



# **Western Bay Social Services and Well-being (Wales) Act 2014 - Population Assessment**

**Engagement Report**

December 2016



Lead Author:

Claire Kerby

Bruce Whitear

November 2016

## Table of Contents

Executive Summary .....	iii
1 Introduction .....	1
1.1 Implications for this Well-being Assessment.....	1
1.2 Methodological Approach .....	3
2 Learning Disability and/or Autism.....	5
2.1 Introduction .....	5
2.2 Bridgend.....	5
2.3 Neath Port Talbot.....	8
2.4 Swansea .....	11
2.5 Regional Picture.....	15
3 Sensory Impairment.....	17
3.1 Introduction .....	17
3.2 Bridgend.....	17
3.3 Neath Port Talbot.....	19
3.4 Swansea .....	20
3.5 Regional Picture.....	23
4 Secure Estate.....	25
4.1 Introduction .....	25
4.2 Bridgend.....	25
4.3 Neath Port Talbot.....	27
4.4 Swansea .....	28
4.5 Regional Picture.....	28
5 Carers who Need Support.....	29
5.1 Introduction .....	29
5.2 Bridgend.....	29
5.3 Neath Port Talbot.....	34
5.4 Swansea .....	37
5.5 Regional Picture.....	40
6 Health and Physical Disability.....	42
6.1 Introduction .....	42
6.2 Bridgend.....	42
6.3 Neath Port Talbot.....	46

6.4	Swansea .....	47
6.5	Regional Picture.....	50
7	Violence against Women, Domestic Abuse and Sexual Violence .....	52
7.1	Introduction .....	52
7.2	Bridgend.....	52
7.3	Neath Port Talbot.....	52
7.4	Swansea .....	55
7.5	Regional Picture.....	57
8	Mental Health .....	59
8.1	Introduction .....	59
8.2	Bridgend.....	59
8.3	Neath Port Talbot.....	61
8.4	Swansea .....	62
8.5	Regional Picture.....	64
9	Substance Misuse .....	66
9.1	Introduction .....	66
10	Older People .....	68
10.1	Introduction .....	68
10.2	Bridgend.....	68
10.3	Neath Port Talbot.....	72
10.4	Swansea .....	75
10.5	Regional Picture.....	78
11	Children and Young People .....	81
11.1	Introduction .....	81
11.2	Bridgend.....	81
11.3	Neath Port Talbot.....	83
11.4	Swansea .....	86
11.5	Regional Picture.....	89
12	Appendix 1: Methodological Approach.....	90
13	Appendix 2: Engagement.....	93
14	Appendix 3: Sources .....	103

## Executive Summary

The Western Bay Regional Collaborative Committee commissioned Miller Research to undertake a qualitative study to understand the Wellbeing requirements of the population of Neath Port Talbot, Swansea and Bridgend Council areas with specific reference to the Social Service and Wellbeing Act 2014. This study was undertaken alongside a wider piece of work across the area to fulfil the requirements of the Well-being Future Generations Act 2015.

The sources of data are qualitative in nature and include the view of the public gained through a series of open workshops across the area, targeted focus groups with defined service user groups, interviews with a selection of stakeholders, and a desk-top review of existing information sources. This data is analysed across the nine themes identified within the Act, with the addition of substance misuse. The data is presented for each theme and by each of the local authorities to enable the information to be used to provide insight in the quantitative element of the Population Assessment that each local authority is required to undertake in response to the Act. Three parallel reports have also been prepared for each local authority in response to the requirements of the Wellbeing of Future Generations Act 2015 that should be viewed alongside this report.

The analysis has revealed a series of common themes that to a greater or less extent is a golden thread through all the data that we have reviewed.

The desire for greater levels of information is a common reference, particularly where people want to access information in a way that enables them to maintain their independence. The inference is that there is not a clear single point of access to information, and that service providers are not always well-informed to signpost people to help. One exception to this was in respect of carers, where a number of sources highlighted that the information for carers had improved in recent years, and that Carer's Centres were a highly-valued source of information. Consideration could be given as to whether such services could be replicated in others service areas, or if local information hubs could be created. Information and communication tailored to people with sensory loss and ethnic minority groups was also considered under-developed.

The importance of family, social and peer networks was frequently cited as being important to people in maintaining their well-being; for gaining information, and avoiding the need for other services. Most organised groups seemed to be oriented around specific client groups, and there were concerns where these were perceived to be at risk, for example through budget cuts. Occasionally group support was more oriented to local communities and more cross-cutting in

the nature of the membership, which may be worth further exploration as a way of supporting communities.

Most of the service user groups referenced in this study are potentially among the more marginalised in society, and this was certainly expressed in the data. People were seeking to live in accepting and tolerant communities and to feel safe and secure in both their own homes, and in the wider local community in which they lived. Local amenities were very important to people, especially where transport was a difficulty

Transport was a significant concern for most groups, with the majority highlighting that public transport was not organised to meet their needs, and was more concerned with the needs of the working population. It is likely that the user groups in the study are among those who are less likely to have access to their own transport. It was not within the scope of this study to understand the transport challenges in each specific community, but further work to consider how community transport options can be further developed; tailored to the needs and gaps in individual communities, with specific reference to these groups may be helpful.

Access to services, particularly healthcare was a common theme across many client groups. This referred to concerns about the general waiting time for services and the impact this has on personal well-being. The difficulty in accessing GP appointments was also specifically highlighted by many people. Access to low-level mental health support, counselling, talking services was felt by many to be a preventative service that if more readily available would be helpful to them.

The environment was a concern for some groups in respect of the general state of cleanliness of the communities in which they lived, the general state of repair and upkeep of local communities. Pavements were a particular concern for older people and people with physical and sensory disabilities and contributed to their overall sense of safety in respect of where they lived.

Personal finance was clearly a concern for many groups, with access to welfare and financial advice being a frequent request from many of the groups visited. New pathways into employment for a number of groups was highlighted by people who wished to work, but where there were considerable barriers to them engaging in work and meaningful occupation.

In summary this report provides some insights into the challenges that many people face in leading their day to day lives, and highlights some areas where further analysis and action across client groups could be considered at community level. Working with the concept of 'place' in specific communities, across the spectrum of service users might be a way forward in

understanding the assets in each community and how these might be built on to meet the multiple issues that residents have raised to address the long-term well-being of their community.

## 1 Introduction

The SSWB Act provides a statutory framework for local authorities to exercise their social services functions and it is therefore the new law for improving the well-being of people requiring care and support, including both service users and carers.

The fundamental principles of the SSWB Act are:

- Voice and control – putting the individual and their needs, at the centre of their care, and giving them a voice in, and control over, reaching the outcomes that help them achieve well-being;
- Prevention and early intervention – increasing preventative services within the community to minimise the escalation of critical need;
- Well-being – supporting people to achieve their own well-being and measuring the success of care and support;
- Co-production – encouraging individuals to become more involved in the design and delivery of services<sup>1</sup>.

Part 9 of the SSWB Act covers co-operation and partnership, and sets out requirements for local authorities, Local Health Boards and other partners to work together, to plan and deliver integrated services that meet the needs of the local population. Specifically, the regulations require the establishment of Regional Partnership Boards (RPBs), which bring together health and social care partners on a regional basis *“to determine where the integrated provision of services, care and support will be most beneficial to people within their region.”*<sup>2</sup>

Each individual local authority (in collaboration with its respective Local Health Board) is required to conduct an assessment of the needs for care and support within their jurisdiction. In addition, however, each Local Health Board and the local authorities in the Local Health Board footprint are required to coordinate their individual assessment exercises to allow for the production of a combined population assessment report for the region, to which the RPB is, in turn, required to respond.

### 1.1 Implications for this Well-being Assessment

The code of practice for the SSWB Act stipulates the need to obtain qualitative information as part of the assessments:

*“Any population assessment should be a balance of qualitative information that is underpinned by quantitative information. Local authorities should not undertake a population assessment as a purely statistical exercise.”*<sup>3</sup>

---

<sup>1</sup> Social Services and Well-being (Wales) Act Information and Learning Hub: <http://www.ccwales.org.uk/the-act/>

<sup>2</sup> Social Services and Well-being (Wales) Act 2014 Part 2 Code of Practice (General Functions), p. 74

<sup>3</sup> Social Services and Well-being (Wales) Act 2014 Part 2 Code of Practice (General Functions), p. 26



Previous assessments of a similar nature - most pertinently the needs assessments underpinning Single Integrated Plans<sup>4</sup> (SIPs) - identified a number of concerns about the quality of analysis, including excessive reliance on quantitative evidence. The 2013 evaluation of the SIP identified “[an absence of] any qualitative evidence to counterbalance and contextualise quantitative evidence, meaning the plans are largely underpinned by rather superficial statistical analysis.”<sup>5</sup>

The recognised shortcomings in the data underpinning the SIPs partly informed the development of the non-statutory guidance for Public Services Boards, specifically on the production of the well-being assessment, and in turn, the Local Well-being Plan. The guidance reiterates “a relative lack of qualitative evidence to develop explanations and explore causes”<sup>6</sup> within the SIPs, hence the emphasis within the guidance on the inclusion of qualitative evidence within the well-being assessments, and, in turn, the commissioning of this work to secure a qualitative evidence perspective to the well-being assessment across Neath Port Talbot, Swansea and Bridgend.

A further concern around the SIPs needs assessments was the “lack of clarity around the engagement of citizens in the needs assessment process”<sup>7</sup>, a likely corollary of an over-reliance of statistical data. The guidance and code of practice for the production of both the well-being assessments and the combined population assessment report emphasise the need to include extensive consultation with people for whom the assessments have relevance.

This assessment of well-being is not operating in a vacuum of understanding of the current well-being of the population. Health bodies and local authorities have been undertaking Joint Needs Assessments to underpin planning in relation to their local population since the innovation of the first Health, Social Care and Well-being Strategies in the late 1990’s and through Community Planning and the requirement for single integrated plans. Organisations are also required to engage their populations, through an approach that includes co-production, to set out a whole range of local responses to national policy.

The extent and maturity of this work is variable, but this well-being assessment has taken into account views already expressed by the public. The methodology was therefore designed to take account of existing analysis of recent qualitative data in each of the three local authority areas, and from across partner organisations, as well as new primary research with citizens including service users.

---

<sup>4</sup> Single Integrated Plans were introduced by Welsh Government in 2012 to replace at least four of the existing statutory plans and strategies (the Community Strategy, the Children and Young People’s Plan, the Health, Social Care and Well-being Strategy and the Community Safety Partnership Plan). They were seen as a way to enable local government and their partners, through Local Service Boards (LSBs), to come together to plan, work, deliver and improve.

<sup>5</sup> *Single Integrated Plans: An Interim Review*, 2013 p.31

<sup>6</sup> *Shared Purpose: Shared Future - Public services boards: Guidance on the use of evidence and analysis*, p. 2

<sup>7</sup> *Ibid.*

## 1.2 Methodological Approach

The approach to the research and coverage achieved is laid out in Appendix 1 of this report. The main sources of information used in the report may be summarised thus:

- Secondary analysis of existing research relating to service users across the Western Bay Area;
- Online survey of 142 respondents identified as belonging to targeted groups, broken down by local authority area;
- Face to face discussions with 295 service users and citizens
- Stakeholder interviews with a range of individuals with knowledge of service users groups.

The fieldwork undertaken used a shared approach and methodology with the Future Generations Act Well-being Assessment undertaken for the three local authorities in the Western Bay area. This has created a complex set of variables against which the data has needed to be matched, including three local authorities, and defined communities within in each council, people with protected characteristics, and against the themes of well-being identified in the Act. As such this report should be read in conjunction with the FGA report. The analysis mapped out below is defined by the requirements of the Social Services and Well-being Act and the findings are organised in themes as follows;

- Learning Disability & Autism
- Sensory Impairment
- Secure Estate
- Carers Who Need Support
- Health and Physical Disability
- Violence against women, Domestic Abuse and Sexual Violence
- Mental Health
- Older People (65+)
- Children and Young People (under 25)
- Substance misuse

Each chapter contains the views of service users and others who have referenced these matters from the secondary data sources and direct engagement where possible for the three Local Authorities namely Bridgend, Neath Port Talbot and Swansea. Where there is commonality in the data, or where undifferentiated data was obtained at the Western Bay level, this has been included in each local authority section to enable each Council to easily access a complete picture for their own residents.

The online survey was constructed with predominately qualitative, open-text questions in order to maximise the descriptive content of the results. The on-line survey was removed from Swansea and Neath Port Talbot websites by the local authorities due to concerns about the security of the data warehouse used, although additional action was taken by Miller Research to address this matter. The content has been analysed in a number of ways:

- Cross tabulations against defined service users or citizen characteristics (older people, carers etc.)
- Text groupings of people describing issues in relation to specific conditions (for example where a respondent has described barriers to participation people with for mental health issues)
- Breakdowns of service user issues by local authority

Those attending workshops or drop-in sessions were asked to describe any conditions that might be relevant. However, a pragmatic approach has been taken to including what people told the researchers through primary data collection methods, as it is not possible to precisely verify the status of such people. For example a number of respondents self-identify as having a problem with their mental health or as having a disability, but it is not possible to identify whether or not they fall into a formal service user category. There is also a certain amount of cross-referencing required, as people may have identified themselves as falling into more than one category, and/or may have had an interest in commenting on the issues as carers, or for their carers. In general we have reported the data in the primary group that people identified themselves.

An overarching section under each theme summarises the findings across the Western Bay Area region from all sources of data, where appropriate.

We aimed to consult with service users for the nine themes across the three local authority areas either via the online survey, the drop-in workshops or specific identified existing groups; however we were not able to engage with all of them for various reasons, for example;

- Access not granted to interact with the service users (secure estate Bridgend)
- The need for prior authorisation from the local authority to interact with the group requested on arrival rather than ahead of the meeting, due to the vulnerability of the service users
- Lack of response from the stakeholders running groups for service users
- Insufficient time with the resource available to follow up gaps in the data as a consequence of low attendance rates at the drop-in meetings.

## 2 Learning Disability and/or Autism

### 2.1 Introduction

The findings in this section are derived from the secondary analysis and from the face to face qualitative work undertaken. No one completing the on-line surveys identified themselves as have learning disabilities or autism.

### 2.2 Bridgend

#### 2.2.1 Secondary Sources Analysis

The main source of evidence for this group was from a draft report of a workshop held across the Western Bay in December 2014 as part of the process of developing the Learning Disability Commissioning Strategy<sup>8</sup>. The Western Bay report does not differentiate between local authorities, so no substantial local analysis of secondary data is possible for Bridgend. The number of users engaged is not stated.

The report is structured in a number of themes, but information sharing and collaboration across services are important themes across the range of categories that were discussed.

#### Information

People felt that there was a need for information to be shared and that the correct information should be given to avoid stress and confusion. There was a suggestion that local councils should pay an independent organisation to produce accessible and easily read information about social activities, health, the community and housing. People First groups and self-advocacy groups are often the point of contact for providing and sharing accessible information. Information sharing between individuals, parents/carers, within services and across different services is crucial to keep everyone in the picture, if it is in the interests of the individual concerned. Transport is a major issue – getting people to events where information is being shared can be difficult. People need access to computers, and training in how to use them so that they have the right to access information in the same way as everybody else.

#### Carers

Services should collaborate - work together and share information, particularly where people have learning disabilities, autistic spectrum disorder and mental health issues. An information directory should be created to assist carers and their support organisations. The directory should be shared with other organisations to enable signposting (in particular, GPs need this information). Some people thought that training was needed for carers around the diagnosis of their loved ones. The need for information for carers of people with Autism was highlighted as an issue in Bridgend.<sup>9</sup>

---

<sup>8</sup> Western Bay Learning Disability Strategy Consultation 2014 (Document 27)

<sup>9</sup> Bridgend Carers Survey April 2015 (Document 10)

### Transition

Correct and concise information giving and planning are needed. Everybody needs to work together, with the person at the centre of decision-making. People need support from someone possibly independent when things go wrong in transition and support to deal with their concerns or anxieties about what is going to change for them.

### Care Plans

There should be explicit agreement about who the Care Plan belongs to, who can see it, and who should be involved in reviewing it, and its title should be changed to reflect its purpose: independence, autonomy, inclusion. Sharing information across organisations needs to be addressed and all staff should undergo training in values, rights and listening skills. Commissioning needs to promote joint working between service users, professionals, families and carers.

### Local Community

People can find it unsafe and intimidating using local community facilities that are not used to supporting disabled people, including taking the vulnerabilities of people with learning disabilities into account when commissioning local transport services. Direct Payments/Citizen Directed Support can offer targeted, individualised support for people to take part in their communities, and support needs to be tailored to enable people to participate in activities. The need for information from a central hub on what is available is highlighted.

### Consultation

Opportunities for speaking up, self-advocacy and consultation need to be built into all services (day services, residential and respite services etc.) and the commissioning process. People will feel valued if service providers are honest – they would prefer to have support to cope with disappointment, rather than avoiding or evading reality. Commissioners need to focus on giving people more control by commissioning schemes such as Time Banking and social enterprises.

### Independence

There is a need for services that support personal safety, will give people employment such as social enterprises and accommodation services that support independence. Individual support should be targeted to enable independence, as under-support and over-support can be detrimental to independence, and include services that use technology so that people can develop their IT skills.

People First held a workshop with 9 people with Learning Disability/ASD from Bridgend<sup>10</sup>. People were asked to identify what activities/services they use to improve their mental and physical wellbeing, how doing these activities benefit them and what challenges they face when using/accessing these services. They were also asked if anything could change to make these things more accessible to them.

---

<sup>10</sup> People First Bridgend Submission (Document 28)

People described undertaking a broad range of activities to improve their well-being including using sports and leisure facilities; work based training schemes and clubs and leisure groups including some run at a local church. Some preferred solitary activities. Health services were also stated to help with maintaining good physical health.

People felt that exercise activities improved their overall physical health, helping them feel relaxed and sleeping better. Work based training schemes gave them a sense of purpose, especially when seeing customers valuing their work. The jobs also keep people physically active as they can be quite demanding. A few have said that there can be conflicts within these work environments, for example some people feel stressed when there are arguments, or when banter is taken too far.

People felt that going to the various clubs improved their mental and emotional wellbeing. Socialising and seeing familiar faces was very important to them. They also like the feeling of being independent as they can take part in some of these activities without their support staff. More information on activities would be helpful, but the cost of activities is a barrier as they can be expensive.

The challenges people faced in accessing these services were primarily transport related in respect of not having access to transport, and having access to an appropriate vehicle e.g. with wheelchair access. Public transport was difficult for some, especially when there were unpleasant passengers on board. For some the lack of staff, staff handover, and not being listened to by staff were barriers. Anxiety and a lack of confidence also played a role in accessing activities, especially when trying something new.

## 2.2.2 Primary Engagement Findings

### Method and Sample

Engagement with people with learning disabilities and autism comprised participation in a drop-in workshop (x 6) or designated focus group (x 2). A full breakdown of the attendance of people with learning disabilities or autism at these sessions can be found in **Error! Reference source not found.**, in the Appendix.

### Findings

At the drop-in workshops, discussions of health and well-being were relevant to all those attending. The majority felt they had a good sense of what well-being meant, although it was not a term used in daily speech. The sense of what it meant was that it related primarily to friends and family, alongside perceptions of 'home' and where they lived.

For school children with Additional Learning Needs (ALN) from a Bridgend Special school, the term well-being was not necessarily understood. Within this session the participants discussed the broader idea of being happy, healthy and comfortable. Prompting social well-being specifically, this was understood to refer to socialising and friendship, both of which were considered very important for well-being.

*“I like going out with my family for walks and shopping.” (ALN school, Bridgend)*

### Social Well-being

Respondents associated social well-being with having a strong network of family and friends: people to socialise with, care for, and be cared by. Many participants described how family and friends helped with confidence and motivation and this was especially key to well-being for students with ALN. Pets could also play a part in the social well-being of primary school pupils with ALN.

*“I love making houses for my hamster and playing with my mum.” (ALN school, Bridgend)*

Sport also had a role to play amongst pupils with ALN and ALN schools in Bridgend offered activities such as dance, choir, swimming, dodge ball, football, art club, drama club, discovery days (summer holiday respite care) and gardening. Two participants from the ALN school in Bridgend attend(ed) Scouts and Brownies.

### Environmental Well-being

Environmental well-being was understood in the context of its connotations for living somewhere comfortable and safe; both in terms of their immediate home and in terms of the local neighbourhood.

### Cultural and Economic Well-being

Cultural and Economic well-being appeared less relevant to this group although a small number expressed interest in taking part-time courses. Finally, there was occasional comment on the disadvantages of social media use. This would appear to be a subject covered by the school, because the ‘message’ appeared clear:

*“Facebook can be bad, it’s fine as long as you talk to people you know.” (ALN School, Bridgend)*

## 2.3 Neath Port Talbot

### 2.3.1 Secondary Sources Analysis

The main source of evidence for this group was from a draft report of a workshop held across the Western Bay in December 2014 as part of the process of developing the Learning Disability Commissioning Strategy<sup>11</sup>. The Western Bay report does not differentiate between local authorities, so no substantial local analysis of secondary data is possible by local authority. The number of users engaged is not stated.

The report is structured in a number of themes, but information sharing and collaboration across services are important themes across the range of categories that were discussed.

#### Information:

---

<sup>11</sup> Western Bay Learning Disability Strategy Consultation 2014 (Document 27)

People felt that there was a need for information to be shared and that the correct information should be given to avoid stress and confusion. There was a suggestion that local councils should pay an independent organisation to produce accessible and easy read information about social activities, health, the community, and housing. People First groups and self-advocacy groups are often the point of contact for providing and sharing accessible information. Information sharing between individuals, parents/carers, within services and across different services is crucial to keep everyone in the picture if it is in the interests of the individual concerned. Transport is a major issue – getting people to events where information is being shared can be difficult. People need access to computers, and training in how to use them, so that they have the right to access information in the same way as everybody else.

### Carers

Services should collaborate - work together and share information, particularly where people have learning disabilities, autistic spectrum disorder and mental health issues. An information directory should be created to assist carers themselves and their support organisations. The Directory should be given to other organisations to enable signposting (in particular, GPs need this information). Some people thought that training was needed for them as carers around the diagnosis of their loved ones.

### Transition

Correct and concise information giving and planning are needed. Everybody needs to work together, with the person at the centre of decision-making. People need support from someone possibly independent when things go wrong in transition and support to deal with their concerns or anxieties about what is going to change for them.

### Care Plans

There should be explicit agreement about who the Care Plan belongs to, who can see it, and who should be involved in reviewing it, and its title changed to reflect its purpose: independence, autonomy, inclusion. Sharing information across organisations needs to be addressed and all staff should undergo training in values, rights and listening skills. Commissioning needs to promote joint working between service users, professionals, families and carers.

### Local Community

People can find it unsafe and intimidating using local community facilities that are not used to supporting disabled people, including taking the vulnerabilities of people with learning disabilities into account when commissioning local transport services. Direct Payments/Citizen Directed Support can offer targeted, individualised support for people to take part in their communities, and support needs to be tailored to enable people to participate in activities. The need for information from a central hub on what is available is highlighted.

### Consultation

Opportunities for speaking up, self-advocacy and consultation need to be built into all services (day services, residential and respite services etc.) and the commissioning process. People will feel valued if service providers are honest – they would prefer to have support to cope with disappointment, rather than avoiding or evading reality. Commissioners need



to focus on giving people more control by commissioning schemes such as Time Banking and social enterprises.

### Independence

There is a need for services that support personal safety, will give people employment such as social enterprises and accommodation services that support independence. Individual support should be targeted to enable independence, as under-support and over-support can be detrimental to independence, and include services that use technology so that people can develop their IT skills.

## 2.3.2 Primary Engagement Findings

### Method and Sample

Neath Port Talbot opportunities for engagement comprised drop-in workshop sessions, and targeted focus groups. A full breakdown of attendance to these workshops can be found in Table 1 in the appendix.

### Findings

Findings in Neath Port Talbot were similar to Bridgend and Swansea, in that participants placed an emphasis on friends and family and the role that support networks can play as key to their sense of well-being. Safety was also raised as a concern, especially in relation to environmental well-being.

### Environmental Well-being

The general environment in which some respondents with Learning Disabilities lived was not thought very conducive to well-being, by the wider population, although free bus travel for the disabled was welcomed.

*“I wouldn’t recommend this area as a place to other people to live. It’s awful, with nothing to do only charity shops ... a lot of drugs and too many pubs and drunk people ... nothing for kids to do and teenagers are in the street – same problem, so the town is run down ... but there are free buses for the disabled and the parks, like the Gnoll is good, and gardens are important too” (Drop-in workshop, Neath)*

Overall, students with ALN were less aware of their local areas and likewise, had less sense of environmental well-being. Some described how they tended to stay at home, and to some extent were prohibited from going out because of a lack of transport and a lack of outdoor provision. (ALN school, Neath). Generally, pupils with ALN in Primary school were more positive:

*“I’m happy here” and “I want to be happy in here forever.” (ALN school pupil talking about their school, Neath)*

### Social Well-being

Respondents tended to draw social well-being from those around them – especially family and carers. Some of the participants had a sibling around the same age as them and one respondent who was very close to his twin talked of how he would like to go out with him more often, “*My brother makes me happy.*” (ALN school, Neath).

