PARTNERIAETH IECHYD & GOFAL CYMDEITHASOL INTEGREDIG
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Cardiff and Vale of Glamorgan
INTEGRATED HEALTH & SOCIAL CARE PARTNERSHIP

let's talk amser siarad

Cardiff and the Vale of Glamorgan

Population needs assessment

for the Social Services and Wellbeing (Wales) Act 2014

An assessment of the care and support needs of people living in Cardiff and the Vale of Glamorgan, by listening to residents and local professionals and reviewing service and population data

Version control

Version no.	Date	Comments
Draft	13 Feb 2017-3	Final draft of text. For approval by Cardiff Council and Vale of Glamorgan Council.

Contents

Executive summary

Background to the assessment

The Social Services and Wellbeing (Wales) Act 2014 introduced a duty on local authorities and Local Health Boards to prepare and publish an assessment of the care and support needs of the population, including carers who need support. This is a report of the that assessment, for the region covering Cardiff and the Vale of Glamorgan. The Act and its statutory guidance requires the presentation of the report under a number of themed headings.

The assessment was undertaken at the same time as the Wellbeing Assessments in each local authority area, required under the Wellbeing of Future Generations (Wales) Act 2015. Wherever possible evidence from the assessments has been shared and the assessments inform each other.

How the assessment was undertaken

The assessment was undertaken between February 2016 and January 2017. The aim was to identify the key care and support needs, prevention issues, and assets (such as people, buildings, organisations or services which contribute to enhancing or maintaining wellbeing) in the region.

Information was brought together from a number of sources: public surveys tailored to the audience; focus group interviews with local residents; a survey of local professionals and organisations providing care or support, including the third sector; service and population data; key documents, and previous work. Engagement work was carried out under the 'Let's Talk' brand.

A series of workshops with lead professionals in the area were held in November 2016 to start to collate and interpret the findings.

The work was overseen by representatives from the City of Cardiff Council and the Vale of Glamorgan Council, and Cardiff and Vale University Health Board, and reported to the Regional Partnership Board for Cardiff and the Vale of Glamorgan. Learning from the assessment process is included in the future recommendations in the document.

Background demography

In 2015 there were estimated to be 357,160 people living in Cardiff, and 127,592 living in the Vale of Glamorgan. The population of the Vale is projected to increase by around 1% over the next 10 years; however this masks significant growth in the number of people aged 65 or over. The population of Cardiff is projected to increase by around 10% over the next 10 years, or around 35,000 additional people. While much of this growth is among people aged 65 or over, there is also projected to be considerable growth in the number of children and young people aged under 16.

The population of South Cardiff is ethnically very diverse compared to the rest of Wales. Cardiff is an initial accommodation and dispersal centre for asylum seekers.

There are stark and persistent inequalities in Cardiff and the Vale of Glamorgan. A man living in one of the most deprived parts of Cardiff can expect to live 24 fewer years in good health compared with someone in one of the least deprived areas. In the Vale of Glamorgan a man living in one of the most deprived areas can expect to live 21 fewer years in good health compared with someone in one of the least deprived areas.

Key findings

Detailed findings across eleven population groups are presented in the main report. A number of findings were common to one or more of these groups, and addressing these is recommended as a priority. Underlying each of these issues is the broader and persistent issue of **inequality** between and within our communities. The cross-cutting findings are:

Care and support needs

- **Improving information and access to services** including access to information about support and services available; timely access to mental health and primary care services; accessibility of services and information; transport to aid access to services; improving awareness, signposting and access to different forms of advocacy
- **Tackling social isolation and loneliness** across our populations, but especially older people
- **Support for carers** including support for young and adult carers, and respite for young and adult carers
- **Improving transitions** between children's and adult services
- **Links with education** including improving involvement and engagement with schools; and vocational educational opportunities, apprenticeships and adult learning
- **Appropriate housing** to meet individuals' varied needs, and to enable people to remain independent as they age
- **Community involvement** including increasing engagement with individual care and support plans; engagement with service planning and design; and supporting volunteers and volunteering
- **Dementia** meeting the needs of people with dementia and their carers
- **Joining up / integrating services** across the statutory sector and working with the third sector, including improved communication between services
- **Substance misuse** including responding to changing patterns of misuse

Prevention issues

- **Building healthy relationships** including emotional and mental health, sexual health; prevention of child sexual exploitation (CSE); support for children and young people affected by parental relationship breakdown
- **Practical life skills** including financial skills (for all ages)
- **Healthy behaviours** including tobacco use, alcohol, diet and physical activity
- **Healthy environment and accessible built environment** including tackling air pollution, and making it easier for people, particularly older people and those with disabilities or sensory impairment, to get around

Assets

- **Social capital** including positive social interactions, dementia-friendly communities, volunteers, self-care
- **Buildings and services** including community hubs, one-stop shops and libraries, Dewis Cymru
- **Organisations** including third sector organisations, community groups, statutory services including community pharmacies, multi-stakeholder partnerships
- **Physical environment** including access to green space

What happens next

The scale and breadth of the care and support needs and prevention issues identified in this assessment are significant and should not be under-estimated. Part of the next stage in addressing the issues presented will be to understand the best mechanisms for delivering action against each. This will feed into corporate planning processes, Area Plans, and other mechanisms as appropriate.

It will be necessary to flesh out what is achievable, and in what time frame, for each issue; as well as whether the issue aligns with existing statutory responsibility for delivery.

There will also be a need to prioritise what the public sector itself has the capacity and resource to directly deliver. This assessment and the Social Services and Wellbeing Act itself present a new opportunity to work increasingly closely with third sector organisations including charities, social enterprises and co-operatives, and communities themselves by building on their assets, to jointly meet the needs of the population.

Section A.

Background, methods and general findings

A1. Background to the assessment

Legal requirement

The Social Services and Wellbeing (Wales) Act 2014 introduced a duty on local authorities and Local Health Boards to prepare and publish an assessment of the care and support needs of the population, and carers who need support.[d82] Areas should also identify assets which benefit and support wellbeing in the community.

This assessment should inform local plans for provision of care and support services, and measures to prevent and delay care and support needs. The Act requires the first population needs assessment to be published by the end of March 2017. There will then be a one year period from April 2017 to March 2018 for local areas to prepare their plans in response to this assessment.

There is also a legal duty on statutory bodies for this assessment to inform routine planning, such as Health Board Integrated Medium Term Plans, and local Homelessness Strategies.

The Region

Population needs assessments (PNAs) should be undertaken at a 'regional' level. For us, the region is defined as Cardiff and the Vale of Glamorgan, although the assessment should include information at lower geographic levels where available, including local authority level.

A statutory Regional Partnership Board (RPB) has been set up for Cardiff and the Vale of Glamorgan, including representation from the City of Cardiff Council, Vale of Glamorgan Council, Cardiff and Vale University Health Board (UHB), the third sector and County Voluntary Councils. The RPB has a duty to oversee implementation of the Act including the population needs assessment and subsequent plans.

Core themes

The Act and its statutory guidance requires us to publish the findings under certain core themes (such as Children and young people, Older people, etc.), although we are also allowed to add further themes as relevant to our population. In Cardiff and the Vale of Glamorgan we have therefore added Asylum seekers and refugees, Veterans, and Substance Misuse as important additional areas.

The themes presented here are:

- Children and young people
- Older people
- Health and physical disabilities
- Learning disability and autism
- Mental health
- Sensory loss and impairment
- Carers who need support
- Violence against women, domestic abuse and sexual violence
- Offenders
- Asylum seekers & refugees
- Veterans
- Substance Misuse

It is recognised that many individuals and their needs will fall into two or more of these themes and sometimes needs do not neatly relate to a particular aspect of an individual's background or history. Therefore the grouping into themes should be treated as one particular way to describe the population but many others are valid. Each theme chapter suggests other chapters which are likely to contain related needs.

A glossary at the end of the report explains acronyms and some technical terms which you may come across in this document.

Welsh language and equality profile

The Act requires that as part of the process of the PNA and subsequent planning, Welsh language needs are taken into account and plans are put in place for Welsh medium provision of services as required.

The Act also requires that an Equality Impact Assessment is undertaken on the process of the assessment and subsequent planning.

Within this PNA, therefore, an equality profile including information on Welsh language and needs specific to particular groups with protected characteristics, is also presented. An assessment of the impact of specific plans, and description of planned Welsh medium provision to meet the needs identified, will be undertaken as part of the subsequent area planning process.

Wellbeing of Future Generations (Wales) Act 2015

Following a similar timescale to the population needs assessment, local areas are also required to produce a Wellbeing Assessment in support of the Wellbeing of Future Generations (Wales) Act 2015.[d83] Wellbeing Assessments have a wider focus than the PNA, including a broader social, environmental, cultural and economic assessment, and consider a longer time period of 10-20 years. There will however be some overlap between the Wellbeing Assessment and the PNA, and each should inform the other.

Wellbeing Assessments are overseen by Public Services Boards (PSBs). In our area there are two PSBs, one for Cardiff and one for the Vale, and two Wellbeing Assessments in preparation.

Wherever possible the processes for this PNA and the Wellbeing Assessments has been aligned to reduce duplication of effort. For more information see section A2, How the assessment was undertaken. The main findings from the Wellbeing assessments are summarised in section A5.

A2. How the assessment was undertaken

Timeframe

This assessment was undertaken during the period February 2016-January 2017.

Methods used

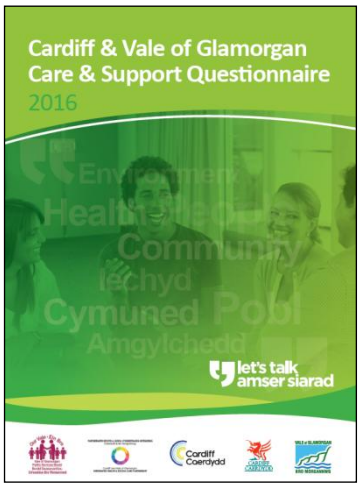
A number of methods and sources were used to gather information for this assessment, to give a balanced and rounded view of the main care and support needs and assets in Cardiff and the Vale of Glamorgan. These were:

- public surveys, for adults and for young people
- focus group interviews with local residents
- a survey for local professionals and organisations providing care or support
- service and population data
- information from key documents and previous work
- a series of workshops for professional leads

These are described below. In many cases there are technical documents available which go into more detail about each of the methods and their findings. A single brand for engagement activities, 'Let's Talk', was agreed and used across both the PNA and the Wellbeing assessments being undertaken during a similar time frame.

In the context of this assessment, 'assets' are people, buildings, organisations or services which contribute to enhancing or maintaining wellbeing.

a. public surveys, for adults and for young people



Two public surveys were developed, one for adults and the other for young people.

The adult survey was for people resident in Cardiff and the Vale of Glamorgan. It was made available online and in paper form, in English and Welsh, and distributed at public venues across the two counties. The survey was live between 14 September 2016 until 25 November 2016. Awareness of the survey was raised through press releases, council, Health Board and third sector websites, and 4,000 hard copies of the survey in public locations. Direct links to the electronic survey were also sent to Citizens' Panels run by Cardiff Council (approx. 6,000 people) and Vale of Glamorgan Council (approx. 1,200 people). People completing the survey were asked to say whether they were completing the survey for themselves or on behalf of someone else, for example someone they cared for.

A total of 1,278 surveys were completed. Of those specifying where they lived (four in five respondents), around 83% were from Cardiff, and 17% from the Vale of Glamorgan. This indicates a slight over-representation of people from Cardiff, who represent 74% of the combined population of Cardiff and the Vale. One in five people did not say which area they came from. Analysis of the findings for both Cardiff and the Vale was undertaken by Cardiff Research Centre. Further detail on the breakdown of people who answered the survey is available in a separate report. 456 respondents said they would like to receive information on the outcomes of the assessment; and 432 indicated they would be interested in getting involved in future engagement work.

The surveys were complemented with a postcard to raise awareness of the assessment and asking three general questions about care, support and wellbeing in Cardiff and the Vale of Glamorgan.

The children and young people's survey was developed in conjunction with a group of young people, and made available online. Awareness of the survey was raised via Twitter and 'the Sprout', a news and event website for young people in Cardiff but accessed across Cardiff and the Vale. A total of 78 surveys were completed online.

b. focus group interviews with local residents

Twenty five bespoke focus group interviews were carried out with local residents. 18 of these were carried out by a commissioned market research organisation, Beaufort Research, on behalf of the statutory organisations. A separate detailed report is available giving more information about the focus groups and the information gleaned from them. A list of the main focus groups commissioned is given in the Appendix. Third sector organisations across Cardiff and Vale were also invited via the County Voluntary Councils (GVS and C3SC) to participate in collecting views from local residents, and free training on running focus groups was offered to prospective organisations, resulting in a small number of additional focus groups (see Appendix).

In addition at all stages of the PNA existing engagement information, such as that collected for previous exercises but still valid and relevant, has been sought. This has been included where available.

c. a survey for local professionals and organisations providing care or support

This survey was for professionals and organisations working with people in Cardiff and the Vale of Glamorgan, and who provide care, support or advice. It was made available online in English and Welsh. Awareness of the survey was raised by cascaded email and organisational intranets within the statutory organisations, and via the County Voluntary Councils to third sector organisations, and to social enterprises and private service providers.

145 surveys were completed. Just over half of these were completed on behalf of an organisation, with two in five completed by individual professionals representing their own views. Over 80 different organisations were represented in responses. The most common responses were from the third sector (36.9%), local authorities (21.5%), the NHS (17.4%), and independent care providers (10.1%). 8 in 10 organisations (79.9%) served people in Cardiff, while half (49.3%) served the Vale.

Analysis of the findings was undertaken by Cardiff Research Centre. Further detail on the breakdown of professionals and organisations who answered the survey is available in a separate report.

d. service and population data

Relevant service and population data were collated and analysed. A starting point was the all-Wales data catalogue developed by the Welsh Local Government Data Unit for the population needs assessments. Professional leads were also asked to identify any additional datasets which were available which told us about local care and support needs.

e. information from key documents and previous work

Relevant background strategy, policy and needs documents were identified by professional stakeholders for their relevant area, and by web searches for relevant topics. Key messages relevant to our population were identified. In many cases national (Wales or UK) work is quoted which can help either in confirming

local findings, or filling a gap in our local knowledge. In this case an assumption has to be made that similar issues are found locally.

f. a series of workshops of professional leads

Three half-day workshops were held out in November 2016 to agree the key needs, assets and actions in each themed area. Professional statutory leads, relevant third sector partners, the Community Health Council were invited to the workshops. Each workshop focused on 3-5 of the key themes and attendees used initial information available from the surveys, quantitative datasets, and focus group engagement, to agree the main findings and also any outstanding gaps and additional data sources to include.

Suggested areas for action

Suggested areas for action to address the needs identified were discussed and agreed at the professional workshops held in November 2016 and are given in the relevant topic chapter.

Under the Social Services and Wellbeing (Wales) Act population needs assessments should include the needs, assets and prevention issues in the first section of the report, with the range and level of services required to address these identified in section two. To aid readability of this report, each themed chapter includes information required for both sections 1 and 2 of the Act for that topic.

The recommendations begin to identify the areas of service and support provision which require review. These recommendations are not exhaustive or conclusive, and a more detailed assessment of the range and level of services required to meet the needs identified will be formalised and confirmed as part of the Area planning process (see A3, What happens next?) over the next year. A set of over-arching, cross-cutting recommendations are described in chapter B13.

Oversight of assessment

The assessment process was overseen by an operational Steering Group which met fortnightly and reported to the Regional Partnership Board. At the start of the process an Engagement sub-group with wider membership was convened to agree the overall approach to engagement. It was from this subgroup that the idea for a single engagement ‘brand’ across the PNA and the Wellbeing assessments originated and was agreed.

The Steering Group included lead representatives from the statutory agencies responsible for collating the assessment, with the overall lead agency agreed by the RPB to be Cardiff and Vale UHB. A Consultant in Public Health Medicine in Cardiff and the Vale chaired the Steering Group.

Alignment between the PNA process and the simultaneous Wellbeing assessment process being undertaken in both local authority areas was discussed at each meeting, to ensure that wherever possible information and processes were shared and aligned between the two assessments.

Critique and limitations of assessment

Within the timeframe given for the assessment it is felt that the views sought and included here through the engagement approaches described represent a good cross-section of local residents and professionals. However, it became clear during the engagement process that trying to engage with service users, the third sector, statutory organisations, and local residents over the summer period presented a challenge due to the holiday period.

The use of focus groups across a variety of population groups provided a rich source of information about local needs and assets and would definitely be recommended for future assessments. In terms of planning these, commissioning an external organisation to undertake this work was successful. Third sector organisations kindly helped with arranging the logistics for many of these focus groups. An earlier approach, of offering free training in running focus groups and asking third sector organisations if they could help with this process, had mixed results. Although many organisations were keen to support this approach and attended training, ultimately because of understandable capacity issues in these often small organisations, it was difficult for them to run the groups within the timeframe of the assessment.

The public survey had a good response rate, although lower than some similar surveys, possibly due to the time of year it was taking place. Fewer responses were received from people living in the Vale of Glamorgan compared with Cardiff than would be expected, with 17.4% of responses coming from the Vale, which makes up around 26.3% of the population of the region. Older people aged 75 and over were also under-represented in the survey responses.

Some population groups of interest proved difficult to arrange focus groups within the time available. These included older carers, prisoners, and people who accessed or wished to access services in the Welsh language.

The Social Services and Wellbeing Act introduced a number of new duties on local authorities, in addition to the requirement to carry out this assessment. As many of these other duties (for example duties around carers, and new data collection processes) are still in the initial phase of implementation, this assessment process is too early to report on their impact. However, they should be picked up in future assessments.

Recommendations on future assessment process

The overall approach taken to the assessment seemed successful, but to improve future assessments the following are recommended:

- Scope a co-ordinated function across public sector bodies in the region, and the third sector, to maintain an up-to-date knowledge of current and recent engagement exercises, with a complementary function of maintaining a bank of questions local policymakers would like answered. This would make it easier to identify existing engagement material, where the gaps are, and how best to undertake and log new activity
- Agree the frequency and nature of future updates to this assessment. While the Act requires one mid-term refresh and then a new assessment in 5 years' time, the value of a maintaining an up-to-date, 'live', resource which represents the current state of knowledge on local care and support needs, should be reviewed

A3. What happens next

Taking forward the suggested actions

The actions at the end of each chapter in this assessment ('Suggested areas for action') are an initial response to the findings presented. At this stage they deliberately do not identify the organisations best placed to deliver on these actions, or how to co-ordinate and oversee their implementation. A set of priority cross-cutting findings is given in chapter B13.

The scale and breadth of the care and support needs and prevention issues identified in this assessment are significant and should not be under-estimated. Part of the next stage in addressing the issues presented will be to understand the best mechanisms for delivering action against each. Some of these may optimally sit with the Regional Partnership Board itself, while others may be better delivered through the Public Services Boards, or other partnership mechanisms. This will feed into corporate planning processes, Area Plans, and other mechanisms as appropriate. Area plans must be agreed by each region by April 2018 in response to this assessment.

It will be necessary to flesh out what is achievable, and in what time frame, for each issue; as well as whether the issue aligns with existing statutory responsibility for delivery.

There will also be a need to prioritise what the public sector itself has the capacity and resource to directly deliver. This assessment and the Social Services and Wellbeing Act itself present a new opportunity to work increasingly closely with third sector organisations including charities, social enterprises and co-operatives, and communities themselves by building on their assets, to jointly meet the needs of the population.

A4. Background demography

Population structure and growth

In 2015 there were estimated to be 357,160 people living in Cardiff, and 127,592 living in the Vale of Glamorgan.[d74]

The population age structure of the Vale of Glamorgan is very similar to the Wales average, with the exception of a slightly lower number of young adults (20-24yrs). The population of the Vale will increase modestly over the next 10 years, by around 1% or 1,255 people. However, this masks significant growth in the over 65s category.[d35]

The Vale has a relatively stable population size which reflects a low net migration rate, and roughly equal birth and death rates.

The population of Cardiff is growing rapidly in size, currently projected to increase by 10% between 2016-26, significantly higher than the average growth across Wales and the rest of the UK. An extra 35,000 people will live in and require access to health and wellbeing services.[d35]

The Cardiff population is relatively young compared with the rest of Wales, with the proportion of infants (0-4 yrs) and young working age population (20-39yrs) significantly higher than the Wales average. This reflects in part a significant number of students who study in Cardiff. There will be significant increases in particular in people aged 0-16 and the over 65s.[d35]

Table. Projected percentage increase in population of (a) Cardiff; and (b) the Vale of Glamorgan, by broad age group, over 3, 5 and 10 years from 2016. Source: StatsWales (2014-based projections)

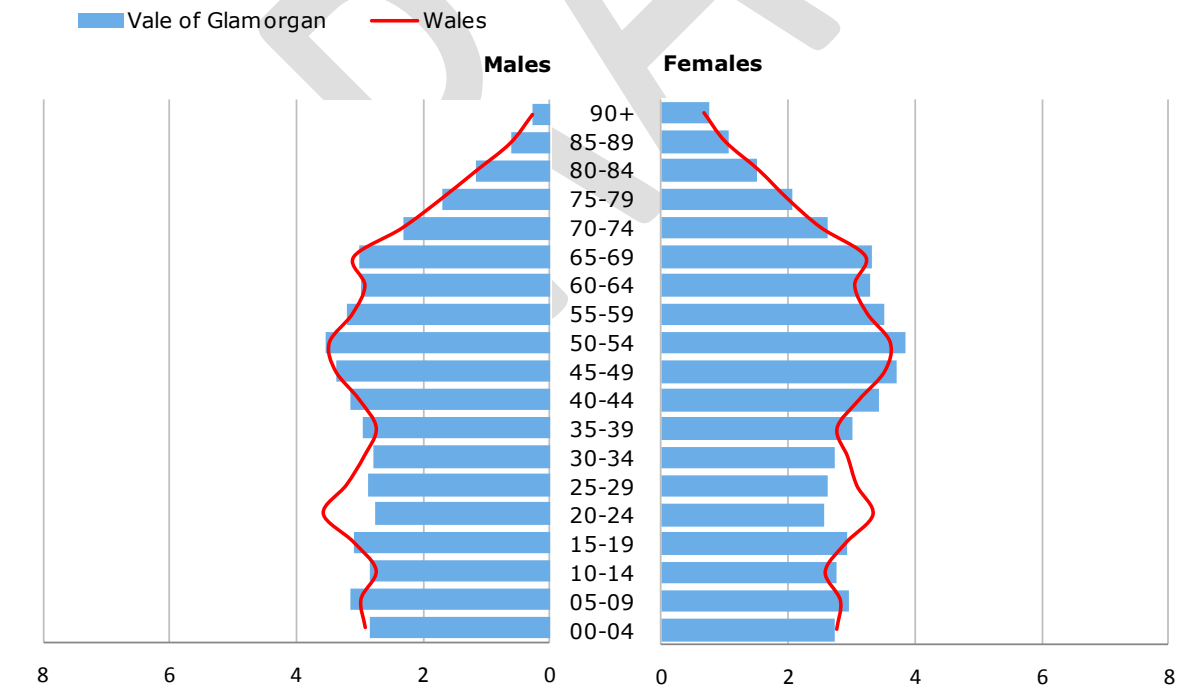
(a) Cardiff

	Projection year		
Age group	**2019**	**2021**	**2026**
0-4	1.1	3.8	11.7
5-16	6.4	10.3	16.0
17-64	1.5	2.5	5.4
65-84	5.7	9.5	23.1
>84	7.2	12.5	26.6
All	2.7	4.6	9.8

(b) Vale of Glamorgan

	Projection year		
Age group	**2019**	**2021**	**2026**
0-4	-3.2	-3.4	-3.8
5-16	1.4	2.2	-0.3
17-64	-1.6	-2.8	-5.5
65-84	5.9	9.7	19.5
>84	7.1	13.0	36.2
All	0.3	0.6	1.0

Figure. Percentage of population by age and sex, (a) Cardiff and (b) Vale of Glamorgan (2015)



The significant increase in the size of the population in Cardiff is driven principally by a birth rate which exceeds the death rate, contributing to around 0.5% growth each year, and net in-migration, which contributes around 0.3% growth annually. In-migration rates have over recent years declined slightly in Cardiff, and is running at around 1000-2000 people per year (net).

The population of South Cardiff is ethnically very diverse, particularly compared with much of the rest of Wales, with a wide range of cultural backgrounds and languages spoken. Arabic, Polish, Bengali and Chinese are the four most common languages spoken after English and Welsh. Cardiff is an initial accommodation and dispersal centre for asylum seekers. [d35]

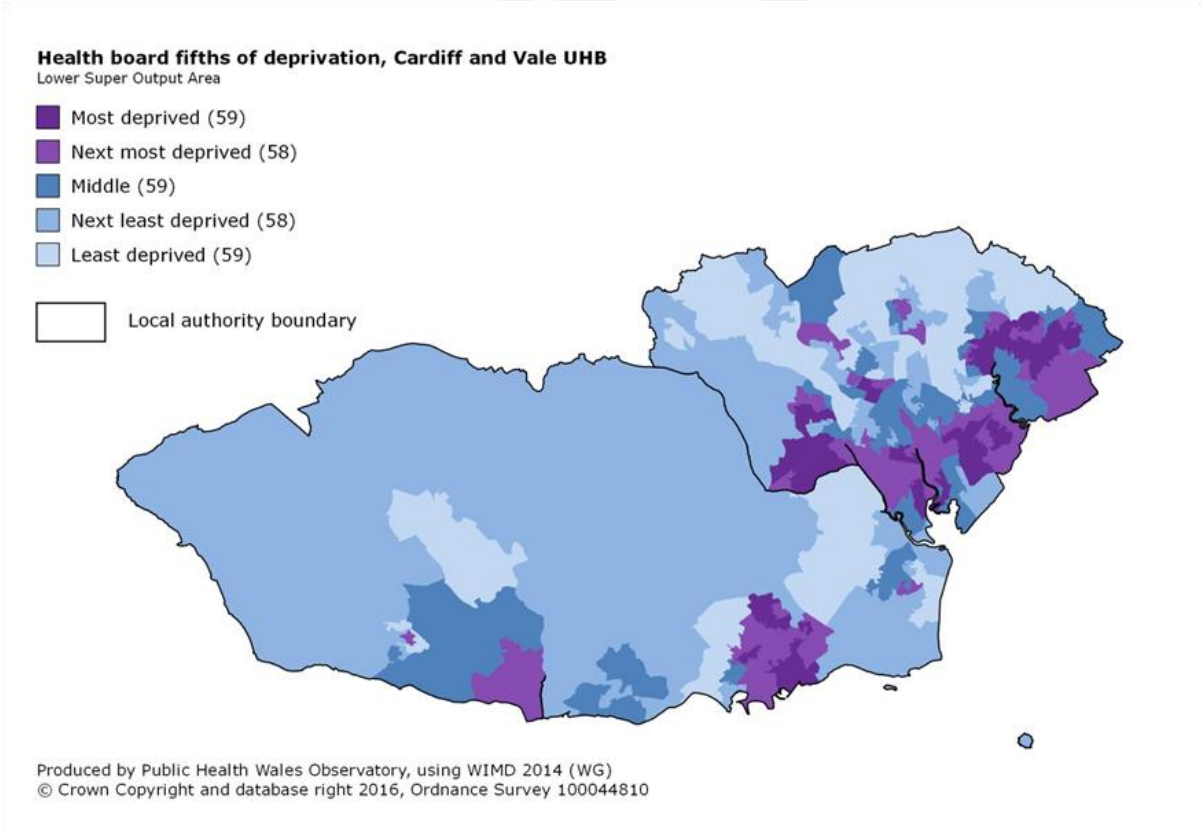
Inequalities

There are stark and persistent inequalities in Cardiff and the Vale of Glamorgan.[d21] While both Cardiff and the Vale are home to some of the most affluent parts of Wales, they each also have areas of significant deprivation. The gap between the most and least deprived shows no sign of reducing. The Wellbeing assessments for Cardiff and the Vale of Glamorgan both highlight inequality as a key issue in our communities.[d125,d129]

Cardiff has the third highest proportion of most deprived local areas out of all local authorities in Wales, behind Blaenau Gwent and Newport, with over 1 in 6 (17.6%) people in Cardiff living in these areas.[d43] For young people under 18, this proportion rises to nearly a quarter (23.1%). Many of the more deprived areas are in and around south Cardiff, contrasting with the northern half of the City.

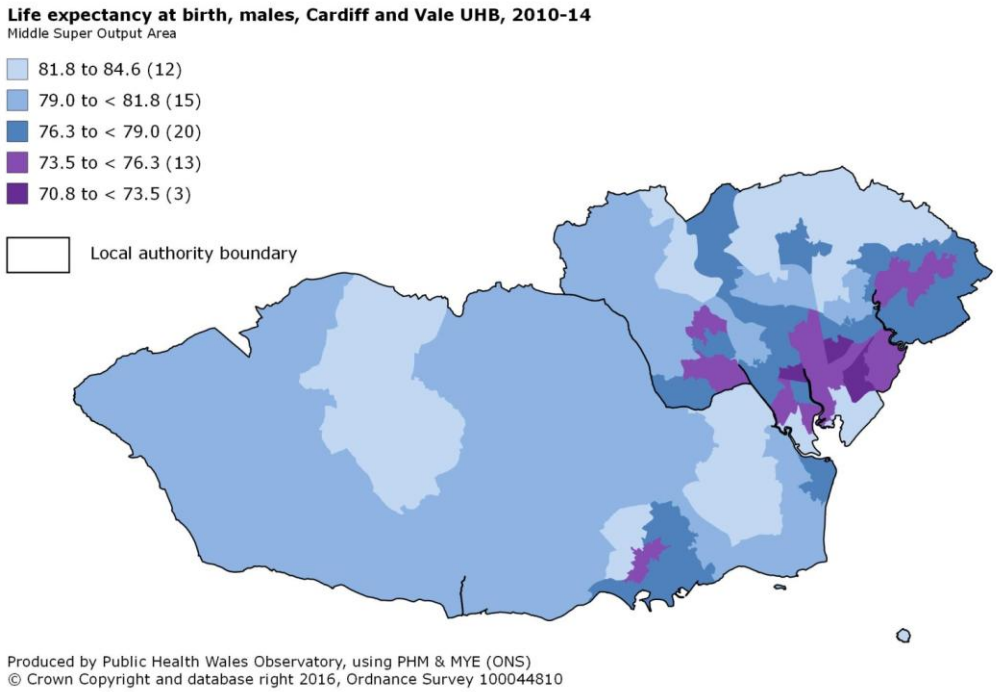
Within the Vale of Glamorgan 14% of local areas are among the most deprived in Wales, clustered in the central Vale around Barry, but there are also significant pockets in the Western Vale too.

Figure. Fifths of deprivation across Cardiff and the Vale of Glamorgan (2014 data)



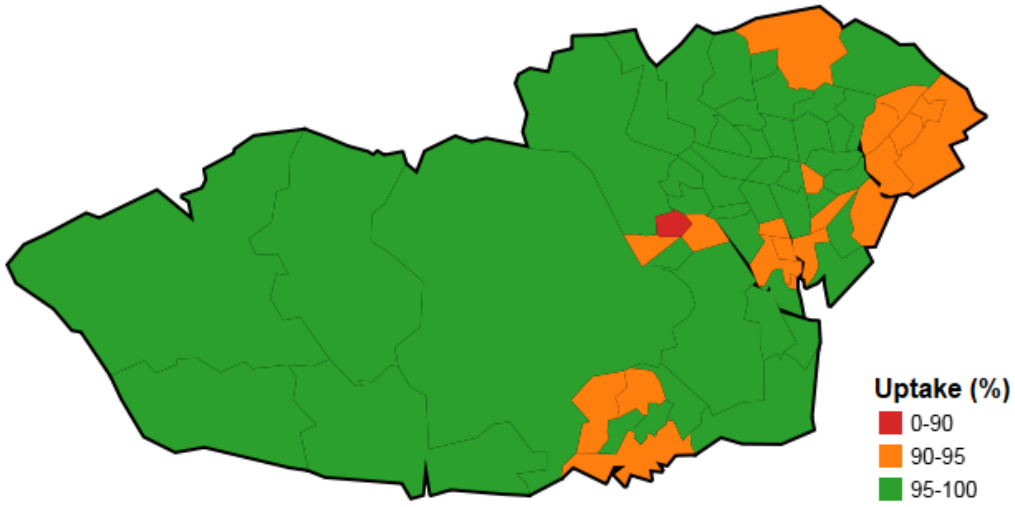
Within Cardiff, men in the most deprived areas can expect to live on average 11 years less than those in the least deprived areas. For healthy life expectancy the gap is even wider, with 24 fewer years of healthy life experienced by men in the most deprived areas. For the Vale of Glamorgan, the gap is 8 years and 21 years respectively. See figure.

