



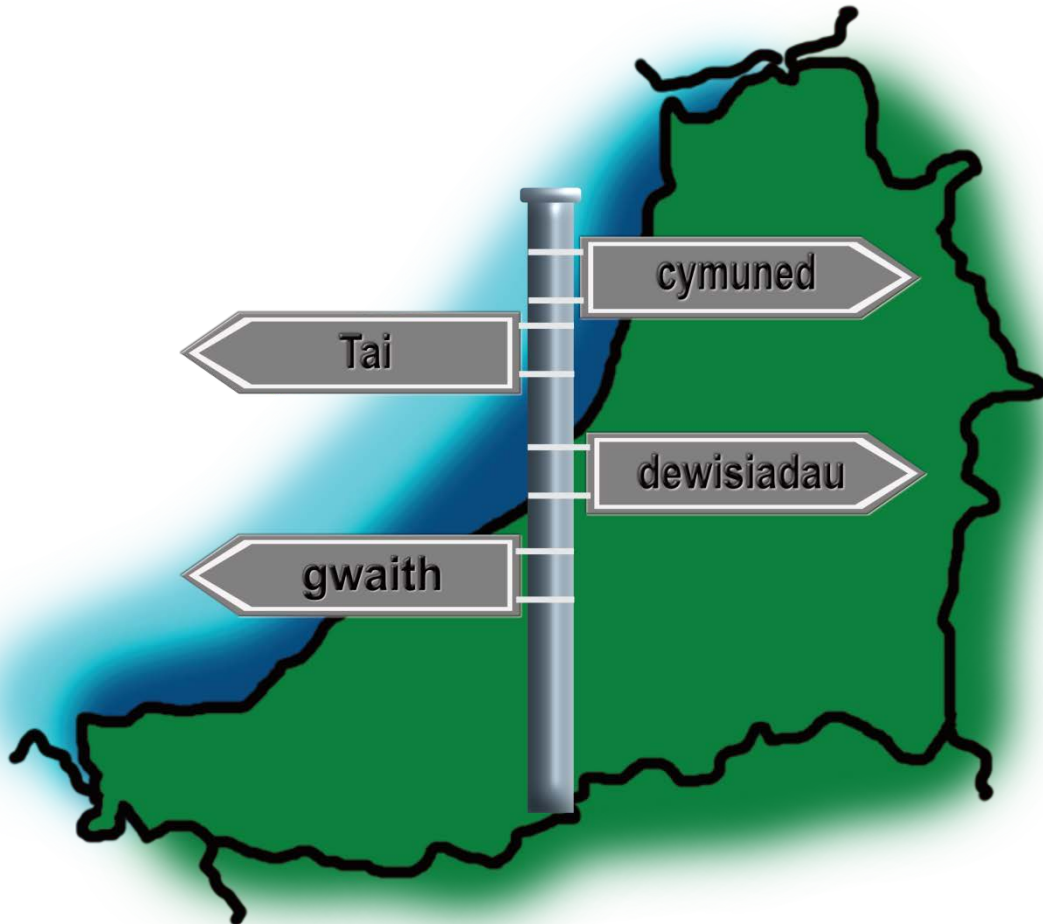
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Cyngor Sir  
**CEREDIGION**  
County Council

# Strategaeth Anabledd Dysgu Ceredigion



Caru•Love  
**Ceredigion**

I gael copi o'r cyhoeddiad hwn mewn print mawr, Braille, tâp sain, fersiwn hawdd ei darllen neu iaith arall, cysylltwch â Chyngor Sir Ceredigion ar (01545) 570881

## Rhagair a Chyflwyniad – Aelodau Cabinet Ceredigion dros Wasanaethau Cymdeithasol ac Eiriolwyr dros Bobl ag Anableddau Dysgu

Fel Eiriolwyr dros Bobl ag Anableddau Dysgu a'u Gofalwyr, rydym yn croesawu datblygiad Strategaeth Ceredigion ar gyfer Pobl ag Anableddau Dysgu (y Strategaeth). Mae'r strategaeth hon yn gosod y weledigaeth ar gyfer cydweithio rhwng Cyngor Sir Ceredigion (CSC), Bwrdd Iechyd Prifysgol Hywel Dda (BIPHDd), pobl ag anableddau dysgu, eu rhieni a'u Gofalwyr, asiantaethau sy'n bartneriaid a chymunedau lleol. Y bwriad yw gwella ansawdd bywyd pobl sydd ag anabledd dysgu, a'u Gofalwyr, sy'n byw, gweithio a chymdeithasu yng Ngheredigion.

Disgrifir pobl ag anabledd dysgu yn Asesiad Poblogaeth Gorllewin Cymru (Mawrth 2017) fel:

- rhai sydd â gallu sylweddol is i ddeall gwybodaeth newydd neu gymhleth a dysgu sgiliau newydd (nam deallusol),
- rhai sydd â llai o allu i ymdopi'n annibynnol (nam gweithredu cymdeithasol) neu
- mae'r nodweddion hyn i'w gweld cyn iddyn nhw ddod yn oedolion ac maent yn cael effaith barhaol ar ddatblygiad.

Un o amcanion allweddol y Strategaeth hon yw gwella ansawdd bywyd pobl sydd ag anabledd dysgu drwy sicrhau bod y gwasanaethau a ddarperir yn canolbwyntio mwy ar y dinasyddion a'r gymuned. Mae'r Strategaeth yn adlewyrchu'r bwriad i hyrwyddo dewis a rheolaeth bob amser ar gyfer pob un sydd ag anabledd dysgu, gan gynnwys pobl ifanc sydd angen cymorth wrth iddyn nhw ddod yn oedolion. Mae gan holl Gyfarwyddiaethau CSC a BIPHDd gyfrifoldeb i sicrhau bod pobl sydd ag anabledd dysgu'n cael dweud eu dweud, wrth ddatblygu neu ail-gynllunio gwasanaethau ar gyfer Ceredigion. Byddwn yn sicrhau y bydd hyn yn dylanwadu ar, ac yn bwydo mewn i gynlluniau a strategaethau eraill o fewn Cyngor Sir Ceredigion.

Ar ôl dosbarthu holiaduron, mae nifer fawr o ddigwyddiadau ymgysylltu'n cael eu cynnal i'n helpu i ddeall beth sydd bwysicaf i'r rhan fwyaf o bobl sydd ag anableddau dysgu, eu teuluoedd a'u gofalwyr. Bydd y Strategaeth yn dwyn ynghyd ddyheadau pobl ag anableddau dysgu, eu rhieni a'u gofalwyr, staff Cyngor Sir Ceredigion a Bwrdd Iechyd Prifysgol Hywel Dda, ac yn eu troi'n ganlyniadau ystyrlon i'w cyflawni, a fydd yn hyrwyddo lleisiau, dewisiadau, lles ac annibyniaeth pobl.

Rydym yn anelu at ddatblygu model yn y dyfodol ar gyfer y gwasanaethau iechyd a gofal cymdeithasol, yn seiliedig ar yr egwyddor o ofal sy'n canolbwyntio ar yr unigolyn, ac sy'n hyrwyddo annibyniaeth a chynhwysiant cymdeithasol.

Mae hefyd yn gyfle inni gydnabod natur amrywiol ein poblogaeth, ac ymrwmo i fabwysiadu dull sy'n caniatáu i bobl ag anabledd dysgu gael eu trin yn y modd maent yn dymuno, cyhyd ag y bo modd. Sefydlwyd Bwrdd Partneriaeth Anableddau Dysgu Ceredigion (y Bwrdd). Bydd y Bwrdd hwn, sydd â rhieni a gofalwyr a gweithwyr allweddol sefydliadau lleol ymhlith ei aelodau, yn gyfrifol am oruchwylio'r modd y cyflenwir y Strategaeth hon, gan sicrhau bod y partneriaid yn cyflawni'r canlyniadau a osodir yn y Cynllun Cyflenwi. Ein nod yw cynyddu aelodaeth y bwrdd hwn i gynnwys pobl ag anableddau dysgu, yn ogystal â'u heiriolwyr.



Y Cyngorydd Catherine Hughes  
Aelod Cabinet dros Wasanaethau  
Cymdeithasol  
Eiriolwr dros Ofalwyr  
Cyngor Sir Ceredigion



Judith Hardisty  
Eiriolwr dros Anableddau Dysgu  
Bwrdd Iechyd Prifysgol Hywel Dda



Y Cyngorydd Alun Williams  
Eiriolwr dros Anableddau Dysgu  
Cyngor Sir Ceredigion

## Ein Sesiynau Ymgysylltu – dysgu beth sy'n bwysig

Er mwyn inni allu edrych ar yr holl gyfleoedd posib ar gyfer trawsnewid gwasanaethau i bobl ag anableddau dysgu, roedd hi'n hanfodol ein bod ni'n deall yn iawn beth sy'n bwysig i'r rhan fwyaf o bobl ag anableddau dysgu, eu teuluoedd a'u gweithwyr cymorth, yn ogystal â'r heriau maent yn eu hwynebu yn eu bywydau o ddydd i ddydd.

Rydym yn cydnabod mai pobl ag anabledd dysgu a gofalwyr yw'r arbenigwyr ar eu profiadau nhw'u hunain, a bod ganddynt farn unigryw, a chreadigol yn aml, ynghylch sut mae gwasanaethau'n cael eu cyflenwi, neu sut y gellid eu cyflenwi mewn ffordd a fyddai'n cael effaith positif ar ansawdd bywyd pobl.

Er mwyn cadw pobl ag anabledd dysgu wrth galon y Strategaeth, dosbarthwyd holiaduron i unigolion, eu gofalwyr a darparwyr gofal, gan sicrhau eu bod yn cael cyhoeddusrwydd eang.

I ymgysylltu â phobl ac ymgynghori ar y strategaeth, cynhelir y digwyddiadau canlynol:

- Digwyddiadau ymgysylltu yn Aberteifi, Aberaeron ac Aberystwyth ar gyfer pobl ag anableddau dysgu, eu rhieni a'u gofalwyr,
- Ymgysylltu mewn canolfannau dydd gyda rhai na all fynychu digwyddiadau ymgysylltu;
- Postio deunydd i ddarparwyr i ymgysylltu â phobl sy'n defnyddio'u gwasanaethau nad ydym efallai'n ymwybodol ohonynt.

Dyma ddyfyniadau a godwyd yn uniongyrchol o'r holiaduron wedi'u cynnwys ar y tudalennau canlynol. Mae'r holl negeseuon cyffredin a gasglwyd o'r holiaduron wedi siapiao pob maes canlyniad gwahanol yn y strategaeth hon.

### Oddi wrth Ddwyg Anabledd Dysgu

- Gwell Mynediad i Wasanaethau Gofal Cymdeithasol ac Iechyd -

**“Mae'n mynd yn anodd cael mynediad at y Meddyg Teulu am fod ganddynt system apwyntiadau newydd erbyn hyn.”**

- Gwell Cyfathrebu-

**“Mae mam wedi fy helpu i lenwi hwn ac mae wedi gorfod esbonio'r cwestiynau mewn ffordd y GALLAF I ddeall.”**

### Oddi wrth Bobl ag Anabledd Dysgu

- Gwella cyfleoedd Cymdeithasol a Hamdden-

“... mae'n anodd iawn cael mynediad at unrhyw beth. Mae'r holl wasanaethau fel petaent wedi'u cwtdgi trwy'r amser, wedi cael llond bol ar ofyn am help drwy'r adeg – a chael yr ateb bod dim ar gael.”

**“Mae'r penwythnosau'n gymunedol iawn ond does fawr ddim cymorth ar nosweithiau yn yr wythnos.”**

- Gwella cyfleoedd Cyflogaeth a Hyfforddiant -

**“Llwyddo i wneud arian o fy ymdrechion creadigol (arlungio, dylunio graffeg, ysgrifennu)”**

“Mae gen i waith ond byddai angen cymorth arna'i i gyflawni hyn.”

**“Eisiau mwy o waith gyda thâl.”**

- Gwella Trafnidiaeth -

**“Cael mwy o ddefnydd o drafnidiaeth i gyrraedd y gymuned sy'n bellach i ffwrdd.”**

**“Gallu cael mynediad corfforol i'r gymuned – alla' i ddim mynd i rai llefydd oherwydd fy nghadair.”**

- Cefnogi'r unigolyn - **“Gallu siarad efo rhywun os ydw i'n poeni am rywbeth – Gweithiwr allweddol, cynorthwydd personol”**

### Oddi wrth Ofalwyr

- Cael yr un gweithwyr proffesiynol yn darparu gofal a chymorth i bobl ag anableddau dysgu trwy'r adeg.
- Lleihau'r amser mae'n ei gymryd i gynnal adolygiadau, a darparu mwy o wybodaeth am newidiadau o ran gweithwyr proffesiynol sy'n gweithio gyda theuluoedd.
- Yr angen i gadw gwasanaethau allweddol, megis Canolfannau Cymorth Cymunedol, sy'n darparu seibiant i ofalwyr.
- Datblygu mwy o wasanaethau o fewn y sir fel nad oes angen gwahanu teuluoedd oherwydd prinder gwasanaethau.

### Oddi wrth Ddarparwyr Gwasanaethau

Mae darparwyr gwasanaethau am weithio'n agosach gydag adran gomisiynu'r Gwasanaethau Cymdeithasol, i gyd-gynllunio a chyd-gynhyrchu gwasanaethau.

- Gwella'r cyfathrebu rhwng Darparwyr Gwasanaethau ag Iechyd a Gwasanaethau Cymdeithasol.
- Datblygu gwasanaethau pontio i alluogi pobl i fyw bywydau llawnach.
- Datblygu eiriolaeth o fewn Ceredigion fel bod y broses o ail-gynllunio gwasanaethau yn canolbwyntio ar unigolion.

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## Rhoi'r Strategaeth yn ei Chyd-destun Cenedlaethol, Rhanbarthol a Lleol

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### Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014

Daeth Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014 (y Ddeddf) i rym yn Ebrill 2016. Mae hon yn newid yn sylfaenol y modd y mae gwasanaethau gofal a chymorth yn cael eu cyflenwi yng Nghymru, ac o ganlyniad, mae gofyn bod yna newid sylfaenol i'r modd y mae gwasanaethau Gofal Cymdeithasol ac Iechyd yn gweithredu.

Mae'r Ddeddf yn seiliedig ar fframwaith Gwasanaethau Cymdeithasol Cynaliadwy Llywodraeth Cymru a'r egwyddorion canlynol:

- Llais a rheolaeth – sicrhau bod y gofal yn canolbwyntio ar unigolion a'u hanghenion, a rhoi llais iddyn nhw, a rheolaeth dros gael y canlyniadau all helpu i sicrhau eu lles.
- Ataliad ac ymyrraeth gynnar – cynyddu gwasanaethau ataliol o fewn y gymuned i leihau'r angen am ofal parhaus sydd wedi'i reoli.
- Llesiant – cynorthwyo pobl i sicrhau eu lles eu hunain a mesur llwyddiant y gofal a'r cymorth.
- Cyd-gynhyrchu – annog unigolion i gymryd mwy o ran yn y gwaith o gynllunio a chyflenwi gwasanaethau.

Mae'r Ddeddf yn gosod dyletswydd ar Awdurdodau Lleol i hyrwyddo lles y rhai sydd angen gofal a chymorth. Mae hefyd yn gosod dyletswydd ar awdurdodau lleol a byrddau iechyd i weithio gyda'i gilydd mewn partneriaethau statudol newydd, sef Byrddau Gwasanaethau Cyhoeddus, i hyrwyddo integreiddiad, arloesedd a newidiadau i wasanaethau.

Dan y Ddeddf, mae'n ofynnol cynnal asesiad o'r boblogaeth. Mae Cyngor Sir Ceredigion a Bwrdd Iechyd Prifysgol Hywel Dda'n gweithio'n agos â phartneriaid a'r trydydd sector i baratoi asesiad, a fydd yn ein darparu â gwybodaeth am anghenion gofal a chymorth unigol, gan gynnwys gofaluwr yn yr ardal sydd angen cymorth, amrywiaeth a lefel y gwasanaethau a ddarperir ar hyn o bryd, ac i ba raddau yr ydym yn methu â chwrdd ag anghenion gofal a chymorth rhai o drigolion yr ardal.

### Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015

Mae Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015 yn rhoi pwyslais pellach ar gynllunio ar gyfer y dyfodol, gweithio ar y cyd ar draws sefydliadau gwasanaethau cyhoeddus, a gweithio'n agosach ac mewn ffordd well gyda phobl a chymunedau.

Hefyd, yn ddiweddar mae Llywodraeth Cymru wedi cyhoeddi Cyfarwyddyd Ymarfer ar ddatblygu strategaeth gomisiynu ar gyfer pobl ag anabledd dysgu. Mae'r Cyfarwyddyd hwn yn cynnwys 7 maes canlyniad allweddol, a amlinellir isod. Mae'r 7 maes canlyniad hyn wedi'u cysylltu â chanlyniadau allweddol y strategaeth hon.



Tua diwedd 2015 a dechrau 2016 cynhaliodd Arolygiaeth Gofal Iechyd Cymru (AGIC) adolygiad thematig o wasanaethau iechyd y GIG ar gyfer pobl ag anableddau dysgu yng Nghymru.



Roedd yr adolygiad hwn yn cynnwys arolwg o bob un o'r saith bwrdd iechyd yng Nghymru; gwaith maes manwl ochr yn ochr ag Arolygiaeth Gofal Iechyd Cymru (AGIC) o fewn chwe thîm iechyd anabledd dysgu cymunedol, o bum bwrdd iechyd gwahanol; arolygiadau o dimau iechyd anabledd dysgu cymunedol y ddau fwrdd iechyd arall; ac arolygiadau o leoliadau preswyl a ddarperir gan y GIG ar gyfer pobl ag anableddau dysgu, gan gynnwys unedau asesu a thriniaethau.

Roedd yr adroddiad a gynhyrchwyd yn sgil yr adolygiad yn nodi cryfderau cyffredin a meysydd i'w gwella, ac yn gosod argymhellion ar gyfer byrddau iechyd a llunwyr polisiau. Defnyddiwyd canfyddiadau'r adroddiad hwnnw wrth fynd ati i lunio'r strategaeth hon.

Sefydlwyd Partneriaeth Gofal Gorllewin Cymru (PGGC) i sicrhau bod holl sefydliadau'r gwasanaethau cyhoeddus ar draws y rhanbarth yn gweithio gyda'i gilydd, i helpu pobl ag anableddau dysgu i sicrhau'r canlyniad sy'n bwysig iddyn nhw.

Mae PGGC wedi datblygu a chytuno ar 'Ddatganiad o Fwriad ar gyfer Gwasanaethau Anabledd Dysgu'. Mae'r ddogfen hon yn amlinellu eu hymrwymiad i wella gwasanaethau anabledd dysgu, ac mae'n disgrifio'r dull cydweithredol sydd ei angen i drawsnewid y gwasanaethau yng Ngorllewin Cymru er gwell dros y tair blynedd nesaf. Mae'n gosod dyletswydd statudol ar Wasanaethau Iechyd a Gofal Cymdeithasol, ac yn amlinellu sut mae sefydliadau sy'n bartneriaid yn bwriadu ymrwymo i raglen o drawsnewid, gyda chymorth yr holl randdeiliaid.

Mae gan Fwrdd y Rhaglen, a sefydlwyd i arwain y broses o roi argymhellion y Datganiad o Fwriad ar waith, weledigaeth o ran datblygu model gofal integredig ar gyfer pobl ag anableddau dysgu, eu teuluoedd a'u gofalwyr ar draws y rhanbarth cyfan.

**“Gyda'n gilydd, a gyda chi, rydym wedi ymrwymo i gynorthwyo pobl sydd ag anghenion unigol i fyw'r bywyd a ddymunant. Trwy ddarparu amrywiaeth o wasanaethau gofal a chymorth hyblyg, byddwn yn sicrhau bod pobl ag anableddau dysgu mor annibynnol â phosib ac yn cymryd rhan lawn yn eu cymunedau lleol.”**

Bydd yr uchelgeisiau a osodir yn y Datganiad o Fwriad yn dod yn rhan annatod o'r modd y cyflenwir y model gofal rhanbarthol ar gyfer pobl ag anableddau dysgu.

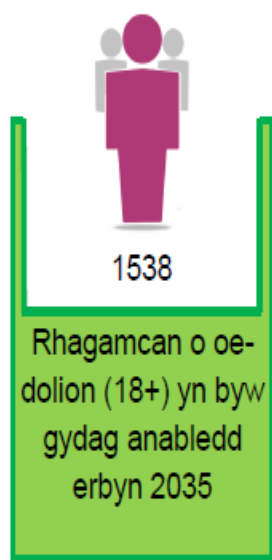
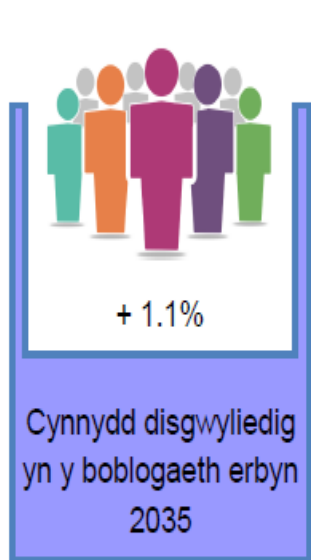
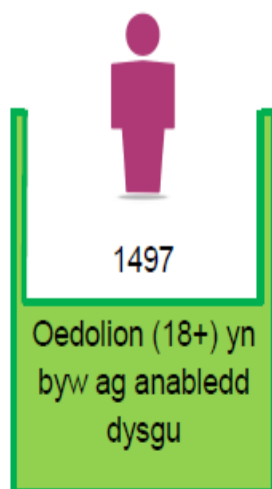
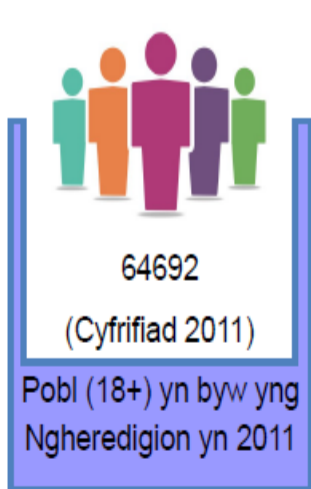
Mae aelodaeth Bwrdd Partneriaeth Anableddau Dysgu Ceredigion yn cynnwys rhieni a gofalwyr, a sefydliadau sy'n bartneriaid, (CSC, BIPHDd, Pobl yn Gyntaf Sir Gaerfyrddin a Chymdeithas Mudiadau Gwirfoddol Ceredigion (CAVO)). Nod y Bwrdd yw sicrhau bod pobl ag anableddau dysgu yn rhan ganolog o'r holl drafodaethau sy'n ymwneud â gwasanaethau anabledd dysgu. Mae'r Bwrdd yn rhannu gwybodaeth ar raddfa eang ar draws partneriaethau lleol a rhanbarthol allweddol eraill, fel bod barn a lleisiau pobl Ceredigion yn siapio gwasanaethau'r dyfodol.

Yn ogystal, mae yna Fwrdd Gwasanaethau Cyhoeddus Lleol. Mae'r Bwrdd hwn yn gyfrifol am sicrhau bod yna ddulliau cyd-drefnus a chyson o gomisiynu gwasanaethau ar ran asiantaethau sy'n bartneriaid yng Ngheredigion. Ei nod yw sicrhau ymagwedd gydgyssylltiedig tuag at gynllunio strategol a darparu gwasanaethau, er mwyn gwneud y defnydd gorau posib o adnoddau cyhoeddus, a darparu gwasanaethau di-dor drwy weithio ar draws ffiniau sefydliadol.



Unwaith bod y strategaeth hon wedi'i chymeradwyo, bydd y Bwrdd yn monitro'r modd y'i cyflenwir yn erbyn cynllun gweithredu a osodwyd ar gyfer y strategaeth. Gosodir y berthynas rhwng y Byrddau hyn yn Atodiad 1.

**Proffil Ceredigion - pobl sy'n byw ag anableddau dysgu**

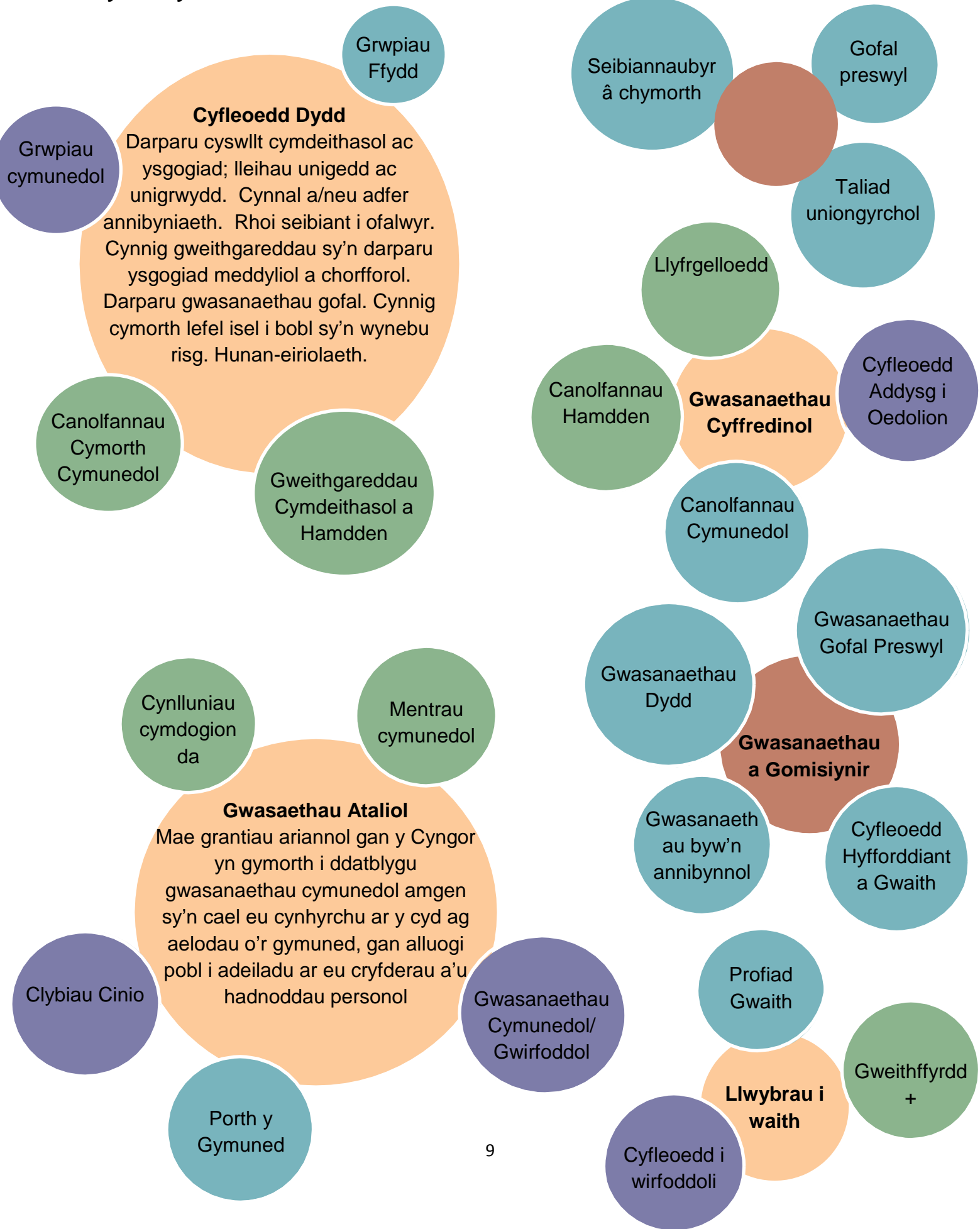


**Beth mae'r data yn ei ddweud wrthon ni?**

- Mae yna oedolion gydag anabledd dysgu na wŷyr y gwasanaethau amdanynt, neu sy'n dewis peidio a defnyddio'r gwasanaethau.
- Ar 31 Mawrth 2018, roedd 194 o bobl ag anabledd dysgu'n cael cymorth gwasanaeth a ddarparwyd a/neu a gomisiynwyd gan Gyngor Sir Ceredigion.
- O'r rhain, roedd 135 (70%) yn cael cymorth i fyw yn y gymuned, gyda 59 (30%) yn cael cymorth mewn gofal preswyl.
- Y ganran gofal preswyl hon yw'r uchaf yng Nghymru a rhanbarth BIPHDd.
- Erbyn 2035, rhagwelir y bydd 1538 o oedolion 18 oed a throsodd ag anableddau dysgu'n byw yng Ngheredigion.
- Erbyn 2035, rhagwelir y bydd y ganran o bobl 75 oed a throsodd ag anableddau dysgu'n cynyddu 60%.
- Erbyn 2035, rhagwelir y bydd 654 o oedolion 18 oed a throsodd gydag anhwylder ar y sbectrwm awtistig yn byw yng Ngheredigion.

Ceir ffynonellau'r data yn Atodiad 4.

**Proffil Ceredigion - Gwasanaethau presennol sy'n cynorthwyo pobl i fyw bywyd egniol a llawn yn eu cymuned**



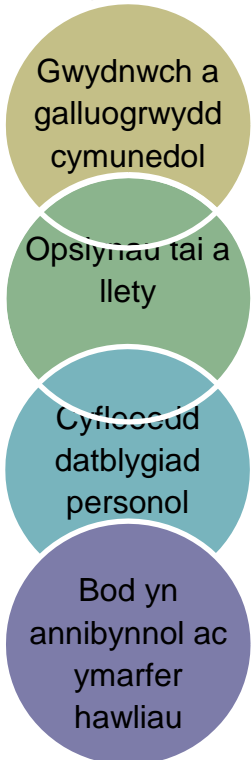
**Beth fydd hyn yn ei olygu wrth ddarparu gwasanaethau yn y dyfodol?**

- Bydd angen inni sicrhau bod yna amrywiaeth eang o gyfleoedd ar gael i bobl ag anableddau dysgu o bob oed, i ganiatáu iddynt fyw bywyd llawn ac egniol fel aelodau gwerthfawr o’u cymunedau,
- Bydd angen datblygu strategaethau comisiynu amgen sy’n cynyddu gallu cymunedol a chydnerthedd, fel bod gwasanaethau’r dyfodol yn hunangynhaliol, gan gydnabod yr heriau ariannol a wynebir gan y sector cyhoeddus,
- Bydd angen inni weithio gyda phartneriaid a phobl gydag anableddau dysgu i gynllunio a datblygu gwasanaethau cynaliadwy, cydnerth ac arloesol, gan gydnabod y budd o gyd-gynhyrchu,
- Bydd angen inni ddal ati i ganolbwyntio ar ddatblygu gwasanaethau a fydd yn hyrwyddo annibyniaeth lle bynnag y bo modd,
- Mi fydd yna alw cynyddol am wasanaethau arbenigol e.e. Awtistiaeth. Cyhoeddodd Llywodraeth Cymru Gynllun Gweithredu Strategol newydd ar gyfer Anhwylderau’r Sbectwm Awtistig yn 2016. Y bwriad yw datblygu ymateb rhanbarthol i’r Cynllun Gweithredu hwnnw.

Mae Atodiad 2 yn cynnwys nifer o siartiau data manwl am y gwasanaethau a ddefnyddir, a’r wybodaeth ddemograffig ynghylch y defnydd o wasanaethau gan bobl ag anableddau dysgu.

**Canlyniadau allweddol i bobl ag anableddau dysgu**

Rydym wedi defnyddio’r uchelgeisiau cyffredin a osodwyd gan y Grŵp Rhaglen Anableddau Dysgu fel sail ar gyfer prif feysydd canlyniad y strategaeth hon. Yr uchelgeisiau cyffredin hynny yw:



Gwella gwydnwch a galluogrwydd cymunedol drwy sicrhau dewis, hunangyfeirio a rheolaeth dros benderfyniadau sy’n effeithio ar fywydau pobl ag anabledd dysgu, yn unol â’r Ddeddf Gwasanaethau Cymdeithasol a Llesiant.

Gwella ansawdd bywyd trwy wella’r dewis o dai a llety ar gyfer pobl ag anabledd dysgu, gan sicrhau bod y mwyafrif ohono yr un fath ag ar gyfer pobl eraill yn y gymuned.

Byddai cael mwy o gyfleoedd ar gyfer datblygiad personol a phrofiadau bywyd yn gwella lles ac ansawdd bywyd pobl ag anableddau dysgu.

Byddai cael pob cyfle i fod yn annibynnol, i ymarfer a mwynhau eu hawliau a chwrdd â’u hymrwymyiadau unigol, yn gwella ansawdd bywyd pobl ag anableddau dysgu.

**Cylch Cymorth Ceredigion ar gyfer Anabledd Dysgu**



Rydym wedi mapio'r adborth a gasglwyd gennym, a'r straeon a glywsom yn ystod ein gweithgareddau ymgysylltu yn erbyn y 4 maes canlyniad hyn, ac o ganlyniad rydym wedi datblygu fframwaith a'i alw'n Gylch Cymorth ar gyfer Pobl ag Anableddau Dysgu.

Mae pob rhan o'r cylch yn nodi agwedd allweddol o fywyd bob dydd a fyddai, pe na bai ar gael, yn cael effaith negyddol ar ansawdd bywyd pobl gydag anabledd dysgu.

Gwnaethpwyd pob rhan wahanol o'r Cylch Cymorth yn faes canlyniad allweddol.

## Maes canlyniad allweddol 1:

**Gwella gwydnwch a galluogrwydd cymunedol drwy sicrhau dewis, hunangyfeirio a rheolaeth dros benderfyniadau sy'n effeithio ar fywydau pobl ag anabledd dysgu, yn unol â'r Ddeddf Gwasanaethau Cymdeithasol a Llesiant.**

### 1: Gwasanaethau Allgymorth / Atebion Creadigol

Mae Cyngor Sir Ceredigion a Bwrdd Iechyd Prifysgol Hywel Dda yn gweithio mewn partneriaeth â nifer o asiantaethau a sefydliadau i ddarparu ystod eang o wasanaethau. Mae'r gwasanaethau hyn, sy'n cynnwys seibiant, gofal dydd, cymorth i fyw'n annibynnol, gofal preswyl, y defnydd o larymau cymunedol a Thaliadau Uniongyrchol, yn cynorthwyo pobl ag anabledd dysgu i wneud y mwyaf o'u potensial ac yn hyrwyddo annibyniaeth a chynhwysiant cymdeithasol.

Er bod amrywiaeth eang o wasanaethau ar gael ar gyfer pobl ag anabledd dysgu yng Ngheredigion, nodwyd mewn ymateb i'r holiadur bod cael mynediad i'r amrywiaeth ehangach o weithgareddau cymunedol sydd ar gael y tu allan i'r oriau 9am i 5pm ac ar benwythnosau – yn enwedig ar ddydd Sul – yn anhawster allweddol i bobl ag anableddau dysgu a'u gofalwyr.

**“... mae'n anodd iawn cael mynediad at unrhyw beth.”**

**“... dwi wedi cael llond bol ar ofyn am help trwy'r amser – a chael yr ateb bod dim ar gael.”**

**“Mae'r penwythnosau'n gymunedol iawn ond does fawr ddim cymorth ar nosweithiau yn yr wythnos.”**

Dan y Ddeddf Gwasanaethau Cymdeithasol a Llesiant, mae'n ddyletswydd ar yr Awdurdod Lleol i ddarparu gwasanaeth Gwybodaeth, Cyngor a Chymorth, a hynny yn newis iaith y defnyddiwr. Bydd hyn yn gwneud hi'n haws i bawb gael gwybodaeth a chynghor cyfredol a chilir am yr holl wasanaethau sydd ar gael yn eu hardal. Bydd hyn yn helpu pobl i wneud penderfyniadau am y cymorth sydd ei angen arnynt i fyw bywyd fel y dymunant.

Dywedodd pobl wrthym eu bod yn gwerthfawrogi Canolfannau Cymorth Cymunedol, ond eu bod am gael mynediad at gyfleoedd gwaith a mathau eraill o wasanaethau a gweithgareddau. Cyfleoedd cyfyngedig sydd ar gael yn eu cymunedau, a'r nod yw cryfhau'r cysylltiadau cymunedol.

Rydym yn bwriadu ehangu'r broses ymgysylltu i gynnwys cymunedau, busnesau, cynghorau tref a chymuned a'r sector gwirfoddol, i ystyried sut y gellir gwella'r amrywiaeth o gyfleoedd ar gyfer pobl ag anabledd dysgu yng Ngheredigion.

### Ein hargymhellion:

- Dod o hyd i bobl ag anableddau dysgu sy'n fodlon bod yn eiriolwyr yn eu cymunedau, gan helpu i godi ymwybyddiaeth a dealltwriaeth o anableddau dysgu.
- Datblygu a darparu hyfforddiant ymwybyddiaeth anabledd dysgu priodol o fewn cymunedau, mewn partneriaeth â phobl ag anableddau dysgu a'u gweithwyr cymorth.

- Cynnal ymarfer ymgysylltu â chymunedau i nodi cyfleoedd posib i bobl ag anableddau dysgu i gymryd mwy o ran yn y gymuned.
- Datblygu cysylltiadau rhwng gwasanaethau anabledd dysgu â Chysylltwyr Cymunedol Porth y Gymuned, i annog datblygiad cyfleoedd cymunedol amgen.
- Archwilio cyfleoedd gwahanol i'r rhai sydd ar gael yn ystod y dydd, yn enwedig fin nos ac ar benwythnosau.

## 2. Cyfathrebu a Gwybodaeth

Mae cyfathrebu'n hollbwysig i sicrhau bod pobl yn gallu mynegi'u hunain a gwneud synnwyr o'r byd o'u hamgylch. Mae'n hanfodol bod dulliau cyfathrebu ar gael i bobl ag anableddau dysgu, i'w galluogi i wneud eu penderfyniadau eu hunain a dewisiadau gwybodus am y modd maent am wireddu eu hamcanion. Mae pwysigrwydd gwybodaeth, cyngor a chymorth o ansawdd da wedi'i ymgorffori yn y Ddeddf Gwasanaethau Cymdeithasol a Llesiant.

Dywedwyd wrthym fod yn well gan y mwyafrif o bobl ag anableddau dysgu bod eu gweithwyr cymorth a'r gwasanaethau'n defnyddio'r dull Arwyddo Syml ('Simple Signing') a Hawdd ei Ddarllen ('Easy-Read'). Roedd yr adborth hefyd yn cadarnhau bod yna angen clir i wella'r cyfathrebu rhwng adrannau o fewn gwasanaethau statudol, darparwyr gwasanaethau, a phobl ag anabledd dysgu a'u teuluoedd a'u gofalwyr. Roedd yna bryder bod partneriaid statudol ar hyn o bryd yn dibynnu gormod ar ddefnyddio Technoleg Gwybodaeth (TG) fel dull o gyfathrebu, ac nad hwnnw oedd y dull mwyaf effeithiol o gyfathrebu ag unigolion bob tro.

### **Beth ddywedodd pobl wrthon ni:**

Gofynnwch gwestiynau mewn ffyrdd y gallaf eu deall

Dwedwch wrthon ni pam eich bod chi'n gwneud pethau

Gofynnwch bethau sy'n bwysig i mi

Defnyddiwch symbolau Hawdd ei Ddarllen sy'n gyfarwydd i ni

### **Ein hargymhellion:**

- Bydd y dull Hawdd ei Ddarllen o gynhyrchu gwybodaeth hawdd ei darllen yn dod yn rhan o safonau cyfathrebu Cyngor Sir Ceredigion a Bwrdd Iechyd Prifysgol Hywel Dda ar gyfer pob cyfarwyddiaeth.
- Dylid darparu hyfforddiant Arwyddo Syml a Hawdd ei Ddarllen ar gyfer staff perthnasol a phobl ag anabledd dysgu. Dylai pobl ag anabledd dysgu gymryd rhan yn yr hyfforddiant a ddarperir i staff.



- Dylai sefydliadau ystyried y bobl maent am gyfathrebu â nhw, a defnyddio'r ffordd fwyaf priodol o rannu gwybodaeth. Dylid gwneud defnydd o ffonau, llythyron, e-byst ac ati.
- Rhaid i ddarparwyr gwasanaethau sicrhau bod ganddynt weithdrefnau cwyno hygyrch. Rhaid iddynt annog defnyddwyr gwasanaethau i drafod a rhoi gwybod am broblemau.
- Adeiladu cysylltiadau cryfach a chyfathrebu dwyffordd rhwng y Bwrdd Partneriaeth Anabledd Dysgu â'i randdeiliaid, gan gynnwys pobl ag anabledd dysgu, eu teuluoedd ac aelodau staff.

### 3. Lleisiau, Dewisiadau ac Eiriolaeth

Mae eiriolaeth yn golygu bod pobl yn cael cymorth gan rywun arall i helpu i fynegi'u barn a'u dymuniadau, a gwneud yn siŵr bod eu lleisiau'n cael eu clywed.

Mae cael llais a dewis yn rhoi grym i bobl i wneud penderfyniadau am eu hopsiynau cymorth. Byddwn yn sicrhau bod y cymorth a'r gefnogaeth sydd ar gael wedi'i deilwra i gwrdd ag anghenion pob unigolyn, a byddwn yn sicrhau eu bod yn ymwybodol o'r holl gymorth sydd ar gael gan sefydliadau sy'n bartneriaid a chymunedau.

Mae Cyngor Sir Ceredigion yn comisiynu gwasanaethau eiriolaeth fel bod pobl ag anabledd dysgu'n cael cymorth gan eiriolwyr annibynnol.

Ond, wrth roi adborth i'r holiaduron, dywedodd pobl ag anabledd dysgu, eu gofalwyr a'u darparwyr gofal y canlynol wrthym:

**“Mae yna angen DIRFAWR am wasanaethau eiriolaeth annibynnol yng Ngheredigion.”**

**“Nid oes unrhyw wasanaeth Eiriolaeth wedi bodoli i bob pwrpas dros y blynyddoedd diwethaf.”**

Rydym wedi defnyddio'r wybodaeth hon i wneud yr argymhellion canlynol.

#### Ein hargymhellion:

- Sicrhau bod gwasanaethau Eiriolaeth ar gael ar gyfer pobl ag anabledd dysgu a chefnogi eu defnydd mewn modd cadarnhaol o fewn cynllunio gofal a chymorth.
- Bydd pobl ag anabledd dysgu a'u gofalwyr yn cymryd rhan lawn yn y broses o gynllunio, adolygu a diwygio pecynnau cymorth.
- Bydd pobl ag anabledd dysgu a'u gofalwyr yn cael cymorth i dderbyn, defnyddio a deall gwybodaeth briodol am yr ystod o wasanaethau sydd ar gael, a dylai'r gwasanaethau hynny fod ar gael i'r un graddau i bawb sydd ag anabledd dysgu.
- Pan fyddant yn bresennol yn ystod sgysiau a thrafodaethau am eu gofal a'u lles, dylid siarad yn uniongyrchol â phobl ag anableddau dysgu. Gosodir gwerth ar unigoliaeth, llais a dewis bob un.

## Maes canlyniad allweddol 2:

**Gwella ansawdd bywyd trwy wella'r dewis o dai a llety ar gyfer pobl ag anabledd dysgu, gan sicrhau bod y mwyafrif ohono yr un fath ag ar gyfer pobl eraill yn y gymuned.**

### 4. Tai

Dylid cael dewis eang o lety o ansawdd da ar gyfer pobl ag anabledd dysgu, gan gynnwys byw â chymorth, llety preswyl, rhentu preifat, lleoli oedolion, cysylltu bywydau, a byw gyda theulu. Lle bynnag y bo modd, dylai unigolion allu dewis ble maent yn byw, a gyda phwy maent yn byw.

**“Dwi hoffi byw ar ben fy hun, dwi'n hapus ar ben fy hun.”**

**“Ar yr adeg iawn, mewn tŷ gydag eraill, pan fydd y teulu ddim efo fi bellach i helpu”.**

Yn ystod y sesiynau ymgysylltu cynnar, daeth hi'n amlwg bod cael dewis eang o lety'n flaenoriaeth bwysig i bobl ag anabledd dysgu. Ar hyn o bryd mae Ceredigion yn cynnig nifer o opsiynau llety gwahanol, gan gynnwys prosiectau preswyl a byw â chymorth.

#### Ein hargymhellion:

- Darparu gwybodaeth a chymorth ar opsiynau tai er mwyn i unigolion allu gwneud penderfyniadau gwybodus ynghylch byw'n annibynnol.
- Rhoi cefnogaeth gadarnhaol i unigolion, eu teuluoedd a'u gofalwyr i ystyried anghenion tai yn y dyfodol.
- Archwilio sut y gall cynlluniau tai yn y dyfodol gynnwys amrywiaeth o opsiynau llety sy'n addas i bobl ag anabledd dysgu.
- Bydd pobl ag anabledd dysgu'n cymryd rhan lawn ym mhob agwedd o gynllunio gofal.
- Dylai pobl ag anabledd dysgu gael dewis ble maen nhw'n byw, a gyda phwy maen nhw'n byw lle bynnag y bo hynny'n bosib.
- Rhaid i bartneriaid weithio gyda'i gilydd i lunio datganiad safle yn y farchnad ar gyfer llety â chymorth a chyfleoedd tai, nodi bylchau'n seiliedig ar yr angen, nawr ac yn y dyfodol, a datblygu cynllun tai strategol ar gyfer pobl ag anableddau dysgu.
- Gwella ansawdd bywyd trwy gynyddu a gwella'r dewis o dai a llety ar gyfer pobl ag anabledd dysgu.

## Maes canlyniad allweddol 3:

**Byddai cael mwy o gyfleoedd ar gyfer datblygiad personol a phrofiadau bywyd yn gwella lles ac ansawdd bywyd pobl ag anableddau dysgu.**

### 5. Cymorth Gofal Cymdeithasol

Rydym yn cydnabod y bydd angen cymorth y Gwasanaethau Cymdeithasol ar rai pobl ag anabledd dysgu ar ryw adeg yn ystod eu bywydau. Dan y Ddeddf Gwasanaethau Cymdeithasol a Llesiant cyflwynwyd proses asesu newydd, ac mae honno'n seiliedig ar yr hyn sy'n bwysig i'r unigolyn ei hun. Bydd yr asesiad yn ystyried cryfderau'r unigolyn a'r cymorth sydd ar gael i'r unigolyn hwnnw, ei deulu, ac eraill yn gymuned.

Mae staff Gofal Cymdeithasol yn cynorthwyo pobl ag anabledd dysgu yn ystod yr asesiad a'r broses o ddatblygu cynllun gofal. Mae gan Gyngor Sir Ceredigion gyfrifoldeb, ac mae wedi ymrwymo i ddiogelu lles plant, pobl ifanc ac oedolion agored i niwed dan ei ofal, o fewn diwylliant sy'n rhoi'r flaenoriaeth bennaf i ddiogelu. Rydym yn cydnabod ei bod hi'n hanfodol bod asiantaethau'n cydweithio'n effeithiol ac yn rhannu'r cyfrifoldeb hwn, gan sicrhau lles pobl ag anableddau dysgu, y darparwyr, a'r unigolyn sy'n eu cefnogi o ddydd i ddydd.

Yn ôl yr adborth a gafwyd mewn digwyddiadau ymgysylltu, roedd yna nifer o feysydd oedd yn bwysig i bobl ag anabledd dysgu a'u teuluoedd, gan gynnwys:

- Yr angen i gael yr un staff proffesiynol trwy gydol y prosesau asesu ac adolygu

**“Bu oedi mawr yn ein hadolygiad blynyddol oherwydd prinder staff. Cafodd ein hadolygiad ei gynnal gan fyfyrwr gwaith cymdeithasol oedd yn gadael y diwrnod canlynol.”**

- Adolygu'r cynllun gofal yn rheolaidd

**“Adolygiad blynyddol y gofalwr a'r person anabl 9 mis yn hwyr.”**

- Asiantaethau sy'n bartneriaid yn cydweithio i gwrdd ag anghenion pobl ag anabledd dysgu drwy gynllunio, datblygu, cyflenwi a gwerthuso gwasanaethau'n briodol.

### Ein hargymhellion

- Sicrhau bod pob cynllun gofal a chymorth yn canolbwyntio ar yr unigolyn, yn egluro ble mae'r unigolyn ar hyn o bryd, beth yw ei anghenion gofal a chymorth, a ble mae'n dymuno bod.
- Rhaid adolygu cynlluniau gofal a chymorth yn flynyddol.
- Rhaid cynnwys yr unigolyn ag anabledd dysgu a'i deulu wrth lunio cynlluniau gofal a chymorth.
- Gweithio gyda phobl sydd ag anabledd dysgu i greu opsiynau hyblyg ar gyfer gweithgareddau sy'n canolbwyntio ar yr unigolyn, a gwasanaethau sy'n hyrwyddo annibyniaeth.

- Gweithio gyda darparwyr gwasanaethau a phobl ag anabledd dysgu i ddatblygu dealltwriaeth lawnach o'r angen, y gwasanaethau sydd ar gael ar hyn o bryd, a dulliau mwy effeithiol o gomisiynu gwasanaethau sy'n hyrwyddo annibyniaeth.

## 6. Gofal Iechyd Cyffredinol a Thriniaethau

Mae yna nifer allweddol o heriau'n wynebu'r gwasanaethau anabledd dysgu, gan gynnwys:

- Mae nifer y bobl ag anabledd dysgu'n cynyddu,
- Mae nifer y bobl ag anableddau dysgu difrifol ac anghenion iechyd Cymhleth yn cynyddu,
- Mae pobl ag anabledd dysgu'n byw'n hirach ac yn dioddef o gyflyrau sy'n gysylltiedig ag oedran megis Dementia.
- Mae angen darparu mwy gyda llai o arian.

Mae ein gwasanaethau Iechyd Meddwl ac Anabledd Dysgu'n canolbwyntio ar fodel cynnydd sy'n anelu at wella gwydnwch cymunedol a galluogrwydd drwy sicrhau dewis, hunangyfeirio, a rhoi rheolaeth i bobl dros eu bywydau'u hunain, gan symud i ffwrdd o'r gwasanaethau traddodiadol megis ysbytai a gwasanaethau gofal preswyl.

Nid yw iechyd y rhan fwyaf o bobl ag anabledd dysgu cystal ag iechyd gweddill y boblogaeth. Mae gofyn bod pob unigolyn yn cael mynediad at yr ystod lawn o fentrau a gwasanaethau hyrwyddo iechyd, ataliad ac addysg, a ddarperir gan gontractwyr annibynnol (e.e. Deintyddion, Meddygon Teulu, Optometryddion) a gwasanaethau gofal iechyd sylfaenol ac eilaidd eraill (e.e. ysbytai, gwasanaethau iechyd meddwl) er mwyn cwrdd â'i anghenion corfforol a'i anghenion iechyd ehangach.

I gwrdd ag anghenion pobl ag anghenion dysgu, bydd angen i wasanaethau fod yn hyblyg o ran eu dulliau a'u hymyriadau. Cydnabyddir bod pobl ag anabledd dysgu'n cael mynediad at wasanaethau cymunedol a gofal sylfaenol prif ffrwd, gyda'r rhan fwyaf o'r gweithgaredd yn digwydd ar yr haenau uchaf. Mae yna, fodd bynnag, ddealltwriaeth bod angen i bartneriaid ganolbwyntio ar wasanaethau ataliol, gan gynorthwyo i ddarparu gwasanaethau haen 1 yn unol â'r weledigaeth a osodir gan Lywodraeth Cymru yn 'Gosod y Cyfeiriad: Gwasanaethau Cychwynnol a Chymuned – Rhaglen Strategol ar gyfer Cyflenwi' a'r Ddeddf Gwasanaethau Cymdeithasol a Llesiant.

Fel rhan o'r holiadur, gofynnwyd i bobl ag anableddau dysgu a'u gofalwyr beth oedd yn bwysig iddyn nhw, a lefel y gwasanaeth roedden nhw'n gallu'i dderbyn. Nodwyd y materion canlynol fel rhai allweddol bwysig i bobl ag anableddau dysgu a'u gofalwyr:

- Gallu cael gwiriad iechyd blynyddol.
- Goresgyn rhwystrau technoleg gyfrifiadurol a'r defnydd o systemau wedi'u hawtomeiddio ar gyfer apwyntiadau.

- Roedd gofalwyr yn teimlo bod angen iddyn nhw fod yn bresennol i helpu'r bobl maen nhw'n eu cynorthwyo i gyfathrebu'n effeithiol gyda staff ar wardiau.
- Derbyn gwybodaeth ar ffurf hawdd ei darllen, mae angen mwy na symbolau i allu deall.
- Pryderon am yr oedi cyn cael gwasanaethau therapi yng Ngheredigion.
- Llefydd Deintydd yn cau ac ychydig iawn o ddewis arall ar gael.

Rydym wedi cynnwys adborth mwy manwl i'r holiaduron yn Atodiad 3.

Sefydlwyd Grŵp Rhaglen Anableddau Dysgu Rhanbarthol, i ddod â phrif ddarparwyr y Gwasanaeth Gofal Cymdeithasol at ei gilydd, i sbarduno proses o ail-gynllunio ac ail-fodelu Gwasanaethau Anabledd Dysgu ar draws y rhanbarth. Bydd y Grŵp hwn yn gweithio i gyflenwi'r Flaenoriaeth Strategol a amlinellir yn y 'Datganiad o Fwriad':

**Gwella gwydnwch cymunedol a galluogrwydd drwy sicrhau dewis, hunangyfeirio, a rheolaeth dros benderfyniadau sy'n effeithio ar fywydau pobl ag anabledd dysgu, yn unol â'r Ddeddf Gwasanaethau Cymdeithasol a Llesiant.**

- Model gofal a chymorth diffiniedig (llwybrau gofal) yn seiliedig ar egwyddorion y model cynnydd.
- Lleihau nifer y plant ac oedolion ifanc sy'n mynd i ofal preswyl.
- Lleihau anghyfartaleddau iechyd ar draws continwrm gofal (o gael mynediad at wasanaethau iechyd prif ffrwd, i ofal arbenigol, ac atal argyfyngau ac afiechyd).

**Comisiynu gwasanaethau sy'n gwella ansawdd a gwerth am arian ar draws yr ystod lawn o wasanaethau iechyd a gofal cymdeithasol ar gyfer pobl ag anabledd dysgu.**

- Gwneud y mwyaf o gyfleoedd sy'n deillio o gydweithio rhanbarthol, partneriaethau a dulliau integredig, i gyflenwi gwasanaethau cost-effeithiol o safon uchel.
- Casglu data rhanbarthol a'i ddefnyddio i wneud penderfyniadau cynllunio a chomisiynu yn y dyfodol.

**Lleihau anghydraddoldebau iechyd drwy gynyddu nifer y bobl ag anableddau dysgu sy'n derbyn gwasanaethau iechyd, gofal cymdeithasol a lles cyffredinol.**

- Fframwaith rhanbarthol yn cyflenwi gwasanaethau sy'n darparu gofal wedi'i deilwra ar gyfer unigolion ac sy'n adlewyrchu anghenion lleol.

- Lleihau anghydraddoldebau iechyd ar gyfer pobl ag anableddau dysgu ar draws continwrm gofal (o gael mynediad at wasanaethau iechyd a gofal cymdeithasol prif ffrwd, i ofal arbenigol, ac atal argyfyngau ac afiechyd).
- Cynyddu gwydnwch a gallu cymunedol ar draws ystod o wasanaethau sy'n cynorthwyo pobl ag anabledd dysgu.
- Gwella'r dewis o dai a llety lleol er mwyn i bobl ag anabledd dysgu allu byw mor annibynnol â phosib, mewn lle o'u dewis nhw, hyd y bo modd.

**Ein hargymhellion** (Mewn partneriaeth â gofal sylfaenol):

- Cynyddu nifer ac ansawdd Asesiadau Iechyd Blynyddol,
- Gwella mynediad i apwyntiadau Meddyg Teulu,
- Datblygu ac annog y defnydd o Basbort Iechyd i helpu staff iechyd i ddeall anghenion y rhai maent yn darparu gofal ar eu cyfer,
- Y gwasanaethau statudol i weithredu fframwaith contractau a sicrwydd ansawdd cadarn ar gyfer yr holl wasanaethau mewnol a gwasanaethau a gomisiynir, i sicrhau canlyniadau effeithiol a mesuradwy, a fydd yn sicrhau bod y gwasanaethau a ddarperir ar gyfer pobl ag anableddau dysgu'n cwrdd â'r safonau a gytunwyd ac a ddatblygwyd mewn partneriaeth â'r bobl sy'n defnyddio'r gwasanaethau hynny.
- Bydd unigolion a'u gofalwyr yn cael cymorth i dderbyn, defnyddio a deall gwybodaeth briodol am yr amrywiaeth o wasanaethau sydd ar gael, a sut i gael mynediad atynt. (Bydd hyn yn cynnwys taflenni gwybodaeth, lythyrau canlyniadau, a gohebiaeth gyffredinol).
- Bydd pobl ag anabledd dysgu'n cymryd rhan ganolog mewn unrhyw drafodaethau wrth gynllunio'u gofal a'u lles,
- Datblygu canllawiau drafft i gynorthwyo staff i helpu pobl ag anabledd dysgu i gael perthnasoedd personol a chymdeithasol diogel, gan gynnwys defnydd o'r cyfryngau cymdeithasol a chyfarwyddyd 'Hawdd ei Ddarllen' ar ryw a pherthnasoedd personol,
- Canolbwyntio'n gyffredinol ar hyfforddiant, cyfathrebu a chodi ymwybyddiaeth ar draws yr holl leoliadau Gofal Iechyd. Bydd hwn yn ddull aml-asiantaeth, a datblygir nyrsys hwyluso Iechyd pobl ag anableddau dysgu i gynorthwyo gyda'r gwaith,
- Adolygu'r llwybr gofal ar gyfer pobl ag anabledd dysgu sydd angen gofal a chymorth lliniarol a gofal diwedd oes.

## 7. Pontio a Chymorth Teuluol

Mae yna gyfnodau pontio allweddol ym mywyd pob un ac mae'r hyn sy'n digwydd ar yr adegau hynny'n cael effaith sylweddol ar y ffordd mae pobl yn gallu byw eu bywydau, ar y pryd ac yn y dyfodol. Y cyfnod pontio a nodwyd fel yr un sy'n cael yr effaith fwyaf ar bobl ag anabledd dysgu, yw'r adeg pan maent yn symud o wasanaethau plant i wasanaethau oedolion. Gall hyn gynnwys gadael yr ysgol a gwneud trefniadau i fynyachu coleg, neu gwrdd â chyflogwyr lleol i drafod cyfleoedd gwaith.

Nodwyd nifer o ffactorau amrywiol sy'n cael effaith ar oedolyn ifanc a'r ffordd mae'n symud ymlaen, y gwasanaethau mae'n eu derbyn, ac i ba raddau mae'n llwyddo i fyw'n annibynnol.

Dylai fod llwybr clir ar gael i sicrhau bod pob unigolyn yn cael cyfnod pontio rhwng gwasanaethau plant a gwasanaethau oedolion sydd wedi'i gynllunio a'i gydlynw'n dda. Gall y cyfnod pontio fod yn un anodd i bobl ifanc, yn enwedig pan fyddan nhw'n gorfod dibynnu ar eu teuluoedd, a cheisio bod yn annibynnol ar yr un pryd.

Gall y dewisiadau ar gyfer pobl ag anableddau dysgu gael eu cyfyngu pan fydd angen iddyn nhw ddelio â systemau cymhleth a osodwyd i'w cynorthwyo. Mae Cyngor Sir Ceredigion yn cydnabod nad yw'r cynlluniau pontio bob amser wedi bod yn effeithiol, gan adael unigolion mewn sefyllfaoedd anodd.

Rydym wedi ymrwymo i wella profiadau pontio pobl ifanc, a gweithio gydag unigolion a'u teuluoedd i nodi'r ystod o gyfleoedd, cymorth ac adnoddau sydd ar gael yn lleol.

### Ein hargymhellion:

- Bydd y cynlluniau pontio'n dechrau pan fydd plant/pobl ifanc ag anableddau dysgu'n cyrraedd 14 oed,
- Bydd pobl ifanc ag anableddau dysgu a'u teuluoedd yn cymryd rhan yn y broses o nodi a chynllunio'r cymorth fydd ei angen arnynt wrth iddyn nhw ddod yn oedolion,
- Bydd pobl ifanc ag anabledd dysgu'n cael cymorth i wneud penderfyniadau ynghylch addysg, hyfforddiant a dysgu,
- Bydd pobl ifanc ag anabledd dysgu'n cael cymorth i ddatblygu sgiliau personol a sgiliau cymdeithasol hanfodol,
- Bydd pobl ifanc ag anableddau dysgu'n cael mynediad i ystod lawn o weithgareddau cymdeithasol, hamdden, chwaraeon a diwylliant.



## 8. Cymorth i Ofalwyr

Mae teuluoedd a gofalwyr yn chwarae rôl hanfodol o ran cynorthwyo pobl ag anableddau dysgu, a rhaid inni weithio i sicrhau eu bod yn derbyn gwybodaeth briodol, asesiad gofalwr, ac ystod hyblyg a chreadigol o opsiynau a fydd yn cwrdd â'u hanghenion cymorth. Dylai gofalwyr hefyd gael cyfleoedd i dderbyn hyfforddiant a chymorth priodol.

Rhaid i'r Cymorth i Ofalwyr fod yn unol â Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru). Mae'r Ddeddf yn darparu'r fframwaith cyfreithiol ar gyfer gwella lles pobl sydd angen gofal a chymorth, a gofalwyr sydd angen cymorth.

Mae rhieni a gofalwyr wedi dweud wrthon ni eu bod wedi sefydlu rhwydweithiau cymorth cyfoedion er mwyn gallu rhannu gwybodaeth a phrofiadau, a chynorthwyo'i gilydd pan fo angen.

Gall rôl gofalwr llawn amser fod yn un lafurus. Mae gofal seibiant yn rhoi cyfle i ofalwyr gymryd gwyliau neu dreulio ychydig o amser yn bodloni'u hanghenion eu hunain, gan wybod bod eu hanwyliaid yn cael y gofal gorau posib. Yn ystod 2017 /2018 darparwyd 784 o nosweithiau o ofal seibiant ar gyfer 24 o bobl ag anabledd dysgu. Yn ogystal, rydym yn darparu seibiant i ofalwyr trwy ystod o wasanaethau, gan gynnwys Taliadau Uniongyrchol.

Yn dilyn asesiad, cynigir gofal seibiant i bobl ag anableddau dysgu, eu rhieni a'u gofalwyr teuluol, am hyd at 6 wythnos y flwyddyn mewn lleoliad priodol. Gellir hefyd trefnu gofal seibiant gan ddefnyddio Taliad Uniongyrchol.

### Ein hargymhellion:

- Cynorthwyo rhieni a gofalwyr teuluol i ddatblygu eu rhwydweithiau cymorth cyfoedion eu hunain, sy'n cynnwys gofalwyr (oedolion) o bob oed,
- Cynorthwyo rhieni a gofalwyr teuluol i ganfod a chael mynediad at adnoddau er mwyn galluogi gofalwyr i barhau gyda'u rôl gofalu,
- Sicrhau bod darpariaeth gofal seibiant briodol ar gael i bobl ag anableddau dysgu yn ystod cyfnodau pontio.

## Maes canlyniad allweddol 4:

**Byddai cael pob cyfle i fod yn annibynnol, i ymarfer a mwynhau eu hawliau, a chwrdd â'u hymrwymadau unigol, yn gwella ansawdd bywyd pobl ag anableddau dysgu.**

### 9. Gweithgareddau Cymdeithasol a Hamdden

Mae cael amrywiaeth eang o gyfleoedd ar gyfer gweithgarwch cymdeithasol a hamdden yn hynod bwysig er mwyn i unigolyn allu gwneud y mwyaf o'i botensial, ac i'w alluogi i ddatblygu sgiliau academaidd, a sgiliau gwaith a bywyd newydd. Hefyd, mae cyfleoedd ystyrion yn helpu'r unigolyn i ddatblygu cyfeillgarwch a pherthynas ag eraill, i gynyddu'i hunan-barch, a gwneud cyfraniad gwerthfawr i gymdeithas.

Mae bod yn weithgar a chymryd rhan yn y gymuned hefyd yn cael effaith bositif ar iechyd a lles yr unigolyn. Yn ôl yr ymatebion i'r holiaduron, mae gweithgareddau hamdden a chymdeithasol yn chwarae rôl hanfodol ym mywydau pobl ag anabledd dysgu. Ystyrir ymarfer a/neu gymryd rhan mewn chwaraeon fel ffordd wych o gadw'n iach a heini. Mae hefyd yn darparu amgylchedd hwyliog ac yn cryfhau sgiliau cymdeithasol yr unigolyn.

Dywedodd pobl wrthym y bydden nhw wir yn gwerthfawrogi cael mynediad at amrywiaeth ehangach o gyfleoedd cymdeithasol. Mae angen i'r gweithgareddau hyn fod ar gael mewn nifer o leoliadau ar draws y sir, y tu allan i'r oriau 9am i 5pm traddodiadol, ac ar benwythnosau.

Dywedodd pobl wrthym:

- **Byddai pobl ag anabledd dysgu'n gwerthfawrogi'r cyfle i allu mynychu amrywiaeth o weithgareddau cymdeithasol yn y gymuned, er mwyn datblygu eu perthnasoedd a'u rhwydweithiau cymdeithasol ymhellach.**

#### Ein hargymhellion:

- Mapio'r cyfleoedd cymdeithasol a hamdden presennol ar gyfer pobl ag anabledd dysgu er mwyn llunio datganiad safle yn y farchnad, a fydd yn sail i gynllun datblygu,
- Parhau i ddatblygu cysylltiadau a chyfleoedd rhwng Gwasanaethau Hamdden a darparwyr gwasanaethau anabledd dysgu,
- Hyrwyddo ac annog arloesedd cymunedol i ddatblygu mentrau cymunedol a mwy o gyfleoedd i bobl ag anableddau dysgu trwy Porth y Gymuned.

### 10. Addysg, Hyfforddiant, Cyflogaeth a Gwirfoddoli

Mae'r ffordd mae pobl yn treulio'u hamser yn ystod y dydd yn hynod bwysig, a bydd cyfleoedd priodol yn gwneud y mwyaf o botensial unigolyn, ac yn ei alluogi i ddatblygu sgiliau academaidd, a sgiliau gwaith a bywyd newydd. Hefyd, mae cyfleoedd ystyrion yn helpu'r unigolyn i ddatblygu perthynas ag eraill, i gynyddu'i hunan-barch, a gwneud cyfraniad gwerthfawr i gymdeithas.

Mae gofyn bod ystod o opsiynau ar gael i unigolion ddewis ohonynt, gan gynnwys cyflogaeth, addysg, hamdden a gwasanaethau dydd.

Mae Ceredigion yn cynnig cyfleoedd i bobl ddatblygu sgiliau a chael profiad gwaith. Darperir nifer o'r rhain gan sefydliadau'r trydydd sector neu fusnesau preifat.

Mae Gweithfyrdd+ yn cynnig hyfforddiant a chyfleoedd profiad gwaith gyda thâl i bobl ifanc sydd wedi bod yn ddi-waith dros y tymor hir. Ar hyn o bryd mae Cyngor Sir Ceredigion yn chwilio am bartneriaid i ddatblygu rhaglen leol er mwyn cynnig mentora a chymorth un i un; hyfforddiant; profiad gwaith; cyfleoedd gwirfoddoli; cyfleoedd cyflogaeth gyda thâl, a chysylltiadau â chyflogwyr.

### **Ein hargymhellion:**

- Gweithio â phartneriaid i gynorthwyo pobl ag anableddau dysgu i gael mynediad at, a chymryd rhan mewn amryw o gyfleoedd gwirfoddoli gwahanol,
- Gweithio â phartneriaid i ddod o hyd i bobl ag anableddau dysgu i hyrwyddo'r maes canlyniad hwn, gan weithio gyda nifer o sefydliadau gwahanol i greu mwy o gyfleoedd gwirfoddoli, a fydd yn arwain at gyflogaeth ystyrlon,
- Gweithio â phartneriaid i gynorthwyo pobl ag anableddau dysgu i gael mynediad at, a chymryd rhan mewn cyfleoedd cyflogaeth gyda thâl,
- Penodi gweithiwr cymorth dynodedig i ddarparu cyngor gyrfaol a chyflogaeth,
- Datblygu Clybiau Swyddi ar draws y sir ar gyfer pobl ag anabledd dysgu,
- Sicrhau bod mwy o gyfleoedd i bobl ag anabledd dysgu i gael profiad gwaith ar draws y sir, yn y sector cyhoeddus, preifat neu wirfoddol.

## **11. Trafnidiaeth**

Mae trafndiaeth yn parhau i fod yn her i nifer o bobl sy'n byw yma.

Yn yr holiaduron, ni ddaeth trafndiaeth i'r amlwg fel rhywbeth oedd yn broblem arbennig i bobl ag anableddau dysgu. Mae hyn am eu bod yn aml yn cael eu gyrru i lefydd gan eu rhieni, eu gofalwyr, rhwydweithiau cymorth neu ddarparwyr gofal. Fodd bynnag, roedd eraill yn cydnabod bod cael mynediad at nifer o opsiynau trafndiaeth gwahanol yn allweddol er mwyn sicrhau a hyrwyddo annibyniaeth.

Er bod yna nifer o opsiynau trafndiaeth ar gael, mae yna fylchau o hyd sy'n cyfyngu ar y mynediad at weithgareddau a chyfleoedd cymdeithasol a chyfleoedd gwaith, yn ystod y dydd a min nos, yn enwedig i'r bobl hynny sy'n byw yn ardaloedd anghysbell y Sir.

**Ein hargymhellion:**

- Datblygu a chynnig hyfforddiant ymwybyddiaeth anabledd dysgu, yn cael ei arwain gan bobl ag anableddau dysgu, ar gyfer sefydliadau trafndiaeth gyhoeddus,
- Gweithio gyda darparwyr trafndiaeth i daclo'r rhwystrau a wynebir gan bobl wrth ddefnyddio trafndiaeth gyhoeddus,
- Gweithio gyda darparwyr trafndiaeth i gynyddu nifer y bysiau sydd â system sain yn rhoi gwybodaeth i deithwyr am yr safle bus neu'r gyrchfan nesaf.

**12. Taliadau Uniongyrchol**

Mae Taliadau Uniongyrchol yn symiau o arian parod a roir i ddefnyddwyr gwasanaethau. Mae'r taliadau hyn yn hyrwyddo annibyniaeth pobl ac yn cynnig mwy o ddewis, rheolaeth a hyblygrwydd o ran y modd maent yn derbyn gwasanaethau, er mwyn cwrdd â'u hanghenion asesedig.

Gall y cymorth gael ei drefnu gan yr unigolyn ei hun, neu gan aelodau o deulu'r unigolyn, eiriolwyr, broceriaid neu ddarparwr gwasanaeth ar ei ran. Yn dilyn asesiad, dylid cynnig taliad uniongyrchol i unigolion fel ffordd amgen o gwrdd â'r anghenion cymorth a gytunwyd ar eu cyfer.

I dderbyn taliadau uniongyrchol rhaid i'r asesiad bennu eich bod:

- Angen, neu eisoes yn derbyn cymorth oddi wrth gwasanaethau Gofal Cymdeithasol, a'ch bod
- Yn gallu 'rheoli' taliad uniongyrchol, un ai ar eich pen eich hun neu gyda chymorth teulu, ffrindiau, eiriolwyr, broceriaid neu ddarparwr gwasanaeth ar eich rhan.

**Ein hargymhellion:**

- Bydd staff perthnasol yn derbyn hyfforddiant taliadau uniongyrchol, fel eu bod yn ymwybodol o'r drefn, i sicrhau bod partneriaid yn gallu hyrwyddo a chynyddu'r defnydd o Daliadau Uniongyrchol.
- Bydd staff sy'n cynnal asesiadau ac adolygiadau'n derbyn hyfforddiant taliadau uniongyrchol mwy manwl.

## **Sut fyddwn ni rhoi'r strategaeth hon ar waith?**

Lluniwyd y Strategaeth hon yn ysbryd ymrwymiad Cyngor Sir Ceredigion a Bwrdd Iechyd Prifysgol Hywel Dda i weithio mewn partneriaeth a'r holl randdeiliaid i roi'r cynllun gweithredu ar waith. Mae'r strategaeth yn adlewyrchu ymrwymiad Ceredigion gyfan i gynorthwyo pobl ag anableddau dysgu, ac mae'n ymgorffori gwasanaethau a gweithgareddau a ddarperir ac a gyflenwir gan sefydliadau sy'n bartneriaid, gan gynnwys y sector gwirfoddol, grwpiau cymunedol a busnesau preifat.

Er mwyn sicrhau bod y strategaeth yn diwallu anghenion pobl ag anableddau dysgu, eu teuluoedd, gofalwyr, cymunedau, a gwasanaethau sy'n eu cynorthwyo, gall fod angen casglu gwybodaeth bellach dros amser, i asesu a yw'r strategaeth wedi cael effaith bositif ar fywyd pobl, a ph'un yw amcanion y strategaeth wedi'u cyflawni ai peidio.

Bydd yr wybodaeth a gesglir yn ddiennw, ac ni fydd modd adnabod unrhyw un trwy gydol y broses. Defnyddir yr wybodaeth a gesglir fel sail ar gyfer mesur perfformiad y strategaeth yn unig. Ni chesglir unrhyw wybodaeth nad yw'n berthnasol.

Rydym yn cydnabod y bydd pwysau cyllidebol yn her allweddol yn ystod oes y Strategaeth. Mae'r pwysau hyn yn golygu ei bod hi'n bwysicach fyth bod gan Bartneriaethau Ceredigion gynllun strategol clir. Gall fod angen gwneud penderfyniadau heriol wrth inni geisio gwneud y mwyaf o'r adnoddau sydd ar gael, gan ad-drefnu gwasanaethau er mwyn diwallu anghenion a gwella lles cenedlaethau'r dyfodol.

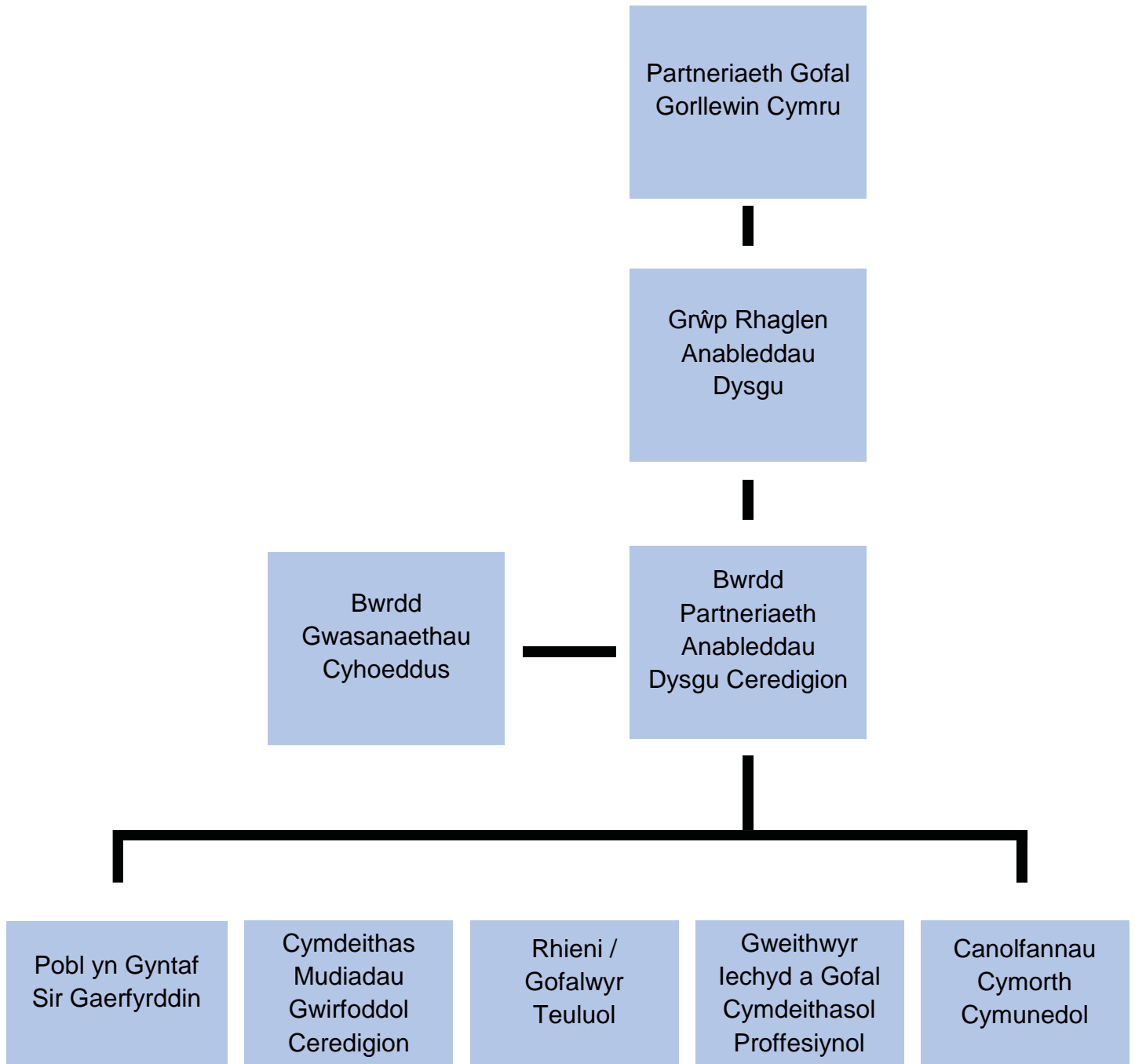
Mae Cyngor Sir Ceredigion a Bwrdd Iechyd Prifysgol Hywel Dda'n buddsoddi arian er mwyn comisiynu a darparu gwasanaethau i oedolion ag anableddau dysgu, gan gynnwys pobl ifanc yn ystod cyfnodau pontio, a'u gofalwyr. Bydd yr adnoddau sydd eu hangen er mwyn rhoi'r strategaeth hon ar waith yn dod yn sgil ailgyfeirio adnoddau presennol, wrth i wasanaethau gael eu diwygio'n unol â chyfeiriad strategol y strategaeth hon, ynghyd â pheth cyllid o'r Gronfa Gofal Integredig, er mwyn cynorthwyo i drawsnewid gwasanaethau a thorri tir newydd.