Furthermore, it was clear that students with ALN had opportunities to socialise with others, given that the ALN schools in Neath and Bridgend offered activities such as dance, choir, swimming, dodge ball, football, art club, drama club, discovery days (summer holiday respite care) and gardening. ALN schools in particular offered numerous extra curricula activities for their students, feeling that the provision for children with ALN outside of school was very poor. One member of staff at an ALN school described the situation as follows:

*‘Many parents cannot drive or don’t have adequate transport, especially those with children in wheelchairs, and therefore cannot attend the clubs that do cater for children with ALN. The ones that do run are often far away; one of the boys lived over an hour away from the centre.’* (ALN school, Neath)

Generally, students with ALN enjoyed school and felt it was a good place to make and connect with friends, thus contributing to their social well-being.

Linked to the lack of appropriate sporting provision for students with ALN, one staff member commented on the importance (in her view) of free school meals for children with ALN. This was important, she felt, to encourage a reduction in the consumption of junk food and snacks; particularly in light of the fact that many children with ALN are unable to attend active clubs and are possibly frequent users of the health service already.

In a workshop for people with non-verbal communication, the BSL interpreters stated that learning disabilities were quite common amongst this group, with an average reading age being that of an eight year old. More detail of this group is provided under Sensory Impairment.

## 2.4 Swansea

### 2.4.1 Method and Sample

Swansea opportunities for engagement comprised drop-in workshop sessions, and targeted focus groups. A full breakdown of attendance to these workshops can be found in Table 1 in the appendix.

### 2.4.2 Secondary Sources Analysis

The main source of evidence for this group was from a draft report of a workshop held across the Western Bay in December 2014 as part of the process of developing the Learning Disability Commissioning Strategy.<sup>12</sup> The Western Bay report does not differentiate between local authorities, so no substantial local analysis of secondary data is possible for Swansea. The number of users engaged is not stated.

---

<sup>12</sup> Western Bay Learning Disability Strategy Consultation 2014 (Document 27)

The report is structured in a number of themes, but information sharing and collaboration across services are important themes across the range of categories that were discussed.

#### Information:

People felt that there was a need for information to be shared and that the correct information should be given to avoid stress and confusion. There was a suggestion that local councils should pay an independent organisation to produce accessible and easy read information about social activities, health, the community, and housing. People First groups and self-advocacy groups are often the point of contact for providing and sharing accessible information. Information sharing between individuals, parents/carers, within services and across different services is crucial to keep everyone in the picture if it is in the interests of the individual concerned. Transport is a major issue – getting people to events where information is being shared can be difficult. People need access to computers, and training in how to use them, so that they have the right to access information in the same way as everybody else.

#### Carers

Services should collaborate - work together and share information, particularly where people have learning disabilities, autistic spectrum disorder and mental health issues. Create an information directory to assist carers themselves and their support organisations. Give information directory to other organisations for signposting (in particular, GPs need this information). Some people thought that training was needed around the diagnosis of their loved ones. In Swansea there was reference to a question as to whether there is sufficient support for carers of children and young people<sup>13</sup> and whether services provide support to family carers in the right way.<sup>14</sup>

#### Transition

Correct and concise information giving and planning are needed. Everybody needs to work together, with the person at the centre of decision-making. People need support from someone (independent?) when things go wrong in transition and support to deal with their concerns or anxieties about what is going to change for them.

#### Care Plans

There should be explicit agreement about who the Care Plan belongs to, who can see it, and who should be involved in reviewing it, and its title changed to reflect its purpose: independence, autonomy, inclusion. Sharing information across organisations needs to be addressed and all staff should undergo training in values, rights and listening skills. Commissioning needs to promote joint working between service users, professionals, families and carers.

#### Local Community

---

<sup>13</sup> Carers Information and Consultation Strategy ABMU 2013-16 (Document 13)

<sup>14</sup> Learning Disability Commissioning Strategy Review, Co-Production Process 2015-16 (Document 29)

People can find it unsafe and intimidating using local communities facilities that are not used to supporting disabled people, including taking the vulnerabilities of people with learning disabilities into account when commissioning local transport services. Direct Payments/Citizen Directed Support can offer targeted, individualised support for people to take part in their communities, and support needs to be tailored to enable people to participate in activities. The need for information from a central hub on what's out there is highlighted.

### Consultation

Opportunities for speaking up, self-advocacy and consultation need to be built into all services (day services, residential and respite services etc.) and the commissioning process. People will feel valued if service providers are honest – they would prefer to have support to cope with disappointment, rather than avoiding or evading reality. Commissioners need to focus on giving people more control by commissioning schemes such as Time Banking and social enterprises.

### Independence

There is a need for services that support personal safety, will give people employment (e.g. social enterprises) and accommodation services that support independence. Individual support should be targeted to enable independence (under support and over support can be detrimental to independence) including services that use technology so that people can develop their IT skills.

## 2.4.3 Primary Engagement Findings

### Method and Sample

Six drop-in workshops plus one designated focus group (for Adults with Additional Learning Needs) were held in the Swansea area. A full breakdown of these can be found in Table 4 in the Appendix.

### General Findings on Well-being

As in other Local Authorities in the Western Bay area, friends and family were thought core to individual well-being for everyone. In relation to social well-being in particular, the point was made that communities have a significant role to play, as do support networks.

At the workshop designated for Adults with Additional Learning Needs held in Swansea, respondents thought social well-being especially important; again with a focus on friends and family. For these individuals, economic well-being was also important in order to support the former. They variously described well-being as *“Looking after yourself, looking after your body,” “How you’re feeling,” “Where you’re living,” “Good support,” “Money as well,” “Having different emotions.”*

### Social Well-being

Several of those within a Swansea drop-in workshop agreed with a point that social well-being could be improved through increased dialogue between the public and local services. Several participants would like more points of contact and information about what is available to them in

their local area. Amongst this group, when prompted with a list showing social, cultural, economic and environmental, most thought that social well-being was the most important aspect of well-being, with economic well-being second.

When thinking about well-being, various associations were made. For some, it was associated with good family support. For others, it was having a good network of friends, especially within the support groups on offer (flexible day service).

Key to well-being is the extent to which citizens feel as though they can go about day-to-day activities, and fulfilment. The discussion with group participants focused on the extent to which they felt as if they could partake in community events and find employment. Some described themselves as fairly active taking part in a variety of different activities such as swimming, drama (with 4 rehearsals per week), and walking (especially a couple who had two dogs). One talked of “Rugby tackling with my little cousin”, and all volunteered.

### Access to Services and Satisfaction with Support

Many participants described having some support in place from one or more of a number of different sources: an advocate, day service or social worker (either one on one or drop-in). Within the group there was one couple living together and others were living independently with friends. They all benefited from support workers “*popping in*”.

One participant described how some people could become over-reliant on their support worker. An example he offered was that they had organised a men’s and women’s group which encouraged people to be independent and see friends. It had failed after they had tried to organise a trip to the cinema, as members saw it as displacing their support workers;

*“Why do I need to come to the cinema with you? I go with my support worker on a Friday.”*

### Economic Well-being and Control over Day to Day Life

Economic well-being, in the view of those consulted, “*allows you to do things with your friends and family*”. Several of those consulted would like to work, but there were significant barriers in place. One participant said that they felt as though volunteering was the only option available to people with learning disabilities and autism, because employers would rather give them a couple of hours volunteering than a job.

One or two participants worked in offices, such as at Consortium (“*I wanna run it, I wanna be boss!*”) and at People First, and another worked for the Council-run waste programme. One was involved with a peer-led, active jewellery group, and another worked in forest safety. A woman with autism had managed to gain work at the hospital as a cleaner /domestic assistant.

*“I’ve done conferences and talks on how I’ve progressed in my life... I want to help others in my position.”* – (Woman with Autism)

Enthusiasm to work was very evident, especially where it involved contact with other people, a view reinforced by support workers. There were some practical problems involved with work, however. One participant for example had her disability benefit taken off her – she was earning too much in her part time job as a cleaner (more than £101 a week). It was common among this

group to face financial issues, with a lack of information available to them relating to how many hours they could work before it impacted on benefits for example.

Employment was important too for a Swansea man with autism in his twenties who attended a drop-in workshop. He talked of how he would like to find work repairing computers, something he had taught himself to do, on either a paid or voluntary basis. To date he had been unable to find such work. In the meantime he was dog-walking for someone and volunteering at a disabled sports association, such was his enthusiasm for some type of occupation even if unpaid. Ultimately, the members of the group were extremely keen to work; they just needed the opportunities to do so.

Perhaps the key negative issue facing this group was the prejudice that they felt existed amongst employers to provide opportunities:

*“With employers they don’t give you the time to show you properly and don’t give you time to show you can do it.”*

Suggestions for improvements to the well-being of adults with additional Learning Needs included:

- Provision of more opportunities for employment (rather than ‘just’ volunteering)
- More ‘life lessons’ to help with money management / management of own lives
- Mentoring opportunities whereby some are matched with younger or more needy ALNs

## 2.5 Regional Picture

The additional qualitative data obtained enriches the themes identified in the Commissioning Strategy for learning disability, particularly in respect of information, the importance of community and independence, especially independence gained through meaningful occupation including paid work.

### Information

The theme of information is common across all of the data sources so that overall there is a need to pay attention to:

- Producing accessible and easy read information about social activities, health, the community, and housing
- Information sharing between individuals, parents/carers, within services and across different services is crucial to keep everyone in the picture if it is in the interests of the individual concerned, and avoids stress and confusion.
- Access to technology and training to use it, underpins the delivery of information
- An information directory would be welcomed to enable independent access to information and support signposting by service providers

### Local Community

People can find it unsafe and intimidating using local community facilities that are not used to supporting disabled people. There is a need for more mainstream services to have a more tailored and personal approach to understanding the challenges for people with learning disability, particularly in respect to:

- Community based sports and leisure activities, especially for children
- Public transport

### Independence

The important role of a number of services and activities that enable people to maintain their independence, and reduce reliance on public services were highlighted including:

- The important role of friends and family networks including the need for support for family members and the opportunity for them to take a break
- Activities within the community that specifically support people with a learning disability
- The importance of activities that provide ‘occupation’ including volunteering, but also that people wished to be able to undertake paid work and make their contribution to society. Creative approaches to how this might be achieved were referenced including social enterprise
- For people to feel safe in their communities, to support their independence.

### 2.5.1 Key Themes

- Address issues of communication to ensure that information is available in an accessible format to all, and kept regularly updated so people are aware of what is available to them at any given time;
- Consider the provision of services and amenities to ensure they are ‘disabled-friendly’, welcoming and easy to access in a way that supports individual’s dignity, including access to transport
- Ensure education of public officers in a variety of contexts (health services, council services, transport) to further support dignity and needs of those with learning disabilities and autism;
- Consider paid (and volunteer) opportunities for work. These individuals are keen to work, feel part of society, and increase their personal sense of worth.

## 3 Sensory Impairment

### 3.1 Introduction

For people with sensory impairment, primary engagement activities included the online survey, although the numbers identifying themselves as having a sensory impairment were very small. Of the 637 who responded, across the three Local Authorities, 39 identified themselves as having a disability. Two individuals out of the 39 identified themselves with having sight impairment, and three with a hearing impairment. There was a limited range of secondary information sources available, so the findings below are heavily reliant on the findings of workshops held with the public and a specific focus group for people with sensory impairments. Sensory impairment is a broad term encompassing a wide range of people who have experienced impairments since birth or acquired them through their lifetime, and may be partial or full loss of one or more senses. Our methodology has attempted to reach as many people with different types of sensory loss as possible.

### 3.2 Bridgend

#### 3.2.1 Secondary Sources Analysis

The references to sensory impairment are made in relation to the high level well-being theme of the need for information and communication, and the need to ensure that this is tailored to secure accessibility to people with sensory impairments. This is a general theme across a number of reports, but there are no specific differences across the various reports, to the specific challenges faced by people with sensory impairment in Bridgend.

#### 3.2.2 Primary Engagement Findings

##### Method and Sample

The primary engagement activities for Bridgend comprised of two types of engagement:

- Participation in the online survey
- Participation in a drop-in workshop (x 6) or a designated focus group (x 1) (Table 2)

A detailed breakdown of participation in the workshops and focus group can be found in the Appendix, **Error! Reference source not found.**

##### Findings

Activities amongst the Sensory Impaired were largely restricted to participation in designated workshop/ meeting environments rather than the online survey. The Bridgend Deaf Social Club attendees, were predominantly non-vocal, helped by BSL interpreters, and expressed their feelings about well-being quite forcefully. Occasionally, positive stories were told by participants, as shown below:



Meg's story:

*(Meg and her family have just moved house and she was describing how the move has meant a huge upturn in the family's sense of well-being).*

Living in their old home was very stressful. She has a husband and four children, only one child has full hearing. Local children bullied theirs and called them names. They lived on a corner and people would peer in through the window as they walked past. It was dangerous too, because they couldn't hear the traffic as they crossed the road. She wasn't able to let the children out on their own because of this.

They waited for several years for a new house and their Housing Association was very slow to help.

A house swap eventually came up and the new house is close to school for three of the children. They are all really happy about it. They can see the mountains from the house - and have much better views than before. She can tell the children to go out and play and she doesn't have to worry about them, and they feel much more private – no one staring in through the window any more.

Participants found Meg's story heart-warming, especially when it was described a second time by one of her children (in BSL). More common however in both the specific focus group and the wider workshops were negative stories and issues, which are outlined below.

### Social Well-being

A common comment amongst those consulted was that access to services (such as transport and health) was often difficult. For example, some expressed the belief that they are at the bottom of the list for services, with the waiting time for GP appointments and housing receiving particular mention

One partially sighted attendee discussed the confidence required to get on and off a bus at the right stop. Transport by bus was invaluable to her at times, and having the independence and ability to travel this way played a significant role in her social well-being. Frequent frustrations were expressed about trying to control and go about everyday life, such as being asked to 'give us a ring' or trying to use TouchTalk to communicate.

Related to access to services, was the extent to which people with sensory impairment felt they can access information. For example, some believed that their needs are poorly understood (and sometimes never understood). The engagement revealed many stories about misunderstandings with doctors, and a lack of sensitivity shown by doctors, such as shouting into their ears to try and make themselves heard, which is a painful experience for the patient.

Some participants from the workshops expressed an element of fear that can arise from the inability to communicate, especially in relation to health matters. The main worries expressed by participants included levels of potential misunderstanding if symptoms are being discussed, or

diagnoses / medical procedures / dosages. One woman with a non-verbal impairment described her struggles in relation to her (also non-verbal) father:

*“(My) Dad has dementia. We don’t understand dementia, or what will happen. Had an interpreter for meetings but it’s really difficult to communicate / understand what’s happening. I can’t take time off work. My granddaughter had to intervene because she can speak but they wouldn’t talk to her, only to my daughter because they’ve seen her before. So lots and lots of barriers. Had wanted to be given a plan for my dad’s treatment – it’s always a fight and it’s exhausting”*

Limited communications were also considered problematic in relation to receiving information about benefits and financial matters.

### Environmental Well-being

A participant in Porthcawl drew attention to poor environmental well-being. He described the built environment as being devalued by Bridgend CBC through a lack of maintenance. The pavements were described as having broken or damaged slabs: “the pavements generally are lethal, especially for the visually impaired”. Similarly, at another Bridgend workshop, particular reference was made to the dangers of broken glass and litter for the visually impaired. Also, the value to the visually impaired of protected scaffolding and street furniture into which they could collide were highlighted.

## 3.3 Neath Port Talbot

### 3.3.1 Secondary Sources Analysis

The references to sensory impairment are made in relation to the high level well-being theme of the need for information and communication, and the need to ensure that this is tailored to ensure accessibility to people with sensory impairments. This is a general theme across a number of reports, but there are no specific differences detectable across the various reports as to the specific challenges people with sensory impairment face in Neath Port Talbot.

### 3.3.2 Primary Engagement Findings

There were three questionnaires completed for Neath Port Talbot from people who identified themselves as having a sensory impairment however they did not make any comments relating specifically to their access to services as a person with either sight loss or loss of hearing.

One of the persons who identified as being severely sight impaired mentioned that nothing contributed to their well-being as they are mostly house bound, however she also physical disabilities as well as dementia there we cannot draw any conclusion. She reported that access to doctor and services in general are a barrier to her well-being. Another person with total sight loss stated that having more help and more information available would make his well-being better. He also reported that he was very satisfied with the support he is getting as a cared for person.

No-one identified themselves as having a sensory impairment in the workshops and we were unable to arrange a dedicated focus group for people with a Sensory

Impairment within Neath Port Talbot. Findings under Visual Impairment for Swansea will also have a bearing on Neath Port Talbot because membership of the RNIB covers both areas.

## 3.4 Swansea

### 3.4.1 Secondary Sources Analysis

The main reference to sensory impairment links to a high level well-being theme of the need for information and communication, and the need to ensure that this is tailored to ensure accessibility to people with sensory impairments. This is a general theme across a number of reports, but there are no specific differences detectable across the various reports as to the specific challenges people with sensory impairment face in Swansea.

### 3.4.2 Primary Engagement Findings

#### Method and Sample

Two completed questionnaires were received from visually impaired residents from Swansea. Six drop-in workshops plus two designated focus groups were held in the Swansea area as presented in the appendix, Table 4. One group was held with a Young at Heart group, comprising twelve men and women without language, plus two BSL interpreters, and another group who were visually impaired themselves or supporters of the visually impaired. Additionally, a couple with limited sight impairments attended one of the drop-in sessions. The group held among the visually impaired in Swansea was assisted by the Royal National Institute for the Blind and its volunteers, a group that also covers NPT.

#### Well-being

Asked what was understood by the term 'well-being', one visually impaired participant described it as follows;

*“Every aspect of life, health, how you can move around, the help that is available, confidence to get on with your life, go out safely and confidently, not feeling fear”*

The aspects of well-being that were raised throughout the engagement processes are presented under the following themes.

#### Economic Well-being

A key concern that was raised was the lack of access to financial and practical information. One participant commented that:

*“A lot of people are trapped in their house and they get lonely because they don't register with the RNIB and they are not aware of what they can get / what is available for them”. (Group Chair)”*

Similarly, participants suggested that financial help towards the cost of gadgets designed to help those with visual impairment, including training in gadget use, would better aid them to be independent. Suggestions of where financial and practical help are needed included computer software.

Furthermore, attendees suggested the promotion of, and financial support for the RNIB contact line as a source of help and advice.<sup>15</sup> This is pertinent given that some had concerns about lack of access to practical information and help for those with visual impairment, e.g. tips on identifying objects within the home (e.g. in the kitchen, on medicines, ingredients), and the use of magnifying glasses (for those with at least some sight).

### Social Well-being

A number of attendees commented that education campaigns about sensory impairment would be successful in improving social cohesion and their experiences with health and social services. The areas where education was needed were highlighted as being:

- amongst the public, council, health services, and the sight impaired themselves
- recognition that only 5% of those with sight impairment can read braille
- encouragement for those with visual impairments to visit their GP and get help / become registered: some don't realise they have an impairment, others are in denial, others prefer to keep it hidden; some will not be aware that a disability allowance is only available to those under 65

It was also suggested that there should be pressure placed on local councils to pay more attention to the dangers faced by the visually impaired in relation to road crossings, pavement obstacles such as café outdoor seating, tactile paving, audible and clear bus station announcements and the need for more zebra crossings. People highlighted their need to plan ahead for public transport journeys.

*“There are 26 bus stops; they only have one sign with the bus stops which is not very legible. Need an announcement to be made through the tannoy consistently as well as staff to help passengers because some people have more than one disability – it might not just be their sight that is a problem”*

Improvements requested to aid well-being for the blind and enhance its sustainability included:

- Provision of more access to information in the right format for people to be able to read / more resources to reach more people to help them lead a better / safer life
- Assistance with the purchase of items required to improve the well-being of the blind such as software / readers
- Provision of employment opportunities, especially for the young blind, and with 'decent' rates of pay
- Raise public awareness into sight impairment
- Facilitate access to the new funding, with no reduction in amount received compared with previous years

One attendee highlighted the importance of the group itself in maintaining their mental health.

### Hearing impaired / Deaf

---

<sup>15</sup> RNIB received lottery funding for example to gain access to a specialist in welfare rights to provide advice

For those who described themselves as non-vocal or without language, very similar views were expressed in Swansea, as had been communicated in Bridgend. The first hurdle for these groups is ‘signing’ well-being: there is no ‘obvious’ way of communicating well-being in sign language, and the concept was not familiar to them, and the discussion was their lives in terms of the challenges and barriers they faced.

### Social Well-Being

One of the biggest barriers for hearing impaired people was access to information. The communication of information to those who are hearing impaired or deaf was found to be problematic for practical, financial, and medical information. For example, one attendee commented on the experience of arriving for a doctor’s appointment and finding the interpreter had not been booked or had not arrived. Some considered this detrimental to their mental well-being. One described the immediate onset of feelings of stress and panic in so many situations that those with hearing take for granted, such as going to an optician, making or having an appointment for health services (i.e. a GP or hospital). The main concerns related to this were that:

- Some BSL interpreters are only level one, so they don’t really understand the health terminology, resulting in room for error. It was commented that misdiagnosis is common.
- Misinformation is commonplace because they are unable to describe what they are feeling or where with any accuracy, and then they can’t understand the GP’s response. When taking medication, they don’t necessarily know what they are taking, which can be dangerous.

One participant described how she tried to go to the gym, but quickly gave up because she could not understand the symbols or instructions (and could not ask). In a similar way, another tried to go swimming but gave up because of the lack of communication. Now she is afraid of the water, and won’t try again.

### Economic Well-being

With regards to accessing practical and financial information, some attendees expressed concern over their understanding when undertaking money management, mortgages, financial services, benefits and tax. Overall, it was communicated that there is a high incidence of mental illness amongst the deaf community, caused in part by problems with communication

### Cultural Well-being

Some attendees expressed concern about the levels of education available to those in the deaf community. They reported significant education problems because there are no longer any deaf schools. A few (of those present – the slightly older ones) were educated at deaf schools, which they thought were good because their needs were understood; they had really high standards of BSL, and long term friendships amongst the students were created, some of which persist to date. Those in mainstream schools suffered by comparison as they were given learning assistants or communicators who could not use BSL, or only very poorly. In one school there was a dinner lady who coincidentally was able to do a little sign language, and so she was allocated a deaf student and made into a teaching assistant. She had no other qualifications, whereas the post required at least a level 4 or ideally a level 6 qualification.

Others recalled that they were not allowed to take examinations at school, such as the 11+ or GCSEs, as teachers have very low expectations of deaf children's abilities. One member of the group had managed to get into college to study catering; she wanted to be a chef, but failed because of the written work. Another wanted to become an engineering apprentice but he too had to give up.

Some positive experiences were mentioned in the groups, but only with considerable prompting. One person described how they like to watch *Strictly Come Dancing* and another described having been to the opera once and how much she had enjoyed it. Whilst she was unable to hear, she could watch the stage and movements and could feel the vibrations of the music. The same woman enjoyed sitting in a local gallery and looking at the pictures. Another participant described enjoying television soaps through BSL.

### 3.5 Regional Picture

In summary, a first key issue emerging from citizen engagement is that professionals are often lacking in appropriate training on how to communicate appropriately with people with sensory impairment, and that communication is seen as the individual's problem, rather than a matter that the service provider should address. Second, that services often do not meet their needs through a lack of availability, and that information is often not communicated properly and appropriately. It is evident that services need to consider how they deal with the wide range of sensory loss that people experience, and also that there are multiple potential solutions as to how communication can be improved, sometimes highly specific to the individual.

There clearly remains a need for all public service professionals, particularly, but not solely in the NHS, to be more sensitive to their role in ensuring communication with people with sensory impairment. Many services are not providing a sufficiently tailored approach to communication with their clients with sensory loss, and this causes individuals a great deal of stress and anxiety, to the extent that some people are reluctant to leave the house and access services that would contribute to their well-being. Access to key services such as healthcare are particularly challenging, and some people express being concerned at the health risks they face, in respect of being able to communicate their problems to get a diagnosis, and also to be able to act on and comply with medical instructions, including appointments.

Some participants suggested that everyone should be taught to sign in schools and for the wider public would improve greater social cohesion (and thus social well-being), social and health service workers should be a priority to receive training in sign-language.

People with sensory loss highlight that they are highly challenged by the physical environment in their local community, and this was reported in all areas. People with sensory impairment are trying to navigate a highly complex world. Local authorities should be aware of the impact of the physical environment on people feeling safe in their communities. These issues relate to areas of design such as street furniture, street crossings, and temporary works including scaffolding, as well as general environmental cleanliness that can be hazardous for people.

Limited access to services is also compounded by a public transport system that is not sufficiently adapted to meet the communications needs of people with sensory impairments.

