

# Carmarthenshire Well-Being Assessment 2016





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# The ABC of the Well-being of Future Generations (Wales) Act 2015

- A. The law states that we must improve the economic, social, environmental and cultural well-being of Carmarthenshire using the sustainable development principle:- “acting in a manner which seeks to ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs”.
- B. To show that we have applied the sustainable development principle we must demonstrate the following 5 ways of working :-

Looking at the **long term** so that we do not compromise the ability of future generations to meet their own needs

Understanding the root causes of the issues to **prevent** them reoccurring

Taking an **integrated** approach so that we look at all well- being goals and objectives of other services and partners

**Collaboration** - Working with others in a collaborative way to find shared sustainable solutions

**Involving** a diversity of population in decisions that affect them

- C. In order to work towards seven national well-being goals.

A Prosperous Wales	A Resilient Wales	A Healthier Wales	A More Equal Wales	A Wales of Cohesive Communities	A Wales of Vibrant Culture and Thriving Welsh Language	Globally Responsible Wales
1	2	3	4	5	6	7

## Executive Summary

### Carmarthenshire Context

Rurality	The largely rural nature of Carmarthenshire provides a wealth of ecosystem services which form the foundations on which life, and quality of life depend including drinking water, recreational opportunities and income generation. However, rurality, and the significant distances to cover in Carmarthenshire, poses challenges to well-being in terms of connectivity and access to services for example. The recent rise in alternative technologies such as telehealth may provide a potential resource for accessing some services and support.
Climate Change	Action is required to harness the positive and mitigate the negative and longer-term effects of climate change; improving physical, community and psychological resilience. With some of the worst CO2 emissions in Wales, new technologies and models of service delivery offer potential to mitigate and reduce these effects.
Poverty	35% of households and 20% of Carmarthenshire's children are living in poverty, 62% of these children are under 10 years old. Poverty and deprivation limits opportunities and prospects, damages the quality of life and harms the health and life expectancy of far too many. Action to tackle poverty is therefore crucial to improving overall well-being in Carmarthenshire

### New beginnings

Prevention is better than cure	Poor maternal and infant health can have significant long term impacts for children and families. Although still comparatively low, instances of low-birthweight have risen slightly in Carmarthenshire and uptake of childhood immunisations continue to reduce as children get older. In order to prevent future risks to well-being it is important to work with parents to improve pre and post-natal health of both mother and child.
Nurturing networks	Families are the founding environment for us all and helping parents to prepare is important to ensuring positive well-being of the family unit and the individuals within it. Building community networks can act as a support to parents and families and build a sense of belonging and resilience.
Levelling the playing field	Not all children have the same start in life and too many are born into circumstances that make it harder for them to thrive. Increasing opportunities for bilingualism or removing barriers to attendance at quality pre-school and childcare settings such as cost, for example can help all children to have an equal and ambitious start in life.

## Childhood

Learning Environments	Carmarthenshire's learning environments offer opportunities to nurture children's educational, social and personal development. Consideration needs to be given as to how to facilitate these aspects of well-being for those who cannot or chose not to attend formal school settings.
A Good Start	Adverse childhood experiences are hugely detrimental, and have effects that can last through life. Social, emotional and behavioural support across the county can counteract the worst effects and long-term damage.
Healthy Habits	Healthy habits learned early can last a lifetime. With one of the highest rates of overweight or obese children in Wales, learning about healthy eating and providing opportunities for active play may have big roles in changing behaviour and outcomes for future generations.
Play	Carmarthenshire's children want to play, particularly in outdoor settings which would have a range of benefits including for psychological, physical and social well-being. However opportunities and access to play outdoors and therefore to interact with nature can be limited by parental concerns over safety.

## Youth

Making connections	Young people in Carmarthenshire feel strongly that tolerance and respect is key to positive well-being. Having an influence over decisions that affect them and being heard is also important as is having opportunities to interact with peers and others. It is important that we facilitate such opportunities wherever possible both to improve individual well-being and interconnectedness within our communities.
Virtual World	Socialising, communicating and playing in the 'virtual world' are important to young people. However, some young people have very negative experiences online; cyberbullying and cybercrime are very real risks to young people in Carmarthenshire.
Staying on track	Adolescence presents a range of opportunities to develop a sense of identity and independence, some of which have negative implications for well-being. Risks include smoking, alcohol and drugs and efforts to support young people to make informed decisions are important to helping maintain positive well-being during youth and into adulthood.
Forging futures	Gaps in attainment levels of young people from the least and most deprived backgrounds in Carmarthenshire demonstrates the impact poor socio-economic circumstances can have through-out the life course. Young people are ambitious and so ensuring exciting and diverse opportunities are available and promoted to young people will help them fulfil their potential and could help improve the rates of retention of young people in the County.

## Adulthood

The right time and place	Celebrating the heritage, history, traditions and language of Carmarthenshire is important to residents and in the main opportunities to do so are well-used and enjoyed. However, 1 in 3 cannot access cultural activities and this is particularly pronounced in some areas (e.g. rural) and within some groups (e.g. disabled). Likewise time is a rare commodity and one that could have significant positive impacts across the spectrum of well-being by enabling individuals to balance various responsibilities or pursue economic, social, environmental or culture opportunities and interests.
Making ends meet	Carmarthenshire's income levels are the 7th lowest in Wales and there are significant disparities across community areas. In addition residents in rural areas are at increased risk of fuel poverty. Employment rates are relatively high although people with disabilities are twice as likely to be unemployed than those without a disability. Primary occupations are professional occupations however leading industries of agriculture, forestry and fishing mean that supporting sustainability and development of business, as well as protecting our natural environment are crucial for the economic well-being of the County.
Nature Connectedness	A connection to nature has a positive effect on well-being, physical & psychological health and cooperative behaviour. It also encourages environmentally sustainable attitudes and behaviours. People in Carmarthenshire appreciate the natural environment both local and global and want to do more to protect it for the future.
Strong communities	Fewer people in Carmarthenshire feel they belong to their community however engagement activity identified community togetherness and cohesion as important for positive well-being in Carmarthenshire. Respondents expressed a desire to work together within communities to create and maintain a positive environment and consideration should be given to how we can help communities to become empowered and develop their resilience.

## Older persons

Staying connected	Older age is a time to enjoy pursuits and past-times that may have eluded you during your working life. Employment, volunteering and socialising in community groups can give older people opportunities to pass on knowledge, wisdom and traditions as well as to keep physically and psychologically active; and to nurture self-esteem and a sense of empowerment. Older people want to remain independent for as long as possible and remaining embedded within one's community enhances social, emotional and physical well-being, whilst also helping to build and enhance community resilience. It is therefore crucial that we work to facilitate opportunities for older people to pursue hobbies and ambitions and to remain valued, integral members of our communities.
Caring	Caring for others at any age can be challenging but the implications for individual well-being are particularly marked for young carers and older people. 99% of unpaid care provided by adults in Carmarthenshire is by carers aged 50+, and 26% by those aged 65 and over. In addition older people often provide unpaid childcare for family or friends. Carers improve the well-being of those they care for and also support economic well-being of wider society however their own needs are often misunderstood so it is important we listen and respond to carers in our communities.
Ageing well	Carmarthenshire has an ageing population and as health generally deteriorates with age the demand for and dependence on medical support increases. Services therefore need to be sustainable and robust particularly if current trends in diagnosis for conditions such as dementia continue which will place additional demands on care and support in future. Life expectancy in Carmarthenshire is in line with Welsh average although there is a significant gap of 18 years between the life expectancy of those from the least and most deprived communities demonstrating the negative impact of poor socio-economic circumstances on health and well-being.

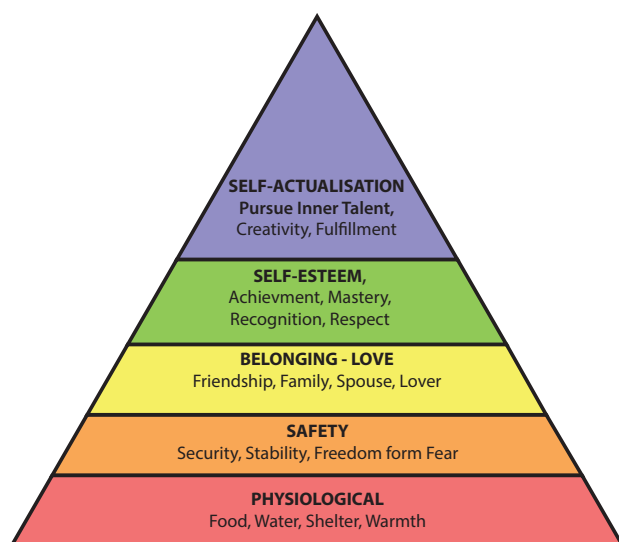


# Introduction

Collins English Dictionary defines well-being as; “the state of being comfortable, healthy, or happy”. As this definition suggests Well-Being is a complex concept which means different things to different people and which is influenced by various different factors.

This makes measuring well-being challenging and there are a number of different approaches which can be adopted such as; life evaluation, hedonic and eudaimonic well-being measures.

For the purposes of this report, well-being encompasses a number of elements taking a holistic approach similar to Maslow’s Hierarchy of Need. In acknowledging the layers of human need and how they fit together to affect overall well-being, this assessment will take account of more than simply issue resolution and attend to a more complex understanding of well-being, whilst simultaneously taking the different types of well-being into account.



*Maslow's Hierarchy of Need*

In order to achieve this holistic understanding of well-being the assessment includes two key elements;

1. **Situation Analysis** – collection of data and information from a range of sources including the 2011 Census, National Surveys, Natural Resources Wales, Public Health Observatory and Local Authority Data to build a statistical overview of well-being in Carmarthenshire. A **factsheet** has been developed to provide a summary of the situation analysis for Carmarthenshire.
2. **Engagement** – Public Services Board (PSB) partners developed a well-being survey and primary engagement tools to gain qualitative information from the subjective perceptions, beliefs and views of Carmarthenshire residents and communities. A total of 2582 survey responses were received and 27 events, focus groups, drop in clinics and workshops were held across the County. Although feedback from the engagement period, which ran from July to October 2016, is limited its findings form a fundamental part of this **report**. The report begins to explore more qualitative understandings of well-being. Full, detailed findings from all engagement activities can be found in the Carmarthenshire engagement and consultation report and work to gather greater input from Carmarthenshire citizens should form a fundamental part of the future work of PSB.

Please see **Joint Methodology Framework** for more information on the approach.

This Well-Being Assessment outlines what well-being looks like in Carmarthenshire and what Carmarthenshire’s residents and communities want well-being to look like in the future through exploring key issues which positively and/or negatively impact well-being. Following a contextual overview of the demographics of Carmarthenshire the assessment looks at well-being through different life stages, highlighting differences and similarities in experiences of well-being throughout a person’s life. It is important to recognise however that issues discussed during a particular life stage aren’t necessarily exclusive to that particular

stage of life and that issues affecting well-being can occur throughout the life cycle depending on individual circumstances.

Where appropriate the report will also discuss cross cutting themes, highlight key pressure points which positively or negatively impact well-being and draw upon Pareto's 80:20 principle in an attempt to better understand the ratio of responsibility between ourselves as individuals and external influences for maximising positive well-being.