Figure. Life expectancy at birth for males across Cardiff and the Vale of Glamorgan (2010-14)



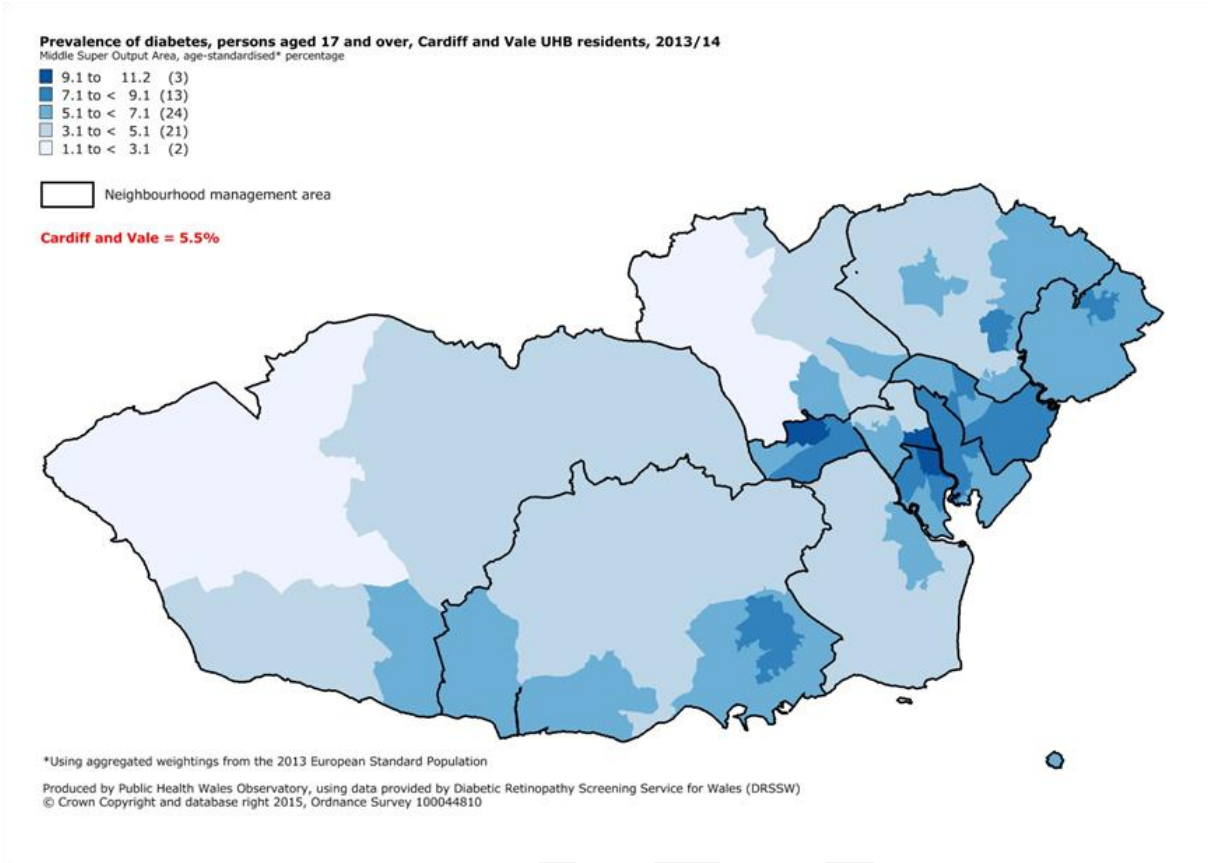
Inequalities are seen across health behaviours and outcomes, too. For childhood immunisations, for example, there is a significant variation in uptake by area of residence:

Figure. Uptake of the 5 in 1 primary immunisation in resident children reaching one year of age between Oct 2015-Sep 2016, Cardiff and the Vale of Glamorgan. (Source: Vaccine Preventable Disease Programme, Public Health Wales)



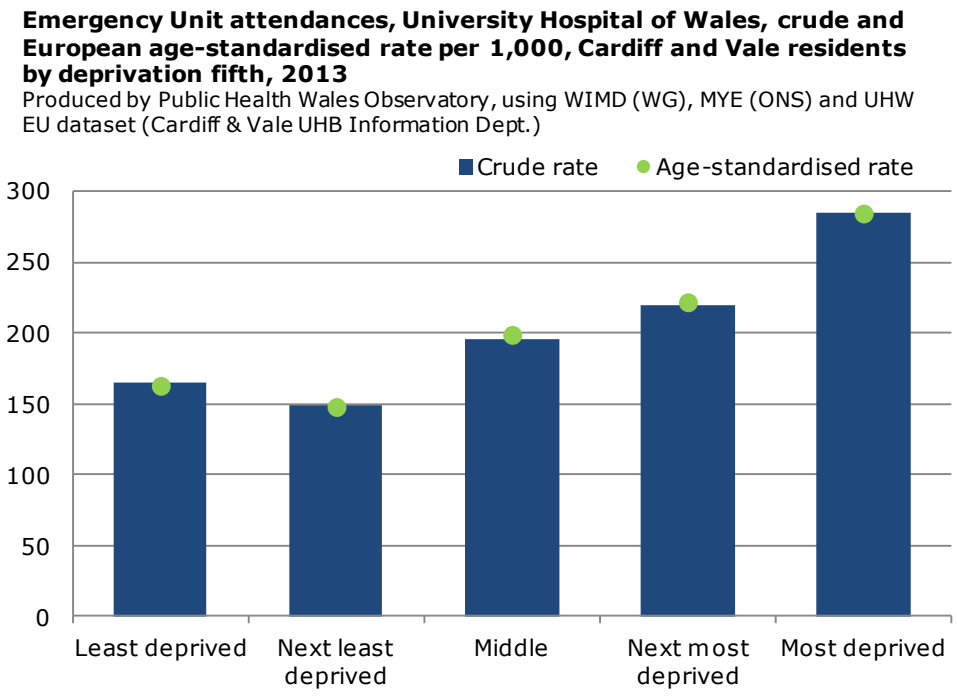
Rates of many chronic diseases are also higher in more deprived areas, such as diabetes:

Figure. Prevalence of diabetes among adults across Cardiff and the Vale of Glamorgan (2013/14)



People living in more deprived areas are more likely to attend the Emergency Department than those in less deprived areas:

Figure. Attendances at Emergency Unit, University Hospital of Wales, by deprivation fifths (2013)



Recognition of these inequalities - which reflect differing community needs at a neighbourhood and locality level within Cardiff and the Vale of Glamorgan - is vital to addressing needs successfully. Because of this, many of the actions and issues identified in this assessment will require a bespoke approach to be taken in each neighbourhood and locality area, based on the importance of the issue is in that area and the local assets and resources available.

A5. General findings and housing need

5.1 General information from local residents and service users

Overall level of wellbeing was reported as 'very good' by nearly 2 in 5 respondents (38.1%) from Cardiff, compared to a quarter (25.4%) from the Vale of Glamorgan. Three-fifths of respondents reported having 'full control' over their daily life, although this figure was lower in the Vale of Glamorgan (53.8% compared with 61.1% in Cardiff). Physical ability, emotional or mental health, and lack of money, were the most commonly cited factors preventing individuals having control over their life.

Around two-fifths of respondents (43.1%) felt there was somewhere (e.g. a place, club, community group etc.) in their community which made a positive difference to their wellbeing. There were many diverse answers given but the most common were local gyms, leisure centres and exercise facilities; religious centres; parks and open spaces; and volunteering as an activity. Of people who wished to use community facilities, the main reasons given for not accessing them were a lack of information; finances; emotional or mental health; transport; physical difficulties; nothing currently available; and unsuitable times.

More than half the respondents (54.8%) had received help, advice or support with the aim of preventing or reducing problems in the future. The most common of these were immunisation; exercise/keeping active; counselling; and care services. More than half of respondents specified that the help they had received had come from their GP (commonest responses given in table).

Table. Source of preventive advice, service or support among respondents to public survey in Cardiff and the Vale of Glamorgan (2016)

Source of preventive advice, service or support	No.	%
GP	301	55.3
Hospital	138	25.4
Somewhere else	112	20.6
Other Health Services	90	16.5
Internet	71	13.1
Charity, volunteer or community group	70	12.9
Family/friends or neighbour	60	11.0
Social worker	54	9.9
Library or Community Hub	39	7.2
Pharmacist	36	6.6
Education Services	31	5.7

Nearly one in five respondents (19.8%) found it difficult or very difficult to find information and advice on the help available to them.

In terms of services which people felt were not currently available to them, but which would benefit their independence and wellbeing, the commonest responses related to: mental health and counselling; practical help with things like gardening and shopping; transport; community based social activities; accessible advice services; and clear signposting to where help can be found.

Nearly half the survey respondents (46.4%) identified themselves as belonging to one or more of the population groups in part B of this report. A third reported a long term health condition or physical disability.

Just over 1 in 10 (12%) of all respondents were currently in receipt of care and support services or had previously received them. Of those who received services, 7 in 10 (69.3%) reported they were happy with the services they received. 6 in 10 (59%) felt they were sufficiently involved in decisions about their care and support, with a further quarter (23.7%) saying they were sometimes involved. 1 in 10 (10.8%) did not feel sufficiently involved in these decisions.

5.2 General information from professionals

In the survey of professionals and organisations carried out for this assessment, the most commonly cited reasons for people having difficulty accessing services and groups in their community were: lack of information; emotional or mental health issues; availability of local services; transport; and finances.

In terms of advice, services or support which is not currently available which professionals felt would benefit the wellbeing of the people they support, common responses included mental health, counselling and emotional support services, and transport.

Professionals felt their service users were most likely to seek advice from their GP; family/friends or neighbour; the internet; third sector organisations; social workers; and libraries or Community Hubs.

Nearly two thirds of respondents (63.8%) felt that the public would find it difficult to find information on advice and help available to them. Interestingly this is higher than the small but still significant proportion of respondents to the public survey identifying this as an issue.

Among professionals, 7 in 10 (70.3%) thought their service users were sufficiently involved in decisions about their care, slightly higher than the 6 in 10 reported by service users (see above).

5.3 General information from other sources

Accessing information about advice, support and services

A report by Citizens Advice on accessing and paying for social care in Wales[d38] found that there was a general lack of awareness of how the social care system works and people don't know how to access care, felt confused about the process and didn't feel able to challenge decisions. There was strong support for a single centralised source of information for advice about accessing care. Although this report was Wales-wide, this is a similar finding to the responses to the survey and focus groups in our area.

Dewis Cymru (www.dewis.wales) is a new pan-Wales website which aims to be a single point of information for care and support, for both the public and professionals. The website was formally launched in June 2016 but is not yet widely recognised by members of the public, with only one in six (16.9%) aware of the website, while only 1 in 20 had actually used the site. Awareness and use of the site were higher in the Vale of Glamorgan than Cardiff.

According to Ofcom, which regularly reviews household use of the internet across the UK, 86% of adults in Wales regularly use the internet, similar to the 87% across the UK as a whole.[d107] Among people aged under 45, regular use of the internet exceeds 95% across the UK, but drops to 72% among 65-74 year olds and to 42% among over 75s. Of people who use the internet regularly in Wales, nearly half (47%) seek information on health-related issues, higher than the UK average of 44%. A third (33%) seek information or services on

Government or council websites. Interestingly this figure is significantly lower than a similar question asked in the National Survey for Wales which found that, out of internet users in Wales, nearly two thirds (62%) had sought information on government or public service websites. This figure is higher among owner occupiers (64%) compared with people living in social housing (52%).[d108] Figures in the National Survey for Wales also suggest household access to the internet is 15% lower (71% compared with 86%) in the most deprived areas in Wales compared with the least deprived.

Tackling Poverty Programmes

Four major tackling poverty programmes funded by Welsh Government are run in local authorities across Wales. These are Families First, Communities First, Flying Start and Supporting People.

Families First provides early help and prevention for families with children, particularly those on low incomes or who are vulnerable in some other way.

The grants received by local authorities to commission Families First projects was reduced in 2016/17, with a consequent impact on service provision. Welsh Government has now given local authorities notification of indicative funding at the same level for 2017/18. Interim guidance on commissioning the next Families First programme has been released, focusing on parenting and youth support, further building the Team Around the Family (TAF) model, and with continued support for families affected by disability. Under this approach some existing elements of the current programmes which could potentially be supported via other routes, including services such as childcare, support into work, financial education and sexual health education, may no longer be funded by Families First.

Communities First is a community-focused programme to reduce persistent poverty. Communities First Delivery Teams work with residents, community organisations, business and other key partners in geographical areas called 'Clusters'. Clusters are drawn from the most deprived areas in Wales and cover a population of 10,000-15,000 people. The focus is on achieving the long-term sustainability and wellbeing of communities.

Within Cardiff and Vale there are 5 Communities First clusters, one in the Vale of Glamorgan (Barry) and four in Cardiff (Caerau and Ely; Splott, Tremorfa, Adamsdown and Roath; Butetown, Grangetown and Riverside; and East Cardiff, Llanedeyrn and Pentwyn).

It has recently been announced by Welsh Government that the Communities First programme will be reviewed, with a new approach focusing on employment, early years and empowerment.[d44]

Flying Start supports parents of children under the age of 4 in more deprived areas by providing health advice, learning skills support and practical ideas to help them give the best possible start to their children. The core elements of Flying Start are free part-time quality childcare; parenting support; intensive health visitor support; and support for early language and literacy.

In Cardiff, Flying Start is offered to eligible families in 43 lower superoutput areas (LSOAs) across the City, which include 8 primary school catchment areas. 4,901 0-3 year olds are supported in these areas. The Flying Start programme in Cardiff receives an overall budget of £10.3m from Welsh Government.

In the Vale of Glamorgan, Flying Start is offered to eligible families in 17 lower superoutput areas (LSOAs), although only 7 of these are covered in their entirety, across the ward areas of Gibbonsdown, Buttrills, Cadoc, Castleland, Court, and Illtyd. Six primary schools are included in these areas. 1,200 0-3 year olds are

supported in these areas. The Flying Start programme in the Vale receives an overall budget of £2.6m from Welsh Government.

Supporting People is a national framework for planning, delivering and monitoring housing related support services.

5.4 Housing need

Cardiff

In the public survey, two thirds (67.4%) of respondents in Cardiff felt their home met their needs very well.

The Cardiff Housing Strategy 2016-21 describes housing need in the City.[d32] The Council and Housing Associations have in total around 24,000 units of social rented accommodation. Demand for housing is high across all wards, with new units planned for popular wards near the City centre. An average of 1,644 lets are made by social landlords in Cardiff each year. In 2014/15 there were around 9,500 applicants waiting for housing in Cardiff. Of these people, less than 1% (0.3%) had an immediate need (38 applications), with a further 6.4% (577 applications) banded as an 'urgent need'. Of those on the waiting list, a quarter (26%) had a medical need, and nearly a third (29%) of the households were living in overcrowded conditions. There were nearly 2,000 applicants on the waiting list aged 50 and over. The weekly average of rough sleepers in Cardiff is 42, of whom on average 15 are long-term rough sleepers who refuse or whose lifestyle is too chaotic, to access provision. The number of rough sleepers varies significantly over the course of the year. The household Benefit Cap is being reduced in 2016/17, affecting 500 households in Cardiff.

The Welsh Housing Quality Standard in Social Housing was introduced in 2002 to provide a minimum standard that all social housing should meet. In 2012 Cardiff became the first local authority area in Wales to meet the WHQS.

For the Gypsy and Traveller community, there are 43 households on the waiting list for Council-operated sites in Cardiff. An accommodation needs assessment was undertaken in 2015 of the two sites to plan for future development, which demonstrated a clear need in Cardiff for the provision of additional permanent and transit socially rented Gypsy and Traveller accommodation.[d114]

The most common specific needs among people accessing Supporting People funding were: age (older or young person); mental health; domestic abuse; refugee issues; and learning disabilities. The Cardiff Supporting People Team annual grant is £16.3m.

Housing advice is available at the Community Hubs in Cardiff in St Mellons, Ely, Llanrumney, Grangetown, Butetown, Fairwater, and a partnership hub in Rumney. These Hubs provide information and support on a variety of public services. A new hub in Llandaff North has recently opened, and planned future hubs include Splott, Llanedeyrn and Llanishen.

In July 2016, CSSIW recorded that there were 38 care homes for older people in Cardiff, of which 18 offered nursing care. In November 2016 there were 63 domiciliary care providers in Cardiff.

Vale of Glamorgan

In the public survey, nearly three quarters (73.7%) of respondents in the Vale of Glamorgan felt their home met their needs very well.

The Vale of Glamorgan Local Housing Strategy 2015-20 describes housing need in the county.[d89] The average house price in the Vale of Glamorgan is high, and second only to Monmouthshire among local authorities in Wales. This does however vary significantly within the Vale. In terms of housing need, the households in the Vale most likely to find private housing unaffordable are lone parents, single people and single pensioners; in the rural Vale families with children are most likely to be priced out of the market. 7.2% of households are living in unsuitable housing, and in April 2014 151 households were living in temporary accommodation. The key outcome of the Local Housing Market Assessment in 2010 was that there was a need for 915 additional units of affordable housing per year in the Vale, mostly in Barry and Penarth areas (including Dinas Powys and Sully). The quality, suitability, adaptability and affordability of housing for older people are recognised as key factors enabling individuals to continue to live independently for as long as possible. Among over 65s in the Vale, the majority are owner occupiers, with around one in ten (11.9%) living in social housing and a minority (4.1%) in private rented accommodation. In 2015 nearly half (47.5%) the homes owned by social landlords in the Vale met the Welsh Housing Quality Standard. An assessment of the need for Gypsy and Traveller accommodation was undertaken in the Vale of Glamorgan in 2013, identifying a need for 18 permanent pitches to be provided in the Vale.

In the Vale the number of people assessed for homelessness varies between around 270-430 per year. The most common reasons for homelessness are the loss of rented or tied accommodation; being asked to leave friends' or families' homes; moving on from institutional care; and fleeing domestic abuse. Most people accepted as homeless are single people.

The Vale of Glamorgan Supporting People Team annual grant is £3.5m. Over 2500 service users are supported every week and 95% of users were happy with the support they received.[d89] Priorities for new services include supported housing for people with personality disorders; people experiencing domestic abuse; fully wheelchair accessible accommodation; adult placements for people with learning difficulties or mental health issues; and ExtraCare clients who require additional support and care but wish to live independently.

In July 2016, CSSIW recorded that there were 22 care homes for older people in the Vale of Glamorgan, of which 8 offered nursing care. In July 2016 there were 39 domiciliary care providers in the Vale of Glamorgan.

Housing need among children & young people

Both Cardiff and the Vale of Glamorgan have 'one stop shops' for young people who are at risk of homelessness. In each area the 'one stop shop' is made up of third sector organisations and Children's Services. In Cardiff there is also representation from the Housing Department and Careers Wales.

Both areas also have mediation services for young people over the age of 13 and Supported Housing and specialist Floating Support Services funded by Supporting People for young people aged over 16.

In October 2015 the Young Person's Gateway was launched in Cardiff, with the aim of offering housing solutions for young people aged between 16 and 21. The service is offered to clients who are under a duty of Children's Services or homelessness legislation, or those who are in need of supported accommodation within a young person project.

Fuel poverty

A household in Wales is defined as being in fuel poverty if they spend 10% or more of their income on energy costs, including Housing Benefit, Income Support or Mortgage Interest or council tax benefits on

energy costs. People who struggle to keep their homes warm usually have low incomes and are often the most vulnerable people in our communities.

Of the 52,100 households in the Vale of Glamorgan, it is estimated that just over 1 in 5 (22.4%, 11,692) are living in fuel poverty.[d100] In Cardiff, nearly a quarter (23.8%, 33,060) of households are estimated to experience fuel poverty.

There is a growing body of evidence to show that there is a close association between cold homes, fuel poverty, and poor health. This includes impacts on both physical and mental health, and on illness and death rates, in younger and older people.[d99] By taking action on fuel poverty and cold homes, the burden on the health and social care system can be reduced, as well as helping to address both the causes and effects of climate change.

5.5 Wellbeing assessments

Headline needs identified in the Wellbeing assessments in Cardiff and the Vale of Glamorgan which are relevant to this assessment are listed below.[d125,d129]

Cardiff

- Over the next 20 years Cardiff is projected to grow faster than all major British cities apart from London. It will put pressure on the city's physical and social infrastructure and public services. There will be a need for more health services. The growth in the city's older population will mean greater demand on health and care services
- Large inequalities exist within the city. Some of the poorest wards in Wales are to be found within walking distance of some of the most affluent
- Levels of wellbeing vary significantly across the city, with stark differences in how prosperous, safe, healthy, skilled, clean and green Cardiff is in the most affluent and more deprived communities
- Housing, a central component of quality of life, remains relatively unaffordable in Cardiff and recent years have seen a substantial increase in the number of people who are homeless or sleeping rough
- After 10 years of continual growth in Cardiff's total economic output in the years preceding the economic crash, economic output per capita is only now returning to pre-crisis levels. The proceeds of economic growth have not been felt by all the city's residents. The large disparities in levels of unemployment, household poverty and workless households closely align with health, crime and educational inequalities across the city
- Cardiff is a comparatively safe city. Over the last 10 years crime has fallen dramatically. However there has not been an equivalent fall in the fear of crime. The city's deprived communities are more likely to suffer the effects of crime
- A small number of people - particularly children and women - are subject to abuse, violence and exploitation
- There is a significant and growing gap in healthy life expectancy between those in the least and most deprived areas of the city, which now stands at over 20 years. In terms of healthy lifestyles, more than half of the population are overweight, obese or underweight, comparatively few people undertake physical activity and there is a high number of people smoking and drinking to excess
- Too many young people are failing to make transition from school into education, employment or training
- Over 60% of residents think that transport in the city is a serious or very serious problem

Vale of Glamorgan

- Clear inequalities between the 'haves' and the 'have nots' often masked by local authority level statistics
- The largest inequality gap in healthy life expectancy in Wales for females
- High levels of alcohol consumption particularly by older people in rural areas
- Green spaces may not always found in the areas where they are needed most to have a positive impact on well-being
- Engaging with harder to reach groups still proves challenging and new innovative ways to reach all of our population must be considered
- A risk of isolating those in rural areas who find it difficult to access services
- A lack of data in relation to a number of equality groups to better understand the needs and assets of all of our population
- Long term economic impacts of the EU referendum result are unknown, residents of the Vale are concerned about this
- High house prices which may become unaffordable to local people and the impact this has on a feeling of belonging and community cohesion
- The impact of further welfare reforms increasing the divide between those in the most and least deprived areas
- An increased demand for services due to an ageing population at a time of financial austerity
- Linked to an ageing population particularly in rural areas an increased risk of social isolation due to concerns around transport links in rural communities
- The impact of Adverse Childhood Experiences on life chances with high levels of harmful behaviours concentrated in the most deprived areas

Section B.

Findings by population theme

Guide to information presented in each chapter

Each of the chapters B1-B12 in this section are laid out in the same way so that information can be found readily. B13 is a summary of themes common to more than one population group

Summary *A brief summary of the key needs, preventive needs and assets for the group*

What do we know about this group?

Information from population and service data *Including information from statutory services where relevant, national surveys and the Census*

Information from residents and service users *Including information from the public survey and focus groups.*

Quotes from residents and service users show this symbol: 

Information from professionals working with this group *Including information from the professional and provider survey, and professional workshops*

Information from other sources *Including information from relevant government strategies, policies and research*

Gaps in our knowledge

Main needs *Key care and support needs identified in the group*

Prevention recommendations *Key prevention recommendations identified for the group*

Assets *Key assets which support the wellbeing of the group*

Suggested areas for action *Actions for consideration in the region. The mechanism for this will vary for each action; for more details see A3, 'What happens next?'*

B1. Children and young people

Including carers who are children or young people; and mental health of children and young people

Note: In general this chapter uses the legal definition of 'child', which includes all individuals between birth and 18 years old. However, in some specific circumstances services use other definitions, for example catering for individuals up to 21 or 25 years old. These groups are included here where relevant

Other chapters of relevance: Asylum seekers and refugees; health and physical disabilities; learning disability and autism; mental health; offenders; sensory loss and impairment; violence against women, domestic abuse and sexual violence

Summary Children and young people

Care and support needs Support for children and young people affected by parental relationship breakdown and domestic violence; access to services including primary care and mental health; support for people with ADHD and autism; access to services for looked after children and children in need; support for young carers; more involvement of children in decisions about them; smoother transitions from child to adult services; accommodation; vocational education and apprenticeships; increasing complexity of needs; specific needs of children and young people with a disability

Prevention issues Building healthy relationships; practical life skills including financial skills; healthy lifestyles including healthy eating, physical activity and play; increased focus on adverse childhood experiences (ACEs); actions to reduce proportion of children becoming not in education, employment or training (NEET), especially in Cardiff

Assets Positive social interactions; respite care for young carers; counselling services; positive physical environment; careers advice; Families First projects and Flying Start; arrangements for engaging with children and young people; bespoke support for individuals; Family group conferencing (Cardiff); paid and volunteer workforce; funding for children and young people with a disability

1.1 What do we know about this group?

1.1.1 Information from population and service data

The population of Cardiff is relatively young compared with the rest of Wales, with the proportion of infants (0-4yrs) significantly higher than the Wales average. There will be an increase in the next 10 years in the number of people aged 5-16.[d15] The proportion of young people in the Vale of Glamorgan is similar to the Wales average.

The rate of referrals to children's services in Cardiff is in line with the Wales rate, while the rate in the Vale of Glamorgan is lower. Given Cardiff's higher proportion of young people in the population compared with Wales in practice this suggests a lower rate than the Wales age-adjusted average for Cardiff too.

Safeguarding and child protection

Social Services have a statutory responsibility to investigate situations where a child or young person may be suffering abuse or neglect, or is at risk of suffering abuse or neglect. Referrals are received from a number of sources including families themselves, the police, schools, health visitors, GPs, hospitals and members of the public.

In Cardiff in March 2016 there were 340 children on the child protection register. In the Vale of Glamorgan the figures was 100. Over the course of the year the number of children on the register increased by 33.7% in Cardiff and 12.2% in the Vale, compared with a Wales average increase of 4.2%, although with relatively small numbers (from a statistical perspective) some variation would be expected. In both Cardiff (46) and the Vale (37) the rate of children on the protection register out of 10,000 people aged under 18 was below the all-Wales average of 49.[d121]

In Cardiff, 58% of children were on the child protection register due to neglect; 25% due to emotional abuse; 16% physical abuse; and 1% sexual abuse. In the Vale of Glamorgan the corresponding figures were 57% emotional abuse; 35% neglect; 8% physical abuse; and 1% sexual abuse. Further information on child sexual exploitation is given in chapter B8, Violence against women, domestic abuse and sexual violence.

Looked after children and children in need

A child who is being looked after by their local authority is known as a looked after child. They might be living: with foster parents; at home with their parents under the supervision of social services; in residential children's homes; other residential settings like schools or secure units. They may have been placed in care voluntarily by parents struggling to cope, or Children's Services may have intervened because a child was at significant risk of harm.

Looked after children are more likely to have a statement of special educational needs, be excluded from school, and to leave school with no qualifications, compared with children in the general population. Looked after children are also more likely to experience emotional and mental health issues.

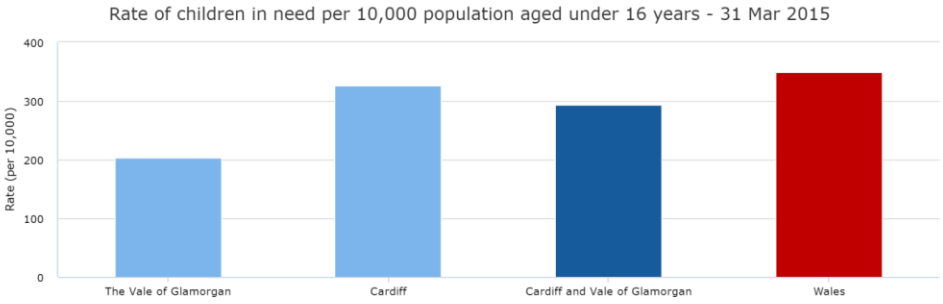
In Cardiff in 2015 there were a total of 2,135 children in need, including 620 looked after children. In the Vale of Glamorgan there were 480 children in need, including 120 looked after children.[d74]

In 2017 a Corporate Parenting Strategy is being introduced across the Cardiff partnership to set out how looked after children will be cared for.[d52] In the Vale of Glamorgan a cross-party Corporate Parenting Panel actively considers issues affecting looked after children.[d124]

In 2015 in both Cardiff (91%) and the Vale of Glamorgan (90%), school attendance rates of children in need were marginally below the all-Wales average of 92%.[d74] Across Wales, 35% of children in need achieve 5 or more A*-G GCSE passes. In Cardiff the rate was 31% and in the Vale it was 37%.

Figures for the number of children seen by Youth Offending Services is given in chapter B10, Offenders.

Figure. Rate of children in need per 10,000 population aged under 16, Cardiff and Vale of Glamorgan (2015)



	31 Mar 2015
The Vale of Glamorgan	203
Cardiff	327
Cardiff and Vale of Glamorgan	294
Wales	349

Source: Welsh Government (WG)

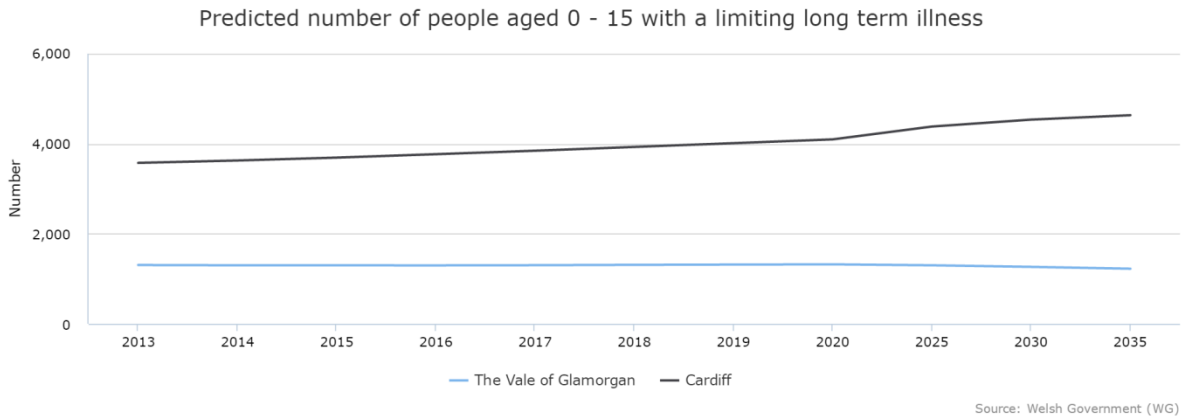
Care leavers

During 2015/16, there were 20 care leavers reaching the age of 19 in the Vale of Glamorgan, of whom 10 were not in education, employment or training (NEET), and the remainder were. In Cardiff, there were 65 care leavers reaching the age of 19, of whom 30 were NEET (note numbers are rounded for confidentiality purposes).[d74]

Long term illness and disability among children and young people

The number of people aged 15 and under with a long term illness is predicted to increase significantly over the next 20 years, with a period of particularly high growth starting in 2020. A similar increase is projected for rates of severe disability in Cardiff. The rates of both long term illness and severe disability in the Vale of Glamorgan are projected to be stable.

Figure. Predicted number of children and young people with a limiting long term illness, Cardiff and Vale of Glamorgan



Source: Welsh Government (WG)

In the Vale of Glamorgan, 393 children and young people were registered on the voluntary index of children and young people with disabilities and additional needs in March 2016. In the previous year, 107 new registrations had been added and 39 children removed. Over half (51%) are between 4 and 11 years old, and a third (34%) are involved with Social Services. Nearly half (45%) live in Barry. The primary reason

for registration in nearly a third (31%) is autism spectrum disorder (ASD).[d2] The Disability Index was extended to Cardiff in September 2016, as a regional approach to understanding the needs of disabled children and young people in our area. 90 children and young people were registered on the index in Cardiff in January 2017, with registrations expected to rise over the next 2 years in Cardiff as the approach is embedded.

In Cardiff, there has been a shift in the threshold in recent years at which children with disabilities receive support from the local authority, with fewer children now receiving support, whereas caseloads in the Vale of Glamorgan have remained roughly similar. Increases have been seen in Cardiff in the number of children with disabilities and their families accessing services through Families First.

Education

In 2015/16 in Cardiff there were 53,744 pupils. This included 33,086 in primary schools, 19,821 in secondary school, and 552 in special schools.[d74] In the Vale of Glamorgan there were 22,184 pupils in total, including 12,575 in primary schools, 8,104 in secondary school, and 234 in special schools.[d74]

In 2010/11 there 50,361 pupils in schools in Cardiff, and 21,892 pupils in schools in the Vale. This represents an increase of 6.7% in Cardiff and 1.3% in the Vale.