Very few examples of good communication were highlighted, even when pressed, which is perhaps unexpected given the prominence that has been given to sensory impairment by government, but the impact of this is clearly not being 'felt' by those that we spoke to. Examples of practice to be highlighted included:

- The role of the RNIB in helping people to obtain the aids, and skills to use them, to facilitate improved communication.
- Where provided the role of support workers in helping them access services and social activities is highly valued, as is a high level of BSL where this is provided

### 3.5.1 Key Themes

- Information and communication are the key issues for the sensory impaired. The full range of communication methods are not offered as routine by public services, and as a consequence people experience anxiety and social isolation.
- Technology offers many opportunities to improve communication with people with sensory impairment, and both clients and services are not aware of, or utilising the full range of what could be made available, including face to face BSL interpreters.
- A basic level of BSL is not generally available at key entry points to services, and higher level trained BSL interpreters are not routinely made available in key situations, especially in the context of GP and NHS appointments
- Sports and leisure services do not appear to have fully considered the communication needs of people with sensory impairments, to enable their participation in activities.
- There is frustration that these messages have been relayed to public services through previous consultations, but the general response from services remains insensitive.

## 4 Secure Estate

### 4.1 Introduction

Unsurprisingly there was no response within the survey or drop-in workshops that highlighted issues in respect of secure facilities, although one document was provided as secondary evidence. This chapter is presented as a simple description of this document and conversations that the research team have had in respect to this group, but we were unable to be in contact with any users of these services directly. As the facilities are very specific and diverse serving specific populations, we have not attempted to make a regional judgement as this would not seem to be appropriate. It is to be noted that there are no secure facilities in the Western Bay Region that serve adult women, so this group will be located elsewhere in the UK. A needs assessment has recently been completed in HM Parc by G4S that will be available in February 2017.

### 4.2 Bridgend

There was no secondary data information provided in respect of the Secure Estate

We did not get to meet with any offenders in the Bridgend area. We made numerous requests to G4S to have the authorisation to engage with prisoners but unfortunately, we were not successful. However, we spoke to the Deputy Director who gave us an overview of support for social well-being that prisoners receive while at HM Prison Parc

The HM Prison Parc in Bridgend currently has 1700 category B<sup>16</sup> prisoners and 64 young male offenders between 15 and 17 years old. Some prisoners have physical disability / sensory impairment / mental care needs/ health care needs and the prison has a duty to provide care for them.

The young person's estate was created to house young offenders as close to their home as possible with the aim to facilitate their resettlement and rehabilitation when they leave the secure estate. Given the number of prisoners on site, the prison has its own provision for primary care which is part of the contract G4S has with the state. Each prisoner is assessed on arrival and is treated with the required care during their prison sentence. The prison has a health care team on site as well as a partnership with some primary care specialists who come to the prison on a regular basis if not daily. These include:

- Nurse
- GP – from general practice working alongside the nurse
- Mental health primary care Nurse – Psychiatric assessment
- Dentist
- Optician
- Chiropodist
- Physiotherapist
- Occupational therapists – work along the Physiotherapist

---

<sup>16</sup> Those who do not require maximum security, but for whom escape would still pose a significant risk to members of the community.



- Access to secondary care out of the prison in hospital
- Genitourinary medicine
- Counselling

For secondary care the prisoners go to the local hospital and would be treated like the general public. No comment was made on waiting times for them to see a specialist. It was reported that all prisoners have a high standard of primary care and that the provision is sufficient for the population.

There are 2 full time social workers who are involved in the provision of care for

- older population (they have a number of sex offenders)
- and disabled prisoners

They work alongside the physiotherapist and the occupational therapist to decide on the needs prisoners have, to adapt their cells or provide more care/support. They also have provision and adapt cells for prisoners with visual or hearing impairment.

The prison offers education classes for adult offenders as well as craft classes. These are: basic skills, vocational training, ICT, creative arts, business, employability skills and distance learning. Prisoners can study towards a wide range of qualifications with a view to their rehabilitation.

There is also the opportunity for any prisoner who qualifies to train as a classroom assistant through a peer mentoring scheme. Offenders can work in any areas of the prison as long as there are no any security measures preventing them from doing so.

All young offenders are offered full-time education after a short period of assessment. They can study towards more qualifications than the adult offenders, these are:

- CIEH Certificate in Food Safety Level 1
- OCN Level 1 Painting & Decorating
- OCN Entry 3 Health & Safety
- OCN Entry 3 Catering
- OCN Levels 1 and 2 Catering
- OCN Level 1 Music
- ASDAN award
- Duke of Edinburgh Award

All first offenders (with a sentence lower than 30 months) can train to enter the Armed forces by following a 22 week course including an education and fitness programme.

The prison provides support to prisoners who have additional learning needs, they have provision for all religions and prisoners also have access to a gym. There is a new programme to tackle substance misuse and the prison has a rehabilitation unit to support prisoners coming off drugs. The dedicated team CARAT (Counselling, Assessment, Referral, Advice and Throughcare) support prisoners during their sentence and once they have been released.

The Health team use various techniques to help the patients such as relaxation, drug awareness intervention, clinical intervention, alcohol awareness and healthy living and healthy diet. These are in view to improve the well-being of the prisoners

The prison has also put in place a safer custody unit for prisoners with high risk of self-harming and suicide. Prisoners are assessed with the Risk of Serious Harm (ROSH) guidance. The prison uses animal therapy (they have dogs on site), yoga and mindfulness to help the prisoners and have greater provision for well-being for the inmates following the implementation of the Social Services Wellbeing Act.

### 4.3 Neath Port Talbot

A report was provided on the Hillside Secure Children's Home, Neath Port Talbot, of a Care and Social Services Inspection<sup>17</sup> which implies engagement with residents, but does not explicitly present any data from residents. This report concludes

- Young people have a voice and are listened to by staff.
- Young people's individual needs are recognised and catered for.
- Young people are able to follow their interests and develop skills.
- Increased supervised time for young people out of Hillside has been a positive step forward.
- Young people receive appropriate, responsive care.
- Young people receive effective support from other professional services in response to their assessed needs.
- Young people are encouraged to manage their emotions and behaviours in a positive way.

We were not able to speak to young offenders from the Hillside Secure Home but we interviewed the manager of this facility. The secure home can accommodate 22 young people, male and female from 12 to 17 years old. The centre is a purpose built secure children's home, fulfilling a national role, and is part of social services provision for children. The manager has been in place for 18 months and has changed the way the centre works to improve the health care provision as well as the services offered to the young offenders. They have achieved this through changing the way they operate, on the same budget.

The following shows the process that is followed to ensure that the children who spend time in the Hillside benefit from their stay there. This is very much based on the health and social care that the young offenders received while they are there.

The Youth Justice Team contacts the centre for the placement of a child. The centre requests information about the child, whether he/she has special needs, additional learning needs (ALN) or if they require child and adolescent mental health services (CAMHS). Each young person undergoes an assessment, which allows a professional response to the child. All the staff are trained to understand the complexity of the young people who may have experienced an adverse childhood event (ACE) such as neglect, domestic abuse/violence, and alcohol pre-birth. The approach taken by the Hillside Home is to try to identify the causes and not just to treat the symptoms when the children arrive. Their background has influenced how they interact with the world and encouraged risk taking behaviour.

---

<sup>17</sup> Hillside Secure Children's Home Care and Social Services Inspection 2014 (Document 18)

Each child goes through a 28-day evaluation period to identify their needs and establish a care plan with the health team. They also evaluate whether the child has had a problem with child sexual exploitation (CSE) and or sexual harmful behaviour (SHB). In addition the clinical team assesses each child on their:

- Cognitive development
- Speech and language
- Trauma symptoms, they follow a check list – a lot of the children have experienced trauma:
  - Key score: PTSD, anger management, ODD factors (oppositional defiant disorder).
- Emotional well-being

The clinical team apply the Trauma recovery Model (TRM)<sup>18</sup>, inspired from the Effective Case Management (ECM) model based on Maslow's hierarchy of needs. They then decide the approach for each child. The management team has taken the decision to adapt individually to each child/young person's needs, under guidance from the clinical team.

In terms of education provision, they follow a mainstream curriculum but there is also a possibility to adapt to the children individually, with scope for a tutor for gifted children or an ALN teacher when required. Young people can get awards, qualifications depending on their ability while at the Centre. For example, they can obtain a CSCS (Construction Skills Certification Scheme) card to work on building sites.

The secure home does not receive any funding from NPT so the manager could not see how the council could make any improvement to the Secure Estate, however he recognised that the social services support that the children receive is crucial to their well-being.

## 4.4 Swansea

The research team was unable to secure any evidence or data for the secure estate in Swansea.

## 4.5 Regional Picture

Insufficient data is available to produce a Regional Picture for Secure Estate, and the only source of data is from some officials rather than service users. As a result conclusions would not be robust, applicable or representative.

### 4.5.1 Key Themes

- Accessing the views of people who are living within secure facilities is not straightforward, and may require a dedicated approach with the service providers to determine how user views can feed into local service planning. The full scope of what is

---

<sup>18</sup> <http://www.traumarecoverymodel.com/>

meant by secure estate may also require some further exploration in respect of the full range of secure estate, the need to support local residents that are released from such facilities both locally and further afield and extent of the role of local services in supporting estate with a wider geographical role.

## 5 Carers who Need Support

### 5.1 Introduction

For carers who need support, primary engagement activities included the online survey, although the numbers identifying themselves as a carer was quite small. Of the 637 who responded across the three Local Authorities, 62 identified themselves as being carers. There was a good range of secondary information sources available. We also attended groups for carers in the three local authorities, although there were very few carers who attended the general drop-in workshops.

### 5.2 Bridgend

#### 5.2.1 Secondary Sources Analysis

Well-being was not a concept in itself widely used by carers in the evidence, although there were a number of related themes, which are reviewed in the analysis below<sup>19</sup>. Where specific references to Bridgend were made these have been referenced.

Many carers do not self-identify as carers, and the need to raise awareness of carers' rights and to improve the uptake of direct payments by carers who are eligible is highlighted for Bridgend. Feeling constantly tired, having a lack of self-worth, concerns about health, isolation, and the need to work were all referenced in the context of personal well-being. Having a break from caring, even just for a day, is highly valued, and this support needs to be affordable. The need for respite for family members by the service-user themselves is frequently highlighted. Several statements highlighted that carers feel involved in the decisions concerning those they care for, have a voice in service development and delivery and are recognised for the contribution they make. They are willing to get involved in planning but may not have the time. The opportunity to meet other carers and opportunities for social activities are also highly valued, but there is an implication that there is not sufficient opportunity for this.

There was a series of references to services for carers and information for carers improving and people who described being satisfied with the information and support that they have been offered. Financial 'worries' are clearly a concern for carers with reference to the need to 'obtain maximum financial advantage' related to their individual circumstances and support provided to remain economically active'.

Improving access to information is a key concern for carers. In general, the information requirements were unspecified, though there was reference to improving the information available about the range of services on offer. The provision of improved information is

---

<sup>19</sup> Primarily analysis of documents 11-17, and references to carers in others documents

perceived as an aid to people having greater control over their lives. This was a common theme across all three local authority areas. The role of Carer's Centres in being a single point of access for information, advice and particularly welfare and benefits advice and support is also referenced in each area. In Bridgend the value of the Carer's Centre is highlighted as an agency that plays an active role in informing and encouraging support from other agencies, but there is still a lack of fluency between agencies.

Access to general services in the community such as leisure, education, employment and skills training were referenced, implying there is a need for some universal services to consider how they tailor their provision to improve access for carers.

The NHS in particular was highlighted as needing to improve its understanding and response to the needs of carers, ensuring that they are provided with information as standard, and taking greater account of carer's issues in discharge planning and community services provision. This is an issue across the Western Bay area.

The challenges facing young carers were strongly represented in the evidence. It was stated that children need protection from inappropriate levels of caring and be given the support they need to learn, develop and enjoy a positive childhood. This is referenced for all areas. The role of the education system in recognising and supporting young carers was also highlighted, and that teachers and lecturers in general needed to be provided with a greater level of training and understanding of how to work with young carers and support them. This evidence is derived from engagement across the Western Bay area, and not differentiated by geography.

## 5.2.2 Primary Engagement Findings

### Method and Sample

Opportunities for primary engagement in Bridgend comprised participation in the online survey, drop-in workshops, and focus groups. Among the participants who gave us their postcode we identified 23 from Bridgend North, 34 from Bridgend East, and 19 from Bridgend West. Eleven of the 76 described themselves as carers, whether part time or full time. No respondents were under the age of 25 years old.

None of the participants in the drop-in workshops identified themselves as carers, but there was reference from some participants of the importance of their friends and family, and this has been quoted where relevant. A specific focus group was held with a group of 8 carers at the Bridgend Carers Centre.

### Well-Being Findings

From the workshops, discussions of health and well-being had significant relevance to the carers who need support. Across all the primary engagement activities with carers in Bridgend, participants paid the greatest level of attention to having supportive friends and family, suggesting that this demographic prioritises social well-being. For people attending the Bridgend Carers Community Café, well-being was seen in relation to their duties as a carer and being able to cope. The role of a carer's group in providing this support and as a social outlet was also highlighted.

### Social Well-being

The responses to the drop-in sessions indicated that supportive friends and family were critical to achieving social well-being. This was mirrored in the online survey with respondents associating social well-being with being part of a community and having family and friends, and having a quality of life that is satisfying and free from ill-health.

People attending the Bridgend Carers Community Café were either carers, cared for, or previous carers. One of the latter, who no longer acts as a carer due to bereavement, still attends the group because their life is suddenly very empty and they really appreciate the company and have taken to volunteering.<sup>20</sup>

The carer's group we attended from Bridgend Carers Community Café, was composed of adults over the age of 50. The group provides opportunities for those over fifty to attend social events, activities and to make friends. As with responses from the online survey and workshops, responses at the Bridgend Carers Community Café group mostly focused on social well-being. Many reported that, external to the group, they lacked other opportunities (such as clubs) in which to improve their social lives, although many in attendance described the benefits of connecting via a network such as the Bridgend Carers' Centre. In the online survey, respondents tended to prioritise friends and family:

*“Enjoying social opportunities via family, friendships and work. Feeling valued, respected and having people to share experiences with i.e. people who care and look out for you.”* (Online survey daughter /part time carer of man who suffers with Parkinson's/dementia)

A lack of public transport was seen as a key issue for people who did not live with the person they were caring for.

Other suggestions to improve social well-being included providing a professional carer for respite care on to give the carers a couple of hours' break, to be able to complete routine tasks such as shopping. One of those consulted was in her sixties and looking after her mother of 93 years old. She said that she developed chronic exhaustion syndrome due to the stress put on her. A few carers said that past 60 years old, they stop getting carer's allowance because they receive their pension credit, and as a result can face financial pressures to add to the stress of caring – this might be a misconception of what is available to them.

To summarise, social well-being was seen as being satisfied with what you have. Other comments related to having control over day to day life, such as driving, because it could provide independence and mobility. The lack of public transport was seen as a barrier for social well-being, for instance in some areas (Brackla, Cefn Cribwr) there are no buses on Sunday and on other days the service can finish very early in the evening

### Economic Well-being

Most carers did not report that their financial situation or issues were having a significantly adverse effect on their well-being. Of those we engaged with, many relied on benefits, or because of their age were in receipt of their pension credit. Generally participants commented that they are sometimes experiencing a financial strain. There is a Welfare Rights Officer based

---

<sup>20</sup> National Indicator 30: “Percentage of people who are lonely”

at the Carers Centre and in addition there is monthly input from Welfare Rights Officer from Macmillan.

### Environmental Well-being

Environmental well-being was identified as very important for carers, and the people they care for. Feeling safe is critical for people who might have extra pressure and stress put on them by the demands that come with caring. Living in a clean, unpolluted environment, free of litter and dog mess is important for most people. The respondents (carers) to the online survey felt that their environmental well-being could be improved by having:

*“Cheaper healthy activities in the borough, more investment in social activities for children with additional needs.”* (Carer, online survey, Bridgend)

Likewise in our face to face engagement with carers we found that many saw their environment as crucial to their well-being. Some commented that because they are engaged with caring activities every day, they lack the opportunity to travel further than their local area. Having access to doctors and shops nearby is hence very important for them. Responses regarding aspects of their local areas which could be improved included:

- Improving the quality of pavements. Currently, they can be dangerous for those with mobility issues or elderly people;
- Carers who need support would welcome more community cafes to meet with friends and family. Generally, they did not want to go to a pub (because of lack of confidence, age) but would go to a place similar to Bridgend Carers' Centre, but closer to their home;
- More accessible activities for children with additional needs e.g. parks suitable for disabled children;
- An increased number of local jobs would improve people's well-being.

In general, carers who need support in Bridgend face many of the same issues identified by the general public and there are only a few specific areas where they might have differences. Feedback about accessing care varied from person to person (whether for themselves or the people they care for). The main point raised by participants was a request for support for respite to lift the weight of caregiving once in a while. It was suggested that having respite care for a given period to allow a break for the carer would make a considerable difference to their well-being.

Another key issue raised by participants was about increasing the provision of public transport. It was stressed that the provision of buses is not good enough to allow carers to reach the person in need of care, an issue pertinent to those who do not share residence with the person they are caring for. Often, participants commented that they have to rely on other people or take taxis which they sometimes cannot afford.

Increased public transport would additionally serve to improve social and environmental well-being, by increasing independence and the ability to travel to, for example, social events. Everyone who participated appreciated the free bus pass after 60 years old and saw this as supportive of well-being, as well as to their wider duties as a carer.

Carers who look after children with disabilities stated that there is a lack of provision of disability-friendly activities in the Bridgend area. Care and Repair Cymru<sup>21</sup> has been mentioned by carers who need support as a great help to transform their home when needed for the person they care for.

---

<sup>21</sup> <http://www.careandrepair.org.uk/>



## 5.3 Neath Port Talbot

### 5.3.1 Secondary Sources Analysis

Well-being was not a concept in itself widely used by carers in the evidence, although there were a number of related themes, which are reviewed in the analysis below<sup>22</sup>. Where specific references to Neath Port Talbot were made these have been referenced.

Many carers do not self-identify as carers, and the need to raise awareness of carers' rights and their entitlement to an assessment was highlighted as an issue by carers in Neath Port Talbot and also by older people in this area. Feeling constantly tired, having a lack of self-worth, concerns about health, isolation, and the need to work were all referenced in the context of personal well-being. Having a break from caring, even just for a day, is highly valued, and this support needs to be affordable. The need for respite for family members by the service user themselves is frequently highlighted. These themes are common across the three local authorities. In Neath Port Talbot there was reference to improvements in information for carers, recognition of their needs and greater engagement with them. Several statements highlighted that carers feel involved in the decisions of the person they care for and have a voice in service development and delivery and are recognised for the contribution they make. They are willing to get involved in planning but may not have the time. The opportunity to meet other carers and opportunities for social activities are also highly valued in all areas, but there is a sense there is not sufficient opportunity for this.

There were a series of references to services for carers and information for carers improving and people who described being satisfied with the information and support that they have been offered. Financial 'worries' are clearly a concern for carers with reference to the need to 'obtain maximum financial advantage related to their individual circumstances and support provided to remain economically active'.

Improving access to information is a key concern for carers. In general, the information requirements were unspecified, though there was specific reference to improving the information available about the range of services on offer. The provision of improved information is perceived as an aid to people having greater control over their lives. The important role of Carer's Centres/Service in being a single point of access for information, advice and particularly welfare and benefits advice and support is also referenced.

Access to general services in the community such as leisure, education, employment and skills training were referenced, implying there is a need for some universal services to consider how they tailor their provision to improve access for carers.

The NHS in particular was highlighted as needing to improve its understanding and response to the needs of carers, ensuring that they are provided with information as standard, and taking greater account of carer's issues in discharge planning and community services provision. This is an issue across the Western Bay area.

---

<sup>22</sup>Primarily analysis of documents 11-17, and references to carers in others documents

The challenges facing young carers were strongly represented in the evidence. It was stated that children need protection from inappropriate levels of caring and to be given the support they need to learn, develop and enjoy a positive childhood. The role of the education system in recognising and supporting young carers was also highlighted, and the fact that teachers and lecturers in general needed to be provided with a greater level of training and understanding of how to work with young carers and support them. Some of this evidence is derived from engagement across the Western Bay area, and not differentiated by geography.

### 5.3.2 Primary Engagement Findings

#### Method and Sample

The opportunities in Neath Port Talbot for engagement comprised the online survey, drop in workshops and attendance to a pre-existing group in the county.

193 participants gave a valid NPT postcode; among them we identified 5 from Afan Valley, 2 from Amman Valley, 9 from Dulais Valley, 84 from Neath, 3 from Neath Valley, 23 from Pontardawe, 59 from Port Talbot, and 8 from Swansea Valley community area. Twenty-two respondents described themselves as carers. One respondent was under the age of 25 years old. Only 5 participants who identified themselves as carers were men.

We attended a coffee morning event organised by NPT Carers' Services attended by 50 carers, and two people identified themselves as carers in the drop-in workshops (Table 6).

#### Findings

Carers in the Neath Port Talbot (NPT) area had a similar definition of well-being to those in Bridgend and Swansea, with being able to lead an active life, safe and respected and an emphasis on mental and physical health. The factors which contributed the most to their well-being are not necessarily linked to the fact that they are carers but some aspects of well-being are rendered more important as a result of their caring role.

#### Social Well-being

As with Swansea and Bridgend, domestic, family and personal relationships and a secure support network arose as critical for the well-being of carers. For example, the ability to interact with empathic people, and to be treated with respect, was raised as important, due to the emotionally demanding nature of caring. Furthermore, carers expressed a desire for work-life balance, which could be challenging given the nature of their role. Although social well-being arose as central to carers' needs, many commented that there is a shortage of accessible clubs, groups or activities in which to take part. It was thus suggested that an increased availability of classes, physical activities for people with limited abilities, and a wider geographical spread of social spaces would improve well-being in this area.

#### Environmental Well-being

The local environment (i.e. infrastructure and feeling safe) was raised as important in responses to the online survey. Features of the local area which contribute to the well-being of carers from NPT are:

- Good neighbours and friends, quiet residential area
- Feeling secured and safe, sense of belonging
- Access to woodland, the coast and parks
- Having access to facilities such as libraries, community hall, health centre, shops

Participants of the primary engagement activities outlined the barriers they face to feeling safe and secure in their local area, as well as limiting their access to the natural environment and green spaces. A lack of public transport, insufficient services in an area perceived to have high levels of looked after children, anti-social behaviour (drugs, violence, drinking in the street), litter in the street, and poverty were raised as detrimental to a sense of well-being in NPT. One participant highlighted that the bus services are designed around the needs of working people, rather than the wider community.

Ideas for improving the well-being of carers who need support in the Neath Port Talbot area would be to have better public transport, more policing in the street to reduce littering, anti-social behaviour and safety in general, providing local services so those without transportation could use them and better health services. The lack of activities for young people is a concern. A common issue was that people did not feel that they had a voice, and that local plans will not ultimately change their situation.

The support that carers are currently receiving in NPT includes:

- Carer's assessment – which highlights all the support and signposts carers to different organisations.
- Carer's allowance;
- Social worker support when the person they cared for qualified for one;
- The support provided by NPT Carers Service. A time that is just for them as a person and not directly linked to the person they care for;
  - The NPT Carers Service gives time to carers and listens to their issues.
  - The NPT Carers Service is now offering volunteers who sit in for carers when they have appointments (i.e. doctor, hairdressers) or just the need to go out with friends or family members;

The NPT Carers Service is seen as a vital part of the well-being of carers.

There is more support offered to cared-for children than to adults and as a result carers' workloads increase when their children reach 18 years old and the support is reduced.

Carers in the NPT appear more satisfied with the support they receive than in the other two Local Authorities. Nevertheless, there are some improvements which could be made, relating to securing rights and entitlements.

- Need for more accessible information, such as how to get access to financial aid,
- Clearer communication between the social services and the carers / cared for person

- A shorter time to receive financial aid (carer's allowance, benefits).
- A lack of consistency with the level of social worker support they receive.

## 5.4 Swansea

### 5.4.1 Secondary Sources Analysis

Well-being was not a concept in itself widely used by carers in the evidence, although there were a number of related themes, which are reviewed in the analysis below<sup>23</sup>. Where specific references to Swansea were provided these are referenced.

Many carers do not self-identify as carers, and the need to raise awareness of carers rights and their entitlement to an assessment was highlighted as an issue. Feeling constantly tired, having a lack of self-worth, concerns about health, isolation, and the need to work were all referenced in the context of personal well-being. Having a break from caring, even just for a day, is highly valued, and this support needs to be affordable. The need for respite for family members by the service user themselves is frequently highlighted. Several statements highlighted that carers feel involved in the decisions they care for and have a voice in service development and delivery and are recognised for the contribution they make. They are willing to get involved in planning but may not have the time. The opportunity to meet other carers and opportunities for social activities are also highly valued in all areas, but a sense there is not sufficient opportunity for this.

There were a series of references to services for carers and information for carers improving and people who described being satisfied with the information and support that they have been offered. Financial issues are clearly a concern for carers with reference to the need to 'obtain maximum financial advantage related to their individual circumstances and support provided to remain economically active'.