In doing so the report will enrich understanding of the factors which affect well-being to help members of the PSB develop a Well-Being Plan for maintaining and maximising social, economic, cultural and environmental well-being across our county, both now and for future generations.

In addition to the findings of this assessment report there are a number of existing reports, assessments and policies which will be useful to the PSB in developing the Carmarthenshire Well-Being Plan. These include;

- **assessment** of the risks for the United Kingdom of the current and predicted impact of climate change sent to the Welsh Ministers under section 56(6) of the Climate Change Act 2008 (c.27);
- **review** of the sufficiency of nursery education provision for the local authority area carried out under section 119(5)(a) of the School Standards and Frameworks Act 1998 (c.31);
- **assessment** of the sufficiency of the provision of childcare in the local authority area carried out in accordance with regulations made under section 26(1) of the Childcare Act 2006 (c.21);
- **assessment** of the sufficiency of play opportunities in the local authority area carried out under section 11(1) of the Children and Families (Wales) Measure 2010;
- assessment carried out by the local authority in conjunction with a Local Health Board under section 14 of the Social Services and Well-being (Wales) Act 2014 (the "population assessment" of needs for care and support, support for carers and preventative services);
- strategic assessment prepared in accordance with regulations under section 6 of the Crime and Disorder Act 1998 (c.37) relating to reducing crime and disorder in the local authority area;

- strategic assessment prepared in accordance with regulations under that section relating to combating substance misuse in the local authority area;
- each area statement under section 11 of the Environment (Wales) Bill 2016, once enacted, which relates to any part of the local authority's area;
- **State of Natural Resources Report** produced by NRW on behalf of Welsh Government outlining environmental trends
- strategic **assessment** prepared in accordance with regulations under that section relating to the reduction of reoffending in the local authority area;

Where relevant these are referenced in the body of this assessment report. However, to avoid duplication links to these and other relevant existing information are available in the bibliography and additional document list.



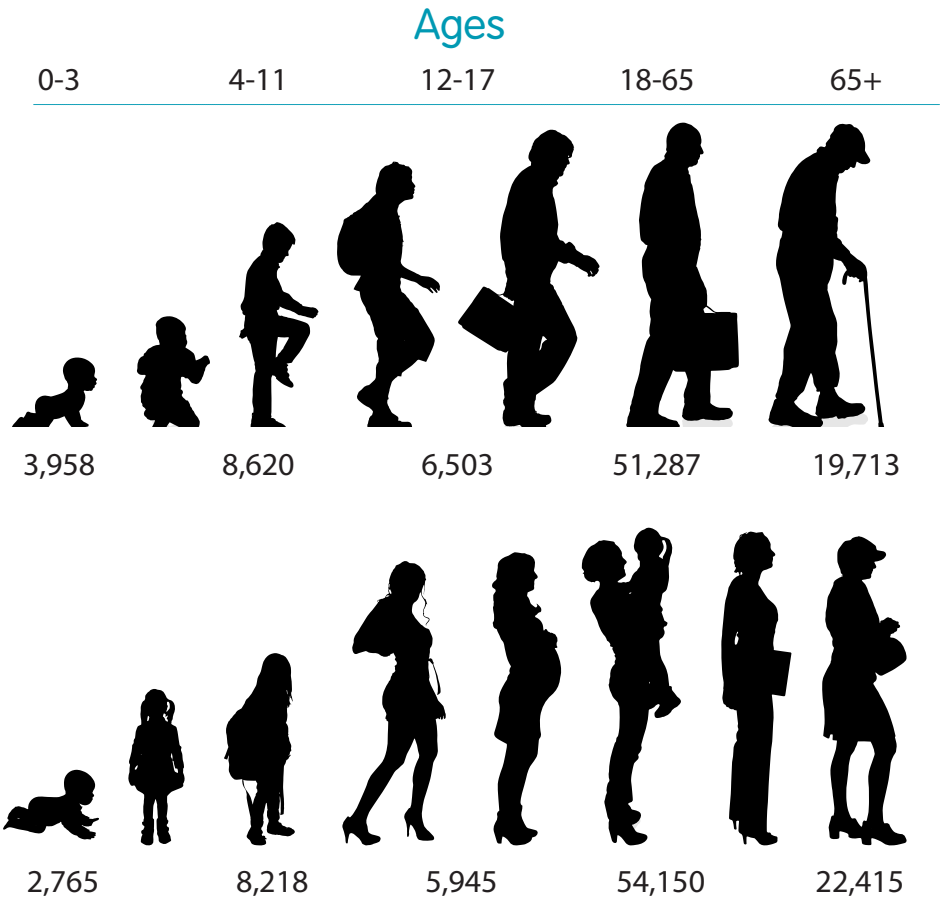
*Responses to the well-being survey question...*

**"Tell us in key words what well-being means to you..."**

# Carmarthenshire Context

Around 185,100 people currently live in Carmarthenshire making it the county with the 4th highest population in Wales. 76% of the population of Carmarthenshire were born in Wales and just 1.9% are from non-white ethnic backgrounds. In line with trends across Wales, Carmarthenshire has an ageing population with over 40's accounting for 56% of the population and over 65's for 23%.

This trend is set to continue with projections suggesting that increases in overall Carmarthenshire population to 2021 will be primarily in the 65+



age group. This will impact understandings of well-being within the county and impact how we work to maximise positive experiences.

The Carmarthenshire population is one of the sparsest in Wales at just 78 people per km2 who live across a diverse County of both urban and rural communities. There are three major towns of Llanelli, Carmarthen and Ammanford which are home to 25% of the population.

60% of the population live in rural areas which form 53% of the County geographically according to the Rural Development Programme definition. The remaining 40% of the total County population all live within 400m of natural or semi-natural green space. Carmarthenshire has a diverse range of scenic and historic attractive landscapes, from open uplands to rolling lowland farmland. These local landscapes contribute to a sense of pride, culture and local identity. People's experience and interaction with the environment can also positively affect health and well-being. Carmarthenshire's natural beauty, cultural heritage and tranquillity provide opportunities and benefits for healthy communities, recreation, tourism and economic activity.

The county has many varied natural environments, including rivers, lakes, estuaries, beaches and woodlands which provide vitally important benefits for the well-being of local communities and the wider population. These include access to drinking water, spaces for recreation and relaxation, income generation from business, industry and tourism, biodiversity, ecological connectivity, climate regulation, improvement of air quality, carbon storage and opportunities for green energy production.

Both the afon Teifi and afon Tywi provides drinking water for almost a quarter of the population of Wales, we have one of only 3 National Parks in Wales, Brechfa and Tywi forest produce a significant percentage of Wales annual timber supply. Dinefwr Park is recognised not only for its Capability Brown designed landscape but also as being the second most important place in England and Wales because of the assemblage of lichens and mosses found there – a natural indicator of good air quality.

The county has over 6,200 registered agricultural holdings managing some

210,500 ha of land, with 1400 of these being over 50ha (125 acres) in size emphasizing the importance of agriculture within the county. If these environments are not healthy and resilient, they may not be able to deliver the services that we rely on for our wellbeing in future. In Carmarthenshire, ecosystem pressures range from climate change and continuing development, to agriculture and afforestation. Conversely, there are over 3800 low energy generation projects and increasingly high levels of recycling across the county demonstrating a commitment to protect and enhance the natural environment.

The survey identified a strong relationship between residents' well-being and their surrounding environment although the exact nature of the relationship varies across age groups and community areas from providing recreational opportunities, to psychological positivity, health benefits and a connection to heritage and culture, all of which will be explored throughout this report. However, rurality can also pose challenges to well-being such as access to services and digital access which can impact both social and economic well-being.

As a largely rural county, Carmarthenshire may be disproportionately affected by both positive and negative impacts of climate change as explored in the [Climate Change Risk Assessment for Wales](#). By 2050 winter rainfall is predicted to increase by 14% and summer rainfall to decrease by 16% which may increase the likelihood of flooding in the county, particularly in inland rural areas already subject to flooding as a result of surface run off water. Even modest flooding events can significantly impact on the physical and mental wellbeing of the individuals affected for many years after the actual flooding event and the worst effects of flooding are often felt by the more vulnerable in society.

Rising sea levels are anticipated to impact not only the 5,587 properties in Carmarthenshire already at risk of tidal and rising river level flooding but additional properties along the county's coastal and river communities. Conversely potential impacts such as a rise in grassland productivity and extended tourist seasons are also likely to impact Carmarthenshire. It is important that we are able to harness the positive and mitigate the

negative consequences all of these issues for the economic, environmental, cultural and social well-being of individuals and communities affected (Wallingford, 2012).

Environmental issues such as quality and availability of water, productive land and air quality for example underpin current and future well-being and details of these levels in Carmarthenshire alongside environmental maps and other resources are available in the Natural Resources Wales (NRW) [Evidence Pack for Carmarthenshire](#). The physical environment is also significant for Carmarthenshire which has strong infrastructure to support tourism and increase access to employment opportunities.

For the purposes of this assessment, six community areas have been identified across Carmarthenshire based on Upper Super Output Areas (USOA's), a map of which can be found [here](#). Where relevant this assessment will highlight key issues affecting community areas and any significant differences between them. For example Carmarthenshire has the highest number of Welsh speakers in Wales with 78,000 people reporting they could speak Welsh in the 2011 Census, which increased to 80,700 people in the Welsh Language Use Survey 2015.

However there are differences between community areas within the county with over half the population of community area 3 being Welsh speakers compared to 25% of the population of community area 6. This is consistent with the findings of the Well-Being survey in which 47% of respondents stated that they can speak Welsh with 44% of respondents in community area 4 agreeing that the language gives them a sense of identity compared to 28% of respondents in community area 6. Full demographic and contextual information on each ward in Carmarthenshire is available [here](#).

36% of households across the county can be said to be living in poverty based on the Welsh Government definition of poverty as "households with less than 60% of the GB median income", making Carmarthenshire levels the 8th highest in Wales. In addition, measures of the Wales Index of Multiple Deprivation (WIMD) 2014 indicate significant variance in the level

of deprivation experienced across community areas. Community area 6 is the most deprived in Carmarthenshire featuring across all but two WIMD measures; namely housing and access to services.

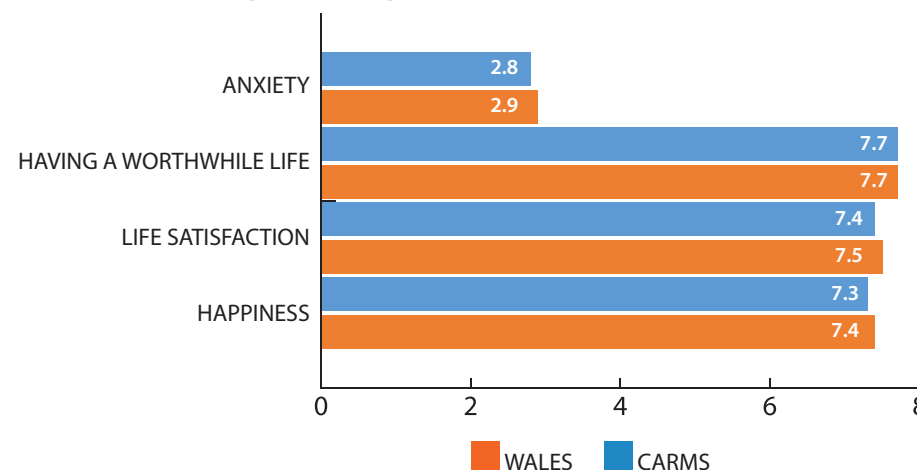
As a result 22% of the community area is listed in the top 10% most deprived areas in Wales and 72% within the top 50%. This is significantly above any of the other community areas with the exception of community area 2 which makes up 71% of the 10% most deprived areas in Wales under the access to services measure.

