Cardiff and the Vale of Glamorgan

Population needs assessment

for the Social Services and Wellbeing (Wales) Act 2014

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

Version control

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<td>6 Jan 2017-1</td>
<td>Draft, using information from workshops, quant data, focus groups, surveys. Info added from initial feedback from leads. More detail added to background sections, Exec summary added. Further feedback from leads, CVCs</td>
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Executive summary

Background to the assessment

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

The assessment should inform local area plans which will be prepared during the period Apr 2017-Mar 2018, as well as other statutory planning processes. Initial recommendations from professionals on priorities for these plans and where changes may be required in care or support arrangements, are included under each chapter. These will be subject to review and refinement into detailed descriptions of the range and level of services required to meet the needs identified, as part of the area planning process.

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

How the assessment was undertaken

The assessment was undertaken between February 2016 and January 2017. Information was brought together from a number of sources: public surveys tailored to the audience; focus group interviews with local residents; a survey of local professionals and organisations providing care or support, including the third sector; service and population data; key documents, and previous work. Engagement work was carried out under the ‘Let’s Talk’ brand.

A series of workshops with lead professionals in the area were held in November 2017 to start to collate and interpret the findings.

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

Main findings

Children and young people

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

Prevention issues Building healthy relationships; practical life skills including financial skills; healthy lifestyles including healthy eating, physical activity and play; increased focus on adverse childhood experiences (ACEs); actions to reduce proportion of children becoming not in education, employment or training (NEET), especially in Cardiff
**Assets**  Positive social interactions; respite care for young carers; counselling services; positive physical environment; careers advice; Families First projects and Flying Start; arrangements for engaging with children and young people; bespoke support for individuals; Family group conferencing (Cardiff); paid and volunteer workforce; funding for children and young people with a disability

**Older people**

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

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

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

**Health and physical disabilities**

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

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

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

**Learning disability and autism**

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

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

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

**Adult mental health**

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

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

**Adult carers**

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

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

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

**Sensory impairment**

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

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

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

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

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

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

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

**Asylum seekers and refugees**

**Care and support needs** Lack of fluency in English or Welsh; access to ESOL (English for speakers of other languages); routine access to interpretation for public services; access to information and accessibility of services; access to labour market; establishing links in the community; childcare; transport; engaging with schools; improved access to community mental health services
Prevention issues  Training and awareness of asylum status and migration patterns for statutory and third sector partners

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

Offenders

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

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

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

Veterans

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

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

Assets  Veterans’ NHS Wales

Substance misuse

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

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

Assets  Recovery third sector organisations; keeping busy, volunteering; help with employment; libraries and Hubs
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Section A.

Background, methods and general findings
A1. Background to the assessment

Legal requirement

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

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

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

The Region

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

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

Core themes

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

The themes presented here are:

- Children and young people
- Older people
- Health and physical disabilities
- Learning disability and autism
- Mental health
- Sensory impairment
- Carers who need support
- Violence against women, domestic abuse and sexual violence
- Offenders
- Asylum seekers & refugees
- Veterans
- Substance Misuse
It is recognised that many individuals and their needs will fall into two or more of these themes and sometimes needs do not neatly relate to a particular aspect of an individual’s background or history. Therefore the grouping into themes should be treated as one particular way to describe the population but many others are valid. Each theme chapter suggests other chapters which are likely to contain related needs.

**Welsh language and equality profile**

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

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

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

**Wellbeing of Future Generations (Wales) Act 2015**

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

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

Wherever possible the processes for this PNA and the Wellbeing Assessments has been aligned to reduce duplication of effort. For more information see section A2, How the assessment was undertaken.
A2. How the assessment was undertaken

Timeframe

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

Methods used

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

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

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

a. public surveys, for adults and for young people

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

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

A total of 1,278 surveys were completed. Of those specifying where they lived (four in five respondents), around 83% were from Cardiff, and 17% from the Vale of Glamorgan. This indicates a slight over-representation of people from Cardiff, who represent 75% of the combined population of Cardiff and the Vale. One in five people did not say which area they came from. Analysis of the findings for both Cardiff and the Vale was undertaken by Cardiff Research Centre. Further detail on the breakdown of people who answered the survey is available in a separate report.

The children and young people’s survey was developed in conjunction with a group of young people, and made available online. Awareness of the survey was raised via Twitter and ‘the Sprout’, a news and event website for young people in Cardiff but accessed across Cardiff and the Vale. [to add number completed].

b. focus group interviews with local residents
Twenty three [confirm] bespoke focus group interviews were carried out with local residents. 20 of these were carried out by a commissioned market research organisation, Beaufort Research, on behalf of the statutory organisations. A separate detailed report is available giving more information about the focus groups and the information gleaned from them. A list of the main focus groups commissioned is given in the Appendix. Third sector organisations across Cardiff and Vale were also invited via the County Voluntary Councils (GVS and C3SC) to participate in collecting views from local residents, and free training on running focus groups was offered to prospective organisations, resulting in a small number of additional focus groups (see Appendix).

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

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

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

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

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

d. service and population data

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

e. information from key documents and previous work

Relevant background strategy, policy and needs documents were identified by professional stakeholders for their relevant area, and by web searches for relevant topics. Key messages relevant to our population were identified. In many cases national (Wales or UK) work is quoted which can help either in confirming local findings, or filling a gap in our local knowledge. In this case an assumption has to be made that similar issues are found locally.

f. a series of workshops of professional leads

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

Key priorities to address the needs identified were discussed and agreed at the professional workshops held in November 2016 and are given in the relevant topic chapter.

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

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

Oversight of assessment

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

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

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

Critique and limitations of assessment

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

The use of focus groups across a variety of population groups provided a rich source of information about local needs and assets and would definitely be recommended for future assessments. In terms of planning these, commissioning an external organisation to undertake this work was successful. Third sector organisations kindly helped with arranging the logistics for many of these focus groups. An earlier approach, of offering free training in running focus groups and asking third sector organisations if they could help with this process, had mixed results. Although many organisations were keen to support this approach and attended training, ultimately because of understandable capacity issues in these often small organisations, it was difficult for them to run the groups within the timeframe of the assessment.
The public survey had a good response rate, but fewer responses were received from people living in the Vale of Glamorgan compared with Cardiff given the two population sizes; and from older people aged 75 and over.

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

[ critique/limitations to be formally discussed at PNA steering group, along with feedback on draft, and added before finalising ]

Recommendations on future assessment process

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

- Scope a co-ordinated function across public sector bodies in the region, and the third sector, to maintain an up-to-date knowledge of current and recent engagement exercises, with a complementary function of maintaining a bank of questions local policymakers would like answered. This would make it easier to identify existing engagement material, where the gaps are, and how best to undertake and log new activity.

- Agree the frequency and nature of future updates to this assessment. While the Act requires one mid-term refresh and then a new assessment in 5 years’ time, the value of maintaining an up-to-date resource which represents the current state of knowledge on local care and support needs, should be reviewed.

- [ to discuss formally at PNA steering group following review of process ]
A3. What happens next

Area plans must be agreed by each region by April 2018 in response to this assessment. The purpose of area plans is to provide a description of the range and level of services proposed to be provided, or arranged, to respond to the care and support needs; and the support needs of carers, identified in the population needs assessment reports.

Area plans must include:

- the actions partners will take in relation to the priority areas of integration for regional partnership boards;
- the instances and details of pooled funds to be established in response to the population assessment;
- how services will be procured or arranged to be delivered, including by alternative delivery models;
- details of the preventative services that will be provided or arranged;
- actions being taken in relation to the provision of information, advice and assistance services; and
- actions required to deliver services through the medium of Welsh.
A4. Background demography

The population age structure of the Vale of Glamorgan is very similar to the Wales average, with the exception of a slightly lower number of young adults (20-24yrs). The population of the Vale will increase modestly over the next 10 years, by around 3% or 4,000 people. However, this masks significant growth in the over 65s and over 85s categories.

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

The population of Cardiff is growing rapidly in size, projected to increase by 13% between 2015-25, significantly higher than the average growth across Wales and the rest of the UK. An extra 46,000 people will live in and require access to health and wellbeing services.

The Cardiff population is relatively young compared with the rest of Wales, with the proportion of infants (0-4 yrs) and young working age population (20-39yrs) significantly higher than the Wales average. This reflects in part a significant number of students who study in Cardiff. There will be significant increases in particular in people aged 5-16 and the over 65s.
The significant increase in the size of the population in Cardiff is driven principally by a birth rate which exceeds the death rate, contributing to around 0.6% growth each year, and net in-migration, which contributes around 0.3% growth annually. In-migration rates have over recent years declined slightly in Cardiff, and is running at around 1000-2000 people per year (net).

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

There are stark inequalities within Cardiff and the Vale of Glamorgan. Within Cardiff, men in the most deprived areas can expect to live on average 11 years less than those in the least deprived areas. For healthy life expectancy the gap is even wider, with 24 fewer years of healthy life experienced by men in the most deprived areas. For the Vale of Glamorgan, the gap is 8 years and 21 years respectively. See figure.
Cardiff has the third highest proportion of most deprived local areas out of all local authorities in Wales, behind Blaenau Gwent and Newport, with over 1 in 6 (17.6%) people in Cardiff living in these areas. For young people under 18, this proportion rises to nearly a quarter (23.1%). The proportion in the Vale of Glamorgan, 14%, is below the Wales average.

![Graph showing percentage of population in income deprivation - 2013-2015]

<table>
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<tr>
<td>The Vale of Glamorgan</td>
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<tr>
<td>Cardiff</td>
<td>18%</td>
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<tr>
<td>Wales</td>
<td>16%</td>
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Source: Welsh Government (WG)
A5. General findings and housing need

5.1 General information from local residents and service users

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

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

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

<table>
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<th>Source of preventive advice, service or support</th>
<th>No.</th>
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<tr>
<td>GP</td>
<td>301</td>
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</tr>
<tr>
<td>Education Services</td>
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Nearly one in five respondents (19.8%) found it difficult or very difficult to find information and advice on the help available to them.

