate your population assessment review processes into your performance management system.
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Advice

A review is not a repeat or fresh assessment. It needs to be proportionate to meeting the principle that keeping assessments under review is necessary to ensure that circumstances have not changed to such an extent that the value of the original assessment has been diminished.

Rapid and significant changes in the needs of the population and/or the range and level of services are unlikely but it is still important to identify changes and whether any response is needed.

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(c) in the case of a Local Health Board, anything the Board proposes to do in connection with its duty to have regard to the importance of preventative action when exercising functions;

(d) how the services set out in the plan are to be provided, including the actions you propose to take to provide, or arrange to provide, the services through the medium of Welsh;

(e) any other action you propose to take in response to the assessment;

(f) the details of anything you propose to do in response to the assessment jointly;

(g) the resources to be deployed in doing the things set out in the plan.
Regulations are currently being prepared which will describe the arrangements for reviewing, consulting on, monitoring and evaluating the plan. They will also describe the joint planning requirements on the relevant bodies – local authorities and Local Health Boards and the duties on the Regional Partnership Boards to discharge the plans. Accompanying guidance will be issued which will set out further information such as connections with the Local Well-being Plans required under the Well-being of Future Generations (Wales) Act 2015.

**Advice**

Whether or not you intend incorporating your plan within your Local Well-being Plan, you will need to be clear about the approach you intend following not least because the Well-being Plans are based on each local authority area and the intentions arising from your population assessment covers a Local Health Board area. Your detailed plan will need to reflect both the joint action and the action you are planning as individual agencies.

You should ensure a governance structure that enables connections to be made between the Joint Committee overseeing your population assessment, the Regional Partnership Board and the Public Service Boards overseeing the Well-being Plan.

**GOVERNANCE, PARTNERSHIP**

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### REPORTS CHECKLIST

- [ ] What your final report will look like
- [ ] How long it will be
- [ ] How and where it will be published, including printing
- [ ] Translation time and costs
- [ ] What information in includes on your priorities and future plans
- Your process for review
CORE THEMES

- CARERS WHO NEED SUPPORT
- LEARNING DISABILITY AND AUTISUM
- OLDER PEOPLE
- MENTAL HEALTH
- CHILDREN AND YOUNG PEOPLE
- SENSORY IMPAIRMENT
- VIOLENCE AGAINST WOMEN, DOMESTIC ABUSE & SEXUAL VIOLENCE
- HEALTH / PHYSICAL DISABILITIES
CARERS WHO NEED SUPPORT

Carers in need of support are a core theme under the Code of Practice. There are an estimated over 370,000 unpaid carers in Wales with a third providing over 50 hours of care a week.

Data

There is a section on carers in the Statistical Data Catalogue.

An interactive map showing levels of provision of unpaid care is available on


Carers Leads

Each local authority carer officer and meets regularly via the Carers officer Learning and Improvement Network( CoLIN), an open invitation is extended to Local Health Board carers representatives.

You can find contact details for all carers officers here, who will be able to support you in identifying and responding to carer needs:


The Wales Carers Alliance exists to promote the recognition and support of carers in Wales:


Evidence and research

General information and research with carers in Wales

http://www.carersuk.org/wales and

https://www.carers.org/wales


Below are specific groups of carers who will have differing care and support needs

Young carers

Research on young carers in Wales

http://www.barnardos.org.uk/what_we_do/policy_research_unit/research_and_publications/young_carers_policy_research.htm

Responding to the needs of young carers

http://youngcarerstoolkit.co.uk/

Mental health carers

We cannot be sure how many people in Wales care for someone with a mental health condition. The figure in England is 13% so this may be a basis for estimates

Some of the key issues faced by mental health carers in Wales can be found here.


https://www.carers.org/help-directory/key-facts-and-asks-mental-health-carers

Alzheimer’s Society run a number of services for carers across Wales


Older carers

There are specific considerations for older people, discussed in the OLDER PEOPLE section of this toolkit. However, some recent research is available on

http://www.ssiacymru.org.uk/8885

Across Wales there are 50+ networks who offer advice and support to older people carers. Information on the 50+ network can be provided by your local authority older people strategy coordinators, based at each authority.

