Complete Agenda

Democratic Services
Swyddfa'r Cyngor
CAERNARFON
Gwynedd
LL55 1SH

Mae'r ddogfen hon hefyd ar gael yn Gymraeg.

This document is also available in Welsh.

Meeting

CARE SCRUTINY COMMITTEE

Date and Time

10.00 am, THURSDAY, 17TH SEPTEMBER, 2026

*** A BRIEFING SESION WILL BE HELD FOR MEMBERS AT 10:00AM.**

Location

Hybrid - Siambr Dafydd Orwig, Swyddfeydd y Cyngor, Caernarfon LL55 1SH

***NOTE**
This meeting will be webcast

https://gwynedd.public-i.tv/core/l/en_GB/portal/home

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(DISTRIBUTED 09/09/26)

CARE SCRUTINY COMMITTEE

MEMBERSHIP (18)

Plaid Cymru (12)

Councillors

Menna Baines
Linda Morgan
Meryl Roberts
Jina Gwyrfai
Berwyn Parry Jones
Geraint Wyn Parry
Rheinallt Puw
Gwynfor Owen
Einir Wyn Williams
Sian Williams
Elin Walker Jones
Beca Roberts

Independent (5)

Councillors

Elwyn Jones
Beth Lawton
Wendy Cleaver
Anwen J. Davies
Angela Russell

Gwynedd First (1)

Councillor

Gareth Coj Parry

Ex-officio Members

Chair and Vice-Chair of the Council

A G E N D A

1. APOLOGIES

To receive any apologies for absence.

2. DECLARATION OF PERSONAL INTEREST

To receive any declarations of personal interest.

3. URGENT BUSINESS

To note any items that are a matter of urgency in the view of the Chairman for consideration.

4. MINUTES 4 - 17

The Chairman shall propose that the minutes of the meetings of this committee held on the 16th July 2026 be signed as a true record. (attached)

5. WORKING WITH THE HOUSING ASSOCIATIONS 18 - 19

Questions to ask the Housing Associations (Adra, Clwyd Alyn, Grŵp Cynefin and North Wales Housing)

6. NORTH WALES POPULATION NEEDS ASSESSMENT 2027 DRAFT REPORT 20 - 100

To present the draft report for scrutiny.

7. GWYNEDD SOCIAL SERVICES COMPLAINTS AND ENQUIRIES ANNUAL REPORT 2025-26 101 - 135

To prepare an Annual Report on the implementation of the Representations and Complaints Procedure for submission to the Cabinet and Scrutiny Committee for scrutiny and to monitor the arrangements for dealing effectively with complaints received from service users and their representatives.

8. PERFORMANCE CHALLENGE MEETINGS 136 - 138

To nominate representatives to attend performance challenge meetings.

CARE SCRUTINY COMMITTEE, 16 JULY 2026

Present:

COUNCILLORS:

Elwyn Jones, Sian Williams, Gwynfor Owen, Angela Russell, Beth Lawton, Beca Roberts, Berwyn Jones, Anwen Davies, Jina Gwyrfai, Linda Morgan, Rheinallt Puw, Menna Baines, Meryl Roberts, Wendy Cleaver.

Officers present:

Llywela Haf Owain (Senior Language and Scrutiny Advisor) and Courtney Leigh Jones (Civic and Democracy Services Officer).

Present for item 5:

Councillor Dilwyn Morgan (Cabinet Member for Adults, Health and Well-being), Sian Edith Jones (Assistant Head of Older People and Physical and Sensory Disabilities, Adults, Health and Well-being).

Present for item 6:

Councillor Menna Trenholme (Cabinet Member for Children and Supporting Families) Councillor Dilwyn Morgan (Cabinet Member - Adults, Health and Well-being), Aled Gibbard (Assistant Head of Children Department - Developments), Dylan Owen (Statutory Director of Social Services).

Present for item 7:

Councillor Dilwyn Morgan (Cabinet Member Adults, Health and Well-being), Alun Gwilym (Assistant Head - Business), Jess Mullan (Project Manager), Dylan Owen (Statutory Director of Social Services).

Present for item 8:

Councillor Dilwyn Morgan (Cabinet Member for Adults, Health and Well-being), Dylan Owen (Statutory Director of Social Services).

1. APOLOGIES

Apologies were received from Councillor Elin Walker Jones, Einir Wyn Williams and Gareth Coj Parry.

2. DECLARATION OF PERSONAL INTEREST

Councillor Gwynfor Owen declared an interest that was not prejudicial for item 5. It was not a prejudicial interest and therefore he did not withdraw from the meeting.

3. URGENT ITEMS

None to note.

4. MINUTES

The Chair signed the minutes of previous committee meetings held on 29 January 2026 and 4 June 2026, as true records.

5. DAY CARE SERVICE

The report was presented by the Cabinet Member for Adults, Health and Well-being. It was highlighted that the department was proceeding from the traditional model of day centres towards a more flexible and community service in its nature. It was noted that the individual person was central to the provision plan and there were many varied services available to suit various different needs. All were guided through the main matters in the report giving an update of the work that was ongoing. The proposal to modernise care resources under the heading 'A Caring Gwynedd' in the Cyngor Gwynedd Plan 2023-28 was highlighted to enable Gwynedd residents to live their best life within their local communities.

An overview of the provision available in Gwynedd was given, including Traditional Day Care Units, Specialist (Dementia), Day care in the homes of the county's residents and respite care/short-breaks care. Details were given of the priority to satisfy a wide range of profound needs and to provide varied and personal support to each individual, based on person-centred assessments. The need to be flexible to satisfy individual needs, to provide a resource that reflects a choice to people and community expectations today was emphasised. It was explained that it was essential to collaborate closely with partners in the health board and the third sector, as well as the community, to ensure that the care model thrives and that the more complex needs of individuals are addressed. It was noted that care and community expertise were crucial to be able to create successful person-centred care. It was reinforced that the partnership between the Council and the Health Board was key to meet with the comprehensive needs, such as Special day care provision (Dementia) at Plas Hedd, Bangor and Dolgellau Hospital.

The continuous pressure on unpaid carers was acknowledged and the over-reliance on them to sustain intense situations across the county. It was recognised that there were obvious challenges in the home care provision and that some areas were having difficulty to cope with the capacity. The priority to provide quality short respites to unpaid carers, and to also ensure value for the individual receiving care were also highlighted. The provision available to individuals with less intense needs was detailed, noting that there was a wide range of options and that they promote the use of activities in the community, such as keeping fit and Dementia Actif and to also meet social needs.

The future objectives of the service were outlined. Reference was made to the pilot procedure now in place in Dolgellau to develop a new model of day respite care. It was explained that the intention of the pilot was to offer a community opportunity within Cefn Rodyn Care Home, to provide respite for carers and social activities for individuals. It was noted that this provision would be for 2 days a week, in the home's lounge to support approximately 5 persons at a time. It was noted that Age Cymru will facilitate the activities, with Council staff providing the necessary care. It was hoped that a suitable site in Porthmadog would soon be identified to provide further support to individuals cared for by unpaid carers in that area. It was reiterated that this new model ensured that individuals have control, independence and greater choice to build on their strengths in their communities when socialising and receiving diverse and tailored care and support specifically for them as individuals.

Questions were welcomed from Members. During the discussion, the following questions and comments arose;

Referring to the ongoing work taking place to monitor and develop the provision across the county, a Member questioned how the department monitors and measures whether the provision is meeting demand and what happens when demand exceeds provision or when the Council does not have sufficient resources to respond to the demand? It was asked if there was any advanced planning in this regard and if there was any lobbying underway to secure more funding and support from the Welsh Government?

In response, it was confirmed that the Community Resources Teams meet regularly with the Management Team to identify the need and demand and ensure that any deficiency or needs that are not being met are brought to their attention on a regular basis. They ensured that they worked closely with the Well-being Team to boost and promote the use of the community hubs and activities being held there. It was noted that the department was very aware of specific situations in Gwynedd communities due to the number of staff working closely with families and carers. It was confirmed that the department gave serious consideration when information comes to hand of any shortcomings in the service. In terms of the budget, it was recognised that challenges remained as services continued to be dependent on short-term and temporary grant funding. It was noted that the pilot work in Dolgellau and Porthmadog was dependent on a short-term grant, and the provision would be monitored to see if an application for permanent funding may be submitted to maintain the service.

It was emphasised that the service's partnership with communities was crucial and that a lot of information comes before the department through community members caring for neighbours in the community. Attention was drawn to the good work being done by a worker out in the field, and reference was made to the use of technology that was being developed, such as the Helpu'n Hun resource. Reference was made to the Dewis Cymru programme, which was in the process of being developed, setting out the provision available to individuals within their own areas. Thanks were given for the information, reiterating the importance for scrutiny members to be able to visually see and analyse the measures as part of the scrutiny process.

Referring to the recent engagement with over 200 people and service user feedback, a Member expressed that seeing evidence and examples of the feedback would strengthen the conclusions in the report. It was suggested that an appendix containing responses would support the report and help convey the community sentiments in terms of what work was going well and what needs to be improved. The comment was acknowledged, noting that it was hoped that measures would be in place soon.

Referring to the provision available to unpaid carers, a Member expressed that the provision available was not sufficient for unpaid carers and that an opportunity had been missed in the report to lobby for more government funding. It was recognised that there was more work to be done to improve the provision as a matter of urgency and that unpaid carers who sustain the community need to be credited. It was explained that regional work was underway to improve the provision and it was assured that this work would come before the scrutiny committee shortly.

In response to a question, it was confirmed that individuals living with Dementia fall under the Adults department, and not the Mental Health Department.

Reference was made to the map included in the report to show the geographical location of services and day centres, noting that there were noticeable gaps in provision in the rural areas of the county. In response, it was ensured that the map did not include all the available provision in its entirety. It was acknowledged that this was difficult to convey, but it was ensured that developments were underway to develop 'bespoke' care packages and provision in the areas where there was no centre nearby. It was ensured that support workers provided services and activities to people and transported them to Day Care centres when this was suitable.

A Member noted that it was vital that older and younger persons with various mental health issues receive more day care provision to ensure a provision for all Gwynedd residents. In response, assurances were given that departments were working together and sharing resources across teams to ensure that as many residents as possible benefited from the services and provision available. It was noted that a vulnerable adults forum was held monthly to discuss how to meet the demand for services for people who do not (necessarily) reach the threshold. It was mentioned that they were discussing what resources were available to them to be able to sustain some kind of provision for all those with needs. It was reiterated that challenges remain and that resources were scarce, but members were assured that the developments of integrated community teams who were doing valuable work as experts from all areas discussed individuals within the services and what resources were available to them. It was emphasised that integration and pooling of resources was the best way forward to ensure provision for Gwynedd residents.

A Member expressed disappointment that there was a lack of data and figures in the Day Care Services report noting that it did not convey a sufficiently comprehensive picture of the situation in Gwynedd. The way the figures from 200 potential users were collected for the consultation was questioned and concerns were raised that over-reliance continued to put pressure and strain on unpaid carers in the community. It was asked how the systems in place could be improved to ensure consistent quality across the county. In response to this, the data collection systems were acknowledged

to be flawed, and an apology was given for this. It was ensured that there would be better current data in the next reports in this field.

In response to an enquiry, more details of the pilot work at Dolgellau and Porthmadog were given. It was explained that this prioritised individuals who were cared for by a family member and unpaid carers. It was noted that it was about to start in September with a maximum of 5 people receiving respite care for 2 days a week. It was mentioned that the Community Resources Team promoted this and worked jointly with Dementia Actif. In response to a question, it was confirmed that unpaid carers would transport individuals there in accordance with the policy and this would free them up to have their own respite. However, assurance was given that transport may be arranged through alternative resources for individuals who were unable to travel to the respite care service themselves. It was confirmed that the Age Cymru Co-ordinator would co-ordinate and run the activities, with the support of Cefn Rodyn staff providing the necessary care. It was noted that Age Cymru was in the process of working to try and ensure that transport was available to bring them to the home. It was explained that the pilot would be evaluated in 6 months to see if an application for funding could be submitted to continue with this resource.

A Member mentioned that transport continued to be challenging for individuals who were unable to travel to centres to receive respite care. Concern was expressed about the individuals living in the countryside who were often unable to socialise and feel isolated due to the lack of transport provision in the rural areas. It was noted that support workers were doing a good job to ensure that individuals were able to attend respite activities, but it was recognised that this was challenging and every individual living in rural Gwynedd cannot be reached.

It was asked what happens after the Council Plan 2023-28 comes to an end? Reference was made to the work that was ongoing in the Llechen Lân report to anticipate the situation in the future. It was emphasised that preventive work was crucial to address the need for care in the future.

The work to develop new models of care was welcomed and the use of libraries across the county was praised through the Age Friendly Hour activities and a cuppa and chat. It was asked if there was a waiting list to attend the day care centres and what was the capacity? In response, it was explained that the situation varied on a case-by-case basis.

More information was requested about the residential care homes. A detailed and comprehensive future map reflecting all the diverse provision available was welcomed. A desire was expressed to work with the department, and it was asked whether the department could update Councillors regularly on the activities that were taking place so that they could promote the services and events in their communities. It was asked if it was possible to carry out a consultation at a more local level in the villages? It was understood that this was dependent on volunteers and resources – and it was sympathised that resources were scarce.

DECISION

1. **To accept and note the report and welcome the availability of a range of services but to express concern**

• About the sustainability of a service by volunteers
• the lack of rural transport meant that many were unable to attend or get to a service
• there was no fair access to provision across the county

2. **To ask the cabinet member to**

• review how the department monitors customer demand and satisfaction, by collecting quantitative data, and demonstrate the true impact of the service on the well-being of individuals and their carers
• lobby the Welsh government to fund the service for the long term rather than providing grants
• Consider how collaboration can be undertaken across the Council and with partners to improve day care provision for unpaid carers and those with mental health conditions and report back to the care scrutiny committee
• Consider how the quality of service received by volunteers can be monitored and ensure the sustainability of the service
• Provide an evaluation report on the day care respite pilot scheme starting in September at Cefn Rodyn, Dolgellau, when timely
• Ensure that there was equitable access to the provision across the county

6. COMPLAINTS TASK AND FINISH GROUP'S REPORT - ADULTS, HEALTH AND WELL-BEING DEPARTMENT AND CHILDREN AND SUPPORTING FAMILIES' DEPARTMENT

The report was presented by the Chair of the Task and Finish Group namely on the Report on Complaints of the Adults, Health and Well-being Department and Children and Supporting Families Department

An overview of the discussion that took place at the meeting of the task group was given, which was set up to discuss issues raised from the annual report on Social Services Complaints, Enquiries and Gratitude on 25 September 2026. The officers were thanked for being so willing to share information. The main points raised at the meeting were outlined;

- The complaints were discussed in the context of the 2024 National Guidelines and concern was expressed that the guidelines were outdated.
- The nature of the complaints and the manner in which they were resolved by the Council were considered.
- The rationale behind the complaints and some of the regular complainants was considered. It was discussed how the officers deal with regular complainants efficiently and how an acceptable resolution reaches the threshold of being a formal or official complaint.
- The efficiency and accessibility of the complaints record sheets of both departments in question, and the corporate white leaflet were discussed.
- The complaints were looked at in terms of themes and whether any specific themes appeared. It was understood that many complaints were submitted at random and did not follow a specific pattern.

- The number of complaints received in English were considered. It was mentioned that officers anticipated more complaints in English with the increasing use of artificial intelligence. It was noted that some complaints had obviously been already formulated with the help of artificial intelligence.
- Consideration was given to whether there was any link between the Our Bravery Brought Justice report and the complaints protocol and policies.

The recommendations received were presented to encourage more residents to submit complaints and compliments. The report was welcomed and there was a discussion about the findings and recommendations. A Member expressed frustration that unpaid carers cannot make a complaint on behalf of an individual who receives care or a specific service.

In considering the recommendations, a Member expressed that he was keen to add a recommendation that unpaid carers looking after individuals could make a complaint on behalf of a vulnerable individual. It was explained that this was not possible, but it was accepted that it was frustrating and very difficult for carers. It was elaborated that consideration could be given to what may improve the situation to ensure better care for vulnerable individuals who do not receive quality care or service. The observations were accepted.

DECISION

a. To ask the Cabinet Member for Children and Supporting Families and the Cabinet Member for Adults, Health and Well-being to correspond with the Welsh Government to express concern that guidance on handling complaints has not been updated since 2014, and that no appropriate consideration has been given to social media as a means for complainants to submit complaints.

b. To reconcile the information presented in tables in future social services complaints reports to reflect the situation in a comprehensive and up-to-date manner.

c. To recommend that the relevant Cabinet Member reviews the corporate complaints recording form and its format and amend it to be more similar to Social Services complaints recording forms to promote and increase the accessibility of Welsh-language forms.

ch. To ask departments dealing with complaints to note on the complaint recording forms that the Council can be contacted via social media.

d. To ask the Council to consider ways for carers to submit complaints.

7. LLECHEN LÂN

The report was presented by the Cabinet Member for Adults, Health and Well-being. Reference was made to the publication of the Llechen Lân report in September 2024,

which outlined projections that would affect services for older people over the next 20 years. It was envisaged that the population would change over the next 20 years and would significantly affect the demand for care in Gwynedd. It was explained that there was a need to consider the ability to satisfy the need and predict the expected financial pressures. When considering the 2026 data update, there was concern that the actual situation would be more extreme and much worse than the original forecasts. It was explained that the report detailed the forecasts up to 2047.

- Attention was drawn to the impact the population projections had on the workforce projections, and it was noted that the increase was alarming, bearing in mind the demand there would be for services and the need for staff to care for the older population.
- It was trusted that the departments were delivering within the work programme but it was recognised that a great deal more needed to be done to deliver due to the increasing need over the next few years.
- It was explained that there was a need to do more and create alternative strategies to be able to cope with future demand.
- It was emphasised that more national attention was needed regarding this and to constantly refer to this over the coming years.

Observations and questions were welcomed from Members;

- In response to a question, it was confirmed that the projections were specific to Gwynedd and based on local data. It was explained that people tended to live longer with an illness and needed more care for a longer period, which placed pressure on resources and services. It was noted that the healthy life expectancy age had fallen in Gwynedd, due to various factors such as being over-weight, and therefore there would be more people requiring care earlier. Emphasis was placed on the importance of preventative work to try and cope with the increasing challenges.

- Concern was expressed about the content of the report and the vulnerable situation facing the county. There was a discussion regarding the lack of young people to serve older persons, and the departments were encouraged to act at once on the up-and-coming work programme. It was questioned why the Education Department was not actively involved with the work programme, and the importance of the younger generation. It was elaborated that the county's young people were core to the county's prosperity, and it was noted that the Education Department had a duty to ensure that young people receive the correct education of how to live a healthy life as part of the preventative work. It was argued that there was a need to promote the care careers to young people to attract them to the care workplace. It was noted that it was key to provide career opportunities for the county's young people to try and ensure that they do not leave the county to look for work and bring up a family beyond Gwynedd. The comments were accepted and it was ensured that it was possible to work with the education department as part of this work.

- During the discussion, a Member suggested the possibility of rewarding people in Gwynedd to have more children, to increase the population to ensure that there were enough people in Gwynedd to care for the older generation. It was

acknowledged that this was a national and international problem by now and it was a confusing and complex matter. There was a discussion regarding social changes and expectations, development of contraception methods and the impact of poverty as part of this.

- The number of overseas workers that come to the area and provide care to the older generation were considered and it was recognised that the county was currently dependent on overseas workers. It was anticipated that there would be additional problems with this in the near future, and it was noted that this would also need to be taken into account when making future plans. It was noted that a report on the Angor Framework will be presented to Cabinet in September/October which will set out the Council's objectives for promoting a healthy life to be sustained in the future. It was noted that it had been submitted through Public Health Wales and the Betsi Cadwaladr Health Board to see what the Council could do to support people to live healthy, happy and fit lives within their communities.

- A Member asked for more information in relation to the extra care homes that were being planned in Gwynedd. In response, it was confirmed that these were extra care homes to provide care to support older people to live more independently. It was confirmed that there were currently 3 in Gwynedd, in Bala, Penrhosgarnedd and Hafod y Gest in Porthmadog. Details were given of the care homes, noting that they included a restaurant and community accessible spaces for people to attend as they wish. It was noted that it was possible to adapt the houses in accordance with the personal needs of the tenants to ensure that individuals can continue to live within their communities for as long as possible. It was explained that these do not operate as a residential care home. It was explained that the Council had recently commissioned a piece of work from the 'Housing Lynn' organisation which were experts in housing across the country. Attention was drawn to the report's findings which highlight the need for different accommodation for older people in Gwynedd over the next 20 years to correspond to the Llechen Lân timetable. It was noted that it highlighted what type of accommodation was needed, and in which areas, and this included extra care housing. There was concern that this would cost the Council millions and that plans took time to become established. It was confirmed that extra care housing was part of the scheme in Penrhos.

- As part of the discussion, mention was made of the work of the Care Academy. Details of the scheme were given, stating that there was a clear career pathway for individuals to gain experience and qualifications in the care field, whilst being paid for their work. It was recognised that more funding was needed to expand this provision and everyone was assured that it was currently a success and that many young people were keen to join and qualify in the field.

- There was a discussion about the workforce in the field of care. It was explained that the developments ensure that people have more freedom and choice to determine what type of care they want, in line with their personal needs. It was confirmed that this would reduce the need and pressure on traditional care homes, and expand the provision available to different people, such as unpaid

carers with support. It was explained that direct payments to carers reduce the demand on traditional care provision.

- It was asked whether the department was confident that it was possible to recruit and retain additional staff to meet the demand for services? It was asked whether the department had modelled what the impact would be on the growth in demand on the workforce and staff? In response, it was confirmed that the department had been looking at workforce planning in conjunction with human resources. It was noted that there was an intention to appoint a workforce planning officer in the field of care because of the recruitment challenges. It was hoped that the officer would proceed with many of the suggestions raised in the discussion. It was noted that there was an intention to report soon to the committee on this workstream.

- It was asked whether the department had modelled the impact of the growth in demand? It was asked whether there were any discussions underway with local colleges, the Health Board and independent education providers to look at developing and increasing the workforce? In response, it was confirmed that this work was ongoing and that developments were underway. It was noted that regular discussions were taking place with partners to expand education in the care field and to develop skills to promote care work in Gwynedd. It was noted that the discussions were also taking place nationally. It was hoped that the Llechen Lân report showed that the Council was working proactively and was at the forefront and working to have a sustainable service to care for the older generation, despite the ongoing challenges.

- Surprise was expressed that many young people qualified in the field of care in Gwynedd and were unable to get a job locally. It was noted that this created serious difficulties in the field, as there was insufficient funding to provide jobs for individuals who have taken time to get their education and have to move to find work. It was stressed that there was a need to look at the model within the workforce.

- Reference was made to the provision of palliative care for residents in Gwynedd. A Member expressed concern that many people were dying due to a lack of care provision and that the demand for services was so high. Frustration was expressed regarding the waiting times for ambulances nationally. It was emphasised that proper treatment needs to be provided promptly to people. It was asked whether it was possible to obtain data on the number of deaths in Gwynedd and from what cause, to try to plan to reduce the numbers and provide prompt care to people in need. In response to this, it was noted that this was part of the department's preventive work discussions.

- As part of the conversation about the provision of care for older people, a member expressed frustration that the same provision was not available for younger people who suffer from mental health issues. It was asked whether the care home provision could be expanded to include younger people suffering from mental health conditions.

- It was questioned why section 4 of the report, which indicated the next steps, was blank? It was asked what specific strategic decisions would the Llechen Lân board be looking for from the Scrutiny Committee to guide the next piece of work? In response to the observation, it was explained that this section was deliberately blank for the officers to discuss the steps forward with members of the Scrutiny Committee and Cabinet at the Leadership Team Meetings. Reference was made to the intention to continuously scrutinise the issue as part of the developmental work over the coming years.

DECISION

To accept the report and the work programme but to express concern about the magnitude of the demographic challenge highlighted in the latest data.

To recommend to the Cabinet Member that the Llechen Lân board should develop a detailed action plan with clear milestone priorities and measures of success with particular attention to the workforce, extra care housing, the financial sustainability of the programme, the development of preventive services and an innovative way of delivering care, the promotion of preventive self-care and collaborate with the education department to include young people in the work programme.