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

Nearly half the survey respondents (46.4%) identified themselves as belonging to one or more of the population groups in part B of this report. A third reported a long term health condition or physical disability.
Just over 1 in 10 (12%) of all respondents were currently in receipt of care and support services or had previously received them. Of those who received services, 7 in 10 (69.3%) reported they were happy with the services they received. 6 in 10 (59%) felt they were sufficiently involved in decisions about their care and support, with a further quarter (23.7%) saying they were sometimes involved. 1 in 10 (10.8%) did not feel sufficiently involved in these decisions.

5.2 General information from professionals

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

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

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

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

5.3 General information from other sources

Accessing information about advice, support and services

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

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

Tackling Poverty Programmes

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

Within Cardiff and Vale there are 5 Communities First clusters, one in the Vale of Glamorgan (Barry) and four in Cardiff (Caerau and Ely; Splott, Tremorfa, Adamsdown and Roath; Butetown, Grangetown and
Riverside; and East Cardiff, Llanedeyrn and Pentwyn). It has recently been announced by Welsh Government that the Communities First programme will be reviewed, with a new approach focusing on employment, early years and empowerment.\textsuperscript{d34}

5.4 Housing need

Cardiff

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

The Cardiff Housing Strategy 2016-21 describes housing need in the City.\textsuperscript{d32} The Council and Housing Associations have in total around 24,000 units of social rented accommodation. Demand for housing is high across all wards, with new units planned for popular wards near the City centre. An average of 1,644 lets are made by social landlords in Cardiff each year. There are nearly 10,000 applicants waiting for housing in Cardiff. Of these people, less than 1\% (0.3\%) have an immediate need (38 applications), with a further 6.4\% (577 applications) banded as an 'urgent need'. Of those on the waiting list, a quarter (26\%) have a medical need, and nearly a third (29\%) of the households are currently living in overcrowded conditions. There are currently nearly 2000 applicants on the waiting list aged 50 and over. The weekly average of rough sleepers in Cardiff is 42, of whom on average 15 are long-term rough sleepers who refuse or whose lifestyle is too chaotic, to access provision. The household Benefit Cap is being reduced in 2016/17, affecting 500 households in Cardiff.

[add more detail on care accommodation and sheltered accommodation]

For the Gypsy and Traveller community, there are 43 households on the waiting list for Council-operated sites in Cardiff. An accommodation needs assessment has been undertaken of the two sites to plan for future development. [to add link/reference to this assessment]

Supporting People is a national framework for planning, delivering and monitoring housing related support services. The most common specific needs among people accessing Supporting People funding were: age (older or young person); mental health; domestic abuse; refugee issues; and learning disabilities. [Add amount of funding received by Cardiff Supporting People team.]

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

Vale of Glamorgan

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

[to add Housing info here for the Vale]

[include amount of funding received by Vale Supporting People team.]
Section B.

Findings by population theme

Caveats to draft

Note: it is recognised that in many sections there is currently less information presented on the Vale of Glamorgan compared with Cardiff. This is not intentional but reflects information submitted to the process and available to date. We would therefore welcome any suggestions for additional information to be added relevant to the Vale before this document is finalised - please email tom.porter@wales.nhs.uk. Thank you.

In order to ensure a comprehensive list of assets is included in the relevant section, if any key assets are missing (especially Vale assets) please email as above.
B1. Children and young people

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

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

Summary  Children and young people

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

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

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

1.1 What do we know about this group?

1.1.1 Information from population and service data

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

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

Looked after children and children in need

[add definition of LAC]

In Cardiff in 2015 there were 1276 children in need, 300 children subject to a child protection plan and 630 looked after children. In 2017 a Corporate Parenting Strategy is being introduced across the Cardiff partnership to set out how looked after children will be cared for. Looked after children are more likely to have a statement of special educational needs, be excluded from school, and to leave school with no
qualifications, compared with children in the general population. Looked after children are also more likely to experience emotional and mental health issues.

Half of assessments (50.6%) for children in need were completed by Cardiff Council within 7 working days in 2014/15. For looked after children, attendance rates at primary and secondary school were high, and there were no permanent exclusions.

In Cardiff in March 2015, the Youth Offending Service (YOS) in Cardiff was working with 216 young people under the age of 18.

### Long term illness and disability among children and young people

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

In Cardiff, there has been a shift in the threshold at which children with disabilities receive support from the local authority, with fewer children now receiving support (circa 700 in 13/14 compared with 300 in...
Caseloads in the Vale of Glamorgan have remained roughly similar over the two periods.

In the Vale of Glamorgan, 393 children and young people were registered on the index of children and young people with disabilities and additional needs in March 2016. In the previous year, 107 new registrations had been added and 39 children removed. Over half (51%) are between 4 and 11 years old, and a third (34%) are involved with Social Services. Nearly half (45%) live in Barry. The primary reason for registration in nearly a third (31%) is autistic spectrum disorder (ASD).

Young carers

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

Not in education, employment or training (NEET)

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

Preventive health needs

Many children are developing unhealthy behaviours in terms of physical activity and diet. There is concern about the use of e-cigarettes in young people. Teenage pregnancies, while falling in Cardiff, remain above the Wales average; teenage pregnancies in the Vale are below the average.

Figure. Proportion of children who are overweight or obese, 3 years combined data, 2011/12-2013/14, Children aged 4 to 5 years, Cardiff and Vale UHB
Families First in Cardiff has service users throughout the City, with the highest number in Ely, Caerau, Grangetown, Trowbridge, Splott, Pentwyn and Riverside. The highest proportion of service users were in the Child and Youth Engagement; Emotional Health and Wellbeing; and Early Years packages. The highest proportion of referrals were in the 12-16 age group, followed by 8-11 and 0-4 year olds. 15.2% of service users were children with a disability, 4.7% adults with a disability, with the remainder not experiencing a disability. Over 500 families with more complex needs were referred in 2014-15 for support, an increase of over 200 on the previous year. Nearly all (98%) of these families said the services involved met their needs.

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

Families First in the Vale of Glamorgan

[to add detail]

1.1.2 Information from local residents and service users

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

Parents, friends and schools/colleges were the main source of help and support, followed by the doctor, grandparents and online support. About a quarter had sought help at school/college but not been able to get it.

In terms of what makes someone useful to turn to for support, the commonest answer given was that they were open minded and non-judgemental. Having knowledge/experience and being caring and kind were also key attributes (Box 1A1).

Box 1A1. What makes someone useful to turn to for support

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

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

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

In terms of what could make a positive difference to health and wellbeing in their community, young people answering the survey came up with a variety of answers, including youth centres, ‘more talk about mental health in schools’ and better access to GP facilities.
Assets identified by young people in focus groups included positive social interactions and activities with friends (box 1A), and respite care (1B)

**Box 1A. Positive social interactions and activities**

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

**Box 1B. Respite care for young carers**

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

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

**Box 1C. Impact of access to environment on wellbeing**

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

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

**Box 1D. Tailored support for children**

*I’ve finally got the authorities to accept that there is no provision for my [child] in Wales. So the last couple of weeks, I’ve had somebody working with me, who for the first time is going not, ‘Here’s the box, how do you fit [the child] in it?’ But, ‘What are [the child’s] needs and how do we accommodate them?’ . . . [The child] has for the first time in two years actually
In terms of needs identified in the focus groups, reduced support and availability of some services was highlighted, particularly around respite and mental health services. Better support for young people who cared for other members of their family was also highlighted. (Box 1E)

**Box 1E. Reduced support and availability of some services**

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

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

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

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

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

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

**Box 1F. Lack of independence and involvement in decision making**
I didn’t really know what was going on when I was getting support, it was just kind of going with it, and I think I didn’t really have much of a voice or as much control as I would like. There was a time where the psychiatrist kicked me out of the room to speak to my parents on my behalf. (Mental health illness)

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

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

**Box 1G. Managing money and ‘life skills’**

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

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

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

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

**Box 1H. Waiting lists for child mental health services**

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

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

**Box 1I. Children with complex needs**
Where it really comes unstuck seemingly is when there’s complex needs. So all I get all the time is, ‘Oh [the child] is complex. We don’t have a diagnosis so we don’t know what it is, but we all think it’s comorbidity or something’. . . . If there’s a linear line where you get a referral from a GP into [a young person’s mental health service], there’s a diagnosis, it seems to be better. (Parent carer)

Young carers

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

Care leavers

A listening event in 2016 with care leavers in Cardiff found that young people would like more council housing to be available to avoid reliance on the private rented sector; more children’s residential homes as an alternative to foster care and supported lodgings; better out of hours social workers/personal advisors for young people, and out of hours advice and support services to be widely promoted; clear guidance on what care leavers are entitled to when leaving care and further education. Fears of young people preparing to leave care included budgeting and money, needing emotional support and loneliness.

