Care and support in Wales: national population assessment report

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Contents

What is in this report

This report is split into four sections

Section One describes the aims of this report and some background to the purpose and nature of the population assessments. It highlights how the assessments link to the policy direction set out by the *Social Services and Well-being (Wales) Act 2014*.

Section Two looks at the common factors identified from each of the regional population assessment reports. These are the factors that impact on a person's need for care and support and could be relevant to any person, however mild or severe their needs, and at any stage of life.

Section Three provides a summary of findings from the regional population assessments against each of the core themes, plus the secure estate. These are presented in alphabetical order.

Section Four gives a short summary of cross cutting themes and additional themes identified by the regional population assessments.

Estimated 119%

Increase of people aged **over 85** by **2035**
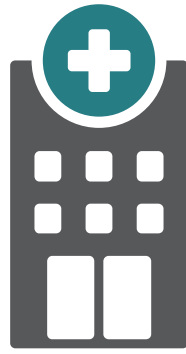
Estimated 1 in 4 people in a **general hospital ward have dementia**

Nearly half of **adults in Wales** experienced **Adverse Childhood Experiences (ACEs)**

£ **550**

Disabled people pay on average £550 per month on extra costs related to their disability
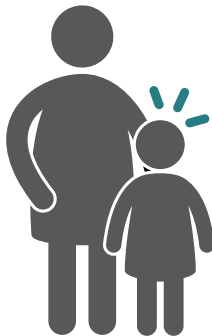
1 in 10 children have a **diagnosed mental health disorder**, the most common being a **conduct disorder**

People living in Wales (26%) are **more likely** to have a **limiting long-standing illness** or **disability** than other regions of Great Britain

75% of **carers in Wales** are **concerned** about the **impact of caring on their health** over the next year.

1 in 4 adults experience **mental health problems** or **illness** at some point **during their lifetime**

1 in 3 people over 80 will have **sight** or **hearing loss**
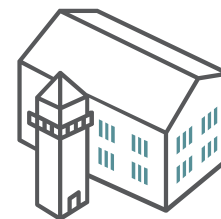
9 in 10 prisoners have a **diagnosable mental health** and/or **substance misuse problem**

Section one

Section one

Introduction

In April 2017, regions[1] across Wales published an assessment of the care and support needs of their area. Population assessments, as they are known, are a requirement of the Social Services and Well-being (Wales) Act 2014. The assessments are a joint exercise, undertaken by local health boards and local authorities in partnership with the third and independent sectors across each region. They are overseen by the Regional Partnership Boards whose purpose is to drive the strategic regional delivery of social services in close collaboration with health.[2] The purpose of the assessments is to:

- identify care and support needs, and the needs of carers, in the area
- look at the services and assets available to meet those needs
- identify actions in response to the assessment and any unmet needs

You can find each of the regional reports here:

Gwent
www.blaenau-gwent.gov.uk/en/resident/health-wellbeing-social-care/social-services-well-being-act/

Cardiff and Vale
www.cvihsc.co.uk/about/what-we-do/population-needs-assessment/

Western Bay
www.westernbaypopulationassessment.org/en/home/

Powys
http://pstatic.powys.gov.uk/fileadmin/Docs/Adults/Integration/Powys_Population_Assessment_Summary_-_Final_V1.pdf

West Wales
www.wwcp.org.uk/wp-content/uploads/2017/03/West-Wales-Population-Assessment-March-2017.pdf

North Wales
www.northwalescollaborative.wales/north-wales-population-assessment/

Cwm Taf
www.ourcwmtaf.wales/cwm-taf-population-assessment

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1   In this context, regions are based on the local health board footprint as specified in part 9 of the Social Services and Well-being (Wales) Act 2014
2   For more information, see socialcare.wales/hub/sswbact-regional-partnership-boards

What this report is and what it isn't

This report provides an overarching summary of the key findings from each of the seven regional population assessment reports. In order to present a massive amount of information in a digestible way, a bullet point style is used. The themes in this report are based solely on information from the published population assessment reports of each region. It does not make a judgement on the quality of the population assessments, nor does it make recommendations on what regions may want to do to improve their assessments.

It would not be appropriate for the report to attempt to capture every issue in every regional population assessment report. **It is important to note, therefore, that this report will not reflect all care and support needs across Wales and readers will need to access the original reports to follow up their interest in particular issues.** Each region will have its own priorities, particular to its own areas, which may not be discussed in detail in this report. Additionally, the assessment reports will not have reflected all issues where:

- there is work ongoing or being addressed through existing strategies and frameworks, and/or

- there are gaps in data or knowledge that are to be addressed by the region in the future.

As this report is targeted primarily at professionals and policy makers it assumes a degree of knowledge on the part of its audience. Similarly, not all statistics or statements are referenced but readers can be assured that the original reports would have confirmed their authenticity. Where additional statistics have been identified to illustrate the national picture, these have been referenced. Additionally, we will be producing an easy to read summary and briefings about the main findings of this report.

The population assessments are a thorough and comprehensive starting point that help us build a picture of the care and support needs in Wales. Readers should be mindful that this is the first time these important assessments have taken place at a joint and regional level. Regions will continue to build on this evidence as part of their planning, and again when they review their original assessment findings.[3]

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3   Regions are required to review their population assessment at least once, within five years of the original assessment taking place.

What is in the regional population assessment reports?

Although each region took slightly different approaches, each population assessment report was compiled using:

- available local and national statistical data
- engagement with people in that region, including those with a care and support need
- local and national research reports
- engagement with staff and service providers, including the third and independent sector

Each report covers eight core themes:

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

The **secure estate** is an additional core theme for a number of regions. Whilst all local authorities have a duty to meet the care and support needs of those in the secure estate, regions with prisons and youth detention accommodation needed to look in detail as to how they meet care and support needs.

There are also a number of cross cutting and additional themes that emerge from the assessments. the code of practice on part two of the Social Services and Well-being Act.[4]

Requirements for population assessments are set out in the Code of Practice on part 2 of the Social Services and Well-being Act: http://gov.wales/docs/dhss/publications/151218part2en.pdf

The former Social Services Improvement Agency also produced a toolkit to support regions in producing the population assessments.[5]

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4   http://gov.wales/docs/dhss/publications/151218part2en.pdf
5   https://socialcare.wales/cms_assets/file-uploads/16a-population-assessment-toolkit-march-2016.pdf

Next steps for the regions

Following the publication of the population assessment reports, each region must produce an Area Plan which sets out its regional and integrated priorities for the next five years. The plans will set out what regions will do to respond to the care and support needs identified in the population assessments. These plans will be published in April 2018.

Requirements for area plans are set out in statutory guidance available on: http://gov.wales/docs/dhss/publications/170404sguideen.pdf

Social Care Wales has also produced a toolkit to support the development of these plans and help ensure a consistent approach.[6]

National strategy, policy and frameworks

Throughout the assessments there are numerous references to national strategy, policy and frameworks. There are also a number of relevant national strategies and frameworks that have been identified by Social Care Wales. These have been included in appendix two, for your information and to help policy makers and planners link the information gathered from the assessments to the national agenda.

The Welsh Government recently published Prosperity for All[7] a national strategy to deliver its key priorities for the rest of this Assembly term, and set the right foundations to tackle the big challenges faced by the nation.

Building on the headline commitments in the Programme for Government, the strategy is designed to drive integration and collaboration across the Welsh public sector, and put people at the heart of improved service delivery. The strategy sets out a vision and actions covering each of the key themes in the Programme for Government – Prosperous and Secure, Healthy and Active, Ambitious and Learning, and United and Connected.

It also identifies five priority areas – early years, housing, social care, mental health and skills, which have the potential to make the greatest contribution to long-term prosperity and well-being. These are areas where it has been shown that earlier intervention and more seamless services can make a real difference to people's lives. The findings of the population assessments should be considered against the priority areas identified by this strategy.

6   https://socialcare.wales/hub/hub-resource-sub-cat egories/planning-and-promoting
7   http://gov.wales/docs/strategies/170919-prosperity-for-all-en.pdf

Links to Well-being of Future Generations

The Well-being of Future Generations (Wales) Act 2015 specifies that population assessments undertaken as a result of the Social Services and Well-being (Wales) Act 2014, must be taken into account by the Public Services Board as part of the process of undertaking their local well-being assessment.[8]

At the same time regions were undertaking the population assessments, local areas were undertaking well-being assessments. These assess the state of well-being locally, set objectives and produce a plan designed to improve economic, social, environmental and cultural well-being in a local area. Most regions conducted their well-being and population assessment work jointly and all regions are aware of the links between the two.

As with the Social Services and Well-being (Wales) Act, the Well-being of Future Generations (Wales) Act provides an opportunity to challenge 'business as usual' and seeks to take a more holistic approach to public service delivery. In the legislation, this is defined as 'public bodies and Public Services Boards maximising their contribution to seven national well-being goals for Wales'.[9]

Public Services Boards are currently setting well-being objectives and steps for their area, alongside the development of Area Plans. Organisations represented at Public Services Boards are similar to those on Regional Partnership Boards and, therefore, there is an opportunity for both Boards to take steps to meet well-being objectives together and continue to develop and align assessments, where possible.

Common themes

Many of the themes, particularly the common factors discussed in **section 2**, link strongly with the findings of the well-being assessments. For example, loneliness and isolation is identified, as is addressing poverty.

In relation to the core themes in **section 3** of this report, there were some specific cross overs, for example supporting older people's independence, dementia, emotional well-being and mental health of children, childhood obesity and Adverse Childhood Experiences.

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8   https://socialcare.wales/cms_assets/file-uploads/Population_Assessment_FAQs.docx
9   https://futuregenerations.wales/wp-content/uploads/2017/01/150623-guide-to-the-fg-act-en.pdf

Common principles

Much of the common ground is centred on early intervention and prevention opportunities for people with a care and support need.[10] The well-being assessments also focus on opportunities for integration and collaboration. We should remember that there is a duty within the Well-being of Future Generations Act for public bodies and Public Services Boards to take into account the sustainable development principle, which is made up of five ways of working including integration. These are:

- Long term
- Prevention
- Integration
- Collaboration
- Involvement

Although there was no similar duty for the population assessments, regions clearly followed a similar approach when identifying what support is available and where there are opportunities to develop and improve care and support to better meet people's needs.

