WELL-BEING CONSULTATION & ENGAGEMENT REPORT: CARMARTHENSHIRE

Report on engagement activity:

- Regional well-being survey: results for Carmarthenshire
- Focus groups / workshops
- Qualitative analysis of comments recorded at events (via the 'Well-being Tree' and as expressed in other formats)

Contents

Introduction & Context

The Well-being of Future Generations Act requires each of the 22 Public Service Boards to develop and publish a Well-being Assessment by 31st March 2017. The Assessment will serve as a statement of well-being for each respective county area. In addition to the importance of reflecting quantitative data (e.g., from the Census and other official sources), the guidance stresses that significant engagement with people is critical in adequately making the assessment of well-being.

This report brings together the substantial body of engagement work undertaken in Carmarthenshire to help understand what really matters to people and so guide the development of a Well-being Plan for the County

Outline of Approach & Consultation Methods

In the interests of collaboration and making best use of scarce resources, the Public Service Boards of Ceredigion, Carmarthenshire and Pembrokeshire have taken the decision to work together on their wellbeing assessments. This consistent, regional approach also assists organisations, who are part of the Public Service Board, but whose remit extends beyond Carmarthenshire.

The key components of the regional approach are:

- A survey directed at residents
- An agreed toolkit for undertaking direct engagement work through focus groups or in less formal settings across the region

Survey

A survey was developed and a series of questions were formulated under the themes of economic, environmental, social and cultural well-being respectively. A further section was developed which explored the importance of health to individuals.

Alternative versions of the survey were produced in order to ensure accessibility across a wide range of age groups and abilities, namely a younger person's version and an easy read version.

The approach taken in Carmarthenshire was to develop a campaign, targeting potential respondents in the following ways:

- Stratified random sample to 5000 households, using the electoral roll as a sampling frame. A proportionate number of households were selected within each of Carmarthenshire's six community areas (see below)

	% of Carms population	Surveys administered
Community Area 1	17%	850
Community Area 2	18%	900
Community Area 3	16%	800
Community Area 4	17%	850
Community Area 5	16%	800
Community Area 6	16%	800

- Mail-out to Carmarthenshire's 50 Forum (c. 2400 members) & Citizens Panel (c. 600 members)
- Hosted survey on Carmarthenshire PSBs 'get involved' page and the Council's consultation portal (iLocal) using the branding "the Carmarthenshire you want", which has national resonance
- Established a close working relationship with schools to push survey
- Bilingual Facebook and Twitter posts
- 'Postcards' featuring a survey QR code left in high footfall areas: customer service centres; libraries…

Extensive analysis of the survey features later in this report.

Toolkit

A series of documents were produced to help organisers in running events and focus groups. The toolkit was designed to empower groups who wanted to run their own engagement sessions on the Well-being Assessment, by offering a standardised approach, describing format of the session, the key questions, and including a reporting form for sending back to a single point of contact in Carmarthenshire County Council.

The toolkit also provided an innovative method for informal engagement, for use in busy places where people are milling around. A 'tree', made from wood, was placed on a table and participants were invited to write their comments on paper 'leaves' which were then hung on the tree. The comments are described and analysed later in this report. The tree approach was used for the following:

- Carer's Forum (09/09/16)
- PSB Stakeholder Event (16/09/16)
- 6 x Siarad Iechyd / Talking Health drop-in sessions organised by Hywel Dda University Health Board: Glangwili Hospital (09/09/16); Antioch Centre, Llanelli (14/09/16); Prince Philip Hospital (16/09/16); Ysgol Griffith Jones, St Clears (21/09/16); Carmarthen Library (23/09/16) and ABC Church, Ammanford
- Community days ("more in common" event) in Llanelli (15/08/16) and Carmarthen (19/08/16) town centres
- Town and Community Council Liaison Forum (06/09/16)
- Welsh Language Strategic Forum (22/09/16)
- Equality Carmarthenshire (18/10/16) comprising myriad equality groups
- Carmarthenshire Youth Forum (03/11/16)
- Engagement with primary schools including Tycroes; Llandeilo; Carway; Ponthenri; Gwynfryn; Johnstown and Stebonheath schools

The approach to engagement was underpinned by an extensive media campaign, including press releases, social media posts, etc

Regional Well-being Survey: Carmarthenshire Results

This section is structured by considering each survey question in turn. The 'domains' used within the survey have been retained for the purposes of this report.

Mention will be made of the views of different categories of respondent, to enable comparisons to be drawn. This process is known as the disaggregation of survey data: examining trends by age, gender and other demographic variables to enrich the analysis. Accordingly, proper weight has been given to the views of all those consulted and, in particular, 'due regard' given to free text (literal) responses.

Where likert scale questions have been asked, the report will draw upon a technique known as the Average Index Score (AIS) to analyse and present results.

Demographic Profile of Respondents

The regional well-being survey attracted 6443 responses across Carmarthenshire, Ceredigion and Pembrokeshire.

> ℹ️ A total of **2582 Carmarthenshire residents** responded to the regional well-being survey. A fifth reside in each of Community Area 3 (21%) and Community Area 2 (20%). 18% are residents of Community Area 1, with fewer respondents living in CA4 (16%), CA5 (12%) and CA6 (12%).

Two of the most important demographic characteristics for public policy are the age and sex structures. The age breakdown is fairly balanced, albeit a slightly older age distribution profile is evident: just over half of survey respondents were of working age: 56% aged 16-64, with 44% of pensionable age (65 and over). In respect of age, the highest number of responses received were from the 65-74 cohort (28%), followed by 55-64 (21%) and 45-54 (17%). An additional 36 respondents completed the younger people's iteration of the well-being survey. Therefore, the surveys, in isolation, are unable to paint a truly representative picture, given younger age cohorts are under-represented. Accordingly, the survey is supplemented by outreach activities with school children and young students. Finally, there is a significant female:male disparity, with 61% female respondents, 38% male (1% PNTS).

AGE

Age	Percentage
PNTS	0
85+	4%
75-84	12%
65-74	28%
55-64	21%
45-54	17%
35-44	9%
25-34	6%
16-24	3%

GENDER

- PNTS 1%
- Male 36%
- Female 63%
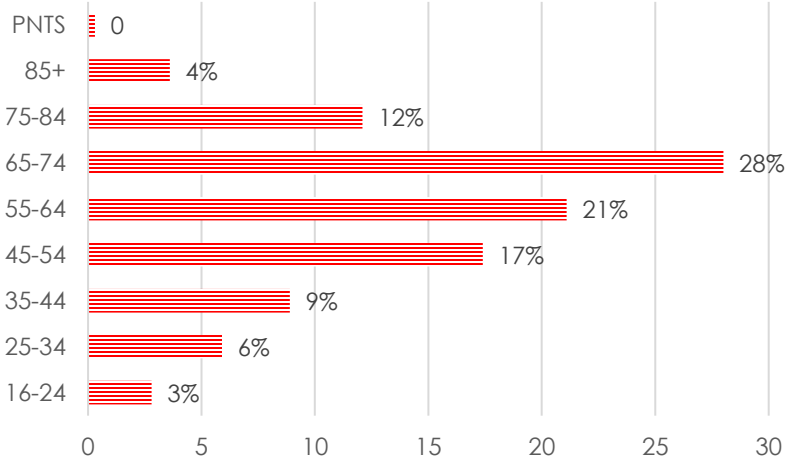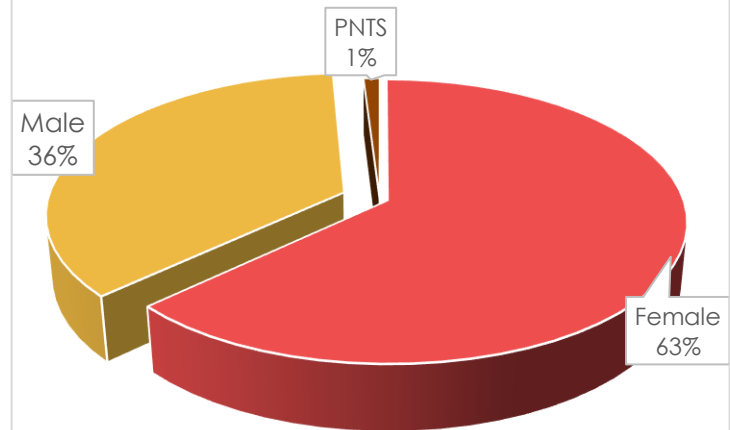
Results from other demographic questions are tabulated below. [1]

Demographic Characteristic	Overall %
Transgender	0.5%
PNTS	0.6%
Relationship status	
Single	12%
Married	60%
Separated	1%
Divorced	8%
Widowed	12%
Civil partnership	0.6%
Co-habiting	6%
Other	0.4%
PNTS	1%
Sexual orientation	
Heterosexual	95%
LGB	2%
PNTS	3%
Religion	
Yes	56%
PNTS	8%
Caring responsibilities	
Yes	34%
PNTS	2%

Demographic Characteristic	Overall %
Ethnicity	
White	97%
BME	1%
Other	0.2%
PNTS	1%
Disability	
Yes	29%
No	68%
PNTS	3%
First language	
Welsh	28%
English	72%
Other	1%
Income	
<£10,000	12%
£10,000 – £19,999	22%
£20,000 – £29,999	16%
£30,000 – £39,999	11%
£40,000 – £49,999	8%
£50,0000 – £59,999	5%
> £60,000	6%
PNTS	20%

[1] Of the 36 respondents who completed the young person's version: **age**: 33 (92%) were aged 12-16; 3 (8%) 17-18. **Gender**: 61% female; 39% male. **Ethnicity**: 95% white; 3% BME; 2% PNTS. **Religion**: 23% yes; 75% no.

Social well-being

Q10 asked respondents to what extent various statuses/contexts were important to their general well-being. It is evident that *feeling safe* was upheld to be of great importance to respondents' well-being. *Feeling safe in my home* attracted the highest AIS of those listed (1.85), with *feeling safe in my community* a close second (1.78). As shown below, this denotes a near-unanimous view that feeling safe is 'very important'. All five listed statuses were adjudged to be important to respondents' well-being to varying degrees, with AISs ranging from 0.92 (*having opportunities to influence local decisions*) to 1.84 (*feeling safe in my home*). The former was the sole overall AIS to fall outside the +1 to +2 range.
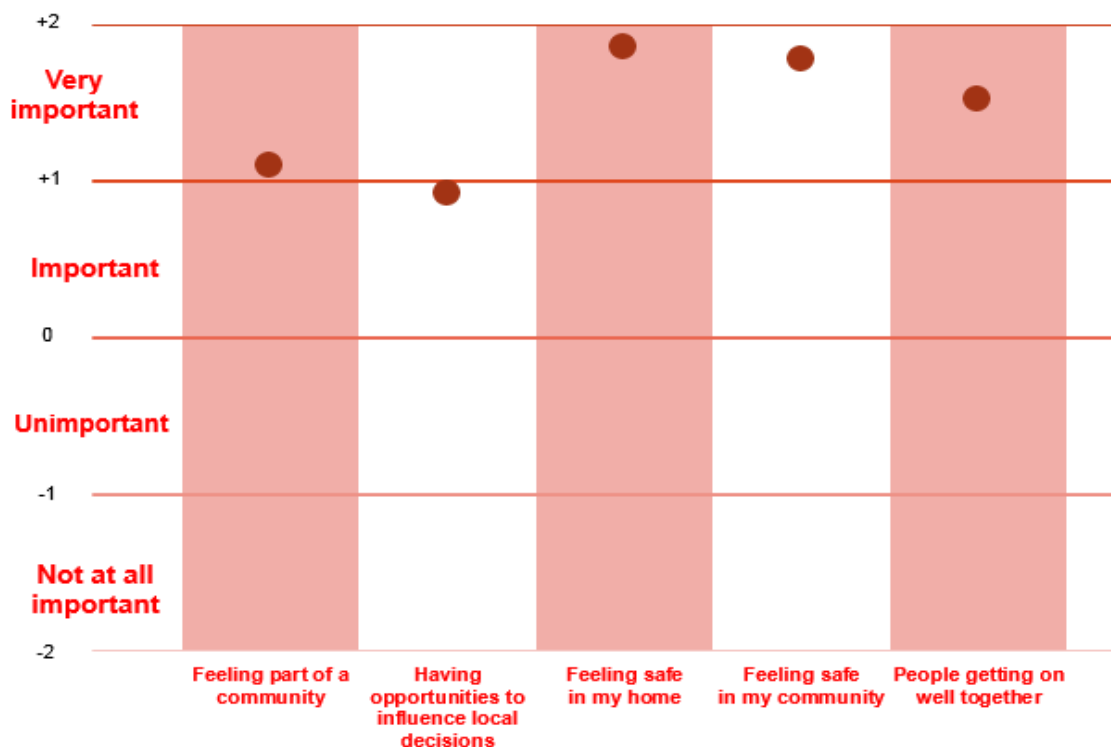
Probing the results of Q10 by demographic variable uncovers little variance on the basis of locality (community area). The AIS for CA6 in relation to *feeling part of a community* (0.97) was slightly lower than the overall AIS of 1.1, suggesting respondents in Community Area 6 give less importance to this aspect of social well-being.

Higher AISs were recorded for females across all five statuses, particularly those related to *feeling safe*. In respect of age, the retired cohort (those aged 65+) felt

that *feeling part of a community* was much more important to their wellbeing than those of working age (16–64). This is borne out by a higher AIS for the older demographic: 1.22; in contrast to 1.0 for the 16–64 cohort and 0.97 for under 16s. Respondents 16 and under said *feeling safe at home* was very important (AIS: 1.92)

Having opportunities to influence local decisions had the lowest overall AIS at 0.96, with all disaggregated AISs falling between the 'neutral' (0) and 'important' (+1) categories. There are two exceptions to that rule: the AIS for those with caring responsibilities equalled 1.04, whilst those with a higher household income were also likely to regard *opportunities to have your say* as important – very important (AIS of 1.02 for £40,000 – £59,999 and 1.05 for >£60,000).

Q11) Would you be happier if you more/better access to…

The survey then sought to establish correlation between improved access to services and happiness (Q11). Nearly 7 in 10 respondents admitted that having a *more reliable mobile network* (68%) and *better access to public services* (68%) would make them happier. Contrastingly, less than half (45%) of all respondents felt more/better *access to community groups* would improve their happiness.

	% who said 'yes', better access would make me happier								
	Overall	16-64	65+	Female	Male	White	BME*	Dis-abled	Income <£20k
Public transport	56%	52%	61%	56%	56%	56%	56%	65%	60%
The internet	60%	65%	51%	57%	62%	59%	52%	58%	54%
Reliable mobile network	68%	74%	60%	67%	69%	68%	64%	68%	63%
Public services	68%	68%	67%	67%	69%	68%	73%	76%	68%
Friends / family	59%	59%	58%	59%	58%	59%	56%	66%	60%
Community groups	45%	46%	43%	48%	40%	46%	44%	51%	49%

please note smaller sample size for BME respondents (34) may distort values.

Around one in two respondents (56%) indicated that better *public transport* would make them happier, and this result differs when age is used as a criterion: 61% of respondents aged 65 and over said 'yes', in contrast to 52% of working age. Among the other groups more likely to say that better public transport would increase their happiness were: disabled respondents (65% said it would), social renters (61%) and those with income less than £20,000 (60%).

Disabled respondents, social renters and those residing in CA5 also gave greater weight to public services. 76% of disabled respondents, 74% living in social accommodation and 74% living in CA5 would be happier if they had more/better access to public services.

There are generational differences when exploring the relationship between improved access and happiness. Age comes into play when looking at results for *services relating to digital infrastructure*. Younger respondents were more likely to say that a *more reliable mobile network and better access to the internet* would improve their happiness, ostensibly given their usage of such devices. 65% of 16-64 year olds said better access to the internet would improve happiness, as did 61% of under 16s. The compares to 51% of respondents of pensionable age.

A cursory glance at other characteristics shows that income has a bearing on respondents' viewpoints. 60% of respondents with a household income below £20,000 said better public transport would improve their happiness, compared to 41% with an income above £60,000: a 17 percentage point differential. A similar trend is observable for access to the internet: 54% of respondents with an income <£20,000 said better access would make them happier, compared to 68% with an income above £60,000.

Under 'other', respondents remarked that better access to public toilets; cycle routes; a healthier retail environment (featuring a mix of national chains, independent stores and fewer charity shops); more cultural and leisure opportunities (together with better advertising of local events) and improved access to GPs, hospitals and mental health services would make them happier.