1.1.3 Information from professionals working with this group

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

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

<table>
<thead>
<tr>
<th>Key needs (including preventative)</th>
<th>Key assets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building healthy relationships - role of education in supporting resilience, emotional and mental health and wellbeing, and sexual health</td>
<td>The Sprout (Cardiff)</td>
</tr>
<tr>
<td>Practical life skills including financial skills</td>
<td>Families First projects</td>
</tr>
<tr>
<td>Support for C&amp;YP affected by parental relationship breakdown or domestic violence</td>
<td>Arrangements for listening to voice of C&amp;YP</td>
</tr>
<tr>
<td>Support for young carers including respite</td>
<td>Family group conferencing (Cardiff)</td>
</tr>
<tr>
<td>Enabling smoother transitions from child to adult services</td>
<td>Paid and volunteer workforce</td>
</tr>
<tr>
<td>Improved support for people with ADHD and autism</td>
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<tr>
<td>Safe, secure and appropriate accommodation</td>
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<tr>
<td>Vocational educational opportunities and apprenticeships</td>
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</table>
Healthy lifestyles including healthy eating, physical activity and play
Youth mentoring and school-related support
Access to appropriate services in a timely fashion (including specialist mental health services)

Children and young people with a disability

[Evew to check this section]

In professional feedback, it has been highlighted that the change in support thresholds for children with a disability in the Cardiff area impairs the ability to understand the needs and outcomes of all disabled children in the area. This may also make it harder to plan for services to meet these needs, with fewer voices of disabled children now heard. This is in contrast to the Vale of Glamorgan where caseloads have remained static.

There are approximately 30–40 young people with disability who transition from children’s to adult services every year in Cardiff. Case studies highlight improvements that need to be made to support more effective transitions, with a strong case for developing lifespan services to avoid this disruption. There is currently no dedicated transition support staff in Children’s services in Cardiff, although 2 additional adult social workers have been funded through the Integrated Care Fund to work with people aged 16–25 to improve transitions. In the Vale, between 12–18 young people with disability transition each year between Children’s and Adult services. In general there are good transition processes in place, and dedicated teams within children and adult services, although there had been some engagement issues with wider providers which are now resolved.

It is also anticipated the Additional Learning Needs Bill will have a significant impact in this area when implemented.\textsuperscript{[86] [expand]}

1.1.4 Information from other sources

Mental wellbeing

Across Wales, while the majority of children and young people enjoy good levels of mental wellbeing, around 1 in 5 report low life satisfaction.\textsuperscript{[64]} Just under 1 in 3 children and young people reported two or more physical symptoms per week which could indicate poor mental wellbeing, and it is estimated that around 1 in 8 10-15 year olds has a mental health problem. While a majority of young people can rely on the support of family and peers when things go wrong, around a third do not feel that is the case. There is a consistent and significant relationship between reported low levels of mental wellbeing and family affluence; young people from less affluent backgrounds are more likely to report poorer wellbeing.

Children who are looked after or in need are known to be at greater risk of mental health problems.\textsuperscript{[64]} There is a potential for a greater role for school nurses in supporting mental and emotional health with school age children. A national report has also identified a lack of connectivity between different policy and service areas working in children’s mental health.\textsuperscript{[64]} Rates of admission to hospital where there is a mention of mental or behavioural issues related to the admission has risen significantly over the last 5 years across Wales.\textsuperscript{[64]}

Together for Mental Health is the Welsh Government 10 year strategy to improve mental health and wellbeing.\textsuperscript{[53]} Many of the themes identified here are included in the strategy, including supporting the
resilience and emotional wellbeing of children and young people; supporting children and young people with additional learning needs, including those with mental health needs; and ensuring timely access to services for people with neurodevelopmental conditions (including autistic spectrum disorder and attention deficit hyperactivity disorder).

Child and adolescent mental health services (CAMHS) have recently been reviewed in Cardiff and Vale, including the introduction of a new Emotional Wellbeing Service providing emotional wellbeing support and brief interventions for young people up to 18 years of age. [add more detail on issues identified] Primary mental health support has transferred to the Community Child Health department, and a new neurodevelopmental disorder service has also been introduced.

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

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

Sexual health

Regarding sexual health services, NICE guidance recommends offering culturally appropriate, confidential advice tailored to the young person; ensuring young people understand their information will be treated confidentially; providing contraceptive services after pregnancy and abortion; encouraging the use of condoms as well as other forms of contraception; and advises how schools and other education settings can provide contraceptive services. 

Parenting support

A 2006 review found that there was insufficient evidence to support the use of parenting programmes to reduce physical abuse or neglect, but that there is limited evidence that some parenting programmes may be effective in improving outcomes associated with physically abusive parenting. Recent Welsh Government policy is increasing the emphasis on local provision of evidence-based parenting programmes. [add ref]

Transition

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

Housing and homelessness

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

Adverse Childhood Experiences (ACEs)
Adverse Childhood Experiences (ACEs) are stressful experiences occurring during childhood that directly harm a child (e.g. sexual or physical abuse) or affect the environment in which they live (e.g. growing up in a house with domestic violence). Nearly half (47%) of adults in Wales experienced at least one ACE during childhood, and 14% suffered 4 or more. Compared to people with no ACEs, people with 4 or more ACEs are 6 times more likely to smoke; 6 times more likely to have had underage sex; 15 times more likely to have committed violence against another person in the previous year; 16 times more likely to have used heroin or crack cocaine; and 20 times more likely to be incarcerated during their lifetime.\(^{228}\)

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

1.1.5 Gaps in our knowledge

- Voices of children with a disability who are not accessing services
- Although statutory data suggests the percentage of children in need with a disability is higher in the Vale of Glamorgan than the Wales average (25% compared with 21%), it was felt by lead professionals this might be the result of the Disability Index encouraging people to register who may not need to. The rate in Cardiff was the same as the rest of Wales.

1.2 Main needs

- Increased support for children and young people affected directly or indirectly by parental relationship breakdown and domestic violence
- Access to appropriate services in a timely fashion, including primary care and mental health services, and services and support for young people with ADHD and autism
- Access to appropriate services for looked after children and children in need, recognising increased rates of emotional and mental health issues
- Increased support for young carers including respite, and increased awareness of what young carers do
- Increased involvement by children and young people in decisions made about them
- Enabling smoother transitions from child to adult services
- Safe, secure and appropriate accommodation
- Vocational educational opportunities and apprenticeships
- Children and young people with a disability
  - Recommissioning of services which are bespoke to needs and delivered regionally
  - Transition across services and through difficult periods
  - Access to timely support from relevant services to meet needs
  - Awareness of needs particular to this group at a strategic level, especially during times of austerity

1.3 Prevention recommendations

- Building healthy relationships
  - Supporting resilience, emotional and mental health and wellbeing, sexual health, and healthy relationships
  - Body image
Discrimination
- Youth mentoring and school-related support
- Potentially increased role for schools and education in this

Practical life skills including financial skills
- Healthy lifestyles including healthy eating, physical activity and play
- Increased focus on decreasing adverse childhood experiences (ACEs) in order to improve children’s prospects
- Continued actions to reduce the proportion of young people going on to be not in education, employment or training (NEET), especially in Cardiff

1.4 Assets

- Positive social interactions with friends and family, and help and support from schools
- Respite care for young carers
- Counselling services
- Positive physical environment
- Careers advice
- Families First projects and Flying Start
- Arrangements for engaging with children and young people
- Bespoke support for individuals
- Family group conferencing (Cardiff)
- Paid and volunteer workforce
- Children and young people with a disability
  - Ring fenced disability funding (Welsh Government and Families First)
  - Integrated Care Fund support for children with complex needs, with strong links to regional adult learning disabilities services
  - Engaging families who are able to articulate needs
  - Opportunities to redesign services across a regional footprint under the Local Safeguarding Children Board

1.5 What do we need to prioritise for action?

- DRAFT - not finalised
  - Engage / involve with schools
  - Provision of complementary support in targeted services for vulnerable groups
  - Bespoke/vocational education and training opportunities, apprenticeships
  - Parenting and family support
  - Family wellbeing
  - Make most effective use of available funding/ resources
  - Good use of core funding
  - Make sure that PNA informs commissioning, especially for children with a disability
  - Taking advantage of technology to communicate with C&YP
  - Timely intervention which is flexible to need
  - Transition
B2. Older people

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

Summary Older people

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

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

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

2.1 What do we know about this group?

2.1.1 Information from population and service data

The demography of Cardiff and the Vale of Glamorgan differ considerably. In general, Cardiff has a younger population while the Vale’s population has a larger older age population more in line with the Wales average. In both areas however there is projected to be a continued increase in the number of people aged over 65, and over 85. The areas with the highest proportion of people aged over 85 are shown below:\footnote{11}

![Estimated population aged 85+, Cardiff and Vale UHB, 2014](image_url)
The tables illustrate that the proportion of the population aged over 65 will increase across Wales, including in both Cardiff and the Vale of Glamorgan. The proportion of the population aged over 65 will increase across Wales, including in both Cardiff and the Vale of Glamorgan. The number of people living with dementia is also projected to rise significantly. The driver for this is mostly the increase in the over 85 population (see above). There is evidence that the risk of developing dementia at any given age is actually starting to fall, but this decline does not sufficiently offset the rise in the population size. Similarly to diabetes, there are thought to be many people currently living with dementia whose condition has not yet been diagnosed.

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

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

[add additional detail from whole systems partnership paper here]

[add information on levels of DTOC in each LA area]

2.1.2 Information from local residents and service users

Just over a quarter (26.7%, 330 people) of responses to the public survey were from people aged 65 or over.
In focus groups, older people highlighted the benefits to wellbeing of social interaction with others (Box 2A).