Caring for someone at the end of life

The Marie Curie ‘Caring for carers’ project delivers services and support to those caring for someone at the end of life and has worked with carers to identify their particular needs

http://www.mariecurie.org.uk/professionals/commissioning-our-services/partnerships-innovations/current/caring-for-carers-in-wales

Engagement with carers

There are carers networks across Wales, who link formally into the health board and local authority through the Strategic Carers Group and the Carers Officers Learning and Improvement Framework respectively.

http://www.ssiacymru.org.uk/carerslin

In addition specific funding is made available by the Welsh Government to support work with young carers across Wales

A list of contact details can be found here:


- Hafal employ a number of mental health carer engagement officers who can support you to engage locally with mental health carers, and can be contacted on carersforum@hafal.org

- Carers Trust Wales exists to provide action, help and advice to carers throughout Wales

https://www.carers.org/wales

- Carers Wales aim to make life better for carers working as part of Carers UK;

https://www.carersuk.org/wales

- Children in Wales run a network of young carers

http://www.childreninwales.org.uk/our-work/young-carers/

- Barnardos runs services across the UK which work to support young carers and their families in a variety of ways:

http://www.barnardos.org.uk/what_we_do/our_work/young_carers.htm
The Age Cymru Older People’s network, for older carers
http://bit.ly/1VDC8NI
Age Alliance Wales is made up of national voluntary organisations working together with, and for, older people in Wales, they can offer advice and support also:
http://www.agealliancewales.org.uk/

Range and level of services
- Mental health carer services
  http://www.hafal.org/services/carers/
- Local carers services, including young carers
  https://www.carers.org/carers-services/find-your-local-service
- Dewis national resource
  http://www.dewis.wales/
- Carers services
  https://www.carers.org/carers-services/find-your-local-service-list?keys=&tid_1=All&tid=10
- Local carers groups
  http://www.carersuk.org/help-and-advice/get-support/local-support

Relevant Strategies
You will need to link your work to local Carers Strategies. The lead for each area strategy can be found on the Carers leads link at the beginning of this section.

Does my activity adequately cover the core theme of CARERS WHO NEED SUPPORT in respect of:

- Engagement
- Equality Impact Assessment
- Existing Assessments
- IAA
- Data Catalogue
- Other Legislation and Strategies
- Outcome Frameworks
- Prevention
- Research & Evidence Assessment
- Welsh Language
LEARNING DISABILITIES AND AUTISM

Data
There is a section in the Data Catalogue on learning disabilities and Autistic Spectrum Disorder. There is also data included in the Children and Young people and Older People’s sections of the Data Catalogue.

Evidence and research
The National Institute for Health and Care Excellence – www.nice.org.uk
provides evidence based health guidance, this includes best practice guidance for learning disability and autism.

Autistic Spectrum Disorder
The ASDinfowales website supports the delivery of the Welsh Government's Autistic Spectrum Disorder Strategic Action Plan. The website provides information and advice including resources and training materials.

Most local areas will have ASD leads and local ASD strategic plans. A contact list is available at
http://www.asdinfowales.co.uk/local-area-asd-leads/
ASDinfowales recently published the findings of a consultation with individuals, parent and carers around their needs

Other useful sources of information:
- National Autistic Society
  www.autism.org.uk
- Research Autism
  www.researchautism.net

Learning Disabilities
The Welsh Government hosts the Learning Disability Advisory Group, to provide Welsh Ministers with advice on learning disability issues. Information on the work of the group can be found on
www.ldag.info/
You can find further information on Learning Disability at:
- Learning Disability Wales
  https://www.ldw.org.uk/
- Learning Disability Wales – Learning Disability Advisory Group
- All Wales Forum of Parents and Carers
  http://www.allwalesforum.org.uk/
- All Wales People First
  http://www.allwalespeople1st.co.uk/styled-5/index.html
Engagement

Engagement information and materials should be appropriate to meet the specific needs of people with learning disabilities and autism. This may include the provision of easy read information. The Easyread health website provides information on health services.

