

## Appendix 1: Consultation report

### Introduction

An Equality Impact Assessment (EIA) was undertaken to identify potential inequalities arising from the development and delivery of a population assessment. The information gained through this process has been used to develop the North Wales population assessment.

This report provides details of the consultation undertaken as part of the EIA and provides evidence of how we are meeting the requirements of the public sector equality duty.

The online Equality Impact Assessment document is available [here](#).

### Background

The Social Services and Wellbeing Act (Wales) 2014 (the act) requires each region to produce an assessment of the care and support needs of the population in their area, including the support needs of carers by 1 April 2017. The six North Wales local authorities and Betsi Cadwaladr University Health Board (BCUHB) supported by Public Health Wales have produced a population assessment for the North Wales region. The report will be used to inform the area plan which has to be prepared jointly between the health board and local councils overseen by the Regional Partnership Board. The area plan must be published by 1 April 2018.

Producing an EIA on the population assessment is a requirement of the act. This is an initial strategic EIA produced at the start of the process. The area plan and the actions developed in response to the population assessment by the Regional Partnership Board, the six North Wales local authorities and BCUHB will need an EIA to assess their potential impact as will the outcomes of those plans.

The Equality Act 2010 brought together a number of different pieces of legislation to provide a single legal framework to more effectively tackle discrimination and disadvantage. We use this framework to consider how we produce the population assessment, the potential for any discrimination and how we can prevent or reduce any possible discrimination.

### Public sector equality duty

The Equality Act 2010 introduced a new public sector duty which requires all public bodies including the council to tackle discrimination, advance equality of opportunity and promote good relations. In particular we have to:

<b>Public bodies must have due regard to the need to:</b>	<b>Having due regard for advancing equality means:</b>
Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under the Act.	Removing or minimising discrimination, harassment or victimisation suffered by people due to their protected characteristic.

Advance equality of opportunity between people who share a protected characteristic and those who do not.	Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.
Foster good relations between people who share a protected characteristic and those who do not.	Taking steps to build communities where people feel confident that they belong and are comfortable mixing and interacting with others.

Councils in Wales also have specific legal duties set out in the Equality Act 2010 (Wales) regulations 2011 including assessing the impact of relevant policies and plans – the Equality Impact Assessment.

In order to establish a sound basis for the population assessment we have:

- reviewed the performance measurement and population indicator data recommended in the data catalogue provided by Welsh Government, along with other relevant local, regional and national data
- consulted as widely as possible across the North Wales region including with the general public, colleagues and people with protected characteristics;
- reviewed relevant research and consultation literature including legislation, strategies, commissioning plans, needs assessments and consultation reports

Details of the local, regional and national data, the literature review and a summary of the consultation findings is provided in the population assessment report.

This report sets out:

- who we have consulted with;
- how we have consulted; and
- the consultation feedback.

### Consultation principles

A key part of the EIA is consulting with people who may be affected by the population assessment and in particular people with protected characteristics.

Case law has provided a set of consultation principles which describe the legal expectation on public bodies in the development of strategies, plans and services. These are known as the Gunning Principles:

1. Consultation must take place when the proposal is still at a formative stage.
2. Sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response.
3. Adequate time must be given for consideration and response.
4. The product of the consultation must be conscientiously taken into account.

Local councils in North Wales have a regional citizen engagement policy (Isle of Anglesey County Council *et al.*, 2016). This is based on the national principles for public engagement in Wales and principles of co-production which informed our consultation plan.

## Consultation and engagement

The aim of the consultation was to identify the care and support needs of people in North Wales and the support needs of carers. The Welsh Government guidance required that the report include the following chapters:

- Children and young people
- Older people
- Health, physical disabilities and sensory impairment
- Learning disabilities and autism
- Mental health
- Carers
- Violence against women, domestic abuse and sexual violence

The North Wales steering group agreed to include the following chapters in addition: secure estate, veterans and homelessness. Information about substance misuse is included in the Area Planning Board Substance Misuse Needs Assessment and the Well-being Assessments produced under the Well-being of Future Generations (Wales) Act 2015.

### Consultation process

The Equality Impact Assessment initial screening process was carried out by the population assessment Steering Group which includes representatives from each of the six local authorities, BCUHB and Public Health Boards at their meetings on 4 March 2016 and 13 May 2016. The steering group agreed that wide consultation needed to take place to inform the population assessment that includes people with protected characteristics. They established an engagement group to lead on the consultation and an equality impact assessment group to assess the process, the potential for any discrimination and how we can prevent or reduce any possible discrimination. The engagement group included representatives from each local authority and BCUHB. The aim was to:

- a) Identify the engagement work that has taken place over the last 12 months or will be completed by August 2016.
- b) Identify the stakeholders
- c) Identify existing service user forums/groups that we could link in with
- d) Ask professionals which groups we should be focussing our engagement work on
- e) Identify gaps in the engagement taken place so far
- f) Plan engagement work to meet these gaps.

A citizen's panel has been set up as part of the act, which has been used as part of our engagement strategy.

The timetable for the development of the population assessment was as follows.

Month	Actions
March 2016	Project plan and initial EIA screening agreed Collate existing commissioning strategies, plans and needs assessment documents.
April and May 2016	List project stakeholders and develop consultation plan Agree consultation questions Download performance measures and population indicators listed in the data catalogue Summarise key messages from local strategies and analysis
June to August 2016	Engagement and evidence gathering including: <ul style="list-style-type: none"> <li>- Survey of partner organisations</li> <li>- Discussion groups and surveys with people who use services</li> <li>- Citizen panel interviews and online survey (members of public)</li> <li>- Staff and elected member consultation workshops</li> </ul>
September to November 2016	Review consultation activities against the stakeholder map and commission any additional consultation and engagement required. Analyse data, write draft population assessment chapters and circulate for feedback.
December 2016 to March 2017	Approval process. The report must go to full council of each of the six local authorities and to the health board.

## Promotion plan

The consultation and engagement was promoted through regional networks, the voluntary sector councils, local authorities and health. It included advertising online, social media, press releases to local newspapers and radio, staff bulletins, service user groups, questionnaires placed in libraries and GP surgeries. For more information about the promotion carried out by each agency please see [appendix 1f Local engagement summary](#).

## Consultation methods

The consultation and engagement for the North Wales population assessment used the methods below:

- A questionnaire for organisations that asked their views and for any evidence they had such as performance measures or consultation reports.
- Discussion groups with service users. Some counties also sent out questionnaires.
- A questionnaire for the public available on the Citizen's Panel website along with interviews with Citizen's Panel members. Anglesey also issued additional questionnaires for the public.
- Workshops with staff and councillors.
- A review of relevant research and consultation including legislation, strategies, commissioning plans, needs assessments and consultation reports.
- Findings from the consultation and engagement carried out for the Well-being Assessments being developed for the Well-being of Future Generations (Wales)

Act 2015. The engagement commissioned with harder to reach groups through the North Wales Race and Equality Network and through Wrexham council included: Physical disability group, Carer's Group, Alzheimer's society, BAWSO, Portuguese community representatives, Polish Community representatives, Visually Impaired Support Group, LGBT Group, and the Deaf Association. Public Health Wales organised a focus group with military veterans.

We had a good response to the consultation and engagement. Further details are available in the specific reports attached as appendices for each consultation method. We were able to include people with protected characteristics and people from each of the North Wales counties from both rural and more urban areas.

Further consultation also took place during the approval process. The report has been reviewed by the Regional Partnership Board, the appropriate senior executive meetings and scrutiny committees in each local authority, full council and the health board.

## Method

We used a range of methods for the consultation and engagement – online, face to face (in-depth interviews, workshops and focus groups) and via partner organisations. We designed a template questionnaire and discussion group guide but gave facilitators flexibility to adapt for specific groups, for example Conwy County Borough Council adapted the materials for people with learning disabilities and Wrexham County Borough Council adapted them for use with children and young people.

The stakeholder map and details of engagement that took place are available in [appendix 1f](#). Following engagement activity over the summer the engagement group met again on 21 September 2016 to assess whether any additional engagement needed to take place. They identified gaps with LGBT, BME and faith groups and planned additional activities to ensure these groups were included.

## Consultation and engagement review

The stakeholder map helped identify gaps in our knowledge which we will explore in the area plan and review. Due to the timescales of the project we have not been able to reach every group but working together and sharing information between counties has helped us identify what we need to do next. It has also taken time to build networks with different groups, which we will be able to benefit from in the next phase of the project.

There were some additional engagement activities the group would like to have carried out that were not possible due to the timing of the project. For example, the group chose not to target service users with online or paper questionnaires because it may affect the response rates to the new Welsh Government outcome questionnaires which were due to begin in September 2016. The results will be available for the review of the population assessment. We also limited public

consultation to the Citizen's Panel and Anglesey's survey of members of the public because of the consultations taking place for the Well-being Assessment. The group would also like to do more work in aggregating unmet needs from What Matter's conversations and feedback from Information, Advice and Assistance services. These were not established enough to inform the population assessment this time around, but the group can look at developing processes and skills for next time.

Information gathered for this assessment will be shared with the health board, local authorities and people working on the Wellbeing Assessments for the Wellbeing of Future Generations Act (taking into account any data protection issues). We have also used information gathered for the Wellbeing Assessments where possible.

We have used existing profiles and research to inform the population assessment. A full list is included in the stakeholder map.

Many people have more than one protected characteristic which needs to be taken into account when looking at the potential for discrimination. We have included a summary of the issues facing people with protected characteristics and any further information that is needed in each chapter of the population assessment. The table below reviews how effective the consultation and engagement was at reaching people with protected characteristics. More detail is available in the appendices.

### Review of consultation activities by protected characteristic

Protected characteristic	Consultation activity summary
Age	We had good representation from older people on the citizen's panel and in the organisation questionnaire responses. We carried out targeted engagement with vulnerable groups of children and young people and have had good feedback from young carers. We were able to draw on the consultation undertaken from the childcare and play sufficiency assessments that each local authority has undertaken
Disability	Overall, we had good responses to the consultation with good representation across the group. There is a focus on the needs of disabled people in the chapters on learning disability, physical disability, and sensory impairment, health and chronic conditions and mental health
Gender	We had good responses from Women's Aid organisations and a detailed response about women's health needs from Fair Treatment for the Women of Wales. We received a feedback from FNF Both Parent's Matter Cymru through the national network on 26 October which has been added to the document library and includes information about the importance of engaging fathers and other male carers in children and young people's services and the need to support male victims of domestic violence. The engagement workshops included both men and women although more women did engage overall.

Gender-reassignment	Flintshire provided information from their EIA group about barriers to accessing health care for transgender people. Encompass (support and information sharing group for the LGBT community across North Wales).
Marriage and civil partnership	The consultation included people with different marital statuses.
Pregnancy and maternity	We are able to use the consultation undertaken by BCUHB about maternity services and good mental health for mothers and around child birth.
Race	Information gathered from literature review. Received feedback from BAWSO. Well-being assessment consultation included North Wales Race and Equality Network, BAWSO, Portuguese community representatives and Polish Community representatives. Citizen's panel interviews included people who had moved to the UK from other European countries.
Religion and belief	Members of the Citizen's Panel spoke about the importance of their faith and being able to practice if they had care and support needs. We also used consultation from the minority ethnic elders project in North Wales.
Sexual orientation	We contacted groups including Encompass and Viva. We looked at feedback from young LGBTQ people from a research project carried out by Conwy Children and Young People's Partnership.
Welsh language	The consultation included Welsh language speakers

## Consultation findings, data and information sources

The findings of the consultation feedback are included in the 'what people are telling us' section of each chapter and in the appendices for each consultation method. Please see the stakeholder map for a full list of data and information sources used to inform the population assessment.

- Appendix 1a: Consultation with people who use services
- Appendix 1b: Feedback from the general public including the citizen's panel
- Appendix 1c: Staff and provider engagement
- Appendix 1d: Organisation survey report
- Appendix 1e: Stakeholder map and full list of references
- Appendix 1f: Local engagement summary

## Appendix 1a: Consultation with people who use services

### Introduction

The consultation and engagement for the North Wales population assessment used the methods below:

- A questionnaire for organisations that asked their views and for any evidence they had such as performance measures or consultation reports.
- Discussion groups with service users. Some counties also sent out questionnaires.
- A questionnaire for the public available on the Citizen's Panel website along with interviews with Citizen's Panel members. Anglesey also issued additional questionnaires for the public.
- Workshops with staff and councillors.
- A review of relevant research and consultation including legislation, strategies, commissioning plans, needs assessments and consultation reports

This report summarises the findings of the discussion groups and questionnaires that went to service users. Other reports are available summarising the findings from other methods. The key findings are also included in the 'what are people telling us?' section of each chapter. A full list of all the information gathered to inform the population assessment is included as an appendix to the Equalities Impact Assessment.

### Method

A set of questions was developed to use with people who currently receive services. Some counties arranged workshops, some sent out questionnaires and others submitted similar feedback that they had gathered recently. We chose not to distribute questionnaires widely because of concerns around duplicating and potentially reducing the response rates to the surveys for the new social services performance measures taking place from September 2016. In the final report we also incorporated findings from recent consultations that took place before the project began in addition to the events listed here.

There were 20 events held across North Wales with different groups and five questionnaires circulated. These reached a total of 313 people as shown in Table 1 and Table 2 below.



**Table 1: Consultation events**

Name of group or event	Organised by	Date	Number attended
Carers reference group	BCUHB	29 July 2016	19
North Wales Advice and Advocacy (two focus groups for people with learning disabilities)	Isle of Anglesey CC		15
Care Leavers/Homeless Young People living in Isallt	Conwy CBC	26 July 2016	4
Create a smile - parents of children on the autistic spectrum	Conwy CBC	25 June 2016	7
Connect Forum - Conwy Connect	Conwy CBC	27 July 2016	4
Ysgol Gogarth School Council	Conwy CBC	1 July 2016	8
Arc Communities	Conwy CBC	24 July 2016	4
Citizen Equalities Group	Flintshire CC	8 September 2016	6
Disability Focus Group	Flintshire CC	23 August 2016	5
Citizen Engagement Group (Mental Health Service, Community Links)	Flintshire CC	5 September 2016 (Hope) 6 September 2016 (Mold)	16
Citizen Engagement Group (Mental Health Service, Growing Places)	Flintshire CC	8 September 2016	10
Participation group of looked after young people and care leavers	Flintshire CC	26 July 2016	5
Learning Disability Meetings	Gwynedd Council	14 March 2016	25
Engagement with a selection of older people who receive domiciliary care, attend day services or live in a residential home	Gwynedd Council	September / October 2016	9
Carers - engagement sessions across the county	Gwynedd Council	September 2016	15
Young people's care council	Wrexham CBC	5 July 2016	6
Senedd yr Ifanc	Wrexham CBC	25 July 2016	5
Veterans consultation	Public Health Wales	29 September 2016	4
Encompass (support and information sharing group for the LGBT community)	Engagement group	5 October 2016	9

**Table 2: Questionnaires circulated to service users**

Questionnaires	Organised by	Date	Replies
Home care questionnaire	Anglesey CC	2016	18
Service users questionnaire	Anglesey CC	2016	84
Children and young people's questionnaire	Anglesey CC	2016	10
Learning disability questionnaire	Gwynedd Council	2016	25
Carers questionnaire	Gwynedd Council	2016	

## Findings by theme

### Children and young people

#### Looked after young people and care leavers

The workshops with looked after young people and care leavers found:

- The things that are important to them are friends, being active, healthy, family, hobbies and interests, feeling included, phone/Wifi
- The things they find hard to do are: motivation, getting a job, staying healthy, socialising, feeling confident, fitting in, being independent, talking about what you want in life, challenges associated with disability.
- They felt things would be better if they had: more money; a job; better mental and/or physical health; better sleep; better able to talk about feelings; breaking unhelpful behaviour patterns; support to socialise; good education; being safe and feeling loved.
- They were currently receiving support from: professionals (social worker, personal advisor, foster carers, youth workers, counsellors, school support workers), family, friends and groups. They had mixed views on how well it was working – some very well, some not well. They also had mixed views on how helpful friends and family, the local community and third sector or public services could be. Some said charities could provide support, help families get back together and help get jobs. Others that the public sector could be more accessible, helpful and provide more information.

#### Care leavers / young homeless people

The workshop with care leavers and young homeless people found some were happy with the support they were receiving. Others highlighted their needs as:

- improved communication between staff (young people receiving mixed messages),
- support with reading and writing,
- staying out of trouble,
- money and employment,
- managing anger,
- living circumstances,
- drugs,
- better accommodation maintenance,
- support to deal with ADHD.

These young people didn't have good relationships with their family and when asked how friends, family and the local community could support them they mentioned the following organisations: MIND, Barnardos, Cais, Nacro, Nant y Glyn, church, CAMHS, HOST and North Wales Training Agency.

## Disabled children

Feedback from engagement sessions with parents highlighted the following common themes.

- The time taken for assessments to take place and delays in accessing support was considered to be too lengthy. Need to “be quicker when a cry for help is given”. Support while waiting for assessments or confirmation of diagnosis was also cited as important.
- Concern about the lack of available help to care for their child(ren), particularly for those who are full time carers and single parents, if they are ill and in the school holidays.
- Felt they needed more support to maintain their own emotional wellbeing – including extra help, respite/short-breaks, learning more coping strategies, baby sitters and support for emotional wellbeing. This was a concern when juggling work and caring for a disabled child and professionals who listen was suggested as being important. The physical and emotional impact of managing behaviour problems on parents was also significant. Including; temper, difficulties communicating and safety concerns.
- The impact of social isolation and support to get out of the home for both children and parents. It would be helpful to be able to use direct payments for family outings, suitable afterschool clubs or day care.
- Parents reported that it would help them to cope if there was better understanding from the wider community regarding disabilities and more acceptance of disabilities that you can't see.
- Better facilities for families of disabled children.
- More support from voluntary and charity sector.
- Issues managing their children's anxiety when in public or not in their care.

Feedback from engagement sessions with children highlighted the following common themes.

- The children talked about the difficulties that they have meeting with friends outside school time. When you are younger there are special needs play scheme, they are not suitable if you are older. The children said they would like a club where they can meet their friends.
- Some children said they found noisy environments difficult such as going into large shops, swimming pools or sports centres.
- Some children would like to go out alone but parents are worried about other children bullying or taking advantage of them.
- The children said how difficult it was for them to make decisions.
- One child said because their mobility was not good they had difficulty getting around especially going downhill. This inhibits his social and leisure activities.
- The children said that they rely on their parents to help them with the things that they find difficult and one child had a social worker who took him out.