Integration

A key principle of the Social Services and Well-being Act is that partnership and co-operation drives service delivery. That is why the Welsh Government has required health boards and local authorities to jointly assess the care and support needs of their populations.

Cooperation, partnership and integration - *improving the efficiency and effectiveness of service delivery, providing coordinated, person centred care and support and enhancing outcomes and wellbeing.*[11]

Evidence from the population assessments helps us understand where there are opportunities for the integration of services. It is important we get this right because right at the heart of this is better, more seamless care for the individual. The more complex a person's needs are, the greater the need for integrated services that achieve continuity for the most vulnerable individuals. For example,

"patients with dementia need familiarity, but have told us they are often 'bounced' from service to service, which is unsettling for them… Tackling this is a system problem which requires effective working between health, social care and other partners so that service users receive the right care."[12]

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10 https://futuregenerations.wales/wp-content/uploads/2017/07/FGCW_Well-being_in_Wales-Planning_today_for_a_better_tomorrow_2017_edit_27082017.pdf
11 p21 West Wales Population Assessment
12 p21 Cwm Taf Introduction

What does integration look like in the regions?

Throughout the assessments, there were numerous examples of integrated ways of working, some at a regional level, some at a local level. The activity and recommendations for integration can be broadly categorised into the headings below. We have used examples from the assessments to help people visualise what integration looks like in practice.

Social Services and Well-being Act priority areas

Older people with complex needs and long-term conditions, including dementia

- common vision statement for older people
- integrated planning boards
- integrated services, such as reablement

People with learning disabilities

- regional strategy for adults with learning disabilities

Carers, including young carers

- model for identifying and supporting young carers

Integrated Family Support Services

- continued development and regional alignment

Children with complex needs due to disability or illness

- integrated service for children with additional needs

Pooled budgets and commissioning

- joint commissioning statements for children and families, substance misuse, older people, mental health and carers
- pooled budgets for care home provision and integrated family support services
- integrated health and social care collaborative commissioning programme (Good Practice Wales)
- aligned commissioning process across a region (mental health)
- Integrated Care Fund projects, ssuch as hospital to community discharge teams[13]

Strategy and vision

- common vision statement for older people
- strategic statement of intent for children, young people & adults with learning disabilities and their families
- integrated plan for care leavers with complex needs
- integrated planning boards for Carers, Dementia, Learning Disability & Mental Health services

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13 p140 West Wales Population Assessment

- integrated service mapping with Public Service Boards

Model and services

- Integrated Family Support Service (IFSS)
- integrated autism service
- Multi Agency Safeguarding Hub (MASH)
- integrated service for children with additional needs
- regional frailty service
- adults with learning disabilities
- integrated community equipment service
- integrated drug and alcohol service
- single points of access and care co-ordinators
- locality and GP cluster models

Plans and pathways

- integrated care pathways, e.g. older people
- integrated care plans, e.g. people with a learning disability
- integrated assessment, e.g. children with complex needs

Recommended areas for development from the regions

There were a few areas mentioned by individual regions that could potentially be developed to support integrated ways of working, including:

- integrated outcomes-based commissioning for domiciliary care
- possible regional solutions for veterans' support
- joint commissioning for future secure estate provision
- joint funding opportunities between ICF and supporting people, e.g. for adults with a learning disability
- joint commissioning accommodation options in the community
- intergenerational communities

Prevention

Prevention means stopping problems before they start, or stopping problems from getting worse[14].

A core principle of the Social Services and Well-being (Wales) Act is that *services will promote the prevention of escalating need and the right help is available at the right time.* All regions are committed to working in more preventative ways. Each of the regional assessments looks at the current picture and also at what else needs to happen. It is acknowledged that more needs to be done and that gaps still exist.

Prevention is not described as being the responsibility of one organisation or service. There is a lot of joint working, within and across organisations and services. Some regions include models that show the continuum of support for an individual and the universal nature of prevention: it's for everyone. In that respect, prevention and integration are often closely aligned.

There is also a recognition of the important role of the third sector and for social enterprises, co-operatives and user led services in delivering preventative services.

The activity that is described as preventative can be broadly categorised into the headings below. Each lists some examples, including activity that is still developing, to illustrate what prevention looks like in practice.

Developing a common understanding

- prevention strategies and models
- common language around prevention
- aligning programmes and activity for a shared understanding of prevention

Information, advice and assistance

- community hubs and information points
- single points of access
- helplines
- online resources, such as DEWIS[15]
- accessing advice through a trusted source, such as a GP or pharmacist or through schools for young people
- Family Information Service
- advice on finance, employment and housing
- preparing people for old age
- community connectors

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14 p10 Cwm Taf introduction http://www.ourcwmtaf.wales/cwm-taf-population-assessment
15 https://www.dewis.wales/

Promoting healthy behaviours

- public health campaigns
- healthy behaviours and healthy relationships in schools
- opportunities for physical activity
- vaccination programmes

Earlier diagnosis of health conditions

- improving communication, including for Welsh speakers, people with a learning disability and those with a sensory impairment
- earlier diagnosis and management of conditions, including dementia, autism and sensory impairment
- public health screening programmes

Preventing problems from getting worse

- family support services, including parenting interventions
- crisis management
- frailty programmes
- falls prevention
- anticipatory care plans
- preventing homelessness
- hospital liaison and discharge

Supporting people to maintain their health and well-being

- reablement and enablement
- recovery in mental health
- psychoeducational support in the community
- promoting assets of the community, such as leisure facilities
- self-care groups and classes in the community
- chronic/long term conditions management, including clinics and liaison healthcare professionals
- intermediate care facilities
- assistive technologies
- peer support, including community groups
- home maintenance services
- social prescribing

Supportive communities and environments

- suitable built environments, transport and housing
- housing and accommodation options, including Extra Care
- investing in resilient communities
- befriending
- dementia and age friendly communities

Financial pressures

"Everybody in social care is rationing their services wherever they can. They're trying to put people off or signpost them somewhere else because they haven't got the money to actually provide the service." (Older person)[16]

We need to remember that each of the population assessments has been undertaken during a period of extended austerity. The assessments aren't expected to provide a detailed breakdown of the financial resources available to the region to meet care and support needs. However, the majority of regions mention that they are currently operating in a time of financial pressures and budget cuts. At the same time, we are seeing increasing demand in some areas, for example increasing numbers of people over 85.

Some assessments also mention the impact of austerity on people receiving care and support, with fears of cuts to services and how it will impact on them. Some regions also note there is evidence that this type of climate can impact on levels of anxiety and depression and offending rates. The impact of poverty and deprivation on individuals is discussed in more detail in the next section.

Throughout the assessments, numerous references are made to the Integrated Care Fund (ICF). This report draws on many examples of preventative and integrated solutions that have been funded through ICF. Most assessments make reference to the help available through Supporting People budgets and projects and initiatives funded through Tackling Poverty programmes, including Flying Start and Communities First.

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16   p50 Cardiff and Vale Population Assessment

Section two

Common factors

Welsh language

Advocacy

Section two

Common factors that impact on care and support

In accordance with the Code of Practice,[17] each of the assessments looked at what are known as the core themes, listed in **section 1** of this report. These findings are discussed in the core theme chapters in **section 3**.

However, there are a number of common factors that impact on two or more core themes and have an effect on the level of care and support people in Wales may need. In this chapter, we have categorised these as 'common factors' and explain why they are important.

Addressing Loneliness and Isolation

- 17% of adults report feeling lonely

Each region identifies loneliness and isolation as having a detrimental impact on people's lives. Feeling lonely or isolated is not something that just affects older people. However, this theme is discussed in detail in the older people's section of the report, as most information on this topic relates to them.

"I just miss my husband so much, and not being able to go out. I get lonely, very lonely… I just wish more people would pop in and say hello, but they have got their lives. I wish I had my car." *(Person with dementia)*[18]

The assessments highlight a number of vulnerable groups who felt socially isolated as a result of their situation. This included:

- carers
- care leavers
- people with mental health problems
- people with a physical disability or illness
- people with a sensory impairment
- particular BAME groups
- men (particularly following the loss of a partner) and
- military veterans

Two common messages ran alongside this issue in most assessments:

- the need for opportunities to connect and socialise in communities, and;
- the means to connect with communities through improving transport.

We will discuss what is happening to address loneliness and isolation in more detail in the **older people's section.**

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17 http://gov.wales/docs/dhss/publications/151218part2en.pdf
18 P78 Cardiff and Vale Population Assessment

Reducing poverty and deprivation

Living in poverty and in deprived areas has an adverse effect on health and increases the likelihood that someone will have a care and support need.

- homelessness has increased anywhere between 16-25% in the last few years

- 29% of children in Wales are living in poverty

- a quarter of households in Wales are in fuel poverty

- many of the assessments also speak of the impact of austerity and welfare reform on those with a care and support need

Those living in deprived areas are more likely to

- develop chronic and long-term health conditions

- experience Adverse Childhood Experiences

- die earlier and have a lower healthy life expectancy

- experience mental ill health

- commit suicide

Given the relationship between debt and mental ill health, the recession has added to the problems that people in poverty face, and has resulted in increased levels of anxiety and depression.[19]

Many people with a disability or families of those with disabilities are more likely to experience financial hardship due to a higher cost of living, with many having to meet the costs of care, adaptations and equipment.

Some of the solutions identified by the assessments include:

- regeneration of deprived communities

- existing Tackling Poverty programmes, such as Communities First[20] and Flying Start

- align prevention and anti-poverty programmes to prevent care and support needs developing or escalating (including common assessment processes)

- parenting programmes that prevent poor or harmful parenting

- increase partnership working to find ways to address the challenges of austerity

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19 p26 Cwm Taf Mental Health briefing document http://www.ourcwmtaf.wales/cwm-taf-population-assessment
20 Please note, many assessments were finalised before the announcement that Communities First was to be phased out.

Being Independent

We must shift our emphasis from reactive long term (often institutional) services to an approach which promotes choice, dignity and independence, focusing on the strengths of individuals and their social and community networks.[21]

Supporting and maintaining independence was a key commitment from all regions. One region described this as the need to move away from 'traditional care models', a sentiment echoed across Wales. Being independent means we are less likely to experience loneliness and isolation, have better overall mental health and well-being and are less reliant on specialist care.