https://www.easyreadhealthwales.org.uk/

Range and level of services

A searchable directory of Autistic Spectrum Disorder services is available on

http://www.asdinfowales.co.uk/service-directory

Does my activity adequately cover the core theme of LEARNING DISABILITIES AND AUTISM in respect of:

- Engagement
- Equality Impact Assessment
- Existing Assessments
- IAA
- Data Catalogue
- Other Legislation and Strategies
- Outcome Frameworks
- Prevention
- Research & Evidence Assessment
- Welsh Language
OLDER PEOPLE

Older people are a core theme under the population assessment. There is an additional requirement that you analyse evidence gathered for the population assessment by age. This may mean that you decide to reflect specific issues for older people against some of the other core themes, for example ‘older people’s mental health’. We have therefore included links to resources on older people’s care and support needs under the following sections of this toolkit:

· Mental Health
· Carers

Data

There is a section on older people in the Data Catalogue.

Evidence and research

A review of the literature on early prevention for older people
http://www.ssiacymru.org.uk/8885

· Reablement research and resources

· Wales Audit Office undertook recent research on how local authorities are working to support the independence of older people
http://www.audit.wales/publications/Independence-of-Older-People

Engagement with older people

The Older People’s Commissioner and Caerphilly Council have developed a toolkit for engagement with local authorities, including guidance for local authorities on how to engage with older people on changes to services
http://bit.ly/1KIXCnI

· Older People’s Senate
http://www.welshsenateofolderpeople.com/index.htm

You should also identify, in your own area, any older people’s forums or 50+ Forums.

Range and level of services

· Dewis: All Wales resource, searchable by area
http://www.dewis.wales/

· Examples of Preventative Services for Older People
http://www.agealliancewales.org.uk/preventative-services
Relevant Strategies

- You will want to consider how this links to the Older People’s Strategy

  You will also want to consider how your assessment links to the Ageing Well in Wales programme

Does my activity adequately cover the core theme of OLDER PEOPLE in respect of:

- [ ] Engagement
- [ ] Equality Impact Assessment
- [ ] Existing Assessments
- [ ] IAA
- [ ] Data Catalogue
- [ ] Other Legislation and Strategies
- [ ] Outcome Frameworks
- [ ] Prevention
- [ ] Research & Evidence Assessment
- [ ] Welsh Language
MENTAL HEALTH

Data
There is a section on mental health in the Data Catalogue.

Evidence and research
Each Local Health Board area will have produced local implementation plans for Together for Mental Health, linked to each Local Mental Health Partnership Board. These will include evidence of engagement with the local community. However, the following organisations will have relevant local and national information that can inform your assessment.

- Hafal
  www.hafal.org
- Gofal
  www.gofal.org.uk
- Mind Cymru
- Please note, there is a separate section on mental health carers under the Carers section
- You can find information on dementia on
- Please note, there is a separate section on mental health carers under the Carers section
- SSIA has a resource section on reablement and dementia on
- Information on Welsh Government policy can be found at:
  http://gov.wales/topics/health/nhswales/healthservice/mental-health-services/dementia/?lang=en
- Additional information in relation to mental health and wellbeing services for veterans can be found at:
  http://gov.wales/topics/health/nhswales/healthservice/mental-health-services/veterans/?lang=en

Engagement
There are mental health service user engagement officers linked to most CVCs, who will be able to support you with engagement.

Diverse Cymru run specific projects for BME mental health service users.
https://www.diversecymru.org.uk/bme-mental-health/

Range and level of services
Each Local Health Board area produces a mental health services directory, supported by your local CVC. Please speak to your local CVC to find out who co-ordinates these.

Additionally, Mind Cymru have produced an all Wales Directory of services for BME communities.
http://www.mind.org.uk/media/619075/MHRD_Eng_final.pdf
Relevant Strategies

You will need to identify and speak to leads, linked to your Local Mental Health Partnership Boards for the following strategies, however further information on these can be found at the attached links:

- Together for Mental Health

- Together for Children and Young People

- National priorities for mental health, linked to the Mental Health (Wales) Measure can also be found on

As part of this work, you should also consider links with substance misuse work as detailed in the [WELLBEING OF FUTURE GENERATIONS](#) section.
CHILDREN AND YOUNG PEOPLE

Please note, we have included a separate section on young carers under the ‘Carers’ section.