Improving access to information is a key concern for carers. In general, the information requirements were unspecified, though there was specific reference to improving the information available about the range of services on offer. The provision of improved information is perceived as an aid to people having greater control over their lives. This was a common theme across all three local authority areas. The role of Carers' Centres in being a single point of access for information, advice and particularly welfare and benefits advice and support is also referenced in each area. In Swansea, the need for an easily identified centre is highlighted. The identification of a key worker would also be seen to helpful.

The need for information to be available in Welsh and to recognise the information needs of Black and Ethnic Minority Groups is highlighted in Swansea, with the need for public service staff also to be more aware of cultural issues in supporting carers from black and minority ethnic groups in this area.

Access to general services in the community such as leisure, education, employment and skills training were referenced, implying there is a need for some universal services to consider how they tailor their provision to improve access for carers.

---

<sup>23</sup>Primarily analysis of documents 11-17, and references to carers in others documents

The NHS in particular was highlighted as needing to improve its understanding and response to the needs of carers, ensuring that they are provided with information as standard, and taking greater account of carer's issues in discharge planning and community services provision. This is an issue across the Western Bay area.

The challenges facing young carers were strongly represented in the evidence. It was stated that children need protection from inappropriate levels of caring and to be given the support they need to learn, develop and enjoy a positive childhood. This is referenced for all areas. The role of the education system in recognising and supporting young carers was also highlighted, and that teachers and lecturers in general needed to be provided with a greater level of training and understanding of how to work with young carers and support them. This evidence is derived from engagement across the Western Bay area, and not differentiated by geography.

## 5.4.2 Primary Engagement Findings

### Method and Sample

In Swansea opportunities for engagement included participation in the online survey, drop-in workshop sessions, and focus groups.

Among the online participants who gave us their postcode, we identified 57 from Bay East, 43 from Bay West, 14 from City, 46 from Cwm Tawe, 49 from Lwchwr and 16 from Penderry community area. Of these respondents, 32 described themselves as carers. No respondents were under 25 years old. The majority of carers were women. We attended Swansea young adult carers' meeting.

### Findings

Responses to the primary engagement indicated that the term 'well-being' is not used on a daily basis, and the discussion with carers focused on physical and mental health. Their energy is often focused on the needs of the person they are giving care to, and it is sometimes detrimental to the carer's own well-being. When prompted to define well-being, respondents to the survey frequently mentioned physical, emotional and mental health:

*Well-being is a term that described ones overall health in terms of emotional, physical and mental health both in a work and domestic environment. (Female carer, Bay East)*

For carers, social well-being was raised as important as they sometimes rely on support from others (friends or family) to carry out their duties as a caregiver. Some commented that any time they have 'off' from caring duties must be used to maximise their own well-being.

Young adult carers reported that they get insufficient financial support which would allow them not to work, and that they are better off working than getting the carers' allowance. Carers do not receive any allowance when they are under 18 years old, or if they attend college.

*"Social well-being to me is having the support of my family and friends. It refers to my relationships with others. Social well-being is about the networks we build both at home and work that contribute to our happiness and provide support through difficult times."*  
(Female, Bay East)

From the comments we received, being a carer can be isolating. Having good social well-being, whether it is attending a group or having friends and family is paramount to them and to being able to give good quality care. Critically being able to talk to people about the good and bad things happening in their life, the ability to seek advice and share experiences with people around them is also important for their well-being. Hence the young adult carers mentioned that the group they attend, currently once a month but soon to be twice a month, is crucial to their well-being. It is the only place where they can concentrate on themselves and meet with other people who are experiencing the same issues that they face.

### Environmental Well-being

Local infrastructure and organisations that are seen to foster environmental well-being for carers in the City and County of Swansea were:

- *“the local primary school and parents association who put on various fundraising events”*
- Having the beach close by and beautiful countryside
- Access to doctors
- *“I live in an area that allows me to walk to shops, pubs, park and have easy access to a bus route” (carer, Lwchwr)*
- In some places a sense of community but it was mentioned that it is disappearing.

Out of the 32 carers in need of support who responded to the survey, the young adults who attended the carers' group and those we engaged with during the drop-in sessions the satisfaction for the support they receive is varied. The responses we received suggest satisfaction is dependent on what type of support they refer to. Some comments were about support for the person they care for, rather than the support they are getting as a carer.

Young adult carers in general were dissatisfied with the support they are getting, most of them said they are not getting any from support from social services, the only place they do is the Swansea Carers Centre. The centre is seen as a safe haven where the young carers can do activities, go on day trip, have one to one support.

Areas of improvements for carers in need of support in the Swansea area are a request for;

- more support groups locally, and information about them
- better public transport,
- being less stressed, being listened to,
- getting advice on the benefit/ allowance they and the people they care for can pretend to,
- more activities for the disabled and cheaper activities in general.

*“Not enough activities locally for younger physically disabled... very few opportunities to meet other unwaged people” (female carer, Bay East)*

Road traffic, parking on the pavement and the state of the roads (not clean) are issues which carers would like to see improved. For carers who give care to people with a wheelchair, it can

be very stressful to use pavements when cars are parked on it and where there is a lack of pavements.

## 5.5 Regional Picture

The themes raised by carers through all sources of evidence demonstrate a great deal of commonality across the region, based around the following themes:

### Information

- Raising awareness and uptake of the right to a carers assessment;
- Information about the needs and issues of the person being cared for, and a greater level of engagement of carers in decision making;
- Information sharing across professionals and services;
- Access to information and advice about financial matters;
- Improved information about the range of services and activities available;
- The value of a single point of access to information.

### Support and Respite for Carers

- Availability and value of support groups and peer networks, including Carer Centres/Services where these existed;
- The availability of support to enable the carer to 'take a break'.

### Access to Services

- Leisure, education, employment and skills training were referenced, implying there is a need for some universal services to consider how they tailor their provision to improve access for carers;
- The NHS in particular was highlighted as needing to improve its understanding and response to the needs of carers;
- Improved public transport to support access to services;
- Protecting children from inappropriate levels of caring and be given the support they need to learn, develop and enjoy a positive childhood.

### 5.5.1 Common Themes

- Carers are generally complimentary of the carers' services that are in place that provide information, guidance and support groups. Some carers would like to see more of this type of service available, closer to home, including young carers.

- Information helps carers to maintain their independence and be in control of their lives. A single point of access to information is valued where this exists and people are aware of it.
- Access to financial, welfare and benefits advice is also important for carers. There is a sense that more carers would benefit from being aware of what is available to them including the carer's assessment.
- Family and social support networks are highly important to carers to maintaining their well-being, though not all carers have these networks. The availability of short term respite to support carers in undertaking routine day to day tasks outside of the home is valued.
- The availability of public transport in general does not support the requirements of carers who are caring for someone in a different location. Public transport in general is felt not to be available when needed, in terms of routes, or a practical timetable. Access to information is vital for carers yet many are completely unaware of the support available to them. A smaller number are aware, but choose not to access it, again something of which health and social professionals need awareness.



## 6 Health and Physical Disability

### 6.1 Introduction

For health and physical disability, primary engagement included responses to the online survey that made references to health and physical disability in the text, and 43 respondents expressed having a disability. In addition a focus group was held with stroke survivors and there was extensive secondary research to draw upon.

### 6.2 Bridgend

#### 6.2.1 Secondary Sources Analysis

A significant piece of work undertaken by Abertawe Bro Morgannwg Health Board provides a useful framework for highlighting the views of the public that are also reflected in other documents reviewed as part of this process<sup>24</sup>. These categories are:

<b>1. Re-establish standards of basic human care</b>	
<ul style="list-style-type: none"> <li>• Humanity and dignity</li> <li>• Having food and drink</li> <li>• Medication and pain relief</li> <li>• Human contact</li> </ul>	<ul style="list-style-type: none"> <li>• Available staff (safer levels)</li> <li>• Continuous care / After-care</li> <li>• Bring back Matrons</li> <li>• Specific needs (disabilities)</li> </ul>
<b>2. A positive, person focused attitude in all staff</b>	
<ul style="list-style-type: none"> <li>• Welcoming and smiling</li> <li>• Friendly and caring</li> <li>• Empathetic and supportive</li> <li>• Aware of the impact</li> </ul>	<ul style="list-style-type: none"> <li>• Attitude and morale</li> <li>• Treat the individual</li> <li>• Putting patients first</li> <li>• Helpful and time to listen</li> </ul>
<b>3. 'Message recieved and understood'</b>	
<ul style="list-style-type: none"> <li>• Improved communication</li> <li>• Information people need</li> <li>• Inform of waiting times</li> <li>• Listen and understand</li> </ul>	<ul style="list-style-type: none"> <li>• Be open and honest</li> <li>• Feedback</li> <li>• Acknowledge the problems</li> </ul>
<b>4. Staff training and development</b>	
<ul style="list-style-type: none"> <li>• Training</li> <li>• Clear expectations</li> <li>• Values based recruitment</li> <li>• Role modeling values</li> </ul>	<ul style="list-style-type: none"> <li>• Accountability / consistency</li> <li>• Able to speak up</li> <li>• Empower / value staff</li> <li>• Clear goals / on same page</li> </ul>
<b>5. Specific improvements</b>	
<ul style="list-style-type: none"> <li>• Quality / nutrition of food</li> <li>• Calm, healing environment</li> <li>• Better notes system</li> <li>• Increased resources</li> </ul>	<ul style="list-style-type: none"> <li>• Decreased paperwork</li> <li>• Better car parking</li> <li>• Access</li> <li>• Discharge / After-care</li> </ul>

<sup>24</sup> Primarily documents 23-26, and including references to health and disability in other documents

The issue of respect is particularly evident in the wider evidence as is communication between staff and services, and this is seen as an area that could be improved. As described elsewhere information and communication is one of the strongest themes to be highlighted in this section, again with the emphasis that being able to access information easily enables the individual to take control of their lives and to promote independence. The concept of ‘being the expert in your own life’ can be highlighted in this group. Specific information and advice in respect of welfare, progressive conditions and for people with sensory loss are all highlighted.

The whole area of access through transport is once again evident in this section. The need for improvements in transport to enable people to get to services for routine care, and provision of disabled parking are particularly highlighted.

The importance of community based services that are needs-based was specifically referenced, in addition to the need for local staff to have a greater level of knowledge to share with clients.

Other areas raised for this grouping reflect the wider concept of well-being and the need for a partnership approach to improving the wider determinants of health and addressing unacceptable inequalities. The importance of friendship groups and peer support were also highlighted as important factors in maintaining well-being.

## 6.2.2 Primary Engagement Findings

### Method and Sample

In Bridgend opportunities for engagement comprised participation in a designated group: Stroke Survivors and participation in the online survey. Among the participants who gave their postcode 23 were identified from Bridgend North, 34 from Bridgend East and 19 from Bridgend West. Only 4 respondents said that they had a disability. 8 people who attended the drop-in sessions described themselves as having a physical disability.

### Findings

Those engaging with the primary research often had more than just one physical or health disability. Stroke survivors, for example, may also suffer from depression as well as physical effects of the stroke. Their needs could therefore be quite complex and considerable support required.

A further issue concerns loss of control over one’s life. This can happen very suddenly, such as in the case of a stroke, leading to the need for a complete re-think as to how one leads one’s life. A young woman stroke sufferer who was teaching herself to speak again having lost her power of speech described her situation in the following terms:

*“It’s very hard for non-stroke survivors to understand. Devastation is total. You lose your job, your income, your life ... and you can’t tell anyone what is happening ...”*

The impact on close family members can be considerable and they too may become in need of support. Any supporting groups are invaluable for those who are aware of them and able to access them.

### Social Well-being

Several of those consulted reported wanting to play an active role in their community, and described a sense of frustration that they were so reliant on others as a result of their condition and that this compromised their sense of well-being:

*“For a person to be healthy mentally & physically, making them happy & productive within their communities”* (Female, suffer of fibromyalgia<sup>25</sup> & widespread osteoarthritis, Bridgend East)

People with physical disabilities are sometimes limited by their conditions and travelling from one place to another can be very complicated, whether it is by car, bus or on foot.

*“It can be like an adventure”* (Workshop participant, Porthcawl Pavilion)

Similarly, related to ‘control over day to day life’ is the quality of services available to those with health and physical disabilities. Concern was raised by participants at a focus group that patients are unable to access their GP of choice, and that service users need to be quite seriously ill to get attention. Individual stories were told relating to what were seen as very poor services such as:

- the lack of care for a close relative of one workshop participant who was a dementia sufferer with limited mobility;
- another whose relative was left bed-ridden because of poor OT (occupational therapist) assessment/advice and then left isolated in his home;
- someone unable to access their communal garden as the housing provider took more than 11 years to adapt the rented flat. A wheelchair took four years to arrive, and personal hygiene needs were apparently ignored for a similar length of time.

These people were clearly in need of support, and for service staff to understand the relevance and importance of their needs in a holistic way.

Those with health or physical disabilities are reliant on their GPs for diagnosis and subsequent advice and signposting. For some, this is satisfactory, but others expressed frustration and a sense of abandonment, occasionally having to rely on others (for example a spouse/partner) for support.

For stroke survivors, the Stroke Association provides support and the Stroke Survivor group provides:

*“Friendship, and you don’t have to explain yourself. You learn from each other too – someone says something’s happened and you can say that you’ve had that happen too – you’re not on your own”.*

Being in an environment where others do not stare or pass judgement is very important to those affected by stroke, and in some cases the first time an individual was introduced to the group it made a radical difference to their sense of well-being. For a small number, attendance meant they were leaving their home for the first time in years. Adjusting to a group environment sometimes took a few weeks. There were several examples of individuals initially sitting in

---

<sup>25</sup> a rheumatic condition characterized by muscular or musculoskeletal pain with stiffness and localized tenderness at specific points on the body

silence and not participating and then gradually ‘warming up’ over time to become active participants.

Continued support from organisations such as the Stroke Association is essential for stroke survivors’ well-being. Primary care services are also critical to well-being for those with health and physical disabilities. Attention also needs to be made to accessibility of services (for example in relation to transport and surgery’s opening times).

*“Better public transport links and infrastructure e.g. I live on a large estate but we have no GP practice so have to travel to access facilities” (Online survey, male, Bridgend East)*

### Cultural Well-being

Education is important when considering primary care services and also the wider public. GPs need to develop greater understanding of the impact of health and physical disabilities to ensure that they are aware of the implications of some of these disabilities on others as well as those directly affected.

Linked to this is a need for respite provision: The wife of a man who had a serious stroke described herself as “desperate” for respite care. Sometimes she described feeling suicidal: *“What’s the point? He’s no longer my husband. It’s no way to live”*.

Groups designed to support people are essential to many in addition to help that may be provided by friends and family. (This was raised in drop-in workshops and the online survey).

Education amongst the wider public is also required to help address the stigma that exists around disability in order that people are more comfortable in the presence of people with disabilities.

Several factors were recognised in terms of increasing well-being for people with health or physical disabilities. These were primarily concerned with having and maintaining good health, but respondents also talked about undertaking new activities relating to their environment:

*“I acquired an allotment in Sept 15 and have met lots of great people, lost weight, feel happier and fitter.” (Online survey, female, Bridgend East)*

Prompted by mention of this, others discussed aspects of life in Bridgend that contributed to their sense of well-being, including;

- Green spaces in the Bridgend area;
- the strength of community in the area;
- the local magazine reporting on local issues and events;
- opportunities for involvement with charity work, and;
- good community groups and helpful local people.

## 6.3 Neath Port Talbot

### 6.3.1 Secondary Sources Analysis

A significant piece of work undertaken by Abertawe Bro Morgannwg Health Board provides a useful framework for highlighting the views of the public that are also reflected in other documents reviewed as part of this process<sup>26</sup>. These categories are:

<b>1. Re-establish standards of basic human care</b>	
<ul style="list-style-type: none"> <li>• Humanity and dignity</li> <li>• Having food and drink</li> <li>• Medication and pain relief</li> <li>• Human contact</li> </ul>	<ul style="list-style-type: none"> <li>• Available staff (safer levels)</li> <li>• Continuous care / After-care</li> <li>• Bring back Matrons</li> <li>• Specific needs (disabilities)</li> </ul>
<b>2. A positive, person focused attitude in all staff</b>	
<ul style="list-style-type: none"> <li>• Welcoming and smiling</li> <li>• Friendly and caring</li> <li>• Empathetic and supportive</li> <li>• Aware of the impact</li> </ul>	<ul style="list-style-type: none"> <li>• Attitude and morale</li> <li>• Treat the individual</li> <li>• Putting patients first</li> <li>• Helpful and time to listen</li> </ul>
<b>3. 'Message received and understood'</b>	
<ul style="list-style-type: none"> <li>• Improved communication</li> <li>• Information people need</li> <li>• Inform of waiting times</li> <li>• Listen and understand</li> </ul>	<ul style="list-style-type: none"> <li>• Be open and honest</li> <li>• Feedback</li> <li>• Acknowledge the problems</li> </ul>
<b>4. Staff training and development</b>	
<ul style="list-style-type: none"> <li>• Training</li> <li>• Clear expectations</li> <li>• Values based recruitment</li> <li>• Role modeling values</li> </ul>	<ul style="list-style-type: none"> <li>• Accountability / consistency</li> <li>• Able to speak up</li> <li>• Empower / value staff</li> <li>• Clear goals / on same page</li> </ul>
<b>5. Specific improvements</b>	
<ul style="list-style-type: none"> <li>• Quality / nutrition of food</li> <li>• Calm, healing environment</li> <li>• Better notes system</li> <li>• Increased resources</li> </ul>	<ul style="list-style-type: none"> <li>• Decreased paperwork</li> <li>• Better car parking</li> <li>• Access</li> <li>• Discharge / After-care</li> </ul>

The issue of respect is particularly evident in the wider evidence as is communication between staff and services and this is seen as an area that could be improved. As described elsewhere information and communication is one of the strongest themes to be highlighted in this section, again with the emphasis that being able to access information easily enables the individual to take control of their lives and promote independence. The concept of 'being the expert in your own life' can be highlighted in this group. Specific information and advice in respect to welfare, progressive conditions and for people with sensory loss are all highlighted.

The whole area of access through transport is once again evident in this section. The need for improvements in transport to enable people to get to services for routine care, and provision of disabled parking are particularly highlighted.

The importance of community based services that are needs based was specifically referenced, in addition to the need for local staff to have a greater level of knowledge to share with clients.

<sup>26</sup> Primarily documents 23-26, and including references to health and disability in other documents

Other areas raised for this grouping reflect the wider concept of well-being and the need for a partnership approach to improve the wider determinants of health and addressing unacceptable inequalities. The importance of friendship groups and peer support were also highlighted as important factors in maintaining well-being.

There was no specific evidence from people with disabilities for Neath Port Talbot.

### 6.3.2 Primary Engagement Findings

#### Method and Sample

The opportunities for engagement in Neath Port Talbot comprised the online survey and drop-in workshop sessions. Three people at the drop-in sessions identified themselves as having a physical disability. The online survey received 193 responses from Neath Port Talbot, and 18 of these identified themselves as having a disability. We did not attend any specific pre-existing groups in the Neath Port Talbot area.

#### Engagement Findings

Online respondents from Neath Port Talbot with a physical disability had a similar perspective on well-being as the wider population. They were concerned with enjoying a good family life, engaging with community groups and accessing cultural events. One additional need was the desire to maintain independence, expressed by one individual as:

*“Being able to have my personal and psychological needs met, be it enabling me to remain independent or have carers to assist.”*

Issues facing disabled respondents included:

- Being able to access premises without hindrance; places that are disabled friendly;
- Areas that were dog friendly - as the dog helped with anxiety issues;
- Drug and alcohol misuse where the respondent lived, leading to fears about their safety;
- Fears of being intimidated on the street for having a disability;
- Having the confidence to attend activities at the local leisure centre.

## 6.4 Swansea

### 6.4.1 Secondary Sources Analysis

A significant piece of work undertaken by Abertawe Bro Morgannwg Health Board provides a useful framework for highlighting the views of the public, that are also reflected in other documents reviewed as part of this process<sup>27</sup>. These categories are:

---

<sup>27</sup> Primarily documents 23-26, and including references to health and disability in other documents

<b>1. Re-establish standards of basic human care</b>	
<ul style="list-style-type: none"> <li>• Humanity and dignity</li> <li>• Having food and drink</li> <li>• Medication and pain relief</li> <li>• Human contact</li> </ul>	<ul style="list-style-type: none"> <li>• Available staff (safer levels)</li> <li>• Continuous care / After-care</li> <li>• Bring back Matrons</li> <li>• Specific needs (disabilities)</li> </ul>
<b>2. A positive, person focused attitude in all staff</b>	
<ul style="list-style-type: none"> <li>• Welcoming and smiling</li> <li>• Friendly and caring</li> <li>• Empathetic and supportive</li> <li>• Aware of the impact</li> </ul>	<ul style="list-style-type: none"> <li>• Attitude and morale</li> <li>• Treat the individual</li> <li>• Putting patients first</li> <li>• Helpful and time to listen</li> </ul>
<b>3. 'Message received and understood'</b>	
<ul style="list-style-type: none"> <li>• Improved communication</li> <li>• Information people need</li> <li>• Inform of waiting times</li> <li>• Listen and understand</li> </ul>	<ul style="list-style-type: none"> <li>• Be open and honest</li> <li>• Feedback</li> <li>• Acknowledge the problems</li> </ul>
<b>4. Staff training and development</b>	
<ul style="list-style-type: none"> <li>• Training</li> <li>• Clear expectations</li> <li>• Values based recruitment</li> <li>• Role modeling values</li> </ul>	<ul style="list-style-type: none"> <li>• Accountability / consistency</li> <li>• Able to speak up</li> <li>• Empower / value staff</li> <li>• Clear goals / on same page</li> </ul>
<b>5. Specific improvements</b>	
<ul style="list-style-type: none"> <li>• Quality / nutrition of food</li> <li>• Calm, healing environment</li> <li>• Better notes system</li> <li>• Increased resources</li> </ul>	<ul style="list-style-type: none"> <li>• Decreased paperwork</li> <li>• Better car parking</li> <li>• Access</li> <li>• Discharge / After-care</li> </ul>

The issue of respect is particularly evident in the wider evidence as is communication between staff and services, and this is seen as an area that could be improved. As described elsewhere information and communication is one of the strongest themes to be highlighted in this section, again with the emphasis that being able to access information easily enables the individual to take control of their lives and promote independence. The concept of 'being the expert in your own life' can be highlighted in this group. Specific information and advice in respect to welfare, progressive conditions and for people with sensory loss are all highlighted.

The whole area of access through transport is once again evident in this section. The need for improvements in transport to enable people to get to services for routine care, and provision of disabled parking are particularly highlighted.

The importance of community based services that are needs based was specifically referenced, in addition to the need for local staff should have a greater level of knowledge to share with clients.

Other areas raised for this grouping reflect the wider concept of well-being and the need for a partnership approach to improving the wider determinants of health and addressing

unacceptable inequalities. The importance of friendship groups and peer support were also highlighted as important factors in maintaining well-being.

The Commissioning review of physical disability in Swansea<sup>28</sup> provides five themes from a user perspective, reproduced below.

1. Independence	Access to equipment Access to transport Access to information (sight loss, Deaf and physical) Access to services
2. Friendship/relationships	Peer support
3. Choice and control	Seen as expert in own life Being able to 'dip in and out' if things change
4. Feeling valued and respected	Being listened to
5. Well-being	Hope

Feedback on the proposed Social Work Model in Swansea<sup>29</sup> identified a similar list of concerns. Clients felt they did not have enough information regarding carer's assessment and support and advice and guidance in respect of specific disability support networks, disability rights, concessions and benefits. The creation of a 'blog' 'website' deemed to be a good idea. Community venues need to be more accessible as does transport provision, including increased provision. Social care also needed to 'connect' more with health. Greater investment and choice regarding community based learning was requested.

## 6.4.2 Primary Engagement Findings

### Method and Sample

In Swansea opportunities for engagement comprised the online survey and drop-in workshop sessions. The online survey received 19 responses from people who identified themselves as having a disability. We did not attend any specific pre-existing groups in the Swansea area.

### Engagement Findings

Online respondents with a physical disability had a similar perspective on well-being to the wider population. They were concerned with enjoying a good family life, engaging with community

<sup>28</sup> Commissioning Review of Physical Disability (Document 23)

<sup>29</sup> Review of Social Work Model. Feedback. (Document 23a)



groups and accessing cultural events. One additional need was the desire to maintain a positive spirit, expressed by one individual as:

*“Feeling emotionally well in spite of living with a chronic illness and in control of my medications to keep me as well as can be.”*

Issues facing disabled respondents included the long term financial implications of not being in well paid secure employment, and its impact of not being able to save for the future, and needing to forego meals.

Other issues expressed included the following:

- Waiting times to see specialists in the NHS and the impact on trying to lead as normal a life as possible;
- Isolation and loneliness through not having access to transport;
- Stigmatisation surrounding having a disability and lack of awareness on the part of others;
- Disabled access to beaches;
- Local streets having sufficient lighting to allow use with walking aids;
- The benefits of volunteering for others with disabilities;

## 6.5 Regional Picture

There is insufficient data to draw any robust regional conclusions, however Abertawe Bro Morgannwg University Health Board have undertaken extensive engagement across the region with the public around the future of health services and how they should be delivered.