- The children would like a greater range of activities to do outside school such as art workshops, outdoor activities, trips to activity parks and somewhere to have fun, meet friends, to do cycling music and dance.
- The teachers said that they would like more information about what is available for children now that some of the play schemes have closed down.

## **Young carers**

Findings from the consultation and engagement with young carers.

Areas young carers found challenging were: concentrating, communicating, being confident and making friends (possibly because of their caring role). Their needs were as follows.

- To be valued and supported by teachers to succeed academically;
- Advocacy when dealing with professionals, who may not listen to young carers, particularly younger ones.
- Counselling services and support with their own health needs.
- Problems making GP appointments.
- Lack of awareness and respect by some professionals, particularly in health.
- Accessible user friendly information either online or one to one without using jargon.
- Be recognised, supported and listened to by friends, family and professionals in all fields.
- Places to go to make friends and have fun.

Findings from consultation and engagement regarding young adult carers found specific needs for respite care and practical support, information and 1-1 support. Some carers use respite support to enable them to go out as a family, without one member of the family having to stay behind to care for the cared-for. Others prefer practical support with household chores so the young adult carer does not have so much to do when they get home from college, freeing up time to study. Feelings of isolation, sometimes due to issues with transport can also be a problem for some young adult carers.

## **Older people**

### **Homecare**

The majority of people said care workers treated them with dignity, courtesy and respect. Comments included - 'like friends coming in'; 'usually very nice'. However, people less happy with their services said 'untrained carers, some are rude, abrupt, do not listen'. Unfortunately one person felt threatened that they would lose their care and support if they complained or raised concerns.

In relation to domiciliary care:

- People worry about whether they are able to access short term care and support at home following surgical procedures and report that often much of the responsibility falls to family carers. However, around half of the people engaged with the Citizen's Panel said they had no-one to support them. For some, this was because their partner or other family member had care and support needs of their own. Some mentioned being single, having no children, children who had moved away, relocating away from family or being separated from their partner. A few people also mentioned being the 'last of their family' and a few were concerned, not wanting to be 'a burden' on family or needing a social care package. Problems were reported in regards to access to help, advice and support or care in time of crisis including access to equipment.
- In respect of needs that were hardest to meet, in the main people were concerned about maintaining independence or help with daily life. People mentioned hygiene, house maintenance, shopping, lighting the coal fire, cooking, cleaning and keeping their mobility. Many people also mentioned the difficulty of social isolation and loneliness.
- Supporting people to manage medication administration after surgery or to treat a chronic condition is very important.
- Quality of care was prominent in responses and being cared for by someone who spoke your language was particularly important for people who have dementia.
- Empowering independence is considered vital for good mental health and overall well-being. However, there are some older people that are happy to become reliant upon others for support with activities of daily living and may resent offers from enablement services.

Ideas for improving domiciliary care included:

- Workers having more time to improve well-being, be more observant of needs and better understand people's needs / wishes.
- Care plans that take account of family carers needs' as well.
- Workers with more health care / hospital care experience.
- Being advised if the worker can't attend on time.
- Keeping to agreed times where support is about medication.
- Ensuring workers have basic life skills, such as cooking, using standard household machines (microwave, washing machines).
- Providing Welsh speaking workers.
- Support at night – for carers where two are needed during the day.

## **Dementia**

People in North Wales are concerned about lack of information and support after a diagnosis of dementia, including a lack of benefits entitlement. Some reported that they feel there are hidden numbers of people living with dementia and carers who are not accessing services, particularly with people under 65 who may not have

access to appropriate residential / respite care. People in their forties and fifties do not want to receive services alongside people in their eighties.

## Health, physical disabilities and sensory impairment

### *Challenges*

- There is a lack of awareness about safety and access issues for people in local towns and communities. (Example: When you have a visual impairment and people park on the pavement it can be dangerous).
- There still seems to be a lack of understanding and prejudice towards people with disabilities. (Example me and my friend were travelling on the train and people started to make fun of my friend, saying things and laughing at him because of his learning disability and physical disability.)
- We are worried we will lose services because of the cuts, when you have a disability like being Deaf, it is a lifelong disability and needs lifelong support, if a service stops where will people get support from?

### *Unmet needs, gaps in provision*

- Transport is difficult for people with disabilities particularly if you use public transport. Very often people who work on public transport don't understand your disability and as a result can be unhelpful and not know how to offer support. For example I think all people who work in public transport should have disability awareness training and have basic sign language.
- There is not enough awareness across council departments in transport, highways, leisure services and environment services. Very often they develop things without thinking about people with disabilities and as a result it means buildings are often inaccessible, pavements do not have drop curbs, people who are deaf or blind aren't able to communicate or use services etc.
- People need to be involved more and listened to. Example: I have an idea of how to support the council in recognising dangerous pot holes for disabled people and if I had the opportunity to speak with someone from the right department I could help, but I don't think people's skills are used enough to help solve local authority issues.
- Criteria is getting tighter and it is more difficult to get a service.
- If you do not meet the criteria for services it is difficult to afford to buy for yourself, things are expensive such as equipment and specialist services.
- There are no Deaf specialist care homes or sometimes even care homes that have staff that are trained in sign language, so any people there that are Deaf cannot communicate properly.
- Waiting times to get support or to get things done can be too long.

### *Other issues*

- It's important communities and people are linked more with services so that they can be asked about what they think.

- People with disabilities don't always feel safe in communities and that is often because other people don't understand the challenges they face. Awareness about the simple issues needs to be raised so that people can consider people with disabilities in what they do.

### Learning disabilities and autism

The discussion groups highlighted the need for paid work to give a feeling of self-worth and acknowledge people's worthwhile contribution to society. People with learning disabilities also said they would like more opportunities to join in socially with groups from all areas of society, not just those arranged for those with disabilities only. Another theme was the need for good transport to access services (a particular problem in rural areas) and a number of people expressed the desire to learn to drive. The need for more support for autistic adults was also highlighted.

### Mental health

The workshops and surveys highlighted the following issues:

- Transport: restricts access to local amenities and services as taxi costs are expensive, more community transport is required and better bus services.
- Cost also restricts access to activities in the local community, it would be good to have more affordable activities and more information about activities available.
- Friendships and social networks are very important to this group. Many wouldn't ask family or friends for support, as they don't want to burden them. They tend to keep things to themselves as they feel others don't understand them, including GPs. One individual said:  
"I would rather go into hospital than let my local community know I have a mental health problem, especially schizophrenia".
- Participants valued the support available: family, Mental Health Teams, Crisis Team, Drop ins, Social Links, Mind, advocacy and courses in learning for recovery and wellbeing programme.
- Drop in sessions were valued by those who attended, as one person said:  
"these drop ins help me feel connected and supported by staff and friends, which sets me up for the week. I don't feel on my own".
- Very important to feel supported otherwise would not have the motivation or confidence to do different things and would stay at home with no social interaction.
- Individuals need someone to contact in an emergency. If a member of staff or a professional is not available, it is not good enough to be called back the next day. If an individual is in crisis they need help immediately.
- Help at home would be welcomed, as individuals feel safer and are in control of things.
- Lack of a key worker/ care coordinator if under a Psychiatrist, as currently unable to contact them when needed.
- Barriers that get in the way of progress include: worry, stress, no spark (with staff/ friends) and tiredness/fatigue.

## **Carers**

The main findings from engagement activities are listed below.

### **How to support the carer by better meeting the needs of the cared-for person**

- Equipment and adaptations and assistive technology can provide a very valuable services. Issues can include training needs and waiting lists.
- Respite, including short-term breaks
- Continuing Health Care (CHC) assessments to include short term breaks for carers
- More activities for people cared-for, particularly individuals with dementia
- Good quality reliable support for cared-for
- Support when carer is ill, both in emergency and planned treatment
- Reliable hospital transport that includes transport for carer. Carers need equal access to transport even when the cared for person is not with them to enable them to collect prescriptions for example.
- Health and social care workers – having workers that can help with medication as well as personal care

### **Support specifically for carers**

- Accessible information and advice (preferably in one place)
- Local information surgeries, hubs, talking points and drop-in services
- Advocacy for the carer
- One to one support for the carer, such as a listening ear and telephone support 24 hours a day
- Socialising and carer groups in local community
- Access to leisure activities
- Volunteering opportunities
- Education, skills and employment
- Recognition and respect, consultation as partners in care, including when a person enters long-term care
- Better communication between all parties included in providing support for carers and the cared-for
- Third sector support – carers really value the range of support provided by third sector organisations
- Support for the carer when their caring role comes to an end, including employment, benefit and housing issues

The consultation also identified the following gaps in services:



- Lack of transport in rural areas
- Lack of services in rural areas, including paid home carers
- Inability in some areas to make appointments with known/named doctor, which is needed for consistency, particularly for people with mental health needs or dementia
- Lack of awareness among primary care staff about carers, their importance and needs
- Insufficient counselling services for carers whose mental health is affected by their caring role; this is particularly important due to the impact and stress of caring role
- Insufficient range, availability and flexibility of respite and short breaks for carers
- Gap in support for carers of people with substance misuse issues
- Long-term, sustainable funding for carer support projects

Other feedback included negative effect of caring on health; caring is easier when there is good support from family and friends (although some carers seem to think that family cannot/should not have to support because they have their own lives to lead); wide variation between carers who feel well supported and carers who say they have no support. Many carers, unless given prompts, failed to see how their local community does/could help. Some older carers worried about the future and being unable to care anymore.

### **Veterans**

A focus group carried out with veterans, organised by Public Health Wales, identified the following issues: better communication and sharing of information between the military and statutory/ public services; when planning discharge from hospital for injured veterans there needs to be a resettlement multi-disciplinary team in place; greater “targeted” awareness of what is available to veterans including development of a website for veterans which contains everything that a veteran might need for transition; the idea of an “investors in people” type of accreditation for staff; development of a “military friendly” type of scheme for premises, maybe linked to where champions are based.

### **Homelessness**

The feedback from the focus group with a group of homeless people and people with substance misuse issues included concern services did not understand their needs. For example doctors making assumptions or not listening, housing officers not understanding mental health issues or being ‘pigeon-holed’ by staff at the Job Centre, the DWP and health services. One person mentioned that travelling to interviews and to work was an issue and another person, with learning difficulties, mentioned the problem in being able to find appropriate training. Managing finances can be difficult when there are issues of substance misuse, or when there are difficulties claiming the right benefits or completing the necessary forms. Finding

accommodation can be difficult, particularly if a person is from outside the area. Accessing mental health services can also be difficult. Others mentioned the challenges they face due to health problems, for example sleeping a lot and struggling with social situations due to depression.

People interviewed accessed support from the following services: Arc Communités, the Dawn Centre, Community Psychiatric Nurse, Nacro worker, Cais, Hafal and Aberconwy Mind (including an art project). Friends, family and other community members also provided some support, but there was a comment that about having 'burnt their bridges' with friends and family.

People had mixed views on the quality of support – some said more time was needed, that it felt like a fight to get support, structures change and funding gets pulled. One person said:

'Sometimes your own issues get in the way of accessing help, you don't always know that you need help until it is too late'.

Areas that people needed more help with were accommodation, accessing employment opportunities, taking prescribed medication and substance misuse planning. Referrals to Community Mental Health Teams can take up to four weeks when sometimes it's not an issue that can wait. People said they needed someone to talk to, to feel listened to and to have continuity of staff.

A member of staff commented:

'Because of universal credit and benefit changes [rent no longer being paid direct to the landlord] there will be a lot more pressure and more people becoming homeless.'

## People with protected characteristics

### Challenges

- There is a lack of awareness and understanding of protected groups, people don't seem to know how to engage with groups, which creates barriers for people to feel like they are accepted and welcome and for people to feel like they have the right language and knowledge to be accepting and welcoming.
- There are significant fears from the LGBT community with regard to negative perceptions and attitudes. There are incidents across North Wales where GPs, nursing staff and other health staff have been obstructive and fail to understand the health needs of the LGBT Community. For example there are examples where Health staff are failing to understand Hormone treatments, Surgery implications and medication requirements for transgender people.
- There are also issues in terms of registration for screening and testing for example if a person changes gender they may not be offered routine tests such as smear or prostate screening.
- There can also be fear about telling health professionals if a person has changed gender due to negative attitudes, which can impact on treatments, testing and care needs, for example if your chosen gender is male and you undergo medical

tests it may mean that the tests fail to identify birth gender (female) care and treatment needs.

- There are similar issues for people who have certain religious views, they can face the same negative attitudes, particularly if their beliefs don't allow for common medical practice and procedures
- If your first language is Welsh there are a number of issues if you would like to access services. There is a shortage of speech and language therapists, domiciliary and residential care staff, home care staff, OT services and counselling. Very often family and friends are having to fill gaps to interpret and this can be distressful or can be inappropriate at times. Some Welsh people feel like it is a dual disadvantage if you are a Welsh speaker and have another protected characteristic or need.
- Welsh translation of common LGBT Terminology and language has been difficult to gain for some groups.
- Research is often reported using complicated language and can be unaffordable for health and social care staff, for example certain books and papers come with a high cost. However there are free resources "it's just good care" being an example.

### **Unmet need or gaps in provision**

- Education is one of the biggest gaps across the board, having knowledge and understanding is key to breaking down misconceptions and prejudice.
- There are significant issues in health and in some areas of social care with regard to staff training and understanding with regard to people with protected characteristics.
- Young people are beginning to increasingly explore gender and sexuality at a younger age, it is important that services are accessible for young people and built to meet their needs.
- It is important to target schools, early education will reduce many of the barriers that we see today.
- Dementia is a growing issue and during dementia training people with protected characteristics are rarely mentioned and there are specific issues and considerations that social care and health staff need to be aware of and skilled to deal with when they present. For example there have been incidences where Trans people living with dementia have forgotten that they have transitioned and can be emotionally impacted in a number of ways. Also people who have lived as gay or lesbian for a number of years may only remember a period of their lives prior to this time and there are again similar issues that can present with regard to language, religion, ethnicity etc.
- Very few services are bilingual or have a Welsh speaker present, this can very often act as an exclusion to first language speakers, preventing them from accessing services or worse leaving them in services with no way of communicating their needs, hospitals and care homes are examples.
- There are few services that cater for people with sensory impairments again very often they are excluded from accessing services or groups because there are no interpretation services or visual accessible information.

- People with learning disabilities, Autism and Asperger's are often a forgotten group with regard sexual orientation and gender preference, there are examples where support workers have failed to support people with regard to wishes or in some instances failed to support people properly leaving them vulnerable.
- There should be more support for parents and families to enable them to feel confident to support a family member or friend.

### **Other issues**

- It's important to note that the legal process to change gender is still highly complicated and lengthy. There are a number of evidentiary sources required by the courts before any change is granted and what information is requested can be difficult to evidence. Also the forms themselves are very complicated and not user friendly.

### **Feedback from support and sharing group for the LGBT community**

The group's challenges are mainly with the health service, but they felt that there needed to be more awareness around the issues for all LGBT people in the community, health and social care.

One person explained about friends who went to the GP for IVF or IUI, one couple were told there was no money and another couple were allowed 2 rounds of treatment, this was all in BCUHB. They reported that there is lack of consistency, there needs to be work done on the policy and procedure in North Wales.

When one lady in a same sex relationship was at an IUI clinic, when hearing that that round of treatment had been unsuccessful the nurse commented 'keep trying it might happen naturally'

There is lack of engagement from GP's when training on LGBT matters is offered. One person commented that their GP tries hard but doesn't quite make it.

There are aspects about being transgender that GP's or others know nothing about – you need specialist people in psychiatry or psychology, they also need professionals who are specialists in Hormone Therapy.

Screening can be an issue for people who have been through gender reassignment as health systems are not set up to accommodate them. For example:

- Men have the Abdominal Aortic Aneurysm (AAA) screening at 65 but women don't have that screening as AAA doesn't occur in women until much later in life. The health service can't pick up women who have been through gender reassignment although AAA could still be an issue for them.
- Women have breast screening from the age of 50, if a woman has had gender reassignment they would not be called for breast screening, because they are reregistered as a man, although evidence suggests that male hormones can accelerate cancer.
- Similar problems around smear testing and prostate examination, people are being missed because of a change of their gender.

Another problem which occurs is that when someone changes their name their medical history is lost which can be a major issue if you are diabetic, have an allergy

to something or have some other medical condition which requires on going monitoring.

People in the group said that they think twice about going to the doctor's surgery because the receptionists are not always discreet and the whole event can be very embarrassing. Triage at the surgery needs to work more effectively.

One person suggested that GP's and other professionals could ring the Beaumont Society Information line to get help and advice rather than get it wrong.

One person said they would go to the Countess of Chester rather than Wrexham Maelor, the out of hours service is not very user friendly and the system when you get to the hospital before you see anyone is very difficult especially when like they had, you have a poorly child.

In general they felt that there needed to be a change in thinking about the way services are delivered. Put things back in the community by using GP clustering and have more of a cottage hospital. Do more at a primary care level. In rural areas a use of new technologies such as Skype could prevent some of the time consuming travel for patients or professionals.

Better use of third sector organisations, they could help to relieve some of the pressure in Primary care.

Hate crimes are under reported.

## Appendix 1b: Feedback from the general public including the citizen's panel

### Introduction

The consultation and engagement for the North Wales population assessment used the methods below:

- A questionnaire for organisations that asked their views and for any evidence they had such as performance measures or consultation reports.
- Discussion groups with service users. Some counties also sent out questionnaires.
- A questionnaire for the public available on the Citizen's Panel website along with interviews with Citizen's Panel members. Anglesey also issued additional questionnaires for the public.
- Workshops with staff and councillors.
- A review of relevant research and consultation including legislation, strategies, commissioning plans, needs assessments and consultation reports

This report summarises the findings from the Citizen's Panel and a questionnaire circulated by Isle of Anglesey County Council to people who do not currently receive care and support services. The key findings are also included in the 'what are people telling us?' section of each chapter. A full list of all the information gathered to inform the population assessment is included as an appendix to the Equalities Impact Assessment.