Bydd meysydd canlyniadau allweddol ac argymhellion y strategaeth hon yn cael eu dwyn ymlaen gan bartneriaid ar draws patrwm rhanbarthol ehangach Hywel Dda, dan gyfarwyddyd Partneriaeth Gofal Gorllewin Cymru.

Ar lefel leol, bydd y themâu a'r argymhellion diweddaraf, fel y'u gosodir yn y strategaeth hon, yn cael eu blaenoriaethu gan Fwrdd Partneriaeth Anableddau Dysgu Ceredigion.

# ATODIAD 1: Cysylltiadau ac Aelodaeth y Bwrdd Partneriaeth Anableddau Dysgu

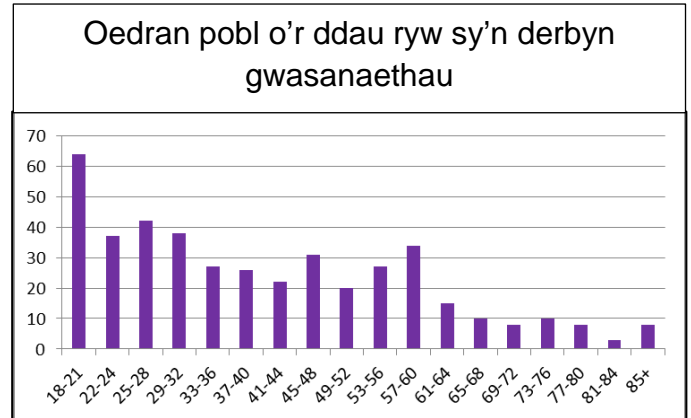
Mae'r diagram hwn yn dangos y cysylltiadau rhwng y grwpiau/byrddau rhanbarthol a lleol:



## ATODIAD 2: Data Ceredigion – Pobl y mae gofal cymdeithasol yn gwybod amdanynt sy’n derbyn gwasanaethau

Mae'r graffiau a'r tablau hyn yn rhoi manylion am y dynion a'r merched ag anableddau dysgu y mae'r gwasanaethau'n gwybod amdanynt ac yn darparu ar eu cyfer.

Oed	Dynion	Merched	Cyfanswm
18-24	64	37	101
25-44	96	59	155
45-64	77	50	127
65-76	21	7	28
77+	13	6	19



Er bod y mwyafrif o bobl sy'n cael cymorth ar hyn o bryd yn ei dderbyn trwy'r gymuned, mae canran y rhai sydd mewn gofal preswyl yn uwch na'r cyfartaledd cenedlaethol, ac mae'r rhan fwyaf o hwn yn cael ei gyflenwi gan ddarparwyr preifat.

Mae opsiynau'n cael eu harchwilio ar hyn o bryd i wella'r dewis o lety sydd ar gael, ac mae hwn yn cael ei gynnwys fel rhan o'r strategaeth ar gyfer gwella llety a thai.

Pobl sy'n derbyn gofal a chymorth drwy ofal preswyl.	Pobl sy'n derbyn gofal a chymorth drwy ofal cymunedol
30% (59 o bobl)	70% (135 o bobl)
Gofal preswyl yr Awdurdod Lleol	Gofal Preswyl y Sector Annibynnol
3% (2 berson)	97% (57 o bobl)

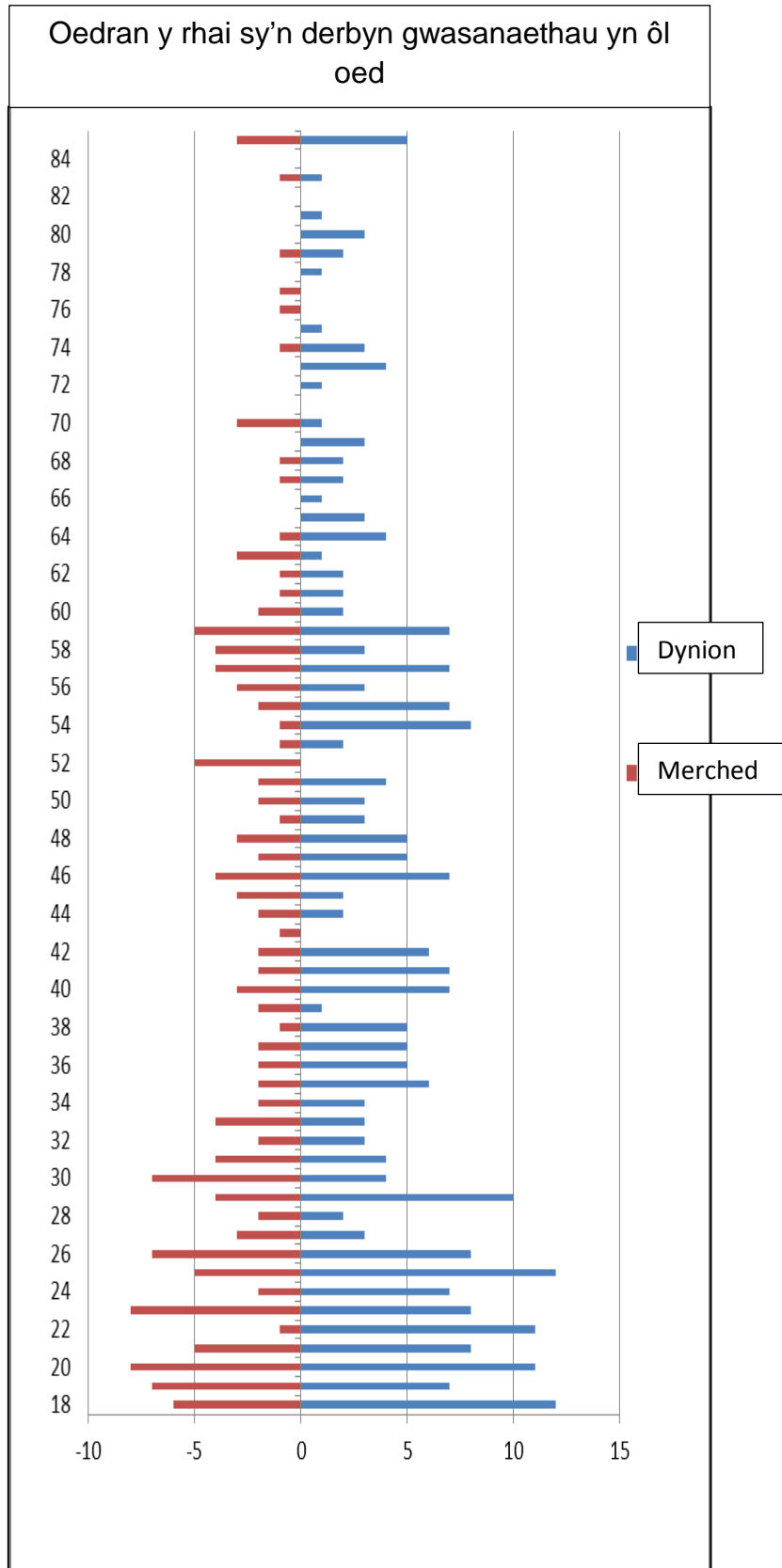


Mae'r graff hwn yn dangos bod mwy o ddynion na merched ag anabledd dysgu, a gellir gweld y duedd hon ar draws yr ystod oedran yn y graff isod.

Mae'r gwahaniaeth rhwng nifer y dynion a'r merched yn fwyaf amlwg ar ben iau a phen hŷn y graffiau.

Mae yna ddwy garfan o bobl 53-60 a 46-48 oed a fydd yn rhoi pwysau ychwanegol ar y gwasanaethau wrth iddyn nhw fynd yn hŷn, oherwydd y gydberthynas glos rhwng dementia ag anableddau dysgu.

Wrth gynllunio gwasanaethau, bydd angen rhoi ystyriaeth i'r garfan fawr o bobl 18-30 oed, sef mwyafrif y bobl ag anabledd dysgu.

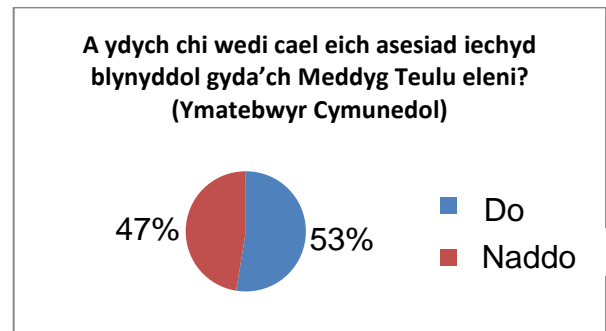
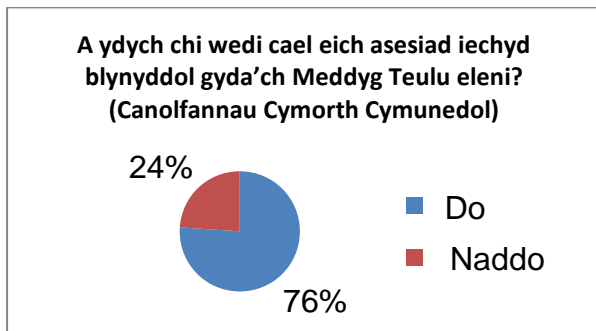


### ATODIAD 3: Dadansoddiad o'r ymatebion a gafwyd i holiadur ynghylch cael mynediad i Wasanaethau Iechyd

Holwyd cwestiynau am iechyd pobl, p'un ai oeddent wedi'u cofrestru gyda Meddyg Teulu neu Ddeintydd, a ph'un ai oedd angen iddyn nhw weld unrhyw wasanaethau iechyd eraill.

Pan ofynnwyd i bobl 'Ydych chi'n teimlo'n iach ar y foment?' roedd yr ymatebion yn amrywio, yn dibynnu ar p'un ai oeddent nhw'n mynychu Canolfan Cymorth Cymunedol ai peidio. Yn gyffredinol dywedodd 88% eu bod yn teimlo'n iach ond yn y Canolfannau Cymorth Cymunedol, dywedodd 93% eu bod yn teimlo'n iach, o'i gymharu ag 84% o'r ymatebwyr cymunedol oedd ddim yn teimlo'n iach.

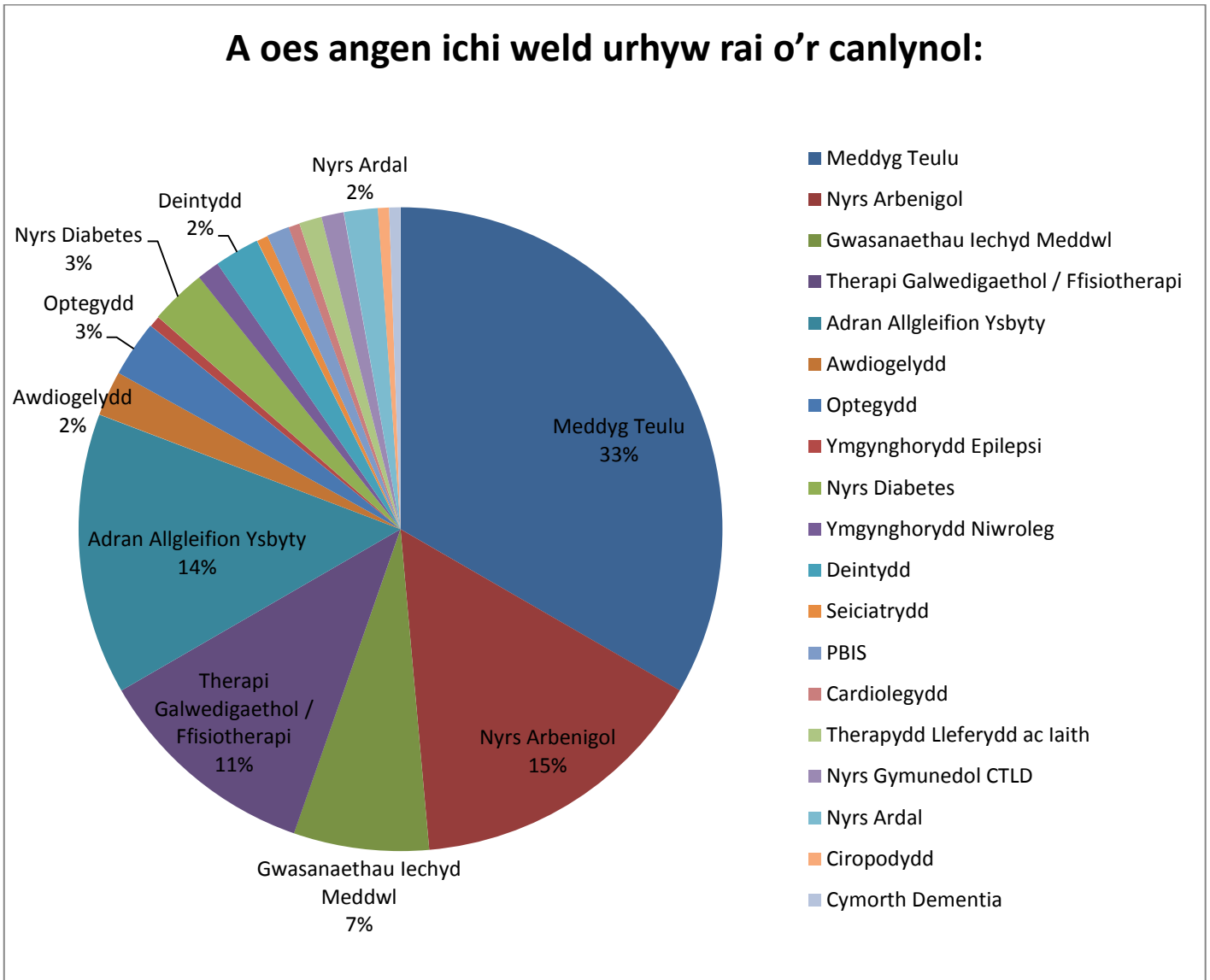
Mae hwn yn gwestiwn goddrychol ar gyfer amser penodol, felly gallai'r canlyniadau fod yn wahanol erbyn hyn petai'r un bobl yn ateb yr un cwestiwn. Fodd bynnag mae yna gydberthynas uniongyrchol rhwng y rhai a ddywedodd eu bod yn teimlo'n iach â'r nifer sydd wedi cael eu hasesiad iechyd blynyddol gyda'r Meddyg Teulu.



Mae'r graffiau hyn yn dangos yr holl ymatebion gan y ddau grŵp i'r un cwestiwn. Yn y Canolfannau Cymorth Cymunedol mae pobl yn fwy tebygol o fod wedi gweld Meddyg Teulu, ond mae hynny mae'n siŵr am fod y Canolfannau'n rhoi cymorth i bobl fynychu apwyntiadau Meddyg Teulu.

Gyda'r ymatebwyr cymunedol, mae'r lefelau mynychu'n is o lawer (sy'n cyd-fynd â'r gyfradd is sy'n teimlo'n iach). Nid yw'n glir pam, oherwydd mae yna fwy o bobl sy'n byw gyda theulu neu'n byw'n annibynnol yn mynychu Canolfannau Cymorth Cymunedol nag sydd yna o ymatebwyr cymunedol. Fodd bynnag, mae yna 47% yn union o bobl yn y gymuned sy'n byw gyda theulu neu'n annibynnol. Mae'n bosib nad yw'r rhai sy'n byw yn y gymuned yn gwybod am yr asesiadau iechyd, a heb gymorth y Canolfannau Cymorth Cymunedol, nid ydynt yn mynychu. Dyfalu yn unig yw hyn fodd bynnag, a byddai angen gwneud mwy o waith i ganfod a yw hyn yn wir ai peidio.

Mae'r graff nesaf yn darparu manylion am yr holl apwyntiadau meddygol mae pobl yn eu mynychu.



Does fawr ddim gwahaniaeth rhwng yr atebion a roddwyd gan ymatebwyr Canolfannau Cymorth Cymunedol ag ymatebwyr cymunedol, gyda dau eithriad nodedig;

Gwneir defnydd uwch o wasanaethau Iechyd Meddwl (9%) yn y gymuned a defnydd is o wasanaethau Ffisiotherapi / Therapi Galwedigaethol (5%).

Gwneir defnydd is o wasanaethau Iechyd Meddwl (5%) yn y Canolfannau Cymorth Cymunedol a defnydd uwch o wasanaethau Ffisiotherapi / Therapi Galwedigaethol (15%).

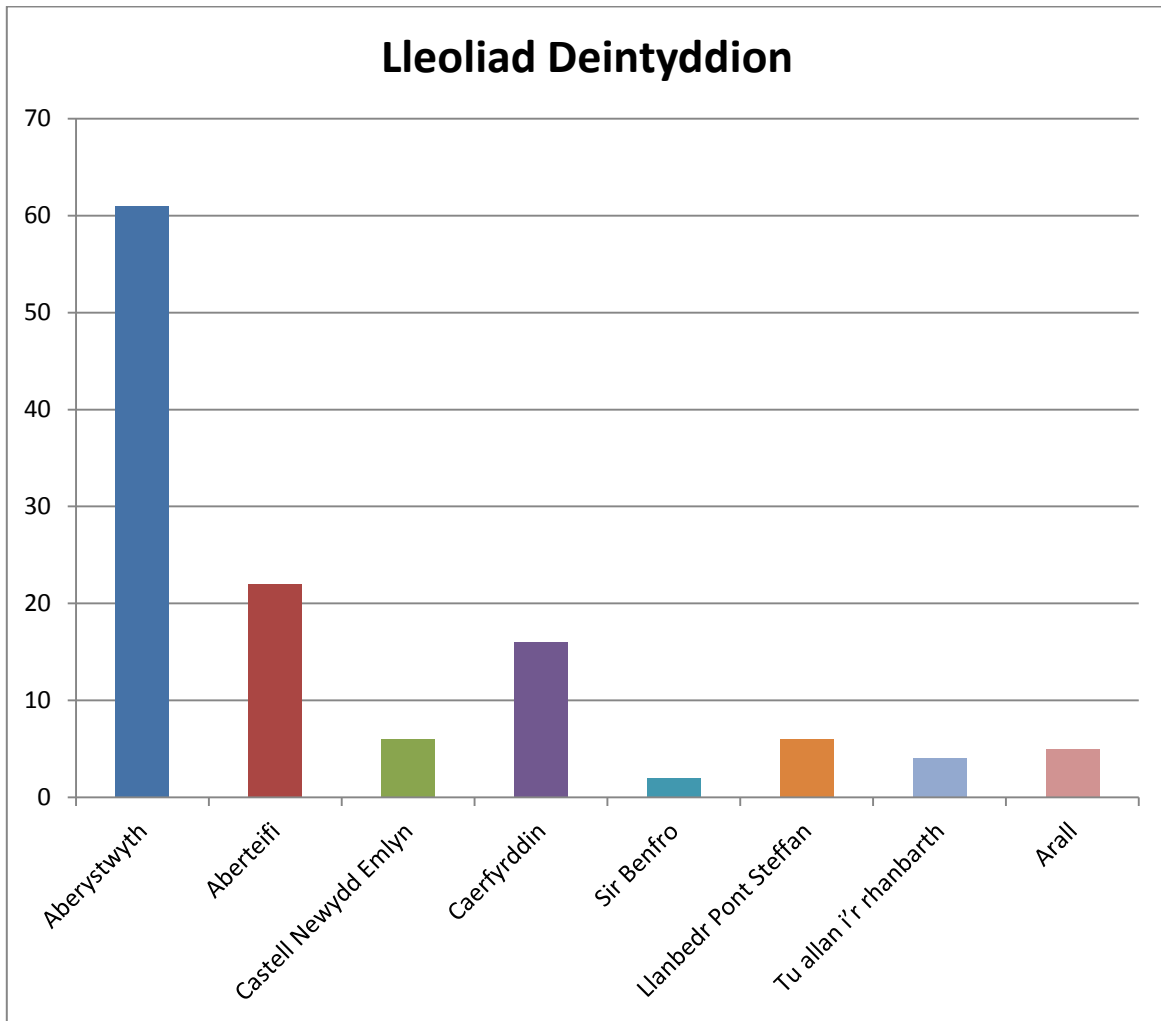
Cyfeiriodd bobl oedd yn byw yn y gymuned at y diffyg sylw i Iechyd Meddwl yn yr holiadur, ac maent yn fwy tebygol o ddiodef o unigrwydd all arwain at iselder. Mae enghreifftiau'n cynnwys;

**“... fy Iechyd meddwl”,**

**“Mwy o sylw i'r rhai sydd â ..... Iechyd meddwl ...”**

Mae'r bobl hyn hefyd yn llai tebygol o ddefnyddio Ffisiotherapi neu Therapi Galwedigaethol, am eu bod efallai'n cael y gwasanaethau hyn trwy'r Meddyg Teulu, o'i gymharu â'r rhai mewn Canolfannau Cymorth Cymunedol, sy'n derbyn y gwasanaethau hyn drwy'r ganolfan, ynghyd â chymorth i fynychu.

Gofynnwyd i bobl a oedd ganddyn nhw ddeintydd, ac roedd yr ymatebion yr un fath ar gyfer y ddau grŵp. Dywedodd 85% o'r ymatebwyr fod ganddynt ddeintydd, ac roedd y rhai a ddywedodd nad oedd ganddyn nhw un yn aml yn byw annibynnol neu gyda theulu. O'r rhai a ddywedodd nad oedd ganddyn nhw ddeintydd, dywedodd nifer bod hynny am fod y ddeintyddfa wedi cau, a'u bod yn aros iddyn nhw agor rhestr gleifion yn eu hardal.



Fel y gwelir uchod, mae mwyafrif yr ymatebwyr (38%) yn defnyddio deintydd yn Aberystwyth, gydag Aberteifi'n ail o ran poblogrwydd (14%). Yn gyfan gwbl roedd 55% o'r ymatebwyr yn mynychu deintydd yng Ngheredigion.

## ATODIAD 4: Ffynonellau data ar gyfer ffeithlun poblogaeth

### **Poblogaeth Ceredigion yn 2011:**

StatsCymru – Mae'r ffigurau'n dod o'r rhagamcanion poblogaeth a gynhyrchwyd gan Wasanaethau Gwybodaeth a Dadansoddi Llywodraeth Cymru. Y rhagamcanion poblogaeth diweddaraf sydd ar gael yw rhagamcanion poblogaeth awdurdodau lleol Cymru 2011, sy'n rhoi ystyriaeth i ganlyniadau Cyfrifiad 2011 ac yn proffwydo'r boblogaeth o 2011 i 2036.

### **Oedolion 18+ yn byw ag anabledd dysgu:**

Llinell sylfaen Anableddau Dysgu Daffodil ar gyfer Ceredigion

### **Canran y cynnydd a ddisgwylir ym mhoblogaeth Ceredigion erbyn 2035:**

Rhagamcaniad Daffodil 2035

### **Rhagamcaniad o oedolion 18+ yn byw ag anabledd dysgu erbyn 2035:**

Rhagamcaniad o linell sylfaen 2035 Daffodil ar gyfer Ceredigion.

### **Pobl y mae'r Timau Gofal Cymdeithasol i Oedolion yn gwybod amdanynt yng Ngheredigion:**

Cynllun Gweithredu Rhanbarthol Gorllewin Cymru

### **Pobl sy'n derbyn gwasanaethau, nifer oedolion sy'n byw yn y gymuned, nifer oedolion sy'n byw mewn cartrefi preswyl neu gartrefi nyrsio:**

Adroddiad blynyddol a data System Wybodaeth Gofal Cymunedol Cymru (WCCIS).



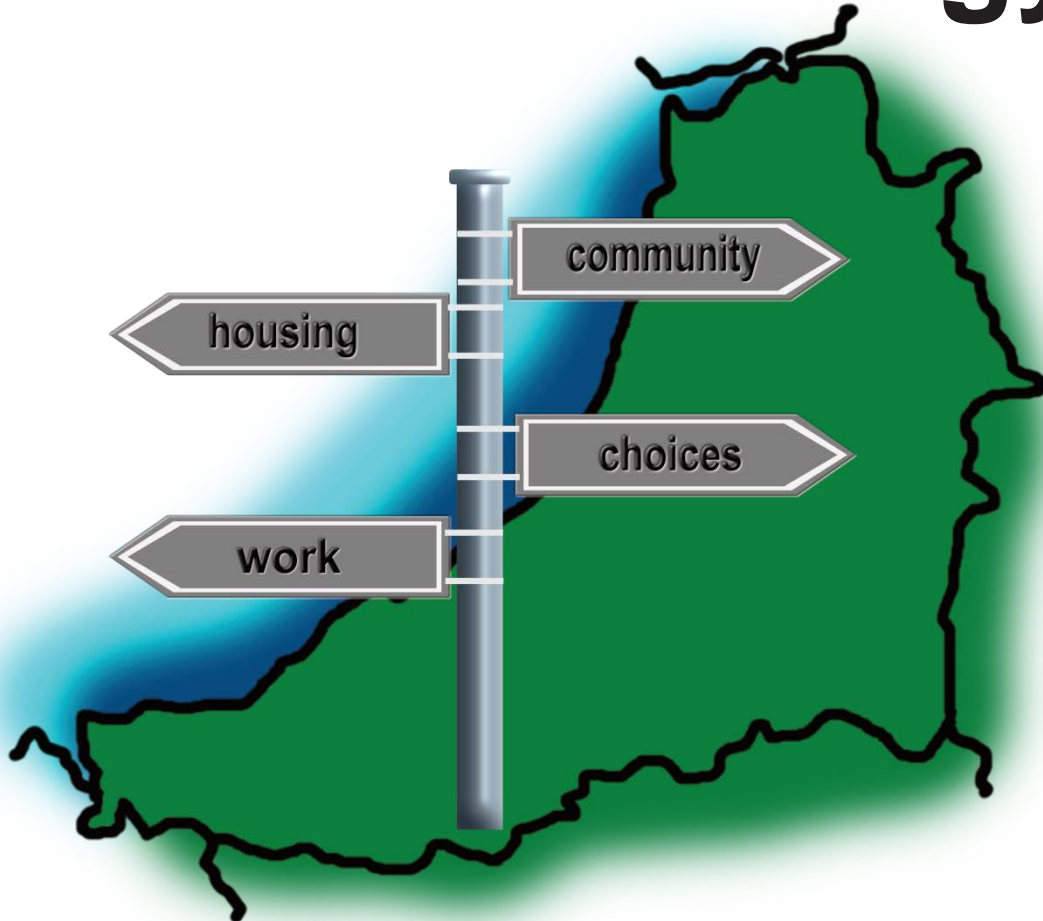
GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board



Cyngor Sir  
**CEREDIGION**  
County Council

# Ceredigion Learning Disability Strategy



Caru • Love  
**Ceredigion**

For a copy of this publication in large print, Braille, audio tape, easy-read or an alternative language, please contact Ceredigion County Council on (01545) 570881



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## Foreword and Introduction - Ceredigion's Cabinet Members for Social Services and Champions for People with Learning Disabilities

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As Champions for people with Learning Disabilities and their carers we welcome the development of the Ceredigion Strategy for People with Learning Disabilities (the Strategy). This sets out the vision for collaboration between Ceredigion County Council (CCC), Hywel Dda University Health Board (HDUHB), people with a learning disability, their parents and Carers, partner agencies and local communities. The intention is to improve the quality of life for people with a learning disability, and their Carers, who live, work and socialise in Ceredigion.

People with a learning disability, are defined in the West Wales Population Assessment (March 2017), as:

- having a significant reduced ability to understand new or complex information and to learn new skills (impaired intelligence),
- a reduced ability to cope independently (impaired social functioning),

Or

- these are in evidence before adulthood and have a lasting effect on development.

A key aim of this Strategy is to change and improve the quality of life for people with a learning disability by making service provision more citizen and community focussed. The Strategy reflects the intention to continually promote choice and control for all people with a learning disability, including young people requiring support through transition into adulthood. All Directorates of CCC and HDUHB have a responsibility to ensure that people with learning disabilities have a say when developing services for Ceredigion. We will make sure that this will influence and feed in to other plans and strategies within our organisations.

After issuing questionnaires, an extensive round of engagement events are being held to help us understand what matters most to people with learning disabilities, their families and carers. The Strategy will bring together the aspirations of people with learning disabilities, parents and carers, with those of staff at Ceredigion County Council and Hywel Dda University Health Board and turn them into meaningful outcomes that will promote people's voices, choices, wellbeing and independence.

We aim to develop a future model for health and social care services based on person centred care and the promotion of independence and social inclusion.

It is also a chance for us to recognise the diversity of our population, and to commit to an approach that enables people with a learning disability to be treated in the way they wish, as far as possible.

A Ceredigion Learning Disabilities Partnership Board (The Board) has been established. This Board, whose membership includes parents and carers and key people from local organisations, will have the responsibility of overseeing the delivery of this Strategy and ensuring that partners meet the outcomes set out in the Delivery Plan. We aim to increase the membership of this board to include people with learning disabilities alongside their advocates.



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Cllr Catherine Hughes  
Cabinet Member for Childrens  
Services  
Carers Champion  
Ceredigion County Council



Judith Hardisty  
Learning Disability Champion  
Hywel Dda University Health Board



Cllr Alun Williams  
Cabinet Member for Adult  
Services  
Learning Disability Champion  
Ceredigion County Council

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## Our Engagement Sessions - finding out what matters

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In order for us to be able to look at all the possible opportunities for transforming services for people with learning disabilities, it was important that we really understood what matters most to people with learning disabilities, their families and support workers, and the challenges that they face in their day to day lives.

We recognise that people with a learning disability and carers are the experts of their own experiences and hold unique and often creative views around how services are, or could be, delivered in a way that would make a positive impact on people's quality of life.

To keep people with a learning disability at the heart of the Strategy questionnaires for individuals, their carers and care providers were made available and widely publicized.

To engage with people around the consultation of the strategy, the following events will be taking place;

- Engagement events in Cardigan, Aberaeron and Aberystwyth for people with learning disabilities, parents and carers,
- Engagement in day centres for people who are unable to attend engagement events,
- Mailouts to providers to engage with people who use their services that we may not be aware of,

Below are quotes taken directly from the questionnaires, and have been included on the following pages. All of the common messages that we gathered from the questionnaires have shaped each outcome area of this strategy.

### From People with a Learning Disability,

- Improved Access to Social Care & Health Services-

**“GP is becoming difficult to access as they now have new appointment system.”**

- Improve Communication-

**“My mum has helped to fill this in as she has to explain questions in a way I CAN understand.”**

### From People with a Learning Disability

- Improving opportunities for Social and Leisure opportunities-

**“... everything is really difficult to access. All services seem to be reduced all the time, fed up asking for help all the time - to be told theres nothing.”**

**“Weekends is very community driven but little if any support on weekday evenings.”**

- Improve opportunities for Employment and Training-

**“Succeed in monetising my creative efforts (art, graphic design, writing)”**

**“Have employment but would require support to achieve this.”**

**“Want more paid work.”**

- Improving Transport-

**“Have more use of transport to access the community further away.”**

**“Being able to physically access the community - there are some places I can't go because of my chair.”**

- Supporting the person-

**“Being able to talk to someone if I am worried about anything – Keyworker, personal assistant”**

### From Carers

- Have continuity of professionals throughout the care and support of people with learning disabilities.
- Reduce the time it takes for reviews, and provide more information about changes to professionals working with families.
- The need to retain key services, such as Community Support Bases (CSBs), which provide respite for carers.
- Develop more services within the county so families don't need to be separated due to lack of services available.

### From Service Providers

- Service providers want to work closer with Social Services commissioning to co-design and co-produce services.
- Improve communication between service providers, Health and Social Services.
- Build transition services to enable people to lead fuller lives.
- Develop advocacy within Ceredigion to put people at the centre of service re-design.

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## Putting the Strategy into Context – National, Regional and Local

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### Social Services & Well Being (Wales) Act 2014

The Social Services and Well Being (Wales) Act 2014 (the Act) came in to force in April 2016. This fundamentally changes the way in which care and support services are delivered in Wales and as a result, it will require a fundamental change to the way Social Care and Health services operate.

The Act is informed by the Welsh Government's Sustainable Social Services framework and is based on the following principles:

- Voice and control - putting the individual and their needs, at the centre of their care, and giving them a voice in, and control over reaching the outcomes that help them achieve well-being.
- Prevention and early intervention – increasing preventative services within the community to reduce the need for on-going managed care.
- Well-being - supporting people to achieve their own well-being and measuring the success of care and support.
- Co-production - encouraging individuals to become more involved in the design and delivery of services.

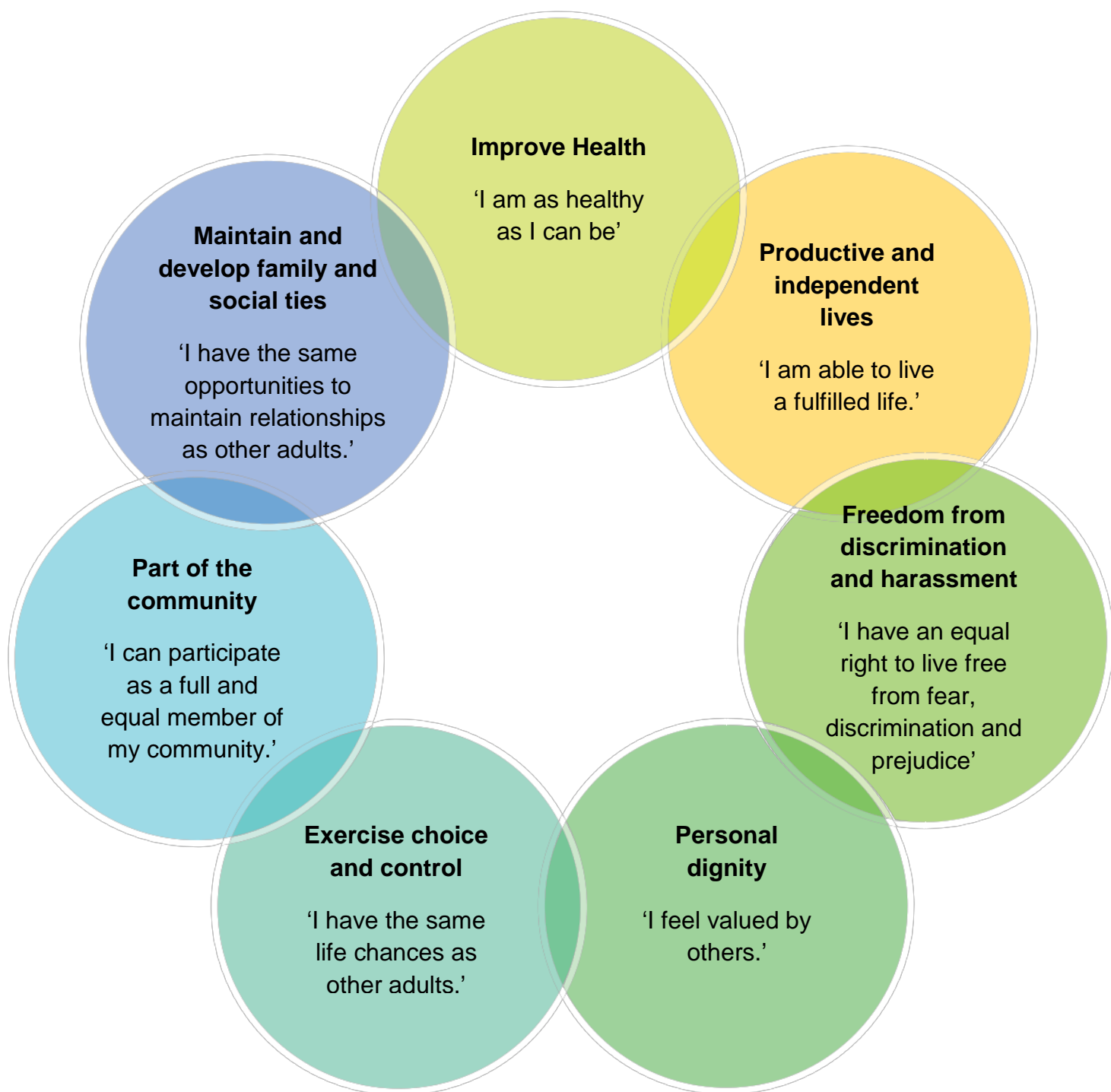
Local Authorities are duty-bound by the Act to promote the well-being of those who need care and support. It also places a duty on local authorities and health boards to work together in new statutory partnerships known as Public Service Boards, to drive integration, innovation and service change.

Under the Act there is a requirement to develop a population assessment. Ceredigion County Council and Hywel Dda University Health Board are working closely with partners and the 3rd sector to prepare the assessment which will provide us with information about individual care and support needs, including carers in the area who need support, the range and level of services we currently provide, and the extent to which there are people in the area whose care and support are not being met.

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

The Well-being of Future Generations (Wales) Act 2015 places further emphasis on planning for the future, joint working across public service organisations, and working better and more closely with people and communities.

Welsh Government has also recently published a Practice Guidance on developing a commissioning strategy for people with a learning disability. The Guidance includes 7 key outcome areas which are outlined below. These 7 key outcome areas have been linked to the key outcomes in this strategy.



During the latter part of 2015 and early 2016 Health Inspectorate Wales (HIW) undertook a thematic review of NHS health services for people with learning disabilities in Wales.

The review included a survey of all seven health boards in Wales; detailed fieldwork alongside the Care Inspectorate for Wales (CIW) in six community learning disability health teams from five different health boards; inspections of community learning disability health teams in the two other health boards; and inspections of NHS provided residential settings for people with learning disabilities including assessment and treatment units.

The report produced following the review identified common strengths and areas for improvement, and made recommendations for health boards and policy makers. The findings from the published report have informed the development of this strategy.

The West Wales Care Partnership (WWCP) was established to make sure that all public service organisations across the region are working together to help people with a learning disability achieve the outcomes that matter most to them.

The WWCP has developed and agreed a 'Statement of Intent for Learning Disability Services.' This document outlines their commitment to improving learning disability services and describes the joined up approach needed to positively transform services in West Wales over the next 3 years. It places statutory responsibility on Health and Social Care Services and it outlines how partner organisations plan to commit to a transformation programme, which is supported by all stakeholders.

The Programme Board, established to lead on putting the recommendations within the Statement of Intent into action, has a vision to develop an integrated model of care for people with a learning disabilities, their families and their carers right across the region.

**“Together, with you, we are committed to support people with individual needs live the life they choose. By providing a range of flexible care and support services we will ensure people with learning disabilities are as independent as possible and connected with their local communities.”**

The shared ambitions from the Statement of Intent will be embedded into the delivery of the regional model of care for people with Learning Disabilities.

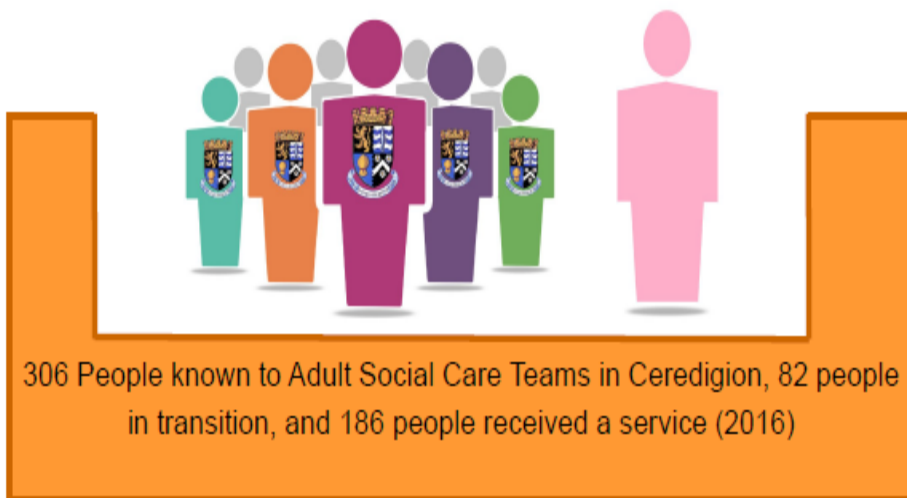
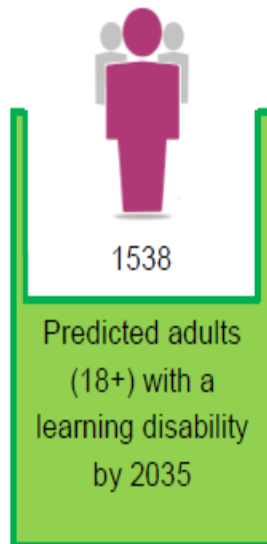
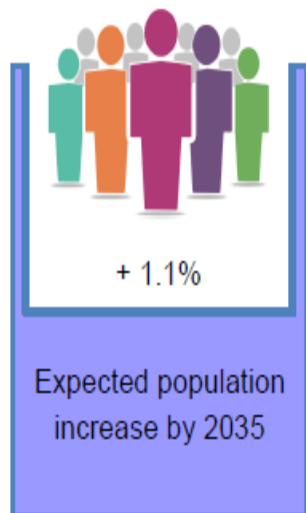
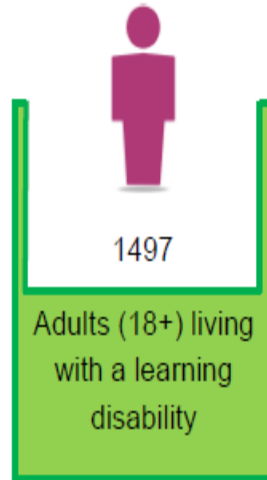
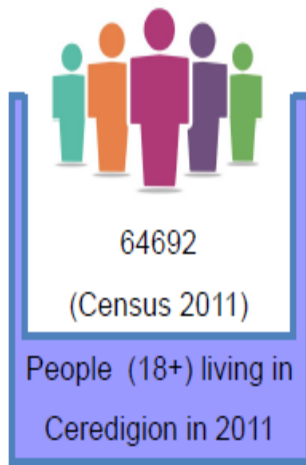
The Ceredigion Learning Disability Partnership Board's membership includes parents and carers and partner organizations (CCC, HDUHB, Carmarthenshire People First and Ceredigion Association of Voluntary Organizations (CAVO)). The Board aims to ensure that people with learning disabilities are at the centre and are involved in all discussions relating to learning disability services. The Board shares information widely across other key local and regional partnerships so that the views and voices of Ceredigion people shape future services.

In addition, there is a local Public Service Board. This Board is responsible for ensuring that there is a coordinated and consistent approach to commissioning services on behalf of partner agencies in Ceredigion. It aims to ensure a joined up approach to strategic planning and service delivery in order to maximise best use of public resources and deliver seamless services by working across organisational boundaries.

Once this strategy has been approved, the Board will monitor its delivery against an action plan set against this strategy. The relationships between these Boards are set out in Appendix 1.



**Ceredigion Profile – people living with learning disabilities**



**What does the data tell us?**

- There are adults with a learning disability who are not known to, or choose not to use, services.
- As at 31st March 2018, 194 people with a learning disability were supported by service provided and / or commissioned by Ceredigion County Council.
- Of these, 135 (70%) were supported to live in the community with 59 (30%) supported in residential care.
- This percentage for residential care is the highest in Wales and the HDUHB region.
- By 2035, it is predicted that there will be 1538 adults aged 18 and over who have learning disabilities living in Ceredigion.
- By 2035, it is predicted that people aged 75 and over who have learning disabilities is set to rise by 60%.
- By 2035, it is predicted there will be 654 adults aged 18 and over who have autistic spectrum disorders living in Ceredigion.

Data sources can be found in Appendix 4.



**Ceredigion Profile – Current services supporting people to live active and fulfilled lives in their community**



### What will this mean for future service provision?

- We will need to ensure that there are a range of opportunities available to people with learning disabilities of all ages to enable them to lead a full and active life as valued members of their communities,
- Alternative commissioning strategies will need to be developed that build community capacity and resilience so that future services are self- sustaining, recognising the financial challenges faced by the public sector,
- We will need to work with partners and people with a learning disability to design and grow sustainable, resilient and innovative services, recognising the benefit of co-production,
- We will need to continue to focus on developing services that will promote independence wherever possible,
- There will be an increased need for specialist services e.g. Autism A refreshed Autistic Spectrum Disorder Strategic Action Plan was published by Welsh Government in 2016. It is intended to develop a regional response to this Action Plan.

Appendix 2 contains a number of detailed data charts about the services being used and the demographic information around people with a learning disability using services.

### Key outcomes for people with learning disabilities

We have used the shared ambitions set out by the Learning Disabilities Programme Group as a foundation for the key outcome areas of this strategy. These shared ambitions are:



### The Ceredigion Circle of Support for Learning Disability



We have mapped the feedback that we gathered and the stories that we heard during our engagement activities against these 4 outcome areas and as a result, we have developed a framework which we have called the Circle of Support for People with Learning Disabilities.

Each section of the circle identifies a key aspect of day to day life which, if not there, would have a negative impact on the quality of life for people with a learning disability.

Each section of the Circle for Support has been made a key outcome area.

## **Key outcome area 1:**

**To improve community resilience and enablement through choice, self-direction and control over decisions that affects the lives of people with a learning disability in line with the Social Services and Well-being Act.**

### **1: Outreach Services / Creative Solutions**

Ceredigion County Council and Hywel Dda University Health Board work in partnership with a number of agencies and organisations to provide a diverse range of services. These services, which include respite, day care, independent living support, residential care, the use of community alarms and Direct Payments, support people with a learning disability to maximise their potential and promote independence and social inclusion.

Despite the availability of a range of services for people with a learning disability in Ceredigion, access to a wider range of community activities that are available outside 9am and 5pm and that are available on weekends – particularly on Sundays – was highlighted as a key issue in questionnaire responses with people with learning disabilities and their carers.

**“... everything is really difficult to access.”**

**“... fed up asking for help all the time – to be told theres nothing.”**

**“Weekends is very community driven but little if any support on weekday evenings.”**

Under the Social Services and Well Being Act the Local Authority has a duty to provide an Information, Advice and Assistance service in the language of choice. This will make it easier for everyone to access up-to-date, clear information and advice about all of the services available in their area. This will help people make decisions about the support they need to live the life they want.

People told us they valued Community Support Bases but they wanted opportunities to access work and other types of services and activities. There are limited opportunities in their communities and the aim is to build stronger community links.

We plan to extend the engagement process to include communities, businesses, town & community councils and the voluntary sector to consider how the range of opportunities for people with a learning disability in Ceredigion could be enhanced.

#### **What we recommend:**

- Identify those people with learning disabilities who are willing to be champions in their communities to help raise awareness and understanding of learning disabilities.
- Develop and deliver appropriate learning disability awareness training in communities in partnership with people who have learning disabilities and their support workers.

- Undertake an engagement exercise with communities to identify potential opportunities for people with a learning disability to have greater involvement in the community.
- Build links between learning disability services and the Community Connectors within Porth y Gymuned to encourage the development of alternative community opportunities.
- Explore alternatives to day opportunities, especially during the evenings and weekends.

## 2. Communication and Information

Communication is vital in ensuring that people can express themselves and make sense of the world around them. It is crucial that communication is made accessible for people with learning disabilities so that they are enabled to make their own decisions and informed choices about how they wish to achieve their goals. The importance of good quality information, advice and assistance is incorporated within the Social Services and Well Being Act.

People told us that the majority of people with learning disabilities preferred their support workers and services to use 'Simple Signing' and Total Communications approach. Feedback also confirmed that there was a clear need to improve communication between departments in statutory services, service providers and people with a learning disability and their families and carers. There was a concern that currently, statutory partners rely too much on using Information Technology (IT) as a means of communication and this is not always the most effective way of communicating with individuals.

### What people told us:

Ask questions in ways I can understand

Tell us why we are doing these things

Ask things which are important to me

Use Total Communications symbols we recognise

### What we recommend:

- The Total Communications approach to producing easy-read information is to be made part of Ceredigion County Council's and Hywel Dda University Health Board's communication standards for all directorates.
- Simple Signing and Total Communication training should be provided for relevant staff and people with a learning disability. People with learning disabilities will be involved in delivering training to staff.
- Organisations must think about the people they wish to communicate with and use the most appropriate way of sharing information. Make use of telephones, letters, emails etc.

- Service providers must ensure that they have accessible complaints procedures. They must encourage services users to discuss and report problems.
- Build stronger links and 2-way communications between the Learning Disability Partnership Board and their stakeholders including people with a learning disability, their families and members of staff.

### **3. Voices, Choices and Advocacy**

Advocacy means getting support from another person to help express their views and wishes, and to help make sure their voices are heard.

Having a voice and being given a choice empowers people to make decisions about their support options. We will ensure that the help and support a person receives is tailored to each individual's needs and we will ensure that they are aware of how much support is available from all partner organisations and communities.

Ceredigion County Council commission advocacy services to enable people with a learning disability to be supported by independent advocates.

However, using the feedback from the questionnaires, people with a learning disability, their carers and care providers told us the following:

**“There is also a DESPERATE need for independent advocacy services in Ceredigion.”**

**“Advocacy service has been pretty non-existent over past few years.”**

We have used this information to make the following recommendations.

#### **What we recommend:**

- Ensure advocacy services are available to people with a learning disability, and positively support their use within care and support planning.
- People with a learning disability and their carers will be fully involved in their care and support planning, reviewing and changing packages of support.
- People with a learning disability and their carers will be supported to access, use and understand appropriate information about the range of services available and such services should be equally available to all people with a learning disability.
- When they are present during conversations and discussions around their care and wellbeing, people with learning disabilities must be spoken to directly. Everyone's individuality, voice and choice is valued.

## Key outcome area 2:

**Improved quality of life through improved choice for housing and accommodation for people with a learning disability, with the majority being the same as for other people in the community.**

### 4. Housing

There should be a range of good quality accommodation choices for people with a learning disability including supported living, residential accommodation, private rental, adult placements or shared lives and living with families. Whenever possible, individuals should be able to choose where they live, and who they live with.

**“I like to live on my own, I'm happy on my own.”**

**“At the right time in a shared house when family are no longer with me for support”.**

During the initial engagement sessions it was clear that a high priority for people with a learning disability was being able to access a range of housing options. Ceredigion currently offers a variety of housing options including residential and supported living projects.

#### What we recommend:

- Provide information and assistance on housing options to enable individuals to make informed choices with regard to independent living.
- Provide positive support to individuals, their families and carers to consider future housing needs.
- Explore how future housing schemes could include a range of housing options and accommodation suitable for people with a learning disability.
- People with a learning disability will be fully involved in all aspects of care planning.
- People with a learning disability should be able to have a choice about where they live and who they live with whenever this is possible.
- Partners must work together to develop a market position statement for supported accommodation and housing opportunities, identify gaps based on current and future need and develop a strategic housing plan for people with learning disabilities.
- Improved quality of life through building and improving housing and accommodation choices for people with a learning disability.



## Key outcome area 3:

**People with learning disabilities if given more opportunities for personal development and life experiences would have improved well-being and a better quality of life.**

### 5. Social Care Support

We recognise that some people with learning disabilities will require the support of Social Services at some point in their lives. Under the Social Services and Well Being Act a new assessment process has been introduced and this is based on what matters to the person as an individual. The assessment will consider a person's strengths and the support available to them, their family, friends and others in the community.

Social Care staff support people with a learning disability through the assessment process and the development of a care plan. Ceredigion County Council has a responsibility and is committed to safeguarding the well-being of children, young people and vulnerable adults in its care, within a culture that gives safeguarding the highest priority. We recognise it is essential that all agencies work effectively together, sharing this responsibility, ensuring the well-being of people with a learning disability, the providers and the individual who supports them on a day to day basis.

Feedback received during the engagement events identified a number of areas that were important to people with a learning disability and their families, including:

**“Our annual review was greatly delayed due to staff shortage. When we had our review it was by a student social worker who was finishing the next day.”**

**“Annual review of both carer and disabled person 9 months overdue.”**

#### What we recommend:

- Having regular care plan reviews
- The need to have continuity of professional staff during the assessment and review processes
- Partner agencies working together in order to meet the needs of people with a learning disability through appropriate planning, development, delivery and evaluation of services.
- Ensure all care and support plans are person centred, explain where someone is currently, what their care and support needs are, and where they want to be.
- Care and support plans must be reviewed annually.
- Care and support planning must involve the person with a learning disability and their families.



- Work with people with a learning disability to create person-centred flexible options for activities and services that promote independence.
- Work with service providers and people with a learning disability to develop a more comprehensive understanding of need, the currently available services, and more effective commissioning of services that promote independence.

## 6. General Health Care and Treatment

There are a key number of challenges facing learning disability services, some of which are:

- The number of people with a learning disability are increasing,
- The number of people with severe learning disabilities and Complex health needs are increasing,
- People with a learning disability are living longer and experiencing age related conditions such as Dementia.
- There is a need to provide more for less money.

Our Mental Health & Learning Disability services are focussed on a progression model aimed at improving community resilience and enablement through choice, self-direction and people having control over their own lives, whilst moving away from traditional services such as hospital and residential based care services.

Most people with a learning disability have poorer health than the rest of the population. All individuals require access to the full range of health promotion, prevention and education initiatives and services provided by independent contractors (e.g. Dentists, GPs, optometrists) and other primary and secondary healthcare services (e.g. hospitals, mental health services) in order to meet their physical and wider health needs.

To meet the needs of people with a learning disability, services will need to be flexible in their approach and interventions. It recognises that people with a learning disability will have access to mainstream community and primary care services with the majority of activity seen at the upper tiers. There is, however, an understanding that partners need to focus their attention on preventative services, supporting the delivery of tier 1 services in line with Welsh Government's vision set out in 'Setting the Direction: Primary & Community Services Strategic Delivery Plan' and the Social Services and Well Being Act.

As part of the questionnaire, people with learning disabilities and their carers were asked what they felt was important to them, and the level of service they were able to access. The following issues have been identified as key things that really matter to people with learning disabilities and their carers:

- To be able to access an annual health check.
- Overcoming the barriers of computer technology where automated systems are used for appointments.
- Carers felt they had to be present to help the people they support effectively communicate with staff on wards.
- Receiving information in easy to read formats, it takes more than symbols to be understood.
- Concerns over delays in accessing therapy services in Ceredigion.
- Dental surgeries close with limited alternatives available.

We have included more detailed feedback from the questionnaires in Appendix 3.

A Regional Programme Group for Learning Disabilities has been established to bring together Health and Social Care Service delivery leads to drive service re-design and re-modelling across the region for learning disability services. The Programme Group will work to achieve the Strategic Priorities outlined in the 'Statement of Intent':

**To improve community resilience and enablement through choice, self-direction and control over decisions that affect the lives of people with a learning disability in line with the Social Services Well Being Act**

- A defined model of care and support (care pathways) based upon the principles of the progression model.
- Reduce the number of children and young adults transitioning to residential care.
- Reducing health inequalities across a continuum of care (from accessing mainstream health services to specialist care and prevention of crisis and ill health).

**To commission services that strengthen quality and value for money across the range of health and social care services for people with a learning disability**

- Maximise the opportunities from regional collaboration, partnership and integrated working to deliver high quality cost effective services.
- Regional data collection and use that to support future planning and commissioning decisions.

**To reduce health inequalities by increasing access to and take up of universal health, social care and wellbeing services for people with learning disabilities**

- A regionally identifiable framework for service delivery that reflects individual personalised care and local need.
- Reducing health inequalities for people with learning disabilities across a continuum of care (from accessing mainstream health and social care services to specialist care, and prevention of crisis and ill health).
- Build community resilience and capacity across a range of services that support people with a learning disability.
- Increased access and availability of local housing and accommodation to enable people with a learning disability to live as independently as possible, in a place of their choice, as far as is possible.

**What we recommend** (In partnership with primary care):

- Increase the take-up and quality of Annual Health Checks,
- Improve access to GP appointments,
- Develop and encourage the use of Health Passports to help health staff understand the needs of those they are providing care for,
- Statutory services to implement a robust contract and quality assurance framework for all in-house and commissioned services, to ensure effective and measurable outcomes, that will ensure services delivered to people with learning disabilities meets agreed standards that are developed in partnership with people who use these services,
- Individuals and their carers will be supported to access, use and understand appropriate information about the range of services available, and how they can be accessed. (This will include information leaflets, result letters and general communication),
- People with a learning disability will be included and be at the centre of discussions about their care planning and well-being,
- Develop draft guidance to support staff in helping people with a learning disability to have safe personal and social relationships including appropriate use of social media and an 'Easy Read' guide to sex and personal relationships,
- General focus upon training, communication and awareness raising across all healthcare settings, this will be a multi-agency approach and will be supported by the development of Health facilitation nurses for learning disabilities,

- Review the care pathway for people with a learning disability who require palliative and end of life care and support.

## **7. Transitions and Family Support**

There are key transition points in everyone's life and what happens at these points have a significant impact on the way in which people are able to live their life both at that time and in the future. The transition point that has been identified as having the biggest impact for people with a learning disability, is the point at which they move from children's services to adult services. This can involve leaving school and making arrangements to attend college or meeting with local employers about work opportunities.

A range of factors have been identified as having an impact on a young adult and the way in which they move forward, the services they access and the level of independent living they achieve.

There should be a clear pathway in place to ensure that all individuals have a well-planned and co-ordinated transition from child to adult services. Transition can be a difficult time for young people, particularly when they have to rely on their families whilst at the same time asserting their independence.

Choices for people with learning disabilities can be restricted when they have to deal with complex systems set up in order to provide support for them. Ceredigion County Council acknowledges that transition planning has not always been effective which can leave individuals in stressful situations.

We are committed to improving the transition experiences of young people and to working with individuals and their families to identify the range of opportunities, support and resources that are available locally.

### **What we recommend:**

- Transition planning will begin when younger people with learning disabilities reach the age of 14,
- Young people with learning disabilities and their families will be involved in identifying and planning the support they will need as they move into adulthood,
- Young people who have a learning disability will be supported in their choices about education, training and learning,
- Young people who have a learning disability will be supported to develop essential personal and social skills,
- Young people with learning disabilities will have access to a full range of social, leisure, sporting and cultural activities.

## 8. Support for Carers

Families and carers play a vital role in supporting people with learning disabilities and we must work to ensure that they have access to appropriate information, a Carer assessment and a flexible and creative range of options that will meet their support needs. Carers should also have opportunities to access appropriate training and support.

Support for carers must be in line with the Social Services & Well-being (Wales) Act. The Act provides the legal framework for improving the well-being of people who need care and support and carers who need support.

Parents and carers have told us that they have established peer support networks so that they could share knowledge and experiences, and provide support to each other when people need it.

Being a full-time Carer can be a very demanding role. Respite care breaks are an opportunity for carers to take a holiday or simply spend some time looking after their own needs, safe in the knowledge that their loved one is receiving the very best care. During 2017 /2018 784 nights of respite care were provided for 24 people with a learning disability. In addition, we provide respite for carers through a range of services including access to Direct Payments.

Following an assessment, respite care is offered to people with learning disabilities, parents and family carers up to a maximum of 6 weeks per year in an appropriate setting. Respite can also be arranged using a direct payment.

### What we recommend:

- Support parents and family carers to develop their own peer support networks that encompass all ages of adult carers,
- Support parents and family carers to identify and access resources to enable the carers to continue to undertake their caring roles,
- Ensure appropriate respite provision is available for people with learning disability going through transition.

## Key outcome area 4:

**The quality of life for people with learning disabilities would be improved when they are given every opportunity to be independent, exercise and enjoy their rights, and meet their individual obligations.**

### 9. Social and Leisure Activities

Having a full range of opportunities for social and leisure activity is of considerable importance as this maximises an individual's potential, enabling them to develop new academic, work related and life skills. In addition, meaningful opportunities enable individuals to develop friendships and relationships, promote self-esteem and make a valuable contribution to society.

Keeping active and involved in the community also has a positive impact on an individual's health and well-being. Responses from questionnaires highlighted that leisure and social activities play a vital role in the lives of people with a learning disability. Exercising and / or playing sport is regarded as a great way to stay fit and healthy and provides a fun environment and strengthens people's social skills.

People told us that they would really value the ability to access a wider variety of social opportunities. These activities need to be available in a variety of locations across the county, outside traditional 9am to 5pm offers, and at weekends.

People told us:

- **People with a learning disability would value the opportunity to be able to attend a variety of social activities in the community to further develop their relationships and social networks.**

#### What we recommend:

- Map current social and leisure opportunities for people with a learning disability to inform a market position statement that will be the foundation of a development plan,
- Further develop links and opportunities between Leisure Services and learning disability service providers,
- Promote and encourage community innovation to develop community based initiatives and more opportunities for people with a learning disability through Porth y Gymuned.

### 10. Education, Training, Employment and Volunteering

How people spend their time during the day is of considerable importance and appropriate opportunities will maximise an individual's potential enabling them to develop new academic, work related and life skills.

In addition, meaningful opportunities enable individuals to develop relationships, promote self-esteem and make a valuable contribution to society.

It is necessary for a range of options to be available for individuals to choose from including employment, education, and leisure and day services.

Ceredigion offers opportunities for people to develop skills and experience employment. A number of these are provided by 3rd sector organisations or private businesses.

Workways+ offers training and paid work experience opportunities to long-term unemployed people. Ceredigion County Council are currently working with partners to develop the local programme offering one to one mentoring and support; training; work experience; volunteering; paid employment opportunities and employer liaisons.

### **What we recommend:**

- Work with partners to support to people with learning disabilities to access and participate in a variety of different volunteering opportunities,
- Work with partners to find people with learning disabilities to champion this outcome area who will work with a range of organisations to create more volunteering opportunities that will lead to meaningful employment,
- Work with partners to support people with learning disabilities to access and participate in paid employment opportunities,
- Appointing a dedicated support worker for careers advice and employment,
- Developing Job Clubs across the county for people with a learning disability,
- Ensure that there are more opportunities for people with a learning disability to access work experience across the county whether in the public, private or voluntary sector.

## **11. Transport**

Transport remains a challenge for many of the people who live here.

During the questionnaires people with learning disabilities did not highlight transportation as being a particular issue for them. This is because they were often driven to places by their parents, carers, support networks or care providers. However, others recognised that being able to access a range of transport options is key to enabling and promoting independence.

Although there are a range of transport options available, there are still gaps that limit access to activities and other social and work opportunities during both day and evenings, particularly for people living in remote parts of the County.

**What we recommend:**

- Develop and offer learning disability awareness training, led by people with learning disabilities, for public transport organisations,
- Work with transport providers to address the barriers faced by people when using public transport,
- Work with transport providers to increase the number of buses with voice over systems which inform passengers of next stops and destinations.

**12. Direct Payments**

Direct Payments are cash payments given to service users. These cash payments promote people's independence and provide more independence, choice, control and flexibility in how they receive services to meet their assessed needs.

Support can be organised either by the individual themselves or by family members, advocates, brokers or a service provider on their behalf. Following an assessment, the offer of a direct payment should be made to the person as an alternative way of meeting their agreed support needs.

To receive direct payments you must be assessed as:

- Needing, or already in receipt of support from Social Care, and;
- Are able to 'manage' a direct payment, either on your own or with help from family, friends, advocates, brokers or a service provider on their behalf.

**What we recommend:**

- Relevant staff are to receive direct payments awareness and procedure training to ensure that partners are able to promote, and grow, the take up of Direct Payments,
- More in-depth direct payments training will be given to staff undertaking assessments and reviews.



## **How will we put the strategy into action?**

This Strategy is written in the spirit of Ceredigion County Council and Hywel Dda University Health Board's commitment to work collaboratively with all stakeholders to implement the delivery plan. The strategy reflects the Ceredigion-wide commitment to support people with learning disabilities and incorporates services and activities provided by and delivered through partner organisations including the voluntary sector, community groups and private businesses.

In order to ensure that the strategy meets the views of people with learning disabilities, their families, carers, communities and services who enable people to be supported are met, further information may need to be gathered over time to assess whether the strategy has had a positive impact on people's lives, and whether the aims of the strategy have been achieved.

Information gathered will be anonymised, and people will not be identified throughout the process, and the information requested will only be on the basis for measuring the performance of the strategy. Information which is not relevant will not be gathered.

We recognise that budget pressures will be a key challenge during the lifetime of the Strategy. These pressures make it even more important for Ceredigion Partnerships to have a clear strategic plan. There will be potentially challenging decisions to be taken as we seek to maximise available resources, and realign services in order to meet the needs and enhance the wellbeing of future generations.

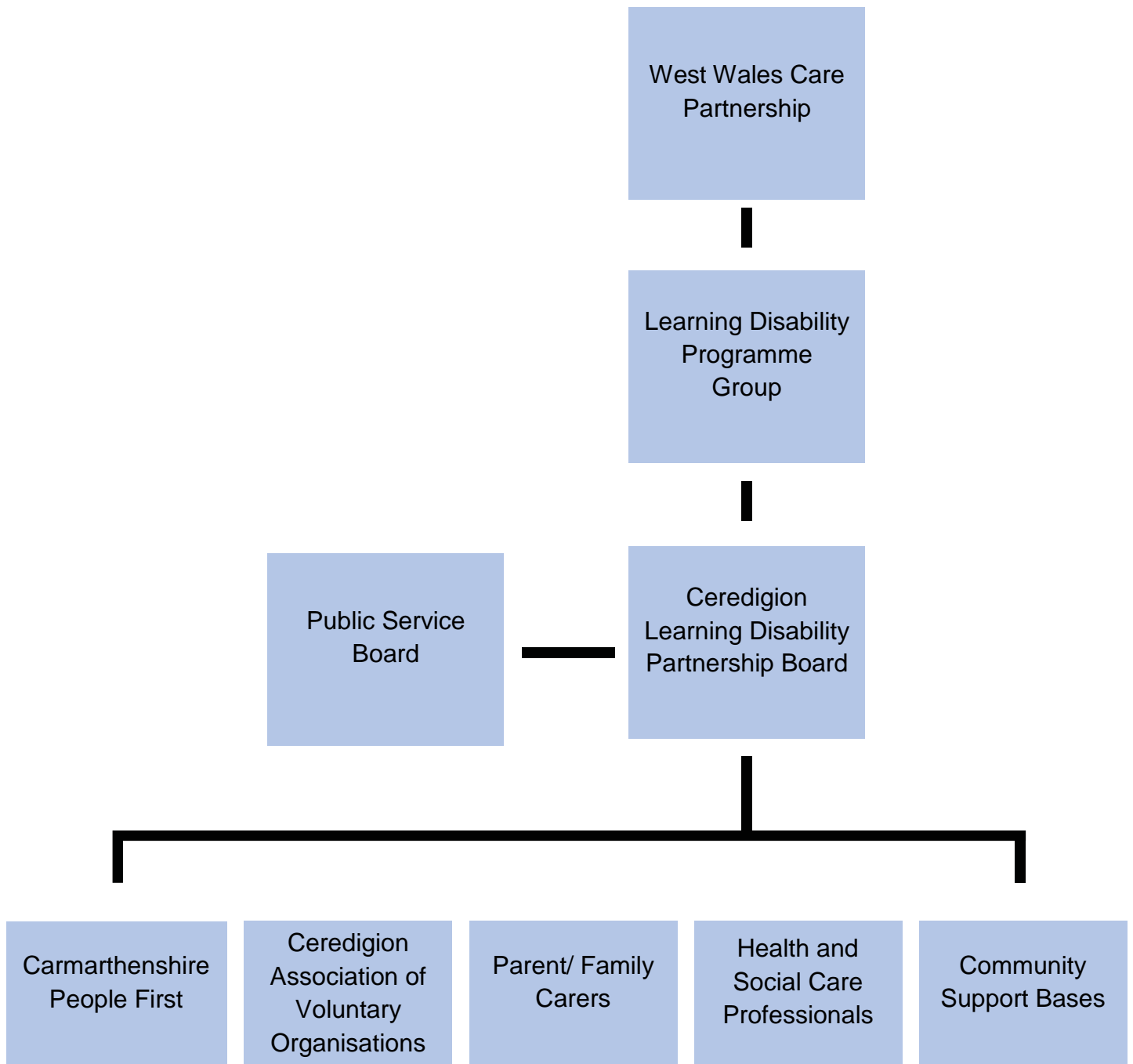
Financial investment is made by Ceredigion County Council and Hywel Dda University Health Board in commissioning and delivering services for adults, including young people in transition, with a learning disability and their carers. The resources required to support the implementation of this strategy will come from both the redirection of current resources as services are modernised in line with the strategic direction of this strategy, and elements of funding from the Integrated Care Fund to support transformation and innovation of services.

The key outcome areas and recommendations of this strategy will be taken forward by partners across the wider regional Hywel Dda footprint under the direction of the West Wales Care Partnership.

At a local level, the emerging themes and recommendations as set out in this strategy will be prioritised by the Ceredigion Learning Disability Partnership Board.

## APPENDIX 1: Relationships & Membership of the Learning Disability Partnership Board

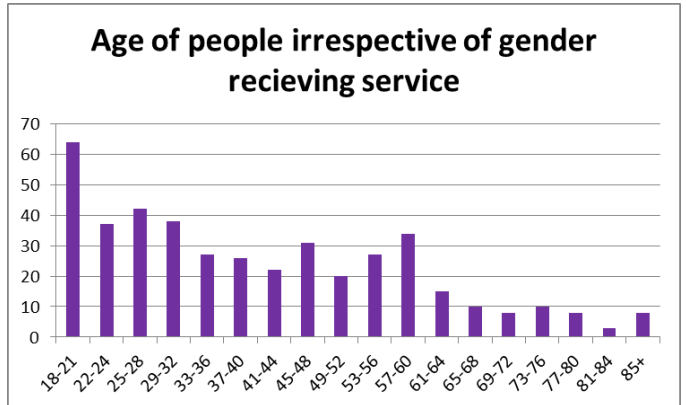
The diagram below shows the connections between the regional and local groups/boards;



## APPENDIX 2: Ceredigion data – Those known to social care and in receipt of services of services

These graphs and tables show the breakdown of men and women with a learning disability known to services and in receipt of service.

Age	Male	Female	Total
18-24	64	37	101
25-44	96	59	155
45-64	77	50	127
65-76	21	7	28
77+	13	6	19



Although the majority of people currently supported are done so through the community, the percentage of those in residential care is above the national average, and most of this is carried out by private providers.

Options are currently being explored to improve people’s accommodation options, and this is included as part of the strategy to improve accommodation and housing.

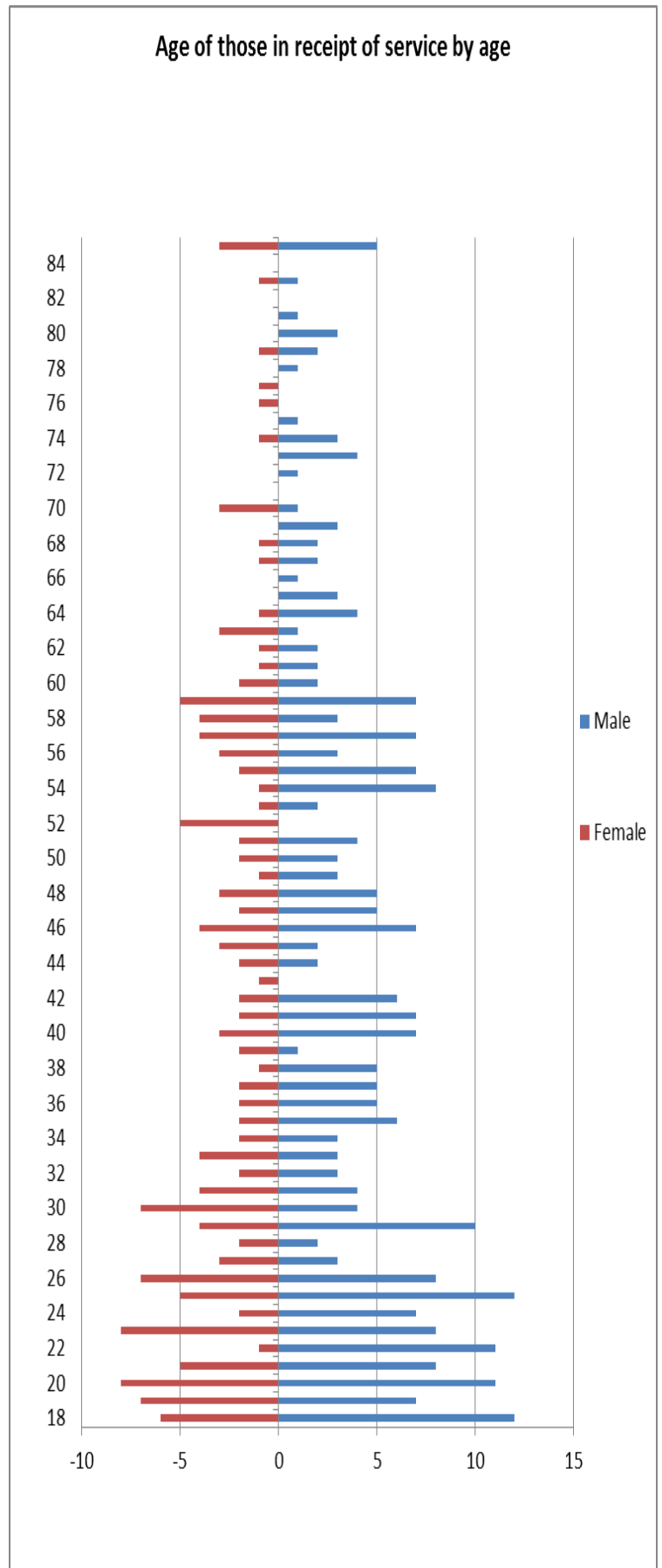
People receiving care and support through residential care.	People receiving care and support through community care
30% (59 People)	70% (135 People)
Local Authority residential care	Independent Sector Residential Care
3% (2 People)	97% (57 People)

This graph shows that there are more males than females with a learning disability, and this trend can be seen throughout the age ranges in the graph below.

The disparity in numbers of males and females is most prominent and the younger and older end of the graphs.

There are 2 cohorts of people aged 53-60 and 46-48 who are going to place additional pressure on services as they age, due to the high correlation between dementia and learning disabilities.

Service planning will also need to take into account the large cohort of people aged 18-30 who make up the majority of people with a learning disability.

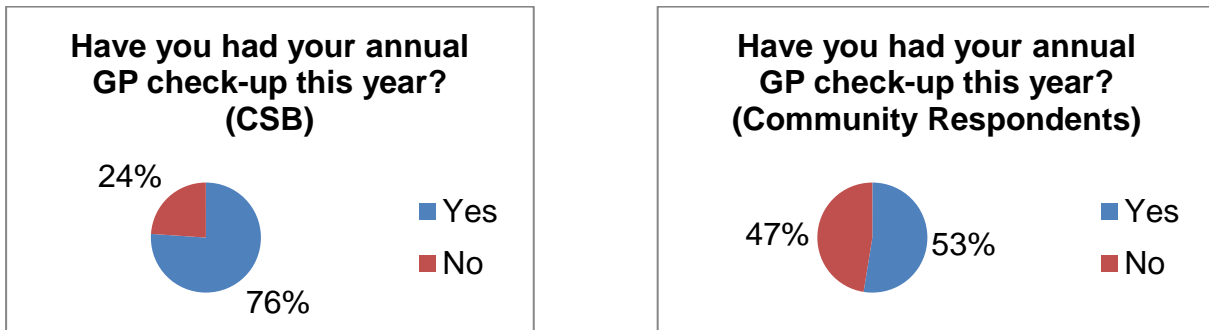


### APPENDIX 3: Analysis of questionnaire responses returned about accessing Health Services

Questions were asked about peoples’ health, whether they were registered with GP or dental practices, and whether they needed to see any other health services.

When people were asked ‘*Do you feel well at the moment?*’ the responses varied depending on whether they attended a CSB or not. Generally 88% reported feeling well but in the CSBs 93% reported feeling well, compared to 84% of community respondents who do not.

