Anglesey County Council local population needs assessment

Contents

Introduction

About the report

This report is an assessment of the care and support needs of the population in Anglesey County Council, including the support needs of carers. It has been produced by Anglesey County Council, to meet the requirements of the Social Services and Wellbeing Act (Wales) 2014.

The reasoning behind the report is give an overview of the current state of play of those in Anglesey who do have some sort of a disability/ illness. With this being the first time that the Population Needs Assessment has been carried out in this format, the hope is that our services will be able to build on this document, viewing it as a working document, whilst also learning from what we have already discovered. Furthermore, the template used aligns with what has been used for the whole of the north Wales region and thus further information from a north Wales perspective can also be viewed.

Consultation and engagement

A regional questionnaire was launched online which were used to address the 'What are people telling us?' section of each chapter, this can essentially be seen as our consultation for the assessment. For this questionnaire, results were broken down to each region in north Wales and for Anglesey there were 86 respondents.

In terms of engagement, a huge array of other engagement work that has taken place over the years has been reviewed and used when relevant for the varying chapters that are included within this report.

Issues impacted by the current environment

The timing of the Population Needs Assessment (PNA) has been challenging. The ability to undertake an assessment during a pandemic has meant that consultation has been focused on online activity, often meaning that responses aren't as in-depth and detailed as they could be face-to-face. This was apparent for the Children and Young People's questionnaire, whereby Anglesey did not receive a single response - this was equally true for the whole of the North Wales region. Furthermore, with much of the statistical evidence for the previous PNA dependent upon the 2011 census results, it must be acknowledged that we have not been able to access more current information which would have offered an up to date figure on some of statistics that have been used throughout the report. Adding on, it has been difficult to collate information from external partners in the throws of the pandemic and we have not been able to explore some matters alongside Betsi Cadwaladr as extensively as we would have liked to create a fuller picture for some of the chapters. As a result, some of the chapters do have gaps due to the pressures that we have faced. This is something that we will look to fill in the future once we have the necessary resources. However, we believe that we have captured the main priorities which we will focus upon.

Children and young people

About this chapter

Population overview

Category	2015	2016	2017	2018	2019	2020
Number of children ages 0-15	12,000 (expected to drop by 6% by 2039)					[Accurate as of 2019] 12,000
Number of referrals to children's service during the year	3154	3679	3588	4329	3968	3842
Number of children in need (per 10,000)	170					123
Number of children in need (by age)	Under 1 (15); Age 1 to 4 (50); Age 5 to 9 (80); Age 10 to 15 (70); Age 16 to 17 (30); Age 18 + (15)					Under 1 (0); Age 1 to 4 (30); Age 5 to 9 (40); Age 10 to 15 (65); Age 16 to 17 (25); Age 18 + (0)
Number of children on child protection register March 31 (Per 10,000)	124	101	46	79	70	68
Number of children on child protection by age						
Under 1	12	8	6	14	6	7
1 to 4	27	24	13	23	16	16
5 to 9	37	29	7	15	20	20
10 to 15	45	37	19	22	25	22
16 to 17	3	3	1	5	3	3
18+	0	0	0	0	0	0

Number of children looked after by local authority	112	142	145	149	158	161
Number of children in need with a disability (Percentage of children in need with a disability)	70 (27%)					[Accurate as of 2019] 40 (12%)
Estimated number of children with eating disorders	[Accurate from 2014] Age 5 to 10 (15); Age 11 - 16 (15)					9 (for Ynys Mon + Gwynedd)
Under age of 20 births	[Accurate from 2014] 36					[Accurate as of 2017] 30
Flying start formal parental structured courses offered by local authority (%)	91 places (62%)					55 places (47%)

Children with disabilities and/or illness

Ynys Mon Specialist Children's Service is an integrated Team with members from Health and Social Services being co-located in local authority premises. The service was set up under the auspices of a Section 33 Agreement.

The team works with disabled children and young people between the ages 0 – 17 and their families who have multiple complex needs that cannot be met by universal or targeted services.

The range of needs include children and young people who have a learning disability, physical impairments and lifelong chronic illness/medical conditions.

The Team is made up of:-

Social Workers, Community Paediatric Learning Disability Nurses, Nursing Assistants, Paediatric Learning Disability Clinical Psychology, Occupational Therapist, Transition Co-ordinator, Inclusion and Wellbeing Officer, Social Services Support Worker Manager and Team of Support Workers, Service Administrator.

Shared posts with adults as well as transition coordinator include - Direct Payments Officer and Carers Assessor

What we know about the population

Breakdown:	**(Total Number of cases open to SCS: 194)**
Learning Disability / ASD / ADHD	**116**
Physical Impairment	**32**
Chronic Illness	**22**
In Assessment Diagnosis not confirmed	**24**

In September 2021 the service was working with 194 children and young people (0 – 18 years of Age).

Of these 116 had a learning disability including those with ASD, ADHD.

Other children and young people open to the service include 32 with physical impairments and 22 with chronic illness and complex health needs

There are a number of children (24) who are currently being assessed with no diagnosis confirmed at this point.

What are people telling us?

There were 4 responses from the questionnaire which offered a small insight in to what people are telling us in regards to children with disabilities and/or illnesses.

ID 96 noted that a gap that needed addressing was supporting parents with identified needs through the children's service process.

ID 70 noted that their local GP and local consultant had supported their son who suffers from a chronic kidney disease very well.

ID 348 noted that they are developing parental programmes, which will help assist parents who have children that have learning disabilities

ID 299's point revolved around young people who have a learning disability. They noted, that the Project Search – which is a supported internship programme for young people – had been successful in achieving 'excellent employment outcomes' for those that are involved. They added that BCUHB are leading the way in terms of employing graduate interns and have developed an 'accessible' recruitment pathway that is fit for purpose.

ID 348's point also revolved around learning disability within children, however from a different angle. They explained that children who have learning disabilities are more vulnerable to Covid-19. Essentially the point comes about due to parents feeling the need to keep them away in order to protect their health. This means that children miss school, appointments and there isn't much demand/pressure to see them come back – miss out on a structure and learning new skills. On top of that, problems that were there in the first place are exacerbated e.g if a home is too small for the family or unsuitable, the problem has manifested itself even more during lockdown.

Review of services currently provided

As the figures indicate we are supporting families within the service who have a very wide range of needs dependent on the nature of the individual's diagnosis, disability or impairment.

- We know that children and young people and their families value the short breaks they receive, either via our own support services or direct payments. (Questionnaires completed by Families who attend our in house support services).
- The children and young people who have complex needs and have overnight short breaks in Residential Short Breaks Unit. (HYS Questionnaires)
- Parents and young children enjoy attending our Paediatric Nursing Learning Disability Service Play and Development Sessions.
- Parents of young children value the PACT sessions that our Psychology Service co-ordinates
- Parent/carers value the support they receive from our community nurses and social workers in offering practical advice and guidance (CS Compliments File)
- Families valued our 'keeping in touch calls' throughout the Pandemic lockdowns and the 'activity packs' provided during that period.

Mencap Cymru and Mon are currently working with SCS to develop services for our 'Early Years' children and the Project Worker is undertaking a variety of engagement sessions with parent/carers to explore and create opportunities to develop the Co-Production of activities and services to support the families of disabled children.

To date these are the themes that families have shared a range of concerns

- Concern about access to SALT. This topic has been raised by families with older children (age 7 plus) and families of younger children. The families of the older children who have raised this have described their past experiences of trying to access SALT as a constant battle, with one family stating they gave up and accepted that their child would not access speech therapy. One younger family (child age 4) described feeling distressed as everything they were reading around speech therapy and language indicated that 2-3 was a 'pivotal' age for language development. This particular family have borrowed money to access private speech and language therapy.
- Families with children who have a learning disability of any age have all described feeling frightened and lost during periods of transition. Specific examples include starting school and delays in assessments to determine what school provision will be most suitable, the transition from school into other placements, and the transition into adult services.
- Families report feeling isolated, and of wanting the opportunity to spend time with similar families and creating stronger peer networks. Families who are accessing community initiatives run by parents such as Cylch Teulu, 3D Kids and Autism Parents Group report positive experiences.

Carers Outreach also facilitate support groups for parent carers and can offer support on an individual basis.

Over view of services

There has been a significant increase in referrals to SCS during the past 2-3 years. From the assessments undertaken it is evident that the number of children with complex needs has increased overall and this includes those who have or are waiting to be assessed for ASD and that a high number of referrals are for early years/pre-school children. There have also been a number of children and young people who have or are open to Children's Services and CAMHs who have been late in being assessed as having a learning disability.

There has also been an increase in referrals for the assessment and support of children and young people who do not meet the eligibility criteria for support around their behavioural needs as they do not have a learning disability. At the moment there is no alternative service provided by Nursing and Psychology to meet the needs of this group of children and young people.

This has led to an increase in referrals for our Community Paediatric Learning Disability nursing service and also for direct services e.g. short breaks because of their complex needs.

We are in the process of developing support and training packages for families' that are in line with evidence based programmes like Incredible Years, Epats and more bespoke courses around 'emotional regulation' and topic specific workshops.

The need for Social work assessment and support has also increased including safeguarding and Looked After Children.

The service has appointed to the Transition Co-ordinator post and they will be starting in the near future and will enable us to review the current transition process and develop guidance that is in line with the work undertaken by the Learning Disability Transformation Project and other national developments i.e. ALN Act, LPS,

Service Development Project.

Integrated Care Fund (ICF)

ICF funding has enabled us to:-

- Set up a small residential children's home that will provide overnight short breaks for children with complex needs.
- Work in partnership with Gwynedd to develop specialist short break foster carer project across both counties and enhance our current support services to meet changing needs
- Establish a new support services base to be registered to provide a range of short breaks for disabled children and young people
- Fund 'Helping Out' project in partnership with Carers Outreach to provide funding for a range of one off carers support requests that they administer on our behalf

Mencap /Epats Partnership project

Ynys Mon Children and Families Service have been working in partnership to develop a preventative Early Years service for children with a learning disability. Following a well-received seminar on Early Years led by Professor Richard Hastings from the CEDAR Centre at Warwick University & Mencap Northern Ireland, a three year pilot project was set up. The pilot will focus on developing a foundation of Co-production, Asset mapping of current provision and gaps, structured Early Years interventions such as EPATS and supporting parents to design and develop support they feel they need to help their families thrive.

The project involves working with four key partners:
Parent/carers, Mencap Mon, Mencap Cymru, Ynys Mon Social Services Department and will work closely with BCUHB.

A Family Support Coordinator has been appointed, employed by Mencap and work has started to engage with families and professionals and Services across the county involved in supporting Learning disabled children and their families.

Conclusion and recommendations

1. Work together to identify gaps and improve existing services and promote the ethos of co-production to support future development of services for disabled children and their families.

2. The next phase of development of Services for disabled children and their families will be guided by the Additional Learning Needs Act, introduction of Autistic Spectrum Disorder Code of Practice, and Liberty Protection Safeguards.

3. There is a need to further develop joint working across a range of adult services of service so that the needs of vulnerable adults can me met who may not meet the threshold for services from adult CMHT & Learning disability services.

Children who are care experienced

We currently have two **Small Group Homes** – known as "**Cartefi Clyd Môn**" - that are registered and running – Cartref Clyd Bryn Hwfa, which homes one young person and the second which is Cartref Clyd Llanfair, where two young people reside. We work with young people with complex care needs who have suffered early childhood trauma and struggle with attachment disorders.

We plan to have a further specialist small group home registered by mid-2021, which will be an opportunity for respite for children supported by the specialist children's services. We also hope to have a third small group home for looked after children registered before the end of the next financial year, which will allow us to be able to place another two local young people, who would otherwise be at risk of being placed out of county.

As at the end of March 2021, the Child Placement Team (Anglesey Fostering Service) had a total of 64 foster families, made up of:

- 36 mainstream fostering households
- 28 connected persons fostering households, (this includes 1 registered temporarily under Regulation 26)

A positive in the past year was that we were able to continue recruiting, assessing, approving and supporting Anglesey foster carers during the pandemic by making use of new ways of working such as 'virtual' home visits by video. During 2020/21 we approved:

- **9** mainstream (general) fostering households
- **14** connected persons (family and friends) households, (this includes 2 who then went straight to SGO – Special Guardianship Order).

We continue to contribute to the regional **North Wales Adoption Service**. During 2020-21, five children from Anglesey were placed with families for adoption and of those five, one has subsequently become the subject of an adoption order and has therefore been formally adopted. It is likely that the other four children will be formally adopted during 2021-22.

Positively, five Anglesey families are currently in the process of being assessed to adopt. The likelihood is that, if successful, children of Anglesey will not be placed with these families; however, they will contribute to the pool of adopters who are able to provide placements for Welsh children across North Wales and beyond.

- There are approximately 12,000 children and young people resident on the Isle of Anglesey. This population is forecast to decline over the next twenty years.
- Currently there are 157 children placed in the care of the Local Authority ('looked after').
- 87 males (55%) and 70 females (45%) make up the population.
- The ethnicity of Anglesey's 'looked after' children (LAC) population is overwhelmingly white Welsh/British (98+%). Two children are designated 'Unaccompanied Asylum Seeking Children'.
- 45 (29%) children are placed 'out of county'. 7 are placed for adoption, which is a positive determination given the small geographical spread of the island. Three additional children are placed outside of Wales due to the unavailability of matches within Wales at the time the need arose.
- 103 (65%) children are placed with foster carers, 24 (15%) of whom are placed 'out of county'.
- 1 child is placed in secure accommodation and 4 children are living 'independently', with the support of the service.
- The vast majority of 'looked after' children are the subject of care orders or interim care orders (140 = 89%). 6 (4%) are voluntarily accommodated, whilst 11 (7%) are the subject of placement orders.

What are people telling us?

There were 4 comments from the questionnaire that were linked to children who are care experienced.

ID 100 felt that there was great communication between support providers. Adding that good flexibility in relation to working practices had been demonstrated through the pandemic.

ID 204 felt that Teulu Mon was working well at the moment. Highlighting how they deal with stakeholders in a friendly, efficient way. Moreover, they felt that the service makes the right decision more often than not, which is reflected in the re-registration figures.

ID 227 felt that there had been an improved provision for this vulnerable group. Key workers were providing consistency, early recognition was happening and that support and signposting as required was being integrated in to the core service. They were keen to ensure that the provision allows the voice of the child to be heard, and gives the confidence to seek support.

ID 100 felt that an increase in the single bedroom housing stock would be valuable to the service and of improvement. They added that the creation of a project, similar to that of Llety Pontio but for young people would be of worth. It would allow those associated that come under this to leave supported accommodation and to into a tenancy, where they would be able to receive intensive support.

Review of services currently provided

Children's Questionnaire from 2018-19

The number of participants involved in this questionnaire was 35.

The first statement within the questionnaire revolved around happiness: 'Thinking about your life at the moment, do you agree with the following: I live in a home where I am happy'

- 80% agreed that they were happy in the home that they were living in.
- 3% disagreed and were not happy with where they were living
- 14% felt that they were sometimes happy with their home
- 3% answered 'don't know'

Additional comments:

- 2 of the comments expressed how happy they were in their home.
- 2 of the comments noted their frustration at still being in a care home due to their age and feeling that they had outgrown their surroundings.
- 1 comment was unhappy at the number of people living in the house. Explained that that they wanted their own bedroom.

The support and care of children who need care can often result in a beneficial relationship between the child and their family. The following statement looked to understand whether this was true: 'I feel that my family life is better because of the care and support we've received'.

- 67% agreed that family life was better because of the care and support they had received
- 5% disagreed
- 17% felt that it was sometimes better
- 11% answered 'don't know'

Additional comments:

- 1 comment noted how they felt that they had drifted away from their family

The next statement looked to see whether the children in care liked living with the people they do: 'I am happy with the people that I live with.'

- Vast majority agreed, with 81% noting that they are happy with the people they live with.
- 14% expressed that they sometimes liked living with the people in their home.
- 5% did not like living with the people in their home

Additional comments:

- 2 comments noted how they were very happy with the people they lived with, and how they take good care of them.

- 2 other comments expressed how they found some of the people living in their home with them as annoying.

Hand-in-hand with the previous statement, what children in care can and can't do plays a part in how much they enjoy their home environment: 'I can do the things I like to do'

- 67% agreed that they can generally do the things they like to do.
- 25% noted that they are sometimes allowed to do what they like to do.
- 3% disagreed completely
- 5% answered 'don't know'

Additional comments:

- 1 comment explained how they can more or less do everything they like, other than move home.
- The other comments noted that they could do what they want occasionally and within reason.

For some of the children who have moved to a home, they are taken away from the surroundings that they are used to. This can often be problematic, thus the following statement looked to gather a greater understanding: 'I feel I belong in the area where I live'.

- 72% agreed and felt that they belonged in the area where they live.
- 9% disagreed and did not feel that they belonged in area where they are living.
- 11% felt that they sometimes belonged in their surroundings.
- 8% answered 'don't know'

Additional comments:

- 1 comment revealed that they did not see where they were living in as they're home at all and wanted to go back to their hometown.
- 1 noted that they only use the area they now live in for the shops and do not attend the local school.
- 1 expressed how their carers would take them back to their hometown to see their friends from their hometown.