To provide the committee with a further update within 12 months on progress against the Llechen Lân board's priorities, including the latest data on inward migration and deaths, and the work programme to deal with recruitment and care workforce challenges.

8. THIRD SECTOR COMPACT

The report was presented by the Cabinet Member for Adults, Health and Well-being. Referring to the report, it was highlighted that the third sector was vital to the work of various services and departments across the Council, and an integral element of the work of supporting residents in Gwynedd. It was noted that the Compact set a framework for the relationship between Cyngor Gwynedd and the Third Sector. It was noted that the Third Sector included a wide range of charities, voluntary organisations, social enterprises and community groups who made a significant contribution to the well-being of the people of Gwynedd and provide services that complement the Council's work.

It was explained that the new framework for the relationship was essential to provide effective services to the people of Gwynedd. There was pride regarding the close relationship with the third sector, which supports effective provision for the benefit of Gwynedd communities.

As part of the Compact, it was noted that the Council and the Third Sector had a key role to play in working together and developing and promoting social and community enterprises. It was noted that the Council was working very closely with Mantell Gwynedd to develop the Compact. It was ensured that the developmental

conversations regarding the third sector took place with the help of Mantell Gwynedd to ensure an active and efficient relationship.

It was acknowledged that there were ongoing challenges with collaboration with external agencies, and it was highlighted that the Compact agreement supported the establishment of values and principles of collaboration within the relationship to empower communities and place Gwynedd residents first. It was ensured that the Council had been consulted extensively and had received a great deal of feedback, which was incorporated in the Compact document.

Members had the opportunity to comment and submit questions;

- It was asked whether specific examples of problems raised with the arrangements under the previous Compact agreement could be provided, and how the new Compact agreement would address these problems and challenges? In response, it was acknowledged that it was a challenging task to give specific examples without drawing public attention to some problems that had arisen between some agencies. However, it was explained that disagreements had arisen over the years for reasons such as funding, available grants and provision. It was explained that frustration had arisen in relation to the Council's ability to provide long-term and short-term funding, from the third sector. It was noted that the long-term plans of the third sector were often limited due to a lack of long-term funding.

- It was asked what would be different for third sector organisations and for the residents of Gwynedd as a result of the adoption of this Compact compared to the old Compact? In response, it was ensured that the new Compact sets objectives to seek to fund third sector organisations better and prioritised financial support to ensure better sustainable provision for the community. It was noted that the new Compact was an opportunity to renew the relationship since the new well-being of the future laws were enabled and an opportunity for the Council to prioritise the relationship with the third sector to deliver consistent and successful provision. The officers who had worked on the renewal of the Compact were thanked and it was noted that it had made it much easier to understand and more accessible to all. It was believed that this would ultimately improve the relationship setting out clear expectations from the agreement which would lay a solid foundation for future efficient working.

- Reference was made to how the Compact aimed to enable residents and communities to thrive. It was noted that it offered a measure of success through broad questions such as 'have the partnerships strengthened a culture of collaboration'. It was also asked how the Council would measure this if it happened as a direct result of improving the arrangements? It was also asked what specific indicators would be used to illustrate this improvement? In response to the questions, it was ensured that the Compact sets the groundwork for empowering communities by strengthening the relationship and setting expectations between the agencies. It was also admitted that they were challenging questions to answer, noting that it was challenging to establish

measures and indicators. It was ensured that the outcomes of the Third Sector Compact could be seen across the Council and across county services, through the consequential support of the relationship. It was noted that fewer people were waiting for domiciliary care services, and transport continued to improve provision. It was noted that the department would consider developing indicators and measures jointly with the third sector and would come back to the committee with any developments.

- A Member asked how the council would ensure that the third sector liaison group was not dominated by larger organisations with greater capacity to participate? It was asked what arrangements were in place to ensure that organisations not represented on the group, had the opportunity to influence decisions? In response to this, it was ensured that this had not previously been an issue with the Compact. It was noted that all agencies had a fair opportunity to be involved in the developing discussions, and it was ensured that there was a broad representation of the different sectors within the third sector and that they took their responsibilities seriously. In response to an enquiry, it was ensured that representatives from all third sector organisations were invited to be part of the liaison group.

- Attention was drawn to the concerns of Audit Wales about missed opportunities in relation to social enterprises and it was asked what evidence would indicate that Gwynedd was making better use of social enterprises and community organisations compared to previous years. In response to this, this work was identified as arising from the concerns raised by Audit Wales and designating duties to the council and third sector organisations. It was elaborated that Mantell Gwynedd had been a key part of the development of the Compact to ensure the effectiveness of the scheme. It was ensured that Mantell Gwynedd used recognised methods of measuring the success of community enterprises which also assisted Council departments with developing similar systems.

- During the discussion, reference was made to the fact that there were tens of third sector organisations in Gwynedd that were not incorporated in the Compact as well as many unofficial groups that come together to get things organised and provide a lot of support to the community. They were thanked for their work, recognising that there was much more to be done to support the small organisations to ensure they can provide a service and support safely within the community.

- Commenting on the Third Sector Liaison Group, reference was made to the way in which Mantell Gwynedd worked jointly with Third Sector organisations to select suitable representatives for membership of the Liaison Group. It was asked how Council representatives would be selected from service areas related to the third sector. In response, it was confirmed that a combination of officers and Cabinet Members and Members would be representatives on the group.

- It was asked who inspected the county's extra care homes? Dissatisfaction was expressed with the fact that the provider was being inspected and not the home and the service itself. It was expressed that it was extremely important that the Council therefore inspected the individual organisations within the county to

ensure an acceptable standard of care and support for Gwynedd residents. In response to the comments, it was clarified that responsibility for individuals remained with the Council, even when individuals enter a third sector support home. It was ensured that constant supervision continued to ensure that the service was of good quality, through regular meetings and close relationships with the social workers. This was elaborated on, noting that the Council worked very closely with organisations such as Seren and Anheddau, and constantly monitors the provision with officers visiting and inspecting the establishments.

- Referring to Audit Wales' note that local authorities were in a position to do more to maximise the impact of the third sector, ensure better value for money, it was asked who would be responsible for this and would monitor how the money would be spent? In response to this, it was clarified that data would be reported regularly and Mantell Gwynedd would assist the Council in ensuring value for money. It was explained that a large number of contracts go through the commissioning unit which secured, measured and monitored the impacts of the services to ensure value for money. It was suggested that it would be beneficial for a representative from Mantell Gwynedd to attend the committee next time during the discussion on the Compact Agreement.

DECISION

To accept the report.

To recommend that the Cabinet approves the Compact provided that they

• Provide a supporting action plan setting out responsibilities, timelines, resources, success measures and reporting arrangements

• Submit a regular report to the Scrutiny Committee every 2 years.

9. CARE SCRUTINY COMMITTEE FORWARD PROGRAMME 2026/27

Submitted - the Forward Programme by the Senior Scrutiny Advisor. There was a discussion about the content and items in the pipeline for the year 2026/27.

It was decided to make some adjustments on the forward programme by moving the Our Bravery Brought Justice report to the November 2026 meeting. It was decided to move the Childcare report to the January meeting and to move the Annual Complaints Report from November to September.

DECISION

To adopt the forward work programme with the following modifications:

1. To move the Our Bravery Brought Justice report from the September 2026 meeting to the November 2026 meeting

2. To move the Childcare report to the January meeting

3. To move the Annual Report 2025-26 - Complaints, Enquiries and Expressions of Gratitude - Children and Supporting Families and the Adults, Health and Well-being Departments from November to September

The meeting commenced at 10.30 and concluded at 15.30.

Chair

Questions to the Housing Associations from the Members of Cyngor Gwynedd's Care Scrutiny Committee

Implementing the housing allocation policy and new developments

1. Can you explain what is your role, as a housing association, in relation to the housing allocation policy?
2. Do you, as a housing association, always operate in accordance with Cyngor Gwynedd's Common Housing Allocation Policy? If you deviate from the policy how often does this happen and why?
3. Does your association have any new developments in the pipeline?

House exchanges

4. Does your housing association have data on the number of house swaps in the last 3 years and the locations of the swaps? (Managed Moves/House Swaps).
5. How many people with a local connection have swapped a house to move back to live in Gwynedd?

Tenant support and under occupation

6. How do you manage under occupation? Are property swaps due to under occupation, common?
7. How many tenants have swapped properties due to under occupation in the past year?
8. How many community officers does your housing association have to support tenants at grassroots level?

Housing quality and maintenance

9. What is the quality of your houses in Gwynedd and what plans are in place to maintain and improve them?
10. What is the process to submit a request for repair work?
11. Is your property maintenance service available consistently throughout the county and does the waiting time for repairs vary throughout the county?
12. What is the average waiting time for a tenant awaiting repairs to be made to their house?

13. What kinds of things usually lead to delays before commencing repairs?
14. Several tenants receive digital vouchers to pay for painting following electrical or repair work, but some have difficulty in using them due to a lack of access to the internet. Is it possible to supply vouchers to these people?
15. How many accessible houses do the housing associations have?
16. Do housing associations receive several requests for alterations to make houses accessible?

Empty houses and buying houses

17. How many empty houses does your housing association currently have?
18. What is your usual timeframe for bringing an empty house back into use?
19. Have houses been disposed of during the last year?
20. Have you bought former Council houses in the last 3 years, and are there plans to buy more?
21. When a tenant moves into residential care or becomes a long-term hospital patient, what process and timescales are used to assess the likelihood of them returning to their social housing tenancy, and how long are properties typically left unoccupied before a decision is made on their future use?

Communication and complaints

22. Councillors receive several complaints from residents that there is an inconsistency in responding to complaints. Can you present data regarding the complaints of residents including the type of complaints, e.g. the house condition, repair work, emergency work received, from which area and a response schedule?
23. Councillors receive concerns about antisocial behaviour in some housing estates. Have you, as a housing association, noticed a recent increase in antisocial behaviour?
24. What are the arrangements for dealing with queries from councillors when a designated contact officer is on leave?

COMMITTEE	Care Scrutiny Committee
DATE	17 September 2026
TITLE	North Wales Population Needs Assessment 2027 Draft Report
CABINET MEMBER	Councillor Dilwyn Morgan Councillor Menna Trenholme
PURPOSE	To submit the draft report for scrutiny

1 Purpose of the report

1.1 To present the draft North Wales Population Needs Assessment for the attention of the members of the Care Scrutiny Committee during the public consultation period between August and October 2026. (Appendix attached).

1.2 The draft report has also been presented to the Regional Partnership Board (RPB) prior to public consultation between August and October 2026. Following the consultation period, the report will then be updated and shared for approval with the RPB, six local authorities and health board. The report must be published in April 2027 on the RPB website.

1.3 The needs assessment is created in accordance with the Social Services and Well-being Act (Wales) 2014.

2. The decision sought

2.1 The committee is asked to submit its comments on the draft needs assessment as part of the consultation

3. Details of the North Wales Population Needs Assessment 2027

3.1 Regional Partnership Boards (RPBs) must complete a Population Needs Assessment (PNA) of care and support needs under the Social Services and Well-being (Wales) Act 2014. The report must assess the care and support needs of priority population groups including children and young people, older people, people with physical and learning disabilities, mental health, neurodivergence and carers who need support.

3.2 While the PNA is a statutory requirement to inform the Area Plan, this is not the main reason for undertaking the work. The PNA is a vital document that provides an evidence base to support organisations and services across the region as well as strategic planning cycles. This underpins the integration of services and supports partnership arrangements.

3.3 The PNA is based on a wide range of different kinds of evidence including data, research evidence and the wisdom and experience of people who provide and use social care. To check the findings the report is consulted on widely.

3.4 There are other related needs assessments and plans written or under development including the Public Services Board Well-being Assessment. This looks at broader well-being issues including health, climate change, culture and the economy. There are also specific assessments for health care, palliative and end of life care, public health, violence, substance misuse, suicide and self-harm, homelessness and more. We link to these from the assessment. The focus of this assessment is specifically on care and support needs, which helps us avoid duplication and means we can highlight key messages for other assessments about care and support needs

3.5 The PNA will provide the basis for additional work, such as the Market Stability Report (MSR) which will include more detail about how we will work with providers to commission the care and support needed to meet the needs identified in the assessment, and set regional priorities for collaborative working.

3.6 This is the third PNA the Regional Partnership Board has produced so the process has matured. While it is still important to check our assumptions, few of the findings are now new or surprising. The 2027 assessment builds on regional work taken place in the previous five years, for example, the regional dementia strategy and learning disability strategy were both informed by the previous needs assessment and are now part of the evidence base informing this assessment.

3.7 The latest guidance from Welsh Government about the assessments has asked for a shorter and simpler assessment focusing on a smaller number of priorities where collective action is needed. All the detailed information is available in background papers to support service planning on the Regional Partnership Board website. These reports provide detailed charts and tables, data sources, and they explain any issues with data quality or availability. The data is available at a range of geographies including Public Service Board and health board areas (West, Central and East), local authority, Primary Care Clusters and smaller geographies where available. There are systems now in place to update the assessment as new data becomes available. This provides access to up-to-date figures to inform any future work as well as local planning.

4 Impact assessment

4.1 For each of the population groups the equality profile, information on protected characteristics, the socio-economic duty have been considered to inform the assessment. Equalities and human rights literature searches have also been carried out and have been considered to inform the assessment. This information is threaded throughout the report and its supporting background data and research rather than being published as a separate Equality Impact Assessment. This decision was made following discussions with Welsh Government officers.

5 Resource implications

5.1 The RPB fund a project manager to support the development of the PNA. Associated costs, such as translation, were also funded by the partnership.

5.2 There has been a cost to the local authorities and BCUHB in staff time and resource to support the project. This includes staff to carry out engagement work with the public, staff and elected members, and staff to support the analysis and writing of the report.

5.3 The regional and local priorities identified in the PNA may require some level of investment at either regional or local level. This will be explored further as part of the development of local and regional plans.

6 Governance and risk

6.1 There is a risk that it will not be possible for the needs assessment to gain approval from the RPB, all six councils and the health board in time to publish by the statutory deadline of April 2027. To mitigate this risk, the project team have completed the draft report in plenty of time for a consultation and approval process. Steering group members are liaising with committee administrators to make sure the report is scheduled at the appropriate meetings. These dates have been shared with the project team so they can make sure the final report is completed in time.

7 Consultation and engagement

7.1 The North Wales Regional Partnership Board set up a regional steering group to complete the work including members from each North Wales local authority and Betsi Cadwaladr University Health Board (BCUHB). The members are responsible for providing local data and engagement findings for the report. The steering group has collated initial feedback from their organisations and commented on the draft report, but further feedback will be gathered during the consultation period. The lead officers for the PNA attend the North Wales Insight Partnership and Well-being Assessments North Wales Data Group to coordinate data collection and analyse with the Public Service Board Well-being Assessment.

7.2 Engagement for the PNA includes a questionnaire open to people who provide and use services, including unpaid carers, about their experiences of care and support in North Wales. This is providing rich qualitative data to inform the PNA. In addition to the survey we also collated and used evidence from consultation and engagement activities carried out throughout the region by partners. These findings are available on the RPB engagement database, which is an ongoing project to improve the coordination of engagement activities across the region and enable better use of the findings. A full consultation report will also be published with the main report.

8. How does the assessment contribute to Council's priorities?

8.1 The population needs assessment contributes to regional and local level strategic planning cycles, consequently this will support all local authorities' corporate priorities relating to the health and social care needs of the population.

8.2 There is overlap between the population needs assessment and the Well-being Assessment which has been prepared by the Public Service Board in accordance with the Well-being of Future Generations Act (Wales) 2015, and information is shared where necessary.

9 Recommendation

9.1 That the committee offers its observations on the draft needs assessment as part of the consultation.

BWRDD PARTNERIAETH RHANBARTHOL
GOGLEDD CYMRU
NORTH WALES
REGIONAL PARTNERSHIP BOARD

North Wales Population Needs Assessment 2027

Main report – consultation draft

July 2026

Mae'r ddogfen hon ar gael yn Gymraeg. This document is available in Welsh.

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Summary introduction

This is the consultation version of the report. The final version of the report will include changes we make because of the feedback we receive, and information about how we ran the consultation.

The North Wales Population Needs Assessment provides information about the care and support needs of people in North Wales and the support needs of carers. We use it to help plan our services and set priorities for the region. This works alongside health, well-being assessments and other assessments.

We publish an assessment every five years, the last version was published in 2022. The 2027 version of the assessment is a summary of the main messages from engagement feedback, data, and research, which we checked by consulting with people who use and provide care and support services.

We have published all the background data and research used in the Population Needs Assessment separately. These reports provide detailed charts and tables and explain any issues with data quality or availability, and include information about sources and methodologies.

An Easy Read version of this report is available on our website.

Main messages and priorities

These are the main messages and priorities based on the evidence we reviewed for the report but we recognise that things change, especially when we work with people to co-produce support based on what matters to them. This work is ongoing and we welcome further feedback about emerging issues after the report is published.

The number of older people in the population is increasing

The population of North Wales is changing. We expect to have more older people in the population, who are the group most likely to need care and support. This is because more of us are living longer due to health improvements and the large generation born after World War 2, the ‘baby boomers’, reaching older age. These population changes also mean there are not as many working age adults to provide social care for those who need it. There has also been a shift to providing more care in people’s own homes rather than in shared accommodation like care homes. We need to plan services that respond to these changes and the needs and strengths of our older population.

More people need support with their mental health and neurodivergence

More people need support with their mental health (including serious mental health conditions), and neurodivergence (such as Autism and ADHD). The increase is particularly high for young people. This may be because we are better at identifying who needs support, so this is an opportunity to make sure people get the care they need as early as possible before things get worse. People with care and support needs are more likely to also need support with their mental health. Work needs to be done to improve partnership working within mental health services.

Much of the care and support in North Wales is provided by unpaid carers

Much of the care and support in North Wales is provided by unpaid carers, such as friends and family. We estimate that it would cost £2.3 billion to replace unpaid care hours with paid care in North Wales, which is nearly as much as we spend on all health and social care services in North Wales combined. Providing unpaid care can be both rewarding and challenging. It can make it difficult for people to stay in work,

which may mean people have less money coming in, and can affect their health. Providing support to unpaid carers is important to support their well-being, the well-being of the person they care for, and to make sure the wider care system is sustainable.

People have told us they want us to listen to their needs, including providing help sooner, before they reach crisis

In every population group we looked at in the needs assessment, people have told us they want people to listen and provide help sooner, before they reach crisis. This can help prevent problems becoming worse. Sometimes, this need reaches beyond social care and health services and could be addressed by making sure people get the right housing, education, employment and other opportunities they need to thrive.

Support is needed beyond social care services

The main message from this needs assessment, beyond the social care sector, is the need to break down barriers in our society faced by people with care and support needs and unpaid carers. This includes the following.

- Accessible transport so people can get where they need to, such as health and social care services, work and leisure activities.
- Accessible and adaptable homes so that people can live where they choose.
- Improved access to paid employment as set out in the North Wales Supported Employment Strategy for people with learning disabilities.
- Improved access to health care. This includes making sure health care staff consider other potential causes when treating someone with an existing diagnosis (to avoid what's called 'diagnostic overshadowing') as well as providing accessible information and regular health checks for people with learning disabilities. This can reduce health inequalities and help people live longer and healthier lives.
- Poverty and deprivation increase risk of needing care and support, and impact people's care needs and well-being. Poverty can also be a consequence of poor health. Living in poverty can mean a person is more likely to experience unfair treatment, be less likely to seek help, and less likely to recover after treatment.
- The health and care sector is a major employer in the region which should be considered in workforce, skills and economic development planning.

Recommendations for each population group

These are the recommendations based on the evidence we reviewed for the report but we recognise that things change, especially when we work with people to co-produce support based on what matters to them. This work is ongoing and we welcome further feedback about emerging issues after the report is published.

- **Babies, children and young people:** The assessment supports the Children's Regional Partnership Board priorities around neurodiversity, supporting children's mental health and work on the national priority to remove profit from the care of children looked after by local councils.
- **Older people:** Help people age well, live the lives they choose and recognise their contributions. Provide care at home and avoid hospital care where possible. Provide enough good home care and care home places.
- **People living with dementia:** Deliver the dementia strategy by working together to provide accessible, good quality care based on what matters to people, create dementia friendly communities, support unpaid carers, improve transport and more.
- **Disabled adults:** Break down barriers faced by working age disabled people in transport, housing, employment, income, information and health care. Provide social care based on what matters to people.
- **Adults with a learning disability:** Put the North Wales Learning Disability Strategy into action to help people reach their potential, address transport issues, promote positive relationships, support people with profound and multiple learning disabilities and more.
- **Adults who are neurodivergent:** Create inclusive environments to address the challenges neurodivergent adults face. Make sure care and support is tailored to each person's needs.
- **Adults with mental health needs:** Provide mental health support through the health board's iCAN services. Work together to prevent suicide and self-harm through the North Wales Forum. Support people before they reach crisis and continue support for long enough to avoid future crises. Work needs to be done to improve partnership working within mental health services.
- **Carers who need support (unpaid carers):** Make sure the right support is in place for the person they care for. Provide support for carers, including breaks from caring designed around what matters to them.

- **Violence against women, domestic abuse and sexual violence:** Support regional work to address and prevent violence.
- **People experiencing homelessness:** Support people at risk of or experiencing homelessness. Provide the right housing in the right location to meet care and support needs and promote well-being.

This is the consultation version of the report. The final version of the report will include changes we make because of the feedback we receive, and information about how we ran the consultation.

Introduction

This is the consultation version of the report. The final version of the report will include changes we make because of the feedback we receive, and information about how we ran the consultation.

This report has been written by the North Wales Regional Partnership Board. Partners include the six local councils in North Wales, Betsi Cadwaladr University Health Board and other partners including housing, police and fire services. The board oversees the planning and integration of services to make sure effective care and support are in place to meet the needs of the population.

The North Wales Population Needs Assessment provides information about the care and support needs of people in North Wales and the support needs of carers. We use it to help plan our services and set priorities for the region. This works alongside health assessments, well-being assessments and other assessments.

Care and support is about helping people to live the lives they want to lead. It includes support to meet practical needs, maintain independence, build on strengths, develop relationships and participate in family, community and working life. This can take many forms. Examples include help at home with personal care, meals or household tasks; support to access work, education or community activities; short breaks for carers; supported living services; day opportunities; information and advice services; advocacy; or equipment and adaptations to help people remain independent. Care and support may be provided by families, friends, businesses, community groups, charities or social care services from the local council.

We publish an assessment every five years, the last version was published in 2022. Since then, we have published regular updates on our website. These provide the background information and detail for the latest assessment.

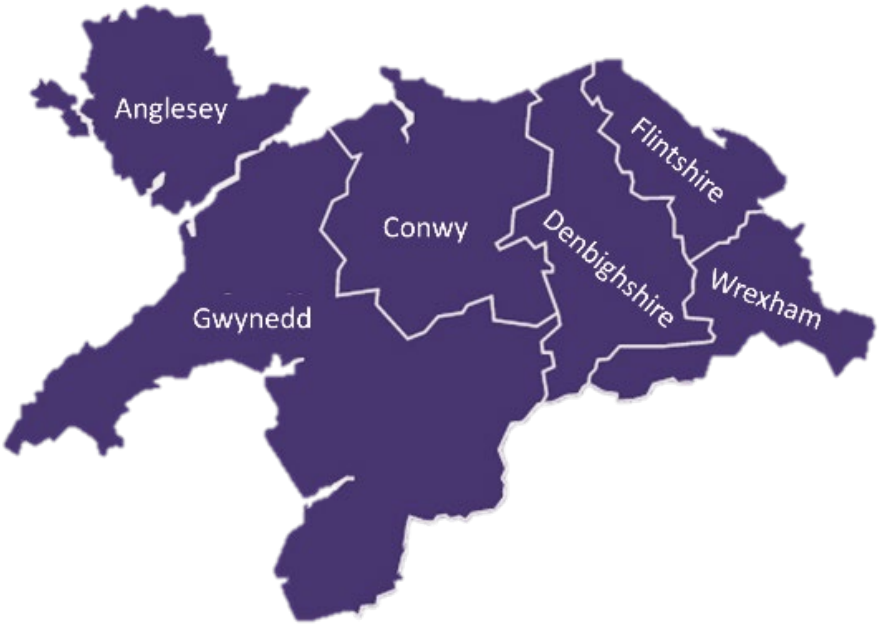
This is the third Population Needs Assessment the Regional Partnership Board has produced so the process has matured. While it is still important to check our assumptions, few of the findings are now new or surprising. The latest assessment builds on regional work which has taken place in the previous five years, for example, the regional dementia strategy and learning disability strategy were both informed by the needs assessment and are now part of the evidence base informing it.