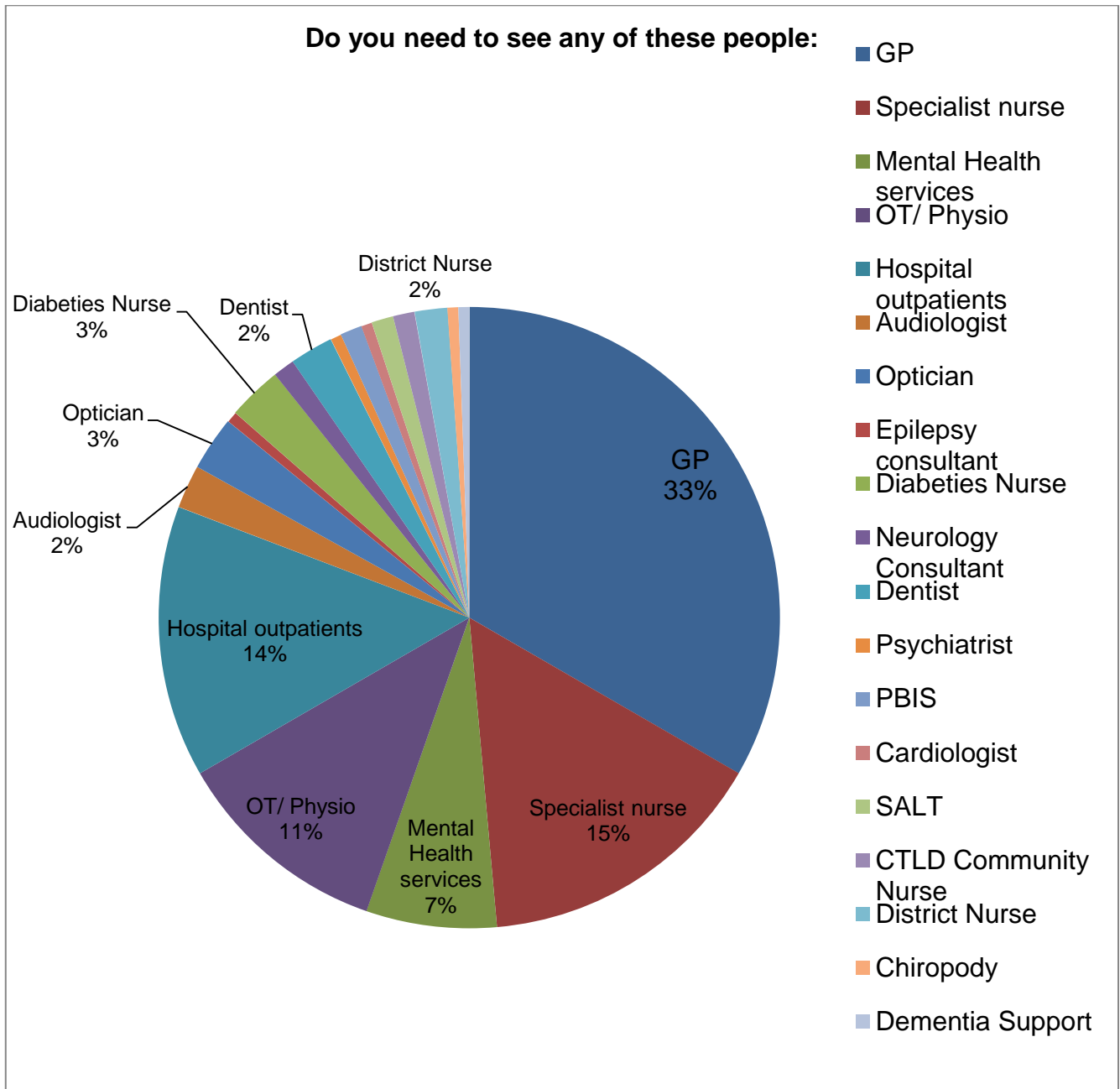
This is a subjective question and time sensitive, so the results may have changed if the same people were asked the same question, however there is also a direct correlation between those who report to feel well, and the numbers who have had their annual GP health check.



These graphs show the total responses from both groups to the same question. In the CSBs people are more likely to have seen a GP, but this is most likely due to the fact that they provide support for people to attend GP appointments.

In the community respondents, the attendance is far lower (which coincides with the lower rate of feeling well). It is unclear as to why this would be, as there are more people living with family and independently attending the CSBs than there are community respondents, however there are exactly 47% of people in the community who live with family or independently. It could be that those living in the community are just not aware of the health checks, and without the support of CSBs do not attend. This is speculation however, and more work would be needed to ascertain whether this is accurate.

The next graph provides a breakdown of all the medical appointments which people attend.



There is little difference between the answers provided by CSB or community respondents with 2 notable exceptions;

There is higher use of MH services (9%) in the community and lower use of Physiotherapy / OT services (5%),

There is a lower use of MH services (5%) in CSB and higher use of Physiotherapy/ OT services (15%).

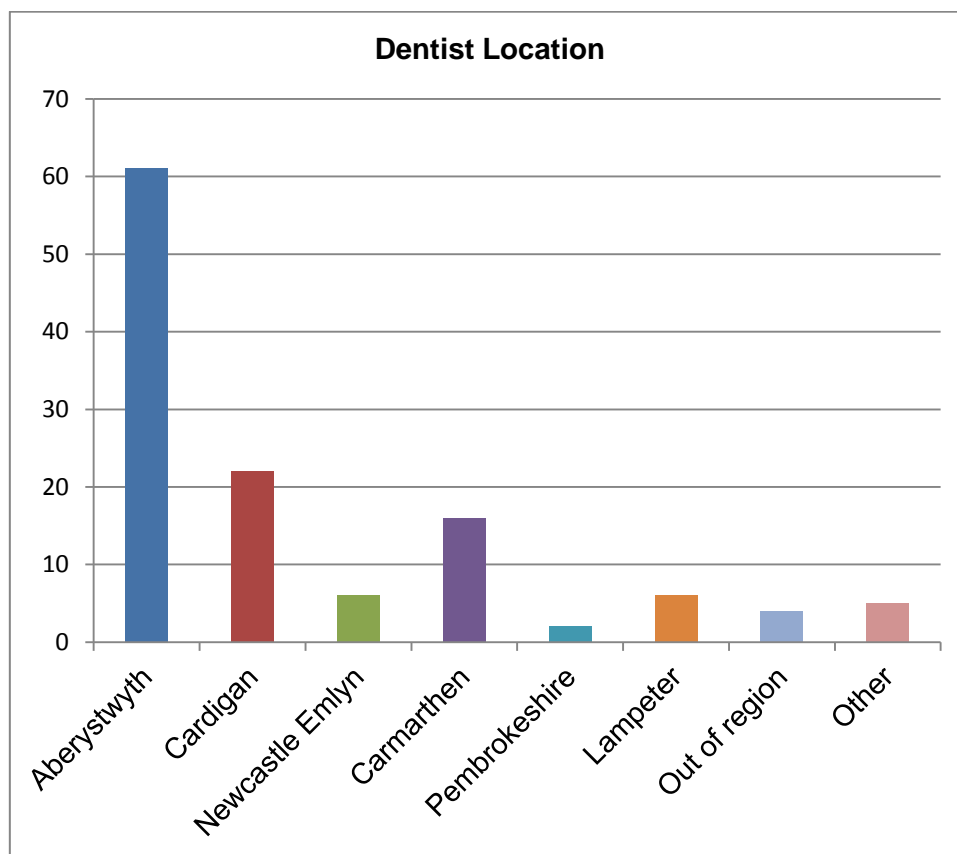
People living in the community raised the lack of MH focus in the questionnaire, and are more likely to have issues of loneliness leading to depression. Examples include;

**“... My mental health”,**

**“More attention to those with mental health...”**

These people are also less likely to access Physiotherapy or OT because they may be accessing them through the GP, rather than those in CSBs who have access to these services through the centre, with support to attend.

People were also asked if they had a dentist, and the responses were the same for both groups. 85% of all respondents stated that they have a dentist, and those who said that they did not were often those living independently or with family. Of those who said that they did not have a dentist, several reported that this was due to a surgery closing, and awaiting for patient lists to be opened in their area.



As seen above, the majority of respondents (38%) access a dental practice in Aberystwyth, with Cardigan being the 2<sup>nd</sup> most used area (14%). In total 55% of respondents attend a practice within Ceredigion.

## APPENDIX 4: Data sources for infographic about population

### **Population living in Ceredigion at 2011:**

Stats Wales - Figures are taken from population projections produced by Knowledge & Analytical Services, Welsh Government. The latest population projections available are the 2011-based local authority population projections for Wales, which take into account the results of the 2011 Census and project forward the population from 2011 to 2036.

### **Adults 18+ living with a learning disability:**

Daffodil LD baseline for Ceredigion.

### **Expected percentage of population increase in Ceredigion by 2035:**

Daffodil 2035 projection.

### **Predicted adults 18+ living with a learning disability by 2035:**

Daffodil 2035 Projected baseline for Ceredigion.

### **People known to Adult Social Care Teams in Ceredigion:**

West Wales Regional Action Plan

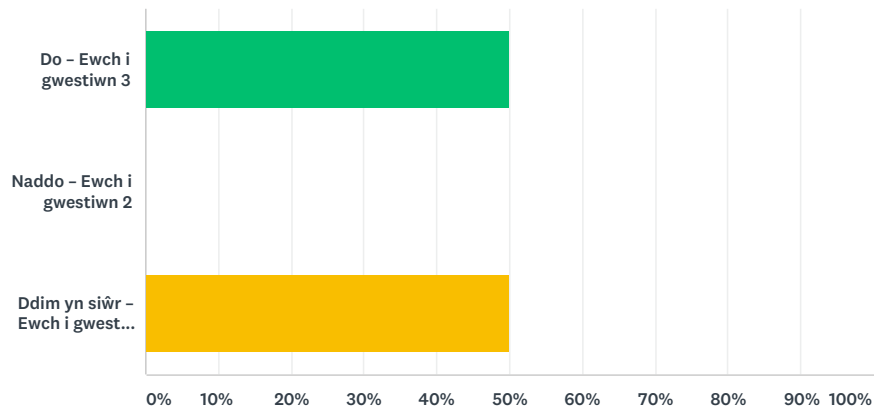
### **People receiving services, number of adults living in the community, number of adults living in residential or nursing homes:**

Wales Community Care Information System (WCCIS) report for year end data.



### Q1 A ydym wedi nodi'r themâu cywir ar gyfer pobl ag anabledd dysgu a'u teuluoedd a'u gofalwyr yng Ngheredigion?

Answered: 2 Skipped: 0



ANSWER CHOICES	RESPONSES
Do - Ewch i gwestiwn 3	50.00% 1
Naddo - Ewch i gwestiwn 2	0.00% 0
Ddim yn siŵr - Ewch i gwestiwn 3	50.00% 1
<b>TOTAL</b>	<b>2</b>

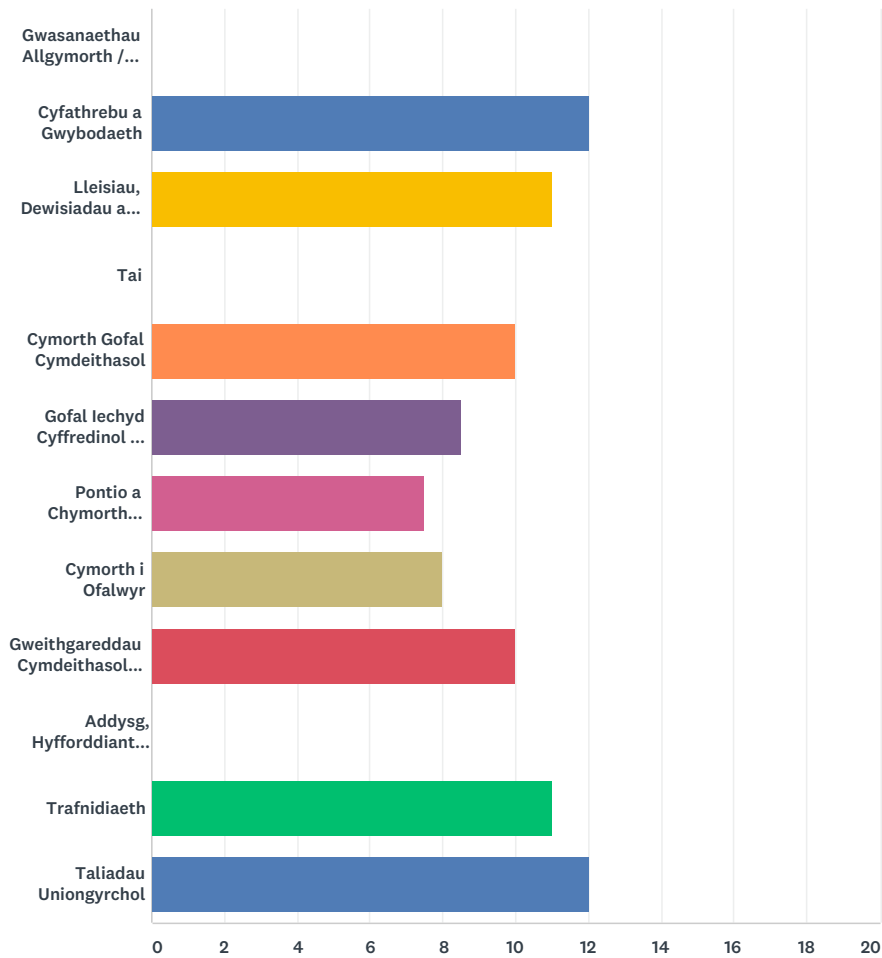
## Q2 Os 'Naddo', dywedwch wrthym beth yw'r themâu cywir yn eich barn chi.

Answered: 0 Skipped: 2

#	RESPONSES	DATE
	There are no responses.	

### Q3 Nodwch o un i ddeuddeg beth yw'r themâu pwysicaf yn eich barn chi – un fyddai'r pwysicaf a deuddeg fyddai'r lleiaf pwysig.

Answered: 2 Skipped: 0

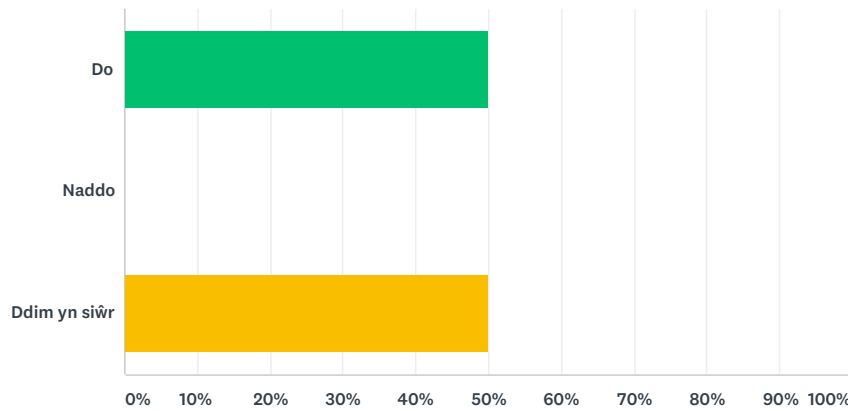


	1	2	3	4	5	6	7	8	9	10	11	12	TOTAL
Gwasanaethau Allgymorth / Atebion Creadigol	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0
Cyfathrebu a Gwybodaeth	100.00% 1	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	1
Lleisiau, Dewisiadau ac Eiriolaeth	0.00% 0	100.00% 1	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	1
Tai	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0
Cymorth Gofal Cymdeithasol	0.00% 0	0.00% 0	100.00% 1	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	1
Gofal Iechyd Cyffredinol a Thriniaethau	0.00% 0	0.00% 0	0.00% 0	50.00% 1	50.00% 1	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	2
Pontio a Chymorth Teuluol	0.00% 0	0.00% 0	0.00% 0	0.00% 0	50.00% 1	50.00% 1	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	2
Cymorth i Ofalwyr	0.00% 0	0.00% 0	0.00% 0	50.00% 1	0.00% 0	50.00% 1	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	2

Gweithgareddau Cymdeithasol a Hamdden	0.00% 0	0.00% 0	100.00% 1	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	1
Addysg, Hyfforddiant, Cyflogaeth a Gwirfoddoli	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	C
Trafnidiaeth	0.00% 0	100.00% 1	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	1
Taliadau Uniongyrchol	100.00% 1	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	1

### Q4 A ydym wedi nodi'r argymhellion cywir ar gyfer pobl ag anabledd dysgu a'u teuluoedd a'u gofalwyr yng Ngheredigion?

Answered: 2 Skipped: 0



ANSWER CHOICES	RESPONSES
Do	50.00% 1
Naddo	0.00% 0
Ddim yn siŵr	50.00% 1
<b>TOTAL</b>	<b>2</b>

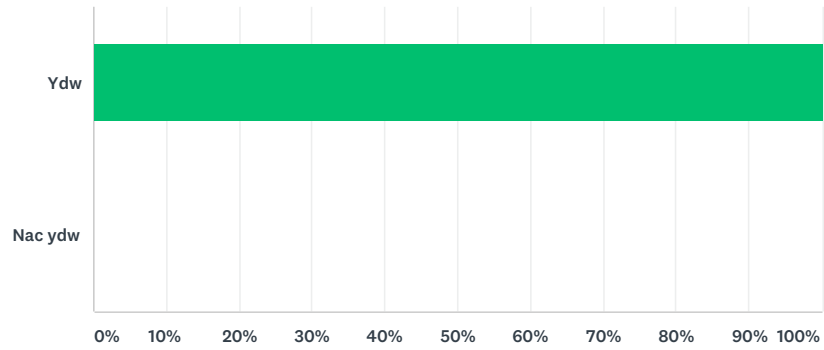
Q5 A oes meysydd eraill y dylem fod yn canolbwyntio arnynt yn eich barn chi ac nad ydym wedi rhoi sylw iddynt? Defnyddiwch y lle hwn i roi sylwadau.

Answered: 0 Skipped: 2

#	RESPONSES	DATE
	There are no responses.	

### Q6 Yn y strategaeth drwyddi draw rydym yn cyfeirio at 'bobl ag anabledd dysgu'. A ydych yn teimlo'n gyfforddus â'r term hwn?

Answered: 2 Skipped: 0

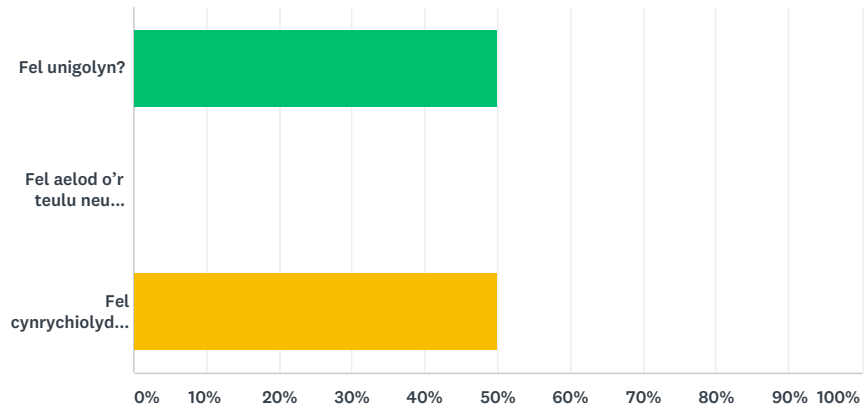


ANSWER CHOICES	RESPONSES	
Ydw	100.00%	2
Nac ydw	0.00%	0
TOTAL		2

#	OS NAD YDYCH, PA DERM FYDDECH YN EI DDEFNYDDIO?	DATE
	There are no responses.	

### Q7 A ydych yn llenwi'r ffurflen hon:

Answered: 2 Skipped: 0



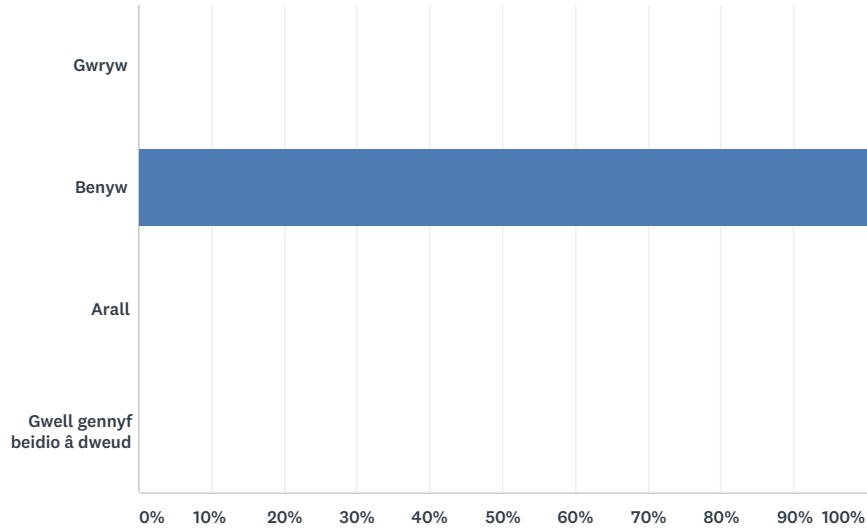
ANSWER CHOICES	RESPONSES
Fel unigolyn?	50.00% 1
Fel aelod o'r teulu neu gofalwr?	0.00% 0
Fel cynrychiolydd sefydliad?	50.00% 1
<b>TOTAL</b>	<b>2</b>

#	NODWCH ENW'R SEFYDLIAD	DATE
1	Chwaer	1/9/2019 9:26 AM



### Q8 Beth yw eich rhyw?

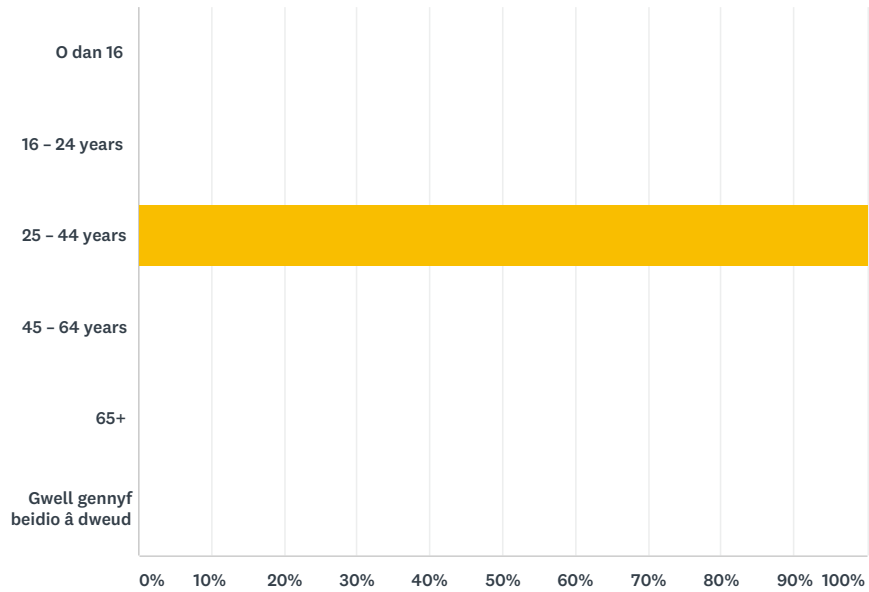
Answered: 1 Skipped: 1



ANSWER CHOICES	RESPONSES	
Gwryw	0.00%	0
Benyw	100.00%	1
Arall	0.00%	0
Gwell gennyf beidio â dweud	0.00%	0
<b>TOTAL</b>		<b>1</b>

### Q9 Beth yw eich grŵp oedran?

Answered: 1 Skipped: 1



ANSWER CHOICES	RESPONSES	
O dan 16	0.00%	0
16 – 24 years	0.00%	0
25 – 44 years	100.00%	1
45 – 64 years	0.00%	0
65+	0.00%	0
Gwell gennyf beidio â dweud	0.00%	0
<b>TOTAL</b>		<b>1</b>

## Q10 Beth yw eich crefydd?

Answered: 0 Skipped: 2

 No matching responses.

ANSWER CHOICES	RESPONSES
Cristion (pob enwad)	0.00% 0
Bwdhydd	0.00% 0
Hindŵ	0.00% 0
Mwslim	0.00% 0
Sikh	0.00% 0
Iddew	0.00% 0
Anffyddiwr	0.00% 0
Dim crefydd	0.00% 0
Gwell gennyf beidio â dweud	0.00% 0
Arall	0.00% 0
TOTAL	0

## Q11 Beth yw eich grŵp ethnig? Dewiswch un opsiwn sy'n disgrifio eich grŵp neu gefndir ethnig orau.

Answered: 0 Skipped: 2

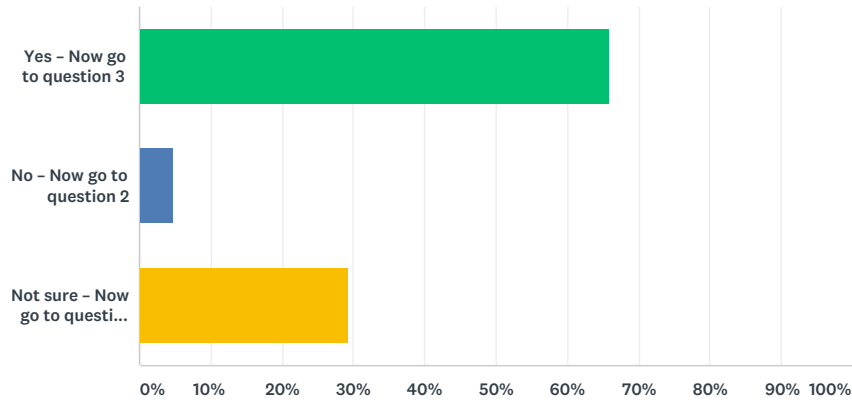
 No matching responses.

ANSWER CHOICES	RESPONSES
Gwyn	0.00% 0
Asiaidd	0.00% 0
Du/Affricanaidd/Caribiaidd	0.00% 0
Cymysg	0.00% 0
Teithwyr Sipsi	0.00% 0
Gwell gennyf beidio â dweud	0.00% 0
Unrhyw gefndir arall (nodwch)	0.00% 0
<b>TOTAL</b>	<b>0</b>

#	UNRHYW GEFNDIR ARALL (NODWCH)	DATE
	There are no responses.	

### Q1 Have we identified the right themes for people with a learning disability and their families and carers in Ceredigion?

Answered: 41 Skipped: 3



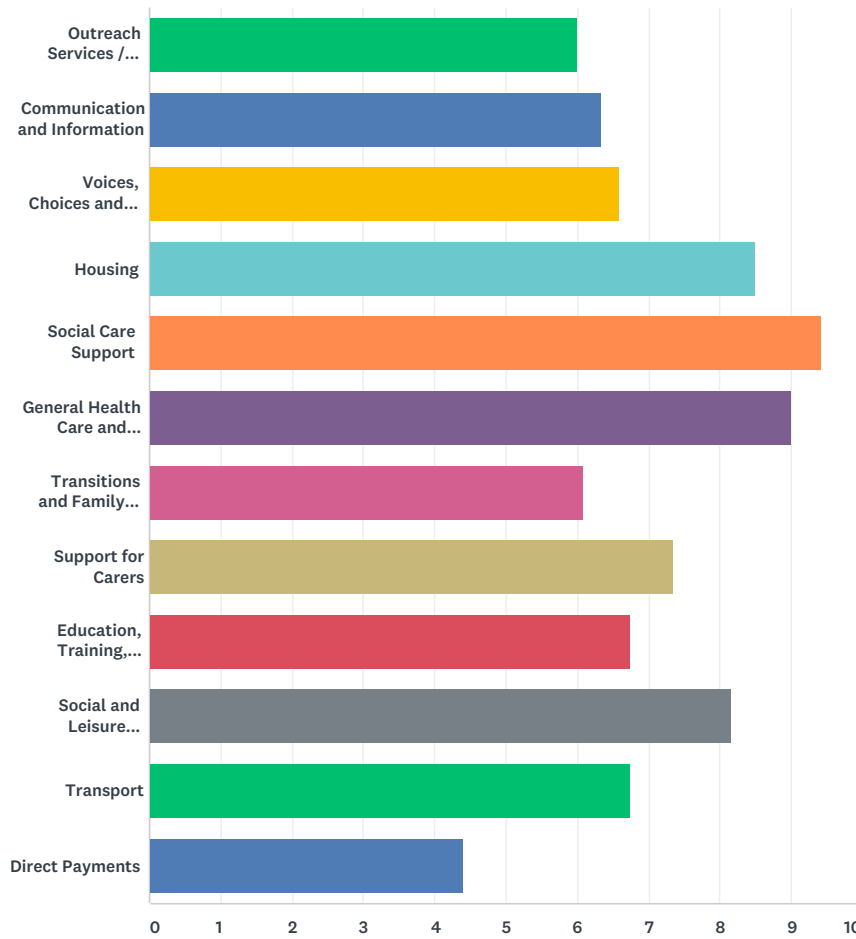
ANSWER CHOICES	RESPONSES	
Yes – Now go to question 3	65.85%	27
No – Now go to question 2	4.88%	2
Not sure – Now go to question 3	29.27%	12
TOTAL		41

## Q2 If no, please tell us what you consider the right themes to be

Answered: 3 Skipped: 41

Q3 Please list one to twelve, what you consider to be the most important themes, one being the most important and twelve being the least important.

Answered: 38 Skipped: 6



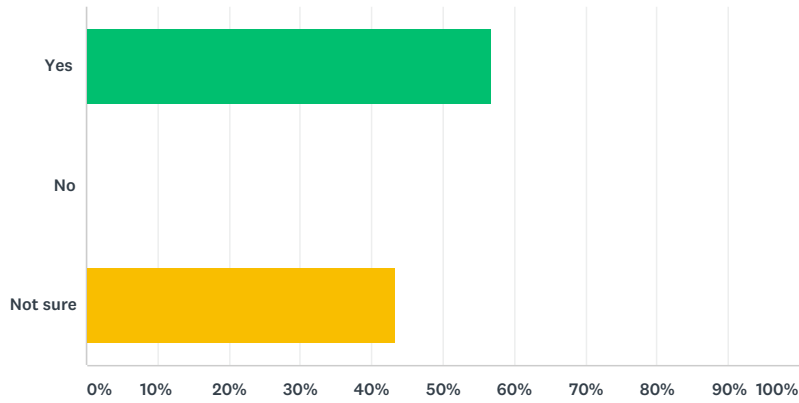
	1	2	3	4	5	6	7	8	9	10	11	12	TOTAL
Outreach Services / Creative Solutions	4.76% 1	4.76% 1	19.05% 4	4.76% 1	4.76% 1	4.76% 1	4.76% 1	9.52% 2	14.29% 3	0.00% 0	23.81% 5	4.76% 1	
Communication and Information	0.00% 0	4.76% 1	0.00% 0	9.52% 2	19.05% 4	9.52% 2	23.81% 5	14.29% 3	9.52% 2	4.76% 1	4.76% 1	0.00% 0	
Voices, Choices and Advocacy	12.00% 3	4.00% 1	12.00% 3	8.00% 2	8.00% 2	4.00% 1	0.00% 0	8.00% 2	24.00% 6	16.00% 4	0.00% 0	4.00% 1	
Housing	26.67% 8	10.00% 3	3.33% 1	20.00% 6	13.33% 4	3.33% 1	3.33% 1	3.33% 1	0.00% 0	6.67% 2	10.00% 3	0.00% 0	
Social Care Support	27.59% 8	13.79% 4	20.69% 6	6.90% 2	6.90% 2	10.34% 3	6.90% 2	0.00% 0	3.45% 1	0.00% 0	3.45% 1	0.00% 0	
General Health Care and Treatment	12.00% 3	28.00% 7	8.00% 2	16.00% 4	12.00% 3	8.00% 2	0.00% 0	8.00% 2	8.00% 2	0.00% 0	0.00% 0	0.00% 0	
Transitions and Family Support	8.70% 2	4.35% 1	4.35% 1	13.04% 3	4.35% 1	4.35% 1	17.39% 4	8.70% 2	0.00% 0	21.74% 5	4.35% 1	8.70% 2	
Support for Carers	15.38% 4	7.69% 2	11.54% 3	7.69% 2	7.69% 2	7.69% 2	7.69% 2	11.54% 3	3.85% 1	7.69% 2	11.54% 3	0.00% 0	

Education, Training, Employment and Volunteering	6.45% 2	19.35% 6	9.68% 3	3.23% 1	6.45% 2	0.00% 0	16.13% 5	6.45% 2	6.45% 2	9.68% 3	6.45% 2	9.68% 3	:
Social and Leisure Activities	10.81% 4	18.92% 7	13.51% 5	13.51% 5	5.41% 2	16.22% 6	0.00% 0	2.70% 1	8.11% 3	2.70% 1	2.70% 1	5.41% 2	:
Transport	11.11% 3	7.41% 2	18.52% 5	3.70% 1	11.11% 3	0.00% 0	11.11% 3	0.00% 0	7.41% 2	7.41% 2	11.11% 3	11.11% 3	:
Direct Payments	0.00% 0	0.00% 0	4.35% 1	4.35% 1	8.70% 2	26.09% 6	0.00% 0	8.70% 2	0.00% 0	4.35% 1	4.35% 1	39.13% 9	:



### Q4 Have we identified the right recommendations for people with a learning disability and their families and carers in Ceredigion?

Answered: 37 Skipped: 7



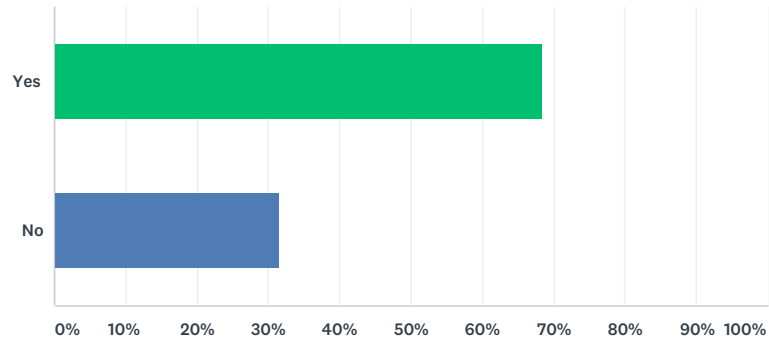
ANSWER CHOICES		RESPONSES	
Yes		56.76%	21
No		0.00%	0
Not sure		43.24%	16
TOTAL			37

**Q5 Are there any other areas you think we should be concentrating on or any issues that we have not addressed?**

Answered: 16 Skipped: 28

### Q6 Throughout the strategy we refer to 'people with a learning disability'. Is this a term you are comfortable with?

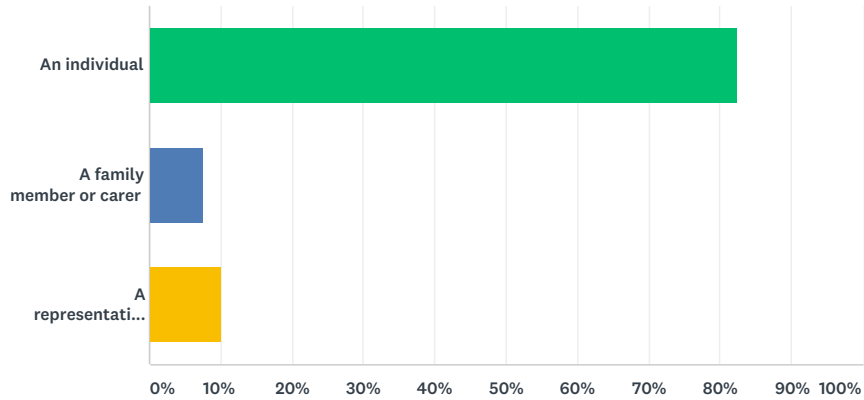
Answered: 38 Skipped: 6



ANSWER CHOICES	RESPONSES	
Yes	68.42%	26
No	31.58%	12
TOTAL		38

### Q7 Are you completing this form as

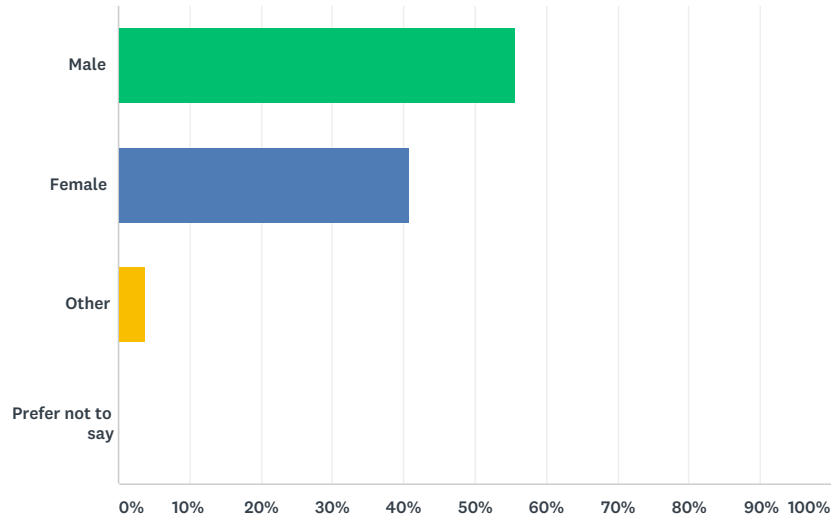
Answered: 40 Skipped: 4



ANSWER CHOICES	RESPONSES	
An individual	82.50%	33
A family member or carer	7.50%	3
A representative of an organisation	10.00%	4
TOTAL		40

### Q8 What is your gender?

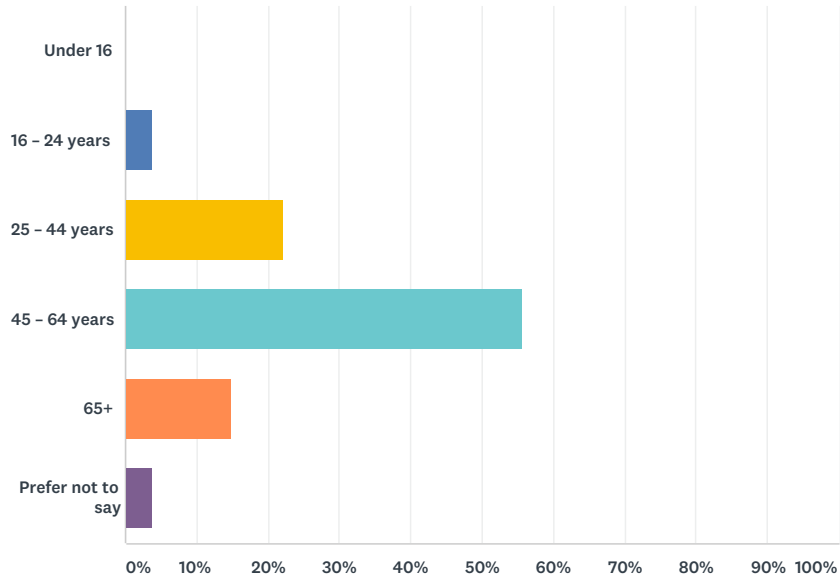
Answered: 27 Skipped: 17



ANSWER CHOICES	RESPONSES	
Male	55.56%	15
Female	40.74%	11
Other	3.70%	1
Prefer not to say	0.00%	0
TOTAL		27

### Q9 What is your age group?

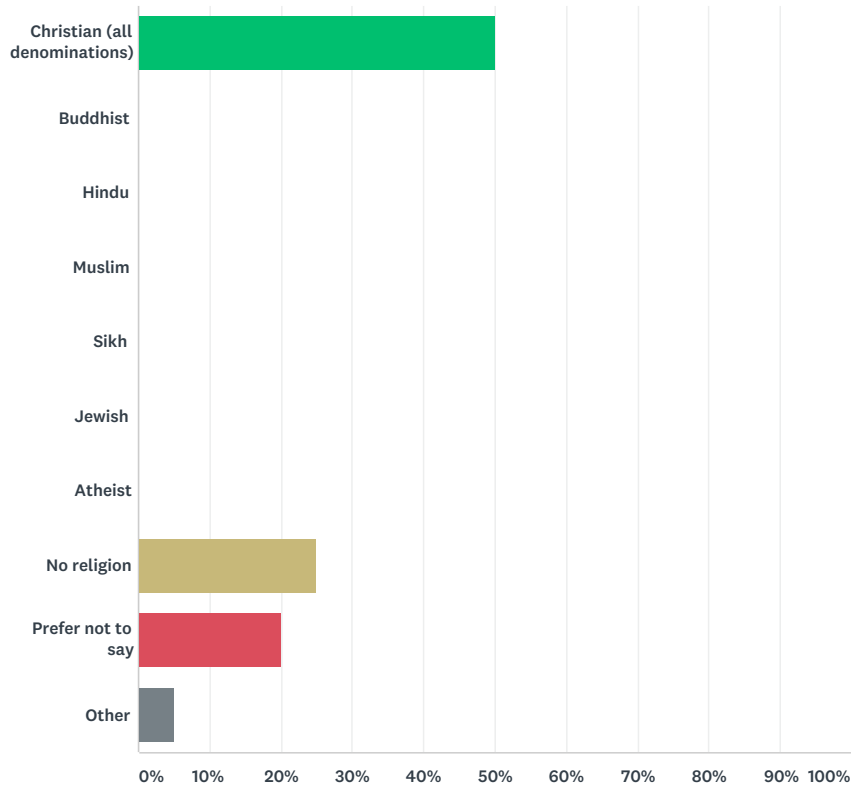
Answered: 27 Skipped: 17



ANSWER CHOICES	RESPONSES
Under 16	0.00% 0
16 - 24 years	3.70% 1
25 - 44 years	22.22% 6
45 - 64 years	55.56% 15
65+	14.81% 4
Prefer not to say	3.70% 1
<b>TOTAL</b>	<b>27</b>

### Q10 What is your religion?

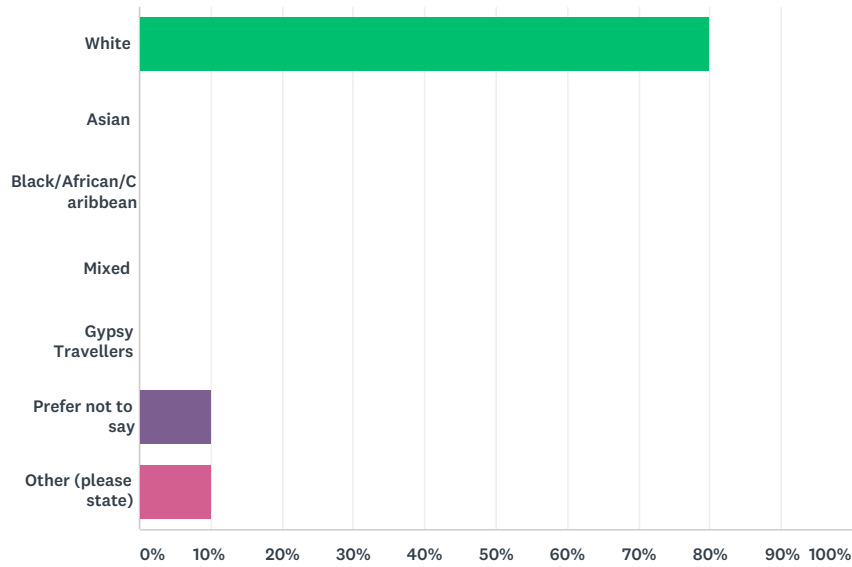
Answered: 20 Skipped: 24



ANSWER CHOICES	RESPONSES	
Christian (all denominations)	50.00%	10
Buddhist	0.00%	0
Hindu	0.00%	0
Muslim	0.00%	0
Sikh	0.00%	0
Jewish	0.00%	0
Atheist	0.00%	0
No religion	25.00%	5
Prefer not to say	20.00%	4
Other	5.00%	1
<b>TOTAL</b>		<b>20</b>

### Q11 What is your ethnic group? Choose one option that best describes your ethnic group or background.

Answered: 20 Skipped: 24



ANSWER CHOICES	RESPONSES	
White	80.00%	16
Asian	0.00%	0
Black/African/Caribbean	0.00%	0
Mixed	0.00%	0
Gypsy Travellers	0.00%	0
Prefer not to say	10.00%	2
Other (please state)	10.00%	2
<b>TOTAL</b>		<b>20</b>



## **Cyngor Sir CEREDIGION**

<b>ADRODDIAD I'R:</b>	<b>Pwyllgor Trosolwg a Chraffu Cymunedau Iachach</b>
<b>DYDDIAD:</b>	<b>6 Medi 2018</b>
<b>LLEOLIAD:</b>	<b>Siambr y Cyngor</b>
<b>TEITL:</b>	<b>Ymgynghoriad ynglŷn â'r Strategaeth Anableddau Dysgu</b>
<b>PWRPAS YR ADRODDIAD:</b>	<b>Cyflwyno gwybodaeth i Aelodau'r Pwyllgor</b>
<b>RHESWM Y MAE'R PWYLLGOR CRAFFU WEDI GOFYN AM Y WYBODAETH:</b>	<b>Ddim yn berthnasol</b>

### **CEFNDIR:**

Mae newidiadau deddfwriaethol a datblygiadau rhanbarthol yn effeithio ar ein gwasanaethau presennol.

Mae angen inni adolygu'r Strategaeth Anableddau Dysgu bresennol i sicrhau ei fod yn cyd-fynd ag anghenion trigolion Ceredigion yn unol â datblygiadau rhanbarthol o ran Bwrdd Partneriaeth Ranbarthol Gorllewin Cymru a gofynion Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014.

Bydd hyn yn golygu y bydd modd datblygu gwasanaethau dydd, gwasanaethau byw â chymorth a lleoliadau preswyl ar sail strategol gan ddarparu strategaeth a gaiff ei defnyddio wrth gaffael neu adolygu gwasanaethau ar gyfer defnyddwyr y gwasanaethau Anableddau Dysgu.

### **Y SEFYLLFA BRESENNOL:**

Cynhaliwyd arolwg ar ffurf holiadur yn Gymraeg, yn Saesneg ac mewn fformat hawdd ei ddeall ar gyfer defnyddwyr y gwasanaeth, rhieni/gofalwyr/ffrindiau a'r cyhoedd.

Ar ôl adolygu'r ymatebion, lluniwyd strategaeth ddrafft at ddibenion ymgynghori sydd ar gael yn Gymraeg, yn Saesneg ac mewn fformat hawdd ei ddeall.

Cafodd y strategaeth ei thrafod a'i diwygio mewn cyfarfod o Fwrdd Partneriaeth Anableddau Dysgu Ceredigion.

Bydd sesiynau ymgynghori yn cael eu cynnal yn Aberystwyth, Aberaeron ac Aberteifi ac yn ein canolfannau dydd sef Canolfan Steffan, Canolfan Padarn a Chanolfan Meugan ym mis Hydref 2018.

Ar ôl y sesiynau hyn, caiff y strategaeth ei diwygio yn ôl yr angen a'i chyflwyno i Fwrdd Partneriaeth Anableddau Dysgu Ceredigion er mwyn cytuno arni. Ar ôl hynny, caiff ei chyflwyno gerbron y Pwyllgor Craffu er mwyn cael ei chymeradwyo cyn iddi fynd gerbron y Cabinet.

**LLESIANT  
CENEDLAETHAU'R  
DYFODOL**

**Oes Asesiad Effaith Integredig wedi ei gwblhau? Os nad oes, esboniwch pam**

l'w gwblhau ar ôl cytuno ar y strategaeth.

**Crynodeb:**

**Hirdymor:**

Strategaeth ar gyfer yr hirdymor yw hon

**Integreiddio:**

Cefnogi unigolion sydd ag anableddau dysgu i integreiddio o fewn eu cymunedau

**Cydweithio:**

Caiff y strategaeth ei pharatoi'n derfynol ar ôl yr ymgynghori

**Cynnwys:**

Defnyddwyr y gwasanaethau, rhieni, gofalwyr, ffrindiau, y cyhoedd

**Atal:**

**ARGYMHELLIAD:**

Dylai'r Pwyllgor Craffu ystyried y Strategaeth a rhoi sylwadau fel rhan o'r ymgynghoriad.

**RHESYMAU DROS YR ARGYMHELLIAD:**

Gwahoddir pob unigolyn sy'n rhan o'n gwasanaethau a'r cyhoedd i gymryd rhan yn yr ymgynghoriad hwn er mwyn sicrhau bod y strategaeth yn cyrraedd pawb a'i bod yn deg wrth gynrychioli barn y rheini sy'n defnyddio ein gwasanaethau, eu rhieni, eu gofalwyr, eu ffrindiau a'r cyhoedd.

**Enw Cyswllt:**

Judi O'Rourke

**Swydd:**

Rheolwr Gwasanaeth - Gwasanaethau Oedolion

**Dyddiad yr Adroddiad:** 22 Awst 2018



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board



Cyngor Sir  
CEREDIGION  
County Council

# Strategaeth Anabledd Dysgu Ceredigion



Caru•Love  
Ceredigion

I gael copi o'r cyhoeddiad hwn mewn print mawr, Braille, tâp sain, fersiwn hawdd ei darllen neu iaith arall, cysylltwch â Chyngor Sir Ceredigion ar (01545) 570881

## Rhagair a Chyflwyniad – Aelodau Cabinet Ceredigion dros Wasanaethau Cymdeithasol ac Eiriolwyr dros Bobl ag Anableddau Dysgu

Fel Eiriolwyr dros Bobl ag Anableddau Dysgu a'u Gofalwyr, rydym yn croesawu datblygiad Strategaeth Ceredigion ar gyfer Pobl ag Anableddau Dysgu (y Strategaeth). Mae'r strategaeth hon yn gosod y weledigaeth ar gyfer cydweithio rhwng Cyngor Sir Ceredigion (CSC), Bwrdd Iechyd Prifysgol Hywel Dda (BIPHDd), pobl ag anableddau dysgu, eu rhieni a'u Gofalwyr, asiantaethau sy'n bartneriaid a chymunedau lleol. Y bwriad yw gwella ansawdd bywyd pobl sydd ag anabledd dysgu, a'u Gofalwyr, sy'n byw, gweithio a chymdeithasu yng Ngheredigion.

Disgrifir pobl ag anabledd dysgu yn Asesiad Poblogaeth Gorllewin Cymru (Mawrth 2017) fel:

- rhai sydd â gallu sylweddol is i ddeall gwybodaeth newydd neu gymhleth a dysgu sgiliau newydd (nam deallusol),
- rhai sydd â llai o allu i ymdopi'n annibynnol (nam gweithredu cymdeithasol) neu
- mae'r nodweddion hyn i'w gweld cyn iddyn nhw ddod yn oedolion ac maent yn cael effaith barhaol ar ddatblygiad.

Un o amcanion allweddol y Strategaeth hon yw gwella ansawdd bywyd pobl sydd ag anabledd dysgu drwy sicrhau bod y gwasanaethau a ddarperir yn canolbwyntio mwy ar y dinasyddion a'r gymuned. Mae'r Strategaeth yn adlewyrchu'r bwriad i hyrwyddo dewis a rheolaeth bob amser ar gyfer pob un sydd ag anabledd dysgu, gan gynnwys pobl ifanc sydd angen cymorth wrth iddyn nhw ddod yn oedolion. Mae gan holl Gyfarwyddiaethau CSC a BIPHDd gyfrifoldeb i sicrhau bod pobl sydd ag anabledd dysgu'n cael dweud eu dweud, wrth ddatblygu neu ail-gynllunio gwasanaethau ar gyfer Ceredigion. Byddwn yn sicrhau y bydd hyn yn dylanwadu ar, ac yn bwydo mewn i gynlluniau a strategaethau eraill o fewn Cyngor Sir Ceredigion.

Ar ôl dosbarthu holiaduron, mae nifer fawr o ddigwyddiadau ymgysylltu'n cael eu cynnal i'n helpu i ddeall beth sydd bwysicaf i'r rhan fwyaf o bobl sydd ag anableddau dysgu, eu teuluoedd a'u gofalwyr. Bydd y Strategaeth yn dwyn ynghyd ddyheadau pobl ag anableddau dysgu, eu rhieni a'u gofalwyr, staff Cyngor Sir Ceredigion a Bwrdd Iechyd Prifysgol Hywel Dda, ac yn eu troi'n ganlyniadau ystyrlon i'w cyflawni, a fydd yn hyrwyddo lleisiau, dewisiadau, lles ac annibyniaeth pobl.

Rydym yn anelu at ddatblygu model yn y dyfodol ar gyfer y gwasanaethau iechyd a gofal cymdeithasol, yn seiliedig ar yr egwyddor o ofal sy'n canolbwyntio ar yr unigolyn, ac sy'n hyrwyddo annibyniaeth a chynhwysiant cymdeithasol.

Mae hefyd yn gyfle inni gydnabod natur amrywiol ein poblogaeth, ac ymrwmo i fabwysiadu dull sy'n caniatáu i bobl ag anabledd dysgu gael eu trin yn y modd maent yn dymuno, cyhyd ag y bo modd. Sefydlwyd Bwrdd Partneriaeth Anableddau Dysgu Ceredigion (y Bwrdd). Bydd y Bwrdd hwn, sydd â rhieni a gofalwyr a gweithwyr allweddol sefydliadau lleol ymhlith ei aelodau, yn gyfrifol am oruchwylio'r modd y cyflenwir y Strategaeth hon, gan sicrhau bod y partneriaid yn cyflawni'r canlyniadau a osodir yn y Cynllun Cyflenwi. Ein nod yw cynyddu aelodaeth y bwrdd hwn i gynnwys pobl ag anableddau dysgu, yn ogystal â'u heiriolwyr.



Y Cyngorydd Catherine Hughes  
Aelod Cabinet dros Wasanaethau  
Cymdeithasol  
Eiriolwr dros Ofalwyr  
Cyngor Sir Ceredigion



Judith Hardisty  
Eiriolwr dros Anableddau Dysgu  
Bwrdd Iechyd Prifysgol Hywel Dda



Y Cyngorydd Alun Williams  
Eiriolwr dros Anableddau Dysgu  
Cyngor Sir Ceredigion

## Ein Sesiynau Ymgysylltu – dysgu beth sy'n bwysig

Er mwyn inni allu edrych ar yr holl gyfleoedd posib ar gyfer trawsnewid gwasanaethau i bobl ag anableddau dysgu, roedd hi'n hanfodol ein bod ni'n deall yn iawn beth sy'n bwysig i'r rhan fwyaf o bobl ag anableddau dysgu, eu teuluoedd a'u gweithwyr cymorth, yn ogystal â'r heriau maent yn eu hwynebu yn eu bywydau o ddydd i ddydd.

Rydym yn cydnabod mai pobl ag anabledd dysgu a gofalwyr yw'r arbenigwyr ar eu profiadau nhw'u hunain, a bod ganddynt farn unigryw, a chreadigol yn aml, ynghylch sut mae gwasanaethau'n cael eu cyflenwi, neu sut y gellid eu cyflenwi mewn ffordd a fyddai'n cael effaith bositif ar ansawdd bywyd pobl.

Er mwyn cadw pobl ag anabledd dysgu wrth galon y Strategaeth, dosbarthwyd holiaduron i unigolion, eu gofalwyr a darparwyr gofal, gan sicrhau eu bod yn cael cyhoeddusrwydd eang.

I ymgysylltu â phobl ac ymgynghori ar y strategaeth, cynhelir y digwyddiadau canlynol:

- Digwyddiadau ymgysylltu yn Aberteifi, Aberaeron ac Aberystwyth ar gyfer pobl ag anableddau dysgu, eu rhieni a'u gofalwyr,
- Ymgysylltu mewn canolfannau dydd gyda rhai na all fynychu digwyddiadau ymgysylltu;
- Postio deunydd i ddarparwyr i ymgysylltu â phobl sy'n defnyddio'u gwasanaethau nad ydym efallai'n ymwybodol ohonynt.

Dyma ddyfyniadau a godwyd yn uniongyrchol o'r holiaduron wedi'u cynnwys ar y tudalennau canlynol. Mae'r holl negeseuon cyffredin a gasglwyd o'r holiaduron wedi siapiao pob maes canlyniad gwahanol yn y strategaeth hon.

### Oddi wrth Bobl ag Anabledd Dysgu

- Gwell Mynediad i Wasanaethau Gofal Cymdeithasol ac Iechyd -

**“Mae'n mynd yn anodd cael mynediad at y Meddyg Teulu am fod ganddynt system apwyntiadau newydd erbyn hyn.”**

- Gwell Cyfathrebu-

**“Mae mam wedi fy helpu i lenwi hwn ac mae wedi gorfod esbonio'r cwestiynau mewn ffordd y GALLAF I ddeall.”**

### Oddi wrth Bobl ag Anabledd Dysgu

- Gwella cyfleoedd Cymdeithasol a Hamdden-

“... mae'n anodd iawn cael mynediad at unrhyw beth. Mae'r holl wasanaethau fel petaent wedi'u cwtdogi trwy'r amser, wedi cael llond bol ar ofyn am help drwy'r adeg – a chael yr ateb bod dim ar gael.”

**“Mae'r penwythnosau'n gymunedol iawn ond does fawr ddim cymorth ar nosweithiau yn yr wythnos.”**

- Gwella cyfleoedd Cyflogaeth a Hyfforddiant -

**“Llwyddo i wneud arian o fy ymdrechion creadigol (arlunio, dylunio graffeg, ysgrifennu)”**

**“Mae gen i waith ond byddai angen cymorth arna'i i gyflawni hyn.”**

**“Eisiau mwy o waith gyda thâl.”**

- Gwella Trafnidiaeth -

**“Cael mwy o ddefnydd o drafnidiaeth i gyrraedd y gymuned sy'n bellach i ffwrdd.”**

**“Gallu cael mynediad corfforol i'r gymuned – alla' i ddim mynd i rai llefydd oherwydd fy nghadair.”**

- Cefnogi'r unigolyn - **“Gallu siarad efo rhywun os ydw i'n poeni am rywbeth – Gweithiwr allweddol, cynorthwydd personol”**

- Cael yr un gweithwyr proffesiynol yn darparu gofal a chymorth i bobl ag anableddau dysgu trwy'r adeg.
- Lleihau'r amser mae'n ei gymryd i gynnal adolygiadau, a darparu mwy o wybodaeth am newidiadau o ran gweithwyr proffesiynol sy'n gweithio gyda theuluoedd.
- Yr angen i gadw gwasanaethau allweddol, megis Canolfannau Cymorth Cymunedol, sy'n darparu seibiant i ofalwyr.
- Datblygu mwy o wasanaethau o fewn y sir fel nad oes angen gwahanu teuluoedd oherwydd prinder gwasanaethau.

#### Oddi wrth Ddarparwyr Gwasanaethau

Mae darparwyr gwasanaethau am weithio'n agosach gydag adran gomisiynu'r Gwasanaethau Cymdeithasol, i gyd-gynllunio a chyd-gynhyrchu gwasanaethau.

- Gwella'r cyfathrebu rhwng Darparwyr Gwasanaethau ag Iechyd a Gwasanaethau Cymdeithasol.
- Datblygu gwasanaethau pontio i alluogi pobl i fyw bywydau llawnach.
- Datblygu eiriolaeth o fewn Ceredigion fel bod y broses o ail-gynllunio gwasanaethau yn canolbwyntio ar unigolion.

Rhoi'r Strategaeth yn ei Chyd-destun Cenedlaethol, Rhanbarthol a Lleol

## Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014

Daeth Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014 (y Ddeddf) i rym yn Ebrill 2016. Mae hon yn newid yn sylfaenol y modd y mae gwasanaethau gofal a chymorth yn cael eu cyflenwi yng Nghymru, ac o ganlyniad, mae gofyn bod yna newid sylfaenol i'r modd y mae gwasanaethau Gofal Cymdeithasol ac Iechyd yn gweithredu.

Mae'r Ddeddf yn seiliedig ar fframwaith Gwasanaethau Cymdeithasol Cynaliadwy Llywodraeth Cymru a'r egwyddorion canlynol:

- Llais a rheolaeth – sicrhau bod y gofal yn canolbwyntio ar unigolion a'u hanghenion, a rhoi llais iddyn nhw, a rheolaeth dros gael y canlyniadau all helpu i sicrhau eu lles.
- Ataliad ac ymyrraeth gynnar – cynyddu gwasanaethau ataliol o fewn y gymuned i leihau'r angen am ofal parhaus sydd wedi'i reoli.
- Llesiant – cynorthwyo pobl i sicrhau eu lles eu hunain a mesur llwyddiant y gofal a'r cymorth.
- Cyd-gynhyrchu – annog unigolion i gymryd mwy o ran yn y gwaith o gynllunio a chyflenwi gwasanaethau.

Mae'r Ddeddf yn gosod dyletswydd ar Awdurdodau Lleol i hyrwyddo lles y rhai sydd angen gofal a chymorth. Mae hefyd yn gosod dyletswydd ar awdurdodau lleol a byrddau iechyd i weithio gyda'i gilydd mewn partneriaethau statudol newydd, sef Byrddau Gwasanaethau Cyhoeddus, i hyrwyddo integreiddiad, arloesedd a newidiadau i wasanaethau.

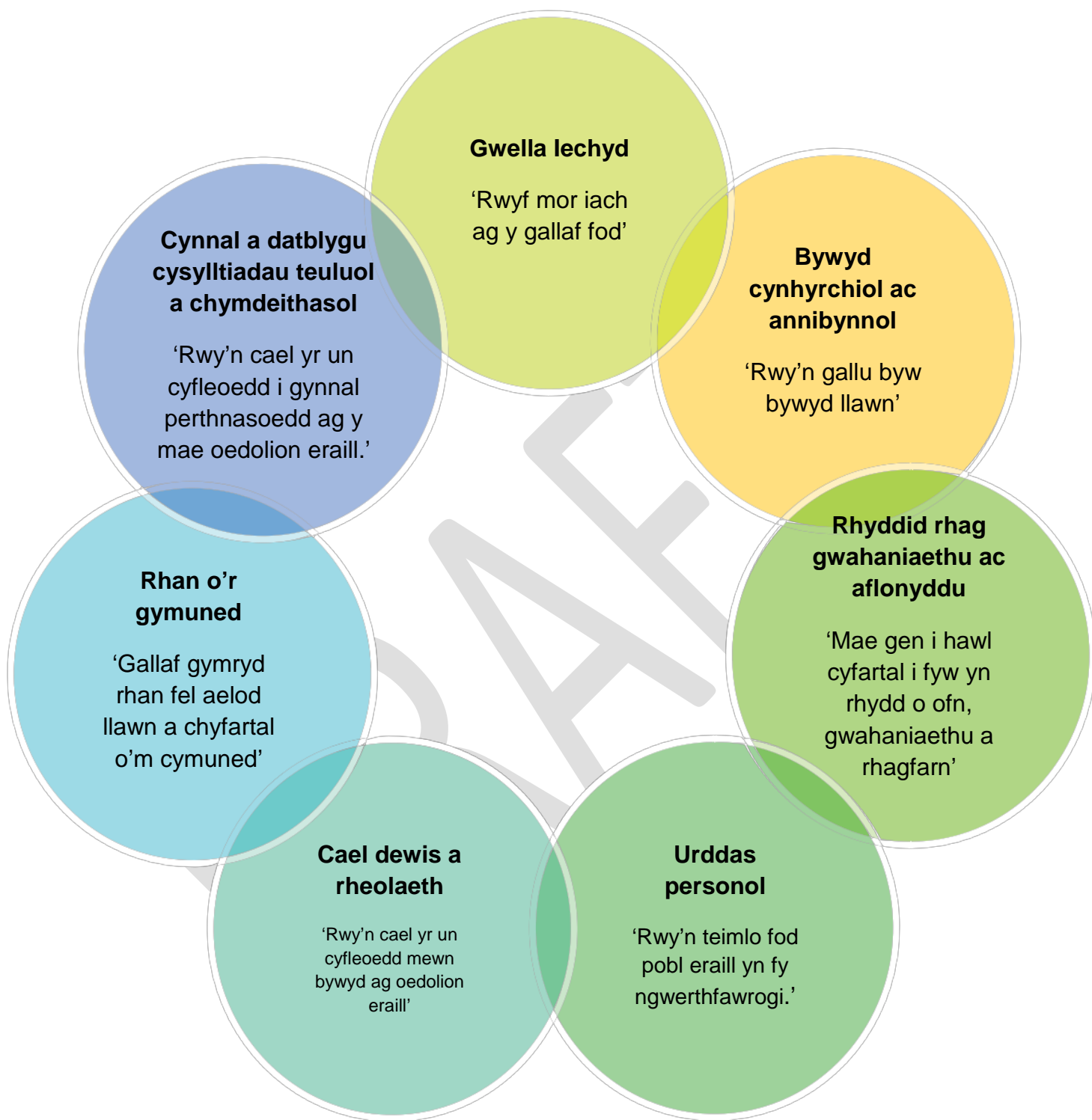
Dan y Ddeddf, mae'n ofynnol cynnal asesiad o'r boblogaeth. Mae Cyngor Sir Ceredigion a Bwrdd Iechyd Prifysgol Hywel Dda'n gweithio'n agos â phartneriaid a'r trydydd sector i baratoi asesiad, a fydd yn ein darparu â gwybodaeth am anghenion gofal a chymorth unigol, gan gynnwys gofalwyr yn yr ardal sydd angen cymorth, amrywiaeth a lefel y gwasanaethau a ddarperir ar hyn o bryd, ac i ba raddau yr ydym yn methu â chwrdd ag anghenion gofal a chymorth rhai o drigolion yr ardal.

## Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015

Mae Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015 yn rhoi pwyslais pellach ar gynllunio ar gyfer y dyfodol, gweithio ar y cyd ar draws sefydliadau gwasanaethau cyhoeddus, a gweithio'n agosach ac mewn ffordd well gyda phobl a chymunedau.

Hefyd, yn ddiweddar mae Llywodraeth Cymru wedi cyhoeddi Cyfarwyddyd Ymarfer ar ddatblygu strategaeth gomisiynu ar gyfer pobl ag anabledd dysgu. Mae'r Cyfarwyddyd hwn yn cynnwys 7 maes canlyniad allweddol, a amlinellir isod. Mae'r 7 maes canlyniad hyn wedi'u cysylltu â chanlyniadau allweddol y strategaeth hon.





Tua diwedd 2015 a dechrau 2016 cynhaliodd Arolygiaeth Gofal Iechyd Cymru (AGIC) adolygiad thematig o wasanaethau iechyd y GIG ar gyfer pobl ag anableddau dysgu yng Nghymru.

Roedd yr adolygiad hwn yn cynnwys arolwg o bob un o'r saith bwrdd iechyd yng Nghymru; gwaith maes manwl ochr yn ochr ag Arolygiaeth Gofal Iechyd Cymru (AGIC) o fewn chwe thîm iechyd anabledd dysgu cymunedol, o bum bwrdd iechyd gwahanol; arolygiadau o dimau iechyd anabledd dysgu cymunedol y ddau fwrdd iechyd arall; ac arolygiadau o leoliadau preswyl a ddarperir gan y GIG ar gyfer pobl ag anableddau dysgu, gan gynnwys unedau asesu a thriniaethau.

Roedd yr adroddiad a gynhyrchwyd yn sgil yr adolygiad yn nodi cryfderau cyffredin a meysydd i'w gwella, ac yn gosod argymhellion ar gyfer byrddau iechyd a llunwyr polisiau. Defnyddiwyd canfyddiadau'r adroddiad hwnnw wrth fynd ati i lunio'r strategaeth hon.

Sefydlwyd Partneriaeth Gofal Gorllewin Cymru (PGGC) i sicrhau bod holl sefydliadau'r gwasanaethau cyhoeddus ar draws y rhanbarth yn gweithio gyda'i gilydd, i helpu pobl ag anableddau dysgu i sicrhau'r canlyniad sy'n bwysig iddyn nhw.

Mae PGGC wedi datblygu a chytuno ar 'Ddatganiad o Fwriad ar gyfer Gwasanaethau Anabledd Dysgu'. Mae'r ddogfen hon yn amlinellu eu hymrwymiad i wella gwasanaethau anabledd dysgu, ac mae'n disgrifio'r dull cydweithredol sydd ei angen i drawsnewid y gwasanaethau yng Ngorllewin Cymru er gwell dros y tair blynedd nesaf. Mae'n gosod dyletswydd statudol ar Wasanaethau Iechyd a Gofal Cymdeithasol, ac yn amlinellu sut mae sefydliadau sy'n bartneriaid yn bwriadu ymrwymo i raglen o drawsnewid, gyda chymorth yr holl randdeiliaid.

Mae gan Fwrdd y Rhaglen, a sefydlwyd i arwain y broses o roi argymhellion y Datganiad o Fwriad ar waith, weledigaeth o ran datblygu model gofal integredig ar gyfer pobl ag anableddau dysgu, eu teuluoedd a'u gofalwyr ar draws y rhanbarth cyfan.

**“Gyda'n gilydd, a gyda chi, rydym wedi ymrwymo i gynorthwyo pobl sydd ag anghenion unigol i fyw'r bywyd a ddymunant. Trwy ddarparu amrywiaeth o wasanaethau gofal a chymorth hyblyg, byddwn yn sicrhau bod pobl ag anableddau dysgu mor annibynnol â phosib ac yn cymryd rhan lawn yn eu cymunedau lleol.”**

Bydd yr uchelgeisiau a osodir yn y Datganiad o Fwriad yn dod yn rhan annatod o'r modd y cyflenwir y model gofal rhanbarthol ar gyfer pobl ag anableddau dysgu.

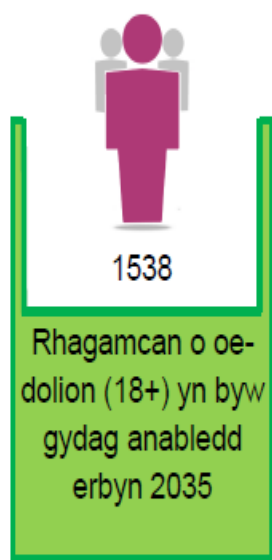
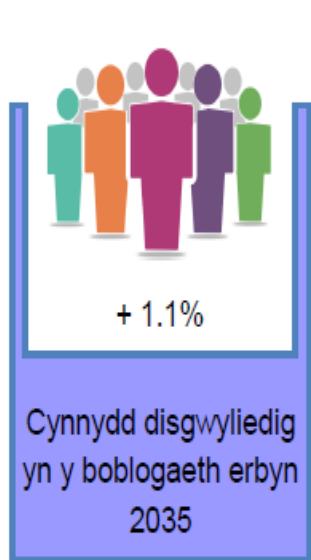
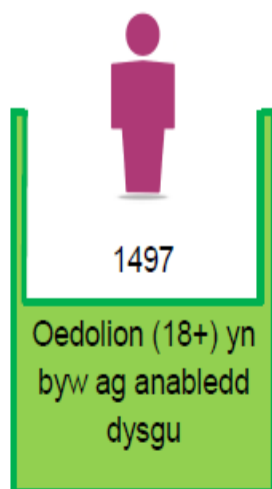
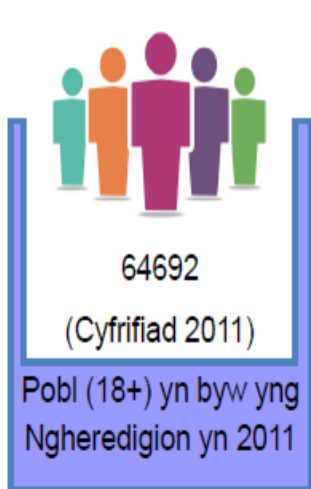
Mae aelodaeth Bwrdd Partneriaeth Anableddau Dysgu Ceredigion yn cynnwys rhieni a gofalwyr, a sefydliadau sy'n bartneriaid, (CSC, BIPHDd, Pobl yn Gyntaf Sir Gaerfyrddin a Chymdeithas Mudiadau Gwirfoddol Ceredigion (CAVO)). Nod y Bwrdd yw sicrhau bod pobl ag anableddau dysgu yn rhan ganolog o'r holl drafodaethau sy'n ymwneud â gwasanaethau anabledd dysgu. Mae'r Bwrdd yn rhannu gwybodaeth ar raddfa eang ar draws partneriaethau lleol a rhanbarthol allweddol eraill, fel bod barn a lleisiau pobl Ceredigion yn siapia gwasanaethau'r dyfodol.

Yn ogystal, mae yna Fwrdd Gwasanaethau Cyhoeddus Lleol. Mae'r Bwrdd hwn yn gyfrifol am sicrhau bod yna ddulliau cyd-drefnus a chyson o gomisiynu gwasanaethau ar ran asiantaethau sy'n bartneriaid yng Ngheredigion. Ei nod yw sicrhau ymagwedd gydgyssylltiedig tuag at gynllunio strategol a darparu gwasanaethau, er mwyn gwneud y defnydd gorau posib o adnoddau cyhoeddus, a darparu gwasanaethau di-dor drwy weithio ar draws ffiniau sefydliadol.

Unwaith bod y strategaeth hon wedi'i chymeradwyo, bydd y Bwrdd yn monitro'r modd y'i cyflenwir yn erbyn cynllun gweithredu a osodwyd ar gyfer y strategaeth. Gosodir y berthynas rhwng y Byrddau hyn yn Atodiad 1.

DRAFT

**Proffil Ceredigion - pobl sy'n byw ag anableddau dysgu**



**Beth mae'r data yn ei ddweud wrthon ni?**

- Mae yna oedolion gydag anabledd dysgu na wŷyr y gwasanaethau amdanynt, neu sy'n dewis peidio a defnyddio'r gwasanaethau.
- Ar 31 Mawrth 2018, roedd 194 o bobl ag anabledd dysgu'n cael cymorth gwasanaeth a ddarparwyd a/neu a gomisiynwyd gan Gyngor Sir Ceredigion.
- O'r rhain, roedd 135 (70%) yn cael cymorth i fyw yn y gymuned, gyda 59 (30%) yn cael cymorth mewn gofal preswyl.
- Y ganran gofal preswyl hon yw'r uchaf yng Nghymru a rhanbarth BIPHDd.
- Erbyn 2035, rhagwelir y bydd 1538 o oedolion 18 oed a throsodd ag anableddau dysgu'n byw yng Ngheredigion.
- Erbyn 2035, rhagwelir y bydd y ganran o bobl 75 oed a throsodd ag anableddau dysgu'n cynyddu 60%.
- Erbyn 2035, rhagwelir y bydd 654 o oedolion 18 oed a throsodd gydag anhwylder ar y sbectrwm awtistig yn byw yng Ngheredigion.

Ceir ffynonellau'r data yn Atodiad 4.

**Proffil Ceredigion - Gwasanaethau presennol sy'n cynorthwyo pobl i fyw bywyd egniol a llawn yn eu cymuned**



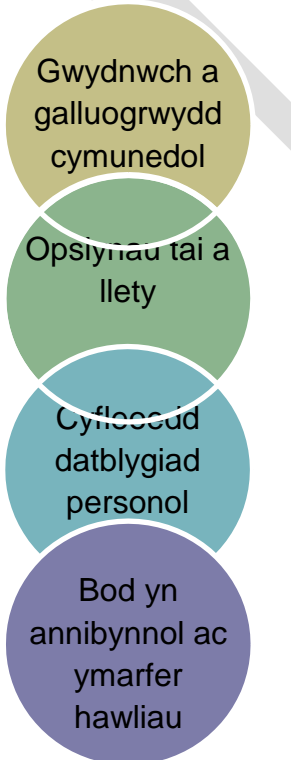
**Beth fydd hyn yn ei olygu wrth ddarparu gwasanaethau yn y dyfodol?**

- Bydd angen inni sicrhau bod yna amrywiaeth eang o gyfleoedd ar gael i bobl ag anableddau dysgu o bob oed, i ganiatáu iddynt fyw bywyd llawn ac egnïol fel aelodau gwerthfawr o’u cymunedau,
- Bydd angen datblygu strategaethau comisiynu amgen sy’n cynyddu gallu cymunedol a chydnerthedd, fel bod gwasanaethau’r dyfodol yn hunangynhaliol, gan gydnabod yr heriau ariannol a wynebwr gan y sector cyhoeddus,
- Bydd angen inni weithio gyda phartneriaid a phobl gydag anableddau dysgu i gynllunio a datblygu gwasanaethau cynaliadwy, cydnerth ac arloesol, gan gydnabod y budd o gyd-gynhyrchu,
- Bydd angen inni ddal ati i ganolbwyntio ar ddatblygu gwasanaethau a fydd yn hyrwyddo annibyniaeth lle bynnag y bo modd,
- Mi fydd yna alw cynyddol am wasanaethau arbenigol e.e. Awtistiaeth. Cyhoeddodd Llywodraeth Cymru Gynllun Gweithredu Strategol newydd ar gyfer Anhwylderau’r Sbectrwm Awtistig yn 2016. Y bwriad yw datblygu ymateb rhanbarthol i’r Cynllun Gweithredu hwnnw.

Mae Atodiad 2 yn cynnwys nifer o siartiau data manwl am y gwasanaethau a ddefnyddir, a’r wybodaeth ddemograffig ynghylch y defnydd o wasanaethau gan bobl ag anableddau dysgu.

**Canlyniadau allweddol i bobl ag anableddau dysgu**

Rydym wedi defnyddio’r uchelgeisiau cyffredin a osodwyd gan y Grŵp Rhaglen Anableddau Dysgu fel sail ar gyfer prif feysydd canlyniad y strategaeth hon. Yr uchelgeisiau cyffredin hynny yw:



Gwella gwydnwch a galluogrwydd cymunedol drwy sicrhau dewis, hunangyfeirio a rheolaeth dros benderfyniadau sy’n effeithio ar fywydau pobl ag anabledd dysgu, yn unol â’r Ddeddf Gwasanaethau Cymdeithasol a Llesiant.

Gwella ansawdd bywyd trwy wella’r dewis o dai a llety ar gyfer pobl ag anabledd dysgu, gan sicrhau bod y mwyafrif ohono yr un fath ag ar gyfer pobl eraill yn y gymuned.

Byddai cael mwy o gyfleoedd ar gyfer datblygiad personol a phrofiadau bywyd yn gwella lles ac ansawdd bywyd pobl ag anableddau dysgu.

Byddai cael pob cyfle i fod yn annibynnol, i ymarfer a mwynhau eu hawliau a chwrrd â’u hymrwymyiadau unigol, yn gwella ansawdd bywyd pobl ag anableddau dysgu.

**Cylch Cymorth Ceredigion ar gyfer Anabledd Dysgu**



Rydym wedi mapio'r adborth a gasglwyd gennym, a'r straeon a glywsom yn ystod ein gweithgareddau ymgysylltu yn erbyn y 4 maes canlyniad hyn, ac o ganlyniad rydym wedi datblygu fframwaith a'i alw'n Gylch Cymorth ar gyfer Pobl ag Anableddau Dysgu.

Mae pob rhan o'r cylch yn nodi agwedd allweddol o fywyd bob dydd a fyddai, pe na bai ar gael, yn cael effaith negyddol ar ansawdd bywyd pobl gydag anabledd dysgu.