### Citizen's panel method

CVSC advertised widely for Citizen's Panel members and used connections made through the Community Voice projects. The questionnaire was also advertised on the website <http://www.llaisygogledd.cymru> and promoted through local council and health networks.

Citizen's panel members were offered the opportunity to take part in the population assessment research by a variety of methods including face to face interviews, phone conversations, instant messenger or completing an online survey. The majority opted for face to face conversations or completing the online survey.

There were 34 people who took part in the research from a variety of backgrounds and ages and including people from across North Wales living in urban, rural and coastal locations. There were 16 women who took part, 13 men and five who preferred not to say. Around half of the respondents who gave an age were aged 50 or over and seven were under 30, 2 of whom were aged under 21. Three of the respondents mentioned caring responsibilities and two mentioned their own current care and support needs. Two of the respondents had moved to the area from outside of the UK.

People were asked the following questions:

We want to find out what care and support people might need in the future with their health and wellbeing. Please put yourself in the situation where your circumstances or those of someone close to you have changed and you need more care and support in your day to day life. You might want to think about getting older, not being as mobile or developing a serious health problem or disability.

1. What concerns do you think you may have in maintaining your way of life?
2. What would be most important to you?
3. Who do you think could support you?

*Could prompt - friends and family, health, community, social care*

4. What support needs do you think may be harder to meet?

## Citizen's panel findings

### Concerns about maintaining your way of life

The most common concern raised was maintaining independence, social and leisure activities. One respondent mentioned having seen friends deteriorate suddenly after becoming ill.

Another common concern was around accessing services, particularly in rural areas. One respondent commented:

*'I've often wondered how I will cope once I am no longer able to drive'.*

People raised concerns about how they would adapt their house and about the possibility of having to move if it was not possible to adapt their current home.

*'I'm worried that I would be seen too much of a burden and be dumped in a home somewhere. But I really wouldn't like that, I have so many memories of my life with my wife in this house, I couldn't bear not living in it.'*

There were concerns about money and finances, often linked to being able to continue with employment and education. This was often raised by people who had moved to the UK to work or currently had physically demanding jobs. Examples given about why not having enough money was a worry included a desire to support children (including through university) and being able to afford good quality care.

A number of people were concerned about how they would access support in an emergency as, or if, they lived on their own. For example:

*'Having the peace of mind of knowing that if I was ever really in need someone would be there to provide me the care I'd need'*

A couple of people had no specific concerns, one who tried to keep busy and another who took inspiration from others and the availability of support from the NHS.

One person gave a detailed description of their experiences of hospital and social care which should be shared in full with the appropriate services.

## What would be important to you?

The replies to this question reflected the concerns raised in the first question. As above, maintaining independence was important to many of the respondents. Examples given included cooking, housework and getting out and about. Enjoying the environment was mentioned by a number of respondents, specifically walking on the beach, in the hills and by the river. For example:

'I love the hills where I live... if I ended up stuck in hospital or moved away into some city I would be devastated'.

Maintaining social and community involvement was also important to many of the respondents and examples given included attending church and rugby clubs as well as visiting children and other family members. A number of people mentioned the importance of having someone to check you are OK and suggested it would be helpful to have a bell to ring or a friend/buddy system.

Some respondents mentioned other issues including care and support to avoid long stays in hospital, paying the bills/mortgage, getting affairs in order, studying and having a meaningful career, quality of care and being cared for by someone who spoke your language (particularly for people who have dementia).

## Who do you think could support you?

Around half of the respondents said they had no-one to support them. For some this was because their partner or other family member had care and support needs of their own. Some mentioned being single, having no children, children who had moved away, relocating away from family or being separated from their partner. A few people also mentioned being the 'last of their family'.

Around half of respondents said their partner or family would support them, for example:

'I'm lucky to have a really strong family, I know they would support me through whatever comes my way'

However, in most answers to this question people mentioned limits on the amount of help they could expect or wanted to ask for from friends, family or the local community. A few mentioned not wanting to be 'a burden' or needing a social care package or support in addition to any other support they were receiving. For example:

'I would not want them [my children] to become carers for me and would like to think that there is some provision in place for help to enable them to continue to enjoy their daily lives despite their parent needing care'.

'Not being a burden on my family would be the most important thing'.

The next most common answer was social care or nursing staff and health/NHS.

A smaller number of people mentioned friends, but with similar concerns about how much support they wanted to ask for. For example:

'I have plenty of close friends and family who could look after me, whether or not they would get sick of helping me out all the time is another matter, I would like to think they wouldn't but it's only natural.'



A few people mentioned their local community including one who mentioned their village, one the tenants in their building and one the rugby club. Another person mentioned volunteers because they 'do their job with a passion'. Again they had similar concerns about how much support the community could provide:

'I couldn't rely on good Samaritans all the time'

'Although we are a tight knit bunch in the village, I couldn't expect anyone to come and look after me'

As one person commented:

'I think a mixture of most of the above would be a good solution'

### **What support needs do you think may be harder to meet?**

The most often mentioned needs was again around independence or help with daily life. People mentioned hygiene, house maintenance, shopping, lighting the coal fire, cooking, cleaning and keeping their mobility.

Many people also mentioned the difficulty of preventing social isolation and loneliness. For example:

'Getting me out and about, that would mean a lot, but I can imagine it would be time heavy, especially if the person would be on the clock. Maybe I'm being too optimistic, but I would like to think I could still lead some kind of social life.'

This was linked by some with mental and emotional health and wellbeing.

A couple of people mentioned they thought it would be hard to meet their desire to continue to be involved in sport. Others mentioned finding employment, maintaining a decent living, accessing help in a rural area, relocation and techniques that make living with a disability easier.

## Isle of Anglesey County Council questionnaire method

The questionnaire circulated by Isle of Anglesey County Council was completed by 84 people. The questionnaire began with the introduction:

Do you have concerns about maintaining your present lifestyle in the future?

Put yourself in the situation where something has gone wrong – life changing health issue e.g. stroke, or you are involved in a car accident. What from your current lifestyle is most important to you? What is most important to maintain? What are your immediate concerns? What if you no longer had choice and control over your daily life as you used to?

### Findings

When asked who would support you to maintain your independence half (42 people) rated health or social care professionals as the most likely and just under half (38 people) rated friends and family as the most likely. Four people said the wider community would be most likely to support them.

If people were no longer able to work their main worries would be (in order, with most worrying first)

1. Finance: concerns to maintaining your current income
2. Work: maintaining your current work situation
3. Getting out and about
4. Physical well-being – keeping active
5. Mental stimulation
6. Feeling safe at home
7. Learning

However, there were not large differences between these rankings (35 people rated finance the most worrying, 18 people rated learning the most worrying).

To find out what support is available people mentioned going to the council, Local Health Board/Centres, GPs, J. O'Toole Centre in Holyhead, libraries, family members, CAB or Age Well Centres/Age Cymru Gwynedd and Môn. There were 18 people who said they would search on line including council and NHS websites and 10 who said they were unsure or who wouldn't know where to go.

### What would help you make any transition to a better way of life?

There were 24 people who said that they would like appropriate support, advice, empathy and understanding from health and social care professionals that is easily accessible. They would also like support from family and friends where this is available. Support and advice would enable people to live at home independently and also enable the family/friends to adapt with the individual needing the support. Adaptations that would be needed to the home was also mentioned by some respondents. People would also like better access to public transport and more social activities in the community.

Financial support/advice was another area mentioned in the comments. In most comments it is evident that people want and are willing to receive support/care to maintain independence for as long as possible. There were 11 people who said they would like more information/easy access to information to make informed choices.

Other comments were around better access to facilities, attending WI, knitting club, exercise classes. Having notices up in surgeries, libraries, leisure centres, community areas about social activities in the community. People also mentioned having more leisure time, safe walking and cycling routes on the island, taking control over one's life, having a healthier lifestyle through exercise and healthy eating, companionship, more socialising with friends and family.

### **What do you think could prevent care and support needs from developing?**

There were 24 people who said that more funding and resources are needed to prevent care and support needs from developing, some said that there is a lack of male nurses and that more communication is needed.

Other comments include keeping socially active, proper healthcare/services in the community, healthy living /diet / keeping active/keeping the brain active. More investment in preventative services, prevention is better than cure. Maintaining relationships with friends and family. Better screening service from the local surgery, better partnership working and look at what support is available from other partners resulting in a reduction in demand for Council Services. Having health professionals available to prevent health issues developing unnecessarily and by giving timely diagnosis and also to offer support and care at home for chronic or progressive illnesses, both physical and mental, and in those circumstances to facilitate any social care needed in later life.

### **What if a close family member needs significant care and support?**

Many people are worried about having to reduce their working hours or even having to give up work altogether if they were in this situation, they would be willing to provide care and support but probably not personal care. Financial worries would come into this as well, most people would go to either the GP, social services, health services or third sector for support. Many concerns about parents growing older and how people would cope if they had to provide some kind of care and/or support to their parents, the effect this would have on the family when people have children for example and the possibility of moving house if the parents live far away. Support groups for families would be beneficial. Independent Advice centres would help people understand the law in respect of health and benefit systems.

'I would provide care and support for my immediate family but obviously this would then either affect my work/life balance and I would need assistance to be able to care for them and may not be able to be a full-time carer due to other commitments i.e. I could not provide full-time care to an elderly parent as I have responsibility for two young children and have a demanding job. Better signposting to the existing services available on the Island and supporting and improvement of the existing resources on the Island as well as making more services available to the elderly and to parents is necessary. I would contact social services if I needed assistance or would access the Dewis website to look at resources that are available, difficulty is these are very scarce on the Island.'

'The impact on close family members could be significant. It is extremely important that they are given as much information as possible (or signposted to other appropriate agencies as soon as possible) so that they can make informed decisions regarding the situation. The level of support that someone would be able to provide would depend on their skills and knowledge of the needs of the person and also their time commitments as they may have a full time job that they cannot afford to give up in order to become a carer. I think it is important to ensure

that the family members are given as much support as possible so that they don't feel forced to take on responsibilities that they will be overwhelmed and unable to cope with. I think it would be useful to help family members connect with other people who are in a similar position - support groups etc so that they don't feel isolated by the situation.'

'Having spent 15 years caring for close family members with progressive illnesses at the end of their lives, I know that 'caring responsibilities' affects your own income earning capacity; depletes your savings and can affect your own health, due to stress and lack of time available for your own needs. People generally need to understand the law in respect of the health and benefits systems. Independent Advice centres could help more with this. However practical matters such as better trained home carers with a new remit including being able to inform health professionals about concerns, and more EMI health professionals available for regular home visits, would help to keep the EMI individuals at home and with more independence for longer.'

### **Any other comments**

The other comments covered a wide range of issues, many specific to Anglesey, from views on free prescriptions to local transport services.

### **Young people without care and support needs**

The main issues they mentioned were:

- Understanding money problems, student loans, paying bills, benefits and knowing who to talk to with regards to money problems.
- Understanding employment rights.
- Understanding how new choices, laws, acts and loans will affect their future wellbeing.
- Having someone to talk to if something should happen and they need support and help knowing where to find out information about support from for them and their families. Websites that are easy to navigate and use to make appointments. More information through schools, colleges and social media.
- Transport to work, college or accessing services particularly in rural areas. Cost and availability.
- Socialising and access to cheaper social activities.
- Family and friends could provide if they knew where to go for help but they might know less than us or not be able to provide support, particularly specialised support. Some may not want to ask my family or friends.
- People where we live in the local community could help with transport to and from college and work, keep an eye on me at home. Help with shopping for food. Random visits checking on me at home. Neighbours could let me use their phone internet to search for support and to help go shopping. Be a support at home. If there were any support groups in community they could come with me.
- Charities and the third sector could help provide financial support, advice on money matters and advice that could be there to support me and my family. They could sign post support services for my age and other people who have been in the same situation. Someone to talk to and get advice. Help provide material aids if needed and someone to talk to.

## Appendix 1c: Staff and provider engagement

### Introduction

The consultation and engagement for the North Wales population assessment used the methods below:

- A questionnaire for organisations that asked their views and for any evidence they had such as performance measures or consultation reports.
- Discussion groups with service users. Some counties also sent out questionnaires.
- A questionnaire for the public available on the Citizen's Panel website along with interviews with Citizen's Panel members. Anglesey also issued additional questionnaires for the public.
- Workshops with staff and councillors.
- A review of relevant research and consultation including legislation, strategies, commissioning plans, needs assessments and consultation reports

This report summarises the findings from workshops with staff and completed questionnaires. The key findings are included in the 'what are people telling us?' section of each chapter. A full list of all the information gathered to inform the population assessment is included as an appendix to the Equalities Impact Assessment.

### Staff workshops method

Each county arranged workshops or circulated questionnaires that asked questions about the need for care and support services in the area the staff work in. There were 22 workshops that took place involving hundreds of staff from across social services departments as shown in table 1 below. Many additional staff also provided feedback directly on the draft population assessment chapters. The six North Wales Councils and BCUHB also provided existing reports, some of which included recent staff consultation. More information about the activities each council undertook are available in [appendix 1f](#).

**Table 1: Population assessment staff and provider engagement sessions**

County	Team
Anglesey	Fostering team
Gwynedd	Provider Engagement Event 07/07/16
	Adults team (Older people and people with a physical disability and sensory impairment)
	Learning Disability Team
	Children and Family Support Department including Children with Disabilities
	Staff from the internal learning disability day services provider
	Staff from the internal domiciliary care and residential care provider

County	Team
Conwy	Children and young people
	Older people
	Physical disability and sensory impairment
	Vulnerable people
	Community well-being
Flintshire	Community Living Team
	Mental health Community Living Team
	Mixed group 05/09/16
	Mixed group 23/08/16
	Mixed group 26/08/16
	Mixed group 30/08/16
	Social Links Staff
	CSS Managers Meeting
	Deeside Community Support Assistants
	Day staff meeting 9/08/16
	Family Information Service
	Mental health primary care staff
	Wrexham
Vulnerable people	
All Wales	LAC Providers network

## Staff engagement findings

### Children and young people

#### Challenges faced by children and young people

- Transport (getting to places can be a huge issue for parents)
- Isolation
- Language/cultural barriers
- Deprivation – financial, cultural, education
- Making consequences seem real
- Conflicting demands

#### Parenting

- Challenges: parenting skills, 'bad parenting' 3rd or 4th generation, poor nurturing and stimulation
- Need more guidance and support for parents, for example, with routine setting
- Domestic violence, linked to substance misuse, has an impact on parenting abilities

#### Information and early intervention

- Information – lots of agencies offer help, can be confusing
- Need more investment in educating parents to find support in the community
- Need more resources to invest in preventative and early intervention services over the long-term. It would be good to have longitudinal studies to show the impact of programmes that began 10 to 15 years ago.
- Need to work with those who don't meet the threshold for support at the moment and provide more support for children from a younger age
- Llanrwst Family Centre is valued by locals – need Family Centres in other areas
- Anglesey fostering: There are too many children coming in to care at the moment and we desperately need more preventative work before these children reach the threshold for social services involvement, as well as once they are under Social Services to stop them coming into care. It is hoped the Edge of Care service will go some way to tackle this.
- TAF has been a good service for providing advice and information to people who might otherwise have fallen through the gap.

#### Housing

- Need access to independent housing for young people (16-18)
- Need housing for young people estranged from families
- Need decent housing for all

#### Education

There are unmet needs for education and support for children not in mainstream education or who have part-time education packages. Need more support for low

achievers or children who are going to school but struggling to fit in or meet expectations.

### **Finances, benefits and employment**

- Difficult to get benefits support to help people stay independent or live independently. It is increasingly difficult to access benefits as well as threat of losing money.
- Need better education and employment for children with additional needs
- Access to employment for parents can be difficult due to a lack of skills and a lack of training/opportunities to develop them.
- Lack of aspiration caused by lack of job opportunities. Part of work involves trying to widen horizons to show young people what is available for them.
- There's an increase in in-work poverty

### **Social media**

Many staff mentioned concerns about social media and the internet. This includes concerns of overexposure and the impact on children's development, their ability to cope emotionally with the material available and safeguarding concerns.

### **Mental health**

Many staff mentioned an increase in mental health needs for children and young people, including a need for substance misuse help. Some mentioned long waiting lists for CAHMS services and others that the CAMHS consultation service that foster carers and social workers can access works well. Pleased that there is more investment in CAMHS.

### **Meeting families' needs**

Social services responsibilities are limited and can conflict with what the parents want. There is a lack of understanding of families around process and fear of social services. Some families are not willing to engage. Some service users wish to be left alone and lack aspirations listed above. That's what makes them difficult to engage

### **Care leavers**

Challenges faced by care leavers include accommodation and support; financial hardship with changes in housing benefits and Universal Credit and risky behaviours.

### **Changing society**

- Issues have remained similar but approach/awareness/attitudes have changed regarding the risks
- Erosion of communities although think there are still good communities in rural areas
- Changing expectations about what people want/need – more materialistic?



## **Issues with services**

- Lack of respite services for younger people
- Lack of quality advocacy
- Reduction in support available including for foster carers
- Gap in transition between Children's and Adult services
- Adoption support – rise in inappropriate adoptions in the first place
- Lack of access to residential care
- Flying Start is postcode lottery
- Court for Conwy and Denbighshire now in Llandudno – long way for some service users to travel, particularly if they don't have family support
- Different activities available on the coast vs rural areas
- Need range of support
- Need multi-agency training opportunities/multi-agency working
- Commissioning hub – had the regional approach, feel that the work of the Hub is disintegrating
- Less staff at places like Barnardo's
- Not enough resources to provide intensive support to avoid care
- Reduction in third sector services is having an impact
- Concern about sustainability of services funded by Families First
- Not seeing demand go down due to new services. Perhaps because creating a new service could create a demand or it could be the case that demand would be increasing even more if these services weren't available.