The 2027 version of the assessment is a summary of the main messages from these updates, which we checked by consulting with people who use and provide care and support services.

About North Wales

North Wales is the largest region in Wales, covering almost a third of the country's land area and home to just over one fifth of its population. Around 697,100 people live here, served by one health board, six local councils and a wide network of town and community councils, businesses, charities and community organisations.

The region has an older population profile than Wales and the UK as a whole. The number of children and young people is falling, while the number of older people is increasing. The population aged 85 and over, the group most likely to need care and support, is expected to grow over the next decade, which will impact public services, local economies and unpaid carers.



North Wales is home to some of the most Welsh-speaking communities. Around 81% of all people age three and over speak Welsh in Caernarfon in the west, with fewer Welsh speakers towards the English border in the east.

The region includes areas of deep and persistent deprivation, particularly in parts of Rhyl, as well as rural poverty and isolation that can be less visible in national data.

North Wales is shaped by both its natural environment and its economic history. It includes Eryri National Park, extensive coastlines and rural communities, alongside areas influenced by industry and advanced manufacturing, particularly in the east.

Public services are major employers across the region, with agriculture and tourism being key economic drivers in more rural areas.

Road and rail links along the coast are relatively strong, but less so in the rest of the region. Public transport routes are not always fast or well-integrated. For many people, short distances in theory can mean long journeys in practice, shaping access to services, work and support.

Population groups

The assessment is organised around the population groups listed in the Welsh Government guidance. These are:

1. Babies, children and young people
2. Older people
3. People living with dementia
4. Adults who are disabled including sensory impairments or who have long-term health conditions
5. Adults with a learning disability
6. Adults who are neurodivergent
7. Adults with mental health needs
8. Carers who need support
9. People who have experienced violence against women, domestic abuse and sexual violence
10. People experiencing homelessness

Each chapter includes an assessment of need for the population group and information about the range and level of services required to meet that need.

For prevention and early intervention services we have also carried out a review of evidence about the effectiveness of available interventions that we will publish as an appendix to the report.

Issues affecting all population groups

The social care workforce

Challenges facing the social care workforce include:

- Increased demand for care
- Attracting and recruiting people to work in social care
- Retaining the staff currently working in social care

- The mental and emotional well-being of staff.

The increased demand for care is being driven by:

- Demographic changes with more older people and fewer working age people in the population
- Health inequalities being further exacerbated by the legacy of COVID-19 pandemic
- Increasing mental health issues
- Increasing numbers of people living with multiple long-term health conditions due to demographic changes and improvements in healthcare.

More information, including resources to help address these social care workforce challenges, are available in our workforce evidence summary.

Commissioning and market stability

Commissioning is how health and care organisations plan, purchase and review services to meet people's needs. This assessment will help us understand current and future demand, while the Market Stability Report will help us understand whether there are enough services and providers available to meet that demand. This will help inform future commissioning decisions and support a stable and sustainable care provider market.

The Market Stability Report is due to be published by the Regional Partnership Board in October 2027.

Palliative and end of life care

Palliative and end of life is something we need to consider for all our population groups and has been raised in our consultation and engagement. There is a national needs assessment which is under development. We will include a link to this in our final report.

Digital technology

Digital technology has the potential to transform how health and care services are delivered, improving access to support, helping people live more independently, and enabling services to work more efficiently. As new technologies are developed and adopted, it is important to ensure they are safe, inclusive and meet the needs of the people who use them. This work is being led by the North Wales Digital, Data and Technology Partnership Board.

Data sharing

Data about where vulnerable people live is not always shared between services and doing so could help, particularly in emergencies (for example sharing with fire services, council's emergency planning services, water and energy providers).

Safeguarding

The joint North Wales Safeguarding Children's and Adults Board lead on safeguarding across the region.

Impact of the Covid-19 pandemic

The COVID-19 pandemic had a profound impact on health, well-being and the delivery of care and support services across North Wales. While the direct health effects were significant, some of the longest-lasting consequences have been increased social isolation, poorer mental well-being, pressures on unpaid carers, disruption to education and support services and widening inequalities. This is especially noticeable in evidence about children's mental well-being and engagement with education. The pandemic also accelerated changes in the use of digital technology and highlighted the importance of addressing digital exclusion so that services are accessible to all. Many of the immediate effects of the pandemic have reduced over time, but its impacts continue to shape needs across health and social care.

Other population groups and assessments

There are some groups with care and support needs that do not have their own chapter in the assessment because needs assessments and strategies are already in place for North Wales. This is so we avoid duplicating work already done.

Health care and public health

Information on public health, health care services, programmes to prevent ill health, and healthy lifestyle advice (including the five ways to well-being) can be found through Betsi Cadwaladr University Health Board. The Director of Public Health's Annual Report 2025 includes information about the building blocks of health and well-being which shape all our lives and how we can work together to strengthen these. More information about the North Wales approach is set out in our Well-being, Prevention and Anchor Charter Framework.

People with drug and alcohol problems

We have included some information in the mental health chapter. More information is available from the North Wales Area Planning Board. The board is a partnership which supports the planning, commissioning and performance management of substance misuse services across the whole of North Wales. They produced the North Wales Alcohol Harm Reduction Strategy 2025 to 2028.

Veterans

More information about veterans in North Wales is included in our background data and literature searches.

Well-being of future generations

Alongside this assessment of care and support needs, Public Services Boards are producing well-being assessments for the North Wales area based around the seven connected well-being goals for Wales.

- A prosperous Wales
- A resilient Wales
- A healthier Wales
- A more equal Wales
- A Wales of more cohesive communities
- A Wales of vibrant culture and thriving Welsh language
- A globally responsible Wales

We work closely with the Public Services Boards to share information about people's care and support needs to inform their well-being assessments. The assessments set out what everyone, including people with care and support needs, need to live well, both now and for future generations. They cover issues such as the economy, culture, climate, and nature, which are vital for the well-being of the groups included in this needs assessment, but which are beyond our scope.

The context of people's lives

To organise this report, we have split people into different groups, looked at the data we have about each group and considered the support they need. However, a key message to emerge out of our research is that people's real lives can't be neatly divided up and counted like this. Many of the problems people face emerge when services are not organised around what matters to the people who use them.

Good care and support are about helping people to live gloriously ordinary lives[1]. It's about recognising people's strengths and meeting basic needs as well as supporting opportunities for love, connection and meaning. It's about shaping the places people live to make sure they are inclusive and accessible, including good homes, jobs and education, and safe spaces in which to play, exercise and socialise.

Involving people in designing services

To move beyond 'us and them' approaches, we need to work alongside people and communities to design the services and support that affect them. This needs assessment helps identify the wider issues and trends shaping society, but how people experience these issues and what matters most to them will vary. That is why decisions about care and support should be made with people, not for them. This approach is often described as co-production, where people, families, communities and professionals share power and responsibility in designing and delivering care and support.

How we involved people in writing the report

This work was led by a steering group including representatives from each of the six councils and the health board, who linked up their local data collection and engagement activities with the regional work.

We learned from people's lived experiences by:

- Collating people's stories from engagement activities across North Wales.
- Summarising the research evidence about the different needs people have for care and support.
- Sharing a survey to find out what matters to people who need care and support. The survey was shared in different formats and versions to be as accessible as possible.

One of the key messages from this work was that listening and learning from people's lived experiences needs to be an ongoing part of the way we provide support. We need to take care that this is done thoughtfully, respectfully and ethically.

[1] Shannon, B and Nicoll, T. Gloriously Ordinary Lives.

This is the consultation version of the report. The final version of the report will include changes we make because of the feedback we receive, and information about how we ran the consultation.

The words we use

The code of practice for writing Population Needs Assessments says the report should be drafted using accessible language so that it can be considered by members of the public. We have tried to use the clearest language we can in this report and included more technical terms and explanations in the background papers for those who need them. This is also why we have included data sources and references in the background papers rather than in this report.

The Social Model of Disability was formally adopted by the Welsh Government in 2022. The social model stresses that disabled people experience problems because of the way that society is organised rather than because of their impairments. It usually includes a shift to using identity first language like ‘disabled person’ rather than person first language like ‘person with a disability’, to highlight the barriers disabled people face in society.

Where possible we have followed guidelines written about their preferred language by members of population groups themselves, although sometimes the language used is different to reflect the terms used by the source material.

We have continued to use the term ‘people with learning disabilities’ as this is the term community and self-advocacy groups choose to use. However, we acknowledge that this language may not reflect fully the principles of the social model, and that people have different opinions about the language they prefer to describe themselves that can change over time.

These debates continue to be welcome across our discussions with people accessing services and their families.

We’ve also considered how we define and use the term ‘prevention’ throughout this report. Welsh Government guidance[2] states ‘There is no one definition for what constitutes preventative activity. It can be anything that helps meet an identified need and could range from wide-scale measures aimed at the whole population to more

[2] Welsh Government (2024) Part 2 Code of practice on the general social care functions of local authorities.

targeted individual interventions, including mechanisms to enable people to actively engage in making decisions about their lives.' Some argue we should avoid the term altogether 'and focus instead on what it is that we want to promote and to grow and to flourish'[3]. In general, where people have told us prevention is important for meeting their care and support needs, they are talking about getting help from services early, before they reach a crisis. Where we've used the term, we have tried to explain the context and focus on people's well-being.

The data we use

We have published all the background data and research used in the Population Needs Assessment separately. These reports provide detailed charts and tables and explain any issues with data quality or availability, and include information about sources and methodologies.

Welsh language, equalities and human rights

For each of the population groups we have considered the equality profile, information on protected characteristics, the socio-economic duty and carried out equalities and human rights literature searches to inform this needs assessment. This information is threaded throughout the report and its supporting background data and research rather than being published as a separate Equality Impact Assessment. We made this decision following discussions with Welsh Government officers.

This approach helped us to assess the impact on different groups with protected characteristics and can help inform equalities impact assessments for any decisions, policies or strategies developed in response to this needs assessment.

We have considered the following equality and human rights legislation:

- United Nations Convention on the Rights of the Child (UNCRC)
- United Nations Convention on the Rights of Persons with Disabilities (CRPD)
- United Nations Principles for Older Persons
- The Declaration of Human Rights for Older People in Wales 2014
- Human Rights Act 1998
- Equality Act 2010
- Social Services and Well-being (Wales) Act 2014

[3] Shannon, B (2023). Words that make me go hmmm: Prevention – Rewriting social care

- Well-being of Future Generations (Wales) Act 2015
- Welsh Government (2022) More than just words: Welsh language plan in health and social care

"These rights – and the intentions behind them – are at the core of what good care and support should mean at a day to day level. Whilst they may sometimes appear abstract, they are really about such mundane things as eating a meal when you are hungry rather than when a service wants to provide it; having a bath in privacy and comfort; being able to play with your children or go to church or to the pub in the same way as everyone else."

Equality and Human Rights Commission

Artificial Intelligence (AI) use in the report

Most of this report was written by human beings with some AI help in summarising and phrasing. The Regional Partnership Board Team have checked this for accuracy and take responsibility for the content.

This is the consultation version of the report. The final version of the report will include changes we make because of the feedback we receive, and information about how we ran the consultation.

01 Babies, children and young people

This is the consultation version of the report. The final version of the report will include changes we make because of the feedback we receive, and information about how we ran the consultation.

We have published all the background data and research used in the Population Needs Assessment separately. These reports provide detailed charts and tables and explain any issues with data quality or availability, and include information about sources and methodologies.

Population group

Babies, children and young people, age 0 to 24, who need care and support including:

- Children and young people who have experienced being in care
- Children and young people with long-term health conditions
- Disabled children and young people
- Children and young people with emotional and mental health needs
- Young people who are pregnant or parents
- Children and young people with experience of the youth justice system.

For more information about children and young people's well-being in general, including in early years, see the Focus on Early Years bulletin and Public Services Boards' Well-being Assessments.

Many of the issues and conditions that affect children needing care and support continue into adulthood. These are covered in more detail in the relevant chapters of this assessment.

Recommendations

The assessment supports the Children's Regional Partnership Board priorities around neurodiversity, supporting children's mental health and work on the national priority to remove profit from the care of children looked after by local councils.

Key messages

- Children and young people with care and support needs can thrive when they have the right help and a positive, supportive environment around them.
- All children have a right to education and play, to be safe, healthy, have a say and not live in poverty. We need to remove any barriers that prevent children with care and support needs from fully accessing those rights.
- The number of children with care and support needs is increasing at the same time as the overall number of children in the population is decreasing.
- The number of children and young people with care and support needs has increased to about 3,720 in North Wales.
- The number of children and young people with a probable mental health condition increased from one-in-nine to one-in-five between 2017 and 2023.
- There are around 4,410 young carers aged between 5 and 24 in North Wales.
- There are at least 8,100 disabled children in North Wales and this number is increasing.
- The number of children who are diagnosed with or seeking a diagnosis for neurodevelopmental conditions like autism and ADHD is increasing.
- Families of disabled children and children with long-term health conditions face additional challenges.
- There are around 140 unaccompanied young migrants and refugees who are the responsibility of North Wales local councils.
- The number of young people in the criminal justice system is decreasing.
- For young people with care and support needs, moving into adulthood often means navigating changes not only in their lives, but also in the services available to them (often called transition). This can be difficult when children's and adults' services aren't well coordinated.
- Child poverty is increasing.

What children and young people are telling us

- The youngest children say they want to spend time with family and friends, play outside, do things that keep them healthy, and be kept safe by the adults around them. To make life better they wanted to see children’s basic needs (food and water) are met, make sure people are kind, increase opportunities for play, and make sure everyone has housing.
- Parents told us that they wanted more pre-natal classes, more affordable childcare including Welsh medium options, more accessible information, support

for their mental health and well-being and that of their children, better communication between services to help people get the right support when they need it, support for fathers, and opportunities for their children to play.
- Young carers told us they wanted more mental health and well-being services, more awareness and more breaks from caring. It's important their caring role is recognised by schools and hospitals, so they can be trusted, respected and supported.

Children identified things that they felt would help to better support their mental health.

- Safe spaces in the community where young people can speak to someone or just relax knowing they are safe when they are going through a difficult situation and need help quickly (Crisis Safe Spaces). A place that's calm with respectful, skilled and trained professionals.
- Better access to community provision which supports well-being, including those with disabilities and lesbian, gay, bisexual, trans and queer (LGBTQ+) support groups.
- School support – training and resources for staff, privacy when accessing support, better support for physical disabilities, better support for those not attending school regularly, recognition of neurodiversity prior to diagnosis, links between services, and in-school interventions.
- Reducing stigma / judgement around mental health conditions.
- Child and Adolescent Mental Health Services (CAMHS) to value and act on the voice of the young person.
- Smoother transition from child to adult services.
- Person-centred approaches across mental health care.
- Services for children in the 'missing middle' who are 'not bad enough' for a service, but 'too bad' for another so they can get the right support.

What adults supporting children and young people are telling us

- There are long waiting lists for assessment and diagnosis for neurodevelopmental conditions and mental health support, which has an impact on children and families and means we may not be aware of all the children who need support.

- There are challenges to removing profit from the care of children looked after by their local council. These include making sure there are enough foster care and children's places available from not-for-profit organisations, supporting businesses to change their operating models and making sure children and young people's needs and rights are supported through the process.

What the data and research is telling us

The number of children in the population is decreasing

- The overall number of births and birth rates have been falling for some time.
- Net out-migration of young adults in some areas has also had an impact on the number of children in the population, as it reduces the number of women of child-bearing age in the population.
- These trends are likely to continue in the future.

The number of children and young people with care and support needs has increased to about 3,720

- There are 3,720 children receiving care and support across North Wales. This is 28.0 per 1,000 children aged 0 to 17 and is lower than the Wales rate of 32.7 per 1,000 children.
- The numbers of children who are receiving care and support have generally been on an upward trend, increasing by about 500 across North Wales since 2000. This increase is mainly due to increases in the numbers of children who are looked after.
- Children and young people can do well in care with positive educational, social and health outcomes. They face many challenges, such as moving homes or schools, feeling unsettled, and missing friends or family, and are more likely to experience difficulties with health, education, and building relationships. While outcomes can appear worse compared to the general population, this is not always the case when compared with other children who have had similar experiences. Things that can help include kinship care (grandparents, older siblings) whereas frequent placement changes, spending longer in care, and failed reunification attempts can make things more difficult.
- Children exposed to substance misuse are more likely to need care and support from social services with promoting contact with parents, developmental issues, mental health, social challenges and side-effects from substances, such as withdrawal.

- Adopted young people may experience feelings of contentment with good relationships with both birth and foster / adopted parents. However, many children who are adopted after being in care may experience issues with mixed feelings and emotions about their birth parents.
- For young people with care and support needs, moving into adulthood often means navigating changes not only in their lives, but also in the services available to them (often called transition). This can be difficult when children's and adults' services aren't well coordinated.

The number of children and young people with a probable mental health condition increased from one-in-nine to one-in-five between 2017 and 2023

This data comes from 'The Mental Health of Children and Young People' survey produced by NHS England.

- An estimated 28,600 children and young people aged 8 to 25 in North Wales have a probable mental health disorder.
- A more general survey of all school children in Wales found 37% of those aged 11 to 16 scored high or very high for emotional problems.
- Some groups of children can be more likely to experience poor mental health. These groups include neurodiverse children, children who have had traumatic childhoods, young carers, children with learning disabilities, care experienced children, children who experience poverty, young refugees and asylum seekers, children who experience homelessness, children who are known to the youth justice system, young adults who are not in education, employment, or training (NEET), children who are LGBTQ+ and children from some ethnic minority backgrounds.
- Young women aged 16 to 24 are about three times more likely to experience common mental health conditions than young men of the same age.
- The environments that children grow up in can affect their mental health.
- There has been a significant increase in eating disorders among young people. This is alongside a sharp rise in eating problems in recent years, especially among teenagers whose main anxieties are about weight and body image.
- It can be difficult to access the right mental health support at the right time.

There are around 4,410 young carers aged between 5 and 24 in North Wales

- 14.0 out of every 1,000 children aged 5 to 15 and 49.8 out of every 1,000 young people aged 16 to 24 are young carers.
- Around 710 young carers had a support plan during 2024/25 but there are some gaps in the data so this is likely to be an undercount.
- It can be difficult to identify young carers. They may not see themselves as carers, and it can take many years before young carers are identified as such.
- Some young carers report positive outcomes from being a young carer such as strong family bonds, developing skills / personal growth and increased empathy, compassion and a desire to help others.
- Young carers often face a wide range of emotional, physical, educational, social, and financial challenges that can limit their well-being, opportunities, and access to support.

There are at least 8,100 disabled children in North Wales and this number is increasing

- About one in ten disabled children have complex disabilities and are more likely to have care and support needs.
- There were almost 800 disabled children receiving care and support from North Wales councils in 2022/23.
- About two thirds of disabled children are boys.
- Three out of five disabled children are aged between 10 and 15.
- The main conditions for children claiming disability benefits are behavioural disorders and learning difficulties.
- The number of disabled children may increase in the future, even if the number of children in the population decreases.

Experiences of children living with long-term health conditions

- Children and young people living with long-term health conditions can demonstrate great use of coping mechanisms, self-efficacy, adaptability, and resilience. Some felt living with a health condition had strengthened their family relationships and made them more mature.
- Many children and young people experience issues due to living with a health condition. This can include living with pain and other symptoms, discrimination, and barriers to education and social participation. These experiences can affect

their emotional well-being, self-esteem, and quality of life, and may lead to stress, anxiety, or depression.

- Other challenges include transitions between services, lack of support, and feeling unheard.

Experiences of disabled children

- Disabled children and young people found positive and supportive environments in childcare or school can be lifechanging.
- Disabled children and young people can face issues around discrimination and barriers to accessing support, school, transport, work and social opportunities. This can lead to loneliness, feeling unsafe, and impact their mental health and well-being.
- It's important that their views are listened to and they have the right support to communicate their needs.
- Children who are blind and partially sighted can face challenges with being high need but not having their needs understood and disparity in access to specialist support.

Experiences of families

- Families of children with long-term health conditions can face challenges with social isolation; emotional, mental and physical health, supporting siblings, navigating the system – care can be fragmented with poor communication, impact on work and finances, and fear of judgement or lack of sympathy and empathy.
- Families of disabled children can face challenges with finding appropriate housing, difficulties accessing support and education and having to fight for their child's needs, limited access to Welsh language provision, financial and employment difficulties, physical and mental health, social isolation, stigma and discrimination, parental blame, family breakdowns, impact on siblings and not being listened to or taken seriously.
- The research also identified that access to the correct and sufficient support can help to reduce these challenges for children and young people and their families.

The number of children who are diagnosed with or seeking a diagnosis for neurodevelopmental conditions like autism and ADHD is increasing

- About 2,300 children and young people in North Wales are estimated to have autism. Better awareness and increased diagnosis of the condition means autism prevalence rates have increased, although rates may still be underestimated, especially for girls.
- Between 6,650 and 13,310 children in North Wales may have attention deficit hyperactivity disorder (ADHD) though this is harder to estimate.
- The number of children with autism who have additional learning needs is increasing.
- The number of neurodiverse children needing support may increase in the future, even if the number of children in the population decreases.

There are around 165 unaccompanied young migrants and refugees who are the responsibility of North Wales local councils

- The number of unaccompanied young asylum seekers who are the responsibility of North Wales local councils has risen since the last Population Needs Assessment to around 40 looked after children and 125 care leavers (those over 18 who have chosen to stay in contact with the local authority). Some of these children and young people may be living in other parts of the UK but our councils still have responsibility for their well-being.

The number of young people in the criminal justice system is decreasing

- The number of children in the criminal justice system (aged 10 to 17 who were cautioned or sentenced) was 196 in 2024/25, down from 523 in 2014/15.
- There may be fewer young people in the youth justice system due to policies to reduce criminalisation of young people, particularly care experienced young people and those at risk of exploitation.

Child poverty is increasing

- About 10,650 young people aged 0 to 17 and 3,350 aged 18 to 24 live in deprived areas in North Wales. This is about 8.0% of all 0 to 17 year olds in the region and 6.9% of 18 to 24 year olds.
- Denbighshire has a particularly high proportion of young people living in deprived areas, mainly concentrated in Rhyl.

- The proportion of children living in low-income families in North Wales is high compared to the Great Britain average of 23.9%. There are 31,350 (26.9%) children aged 0 to 15 living in low-income families.
- The proportion of children living in low income families has been on a generally upward trend since 2016/17. Across North Wales, about seven out of ten children identified by this measure are in families that are in work.
- An estimated 15.1% of people aged 16 to 24 are not in education, employment or training (NEET), which is equal to about 9,800 young people in North Wales.

Service review: what works and what needs improving

The Children's Regional Partnership Board focus on three priority areas.

1. Neurodiversity
2. Supporting mental well-being
3. Removing profit from the care of children looked after by local councils.

Specific priorities for improving support for children and young people with mental health and neurodevelopmental needs include the following.

- Develop an open access approach so that children, young people, and families get support and intervention when they need it. This is called a 'no wrong door approach'. Help should be available to everyone who needs it, even if they don't have a diagnosis. No-one should have to wait to become more unwell before they're eligible for a service. There is more information in our strategy, 'The Right Door'.
- Expand early intervention support.
- Expand support for children and young people who are too unwell for early intervention services but not unwell enough to be eligible for specialist mental health support. This group are sometimes called the 'missing middle'.
- Reduce neurodevelopment assessment waiting times while making sure children and young people can access appropriate support before diagnosis, based on a profile of their needs.
- Increase support after diagnosis for children, young people and families.
- Strengthen trauma-informed approaches and services for care-experienced children and young people.