Regions are looking to support independence in a number of ways. These can be categorised as:

Early intervention and prevention

This includes early access to information, advice and assistance. Knowing how to manage at an earlier stage can help people can help prevent minor problems from escalating and leading to loss of independence. This may not just be health related, it could be a loss of financial independence as a person's situation changes and not knowing how to manage debt or access benefits.

Examples of prevention are given in much more detail in **section 1** of this report.

Reablement and enablement (including rehabilitation and recovery)

Including telecare and assistive technologies, reablement services and occupational therapists and recovery models in mental health. A diagnosis, a crisis or a fall can lead to a loss of confidence and independence. There are a number of services available that help maintain independence at home and in the community described throughout this report.

Anticipatory Care

We know we will age and, particularly with frail old age, be more susceptible to ill health and falls. Anticipatory care and planning, including adaptations and multidisciplinary team approaches, can help maintain confidence and independence in the home.

Suitable accommodation and environment

Many people need help to maintain their homes, as they age or due to disability or illness. Some may require simple adaptations to be able to live safely at home. The impact of unsuitable built environments, for people with a physical disability or sensory impairment, can limit our ability to get out into the community and remain independent. Many regions are looking at dementia friendly communities to help support those with dementia to live independently for longer.

Accommodation options, such as extra care, intergenerational housing schemes and supported housing are all designed to support independent living in the community. These options and choices help support independent living for people with a learning disability.

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21   p4 Cwm Taf Older People briefing document http://www.ourcwmtaf.wales/cwm-taf-population-assessment

Getting around easily

Suitable, accessible transport is also key to independence. Regions spoke of the impact of limited or unreliable public transport, inaccessible transport for people with a physical and a learning disability, costs of travel (including for carers),

"If I had reduced mobility I would want more community transport - perhaps volunteer drivers to take me to social activities and exercise classes - taxis are so expensive" (Public survey).[22]

Adopting flexible, outcomes focussed approaches to care

Each of the assessments spoke, as would be expected, about the importance of flexible and outcome focussed care, including domiciliary care provision. Regions are all working within the principles of the Social Services and Well-being (Wales) Act and all speak of how what they do is about achieving better outcomes for people.

In all instances, it is vital that people are supported in achieving their desired personal outcomes in a proportionate and dignified way.[23]

Below are some examples of what regions are doing to deliver care and support in a more flexible, outcomes focussed way:

- shared understanding across services
- good communication between services and individuals
- involving people in their own care *and* in the development of services
- outcomes focussed commissioning
- place based and locality models
- outcome focussed practice, such as good conversations and recording of outcomes
- person centred models and practice, such as recovery models
- flexible responses to need through community based solutions
- integrated and collaborative ways of working

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22 p51 Cardiff and Vale Population Assessment
23 p92 West Wales Population Assessment

Building resilience, in individuals and communities

Building confidence and resilience in individuals and communities improves well-being.[24]

All the assessments mention resilience and promoting strengths. This can be at an individual and at a community level. Resilience is one of the well-being goals for Wales, with far broader connotations.[25] The population assessments look at this specifically in the context of care and support. In short, resilience in this sense has been described as:

- managing our own lives and our own conditions
- recognising people as an asset and building on strengths

Leading to:

- helping relieve pressure on services and prevent crisis and breakdown
- addressing social isolation
- improving mental health and well-being

What is happening in Wales?

To support individuals, regions are:

- supporting people to stay well in their communities for longer e.g. independence plan[26] and community resilience models[27]
- adopting strength based ways of working to build resilience (i.e. crisis management in mental health, working at early stages with families at risk)
- promoting healthy behaviours and relationships including helping children become resilience adults
- repairing damage done through adverse experiences and building emotional resilience to help us manage adversity, e.g. community psycho-education

To support communities and networks, regions are:

- developing community capacity and resilience, e.g. investing in 'low level' services
- building community networks and allowing opportunities for social interaction, including befriending and bringing different people together to learn from each other
- helping people to remain connected to friends, family and communities, including transport
- building understanding and capacity within families and close networks, and the wider community, to respond to care and support needs, e.g. dementia friendly communities, *Ask Me* women's aid scheme, *Investing in Carers* scheme

24 p20 Cwm Taf introduction
25 See definitions for 'A resilient Wales' on https://futuregenerations.wales/about-us/future-generations-act/
26 P36 Gwent Population Assessment
27 p139 West Wales Population Assessment

Welsh Language

In order to improve the lives of Welsh speakers with a care and support need, regions are all committed to implementing *More than Just Words* in their areas. Improving understanding of the needs of Welsh speakers and their experiences is also a focus for Public Service Boards, through the well-being assessments. One of the seven well-being goals for Wales is *'A Wales of vibrant culture and Welsh language',* committing Wales to look at how it will promote and protect the language through the well-being assessments.[28] There will be opportunities for shared learning between the population and well-being assessments for Welsh speakers who need care and support or who are accessing health and social care services.

However, there are some recognised issues identified through the population assessments. Some areas highlight the importance of people with dementia being able to communicate in Welsh. Other regions identify a need to improve communication for people with a learning disability and for people with sensory loss. Two regions also highlight ongoing work to ensure prisoners are able to communicate in the language of their choice.

Being able to access Welsh language services is a desire for some people whilst for others it is a necessity and can play a key role in securing positive well-being outcomes.[29]

Some regions identify gaps in knowledge on the profile of their Welsh speaking workforce and a possible future need to increase Welsh language provision in line with the active offer.

As part of their Area Plans, regions will need to set out what steps they will take to deliver care and support through the medium of Welsh[30]. These plans will be available from April 2018.

Advocacy

In meeting their duties to provide advocacy, regions all described their current provision. This ranges from self-advocacy and peer advocacy t right through to independent professional advocacy. Some assessments specifically mention regional arrangements that are being put in place to provide advocacy services.

Regions also discussed more specific advocacy provision for:

- children and young people, including children looked after

- older people, including the Golden Thread programme

- mental health advocacy services, through Independent Mental Capacity Advocates (IMCA) and Independent Mental Health Advocates (IMHA)

- Independent Domestic Violence Advocates (IDVAs)

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28 This wellbeing goal is defined as 'A society that promotes and protects culture, heritage and the Welsh language, and which encourages people to participate in the arts, sports and recreation'. See https://futuregenerations.wales/about-us/future-generations-act/

29 p38 West Wales Population Assessment

30 http://gov.wales/docs/dhss/publications/170404sguideen.pdf

Section three: Core themes

Carers who need support

Children and young people

Health and physical disability

Learning disability and autism

Mental health

Older people

Sensory impairment

Violence against women, domestic abuse and sexual violence

Additional theme: Secure estate

Section 3: Core themes

Although there is a lot of good advocacy support available, some regions identified some specific areas for development, including:

- increase advocacy provision for specific groups

- improve awareness and signposting

- develop more informal advocacy and peer advocacy in the community

- explore joint working and commissioning opportunities

Many reports also quoted the Commissioners offices. Although not an advocacy service, they are recognised as advocating on behalf of and acting as a voice for people. Assessments drew on reports produced by the Welsh Language Commissioner, Older People's Commissioner and Children's Commissioner for Wales. One region also put forward a suggestion put forward by a focus group for a Commissioner for Disabled People.

Carers who need support

This section looks at the care and support needs of adult and young carers. Not everyone recognises themselves as a carer or will be known to services. People often consider themselves to be a mum, a dad, a neighbour or friend, a daughter or husband and will not see the term carer as applying to them.

Carers come from all walks of life; they can be any age, any gender, and from any culture.[31]

- there are more than 370,000 unpaid carers in Wales

- three in five of us will be carers and many of us will also need care in our lifetime

- 75% of carers in Wales are concerned about the impact of caring on their health over the next year.

With the increase in the older population, we are likely to see more older people in a caring role, with the number of carers over 85 predicted to double in the next 20 years. It is acknowledged in a number of regions that planning for carers services needs to consider the potential future needs of older carers and find ways of supporting older carers to plan ahead.

Although carers are discussed separately here, each of the population assessments refers to people who need care and support **and their carers.** Please remember when reading about the other core themes that the issues and solutions presented may also be relevant to families and carers.

Breaks from the caring role

What is the issue?

Regions recognise it is vital that all carers, young and old, need to have a break from their caring role. Suitable and flexible respite opportunities helped support people to remain in their caring role.

What are we doing to address this?

Options for respite and short breaks include:

- respite in the home

- short breaks

- leisure and social opportunities

- formal respite through replacement care or residential and nursing placements

- support in the community through groups or cafes for the carer and the individuals they are caring for.

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31 p3 Western Bay Carers Chapter

What else do we need to do?

All regions continue to recognise the importance of and are committed to improving access to suitable breaks and respite that meet the varied, often complex needs of the people they care for. Many regions are mapping or exploring more flexible options that meet specialist needs, such as autism or dementia.

Being recognised and supported

What is the issue?

"As a carer attempting to get understanding, advice, support and emergency care from the 'community' – such as GP, public transport, social services, dentist pharmacies and hospitals – can be very challenging, exhausting and beyond stressful".[32]

Many carers would like some more support to continue in their caring role, including information about services and conditions. They also appreciate advice and support on being a carer. Although this is an issue for all carers, a number of regions highlighted a particular need to support those caring for someone with dementia.

"It would be nice to have a little booklet that told you of other people's experience. A lot of people say I wish I knew now, what I knew at the end." (Carer, dementia needs assessment)[33]

What are we doing to address this?

There are many carers services and a lot of third sector support, although some regions are concerned over the sustainability of support that receives short term grant funding. Support for carers mentioned in the assessments is summarised below.

- some areas have carers' centres, some offer specialist support (such as mental health carer support), outreach and support in GP surgeries and pharmacies
- one area operates the Investors in Carers scheme, some have carers champions
- in the community, there are also good social networks and peer support groups
- practical support includes carers handymen, emergency cards, counselling and training for carers such as manual handing and first aid.

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32 p64 West Wales Population Assessment
33 p86 Cardiff and Vale Population Assessment

What else needs to be done?

Regions are looking to continue and build on their support through existing carers strategies and partnership boards. In terms of developing support, suggestions include:

- more practical advice and support on managing housing, finances and staying in employment
- better use assets, such as community buildings and green spaces/natural environment
- develop community capacity and resilience, including more peer support groups
- training courses and e-learning for carers
- supporting earlier identification of carers
- improving access to information
- carer friendly communities
- more emotional support and counselling

Being involved and understood

Carers of all ages need us to understand and value their caring role, recognising that they are key partners in the care they provide, involving them in decisions that affect them and the person they care for.[34]

What is the issue?