Comfort around family, friends and neighbours is something many people take for a given. However, for those who have moved to homes it can often be strenuous: 'I am happy with my family, friends and neighbours'

- 72% agreed that they were happy with their family, friends and neighbours
- 5% disagreed and that they were not happy
- 17% noted that they were sometimes happy
- 6% answered 'don't know'

Additional comments:

- 1 comment made us aware that they were very happy for the support of family and friends.
- 1 comment noted that their friends are of annoyance to them occasionally.

Safety is paramount for those who are moved to a different home: 'I feel safe. For example, cared for and safe from anyone who can hurt you or treat you badly, both inside and outside your home'.

- 81% felt that they did feel safe in their surroundings.
- 14% sometimes felt safe.
- 5% did not feel safe both inside and outside of their home.

Additional comments:

- 2 commented explaining how they feel safe, with one of these comments explaining that they do tend to feel safer at home, however.

Knowing who to talk to when in need of support plays an important role in ensuring that these children can settle in their new environment: 'Thinking about the care and support you have had, do you agree with the following: I know who to speak to about my care and support'.

- 86% felt that they knew who to speak in regards to their care and support.
- 8% sometimes knew who to contact, whilst a further 3% did not know who to call upon for further support and care.
- 3% answered 'no' to this question, and thus do not know who to ask.

Additional comments:

- 1 comment answered 'My foster carers, I speak to them about everything and my family'.

Coinciding with the above statement, it's important that when these children do seek support that they receive the correct advice: 'I have had the right information or advice when I needed it'.

- 70% agreed that they had received the correct advice when needed.
- 22% answered that they had sometimes been given the correct information/advice
- 8% didn't know how to answer this statement.

Additional comments:

- 1 comment revealed that social services did not help when they had a mental health issue.
- 1 comment explained that they feel that their social worker sometimes withholds important information that they would like to know.
- 1 comment felt that their contacts tend to just relay the same information over and over.

Respect is an aspect of life that people expect, and this is the same for children. The following statement looked to establish whether or not the children who go a home are treated with respect like anybody else.

- 83% agreed that they had been treated with respect.
- 9% felt that they were sometimes treated with respect.
- 8% answered 'don't know'.

Additional comments:

- 2 comments noted that they did not understand what the word respect meant, which could suggest a reason behind why 8% answered ‘don’t know’.
- 1 comment commended their foster carers and felt that the respect she received was mutual.
- 1 comment noted that they receive respect from staff, however not from others.

Tying many of the above questions together, the statement: ‘I am happy with the care and support I have had’ helps create an overall picture for the children live in homes.

- 72% agreed that they were happy with the care and support that they had received.
- 17% felt that they were sometimes happy with the support that they had received.
- 3% were not happy with the care and support offered.
- 8% answered ‘don’t know’.

Additional comments:

- One comment noted that they were ‘not happy with the help of Social Services’.

The final question in the questionnaire was aimed at children who were 16/17 years old and would soon be able to stand on their own two feet: ‘I have had advice, help and support that will prepare me for adulthood’.

- 55% agreed that they had received advice preparing them for adulthood.
- 9% said that they sometimes receive advice for adulthood.
- 27% of participants noted that they had not received any advice preparing them for adulthood.
- 9% answered ‘don’t know’

Additional comments:

- 1 person commented that they were unhappy with the help offered by social services.

Conclusion and recommendations

The ‘looked after’ population has remained stable despite the undoubted pressures placed upon families and services due to the global Covid-19 pandemic, swinging slightly between 155 and 160.

The number of children placed with their parents, subject to care orders, remains higher than the service would like (18%). There is a renewed focus upon discharge applications were assessment has concluded this is proportionate. The family justice reforms regarding the granting of supervision orders for children subject to care proceedings where children continue to reside with parents is a welcome development in terms of proportionality.

A primary driver for the Local Authority is the stability of placements for ‘looked after’ children. A recent audit of children who experienced three or more placements within a twelve month period revealed that the majority experienced moves for positive reasons (e.g. removal from parental care, placement in foster care, move to connected carers during the lifespan of care proceedings). A small number related to unplanned moves for teenagers, which also exposed the difficulties in identifying suitable placements for this cohort of children, either by way of foster care/residential care either internally or within the private market.

The service’s development of small group homes is one response to this challenge. Those children placed within the Authority’s small group homes have experienced stability, with no placement moves experienced by any of the children placed within those homes.

Further, the development of ‘Foster Wales’ is anticipated to target potential carers for older children with more complex presentations.

The emotional wellbeing of ‘looked after’ children remains a high priority of the service. Notwithstanding the generally higher representation of ‘looked after’ children within mental health services both as children and later, as adults, on account of their life experiences, the global pandemic has also impacted upon the emotional wellbeing of a significant number of our children. A recent internal survey considered the increased isolation of our children in light of the pandemic and how services have adapted to meet increasing demand as well as new ways of working. The importance of access to leisure/social/sporting activities to assist in emotional wellbeing is recognised.

Recommendations

1. Continued focus upon discharge of care orders for children placed with parents, together with applications for supervision orders for those children who live with parents during care proceedings and thereafter.

2. Focus upon availability of suitably matched placements for teenagers with complex presentations, inclusive of continued development of small group homes and engagement with Foster Wales.

3. Partnership work with agencies supporting emotional wellbeing of ‘looked after’ children.

Children who are in need of care and support

Voices for Care, working with Anglesey Children & Family Services have increased the local group membership significantly during the past year, going from 0 to 4 and are now hosting regular meetings. Although Covid-19 had an impact on this, meeting virtually has allowed young people placed outside of Anglesey to attend, however there is enthusiasm to carry out face-to-face meetings, once we are allowed to do so safely. Two outreach events have been hosted, both of which were successful in recruiting new members and maintaining current members. Over the next few months, Voices from Care will work with our young people, who have come up with a project to provide information about the group, potentially recruit new members, and allow the wider Ynys Mon care experienced population to have their input on the group identity.

The overall vision for the One Front Door project in Anglesey would be to create a single access point for support with the whole spectrum of needs for families. This includes, but is not exclusive to DA, mental health, substance misuse, housing and child or adult safeguarding. We envisage that this would be done in stages over a period of time. The initial stage of the project would concentrate on the screening of referrals made to Teulu Môn the information advice and assistance hub for Anglesey children and families service.

Aims of One Front Door:

- To identify risks and needs within families experiencing domestic abuse at the earliest opportunity
- To support vulnerable adults and children to get a swift and effective response to address the needs within their family before safeguarding thresholds are met
- To mitigate the impact of Adverse Childhood Experiences (ACEs) on children and young people and reduce future incidence of ACEs
- To reduce the rate of re-referrals to the service
- To reduce the number of reported crimes pertaining to domestic abuse on the island
- Develop current and new services based on needs and risks.
- Develop pathways for services dependent on need and risk.

During 2020-21, a total of 154 children have been discussed at the one front door meeting during the year. The membership of the meeting has increased and now includes the third sector mental health providers PARABL, GORWEL, North wales Police, Education, Housing support services, and health services. An audit and evaluation of the one front door project will be conducted in April and May 2021.

The Early Help Hub has been formed in reaction to the work completed within the "Early Action Together programme" on the multi-agency response to adverse childhood experiences and other legislative and regulatory requirements that aims to provide better quality, cost effective services that secure good outcomes for all in Anglesey. Primarily, these concern:

- Requirements of the Social Services and Wellbeing (Wales) Act (2014) to ensure families have access to relevant information, advice and support as much as possible within their communities to build wellbeing and resilience.
- Anglesey County Council (Family and Community Coordinators)'s ongoing response to four of 12 recommendations of the Care and Social Services Inspectorate Wales (CSSIW) Inspection of Children's Services (2015). These relate to making available more integrated, early intervention for children and families through closer partnership work and better information-sharing.

The membership and attendance at the hub by agencies remains strong. A total of 275 children have been discussed at the hub during 2020/21. All of those children and their families have been offered support services.

The Family and Community Coordinators (FACC's) have attended the Early Help Hub bi-weekly (conducted as virtual teams meeting), Medrwn Môn Local Area Coordination Teams Meetings and Medrwn Môn Staff Meetings.

Following the COVID-19 outbreak FACCs have continued to support those referred to us through telephone contact, zoom meetings and email ensuring that the families have access to appropriate resources during this difficult time. Referrals are received through the EHH and the Môn Community Link Service.

- Sharing relevant online resources with service users during lockdown (Virtual activities, training resources, online arts and crafts and mental health resources).
- Managed and distributed the Children and Families Community Grant and the Keep Active Fund for community groups across the island.
- Partnership working – Welfare Officers, Local Support Teams, local foodbanks, GP surgeries, Menter Môn, Youth Services, Action for Children, Team Around the Family (TAF), Gwynedd Youth Services. Attended Meet the Teams sessions with Anglesey's Housing Dept, CMHT and the Fire Service.

The Family and Community Coordinators have worked with 43 children during the year.

What are people telling us?

6 remarks were left in the questionnaire which were attributed to children who are in need of care and support.

ID 83 felt that third sector organisations being available to support those in need, in particularly young people who are homeless, was something positive that was happening.

3 of the points involved revolved around the way in which Covid-19 had changed the support that children were receiving. ID 100 explained how electronic communication had become the norm, whilst face-to-face contact was suspended. It was problematic in their opinion, as telephone contact acts as a barrier to one's ability to pick up on non-verbal cues. They finished by explaining that they hope to see a return to face-to-face contact as that is the most effective way to support children. ID 104 backed this point, feeling that more funding was needed as the demand has increased. They felt that services were now under greater pressure to reach those who require their support, and thus a need to employ more staff was paramount. They warned that the 'back log' will increase in the long-term if further support is not given to the service.

ID 227 on the other hand disagreed with the previous 2 comments, noting that they had continued throughout the lockdown period. They add that they had moved initially to virtual consultations, however all services are now resuming face-to-face support as required.

ID 117 noted that they had extended their engagement phase, and persevered when young people have been resistant to their help.

ID 348 made a slightly different point, and noted how they were supporting parents. They explained how they would like to develop the E-PATS service, which is essentially a service that offers co-production with parents to support and support other parents. Furthermore, in order to achieve this they feel that appropriate funding will be required – with a pilot currently being undertaken on Anglesey.

Review of services currently provided

Due to the circumstances faced as mentioned in the introduction, we are looking to fill this part of the report in the near future.

Conclusion and recommendations

Priorities:

- Deliver on our integration agenda with health and third sector partners within our CRTs to three designated sites on the island.

- Complete the re-tendering and implementation of the new Supported Living Service

- Consult, adopt and implement our new Learning Disabilities Day Opportunities Strategy.

- Continue to imbed and promote the work of the Family and Community Coordinators (FACC's)

Children who are at risk of becoming looked after

Youth Clubs remained closed from March and schools were also closed for significant periods making usual youth service programme delivery impossible. From March to July Youth Workers were delivering free-school-meal packages, which also gave them the opportunity to make informal welfare checks on behalf of schools and social services to vulnerable families. In total 3880 home deliveries were made in this period. This was followed by producing over 500 weekly issue based Activity Packs to vulnerable young people.

During 20-21 Youth Service staff had made 9076 face-to-face contacts with young people during this difficult period, as well as 2221 virtual contacts. Doorstep visits also enabled contact with 1783 parents, which has ensured that workers now have more empathy with the home-life of the young people and established a relationship with many parents. Work to support young people on their Duke of Edinburgh Award continued with 4982 virtual contacts made ensuring that 42 young people completed their Silver award and 66 their Bronze – the only Authority in Wales having managed to complete DofE Expeditions, under strict Covid-19 and WG guidelines. On easing lockdown, youth work staff worked with the police to target areas were young people were out flaunting covid restrictions. They also gave guidance and support to young people in staying safe, and discouraging pockets of ASB. 833 contacts were made with young people as part of this work.

What are people telling us?

The questionnaire yielded 4 comments that can be linked to this chapter, which came from individuals from varying backgrounds.

ID 228 noted that they were meeting a gap through securing ICF funding for edge of care health service. The purpose behind this is to assist and signpost relevant health services for young people on the edge of care or are care leavers.

ID 104 felt that an improvement would be to have 'one shop' that is available to all. Essentially it would be used as a point of call in which people would be able to access/find out about the varying services that are on offer in a particular area – raising awareness of local services.

ID 41 noted problems that Covid-19 had caused to their service. They explained, that responding to referrals had been moving very slowly, which had meant that several cases had not been assessed within the correct time-frame. There had been poor contact with families due to the lack of face-to-face contact, with an example of this being only using landline phone numbers and not mobile in order to get in contact. This has ultimately had an impact on the level of trust between recipients and the service itself.

ID 77 echoed the above point, noting that support had changed during the pandemic from being ''practical support' to remote support. They felt that the long-term effect of this was uncertain, however what was clear is that many families have not chosen to receive the remote support that was/is being offered.

Review of services currently provided

Due to the circumstances faced as mentioned in the introduction, we are looking to fill this part of the report in the near future.

Conclusion and Recommendations

Priorities:

1. Roll out the Young Carers ID.

Children with emotional and behavioural needs

What we know about the population

There are approximately 12000 children and young people resident on the Island of Anglesey. This population is forecast to decline over the next twenty years.

Moreover, the total number of children with identified general anxiety disorders and have received a service from PARABL, GOLAU and Action for Children services are 1,230.

The emotional wellbeing of 'looked after' children remains a high priority of the service. Notwithstanding the generally higher representation of 'looked after' children within mental health services both as children and later, as adults, on account of their life experiences, the global pandemic has also impacted upon the emotional wellbeing of a significant number of our children. A recent internal survey considered the increased isolation of our children in light of the pandemic and how services have adapted to meet increasing demand as well as new ways of working. The importance of access to leisure/social/sporting activities to assist in emotional wellbeing is recognised.

What are people telling us?

There were 3 responses from the questionnaire that can be attributed to children with emotional and behavioural needs.

ID 297 explained that they were looking to fill a gap in their service by supporting young people with mental health problems; ensuring early intervention for young people who are at risk of becoming homeless, and supporting post-16 LGTBQ+ clubs.

ID 117 felt that one of the aspects that works well within their line of work at the moment, was that they spend time with young people and 'taking it slowly'. They believe that this nurtures a good relationship and in turn trust is earnt over time.

ID 193 felt disheartened at the effect the Covid-19 had seen on their programme. They explained that the programme was suspended due to the pandemic, and worry that the hard work that has been done over the past 11 years may be lost now. Schools and nurseries are the main areas of work for this programme which was related to dental health, and due to them being under severe pressure they fear a negative response now that they are looking to re-introduce the programme.

Review of services currently provided

Recent Positive Quotes from Service Users

A recent review highlighted the positive work that has been done to ensure that children who have emotional and behavioural problems have the support they need.

One account noted: "I am trying harder in school and feeling better inside. Thinking of different ways to be happier in school helped me." 9 year old boy (behaviour/emotional regulation/emotional wellbeing).

Four other accounts noted how one of the social workers had played a key role in ensuring that their children could cope when in school and deal with their feelings. The accounts make a point of highlighting the importance of being able to stay calm, and coping when overwhelmed:

"I wanted my child to be happy, he is now happier in school and can control his feelings better. There was good communication with social worker A and she was approachable. It was nice for someone to say positive things about C and see the boy I love." Mother of 9 year old boy (behaviour/emotional regulation/emotional wellbeing).

"My child is happier and feels good about himself, he has been understood. He is now able to talk about his feelings without being judged and his low mood/depression has improved. I have felt able to talk about my concerns and be listened to. I wouldn't change anything, everything with social worker A has been good and reassuring." (Mother of 13 year old boy (behaviour, low mood, suicidal feelings)

"Talking to social worker A has taught me different things like how to calm down. I have enjoyed making model cars and talking with social worker A, she gets me." 13 year old boy (behaviour, low mood, suicidal feelings)

"I feel able to cope with life. I am able to manage my emotions better. I believe in myself now. Social worker A has been amazing in the way she has worked with me. I feel so much lighter after my sessions. I can't fault the service – very grateful." (Mother of 10 year old boy, trauma/domestic abuse).

The points made above by the children involved offer an insight in to the importance of talking, in order to receive the support that they need. Social worker A plays a key role in ensuring that the children involved have a point of call, whereby they can discuss anything that they need.

Another example within this review gave us an understanding of the good work that has been done to support older children who are nearing adulthood. Again, social worker A is mentioned which highlights the important role that this individual has played in ensuring that vulnerable children who suffer from emotional problems do receive the support that they need.

"I have become more honest and started writing about how I feel more regularly. I allowed myself to accept help from those around me and I am coping better with social situations. I avoid my thoughts and feelings less and have learned calming techniques to help with anxiety. I felt comfortable enough to open up more than I have in the past." (17 year old young woman, anxiety & low mood)

"E is more relaxed. She has told me that the support helps and she feels the benefit. We can carry on, on our own again. My daughter has been able to express herself to me and hugs me now and again :-) The best things about the service we received were the consistency in support and having someone who was able to listen to me as a parent too. Thank you social worker A for all your help and support, E and myself really appreciate it. And we both agree you are the only person in all the years we have fought for help that has been consistent and actually helped and that's massive for E so thank you." (Mother of 17 year old young woman, anxiety & low mood)

The realistic nature of the support that is given here not only benefits the child, but is of huge relief to the parents too. All the accounts that have been mentioned above offer an insight in to how the support from care workers has benefitted the child, however the strain of having a child who is struggling can have a bearing impact on the parents too. The following accounts give an insight as to how the work done by social workers has positively affected the lives of the parents.