Poverty and deprivation have serious detrimental effects across all aspects of well-being. It limits the opportunities and prospects for children and young people, damages the quality of life for families and communities and harms the health and life expectancy of far too many. Poverty can be a barrier to full participation in society and is too often an intergenerational experience which poses a significant threat to experiencing positive well-being both now and in the future.

According to findings of the Office for National Statistics (ONS) the areas of well-being which have most significantly improved in recent years across the UK have been dominated by the improving economic picture and closely followed by improved use of renewable energy sources and its positive impacts on the environment.

Despite continued improvements to the number of years we can expect to live in good health, the indicators for satisfaction with health and the proportion reporting some evidence of psychological ill health have both worsened. Carmarthenshire is no exception, reporting average levels across psychological well-being indicators as illustrated in the following graph.

## ONS Well-Being Findings



In addition to reductions in positive psychological health ONS found that fewer people felt they belonged to their neighbourhood/community compared to one year earlier.

As part of the new Well-Being of Future Generations (Wales) Act 2015, Welsh Government have introduced a suite of 46 National Well-being Indicators to measure progress against the 7 national well-being goals. Although these are national measures intended to progress overall levels of well-being across Wales, Carmarthenshire PSB has undertaken an exercise to assess current performance against these well-being measures to provide clearer insight into levels of well-being in our county.

At January 2017, Carmarthenshire currently has four measures in the red zone (amongst the worst results in Wales) including 'transport CO2 emissions per capita' and '% of properties with a high or medium risk of flooding' as further explored in the NRW Pack for Carmarthenshire. There are fourteen measures in the green zone (amongst the best results in Wales) including '% who feel their local area is well-maintained' and '% of



dwelling (those that are assessed by LA) which are free from hazards'. A number of measures have seen a significant change in year on year results, for example the difference in gender pay has increased from £16 in 2014 to £89 in 2015 therefore moving from the lowest in Wales (1st position) in 2014 to 13th in Wales in 2015. For 2016 this has improved slightly to £84.

A full matrix of Carmarthenshire's **performance** against the National Well-Being Indicators and **explanatory notes** are available on the PSB website.

National Wellbeing Indicators - Baseline data @ November 2016									
Carmarthenshire's most recent performance ranked in relation to other Welsh Counties									
Arrows show the movement in ranking position. Improvement: Green or (Circle red) from the previous year's available data									
Bottom Bottom to Middle Middle to Top Top									
Ref No.	PI Definition	Year	Information Source	2014	2015	2016	2017	2018	2019
1	% of low birth weight babies	2014	Perinatal Mortality Review (PMR)	8.0	6.3	0.1	0.0	0.4	0.5
2a	Male life expectancy at birth and at age 65	2012-14 (2013-15)	Welsh Health Survey (WHS) - Welsh Health Survey	70.2	77.0	77.2	77.2	77.3	77.8
2b	Female life expectancy at birth and at age 65	2012-14 (2013-15)	Welsh Health Survey (WHS) - Welsh Health Survey	75.2	77.0	77.2	77.2	77.3	77.8
2c	Female life expectancy at birth and at age 65	2012-14 (2013-15)	Welsh Health Survey (WHS) - Welsh Health Survey	75.2	77.0	77.2	77.2	77.3	77.8
2d	Female life expectancy at birth and at age 65	2012-14 (2013-15)	Welsh Health Survey (WHS) - Welsh Health Survey	75.2	77.0	77.2	77.2	77.3	77.8
2e	Male life expectancy at birth and at age 65	2012-14 (2013-15)	Welsh Health Survey (WHS) - Welsh Health Survey	70.2	77.0	77.2	77.2	77.3	77.8
2f	Female life expectancy at birth and at age 65	2012-14 (2013-15)	Welsh Health Survey (WHS) - Welsh Health Survey	75.2	77.0	77.2	77.2	77.3	77.8
2g	Female life expectancy at birth and at age 65	2012-14 (2013-15)	Welsh Health Survey (WHS) - Welsh Health Survey	75.2	77.0	77.2	77.2	77.3	77.8
2h	Female life expectancy at birth and at age 65	2012-14 (2013-15)	Welsh Health Survey (WHS) - Welsh Health Survey	75.2	77.0	77.2	77.2	77.3	77.8
2i	Female life expectancy at birth and at age 65	2012-14 (2013-15)	Welsh Health Survey (WHS) - Welsh Health Survey	75.2	77.0	77.2	77.2	77.3	77.8
2j	Female life expectancy at birth and at age 65	2012-14 (2013-15)	Welsh Health Survey (WHS) - Welsh Health Survey	75.2	77.0	77.2	77.2	77.3	77.8
2k	Female life expectancy at birth and at age 65	2012-14 (2013-15)	Welsh Health Survey (WHS) - Welsh Health Survey	75.2	77.0	77.2	77.2	77.3	77.8
2l	Female life expectancy at birth and at age 65	2012-14 (2013-15)	Welsh Health Survey (WHS) - Welsh Health Survey	75.2	77.0	77.2	77.2	77.3	77.8
2m	Female life expectancy at birth and at age 65	2012-14 (2013-15)	Welsh Health Survey (WHS) - Welsh Health Survey	75.2	77.0	77.2	77.2	77.3	77.8
2n	Female life expectancy at birth and at age 65	2012-14 (2013-15)	Welsh Health Survey (WHS) - Welsh Health Survey	75.2	77.0	77.2	77.2	77.3	77.8
2o	Female life expectancy at birth and at age 65	2012-14 (2013-15)	Welsh Health Survey (WHS) - Welsh Health Survey	75.2	77.0	77.2	77.2	77.3	77.8
2p	Female life expectancy at birth and at age 65	2012-14 (2013-15)	Welsh Health Survey (WHS) - Welsh Health Survey	75.2	77.0	77.2	77.2	77.3	77.8
2q	Female life expectancy at birth and at age 65	2012-14 (2013-15)	Welsh Health Survey (WHS) - Welsh Health Survey	75.2	77.0	77.2	77.2	77.3	77.8
2r	Female life expectancy at birth and at age 65	2012-14 (2013-15)	Welsh Health Survey (WHS) - Welsh Health Survey	75.2	77.0	77.2	77.2	77.3	77.8
2s	Female life expectancy at birth and at age 65	2012-14 (2013-15)	Welsh Health Survey (WHS) - Welsh Health Survey	75.2	77.0	77.2	77.2	77.3	77.8
2t	Female life expectancy at birth and at age 65	2012-14 (2013-15)	Welsh Health Survey (WHS) - Welsh Health Survey	75.2	77.0	77.2	77.2	77.3	77.8
2u	Female life expectancy at birth and at age 65	2012-14 (2013-15)	Welsh Health Survey (WHS) - Welsh Health Survey	75.2	77.0	77.2	77.2	77.3	77.8
2v	Female life expectancy at birth and at age 65	2012-14 (2013-15)	Welsh Health Survey (WHS) - Welsh Health Survey	75.2	77.0	77.2	77.2	77.3	77.8
2w	Female life expectancy at birth and at age 65	2012-14 (2013-15)	Welsh Health Survey (WHS) - Welsh Health Survey	75.2	77.0	77.2	77.2	77.3	77.8
2x	Female life expectancy at birth and at age 65	2012-14 (2013-15)	Welsh Health Survey (WHS) - Welsh Health Survey	75.2	77.0	77.2	77.2	77.3	77.8
2y	Female life expectancy at birth and at age 65	2012-14 (2013-15)	Welsh Health Survey (WHS) - Welsh Health Survey	75.2	77.0	77.2	77.2	77.3	77.8
2z	Female life expectancy at birth and at age 65	2012-14 (2013-15)	Welsh Health Survey (WHS) - Welsh Health Survey	75.2	77.0	77.2	77.2	77.3	77.8
3a	Percentage of adult smokers	2014-15 (2013-14)	Welsh Health Survey (WHS) - Welsh Health Survey	25	25	24	24	22	22
3b	Percentage of adult who are overweight or obese	2014-15 (2013-14)	Welsh Health Survey (WHS) - Welsh Health Survey	67	64	63	62	62	62
3c	Percentage of adults who reported exercise or physical activity for more than 150 mins	2014-15 (2013-14)	Welsh Health Survey (WHS) - Welsh Health Survey	51	51	52	52	52	53
3d	Percentage of adults who drink more than the recommended guidelines	2014-15 (2013-14)	Welsh Health Survey (WHS) - Welsh Health Survey	40	45	42	42	41	41
3e	Percentage of adults who eat the recommended guidelines of fruit and vegetables	2014-15 (2013-14)	Welsh Health Survey (WHS) - Welsh Health Survey	29	29	27	28	28	30
3f	Proportion of children aged 4 to 5 years who are overweight or obese	2014-15 (2013-14)	Welsh Health Survey (WHS) - Welsh Health Survey	31.7	30.7	30.8	30.8	29.7	29.7
3g	Proportion of people aged 16 and over who are overweight or obese	2014-15 (2013-14)	Welsh Health Survey (WHS) - Welsh Health Survey	42.8	43.0	43.9	45.0	45.6	46.6
3h	Percentage of people who followed the '5 A's' (5 A's: 5 A's: 5 A's: 5 A's: 5 A's)	2014-15 (2013-14)	Welsh Health Survey (WHS) - Welsh Health Survey	47.7	51.8	52.1	52.6	54.2	54.2
3i	% Adults with no qualification	2014-15 (2013-14)	Welsh Health Survey (WHS) - Welsh Health Survey	20.7	15.9	14.7	14.4	12.4	12.2
3j	% Adults who are qualified to level 2 or above	2014-15 (2013-14)	Welsh Health Survey (WHS) - Welsh Health Survey	17.7	16.8	16.6	16.3	15.9	15.7
3k	% Adults who are qualified to at least level 2 and above	2014-15 (2013-14)	Welsh Health Survey (WHS) - Welsh Health Survey	63.9	67.9	70.3	70.4	72.7	72.7



# New Beginnings

## Welcome to the world

Adverse socio-economic circumstances have a cumulative effect throughout the life course (Scottish Government, 2008). A baby's earliest experiences will shape their brain development, and have a lifelong impact on their mental health and well-being. As such there is often strong correlation between a person's life course and factors at play before and shortly after they are born.

For example low birthweight can result in health and social disadvantages not only in childhood but also in adult life (Scottish Government, 2008). Although remaining relatively low the number of low birthweight babies in Carmarthenshire has risen in recent years alongside a similar increase in the number of adults who smoke in the county which is the largest modifiable risk factor for low birthweight; exposure to tobacco smoke.

Likewise research indicates the importance of a stress-free environment during pregnancy for mother and baby as high cortisol levels released in response to stressful experiences and trauma before birth can have a significant effect on the child's long term outcomes (Yehuda, 2005).