**Box 2A. The impact of social interaction on wellbeing**

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

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

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

**Box 2B. Physical activity and green spaces**

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

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

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

**Box 2C. Volunteering**

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

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

A number of statutory and third sector services were also mentioned by older people in the focus groups as services which help maintain their wellbeing. Services which help with home adaptations are welcomed, increasing confidence and personal safety, with a very high level of satisfaction.[54]

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

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

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

Regarding accessing services, some participants in focus groups were unhappy with the way in which they felt they were being pushed to having to interact with organisations online (Box 2E). This also applied to directories of services such as Dewis Wales/Cymru. [add info here from Tackling digital inclusion][63]

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

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

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

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

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

Box 2F. ‘One stop shop’ and integration of services

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

*GPs, health authorities, councils, you’ve all these different departments and you can be sent to them all. One person should be in control, so you’ve only got to tell your story once.* (Older person)
In the public survey, better transport was the most commonly cited support or service which could be made available to help with people’s independence and wellbeing now or in the future. Of people responding to this section, a quarter (26.0%) mentioned transport, including references to relying more heavily on transport as one ages. (Box 2G)

**Box 2G. Better transport**

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

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

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

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

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

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

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

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

2.1.3 Information from professionals working with this group

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

**Box 2I. Places and activities which have a positive impact on wellbeing**
“Luncheon clubs not only bring individuals together but also ensure that individuals get a healthy meal, access to information and support.” (Professional survey)

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

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

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

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

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

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

2.1.4 Information from other sources

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

The Strategy also highlights: feeling like older people belong is important to them; having something to do and feeling needed and productive makes older people feel better; accessible information and advice to enable access to services and opportunities are important; carers have support so they can balance their own needs with their caring role.
Regarding the environment: cost, transport, poor pavements, lighting and lack of public toilets are typical barriers to engagement; public and community transport alone are not sufficient to meet their needs and running a car or paying for a taxi is beyond their means; and their housing needs change as they age and the home or its location needs to adapt to their changing needs.

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

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

Health and social care integration

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

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

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

Care homes

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

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

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

Reducing loneliness and isolation

[info from AgeUK promising approaches]

2.1.5 Gaps in our knowledge

No significant gaps have been identified.

2.2 Main needs

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

2.3 Prevention recommendations

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

2.4 Assets

- Social interactions
- Physical activity and green spaces
- Volunteering
- Community centres, lunch clubs, churches
- Dementia strategy
- Dementia supportive communities
- Good relationships with third sector partners
- Intermediate care fund
• Unofficial carers - ensure supported
• Private sector e.g. corporate social responsibility
• Social enterprises / alternative delivery models

2.5 What do we need to prioritise for action?

DRAFT - not finalised
• Extend preventive approach
• How we tackle social isolation - communities
• Use of community resources e.g. GP surgeries, hubs etc.
• Engaging and educating communities for the future
• Dementia friendly communities
• Work to identify joint working strategies around lifestyle behaviours - alcohol etc.
• Scope benefits of pooled budgets and other, tighter joint working arrangements for specific elements of health & social care
• Environmental pollution
• Intergenerational pilot projects - community/self-sustaining communities e.g. Street parties
• Support for new social enterprises (e.g. No start up loans for CICs, third sector organisations)
• Influence role on pooling budgets / carrying money forward past 31 March / budget not restricted to individual departments - to allow for long term planning, projects & developments
• Ensuring new building developments are fit for a growing older population, i.e. To include local amenities and adaptable houses and have downstairs toilets etc.
• Providing a variety of options for housing to meet a variety of needs
• Promotion of social enterprises/co-operatives etc as alternative models of service delivery (increased sustainability) - commissioners to view this as favourable
B3. Health and physical disabilities

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

Summary  Health and physical disabilities

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

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

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

3.1 What do we know about this group?

3.1.1 Information from population and service data

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

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

Within the Vale of Glamorgan the areas with the highest proportion of people reporting bad or very bad health are found in the Cadoc and Buttrills areas.
This compares with the Wales average of 7.6%. Across Cardiff and Vale, the broad ethnic group with the most people rating themselves in ‘bad’ or ‘very bad’ health is white, at 6.7%; all other ethnic groups are below the average of 6.4%, with Asian/British Asian ranking the lowest, with 3.7% rating their health as bad.

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

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

Burden of disease across Primary Care Clusters

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

Risk factors for disease

Unhealthy behaviours which increase the risk of disease are endemic among adults in Cardiff and the Vale, although tobacco and alcohol use are showing signs of improving.

- Nearly half drink above alcohol guidelines (44% Cardiff, 43% Vale)
- Around two thirds don’t eat sufficient fruit and vegetables (66% Cardiff, 67% Vale)
- Over half are overweight or obese (55% Cardiff, 54% Vale)
• Around three quarters don’t get enough physical activity (74% Cardiff, 73% Vale)
• Around one in five smoke (21% Cardiff, 18% Vale)

There is considerable variation in rates of unhealthy behaviours within Cardiff and the Vale:

• Smoking rates vary between 14% and 33% across Cardiff, and between 17% and 29% across the Vale
• Similar patterns are seen for other behavioural risk factors for disease
• Many children in Cardiff and Vale are also developing unhealthy behaviours
• Two thirds (67%) of under 16s don’t get enough physical activity
• Over a third (34%) of under 16s are overweight or obese

Air pollution is a significant cause of illness and deaths:

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

The disease profile in Cardiff and Vale is changing:

• The number of people with two or more chronic illnesses in Cardiff and Vale has increased by around 5,000 in the last decade, and this trend is set to continue [add % increase]
• Around 1 in 7 (15%) people consider their day-to-day activities are limited by a long-term health problem or disability
• Many people with chronic conditions are not diagnosed and do not appear on official registers
• Due to changes in the age profile of the population and risk factors for disease, new diagnoses for conditions such as diabetes and dementia are increasing significantly

Many (but not all) of the most common chronic conditions and causes of death may be avoided by making changes in health-related behaviours.

Around 1 in 5 adults have visited their GP within a 2 week period; and nearly three quarters visit a pharmacy over a year period. The highest rates of attendance at the Emergency Department are from people living in more deprived areas of Cardiff and Vale. Rates of delayed transfer of care for social care reasons are nearly twice as high in Cardiff and Vale than the Wales average. Heart disease, lung cancer and cerebrovascular disease are the leading causes of death in men and women.

The Cardiff Council Reablement service helped around three quarters (76.6%) of people achieve independence who accessed the service. [add figure for Vale if available]

3.1.2 Information from local residents and service users

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

In response to a question in the public survey over control over their daily life, just over 1 in 10 respondents (12.8%) said they had either no control (1.8%) or some control but would like more (11.0%). Of these individuals, nearly half (47.8%) identified physical ability as a factor preventing them from having sufficient control in their life, and this was also the most common factor identified.
Among people identifying with one or more of the thematic groups in this report, around a fifth (21.8%) said they sometimes or never are able to leave their home, in contrast to 1.5% of people not in these groups. Nearly 4 in 10 (39.2%) of people in these groups said they sometimes or never could get to all the places they want, compared with 5.5% of people not in these groups. Physical difficulties was also a common reason given for not being able to access places or activities in the community.

Of respondents in one of the thematic groups in this report, one in ten (10.4%) said their home meets only some of their needs or is totally inappropriate for their needs. Of these people, the commonest reasons for this were that their home needed adaptations; had poor access (e.g. too many steps), was too small, or was in a poor state of repair. In Cardiff, demand for adaptations to housing for people with disabilities is increasing annually, with nearly 3000 adaptations carried out in Cardiff in 2014/15.

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

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

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

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

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

**Box 3A. Access to mobility**

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

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

**Box 3B. Home adaptations for physical disability**
There’s enough help for me to access [adaptations] if I wanted to access it I think. I’ve been told I could get a stair lift, fitted shower. I mean I only rang up and asked if they could lower my cupboards because they were too high, because the arthritis, reaching up. I couldn’t stand on a stool because of high blood pressure, and the next they come out and refitted the kitchen. You open the cupboards and down come these baskets, and touch them like that and they go up again. So there’s plenty for me. No problem there I think. Everywhere I’ve gone has all been acceptable for my needs. (Mental health illness and physical disability)

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

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

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

**Box 3C. Support and services which were helpful**

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

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

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

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

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

[info from Values into Action here]

[add information/stats from Shaping our Future Wellbeing here]

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

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

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

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

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

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

3.1.4 Information from other sources

Adverse Childhood Experiences (ACEs)

Adverse Childhood Experiences (ACEs) are stressful experiences occurring during childhood that directly harm a child (e.g. sexual or physical abuse) or affect the environment in which they live (e.g. growing up in a house with domestic violence). Nearly half (47%) of adults in Wales experienced at least one ACE during childhood, and 14% suffered 4 or more.\(^{28}\) Figures for ACEs are currently only available at an all-Wales level.

Compared with people with no ACEs,\(^ {29}\) people aged under 70 with 4 or more ACEs were 4 times more likely to develop type 2 diabetes, 3 times more likely to develop heart disease, and 3 times more likely to develop respiratory disease. Over a year period this group of individuals were also twice as likely to have frequently visited a GP, three times more likely to have attended A&E and three times more likely to have stayed overnight in hospital.

3.1.5 Gaps in our knowledge
No significant gaps have been identified.

### 3.2 Main needs

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

### 3.3 Prevention recommendations

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

### 3.4 Assets

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

### 3.5 What do we need to prioritise for action?

- Integration agenda - multiagency work. Other priorities fall out of getting integration right
- Getting information right, keep it simple
- Embedding coproduction and citizen based services (ensure vulnerable groups are represented)
- Robust sustainable pharmacy
- Streamlining journey through services - right services at right time
- Long term, sustainable, strategic planning
B4. Learning disability and autism

Other chapters of relevance: Carers; children & young people; health and physical disabilities; mental health; offenders; older people; sensory impairment

Summary Learning disability and autism

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

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

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

4.1 What do we know about this group?

4.1.1 Information from population and service data

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

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

![Graph showing predicted number of people aged 65+ with learning disability](image)

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

4.1.2 Information from local residents and service users
In the focus groups, several participants talked about activities they took part in which contributed to their wellbeing (Box 4A)

**Box 4A. Positive impact of socialising on wellbeing**

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

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

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

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

**Box 4B. Support services**

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

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

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

**Box 4C. Access to services**

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

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

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

4.1.3 Information from professionals working with this group

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

Box 4E. Accessibility of services

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

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

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

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

4.1.4 Information from other sources

[any additional documents which should be referenced here?]

4.1.5 Gaps in our knowledge

No significant gaps have been identified.