Carers value feeing listened to and respected by services. They would also like to be involved in, and consulted on, the care provided to their loved ones by statutory services. Carers, including young carers, also state they would like there to be more public awareness around their role.

Carers also speak of difficulties they face when having to explain the situation for their loved one time and time again to different professionals.

What are we doing to address this?

Some of the current solutions include:

- promoting carers rights
- carer awareness through e-learning
- carer involvement and participation in planning

What else needs to be done?

- more awareness training health and social care professionals on carers issues
- continue and improve involvement in service development
- improve discharge processes to include carers
- improve information sharing between services

Young Carers

Young carers on average achieve lower grades at GCSE and miss or cut short on average 48 days of school each year. Young adult carers are four times more likely to drop out of higher education.

In a survey by Carers Trust, 39% said that nobody in their school was aware of their caring role, 26% have been bullied at school because of their caring role and one in 20 miss school because of their caring role.[35]

What is the issue?

Many young carers wanted people to understand more about their situation and to be able to have some time for them. Having someone to talk to was also important.

"(The outreach worker) will always ask me what I want to talk about and take the time to listen. She always smiles and is very approachable and helps me to think of options to overcome certain situations" (Feedback from Young Carers on Outreach Workers coaching support).[36]

What are we doing to address this?

There are many dedicated services for young carers linked to schools with additional one to one support and access to emotional support. There are examples of using social media to support young carers and involving young carers in service development. Respite and access to leisure opportunities are also available. A Team Around the Carer approach is also being utilised in one area.

What else needs to be done?

Regions have put forward a number of suggestions, including:

- increase awareness of what young carers do
- improve access to respite
- continue peer support
- increase one to one support
- improve information sharing to help identify young carers earlier.

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35 https://carers.org/about-us/about-young-carers
36 p59 Powys Population Assessment

Children and Young People

This section looks at the care and support needs of children and young people, particularly vulnerable children and young people. However, there are some universal health and well-being needs identified through the assessments that need to be addressed for children and young people from developing into healthy, happy adults who are less at risk of developing care and support needs.

What do we know about children and young people in Wales?

One of the key concerns is supporting children and young people to live healthy and happy lives.

- one in five young people in Wales report low life satisfaction
- 50% of lifetime mental illness starts by the age of 14
- over a quarter of children in Wales are overweight or obese

Adverse Childhood Experiences

- nearly half of adults in Wales experienced an Adverse Childhood Experience (ACE)
- children and young people living in areas of deprivation are at greater risk of experiencing multiple ACEs.
- up to a quarter of children placed for adoption will have an Adverse Childhood Experience.

Children who are looked after

- in the last five years, there has been a 48% increase in police recorded cases of cruelty and neglect
- we have seen the same increase in the recorded number of child sexual offences.
- work is ongoing to reduce numbers of children looked after but there has still been a 5% increase in Wales over the last five years.

Young **carers** and young people's **mental health** are discussed separately.

Adverse Childhood Experiences (ACEs)

All regions have discussed the significant impact of ACEs in their assessments, for children experiencing them to the long-term impact on adults who have experienced them.

- 41% of adults in Wales who suffered four or more adverse experiences in childhood are now living with low mental well-being

- this compares to 14% of those individuals who experienced no ACEs during their childhood

- adults who experienced four or more ACEs in childhood are four times more likely to develop Type 2 diabetes, three times more likely to develop heart disease and three times more likely to develop respiratory disease, compared to individuals who report no ACEs

- adults experiencing four or more ACEs are 20 times more likely to go to prison.[37]

What are we doing to address this?

Many regions are looking to address the impact of ACEs through action plans and preventing ACEs through tackling the causes. This is being done through Integrated Family Support Services, including through parenting support.

What else needs to be done?

While some recognise it can be difficult to prevent these experiences, more can be done to try and change how families behave. Some regions identify that we need to support those at higher risk of experiencing ACEs. The focus for this work is around:

- alignment with other services

- integrated approaches to tackling the causes of and addressing the impact of ACEs to prevent repeat cycles of behaviour in families.

Abuse, harm and neglect

Typically, children who have had a poor start in life especially if they have also endured abandonment, neglect and/or abuse struggle with attachment and tend to have behavioural problems making them particularly difficult to parent. [38]

- the number of children on child protection registers in Wales increased 4% between 2015 and 2016

- the biggest reason was neglect (48%).[39]

What is the issue?

Although much of the focus of the assessments is on Adverse Childhood Experiences, a number mention abuse, harm and neglect and the effects of trauma. The impact of abuse, harm and neglect

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37 http://www.wales.nhs.uk/sitesplus/888/page/88504
38 p68 North Wales Population Assessment
39 http://gov.wales/docs/statistics/2016/161129-local-authority-child-protection-registers-2016-en.pdf

can lead to behaviour problems and what is termed "attachment disorders". A number of regions identify the need for specialist support for trauma and attachment issuesfor children who are looked after by local authorities.

What are we doing to address this?

Solutions being taken forward in the region include:

- trauma recovery model in a secure children's home[40]
- support through CAMHS
- specialist psychological services and training in attachment disorders for staff [41]
- support for foster carers and adoptive parents
- research on suitable accommodation options for care leavers who have experienced trauma.

What else needs to be done?

Some regions identify the need to improve understanding of the numbers of children experiencing attachment disorder and improve staff awareness, through training.

Some areas also need increased access to specialist counselling for children looked after and to increase support for foster carers and post adoption in order to prevent placement breakdown.

Child Sexual Exploitation

There has been a 26% increase in the number of recorded sexual offences involving children under 16 in Wales in the past year[42]. Not all assessments discuss this issue in detail. In some cases, this is due to the fact work is already taking place to address this issue.

What are we doing to address this?

- Most describe their work around the National Action Plan to Tackle Child Sexual Exploitation and the role of the Regional Safeguarding Boards.
- Many are using Sexual Exploitation Risk Assessment Framework and one area is undertaking risk assessments for all under 18s accessing sexual health services.
- There are also examples of projects to raise awareness on signs of sexual exploitation, through schools and information sharing protocols.

What else needs to be done?

We need more data and information on the nature and extent of child sexual exploitation in Wales.

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40 p15 Western Bay Secure Estate Chapter
41   p13 Powys Population Assessment Report
42 p174 West Wales Population Assessment

Children who are looked after

What is the issue?

The numbers of children looked after has increased by 5% in the last five years but has remained stable over the last three years.[43]

Although all the issues identified in this chapter are likely to impact on children who are looked after by local authorities, regions identified some specific points to consider. All regions describe significant ongoing work for children who are looked after. Regions specifically note that children who are looked after are more likely to experience emotional and mental health issues and have lower educational attainment (see paragraph on **educational attainment**).[44]

Some regions are still experiencing problems in recruiting and supporting foster parents. This includes effective support for fostering children with complex needs and the need to recruit more foster carers overall.

Areas of focus identified in regions include

- continuing to reduce placement breakdown
- addressing delays in accessing psychological support
- out of county placements
- increase in kinship carers and changing demands
- increasing complex needs of children who are looked after
- reducing numbers of children who are looked after.

What are we doing to address this?

Ongoing activity to support children and young people included:

- supporting the mental health needs of children who are looked after
c - corporate parenting strategies
- *When I am Ready* for care leavers[45]
- single assessment form for kinship carers
- educational psychology service
- regional adoption service
- targeted recruitment for foster carers
- developing youth mentoring and peer support for young people in care.

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43 http://gov.wales/docs/statistics/2016/161018-adoptions-outcomes-placements-children-looked-after-local-authorities-2015-16-revised-en.pdf
44 http://gov.wales/docs/statistics/2017/170308-wales-children-need-census-2016-en.pdf
45 http://gov.wales/docs/dhss/publications/160307guidanceen.pdf

What else needs to be done

There were suggestions and recommendations in regions around:

- helping school nurses to support mental and emotional well-being of children who are looked after
- ensuring independent providers are kept involved and informed of developments for looked after children
- mental health and attachment disorder (discussed in **abuse harm and neglect** paragraph)
- improving placement stability and reducing out of county placements.

Supporting mental well-being

Support for children with mental illness is described in more detail in the **mental health** chapter. However, there are some identified issues for universal services that promote emotional and mental well-being.

What is the issue?

There is a consistent and significant relationship between reported low levels of mental well-being and family affluence; young people from less affluent backgrounds are more likely to report poorer well-being.

Bullying is reported by just over one in 10 children in Wales and is associated with higher levels of anxiety, depression, underachievement and substance misuse. Looked after children are more likely to experience emotional and mental health issues.

What are we doing to address this?

All regions provide low level emotional support to children and young people. Examples include emotional well-being services, counselling (including online counselling and schools counselling service) and well-being surveys in schools.

What else needs to be done?

We need to support those working in early years to recognise and respond to signs of social and environmental risk. We could also increase engagement and involvement with schools, including speakers to raise awareness on mental health.

Healthy relationships and healthy behaviours

Childhood obesity has been identified by almost all assessments as an area to remain focussed on.

- more than a quarter of children in Wales are overweight or obese, rising to over 28% in deprived areas.

Some regions are seeing increasing numbers affected by childhood obesity. Childhood obesity often leads to obesity in adulthood and the associated development of chronic health conditions, including diabetes and heart problems.

Regions also recognise the link between ACEs and domestic abuse and promoting healthy relationships.

What are we doing to address this?

Public Health Wales advice is being widely used, including opportunities for physical activity and healthy eating advice. Some regions note they will continue to develop their understanding of childhood obesity and how to prevent it, as well as the impact for future care are support needs in adulthood.

Many regions are delivering preventative well-being through schools. Regions are delivering the *Healthy Schools*[46] programme to promote healthy behaviours. Health related education mentioned in the assessments includes sexual health, physical health and healthy eating. Examples of activity include:

- healthy relationships, to help break cycles of domestic abuse
- emotional and social well-being programmes
- anti-violence and bullying programmes
- mental health awareness, including self-harm (as discussed above).

What else needs to be done?

Regions will continue to promote healthy behaviours, particularly promotion of healthy relationships to prevent cycles of abuse, harm and neglect.