Concerns about centralisation of services is a common theme in health service consultation that has been considering major changes to the way service are delivered<sup>30</sup>. The combination of strengthening community service provision, alongside improvements to transport to and from healthcare facilities are seen as required to support any change. Parking at healthcare facilities is also a concern.

In addition, there is considerable reference to challenges to accessing healthcare across the data we have gathered that mainly relates to:

- the need for improved information and communication,
- timely access to GP services for appointments,
- waiting times for hospital services

This is reflected in the five themes identified through the LHB’s engagement processes, although we have identified a higher level of emphasis on people’s concerns about access through shorter time waiting.

---

<sup>30</sup> Documents 24,25,26 and 31

In addition to requesting improved GP services, there is also a demand amongst those with health and physical disabilities for greater reassurance and communication of security and safety. This is to help offset the concerns about potential cuts to services and the / worry about ‘austerity cuts’ to benefits and services that some feel. For these individuals there is undoubtedly a need to feel sure they will have an acceptable level of well-being in the future.

### 6.5.1 Common Themes

- Information and communication that enables people to make decisions and become the expert in their own life are central to promoting independence in this group
- Where available people value social networks and support groups in maintaining a sense of well-being both for themselves and for their carers. These groups provide friendship, support and a sense of purpose and help prevent isolation, loneliness and mental health issues taking hold.
- Concern at the levels of access, and the need to wait, for primary and secondary care health services are a concern across these groups.
- Access to transport and the limitations of public transport in enabling this group to meet their own day to days needs is a challenge.
- Being treated with dignity and respect, not only from service providers, but also in the general population is important to supporting the feeling of safety and belonging in communities

## 7 Violence against Women, Domestic Abuse and Sexual Violence

### 7.1 Introduction

The subject of violence against women, domestic abuse and sexual violence was not specifically included in the quantitative research carried out as part of the Engagement given its sensitive nature. In accordance with the National Principles of Public Engagement in Wales it was believed more appropriate to engage with those affected via with the special interest groups that already exist. Having stated that, it is likely that some victims of violence, domestic abuse and sexual violence attended drop-in workshops and that some took part in the online survey but did not identify themselves as such. There was a limited range of secondary information sources available, other than for Neath Port Talbot. The below are heavily reliant on the findings of focus groups held with women affected by abuse.

### 7.2 Bridgend

#### 7.2.1 Secondary Sources Analysis

No specific material on VAWDASV issues was provided, however references were made in wider documentation particularly around the focus on the treatment of physical health issues for people affected by domestic abuse and the need for greater attention to the mental health needs of people affected by domestic abuse to avoid the need for mental health and social care services. The need for greater awareness of the needs of men as victims of abuse was highlighted by one organisation<sup>31</sup>.

#### 7.2.2 Primary Engagement Findings

##### Method and Sample

No qualitative research was specifically conducted with victims of Violence against women, Domestic Abuse and Sexual violence in the Bridgend area and no-one identified themselves as from this group through the on-line survey or drop-in workshops.

### 7.3 Neath Port Talbot

#### 7.3.1 Secondary Sources Analysis

Evidence from Secondary Sources shows that references were made in wider documentation particularly around the focus on the treatment of physical health issues for people affected by domestic abuse and the need for greater attention to the mental health needs of people affected by domestic abuse to avoid the need for mental health and social care services. The need for greater awareness of the needs of men as victims of abuse was highlighted by one organisation<sup>32</sup>.

---

<sup>31</sup> Welsh Dads Survey 2016, Both Parents Matter (Document 8)

<sup>32</sup> Welsh Dads Survey 2016, Both Parents Matter (Document 8)

In Neath Port Talbot the Survivor Feedback on the VAWDASV Strategy was provided<sup>33</sup>. This was provided as a list of un-summarised bullet points, which have been interpreted below.

### Information and Communication

The issues raised highlight the importance of information and communication from prevention through to service delivery. Work with young people on safe/healthy relationships is important to support prevention. More awareness raising and advice services would help women know where to get help, though things have “got to be bad” before you seek help. Awareness raising through TV campaigns and articles in women’s magazines are really helpful.

There is inconsistent practice across public services: some is victim-blaming, judging, punitive and unsafe, whereas in others ‘brilliant’ responses are highlighted by some professionals (police, health visitors). If the case is high risk and has serious consequences there was a perception that police and CPS responses are better. A fear of seeking help from the police as they involve social services and there were concerns expressed about children being taken away. GP’s are good if there is a continuing relationship with one individual but the appointment system does not allow this

Staffing levels and staff knowledge is not always as good as it should be. The quality of service was seen to be important and needs to be timely, flexible, needs-led, and consistent. Coercive control and mental torture is worse than physical harm; “*bruises go away*”. Agencies need to understand coercive control and take it seriously.

FREEDOM and RECOVERY Programmes are excellent and more are needed. Group work offers peer support and reduces isolation. Peer support, training and volunteering opportunities are important for survivors and on-going survivor involvement in local developments was highly valued

### Housing

A range of issues are highlighted in respect of people who need housing after leaving an abusive relationship. The mix of people in temporary accommodation is not always appropriate leaving some individuals feeling unsafe. Refuge is a last resort, but refuge support can be ‘life-saving’, offering advocacy, peer support, and group work. Information about other accommodation options should be given as it feels like “refuge or nothing” and more options need to be available when women are in crisis. Accommodation options do not allow pets which can act as a barrier to accessing services. A buddying system for support in the community would be welcomed

### Services

The location of the Sexual Assault Referral Centre is not easily accessible and more support for sexual violence survivors is needed. There is a lack of special witness measures being available when needed.

Perpetrators need to be challenged and take responsibility – not the victim. Programmes for perpetrators are needed –“why does the woman have to move away?” The need for stronger

---

<sup>33</sup> Document 46

CJS responses to remove perpetrators was also acknowledged. Women require support before abusers leave custody/prison but this is lacking

The impact on children is massive: what is out there is good but more is needed particularly counselling and therapeutic support. Male role models are helpful for children and young people affected by Domestic Abuse.

### 7.3.2 Primary Engagement Findings

#### Method and Sample

The fieldwork that was designated as being carried out with victims of Violence, Domestic Abuse and Sexual Violence came from a domestic abuse, victim support group in Neath Port Talbot. In this group some had experienced some, or a selection of all five types of domestic abuse over a long period of time, and some were historic in nature. Others were current victims. Domestic abuse is experienced in very different ways, with financial abuse, psychological, sexual, physical and emotional abuses all being mentioned.

#### Physical Well-being

All of the participants also had physical conditions which had an adverse effect on their overall well-being. This included for example included Ankylosing Spondylitis, Sciatica, Irritable Bowel Syndrome, Fibromyalgia, Cancer, Rheumatoid Arthritis, PTSD, Osteoarthritis, Fibroids, Degenerative Disc Disease, and Reflux.

GPs were generally felt to offer very little or no support. One described being dismissed by hers, suggesting he *“didn’t know what the fuss was about”*. This experience was something to which others were also able to relate.

Some described being offered six sessions of therapy through the GP *“if you’re lucky”*, but that this *“could open up a whole can of worms and you end up feeling worse”*

One respondent’s mother died whilst she was waiting for therapy through her GP and she was then faced with a nine month waiting list to see a Cruse Bereavement Counsellor. At the time of speaking she still hadn’t received this help.

Being able to talk was a recurrent theme within the group, whether to a GP, counsellor, or other victims of abuse, but GPs in general were not felt to provide the help they needed. Talking to a GP *“just papers over the cracks. We need a more holistic approach”*. Several expressed the view that GPs need more training in the area of domestic abuse. As part of this training, it was felt to be important that the value of follow-up calls was stressed.

#### Refuges and Housing

Access to Refuges was highly important as firstly they offer an escape / respite from their abuser, sometimes for a single night. Secondly they offer the company of other victims of abuse:

*“The refuge’s great. You’re with others in the same boat – you can talk, and have some fun, and know that you’re safe”*

Attending support groups was described as hugely beneficial with the friendship and being able to talk to others who have been in similar situations appreciated by all.

One woman described asking her Housing Association if she could be re-housed because of the abuse she had experienced and, because she lived in a two bedroomed flat was told to put a lock on the door for protection. She thought this a completely inappropriate response. Another was told to sleep with her children, then aged 13, 15 and 17, all boys, to leave the second room for her husband. She chose to sleep in the garage instead.

### Support for children and others affected by abuse

Those affected by domestic violence expressed concerns about the lack of help for male victims of abuse, children, families and perpetrators of violence. All four categories were felt to be of critical value. Additionally, if and where there is help; the availability of and access to this help needs to be sufficiently promoted.

All expressed concerns at children being subjected to abuse. Even if not directly abused themselves, they are exposed to the violence, physical attacks, or whatever is going on around them and they become frightened and there is no one for them to (easily) talk to. Children don't want to talk to them (as their mothers) because they don't want to upset them. School counselling is not taken seriously (if it is available) and they're too embarrassed to put pressure on people to help, so there is a risk that they do not find an outlet for it, which potentially leads to problems of alcohol abuse, drug misuse, and self-harm.

### Finance

A problem mentioned by several women is that if they have a joint account with their partner/husband, they are unable to pull out of the account without their partner/husband's agreement and this caused considerable stress to those affected.

## 7.4 Swansea

### 7.4.1 Secondary Sources Analysis

No specific material on VAWDASV issues was provided for Swansea, however references were made in wider documentation particularly around the focus on the treatment of physical health issues for people affected by domestic abuse and the need for greater attention to the mental health needs of people affected by domestic abuse to avoid the need for mental health and social care services. The need for greater awareness of the needs of men as victims of abuse was highlighted by one organisation<sup>34</sup>.

### 7.4.2 Primary Engagement Findings

#### Method and Sample

The qualitative fieldwork that was designated as being carried out with victims of Gender-based Violence, Domestic Abuse and Sexual Violence was based on conversations with people

---

<sup>34</sup> Welsh Dads Survey 2016, Both Parents Matter (Document 8)

running groups for women who have been abused (violently or domestically) and women who have suffered from violence.

### Key issues for Service Users

These were varied and according to those consulted included the following:

- Underlying issues of poverty and access to services, isolation and lack of confidence;
- Mental Health issues arising as a result of domestic abuse, such as self-harming and drink/drug problems, post-traumatic stress disorder PTSD;
- Availability of a range of services according to need;
  - Temporary refuge / accommodation
  - One-off advice only
- Ability to dip in and out of services as required according to need;
- Issues posed by personal finances / benefits issues;
- Lack of understanding by social workers of the issues users are facing. Lack of training and empathetic approach.
- Lack of understanding of the threshold by the women when they are assessed for qualifying for social services. The criteria are very specific and women cannot easily access support. When they do sometimes it feels more punitive than helpful.
- The plan women have to follow to keep accessing social services is set without involving them. They have to follow requirements which might not be adequate. It is reported to feel more like a tick box exercise than a solution for the users. Women who suffer domestic abuse can face mental health issues as a result of worrying about their situation and meeting of the requirements.
- Lack of consistency with the social workers; it is hard for the women to build a relationship with a stranger when they talk about personal issues.

The council was acknowledged to be doing some work to improve the care and level of service given to women who suffer from abuse (violent, domestic, and sexual).

A project currently being piloted in Swansea and funded by social services is the Domestic Abuse hub in the police station. The team calls every victim of domestic abuse with children to check if they need further help and can refer them to the early intervention team and also have access to multi-agencies.

The prevention and early intervention team is again an asset that women with children under five can access. Women's Aid has had good feedback about this project as the threshold to access the service is lower, allowing more people can benefit from it. It is more targeted to child neglect or abuse but is a service that is seen as a good starting point. Family workers can come to women's houses and help them.

### Support offered and 'typical' users

Swansea Women’s Aid offer a variety of services aimed at addressing the needs of a variety of different situations. These encompass:

- Freedom Programme
- Counselling
- Homeopathy
- Accommodation at a safe house (Swansea offers two refuges and three safe houses)
- The Domestic Abuse Information, Support & Empowerment scheme (DAISE), offering one-to-one support
- Children’s services for 5–17 year olds
- The CHAT project (Changing Attitudes Together) (3 – 18 year olds)
- ‘Your Opinion Matters’: a lottery-funded programme due to end soon

It was reported that most services described above are accessed by women aged 25- 45, who are unemployed. They are generally self-referred, with some making contact as a result of historic abuse.

Not all fell into these categories however; ‘high achievers’ were also noted as being among those seeking help, and/or wives/partners of “*all sorts, including police inspectors and judges*”.

## 7.5 Regional Picture

The immediate needs of victims of domestic violence are complex and this is explored through the limited sources of information that we have been able to access. These issues are particularly highlighted from the perspective of women, as we were not able to access wider groups of people who might have experienced domestic abuse. In summary these issues include:

- Awareness of domestic abuse and violence, including for men as victims
- Ensuring that the early points of contact (particularly in mainstream service provision) are sensitive to the needs of victims of abuse
- Meeting the complex needs of women who are leaving their home
  - Crisis housing options, including refuges
  - Concerns about children, and in particular losing them
  - Concerns over income and money
  - The attitude of service providers
  - The importance and value placed on support agencies
  - The value of peer support, especially as people move on
- Training such as the FREEDOM programme
- Help in re-establishing lives, including housing
- Concerns about personal safety, and the support available as people work through the criminal justice system, and support as perpetrators are released from prison
- Support for Children



- Rehabilitation of perpetrators

The Support Group attended offers highly valued support for these women providing a means by which their suffering is not escalated further. It also goes some way to fulfil other needs which are closely aligned with the Social Services and Well-being (Wales) Act: providing them with a voice, and significantly, contributing to their overall Well-being.

### 7.5.1 Common Themes

- Levels of awareness of domestic abuse and services available are increasing. Education on 'normal' relationships among young people is considered a really important part of prevention future abuse.
- The responses of services to victims of domestic abuse are variable, with both good and poor approaches described, with particular problems in non-specialist services, especially GP practices.
- Victims of domestic abuse have both physical and psychological need for health care. The healthcare support offered to victims is generally considered to be poor for both areas, and is not sensitive to the additional needs of victims of abuse.
- Specialist services, including educational programmes for victims are generally well-regarded.
- Refuges are welcomed as a means of both temporary and permanent escape from violent situations, but victims would like to see more options for housing to be available
- Peer networks and support groups, including meeting other victims through refuges, are highly valued by victims.
- Income and financial considerations, including access to joint bank accounts is a major consideration for victims
- More help for perpetrators is considered appropriate by victims
- Support for children living in abusive households is limited

## 8 Mental Health

### 8.1 Introduction

Very few people identified themselves as having mental health problems across both the on-line survey and the drop in workshops. The evidence for this section is therefore drawn from the secondary sources and two focus groups of people accessed through 'Mental Health Matters' and Gofal.

### 8.2 Bridgend

#### 8.2.1 Secondary Sources Analysis

The general sense of this information <sup>35</sup>was that people are seeking to feel safe and involved in their local community, have a safe place to live and to be a part of a 'tolerant' community. The importance of community based services including support networks and groups is highlighted in maintaining independence.

In Bridgend this is explored further through the issues from service users highlighted in the Commissioning Plan<sup>36</sup>

- Develop mechanisms to ensure that Service Users and Carers are involved in the planning, development and implementation of the services they require;
- Support Service Users to be involved in the decisions that affect them as much as their capacity allows;
- Continue to develop processes that enables Service Users to define the outcomes that matter to them;
- Provide information to Service Users and Carers so they can play an informed part in their care and treatment pathway;
- Ensure there are robust care pathways for those in crisis and develop a range of support models to ensure that those in crisis receive appropriate and timely responses;
- Support the maintenance of mental health by working proactively with other agencies and partners to encourage the development of community based support networks and models, including information, community and non-specific mental health services;
- Develop processes to help people progress to be as independent as possible in their own communities;
- Promote the development of local support networks in the community and prevent social isolation by maximising opportunities for local services to offer natural support networks;
- Continue to expand opportunities for individuals to develop life skills that promotes and enables independence and improve opportunities for individuals to access training, education and work;

---

<sup>35</sup> Primarily documents 30-35

<sup>36</sup> Bridgend Mental Health Commissioning and Delivery Plan 2015-18 (Document 33)

- Work with community groups, third sector and voluntary organisations to collaboratively develop localised support networks;
- Improve the understanding of mental health problems within the community and combat the stigma attached to poor mental health;
- Explore uses of information technology in the support and care process;
- Ensure that there are clear information sharing processes across all agencies;

A significant piece of evidence was in relation to the engagement with service users in respect of locating in-patient mental health services in Neath Port Talbot<sup>37</sup>. There are a variety of views reported in this document, including concerns that the level of community services is not sufficient to support a centralised model, and that beds should be provided across the Health Board area, to support for the Health Board's proposals for improved facilities and services on a single site. Users highlighted that the currently available public transport is not adequate to support both patients and their families and carers to travel from Bridgend to Neath Port Talbot.

## 8.2.2 Primary Engagement Findings

### Method and Sample

In Bridgend no-one from the on-line survey identified themselves as users of mental health services. One person in the drop-in workshop did, but they did not have anything specific to report on the level of service they are getting.

A focus group was held at Mental Health Matters with 8 people

### Service Users

Those attending the group presented a range of issues that would not be typically be defined as mental health for the purpose of this report, including additional learning difficulties and physical disabilities. Individual's experiences were not always described or probed for ethical reasons and adherence to acceptable interviewing standards, but examples were occasionally offered by individuals without being asked. These examples included one woman who had been a victim of domestic abuse and had been in and out of women's refuges. Another, a man, described life in a caravan where he had suffered depression and blackouts; others described difficulties in obtaining and holding down employment.

Generally, and with input from the group leader, the range of issues covered were extensive and varied, with differing needs and interests.

### Support obtained from the group

The group was highly valued by participants for a range of reasons relating to well-being:

- Social contact and encouraging individuals to leave their home for a time;
- Physical activity, such as playing snooker, table tennis, arts and crafts or Tai Chi;
- Being treated with respect and without judgement;
- The quality of support - leading activities, engaging and offering practical help on a range of issues when asked.

---

<sup>37</sup> Adult Mental Health In-patient Consultation (Document 31)

One described the group as his “lifeline”; such was its importance to him.

#### Future developments

The group leader was adamant that the group should be sustainable. He described his aim of buying the building in which the group met, as a Community Asset Transfer, and then offering its use to a wide range of local groups for their use. This would seem to address some of the issues in terms of social well-being of people wanting to feel part of, and be accepted in their community that we have observed in many areas of this study.

## 8.3 Neath Port Talbot

### 8.3.1 Secondary Sources Analysis

The general sense of this information was that people are seeking to feel safe and involved in their local community, have a safe place to live and to be a part of a ‘tolerant’ community. The importance of community based services including support networks and groups is highlighted in maintaining independence.<sup>38</sup>

In Neath Port Talbot consultation on the Mental Health Commissioning Strategy<sup>39</sup> highlighted the following issues for people with mental health problems:

- To be enabled to ‘have a voice’, and make informed choices and decisions about our own lives. To be fully involved in any process that affects us, including services, access and quality assurance.
- To have enough money to maintain a basic standard of living and be able to afford the essentials like, food, heating and lighting. To have information and support to understand the benefit changes and how they will affect us. To have information and support with money management and debt.
- To have a home, where I feel safe and secure, and where I can live as long as I can, or want to. To live where I choose, with who I choose, and to have privacy and my own belongings around me.
- To have friendly helpful staff who care
- To have inclusive tolerant and accessible communities. For our communities to have sufficient amenities and community services. To feel safe and involved in our communities and to have a sense of belonging.

A significant piece of evidence was in relation to the engagement with service users in respect of locating in-patient mental health services on the Cefn Coed site in Neath Porth Talbot<sup>40</sup>. There are a variety of views reported in this document, including concerns that the level of community services is not sufficient to support a centralised model, and that beds should be

---

<sup>38</sup> Primarily documents 30-35

<sup>39</sup> Mental Health Commissioning Strategy for Neath Port Talbot 2014-17 (Document 30)

<sup>40</sup> Adult Mental Health In-patient Consultation (Document 31)

provided across the Health Board area, to support for improved facilities and services on a single site. Users highlighted that the currently available public transport is not adequate to support both patients and their families and carers to travel to Neath Port Talbot from both Bridgend and Swansea.

### 8.3.2 Primary Engagement Findings

#### Method and Sample

Neath Port Talbot opportunities for engagement comprised the online survey, focus groups and drop-in workshop sessions. Five respondents identified themselves as having a mental health issue in the online survey. We did not attend any specific pre-existing groups in the Neath Port Talbot area.

#### Findings

Well-being issues amongst those with mental health issues mirrored those of the wider community in many cases, but with some key additional factors:

- Mental illness can be very isolating and one respondent stated that the only barrier to a better well-being was herself;
- Depending on the severity of the mental health issue people can be housebound and have no or very little contact with the outside world. They rely on the support of social workers and carers at times to have some social interaction;
- The respondents attend groups such as MIND and have access to activities, but only if they are able to face the outside world;
- One person expressed satisfaction with the services she was receiving; being well-informed about what is happening and the decisions that are made for her. She currently receives care from mental health and children's social workers.
- The only areas of improvement to well-being which came from the comments were in terms of improved accessibility to doctors and hospital appointments, which for this category of service users was paramount to their well-being.

## 8.4 Swansea

### 8.4.1 Secondary Sources Analysis

The general sense of this information was that people are seeking to feel safe and involved in their local community, have a safe place to live and to be a part of a 'tolerant' community. The importance of community based services including support networks and groups is highlighted in maintaining independence.<sup>41</sup>

In Swansea this is explored further through engagement on the commissioning plan:<sup>42</sup>

- Better communication and joint working between Health and social care agencies is needed.

---

<sup>41</sup> Primarily documents 30-35

<sup>42</sup> Swansea Commissioning Plan for Mental Health Services 2011-14 (Document 34)

- Stigma is still experienced by people with mental health problems; GPs and other professionals need to be aware of how this affects people negatively.
- The physical health needs of people with mental health problems can sometimes be overlooked. As people age and their health fails, all agencies and hospitals need to be aware of the need for support with personal and physical care as well as their mental health.
- Most people don't want or need to go to hospital, but sometimes there will be no alternative. Crisis services can help by working with the person to ensure their specific needs are met in the best place, wherever that is.
- The Crisis Team is overworked. They need more staff so that they can follow through to support recovery after the immediate crisis has passed.
- There needs to be clear information for professionals and the public about how to get help in a crisis and who to contact. Greater public access to crisis services is critical.
- Information needs to be available at all stages; from diagnosis, when in hospital and beyond. This will help people to access what they need.
- To be effective, crisis services need to be flexible, person centred and responsive and provide practical advice.
- Crisis services need to work proactively to support recovery and connect up to other services.
- People who use services have valuable experience to offer. With more training they could be more involved and this would be of great benefit to services.
- A 24 hour, 7 days a week Crisis Team is needed.
- There need to be more opportunities for short breaks / respite for carers. This would help to avoid crises.
- A low-level crisis support service is needed, to prevent things escalating.
- More floating support could help those who feel at 'high risk'.

A significant piece of evidence was in relation to the engagement with service users in respect of locating in-patient mental health services in Neath Port Talbot<sup>43</sup>. There are a variety of views reported in this document, including concerns that the level of community services is not sufficient to support a centralised model, and views that range across that beds should be provided across the Health Board area, to support for improved facilities and services on a single site. Users highlighted that the currently available public transport is not adequate to support both patients and their families and carers to travel from Swansea to Neath Port Talbot.

## 8.4.2 Primary Engagement Findings

### Method and Sample

In Swansea no-one from the drop-in workshops identified themselves as users of mental health services, and although two respondents to the online survey stated that they had mental health

---

<sup>43</sup> Adult Mental Health In-patient Consultation (Document 31)

issues, they did not report any specific issues due to their disability. Findings are drawn from a group run by Gofal, where we engaged with six people attending a coffee morning.

### Findings

Respondents reported boosting their social well-being by attending the group regularly; seeing it as a space that was free of judgement and a source of support that they cannot get elsewhere. The group allowed participants to be themselves and several commented that without the group they would not manage and might harm themselves.

Some participants reported feeling isolated, with a perception that Social Services are reticent about becoming involved with people experiencing mental illnesses. It was also felt that there is too much pressure on parents or children to take care of people with mental illness.

### Key issues for service users

Online survey respondents highlighted a number of issues with implications for well-being, including;

- A lack of support groups which are easily accessible for people without transport;
- The need to live in a safe, secure environment to maintain well-being;
- A lack of activities for people who might not be comfortable/stressed easily in a unknown environment;
- Failure to communicate with service users and get the information they need;
- Difficulties of accessing social services as assessments can take a long time;
- Long waiting lists to see specialists (psychiatrist, psychologist)

## 8.5 Regional Picture

The overview of the evidence that has been collected and analysed is described in the following key themes:

- People with mental health problems are seeking to live in inclusive, tolerant and accessible communities and for those communities to have sufficient amenities and community services. To feel safe and involved in our communities and to have a sense of belonging. Local support groups, where observed, are valued and go some way in helping people to feel supported in their communities.
- They wish to have access to information and support around benefit changes, money management and debt to support people to have sufficient money and manage it to maintain a basic standard of living
- To have a home, that is stable, safe and secure.
- To be enabled to 'have a voice', and make informed choices and decisions about their own lives, and the services that provide support.