Gwnaethpwyd pob rhan wahanol o'r Cylch Cymorth yn faes canlyniad allweddol.



## Maes canlyniad allweddol 1:

**Gwella gwydnwch a galluogrwydd cymunedol drwy sicrhau dewis, hunangyfeirio a rheolaeth dros benderfyniadau sy'n effeithio ar fywydau pobl ag anabledd dysgu, yn unol â'r Ddeddf Gwasanaethau Cymdeithasol a Llesiant.**

### 1: Gwasanaethau Allgymorth / Atebion Creadigol

Mae Cyngor Sir Ceredigion a Bwrdd Iechyd Prifysgol Hywel Dda yn gweithio mewn partneriaeth â nifer o asiantaethau a sefydliadau i ddarparu ystod eang o wasanaethau. Mae'r gwasanaethau hyn, sy'n cynnwys seibiant, gofal dydd, cymorth i fyw'n annibynnol, gofal preswyl, y defnydd o larymau cymunedol a Thaliadau Uniongyrchol, yn cynorthwyo pobl ag anabledd dysgu i wneud y mwyaf o'u potensial ac yn hyrwyddo annibyniaeth a chynhwysiant cymdeithasol.

Er bod amrywiaeth eang o wasanaethau ar gael ar gyfer pobl ag anabledd dysgu yng Ngheredigion, nodwyd mewn ymateb i'r holiadur bod cael mynediad i'r amrywiaeth ehangach o weithgareddau cymunedol sydd ar gael y tu allan i'r oriau 9am i 5pm ac ar benwythnosau – yn enwedig ar ddydd Sul – yn anhawster allweddol i bobl ag anableddau dysgu a'u gofalwyr.

**“... mae'n anodd iawn cael mynediad at unrhyw beth.”**

**“... dwi wedi cael llond bol ar ofyn am help trwy'r amser – a chael yr ateb bod dim ar gael.”**

**“Mae'r penwythnosau'n gymunedol iawn ond does fawr ddim cymorth ar nosweithiau yn yr wythnos.”**

Dan y Ddeddf Gwasanaethau Cymdeithasol a Llesiant, mae'n ddyletswydd ar yr Awdurdod Lleol i ddarparu gwasanaeth Gwybodaeth, Cyngor a Chymorth, a hynny yn newis iaith y defnyddiwr. Bydd hyn yn gwneud hi'n haws i bawb gael gwybodaeth a chynghor cyfredol a chilir am yr holl wasanaethau sydd ar gael yn eu hardal. Bydd hyn yn helpu pobl i wneud penderfyniadau am y cymorth sydd ei angen arnynt i fyw bywyd fel y dymunant.

Dywedodd pobl wrthym eu bod yn gwerthfawrogi Canolfannau Cymorth Cymunedol, ond eu bod am gael mynediad at gyfleoedd gwaith a mathau eraill o wasanaethau a gweithgareddau. Cyfleoedd cyfyngedig sydd ar gael yn eu cymunedau, a'r nod yw cryfhau'r cysylltiadau cymunedol.

Rydym yn bwriadu ehangu'r broses ymgysylltu i gynnwys cymunedau, busnesau, cynghorau tref a chymuned a'r sector gwirfoddol, i ystyried sut y gellir gwella'r amrywiaeth o gyfleoedd ar gyfer pobl ag anabledd dysgu yng Ngheredigion.

#### Ein hargymhellion:

- Dod o hyd i bobl ag anableddau dysgu sy'n fodlon bod yn eiriolwyr yn eu cymunedau, gan helpu i godi ymwybyddiaeth a dealltwriaeth o anableddau dysgu.
- Datblygu a darparu hyfforddiant ymwybyddiaeth anabledd dysgu priodol o fewn cymunedau, mewn partneriaeth â phobl ag anableddau dysgu a'u gweithwyr cymorth.



- Cynnal ymarfer ymgysylltu â chymunedau i nodi cyfleoedd posib i bobl ag anableddau dysgu i gymryd mwy o ran yn y gymuned.
- Datblygu cysylltiadau rhwng gwasanaethau anabledd dysgu â Chysylltwyr Cymunedol Porth y Gymuned, i annog datblygiad cyfleoedd cymunedol amgen.
- Archwilio cyfleoedd gwahanol i'r rhai sydd ar gael yn ystod y dydd, yn enwedig fin nos ac ar benwythnosau.

## 2. Cyfathrebu a Gwybodaeth

Mae cyfathrebu'n hollbwysig i sicrhau bod pobl yn gallu mynegi'u hunain a gwneud synnwyr o'r byd o'u hamgylch. Mae'n hanfodol bod dulliau cyfathrebu ar gael i bobl ag anableddau dysgu, i'w galluogi i wneud eu penderfyniadau eu hunain a dewisiadau gwybodus am y modd maent am wireddu eu hamcanion. Mae pwysigrwydd gwybodaeth, cyngor a chymorth o ansawdd da wedi'i ymgorffori yn y Ddeddf Gwasanaethau Cymdeithasol a Llesiant.

Dywedwyd wrthym fod yn well gan y mwyafrif o bobl ag anableddau dysgu bod eu gweithwyr cymorth a'r gwasanaethau'n defnyddio'r dull Arwyddo Syml ('Simple Signing') a Hawdd ei Ddarllen ('Easy-Read'). Roedd yr adborth hefyd yn cadarnhau bod yna angen clir i wella'r cyfathrebu rhwng adrannau o fewn gwasanaethau statudol, darparwyr gwasanaethau, a phobl ag anabledd dysgu a'u teuluoedd a'u gofalwyr. Roedd yna bryder bod partneriaid statudol ar hyn o bryd yn dibynnu gormod ar ddefnyddio Technoleg Gwybodaeth (TG) fel dull o gyfathrebu, ac nad hwnnw oedd y dull mwyaf effeithiol o gyfathrebu ag unigolion bob tro.

### Beth ddywedodd pobl wrthon ni:

Gofynnwch gwestiynau mewn ffyrdd y gallaf eu deall

Dwedwch wrthon ni pam eich bod chi'n gwneud pethau

Gofynnwch bethau sy'n bwysig i mi

Defnyddiwch symbolau Hawdd ei Ddarllen sy'n gyfarwydd i ni

### Ein hargymhellion:

- Bydd y dull Hawdd ei Ddarllen o gynhyrchu gwybodaeth hawdd ei darllen yn dod yn rhan o safonau cyfathrebu Cyngor Sir Ceredigion a Bwrdd Iechyd Prifysgol Hywel Dda ar gyfer pob cyfarwyddiaeth.
- Dylid darparu hyfforddiant Arwyddo Syml a Hawdd ei Ddarllen ar gyfer staff perthnasol a phobl ag anabledd dysgu. Dylai pobl ag anabledd dysgu gymryd rhan yn yr hyfforddiant a ddarperir i staff.

- Dylai sefydliadau ystyried y bobl maent am gyfathrebu â nhw, a defnyddio'r ffordd fwyaf priodol o rannu gwybodaeth. Dylid gwneud defnydd o ffonau, llythyron, e-byst ac ati.
- Rhaid i ddarparwyr gwasanaethau sicrhau bod ganddynt weithdrefnau cwyno hygyrch. Rhaid iddynt annog defnyddwyr gwasanaethau i drafod a rhoi gwybod am broblemau.
- Adeiladu cysylltiadau cryfach a chyfathrebu dwyffordd rhwng y Bwrdd Partneriaeth Anabledd Dysgu â'i randdeiliaid, gan gynnwys pobl ag anabledd dysgu, eu teuluoedd ac aelodau staff.

### 3. Lleisiau, Dewisiadau ac Eiriolaeth

Mae eiriolaeth yn golygu bod pobl yn cael cymorth gan rywun arall i helpu i fynegi'u barn a'u dymuniadau, a gwneud yn siŵr bod eu lleisiau'n cael eu clywed.

Mae cael llais a dewis yn rhoi grym i bobl i wneud penderfyniadau am eu hopsiynau cymorth. Byddwn yn sicrhau bod y cymorth a'r gefnogaeth sydd ar gael wedi'i deilwra i gwrdd ag anghenion pob unigolyn, a byddwn yn sicrhau eu bod yn ymwybodol o'r holl gymorth sydd ar gael gan sefydliadau sy'n bartneriaid a chymunedau.

Mae Cyngor Sir Ceredigion yn comisiynu gwasanaethau eiriolaeth fel bod pobl ag anabledd dysgu'n cael cymorth gan eiriolwyr annibynnol.

Ond, wrth roi adborth i'r holiaduron, dywedodd pobl ag anabledd dysgu, eu gofalwyr a'u darparwyr gofal y canlynol wrthym:

**“Mae yna angen DIRFAWR am wasanaethau eiriolaeth annibynnol yng Ngheredigion.”**

**“Nid oes unrhyw wasanaeth Eiriolaeth wedi bodoli i bob pwrpas dros y blynyddoedd diwethaf.”**

Rydym wedi defnyddio'r wybodaeth hon i wneud yr argymhellion canlynol.

#### Ein hargymhellion:

- Sicrhau bod gwasanaethau Eiriolaeth ar gael ar gyfer pobl ag anabledd dysgu a chefnogi eu defnydd mewn modd cadarnhaol o fewn cynllunio gofal a chymorth.
- Bydd pobl ag anabledd dysgu a'u gofalwyr yn cymryd rhan lawn yn y broses o gynllunio, adolygu a diwygio pecynnau cymorth.
- Bydd pobl ag anabledd dysgu a'u gofalwyr yn cael cymorth i dderbyn, defnyddio a deall gwybodaeth briodol am yr ystod o wasanaethau sydd ar gael, a dylai'r gwasanaethau hynny fod ar gael i'r un graddau i bawb sydd ag anabledd dysgu.
- Pan fyddant yn bresennol yn ystod sgysiau a thrafodaethau am eu gofal a'u lles, dylid siarad yn uniongyrchol â phobl ag anableddau dysgu. Gosodir gwerth ar unigoliaeth, llais a dewis bob un.

## Maes canlyniad allweddol 2:

**Gwella ansawdd bywyd trwy wella'r dewis o dai a llety ar gyfer pobl ag anabledd dysgu, gan sicrhau bod y mwyafrif ohono yr un fath ag ar gyfer pobl eraill yn y gymuned.**

### 4. Tai

Dylid cael dewis eang o lety o ansawdd da ar gyfer pobl ag anabledd dysgu, gan gynnwys byw â chymorth, llety preswyl, rhentu preifat, lleoli oedolion, cysylltu bywydau, a byw gyda theulu. Lle bynnag y bo modd, dylai unigolion allu dewis ble maent yn byw, a gyda phwy maent yn byw.

**“Dwi hoffi byw ar ben fy hun, dwi'n hapus ar ben fy hun.”**

**“Ar yr adeg iawn, mewn tŷ gydag eraill, pan fydd y teulu ddim efo fi bellach i helpu”.**

Yn ystod y sesiynau ymgysylltu cynnar, daeth hi'n amlwg bod cael dewis eang o lety'n flaenoriaeth bwysig i bobl ag anabledd dysgu. Ar hyn o bryd mae Ceredigion yn cynnig nifer o opsiynau llety gwahanol, gan gynnwys prosiectau preswyl a byw â chymorth.

#### Ein hargymhellion:

- Darparu gwybodaeth a chymorth ar opsiynau tai er mwyn i unigolion allu gwneud penderfyniadau gwybodus ynghylch byw'n annibynnol.
- Rhoi cefnogaeth gadarnhaol i unigolion, eu teuluoedd a'u gofalwyr i ystyried anghenion tai yn y dyfodol.
- Archwilio sut y gall cynlluniau tai yn y dyfodol gynnwys amrywiaeth o opsiynau llety sy'n addas i bobl ag anabledd dysgu.
- Bydd pobl ag anabledd dysgu'n cymryd rhan lawn ym mhob agwedd o gynllunio gofal.
- Dylai pobl ag anabledd dysgu gael dewis ble maen nhw'n byw, a gyda phwy maen nhw'n byw lle bynnag y bo hynny'n bosib.
- Rhaid i bartneriaid weithio gyda'i gilydd i lunio datganiad safle yn y farchnad ar gyfer llety â chymorth a chyfleoedd tai, nodi bylchau'n seiliedig ar yr angen, nawr ac yn y dyfodol, a datblygu cynllun tai strategol ar gyfer pobl ag anableddau dysgu.
- Gwella ansawdd bywyd trwy gynyddu a gwella'r dewis o dai a llety ar gyfer pobl ag anabledd dysgu.

## Maes canlyniad allweddol 3:

**Byddai cael mwy o gyfleoedd ar gyfer datblygiad personol a phrofiadau bywyd yn gwella lles ac ansawdd bywyd pobl ag anableddau dysgu.**

### 5. Cymorth Gofal Cymdeithasol

Rydym yn cydnabod y bydd angen cymorth y Gwasanaethau Cymdeithasol ar rai pobl ag anabledd dysgu ar ryw adeg yn ystod eu bywydau. Dan y Ddeddf Gwasanaethau Cymdeithasol a Llesiant cyflwynwyd proses asesu newydd, ac mae honno'n seiliedig ar yr hyn sy'n bwysig i'r unigolyn ei hun. Bydd yr asesiad yn ystyried cryfderau'r unigolyn a'r cymorth sydd ar gael i'r unigolyn hwnnw, ei deulu, ac eraill yn gymuned.

Mae staff Gofal Cymdeithasol yn cynorthwyo pobl ag anabledd dysgu yn ystod yr asesiad a'r broses o ddatblygu cynllun gofal. Mae gan Gyngor Sir Ceredigion gyfrifoldeb, ac mae wedi ymrwymo i ddiogelu lles plant, pobl ifanc ac oedolion agored i niwed dan ei ofal, o fewn diwylliant sy'n rhoi'r flaenoriaeth bennaf i ddiogelu. Rydym yn cydnabod ei bod hi'n hanfodol bod asiantaethau'n cydweithio'n effeithiol ac yn rhannu'r cyfrifoldeb hwn, gan sicrhau lles pobl ag anableddau dysgu, y darparwyr, a'r unigolyn sy'n eu cefnogi o ddydd i ddydd.

Yn ôl yr adborth a gafwyd mewn digwyddiadau ymgysylltu, roedd yna nifer o feysydd oedd yn bwysig i bobl ag anabledd dysgu a'u teuluoedd, gan gynnwys:

- Yr angen i gael yr un staff proffesiynol trwy gydol y prosesau asesu ac adolygu

**“Bu oedi mawr yn ein hadolygiad blynyddol oherwydd prinder staff. Cafodd ein hadolygiad ei gynnal gan fyfyrwr gwaith cymdeithasol oedd yn gadael y diwrnod canlynol.”**

- Adolygu'r cynllun gofal yn rheolaidd

**“Adolygiad blynyddol y gofalwr a'r person anabl 9 mis yn hwyr.”**

- Asiantaethau sy'n bartneriaid yn cydweithio i gwrdd ag anghenion pobl ag anabledd dysgu drwy gynllunio, datblygu, cyflenwi a gwerthuso gwasanaethau'n briodol.

### Ein hargymhellion

- Sicrhau bod pob cynllun gofal a chymorth yn canolbwyntio ar yr unigolyn, yn egluro ble mae'r unigolyn ar hyn o bryd, beth yw ei anghenion gofal a chymorth, a ble mae'n dymuno bod.
- Rhaid adolygu cynlluniau gofal a chymorth yn flynyddol.
- Rhaid cynnwys yr unigolyn ag anabledd dysgu a'i deulu wrth lunio cynlluniau gofal a chymorth.
- Gweithio gyda phobl sydd ag anabledd dysgu i greu opsiynau hyblyg ar gyfer gweithgareddau sy'n canolbwyntio ar yr unigolyn, a gwasanaethau sy'n hyrwyddo annibyniaeth.

- Gweithio gyda darparwyr gwasanaethau a phobl ag anabledd dysgu i ddatblygu dealltwriaeth lawnach o'r angen, y gwasanaethau sydd ar gael ar hyn o bryd, a dulliau mwy effeithiol o gomisiynu gwasanaethau sy'n hyrwyddo annibyniaeth.

## 6. Gofal Iechyd Cyffredinol a Thriniaethau

Mae yna nifer allweddol o heriau'n wynebu'r gwasanaethau anabledd dysgu, gan gynnwys:

- Mae nifer y bobl ag anabledd dysgu'n cynyddu,
- Mae nifer y bobl ag anableddau dysgu difrifol ac anghenion iechyd Cymhleth yn cynyddu,
- Mae pobl ag anabledd dysgu'n byw'n hirach ac yn dioddef o gyflyrau sy'n gysylltiedig ag oedran megis Dementia.
- Mae angen darparu mwy gyda llai o arian.

Mae ein gwasanaethau Iechyd Meddwl ac Anabledd Dysgu'n canolbwyntio ar fodel cynnydd sy'n anelu at wella gwydnwch cymunedol a galluogrwydd drwy sicrhau dewis, hunangyfeirio, a rhoi rheolaeth i bobl dros eu bywydau'u hunain, gan symud i ffwrdd o'r gwasanaethau traddodiadol megis ysbytai a gwasanaethau gofal preswyl.

Nid yw iechyd y rhan fwyaf o bobl ag anabledd dysgu cystal ag iechyd gweddill y boblogaeth. Mae gofyn bod pob unigolyn yn cael mynediad at yr ystod lawn o fentrau a gwasanaethau hyrwyddo iechyd, ataliad ac addysg, a ddarperir gan gontractwyr annibynnol (e.e. Deintyddion, Meddygon Teulu, Optometryddion) a gwasanaethau gofal iechyd sylfaenol ac eilaidd eraill (e.e. ysbytai, gwasanaethau iechyd meddwl) er mwyn cwrdd â'i anghenion corfforol a'i anghenion iechyd ehangach.

I gwrdd ag anghenion pobl ag anghenion dysgu, bydd angen i wasanaethau fod yn hyblyg o ran eu dulliau a'u hymyriadau. Cydnabyddir bod pobl ag anabledd dysgu'n cael mynediad at wasanaethau cymunedol a gofal sylfaenol prif ffrwd, gyda'r rhan fwyaf o'r gweithgaredd yn digwydd ar yr haenau uchaf. Mae yna, fodd bynnag, ddealltwriaeth bod angen i bartneriaid ganolbwyntio ar wasanaethau ataliol, gan gynorthwyo i ddarparu gwasanaethau haen 1 yn unol â'r weledigaeth a osodir gan Lywodraeth Cymru yn 'Gosod y Cyfeiriad: Gwasanaethau Cychwynnol a Chymuned – Rhaglen Strategol ar gyfer Cyflenwi' a'r Ddeddf Gwasanaethau Cymdeithasol a Llesiant.

Fel rhan o'r holiadur, gofynnwyd i bobl ag anableddau dysgu a'u gofalwyr beth oedd yn bwysig iddyn nhw, a lefel y gwasanaeth roedden nhw'n gallu'i dderbyn. Nodwyd y materion canlynol fel rhai allweddol bwysig i bobl ag anableddau dysgu a'u gofalwyr:

- Gallu cael gwiriad iechyd blynyddol.
- Goresgyn rhwystrau technoleg gyfrifiadurol a'r defnydd o systemau wedi'u hawtomeiddio ar gyfer apwyntiadau.

- Roedd gofalywyr yn teimlo bod angen iddyn nhw fod yn bresennol i helpu'r bobl maen nhw'n eu cynorthwyo i gyfathrebu'n effeithiol gyda staff ar wardiau.
- Derbyn gwybodaeth ar ffurf hawdd ei darllen, mae angen mwy na symbolau i allu deall.
- Pryderon am yr oedi cyn cael gwasanaethau therapi yng Ngheredigion.
- Llefydd Deintydd yn cau ac ychydig iawn o ddewis arall ar gael.

Rydym wedi cynnwys adborth mwy manwl i'r holiaduron yn Atodiad 3.

Sefydlwyd Grŵp Rhaglen Anableddau Dysgu Rhanbarthol, i ddod â phrif ddarparwyr y Gwasanaeth Gofal Cymdeithasol at ei gilydd, i sbarduno proses o ail-gynllunio ac ail-fodelu Gwasanaethau Anabledd Dysgu ar draws y rhanbarth. Bydd y Grŵp hwn yn gweithio i gyflenwi'r Flaenoriaeth Strategol a amlinellir yn y 'Datganiad o Fwriad':

**Gwella gwydnwch cymunedol a galluogrwydd drwy sicrhau dewis, hunangyfeirio, a rheolaeth dros benderfyniadau sy'n effeithio ar fywydau pobl ag anabledd dysgu, yn unol â'r Ddeddf Gwasanaethau Cymdeithasol a Llesiant.**

- Model gofal a chymorth diffiniedig (llwybrau gofal) yn seiliedig ar egwyddorion y model cynnydd.
- Lleihau nifer y plant ac oedolion ifanc sy'n mynd i ofal preswyl.
- Lleihau anghyfartaleddau iechyd ar draws continwrm gofal (o gael mynediad at wasanaethau iechyd prif ffrwd, i ofal arbenigol, ac atal argyfyngau ac afiechyd).

**Comisiynu gwasanaethau sy'n gwella ansawdd a gwerth am arian ar draws yr ystod lawn o wasanaethau iechyd a gofal cymdeithasol ar gyfer pobl ag anabledd dysgu.**

- Gwneud y mwyaf o gyfleoedd sy'n deillio o gydweithio rhanbarthol, partneriaethau a dulliau integredig, i gyflenwi gwasanaethau cost-effeithiol o safon uchel.
- Casglu data rhanbarthol a'i ddefnyddio i wneud penderfyniadau cynllunio a chomisiynu yn y dyfodol.

**Lleihau anghydraddoldebau iechyd drwy gynyddu nifer y bobl ag anableddau dysgu sy'n derbyn gwasanaethau iechyd, gofal cymdeithasol a lles cyffredinol.**

- Fframwaith rhanbarthol yn cyflenwi gwasanaethau sy'n darparu gofal wedi'i deilwra ar gyfer unigolion ac sy'n adlewyrchu anghenion lleol.

- Lleihau anghydraddoldebau iechyd ar gyfer pobl ag anableddau dysgu ar draws continwrm gofal (o gael mynediad at wasanaethau iechyd a gofal cymdeithasol prif ffrwd, i ofal arbenigol, ac atal argyfyngau ac afiechyd).
- Cynyddu gwydnwch a gallu cymunedol ar draws ystod o wasanaethau sy'n cynorthwyo pobl ag anabledd dysgu.
- Gwella'r dewis o dai a llety lleol er mwyn i bobl ag anabledd dysgu allu byw mor annibynnol â phosib, mewn lle o'u dewis nhw, hyd y bo modd.

**Ein hargymhellion** (Mewn partneriaeth â gofal sylfaenol):

- Cynyddu nifer ac ansawdd Aseidiadau Iechyd Blynyddol,
- Gwella mynediad i apwyntiadau Meddyg Teulu,
- Datblygu ac annog y defnydd o Basbort Iechyd i helpu staff iechyd i ddeall anghenion y rhai maent yn darparu gofal ar eu cyfer,
- Y gwasanaethau statudol i weithredu fframwaith contractau a sicrwydd ansawdd cadarn ar gyfer yr holl wasanaethau mewnol a gwasanaethau a gomisiynir, i sicrhau canlyniadau effeithiol a mesuradwy, a fydd yn sicrhau bod y gwasanaethau a ddarperir ar gyfer pobl ag anableddau dysgu'n cwrdd â'r safonau a gytunwyd ac a ddatblygwyd mewn partneriaeth â'r bobl sy'n defnyddio'r gwasanaethau hynny.
- Bydd unigolion a'u gofalwyr yn cael cymorth i dderbyn, defnyddio a deall gwybodaeth briodol am yr amrywiaeth o wasanaethau sydd ar gael, a sut i gael mynediad atynt. (Bydd hyn yn cynnwys taflenni gwybodaeth, lythyrau canlyniadau, a gohebiaeth gyffredinol).
- Bydd pobl ag anabledd dysgu'n cymryd rhan ganolog mewn unrhyw drafodaethau wrth gynllunio'u gofal a'u lles,
- Datblygu canllawiau drafft i gynorthwyo staff i helpu pobl ag anabledd dysgu i gael perthnasoedd personol a chymdeithasol diogel, gan gynnwys defnydd o'r cyfryngau cymdeithasol a chyfarwyddyd 'Hawdd ei Ddarllen' ar ryw a pherthnasoedd personol,
- Canolbwyntio'n gyffredinol ar hyfforddiant, cyfathrebu a chodi ymwybyddiaeth ar draws yr holl leoliadau Gofal Iechyd. Bydd hwn yn ddull aml-asiantaeth, a datblygir nyrsys hwyluso Iechyd pobl ag anableddau dysgu i gynorthwyo gyda'r gwaith,
- Adolygu'r llwybr gofal ar gyfer pobl ag anabledd dysgu sydd angen gofal a chymorth lliniarol a gofal diwedd oes.



## 7. Pontio a Chymorth Teuluol

Mae yna gyfnodau pontio allweddol ym mywyd pob un ac mae'r hyn sy'n digwydd ar yr adegau hynny'n cael effaith sylweddol ar y ffordd mae pobl yn gallu byw eu bywydau, ar y pryd ac yn y dyfodol. Y cyfnod pontio a nodwyd fel yr un sy'n cael yr effaith fwyaf ar bobl ag anabledd dysgu, yw'r adeg pan maent yn symud o wasanaethau plant i wasanaethau oedolion. Gall hyn gynnwys gadael yr ysgol a gwneud trefniadau i fynyachu coleg, neu gwrdd â chyflogwyr lleol i drafod cyfleoedd gwaith.

Nodwyd nifer o ffactorau amrywiol sy'n cael effaith ar oedolyn ifanc a'r ffordd mae'n symud ymlaen, y gwasanaethau mae'n eu derbyn, ac i ba raddau mae'n llwyddo i fyw'n annibynnol.

Dylai fod llwybr clir ar gael i sicrhau bod pob unigolyn yn cael cyfnod pontio rhwng gwasanaethau plant a gwasanaethau oedolion sydd wedi'i gynllunio a'i gydlynw'n dda. Gall y cyfnod pontio fod yn un anodd i bobl ifanc, yn enwedig pan fyddan nhw'n gorfod dibynnu ar eu teuluoedd, a cheisio bod yn annibynnol ar yr un pryd.

Gall y dewisiadau ar gyfer pobl ag anableddau dysgu gael eu cyfyngu pan fydd angen iddyn nhw ddelio â systemau cymhleth a osodwyd i'w cynorthwyo. Mae Cyngor Sir Ceredigion yn cydnabod nad yw'r cynlluniau pontio bob amser wedi bod yn effeithiol, gan adael unigolion mewn sefyllfaoedd anodd.

Rydym wedi ymrwmo i wella profiadau pontio pobl ifanc, a gweithio gydag unigolion a'u teuluoedd i nodi'r ystod o gyfleoedd, cymorth ac adnoddau sydd ar gael yn lleol.

### Ein hargymhellion:

- Bydd y cynlluniau pontio'n dechrau pan fydd plant/pobl ifanc ag anableddau dysgu'n cyrraedd 14 oed,
- Bydd pobl ifanc ag anableddau dysgu a'u teuluoedd yn cymryd rhan yn y broses o nodi a chynllunio'r cymorth fydd ei angen arnynt wrth iddyn nhw ddod yn oedolion,
- Bydd pobl ifanc ag anabledd dysgu'n cael cymorth i wneud penderfyniadau ynghylch addysg, hyfforddiant a dysgu,
- Bydd pobl ifanc ag anabledd dysgu'n cael cymorth i ddatblygu sgiliau personol a sgiliau cymdeithasol hanfodol,
- Bydd pobl ifanc ag anableddau dysgu'n cael mynediad i ystod lawn o weithgareddau cymdeithasol, hamdden, chwaraeon a diwylliant.



## 8. Cymorth i Ofalwyr

Mae teuluoedd a gofalwyr yn chwarae rôl hanfodol o ran cynorthwyo pobl ag anableddau dysgu, a rhaid inni weithio i sicrhau eu bod yn derbyn gwybodaeth briodol, asesiad gofalwr, ac ystod hyblyg a chreadigol o opsiynau a fydd yn cwrdd â'u hanghenion cymorth. Dylai gofalwyr hefyd gael cyfleoedd i dderbyn hyfforddiant a chymorth priodol.

Rhaid i'r Cymorth i Ofalwyr fod yn unol â Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru). Mae'r Ddeddf yn darparu'r fframwaith cyfreithiol ar gyfer gwella lles pobl sydd angen gofal a chymorth, a gofalwyr sydd angen cymorth.

Mae rhieni a gofalwyr wedi dweud wrthon ni eu bod wedi sefydlu rhwydweithiau cymorth cyfoedion er mwyn gallu rhannu gwybodaeth a phrofiadau, a chynorthwyo'i gilydd pan fo angen.

Gall rôl gofalwr llawn amser fod yn un lafurus. Mae gofal seibiant yn rhoi cyfle i ofalwyr gymryd gwyliau neu dreulio ychydig o amser yn bodloni'u hanghenion eu hunain, gan wybod bod eu hanwyliaid yn cael y gofal gorau posib. Yn ystod 2017 /2018 darparwyd 784 o nosweithiau o ofal seibiant ar gyfer 24 o bobl ag anabledd dysgu. Yn ogystal, rydym yn darparu seibiant i ofalwyr trwy ystod o wasanaethau, gan gynnwys Taliadau Uniongyrchol.

Yn dilyn asesiad, cynigir gofal seibiant i bobl ag anableddau dysgu, eu rhieni a'u gofalwyr teuluol, am hyd at 6 wythnos y flwyddyn mewn lleoliad priodol. Gellir hefyd trefnu gofal seibiant gan ddefnyddio Taliad Uniongyrchol.

### Ein hargymhellion:

- Cynorthwyo rhieni a gofalwyr teuluol i ddatblygu eu rhwydweithiau cymorth cyfoedion eu hunain, sy'n cynnwys gofalwyr (oedolion) o bob oed,
- Cynorthwyo rhieni a gofalwyr teuluol i ganfod a chael mynediad at adnoddau er mwyn galluogi gofalwyr i barhau gyda'u rôl gofalu,
- Sicrhau bod darpariaeth gofal seibiant briodol ar gael i bobl ag anableddau dysgu yn ystod cyfnodau pontio.

## Maes canlyniad allweddol 4:

**Byddai cael pob cyfle i fod yn annibynnol, i ymarfer a mwynhau eu hawliau, a chwrdd â'u hymrwymiaadau unigol, yn gwella ansawdd bywyd pobl ag anableddau dysgu.**

### 9. Gweithgareddau Cymdeithasol a Hamdden

Mae cael amrywiaeth eang o gyfleoedd ar gyfer gweithgarwch cymdeithasol a hamdden yn hynod bwysig er mwyn i unigolyn allu gwneud y mwyaf o'i botensial, ac i'w alluogi i ddatblygu sgiliau academaidd, a sgiliau gwaith a bywyd newydd. Hefyd, mae cyfleoedd ystyrion yn helpu'r unigolyn i ddatblygu cyfeillgarwch a pherthynas ag eraill, i gynyddu'i hunan-barch, a gwneud cyfraniad gwerthfawr i gymdeithas.

Mae bod yn weithgar a chymryd rhan yn y gymuned hefyd yn cael effaith bositif ar iechyd a lles yr unigolyn. Yn ôl yr ymatebion i'r holiaduron, mae gweithgareddau hamdden a chymdeithasol yn chwarae rôl hanfodol ym mywydau pobl ag anabledd dysgu. Ystyrir ymarfer a/neu gymryd rhan mewn chwaraeon fel ffordd wych o gadw'n iach a heini. Mae hefyd yn darparu amgylchedd hwyliog ac yn cryfhau sgiliau cymdeithasol yr unigolyn.

Dywedodd pobl wrthym y bydden nhw wir yn gwerthfawrogi cael mynediad at amrywiaeth ehangach o gyfleoedd cymdeithasol. Mae angen i'r gweithgareddau hyn fod ar gael mewn nifer o leoliadau ar draws y sir, y tu allan i'r oriau 9am i 5pm traddodiadol, ac ar benwythnosau.

Dywedodd pobl wrthym:

- **Byddai pobl ag anabledd dysgu'n gwerthfawrogi'r cyfle i allu mynychu amrywiaeth o weithgareddau cymdeithasol yn y gymuned, er mwyn datblygu eu perthnasoedd a'u rhwydweithiau cymdeithasol ymhellach.**

**Ein hargymhellion:**

- Mapio'r cyfleoedd cymdeithasol a hamdden presennol ar gyfer pobl ag anabledd dysgu er mwyn llunio datganiad safle yn y farchnad, a fydd yn sail i gynllun datblygu,
- Parhau i ddatblygu cysylltiadau a chyfleoedd rhwng Gwasanaethau Hamdden a darparwyr gwasanaethau anabledd dysgu,
- Hyrwyddo ac annog arloesedd cymunedol i ddatblygu mentrau cymunedol a mwy o gyfleoedd i bobl ag anableddau dysgu trwy Porth y Gymuned.

### 10. Addysg, Hyfforddiant, Cyflogaeth a Gwirfoddoli

Mae'r ffordd mae pobl yn treulio'u hamser yn ystod y dydd yn hynod bwysig, a bydd cyfleoedd priodol yn gwneud y mwyaf o botensial unigolyn, ac yn ei alluogi i ddatblygu sgiliau academaidd, a sgiliau gwaith a bywyd newydd. Hefyd, mae cyfleoedd ystyrion yn helpu'r unigolyn i ddatblygu perthynas ag eraill, i gynyddu'i hunan-barch, a gwneud cyfraniad gwerthfawr i gymdeithas.

Mae gofyn bod ystod o opsiynau ar gael i unigolion ddewis ohonynt, gan gynnwys cyflogaeth, addysg, hamdden a gwasanaethau dydd.

Mae Ceredigion yn cynnig cyfleoedd i bobl ddatblygu sgiliau a chael profiad gwaith. Darperir nifer o'r rhain gan sefydliadau'r trydydd sector neu fusnesau preifat.

Mae Gweithfyrdd+ yn cynnig hyfforddiant a chyfleoedd profiad gwaith gyda thâl i bobl ifanc sydd wedi bod yn ddi-waith dros y tymor hir. Ar hyn o bryd mae Cyngor Sir Ceredigion yn chwilio am bartneriaid i ddatblygu rhaglen leol er mwyn cynnig mentora a chymorth un i un; hyfforddiant; profiad gwaith; cyfleoedd gwirfoddoli; cyfleoedd cyflogaeth gyda thâl, a chysylltiadau â chyflogwyr.

### **Ein hargymhellion:**

- Gweithio â phartneriaid i gynorthwyo pobl ag anableddau dysgu i gael mynediad at, a chymryd rhan mewn amryw o gyfleoedd gwirfoddoli gwahanol,
- Gweithio â phartneriaid i ddod o hyd i bobl ag anableddau dysgu i hyrwyddo'r maes canlyniad hwn, gan weithio gyda nifer o sefydliadau gwahanol i greu mwy o gyfleoedd gwirfoddoli, a fydd yn arwain at gyflogaeth ystyrlon,
- Gweithio â phartneriaid i gynorthwyo pobl ag anableddau dysgu i gael mynediad at, a chymryd rhan mewn cyfleoedd cyflogaeth gyda thâl,
- Penodi gweithiwr cymorth dynodedig i ddarparu cyngor gyrfaol a chyflogaeth,
- Datblygu Clybiau Swyddi ar draws y sir ar gyfer pobl ag anabledd dysgu,
- Sicrhau bod mwy o gyfleoedd i bobl ag anabledd dysgu i gael profiad gwaith ar draws y sir, yn y sector cyhoeddus, preifat neu wirfoddol.

### **11. Trafnidiaeth**

Mae trafndiaeth yn parhau i fod yn her i nifer o bobl sy'n byw yma.

Yn yr holiaduron, ni ddaeth trafndiaeth i'r amlwg fel rhywbeth oedd yn broblem arbennig i bobl ag anableddau dysgu. Mae hyn am eu bod yn aml yn cael eu gyrru i lefydd gan eu rhieni, eu gofalwyr, rhwydweithiau cymorth neu ddarparwyr gofal. Fodd bynnag, roedd eraill yn cydnabod bod cael mynediad at nifer o opsiynau trafndiaeth gwahanol yn allweddol er mwyn sicrhau a hyrwyddo annibyniaeth.

Er bod yna nifer o opsiynau trafndiaeth ar gael, mae yna fylchau o hyd sy'n cyfyngu ar y mynediad at weithgareddau a chyfleoedd cymdeithasol a chyfleoedd gwaith, yn ystod y dydd a min nos, yn enwedig i'r bobl hynny sy'n byw yn ardaloedd anghysbell y Sir.

**Ein hargymhellion:**

- Datblygu a chynnig hyfforddiant ymwybyddiaeth anabledd dysgu, yn cael ei arwain gan bobl ag anableddau dysgu, ar gyfer sefydliadau trafndiaeth gyhoeddus,
- Gweithio gyda darparwyr trafndiaeth i daclo'r rhwystrau a wynebir gan bobl wrth ddefnyddio trafndiaeth gyhoeddus,
- Gweithio gyda darparwyr trafndiaeth i gynyddu nifer y bysiau sydd â system sain yn rhoi gwybodaeth i deithwyr am yr safle bus neu'r gyrchfan nesaf.

**12. Taliadau Uniongyrchol**

Mae Taliadau Uniongyrchol yn symiau o arian parod a roir i ddefnyddwyr gwasanaethau. Mae'r taliadau hyn yn hyrwyddo annibyniaeth pobl ac yn cynnig mwy o ddewis, rheolaeth a hyblygrwydd o ran y modd maent yn derbyn gwasanaethau, er mwyn cwrdd â'u hanghenion asesedig.

Gall y cymorth gael ei drefnu gan yr unigolyn ei hun, neu gan aelodau o deulu'r unigolyn, eiriolwyr, broceriaid neu ddarparwr gwasanaeth ar ei ran. Yn dilyn asesiad, dylid cynnig taliad uniongyrchol i unigolion fel ffordd amgen o gwrdd â'r anghenion cymorth a gytunwyd ar eu cyfer.

I dderbyn taliadau uniongyrchol rhaid i'r asesiad bennu eich bod:

- Angen, neu eisoes yn derbyn cymorth oddi wrth gwasanaethau Gofal Cymdeithasol, a'ch bod
- Yn gallu 'rheoli' taliad uniongyrchol, un ai ar eich pen eich hun neu gyda chymorth teulu, ffrindiau, eiriolwyr, broceriaid neu ddarparwr gwasanaeth ar eich ran.

**Ein hargymhellion:**

- Bydd staff perthnasol yn derbyn hyfforddiant taliadau uniongyrchol, fel eu bod yn ymwybodol o'r drefn, i sicrhau bod partneriaid yn gallu hyrwyddo a chynyddu'r defnydd o Daliadau Uniongyrchol.
- Bydd staff sy'n cynnal asesiadau ac adolygiadau'n derbyn hyfforddiant taliadau uniongyrchol mwy manwl.

## **Sut fyddwn ni rhoi'r strategaeth hon ar waith?**

Lluniwyd y Strategaeth hon yn ysbryd ymrwymiad Cyngor Sir Ceredigion a Bwrdd Iechyd Prifysgol Hywel Dda i weithio mewn partneriaeth a'r holl randdeiliaid i roi'r cynllun gweithredu ar waith. Mae'r strategaeth yn adlewyrchu ymrwymiad Ceredigion gyfan i gynorthwyo pobl ag anableddau dysgu, ac mae'n ymgorffori gwasanaethau a gweithgareddau a ddarperir ac a gyflenwir gan sefydliadau sy'n bartneriaid, gan gynnwys y sector gwirfoddol, grwpiau cymunedol a busnesau preifat.

Er mwyn sicrhau bod y strategaeth yn diwallu anghenion pobl ag anableddau dysgu, eu teuluoedd, gofalwyr, cymunedau, a gwasanaethau sy'n eu cynorthwyo, gall fod angen casglu gwybodaeth bellach dros amser, i asesu a yw'r strategaeth wedi cael effaith bositif ar fywyd pobl, a ph'un yw amcanion y strategaeth wedi'u cyflawni ai peidio.

Bydd yr wybodaeth a gesglir yn ddiennw, ac ni fydd modd adnabod unrhyw un trwy gydol y broses. Defnyddir yr wybodaeth a gesglir fel sail ar gyfer mesur perfformiad y strategaeth yn unig. Ni chesglir unrhyw wybodaeth nad yw'n berthnasol.

Rydym yn cydnabod y bydd pwysau cyllidebol yn her allweddol yn ystod oes y Strategaeth. Mae'r pwysau hyn yn golygu ei bod hi'n bwysicach fyth bod gan Bartneriaethau Ceredigion gynllun strategol clir. Gall fod angen gwneud penderfyniadau heriol wrth inni geisio gwneud y mwyaf o'r adnoddau sydd ar gael, gan ad-drefnu gwasanaethau er mwyn diwallu anghenion a gwella lles cenedlaethau'r dyfodol.

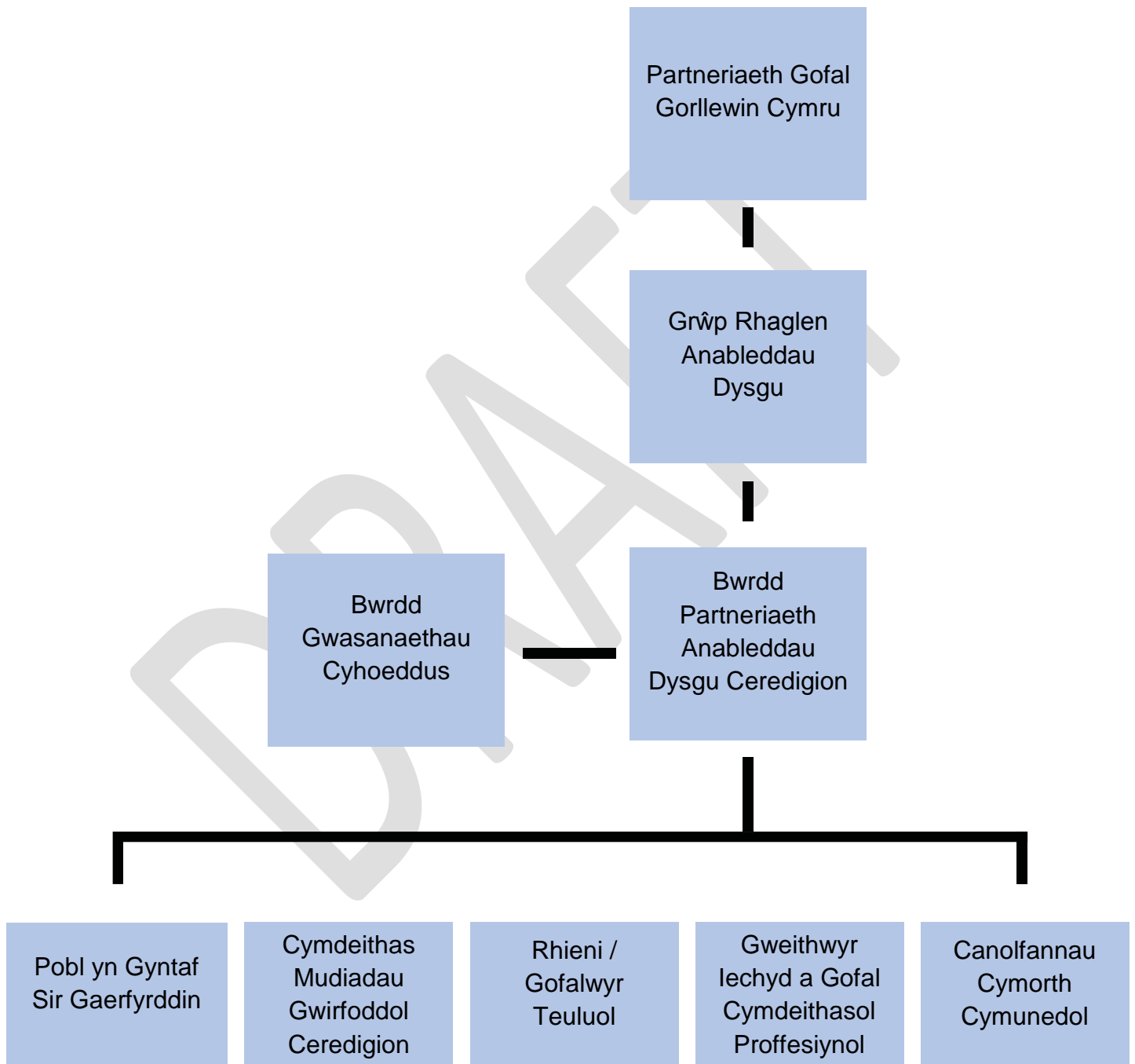
Mae Cyngor Sir Ceredigion a Bwrdd Iechyd Prifysgol Hywel Dda'n buddsoddi arian er mwyn comisiynu a darparu gwasanaethau i oedolion ag anableddau dysgu, gan gynnwys pobl ifanc yn ystod cyfnodau pontio, a'u gofalwyr. Bydd yr adnoddau sydd eu hangen er mwyn rhoi'r strategaeth hon ar waith yn dod yn sgil ailgyfeirio adnoddau presennol, wrth i wasanaethau gael eu diwygio'n unol â chyfeiriad strategol y strategaeth hon, ynghyd â pheth cyllid o'r Gronfa Gofal Integredig, er mwyn cynorthwyo i drawsnewid gwasanaethau a thorri tir newydd.

Bydd meysydd canlyniadau allweddol ac argymhellion y strategaeth hon yn cael eu dwyn ymlaen gan bartneriaid ar draws patrwm rhanbarthol ehangach Hywel Dda, dan gyfarwyddyd Partneriaeth Gofal Gorllewin Cymru.

Ar lefel leol, bydd y themâu a'r argymhellion diweddaraf, fel y'u gosodir yn y strategaeth hon, yn cael eu blaenoriaethu gan Fwrdd Partneriaeth Anableddau Dysgu Ceredigion.

# ATODIAD 1: Cysylltiadau ac Aelodaeth y Bwrdd Partneriaeth Anableddau Dysgu

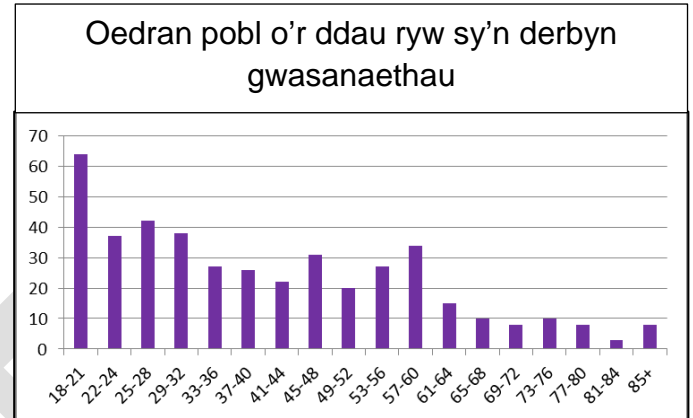
Mae'r diagram hwn yn dangos y cysylltiadau rhwng y grwpiau/byrddau rhanbarthol a lleol:



## ATODIAD 2: Data Ceredigion – Pobl y mae gofal cymdeithasol yn gwybod amdanynt sy’n derbyn gwasanaethau

Mae'r graffiau a'r tablau hyn yn rhoi manylion am y dynion a'r merched ag anableddau dysgu y mae'r gwasanaethau'n gwybod amdanynt ac yn darparu ar eu cyfer.

Oed	Dynion	Merched	Cyfanswm
18-24	64	37	101
25-44	96	59	155
45-64	77	50	127
65-76	21	7	28
77+	13	6	19



Er bod y mwyafrif o bobl sy'n cael cymorth ar hyn o bryd yn ei dderbyn trwy'r gymuned, mae canran y rhai sydd mewn gofal preswyl yn uwch na'r cyfartaledd cenedlaethol, ac mae'r rhan fwyaf o hwn yn cael ei gyflenwi gan ddarparwyr preifat.

Mae opsiynau'n cael eu harchwilio ar hyn o bryd i wella'r dewis o lety sydd ar gael, ac mae hwn yn cael ei gynnwys fel rhan o'r strategaeth ar gyfer gwella llety a thai.

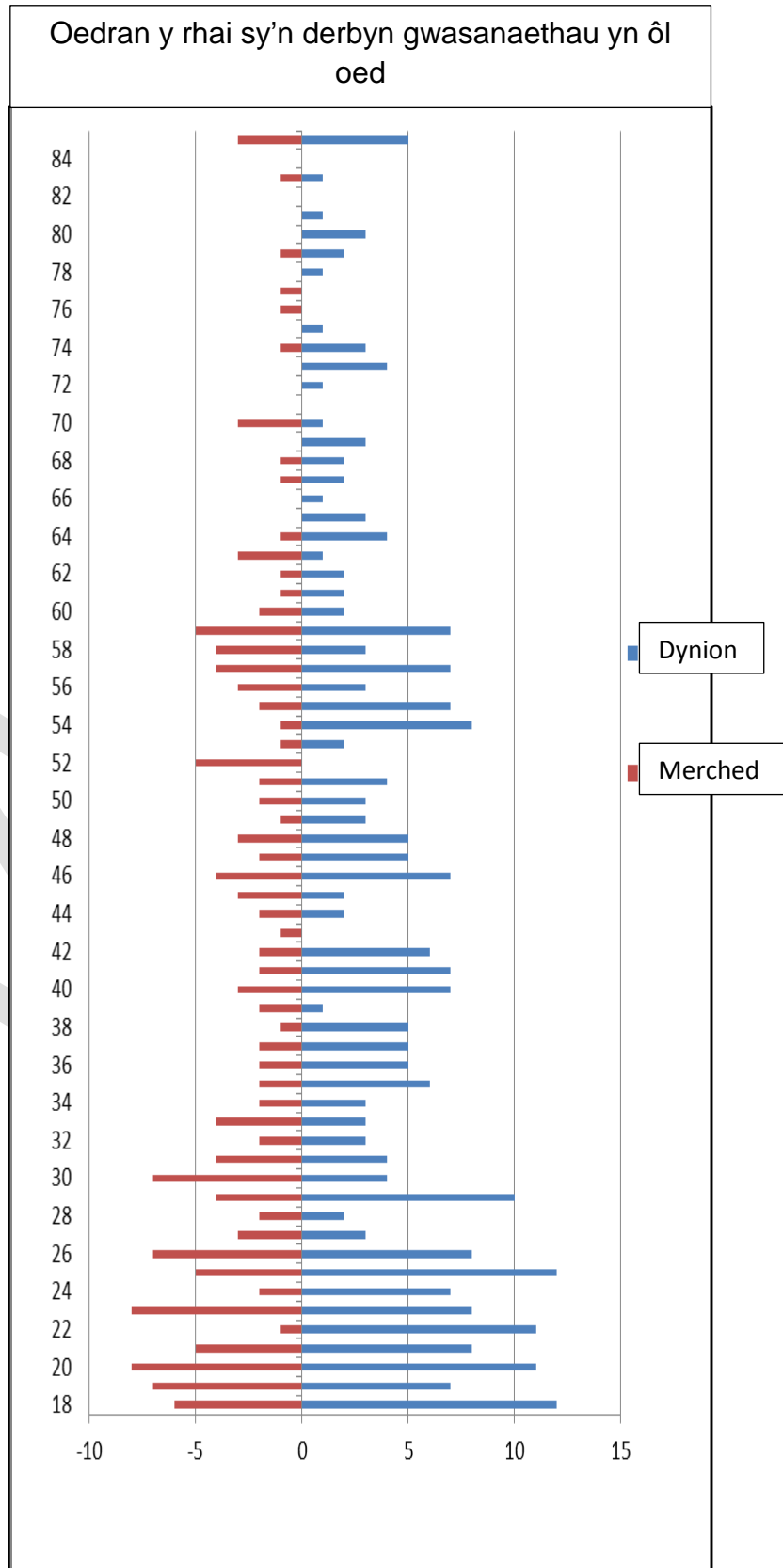
Pobl sy'n derbyn gofal a chymorth drwy ofal preswyl.	Pobl sy'n derbyn gofal a chymorth drwy ofal cymunedol
30% (59 o bobl)	70% (135 o bobl)
Gofal preswyl yr Awdurdod Lleol	Gofal Preswyl y Sector Annibynnol
3% (2 berson)	97% (57 o bobl)

Mae'r graff hwn yn dangos bod mwy o ddynion na merched ag anabledd dysgu, a gellir gweld y duedd hon ar draws yr ystod oedran yn y graff isod.

Mae'r gwahaniaeth rhwng nifer y dynion a'r merched yn fwyaf amlwg ar ben iau a phen hŷn y graffiau.

Mae yna ddwy garfan o bobl 53-60 a 46-48 oed a fydd yn rhoi pwysau ychwanegol ar y gwasanaethau wrth iddyn nhw fynd yn hŷn, oherwydd y gydberthynas glos rhwng dementia ag anableddau dysgu.

Wrth gynllunio gwasanaethau, bydd angen rhoi ystyriaeth i'r garfan fawr o bobl 18-30 oed, sef mwyafrif y bobl ag anabledd dysgu.



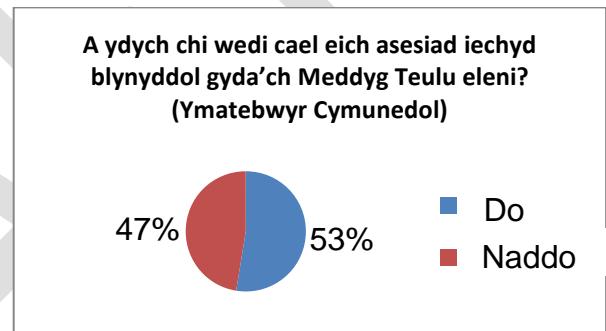
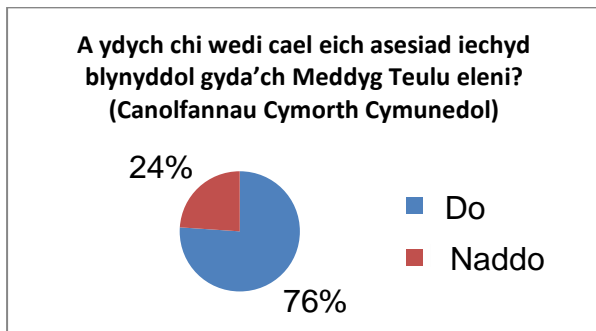


### ATODIAD 3: Dadansoddiad o'r ymatebion a gafwyd i holiadur ynghylch cael mynediad i Wasanaethau Iechyd

Holwyd cwestiynau am iechyd pobl, p'un ai oeddent wedi'u cofrestru gyda Meddyg Teulu neu Ddeintydd, a ph'un ai oedd angen iddyn nhw weld unrhyw wasanaethau iechyd eraill.

Pan ofynnwyd i bobl 'Ydych chi'n teimlo'n iach ar y foment?' roedd yr ymatebion yn amrywio, yn dibynnu ar p'un ai oeddent nhw'n mynychu Canolfan Cymorth Cymunedol ai peidio. Yn gyffredinol dywedodd 88% eu bod yn teimlo'n iach ond yn y Canolfannau Cymorth Cymunedol, dywedodd 93% eu bod yn teimlo'n iach, o'i gymharu ag 84% o'r ymatebwyr cymunedol oedd ddim yn teimlo'n iach.

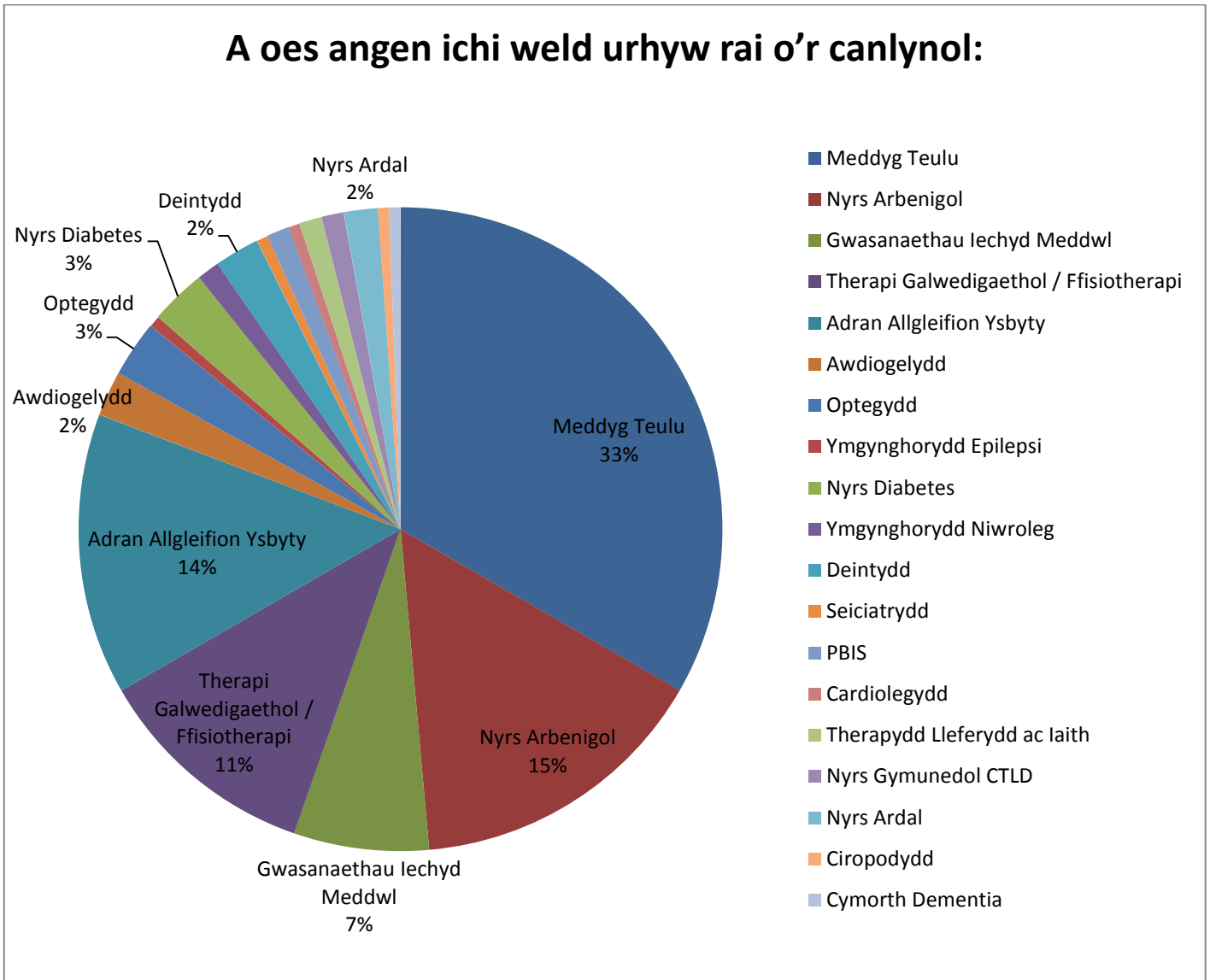
Mae hwn yn gwestiwn goddrychol ar gyfer amser penodol, felly gallai'r canlyniadau fod yn wahanol erbyn hyn petai'r un bobl yn ateb yr un cwestiwn. Fodd bynnag mae yna gydberthynas uniongyrchol rhwng y rhai a ddywedodd eu bod yn teimlo'n iach â'r nifer sydd wedi cael eu hasesiad iechyd blynyddol gyda'r Meddyg Teulu.



Mae'r graffiau hyn yn dangos yr holl ymatebion gan y ddau grŵp i'r un cwestiwn. Yn y Canolfannau Cymorth Cymunedol mae pobl yn fwy tebygol o fod wedi gweld Meddyg Teulu, ond mae hynny mae'n siŵr am fod y Canolfannau'n rhoi cymorth i bobl fynychu apwyntiadau Meddyg Teulu.

Gyda'r ymatebwyr cymunedol, mae'r lefelau mynychu'n is o lawer (sy'n cyd-fynd â'r gyfradd is sy'n teimlo'n iach). Nid yw'n glir pam, oherwydd mae yna fwy o bobl sy'n byw gyda theulu neu'n byw'n annibynnol yn mynychu Canolfannau Cymorth Cymunedol nag sydd yna o ymatebwyr cymunedol. Fodd bynnag, mae yna 47% yn union o bobl yn y gymuned sy'n byw gyda theulu neu'n annibynnol. Mae'n bosib nad yw'r rhai sy'n byw yn y gymuned yn gwybod am yr asesiadau iechyd, a heb gymorth y Canolfannau Cymorth Cymunedol, nid ydynt yn mynychu. Dyfalu yn unig yw hyn fodd bynnag, a byddai angen gwneud mwy o waith i ganfod a yw hyn yn wir ai peidio.

Mae'r graff nesaf yn darparu manylion am yr holl apwyntiadau meddygol mae pobl yn eu mynychu.



Does fawr ddim gwahaniaeth rhwng yr atebion a roddwyd gan ymatebwyr Canolfannau Cymorth Cymunedol ag ymatebwyr cymunedol, gyda dau eithriad nodedig;

Gwneir defnydd uwch o wasanaethau Iechyd Meddwl (9%) yn y gymuned a defnydd is o wasanaethau Ffisiotherapi / Therapi Galwedigaethol (5%).

Gwneir defnydd is o wasanaethau Iechyd Meddwl (5%) yn y Canolfannau Cymorth Cymunedol a defnydd uwch o wasanaethau Ffisiotherapi / Therapi Galwedigaethol (15%).

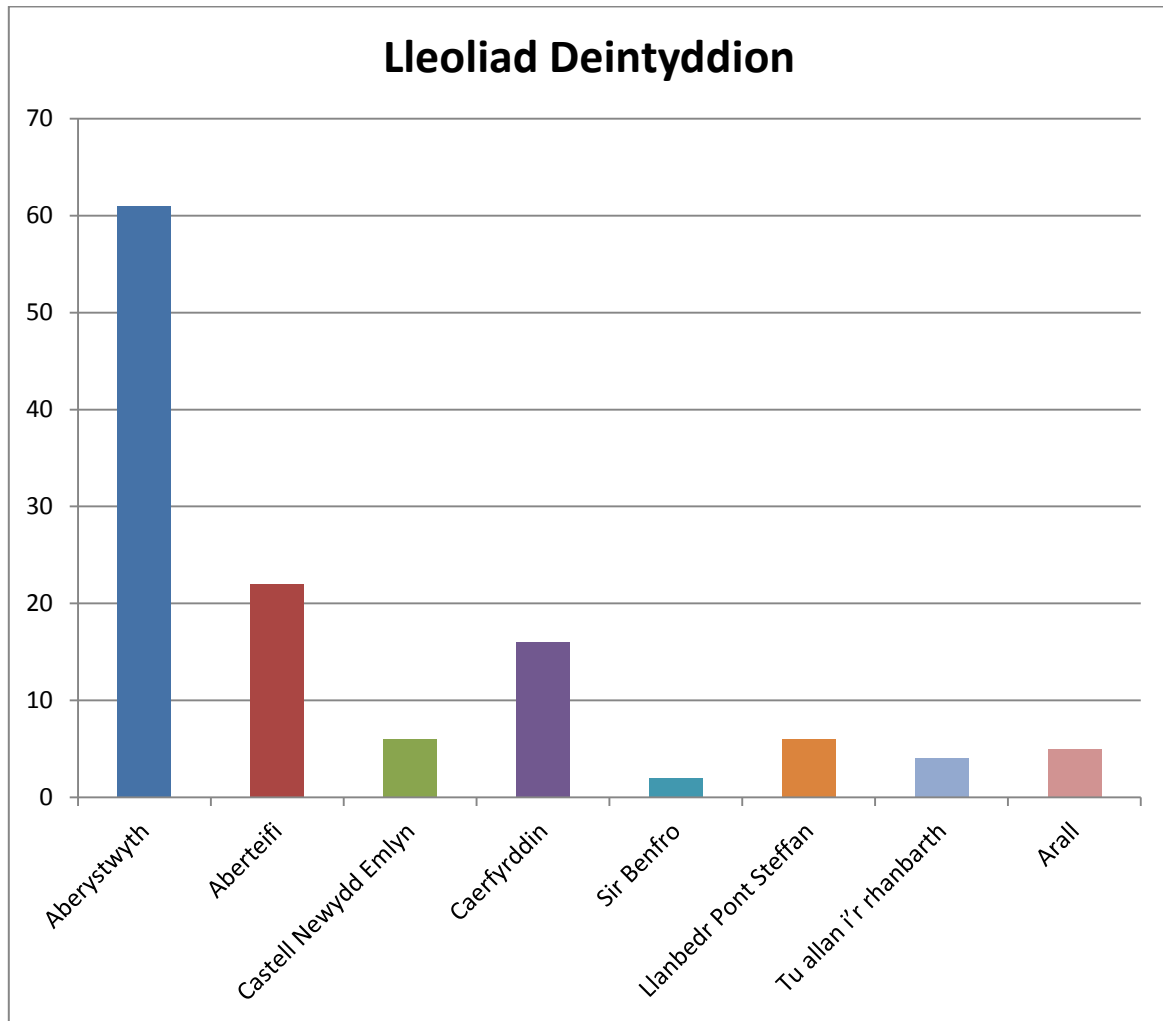
Cyfeiriodd bobl oedd yn byw yn y gymuned at y diffyg sylw i Iechyd Meddwl yn yr holiadur, ac maent yn fwy tebygol o ddiodeff o unigrwydd all arwain at iselder. Mae enghreifftiau'n cynnwys;

**“... fy Iechyd meddwl”,**

**“Mwy o sylw i'r rhai sydd â ..... Iechyd meddwl ...”**

Mae'r bobl hyn hefyd yn llai tebygol o ddefnyddio Ffisiotherapi neu Therapi Galwedigaethol, am eu bod efallai'n cael y gwasanaethau hyn trwy'r Meddyg Teulu, o'i gymharu â'r rhai mewn Canolfannau Cymorth Cymunedol, sy'n derbyn y gwasanaethau hyn drwy'r ganolfan, ynghyd â chymorth i fynychu.

Gofynnwyd i bobl a oedd ganddyn nhw ddeintydd, ac roedd yr ymatebion yr un fath ar gyfer y ddau grŵp. Dywedodd 85% o'r ymatebwyr fod ganddynt ddeintydd, ac roedd y rhai a ddywedodd nad oedd ganddyn nhw un yn aml yn byw annibynnol neu gyda theulu. O'r rhai a ddywedodd nad oedd ganddyn nhw ddeintydd, dywedodd nifer bod hynny am fod y ddeintyddfa wedi cau, a'u bod yn aros iddyn nhw agor rhestr gleifion yn eu hardal.



Fel y gwelir uchod, mae mwyafrif yr ymatebwyr (38%) yn defnyddio deintydd yn Aberystwyth, gydag Aberteifi'n ail o ran poblogrwydd (14%). Yn gyfan gwbl roedd 55% o'r ymatebwyr yn mynychu deintydd yng Ngheredigion.

## ATODIAD 4: Ffynonellau data ar gyfer ffeithlun poblogaeth

### **Poblogaeth Ceredigion yn 2011:**

StatsCymru – Mae'r ffigurau'n dod o'r rhagamcanion poblogaeth a gynhyrchwyd gan Wasanaethau Gwybodaeth a Dadansoddi Llywodraeth Cymru. Y rhagamcanion poblogaeth diweddaraf sydd ar gael yw rhagamcanion poblogaeth awdurdodau lleol Cymru 2011, sy'n rhoi ystyriaeth i ganlyniadau Cyfrifiad 2011 ac yn proffwydo'r boblogaeth o 2011 i 2036.

### **Oedolion 18+ yn byw ag anabledd dysgu:**

Llinell sylfaen Anableddau Dysgu Daffodil ar gyfer Ceredigion

### **Canran y cynnydd a ddisgwylir ym mhoblogaeth Ceredigion erbyn 2035:**

Rhagamcaniad Daffodil 2035

### **Rhagamcaniad o oedolion 18+ yn byw ag anabledd dysgu erbyn 2035:**

Rhagamcaniad o linell sylfaen 2035 Daffodil ar gyfer Ceredigion.

### **Pobl y mae'r Timau Gofal Cymdeithasol i Oedolion yn gwybod amdanynt yng Ngheredigion:**

Cynllun Gweithredu Rhanbarthol Gorllewin Cymru

### **Pobl sy'n derbyn gwasanaethau, nifer oedolion sy'n byw yn y gymuned, nifer oedolion sy'n byw mewn cartrefi preswyl neu gartrefi nyrsio:**

Adroddiad blynyddol a data System Wybodaeth Gofal Cymunedol Cymru (WCCIS).

## **Cyngor Sir CEREDIGION County Council**

**REPORT TO:** Healthier Communities Overview and Scrutiny Committee

**DATE:** 6<sup>th</sup> September 2018

**LOCATION:** Council Chamber

**TITLE:** Learning Disability Strategy Consultation

**PURPOSE OF REPORT:** To inform Committee Members

**REASON SCRUTINY  
HAVE REQUESTED THE  
INFORMATION:** N/A

### **BACKGROUND:**

Legislation changes and regional developments will impact on our current services. We need to review the current learning disability strategy to ensure that it is fit for the needs of Ceredigion's citizens, in line with regional developments and the West Wales Regional Partnership Board and the Social Services and Well Being (Wales) Act 2014. This will enable day services, supported living and residential placements being developed from a strategic base and provide a strategy that will be used when procuring or reviewing services for Learning Disability service users.

### **CURRENT SITUATION:**

A survey has been completed via questionnaire in English, Welsh, Easy Read with service users, parents/carers/friends, general public.

Following analysis of responses a draft strategy has been drawn up for consultation – available in English, Welsh, Easy Read.

This has been discussed and amended at the Ceredigion Learning Disability Partnership Board.

Consultations are being arranged in Aberystwyth, Aberaeron, Cardigan and our three day services: Canolfan Steffan, Canolfan Padarn and Canolfan Meugan in October 2018.

Following these the strategy will be amended appropriately, represented to Ceredigion Learning Disability Partnership Board for agreement, then to Scrutiny and following their approval Cabinet.

**Has an Integrated Impact Assessment been completed? If not, please state why**

To be completed once strategy agreed

**Summary:**

**WELLBEING OF FUTURE GENERATIONS:**

**Long term:** yes

**Integration:** to support individuals with learning disabilities to integrate within their communities

**Collaboration:** The strategy is being prepared following consultation

**Involvement:** Service users. Parents, carers, friends, general public

**Prevention:**

**RECOMMENDATION (S):**

For Scrutiny Committee to have an overview and an opportunity to comment in relation to the consultation

**REASON FOR RECOMMENDATION (S):**

All individuals involved with our services and the wider general public are invited to be involved in this consultation, to ensure that the strategy is accessible and fairly represents the views of those using our service, their parents, carers, friends and the general public.

**Contact Name:** Judi O'Rourke  
**Designation:** Service Manager, Adult Services  
**Date of Report:** 22<sup>nd</sup> August 2018  
**Acronyms:**



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board



Cyngor Sir  
CEREDIGION  
County Council

Ceredigion  
**Learning  
Disability  
Strategy**



Caru•Love  
**Ceredigion**

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## Foreword and Introduction - Ceredigion's Cabinet Members for Social Services and Champions for People with Learning Disabilities

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As Champions for people with Learning Disabilities and their carers we welcome the development of the Ceredigion Strategy for People with Learning Disabilities (the Strategy). This sets out the vision for collaboration between Ceredigion County Council (CCC), Hywel Dda University Health Board (H DUHB), people with a learning disability, their parents and Carers, partner agencies and local communities. The intention is to improve the quality of life for people with a learning disability, and their Carers, who live, work and socialise in Ceredigion.

People with a learning disability, are defined in the West Wales Population Assessment (March 2017), as:

- having a significant reduced ability to understand new or complex information and to learn new skills (impaired intelligence),
- a reduced ability to cope independently (impaired social functioning),

Or

- these are in evidence before adulthood and have a lasting effect on development.

A key aim of this Strategy is to change and improve the quality of life for people with a learning disability by making service provision more citizen and community focussed. The Strategy reflects the intention to continually promote choice and control for all people with a learning disability, including young people requiring support through transition into adulthood. All Directorates of CCC and H DUHB have a responsibility to ensure that people with learning disabilities have a say when developing services for Ceredigion. We will make sure that this will influence and feed in to other plans and strategies within our organisations.

After issuing questionnaires, an extensive round of engagement events are being held to help us understand what matters most to people with learning disabilities, their families and carers. The Strategy will bring together the aspirations of people with learning disabilities, parents and carers, with those of staff at Ceredigion County Council and Hywel Dda University Health Board and turn them into meaningful outcomes that will promote people's voices, choices, wellbeing and independence.

We aim to develop a future model for health and social care services based on person centred care and the promotion of independence and social inclusion.

It is also a chance for us to recognise the diversity of our population, and to commit to an approach that enables people with a learning disability to be treated in the way they wish, as far as possible.

A Ceredigion Learning Disabilities Partnership Board (The Board) has been established. This Board, whose membership includes parents and carers and key people from local organisations, will have the responsibility of overseeing the delivery of this Strategy and ensuring that partners meet the outcomes set out in the Delivery Plan. We aim to increase the membership of this board to include people with learning disabilities alongside their advocates.



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Cllr Catherine Hughes  
Cabinet Member for Childrens  
Services  
Carers Champion  
Ceredigion County Council

Judith Hardisty  
Learning Disability Champion  
Hywel Dda University Health Board

Cllr Alun Williams  
Cabinet Member for Adult  
Services  
Learning Disability Champion  
Ceredigion County Council

DRAFT

## Our Engagement Sessions - finding out what matters

In order for us to be able to look at all the possible opportunities for transforming services for people with learning disabilities, it was important that we really understood what matters most to people with learning disabilities, their families and support workers, and the challenges that they face in their day to day lives.

We recognise that people with a learning disability and carers are the experts of their own experiences and hold unique and often creative views around how services are, or could be, delivered in a way that would make a positive impact on people's quality of life.

To keep people with a learning disability at the heart of the Strategy questionnaires for individuals, their carers and care providers were made available and widely publicized.

To engage with people around the consultation of the strategy, the following events will be taking place;

- Engagement events in Cardigan, Aberaeron and Aberystwyth for people with learning disabilities, parents and carers,
- Engagement in day centres for people who are unable to attend engagement events,
- Mailouts to providers to engage with people who use their services that we may not be aware of,

Below are quotes taken directly from the questionnaires, and have been included on the following pages. All of the common messages that we gathered from the questionnaires have shaped each outcome area of this strategy.

### From People with a Learning Disability,

- Improved Access to Social Care & Health Services-

**“GP is becoming difficult to access as they now have new appointment system.”**

- Improve Communication-

**“My mum has helped to fill this in as she has to explain questions in a way I CAN understand.”**

### From People with a Learning Disability

- Improving opportunities for Social and Leisure opportunities-

**“... everything is really difficult to access. All services seem to be reduced all the time, fed up asking for help all the time - to be told theres nothing.”**

**“Weekends is very community driven but little if any support on weekday evenings.”**

- Improve opportunities for Employment and Training-

**“Succeed in monetising my creative efforts (art, graphic design, writing)”**

**“Have employment but would require support to achieve this.”**

**“Want more paid work.”**

- Improving Transport-

**“Have more use of transport to access the community further away.”**

**“Being able to physically access the community - there are some places I can't go because of my chair.”**

- Supporting the person-

**“Being able to talk to someone if I am worried about anything – Keyworker, personal assistant”**

- Have continuity of professionals throughout the care and support of people with learning disabilities.
- Reduce the time it takes for reviews, and provide more information about changes to professionals working with families.
- The need to retain key services, such as Community Support Bases (CSBs), which provide respite for carers.
- Develop more services within the county so families don't need to be separated due to lack of services available.

#### From Service Providers

- Service providers want to work closer with Social Services commissioning to co-design and co-produce services.
- Improve communication between service providers, Health and Social Services.
- Build transition services to enable people to lead fuller lives.
- Develop advocacy within Ceredigion to put people at the centre of service re-design.

## Social Services & Well-being (Wales) Act 2014

The Social Services and Well-being (Wales) Act 2014 (the Act) came in to force in April 2016. This fundamentally changes the way in which care and support services are delivered in Wales and as a result, it will require a fundamental change to the way Social Care and Health services operate.

The Act is informed by the Welsh Government's Sustainable Social Services framework and is based on the following principles:

- Voice and control - putting the individual and their needs, at the centre of their care, and giving them a voice in, and control over reaching the outcomes that help them achieve well-being.
- Prevention and early intervention – increasing preventative services within the community to reduce the need for on-going managed care.
- Well-being - supporting people to achieve their own well-being and measuring the success of care and support.
- Co-production - encouraging individuals to become more involved in the design and delivery of services.

Local Authorities are duty-bound by the Act to promote the well-being of those who need care and support. It also places a duty on local authorities and health boards to work together in new statutory partnerships known as Public Service Boards, to drive integration, innovation and service change.

Under the Act there is a requirement to develop a population assessment. Ceredigion County Council and Hywel Dda University Health Board are working closely with partners and the 3rd sector to prepare the assessment which will provide us with information about individual care and support needs, including carers in the area who need support, the range and level of services we currently provide, and the extent to which there are people in the area whose care and support are not being met.

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

The Well-being of Future Generations (Wales) Act 2015 places further emphasis on planning for the future, joint working across public service organisations, and working better and more closely with people and communities.

Welsh Government has also recently published a Practice Guidance on developing a commissioning strategy for people with a learning disability. The Guidance includes 7 key outcome areas which are outlined below. These 7 key outcome areas have been linked to the key outcomes in this strategy.



During the latter part of 2015 and early 2016 Health Inspectorate Wales (HIW) undertook a thematic review of NHS health services for people with learning disabilities in Wales.