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46 http://www.wales.nhs.uk/sitesplus/888/page/82249

Integrated Family Support Services (IFSS)

Each assessment discusses the support provided through IFSS, Team around the Family, Families First and Flying Start programmes. These services are widely reported positively and as an asset to the region. Working with families at an early stage can help build resilience and prevent problems developing into adulthood.

What do we need to consider?

Regions feel we need to further improve access to parenting classes. However, they need to be the right kind of intervention and their impact needs to be monitored. Some regions feel parenting classes should be part of an overall package of support; they are less effective as a standalone intervention. However, being sent to a parenting class can feel stigmatising. One region suggests parenting classes are offered as a universal service to break that stigma.

Educational attainment

Each region recognises the importance of educational attainment for children and young people and the potential impact on future care and support needs. Some assessments discuss the need to close the gap in educational attainment for children who are looked after, as mentioned earlier in this chapter. There is also a focus on the education needs of young carers and opportunities to further develop ways in which young carers of school age can be identified. Further information on **young carers** is discussed in the carers section.

There is also recognition that schools are trusted places, where vulnerable children can be identified and access early help and support.

Ways in which educational attainment gaps are being addressed include:

- education welfare services
- improving placement stability for children looked after
- targeted support for young carers.

Other issues to note

Some of the other issues raised by regions included:

- improve the ways in which we engage children and young people in service development and in their own care
- support for children and young people at risk of homelessness
- transition between children and adult services, including a transition management system
- integration is key to supporting children and young people with complex needs, with some exploring regional services for children with complex needs
- awareness of, and access to, advocacy services for children, including developing more user led informal advocacy.

Health and Physical Disability

This section looks at the care and support needs of people with a long-term illness or disability who may require care aand support. This ranges from a physical disability to long term conditions such as diabetes, or living with the impact of a stroke. It also looks at healthy lifestyles and identified opportunities for prevention.

- people living in Wales (26%) are more likely to have a limiting long-standing illness or disability than other regions of Great Britain

- those who live in deprived areas more likely to suffer long term illness and disability. 19% of households that include a disabled person live in relative income poverty (below 60% of median income), compared to 14% of households without a disabled person

- disabled people pay on average £550 per month on extra costs related to their disability.[47]

Numbers of people with long term, life limiting and chronic conditions is increasing, largely due to ageing population.

- there will be a 63% increase in people age over 75 with life limiting long term illness by 2035[48]

- many older carers will also be living with long term conditions

- we expect to see increases in long term conditions in people aged 55 to 74 over the next 10 years then a decline.

Promoting healthy lifestyles

What is the issue?

There is a focus in all regions on promoting healthy lifestyles in order to prevent escalating health needs and the development of some chronic conditions. There remains a gap between healthy life expectancy and life expectancy. Some of the identified risk factors included smoking, alcohol, being overweight or obese and not getting enough physical activity.

"Health assets enhance the ability of individuals, communities, and populations to maintain their health and wellbeing. These act as protective or supporting factors to buffer against life's stresses."[49]

Additional work around healthy behaviours for **children and young people** are discussed in that core theme chapter.

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47   p40 Gwent Population Assessment
48   Daffodil projections for limiting long term illness www.daffodilcymru.org.uk
49   p36 Powys Population Assessment

What are we doing to address this?

Examples of activity across the region include:

- screening programmes for early identification and early intervention, e.g. cancer, stroke
- use of the *Making Every Contact Count* approach
- public health campaigns, including stop smoking and healthy eating campaigns
- community health champions
- promoting and ensuring access to leisure and physical activity
- immunization programmes.

What else needs to be done?

Solutions put forward by regions include:

- promote healthy lifestyles
- public health interventions, including areas identified by the *Making a Difference*[50] report

Support to self-manage and stay connected to your community

What is the issue?

It is important to people with an illness or physical disability that they are able to manage their condition and maintain independence. Some people reported difficulties in accessing services and not knowing who to turn to for advice, with many asking their GP.

Some reported unsuitable housing and a built environment that wasn't disability friendly.

"I have an idea of how to support the council in recognising dangerous potholes for disabled people and if I had the opportunity to speak with someone from the right department I could help, but I don't think people's skills are used enough to help solve local authority issues."[51]

Social isolation can be an issue for people with disabilities if they are not supported to remain connected to their communities. This was echoed in many of the regions. Transport was felt to be vital for connectivity, but suitable transport isn't always available or disability aware.

Many people said they want good, trusted services for adaptations to their home and report difficulties associated with self-funding. People with a disability of then face a higher cost of living.

What are we doing to address this?

Regions are raising awareness with public services, including transport, on safety and access issues for people with disabilities.

To support people in the home, there are services such as telecare, home adaptation and community equipment services. Occupational therapy and physiotherapy services are available to rehabilitate individuals and advise families and unpaid carers on managing conditions.

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50 http://www.wales.nhs.uk/sitesplus/888/page/87106
51 p15 North Wales Population Assessment

To support people to remain connected, community connectors and social prescribing are available to link to suitable service, such as disability friendly leisure opportunities

Self-care and management is also being supported by self-care classes and support groups, access to specialist health professionals and clinics, chronic condition plans and use of direct payments.

Information and advice is also provided, including online resources such as DEWIS and through local support groups and networks.

What else needs to be done?

Making sure there was suitable housing and accommodation was felt to be an area for improvement, including:

- developing more suitable accommodation such as extra care housing
- intermediate care solutions through housing providers.

Support to stay connected includes the need for:

- improvements to community transport
- raising awareness of leisure and exercise opportunities for those with a disability
- good employment support.

Some areas call for more involvement of people with a disability in the planning process to ensure the built environment isn't a barrier.

Alcohol abuse

What is the issue?

Wider substance misuse issues are discussed in **section 4** of this report. However, almost all regions identified a particular issue with alcohol abuse. It is associated with many chronic health problems, including dementia, and problems can increase for people over 50; prisoners and ex-offenders; the lesbian, gay, bisexual and transgender community; and military veterans.

What are we doing to address this?

Many are addressing this through promoting information and advice about healthy behaviour via primary care, third sector and housing associations. Therapeutic support currently available includes motivational interviewing and support networks.

Specialist support includes single points of contact through drug and alcohol teams, alcohol support services that link to family support, psychological therapies, young adult support, hospital in-reach services and specialist nurses.

What else need to be done?

Some suggestions for improvement include:

- screening for alcohol misuse in primary care
- increase understanding of social changes that cause increases in alcohol misuse
- reducing promotion of cheap home consumption deals (including minimum unit price)
- targeting awareness at NEETs[52]
- making the link to work on Adverse Childhood Experiences.

Reablement and enablement

What is the issue?

Good reablement services include not just services provided by the statutory sector but also a wide range of services provided in and by the community through voluntary and community groups.[53]

Many regions provide significant evidence of the impact of reablement on maintaining independence without the need for ongoing support. There has been a proven link between reablement and achieving person specific goals.[54]

- 71% of people receiving a reablement service require less or no support as a result

Some of the benefits of reablement include restoring people's ability to perform usual activities and improving their perceived quality of life.

What are we doing to address this?

Reablement provision currently available includes:

- reablement placements in care homes
- step up step down beds
- community reablement sservice, including integrated multi-disciplinary reablement teams, occupation health and physiotherapy
- specialist reablement for dementia
- short term reabling domiciliary care.

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52   A young person not in education, employment or training
53   P10 Cwm Taf introduction
54   p94 North Wales Population Assessment

What else needs to be done?

All regions are committed to continued support reablement approaches. One region specifically mentions that they will work to ensure they provide a dementia friendly reablement service.

Other issues identified include

- access to specialist nursing and residential care
- capacity for third sector and community based organisations to meet increasing need
- greater support for neurological conditions
- transition from child to adult services.

Learning disabilities and autism

This chapter is split into two sections. The first is around learning disabilities and the second is around autism. However, the issues relating to learning disabilities are also relevant for those diagnosed with an Autistic Spectrum Disorder and their families, as around half of those with autism may also have a learning disability.

Learning disabilities

- around 2% of the population have a learning disability

- the key focus for learning disabilities is to continue our shift away from institutionalised and 'traditional' models of care

- in the UK, 29,000 adults with a learning disability live with parents aged 70 or over, many of whom are too old or frail to continue in their caring role.

A number of regions note that the introduction of thethe Additional Learning Needs and Education Tribunal (Wales) Bill will have an impact on care and support services, particularly around further education.

Being a part of the community

What is the issue?

People with a learning disability and their families are increasingly looking to live independently. People want opportunities to live and socialise in their communities, to attend mainstream schools and to work.

What are we doing to address this?

Regions support people with a learning disability through:

- supported housing and extra care housing solutions

- help with everyday tasks (including personal assistants and support workers)

- health checks and learning disabilities nurses in hospitals, due to increased health needs of people with a learning disability

- transition teams between children and adult services

- improving access to advocacy, including volunteer advocates.

Some regions are completely remodelling their learning disability services to offer a more flexible support and more choice and control in order to support people to live independently.

"Being with my mates, my best friend [is important to me]. (Young person with disability / learning difficulties)"[55]

Respite services and short breaks are also available for parents of children with a learning disability.

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55 P36 Cardiff and Vale Population Assessment

What else needs to be done?

Identified areas for improvement include:

- crisis prevention
- support for people to access education and employment
- improve advocacy
- raise awareness in public services, including health, on communicating well with people with a learning disability

Work in development includes:

- one region is exploring how assistive technology can support people with a learning disability to live independently
- some regions are looking to improve information and improve communication on health-related matters
- one region is training people with learning disabilities as safeguarding champions

For families, we need to explore suitable, flexible respite options and ways of supporting parents of children with a learning disability to work.

"Effective respite can prevent escalation in need for a person with a learning disability to be looked after in a more formal setting such as supported living or residential / nursing care."[56]

Improve choice and control

As many services are changing to offer more choice and control to people, some regions spoke of the need to continue improvements for people with a learning disability. This included greater involvement of people with a learning disability in service planning and development.

What else needs to be done?

Areas for development include:

- person centred planning with people with a learning disability
- enable people with a learning disability to have more control through direct payments
- involving people with a learning disability in service development.

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56 p12 Western Bay Learning Disability Chapter

Autistic Spectrum Disorder (ASD)

- it is estimated that ASD affects one in 100 people.[57]

However, not all these people will be formally diagnosed. That said, the increased recognition of Autistic Spectrum Disorder and the improving diagnostic framework means that the number of people diagnosed with ASD is increasing.

What are the issues?