- Improve transition pathways between Children and Adolescent Mental Health Services (CAMHS), children's neurodevelopment services and adult services through joint planning.
- Increase community-based crisis hubs and intensive home treatment where appropriate.
- Include workforce planning to ensure sustainable delivery of mental health and neurodevelopmental services.
- Strengthen outcome measurement to demonstrate the impact of services.

There is also a North Wales Early Years Integration and Transformation Steering Group who work together to pilot new ways of working and share learning to transform services and improve outcomes.

This work is based on children's rights to education and play, to be safe, healthy, have a say and not live in poverty as set out in the United Nations Convention on the Rights of the Child. It is also based on the Welsh Government Nyth/Nest framework, which sets out the key principles of mental health and well-being for babies, children, young people, and their families.

More information

- Literature searches and evidence summaries
- Research bulletins
- Engagement directory
- Focus on children and young people
- Health Needs Assessment: Mental Health of Babies, Children and Young People in Wales (Public Health Wales)
- Secondary school children's health and well-being dashboard: School Health Research Network (SHRN) survey data

Partnerships, strategies and policy

- North Wales Children's Regional Partnership Board
- The Right Door. North Wales regional strategy for children and young people. The Right Door means that wherever you go to find support – at school, a community service, social services, or health service – you'll get help.
- Emotional health, well-being and resilience framework. Framework for North Wales based around the five ways to well-being. The framework shows how

parents, other trusted adults and support services can help children and young people connect, be active, give, keep learning, and take notice at different ages.

- Welsh Government NYTH/NEST framework for improving mental health and well-being
- Local council play sufficiency assessments

02 Older people

This is the consultation version of the report. The final version of the report will include changes we make because of the feedback we receive, and information about how we ran the consultation.

We have published all the background data and research used in the Population Needs Assessment separately. These reports provide detailed charts and tables and explain any issues with data quality or availability, and include information about sources and methodologies.

Population group

This chapter looks at older people with care and support needs. There is no agreed definition of an older person. The context determines the age range, for example: including people aged 50 or over when looking at workforce planning; people aged 65 or over in many government statistics; people aged over state pension age, which is currently aged 67 or older; and people aged 85 or over when looking at increased likelihood of need for care and support.

More information about older people is included in the dementia chapter.

Recommendations

Help people age well, live the lives they choose and recognise their contributions. Provide care at home and avoid hospital care where possible. Provide enough good home care and care home places.

Key messages

- More of us are living longer so we need to plan services that respond to the needs and strengths of our older population.
- Older people are most likely to receive care and also to provide the highest number of hours of unpaid care for others.
- Dependency ratios are high in North Wales, which means there are not as many working age adults to provide social care to those who need it.
- The proportion of older people living in care homes has been reducing since at least 2001, likely due to longer-term policy trends towards providing more at home care, and general improvements in population health.

- Although people aged 85 and older are more likely to need care and support, almost three quarters of people aged 85 or over who live at home live independently without paid or unpaid care.
- More older people are likely to need care at home, and the sector faces challenges in meeting this demand.
- Better data sharing between key services could help improve support for vulnerable people.

What people are telling us

Based on the issues and concerns raised with the Older People's Commissioner for Wales, they have identified four key outcomes.

Older people need to:

- Be able to access the information, services and support they need
- Feel safe in their homes, communities, and relationships
- Be treated fairly and have their contribution recognised and valued
- Have their voices heard and have choice and control over their lives.

More could also be done to explore the potential for intergenerational working in social and community groups. Intergenerational working is when people from different age groups and stages of life collaborate, learn and share experiences with one another.

Service providers told us that data about where vulnerable people live is not always shared between services and that doing so could help, particularly in emergencies (for example sharing with fire services, council's emergency planning services, water and energy providers).

What the data and research is telling us

The number of older people in the population is increasing

- The latest population estimates (2024) put the total number of people aged 65 and over in North Wales at about 167,550. This is made up of 83,750 people aged 65 to 74, 62,200 aged 75 to 84 and 21,600 aged 85 and over.
- There are more women than men aged 65 and over. The proportion of women in the population increases in the older age groups – women make up 51% of the population aged 65 to 69 and 67% of the population aged 90 and over.

- Between 2014 and 2024 the population aged 65 and over in North Wales increased by 16,600 – rising from 21.9% of the total population to 24.0%. In the same period, the population aged 85 and over increased by 1,900 (2.9% of the population in 2014 compared to 3.1% in 2024).
- North Wales has a higher proportion of its population aged 65 (24.0%) or older than across Wales (21.7%) or the UK as a whole (19.0%).
- The proportions of older people in the population are highest in Conwy and Anglesey.
- The proportion and number of older people in the population is expected to increase until the mid-2040s, when the large baby-boomer cohort begins to decrease in size as more people in this age group die. The number of people aged 85 and over in North Wales (the age group most likely to need care and support) is expected to increase by 11,150 between 2024 and 2034.

Older people are most likely to receive care

This includes both paid and unpaid care at home and excludes people in care or nursing homes.

- The overall proportion of people receiving care at least once a week has been stable in recent years, at around five percent.
- The likelihood of receiving care at least once a week increased with age, with 27% of people aged 85 and over receiving care every week. This means almost three quarters of people aged 85 or over who live at home live independently without paid or unpaid care.
- Dependency ratios are high in North Wales, which means there are not as many working age adults to provide social care or unpaid care for those who need it.

Older people provide the highest number of hours of unpaid care

- Across Wales, while people aged 50 to 64 are the most likely to be providing unpaid care the older age groups provide the highest number of hours of unpaid care.
- For women, it was those aged between 75 and 79 who were most likely to provide 50 hours or more of care a week.
- For men, it was those aged between 85 and 89 who were most likely to provide 50 hours or more of care a week.

The proportion of older people living in care homes has been reducing since at least 2001

- The longer-term policy trends towards providing more care at home, and general improvements in population health mean demand for care home spaces has not kept pace with population growth.
- The number of people living in communal establishments (such as care homes and hospitals) has been stable at a North Wales level in the past decade while the population has grown, though patterns of change vary at local authority level.
- Around 3.1% of people aged 65 and over live in communal establishments in North Wales, rising to around 13.1% of those aged 85 and over.
- Based on population changes, we estimate that we may have another 1,740 people living in hospital, nursing and care homes in North Wales by 2036. This may vary due to policy changes and availability of suitable accommodation.

More older people are likely to need home care, and the sector faces challenges in meeting this demand

- Domiciliary care (home care support) may include help with daily living tasks, personal care, and other activities to maintain independence and well-being.
- Domiciliary care services are under significant pressure due to rising demand, workforce shortages and financial challenges for providers.
- Recruitment and retention of staff remains difficult, linked to low pay, insecure hours, workload pressures, changes to government policy affecting overseas recruitment, and the risks associated with lone working.
- People who rely on domiciliary care can experience delays, cancelled or shortened visits, and limited continuity of care due to workforce shortages.
- Families and unpaid carers often step in to manage gaps in support, which impacts on their own well-being.
- Technology in domiciliary care has the potential to improve coordination of services, efficiency and independence, but its effective use is limited by issues such as access to equipment and connectivity, usability, digital skills, costs, organisational support, and concerns about privacy, ethics and regulation.
- Some groups face additional barriers to accessing consistent, appropriate care, including some ethnic minority groups, lesbian, gay, bisexual, trans and queer (LGBTQ+) people and people living in rural areas.

Service review: what works and what needs improving

There are a wide range of preventative services in North Wales designed to help older people avoid unnecessary hospital stays and keep people active and independent to live the lives they choose.

The Regional Integration Fund supports older people with complex care needs, closer to home through a network of integrated services including the Community Resource Teams. Community Resource Teams operate across North Wales in different ways. The services include GPs, social workers, nurses, support workers, allied health professionals and other specialist clinicians who work together to provide wrap around support to people with health and social care needs within the community. The aim is to prevent people needing to go to hospital in the first place, or if they do, to help them get home faster. They work closely with other services to make this happen, including Home First and other response teams across the region. The Falls and Frailty project led by the Welsh Ambulance Services Trust (WAST) supports people who have fallen to access these services instead of going to hospital. This reduces their time waiting for ambulances and means they receive care locally instead of going to hospital. People have told us these services could be more consistent across North Wales.

Older people also have access to support from the Regional Integration Fund to services coordinating hundreds of activities in communities across North Wales to support people lead good, healthy lives. For example, Nifty 60s on Anglesey has created a community of people aged from 60 to over 90 who exercise regularly to meet their goals of picking up grandchildren, going on holiday and getting off the sofa more easily. With weekly attendance of over 350 people (and growing) across eight venues, older people can access low cost, evidence-based exercise classes and connect with others.

Home care

The invitation to tender that was put out along with the 2025 renewal of the North Wales Domiciliary Care Agreement aimed to address some of the needs identified including:

- A commitment to ensuring workers are paid a real living wage
- Steps to address the recruitment of modern slavery victims

- Commitment to fair working practices
- Looking at the training that is available to staff
- Processes to ensure continuous care and support, with minimal disruption.

Since the new agreement has been in place partners have reported that waiting lists have reduced.

Our research found potential for improvements to home care including:

- More joined up health and social care where social care is an equal partner
- Redesigning roles, and terms and conditions
- Incorporating new technologies
- Implementing effective prevention
- Maximising independence
- Embracing and using community assets
- Social participation / engagement tailored to the persons needs and preferences
- Strategies to reduce violence – training, reporting processes, working with family, peer support
- Rapid care packages for end of life care.

For more information including examples of good practice, guides and resources for improving home care, see the domiciliary care evidence summary ('Bringing care closer to home').

More information

- Literature searches and evidence summaries
- Research bulletins
- Engagement directory

Partnerships, strategies and policy

- Older People's Commissioner for Wales

03 People living with dementia

This is the consultation version of the report. The final version of the report will include changes we make because of the feedback we receive, and information about how we ran the consultation.

We have published all the background data and research used in the Population Needs Assessment separately. These reports provide detailed charts and tables and explain any issues with data quality or availability, and include information about sources and methodologies.

Population group

The term dementia describes symptoms that may include memory loss and difficulties with thinking, problem solving or language. There are many different types of dementia. The most common is Alzheimer's disease but there are other types such as vascular dementia or dementia with Lewy bodies.

Recommendations

- Deliver the dementia strategy by working together to provide accessible, good quality care based on what matters to people, create dementia friendly communities, support unpaid carers, improve transport and more.

Key messages

- People want accessible, good quality care based around what matters to them and their families. Communities can help by raising awareness and becoming dementia friendly.
- The number of people living with dementia has been increasing and is likely to continue to increase.
- Most dementia care is provided by unpaid carers, who need support.
- The North Wales Dementia Strategy and action plan sets out how we will work together to improve dementia care in North Wales.

What people are telling us

- Everyone should have easy access to good quality care when they need it.
- Care should be based around what matters to the individual and their family.

- Services should be easy to access, and help may be needed to navigate the support that is available.
- There should be a variety of groups and activities, so there is something to interest everyone.
- Dementia awareness and training should be available to the wider community, to help people understand and support those living with dementia, like the Dementia Friendly Communities scheme.
- Access to dementia friendly transport should be available, providing free or low-cost transport to appointments, activities, shopping, and places of interest.
- Welsh language: Services should be available in the person's language of choice.

What the data and research is telling us

- Dementia is a condition mainly associated with old age.
- The number of people living with dementia in North Wales is increasing.
- An estimated 12,150 people in North Wales are living with dementia, including about 300 people with young onset dementia.
- Not everyone with dementia is diagnosed. Around 5,800 people in North Wales have a dementia diagnosis, which is about half of the number estimated to have dementia.
- Women are more likely than men to be affected by dementia.
- The number of people with dementia is likely to increase in the future.

Diversity and inclusion in experiences of dementia

- Most dementia care is provided by unpaid carers, who need support.
- It is important to make services available in Welsh because people in Wales should be able to live their lives through the medium of Welsh if they wish to do so.
- People with young-onset dementia may have different care needs.
- People with learning disabilities have an increased risk of developing dementia.
- Ethnic group can affect prevalence, diagnosis, treatment and care.
- Lesbian, gay, bisexual, trans and queer (LGBTQ+) people can face additional challenges when living with dementia.

Risk factors and other things to look out for

- Some things might help reduce risk and delay onset of dementia although no single behaviour is guaranteed to prevent dementia, and some are easier to change than others.
- Mild cognitive impairment increases dementia risk but not everyone will develop dementia.
- There are links between sight and hearing loss and dementia risk.
- Other health issues still need monitoring as not every health issue is related to dementia. When other causes are missed it is known as ‘diagnostic overshadowing’.
- Poverty and deprivation increase risk of dementia, and impact care.

How dementia care is funded

- Most financial costs are paid by people living with dementia and their families.
- Spending on older people’s services increased in the last 10 years, which includes spend on supporting people living with dementia.

Service review: what works and what needs improving

Examples of good practice

- North Wales Dementia Memory Support Pathway
- Dementia Friendly Community accreditation scheme

What needs improving

The North Wales Dementia Strategy identifies priorities for improvement.

- Work towards dementia friendly-status for our organisations and communities.
- Further develop the Memory Support Pathway.
- Identify hearing impairment in people with dementia.
- Increase support in the community so that hospital admissions are not required and work with emergency services to improve care for people affected by dementia.
- Explore transport solutions for people living with dementia.

More information

- Literature searches and evidence summaries

- Research bulletins
- Engagement directory

Partnerships, strategies and policy

- North Wales Dementia Strategy and action plan
- Draft dementia strategy for Wales 2026 to 2036

04 Disabled adults including people with sensory impairments or long-term health conditions

This is the consultation version of the report. The final version of the report will include changes we make because of the feedback we receive, and information about how we ran the consultation.

We have published all the background data and research used in the Population Needs Assessment separately. These reports provide detailed charts and tables and explain any issues with data quality or availability, and include information about sources and methodologies.

Population group

Using the Equality Act 2010 definition, people are disabled if they have a physical or mental impairment that has a substantial and long-term negative effect on their ability to do normal daily activities. In this section, we focus on adults aged 16 to 64 with physical impairments including sensory impairments and long-term physical health conditions that meet this definition.

In this chapter we focus on working age adults who need care and support. There is more information about this issue in the chapter about children and young people, and the chapter about older people.

Recommendations

Break down barriers faced by working age disabled people in transport, housing, employment, income, information and health care. Provide social care based on what matters to people.

Key messages

- At least 73,800 people aged 16 to 64 in North Wales have a disability, increasing from 15.3% of working age adults in 2011 to 18.1% in 2021.
- This includes about 30,950 people whose day-to-day activities were limited a lot.
- The likelihood of being disabled increases with age.

- The Royal National Institute for the Blind's sight-loss estimation tool shows 29,200 people in North Wales are blind or have sight loss, including about 4,000 with severe sight loss.
- An estimated 216,150 people in North Wales are living with hearing loss, including about 21,600 with severe hearing loss.
- An estimated 5,550 people in North Wales have both sight and hearing loss.
- The number of people with sight loss, hearing loss or both is predicted to increase in the next ten years, as the number of older people in the population grows.
- Compared to the general population disabled people are more likely to have poor health or to be unpaid carers. They are less likely to be in paid work, in full-time work, and more likely to struggle financially and experience deprivation. They are likely to face additional challenges if from an ethnic minority background and if from the lesbian, gay, bisexual, trans and queer community (LGBTQ+).
- Beyond the social care sector, we need to break down barriers faced by working-age disabled people in transport, housing, employment, income and health care.

What people are telling us

Some of the themes emerging from our engagement work include:

- **Palliative and end of life care**: some people said the palliative care nurses and carers are excellent, others said there was a lack of overnight nursing care to enable them to care for the person at home.
- **Acquired brain injury**: some people identified a gap in supporting the social care needs of patients with acquired brain injuries and recommended an approach based on collaborative working between health and local councils with the patient at the centre of decision making.
- **Support after health care**: some mentioned the importance of rehabilitation support following discharge from hospital for chronically ill and disabled patients and having to fight for social care that meets their needs.

Mention was made of people with sight loss facing significant risks to their physical safety, health, and well-being. Major challenges include a higher risk of falls, increased danger from street traffic and e-scooters, social isolation, and higher rates of depression and anxiety.

People with both sight and hearing loss (dual sensory impairment or deafblindness) face significantly elevated risks of falls, social isolation, cognitive decline (including dementia), cardiovascular issues, and depression. The loss of these primary senses deeply impacts daily communication, spatial awareness, and independent mobility.

People who deliver services tell us that demand and complexity are increasing, not just prevalence. There are challenges with transition between children and adult services. There are also issues around integration with health, including challenges around whether funding is provided by health or social care in some cases, called Continuing Health Care (CHC).

“Mae'n gymhleth. Neidio drwy hwps i gyrraedd y person iawn. Cael eich trim fel claf yn hytrach na fel person. Bysa cael un person neu un pwynt cyswllt yn brofiad llawer mwy positif, rhywun i edrych ar fy ôl neu afael fy llaw tra dwi'n mynd drwy y system.”

[It’s complicated. Jumping through hoops to reach the right person. Being treated as a patient rather than as a person. Having one person or one point of contact would be a much more positive experience, someone to look after me or hold my hand while I go through the system.]

Survey participant

We carried out engagement with a group of people with hearing loss as part of our dementia listening exercise. They told us about the importance of deaf awareness, communication and engagement particularly in British Sign Language.

The discovery report that set the foundations for a Women’s Health Plan in Wales identified themes from their survey and focus groups. Themes included women saying they weren’t listened to, believed or taken seriously about their health. They also said they felt like you can’t contact a GP for anything that isn’t urgent, which means waiting until symptoms are bad rather than getting help early. Some spoke about the impact this had on their ability to fulfil their caring roles. Support in the workplace, including empathy, understanding and flexibility can help women live with chronic health conditions.

What the data and research is telling us

At least 73,800 people aged 16 to 64 in North Wales have a disability as defined under the Equality Act:

- The number of disabled adults in this age group increased by about 8,850 between the 2011 and 2021 Census, from 15.3% to 18.1% of working age adults.
- Almost 2,100 disabled people aged 16 to 64 receive care and support from local councils.
- Men are more likely to receive care and support from local councils than women.
- The likelihood of being disabled increases with age.
- The main conditions for working age adults claiming disability benefits are psychiatric, musculoskeletal, and neurological conditions.
- About one in ten people who are disabled have complex needs. Disabled people with complex needs tend to have two or more of the following conditions – deaf or hearing impairment; blind or vision impairment; learning disability; autism.

Compared to the general population disabled people are:

- More likely to have poor health.
- More likely to be unpaid carers.
- Less likely to be in paid work, less likely to be in full-time work and more likely to struggle financially.
- Less likely to have educational qualifications.
- More likely to experience deprivation.

The number of working age adults needing support for disability and health conditions may increase in the future, even if the working age population doesn't grow very much.

An estimated 29,200 people in North Wales are blind or have sight loss, including about 4,000 with severe sight loss.

- The number of people with sight loss is predicted to increase by about 4,900 or 17% in the next ten years.
- Some of the most common causes of sight loss are cataracts, glaucoma and age-related macular degeneration.
- The risk of falls is higher in people with sight loss.

An estimated 216,150 people in North Wales are living with hearing loss, including about 21,600 with severe hearing loss.

- The number of people with hearing loss is predicted to increase by about 10,000 or 5% in the next ten years.
- Hearing loss is associated with an increase in other chronic health conditions.

An estimated 5,550 people in North Wales have both sight and hearing loss.

There are links between sight and hearing loss and dementia risk.

Research identifies the following challenges faced by disabled people, including people with sensory impairments or long-term health conditions.

- **People with chronic conditions** can experience a lack of long-term, person-centred support, alongside wider social issues such as financial strain, housing, and lack of accessible information and employment opportunities. They can face barriers within healthcare, including not being listened to, diagnostic overshadowing (where one condition is blamed for all symptoms), and poor access to mental health support. Multiple conditions can exacerbate difficulties including accessing services, and feelings of loneliness and isolation.
- **People receiving palliative and end-of-life care** and their families can find care is often poorly coordinated, with limited access to appropriate community and specialist support. Individuals may face avoidable hospital admissions, inadequate symptom management, and lack of awareness or involvement in decisions about their care. Access issues are exacerbated by workforce shortages, rurality, deprivation, and limited Welsh-language provision.
- **Disabled people** in general face systemic barriers including inaccessible services, transport, housing, workplaces, and public spaces. They can experience stigma, discrimination, poorer health outcomes, and social isolation. Delays or gaps in care can worsen future needs and mental well-being.
- **People with physical disabilities** face barriers largely related to the built environment and transport (e.g. inaccessible buildings, streets, and public transport). These issues restrict mobility, reduce social participation, and increase reliance on others.
- **People with sensory disabilities**. Deaf or hard of hearing people can face: communication barriers, limited access to British Sign Language (BSL) interpretation, and lack of accessible systems can lead to poorer care and reduced autonomy. People who are blind or have low vision can face difficulties with transport, communication formats, and higher risk of poverty and unemployment. People who are deafblind face significant challenges with

communication, mobility, accessing services, and social isolation, often worsened by lack of specialist support.

- **People with invisible disabilities** may struggle to access support due to lack of recognition or understanding. Fear of stigma or disbelief can lead to non-disclosure, isolation, and challenges in workplaces and public spaces.
- **People can face multiple disadvantage.** For example, some ethnic minority groups can face higher risk of some conditions, compounded by disadvantage, discrimination, and lack of culturally appropriate support. Women's conditions are often under-researched, symptoms not always believed, can be subject to weight blaming, being denied treatment, and face poorer health outcomes. Lesbian, gay, bisexual, trans and queer (LGBTQ+) people can have greater exposure to discrimination, poorer health outcomes, and exclusion within services and care environments.
- **Other health issues still need monitoring.** Not every health issue is related to existing disabilities or long-term conditions. When other causes are missed it is known as 'diagnostic overshadowing'.

Service review: what works and what needs improving

Themes emerging from the assessment are palliative and end of life care, investigating gaps in support for people with acquired brain injuries and providing emotional and rehabilitative support following health care. There is also a theme about the importance of listening and understanding what matters to people so we can work together to provide effective care and support as early as we can.

Beyond the social care sector, we need to break down barriers faced by working-age disabled people in transport, housing, employment, income and health care. The Women's Health Plan for Wales sets out the 10-year vision to improve health services for women.

More information

- Literature searches and evidence summaries
- Research bulletins
- Engagement directory

Partnerships, strategies and policy

- Women's Health in Wales: a Discovery Report

- Chronic Women – Menywod Cronig. Poetry by Women Living with Ongoing Health Conditions – Cerddi Gan Fenywod Sy'n Byw Gyda Chyflyrau Iechyd Parhaus
- Population Health Needs Assessment (PHNA) for palliative and end of life care [under development]
- National Audit of Care at the End of Life

05 Adults with a learning disability

This is the consultation version of the report. The final version of the report will include changes we make because of the feedback we receive, and information about how we ran the consultation.

We have published all the background data and research used in the Population Needs Assessment separately. These reports provide detailed charts and tables and explain any issues with data quality or availability, and include information about sources and methodologies.

Population group

Our vision is that people with learning disabilities are valued and supported to live happy, safe and fulfilled lives within their community in North Wales.

A learning disability is a reduced intellectual ability and difficulty with everyday activities. This is different from a learning difficulty which is a broader term including people with specific learning difficulties such as dyslexia.

In this chapter we focus on working age adults who need care and support. There is more information about this issue in the chapter about children and young people, and the chapter about older people.

Recommendations

Put the North Wales Learning Disability Strategy into action to help people reach their potential, address transport issues, promote positive relationships, support people with profound and multiple learning disabilities and more.

Key messages

- People with learning disabilities want help to reach their potential including in education and employment.
- Being heard and having control over your life is key to well-being.
- It's important to have access to transport, feel safe and supported, be involved in your community and activities (including late at night) and the right to a love life.
- People with learning disabilities need to have equal access to all kinds of health care.

- The North Wales Together regional team, local councils, the health board, and people with learning disabilities have worked together to improve support since the last needs assessment.
- The North Wales Learning Disability Strategy says what we will work on together to continue to improve support for people with learning disabilities.
- Improve access to health care for people with learning disabilities. This includes making sure doctors consider other potential causes when treating someone with an existing diagnosis (to avoid what's called 'diagnostic overshadowing') as well as providing accessible information and regular health checks. This can reduce health inequalities and help people live longer and healthier lives.