'I am thankful for the support and I am hopeful that the counselling sessions will help J understand his feelings better'

'I have seen changes in E's behaviour since you have started to see him'

'J talks about the sessions you have at school and he told me that he likes you coming to see him'.

'I have started not fighting and not having a row, and finishing my schoolwork. I help more outside with Dad, instead of playing with my PS4'. (10 year old boy)

'X is more open about his problems. He asks more questions and deals with problems better.'

'X is much more calm.'

‘This is the first support I’ve received and I am very pleased’.

‘I know there is someone at the end of the phone’.

‘Z is no longer violent, which makes a huge difference’.

‘You are amazing with what you’ve done to help me ☺’ (Mum with mental health difficulties)

'Social worker B is very helpful, calm and patient'.

'Thank you for all your help, you've been amazing'.

‘I feel that someone listens to me’.

Conclusion and recommendations

A marked increase in the reporting of emotional problems within children and young people in Anglesey has been identified in the past year. The pandemic has exacerbated the situation with the pressures of lock down and a decrease in contact with key support networks such as friends, teachers and other professionals having a significant impact.

The Children and families services provided additional funds to bolster and increase capacity to existing services. The service has recently been informed that the GOLAU (Barnardo’s) service will cease in March 2022 due to the termination of lottery funding to the project. This will in turn place a greater pressure on other early intervention and prevention services.

A primary driver for the Local Authority is the early identification of children who may be suffering with emotional wellbeing difficulties and prevent them from escalating into more serious and complex mental health conditions.

The emotional wellbeing of ‘looked after’ children remains a high priority of the service. Furthermore, the generally higher representation of ‘looked after’ children within mental health services both as children and later, as adults, on account of their life experiences, the global pandemic has also impacted the emotional wellbeing of a significant number of our children. A recent internal survey considered the increased isolation of our children in light of the pandemic and how services have adapted to meet increasing demand as well as new ways of working. The importance of access to leisure/social/sporting activities to assist in emotional wellbeing is recognised.

Recommendations

1. Continued focus on early intervention and prevention services. It is imperative that the approach is a multi-disciplinary approach involving the schools, camhs, g.p’s, children and families in house and commissioned early intervention services.

2. Focus upon availability of early intervention services at the earliest possible opportunity ensuring that children and young people access the right services at the right time.

3. Development of better partnership work with agencies supporting emotional wellbeing of all children and young people.

Older people

About this chapter

Anglesey Council are working towards meeting the World Health Organisations` definition of Age Friendly Communities. Our local priorities are in keeping with the fundamental principles of the Social Services and Wellbeing Wales Act which are:

- **Voice and control** – putting the individual and their needs, at the centre of their care, and giving them a voice in, and control over reaching the outcomes that help them achieve well-being; this also includes having effective safeguarding measures to support adults at risk.

- **Prevention and early intervention** – increasing preventative services within the community to minimise the escalation of critical need.

- **Well-being** – supporting people to achieve their own well-being and measuring the success of care and support.

- **Co-production** – encouraging individuals to become more involved in the design and delivery of services.

- **Multi agency** – strong partnership working between all agencies and organizations

The practical application of these principles and meeting the challenges of the future means:

- Older people are supported within their communities to lead safe, fulfilling lives which include taking responsibility for their own health and wellbeing.

- They and their carers, where appropriate, are able to directly influence the planning, design and delivery of services

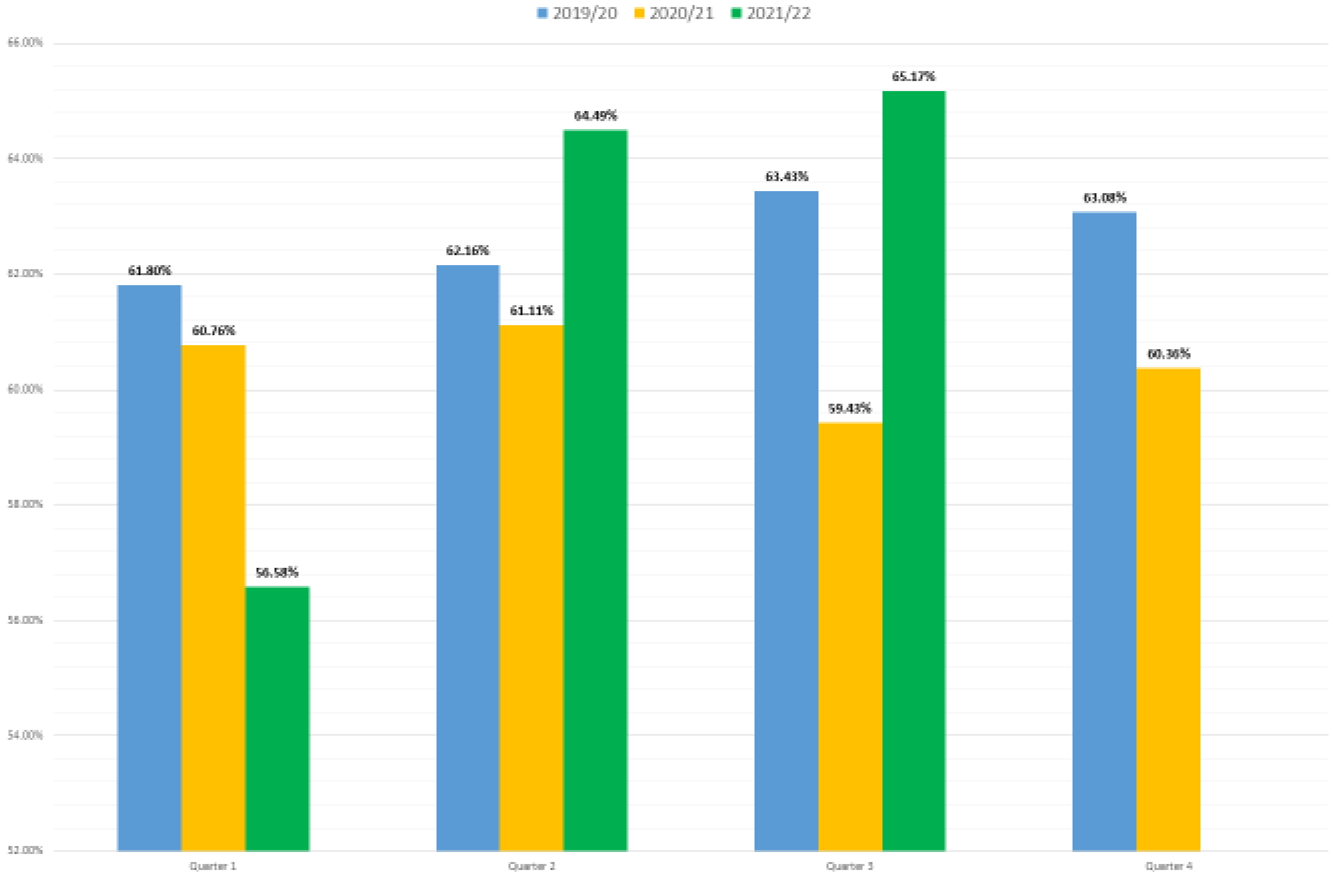
- Home is be the option of choice for the provision of care services for older people.

- Alternative options of care, such as extra care housing, have been developed for those people who cannot stay in their own homes but do not require specialist care.

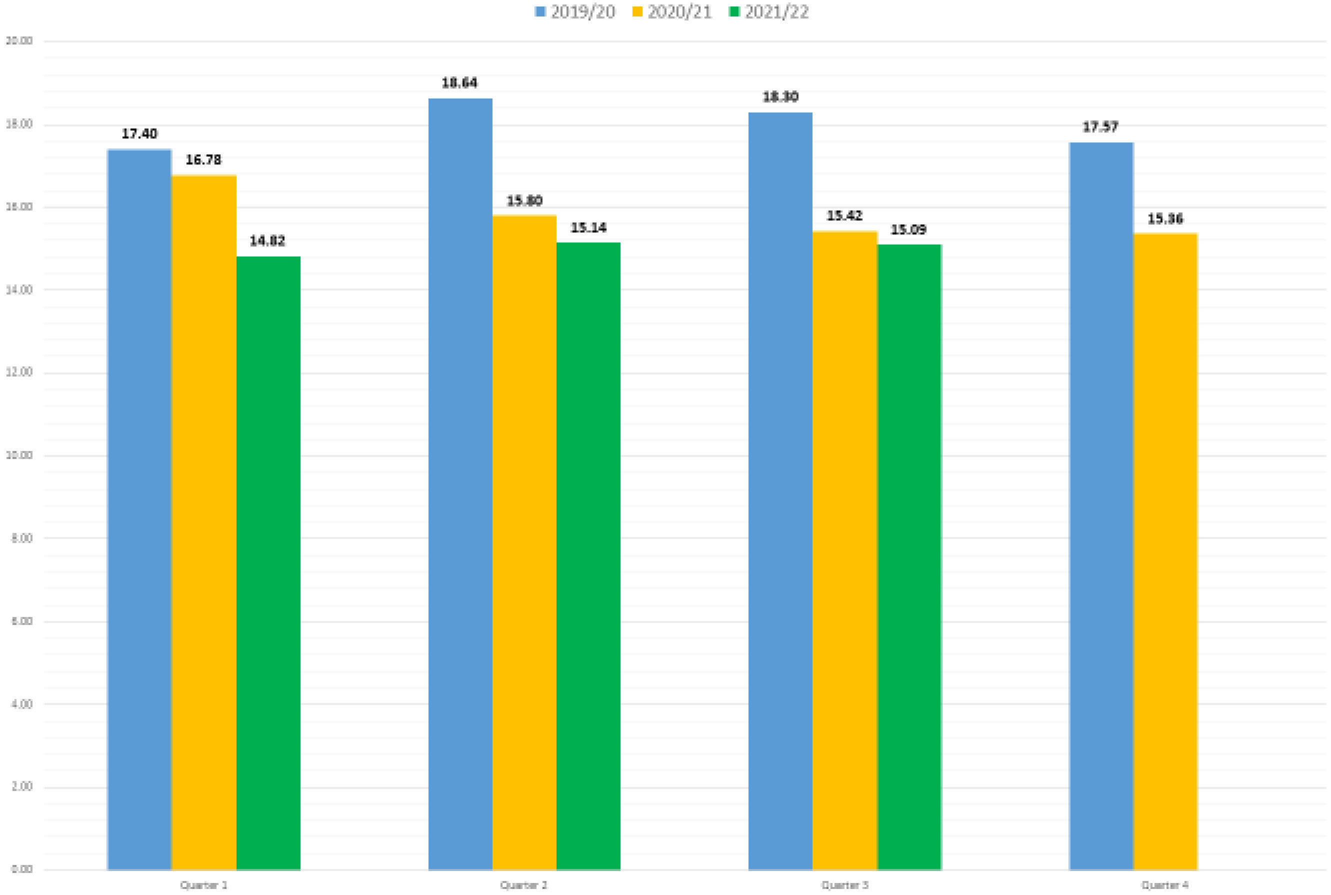
- Residential care will provide for those people requiring specialist care, because of their physical or mental needs. This will include residential care homes and care homes with nursing care.

- Partners work together to provide 7 day a week, 24 hour care services.
- Services are flexible and adaptable and not of necessity building based in order to meet individual needs.

Adults who completed a period of Reablement: and have no package of Care and Support 6 months later



Whom the authority supports in care homes per 1,000 population aged 65 or over at 31 March



Gwasanaethau Oedolion – Ceisiadau Gwasanaeth / *Adults Services – Service Requests*

Nifer o'r ceisiadau gwasanaeth a dderbyniwyd ym mis Medi 2021 ynghyd a cymhariaeth yn erbyn yr un pryd yn 2020:
Number of service requests received in September 2021 and a comparison against the same point in 2020:

O rhain, cafodd y canlynol I'w rhyddhau neu'n disgwyl I'w rhyddhau o'r ysbyty:
Of which the following were discharged or awaiting discharge from hospital:

↑↓↔ dynodi newid o'r un pryd o'r blwyddyn blaenorol / *denotes change from the same point of previous year*

What we know about the population

- We know that the **number of people aged 65 +** has increased from 17,000 in 2015, to 18,639 now in 2020.
- Coinciding with the above, the **number of people aged 85+** has also increased. The number of people aged 85+ on Anglesey stood at 2,200 in 2015, now in 2020 there are 2,403 people who come under this bracket.
- We know that the **number of people aged 65+ and receiving services** has increased since 2015. In 2015, the number of people who fell in to this category was 1,200. For 2020, we know that the number now stands at 1,488.
- The **number of people aged 65+ receiving domiciliary care (hours of domiciliary care being received)** was 340 in 2015, with 3,900 hours of care provided per week (average of 11 hours per week). For 2020, the number had declined with 316 people over the age of 65 receiving domiciliary care. This has also meant that 3,760 hours a week of care is provided on average per week (however the average hours per week, per client has increased to an average of 12 hours per week, per client).
- The number of **registered beds by sector** has also increased since the previous Population Needs Assessment. In 2015, there were 614 beds (Local council - 162; Independant/ Private Sector - 452; Voluntary/ third sector - 0). The overall amount has increased by 10, in 2020, to a total of 624 (Local council - 161; Independant/ Private sector - 463; Voluntary/ third sector - 0).
- The number of **registered beds by county** has seen a sharp increase in the past 5 years. In 2016, there was a total of 614 beds (Residential - 344; Residential Mental Health - 90; General Nursing – 124; Nursing Mental Health – 56). By 2020, there was a total of 755 beds (Housing with care - 117; Residential Care - 441; Nursing Care - 177)
- The **number of people aged 65+ with dementia** has stayed more or less the same since 2015. In 2015, the figure was 1,300. By 2020, there was slight increase to 1,305.
- The **number of people aged 65+ that will be admitted to hospital due to a fall** has increased. In 2015, the number was 450. However, by 2020 this figure had increased to 501.
- The number of **registered beds, for each 100+ people aged 65+** has declined, however the average number of beds in each home has increased. In 2015, the number of homes stood at 23, the number of beds was 611 and the average beds in each home was 27. By 2020, the number homes was 19, the number of beds was 576, however the average number of beds in each home was 30.
- In 2015, **the number of registered beds, for each 100 people aged 65+** showed that in total there was 3.5 beds per 100 people aged 65+. With 2.5 of those places coming from residential places and the remaining 1 coming from nursing places. In 2020 however the stats we were able to gather were not the same as those of 2015, but still helped create an overview of the situation. The total number of beds stood at 9.3. With 5.4 of those beds falling under residential care, 1.4 coming from housing care and 2.2 coming from nursing care.

What are people telling us?

Good Care and Support Offered

When asked what people felt were working well at the moment from an older people perspective, the majority of the respondents felt that the care they were being offered by staff had been very good. ID 120 explained how weekly clubs, whereby people living with dementia are able to meet for a cup of tea without the assistance of a carer was something that they found pleasure in doing. The club allows individual’s to enjoy each other’s company, whilst carers are given the opportunity to receive peer support. ID 307 echoed the good work that is provided to those who live with dementia. They felt that the service being provided in Hafan Day centre for people with dementia had greatly benefitted the user, whilst allowing the carer a needed break.

To add to the above point, respondents highlighted the good use of networking and communication that was being employed within the care homes across the island. ID 136 noted that there was a good level of communication between key stakeholders, meaning that people are fully aware of what the day-to-day issues are. ID 68's response coincided with this, expressing that there is support to allow people the option of engaging with services and their communities – both online and offline.

Lack of Clarity an issue

Several respondents noted that they felt there was a lack of clarity surrounding several issues. ID 73 felt that there was a lack of clarity surrounding funding from streams such as Integrated Care fund, and Continuous Health Care grant.

ID 311 felt that there needed to be greater clarity surrounding what are the rules and regulations on the current state of affairs, and ensuring that all within the care homes are fully aware of what is considered right and wrong with the ever changing Covid-19 environment.

The final point that revolves around clarity is to do with fully understanding clients' condition – specific to dementia and mental health. The current situation is one, whereby the service does not fully adhere with the specialist trained carers and additional time to complete tasks that people with dementia need.

More Opportunities

Older people generally want more opportunities. The effect of the pandemic has clearly affected the ability of older people to take part in opportunities and activities. ID 306 noted that the residents were keen to see more opportunities, such as going on more trips. ID 308 highlighted a similar point, pointing that there should be more day care opportunities that are included within bank holidays and weekends. They added that there are currently only 2 days service at the Hafan Day centre. The feeling is, that if there was a way of adding one more day of day care, it would be beneficial for both the senior carers and the family members.

The effect of Covid-19

Covid-19 has changed the way in which the world works, and this is true for older people too. However, all things considered it would be a fair assessment to suggest that the pandemic has impacted the way in which we deal with older people far more negatively than it has in a positive sense. Similar to the way in which the council now works, there has been a change in the status quo to the way in which older people have been able to connect – specifically support for older people. This has been seen via a shift to doing matters online, instead of face-to-face. ID 68 notes this point, explaining that initially the move was done solely due to Covid-19, however these practices have been continued simply due to convenience. They add that it is now imperative that clients who do not wish to embrace the online climate are not excluded and forgotten about. ID 186 made a similar point regarding the shift to supporting via methods that do not mean meeting face-to-face with clients.