Q12) Is your accommodation…

8 in 10 (85%) survey respondents are owner occupiers: 58% *owned outright* and 27% *owned with a mortgage or loan*. Fewer responses were attracted from other tenure groups: 8% of those surveyed live in *social rented accommodation* and 5% are *private renters*. 2% specified *other*, with living with parents, living in a caravan and shared ownership cited. Recurrent trends pertaining to housing tenure still hold true: 82% of survey respondents of pensionable age owned their home outright, compared to 40% of working age. Moreover, private renting is a more popular form of tenure amongst younger demographic groups: 16% of respondents aged 25-34 and 12% aged 35-44 were private sector renters, with the value for 65+ (just 2% rent privately) a useful comparator. Social renting was highest amongst disabled (13% are social renters), BME groups (12%) and respondents with a household income below £20,000 (15%).

Q13) How many dependent children live in your household?

No children	78%
1 child	10%
2 children	8%
3 children	2%
4 children	1%
5+ children	0.3%

The majority (almost 8 in 10) of respondents did not have dependent children living in their household. Those that did tended to have one child (10%) or two children (8%).

Q14) To what extent do you agree or disagree with the following statements?

Respondents were presented with a list of seven statements about their home in likert scale format and asked to indicate their level of agreement using strongly agree and strongly disagree as response anchors. Overall, all statements attracted a positive AIS, signifying general agreement.

The statement *I will be able to find suitable housing if I needed to move* recorded an AIS of 0.45; this being the lowest of all seven AIS values and the result of most concern to policy makers in Carmarthenshire. This result worsens for disabled respondents: with an AIS of 0.14 this cohort took a relatively neutral position (no

strong inclinations towards agreement or disagreement), which may suggest uncertainty about their ability to seek alternative accommodation. There is also considerable variance by income banding: namely, the AIS increases in accordance with income (0.17 for respondents earning <£20,000; 0.48 for £20,000 – £39,999; 0.69 for £40,000 – £59,999 and 1.08 for those with an income greater than £60,000). Subsequently, the higher one's income, the stronger the level of agreement that they would be able to find suitable alternative accommodation.

	Average Index Score				
	Overall	Owned outright	Owned w/ mortgage	Social rented	Private rented
My home is in a good state of repair	1.26	1.36	1.32	0.92	0.9
My home is easy to keep warm	0.96	1.02	0.9	0.84	0.7
I can afford to heat my home	1.02	1.11	0.97	0.71	0.73
My home meets needs of those who live in it now	1.21	1.28	1.19	0.98	1.0
I can live in my home for as long as I want	1.28	1.39	1.25	1.18	0.37
My home will meet my needs in the future	0.84	0.91	0.84	0.72	0.2
I will be able to find suitable housing if I needed to move	0.45	0.52	0.55	-0.01	-0.1

For each of the listed statements, it is true that lower AISs were recorded for respondents residing in social and private rented accommodation, as expounded above. This trend is most pronounced for the statement *I will be able to find suitable housing if I needed to move*. Here, negative AISs were recorded for private (-0.1) and social (-0.1) renters, signifying slight disagreement. Similarly, private renters did not strongly feel that their home would meet their needs in the future (AIS of 0.2) nor that they could live in their home for as long as they desired (AIS of 0.32), perhaps reflecting the insecurity of private renting as a form of tenure. Moreover, compared to owner occupiers, renters were less likely to say *I can afford to heat my home*.

On the themes of housing standards, fitness for purpose and heating one's home, the AISs fluctuate when results are disaggregated by age. Contrasted with working age respondents, older respondents (aged 65+) were more likely to agree that their homes will meet current (AIS of 1.26) and future needs (AIS of 0.93) and their home is easy to keep warm (AIS of 1.07) – all conveying clear agreement. The respective AISs for these statements were lower amongst 16-64 year olds: 1.17; 0.78 and 0.88.

Health & well-being

> ℹ️ *Almost one third (32%) of Carmarthenshire respondents noted they have a health issue that affects their well-being; 64% said they did not and 4% wished not to say.*

Within each of the six Community Areas (CA) there are minor differences in the proportion of respondents who indicated they have a health problem: 29% in CA1; 25% in CA2; 31% in CA3; 33% in CA4; 38% in CA5 and 33% in CA6.

Turning to other categories of respondent, the number of respondents with a health problem generally increases by age. To illustrate, one quarter (25%) of respondents aged 16–64 said they had a health issue in comparison to 42% of pensionable age (65+). For some narrower age bands the percentage is even higher: 49% aged 75–84 and 72% aged 85+.

Differences by gender are negligible: 31% of females vs. 35% of males. 39% of 'single' respondents (taken to mean single, separated, divorced or widowed) have a health issue, as do 59% of respondents residing in a socially rented property. Over a third (34%) of respondents that care for others have a health issue that affects their own well-being. One in five (20%) employed respondents also admitted they have a health problem affecting their personal well-being.

Furthermore, the results also lend credence to postulations of a correlation between income and health / well-being. The survey results show that the lower one's income, the higher the probability of having a health issue affecting well-being: 18% of respondents earning between £40,000 and £59,999 said they had a health issue. This increases to 27% for those earning £20,000 – £39,999 and to 43% for those with an income of less than £20,000.

Given this was a routed, supplementary question, only 747 respondents were eligible to give a reply. It is clear that respondents' well-being is affected in two principal ways: Over three fifths (64%) said they were *unable to do the things they* enjoy and

41% noted they *need or rely on help to manage day-to-day*. Around 3 in 10 stated that *it puts a strain on my personal relationships* (32%) and renders them *unable to work* (31%). Respondents' health issues were not seen to greatly impact the suitability of their home or lead to a dependence on extra support beyond that provided by immediate family.

There is some variance by age and gender. Namely, the older the respondent the more debilitating the health issue appeared to be: 52% aged over 65 said they need or rely on help to manage day-to-day compared to 27% of those aged 16–64. Similarly, a higher percentage of older people said they were unable to do things they enjoy (70% of those aged 65+ vs. 57% aged 16–64). However, health issues were reported to have less of an impact on the personal relationships of older respondents (only 26% aged 65+ said it did) compared to their younger counterparts (40%). A detailed breakdown is provided in the table below.

	Overall %	16-64	65+	Female	Male	Disabled
I need or rely on help to manage day-to-day	41%	27%	52%	42%	39%	49%
My family has to rely on extra support	15%	12%	17%	15%	15%	17%
I am unable to do the things I enjoy	64%	57%	70%	63%	65%	72%
I am unable to work	31%	27%	34%	29%	34%	37%
I am unable to study	12%	9%	14%	11%	13%	15%
It puts a strain on my personal relationships	32%	40%	26%	31%	33%	33%
My home doesn't meet my needs	10%	9%	11%	9%	10%	12%

A number of responses were itemised under the 'other (please specify)' category. However, most furnished the original list with more specific details relevant to their circumstance. A common thread was that having a health issue led to a sedentary lifestyle.

Of the unique responses, mention was made of the need to micromanage one's health by going for frequent check-ups, taking regular medication to maintain wellness, strictly managing their diet; and by carefully planning days out so that there is access to relevant facilities (toilets, places to rest/eat). Respondents also noted that having a health issue brought about anxiety, stress and depression; increased the time taken to do routine tasks (or resulted in an inability to do so), led to a reliance on public transport; gave rise to feelings of helplessness and a dependence on others; led to financial worries and often prevented them from leaving the home, exacerbating the risk of loneliness and isolation. Difficulties managing pain, coping with exhaustion and traversing stairs were also noted.

Q17) If you need or rely on help to manage day-to-day, who provides the support you recieve?

Of those that rely on help to manage day-to-day (338 total), It is notable that there is considerable dependence on informal unpaid care and support from *family members* (81%). Unpaid support from friends also plays an important role, albeit to a lesser extent. There is little reliance on other, formal support mechanisms such as private care (7%) and local authority care (7%). One in ten respondents who said they need help to manage day-to-day do not currently receive help.
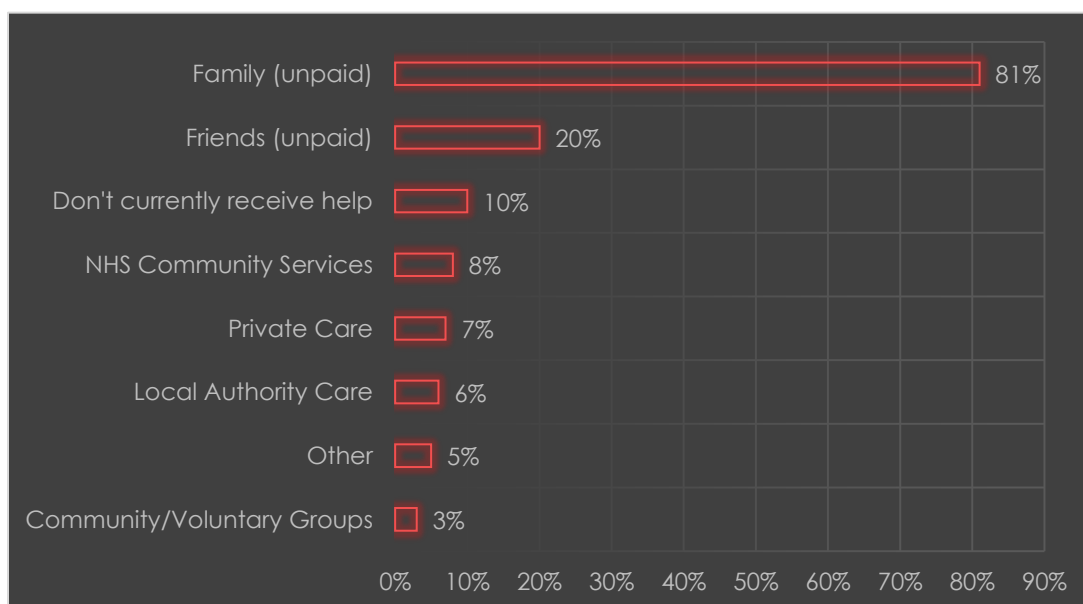
Older respondents were more likely to rely on the support of family members (83%) and use local authority care (7%) than those of working age – comparative AISs

were 77% and 4% respectively. Respondents with an income below £20,000 and who have a health issue tended to show more of a reliance on the support of friends: 28% of this cohort said they are helped to manage day-to-day by friends.

Again, this question had a smaller sub-sample of respondents. 310 individuals submitted a response, with 75% stating yes, the support they receive fully meets their needs. Notwithstanding the caveats of disaggregating a small sample, it is interesting to note the differences between respondents living in different community areas. 80% of those residing in CA5 said the support they receive meets their needs, compared to 77% in CA1; 79% in CA2; 77% in CA3; 68% in CA4 and 79% in CA6.

In addition, 78% of respondents aged 65+ and who answered Q18 said the support they receive fully meets their needs, whereas the result for 16-64s is lower: 68%, a 10 percentage point differential. Less than two thirds (63%) of respondents with a caring responsibility said the support they receive fully meets their needs. A lower than average value is also recorded for employed respondents: 68% of those in employment and who rely on extra support said it didn't meet their needs.

The below table looks at types of support offered and whether respondents felt it met their needs. As shown, unpaid care from family generally meets the needs of over three quarters (76%) of respondents. A higher proportion felt friends and NHS community services didn't meet their needs, though smaller sample size is notable.

Type of support	No. in receipt	Meet needs?	
		Yes	No
Family (unpaid)	250	76%	24%
Friends (unpaid)	62	61%	39%
NHS community services	24	58%	42%
Community/voluntary groups	9	33%	67%
Local authority care	17	65%	35%
Private care	23	70%	30%

Overall, 26% of respondents said the support they received does not fully meet their needs. 61 respondents elaborated further. Comments included not having enough support to manage at home (personal care, food shopping, gardening, cleaning and taking out the bins); not having someone who can properly assist after trips, slips and falls; not being to get the support to go on social outings; and, the amount of support being variable (and often less than what is needed) due to family members being in work or out of the county

Moreover, there were references to the type of support not being conducive to independent living; care visits taking place at unsuitable times, long waiting lists for local authority care and a view that recent benefit changes have compounded health problems – a reduction in benefit has reduced the level of support some respondents can afford to pay for. An unmet need for emotional support was also identified.

Carmarthenshire respondents partake in a wide range of activities in order to maintain their health and well-being. *Keeping active* and *healthy eating* were the most popular endeavours, each selected by over three in four (76%) respondents. *Learning new* things (32%), *participating in community group activities* (29%) and *helping others* (27%) were among the less common pursuits, selected by around three in ten respondents.
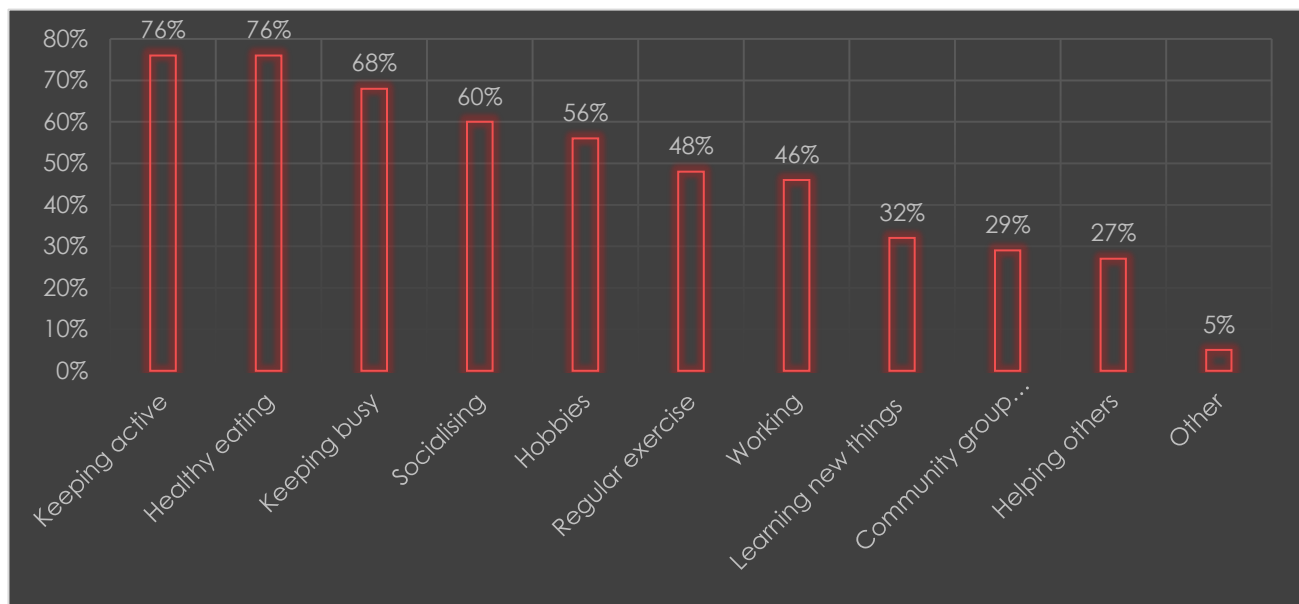
When contrasting the results by age there are dissimilarities between the working age cohort (16-64) and those of pensionable age (65+). Whilst a higher proportion of 65+ year old respondents maintain health and wellbeing through *eating healthily* (81%) and *community group activities* (36%)– corresponding figures for 16–64 year olds were 73% and 24% respectively – those aged 16-64 are more likely to exercise regularly (50%) and learn new things (34%) in comparison to older age groups. That 82% of under 16s said they eat healthily is an anomalous result in this context and suggests the propensity to eat healthily wanes amongst the working age population.

Similarly, a higher percentage of female respondents maintained their health and well-being via *healthy eating* (79% vs 72% of male respondents), *keeping busy* (71% vs. 64%) and *socialising* (64% vs. 53%). Male respondents were more likely to *undertake regular exercise* (51% of males; 46% of females).

In the main, percentages for disabled respondents were lower across all listed activities – the starkest examples being *keeping active* and *socialising*. Less than half (48%) of disabled respondents said they socialise to help maintain their health and well-being; 12 percentage points less than the overall result for all respondents (62%). Similarly 62% of disabled respondents keep active, compared to 76% of all Carmarthenshire respondents. Intriguingly, social and private renters were less likely to eat healthily than owner occupiers: 65% of social renters and 69% of private renters eat healthily to maintain well-being, in comparison to 80% who own their home.