What people are telling us

The overall message from the North Wales learning disability strategy consultation is we should be helping people with learning disabilities to reach their potential. Here are some of the other things people said are important to them.

- **Self-advocacy.** Having your views heard is key to well-being and independence.
- **Transport.** Bus passes are valued and unreliable transport causes challenges.
- **Feeling safe and supported.** People appreciate the support they receive, and value-based recruitment helps. Values-based recruitment is about finding people with the right values and behaviours, not just the right qualifications, and including people in decisions about who will support them. People want accessible, easy read information, especially with health appointments, and to feel safe in their local communities.
- **Community and leisure activities.** People enjoy lots of different activities and many want to be able to stay out late and safely attend activities like night clubs.
- **Promoting the right to have relationships.** Many people want the opportunity to have a 'love life'. This is going well for some people while others faced barriers including lack of privacy, space, and understanding.
- **Education and employment**. Better planning and options for life after school to match needs and ambitions. Help to access paid employment and create disability confident employers.
- **People with multiple and profound learning disabilities.** We need to do more work to promote independence and choice for this group and improve our understanding of the support required, including support for unpaid carers.
- **Health checks**. The work to promote regular and accessible health checks has been good and people want this to continue.

Feedback from the health board also mentioned the need to increase take-up of the national screening programmes and make sure people are registered with their GP so they can access regular health checks. They also mentioned the need to increase awareness of diagnostic overshadowing among health and care staff (making sure people consider other potential causes when treating someone with an existing diagnosis). Other health issues still need monitoring as not every health issue is related to learning disabilities.

What the data and research is telling us

- Estimates based on information published by Mencap suggest there are about 15,500 people with a learning disability in North Wales.
- There are an estimated 8,575 people of working age with a learning disability.
- There are about 3,325 children with learning disabilities.
- We are less sure about the estimates for older people (3,625) as we would expect to see lower numbers due to lower life expectancy for people with learning disabilities. People with learning disabilities have a life expectancy which is about 19.5 years shorter than the general population.
- Numbers are expected to increase slightly to about 15,900 by 2034 and 16,250 by 2044, driven by population growth overall.
- About 3,950 people with a learning disability diagnosis are registered with North Wales GPs (all ages) – this is only about 25% of the estimated total number of people with a learning disability.
- People with learning disabilities have worse health outcomes than the general population.
- There are about 3,025 people known to the health board's adult learning disability service and almost 1,800 health checks were made in 2024/25.

The latest data we have from the Learning Disabilities Register is quite old (2020/21) but it shows:

- about 3,670 people with learning disabilities were registered with Social Services across the region – this was about 53 people per 10,000 population and was higher than the Welsh average of 44 people per 10,000.
- about 600 people on the register were children (18%), 2,670 were of working age (73%) and 320 were aged 65 or over (9%).
- most people lived in a community setting (2,910), mainly in their own or their parents' home. 390 were in private or voluntary residential accommodation, 40 in

local authority or health service accommodation and 340 were in other accommodation.

Service review: what works and what needs improving

The North Wales Learning Disability Strategy 2019 was carried out by the North Wales Together regional team. They created the North Wales Supported Employment Strategy, tech drop-ins to help people use digital technology, active and positive behaviour support for people with complex needs, and more. See the refreshed strategy published in 2025 for details. We need to think about how this work will continue once the funding ends in 2027.

The latest strategy says we should focus on:

1. Helping people reach their potential.
2. Transport challenges, especially in rural areas.
3. Good support focused on what people can do.
4. A good place to live. Plan the houses and flats that are needed now and in the future. Have your own tenancy, supported living that feels like home and take reasonable risks in your own home.
5. Something meaningful to do. We need more supported employment and meaningful things for people to do in the daytime. We need to work with specialist colleges to focus on people's strengths and goals.
6. People with profound and multiple disabilities. Making sure people understand complex needs to provide the right support.
7. Voice, choice and control. Involve and listen to people so they can make their own choices about their lives. Promote self-advocacy and help people with profound and multiple disabilities to access advocacy support.
8. Supporting children and young people to develop skills and reach their goals.
9. Support for people at all ages. Make sure people have support throughout the different stages of life. Continue to promote regular and accessible health checks. Make sure unpaid carers have support, advocacy and options for breaks.
10. Promoting positive relationships. Empowering people to develop their social life, have healthy relationships and opportunities to enjoy activities including exercise, dancing, drama club, crafts, youth clubs, music events and more.

More information

- Literature searches and evidence summaries
- Research bulletins
- Engagement directory

Partnerships, strategies and policy

- North Wales Together
- North Wales Learning Disability Strategy 2025-2035

06 Adults who are neurodivergent

This is the consultation version of the report. The final version of the report will include changes we make because of the feedback we receive, and information about how we ran the consultation.

We have published all the background data and research used in the Population Needs Assessment separately. These reports provide detailed charts and tables and explain any issues with data quality or availability, and include information about sources and methodologies.

Population group

Neurodivergence is defined as having a brain that works differently and **neurodivergent** is a term used to describe a person who has a brain that works differently. This includes those who are autistic, have attention deficit hyperactivity disorder (ADHD), developmental co-ordination disorder (dyspraxia), and Tourette syndrome or tic disorders. This chapter focused on adults with neurodevelopmental conditions who require support or may require support.

Information about neurodivergent children and young people is available in the children's chapter.

Recommendations

Create inclusive environments to address the challenges neurodivergent adults face. Make sure care and support is tailored to each person's needs.

Key messages

- More awareness of autism and ADHD means more people are seeking a diagnosis. Better understanding of autism also means prevalence rates have increased.
- It is more difficult to estimate prevalence rates for other types of neurodivergence such as ADHD, dyslexia and developmental coordination disorder (dyspraxia).
- The number of people aged 18 to 65 needing support for neurodevelopmental conditions may increase in the future, even if the working age population doesn't grow very much.

- Creating neuro-inclusive environments may help address many of the challenges neurodivergent adults face.

What people are telling us

"The saddest thing for me as a late diagnosed person is that I spent 35 years feeling like everything was my fault. I'm sad for the person I was as I should never have been made to feel like that for being different."

Kris, an autistic adult

What the data and research is telling us

More awareness of autism and ADHD means more people are seeking a diagnosis

- Autism rates may still be underestimated, especially for women and girls.
- Autism rates appear higher for children than for adults, partly due to more recently updated research for children and greater awareness of the condition.
- About 4,600 people aged between 18 and 65 in North Wales are estimated to be autistic.

It is more difficult to estimate prevalence rates for other types of neurodivergence

- About 16,250 people in North Wales aged between18 and 65 may have attention deficit hyperactivity disorder (ADHD).
- Estimates for the number of people with dyslexia range from 3% to 20% of the population with the British Dyslexia Association estimating that 10% of the UK population are dyslexic, including 4% of the population who are severely affected.
- The Dyspraxia Foundation estimates that developmental coordination disorder affects around 5% of school-aged children, which includes about 2% of children who are more severely affected. Difficulties continue into adolescence and adulthood in most cases, with estimates in the range of 3% to 5% of adults being affected.
- The British Dyslexia Association estimates that 6% of people have dyscalculia.

The number of people aged 18 to 65 needing support for neurodevelopmental conditions may increase in the future, even if the working age population doesn't grow very much

- Over 1,300 working aged people in North Wales with a neurodevelopmental condition receive care and support from local councils.
- The number of Personal Independence Payments for neurodevelopmental conditions is increasing.

Creating neuro-inclusive environments may help address many of the challenges neurodivergent adults face

An inclusive community is one where everyone is welcome, no matter their differences. People who are neurodivergent often face significant challenges linked to stigma, lack of understanding, and insufficient support. These can include distress and trauma, pressure to mask their differences, delays or gaps in diagnosis and services (including access in Welsh), and difficulties moving from child to adult support services. Unmet needs, sensory environments, mental health impacts, and inaccessible recruitment or workplace practices can all reduce well-being, confidence, and opportunities in education, health, and employment.

The right sort of adjustments will be different for each person and will need to be balanced with the complexity and difficulty of making public spaces and services accessible to everyone. These are issues for the whole of our society to consider, not just for care and support services.

Other health issues still need monitoring as not every health issue is related to neurodivergence. When other causes are missed it is known as 'diagnostic overshadowing'.

Service review: what works and what needs improving

The North Wales Integrated Autism Service provides autism diagnostic assessments for people aged 18 and over along with information, support and directing people to places they can access for additional support. They are not a crisis service, so in an emergency people are advised to contact their local council.

More information

- Literature searches and evidence summaries

- Research bulletins
- Engagement directory

Partnerships, strategies and policy

- Neurodivergence Wales

07 Adults with mental health needs

This is the consultation version of the report. The final version of the report will include changes we make because of the feedback we receive, and information about how we ran the consultation.

We have published all the background data and research used in the Population Needs Assessment separately. These reports provide detailed charts and tables and explain any issues with data quality or availability, and include information about sources and methodologies.

Population group

This chapter focuses on working age adults with mental health needs who require support or may require support.

More information is available about:

- children's mental health in the children and young people's chapter.
- drug and alcohol issues from the North Wales Area Planning Board.
- mental well-being for the whole population including people maintaining or trying to maintain good mental health in the Public Services Boards Well-being Assessments.

Recommendations

Provide mental health support through the health board's iCAN services. Work together to prevent suicide and self-harm through the North Wales Forum. Support people before they reach crisis and continue support for long enough to avoid future crises. Work needs to be done to improve partnership working within mental health services.

Key messages

- One in four registered patients were recorded as having a mental health condition at a North Wales level. This figure includes a wide range of mental health conditions including dementia, depression and anxiety.
- Numbers and prevalence rates have increased for serious mental health conditions in the last five years to about 7,900 people or 1.1% of all people registered with a GP in North Wales.

- Throughout the needs assessment we've identified links between other care and support needs and risks to mental health and well-being.
- People with mental health issues often face wide-ranging challenges affecting health, work, finances and social connection, with mental ill health both influenced by and influencing wider social circumstances.
- It's important to people that they can access mental health support when they ask and before they reach a crisis point.
- Feedback from staff and the Partnership Board was that they'd like to see more joined-up working between health and social care across the region for mental health services.
- People who have mental health support needs often have chaotic lives and can't always fit into systems designed around fixed appointments or rules. Services need to be flexible to make allowances for this.

What people are telling us

The main theme emerging about mental health from responses to our survey is the need to provide mental health support when people ask and before they reach a crisis point. Other responses include the need for joined up support so people don't feel they're being passed around between services and having to tell their story multiple times. There were concerns about the lack of person-to-person support available for people with mental health needs and a shift to providing online self-guided courses instead, which was described in feedback as 'low effort' and 'virtually no support'.

Engagement was carried out in North Wales to inform the development of a Recovery College. A Recovery College is a space where anyone can come and learn about mental health recovery and well-being. They provide courses that are co-produced and led by people with lived experience of mental health challenges. The engagement found that people would like to see a service that looks beyond diagnosis and complements current third-sector, experience sensitive expertise. The key themes emerging from the analysis are:

- **Community-rooted approach:** a hyper-local Recovery College with strong links to respected community organisations and leaders.
- **Accessibility and inclusivity:** delivery in Welsh and English, flexible opening hours, physical and online options, and a welcoming, non-stigmatising environment.

- **Peer-led and person-centred:** staffed by professionals with lived experience who can foster psychological safety, empathy, and trust.
- **Broad, holistic support:** courses and resources that address mental health recovery alongside wider issues such as housing, physical health, and community connection.
- **Sustainable infrastructure:** consistent funding, clear governance, co-production with service users, and reflexive practice to ensure ongoing relevance and impact.

Feedback from staff and the Partnership Board was that they'd like to see more joined-up working between health and social care across the region for mental health services. The separation of adults' and children's services within the health board was a particular concern.

Because of long waiting lists for children's mental health services children may be moved to adult services before being seen and then have to navigate adult services and adult waiting lists.

There is a gap in perinatal (new mums) mental health services, as there is sometimes a trade-off between who's responsible (gynaecology or mental health) even when the mental health issue is not related to pregnancy.

Feedback from commissioners is that it can be challenging to find suitable homes for people with mental health needs when at risk of homelessness. For example, if the only homes that are available are in noisy, chaotic environments that would have a further detrimental impact on their mental health.

People who have mental health support needs often have chaotic lives and can't always fit into systems designed around fixed appointments or rules. Missing two mental health appointments can lead to NHS support being withdrawn, while missing benefits appointments can result in sanctions, leaving some of the most vulnerable people without the help they need. Services need to be flexible to make allowances for this.

What the data and research is telling us

- People with mental health issues often face wide-ranging challenges affecting health, work, finances and social connection, with mental ill health both influenced by and influencing wider social circumstances. For example, financial

hardship can worsen mental health problems and poor mental health can make it harder to escape poverty.

- One in four registered patients were recorded as having any mental health condition at a North Wales level. This is around 191,650 patients and includes people of all ages. This figure includes a wide range of mental health conditions including dementia, depression and anxiety.
- Numbers and prevalence rates have increased for serious mental health conditions in the last five years. About 7,900 people with serious mental health conditions are currently registered with GPs in North Wales, which is about 1.1% of all patients. Numbers and rates have increased in all local council areas in the past five years when figures were about 7,050 people or 1.0% of patients. Serious conditions include schizophrenia, bipolar affective disorder and other psychoses.
- Across Wales, there were 436 suicides registered in 2024, which is 15.7 per 100,000 people. 124 of these suicides were in North Wales. Men are three times more likely to die by suicide in Wales than women. Suicide is an uncommon occurrence, so numbers are too small and sensitive to report in detail for North Wales, although local data is reviewed by the North Wales Suicide and Self-Harm Prevention Forum. The causes of suicide are complex including socio-economic deprivation, psychiatric illness including major depression, bipolar disorder, anxiety disorders, physical illness such as cancer, a history of self-harm and a family history of suicide.
- Challenges faced by people with mental health conditions include difficulties accessing timely, appropriate mental health support, with issues such as long waits, fragmented pathways, and services that do not always align well with people's needs or circumstances.
- Other health issues still need monitoring as not every health issue is related to mental ill-health. When other causes are missed it is known as 'diagnostic overshadowing'.

Service review: what works and what needs improving

Betsi Cadwaladr University Health Board has a Mental Health Hub providing advice and information about mental health support. This includes the iCAN services across North Wales which provide support with issues affecting mental health and well-being including online self-help resources, and iCAN Hubs where anyone can

drop-in for support. They work closely with voluntary organisations to provide one-to-one support and group activities. This has been found to improve people's well-being, reduce isolation and helps prevent people getting worse by stepping in to provide early help. This work is funded by the health board and the Regional Integration Fund.

There is a multi-agency North Wales Suicide and Self-Harm Prevention Forum. Around 70% of people who die by suicide are not known to mental health services. Preventing suicide requires a collective, multi-agency approach. Enfys Alice provides support to individuals who have been bereaved or affected by suicide in North Wales.

The Together for Mental Health Partnership Board is putting into action Welsh Government's mental health strategy in North Wales. This includes the open access model for mental health services provided by the health board.

More information

- Literature searches and evidence summaries
- Research bulletins
- Engagement directory

Partnerships, strategies and policy

- Welsh Government: Mental health and well-being strategy 2025 to 2035
- Understanding: a suicide prevention and self-harm strategy, Welsh Government
- Suicide prevention and surveillance, Public Health Wales
- Samaritans: latest suicide data
- Mental health and well-being profiles produced by the Public Health Directorate at Betsi Cadwaladr University Health Board

08 Carers who need support

This is the consultation version of the report. The final version of the report will include changes we make because of the feedback we receive, and information about how we ran the consultation.

We have published all the background data and research used in the Population Needs Assessment separately. These reports provide detailed charts and tables and explain any issues with data quality or availability, and include information about sources and methodologies.

Population group

Carers come from all walks of life and can be any age. Many people don't recognise themselves as carers, but they look after people with an illness, disability, frailty, addiction or mental health problem or they may be parents caring for their disabled children (sometimes called parent carers). The section focuses on people who provide unpaid care for family, friends and others rather than those who provide care as part of a paid or voluntary work, with some exceptions depending on the nature of the caring relationship. Where a family member receives a direct payment or Carer's Allowance they are still classed as unpaid carers.

Unpaid care is commonly provided by family members, friends or neighbours, it can be provided at home, at someone else's home or from a distance. Unpaid carers may provide care on a temporary or permanent basis and caring can include physical, practical, emotional and mental health support. Parent carers will often see themselves as parents rather than carers, but they may require additional services and support to meet the needs of their child.

Recommendations

Make sure the right support is in place for the person they care for. Provide support for carers, including breaks from caring designed around what matters to them.

Key messages

- Carers need the right support in place for the person they care for as well as additional support for themselves at times, including breaks from their caring role.

- One in ten people in North Wales provide unpaid care, which could cost £2.3 billion each year if replaced with like-for-like paid care.
- Carers are more likely to have poor health and to struggle financially. They are less likely to be in paid work.

What people are telling us

Building on work completed for the carers' strategy we have included the main messages below which we've checked against more recent consultation, engagement and carers' stories.

- Carers' well-being is closely related to the well-being of the person they care for. Carers often say that if the needs of the person they care for are met then they also feel supported as carers.
- Carers value the support available from voluntary groups and local councils.
- Providing care can feel isolating and stressful.
- Carers need the opportunity for breaks from their caring role. These should be flexible and based on what matters to them.
- Carers need information about their rights and the support available to them.
- Carers find it challenging to balance paid work with caring responsibilities or to return to paid work.
- Carers living in rural areas want the same level of services as those living in towns. It can be difficult to access support or breaks from caring, travel time is often not considered when replacement care is arranged, and carers living rurally can feel isolated.
- Carers who are in employment aren't always able to take up offers of support that are provided during the working week.
- Feedback from services in the region suggest they are highly valued.

What the data and research is telling us

- One in ten of our population are unpaid carers.
    - One in three carers provides 50 hours of care or more each week.
    - Most unpaid carers are women.
    - People aged 50 to 64 are most likely to be providing unpaid care.
    - At least 4,400 children and young people in North Wales are unpaid carers.
- Compared to the general population unpaid carers are:
    - more likely to have poor health.

    - more likely to be disabled.
    - less likely to be in paid work and more likely to struggle financially.
    - more likely to experience deprivation.
    - likely to face additional challenges if from an ethnic minority background.
    - likely to face additional challenges if from the lesbian, gay, bisexual, trans and queer (LGBTQ+) community.
- One in three unpaid carers are caring for parents who do not live with them.
- About one in five unpaid carers are sandwich carers. Sandwich carers provide care for sick, disabled, or older adult relatives as well as for dependent children.
- Older people are most likely to receive care.
- The number of people providing unpaid care is likely to increase in the future.
- There were over 2,700 North Wales carers with a support plan in 2023/24.
- Unpaid carers in North Wales provide £2.3 billion of care each year.
- Claims for Carer's Allowance are increasing.

Service review: what works and what needs improving

Across North Wales, six local councils are working in partnership with Betsi Cadwaladr University Health Board and third sector organisations to support carers. Each local authority offers a range of services and support tailored to carers where they live. More information is available on the Regional Partnership Board carers webpages.

Feedback from services in the region suggest they are highly valued by those who use them.

More information

- Literature searches and evidence summaries
- Research bulletins
- Engagement directory

Partnerships, strategies and policy

- Draft national strategy for unpaid carers 2026, Welsh Government

09 People who have experienced violence against women, domestic abuse and sexual violence

This is the consultation version of the report. The final version of the report will include changes we make because of the feedback we receive, and information about how we ran the consultation.

We have published all the background data and research used in the Population Needs Assessment separately. These reports provide detailed charts and tables and explain any issues with data quality or availability, and include information about sources and methodologies.

Population group

This chapter is about people who have experienced violence against women, domestic abuse and sexual violence and their care and support needs.

There's much more information about violence against women, domestic abuse and sexual violence in the North Wales Vulnerability and Exploitation Strategy [under review] and the North Wales Without Violence Strategy. We've tried not to duplicate this work and have only included key issues we came across throughout the rest of the needs assessment.

Recommendations

Support regional work to address and prevent violence.

Key messages

- People who have care and support needs are disproportionately affected by violence against women, domestic abuse and sexual violence.
- Experiencing violence and abuse can lead to additional care and support needs, particularly related to mental health and housing.

What people are telling us

About women

- Challenges faced by women who have experienced violence include limited access to safe accommodation due to a shortage of refuge spaces and affordable housing, mental health issues and long-waits for support for mental health issues.
- Women who have experienced domestic abuse are at increased risk of homelessness and may find it difficult to report or disclose the abuse and access support.
- Experiencing rape and/or sexual violence can impact many areas of life including physical and mental health, ability to care for themselves and others, work, education and relationships. They may also be reluctant to access support and face other barriers to accessing support.
- Experiencing stalking can have a negative impact on mental and physical health and well-being as well as feeling forced to change their lives or activities.
- Women who are in a forced marriage are more at risk of other kinds of violence and abuse and may face further challenges on leaving a forced marriage.
- Women who have experienced honour-based violence can face challenges with mental health as well as language barriers and immigration status making it more difficult to access help. These issues also relate to genital mutilation along with additional physical and mental harms. Honour based violence is usually described as crimes that have been committed by people who believe they are protecting or defending the ‘honour’ of a family or community.
- Women who have experienced trafficking and sexual exploitation can face mental health issues and long waits for treatment, lack of suitable accommodation and being vulnerable to further exploitation.
- Women from ethnic minorities, disabled women, lesbian, gay, bisexual, trans and queer (LGBTQ+) people, and older women who have experienced violence can face specific challenges.

About men

- Men who experience domestic abuse, sexual violence and other forms of abuse often face significant barriers to recognising their experiences as abuse and seeking help.
- Common challenges include stigma, shame, fears of not being believed, stereotypes about masculinity, concerns about being seen as the perpetrator,

and limited awareness or availability of services tailored to men experiencing abuse.

- These barriers can lead to delays in reporting abuse and can have serious impacts on physical health, mental well-being, relationships, employment and financial security.
- Some groups may face additional barriers linked to discrimination, cultural expectations, isolation or difficulties accessing appropriate support, including gay, bisexual, trans and queer (GBTQ+) men, men from ethnic minority communities, older men and disabled men.

What the data and research is telling us

The North Wales Serious Violence Prevention Steering Group has produced a needs assessment about serious violence in North Wales. These figures are based on information that is reported to the police. These can be looked at alongside information from the Crime Survey for England and Wales, which measures crime by asking members of the public about their experiences and perceptions of crime. However Women's Aid found that women often don't report or disclose domestic abuse to the police and may under report domestic abuse in surveys.

Findings from the serious violence needs assessment include the following:

- Domestic abuse is a persistent driver of the most serious violence. Almost half of the most serious violence occurs in someone’s home (47%).
- Though reported and recorded violent crime has been falling in the past four years – including domestic abuse, sexual assault and rape – non-crime domestic incidents have increased. The report concludes that this suggests that underlying social and environmental conditions remain conducive to domestic violence.
- Domestic abuse is the second highest influencing factor in serious violent offences, being involved in about a quarter (26%) of all cases.
- Though most serious violence is male-on-male violence, about one in three victims of serious violence are women or girls, though only about one in five suspects are women or girls.
- Victims of stalking and harassment are significantly more likely to be female (75% of stalking offences in 2025, and 63% of harassment cases). Almost nine out of every ten stalking offences (87%) are domestic abuse related.

- Vulnerability is the key driver of aggressive behaviour in young people. A very small number of young people account for most youth violence.

According to Women's Aid, there are no reliable prevalence data on domestic abuse, but the Crime Survey for England and Wales (CSEW) offers the best data available. In November 2025, the latest figures, to the year ending March 2025, found that:

- nearly a third of women (30%) had experienced domestic abuse since the age of 16. For men, the figure was around one in five (22%).
- about 78% of victims of domestic abuse were female and 22% were male.
- a significantly higher proportion of people aged 16 to 19 years and 20 to 24 years were victims of domestic abuse in the last year, compared with those aged 25 years and over.
- a significantly higher proportion of people who have been homeless in their lifetime experienced domestic abuse in the last year.