Similar to the point made by ID 68, they noted that change had been beneficial for some, however for others it was not appropriate. ID 186 did point that the shift to digitising support had meant that carers generally have a greater capacity now, due to being able to support from their homes and not having to travel as much.

From a human and social point of view, the effect of the pandemic has been catastrophic for many. ID 303 felt that Covid-19 had been 'devastating' for residents. They noted that visiting restrictions had led to isolation, whilst restrictions on movement within the care homes themselves had also deeply affected the clients. Furthermore, structured testing regimens have acted as barrier between visitors, carers and residents – with ultimately the residents themselves feeling the brunt of these measures.

ID 140 echoed the points made by ID 303, adding that the effect of these measures had been detrimental to the mental health of the residents and carers. ID 140 explained that the anxiety surrounding covid-19 potentially entering the care homes was something that was truly felt amongst all residents, and as a result many are worrying what lies for them in the future with rules being relaxed as time goes by.

Another issue that has arisen as a result of Covid-19 is the effect it has had on people who live with dementia. ID 302 noted that the long-term impact on individuals' wellbeing and cognitive ability had been negative, with many now unable to recognise family members. ID 314 strengthened this point, explaining that moods were low in the care homes amongst both staff and residents. The measures that meant visitors were not allowed in to the care homes has decimated the cognitive ability of dementia clients, they added. Which offers a greater understanding as to why dementia clients are unable to recognise loved ones, as mentioned by ID 302.

Review of services currently provided

Sheltered Housing and OAP review August 2021

1,200 surveys were sent to all sheltered and OAP housing tenants. With 445 of the surveys being returned either completed, or partially completed. This equates to a 35% response rate.

The first two questions asked for people's **gender and age**. The results showed that 53% of participants were female, whilst 47.7% were male. For age, the majority of participants were between the ages of 60 – 80 - with 65.8% noting this. From gathering this data, there is an expectation that the overall population of Anglesey will generally becoming older in the coming years, thus these recommendations have been offered:

- Strategic consideration is required on the type of accommodation that will be needed on Anglesey

- Ensure DFG funding levels are positioned to meet the increase in our older persons' population between now and 2035. Housing Services will need to continuously monitor expenditure and DFG applications to ensure it meets current and future demand, in order to allow owner-occupiers and those living in private rented accommodation can live as independently as possible within their homes.

- Ongoing feedback from social housing tenants regarding their existing properties meeting their existing and future needs in order to listen and ensure tenants can reside within their property as independently, safely and well as possible.

The third question asked within this review revolved around **loneliness and isolation**.

The participants were asked: 'To what extent do you agree with the following statements? 'I feel I have someone to turn to for support when I need it'.

The results showed that:

- Positively, 66% of our tenants (a total of 292 tenants) report they have someone to turn to when requiring support. Tenants reported that their main sources of support included: friends & family / Gorwel / Medrwn Môn / 24 hour care / church group as support / Housing Support Service and neighbours
- 12.5% (55 tenants) reported they were often supported by the organisations or individuals named above
- 8.6% (38 tenants) reported they were sometimes supported by the organisations or individuals named above.
- The remaining 12.7% (56 tenants) reported either no or very limited support interactions. Whilst this level is viewed as low in terms of numbers, the actual effects of isolation and loneliness on this cohort of tenants could be profound and a view can be taken that their wellbeing is not as good as those who are in the frequently supported category.
- Several tenants have reported they have access to ongoing floating support, through Gorwel or Housing Support services, however during the follow up calls as part of this review, those who had noted they were isolated and / or lonely, were provided with options on agencies they could be referred onto for additional support.

The review also looked in to what people are **capable of doing on their own**. They asked the question 'I am able to do most things on my own with no support', and whether they agreed with the statement or not.

The results showed that:

- Almost 50% / 221 of tenants confirm they are able to do things on their own most of the time with no support
- 30% / 133 of tenants are at times able to do things on their own for most of the time with no support
- 14% / 63 of tenants are only occasionally able to do things on their own without support
- 6% / 26 of tenants are unable to do anything for themselves and require full support to do things on their own

Health was big part of the survey. The question 'We would like to know how good or bad your health is. On a scale of 1 to 10, with 10 being the best health, what would you rate yourself?'.

The results showed that:

- 34.6% / 142 tenants rate their health being 8 and above
- 0.5% / 2 tenants rate their health to being **very** poor.
- 47% / 193 tenants rate their health being between 5 and 7. This category has the highest rating number.

Generally speaking, the results showed that the majority consider their health to be fair, or good.

The next part of the review asked a number of questions around people's **dietary needs** and whether they agreed or not with the statement.

- I eat fewer than 2 meals a day
- I eat fruit, vegetables and dairy products
- I have tooth or mouth problems that make it hard for me to eat
- I don't always have enough money to buy food I need
- I eat alone most of the time
- I find myself unable to go out to get food

The results showed that:

- A high number of tenants eat very few fruit, vegetables and dairy products, with 190 in total reporting this being a challenge to them
- 64 tenants have financial challenges in order to purchase the food that they need. There is potential here for tenants in concern to be referred to the Welfare Rights Team, CAB Ynys Môn or Financial Inclusion Team to ensure their benefit entitlement is accurate and maximised.
- 139 of tenants find themselves unable to go out to get food. This is due to several challenges including the lack of or costly public transport thus resulting in them having to use local shops, which at times, can be more expensive than budget supermarkets. Additionally and due to Covid-19, shielding households have relied heavily on local volunteers to support with shopping and have had to therefore, adapt their shopping list and budgets to ensure they were able to be supported.
- 312 tenants report they eat alone, however this could be implicated by Covid-19 restrictions whereby there is a reduction on tenants eating together or with families due to concerns regarding the pandemic and breaching regulations. Pre Covid-19, we are aware that several schemes had developed their own local luncheon clubs to which tenants came together for food and meet within communal lounges in their local areas. This has been suspended due to Covid-19 health & safety risks.
- TP officers followed up with all tenants voicing concern. Several reported that due to Covid, they have been unable to go shopping, however this is addressed by family members.

Community is an important part of anybody's life, thus the question was asked as to whether they liked living in their communities. The results yielded that:

- Positively, 83.7% / 367 of tenants confirmed they like living within their community
- 0.9% / 4 tenants confirmed they did not like living within their community

- 16.4% / 73 tenants responded they 'sometimes' enjoyed living within their community. Several provided additional information on the challenges they faced which impacted upon them enjoying their local community

Along with this, the responses gave an idea of what they believed to be concerns of living in their area and what were the positives.

Concerns:

- Lack of local amenities such as shops
- Noise nuisance including neighbours, cars and music
- Loneliness and isolation
- Dog faeces on local paths
- Reduced feeling of being a part of the community as tenants don't know each other
- Local transport challenges (lack of buses)
- Parking is an issue
- Covid-19 has affected how the community interacts

Positives:

- Great community, excellent friends
- Quiet and relaxing rural communities
- Living in the community is better than being in the hospital
- Living close to family and friends in the same community

Adding on the following question, it was asked whether people took part in **activities within their communities.**

Overall, 16% stated they took part in local activities and the remainder (84%) stated they did not partake in activities within their community.

It is fair to assume that should this review have been conducted outside pre-Covid 19, the numbers of those engaged in activities would have been higher.

Of the 344 respondents who provided additional information as part of this question response:

- 66 stated that their activities had affected their access to local support services through temporary closures of communal lounges and other local resources
- 25 stated they were not aware of any activities going on in their locality
- 66 stated they are unable to attend community-based activities due to challenges faced with their health and mobility – including shielding, clinically vulnerable groups
- 59 stated they were active with community activities, ranging from walking, photography, and luncheon clubs, seeing friends and family, bingo. It is believed that this number would be much higher if Covid-19 restrictions were not in place.

For older people, **support** via services is a very important aspect of their lives. The review therefore asked whether the participants felt that they were receiving the required support that they needed.

The results showed that:

Overall, 73% confirmed that there are sufficient services to meet their needs. 6% stated that they did not feel there were sufficient services around to meet their needs. 21% provided additional information as to localised support services:

- 87 respondents provided additional information regarding their perception on sufficient amount of services available to support their needs
- Of the 87 respondents, the main concerns raised regarding the lack of local support services included: lack of local public transport, lack of digital spaces in order to improve technological connectivity and training, either no or limited amount of local shops available, distance between their accommodation to their local GP & pharmacy.

Coinciding with the above. It's important that tenants feel safe in their environments and do not have any **worries** in their accommodation. The following question was centred around how often the participants worried.

The analysis showed that:

- Over half of tenants have no or reduced worries regarding having enough funds to heat their home during Winter (50.2% / 222 tenants)
- Worryingly, 49.8% / 220 tenants report frequent or constant worries regarding having sufficient funds to heat their home during Winter months

A question within the review was based around how the participants **felt about themselves**. This was done through 3 separate statements and whether or not the participants agreed or not with them:

- Not feeling worthwhile or valued
- Feeling that I am a burden on others
- Not being treated with respect or understanding by others

A key question from the councils point of view, is whether the participants felt that their **home was suitable to their needs.**

The analysis for this question showed that:

- Encouragingly, 91% / 403 of tenants report their home is suitable for their needs.
- 9% / 42 of tenants report their home is unsuitable for their needs
- Tenants who reported their home were unsuitable for their needs we contacted in order to discuss their concerns further. Actions included referrals to Tai Môn Occupational Therapist and some tenants were offered the opportunity to undertake a first contact with the view to discussing their current challenges and accommodation
- Some tenants living in one-bed properties have informed Tai Môn they would prefer a two bed property in order to have space to accommodate friends & family, particularly if they are aware their care needs will change through health deterioration, which may require more care type support within their home.

Conclusion and recommendations

Ynys Môn Older People PRIORITIES

1. Accommodation based services that are adaptable enough to meet people`s changing needs as they grow older.

2. Care homes that focus on specialised provision, including dementia and complex care and health needs.

3. The continued development and embedding of the CRT model on Anglesey continues to be a key priority objective to integrate Health and Social Care to better meet the needs of Adults in their communities

4. The SPOA function being developed in order to improve citizen journey and ensure that they can receive good quality Information, Advice and Assistance through one contact

5. Dementia - improve the lives of people living with dementia and their carers by implementing the regional dementia strategy/action plan.

6. Loneliness and isolation – Supporting healthy ageing programmes and initiatives. Working towards the Age Friendly Communities criteria as defined by the World Health Organisation.

7. Digital inclusion.- promote digital inclusion for older people by improving access to the internet, availability of equipment in settings such as care homes and personalised support to give confidence to people in developing digital skills.

8. Opportunities for providers offering a range of respite/short breaks provision locally in a variety of settings.

9. Provide alternative models of care to include increased uptake of direct payments and establishing worker and user co-operatives

10. To promote Telecare and Telehealth services to enable more independent living.

11. To explore how assistive technology can increase independence in care settings as well as delivering value for money.

12. The Council will work with Community and Voluntary groups that can design and develop services to reduce social isolation, build community capacity, social capital and develop social networks so that people feel safe and empowered in their own communities. Work in partnership with Medrwn Môn on the Place Shaping programme.

13. We will promote and support the development of social enterprise and user led organisations, through the community and voluntary sector to increase the range and options available to service users

Health and physical disabilities

About this chapter

The World Health Organisation (WHO, 1948) defines health as: 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'. They further define

The Equality Act (2010) defines a disability as 'a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities'.

What we know about the population

- We know that the **percentage of people who reported their health status as fair or poor** has increased hugely since the previous Population Needs Assessment. In 2015, the number of people who stated their health as being fair or poor was 15%, however for 2020 we know that this has risen to 25%.
- Coinciding with the above, **number and percentage of GP practice patients registered as having a chronic condition** has generally increased. For 2012, the chronic condition landscape of Anglesey was: Hypertension (10,910, 16%); Asthma (4,950, 7%); Diabetes (3,490, 5%); CHD (3,050, 5%); COPD (1,780, 3%); Epilepsy (450, 1%); Heart Failure (800, 1%); Total (25,460, 39%).
  However, for 2020 it was: Hypertension (11,764, 18%); Asthma (5,573, 8.5%); Diabetes (4,662, 7%); CHD (2,606, 4%); COPD (2,019, 3%); Epilepsy (504, 1%); Heart Failure (788, 1%); Total (27,916, 42.5%). These figures offer a harsh insight in to the health problems that preside within Anglesey. The total number of chronic conditions has increased hugely with an additional 2,456 more cases in 2020, compared to 2012. However, to some extent this is understandable, due to the general population demographic being one of an ageing population.
- The **number of people aged 18+ with limiting long-term illness** has also increased exponentially. In 2015, the number of people that fell under this category stood at approximately 10,500. However in the past 5 years this has risen hugely, with the number now standing at 16,109.

What are people telling us?

Shift to Digital Support – Pros and Cons

The overriding theme that came across from the questionnaires from a health and physical disabilities point of view, was the impact that digital support had seen. As we know, this wasn't a voluntary change in the status quo – it was forced due to the pandemic. However, there are several examples of how this has been of benefit to some, whilst perhaps difficult for others.

ID 79 makes the point that people with disabilities – especially younger adults with disabilities – have limited access to care and support that is 'people centred'. The current provisions have meant that some people have struggled to adapt to the new digital way of working and prefer the support they received pre-pandemic. ID 79 noted another point, that one of the gaps that they were looking to address was providing person centred services. They intend on engaging with people who have care and support needs in order to develop their services.

As noted at the beginning, many feel that the shift to digital support has been a welcome change. ID 125 notes that through having more methods of programme delivery, people are now more open to utilising IT options. ID 299 strengthened this point. They explained that during lockdown a number of statutory services which people attended closed down. However, there was a huge effort in the third sector to go online, and more so, ensure that they were able to get people with disabilities to get online and feel comfortable in doing so. ID 299 believes that a hybrid approach is now the future, and that by helping people maintain their wellbeing (reducing isolation and loneliness) when providing support will be very important in the long run.

Review of services currently provided

Adults Questionnaire 2018-19

The number of responses for this questionnaire was 431.

The questionnaire was done through a number of statements that looked to establish how many people agreed with the each one. The first statement was: ‘I live in a home that best supports my well-being. For example, it is the right home for your current needs’.

- The results showed that 85% of people were in agreement that their home best supports their needs.
- 6% disagreed with the above statement.
- 5% sometimes felt that their current needs were met in the home that they were living in.
- 4% did not know what to answer.

Additional comments:

- A huge number of the additional comments revolved around the participants noting that they still live in their own home’s, with many of those comments also explaining that they receive support from friends, family and social workers if needed.
- A significant number of comments highlighted how they were happy still living in their own home’s, however that they needed adaptations to be made to suit their current conditions.

For people who do have health and physical disabilities, making the most of what they physically can do is imperative. The statement ‘I can do the things that are important to me’, gives an idea of what the situation is for the participants involved in this questionnaire.

- 52% noted that they can do the things that are important to them.
- 32% felt that it was sometimes possible.
- 14% disagreed and felt that they could no longer do the activities that are considered important to themselves.
- 2% answered with ‘don’t know’.

Additional comments:

- The vast majority of the comments explain how due to the deterioration in their health, it has led to many now being unable to take part in activities that are important to themselves.

- A number of comments noted that they are able to do some of the things that are important to themselves, however this is heavily reliant on whether or not they have someone there to support them.
- The other theme that came through was essentially the opposite of what was noted in the second bullet point. A number of people expressed how they would like to continue doing the things that they enjoy doing, however do not have the support or means in order to do so.

Being a part of a community is an important factor in many people's lives. The statement 'I feel I am part of my community', looks to gather an understanding of whether the participants within this questionnaire felt that they were a part of their respective communities.

- 60% noted that they do feel that they are a part of their local communities.
- 17% disagreed and did not feel a part of the community.
- 16% felt that they sometimes were a part of the community.
- 7% did not know what to answer with for this question.

Additional comments:

- Similar to what was noted previously, many of the participants feel that the deterioration in their health has meant that they cannot/are not a part of the community due to their own physical needs.
- Many of participants noted that they are part of a club which allows them to spend sometime in the week in a community based environment.
- A small number of people felt that they were excluded from their local community due to their nationality being English, and not Welsh.

For people who do suffer with health and physical disabilities the support of friends, family and neighbours is often imperative. The statement 'I am happy with the support from my family, friends and neighbours', offers important information for those with health problems.

- 87% noted that they were happy with the support of friends and loved ones.
- 9% felt that they were sometimes happy with the help that they received.
- 2% disagreed with the statement and were not happy with the support that they were receiving.
- 2% did not know what to answer.

Additional comments:

- The majority of the comments revolved around how grateful the participants were for the support they receive from friends or family.
- A portion of the comments noted how they either do not have any family, or that their families live far away. Thus, they are forced to look after themselves and will likely need further support from carers in the future.

People who have health and physical disabilities can often be vulnerable. Therefore the statement 'I feel safe. For example, safe from any kind of abuse, physical harm or from falling both inside and outside your home', offers an idea as to whether the people in this questionnaire considered themselves vulnerable to any form of harm.