The development of Integrated Autism Service for Wales and the strategic action plan means that a lot of work is underway in the regions to improve and develop services for individuals with autism and their parents and carers. There are a number of areas highlighted by the assessments to inform that development, including

- importance of early diagnosis and provision of information following a diagnosis
- support for parents, including managing challenging behaviours that challenge and developing life skills
- access to social and leisure opportunities
- support to access services and employment
- raise awareness of the needs of individuals with autism with the wider public.

Families with children and young people with ASD are under considerable stress. Dealing with issues of their child's personal hygiene, children eating a limited diet, requiring constant care and attention and spending many hours awake at night makes it difficult for parents/carers to stay in employment. In these instances, parental relationship breakdown is extremely high (85%).[58]

What are we doing to address this?

The National Strategy and Integrated Autism Service are being established to provide a service to people with autism and their families.

Some examples of what regions currently provide includes:

- neuro-developmental services
- work to raise awareness
- targeted parenting programmes
- training for schools and professionals
- residential services.

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57 http://www.asdinfowales.co.uk/home.php?page_id=1&setLanguage=1
58 P24 Western Bay Learning Disabilities and Autism Chapter

What else needs to be done?

Specific actions mentioned include:

- improve diagnosis waiting times

- promote and signpost to information on autism

- improve mechanisms for engaging with people with learning disability and autism in partnership planning

- raise awareness in the community around behaviours that challenge

- support for parents to manage behaviours that challenge.

Mental health

There are many discussions around supporting good mental health and well-being in the other core themes in this report. Rather than replicate what has already been said, this section provides a summary overview for those adults and children with a diagnosed mental health condition or who require mental health services.

- one in four adults experience mental health problems or illness at some point during their lifetime

- two in 100 people will have a severe mental illness such as schizophrenia or bipolar disorder

- suicide is a major cause of death for people age 15-44

- one in five deaths of men aged 15-24 is a result of suicide

- one in 10 children have a diagnosed mental health disorder, the most common being a conduct disorder.

Dementia is discussed in detail in the **older people** section. **Substance misuse** and links to mental health is discussed in **section 4**.

Adult Mental Health

Regions discussed a range of mental health disorders, the most common being anxiety and depression. The introduction of the Mental Health (Wales) Measure[59] has established a more community based, integrated and person centred way of working. As expected, almost all regions referred to working to the principles of recovery. Naturally, this has led to the development of a lot of community based support.

What are the issues?

There are still recognised areas for development. Most regions acknowledge that we need to improve access to lower lever mental health support, to help people maintain their mental health. Some service users feel services are too centred around help at a point of crisis and do little to help prevent a crisis.

"The problem I've found with the mental health services is that I always feel like I'm in the middle, I'm at the stage now where I'm not ill enough to be going into hospital, but I'm not well…. [The NHS service] have sent me a load of stuff in the post. Then it was, I had to motivate myself to go and get help."[60]

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59 http://gov.wales/topics/health/nhswales/mental-health-services/law/measure/?lang=en
60 P77 Cardiff and Vale Population Assessment

Regions also continue work to reduce stigma around mental health and help people seek support earlier.

Suicide and self-harm remains a focus for all regions, particularly work around the Talk to Me 2 strategy. Regions recognise those at higher risk of suicide, particularly young men. One region identifies higher self-harm levels in the LGBT community and other note the risk factors, such as substance misuse and those more socio-economically deprived.

Two regions also highlight the impact of the Cheshire West[61] judgement and the significant increase in referrals under the Deprivation of Liberty Safeguards. This is difficult to plan and provide for.

What are we doing to address this?

Many regions are exploring ways in which services can better integrate to support mental health, including a whole life approach to crisis and recovery, single pathway through recovery and crisis prevention.

Statutory support is available through Community Mental Health Teams, crisis teams, inpatient services and specialist services (e.g. eating disorders). Some prisons provide an in-reach service.

Regions provide support in the community through:

- community based psycho-educational classes
- social prescribing and community co-ordinators to build resilience
- peer support and mentoring (including families)
- non-clinical crisis houses and well-being centres.

Some provide housing and welfare support through multi-agency models.

Suicide and self-harm prevention work is also taking place, linked to the Talk to Me 2 strategy.

What else needs to be done?

Regions identify a need to improve resilience and our ability to manage, including preventing a crisis. Solutions included access to lower level interventions and psycho-education in the community. This was the main concern for adult mental health.

Early intervention and prevention are recognised as an area for focus, for example through mental health first aid training.

Some regions suggest multi agency approaches to identifying and providing information or advice, particularly as changing economic and social circumstances will impact on mental health. This includes advice and support around employment and finances, which is more pertinent in times of economic hardship.

"Evidence shows that the strongest negative effect of economic downturn is on mental health".[62]

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61 https://www.cheshirewestandchester.gov.uk/your-council/policies-and-performance/deprivation-of-liberty-safegua.aspx
62 P25 Cwm Taf Mental Health Chapter

Children and Young People

The emotional needs of children and young people are discussed in the **children and young people** section. This section identifies needs associated with children and young people with a diagnosed mental health conditions.

What are the issues?

It is recognised by some regions that more support is needed for those not reaching Children and Adolescent Mental Health Service (CAMHS) thresholds and many regions report increased referrals in recent years.

- over the last four years there has been an increase of more than 100% in referrals to CAMHS.

However, many regions are already reviewing and responding to pressures on CAMHS services in their area. Some regions have specifically identified self-harm as an issue.

The emotional needs of children and young people are discussed in the **children and young people** section. This identifies needs associated with children and young people with a diagnosed mental health conditions.

What are we doing to address this?

Current provision includes:

- developing a single point of access for CAMHS

- school counselling services

- raising awareness of mental health in schools and to promote youth mental health first aid

- self-harm pathway between health and education and PSE lessons addressing self-harm

- educating those working with young people on dealing with someone who self-harms or is experiencing anxiety and depression

- emotional well-being services are also provided and one region is providing a CAMHS crisis response service.

What else needs to be done?

Much of the support for emotional needs is addressed in the children and young people's section of the report.

The focus remains on increasing the availability of support to address the emotional needs of children and young people to prevent escalating need or unnecessary referrals to CAMHS.

Older People

In this chapter, we discuss the most mentioned care and support issues in relation to older people in Wales. This largely relates to people aged 65 and over, although some areas considered people aged 50 and over. The implications of these findings can be relevant to those aged 50 and over, particularly around early and intervention and prevention opportunities.

What do we know about older people in Wales?

- by 2041 the number of people age over 65 is expected to increase by almost 37%[63]

- the most dramatic increase is expected for people aged 85 and over, with a predicted 119% increase by 2035

- Wales has a higher proportion of people aged over 85 than the rest of the UK

- life expectancy is rising slower than healthy life expectancy.

Loneliness and isolation

What is the issue?

Evidence suggests that older people are particularly vulnerable to loneliness and social isolation (NHS, 2015). Whilst living alone in itself does not equate to loneliness, research shows that those who do live alone are more likely to be lonely[64].

Research shows that loneliness and isolation impacts on our physical and mental health, increasing risk of mortality, suicide, depression and emergency hospital admissions.

- the older you are, the more likely you live alone, with up to 59% of people over 85 living alone[65]

- people who live alone are twice as likely to report feeling lonely[66]

- social isolation affects 7-17% of older adults, and is becoming more prevalent

- older people can spend between 70 and 90 % of their time in their home.

What are we doing to address this?

Examples include:

- places to go in the community, such as libraries, hubs, community centres and cafes (including specialist dementia and stroke cafes)

- day opportunities, such as day care

- community activities, such as lunch clubs, walking clubs, dancing, singing, exercise cooking and craft classes

63 http://gov.wales/statistics-and-research/national-population-projections/?lang=en
64 p135 De Jong et al, 2011 West Wales Population Assessment
65 http://webarchive.nationalarchives.gov.uk/20160106033522/http://www.ons.gov.uk/ons/dcp171766_418058.pdf
66 http://webarchive.nationalarchives.gov.uk/20160106033522/http://www.ons.gov.uk/ons/dcp171766_418058.pdf

- community connectors

- social prescribing

- peer support groups

- strategic approaches,[67] including Ageing Well in Wales[68]

- befriending schemes, including in care homes[69]

What else needs to be done?

Some areas identified for development include:

- opportunities to pilot intergenerational projects

- more low-level community activities and volunteering, through using community assets

- adapted and specialist housing

- making the built environment more accessible for older people

- improving connectivity, including transport and technology

- increase in support for for older black, Asian and ethnic minority (BME) people.

Dementia

What is the issue?

Numbers of people with dementia are predicted to increase, largely due to people living longer and improving diagnosis rates. It is difficult to predict what that increase may look like, as numbers could change based on successful interventions today. We still don't know the full picture, with many cases still going undiagnosed.

- estimated only 43% of those with dementia have a diagnosis

- people with dementia are likely to have complex needs, including co-morbidities

- it's the leading cause of death for women in Wales

- the costs for supporting people with dementia are significant, including mild and moderate

- it is estimated that one in four people in a general hospital bed have dementia. Many experience delays in discharge and an estimated third of people with dementia die in hospital

- it is particularly important that Welsh language services are available for people with dementia.

67 See Care Closer to Home on p36 of the Gwent Population Assessment Report
68 http://www.ageingwellinwales.com/en/home
69 http://www.wales.nhs.uk/sitesplus/documents/866/CHAaT%20Annual%20Newsletter.pdf

What are we doing to address this?

There are a number of ways in which regions are meeting the care and support needs of people with dementia, including:

"I love getting together with other people in groups… there is a need for people to be able to get together to do hobbies, or to talk and share even a cup of tea. (Person with dementia, dementia needs assessment)"[70]

- community solutions such as dementia friendly communities, specialist dementia day care, dementia cafes, activities and groups[71] and befriending
- support within the home through specialist domiciliary care workers, dementia support workers and reablement
- housing solutions such as extra care housing provision for people with dementia and temporary units in housing to assess people's ability to live independently
- specialist care through residential and nursing home placements, including EMI beds
- respite, short breaks and practical help to care
- improving skills in the workforce through training, including improved awareness in hospital settings and training for unpaid carers

"When I was diagnosed with dementia I became depressed and didn't leave my home, but the best thing that happened to me is that I met another person living with dementia who understood what I was going through. I am now very active thanks to her." (Dementia Friendly Cafe Member)[72]

What else needs to be done?