- The ability to independently access services, including those that may be some distance away through improved public transport

### 8.5.1 Common Themes

- A broad range of people identify themselves as having mental health problems, beyond what might usually be seen as the clients of mental health services. Access to low level mental health services is problematic for this group.
- Access to a local support group, with a broad membership, can be of immense value. They can provide friendship and non-judgemental acceptance, and are a vehicle for accessing practical information.
- People with mental health problems wish to ‘have a voice’, and make informed choices and decisions about our own lives. This is dependent on being able to independently access the information they need, and to be supported by well-informed professionals. Information about welfare benefits and financial advice is particularly important.
- Being able to live in a home, that feels safe and secure, in a place of their choosing, as part of an inclusive and tolerant community is highly valued.
- Access to GP appointments and the support offered by social services is generally described as being below people’s expectations, in terms of timeliness and levels of support. Having staff who care is important to people with mental health problems.
- Access to public transport for people to carry out their day to day activities is problematic.



## 9 Substance Misuse

### 9.1 Introduction

No respondents to the online survey identified themselves as substance misusers and no groups were visited that included any of these service users. Hence this section relies on the available secondary engagement evidence.

#### 9.1.1 Secondary Sources Analysis

Two pieces of evidence were provided in respect of substance misuse, both taken from an assessment across the Western Bay area<sup>44</sup>.

The Western Bay Area Planning Board Commissioning Strategy for Substance Misuse states that Service users said that the key issues for them were:

- Reduced waiting times for prescribing, particularly for detoxification.
- Increased support outside of weekdays, 9-5.
- Uniformity of access to consistent services.
- Faster access to residential rehabilitation placements.
- More engagement of service users in the design and delivery of services
- More after care services
- More help in accessing housing, education and employment

The views of eight service users were secured by the County Voluntary Services across the three Counties and these have been summarised by them as follows:

- The level of service offered is felt to be sufficient across the Western Bay region however there is inconsistency in what is offered in each locality. (Swansea/ Neath/Port Talbot , Bridgend)
- There are some instances where people feel they have been involved in decisions about their support, however wider feedback from service users includes a lack of knowledge about their care plan and that the care plans are not regularly reviewed.
- People are satisfied with some aspects such as the open access service which is now provided across the region, all be it at specific time slots. People have expressed there is a lack of communication between management and front line/reception desk staff. When making some enquiries at the front desk staff are not able to answer sufficiently and services do not appear to have a full understanding of community support services outside specialist substance misuse services.
- There is a lack of communication between mental health and substance misuse services although this is expected to improve with the Western Bay Dual Diagnosis Strategy. This is a lack of tolerance and understanding regarding substance misuse/addiction issues within general hospital, particularly where there have been instances of self-harm while under the influence of substances. There is insufficient consultant or medical appointments for current clients within the Health Board community drug and alcohol team with only one consultant in Bridgend seeing new clients. There is a need for more accessible support provided within the valleys and more detox beds are needed.

---

<sup>44</sup> Documents 32 and 47

- Peer support groups offer informal care and signposting which is valued by those who attend, however it seems that service providers do not acknowledge the role and therefore do not signpost people to the groups.
- The main thing that people felt would improve their well-being is talking therapies: a listening ear. If someone experiencing emotional difficulties could discuss things at an early stage and felt they were being listened to and supported to address things in their own time, this would prevent things escalating to the point of self-medicating to cope and reaching a crisis point.

### 9.1.2 Common Themes

- Inconsistency of service offered across the Western Bay Region, and concern at waiting times and access to see consultant based services, detox and residential rehabilitation. Greater access to talking therapies earlier in their lives would avoid escalation of substance misuse.
- People working on the front line do not appear to be well informed. Peer support groups where accessed are highly valued, and services should signpost these. Improving communication between mental health services and substance misuse services has been recognised as an issue, and it is hoped this will improve.
- People would like greater involvement in service planning both in individual care planning and across services as a whole.

## 10 Older People

### 10.1 Introduction

Older people were present in many of the drop-in workshops across the fieldwork. They were engaged to attend through different channels and a significant number were already present in venues where a workshop was being held and were invited to attend by a member of the Miller Research team.

In addition to those who attended drop-in workshops, one focus group was carried out in Neath Port Talbot, with a few of its attendees coming from neighbouring Local Authorities (Bridgend and/or Swansea). A stakeholder interview also took place.

Data from all sources were very similar across the three Local Authorities: well-being needs were consistent to all. Differences only really arose in relation to the presence of certain services and facilities available in the area (but many would 'cross boundaries' to access something they found of particular interest).

Thirty-three people aged 65 or over completed the online survey (spread across the three Local Authorities). Their comments are incorporated in this document as and where relevant. Some of the older people preferred to be described as older people, and the term 'older people' has been used throughout this chapter for consistency.

### 10.2 Bridgend

#### 10.2.1 Secondary Sources Analysis

Overall well-being for older people is described as being about good physical health, emotional and psychological well-being, with greater level of respect and understanding of older people in the community and the need to maintain a personal sense of fulfilment and purpose<sup>45</sup>.

Older people are most concerned about being safe in the community, feeling that they have a safe and secure place to live, with support that is able to change with their needs. New housing should be designed with the needs of future residents in mind. People are interested in a range of housing options from staying in their own homes, to living in more purpose designed facilities, with other people of similar needs, including specific provision for dementia care. A clear message here is that 'one size does not fit all'. Having places to go in the community that also feel safe, and where they can continue or build friendships and social networks. Transport within the community is also very important to enable access to basic facilities and social activities. Basic services that people need to live their day to day lives such as accessible shops, delivery services, post office and community centres, and lavatories, are important to enabling people to remain confident in living at home.

Not feeling safe means that they are more likely to spend longer periods of time at home, and avoid going out. The timeliness of services, including re-assessment, especially has things changed in their lives is important to maintaining confidence and independence. The timing of services provided at home should be tailored to individual requirements with a greater degree of

---

<sup>45</sup> Documents 37-45

choice in timing for clients. Living in a community that exhibits good citizenship matters a lot e.g. simple courtesy with people being patient, kind, caring, neighbourly, considerate and respectful towards older people.

Opening out the availability of information was highlighted as an issue, with suggestions for hubs in the community as being a good source of information and that these could be created within existing services. Communication with and between professionals was seen as needing improvement, with opportunities for sharing of information and standardising information to reduce bureaucracy. Clarity for service users of what to expect from services is highlighted as an opportunity to improve communication.

In Bridgend the Ageing Well in Bridgend consultation report<sup>46</sup> highlighted that feeling safe in the community was regarded as the most important factor asked in ‘what’s important to you’, with 98 per cent of respondents selecting this as either fairly or very important. Two in five (40%) believed there is access to public toilets when out locally, accessibility to public toilets was the only important factor (92%) to score poorly. In supporting older people within the community: reducing loneliness (100%); supporting dementia (99%); and, reducing injuries from / fear of falling (99%) were all considered of utmost importance.

A report by the Citizen’s Advice Bureau<sup>47</sup> provides a citizen’s perspective on accessing social care. Their recommendations cover accessing care, including where to obtain information, advice and how to arrange an assessment; the eligibility (care needs) assessment; the financial assessment; receiving the assessment outcome, appeals and complaints; and paying for care. A common theme in this report is the need for accurate and timely information and a hub for information and advice and guidance particularly in respect of the financial aspects of care.

The ‘Older Person’s Listening Project’<sup>48</sup>, whilst undertaken in the Cwm Taf Health Board area by Interlink and Public Health Wales highlights a similar range of issues for older people, in summary:

- The importance of social networks and friendship
- Transport
- Experiences of loneliness and isolation in the evening
- Information availability/ accessibility
- Sustainability of day centres

This work also provides a useful, sustainable, qualitative methodology for engaging with older people about their well-being (and other groups) and measuring improvements over time.

## 10.2.2 Primary Engagement Findings

### Method and Sample

---

<sup>46</sup> Document 45

<sup>47</sup> Document 44

<sup>48</sup> Document 40

Alongside the online survey engagement in Bridgend also comprised a series of drop-in workshops, focus groups, including one designated group, and a stakeholder interview (that had relevance to all three local authorities).

### Findings

General, widespread issues amongst this age group which had an impact on well-being included the natural processes of ageing: weaker hearing, sight, cognition and independence, (all of which led to some favouring one-to-one services rather than group services, especially among the 75+ age group). Additionally, the following were mentioned (via both online survey and various groups held):

- The importance of maintaining independence and mobility;
- The importance of good health '*as being unwell can influence one's ability to engage with life in a positive and fulfilling way*' (online comment);
- Issues for carers of elderly people citing numerous physical and mental disabilities amongst their cared-for, and themselves as carers;
- The importance of being able to socialise with family and friends;
- Being involved in the local community (groups such as those run by Age Concern play an invaluable role in this respect, developing friendships in local environments and helping to reduce isolation);
- Being able to maintain a sense of personal development and feeling that they have a sense of purpose in life;
- Having access to emotional, physical and practical support (both for old people and their carers) – ("*they're like family*" – a carer talking about her carer support group);
- Living in a pleasant environment (both home and outdoors / in the locality)
- Having access to transport (of an acceptable standard). This was commonly mentioned across workshops, designated groups and the online survey. Most were relying on public transport where issues causing concern included time-tabling cuts (making return journeys more difficult) and insensitive bus drivers.

Overall, these comments about the availability and accessibility of public transport showed that there are barriers to older people being able to have control over their day to day lives, limiting the ability this demographic has to feel independent, or take part in activities that they want to do.

### Support Offered

The availability of support for older people in Bridgend was found through a variety of sources. For some who attended workshops, GPs had recommended attendance at a designated group such as Age Connect. Others learned about such groups via word of mouth or advertising noticed in leaflets / newsletters.

Those attending groups claimed to find it invaluable, greatly assisting their overall health and well-being and some expressed regret for those who do not have access to such groups because of where they live (in Tondu, for example).

Age Cymru (incorporating Bridgend, Neath Port Talbot and Swansea) offers many forms of support and services with the aim of increasing individuals' financial capabilities, health and social capabilities. Their services include carrying out domestic tasks for the elderly such as cooking, housework and shopping; advice and information services; advocacy, and befriending.

In a similar way to activities offered by Age Cymru for older people, a carers support group, held at the Bridgend Community Café, arranges exercise classes, reading groups, walks, occupational therapy sessions, and helps with personal care such as arranging for the attendance of pedicurists and hairdressers.

Age Concern coffee mornings are another activity that appears to be very popular for the 30 – 50 who attend their twice weekly meetings. Reasons for their popularity mirrored comments made above. In particular, they talked of the benefits of:

- Being part of a happy, social group thereby providing company and reducing feelings of isolation
- Building a sense of community (with Brackla and Pencoed receiving particular mention)
- Building of self-confidence

Activities in which the elderly were involved at these coffee mornings were part social in nature (Bingo, quiz nights, day trips, for example) and part educational (talks from the Police, fire service, local bank), all of which attracted high levels of interest and engagement.

### Service improvements

Key, from the point of view of the majority of individuals taking part in workshops and designated groups, was ensuring the continuation of groups providing support for older people.

Additionally, other broader services were also brought into discussions such as:

- The provision of more accessible clubs / associations for people such as themselves; art and craft classes for example;
- The provision of more local amenities (post office, GP surgeries, pharmacies and newsagents). Currently the closest amenities were confined to the centre of Bridgend, often involving bus journeys which some older residents found difficult;
- The need to provide more public lavatories and safe public seating in the area;
- More widespread accessibility to affordable respite care. Having occasional respite care was something carers could look forward to, which could refresh and reinvigorate them.

The online survey reinforced the above comments arising from the qualitative research. Amongst older people, survey responses indicated that retirement or inability to work could reduce interaction and involvement within the community which could negatively affect well-being.

Interaction with others (largely family and friends) was mentioned in the online survey as being crucial to well-being, corresponding with the importance of available social activities and opportunities such as dance classes, trips to the cinema, church, shopping, and meeting up with people in cafes and parks.

The environment was also mentioned in survey data amongst older people, with respondents frequently mentioning the cleanliness and safety of their local area and problems with litter and fly tipping.

For a spokesperson from one organisation, Age Cymru, the current situation regarding services for older people was felt to be unsustainable, with no action being taken to date to alleviate present and future problems. In the past these services had been provided free of charge, but this was no longer the case.

The spokesperson for Age Cymru described four key support needs which they feel need prioritisation for future service delivery. These were as follows:

1. The stopping of the need for services to be paid-for. Paid-for services run the risk of attracting rogue traders and are not affordable for many;
2. A significant increase in advice and information services. 90% of benefit applications are turned down when first submitted yet 95% are over-turned on appeal, a significant waste of time and resource;
3. The provision of advocacy. Two years ago there were eight employed advocates to cover the Western Bay area: now there is one full-time post only which is mainly used at a high level for advocacy relating to human rights and abuse;
4. Greater focus on befriending services.

## 10.3 Neath Port Talbot

### 10.3.1 Secondary Sources Analysis

Overall well-being is described as about good physical health, emotional and psychological well-being, with greater level of respect and understanding of older people in the community and the need to maintain a personal sense of fulfilment and purpose<sup>49</sup>.

Older people are most concerned about being safe in the community, feeling that they have a safe and secure place to live, with support that is able to change with their needs. New housing should be designed with the needs of future residents in mind. People are interested in a range of housing options from staying in their own homes, to living in more purpose designed facilities, with other people of similar needs, including specific provision for dementia care. A clear message here is that 'one size does not fit all'. Having places to go in the community that also feel safe, and where they can continue or build friendships and social networks. Transport within the community is also very important to enable access to basic facilities and social activities. Basic services that people need to live their day to day lives such as accessible

---

<sup>49</sup> Documents 37-45

shops, delivery services, post office and community centres, and lavatories, are important to enabling people to remain confident in living at home.

Not feeling safe means that they are more likely to spend longer periods of time at home, and avoid going out. The timeliness of services, including re-assessment, especially as things changed in their lives is important to maintaining confidence and independence. The timing of services provided at home should be tailored to individual requirements with a greater degree of choice in timing for clients. Living in a community that exhibits good citizenship matters to them e.g. simple courtesy with people being patient, kind, caring, neighbourly, considerate and respectful towards older people.

Opening out the availability of information was highlighted as an issue, with suggestions for hubs in the community as being a good source of information and that these could be created within existing services. Communication with and between professionals was seen as needing improvement, with opportunities for sharing of information and standardising information to reduce bureaucracy. Clarity for service users of what to expect from services is highlighted as an opportunity to improve communication.

In a consultation into the future of day centres in Neath Port Talbot some individuals valued having a fixed base, and the importance of meeting up with a known group of friends, and concerns that a new way of doing these things would not provide these features. The availability of transport to go to different venues was a concern. They highlighted that the uncertainty meant they were more likely to stay at home, providing less respite for family members.

The Delivering Better Services<sup>50</sup> report by the Western Bay, quotes the Neath Port Talbot: Great Place to Live in Older Life report that states that both the Welsh Government's Strategy for Older People and the Ageing Well In Wales Programme aim for all people over the age of 50, to remain healthy and independent within their own homes and community for as long as possible. These outcomes are what older people themselves have said in Neath Port Talbot and are important to them when responding to over 30 consultations on changes to social services and community care services, across Neath Port Talbot during the past 3 years.

A report by the Citizen's Advice Bureau<sup>51</sup> provides a citizen's perspective on accessing social care. Their recommendations cover accessing care, including where to obtain information, advice and how to arrange an assessment; the eligibility (care needs) assessment; the financial assessment; receiving the assessment outcome, appeals and complaints; and paying for care. A common theme in this report is the need for accurate and timely information and a hub for information and advice and guidance particularly in respect of the financial aspects of care.

The 'Older Person's Listening Project'<sup>52</sup>, whilst undertaken in the Cwm Taf Health Board area by Interlink and Public Health Wales highlights a similar range of issues for older people, in summary:

- The importance of social networks and friendship

---

<sup>50</sup> Document 41

<sup>51</sup> Document 44

<sup>52</sup> Document 40



- Transport
- Experiences of loneliness and isolation in the evening
- Information availability/ accessibility
- Sustainability of day centres

This work also provides a useful, sustainable, qualitative methodology for engaging with older people about their well-being (and other groups) and measuring improvements over time.

### 10.3.2 Primary Engagement Findings

#### Method and Sample

Alongside the online survey engagement in Neath Port Talbot also comprised a series of drop-in workshops and focus groups. Of particular significance was a meeting held with Age Connect and a stakeholder interview with Age Cymru.

#### Findings

Key issues affecting well-being amongst older people included the following:

- Having a good, close network of family and friends creating greater involvement in social activities in the local community;
- Kind and caring neighbours, (which becomes increasingly significant in old age when having friendly people next door can be extremely helpful);
- Availability of support when needed;
- The value of beauty in the natural environment and access to this;
- Being able to get out and about to enjoy fresh air and walks;
- Access to local services and facilities such as libraries, swimming pools, theatre, and classes.

Availability of resources such as the above was felt to help promote feelings of community involvement and personal development. Volunteering also stood out as offering a real feel-good factor and a chance for people *“to still feel useful”*.

Local transport was also viewed negatively for its cost, unreliability, and sometimes inaccessibility (e.g. not enough bus stops or buses running at the ‘right’ time).

Threatened or actual cuts to services were also an issue for many, with concern expressed about funding cuts to libraries and leisure activities, with some under threat of closure. Libraries were especially valued for their provision of computers and internet access.

Overall, online survey respondents from the Neath Port Talbot area explain well-being in a similar way to those in Bridgend. Again, maintaining health and fitness are a primary concern, being strongly associated with leading a happy life.

#### Support Offered

Those attending the Age Connect meeting described its positive impact on their well-being through allowing social connections and activities. The group typically attracted 15 – 25 attendees, and meet once per week as ‘Age Connect’ and once per week as ‘Old Age’.

All the attendees described looking forward to the meetings. As one of the organisers explained; *“It gets them out, it’s enjoyment, and it gives them something to talk about with others, like with their family. It’s stimulating, both physically and mentally”*.

Various activities are organised off-site in line with what the membership were interested in. Shopping in Cwmbran is one such outing, as are cultural trips to shows, but activities are also carried out in the hall where they meet; including knitting, sewing, card making, crochet, bingo. Teas and dinners are held, sometimes for celebratory purposes, and the older people also participate in different exercise classes; such as line dancing or Zumba.

As well as providing entertainment and social activities, Age Connect arrange for speakers to attend the group discussing matters such as financial planning, funeral plans, pensions and savings, benefits, utility bills and IT support. Its workers also offer support in addressing day to day problems that members face.

#### Service Improvements

Improvements to the transport infrastructure (with a bus service *“planned around companies’ benefits not peoples’ requirements”* – group participant comment) was mentioned by many respondents, especially as it hinders their access to local facilities and services that they otherwise are keen to engage with.

At a strategic level, and as reported for Bridgend, Age Cymru offers many forms of support and services with the aim of increasing individuals’ financial capabilities, health and social capabilities. Their services include carrying out domestic tasks for the elderly such as cooking, housework and shopping; advice and information services; advocacy, and befriending. In the past these services have been provided free of charge, but this is no longer the case.

## 10.4 Swansea

### 10.4.1 Secondary Sources Analysis

Overall well-being is described as being about good physical health, emotional and psychological well-being, with greater level of respect and understanding of older people in the community and the need to maintain a personal sense of fulfilment and purpose<sup>53</sup>.

Older people are most concerned about being safe in the community, feeling that they have a safe and secure place to live, with support that is able to change with their needs. New housing should be designed with the needs of future residents in mind. People are interested in a range of housing options from staying in their own homes, to living in more purpose designed facilities, with other people of similar needs, including specific provision for dementia care. A clear

---

<sup>53</sup> Documents 37-45

message here is that ‘one size does not fit all’. Having places to go in the community that also feel safe, and where they can continue or build friendships and social networks. Transport within the community is also very important to enable access to basic facilities and social activities and the provision of basic services that people need to live their day to day lives.

Not feeling safe means that they are more likely to spend longer periods of time at home, and avoid going out. The timeliness of services, including re-assessment, especially has things changed in their lives is important to maintaining confidence and independence. The timing of services provided at home should be tailored to individual requirements with a greater degree of choice in timing for clients. Living in a community that exhibits good citizenship is important.

Opening out the availability of information was highlighted as an issue, with suggestions for hubs in the community as being a good source of information and that these could be created within existing services. Communication with and between professionals was seen as needing improvement, with opportunities for sharing of information and standardising information to reduce bureaucracy. Clarity for service users of what to expect from services is highlighted as an opportunity to improve communication. The opportunities afforded by new technologies to enable this were highlighted in Swansea, and further partnership working across agencies is encouraged.

In Swansea older people have been asked for what makes an age-friendly community<sup>54</sup> and responses included;

- The importance of having information which is easy to understand and offered in a variety of formats;
- The need for good citizenship; the simple courtesy of people being patient, kind, caring, neighbourly, considerate and respectful towards older people;
- Accessible services and venues that everyone can use were highlighted as important including even pavements, well lit, safe walkways, seats to sit on and accessible toilets;
- Feeling safe inside and outside their home including safe road crossings and PCSOs available for security;
- Opportunities to take as full a part in society as possible are needed with suitable social activities on offer or simply somewhere to go for a chat and not be patronised;
- A choice of housing options with wishing to live in retirement developments with on - site activities and services whilst others wished to live in an area which had a good mix of people of all ages. Some respondents disliked the idea of Sheltered Accommodation referring to them as “Ghettos” for older people;
- Communal areas /play areas and green spaces to grow vegetables together were also seen as Age Friendly;
- Good and affordable transport including an adequate and reliable bus service particularly in rural areas;

---

<sup>54</sup> Document 41

- Free prescriptions were valued as were a good GP service /surgery. The availability of individual doctors was seen to be important, and;
- Services that support people such as Post Office, Library, age friendly smaller, accessible shops, delivery services, age friendly media services, coffee mornings and community centres.

The Commissioning Review of Residential, Domiciliary and Daycare<sup>55</sup> in Swansea highlighted a further range of issues. These were concerned with delivering services that are person centred and jointed up across organisations and settings that working together collaboratively, including the private sector. Person centred also means being responsive to changes in the needs of individuals and responsive when equipment is required.

Choice in accommodation so that residential care is not the default in times of crisis. Houses need to be designed to be adaptable for the future. Respite care should be re-built and support provided to carers. The role of overnight care and re-enablement in times of crisis is highlighted.

Information and communication about options is important, and information should be shared across agencies. A one stop shop for information is needed.

The above points are substantively backed up in a report by the Citizen's Advice Bureau providing a citizen's perspective on accessing social care<sup>56</sup>. Their recommendations cover accessing care, including where to obtain information, advice and how to arrange an assessment; the eligibility (care needs) assessment; the financial assessment; receiving the assessment outcome, appeals and complaints; and paying for care. A common theme in this report is the need for accurate and timely information, a hub for information and advice and guidance particularly in respect of the financial aspects of care.

The 'Older Person's Listening Project'<sup>57</sup>, whilst undertaken in the Cwm Taf Health Board area by Interlink and Public Health Wales highlights a similar range of issues for older people, in summary:

- The importance of social networks and friendship
- Transport
- Experiences of loneliness and isolation in the evening
- Information availability/ accessibility
- Sustainability of day centres

This work also provides a useful, sustainable, qualitative methodology for engaging with older people about their well-being (and other groups) and measuring improvements over time.

---

<sup>55</sup> Document 39

<sup>56</sup> Document 44

<sup>57</sup> Document 40

## 10.4.2 Primary Engagement Findings

### Method and Sample

In Swansea, engagement with older people occurred primarily through an online survey. Having stated this, some older people also came along to drop-in workshops held and also attended some of the designated groups (though not openly identifying themselves as older people).

### Findings

From the online survey, respondents from the Swansea area explained well-being, in common with those from Bridgend and Neath Port Talbot, as being primarily about maintaining physical and mental health and staying active. Specific issues included the following;

- Health is of paramount importance as the foundation upon which other aspects of life are built. (For those experiencing the natural effects of ageing, or experiencing chronic health conditions, this requires management with help and support);
- Knowing that support services are accessible when required – with an emphasis on being able to reach them through public transport if necessary;
- Although feelings of independence are key to well-being, knowing that help is there if needed offers good psychological comfort;
- Being a part of some sort of local community, which can be made up of family, friends, neighbours, and others also involved in activities you are part of. This contributes to a positive mental outlook and attitude, including building on self-esteem;
- The importance of access to different groups by affordable, convenient transport.

### Service Improvements

Service improvements mentioned online that are primarily concerned issues beyond service provision; covering issues such as maintaining a safe and clean environment and ensuring access to public transport and other vital services.