The review included a survey of all seven health boards in Wales; detailed fieldwork alongside the Care Inspectorate for Wales (CIW) in six community learning disability health teams from five different health boards; inspections of community learning disability health teams in the two other

health boards; and inspections of NHS provided residential settings for people with learning disabilities including assessment and treatment units.

The report produced following the review identified common strengths and areas for improvement, and made recommendations for health boards and policy makers. The findings from the published report have informed the development of this strategy.

The West Wales Care Partnership (WWCP) was established to make sure that all public service organisations across the region are working together to help people with a learning disability achieve the outcomes that matter most to them.

The WWCP has developed and agreed a 'Statement of Intent for Learning Disability Services.' This document outlines their commitment to improving learning disability services and describes the joined up approach needed to positively transform services in West Wales over the next 3 years. It places statutory responsibility on Health and Social Care Services and it outlines how partner organisations plan to commit to a transformation programme, which is supported by all stakeholders.

The Programme Board, established to lead on putting the recommendations within the Statement of Intent into action, has a vision to develop an integrated model of care for people with a learning disabilities, their families and their carers right across the region.

**“Together, with you, we are committed to support people with individual needs live the life they choose. By providing a range of flexible care and support services we will ensure people with learning disabilities are as independent as possible and connected with their local communities.”**

The shared ambitions from the Statement of Intent will be embedded into the delivery of the regional model of care for people with Learning Disabilities.

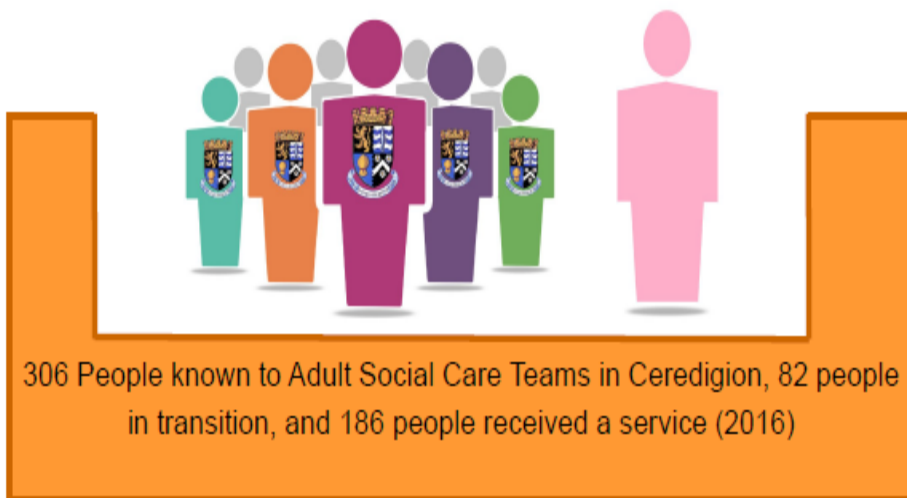
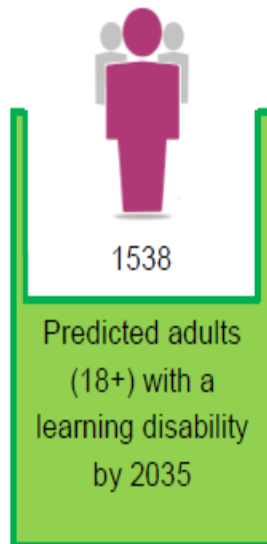
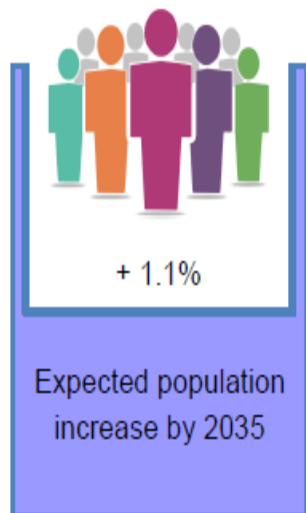
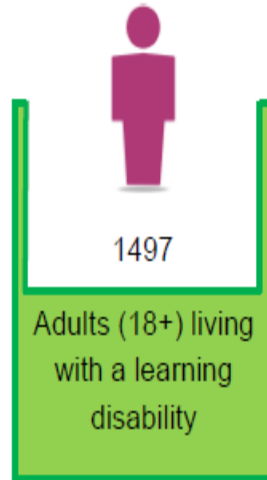
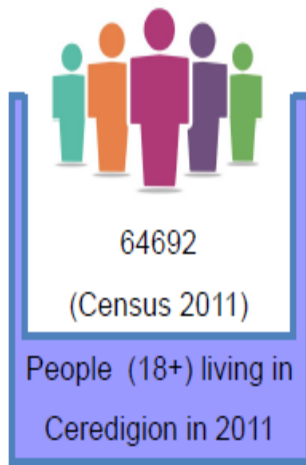
The Ceredigion Learning Disability Partnership Board's membership includes parents and carers and partner organizations (CCC, HDUHB, Carmarthenshire People First and Ceredigion Association of Voluntary Organizations (CAVO)). The Board aims to ensure that people with learning disabilities are at the centre and are involved in all discussions relating to learning disability services. The Board shares information widely across other key local and regional partnerships so that the views and voices of Ceredigion people shape future services.

In addition, there is a local Public Service Board. This Board is responsible for ensuring that there is a coordinated and consistent approach to commissioning services on behalf of partner agencies in Ceredigion. It aims to ensure a joined up approach to strategic planning and service delivery in order to maximise best use of public resources and deliver seamless services by working across organisational boundaries.

Once this strategy has been approved, the Board will monitor its delivery against an action plan set against this strategy. The relationships between these Boards are set out in Appendix 1.



**Ceredigion Profile – people living with learning disabilities**



**What does the data tell us?**

- There are adults with a learning disability who are not known to, or choose not to use, services.
- As at 31st March 2018, 194 people with a learning disability were supported by service provided and / or commissioned by Ceredigion County Council.
- Of these, 135 (70%) were supported to live in the community with 59 (30%) supported in residential care.
- This percentage for residential care is the highest in Wales and the HDUHB region.
- By 2035, it is predicted that there will be 1538 adults aged 18 and over who have learning disabilities living in Ceredigion.
- By 2035, it is predicted that people aged 75 and over who have learning disabilities is set to rise by 60%.
- By 2035, it is predicted there will be 654 adults aged 18 and over who have autistic spectrum disorders living in Ceredigion.

Data sources can be found in Appendix 4.



**Ceredigion Profile – Current services supporting people to live active and fulfilled lives in their community**



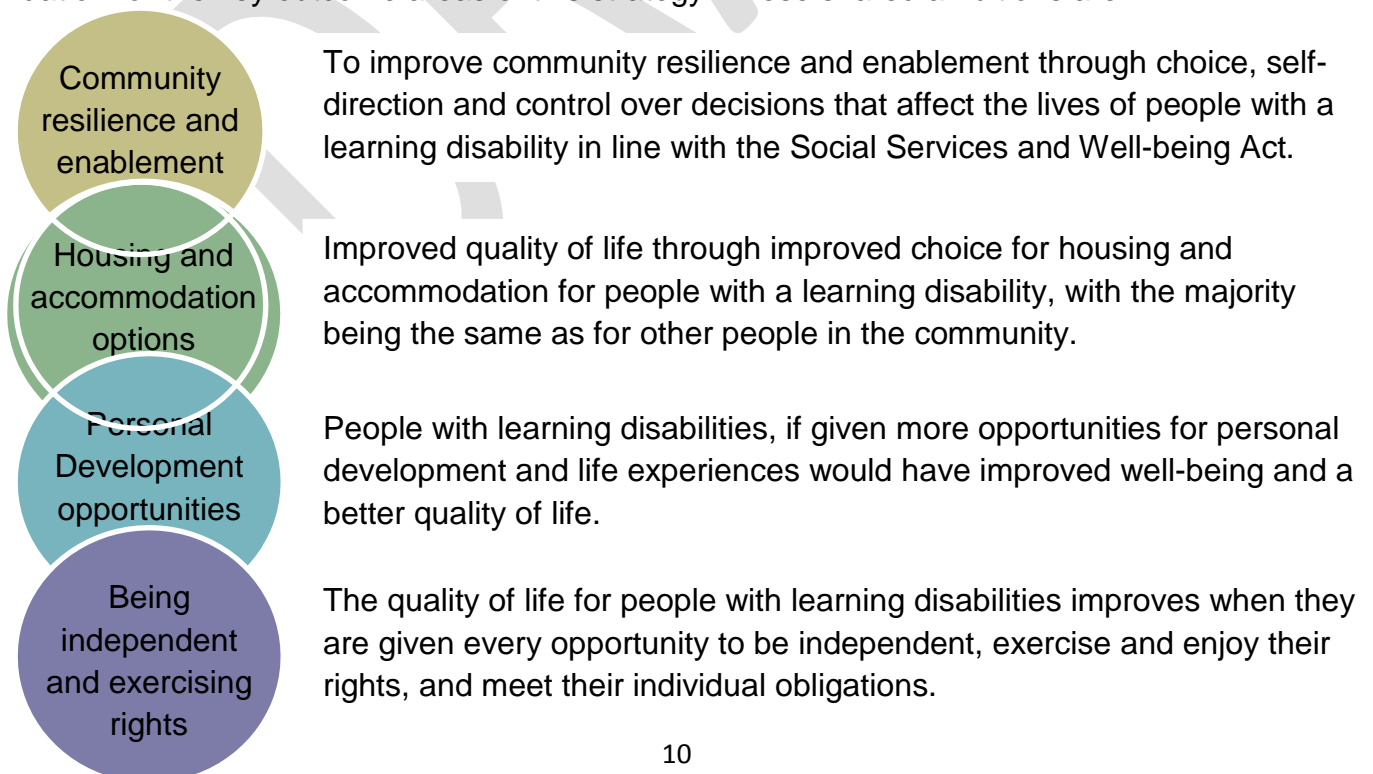
### What will this mean for future service provision?

- We will need to ensure that there are a range of opportunities available to people with learning disabilities of all ages to enable them to lead a full and active life as valued members of their communities,
- Alternative commissioning strategies will need to be developed that build community capacity and resilience so that future services are self- sustaining, recognising the financial challenges faced by the public sector,
- We will need to work with partners and people with a learning disability to design and grow sustainable, resilient and innovative services, recognising the benefit of co-production,
- We will need to continue to focus on developing services that will promote independence wherever possible,
- There will be an increased need for specialist services e.g. Autism A refreshed Autistic Spectrum Disorder Strategic Action Plan was published by Welsh Government in 2016. It is intended to develop a regional response to this Action Plan.

Appendix 2 contains a number of detailed data charts about the services being used and the demographic information around people with a learning disability using services.

### Key outcomes for people with learning disabilities

We have used the shared ambitions set out by the Learning Disabilities Programme Group as a foundation for the key outcome areas of this strategy. These shared ambitions are:



### The Ceredigion Circle of Support for Learning Disability



We have mapped the feedback that we gathered and the stories that we heard during our engagement activities against these 4 outcome areas and as a result, we have developed a framework which we have called the Circle of Support for People with Learning Disabilities.

Each section of the circle identifies a key aspect of day to day life which, if not there, would have a negative impact on the quality of life for people with a learning disability.

Each section of the Circle for Support has been made a key outcome area.

## Key outcome area 1:

**To improve community resilience and enablement through choice, self-direction and control over decisions that affects the lives of people with a learning disability in line with the Social Services and Well-being Act.**

### 1: Outreach Services / Creative Solutions

Ceredigion County Council and Hywel Dda University Health Board work in partnership with a number of agencies and organisations to provide a diverse range of services. These services, which include respite, day care, independent living support, residential care, the use of community alarms and Direct Payments, support people with a learning disability to maximise their potential and promote independence and social inclusion.

Despite the availability of a range of services for people with a learning disability in Ceredigion, access to a wider range of community activities that are available outside 9am and 5pm and that are available on weekends – particularly on Sundays – was highlighted as a key issue in questionnaire responses with people with learning disabilities and their carers.

**“... everything is really difficult to access.”**

**“... fed up asking for help all the time – to be told theres nothing.”**

**“Weekends is very community driven but little if any support on weekday evenings.”**

Under the Social Services and Well Being Act the Local Authority has a duty to provide an Information, Advice and Assistance service in the language of choice. This will make it easier for everyone to access up-to-date, clear information and advice about all of the services available in their area. This will help people make decisions about the support they need to live the life they want.

People told us they valued Community Support Bases but they wanted opportunities to access work and other types of services and activities. There are limited opportunities in their communities and the aim is to build stronger community links.

We plan to extend the engagement process to include communities, businesses, town & community councils and the voluntary sector to consider how the range of opportunities for people with a learning disability in Ceredigion could be enhanced.

#### What we recommend:

- Identify those people with learning disabilities who are willing to be champions in their communities to help raise awareness and understanding of learning disabilities.
- Develop and deliver appropriate learning disability awareness training in communities in partnership with people who have learning disabilities and their support workers.

- Undertake an engagement exercise with communities to identify potential opportunities for people with a learning disability to have greater involvement in the community.
- Build links between learning disability services and the Community Connectors within Porth y Gymuned to encourage the development of alternative community opportunities.
- Explore alternatives to day opportunities, especially during the evenings and weekends.

## 2. Communication and Information

Communication is vital in ensuring that people can express themselves and make sense of the world around them. It is crucial that communication is made accessible for people with learning disabilities so that they are enabled to make their own decisions and informed choices about how they wish to achieve their goals. The importance of good quality information, advice and assistance is incorporated within the Social Services and Well Being Act.

People told us that the majority of people with learning disabilities preferred their support workers and services to use 'Simple Signing' and Total Communications approach. Feedback also confirmed that there was a clear need to improve communication between departments in statutory services, service providers and people with a learning disability and their families and carers. There was a concern that currently, statutory partners rely too much on using Information Technology (IT) as a means of communication and this is not always the most effective way of communicating with individuals.

### What people told us:

Ask questions in ways I can understand

Tell us why we are doing these things

Ask things which are important to me

Use Total Communications symbols we recognise

### What we recommend:

- The Total Communications approach to producing easy-read information is to be made part of Ceredigion County Council's and Hywel Dda University Health Board's communication standards for all directorates.
- Simple Signing and Total Communication training should be provided for relevant staff and people with a learning disability. People with learning disabilities will be involved in delivering training to staff.
- Organisations must think about the people they wish to communicate with and use the most appropriate way of sharing information. Make use of telephones, letters, emails etc.

- Service providers must ensure that they have accessible complaints procedures. They must encourage services users to discuss and report problems.
- Build stronger links and 2-way communications between the Learning Disability Partnership Board and their stakeholders including people with a learning disability, their families and members of staff.

### **3. Voices, Choices and Advocacy**

Advocacy means getting support from another person to help express their views and wishes, and to help make sure their voices are heard.

Having a voice and being given a choice empowers people to make decisions about their support options. We will ensure that the help and support a person receives is tailored to each individual's needs and we will ensure that they are aware of how much support is available from all partner organisations and communities.

Ceredigion County Council commission advocacy services to enable people with a learning disability to be supported by independent advocates.

However, using the feedback from the questionnaires, people with a learning disability, their carers and care providers told us the following:

**“There is also a DESPERATE need for independent advocacy services in Ceredigion.”**

**“Advocacy service has been pretty non-existent over past few years.”**

We have used this information to make the following recommendations.

#### **What we recommend:**

- Ensure advocacy services are available to people with a learning disability, and positively support their use within care and support planning.
- People with a learning disability and their carers will be fully involved in their care and support planning, reviewing and changing packages of support.
- People with a learning disability and their carers will be supported to access, use and understand appropriate information about the range of services available and such services should be equally available to all people with a learning disability.
- When they are present during conversations and discussions around their care and wellbeing, people with learning disabilities must be spoken to directly. Everyone's individuality, voice and choice is valued.



## Key outcome area 2:

**Improved quality of life through improved choice for housing and accommodation for people with a learning disability, with the majority being the same as for other people in the community.**

### 4. Housing

There should be a range of good quality accommodation choices for people with a learning disability including supported living, residential accommodation, private rental, adult placements or shared lives and living with families. Whenever possible, individuals should be able to choose where they live, and who they live with.

**“I like to live on my own, I'm happy on my own.”**

**“At the right time in a shared house when family are no longer with me for support”.**

During the initial engagement sessions it was clear that a high priority for people with a learning disability was being able to access a range of housing options. Ceredigion currently offers a variety of housing options including residential and supported living projects.

#### What we recommend:

- Provide information and assistance on housing options to enable individuals to make informed choices with regard to independent living.
- Provide positive support to individuals, their families and carers to consider future housing needs.
- Explore how future housing schemes could include a range of housing options and accommodation suitable for people with a learning disability.
- People with a learning disability will be fully involved in all aspects of care planning.
- People with a learning disability should be able to have a choice about where they live and who they live with whenever this is possible.
- Partners must work together to develop a market position statement for supported accommodation and housing opportunities, identify gaps based on current and future need and develop a strategic housing plan for people with learning disabilities.
- Improved quality of life through building and improving housing and accommodation choices for people with a learning disability.

## Key outcome area 3:

**People with learning disabilities if given more opportunities for personal development and life experiences would have improved well-being and a better quality of life.**

### 5. Social Care Support

We recognise that some people with learning disabilities will require the support of Social Services at some point in their lives. Under the Social Services and Well Being Act a new assessment process has been introduced and this is based on what matters to the person as an individual. The assessment will consider a person's strengths and the support available to them, their family, friends and others in the community.

Social Care staff support people with a learning disability through the assessment process and the development of a care plan. Ceredigion County Council has a responsibility and is committed to safeguarding the well-being of children, young people and vulnerable adults in its care, within a culture that gives safeguarding the highest priority. We recognise it is essential that all agencies work effectively together, sharing this responsibility, ensuring the well-being of people with a learning disability, the providers and the individual who supports them on a day to day basis.

Feedback received during the engagement events identified a number of areas that were important to people with a learning disability and their families, including:

- The need to have continuity of professional staff during the assessment and review processes

**“Our annual review was greatly delayed due to staff shortage. When we had our review it was by a student social worker who was finishing the next day.”**

- Having regular care plan reviews

**“Annual review of both carer and disabled person 9 months overdue.”**

- Partner agencies working together in order to meet the needs of people with a learning disability through appropriate planning, development, delivery and evaluation of services.

#### What we recommend:

- Ensure all care and support plans are person centred, explain where someone is currently, what their care and support needs are, and where they want to be.
- Care and support plans must be reviewed annually.
- Care and support planning must involve the person with a learning disability and their families.



- Work with people with a learning disability to create person- centred flexible options for activities and services that promote independence.
- Work with service providers and people with a learning disability to develop a more comprehensive understanding of need, the currently available services, and more effective commissioning of services that promote independence.

## 6. General Health Care and Treatment

There are a key number of challenges facing learning disability services, some of which are:

- The number of people with a learning disability are increasing,
- The number of people with severe learning disabilities and Complex health needs are increasing,
- People with a learning disability are living longer and experiencing age related conditions such as Dementia.
- There is a need to provide more for less money.

Our Mental Health & Learning Disability services are focussed on a progression model aimed at improving community resilience and enablement through choice, self-direction and people having control over their own lives, whilst moving away from traditional services such as hospital and residential based care services.

Most people with a learning disability have poorer health than the rest of the population. All individuals require access to the full range of health promotion, prevention and education initiatives and services provided by independent contractors (e.g. Dentists, GPs, optometrists) and other primary and secondary healthcare services (e.g. hospitals, mental health services) in order to meet their physical and wider health needs.

To meet the needs of people with a learning disability, services will need to be flexible in their approach and interventions. It recognises that people with a learning disability will have access to mainstream community and primary care services with the majority of activity seen at the upper tiers. There is, however, an understanding that partners need to focus their attention on preventative services , supporting the delivery of tier 1 services in line with Welsh Government's vision set out in 'Setting the Direction: Primary & Community Services Strategic Delivery Plan' and the Social Services and Well Being Act.

As part of the questionnaire, people with learning disabilities and their carers were asked what they felt was important to them, and the level of service they were able to access. The following issues have been identified as key things that really matter to people with learning disabilities and their carers:

- To be able to access an annual health check.
- Overcoming the barriers of computer technology where automated systems are used for appointments.
- Carers felt they had to be present to help the people they support effectively communicate with staff on wards.
- Receiving information in easy to read formats, it takes more than symbols to be understood.
- Concerns over delays in accessing therapy services in Ceredigion.
- Dental surgeries close with limited alternatives available.

We have included more detailed feedback from the questionnaires in Appendix 3.

A Regional Programme Group for Learning Disabilities has been established to bring together Health and Social Care Service delivery leads to drive service re-design and re-modelling across the region for learning disability services. The Programme Group will work to achieve the Strategic Priorities outlined in the 'Statement of Intent':

**To improve community resilience and enablement through choice, self-direction and control over decisions that affect the lives of people with a learning disability in line with the Social Services Well Being Act**

- A defined model of care and support (care pathways) based upon the principles of the progression model.
- Reduce the number of children and young adults transitioning to residential care.
- Reducing health inequalities across a continuum of care (from accessing mainstream health services to specialist care and prevention of crisis and ill health).

**To commission services that strengthen quality and value for money across the range of health and social care services for people with a learning disability**

- Maximise the opportunities from regional collaboration, partnership and integrated working to deliver high quality cost effective services.
- Regional data collection and use that to support future planning and commissioning decisions.

**To reduce health inequalities by increasing access to and take up of universal health, social care and wellbeing services for people with learning disabilities**

- A regionally identifiable framework for service delivery that reflects individual personalised care and local need.
- Reducing health inequalities for people with learning disabilities across a continuum of care (from accessing mainstream health and social care services to specialist care, and prevention of crisis and ill health).
- Build community resilience and capacity across a range of services that support people with a learning disability.
- Increased access and availability of local housing and accommodation to enable people with a learning disability to live as independently as possible, in a place of their choice, as far as is possible.

**What we recommend** (In partnership with primary care):

- Increase the take-up and quality of Annual Health Checks,
- Improve access to GP appointments,
- Develop and encourage the use of Health Passports to help health staff understand the needs of those they are providing care for,
- Statutory services to implement a robust contract and quality assurance framework for all in-house and commissioned services, to ensure effective and measurable outcomes, that will ensure services delivered to people with learning disabilities meets agreed standards that are developed in partnership with people who use these services,
- Individuals and their carers will be supported to access, use and understand appropriate information about the range of services available, and how they can be accessed. (This will include information leaflets, result letters and general communication),
- People with a learning disability will be included and be at the centre of discussions about their care planning and well-being,
- Develop draft guidance to support staff in helping people with a learning disability to have safe personal and social relationships including appropriate use of social media and an 'Easy Read' guide to sex and personal relationships,
- General focus upon training, communication and awareness raising across all healthcare settings, this will be a multi-agency approach and will be supported by the development of Health facilitation nurses for learning disabilities,

- Review the care pathway for people with a learning disability who require palliative and end of life care and support.

## 7. Transitions and Family Support

There are key transition points in everyone's life and what happens at these points have a significant impact on the way in which people are able to live their life both at that time and in the future. The transition point that has been identified as having the biggest impact for people with a learning disability, is the point at which they move from children's services to adult services. This can involve leaving school and making arrangements to attend college or meeting with local employers about work opportunities.

A range of factors have been identified as having an impact on a young adult and the way in which they move forward, the services they access and the level of independent living they achieve.

There should be a clear pathway in place to ensure that all individuals have a well-planned and co-ordinated transition from child to adult services. Transition can be a difficult time for young people, particularly when they have to rely on their families whilst at the same time asserting their independence.

Choices for people with learning disabilities can be restricted when they have to deal with complex systems set up in order to provide support for them. Ceredigion County Council acknowledges that transition planning has not always been effective which can leave individuals in stressful situations.

We are committed to improving the transition experiences of young people and to working with individuals and their families to identify the range of opportunities, support and resources that are available locally.

### What we recommend:

- Transition planning will begin when younger people with learning disabilities reach the age of 14,
- Young people with learning disabilities and their families will be involved in identifying and planning the support they will need as they move into adulthood,
- Young people who have a learning disability will be supported in their choices about education, training and learning,
- Young people who have a learning disability will be supported to develop essential personal and social skills,
- Young people with learning disabilities will have access to a full range of social, leisure, sporting and cultural activities.

## 8. Support for Carers

Families and carers play a vital role in supporting people with learning disabilities and we must work to ensure that they have access to appropriate information, a Carer assessment and a flexible and creative range of options that will meet their support needs. Carers should also have opportunities to access appropriate training and support.

Support for carers must be in line with the Social Services & Well-being (Wales) Act. The Act provides the legal framework for improving the well-being of people who need care and support and carers who need support.

Parents and carers have told us that they have established peer support networks so that they could share knowledge and experiences, and provide support to each other when people need it.

Being a full-time Carer can be a very demanding role. Respite care breaks are an opportunity for carers to take a holiday or simply spend some time looking after their own needs, safe in the knowledge that their loved one is receiving the very best care. During 2017 /2018 784 nights of respite care were provided for 24 people with a learning disability. In addition, we provide respite for carers through a range of services including access to Direct Payments.

Following an assessment, respite care is offered to people with learning disabilities, parents and family carers up to a maximum of 6 weeks per year in an appropriate setting. Respite can also be arranged using a direct payment.

### What we recommend:

- Support parents and family carers to develop their own peer support networks that encompass all ages of adult carers,
- Support parents and family carers to identify and access resources to enable the carers to continue to undertake their caring roles,
- Ensure appropriate respite provision is available for people with learning disability going through transition.

## Key outcome area 4:

**The quality of life for people with learning disabilities would be improved when they are given every opportunity to be independent, exercise and enjoy their rights, and meet their individual obligations.**

### 9. Social and Leisure Activities

Having a full range of opportunities for social and leisure activity is of considerable importance as this maximises an individual's potential, enabling them to develop new academic, work related and life skills. In addition, meaningful opportunities enable individuals to develop friendships and relationships, promote self-esteem and make a valuable contribution to society.

Keeping active and involved in the community also has a positive impact on an individual's health and well-being. Responses from questionnaires highlighted that leisure and social activities play a vital role in the lives of people with a learning disability. Exercising and / or playing sport is regarded as a great way to stay fit and healthy and provides a fun environment and strengthens people's social skills.

People told us that they would really value the ability to access a wider variety of social opportunities. These activities need to be available in a variety of locations across the county, outside traditional 9am to 5pm offers, and at weekends.

People told us:

- **People with a learning disability would value the opportunity to be able to attend a variety of social activities in the community to further develop their relationships and social networks.**

#### What we recommend:

- Map current social and leisure opportunities for people with a learning disability to inform a market position statement that will be the foundation of a development plan,
- Further develop links and opportunities between Leisure Services and learning disability service providers,
- Promote and encourage community innovation to develop community based initiatives and more opportunities for people with a learning disability through Porth y Gymuned.

### 10. Education, Training, Employment and Volunteering

How people spend their time during the day is of considerable importance and appropriate opportunities will maximise an individual's potential enabling them to develop new academic, work related and life skills.

In addition, meaningful opportunities enable individuals to develop relationships, promote self-esteem and make a valuable contribution to society.

It is necessary for a range of options to be available for individuals to choose from including employment, education, and leisure and day services.

Ceredigion offers opportunities for people to develop skills and experience employment. A number of these are provided by 3rd sector organisations or private businesses.

Workways+ offers training and paid work experience opportunities to long-term unemployed people. Ceredigion County Council are currently working with partners to develop the local programme offering one to one mentoring and support; training; work experience; volunteering; paid employment opportunities and employer liaisons.

### **What we recommend:**

- Work with partners to support to people with learning disabilities to access and participate in a variety of different volunteering opportunities,
- Work with partners to find people with learning disabilities to champion this outcome area who will work with a range of organisations to create more volunteering opportunities that will lead to meaningful employment,
- Work with partners to support people with learning disabilities to access and participate in paid employment opportunities,
- Appointing a dedicated support worker for careers advice and employment,
- Developing Job Clubs across the county for people with a learning disability,
- Ensure that there are more opportunities for people with a learning disability to access work experience across the county whether in the public, private or voluntary sector.

## **11. Transport**

Transport remains a challenge for many of the people who live here.

During the questionnaires people with learning disabilities did not highlight transportation as being a particular issue for them. This is because they were often driven to places by their parents, carers, support networks or care providers. However, others recognised that being able to access a range of transport options is key to enabling and promoting independence.

Although there are a range of transport options available, there are still gaps that limit access to activities and other social and work opportunities during both day and evenings, particularly for people living in remote parts of the County.



**What we recommend:**

- Develop and offer learning disability awareness training, led by people with learning disabilities, for public transport organisations,
- Work with transport providers to address the barriers faced by people when using public transport,
- Work with transport providers to increase the number of buses with voice over systems which inform passengers of next stops and destinations.

**12. Direct Payments**

Direct Payments are cash payments given to service users. These cash payments promote people's independence and provide more independence, choice, control and flexibility in how they receive services to meet their assessed needs.

Support can be organised either by the individual themselves or by family members, advocates, brokers or a service provider on their behalf. Following an assessment, the offer of a direct payment should be made to the person as an alternative way of meeting their agreed support needs.

To receive direct payments you must be assessed as:

- Needing, or already in receipt of support from Social Care, and;
- Are able to 'manage' a direct payment, either on your own or with help from family, friends, advocates, brokers or a service provider on their behalf.

**What we recommend:**

- Relevant staff are to receive direct payments awareness and procedure training to ensure that partners are able to promote, and grow, the take up of Direct Payments,
- More in-depth direct payments training will be given to staff undertaking assessments and reviews.



## How will we put the strategy into action?

This Strategy is written in the spirit of Ceredigion County Council and Hywel Dda University Health Board's commitment to work collaboratively with all stakeholders to implement the delivery plan. The strategy reflects the Ceredigion-wide commitment to support people with learning disabilities and incorporates services and activities provided by and delivered through partner organisations including the voluntary sector, community groups and private businesses.

In order to ensure that the strategy meets the views of people with learning disabilities, their families, carers, communities and services who enable people to be supported are met, further information may need to be gathered over time to assess whether the strategy has had a positive impact on people's lives, and whether the aims of the strategy have been achieved.

Information gathered will be anonymised, and people will not be identified throughout the process, and the information requested will only be on the basis for measuring the performance of the strategy. Information which is not relevant will not be gathered.

We recognise that budget pressures will be a key challenge during the lifetime of the Strategy. These pressures make it even more important for Ceredigion Partnerships to have a clear strategic plan. There will be potentially challenging decisions to be taken as we seek to maximise available resources, and realign services in order to meet the needs and enhance the wellbeing of future generations.

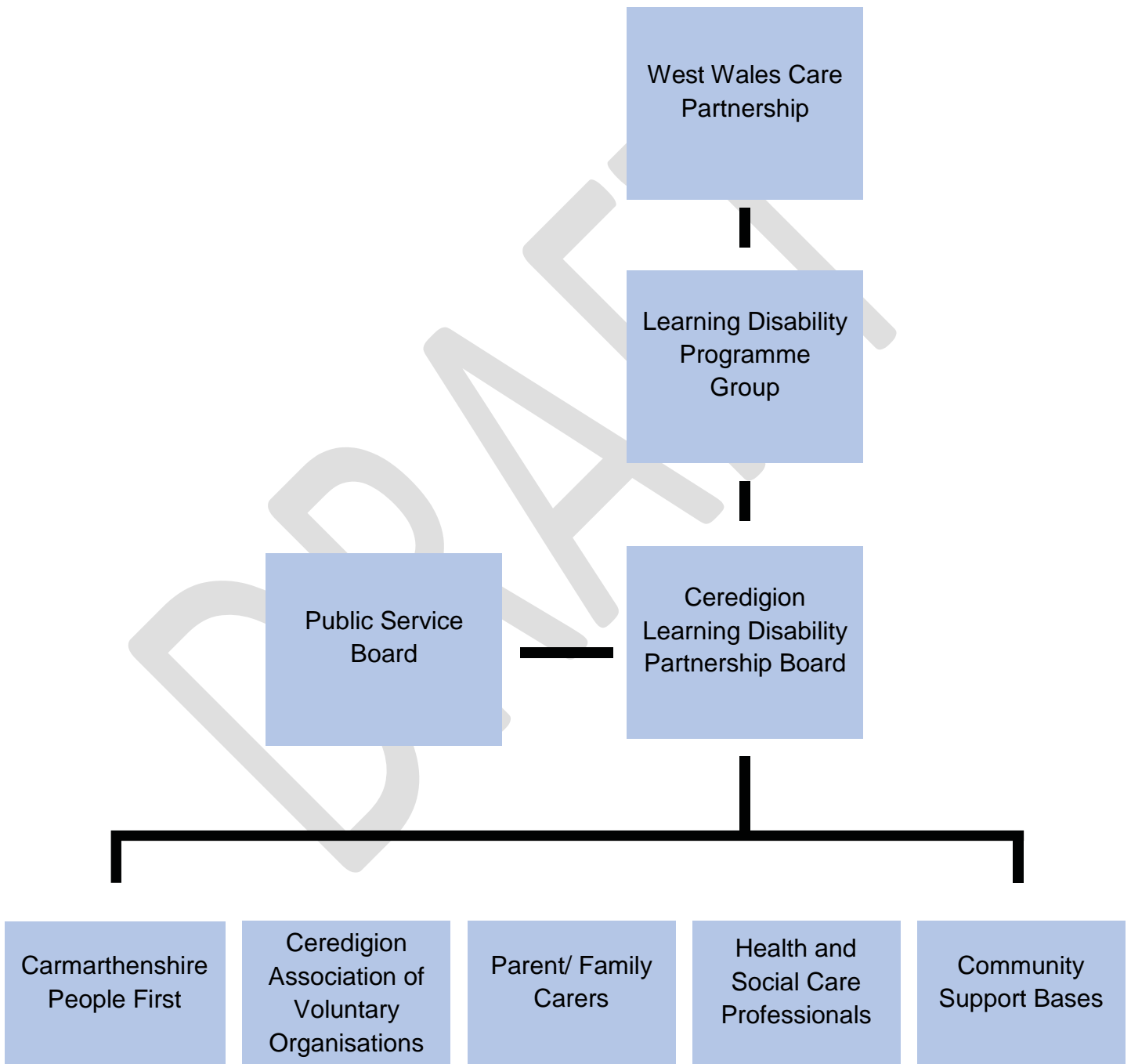
Financial investment is made by Ceredigion County Council and Hywel Dda University Health Board in commissioning and delivering services for adults, including young people in transition, with a learning disability and their carers. The resources required to support the implementation of this strategy will come from both the redirection of current resources as services are modernised in line with the strategic direction of this strategy, and elements of funding from the Integrated Care Fund to support transformation and innovation of services.

The key outcome areas and recommendations of this strategy will be taken forward by partners across the wider regional Hywel Dda footprint under the direction of the West Wales Care Partnership.

At a local level, the emerging themes and recommendations as set out in this strategy will be prioritised by the Ceredigion Learning Disability Partnership Board.

## APPENDIX 1: Relationships & Membership of the Learning Disability Partnership Board

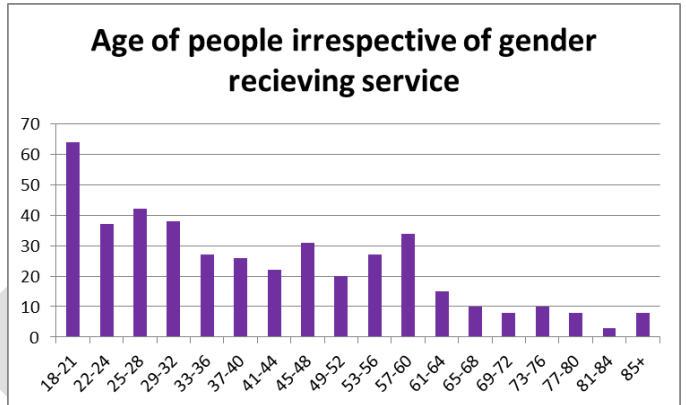
The diagram below shows the connections between the regional and local groups/boards;



## APPENDIX 2: Ceredigion data – Those known to social care and in receipt of services of services

These graphs and tables show the breakdown of men and women with a learning disability known to services and in receipt of service.

Age	Male	Female	Total
18-24	64	37	101
25-44	96	59	155
45-64	77	50	127
65-76	21	7	28
77+	13	6	19



Although the majority of people currently supported are done so through the community, the percentage of those in residential care is above the national average, and most of this is carried out by private providers.

Options are currently being explored to improve people’s accommodation options, and this is included as part of the strategy to improve accommodation and housing.

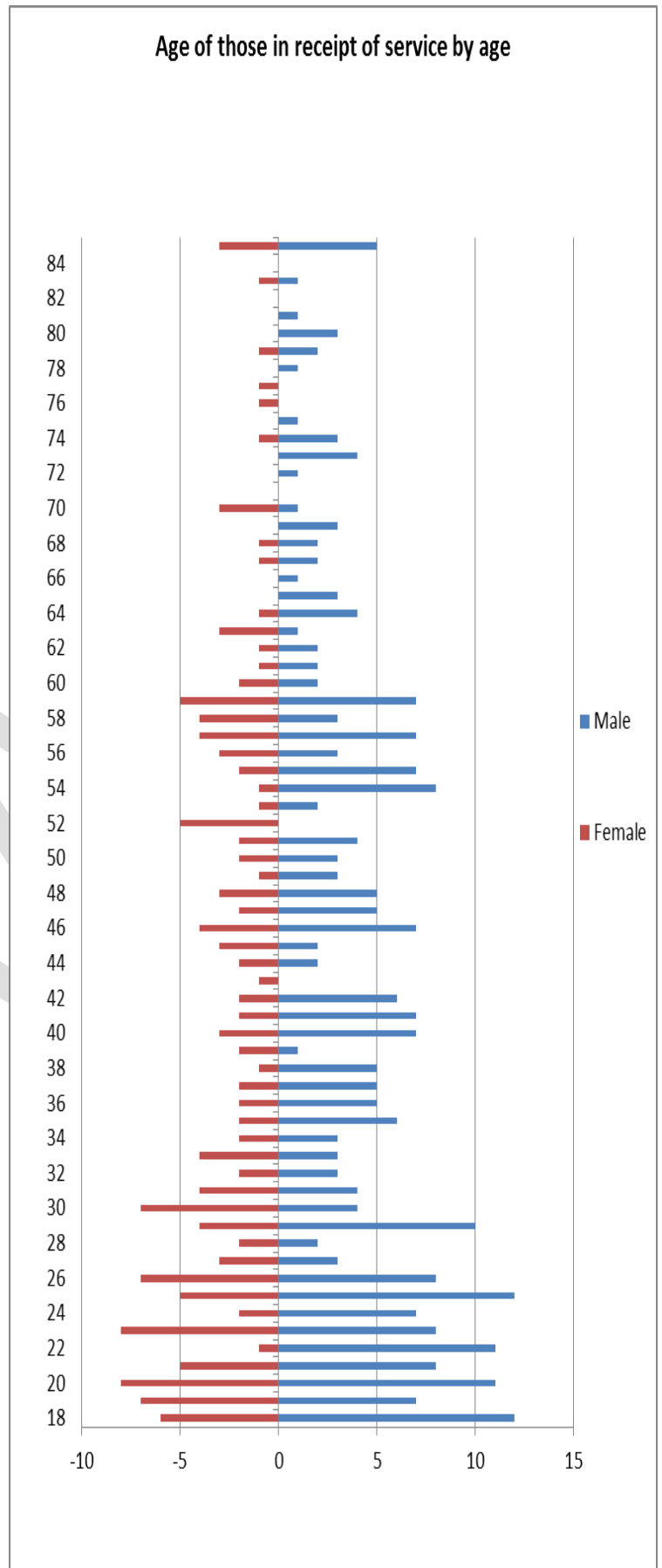
People receiving care and support through residential care.	People receiving care and support through community care
30% (59 People)	70% (135 People)
Local Authority residential care	Independent Sector Residential Care
3% (2 People)	97% (57 People)

This graph shows that there are more males than females with a learning disability, and this trend can be seen throughout the age ranges in the graph below.

The disparity in numbers of males and females is most prominent and the younger and older end of the graphs.

There are 2 cohorts of people aged 53-60 and 46-48 who are going to place additional pressure on services as they age, due to the high correlation between dementia and learning disabilities.

Service planning will also need to take into account the large cohort of people aged 18-30 who make up the majority of people with a learning disability.

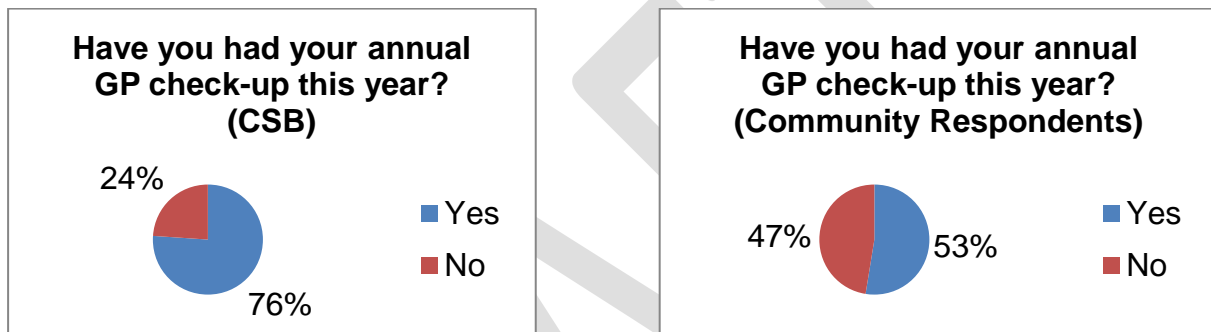


## APPENDIX 3: Analysis of questionnaire responses returned about accessing Health Services

Questions were asked about peoples' health, whether they were registered with GP or dental practices, and whether they needed to see any other health services.

When people were asked '*Do you feel well at the moment?*' the responses varied depending on whether they attended a CSB or not. Generally 88% reported feeling well but in the CSBs 93% reported feeling well, compared to 84% of community respondents who do not.

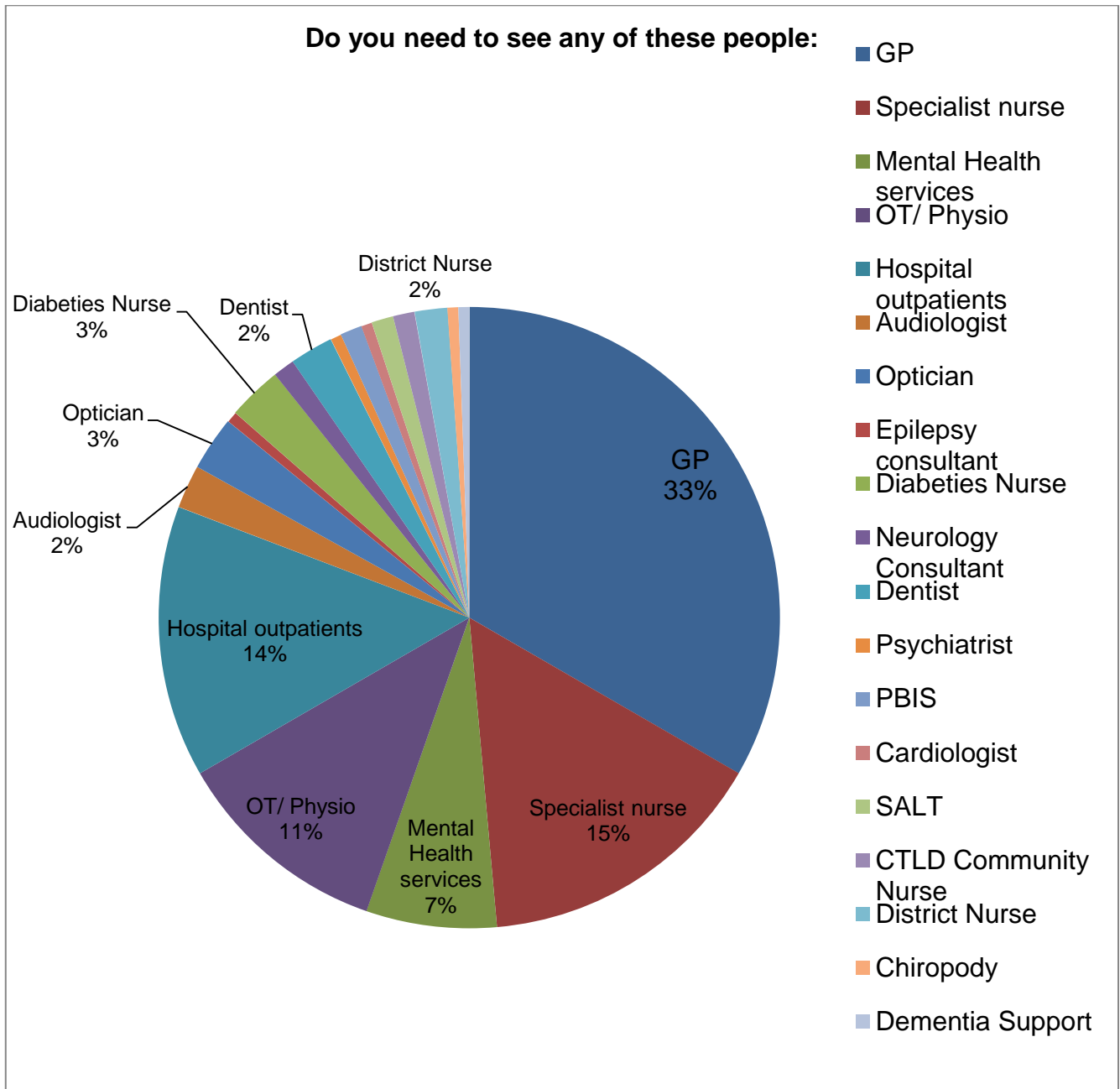
This is a subjective question and time sensitive, so the results may have changed if the same people were asked the same question, however there is also a direct correlation between those who report to feel well, and the numbers who have had their annual GP health check.



These graphs show the total responses from both groups to the same question. In the CSBs people are more likely to have seen a GP, but this is most likely due to the fact that they provide support for people to attend GP appointments.

In the community respondents, the attendance is far lower (which coincides with the lower rate of feeling well). It is unclear as to why this would be, as there are more people living with family and independently attending the CSBs than there are community respondents, however there are exactly 47% of people in the community who live with family or independently. It could be that those living in the community are just not aware of the health checks, and without the support of CSBs do not attend. This is speculation however, and more work would be needed to ascertain whether this is accurate.

The next graph provides a breakdown of all the medical appointments which people attend.



There is little difference between the answers provided by CSB or community respondents with 2 notable exceptions;

There is higher use of MH services (9%) in the community and lower use of Physiotherapy / OT services (5%),

There is a lower use of MH services (5%) in CSB and higher use of Physiotherapy/ OT services (15%).

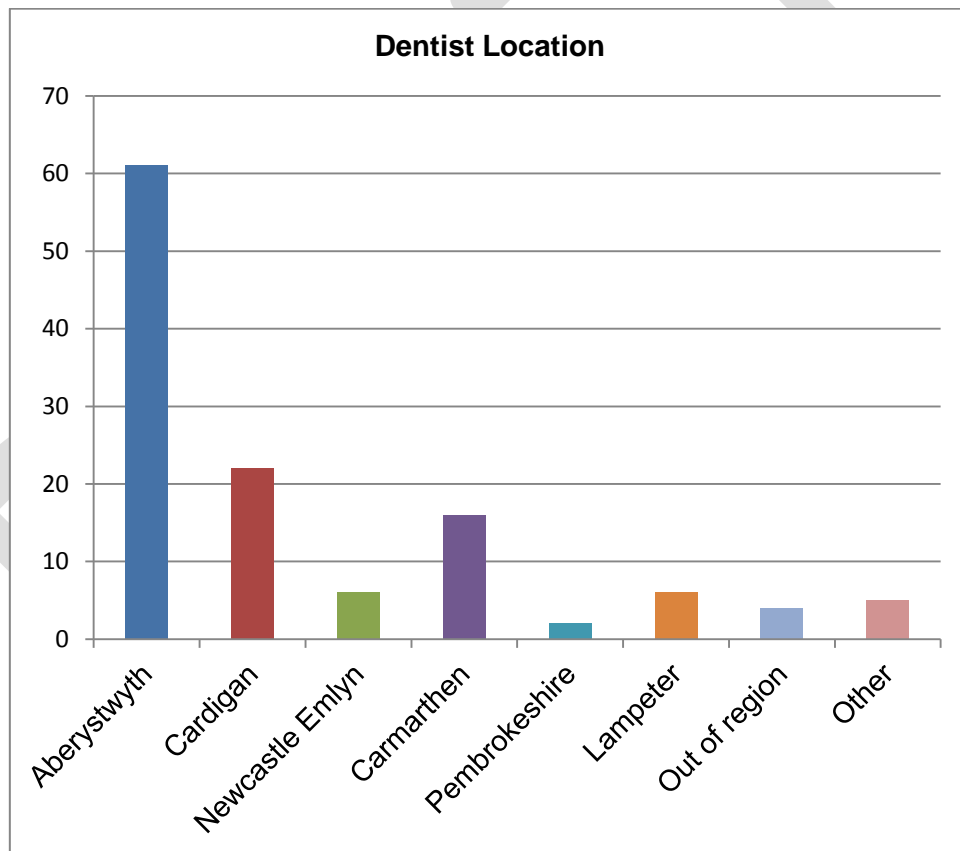
People living in the community raised the lack of MH focus in the questionnaire, and are more likely to have issues of loneliness leading to depression. Examples include;

**“... My mental health”,**

**“More attention to those with mental health...”**

These people are also less likely to access Physiotherapy or OT because they may be accessing them through the GP, rather than those in CSBs who have access to these services through the centre, with support to attend.

People were also asked if they had a dentist, and the responses were the same for both groups. 85% of all respondents stated that they have a dentist, and those who said that they did not were often those living independently or with family. Of those who said that they did not have a dentist, several reported that this was due to a surgery closing, and awaiting for patient lists to be opened in their area.



As seen above, the majority of respondents (38%) access a dental practice in Aberystwyth, with Cardigan being the 2<sup>nd</sup> most used area (14%). In total 55% of respondents attend a practice within Ceredigion.

## APPENDIX 4: Data sources for infographic about population

### **Population living in Ceredigion at 2011:**

Stats Wales - Figures are taken from population projections produced by Knowledge & Analytical Services, Welsh Government. The latest population projections available are the 2011-based local authority population projections for Wales, which take into account the results of the 2011 Census and project forward the population from 2011 to 2036.

### **Adults 18+ living with a learning disability:**

Daffodil LD baseline for Ceredigion.

### **Expected percentage of population increase in Ceredigion by 2035:**

Daffodil 2035 projection.

### **Predicted adults 18+ living with a learning disability by 2035:**

Daffodil 2035 Projected baseline for Ceredigion.

### **People known to Adult Social Care Teams in Ceredigion:**

West Wales Regional Action Plan

### **People receiving services, number of adults living in the community, number of adults living in residential or nursing homes:**

Wales Community Care Information System (WCCIS) report for year end data.



**Cofnodion Cyfarfod Arbennig Pwyllgor Trosolwg a Chraffu Cymunedau  
Iachach a gynhaliwyd yn Siambr y Cyngor, Cyngor Ceredigion, Penmorfa,  
Aberaeron ar 6 Medi 2018**

**Aelodau'r Pwyllgor oedd yn bresennol:** Y Cynghorydd Alun Lloyd Jones (Cadeirydd), y Cynghorwyr Bryan Davies, Gethin Davies, Marc Davies, Odwyn Davies, Peter Davies MBE, Elaine Evans, Keith Evans, Hag Harris, Lyndon Lloyd MBE, Dan Potter, John Roberts, Mark Strong, Lynford Thomas ac Ivor Williams.

**Hefyd yn bresennol:** Y Cynghorwyr Catherine Hughes, Gareth Lloyd a'r Cynghorydd Alun Williams (Aelodau Cabinet) a'r Cynghorydd Gareth Davies

**Swyddogion yn bresennol:** Carwen Evans, Rheolwr Gwasanaethau Masnachol; Judi O'Rourke, Rheolwr Gwasanaeth, Gwasanaethau Oedolion; Dwynwen Jones, Swyddog Cefnogi Craffu a Kay Davies, Swyddog Gwasanaethau Democraidaidd.

9:30am –11.30pm

**1 Ymddiheuriadau**

Ymddiheurodd y Cynghorydd Paul Hinge am iddo fethu â bod yn bresennol yn y Cyfarfod.

**2 Materion personol**

Nid oedd materion personol.

**3 Datgelu buddiant personol / buddiant sy'n rhagfarnu**

Ni ddatgelwyd buddiannau personol / buddiannau sy'n rhagfarnu.

**4 Materion Capasiti yn y Gwasanaeth Hylendid Bwyd a Safonau Bwyd**

Roedd y Rheolwr Gwasanaethau Masnachol, Carwen Evans yn y cyfarfod er mwyn cyflwyno adroddiad manwl ar faterion capasiti yn y Gwasanaeth Hylendid Bwyd a Safonau Bwyd. Gwnaed archwiliad Asiantaeth Safonau Bwyd o'r Gwasanaeth Safonau Bwyd a Hylendid Bwyd yn 2015 ac unwaith eto ym mis Gorffennaf 2018. Mae diffyg capasiti o fewn y Gwasanaeth Safonau Bwyd a Hylendid Bwyd yn parhau ar y Gofrestr Risg Corfforaethol. Ar ôl derbyn arian sylweddol oddi wrth ffynonellau heblaw am arian craidd, cyflogwyd contractwyr arbenigol i ymgymryd â'r rhestr o eiddo na fu iddynt gael eu harchwilio. Fodd bynnag nodwyd nad yw hyn yn gynaliadwy i'r gwasanaeth i ddibynnu ar dderbyn arian allanol.

Bu i Aelodau groesau'r cyfle i drafod gan gynnwys y pwyntiau canlynol:

- i. Bu i rai Aelodau fynegi pryder parthed cyflogi contractwyr am ei fod yn bosib na fyddant yn ymdrin â'r cyhoedd yn yr un modd â staff y Cyngor. Hefyd, nid yw cyflenwi gan staff eraill yn ddelfrydol am fod angen arbenigedd.
- ii. Bydd angen arian pellach i gynyddu staff rhan amser cyfredol i fod yn llawn amser.

- iii. Mynegwyd pryder parthed cynnydd ym mhroblemau â fermin am fod rhai Aelodau'n pryderu nad yw'n ymddangos fod Awdurdod Dŵr Cymru bellach yn delio â'r broblem yn ddigonol.
- iv. Nodwyd fod yr ailstrwythuro cyfredol a wneir gan y Cyngor o bosib yn darparu cyfle am fwy o adnoddau staff ar gyfer yr adran yn y dyfodol.
- v. Gellir gwneud gwaith yn weddol cyflym o ran ail-sgorio sgôr hylendid isel oherwydd gwaith papur annigonol neu anghywir.
- vi. Cyflawnwyd 14 o 29 argymhellion archwilio. Bwriedir parhau ag archwiliadau hyd nes bydd yr hyn a argymhellir wedi ei gyflawni.
- vii. Nodwyd bod rhaglen samplu bwyd mewn lle ac anfonir samplau hylendid bwyd i'w profi i labordy yng Nghaerfyrddin. Defnyddir labordy ar gyfer safonau bwyd yn Lloegr a rhoddwyd y contract iddynt drwy'r broses gaffael.
- viii. Rhaid edrych ar rannu adnoddau gyda siroedd sy'n ffinio fodd bynnag mae eu hadnoddau hwy'n brin hefyd.
- ix. Nodwyd fod gwefan Asiantaeth Bwyd Cymru yn darparu gwybodaeth ar sgorau hylendid eiddo bwyd ar eu gwefan<sup>1</sup>.

Yn dilyn trafodaeth ac ystyriaeth, CYTUNWYD gan Aelodau'r Pwyllgor y dylid argymhell y canlynol i'r Cabinet:

- a) Y dylid cyflogi Swyddog amser llawn yn yr adran safonau bwyd a hylendid bwyd fydd yn medru cyfrannu at feysydd gwasanaeth eraill fel y bo'n ofynnol;
- b) Ysgrifennu at Dŵr Cymru i ategu pwysigrwydd baetio carthffosydd Ceredigion am fod llygod mawr yn parhau i fod yn mater sy'n effeithio ar ein busnesau lleol;
- c) Y dylid parhau i edrych ar y posibilrwydd o gyflogi prentis yn y dyfodol.

## 5. Ymgynghoriad ynglŷn â'r Strategaeth Anableddau Dysgu

Roedd y Rheolwr Gwasanaeth, Gwasanaethau Oedolion, Judi O'Rourke yn y cyfarfod i gyflwyno adroddiad ar yr ymgynghoriad ynglŷn â'r Strategaeth Anableddau Dysgu. Caiff y Strategaeth ei hadolygu er mwyn sicrhau ei bod yn cyd-fynd ag anghenion trigolion Ceredigion yn unol â datblygiadau rhanbarthol o ran Bwrdd Partneriaeth Ranbarthol Gorllewin Cymru a gofynion Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014.

Cwblhawyd arolwg a dadansoddwyd ymatebion er mwyn paratoi'r gwaith o ddatblygu strategaeth ddrafft ar gyfer ymgynghoriad. Cafodd y strategaeth ei thrafod a'i diwygio gan Fwrdd Partneriaeth Anableddau Dysgu Ceredigion. Cynhelir yr ymgynghoriad ym mis Hydref 2018. Bydd sesiynau ymgynghori yn cael eu cynnal yn Aberystwyth, Aberaeron ac Aberteifi ac yn ein canolfannau dydd sef Canolfan Steffan, Canolfan Padarn a Chanolfan Meugan. Gwneir gwaith hefyd ar godi ymwybyddiaeth i ddarparwyr fedru ymgysylltu â phobl sy'n defnyddio eu gwasanaethau mae'n bosib nad yw'r Cyngor ym ymwybodol ohonynt. Ar ôl y sesiynau hyn, caiff y strategaeth ei diwygio yn ôl yr angen a'i chyflwyno i Fwrdd Partneriaeth Anableddau Dysgu Ceredigion er mwyn cytuno arni. Ar ôl hynny, caiff ei chyflwyno gerbron y Pwyllgor Craffu cyn iddi fynd gerbron y Cabinet.

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<sup>1</sup> <http://ratings.food.gov.uk/authority-search-landing/en-GB/557>

Yn ystod y drafodaeth nodwyd taw ond traean o bobl ag anableddau dysgu sy'n achub mantais ar y cymorth sydd ar gael yn y sir am fod nifer yn medru ymdopi yn eu cylchoedd cymunedol eu hunain. Mae gennym dîm ar y cyd â'r gwasanaeth iechyd â seiciatrydd arbennig ar gyfer y rheiny ag anableddau dysgu. Mae uned yng Nghaerfyrddin sy'n delio ac achosion cymhleth ac y mae gweithwyr cymdeithasol trosiannol ar gael ar gyfer y rheiny sy'n tynnu at fod yn oedolion. Caiff lleoliadau preswyl arbenigol eu comisiynu ar y cyd â'r gwasanaeth iechyd ar gyfer y rheiny sydd ag anghenion cymhleth neu ddifrifol.

Comisiynwyd Pobl yn gyntaf Sir Gaerfyrddin i ddarparu gwasanaethau eirioli. Gellir hefyd prynu gwasanaethau yn ôl y galw oddi wrth asiantaethau eraill os bydd angen. Trefnir gwasanaethau eirioli gynted ag y bo'n ofynnol.

Pan nad yw'n bosib i aelodau'r teulu bellach edrych ar ôl unigolyn mae opsiynau amrywiol ar gael megis y gwasanaeth gwarchod, 'cysylltu bywydau' (symud i mewn gyda theulu arall); darperir gofal seibiant er mwyn i'r unigolyn hynny sydd ag anableddau dysgu fod yn gyfarwydd ag amgylchedd gwahanol a gofal preswyl.

Yn dilyn ystyriaeth **CYTUNWYD** gan Bwyllgor Trosolwg a Chraffu Cymunedau Iachach i argymhell i'r Cabinet y dylid ymgynghori ar y Strategaeth Anableddau Dysgu.

**5 Cadarnhawyd Cofnodion y Cyfarfod a gynhaliwyd ar 25 Ebrill 2018 a 31 Mai 2018.**

- a. CYTUNWYD cadarnhau fel cofnod cywir Cofnodion y Cyfarfod a gynhaliwyd ar 25 Ebrill 2018;
- b. Materion yn codi o gofnodion y cyfarfod a gynhaliwyd ar 25 Ebrill 2018:
  - i. 6. Y Sŵ yn y Borth— cytunwyd y dylid cysylltu â Dafydd Roberts parthed ymateb oddi wrth y Cyngor i gyhuddiadau yn y wasg yn ymwneud â pherchnogion y sŵ yn rhoi'r bai ar y Cyngor.
  - ii. 9vi.a – Dywedwyd fod ymateb wedi ei dderbyn oddi wrth Bernadine Rees o'r Bwrdd Iechyd a'i ddsbarthu i'r Aelodau
  - iii. 9vi.b – Ni chaiff canlyniadau Lefel A Plant sy'n derbyn gofal eu cyflwyno i'r Pwyllgor am fod y niferoedd yn isel ac y gellir adnabod y disgyblion o ganlyniad.
- c. CYTUNWYD cadarnhau Cofnodion y Cyfarfod a gynhaliwyd ar 31 Mai 2018 yn rhai cywir yn amodol ar newid y rhestr o ymddiheuriadau i gynnwys y Cynghorydd Lynford Thomas a dileu ei enw o'r rheiny a oedd yn bresennol yn y cyfarfod;
- d. Nid oedd materion yn codi o'r cofnodion a gynhaliwyd ar 31 Mai 2018.

**6 Unrhyw fater arall y penderfyna'r Cadeirydd sydd angen sylw brys y Pwyllgor**  
Nid oedd materion eraill i'w trafod.

**Cadarnhawyd yng Nghyfarfod y Pwyllgor a gynhaliwyd ar**

**Cadeirydd:-**

**Dyddiad:-**

**Minutes of a Special Meeting of the Healthier Communities Overview and  
Scrutiny Committee held at Chamber, Cyngor Ceredigion, Penmorfa,  
Aberaeron**

**on 6 September, 2018.**

**Committee Members Present:** Councillor Alun Lloyd Jones (Chairman), Councillors Bryan Davies, Gethin Davies, Marc Davies, Odwyn Davies, Peter Davies MBE, Elaine Evans, Keith Evans, Hag Harris, Lyndon Lloyd MBE, Dan Potter, John Roberts, Mark Strong, Lynford Thomas and Ivor Williams.

**Also present:** Councillors Catherine Hughes, Gareth Lloyd and Councillor Alun Williams (Cabinet Members) and Councillor Gareth Davies

**Officers Present:** Carwen Evans, Commercial Services Manager; Judi O'Rourke, Service Manager, Adult Services; Dwynwen Jones, Scrutiny Support Officer and Kay Davies, Democratic Services Officer.

9:30am –11.30pm

**1 Apologies**

Councillor Paul Hinge apologised for his inability to attend the Meeting.

**2 Personal matters**

There were no personal matters.

**3 Disclosure of Personal / Prejudicial Interests**

There were no disclosures of personal / prejudicial interests.

**4 Capacity Issues in the Food Hygiene and Food Standards Service**

The Commercial Services Manager, Carwen Evans attended the meeting to present the detailed report on capacity issues in the Food and Hygiene Food Standards Service. An audit was undertaken by the the Food Standards Agency Audit in 2015 and again in July 2018. Lack of capacity within the Food Hygiene and Foods Standards Service remains on the Corporate Risk Register. Having gained significant funding from sources other than core funding, specialist contractors have been employed to catch up with the back log of uninspected, overdue premises. However, it was noted that it is not sustainable for the Service to rely on receiving outside funding.

Members welcomed the opportunity for discussion which included the following points:

- i. Some Members raised concerns in relation to employing contractors as they may not deal with the public the same way as Council staff. Also, cover by other staff is not ideal as specialist expertise is required.
- ii. Further funding would be required to increase current part time staff to a full time basis.

- iii. Concerns were raised in relation to the increase of vermin problems as some Members were concerned that the Welsh Water Authority appear no longer to deal with the problem sufficiently.
- iv. It was noted that the current staff restructuring currently being undertaken by the Council may provide an opportunity for more staff resources for the department in future.
- v. Rescoring for low hygiene scores due to inadequate or incorrect paperwork can take place fairly promptly.
- vi. 14 of the 29 audit's recommendations have been achieved. Audits will continue to be undertaken until all recommendations have been achieved.
- vii. It was noted that a food sampling programme is in place where food hygiene samples are sent for testing to a laboratory in Carmarthen. A laboratory for food standards in England is used and was granted the contract through the procurement process.
- viii. Sharing resources has to be explored with neighbouring counties but they are also deficient in resources.
- ix. It was noted that the FSA website provide updated information in relation to hygiene scores of food premises on their website<sup>1</sup>.

Following discussion and consideration, Members of the Committee **AGREED** to recommend the following to Cabinet:

- a) A full time Officer is employed in food standards and food hygiene who would be able to contribute to other service areas as and when required;
- b) That Cabinet write to Welsh Water to reiterate the importance of baiting Ceredigion sewers as rodents continue to be an issue which affects our local businesses;
- c) That the possibility of employing an apprentice continues to be investigated in the future.

## **5 Learning Disability Strategy Consultation**

The Service Manager, Adult Services, Judi O'Rourke attended the meeting to present a report on the Learning Disability Strategy Consultation. The Strategy is being reviewed to ensure that it is fit for the needs of Ceredigion's citizens in line with regional developments and the West Wales Regional Partnership Board and to comply with the Social Services and Well Being (Wales) Act 2014.

A survey was completed and the responses were analysed in preparation for developing the draft strategy for consultation which has been discussed and amended at the Ceredigion Learning Disability Partnership Board. Consultations will take place during October 2018. They will take place in Aberystwyth, Aberaeron, Cardigan and at the three day services in Canolfan Steffan, Canolfan Padarn and Canolfan Meugan along with awareness raising to providers to engage with people who use their services that the Council may not be aware. Following further amendments to the strategy after the consultation, it will be presented to Ceredigion Disability Partnership Board for agreement and then presented to this Committee before being presented to Cabinet.

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<sup>1</sup> <http://ratings.food.gov.uk/authority-search-landing/en-GB/557>

During discussion, it was noted that only a third of people with learning disabilities take up the assistance available in this county as many are able to manage in their own community circles. There is a joint team with the Health Service with a special psychiatrist for those with learning disabilities. There is an unit in Carmarthen that deals with complex cases and transitional social workers are in place for those approaching adulthood. Specialist residential places are commissioned jointly with the health service for those with complex or severe needs.

Carmarthenshire People First have been commissioned to provide advocacy services. Spot purchases can be also made from other agencies if required. Advocacy services are arranged as soon as required.

When family members are no longer able to care, there are various options available such as the sitting service, 'shared lives' (moving in with another family); respite care is provided in order that the person with learning disabilities can become familiar with different surroundings and residential care.

Following consideration, the Healthier Communities Overview and Scrutiny Committee **AGREED** to recommend the Learning Disabilities Strategy for consultation to Cabinet.

**5 To confirm the Minutes of the meetings of the Committee held on 25 April 2018 and 31 May 2018.**

- a. It was AGREED to confirm as a true record the Minutes of the Meeting held on the 25 April 2018;
- b. Matters arising from the minutes of the meeting held on the 25 April 2018:
  - i. 6. Borth Zoo – it was agreed that Dafydd Roberts is contacted in relation to a response from the Council to the allegations in the Press in relation to the zoo owners blaming the Council.
  - ii. 9vi.a – It was stated that a response from Bernadine Rees from the Health Board had been received and circulated.
  - iii. 9vi.b - The LAC 'A' level results would not be brought to the Committee as the numbers were low and pupil(s) would therefore be identifiable.
- c. It was AGREED to confirm as a true record the Minutes of the Meeting held on the 31 May 2018 subject to amending the apologies list to include Councillor Lynford Thomas and deleting his name from those present at the meeting;
- d. There were no matters arising from the minutes of the meeting held on the 31 May 2018.

**6 Any other matter which the Chairman decides is for the urgent attention of the Committee**

There were no other matters to discuss.

# Dadansoddiad o'r Ymatebion a roddwyd i'r Arolwg ar gyfer Gofalwyr Pobl sydd ag Anabledd Dysgu

Datblygwyd yr Arolwg i Ofalwyr Pobl sydd ag Anabledd Dysgu i gasglu gwybodaeth am ofalwyr a rhagor o wybodaeth am y bobl yn y gymuned sydd ag anableddau dysgu.

Cafodd yr arolwg ei ddatblygu'n fersiynau Cymraeg a Saesneg er mwyn sicrhau ei fod ar gael yn newis iaith y person.

Dosbarthwyd yr arolygon drwy'r canolfannau cymorth cymunedol yr oedd pobl yn eu mynychu, drwy'r 'Hybiau Gwybodaeth i Ofalwyr' a oedd yn cynnwys darparwyr gwasanaethau cymorth, yn ogystal â gwefan Cyngor Sir Ceredigion. Rhyddhawyd datganiadau i'r wasg i godi ymwybyddiaeth o'r arolwg.

Yn sgil oedi wrth dynnu sylw at arolwg y gofalwyr a chael adborth o'r canolfannau cymorth cymunedol a'r cyfryngau cymdeithasol, cafodd y dyddiad cau ar gyfer ymatebion ei ymestyn o 23 Chwefror 2018 hyd 16 Mawrth 2018.

Anfonwyd cyfanswm o 36 o ymatebion, naill ai drwy'r post neu'n electronig drwy e-bost.

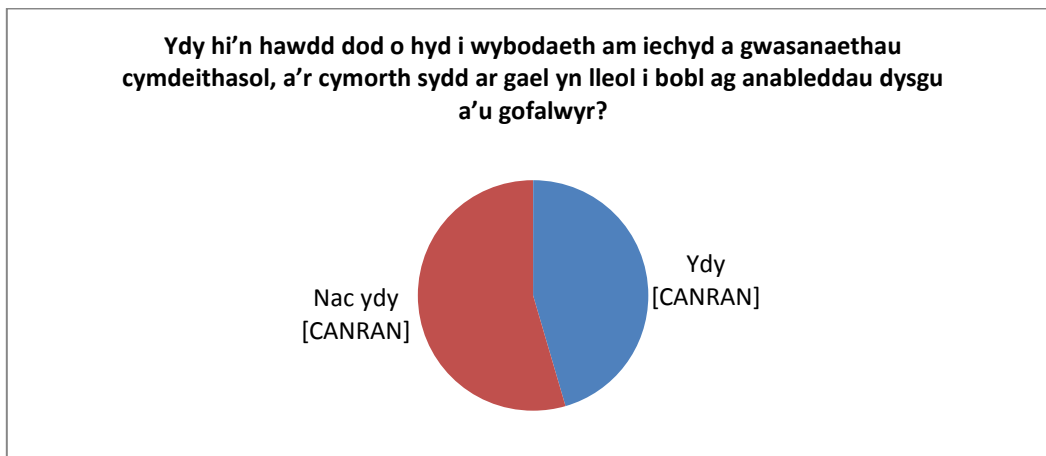
## Y Gymraeg

O'r 36 o ymatebion, dim ond 1 a ddychwelwyd gan ddefnyddio fersiwn Gymraeg yr holiadur ac ymatebodd un arall drwy ddefnyddio'r ffurflen Saesneg gan nodi ei bod yn siomedig nad oedd modd iddo/iddi ateb yn Gymraeg, sef ei iaith gyntaf.

Ymddengys ei fod wedi argraffu copi o'r arolwg ei hun a'i fod wedi'i gael o ran Saesneg y wefan, neu fod rhywun wedi ei roi i'r person. 3% o'r rhai a lenwodd yr arolwg a atebodd yn Gymraeg.

## Dod o hyd i wybodaeth

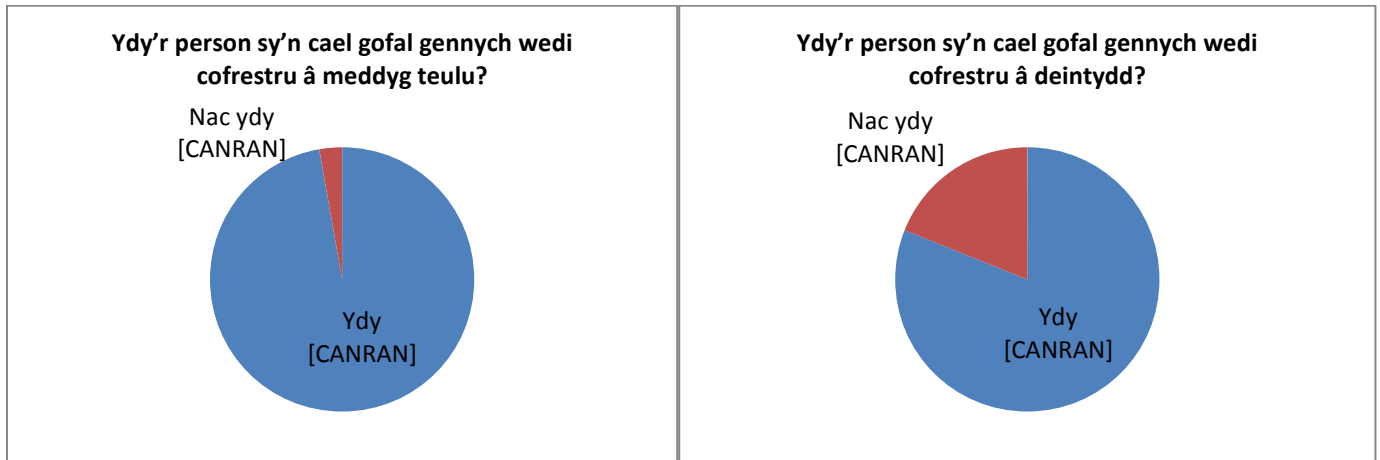
Gofynnwyd i bobl pa mor hawdd ydoedd i bobl sydd ag anableddau dysgu a'u Gofalwyr ddod o hyd i wybodaeth am wasanaethau cymdeithasol ac iechyd yn yr ardal leol, ac a oeddent wedi clywed am gyfeirlyfrau adnoddau Info-Engine neu Dewis Cymru.



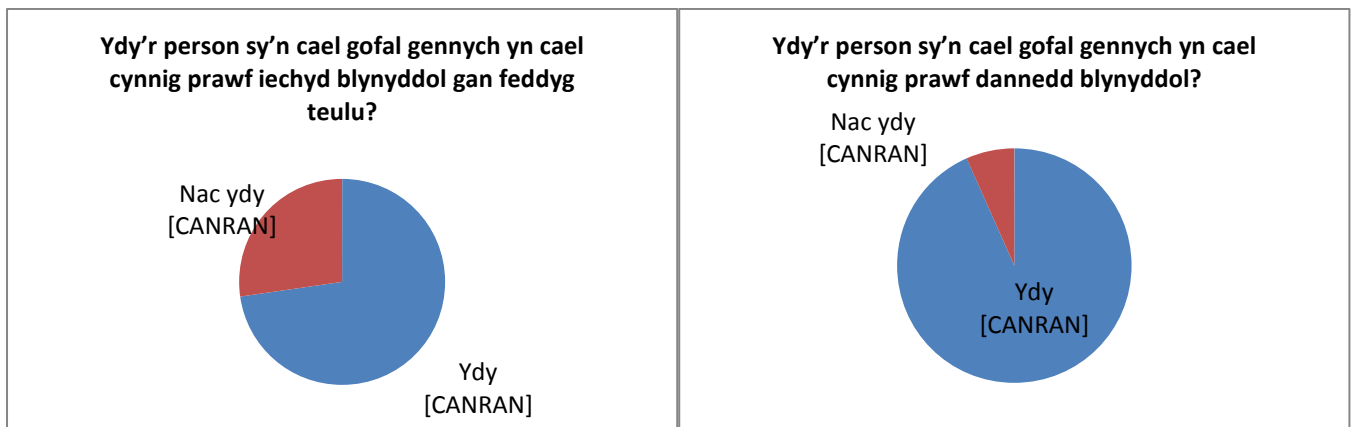
Dywedodd 55% o bobl nad oedd yn hawdd dod o hyd i wybodaeth am wasanaethau i bobl na'u Gofalwyr ac nid oedd neb wedi clywed am Dewis Cymru na chwaith Info-Engine. Roedd yr arolygon wedi'u dosbarthu cyn bod deunydd cyhoeddusrwydd Dewis Cymru wedi'i gylchredeg gyda'r wybodaeth am dreth y Cyngor.

## Defnyddio Meddyg Teulu a Deintydd

Gofynnwyd i bobl a oeddent wedi cofrestru â gwasanaeth, a ydynt wedi cael cynnig prawf iechyd blynyddol ac a ydynt wedi'i fynychu. Mae'n well edrych ar y canlyniadau ochr yn ochr er mwyn gweld y gwahaniaethau rhwng pob cwestiwn.



Mae pobl yn fwy tebygol o gofrestru â meddyg teulu na deintydd ac ymhlith y rhesymau dros beidio â chofrestru â deintydd, nodwyd bod deintyddfeydd yn cau a'u bod wedi methu â dod o hyd i ddeintyddfa arall.