4.2 Main needs

- Increased accessibility of information and services
- Accessible and affordable transport

Cardiff and the Vale of Glamorgan Population Needs Assessment DRAFT
- Respite accessible for all people
- Complex day opportunities
- Enable people who require services to make decisions about their support needs
- Recognise and support people who fall between gaps in service provision

4.3 Prevention recommendations

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

4.4 Assets

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

4.5 What do we need to prioritise for action?

DRAFT

For more complex health needs the enhancement of local & in-house services to be able to meet the needs, with health support of our population preventing out of county placements with consequent distress to families
Review commissioning arrangements for specialist health provision for people with learning disabilities
Access to information and interventions which are autism-specific
Work with partners to make information accessible for all, and access to assessments without raising unrealistic expectations

Expanding Cardiff and Vale project
Meeting needs of more able people?to travel is being addressed

Such as Dewis
See education in needs shortlist
Need a project group to work on developing better transport for more complex individuals - scoping what's available - consider transport policy
B5. Adult mental health

‘Adult mental health’ here refers to individuals aged 18 and over. For young people see the Children & young people chapter. The Adult mental health chapter also includes information relating to dementia

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

<table>
<thead>
<tr>
<th>Summary Adult mental health</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Care and support needs</strong></td>
</tr>
<tr>
<td>Increased timely access to low level mental health services; joined up information, advice and services; loneliness and social isolation, especially among people with dementia and some BME groups; access to appropriate housing &amp; support; continuing partnership approach between statutory agencies and with third sector; support for families of people with mental health issues; community hubs and one-stop shops; supporting GPs with decisions around referrals; dementia-specific needs and recommendations; peer support and mentoring to guide people through system</td>
</tr>
<tr>
<td><strong>Prevention issues</strong></td>
</tr>
<tr>
<td>Self-help, behaviour change and lifestyle choices; increased social contact</td>
</tr>
<tr>
<td><strong>Assets</strong></td>
</tr>
<tr>
<td>Socialising; compassionate healthcare professionals; libraries, Hubs, cafes, community centres; positive environment; gyms, leisure centres; employment and volunteering; counselling (once accessed); peer support, mentoring and self-help; shared training; multi-stakeholder partnerships; community assets including social capital; online communities</td>
</tr>
</tbody>
</table>

5.1 What do we know about this group?

5.1.1 Information from population and service data

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

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

A recent health needs assessment of people with dementia in Cardiff and Vale highlighted that dementia has overtaken heart disease as the leading cause of death among women in England and Wales.\(^d77\) [add more info from dementia assessment here when complete] The number of older people with dementia in Cardiff and the Vale is predicted to increase, particularly rapidly from 2020:
Suicide is a major cause of death amongst the 15 to 44 age group. In Wales over the period 2010 – 2012 it accounted for almost one in five deaths in males aged 15 to 24 years and just over one in ten deaths amongst women of that age. Rates are higher in our more deprived communities and this gap appears to be widening in Wales.

[add MH service info e.g. referrals and current waiting lists]

5.1.2 Information from local residents and service users

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

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

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

Box 5A. Positive impact of socialising with other people

"Seeing other people there that are going through the same sort of thing that I’m experiencing, because you feel alone, as much as you know you’re not alone, you feel alone and you feel nobody else is around you, you’re like an island. (Mental health illness)

It was about that not feeling like you’re the only one, and going into a room and other people talking about their symptoms, what they were thinking, how they were feeling, and just that sense of, it’s not just me then. I’m not mad. (Mental health illness)"

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

**Box 5B. Compassionate healthcare professionals**

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

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

Green spaces, parks, woods, fishing spots and the coast were also mentioned in the focus groups as having a positive impact on wellbeing, as did physical exercise. The safety of the area was also important. In the public survey, of the 473 people who described places or activities which helped their wellbeing, a quarter (25.8%) referred to local gyms, leisure centres and exercise facilities. Churches and religious centres were mentioned by one in five (19.5%). Parks and open spaces were mentioned by one in eight (13.1%) respondents. These areas were important for walking, exercise, relaxation and contemplation. (Box 5B2) Ironically in the same survey emotional and mental health issues, including a lack of confidence, were a common barrier given to being able to access these same places, along with physical difficulties, transport and finances. There is also evidence that community regeneration programmes such as Communities First can have a positive impact on mental wellbeing and reduce inequalities in mental health.^[59]

**Box 5B2. Places which help with wellbeing**

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

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

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

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

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

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

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

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

"For me at the minute it’s [a Welsh Government funded programme that’s most important] because I do a lot of volunteer work with them and we’ve done litter picks and we get time credits and the community centre has loads of things going on. (Mental health illness)"

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

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

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

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

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

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

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

I don’t think there is much support for families because I’ve found that, as I said earlier, my [ex] husband didn’t understand depression at all and I think it was a real fear as though it might be catching but also embarrassed - he was really embarrassed about me having a mental illness. (Mental health illness)"
A lack of information about services available was mentioned, along with long waits for general and specialist mental health treatment. Issues with accessing GP appointments were also raised. Participants described seeking private treatments such as reflexology and hypnotherapy, and requested the ability to be prescribed alternatives to medication such as yoga or meditation. One participant described how she felt mental health services focused more on what to do if she had a ‘crisis’ rather than ongoing support and crisis prevention (Box 5E).

**Box 5E. Mental health services focused on ‘crisis’ rather than prevention**

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

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

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

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

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

**Box 5E2. Improved access to counselling**

>I think if there was more counselling, because in the past I’ve had the same as you where the counsellor has said, it’s been a charity or something and they’ve said, we can only do this for so many sessions. (Mental health illness)

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

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

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

*I think mental health support needs to be acted on faster. I have been asking for counselling for 15 years but have repeatedly been sent away with anti-depressants which have only made my problems worse. (Public survey)*
There was also a suggestion from some participants that it was better to receive firm direction on attending sessions and have pre-booked appointments, rather than leave it up to individuals to make the first contact (Box 5F). There was also a request for the ability for participants to meet informally again after a course has finished, for example facilitated by a room being provided for this purpose.

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

I would rather somebody said, right, this is somebody you need to speak to, we’ve made an appointment, you need to go there at this time, that day, that’s when it is. Rather than, it’s a bit flimmy flamy, it’s just ‘yes here’s some people who could help you, have a look and see what you want to do’. (Mental health illness)

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

**Box 5G. Opportunities for social contact**

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

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

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

During engagement with service users for the recent dementia needs assessment, a number of needs were identified, including: transport, social isolation, timeliness of care, kindness and compassion among people who care for people with dementia, support for carers, appropriate housing, difficulty navigating the system of care and improved co-ordination of services, and variation in quality and level of care.

[info from C&V MH forum feedback here] 
[info from feedback fortnight here]

### 5.1.3 Information from professionals working with this group

In the professional survey, when asked what factors most prevent people from accessing services and groups in their community, ‘emotional and mental health issues’ were the joint most popular response, corresponding to a similar finding in the public survey.
Respondents to the professional survey were also keen to highlight the importance of local libraries, Hubs, community centres and cafes as these are the places that for many enable regular social interaction and combat isolation.

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

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

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

5.1.4 Information from other sources

Adverse Childhood Experiences (ACEs)

Adverse Childhood Experiences (ACEs) are stressful experiences occurring during childhood that directly harm a child (e.g. sexual or physical abuse) or affect the environment in which they live (e.g. growing up in a house with domestic violence). Nearly half (47%) of adults in Wales experienced at least one ACE during childhood, and 14% suffered 4 or more. On average, one in five (19%) adults have low mental wellbeing. This is slightly lower (14%) for people who experienced no ACEs as a child, compared with two in five (41%) of people who experienced four or more ACEs as a child.

Welsh Government strategies

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

Talk to me 2 is the WG strategy on suicide and self-harm, which highlights the key groups who are at higher risk of suicide and self harm. Individual risk factors include those who: are male; are of low socioeconomic status; have restricted educational achievement; have a mental illness; have a major physical or chronic illness; experience alcohol or substance misuse. Stressful life events, including job loss and divorce/separation also put people at higher risk.
WG launched a new dementia strategy in January 2017.\(^{680}\) \[launching 9 Jan - add more info here when available\]

Access to mental health services

The report ‘Is Wales Fairer?’ highlights the need to improve access to mental health services, and reduce the rate of suicide especially among men.\(^{639}\)

\[info from C&V MH forum principles here\]\(^{660}\)

Minority Ethnic Elder Advocacy (MEEA) project

MEEA provides independent advocacy services to minority ethnic elders aged 50 and over across Wales. Of over 800 people registered with the MEEA project, around 10% believe they suffer from bad or very bad mental health. These rates are even higher among Bangladeshi and mixed race participants (23% and 21% respectively). 4 in 10 (41%) of MEEA beneficiaries report feeling lonely sometimes or often, much higher than the level found in the public survey for the PNA. However, loneliness may be a reason for participating in the MEEA project, and this group also reported a low level of oral English skills, which could also contribute to this effect.\(^{640}\)

Five ways to mental wellbeing

\[add info here about 5 ways to mental wellbeing\]^{687}\)

5.1.5 Gaps in our knowledge

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

5.2 Main needs

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

5.3 Prevention recommendations

- Self-help, behaviour change and lifestyle choices
- Increased social contact

5.4 Assets

- Socialising
- Compassionate healthcare professionals
- Libraries, Hubs, cafes, community centres
- Positive environment
- Gyms, leisure centres
- Employment and volunteering
- Counselling (once accessed)
- Peer support, mentoring and self-help
- Shared training
- Multi-stakeholder partnerships
- Community assets including social capital
- Online communities