Solutions and recommendations put forward by the region include:

- encourage healthy lifestyles to prevent or delay the development of dementia
- improve early identification and diagnosis of dementia
- improve continuity of care and prevent delayed discharge through improved referral pathways between services
- make services, including primary care, more dementia friendly and further develop dementia friendly communities
- improve support for carers, including information about the condition
- ensure outcomes focussed approaches are used when supporting people with dementia
- provide training for domiciliary care workers and improve our understanding of how many support someone with dementia
- further develop reablement services

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70 P78 Cardiff and Vale Population Assessment
71 http://www.flintshire.gov.uk/en/PDFFiles/Social-Services/Adult-Social-Services/North-Wales-Dementia-Commissioning-Statement.pdf
72 P35 Gwent Population Assessment

Frailty and falls

Every year in Wales half of those over 80 will have a fall in their home. Resulting injuries such as hip fractures have a hugely detrimental effect on individual well-being and require costly health interventions. Across Wales, falls have been estimated to directly cost the NHS £67 million per year[73]

What is the issue?

- estimated that 10% of over 65s and a quarter of over 85s are classed as frail
- frailty means an increased risk of sudden deterioration
- frail older people more likely to experience longer stays in hospital
- 1 in 3 over 65s estimated to suffer a fall each year, and half of over 85s
- falls can lead to an increase in social isolation due to fear of repeat falls
- only 1 in 3 who fall currently regain their former independence
- predicted to be a 70% increase in hospital admissions due to falls by 2035
- predicted 17.5% increase in care home placements needed by 2020 due to falls
- sensory loss increases the risk of falls, with 10% attributed to sight loss.

What are we doing to address this?

- falls prevention programmes – estimated to reduce falls by 15-30%. Includes home modifications, medication reviews and increasing physical activity
- increasing physical activity to improve physical strength following a fall, including links to leisure facilities
- improving resilience in older people
- supporting independence following a diagnosis of sensory loss
- anticipatory care for frail older people to prevent problems
- targeted discharge services, such as frailty discharge [74] fand late night discharge [75] service
- falls clinic
- integrated assessments and care planning for frail older people
- integrated frailty service.

73 p158 (Davidson et al, 2011) West Wales Population Assessment
74 p151 as above
75 p101 North Wales Population Assessment

What else needs to be done?

Some of the suggested areas for development include:

- emotional support following a fall to increase confidence
- more practical support to prevent recurring falls
- greater investment in falls prevention
- greater use of assistive technology for those at risk of falls
- increase / build on integration around frailty and falls
- wider community falls awareness, e.g. bins being placed in same place.

Living independently

What is the issue?

Independence has been discussed as a common factor in **section 2**. However, there are some specific issues to note in relation to older people and independence. This has been described as:

- help to stay independent at home through adaptations and help with everyday tasks. We need to ensure there are services available to help with small adaptations, cooking, cleaning and gardening. There are also prevention opportunities to help maintain good physical health through well-maintained homes. One region notes the link between poor insulation and excess winter deaths of older people.
- availability of suitable housing within a suitable environment and access to the community around you, including good transport links and an age friendly built environment.
- planning for the future with new building developments. As new housing is developed, we need to consider how suitable it is for an older population.
- choice is key, we need a range of housing options from privately owned to extra care and supported housing.

What's happening across Wales?

Supporting people with an identified care and support need to live at home can also be met through a range of options. Some of the solutions provided by regions include:

- reablement following a fall or physical deterioration and also following a diagnosis of dementia
- assistive technologies to support independence, including telecare
- domiciliary care which promotes and encourages independence and achieving personal outcomes. Examples include a need for more flexible domiciliary care services, options for 'place based' approaches and outcomes based commissioning.

Sensory impairment

There is a separate chapter on sensory impairment. However, it is recognised that older people are more likely to develop sight and hearing loss and not always seek early help.

- older age is the leading cause of deafblindness. This is likely to increase as the over 85 population continues to grow
- one in five people over 75 live with sight loss
- more than 70% of those over 70 have some hearing loss.

What do we need to do?

The risk of falls increases significantly with sensory loss and older age, as discussed above. It can also lead to loneliness and isolation and depression. Some of the proposed areas for action are:

- the need for earlier identification of sensory loss in care homes
- routine screening for sight and hearing loss in older people. Many sensory impairments can be prevented from worsening if caught earlier
- improved data on the numbers of older people experiencing sensory loss. It is widely accepted that the sensory impairment register is not a true reflection of numbers
- there may be particular complexities around sight loss and dementia which must be recognised in care provision.

Ill health and chronic conditions

As people age, it is likely their health will deteriorate. There are a number of long term and chronic conditions more prevalent in older people. Chronic and long-term conditions for the population as a whole are discussed in more detail in the health and physical disabilities section of this report. However, the assessments highlight a number of issues relevant to older people. These include:

- as people age, they are more likely to develop multiple health conditions and require more support
- older carers are likely to develop long term and chronic conditions, which may impact on their ability to care.

Solutions discussed throughout this chapter support those with long term and chronic conditions, for example anticipatory care, planning for old age, frailty and falls work and reablement services.

Residential and nursing care

A greater focus on support in the community and maintaining independence will likely mean that those requiring residential or nursing care in the future are likely to be older with more complex needs, including dementia.

Work to improve integrated commissioning and good quality care home placements is ongoing in all regions.

Sensory Impairment

This chapter looks at people with a sensory impairment, sight or hearing loss or both, who have a care and support need.

It is hard to know numbers of people living with sensory impairment, as not all people require services. We do know that people living in the most deprived areas have higher levels of hearing and visual impairment. Adults with learning disabilities are ten times more likely to have some form of sight loss.

We also know age is a factor. One in three people over 80 will have sight or hearing loss. Older people with sight loss are almost three times more likely to experience depression than people with good vision and the British Medical Journal reports that sight loss is one of the top three causes of suicide among older people.

National policy, strategies and frameworks

The All Wales Standards for communication and information for people with sensory loss

Communicating well

What is the issue?

Communication was raised as an issue and a barrier, leading to missed health issues, social isolation and depression. Many regions, however, referred to their work around the All Wales Standards for Accessible Communication and Information for People with Sensory Loss.

What are we doing to address this?

Examples of current support include:

- accessible health information and communication
- promoting technologies and social media.

What else needs to be done?

Some of the solutions put forward be regions include:

- provide staff training and awareness
- continue to make sure information and advice is accessible.

Accessible communities

What is the issue?

Accessible homes and environments are a barrier for those with sight and hearing loss, which can lead to social isolation and associated problems. Some regions highlight that more needs to be done to make transport and built environments accessible for people with sight and hearing loss.

As well as being accessible, there also needs to be opportunities for peer support; of feeling understood and part of the community.

"I felt so much better for talking to another person who has gone through the same problems as me." Member of Sight Loss Support Group[76]

What are we doing to address this?

- support in education through specialist sensory teachers
- third sector support that helps people stay independent in the community, including adaptations and assessments
- housing advice and support through housing associations
- education and well-being projects
- access to work schemes
- suitable sporting activities and projects.

What else needs to be done?

- improve peer to peer support
- involve more people with sensory loss in public service design.

76   P42 Gwent Population Assessment

Earlier diagnosis and preventing sensory loss worsening

What is the issue?

It is important that we catch sensory loss as early as we can. Research by the RNIB suggests that 50% of blindness and serious sight loss could be prevented if detected and treated in time.[77]

Early diagnosis was a priority for many regions, with some mentioning missed opportunities in care homes to identify sensory loss amongst residents.

What are we doing to address this?

Examples of what is currently available includes:

- screening programmes
- eye care liaison officers
- low vision aids.

What else needs to be done?

Some of the proposed solutions put forward by regions include:

- increase and promote screening programmes
- enable people to act quickly on a diagnosis and raise awareness of the service available
- continue provision of habitation and rehabilitation services post diagnosis

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77 p42 Gwent Population Assessment

Violence against women, domestic abuse and sexual violence (VAWDASV)

There are local strategies under the *Women, Domestic Abuse and Sexual Violence (Wales) Act 2015* that will address specific needs, including care and support, for each local authority area. However, the population assessments identify a number of issues that can support and influence these strategies, including a strong link to Adverse Childhood Experiences and safeguarding considerations for vulnerable adults.

What is the issue?

- It is estimated that one in four women and one in six men will experience violence in their lifetime.

The majority of those who will experience violence and abuse are women. However, some regions note that, although the majority of people who experience violence and abuse are women, there are specific issues for men that need to be addressed. Men are three times more likely not to tell anyone they are experiencing abuse.[78]

There has been an increase in reporting of historical sexual abuse in recent years but much abuse still goes unreported. We need to make every contact count so that people are supported to escape abuse. Reasons for keeping it secret include feeling ashamed, not realising it was abuse, and thinking it won't be taken seriously.

What are we doing to address this?

Much of the support in the community is provided by third sector organisations. Support includes:

- Live Fear Free helpline (Welsh Government initiative)
- one stop shops for information
- specialist BAME support programmes
- floating support
- Sexual Advice Referral Centres
- Independent Domestic Violence Advocates.

Early identification and awareness raising is supported by the

- *IRIS* programme in primary care
- *SEEDS* programme for peer support
- *Ask and Act* targeted enquiry approach to identify and act on signs of violence[79]
- healthy relationship awareness in schools

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78 p4 Western Bay VAWDASV Chapter
79 Information on peer support, IRIS and Ask and Act be found at http://gov.wales/docs/dsjlg/publications/commsafety/161104-national-strategy-en.pdf

Many regions are increasing their use of MARAC[80] and Domestic Abuse Conference calls have shown success in stopping repeat cases.

Accommodation options include refuges, dispersed units and safe houses.

Therapeutic support includes:

- counselling
- peer support groups
- perpetrator programmes
- recovery courses
- group support through the Freedom Programme and Recovery Toolkit.

What else needs to be done?

Some regions feel we need to understand more about the needs of people who have experienced abuse, as it can be difficult to ask people at the time what would have helped them more.

In some regions, there was felt there needs to be more support for male victims.

Some regions identify gaps in knowledge around specific issues, including adults at risk, elder abuse, radicalisation and 'mate' crimes. It was felt sharing of good practice will help address some of these issues.

There is support for more awareness raising in schools and with public services (through training), better promotion of the support available, ensuring work links to ACEs work and increased outreach services.