The Office for National Statistics introduced abuse scales, published in November 2025, to group together different types of victims that experience domestic abuse based on the abusive behaviours and their impacts, giving us the most accurate picture of domestic abuse to date. The abuse scales show that women experienced significantly higher rates of domestic abuse than men in the most serious categories. For partner abuse specifically, women were over three times as likely to experience higher numbers of abusive behaviours and impacts – 4.1% of women were recorded as experiencing partner abuse in the highest category (Cluster 3) compared to 1.3% of men.

Service review: what works and what needs improving

Regional groups working across North Wales to address violence against women, domestic abuse and sexual violence, include:

- The Joint North Wales Safeguarding Board
- The North Wales Serious Violence Prevention Steering Group

Organisations across North Wales have been rolling out Ask and Act training as part of the Violence Against Women, Domestic Abuse and Sexual Violence National Strategy.

More information

- Literature searches and evidence summaries
- Research bulletins
- Engagement directory

Partnerships, strategies and policy

- North Wales without violence strategy
- North Wales Serious Violence Needs Assessment (2026), North Wales Serious Violence Prevention Steering Group
- Women's Aid – how common is domestic abuse?

10 People experiencing homelessness

This is the consultation version of the report. The final version of the report will include changes we make because of the feedback we receive, and information about how we ran the consultation.

We have published all the background data and research used in the Population Needs Assessment separately. These reports provide detailed charts and tables and explain any issues with data quality or availability, and include information about sources and methodologies.

Population group

People experiencing homelessness includes those who are living in temporary accommodation, for example those living in shelters, with family / friends, or other temporary accommodation, as well as people who are sleeping “rough” on the streets.

This chapter also includes information about housing more generally. The right housing in the right location provides social and economic security for individuals, families and the wider community. It is key to people’s mental, physical and emotional well-being, and to decisions about care and support.

Recommendations

Support people at risk of or experiencing homelessness. Provide the right housing in the right location to meet care and support needs and promote well-being.

Key messages

- People experiencing homelessness have unique needs and reasons for being homeless. Factors that increase the risk of becoming homeless include relationship breakdown, poverty, unemployment, mental health issues, drug or alcohol misuse, domestic violence and abuse, being care experienced, and criminal justice involvement.
- People experiencing homelessness face many challenges with long-term impacts on health, well-being and access to support

- People who are homeless often have chaotic lives and can't always fit into systems designed around fixed appointments or rules. Services need to be flexible to make allowances for this.
- The number of people seeking help to relieve homelessness has increased in North Wales in the past five years.
- The number of households in temporary accommodation has almost tripled over the past five years. This lack of stability can cause disruption to school and work and take people away from family and communities which had provided support.
- People experiencing homelessness face many challenges with long term impacts on health, well-being and access to support.
- Housing costs are rising and there are general pressures on the housing stock around supply, quality and security of tenure. Many low-income households are facing shortfalls between rent and benefit support. Buying a home is increasingly unaffordable for many residents.

What people are telling us

Feedback from commissioners is that it can be challenging to find suitable homes for people with mental health needs when at risk of homelessness. For example, if the only homes are available are in noisy, chaotic environments that would have a further detrimental impact on their mental health.

Conwy's housing support needs assessment found that about a third of participants felt they wouldn't cope without support, even after rehousing. This was because they were scared to be by themselves due to risk of relapse or re-offending, the lack of social connections, or because they have never lived independently.

Flintshire's housing support needs assessment found that around one in five households presenting as homeless had previously approached the council for homelessness support. The assessment identified single men as the largest group affected by homelessness, many of whom may not have previously engaged with support services.

Single people are the main pressure on homelessness services at present but we need to be aware that single people form relationships and raise families too, so we need to make sure housing stock and housing support systems (including benefits) can support that transition.

Housing staff told us that there is a need to address the root causes of homelessness, as those who need care and support often have other issues that impact on the ability to keep a home/tenancy together. This includes making sure that other services stay involved with people with care needs, rather than people being 'handed off' to homelessness support once that presents as the immediate crisis.

People who are homeless often have chaotic lives and can't always fit into systems designed around fixed appointments or rules. Missing two mental health appointments can lead to NHS support being withdrawn, while missing benefits appointments can result in sanctions, leaving some of the most vulnerable people without the help they need. Services need to be flexible to make allowances for this.

[Engagement for housing support needs assessments is underway at the moment, so we will be able to include these later in the year.]

What the data and research is telling us

People experiencing homelessness have unique needs and reasons for being homeless with some factors that increase risk

Some of the factors that increase the likelihood of someone becoming homeless include relationship breakdown, poverty, unemployment, mental health issues, drug or alcohol misuse, domestic violence and abuse, being care experienced, and criminal justice involvement.

People experiencing homelessness face many challenges with long-term impacts on health, well-being and access to support

- Challenges faced while experiencing homelessness include housing shortages, stigma, financial insecurity, barriers accessing employment and services, digital exclusion, and increased exposure to harm.
- Homelessness is linked to poorer physical and mental health, higher rates of mortality, and difficulties accessing timely, coordinated healthcare.
- Temporary accommodation can provide positive opportunities but long stays, poor conditions, inaccessibility, and distance from support networks can undermine well-being and cause disruption to school and work.
- Housing support staff play a critical and skilled role in supporting people through crisis but face high stress, heavy workloads, short-term contracts, and limited resources.

- People who are no longer homeless but have previous experience of homelessness can also still face similar challenges.
- Certain groups (including ethnic minorities, disabled people, autistic people, lesbian, gay, bisexual, trans and queer (LGBTQ+) people, older people, children and young people, refugees, military veterans and Gypsies and Travellers) may face distinct barriers such as discrimination, unsuitable accommodation, or unmet support needs.
- Preventing homelessness involves acting early and providing ongoing support, by addressing underlying causes such as trauma, poverty and disrupted transitions, providing person-centred support. Maintaining appropriate support even after rehousing is important, to reduce the risk of homelessness happening or recurring.

The number of people seeking help to relieve homelessness has increased in North Wales the past five years

- Growth has mainly been amongst households in priority need, which includes some of the most vulnerable groups in our society, and includes many people with care and support needs.
- At an all Wales level, about a third of all households in priority need contain a member who is classed as vulnerable, including vulnerabilities due to old age, physical disability, mental illness or learning disabilities or difficulties. About a quarter are households containing children. Street homelessness accounts for 17% of cases. Other priority needs include care leavers, people fleeing domestic violence, people leaving the armed forces, and people leaving prison.
- About two thirds of cases seeking help with homelessness are single person households. Most of these are men, who are less likely to come into contact with support services than women because they are less likely to ask for help in general. They are less likely to access health services, less likely to have responsibility for children, and so are less likely to contact education and family support services. Housing support services are an opportunity to provide wider support to this group.

The rate for homeless households in temporary accommodation is high in North Wales compared to Wales averages

- Numbers grew from 600 households in temporary accommodation in March 2020 to 1,700 in March 2025. This growth is partly due to changes in local government responsibilities following the Covid 19 pandemic.

- About half of all households in temporary accommodation are living in bed and breakfast accommodation. Living in temporary accommodation – especially accommodation without cooking facilities, communal family areas, or private spaces – can lead to long term health and well-being issues.
- This lack of stability can cause disruption to school and work and take people away from family and communities which had provided support.

Housing costs are rising

- Though house prices in North Wales tend to be lower than UK averages they have increased much faster than wages and inflation over the past decade, so home ownership is increasingly unaffordable for many residents.
- Rental costs in both the social and private sectors have also risen substantially, contributing to high reliance on housing related benefits and leaving many low-income households facing shortfalls between rent and benefit support.
- Housing benefits often do not cover full housing costs. Housing benefits are disproportionately claimed by single person households and households with children.

There are general pressures on the housing stock around supply, quality and security of tenure

- New house building rates are not keeping pace with population and household growth, and new build housing does not seem to be meeting the demand for housing for one- and two- people households.
- Much of our housing stock in North Wales is quite old and does not always match household needs, including accessibility needs and energy efficiency.
- Social housing stock is usually the accommodation that public services have the most direct access to and control over when looking for housing solutions for some of our most vulnerable population groups, but in some areas we have lower than average provision of this type of tenure. The number of households living in social housing in the region decreased by about 1,600 between 2011 and 2021.
- Increasing reliance on the private sector to house homeless people can mean less secure and stable housing and increased costs compared to social housing, particularly for people with additional support needs.
- In some parts of North Wales the presence of second homes, holiday lets or Airbnb type accommodation can put additional pressure on the housing stock for local needs.

Service review: what works and what needs improving

The Welsh Government Housing Support Grant aims to prevent homelessness and support people to access and/or maintain a stable and suitable home. The grant is delivered by local councils who work together across North Wales along with other partners to understand how to best use the funding.

[We will add findings from housing support needs assessments once these are completed]

The new Homeless and Social Housing Allocation (Wales) Act 2026 includes a duty for the public sector to ask, act and cooperate to prevent and relieve homelessness.

The North Wales Regional Partnership Board has been working with the Regional Innovation Coordination Hub network and the health board, local authorities and third sector organisations on a warmer homes project. They are exploring how health data can help identify people who would benefit most from extra support to stay warm and well.

More information

- Literature searches and evidence summaries
- Research bulletins
- Engagement directory

Partnerships, strategies and policy

- Homelessness and Social Housing Allocation (Wales) Act 2026

[We will add links to housing support needs assessments when completed, or links to local council housing strategies]

TITLE	**Annual Report on the Children and Supporting Families Department and the Adults, Health and Well-being Department's Complaints, Enquiries and Expressions of Gratitude Procedure for 2025-26.**
PURPOSE	**To prepare an Annual Report on the implementation of the Representations and Complaints Procedure for submission to the Cabinet and Scrutiny Committee for scrutiny and to monitor the arrangements for dealing effectively with complaints received from service users and their representatives**
AUTHOR	**Sharron Williams Carter - Head of Children and Supporting Families Department** **Mari Wynne Jones - Head of Adults, Health and Well-being Department**
CABINET MEMBERS	**Councillor Dilwyn Morgan** **Councillor Menna Trenholme**
DATE OF THE SCRUTINY COMMITTEE	**17/09/2026**

1. Introduction

1.1 In accordance with the Social Services Complaints Procedure (Wales) Regulations 2014 and the Representations Procedure (Wales) Regulations 2014 that came into force on 1 August 2014, the Director of Social Services is required to produce an annual report on the way complaints are handled and investigated within the Children and Supporting Families Department and the Adults, Health and Well-being Department. The report is produced by the Customer Care Officers of both Departments, on behalf of the Director of Social Services.

1.2 The purpose of this report is to provide information on the number of complaints received by the Children and Supporting Families Department and the Adults, Health and Well-being Department during the year, the reasons for them as well as the solutions. The report also contains a summary of the lessons learnt and the actions taken regarding the complaints received. There are also details about the number of access to information requests and freedom of information requests received during this period.

2. Context

2.1 Both Departments are required to implement a statutory Representations and Complaints Procedure, in accordance with the Social Services Complaints Procedure (Wales) Regulations 2014 and the Representations Procedure (Wales) Regulations 2014. There is a commitment to prepare an Annual Report on the implementation of the Representations and Complaints Procedure for submission to the Council's relevant Scrutiny Committee so that it can scrutinise and monitor the arrangements for dealing effectively with complaints received from service users and their representatives. It is important that a record is kept of the representations and complaints so that the Department can learn lessons from them, as part of the process of improving the services provided. It is good practice to share the annual complaints report with Council members to ensure transparency. The statistics for complaints under the Department's Representations and Complaints Procedure are reported separately to those complaints where a response was provided under the Council's corporate Concerns and Complaints Policy. This enables the Scrutiny Committee and the Cabinet to regularly scrutinise the statistics for complaints.

2.2 The Children and Supporting Families Department's Customer Care Officer is managed by the Assistant Head of Safeguarding and Quality in the Children and Supporting Families Department.

The Adults, Health and Well-being Department's Customer Care Officer is managed by the Department's Assistant Head of Safeguarding and Quality Assurance.

Although the Officers are based within their departments, it is important to note that the Officers are independent to ensure that complaints are dealt with according to the Social Services Complaints Procedure (Wales) Regulations 2014. The Social Services Complaints Procedure specifically concerns individuals receiving a service from one of the two Departments, or who have the right to represent the service users.

The Customer Care Officers are responsible for:

- Co-ordinating the service's arrangements to comply with the Representations and Complaints Procedure;
- Recording complaints and positive and negative representations from service users and their representatives;
- Monitoring the response to complaints within the timetables determined in the regulations for dealing with complaints under Stage 1 of the procedure;
- Co-ordinating investigations by independent investigators into formal complaints under Stage 2 of the procedure;
- Ensuring that a formal written response is sent along with a copy of the independent investigation report (or a summary of the outcome) to the complainant within 25 working days under Stage 2 of the procedure, and inform the complainant if a delay is anticipated;

- Co-ordinating responses from Social Services to enquiries from the Office of the Public Services Ombudsman for Wales regarding complaints about matters relating to the Adults, Health and Well-being Department;
- Monitoring Action Plans to ensure that lessons are learnt from complaints to improve the quality of services;
- Developing the internal Representations and Complaints Procedure;
- Ensuring that information is available to facilitate access to the Representations and Complaints Procedure for service users and their representatives.
- Providing training and support to promote understanding of the Representations and Complaints Procedure among staff of the Adults, Health and Well-being Department.
- The Customer Care Officer for Adults is a member of the Disabled Parking Spaces Panel which is responsible for coordinating the process of assessing applications from the public for designated disabled parking spaces outside their property.

3. Ease of the Complaints Procedure

3.1 When a person contacts the Customer Care Officers, regarding dissatisfaction with the Departments' service, then deciding to make a complaint is usually their last resort. The Customer Care Officers focus on facilitating access to the Complaints Procedure so that people are aware of their right to be heard and have a full investigation into their complaint.

3.2 To this end, information about the complaints procedure receives considerable publicity and is available in a variety of formats e.g. leaflets, on-line and 'easy to read' versions. All information is available in Welsh and English so that the complainant can choose his/her preferred language. Alternative arrangements such as Braille or other languages are available on request. Advocacy or other support is available to the complainant in their chosen language to assist the progress of the Complaints Procedure. Information leaflets are continuously amended and updated.

3.3 In accordance with the arrangements of the complaints procedure, on some occasions, it is not possible to receive a complaint at that time. If there is a current Police investigation, an investigation under the Safeguarding procedure, a current Child Protection investigation, or the matter is being addressed before the Court, we cannot accept the complaint. Receiving such a complaint could disrupt any ongoing investigation that is currently taking place. In such a case, we would advise the complainant of the reasons, and we can begin the complaints process once the investigation has come to an end.

4. Matters recorded as Enquiries

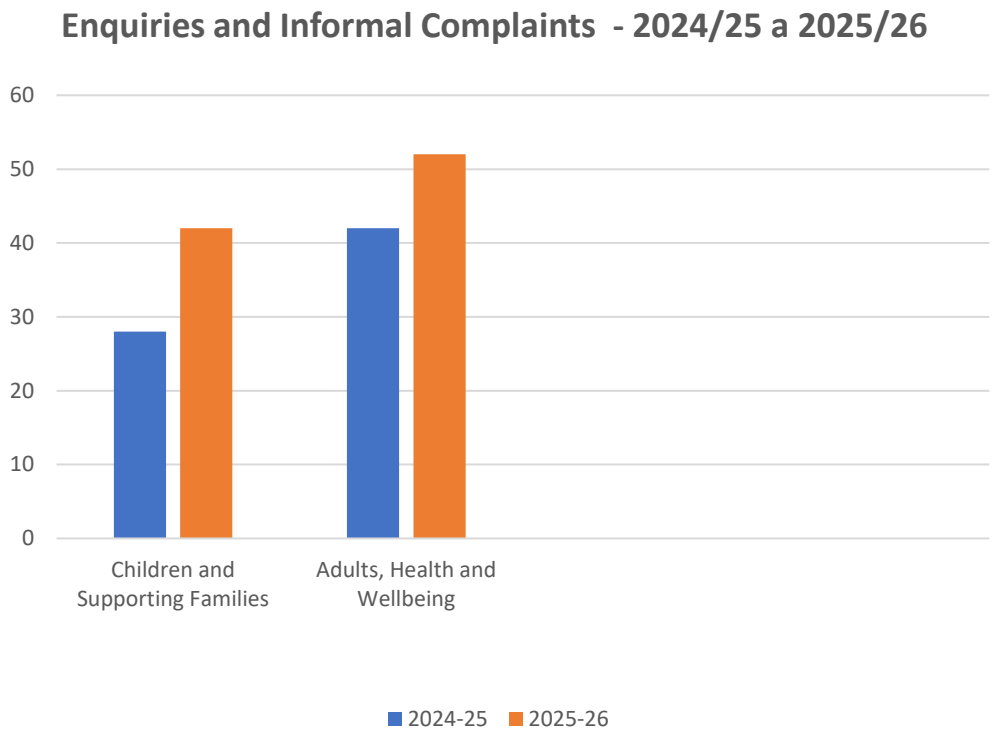
4.1 The aim is to respond to every complaint with fairness, impartiality and respect so that the individual is confident that their complaint will be handled professionally and positively, rather than negatively. Often, when

the individual decides not to follow the Complaints Procedure, the matter is dealt with as an enquiry or informal complaint. Another example of this would be a letter from a Member of Parliament or local Councillor who wishes to express dissatisfaction or wants an answer to a specific question.

4.2 By responding positively during these initial stages, some matters can be resolved effectively without the need for the Complaints Procedure as this is an opportunity to address any misunderstandings or to respond to enquiries. Without a doubt, this is the best outcome for everyone. See Table 1(a) and 1(b) below for a breakdown of the source of each enquiry and the unit/service that is responsible for responding to that particular enquiry.

TABLE 1(a) - Enquiries and Informal Complaints received by the Children and Supporting Families Department		
	2024/25	**2025/26**
Solicitors	**1**	**5**
Ombudsman Enquiry	**3**	**5**
Local members	**1**	
Members of Parliament or Senedd/Assembly Members	**13**	**9**
Service Users		
Relative	**6**	**23**
The Public	**4**	
Foster Carer		
Other Agent e.g. advocacy service		
Total	**28**	**42**

TABLE 1(b) - Enquiries and Informal Complaints received by the Adults, Health and Well-being Department		
	2024/25	**2025/26**
Solicitors		**1**
Ombudsman Enquiry		
Local members	**1**	**6**
Members of Parliament or Senedd/Assembly Members	**12**	**16**
Service Users	**1**	**1**
Relative	**13**	**11**
The Public	**9**	**11**
Advocate	**1**	**3**
Other Counties		**2**
Other Agency	**4**	
DWP/CIW Staff		**1**
The Police	**1**	
Total	**42**	**52**



5. Stage 1 - Social Services Statutory Complaints Procedure - Local Resolution

5.1 Every effort is made to resolve the complaint so that the complainant and the Department are satisfied. Obviously, a local and early solution is the best outcome for all, and this can be achieved by investing time and effort early on. However, if the complainant decides to lodge a formal complaint under Stage 1 of the Complaints Procedure, the usual procedure is for contact to be made on the telephone, via e-mail or face to face with the complainant or a representative to try and resolve the matter. Over the years, the Customer Care Officers have successfully established close working relationships with the teams, managers and legal service as a means of discussing and resolving matters, which is reflected in the small number of complaints that reach Step 2 of the Complaints Procedure.

5.2 On many occasions a concern can be resolved by the end of the following working day, and in those cases, they do not need to be recorded as a formal complaint under Stage 1 of the Complaints Procedure. Instead, they will be recorded as Informal Enquiries and Complaints. In addition, on some occasions, the complainant would state that they do not wish to make a formal complaint under Stage 1 or Stage 2 of the Complaints Procedure.

At other times, the concerns received are related to historic issues and, consequently, they are not eligible for investigation under the Complaints Procedure, albeit some sort of response will be provided when appropriate. In the case of some concerns, it is not possible to respond to them under the Complaints Procedure if doing so would harm legal proceedings or adult protection investigations currently underway. The complainant will be

informed of their right to resubmit the complaint once the current case is concluded, if they so wish.

5.3 Formal complaints are dealt with under the Social Services statutory complaints procedures. Once a complaint is received, it is sent on to the relevant Team Manager and Assistant Head of Department. The relevant Team Manager or Assistant Head of Department will contact the complainant on the phone to discuss their complaint and try to find a solution. Following this discussion, the Assistant Head of Department will send a letter to the complainant to confirm the discussion. If the complainant does not want to talk on the phone, it is possible to respond in writing only. In accordance with the guidelines, the Department has 10 working days to contact the complainant to discuss their complaint, and then five working days to confirm the discussion by letter.

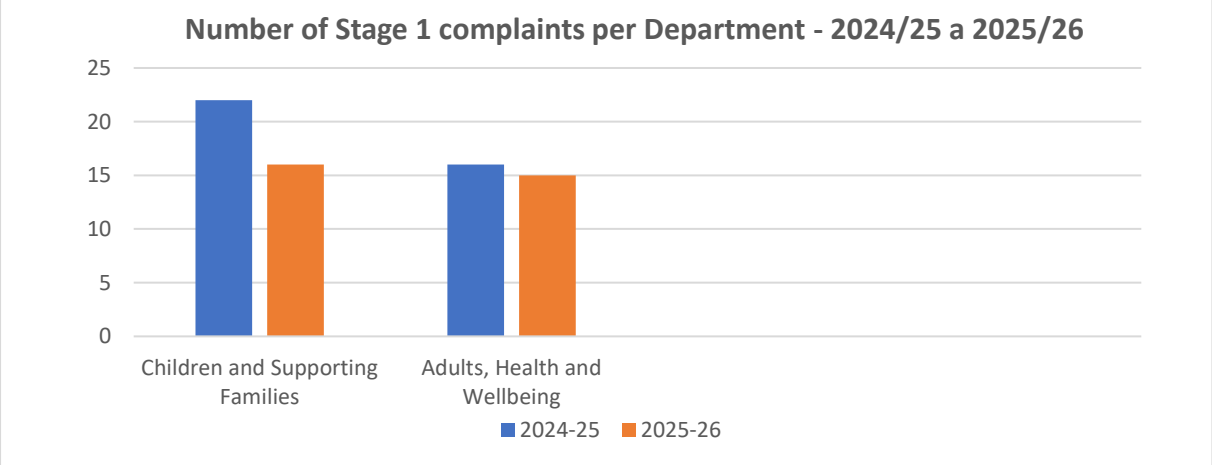
5.4 If the complainant is unsatisfied with the response under Stage 1 of the complaints process, they can ask for the matter to be escalated to Stage 2 of the Social Services Complaints procedure. In accordance with the guidelines, the relevant Department has 25 working days to complete a Stage 2 investigation. In exceptional cases, it is possible to extend the timetable if necessary. It is also important to note that the Complaints Procedure allows the complainant to ask the relevant Department to upgrade their complaint directly to Stage 2 of the Complaints Procedure and choose not to receive a formal response under Stage 1.

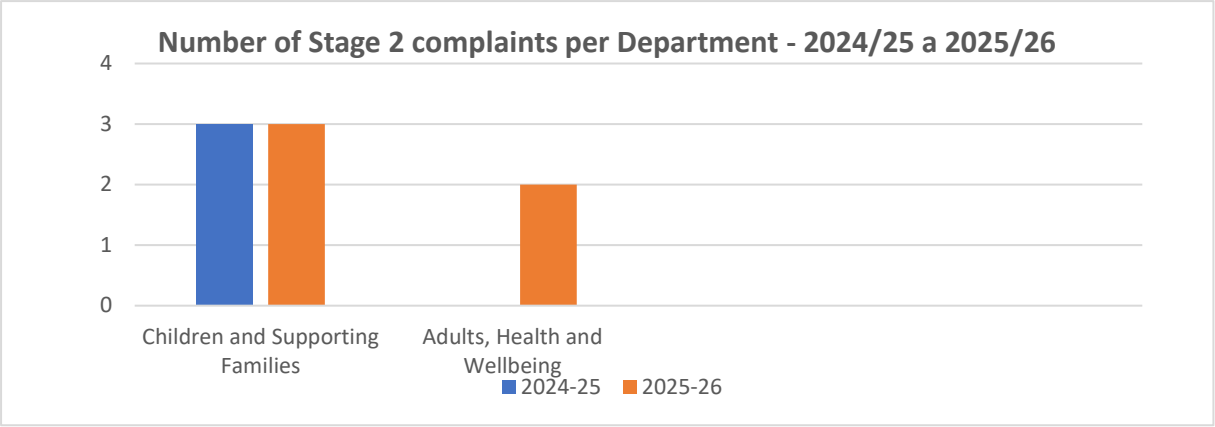
5.5 **Table 2** below shows the number of formal complaints received by both Departments between 01/04/25 and 31/03/26, with figures from the following year included for comparison. See also **Tables 2(a) and 2(b) below** for a comparison of the numbers of complaints received by both Departments between April 2021 and March 2026.