The AIS has been deployed for Q21, with *very likely* given a weighted average of +2 through to -2 for *very unlikely*.
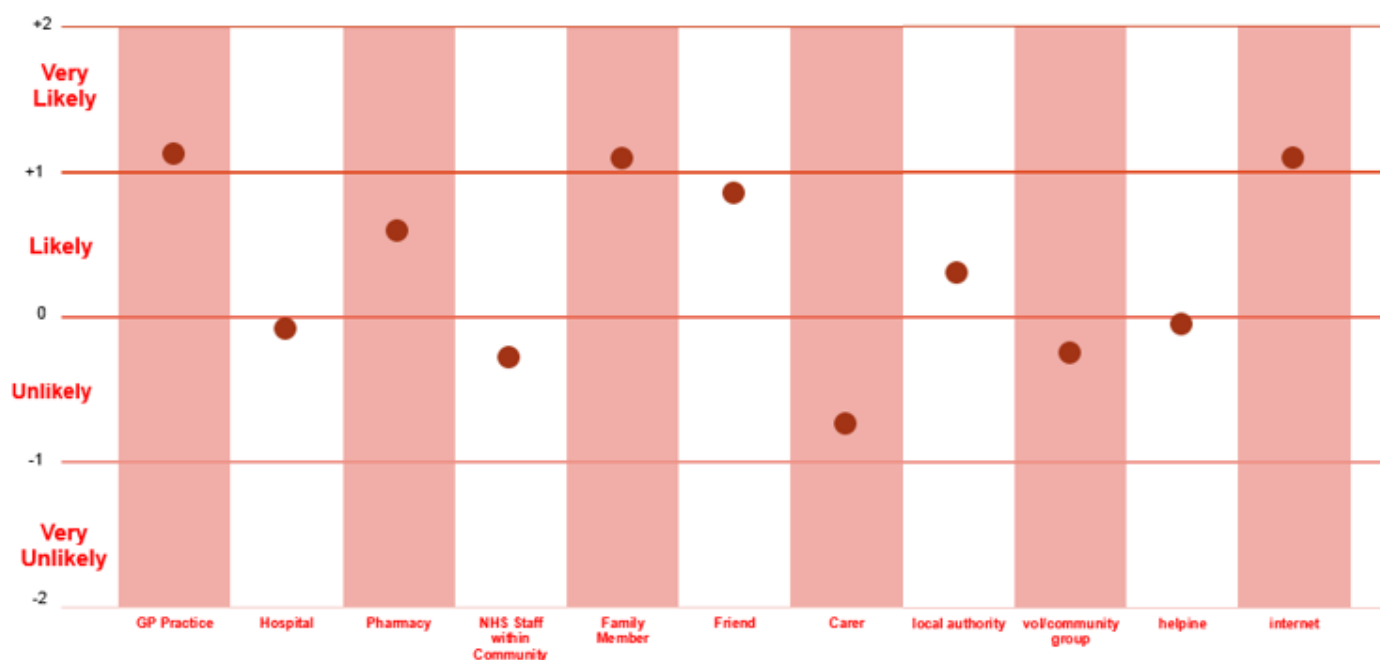
The AIS chart illustrates how the results to Q21 are varied and wide-ranging, with respondents indicating that they would be prepared to seek information and advice from a number of different engagement and information channels. There is some order of likelihood: *GP Practice* recorded the highest AIS (1.11). Together with *browsing the internet* (AIS of 1.08) and *family members* (also 1.08), these are the only sources to attain AISs within the very likely (+2) to likely (+1) categories. Information/support from *friends* (0.85), *pharmacies* (0.59) and *local authorities* (0.29) were other mechanisms to record a positive AIS.

Respondents are unlikely to seek information and advice on care and support from a *carer* (AIS of -0.74), *NHS staff working within the community* (-0.29) and *voluntary/community sectors* (-0.26). There is no clear view on the propensity to use *hospitals* or *helplines* (AISs of -0.09 and -0.05 denote a fairly neutral position, albeit leaning towards an 'unlikely' stance).

The variations between the tendencies of male and female respondents is also worthy of note: females were more likely to turn to *family members* (AIS of 1.14), *friends* (1.0) and *pharmacies* (0.7) than males (AISs of 1.08; 0.6 and 0.4 for males respectively). In truth, the AISs for males were amongst the lowest recorded across all demographic groups, suggesting the male cohort are less likely to seek information and/or advice when it comes to their health. This gives affirmation to the view that men are more reluctant to access health services.

Respondents of pensionable age were more likely to consult their GP practice (AIS of 1.29) than those of working age (AIS of 0.98). A similar trend was observed for *pharmacies* – the 65+ cohort recorded a higher AIS of 0.86, in comparison to 0.41 for those aged 16–64 – and *local authority* support (0.44 vs. 0.21). Working age respondents were more likely to turn to *friends* (0.91) than individuals aged 65+ (AIS of 0.76). Under 16s exhibited greater reliance on family (1.38) and friends (1.34) and are unlikely to seek out the school nurse (-0.93) should the need for advice/support arise. The highest recorded AISs for disabled respondents were GP practice (AIS of 1.17) and family members (1.16), suggesting these would be their first port of call.

Respondents' income levels also had an impact on the extent to which certain sources would be used, with *pharmacies* a case a point. Respondents with a household income below £20,000 were more likely to turn to pharmacies if they needed information and advice (AIS of 0.72). However, the AIS decreases for more affluent groups: 0.51 for respondents earning £20,000 – £39,999; 0.4 for £40,000 – £59,999 and 0.11 for respondents with an income in excess of £60,000. This particular trend persists for GP practices, hospitals, community NHS staff and family members. In contrast, affluent groups were very likely to use the internet (AIS of 1.5 for respondents with a household income over £40,000; compared to an AIS of 0.73 for those earning less than £20,000).

Q22) Do you look after, or give any help or support to family members, friends, neighbours or others…?

Just under a third (31%) of Carmarthenshire respondents said they provided unpaid care to others, 64% stated they did not and 2% preferred not to say.

Differences by age are marginal: 37% of respondents aged 16-64 provide unpaid care in comparison to 30% aged 65 and over. 15% of respondents aged 16 and under said have a caring responsibility. A slightly higher proportion of female respondents declared that they provide unpaid care: 36% compared to 30% of males. In addition, four in ten disabled respondents (40%) said that they look after or give help/support to others, as do 37% of respondents in employment.
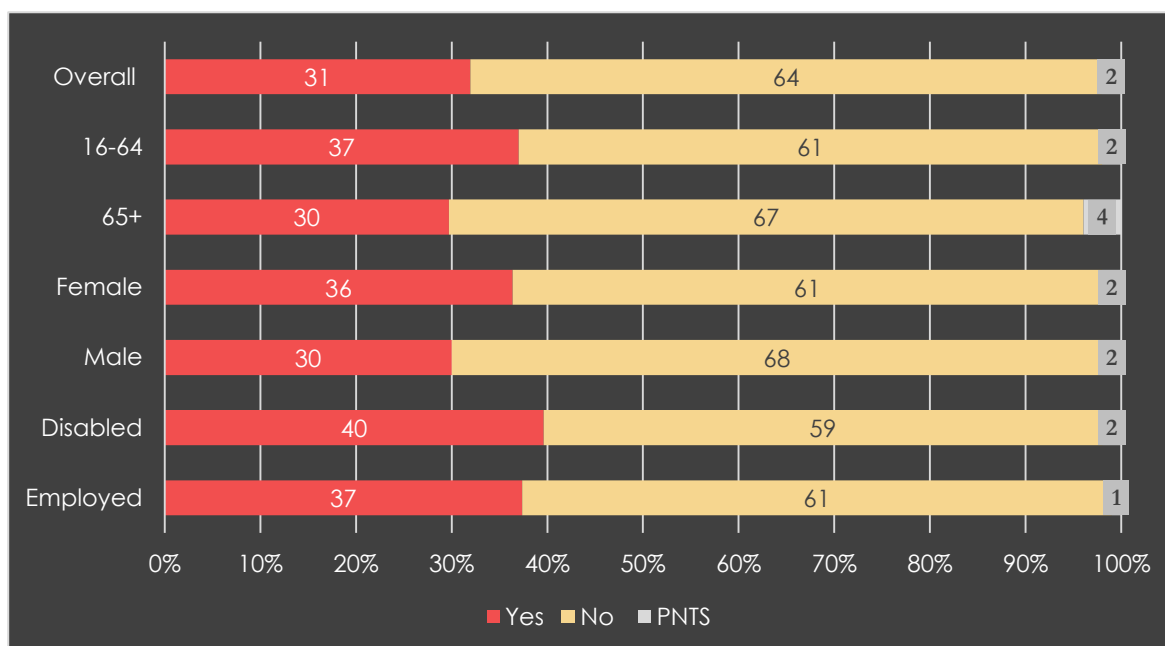
Q23) Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?
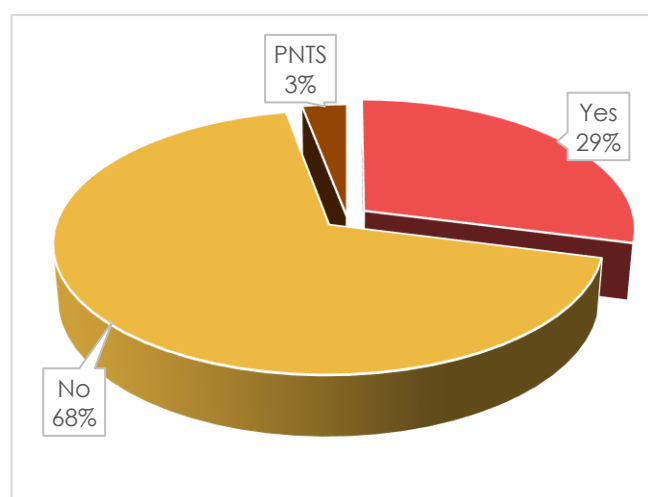
Around three in ten (29%) respondents said 'yes', their day-to-day activities are limited because of a health problem or disability, 68% did not with 3% preferring not to say. 34% of respondents from Community Area 3 said they had a limiting long term health problem, compared to 26% in CA1, 25% in CA2, 28% in CA4, 29% in CA5 and 31% in CA6. As might be expected, age was a major determinant: 40% of respondents aged

65+ said they had a limited long-term health problem compared to 20% of those of working age. Moreover, 15% of respondents with a limiting long-term health problem are in employment.

A correlation between poor health and income can be posited – almost four in ten respondents (39%) earning <£20,000 had a limiting long term health problem. This percentages decreases to 22% for respondents with a household income of £20,000 – £39,999; 14% for those with an income of £40,000 – £59,999; while 14% of respondents with an income in excess of £60,000 have a limiting long term health problem.

Environmental well-being

The *landscape/views* of Carmarthenshire are valued most by those that reside there: two in five (42%) respondents that live in the county said they valued this intrinsic feature. *Peace and quiet* came a close second with 38% of responses, while *places to walk/cycle* (34%) and clean air (33%) are ranked as the third and fourth most valued features. The full range of responses are illustrated below. As shown, *wildlife* (16%), and *spaces to grow fruit and veg* (15%) are among the three least valued features of Carmarthenshire, with *spaces to play* bringing up the rear, attracting just 5% of all responses.
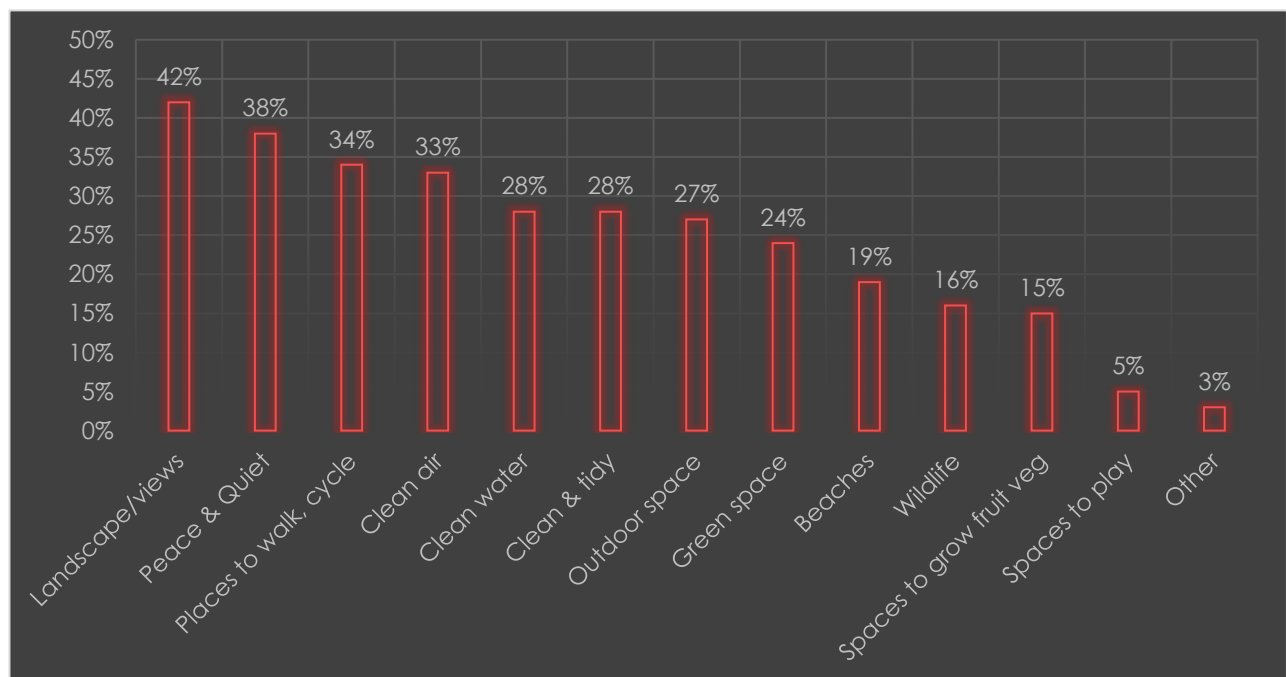
Disaggregating the results by demographic characteristic throws up many interesting lines of enquiry and scope for further research. Older respondents were more likely to value *peace and quiet* (43%), *clean water* (32%) and *spaces to grow fruit/veg* (21%) than younger respondents (same features attracted a response from 34%, 25% and 11% of 16-64 year olds. Contrariwise, a higher proportion of working age respondents valued *beaches* (23% vs. 13% of 65+ year old respondents) and *places to walk/cycle* (selected by 37% of working age respondents and 30% of respondents aged 65+). The below table shows the top 3 selected features for a range of different groups and localities.

CA1	%	CA2	%	CA3	%	CA4	%
Landscape/views	43%	Landscape/views	56%	Landscape/views	44%	Landscape/views	40%
Peace & Quiet	40%	Peace & Quiet	43%	Peace & Quiet	39%	Peace & Quiet	38%
Clean air	39%	Places to walk/cycle	31%	Places to walk/cycle	36%	Clean Air	37%

CA5	%	CA6	%	Female	%	Male	%
Places to walk/cycle	46%	Places to walk/cycle	37%	Landscape/views	40%	Landscape/views	45%
Peace & Quiet	39%	Beaches	34%	Peace & Quiet	38%	Peace & Quiet	39%
Clean & Tidy Area	35%	Landscape/views & Clean water	31%	Places to walk/cycle	35%	Clean air	34%

Under 16	%	16-64	%	65+	%	Disabled	%
Beaches	52%	Landscape/views	44%	Peace & Quiet	43%	Peace & Quiet	45%
Places to walk/cycle	42%	Places to walk/cycle	37%	Landscape/views	39%	Landscape/views	40%
Clean air	42%	Peace & Quiet	34%	Clean air	34%	Clean air	34%

It may be relevant to note that *landscape/views* comes out quite strongly in CA2, as does *places to walk*/cycle in CA5. The feature *'a clean and tidy area'* makes its sole top-3 appearance within the disaggregated results for CA5, chosen by 35% of respondents (7 percentage points above its overall result). Disabled respondents placed greater emphasis on *peace and quiet*.

Q25) What environmental issues concern you most about your local area?