Data

There is a children and young people’s section in the Data Catalogue.

Evidence and research

Below are links to current research on children and young people in Wales

- For young people who want to stay on with foster carers until 21
  https://www.actionforchildren.org.uk/media/3336/chance-to-stay.pdf
- Barnardos Cymru research publications
  http://www.barnardos.org.uk/what_we_do/barnardos_today/wales/wales_policy/cym_policy_research_publications.htm
- Play Wales, children and young people’s play
  http://www.playwales.org.uk/eng/home
- Research from the Children’s Commissioner
- CASCADE – The Cardiff University Children’s Social Care Research and Development Centre
  http://sites.cardiff.ac.uk/cascade/
- Children’s Palliative care, including information on palliative care services
  http://www.tyhofan.org/
  http://www.hopehouse.org.uk/home.html
- Parenting support
- Evidence based review of the models and frameworks currently used in children’s services
- Survey on male participation with family support services
- NSPCC research and resources
  https://www.nspcc.org.uk/preventing-abuse/child-protection-system/wales/research-resources/

Please also see the ABUSE, HARM AND NEGLECT section for more information.
Engagement with children and young people

- Young Wales has a resource section for engaging with children and young people, including a link to the National Participation standards for Children and Young People.
  
  http://www.youngwales.wales/index.php/websites

- To find out the views of people who are or have been in care, see Voices from Care
  
  http://voicesfromcarecymru.org.uk/

- For advice and support on engaging with families, contact
  
  http://www.promo.cymru/

- Youth Cymru
  
  http://youthcymru.org.uk/

- Dynamix – Welsh training and participation co-operative
  
  http://dynamix.coop/en/

- Engaging with fathers in contact with family support, there are local groups across Wales
  
  www.fnf-bpm.org.uk

- Engaging with single parents
  
  http://www.gingerbread.org.uk/content/462/Gingerbread-Wales

Range and level of services

Below are links to directories of services for children and young people.

- Dewis Cymru
  
  www.dewis.wales/

- Family Information and support services
  
  https://familypoint.cymru/

- Barnardos services
  
  http://www.barnardos.org.uk/what_we_do/barnardos_today/wales/wales_service_search.htm

Links to other strategies

- The information identified should be used to inform the Families First programme
  
  http://families1st.org.uk/index.htm

- Links to the Families First co-ordinators for your area can be found here
  
Does my activity adequately cover the core theme of CHILDREN AND YOUNG PEOPLE in respect of:

- Engagement
- Equality Impact Assessment
- Existing Assessments
- IAA
- Data Catalogue
- Other Legislation and Strategies
- Outcome Frameworks
- Prevention
- Research & Evidence Assessment
- Welsh Language
SENSORY IMPAIRMENT

Data
There is data on sensory loss in the Health/Physical disabilities, Children and Young People and Older People sections of the Data Catalogue. Eye care statistics for Wales are also available on

Evidence and Research
- The 2012 WLGA report discusses prevalence rates of sensory loss in Wales and people’s experience of services
- SSIA have developed a resource on sensory loss
- This is further supported by the SSIA report Making a Difference, which looks at current support within social services and areas for development.

General information
Sight Loss
- For people with sight loss, please visit
  http://www.rnib.org.uk/knowledge-and-research-hub-heritage-services/research-library

Hearing loss
- For people with hearing loss, please visit
- For children with hearing loss, there is information (including advice for fostering deaf children) on
  http://www.ndcs.org.uk

Range and Level of Services
- Dewis: All Wales resource for support across Wales, searchable by postcode or area
  www.dewis.wales
- For hearing loss please see

Wales Council for the Blind also has up to date Welsh research on
http://www.wcb-ccd.org.uk/index2.php
Engagement

You will need to make suitable arrangements for engagement with people with sensory impairments. If you are holding an event, you must make sure the venue is accessible and meets the needs of people with a sensory impairment.