Not in education, employment or training (NEET)

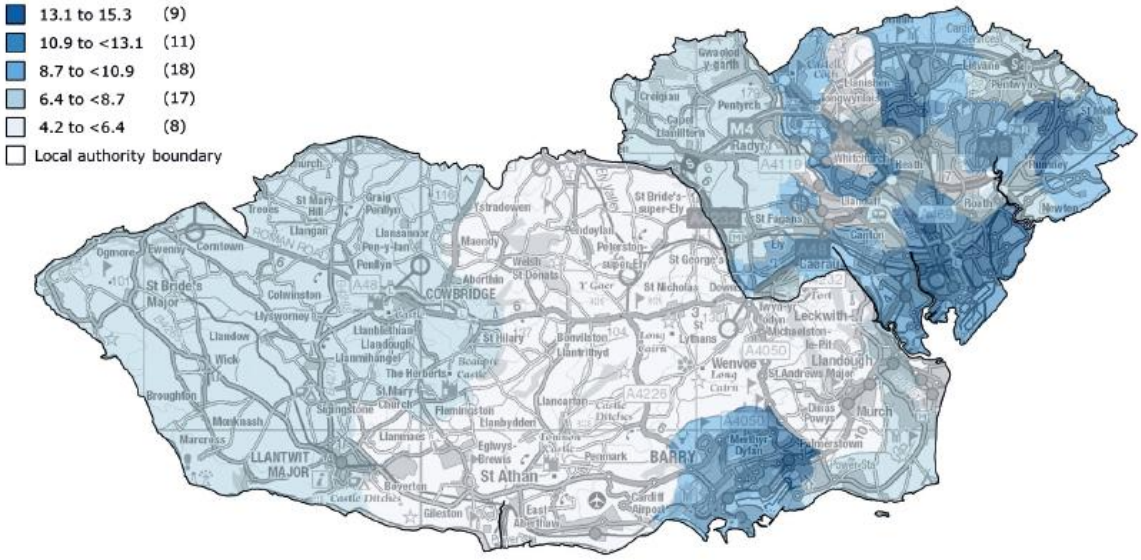
In the Vale of Glamorgan, the percentage of year 11 pupils who go on to be not in education, employment or training (NEET) continues to decrease year on year, and is below the Welsh average.[d5] Levels in Cardiff have also declined but remain high compared with the rest of Wales.[d43]

Preventive health needs

Many children are developing unhealthy behaviours in terms of physical activity and diet.[d35]Teenage pregnancies, while falling in Cardiff, remain above the Wales average; teenage pregnancies in the Vale are below the average.[d79]

In a Europe-wide survey of the health behaviour of school aged children in 2013/14, 3% of young people in Cardiff and Vale aged 11 to 16 reported smoking at least once a week, and 4% reported drinking alcohol.[d136] 8% reported taking any drugs. Over a third (36%) reported being bullied in the past two months. 18% reported trying e-cigarettes occasionally or regularly, higher than the Wales average of 12%. 44% reported walking or cycling to school, the highest rate in Wales.

Figure. Proportion of children who are obese, 3 years combined data, 2012/13-2014/15, Children aged 4 to 5 years, Cardiff and Vale UHB



Due to smaller sample sizes at MSOA level, caution should be taken when making comparisons between areas.

Produced by Public Health Wales Observatory, using CMP data (NWIS)

Families First in Cardiff

Families First in Cardiff has service users throughout the City, with the highest number in Ely, Caerau, Grangetown, Trowbridge, Splott, Pentwyn and Riverside.[d25] The highest proportion of service users were in the Child and Youth Engagement; Emotional Health and Wellbeing; and Early Years packages. The highest proportion of referrals were in the 12-16 age group, followed by 8-11 and 0-4 year olds. 15.2% of service users were children with a disability, 4.7% adults with a disability, with the remainder not experiencing a disability. Over 500 families with more complex needs were referred in 2014-15 for support, an increase of over 200 on the previous year.[d27] Nearly all (98%) of these families said the services involved met their needs.

In terms of sources of referrals, schools and education, and self-referrals were the principal sources, although the source varied considerably by Package. Third sector organisations and health visitors also made a significant number of referrals. The Families First Freephone telephone line is an important central point of information and support to access services, used by professionals and families. Parenting is one of the services in greatest demand.

Families First in the Vale of Glamorgan

The Vale of Glamorgan Families First programme consists of a series of interlinked commissioned projects supporting a centralised Team Around the Family (TAF), branded as the FACT team.[d90] In 2015/16,2,717 individuals accessed and benefited from the programme in the Vale, representing a small increase (0.8%) compared with the previous year. Over half the individuals (1,551) were children and young people themselves, 1,166 were family members, and 145 were professionals.

In common with TAF services across Wales, FACT are experiencing cases of increasing complexity, longer periods of intervention and more children bordering on 'children on need' rather than early prevention.

1 in 10 (9.5%) of individuals accessing the programme were in contact with the TAF, a decrease on the previous year. It is thought this was in response to the implementation of the Families First Freephone Advice line which was accessed by 2.5% (68).

Nearly 1 in 5 (18%) of people accessing Families First accessed a Disability Strand Project, and 2 in 5 (40%) accessed specific projects commissioned as part of Families First to meet families' needs.

Integrated Family Support Service (IFSS)

The Vale of Glamorgan and Cardiff IFSS undertakes intensive direct work with families through time-limited, family-focused interventions, as well as providing advice to practitioners and agencies on engaging with complex families with parental substance misuse. During 2015/16 the IFSS received 137 referrals and worked with 93 families, 71 in Cardiff and 22 in the Vale of Glamorgan. This was a significant increase compared with the previous year, when the IFSS worked with 36 families.[d124]

Young carers

A young carer is someone aged 18 or under who helps look after a relative who has a condition, such as a disability, illness, mental health condition, or a drug or alcohol problem. Most young carers look after one of their parents or care for a brother or sister.

At the 2011 Census, 1,579 young carers were identified in Cardiff and the Vale of Glamorgan, [d46] although the Census is recognised as underestimating the number of young carers when compared with surveys of schoolchildren across the UK in which they are asked if they have caring responsibilities.

Young adult carers are defined as carers aged 18-25. This group is particularly vulnerable to transition on leaving school, and are more likely to be not in education, employment or training (NEET), or experience difficulties balancing caring with college or university.[d126]

1.1.2 Information from local residents and service users

In a survey for this PNA of young people across Cardiff and Vale the commonest issues which were reported to affect young people in their everyday lives (most common first) were: emotional and mental health; body image; family issues; school; relationship problems; housing; discrimination; and sexual health.

Friends, parents and schools/colleges were the main source of help and support, followed by the doctor, siblings, grandparents and online support. One in six had sought help at school/college but not been able to get it.

In terms of what makes someone useful to turn to for support, the commonest answer given was that they were open minded and non-judgemental. Having knowledge/experience and being caring and kind were also key attributes (Box 1A).

Box 1A. What makes someone useful to turn to for support

Understanding, not patronising, takes you seriously, patient, open-minded, always readily available, confidential, compassionate, kind, personal, adaptable approach (C&YP survey)

Non-judgmental listening. Helps if someone has been through similar experiences (C&YP survey)

An open mind. Patience. Experience (C&YP survey)

In terms of what could make a positive difference to health and wellbeing in their community, young people answering the survey came up with a variety of answers, including youth centres, 'more talk about mental health in schools' and better access to GP facilities.

Assets identified by young people in focus groups included positive social interactions and activities with friends (box 1B), and respite care (1C)

Box 1B. Positive social interactions and activities

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

Box 1C. Respite care for young carers

We get the opportunity to do what we want when we go to youth club because without that opportunity we'd be having day to day troubles but thanks to the [charity] we get the support we need and we get time off and get to relax. (Young carer)

Other assets identified include support by third sector organisations to develop social skills and self-confidence; the ability to get involved with activities including sport, leisure and trips; the influence of access to a positive environment on wellbeing (Box 1D); and counselling services (although it was separately raised that access to services could be difficult). For one young person careers' advice they received was really valued, although for others who were not in education, employment or training (NEET) they thought more could have been done to ensure there was a clear pathway for them when they left education.

Box 1D. Impact of access to environment on wellbeing

I'd just say getting out of my local area makes me feel a lot better. Being around nice areas in the countryside, things like that. . . . My father, when he's off, he takes us up the coastal areas whenever he can. (NEET)

One focus group participant, who was a carer for her child, highlighted how she had finally found someone who is trying to find the right solution for her child's particular needs, rather than a predetermined 'off the shelf' solution (Box 1E). Others also highlighted that services need to be more flexible with a recognition that 'one size doesn't fit all'.

Box 1E. Tailored support for children

I've finally got the authorities to accept that there is no provision for my [child] in Wales. So the last couple of weeks, I've had somebody working with me, who for the first time is going not, 'Here's the box, how do you fit [the child] in it?' But, 'What are [the child's] needs and how do we accommodate them?' . . . [The child] has for the first time in two years actually engaged with somebody, albeit for an hour or so in a day. So the last two weeks have been better probably, certainly than the last two years. (Parent carer)

In terms of needs identified in the focus groups, reduced support and availability of some services was highlighted, particularly around respite and mental health services. Better support for young people who cared for other members of their family was also highlighted. (Box 1F)

Box 1F. Reduced support and availability of some services

The social worker [was someone we could turn to]. They're good and there's this one person on Thursday they normally come to the house and work with my brother but they've stopped now because they finished their course. . . . (Young carer)

There's people there who really need help, but then they just can't, they can't access it, because it's just too late by that point, and… they're low on psychiatrists or therapists. When I went there was only the psychiatrist and one therapist out of the whole service in Cardiff and Vale I think. (Mental health young people)

Some young people indicated they could not be as independent as they would like, or as involved in decision making as they would like (Box 1G). A pilot consultation was undertaken in 2016 by Cardiff and Vale substance misuse Area Planning Board into the views of young people aged 16-18 in Cardiff and Vale.[d3] One of the key findings of the survey was that a major barrier to young people accessing services was a perception that professionals didn't always listen to and respect young people. This was followed by lack of confidence, embarrassment and anxiety.

Box 1G. Lack of independence and involvement in decision making

I didn't really know what was going on when I was getting support, it was just kind of going with it, and I think I didn't really have much of a voice or as much control as I would like. There was a time where the psychiatrist kicked me out of the room to speak to my parents on my behalf. (Mental health illness)

In my house at the moment, I've got to say this, not enough privileges that I get because, like, say I want to go out with my mates, . . . they have to do all risk assessments and everything. . . . It's all the risk assessments they have to do for me and it's just absolutely rubbish. Everything. One thing, oh, I'll go down to the shop for munch, and stuff like that, they have to do a risk assessment just for going to the shop. (NEET)

At a day long youth conference in December 2015, young people from high schools, colleges, universities and others, discussed the main challenges facing Cardiff and suggested actions to address these.[d26] Key challenges young people identified included:

- Obesity, alcohol use, smoking
- Transport - more reliable public transport
- Level of pupil support across schools, quality of work experience, variety of course options in year 9
- Health services including waiting times and mental health service access
- Gender inequalities, support for people with disabilities, poverty

Assets identified in Cardiff included its facilities, events, parks and open spaces; shopping and activities in the City Centre, and its culture and diversity. Libraries and youth centres were also identified. There needs to be an increased awareness of what health services are available, and services should be available in local areas.

Both Cardiff and the Vale took part in the youth participation 'Make Your Mark' campaign in 2016. In Cardiff over 9,500 young people took part, with the top issues voted for being: 'a curriculum which prepares us for life', tackling racism and religious discrimination, and first aid education.

In the Vale over 4,100 young people took part, with the top issues vote for being: 'a curriculum which prepares us for life', votes at 16 and transport. In the Vale of Glamorgan the Vale Youth Cabinet enables young people to voice their opinions about local issues and influence policy decisions.[d131]

Transport, managing money and 'life skills' were also themes in the focus group discussions (Box 1H), as well as difficulty with the transition from children's to adult services.

Box 1H. Managing money and 'life skills'

Participant 1: They can teach us how to learn to read and write but they don't teach us about money or financial education. They don't really teach that. Participant 2: School didn't help me at all. (NEET)

I'd like [schools] to ask us about jobs when we are older. I want lessons where they are asking us about what we want to do and stuff [others in group agree]. And how you use your

money and stuff. (Young people)

Thinking about what you said about the transition to adulthood I guess, I can't really see the harm in having a couple of lessons to give to Year 11s in school, because I think that's the last year they're officially in school, after that they have their choice then, and I think what's the harm in teaching them a few life skills. (Mental health young people)

Long waiting lists for NHS mental health services for children were highlighted (Box 1I).

Box 1I. Waiting lists for child mental health services

[NHS mental health service] are not very good because they take forever don't they? Like my brother was supposed to get a diagnosis in the summer [for a child] and they've pushed it back again. (Parent carer)

One participant explained that advocacy services were extremely difficult to access for children. There was a suggestion for a single point of contact to 'navigate through this quagmire'. This seemed to be the case particularly for children with complex needs. (Box 1J)

Box 1J. Children with complex needs

Where it really comes unstuck seemingly is when there's complex needs. So all I get all the time is, 'Oh [the child] is complex. We don't have a diagnosis so we don't know what it is, but we all think it's comorbidity or something'. . . . If there's a linear line where you get a referral from a GP into [a young person's mental health service], there's a diagnosis, it seems to be better. (Parent carer)

Initial findings were available from new survey data collected under the Social Services and Wellbeing Act from children and young people accessing Social Services in the Vale of Glamorgan.[d137] This information wasn't yet available for Cardiff. In the Vale, most young people responding to the survey were happy with where they live, with a few exceptions. They are also satisfied with the people they live with and are able to do most of the things they like to do. Some regretted not living with their parents but they were still happy with the people they live with. There was generally a good level of awareness of support they can access if they feel they need to. Young people generally felt listened to, and mostly had the information and advice they need, and are satisfied with the support they receive.

Care leavers

A listening event in 2016 with care leavers in Cardiff[d55] found that young people would like more council housing to be available to avoid reliance on the private rented sector; more children's residential homes as an alternative to foster care and supported lodgings; better out of hours social workers/personal advisors

for young people, and out of hours advice and support services to be widely promoted; clear guidance on what care leavers are entitled to when leaving care and further education. Fears of young people preparing to leave care included budgeting and money, needing emotional support and loneliness.

Young carers

Engagement with young carers in Cardiff and the Vale in 2015/16 identified that, in terms of support, improvements could be made in communication, having someone to talk to, and in improving awareness of what young carers do and how they can be supported, for example by schools and colleges.[d56] Many get information and support through the Young Carers' Project, family members, other carers and the internet, and would like more information available through school and the health service (hospitals, pharmacies and doctors). Nearly 6 in 10 (57%) say they are never or are only sometimes given the right support at school, and half would like more school.

1.1.3 Information from professionals working with this group

7 in 10 (70.3%) of respondents to the professional survey identified that sexual health advice as a significant need. Just over half (55.1%) also suggested better access to parenting classes as a need.

In the PNA workshops, professionals working with children and young people highlighted the following key needs and assets:

Key needs (including preventative)	**Key assets**
Building healthy relationships - role of education in supporting resilience, emotional and mental health and wellbeing, and sexual health, and prevention of child sexual exploitation (CSE)	The Sprout (Cardiff)
Practical life skills including financial skills, online safety	Families First projects
Support for C&YP affected by parental relationship breakdown or domestic violence	Arrangements for listening to voice of C&YP
Support for young carers including respite	Family group conferencing (Cardiff)
Enabling smoother transitions from child to adult services	Paid and volunteer workforce including education services, social services, health
Improved support for people with ADHD and autism	Integrated autism service funded by WG
Safe, secure and appropriate accommodation	Neurodevelopment service funded through Together for Children and Young People
Vocational educational opportunities and apprenticeships	
Healthy lifestyles including healthy eating, physical activity and play	
Youth mentoring and school-related support	
Access to appropriate services in a timely fashion (including specialist mental health services)	

Children and young people with a disability

In professional feedback, it has been highlighted that in Cardiff following the change in support thresholds there are families who don't meet the threshold but are still significantly affected by disability. Another effect of the change in threshold is that it is more difficult to understand the needs and outcomes of disabled children in the area as a whole, making it harder to plan for them. This is in contrast to the Vale of

Glamorgan where caseloads within the Child Health and Disability Team have remained static and the register for disabled children well embedded.

Across the region there are a number of parent-led groups that bring together parents of children with disabilities who form their own support network and arrange activities. These groups have a strong voice in supporting the development of services and are open to engagement. However, these groups do not capture the wider voice of all disabled children. The Cardiff and Vale Parents' Federation provide some support in this area, and has a focus on both children and adults with disabilities.

Transition for young people with disabilities

There are approximately 30–40 young people with disability who transition from Child Health and Disability Teams to adult services every year in Cardiff. Case studies from recent years highlight both good practice alongside ongoing improvements that need to be made to support more effective transitions. There is a strong case for developing lifespan services to enhance the experience of the young person, reduce duplication and reduce disruption. Transition planning responsibilities within Cardiff Child Health and Disability Team are held with each social worker, with transition meetings held across Children and Adults Services to support effective communication. There is a transition 'team' within adult learning disabilities services in Cardiff who receive the majority of cases moving into adult services.

Two additional social workers have been funded through the Intermediate Care Fund to support an early approach to transition planning with young people aged 16–25 years in Cardiff with the most complex needs.

In the Vale of Glamorgan, between 12–18 young people with disability transition each year between Children's and Adult services. There is a dedicated transition team within Child Health and Disability Team in the Vale who plan every young person's transition, and who liaise on a quarterly basis with all adult services to support long term planning into adult services. There is a transition team in adult services in the Vale.

The Vale of Glamorgan have embedded a Transition Management System (TRIG) which provides a formal forum to ensure that all young people transitioning from Children's Services are effectively supported into adulthood.

Through the regional Disability Futures Programme, this Transition Management System will be rationalised across Cardiff and the Vale of Glamorgan to provide a consistent approach for those young people with disabilities moving into adult hood.

It is anticipated the Additional Learning Needs (ALN) Bill will also have a significant impact in this area when implemented.[d86] The ALN Bill places support for learners in Further Education (FE) Institutions on a more equal footing with support for learners in schools and should therefore improve transition between school and post-16 education. In some cases local authorities will need to secure specialist post-16 education or training for a young person to meet their needs for additional learning provision.

1.1.4 Information from other sources

Mental wellbeing

Across Wales, while the majority of children and young people enjoy good levels of mental wellbeing, around 1 in 5 report low life satisfaction.[d4] Just under 1 in 3 children and young people reported two or more physical symptoms per week which could indicate poor mental wellbeing, and it is estimated that

around 1 in 8 10-15 year olds has a mental health problem. While a majority of young people can rely on the support of family and peers when things go wrong, around a third do not feel that is the case. There is a consistent and significant relationship between reported low levels of mental wellbeing and family affluence; young people from less affluent backgrounds are more likely to report poorer wellbeing. Bullying is reported by just over 1 in 10 children in Wales and is associated with higher levels of anxiety, depression, underachievement and substance misuse.[d4]

Children who are looked after or in need are known to be at greater risk of mental health problems.[d4] There is a potential for a greater role for school nurses in supporting mental and emotional health with school age children. A national report has also identified a lack of connectivity between different policy and service areas working in children's mental health.[d4] Rates of admission to hospital where there is a mention of mental or behavioural issues related to the admission has risen significantly over the last 5 years across Wales.[d4]

Together for Mental Health is the Welsh Government 10 year strategy to improve mental health and wellbeing.[d33] Many of the themes identified here are included in the strategy, including supporting the resilience and emotional wellbeing of children and young people; supporting children and young people with additional learning needs, including those with mental health needs; and ensuring timely access to services for people with neurodevelopmental conditions (including autism spectrum disorder and attention deficit hyperactivity disorder).

Child and adolescent mental health services (CAMHS) have recently been reviewed in Cardiff and Vale, including the introduction of a new Emotional Wellbeing Service providing emotional wellbeing support and brief interventions for young people up to 18 years of age. The review noted an increasing recognition of stress, anxiety, depression and behavioural issues including risk taking among children and young people. Access to timely risk assessment and specialist services were also highlighted.[d127] Primary mental health support has transferred to the Community Child Health department, and a new neurodevelopmental disorder service has also been introduced.

In the Vale of Glamorgan a number of schools have been using a web-based system ('Selfie') to survey pupils about their wellbeing. Since its introduction in 2015, over 9,000 children in Vale schools have been surveyed. This has helped identify children with lower levels of wellbeing and helped target action plans to improve their wellbeing. It has also been possible to identify whole school issues with bullying, worry and social experiences and work with headteachers to explore this further. Information is also available from the detailed Schools Super Survey.

Young people not in education, employment or training (NEET)

In terms of reducing the number of young people who are not in education, employment or training, a review of the literature suggests that working across organisational and geographic boundaries, and basing interventions on features of other successful programmes, are recommended. [d6] In addition the review found support for: acting early (strategies implemented before age 16); tackling barriers and obstacles; working with local employers; and tracking people and monitor progress;

Sexual health

Regarding sexual health services, NICE guidance recommends offering culturally appropriate, confidential advice tailored to the young person; ensuring young people understand their information will be treated confidentially; providing contraceptive services after pregnancy and abortion; encouraging the use of

condoms as well as other forms of contraception; and advises how schools and other education settings can provide contraceptive services.[d7]

Parenting support

Welsh Government guidance on parenting sets out a number of recommended evidence-based parenting programmes for local implementation.[d116]

Transition

There is best practice guidance from NICE on transitions from children's to adult services for young people using health and social care services.[d9] There is additional evidence on best practice from the Social Care Institute for Excellence on mental health service transitions for young people.[d10]

Housing and homelessness

Safe, secure and appropriate accommodation is a basic need. The profile of statutorily homeless households in Wales changed significantly between 2009/10 and 2014/15, with an increase in the number of people fleeing domestic abuse (up 19%) and people with poor mental health or learning disabilities (up 24%).[d14]

Adverse Childhood Experiences (ACEs)

Adverse Childhood Experiences (ACEs) are stressful experiences occurring during childhood that directly harm a child (e.g. sexual or physical abuse) or affect the environment in which they live (e.g. growing up in a house with domestic violence). Nearly half (47%) of adults in Wales experienced at least one ACE during childhood, and 14% suffered 4 or more. Compared to people with no ACEs, people with 4 or more ACEs are 6 times more likely to smoke; 6 times more likely to have had underage sex; 15 times more likely to have committed violence against another person in the previous year; 16 times more likely to have used heroin or crack cocaine; and 20 times more likely to be incarcerated during their lifetime.[d28]

In Wales, a quarter (23%) of adults were exposed to verbal abuse as a child; a fifth (20%) to parental separation; 17% to physical abuse; 16% to domestic violence; 14% to mental illness; 14% to alcohol abuse; 10% to sexual abuse; and 5% each to drug use or incarceration of a parent. Figures at local authority level are not currently available.

1.1.5 Gaps in our knowledge

- Voices of children with a disability who are not accessing services
- It has been noted that recorded rates of disability among children are dependent on whether the rate reflects those who meet a particular threshold to receive services (a threshold which can vary between local authorities), or self-identified needs

1.2 Main needs

- Increased support for children and young people affected directly or indirectly by parental relationship breakdown and domestic violence
- Access to appropriate services in a timely fashion, including primary care and mental health services, and services and support for young people with ADHD and autism
- Access to appropriate services for looked after children and children in need, recognising increased rates of emotional and mental health issues

- Increased support for young carers including respite, and increased awareness of what young carers do
- Increased involvement by children and young people in decisions made about them
- Enabling smoother transitions from child to adult services
- Safe, secure and appropriate accommodation
- Vocational educational opportunities and apprenticeships
- Increasing complexity of needs
- Children and young people with a disability
    - Recommissioning of services which are bespoke to needs and delivered regionally
    - Transition across services and through difficult periods
    - Access to timely support from relevant services to meet needs
    - Awareness of needs particular to this group at a strategic level, especially during times of austerity

1.3 Prevention recommendations

- Building healthy relationships
    - Supporting resilience, emotional and mental health and wellbeing, sexual health, and healthy relationships
    - Prevention of child sexual exploitation
    - Body image
    - Discrimination
    - Youth mentoring and school-related support
    - Potentially increased role for schools and education in this
- Practical life skills including financial skills, online safety
- Healthy lifestyles including healthy eating, physical activity and play
- Increased focus on decreasing adverse childhood experiences (ACEs) in order to improve children's prospects
- Continued actions to reduce the proportion of young people going on to be not in education, employment or training (NEET), especially in Cardiff

1.4 Assets

- Positive social interactions with friends and family, and help and support from schools
- Respite care for young carers
- Counselling services
- Positive physical environment
- Careers advice
- Families First projects and Flying Start
- Arrangements for engaging with children and young people
- Bespoke support for individuals
- Family group conferencing (Cardiff)
- Paid and volunteer workforce
- Children and young people with a disability
    - Ring fenced disability funding (Welsh Government and Families First)

    - Intermediate Care Fund support for children with complex needs, with strong links to regional adult learning disabilities services
    - Engaging families who are able to articulate needs
    - Opportunities to redesign services across a regional footprint under the Local Safeguarding Children Board
- Healthy Schools and Healthy and Sustainable Pre-School scheme

1.5 Suggested areas for action

- Increase engagement and involvement with schools around preventing future care and support needs, including healthy relationships (emotional, mental and sexual health), practical life skills, online safety, and promoting healthy lifestyle choices
- Increase support for young carers including access to respite
- Improve timely access to services
- Recognise the diversity of children and young people and tailor services to meet individual needs
- Improve parenting and family support and family wellbeing
- Improve experience of transition from children's to adult services, across service areas
- Provide complementary support in targeted services for vulnerable groups e.g. young carers at risk of homelessness
- Support sustainable services for children and young people with disabilities, and their carers
- Support young people at risk of child sexual exploitation (CSE)
- Support bespoke and vocational education and training opportunities and apprenticeships
- Increase engagement of young people in decisions about them, and in planning services
- Take advantage of technology to communicate with children and young people where appropriate

B2. Older people

Other chapters of relevance: Asylum seekers and refugees; adult carers; health and physical disabilities; learning disability and autism; adult mental health and cognitive impairment; offenders; sensory loss and impairment; veterans; violence against women, domestic abuse and sexual violence

Summary Older people

Care and support needs Maintenance and sustainability of key services; access to information and advice; integrated management of mental health and physical health issues; integration of health, housing and social care; social isolation and loneliness while maintaining independence; practical help with day-to-day tasks; needs of those with dementia and their carers; suitable housing for life; accessible built environment; increased consistency and quality of care home places commissioned; improved transport; access to different types of advocacy; digital inclusion; intergenerational integration in communities

Prevention issues Financial management; healthy environment and behaviours; falls prevention; outcomes-based commissioning for domiciliary care

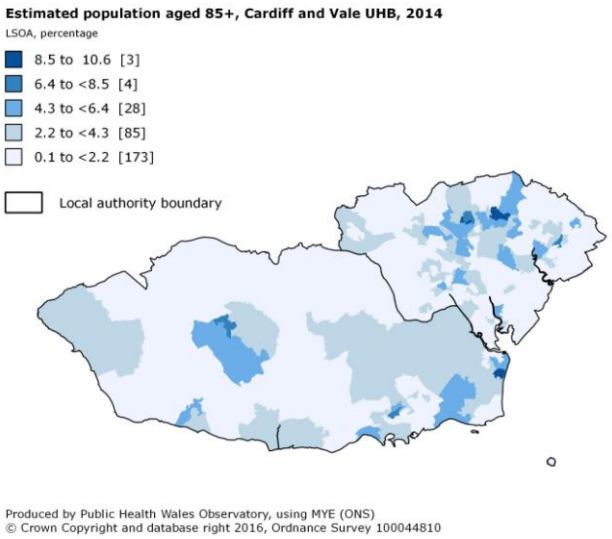
Assets Social interactions; physical activity and green spaces; volunteering; community centres, lunch clubs, churches; dementia strategy and supportive communities; relationships with third sector partners; intermediate care fund; unpaid carers; private sector; social enterprises and alternative delivery models; independent living services; telecare

2.1 What do we know about this group?

2.1.1 Information from population and service data

The demography of Cardiff and the Vale of Glamorgan differ considerably. In general, Cardiff has a younger population while the Vale's population has a larger older age population more in line with the Wales average. In both areas however there is projected to be a continued increase in the number of people aged over 65, and over 85. The areas with the highest proportion of people aged over 85 are shown below:[d11]

Figure. Estimated population aged 85 and over, Cardiff and Vale of Glamorgan (2014)



The tables illustrate that the proportion of the population aged over 65 will increase across Wales, including in both Cardiff and the Vale of Glamorgan.[d74]

Table. Projected population age structure, (a) Cardiff and (b) Vale of Glamorgan (2015)

	Proportion of population			
	2015		2025 (projected)	
Age (yrs)	All Wales	Cardiff	All Wales	Cardiff
0-4	5.9%	6.6%	5.4%	6.4%
5-16	13.2%	12.8%	13.7%	14.0%
17-64	60.8%	66.9%	58.3%	64.7%
65-84	17.5%	11.7%	19.1%	12.6%
>85	2.6%	2.0%	3.5%	2.3%

	Proportion of population			
	2015		2025 (projected)	
Age (yrs)	All Wales	Vale	All Wales	Vale
0-4	5.9%	5.6%	5.4%	5.2%
5-16	13.2%	13.9%	13.7%	13.7%
17-64	60.8%	60.2%	58.3%	56.8%
65-84	17.5%	17.5%	19.1%	20.5%
>85	2.6%	2.8%	3.5%	3.8%

Dementia

The number of people living with dementia is also projected to rise significantly.[d15] The driver for this is mostly the increase in the over 85 population (see above). There is evidence that the risk of developing dementia at any given age is actually starting to fall, but this decline does not sufficiently offset the rise in the population size. Similarly to diabetes, there are thought to be many people currently living with dementia whose condition has not yet been diagnosed.

Table. Estimated number of people with dementia in Cardiff and Vale, 2015 to 2025 (Source: Daffodil Cymru)[d88]

	Year		
Age group	2015	2020	2025
30-64 yrs (early onset dementia)	109	116	121
65-69 yrs	282	269	291
70-74 yrs	465	576	554
75-79 yrs	813	894	1,110
80-84 yrs	1,262	1,375	1,540
85 yrs and over	2,565	2,875	3,355
65 yrs and over (total)	5,387	5,988	6,849

For more information on the needs of people with dementia please see chapter B5, Adult mental health and cognitive impairment, and for the needs of their carers see chapter B6, Adult carers.

Multi-morbidity and risk factors for disease

As described in chapter B3, Health and physical disabilities, the number of people with 2 or more chronic illnesses is increasing, and as people age they are more likely to experience multiple conditions at the same time ('multi-morbidity'). Unhealthy behaviours are common in older people too, just as with the rest of the population. In particular there is concern over significant numbers of older people who drink excessive alcohol.[d135]

Frailty

Whether someone is frail is affected by many factors, especially the presence or absence of long-term illness. A detailed modelling exercise has been undertaken across Cardiff and the Vale of Glamorgan which suggests that overall, the number of frail older people is estimated to be higher in Cardiff North and West (3,550 people) and the Vale (2,280) compared with Cardiff South and East (1,780).[d30] However, this represents a far higher proportion of older people in Cardiff South and East, because more have long-term illness. The model projects that, based on frailty, demand for services will increase by 31% in the Vale over the next 10 years, 25% in Cardiff North and West, and 18% in Cardiff South and East. The number of older people with both frailty and dementia is estimated as 1,271, with the proportion of older people in this cohort increasing with age.

Delayed transfers of care

For information on delayed transfers of care (DTOC) please see chapter B3, Health and physical disabilities.

2.1.2 Information from local residents and service users

Just over a quarter (26.7%, 330 people) of responses to the public survey were from people aged 65 or over.

In focus groups, older people highlighted the benefits to wellbeing of social interaction with others (Box 2A).

Box 2A. The impact of social interaction on wellbeing

I think belonging to a number of organisations that involves a lot of different meetings [is important to well-being]. (Older person)

I'll talk to anyone and everybody because people are so interesting. Really that gives you something else to think about besides yourself, to put my life in a nutshell. (Older person)

The benefits of physical activity and green spaces were also highlighted by participants (Box 2B)

Box 2B. Physical activity and green spaces

Exercise, sometimes if you're not well yourself you go along to these groups and you get inspired by other people. . . . That's what I get out of it personally and the exercise as well. (Older person)

You're with the trees, the nature, it's quiet and you meet people and have a chat with them. You don't know them, but you stop and have a nice chat. So it's a big part of my quality of life. (Older person)

In terms of independence, access to the bus network and free bus pass helped, as did living near amenities. Volunteering also had a positive impact on wellbeing (Box 2C)

Box 2C. Volunteering

Volunteering I think is wonderful because you just meet so many different people. (Older person)

I really believe that what we are, what our identity is actually a reflecting back of our contact with other people. You're learning about them and they're learning about you. (Older person)

A number of statutory and third sector services were also mentioned by older people in the focus groups as services which help maintain their wellbeing. Services which help with home adaptations are welcomed, increasing confidence and personal safety, with a very high level of satisfaction.[d54]

In terms of needs identified during the focus groups, there was a perception of reductions in statutory services supporting older people (Box 2D)

Box 2D. Reductions in statutory services

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)

I get support from small voluntary or communities from the church. Little groups, but as the local authorities and to some extent the Health Service increasingly restrict what's available, then they leave it to what we call the third sector voluntary organisations. But those voluntary organisations themselves are under immense strain. . . . (Older person)

Regarding accessing services, some participants in focus groups were unhappy with the way in which they felt they were being pushed to having to interact with organisations online (Box 2E). This also applied to directories of services such as Dewis Cymru.

There were also concerns raised about the difficulty in getting through on the phone to make GP appointments, and NHS waiting times more generally.

Box 2E. Perception of push to interacting with organisations online

Everyone usually wants to correspond with you through emails. So when I said, 'I haven't got internet access at home they just say, 'Why haven't you got internet access?' . . . Council officials [said it]. 'Well you provide it and I'll have it, but at the moment I can't do those things'. (Older person)

Many older people do not use the internet so would not be able to access Dewis so wider distribution of written information is needed (Public survey)

There was feedback from participants that it would be beneficial to promote more widely services and support available for older people, for example through a 'one stop shop', and that there should be more integration between services (Box 2F)

Box 2F. 'One stop shop' and integration of services

One week I had three hospital appointments it cost me £xx pounds in taxis. Well I didn't know I could use the National Health Ambulance Service until I was told. So I couldn't claim my money back for my taxis they told me, but I didn't know I could use those ambulances. (Older person)

GPs, health authorities, councils, you've all these different departments and you can be sent to them all. One person should be in control, so you've only got to tell your story once. (Older person)

In the public survey, better transport was the most commonly cited support or service which could be made available to help with people's independence and wellbeing now or in the future. Of people responding to this section, a quarter (26.0%) mentioned transport, including references to relying more heavily on transport as one ages. (Box 2G)

Box 2G. Better transport

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)

In the future - reliable transport for hospital visits, GP visits and other important appointments (Public survey)

A better public transport system. I have a train station very close but the service is hideously crowded, dirty and unreliable (Public survey)

Practical and flexible help with things like gardening/shopping etc. was an area where resources were currently felt to be lacking but that assistance with these day to day tasks could make a real difference to individual wellbeing (Box 2H).