- 79% agreed that they did feel safe.
- 14% felt that they sometimes feel unsafe in certain environments.
- 5% disagreed and expressed that they generally do not feel safe.
- 2% answered with 'don't know'.

Additional comments:

- The vast majority of the comments revolved around people worrying about falling over and hurting themselves.
- Coinciding with the above point, many of participants noted that they did feel safer when safety precautions were installed such as a red button service and handles etc.

Knowing who to support can be half the battle for those who do suffer from health and physical disabilities. The following statement looks to gather an understanding of what the picture is like for the participants involved from Anglesey: 'Thinking about the care and support you have had, do you agree with the following: I know who to contact about my care and support.'.

- 85% agreed that they do know who to contact about their care and support.
- 6% felt that they sometimes know who to contact.
- 5% did not know who to contact.
- 4% answered 'don't know'.

Additional comments:

- A large number of the additional comments revealed how family members ensure that the individual does receive the care and support that they need.

Coinciding with the previous statement, receiving the correct advice needs to be given when getting in contact with a service that is responsible for care and support. The next statement therefore was: 'I have had the right information or advice when I needed it'.

- 81% agreed that they had received the correct information/ advice when needed.
- 10% felt that they had sometimes received the correct information
- 3% did not feel that they were receiving the correct advice/information when needed.
- 6% answered 'don't know'.

Additional comments:

- The theme here was similar to the previous question. Many of the participants rely on family members to get the right information for them.

The next statement within the questionnaire looked to gather an understanding of how much of a say the participants have in their care. The statement that was used was, 'I have been actively involved in decisions about how my care and support was provided'.

- 83% agreed with the statement and felt that they were actively involved in the decision making.
- 7% felt that they were sometimes involved in the decision making.
- 4% disagreed and did not feel that they were involved in the decisions that surround their care and support.
- 6% answered ‘don’t know’.

Additional comments:

- Nearly all of the comments noted that they were either always involved in the decision making regarding their care and support, or were supported with the help of a family member when making these decisions.
- A very small number of the comments were unhappy as they felt that they had not been involved enough.

Those who do have health issues and physical disabilities expect to be treated fairly and with dignity. The following statement ‘I was treated with dignity and respect’ looked to ensure that this was the case.

- 95% agreed that they had been treated with dignity and respect.
- 4% felt that they were sometimes treated with respect.
- 1% answered ‘don’t know’.

Additional comments:

- All the comments expressed how they were happy with the level of respect and dignity they received from their support networks.
- A few comments did however note that they were being addressed by their wrong name or title.

From the perspective of the council, ensuring that the clients are happy with the service that they are receiving is absolutely paramount. The following looked to ensure that this was the case: ‘I am happy with the care and support I have had’.

- 88% of people noted that they were happy with the care and support that they had received.
- 9% expressed that they were sometimes happy with the support that they had received.
- 1% of participants were unhappy with the service they were receiving.
- 2% answered ‘don’t know’.

Additional comments:

- The overwhelming response of the participants comments were positive, with a huge array of the comments highlighting how grateful they have been for the support and care they have received.
- Some of the comments noted that they were unhappy with some smaller aspects of the care they had received. These usually revolved around the care staff not following up on a specific issue.

The final question within this questionnaire wanted to gather an understanding of what the ages of the participants were.

- 41% noted that they were between the ages of 65-84.
- 28% were between the ages 25-64.
- 29% were 85 years old or older.
- 2% of the participants were between the ages of 18-24

Conclusion and recommendations

Whilst the majority of responder's felt that home was the best place for them, the Council should continue to support disabled citizens to live as independently as possible taking into consideration the citizen's strengths and support systems. This includes signposting and were appropriate, provision of adaptations to enable citizens to live at home for longer.

Citizens with physical disabilities should be able to participate in community activities to support positive well-being outcomes. Accordingly, the Council should maintain and enhance its buildings, transport and leisure facilities to disabled friendly environments which a can be used across the community.

The questionnaire indicated that community presence was a significant factor for citizens with disabilities. With this in mind, the Council continue to work with the third sector to strengthen its community resources. Likewise, promoting the use of the Welsh language to support non-Welsh speaking citizens to further integrate into the community.

The questionnaire suggested that the majority of respondents were happy with the support they receive from family, friends and the support networks from within their community. The Council will continue to work closely with citizens to co-produce what matters to them, utilising the support systems they have in place. Where additional support is required, working together with the citizen to identify options and opportunities.

Personal safety featured in the responses, particularly in relation to fear of falls. To reduce this concern, citizens who could be identified as falls risk can where appropriate access telecare technology to enable them to seek assistance in the event of a fall. The Council will continue to work with partner agencies and the community to promote the safeguarding agenda, and to encourage citizens to self-report and report suspected and identified abuse.

Independent living and community access was raised in the questionnaire as a factor that mattered to the island's citizens. The Local Authority will continue to assess the needs of individuals and families to support independent living in an all age approach. Enabling people to reduce the risk of poor health and well-being through community support and early intervention.

Whilst the vast majority of citizens knew who to contact about their care and support needs, there was still a small percentage that were not sure. The Local Authority will ensure that our information, advice and assistance framework is in place to support the client and signpost to the relevant professional, agency or third sector. Sometimes this will be delivered to the citizen or to the family / friend representing them.

The questionnaire indicated that the vast majority of participants were actively involved in their care planning and what mattered to them. This means working closely with citizens who have the mental capacity to participate in the planning and delivery of their support needs.

Overwhelmingly, citizens reported that they were treated fairly with respect and dignity. Likewise, the majority of the citizens where satisfied by the model of support they were receiving.

Priorities

1. To strengthen the use of Direct payments to deliver social care which will promote independence and give more choice to the citizen where there are eligible care and support needs. This will empower the citizen to build on their own achievements and solutions.
2. To make Local Authority run buildings and facilities disability friendly environments which can be utilised by the community.

Sensory impairment

About this chapter

Local council	Estimated number with dual sensory loss	Rate with dual sensory loss
Anglesey	560	800
Gwynedd	910	731
Conwy	1,070	913
Denbighshire	710	742
Flintshire	1,040	666
Wrexham	880	647
North Wales	5,170	739
Wales	21,300	676

Source: RNIB sight loss data tool version 4.3.1

Visual Impairment has a devastating impact on people of all ages necessitating a change in lifestyle and rehabilitation to adjust to the loss. Data suggests that an ageing population will see an increase in those having to adjust to the loss of sight and/or hearing and we need to have adequate services in place to support people to live well with their sensory loss.

The specialist role of the Rehabilitation Officer for Visual Impairment (ROVI) is considered invaluable in building individuals' confidence, providing emotional support, regaining lost skills, teaching new skills and maintaining independence based on personal choice. Interventions aim to enable people impacted with sight loss to live safely and contribute to society as active citizens.

Ynys Mon through a long standing partnership with North Wales Society for the Blind employ a Rehabilitation Officer providing island-wide support to individuals impacted by Sensory loss. The post supports the evolving multi-disciplinary Community Resource Teams (CRT) and children services with specialist assessment and rehabilitation programmes following receipt of the Certificate of Visual Impairment (CVI) from a hospital based Opthalmologist.

Interventions are underpinned by the **Social Services & Wellbeing (Wales) Act 2014** which places a statutory duty on Local Authorities to provide a preventative approach to meeting individual needs and minimising the effects of sensory impairment on the life of the individual and their families.

Rehabilitation is key to adapting to sensory loss. Supporting individuals to learn new ways to accomplish tasks and be introduced to a range of equipment and techniques to avoid personal injury and enhance a sense of health and wellbeing.

With the number of Blind and partially sighted people expected to significantly increase in Wales from **121,000 to 146,000 by 2030 (20%**) it is important that commissioning partners and third sector providers consider and develop a commissioning strategy to meet this presenting challenge.

We will need to review the more specialised services currently provided, consider workforce planning and training, revise and raise awareness of available information and advice across the region to ensure that people receive support in a timely manner. The shortage of welsh speaking Rehabilitation officers across Wales is recognised as a challenge, however this is not currently a local issue.

As part of workforce succession planning, North Wales Society for the Blind have recently recruited 2 trainees to ensure business continuity for the Local Authorities across Gwynedd and Ynys Mon in recognition of increasing demand and the imminent retirement of our local ROVI. It is anticipated that the traineeships will ensure a bilingual onward service delivery, and supports a period of smooth transition between officers mitigating any negative impact on service delivery.

The importance of developing built environments that fully appreciate the impact of sensory loss, accompanied by the need to develop purpose built accommodation, accessible transport provision and access to social and leisure opportunities is viewed imperative by key stakeholders and is integral to any service developments and local initiatives. Statutory services have embraced the concept and are mindful to ensure specialist partners are consulted and joint working fostered when initiating any developments both internally and externally to the Council and Health Board.

Research suggests that visual impairment is strongly associated with falls and hip fractures with data highlighting that falls in older people with visual impairment are **1.7 times higher and fractures 1.9 higher than in the general older population**. A home safety assessment and modifications aligned with the introduction of coping strategies can **reduce risks by 41%.** Local early intervention and preventative strategies will support a reduction in numbers leading to a positive impact on people's lives and deliver whole system cost efficiencies.

The British Medical Journal notes that Older people with sight loss are 3 times more likely to experience isolation and depression as a result of sensory loss leading to a complexity of health and well- being issues. The need to ensure that all health and social care practitioners are sensitive to the impact of sensory impairment as part of a care and support assessment is acknowledged with additional specialist training identified as a way of enhancing best practice.

A shortage of British Sign Language trained practitioners and carers within the health and social care workforce - particularly in care homes - is recognised as an area for further development and will be considered as part of a local action plan to meet anticipated increased demand.

User satisfaction feedback together with outcome measures ensures that service delivery continues to meet demand and aligns to individual aspirations to maintain employment, family life, financial viability and health and well- being when adjusting to the impact of sensory loss. An outcome measurement tool adopted locally, measures personal developments at the commencement of interventions and 4 months post interventions.

North Wales Society for the Blind in partnership with the Local Authority have mainstreamed user satisfaction feedback as a continuous service development opportunity and have a designated proactive regular contact provision with all registered individuals promoting well-being - a much valued service.

Covid has significantly impacted on the number of new referrals, however we have continued to regularly contact individuals and conduct home assessments based on a risk assessment and in line with Covid regulations. The impact of Covid has increased vulnerability in respect to isolation and mental health reported by individuals with sensory loss and the use of face masks has hindered the ability of people dependent on BSL as a communication medium to fully interpret dialogue.

RNIB Cymru research notes that **“66% of blind and partially sighted respondents to a survey are feeling less independent now compared to before lockdown**”

The use of Information technology during the pandemic has provided a new way of conducting assessments and offering opportunities for socialising and engagement for isolated individuals. This will be an additional future service available, which will be supported by designated staff within the North Wales Society for the Blind via access to IPads, Tablets and IT training.

What we know about the population

- For **physical/ sensory disabled people without visual impairment** we know that in 2015, the number of people that came under this category was approximately 1,950. However as of 2018/19 this figure has decreased massively, with the number of people who come under this statistic now only standing at 1,012.
- As of 2021, we know that the number of **people living with sight loss** was approximately 2,960 on Anglesey. With 2,560 of that number being partial sight, and the remaining 400 being blindness.
- The **age profile of people living with sight loss is:** 18 – 64 (460); 65 – 74 (650); 75 – 84 (890); 85 + (940).
- 428 people were **registered as being blind or partially sighted** as of 2021.
- For **age-related macular degeneration (AMD)** we know in 2021, that 4,070 people are living with early stages AMD; 310 with late stage dry AMD; 640 living with late stage wet AMD; 900 with combined late stage AMD.
- In 2021, it was estimated that the **number of people who are living with cataract** is 1,010.
- For **glaucoma**, it is estimated that 1,560 people are living with ocular hypertension, and a further 950 people with glaucoma, in 2021.
- For **diabetic eye disease**, 1,400 people were living with diabetic retinopathy. Of these, 130 had severe diabetic retinopathy, in 2021.

What are people telling us?

Responders to the regional engagement survey said that they thought that the Accessible Health Service and BCUHB's diversity work is working well, as well as the provision of aids, adaptations and the befriending service offered by the Live Well with Hearing Loss project. A service provider commented that partnership work with local social service departments and third sector organisations is strong, which supports delivery of a wide range of quality services, networking and sharing good practice.

However, feedback indicated that there are areas for improvement for people with sensory impairments which included access to information and advice in alternative formats is a big challenge for service users with sensory, in particular information from local authorities and the NHS. Printed material is not appropriate for many, while the increase in online only access to services and information is a major barrier for others.

For Deaf people in North Wales, the provision of information, advice and assistance (IAA) is described as a *‘postcode lottery’*, where some people can access support Monday to Friday 9am to

5pm, while others are limited to certain days of the week. More generally, Deaf people find it difficult to access many activities, as there is no communication provision.

Again lack of care staff is a concern, which means care is provided at a time that suits the care agency, rather than when the client needs it, and staff sickness and holidays are not always being covered.

NHS Services – General Health

What is working well

Few respondents commented on the health services that are working well. They highlighted the following:

- Social care workers value their close collaboration with primary health professionals
- Many were grateful for the support from environmental health and NHS service during the pandemic
- Care workers reported that health services for young people are working well to ensure they receive the correct health support and advice, especially around sexual health advice, getting registered with a GP and referral to Community Dental Services

What needs improving

A range of services were mentioned as needing improving including:

- Improved end of life support particularly at nights.
- Continence products are very poor quality and often use more than predicted.
- Speech and language therapists should give more time to non-verbal children.
- Improve older people’s access to dental care to avoid impact of oral conditions and dental issues. This includes care home residents receiving dental care in their care home.
- Artificial Limb and Appliance Services are challenging to navigate and very slow to respond.
- Make greater use of telehealth services to prevent hospital admissions and improve discharge planning and district nurse visits.
- Encourage care home staff to have COVID vaccinations.
- Some health staff commented that poorly functioning computer systems were negatively affecting their ability to provide a quality service.

Review of services currently provided

Operational Pathways.

People with sight impairment are registered by Local Authorities following certification by an Ophthalmologist. The Certification of Vision Impairment (CVI) notes the degree of impairment, and whilst registration is voluntary it may provide access to an assessment for social services as well as an assessment by the Rehabilitation Officer.

There are well established pathways to third sector and community support, however we recognise the need to raise awareness amongst front line practitioners within the health economy of the benefit of social prescribing as a pathway for primary care practice.

The rehabilitation Officer will focus an assessment on Orientation, Mobility, Independent Living and Communication Skills and any presenting care and support needs utilising the national' What matters' care management assessment framework. This may lead to a variety of support e.g. rehabilitation programme, financial benefits, home adaptations, access to work and leisure opportunities.

Rehabilitation Officers for Visual Impairment

Addressing a workforce crisis in Wales.

In terms of referrals for Betsi Cadwaladr, it showed that from an Anglesey perspective the following:

- Self-referral: individual goes through the call centre. They complete the What Matters conversation before it goes to ROVI.
- CVI: goes to SPoA and is referred to the ROVI. ROVI goes out and visits as result of CVI. There is a backlog of visits to register clients currently. It is recognized that if the ROVI does not go out and visit they could miss things.
- ECLO: completes core data of local authority What Matters form. This is sent to authority and then on to the ROVI.
- LVSW: Optometrist completes What Matters form and sends to Local Authority SPoA, who then sends on to the ROVI. Domiciliary visits – the optometrist can telephone the ROVI directly.

Appendix 1 – Operational Pathways

Conclusion and recommendations

Service developments

1. Promote awareness of the role of the Rehabilitation Officer amongst affiliated health and social care practitioners and the general public.
2. Provide BSL training for designated health and social care front line care providers.
3. Further develop employment opportunities and enhance links to create local paid and voluntary work initiatives.
4. Develop a specialist training programme for Reablement staff and care providers.
5. Ensure that information leaflets, Newsletters and details of how to access services are widely available.
6. Utilise user satisfaction feedback to identify service gaps that informs a local service development plan.
7. Continue to work in partnership with Community and Third sector providers as an integral element of early intervention and a preventative strategy.
8. In recognition that people with sensory loss may be vulnerable to abuse within the community raise awareness within the community of safeguarding procedures.
9. Enhance the input of the ROVI into Learning Disability and Dementia services.
10. Consider ROVI capacity to meet projected demand.

Deafblindness

Deafblindness is a loss of sight and hearing to the point where communication, mobility and ability to access information are impacted and may deteriorate over a period of time. Deafblindness is often referred to as 'dual sensory loss' or 'dual sensory impairment.'

It is estimated that there are nearly 400,000 deafblind people in the UK which is expected to increase to over 600,000 by 2030 due to an ageing population. Deafblindness affects people of all ages including children and young people, however is more common in older people.

In 2017 Welsh Government published a Framework for Action for Wales for people who are Deaf or living with hearing loss and we are involved with the regional action plan.

The Council are compliant with requirements to support people to access services providing communication via loop systems for the hard of hearing with staff trained to respond to presenting needs. There is a BSL trained staff member within Social Services available to support as required.

Currently numbers registered as Deaf/Blind are low on the island, however this may not reflect the true data as individuals may choose not to register.