- Wales Council for the Blind has a list of local groups and societies for people with sight loss
  
  http://www.wcb-ccd.org.uk/members.php

- Wales Council for Deaf People have links on their website for a number of hard of hearing groups across Wales you can link with for your engagement
  
  http://www.wcdeaf.org.uk/

Relevant Strategies

- You may wish to consider the standards set out by the All Wales Standards for communication and information for people with sensory loss in your response analysis.
  

Does my activity adequately cover the core theme of SENSORY IMPAIRMENT in respect of:

- Engagement
- Equality Impact Assessment
- Existing Assessments
- IAA
- Data Catalogue
- Other Legislation and Strategies
- Outcome Frameworks
- Prevention
- Research & Evidence Assessment
- Welsh Language
VIOLENCE AGAINST WOMEN, DOMESTIC ABUSE AND SEXUAL VIOLENCE

Data

Evidence and research
- There is national research on violence against women on Welsh Women’s Aid website [http://www.welshwomensaid.org.uk/](http://www.welshwomensaid.org.uk/)

Engagement
For advice on how best to engage with local support groups, you should speak to your local CVC and the national organisations listed above. They will be able to help you link with the right contacts. Advice on engaging with people who have experienced significant harm can also be found on [http://www.ssiacymru.org.uk/home.php?page_id=7396](http://www.ssiacymru.org.uk/home.php?page_id=7396)

Range and level of services

Relevant Strategies
It is expected that the information you gather as part of the assessment is used to inform the local strategies produced under the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015. Section 7 of the Act makes specific reference to the need to take account of the most recent population assessment when preparing a local strategy. You can find more information on [http://gov.wales/topics/people-and-communities/communities/safety/domesticabuse/?lang=en](http://gov.wales/topics/people-and-communities/communities/safety/domesticabuse/?lang=en)
Does my activity adequately cover the core theme of VIOLENCE AGAINST WOMEN, DOMESTIC ABUSE AND SEXUAL VIOLENCE in respect of:

- [ ] Engagement
- [ ] Equality Impact Assessment
- [ ] Existing Assessments
- [ ] IAA
- [ ] Data Catalogue
- [ ] Other Legislation and Strategies
- [ ] Outcome Frameworks
- [ ] Prevention
- [ ] Research & Evidence Assessment
- [ ] Welsh Language
HEALTH AND PHYSICAL DISABILITIES

Data
There is a section in the Data Catalogue on health and physical disabilities.

Evidence and research
Please also visit the INFORMATION AND RESOURCES section of this toolkit

- General
  http://www.disabilitywales.org/
- Diabetes
  https://www.diabetes.org.uk/wales
- Macmillan Cancer Support
  www.macmillan.org.uk
- Alzheimers Society
- British Lung Foundation
  https://www.blf.org.uk/region/Wales
- Stroke Association
  https://www.stroke.org.uk/what-we-do/our-work-nations/wales
- MS Society Cymru
  https://www.mssociety.org.uk/near-me/national-offices/ms-society-cymru

Leonard Cheshire
https://www.leonardcheshire.org/home/wales

Engagement
- WCVA run a long term conditions alliance. For more information, see
- When engaging with people with long term conditions or physical disabilities, you should ensure that you consider any accessibility issues. You can find advice on
  http://www.disabilitywales.org/toolkit/

Range and level of services
- Please check Dewis for information about available services
  http://www.dewis.wales/

Relevant Strategies
- You should consider any links with the Framework for Action on Independent Living and with your local Strategic Equality Plans
Does my activity adequately cover the core theme of HEALTH AND PHYSICAL DISABILITIES in respect of:

- [ ] Engagement
- [ ] Equality Impact Assessment
- [ ] Existing Assessments
- [ ] IAA
- [ ] Data Catalogue
- [ ] Other Legislation and Strategies
- [ ] Outcome Frameworks
- [ ] Prevention
- [ ] Research & Evidence Assessment
- [ ] Welsh Language
OTHER KEY THEMES

The Code of Practice states that you must consider the needs of marginalized groups, such as travellers and homeless people. In order to engage with seldom heard groups, you will need to consider different arrangements. You will need to think about the reasons these groups are more difficult to engage with and respond to those. Some suggested ways to overcome some of the barriers are:

- Providing incentives - this could be as simple as refreshments or a meal, or even payment
- Support – you may want to look at providing childcare or transport costs
- Timing – ensure the timings are convenient and do not clash with any major religious events
- Venue – somewhere accessible and neutral
- Using trusted intermediaries – ask your CVC for advice on who already has links with the community you want to talk to

You can find more advice on


National organisations

There are also a number of organisations who can support you to find out information and engage with seldom heard groups.