Box 2H. Practical help with gardening, shopping etc.

We care for an elderly relative with dementia and desperately want to keep her at home, but it's the juggling of the more practical things e.g. housework, garden maintenance, changing beds etc. that we find difficult alongside working and looking after our own family and home." (Public survey)

"Practical help with gardening and small repairs. I used to be able to do this all myself alone, but I can't do this now." (Public survey)

"I have a big garden and I would like some help in maintaining it as it upsets me that it is becoming overgrown now that I can't get out to tend to it." (Public survey)

2.1.3 Information from professionals working with this group

Respondents to the professional survey were keen to highlight the importance of local libraries, Hubs, community centres and cafes as these are the places that for many enable regular social interaction and combat isolation. A full, varied and accessible range of activity's based in these locations was viewed as crucial to improving individual wellbeing with dancing, singing, exercise, cooking and crafts all suggested as suitable classes (Box 2I)

Box 2I. Places and activities which have a positive impact on wellbeing

"Luncheon clubs not only bring individuals together but also ensure that individuals get a healthy meal, access to information and support." (Professional survey)

Café 50 (Pontyclun) "offers somewhere for the older generation to go on a daily basis, to socialise, have lunch and talk to people" (Professional survey)

"Community Centre and local churches and religious organisations foster a sense of community, belonging and connectedness" (Professional survey)

In the professional survey, access to appropriate transport such as volunteer/community drivers, was suggested as something which would help older people be more independent and improve wellbeing by allowing access to doctors' appointments and social activities.

Professionals also identified, in common with the results from the public survey, that provision of information online was not suitable for all older people.

In the PNA workshops, professionals working with older people highlighted the following key needs and assets:

Key needs (including preventative)	Key assets
Social isolation while maintaining independence Needs of those with dementia and their carers Access to information and advice Financial management Integration of health, housing and social care One-stop shop for all information, advice and services Volunteers Healthy environment and behaviours Suitable housing for life e.g. when regenerating an area or new builds Accessible built environment Transport Access to different types of advocacy Digital inclusion Intergenerational integration in communities	Volunteers Dementia strategy Dementia supportive communities Good relationships with third sector partners Intermediate care fund Unpaid carers - ensure supported Private sector e.g. corporate social responsibility Social enterprises / alternative delivery models

2.1.4 Information from other sources

National Strategy for Older People

In the national Strategy for Older People in Wales,[d12] the needs of older people across Wales are summarised as: 'I have a sense of purpose and good relationships' (social resource), 'I live in a community that is sensitive to my needs' (environmental resource) and 'I can afford a good quality of life' (financial resource).

The Strategy also highlights: feeling like older people belong is important to them; having something to do and feeling needed and productive makes older people feel better; accessible information and advice to enable access to services and opportunities are important; carers have support so they can balance their own needs with their caring role.

Regarding the environment: cost, transport, poor pavements, lighting and lack of public toilets are typical barriers to engagement; public and community transport alone are not sufficient to meet their needs and running a car or paying for a taxi is beyond their means; and their housing needs change as they age and the home or its location needs to adapt to their changing needs.

When discussing finances, the national Strategy found older people felt: many people rely on means testing to supplement their income above the state pension; increasing costs are forcing people to use savings; older people are cutting expenditure on food and fuel, and reducing social activities; paying for energy is a particular issue for some older people; older people want more opportunities and support to find new employment.

Ageing Well in Wales sets out a number of key aims, including: [d13] age-friendly communities; improving falls prevention; building and promoting dementia-friendly communities; continued learning and employment; reduce levels of loneliness and isolation.

Advocacy

Independent advocacy is a service for individuals to ensure their wellbeing is placed at the centre of services which support them. Across Wales there has been a pattern of advocacy services broadening their scope, with fewer focused on older people specifically, but a larger number available for people of wider age groups.[d58] While the total number of advocates has increased in the last three years, there was a concern among advocacy providers about their long-term funding.

The Ageing Without Children charity highlights that many people who are getting older and who do not have children are concerned that they will not have anyone to speak for them or that they may be ignored or mistreated.[d65] Themes in their research with older people without children included feeling invisible; being judged for not having children; practical support; and losing touch with other generations. Implicit assumptions may be made that people can rely on family help. The charity estimates that between 1 in 4 and 1 in 5 older people are without children, and notes that this rate is considerably higher among LGBT people, and people with disabilities.

Digital inclusion

Many older people have sight loss, and a study by RNIB across the UK among people aged 65 and over who were blind or partially sighted found that there were a series of barriers to using the internet.[d57] These included a perception that sight loss prevents people from getting online (while it can be more difficult to use the internet, there are various tools and access technologies to enable this, although some come at a cost); fears about online safety; and a lack of awareness of the potential uses and benefits of going online. Ultimately however around half those responding in the study (51%) said they were not online because they did not want to use the internet.

Health and social care integration

Whole Systems Partnership undertook a review of community health and social care services and options for integration in 2015.[d30] This review found a lack of clarity and consistency on out of hospital community services for older people, meaning patients were not necessarily being directed to and seen by the service which best meets their needs. In particular, it found that older people's physical and mental health problems were often managed separately. The review made a number of specific recommendations including:

- Create a single point of access across Cardiff and the Vale of Glamorgan for health, social care, third sector services, and potentially housing services too;
- 'Virtual' integration of many services with a single team and management of services, single assessment and case manager , operating at locality level

The review also projected future needs relating to frailty, indicating that over a 10 year period demand for services in the Vale and Cardiff North and West would outstrip population growth in over 65s alone, because of higher prevalence of frailty in this population. Over the next 4 years, the report estimates 245 additional people in Cardiff and 134 additional people in the Vale would require support in their home or a care home, compared with the current situation.

Care homes

In 2013/14 the Care and Social Services Inspectorate Wales (CSSIW) found that around a quarter of care homes in Wales did not meet the inspectorate's requirements. The Older People's Commissioner has found that older people living in care homes often became institutionalised, did not have their basic health needs met, were unable to access specialist services, and their emotional needs were not fully recognised.[d39]

Information on the number of care homes in Cardiff and the Vale of Glamorgan is given in chapter A5, General findings and housing need.

Domiciliary care

A recent national review of domiciliary care by CSSIW[d41] found that across Wales there is a serious lack of care and support capacity and the market for domiciliary care is very fragile, and this places increased pressure on delayed transfers of care from hospitals. The report calls for flexible, outcome-based commissioning and more standardised ways of working, and also further encouraging an increase in the number of people who choose to use direct payments. A linked report for Cardiff[d42] found a positive impact of a recently adopted online purchasing system called Matrix, but risks to the sustainability of the domiciliary care market in Cardiff.

In 2016 there were 63 providers of domiciliary care in Cardiff, and 39 in the Vale of Glamorgan.

Resilience in older people

A detailed review of the literature was conducted by the Social Services Improvement Agency in Wales into factors which enable older people to be more resilient, and those which were more likely to lead to increased need for care and support.[d109] Key factors which enhanced older people's resilience included: having choices and being in control (including having the right to take risks); having a strong sense of identity, continuity and belonging; coping with worry and uncertainty; planning for change and transitions; and feeling socially connected. Triggers for crisis were broadly themed into: loneliness and isolation; loss of confidence; fall/accident; carer break-down/bereavement; crime or abuse; health deterioration (especially dementia); and external changes.

Reducing loneliness and isolation

AgeUK reviewed the academic literature as well as promising approaches being taken around the UK to reduce loneliness and isolation, particularly in old age.[d64] Whilst they found a lack of high quality evidence to demonstrate the impact of interventions on loneliness, a number of approaches were felt to be promising by experts in the field. Interestingly these were not those which historically have often been implemented, such as lunch clubs and social groups, but either 'foundation services' (focused on individuals

at the stage before they started to access lunch clubs, book groups, etc.), or 'structural enablers' (how the community itself rather than formal services respond to the challenge of loneliness). It also recognised 'gateway services' including transport and technology, which play a critical role in enabling new social connections to be made, and existing ones to be maintained. Traditional interventions ('direct interventions') such as group-based and one-to-one services were not dismissed but it was felt other opportunities were being missed if the focus was solely on these. Foundation services included data sharing between public services to enable targeted home visits to individuals at highest risk of loneliness, to offer them a menu of support options. Structural enablers include a neighbourhood environment approach, asset-based community development, and promoting volunteering. The research highlighted a gap in knowledge on effective interventions for BME and LGBT communities.

An additional review into the triggers of loneliness and some of the interventions people would find helpful has recently been published.[d134] Triggers included intrinsic factors (such as health, income), community factors (such as ability to socialise, transport infrastructure), work/life balance and the rise of digital and online engagement.

2.1.5 Gaps in our knowledge

No significant gaps have been identified.

2.2 Main needs

- Maintenance and sustainability of key services supporting older people
- Access to information and advice, not just online, e.g. 'one stop shop' model
- Integrated management of mental health and physical health issues
- Integration of health, housing and social care
- Social isolation and loneliness while maintaining independence
- Practical help with day-to-day tasks such as shopping and gardening
- Needs of those with dementia and their carers
- Suitable housing for life e.g. when regenerating an area or new builds
- Accessible built environment, including good lighting and toilets
- Increased consistency and quality of care home places commissioned
- Improved transport
- Access to different types of advocacy
- Digital inclusion
- Intergenerational integration in communities

2.3 Prevention recommendations

- Financial management
- Healthy environment and behaviours
- Falls prevention
- Outcomes-based commissioning for domiciliary care

2.4 Assets

- Social interactions
- Physical activity and green spaces
- Volunteering

- Community centres, lunch clubs, churches
- Dementia strategy
- Dementia-friendly communities
- Good relationships with third sector partners
- Intermediate care fund
- Unpaid carers - ensure supported
- Private sector e.g. corporate social responsibility
- Social enterprises / alternative delivery models
- Independent living services
- Telecare

2.5 Suggested areas for action

- Tackle social isolation in communities, while helping people maintain independence
- Improve access to information and advice through a number of mechanisms, including 'offline' mechanisms
- Recognise diversity of people within the 'older people' group and tailor services to meet individual needs
- Manage people's mental and physical health conditions together in a holistic way
- Increase focus on prevention, including identifying joint working strategies around lifestyle behaviours such as alcohol use
- Improve access to high quality domiciliary care
- Ensure new building developments are fit for a growing older population, and provide a variety of housing options to meet different needs
- Support older people to remain independent at home for as long as possible
- Support and expand dementia-friendly communities
- Increase access and signposting to advocacy
- Pilot inter-generation projects in communities, e.g. self-sustaining communities, street parties etc.
- Make optimal use of community resources and assets, e.g. GP surgeries, Hubs etc.
- Promote and support social enterprises and co-operatives as an alternative model of service delivery
- Tackle environmental pollution (action in conjunction with Public Services Boards)
- Improve transport for older people (action in conjunction with Public Services Boards)
- Scope use of pooled budgets to allow for joint long term planning, projects and developments

B3. Health and physical disabilities

Other chapters of relevance: Asylum seekers and refugees; adult carers; children & young people; learning disability and autism; adult mental health and cognitive impairment; offenders; older people; sensory loss and impairment; veterans; violence against women, domestic abuse and sexual violence

Summary Health and physical disabilities

Care and support needs Access to information and services; maintaining and increasing provision and sustainability of community services and support; improved flexibility of services, including services closer to home; transition points; joining up services; vulnerable groups; transport & social isolation; better use of existing public sector buildings; appropriate housing; unhealthy behaviours widespread; increasing prevalence of long term conditions

Prevention issues Reduce social isolation; ensuring adequate nutrition; immunisations, sexual health, stop smoking support; improved access to counselling; falls prevention; improve air quality

Assets Home adaptations; volunteering and time credits; self care; community Hubs, libraries; community groups; dementia-friendly communities; prevention services e.g. self management classes

3.1 What do we know about this group?

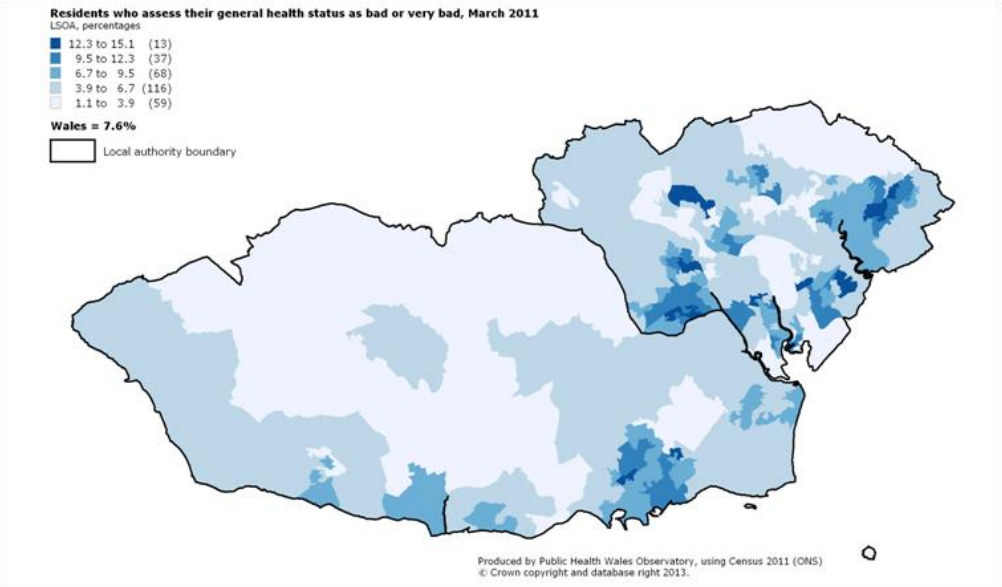
3.1.1 Information from population and service data

Over 30,000 people in Cardiff and the Vale of Glamorgan classified themselves in 'bad' or 'very bad' health, a rate of 6.4%.

Within local neighbourhoods in Cardiff the proportion of residents reporting bad or very bad health ranged from 1.2% in the Cathays area (LSOA 032C) to 15% in the Rumney area (LSOA 016A). However these are crude percentages only and do not take into account the age structure of the population. The areas with the highest percentages are found in the Rumney and Llanrumney areas of Cardiff.

Within the Vale of Glamorgan the areas with the highest proportion of people reporting bad or very bad health are found in the Cadoc and Buttrills areas.

Figure. Self-reported general health status, Cardiff and Vale (2011)



This compares with the Wales average of 7.6%. Across Cardiff and Vale, the broad ethnic group with the most people rating themselves in 'bad' or 'very bad' health is white, at 6.7%; all other ethnic groups are below the average of 6.4%, with Asian/British Asian ranking the lowest, with 3.7% rating their health as bad.

The proportion of people who self report 'bad' or 'very bad' health is lower in Cardiff and Vale among people who can read, write and speak Welsh (1.9%) compared with people without Welsh language skills (7.4%).[d84]

Around 1 in 7 (15%) of the adult population in Cardiff and Vale considered their day-to-day activities were limited a lot by a long-term health problem or disability. A third (32%) had a limitation of any sort. These rates are slightly lower than the Wales average of 16% and 34% respectively.

Burden of disease across Primary Care Clusters

Recorded chronic illness varies across the area.[d15] Within Cardiff, many parts of South Cardiff have higher recorded rates of disease than the Wales average, with particularly high rates of diabetes recorded in Cardiff City and South. In the Vale of Glamorgan, Eastern and Western Vale have lower rates of chronic illness than the Wales average, in marked contrast to Central Vale which is above the average for all chronic diseases with the exception of heart failure. It should be noted that while recorded rates are a helpful guide to actual illness in the population, a higher rate may reflect better diagnosis and a lower rate may mask undiagnosed cases in the community.

Heart disease, lung cancer and cerebrovascular disease are the leading causes of death in men and women.

Risk factors for disease

Unhealthy behaviours which increase the risk of disease are endemic among adults in Cardiff and the Vale, although tobacco and alcohol use are showing signs of improving.[d35, d43] Many (but not all) of the most common chronic conditions and causes of death may be avoided by making changes in health-related behaviours .

- Two fifths drink above alcohol guidelines (42% Cardiff, 42% Vale)
- Around two thirds don't eat sufficient fruit and vegetables (64% Cardiff, 68% Vale)
- Over half are overweight or obese (52% Cardiff, 53% Vale)
- Around three quarters don't get enough physical activity (72% Cardiff, 71% Vale)
- Around one in five smoke (19% Cardiff, 18% Vale)

There is considerable variation in rates of unhealthy behaviours within Cardiff and the Vale, leading to health inequalities:[d35]

- Smoking rates vary between 13% and 34% across Cardiff, and between 16% and 30% across the Vale
- Similar patterns are seen for other behavioural risk factors for disease
- Many children in Cardiff and Vale are also developing unhealthy behaviours
- Two thirds (67%) of under 16s don't get enough physical activity
- Over a third (34%) of under 16s are overweight or obese

Some of these are illustrated on maps in chapter A4, Background demography.

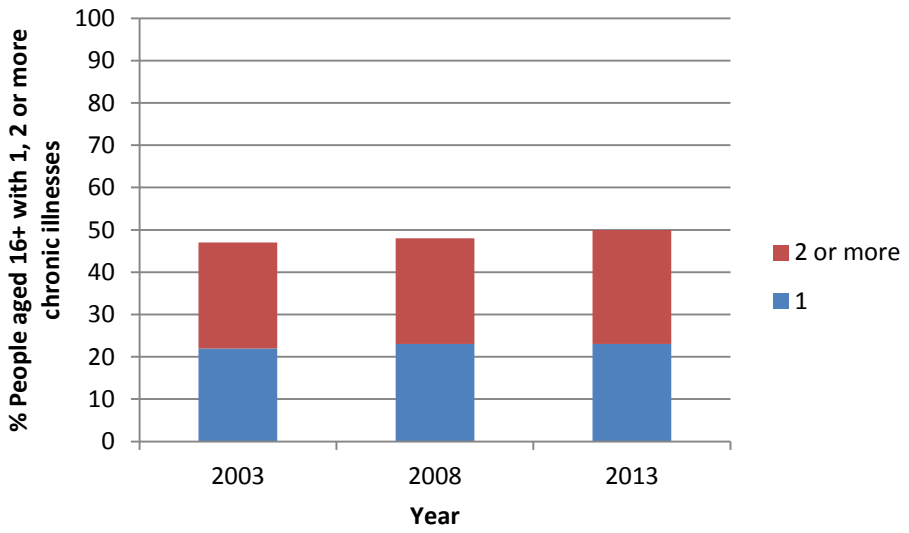
Air pollution is a significant cause of illness and deaths:[d35]

- It is estimated 143 deaths each year in Cardiff and 53 each year in the Vale among over 25s are due to man-made air pollution. The burden and impact of environmental air pollution is worse with increased deprivation, and Cardiff has the worst air pollution measured by $PM_{2.5}$ levels in Wales
- It is estimated that long-term exposure to man-made air pollution is responsible for 5.1% of all deaths in Cardiff and Vale

The disease profile in Cardiff and Vale is changing:[d35]

- The number of people with two or more chronic illnesses in Cardiff and Vale has increased by around 5,000 in the last decade, and this trend is set to continue.

Figure. Percentage of individuals in Wales with 1, 2 or more illnesses by year[d76]



- Around 1 in 7 (15%) people consider their day-to-day activities are limited by a long-term health problem or disability

- Many people with chronic conditions are not diagnosed and do not appear on official registers
- Due to changes in the age profile of the population and risk factors for disease, new diagnoses for conditions such as diabetes and dementia are increasing significantly

Food poverty

An estimated 5.6% of people aged 15 or over in the UK reported struggling to get enough food to eat and a further 4.5% report that, at least once, they went a full day without anything to eat.[d117]

Although no official government figures exist for local areas in the UK, in 2015 in Cardiff as part of the Ask Cardiff survey, 5.4% of respondents reported that they or a family member had missed a meal in the past fortnight because of a lack of money. This figure ranged from 4.2% in Cardiff North to 7.8% in Cardiff South East.

The Trussell Trust foodbanks in the Vale of Glamorgan gave 3,200 three-day emergency food supplies to people in crisis in 2015.[d140] In Cardiff the figure was 12,140.[d141]

Health service use

Around 1 in 5 adults have visited their GP within a 2 week period; and nearly three quarters visit a pharmacy over a year period. The highest rates of attendance at the Emergency Department are from people living in more deprived areas of Cardiff and Vale.

In 2015-16, there were 54 delayed transfers of care (DTOCs) in the Vale of Glamorgan, and 263 in Cardiff. In December 2016, this equated to 3% (1 in 30) of Cardiff and Vale UHB beds which were occupied as a result of a delayed transfer of care.[d74] The rate of delayed transfers of care was higher in Cardiff (17.8 per 10,000 people aged 75+) and the Vale (18.1 per 10,000 people aged 75+) compared with Wales (15.1 per 10,000 people aged 75+) The rate was particularly high for mental health beds.

The Cardiff Council Reablement service helped around three quarters (76.6%) of people achieve independence who accessed the service.[d36] In the Vale of Glamorgan, 80% of people who access the service report increased independence.[d93]

3.1.2 Information from local residents and service users

In the public survey, a third of respondents (33.3%, 426 people) said they had a long term health condition or physical disability.

In response to a question in the public survey over control over their daily life, just over 1 in 10 respondents (12.8%) said they had either no control (1.8%) or some control but would like more (11.0%). Of these individuals, nearly half (47.8%) identified physical ability as a factor preventing them from having sufficient control in their life, and this was also the most common factor identified.

Among people identifying with one or more of the thematic groups in this report, around a fifth (21.8%) said they sometimes or never are able to leave their home, in contrast to 1.5% of people not in these groups. Nearly 4 in 10 (39.2%) of people in these groups said they sometimes or never could get to all the places they want, compared with 5.5% of people not in these groups. Physical difficulties was also a common reason given for not being able to access places or activities in the community.

Of respondents in one of the thematic groups in this report, one in ten (10.4%) said their home meets only some of their needs or is totally inappropriate for their needs. Of these people, the commonest reasons for

this were that their home needed adaptations; had poor access (e.g. too many steps), was too small, or was in a poor state of repair. In Cardiff, demand for adaptations to housing for people with disabilities is increasing annually, with nearly 3000 adaptations carried out in Cardiff in 2014/15.[32]

Nearly a third (29.7%) of respondents in one of the thematic groups reported not being able to prepare nutritious meals by themselves, and 7.3% said they didn't have enough to eat or drink.

Over a quarter of respondents in the groups (26.8%) reported feeling unsafe from falling inside or outside the home.

In the professional survey the most common answer to where people were most likely to look for advice was the GP (11%), and over half (55.3%) of respondents to the public survey said they had received advice or support from their GP practice.

The Wellbeing assessment in the Vale of Glamorgan found that local residents highlighted that improving the transport system would help with wellbeing.[d125] This included increased and improved train and bus times to make travel to larger areas and activities easier. There were also suggestions that access to mental health support including counselling and one to one support, could be improved.

In focus group discussions, things which support health and wellbeing among people with a health issue or disability included access personal mobility solutions such as an electric wheelchair, Motability car or automatic car. Some people had also had good experiences with the bus network, although others found accessibility difficult.

Box 3A. Access to mobility

I have a Motability car, which is my Motability buggy. I did have a period of using Cardiff buses. I thought all in all a very good experience actually [with the buses]. (Physical disability)

One participant had a good experience in accessing adaptations for her home (Box 3B), although others described how they had to pay for adaptations themselves, or how they felt adaptations may have been done by the Local Authority at a higher price than was necessary.

Box 3B. Home adaptations for physical disability

There's enough help for me to access [adaptations] if I wanted to access it I think. I've been told I could get a stair lift, fitted shower. I mean I only rang up and asked if they could lower my cupboards because they were too high, because the arthritis, reaching up. I couldn't stand on a stool because of high blood pressure, and the next they come out and refitted the kitchen. You open the cupboards and down come these baskets, and touch them like that and they go up again. So there's plenty for me. No problem there I think. Everywhere I've gone has all been acceptable for my needs. (Mental health illness and physical disability)

Other factors which improved wellbeing in this group included: having access to a local library/Hub as a source of information and to meet with friends; being able to shop online and have home deliveries; being able to exercise; and volunteering.

In terms of advocacy, a request was made in one of the focus groups for a Commissioner for Disabled People in Wales in the same way there are existing commissioners for Older People and Children.

In the public survey over half of respondents said they had received help to prevent or reduce problems in the future. The most common of these was immunisation (23.4% of all respondents), with others including exercise and keeping active (12.1%) and physiotherapy (9.8%) (Box 3C).

Box 3C. Support and services which were helpful

Flu jab available promptly at pharmacy without need to book appointment or sit around waiting for long period (Public survey)

Physiotherapy services very well organised, available nearby(ish), quick to get appointment, with friendly and knowledgeable staff. Helped before & after surgery for knee issue. (Public survey)

Without the Stroke Association help, I would not have known about the council tax help I have been able to get, nor the vital assistance I eventually have been able to receive via the DWP (Public survey)

The pulmonary rehab course was very beneficial in allowing me to understand and cope with day to day issues relevant to my condition (Public survey)

The X-Pert Course to manage my Diabetes was excellent at helping me take responsibility for my own health. (Public survey)

Cardiff and Vale UHB ran a feedback exercise called 'Values into Action' in 2016, receiving nearly 700 contributions from patients.[d63] Patients' priorities for an improved experience included: improving two-way communication between clinical teams, patients and carers; excessive waiting for appointments, test results, in clinics, for discharge; build on examples of good patient experience already happening; and improving parking, reducing anxiety, and better food.

In a focus group with homeless people and their support workers, the significance of being able to access the GP in a timely way was emphasised, with knock on impacts if this wasn't possible (Box 3D).

Box 3D. Significance of being able to access the GP in a timely way

There are repercussions based on not getting a doctor's appointment or missing one and not being able to get another one for a month... loss of sick note means loss of benefit, means loss of housing (Homelessness support worker)

3.1.3 Information from professionals working with this group

Professionals at a workshop for the PNA felt that in terms of providing easy access to information on services for the public, there were too many different systems and mechanisms to update, which was a very repetitive process. It was felt that in future Dewis may be a logical solution to this.

At the workshop, professionals working in health and with people with disabilities highlighted the following key needs and assets:

Key needs (including preventative)	Key assets
Access to information and services Maintaining and increasing provision and sustainability of community services and support Improving flexibility of services Transition points (e.g. child to adult services) Joining up services Vulnerable groups Transport & social isolation Better use of existing buildings Appropriate housing Public health information	Volunteering and time credits Self care including Wellbeing4U and expert patient programme Community hubs Community groups Dementia-friendly communities

In the professional survey, when asked what factors most prevent people from accessing services and groups in their community, physical ability was a common response. In terms of prevention, immunisation, sexual health advice, counselling, social interaction, physiotherapy, help to stop smoking, keeping active, and helping to prevent trips and falls, were identified as significant areas which could benefit from more availability.

Access to appropriate transport such as volunteer/community drivers, was suggested as something which would help disabled people be more independent and improve wellbeing by allowing access to doctors' appointments and social activities.

In terms of accessing information and advice, the most common source identified by respondents to the professional survey was the GP, followed by family, friends and neighbours, and the internet.

3.1.4 Information from other sources

Breaking the Barriers

An event held in 2015 to look at the barriers faced by disabled people in our area identified a host of needs, including:[d98] disabled people's dignity and respect should be central to social services care package delivery; improved integration and multi-agency working around continuing healthcare (CHC); difficulty accessing primary care, in particular lack of availability of appointments which take into account times when a carer is able to accompany someone, and lack of availability of British Sign Language, community translation and interpreter services; improving involvement of service users in assessing their care needs; advocacy, especially for people with learning difficulties; preventative services; bullying of young disabled people in mainstream school; lack of consistency in support during education transitions; lack of disability awareness and support by public transport operators; and accessibility of the built environment.

Shaping Our Future Wellbeing strategy

During the development of the Cardiff and Vale UHB 10 year strategy, Shaping our Future Wellbeing,[d128] the views of local residents on what they wanted to see from their health service were summarised and included:

- I want to know how to minimise my risk of developing disease and be supported to make any lifestyle changes that enable me to live a healthy life;
- I want to understand the available treatment options and be supported to choose one which is best for me, accounting for my personal, cultural and physical needs;
- I want services that accommodate my needs as an individual, respecting the roles I play in my personal and family life;
- I want to decide how and where my care is delivered at the end of my life;
- I need to understand my condition and its treatments to that I can be involved in the planning of my care, play a role in monitoring my condition and recognise times where I need to access health care services;
- I need rapid access to knowledgeable healthcare professionals who can advise me what to do when my health deteriorates;
- I need care which is delivered close to where I live and work, so I can continue to lead as normal a life as possible;
- I want to maintain my independence and have the best quality of life possible;
- I want to receive joined up care from a range of health professionals who communicate effectively with each other and work as a team

Adverse Childhood Experiences (ACEs)

Adverse Childhood Experiences (ACEs) are stressful experiences occurring during childhood that directly harm a child (e.g. sexual or physical abuse) or affect the environment in which they live (e.g. growing up in a house with domestic violence). Nearly half (47%) of adults in Wales experienced at least one ACE during childhood, and 14% suffered 4 or more.[d28] Figures for ACEs are currently only available at an all-Wales level.

Compared with people with no ACEs,[d29] people aged under 70 with 4 or more ACEs were 4 times more likely to develop type 2 diabetes, 3 times more likely to develop heart disease, and 3 times more likely to develop respiratory disease. Over a year period this group of individuals were also twice as likely to have frequently visited a GP, three times more likely to have attended A&E and three times more likely to have stayed overnight in hospital.

Making a difference

Public Health Wales summarised the priority areas for prevention including a series of 'best buy' interventions in its 2016 report, Making a difference.[d146] These interventions included smoking cessation counselling; active transport strategies; promotion of physical activity and healthy eating in workplaces, schools and communities; safe green spaces; and low emissions zones.

3.1.5 Gaps in our knowledge

No significant gaps have been identified.

3.2 Main needs

- Access to information and services

- Maintaining and increasing provision and sustainability of community services and support
- Improved flexibility of services, including services closer to home
- Transition points (e.g. child to adult services)
- Joining up services
- Vulnerable groups
- Transport & social isolation
- Better use of existing public sector buildings
- Appropriate housing
- Unhealthy behaviours widespread
- Increasing prevalence of long term conditions
- Air pollution
- Food poverty

3.3 Prevention recommendations

- Reduce social isolation
- Ensuring adequate nutrition
- Immunisations, sexual health, stop smoking support
- Improved access to counselling
- Falls prevention
- Improve air quality

3.4 Assets

- Home adaptations
- Volunteering and time credits
- Self care including Wellbeing4U and expert patient programme
- Community Hubs, Libraries
- Community groups
- Dementia-friendly communities
- Prevention services e.g. self management classes
- Making every contact count (MECC)

3.5 Suggested areas for action

- Improve access and waiting times for primary and secondary care services
- Ensure information for public and service users is correct and easy to understand
- Streamline people's journey through services - ensure services are flexible to meet the needs of each individual, and people get the right service at the right time
- Further embed awareness and messages around healthy lifestyle choices
- Tackle environmental pollution
- Improve transport for people with health and physical disabilities
- Embed co-production and citizen-based approach in service design, ensuring vulnerable groups are represented
- Progress integration of services across agencies, as a way of enabling other actions
- Ensure planning is long term, sustainable, and strategic

B4. Learning disability and autism

Other chapters of relevance: Adult carers; children & young people; health and physical disabilities; adult mental health and cognitive impairment; offenders; older people; sensory loss and impairment

Summary Learning disability and autism

Care and support needs Increased accessibility of information and services; accessible and affordable transport; respite accessible for all people; complex day opportunities; enable people who require services to make decisions about their support needs; recognise and support people who fall between gaps in service provision

Prevention issues Increase routine involvement of people with learning disabilities and autism in public sector consultations

Assets Socialising; physical activity; respite funding; staff in supported accommodation; local in-house day services for complex needs; ground-floor supported living; establishment of Integrated Autism Service; Intermediate Care Fund support for children with complex needs

4.1 What do we know about this group?

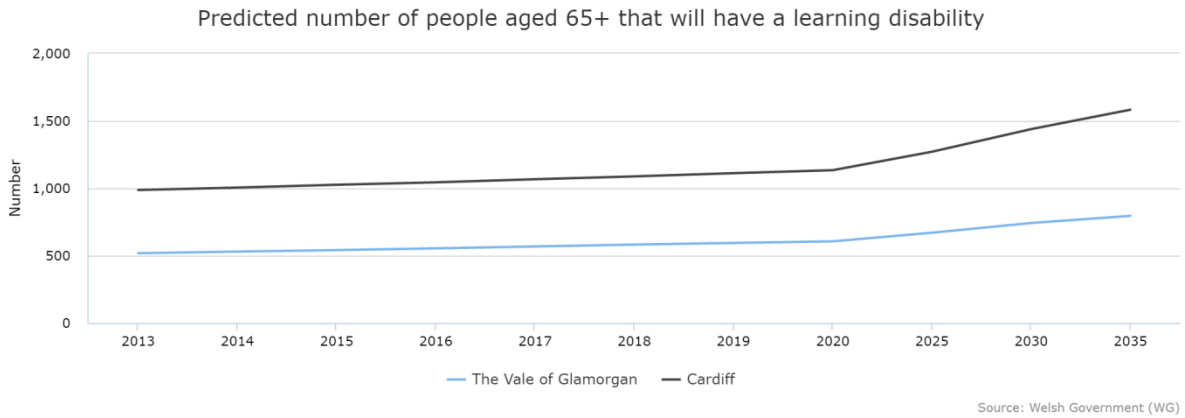
4.1.1 Information from population and service data

Learning disability

There were 1,426 people registered with learning disability in Cardiff in 2015-16, and 542 in the Vale of Glamorgan.[d74] These numbers have stayed roughly stable in the Vale over the last 10 years but have risen significantly in Cardiff, by around 40%.