## **Fostering / looked after children**

- Looked after children have a wide range of needs including with regard to their health, education, identity, emotional and behavioural development, mental health, social integration, cultural and language needs.
- Growth of family and friend carers and connected person: 20% of Looked After Children now living with family so need to develop support for this group
- Not enough specialist placements to meet the complexity of need which results in multiple placement moves or out of area placements
- Foster carers want good outcomes for children; equality and feeling part of the team; finances and consistent support; are sometimes desperate for specialist support/help
- The foster team have to try and plug gaps when services aren't available which can have an impact on workers and team morale as resources are squeezed
- It is difficult to recruit foster carers. The economic environment means fewer people are willing to take risks in career change by taking the leap to become a carer. This means children may have to move to placements further afield which may not meet their cultural and linguistic needs or enable them to stay within their schools or close to extended family. Need more foster carers for 16-18 year olds.
- There are additional challenges for adoptive parents

- Note increase in number of Looked After Children in first half of 2016/17, also finding more complex needs for LAC as well, although this maybe because getting better at recognising complexity and the dangers/barriers to achieving positive outcomes have increased with social media.
- Public Law – meeting parents’ needs as well as child/young persons, for example, a child’s attachment means that moving a child could cause more stress
- What works well: foster care forum (encouraged to share views openly); highly committed foster carers providing quality care; recruitment officers posts & regional working; experienced team; parenting officer (capacity limited)
- Doesn’t work well: Looked after children and foster carers may not be able to access some valuable third sector services because their cases are open to children’s services.
- Specialist support and training for foster carers is needed to enable them to meet the high needs of looked after children to ensure that children achieve permanency as soon as possible and there are resources to support this and to prevent placement breakdown.
- When we assess foster carers we always assess their support network and most of our foster carers are very good at accessing resources in their families and communities. We also use resources as a team, such as having an annual fun days
- Access to support such as IT and Welsh language skills training are current challenges for foster carers which could impact the service we are able to offer looked after children.
- Foster carers also help themselves by running their own charity / peer support group
- Planning placements and transitions
- ‘When I’m Ready’ should have a positive impact and give more choice for younger people but likely to have negative impact on foster care bed numbers.
- “Confidence in Care” – training for carers (rolled out across North Wales on a staggered basis
- National Fostering Framework

### **Feedback from providers**

- Frustration that money can be found for expensive placements in a crisis, but that the money isn’t invested in earlier support that would prevent the crisis occurring. Could be useful to analyse when poor placements are made. There tends to be policy commitments to early intervention but don’t feel the practice matches this commitment. Generally it appears there is a lack of effective planning and matching the needs of children and young people with the most appropriate resource.
- Should Social Services be fully staffed at weekends if that’s when the service is most needed?

- Find that leaving care support is of mixed quality – poor quality support undermines the investment and progress made by young people and providers. Gave examples of the damage this can do and system failures that let-down young people leaving care. Mentioned Norfolk as a good example. The transition from residential care to When I'm Ready placements or out of custody placements is particularly difficult. Better planning should be possible well before a young person's 18th birthday. Gave an example of a young people having to move actually on their 18th birthday because of inflexible systems (CSSIW) when an earlier move with more preparatory work would have been better for the young person and ultimately support achieving a more successful outcome and transition for young people

### *Commissioning*

- Relationships with commissioners were mixed – feel that seeing providers as partners who can make valuable suggestions regarding how best to meet the needs of young people would lead to better outcomes for the child or young person. There was a feeling that service managers suspect suggestions from providers are about making profit and underestimate their commitment to the welfare of the child which forms a barrier to a partnership approach. The power imbalance also makes this approach difficult. On a strategic level there is a need to engage with providers more effectively in a spirit of seeing them as part of the solution.
- Engaging with providers about plans for next 5-10 years would be useful for business planning. Many 'meet the commissioner' events happen just before a service goes out to tender. However with enough notice, providers can develop the services that are needed to meet future need and it would help to see them as part of the longer term solution.
- Some concern that the focus of commissioners is on balancing books on the day rather than the outcomes for the child and the longer term outcomes of a placement. However, there is good practice around (Bolton was one example).

### *What helps*

- Felt the issues above had been the same for a long time although now better at forcing systems to work and giving feedback to Social Workers. IROs have helped as has the Children's Commissioner, as well as engagement with MPs and AMs. However, some were frustrated that they needed to go to that level regarding issues that are only about achieving the best possible outcome for young people and others commented that the Children's Commissioner was well placed to tackle some of these issues.

## **Older people**

### **What people who use services want**

To remain at home, to remain independent and to have a healthy, active and social life.

### **Challenges faced by older people**

- No support other than support staff to deal with bereavement.
- No overnight care services/ Telecare responders for those without family.
- Cleaning
- Lack of supported living
- Social and emotional support/ life skills

### **Hospital care**

- Long waiting list for hospital visits, consultations
- Older people can need assistance with hospital appointments
- Communication and feedback from district nurses and doctors
- Lack of support in hospitals
- Difficult to find 'care' when people leave hospital. Pressure to discharge people from hospital,
- Lack of carers support

### **How needs have changed**

- More complex health and social care needs, higher expectations. Greater need for digital inclusion, changes in attitudes and expectations of population. Changing population, for example, new immigrant populations.

### **Transport**

- Transport is a big barrier – including cost and limited or no routes in rural areas.
- Bus passes being stopped

### **Mental health**

- Challenge - Adult Mental Health
- Increasing levels of elderly mental health (EMI) care needs
- Need more elderly mental health (EMI) care in the community.

### **Prevention and early intervention**

- Greater expectations in terms of preventative services.

### **Challenges facing services**

- Travel time and the cost of this for domiciliary care.
- Disparity in provision between services, for example, older people compared to Disability.

### **Issues unique to area**

Staff from Anglesey highlighted issues facing rural communities, high tourism and movement of people moving to area especially coastal regions.

### **Recruitment and retention of care staff.**

- Role needs rebranding
- Competing with retail, tourism etc.
- Recruitment process should be simplified and jobs advertised in other areas (not just online)
- Pay should reflect complexity and value of work
- Banding w/Health – similar positions within Health are higher pay bands and so staff are moving there
- Providing care in language of choice – Welsh language skills within workforce
- Career pathway

### **Support to live at home summary**

All public sector organisations (whether statutory, private or charitable) are experiencing financial challenges which may impact on their ability to offer flexible services; however access to good information, advice and assistance in a timely manner can assist people to build on their own assets (financial, social and physical) and make the best use of facilities and services in their community. This approach avoids or minimises unnecessary demand on services and promotes people's independence. Understanding what matters or what is important to people and enabling them to achieve it is the key role of public services in the future. Accessing and building on people's strengths and relationships reduces unnecessary burden on state funded services whether from the NHS or Councils.

### **Care homes**

Several organisations were concerned with a lack of choice and overall shortage of suitable accommodation for older people, be that care homes, extra care housing or shared ownership accessible accommodation.

A lack of alternative accommodation with support means that more people are likely to have to move into care homes in their later years, when in their poorest of health, and the reductions in the number of care homes / residential homes is of concern to people in North Wales, as is the recruitment and turnover of care staff.

Care homes themselves reported finding it difficult to help people to be part of the wider community, involving residents more in the decisions, and improving mobility / exercise of residents

### **Health, physical disabilities and sensory impairment**

#### **The outcomes or results parents of disabled children want to achieve**

- Support with sleep issues, behaviour and toileting
- Finding a way to respond to what both parents and children want
- Recreational opportunities
- Equipment

- Help with education (some parents wanted mainstream education, some specialist)
- An assessment that take place in conjunction with health
- Prepare to develop towards independence, employment and activities with purpose – transitional age
- Children are safe
- Help with benefits / grants
- Signposting to other organisations
- Additional support with issues not always a result of the disability / condition
- Respite / short break
- Diagnosis
- Sexual health (boundaries, security and so on)
- Living a full life in the community / society. Social integration: have friends, socialise, have own home.
- Access to services – leisure and health

### **Changes in support needs**

- More single-parent families and the pressures that are coming with this
- Need for parenting courses
- Not as much support from the extended family (as a result of people moving into the county and no family in the area or children moving away from the areas), more families are working rather than staying home to care for children, people not willing to provides support, expect Social Services to take on that role.
- Social problems
- There seem to be fewer children with sensory impairment (deaf / blind) coming into the service
- Changing expectations of services from families. People are more aware of their rights and are willing to challenge services
- Level of service provided doesn't always equate with the needs of the child
- Increase in life expectancy for children with a high level of needs who need a lot of medical support. Children with very severe conditions are moving into adult services. Better health outcomes are not necessarily leading to better social outcomes. Needs are far more complex now than 15 years ago due to medical improvements.

### **Unmet needs**

- Children on the autism spectrum who do not have a learning disability or mental health need can fall through the net
- Children who meet the criteria for services from children's services but not adults services
- Psychologist provision (long waiting list)
- Leisure opportunities for disabled children outside of children's services
- Suitable transport for children and young people who use a wheelchair

- Clinics / hospitals that are suitable for children with physical needs
- Services accessible from rural areas
- Home visits
- Transition key workers
- Respite care, particularly for individuals with more complex needs or challenging behaviour.
- Housing for families with disabled children – the bedroom tax has caused issues.
- Workforce issues. Recruitment of staff – difficult due to 24 hour work, high level of responsibility but no career path, salary (get paid more in Tesco), don't have money to invest in workforce, staff have to move for career development. Ageing workforce. Schools cutting back on trained school assistants.
- Placements in schools for young people with learning problems and lack of understanding in mainstream schools.
- Services extremely stretched – increased demand and less staff
- Lack of social opportunities for under 5's, summer holiday activities, provision in rural areas
- Digital coverage of networks, for example telecare won't work without a landline and more and more people have mobiles not landlines and issues with lone working. Council only offer a small proportion of technology that's available.

## Learning disabilities

### Changes in support needs

- Social problems
- Alcohol and drug problems are more prominent
- Increase in number of older carers. Concerns about older carers who are reluctant to let their children leave home. Need to plan for the future, for example, if a carer becomes ill. Lack of understanding from carers/parents about what will happen when they pass away.
- Increase in numbers with intensive needs - physical / behaviour.
- Increasing numbers of vulnerable adults - young people who have learning disabilities, who are perhaps leaving foster care or a unit for young people with behaviour problems, and do not fit anywhere / meet the eligibility criteria for existing services. They often have chaotic lives and issues with alcohol / drugs and need support with housing, paying bills and everyday life skills. Health don't assess their needs until 3 months before they reach age 18.
- People are living longer and there is an increase in conditions related to this such as dementia or stroke. Also, people with Down's Syndrome are more likely to develop dementia
- People's expectations have changed in terms of the need for more day / work opportunities instead of going to a 'traditional' day centre. Young people need opportunities once they leave college.
- Increased demand for nursing beds EMI (elderly mental impairment – also called elderly mental health).

- Services increasingly outcome based. Concerns about reduction in preventative services due to budget cuts and the ability of a reducing third sector to meet the requirements of the new Social Services and Well-being (Wales) Act.

### **Unmet needs**

- Lack of respite beds in an emergency.
- Lack of appropriate services in the community
- Rural areas struggle to access support
- Accessibility of Resources/Options for services
- Greater awareness raising and training regarding people with learning disabilities.
- Early Onset dementia – there is a total lack of facilities in North Wales which is leading to younger adults having to go into care homes.
- Transport/Funding/Support are all key issues that continue to arise.
- There is a ‘benefits trap’ for many people with disabilities that if they begin to try and become more independent via working some hours they can lose vital benefits.
- Working with limited resources
- Interpretation of wellbeing - it’s different for everyone and therefore not easy to assess or establish what the genuine outcomes are and how these can change and progress overtime with age etc.
- Many people we work with don’t understand the ethos and principles of the act and when you’re assessing their strengths and networks, this can be viewed as a negative and a way of not providing services or avoiding doing so. It can also lead to difficult behaviour during reablement.
- It can be difficult to find the right balance between working to reable someone promoting independence to catering for the persons care and well-being, it’s a skilled way of working, which requires training and supervision.
- People sometimes fall between services areas.
- Identification and Stigma
- Education around what is available in the community and how to sign post
- Transport
- Sufficient appropriate housing
- Lack of link up with health services for supporting people with community health needs
- Supporting care at night
- Disparity between services
- Responding to peoples language of choice can be difficult
- Realistic expectations from members of the public with regard to what services can be provided by local authorities and the third sector.
- Realistic Goals/Outcomes for services users, there is a keen direction towards independence and reablement, however these must be realistic and representative of what the person can actually achieve.
- Befriending to reduce social isolation



- Preventative services
- Individuals who want to purchase their own service/equipment, however Voluntary organisations require OT Assessments.
- Knowledge of local services that can provide advice and support.
- Social services referral process needs highlighting so all professionals know how and where to refer.
- More training for staff on the skills need to reflect the ethos of the new Act. Many staff understand what the act is trying to achieve now, however it's the practical application and how to do these things in your role.
- More needs to be done to ensure an integrated approach to community needs in terms of population assessment.
- There is increasing demands for Learning Disability Services and as younger people reach adulthood there appears to be less places available on services that deliver independent living and so on, due to these increases in demand.
- Utilisation of step up step down beds – more focus on increasing independence.
- Dementia Cafés are a great idea and should be in all towns.
- Want to support people with complex needs who are placed out of county to move back.
- Workforce issues. Recruitment of staff – difficult due to 24 hour work, high level of responsibility but no career path, salary (get paid more in Tesco), don't have money to invest in workforce, staff have to move for career development. Ageing workforce. Schools cutting back on trained school assistants.

## **Mental health**

Evidence from the consultation found that people often present to other services with mental health needs and that there is a need for better understanding of how to support a person presenting with multiple needs.

For example, housing associations commented that they identify people with mental health support needs but then don't know where to go for help. They find they are passed between GPs, other health board services, social services and third sector services. Respondents commented that it would be useful to have more information and advice about how to support people or where to signpost people. For example, trying to support someone with debt and money management while they have depression.

A major need identified is in support for adults with autism who don't have a learning disability and might be profiled as having Asperger syndrome or higher functioning autism. It can be a lengthy process to assess an individual. Some commented that people were being passed between learning disability and mental health/vulnerable people services.

Other needs identified were:

- Increase in number of referrals to the Local Primary Mental Health Support Service
- Increasing number of referrals to Local Primary Mental Health Support Service with social stresses rather than mental health problems, these are harder to support and medication isn't an answer. Examples included domestic violence and relationship conflict.
- Increase in more complex cases and finding threshold for support has risen over the years
- Transition between children and adults mental health services
- Recovery focussed support
- Transport and accessing community facilities.
- Waiting lists for psychology support are too long.
- Support needed pre-diagnosis were also identified as needs.

Suggestions for how to improve services included:

- An overarching strategy with better coordination between housing, benefits, education and so on. One group gave an example where a family was working with three different teams within a local council's social services department.
- More capacity within mental health teams.
- Considering models that involve family and friends such as Community Reinforcement and Family Training (CRAFT) and Social Behaviour and Network Therapy (SBNT).
- Providing services outside of 9 to 5.
- Making better use of Dewis Cymru to share information about third sector services.
- Health services and housing partners need to work collaboratively and ensure the best outcomes for people who use services and to influence the future strategic planning of accommodation, both supported housing and general needs in the community.

### **Welsh language**

The consultation and engagement identified concerns that there may not be enough psychiatrists and psychologists who speak Welsh to provide a service that meet the needs of Welsh speakers in North Wales. This may affect people's ability to get an accurate diagnosis as well as to access services such as counselling.

### **Carers**

*See other sections for staff views on the needs of carers.*

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

Need more support for domestic violence and relationship conflict, this is very important. Consultation with staff who work with families identified domestic violence and family breakdown as challenges facing the families they work with. Need services to support sexual abuse victim's family (often services for victim/perpetrator)

### **Secure estate**

*See organisation questionnaires for feedback.*

## Appendix 1d: Organisation survey report

### Introduction

The consultation and engagement for the North Wales population assessment used the methods below:

- A questionnaire for organisations that asked their views and for any evidence they had such as performance measures or consultation reports.
- Discussion groups with service users. Some counties also sent out questionnaires.
- A questionnaire for the public available on the Citizen's Panel website along with interviews with Citizen's Panel members. Anglesey also issued additional questionnaires for the public.
- Workshops with staff and councillors.
- A review of relevant research and consultation including legislation, strategies, commissioning plans, needs assessments and consultation reports

This report summarises the findings from the questionnaire circulated to organisations. Other reports are available summarising the findings from other methods. The key findings are also included in the 'what are people telling us?' section of each chapter. A full list of all the information gathered to inform the population assessment is included as an appendix to the Equalities Impact Assessment.

### Method

The questionnaire was circulated widely by email through county voluntary councils in each of the six North Wales counties and to various other networks. The local councils and health board promoted the North Wales Citizen's Panel online questionnaire through their websites, Facebook and Twitter pages. Wrexham County Borough Council also sent out a press release to the Leader newspaper, Wrexham.com, Daily Post, BBC Wales as well as both Capital and Heart Radio. For more information about how each local council and health promoted the survey please see [Appendix 1f](#).

In total, there were 134 responses to the survey and a list of the organisations which responded can be found at the end of this report. The table below shows broadly how many organisations replied under each theme - some organisations provided replies that were used to inform more than one theme so have been included more than once and some organisations provided more than one response. Organisations also provided evidence for their comments such as consultation reports which have been reviewed as part of the population assessment.

**Table 1: Number of responses to the questionnaire by theme**

<b>Theme</b>	<b>Organisation responses</b>
Older people	33
Children and young people	28
Health, physical disabilities and sensory impairment	25
Learning disability and autism	12
Carers	11
Violence against women, domestic abuse and sexual violence	11
Mental health	10
Substance misuse	9
People with protected characteristics	8
Homelessness	3
Secure estate	2
Veterans	6

Note: Some organisations fit under more than one theme so have been counted more than once and some organisations provided more than one response.

## Findings by theme

### Children and young people

Many different organisations reported problems with access to services outside of school term time. Organisations also have problems finding alternative suitable accommodation outside of school term time.

It is important for looked after children and children on the child protection register to be able to have their voice heard in decision making processes. The challenge of being looked after often impacts on personal health, personal relationships and educational attainment.

Ensuring children and young people receive advocacy support when embarking on a care and support plan may help reduce the need at a later date and may also help children and young people to better understand the process they are experiencing.

There appears to be an increase in needs for young people aged 11 to 16 and organisations report more self-harming, depression, anger issues and mental health issues in this age group.

Gwynedd and Ynys Mon are rural counties in North Wales, for children and young people there are limitations in terms of access to large entertainment venues. Services are fewer and tend to cost more due to the distance needed to travel to and from these areas. Urdd Gobaith Cymru reported the Welsh language county forums and support don't work as well for young people aged 16 to 18.

Cruse bereavement services reported that the referral process, especially from health is poor.