As for Neath Port Talbot, stakeholder concerns and comments received from Age Cymru also apply to Swansea. Age Cymru offers many forms of support and services with the aim of increasing individuals' financial capabilities, health and social capabilities. Their services include carrying out domestic tasks for the elderly such as cooking, housework and shopping; advice and information services.

In the past these services have been provided free of charge, but this is no longer the case.

## 10.5 Regional Picture

There is a great deal of commonality across the three local authorities in the issues that older people highlight as important to them, and the things that they value.

- Community events, clubs and activities support social wellbeing that are designed around users and their needs / desires. Health and fitness focused activities are most

highlighted. Such events, along with community networks help people to maintain their independence

- The availability of choice in housing that meets needs from independent living type housing, to more residential style settings
- More accessible public transport, with connections ‘that work at times of day that work’ designed around the needs of users rather than the transport companies
- The availability of public lavatories to support independence
- The importance of the external environment, including the quality of town centres, safety of roads and pavements, cleanliness of streets and amenity areas
- Increased (affordable) opportunities for carers to take time out of their role as carer
- The importance of a single point of access to information about what is on offer in the community, including access to information about financial matters.

A view that more could be achieved with a longer term, sustainable commissioning view, that sought to actively engage a broader spectrum of the community to bring it up to date and join-up activities, was highlighted as one area where community assets could be used to greater effect.

The evaluation of Intermediate Care<sup>58</sup> in the Western Bay reported that the majority of service users/carers stated that personal care support was done in an independence-focused manner. One service user reported that they found the on-going communication provided in their ‘folder’ about their progress helpful. The majority of service users/carers reported a very positive experience of intermediate care. There was a view that support could be provided at times more convenient for service users/carers. The most commonly-reported area for improvement related to supporting people with reduced cognition and an apparent need for an improved referral route to specialist care and/or staff training in this area.

### 10.5.1 Common Themes

- Feeling part of a safe and welcoming community is important for older people. For older people safety includes a number of definitions including personal security, feeling safe and secure in their home, safe and clean local environments including a litter free environment, level pavements. The support of friends and neighbours is highly valued.
- The availability of services in their local community is highly valued, including healthcare, retail outlets including a post office, community facilities including a library. Where these are absent in communities the availability of public transport to reach these facilities is problematic for older people. Public lavatories are highlighted as particularly important in supporting older people.
- People value places where they can meet peers, and join in community activities. When these are provided by statutory services (such as day centres) and these change, there

---

<sup>58</sup> Document 43

is concern that alternatives risk the loss of established friendship and social networks, that new venues may not feel 'safe' or they may be difficult to get to.

- A single reliable source of information is important for older people, including help with financial matters.
- Older people wish to remain living in their own community with a range of housing options that would meet their needs now and in the future. The need for good citizenship; the simple courtesy of people being patient, kind, caring, neighbourly, considerate and respectful towards older people helps people feel secure in their community.
- The absence of many of the above supportive features results in older people staying in the house more, and becoming isolated and lonely.
- Short term 'respite' help for carers is asked for, particularly to enable carers to undertaken normal activities such as visiting a doctor or to go shopping.

## 11 Children and Young People

### 11.1 Introduction

This chapter analyses perceptions of cultural, social, environmental, and economic well-being of children and young people. The results showed that they had very similar desires and concepts of well-being across the three local authorities. Children and young people were not present at the drop-in workshops and there were no completed questionnaires from young people on the web based questionnaire. The engagement with children and young people was originally planned to be mainly through schools, including schools for children with Additional Learning Needs (ALN), and Welsh medium schools and this is the basis of what is reported in this chapter.

### 11.2 Bridgend

#### 11.2.1 Secondary Sources

No evidence was provided for children in Bridgend from secondary sources although reference should also be made to the section on young carers. One source of additional evidence was a small national survey of Dads that described the negative experiences of male parents when in contact with children's services, the police, education and health mainly where parental separation had occurred<sup>59</sup>.

#### 11.2.2 Primary Engagement

##### Method and Sample

In order to engage with children and young people, schools across the Western Bay were visited encompassing both English medium and Welsh medium schools, both secondary and primary. Irrespective of school attended similarities of response occurred (Table 5).

#### 11.2.3 Findings

None of the students engaged with were confident in using or defining the term 'well-being'. In the Welsh medium schools, none were familiar with the Welsh word for well-being – '*Lles*'. (Welsh medium school, Bridgend). Definitions covered elements relating to economic, environmental, social and cultural well-being, such as:

*"Your health, the way you live, the area you live, family, friends, and things you are involved in like sport etc."* (Welsh medium secondary school, Bridgend)

The students in the primary school and in the ALN schools in general were very unsure about what well-being meant. Due to the confusion in the groups with ALN, about the terminology being used, a broader phrase '*feeling comfortable, healthy and happy*' was used instead. This was more readily understood and prompted responses that including their sense of well-being being enhanced through spending time with friends or going for walks with family with a strong

---

<sup>59</sup> Document 8



emphasis on domestic and personal relationships. Pupils in one school (Welsh medium secondary school, Bridgend) summarised this concept of well-being as follows:

*“Family - make you feel good, supportive, love you. More important than friends. They put their lives on hold to look after you and always want the best for you. You feel loved and safe”.*

*Friends – “they’re always there for you - to talk to, to have fun with, trust them, they are honest with you, have an influence on you and push you to do better”*

Having talked about well-being in general terms, well-being was then discussed in relation to the four categories of Social, Cultural, Environmental and Economic. The detail of responses varied according to their perceived relevance.

### Social Well-being

Social well-being, taken to mean socialising and friendship, was considered very important for well-being. Many described how family and friends help with confidence and motivation. This was especially key to well-being for students with ALN. For these students pets were also a large part of their social well-being.

Organised activities were also seen as an important way of developing social well-being, as described in several schools. The school for children with ALN offered activities such as dance, choir, swimming, dodge ball, football, art club, drama club, discovery days (summer holiday respite care) and gardening. Two participants from the ALN School in Bridgend attend(ed) Brownies and Scouts.

ALN schools in particular offered numerous extra curricula activities for their students, feeling that the provision for children with ALN outside of school is very poor.

*“There is hardly any provision out there for our children. The little provision that is on offer mostly needs to be supervised. So then the parents have to attend the clubs with their children which removes their independence and inhibits socialisation” – Staff (ALN school, Bridgend)*

In addition to face to face socialisation and taking part in activities, social media was mentioned by many as a tool for keeping in contact with friends. Many participants were aware of both the benefits and dangers of social media. They appeared informed of risks such as befriending strangers online, using social media as a social life replacement and the potential for private issues to be posted on a public platform. They supported the idea that an active life on social media did not necessarily correlate with positive social well-being.

*“Social Media is a double-edged sword” (Welsh medium secondary school, Bridgend)*

*“Facebook can be bad, it’s fine as long as you talk to people you know.” (ALN School, Bridgend)*

In some schools worries about exam preparation led to discussions of the pastoral care provided in schools. Some of the English medium secondary school students were very pleased with their pastoral care, having a well-being officer, counsellors and very friendly and helpful teachers. All the students felt they could access support from the staff whenever they needed.

### Cultural Well-being

The idea of cultural well-being was particularly hard to define amongst children and young people. Mention was occasionally made of church, but talk of active engagement with church

was rare. One student at the ALN School in Bridgend described attending church and enjoying activities such as The Big Church Day Out and camping.

### Environmental Well-being

Discussions of environmental well-being led to differences in understanding. Some viewed it as relating to good infrastructure, whereas others focused on sustainable behaviour for the natural environment.

### Economic Well-being

Economic well-being, as a term, was generally well understood by children and young people in relation to financial situations i.e. earning an income. For some children and young people, having their own pocket money meant they were able to buy what they wanted without asking. Having money and/or a bank card made them feel mature. Some students in English medium secondary schools felt that they should have better financial education.

## 11.3 Neath Port Talbot

### 11.3.1 Secondary Sources Analysis

The five documents received in relation to Children in the Neath Port Talbot area are highly diverse and relate to specific service area consultation<sup>60</sup>. Overall there is little commonality in the qualitative information contained in these documents for an objective conclusion to be drawn.

The issues that are highlighted are that the young people in the Hillside Secure home have a voice and are listened to by staff: further detail on Hillside is provided in the Secure Estate Chapter.

The evaluation of the Crucial Crew programme concluded that children learn by doing, and that a partnership approach to community safety is effective, challenging and exciting for young people. The Play Sufficiency Assessment found that local parks need provision for all ages, liaison with police should occur to provide safer spaces for children to play, children's play areas could be updated so that they more fun and inviting, and access to public open spaces and provision in rural areas could be improved.

The CSSIW review of fostering services found that annual reviews of foster carers should be presented to the fostering panel within a shorter timescale to ensure that the information being presented is still up to date and accurate. Further work is required to ensure that all foster carers access appropriate and regular training to enhance their professional development and enable them to better meet the needs of children becoming looked after. Disclosure and Barring Service (DBS) renewal checks should be consistently completed within timescale. Foster carers should be provided with further information about the independent advocacy service and how this could be accessed. Where it is recognised that children in placement have specific

---

<sup>60</sup> Document 8, 19-22

cultural needs, foster carers and supervising social workers would benefit from additional information being provided, to ensure that they can effectively support them.

The Aberavon Community Consultation recommended the development of a programme that established the young people of Aberavon as the future change makers of the world. The report considers Democratic Empowerment, Personal Development, Financial Literacy, Jobs and Skills and Networks. Schools and statutory services should work alongside the youth sector and voluntary service organisations around developing a collective vision of the world and Aberavon young people's place within it. A programme or vision tailored to the needs of the community whilst working collaboratively with local stakeholders who have experience within the field will ensure that every young person feels that they have a role to play in shaping the world and making a long-standing difference. In order for a young person in Aberavon to not view themselves as an object of change, but rather an agent of change, further support in allowing them to find their voices is needed.

One source of additional evidence was a small national survey of Dads that described the negative experiences of male parents when in contact with children's Services, the police, education and health mainly where parental separation had occurred.

Reference should also be made to the chapter on carers, and the section on young carers.

### 11.3.2 Primary Engagement

#### Method and Sample

In order to engage with children and young people, focus groups were held in primary, ALN and secondary schools across Neath Port Talbot, in both English and Welsh medium. Irrespective of school attended similarities of response occurred (Table 6).

#### Findings

Well-being as a term was not one that students (primary and secondary) felt especially comfortable using or defining. Students in Welsh medium schools were not familiar with the Welsh word for well-being – '*Lles*'. Discussions of well-being created debate. Some prioritised environmental well-being, whereas others discussed well-being in terms of personal relationships. One student encompassed both these elements in their definition of well-being:

*"You are safe and comfortable in the environment you're in made safe by teachers, family and anyone you have a personal connection with."* (English medium secondary school, Neath)

Due to the confusion in the ALN groups, the terminology being used, 'well-being' was altered and a broader phrase '*feeling comfortable, healthy and happy*' was used instead.

Overall, the responses received suggest that the children and young people in Neath Port Talbot prioritise domestic and social relationships as key to their well-being, and a sense of being cared for by their community and school. Furthermore, discussions of the 'environment' were related more to a safe social space rather than the natural environment. Having talked about well-being in general terms, it was then discussed in relation to the four categories of Social, Cultural, Environmental and Economic. The detail of responses varied according to their perceived relevance.

### Social Well-being

Social well-being was considered very important by the students that were engaged with. Many described how family and friends helped with their confidence and motivation. With regards to social well-being, the primary school students generally enjoyed school and felt it was a good place to see friends. This was especially key to well-being for ALN students.

*“I like making my friends happy.”* (ALN school, Neath)

In general, young people and children described how they would like to see more events and things to do with their friends and families. The discussion centred around the impact this had on social well-being, however the availability of groups, events and activities outside of school is also pertinent to cultural well-being (engagement with, and contribution to, the community) and mental well-being (being able to do things that make the students happy, and a sense of fulfilment / life satisfaction). Many commented that there was a lack of activities to partake in outside of school. Organised activities were also seen as an important way of developing social well-being, as described in several schools.

ALN schools in particular offered numerous extra curricula activities for their students, feeling that the provision for children with ALN outside of school is very poor due to financial and logistical difficulties.

*“Many parents cannot drive or don’t have adequate transport, especially those with children in wheelchairs, and therefore cannot attend the clubs that do cater for children with ALN. The ones that do run are often far away one of the boys lived over an hour away from the centre.”* – Staff (ALN school, Neath)

In addition to face to face socialisation and taking part in activities, social media was mentioned by many as a tool for keeping in contact with friends. They supported the idea that an active life on social media did not necessarily correlate with positive social well-being.

*“Social media can help but can also not help. You can meet people who can be cruel to you.”*

*“I think it can be bad because some people can say something on social media, that they wouldn’t say to someone in real life, and the person can think that they mean it but they wouldn’t have the guts to tell anyone about so they can do something about it, but it’s also a good way of staying in touch with people you don’t see often.”* (Welsh medium secondary school, Neath)

In some schools, worries about exam preparation led to discussions of the pastoral care provided in schools. Some of the English medium secondary school students were very pleased with their pastoral care, having a well-being officer, counsellors and very friendly and helpful teachers. All the students felt they could access support from the staff whenever they needed.

### Cultural Well-being

Across all of the schools, the idea of cultural well-being was particularly hard to define amongst children and young people. Mention was occasionally made of church, (e.g. at a Neath primary school), but talk of active engagement with church was rare. At one primary school, pupils described interactions with the elderly, singing at the old people’s home and at the local hospital; something which appeared to give pleasure to both pupils and elderly residents.

### Environmental Well-being

Discussions of environmental well-being led to differences in understanding in terms of meaning. Some viewed it in the context of sport and sporting facilities. Positively, amongst the majority of the children and young people taking part in the fieldwork, the view was that they had sufficient access to areas for sport, and that the places they attended were generally in good condition.

Related to infrastructure and safety, some primary school children commented about feeling unsafe walking to school, and some had had particularly bad experiences involving cars and even injury.

The ALN students were less aware of their local areas and correspondingly, had less sense of environmental well-being. Some described how they tended to stay at home, and to some extent were prohibited from going out because of a lack of transport and a lack of outdoor provision. (ALN school, Neath)

### Economic Well-being

Economic well-being, as a term, was generally well understood by children and young people in relation to earning money, income and having a job. Some students in English medium secondary schools felt that they should have better financial education through school. In an English medium secondary school in Neath, students made the following points:

## 11.4 Swansea

### 11.4.1 Secondary Sources Analysis

No specific or general evidence was provided around children for Swansea, other than that already referenced in the Carers section for Young Carers. One source of additional evidence was a small national survey of Dads that described the negative experiences of male parents when in contact with children's Services, the police, education and health mainly where parental separation had occurred<sup>61</sup>.

### 11.4.2 Primary Engagement Findings

#### Method and Sample

The opportunities for primary engagement with children and young people in Swansea comprised focus groups in schools across Swansea. English medium and Welsh medium schools, both secondary and primary, were engaged with as part of this process. Irrespective of school attended (primary or secondary, Welsh or English medium, ALN or not), similarities of response occurred (Table 7).

#### Findings

Students felt uncomfortable using or defining the term 'well-being'. This was made evident in the Welsh medium schools, where none of the students were familiar with the Welsh word for well-being – '*Lles*'. Positively, across all schools, the word 'well-being' created debate:

---

<sup>61</sup> Document 8

When asked what helps contribute to a sense of well-being, consistent responses about friends and family were received, suggesting that these children prioritise domestic, family and personal relationships as core to their sense of well-being. Having talked about Well-being in general terms, the discussion moved on to the four categories of Social, Cultural, Environmental and Economic well-being. The detail of responses varied according to their perceived relevance.

### Social Well-being

Social well-being, defined by this group as socialising and friendship, was considered very important for well-being. Many described how family and friends help with confidence and motivation.

*“Friends and family - the people around you, people who you see often who have a positive impact on your life”* (Welsh medium secondary school, Swansea)

In general, young people and children described how they would like to see more events and things to do with their friends and families. Across the groups, students commented that there was a lack of activities or groups to join in their local town, and that they did not want to just go to the park. Rather, they wanted somewhere safe where they could “hang out”.

Organised activities were also seen as an important way of developing social well-being, as described in several schools. Activities were often carried out in relation to the school, with examples such as:

- Drama club, in which the majority took part (English medium secondary school, Swansea)
- Sports clubs - rugby, football, karate, basketball and gymnastics.
- One participant was part of a choir and an orchestra, and he commented that this really helped raise his sense of well-being. (Welsh medium secondary school, Swansea)

The lack of provision of activities outside of the school was seen as poor;

*“There’s nothing for teens, you can go for a walk or down the beach but there’s only so many times you can do it.”* (English medium secondary school, Swansea)

Social media was mentioned by many as a tool for keeping in contact with friends. Many participants were aware of both the benefits and dangers of social media. They appeared informed of risks such as befriending strangers online, using social media as a social life replacement, and the potential for private issues to be posted on a public platform. They supported the idea that an active life on social media did not necessarily correlate with positive social well-being.

*“Social media replaces friends sometimes; someone may have over a 1000 friends but how many of them have they actually met in real life?”* (English medium secondary school, Swansea)

*“If you see others doing better than you it can knock your confidence.”* (Welsh medium secondary school, Swansea)

The female students expressed particular concern about other people’s perceptions of them and their lives. They felt they could control the way they were perceived by their social media

profiles by posting nice pictures of themselves and liking or tagging specific organisations, bands etc. This gave the girls more confidence and they felt it improved their social well-being. (Welsh medium secondary school, Swansea)

In some schools, worries about exam preparation led to discussions of the pastoral care provided in schools. Some of the English medium secondary school students were very pleased with their pastoral care, having a well-being officer, counsellors and very friendly and helpful teachers. All the students felt they could access support from the staff whenever they needed.

### Cultural Well-being

The idea of cultural well-being was particularly hard to define amongst children and young people. One secondary school student felt it could include religion, choir, rugby and sport (Welsh medium secondary, Swansea). Mention was occasionally made of church, but talk of active engagement with church was rare.

### Environmental Well-being

Discussions of environmental well-being led to differences in understanding in terms of meaning. Some viewed it in the context of infrastructure, namely sport and sporting facilities. Positively, amongst the majority of the children and young people taking part in the fieldwork, the view was that they had sufficient access to areas for sport, and that the places they attended were generally in good condition.

Others viewed environmental well-being in the context of environmental sustainability, with a focus on recycling. In this context, the majority saw environmental efforts as their parent's responsibility, even though some stated they helped with recycling. The children and young people engaged with tended not to think about long term consequences and how issues such as recycling could affect them in the future.

Finally, others viewed environmental well-being in the context of their local environment or area, sometimes on quite a 'micro' level:

*"The toilets in the school are awful, no lids, no seats, people smoking in the toilets, it makes you not want to go. Only four out of twenty work for the girls."* (English medium secondary school, Swansea)

On a more macro level, comments were often made about the areas in which children and young people lived. Secondary school students talked of underage drinking on the streets and in parks:

*"Stupid drunk kids lighting fires and ruining the floors and shelters in the parks."* (English medium secondary school, Swansea)

Overall, the concept of 'Environmental Well-being' held many different connotations across the young people we engaged with, ranging from infrastructure (sporting facilities), the levels of anti-social behaviour and crime in an area, and sustainability of the natural environment.

### Economic Well-being

Economic well-being, as a term, was generally well understood by children and young people in relation to earning money income / having a job. One student described it as follows:

*“If you can’t find a job if you’re in a poor area where there aren’t many jobs, you can’t buy food, you pay for a house, you can’t get all the things you want, the things you dream about for when you grow up, so you lose out on a lot of things then and your well-being’s low.”* (Welsh medium secondary, Swansea).

Some students in English medium secondary schools felt that they should have better financial education.

## 11.5 Regional Picture

The research demonstrates that the children and young people that we engaged with generally prioritised social well-being above economic, cultural and environmental. Across all three local authorities, it was felt that the biggest barrier to attaining higher levels of well-being was the lack of clubs, activities and events organised outside of school. Among young people, there was little understanding of cultural well-being, although aspects of Welsh culture such as rugby and religion were raised. Economic well-being was seen by the participants as a way in which to have control over life (such as reaching goals, or buying products that you would like to have). Finally, environmental well-being was seen as having many different connotations, but most pertinent to this demographic was feeling safe in clean and well looked after local spaces.

Social well-being arose as the most significant element of well-being, by children and young people. Generally, many felt they had good domestic and social relationships, but felt there was a lack of activities or hobbies for them to partake in outside of school. With regards to economic well-being, the children generally saw peoples’ financial situation as significant to their ability to have control over day to day life, such as whether pocket money allowed them to purchase products they desire. The participants did not have much of a sense of cultural well-being, and this did not arise as pertinent to their sense of happiness or life satisfaction. Environmental well-being had many different connotations but the most significant aspect was that children and young people wanted to feel safe, and enjoy spending time in their local spaces such as parks.

### 11.5.1 Common Themes

- Family and personal social relationships are at the heart of young people’s sense of well-being. Social media can support this, and young people had an awareness that there are risks and dangers inherent in social media relationships
- Venues and facilities, including sports pitches and parks, where children and young people are able to meet up with friends are important, but generally not felt to be sufficient. A centre where people of all ages could go, not just young children but teenagers and young people generally.
- Some local parks could be enhanced by general cleaning and tidying and stopping anti-social behaviour



- More facilities, activities and support for children outside of school with additional learning needs to help reduce dependence on others and gain more benefit from social situations

## 12 Appendix 1: Methodological Approach

### Inception

The first stage of the project was the inception meeting (incorporating both SSWA and FGWBA) to discuss the final approach to conducting the well-being assessment and developing a qualitative evidence base of local well-being within towns and communities across and within the local authorities of Bridgend, Neath Port Talbot and Swansea. The meeting was held with the lead officers in each local authority for the respective Public Service Boards and the Western Bay Collaborative. The main purpose the meeting was to clarify and agree the overall methodology to be employed for the commission, enabling the move from the conceptual plan created in our proposal to real life fieldwork.

The main components of the project were defined through this meeting and included:

- An analysis of secondary sources of qualitative evidence and information derived from citizen engagement and the integration of this evidence into this assessment of well-being in the population;
- Scoping interviews with a range of stakeholders to raise awareness of the project and its work, to help shape the design of key lines of enquiry, secure secondary sources of information and support for dissemination of information;
- The structure and potential location of the workshops and focus groups, taking into account the 18 local areas identified by the three local authorities, and the need to provide a highly local opportunity for the public to participate. The balance of workshops and focus groups was changed as a consequence of this discussion to provide more sessions in communities and fewer in schools. A topic guide was developed and agreed as the basis for discussion in these sessions;
- Dissemination channels for the on-line survey would be via the Public Service Board leads and their contacts.

### Primary consultation: Workshops and Focus Groups

The engagement processes tabulated and discussed in more detail below are designed to cater for the different preferences and capabilities of the broad categories of persons to be consulted through the project, in accordance with National Principles of Public Engagement in Wales.

Immediately following the initial meeting with the client team, we finalised the various materials required to conduct the consultation. This included:

- Bilingual topic guides for focus groups and one-to-one interviews;
- Bilingual discussion prompts, feedback forms and other materials for the workshops;
- Bilingual online survey questionnaire.
- Bilingual Promotional Posters

The following table provides a summary of the number of people engaged via the primary engagement through drop-in workshops, focus groups with specifically targeted groups and individual interviews.

### Secondary Data Analysis

The method of assessing the secondary sources of information has been through using the principles and modified methodology of Rapid Evidence Assessment. REAs provide a balanced assessment of what is already known about a policy or practice issue, by policy using systematic review methods to search and critically appraise existing evidence. In this case the evidence is not formally published, but relates to public sector based evidence, and the ‘search’ methodology has therefore been to source information from stakeholders. REA is suitable when policy makers wish to make decisions within a short timeframe based on the best available evidence within that time and when a map of evidence in a topic area is required to determine whether there is any existing evidence.

REA is an appropriate method for answering non-impact questions such as those that assess what people need or what people think and their experiences. The question in this REA has been framed as:

What are the issues of well-being that the public has raised with public sector bodies through engagement and consultation exercises in the last three years? The question is confined to evidence that references the population of Swansea, Bridgend and Neath Port Talbot local authority areas. Analysis has also been undertaken in respect of reference to the nine client categories identified within the Social Services and Well-being Act. The intervention is through engagement and consultation with the public, reported as qualitative evidence of their needs, views and experiences.

Given the unusual nature of this review an iterative and pragmatic approach was taken to give some structure to the review. A total of over 130 documents were received that included some references to other documents that may be available, engagement work currently underway or and links to documents on websites. These ranged from completed documents that had full and comprehensive analysis of engagement or consultation activity, supported by Equality Impact Assessment through to documents that appeared to be unanalysed lists of points noted through engagement or consultation processes. The quality of the documents was therefore highly variable. There was a need for a pragmatic approach to inclusion of material within the review, bearing in mind that in many, though not all, cases engagement and consultation was not the primary purpose of the document or report.