A significant increase is projected in the number of older people with learning disability in both Cardiff and the Vale of Glamorgan.

Figure. Predicted number of older people aged 65 and over with a learning disability, Cardiff and Vale of Glamorgan



Increases are also projected in the number of children and young people with learning difficulty or autism spectrum disorder.

As the population of young people with disabilities and life-long conditions rises, this increases the number of people transitioning from children's to adult services, and those with long-term needs as an adult.

Autism spectrum disorder (ASD)

UK research suggests that around 1.2% (116 per 10,000) of children and young people have ASD (autism spectrum disorder).[d142] However, not all these people will be formally diagnosed.

Applied to the population of Cardiff gives an estimate of 553 children aged 5-16 with ASD, and 2,778 people aged 17-64 with ASD. In the Vale of Glamorgan this gives an estimate of 210 children aged 5-16 with ASD, and 887 people aged 17-64 with ASD.

4.1.2 Information from local residents and service users

In the focus groups, several participants talked about activities they took part in which contributed to their wellbeing (Box 4A)

Box 4A. Positive impact of socialising on wellbeing

I enjoy going out to open mic nights and karaoke. I like walking as well. (Learning disability / autism)

Swimming makes me relax, it takes away all the aches and pains. (Learning disability / autism)

What I like doing is socialising with friends and getting out and about. (Learning disability / autism)

Staff in supported accommodation and systems to help with personal finances were also described positively (Box 4B). Physical health related support included a physiotherapist, GP, dietitian and a chiropodist. Help with filling in forms and using Hubs to access Council services including housing were also mentioned.

Box 4B. Support services

My community help me because they've got intercoms in the system. And even like in the mornings, 'Are you all right, [name]?'. (Learning disability / autism)

The money situation's pretty healthy thankfully. But what happens is we do a weekly planner, I put down all the activities I'm doing and how much money I'm going to need each day. (Learning disability / autism)

In terms of needs, access to services was an issue for some people, including services which were no longer running (Box 4C), and access to the GP.

Box 4C. Access to services

I like going to the gym. I used to [go] with my physio, but I can't at the moment because he's finished. . . . I'd like to find out if someone else is doing that to help me again. (Learning disability / autism)

In the focus groups there were calls to ensure the voices of disabled and autistic people were heard by statutory authorities. There was also requests for material e.g. on consultations to be available in easy-read format. (Box 4D)

Box 4D. Consultation with people with learning disabilities and autism

Make it easier for us to have our say directly to all the major departments. That's the council departments, Hubs, buses. (Learning disability / autism)

4.1.3 Information from professionals working with this group

In the professional survey how venues welcome people with a learning disability was highlighted as a barrier to accessing services (Box 4E).

Box 4E. Accessibility of services

"Many venues are not welcoming to people with a learning disability or expect them to have a carer with them - often an individual only needs a little friendly support to ensure they are safe and welcome" (Professional survey)

At the PNA workshop, professionals working with people with learning disability and autism highlighted the following key needs and assets:

Key needs (including preventative)	Key assets
Accessible and affordable transport Respite accessible for all people Complex day opportunities Enabling people who require services to make decisions about their support needs Accessible information for all People who fall between gaps in service provision	Respite funding Local in-house day services for complex needs Ground-floor supported living

The mechanism for how specialist health support for people with learning disabilities is commissioned, with provision by Abertawe Bro Morgannwg University Health Board, was also raised as a potential issue by a professional. There was concern that there may be insufficient control over the model of provision and that this arrangement would benefit from being reviewed.

4.1.4 Information from other sources

Consultation with people with autism spectrum disorder (ASD), their carers and families

As part of an updated Welsh Government strategy to support people with ASD, their carers and families, detailed feedback and consultation was undertaken.[d102] This found broadly similar issues among adults and children. Assessment and diagnosis in children was a major issue, specifically long waiting times, lack of information around the assessment, and insufficient information at the point of, and immediately after, diagnosis. In terms of ongoing support, issues included: support for emotional and behavioural issues; support for ASD-specific issues and life skills; and access to social and leisure opportunities within the local community. Other general issues raised included a lack of skills and knowledge among staff in generic and community services to support individuals with ASD; people with higher functioning ASD falling into gaps between mental health and learning disability services; and adaptation of generic community support to make it suitable for people with ASD. Many of these areas have planned actions to address them in the refreshed strategy which resulted.[d101]

Integrated Autism Service

Welsh Government guidance on development of an Integrated Autism Service describes the strategic direction for the region over the next 3 years in development of services for people with autism.[d101] Cardiff and the Vale of Glamorgan have a well embedded Autism Strategy and action plan, with a regional steering group in place overseeing the development of services. This has engagement from a wide range of services, partners and parents.

Development of integrated autism services locally will be based on a lifespan model. This will be the first service across the region to deliver in this way. This will be a new service but will encompass existing support services for people with autism delivered across Cardiff and the Vale of Glamorgan, including alignment with Adult Mental Health services and the Children's Neurodevelopment Service. Diagnostic services for adults with ASD will be aligned with NICE guideline recommendations,[d144] with a multi-agency diagnostic process being developed.

4.1.5 Gaps in our knowledge

No significant gaps have been identified.

4.2 Main needs

- Increased accessibility of information and services
- Accessible and affordable transport
- Respite accessible for all people
- Complex day opportunities
- Enable people who require services to make decisions about their support needs
- Recognise and support people who fall between gaps in service provision

4.3 Prevention recommendations

- Increase routine involvement of people with learning disabilities and autism in public sector consultations

4.4 Assets

- Socialising
- Physical activity
- Respite funding
- Staff in supported accommodation
- Local in-house day services for complex needs
- Ground-floor supported living
- Establishment of Integrated Autism Service, launching May 2017
- Intermediate Care Fund support for children with complex needs, with strong links to regional adult learning disabilities services

4.5 Suggested areas for action

- Work with partners to make information accessible for all
- For complex health needs, improve access to day opportunities and reduce number of out of County placements
- Increase availability of accessible accommodation
- Review specialist health provision for people with learning disabilities
- Recognise and support people who fall between gaps in current service provision
- Expand education and employment project (Project SEARCH)
- Improve access to information and interventions which are autism-specific
- Work with partners to improve access to assessments without raising unrealistic expectations
- Develop better transport options for people with complex needs
- Improve mechanisms for engaging with people with learning disability and autism in partnership planning

B5. Adult mental health and cognitive impairment

'Adult mental health' here refers to individuals aged 18 and over. For young people see the Children & young people chapter.

Other chapters of relevance: Asylum seekers and refugees; adult carers; children & young people; health and physical disabilities; learning disability and autism; offenders; older people; sensory loss and impairment; veterans; violence against women, domestic abuse and sexual violence; substance misuse

Summary Adult mental health and cognitive impairment

Care and support needs Increased timely access to low level mental health services; joined up information, advice and services; loneliness and social isolation, especially among people with dementia and some BME groups; access to appropriate housing & support; continuing partnership approach between statutory agencies and with third sector; support for families of people with mental health issues; community hubs and one-stop shops; supporting GPs with decisions around referrals; dementia-specific needs and recommendations; peer support and mentoring to guide people through system

Prevention issues Self-help, behaviour change and lifestyle choices; increased social contact; training for staff on mental health to improve awareness and knowledge of how to support people

Assets Socialising; compassionate healthcare professionals; libraries, Hubs, cafes, community centres; positive environment; gyms, leisure centres; employment and volunteering; counselling (once accessed); peer support, mentoring and self-help; shared training; multi-stakeholder partnerships; community assets including social capital; online communities; third and private sector organisations providing support

5.1 What do we know about this group?

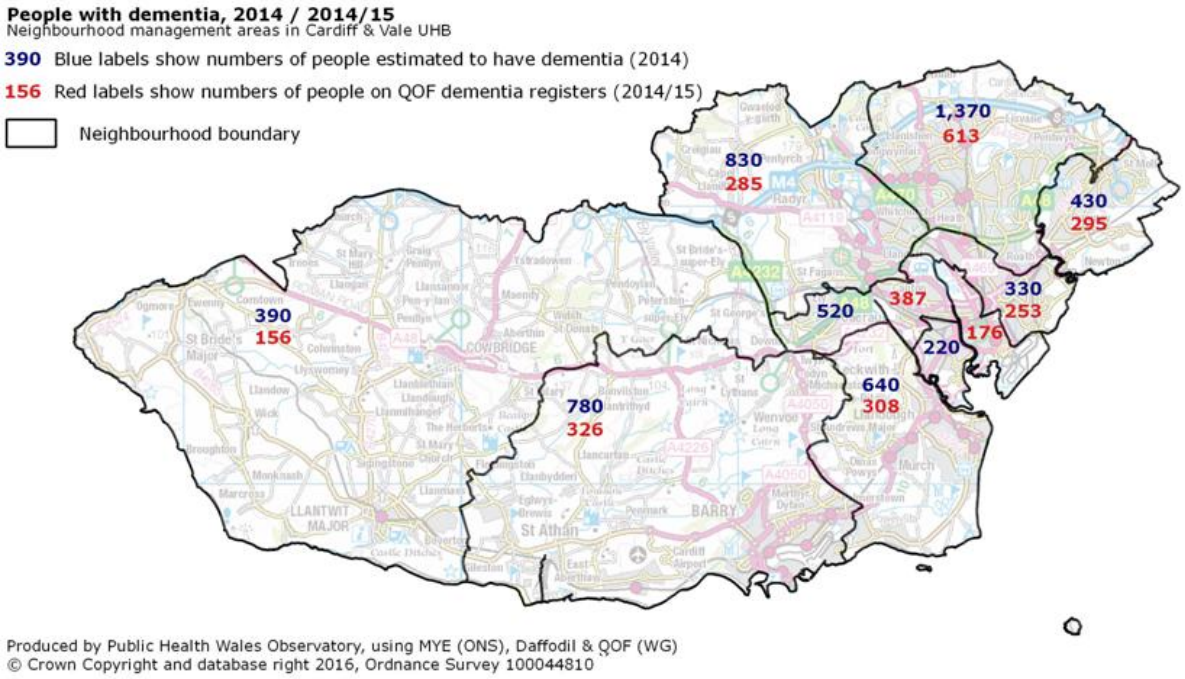
5.1.1 Information from population and service data

Self-reported mental wellbeing in Cardiff and Vale UHB area is in line with the Wales average, although this masks a slightly lower score in Cardiff compared with the Vale.[d76] Consistent with this, UK-wide self-reported happiness scores in 2015-16 were slightly above the average of 7.5 out of 10 in the Vale of Glamorgan (7.68) but below the average in Cardiff (7.41). However, these figures are subject to considerable annual fluctuation.[d77]

Dementia

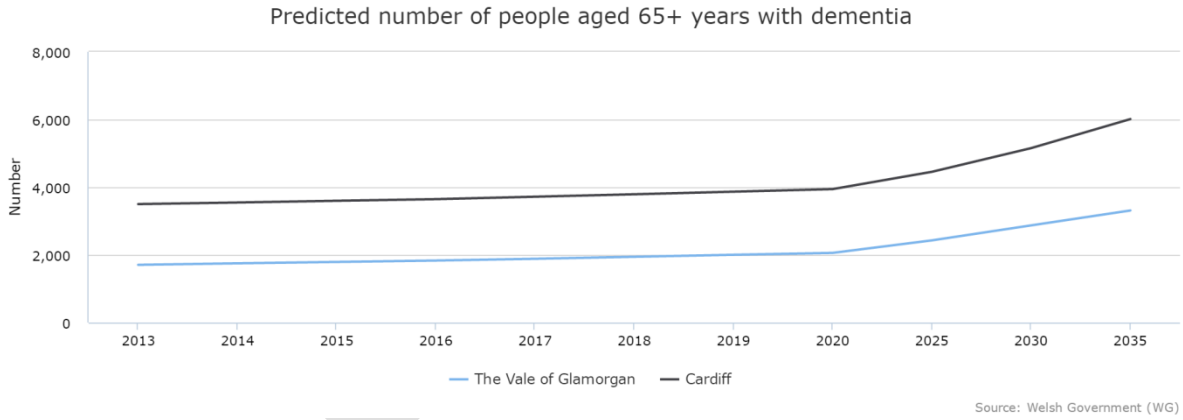
A recent health needs assessment of people with dementia in Cardiff and Vale highlighted that dementia has overtaken heart disease as the leading cause of death among women in England and Wales.[d73] There are estimated to be 5,000 people with dementia in Cardiff and the Vale of Glamorgan, nearly 6 in 10 (58%) of whom have a diagnosis.

Figure. Estimated number of people with dementia in Cardiff and the Vale of Glamorgan (2016)



Due to a growing and ageing population this number is expected to increase to nearly 7,000 by 2025.

Figure. Predicted number of older people aged 65 and over with dementia in Cardiff and the Vale of Glamorgan



Suicide

Suicide is a major cause of death amongst the 15 to 44 age group.[d81] In Wales over the period 2010 – 2012 it accounted for almost one in five deaths in males aged 15 to 24 years and just over one in ten deaths amongst women of that age. Rates are higher in our more deprived communities and this gap appears to be widening in Wales.

NHS mental health services

Benchmarking data in 2014 showed that the Adult Community Mental Health Team caseload per 10,000 people (weighted population) was 147 within Cardiff and Vale, similar to the UK average of 140.[d118] Within the service, there were 252 contacts per whole time equivalent member of staff, compared to 240 across

the UK. The number of admissions per 100,000 people was 245 locally, compared to 234 across the UK. Bed occupancy in Cardiff and Vale was 115%, whereas across the UK it was 91% on average.

Rates of hospital admissions for mental health issues in Cardiff and the Vale of Glamorgan (26.3 per 10,000) are below the Wales average (31.6 per 10,000 population).[d75]

5.1.2 Information from local residents and service users

In response to a question in the public survey over control over their daily life, just over 1 in 10 of all respondents (12.8%) said they had either no control (1.8%) or some control but would like more (11.0%). Of these individuals, around two fifths (42.8%) identified emotional or mental health as a factor preventing them from having sufficient control in their life. This was the second most common response after physical ability.

Of all respondents, 1 in 7 (15.2%) said they feel lonely some (12.4%) or all/most of the time (2.8%). These proportions were around the same between Cardiff and the Vale of Glamorgan. Among people belonging to one of the thematic groups featured in this report, the proportion feeling lonely some or all of the time increased to nearly 1 in 4 (23.3%).

In terms of current support for wellbeing, participants in focus groups discussed the ability to talk with other people, support groups, courses and therapy (Box 5A).

Box 5A. Positive impact of socialising with other people

> *Seeing other people there that are going through the same sort of thing that I'm experiencing, because you feel alone, as much as you know you're not alone, you feel alone and you feel nobody else is around you, you're like an island.* (Mental health illness)
>
> *It was about that not feeling like you're the only one, and going into a room and other people talking about their symptoms, what they were thinking, how they were feeling, and just that sense of, it's not just me then. I'm not mad.* (Mental health illness)

A group in a local community centre was described which gave people the opportunity to make friends and chat, and share food with others. Participants in that group had found out about it through word of mouth. Groups run by their own members also contributed to positive wellbeing. There was also praise for some GPs (Box 5B) and community mental health services.

Box 5B. Compassionate healthcare professionals

> *In all fairness, the GPs have been absolutely fantastic. They've been very supportive. They've spent the time. I haven't gone in there, I've run over the 10 minutes if you like when I've had to express how I'm feeling.* (Mental health illness)

Libraries and Hubs were referred to as helpful sources of information. The latter were described as being convenient, for example, to access computers, advice on seeking employment, benefits, housing and Citizens' Advice. Gym and art classes also contributed to positive wellbeing.

Green spaces, parks, woods, fishing spots and the coast were also mentioned in the focus groups as having a positive impact on wellbeing, as did physical exercise. The safety of the area was also important. In the public survey, of the 473 people who described places or activities which helped their wellbeing, a quarter (25.8%) referred to local gyms, leisure centres and exercise facilities. Churches and religious centres were mentioned by one in five (19.5%). Parks and open spaces were mentioned by one in eight (13.1%) respondents. These areas were important for walking, exercise, relaxation and contemplation. (Box 5B2) Ironically in the same survey emotional and mental health issues, including a lack of confidence, were a common barrier given to being able to access these same places, along with physical difficulties, transport and finances. There is also evidence that community regeneration programmes such as Communities First can have a positive impact on mental wellbeing and reduce inequalities in mental health.[d59]

Box 5B2. Places which help with wellbeing

The local leisure centre - I regularly attend the gym there which helps me keep fit and well, both mentally and physically. (Public survey)

Tai chi helps with emotional and physical wellbeing (Public survey)

The church provides me with a lot of informal support and friendship (Public survey)

Bute Park. It helps me escape the city and makes for great walking (Public survey)

I also enjoy the parks and gardens, in particular Roath Park lake area - just to walk amongst the trees and see the lovely flowers lifts the spirit. (Public survey)

Employment and volunteering significantly contributed to people's wellbeing (Box 5C). In the public survey, a tenth (9.9%) of those naming places or activities which helped with their wellbeing, identified volunteering. Volunteering activity included sports clubs, befriending services, gardening and litter picks. Participation was described as providing rewards including a sense of purpose and an opportunity for social interaction.

Box 5C. Employment and volunteering

Work at the moment is helping me. It's the one that I'll get up and go to. . . . I think it's routine. (Mental health illness)

They're supporting me with moving on from social networks, social care to life… and that could be training or finding a job or volunteering and they've managed all that, so they've helped me identify a volunteering position. (Mental health illness and substance misuse)

For me at the minute it's [a Welsh Government funded programme that's most important] because I do a lot of volunteer work with them and we've done litter picks and we get time

credits and the community centre has loads of things going on. (Mental health illness)

In the public survey over half of respondents said they had received help to prevent or reduce problems in the future. This included counselling (10.2% of all respondents) and other mental wellbeing (8.8%) (Box 5C2)

Box 5C2. Support and services which helped prevent or reduce problems

I have started counselling sessions for anxiety. So far I have only had two sessions but feel much more happy and at ease already (Public survey)

The call from the Primary Mental Health Support Services was very supportive and professional and I felt reassured that someone understood my specific needs as an individual. In addition I received all the necessary information that we had talked about via the phone sent in the post (Public survey)

In terms of need, some people in the focus groups mentioned a lack of support and understanding from friends and family (Box 5D). There was also a suggestion that in some cases people struggled to receive professional help unless their situation was 'really extreme', with long waiting lists for lower-level services such as counselling.

Box 5D. Lack of support and understanding from friends and family

I've not really got anybody supporting me at the moment, I've got a disabled daughter who I support, so that's quite hard. (Mental health illness)

I don't think there is much support for families because I've found that, as I said earlier, my [ex] husband didn't understand depression at all and I think it was a real fear as though it might be catching but also embarrassed - he was really embarrassed about me having a mental illness. (Mental health illness)

A lack of information about services available was mentioned, along with long waits for general and specialist mental health treatment. Issues with accessing GP appointments were also raised. Participants described seeking private treatments such as reflexology and hypnotherapy, and requested the ability to be prescribed alternatives to medication such as yoga or meditation. One participant described how she felt mental health services focused more on what to do if she had a 'crisis' rather than ongoing support and crisis prevention (Box 5E).

Box 5E. Mental health services focused on 'crisis' rather than prevention

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. (Mental health illness)

Improved mental health services. My husband could do with support but we don't know where to turn (Public survey)

Bounced from doctor to doctor so repeatedly having to explain specific problems, resulting in no clear information. Responses from GP mostly pushed drug based solutions and wait 6 months - year to receive any counselling (Public survey)

Memory clinic waiting list was long and info didn't materialise until the diagnosis, but the info I eventually got would have been helpful earlier (Public survey)

Other participants mentioned that there was insufficient availability of counselling, with a fixed number of sessions only available. Better access to counselling was a very strong theme in the public survey and mentioned in a number of areas as something people would like, to prevent problems in the future (Box 5E2).

Box 5E2. Improved access to counselling

Initial 6 week counselling for depression via GP good but not long enough, only just started 16 week course with MIND after 10 month wait (Public survey)

Length of time taken to see counsellor (6 month waiting list so by the time I saw a counsellor the original reasons for seeking counselling were long since passed. (Public survey)

Easy access to mental health support (talking therapies) before getting to crisis stage where intervention is guaranteed i.e. preventative care before reaching breaking point. (Public survey)

I think mental health support needs to be acted on faster. I have been asking for counselling for 15 years but have repeatedly been sent away with anti-depressants which have only made my problems worse. (Public survey)

There was also a suggestion from some participants that it was better to receive firm direction on attending sessions and have pre-booked appointments, rather than leave up to individuals to make the first contact (Box 5F) There was also a request for the ability for participants to meet informally again after a course has finished, for example facilitated by a room being provided for this purpose.

Box 5F. Preference for receiving firm direction rather than relying on self-motivation

I would rather somebody said, right, this is somebody you need to speak to, we've made an appointment, you need to go there at this time, that day, that's when it is. Rather than, it's a bit flimmy flammy, it's just 'yes here's some people who could help you, have a look and see

what you want to do'. (Mental health illness)

Opportunities for social contact were mentioned by 1 in 10 (9.5%) people in the public survey who answered a question about things which could make a positive difference to wellbeing now or in the future (Box 5G)

Box 5G. Opportunities for social contact

Companionship occasionally at home and for visits to theatres or other performances or on holidays. (Public survey)

Maybe a community centre that caters for activities such as bowls, skittles get together to have a coffee on a morning or drink an entertainment on an evening, or local sports centre for all activities. (Public survey)

Groups that bring people together are so necessary... I am surprised there seem to be no community centres where charitable groups can meet others for free. (Public survey)

During engagement with service users for the recent dementia needs assessment,[d73] nine key themes were identified: isolation and loneliness (Box 5H); kindness and compassion; co-ordination of services; caring for carers; what to do in a crisis; moving support to primary care; inequality in access to services; dementia is everyone's business; prevention is essential. Transport was also highlighted, particularly if someone with dementia was previously able to get to places by driving themselves.

Box 5H. Living with dementia

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, dementia needs assessment)

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)

A regular mental health 'feedback fortnight' was run in 2016 across Cardiff and the Vale.[d62] This included an online and paper survey, focus groups held by CAVAMH and Hafal, and a 'Celebrating Recovery' event. 44 surveys were completed, and a further 128 people were involved through focus groups or the event. Themes identified included:

- Relationships: the relationship with care providers was important in whether people considered their needs were met. Where professionals have good relationships with clients this is seen as an asset; where there is a lack of understanding, sympathy or knowledge, this is a need
- Communication: communication between service users and carers/service providers was important, and communication between service providers - this meant there was less necessity for service users to repeat themselves
- Education: some people felt that the skills of some staff could be boosted with specialist training on supporting people with their mental health issues; and some people recognised their own lack of knowledge about mental health and wanted more training themselves
- Community services: service users and carers valued non-statutory support as well as statutory support, including services which were not time-limited and which operated out of hours
- Access to services: while people valued the support they got from services, there were many instances where they would value quicker access and longer periods of support

Needs raised in a discussion at the Cardiff and Vale Mental Health forum in November 2016 included:[d61] having meaningful care and treatment plans; address financial, housing and social issues for people with mental health issues; focus on quality relationships, both within and between staff and patients, to improve recovery times; increase service user and carer involvement; improve communications, including links with third sector organisations, police, housing, and signposting from GPs. Prevention was seen as a key issue, including giving prevention more emphasis across the NHS and recognising the value of the natural environment.

5.1.3 Information from professionals working with this group

In the professional survey, when asked what factors most prevent people from accessing services and groups in their community, 'emotional and mental health issues' were the joint most popular response, corresponding to a similar finding in the public survey.

Respondents to the professional survey were also keen to highlight the importance of local libraries, Hubs, community centres and cafes as these are the places that for many enable regular social interaction and combat isolation.

Two thirds (67.6%) of professionals identified increased availability of counselling as something which would be beneficial for their client group in the future. A similar proportion (64.7%) also identified more social interaction as being beneficial for their clients in future.

In the PNA workshops, professionals working in adult mental health highlighted the following key needs and assets:

Key needs (including preventative)	**Key assets**
Joined up information, advice and services Access to appropriate housing & support Self-help, behaviour change and lifestyle choices Continuing partnership approach between statutory agencies and with third sector Community hubs, one-stop shops etc. to improve access to services Supporting GPs with decisions around referrals Dementia Peer support and mentoring to guide people through system	Peer support, mentoring and self-help Shared training Multi-stakeholder partnerships Community assets including social capital Neighbourhoods and communities of interest Online communities

5.1.4 Information from other sources

Prevention of dementia

The recent dementia needs assessment also highlighted that one in five cases of dementia may be preventable with exercise, diet, diabetes prevention, and early treatment of depression.[d73]

Adverse Childhood Experiences (ACEs)

Adverse Childhood Experiences (ACEs) are stressful experiences occurring during childhood that directly harm a child (e.g. sexual or physical abuse) or affect the environment in which they live (e.g. growing up in a house with domestic violence). Nearly half (47%) of adults in Wales experienced at least one ACE during childhood, and 14% suffered 4 or more.[d28]

The prevalence of low mental wellbeing in adults increases with the number of ACEs experienced in childhood.[d34] On average, one in five (19%) adults have low mental wellbeing. This is slightly lower (14%) for people who experienced no ACEs as a child, compared with two in five (41%) of people who experienced four or more ACEs as a child.

Welsh Government strategies

Together for Mental Health is the Welsh Government 10 year strategy to improve mental health and wellbeing.[d33] Many of the themes identified here are included in the strategy, including improving access to information and advice to promote mental wellbeing, including low-level interventions; reduce loneliness and unwanted isolation; and improving integration between public sector and third sector provision.

Talk to me 2 is the Welsh Government strategy on suicide and self-harm, which highlights the key groups who are at higher risk of suicide and self harm.[81] Individual risk factors include those who: are male; are of low socioeconomic status; have restricted educational achievement; have a mental illness; have a major physical or chronic illness; experience alcohol or substance misuse. Stressful life events, including job loss and divorce/separation also put people at higher risk.

Welsh Government launched a consultation on a new dementia strategy in January 2017.[d80] This includes a focus on: risk reduction and health promotion; recognition and identification of dementia; assessment and diagnosis; living well with dementia; and support in the community.

Access to mental health services

The report 'Is Wales Fairer?' highlights the need to improve access to mental health services, and reduce the rate of suicide especially among men.[d39] The Cardiff and Vale Mental Health Forum principles call for 'recovery focused, person-centred services, responsive to the needs of those using services and their carers'; and that people using services must have the opportunity to be involved in the planning and delivery of services.[d60]

Minority Ethnic Elder Advocacy (MEEA) project

MEEA provides independent advocacy services to minority ethnic elders aged 50 and over across Wales. Of over 800 people registered with the MEEA project, around 10% believe they suffer from bad or very bad mental health. These rates are even higher among Bangladeshi and mixed race participants (23% and 21%

respectively). 4 in 10 (41%) of MEEA beneficiaries report feeling lonely sometimes or often, much higher than the level found in the public survey for the PNA. However, loneliness may be a reason for participating in the MEEA project, and this group also reported a low level of oral English skills, which could also contribute to this effect.[d40]

Five ways to mental wellbeing

Five ways to mental wellbeing is an evidence-based approach which encourages individuals to do five things each day to improve their personal wellbeing:[d87] connect; be active; take notice; keep learning; and give.

5.1.5 Gaps in our knowledge

- Number of people receiving domiciliary care who have dementia (figure not known)
- Data completeness for coding of ethnicity within mental health databases for community and inpatient care

5.2 Main needs

- Increased timely access to low level mental health services including counselling and family support
- Joined up information, advice and services
- Loneliness and social isolation, especially among people with dementia and some BME groups (including asylum seekers and refugees)
- Access to appropriate housing & support
- Continuing partnership approach between statutory agencies and with third sector
- Support for families of people with mental health issues
- Community hubs, one-stop shops etc. to improve access to services
- Supporting GPs with decisions around referrals
- Dementia-specific needs and recommendations
- Peer support and mentoring to guide people through system

5.3 Prevention recommendations

- Self-help, behaviour change and lifestyle choices
- Increased social contact
- Up-to-date training for staff on mental health to improve their awareness and knowledge of how to support people
- Further promotion of dementia friends training and dementia-friendly cafes

5.4 Assets

- Socialising
- Compassionate healthcare professionals
- Libraries, Hubs, cafes, community centres
- Positive environment
- Gyms, leisure centres
- Employment and volunteering
- Counselling (once accessed)
- Peer support, mentoring and self-help

- Shared training
- Multi-stakeholder partnerships
- Community assets including social capital
- Online communities and tools
- Third and private sector organisations providing support

5.5 Suggested areas for action

- Improve access to low level mental health services, counselling and family support
- Scope actions to address loneliness and social isolation
- Scope provision of a single point of contact for mental health issues
- Explore where best to deliver mental health services to maximise access while reducing stigma
- Improve clarity of referral pathways and criteria, shared through partnerships and networks, and support professionals in decision-making
- Ensure provision of appropriate training of staff in mental health issues
- Explore where joint funding of services would benefit public / service user experience
- Implement recommendations from dementia health needs assessment
- Share examples of good practice between partner organisations

B6. Adult carers

For young carers and young adult carers please see the Children and young people chapter

Other chapters of relevance: Children & young people; health and physical disabilities; learning disability and autism; adult mental health and cognitive impairment; older people; sensory loss and impairment

Summary Adult carers

Care and support needs Access to information including financial support and services available; access to services including transport; ensure discharge planning process involves consultation with carer; housing; respite care; mental health support; social isolation; raise awareness of who is a carer; improve access to carers' assessments; transitions (child to adult); address perceptions of feeling judged by services

Prevention issues Increase and enable peer support groups for carers; ensure health and social care professionals receive appropriate training on carers' issues

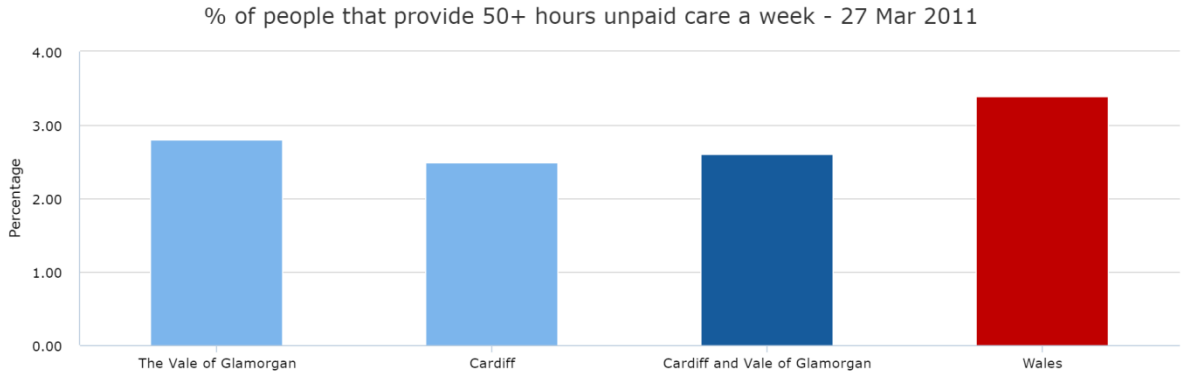
Assets Physical activity and access to outdoor space; community services including third sector; carers themselves and their social networks; GPs and community pharmacies

6.1 What do we know about this group?

6.1.1 Information from population and service data

At the 2011 Census, 50,580 carers were recorded in Cardiff and the Vale of Glamorgan. This represented a 12% rise over the number in the previous Census 10 years earlier.[d46] The percentage of people in the population who identify as carers is below the Wales average in both Cardiff and the Vale of Glamorgan.

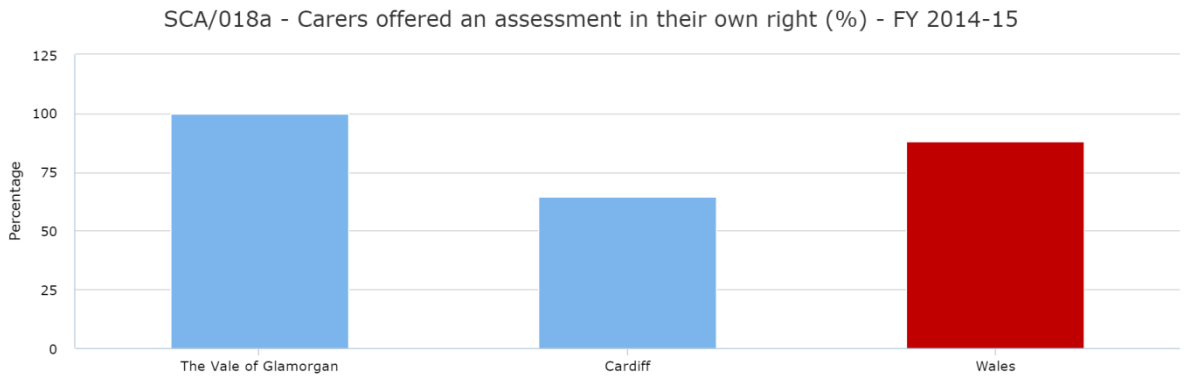
Figure. Proportion of people who provide 50 or more hours of unpaid care per week, Cardiff and Vale of Glamorgan (2011)



In 2014/15, over 6 in 10 (64%) of known carers were offered an assessment by Cardiff Council, a significant increase on the previous year, although the rate of completion of the assessment was only 1 in 4 (26.3%),

and the rate remained below the Wales average.[d36] The rate in the Vale was reported as 100% in the same year.