Need access to appropriate & accessible play opportunities for children who are deafblind with the emphasis on local provision, especially in rural areas of Wales. This is important in reducing the need to make long journeys that may be difficult in rural areas and expensive for the family.

### **Young Gypsy and Travellers**

Post primary, particularly for the young male Gypsy and Travellers, the mainstream school environment does not support them into high school education sufficiently. They struggle to engage and to integrate with the whole school community and there is little or no additional classroom or other alternative learning environment available for them. This then leads to disruptive behaviour and disengagement and ultimately suspension.

Literacy – many young people leave school with just the basics of being able to read and write. This then leads to them as adults having very little confidence or ability to fill out forms for example for benefits, health and housing.

Temporary sites – there are no temporary sites for members of the Gypsy and Traveller Community to stay when visiting families. This causes problems in local communities when Traveller families stay on unauthorised sites with no facilities (bins, toilets and so on).

Lack of permanent Traveller sites – delay in granting planning permission means that families are forced to stay illegally which causes negative stereotyping in local communities.

Insufficient space on existing Traveller sites can mean that sites can become overcrowded and unsafe when there are family occasions such as funerals and weddings and extended families with trailers come to stay.

Adults within the community have real support needs when it comes to literacy. It is not uncommon for workers from the Traveller Education Service to be asked to complete forms for benefits and so on, for a family as the parents are unable to do so.

Often correspondence is sent to Gypsy and Traveller families and it is not understood that the recipient is unable to read the information/forms enclosed.

The Gypsy and Traveller community feel strongly that they are not accepted and they are treated unfairly in the communities within which they live.

They regularly report acts of abuse and Hate Crime against Gypsy and Travellers and feel that their issues and concerns are not treated as seriously and equally as others in the local community and in wider society.

Also issues around health.

## Older people

Some third sector organisations are having difficulty with client numbers falling. Need better linking up with health board and council staff to signpost and promote their services. It can be difficult to identify people who are isolated, so the public sector need to work together to refer to each other.

Both in the home and in care, there is a challenge with how to support people at the time they want and the frequency they want. Usually the problem is a lack of funding.

Getting people out of hospital quicker with the correct aftercare is really important. One of the main issues people face is fear of going into hospital, so support is needed if this has to happen.

Often older people supported in their own home are feeling lonely and therefore vulnerable. They like to build relationships with people that are supporting them and don't like loads of different people going through their house. They often have families that work, have young children to look after or live in a different part of the country which mean that too many have no or little family support available. Awel Homecare reported that over half of their service users rarely see any family members. This raises the importance of volunteer organisations to help with activities and taking people out for day trips. This feeling of isolation was also reported by the care homes, nursing homes and extra care housing schemes. They raised the challenge of keeping contact with the outside communities. Again the role that volunteers play is very important.

Those who live in rural location are less likely to benefit from social enterprises or charities.

Still too many do not know where to go for help and advice.

Transport was raised as a key concern by many organisations, especially for those with mobility issues. As age advances mobility can be the area most affected and this has a big impact on their life, physical and mental health. There is still simply not enough support available, which is even worse in rural communities. Concerns were raised about people recently diagnosed with dementia who were losing their independence and their ability to get out and about especially in rural areas. This makes accessing groups and activities difficult.

The assumption that they can't do things frustrates some older people, especially those with some physical limitations. Empowering independence is vital for good mental health and overall wellbeing. However, there were reports from one Extra Care Housing scheme that some tenants are becoming too dependent on the staff and the service to do things for them and not willing to engage in independent living and doing things for themselves

Some organisations reported challenges recruiting sufficient staff to meet the fluctuating demand. There are real concerns at present at the pressure for hospitals to discharge patients back in to the community when there is insufficient capacity in the domiciliary sector to manage this.

One organisation mentioned that when an individual is admitted to hospital they are not always re-assessed before being released. This needs to happen to identify any changes that may need to be done to the care package before they are released.

There is a concern that trained staff are often focussed on the high dependency need and there is a gap in support that needs to be filled by friends, family or the third sector where that support is not available.

The increase in the number of people with dementia is of key concern and the lack of knowledge or information and support for people living with dementia, lack of knowledge on diagnosis and benefits entitlement. Some reported that they feel there are hidden numbers of people living with dementia and carers who are not accessing services. Also they feel that there is a lack of appropriate residential care EMI/Nursing Care for all age groups of dementia sufferers, but especially age appropriate care for people under 65 and activities and support for people affected by dementia. Clients in their 40's/50's receive day care with people in their 80s which is completely inappropriate.

Short term funding for third sector means it is difficult to provide consistent services and makes it difficult for the third sector to plan ahead and provide much needed support

For care homes some of the key challenges include: Helping people to be part of the wider community, involving residents more in the decisions, improving mobility / exercise of residents. Reductions in the number of care homes/residential homes is of concern, as is the recruitment and turnover of care staff. Several organisations reported a shortage of suitable accommodation for older people, be that care homes, extra care housing, shared ownership accommodation or their own home.

A common theme of what works well is good team and partnership work.

What doesn't work so well: lack of resources/staff in most cases, waiting lists for services and lack of day-care provision.

What needs to change: need more provision for people with early stage dementia on Isle of Anglesey.

Challenges: lack of communication, community transport especially for people with complex needs, affordable housing and communication between services and clients, language barriers, loneliness and isolation.

Suggestions for how to improve this included: need to gather information about local provision (support groups and specialist services) and joining in community activities. Need to recognise that for some people such as people with substance misuse issues and late stage dementia; they will not be able to get support from family, friends or the wider community. Need more effective community transport.

### **Health, physical disabilities and sensory impairment**

Supporting people to live with illness and disability in their own homes is really important. Some of the commissioned service providers find it a challenge due to the



lack of time allocated for the service delivery in the home. There is also the challenge with how to support people at the time they want and the frequency they want and most often the problem is a lack of funding.

The reality of loneliness, isolation and feelings of worthlessness and vulnerability, particularly for recently diagnosed individuals, are often exacerbated by loss of employment, economic independence, mobility and self-esteem, and sometimes over time by the breakdown in relationships and the collapse of the family unit.

The provision of short term care following surgical procedures was raised as a concern. Problems with access to help, advice and support or care in time of crisis including access to equipment were reported. Supporting people to manage medication administration after surgery or to treat a chronic condition is very important. There is a need for basic logistical issues to be overcome. For example if people can no longer drive or manage their lives through their disability. Transport can be an issue, especially if there are special needs such as wheelchair use.

Some organisations find the processes in health and social care too complex, which create barriers even where solutions are simple.

BCUHB Ophthalmology OPD - Doesn't seem to be adequate volume of service opportunities to meet the current need in some areas of treatment and may fail to see patients in a timely manner. Waiting lists for cataract surgery are too long. Waiting lists for intravitreal treatments are too long due to the lack of staff. Access to timely interventions and support is what often works best. Delays in accessing care may have a negative physical and emotional effect on patient's lives.

Historically there has been very little direct NHS support available for people with a long term neurological condition, and what little support there is, is in fact shrinking. A lack of appropriate signposting by health professionals to ongoing support has meant that people have had to find their own way to deal with their condition. For many this is a challenge.

Neuro therapy centre - Funding from BCUHB does not represent the true cost of health services of our Welsh members. No meaningful engagement with BCUHB.

Reduction in number of specialist care homes/residential homes is of concern, as is the recruitment and turnover of care staff. Several organisations reported a shortage of suitable accommodation for older people, be that care homes, extra care housing, shared ownership accommodation or their own home.

Fair Treatment for the Women of Wales identified the following issues that their members had identified and that they were able to provide some support with.

- Not being taken seriously by clinicians and physical pain not being adequately treated or difficult to access specialist support e.g. for example, women face a diagnostic delay of (on average) 8 years for endometriosis.
- Lack of support with fertility issues, accessing mental health services in North Wales is difficult, with waiting times being excessive. Finding alternative sources of support can be challenging, with many women not knowing where to turn.

- Symptoms not being taken seriously within school or the workplace; many respondents find it embarrassing to explain the nature of their issues
- Lack of up-to-date information and support from health services – need better signposting from GPs and hospitals, for example, to help with challenges from early menopause
- It is a challenge to maintain positive relationships with family and friends when have a chronic illness. This can lead to both social isolation and the breakdown of intimacy with partners.
- Mental health not being seen as ‘equal’ to physical health in terms of understanding, treatment, or service provision – need for more provision.
- Better practical support with getting out of the house and leading a ‘normal’ life
- Lack of money – better understanding of female health conditions by employers and benefits system would help.

Suggestions for how to improve this included:

- Change in mind-set on the part of medical professionals - can engage with ‘expert patients’ / user-groups to help, prioritise well-being and quality of life assessments when patients are presenting with symptoms.
- For endometriosis patients, as in South Wales, there is a need for a self-referral mechanism by which patients can access the specialist endometriosis nurse straight away, to discuss symptoms, treatment, and strategy.
- More awareness, appreciation, and understanding of benign conditions like endometriosis in schools / the workplace.
- A toolkit provided by the first point of contact about how to access information and advice
- Make alternative therapies more available
- Funding / official endorsement of ‘health advocates’ to help patients express their symptoms more clearly, and make the case for appropriate treatment / referrals
- Joined-up social / health services, for example, to support women without social/family networks to help get children to school after surgery
- Confidence-building skills for girls in schools, education on conditions like endometriosis, teaching girls that ‘pain isn’t normal’.
- Attract clinicians with commitment to certain specialisms (such as endometriosis) which would enable medics to improve their outcomes and enhance their professional reputation
- Improve follow-up to abdominal / pelvic / gynaecological surgery.
- A straightforward, accessible mechanism in place whereby third sector / informal community-based support groups can feed back into the health / social care services to help them improve their provision.

### **Learning disabilities**

People want to be treated as equal to the rest of the population. They need help to feel part of the community and express themselves. In particular organisations feel that there is not enough support or opportunities for people with learning difficulties to work and not enough support or opportunities for them to develop new relationships.

There is an issue with groups and activities for children with learning disabilities during the school holidays. For those in mainstream schools, the organisations feel that there is mixed support from teachers and teaching assistants. Some classroom assistants and teachers are very good, but some have insufficient awareness about meeting the needs of children with learning difficulties. Parents are apprehensive about going into schools to say what teachers and teaching assistants should be doing in case the child is no longer allowed to go to the school.

Not every council provides a transition social worker or a team to coordinate and manage issues during transition stages of children with Down's syndrome. Also when a child is in receipt of residential respite services, the child has in the past been labelled as a Looked After Child which has put some families off from accessing the respite service because of their perceptions/stigma associated with the label 'Looked After Children' and the formal reviews and inspections associated with it.

There is a national lack of speech therapy provision, plus where it is available, there are arguments between health and local authorities about who is going to pay – is it a health need or education need.

Parents of children with learning disabilities are apprehensive about the transition period into adulthood. There are concerns about who is going to look after their children with learning disabilities and whether the support will be sufficient.

There is a lack of long term low level support for people who have learning difficulties but do not reach the threshold for a learning disability diagnosis and who are unlikely to be ever fully able to maintain a housing tenancy independently.

### **Autism**

Finding services available for people with autism and Asperger's is very difficult.

### **Mental health**

Cruise say they are the only national voluntary organisation that supports children & young people who have been bereaved. The referral process, especially from health, is perceived as poor and there is a lack of accommodation out of school term time to see children.

Some organisations feel that there are insufficient mental health services available for low level depression and anxiety.

Most help services are accessible by telephone only. This can be problematic for some people who do not / cannot use telephone services. People in mental health crisis can often not use a telephone to call when they are distressed. Alternative methods of contact should be widely used by organisations such as email or texting. If a distressed person emails an organisation then they should contact them back via email. If a phone call is necessary, then the person from the contacted organisation should make it clear when the distressed person can expect a call so they are mentally prepared for it.

If you have a chronic disease or illness you expect to get support for this, however your emotional health is often neglected. More recognition and support for this needs to be available.

If you have a mental health problem then it is often very difficult to get back into employment. Some people have been volunteering for a long time with various organisations.

More mental health practitioners are needed. It would be very useful to be able to have the opportunity for a practitioner to do a home visit, particularly for the initial assessment in a familiar setting. The delay with individuals receiving mental health assessments causes real problems. Need flexible support too.

### **Substance misuse**

Drug and substance misuse agencies have a new confidentiality protocol that means we are not able to have information such as whether a client attends an appointment. Some organisations have difficulty risk assessing. An information sharing protocol throughout the county would be helpful.

People often find it difficult to accept that there are individuals who care – this is particularly a problem when it comes from members of their family who they have hurt in the past.

There is a major shortage of suitable “move on” accommodation, and even if they are able to save for private rental accommodation there is a stigma by some not to take on tenants who are on benefits. There is a need for more understanding of landlords about benefits.

It would be helpful to have an agreement for sharing sensitive information between partnership areas to improve the service provided and to safeguard the well-being of people involved in the services.

There is a gap in services for people who need support for longer than two years but don't meet the threshold for social services for support, such as people who only need a little support from time to time but are likely to need that support for life.

Support that works well includes: floating support delivered within service users own tenancies; Supported Accommodation for those who don't have the skills to manage a tenancy; partnerships and networking with other agencies; the system of 'outcomes'; flexibility to see clients when necessary.

It can be difficult for family, friends and local communities to provide support as a lot of people access the services because of a breakdown in those relationships.

### **Carers**

Carers are on duty 24/7, this can have an impact on their health and wellbeing. The key challenge is how to support them and provide respite. Carers need respite to prevent them becoming ill. The stress of caring for an unwell person, especially one who requires specialised support, can be significantly damaging to the carer's general health and well-being. The linkage between constant and severe stress and

depression is well documented. This can and does develop into chronic depressive ill-health in carers, leading to increased dependence on primary and secondary care, and the resulting statutory caring costs for both the carer and the cared for.

Carers who work find it difficult to balance the two.

Carers often feel isolated and restricted in terms of their ability to undertake activities of their own. They can feel that their role as a carer supersedes their own individual entitlement to an independent lifestyle. This often causes feelings of negativity and resentment which can develop into something which can cause difficulties in the relationship between the carer and the cared for.

There was a suggestion that all registered carers in need of a GP appointment should be given priority and guaranteed an appointment on the day. Alternatively, they should be given a home visit. Similarly, their own hospital appointments should be fast-tracked. There is a feeling by the third sector organisations that GPs in general need to be more aware of carers, their importance and needs.

Some feel that there is still not enough support for carers to help with activities of daily living such as shopping and cooking, poor knowledge around nutrition, good food choices and cooking skills.

Young carers experience high levels of stress and anxiety and this impacts on their lives in many ways: their education, training and employment opportunities, health and emotional wellbeing, relationships, opportunities for developing positive support networks and leisure opportunities. Young carers who care for a parent, may need additional support for example when applying to further education and employment. Some decide to become full time carers for the person they care for and as a consequence they do not fulfil their ambitions and fail to meet their full potential in education and employment which affects their long term employability.

One organisation did research into what young carers need to succeed academically and the key was to feel valued and supported by their teachers. Sadly they felt that this is an area that has consistently come back as a concern. Schools could be encouraged to be more proactive by adopting something like the gold star award that is run in England.

Young carers who turn 18 are sometimes no longer able to get the support they had and have to move to another agency to support them. This means a loss in service. Many young carers would like the same provider to continue to support them because they understand their circumstances.

There is a need for the public sector to work together more effectively to identify carers. There is no point having so many services if people don't know about them or if we don't know that they are carers.

Some feel that there are insufficient counselling services for carers. Caring can impact greatly on the mental wellbeing of carers, but it can be difficult to access counselling services.

There is an insufficient range, availability and flexibility of services to provide carers with short breaks. This is particularly a problem for carers of people with moderate to high levels of dementia. Assessments for continuing health care should include short term breaks for the carer.

Local councils are unable to continue providing sitting services once the cared for moves over to CHC which can be to the detriment of the carer if that provision is not factored into the CHC assessment.

Older carers are concerned about their future, how long they will be able to care and what will happen to their loved one. Support needed for cleaning services, and gardening services when the carer is providing all other aspects of care.

Carers sometimes not included in meetings before cared for is discharged from hospital. They feel treated as an afterthought. Some general complaints around poor communication regarding carers between health and social services.

Support to cope with loss, particularly after a long caring role. Also there is an uncertainty when the cared for dies and the carer worries that at the same time they could lose their long term home.

Funding is the main concern for many third sector organisations. They feel that there is more they could do.

There is a problem with access to services in rural areas. For example the delivery of prescriptions, respite services and groups for carers.

In some cases basic training on manual handling and medicine administration would be useful.

### **Violence Against Women, Domestic Abuse & Sexual Violence**

Key challenges to overcome are isolation, low self esteem, mental health issues, guilt/shame, coping mechanisms and gender inequality. Particular issues are children affected by domestic abuse, access to housing, legal aid, financial pressures and poverty

It is important that services are available across North Wales and that counselling sessions are available quickly and support is available for low level mental health needs. It can be difficult to get support from social services for families in the refuge and support from CAMHS because of the waiting list – there should be more early interventions available.

Want to take forward initiatives to involve clients in other areas/activities/education either during or after counselling to carry on support and empower wellbeing.

There is still a stigma to discussion and support on areas of childhood sexual abuse.

Benefits being cancelled or stopped due to abusive partner submitting inaccurate information causes a lot of problems as it can take weeks to restart a claim or begin a new one.

One organisation mentioned a waiting list due to current climate and media attention referrals have increased over the past few years. It takes a lot of courage for someone to come forward and seek help for this type of abuse. Some clients wait years before they are ready and usually when they do they are at a very low point and in desperate need for immediate help. Leaving them to wait at this vulnerable stage can worsen their symptoms and problems. Another is getting inappropriate referrals, for example, from the police for alcohol/drug problems rather than domestic abuse.

Current services working well and good relationships/partnerships with other organisations. Concerns over reductions in funding and need to maintain support to services that are working well, for example, refuges rather than always looking for 'fresh new ideas'. Need parental support and guidance and to stop the cycle of domestic violence. Need to raise awareness of teachers so they know how to support children in schools. Magistrates need to understand full impact of child contact orders in cases of domestic abuse. Need more emergency housing and security of funding for the refuge.