5.5 What do we need to prioritise for action?

<table>
<thead>
<tr>
<th>Exploring first point of contact</th>
<th>scope idea</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appropriate expertise amongst staff at all levels</td>
<td>Clear information re services, criteria, shared through partnerships and networks to allow appropriate referrals and responses</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>More appropriate training and dialogue to resolve problems between departments and agencies</th>
<th>e.g. Partnership working for joint problem solving - build in for continuing service provision not just new services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promote joint funding</td>
<td>e.g. Multiagency pilots planning &amp; delivery - highlight good practice</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clear referral pathways that are understood by all</th>
<th>Good practice examples &amp; tier zero support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collaborative work to explore models around primary care support and decision making</td>
<td>Implement recommendations from dementia health needs assessment</td>
</tr>
</tbody>
</table>
B6. Adult carers

For young carers see the Children and young people chapter

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

Summary

Adult carers

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

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

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

6.1 What do we know about this group?

6.1.1 Information from population and service data

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

In 2014/15, over 6 in 10 (64%) of known carers were offered an assessment by Cardiff Council, a significant increase on the previous year, although the rate of completion of the assessment was only 1 in 4 (26.3%), and the rate remained below the Wales average. The rate in the Vale was reported as 100% in the same year.
A survey of adult carers in Cardiff and the Vale was undertaken in 2011, with 292 respondents. Of the respondents, the majority were female (72%) and caring full time (72%). Most people cared for one person (87%) although over one in ten (13%) cared for two or more. Two thirds of carers (67%) had been caring for more than 5 years, including nearly half (46%) caring for over 10 years. Three quarters (77%) were aged 40 or over, including a quarter (24%) who were 75 or over.

### 6.1.2 Information from local residents and service users

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

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

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

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### Box 6A. Support for carers

_They pay a few days a week for [my child] to go into childcare so I can work. . . . [Also] through them [the child] goes to a youth club which obviously gives me a lovely two hours in the evening twice a week. . . . That’s my most positive, because like I said where [my child] can’t go out in our area, it’s somewhere else to go. Also the school holidays where I can go to work._ (Parent carer)

_They do an after school club one day a week, so I get to work until six. It’s good isn’t it?_ (Parent carer)

_Without the support I receive I would not have been able to care for my husband at home for the past 10 years._ (Public survey)
Physical activity and access to outdoor space was mentioned by participants as providing a mental release for carers (Box 6B)

**Box 6B. Physical activity and access to outdoor space**

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

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

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

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

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

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

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

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

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

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

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

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

Box 6E. Difficulty finding information about services

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

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

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

Box 6F. Feeling judged

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

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

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

In the Cardiff carers’ consultation, many carers did not know about carers’ assessments or had been unsuccessful in accessing them. Similarly, there was a lack of knowledge around Direct Payments, and a feeling the system was too complicated. There was also a view that the health service, especially GPs, should be more involved with supporting carers. Carers would value a ‘one-stop shop’ where they can get information on support and services for them from one phone number.
In a 2014 survey of carers undertaken across Wales found for Cardiff and the Vale that nearly 8 in 10 (79%) did not receive the carers’ allowance, 83% haven’t been offered a carers’ assessment, 6 in 10 (62%) weren’t registered as a carer with their GP. Two thirds (67%) did say they felt involved in the development of social care plans for the people they cared for. An older, 2011, survey in Cardiff and Vale found that respondents were nearly evenly split in saying they did or didn’t have a positive care/life balance. Six in ten (61%) of respondents reported caring having a negative impact on their own health and wellbeing (including 47% who reported a negative impact on their mental health), 43% a negative impact on their family relationships, and 48% a negative impact on their relationships with friends. Where there had been a recent hospital admission by the person they cared for, three quarters were consulted on their discharge, but one in five (19%) reported not being consulted. While 60% felt the timing of the discharge was appropriate, a quarter (26%) felt it was too early.

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

6.1.3 Information from professionals working with this group

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

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

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

6.1.4 Information from other sources

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

6.1.5 Gaps in our knowledge

No significant gaps have been identified.

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

6.3 Prevention recommendations

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

6.4 Assets

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

6.5 What do we need to prioritise for action?

Carer engagement model
Making every contact count - awareness raising campaign
Support the development of informal support
Volunteering within organisations
Harness existing information points in the community to provide consistent information
Developing a carer-friendly community

Listening to outcomes from Carers Trust Wales Project
Positive messages about care/caring
e.g. Befriending, volunteers, neighbourhood. Look at what exists/has been tried e.g. Friendly advantage locality services project HAPS
Develop/encourage staff volunteering schemes
e.g. GPs, libraries
Possibly build on existing accreditation for GPs, pharmacies and patient information centres
B7. Sensory impairment

Other chapters of relevance: Carers; children & young people; health and physical disabilities; learning disability and autism; mental health; older people; veterans

<table>
<thead>
<tr>
<th>Summary</th>
<th>Sensory impairment</th>
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</thead>
<tbody>
<tr>
<td>Care and support needs</td>
<td>Accessible communication and information; mobility and rehabilitation; review purpose and use of registers for sensory impairment; social interaction including impact on mental health and wellbeing; person-centred equipment and technology; independent living; appropriate access to specialist services and assessments; partnership between the third sector and health; recognise people with complex needs with additional sensory impairment, requiring additional support; plan for increase in prevalence of people with sight loss; undiagnosed hearing impairment among older people in care homes</td>
</tr>
<tr>
<td>Prevention issues</td>
<td>Increase awareness of day to day needs of people with sensory impairment among public and third sector staff, transport operators</td>
</tr>
<tr>
<td>Assets</td>
<td>Social interactions; friends, families and neighbours; third sector support; advocacy; housing adaptations; access to outdoor spaces; technology including Next Generation Text; access to work programmes</td>
</tr>
</tbody>
</table>

7.1 What do we know about this group?

7.1.1 Information from population and service data

Sight loss

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

The RNIB sight loss data tool provides estimates of the numbers of people living with sight threatening eye conditions. This includes estimates of the number of people with early age-related macular degeneration (AMD) of 11,980 (Cardiff) and 6,030 (Vale); people living with cataracts of 2,870 (Cardiff) and 1,450 (Vale) and people with diabetic retinopathy of 7,230 (Cardiff) and 2,560 (Vale). The number of people with early stage AMD is expected to increase by nearly a third locally (30% Cardiff, 31% Vale) between 2016 and 2030. Higher rises are expected in the number of people living with cataract (40% Cardiff, 50% Vale). For diabetic retinopathy, the number is expected to rise significantly in Cardiff (17% compared with Wales average 6%), and 5% in the Vale.
It is estimated 40 severe falls each year are directly attributable to sight loss in Cardiff, and 20 in the Vale.

Hearing loss

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

Dual sensory loss

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

7.1.2 Information from local residents and service users

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

**Box 7A. Support from friends and family**

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

(Sight loss participant)

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

**Box 7B. Support from the third sector**

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*Predicted number of people aged 75+ that will have registerable eye conditions*

![Graph showing predicted number of people aged 75+ that will have registerable eye conditions](chart.png)

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

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

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

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

**Box 7C. Social interaction**

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

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

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

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

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

**Box 7D. Technology**

I think in terms of technology, to be honest with you, Facebook has a massive effect for me and the deaf community. (Deaf participant)
Being able to work and volunteer was highlighted by some individuals as giving them a sense of self-worth. This was helped in one case by a project set up by a deaf third sector organisation which provided sign language interpreters to help overcome barriers to employment (Box 7E).

**Box 7E. Working and volunteering**

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

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

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

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

**Box 7F. Cuts to services**

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

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

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

**Box 7G. Lack of availability of information in BSL**
'We need to talk to you and then you talk to the housing association’. So, okay, what's the solution? I physically can't hear them on the phone, so what are the choices? It has to go through a third person, which they won't do, and they don't understand that I physically can't hear. It's just a lack of common sense. (Deaf participant)

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

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

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

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

7.1.3 Information from professionals working with this group

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

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

Box 7I. Accessibility of services

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

In the PNA workshops, professionals working with people with sensory impairment highlighted the following key needs and assets:
Access to accessible communication and information  
Mobility and rehabilitation  
Review use of registers for sensory impairment  
Social interaction including impact on mental health and wellbeing  
Equipment and technology - person-centred  
Independent living  
Specialist services and assessments  
Partnership between the third sector and health  
Recognise people with complex needs with additional sensory impairment, requiring additional support

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

### 7.1.4 Information from other sources

Older people with sight loss are almost three times more likely to experience depression than those with good vision.\(^{23}\) Nearly half of blind and partially sighted people feel ‘moderately’ or ‘completely’ cut off from people and things around them. Some BME groups are at higher risk of glaucoma.

Older people in care homes are particularly likely to have undiagnosed deafness, hearing loss or tinnitus.\(^{23}\)

[info from Sick of it here]^{166}

### 7.1.5 Gaps in our knowledge

No significant gaps have been identified.

### 7.2 Main needs

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

### 7.3 Prevention recommendations

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

### 7.4 Assets
• Social interactions
• Friends, families and neighbours
• Third sector support
• Advocacy
• Housing adaptations
• Access to outdoor spaces
• Technology including Next Generation Text
• Access to work programmes

7.5 What do we need to prioritise for action?

Access to communication and information
BSL, Braille etc. from start of contact to finish of involvement

Rethink the registration purpose
How we gather the information, how it is used, is it accurate?