Carmarthenshire respondents are most concerned about localised environmental issues within the remit of the unitary authority, as borne out by higher AISs for *littering* (1.36), *fly tipping* (1.26) and *recycling* (1.26). With an AIS of -0.34, respondents show little concern for flooding in their local area.
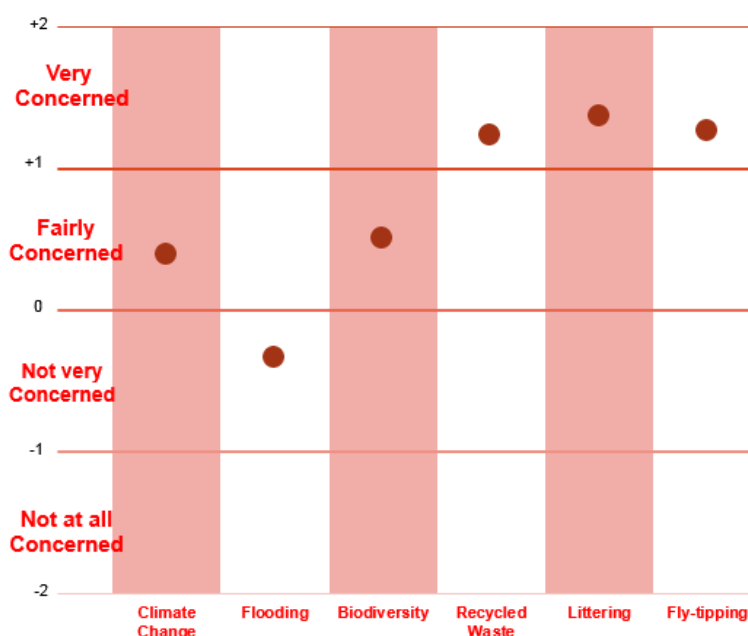
There are nuances in the AISs of respondents living in each of the six Community Areas, signifying that people hold different views towards environmental issues depending on where they live. For example, residents in CA6 took a much stronger view on littering, as represented by an AIS of 1.21 for CA1; 1.2 for CA2; 1.31 for CA3; 1.4 for CA4; 1.5 for CA5 and 1.52 for CA6. On a similar footing, respondents in CA3 were much less concerned about flooding (AIS of -0.65) than those in CA1 (-0.35); CA2 (-0.38); CA4 (-0.44); CA5 (-0.21) and, in particular, CA6 (-0.13). Furthermore, *fly tipping* was of greater concern for respondents in CA6 (AIS of 1.45) compared to CA1 (1.13); CA2 (1.11) and CA3 (1.17).

As a general rule, respondents of pensionable age were more concerned about environmental issues than those of working age – higher AISs recorded. In particular, this trend was marked for *littering* (AIS of 1.48 for 65+; 1.28 for 16-64), *recycling* (AIS of 1.42 for 65+; 1.1 for 16-64) and *fly tipping* (AIS of 1.42 for 65+; 1.15 for 16-64). Furthermore, respondents 16 and under showed less concern for *climate change* (-0.08); *flooding* (-0.32) and *biodiversity* (-0.5) and some concern for *littering* (0.76).

220 responses were also recorded under the 'other' category, and included concerns about (in order of frequency cited):

- Dog fouling (including lack of policing)
- Transport: (i) air quality owing to road traffic (carbon dioxide and smog); (ii) speeding; (iii) noise pollution; (iv) congestion and road-side parking; and (v) highways maintenance
- Proliferation of solar and wind farms as blights to the landscape
- Land degradation caused by intensive farming practices, with subsequent impacts of runoff (carrying pesticides and fertilisers into aquatic environments, grazing areas and human settlements)
- Overdevelopment of towns and villages in order to meet housing targets
- Under-investment in renewable energies and green spaces
- Access to right of way network
- Other: deforestation; fracking; closure of public amenities; street lighting; graffiti and vandalism

On the whole, respondents undertake and/or participate in an extensive range of initiatives/activities to help protect the environment. Recycling is a near-universal activity, undertaken by 97% of respondents within the last 12 months. No other activity is quite as widespread, however over half of all Carmarthenshire respondents have bought local food (56%), reduced the amount of energy used at home (55%) and bought energy efficient appliances (52%) within the past twelve months. Volunteering to protect the environment (5%), cycled more (10%) and signed a petition about climate change (11%) are among the least popular endeavours, undertaken by one in ten respondents. 1% said they did not carry out any of the listed activities.
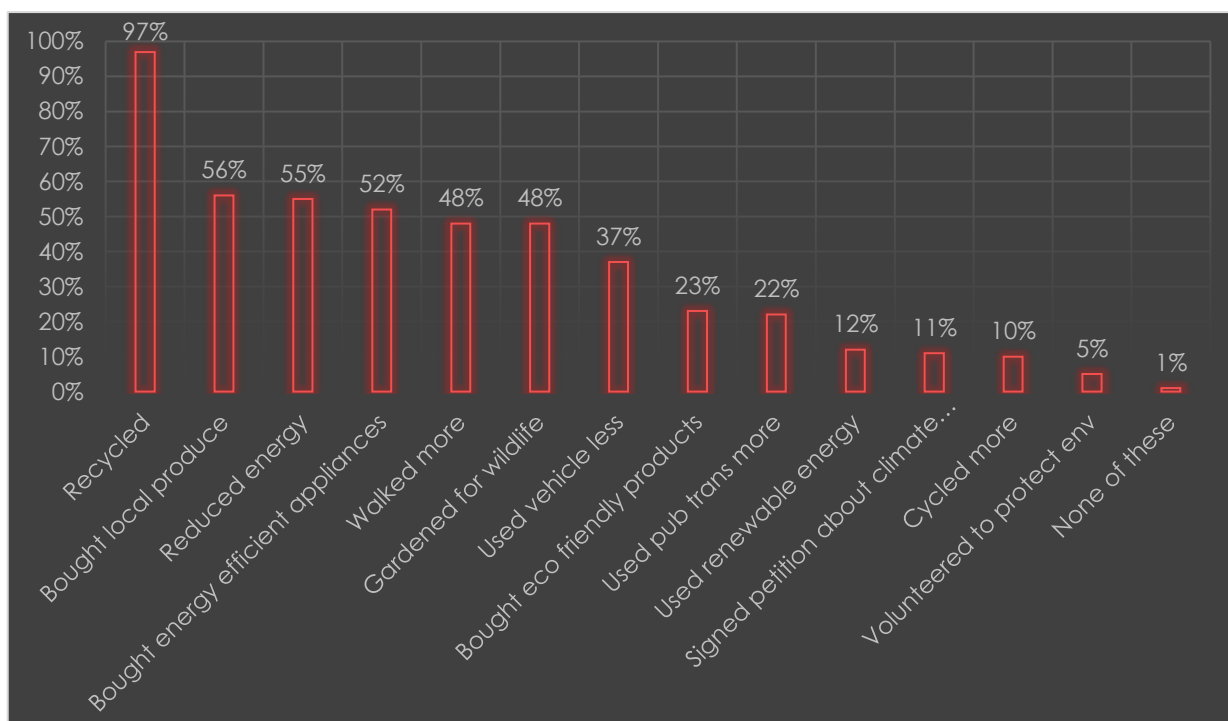
The proportion of respondents who use buy locally produced food in notably lower in CA5 and CA6 – 48% and 46% respectively – compared to c. 60% in other community areas. Gardening for wildlife is a popular activity in CA2, undertaken by 57% of respondents that live there. This contrasts sharply with the result for CA6: only 32% garden for wildlife.

Those of pensionable age are more likely to garden for wildlife (55% vs. 43% of respondents aged 16-64), while working age respondents are more likely to purchase energy efficient appliances (56% vs 46% aged 65+). 97% of respondents aged 16 and under recycle, which is in keeping with the overall result. 77% walk more and over a third (36%) cycle more. Only 3 in 10 buy local produce.

A higher proportion of female respondents have bought locally produced food (61% vs. 48% of males), while males are twice as likely as females to cycle to protect the environment (14% of male respondents cycle against 7% of females).

In short, there is also a direct correlation between income and propensity to carry out activities, as demonstrated by the results for purchasing energy efficient appliances. Less than half (46%) of households with an income below £20,000 have bought such an appliance within the past twelve months. This percentage value increases to 56% with an income between £20,000 – £39,999; 62% earning £40,000 – £59,999 and 67% with a household income in excess of £60,000.

Q27) Would you feel happier if you were doing more to protect your local environment?

On balance, there is an appetite to take a more activate role in alleviating environmental issues: six in ten respondents (64%) said they would feel happier if they were doing more to protect to environment. However, half of these (32%) advised that they would need further information to do so. In particular, more working age respondents said they required further information: 33%, compared to 25% aged 65 and over. Less than one quarter (22%) said no outright, and a further 1% said the issue was not of importance to them. It is striking that only around one in ten respondents (8%) felt they were doing enough to protect the environment.

	Overall %	16-64	65+	Female	Male	Disabled
Yes	32%	38%	34%	35%	41%	35%
Yes, but need more information	32%	33%	25%	33%	29%	29%
No, I feel I am doing enough	8%	9%	5%	8%	9%	9%
No	22%	20%	35%	24%	20%	26%
No, this isn't important to me	1%	1%	2%	1%	2%	2%

Cultural well-being

This question has been analysed using a modified version of the AIS. Here, a 3 point AIS scale has been employed, with a value of +2 ascribed to 'a lot', +1 to 'a little' and 0 to 'no influence'.
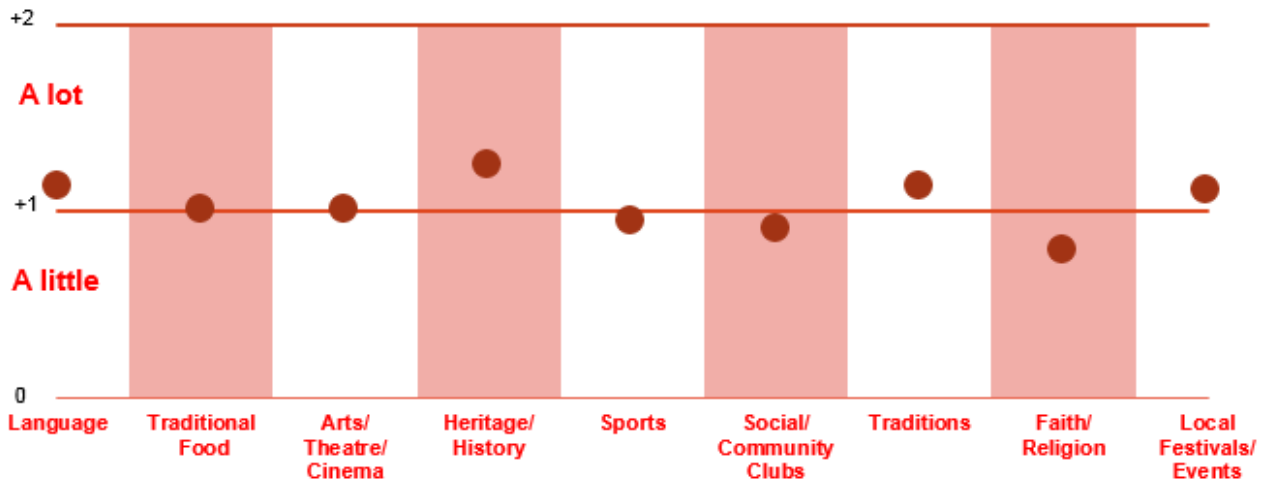
It is evident that all nine listed elements were deemed to have some influence on respondents' cultural well-being, with most AISs tightly clustered around the +1 (a little) category. *Heritage/history* garnered the highest AIS (1.25), with *language* and *traditions* joint second; both drew an AIS of 1.13. *Local* festivals/events (1.11), *arts/theatre/cinema* (1.01) and *traditional food traditions* (1.01) were other features to attracted an AIS of greater than 1 and so fall within the 'a little' to 'a lot' categories. Of those listed, faith/religion recorded the lowest AIS (0.79).

Language had most influence on the well-being of CA3 respondents (AIS of 1.22) and the least in CA6 (0.96). Otherwise, there are no significant disparities by community area.

There are a number of variances between older and younger respondents, chief among them being that faith/religion has a greater influence on those of pensionable age (1.07) than working age (0.61) and under 16s (0.53). This also holds true for the influence of heritage (1.32 vs 1.21), traditional food (1.12 vs 0.93) and social/community groups (0.97 vs, 0.85). Arts/theatres/cinema, festivals/events and

faith/religion tended to influence the well-being of female respondents to a greater degree than males. In contrast, males took more an influence from sports (AIS of 1.15 vs. 0.79).

Over a third (36%) of respondents said they were unable to engage with the abovementioned cultural activities as much as they would like to. This figure varies for respondents residing in CA1 (32%); CA2 (35%); CA3 (36%); CA4 (35%); CA5 (41%) and CA6 (33%). Similarly, a higher proportion of disabled respondents (56%) and LBG respondents (41%)[2] said they were unable to engage with listed cultural activities.

A correlation between income and access/engagement can be suggested. The lower the level of household income, the greater the proportion of respondents who said they couldn't engage with the activities. 29% of those earning >£60,000 said they couldn't engage as much as they would like to, a figure which increases to 30% for those with an income between £40,000 – £59,999; 31% earning £20,000 – £39,999; and 41% earning less than £20,000. Considered in this way, income should be treated as a barrier to cultural access and participation.

Respondents were then invited to list activities which they were unable to engage with and offer reasons. For the most part, this was attributed to:

- Lack of provision in the area, particularly opportunities relating to festivals, arts/theatres/cinemas and sports
- Affordability: (a) costs of some activities deemed to be prohibitive and/or (b) individuals not having enough discretionary income
- Personal circumstances, such as ill-health, poor mobility or caring for others
- A view that social/community groups are not easy to seek out, numbers are generally in decline owing to lack of funds and it can be intimidating for new members who join
- Poor advertising of, and information on, activities/events

---

[2] This percentage is calculated using a sample of 49 LGB respondents

- Getting to events (decline of public transport cited and bus timetables not always permitting evening access)
- Activities taking place within the working week, inhibiting access
- Fast food outlets have eroded traditional food and reduced number of local restaurants
- Desirability – local events seen to lack appeal

Almost half (47%) of survey respondents stated that they could speak Welsh, with 49% of respondents aged 16–64 having the ability to do so, compared to 45% of those aged 65 and over. However, although 47% can speak Welsh, just over half (26% of all respondents) said it was their preferred language. 7 in 10 respondents (74%) noted they preferred to speak English, and 72% said it was their first language. Under a quarter (24%) stated that they were learning Welsh, and 8% were learning another language.

	Welsh	English	Other
My first language is…	28%	72%	1%
I can speak…	47%	69%	7%
My preferred language is…	26%	74%	1%
I am learning…	24%	2%	8%
I would like to learn	26%	1%	14%

Over one fifth (22%) of respondents stated that they could use Welsh at work as much as they wanted to. In total, 40% said 'yes' they can use Welsh when accessing public services (17% as much as I want to; 25% some of the time; and 8% yes, but choose not to), 5% said *no, not enough opportunities* and 17% selected *no, don't want to*. Respondents have more opportunities to speak Welsh when socialising: 55% said 'yes' they are able to use Welsh (27% as often as necessary; 22% some of the time; 6% yes, but choose not to). Fewer than two in ten (16%) of respondents noted they could never speak Welsh when socialising. The full range of results are tabulated below.

Are you able to use Welsh…	At work	When using public services	When socialising
Yes as much as I want to	22%	17%	27%
Yes some of the time	17%	25%	22%
Yes but choose not to	5%	8%	6%
No, not enough opportunities	3%	5%	4%
No don't want to	7%	9%	9%
No Never	13%	17%	16%
Not applicable	35%	19%	17%

Q33) How is your well-being affected by the Welsh language?