Referrals are signposted to regionally based specialist providers with key workers working closely with the referring agency during the assessment and onward intervention process.

We have well established channels for referring to specialist and external agencies to support the local population eg. Sense Cymru, Deafblind UK. North Wales Deaf Association and RNIB.

Services provided to Children and Young people with multiple disabilities are provided on an individual basis and primarily sensory assessments of light, smell, touch and temperature.

The specialist school in the area is purpose built and has integrated therapy and sensory rooms with a wide range of specialist equipment, hydrotherapy pool and a sensory garden.

Focusing on 'what matters' to an individual will support addressing the broader aspects by continuing to work in partnerships with people, families, the Third and independent sectors as well as other public services.

Service Priorities

1. We intend to focus on early intervention and prevention, raising awareness of the benefits of a healthy lifestyle, the provision of good information and availability of advice in order to gain access to early assessments and the enhancement of independence.

2. Further develop provision and access to specialist services, support staff training and raise awareness of specialist services available locally in support of individuals with sensory impairment.

3. We will review the need for our more specialised services to provide care closer to home where possible and ensure access to support in a timely manner. Currently services for the hard of hearing are based out of County and whilst effective in their response there are travel implications for local residents

4. Improve data collection mechanisms across the West region in order to understand localised needs and provide comparative All Wales data.

5. Enhance support for informal Carers and signposting to organisations eg. Deaf/Blind UK for access to information advice and specialist equipment, befriending services and emotional support.

6. Deliver Deaf awareness training sessions for staff.
7. Provision of more Speech and Language Therapist

Learning disability

About this chapter

This chapter looks at what the needs of the population with a learning disability on Anglesey looks like and what they are telling us about services. The term learning disability is used to describe individuals who has:

- Significant reduced ability to understand new or complex information, or to learn new skills (impaired intelligence) and or
- A reduced ability to cope independently (impaired adaptive functioning) which started before adult-hood and has a lasting effect on development

It is predicted that 2% of the population have a learning disability but many of these have not been assessed and are not receiving services.

What we know about the population

- We know that the **number of adults on the learning disability register** has increased since 2015. As of 2018-19, the number of adults on Anglesey on the learning disability register has increased from 303 in 2015, to 322.
- The **number of adults aged 18-64 receiving learning disability services** has also increased since 2015. As of 2018-19, there are now 264 individuals between the ages of 18-64 who receive learning disability services. This a sharp increase considering the number was 180 back in 2015.
- However, **the number of adults 65+ receiving learning disability services** has decreased since 2015. The number of adults who were 65+ receiving learning disability services in 2015 stood at 27. As of 2018-19 there are only 22 people who come under this.
- The **estimated number of people with learning disabilities living with carers aged 60+** was 27 in 2016. As of 2018-19, this has decreased with the number of people who fall under this category standing at 11. Should be noted however, that the 11 for 2018-19 were all aged 65+.

What are people telling us?

Transition to Adulthood (Support)

Within the results of the questionnaire, it was noted that those who are diagnosed with a learning disability need more support to transition in to the working world and adulthood. Some comments made by the service users or carers are below:

ID 227 felt that there needs to be a greater focus on prevention, and the continued support when transitioning to adult services. They felt that this should be done through improved teamwork and links with children who have complex needs.

ID 299 noted that the involvement of people in the co-design of care and support services is still an area that needs improving. They added that there had not been much progress in terms of the integration of health and social care services for those who do suffer from learning disability services.

ID 229 adds that they feel there isn't a clear pathway into work for people with learning disabilities, with 'patchy supported employment services' that shows works to enable people to enter meaningful paid employment. They finished by noting that local authorities have a key role to play here, however currently, only very few people with learning disabilities are employed.

ID 296 again pointed that people with learning disabilities need support in becoming independent from others. They added, that by helping them become independent it empowers them to make their own choices. Essentially breading the confidence that they need to use their own voice to make the decisions and choices for their own futures.

Review of services currently provided

Day Opportunities Strategy Engagement Sessions Feedback

As part of developing the Day Opportunities Strategy for Anglesey a consultation and engagement session was completed and a Startegy developed and the the main areas identified as being important to people were:

People want good day opportunities:

Participants were in agreement that they would like to see more good day opportunities. Service recipients by and large want more "it's good to have lots things to do", but the caveat to that is that it was often spoken about in terms of "doing more things here". Again it is about shifting understanding towards the aim of "day opportunities". When the conversation moves towards thinking about wider opportunities beyond "here", it is interesting to see the reservations that build in many people. If people have more there is a fear that they are going to "lose out" on what they already have. There are countless examples of people telling and showing to us about what they do currently, why they both enjoy and value it – in ways that cut across and ally to all the points in this plan. And they want more of these types of things.

People want to be able to choose what they're doing:

We saw and heard of lots of choice in the opportunities people already have. We saw and heard of individuals being offered many different, innovative and interesting things. Again, people are reluctant when it comes to choice to think that by choosing something different, they might lose what they already have and value.

It was interesting to note that where the vision says :

"Promote Direct Payments so that individuals have the opportunity to have greater choice and control over how their support needs are met"

There was a very limited understanding of this, even among those who (we know) receive them. Similarly, there were quite a lot of people who felt they had had bad experiences with DP in the past. It was also the case a number of individuals were unaware of how they might find out about things beyond what they do. “there’s nowhere that tells you what else is happening”. This may or may not be true, but it was said several times and when we said “X happens there”, “I didn’t know that” was the response.

People want to learn new things:

Individuals could point to lots of things they do that teach them new skills and lead to them gaining certificates, validation, and recognition. Many are putting these into regular use and in settings that go beyond their day services. This is one aim of the strategy it seems, to encourage using these skills in opportunities in wider settings. It was interesting to note how many people said they learnt things as “part of my work”, and how these where things they were proud of. Some people talked about barriers but this is again about changing the focus of what opportunity is? There is proper skill, real ability and true desire to put them into practice.

Some individuals talked about wanting access to other services like college, or using local facilities that could offer the chance to develop other skills. However, with a lack of access to these, often it was felt due to a lack of co-ordination of services - “if there’s a computer suite up the road in college, why can’t we use it when it’s not being used?”

There were other issues around funding and transport that seemed to impede the ability to take skills learnt in one place to the next level.

People want to take part in things that happen near them:

Several individuals made mention of the distance they had to travel each and every day. Most people were in agreement that if something was closer, “I could do it more often”.

Likewise, there was a feeling that things happening in one place where not shared or tried in other areas, which they could be if “people joined up together”.

It should also be said that some individuals did really like going somewhere else because “it’s different” and “I get to meet new people”.

Again, people don’t want to lose choice of going somewhere not local to them if they don’t get what they want.

People want to feel safe:

Individuals felt safe in the places they went currently, and others felt they were safe. This is of vital importance to all people affected by the plan. To have different choices and opportunities, which is what is wanted, does cause disquiet for some people in that they don’t know or have the same trust that they have. It was interesting to note that when we did talk to some individuals about what made them feel safe, it was the places and people they had now. No one really pointed to wider community services.

People want to be healthy:

Again, in the places and things people do now, there is much promotion of health and wellbeing, physically and mentally. Access to wider services is something individuals want but there was some mention of cost and lack of support if not during the day. As an observation, we heard quite a few people say they like the gym, none went in the evening.

People want to have a good place to live:

People wanted this, allied as it is to safety and security and generally being happy. "I like where I live now".

No-one we really spoke to saw this as part of their day opportunities, it was separate. As above, the wider aim of opportunities and when people were encouraged to think about the wider context of where you live giving you more opportunity, they could see the importance. "If lived in town I could go out more"

People want to have the support they need:

Trust in the people supporting them is key to individuals and to others. In respect of comments about DP, it was mentioned that "it's ok being able to pay for your own support but you can't always get it!"

People want to have the friends and relationships that they need:

Individuals value the people around them, the friends they have. This element of the plan was one that threw up some of the biggest worries. "if I went somewhere else I wouldn't see X and Y, and I want to". "I had to stop going to X and I miss my friends"

Perhaps that last comment sums up much of the overarching views regarding this plan. Broadly speaking it is what people want, but there's an underlying feeling that its being done for other reasons that "isn't about all these nice words and ideas".

There was a general view that this had come out of the blue for people. There was also a view that "the Council doesn't know what we do here!" (that was said by a service recipient so we use their quote, but it was echoed by others). People feel they are already getting what this plan wants, but as above, it is about aiming for something much more. No one we talked to is not open to having more opportunities, but equally they don't want to lose the one's they have.

Conclusion and recommendations

The priorities for the Learning Disability Service on Anglesey are:

1. **Development of Day Opportunities**

The Strategy aims to develop meaningful day opportunities integrated within their communities. Looking at utilising existing community provision to build and strengthen opportunities close to home to increase choice. There is a need to look at accredited courses and linking in with work opportunities

2. Review of Supported Living

In 2021, a review of the current Supported Living services on Anglesey has been commissioned and is under way. This will support the development of a Supported Living Strategy to ensure that adults with Learning Disabilities have their own homes and a place to live that gives them more control over their lives and ensures effective commissioning of services.

3. Direct Payments

Further developments are underway to boost recruitment and arm individuals with information in regards to the benefits of choice and control. Work in regards to worker and service user co-operatives is being developed. This will strengthen the direct payments network on the island.

4. Integration with Health through Pooled Fund

Anglesey are piloting a Pooled Fund with BCU. This will give an opportunity to review and develop joint decision making in relation to funding and it is hoped this will improve outcomes for citizens

5. Improving Health Equality

Further review is required in 2022 to review the progress against the Welsh Government target of 75% of the Learning Disability population receiving a health check. Work will be continued with BCU to ensure progress against this measure to improve the health outcomes of individuals.

Autism

About this chapter

Due to the circumstances faced, as mentioned in the introduction, we are looking to fill this part of the report in the near future. A lack of responses from the questionnaire for Autism meant that it was difficult to create a fair analysis of what the state of play is for Autism, on Anglesey. Furthermore, the service has found it difficult to find engagement work that can be directly linked to Autism from an Anglesey perspective.

What we know about the population

What are people telling us?

Review of services currently provided

Conclusion and recommendations

Mental health

About this chapter

This chapter looks at what the needs of the population on Anglesey is in relation to their mental health and what they are telling us about current services. The World Health Organisation (2014) has defined mental health as:

"…a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community"

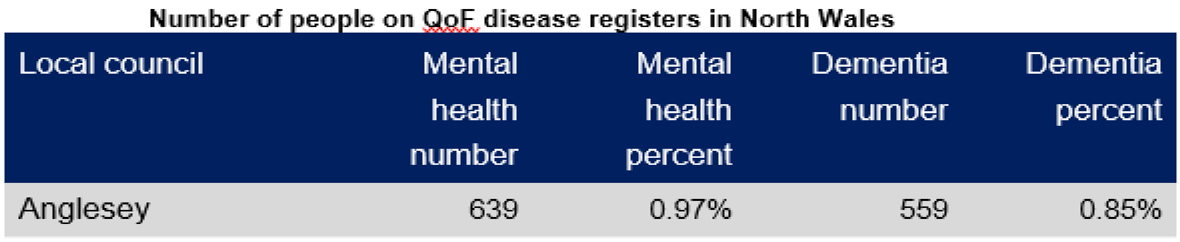
What we know about the population

- The Adult Psychiatric Morbidity Survey and national Survey for Wales estimate that the prevalence of mental health problems are higher than the estimate of people who are receiving treatment.

- We know that **the number of people aged 16+ predicted to have a common mental health** problem has largely stayed the same since the last Population Needs Assessment. In 2015 the figure stood at 9,300. Now in 2020 this has number decreased slightly to 9,274.

- The **mental component summary score (higher scores indicate better health)** for Anglesey in 2015 was 51.1. However, as of 2018/19 we know that this has increased slightly to 51.8

- Information form GP's which is collated in the **Quality and Outcomes Framework (QoF)** provides rough estimates of the **prevalence of some psychiatric disorders**. The table overleaf defines the mental health section as including schizophrenia, bipolar effective disorder and other psychoses and mental health conditions.



Number of people on QoF disease registers in North Wales

Local council	Mental health number	Mental health percent	Dementia number	Dementia percent
Anglesey	639	0.97%	559	0.85%

What are people telling us?

The effect of the pandemic on resident's mental health in care homes is very clear from the responses that came back for the questionnaire.

ID 83 noted that the pandemic had affected their clients for the worse. They added, that waiting lists are very long for any support from the Community Mental Health Team (CMHT) and Substance Misuse Service (SMS). They felt that remote contact had not been working and that the long-term effect will end up leading to a mental health crisis.

ID 311 echoed a similar point, noting that the ‘massive’ changes had affected the residents’ mental health hugely. They added, that the deterioration in such important contact with families had been detrimental.

ID 324 explained the impact that the pandemic has had on them. They noted that life had been difficult since Covid-19 and that it had not been very good for their mental health. Furthermore, they explained that difficulty in having face-to-face meetings with doctors had not helped either.

From a carer’s point of view, there is no doubt that they have also suffered from the pressures and anxiety of the pandemic over the past year. This has ultimately resulted in a deterioration of their mental health in several examples.

ID 331 highlights this, explaining that it has been a ‘nightmare’ for everyone involved and that they think there will be a long-term impact on the mental health of those who have been involved since the start of pandemic. It is something that they have had to ‘learn to live with’, and that it does not matter how big or small their role is within the care homes, as the common theme for all is increased stress and anxiety.

ID 61 noted a point that coincided with what was mentioned by ID 331. They noted that the pandemic had affected people’s mental health, and that this had been made all the harder as they felt that there was no where they could go to receive support.

People’s Mental Health in General

For people’s mental health in general there are some success stories that were noted, but also examples of where people felt they required more support.

ID 77 explained how they run a Parent and Child groups for those who are not comfortable attending the usual groups. They added, that there are also peer support groups for women with mild to medium mental health problems.

ID 186 offered an example of how certain groups have been able to stand up to the challenge of mental health within people. They noted, that gaps in emotional support and mental health needs had been identified. Adding, that they are now looking to develop services to the needs of stroke survivors/ their carer’s across the region.

ID 79 offered an example of how there is good work that happens for people with mental health issues. They explained that people with mental health issues have access to a range of activities that help them to improve their physical, mental health and general well-being. This is done via a strong partnership working with the third sector, who put an emphasis on community development.

On the other hand, there are examples were people’s mental health needs have not been met. ID 83 explains that there needs to be better substance misuse support, as this often goes hand-in-hand with mental health problems – there needs to be better dual diagnosis support. ID 163 offered a personal experience of how they felt there was something very wrong between the way in which mental health services and the police and justice services are linked. They explained that people who are suffering from a mental health crisis' are often dragged into the criminal justice system, and essentially being criminalised for their mental illness. The result is one, whereby the prisons are filled with people with mental illnesses. They added that their services are focused on prevention and crisis when it comes to mental illness. Thus, there needs to be a greater emphasis on everything that comes between, as those stages are considered 'inadequate'.

Review of services currently provided

The Pandemic has had a significant impact on the population's mental health as a whole, for those with existing mental health conditions they have experienced a deterioration in well-being. A survey by Mind Cymru (June 2020) stated that more than half of adults reported that their mental health had worsened during lockdown periods. With this in mind it is important to ensure that we are able to identify mental health issues early enough and respond through preventative services as well as through the primary and secondary care pathways.

A Healthier Wales and Together for Mental Health outline the need to change the way that services are delivered, offering people care closer to home which is tailored to their needs. The development of ICAN Community Hubs across the Region aims to improve availability, awareness of and connection to universal, third sector and other community based holistic support and well-being services, and how ICAN Community Hubs can support people particularly with lower level mental health issues or to help sustain recovery.

On Anglesey arrangements are in place to establish a Primary Care ICAN Service at Hafan Cefni, Llangefni and 2 other locations will be developed. The ICAN Centres will serve as a crisis intervention service to support patients who come into the surgery in crisis or in a situation which impacts on their emotional health and wellbeing, and could impact on their Mental Health in general.

Both CAMHS and CMHT are supportive and will be delivering assessments if needed. In addition, ICAN volunteers will be situated in GP practices and will offer support to people in crisis or emotional distress, feelings of loneliness, anxiety, isolation and many other social or psychological issues, who do not necessarily need medical intervention or psychiatric assessment. A recent report in Quarter 2 2021 From ICAN indicated the number of individuals who had received support and the number of referrals to the Service

WEST ICAN hub	**Anglesey**
Number of people supported through the ICAN Community Hub	**653**

Number of Interventions Offered through the ICAN Community Hub	**1265**
Number of referrals received from GP Surgeries	**241**
Number of referrals received from CMHT's	**118**
Number of self-referrals to the ICAN community Hub	**77**
Number of Individuals supported via online services	**21**

One area the Community Mental health team have noted they would like to further develop moving forward is to strengthen the relationship between Primary and Secondary Care. It was noted that they would like to strengthen and improve the flow of referrals between services to ensure people are supported by the right service at the right time. This would link into the continued development of the ICAN service across the Island.

The Pandemic has increased the challenges within the Community Mental Health Team to maintain current services. The Team are reviewing the data they have in relation to the Mental Health (Wales) Measure in 2022 to see whether there are any trends or changes that can be identified. The data was not available at present.