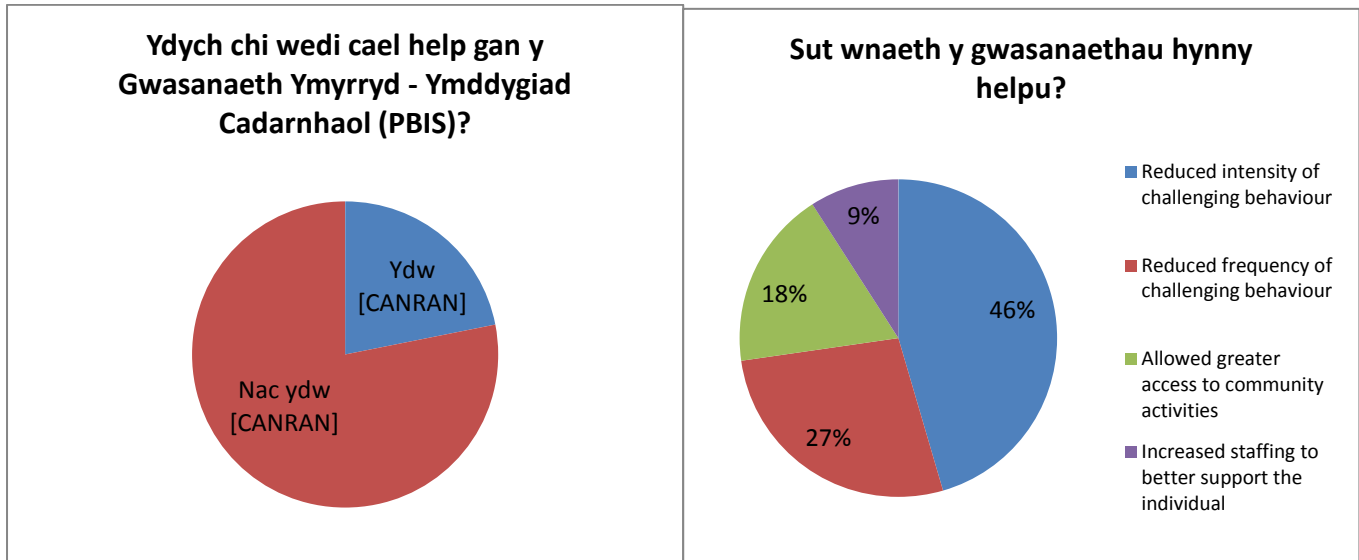
Mae'n nodedig fod pobl yn llai tebygol o gael cynnig prawf iechyd gan feddyg teulu na chael cynnig prawf dannedd blynyddol. Nid yw'n eglur pam bod meddygfeydd yn llai tebygol o gynnig, ond gan fod y rhan fwyaf o ddeintyddfeydd yn breifat ac yn gallu codi tâl am wasanaethau ychwanegol sydd y tu allan i'r Gwasanaeth Iechyd, gallai fod mwy o gymhelliant iddynt gynnig profion blynyddol nag sydd gan feddygfeydd.

Dyweddodd 100% o ymatebwyr eu bod yn mynychu eu prawf blynyddol â'r deintydd o gymharu â 96% sy'n mynychu'r prawf â'r meddyg teulu. O blith y rhai a oedd yn mynychu'r prawf â'r meddyg teulu, roedd 67% o'r farn fod y gwasanaeth wedi arwain at welliannau o ran iechyd, ac ymhlith y rhesymau dros ddim gwelliannau oedd bod y gwasanaeth yn methu â newid y cyflwr a oedd gan bobl.



## PBIS

Gofynnwyd i'r Gofalwyr a fu unrhyw ymwneud â'r Gwasanaeth Ymyrryd – Ymddygiad Cadarnhaol, a'r effaith y llwyddodd i'w chael ar y teulu.



Nid oedd yr ymddygiad cyn waethed; Nid oedd yr ymddygiad yn digwydd mor aml; Roedd yn haws cymryd rhan mewn gweithgareddau yn y gymuned; Cynyddu staffio i gynorthwyo'r unigolyn yn well.

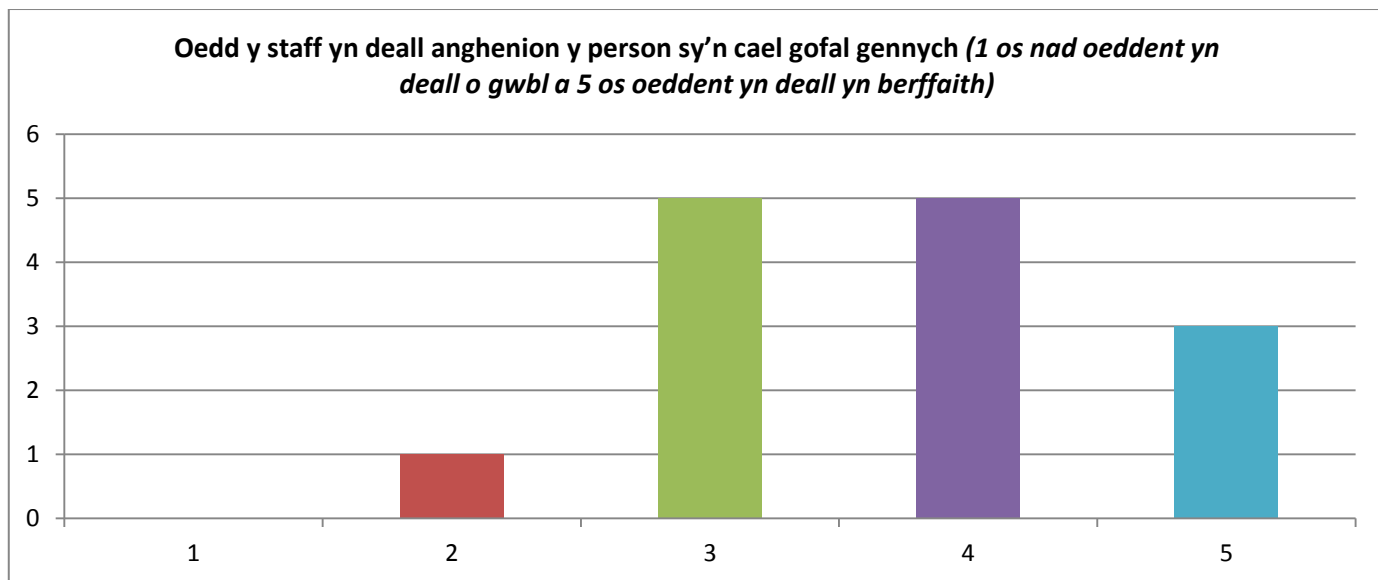
Dangosodd un dyfyniad cymaint y gwerthfawrogi'r y gwasanaeth; *"Mae'r cymorth hwn yn hanfodol. Cyn inni ei gael roedd yn argyfwng arnom."*

Nodwyd mai'r effaith fwyaf a gafodd oedd fod yr ymddygiad heriol yn llai dwys ac wedyn, nad oedd yr ymddygiad yn digwydd mor aml.

Roedd y cynlluniau cymorth a ddatblygwyd hefyd yn cael eu defnyddio mewn lleoliadau eraill i helpu i reoli ymddygiad drwy naill ai gwneud addasiadau rhesymol neu drwy gynllunio cymorth staffio.

## Ymweld ag ysbytai

Dyweddodd 36% o'r ymatebwyr eu bod wedi ymweld ag ysbyty naill ai fel claf mewnol neu fel claf allanol. O blith y rhain, dim ond 23% oedd â phasbort iechyd i roi gwybod i'r staff am eu hanghenion. Serch hynny, roedd teimlad cyffredinol bod staff yr ysbytai wedi deall anghenion y bobl a aeth i'r ysbyty.



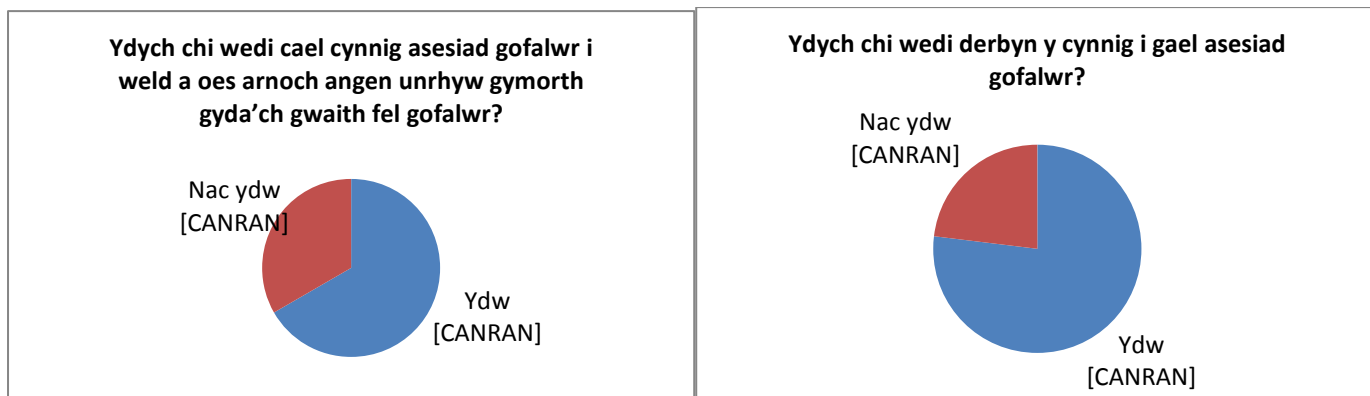
Dywedodd dau ymatebydd fod aelod o'r teulu wedi aros yn yr ysbyty yn ystod y cyfnodau'n glaf preswyl i hwyluso'r cyfathrebu am na fyddai'r claf wedi llwyddo i gyfathrebu â'r staff pe bai'r galw'n codi.

## Gwasanaethau Troseddol/ Fforensig

Ni ddywedodd unrhyw ofalwr ei fod wedi bod yn ymwneud â gwasanaethau troseddol/ fforensig, er i bobl o Geredigion ddefnyddio'r gwasanaethau hyn dros y tair blynedd diwethaf. Mae'n debygol mai'r rhai a fu'n ymwneud â'r gwasanaethau hyn yw'r lleiaf tebygol o gymryd rhan yn yr arolwg hwn.

## Cymorth i Ofalwyr

Gofynnwyd i Ofalwyr a gynigiwyd Asesiad Gofalwr iddynt ac a oeddent wedi cymryd mantais o'r cynnig. Yn y ddau achos, yr oeddent ar y cyfan wedi manteisio ar y cynnig.

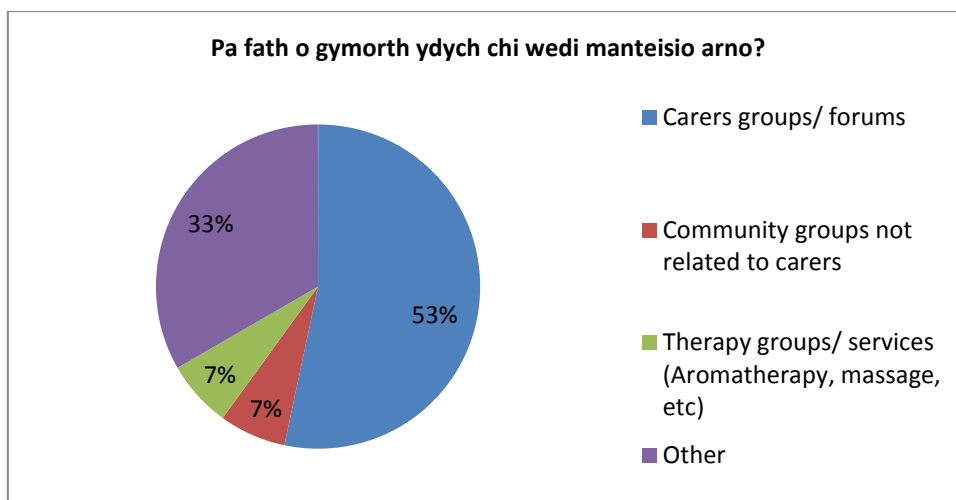


Y prif reswm dros beidio â derbyn asesiad gofalwr oedd nad oeddent yn teimlo bod angen y cymorth ychwanegol arnynt ar y pryd.

Seibiant byr yw'r gwasanaeth sy'n cael ei ddefnyddio fwyaf yn achos Gofalwyr (38%), wedyn, defnyddio Taliadau Uniongyrchol (31%). Roedd 17% o'r defnydd a wnaed o daliadau uniongyrchol at ddiben seibiant byr hefyd ond, pan ofynnwyd a oedd pobl yn credu bod gwasanaethau ynglŷn ag argaeledd seibiant byr wedi cynyddu, dywedodd 90% o bobl nad oeddent yn credu hynny.

O blith y rhai sy'n defnyddio Taliadau Uniongyrchol, roedd 55% yn eu defnyddio i gyflogi cynorthwy-ydd personol ond nodwyd ei bod yn anodd canfod, cyflogi a chadw staff da.

Gofynnwyd i'r Gofalwyr pa wasanaethau maent yn eu defnyddio neu y cawsant eu cyfeirio atynt, a'r defnydd mwyaf a wnaed yw fforymau Gofalwyr (53%).



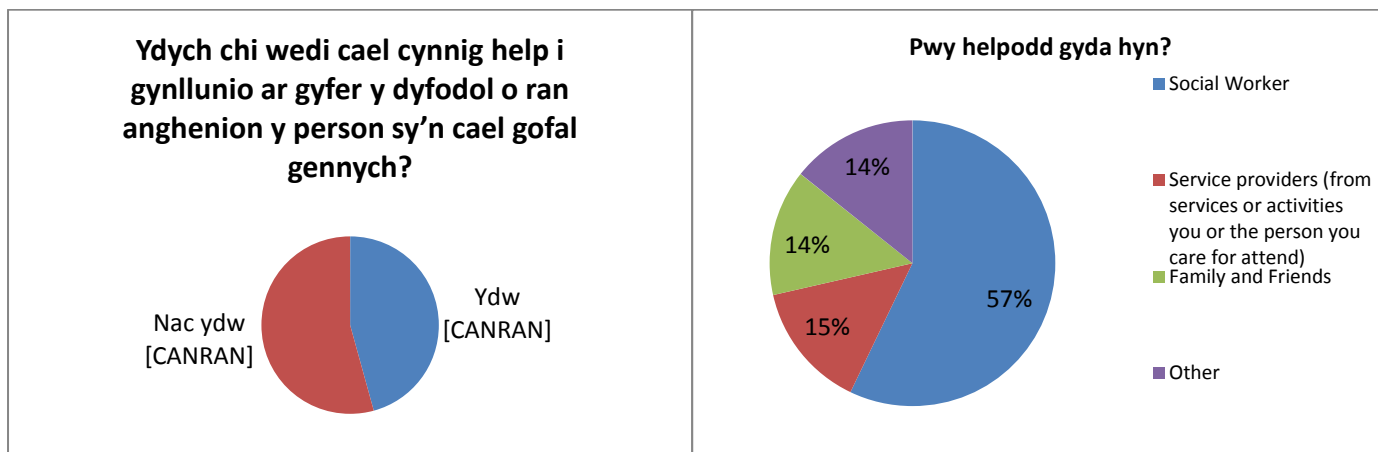
Grwpiau/fforymau gofalwyr; Grwpiau cymunedol heb gysylltiad â gofalu; Grwpiau/gwasanaethau therapi (Aromatherapi, tylino'r corff, ac ati); Arall.

Ar gyfer 'Arall', mae'r enghreifftiau yn cynnwys canolfannau cymorth cymunedol, prosiectau sy'n benodol i anabledau dysgu megis prosiect UNO a Mirus a hyd yn oed dechrau eu grwpiau eu hunain ar gyfer rhieni.

Pan ofynnwyd a oedd unrhyw Ofalwyr ifanc (Gofalwyr heb dâl o dan 18 oed), dywedodd 8% fod gofalwyr heb dâl mewn aelwydydd.

## Cynllunio at y dyfodol

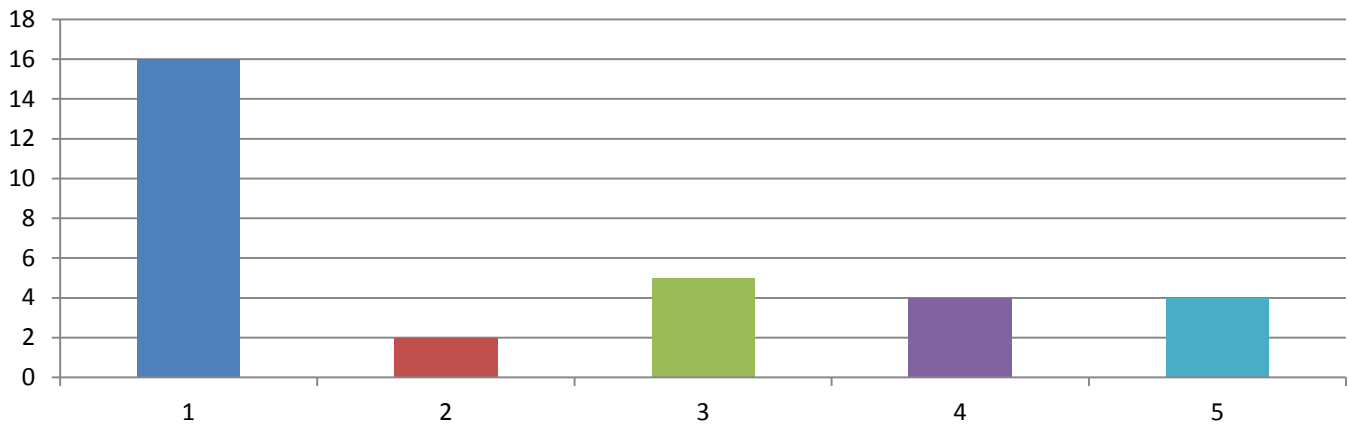
Gofynnwyd i'r gofalwyr a oeddent wedi cael cymorth wrth gynllunio at y dyfodol, a dywedodd y mwyafrif nad oeddent, ond lle'r oedd cymorth ar gael, dywedodd y mwyafrif fod hynny gyda chymorth y gweithwyr cymdeithasol.



Gweithiwr Cymdeithasol; Darparwyr gwasanaethau (p'un ai ar eich cyfer chi neu'r person sy'n cael gofal gennych); Teulu a Ffrindiau; Arall.

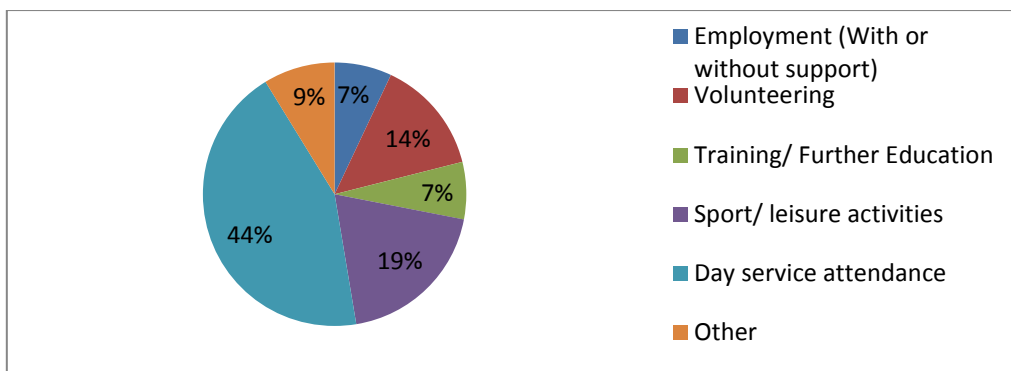
Gallai'r ateb uchod fod wrth wraidd y teimlad o ansicrwydd am beth fydd yn digwydd i'r bobl y mae'r Gofalwyr yn gofalu amdanynt, oherwydd nid oedd mwyafrif yr ymatebwyr yn teimlo fod cynlluniau gofal yn cael eu datblygu at y dyfodol.

Pa mor ffyddiog ydych chi ynglŷn â'r cynlluniau a wnaethpwyd ar gyfer gofalu am y person rydych chi'n ei helpu yn y dyfodol? (1 os nad ydych chi'n siŵr pa fath o ofal a roddir iddynt, 5 os ydych chi'n ffyddiog eich bod yn gwybod pa fath o ofal a chymorth)



## Defnyddio Gwasanaethau Dydd

Dywedodd 91% o Ofalwyr fod y bobl maent yn gofalu amdanynt yn manteisio ar gyfleoedd dydd. Y gwasanaeth dydd oedd y cyfle a ddefnyddiwyd mwyaf, sef 44%.



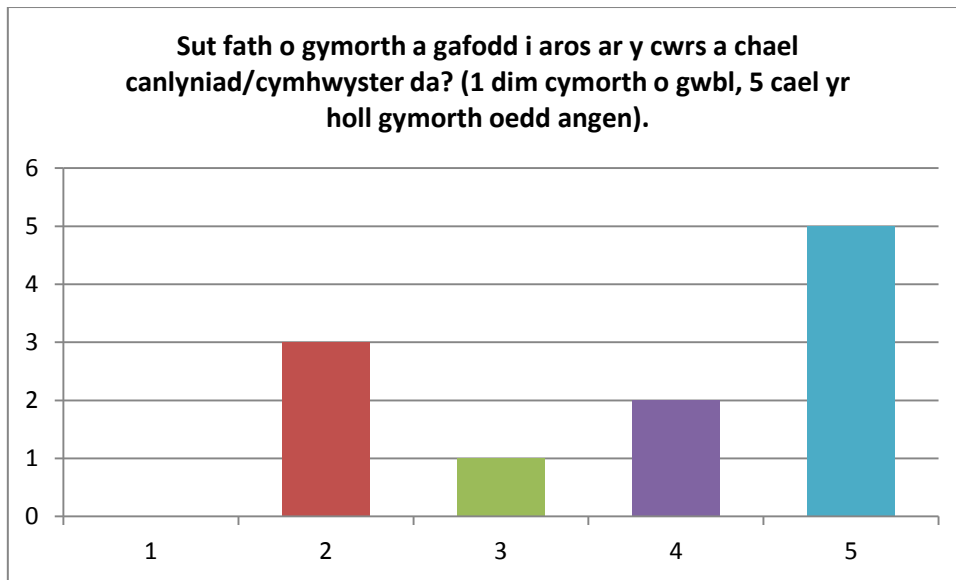
Gwaith (gyda chymorth neu beidio); Gwirfoddoli; Hyfforddiant / Addysg bellach; Chwaraeon / gweithgareddau hamdden; Mynd i wasanaeth dydd; Arall

Chwaraeon a gweithgareddau hamdden oedd ail fwyaf; a chyn derbyn ymatebion gan y canolfannau cymorth cymunedol dyma oedd y gwasanaeth mwyaf poblogaidd am fod teuluoedd yn gwneud y mwyaf o'r ganolfan hamdden a gweithgareddau'r pwll nofio, naill ai ar eu pen eu hunain neu drwy drefniant grwpiau rhieni.

Pan ofynnwyd a oeddent o'r farn fod cyfleoedd i fynychu gweithgareddau ar ôl ysgol wedi newid, dywedodd 83% nad oeddent yn siŵr a dywedodd 17% nad oeddent wedi newid.

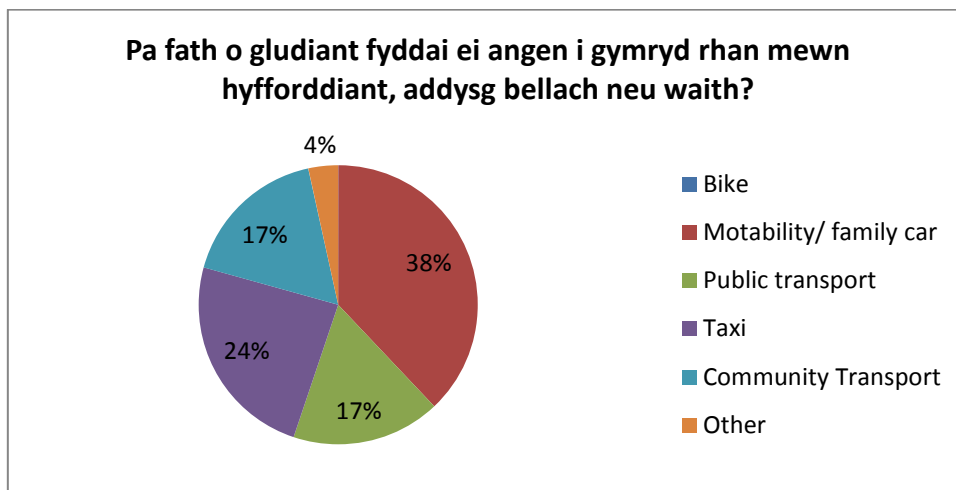
## Addysg a Gwaith

Roedd 31% o bobl wedi mynychu coleg neu addysg bellach, a gwnaeth 12% hynny drwy goleg preswyl. Dywedodd 29% o'r holl Ofalwyr y byddai'r person maent yn gofalu amdano wedi mynychu coleg preswyl, efallai, pe bai coleg preswyl yn y sir, ond nad oeddent wedi mynychu un y tu allan i'r sir. Y brif ddarpariaeth cwrs oedd Sgiliau Byw'n Annibynnol.



Yn gyffredinol, teimlwyd bod pobl sy'n mynychu coleg neu addysg bellach yn cael eu cynorthwyo'n dda i ennill cymwysterau ac i gael deilliannau da. Fodd bynnag, dim ond 24% o ofalwyr oedd o'r farn fod y bobl a gynorthwyir ganddynt yn cael cymorth i ddod o hyd i swydd neu i aros mewn gwaith.

Dim ond 27% o Ofalwyr oedd o'r farn fod gan y person a gynorthwyir ganddynt gludiant hwylus i fynychu gwaith neu addysg ac isod mae dadansoddiad o'r cludiant sydd ei angen i alluogi hyn.



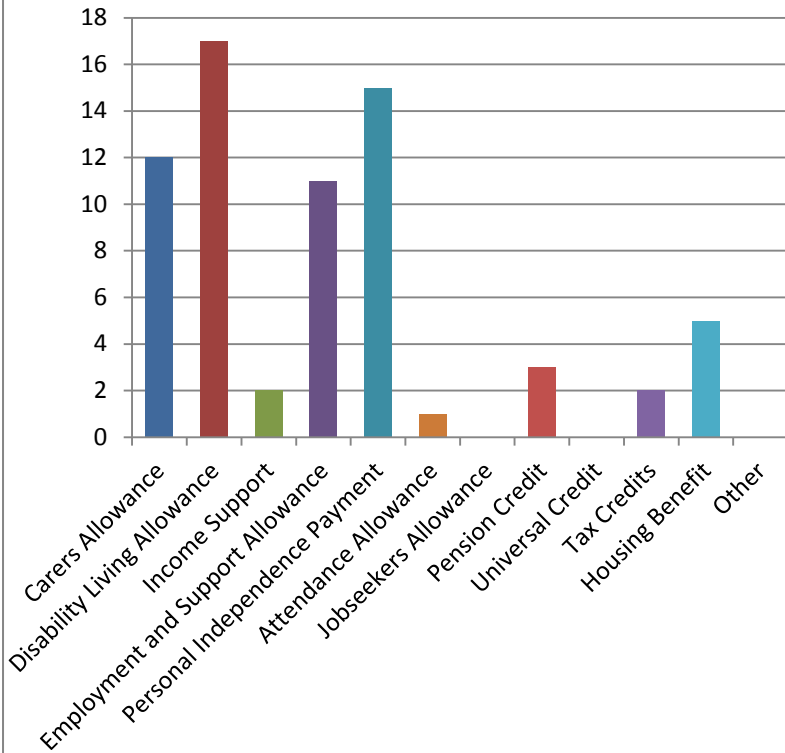
Beic; Motability / car y teulu; Cludiant cyhoeddus; Tacsî; Cludiant Cymunedol; Arall

Dim ond 23% o Ofalwyr oedd wedi clywed am Fil Anghenion Dysgu Ychwanegol a'r Tribiwnlys Addysg (Cymru) ac yn fynych dyma'r rhai a oedd wrthi'n datblygu gwasanaethau anableded dysgu.

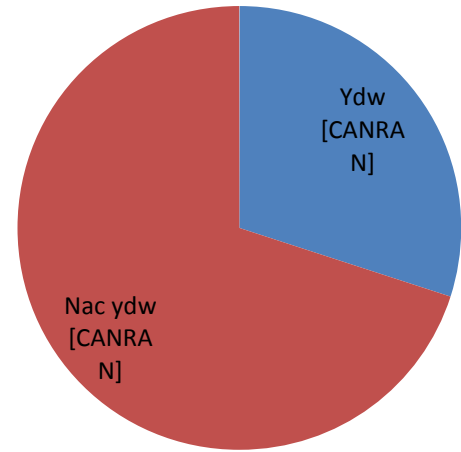
## Budd-daliadau

Gofynnwyd i'r Gofalwyr pa fudd-daliadau yr oeddent yn eu derbyn ac a oeddent wedi cael gwiriad o ran budd-daliadau. Dim ond 30% oedd wedi derbyn gwiriad o ran eu hawl i fudd-daliadau, i weld a oeddent yn cael y budd-dal cywir.

### Ydych chi'n derbyn unrhyw rai o'r budd-daliadau canlynol?



### Ydych chi wedi cael gwiriad o ran pa fudd-daliadau y gallwch eu hawlio, i sicrhau eich bod yn cael yr holl fudd-daliadau y mae gennych hawl i'w cael?

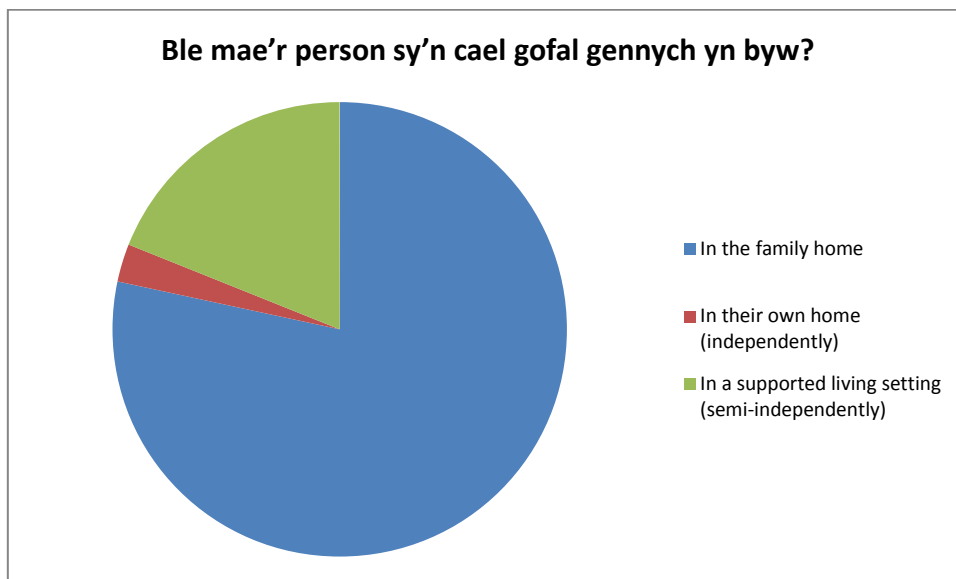


Lwfans Gofalwr; Lwfans Byw i'r Anabl; Cymorth Incwm; Lwfans Cyflogaeth a Chymorth; Taliad Annibyniaeth Bersonol; Lwfans Gweini; Lwfans Ceisio Gwaith; Credyd Pensiwn; Credyd Cynhwysol; Credydau Treth; Budd-dal Tai; Arall

### Ymhle mae pobl yn byw

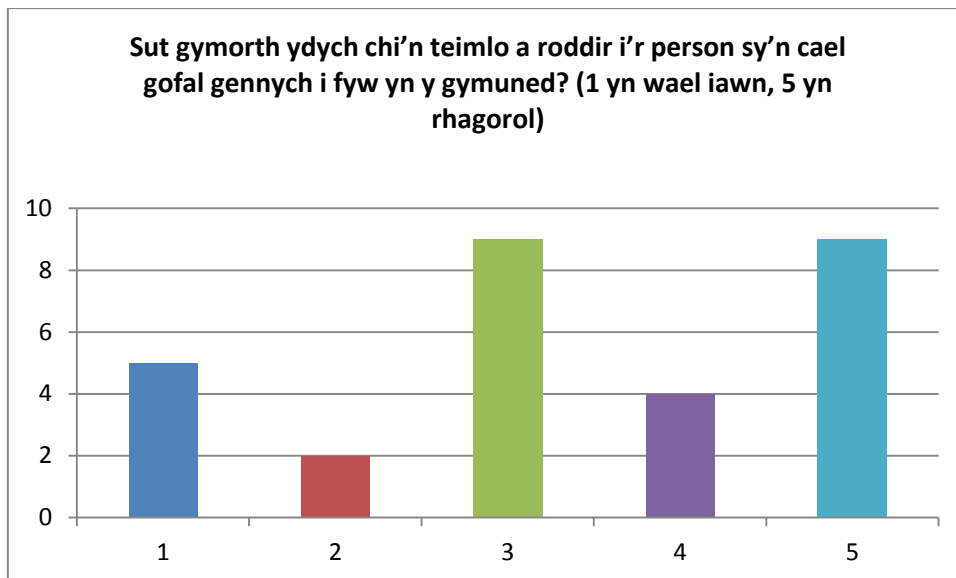
Gofynnwyd i'r Gofalwyr ymhle mae'r person sy'n cael cymorth ganddynt yn byw, ac yn y rhan fwyaf o atebion nodwyd mai yng nghartref y teulu (78%). Dim ond 6% ddywedodd eu bod yn cynorthwyo rhywun sydd wedi'i adsefydlu ar ôl cyfnod mewn coleg neu ysbyty, ond dywedodd y cyfan eu bod wedi cael cymorth mewn modd cadarnhaol neu gadarnhaol iawn i wneud hyn.

### Ble mae'r person sy'n cael gofal gennych yn byw?

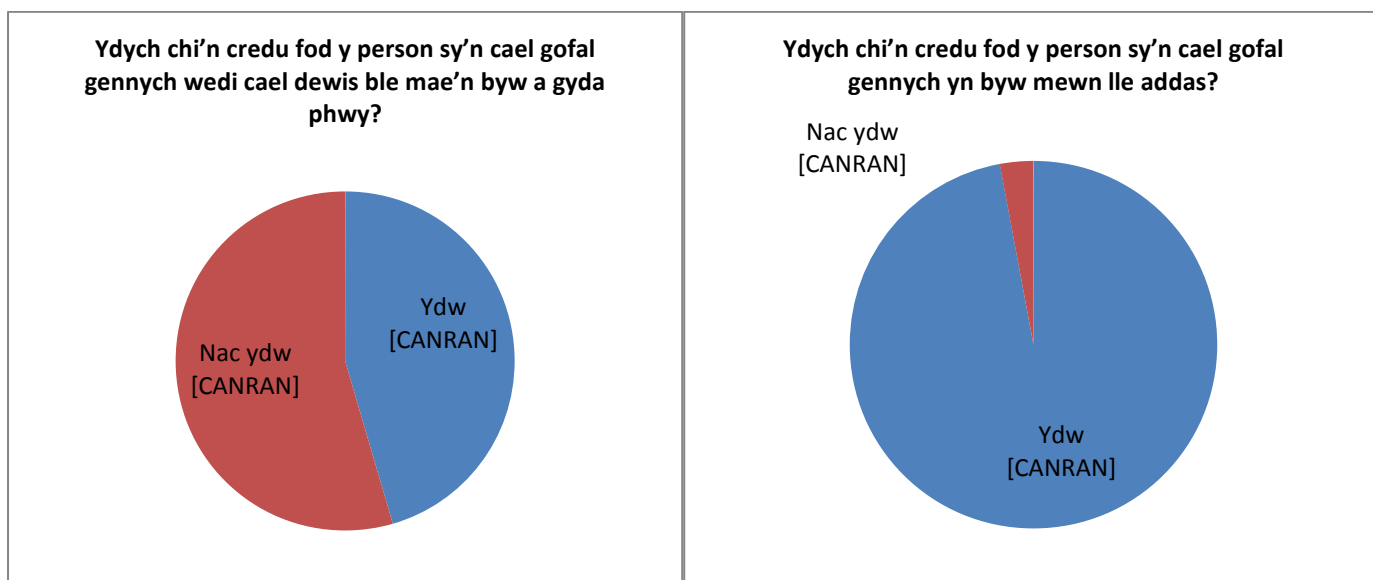


Ar aelwyd y teulu; Cartref ei hun (yn annibynnol); Llety â chymorth (rhannol annibynnol)

Roedd ymateb cymysg pan ofynnwyd pa mor dda, yn eu barn nhw, oedd y cymorth a roddid i'r person fyw yn y gymuned, ond mae'r ymatebion ychydig yn fwy cadarnhaol na negyddol.



Gofynnwyd i'r Gofalwyr a oeddent yn credu bod gan y person a oedd yn cael gofal ganddynt ddewis ynghylch ble mae'n byw a gyda phwy, ac a ydynt yn credu bod y lle yn addas iddo/iddi.



Cyn i'r ymatebion gyrraedd oddi wrth Ofalwyr pobl sy'n mynychu canolfannau cymorth cymunedol, roedd y Gofalwyr yn bennaf o'r farn nad oedd dewis gan bobl ynghylch ble maent yn byw. Gallai hyn fod o ganlyniad i ddiffyg eiriolaeth yn y Sir a diffyg darpariaeth o ran gwasanaethau eraill. Yn gyffredinol, roeddent o'r farn fod yr amgylchedd maent yn byw ynddo yn addas ar eu cyfer. Gan fod 44% o'r ymatebwyr wedi dweud eu bod yn cynorthwyo pobl yng nghartref y teulu, nid yw hyn yn syndod.

# Analysis of Carers for People with a Learning Disability Survey Responses

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The Carers for People with a Learning Disability (PwLD) survey was developed to gather information about carers, and further information about people in the community with learning disabilities.

The survey was developed into an English and Welsh version to ensure that the survey was available in language of choice.

The distribution of the surveys was undertaken through the CSBs where people attended, the Carers Knowledge Hub which included providers of carer support services, the Ceredigion County Council Website, with press releases circulated to raise awareness of the survey.

Due to delays in highlighting the carer survey and feedback from CSBs and social media, the deadline for responses was extended to the 16<sup>th</sup> of March from the 23<sup>rd</sup> of February 2018.

In total there were 36 responses sent either through the post or electronically via email.

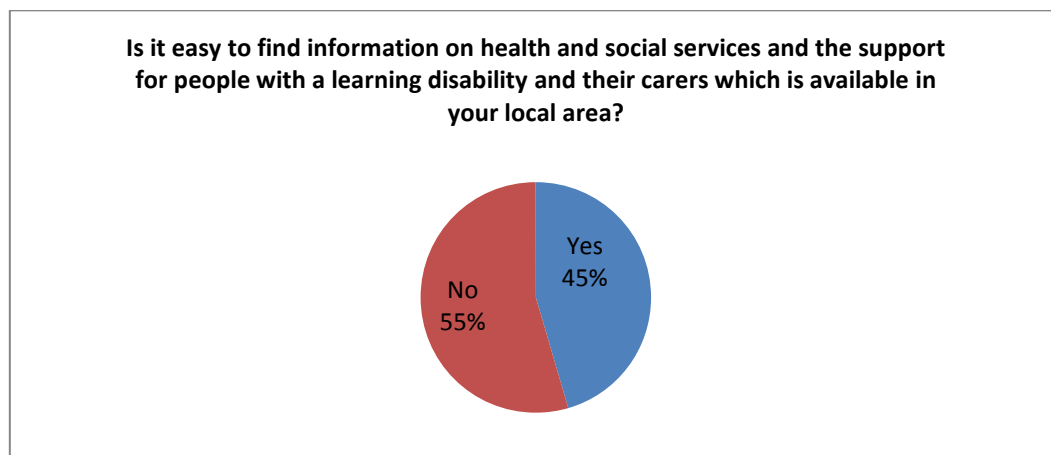
## Welsh Language

Of the 36 responses, only 1 was sent back using the Welsh version of the questionnaire, and another responded using the English form stating that they were disappointed that they were unable to answer to Welsh which was their first language.

It appears that they printed off a copy of the survey themselves, and may have received it from the English part of the website, or had it passed to them. In total only 3% of those completing the surveys responded in Welsh.

## Finding information

People were asked how easy it is to find information on health and social services for people with learning disabilities and their Carers in the local area, and whether they had heard of resource directories Info-Engine or Dewis Cymru.

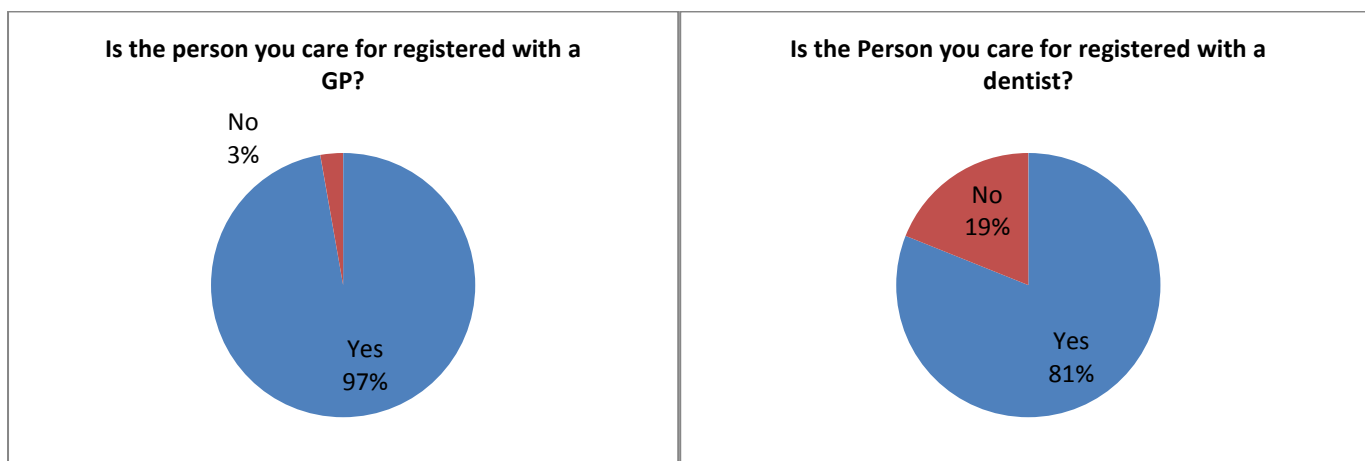


55% of people said that it was not easy to find information about services for people or their Carers, and no respondents had heard of either Dewis Cymru or Info-Engine. The surveys were distributed before the Dewis Cymru publicity was circulated with council tax information.

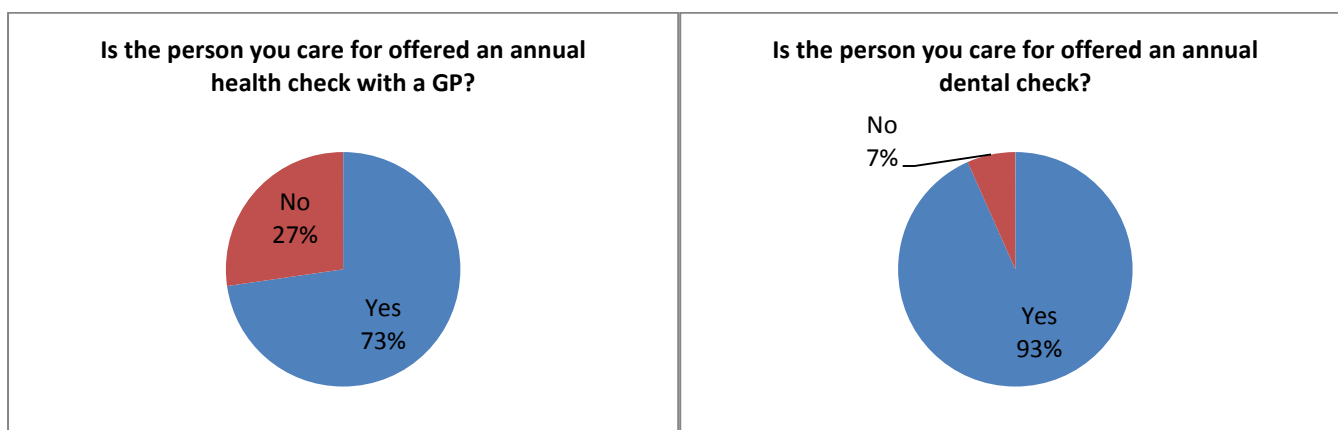


## GP and Dental Surgery Usage

People were asked if they were registered with a service, whether they had been offered an annual check-up, and do they attend. The results are best seen side by side for each question to highlight the differences.



People are more likely to be registered with a GP than a dentist, with reasons for not being registered with a dentist being the closure of practices and not being able to find an alternative practice.

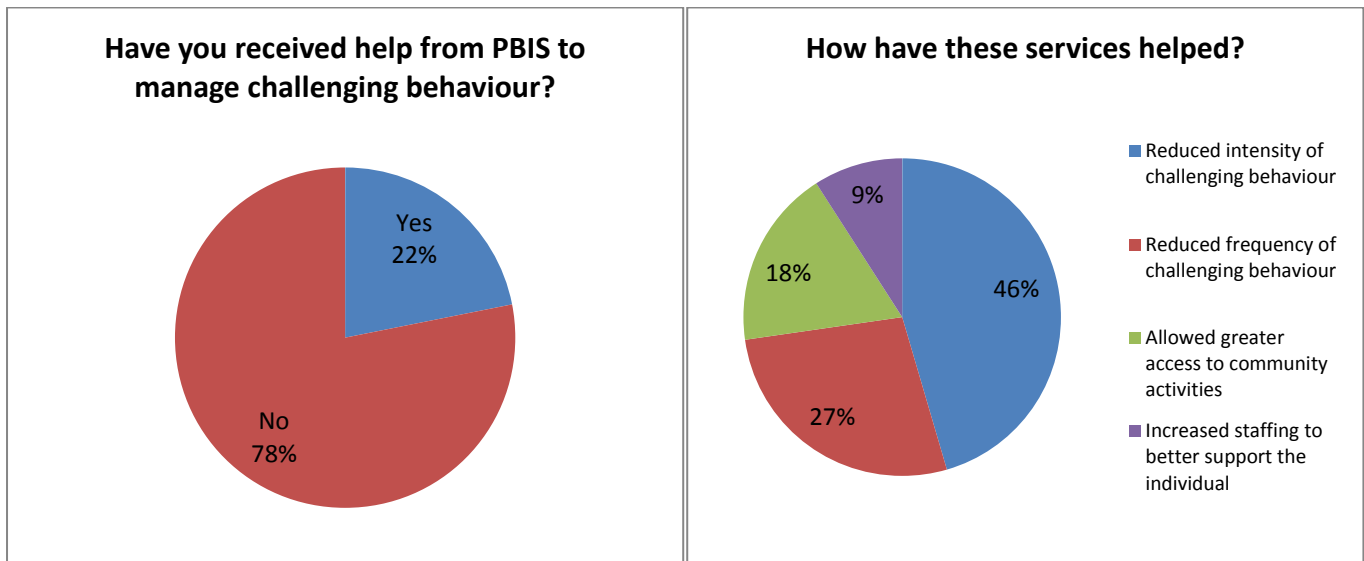


Of note is that people are less likely to be offered a GP annual health check than an annual dental check-up. It is unclear why GP surgeries are less likely to offer, however as most dental practices are private, and are able to charge for additional services that are outside of the NHS, there could be more incentive for them to offer annual checks compared to GP surgeries.

100% of respondents stated that they attend their annual check with the dentist compared to 96% who attend GP checks. Of those who attend GP checks, 67% felt that the service had led to health improvements, with reasons for no improvement being that the service would not alter the condition which people had, etc.

## PBIS

Carers were asked whether there had been any involvement from the Positive Behaviour Intervention Service, and the impact it had made for the family.



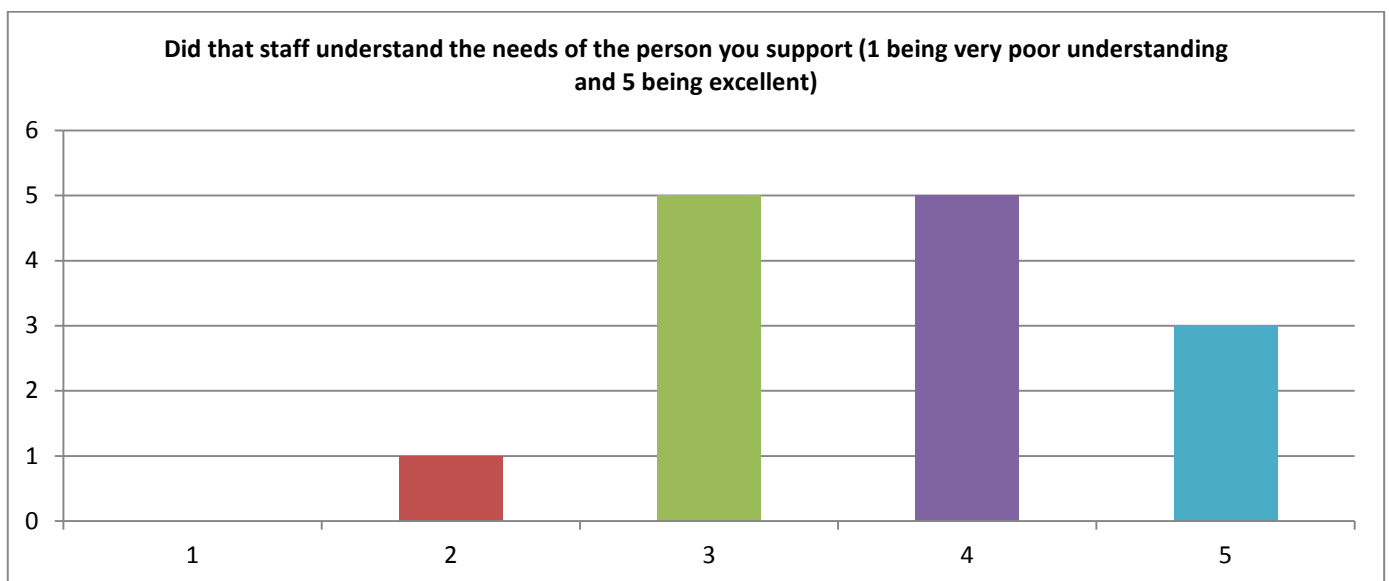
One quote showed how much the service is valued; *"This support is essential. Before we had it we were in crisis."*

Reducing the intensity of challenging behaviour was cited as the biggest impact, followed by reducing the frequency of events.

The support plans developed were also used in other settings to assist in the management of behaviours by either making reasonable adjustments, or planning staff support.

## Hospital visits

36% of respondents stated that they had visited hospital as either an inpatient or outpatient. Of these, only 23% had a health passport to inform staff of their needs. Despite this, it was generally felt that hospital staff understood the needs of people attending.



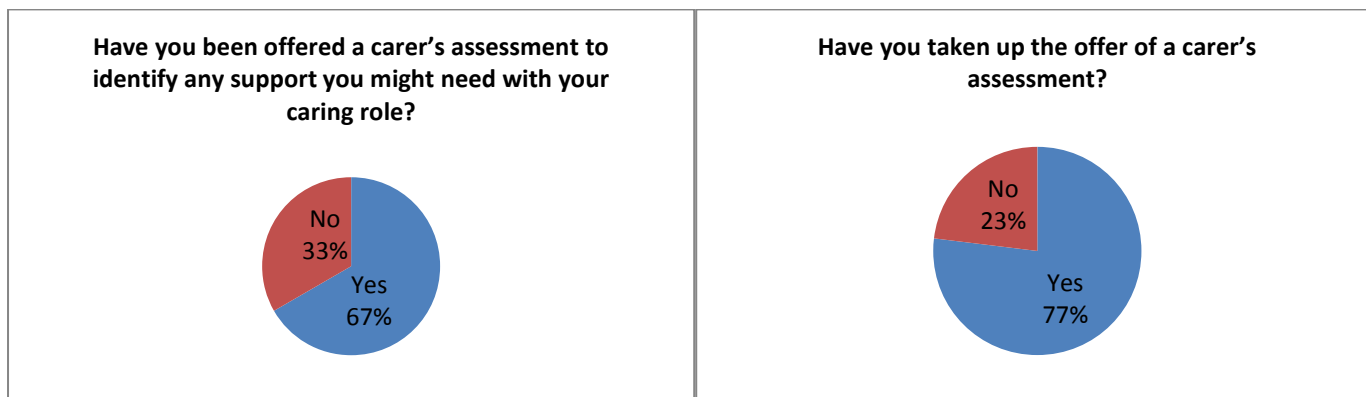
2 respondents however stated that a family member remained in the hospital during inpatient stays to aid in communications, as they would be unable to communicate with staff if a need arose.

## Criminal/ Forensic services

No Carers stated that there had been involvement with criminal/ forensic services, despite people from Ceredigion using the services over the last 3 years. It is likely that those who had been involved with these services are least likely to engage with this survey.

## Carer support

Carers were asked whether they had been offered a Carers Assessment and whether they had taken it up. In both cases, they had generally been taken up.

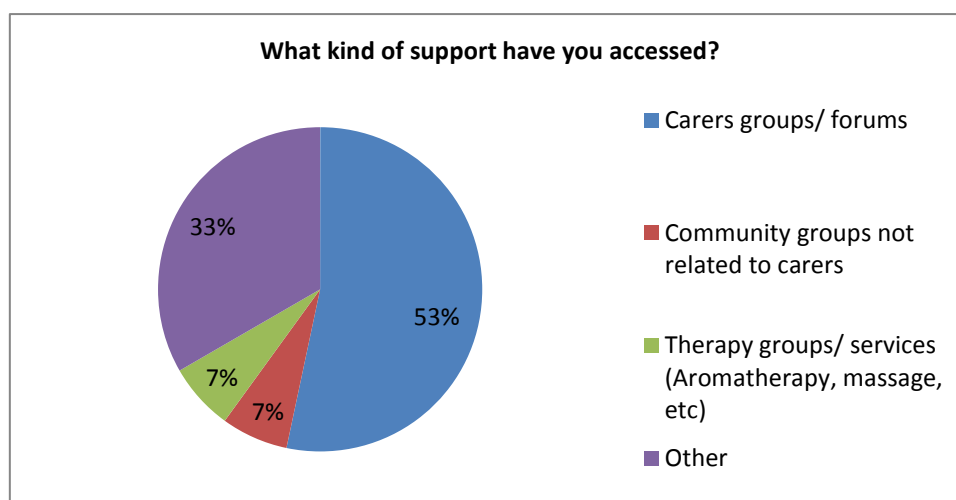


The greatest reason for not taking up a Carers assessment was that they did not feel that they needed the additional support at the time.

Short break respite is the largest used service for Carers (38%), followed by the use of Direct Payments (31%). 17% of direct payment usage was used for short break respite also, however when asked whether people thought short break availability services had increased, 90% of people said no.

Of those using Direct Payments, 55% of them are used from employing a personal assistant, however it was noted that it is difficult to find, employ and retain good staff.

Carers were also asked about the services which they use or were signposted to, and the highest use is Carers forums (53%).

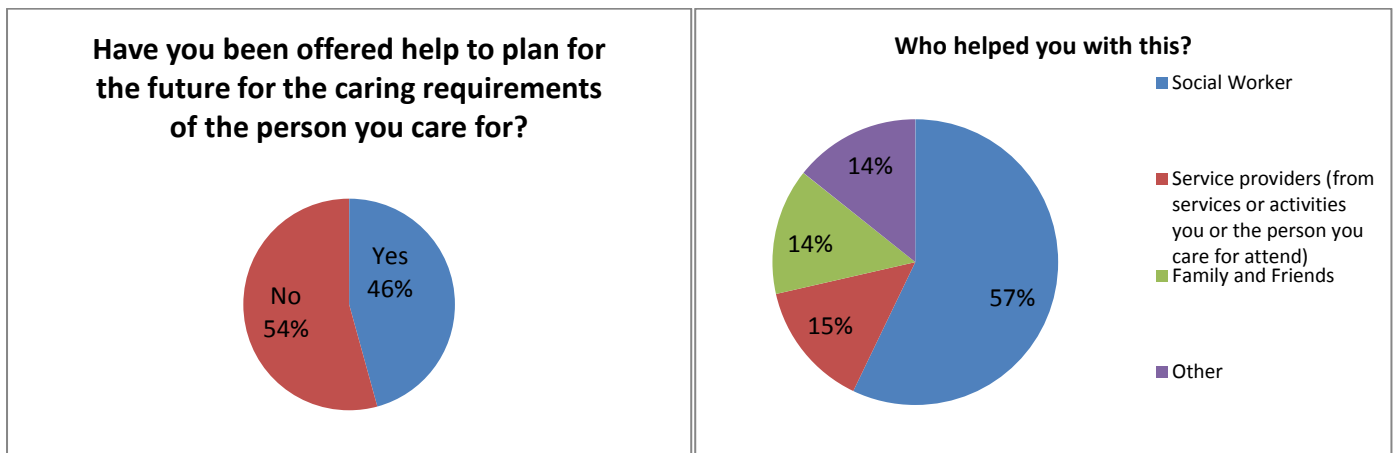


For 'other' examples included the CSBs, LD specific projects such as UNO project and Mirus, and even starting own parent groups.

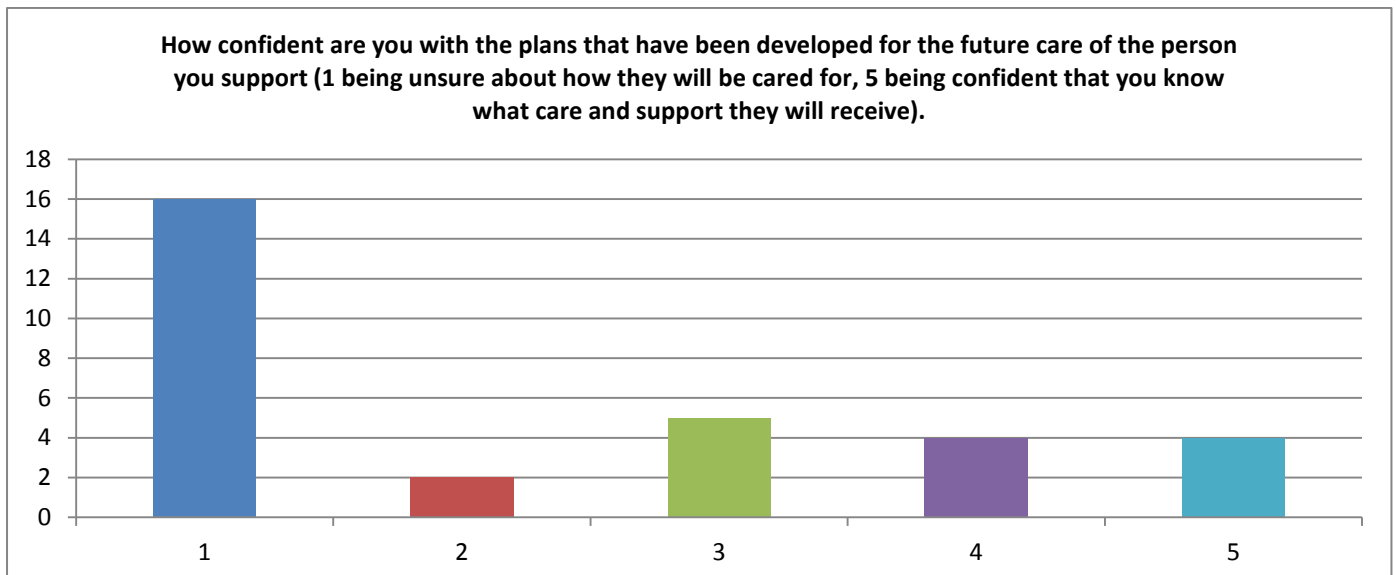
When asked if there were any young Carers (unpaid Carers under the age of 18), 8% said that there were unpaid carers within households.

## Future Planning

Carers were asked whether they had received any support in planning for the future, of which the majority said that they had not, however where support had been made available, the majority said that it had been with the aid of social workers.

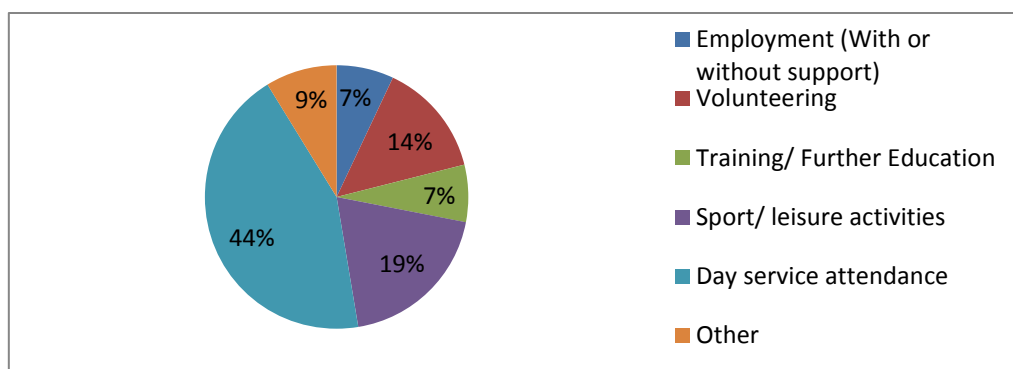


This may account for the feeling of uncertainty about what will happen for the people that Carers support, as the majority of respondents do not feel that future care plans are being developed.



## Accessing Day Opportunities

91% of Carers stated that the people that they support access day opportunities, with day service attendance being the highest at 44%.

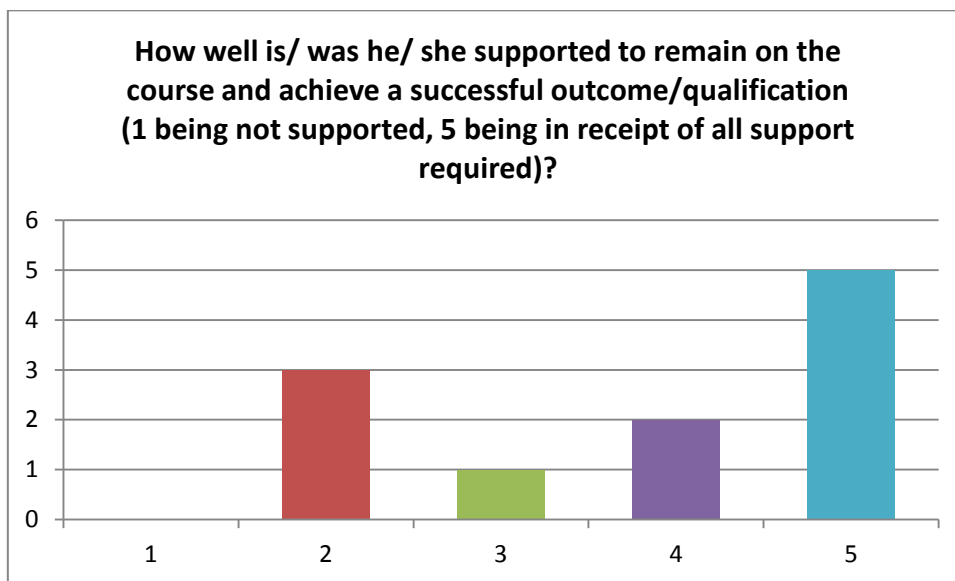


Sport and leisure activities were second highest, and prior to receiving survey responses from CSBs was the highest due to families making the most of leisure centre and swimming pool activities, either occurring by themselves or being arranged by parent groups.

When asked if they felt that the opportunities to attend post-school activities had changed, 83% said that they were not sure, and 17% said that they had not.

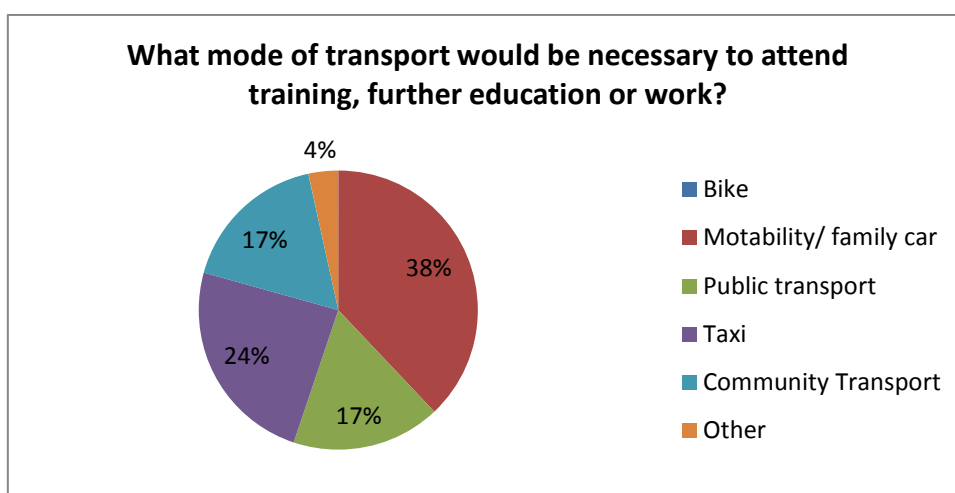
## Education and Employment

31% of people had attended college or further education, with 12% doing so through residential college. 29% of all Carers said that if there was a residential college, the person they support may have attended, even if they had not done so out of county. The main course provision was Independent Living Skills.



Generally it was felt that people attending college or further education were well supported to achieve successful outcomes and qualifications. However only 24% of Carers felt that the people they support were assisted in finding a job or staying in work.

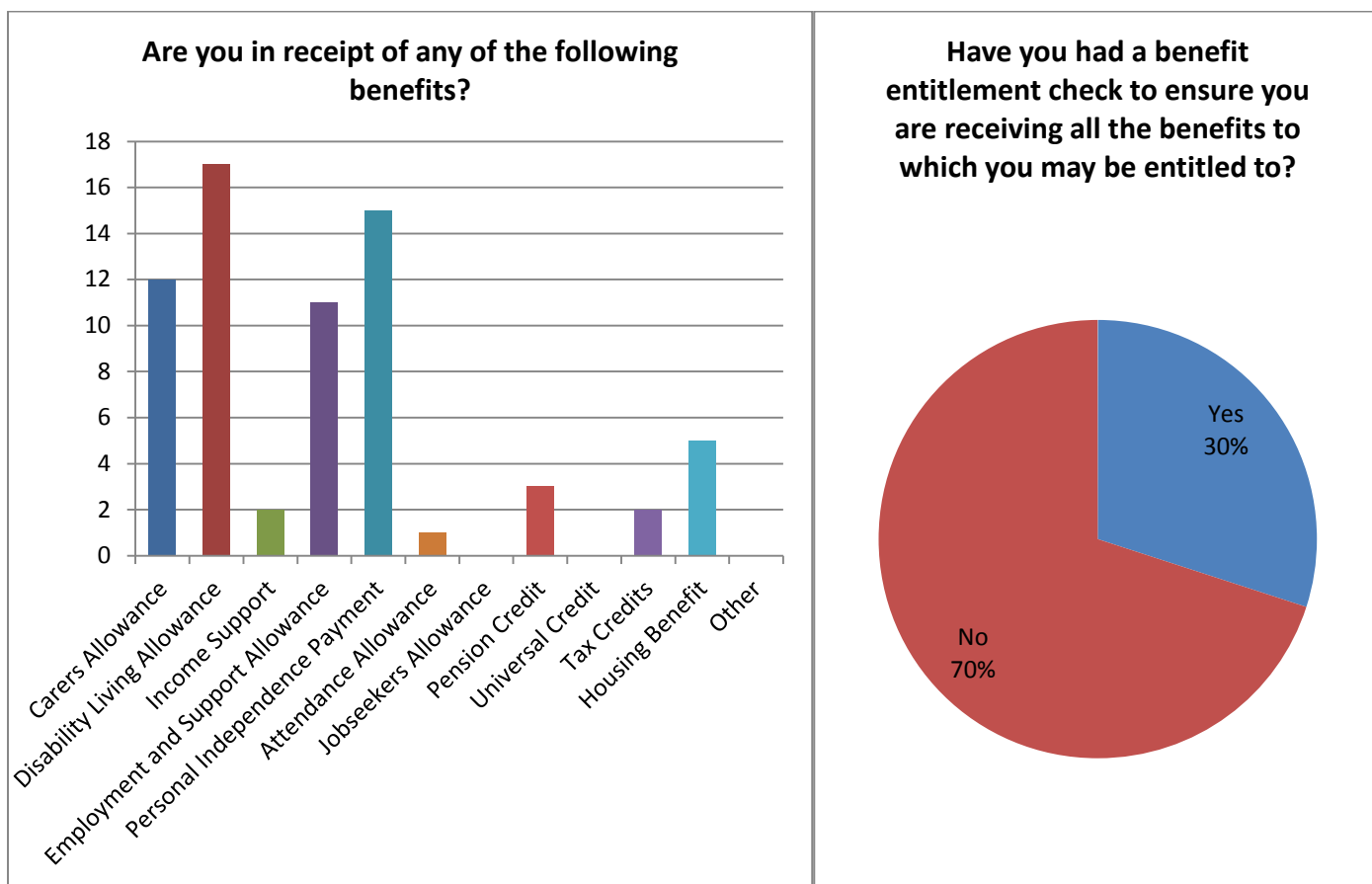
Only 27% of Carers felt that the person they support had accessible transport to attend work or education, and below is a breakdown of transport need to enable this.



Only 23% of Carers had heard of the Additional Learning Needs and Educational Tribunal (Wales) Bill, and these were often those who were also engaged in actively developing learning disability services.

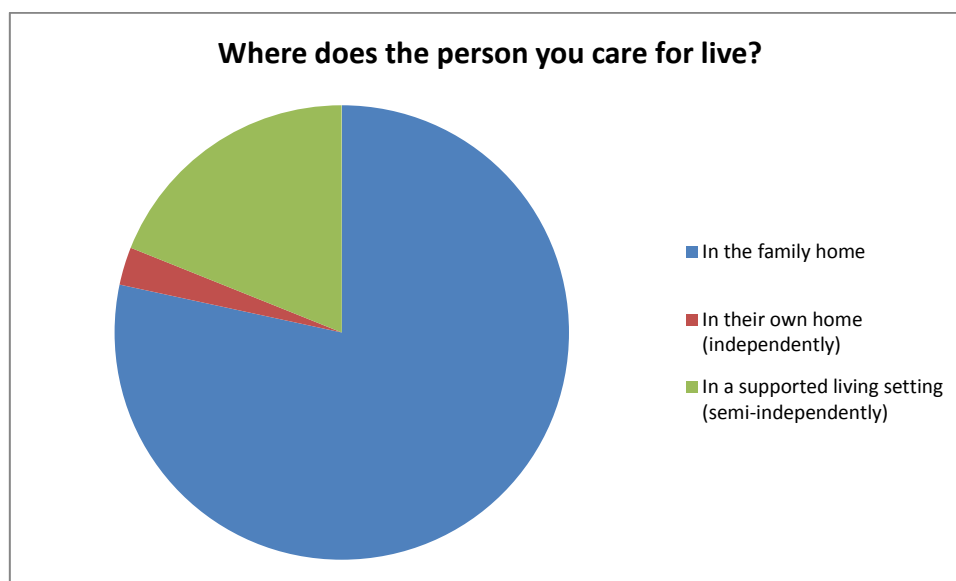
## Benefits

Carers were asked about benefits they receive, and whether they have received a benefit check. Only 30% had received an entitlement check to see whether they were receiving the correct benefit.

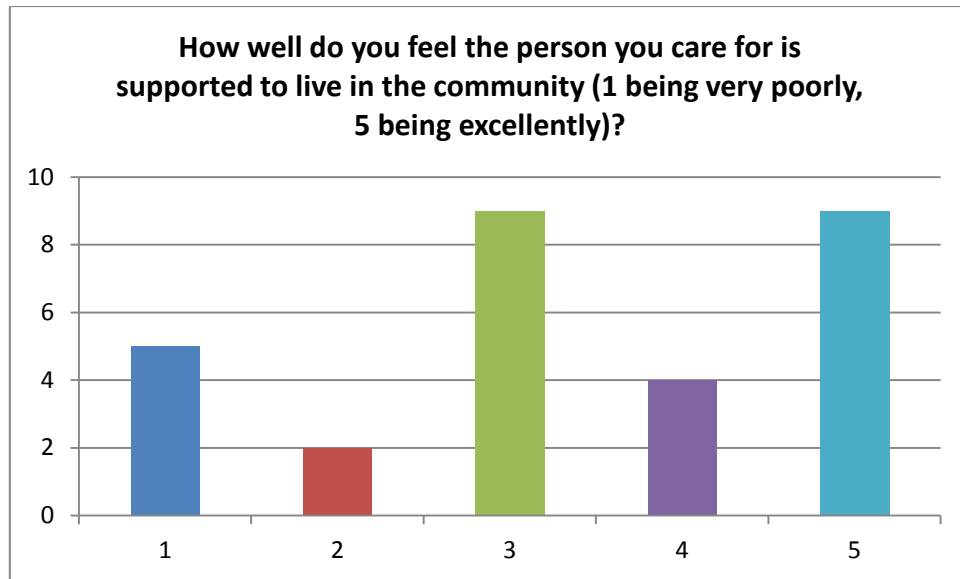


## Where people live

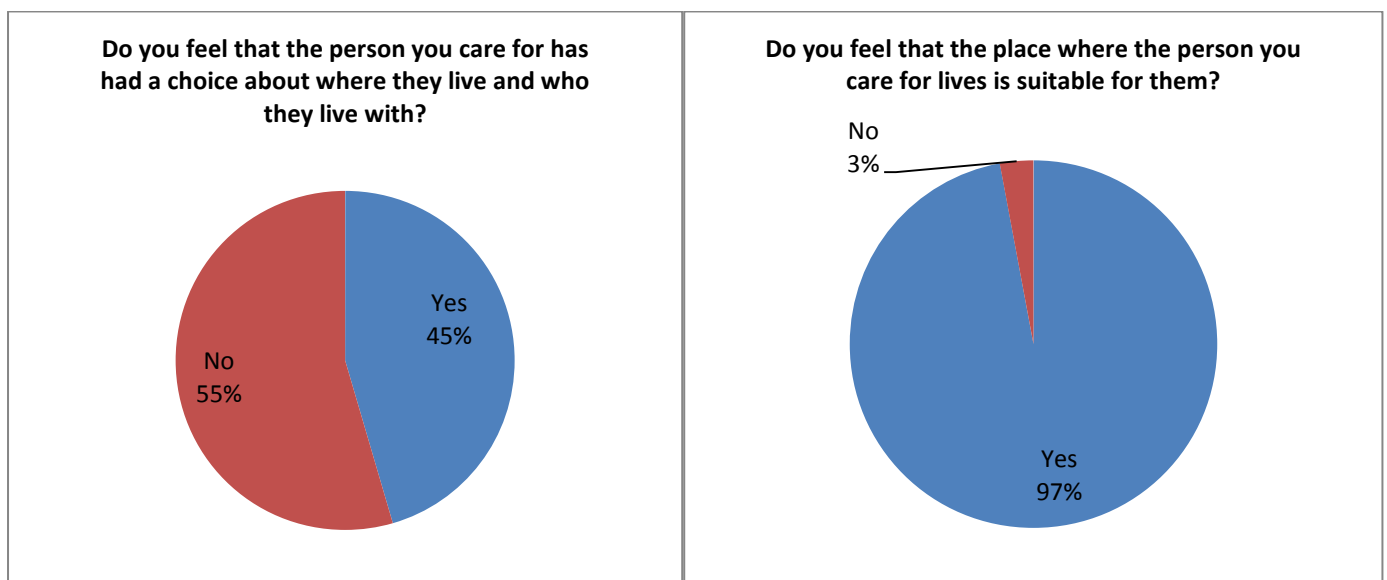
Carers were asked where the person they support lives, and the majority of answers were within the family home (78%). Only 6% said that they supported someone who had been resettled from a college or hospital environment, however they all said that they had been positively or very positively supported to do this.



There was a mixed response when asked how well they felt that the person they care for is supported in the community, however it is slightly more positive than negative.



Carers were asked whether they felt that the person they support had a choice about where and with whom they live with, and whether they feel that the place is right for them.



Before responses came in from Carers of people attending CSBs, Carers generally felt that people did not have a choice about where they live. This may be due to the lack of advocacy within the county and limited provision of other services. Generally they felt that the environment which they are in is suitable for them. As 44% of respondents said that they support people in the family home, this is not surprising.

# Dadansoddiad o Ymateb Pobl ag Anabledd Dysgu i Arolwg a wnaed

Datblygwyd yr arolwg Pobl ag Anabledd Dysgu i gasglu gwybodaeth gan bobl yn y gymuned a'r rhai sy'n manteisio ar gyfleoedd dydd drwy'r Canolfannau Cymorth Cymunedol (CSB) yng Nghanolan Meugan, Canolfan Padarn a Chanolfan Steffan.

Datblygwyd dau arolwg yn seiliedig ar ymatebion llafar a recordiwyd, arolwg hawdd ei deall gan ddefnyddio symbolau 'widget' (gyda chymorth y canolfannau cymorth cymunedol i sicrhau bod symbolau priodol wedi'u defnyddio) a fersiwn testun plaen heb y symbolau ar gyfer y rhai yr oedd yn well ganddynt beidio defnyddio'r wybodaeth hawdd ei deall. Drwy ddefnyddio'r un cwestiynau, bu'n bosibl casglu'r ymatebion gyda'i gilydd.

Yna, cafodd yr arolygon hyn eu cyfieithu i sicrhau eu bod yn ddwyieithog ar gyfer y rhai y nodwyd bod angen fersiynau Cymraeg neu ddwyieithog arnynt.

Dosbarthwyd yr arolygon drwy'r post i'r rhai a oedd yn wybyddus i'r Tîm Cymunedol Anabledd Dysgu (CTLD) drwy gronfa ddata System Wybodaeth Gofal Cymunedol Cymru (WCCIS), drwy'r canolfannau cymorth cymunedol yr oedd y bobl yn mynd iddyn nhw a thrwy wefan Cyngor Sir Ceredigion, a dosbarthwyd datganiadau i'r wasg i godi ymwybyddiaeth am yr arolwg.