Figure. Proportion of carers offered an assessment (2014/15)



A survey of adult carers in Cardiff and the Vale was undertaken in 2011, with 292 respondents.[d47] Of the respondents, the majority were female (72%) and caring full time (72%). Most people cared for one person (87%) although over one in ten (13%) cared for two or more. Two thirds of carers (67%) had been caring for more than 5 years, including nearly half (46%) caring for over 10 years. Three quarters (77%) were aged 40 or over, including a quarter (24%) who were 75 or over.

6.1.2 Information from local residents and service users

85 people (6.7%) responding to the public survey identified themselves as a carer. Three quarters of these individuals also identified themselves as belonging to one or more of the other specified groups. Half of respondents reported spending 25 hours or more per week on unpaid caring responsibilities, whilst just over a quarter were spending 45 hours or more per week. An additional 9 people answered on behalf of someone else in a caring capacity.

Out of all respondents to the survey, 1 in 10 (10.1%) said they had unpaid help from a spouse/partner at the same address, 4.2% from another family member at the same address, 7.6% from a family member living elsewhere, and 4.1% from a friend/neighbour.

Support which enabled parents of children with a disability or learning difficulty to work was considered to have a significant effect on their wellbeing (Box 6A), as were other services to support carers. Support for siblings of children who had a parent carer was also valued.

Box 6A. Support for carers

We go to the 'forget me not' choir and the dementia cafes... they are a great support (Carer, dementia needs assessment)

Without the support I receive I would not have been able to care for my husband at home for the past 10 years (Public survey)

They pay a few days a week for [my child] to go into childcare so I can work. . . . [Also] through them [the child] goes to a youth club which obviously gives me a lovely two hours in the evening twice a week. . . . That's my most positive, because like I said where [my child]

can't go out in our area, it's somewhere else to go. Also the school holidays where I can go to work. (Parent carer)

Physical activity and access to outdoor space was mentioned by participants as providing a mental release for carers (Box 6B)

Box 6B. Physical activity and access to outdoor space

I feel refreshed and happy and you get relaxed [after swimming]. So you can continue your caring role. (Parent carer)

I love being outdoors and at the moment that's so important to me because as I said my child's pretty much nearly agoraphobic, not leaving the house. I'm an outdoor person so that's really, really hard and that's all I do have, that's my social contact is other dog walkers (Parent carer)

Social media was used as a source of information for example to identify potential support options.

In terms of needs, focus group participants described a lack of independence and guilt associated with having time to themselves, and the need for respite (Box 6C) One potential solution offered was if carers were offered more help in organising their own face-to-face support groups.

Of individuals who responded in the public survey saying they had insufficient control over their lives, a quarter (25.8%) identified responsibilities such as caring for another person, as a factor in this. One parent carer described services for her son as inflexible, causing her to have to give up work (Box 6C). A lack of emergency respite was also highlighted as an area of anxiety for carers in a Cardiff consultation with adult carers.[45]

Box 6C. Lack of independence, and need for respite

We're so depended upon [as carers] it makes it difficult, the whole guilt trip about if you do have an evening out. The inability to have a night off, go away for a weekend. Lack of respite. . . It's that total 24/7 care, so independence doesn't really exist. (Parent carer)

As a mother of a disabled child, I'd love if [the child] has more respite. [The child] has only three hours in a week, and is very active and always ask to go outside. It will be good for me to have a rest and for [the child] because [the child] has a lot of energy. . . And for my well-being as well, because I have another child, so he needs time. (Parent carer)

Complete inflexibility in services provided for my son. No respite or unpaid help. Having to give up working to fight for adequate provision for my son. (Public survey response)

Carers highlighted that delays in accessing specialist services on behalf of the person they care for became a worry and concern for them as the carer too, as they were having to do the chasing up, thus affecting their wellbeing. Similarly, regular changes in staff and a lack of continuity of care meant that carers had to repeat their story often and felt rapport was lost (Box 6D) This was also echoed in the Cardiff carers' consultation.[45]

Box 6D. Changes of staff and lack of continuity of service

This is through Social Services, so we got a social worker, but it's [my child's] fourth social worker, they've changed it, in a year, and [the child has] had four different people coming in now to tell the same story to. It's not good. (Parent carer)

It was felt that often it could be difficult to find information on relevant services and eligibility, for example, for the disability living allowance, and this often came about through word of mouth (Box 6E)

Box 6E. Difficulty finding information about services and conditions

It got to the age of 11 and I was like, 'What are we going to do now? [A contact in the Council] was saying, 'Well the person you want to speak to is [name]', and gives me her mobile phone number. That's how you access, it is word of mouth. (Parent carer)

I've had nothing that I haven't sourced myself through my own research on my own - there's been nothing. (Parent carer)

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)

There was a view that the third sector was often more respectful and less judgemental than Social Services, but friends could also be judgemental. Some people felt that this perception of being judged affected how they acted in front of staff (Box 6F)

Box 6F. Feeling judged

At the same time once you're involved in the voluntary sector there's a lot more support, they're more accessible. The way they deal with you is more respectful, it's less judgemental, it's more supportive and understanding. (Parent carer)

F: Constantly judged, constantly, constantly judged. . . . F: Yeah constantly have to prove that it's not your mistakes that these children are having difficulties. F: And that's not just professionals, that's so-called friends. (Parent carers)

If you cry too much about how badly things are going, I think there's that very fine balance between, 'This person's struggling so we'll go and support them', compared to, 'This family's really struggling so we'll look at taking the child'. That's a concern I have at the moment. (Parent carer)

In the Cardiff carers' consultation, many carers did not know about carers' assessments or had been unsuccessful in accessing them.[45] Similarly, there was a lack of knowledge around Direct Payments, and a feeling the system was too complicated. There was also a view that the health service, especially GPs, should be more involved with supporting carers. Carers would value a 'one-stop shop' where they can get information on support and services for them from one phone number.

In a 2014 survey of carers undertaken across Wales found for Cardiff and the Vale that nearly 8 in 10 (79%) did not receive the carers' allowance, 83% haven't been offered a carers' assessment, 6 in 10 (62%) weren't registered as a carer with their GP.[d46] Two thirds (67%) did say they felt involved in the development of social care plans for the people they cared for. An older, 2011, survey in Cardiff and Vale[d47] found that respondents were nearly evenly split in saying they did or didn't have a positive care/life balance. Six in ten (61%) of respondents reported caring having a negative impact on their own health and wellbeing (including 47% who reported a negative impact on their mental health), 43% a negative impact on their family relationships, and 48% a negative impact on their relationships with friends. Where there had been a recent hospital admission by the person they cared for, three quarters were consulted on their discharge, but one in five (19%) reported not being consulted. While 60% felt the timing of the discharge was appropriate, a quarter (26%) felt it was too early.

The Cardiff and Vale dementia needs assessment included the needs of carers of people with dementia.[d73] Themes from engagement with carers included: support for carers is crucial; access to information on the condition; and difficulty navigating the complex system.

A recent survey of the Cardiff and Vale UHB workforce found that only 14% of the respondents had training on carers in the last 3 years, and there was confusion over what defined someone as an adult carer, with many staff including people who look after relatives' children as carers.[d53] This reflects a more general confusion in wider society. It also found a genuine willingness from staff across all specialities to involve carers, especially at discharge.

6.1.3 Information from professionals working with this group

In the professional survey, when asked what factors most prevent people from accessing services and groups in their community, responsibilities including caring for another person, was a common response.

In the PNA workshops, professionals working with adult carers highlighted the following key needs and assets:

Key needs (including preventative)	Key assets
Access to information including financial support and services available	Community services including third sector
Respite care	Carers themselves and their social networks
Raising awareness of who is a carer	GPs and community pharmacies
Accessing carers' assessments	
Access to services including transport	
Social isolation	
Discharge planning	
Housing	
Transitions (child to adult)	
Mental health support	

At a stakeholder workshop for the Wellbeing Assessment in the Vale of Glamorgan, it was noted by a professional that some carers do not come forward for an assessment because they felt that the term 'carers' assessment' meant the process would involve an assessment of a carer's competence, rather than their own needs as an individual.

6.1.4 Information from other sources

Under the Social Services and Wellbeing (Wales) Act 2014, local authorities must now offer a carer's assessment to any carer where it appears to the authority that the carer may have a need for support. This is a significant change, as previously a carer could only request a carer's assessment.[d82]

Carers UK undertakes an annual survey of carers. Out of respondents in Wales, findings included:[d110] three quarters (75%) of carers are concerned about the impact of caring on their health over the next year; 3 in 5 (61%) are worried about the impact their caring role will have on relationships with friends and family; over half (53%) report financial difficulties, with a third of this group reporting cutting back on essentials such as food and heating; and a quarter (23%) of working carers are worried about their ability to remain in work over the next year.

6.1.5 Gaps in our knowledge

No significant gaps have been identified.

6.2 Main needs

- Access to information including financial support and services available, e.g. from a 'one stop shop'
- Access to services including transport
- Ensure discharge planning process involves consultation with carer
- Housing
- Respite care, especially emergency respite
- Mental health support
- Social isolation
- Raise awareness of who is a carer
- Improve access to carers' assessments
- Transitions (child to adult)
- Address perceptions of feeling judged by services

6.3 Prevention recommendations

- Increase and enable peer support groups for carers
- Ensure health and social care professionals receive appropriate training on carers' issues

6.4 Assets

- Physical activity and access to outdoor space
- Community services including third sector
- Carers themselves and their social networks
- GPs and community pharmacies

6.5 Suggested areas for action

- Implement carer engagement model, based on best practice
- Raise awareness around caring and carers among public and health and social care professionals, for example through Making Every Contact Count
- Increase access to respite care including emergency respite
- Ensure hospital discharge planning processes involve carers
- Provide consistent information to carers and relatives through existing information points such as primary care, libraries
- Support the development of informal support for carers, e.g. befriending and volunteers
- Develop carer-friendly communities

For information on the care and support needs of young carers, please see chapter B1, Children and young people.

B7. Sensory loss and impairment

Other chapters of relevance: Adult carers; children & young people; health and physical disabilities; learning disability and autism; adult mental health and cognitive impairment; older people; veterans

Summary Sensory loss and impairment

Care and support needs Accessible communication and information; mobility and rehabilitation; review purpose and use of registers for sensory impairment; social interaction including impact on mental health and wellbeing; person-centred equipment and technology; independent living; appropriate access to specialist services and assessments; partnership between the third sector and health; recognise people with complex needs with additional sensory impairment, requiring additional support; plan for increase in prevalence of people with sight loss; undiagnosed hearing impairment among older people in care homes

Prevention issues Increase awareness of day to day needs of people with sensory impairment among public and third sector staff, transport operators

Assets Social interactions; friends, families and neighbours; third sector support; advocacy; housing adaptations; access to outdoor spaces; technology including Next Generation Text; access to work programmes

7.1 What do we know about this group?

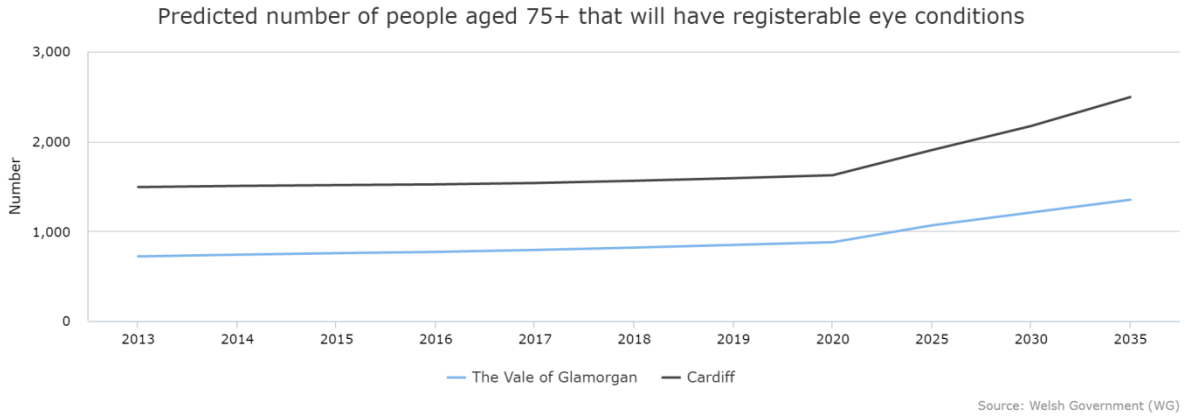
7.1.1 Information from population and service data

Sight loss

There are an estimated 9,430 people living with some degree of sight loss in Cardiff, and 4,560 people in this group in the Vale of Glamorgan.[d22] This includes 137 people aged 0-16 in Cardiff, and 51 people in this age group in the Vale. Of these, 1,230 are living with severe sight loss in Cardiff and 610 in the Vale. In terms of registrations with the local authorities of people who are blind or partially sighted, these number 2,057 in Cardiff (2013/14) and 685 in the Vale. The rate of registrations is slightly higher in Cardiff (585 per 100,000) than the Wales average (550 per 100,000), and slightly below the average in the Vale (539 per 100,000). Around £17m is spent by the NHS in Cardiff and Vale on vision problems.[d22]

The RNIB sight loss data tool provides estimates of the numbers of people living with sight threatening eye conditions.[d22] This includes estimates of the number of people with early age-related macular degeneration (AMD) of 11,980 (Cardiff) and 6,030 (Vale); people living with cataracts of 2,870 (Cardiff) and 1,450 (Vale) and people with diabetic retinopathy of 7,230 (Cardiff) and 2,560 (Vale). The number of people with early stage AMD is expected to increase by nearly a third locally (30% Cardiff, 31% Vale) between 2016 and 2030. Higher rises are expected in the number of people living with cataract (40% Cardiff, 50% Vale). For diabetic retinopathy, the number is expected to rise significantly in Cardiff (17% compared with Wales average 6%), and 5% in the Vale.

Figure. Predicted number of people aged 75 or over who will have a registerable eye condition



It is estimated 40 severe falls each year are directly attributable to sight loss in Cardiff, and 20 in the Vale.

Hearing loss

It is estimated 28,900 people have a moderate or severe hearing impairment in Cardiff, and 14,100 in the Vale.[d22]

Dual sensory loss

It is estimated that 1,840 people are living with dual sensory loss (i.e. sight and hearing) of any severity in Cardiff, and 860 in the Vale. In 2015-16 there were 73 people registered in Cardiff with severe sight impairment and hearing impairment, and 16 people in the Vale.[d74]

7.1.2 Information from local residents and service users

Focus group participants described that much of their support was from family and friends rather than the state (Box 7A)

Box 7A. Support from friends and family

The help I get from friends like a five [out of five]. I never had no help from Social Services at all. I just have to ask people, friends. It's like next door neighbour, her mother runs a cleaning service, so she comes in fortnightly to do my cleaning for me, and they're excellent. (Sight loss participant)

Third sector support for people with sensory impairment was praised (Box 7B). One third sector organisation for people with sight loss was spoken of very highly, providing a number of benefits including: helping keep people active and independent (e.g. gardening, music, singing, rambling), education and learning new skills (e.g. computer courses); support with travel (e.g. taking a participant to a GP surgery); the ability to volunteer; and help with admin (e.g. applying for a new passport). It felt like a 'family'. A deaf participant praised the work of a number of sensory impairment third sector organisations which provided a range of support for people's wellbeing, e.g. providing financial advice, advocacy and information provided through the medium of British Sign Language (BSL).

Box 7B. Support from the third sector

F: It's not just the gardening club, they have music clubs, they have singing club. . . . M: Without CIB [Cardiff Institute for the Blind] a lot of people wouldn't have a social life at all. (Sight loss participant)

I had to go to the doctor's right, and [name] came with me because I didn't want to go on my own, so that's the girl from [the charity], which they didn't have to, but they did. (Sight loss participant)

[Advocacy in] going to the Job Centre, supporting people in the Job Centre. Because the Job Centre isn't deaf aware. (Deaf participant)

Opportunities for social interaction and being with other people who understood your situation were also a benefit to wellbeing (Box 7C).

Box 7C. Social interaction

[This deaf charity] gives opportunities for people to volunteer, and provides a service for young children and parents. They have a youth service and it's a great place for the elderly, deaf community to meet as well. (Deaf participant)

It is hard work sometimes, so it's just to relax with people who understand your situation. (Sight loss participant)

Support from third sector organisations and housing associations to ensure accommodation was suitable was beneficial, for example replacing a bath with a shower; and a non-digital thermostat instead of a digital one for a focus group participant with sight loss who couldn't use the thermostat because of the digital controls.

Some services were praised which had 'actually listened' to concerns from sight loss advocates, for example a transport provider had included information at bus stops in large print; and the Council had left streetlights on permanently when it was dark so a participant was able to cross the road without tripping.

Access to outdoor spaces, including parks, allotments and the Taff trail, were felt to contribute to wellbeing. Technology including social media were highlighted as having a positive impact on independence and wellbeing (Box 7D). Next Generation Text (NGT) was a beneficial service to deaf people as it provided 'open access for deaf-to-hearing people'.

Box 7D. Technology

I think in terms of technology, to be honest with you, Facebook has a massive effect for me and the deaf community. (Deaf participant)

Being able to work and volunteer was highlighted by some individuals as giving them a sense of self-worth. This was helped in one case by a project set up by a deaf third sector organisation which provided sign language interpreters to help overcome barriers to employment (Box 7E).

Box 7E. Working and volunteering

The access to work scheme. Without sign language interpreters. I could not communicate with my hearing colleagues. I couldn't do the work. I wouldn't be able to talk to someone and maybe express myself, and if I couldn't do that then there'd be frustrations. (Deaf participant)

Among people with sight loss, participants often commented that routine activities for sighted people regularly became difficult for those with sight loss. Examples were given of transport staff telling them to use a ticket machine or look at the front of the bus to see what number it was. In a hospital setting participants found it could be 'very distressing' waiting alone in the hospital for ambulance transport, hearing their name called but unable to make eye contact.

Challenges at home included dressing and washing, and trips and falls. Council refuse collectors sometimes left bins in different places in the block of flats one participant lived in which meant they became obstacles.

Cuts to valuable services were described, including dedicated training of social workers around sensory loss. (Box 7F)

Box 7F. Cuts to services

I do get care, care package, but it got cut the other year and one of the things I got cut on was shopping, and when with people with sight loss, that's the main thing that you need it for. . . . I like to go shopping; I don't want somebody else to go and do it for me (Sight loss participant)

The worst thing, and I think you'll all agree with me, Cardiff Council ever did, that we used to have dedicated social workers that were trained in sensory loss and they're no longer, they're just social workers. (Sight loss participant)

Lack of availability of key information in BSL was a barrier to a deaf participant. He described that the social services eligibility assessment was not accessible in full BSL, and another participant faced an 'impasse' when there was disagreement between the local authority and housing association over who should pay for a BSL interpreter (Box 7G) Another example was a GP practice refusing to provide a BSL interpreter for an appointment. Similar issues were described with private organisations such as banks and were felt to be commonplace and wearing for deaf people. Makaton is another language programme which uses signs and symbols to help people to communicate, and is often used with children and with people with learning disabilities.

Box 7G. Lack of availability of information in BSL

'We need to talk to you and then you talk to the housing association'. So, okay, what's the solution? I physically can't hear them on the phone, so what are the choices? It has to go through a third person, which they won't do, and they don't understand that I physically can't hear. It's just a lack of common sense. (Deaf participant)

Yesterday I actually went to the GP myself. It was a simple issue, I didn't require an interpreter, but I actually got to a point where I couldn't express myself because I had difficulty understanding the GP. And I felt like I came away without full information. I didn't feel good about the whole situation. (Deaf participant)

Participants felt more could be done to raise awareness of support available, mostly from third sector organisations. Other concerns which were expressed included that parents should not have to pay to learn sign language to communicate with their deaf child, and lessons should be cheaper; teachers, family members and health professionals / other service providers should be encouraged to proactively support deaf people in learning to sign from an early age; ensuring staff in hospitals know how to use loop systems (Box 7H); and ensuring specialist mental health for deaf people is available in BSL.

Box 7H. Ensuring staff understand how to use loop systems

The amount of places I've gone in and banks, even a hospital clinic and I couldn't hear what the woman was saying, and I said, 'Is your t-mode switched on?' She didn't know how to switch it on and none of the staff knew how to switch it on, and this was in an NHS hospital. (Sight loss and hearing loss participant)

7.1.3 Information from professionals working with this group

At the workshop, it was identified that throughout childhood, independent living skills for children are important, as they encourage confidence, inclusion in the community, support emotional wellbeing and mental health. They also lead to better outcomes as an adult.

In the professional survey the accessibility of services to people with hearing loss/deafness was highlighted as a barrier to accessing services (Box 7I). Similarly, there was concern about the provision of information on the internet for people with visual impairment.

Box 7I. Accessibility of services

Services are inaccessible i.e. communication barriers prevent people with hearing loss/deafness taking part (lack of BSL interpretation, lack of hearing loops etc.) (Professional survey)

Although not strictly a sensory impairment, speech and language impairment (dysphasia and/or dysarthria) such as that following a stroke also requires that communication needs are taken into account for people to easily access care, support and information.[d143]

In the PNA workshops, professionals working with people with sensory impairment highlighted the following key needs and assets:

Key needs (including preventative)	Key assets
Access to accessible communication and information Mobility and rehabilitation Review use of registers for sensory impairment Social interaction including impact on mental health and wellbeing Equipment and technology - person-centred Independent living Specialist services and assessments Partnership between the third sector and health Recognise people with complex needs with additional sensory impairment, requiring additional support	*None specifically identified at workshop*

At a workshop held for the PNA with professionals working with people with sensory impairment, it was felt that knowledge of British Sign Language (BSL) shouldn't be assumed, particularly among black and minority ethnic groups and people who speak English as a second language.

7.1.4 Information from other sources

Older people with sight loss are almost three times more likely to experience depression than those with good vision.[d23] Nearly half of blind and partially sighted people feel 'moderately' or 'completely' cut off from people and things around them. Some BME groups are at higher risk of glaucoma.

Older people in care homes are particularly likely to have undiagnosed deafness, hearing loss or tinnitus.[d23]

A UK research report on the needs of the deaf community in interacting with the health service raises a number of issues.[d66] These included: difficulty making appointments and communicating in appointments with health professionals (for example the report found 3% of deaf people want to communicate with their doctor by lipreading but 40% are forced to); poor diagnosis (for example being more likely to live with high blood pressure or high blood sugar levels without a formal diagnosis being made); and less comprehensive treatment for diagnosed conditions compared with others. Recommendations include offering deaf awareness training to all frontline staff; and ask and record patients' preferences for communication during consultations; ensure access to interpreters as required (e.g. for British Sign Language).

There is a notable gap across Wales between educational attainment of deaf children and young people, compared to children who do not have a special educational need. The percentage of children achieving the Core Subject Indicator varies by stage of education but is around 7-15% lower among deaf children. The largest gap is in Key Stage 2 when 98% of children without a special educational need achieve the Core Subject Indicator, compared with 83.6% of deaf children.[d103]

7.1.5 Gaps in our knowledge

No significant gaps have been identified.

7.2 Main needs

- Access to accessible communication and information, including information on services available
    - Including in British Sign Language and, where appropriate to audience, Makaton

    - But recognise that some may not know BSL
    - Don't rely solely on internet for information dissemination
- Mobility and rehabilitation
- Review purpose and use of registers for sensory impairment
- Social interaction including impact on mental health and wellbeing
- Equipment and technology - person-centred
- Independent living
- Appropriate access to specialist services and assessments
- Partnership between the third sector and health
- Recognise people with complex needs with additional sensory impairment, requiring additional support
- Plan for increase in prevalence of people with sight loss
- Recognise and address undiagnosed hearing impairment among older people in care homes

7.3 Prevention recommendations

- Increase awareness of day to day needs of people with sensory impairment among public and third sector staff, transport operators

7.4 Assets

- Social interactions
- Friends, families and neighbours
- Support from third sector organisations
- Advocacy
- Housing adaptations
- Access to outdoor spaces
- Technology including Next Generation Text
- Access to work programmes

7.5 Suggested areas for action

- Improve access to communication, and accessibility of information throughout pathways, from information through to initial contact to service provision
- Ensure support for children with sensory impairment is flexible as child's needs change as they grow older, and that who provides support is clear
- Recognise and improve support for children and adults with complex needs and additional sensory impairment
- Recognise and improve support for children and adults with dual sensory loss
- Ensure staff carrying out specialist assessment and service provision are appropriately trained, with broad awareness training across all staff groups regarding the needs of people with sensory impairment
- Increase partnership working between statutory and third sector
- Increase support for mobility, rehabilitation and independent living
- Review the process and purpose of formal registration for sensory impairment
- Prepare services and support for projected increase in number of people with sight loss
- Scope actions to improve social interactions, mental health and wellbeing for people with sensory impairment in accordance with the Social Services and Well-being Act

- Improve availability of technology and equipment relevant to the individual's need
- Increase engagement with people with sensory impairment to understand changing needs over time
- Make equality and health impact assessments more readily available to local residents, especially those for whom there is a possible impact

B8. Violence against women, domestic abuse and sexual violence

Other chapters of relevance: Asylum seekers and refugees; adult carers; children & young people; health and physical disabilities; adult mental health and cognitive impairment; offenders; older people; veterans

Summary Violence against women, domestic abuse and sexual violence

Care and support needs Prevention - children and schools; male role models; children in household where there is domestic abuse; adverse childhood experiences (ACEs); ensure approaches are needs-led as well as risk-led; increase accountability of perpetrators; early reporting; improve transparency in family courts; access to information on services and support; community involvement; access to appropriate housing; availability of age-appropriate counselling; 'honour'-based violence

Prevention issues Awareness-raising in schools; community involvement; information; dispersed refuge provision

Assets Third sector; Live Fear Free helpline; local research pilots; refuge provision; SARC (sexual assault referral centre); IDVAs (Independent domestic violence advisers); Free2Be; HomeStart

8.1 What do we know about this group?

8.1.1 Information from population and service data

In Cardiff during 2015/16 there were 2,362 incidents of violence against the person (either gender), 2,263 domestic incidents, and 57 sexual offences reported to South Wales Police.[d68] In the Vale of Glamorgan the corresponding figures were 2,279 incidents of violence against the person, 1,936 domestic incidents, and 204 sexual offences reported.

Given the sizes of the respective populations, it is felt that there is likely to be under-reporting or inadequate capture of information about offences in Cardiff. The quality of data on domestic violence, abuse and sexual violence across the UK has historically been highly variable, but efforts are being made to improve its accuracy.[d145]

In Cardiff, 3,145 referrals were made by the Police relating to domestic abuse, including 1,060 high risk referrals. During this period BAWSO received 780 calls and Cardiff Women's Aid 1,892 calls. 272 clients (all female) were supported during the year at a refuge, out of 326 referrals. 61 clients received supported housing. Of the clients supported by a refuge, over a third (37%) were aged 16-25, and in supported housing over half (53%) were in this age group.

The main needs identified by clients were: feeling safe, accommodation issues, managing money, and staying healthy mentally.

1,014 cases were referred by Independent Domestic Violence Advisors (IDVAs) to the MARAC (multi agency risk assessment conference), involving 1,489 children, and of which 17% were repeat cases. The majority of

victims were female, although 4% were male. Of high risk cases, two thirds (65%) reported feeling safer and nearly 6 in 10 (58%) feeling the risk had been reduced.

In the Vale of Glamorgan, 1936 referrals were made by the Police, including 63 high risk referrals. 46 females were supported during the year at a refuge, of whom one fifth (20%) were aged 16-24. 54 clients received supported housing, of whom just over a fifth (22%) were aged 16-24. The main needs identified by clients were: feeling safe, accommodation issues, and managing money. 216 cases were referred by the Independent domestic violence adviser (IDVA) to the MARAC. 134 (62%) were repeat cases, and 1 in 20 (5%) were males.

Children in need

Of children in need in Cardiff, 15% in 2015 had a record of domestic abuse being a factor.[d74] In the Vale of Glamorgan this figure was much higher, at 51%. Across Wales the figure was 23%.

8.1.2 Information from local residents and service users

In the public survey, of people who were in one or more of the thematic groups in this report, one in six (16.2%) felt unsafe from verbal abuse, and one in ten (10.2%) from physical abuse. [d67]

In a recent survey of 160 people experiencing domestic abuse in Cardiff and the Vale, just over a fifth (22.2%) were aged 16-24. 17.6% identified themselves as having a mental health issue, and less than 5% each identified as having a learning disability, physical disability, hearing impairment or visual impairment. A fifth of respondents were male. Over a quarter (28.8%) reported abuse from a current intimate partner, and nearly two thirds (64.5%) from an ex-intimate partner. Just over 1 in 10 (11.4%) reported abuse from a close relative. Two thirds of respondents reported physical abuse, nearly nine in ten (88.1%) psychological or emotional abuse, 43.1% financial abuse, 7 in 10 (70%) coercion, and a quarter (23.8%) sexual abuse.

Satisfaction among service users was highest in Cardiff for the Women's Centre, Llamau Women's services, Refuge, Bawso, Sexual Assault Referral Centre and Victim Support - Witness Support, with all users rating these as good or very good. Conversely, ratings for adult social services were poor, although the sample size was small. In the Vale of Glamorgan, satisfaction was highest for Atal y Fro, the Sexual Assault Referral Centre, Health Visitors, Live Fear Free/All Wales Domestic Abuse and Sexual violence helpline, and midwives. Satisfaction was again poor for social services.

Respondents reported most commonly telling friends, the Police, relatives or healthcare professionals, about the abuse. Of people who hadn't told anyone about the abuse, reasons given included: being ashamed, didn't know who to tell, didn't realise it was abuse, thought they wouldn't be taken seriously, people would not believe a man would be the victim.

In terms of where respondents would like to see information about domestic abuse, GP surgeries, schools/colleges/universities, hospitals, council buildings, leisure centres, police stations, shopping centres / supermarkets, public transport, pubs/bars/clubs, and dentists were all identified by over half of respondents, suggesting strong support for widespread availability of information through a number of routes.

A focus group was held with sex workers in Cardiff, most of whom usually work on the street. In terms of support which helps their wellbeing, a third sector organisation funded by Welsh Government to support sex workers was described as helping them with accessing housing, applying for benefits, lifts to appointments, and signposting and encouragement to use other services(Box 8A). Other positive support

came from faith-based organisations, including help with finding a participant something to eat when they had no money or food.

Box 8A. Help with housing

I feel quite happy at the moment because I'm in a better place than I have been for a long time. Feels good to say that. . . . I'm on script now and I'm not using as often and I've got my own property. I haven't had one for a long time so things are looking up. (Sex worker)

A lack of housing was highlighted as a significant barrier to wellbeing (Box 8B).

Box 8B. Lack of housing

If me and my ex had somewhere to live I wouldn't be where I am now. Because it put a strain on our relationship. (Sex worker)

There was also a suggestion that staff who work with sex workers or people dealing with substance misuse should have first-hand experience of the issues to better understand them. A lack of knowing what services were out there to help was also highlighted. During a discussion hearing others talk about various services, one participant acknowledged that she 'hadn't heard of half these places'.

8.1.3 Information from professionals working with this group

Just over half (55.6%) of respondents to the professional survey identified that more support for those experiencing domestic abuse is needed for the client group they support.

In the PNA workshops, professionals working in this area highlighted the following key needs and assets:

Key needs (including preventative)	Key assets
Prevention - children and schools	Third sector
Male role models	Live Fear Free helpline
Children in household where there is domestic abuse	Local research pilots
Adverse Childhood Experiences (ACEs)	Refuge provision
Ensure approaches are needs-led as well as risk-led	SARC (sexual assault referral centre)
Increase accountability of perpetrators	IDVAs (Independent domestic violence advisers)
Early reporting - ask & act	
Improve transparency in family courts	
Access to information on services and support	
Community involvement	

Child sexual exploitation

Sexual exploitation of children and young people under 18 involves abusive situations, contexts and relationships where they receive 'something' (e.g. affection, gifts, food, accommodation, drugs) as a result

of them performing, and/or another or others performing on them, sexual activities. The perpetrator exercises power over the victim and will often use violence or intimidation.

Not enough is currently known about the true nature and extent of child sexual exploitation in Wales. Historically victims have not been willing to speak about their abuse and in some cases did not recognise the relationship as abusive. Welsh Government released a National Action Plan to Tackle Child Sexual Exploitation in 2016,[d123] implementation of which is a priority and led locally by the Cardiff and Vale of Glamorgan Local Safeguarding Children Board.[d122]

8.1.4 Information from other sources

Are you listening and am I being heard?

Recommendations made by survivors of violence against women, domestic abuse and sexual violence, were reported on in the all-Wales document 'Are you listening and am I being heard?'[d1]

- Of the 10 key recommendations made in the document, these included ensuring sufficient availability of age-appropriate counselling and therapeutic services for survivors; and also that there should be compulsory prevention education in all schools and colleges to prevent violence against women, domestic abuse and sexual violence from happening in the first place.
- The report quotes one survivor (not necessarily from Cardiff or the Vale) as saying 'It's at least 6 months or more just to get counselling... Why don't the domestic abuse services have their own counsellors for everyone woman who needs it'.
- The document also highlights the value of holistic specialist services, with survivors referring to them as a 'lifeline'. The document recommends high quality specialist support services in every area which are independent of state agencies, including community outreach and advocacy support, refuges with dedicated support for survivors and their children, age-appropriate specialist services for children and young people, perpetrator programmes with partner support; specialist services for black and minority ethnic families; and access to specialist services in a range of community locations including co-location with other agencies
- High quality specialist support services are recommended

Is Wales fairer?