Infant mortality rates in Carmarthenshire have remained consistently below the Welsh average since 2008. However studies have shown that infant and perinatal mortality rates in general are comparatively higher for low income families where increased levels of deprivation, more manual occupations and poorer maternal health affect the physical well-being of the mother and therefore the child.

This trend is also evident when looking at comparisons of healthy life expectancy between the least and most deprived communities in Carmarthenshire. Where there is a 10.6 year difference in years of healthy life expectancy for males and 12.5 years difference for females depending on the socio-economic environment they live in.

According to the Public Health Wales Coverage of Vaccination Evaluation

Rapidly (COVER) annual [report](#), 94% of Carmarthenshire's children were up to date for their 1st MMR and 91.3% for their 2nd in 2015-16, which is below the Welsh Government target of 95%. Vaccines have reduced and, in some cases, eliminated many diseases that killed or severely disabled people just a few generations ago therefore ensuring babies and children have the appropriate vaccinations is not only crucial for that individual child's well-being but is also vital for securing the well-being of future generations. For example, by vaccinating children against rubella, the risk that pregnant women will pass this virus on to their foetus or new-born has been dramatically decreased, and birth defects associated with that virus are rarely seen in the developed world.

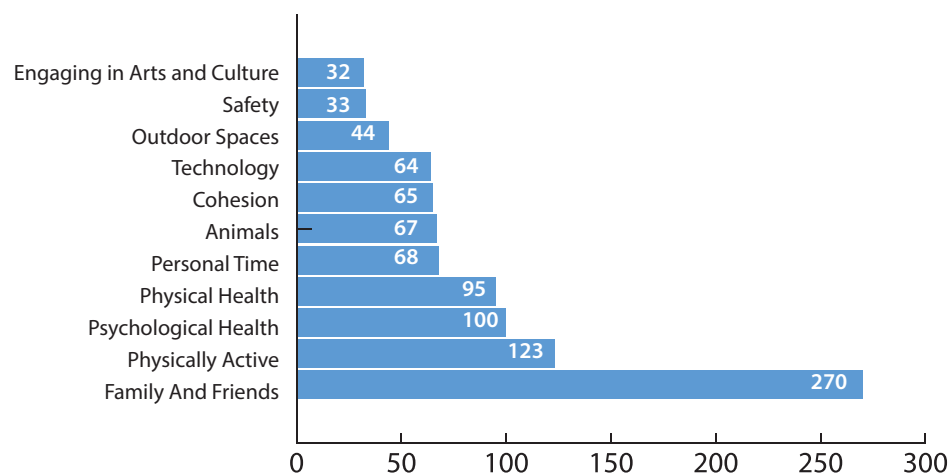
## The foundation of family

Families are the founding environment that we all experience as individuals and as such the well-being of the family as a unit has a huge influence on the well-being of the individuals within it.

Research has shown for example that antenatal classes which focus on preparing parents for the changes and challenges of parenthood as well as the birth itself have resulted in more positive outcomes for mother and baby, through improving maternal knowledge and confidence therefore having a positive impact on the families' psychological well-being (Spinelli, 2003). This demonstrates the importance of support networks, early intervention and education in fostering positive family relationships at this early stage.

The importance of family in positively influencing well-being is evident in findings from primary engagement activities delivered as part of this assessment. Family and friends were overwhelmingly identified as the most important factor in experiencing positive well-being by over 500 adults and children taking part in an exercise which asked "what does well-being look like for you" and "what do you want [well-being] to look like in future"

## Thematic Responses



### “What does well-being mean to you”

– responses from 6–11 year olds gathered during primary engagement exercise

Although under Pareto’s principle relationships with family and friends fall within the 80% responsibility of the self, we must recognise the role of the wider community in fostering a connectedness that will support the resilience of babies, young children and their families. This is particularly important in terms of supporting children who may not experience a traditional family environment.

“My well-being is making sure my family is okay and enjoying life with family and friends”

## Equal and ambitious start in life

The early years have recently been called the ‘foundation years’ because they create the foundations on which the rest of life is built and they remain the time when we have most opportunity to make a difference.

Not all children have the same start in life and too many are born into circumstances that make it harder for them to thrive. Interventions such as ‘Flying Start’ have been highly effective in communities of higher deprivation and currently offer parenting classes and courses as well as a network of support to 2054 children, parents and families in Carmarthenshire (Nov. 2016). For example the percentage of ‘Flying Start’ children reaching or exceeding their development milestones in Carmarthenshire at age 2 is 65% which is higher than the Wales average of 53%. Likewise the percentage of ‘Flying Start’ children aged 3 reaching their developmental milestones in the county is 80% compared to 51% average for Wales.

To ensure that all people in Wales are able to reach their full potential, they need to have equality of opportunity. This means addressing not only social and economic inequality but also environmental inequality. Environmental inequalities may be defined as the unequal impact of environmental influences on health and well-being or the unequal access to ecosystem services.

These environmental influences include early-years education or care settings, housing, public spaces, environmental planning, travel and transport, access to nature and environmental problems, such as poor air quality or climate change causing increased energy costs.

As well as ensuring children have an equal start in life it is also important that families, communities and services work to ensure each child has the best possible start in life, equipping them with the right tools to develop themselves into thriving children, young people and eventually adults.

For example research indicates that bilingualism has a significant effect on cognitive skills and creativity with bilingual individuals outperforming

monolingual counterparts in cognitive processes such as memory reasoning, problem-solving and planning (Bialystock, 2011). In addition according to assessment survey results language was the second highest influence of positive cultural well-being after heritage / history, and had the most influence on well-being for residents of community area 3.

Therefore introducing children to the Welsh Language at an early age in Carmarthenshire can not only improve the development of their cognitive and creative functions but also help to build connections to the local community, culture and heritage. In Carmarthenshire there are currently 116 registered childcare settings providing registered Welsh medium places to 2,246 children. This also helps to ensure children have equal opportunities to engage with their culture from an early age which has significant positive impact for cultural and social well-being.

Likewise research by UNICEF, NHS and others, has found that benefits of breast feeding include improved child immunity, better digestive health, lower incidents of obesity and type 2 diabetes; and there are even findings indicating advantages in IQ and cognitive ability. In addition there are also benefits for the mother, including the reduction of stress levels and postnatal depression and reduced risk of breast and ovarian cancer. In Carmarthenshire, 63% of mums currently breast feed their babies which is higher than the Welsh average of 55%.

Attendance at a quality pre-school (aged 0-3) is also shown to improve outcomes for children throughout their life course. A longitudinal study funded by the Department of Education found benefits of pre-school attendance included more positive attitudes towards education, improved social behaviour, higher attainment and a reduced risk of worried behaviour. The study found this was particularly significant for children from disadvantaged backgrounds, children with Special Educational Needs and boys aged 11 (Taggart, 2015).

Additional research by the Institute of Fiscal Studies (IFS) also identified that children who had attended pre-school are likely on average to earn around £27,000 more over their working life than children who do not

experience pre-school environments (Cattan, 2014). This demonstrates a positive influence over social and economic well-being not only now but in the future emphasising the important contribution to well-being of pre-school settings.







# Childhood

## Strong foundations

Research by The Institute of Education suggests that attending a good pre-school and primary school can have more impact on children's academic progress than their gender or family background (Taggart, 2015). Three quarters (76%) of Carmarthenshire's primary schools are classed as "green" (best performing in Wales) or "yellow" (effective) schools under the Welsh Government's School Categorisation with none in the red (in need of improvement) category. 87% of children achieved expected outcomes at Foundation phase and 89% at Key Stage Two. Studies have shown that emotional well-being and good attention skills are important factors in academic progression at primary school level and into the future.

Experiences and engagement at primary school level set the tone for future academic development and progression and formulate our conceptions of social interaction (Gutman, 2012). It is therefore paramount that we create school environments that nurture children's behavioural and educational attributes from early on as this can impact well-being across the spectrum for children as they grow. In addition we must consider how we can help to replicate the positive elements of the school environment for well-being for the 240 children who are currently home schooled in Carmarthenshire (Nov.2016).

This is particularly important for children who experience **Adverse Childhood Experiences** (ACE's) which are stressful experiences occurring during childhood that directly hurt a child or affect them through the environment in which they live including abuse and neglect, parental separation, exposure to domestic violence, substance misuse and childhood illness/bereavement for example. We need to seek to build healthy relationships, families and communities. During school years, children experiencing ACEs may display a heightened emotional state of anxiety and consequently be distracted from educational pursuits, resulting in poor educational attainments.

In these circumstances schools can have a key role to play in supporting pupils through traumatic experiences. Findings from 2013/14 Pupil Voice survey in Carmarthenshire show that 99% of primary school children involved in the survey felt safe in their school environment and 97% knew who to talk to if they were worried or upset. This support can help address and reduce the effect of ACE's which can have serious long term effects for an individual including increased risks of drug abuse, imprisonment, violence and poor overall adult health.

There are 215 Looked After Children (LAC) in Carmarthenshire. These children are more likely to have been exposed to multiple risks associated with poor long term outcomes before entering care (Jones, 2011). Entering care is strongly associated with poverty and deprivation including low income, parental unemployment and relationship breakdown, with over 60% of children being in care because of abuse or neglect (Department of Children, 2008).

Consequently LAC are more likely to experience educational, behavioural, physical and psychological problems (Meltzer, 2003) which have negative impacts for short and long term well-being. Additional intervention and support may be necessary to ensuring positive outcomes for LAC, likewise for those 24 children on the Child Protection Register (Stats Wales) and 250 Children in Need in Carmarthenshire.

Bullying also affects young people's mental health, emotional well-being, sense of self and their ability to connect to society which, if extreme and sustained enough can have lifelong consequences. In addition the complicated bi-directional nature of mental health and bullying, i.e. some young people are bullied as a result of their mental health issues and some young people develop mental health issues as a consequence of being bullied, means that some of the most vulnerable children are at increased risk of long term impacts. According to the Pupil Voice survey 93% of pupils felt the school deals well with bullying.

20% of children in Carmarthenshire are living in poverty which is 2% below the Welsh average. 62% of these children are aged 0 -10, falling to 25% aged 11 – 15 and further to 13% aged 16 - 19. This suggests that parents with young families need more support to make ends meet and may find having a young family presents additional barriers to improving economic

well-being for example financing childcare which enables them to work. The latest [childcare sufficiency assessment](#) for Carmarthenshire identified that cost was the most important factor identified by those not accessing childcare and that 44% of childcare is provided by friends and family during term time dropping slightly to 43% during school holidays, which is an increase of 7% from the previous assessment. Given the recognised social development gained through interaction with other children a lack of exposure to childcare settings may also have a negative impact on children's short and long term social well-being and levels of cohesion within communities.

At 14.8% the number of children living in workless households is slightly higher than the Welsh average of 14.6%. Research shows that children growing up in workless households experience consistently poorer outcomes than their counterparts whose parents are always working in relation to educational attainment and cognitive ability. Those whose parents had been out of work for two or three years while they were growing up spent more time not in education, employment or training between ages 15 to 18 than children from households of different employment compositions (Schoon, 2012).