### **Veterans**

The organisational survey identified the following issues for veterans: housing and employment needs; improved access to care and support services especially positive mental wellbeing services; greater collaboration between services to simplify the journey for veterans; simplification of cross-referrals pathways. It also flagged that staff working in the statutory sector should be up-skilled in working with veterans and should be more proactive in asking about veteran status. Priority veteran groups flagged for special attention included:

- the oldest and most infirm. They have clear support needs (physical and emotional) to live independently and avoid isolation.
- Those aged 16-54 with health problems relating to their military Service
- The youngest and most recently discharged from military Service. They can face problems with the transition to civilian life

### **Secure estate**

The main concerns are housing, access to health care and continuity of health care post prison. The probation service feel that there is a lack of long term planning and a sense of last minute solutions that have to be found by probation staff. They can find it difficult to obtain assessment information from partners (particularly health colleagues), which makes it difficult to identify and assess needs and therefore make referrals.

Services to disabled people in the secure estate need to improve. For example equipment can be difficult or take a long time to acquire such as wheelchair, crutches, suitable seating/ beds for the elderly disabled resident.

Another issue highlighted is a lack of suitable housing in some regions of Wales which is making it difficult to find suitable stable accommodation for individuals leaving the secure estate and approved premises.

## **Homelessness**

Appropriate short and long term help for individuals who find themselves homeless is still an issue.

A lot of BME people go to Bawso for support with housing issues but they have not got the capacity to help them. Some of them end up losing their tenancies while others fall into debts. This could have been prevented if there was a dedicated BME worker to deal with their issues. Bawso feel that a specialist support service for BME in North Wales is needed.

There is a shortage of one bed accommodation across the region. This is especially important with welfare reform. There are also general concerns around the ability of under 25's to afford accommodation with the Welfare reform changes.

Many homeless people do not have any support from family or friends as the relationships have broken down, which is why they are homeless in the first place.

## **Other**

In the current economic climate, families often cannot afford transport to our local hospitals which can take over 30 minutes to travel to by car, and obviously a lot longer by public transport. A lack of transport in rural areas can leave people feeling isolated.

Registered charities, continually re-apply for funding which makes planning difficult and takes up a lot of time.

There appears to be a large gap in services for people who need support for longer than 2 years but don't meet the threshold for social services support.

Lack of support in Social sector also mental health services for sufferers of Huntington's disease (Huntington's Disease Association)



**Organisations who replied to the questionnaire**

1	Carers Trust North Wales/Crossroads care	35	Denbighshire Community Support Services (Carers Services)
2	Wow Training	36	Wrexham Young People's Care Council
3	Cruse Bereavement North Wales	37	Marleyfield House Residential Home
4	Local Solutions	38	Mencap Cymru
5	Tender Loving Care Ltd	39	Welsh Women's Aid Wrexham
6	Denbighshire County Council (on behalf of Education and Children's Services and the Families First Grant)	40	Wrexham County Borough Council Play Development Team
7	BCUHB Ophthalmology OPD	41	National Probation Service
8	Awel Homecare and Support	42	FCC - Youth Engagement & Progression Framework
9	Stepping Stones	43	Alzheimer's Society North Wales
10	Abbey Road Centre	44	Activ8-2-16 scheme
11	Bawso Ltd	45	FDF
12	Backcare - Professional member (Chiropractor)	46	British Red Cross
13	National Probation Service: Plas y Wern Approved Premises	47	Anglesey Flying Start project
14	North Wales Housing	48	Flintshire County Council - Llys Jasmine Extra Care
15	Individual response (GP)	49	Domestic Abuse Safety Unit
16	Tros Gynnal Plant	50	NEWCIS
17	BCUHB: Podiatry and Orthotics	51	Unllais
18	BCUHB: Dietetics	52	Veterans NHS Wales
19	Gyda'n Gilydd (Tîm o Amgylch y Teulu Gwynedd)	53	Individual response (social care professional)
20	BCUHB: Physiotherapy	54	Stepping Stones North Wales
21	Llys Eleanor	55	Carers Outreach Service
22	KeyRing	56	Gorwellion Newydd Prop Molly Wright. Trading as AWT
23	Family Friends for 5's to 11's	57	Flintshire County Council
24	Haulfryn Care Ltd	58	Barnardo's Flintshire Young Carers
25	Neuro Therapy Centre (NTC)	59	Action for Children (Flintshire)
26	RainbowBiz Limited	60	Flintshire County Council – Early Years and Family Support
27	Action for Children, Gwynedd & Ynys Mon Young Carers Projects	61	Llys Gwenffrwd
28	Community Support Service	62	Carers Trust Wales
29	The Rowan Organisation	63	Wrexham Carers Service
30	Housing Department, WCBC	64	Flintshire County Council – Older People's Strategy
31	Ansa Care Concept Plas Dyffryn	65	Flintshire County Council – Family Information Service
32	Welsh Ambulance Services NHS Trust (WAST)	66	Age Connects North East Wales
33	Flintshire County Council	67	Sense Cymru
34	Gwynedd Council – Department for Adults, Health and Wellbeing	68	The Stroke Association

North Wales Population Assessment: Stakeholder map

69	British Red Cross	105	RAF Valley
70	Flintshire Local Voluntary Council	106	Families Together Project
71	GISDA	107	Huntington's Disease Association
72	Down's Syndrome Association	108	DYNAMIC centre for children and young people with disabilities
73	Powys carers and Wcd Young Carers	109	The STARS Project
74	Home-Start Conwy	110	Antur Waunfawr
75	Hafal	111	RASASC
76	Gofal a Thrwsio Gwynedd & Môn	112	Powys Carers now called Credu Connecting Carers – regional project name -WCD Young Carers
77	RASASC, North Wales	113	Gingerbread
78	CAIS: Accommodation and floating support (Anglesey)	114	Aberconwy Domestic Abuse
79	Cais: Tenancy support	115	Caniad (Conwy and Denbighshire)
80	Cais: Supporting People	116	Anheddau Cyf
81	CAIS Ltd: Generic Tenancy Support, Offending Behaviour	117	Plas Garnedd Carer Centre
82	Bawso Ltd	118	Brynmair Care home
83	Cais: Tenancy issues	119	Anheddau
84	CAIS (Anglesey) 1	120	Willow Hall Residential Home
85	CAIS (Anglesey) 2	121	Treherne Care and Consultancy Ltd
86	HAULFRE	122	Gofal Bro Cyf Y Deri
87	Health Centre Beaumaris	123	Plas Madryn Residential Home
88	Gwasanaeth Cynnal Ofalwyr	124	Urdd Gobaith Cymru
89	Cadwyn Mon, Age Cymru Gwynedd a Mon	125	WCBC Day and employment opportunities service
90	Gwalchmai Surgery	126	Plas Meddyg Surgery
91	Towyn Capel Residential Home	127	Flintshire Integrated Youth Provision (Youth Services) and the Traveller Education Service
92	Ynys Mon older persons community mental health team.	128	Advocacy Services North East Wales Responses
93	Occupational therapy team, adult services, community (Anglesey)	129	Community Transport Association
94	Canolfan Byron -Gerddi Haulfre	130	Glyndwr Women's Aid
95	BCUHB: Dementia	131	BCUHB: Mental health
96	Anglesey county council	132	Royal British Legion
97	Anglesey County Council: Community support services	133	Change Step
98	Bryngoleu residential home	134	Help for Heroes
99	Itaca/Abergele Community Action		
100	CVSC Play Development		
101	Fair Treatment for the Women of Wales		
102	Golygfa Gwydyr		
103	Relate Cymru		
104	Touchstones12		

## North Wales Population Assessment: Stakeholder map

1 April 2017

The stakeholder map lists groups of people who may have an interest in the North Wales population assessment. The engagement group updated this list regularly during the consultation and engagement phase of the project and used it to check as wide a range of people as possible were involved.

### Children and young people

Stakeholder group	Orgs contacted	Organisations replied	Research and consultation reports	Engagement events	Citizen's panel
CYP with sensory impairments	Yes	Sense Cymru	(Sense, 2015; Blind Children UK Cymru, 2016a; Blind Children UK Cymru, 2016b)	Young people with disabilities (Conwy)	No
CYP with physical impairments	Yes	DYNAMIC Centre for children and young people with disabilities	(Turner, 2003; Institute of Public Care, 2005c; Wrexham County Borough Council, 2014a; Allen, 2015; Barod, 2015)	Young people with disabilities (Conwy)	No
CYP with learning difficulties or disabilities	Yes	Down's Syndrome Association	(Conwy Connect and Conwy County Borough Council, 2012; Public Health England, 2016)	Young people with disabilities (Conwy) Young people with disabilities and their carers (Gwynedd – through Barod)	No
Young carers	See <a href="#">carers section</a>				
CYP with autism	Yes	No	No	Consultation with parents	No
CYP with mental health needs	Yes	Family Friends for 5's to 11's Aberconwy Domestic Abuse Welsh Women's Aid Wrexham Cruse Bereavement North Wales Flintshire Youth Engagement and Progression Framework Activ8-2-16 scheme Itaca/Abergele Community Action	(Institute of Public Care, 2005d; Betsi Cadwaladr University Health Board, 2014a; Conwy Community Voice, 2014b; Isle of Anglesey County Council <i>et al.</i> , 2016b; Public Health Wales, 2016b)	No	No

Stakeholder group	Orgs contacted	Organisations replied	Research and consultation reports	Engagement events	Citizen's panel
		Young carers organisations Relate Cymru Families Together Project The STARs project RASASC Action for Children (Flintshire)			
Children in need	Yes	Tros Gynnal Plant Home-Start Conwy	(Institute of Public Care, 2005b; Social Services Improvement Agency, 2007a; Social Services Improvement Agency, 2007b; Conwy County Borough Council, 2008a; Debra Allnock <i>et al.</i> , 2009; Co-ordinated action against domestic abuse (caada), 2014; Debbie Allnock <i>et al.</i> , 2015; Conwy County Borough Council, 2015; Thornton, 2015)	No	No
Looked after children	Yes	LAC Provider network Tros Gynnal Plant Wrexham Young People's Care Council Wrexham Play Development Team	(Sebba <i>et al.</i> , 2015; Wrexham County Borough Council, 2015b)	Looked after young people and care leavers (Flintshire) Young people's care council (Wrexham)	No
Children in need of protection	Yes	Families Together Project Tros Gynnal Plant	(ADSS Cymru; Institute of Public Care, 2005a; Conwy County Borough Council, 2008a; Isle of Anglesey County Council, 2012b; Denbighshire County Council, 2013; Wrexham County Borough Council, 2014a; Wrexham County Borough Council, 2014b; Conwy County Borough Council, 2015)	No	No
Care leavers	Yes	Wrexham Young People's Care Council	(ADSS Cymru; Conwy County Borough Council, 2015)	Looked after young people and care leavers (Flintshire)	No

Stakeholder group	Orgs contacted	Organisations replied	Research and consultation reports	Engagement events	Citizen's panel
				Care leavers/homeless young people (Conwy)	
CYP who abuse substances	Yes	The STARS Project	No	No	No
CYP in the secure estate	Yes	No	(ADSS Cymru; HM Inspectorate of Probation, 2016)	No	No
Young people who are homeless	Yes	The STARS Project, GISDA	(ADSS Cymru; HM Inspectorate of Probation, 2016)	Care leavers/homeless young people (Conwy)	No
NEETs	Yes	The STARS Project Flintshire Young Engagement and Progression Framework	No	No	No
Early years	Yes	Anglesey Flying Start project Homestart Conwy Flintshire County Council – Early Years and Family Support	(Betsi Cadwaladr University Health Board, 2016a)	No	No
Gypsy travellers	Yes	Flintshire Integrated Youth Provision (Youth Services) and the Traveller Education Service	(Travelling ahead, 2014; Wrexham County Borough Council, 2014c; Travelling ahead, 2015)	No	No
Refugees and asylum seekers	Yes	British Red Cross Bawso	No	No	No
BME CYP	Yes	Bawso	No	No	No
LGBTQ young people	Yes	The STARS Project	(Conwy Children and Young People's Partnership, 2012)	No	No
CYP from different faith groups	Yes	No	No	No	No
Boys and young men	Yes	<i>All orgs worked with boys and girls</i> CVSC Play Development	Play references (Hartshorne, 2014; Long <i>et al.</i> , 2014; Taylor <i>et al.</i> , 2014; Edwards,	Senedd yr Ifanc (Wrexham)	No

Stakeholder group	Orgs contacted	Organisations replied	Research and consultation reports	Engagement events	Citizen's panel
			2015; Wrexham County Borough Council, 2016a)	Anglesey CYP questionnaire	
Girls and young women	Yes	All orgs worked with boys and girls CVSC Play Development		Senedd yr Ifanc (Wrexham) Anglesey CYP questionnaire	No
Welsh Language	Yes	Urdd Gobaith Cymru	No	-	No
Parents of children with care and support needs		Gyda'n Gilydd (Tîm o Amgylch y Teulu Gwynedd) Action for Children (Flintshire) Flintshire County Council – Family Information Service Home-Start Conwy Gingerbread	(Conwy County Borough Council, 2013; Institute of Public Care, 2014; Conwy Community Voice, 2015a; Conwy Community Voice, 2015b; Isle of Anglesey County Council <i>et al.</i> , 2015b; Sense, 2015; Wyn Jones and Hutchings, 2015; FNF Both Parents Matter Cymru, 2016; Isle of Anglesey County Council <i>et al.</i> , 2016a; Isle of Anglesey County Council <i>et al.</i> , 2016b; Karen Jones and Hutchings, 2016; Richards, 2016; Welsh Government, 2016; Wrexham County Borough Council, 2016b)	Parents of children on the autism spectrum (Conwy)	Yes (including single parents)

## Older people

Stakeholder group	Orgs contacted	Orgs replied	Research and consultation reports	Engagement events	Citizen's panel
Aged 50+	Yes	Flintshire County Council (Older People's Strategy) Age Connects North East Wales Cadwyn Mon, Age Cymru Gwynedd a Mon	(Gwynedd Council, 2012b; Isle of Anglesey County Council, 2012c; Flintshire County Council, 2013b; Welsh Government, 2013b; Wrexham County Borough Council, 2013a; Conwy County Borough Council, 2014; Auditor General for Wales, 2015; Blood <i>et al.</i> , 2015; Flintshire County Council, 2015c;		Yes

Stakeholder group	Orgs contacted	Orgs replied	Research and consultation reports	Engagement events	Citizen's panel
			Flintshire County Council, 2015b; Gwynedd Council, 2015b; Isle of Anglesey County Council, 2015a; Flintshire County Council, 2016a)		
Older people with dementia	Yes	Haulfryn Care Ltd (residential home) Flintshire Community Support Service (Living Well for people living with dementia) Flintshire County Council (dementia care) Ansa Care Concept Plas Dyffryn Marleyfield House Residential Home Alzheimer's Society North Wales Llys Gwenffrwd Ynys Mon older persons community mental health team Awel Homecare and Support	(Carers Trust, 2014; North Wales Social Services Improvement Collaborative, 2015)		No
Older people with mental health needs	Yes	Ynys Mon older persons community mental health team. Plas Garnedd Carer Centre (EMI)			No
Older people with learning disabilities	Yes	See <a href="#">learning disability</a> section	(Ward, 2012)		No
Older people with autism		See <a href="#">autism section</a>			No
Older people with physical disabilities		See <a href="#">physical disability section</a>			Yes
Older people at risk of abuse	Yes	No	(Older People's Commissioner for Wales, 2014)		No
Older people who abuse substances	Yes	See <a href="#">substance misuse section</a>			No

Stakeholder group	Orgs contacted	Orgs replied	Research and consultation reports	Engagement events	Citizen's panel
Older people who are lonely and isolated	Yes	British Red Cross Cadwyn Mon, Age Cymru Gwynedd a Mon	(Conwy Community Voice, 2015c; Flintshire County Council, 2015c; Wrexham County Borough Council, 2015a; Local Government Association, 2016)		No
Older people living in extra care housing	Yes	North Wales Housing Llys Jasmine Extra Care	(Wrexham County Borough Council, 2013c; Isle of Anglesey County Council, 2014; Isle of Anglesey County Council, 2015c; North Wales Regional Collaborative Committee, 2016)		No
Older people living in residential care / nursing homes	Yes	Haulfryn Care Ltd (specialise in dementia) Marleyfield House Residential Home Flintshire County Council (residential) Llys Gwenffrwd Haulfre Towyn Capel Residential Home Bryngoleu residential home Plas Garnedd Carer Centre	(Isle of Anglesey County Council, 2014; Older People's Commissioner for Wales, 2014; Flintshire County Council, 2015f; ADSS Cymru, 2016; Flintshire County Council, 2016h)	Gwynedd: An independent person has been appointed to engage with a sample of older people in 3 residential / nursing homes; 3 day care centres, and a sample of people who receive domiciliary care. This work is to take place during September.	No
Older people receiving day care services	Yes	Marleyfield House Residential Home Llys Gwenffrwd Anheddau Cyf		Gwynedd: An independent person has been appointed to engage with a sample of older people in 3 residential / nursing homes; 3 day care centres, and a sample of people who receive domiciliary care. This work is to take place during September.	No



Stakeholder group	Orgs contacted	Orgs replied	Research and consultation reports	Engagement events	Citizen's panel
Older people in need of care and support / domiciliary care	Yes	Llys Eleanor (independent living scheme 65+) Flintshire Community Support Service (Domiciliary Care) British Red Cross Gofal a Thrwsio Gwynedd & Môn Anglesey County Council Anheddau Cyf Gofal Bro Cyf Y Deri	See also references above in section 50+ (British Red Cross; British Red Cross, 2016; Gupta <i>et al.</i> , 2016; Housing LIN, 2016)	Anglesey Older People's Forum Gwynedd: An independent person has been appointed to engage with a sample of older people in 3 residential / nursing homes; 3 day care centres, and a sample of people who receive domiciliary care.	Yes
Older people in social housing	Yes	North Wales Housing	(Housing LIN, 2016)	Anglesey Sheltered Housing Forum	No
Older people with low level needs		Wow training (meals on wheels) British Red Cross Health Centre Beaumaris Occupational therapy team, adult services, community (Anglesey)	See also references above in section 50+		Yes
People at risk of falls	Yes	No	(Welsh Government, 2013b; Flintshire County Council, 2015c; Wrexham County Borough Council, 2015a)		No
BME older people	Yes	No	(Gammon, 2015)		No
Older people in the secure estate	Yes	No	(Wales, 2015)		No
Older people in need of advocacy			(Age Cymru, 2013; Age Cymru, 2016)		No