Across Wales there has been an increase in the number of people who are statutorily homeless who are fleeing domestic abuse.[d39] Young people, women, disabled people and lesbian, gay, bisexual and other people are more likely to report being a victim of sexual violence in the past 12 months than other groups.[d39] The number of referrals from the police to the Crown Prosecution Service for 'honour' based offences of violence in Wales and England rose between 2012/13-2013/14.[d39]

Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015

The Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 was the first law of its kind in the UK.[d104] The Act aims to improve leadership and co-ordination across the public sector in response to violence of this sort; provide a more consistent focus on the way these issues are tackled in Wales; help victims; and stop the abuse happening in the first place. The Act addresses domestic abuse and sexual violence regardless of gender or sexual orientation. There is also no age limit in the Act so it also covers children and older people.

The Act is complemented by a National Strategy in Wales.[d106] The Strategy includes a National Training Framework to help professionals deal with disclosures of abuse, and 'Ask and Act' which requires professionals including Health Visitors and Housing Officers to identify symptoms of abuse and ask clients if they are being abused. It also addresses the issues of Female Genital Mutilation (FGM), forced marriage and 'honour'-based violence, and increases the focus on holding perpetrators to account.

IRIS and SEEDS

The IRIS (Identification and Referral to Improve Safety) programme aims to improve the identification of, and response to patients who are or have been affected by domestic violence and abuse across general practices in Cardiff and the Vale of Glamorgan. It also aims to establish care and referral pathways to specialist domestic violence services for people in Cardiff and the Vale of Glamorgan experiencing domestic violence or abuse. Training has been delivered to 26 surgeries to date, which includes 358 staff.

SEEDS (Survivors empowering and educating services) is a survivor-led project which empowers women through training and learning from each other. It has recently been established in Wales.

Human trafficking and slavery

In 2014 there were 50 recorded referrals of potential victims of trafficking in Wales. In the first six months of 2015, there were 51 referrals made. This increase is likely to be as a result of increased awareness of human trafficking and modern slavery.[d132] Trafficking is known to be happening in our region for the purpose of sexual exploitation, labour exploitation and domestic servitude. Evidence demonstrates that trafficking in is increasing, for all types and for all reasons.[d133]

United Nations recognition of violence against women

The UN has designated 25 November each year as International Day for the Eradication of Violence Against Women. The White Ribbon Campaign started in Canada in 1991 and is now a global movement led by and aimed at men, to stop male violence against women and girls. The White Ribbon Campaign was officially launched in the UK in 2004 and has adopted 25 November each year as White Ribbon Day.[d105] Cardiff has held White Ribbon City status for the past 2 years and is in the process of reapplying.

8.1.5 Gaps in our knowledge

Accuracy of reported figures on domestic and sexual violence.

8.2 Main needs

- Prevention - children and schools
- Male role models
- Children in household where there is domestic abuse
- Adverse Childhood Experiences (ACEs)
- Ensure approaches are needs-led as well as risk-led
- Increase accountability of perpetrators
- Early reporting - ask & act
- Improve transparency in family courts
- Access to information on services and support
- Community involvement
- Access to appropriate housing

- Availability of age-appropriate counselling
- Child sexual exploitation
- 'Honour'-based violence

8.3 Prevention recommendations

- Awareness-raising in schools
- Community involvement
- Information
- Dispersed refuge provision - gender neutral - 1 year pilot in VOG to be regional next year

8.4 Assets

- Third sector organisations
- Live Fear Free helpline
- Local research pilots
- Refuge provision
- SARC (sexual assault referral centre)
- IDVAs (Independent domestic violence advisers)

8.5 Suggested areas for action

- Improve education and awareness around VAWDASV issues, including in primary and secondary schools, further education, and among people who are not in education employment or training (NEET)
- Embed IRIS across all GP surgeries in Cardiff and the Vale of Glamorgan, and further embed the use of 'Ask and Act'
- Continue to implement National Action Plan to tackle child sexual exploitation, through Local Safeguarding Children Board
- Scope single point of contact, integrated across services
- Develop and implement perpetrator toolkits
- Scope actions to increase awareness and understanding of VAWDASV issues among public, e.g. through media, male role models
- Identify and share good practice between partners

B9. Asylum seekers and refugees

Other chapters of relevance: Children & young people; health and physical disabilities; adult mental health and cognitive impairment; older people

Summary Asylum seekers and refugees

Care and support needs Lack of fluency in English or Welsh; access to ESOL (English for speakers of other languages); routine access to interpretation for public services; access to information and accessibility of services; access to labour market; establishing links in the community; childcare; transport; engaging with schools; improved access to community mental health services

Prevention issues Training and awareness of asylum status and migration patterns for statutory and third sector partners

Assets CHAP (Cardiff Health Access Practice); third sector including Oasis, Trinity Centres, Welsh Refugee Council; wider community support; Supporting People teams; Communities First; Community centres, Hubs

9.1 What do we know about this group?

9.1.1 Information from population and service data

Cardiff is a both an initial accommodation centre and dispersal centre for UK asylum seekers. The maximum potential number of new asylum seekers in Cardiff is set at a ratio of one asylum seeker per 200 people in the population as a whole. If the actual number reaches 75% of this level then a review is triggered; current numbers of entrants are below that level. Since the number of entrants is linked to the population size, with projected growth in the Cardiff population the ceiling level for new asylum seekers will also increase over time.

Many asylum seekers have complex health and social care needs.[d15] Pregnant women, unaccompanied children, those with significant mental health problems, and those who have experienced traumatic events such as rape or torture, are likely to be particularly vulnerable. Asylum seekers are located across Cardiff, but with the highest concentration in South Cardiff. The Syrian Resettlement Programme operates in Cardiff and the Vale of Glamorgan.

At the time of the 2011 Census, 15% of people living in Cardiff were non-UK born, compared with 6% in the Vale and 7% in Wales as a whole.[d19] About a quarter (27%) of non-UK born people in Wales lived in a household where no one reported English or Welsh as their main language.

Migrants in Wales are more likely to be newer migrants to the UK than those in England.[d19] In terms of settling populations, individuals from the other EU15 countries (members of the EU prior to 1 May 2004) settled first (73% before 2004), then non-EU born migrants, and latterly people from EU accession countries. Between 2006-2014, over three quarters of international inflows to Wales were non-British, although only 4% of all non-British nationals arriving to the UK reported Wales as their destination. In 2015 Cardiff had the highest positive net level of international migration compared to the rest of Wales, with around 1,900 net international immigrants.

Of people using Dewis between 1 April-9 November 2016, one of the most popular searches in Cardiff (9th most searched for) was for 'Asylum seekers'.

Reported hate crimes have increased by 71% in Cardiff from 748 in 2012/13 to 1282 in 2014/15.[d18] While it is likely that actual cases of hate crime have risen in Cardiff, it is thought that people are now more likely to report it too.

9.1.2 Information from local residents and service users

A focus group held for the Cardiff Wellbeing Assessment facilitated by the Welsh Refugee Council found that learning English was key for many participants, and that many would like to be more involved in the City through groups like the Rotary Club.[d51] Most were not involved in social activities outside their own community, and cited family ties as a key factor in maintaining good mental health; this was helped by having family with them or by knowing other people from their country of origin. All agreed they have information on healthy behaviours to help them lead a healthy life. Many were unable to find work which reduced their links to other people and the wider community.

A focus group was held with asylum seekers in Cardiff at which community support, and security of accommodation and food were seen as contributing to wellbeing. There was a discussion in which some participants said they felt unsafe in Cardiff at times (Box 9A)

Box 9A. Feeling unsafe

Don't feel safe in Cardiff and would like to go back to London. Waiting for Home Office to relocate (Asylum seeker)

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

Assets identified by participants included third sector organisations including Oasis, Trinity Centres and Welsh Refugee Council.

9.1.3 Information from professionals working with this group

At the workshop it was felt that there was a need for improved access to community mental health services.

Statutory and third sector partners need to better understand local migration patterns and their implications.[d17] Implementation of the Syrian Resettlement Programme (SRP) and Afghan Relocation Scheme require support with planning, and communications to identify and mitigate any community tensions.

In the professional survey, assets included community centres and hubs; Communities First; Oasis; and Advocacy Matters. Gaps in services identified included mental wellbeing services; social interaction and clubs; and counselling. In terms of things which aren't currently available, easier access to information on local services was highlighted; along with improved access to counselling; and support for people to access work.

In terms of areas professionals in Cardiff and Vale would like more support, advice or training, asylum status was the top response.

In the PNA workshops, professionals working with asylum seekers and refugees highlighted the following key needs and assets:

Key needs (including preventative)	Key assets
ESOL (English for speakers of other languages) Access to information and accessibility of services Access to labour market Establishing links in the community - integration and community cohesion, tackling hate crime Childcare Transport Engaging with schools	CHAP (Cardiff Health Access Practice) Third sector including Oasis, Trinity Centres, Welsh Refugee Council Wider community support Supporting people teams

It should also be recognised that the needs between asylum seekers (i.e . those seeking refugee status) and refugees (i.e. people whose request to stay has been granted) can differ.

9.1.4 Information from other sources

Overall health status

There is evidence that non-UK born individuals residing in the UK have poorer outcomes for physical and mental health than other residents, although this varies by migration history.[d49] Socioeconomic circumstances and immigration regulations affecting some migrant groups impact negatively on their access and use of health care. Rates of infectious diseases, including tuberculosis and HIV, are higher than for non-migrants.[d49] A lack of awareness of eligibility for healthcare, language issues, and a fear of being reported to the UK Border Agency, can be barriers to accessing care.[d49,d50]

Mental health

A 2009 report by Mind into mental health provision for refugees and asylum seekers across England and Wales found:[d48]

- There is a variable and limited use of interpreting services within mainstream mental health services, with use of friends and family as interpreters still common
- There is a lack of cultural awareness and understanding of refugee issues among statutory and third sector staff
- There is a lack of services to address intermediate mental health needs, as well as specialist services for people who have experienced torture, and for children and young people who are refugees
- Mainstream third sector mental health services are often not accessed by refugees and asylum seekers

Local professionals feel that these issues exist currently in our area. Access to specialist services is due to be improved with a planned post-traumatic stress disorder clinic.

There is evidence of higher levels of depression and anxiety among asylum seekers and refugees compared with the national population, and much research has focused on the physical and mental impact of conflict

and war in countries of origin.[d49] Particularly vulnerable groups are children, and women who have suffered sexual and physical abuse.

Barriers faced by vulnerable migrants

A report into the first year of an ongoing Vulnerable Migrant project run by Mind summarises some of the barriers faced by this group:[d111] limited English language skills; limited knowledge of host country and culture; lack of cultural awareness among service providers; stigma within own community; discrimination from host community; practical issues stemming from immigration and asylum systems. 'System' challenges identified include accessing appropriate translation services; differing perceptions of mental health; and services and systems predicated on a Western view of mental health.

9.1.5 Gaps in our knowledge

Available data on migrants' health in the UK is limited, including data that distinguishes between migrants in different socioeconomic groups.[d49]

9.2 Main needs

- Lack of fluency in English or Welsh
    - Access to ESOL (English for speakers of other languages)
    - Routine access to interpretation for public services
- Access to information and accessibility of services
- Access to labour market
- Establishing links in the community - integration and community cohesion, tackling hate crime
- Childcare
- Transport
- Engaging with schools
- Improved access to community mental health services

9.3 Prevention recommendations

- Training and awareness of asylum status and migration patterns for statutory and third sector partners

9.4 Assets

- CHAP (Cardiff Health Access Practice)
- Third sector including Oasis, Trinity Centres, Welsh Refugee Council
- Wider community support
- Supporting people teams
- Communities First
- Community centres, Hubs
- Free2Be, HomeStart

9.5 Suggested areas for action

- Provide flexible access to ESOL (English for Speakers of Other Languages) classes from day one
- Build community networks and resilience
- Improve access to specialist physical and mental health services

- Improve access to labour market and volunteering opportunities
- Increase sustainability of work, to promote community integration and cohesion
- Scope actions to reduce exploitation in labour market and housing
- Improve access to community childcare services
- Take good practice from Syrian Resettlement Programme (SRP) and apply for all asylum seeker and refugee groups
- Integrate pathways between services
- Use evidence-based approach to migration messages
- Improve access to information on hate crime, education, health and service provision by statutory and third sector organisations
- Offer training to health and social care staff in statutory and third sector organisations on asylum status, rights to services, and migration patterns
- Build capacity to meet needs of unaccompanied asylum-seeking children (UASC)
- Include vulnerable migrants in future planning and consultation in this area

B10. Offenders

Other chapters of relevance: Children & young people; health and physical disabilities; learning disability and autism; adult mental health and cognitive impairment; older people; violence against women, domestic abuse and sexual violence

Summary Offenders

Care and support needs Access to mental health services, substance misuse, counselling post-release; increase in use of new psychoactive substances (NPS); family stability and support; housing; employment and benefits support; youth clubs; sexual health; schooling, education, socialisation; improved communication between services and partnership working; life skills; adult learning

Prevention issues Improve access to prevention services; peer education to reduce risky sexual behaviour post-release; increase awareness in primary and secondary care of prison health processes

Assets Resettlement; clinical working group for frequent attenders; sexual health / blood-borne virus services; Pact and Through the gate mentoring

10.1 What do we know about this group?

10.1.1 Information from population and service data

HMP Cardiff

A comprehensive health needs assessment was undertaken in HMP Cardiff in 2015-16.[d70] Much of the information here is taken from that assessment, which also provides more detail on the issues.

HMP Cardiff is a local prison serving the courts and holding offenders serving sentences of up to 2 years. In December 2016 HMP Cardiff held 771 men and had an operational capacity of 820. The prison has a high turnover, or 'churn', of prisoners due to the nature of its operations. HMP Cardiff has a high proportion of prisoners who are on remand (unconvicted or convicted unsentenced prisoners) or who have short sentences. It has an average of 384 new prisoners (receptions) per month and an estimated 4,602 annually. In 2015, 36% of the prison population were on remand. This compares to around 13% of the prison population in England overall. Of those that had been sentenced, 34% of prisoners had sentences of less than 6 months in 2015 respectively.

Around half of offenders at HMP Cardiff give a home address in the Cardiff area, with fewer than 5% from the Vale of Glamorgan.[d85]

Over half the offenders are aged 21-39, and all are male. A small number of female offenders from Cardiff are held in HMP Eastwood Park, with few from the Vale of Glamorgan. [d85]

The National Offender Management Service (NOMS) warns that the data presented here on numbers and types of prisoners and their home address, should be taken as approximate. This is because of possible data entry or processing errors with any large administrative IT system. In addition, for prisoners' residence this information is provided by prisoners on reception into prison. Where no address is given, a prisoner's committal address is used as a proxy to determine the area in which a prisoner is resident.

Youth offending

During 2015/16, 164 offences were committed by young people seen in the Youth Offending Service in the Vale of Glamorgan, and 510 in Cardiff. The most common offences in the Vale were violence against the person, criminal damage and public order offences. In Cardiff, the most common offences were theft, violence against the person, and motoring offences.[d112]

10.1.2 Information from offenders

Unfortunately despite efforts to arrange focus group interviews with a group of prisoners in Cardiff, this was not possible during the timeframe of the assessment.

In a focus group with homeless people, there was a discussion around how the process of leaving prison for someone with a substance misuse problem could be better supported (Box 10A)

Box 10A. Transition between prison and community with substance misuse issues

There should be a hostel for prisoner leavers as part of their licensing conditions providing drug tests and breathalysers every week, that will help you stay clean... this is a crucial period of time (Homelessness)

Going straight to a hostel from prison where there is a kick out time of 8am and an opening time of 9pm, that's a very long day, and if someone offers you drink or drugs, you do it to make the day go quicker (Homelessness)

10.1.3 Information from professionals working with this group

The HMP Cardiff health needs assessment identified a number of key issues among prisoners. Those which relate specifically to need which impacts on or is affected by the community are listed below.

Substance misuse

- A high proportion of the prisoners will have drug or alcohol need, or both
- Use of new psychoactive substances (NPS) such as 'Spice' may be increasing within the prison and their use has been linked to deaths, psychosis and aggressive behaviour. However, staff training and prisoner education on NPS is underway
- There is often limited time for substance misuse services to engage with prisoners at HMP Cardiff following their detox, due to the high churn rate and limited staff resources
- There is much variation in the provision of substance misuse services in the community for prisoners following release, but work is currently underway to harmonise this
- There is limited available substance misuse support for prisoners in the weeks immediately following release, due to difficulties in getting appointments

Mental health

- HMP Cardiff may be experiencing particularly high prevalence of anxiety and depressive disorders compared to comparator prisons
- Co-morbidity of mental health conditions is likely to be very common in the prison population

- Staff report large increases in psychiatric morbidity in recent years, particularly psychotic disorders and ADHD. However, a spot audit found prevalence of ADHD to be similar to that expected in the community
- Mental healthcare resources are felt to be unable to meet the needs of all clients, particularly in secondary care
- Mental health post-release care in the community may be delayed and not available during a critical period for prisoners when released

Sexual health

- Incidence rates of some sexually transmitted infections (STIs) are much higher at HMP Cardiff than for men in the community in Cardiff and Vale local authority areas
- The evidence base suggests that peer education may be effective in reducing risky sexual health behaviour in prisoners following release

Other issues

- There are delays in transfers to tertiary care due to high demand and insufficient resources. This has the potential to prevent prisoners receiving care prior to release
- Lack of communication between SystmOne and information systems in the community increases the risk of losing patients to follow-up
- The short sentences and remand status of a large proportion of the population of HMP Cardiff is likely to result in greater social care need following release than many other prisons
- There is felt to be a lack of understanding in general practice in the community and in hospitals regarding processes within the prison

In the PNA workshops, professionals working with offenders highlighted the following key needs and assets:

Key needs (including preventative)	**Key assets**
Family stability and support Housing Employment and benefits support Access to prevention services Youth clubs Primary mental health, substance misuse, counselling Sexual health Schooling, education, socialisation Improved communication between services and partnership working Life skills, adult learning	Resettlement Clinical working group for frequent attenders Sexual health / Blood-borne virus services Pact and Through the gate mentoring

10.1.4 Information from other sources

Mental health

Together for Mental Health is the Welsh Government 10 year strategy to improve mental health and wellbeing.[d33] It includes plans to ensure timely and appropriate mental health services for people in contact with the criminal justice system.

NICE guidance on the mental health of adults in contact with the criminal justice system is due to be published in March 2017.

Youth offending

The Youth Justice Strategy for Wales has developed a tiered approach to prevention of youth offending:[d138] tier 1 - early intervention and preventative services; tier 2 - targeted YOS prevention; tier 3 - alternatives to police charging and diversion. In the Vale of Glamorgan Youth offending prevention strategy it is noted that the majority (95%) of first time entrants to the criminal justice system had been involved in substance misuse. It also notes that many of these children and young people will have experienced inter-familial violence, and that the majority of offences committed in public will be under the influence of alcohol or illicit substances.[d139] This has clear links with the Adverse Childhood Experiences (ACEs) research described in chapter B1, Children and young people.

10.1.5 Gaps in our knowledge

10.2 Main needs

- Access to mental health services, substance misuse, counselling post-release
- Increase in use of new psychoactive substances (NPS)
- Family stability and support
- Housing
- Employment and benefits support
- Youth clubs
- Sexual health
- Schooling, education, socialisation
- Improved communication between services and partnership working
- Life skills, adult learning

10.3 Prevention recommendations

- Improve access to prevention services
- Peer education to reduce risky sexual behaviour post-release
- Increase awareness in primary and secondary care of prison health processes

10.4 Assets

- Resettlement
- Clinical working group for frequent attenders
- Sexual health / Blood-borne virus services
- Pact and Through the gate mentoring
- Probation service
- Community rehabilitation company (CRC)

10.5 Suggested areas for action

- Improve access to, and continuity of, services including preventative services, between secure estate and community. This includes services addressing substance misuse, mental health issues, and sexual health, in adults and young people
- Strengthen preventative services to provide family stability and support, for example through Families First and addressing Adverse Childhood Experiences (ACEs)
- Provide appropriate accommodation in community on release from prison, and develop housing support in prisons to prevent homelessness on release where possible

- Continue to improve partnership working, e.g. networking, communication, joint working where appropriate

B11. Veterans

Other chapters of relevance: Adult carers; health and physical disabilities; adult mental health and cognitive impairment; offenders; older people

Summary Veterans

Care and support needs Mental health - diagnosis and care; social isolation; housing; financial advice; ensure adequate provision for conditions other than post-traumatic stress disorder (PTSD); substance misuse and self medication; early diagnosis & preventative treatment; transition support; improved access to services; safeguarding issues relating to domestic violence

Prevention issues Increase knowledge and resilience of families to support veterans and prevent family breakdown; awareness among mainstream services of veterans' needs

Assets Veterans' NHS Wales; Welsh Veterans' Partnership

11.1 What do we know about this group?

11.1.1 Information from population and service data

There are around 5.61 veterans per 1000 residents in Cardiff and Vale, below the Wales average of 6.24 and the second lowest rate in Wales.[d24] However, this masks a very low rate in Cardiff (3.29) compared with the highest rate in Wales in the Vale of Glamorgan, at 11.96 per 1000 residents.

The Royal British Legion (RBL) carried out an extensive household survey in 2014 of the ex-service community.[d78] The 'ex-Service community' includes both veterans (of whom 89% are men) and their dependants (of whom 96% are women). Overall the survey estimates that around 1 in 10 (9.5-9.6%) of the total UK population are veterans. Unfortunately while it doesn't break down information at the local authority level in Wales, it does give a significant amount of information about veterans and their needs. This notes that veterans especially from Iraq and Afghanistan have a higher prevalence of heavy drinking compared with the rest of the population. PTSD (post-traumatic stress disorder) rates are around 1 in 25 (4%) of veterans.

The survey identifies that the majority of the ex-Service community are older people: nearly half are over 75 and two thirds (64%) are over 64. This corresponds to the finding that the average time since a veteran left service was 41 years. The total number of veterans is also declining in size. Among the working age ex-Service community, the survey found that unemployment rates were higher than the rest of the population (8% compared with 5%) and more likely to be economically inactive (32% compared with 22%). Working-age ex-Service community are also more likely to report long-term limiting illness compared with the rest of the population (24% compared with 13%), including higher rates of depression, back problems, limb problems, heart problems, diabetes, hearing and sight problems. Working-age veterans are also twice as likely to report having unpaid caring responsibilities than the rest of the population (23% compared with 12%).

Issues highlighted among over 75s include loneliness and isolation, mobility problems and self-care difficulties. Interestingly health problem among veterans in this age group are less common than in the rest

of the population of a similar age - in contrast to the higher rates seen among working age veterans (above).

11.1.2 Information from local residents and service users

38 people (3.3%) responding to the public survey identified as an armed forces service leaver (veteran), and 32 people (2.8%) had a veteran in their household. 14 people had a member of their household currently serving in the forces.

11.1.3 Information from professionals working with this group

In the PNA workshops, professionals working with veterans highlighted the following key needs and assets:

Key needs (including preventative)	**Key assets**
Mental health - diagnosis and care Social isolation Housing Financial advice Awareness Substance misuse and self medication Early diagnosis & preventative treatment Transition support	*None specific identified at workshop*

11.1.4 Information from other sources

UK Government Command paper

A UK Government Command paper in 2008 set out two overarching principles: The Armed Forces Community should not face disadvantage compared to other citizens in the provision of public or commercial services; and special consideration is appropriate in some cases, especially for those who have given most, such as the injured or bereaved.[d71] The Armed Forces Covenant of 2011 states "Veterans receive their healthcare from the NHS and should receive priority treatment where it relates to a condition which results from their service in the Armed Forces, subject to clinical need... For those with concerns about their mental health... they should be able to access services with health professionals who have an understanding of Armed Forces culture."[d72]

Forces in Mind Trust report

A recent Forces in Mind Trust report for Wales makes a number of recommendations,[d24] including:

- Armed Forces Forums and Champions to work more effectively and consistently
- A more strategic approach required to planning and commissioning across regions and sectors

A number of needs were highlighted including:[d24]

- Insufficient capacity and sustainability of Veterans' NHS Wales to meet the demand for care from veterans
- Reluctance of veterans to seek help and frustration at waiting times/waiting lists for treatment
- Build cultural competence of mainstream services to ensure veterans' needs are met
- Over-emphasis on post traumatic stress disorder (PTSD)

- Multi-agency response required to complex-psychosocial needs, especially Early Service Leavers, dual diagnosis (mental health and substance misuse) patients, and veterans with mental health problems involved in the criminal justice system
- Safeguarding issues around domestic violence and long-term effect on children's mental health and wellbeing, requiring a holistic response
- Need to build capacity in families so they have knowledge and resilience to support veterans with their problems and needs, to prevent family breakdown

Mental health

Together for Mental Health is the Welsh Government 10 year strategy to improve mental health and wellbeing.[d33] It includes plans to ensure mental health services for veterans are sustainable and able to meet needs in a timely manner.

Veterans' NHS Wales

Veterans' NHS Wales is a primary care service for veterans, with a focus on people who have, or are suspected to have, a mental health condition. A review of the service in 2014 highlighted issues with waiting times for access, and also noted female veterans, early leavers and prisoner veterans were under-represented in service use.[d130]

11.1.5 Gaps in our knowledge

Improvements should be made to collecting more detailed information on veterans to inform long-term local planning, including data on female veterans, veterans with a dual diagnosis, veterans within the CJS, and veterans' families[d24]

11.2 Main needs

- Mental health - diagnosis and care
- Social isolation
- Housing
- Financial advice
- Ensure adequate provision for conditions other than post-traumatic stress disorder (PTSD)
- Substance misuse and self medication
- Early diagnosis & preventative treatment
- Transition support
- Improved access to services
- Safeguarding issues relating to domestic violence

11.3 Prevention recommendations

- Increase knowledge and resilience of families to support veterans and prevent family breakdown
- Awareness among mainstream services of veterans' needs

11.4 Assets

- Veterans' NHS Wales
- Welsh Veterans' Partnership

11.5 Suggested areas for action

- Scope actions to address social isolation among veterans
- Work with Veterans NHS Wales to ensure adequate provision for veterans for conditions in addition to post-traumatic stress disorder (PTSD)
- Commission a detailed needs assessment for veterans in Cardiff and, particularly, the Vale of Glamorgan, with results feeding into NHS and local authority plans

B12. Substance misuse

Other chapters of relevance: Asylum seekers and refugees; adult carers; children & young people; health and physical disabilities; learning disability and autism; adult mental health and cognitive impairment; offenders; older people; sensory loss and impairment; veterans; violence against women, domestic abuse and sexual violence

Please note: *For a detailed description of substance misuse needs in Cardiff and the Vale of Glamorgan please refer to the Substance Misuse Area Planning Board needs assessment for Cardiff and Vale.*[d20] *This chapter presents a summary of the information in that assessment, along with information collected specifically for the PNA.*

Summary Substance misuse

Care and support needs Increased number of people buying illicit substances online; growing 'hidden population' misusing prescription and over the counter medication; misuse of neuropathic medications; synthetic cannabinoids and nitrous oxide; increasing awareness of dual diagnosis; increasing prevalence of alcohol-related brain damage (ARBD); growing impact of 'legal highs' on emergency services; increased distribution of more potent heroin; rising trend of older people (50+) misusing alcohol; review access to substance misuse services; improve co-ordination between services

Prevention issues Improve information on services available; review 'aftercare' arrangements for people finishing treatment and support; additional targeted information and support for older people regarding alcohol use

Assets Recovery third sector organisations; community activities, volunteering; help with employment; libraries and Hubs

12.1 What do we know about this group?

12.1.1 Information from population and service data

The number of males referred to substance misuse services in Cardiff and the Vale of Glamorgan is consistently higher than the number of females, despite there being slightly more women in the region than men.

Alcohol is the most misused substance for which referrals are made to substance misuse services in Cardiff and the Vale, followed by heroin, cannabis and cocaine. (Table)

Table. Number and proportion of substances misused, Cardiff and the Vale of Glamorgan (2011-15)

	2014-15		2013-2014		2012-2013		2011–2012	
Primary Substance	Number	%	Number	%	Number	%	Number	%
Alcohol	1600	58.6%	2870	63.2%	2312	61.5%	2465	57.5%
Heroin	640	23.4%	870	19.1%	734	19.5%	998	23.3%
Cannabis	246	9.01%	343	7.56%	277	7.36%	323	7.54%

Cocaine	132	4.83%	187	4.12%	234	6.22%	242	5.65%
Amphetamines	52	1.90%	129	2.84%	94	2.50%	156	3.64%
Other Opiates	58	2.12%	138	3.04%	108	2.87%	99	2.31%
Total	**2728**	**100%**	**4537**	**100%**	**3759**	**100%**	**4283**	**100%**

The Welsh National Database for Substance Misuse (WNDSM) reveals a slight increase (1.1%) in the combined number of young people aged 0-17 years referred to a substance misuse service between 2013/14 and 2014/15. However there were changes to how this information was collected in 2014 so caution should be used in interpreting the data.

A continuing upward trend in young people aged 0-17 in Cardiff could potentially indicate the need for increased targeted prevention education within schools and youth settings with a view to alleviating rising numbers of young people referred to more structured tiered services later on.

In 2014/15 4,679 clients were seen across Cardiff and the Vale of Glamorgan by needle exchanges. The full needs assessment includes this information broken down by site of needle exchange.

12.1.2 Information from local residents and service users

In terms of assets, focus group participants credited recovery third sector organisations with saving their lives. (Box 12A)

Box 12A. Recovery third sector organisations

> *Went to court Monday morning, got out of court, went straight back to [the charity], because I just didn't know what to do, where to go, and that was my only thought; I need to go and find out how to start again in a sense, and between [the two charities], I've got back on track. But if it wasn't for those places, I think I wouldn't be here now. (Recovering alcoholic)*

Participants also found that keeping busy and volunteering helped them in their recovery by tackling isolation, developing a sense of self-worth, and helping them prepare for what is required to get back into paid employment. (Box 12B)

Box 12B. Keeping busy and volunteering

> *It gets me out of the house so I'm not lonely and bored and sat there thinking about booze, and it helps them [her supporting older people]. (Recovering alcoholic)*

In a focus group with sex workers in Cardiff, help addressing substance misuse benefited some individuals' wellbeing. A substance misuse and wellbeing third sector organisation was a positive source of support with useful courses related to employment and education.

The local library and Hubs were praised as places which help with recovery (Box 12C)

Box 12C. Libraries and Hubs helping recovery

Library is my primary vehicle for communication, emails, catching up on administration aspect of my life. Then all the research I want to do while I'm here and I've got a couple of hours of gaps, libraries are close to me. (Recovering alcoholic)

I was at a loss, I felt I'd lost everything. Going there [Hub] for a bit of direction on where they can point me with money advice, legal advice, practical advice, debt management. (Recovering alcoholic)

In terms of barriers to wellbeing faced by participants in the sex worker group, reference was made to the wait in obtaining methadone on prescription, and an observation that NHS substance misuse services were overstretched. This had the effect that people sometimes found themselves with others at different stages of recovery.

In an alcohol recovery focus group, confusion over which services to access and when, and communication between services, were highlighted by participants. It was also felt that opening hours should reflect times when drinkers may be at risk of relapse, i.e. the evening. (Box 12D)

Box 12D. Confusion over what services are available and communication between services; and appropriate access times

First time I came up to Cardiff I sort of stumbled across [a charity] in a way, or get recommended from someone, and it's quite confusing about who's who. (recovering alcoholic)

There's about 50 million of them don't know what the other one's are doing at all, and in fact they've actually admitted that now and they got a big meeting together last week. (Recovering alcoholic)

Every one of us should be grateful for the services we have. Now the problem is, for a lot of people with addiction they use in the evening and there is not anywhere open in the evening for people to access. (Recovering alcoholic)

Participants also felt that there could be more 'after care' following the end of a recovery course, with ongoing access to help and support to prevent relapse (Box 12E). Some participants suggested that people in recovery might be helped to create their own peer support groups. It was also suggested that social workers didn't know enough about substance misuse.

Box 12E. Ongoing support to prevent relapse

There is a tendency to give you your cards when you haven't even proved yourself, say after maybe a couple of months of being abstinent. Bye, you're on your own now. That is terrible. There's nothing more, this is the worst feeling of despondency. . . You leave people when

they need you the most. (Recovering alcoholic)

In a focus group with homeless people who have substance misuse issues, there was a strong feeling that people with substance misuse problems are constantly judged, including by services. (Box 12F)

Box 12F. Feeling judged

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

[Would like to see...] services that tackle discrimination and prejudices (Substance misuse/homelessness)

12.1.3 Information from professionals working with this group

Of respondents to the professional survey, over half (56.3%) felt that more advice on alcohol or drugs was needed now or in the future.