However longitudinal evidence indicates that there are often a number of risk factors at play which create negative outcomes and well-being for children from workless households. It is therefore important that we view these issues in context to gain a holistic understanding and therefore develop accurate responses and preventative measures to challenges posed to the well-being of children now and in future.


## Growing up healthy

Carmarthenshire is the third worst county in Wales for levels of childhood obesity with 30.7% of 4-5 year olds being overweight or obese, almost 5 percentage points higher than the Welsh average of 26.2%. [Daffodil](#) projections suggest an increase in trends for childhood obesity going forward with figures showing males between the ages of 2 – 15 being at greatest risk. There is a strong link between childhood and adulthood obesity and many of the associated chronic health problems such as Type 2 diabetes and coronary heart disease are likely to continue to also increase in the future therefore posing threats to the well-being of children now and in later life (PHW, 2015).

Obesity is more prevalent in disadvantaged communities and European research suggests increased prevalence in rural areas, although research in the UK has found no significant association. However there is some evidence that people who do engage in the natural environment are less likely to be overweight (Lovell, 2016). Given Carmarthenshire's extensive natural assets and the additional positive effects on psychological and cultural well-being the environment offers, the promotion of opportunities to engage in the natural environment may be an area which can help improve well-being.

A fundamental means of tackling levels of obesity is engaging children in physical activity. Assessment engagement activity with primary school children showed being physically active to be the second most

important factor for positive well-being of children aged 6 – 11, after connections with family and friends. The [Carmarthenshire school sports survey](#) 2015 identified similarly high levels of engagement in sport suggesting a positive relationship with physical activity.



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

The **Carmarthenshire Play Sufficiency Assessment** reported that 90% of children stated that playing makes them feel happy and 49% reported that play made them feel active. This shows that physical activity not only has positive impacts for physical well-being but also for psychological health. This is particularly the case for play and physical activity in outdoor environments. In addition competitive and/or team sports can help to build cohesive social behaviours and emotional resilience.

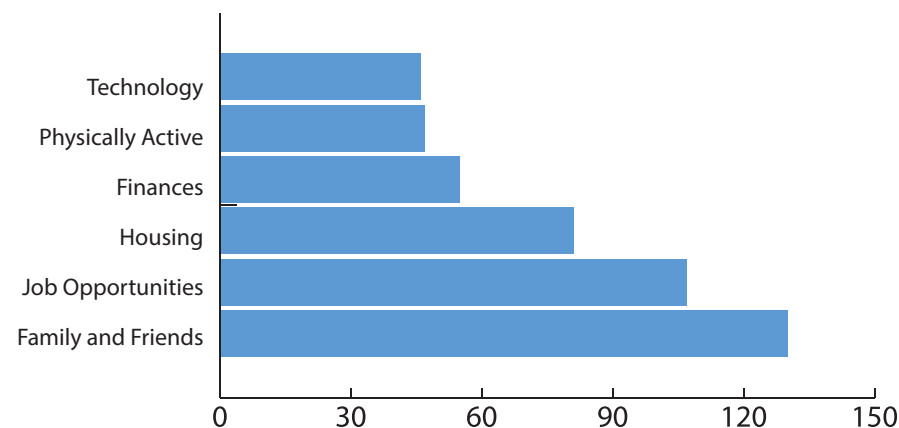
Engagement with primary schools identified a strong link between physical activity and opportunities to play in outside spaces, and to feel safe in that environment. This resonates with the findings of the Play Sufficiency Assessment which identified playing outside as the most popular setting for children but also found that 32% of parents worried so much about their child's safety that it affected their children's opportunity to play.

Opportunities to play outside are crucial not only for physical well-being but also mental well-being (Lester, 2010), cognitive development (Johnson, 2013) and a stronger sense of belonging (Alparone, 2012), as well as improved nature relatedness which in turn can reduce the mortality risks associated with income inequalities (Mitchell, 2008). Although Carmarthenshire has a wealth of natural green and blue spaces, accessibility can be limited and there is untapped potential for improving active travel networks, for example to allow safe walking and cycling between home, school and play.

At June 2016 only 82% of children aged 4 were up to date with their immunisation schedule and given the number of recent cases of Meningococcal within Carmarthenshire this reinforces the need to increase uptake to continue to provide protection to the individual as well as community immunity.

## When I grow up...

When asked what was important for maintaining positive well-being in the future the majority of responses given by 6-11 year olds were primarily concerned with having a family, a job and a home.



**“What do you want well-being to look like in future”** – responses from 6–11 year olds gathered during primary engagement exercise

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. Young people also felt that technology had an important role to play in maintaining positive well-being particularly in relation to securing job opportunities with various respondents referencing careers relating to information technology such as you-tubers, game developers and internet companies. This is not surprising when children aged 5 – 16 spend an average of six and a half hours a day in front of a screen compared with just three hours in 1995 (Childwise, 2015).

**“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.”**







## Growing independent adults

The transition from childhood to adolescence is a challenging one which brings a number of changes and fluctuations in our experiences and understandings of well-being and its influences. A key part of adolescence is forging our identity and individuality which is influenced by a multitude of relationships, external factors, hormones, hobbies and interests. Having plenty of opportunities to gain new experiences and learn new things throughout adolescence was identified as an important aspect of positive well-being for young people participating in the Carmarthenshire Youth Council Annual Forum 2016.

**“Having good representatives who actually listen to what young people want to say”.**

In addition, opportunities to be involved and to be heard and listened to were deemed important to young people who expressed a strong desire to have some control and influence over decisions which affect them. Interestingly findings from the assessment survey found that most respondents did not prioritise having ‘opportunities to influence local decisions’ with the exception of those with caring responsibilities.

This may suggest that opportunities to influence decisions is important to well-being where there are specific needs at play which would be consistent with engagement findings that people are primarily concerned with access to and quality of services only when they are needed. However this contradiction could also be indicative of disenfranchisement of young people as they develop into adults as a result of feeling unheard or adequately represented during adolescence.

Findings from the School Health Research Network (SHRN) survey in Carmarthenshire, which collects primary data on health and well-being behaviours of secondary school children, showed that over 82% of boys and 85% of girls in years 7 and 9 were satisfied with their life. Just over 10%

of Carmarthenshire’s children have mental health issues such as stress, anxiety and depression, which is similar to the national average. The Good Childhood Inquiry by the Children’s Society (2008) found that 70% of children and adolescents who experience mental health problems have not had appropriate interventions at a sufficiently early age. However young people attending the Carmarthenshire Youth Council Annual Forum 2016 identified exam stress as the major cause of poor mental health, with young people expressing a desire for more support in dealing with this stressor. Results of the SHRN survey showed stress to peak at year 10 with a third of pupils on that year group feeling ‘a lot of pressure’ from school work.

Young people also identified a lack of sufficient support for both individuals experiencing poor mental health and for their peers which limits their ability to recognise and support young sufferers. Young people suggested increased “talking therapies” as opposed to medication would have a positive effect on social, psychological and emotional well-being of sufferers and those around them.

Recent research argues that it is the prevalence of social media that has likely led to a spike in mental health issues particularly in teenage girls and young women (DFES, 2016). This is consistent with findings of the SHRN survey which found girls consistently experiencing greater instances of cyber bullying than boys and at increasing rates from years 7 through to year 11. Instances of cyber related crimes involving persons under the age of 18 in Carmarthenshire have significantly increased in recent years with 331 instances to November 2016 compared to 225 to year end of the previous year.

The majority of young victims suffered sexual offences (47) or harassment (22) with the highest number of young offenders committing crimes relating to obscene publications. It is important that the potentially harmful impacts of the increasingly digitalised social environment are mitigated for young people whilst maximising the positive opportunities technology brings for well-being, learning and future prospects.



## Avoiding temptation and staying on track

Throughout adolescence, as curiosity meets opportunity, there are various experiences on offer to young people, not all of which can have positive outcomes or effects on well-being.

According to the SHRN survey, the highest reports of young people currently smoking at least weekly in Carmarthenshire were 8% of boys in year 9 and 19% of girls in year 11. Smoking amongst boys was more persistent throughout secondary school. In addition the highest number of students reporting having tried electronic cigarettes was over a third of girls aged 14 - 16. Smoking and the use of e-cigarettes were notably higher in responses from schools with a catchment area across Community Areas 4 and 6.

The SHRN also found that, at its highest, over a third of young people aged 11 – 16 reported drinking alcohol, increasing to over 80% during sixth form. The majority of 16 year olds stated that they got drunk for the first time at aged 15 which is also the age at which the majority of 16 year olds reported drinking for the first time.

Although there has been national concern about levels of alcohol related crimes and incidents involving young people, Carmarthenshire has seen a steady decline in the number of such reported incidents from 87 in 2014 to 49 in 2016. Both smoking and alcohol consumption can have serious impacts for health and well-being now and in the future and research suggests that the earlier onset of their use is often a predictor of increased use and even dependence later in life.

From January to November 2016, 16% of drug offences in Carmarthenshire involved an offender under the age of 18 with the majority of offences (102 crimes) relating to possession of cannabis. Furthermore 8% of year 7 boys reported being offered cannabis in the SHRN survey 2016 increasing to 36% in year 11. In addition roughly a quarter of young people aged 11 – 16 reported trying laughing gas, mephedrone or “legal highs”. Drug abuse can affect well-being in a number of significant ways with definitive links between individuals using cannabis and poorer school performance,

behavioural difficulties and becoming involved in criminality such as shoplifting, criminal damage and incidents of anti-social behaviour.

Young people expressed a strong desire to be independent and to take responsibility for themselves and their future which under Pareto's principle could be seen to fall within 80% responsibility of the self. However society and services have a significant role to play in helping young people to stay safe and supporting them to make informed decisions in order to maintain positive well-being throughout adolescence and into adulthood. Under Pareto's 80:20 ratio of responsibility between self and external factors can easily alternate throughout the turbulent period of adolescence.

## Making connections

‘Hanging out’ is a significant factor in young people experiencing positive well-being with 79% of young people stating that ‘hanging out’ made them feel happy in the Carmarthenshire play sufficiency assessment 2016. As previously discussed, relationships are a crucial part of well-being with 45% of young people identifying chatting and being with friends as something they enjoyed best followed by playing games (38%) and spending time with family (32.%) (CCC, 2016).

Important to building connections and relationships with others is removing stigma for groups such as asylum seekers, refugees, those with learning difficulties and minority groups who often find it more difficult to connect with peers and wider society, often suffering discrimination or racism. For example a report by The National Federation of Gypsy Liaison Groups and Anglia Ruskin University found that nearly 9 in 10 children and young people from a Gypsy, Roma or Traveller background have suffered racial abuse and nearly two thirds have also been bullied or physically attacked. Young people in Carmarthenshire identified tolerance and respect as a significant aspect of well-being, strongly emphasising the importance of understanding people's differences in building a better society for everyone.