The Community mental health Team are supported to achieve individuals' outcomes by the Community Mental Health Support Service (CMHSS). There was a commissioned review in October 2020 of Anglesey Councils of this service. As part of this review it looked at outcomes for service users.

The review concludes that the CMHSS delivers a valuable preventative suite of services to individuals with low-mid level mental health issues and is well-placed to provide services which reduce the likelihood of further deterioration of people's mental health, whilst also maximising independence in a safe environment. To this extent, the service supports the overall strategic direction of the council in outcomes-based support to using therapeutic community-based activity.

The CMHSS has the ability to support individuals across every part of the Mental Health Measure, which includes a) people accessing Primary Care; b) people accessing Secondary Care (via a Care & Treatment Plan [CTP]); c) people who have had a Hospital or Community MH Service discharge who are eligible for re-assessment; and d) those requiring access to advocacy.

As part of this Service they provide Housing related support for individuals with mental health issues. This is provided within the community and in supported accommodation on Anglesey. This aims to support individuals to develop their independent living skills and then ability to maintain tenancies successfully. There is a need to review the accommodation currently available within the supported living stream to ensure that it meets the needs of service users.

Service user feedback reports were also submitted during Covid-19, based on questionnaires completed in relation to the support individuals were receiving by CMHSS. Individuals reported that they were satisfied with the support they were receiving and were happy to be supported remotely during the pandemic including reporting receiving regular telephone contact by CMHSS. Comments included:

"Very grateful of all the support I have been having, would be lost without my support worker"

"Grateful of the support and looking forward to moving into Heddfan next week"

In relation to providing remote support: *"You can provide face to face support session right now... please don't start groups any time soon. I want it like this at the minute so everyone is protected and there is full staff at the end of this for the best possible support once this is over... I want to make sure everyone is safe".*

Supporting carers is crucial. Hafal is a Member-led Charity supporting people with mental health problems and their carers and families. Hafal's services in Anglesey include:

- Family Support Service
- Social Networks
- General Support
    - Information
    - Advice
    - Groups
    - Befriending
    - A voice in planning

During October to December 2020 there was no direct contact with carers due to COVID restrictions. They continued to have indirect contact through telephone, email and letters. Direct contact has begun in 2021.

PERFORMANCE MEASURES FOR THE PERIOD October/December 2020			
Number of service users/carers supported	*Direct Contact*	*Telephone*	*Mailing*
	No direct contact due to covid19	245 calls; 134 texts.	288 direct mail; 160 emails
PERFORMANCE MEASURES FOR THE PERIOD April/ June 2021			
Number of service users/carers supported	*Direct Contact*	*Telephone*	*Mailing*
	36 – we are currrently starting to provide one to one face to face support to carers	260 calls; 105 texts.	235 direct mail; 144 emails

The key messages received from feedback questionnaires highlighted the following:

- They wanted a more active group to attend, and so a monthly walking group was set up to offer this.
- Carers state that they feel supported and Value the easy access to the service.
- Carers state that they feel supported by the quick response to referrals.
- Carers state that they feel that progress is made in their situations.

Conclusion and recommendations

The Pandemic has had a significant impact on the population's mental health as a whole, for those with existing mental health conditions they have experienced a deterioration in well-being. A survey by Mind Cymru (June 2020) stated that more than half of adults reported that their mental health had worsened during lockdown periods. With this in mind it is important to ensure that we are able to identify mental health issues early enough and respond through preventative services as well as through the primary and secondary care pathways.

The priorities for the Service moving forward:

1. Continued development of i-Can HUBS on Anglesey. There has been a commitment to provide additional funding
2. To build on the recommendations in relation to the Community Mental Health Support Service (CMHSS) and enhance the service provided across prevention, primary and Secondary Care
3. To review and look at the supported accommodation model and plan to meet future demand with appropriate accommodation that can meet this needs
4. To continue to support the training and development of Approved Mental health Practitioners within the Community Mental Health Team to increase resources to meet demand
5. To review and develop the ability to capture and report on KPI type issues and service activity

Carers who need support

About this chapter

A carer is "a person of any age, adult or child, who provides unpaid support to a partner, child, relative or friend who couldn't manage to live independently or whose health or wellbeing would deteriorate without this help. This could be due to frailty, disability or serious health condition, mental ill health or substance misuse."

A lot of people who provide unpaid support do not see themselves as carers as they may feel that is a normal part of life. This support might include:

- personal care such as assistance with bathing and dressing
- help with medication
- cooking, grocery shopping and domestic tasks
- accompanying to appointments
- transport
- help managing finances
- emotional support.

Under the Social Services and Wellbeing Wales Act carers have the same rights as those they care for. Local councils have a new duty to offer an assessment to any carer where it appears to the local authority that a carer may have a need for support

The Act sets out a new national ‘eligibility framework’ to determine whether or not a carer who has been assessed and who has support needs will meet the criteria for services. Carers with eligible needs will have a support plan centred on outcomes they have identified themselves. It will also set out the support to help them achieve the outcomes identified. Support plans will be subject to regular reviews by local councils, and re-assessment of needs if their circumstances change.

Ynys Môn

Carers play an essential and central role in the provision of care in our communities on Anglesey. Their contribution to promoting and maintaining the wellbeing of the people of Anglesey is huge. Unpaid carers are the single largest provider of care to people with support needs in our communities, and they save the UK economy £119 billion a year.

Anglesey Council has developed a Carers Strategy. The aim of this Strategy is to improve the lives of Carers on Anglesey. Carers are important to the people they care for; the relationship between Carers and the people they care for is based on friendship, love, and family ties. They are also important for the part they play in the overall provision of health and social care.

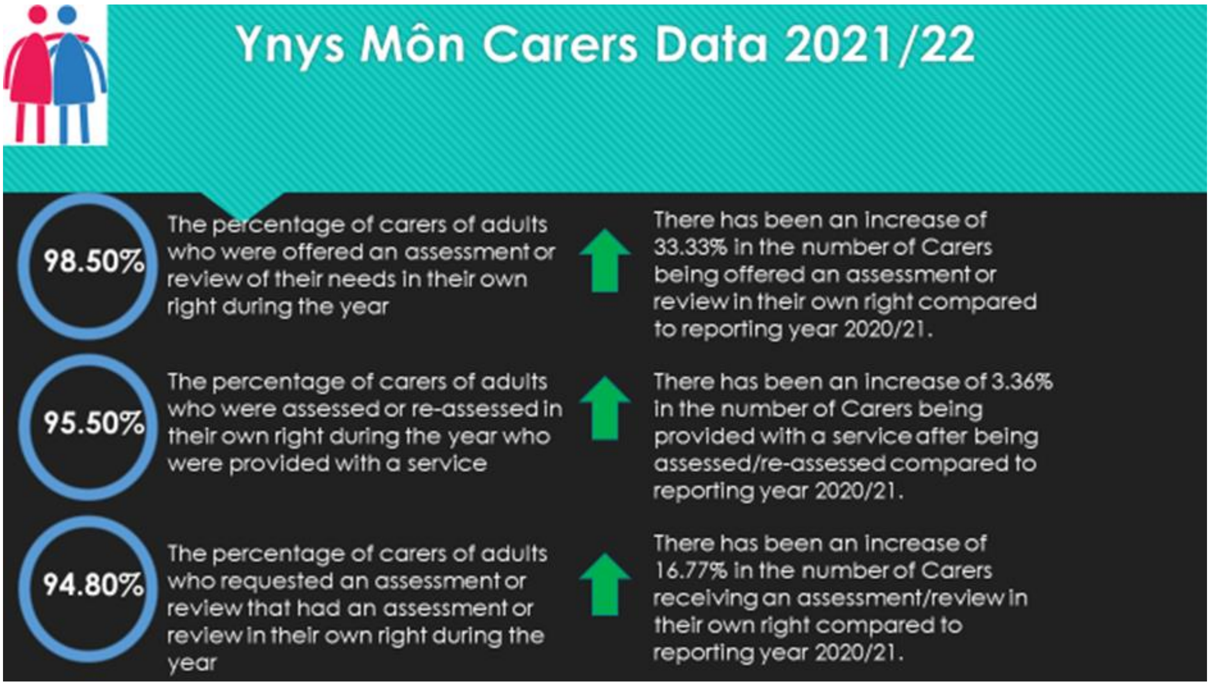
During the COVID-19 pandemic, the responsibilities of unpaid carers have increased considerably. There are more unpaid carers than ever before, and most of those who provided unpaid care before the pandemic are now spending more time on providing care for another person.

What we know about the population

- The **number of carers** has increased since the last population needs assessment. Although the statistic for the 2015 version was taken from 2011, it stood at 8000. Now in 2020, we know that this number has increased to 9,138 (which is a 14% increase).
- The **number of young carers, open caseload** has increased slightly since 2016. In 2016, the number of young carers was 80, however by 2020 the number stood at 90.

With much of the carers' statistics coming from 2011 for the previous Population Needs Assessment, the likeliness is that these will have come from the census that was also published in 2011. Due to the most recent census results not being published yet, we can only offer the same statistics as we did for the PNA in 2015 for the following categories.

- For **percentage of total population who provide unpaid care** the percentage of people on Anglesey who fall under this category is approximately 11.5%.
- The **number of carers by age in local authority** were 0 - 15 (140); 16-24 (360); 25 - 34 (520); 35 - 49 (1800); 50 - 64 (3,000); 65+ (2,200).
- The **number of people receiving carers allowance** was approximately 800 for 2011.



Ynys Môn Carers Data 2021/22

98.50% The percentage of carers of adults who were offered an assessment or review of their needs in their own right during the year

There has been an increase of 33.33% in the number of Carers being offered an assessment or review in their own right compared to reporting year 2020/21.

95.50% The percentage of carers of adults who were assessed or re-assessed in their own right during the year who were provided with a service

There has been an increase of 3.36% in the number of Carers being provided with a service after being assessed/re-assessed compared to reporting year 2020/21.

94.80% The percentage of carers of adults who requested an assessment or review that had an assessment or review in their own right during the year

There has been an increase of 16.77% in the number of Carers receiving an assessment/review in their own right compared to reporting year 2020/21.

What are people telling us?

A need for more staff

An overwhelming theme that came across in the Population Needs questionnaire results for Anglesey, was the need for more carers. This was noted 12 times from varying different respondents from different working backgrounds for the question: 'What do you think could be improved?'.

Essentially the general consensus was that many care homes are stretched to the limit, with a significant number now reaching a point of 'crisis'.

Respondents attribute the lack of carers down to several factors, however there is no doubt that the majority believe that it is down to a lack of funding, and poor wages. 8 respondents noted this, with one comment explaining that 'salary needs to be improved for carers, carers feel very undervalued'. The pressure of the past year and a half on carers has been huge. Many who worked as carers prior to the pandemic will not have signed up to the caring environment we have seen over this period and thus they feel that the only way to keep current carers - whilst enticing new carers in to the profession - is through offering better wages and funding. This was summed up by ID 245 who explained how there was no respite for carers, this had meant that 'there is no retention of staff within care agencies and those staff who are retained are being worked into the ground.' The realistic nature of working as a carer at the current moment in time - and over the past year and half - is one of immense pressure, little respite, whilst earning what cannot be considered a privileged wage. Furthermore, ID 88 highlighted the issues that surround care homes due to the lack of funding that they are receiving. ID 88 explained that the lack of funding had resulted in short-term contracts (typically 6 months to a year) which they considered to be 'detrimental' to the service. ID 88 added that due to the current climate surrounding contracts for carers it had meant that they had entered an unwanted cycle. The cycle is one, whereby they appoint a carer on a 6 month contract, the carer eventually leaves when offered a long-term contract from another care home and they are then left to go through the process of recruiting and training once again. ID 88 summed the situation up, 'This process is repeated and means that we lose consistency, skills and relationships, because the 6-month or year-long contracts are so vulnerable'. The lack of job assurance and career structure for the carers mentioned by ID 88, offers another insight as to why staffing levels within care homes has become such an overriding problem.

Carers working as a cohesive unit (Teamwork)

For the question 'What do you think works well at the moment?', the overwhelming theme was that carers and the management teams are cohesive in their work. It was something that was attributed 16 times in total, which gives an idea of the belief behind this point. An example of this can be seen in the comments offered by ID 305, who highlighted that they felt comfort in fact that they could approach their manager and assistant manager for support – knowing that they are understanding and have the staffs best interests in mind. The volume of the responses that were made for this point highlight the important role that carers have played in the past few years, and how they worked together to overcome the challenges that they have faced.

Carers want more support

Although it has already been highlighted that the clients that the carers deal with are receiving good levels of support, the same cannot be said for the carers themselves. Naturally speaking the past year and a half has been incredibly tough for most people, with the pandemic bringing day-to-day life to a standstill for many. However for carers, this has not been the case. ID 245 noted that there is little provision for respite from caring for a loved one, and even when this is theoretically included in a care package, the care companies cannot provide it. ID 317 flagged a similar point, however their point was based on the issue of poor levels of communication. ID 317 noted that people were still finding it difficult to know how and where they can access support. They added that this wasn't something unique to any specific care home – it's a problem felt amongst them all.

ID 133 noted that a lack of access to CMHT had caused further stress for families and carers who are 'desperate' for information and support for those that they are caring for. They added, that the long-term impact of this will result in a lack of faith in the services.

ID's 317 and 323 made similar points, explaining how the lack of support had affected carers and the future of the profession. ID 317 pointed that care homes did not feel valued, and that the extra pressures of the pandemic had not been fully recognised. They added that carers were tired, demoralised and in turn contemplating their future in remaining within Social Care. ID 323 echoed this point, explaining that staff do not want to work in care anymore. The effect of Covid had left them exhausted and thus they do not feel that they wish to continue working in care.

Review of services currently provided

Carers Questionnaire from 2018-19

The participants in this questionnaire were 55 individuals.

The first question within this questionnaire asked: Thinking about your life at the moment, do you agree with the following: 'I live in a home that best supports my well-being. For example, it is the right home for your current needs.'

The results showed that:

- 81% agreed that they were in a home which best supports their well-being
- 9% felt sometimes it did
- 4% disagreed
- 6% noted that they did not know

Some participants noted that they:

- Need adaptations to their house
- Their home had helped very much as it was nearer to help if needed
- Their home had been adapted to meet day-to-day needs

Free time is often an issue for those who care. Thus, the following statement asked: 'I can do the things that are important to me.'

- 48% felt that they did have the time to do things that are important to them
- 39% expressed that they could sometimes find time to take part in activities which are important to themselves
- 9% disagreed, with the final 4% not knowing

Additional comments showed that:

- 3 individuals noted that they were caring 24/7 and therefore finding time to take part in activities simply was not possible.
- 1 individual noted that they could partake in activities, but only on Monday afternoons and Tuesday morning's due to a 'crossroads' lady being able to help at these times
- 3 noted that their own health issues meant that they would not take part in their activities of old.
- 1 more expressed how she did not drive, and that the bus service did not go often enough for her to be able to reach the activities she'd like to go to.

Being part of a community is an important part for many people. The questionnaire therefore looked to see whether carers felt that this was possible for them too.

- 46% felt that they were a part of their local community
- 26% expressed that they sometimes feel a part of the community
- 19% disagreed completely
- 9% were unsure and did not know whether they felt if they were part of the community

The additional comments painted a different picture to what was noted above, however:

- From the 9 available comments, 8 of them noted that they did not feel a part of the community.
- The reasons varied, however many felt that being a full-time carer had led to them feeling isolated. Essentially they explained that could not leave the house due to their commitments, which made it impossible to become a part of the community.

As noted in the question above, the reality for carers can often be one of isolation. Therefore, the importance of friends and family is key. The questionnaire asked: 'I am happy with the support from my family, friends and neighbours.'

- 59% felt that they were happy with the support they were receiving
- 22% sometimes felt that they had the support of family, friends and neighbours
- 11% disagreed, with 8% not knowing how they felt

The additional comments were a fairly mixed response:

- 6 noted that they had little to no support. The reasons varied from not having many friendly neighbours/ many friends or family that would help, to family and friends living too far away to be able to help.
- Others who added comments expressed how they were receiving great help from neighbours, friends and neighbours

For carers their own personal safety is often something that can be an issue. The statement: 'I feel safe. For example, safe from any kind of abuse, physical harm or from falling both inside and outside your home.'

- 79% felt safe
- 4% did not feel safe in their surroundings
- 9% sometimes felt safe, whilst 8% did not know

There were 4 additional comments to this question:

- 2 were concerned about falling, one of the two mentioned that they suffer from fainting which had caused a few bruises
- One of the comments noted that their neighbours were abusive and that their children tended to play ball games late in to the night
- One comment noted their concerns of being alone with her son who has autism and SLD. Worried due to him now being 11 years old, and thus growing in strength and height which is problematic when he does go through a 'meltdown'.

Having established that for many carers there is a feeling of isolation, and that support from friends and family isn't always practical. The need to know who to contact for further support is important: 'Thinking about the support you have had as a carer, do you agree with the following: I know who to contact about my support.'

- 85% knew who to contact
- 11% sometimes knew who to contact, whilst the remaining 4% did not.

Additional comments:

- Majority of comments commended the help that they had received from services such as Social Services and Carers Outreach
- One did however note that it wasn't easy to find the correct kind of support.