BME support

- ISSA Wales (Muslim support organization)
  http://www.issa-wales.org/
- Diverse Cymru
  https://www.diversecymru.org.uk/bme-mental-health/
- BAWSO
  http://www.bawso.org.uk/our-services/

Homelessness

- Wallich
  http://www.thewallich.com/
- Shelter Cymru
  http://sheltercymru.org.uk/
- Llamau (younger people)
  http://www.llamau.org.uk/
Asylum Seekers and Refugees

- Welsh Refugee Council and DPiA
- Wales strategic Migration Partnership
  [http://www.wlga.gov.uk/wales-migration-partnership](http://www.wlga.gov.uk/wales-migration-partnership)
- The Partnership also run a migration portal, which brings together all publicly available migration date for Wales
  [http://wmp.infobasecymru.net/IAS/register](http://wmp.infobasecymru.net/IAS/register)

Gypsies and Travellers

- The Unity Project (supporting Gypsies and Travellers in Wales)
- Gypsy Traveller Wales
  [http://cgtp.co.uk/](http://cgtp.co.uk/)
- Welsh Government Gypsies and Travellers Framework, *Travelling to a Better Future*
- Welsh Government guidance for healthcare practitioners on working effectively with Gypsies and Travellers, *Travelling to Better Health*

LGBT communities

- Stonewall Cymru
- Broken Rainbow (domestic abuse)

Veterans

Veterans are defined as anyone who has served for at least one day in HM Armed Forces (Regular or Reserve) or Merchant Navy Seafarers and Fishermen who served in a vessel at a time it was operated to facilitate military operation by HM Armed Forces.

Some information on the demography and health needs of veterans is available at

Offenders and Ex-Offenders

Prisoners and offenders have a range of issues that are known to be causal factors in their offending behaviour which should be taken into account. Identifying and addressing an offender’s health and social care needs is critical in supporting an offender in moving away from crime. Others include accommodation, children and families; finance benefit and debt; education and employability; and addressing their attitude, thinking and behaviour.

SECURE ESTATE

Your population assessment must take account of the care and support needs of populations from the secure estate, in order to fulfil the requirements of section 11 of the Act. The Code of Practice in relation to part 11 contains full details in relation to the local authority’s responsibility for the care and support of those in the secure estate. This covers:

- Prisons
- Approved premises
- Youth detention accommodation
- Bail accommodation

For more information on the duties, see http://gov.wales/docs/dhss/publications/151218part11en.pdf

You will also need to be mindful of the need to consider those in the secure estate resettling back into the community, and what this means for your locality. There are no female secure estate facilities in Wales and so it is particular important that the needs of females, returning to Wales from the secure estate, are captured.

You will wish to consult with the National Offenders Management Service (NOMS) in Wales in respect of adults; and Youth Justice Board Cymru in respect of children and young people, to ensure that a jointed up approach is adopted.

Further guidance on the secure estate is available from code of practice Part 11 and the Supplementary Guidance in support of the code of practice Part 11 which are available at:


Advice

Prison Health Partnership Boards (PHPBs) are responsible for the health services provided to prisoners in Wales. Membership includes the LHB where the prison in located, prison governors and health care staff at the prison. The responsibilities include undertaking health needs assessments of the prison population to inform service requirements. In 2016, each prison in Wales in undertaking a health needs assessment led by Public Health Wales. This information can be used to inform your population assessment.


Social services are now invited members of the PHPBs, so you should identify who your representative is and ensure the work is linked to your population assessment.