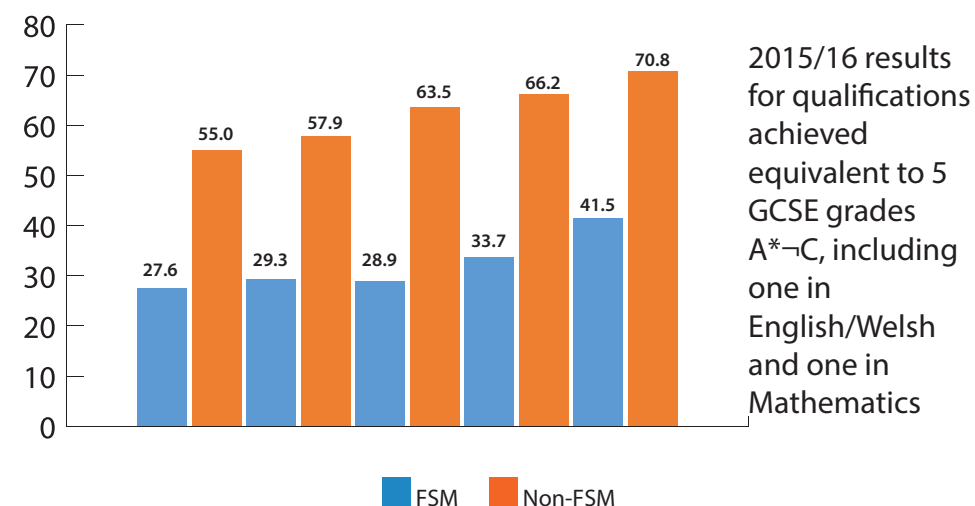
According to the 2011 Census, 1,803 young people (aged 0 – 24) were providing unpaid care in Carmarthenshire. In 2015/2016 75 young carers (under 18) were assessed by social services, of which 61 were provided with support (Stats Wales). Research has found that young carers can experience substantial physical, emotional or social problems, and encounter difficulties in school and elsewhere as their caring responsibilities often prevent them from engaging in traditional childhood experiences.

Social workers and teachers have been recognised as the people potentially most capable of identifying and supporting young carers, but young carers' report that they consider themselves to be stigmatised by teachers and their peers, and feel that little support is forthcoming from schools. Research has shown that many young carers would like their problems and experiences to be valued, understood and recognised. They prefer support that is non-intrusive and provided by individuals and organisations other than statutory services.

**'Work together to be more tolerant of difference in people and not be judgemental'**

## Broadening horizons

Carmarthenshire is the 7th highest performing authority in Wales for pupils achieving at least 5 GCSE's A\*-C however there continues to be significance disparity between the performance of pupils eligible for Free School Meals (FSM) and the general cohort. Likewise just 46% of LAC attained the same qualifications. This highlights the potentially negative effect poor socio-economic and/or adverse childhood circumstances can have on young person's outcomes.



At the 2016 Carmarthenshire Youth Council Annual Forum, pupils passionately highlighted education and opportunities as key factors for positive well-being now and in the future. In particular participants noted the importance of recognising that everyone learns differently and should be supported to do so, emphasising the importance of providing many options for learning to suit different learner styles. Young people also felt there was a lack of support and therefore knowledge around what choices were available to them at GCSE and A-Level which negatively impacted their well-being in terms of allowing them to "make informed decisions about [their] future".

12.5% of Carmarthenshire's working age population currently have no qualifications however in the last three years no children have left compulsory education, training or work based learning without an approved external qualification in Carmarthenshire. Despite this 69 year 11 school leavers in 2016 were recorded as not in employment, education or training (NEET), which is an increase of 0.4% on the previous year. This demonstrates the importance of linking education to demands of the local labour market; details of which can be found in the [Regional Employment and Skills Plan 2016](#).

Retention of youth is a fundamental cornerstone of a sustainable economy and communities. However, more young people aged 15 – 29 left Carmarthenshire than entered in 2014-15, despite the County's university and further education campus's. This could be in part due to the sense of a lack of suitable job opportunities for young people in the County identified through the assessment survey. 50% of respondents aged 16 – 24 disagreed that there were suitable job opportunities for them in the local area.

Young people participating in the Youth Council Forum expressed a desire for more apprenticeships and companies taking on young people with a view to developing and training them. This stresses the significance of creating sustainable, quality and progressive jobs in Carmarthenshire to retain and attract young people to the County and which recognise that learning and development doesn't stop when you leave the school environment.



Things that are important to well-being. Responses from attendees of the Carmarthenshire Youth Council Annual Conference 2016

## Making ends meet

The latest figures from CACI Paycheck 2016 show that the median income for Carmarthenshire is £23,825 which is the 7th lowest level in the whole of Wales. Income levels vary across community areas with the highest median income at £25,722 in community area 2, almost £5000 more than the median income for community area 6 which stands at £20,996. Unsurprisingly there is a similar disparity between levels of poverty across the community areas of Carmarthenshire with 31% of households in community area 2 living in poverty compared to 43% in community area 6.

Low income limits access to adequate housing, education and other services or facilities including essentials such as food, fuel and clothing. Poverty therefore has the ability to impact across areas of well-being.

Information from the Department of Energy and Climate Change shows that 21% of households in Carmarthenshire are not connected to a mains gas supply which is traditionally used as a measure of fuel poverty. This is particularly prevalent in rural areas of the county such as Community Area 2 where 44% of households are not connected to mains gas. In some smaller, more remote rural communities this increases to 98% of households (Carmarthenshire Rural Poverty Study, 2015).

As a result rural residents often have higher dependency on more expensive sources of fuel such as oil, which is still the main source of fuel for 20,194 homes across the county (Census, 2011) and can be particularly expensive in older homes with insufficient insulation. In addition 1821 households in Carmarthenshire are without any central heating system (Census, 2011). Living in fuel poverty can not only have detrimental impact on economic well-being but also on physical health with increasing numbers of excess winter deaths relating to cardiovascular and respiratory diseases being predominantly linked to the cold (Press, 2003).

Of the 110,300 working age population in Carmarthenshire 87,400 are economically active of which 70% (83,300) are in employment with primary

occupations being professional occupations (12,100), skilled trade (11,200) and caring, leisure and other service occupations (10,100). The majority of posts in Carmarthenshire

are full-time (65%) and the leading industries are agriculture, forestry and fishing, wholesale and retail trade repair of motor vehicles and motorcycles, human health and social work activities, manufacturing and construction. 15% of Carmarthenshire's residents work from home with 27% of the remaining workforce travelling less than 5km to work, 30% 10-30km and 4% over 60km with the majority of all commuters travelling by car.

Research has shown that shorter commutes have a positive effect for well-being, enabling workers to find greater balance between their work and home life (Dolan, 2008).

Survey respondents noted being valued, security of employment and feeling stimulated as very important to their well-being at work. Interestingly, responses suggest that levels of pay is considered to be much more important to those in the early stages of their career (25 – 35) than to those approaching retirement age. A similar trend is also evident in relation to security of employment, sense of achievement and socialising at work.

The divergence between the employment rate of disabled and non-disabled residents in Carmarthenshire is cause for concern with non-disabled persons almost twice as likely to be in employment than those considered as disabled under the Equality Act 2010. This poses a challenge to improving well-being as employment improves income and therefore economic well-being as well as social well-being through providing opportunities for socialisation, self-worth, improved health, development and social cohesion.

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

## Settling down

Generally Carmarthenshire residents feel they live in cohesive communities with 83% agreeing that local people treat each other with respect and consideration and 87% that people from different backgrounds get on well together (NSW, 2015). This is important as cohesion was also identified as the primary factor for ensuring positive well-being in the future by adults participating in primary consultation with respondents identifying community resilience, togetherness and community ownership as important factors for improving well-being.

95% of respondents of the 2015 Citizen's Panel survey felt safe (56% very safe; 39% safe) in their local area during the day; contrastingly, 79% of respondents felt safe (27% very safe; 52% safe) after dark. The county remains one of the safest areas in the UK and Dyfed-Powys the safest Police Force area in England and Wales with the lowest crime rates.

Of the 22 local authority areas in Wales, Carmarthenshire continues to have one of the lowest number of crimes per 1,000 population, ranking 5th again with a rate of 43.78 crimes per 1,000 population. Just under 8000 crimes were reported in the county in 2015 which is a 12% increase on the previous year with the most significant increase being 60% increase in reported sexual offences (DPP, 2016). This change is a common experience across Wales and is predominantly a result of improvements in the way such issues are reported and dealt with. However it still raises concern particularly for the well-being of female residents not only in terms of social well-being but also the impact of such crimes on emotional, psychological and physical well-being. Feeling safe was considered a very important factor for social well-being by assessment survey respondents with 93% stating that feeling safe in their home was 'very important' to well-being and 89% that feeling safe in the community was likewise. Crime is changing; the emergence of more complex crimes is creating a shift in demand.

This combination of evidence suggests that there is a good basis in Carmarthenshire on which to build greater community cohesion, facilitate

citizen involvement in community safety and to support and empower communities to address their collective well-being and the well-being of those within the community.

Housing in Carmarthenshire generally consists of detached houses the majority of which are either owned outright or with a mortgage. In addition Carmarthenshire also has a large stock of social housing. Overall, assessment survey respondents felt that their home was in "a good state of repair" and "meets current needs". However fewer people felt that they "would be able to find suitable housing if they needed to move" with respondents of working age living in social or rented accommodation disagreeing outright with this statement.

This may reflect the insecurity of renting and potentially highlights inadaptability in the Carmarthenshire housing market in meeting the needs of modern life. Homelessness, and the risk of homelessness poses significant risk to a person's well-being, negatively impacting emotional, mental and physical health as well as indicating poor social and economic circumstances. How homelessness is measured has recently changed under new legislation which came into force in April 2015.

There are currently 191 people in Carmarthenshire with the highest level of homelessness need according to the new legislation however there are many more receiving assistance in the County with Housing Options Services providing early intervention to help those who are at risk of becoming homeless to consider the wide range of alternative options available to them.

## Time for yourself

Doing the things that make us happy is key to ensuring we have positive well-being, particularly in terms of our emotional and psychological state. According to survey responses, heritage and history, traditions and language are key factors in experiencing positive cultural well-being. There are plenty of opportunities for residents to engage in cultural activities in



Carmarthenshire and 60% of residents attend art events, 64% visit historical sites and 42% visit museums; all of which are above the Welsh average. However assessment survey findings show that 36% of respondents felt they were unable to engage in cultural activities as much as they would like to with reasons including lack of provision, affordability and personal circumstances such as ill health being cited. Most affected were respondents from community area 5 at 41% and disabled respondents at 56% highlighting a risk to the cultural well-being of these groups in Carmarthenshire.

Two thirds of Welsh speakers have the opportunity to speak Welsh everyday which is important given that 85% of survey respondents whose first language is Welsh felt that the language gave them a sense of identity and 67% a sense of inclusion.

28% of Carmarthenshire's adults suffer from mental health issues, slightly above the Welsh average of 26%. Poor psychological and emotional well-being can act as a barrier to full participation in society. Issues such as confidence, anxiety, fatigue and stigma can limit an individual's capacity to interact with others or to find work for example.

Studies have shown that connection to the natural environment can have positive outcomes for attention, sadness and psychological stress in adults, similar to the positive cognitive influences for children (Lovell, 2016). The county offers a huge range of recreational spaces and activities for all abilities and there is undoubted potential for much greater use of green and blue spaces for recreation, physical activity and mental health and well-being. While Carmarthenshire has a wealth of green and blue spaces, some of which are considered important on a national and international scale (including 88 sites of special scientific interest) accessibility can be limited for the wider population. There are plenty of opportunities to improve access and active travel. Equitable access to the countryside, water and green space close to where people live is increasingly important, providing health, economic and social benefits for communities and businesses.