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80 Multi-Agency Risk Assessment Conference

Secure estate and ex-offenders

NIne in ten prisoners have a diagnosable mental health and/or substance misuse problem

Under the Social Services and Well-being (Wales) Act, there is a requirement for local authorities to assess the care and support needs of people in the secure estate. As this is a new duty, it is not fully known what care and support will look like in the secure estate. What we know is

- Across the UK, an estimated 36% of prisoners have a disability[81]

- 11% have a physical disability

- 18% have anxiety or depression

- 8% have a physical disability and anxiety or depression

Adult male prisons

There were varying needs in each region, dependent on whether there was a prison in the area. Additionally, there are different categories of male prisoners in different regions. The regions identify issues for male prisoners around:

- substance misuse

- sexual health

- mental health, with differing needs depending on the category of the prison.

Two regions also discuss how they will meet the Welsh language needs of prisoners.

Support is made available through mental health services, domestic violence courses and opportunities for education.

Some regions identify the need to improve mental health interventions, including counselling.

There are no prisoners or approved premises for women in Wales.

Young People

Youth offending teams operate locally, and in some cases regionally, across Wales. There is one youth offending institution and one secure children's home. Youth offending services offer support such as help with substance misuse, therapeutic interventions, health, education and resettlement. The secure children's home works to a trauma recovery model and supports resettlement back into the community.

Some regions highlighted the link between youth offending and tackling substance misuse. There is also a direct link to the work around Adverse Childhood Experiences and preventing youth offending.

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81 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/278827/estimating-prevalence-disability-amongst-prisoners.pdf

Ex-offenders and resettlement

Although there are many good resettlement programmes, there is still a need to improve the transition between prison and the community. Housing remains an issue, as does access to mental health and substance misuse support post release.

It has been identified that preventative work, to stop cycles of offending in families, needs to link to Adverse Childhood Experiences work and existing family support provision.

Section four

Cross cutting themes

Section four
Cross cutting themes

This section looks at the themes discussed in the population assessments that impact on people and can result in them needing care and support. They do not neatly fit with, or may cut across, a number of the core themes discussed in section 3.

Substance Misuse

Substance misuse impacts on many areas of life. Each assessment looked at the impact of substance misuse on care and support needs. The assessments discussed the needs of those with a substance misuse problem and those affected by it, including children and young people, prisoners and young offenders, veterans and people with a mental health condition.

Some assessments noted how they were mindful of the links to Adverse Childhood Experiences, housing and homelessness and domestic violence and other forms of abuse.

Support for people with a substance misuse issue is offered through

- Integrated Family Support Service (IFSS)
- community drug and alcohol teams
- information and advice
- counselling services
- liaison, such as alcohol liaise nurse scheme

Planning is undertaken through regional substance misuse planning boards and strategies, including ccommissioning.

Anyone with a substance misuse problem is seen as lower than lower class (Substance misuse/ homelessness)[82]

Some suggested areas for improvement include:

- improve understanding of care and support staff of the experiences of people who misuse substances
- more immediate help in the community for those leaving prison
- improving dual diagnosis and support with mental illness
- improve support for families and carers

There is a more detailed discussion on alcohol abuse in the **health and physical disabilities** chapter.

At a national level, regions are supported through the *Working together to reduce harm* substance misuse delivery plan.[83]

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82 p121 Cardiff and Vale Population Assessment
83 http://gov.wales/topics/people-and-communities/communities/safety/substancemisuse/publications/strategy0818/?lang=en

Military veterans

Many ex-service personnel, particularly men, experience specific issues that mean they may require care and support. Many experience social isolation. Many experience alcohol issues. They are twice as likely as other groups to have caring responsibilities. Many suffer with musculoskeletal problems and depression and anxiety. Those who served shorter terms are at increased risk of suicide.

- one in ten veterans suffer with depression
- over a quarter (28%) suffer with musculoskeletal problems. [84]

Support is available to veterans, with an all Wales service operating on a hub and spoke model in health boards around Wales. There is also support available through the third sector. There is a recognised need and service available for veterans who experience Post Traumatic Stress Disorder (PTSD).

Most regions identify an ongoing need to provide specialist support to veterans, to understand more about their needs and improve access to information for veterans. One region specifically mentions a need to support the MOD Veterans Gateway website.

Some regions feel that more should be done to support the wider mental health needs of veterans.

Gypsy and Traveller communities

Some of the regions spoke of the specific needs of the gypsy and traveller community.

Identified issues included:

- housing needs
- education attainment
- self-managing health conditions
- reluctance to discuss problems of substance misuse, mental health and domestic violence.

Two regions specifically referenced the Welsh Government Community Cohesion National Delivery Plan and one region spoke of the need to understand more about the care and support needs of this community.

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84 http://www.rblcdn.co.uk/media/2275/2014householdsurveyreport.pdf

Black, Asian and Minority Ethnic communities

There is specific support available in regions to meet the needs of BAME communities. One region specifically mentioned loneliness and isolation, two regions mentioned specific health needs, some regions mention specific issues around domestic violence and abuse (including FGM). Examples of support included:

- advocacy projects
- specialist domestic abuse and sexual violence support
- support through local places of faith and community centres.

Some regions would like to increase their understanding of the care and support needs of BAME communities.

Asylum seekers and refugees

"Feel scared when going outside in the dark because of people who speak very angrily to me (Asylum seeker)"[85]

There are a number of complex issues for asylum seekers and refugees due to the significant difficulties they may have faced in their life. Issues identified include:

- language barriers
- loneliness and isolation
- housing and employment support needs
- complex mental health problems due to the trauma they have experienced
- health problems.

While services are available, including community support, there are felt to be areas for improvement. Proposed solutions include:

- awareness raising on issues for health and social care staff
- improving mental health support, including access to specialist trauma counselling
- improved advocacy and access to information about support.

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85   p105 Cardiff and Vale Population Assessment

Lesbian, Gay Bisexual and Transgender communities

For those members of the LGBT community with a care and support need, the issues identified were around

- increased risk of alcohol dependency
- substance misuse
- self-harm and mental health problems.

Two areas highlighted the need to consider how to support older LGBT people well.

Suggestions included improved training of the workforce in LGBT issues and a need to improve our understanding of what works well for the community.

Homelessness

Some of the assessments referred to their duties to prevent homelessness, supporting people and National Pathway.[86] There are many complex reasons people may be at risk of homelessness, such as mental ill health or domestic violence. Across Wales, homelessness is prevented in 65% of cases where action has been taken.[87] Support for ex-offenders was also briefly discussed by some regions. One region would like to improve information on rough sleepers. One region specifically states that the findings of the assessment will help inform their homelessness strategy.

Transport

Throughout the assessments, there were numerous mentions of the important of access to transport. Remaining connected to communities is vital for so many people, particularly the most vulnerable. Poor transport can contribute to social isolation.

Many barriers were discussed, including:

- limited or unreliable public transport
- the need for more community transport
- discounted transport for carers
- lack of accessible transport for people with a disability, including sensory loss, mental health, physical disabilities, and learning disabilities.

It is clear from the assessments that transport is an enabler for the most vulnerable people and a barrier to good health and well-being when unavailable.

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86 http://gov.wales/topics/housing-and-regeneration/services-and-support/homelessness/national-pathway/?lang=en
87 p344 North Wales Population Assessments

Appendix 1: Methodology

The themes identified in this report are based solely on the findings of the seven regional population assessment reports. Qualitative analysis software was used to identify the most commonly mentioned:

- care and support needs

- current solutions, services and assets

- areas for development and recommendations.

We also identified, from each regional report, examples of

- prevention and early intervention

- regional and integrated solutions

- relevant policies, strategic and frameworks.

Each assessment was required to report against the core themes listed in section 3 of the report. Not all regions reported on the secure estate in detail, if they did not have secure estate provision, such as prisons, within the region. However, this has been included as a core theme as it is a requirement to assess the care and support needs of those in the secure estate.

The themes identified are based on which concepts and ideas were discussed by more than one region. In that respect, this report does not include all the care and support needs identified nor provide detail on the issues raised. It is recommended that you read each of the regional reports to get a fully comprehensive picture of all care and support needs and ongoing activity identified by the regions.

Appendix two includes a list of relevant national plans, strategies and frameworks. The purpose is to help link the findings of the assessments to ongoing national policy and implementation.

The data and statistics quoted in this report are largely drawn from the regional population assessments. This has been done on the assumption that, due to internal quality assurance and governance processes, all information published in the assessment reports is reliable. Where additional statistics have been included by Social Care Wales to illustrate the national picture, the source has been referenced in the footnotes.

Appendix 2: National policy, strategies and frameworks

Below is a list of national policy, strategies and frameworks identified in the population assessments. Please not, this is not an exhaustive list. The purpose is to help readers make the link between the information provided in this report and the national picture.

National acts and strategy

- Social Services and Well-being (Wales) Act
- Well-being of Future Generations (Wales) Act
- Prosperity for All: the national strategy

Children and Young People

- Adverse Childhood Experiences Hub and ongoing work
- Together for Children and Young People programme (mental health)
- Improving Outcomes for Children Strategic Steering Group
- Integrated Family Support Services Statutory Guidance
- National action plan to tackle child sexual exploitation
- National Fostering Framework
- A Plan for all Children and Young People (Children's Commissioner for Wales)
- Welsh Network of Healthy School Schemes
- National Adoption Service Framework for Adoption support
- Improving Outcomes for Children Ministerial Advisory Group[88]
- Children First pilot areas
- Learning disabilities and autism
- Additional Learning Needs and Education Tribunal (Wales) Bill
- National autism strategy and action plan
- Integrated autism service for Wales

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88 http://gov.wales/topics/people-and-communities/people/children-and-young-people/improving-outcomes-children-ministerial-group/?lang=en

Mental Health

- Together for Mental Health
- Together for Children and Young People
- Talk to Me 2
- Working Together to Reduce Harm Substance misuse strategy
- Older People
- Ageing Well in Wales
- Strategy for Older People in Wales
- Dementia Strategy for Wales
- Good Work – Dementia Learning and Development Framework
- Information and Guidance on Domestic Abuse: Safeguarding Older People (60+) in Wales
- Sensory Loss
- All Wales Standards for communication and information for people with sensory loss

Sensory Loss

- All Wales Standards for communication and information for people with sensory loss