Well under half (43%) of respondents stated that the Welsh language had no effect on their well-being. The Welsh language has much less of an impact on the well-being of older respondents: 48% aged 65 and over said it had no effect, in comparison to 39% of working age respondents. Around four in ten respondents (39%) said the Welsh language gave them a sense of identity and 31% articulated that it provided a sense of inclusion (31%).
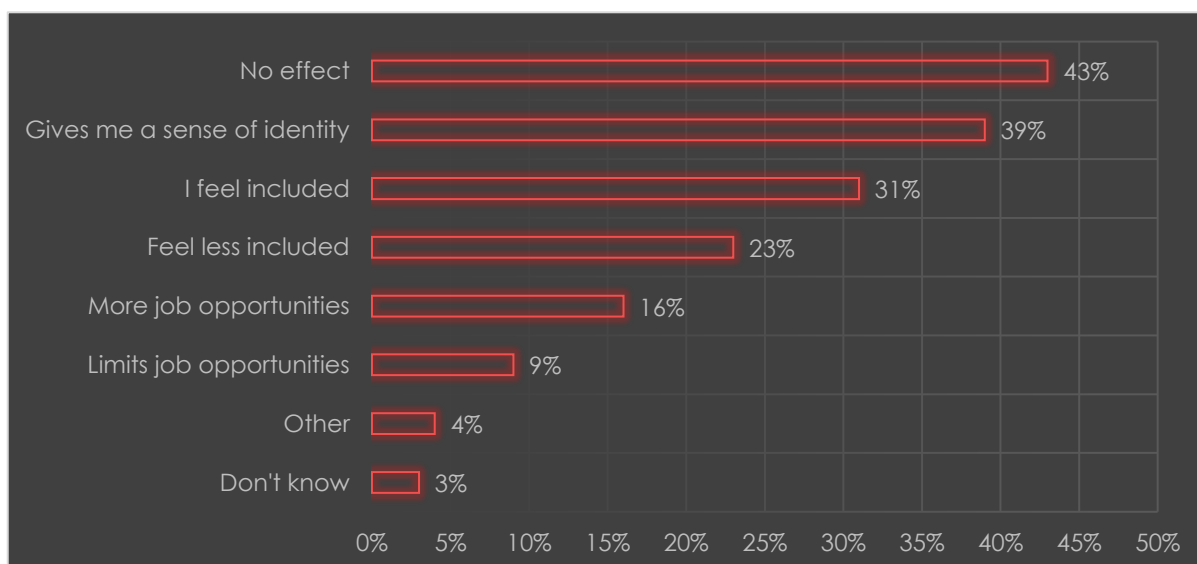
Over two in five (43%) respondents currently in work said that the Welsh language has some form of impact on their employment prospects: over a quarter (27%) of employed respondents said it bettered the number of job opportunities available

to them, while 16% deemed it to it limit job opportunities. The results for all respondents, as shown in the above graphic, are lower.

The Welsh language provided a sense of identity for 44% of respondents living in CA4 and 42% in CA5. Corresponding results for CA5 (37%) and CA6 (28%) are notably lower. Differences between males and females respondents are negligible.

The below table filters the same set of responses to show the results by respondents' first language. 85% of respondents whose first language is Welsh said it gives a sense of identity, and nearly seven in ten (67%) noted feelings of inclusion. In contrast, over a quarter of respondents specifying English as their first language said not speaking Welsh makes them feel less included.

	First language:		
Impacts	Welsh	English	Other
Gives me a sense of identity	85%	21%	7%
Makes me feel included	67%	17%	14%
Gives more job opportunities	34%	9%	-
Limits job opportunities	3%	11%	7%
Feel less included	10%	27%	25%
No effect	19%	52%	43%

Economic well-being
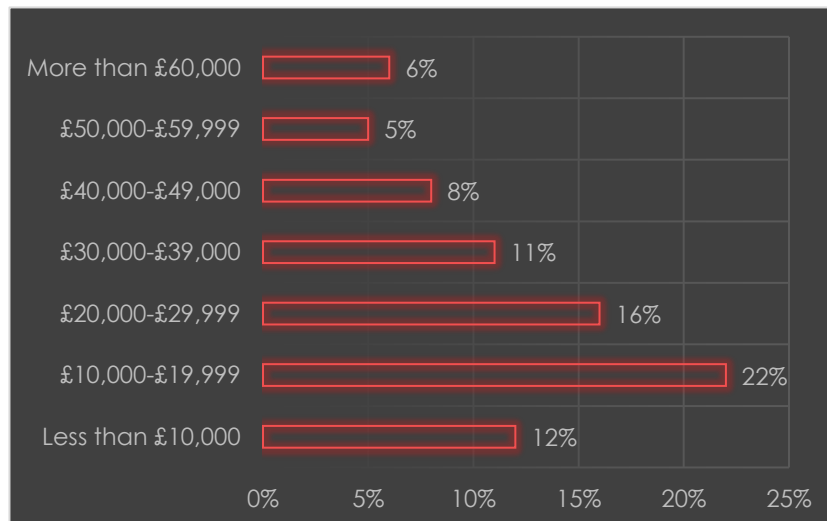
The well-being survey attracted responses from households with low, medium and high levels of total income. At least half of respondents had a household income less than the Welsh mean average for 2015 (£31,131; CACI PayCheck). Just one in ten had a total household income exceeding £50,000 (5% £50,000–£59,999; 6% over £60,000). Most responses (22%) were received from households with a total income of £10,000 – £19,999. This is juxtaposed with the £50,000 – £59,999 band, which had the lowest proportion of responses (5%). 20% preferred not to disclose their household income.

Overall, there is a relatively strong agreement with the statement *I have a regular source of income*, as corroborated by an AIS of 1.42. On the whole, respondents 'agreed' with the statement *I have enough money for the essentials,* given its AIS of 1.17 An AIS of 0.27 for *I am able to save for a rainy day* denotes a very slight positive position.
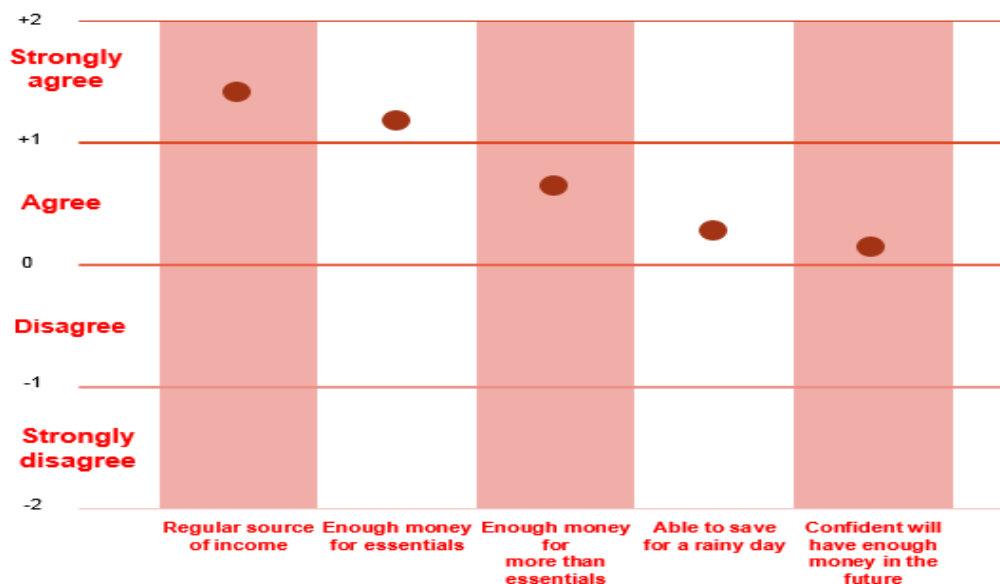
The AIS falls considerably for the final statement *I am confident I will have enough money in the* future (AIS of 0.14). This trend is most pronounced amongst the 35–44 (-0.14) and 45-54 (-0.08) age groups; those that are single (-0.02 compared to an AIS of 0.23 in a relationship); those residing in social rented (-0.4) and private rented (-0.48) accommodation; and, those identified as disabled (AIS of -0.19). All of these cohorts attracted a negative AIS, indicating slight disagreement: they do not feel confident that they will have enough money in the future.

Furthermore, lower AISs were recorded for those with the lowest household incomes: - respondents with an income below £20,000 are not confident they will have enough money for the future (indicated by an AIS of -0.24), which is contrasted with a positive AIS of 0.9 for those with incomes above £60,000. Equally, respondents with a household income below £20,000 do not believe they have sufficient discretionary income, as denoted by AISs of -0.27 for *I am able to save for a rainy day* and 0.08 for *I have enough money for more than the essentials* (the latter a fairly neutral AIS score).

The AIS for selected demographic groups is expressed below.

	Overall	16-64	65+	Fe-male	Male	Single	Dis-abled	Income <£20k
I have a regular source of income	1.41	1.44	1.37	1.41	1.4	1.27	1.23	1.11
I have enough money for the essentials	1.17	1.17	1.17	1.17	1.17	0.99	0.93	0.8
I have enough for more than the essentials	0.64	0.64	0.66	0.59	0.71	0.34	0.27	0.08
I am able to save for a rainy day	0.27	0.22	0.34	0.19	0.38	0.02	-0.08	-0.27
I am confident I will have enough money in the future	0.14	0.01	0.34	0.04	0.32	-0.02	-0.19	-0.24

Almost half (49%) survey respondents are in employment: 29% full time; 13% part time and 7% self-employed. Most other respondents are retired (46%), with 5% permanently sick, 2% in full time education and 1% seeking work.
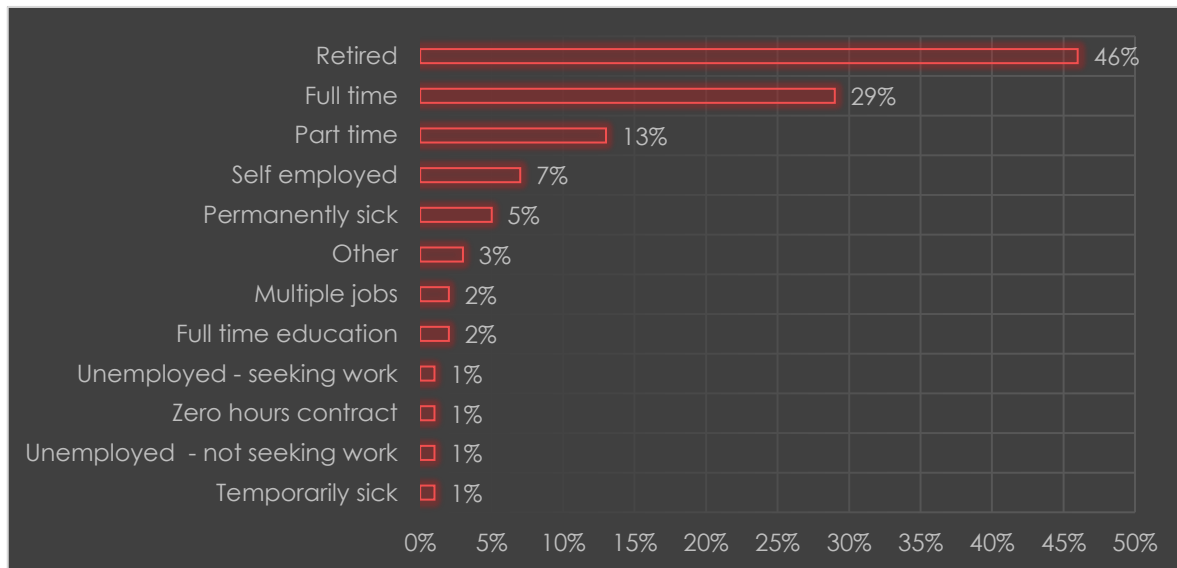
Q37) How important are the following work-related aspects to your general well-being?

All but one of the eleven listed aspects fall within the very important (+2) to important (+1) range; the outlier being *socialising at work* (0.66) which was considered to be of some importance to well-being but, generally, less so than the rest. *Feeling valued* attracted the highest AIS (1.45), followed by *security of employment* (1.32) and *sense of achievement* (1.31).

Flexible hours (1.02); *working to the level of my qualifications* (1.02) and *fitting work around home/life demands* (1.12) came in at just above a +1 score, though were amongst the lowest of all recorded AISs.

Chart: Importance scale from +2 (Very Important) to -2 (Not at all important), with levels marked at +1 (Important), 0, -1 (Unimportant).

Categories (x-axis): Levels of pay, Feeling Stimulated, Feeling Valued, Socialising at work, Sense of Achievement, Flexibility of hours, Fitting work around home/life, Ease of travel to/from work, Security of Employment, Using my skills, Working to my qualification

An interesting correlation to explore is that between levels of pay and age. The data suggests that levels of pay is considered to be a much more important factor for those in the early stages of their career compared to those approaching retirement age, as borne out by an AIS of 1.59 for the 25-34 cohort and 1.51 for those aged 35-44. The AIS continues on a downward trajectory for subsequent age groups: 1.42 for respondents aged 45-54 and an AIS of 1.28 for those aged 55-64. This trend also holds true for *security of employment, sense of achievement* and *socialising at work* – the AIS decreases as age increases, meaning that younger respondents considered these to be of greater importance. Instead, older respondents are much more likely to value *feeling stimulated* and *using their skills*.

AISs for female respondents were higher across the board when compared to males, but particularly so for *feeling valued* (1.55 vs. 1.28); *a sense of achievement* (1.41 vs. 1.15); *security of employment* (1.40 vs. 1.18) and *fitting work around home/life demands* (1.25 vs. 0.9).

Almost three in ten respondents (29%) stated that a Bachelor's Degree (BA, BSc)/NVQ Level 4/BTEC Level 6/HND/HNC or equivalent was their highest level of qualification. Fewer than two in ten have attained GCSE/o-level or equivalent (16%) or a Master's *Degree/Postgraduate Diploma/NVQ Level 5/BTEC Level 7 or equivalent* (16%). An additional 16% said they had no qualifications.
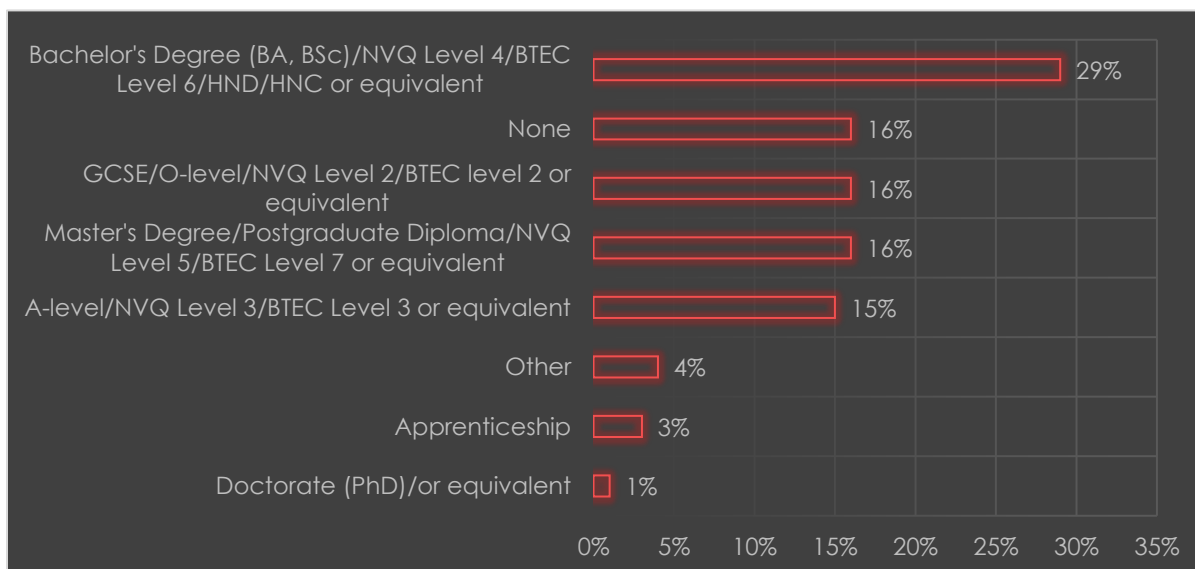
Q39) There are suitable employment opportunities for me in my local area.