Partnership working with third sector
Opportunities for development, being aware of what is available, create links to further develop services

Mobility / rehab / independent living
Children - should it be education or social services? Needs to be ongoing as the child’s needs change

Social interaction & mental health & wellbeing
Links with partnership with 3s

Better joined up working between agencies and health colleagues

Technology & equipment
Person centred & needs-led

Specialist assessments & services
Appropriately trained person

Partnership working with local community to gather views & updates on their issues and needs

Equality Impact Assessments should be more transparent and available to those it affects in the public

Recognise children with complex needs (and adults) with additional sensory impairment - require additional assessment / support / services / equipment

Mental health and wellbeing features throughout all of the above

Access to communication impacts on all of the points, throughout the involvement from initial contact, across all service areas
B8. Violence against women, domestic abuse and sexual violence

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

Summary

Violence against women, domestic abuse and sexual violence

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

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

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

8.1 What do we know about this group?

8.1.1 Information from population and service data

In Cardiff during 2015/16 there were 2,362 incidents of violence against the person (either gender), 2,263 domestic incidents, and 57 sexual offences reported to South Wales Police. Sexual offence rates are in line with the Wales average in Cardiff, and lower than the average in the Vale of Glamorgan. 3,145 referrals were made by the Police relating to domestic abuse, including 1,060 high risk referrals. During this period BAWSO received 780 calls and Cardiff Women’s Aid 1,892 calls.
272 clients (all female) were supported during the year at a refuge, out of 326 referrals. 61 clients received supported housing. Of the clients supported by a refuge, over a third (37%) were aged 16-25, and in supported housing over half (53%) were in this age group.

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

1,014 cases were supported by Independent Domestic Violence Advisors (IDVAs) to the MARAC (multi agency risk assessment conference), involving 1,489 children, and of which 17% were repeat cases. The vast majority of victims were female, although 4% were male. Of high risk cases, two thirds (65%) reported feeling safer and nearly 6 in 10 (58%) feeling the risk had been reduced.

8.1.2 Information from local residents and service users

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

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

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

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

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

A focus group was held with sex workers in Cardiff, most of whom usually work on the street. In terms of support which helps their wellbeing, a third sector organisation was described which helped them access housing, apply for benefits, lifts to appointments, and signposting and encouragement to use other services.(Box 8A) Other positive support came from faith-based organisations, including help with finding a participant something to eat when they had no money or food.

Box 8A. Help with housing

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

A lack of housing was also highlighted as the root cause for one participant in ending up on the street (Box 8B).

Box 8B. Lack of housing

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

We’ve all had difficulties with that. You’ve got a knock-on effect then haven’t you when that’s wrong everything spirals then. (Sex workers)

Everybody needs a safe place and if you don’t have a home where have you got? You are just a lost soul kind of thing. (Sex worker)"

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

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

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

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

8.1.4 Information from other sources

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

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

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

8.1.5 Gaps in our knowledge

No significant gaps have been identified.
8.2 Main needs

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

8.3 Prevention recommendations

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

8.4 Assets

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

8.5 What do we need to prioritise for action?

<table>
<thead>
<tr>
<th>Education</th>
<th>Primary, secondary, further ed, NEET</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perpetrator toolkits</td>
<td>Across all surgeries; Ask &amp; Act</td>
</tr>
<tr>
<td>Embedding IRIS (Identification and Referral to Improve Safety - a general practice-based referral and support programme for domestic violence)</td>
<td>In existing case</td>
</tr>
<tr>
<td>Children protection / prevention</td>
<td>Press, education, male role models</td>
</tr>
<tr>
<td>Changing attitudes</td>
<td></td>
</tr>
<tr>
<td>Integration - 1 central contact point system</td>
<td></td>
</tr>
<tr>
<td>Identify good practice</td>
<td></td>
</tr>
</tbody>
</table>
B9. Asylum seekers and refugees

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

Summary Asylum seekers and refugees

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

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

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

9.1 What do we know about this group?

9.1.1 Information from population and service data

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

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

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

Reported hate crimes have increased by 71% in Cardiff from 748 in 2012/13 to 1282 in 2014/15. While it is likely that actual cases of hate crime have risen in Cardiff, it is probably at a lower rate than this figure suggests, because people who experience hate crime are now more likely to report it.

9.1.2 Information from local residents and service users

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

The Ask Cardiff survey in 2015 found that access to easy to understand information was the most popular response to a question asking people to think about the help and support they need to lead an independent life.\textsuperscript{d16}

9.1.3 Information from professionals working with this group

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

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

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

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

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

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

9.1.4 Information from other sources

Overall health status

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

A 2009 report by Mind into mental health provision for refugees and asylum seekers across England and Wales found:[48] [Add here comment from local providers on which of these issues exist now in C&V, given age of document]

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

There is evidence of higher levels of depression and anxiety among asylum seekers and refugees compared with the national population, and much research has focused on the physical and mental impact of conflict and war in countries of origin.[49] Particularly vulnerable groups are children, and women who have suffered sexual and physical abuse.

9.1.5 Gaps in our knowledge

Available data on migrants’ health in the UK is limited, including data that distinguishes between migrants in different socioeconomic groups.[49]

9.2 Main needs

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

9.3 Prevention recommendations

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

9.4 Assets

- CHAP (Cardiff Health Access Practice)
- Third sector including Oasis, Trinity Centres, Welsh Refugee Council
- Wider community support
- Supporting people teams
- Communities First
- Community centres, Hubs
9.5 What do we need to prioritise for action?

DRAFT

- Strategic integration framework creating clear integration pathways
- Increased specialist physical and mental health services
- Access to labour market and volunteering opportunities
- Sustainability of work to promote integration and community cohesion
- Building community networks and resilience
- Taking good practice from SRP and applying more broadly for all asylum seekers and refugees
- Childcare services
- Positive messaging / evidence-based approach to migration
- Access to information - on hate crime, education, health, all public services, and provision in third sector
- Building capacity for UASC (unaccompanied asylum-seeking children)
- Flexible ESOL provision from day 1
- Inclusion of vulnerable migrants in future planning, consultation in this area - in light of duties under WBFG Act
- Exploitation in labour market & housing
B10. Offenders

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

Summary Offenders

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

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

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

10.1 What do we know about this group?

10.1.1 Information from population and service data

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

HMP Cardiff is a local prison serving the courts and holding offenders serving sentences of up to 2 years. In 2015 HMP Cardiff held 816 men and had an operational capacity of 820 [update to 2016 data on MOJ website]. The prison currently has a high turnover, or ‘churn’, of prisoners. It has an average of 384 new prisoners (receptions) per month and an estimated 4,602 annually. HMP Cardiff has a high proportion of prisoners who are on remand (unconvicted or convicted unsentenced prisoners) or who have short sentences. In 2015, 36% of the prison population were on remand. This compares to around 13% of the prison population in England overall. Of those that had been sentenced, 34% of prisoners had sentences of less than 6 months in 2015 respectively.

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

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

10.1.2 Information from offenders

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

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

**Substance misuse**

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

**Mental health**

- HMP Cardiff may be experiencing particularly high prevalence of anxiety and depressive disorders compared to comparator prisons
- Co-morbidity of mental health conditions is likely to be very common in the prison population
- Staff report large increases in psychiatric morbidity in recent years, particularly psychotic disorders and ADHD. However, a spot audit found prevalence of ADHD to be similar to that expected in the community
- Mental healthcare resources are felt to be unable to meet the needs of all clients, particularly in secondary care
- Mental health post-release care in the community may be delayed and not available during a critical period for prisoners when released

**Sexual health**

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

**Other issues**

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

In the PNA workshops, professionals working with offenders highlighted the following key needs and assets:
<table>
<thead>
<tr>
<th>Key needs (including preventative)</th>
<th>Key assets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family stability and support</td>
<td>Resettlement</td>
</tr>
<tr>
<td>Housing</td>
<td>Clinical working group for frequent attenders</td>
</tr>
<tr>
<td>Employment and benefits support</td>
<td>Sexual health / Blood-borne virus services</td>
</tr>
<tr>
<td>Access to prevention services</td>
<td>Pact and Through the gate mentoring</td>
</tr>
<tr>
<td>Youth clubs</td>
<td></td>
</tr>
<tr>
<td>Primary mental health, substance misuse, counselling</td>
<td></td>
</tr>
<tr>
<td>Sexual health</td>
<td></td>
</tr>
<tr>
<td>Schooling, education, socialisation</td>
<td></td>
</tr>
<tr>
<td>Improved communication between services and partnership working</td>
<td></td>
</tr>
<tr>
<td>Life skills, adult learning</td>
<td></td>
</tr>
</tbody>
</table>

10.1.4 Information from other sources

Mental health

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

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

10.1.5 Gaps in our knowledge

10.2 Main needs

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

10.3 Prevention recommendations

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

10.4 Assets

- Resettlement
- Clinical working group for frequent attenders
- Sexual health / Blood-borne virus services
- Pact and Through the gate mentoring
- Probation service
- Community rehabilitation company (CRC)
10.5 What do we need to prioritise for action?

DRAFT - to confirm

- Strengthen services to provide family stability and support e.g. Families First, addressing ACEs
- Provide additional appropriate accommodation and support services
- Continue to improve partnership working - networking, communication, joint working
- Improve access to preventive services
- Improving access to services, including substance misuse and mental health services, by reviewing referral and signposting
- Quantify the costs likely to be incurred by making short term cuts in expenditure
B11. Veterans

Other chapters of relevance: Carers; health and physical disabilities; mental health; offenders; older people

Summary  Veterans

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

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

Assets  Veterans’ NHS Wales

11.1 What do we know about this group?

11.1.1 Information from population and service data

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

[add info from 2014 household survey by RBL, including on male/female split if avail.]

11.1.2 Information from local residents and service users

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

11.1.3 Information from professionals working with this group

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

<table>
<thead>
<tr>
<th>Key needs (including preventative)</th>
<th>Key assets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health - diagnosis and care</td>
<td>None specific identified at workshop</td>
</tr>
<tr>
<td>Social isolation</td>
<td></td>
</tr>
<tr>
<td>Housing</td>
<td></td>
</tr>
<tr>
<td>Financial advice</td>
<td></td>
</tr>
<tr>
<td>Awareness</td>
<td></td>
</tr>
<tr>
<td>Substance misuse and self medication</td>
<td></td>
</tr>
<tr>
<td>Early diagnosis &amp; preventative treatment</td>
<td></td>
</tr>
<tr>
<td>Transition support</td>
<td></td>
</tr>
</tbody>
</table>

[check if any additional local information available from Wellbeing assessments]
11.1.4 Information from other sources

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

[add info from 2014 household survey by RBL, including on current illness etc.]