The first stage of reviewing these documents was therefore to consider specific exclusion criteria, and this was undertaken following an initial review of the received documents. The following documents were therefore excluded from the analysis:

- Documents that did not include evidence of engagement and consultation. A number of documents were provided that indicated they may have been formulated with the engagement of the public, but the specific views of the public were not explicitly

differentiated in the documents. In some cases, these documents had been provided as background material only.

- Documents that contained only quantitative data
- Documents containing only raw qualitative data with no context or analysis were excluded: it is outside of the scope of this project, for the project team to analyse such data
- References to engagement that is still in progress and not formally reported have been excluded.

A simple weighting has been applied to each document to provide a sense of the relative quality of the remaining evidence included in the review.

Level 1 evidence: broad range of engagement methods, information on demographics included, EQIA; good volume of participants

Level 2 evidence: good volume of participants; broad range of methods

Level 3 evidence: significant gaps in the underpinning information

It is important to note that this may not be a reflection of the actual quality of the engagement that has taken place, more a reflection on the way that it has been reported, and the weight given by document authors to presenting engagement and consultation information in their documents.

A summary of the qualitative data information was extracted from each document and has subsequently been subject to:

- High level identification of key themes and development of a coding frame
- Coding of data against the frame
- Prioritisation of issues by frequency of reference
- Narrative developed from the coding of data

Due to the nature of the information and the wide variety of formats and reporting arrangements this has also been a pragmatic and iterative process, and as far as possible inclusive to enrich the analysis. It is also to be noted that this is secondary analysis of qualitative information already reviewed and coded by others as part of the process of recording and reporting engagement and consultation activity. It is therefore appropriate only to draw high level inferences from this material.

## 13 Appendix 2: Engagement

Table 1: Attendance from all means of engagement

Attendance	Drop-ins /Focus Groups in schools	Online Survey	Pre-existing groups
Learning Disability & Autism	24	0	23
Sensory Impairment	1	10	34
Secure Estate	0	0	0
Carers Who Need Support	2	26	16
Health and Physical Disability	13	28	6
Violence against women, Domestic Abuse and Sexual Violence	3	0	2
Mental Health	10	8	14
Older People (65+)	34	27	44
Children and Young People (under 18)	56	0	13
<b>Total</b>	<b>143</b>	<b>65</b>	<b>152</b>

Table 2 Attendance of citizen groups in Bridgend area

Attendance	Drop-ins /Focus Groups in schools* <sup>62</sup>	Online Survey*, ** <sup>63</sup>	Pre-existing groups
Learning Disability & Autism	3	0	10
Sensory Impairment	0	1	15
Secure Estate	0	0	0

<sup>62</sup> \* Numbers referred to people who identified as

<sup>63</sup> \*\* the Survey was removed from the Bridgend County Council website after a few days

<b>Carers Who Need Support</b>	0	15	8
<b>Health and Physical Disability</b>	8	3	6
<b>Violence against women, Domestic Abuse and Sexual Violence</b>	0	0	0
<b>Mental Health</b>	1	0	8
<b>Older People (65+)</b>	3	1	21
<b>Children and Young People (under 25)</b>	13	0	0
<b>Total</b>	28	20	68

Table 3 Attendance of citizen groups in Neath Port-Talbot area

<b>Attendance</b>	<b>Drop-ins /Focus Groups in schools *</b>	<b>Online Survey*</b>	<b>Pre-existing groups</b>
<b>Learning Disability &amp; Autism</b>	2	0	5
<b>Sensory Impairment</b>	0	3	0
<b>Secure Estate</b>	0	0	0
<b>Carers Who Need Support</b>	0	26	10
<b>Health and Physical Disability</b>	3	8	0
<b>Violence against women, Domestic Abuse and Sexual Violence</b>	0	0	7
<b>Mental Health</b>	3	5	0
<b>Older People (65+)</b>	2	10	23
<b>Children and Young People (under 25)</b>	21 (incl. ALN)	0	0
<b>Total</b>	31	52	50

Table 4 Attendance of citizen groups in Swansea area

Attendance	Drop-ins /Focus Groups in schools *	Online Survey*, **64	Pre-existing groups
Learning Disability & Autism	1	0	8
Sensory Impairment	1	3	19
Secure Estate	0	0	0
Carers Who Need Support	1	33	6
Health and Physical Disability	2	15	2 (from RNIB)
Violence against women, Domestic Abuse and Sexual Violence	2	0	0
Mental Health	0	3	5
Older People (65+)	4	16	0
Children and Young People (under 25)	12	0	7
<b>Total</b>	<b>23</b>	<b>70</b>	<b>47</b>

## Locations and names of targeted groups attended

Bridgend:

- Bridgend Deaf Club
- Bridgend carers centre
- Age Connect
- Stroke Association
- Mental health Matters
- Interviews:
  - Lisette Saunders - HM Prison Parc
  - Sue Richard - Cruse Bereavement
  - Kay Harries - ex Age Connect

<sup>64</sup> \*\* The online survey was removed from the City and County of Swansea website after 2 days

Neath Port Talbot:

- Young at Heart group (Deaf group with non-verbal members)
- Age Concern
- NPT Carers Services
- Interviews:
  - Mark Lazarus - Hillside Secure Home
  - Karyl Carter - Stroke association

Swansea

- Gofal
- People First
- RNIB
- Young Single Homeless project
- Swansea Young Adult carers
- Swansea Women's Aid
- Interviews
  - Lynn Saunders - Women's Aid
  - Nicola Russell-Brooks - Age Cymru



**Table 5: Dates and locations of the drop-in workshop and focus groups in Bridgend**

Venue	Date and time	Number of attendees
Ogmore Valley Life Centre	Monday 26/09, 2pm – 7pm	1
Porthcawl Pavilion	Tuesday 27/09, 9am - 1pm	7
Blaengarw Workmen’s Hall	Tuesday 27/09, 3pm – 7pm	0
St Michael’s Crypt, Maesteg	Friday 30/09 , 9am – 1pm	3
Bridgend Life Centre+	Friday 30/09, 3pm – 7pm	13
Pencoed Miners Welfare Hall	Saturday 1/10, 9am – 1pm	2

Engagement with children and young people:

1 ALN school: 7 students

1 welsh secondary school: 6 students

**Table 6: Dates and locations of the drop-in workshop and focus groups in Neath Port Talbot**

Venue	Date and time	Number of attendees
Croeserw Community Enterprise Centre, Cymmer	Monday 28/09, 9am – 1pm	2
Gwyn Hall, Neath	Saturday 1/10, 2-6pm	12
Cymllynfell Welfare Hall	Monday 3/10, 9am -1pm	0
Dove Workshop, Neath	Monday 3/10, 2pm- 6pm	1
Pontardawe Arts Centre, Pontardawe	Wednesday 5/10, 9am – 1pm	5
St Paul Centre, Port Talbot	Wednesday 5/10, 3pm-7pm	5

Engagement with children and young people:

1 ALN school: 10 students

1 primary school: 6 students

1 Welsh secondary school: 5 students

**Table 7: Dates and locations of the drop-in workshop and focus groups in Swansea**

Venue	Date and time	Number of attendees
Townhill Community Centre	Wednesday 28/09, 9am– 1pm	11
Canolfan Gorseinon Centre	Wednesday 28/09, 3 – 7pm	2
Pennard Parish Hall	Thursday 29/09, 3 – 7pm	4
St Phillips Community Centre	Friday 30/09, 2pm – 6pm	7
Sketty Park	Tuesday 4/10, 9am – 1pm	3
Morryston Community Centre	Friday 7/10, 2pm – 6pm	2

Engagement with children and young people:

1 Welsh secondary school: 8 students

2 secondary schools: 6 and 8 students

### One-to-one interviews

The individual depth interviews were planned as an essential part of the methodology to ensure we obtained the views of ‘harder to reach’ or ‘seldom heard’<sup>65</sup> citizens. These were people who may be difficult to identify in the first instance, challenging to engage with<sup>66</sup>, and who may struggle with the structure of a focus group or workshop because of their particular vulnerabilities.

As the project progressed, the need for the one-to-one interviews diminished. Two were still carried out for very particular reasons, but generally the individuals who we had thought would prefer an individual depth interview were happy to attend workshops with others. Depending on the number of others present, we sometimes then allocated them one of the two moderators present so that their conversation could remain confidential.

<sup>65</sup> As defined in the Practitioners’ Manual for public engagement

<sup>66</sup> Secure estate, children and young people facing bereavement

However when we were not able to engage with a group we tried to undertake interviews with stakeholders. They gave us a more general overview of the relationship, satisfaction service users have with social services as well as the barriers and the issues they face dealing with social services.

#### Development and dissemination of bilingual online consultation survey

We designed an online survey in order to extend the scope of the consultation further. Whilst traditionally used as a quantitative method of information gathering, we developed more open-ended questions relating to the main thematic areas of well-being and some specific questions in relation to social care for the purpose of obtaining additional qualitative feedback.

The survey was posted on-line for the period 9<sup>th</sup> September 2016 until 14<sup>th</sup> October 2016, in the medium of Welsh and English. A total of 637 responses were obtained in English, and 3 in Welsh.

The map below illustrates the number (total of 76) and geographical area of responses received from all those giving a Bridgend postcode.

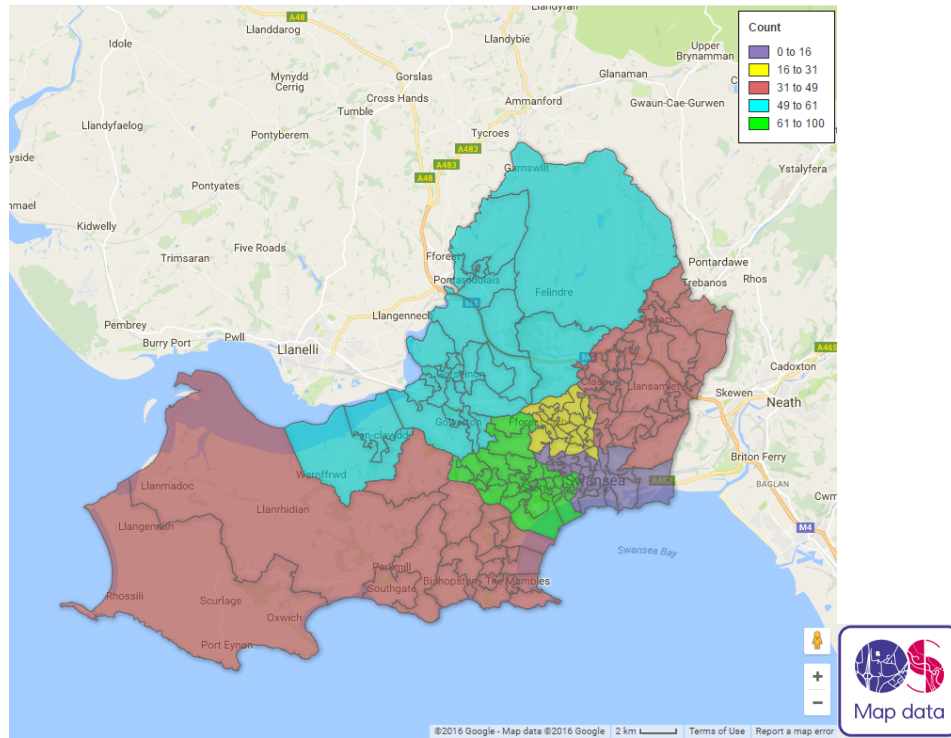
Among the participants who gave us their postcode we identified 23 from Bridgend North, 34 from Bridgend East and 19 from Bridgend West (

Figure 1).



Among the participants who gave us their postcode we identified 57 from Bay East, 43 from Bay West, 14 from City, 46 from Cwm Tawe, 49 from Lwchwr and 16 from Penderry community area (Figure 2)

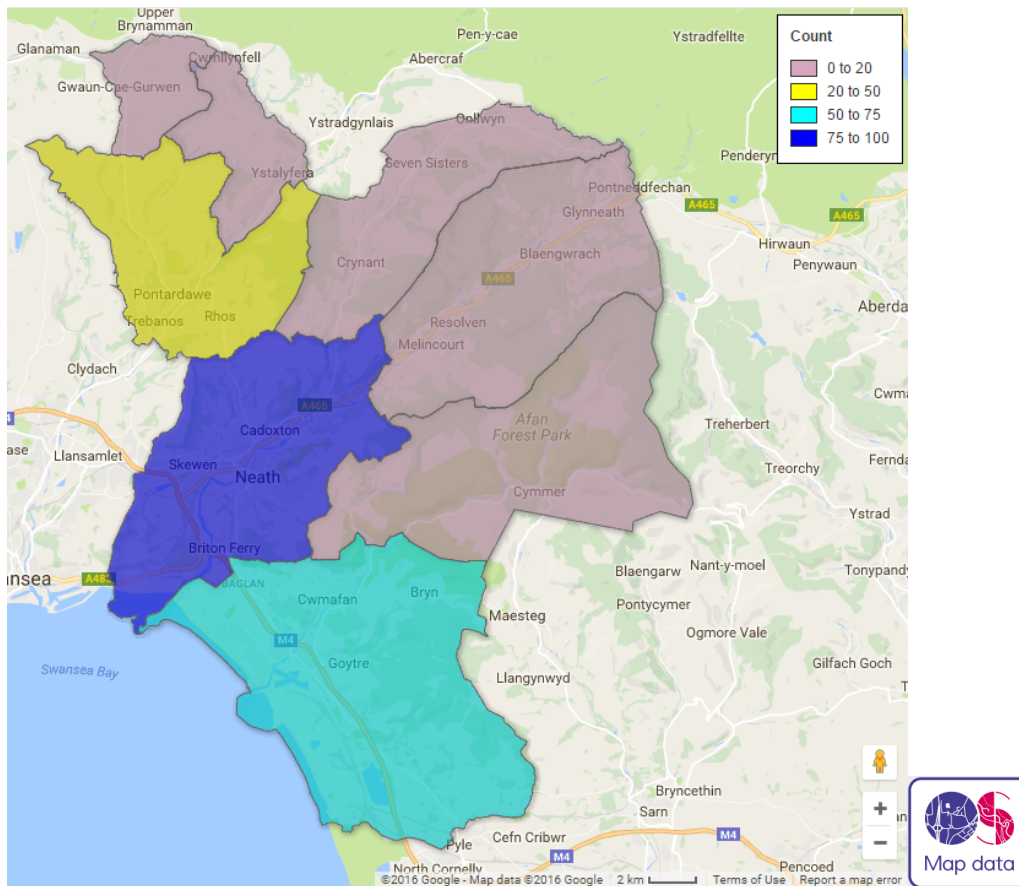
Figure 2: Number of survey respondents per community area



Source: Google map - Contains OS 1:25 000 Scale Colour Raster data - Swansea Ordnance Survey licence number 100023509.

The map below illustrates the number (total of 193) and community areas of responses received from all those giving a valid Neath Port Talbot postcode. Among the participants who gave us their postcode we identified 5 from Afan Valley, 2 from Amman Valley, 9 from Dulais Valley, 84 from Neath, 3 from Neath Valley, 23 from Pontardawe, 59 from Port Talbot, and 8 from Swansea Valley community area (Figure 3).

Figure 3: Number of survey respondents per community area



Source: Google map - Contains OS 1:25 000 scale colour Raster data

## 14 Appendix 3: Sources

Reference Number	Document Information	Type of Data	Number of people engaged/ consulted	Geographical Area(s) Covered	Engagement/ Consultation method	Social Care and Well-Being Act Categories
1	Shaping Bridgend's Future; Consultation Report: Budget Consultation 2015	Quantitative, with Qualitative element	989 responses to the survey, 495 interactions at the community engagement events across the county borough, 167 interactions from Twitter and 85 interactions from Facebook, 334 interactions using social media.	Bridgend	Questionnaire Public Meetings Social Media	All Groups
2	Overarching Consultation on Council's Budget Setting Process	Qualitative only	Neath Port Talbot Staff; Partners	Neath Port Talbot	Overarching Public Consultation; Internal Consultation; Partnership Event; Stakeholder Consultation; Written responses	All Groups



3	New Social Work Model: outcome of consultation on new service model 2014	Qualitative and Quantitative	A total of 35 responses to the engagement exercise were received; 16 were from people who attend services, 4 from a carer/relation of someone who attends a service, 9 from a member of staff and 6 from 'other'.	Neath Port Talbot	Questionnaire	All Groups
4	Neath Port Talbot Strategic Equality Plan 2015-19	Qualitative	not stated	Neath Port Talbot		All Groups
5	Local Development Plan 2011-16 Adopted 2016	Qualitative only	Not stated	Neath Port Talbot	Consultation on draft plans	All Groups
6	Neath Port Talbot Rights of Way Improvement Plan	Qualitative and Quantitative	182 responses; some corporate responses	Neath Port Talbot	Written feedback on consultation document	All Groups
7	Report to Social Care, Health and Housing Cabinet Board  Market Position Statements 2015	Qualitative	All	Neath Port Talbot	Web and open workshop	All Groups
8	Welsh Dads Survey 2016. Both Parents Matter Cymru. Both Parents Matter	Qualitative and Quantitative	219	Wales	Survey of members	All Groups
9	Joint Transport Plan for	Qualitative and	45 responses	Western Bay	Written feedback on	All Groups

	South West Wales	Quantitative			consultation document	
10	Bridgend Carers Survey April 2015	Qualitative and Quantitative	105	Bridgend	Questionnaire to service users	Carers Who Need Support
11	Consultation outcome of the joint carers commissioning strategy 2015 / 18. 2015	Qualitative only	2 organisations (not stated); 1 individual	Neath Port Talbot	Written or on-line submission	Carers Who Need Support
12	Neath Port Talbot Joint Commissioning Strategy 2015-18	Qualitative element	Not stated	Neath Port Talbot	Questionnaire; Have Your Say Event	Carers Who Need Support
13	Carers Information and Consultation Strategy ABMU 2013-16	Qualitative and Quantitative	Not stated	Western Bay	Questionnaires and events	Carers Who Need Support
14	Summary of engagement with carers and young carers in Swansea (6 documents/extracts)	Qualitative	Not provided	Swansea	Questionnaires and workshops	Carers Who Need Support
15	Welsh Assembly Government Consultation on Higher Education Regulations	Qualitative only	not stated	Western Bay	not stated	Carers Who Need Support
16	Summary Valuing Carers Snapshot Survey Draft 2016	Qualitative and Quantitative	66	Western Bay	Questionnaire	Carers Who Need Support

17	Bridgend Carers Centre Help Shape Our Future Services Survey	Qualitative and Quantitative	Qualitative extract only provided	Bridgend	Survey of members	Carers Who Need Support
18	Hillside Secure Children's Home Care and Social Services Inspection 2014	Qualitative only	Not stated	Neath Port Talbot	Inspection	Secure Estate
19	Crucial Crew submission to apse awards	Qualitative only	All Year six pupils in NPT. Numbers not given.	Neath Port Talbot	Multi-agency crucial crew days	Children and Young People
20	Play Sufficiency Assessment Late 2015 / early 2016. 2 documents.	Qualitative and Quantitative	Questionnaire that were submitted by 171 children/young people and 108 parents. • Summary of focus group responses	Neath Port Talbot	Questionnaire and Focus Group	Children and Young People
21	CSSIW fostering inspection report - March 2016	Qualitative only	Range of stakeholders; no children approached	Neath Port Talbot	Face to face interviews	Children and Young People
22	Aberavon Community Consultation 2016	Qualitative only	315 Year 9; community stakeholders in Aberavon; some organisational responses, but not listed	Neath Port Talbot	Questionnaire; Focus Groups; 1:1	Children and Young People
23	Commissioning Review Physical Disability	Qualitative only	Not stated	Swansea	Workshops	Health and Physical Disability
23a	Swansea Review of Social Work Model. Feedback from disabled	Qualitative only	not stated	Swansea		Health and Physical

	people.					Disability
24	South Wales Programme Report of Engagement Questionnaire 2013 and extract of report from Public Meetings (2 Documents)	Qualitative and Quantitative	859 from ABMU from a total of 1207	Wales	online and paper questionnaire	Health and Physical Disability
25	Community Health Council Response to Changing for the Better and Report of the Analysis of the Survey (2 documents)	Qualitative and Quantitative	123?	Western Bay	questionnaire	Health and Physical Disability
26	Changing for the Better The Results: PowerPoint extract	Qualitative only	Not referenced	Western Bay	Workshops	Health and Physical Disability
27	Western Bay Learning Disability Strategy Consultation 2014`	Qualitative only	Not directly referenced	Western Bay	Workshop	Learning Disability & Autism
28	People First Bridgend Submission	Qualitative only	9	Bridgend	Workshop	Learning Disability & Autism

29	Learning Disability Commissioning Strategy Review, Co-production Process 2015-16 (19 Documents provided, but with no clear overview).	Qualitative only	Not directly referenced	Swansea	Workshop	Learning Disability & Autism
30	Mental Health Commissioning Strategy for Neath Port Talbot 2014-17	Qualitative only	Not stated	Neath Port Talbot	A number of events for users, families and carers	Mental Health
31	Adult Mental Health In-patient Consultation; Have your say day 2014 and 2015	Qualitative only	Not provided	Western Bay	Stakeholder workshop and questionnaire	Mental Health
32	Western Bay Area Planning Board Substance Misuse Commissioning Strategy 2016-20	Qualitative only	Not stated	Western Bay	Workshop	Mental Health
33	Bridgend Mental Health Commissioning and Delivery Plan 2015-18	Qualitative only	Not directly referenced	Bridgend	Not specified	Mental Health
34	Swansea Commissioning Plan for Mental Health Services 2011-14 (3 documents)	Qualitative only	Not directly referenced	Swansea	Stakeholder workshop	Mental Health

35	Mental Health Commissioning Review Co-production Process 2016 (2 documents)	Qualitative only	Not directly referenced	Swansea	Workshop and Stakeholder review	Mental Health
36	Fair Treatment for the Women of Wales - submission	Qualitative only	300 members across Wales - not clear specifically how many approached from Swansea and Neath Port Talbot	Western Bay	On-line questionnaire	Multiple Groups
37	Report to Social Care, Health and Housing Cabinet Board  Consultation on withdrawal of subsidy paid to Coastal housing	Qualitative only	30	Neath Port Talbot	Booklet	Older People

38	Report to Social Care, Health and Housing Cabinet Board - Direct Service – Community Integrated Model 2016	Qualitative	<p>7 Staff meetings have taken place</p> <p>8 Public briefings have been given at a number of representative forums and events across the County Borough including, Neath, Port Talbot and Pontardawe (open to all stakeholders)</p> <ul style="list-style-type: none"> <li>· 9 Client Carer meetings have taken place</li> <li>1 Meeting with education partners</li> <li>· 3 meetings with third sector partners</li> </ul> <p>99 out of 146 service users across Older Persons services. Were involved in the consultation feedback sessions.</p>	Neath Port Talbot	<p>7 Staff meetings have taken place</p> <p>8 Public briefings have been given at a number of representative forums and events across the County Borough including, Neath, Port Talbot and Pontardawe (open to all stakeholders)</p> <ul style="list-style-type: none"> <li>· 9 Client Carer meetings have taken place</li> <li>· 1 Meeting with education partners</li> <li>· 3 meetings with third sector partners</li> </ul> <p>99 out of 146 service users across Older</p>	Older people
----	--	-------------	--	-------------------	---	--------------

					Persons services. Were involved in the consultation feedback sessions.	
39	Commissioning review of residential care, domicilliary care and day care (residential care only currently available). Five documents.	Qualitative	Not provided	Swansea	Workshop	Older People



40	The older people's listening project (covers Cwm Taf Health Board area, but provides a useful methodology). Published by Interlink.	Quantitative only	n/a	Wales	Bespoke methodology	Older People
41	Western Bay: Delivering Improved Community Services: Ageing Well in Bridgend Consultation Report (Qualitative Survey); Neath Port Talbot A Great place to live in older life; Ageing Well Survey (Swansea) 4 documents	Qualitative only	Bridgend: 294 Swansea: 73	Western Bay	Various	Older People

42	Commissioning Strategy for Care Homes for Older People 2016 - 2025	Qualitative only	Not stated	Western Bay	<p>Consultation on draft strategy:</p> <ul style="list-style-type: none"> <li>• Consultation event which took place on the 15th July and was attended by a range of stakeholders including Local Authority, Health Board and Third Sector staff, care home providers, older people's councils and carers.</li> <li>• E-survey published online via a variety of forums</li> <li>• Direct emails and phone calls feeding back views</li> </ul>	Older People
43	Evaluation of Intermediate Care: Formative Report 2016	Qualitative only	20 primary users and 7 carers	Western Bay	1:1 Interview	Older people

44	Accessing and Paying for Social Care in Wales: A People's Perspective	Qualitative and Quantitative	Not directly referenced	Western Bay	Review of evidence and independent additional research	Older People
45	Ageing Well In Bridgend Consultation Report	Quantitative only		Bridgend	Questionnaire	Older People
46	Survivor feedback from the draft Violence Against Women, Domestic Abuse and Sexual Violence strategy 2016	Qualitative only	Not stated	Neath Port Talbot	Face to face	Survivors of Domestic Abuse
47	Service User Views of Substance Misuse Services	Qualitative only	8	Western Bay	Workshop	Mental Health