> 🛈 *21% of respondents 'agreed' (4% strongly agree and 17% agree) that there were suitable employment opportunities for them in their local area. 27% 'disagreed' (9% strongly disagree and 18% disagree). 11% neither agreed or disagreed, and 34% said the question was not applicable and 5% didn't know.*

An AIS of -0.2 suggests that, overall, there is slight disagreement with the statement posed. This figure is slightly higher for respondents residing in Community Area 1 (-0.01) but lower for CA4 (-0.23) CA6 (-0.42). All age groups expressed disagreement: they are of the view that suitable employment opportunities do not exist in their

local area. The AIS for all working age respondents (16-64) is -0.16: lowest amongst the 16-24 age group (-0.36) and highest for the 25-34 age group (-0.04).
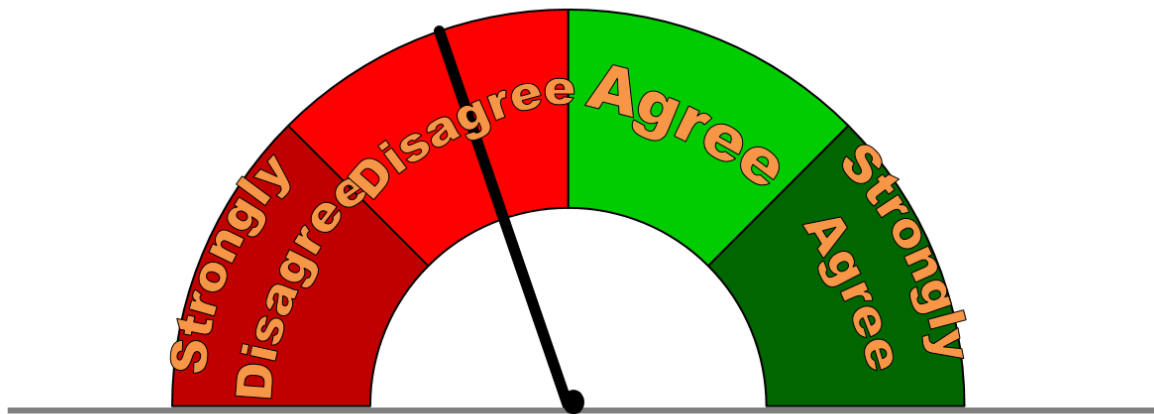
Males conveyed stronger disagreement with the statement than females. The AIS for male respondents (-0.24) was slightly lower than that for females (-0.17). The AIS for BME respondents is higher (0.05), though again, a smaller sample size must be emphasised here. The AIS for disabled respondents (-0.6) is the lowest of all disaggregated AISs recorded for this question.

A correlation between income and employment opportunities is also present. Namely, the lower one's income, the more likely they are to disagree with the statement. Accordingly, it is those on the lower spectrums of the income scale that say suitable employment opportunities do not exist in their local area.

<£20,000	£20,000-£29,999	£30,000 –£39,999	£40,000 –£49,999	£50,000 –£59,999	>£60,000
-0.5	-0.25	-0.14	0.03	0.12	0.08

Last thoughts

There are two clear priority areas central to respondents' happiness, contentment and life satisfaction. First, a quarter of survey respondents said that *good health* was important to them both now (79%) and in the future (61%). Second, nearly seven in ten (68%) remarked that *having enough money for the essentials* (bills and goods/services etc.) was important now, and over half (52%) said in the future.

Good relationships was a distant third: under half (47%) felt it was important now and 30% believed it would be important to them in the future. *Indeed*, the top 3 well-being aspects selected as being most important in the present day – *good health*, *enough money for essentials* and *good relationships* – are also considered to be the most important long-term factors for positive well-being. This perhaps suggests that these are viewed as the three cornerstones of modern life.
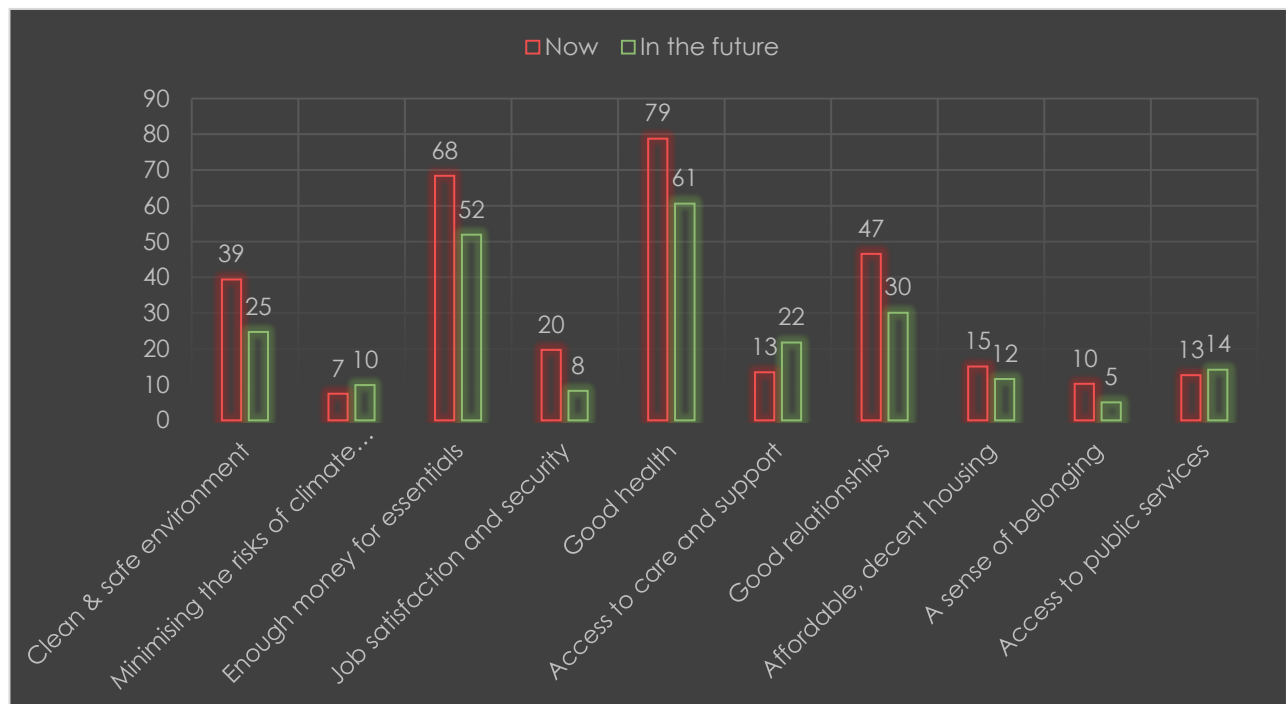
Respondents aged 16 and under had a slightly different top 3 for their current and future well-being: *good heath* (selected by 81% of respondents); *good relationships* (64%) and *clean and safe streets* (44%) were considered to be most important in

the present day, whilst *enough money* (47%); *good relationships* (44%) and *good affordable housing* (42%) assumed greater importance in the future.

That being said, it is necessary to put these results into context: respondents were asked to prioritise by select their top 3 and, therefore, a low score for one well-being aspect (e.g. only 10% chose *minimising the risks of climate change*) does not necessarily mean that respondents judge this to an unimportant short or long-term factor.

Q41 was asked in a way that would elicit concise answers focused on meaningful words. This is conducive to qualitative analysis by way of a word cloud: a graphic which gives greater prominence to words cited most frequently.

As shown below, *health* was the most oft-cited key word, with *happiness*, *security*, *safe* and *family* also appearing in larger font.

404 comments were made overall.

98 comments were made in relation to **health** and the key issues were:

- Good health fundamental prerequisite for personal well-being. Chronic illness cited as a barrier to well-being by a number of respondents
- References to the pressures of caring for someone in ill-health and how this can affect carer well-being. Need for respite / breaks
- Specific difficulties are sometimes faced by disabled people
- Access to health services could be improved. A number of references were made to the need to improve integration with social care
- Difficulties in securing appointments (hospital and GP surgeries)
- Centralisation of services creates problems of access, exacerbated by public transport availability
- Concern about the sustainability of health services (cost pressure and rising demand)
- The need for personal responsibility in maintaining good health. Fitness and activity support health and have wider benefits (including social networks)
- Mental health is as important as physical health. Services are not up to the task, particularly for carers whose well-being is particularly at risk. A need for services to help develop personal resilience and greater employer awareness
- Self-help for chronic conditions should be further developed
- Significant interconnections between aspects that affect health and can make conditions worse: depression, family life, work, financial problems, etc., can make existing health issue worse

19 Comments were made on **transport**:

- Some groups are particularly affected by the reduced provision of public transport: those with limited functional mobility and those on lower incomes
- The County is in need of investment for roads, rail and buses. Current provision affects travel for work, health.
- Many stress the importance of having access to a car, given level of public transport provision
- Good transport needs to be available to counteract the reduction in locally available services (public and private sector)
- Public transport provision will need to meet future demands, (including more older people unable to drive)
- Exploit further opportunities to provide for cycling
- Transport to enable access to health services seen as important

12 comments related to the **environment**:

- The natural unspoiled beauty of the County a major contributor to well-being
- The need for people and nature to coexist
- Maintaining a clean natural environment (land, beaches and air)
- Maintaining and, where possible, expanding access to green spaces (including rights of way). Ensuring LDP excludes green space from development
- The fundamental role played by the environment in supporting society
- Importance of growing vegetables in gardens and allotments
- Concern about climate change as a global phenomenon with local repercussions

113 comments related to issues of **relationships**, including those of the community, cohesion, safety, family, isolation and caring responsibilities.

The following issues arose concerning **community**:

- People in local areas can work together to improve their localities. The need to invest effort in community relationships and initiatives
- Concern that (smaller) localities are losing services (including schools, public toilets, shop, pub) and that accessing more remote services can be a problem (lack of time, transport, etc). This can be a particular problem for families, where work, school, classes, etc are increasingly likely to be in different places
- This issue of dislocation undermines the local community as a place of mutually reinforcing relationships. Some comments on the fragmentation of communities
- Commitment to contributing to the local community. Some suggest only the few are willing to actually contribute

In respect of **family and caring**, the following issues are of note:

- Where activities, events or transport are lacking, it can be difficult to make or maintain meaningful friendships
- 'significant' relationships very important in warding off loneliness

- People alone, or with caring responsibilities, (in particular) can experience loneliness and can often feel unsupported. Their well-being is often adversely affected. Proximity to family is seen as beneficial - wellbeing 'intertwined' with that of family and friends
- People lack the time to be 'good neighbours' to others
- Provision for carers, and childcare is often insufficient, with impacts on well-being. Strong link made between caring and loneliness – particularly amongst older people.

The link between local communities and the **Welsh language** was also stressed:

- Non-Welsh speaking status regarded as a barrier to full participation in community life
- Comment on the resources given to supporting the Welsh language (for and against)
- A lack of opportunity to speak Welsh at work
- the critical role of Welsh speaking communities in sustaining the Language
- Acknowledgement that Welsh culture is broader than the Language

The **cohesiveness and safety** of Carmarthenshire's communities was recognised:

- Comments that Carmarthenshire is a safe place with strong cohesive communities which welcome newcomers
- The negative impact of being a victim of crime is noted
- Fear of stigma, disapproval and possible 'hate crime' as a gay person living in the County

14 comments were made the importance of **control, independence and purpose** to individual well-being:

- Many pointed to the impact of considerations that were out of their direct control as having a negative effect – government policy, Brexit, wind turbine and building developments
- Less control because of mobility difficulties was cited as a cause for lower well-being

- The idea of having a purpose was highlighted, including reference to the gratitude received in exchange for contributing to family, friends and the wider community
- The notion of independence was raised with expressed desire for control over destiny, the importance of being able to make autonomous and informed decisions and how well-being can be affected by unwelcome intrusion of others. On the other hand, comments were made to reflect the view that independence often depends on the effective support from others, for instance, in respect of health and social care
- The importance of organisations consulting with people who are affected by their decisions was stressed, in making sure intervention is suitable to people who intended to benefit

Issues relating to **housing** attracted 12 comments:

- A fear of moving into residential care
- A view that social housing should be sited away from private housing due to fear of crime
- A feeling that housing is unaffordable in the County, particularly for younger people and in smaller rural communities
- The importance of quality housing to individual well-being. A perception that some of the housing stock is unfit, particularly the rental market

57 comments were made about **income, poverty and work**:

- Few job opportunities, particularly those that match the level of skill or qualification. A number of comments specifically reference the impact on younger people, who may move away
- Some employers don't sufficiently value their staff, which affects their well-being
- Job satisfaction is important to well-being
- Workplaces can lack opportunities to work through the medium of Welsh
- Work demands may be in inflexible and in opposition to other aspects of well-being, including spending time with family and friends. There is often a trade-off where well-paid jobs often involve long hours

- The workplace can be a source of stress and anxiety. Some felt the work/life balance had been eroded recently as a result of staff reductions. Employers could do more to promote staff well-being
- Job insecurity and threat of redundancy are destabilising and affect well-being
- Workplaces where there are good relationships that promote happiness more valued than those that are predominantly concerned with money and status
- The poor transport infrastructure affects commute times, and the time spent travelling to clients
- The importance of adequate income to well-being was stressed. The position of students was noted several times
- The lack of affordable childcare, and its impact on ability to work was highlighted
- The Council is taking action to regenerate but there is more to be done to attract bigger companies with more highly paid jobs. Some comment to suggest the Council should do more

There were 39 comments explicitly referencing the positive and negative **feelings of well-being**, including sentiment of happiness, enjoyment and contentment, on the one hand and feelings of stress and worry on the other:

- The importance of personal resilience and personal values (including religion) in maintaining a state of happiness
- The importance of being happy at work was a strong theme, however, a number of comments related to workplace stress and unhappiness
- Other factors encouraging stress included a lack of parking, dog mess, noisy neighbours and poor educational provision
- The relationship between happiness and health was related, and a number mentioned the value of a positive outlook on mental and physical health.
- The importance of mental health was emphasised as was the significance of living in a very safe area

13 comments related to concerns about **wider issues**, including Brexit, climate change and wider events:

- War, terrorism, declining biodiversity and political decision making are cited as impacting negatively on well-being
- The uncertainty of Brexit and concern about a possible rise of intolerance
- Suggestion that decisions which adversely affect poor or disabled people challenge the well-being of conscientious others
- Poor decisions which do not support sustainability a source of concern for some
- A impression that organisations do not always listen to the concerns of citizens

Finally, 73 comments were made on a **miscellaneous** range of topics:

- The fragility of well-being – in particular, health and wealth dependent
- Concerns from some older people about their futures
- The need for funding priority to shift from health to local government – given the latter's role in supporting people in the community, and in promoting good health
- The importance of recycling to a sustainable way of life
- Listening to the views of disabled people in particular when making decisions about the environment
- Concerns about the quality of education in Carmarthenshire, and the need for community education provision
- Poor mobile signal and broadband in rural areas. However, the significance of broadband for making connections and friends was noted by a gay respondent
- The need to keep places free from litter

Focus Groups / Workshops

This section notes the salient points expressed during focus group / workshop discussions and references which demographic groups / organisations made or shared those views in order to preserve traceability.