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

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

A number of needs were highlighted including:

- Insufficient capacity and sustainability of Veterans’ NHS Wales to meet the demand for care from veterans
- Reluctance of veterans to seek help and frustration at waiting times/waiting lists for treatment
- Build cultural competence of mainstream services to ensure veterans’ needs are met
- Over-emphasis on post traumatic stress disorder (PTSD)
- Multi-agency response required to complex-psychosocial needs, especially Early Service Leavers, dual diagnosis (mental health and substance misuse) patients, and veterans with mental health problems involved in the criminal justice system
- Safeguarding issues around domestic violence and long-term effect on children’s mental health and wellbeing, requiring a holistic response
- Need to build capacity in families so they have knowledge and resilience to support veterans with their problems and needs, to prevent family breakdown

Mental health

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

11.1.5 Gaps in our knowledge

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

11.2 Main needs

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

11.3 Prevention recommendations

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

11.4 Assets

• Veterans’ NHS Wales

11.5 What do we need to prioritise for action?

• Commission a detailed needs assessment for veterans in Cardiff and, particularly, the Vale of Glamorgan, with results feeding into NHS and local authority plans
B12. Substance misuse

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

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

Summary Substance misuse

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

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

Assets Recovery third sector organisations; keeping busy, volunteering; help with employment; libraries and Hubs

12.1 What do we know about this group?

12.1.1 Information from population and service data

Despite the population census suggesting a greater number of females live in Cardiff and the Vale of Glamorgan compared with males, the number of males referred to substance misuse services is consistently higher.

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

<table>
<thead>
<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
<td>%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>1600</td>
<td>58.6%</td>
<td>2870</td>
<td>63.2%</td>
</tr>
<tr>
<td>Heroin</td>
<td>640</td>
<td>23.4%</td>
<td>870</td>
<td>19.1%</td>
</tr>
<tr>
<td>Cannabis</td>
<td>246</td>
<td>9.01%</td>
<td>343</td>
<td>7.56%</td>
</tr>
<tr>
<td>Cocaine</td>
<td>132</td>
<td>4.83%</td>
<td>187</td>
<td>4.12%</td>
</tr>
<tr>
<td>Amphetamines</td>
<td>52</td>
<td>1.90%</td>
<td>129</td>
<td>2.84%</td>
</tr>
<tr>
<td>Other Opiates</td>
<td>58</td>
<td>2.12%</td>
<td>138</td>
<td>3.04%</td>
</tr>
<tr>
<td>Total</td>
<td>2728</td>
<td>100%</td>
<td>4537</td>
<td>100%</td>
</tr>
</tbody>
</table>
The Welsh National Database for Substance Misuse (WNDSM) reveals a slight increase (1.1%) in the combined number of young people aged 0-17 years referred to a substance misuse service between 2013/14 and 2014/15. However there were changes to how this information was collected in 2014 so caution should be used in interpreting the data.

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

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

12.1.2 Information from local residents and service users

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

**Box 12A. Recovery third sector organisations**

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

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

**Box 12B. Keeping busy and volunteering**

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

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

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

**Box 12C. Libraries and Hubs helping recovery**
Library is my primary vehicle for communication, emails, catching up on administration aspect of my life. Then all the research I want to do while I’m here and I’ve got a couple of hours of gaps, libraries are close to me. (Recovering alcoholic)

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

In terms of barriers to wellbeing faced by participants in the sex worker group, reference was made to the wait in obtaining methadone on prescription, and an observation that NHS substance misuse services were overstretched. This had the effect that people sometimes found themselves with others at different stages of recovery.

In an alcohol recovery focus group, confusion over which services to access and when, and communication between services, were highlighted by participants. It was also felt that opening hours should reflect times when drinkers may be at risk of relapse, i.e. the evening. (Box 12D)

**Box 12D. Confusion over what services are available and communication between services; and appropriate access times**

First time I came up to Cardiff I sort of stumbled across [a charity] in a way, or get recommended from someone, and it’s quite confusing about who’s who. (recovering alcoholic)

There’s about 50 million of them don’t know what the other one’s are doing at all, and in fact they’ve actually admitted that now and they got a big meeting together last week. (Recovering alcoholic)

Every one of us should be grateful for the services we have. Now the problem is, for a lot of people with addiction they use in the evening and there is not anywhere open in the evening for people to access. (Recovering alcoholic)

Participants also felt that there could be more ‘after care’ following the end of a recovery course, with ongoing access to help and support to prevent relapse (Box 12E). Some participants suggested that people in recovery might be helped to create their own peer support groups. It was also suggested that social workers didn’t know enough about substance misuse.

**Box 12E. Ongoing support to prevent relapse**

There is a tendency to give you your cards when you haven’t even proved yourself, say after maybe a couple of months of being abstinent. Bye, you’re on your own now. That is terrible. There’s nothing more, this is the worst feeling of despondency. . . You leave people when they need you the most. (Recovering alcoholic)
12.1.3 Information from professionals working with this group

Of respondents to the professional survey, over half (56.3%) felt that more advice on alcohol or drugs was needed now or in the future.

As part of engagement for the substance misuse needs assessment, frontline staff and practitioners were asked to identify new and emerging trends in Cardiff and Vale concerning substance misuse. These were:

- Increased number of people buying illicit substances online
- Growing ‘hidden population’ misusing prescription and over the counter medication
- Misuse of neuropathic medications, with alcohol and drugs
- Synthetic cannabinoids and nitrous oxide
- Increasing awareness of dual diagnosis (substance misuse and mental health issues in one individual)
- Growing impact of ‘legal highs’ on emergency services
- Increased distribution of more potent heroin
- Rising trend of older people (50+) misusing alcohol through loneliness and boredom

Generally speaking there are two cohorts of older people who misuse substances; those who begin misusing during adolescence and those who due to adverse changes in life events e.g. loss of partners, retirement or loneliness misuse later on.

12.1.4 Information from other sources

In 2014 Alcohol Concern identified a growing trend in the number of older people drinking alcohol in excess of recommended unit guidelines. As a result the APB commissioned the Wallich to conduct a comprehensive needs analysis via quantitative and qualitative feedback mechanisms with older people living in Cardiff and the Vale of Glamorgan.

The report found approximately 16,902 older people are regularly consuming alcohol in excess of unit guidelines, to which there is a clear need for targeted information and awareness of services available. Of the total respondents who participated in the study, a large proportion were not engaged in any services seemingly due to embarrassment, denial or a lack of knowledge of where to get advice and support. Cultural norms also accounted for relaxed attitudes towards daily alcohol intake.

12.1.5 Gaps in our knowledge

There is evidence that people who are gay or bisexual are at substantially increased risk of recreational substance use (UK Drug Policy Commission [add full ref]), being over three times more likely to misuse drugs than heterosexual people, although data for Wales is lacking.

12.2 Main needs

- Increased number of people buying illicit substances online
- Growing ‘hidden population’ misusing prescription and over the counter medication
- Misuse of neuropathic medications, with alcohol and drugs
- Synthetic cannabinoids and nitrous oxide
Increasing awareness of dual diagnosis (substance misuse and mental health issues in one individual)
Growing impact of ‘legal highs’ on emergency services
Increased distribution of more potent heroin
Rising trend of older people (50+) misusing alcohol through loneliness and boredom
Review access to substance misuse services, including opening hours for services
Improve co-ordination between services

12.3 Prevention recommendations

- Improve information on services available
- Review ‘aftercare’ arrangements for people finishing treatment and support, to prevent relapse
- Additional targeted information and support for older people regarding alcohol use

12.4 Assets

- Recovery third sector organisations
- Keeping busy, volunteering
- Help with employment
- Libraries and Hubs

12.5 What do we need to prioritise for action?

- Delivery of existing actions commissioned by Area Planning Board
- Update substance misuse commissioning strategy implementation plans in line with needs identified here
B13. Findings common to more than one theme

A number of cross-cutting themes, both needs and assets, are common to more than one of population groups described here.

These may be high priority needs and may each benefit from an overarching approach rather than a series of parallel interventions in the different topic areas.

Care and support needs identified in more than one group

- Easy access to information about support and services available
- Timely access to mental health services including diagnosis and counselling
- Timely access to other services
- Social isolation
- Building healthy relationships including emotional and mental health, sexual health
- Practical life skills including financial skills (for all ages)
- Support for young and adult carers
- Respite for young and adult carers
- Enabling smoother transitions from child to adult services
- Maintaining and increasing provision and sustainability of community services and support
- Healthy lifestyles including tobacco use, alcohol, diet and physical activity
- Transport to aid with access to services
- Accessibility of services and information
- Healthy environment and accessible built environment
- Engagement with schools
- Appropriate housing
- Support for children and young people affected by parental relationship breakdown
- Vocational educational opportunities and apprenticeships, adult learning
- Joining up / integrating services, across statutory sector and working with third sector, including improved communication between services
- Community hubs and one-stop shops
- Dementia
- Substance misuse
- Support volunteers
- Advocacy
- Community involvement

Assets identified for more than one group

- Third sector
- Community pharmacies
- Volunteers
- Self care
- Community hubs
- Community groups
- Dementia friendly communities
- Multi-stakeholder partnerships
C. Equality profile and impact assessment process

**Summary** Equality profile and impact assessment process to complete

To complete, including Welsh language profile, protected characteristics, engagement undertaken during process
Glossary

[to add a glossary of acronyms here]
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