Engagement

There are a number of prisoner forums who you may be able to approach for your engagement work, as well as regular prisoner surveys. Access to the forums and surveys is centrally managed by NOMS. You will need to contact x for more information.
PACT Cymru may also be able to advise you on issues for prisoners in the secure estate and their families. 

http://www.prisonadvice.org.uk/Welsh

Other research

Barnardos have been working with children and families of offenders. The iHop resource has links to projects, research and evidence that may be of use to you

https://www.i-hop.org.uk/app/answers/detail/a_id/715/

Data

As part of your data collections for 2016/17, there is a requirement to collect quarterly data on assessments and planning. The information collected in quarter one can be used to inform your assessment.

Children receiving care and support – aggregate data 2016-17 (CA2 – for children and young people in the secure estate)

- Number of assessments of need for care and support for children undertaken during the year whilst in the secure estate
- Of those, the number of assessments that led to a care and support plan
- Number of re-assessments for children undertaken during the year whilst in the secure estate

Adults receiving care and support 2016-17 (AA1 - for adults in the secure estate)

- Number of assessments of need for care and support for adults undertaken during the year whilst in the secure estate
- 5.1. Of those, the number of assessments that led to a care and support plan
- Number of re-assessments of need for care and support for adults undertaken during the year whilst in the secure estate

There is publically available data around the secure estate, published by the Ministry of Justice

Prison population statistics providing information on population by prison

Updated and published monthly at establishment level.


Offender management statistics quarterly

- Prison population by offence group, age group, gender, religion, ethnicity
- Prison receptions
- Former members of the Armed Services
- Release from prison
- Offenders managed in the community (including requirements, starts and terminations)
- Recalls to prison
Updated and published quarterly at an establishment / community region and England & Wales level


Prison and probation trusts performance statistics
- Prison population (by establishment)
- Offender behaviour, domestic violence and sex offender treatment programme starts and completions in the community
- Substance misuse (random drug testing, drug rehabilitation requirements, alcohol treatment requirements)
- Offender release into settled accommodation
- Offender release into education, training or employment

Updated and published annually at an establishment / community region and England & Wales level


Reoffending statistics to present the proportion of offenders who re-offend and the number of proven re-offences by
- Offender history
- Demographics
- Individual prisons / probation trusts
- Local authorities

Updated and published quarterly at an establishment / community region and England & Wales level


Other data

Bromley Briefings
Prison fact file reporting on:
- Prison population and sentencing trends
- Children and young adults in prison
- Women in prison
- Children of prisoners
- Older prisoners
- Disabilities of prisoners
- Learning disabilities and difficulties of prisoners
- Mental health of prisoners
- Substance misuse by prisoners
- Educational disadvantages of prisoners
- Housing and employment issues of prisoners
Updated and published twice a year at an England & Wales level (also Scotland and Northern Ireland).
http://www.prisonreformtrust.org.uk/Publications/Factfile

**Public Health Wales Prison Health Needs Assessments**

Reporting on needs of prisoners in relation to:
- Substance misuse
- Mental health
- Oral health
- Smoking prevalence
- Communicable diseases

**Surveying Prisoner Crime Reduction Survey**

Updated and published for each prison every 3-5 years.

**Offender Management Community Cohort Study**

A longitudinal cohort study of adult prisoners sentenced to between one month and four years in England and Wales in 2005 and 2006, producing a number of reports on the needs and characteristics of (for example):
- Young adults in custody
- Older prisoners

- Childhood and family backgrounds of prisoners
- Accommodation and homelessness of prisoners
- Disabled prisoners


ABUSE, HARM AND NEGLECT

You will need to consider issues around abuse, harm and neglect and information is available to help you do this as part of your assessment.

The link below provides information on data to be collected by local authorities in 2016/17. This includes the range and level of abuse, neglect and other forms of harm amongst adults and children within each local authority and local health board area. When analysed alongside similar core data sets relating to health and education this data will provide important evidence sources to inform a consistent and co-ordinated approach to target preventative services that address the underlying behaviours and environments that impact upon well-being. Neglect is a prominent feature of across all age ranges therefore, addressing the causes and influences of neglect will feature prominently in contributing towards action to prevent people from suffering from abuse or neglect and promoting the over-arching duties for adults and children under the Act.


- Child Protection Systemic Reviews
  http://www.core-info.cardiff.ac.uk/methodology/school-aged-neglect