Carmarthenshire also has relatively good air quality, with the exception of a few congestion hotspots around major towns, which can have positive impacts for those with pre-existing respiratory illnesses (WHO, 2013). People's appreciation of and connections with nature are fundamental to their health and well-being and a biodiverse and resilient natural environment underpins our quality of life, providing the ecosystem services (such as clean water and air) on which we all depend.

Given the largely rural nature of the county and the availability of urban green space in the county's towns in the form of parks and allotments, there may be opportunities to increase engagement with nature, in order to address levels of poor mental and physical well-being in the county. Responses from the assessment survey showed that a clean environment is important to well-being and that residents are concerned with preserving and enhancing the local environment although primarily in relation to localised issues such as fly tipping, littering and recycling.

Crucial to ensuring individuals are able to partake in pursuits that improve well-being be it work, art, sports, the outdoors or family activities is time. Being able to create a sense of balance in life was identified as an important factor of positive well-being through primary consultation and feeling unable to establish such a balance is commonly linked to stress and anxiety therefore negatively impacting emotional and psychological well-being.







## Older People

Carmarthenshire's highest net migration is for ages 44–64 suggesting an attraction to the County for those looking towards retirement. Therefore we need to ensure we harness the wealth of experience and knowledge they bring with them whilst enhancing the attributes and opportunities they believe Carmarthenshire has for experiencing positive well-being in later life.

### Older and Wiser

For older respondents of the assessment survey who are employed, feeling stimulated and using their skills were much more important to positive well-being in work than wage levels or job stability. This may be, in part, due to stable economic circumstances as a result of lifelong work or to the fact that on entering retirement the consistent social interaction and feeling of worth provided by paid work is difficult to maintain. Interaction and opportunities to socialise within the community can therefore be of paramount importance to maintaining well-being in later life. This is reflected in findings from the assessment survey in which respondents of retirement age (65+) identified that 'feeling part of a community' was significantly important to their well-being. Creating sustainable and resilient communities which provide opportunities for the whole population to come together can help reduce instances of loneliness and isolation which are commonly associated with mortality, morbidity, depression, suicide and increased service use. ([www.campaigntoendloneliness.org/threat-to-health/](http://www.campaigntoendloneliness.org/threat-to-health/))

It can also have a positive effect on the safety of older people within the community who are often targets for robbery, fraud or home repair scams for example. During a crime, an older person is more likely to be seriously hurt than someone who is younger and therefore there are consequences for their health, social and economic well-being as well as the general sense of well-being within the community.

Well-being is sustained through opportunities to stimulate body and mind. For example, life-long learning opportunities can be a means of replicating the social and cognitive well-being benefits of work as well as addressing potential risks of isolation or loneliness and helping with challenges such as digitalisation. However older people should not only be viewed as potential beneficiaries of life-long learning opportunities but also as providers and contributors. The skills gained through both working and life experiences are significant attributes that older people can share with society. Sharing this knowledge and experience provides opportunities for intergenerational connectivity therefore building community cohesion as well as improving the emotional and social well-being of older people who may otherwise feel outcast and undervalued by society. The importance of community and social groups for older people is evident in findings from the assessment survey with respondents of retirement age prioritising these as important to their social and cultural well-being.

As discussed throughout this report physical activity and engagement with the local environment are also significant contributors to positive overall well-being and older people are no exception. It is important that society recognise that older people, like the rest of the population come in a variety of shapes and sizes, with varying degrees of strengths, attributes and needs. It is important that opportunities to maintain and improve well-being are maximised for all and the benefits of maintaining a healthy, active lifestyle can be of significance for the older population and help to defend or fortify against the physical deterioration traditionally associated with age.

### Ageing Well

Health, as explored throughout this report, has a significant effect on well-being. We know from the 2011 census that 16% of Carmarthenshire residents described their health as 'fair', 6% as 'bad' and 2% as 'very bad'. The assessment survey probed this further by looking at impacts and found that, of those with a health issue affecting their well-being, 64% said they

‘couldn’t do the things they enjoy’; 41% said they need or rely on help to manage day to day and 32% said it ‘puts a strain on their personal relationships’. As explored through this report relationships and engaging in the things that make you happy are primary influences of positive well-being, health therefore not only has influence over well-being in itself but also through the consequences of poor health.

Dementia is one of the main causes of disability in later life, ahead of cancer, cardiovascular disease and stroke (Walker, 2013). In 2013, the number of Carmarthenshire residents aged 65 and over diagnosed with dementia was 2,783. By 2030, it is predicted that this number will reach 4,371, a rise of 1,588, (57%) in line with the Welsh average. The [ageing well plan](#) for Carmarthenshire identifies addressing stigma, provision of stimulating activities and opportunities to feel valued or contribute as all key to improving the well-being of dementia sufferers and those who support them.

Although the life-expectancy rate in Carmarthenshire is in line with the Wales average, there is a significant gap of 18.5 years between those from the least and most deprived areas. Likewise, as with infant mortality rates, premature death (under the age of 75) is substantially more common in deprived communities. This is particularly the case for males who have a 33% excess death rate compared to those from affluent communities. This demonstrates the impact of deprivation on physical well-being throughout life.

## Independent Living

Around a third of all homes in the UK are headed by a person over retirement age. By 2033, 59% of households will be headed by someone aged 65+ and 21% by someone aged 85+. In Carmarthenshire, 13% of homes are occupied by one person and 50% of those occupants are aged over 65. In Wales, 28% say they will need help adapting their home as they get older. However, findings from the assessment survey show that older respondents were more confident that their homes meet their current and

future needs. Older respondents also felt that their homes were easy to keep warm. However, there is a strong correlation between age and levels of fuel poverty, as older people are likely to reside in older buildings which are harder and more expensive to heat, particularly for those on a fixed income.

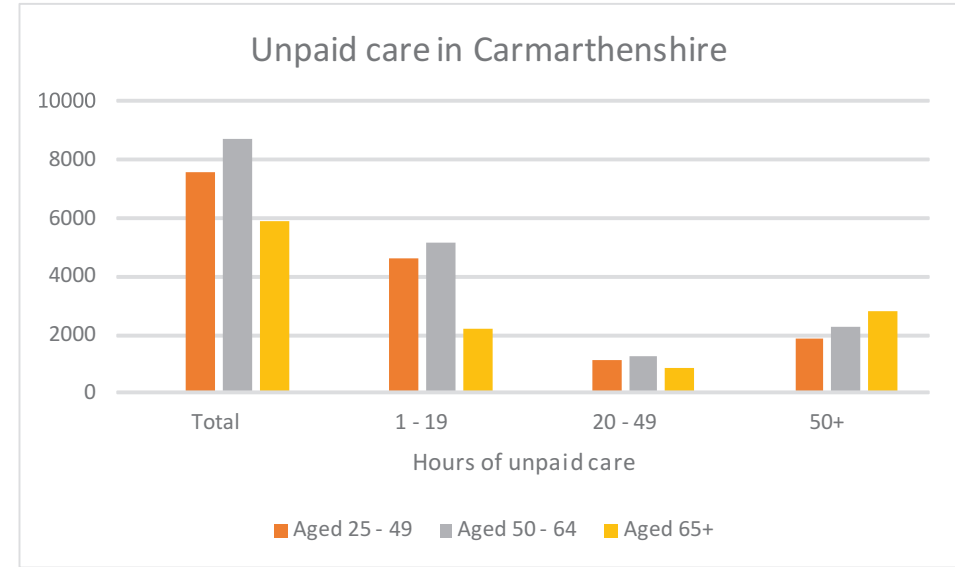
In Carmarthenshire, 1,424 people aged 50 or over live in communal establishments (including care homes and hospitals); the 5th highest of all local authority in Wales. This type of provision is most appropriate for some and studies have shown that specialist housing communities can reduce social isolation. Evidence shows that these settings promote well-being through providing an opportunity for socialising with peers and forging new relationships (Callaghan, 2010).

However studies have also shown that older people prefer to remain living in their own homes and communities as they age and there are significant social, emotional and physiological well-being benefits of this, not just for the individual but also for the wider community. The [ageing well plan](#) explores further opportunities in Carmarthenshire to help support as many people to remain in their own homes for as long as possible.

## Care in the Community

In a rural county like Carmarthenshire, the ability to access the services and activities necessary to living a fulfilled life can be challenging as many are not unavailable in close proximity. Therefore private transport fulfils an often essential function, particularly in rural areas. It is notable that of 23,274 Carmarthenshire residents who do not have access to a car or van, 50% are aged 50 or over (2011 Census). Furthermore only 55% of those aged 80 or over have access to a car or van therefore public transport and community based services are important support mechanisms to enable people to continue to live within their communities. Such services can mean the difference between a person staying independent at home or entering residential care.

Projections from Daffodil show that the number of people aged 65+ who are unable to manage at least one domestic task on their own is set to increase by 53% by 2035, which will undoubtedly put additional burdens on services and perhaps most significantly on unpaid carers. According to the 2011 Census, there are already 22, 177 adult carers aged over 25 years in Carmarthenshire looking after or giving help/support to family members, friends, neighbours or others because of long-term physical or mental ill-health/disability, or problems related to old age. 16,296 unpaid carers are aged over 50 and of those 5,863 are over 65.



Caring responsibilities can have a negative impact on an individual’s well-being as it can restrict opportunities to engage in community activities, socialise with others or pursue hobbies and interests. This in turn can impact on the carers own psychological health. In addition, for unpaid carers of working age, which are a significant proportion in Carmarthenshire, caring responsibilities can affect their ability to pursue

employment and educational opportunities therefore negatively impacting their economic and social well-being.

During primary engagement, carers told us that their well-being was dependent on having the right support at the right time. Experiences of care differed depending on care provider and the majority felt that the needs of those they care for were being adequately met. In addition, respondents expressed a desire to fulfil the role of primary care giver but identified increased respite opportunities, even if just for a few

**‘To have support to work whilst retaining my parenting relationship and caring responsibilities for my son.’**

hours, as a potential means of improving their own well-being by enabling them to pursue independent interests and build social networks. It is likely that there are also significant levels of unknown carers across Carmarthenshire, identification of which has been a focus for the Population Assessment 2016, which also provides detailed analysis of known carers needs and the needs of those they care for.