The 9th question looked to gather an idea of whether carers believed that they had been involved in the decision making for the person that they cared for.

- 83% agreed that they had been an active participant in all decision making in regards to support and care.
- 4% disagreed
- 11% felt that they were sometimes involved, whilst the remaining 2% did not know.

Additional comments:

- One comment noted that it wasn't always possible
- Another noted that due to the person they care for being disabled they can only be with their mother.

The final two questions in the questionnaire revolved around support. The first one was: 'I feel supported to continue in my caring role.'

- 63% agreed that they felt supported to continue in their caring role
- 6% disagreed
- 24% felt that they sometimes felt supported to continue, whilst the remaining 7% did not know

Additional comments:

- A large portion of the additional comments noted how they are becoming older as carers, and therefore are concerned that they will able to meet the needs of the person that they care for.

- A few of the other comments expressed how they would like to see further support as there is a lack of respite for them.

The final question looked to understand how happy people are with the support that they were receiving.

- 68% of people were happy with the support that they had received
- 4% were not happy with the support that they had received
- 26% were sometimes happy with the support that they had received
- 2% did not know

Additional comments:

- 2 people did not feel that they had received enough support.
- 2 people noted that more needs to be done in regards to respite, whilst another person noted that they appreciated the 3 hours in the week where they do receive respite.
- 1 individual expressed how they felt that the support was excellent.

Conclusion and recommendations

Ynys Môn Priorities.

1. Early identification of unpaid carers and young carers to support them to access information, advice and assistance to continue in the caring role.

2. Support unpaid carers to plan for the future. Pre-emptive planning through the Forward Thinking, Forward Planning service facilitated by Carers Outreach Service.

3. Improve carer assessment to ensure consistency

4. Provide the required mental health and wellbeing support for carers as identified in the carers assessment.

5. Review the current respite services. Utilise the six bedded unit in Garreglwyd as a respite/short breaks unit.

6. Increase respite options for carers and young carers. Pilot the Respitality project.

7. Pilot the Young Carers Digital ID Ap launched across Gwynedd and Mon.

8. Reviewing the current dementia Connect service with a possible option of a regional contract being developed.

9. Launch of the Cymuned website and promote with all carers groups and organisations on Anglesey.

10. Purchase of a second caravan in Hafan y Mor to provide a further short breaks option for carers.

11. Provide increased capacity to support the rising demand for counselling and CBT for unpaid carers

12. Continue to work in partnership with Gwynedd Council to establish the Shared Lives short breaks project.

Safeguarding

Impact of Covid

Working practices were amended during the pandemic and it is likely that this will inform some different ways of working to the future. Staff have shown their ability to adapt and work creatively and the use of virtual platforms to support multi-disciplinary work is likely to continue.

Covid 19 has exasperated many of the inequalities within our communities and has had a "catastrophic" impact on many families.

- For many families it has been a perfect storm of financial hardship, lack of work, new and evolving sources of stress, children not at school, access to food, discrimination and none of the normal support networks available.
- Mental health problems are more common in vulnerable and disadvantaged groups following individual or community-wide periods of social isolation in the context of the public health crisis.
- The social restrictions that confined people to their homes for extended periods increase the risk of abuse and exploitation, particularly among girls and women.
- The mental health and wellbeing of children has been impacted through the crisis and many are experiencing a number of ACE through this period, it is likely that the longer-term impact of covid will be an increase in the number of young people experiencing poor emotional wellbeing.
- Children were losing the face to face social interaction, impacting on social skills and an increase in online social media interact action, placing them at risk of online abuse.
- Social restrictions that confined people to their homes for extended periods increase the risk of abuse and exploitation, and deconditioning.
- Cognitive decline, exacerbated by the very difficult, often isolated conditions in which individuals were living, due to the pandemic.
- Deteriorating physical health and increased pain due to untreated health conditions.

Self-neglect cases have and continue to be increasing in numbers and complexity. It is not clear whether these cases were previously masked by third sector services who were provided support so the individual was able to maintain themselves independently or, whether the impact of Covid-19 (self-isolation, shielding etc) has had a detrimental impact upon the coping strategies of some individuals in the community. Likewise, it could be that awareness raising internally and across the sectors has heightened this risk.

Following the need for parents to home school during the periods that children could not physically attend their school, we are concerned as to a possible increase of those who decide to take up Home Education.

We will need to continue to provide support to all of the most vulnerable children in our society and to consider how best to support children and to keep children safe within a changed safeguarding landscape.

Performance data shows that children and their families can be confident that timely decisions are to all reports of suspected child abuse or neglect. There is no waiting list for allocation of cases where safeguarding enquires are required. Safeguarding reports receive a quick and comprehensive response with evidenced risk assessment and management. Performance data shows that the level of re registration over the year was 22.22% and the average time a child's name is placed on the

Child Protection register was 321 days. Mostly Initial Child protection conferences are held on time with a performance of 85%: good performance achieved within a period of the pandemic

Domestic Abuse: “One front door”.

Pre Covid 19 - We established a working group to look at the model of intervention provide and review all services commissioned in relation to domestic abuse: because of this, we embarked on a new programme called the “One front door”. The One front door is a multi-agency approach to identifying and RAG rating received referrals and a forum to evaluate and develop services around domestic abuse dependent on risk and needs. We have secured funding to assist us with the development.

In addition we have provided additional resources to GORWEL in order to respond and limit / mitigate any developing waiting list caused by the impact of covid.

Mental health:

The impact of COVID has been significant on children and young people’s emotional wellbeing. We have provided additional resources through Action for children, and PARABL to provide additional capacity to respond to the increase in demand. We will continue with this additional resourcing for as long as we can. Plans are in place to continue with this for 2022/2023. Services include The blues project and bounce back projects, grief counselling, additional support for young carers and additional capacity in the emotional wellbeing roles within Action for Children, provision of mental health services for generalised anxiety conditions within PARABL for adults and young people over the age of 14.

GOLAU the emotional wellbeing service provided by Barnardo’s for the past three years will come to an end in March 2022. This will potentially have an impact on the wider capacity within the system to receive referrals and provide intervention. The additional funding for early intervention CAMHS services are welcomed and will fit in well within our early help processes and new roles within schools such as the wellbeing and inclusion officers roles. These are new roles, 2 in each of the secondary schools in Anglesey.

Contextual Safeguarding

Whilst the number of referrals pertaining to child exploitation initially decreased over lockdown we have since seen an increase in the numbers and in particular children who are being exploited sexually in the internet and criminally in the communities of Anglesey. We have two healthy relationships workers tasked with leading on this work and response. National and regional work is ongoing into developing a more consistent approach to this work. We also welcome the expansion of the ONYX (NWP) team to include all forms of exploitation.

Deprivation of Liberty Safeguards

We have seen an increase in the referrals received and undertaken more assessments, many of which have been reviews and requests for Part 8 reviews as Managing Authorities have identified additional restrictions during the course of the pandemic. We have commissioned an impact assessment in relation to the implications of Liberty Protection Safeguards (LPS): to identify financial, workforce and system changes required. Whilst we will not be able to fully appraise those demands until the Code of

Practice is available, we are taking steps to ensure readiness for what will undoubtedly be a considerable additional pressure.

Violence against women, domestic abuse and sexual violence

What we know:

- We know that the **total number of domestic incidents (crimes and non-crimes)** increased significantly since the previous PNA, in 2015. In 2015, we knew that the number of incidents was 760, which grew to 960 by 2016. However for the current PNA, the figure now stands at 1,303, with 957 coming under crime and the remaining 346 coming under non-crimes.
- The **total number of domestic violent crimes with injury** has fluctuated over the past 5 years since the last PNA. In 2015, the number of cases that came under this category was 130. This increased to 170, in 2016. However, as of 2020 this has decreased from the 2016 figure to 156 – which is still an overall increase since the last PNA was carried out.
- For the whole of North Wales, approximately 2500 women and 600 men were involved in **domestic violence by victims gender**, for the previous PNA, in 2015. This increased in 2015/16, with approximately 2900 women and 800 men coming under this category. For the current PNA, we know from an Anglesey point of view that the number of women cases stood at 921, whilst the number of men was 312.
- The **number of sexual offences** was 130, in 2014/15. By 2015/16, this number had decreased to 120. However for the current PNA there has been a sharp increase, with the number of sexual offences cases now being 168, as of 2020.
- The **number of MARAC (multi-agency risk assessment conferences) cases** has doubled in the past 5 years. For 2015/16, the number of MARAC cases was 80, however this has sharply risen to 168 for 2020.
- For **MARAC cases by protected characteristics,** 2% of these cases were BME; 0% were LGBT; males was 1%; disability was 0%; and people aged 16-17 was 3%, in 2015/16. However, we were unable to collect the percentage figure, but instead had the number of cases that come under these protected characteristics. Thus for 2020 there were 4 BME cases; 1 LGBT case; 18 male cases; and 1 disability case.

Data gathered from the Single Point of Access Gateway for Housing Support for the 2020/21 financial year recorded 314 (12.4%) cases of need in relation to domestic abuse from a total of 2,541 for all service user groups. In comparison for the period 01.04.2021 to 30.9.2021, the sum of 137 (10.7%) identified need was recorded from a total number of 1,282. Anglesey also has two refuges for victims / survivors of domestic abuse. The first can accommodate up to 4 families (female only apart from children up to 16yrs) and a dispersed refuge for one person which can be used for either male or female victims / survivors of domestic abuse.

Monitoring data over the past 12 months have shown that both refuge provision have been full the majority of the time, with voids occurring following one person / family leaving and housing management / maintenance functions required prior to next move-in.

Despite an apparent decrease in the above data, concerns remain across key agencies such as Children and Adult Services, and North Wales Police, that actual incidence of domestic abuse is significantly increasing. According to the needs assessment findings there appears to be a gap of provision made available for cases of sexual abuse, and this is an area we will explore further. A report received from North Wales Police indicated at the halfway point of 2021/22, domestic abuse incidents on Anglesey had increased by 23% compared with the corresponding period for the previous year. See table and graph below. It has also been noted that the number of open cases held by the designated provider exceeds the expected caseload of 15-18 per support worker on a regular basis.

	Current Week	**YTD**	**LYTD**	**% Change**
Victim of DA	**24**	**662**	**538**	**23.0%**
Repeat Victim	**3**	**92**	**93**	**-1.1%**

- 356 Females / 55 Males victims of domestic abuse who have also been a victim of a crime 3 times or more during the previous 12 months.
- 135 (37 %) of Females were aged 35-44, 25.2% aged 25-34 and 21% aged 18-24.
- The 55-64 age category was the highest for male victims with 15 (27.3%) closely followed by 13 (23.6%) in the 35-44 age category. All the other 4 categories were consistent, showing levels of 5-7 (9-13%).

The Housing Support Commissioning Team continues to participate in the Once Front Door Project which brings together, relevant agencies such as Children Services, Housing, Education, Gorwel, Health (SMS) North Wales Police (PVPU), SMS on a weekly basis, via a virtual electronic link, to discuss cases referred into the panel, to agree the best possible solution in terms of required intervention. The project is co-ordinated by the Housing Support Single Point of Access Officer and is an example of good practice in both joint working and the alignment of funding of both the Housing Support Grant and Children and Communities Grant.

We are currently awaiting an audit report undertaken by the Safe Lives Charity who sponsor the One Front Door Process across England and Wales.

Welsh language

Review of services currently provided

Strategic Equality Plan 2020-2024 – Priorities / Actions - Progress as at December 2020

- During 2020, presentations regarding implementation of the Welsh Language Standards, and communication and customer care (including the requirement to make the proactive offer of a service through the medium of Welsh to all customers) have been delivered at staff conferences.
- Raising awareness of More than Just Words and the Welsh Language Standards continues to be a required element of all departmental staff inductions.
- All staff on the email system have been sent a written reminder of the importance of answering telephones bilingually.
- Ways of monitoring the recording of the Active Offer and language choice of service users by deriving statistics from the electronic case records system are being developed, in order for performance in relation to the recording of this to be monitored.
- Services continue to monitor and ensure that there are sufficient Welsh-speaking staff across all areas of the Services in order to be able to provide Welsh-medium services across all areas.

Services continue to encourage staff who are learning Welsh to participate in relevant training in order to develop their language skills

Equality, socioeconomic duty and human rights

Veterans

- The **estimated veteran population, all persons aged 16+** has decreased significantly since the previous PNA. In **2015**, there were: 16 - 24 (50); 25 - 34 (100); 35 - 44 (260); 45 - 54 (520); 55 - 64 (730); 65 - 74 (890); 75 - 84 (2,360); 85+ (540); Total 16+ (5,470).
  However for **2020**, there were: 16 - 24 (40); 25 - 34 (100); 35 - 44 (200); 45 - 54 (450); 55 - 64 (620); 65 - 74 (820); 75 - 84 (1090); 85+ (830); Total 16+ (4,150).
- Coinciding with the above, the **percentage of veteran population aged 16+** has also decreased by a huge amount. In 2015 the percentage of the veteran population above the age of 16 was 11%. However, as of 2020 this figure now only stands at 7%.
- The **percentage of each local council population age 16+ that are veterans** highlights the above and gives a more rounded demographic of the veteran population, on Anglesey. In **2015**, there was: Population age 16+ (58,100); Estimated number of veterans (5,470); Percentage veteran population (11%).
  However for **2020**, although the general population largely stayed the same, the veteran population did decrease: Population age 16+ (58,519); Estimated number of veterans (4,150); Percentage veteran population (7%).

What we know:

Disparities in old age in income and wealth, access to financial services and employment often reflect accumulated disadvantage due to one's location, gender, socio-economic status and other characteristics, ageist attitudes and practices, and lacking or inadequate laws and policies.

Social exclusion affects people's personal wellbeing and participation in society in multiple ways. These include access to the social networks within communities that support integration and connection with others, access to community services and amenities that support a fulfilling life.

Community participation is the process by which an individual engages with locally-based activities which may benefit them and their community.

The percentage of pensioners living in relative income poverty increased for 4 consecutive periods reaching 20% between 2014/15 and 2016/17 before falling to 19 per cent between 2015/16 and 2017/18 (StatsWales).

Priorities

1. Investing in local support that matters to older people
2. Improving digital confidence through the virtual community hub project and My Health Online project to improve engagement/contact with primary care.
3. Promoting volunteering

4. Commence the socio-economic duty. The socio-economic duty came into force on the 31st March 2021. The duty requires certain public bodies when making strategic decisions such as deciding priorities and setting objectives to consider how their decisions might help to reduce the inequalities associated with socio-economic disadvantage.
5. Increasing take up of pension credit

Appendices:

Appendix 1 – Operational Pathways

OPERATIONAL PATHWAYS

Mrs B is a 74-year-old married woman, she is registered Severely Sight Impaired (Blind), she suffers with Age Related Macular Degeneration wet type. Although she has been having Lucentis eye injections to reduce the deterioration these has not been successful. Mr B suffers from dementia and heart problems. Both have supported one another in the past, this is becoming increasingly difficult due to Mr B's memory problems. All the family live away: the nearest is a four-hour drive. They live in a remote village with no local shops.

Mrs B has had ROVI support following assessment of need. Activities of daily living have become increasingly difficult due to her husband's condition. Food in the freezer has been labelled: previously her husband would get the items. Oven and Combi microwave have been marked. These are also helping Mr B remember how to turn on and off. The washing machine/tumble drier is now marked: this is of benefit to both. Additional lighting has been fitted in the kitchen. All the above has enabled both to prepare and cook meals without additional support.

Mrs B in the past used a 'Visum' electronic reader to read her mail, magazines etc. As her vision has deteriorated further she is no longer able to use the equipment. She is unable to rely on Mr B to read to her. Mrs B visited the North Wales Society for the Blind open day she had a demonstration of the Iris Vision Live talking scanner followed by a home visit by the company. Mrs B bought the equipment. She is finding it of great benefit.

Mrs B has had on-going intervention from the Rehabilitation Officer (ROVI). She has been signposted to the RNIB benefit service, 94 Council Tax applied for reduction in tax as she has specialist reading scanner due to her disability, power company to register as disabled this will avoid her to not provide account number in an emergency, lunch club allowing both to have time apart enabling both to socialise and private company for cleaning service weekly. Mrs B wears makeup. She was getting distressed as she was experiencing difficult applying it and drying/styling her hair. The ROVI was able to advise on magnifying mirrors and suitable lighting for the bedroom. Client always wears jewellery but she was unable to locate matching earrings, for example. A tablet container was introduced, enabling her to place a pair of earrings in one compartment. This proved beneficial. The above mattered and was very important to Mrs B's self-esteem. She needed to be able to continue to do this independently.

Additional handrails have been fitted on ROVI request by the local authority in the shower unit and outside the front door.

During lockdown the Rehabilitation Officer regularly phoned to support and give information regarding local services such as shopping and prescription collection. This enabled both Mr B a Mrs B to keep independent during this difficult time.

The service provided by the ROVI has allowed both to remain in their own home without a package of care. Without ROVI support Mrs B would be unable to manage independently. A person-centred rehabilitation programme has allowed Mrs B to maintain her independence at home, carry out tasks, and continue with the activities that matter to her. At present Mr B is still able to drive so they continue to go out in the car for rides and lunch occasionally.