Examples of the complaints received by both Departments are seen in **Appendices 1(a) and 1(b).**

TABLE 2 Social Services Statutory Complaints Procedure		
CHILDREN AND FAMILIES DEPARTMENT	***2024/25***	***2025/26***
Stage 1	22	16
Stage 2	3	3
Corporate Complaints Procedure	0	0
Ombudsman	0	0
Total	**25**	**19**
ADULTS, HEALTH AND WELL-BEING DEPARTMENT	***2024/25***	***2025/26***
Stage 1	16	15
Stage 2	0	2
Corporate Complaints Procedure	7	4
Ombudsman	0	0
Total	**23**	**21**

TABLE 2(a) Social Services Statutory Complaints Procedure - Children					
	2021/22	**2022/23**	**2023/24**	**2024/25**	**2025/26**
Stage 1	26	16	13	22	16
Stage 2	3	1	4	3	3
Ombudsman Investigation	0	0	0	0	0
Total	**29**	**17**	**17**	**25**	**19**
TABLE 2(b) Social Services Statutory Complaints Procedure - Adults					
	2021/22	**2022/23**	**2023/24**	**2024/25**	**2025/26**
Stage 1	29	22	22	16	15
Stage 2	1	1	2	0	2
Ombudsman Investigation	0	0	0	0	0
Total	**30**	**23**	**24**	**16**	**17**





6. Stage 2 - Social Services Statutory Complaints Procedure - Formal Investigation

6.1 Should a complainant wish to escalate their complaint to Stage 2, they would have to provide a full record of the complaint along with any achievable outcomes; this would then form the basis to what we call a Stage 2 Investigation. For both Departments, the investigation is conducted by a person independent of the Council, known as the Independent Investigator. In addition, in a case of a complaint regarding the Children and Supporting Families Department, an Independent Person needs to be appointed. Their role is to meet the complainant, interview relevant staff and read the social care file. Following this, they create a report of their findings along with any recommendations for the relevant Departments. The Departments will then prepare a response to these recommendations to be shared with the complainant.

Both Departments are responsible for funding their own investigations by commissioning an independent investigator, and the independent person when relevant, as a self-employed person. Investigation costs vary according to the complexity of the matter and the time needed to gather the evidence and create the report.

If the complainant remains unhappy after the Stage 2 process, they can ask the Ombudsman to investigate further.

By following the principle of focusing on an early and local solution successfully, and dealing with matters quickly and effectively, the need to move complaints forward to Stage 2 is unusual in Gwynedd. It is understood that Gwynedd leads all other north Wales counties in this regard. It is a clear sign of the commitment of the Customer Care Officers, through the willing cooperation of the relevant staff in each individual case, to resolve every complaint in an effective and timely manner.

6.2 During 2025/26, the Children and Families Department received three requests to escalate a complaint to Stage 2 of the Social Services Statutory

Complaints Procedure. An analysis of the three Stage 2 Investigations is included in **Appendix 1(a).**

During 2025/26 two complaints for the Adults, Health and Well-being Department were moved to Stage 2 of the Social Services Complaints process. Please see **Appendix 1(b)** for further details.

7. Investigations into complaints received by the Public Services Ombudsman

7.1 If the complaint is not resolved at the end of an investigation under Stage 2 of the Complaints Procedure, the complainant has the right to refer the case to the Public Services Ombudsman for Wales, or the Welsh Language Commissioner, or the Equality and Human Rights Commissioner, depending on the nature of the complaint.

7.2 A complainant has the right to contact the Ombudsman at any point, but the Ombudsman usually expects the complainant to go through the complete complaints process before they will look at the matter. Therefore, the Ombudsman would refer the complainant back to the Department to try to solve the complaint locally.

7.3 No new investigation by the Ombudsman's office in 2025/26 was received by either Department during the period of this report.

8. Complaints about services jointly provided with the Health Board

8.1 A joint complaints protocol exists for Betsi Cadwaladr University Health Board and the six Local Authorities in north Wales. No joint responses to complaints under this protocol were submitted during 2025/26.

9. Adherence to the Statutory Complaints Procedure Response Timeframe

9.1 The Local Authority has a duty to provide information on the way it investigates and deals with complaints within the timeframe noted in the Guidelines and Regulations. Once a complaint is received, the relevant manager or senior practitioner will offer to contact the complainant to propose a meeting/phone call within 10 working days to discuss the complaint and seek a resolution. Then, we will write to the complainant within 5 working days of the discussion to confirm the terms of the complaint resolution.

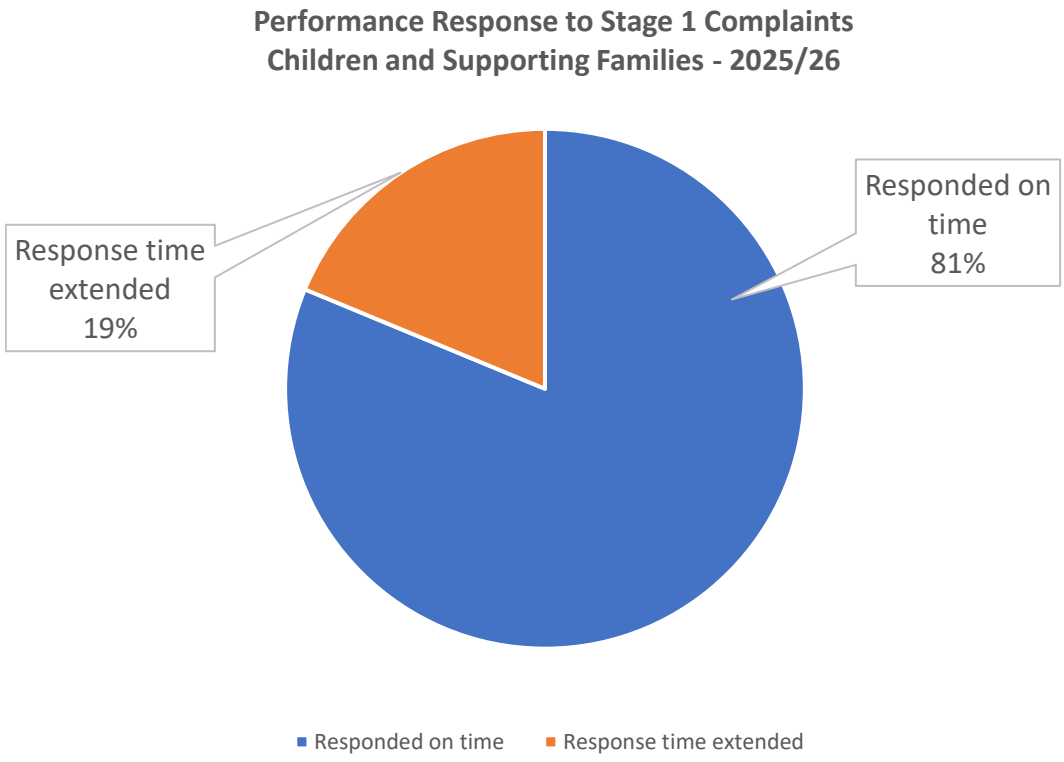
9.2 The Adults, Health and Well-being Department was able to respond to 94% of Stage 1 complaints within this timeframe during 2025/26. The Children and Supporting Families Department was able to respond to 81% of complaints within the same timeframe during 2025/26.

9.3 The reasons for any late responses were mainly related to the complexity of the complaint in question, and the research needed to be undertaken to be

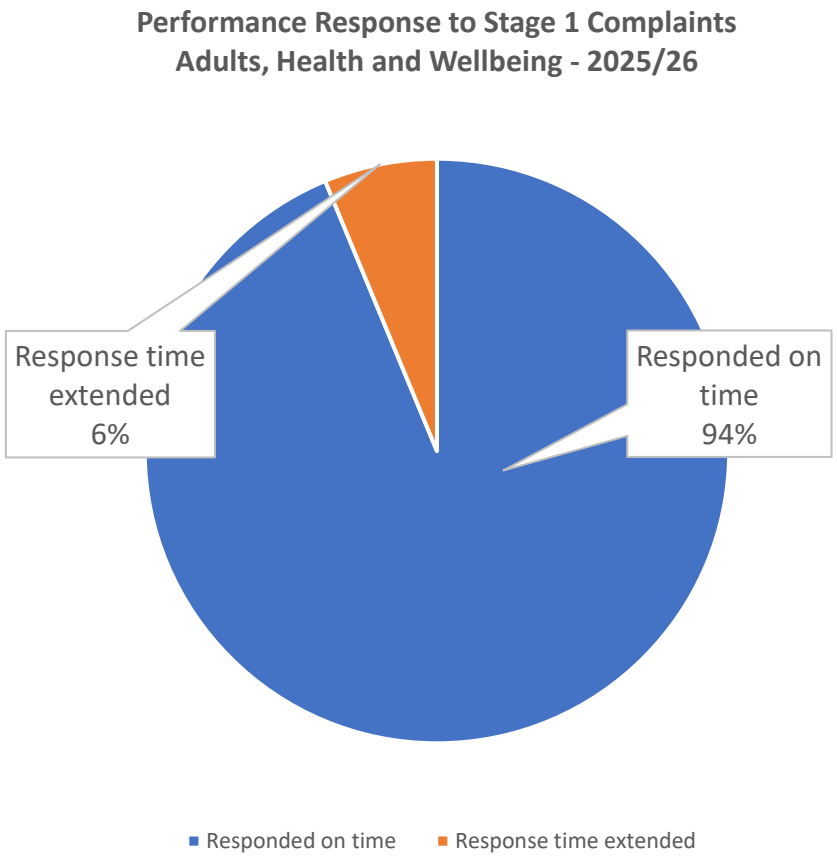
able to provide a full response. Absences due to illness, annual leave, etc., of the Customer Care Officer and staff involved in the complaint also have a significant impact on the ability/inability to adhere to the response timeframe.

The timeframe for providing a written response confirming the outcome of the discussion is very tight, namely 5 working days. Nonetheless, most complainants do receive a response within the timeframe or have agreed to extend the timeframe.

Social Services Statutory Complaints Procedure - Children and Supporting Families Department - Response Performance 2025/26						
Stage 1 (total - 13)						
Complaints received within 12 months of the incident	*Complaints received 12 months after the incident*	*Acknowledged within 2 days*	*Discussion to resolve within 10 days*	*Decision announced within 5 days*	*Response time extended*	*Average number of days extended*
16	0	16	13	13	3	5
Stage 2 (total – 3)						
Number acknowledged within 5 days	*Number of responses received within 25 working days*	*Number deferred under exceptional circumstances*				*Number completed within 6 months*
	0	3				3



Social Services Statutory Complaints Procedure - Adults, Health and Well-being Department - Response Performance 2025/26						
Stage 1 (total - 16)						
Complaints received within 12 months of the incident	*Complaints received 12 months after the incident*	*Acknowledged within 2 days*	*Discussion to resolve within 10 days*	*Decision announced within 5 days*	*Response time extended*	*Average number of days extended*
15	0	15	15	14	1	16
Stage 2 (total - 2)						
Number acknowledged within 5 days	*Number of responses received within 25 working days*	*Number deferred under exceptional circumstances*				*Number completed within 6 months*
2	0	2				2



10. Cyngor Gwynedd's Corporate Complaints Procedure

10.1 Some matters that are beyond the remit of the Social Services Complaints Procedure are dealt with under Gwynedd's Corporate Complaints Policy. Complaints that are handled under the Corporate Complaints Procedure mainly relate to matters that are not associated directly with the care services that the Departments offer under the Social Services and Well-being (Wales) Act 2014.

10.2 Seven complaints were received this year by the Adults, Health and Well-being Department that were addressed under the Council's Corporate Complaints Procedure. More information about these complaints is available in **Appendix 2.**

11. Learning Lessons and Identifying Trends

Learning Lessons

11.1 Quarterly reports on dealing with complaints are presented to the Management Teams of the Children and Supporting Families Department and the Adults, Health and Well-being Department. This is an opportunity for the Assistant Heads to analyse every complaint and to discuss and learn to improve the service provided to Service Users.

11.2 The Management Teams include the lessons learnt in their amended work plans and any training needs are identified. The current lessons to be learnt log is administered by the Customer Care Officers. The log is regularly distributed amongst the Assistant Heads of Department to notify them of the lessons that have been identified. The log will be updated with any information about actions taken in connection with the lessons to be learnt. It is hoped that this will be a more effective way of identifying lessons and ensuring that improvements are implemented.

Complaint Trends - Children and Supporting Families Department

11.3 The Children and Supporting Families Department works daily with a wide range of different families. Some families come to the Department's attention through a direct request for assistance, for example, if their child is disabled. Most families come to the Department's attention because of concerns for a child or young person's health and safety.

11.4 Due to the nature of the Department's work, particularly in the field of social work, disagreements or tensions with families can arise from time to time. Social Workers often must make complex and difficult decisions in the best interests of children and young people, and those decisions will not always match the expectations or wishes of families. The Department recognises and respects the right of individuals to express dissatisfaction and to use the formal complaints procedure when they feel it is necessary to do so.

11.5 It is fair to note that it is difficult to see whether there are definite trends or clear themes in the complaints received during 2025/26, as each complaint tends to be unique to each case. In accordance with the Complaints Procedure, the Team Manager or the Assistant Head discusses the complaint with the complainant. Through discussion, the Team Manager can respond to matters directly and most cases are resolved over the phone; it is clear that this way of dealing with complaints works. In most cases, the complaint stems from a misunderstanding and miscommunication. Once the matters are fully explained, most of the time, the complainant will be happy.

11.6 It is important to note that many individuals who contact the Customer Care Officer initially do so while feeling upset, frustrated or dissatisfied about a decision or misunderstanding. In the vast majority of cases, giving them the opportunity to discuss their concerns with the Customer Care Officer and then with the relevant Team Manager leads to a better understanding of the situation and resolves the matter to their satisfaction, without the need to proceed with a formal complaint.

Vexatious Complaints / Difficult Individuals

11.7 We operate in a sensitive and challenging field, where decisions must be made in the best interests of children and young people to ensure their safety and well-being. In some circumstances, this can lead to disagreements or tensions with families, especially when action is needed to protect a child in a way that does not align with the parents' wishes or expectations. As a result, the service at times encounters individuals who are facing high levels of emotion, anxiety or frustration, which can present challenges in terms of communication and case management.

One of the most prominent trends seen during 2025/26, which was also seen in 2023/24 and 2024/25, was the increase in the number of individuals who lodge persistent complaints and remain dissatisfied despite extensive efforts to address their concerns.

In many cases, detailed responses were provided through the informal complaints process (Stage 1) or through formal independent investigations (Stage 2). However, some individuals continued to disagree with the results and it was not possible to resolve their concerns to their satisfaction.

Often, an increasing level of frustration was seen as the issues progressed, and this can lead to additional challenges in managing correspondence and maintaining constructive relationships with the individuals involved. In some cases, the nature and size of the correspondence have also increased the pressure on the service's resources.

In some cases, individuals have publicly shared sensitive information, made serious claims about the service, or directed threatening comments to staff. The Council has corporate policies in place to manage unreasonable or

unacceptable behaviour, but the threshold for their implementation is high and staff often face extended periods of challenging contact before deploying these.

At times, issues have had to be referred to Health and Safety arrangements, and warning letters have been issued to clarify that such behaviour is unacceptable. Striking a balance between individuals' right to complain and the need to safeguard staff and maintain statutory services is an ongoing challenge.

The Department welcomes complaints as an opportunity to learn and improve services. However, in a small number of cases, the complaints process was seen to be used to try to influence professional decisions rather than to express concerns about the service provided. It is important that the process continues to support accountability and improvement, without compromising the service's ability to act in the best interests of children and young people.

Complaints and Enquiries Trends - Adults, Health and Well-being Department

11.10 The Customer Care Officer is part of the Safeguarding and Quality Assurance Unit (Adults) and has a close relationship with the Care Monitoring Officers and the Safeguarding Officers. This is essential to share information to identify Safeguarding cases. Sharing information about any complaints received regarding the care of individuals in residential homes is useful to identify broader care issues in those organisations which will require further investigation by the Monitoring Officers.

11.11 A variety of complaints and enquiries on different themes were received during the year, and one particular theme emerged.

During Quarter 3 this year, one complaint and one enquiry relating to the emergency contact telephone number recording arrangements were received from the Telecare Service, and their partner Galw Gofal, on the Telecare system. The need to review the system was recognised to ensure that contact details in an emergency are up to date for all service users.

The Service, in conjunction with Galw Gofal, intends to introduce the following improvements:

- Ensure that all Telecare users who do not currently have emergency contact details on their file are contacted to give them the opportunity to provide a name and contact number, if they wish. It is not necessary for users to provide anyone else's contact number in an emergency, but it is intended to ensure that the opportunity to do so is communicated to the users and their families.
- Where the Department holds another person's contact details for service users, the Service will contact the user to confirm if they want these contact details to also be used as an emergency contact

on the Telecare system. At this point the user continues to have the right to refuse to have an emergency contact on the system, but great emphasis will be placed on the benefits of having a recorded emergency contact number.

- Establish a new process of monitoring cases where a service user has not recorded the details of anyone else, we can contact in an emergency by contacting them regularly to ensure they are aware and happy that no one else has been named as a contact. The 'welcome letter' from Galw Gofal has already been updated to highlight the importance and benefits of recording emergency contact details.
- Ensure that details of how to contact the Service to update emergency contact details are provided to new users at the start of the service.
- Ensure that front-line staff working with Telecare service users (Social Workers, Occupational Therapists, etc.) recognise the need to notify the Telecare Service if they encounter a situation where the details of the person who needs to be contacted in an emergency need to be changed.

The Telecare and Galw Gofal Service has already made significant progress to establish the above arrangements.

12. Training and Staff Awareness of the Complaints Procedure

12.1 Providing training to staff about the Complaints Procedure is an important aspect of Customer Care, so that staff members are fully aware of the procedure and are confident about their role within it. The Customer Care Officers are always available to discuss any specific cases with the Departments' staff members and offer advice on the best way of dealing with enquiries or complaints against the Department. An e-learning session for all staff members in both Departments has been developed to ensure that staff are fully aware of the complaints procedure and the expectations on staff during the process. We will monitor the numbers undertaking the training and will target staff members who have not completed this.

13. Other Duties

13.1 The Adults, Health and Well-being Department's Customer Care Officer is a member of the Disabled Parking Spaces Panel, which is responsible for coordinating the process of assessing applications from the public for designated disabled parking spaces outside their property. A panel meeting is convened and includes staff from the Environment Department to assess each application. Currently, the Adults Department funds 11 parking spaces every year which costs around £4000 in each case. The demand for this facility has increased greatly during recent months and means there is now a waiting list due to the low number of disabled parking spaces that are available every year.

The Adults Customer Care Officer is responsible for ensuring that application forms are up-to-date and correct, and is responsible for receiving enquiries over the phone, by letter and e-mail. The Customer Care Officer is responsible for the entire process of recording the receipt of applications and their outcomes, co-ordinating Panel meetings, and communicating application results by letter following each Panel meeting.

13.2 The Children and Supporting Families Customer Care Officer also deals with access to information requests in accordance with the Data Protection Act 1998 / Data Protection Act 2018. The General Data Protection Regulation (GDPR) and the Data Protection Act 2018 were introduced on 25 May 2018, and as a result, there were some changes in the way access to information requests is dealt with. The Adults, Health and Well-being Department has an Administrative and Information Officer who is responsible for receiving and responding to these requests.

13.3 The access to information requests under the Data Protection Act 1998 / Data Protection Act 2018 are made by individuals, the Police, Solicitors, the Health Board as well as other Local Authorities. In accordance with the Act, there are specific timetables to adhere to, and the timeframe for responding has become much more challenging since the new Act was introduced.

13.4 Determining what information is appropriate to be released is work that demands skill and can be emotionally challenging at times. The Officers who deal with information requests spend long hours on some of the more complex requests that the Departments receive. This means that a substantial number of hours are spent ensuring that information requests are responded to within the specified time.

13.5 It is also the responsibility of the Children and Supporting Families Department's Customer Care Officer to co-ordinate responses to freedom of information requests under the Freedom of Information Act 2000. The number of requests under the Data Protection Act 1998 have increased over the last year. We are seeing an increase in requests from the Police, other Agencies and subject access requests, the reason for this increase is unclear.

The number of information requests received by both Departments can be seen in **Tables 5(a) and 5(b) below**

TABLE 5(a) - Information requests - Children and Supporting Families			
	2023/24	2024/25	2025/26
Requests under the Freedom of Information Act 2000	**88**	**68**	**59**
Data Protection Act 1998 / Data Protection Act 2018 Requests	**228**	**244**	**283**
Total	**316**	**312**	**342**

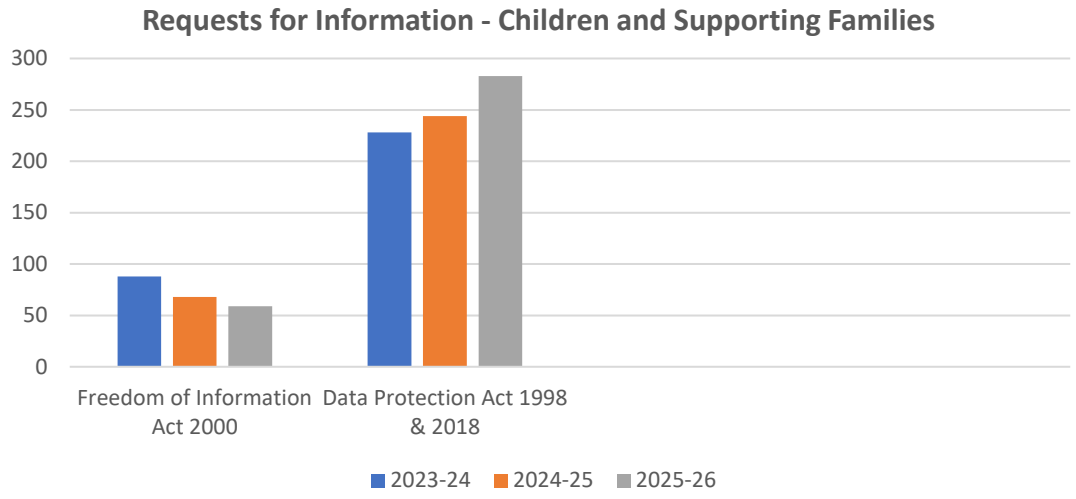
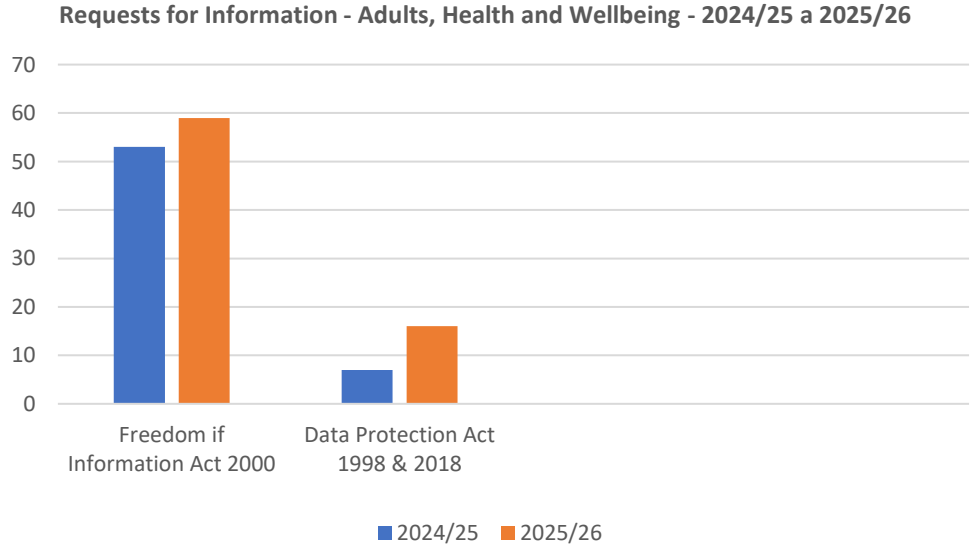


TABLE 5(b) - Information requests - Adults, Health and Well-being		
	2024/25	2025/26
Requests under the Freedom of Information Act 2000	**53**	**59**
Data Protection Act 1998 / Data Protection Act 2018 Requests	**7**	**16**
Total	**60**	**75**



14. Expressions of Gratitude

14.1 As well as responding to concerns, complaints and other representations from service users, their families, and members of the public, it is also crucial that we acknowledge and record the expressions of gratitude we receive from our service users, families, members of the public and from staff from other agencies.