## Health, physical disabilities and sensory impairment

Stakeholder group	Orgs contacted	Orgs replied	Research and consultation reports	Engagement events	Citizen's panel
People with a physical disability	Yes	Gofal a Thrwsio Gwynedd & Môn The Rowan Organisation (Direct Payments) FDF Gorwellion Newydd Prop Molly Wright. Trading as AWT Occupational therapy team, adult services, community (Anglesey) Canolfan Byron -Gerddi Haulfre Awel Homecare and Support KeyRing	(Flintshire County Council, 2015e; Wrexham County Borough Council, 2015d; Flintshire County Council, 2016f; Flintshire County Council, 2016g; Flintshire County Council, 2016e; North Wales Regional Collaborative Committee, 2016)	Flintshire Disability Citizen's Panel Well-being assessment physical disability group	Yes
People with sensory impairments	Yes	FDF Gorwellion Newydd Prop Molly Wright. Trading as AWT Sense Cymru Occupational therapy team, adult services, community (Anglesey) Awel Homecare and Support	(Wrexham County Borough Council, 2011; North Wales Regional Collaborative Committee, 2016)	Well-being assessment visually impaired support group, Deaf Association	No
People with chronic conditions	Yes	The Stroke Association Huntington's Disease Association	(Conwy County Borough Council, 2014; North Wales Regional Collaborative Committee, 2016)		No
People with a terminal condition	Yes	Awel Homecare and Support	(Conwy County Borough Council, 2014)		No
People with other health needs		Welsh Ambulance Services NHS Trust (WAST) Gwalchmai Surgery Health Centre Beaumaris	(Betsi Cadwaladr University Health Board, 2013a; Conwy Community Voice, 2014c; Betsi Cadwaladr University Health Board and Denbighshire Voluntary Services Council, 2015; Board, 2015; Community Health Council and Community Transport	Well-being assessment Alzheimer's society	No

Stakeholder group	Orgs contacted	Orgs replied	Research and consultation reports	Engagement events	Citizen's panel
			Association, 2015; Observatory, 2015; Betsi Cadwaladr University Health Board, 2016b)		

## Learning disabilities and autism

Stakeholder group	Orgs contacted	Orgs replied	Research and consultation reports	Engagement events	Citizen's panel
Adults living independently	Yes	Occupational therapy team, adult services, community (Anglesey) Canolfan Byron -Gerddi Haulfre KeyRing Mencap Cymru Down's Syndrome Association Antur Waunfawr	(Conwy County Borough Council; Wrexham County Borough Council; Emerson, 1996; Holland, 2000; Department of Health, 2001; Disability Rights Commission, 2007; Kerr, 2007; Conwy County Borough Council, 2008b; Emerson and Hatton, 2008; Conwy County Borough Council, 2009; Emerson and Heslop, 2010; Emerson and Hatton, 2011; Welsh Assembly Government, 2011; Conwy County Borough Council, 2012; Emerson <i>et al.</i> , 2012; Flintshire County Council, 2012; Gwynedd Council, 2012a; Ward, 2012; Heslop <i>et al.</i> , 2013; Wrexham County Borough Council, 2013b; Beadle-Brown <i>et al.</i> , 2014; Conwy Community Voice, 2014a; Gwynedd Council, 2014a; Edwin Jones <i>et al.</i> , 2014; Learning Disability Advisory Group, 2014; Betsi Cadwaladr University Health Board <i>et al.</i> , 2015; Community Care, 2015; Gwynedd Council, 2015a; Isle of Anglesey County Council, 2015c; Isle of Anglesey County Council <i>et al.</i> , 2015a; NICE, 2015; North Wales Learning Disability Partnership, 2015; Regional	Engagement sessions through self-advocacy groups by North Wales Advice and Advocacy Association in Gwynedd  Denbighshire SPG Group	No
Adults with complex needs (using day or residential services)	Yes	Haulfre Brynmair Care home Mencap Cymru Down's Syndrome Association			No

Stakeholder group	Orgs contacted	Orgs replied	Research and consultation reports	Engagement events	Citizen's panel
			Learning Disabilities Partnership Board, 2015; Regional Learning Disability Partnership Board, 2015b; Regional Learning Disability Partnership Board, 2015a; Scior and Werner, 2015; Wrexham County Borough Council, 2015d; Betsi Cadwaladr University Health Board, 2016a; CSSIW, 2016; Denbighshire County Council, 2016e; Denbighshire County Council, 2016b; North Wales Complaints Officer's Group, 2016; North Wales Learning Disability Partnership Participation, 2016; Public Health England, 2016)		
Adults with autism spectrum disorders (ASD)	Yes	Canolfan Byron -Gerddi Haulfre KeyRing	(Beadle-Brown <i>et al.</i> , 2014; Isle of Anglesey County Council, 2015c; North Wales Regional Collaborative Committee, 2016)		No
People in need of advocacy	Yes	Advocacy Services North East Wales Responses Unllais (mental health advocacy)	(ASNEW (Advocacy Services North East Wales), 2015; Isle of Anglesey County Council <i>et al.</i> , 2016c)		No

## Mental health and substance misuse

Stakeholder group	Orgs contacted	Orgs replied	Research and consultation reports	Engagement events	Citizen's panel
Adults of working age (Tier 1, 2 or 3)	Yes	Canolfan Byron -Gerddi Haulfre KeyRing Abbey Road Centre Unllais Stepping Stones North Wales	(Flintshire County Council, 2013a; Mind, 2013; Betsi Cadwaladr University Health Board, 2014b; Conwy County Borough Council, 2014; Gwynedd Council, 2014b; MHPF National Alliance of Voluntary Sector Mental Health Providers, 2014; Betsi Cadwaladr University Health Board,	Mental health service engagement sessions: Community Links and Growing Places (Flintshire)	No

Stakeholder group	Orgs contacted	Orgs replied	Research and consultation reports	Engagement events	Citizen's panel
		Hafal Caniad (Conwy and Denbighshire) Relate Cymru	2015b; Betsi Cadwaladr University Health Board, 2015c; Conwy Community Voice, 2015c; Betsi Cadwaladr University Health Board, 2016a)		
People who misuse drugs	Yes	Unllais Caniad (Conwy and Denbighshire)	(North Wales Substance Misuse Area Planning Board, 2013; North Wales Police, 2015; Flintshire Local Service Board, 2016; North Wales Regional Collaborative Committee, 2016; Wrexham County Borough Council, 2016b)	ARC Communities User Engagement session 26/7/16 (Conwy)	No
People who misuse alcohol	Yes	Unllais Caniad (Conwy and Denbighshire)	(Conwy Community Voice, 2014c; North Wales Regional Collaborative Committee, 2016)		No
People with a dual diagnosis	Yes	Unllais Caniad (Conwy and Denbighshire)	(see above)		No
People with early onset dementia		Haulfre BCUHB: Dementia (for young people, Ynys Mon) Gofal Bro Cyf Y Deri			No

## Carers

Stakeholder group	Orgs contacted	Orgs replied	Research and consultation reports	Engagement events	Citizen's panel
Young carers	Yes	Denbighshire CC (service commissioner) Action for Children Gwynedd & Ynys Mon Young Carers project Barnardo's Flintshire Young Carers	(S Becker <i>et al.</i> , 2000; Social Care Institute for Excellence, 2005; F. Becker and Becker, 2008; Crossroads Caring for Carers and The Princess Royal Trust for Carers, 2008; Powys Carers Service, 2009; Conwy Connect and Conwy County Borough Council, 2012; Conwy County	Young carers event (BCUHB) Anglesey children and young people's questionnaire (respondents included young carers)	No

Stakeholder group	Orgs contacted	Orgs replied	Research and consultation reports	Engagement events	Citizen's panel
		Powys Carers/Credu Connecting Carers (WCD Young Carers – Wrexham, Conwy, Denbighshire)	Borough Council <i>et al.</i> , 2013a; Conwy County Borough Council <i>et al.</i> , 2013b; Office for National Statistics, 2013; Barnardos, 2014; Barnardos, 2015; Flintshire County Council, 2015a; Barnardos, 2016c; Barnardos, 2016a; Barnardos, 2016b; Carers Trust, 2016c)	Gwynedd young carers questionnaire	
Older carers	Yes	Carers Trust North Wales - Crossroads care Flintshire County Council (Carers)	(Welsh Government, 2013b)		No
Carers for children with disabilities	Yes	Carers Trust North Wales - Crossroads care	(Wrexham County Borough Council, 2016b)		Yes
Carers of people with dementia	Yes	Carers Trust North Wales - Crossroads care Denbighshire Community Support Services (Carers Services)	(North Wales Social Services Improvement Collaborative, 2015)		No
Carers of older people	Yes	Denbighshire Community Support Services (Carers Services)	(Welsh Government, 2013b)		No
Carers of adults with disabilities	Yes	Denbighshire Community Support Services (Carers Services)			Yes
Carers of people with mental health needs	Yes	Denbighshire Community Support Services (Carers Services)	(Hafal)		No
Carers of people who misuse substances	Yes	Hafal Denbighshire Community Support Services (Carers Services)			No
All adult carers	Yes	Gwasanaeth Cynnal Ofalwyr Carers Trust North Wales - Crossroads care Flintshire County Council (Carers) Gwynedd Council – Department for Adults, Health and Wellbeing	(Flintshire County Council; HM Government, 2010; Carers Outreach Service <i>et al.</i> , 2011; Skills for Care, 2011; The Princess Royal Trust for Carers, 2011; Carers Trust, 2012; Conwy Connect and Conwy County Borough Council, 2012; Isle of Anglesey County Council, 2012a; Welsh Government, 2012;	BCUHB Carers reference group consultation 29 June 2016 AVOW carers forum discussion 27 July 2016 with informal carers from	Yes

Stakeholder group	Orgs contacted	Orgs replied	Research and consultation reports	Engagement events	Citizen's panel
		Denbighshire Community Support Services (Carers Services) NEWCIS Carers Trust Wales Wrexham Carers Service	Wrexham County Borough Council, 2012; Betsi Cadwaladr University Health Board, 2013b; Welsh Government, 2013a; Wrexham County Borough Council, 2013b; Carers Wales <i>et al.</i> , 2014; Conwy County Borough Council, 2014; Flintshire County Council, 2014; The Open University, 2014; Betsi Cadwaladr University Health Board, 2015a; Bevan Foundation, 2015b; Carers Trust, 2015a; Carers Trust, 2015b; Carers Wales, 2015; Flintshire County Council, 2015d; Gwynedd Council, 2015c; Isle of Anglesey County Council, 2015b; Carers Trust, 2016a; Carers Trust, 2016b; Denbighshire County Council, 2016c; Denbighshire County Council, 2016a; Denbighshire County Council, 2016d; Flintshire County Council, 2016c; Flintshire County Council, 2016b; NEWCIS, 2016a; NEWCIS, 2016b)	Wrexham (see org questionnaire for findings) AVOW Male Carers meeting 27 July 2016 (see org questionnaire for findings) Anglesey Carers Week Event Carers partnership meeting Gwynedd and Mon Well-being assessment Carer's Group Questionnaire sent to all carers through Hafal and Carers Outreach in Gwynedd. Engagement with carers groups during September (Gwynedd)	

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

Stakeholder group	Orgs contacted	Orgs replied	Research and consultation reports	Engagement events	Citizen's panel
Women	Yes	Welsh Women's Aid Wrexham De Gwynedd Domestic Abuse Services		Welsh Women's Aid Wrexham (session with 3 current service users to complete org questionnaire)	No

Stakeholder group	Orgs contacted	Orgs replied	Research and consultation reports	Engagement events	Citizen's panel
Women and men	Yes	RASASC, North Wales Domestic Abuse Safety Unit Relate Cymru Aberconwy Domestic Abuse	(Berry <i>et al.</i> , 2014; Denbighshire County Council, 2014; Isle of Anglesey County Council, 2015c; North Wales Police, 2015; Flintshire Local Service Board, 2016; North Wales Regional Collaborative Committee, 2016; Welsh Women's Aid, 2016)		No
Men	Yes		(FNF Both Parents Matter Cymru, 2016)		No
BME Groups (women and men)	Yes	Bawso Ltd			No
LGBT	Yes				No
Perpetrators	Yes	Relate Cymru			No

### People with protected characteristics and other stakeholders

Stakeholder group	Orgs contacted	Orgs replied	Research and consultation reports	Engagement events	Citizen's panel
Veterans	Yes	Veterans NHS Wales RAF Valley Royal British Legion Change Step Help for Heroes BCU: Mental Health GP practice	(MHPF National Alliance of Voluntary Sector Mental Health Providers, 2014; Public Health Wales, 2016a)	Veterans workshop 29/09/16	No
People in the secure estate • Prisons • Approved premises • Bail accommodation	Yes	National Probation Service: Plas y Wern Approved Premises National Probation Service	(Wales, 2015; Public Health Wales (NOMS), 2016)		No



Stakeholder group	Orgs contacted	Orgs replied	Research and consultation reports	Engagement events	Citizen's panel
• Youth detention accommodation					
People in secure residential, nursing or hospitals	Yes				No
Adults who are homeless	Yes	Local Solutions (single women who are homeless or at risk of homelessness)	(North Wales Regional Collaborative Committee, 2016; Public Health Wales, 2016c)	ARC Communities User Engagement session 26/7/16 (Conwy)	No
Housing association residents	Yes	Housing Department, WCBC			No
People experiencing poverty / living in areas of deprivation	Yes	Golygfa Gwydyr	(Sustrans, 2012; Bevan Foundation, 2015a; Wrexham County Borough Council, 2015c)	Staff engagement sessions (included tackling poverty programmes)	No
Refugees and asylum seekers	Yes	British Red Cross			No
BME people	Yes	Bawso Ltd RainbowBiz Limited		Well-being assessment consultation with BAWSO, Portuguese community representatives and Polish Community representatives	No
Gypsy and traveller communities	Yes		(Wrexham County Borough Council, 2014c; Conwy County Borough Council, 2016; Flintshire County Council, 2016d; Greenfields and Brindley, 2016; Romani Cultural and Arts Company, 2016) Gypsy and Traveller needs assessments produced for the LDP		No
LGBT people	Yes	RainbowBiz Limited		Encompass meeting 05/10/2016	No

Stakeholder group	Orgs contacted	Orgs replied	Research and consultation reports	Engagement events	Citizen's panel
Gender		See chapters for details	(Fair Treatment for Women in Wales, 2016)		
Other	Yes	Flintshire Local Voluntary Council			Yes (recently bereaved, moved to UK from another country)

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## Appendix F: Summary of engagement activity

### Introduction

The consultation and engagement for the North Wales population assessment used the methods below:

- A questionnaire for organisations that asked their views and for any evidence they had such as performance measures or consultation reports.
- Discussion groups with service users. Some counties also sent out questionnaires.
- A questionnaire for the public available on the Citizen's Panel website along with interviews with Citizen's Panel members. Anglesey also issued additional questionnaires for the public.
- Workshops with staff and councillors.
- A review of relevant research and consultation including legislation, strategies, commissioning plans, needs assessments and consultation reports

This report summarises the local engagement work undertaken by each of the partners in producing the North Wales population assessment. All partners were involved in developing and promoting the consultation methods listed above, provided existing strategies and consultation reports and took the report through their local approval processes between December 2016 and March 2017. Please see the other consultation appendices for more details of the consultation and engagement that took place.

### Betsi Cadwaladr University Health Board (BCUHB)

BCUHB supported the promotion of the population assessment through sharing the questionnaire with Area Teams. The teams are responsible for a wide range of community services including community nursing, primary care, children's services, therapies and community hospitals. The questionnaire was also shared with outpatients leads and matrons based within main hospitals. The work was also promoted through the intranet and encouraging staff to learn more about the act through attending briefing sessions. To encourage public participation the North Wales Citizens questionnaire was promoted both on social media such as Facebook and Twitter and on the new BCU Get involved website. Held a workshop with carers on 29 June 2016.

### Isle of Anglesey County Council

Three questionnaires were available in hard copies and online:

1. For service users (including children and young people)
2. For service providers
3. For non-service users

Over 230 responses were received. The Integration and Engagement Officer attended:

- Older Peoples Forum
- Carers week event
- Sheltered Housing Forum
- Carers partnership meeting Gwynedd and Mon
- Adult Services Workforce planning meeting with team leaders and staff (Social Workers, Service Managers and Occupational Therapists)
- Meeting with Children's service managers
- Third Sector Network meeting

Arranged two drop in sessions held in Canolfan Ebeneser Llangefni for identified stakeholders.

Engagement sessions for learning disability service users have also been held (through self-advocacy groups by North Wales Advice and Advocacy Association).

Identified relevant stakeholders to engage with (estimate over 100), emailed them with questionnaires and supporting guidance and kept reminding them of the deadline.

## **Gwynedd Council**

Various engagement events undertaken for the population assessment in Gwynedd.

Engagement sessions were held with social work staff from the following teams: adults, physical disability and sensory impairment; learning disability; children and family support. Engagement was also held with domiciliary care and residential home staff from the internal provider.

A provider engagement session was held in June 2016 where 48 invitations were sent out and 16 providers attended on the day. An independent facilitator led the session.

An online questionnaire was sent out to 65 other providers, which was open between 8 and 31 August 2016. Unfortunately, only two providers submitted their completed questionnaires.

A workshop was held with Elected Members in June and 32 attended.

A questionnaire was sent out to carers via Carers Outreach and Hafal. Three engagement sessions were held across the county during September specifically for carers.

Engagement sessions for learning disability service users were held (through self-advocacy groups by North Wales Advice and Advocacy Association).

An independent facilitator was appointed to engage with a sample of older people in 3 residential / nursing homes; 3 day care centres, and a sample of people who receive domiciliary care. This work took place during September 2016.

## Conwy County Borough Council

Conwy gathered a number of past consultation documents to assist in the library of research for consideration within the population assessment.

Contacted a number of organisations to gather their opinions on the care and support needs of people (and their carers) in North Wales. They were invited to respond via questionnaire to give their organisation's thoughts on the care and support needs of their service users alongside any reports on past consultation or engagement work they may have conducted.