Anfonwyd yr arolwg i 248 o unigolion yn yr iaith a'r fformat o'u dewis ac amgaewyd amlen er mwyn i'r ymatebion gael eu dychwelyd yn y post. O'r rhai a anfonwyd allan, cafodd 6 eu dychwelyd am nad oedd y derbynnydd yn byw yn y cyfeiriad hwnnw bellach, roedd 4 yn teimlo nad oedd yn briodol iddynt ac roedd 1 wedi marw.

Cwblhaodd 79 o bobl oedd yn mynd i ganolfannau cymorth cymunedol yr arolwg gyda chymorth staff os oedd angen, ond roedd rhai yn gallu cwblhau'r arolwg ar eu pennau eu hunain, a gwnaethant hynny.

Cafwyd cyfanswm o 162 o ymatebion naill ai drwy'r post, drwy ymateb y cyhoedd i'r arolwg neu drwy gyswllt â'r canolfannau cymorth cymunedol; 79 o'r canolfannau cymorth cymunedol ac 83 gan y cyhoedd.

## Y Gymraeg

Gan ddefnyddio gwybodaeth gan WCCIS, nodwyd gan 2 o bobl yn y canolfannau cymorth cymunedol mai Cymraeg oedd eu dewis iaith o ran gohebiaeth ysgrifenedig, a nodwyd gan 15 yn ogystal mai Cymraeg oedd eu dewis iaith o ran trafod gyda rhywun arall. Ni chafwyd unrhyw ymateb Cymraeg o'r canolfannau cymorth cymunedol.

Gan ddefnyddio gwybodaeth o'r CTLD, nodwyd gan 3 o bobl mai Cymraeg hawdd ei deall oedd eu ffurf ddewisol o gyfathrebu. Cafwyd 2 ymateb Cymraeg gan y rhai yr anfonwyd arolwg atynt drwy'r post.

O'r 162 o ymatebion a gafwyd, dim ond 2 oedd yn Gymraeg, sy'n cyfateb i ryw 1% o'r holl ymatebion a gafwyd.

## Capasiti

Gofynnwyd i'r ymatebwyr ddewis pa ddatganiad/datganiadau oedd yn fwyaf perthnasol o ran eu gallu i wneud penderfyniadau. Dewisodd nifer o'r ymatebwyr fwy nag un, sy'n dangos nad ydynt yn gallu gwneud pob penderfyniad ar yr un lefel bob tro, a bod angen mwy o gymorth arnynt mewn rhai meysydd.

Dyma'r datganiadau:

- Rwy'n medru gwneud penderfyniadau fy hun am yr hyn sy'n bwysig i mi.
- Rwy'n gwneud penderfyniadau gyda chymorth am yr hyn sy'n bwysig i mi.



- Mae rhywun yn gwneud penderfyniadau ar fy rhan am yr hyn sy'n bwysig i mi

Ychydig o amrywiadau a gafwyd yn yr holl ymatebion ac yn y dadansoddiad o'r canolfannau cymorth cymunedol a'r ymatebwyr eraill.

Datganiad	Cyfanswm	Canolfannau Cymorth Cymunedol	Y Cyhoedd
Rwy'n medru gwneud penderfyniadau fy hun am yr hyn sy'n bwysig i mi.	35%	34%	35%
Rwy'n gwneud penderfyniadau gyda chymorth am yr hyn sy'n bwysig i mi.	47%	45%	49%
Mae rhywun yn gwneud penderfyniadau ar fy rhan am yr hyn sy'n bwysig i mi	19%	21%	17%

Mae'r ymatebion a ddewiswyd yn awgrymu bod yr un faint o bobl yn y gymuned ac yn y canolfannau cymorth cymunedol yn gallu gwneud penderfyniadau eu hunain. Y gwahaniaeth rhyngddynt yw bod angen i rywun wneud penderfyniad ar ran mwy o bobl yn y canolfannau cymorth cymunedol, tra bod y rhai yn y gymuned yn gallu gwneud mwy o ddewisiadau eu hunain gyda chymorth.

## Tai

Mae pobl yn y gymuned yn byw mewn amrywiaeth o dai ac mae'r dosbarthiad yn gymharol unfurf o ran y lleoliadau llety. Mae'r rhan fwyaf o'r rhai sy'n mynd i'r canolfannau cymorth cymunedol yn byw gartref gyda theulu neu ofalwyr gan amlaf, neu'n byw gyda chymorth. Gellir gweld tuedd mai byw gyda theulu/gofalwyr a byw gyda chymorth/rhannu tŷ yw'r dewisiadau mwyaf cyffredin o ran tai.

Lle rydych chi'n byw nawr?	Cyfanswm	Canolfannau Cymorth Cymunedol	Y Cyhoedd
Gyda theulu/gofalwyr	60	39	21
Yn annibynnol	25	9	16
Cartref preswyl	20	6	14
Byw gyda chymorth/Rhannu Tŷ	44	25	19
Lleoliad i oedolion	4	3	1

Y rheswm mwyaf tebygol dros weld llai o bobl mewn canolfannau cymorth cymunedol yn byw'n annibynnol yw am eu bod yn fwy tebygol o gael mynediad i wasanaethau eraill megis Taliad Uniongyrchol, cymorth fel y bo'r angen, neu'n byw heb gymorth. Mae'r rhai sy'n byw mewn cartrefi preswyl hefyd yn fwy tebygol o fynd i wasanaethau dydd sydd wedi'u lleoli yn y llety preswyl neu'n rhan o'r llety hwnnw.

Yn gyffredinol, dywedodd y rhan fwyaf o bobl (92%) eu bod am fyw lle'r oedden nhw. Gwelwyd bod hwn yn newid rhywfaint yn dibynnu a oeddent yn mynd i ganolfan cymorth cymunedol ai peidio.

Roedd y rhai a oedd yn mynd i ganolfannau cymorth cymunedol yn fwy tebygol o ddweud eu bod yn byw lle'r oedden nhw am fyw (95%) na'r rhai nad oedd yn mynd i ganolfannau cymorth cymunedol (90%). Yn aml, roedd hyn oherwydd y man lle'r oedden nhw'n byw yn hytrach na'r cymorth a roddwyd iddynt. Mae enghreifftiau'n cynnwys;

*"Want to move from Bow Street to Aberystwyth town, but remain independent."*

*"... I would like a new house (Tai Ceredigion) as the flat is unsuitable."*

Pan ofynnwyd iddyn nhw ble hoffon nhw fyw yn y dyfodol, roedd rhywfaint o newid nad oedd yn gwbl ddisgwyliedig.

<b>Ble hoffech chi fyw yn y dyfodol?</b>	Cyfanswm	Canolfan Cymorth Cymunedol	Y Cyhoedd
Gyda theulu/gofalwyr	-8	-11	3
Yn annibynnol	20	7	13
Cartref preswyl	-4	-1	-3
Byw â chymorth/Rhannu Tŷ	-13	-7	-6
Lleoliad i oedolion	0	-1	1
Arall	16	6	10

Ni chafwyd ateb gan bawb i'r cwestiwn dilynol hwn. Atebodd eraill nad oedden nhw'n gwybod a dywedodd rhai na fydden nhw am symud o le'r oedden nhw.

Mae'r rhai nad ymatebodd yn dangos bod awydd i fyw yn fwy annibynnol yn y dyfodol, a llai o awydd i fynd i gartref preswyl a byw gyda chymorth/rhannu tŷ.

## Eich cymuned

Pan ofynnwyd a oedd pobl yn teimlo'n rhan o'u cymuned dywedodd y rhan fwyaf o bobl eu bod nhw (86%). Roedd hyn yn uwch mewn canolfannau cymorth cymunedol (95%) na'r rhai yn y gymuned (90%) ond yn aml am resymau gwahanol.

Dywedodd y rhai mewn canolfannau cymorth cymunedol fod hyn yn aml am eu bod ond yn medru cael mynediad i'r gymuned pan oedden nhw yn y ganolfan a bod cymorth ar gael;

*"I access the community through support at Canolfan Padarn"*

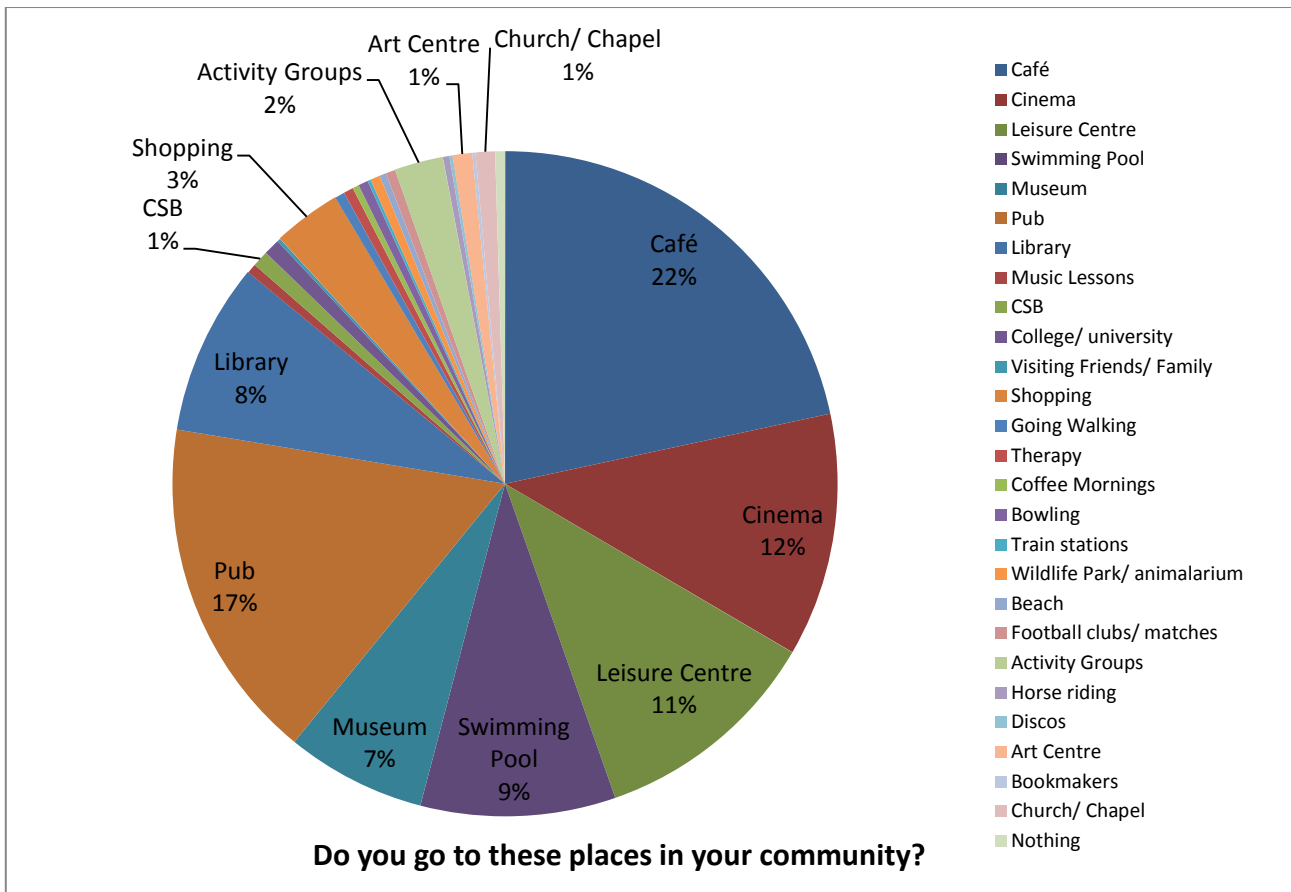
*"... Weekends is very community driven but little if any support on weekday evenings."*

Mae hyn yn awgrymu y byddai'r rhyngweithio gyda'r gymuned yn llawer llai pe na byddai'r canolfannau cymorth cymunedol yn bodoli o fewn cymunedau.

Mewn gwrthgyferbyniad â hyn, roedd y rhai nad oeddent yn mynd i ganolfannau cymorth cymunedol ac a adroddodd nad oeddent yn teimlo'n rhan o'u cymuned yn byw naill ai ar eu pennau eu hunain neu gyda theulu. Er na roddir rhesymau am hyn gan y bobl, mae llai o symbyliad ar y bobl nad ydynt mewn lleoliad gofal i ymwneud â gweithgareddau cymunedol fel canolfannau cymorth cymunedol, byw gyda chymorth neu gartrefi preswyl.

Mae'n bosibl nad yw'r rhai sy'n byw ar eu pennau eu hunain yn ymwybodol o'r hyn sy'n digwydd os nad ydynt yn rhan o grŵp mwy, ac mae'r rhai sy'n byw gyda theulu yn fwy tebygol o ryngweithio drwyddyn nhw yn hytrach na thrwy'r gymuned.

Mae edrych ar ble mae pobl yn mynd yn y gymuned yn tynnu sylw at bwysigrwydd cyfleusterau allweddol ym mywydau pobl.



**Ydych chi'n mynd i'r manau isod yn eich cymuned?**

Caffi / Sinema / Canolfan Hamdden / Pwll Nofio / Amgueddfa / Tafarn / Llyfrgell / Gwersi Cerdd / Canolfan Cymorth Cymunedol / Coleg/Prifysgol / Ymweld â Ffrindiau/Teulu / Siopa / Cerdded / Therapi / Boreau Coffi / Bowlio / Gorsaf Drenau / Parc Natur/Anifeilfa / Traeth / Clwb/Gêm Bêl-droed / Grŵp Gweithgareddau / Marchogaeth Ceffylau / Disco / Canolfan Gelfyddydau / Siop Fetio / Eglwys/Capel / Dim

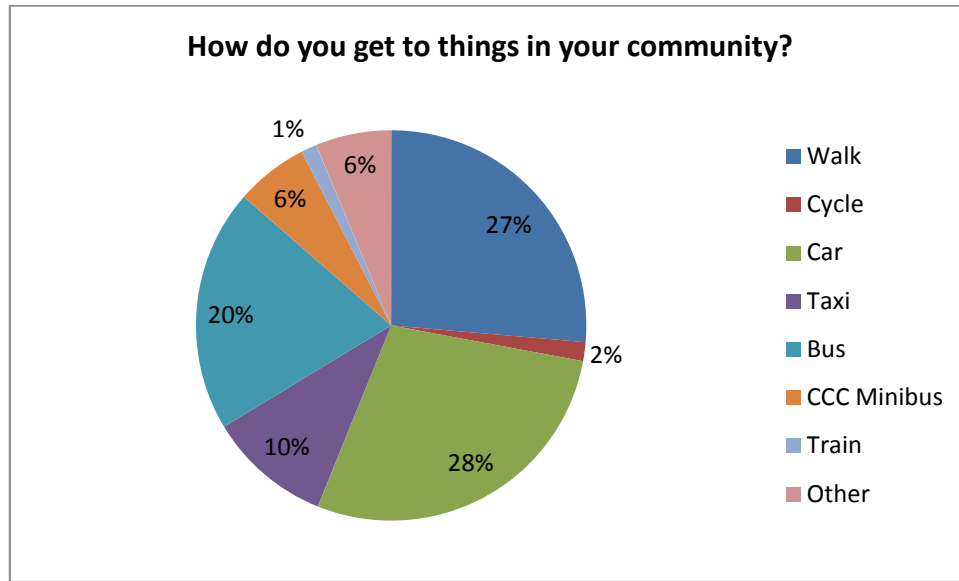
Mae caffis, tafarndai a sinemâu yn cyfrif am 51% o'r ymatebion. Nid oes unrhyw un o'r rhain yn gysylltiedig mewn unrhyw ffordd â gwasanaethau gofal cymdeithasol ac nid ydynt chwaith yn gysylltiedig â'r awdurdod lleol. Mae'n dod yn haws i bobl gael mynediad i dafarndai a chaffis gyda bwydlenni hawdd eu darllen, grwpiau sy'n derbyn, a darpariaeth o gyfleusterau sy'n canolbwyntio fwy ar y gymuned.

Mae sinemâu lle cefnogir y cerdyn Hynt yn gyfeillgar i ofalwyr. Mae hyn yn golygu y gall rhywun fynd â chymorth i'r sinema heb orfod talu amdano'i hunan a'i ofalwr. Gallai hyn egluro pam eu bod mor boblogaidd, ochr yn ochr â sinemâu yn dod yn fwy hyblyg o ran dangosiadau arbennig ar gyfer y rhai â chanddynt nam ar y golwg neu'r clyw.

Mae categori'r Grwpiau Gweithgareddau, sy'n ffurfio 2% o'r ymatebion, yn golygu mynd i'r Clwb Gateway gan mwyaf, ond mae hefyd yn cynnwys mynd i fannau eraill fel Hi Jinx, The Hub ac ati. Roedd yr ymateb hwn yn uwch na'r rhai a nododd yn benodol eu bod yn defnyddio eu canolfannau cymorth cymunedol fel gweithgaredd cymunedol, a oedd yn ffurfio 1% o'r ymatebion.

## Teithio

Gofynnwyd i bobl sut roedden nhw'n cyrraedd pethau yn eu cymuned, ac roedd y rhan fwyaf naill ai'n cerdded (27%) neu'n mynd yn y car (28%). Yn aml, roedd y teithiau car yn cael eu hollti rhwng ceir sy'n rhan o gynlluniau symud, aelodau o'r teulu'n gyrru neu geir yn perthyn i'r cartref yr oedden nhw'n byw ynddo.



### Sut rydych chi'n cyrraedd pethau yn eich cymuned?

Cerdded / Seiclo / Car / Tacsî / Bws / Bws Mini CSC / Trên / Arall

Y math o drafnidiaeth a ddefnyddiwyd amlaf ar ôl ceir oedd y bws. Nid yw'n glir a ydynt yn golygu bws mini a ddarperir gan yr Awdurdod Lleol neu fysis cyhoeddus, ond yn gyffredinol mae'n ymddangos eu bod yn golygu cludiant cyhoeddus gan fod bysus mini Cyngor Sir Ceredigion yn cael eu henwi'n benodol gan bobl o dan 'Arall'.

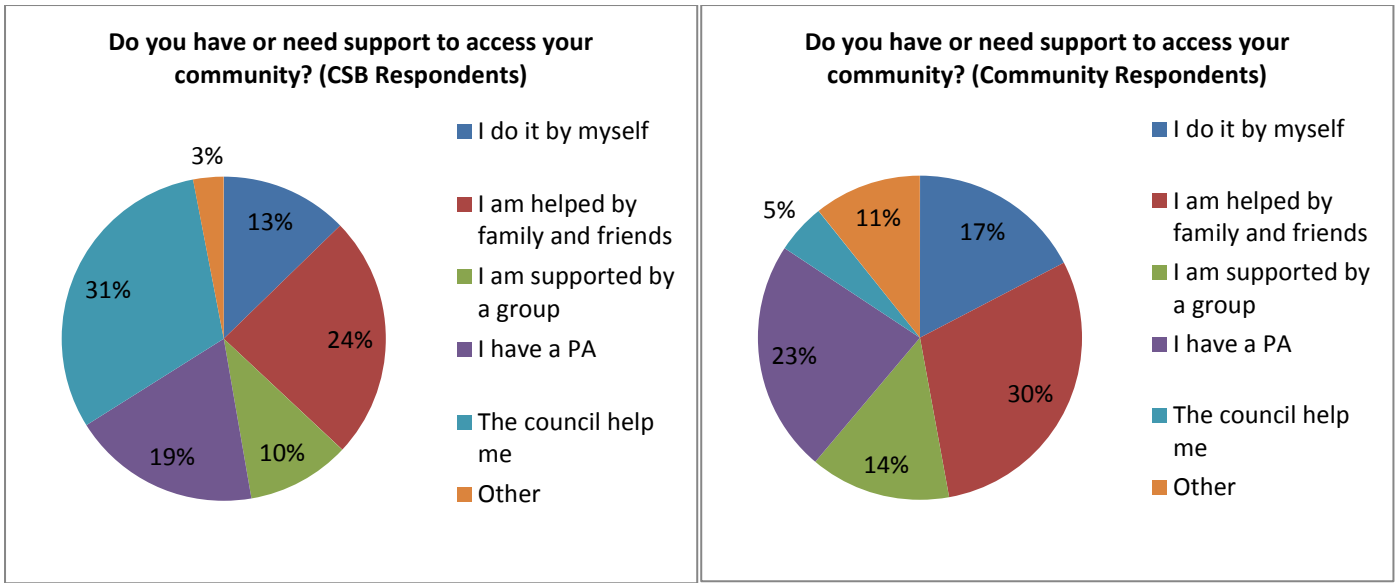
Yn ogystal â hyn, mae cludiant â thacsi yn cyfrannu at 10% o'r teithio ac mae'n gyson yn y ddwy set o atebion. Roedd y gwahaniaeth mwyaf rhwng y rhai a oedd yn mynd i ganolfannau cymorth cymunedol a'r rhai nad oeddent i'w weld yn y categori cerdded lle cafwyd 28% yn dweud eu bod yn cerdded os nad oeddent yn mynd i ganolfan cymorth cymunedol o'i gymharu â 24% a oedd yn mynd i ganolfan cymorth cymunedol.

## Cymorth i gael mynediad i'r gymuned

Gofynnwyd i bobl a oedd ganddynt gymorth neu a oedd angen cymorth arnynt i ddefnyddio pethau yn y gymuned, a chafwyd lefelau gwahanol o ymatebion yn ddibynnol ar ba un ai a oeddent yn mynd i ganolfan cymorth cymunedol neu beidio.

Mae'n ymddangos bod y cwestiynau'n rhy gyfyng gan fod yr ateb 'Rwy'n derbyn cefnogaeth gan grŵp' yn cael ei ddefnyddio gan nifer i gofnodi'n ogystal y rhai sy'n cael cefnogaeth gan weithwyr cymorth wrth fyw gyda chymorth neu leoliadau preswyl, yn hytrach na dewis 'Arall'.

Mae'r graffiau isod yn dangos y gwahaniaethau rhwng y ddwy set o ymatebion, ac maen nhw'n dangos yn ogystal dueddiadau y gellid eu disgwyl.



**A oes gennych gymorth neu a oes angen cymorth arnoch i ddefnyddio pethau yn eich cymuned? (Ymatebwyr o'r Canolfannau Cymorth Cymunedol)**

**A oes gennych gymorth neu a oes angen cymorth arnoch i ddefnyddio pethau yn eich cymuned? (Ymatebwyr o'r Gymuned)**

Rwy'n gwneud fy hun

Rwy'n derbyn cymorth oddi wrth fy nheulu a'm ffrindiau

Rwy'n derbyn cefnogaeth gan grŵp

Mae gennyf Gynorthwydd Personol

Mae'r cyngor yn fy helpu

Arall

Mae'r rhai sy'n mynd i ganolfannau cymorth cymunedol yn dweud eu bod yn defnyddio staff cymorth o'r canolfannau i gael mynediad i bethau yn y gymuned, sy'n egluro pam bod canran uwch o ymatebwyr (31%) i 'Mae'r cyngor yn fy helpu' nag yn y grŵp arall (5%).

Mewn gwrthgyferbyniad â hyn, gan fod y lefelau o fyw'n annibynnol yn y gymuned yn uwch, mae cyfanswm o 47% yn dweud eu bod yn cael cymorth teulu a ffrindiau neu eu bod yn gwneud pethau'n annibynnol, o gymharu â 37% yn y canolfannau cymorth cymunedol. Mae'r gymhareb uwch o Gynorthwydd Personol yn y gymuned yn fwy tebygol yn ogystal oherwydd y defnydd o Daliad Uniongyrchol, ond mae'n ymddangos ei fod hefyd wedi ei ddewis gan y rhai sy'n defnyddio'r gwasanaeth cysylltiadau cymunedol CCX a ddarperir gan Mirus

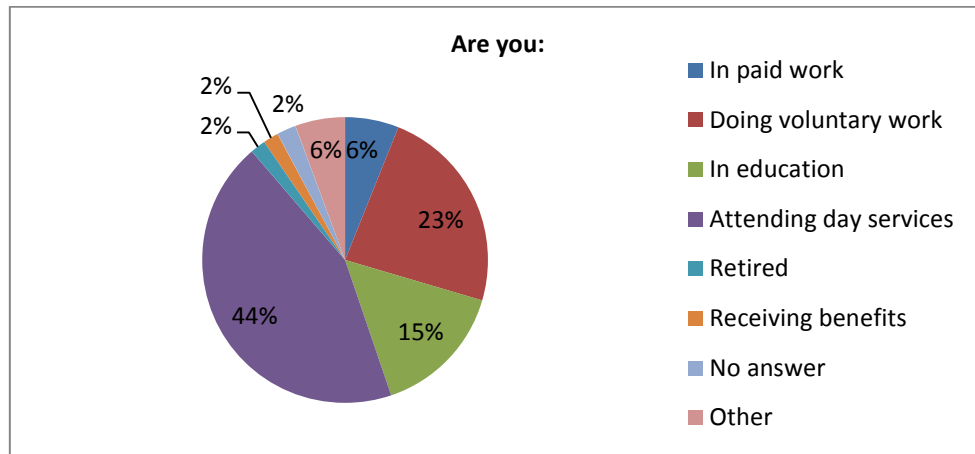
Mae'r ganran uwch o'r rhai a nododd eu bod yn derbyn cefnogaeth gan grŵp (14%) yn y gymuned yn aml oherwydd bod pobl yn defnyddio'r rhwydweithiau cymorth eu hunain, a gall hyn fod er mwyn gwneud iawn am beidio defnyddio'r gwasanaethau dydd. Eto i gyd, mae'n ymddangos ei fod wedi'i ddefnyddio i ddynodi cymorth gan y gwasanaeth CCX mewn rhai ymatebion.

## Gweithgareddau

Gofynnwyd tri chwestiwn i'r bobl: 'Beth rydych chi'n ei wneud nawr?', 'Beth hoffech chi wneud nawr?' a 'Beth hoffech chi ei wneud yn y dyfodol?' Y bwriad yma oedd deall beth roedd pobl yn ei wneud ar y pryd, ac ai dyma'r hyn

roedden nhw am ei wneud. Roedd yn fwriad, yn ogystal, i geisio creu darlun o'r galw o'r angen ar gyfer y dyfodol drwy ddarganfod a fyddent yn dymuno i rywbeth fod yn wahanol yn y dyfodol.

Roedd rhywfaint o amrywiad yn yr arolwg testun plaen a'r arolwg hawdd ei ddarllen oherwydd camgymeriad yn y fformat, ac nid oedd yr ateb 'addysg neu hyfforddiant' yn ymddangos fel ymateb i 'Beth hoffech ei wneud nawr?' Defnyddiodd un darparwr fersiwn gynharach o'r ffurflen ag arni'r gair 'Drafft' a chafwyd rhai ymatebion o'r ffurflen hon; ymatebodd rhai drwy ei gynnwys o dan 'Arall'. Mae posibilrwydd nad yw'r atebion yn gyflawn a byddai hyn yn egluro'r tuedd am i lawr.



#### Ydych chi:

Mewn gwaith sy'n talu

Yn gwneud gwaith gwirfoddol

Mewn addysg

Yn mynd i wasanaethau dydd

Wedi ymddeol

Yn derbyn budd-dal

Dim ateb

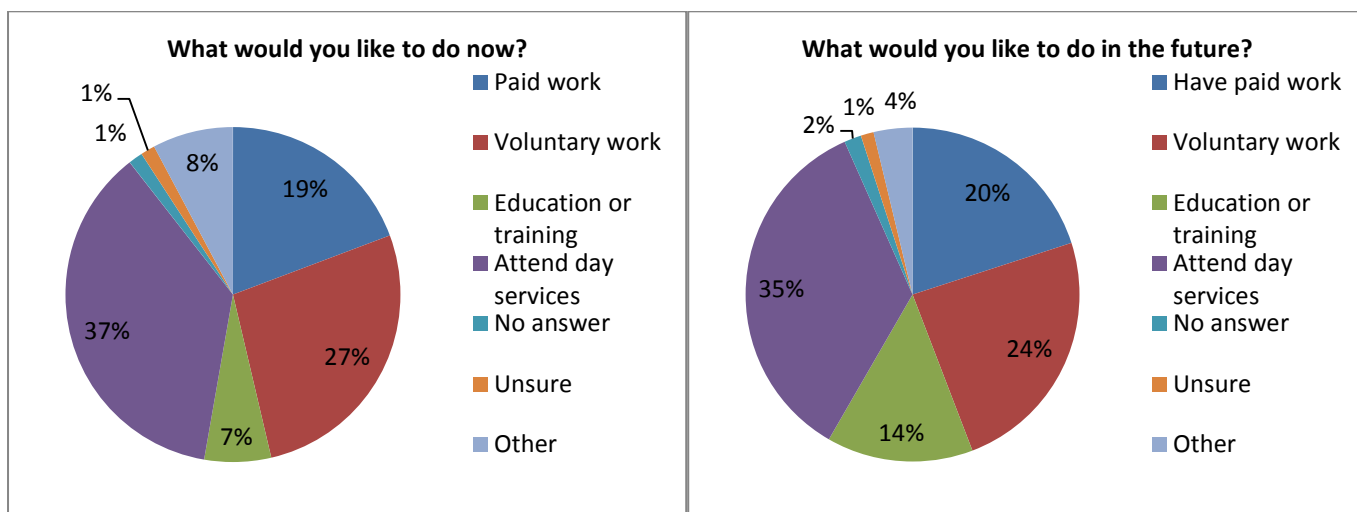
Arall

Mae'r graff cyntaf yn dadansoddi ymateb pob un i'r cwestiwn beth mae'n wneud ar y pryd. Mae 44% yn nodi eu bod yn mynd i wasanaethau dydd, ac o'i hollti yn ganolfannau cymorth cymunedol mae'n cyfateb i 59% gyda dim ond 23% yn dod o'r gymuned. Er i'r holl ymatebwyr o'r canolfannau cymorth cymunedol ddweud eu bod yn mynd i'r canolfannau hyn, nid yw'r ffigwr yn 100% gan eu bod hefyd yn mynd i goleg yn ystod yr wythnos neu ar leoliadau gwirfoddol, ac ati.

Er i 23% ddweud bod ganddyn nhw drefniant lleoli gwirfoddol, mae'r ffigwr ar gyfer y rhai sy'n mynd i ganolfannau cymorth cymunedol yn uwch (ar 27%) sy'n debygol oherwydd profiad gwaith a lleoliadau gwirfoddoli a gefnogir drwy'r canolfannau cymorth cymunedol. Mae'r ganran yn is yn y gymuned (19%) am nad oes, mae'n debyg, rwydweithiau i ddod o hyd i leoliadau i wirfoddoli.

Dim ond 7% o'r rhai yn y canolfannau cymorth cymunedol ddywedodd eu bod mewn addysg neu hyfforddiant yn ogystal, o gymharu â 23% o'r rhai yn y gymuned. Mae'n bosibl bod y gallu i fynd i goleg fel ffurf arall ar ddarpariaeth yn hytrach na mynd i wasanaeth dydd i gyfrif am hyn ond mae'n ymddangos ei bod yn haws i'r rhai nad ydynt mewn canolfannau cymorth cymunedol gael mynediad i ddarpariaeth addysg. Mae hon yn thema y byddwn yn mynd i'r afael â hi gan fod galw cynyddol am addysg yn y dyfodol gan y rhai sy'n mynd i ganolfannau cymorth cymunedol, a llai o alw ar gyfer y rhai sydd yn y gymuned.

Mae 9% o'r rhai sydd yn y gymuned yn nodi eu bod mewn gwaith sy'n talu ar hyn o bryd, o gymharu â 4% o'r rhai sy'n mynd i ganolfannau cymorth cymunedol. Nid yw'n glir i ba raddau maen nhw'n cael eu cyflogi a pha un ai a yw hyn ar gyfer enillion therapiwtig neu gyflogaeth dan gcontract.



### Beth hoffech chi wneud nawr?

Bod mewn gwaith sy'n talu  
 Gwneud gwaith gwirfoddol  
 Mewn addysg neu hyfforddiant  
 Mynd i wasanaethau dydd  
 Dim ateb  
 Ddim yn siŵr  
 Arall

### Beth hoffech chi ei wneud yn y dyfodol?

Bod mewn gwaith sy'n talu  
 Gwneud gwaith gwirfoddol  
 Mewn addysg neu hyfforddiant  
 Mynd i wasanaethau dydd  
 Dim ateb  
 Ddim yn siŵr  
 Arall

Mae'r ddau graff yma'n dangos yr hyn yr oedd yn well gan bobl ei wneud ar y pryd, a'r hyn yr hoffon nhw wneud yn y dyfodol. Un o'r pethau y dylid ei nodi yw gwerth gwirioneddol y canrannau sy'n gysylltiedig â gwasanaethau dydd. Er bod y ganran wedi gostwng mae ychydig o gynnydd rhwng nawr (80 o ymatebwyr) a'r dyfodol (84 o ymatebwyr). Fodd bynnag gwelir bod gostyngiad o ryw 20% yn y ddau yma yn y cyfanswm o'r rhai sy'n adrodd eu bod, ar y pryd, yn mynd i wasanaethau dydd (101 o ymatebwyr).

Oll yn oll, mae hyn yn awgrymu gostyngiad yn y rhai sydd am fynd i wasanaethau dydd yn y dyfodol ac mae'n thema sy'n ymddangos yn y dadansoddiad o'r canolfannau cymorth cymunedol a data cymunedol, o bosibl gan fod opsiynau eraill yn cael eu cynnig, yn enwedig mewn perthynas â gwaith sy'n talu.

At ei gilydd, mae'r tueddiadau'n ymddangos fel petaent yn awgrymu yr hoffai pobl symud o'r gwasanaethau dydd i waith sy'n talu neu waith gwirfoddol, gyda golwg ar symud i waith sy'n talu yn yr hirdymor. Mae rhai ymatebion i *'Beth hoffech chi ei wneud yn y dyfodol?'* yn cynnwys

"Have employment but would require support to achieve this."

"Succeed in monetising my creative efforts (art, graphic design, writing)"

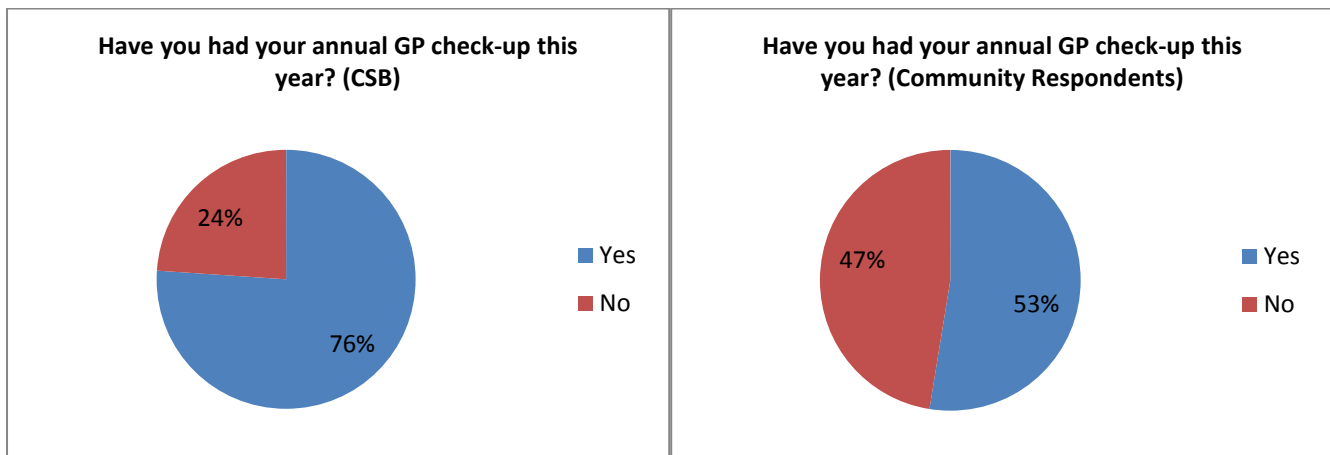
Gallai hyn, gyda'r staffio priodol o fewn y canolfannau cymorth cymunedol, fod yn rhywbeth y gellid ei wneud o'r canolfannau fel canolbwynt i roi cymorth i gyflogaeth.

## Iechyd

Gofynnwyd cwestiynau am iechyd pobl, a oeddent wedi cofrestru gyda Meddyg Teulu neu Ddeintydd ac a oedd angen iddynt weld rhywun arall yn y gwasanaethau iechyd?

Pan ofynnwyd i bobl *'Ydych chi'n teimlo'n dda ar hyn o bryd?'* roedd yr ymatebion yn amrywio yn dibynnu ar ba un ai a oedd y bobl yn mynychu canolfannau cymorth cymunedol neu beidio. Yn gyffredinol, nododd 88% eu bod yn teimlo'n dda, ond yn y canolfannau cymorth cymunedol adroddodd 93% eu bod yn teimlo'n dda o gymharu ag 84% o ymatebwyr o'r gymuned a nododd nad oedden nhw'n teimlo'n dda.

Mae hwn yn gwestiwn goddrychol ac yn sensitif i amser felly gallai'r canlyniadau newid petai'r un cwestiwn yn cael ei roi i'r un bobl ar adeg wahanol. Fodd bynnag, mae cydberthynas uniongyrchol rhwng y rhai sy'n nodi eu bod yn teimlo'n dda a'r rhai sydd wedi cael archwiliad iechyd gan y Meddyg Teulu.



**Ydych chi wedi cael archwiliad blynyddol gan y Meddyg Teulu eleni? (Canolfannau Cymorth Cymunedol)**

Ydw / Nac ydw

**Ydych chi wedi cael archwiliad blynyddol gan y Meddyg Teulu eleni? (Ymatebwyr o'r Gymuned)**

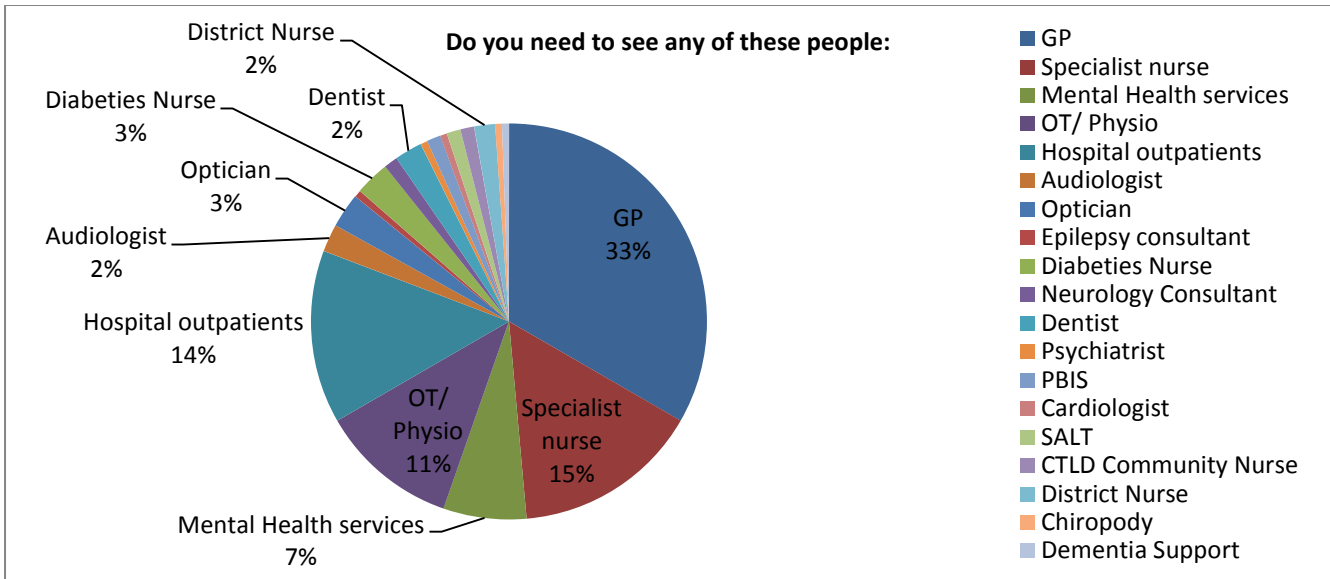
Ydw / Nac ydw



Mae'r graffiau hyn yn dangos holl ymatebion y ddau grŵp i'r un cwestiwn. Mae pobl mewn canolfannau cymorth cymunedol yn fwy tebygol o fod wedi gweld Meddyg Teulu ond mae hyn am fod y canolfannau'n darparu cymorth i bobl wneud apwyntiadau gyda'r Meddyg Teulu mwy na thebyg.

Yn ymatebion y gymuned mae'r presenoldeb yn llawer is (sy'n cyd-fynd â'r gyfradd is o deimlo'n dda). Nid yw'r rheswm am hyn yn glir gan fod mwy o'r bobl sy'n mynd i'r canolfannau cymorth cymunedol yn byw gyda theulu ac yn annibynnol na'r ymatebwyr o'r gymuned; ond mae union 47% o'r bobl yn y gymuned yn byw gyda theulu neu'n annibynnol. Mae'n bosibl nad yw'r rhai sy'n byw yn y gymuned yn ymwybodol o'r gwiriadau iechyd a, heb gymorth y canolfannau cymorth cymunedol, nid ydynt yn mynd iddyn nhw. Dyfalu yw hyn, fodd bynnag, a byddai angen mwy o waith er mwyn gweld a yw'n gywir.

Mae'r graff nesaf yn dadansoddi'r holl apwyntiadau meddygol y mae pobl yn mynd iddyn nhw.



**A oes angen arnoch weld unrhyw un o'r bobl ganlynol?**

Meddyg Teulu / Nyrs Arbenigol / Gwasanaethau Iechyd Meddwl / Therapi Galwedigaethol/Ffisiotherapi / Cleifion allanol yn yr Ysbyty / Awdiolegydd / Optegydd / Ymgynghorydd Epilepsi / Nyrs Diabetes / Ymgynghorydd Niwroleg / Deintydd / Seiciatrydd / PBIS / Cardiolegydd / Therapydd Lleferydd ac Iaith / Nyrs Gymunedol CTLD / Nyrs Gymunedol / Ciropodydd / Cymorth i Bobl â Dementia

Ychydig o wahaniaeth sydd rhwng yr atebion a gafwyd gan y canolfannau cymorth cymunedol a'r ymatebwyr o'r gymuned, ond mae 2 eithriad amlwg;

Mae mwy o ddefnydd o wasanaethau Iechyd Meddwl (9%) yn y gymuned a llai o ddefnydd o wasanaethau Ffisiotherapi/Therapi Galwedigaethol (5%).

Mae llai o ddefnydd o wasanaethau Iechyd Meddwl (5%) mewn canolfannau cymorth cymunedol a mwy o ddefnydd o wasanaethau Ffisiotherapi/Therapi Galwedigaethol.

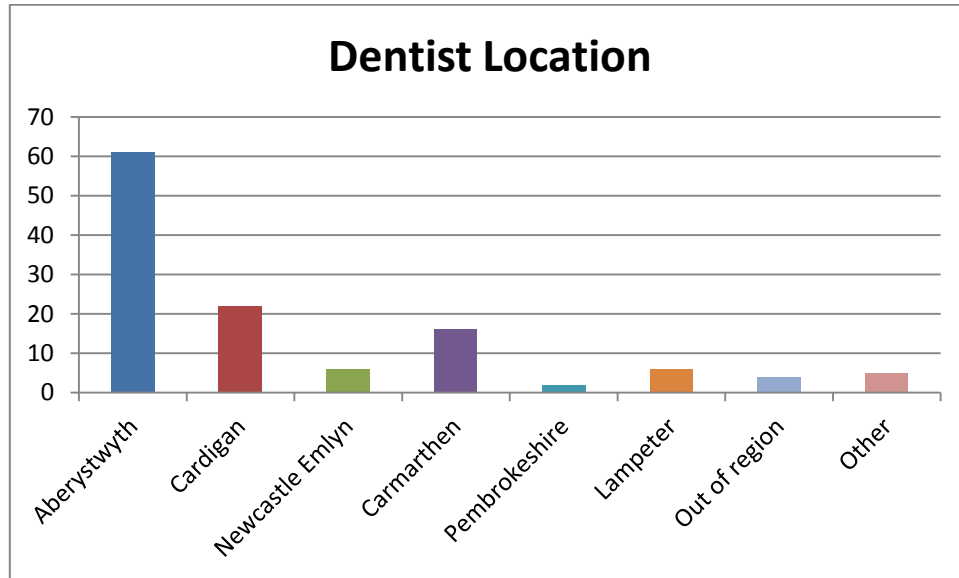
Cododd y bobl a oedd yn byw yn y gymuned fater y diffyg ffocws ar Iechyd Meddwl yn yr holiadur, ac maen nhw'n fwy tebygol o gael problemau'n ymwneud ag unigrwydd yn arwain at iselder. Mae enghreifftiau'n cynnwys;

"... My mental health",

"More attention to those with mental health..."

Mae'r bobl hyn hefyd yn llai tebygol o gael mynediad i Ffisiotherapi neu Therapi Galwedigaethol am eu bod, o bosibl, yn cael mynediad iddyn nhw drwy'r Meddyg Teulu yn hytrach na'r rhai mewn canolfannau cymorth cymunedol y mae ganddyn nhw fynediad i'r gwasanaethau hyn drwy'r ganolfan, gyda chymorth i fynd yno.

Gofynnwyd i bobl hefyd a oedd ganddyn nhw ddeintydd ac roedd ymatebion y ddau grŵp yr un fath. Dywedodd 85% o'r holl ymatebwyr bod ganddyn nhw ddeintydd ac roedd nifer o'r rhai a ddywedodd nad oedd ganddyn nhw ddeintydd yn aml yn byw'n annibynnol neu gyda theulu. O'r rhai a ddywedodd nad oedd ganddyn nhw ddeintydd, arodd nifer fod hyn am fod deintyddfa wedi cau a'u bod yn aros i restrau cleifion agor yn eu hardal.



### Lleoliad y Ddeintyddfa

Aberystwyth / Aberteifi / Castellnewydd Emlyn / Caerfyrddin / Penfro / Llanbedr Pont Steffan / Allan o'r rhanbarth / Arall

Fel y gwelir uchod, mae gan fwyafrif yr ymatebwyr (38%) fynediad i ddeintyddfa yn Aberystwyth, ac Aberteifi yw'r un nesaf i gael ei defnyddio amlaf (14%). Mae cyfanswm o 55% o ymatebwyr yn mynd i ddeintyddfa yng Ngheredigion.

### Unrhyw fater nad yw'n cael ei drafod

Gofynnwyd i bobl a oedd ganddyn nhw unrhyw beth yr oedden nhw am siarad yn ei gylch nad oedd yn cael ei gynnwys yn yr holiadur.

Cafwyd themâu cyffredin a oedd yn cynnwys ble mae pobl yn byw, beth maen nhw'n ei wneud, i ble maen nhw'n mynd a'r bobl sy'n bwysig iddyn nhw. Y thema fwyaf cyffredin i'r rhai oedd yn mynd i ganolfannau cymorth cymunedol oedd yr angen am wasanaethau seibiant, a themâu'n seiliedig ar lety oedd fwyaf cyffredin i'r rhai oedd yn byw yn y gymuned.

Isod ceir rhestr o ymatebion yn yr iaith wreiddiol Mae'r defnydd o [ ] yn dynodi gwybodaeth yr wyf wedi ei hychwanegu neu ei dileu er mwyn i'r ymatebion barhau'n anhysbys. Yr ymatebydd sy'n gyfrifol am y defnydd o ( ).

X words "Bridges" (Meaning Railway Bridges - preferably X likes to stand underneath them). He likes the sound as a train goes over them, and often he makes audio recordings of the sound. X (Gweithiwr Cymorth) 19th Nov. 2017.

[Llofnododd ei enw]

[Llofnododd ei enw]

[Llofnododd ei enw]

Shopping trips to Cardiff more often please. Next trip planned for November 2018, to see firework display.

I go to Gateway, Hijinx, College, Cyrff Ystwyth.
Ok for kown [know]
Would like to move into town. At the moment due to anxiety about travel it is not possible to travel without support.
I need medical bed as I find it very difficult to get up and down please DR has been spoken to referaal should have been made
Morgan Street
Continued Guaranteed access to support services. Dash, free transport + blue badge
More help in managing Pas
Happy
This form, I wasn't asked about it. My mental health
I need to move with mum-sister asap because of my epilepsy and my other medical conditions. I am no longer able to love on my own I am too scared cause of my medical problems. [Llofnodwyd X]
My mother has helped me write this. She says... everything is really difficult to access. All services seem to be reduced all the time, fed up asking for help all the time - to be told theres nothing.
More attention to those with mental health and aiding them in finding employment
No, I don't know what you're talking about anyway (was his actual answer)..
This questionnaire is not very service user friendly, X needed a lot of guidance with trying to answer the questions.
[Atebodd Ie, ond ni chafwyd gwybodaeth ychwanegol]
[Cyfeiriad wedi'i ddiweddarau, ond nid oedd enw'n gysylltiedig â'r ymateb]
Not really
Such as what?
Support group to talk to other people the same condition as me or feel anxious at times like I do.
My mum has helped to fill this in as she has to explain questions in a way I <u>CAN</u> understand.
My faith in God. (I am just writing what she says!)
[Atebodd Ie, ond ni chafwyd gwybodaeth ychwanegol]
Going out in town with Shan shopping and lunch and Dr Who magazine
Moving away from home
My relationship with my boyfriend
I like company car because I don't like buses and taxis [Mae'n gwrth-ddweud yr atebion a roddwyd yn yr adran ar Deithio]
Emergency respite. Being able to physically access the community - there are some places I can't go because of my chair.
Respite emergency
Wants to discuss future holidays respite
I can have extreme challenging behaviour so require my 2:1 support whilst away from home.
Going on holiday
Friends, Being at the centre
Mum + Dad?
Centre, staff + house staff
Requires more paid care for activities like being taken out of the house for drives in the car. [Llawysgrifen ac amser y ferf yn wahanol, wedi'i ysgrifennu gan y gofalwr o bosibl?]
Service user unhappy about closure of kitchen at Canolfan Padarn. Also thinks "Council is corrupt".
Holidays, visiting family
Being able to talk to someone if I am worried about anything - Keyworker, personal assistant

# Analysis of People with a Learning Disability Survey Responses

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The People with a Learning Disability (PwLD) survey was developed to gather information from people in the community, and those attending day opportunities through the Community Support Bases (CSB) of Canolfan Meugan, Canolfan Padarn and Canolfan Steffan.

Based on recorded language responses 2 surveys were developed, an easy read survey using widget symbols (with support given by the CSBs to ensure that appropriate symbols were used) and a plain text version without the symbols for those who preferred not to have easy read information. By using the same questions, it was possible to collate the responses together.

These surveys were then translated to ensure that they were bi-lingual for those who identified as wanting bi-lingual or Welsh only versions.

The distribution of the surveys was undertaken through mail-out to those known to CTLD through the WCCIS database, through the CSBs where people attended, and through the Ceredigion County Council Website, with press releases circulated to raise awareness of the survey.

The mail out was sent to 248 individuals in the language and format preference of their choice, with a return envelope included to allow them to mail back the response. Of those sent, 6 were returned due to no longer living at address, 4 felt that it was not appropriate to them, and 1 person was deceased.

79 people attending the CSBs completed the survey with staff support if required, although where people were able to complete them by themselves they have done so.

In total there were 162 responses from either the mail out, public response to the survey or engaging the CSB's; 79 from the CSBs, and 83 from the public.

## Welsh Language

Using information from within WCCIS the CSBs had 2 people who identified that their preferred form of written communication was Welsh, and 15 identified that identified that their preferred form of in person correspondence was in Welsh also. No responses were received from the CSBs in the Welsh language.

Using information from CTLD, 3 people had identified that their preferred form of communication was in easy read Welsh. 2 Welsh responses were received from those who were mailed.

Of the 162 responses received only 2 were in Welsh, which is equal to approximately 1% of the total respondents.

## Capacity

Respondents were asked to choose which statement(s) most applied to their ability to make decisions. A lot of respondents often selected more than 1, which reflected that they were not able to make all decisions on the same level, and needed more support in some areas than others.

The statements were;

- I can make decisions myself about what matters to me
- I make decisions with support about what matters to me
- Someone makes decisions for me, about what matters to me

There was little variation between the total responses received and the breakdown between CSB and other respondents.

Statement	Total	CSB	Public
I can make decisions myself about what matters to me	35%	34%	35%
I make decisions with support about what matters to me	47%	45%	49%
Someone makes decisions for me, about what matters to me	19%	21%	17%

The responses selected suggest that the same amounts of people in the community and in the CSBs are able to make decisions independently. The difference being that a larger amount of people in CSBs require someone to make decisions on their behalf, while those in the community make more choices independently with support.

## Housing

People in the community live in a variety of housing, and the distribution is fairly uniform between accommodation settings. Those attending CSBs live mostly at home with family or carers, or in supported living. A trend can be seen that family/ carers and Supported Living/ Shared Housing are the most common housing options.

Where do you live now?	Total	CSB	Public
With family/ carers	60	39	21
Independently	25	9	16
Residential home	20	6	14
Supported Living/ Shared Housing	44	25	19
Adult Placement	4	3	1

The most likely reason for fewer people in CSBs living independently is that they are more likely to access other services such as Direct Payments, floating support, or live without support. Those living within residential homes are also more likely to attend day services located within or part of the residential accommodation.

In general, most people (92%) said that they wanted to live where they are. This changed slightly based on whether they attended a CSB or not.

Those attending CSBs were more likely to say that they lived where they wanted to (95%), than those who were not (90%). Often this was down to the place where they lived, rather than the support they received. Examples include;

*“Want to move from Bow Street to Aberystwyth town, but remain independent.”*

*“... I would like a new house (Tai Ceredigion) as the flat is unsuitable.”*

When asked where they would like to live in the future, there was some change which was not completely expected.

Where do you want to live in the future?	Total	CSB	Public
With family/ carers	-8	-11	3
Independently	20	7	13
Residential home	-4	-1	-3
Supported Living/ Shared Housing	-13	-7	-6
Adult Placement	0	-1	1
Other	16	6	10

Not everyone answered this follow up question, others answered that they didn't know, and some said that they would not want to move from where they were.

Those that did answer show that there is a desire to live more independently in the future, and reduced desire to access residential homes and supported living/ shared housing.

## Community

When asked if people feel part of their community, the majority of people said yes (86%). This was higher in CSBs (95%) than those in the community (90%), but often for different reasons.

Those in CSBs who did not feel part of their community cited that it was often due to only being able to access the community when they were at the centre with support;

*"I access the community through support at Canolfan Padarn"*

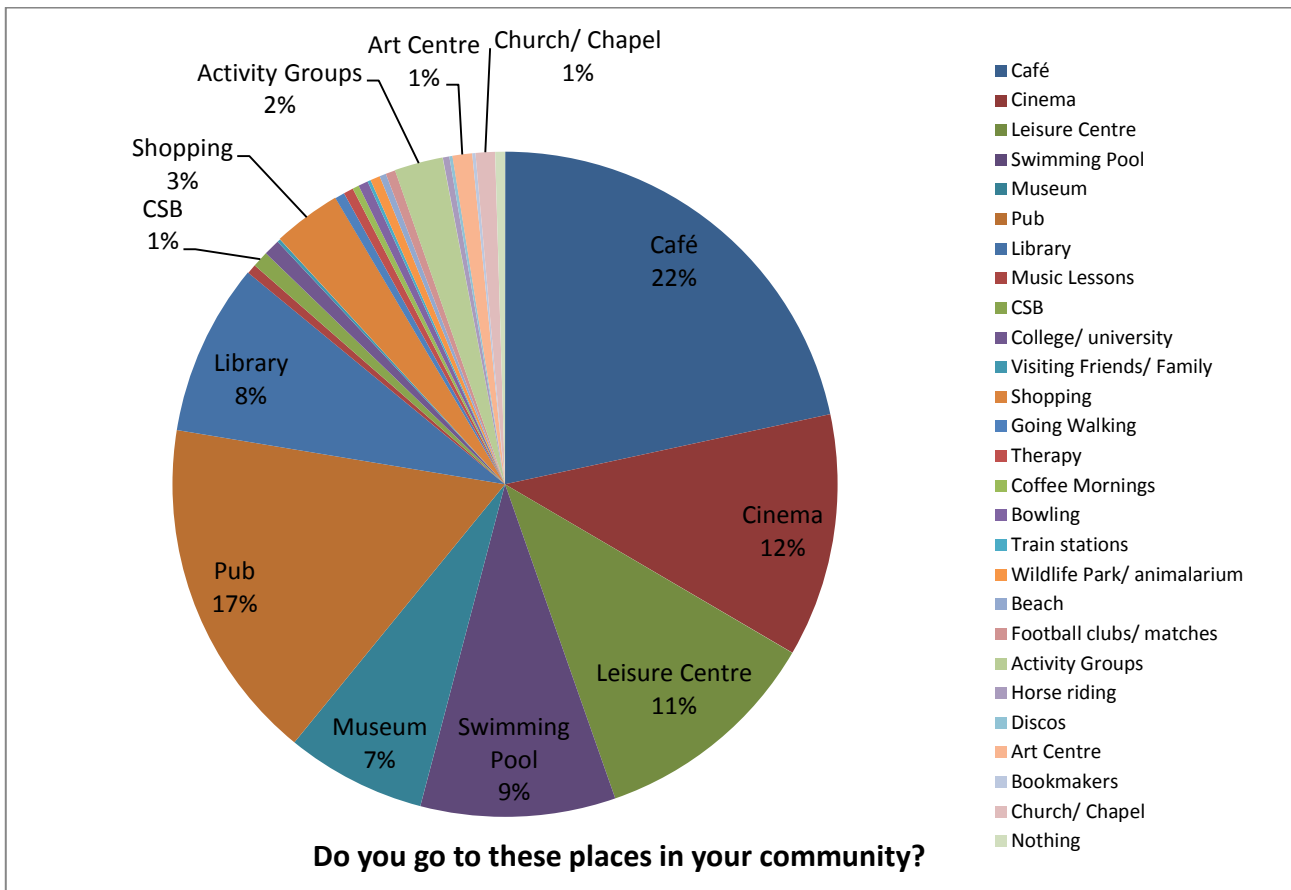
*"... Weekends is very community driven but little if any support on weekday evenings."*

This suggests that if the CSBs were not present within communities, that there would be much less community interaction.

In contrast, those who do not attend CSBs reporting that they did not feel part of their community either lived on their own, or with family. Although there is no reason given by people for this, people not in a care setting have less impetus to build in community activities like CSBs, supported living or residential homes.

Those living on their own may not be aware of what is going on if they are not part of a larger group, and those living with family are more likely to carry out most of their interaction through them, rather than the community.

Looking at where people go in the community highlights the importance of key facilities in people's lives.



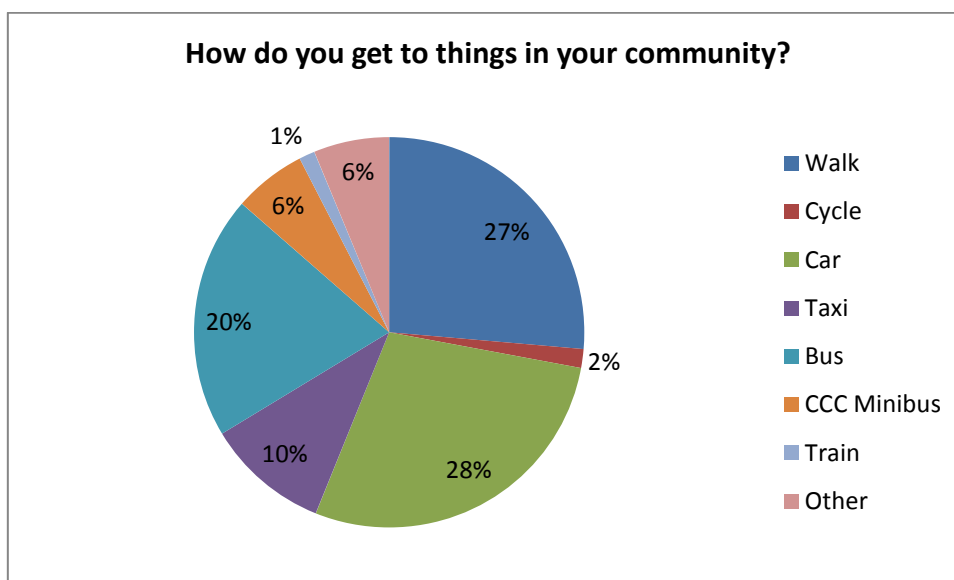
Cafes, pubs and cinemas make up 51% of the responses. None of these are associated in any way to social care services, and are not affiliated to the local authority. Pubs and cafes are becoming more accessible to people, with the uptake of easy read menus, hosting groups, and providing facilities to be more community focused.

Cinemas are also carer friendly where the hynt card is supported. This means that someone can go with support to the cinema without having to pay for themselves and their carer. Along with cinemas becoming more flexible for special viewings for those with visual or audio impairments, this could explain why they are popular.

The Activity Groups category which makes up 2% of responses is mostly Gateway Club attendance, but also included attending other places such as Hi Jinx, The Hub, etc. This response was higher than those who specifically stated that they use their CSB as a community activity, which made up 1% of responses.

## Travel

People were asked how do they get to things in the community, and the majority either walked (27%) or went in a car (28%). The car journeys were often split between mobility cars, family members driving or cars belonging to the home where they lived.



After cars, the next most used form of transport was bus. It is not clear whether they mean minibus provided by the LA or public service buses, but generally it appears that they mean public transport as CCC minibus was specifically named by people under 'other'.

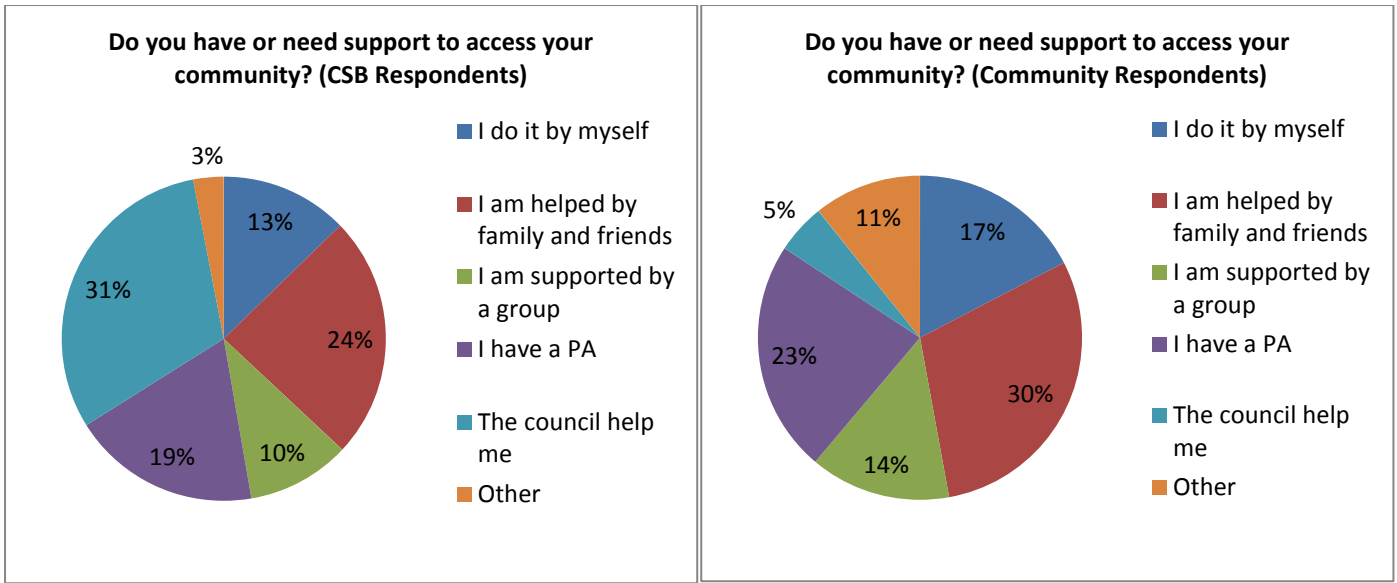
Taxi transport also makes up 10% of travel, and is consistent in both responses. The largest difference between those attending CSBs and those not was in the walking category where 28% say they walk if not in a CSB, compared to 24% who attend a CSB.

## Support to access community

People were asked if they have or need support to access the community, and different levels of responses were received dependent on whether they attended a CSB or not.

It appears that the questions were too narrow, as the answer 'I am supported by a group' was used by many to also record those supported by support workers in supported living or residential settings, rather than selecting other.

The graphs below highlight the differences between the two responses, but also show trends which were to be expected.



Those in CSBs selected that they use the support staff from the centres to access the community, which is why there is a larger proportion (31%) of respondents to 'The council help me' answer than in the other group (5%).

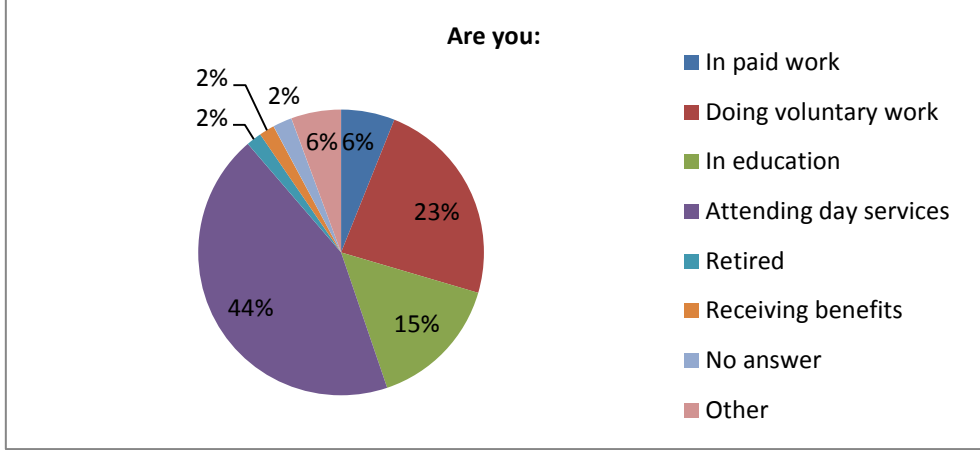
In contrast due to the higher levels of independent living in the community there is a total of 47% who say they are helped by family and friends or they do things independently, compared to the 37% in the CSBs. The higher ratio of Personal Assistants (P.A.s) in the community is also more likely due to the use of direct payments, but also appears to have been selected by those accessing the CCX service provided by Mirus.

The higher percentage of those who selected supported by a group (14%) in the community is often due to people accessing support networks by themselves, and this may be to compensate for them not accessing day services, but again appears to have been used to identify support from CCX service in some responses.

**Activities**

People were asked three questions; 'What are you doing now?', 'What would you like to do now?', and 'What would you like to do in the future?'. The purpose of this was to understand what people were currently doing, and whether this is what they want to do. It was also intended to try and build a picture of need demand for the future by finding out if they would want something different in the future.

There was some variation between the plain text and easy read survey due to an error in formatting in which the answer 'education or training' did not appear in response to 'What would you like to do now?'. One provider used an earlier version of the form with the draft watermark on still which captured some of these responses, and it was captured by some who included it with 'other', but there is potential that the answers are not complete which would explain the downward trend.



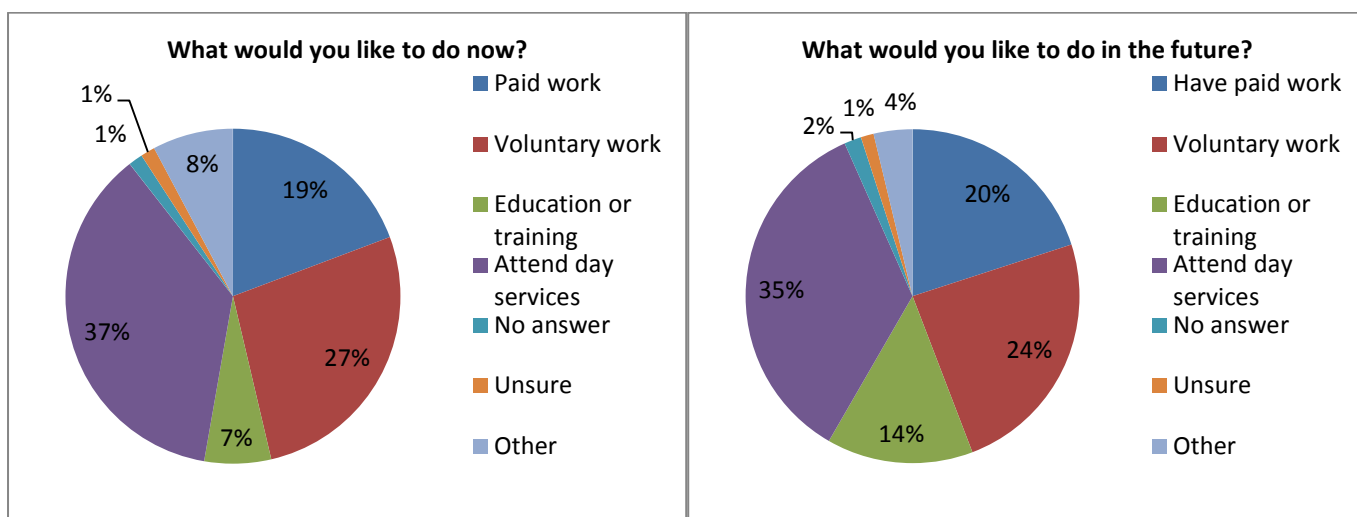


The first graph is a breakdown of all respondents when asked what they currently do. 44% state that they attend day services, and when split into CSBs, it equates to 59%, but only 23% of those responding from the community. Although all CSB respondents said they attend CSBs, the figure is not 100% as they also attend college during the week, have voluntary placements, etc.

Although 23% of people said that they have a voluntary placement, the figure for those attending CSBs is higher (at 27%) which is likely due to work experience and volunteering placements supported through the CSB. The lower percentage in the community (19%) is more likely due to not having networks to find suitable volunteering placements.

Only 7% of those in CSBs said that they are also in education or training, compared to those in the community at 23%. The reason of this may be the ability to access colleges as an alternate form of provision rather than attending a day service, but it appears that those not in a CSB have an easier access to education provision. This is a theme which will be picked up on, as in the future there appears to be an increasing demand for education from those attending CSBs, and decreasing demand for those in the community.

9% of those in the community state that they are in paid work currently, compared to 4% who attend CSBs. It is not clear to what extent they are employed, whether this is for therapeutic earnings, or contracted employment.



These two graphs represent what people would prefer to do now, and what they would like in the future. One of the things to note is the actual values in the percentages around day services. Although the percentage has decreased there is a slight increase between now (80 respondents) and the future (84 respondents), however both of these are a decrease of approximately 20% from the total of those who report that they currently attend day services (101 respondents).

This suggests an overall decrease in those who want to attend day services in the future and is a theme which appears in the breakdown of CSB and community data, potentially as other options are offered, particularly around paid work.

Overall, the trends seem to suggest that people would like to move from day services into paid or voluntary work now, with a view of moving into paid work in the longer term. Some of the quotes for 'What would you like to do in the future?' include;

“Have employment but would require support to achieve this.”

“Succeed in monetising my creative efforts (art, graphic design, writing)”

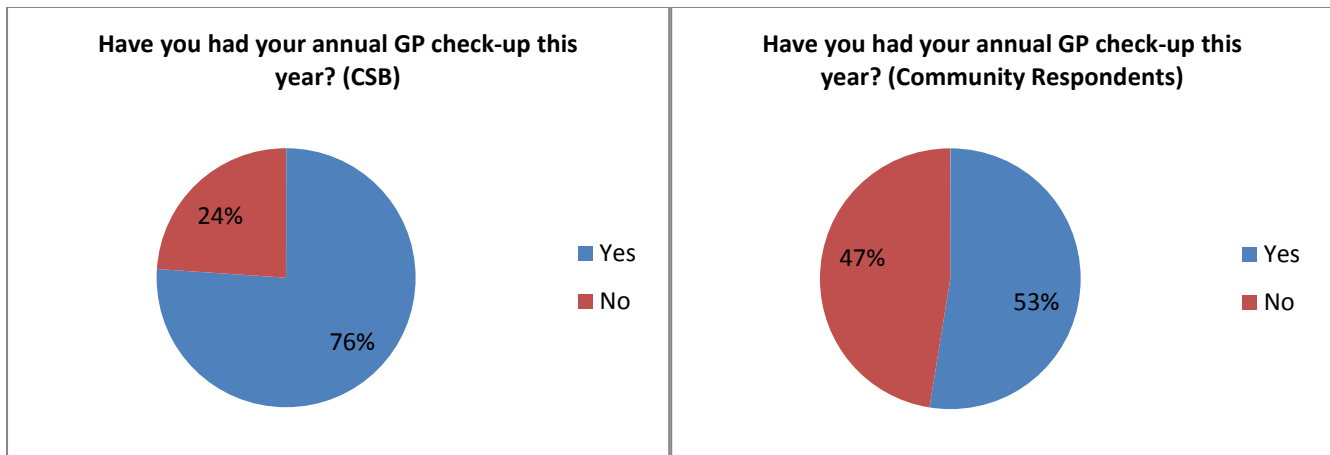
With the right staffing within CSBs, this could be something done from the centres as an employment support hub potentially.

## Health

Questions were asked about peoples' health, whether they were registered with GP or dental practices, and whether they needed to see any other health services.

When people were asked 'Do you feel well at the moment?' the responses varied depending on whether they attended a CSB or not. Generally 88% percent reported feeling well but in the CSBs 93% reported feeling well, compared to 84% of community respondents who do not.

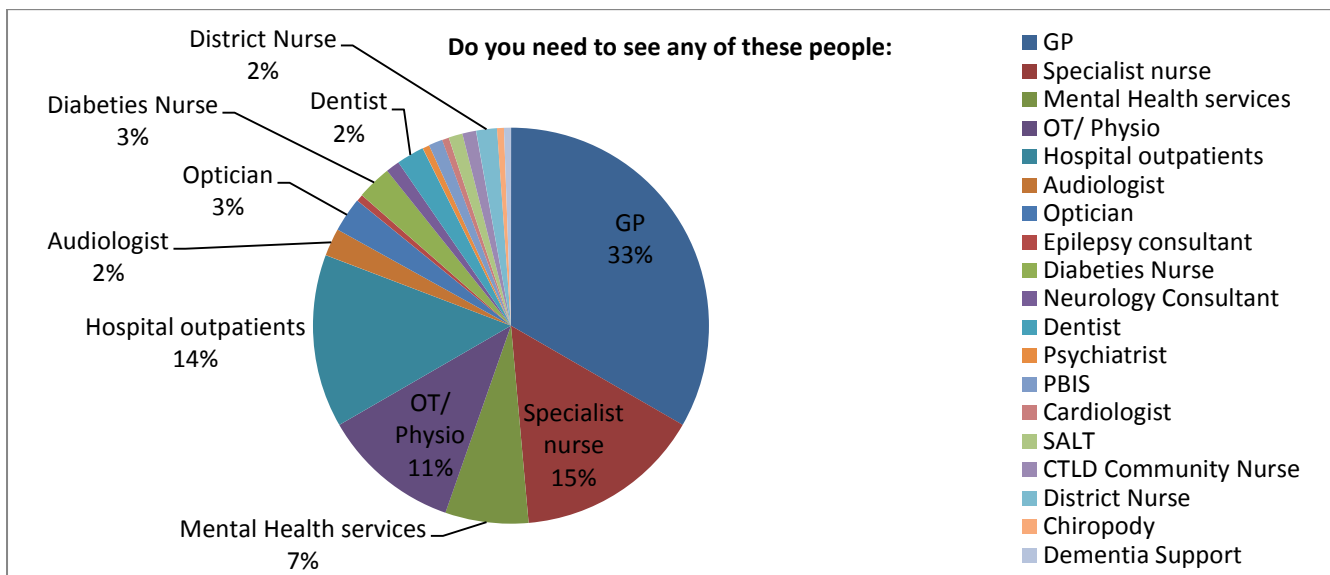
This is a subjective question and time sensitive, so the results may have changed if the same people were asked the same question, however there is also a direct correlation between those who report to feel well, and the numbers who have had their annual GP health check.



These graphs show the total responses from both groups to the same question. In the CSBs people are more likely to have seen a GP, but this is most likely due to the fact that they provide support for people to attend GP appointments.

In the community respondents, the attendance is far lower (which coincides with the lower rate of feeling well). It is unclear as to why this would be, as there are more people living with family and independently attending the CSBs than there are community respondents, however there are exactly 47% of people in the community who live with family or independently. It could be that those living in the community are just not aware of the health checks, and without the support of CSBs do not attend. This is speculation however, and more work would be needed to ascertain whether this is accurate.

The next graph provides a breakdown of all the medical appointments which people attend.



There is little difference between the answers provided by CSB or community respondents with 2 notable exceptions;

There is higher use of MH services (9%) in the community and lower use of Physiotherapy / OT services (5%),

There is a lower use of MH services (5%) in CSB and higher use of Physiotherapy/ OT services (15%).