As part of engagement for the substance misuse needs assessment, frontline staff and practitioners were asked to identify new and emerging trends in Cardiff and Vale concerning substance misuse. These were:

- Increased number of people buying illicit substances online
- Growing 'hidden population' misusing prescription and over the counter medication
- Misuse of neuropathic medications, with alcohol and drugs
- Synthetic cannabinoids and nitrous oxide
- Increasing awareness of dual diagnosis (substance misuse and mental health issues in one individual)
- Growing impact of 'legal highs' on emergency services
- Increased distribution of more potent heroin
- Rising trend of older people (50+) misusing alcohol through loneliness and boredom

Generally speaking there are two cohorts of older people who misuse substances; those who begin misusing during adolescence and those who due to adverse changes in life events e.g. loss of partners, retirement or loneliness misuse later on.

12.1.4 Information from other sources

Older people and alcohol

In 2014 Alcohol Concern identified a growing trend in the number of older people drinking alcohol in excess of recommended unit guidelines. As a result the APB commissioned the Wallich to conduct a comprehensive needs analysis via quantitative and qualitative feedback mechanisms with older people living in Cardiff and the Vale of Glamorgan.

The report found approximately 16,902 older people are regularly consuming alcohol in excess of unit guidelines, to which there is a clear need for targeted information and awareness of services available. Of the total respondents who participated in the study, a large proportion were not engaged in any services

seemingly due to embarrassment, denial or a lack of knowledge of where to get advice and support. Cultural norms also accounted for relaxed attitudes towards daily alcohol intake.

Alcohol-related brain damage

A profile of alcohol-related brain damage (ARBD) in 2015 identified that existing services often fail to meet the needs of those with ARBD, and that its prevalence is increasing across the UK.[d119] ARBD patients are typically males in the age range 50-60. ABRD incorporates a number of related conditions which impair thought and memory in people who have chronic exposure to alcohol, including Wernicke's encephalopathy and Korsakoff's syndrome. The review found that in some cases there was under-prescribing of the injectable vitamin thiamine, which can help prevent ARBD.

12.1.5 Gaps in our knowledge

There is evidence that people who are gay or bisexual are at substantially increased risk of recreational substance use (UK Drug Policy Commission),[d120] being over three times more likely to misuse drugs than heterosexual people, although specific data for Wales is lacking.

12.2 Main needs

- Increased number of people buying illicit substances online
- Growing 'hidden population' misusing prescription and over the counter medication
- Misuse of neuropathic medications, with alcohol and drugs
- Synthetic cannabinoids and nitrous oxide
- Increasing awareness of dual diagnosis (substance misuse and mental health issues in one individual)
- Increasing prevalence of alcohol-related brain damage (ARBD)
- Growing impact of 'legal highs' on emergency services
- Increased distribution of more potent heroin
- Rising trend of older people (50+) misusing alcohol through loneliness and boredom
- Review access to substance misuse services, including opening hours for services
- Improve co-ordination between services

12.3 Prevention recommendations

- Improve information on services available
- Review 'aftercare' arrangements for people finishing treatment and support, to prevent relapse
- Additional targeted information and support for older people regarding alcohol use

12.4 Assets

- Recovery third sector organisations
- Community activities, volunteering
- Help with employment
- Libraries and Hubs

12.5 Suggested areas for action

- Deliver existing actions commissioned by Area Planning Board

- Update substance misuse commissioning strategy implementation plans in line with needs identified here

B13. Cross-cutting findings

Summary Cross-cutting findings

Care and support needs Improving information and access to services; tackling social isolation and loneliness; support for carers; improving transitions; links with education; appropriate housing; community involvement; dementia; joining up and integrating services; substance misuse

Prevention issues Building healthy relationships; practical life skills; healthy behaviours; healthy environment and accessible built environment

Assets Positive social interactions; third sector organisations; community pharmacies; volunteers; self-care; physical environment and green space; community hubs, one-stop shops and libraries; Dewis Cymru; community groups; dementia-friendly communities; multi-stakeholder partnerships

A number of cross-cutting themes, both needs and assets, are common to more than one of population groups described here. These priority areas may each benefit from an overarching approach rather than a series of parallel interventions in the different topic areas. Underlying each of these issues is the broader and persistent issue of inequality between and within our communities.

Care and support needs identified in more than one group

- Improving information and access to services
    - Easy access to information about support and services available
    - Timely access to mental health services including diagnosis and counselling
    - Timely access to primary care
    - Timely access to other services
    - Accessibility of services and information
    - Transport to aid with access to services
    - Maintaining provision and sustainability of community services and support
    - Improve awareness, signposting and access to different forms of advocacy
- Tackling social isolation and loneliness
- Support for carers
    - Support for young and adult carers
    - Respite for young and adult carers
- Improving transitions
    - Enabling smoother transitions from child to adult services
- Links with education
    - Engagement with schools
    - Vocational educational opportunities and apprenticeships, adult learning
- Appropriate housing
- Community involvement
    - Engagement with service planning and design
    - Engagement with individual care and support plans
    - Support volunteers

- Dementia
    - Needs of people with dementia and their carers
- Joining up / integrating services
    - Across statutory sector and working with third sector, including improved communication between services
- Substance misuse

Prevention issues identified in more than one group

- Building healthy relationships
    - Emotional and mental health, sexual health
    - Prevention of child sexual exploitation (CSE)
    - Support for children and young people affected by parental relationship breakdown
- Practical life skills
    - Including financial skills (for all ages)
- Healthy behaviours
    - Including tobacco use, alcohol, diet and physical activity
- Healthy environment and accessible built environment

Assets identified for more than one group

- Positive social interactions
- Third sector organisations
- Community pharmacies
- Volunteers
- Self care
- Physical environment / green space
- Community hubs, one-stop shops and libraries
- Dewis Cymru
- Community groups
- Dementia-friendly communities
- Multi-stakeholder partnerships

Suggested areas for action

- Scope the best mechanism for delivering action against each of the common care and support needs and priority prevention issues, and for supporting common assets. Some may benefit from action being co-ordinated at the regional partnership level, rather than individual organisations and departments
- Ensure action is co-ordinated, where relevant, with Public Services Boards on common issues
- Ensure actions formulated as part of Area Plans prioritise approaches which reduce rather than maintain or increase inequalities

C. Equality profile and Welsh language

Summary Equality profile and Welsh language

Equality profile Information on protected characteristics is included in theme chapters where relevant. Particular issues related to protected characteristics include: child poverty; ageism; abuse and harassment against disabled people; higher levels of poverty among some minority ethnic groups; sensitivity of services to gender-specific issues. There is significant uncertainty about the number of people identifying as 'trans' in our area as this information is not officially collected

Welsh language The proportion of Cardiff and Vale residents of all ages who have one or more language skills in Welsh is 16.2%, with around 1 in 10 people in Cardiff (11.1%) and the Vale (10.8%) identifying themselves as fluent. However, over one in four young people aged 15 and under speak Welsh in our area (26.7% in Cardiff and 29.6% in the Vale of Glamorgan). It is important for services to be able to meet the needs of Welsh speakers in their language of choice.

Introduction

This profile describes how information on protected characteristics in Cardiff and the Vale of Glamorgan has been incorporated into the population needs assessment. Wherever relevant, equalities information has been analysed and included under the relevant population group chapter in section B of this document. Additional pertinent information is included below, along with information on Welsh language use in our area.

As detailed Area Plans are developed in response to the needs presented in this document (see A3, What happens next?), this process of reviewing protected characteristics will continue with an analysis of impact on each group (equality impact assessment).

Sources of information regarding protected characteristics

Individuals with protected characteristics and groups representing them have been engaged through a number of routes during the assessment process, and evidence sources relating to protected characteristics used throughout the assessment. These are described here.

Public survey

Information on protected characteristics was collected as part of the public survey.

Focus groups

The majority of focus groups included people with one or more protected characteristics. A full list of the focus groups carried out is given in the Appendix.

Organisations which helped arrange these focus groups included Diverse Cymru; Safer Wales; Disability Team Around the Family (Cardiff); YMCA; Salvation Army; Barnardos; Communities First; Change, Grow, Live; Cardiff Institute for the Blind; Disability Access Forum; Age Connects; and the Oasis Centre in Cardiff.

The findings from these groups are summarised either in the relevant topic chapter, or here.

Professional and provider survey

This survey had 145 respondents, representing 80 organisations. Population groups supported by these organisations are given in the Table. Some of the specific organisations responding included Adult Autism Advice, the Alzheimer's Society, Barnardos, the FAN charity, Vision 21, and the Welsh Refugee Council.

Table. Percentage of respondents in Cardiff and the Vale of Glamorgan replying to the professional and provider survey reporting that their organisation supports particular population groups (2016)

Group(s) supported by respondents' organisation	No.	% of respondents
Those with long term health condition or physical disability	85	60.3
Those with a Mental Health condition/s	83	58.9
Older people (Aged65+)	77	54.6
Those with sensory impairment	64	45.4
Those with a learning disability or autism	63	44.7
Those with substance misuse problems	62	44.0
Children or Young People	59	41.8
Carers	58	41.1
Those who have experienced domestic abuse or sexual violence	53	37.6
Refugees/asylum seekers	44	31.2
Adults in residential care	42	29.8
Veterans of the armed forces	33	23.4
Looked after children	31	22.0
Care leavers (aged under 24)	30	21.3
Other	18	12.8
None of the above	2	1.4

Professional workshops

Three workshops were held during November with professional leads for each of the main population groups. Each workshop had a series of tables focusing on a particular population group, so all were covered over the three workshops, and the last workshop also had a table focusing on protected characteristics and Welsh language.

Other evidence sources

While information relating to protected characteristics were included in a number of the documents referenced in this assessment, a smaller number looked in more depth at related issues, including 'Is Wales Fairer'?[d39] This document looked at issues on an all-Wales basis so care needs to be taken in applying and interpreting the findings locally.

Protected characteristics

Age

Information on the age profile of the population can be found in section A4, Background demography.

Child poverty has been highlighted as a significant need across Wales, as well as the ability for older people and children to access care.[d39] These two ends of the age spectrum - young people and older people - are

also referred to in particular across Wales as requiring protection against abuse, neglect and ill treatment.[d39]

In the focus groups some older people described how they felt 'invisible' to others, with the feeling that sometimes cognitive ability was perceived as being lower because people were older (Box A).

Box A. Perceptions of ageism

Ageism. You know sometimes you become invisible, people talk over you. (Older person)

I'm finding as I'm getting older as a negative point, because I'm white haired and I'm looking older they think there's not a lot up there. . . . It's demoralising. (Older person)

Disability

Information and engagement relating to different types of disability can be found in sections B3 (Health and physical disabilities), B4 (Learning disability and autism), B5 (Adult mental health and cognitive impairment), B7 (Sensory loss and impairment) and B11 (Veterans).

Across Wales, the need to close the educational attainment gap has been highlighted, particularly with reference to children with Special Educational Needs.[d39] The same report also describes increased poverty among people with a disability; increased homelessness among people with poor mental health or a learning disability; and violence, abuse and harassment against disabled people; and the need to improve access to mental health services in general.[d39]

In the focus groups, concerns were raised over generally negative public perception of disability based on media portrayal of 'benefits scroungers' which were felt to be 'hugely damaging'.

Marriage and civil partnership

The 2011 Census recorded marital and civil partnership status, and the pattern of this is different in Cardiff and the Vale of Glamorgan.[d84]

In Cardiff, 45% of people aged 16 and over were single, 38.5% married, 0.2% in a registered same-sex civil partnership, 2.1% were separated but still legally married or legally in a civil partnership, 8.2% were divorced, and 6% were widowers.

In the Vale of Glamorgan, 30.8% of people aged 16 and over were single, 49.1% married, 0.2% in a registered same-sex civil partnership, 2.3% were separated but still legally married or legally in a civil partnership, 10% were divorced, and 7.6% were widowers.

Pregnancy and maternity

During 2014/15 there were 4,624 births in Cardiff and 1,321 births in the Vale of Glamorgan.[d74]

In terms of conception rates there were an estimated 72.6 per 1000 in the Vale of Glamorgan in 2014. Among under 20s, the rate was 34 per 1000. These rates include live births, stillbirths and abortions, but exclude miscarriages.

In Cardiff the conception rate was estimated as 70 per 1000 in 2014. Among under 20s the rate was 35.2 per 1000.

These rates compare with 72.9 per 1000 across Wales as a whole, and 40.3 per 1000 among under 20s, suggesting the overall birth rate is in line with the Welsh average and the teenage pregnancy rate is lower in both areas than the Welsh average.

Race

Nearly two thirds (62.8%) of respondents to the survey considered themselves to be Welsh. In terms of ethnicity, 90% of respondents (1114 people) identified themselves as White British, 3.3% White other, 1.5% White Irish, 0.5% other. All other groups had respondents, but fewer than 0.5% of the total sample size.

A question in the public survey asked if people felt services they had received were sensitive to their culture. 141 people out of 1,278 respondents answered this question. Of those answering, 4 in 10 (41.8%) said 'Yes', 5% said 'Sometimes' and 1.4% said 'No'. 46.8% answered 'not applicable'. A comment in the survey relating to single sex services and culture is shown in Box B.

Box B. Cultural identity

Women only things seem to be specifically BME. What about white women who cannot cope in mixed groups? Or men who may prefer a health related single sex group for support? (Public survey)

Across Wales, the need to close the educational attainment gap has been highlighted, particularly with reference to Gypsy and Traveller children; higher levels of poverty among minority ethnic groups was also noted; and a higher incidence of violence, abuse and harassment against ethnic minority people and Muslim people.[d39] The Welsh Government Community Cohesion National Delivery Plan includes a number of recommendations for action to reduce hate crimes and better understand local patterns of migration.[d17]

Additional information on race and ethnicity can be found in section A4, Background demography.

Religion or belief (including lack of belief)

Half of respondents (50%, 617) reported not belonging to any particular religion. Of those who said they did belong to a religion (44.2%), 88.7% specified themselves as Christian, 3.7% as 'other', 2.2% as Jewish, 2% as Muslim, 2% preferred not to say, and less than 1% each specified Buddhist, Hindu, or Sikh.

In the focus groups, a number of participants reported how they received emotional support from being part of a local faith based organisation (e.g. church, mosque) One participant described a local community centre which focused on minority ethnic culture. (Box C)

Box C. Community centre focusing on minority ethnic culture

They celebrate all the festivals, like the Diwali and everything. Then they run various programmes, which are customised kind of care facilities. They teach languages, they teach mostly Hindu values. I go there every day. . . . The spiritual, it is very quiet. (Mental health illness)

Sex

In both Cardiff and the Vale of Glamorgan the number of females slightly outnumber males (50.8% Cardiff, 51.4% Vale of Glamorgan), in common with the rest of Wales (50.8%). However, significantly more than half of respondents to the public survey identified as female (706, 57.8%).

A question in the public survey asked if people felt services they had received were sensitive to their gender identity. 140 people out of 1,278 respondents answered this question. Of those answering, half (49.3%) said 'Yes', 5.7% said 'Sometimes' and 2.1% said 'No'. 37.9% answered 'not applicable'. Comments provided by those who felt that their gender identify had not always been taken into account are shown in Box D:

Box D. Gender identity

My family were asked previously if I would prefer male or female carers to attend to my personal needs, but this has not been carried out accordingly (Public survey)

Usually female carers but not too much of a problem (Public survey)

The rate of suicide is higher among men than women.[d39]

A third sector organisation focusing on gender equality in health services in Wales, with a particular focus on the condition endometriosis, conducted an online survey with its members on issues they faced.[d95] Many findings were similar to the wider findings in this assessment (i.e. affecting both sexes), including: timely access to GP appointments; excessive waiting lists; access to information on services; access to mental health services; financial concerns due to long term conditions; transport; lack of social housing; lack of joined up thinking/services between statutory sector organisations; lack of advocates; easier mechanisms for feedback to statutory services. In addition there were a number of female-specific needs which were highlighted, including: lack of appropriate people in schools/workplaces with whom to discuss intimate female health concerns; diseases such as endometriosis not taken seriously despite it causing significant disability for some people; difficulty finding out about and accessing relevant specialist services; and a feeling that some physical symptoms are dismissed as psychological.[d95]

Sexual orientation and Gender reassignment

Approximately 6 out 7 (86.7%) respondents to the survey specified their sexual orientation as heterosexual, with 3% specifying gay man, 2.6% bisexual, 1.7% gay woman/lesbian, and 0.6% 'other'. 6.1% preferred not to say.

There are no official estimates currently available of the number of 'trans' people in the UK, or in towns or regions. UK research carried out in 2009 estimated that there are between 300,000 and 500,000 transgender people living in the UK, or between 0.6% to 1% of the population aged over 15.[d96] If applied

directly to the Cardiff and Vale population, this would suggest there are 2,300 and 3,900 adults in our area who identify as trans, but that is only an estimate and official data collection would aid with appropriate service planning for this group.

The need to reduce violence, abuse and harassment against lesbian, gay, bisexual and transgender people has been highlighted at an all-Wales level.[d39]

Equality impact assessment process

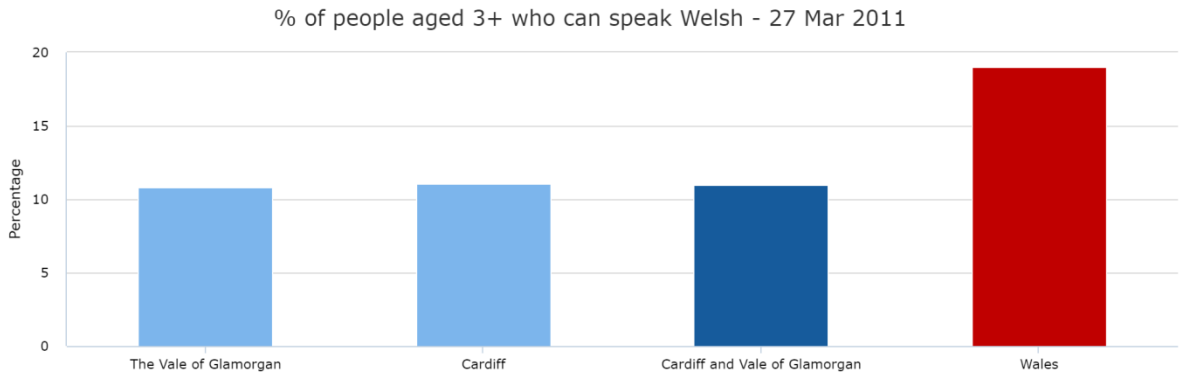
During 2017/18 as Area Plans are developed in response to this plan, the equality impact assessment process will continue, based on specific actions under consideration in the Area Plans and their impacts.

Welsh language

The public survey was available in both English and Welsh, in printed and online versions. Of the 1,278 people completing the survey, which was available online and in paper format in both Welsh and English, 31 (2.4%) chose to respond in the Welsh language.

The proportion of Cardiff and Vale residents of all ages who have one or more language skills in Welsh is 16.2%, with around 1 in 10 people in Cardiff (11.1%) and the Vale (10.8%) identifying themselves as fluent, below the Wales average of 19%. Between the 2001 and 2011 Censuses, the proportion of people who speak Welsh in the Vale dropped slightly (from 11.3% in 2001) and rose very slightly in Cardiff (from 11.0%).[d94] However, it is important to note that these percentages represent a significant number of people (36,735 in Cardiff and 13,189 in the Vale) and that there is likely to be an increase in the number of Welsh speakers in our region in future as need for Welsh medium primary and secondary schools has increased. The ability of services to meet this increasing language need will be challenging, with fewer Welsh-speaking staff currently than other regions of Wales.

Figure. Percentage of people aged 3 and over who can speak Welsh, Cardiff and the Vale of Glamorgan (2011)

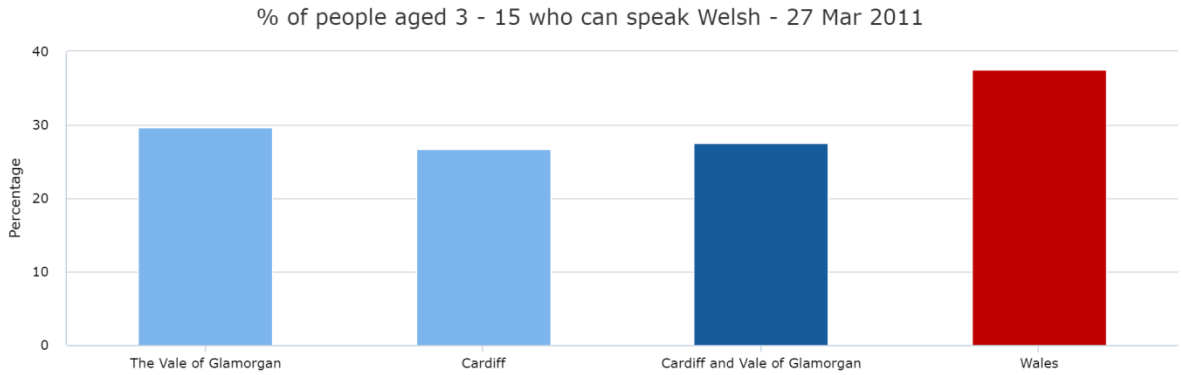


	27 Mar 2011
The Vale of Glamorgan	10.8
Cardiff	11.1
Cardiff and Vale of Glamorgan	11.0
Wales	19.0

Source: Office for National Statistics (ONS)

Notably, over one in four young people aged 15 and under speak Welsh in our area (26.7% in Cardiff and 29.6% in the Vale of Glamorgan), although this is still below the Wales average for that age group (37.6%).

Figure. Percentage of people aged 3 to 15 who can speak Welsh, Cardiff and the Vale of Glamorgan (2011)

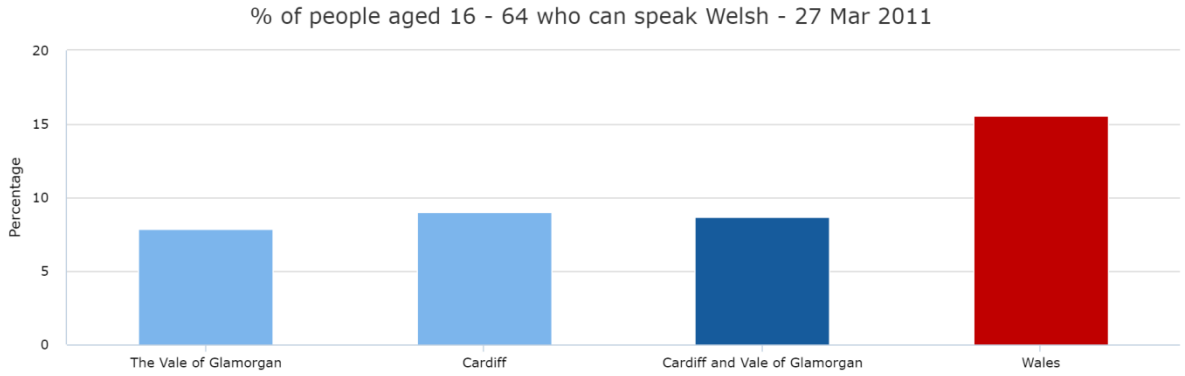


	27 Mar 2011
The Vale of Glamorgan	29.6
Cardiff	26.7
Cardiff and Vale of Glamorgan	27.5
Wales	37.6

Source: Office for National Statistics (ONS)

Among the adult population, the proportion who can speak Welsh is consistently below the all Wales average and decreases with age, with 1 in 20 people aged 65 and over able to speak Welsh in our area (5%), compared with a Wales figure of 1 in 6 (16.2%)

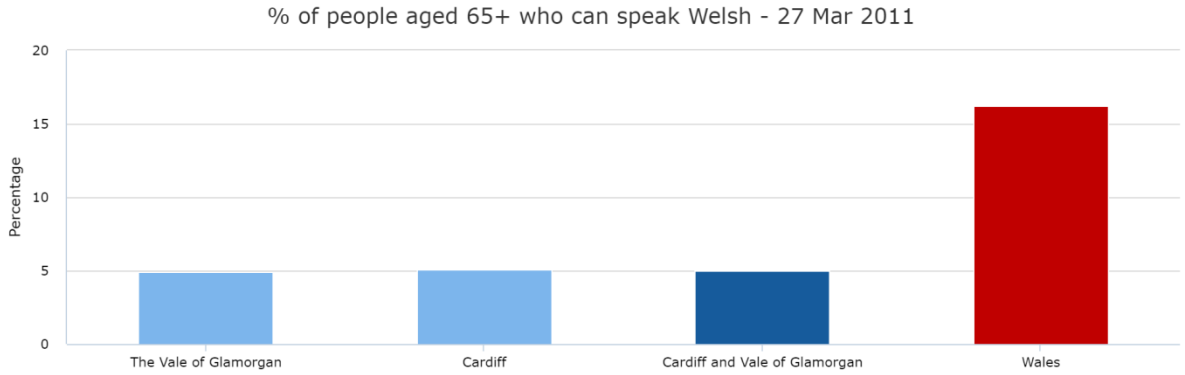
Figure. Percentage of people aged 16 to 64 who can speak Welsh, Cardiff and the Vale of Glamorgan (2011)



	27 Mar 2011
The Vale of Glamorgan	7.9
Cardiff	9.0
Cardiff and Vale of Glamorgan	8.7
Wales	15.6

Source: Office for National Statistics (ONS)

Figure. Percentage of people aged 65 and over who can speak Welsh, Cardiff and the Vale of Glamorgan (2011)



	27 Mar 2011
The Vale of Glamorgan	4.9
Cardiff	5.1
Cardiff and Vale of Glamorgan	5.0
Wales	16.2

Source: Office for National Statistics (ONS)

The proportion of people who self report 'bad' or 'very bad' health is lower in Cardiff and the Vale of Glamorgan among people who can read, write and speak Welsh (1.9%) compared with people without Welsh language skills (7.4%).[d84]

The Welsh Language Commissioner's report into the use of Welsh in primary care in Wales had a number of significant findings relating to Welsh language use and needs:[d94]

- Some people feel they can describe their symptoms and feelings better if they do so through the medium of Welsh
- The ability to express oneself in language of choice was particularly important in relation to mental health services, and for children whose first language was Welsh
- Similarly, the British Medical Association gave evidence to the Inquiry that since the history of an illness is an essential part of the process of making a correct diagnosis, allowing people the ability to express themselves in their first language can lead to better diagnosis and care
- In South and Mid Wales, 4 in 10 (42%) of Welsh speaking primary care users worried that they would be labelled a 'difficult person' when dealing with healthcare professionals if they requested a Welsh language service, and 6 in 10 (61%) felt it could adversely affect waiting times for services
- Two thirds (66%) of Welsh-speaking primary care users in Mid and South Wales did not know how they could find a primary care professional who spoke Welsh in their area
- Many people who spoke Welsh as their first language did not want to push the issue and accepted the English language services they were offered, but would have preferred Welsh if it had been proactively offered

Just under a quarter (23.5%) of GP surgeries in Cardiff and the Vale display the Working Welsh (Iaith Gwaith) symbol indicating consultations can be undertaken in Welsh.[d97] Across Cardiff and Vale there are 30 GPs on the 'performers list' who are listed as Welsh speakers, out of a total of 514 (5.8%).

Although there has not been an equivalent Commissioner's review into the use of Welsh in social care, the same issues and principles will apply, particularly that being able to use your first language leads to a more accurate assessment of need and more appropriate provision of care and support. This is particularly important in relation to the safeguarding of children and adults, as outlined in Welsh Government's recently updated framework on Welsh language in health and social care, 'More than Just Words'.[d113] Action plans from this strategy have been combined with the requirements of the Welsh Language Standards by both Cardiff and Vale of Glamorgan Councils, and will be adopted in future by Cardiff and Vale UHB when the language standards come into force for Health Boards. Organisations must plan, commission and provide health and social care services based on the 'active offer' of services in Welsh.

Priority actions

A series of priority actions were discussed at the professionals' workshop in November 2016 relating to protected characteristics and Welsh language. In summary, these were:

- Improve co-ordination of community engagement

  Previous engagement mechanisms should be reviewed, good practice from other local authority areas considered, and proposals for streamlined and effective community research and engagement activities across all statutory and third sector partners should be agreed

- Develop and implement a shared vision for person-centred services

  A meaningful and inclusive set of activities should be agreed for partners including the statutory and third sector to collectively identify what "person-centred services" mean to them, in the context of community diversity, and the Social Services and Wellbeing Act.

- Improve access to accessible information and mechanisms to provide feedback on services

  Public services information needs to be easier to access, and methods found to make it easier for people with different communication needs to provide feedback on the services they receive. This includes for example, Braille users, British Sign Language users, speakers of other languages, and people with sensory loss and impairment, and learning disabilities.

- Improve staff diversity and inclusion awareness

  Agree across partners appropriate standards and means for ensuring employees have access to appropriate development and understanding in diversity and inclusion, not just relying on training but a range of potential opportunities including shadowing in third sector organisations.

- Deliver diverse and inclusive services across current organisational boundaries

  Scope increased collaboration between partner organisations on developing and supporting equality standards, policies and practices

- Increase knowledge around local transgender community and its needs

  Carry out a needs assessment on local transgender community to understand estimated numbers of trans people and implications for policy and support requirements to meet their needs

- Support ageing well

  Recognise increasing number of older people in Cardiff and the Vale of Glamorgan and pressures on services when planning

- Younger people

  Consider in more detail the impact of employment and benefit entitlement changes, education and housing costs on younger people, and consequent support and service needs

- Develop bilingual communities

  Services should be planned, commissioned and delivered to meet the needs of the projected increase in the number of people who speak Welsh, in addition to their requirements under the Welsh Language Measure (2011)

Appendix

The following focus groups were carried out specifically for this assessment:

- Young people with a disability / learning difficulty (aged 15-22)
- Young carers (aged 13-16)
- Young people attending youth club (aged 13)
- Disengaged young people (aged 16-21)
- Young people with a mental health illness (aged 18-22)
- Parent carers of young people with a disability / learning difficulty
- Vulnerable families: parents of young children; included some parents with health illness / disability
- Adults with autism / learning disability
- Adults with sight loss
- Adults with a disability including sensory impairment
- Older people / adult with a disability
- Adults with a mental health illness (x2)
- Street based sex workers
- Alcohol misusers in recovery and an adult with a mental health illness
- Alcohol misusers in recovery
- Diversity based group: mainly older people; preventing isolation; some with health issues; some parent carers; small number of BME participants
- Well-being community group: mix of ages; preventing isolation; some with a mental health illness
- Mental health and well-being community group
- Community group with a mix of needs
- Asylum seekers and refugees
- Substance misusers who are homeless
- People who are homeless (general group)
- Older people x2

In addition, information has been included from engagement carried out with people with dementia and their carers, in a contemporaneous needs assessment.[d73]

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Glossary

ACE(s)	Adverse Childhood Experience(s), stressful experiences during childhood which directly harm a child or affect its environment when growing up
ALN	Additional learning needs
Area Planning Board (APB)	Organisation which plans services for substance misusers
ARBD	Alcohol-related brain damage
ASD	Autism spectrum disorder
BAWSO	A third sector organisation providing specialist advice for BME communities
BME	Black and minority ethnic
BSL	British Sign Language
C&YP	Children and young people
C3SC	Cardiff Third Sector Council, the County Voluntary Council in Cardiff
CAMHS	Child and adolescent mental health services
CAVAMH	Cardiff and Vale Action for Mental Health, a local third sector organisation
CHAP	Cardiff Health Access Practice, an NHS primary care service providing essential services for some of Cardiff's most vulnerable groups
CHC	Continuing healthcare
Communities First	A Welsh Government community-focused programme to reduce persistent poverty in local areas
County Voluntary Council	Organisation bringing together and working with third sector organisations in each County
CSSIW	Care and Social Services Inspectorate Wales
Dewis Cymru	A website containing information about health, social care and wellbeing support and services available in local areas across Wales
DTOC	Delayed transfer of care
ESOL	English for speakers of other languages, an education course
EU15	Member countries of the European Union prior to 1 May 2004
FACT	Families Achieving Change Together, the Team around the Family (TAF) for Families First in the Vale of Glamorgan
Families First	A Welsh Government programme to provide early help and prevention for families with children, particularly those on low incomes or who are vulnerable
FGM	Female genital mutilation
Flying Start	A Welsh Government programme to support parents of children under the age of 4 in more deprived areas
GP	General practitioner
GVS	Glamorgan Voluntary Services, the County Voluntary Council in the Vale of Glamorgan
HMP	Her Majesty's Prison
Hub	A centre providing information and support on a variety of public services
IDVA	Independent domestic violence adviser
Looked after child (LAC)	A child who is being looked after by their local authority. They might be living: with foster parents; at home with their parents under the supervision of social services; in residential children's homes; other residential settings like schools or secure units
LGBT	Lesbian, gay, bisexual and trans people
LSOA	Lower super output area, a small geographic area covering 1,000-2,000 people
MEEA	Minority Ethnic Elder Advocacy project
NEET	Not in education, employment or training
NGT	Next Generation Text, a system to help deaf, hard of hearing and speech-impaired people communicate on the telephone
NHS	National Health Service
NICE	National Institute for Health and Care Excellence

PNA	Population needs assessment (this document)
PSB	Public Services Board. A group of partner organisations which meet in each local authority area, set up under the Wellbeing of Future Generations Act
PTSD	Post-traumatic stress disorder
Resilience	The ability of an individual, family or group of people to cope with and recover quickly from challenges faced
RPB	Regional Partnership Board
STI	Sexually transmitted infection
Supporting People	A Welsh Government framework for planning, delivery and monitoring housing related support services
SystmOne	A primary care computer system
TAF	Team around the Family, part of the Families First model
Third sector organisations	Non-profit organisations which are neither public or private, including charities, voluntary groups, members' associations, social enterprises and co-operatives
UASC	Unaccompanied asylum seeking children
UHB	University Health Board, the organisation which plans and provides local NHS services
WG	Welsh Government
YOS	Youth Offending Service

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