TH= Talking Health, LCP = Llanelli Community Partnership, DC = Disability Coalition, EQ = Equality Carmarthenshire, YP= Carmarthenshire Youth Conference; Ysgol Bro Dinefwr, Ysgol Gyfun Emlyn & Dr Mz. MCN = Multi-cultural network, Other = Organisations such as Llanelli Rural Council and Y Ganolfan Iaith

SOCIAL WELL-BEING	Other	TH	LCP	Carers Forum	Elected Members	DC	EQ	YP	MCN	PSB
1) What are the **Social** Factors that are important to the well-being of your community?										
• Cohesive/Integrated safer communities – everyone helping each other		✓	✓	✓	✓	✓	✓	✓	✓	✓
• Good transport links – enables better access to services	✓	✓	✓	✓	✓		✓	✓	✓	
• Health – better access to health services (& Mental Health care)		✓	✓		✓	✓		✓	✓	✓
• Social/Youth/Community Groups/Clubs – essential in rural areas with poor transport links		✓			✓		✓	✓		✓
• Lack of local amenities due to lack of local use i.e. post office, local shops	✓						✓	✓		
• Loneliness and Isolation – rural areas no transport links or access to services	✓					✓				✓
• Good connections with friends and family – care in the community and the local church		✓			✓		✓	✓		
• Lack of communication & information between services (or to help make decisions)		✓		✓						
• Recreation facilities/activities – swimming, walking etc. More us to be made of local school facilities		✓					✓	✓		✓
• Welsh Language		✓			✓					
• Decent and appropriate housing with quality services and access to park & play areas			✓	✓						
2) What needs to change to secure **social** wellbeing for future generations?										
• Better housing standards and provision for ALL				✓	✓					
• More support and money for community volunteers and local halls – more volunteers needed	✓		✓	✓			✓	✓		✓
• Poverty – tackle food banks dependency, create local jobs for local people										✓
• More support for Town & Community Councils to play an active role			✓							
• Better transport links needed to access amenities and services	✓			✓	✓	✓			✓	
• Language – translation – more provision for people who do not speak English or Welsh									✓	
• More inclusive communities – social opportunities, local events etc		✓		✓		✓	✓	✓		✓

• Better Education provision & employment opportunities, increased Social Investment	✓			✓		✓	✓	✓
• More opportunities for the Welsh Language to thrive and be equal to the English language				✓				
• Educate society and encourage people to take pride in their communities		✓				✓		
• Opportunities/funding for people who are employed and unemployed to expand skills and knowledge so that individuals and businesses/organisations resilience is improved		✓			✓	✓		
• Improved information and communication between services			✓			✓		

ENVIRONMENTAL WELL-BEING	Other	TH	LCP	Carers Forum	Elected Members	DC	EQ	YP	MCN	PSB
1) What are the **Environmental** factors that are important to the well-being of your community?										
• Safe and clean environment for future generations, maintain the natural environment, clean air and remove traffic pollution, clean rivers & marshes	✓	✓		✓	✓		✓	✓		
• Good access to open and green spaces, fresh air, coast line, build in access and green areas into planning approvals.	✓	✓	✓	✓						✓
• Recycling facilities – improve/make it easier for everyone, work with young generation on this topic. Assistance for people who are housebound and no kerbside recycling available i.e. glass				✓				✓		✓
• More community groups like Men's Sheds, schools and initiatives like the repair café.							✓			
• Climate change – better understanding of flood defences, biodiversity, educating people on the key risks	✓		✓	✓				✓		✓
• Looking after flora and fauna			✓							✓
• Renewable energy – over reliance on fossil fuel		✓						✓		
• Improved and more cycling and walking routes								✓		
• Transport & Infrastructure concerns. Voluntary groups make use of existing vehicles, car sharing.		✓			✓	✓	✓			✓
• Better homes built with future in mind – energy, flooding, transport, ageing population etc (An agreed vision of the future homes and infrastructure needed in an uncertain climate)	✓		✓							✓
• Sustained playgrounds that promote well-being for children and young people, National Parks, Natural Disaster Fund				✓				✓		✓
• Speeding in residential areas – speed limits need to be adhered to				✓						
2) What needs to change to secure **environmental** wellbeing for future generations?										
• More enforcement on dog waste - Dog toilets in parks/Dog wardens				✓		✓				
• Better education for everyone on the importance of the environment & littering and the environmental impacts, prosecute companies and people who pollute			✓	✓				✓	✓	✓
• More locally produced/sourced food, communities growing own veg/fruit			✓	✓						
• Remove enforced poverty.				✓			✓			
• More recycling – glass, bigger items etc/Improve recycling				✓					✓	
• Better parks/habitat									✓	
• Improve community and company attitudes to litter and recycling and encourage volunteer clean ups. Better refuse collection, more bins			✓	✓					✓	

	Other	TH	LCP	Carers Forum	Elected Members	DC	EQ	YP	MCN	PSB
• More investment in sustainable/renewable energy, make recreational areas & streets safer, more lighting etc.		✓		✓					✓	✓

ECONOMIC WELL-BEING	Other	TH	LCP	Carers Forum	Elected Members	DC	EQ	YP	MCN	PSB
1) What are the **Economic** factors that are important to the well-being of your community?										
• Not enough employment opportunities – no flexibility for carers who want to work, also more opportunities to be employed through the Welsh language	✓		✓	✓	✓	✓	✓	✓		
• Retaining our graduates and young people		✓		✓						✓
• Promote higher education and more apprenticeships for young people who are not academic, corporate responsibility from companies			✓		✓	✓	✓	✓		✓
• Restricted broadband – this needs improving to help small local businesses		✓		✓				✓		✓
• More opportunities for individuals to access courses – Lifelong Learning at an affordable price, career progression. Affordability of services & aspirational wants		✓					✓			
• Local skill building through volunteering needs to be supported more			✓							
• Improve infrastructure, better transport		✓						✓		✓
• Increasing costs of essentials like water, heating, transport etc restricts leisure, educational and social opportunities							✓			
• Affordable housing and suitable housing		✓								✓
• Poverty and inequality								✓		
2) What needs to change to secure **Economic** wellbeing for future generations?										
• Educate employers regarding disability and chronic conditions, there is a need to challenge the stigma around disability.						✓	✓			
• Welsh Govt. contracts not enforced regarding monitoring/compliance, people need to listen to consultations & Govt. need to improve attitudes to people with disabilities and those suffering hardship						✓	✓			
• Develop online economy/broadband and improve infrastructure								✓		
• More opportunities for individuals to access courses, further access to local community training and professional training is required to ensure that those in need of jobs have the correct qualifications. Match skills to jobs, better education	✓		✓				✓	✓		✓
• Collaborative and new ways of working, better joint-up working relationship between everyone. More local hubs and information centres needed, take services into the communities which need them				✓		✓		✓		
• Support Welsh businesses and support for small rural businesses, encourage supermarkets to promote local produce		✓		✓				✓		✓
• More and better employment opportunities and support for people receiving care to access employment				✓	✓		✓	✓		

	Other	TH	LCP	Carers Forum	Elected Members	DC	EQ	YP	MCN	PSB
• Reduce poverty, close gap between richer and poorer									✓	
• Economic development should also develop communities with the emphasis on the Welsh language in order to increase employment opportunities for Welsh speaker and learners.	✓									

CULTURAL WELL-BEING	Other	TH	LCP	Carers Forum	Elected Members	DC	EQ	YP	MCN	PSB
1) What are the **Cultural** factors that are important to the well-being of your community?										
• The freedom to be bilingual without being judged, respect towards people's first language, ensure that there is sufficient opportunities to be able to learn and use the Welsh language across all life aspects whether it be individually or as a community	✓	✓	✓	✓	✓		✓	✓		
• Access to the arts, sport/recreation/library – especially in rural areas and for the older generation, visually impaired and disabled- (sub-title films, inaccessible venues for disabled people and their carers)		✓	✓	✓	✓	✓	✓	✓		✓
• Transport to be able to attend events, transport links to get to any cultural activity is reducing and costly	✓	✓		✓				✓		✓
• Welsh Language and heritage, whilst there is a decline in the number of people who are fluent in the Welsh language, there is an increasing appetite for Welsh medium education. Welsh needs to be cool, needs to be used through coaching, sporting activities etc.	✓	✓	✓			✓	✓	✓		✓
• Religion & financial support for local events	✓	✓	✓				✓	✓		
• More Welsh language carers are needed in the communities										✓
• Recognising the different culture in communities			✓	✓			✓	✓		
2) What needs to change to secure **Cultural** wellbeing for future generations?										
• Better transport provision to attend arts/theatres activities, encourage investment		✓		✓		✓		✓		
• Encourage Welsh language and culture and showcase it more online, more support for those wishing to engage in the Welsh language			✓					✓		
• More involvement with Churches (church needs to be more active in communities) – improve cultural diversity, more multicultural events				✓		✓		✓		✓
• More events such as music gigs and festivals, more integration of various communities, more movies/films to be produced in Wales. Retain traditional organisations and events – events to be affordable (concession for carers?)	✓			✓			✓	✓		
• More opportunities for the Welsh language to thrive and be equal to the English language, better support for different languages.					✓		✓	✓		
• Create opportunities for volunteers through the time credits programme. This will give them opportunities to visit cultural venues locally and nationally.	✓									

	Other	TH	LCP	Carers Forum	Elected Members	DC	EQ	YP	MCN	PSB
• Better working relationships with everyone, and support for structures that are already in place. Education to raise awareness of differences & encourage tolerant attitudes. More integration of communities			✓				✓	✓		

POPULATION ASSESSEMENT QUESTIONS	Other	TH	LCP	Carers Forum	Elected Members	DC	EQ	YP	MCN	PSB
1) How involved do you feel in decisions about your care and support?										
• Only involved when they want to take the service away.				✓						
• Service is disjointed – not involved at all in any decision making				✓						
• Care plan bureaucracy not followed – if you have a care plan then follow it.				✓						
• Carers not included enough in decisions made about the people they care for				✓						
• Not enough information about the services available, unless you reach breaking point				✓						
• Emergency support needs to be available for an emergency, waiting 10-14 days is not acceptable				✓						
• Don't have any care and support let alone have any decision on it				✓						
• Service is pigeon holed not being told what was actually suitable, service not person centred but service centred.				✓						
• Need to know how to navigate the system and know what you need.				✓						
2) How are your care and support needs being met?										
• Replacement care provider (crossroads) excellent and paid for by Social Services				✓						
• Rely on family members to help				✓						
• Provide and pay for care themselves				✓						
• Carers Support Group				✓						
• Looking After Me (LAM) course				✓						
• Support and needs not being met for carer -				✓						
• It's not, it is a constant battle, if support was available for a 21 year old then she would be independent by now, as it is payments from the council are sufficient to finance 2 cover nights a year.				✓						
• Help is available if you are lucky enough to have a supportive GP and get the right social worker.				✓						
• If carer is seen as coping then social services don't help.				✓						
• Too much is left on the carers shoulders, they don't have a life anymore.				✓						
• Nobody manages the issues around the age and health of the carer!				✓						
• Inconsistent support – help to set up care but none if anything goes wrong.				✓						
• Carers don't stay their full 40 minutes.				✓						

• More Welsh language carers are needed in the communities									✓
• Direct Payments					✓				

Qualitative analysis of comments recorded at events ('well-being tree tags' and other formats)

Q1) What does well-being look like for you?

A total of 529 tree-tag responses were received. Responses could be grouped into twenty three broad categories namely;

- Access to services
- Animals
- Cohesion
- Days out / leisure opportunities
- Ecosystems
- Engaging in arts and culture
- Finances

- Food
- Friends and Family
- Helping others
- Housing
- Independence
- Job opportunities
- Knowledge
- Outdoor spaces
- Personal time

- Physical health
- Physically Active
- Prospects
- Psychological Health
- Safety
- Seeing others happy
- Technology

Thematic Responses

Theme	Value
Family and friends	270
Physically active	123
Psychological Health	100
Physical Health	95
Personal time	68
Animals	67
Cohesion	65
Technology	64
Outdoor spaces	44
Safety	33
Engaging in arts and culture	32
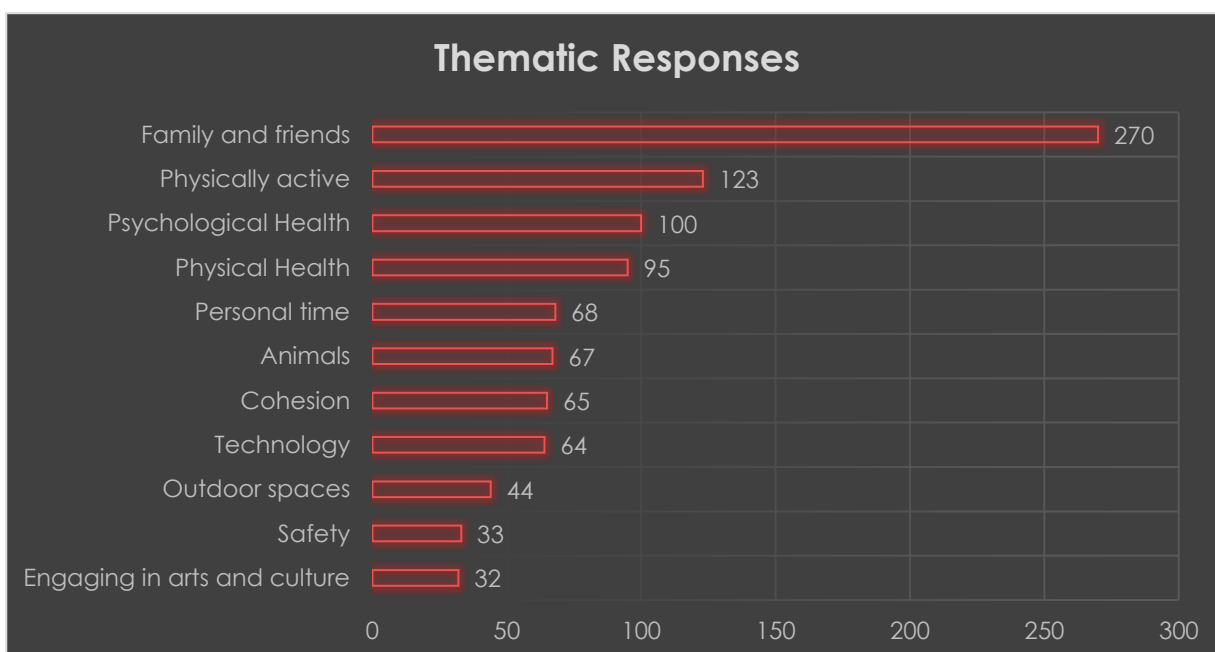
Results show that positive well-being relates most strongly to **family and friends**, with over a quarter of the themes identified from responses relating to relationships with or spending time with family and friends. Comments included:

"My well-being is to make sure my family is okay"

"Enjoying life with family and friends"

"Living a happy life with my family and being able to work to support us"

This demonstrates that family and friends have a crucial role to play in ensuring individual well-being. These relationships are largely personal falling within the influence of the self and therefore meaning that individuals themselves in this instance take the majority of the 80:20 ratio of influence. However we need to be mindful of how we can help facilitate and support people to develop these relationships, particularly where for whatever reason they are not naturally established.

According to the responses received the second strongest aspect of positive well-being relates to being physically active including opportunities to access physical activities as well as engaging in the activity itself. Comments included:

"I like to play rugby and I play for a team. It makes me feel like I'm fit and healthy."

"A good healthy body and mind. Having opportunities to be active during the day."

"The ability to be physically active, where, when and how I want to be. To have access to low cost leisure centres in the evenings and weekends"

This is closely followed by positive **psychological** and **physical health**. Overall health is the second most significant factor relating to positive well-being however breaking it down into these two elements gives us a greater understanding of peoples experience. Psychological health has been used to categorise feedback in relation to cognitive experiences including references to happiness, mental well-being and stress/anxiety for example. Comments in relation to psychological health included:

"Stress Free. Enjoying the now"

"Having a good life and happy with what I've got."
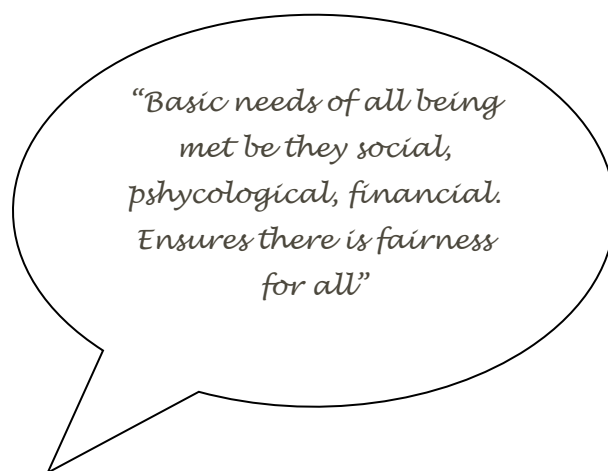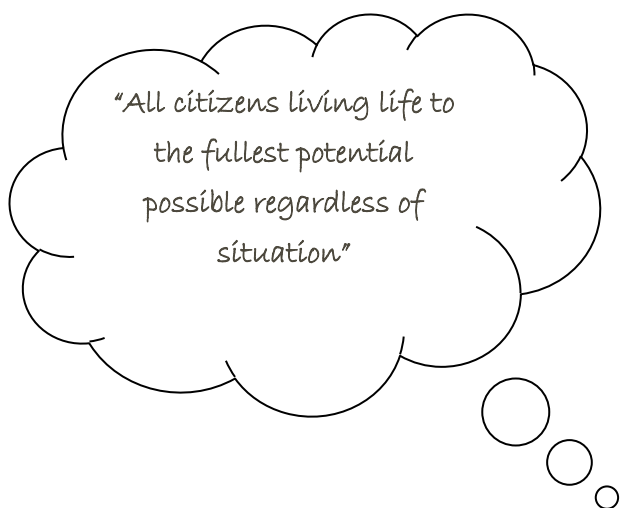
"Being confident and happy in yourself"

"Healthy mentally and physically with opportunities for everyone to have a full and complete life"

*"Being cared for with excellence. Making my stress levels better."*

Physical health invariably has close ties to psychological health and in many instances the two were referenced together as being important aspects of well-being. Comments on physical health included:

"Health is very important. Money is not so important."

"Being able and well to get out and meet friends and family - health, transport, IT hobbies"

"All citizens living life to the fullest potential possible regardless of situation"

"Basic needs of all being met be they social, pshycological, financial. Ensures there is fairness for all"

The majority of things that respondents deemed to impact positive well-being are social in nature, closely followed by health issues, which includes physical activity, as shown below.