CVSC, the Local Voluntary Council for Conwy, distributed the questionnaire widely through their mailing lists, including the Health Social Care & Wellbeing Network. The questionnaire for organisations was also promoted at a Health Social Care & Wellbeing Network meeting and a news item posted on the CVSC webpage.

The questionnaire was also sent separately to a number of identified organisations and network groups by Conwy officers. Follow up phone calls were also conducted to elicit their opinions and encourage take up.

Further, guidance was also provided for each organisation on how they could hold a discussion group with people who use their care and support services (or carers) about what their needs are.

Conwy officers acted as facilitators where individual organisations had requested this or required additional support and advice.

Conwy County Borough Council also held five service-specific engagement sessions with Social Care staff over a two week period in July 2016, with staff from the following services:

- Children, Young People and Families
- Community Wellbeing
- Disability
- Older People
- Vulnerable People

In total 55 members of staff attended the sessions with 10 representatives from Children, Young People and Families, 16 representatives from Community Wellbeing, 4 representatives from Disability, 10 representatives from Older People and 15 representatives from Vulnerable People

Conwy have also held elected member engagement sessions which were jointly held with those run by colleagues implementing the Well-Being of Future Generations Act (Wales) 2015.

## Denbighshire County Council

In Denbighshire there has been substantial engagement during the preparation of the Market Position Statement. For example, there has been ongoing engagement with key stakeholders in relation to carers and people who have a learning disability

via the respective strategic groups for these two groups. This enabled us to make an effective contribution to the chapters on these Core Groups.

In relation to Older People, engagement has mostly related to the production of our Ageing Well Plan, which deals with the following five themes:

- Age Friendly Communities.
- Dementia Supportive Communities
- Loneliness and Social Isolation
- Falls Prevention
- Employment and New Skills.

A multi-agency group called the Older People Reference Group has responsibility for implementation of the Ageing Well Plan.

In addition, Age Connects is funded to support community based groups for older people, who are consulted on a wide range of issues concerning older people and expected to bring any relevant issue to the attention of the local authority.

Another key initiative is the 'Speak Up' project by which older people in care homes have an opportunity to share any issues that may concern them with an independent person.

A detailed report summarising the process for completing the population assessment was presented to full council on 6<sup>th</sup> September. In addition, information has been shared with members of staff in adult services on two occasions by the Head of Services in his 'Friday Update' communication briefing.

## **Flintshire County Council**

Staff from Flintshire County Council contributed to the development of the engagement process as outlined above through involvement with the Engagement Group.

Flintshire staff circulated the organisational questionnaire to 97 services and individuals. This work was further supported by partners in FLVC who circulated the information throughout their extensive networks. Of the 130 organisational questionnaires received, 38 of which specified that they provided services in Flintshire.

Flintshire has held four staff engagement workshops with 60 staff attending from across children's and adult services.

A further 30 staff contributed their opinions through feedback gathered at team meetings.

Consultation sessions were also held with:

- Citizen Equality Group
- Disability Focus Group
- Citizen Engagement Group (Mental Health Service, Community Links)
- Citizen Engagement Group (Mental Health Service, Growing Places)

- Participation group of looked after young people and care leavers

Over 20 documents produced by Flintshire County Council were submitted including statutory plans, assessments and reports alongside feedback from Young Carers, Carers, providers, staff and people with disabilities.

Staff have also been part of the chapter writing groups and contributed to the development of the Mental Health and Carers chapters.

## Wrexham County Borough Council

Information packs, including a covering email to explain about the consultation, organisation questionnaires, a discussion guide with questions for individuals, a feedback template for focus groups and an equalities form, were widely circulated with help from Association of Voluntary Associations Wrexham (AVOW) networks and the Supporting People Team.

Over 100 Third Sector groups were contacted and these included The Supporting People Provider Reference Group; The Wrexham Wellbeing Network, The Forum for Voluntary Organisations working with Children and Young People; Unllais Network; Substance misuse support organisations. Independent services providers also received information through the Home Liaison Group Network and Workforce Development combined distribution lists.

Information was also available and queries addressed at the Annual General Meeting of AVOW, July 2016.

Four additional questions were included to cover Wrexham's Future Generations Wellbeing Assessment

1. What are the 3 best things about living in Wrexham?
2. What 3 things do you dislike about living in Wrexham?
3. If you could change 3 things about Wrexham that would improve your life here, what would they be?
4. What do you think you could do yourself to improve how you feel about living in Wrexham?

Online questionnaires for organisations and documents for use with service users were also available via Wrexham Local Service Board consultation website (Welsh & English). [www.yourvoicewrexham.net](http://www.yourvoicewrexham.net)

Five members of Senedd Yr Ifanc Wrecsam (Wrexham Youth Parliament) management group participated in the North Wales Population Assessment consultation on 25 July 2016. The Senedd Yr Ifanc Wrecsam for Young People aged 11- 25 (in this case the ages were 15-18) who are elected to represent a group or project. The Senedd Yr Ifanc Wrecsam works on county wide issues that affect the Young People of Wrexham.

The young people who engaged in the consultation were all non-services users; therefore the young people found the questions very hard to answer, to try and help the young people we discussed 'wellbeing' using the Wheel and what the Social



Services and Wellbeing Act is, we then asked them to think of a scenario before answering the consultation.

The staff questionnaire is available online and commissioning officers have been attending team meetings to tell staff teams about the population needs assessment and encouraging staff to take part and contribute to the needs assessment

Citizen's Panel information also circulated. Wrexham also consulted the independent sector and sent information to home owners, domiciliary care and supported living providers.

## Equality Impact Assessment: Are We Being Fair?

### Template

#### Compulsory for all proposals

**Throughout this document we use the word ‘proposal’ to refer to what we are assessing. In this context, the term includes the different things that we do, including strategies, functions, procedures, practices, policies, initiatives and projects.**

This template covers **all equality assessment needs** from initial screening to a full Impact Assessment, by following the 6 steps:

1. Screening the equality needs of the proposal
2. Data collection and evidence
3. Involvement and consultation
4. Assessing impact and strengthening the proposal
5. Procurement and partnerships
6. Monitoring, evaluating and reviewing

The aim of an equality impact assessment (EIA) is to ensure that equality issues have been consciously considered [Due Regard] throughout the decision making processes of the work we do.

The EIA highlights any areas of risk and maximises the benefits of proposals in terms of equality. It therefore helps to ensure we have considered everyone who might be affected by the proposal. It also helps us to meet our legal responsibilities under the general equality duties (Single Equality Act 2010). There is also a requirement under Human Rights legislation for Local Authorities to consider Human Rights in developing proposals.

Our approach to EIAs will help us to strengthen our work to promote equality. It will also help to identify and address any potential discriminatory effects before introducing something new or changing the way we work and reduce the risk of potential legal challenges.

When carrying out an EIA you should consider both the positive and negative consequences of your proposals. If a project is designed for a specific group e.g. disabled people, you also need to think about what potential effects it could have on other areas of equality e.g. young people with a disability, BME people with a disability.

Further guidance on Equality Impact Assessments and making difficult decisions in times of financial restraint can be found in The Equality and Human Rights Commission ‘Carrying out an Equality Impact Assessment:

9 Myth Busters’ and ‘Public Sector Equality Decisions and Financial Decisions’ available on the Intranet.

North Wales Population Assessment: Equalities impact assessment

<b>Department / Organisation</b>	North Wales Social Care and Well-being Services Improvement Collaborative (NWSCWIC), a partnership of the six North Wales local authorities and Betsi Cadwaladr University Health Board
<b>Responsible Officer</b>	Jenny Williams
<b>e-mail address</b>	<a href="mailto:Jenny.williams@conwy.gov.uk">Jenny.williams@conwy.gov.uk</a>
<b>Full job title</b>	Director of Social Services, Conwy County Borough Council
<b>Contact officer</b>	Sarah Bartlett, <a href="mailto:sarah.bartlett@denbighshire.gov.uk">sarah.bartlett@denbighshire.gov.uk</a>
<b>Title of Proposal or Policy</b>	Population Assessment for the Social Services and Well-being (Wales) Act 2014
<b>Rationale:</b> Why is it being considered? What need is being addressed?	Statutory duty under the Social Services and Well-being act to undertake a population assessment for the North Wales region.  To purpose of the population assessment is to assess the care and support needs of the population and the support needs of carers. The purpose of this Equalities Impact Assessment is to ensure that this is done in an inclusive way.
<b>Aim:</b> What is the intended outcome of the proposal / policy?	To ensure that the assessment for North Wales does reflect the needs of all people in North Wales including those with protected characteristics.  All actions arising from this assessment reflect the identified needs of people with protected characteristics.
<b>How:</b> How will it be delivered, by whom and by when?	The population assessment will be carried out by NWSCWIC, the representatives of the six North Wales local authorities and Betsi Cadwaladr University Health Board during 2016-17.  A variety of methods will be used including data analysis, online surveys and face to face consultation.
<b>Who:</b> Who are the people likely to be affected by this proposal or policy?  How have you consulted with the people who are likely to be affected?	The assessment will affect all protected characteristics; it's a whole population approach to understanding the care and support needs of people in North Wales.  We consulted with people through established groups, face to face interviews and workshops. Further consultation will be undertaken by NWSCWIC, individual local authorities, health and partnerships as they develop action plans in response to the findings in the population assessment.
<b>Measures:</b> How will you know you have achieved your aims?	People in North Wales, stakeholders and people with protected characteristics feel that they have informed the population assessment.  Feedback from stakeholders and people with protected characteristics.

<p>What are your measures / indicators of success?</p>	<p>The assessment is well-being is approved by the full council of each of the six North Wales local authorities and the health board.</p>
<p><b>Identify any other policy or decision [internal or external] that may affect your proposal.</b></p> <p>Consider this in terms of:</p> <ul style="list-style-type: none"> <li>• Statutory requirements; local policies e.g. WCBC Housing Policy;</li> <li>• Regional decisions e.g. those made by cross county partnerships for your sector e.g. North Wales Chief Officers Board; and / or</li> <li>• National policies e.g. Welfare Reforms</li> </ul>	<p>Well-being of Future Generations (Wales) Act 2015</p> <p>Regulation of Social Care (Wales) Act 2016</p> <p>Children Act 1989</p> <p>Childcare Act (2006)</p> <p>Additional Learning Needs and Education Tribunal Bill 2015</p> <p>United Nations Convention on the Rights of the Child</p> <p>Play Sufficiency Duty</p> <p>Strategy for Older People in Wales 2013-23</p> <p>United Nations Principles for Older Persons</p> <p>Welsh Government Declaration of the Rights of Older People in Wales</p> <p>Mental Health (Wales) Measure 2010</p> <p>Mental Capacity Act 2005</p> <p>Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015</p> <p>Serious Crimes Act</p> <p>Housing (Wales) Act 2014</p>

**Screening Tool**

As part of our Annual Equality Return we have to evidence what we have actively done to support people with Protected Characteristics who receive our services. We also have to evidence what we are doing to reduce any negative impact.

Note: Poverty, Carers and Welsh language and culture are not protected characteristics but we have included them because they are important considerations.

Please place a '+' or '-' symbol in every box to indicate whether your proposal will have a positive or negative effect note: people may have one or more of the protected characteristics. If there is no impact at all place 'n/a'. If there is a positive and negative effect indicate both i.e.. '+/-':

	Carers	Age CYP	Age Adults	Disability	Gender / Sex	Pregnancy and Maternity	Race/ Ethnicity	Religion or Belief	Sexual Orientation	Marriage and Civil Partners-hip	Gender Reassignment	Poverty	Welsh language / culture
Q1 Would this proposal significantly affect how functions are delivered to any of these groups?	+/-	+/-	+/-	+/-	+/-	+/-	+/-	+/-	+/-	+/-	+/-	+/-	+/-
Q2 Would this discriminate against any of these groups?	+/-	+/-	+/-	+/-	+/-	+/-	+/-	+/-	+/-	+/-	+/-	+/-	+/-
Q3 Would this proposal advance the equality of opportunity for these groups?	+/-	+/-	+/-	+/-	+/-	+/-	+/-	+/-	+/-	+/-	+/-	+/-	+/-

Q4	+/-	+/-	+/-	+/-	+/-	+/-	+/-	+/-	+/-	+/-	+/-	+/-	+/-
Would this promote good relations between these groups and the wider community?													

Where you have identified a positive impact (+) in the Screening Tool, please outline this briefly using bullet points:

The positive impacts of the population assessment are:

- A better understanding of need across the region for all protected characteristics
- Services can be developed based on actual need
- Because the assessment is being done on a regional basis it's easier for people with protected characteristics to get involved and can develop regional response to the assessment which may have financial benefits, avoid duplication and so on.

Where you have identified no impact (n/a) in the Screening Tool, please outline this briefly using bullet points:

Any other issues identified, please outline briefly using bullet points:

The other issues identified are:

- Raised expectations as a result of consulting
- Raised expectations of the third sector to deliver and meet needs
- The capacity of the public sector to meet the needs identified in the assessment
- The assessment may not identify cumulative impacts, for example, on people with a number of different protected characteristics, or combined with other needs such as poverty or caring responsibilities.

If you have indicated a possible negative effect on any Protected Characteristic within the screening tool, please complete the relevant sections of the Matrix below that correspond to that possible negative effect. You will need to consider:

- **What is the likely scale of the impact and how this can be reduced?**
- **Who are the people that are likely to be affected by this proposal, could they experience multiple disadvantage e.g. if they are young and have a disability.**

**EIA: Are we being fair?**

Please complete the <u>relevant</u> sections of the Matrix below that correspond to any ‘-‘ symbols you have recorded in the screening tool	List what information you have used to identify these issues e.g. consultation, stakeholder involvement, reports, data ...	Based on the information you have gathered give a summary of key issues that have been identified.	How will you mitigate these issues to improve the service?	Who is officer responsible for delivering the mitigation?	By when
<b>Carers</b>	See consultation report	See population assessment.	Share population assessment with the six North Wales Local Authorities and health who are responsible for developing actions based on the population assessment.  Further EIAs will be undertaken in relation to these action plans and the area plan.	Each of the six local authorities and health.	The area plan deadline is 1 April 2018
<b>Age CYP</b>	See consultation report	See population assessment.	Share population assessment with the six North Wales Local Authorities and health who are responsible for developing actions based on the population assessment.  Further EIAs will be undertaken in relation to these action plans and the area plan.	Each of the six local authorities and health.	The area plan deadline is 1 April 2018



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<b>Age Adult</b>	See consultation report	See population assessment.	Share population assessment with the six North Wales Local Authorities and health who are responsible for developing actions based on the population assessment.  Further EIAs will be undertaken in relation to these action plans and the area plan.	Each of the six local authorities and health.	The area plan deadline is 1 April 2018
<b>Disability</b>	See consultation report	See population assessment.	Share population assessment with the six North Wales Local Authorities and health who are responsible for developing actions based on the population assessment.  Further EIAs will be undertaken in relation to these action plans and the area plan.	Each of the six local authorities and health.	The area plan deadline is 1 April 2018
<b>Gender / Sex</b>	See consultation report	See population assessment.	Share population assessment with the six North Wales Local Authorities and health who are responsible for developing actions based on the population assessment.	Each of the six local authorities and health.	The area plan deadline is 1 April 2018

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			Further EIAs will be undertaken in relation to these action plans and the area plan.		
<b>Pregnancy and Maternity</b>	See consultation report	See population assessment.	Share population assessment with the six North Wales Local Authorities and health who are responsible for developing actions based on the population assessment.  Further EIAs will be undertaken in relation to these action plans and the area plan.	Each of the six local authorities and health.	The area plan deadline is 1 April 2018
<b>Race/ Ethnicity</b>	See consultation report	See population assessment.	Share population assessment with the six North Wales Local Authorities and health who are responsible for developing actions based on the population assessment.  Further EIAs will be undertaken in relation to these action plans and the area plan.	Each of the six local authorities and health.	The area plan deadline is 1 April 2018
<b>Religion or Belief</b>	See consultation report	See population assessment.	Share population assessment with the six North Wales Local Authorities and health who are	Each of the six local	The area plan deadline is 1 April 2018

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			responsible for developing actions based on the population assessment.  Further EIAs will be undertaken in relation to these action plans and the area plan.	authorities and health.	
<b>Sexual Orientation</b>	See consultation report	See population assessment.	Share population assessment with the six North Wales Local Authorities and health who are responsible for developing actions based on the population assessment.  Further EIAs will be undertaken in relation to these action plans and the area plan.	Each of the six local authorities and health.	The area plan deadline is 1 April 2018
<b>Marriage and Civil Partnership</b>	See consultation report	See population assessment.	Share population assessment with the six North Wales Local Authorities and health who are responsible for developing actions based on the population assessment.  Further EIAs will be undertaken in relation to these action plans and the area plan.	Each of the six local authorities and health.	The area plan deadline is 1 April 2018

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<b>Gender Reassignment</b>	See consultation report	See population assessment.	Share population assessment with the six North Wales Local Authorities and health who are responsible for developing actions based on the population assessment.  Further EIAs will be undertaken in relation to these action plans and the area plan.	Each of the six local authorities and health.	The area plan deadline is 1 April 2018
<b>Welsh Language and Culture</b>	See consultation report	See population assessment.	Share population assessment with the six North Wales Local Authorities and health who are responsible for developing actions based on the population assessment.  Further EIAs will be undertaken in relation to these action plans and the area plan.	Each of the six local authorities and health.	The area plan deadline is 1 April 2018
<b>Poverty</b>	See consultation report	See population assessment.	Share population assessment with the six North Wales Local Authorities and health who are responsible for developing actions based on the population assessment.	Each of the six local authorities and health.	The area plan deadline is 1 April 2018

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			Further EIAs will be undertaken in relation to these action plans and the area plan.		

Please respond to the following questions within **12 months** of implementation of the proposal:

- a) Was any mitigation applied or was the proposal delivered as originally planned prior to the Equality Impact Assessment?
- b) Were the intended outcomes of the proposal achieved or were there other results?
- c) Were the impacts confined to the people you initially thought would be effected, or were other people affected? How?

Evidence documents

North Wales Population Assessment

North Wales Population Assessment consultation report and appendices (including stakeholder map)

Social Services and Well-being (Wales) Act 2014 Part 2 Code of Practice (General Functions)

Population assessment toolkit (WLG/SSIA)

Welsh Government Part 2 Equalities Impact Assessment