In addition to the thanks and commendations recorded by the Adult Customer Care Officer on the RESPOND recording system, we are aware that many thanks, gifts, etc., have been presented to staff at the Council's residential care homes. These come mainly from families of service users who wanted to show their appreciation to staff for taking such great care of their relatives.

Examples of these compliments and thanks can be seen in **Appendix 3.**

NUMBER OF EXPRESSIONS OF GRATITUDE DURING 2025-2026 - ADULTS, HEALTH AND WELL-BEING					
Adults Service (including Area Teams, Learning Disabilities Team, Mental Health Team and Occupational Therapy)	Internal Provider (Domiciliary care and residential)	Business and Finance	Telecare	Customer Care and Safeguarding	**TOTAL**
26	**40**	**1**		**1**	**68**

NUMBER OF EXPRESSIONS OF GRATITUDE DURING 2025-2026 - CHILDREN AND SUPPORTING FAMILIES
TOTAL
63

15. Work Plans for 2026/27

15.1 The Customer Care Officers will continue to respond to concerns, enquiries and complaints by following the Welsh Government Social Services Complaints Procedure, ensuring that the lessons to be learnt from every case are addressed regularly and in a timely manner by the Departmental Management Team. Continue to monitor actions that take place to develop the service.

15.2 The Customer Care Service Officer will continue to chair the North Wales Customer Care Officers Group (NWCOG) for the coming year. It is intended to hold meetings every three months.

15.3 Further work will also be completed to try and encourage workers across both Departments to contact the Customer Care Officers to share any thanks or

complimentary observations they receive. There is currently a sense that staff members feel that it is not appropriate to share some observations, but the Customer Care Officers are eager to change this.

15.4 Encourage the staff to complete the e-learning training session to ensure that they are fully aware of the process and are familiar with the steps needed to take during the process.

15.5 Unfortunately, due to a lack of capacity within the Customer Care Officer of the Children and Family Support Department's role, and the significant number of information requests received, it has not been possible to add anything new to the work plan for the coming year.

Recommendations from the Social Services Complaints Task and Finish Group

15.6 Following the submission of the annual report last year to the Care Scrutiny Committee, it was decided to form a Social Services Complaints Task and Finish Group to discuss issues relating to the complaints procedure in greater detail. The Customer Care Officers joined in the discussions, and a meeting of the Task Group took place on 27/02/26. The two main aims of the Group were to:

- ensure that members understand the complaints handling arrangements and to receive concise information on all complaints received during 2024/25.
- gain a better understanding of the reasons behind an individual's choice to lodge complaints in English and to explore whether there is a way to encourage more to complain through the medium of Welsh.

15.7 The following decisions were made by the Group to receive attention from the Customer Care Officers and other departments:

a. To ask the Cabinet Member for Children and Supporting Families and the Cabinet Member for Adults, Health and Well-being to correspond with the Welsh Government to express concern that guidance on handling complaints has not been updated since 2014 and that no appropriate consideration has been given to social media as a means for complainants to submit complaints.

b. To reconcile the information presented in tables in future social services complaints reports to reflect the situation in a comprehensive and up-to-date manner.

c. To recommend that the relevant Cabinet Member reviews the corporate complaints recording form and its format and amend it to be more like Social Services complaints recording forms to promote and increase the accessibility of Welsh-language forms. This recommendation applies to the Corporate Services Department.

ch. To ask departments dealing with complaints to note on the complaint recording forms that the Council can be contacted via social media. This recommendation also applies to the Corporate Services Department.

d. To ask the Council to consider ways of receiving complaints from carers.

15.8 Work has already begun on recommendation **(a)** by AWCOG (All Wales Complaints Officers' Group) of which the Customer Care Officers are members. Work has begun at a national level to submit suggestions to the Welsh Government to consider reforming the Social Services complaints system. Customer Care Officers have taken the opportunity to contribute suggestions for changes to the complaints procedure by submitting responses to a survey of our experiences of implementing the procedure on a day-to-day basis. The group's chair is working on drafting a report of the survey results to be submitted to the Welsh Government for consideration when the complaints guidance is updated in due course. The AWCOG group believes that presenting a comprehensive document like this will be more effective than individual Councils putting forward suggestions for changes.

With reference to recommendation **(b)**, the information submitted by both Departments in the tables of this report this year has been reconciled.

Referring to recommendation **(d)**, we can confirm that the Adults, Health and Well-being Department has comprehensive information for carers on a dedicated webpage on Cyngor Gwynedd's corporate website. In addition, a copy of the complaints leaflet, which contains information on how to make a complaint, is provided to carers as part of an information pack following receipt of an assessment of their needs as carers. We will ensure that information on how to complain/compliment is highlighted on this webpage.

16. Statistics on the use of Welsh and English when responding to complaints and enquiries

16.1 The Customer Care Officers respond to enquiries and complaints in the chosen language of the enquirer or complainant. See the relevant figures on the use of both languages in the tables below.

Complainant's selected language to make an enquiry/complaint during 2025/2026 – Adults, Health and Well-being Department			
	Welsh	**English**	**Total**
Informal Enquiries and Complaints	22	30	**52**
Stage 1	7	8	**15**
Stage 2	1	1	**2**
Corporate	2	2	**4**
Ombudsman	0	0	**0**

Complainant's preferred language to make an enquiry/complaint during 2025/2026 – Children and Supporting Families Department			
	Welsh	**English**	**Total**
Stage 1	5	11	**16**
Stage 2	0	3	**3**
Corporate	0	0	**0**
Ombudsman	0	0	**0**

APPENDIX 1(a) – EXAMPLES OF COMPLAINTS AND COMMENTS FROM THE DEPARTMENT FOR CHILDREN AND SUPPORTING FAMILIES DURING 2025/26						
Reference	**Brief description**	**Stage**	**Team**	**Response**	**Lessons to be learnt**	**Grounds for the complaint?**
GC17655-25	A complaint received from a parent about a lack of support for their child including a lack of co-ordination for this support.	Stage 1	Derwen	Matters had changed in the family's circumstances during the complaint and as a result, a second assessment was required. The Department wrote to the parent to explain this and ensure that the assessment process would assist in identifying needs and the support needed.	There was no specific lesson in this case.	A service was in place, and due to circumstances, this needed to be revisited. There were no grounds for the complaint but the Service accepts the parent's comments, and this will be discussed in detail during the new assessment.
GC17706-25	Complaint received from a parent, who was not happy with the Social Worker. The complainant felt that the Worker was not following the Court's contact plan and felt that this was not in the best interests of the children.	Stage 1	Arfon Children's Team	The Department corresponded by letter with the parent with a full response explaining the clear rationale for the decisions that had been made. The Department acknowledged that the situation was extremely difficult for the complainant and offered the options available for them when moving forward.	There was no specific lesson in this case.	There were no grounds for the complaint as the Department followed the Court's plan while also always considering the voices of the children.
GC18227-25	A complaint from a parent that the service did not provide all the information needed.	Stage 1	Arfon Children's Team	The Head of Department phoned the individual to discuss and apologised that full information had not been shared. The Department also offered to meet with the complainant for further discussion. The complainant did not accept the offer of a meeting. Therefore, the Department wrote to him to confirm the conversation and to apologise.	There was no specific lesson in this case.	Although information was shared, full information was not shared with the individual. Therefore, there were partial grounds for the complaint.

GC18605-25	A complaint from a parent about issues relating to an occupational therapist's assessment and that no adaptation work could proceed until that assessment had taken place.	Stage 1	Derwen	The Service Manager telephoned the complainant to discuss her complaint, and she confirmed that she would discuss all concerns with the Occupational Therapist and Social Worker. The Manager assured the complainant that any information required to start the adaptation work would be shared with the relevant agent as soon as possible.	There is no specific lesson, but it is important to remember the importance of communication.	There was a delay and so there were grounds for the complaint.
GC17995-25	A complaint from a parent about a lack of support for their child and requesting an urgent review of the situation.	Stage 1	Children Referrals	The Department wrote to the parent explaining that they understood that it was a difficult time for them and that a Social Worker had been appointed to the case and wanted to arrange a visit as soon as possible to start the assessment process. The Department provided advice on any emergency within the letter and gave an assurance that all aspects would be addressed within the assessment.	There is no lesson in this case.	There were no grounds as the Social Worker was in place and had already started the assessment process. Nevertheless, as a department we accept that families are feeling under pressure and want things to move forward as quickly as possible.
EXAMPLES OF STAGE 2 COMPLAINTS DURING 2025/26						
GC17626-25	We received a complaint from an individual; the individual had raised 9 points during the Stage 2 investigation. These ranged, e.g. feeling there were child protection concerns, lack of organisation during contact and unhappy with the care plan.	Stage 2	Arfon Children's Team	The Department identified an Independent Investigator and Independent Person to investigate the complainant's complaints. The Investigators met with the complainant to give them an opportunity to discuss the matters in person. The Investigators had full access to all the information relating to the case and they interviewed the relevant staff.	There were no recommendations in this case. The investigation confirmed that the Department held appropriate child protection investigations with no evidence of the children being at	There were no grounds for the complaint.

				Out of all the points the Investigators partially accepted two points. They did not accept the other 7 points. In terms of the points that were partially accepted, there were no recommendations, and the Investigator noted that his report would answer the complainant's question on this matter.	risk. It was noted that evidence supported that staff worked with stakeholders and provided opportunities for the complainant to give their opinion. There was no evidence that the Department was not completely transparent with the complainant.	
GC18418-25	Complaint from parents about issues relating to a child protection investigation. There were 12 points being investigated, e.g. the parents were not informed of the investigation in a timely manner, there were no grounds for the child protection investigation, incorrect/misleading information on file.	Stage 2	Arfon Children's Team	The Department identified an Independent Investigator and an Independent Person to investigate the complaint. They met with the complainants and received full access to all relevant information as well as interviewing staff as part of the investigation. Out of the 12 points, 1 point was accepted, 3 were partially accepted and 8 were not accepted. The Department accepted the report in full and prepared a response and action plan to ensure that the recommendations in the report were completed.	Lessons had been identified and these had been achieved through the completion of the action plan following fully accepting the report. The action plan had been confirmed by the Head of Department as part of the process.	There were grounds for the complaint.

GC18687-25	The Department received a complaint from an individual, who was unhappy with the Department for making contact and sharing information under child protection arrangements. The individual felt that the action taken was racist against him.	Stage 2	Children Referrals	The Department identified an Independent Investigator and an Independent Person to investigate the complaint. They met with the complainants and received full access to all relevant information as well as interviewing staff as part of the investigation. They investigated 5 points and in this case no point was accepted. The investigator had identified that the Department had taken appropriate action at the request of the Police and there were no grounds to the complaint.	There were no lessons to be learnt in this case.	There were no grounds for the complaint.

APPENDIX 1(b) – EXAMPLES OF COMPLAINTS AND COMMENTS FROM THE ADULTS, HEALTH AND WELL-BEING DEPARTMENT DURING 2025/26						
Reference	**Brief description**	**Stage**	**Team**	**Response**	**Lessons to be learnt**	**Grounds for the complaint?**
GC17918-25	Service User wanted to apply for a grant for adaptations to their property but was unhappy that there was a waiting list for an assessment from an Occupational Therapist to make the application.	Stage 1	Occupational Therapy Team	An apology had been provided along with information that additional temporary staff were being employed to try and bring the numbers on the waiting list down. Had offered an assessment within 4-6 weeks.	There was no specific lesson in this case.	There were grounds for the complaint, and the Service recognises that the waiting list for needs assessments by an Occupational Therapist (and other teams) can be frustrating for potential service users. The Department continues to work hard to try to bring down the remaining numbers.
GC18298-25	Service User's family dissatisfied with certain aspects of one of the carers' behaviours towards their relative and alleged lack of empathy.	Stage 1	Domiciliary Care (Internal Provider)	A full investigation and discussions have taken place with the relevant staff. Full response provided.	There was no specific lesson in this case.	There were no grounds for the complaint.
GC18346-25	A Service User's relative raised concerns about the long time that had elapsed before domiciliary care could be provided so that their relative could come home from hospital. Required an explanation and resolution as soon as possible.	Stage 1	Community Resources Teams	An apology and a full explanation had been provided. Resolution achieved within a short time after receipt of the complaint.	There was no new specific lesson in this case.	There were grounds for the complaint as there had been a long delay before domiciliary care could be arranged so that the individual could come home from hospital.

GC18511-25	Family of former service user expressed disappointment they received the final invoice for domiciliary care costs less than a week after their relative had died.	Stage 1	Income and Well-being Unit (Business and Finance)	A full response and apology had been provided for this error. Measures put in place to try and ensure that this does not happen again.	Carefully consider the circumstances of each case when sending final invoices for care where the service user has died. There are some cases where families have requested an invoice shortly after the service has ended. Income and Well-being Unit Manager to ask staff to consider if a reasonable delay is needed before sending final invoices out.	There were grounds for the complaint. Response provided and lessons to be learnt recorded.
GC18986-25	A service user's relative claimed that information on their relative's assessment form was incorrect and misleading. Wanted to amend the information on the form.	Stage 1	Adult Learning Disability Team	Information on the form has been reviewed by the Team but did not agree that it needed to be amended. Full response provided.	There is no lesson to be learnt in this case.	No grounds for the complaint. Following a review, it was determined that the information was accurate, current and a fair reflection of the circumstances at the time.

EXAMPLES OF STAGE 2 COMPLAINTS DURING 2025/26						
GC16355-24	A service user's family raising concerns about aspects of care received in a residential care home owned by the Council. A Stage 1 response had been provided, and the complaint had progressed to Stage 2.	Stage 2	Residential and Day Care (Internal Provider)	The Department identified an Independent Investigator to investigate the complainant's complaints. The Investigators met with the complainant to give them an opportunity to discuss the matters in person. The Investigator received full access to all information relating to the case and interviewed the relevant staff. The complainant was provided with a copy of the final report, along with a letter of response from the Department to the recommendations recorded therein.	The investigation acknowledged that the individual had received standard care from the home but that some aspects could be strengthened. Among these lessons were improving methods of communicating with families, ensuring timely and consistent recording of information, and ensuring that staff were aware of the importance of recording individuals' property lists in the care home.	It was agreed that there were partial grounds for the complaint.
GC18147-25	A member of the public raised a complaint about the process followed by a multi-disciplinary Safeguarding Panel to investigate allegations against him. Wanted the investigation to be conducted again.	Stage 2	Safeguarding and Quality Assurance Team	The Department identified an Independent Investigator to investigate the complaint. They met with the complainants and received full access to all relevant information as well as interviewing staff as part of the investigation.	No recommendations were received as a result of the Stage 2 investigation.	There were no grounds for the complaint.

	Complaint had commenced in Stage 2 and was awaiting the investigation outcome.			The Department received the full report and prepared a response.		

APPENDIX 2 – Examples of Corporate Complaints – 2025/2026 – ADULTS, HEALTH AND WELL-BEING DEPARTMENT						
Reference	**Brief description**	**Stage**	**Team**	**Response**	**Lessons to be learnt**	**Grounds for the complaint?**
GC18265-25	A Service User dissatisfied with aspects of the adaptations made to their bathroom through an Adaptations Grant. Complaint dealt with under the corporate procedure as the Housing and Property Department leads on this work.	Formal Complaint	Housing and Property (Grants and Adaptations) Department Occupational Therapy Team	A home visit made on 30/09/25 to discuss the matter and a second visit with Grants staff took place on 14/10/25. A formal response following the second visit. A solution had now been proposed.	There was no specific lesson in this case.	It was agreed that there were partial grounds for the complaint. A solution had been proposed to rectify the bathroom adaptations
GC/19365-26	An External Provider dissatisfied with the way in which the Adult Department determines the level of fees that should be paid to the company to provide services on behalf of the Council.	Formal Complaint	Commissioning and Contracts Team (Business and Finance)	The matter had been dealt with under the corporate system as it was a business matter and does not relate to any provision of service to a particular individual. Full response provided.	There was no specific lesson in this case.	No grounds for the complaint

APPENDIX 3 – EXPRESSIONS OF GRATITUDE AND PRAISE – EXAMPLES FROM 2025/2026		
Dear Heidi and Sally, As the 2025/26 academic year draws to a close, I would like to take this opportunity to sincerely thank you and your team for your continued support and valuable collaboration with our school over the past year. The positive relationship between our organisations has been key to ensuring the best possible experiences for our pupils. We greatly appreciate your commitment, professionalism, and the positive impact you have had on our school community. We look forward to continuing our partnership in the coming year, building on the strong foundations already in place. With our sincere thanks once again, and best wishes for a successful summer and a well-deserved rest. Headteacher of Ysgol Hafod Lon.”	Thank you	Dwyfor and Meirionnydd Children’s Team
“Just a quick email to say it was lovely working with you on the XXXX case. I want to say what a great job you have done working this case. It is clear how much work you have put in and how much of your time it has required. Your Court paperwork made my job very easy. It was very well written and clear. Please pass this email onto your manager so that they can see your hard work has been recognised. Hopefully will get to work with you again soon. (Social Care Wales)”	Thank you	Dwyfor and Meirionnydd Children's Team
“I am writing to sincerely thank you for all the support, guidance and understanding you have shown us during this very challenging time. These past months have been incredibly difficult, and your patience, compassion and professionalism have meant more to us than I can express. I am especially grateful for the support and advocacy you provided through the process. Your belief in us and your willingness to give us the opportunity has made a life changing difference to us all. Knowing that you listened to us, supported us and treated us with respect helped us stay strong during moment that felt overwhelming. Your dedication to your work and to our family did not go unnoticed, and I will always be thankful for the role you played during this time. Thank you again for everything you have done. Your support has truly meant the world to us. With Sincere gratitude. Thank you”	Thank you.	Children’s Team

Learning about neurodivergence, and specifically autism has been a huge help to us. Knowing what we know now about the differences that can present and how we as a family can meet those needs has been invaluable. We've had to re-wire our own brains away from traditional parenting and how we have been brought up. Before starting our sessions with you it felt like my brain was full of knots, over the course of the sessions those knots have slowly been untangled, and I'm now able to connect those lose strings together. The best metaphor I can come up with on our current situation is that our son is like a spider that's trying to get out of the sink with the tap running, I now know how to support him to create that 'web' to get himself back up. Thank you so much for spending time with us, your knowledge on neurodiversity and your support has been invaluable and has changed our lives"	Thank you	Autism Team
"Support has been brilliant and has been a great help to us as a family''	Thank you	Team Around the Family
"I will be going to the Trilogy nightclub for the first time ever tonight. It will be great to be able to be in a nightclub atmosphere with the great well-being team Llwybrau Llesiant. I would like to thank the amazing crew for all the work they are doing to arrange different activities and sessions. Without them there would not be such excellent opportunities to have in the first place. Thank you very much! "	Thank you	Well-being Pathways Team (Adult Learning Disability)
I am contacting you regarding my mother. She has recently moved from BM to BS. I just wanted to pass on my gratitude to Nia and make you aware of how wonderful and supportive she has been. Mum's dementia has deteriorated significantly and moving to a different care home had always been a huge concern due to my worries of how it would affect her. Nia dealt with everything so sensitively and kept me updated throughout. She shows wonderful empathy. The move was arranged so quickly, and she is now very settled in the new home. Please pass on my thanks and gratitude."	Thank you	Adults Service (Community Resources Team)
"I am writing to you to express our sincere thanks as a family to the carers of Cyngor Gwynedd, under the able guidance of Rowena Cowell, who looked after my father at his home for a number of years until his death in mid-January 2026. Words cannot adequately express the extent of our debt and thanks to your wonderful carers. They were so caring, patient, friendly and firm when needed (and this was needed sometimes!). We marvel at the dedication of the	Thank you	Domiciliary Care (Internal Provider)

carers and their amazing ability in dealing with X and also in communicating with us as a family when needed. X always appreciated the visits, company and friendship of the carers. I will refer to the work of the carers in my tribute to my father at his funeral service in Aberystwyth, referring to them as 'angels', and that is no exaggeration. They deserve respect, commendation and praise, and we wish them all the best in their vital work caring for the elderly in their homes. Rowena Cowell's unbeaten leadership must also be commended. She was wise, willing to give her advice and very effective in advocating for my father when needed."		
“Quite often, we are sure you receive emails from people complaining about the services offered by Gwynedd Council Adults and Children Services. Well, this email is the exact opposite, we want to highly commend all the staff at Plas Maesincla Caernarfon. My Mother spent over six very happy years at Plas Maesincla, having previously resided at Plas Pengwaith for three years, again well loved and cared for. Sadly, my mother passed away peacefully at the grand age of 105 years. We live 100 miles away and over the years, have been comforted and reassured that my mother was receiving love and excellent care, throughout her time at Plas Maesincla. Nothing was too much trouble for the staff; they are the most caring and dedicated people we have come to know. Not only did they love and care for my mother, they looked after us when visiting, through some dark times with her health failing over the last six months, in particular. So, we decided that a big “Thank you and Well Done’ should be said to all at Plas Maesincla and that you in should be aware of what wonderful staff you have there. With our thanks and gratitude”	Thank you	Residential and Day Care (Internal Provider)
"A word of sincere thanks for the tender and kind care that Mum received in her home at the end of her life. Her wish was to be at home. That was made possible, but it wouldn't have been possible without your help and support. It was so valuable to have that support through the medium of Welsh, by women from Llŷn, at the heart of her community. We will be forever grateful"	Thank you	Domiciliary Care (Internal Provider)

MEETING	CARE SCRUTINY COMMITTEE
DATE	17 September 2026
TITLE	Performance Challenge Meetings
PURPOSE OF THE REPORT	To nominate representatives to attend performance challenge meetings
AUTHOR	Llywela Haf Owain, Senior Language and Scrutiny Advisor

1. Internal performance challenge meetings are held four times a year, in accordance with Council departments' area of work. Updates on the priority projects included in the Council Plan are considered, as well as day-to-day performance measures and the risk register.

2. Following calls from the Scrutiny Forum and members of the scrutiny committees, there is an intention to pilot inviting two representatives from the care scrutiny committee to attend the performance challenge meetings of one department. Representatives will be expected to report back formally to their committee or informal meeting on what was discussed at the meeting.

3. The areas of work relevant to this Committee are Adults, Health and Well-being, Children and Supporting Families and Housing and Property. These are the dates set by the departments for the next performance challenge meetings.

Work Areas	When
Adults, Health and Well-being	10 September 2026
Children and Supporting Families	21 October 2026
Housing and Property	29 September 2026

4. The Scrutiny Forum's recommendation is that the committee representatives attend the performance challenge meetings of the Housing and Property Department.

5. Members will be expected to attend the meeting, listen to the discussion and report back to committee members (see appendix 1) at either the formal or informal meeting.

6. The Care Scrutiny Committee is requested to nominate two members to represent the Committee at the performance challenge meetings of the Housing and Property Department.

APPENDIX 1

MATTERS ARISING REGARDING THE XXXXX DEPARTMENT'S PERFORMANCE BY SCRUTINY MEMBERS

Following the xxxx Department's performance challenge meeting, on xxxxx, please note your impressions of the department's performance below. Identifying what the department does as a whole should be avoided, focus on the department's performance.

COUNCIL PLAN - Priority Projects
Has significant progress been made with a priority project?
Is there a priority project that is causing concern due to a lack of progress?

PERFORMANCE – Performance Measures
What was good?
What was causing concern?

Is there a field that needs further scrutiny? What needs to be scrutinised and why?