WB Themes

■ Social ■ Health ■ Environmental ■ Economic ■ Cultural
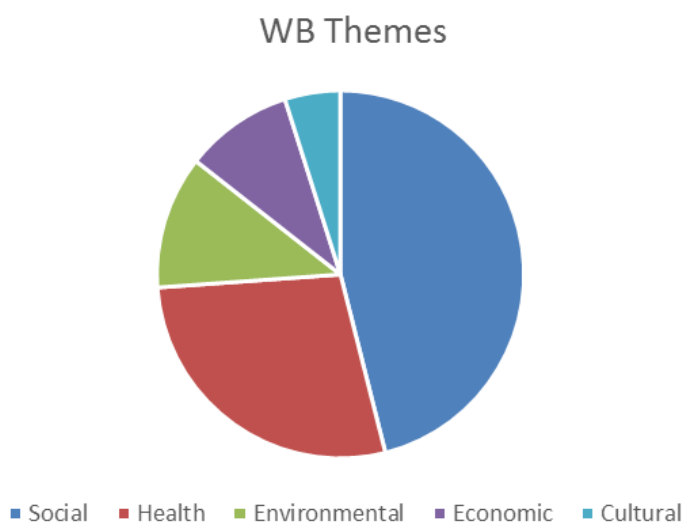
As well as family and friends, other social factors raised include:

- **Personal time** – including hobbies and general life balance

    "General feeling of balance in my life between work, home, family, leisure and rest"

- **Education** – Carmarthenshire's Youth Council noted the importance of inclusive schooling: children of all abilities and aptitudes should have access to an appropriate education that affords them the opportunity to achieve their personal potential – old age "one size doesn't fit all" was referenced

- **Cohesion** – observations about equalities, community resilience and the need to be accepting of refugees (Youth Conference)

    "Feeling connected and making a contribution"

    "Communities working together to care for each other and our environment. We can do it together, Look after one another and the world around us"

- **Safety** – community, individual, employment and financial

    "Feeling of security within community"

    "To feel safe when out and about socialising"

- **Access to services** – including quality/effectiveness of services and communication between services

    "The best possible care provided by all involved not having to fight for provision / care, good communication"

    "Confidence in knowing that resources are available when health problems occur without long journeys and access to other essential services

- **Days out / leisure opportunities** was a recurrent theme at the Carmarthenshire's Youth Conference, with calls for more youth-centric activities and attractions within local communities and the county at large

- **Prospects** - ambition, enablement and empowerment
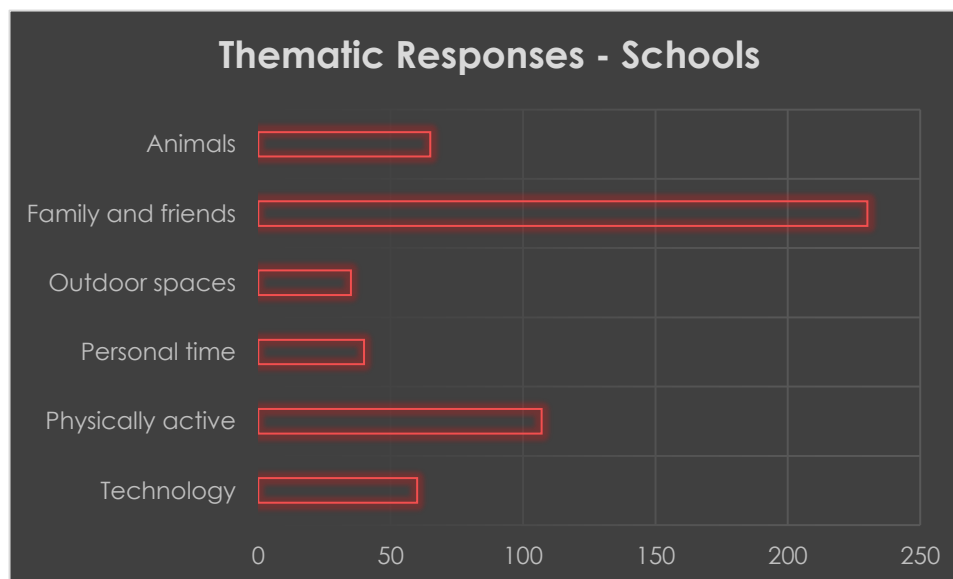
- **Seeing others happy**

- **Independence** – being able to make choices about your life, involvement and being yourself

- **Housing**

- **Helping others**

<u>**Schools:**</u>

177 school children aged 6 – 11 years old were asked what well-being means to them and the following table shows the most common responses:

Thematic Responses - Schools

Category	Value (approx.)
Animals	~65
Family and friends	~230
Outdoor spaces	~35
Personal time	~40
Physically active	~105
Technology	~60

Like the general population **family and friends** and being **physically active** were the most significant aspect of positive well-being. However there is a marked difference when looking at what positively influences positive well-being after these categories.

Technology in terms of internet access, hobbies, gaming and connectivity was a significant factor in young respondents' well-being. Likewise for younger people interacting with **animals**, in particular their pets, came out as a significant contribution to well-being. **Outdoor spaces** for young people to play, and feeling **safe** in the outdoor environment were also highlighted as important influences of positive well-being.

Some comments from primary school children included:

"To be able to walk my dog without anything bad happening and to have fun with her" – Steboneath

"Chwarae a'r yr traeth. Cerdded I ysgol gyda teulu ar ci. Dringo'r coed yn yr parc" – ponthenri

"My dogs, xbox, ipad, iphone, hockey, friends, minecraft, family" – Llandeilo
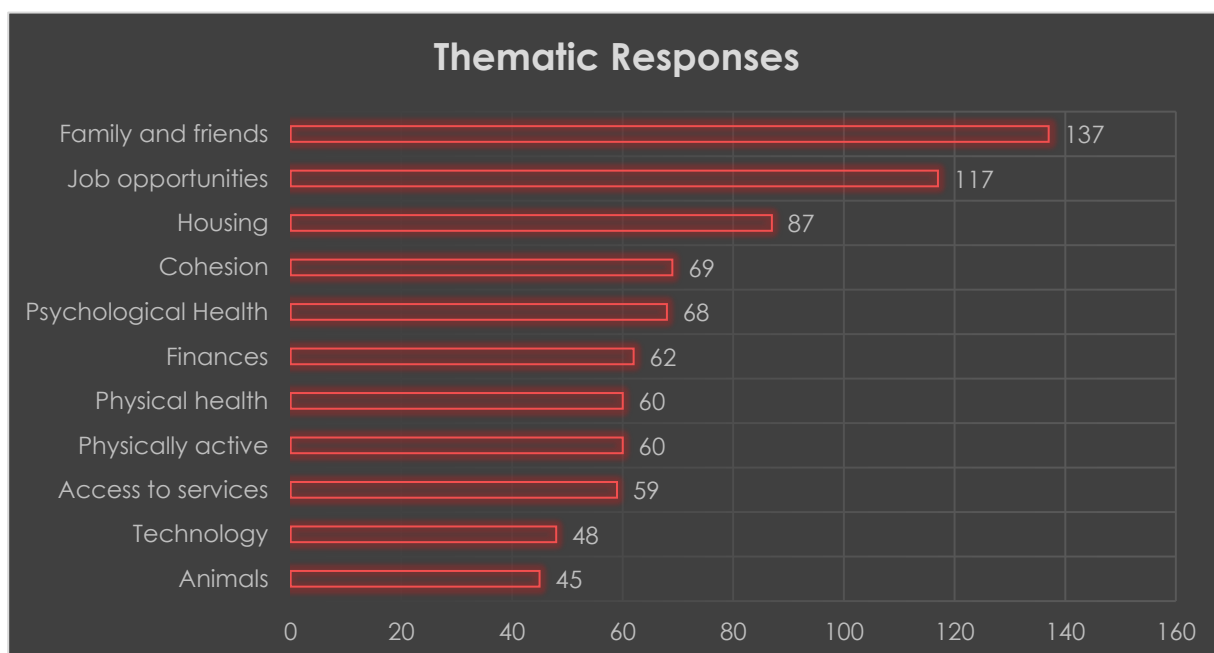
"Playing in the sunshine. Going to the park. Going swimming and playing rugby or the Xbox" - Tycroes

"To be able to play outside with my friends and knowing that it is safe" – steboneath

A total of 480 responses were received. Comments could be grouped into twenty three broad categories namely:

- Access to services
- Animals
- Cohesion
- Days out / leisure opportunities
- Ecosystems
- Engaging in arts and culture
- Finances

- Food
- Friends and Family
- Helping others
- Housing
- Independence
- Job opportunities
- Knowledge
- Outdoor spaces
- Personal time

- Physical health
- Physically Active
- Prospects
- Psychological Health
- Safety
- Seeing others happy
- Technology

Thematic Responses

Category	Value
Family and friends	137
Job opportunities	117
Housing	87
Cohesion	69
Psychological Health	68
Finances	62
Physical health	60
Physically active	60
Access to services	59
Technology	48
Animals	45

It is not surprising given that family and friends were identified as the strongest contributor to well-being that the majority of responses referenced family and friends as a priority for well-being in the future. However the overwhelming majority of the 137 family and friends related

comments were made primary school children with 130 noting a desire to have and maintain a family. Comments included:

> *"Family is important, hope to see all my grandchildren do well."*

> *"Kids and to be married. To have a job as an engineer. To see my friends. To buy a lovely home in a field"*

Likewise with the second and third highest priorities for positive future well-being, job opportunities and housing, the majority of comments prioritising these were made by primary school children. 107 of the 117 responses identifying job opportunities as a priority and 81 of the 87 comments made in relation to housing were from young people. This clearly shows that these are factors which young people consider will help them to maintain positive well-being in the future. Comments included:

> *"I want to be a doctor. Have my own home. I want a good job that earns a lot of money. I want a happy family."*

> *"A viable Carmarthenshire in respect of new and quality employment, acceptable work/home life balance, successful communities"*

> *"Have a nice job to look after my children and be a person who looks after children with special needs."*

> *"Job, knowledge, house and money"*

> *"Jobs aplenty. Social mobility. Sustainable practices are endemic"*

For adults cohesion was identified as the primary factor for ensuring positive well-being in the future. Cohesion covers a number of important factors including equalities, community resilience, togetherness and social relationships / interaction. Having a sense of belonging and being in community that works together to improve well-being of all was deemed to be a strong means of improving and maintaining positive well-being in the County. Comments included:

> *"Equal opportunities for all in the community. An opportunity to live your life as you wish."*
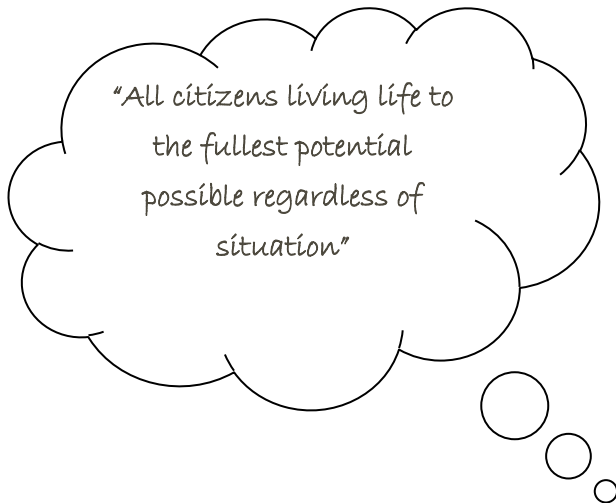
> *"Far more friendly. People communicating with each other and helping"*

> *"Working together to look after each other"*

> *"Supportive and inclusive"*

> *"Community strength links to cross age interaction"*

"Friendly communities, breaking down the exclusion that has taken over. More working in partnership, local businesses, self-sufficiency. Services with a mind-set that everyone has a responsibility and contribution to make."

"All citizens living life to the fullest potential possible regardless of situation"

"Working together to create and maintain a healthy environment. Lowering barriers in the community. A community where we celebrate what we have in common rather than our differences."

The majority of things that people identified as important for well-being in the future and how they would like well-being to look relate to social issues. With nearly half (48%) of the comments received prioritising things like; **cohesion**, **relationships**, **personal time**, **access to quality services** when needed and **safety**.
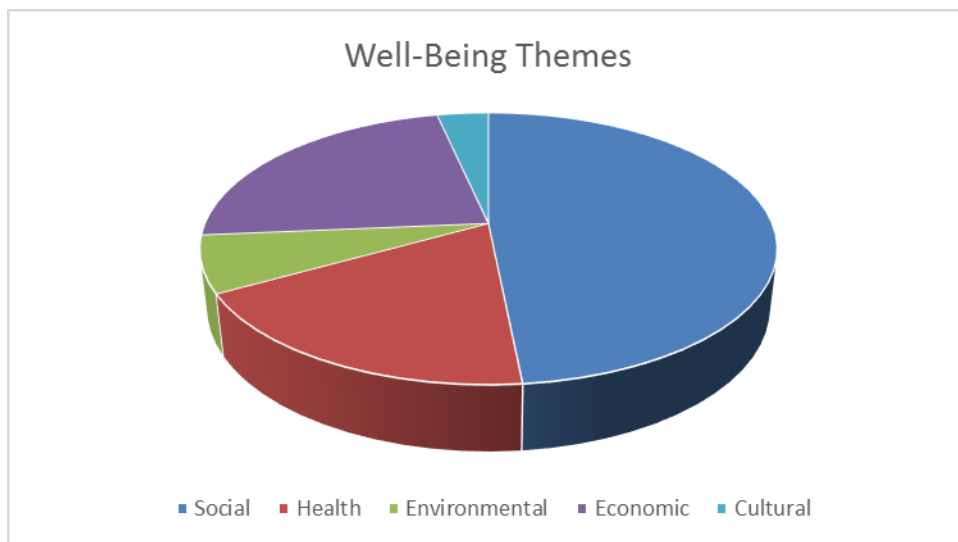

Economic factors particularly in relation to **job opportunities**, **opportunities for young people to flourish** and **financial security** account for nearly a quarter (23%) of responses. This closely followed by health related issues including being **physically active**, being **less stressed** and maintaining **physical health**.

Younger people, including the Carmarthenshire Youth Council, emphasised a future for the **Welsh language** and the necessity to arrest the recent decline in Welsh language speakers. Central to this, in their view, is improving the status of the language at work and school: Welsh as a dialect to treasure, rather than feeling secondary when using it.

Schools:

As previously noted the 174 school children aged 6 – 11 who responded to the question; how would you like [your well-being] to look in the future, were primarily concerned with having a family, a job and a home in the future in order to maintain positive well-being.
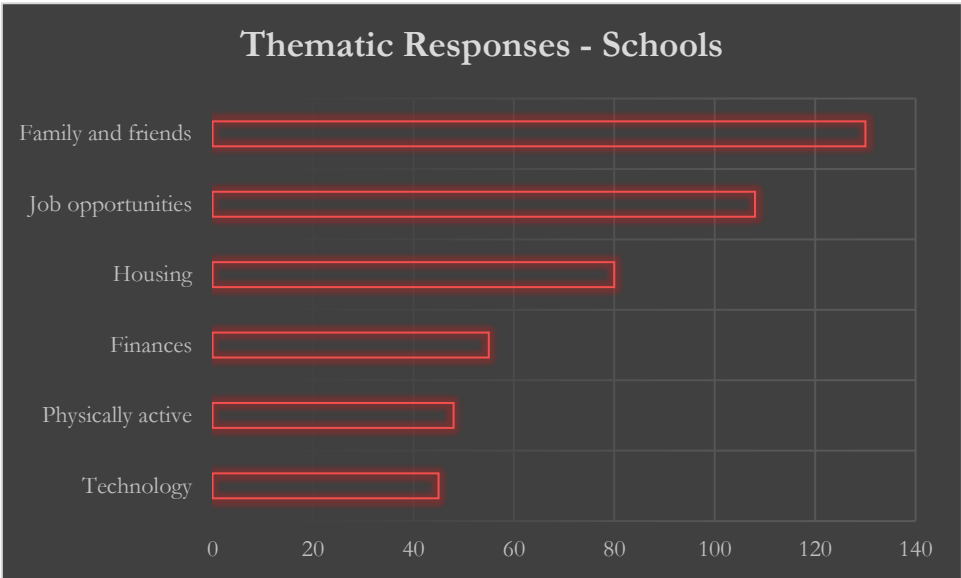
Finances were also identified as a priority for the future in terms of having enough money to support themselves; likewise maintaining physical activity was important for young people. As with their current experience of well-being technology was identified as an important factor for maintaining positive well-being in the future. Interestingly this was largely linked to job opportunities with many young people referencing careers relating to information technology such as; you-tubers, game developers and internet companies.