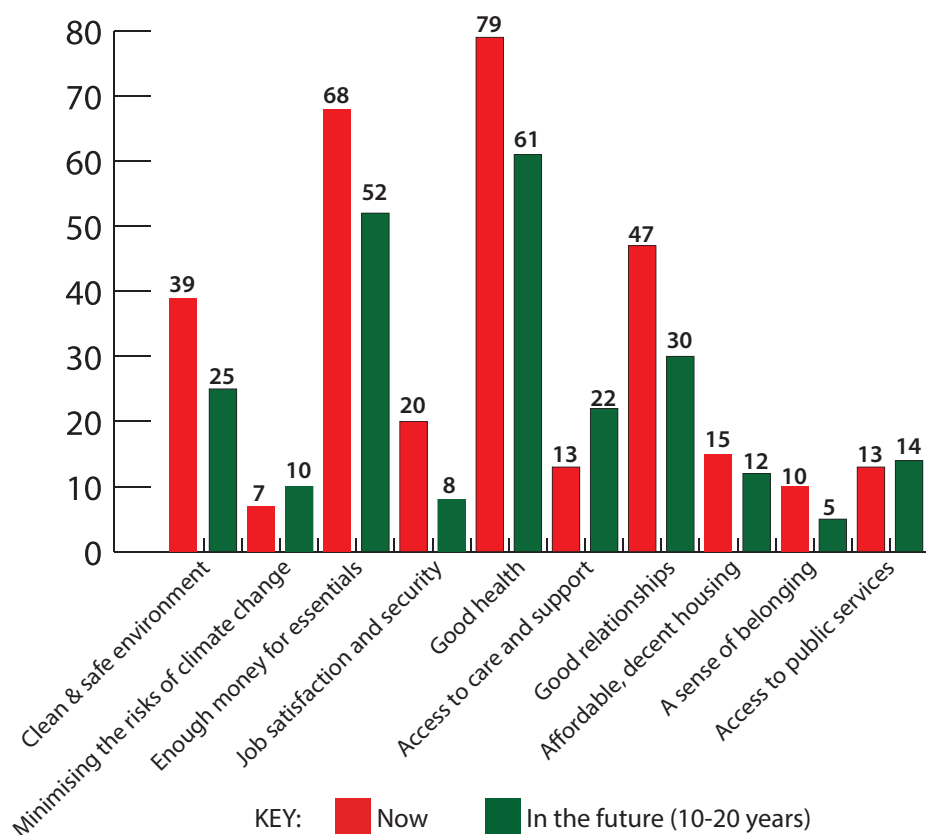
In addition to care for those with ill-health 44% of childcare in



## Conclusion

Responses to the assessment survey told us that **good health** is the single most important factor to overall happiness, contentment and life satisfaction. Almost 8 in 10 (79%) respondents said it was important now, and 61% thought it would be important to them in the future. **Enough money for essentials** and **good relationships** were also identified as important short and long term factors to positive well-being, suggesting these three aspects are viewed by Carmarthenshire's survey respondents as the cornerstones of modern life.

We asked respondents to tell us what **three aspects of well-being** was most important to their overall happiness, contentment and life satisfaction both now and in the future?



Well-being is ultimately a subjective, personal experience however there are common factors which consistently contribute to positive well-being through-out the life course.

These can broadly be categorised as;

- Good physical and mental health
- Personal and social connections / relationships with others
- Community cohesion and feeling connected
- Interaction with the environment
- Having clean and safe surroundings
- Ensuring equality, tolerance and respect for each other
- Having opportunities to pursue and prospects for the future

How these factors are experienced can differ throughout the lives of different people and what maximises the positive effects of these factors for one person's well-being may differ significantly for another. For example, to one person having 'opportunities' may refer to job vacancies, to another it may refer to personal time and to another having finances. Likewise to one person 'interaction with the environment' may mean the ability to explore large green spaces whilst to another access to an allotment. It is therefore impossible for services alone to ensure every single influence of positive well-being is maximised. However by working together we can have greatest impact in improving factors of positive well-being that are within our sphere of influence. In addition, by recognising what adversely effects well-being and identifying trigger points, we can establish preventative or mitigating measures to minimise the risks to positive well-being for the people and communities of Carmarthenshire. Furthermore empowering citizens and supporting them to take ownership of things which influence their well-being is a vital role for services and we must embrace our role as enablers and facilitators as well as employers and providers of quality services in improving social, economic, environmental and cultural well-being of Carmarthenshire.

## What happens now...?

- Step 1:-** Findings of this report will be published for consultation in February 2017 to determine any areas for further exploration and improvement going forward.
- Step 2:-** The report will then be published in March 2017 via the PSB website.
- Step 3:-** The PSB will use the report, alongside other key information, to identify priorities for improving the social, economic, environmental and cultural well-being of Carmarthenshire.
- Step 4:-** These priorities will form the PSB's Well-being Plan for Carmarthenshire which will be published in March 2018. The Plan will outline how the PSB will collectively utilise the five ways of working to improve well-being in Carmarthenshire and contribute towards the national well-being goals.
- Step 5:-** In order to ensure the PSB continues to address relevant issues relating to the well-being of Carmarthenshire's residents, findings of this report will be reviewed as appropriate as part of the delivery of the PSB's Well-Being plan.

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**Additional key existing information that has been used to develop this report and / or should be considered in the development of Well-Being Objectives:**

Report Title	Author	Topic
Adverse Childhood Experiences	Public Health Wales	Impact of health-harming behaviours in the Welsh adult population
<a href="http://www.wales.nhs.uk/sitesplus/888/news/40000">http://www.wales.nhs.uk/sitesplus/888/news/40000</a>		
Ageing Well Plan	Carmarthenshire County Council	Issues influencing the ability to age well in Carmarthenshire and the Councils response
<a href="http://www.carmarthenshire.gov.wales/media/1736169/Ageing-Plan-v2.pdf">http://www.carmarthenshire.gov.wales/media/1736169/Ageing-Plan-v2.pdf</a>		
Carmarthenshire Population Assessment	HDUHB & CCC	Assessment of care and support needs
Available at <a href="http://www.hywelldahb.wales.nhs.uk">www.hywelldahb.wales.nhs.uk</a> from April 2017		
Carmarthenshire Population Indicators Annual Report	LSB	Report on progress against key population indicators
<a href="http://www.thecarmarthenshirewewant.wales">www.thecarmarthenshirewewant.wales</a>		
Carmarthenshire SONAR Report	NRW	Environmental information for well-being assessments
<a href="https://naturalresourceswales.sharefile.eu/d-s59f15c20a2d4e398">https://naturalresourceswales.sharefile.eu/d-s59f15c20a2d4e398</a>		
Climate change adaptation report Carmarthenshire	CCC & Dr Alan Netherwood	
Climate change risk assessment for Wales	UK Government	Assesses current and future threats of climate change
<a href="http://gov.wales/docs/desh/publications/120126climateriskassessen.pdf">http://gov.wales/docs/desh/publications/120126climateriskassessen.pdf</a>		

Report Title	Author	Topic
Coverage of Vaccination Evaluation Rapidly (COVER) Annual Report	Public Health Wales	Information on immunisation and vaccination rates in Wales
<a href="http://www.wales.nhs.uk/sites3/page.cfm?orgid=457&amp;pid=54144#2">http://www.wales.nhs.uk/sites3/page.cfm?orgid=457&amp;pid=54144#2</a>		
Crime and Incident Data	DPP	Strategic assessment prepared in accordance with regulations under section 6 of the Crime and Disorder Act 1998 (c.37) relating to reducing crime and disorder in the local authority area;
Flying Start Statistics 2014 – 15	Statistics Wales	Information on flying start performance in Wales / LA
<a href="http://gov.wales/statistics-and-research/flying-start/?tab=previous&amp;lang=en">http://gov.wales/statistics-and-research/flying-start/?tab=previous&amp;lang=en</a>		
Measuring the Health and Well-Being of a Nation	PHW	Is to be used to measure and monitor the health of the Welsh population
<a href="http://gov.wales/docs/phhs/publications/160329frameworken.pdf">http://gov.wales/docs/phhs/publications/160329frameworken.pdf</a>		
Rural Poverty Study	Grwp Cefn Gwlad (2015)	Issues relating to rural poverty
<a href="http://eft.cymru/english/rdp/pages/studies.aspx">http://eft.cymru/english/rdp/pages/studies.aspx</a>		
Substance Misuse Commissioning Strategy	Currently being reviewed	Strategic assessment prepared in accordance with regulations under that section relating to combating substance misuse in the local authority area
Well-Being Assessment Consultation and Engagement Report	CCC	Findings from primary engagement as part of the WB Assessment process
<a href="http://www.thecarmarthenshirewewant.wales/media/8172/consultation-and-engagement-report-2016.pdf">http://www.thecarmarthenshirewewant.wales/media/8172/consultation-and-engagement-report-2016.pdf</a>		



Report Title	Author	Topic
Well-Being Assessment Factsheet	CCC	Statistical overview of Well-Being in Carmarthenshire
<a href="http://www.thecarmarthenshirewewant.wales/media/8164/wellbeing-fact-sheets.pdf">http://www.thecarmarthenshirewewant.wales/media/8164/wellbeing-fact-sheets.pdf</a>		
The Welsh Language in Carmarthenshire	Dylan Phillips	What data from the Census 2011 tells us about welsh language in Carmarthenshire
<a href="http://www.carmarthenshire.gov.wales/media/67995/adroddiaddps.pdf">http://www.carmarthenshire.gov.wales/media/67995/adroddiaddps.pdf</a>		
Wales Reducing Re-Offending Strategy 2014-16	National Offender Management Service	Strategic assessment prepared in accordance with regulations under that section relating to the reduction of reoffending in the local authority area
<a href="https://www.gov.uk/government/publications/wales-reducing-reoffending-strategy-2014-2016">https://www.gov.uk/government/publications/wales-reducing-reoffending-strategy-2014-2016</a>		

## Glossary of terms:

Term	Definition
Children In Need	Children in need are children who are aged under 18 and:- need local authority services to achieve or maintain a reasonable standard of health or development, need local authority services to prevent significant or further harm to health or development, • are disabled
COVER report	Produced by PHW COVER reports the uptake of scheduled childhood vaccinations
Daffodil	An online system which pulls together in one place the information you need to plan what care services might be required in your local area in the future
DFES	Department for Education and Skills
DPP	Dyfed Powys Police
Ecosystem services	The benefits people receive from the natural environment e.g. clean water, food and recreation.
Free School Meals	Free School Meals are available to children whose family claim certain welfare benefits and financial support.
LAC	Looked After Children (LAC) are children who are cared for by the state
Pareto's 80:20 principle	Suggests that where two related items, groups, influences, data etc. exist they will inter-act at a ratio of 80:20 percent. For example: "80 percent of output is produced by 20 percent of input"
PHW	Public Health Wales (PHW) is the national public health agency in Wales and exists to protect and improve health and wellbeing and reduce health inequalities for people in Wales.
Pupil Voice Survey	The Pupil Voice Survey is an online survey on attitudes to, and perceptions of school life based on questions used by ESTYN during the inspection process.

Term	Definition
PSB	Public Services Board (PSB) was established by the Well-Being of Future Generations Act Wales 2016 and brings together all public services in the local authority area. The PSB has a collectively responsibility for improving social, economic, environmental and cultural well-being of the area for now and future generations
SHRN	The School Health Research Network (SHRN) is a network of Welsh secondary schools who have joined with researchers and organisations that support young people's health to improve the health and wellbeing of young people by increasing the quality, quantity and relevance of school-based health improvement research in Wales. There are nine Carmarthenshire secondary schools in the network and results from the most recent pupil surveys by three of these schools have been used in this assessment.
UNICEF	UNICEF protects the rights of every child in the world.
USOA	Upper Super Output Area's (USOA) are geographical areas with an average population of 32,000 people
WHO	The World Health Organisation (WHO) works side by side with governments and other partners across the world to ensure the highest attainable level of health for all people
WIMD	Wales Index of Multiple Deprivation (WIMD) is the official measure of relative deprivation for small areas in Wales. It is designed to identify those small areas where there are the highest concentrations of several different types of deprivation