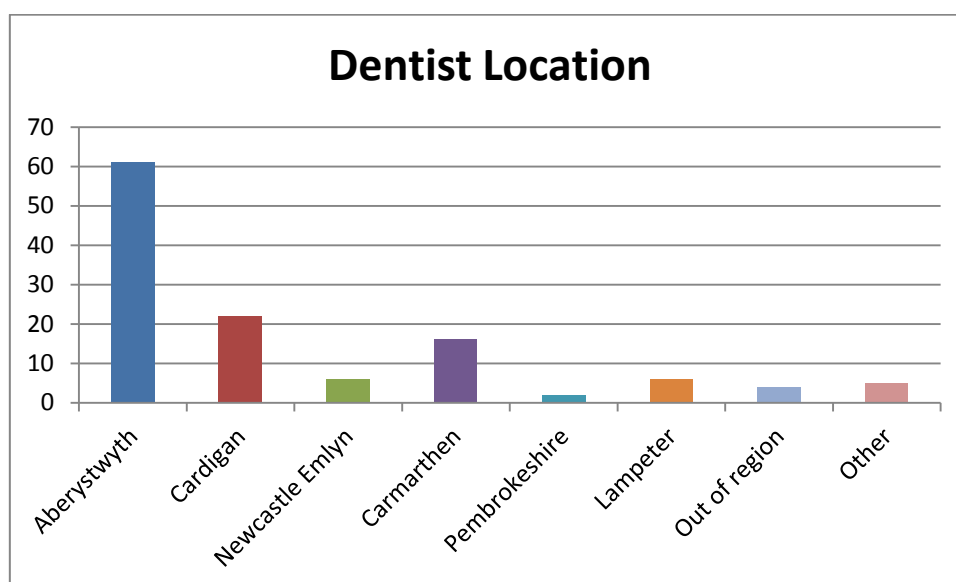
People living in the community raised the lack of MH focus in the questionnaire, and are more likely to have issues of loneliness leading to depression. Examples include;

*"... My mental health",*

*"More attention to those with mental health..."*

These people are also less likely to access Physiotherapy or OT because they may be accessing them through the GP, rather than those in CSBs who have access to these services through the centre, with support to attend.

People were also asked if they had a dentist, and the responses were the same for both groups. 85% of all respondents stated that they have a dentist, and those who said that they did not were often those living independently or with family. Of those who said that they did not have a dentist, several reported that this was due to a surgery closing, and awaiting for patient lists to be opened in their area.



As seen above, the majority of respondents (38%) access a dental practice in Aberystwyth, with Cardigan being the 2<sup>nd</sup> most used area (14%). In total 55% of respondents attend a practice within Ceredigion.

## Anything not spoken about

People were asked if there was anything that they wanted to talk about that was not included within the questionnaire.

Common themes included where people live, what they do, where they go, and people important to them. The most common theme for those attending CSBs was the need for respite services, and for those in the community they were based around accommodation.

Below is a list of responses in their own language. Where [ ] have been used, it indicates information that I have included, or redacted to allow the responses to remain anonymous. Where ( ) have been used, this was done by the respondent.

X words "Bridges" (Meaning Railway Bridges - preferably X likes to stand underneath them). He likes the sound as a train goes over them, and often he makes audio recordings of the sound. X (Support worker) 19th Nov. 2017.
[Signed their name]
[Signed their name]
[Signed their name]
Shopping trips to Cardiff more often please. Next trip planned for November 2018, to see firework display.
I go to Gateway, Hijinx, College, Cyrff Ystwyth.
Ok for kown [know]
Would like to move into town. At the moment due to anxiety about travel it is not possible to travel without support.
I need medical bed as I find it very difficult to get up and down please DR has been spoken to referaal should have been made
Morgan Street
Continued Guaranteed access to support services. Dash, free transport + blue badge
More help in managing Pas
Happy
This form, I wasn't asked about it. My mental health
I need to move with mum-sister asap because of my epilepsy and my other medical conditions. I am no longer able to love on my own I am too scared cause of my medical problems. [Signed X]
My mother has helped me write this. She says... everything is really difficult to access. All services seem to be reduced all the time, fed up asking for help all the time - to be told theres nothing.
More attention to those with mental health and aiding them in finding employment
No, I don't know what you're talking about anyway (was his actual answer)..
This questionnaire is not very service user friendly, X needed a lot of guidance with trying to answer the questions.
[Answered yes, but gave no further information]
[Updated address, however no name to attach it to]
Not really
Such as what?
Support group to talk to other people the same condition as me or feel anxious at times like I do.
My mum has helped to fill this in as she has to explain questions in a way I <u>CAN</u> understand.
My faith in God. (I am just writing what she says!)
[Answered yes, but gave no further information]
Going out in town with Shan shopping and lunch and Dr Who magazine
Moving away from home
My relationship with my boyfriend
I like company car because I don't like buses and taxis [Contradicts answers given to travelling]
Emergency respite. Being able to physically access the community - there are some places I can't go because of my chair.
Respite emergency
Wants to discuss future holidays respite
I can have extreme challenging behaviour so require my 2:1 support whilst away from home.
Going on holiday
Friends, Being at the centre
Mum + Dad?
Centre, staff + house staff
Requires more paid care for activities like being taken out of the house for drives in the car. [Different handwriting and tense, possible written by carer?]
Service user unhappy about closure of kitchen at Canolfan Padarn. Also thinks "Council is corrupt".
Holidays, visiting family
Being able to talk to someone if I am worried about anything - Keyworker, personal assistant

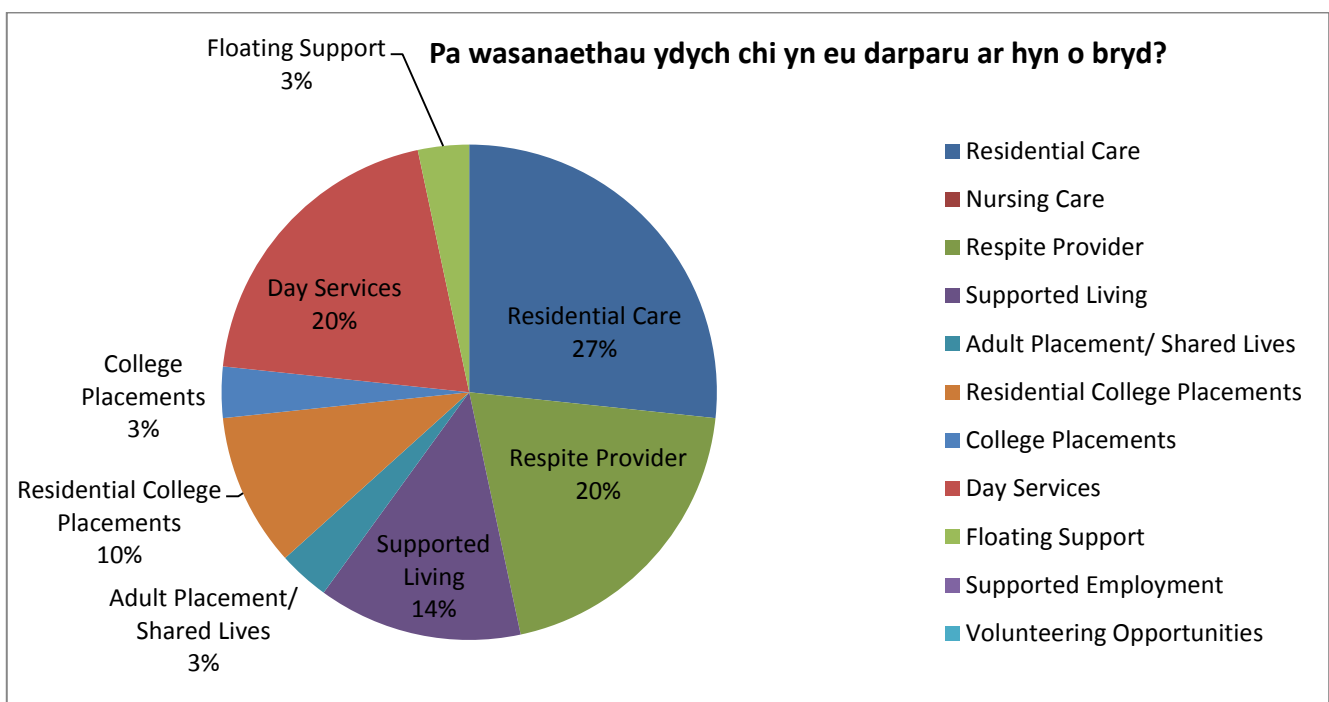
# Dadansoddiad o'r ymatebion a gafwyd i'r arolwg oddi wrth ddarparwyr gwasanaethau ar gyfer pobl sydd ag anableddau dysgu

Datblygwyd yr arolwg i gasglu gwybodaeth oddi wrth ddarparwyr gwasanaethau sydd wedi'u comisiynu ar hyn o bryd i ddarparu gwasanaethau ar gyfer Pobl sydd ag Anableddau Dysgu. Roedd yr arolygon ar gael ar wefan Cyngor Sir Ceredigion ac roeddent hefyd wedi'u dosbarthu ymhlith yr holl ddarparwyr sydd wedi'u comisiynu ar hyn o bryd i ddarparu gwasanaethau.

Cysylltwyd â 41 o ddarparwyr yn uniongyrchol ar e-bost. Fodd bynnag, ni chafwyd ond 15 o ymatebion. Gan dybio nad oedd unrhyw ddarparwr wedi ateb yr arolwg ar y wefan, byddai hyn yn golygu mai 38% oedd wedi ymateb. Paratowyd yr arolygon yn ddwyieithog. Serch hynny, ni chafwyd yr un ymateb yn Gymraeg.

## Y gwasanaethau a ddarperir

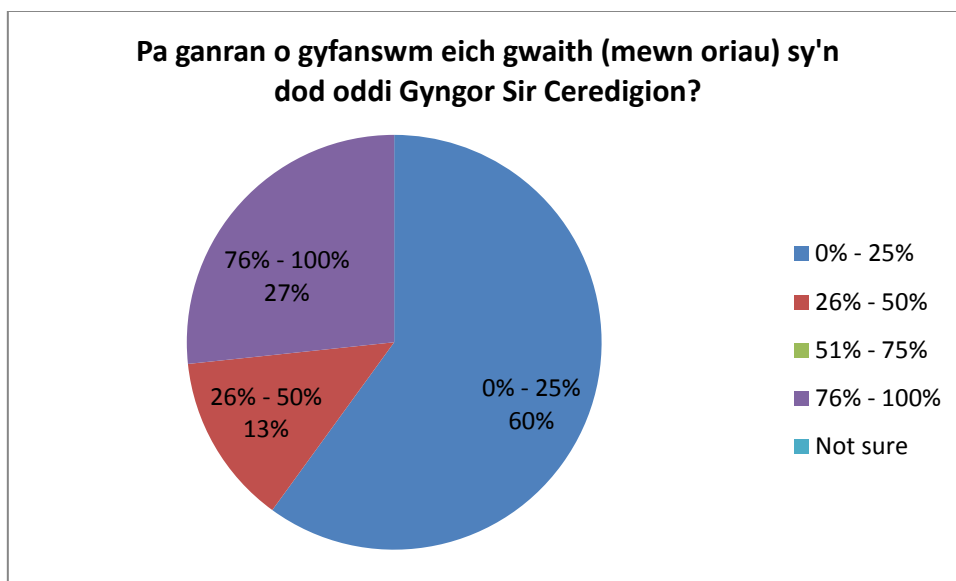
Gofynnwyd i'r darparwyr ddisgrifio'r gwasanaethau yr oeddent yn eu darparu a chanfuwyd bod nifer o'r darparwyr yn cynnig amrywiaeth o wasanaethau. Tynnodd yr arolwg sylw at fylchau yn y gwasanaethau a ddarperir. Serch hynny, gallai hyn fod o ganlyniad i'r ffaith nad ydynt yn debygol o ymddangos yn yr ymatebion os nad ydym yn eu comisiynu.



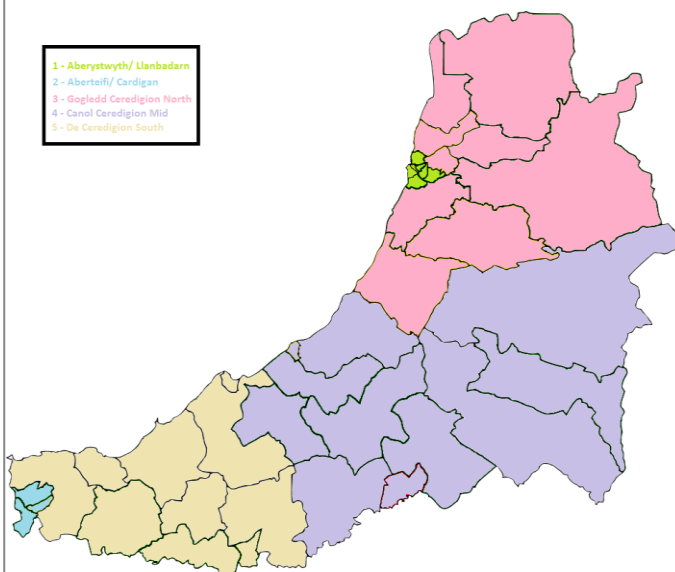
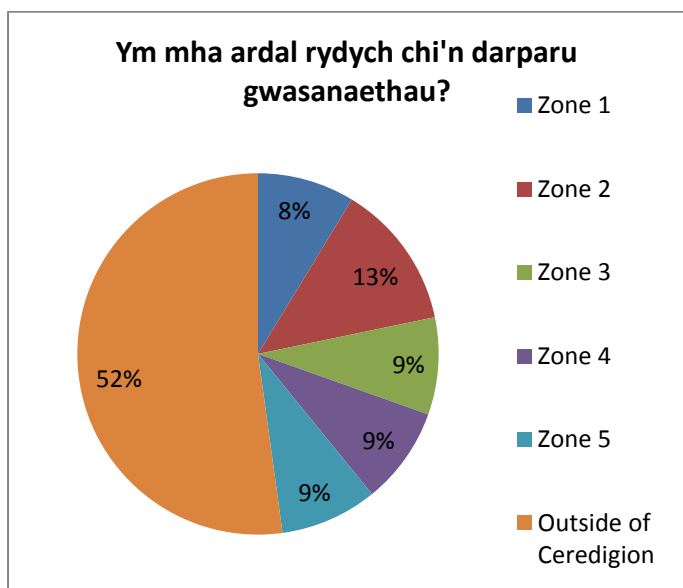
Mae'n werth nodi nad oes yr un darparwr yn adrodd eu bod yn darparu cyflogaeth dan gymorth na chyfleoedd gwirfoddoli, er y bydd hyn yn ymddangos fel gofyniad yn y dyfodol ar gyfer Pobl ag Anableddau Dysgu. Ni chafwyd ymatebion gan yr un darparwr gofal nyrsio ond rydym yn gwybod ei bod yn debygol y bydd galw cynyddol am y gwasanaeth hwn yn y dyfodol oherwydd y cysylltiad rhwng syndrom down a dementia.

Hefyd, ni chafwyd yr un ymateb gan ddarparwr eiriolaeth. Serch hynny, yn yr adran ynglŷn â chanolfannau dydd yn ddiweddarach yn yr arolwg, dywed y darparwyr eu bod yn darparu gweithgareddau sy'n gysylltiedig ag eiriolaeth fel rhan o'u gwasanaethau.

Mae dadansoddiad o gyfanswm gwaith y darparwyr sy'n dod oddi wrth Gyngor Sir Ceredigion yn ddi-ddorol gan nad yw Ceredigion ar y cyfan ond yn rhan fechan iawn o'u gwaith.



Dywed 60% o'r darparwyr bod rhwng 0% a 25% o'u gwasanaeth yn cael ei ddarparu ar gyfer Ceredigion a dim ond 27% o'r darparwyr sy'n derbyn gwaith o Geredigion yn unig. Mae hyn yn cynnwys y Safleoedd Cymorth Cymunedol a wnaeth hefyd ymateb i'r holiadur. Mae'r nifer hwn yn gwneud mwy o synnwyr pan ystyrir lle mae'r darparwyr yn cynnig eu gwasanaethau.



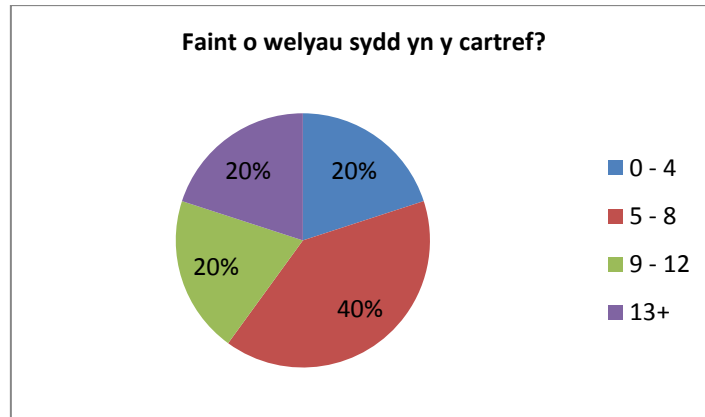
Ardal 1 yw Aberystwyth, Ardal 2 yw Aberteifi, Ardal 3 yw gogledd y sir, Ardal 4 yw canol y sir ac Ardal 5 yw de'r sir. Yr hyn sy'n glir yw bod y rhan fwyaf o'r darparwyr sy'n diwallu anghenion dinasyddion Ceredigion yn darparu'r gwasanaethau hyn y tu allan i Geredigion. Mae rhan fwyaf y darparwyr preswyl y tu allan i'r Sir, yn union fel y mae'r colegau preswyl, oherwydd nad oes dim darpariaeth yn y sir. Mae yna hefyd ddarparwyr gwasanaethau dydd sy'n gweithredu yng ngogledd Sir Benfro.

Er bod angen tyfu gwasanaethau yn lleol i'r rhai sy'n dymuno aros o fewn y Sir, mae mantais i'r sefyllfa sydd ohoni gan nad oes straen yn cael ei roi ar weithlu sydd eisoes dan bwysau yn y Sir i ddiwallu gwasanaethau eraill, megis gofal cartref.

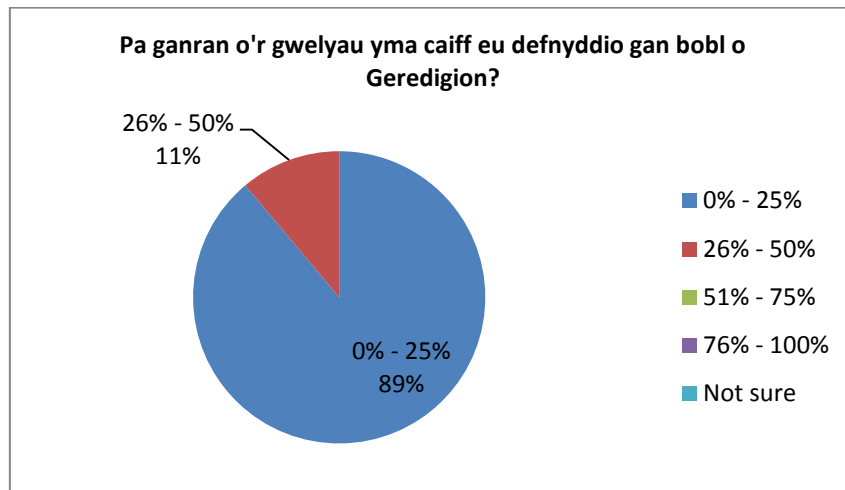
Bydd yr adrannau nesaf yn taro golwg ar y gwahanol fathau o wasanaethau cyn rhoi crynodeb ac ystyried y berthynas rhwng Cyngor Sir Ceredigion a'r darparwyr.

## Gofal Preswyl

Ymatebodd 8 o'r darparwyr preswyl. Darparu gofal preswyl yn unig y mae'r rhan fwyaf ohonynt. Mae'r cartrefi yn amrywio o ran nifer y gwelyau, ond mae gan y rhan fwyaf ohonynt rhwng 5 a 8 o welyau (40%).



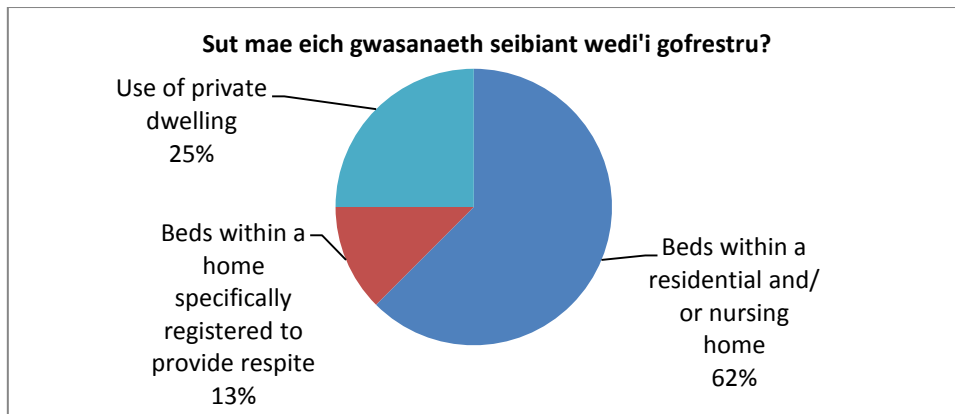
O ran lleoliadau preswyl mewn cartrefi preswyl, nid yw Ceredigion ond i gyfrif am ychydig iawn o incwm y darparwyr hyn. Yn rhan fwyaf y lleoliadau preswyl, rhwng 0% a 25% o'r gwelyau a ddefnyddir gan bobl o Geredigion ac mae gweddill y cartrefi yn nodi mai dim ond rhwng 26% a 50% o'r gwelyau a ddefnyddir gan bobl o Geredigion.



Mae'n debygol mai'r rheswm dros yr ymateb hwn yw'r ffaith bod rhan fwyaf lleoliadau Ceredigion y tu allan i'r sir ac ni wnaeth y darparwyr yng Ngheredigion ymateb i'r arolwg.

## Gofal Seibiant

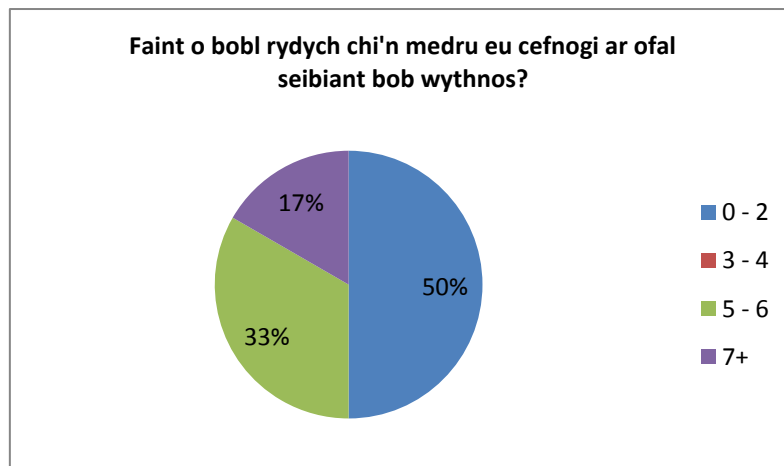
Dyweddodd 6 o'r darparwyr eu bod yn darparu gofal seibiant ar hyn o bryd ac roedd dau arall yn archwilio cyfleoedd gyda Cheredigion i reoli llefydd gwag. Mae'r gwelyau seibiant hyn wedi'u cofrestru mewn gwahanol ffyrdd fel y gallwch ei weld isod.



Mae rhan fwyaf y darparwyr gofal seibiant (75%) yn ceisio gwneud y mwyaf o'r llefydd gwag mewn cartrefi preswyl, neu mae'n defnyddio eiddo preswyl yn benodol at y diben hwnnw. Dim ond 25% o'r darparwyr gofal seibiant a ymatebodd sy'n defnyddio anheddau preifat megis bythynnod gwyliau.

Mae defnyddio anheddau preifat yn fwy addas ar gyfer helpu pobl i symud o fyw gyda'r teulu neu mewn llety preswyl i fyw yn y gymuned drwy gynlluniau byw â chymorth, ac ati, ac mae'n cyd-fynd yn dda â'r model dilyniant. Gallai defnyddio cartrefi preswyl olygu bod pobl yn ymgynefino â'r hyn sydd o'u hamgylch a gwneud iddynt eisiau aros mewn cartrefi nad ydynt yn cynnig yr un cyfleoedd i gadw annibyniaeth a'i datblygu.

Mae'r gwelyau sydd ar gael o fewn y lleoliadau gofal seibiant hefyd yn gyfyngedig oherwydd bod gofal seibiant yn y rhan fwyaf o achosion yn cael ei ddefnyddio i lenwi bylchau ar draws cartrefi a sefydliadau unigol.



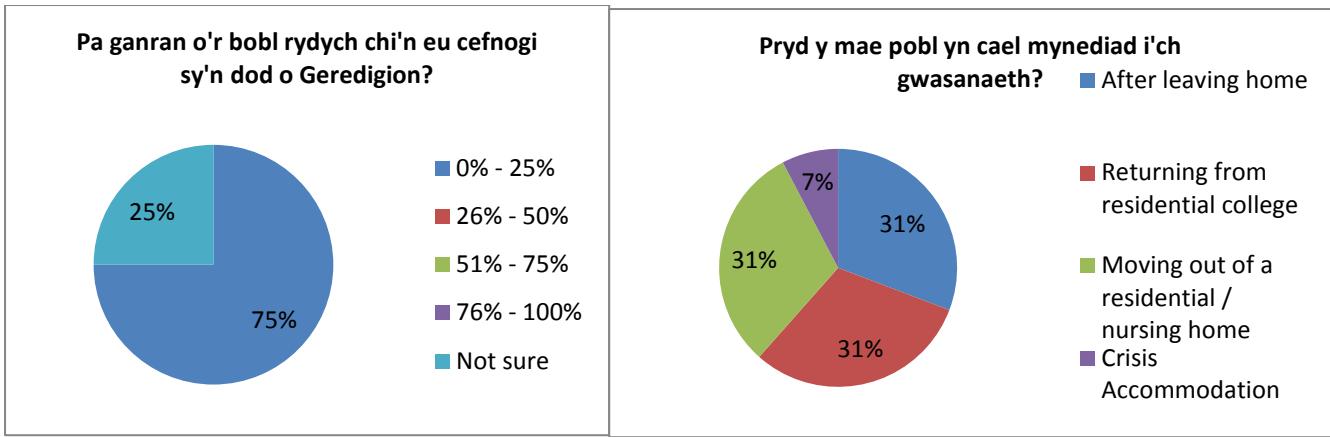
Serch hynny, gellid cynyddu'r nifer fechan o welyau os byddai pobl yn newid eu patrymau o ran defnyddio gofal seibiant. Er enghraifft, dim ond gwelyau ar gyfer 3 o bobl oedd gan un o'r ymatebwyr a atebodd fod ganddo le i 5-6. Mae'r darparwr hwn wedi sylwi bod pobl bellach yn aros am 2-3 noson, sy'n golygu bod y gwelyau yn aml yn cael eu defnyddio ddwywaith yn ystod yr un wythnos.

Ac eithrio un darparwr gofal seibiant yng Ngheredigion, mae pob un o'r darparwyr gofal seibiant eraill yn nodi nad yw Ceredigion ond i gyfrif am rhwng 0 a 25% o'u gwaith.

## Byw â Chymorth

Prin fu'r ymateb oddi wrth y sector byw â chymorth. Serch hynny, bu iddynt hwy hefyd ddangos eto bod rhan fwyaf eu gwaith yn dod o'r tu hwnt i'r sir, ac maent yn darparu swyddogaeth cam-i-lawr a chyfle i sefydlogi ar gyfer y rheini sydd mewn argyfwng.





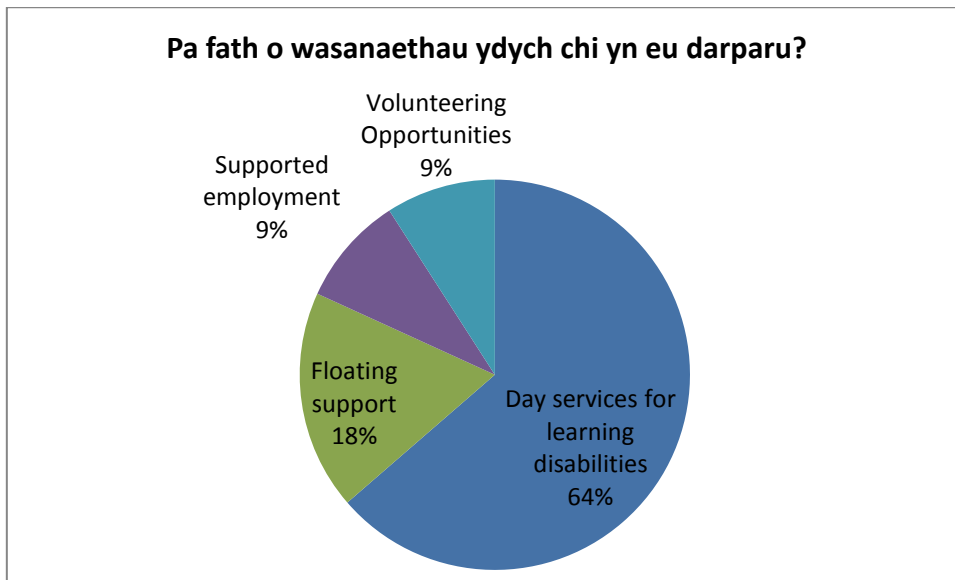
Mae'n werth nodi bod ymatebion wedi dod i law oddi wrth ddarparwyr byw â chymorth sy'n gweithio yng Ngheredigion ond bu iddynt ateb 'ddim yn siŵr', sy'n awgrymu o fewn y gwasanaethau byw â chymorth yng Ngheredigion fod yna unigolion sy'n talu eu hunain neu leoliadau o'r tu allan i'r sir.

### Colegau

Gan fod yr ymatebion oddi wrth y colegau yn brin, ni fu modd cael dadansoddiad ystyrlon o'r farchnad honno. Fodd bynnag, mae gwybodaeth yn dangos nad yw Ceredigion ond i gyfrif am gyfran fechan o'u gwaith a bod y lleoliadau yn para rhwng 0 a 3 blynedd.

### Gwasanaethau Dydd

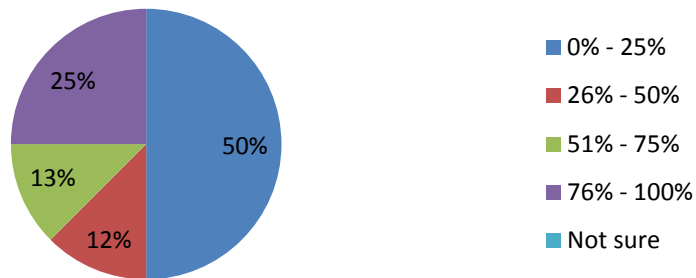
Mae cryn dipyn o wasanaethau gofal dydd ar gael a'r rheswm dros hyn yw bod cartrefi preswyl yn cynnig gwasanaethau dydd fel rhan o'u gofal preswyl. Gweler isod ddadansoddiad o'r hyn sydd ar gael.



Nid oes yr un o'r darparwyr yn nodi eu bod yn ddarparwyr gwasanaethau dydd cyffredinol; yn hytrach maent yn ystyried eu hunain fel darparwyr gwasanaethau dydd ar gyfer pobl sydd ag anableddau dysgu. Ceir hefyd ddarparwyr sy'n gweithredu fel gwasanaethau cymorth fel y bo'r angen / allgymorth, ac mae rhai yn darparu cyflogaeth dan gymorth a chyfleoedd gwirfoddoli drwy eu gwasanaethau.

Mae'r canlyniadau o ran mynediad pobl Ceredigion at wasanaethau yn awgrymu bod mwy o alw am y gwasanaethau dydd na'r gwasanaethau eraill.

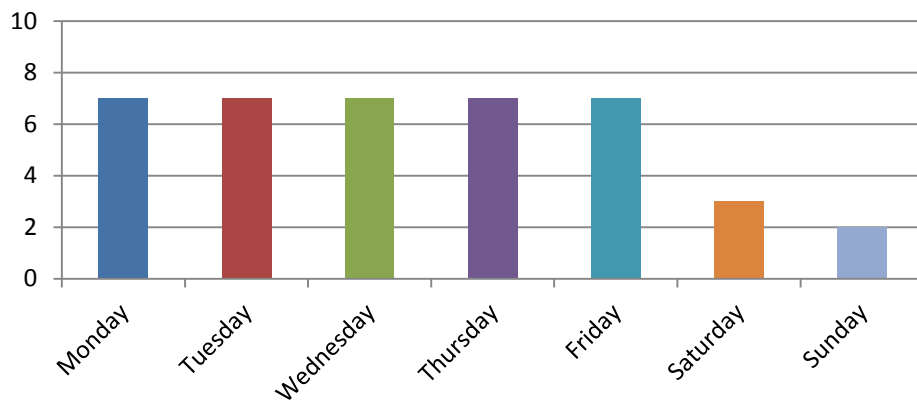
## Pa ganran o'r bobl sy'n defnyddio eich gwasanaethau sydd o Geredigion?



Hwn yw'r unig faes gwasanaeth yn y sir lle mae hyd at 100% o'r bobl sy'n ei ddefnyddio yn dod o Geredigion. Gallai hyn fod yn rhannol am fod y Safleoedd Cymorth Cymunedol wedi'u cynnwys ond ceir cyfran uwch o ddefnydd gan Geredigion o gymharu â'r defnydd a wneir o'r gwasanaethau a welwyd eisoes.

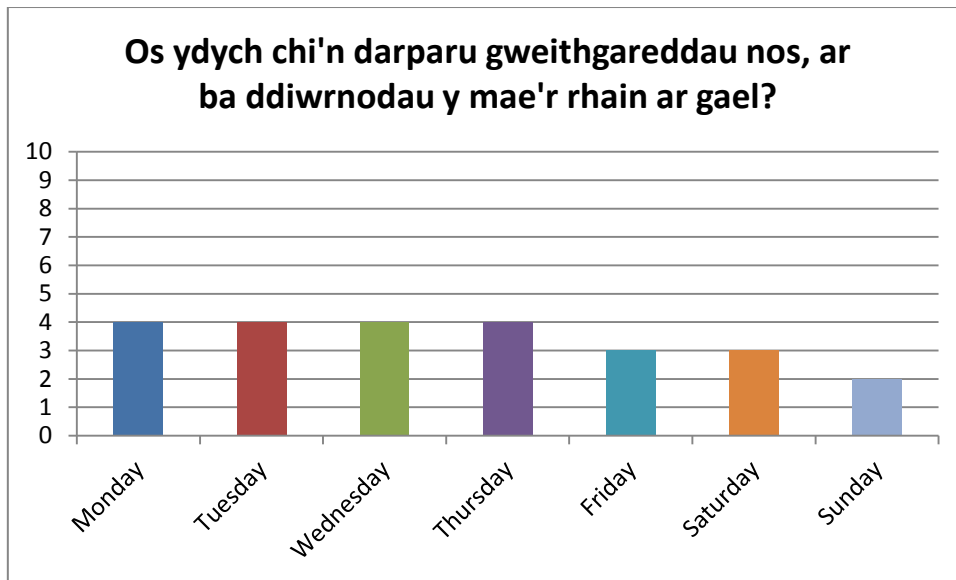
Mae pob un o ddarparwyr y gwasanaethau dydd yn darparu gwasanaeth rhwng dydd Llun a dydd Gwener gan ddechrau mor gynnar â 7.30 a gorffen mor hwyr â 17:00. Mae hyn i ryw raddau am fod rhai o'r gwasanaethau yn rhan o wasanaeth preswyl. Mae rhai gwasanaethau hefyd yn cynnal gwasanaethau dydd o fewn pecynnau cartref preswyl hyd at 21:30 ond mae eraill yn dod â'r gwasanaeth i ben mor gynnar â 15:40.

## Ar ba ddiwrnodau y mae eich gwasanaethau ar gael yn yr wythnos?



Ar gyfartaledd, mae'r gwasanaethau yn dechrau am 9:00 ac yn dod i ben am 16:30 sef diwrnod sy'n para 7.5 awr. Dim ond 2 o'r darparwyr sy'n cynnig gwasanaethau ar benwythnosau ac mae'r ddau yn cynnig yr un oriau â'r gwasanaethau yn ystod yr wythnos. Dim ond un darparwr sy'n cynnal gwasanaeth ar ddydd Sul ac mae hynny am ei fod yn ddarparwr gofal preswyl.

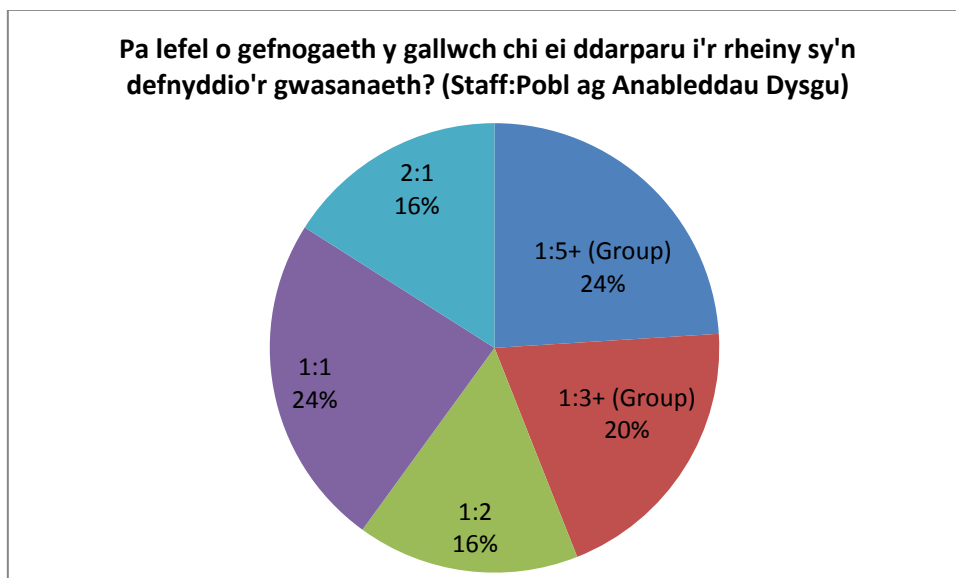
Dim ond hanner y darparwyr sy'n medru cynnig gwasanaeth gyda'r hwyr ac nid yw'r gwasanaeth hwn ar gael drwy'r wythnos. Mae un darparwr yn cynnig cyfleoedd o ddydd Llun i ddydd Iau, un arall hyd at ddydd Sadwrn a'r trydydd drwy'r wythnos fel rhan o'r pecyn preswyl. Dywedodd darparwr arall y gallent gynnig gweithgareddau gyda'r hwyr drwy drefnu amserlen staff y cartref gofal ar sail ad hoc.



Ar gyfartaledd, mae'r cymorth gyda'r hwyr yn dechrau am 17:00 ac mae un darparwr yn dechrau am 17:30. Ar gyfartaledd, daw'r cymorth hwn i ben am 20:30. Mae gwasanaeth un darparwr yn dod i ben am 19:00 ac mae eraill yn gorffen cyn hwyred â 21:30. Golyga hyn nad yw'r cymorth gyda'r hwyr ond yn para 1:30 awr.

O ystyried bod oedolion eraill yn y gymuned yn cymdeithasu ac yn aros allan y tu hwnt i 19:00, neu hyd yn oed 21:30, mae'n bosibl nad yw'r oriau yn ddigon hir i ddiwallu'r anghenion er bod rhywfaint o ddarpariaeth ar gael.

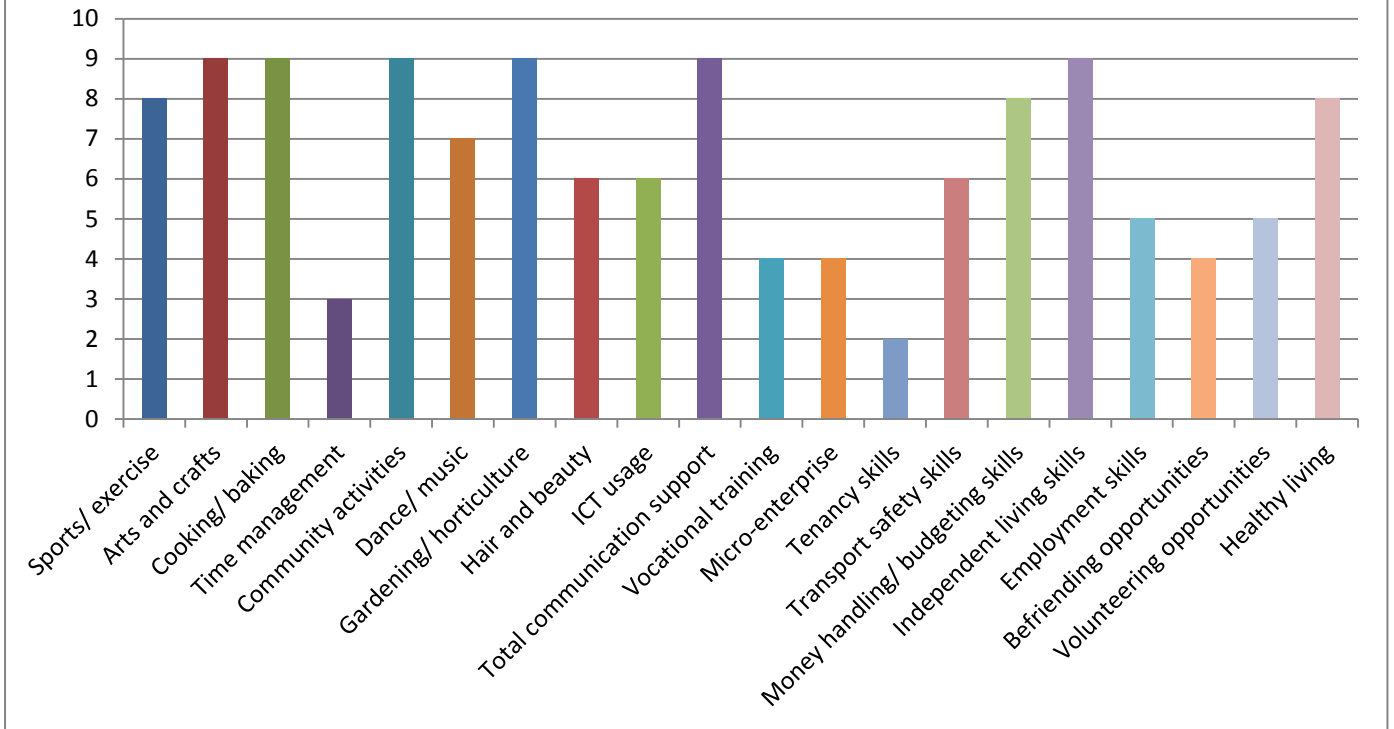
Gofynnwyd cwestiynau hefyd ynglŷn â lefel y gefnogaeth yr oedd y darparwyr yn medru ei gynnig ar hyn o bryd. Nid yw pob darparwr yn medru cynnig lefelau uwch o gefnogaeth. Serch hynny, y gefnogaeth fwyaf gyffredin a gyngir yw cymorth mewn grwpiau mawr a chymorth 1:1.



Dywedodd pob darparwr y gallent ddarparu'r un ddarpariaeth pe byddai angen cefnogaeth ychwanegol ac felly mae hyn o bosib yn adlewyrchu'r hyn y maent yn ei ddarparu ar hyn o bryd, yn hytrach na'u bwriad o ran y ddarpariaeth.

Gofynnwyd i'r darparwyr sôn am y gweithgareddau yr oeddent yn eu darparu fel rhan o'u gwasanaethau. Mae'n ymddangos bod cefnogaeth gyffredinol i rai meysydd allweddol, yn ogystal â rhai agweddau arbenigol.

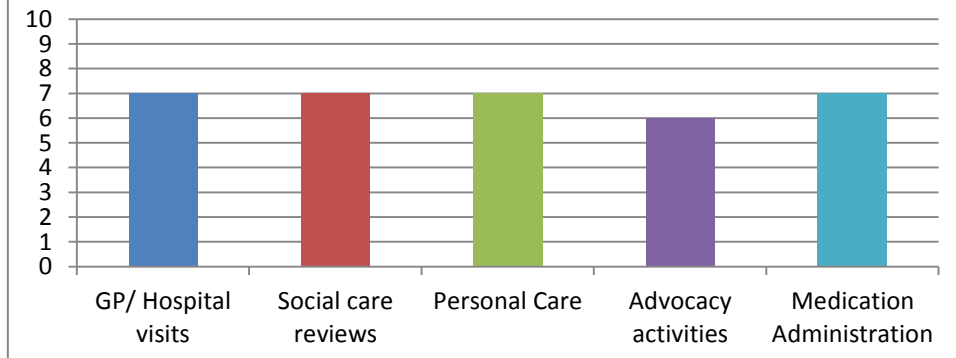
### Pa weithgareddau nad ydynt wedi'u rheoleiddio ydych chi'n eu darparu?



Mae celf a chrefft, coginio/pobi, gweithgareddau cymunedol, garddio/garddwriaeth, cefnogaeth cyfathrebu llawn a sgiliau byw'n annibynnol yn gyffredin ym mhob lleoliad. Fodd bynnag, nid yw sgiliau rheoli amser a sgiliau tenantiaeth yn gyffredin iawn.

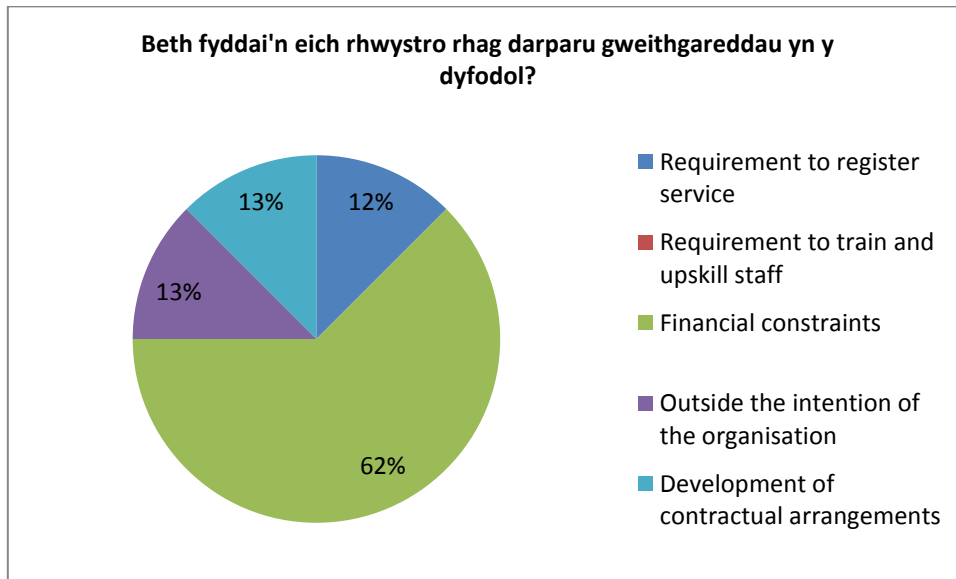
Pan ofynnwyd iddynt am weithgareddau a reoleiddir, roedd y darparwyr i gyd yn cynnig yr un ddarpariaeth o ran cefnogi ymweliadau i apwyntiadau meddyg teulu/ysbyty, rhoi cefnogaeth yn ystod adolygiadau gofal cymdeithasol, darparu gofal personol a gweinyddu meddyginiaethau. Fodd bynnag, nid oedd pob gwasanaeth yn darparu cymorth ar gyfer gweithgareddau eiriolaeth. Gallai hyn fod oherwydd bod y ddarpariaeth eiriolaeth yn brin yng Ngheredigion.

### Pa weithgareddau a reoleiddir yr ydych yn darparu cymorth ar eu cyfer?



Gofynnwyd i'r darparwyr hefyd a oeddent yn darparu cludiant fel rhan o'u gweithgareddau, ac roedd 86% o'r gwasanaethau yn gwneud hynny. Lleoliadau preswyl oedd y rhai nad oeddent yn darparu cludiant. Gan fod y preswylwyr eisoes ar y safle, nid oedd angen cludiant arnynt.

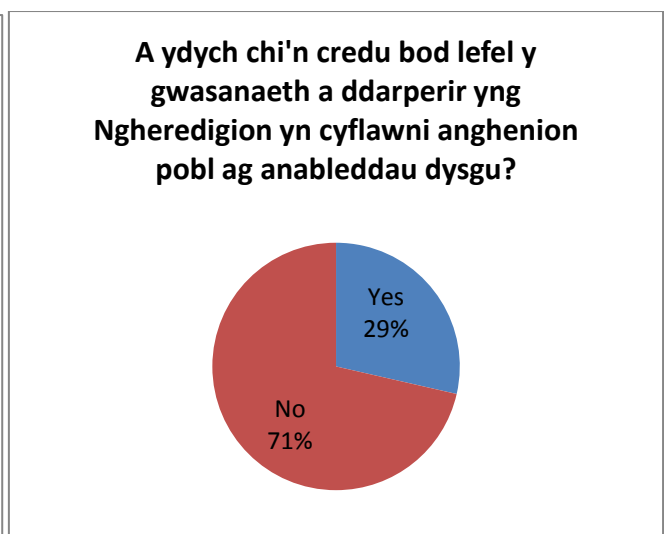
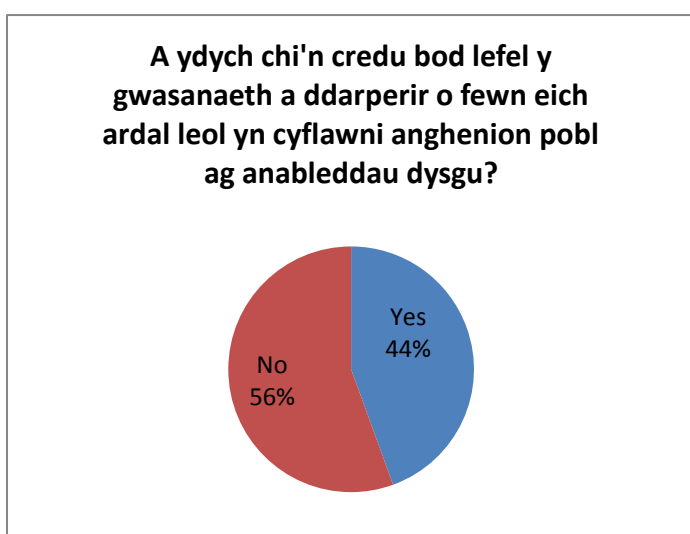
Gofynnwyd i ddarparwyr hefyd beth fyddai'n eu rhwystro rhag darparu gweithgareddau yn y dyfodol. Nid yw'n syndod mai cyfyngiadau ariannol oedd yr ateb a roddwyd fwyaf.



Nid oedd yr un darparwr o'r farn y byddai hyfforddiant a gwella sgiliau staff yn broblem. Mae hyn yn dangos bod y darparwyr yn teimlo bod ganddynt weithlu sy'n gallu addasu i newid. Roedd y problemau a nodwyd ganddynt ar lefel y rheolwyr lle'r oedd pryderon ynglŷn â chontractau a chofrestru'r gwasanaeth ag Arolygiaeth Gofal Cymru neu ar lefel y cyfarwyddwyr/yddiriedolwyr pe byddai gwrthdaro o ran dyheadau'r sefydliad.

### Safbwyntiau ynglŷn â darparu a chomisiynu gwasanaethau

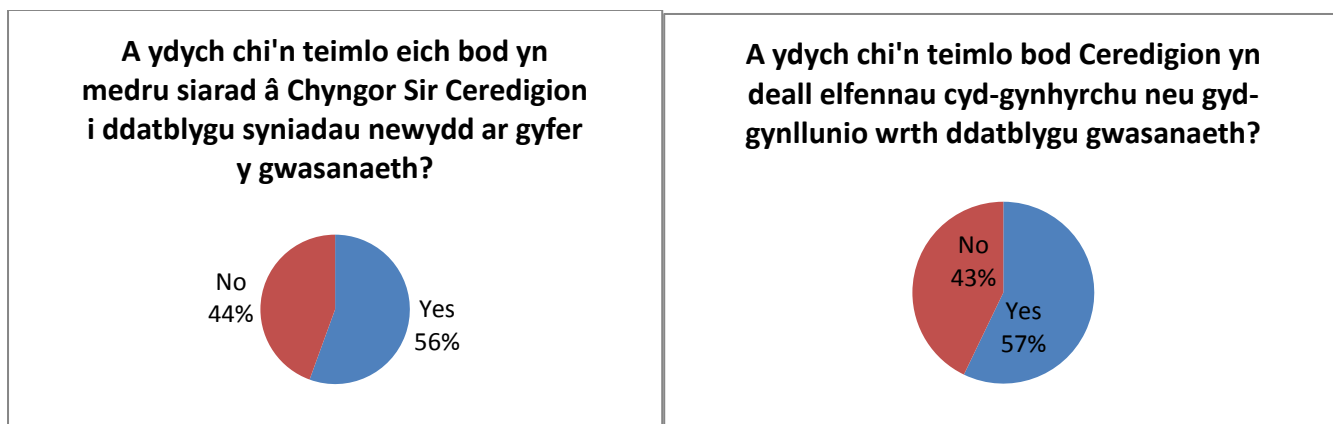
Ni ymatebodd pob darparwr i'r cwestiynau hyn gan eu bod yn teimlo nad oeddent yn berthnasol am eu bod y tu allan i'r Sir. Serch hynny, roedd y rhan fwyaf o'r rhai a ymatebodd yn teimlo nad oedd y gwasanaethau anableddau dysgu yn diwallu anghenion yr ardal leol na Cheredigion.



Pan ofynnwyd iddynt a oedd math penodol o wasanaeth ar gael, dywedodd 83% o bobl fod yna a rhoddir enghreifftiau o'r rhain isod. Dangosir y rhain gair am air yn yr iaith a'r ffurf y cawsant eu rhoi.

Grwpiau cymorth - cefnogaeth gan gymheiriaid. Clybiau / cael mynediad at glybiau a grwpiau cymunedol
Cyfleoedd ychwanegol ac ystyrllon sy'n seiliedig ar waith gyda chanlyniadau cadarnhaol - gan weithio gyda darparwyr gwasanaethau annibynnol. Hefyd, mae angen DYBRYD am wasanaethau eiriolaeth annibynnol yng Ngheredigion.
Rhagor o gyfleoedd i feithrin sgiliau / cyfleoedd dysgu / sesiynau grŵp / cymorth a gaiff ei arwain gan alw / hwb cymunedol / gwasanaethau gwybodaeth a chyngor.
Pontio - Ieuenctid - Oedolion
Mwy o seibiant / seibiant amgen
Hoffem ddatblygu gwasanaethau seibiant ar gyfer Pobl ag Anableddau Dysgu yn ein dinas brydferth Tyddewi - lleoliad perffaith am wyliau/seibiant. Byddai unrhyw help oddi wrth eich Awdurdod Lleol yn cael ei werthfawrogi.
Llety camu ymlaen - datblygu gwasanaethau ymddygiad arbenigol lleol
Darpariaeth gyda'r hwyr a thros benwythnosau

Er bod pobl yn teimlo nad oes gwasanaeth i ateb y galw, roedd mwyafrif y bobl yn teimlo y gallent fynd at Gyngor Sir Ceredigion i ddatblygu syniadau newydd, a bod dealltwriaeth o gyd-gynhyrchu a chyd-gynllunio.



Nododd y darparwyr fod rhai rhwystrau o fewn y timau. Mae eu hadborth i'w weld isod.

Gallwn fynd at weithwyr cymdeithasol unigol ond nid yw'n hawdd cyfathrebu â'r rhai sy'n gwneud penderfyniadau yn uwch i fyny'r goeden reoli.
Nid ydym yn gwybod pwy yw'r prif arweinyddion + swyddogion cyswllt ar gyfer datblygu gwasanaethau yng Ngheredigion.
Gwell cyfathrebu / cyfarfodydd gyda darparwyr gwasanaethau
Cyflwyno syniadau a chynlluniau i uwch reolwyr heb ddim cydnabyddiaeth o'r syniadau hyn. Gwaith partneriaeth a bod yn hyblyg i ddarparu gwasanaethau.

## Sylwadau Ychwanegol

Gweler isod y sylwadau ychwanegol sydd wedi'u golygu i sicrhau bod yr ymatebion yn ddi-enw.

Wrth i'r Ddeddf Anghenion Dysgu Ychwanegol a'r Tribiwnlys Addysg gael ei rhoi ar waith, byddai [Enw Coleg Preswyl] yn croesawu'r cyfle i drafod sut y gallai'r coleg weithio gyda chi i sicrhau bod anghenion pob person ifanc sydd ag anawsterau ac anableddau dysgu yn cael eu diwallu a'r rôl y gallem ei chwarae i ddiwallu anghenion rhanbarthol. [Enw a Manylion Cyswllt]
Rydym wedi ei chael hi'n anodd canfod y swyddogion cyswllt perthnasol o ran Ceredigion i drafod y gwasanaethau sydd ar gael gan [enw'r darparwr] o fewn ei wasanaethau cofrestredig, yn Sir Gaerfyrddin a Sir Benfro. Gan mai dim ond un pecyn cymorth o Geredigion sydd wedi'i gomisiynu yn ein cartrefi ar hyn o bryd, mae hyn wedi cyfyngu ar y cysylltiad y byddem yn gobeithio ei ddatblygu yn y dyfodol agos.
Hoffem ddatblygu gwasanaethau seibiant ar gyfer Pobl ag Anableddau Dysgu yn ein dinas brydferth Tyddewi - lleoliad perffaith am wyliau/seibiant. Byddai unrhyw help oddi wrth eich Awdurdod Lleol yn cael ei werthfawrogi.

Bron nad yw'r gwasanaeth eiriolaeth wedi bodoli o gwbl dros y blynyddoedd diwethaf. Bu sôn am fentrau cymdeithasol dros y 10 mlynedd ddiwethaf ond nid ydym wedi llwyddo i gyflawni hyn eto. Nid menter gymdeithasol yw'r ffordd ymlaen o reidrwydd. Er mwyn rhedeg menter gymdeithasol lwyddiannus mae angen cynnyrch neu wasanaeth da i'w gwerthu; rheolwr sydd â phrofiad busnes ac sy'n adnabod y 'farchnad' i werthu'r nwyddau neu'r gwasanaethau a rhywun sy'n meddu ar y cysylltiadau i wneud iddo weithio. Mwy o alw ar anghenion iechyd a gofal personol. Ceir mynediad at apwyntiadau meddygon teulu, deintyddion ac ysbytai drwy'r gwasanaeth dydd. Nid yw materion anodd megis, cyllid, tai ac ati yn cael sylw yn ystod yr adolygiadau. Mae diffyg cyfeiriad gan uwch-reolwyr yn arwain at forâl isel ymhlith staff. Gweithdai gwych sy'n cael eu hwyluso gan unigolion / asiantaethau, cerameg, prosiect coed tir coed, gweithdy drymiau/ offerynnau taro. Proffil uchel yng nghynhadledd Anableddau Dysgu Cymru. Perthynas waith dda gyda Mencap, Mirus, Plas Llest a Phlas Gwyn ynghyd â'r adran Parciau a Gerddi. Y Gyfarwydddeb Oriau Gwaith a cheisio sicrhau bod seibiannau ar gael i'r staff wrth gynnal y gwasanaeth. Cynnig ynglŷn â'r gegin yn cael ei rhoi gerbron yr uwch reolwyr - dim cydnabyddiaeth bod y cynnig wedi'i dderbyn. Yn gyffredinol, teimlir o fewn y gwasanaeth dydd ein bod yn gwneud pob ymdrech i sicrhau bod y cleientiaid yn cael y cymorth a'r gefnogaeth sydd eu hangen arnynt. Rydym yn hyblyg o ran cymorth ac yn ddiweddar rydym wedi bod yn cynorthwyo cleientiaid yn eu cartrefi oherwydd salwch a phrofedigaeth yn y teulu. Rydym yn hoffi meddwl amdanom ein hunain fel gwasanaeth agored ac mae'r holl weithgareddau yn cael eu darparu gan roi buddiannau gorau ein cleientiaid yn gyntaf. Er y derbynir yn eang bellach y bydd y trydydd sector yn camu i mewn i ddarparu gwasanaethau o dan y Ddeddf Gwasanaethau Cymdeithasol a Llesiant, prin yw'r dystiolaeth o ran pwy, beth a ble fydd y gwasanaethau amgen hyn yn cael eu lleoli.

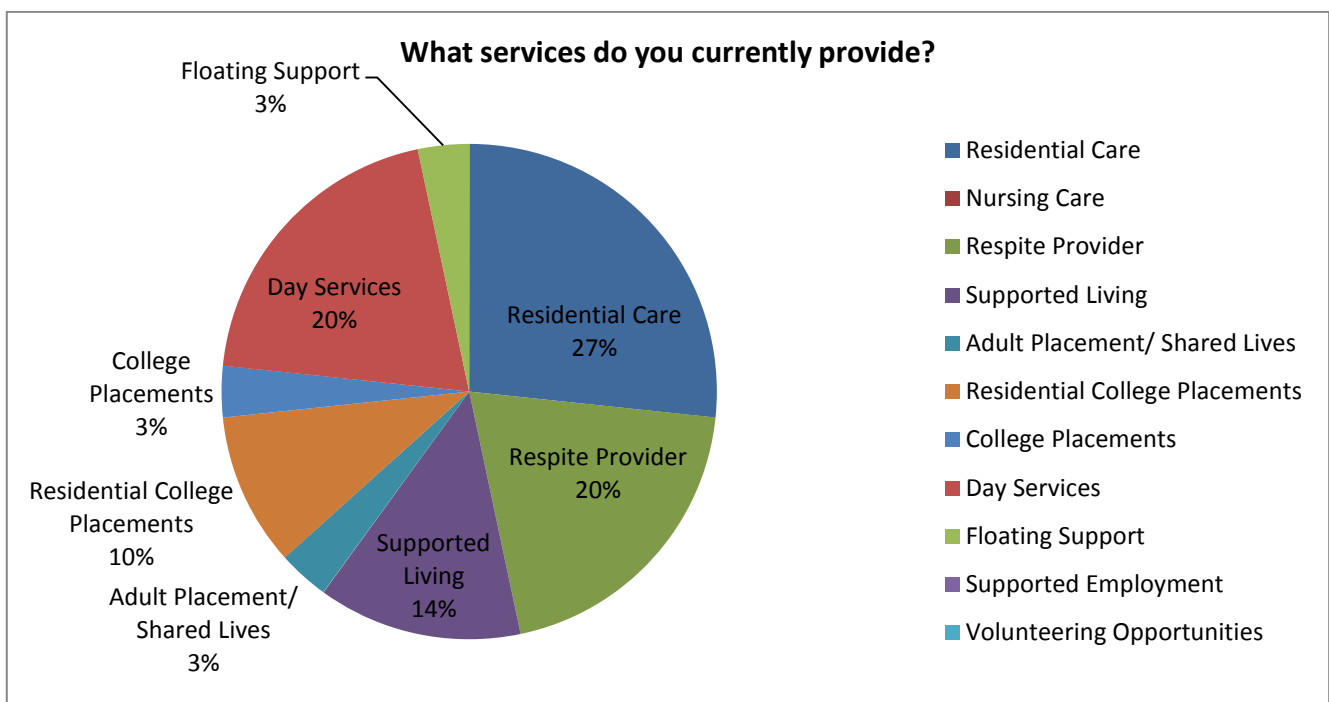
# Analysis of Survey Responses from Service Providers for People with a Learning Disability Services

The survey was developed to gather information from service providers whom are currently commissioned to provide services for People with Learning Disabilities (PwLD). The surveys were available on the Ceredigion County Council Website, and were also distributed to all providers who are currently commissioned to provide a service.

41 providers were contacted directly via email, however there were only 15 responses received. Assuming that no providers answered the survey from the website, it would mean that there was a response rate of 38%. The surveys were produced bilingually, however there were no responses received in Welsh.

## Service Provision

Providers were asked to describe the services that they deliver, and many providers offer a range of services. There are gaps in service provision highlighted through the survey, however this may be due to the fact that if we do not commission those services, they are not going to appear in responses.

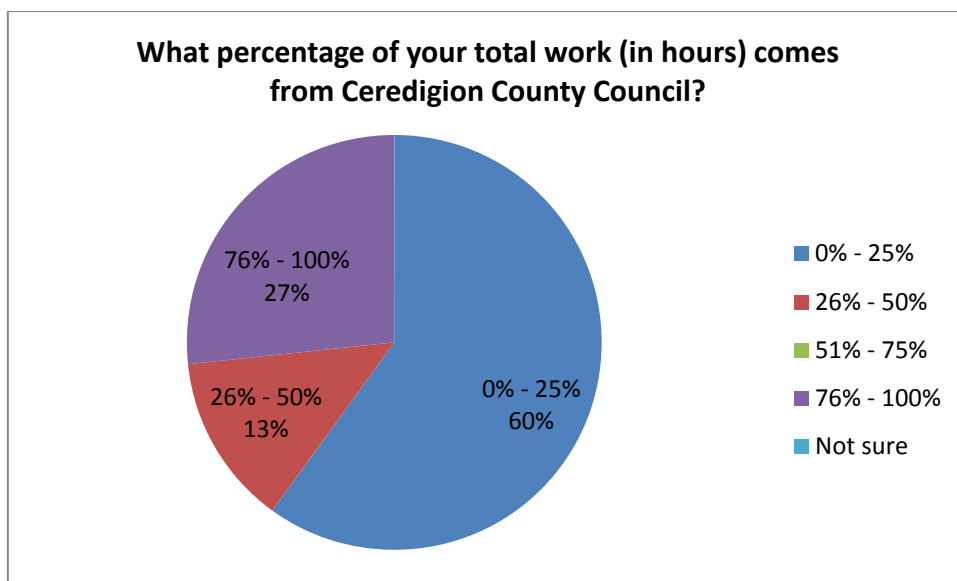


Of note, there are no providers reporting that they provide supported employment or volunteering opportunities, which appear as a future demand in the survey for PwLD. There are also no Nursing Care providers responding, but we know that this is likely to be an increasing demand in the future due to the link between downs syndrome and dementia.

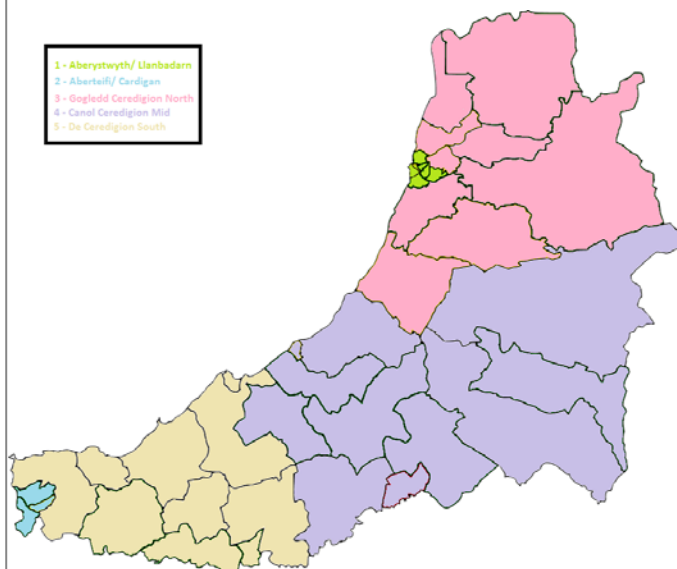
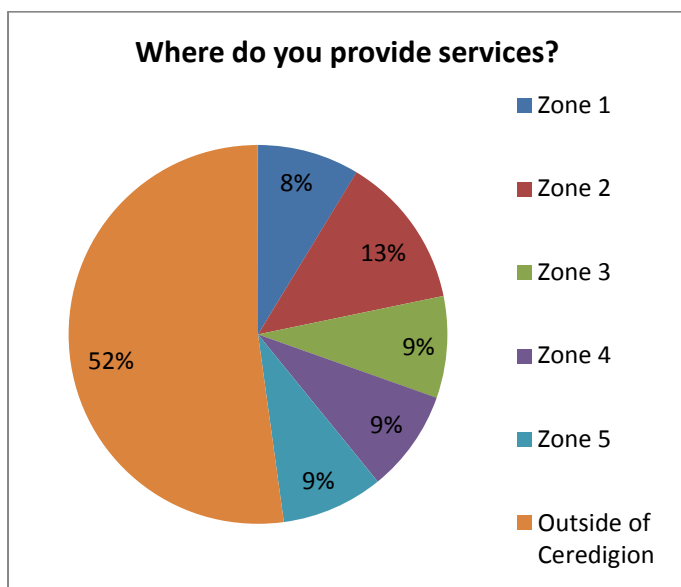
There are also no advocacy providers responding, but in the day centre section later on, providers say that they provide advocacy related activities as part of their services.



The breakdown of Ceredigion business is also interesting, in that Ceredigion in the most part makes up only a small part of people's business.



60% of providers say that between 0%-25% of their service is delivered for Ceredigion, and only 27% of providers receive work solely from Ceredigion. This will include the CSBs who also responded to the questionnaire. This number makes more sense when put into the context of where the providers are operating.



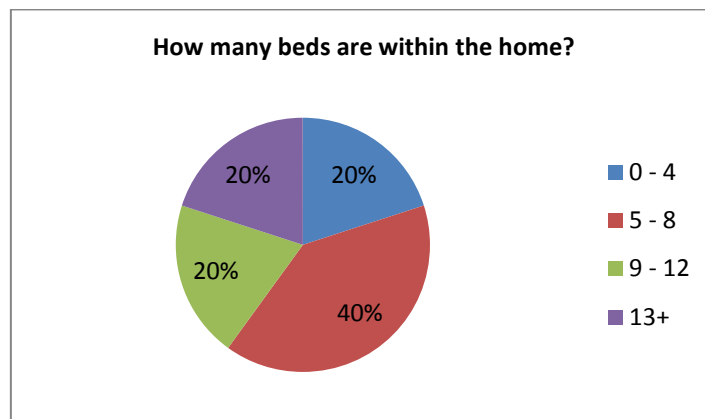
Zone 1 is Aberystwyth, Zone 2 is Cardigan, Zone 3 is North of the County, Zone 4 is Mid County, and Zone 5 is South of the County. What is clear is that most of the providers meeting the needs of Ceredigion Citizens are providing this work outside of Ceredigion. Residential providers are mostly out of county, as are residential colleges due to no provision within the county. There are also day service providers who operate in North Pembrokeshire.

Although there is a need to grow services locally for those who wish to remain within the county, this does have an advantage of not placing strain on an already extended workforce in the county in meeting other services, such as domiciliary care.

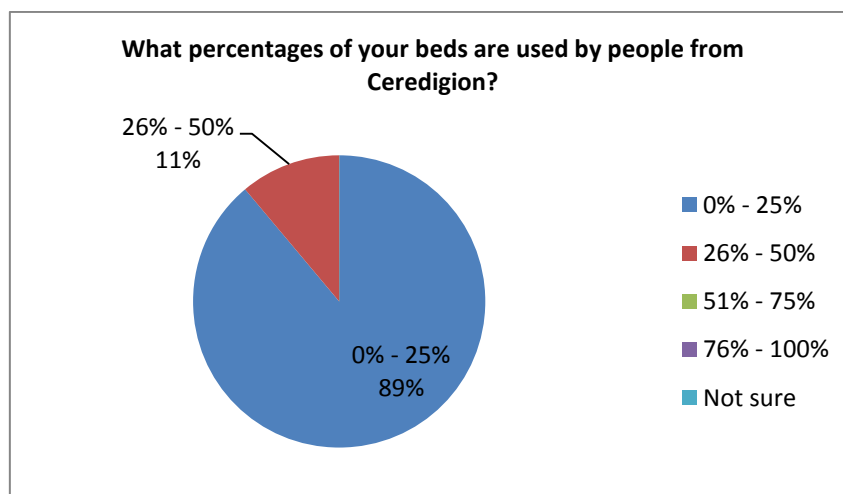
The next sections will look at services by type, before summing with a look at relationships between Ceredigion County Council and providers.

## Residential Care

There were 8 residential providers responding, of which the majority are residential care only. Most of the homes are split evenly in bed size, but the majority are 5-8 beds (40%).



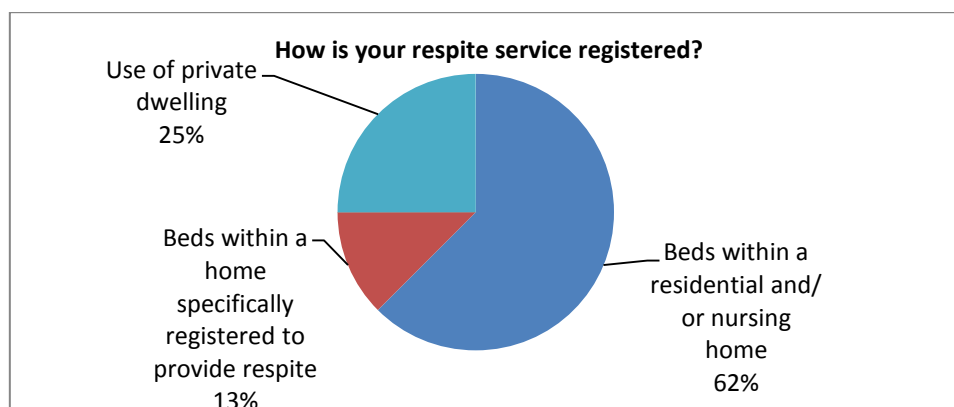
In terms of residential placements within residential homes, Ceredigion accounts for very little of these providers income. The majority of residential placements make up between 0%-25% of their bed allocations, and the rest only account for 26-50% of their beds.



The reason for this response is likely due to the fact that the majority of Ceredigion placements are out of county, and the providers within Ceredigion did not respond to the survey.

## Respite

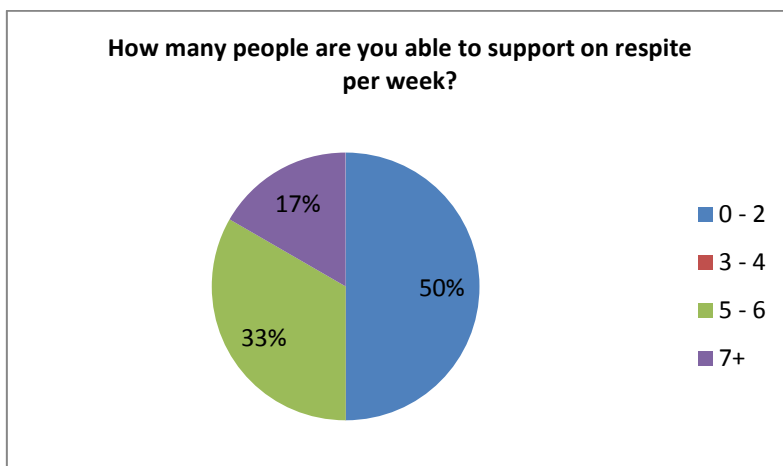
6 providers stated that they currently provide respite, with a further two looking at exploring opportunities with Ceredigion to manage void spaces. These respite beds are registered in different ways as can be seen in the breakdown below.



The majority of respite provision (75%) is set up around maximising vacancies in residential homes, or using residential premises specifically for that purpose. Only 25% of respite providers responding are using private dwellings such as holiday cottages.

Using private dwellings is more suitable for helping people move from family or residential living into the community through supported living, etc., and fits well with the progression model. Using residential homes could result in people becoming acclimatised to the surroundings and wanting to remain in homes which do not offer the same opportunities for retaining and developing independence.

The bed spaces available within the respite settings are also limited due to respite being in most cases used to fill voids across individual homes and organisations.

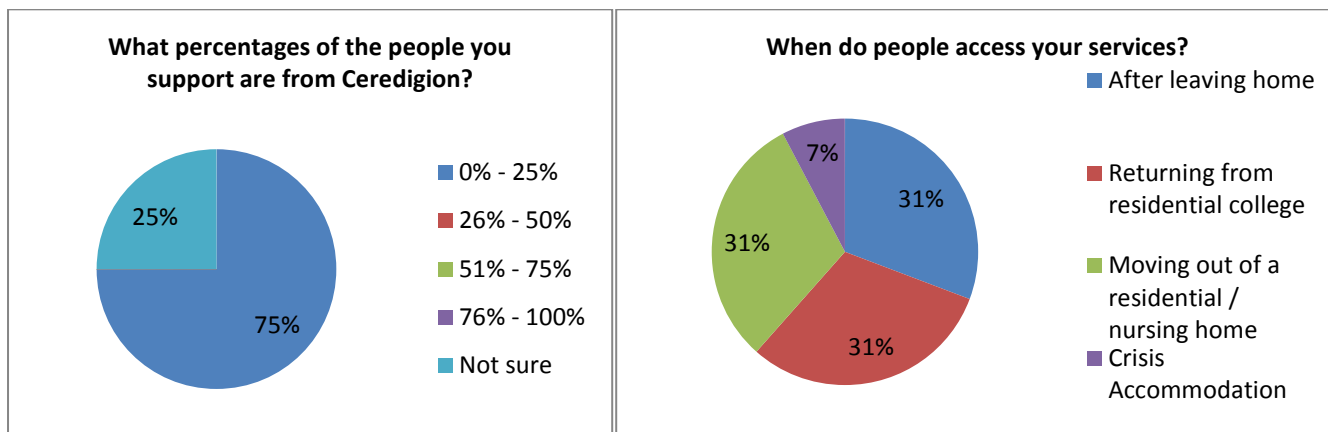


However the small amount of bed spaces could be increased if people change their patterns of respite usage. For example one of the respondents who answered 5-6 only have beds for 3 people, but have noticed that people now stay for 2-3 nights, meaning that the beds are often used twice in the same week.

With the exception of one respite provider in Ceredigion, all of the other respite providers note that Ceredigion only makes up 0-25% of its work.

## Supported Living

There was limited response from the supported living market, however they were able to show again that the majority of their work is from out of county, and they provide a step-down and stabilisation function for those in crisis.



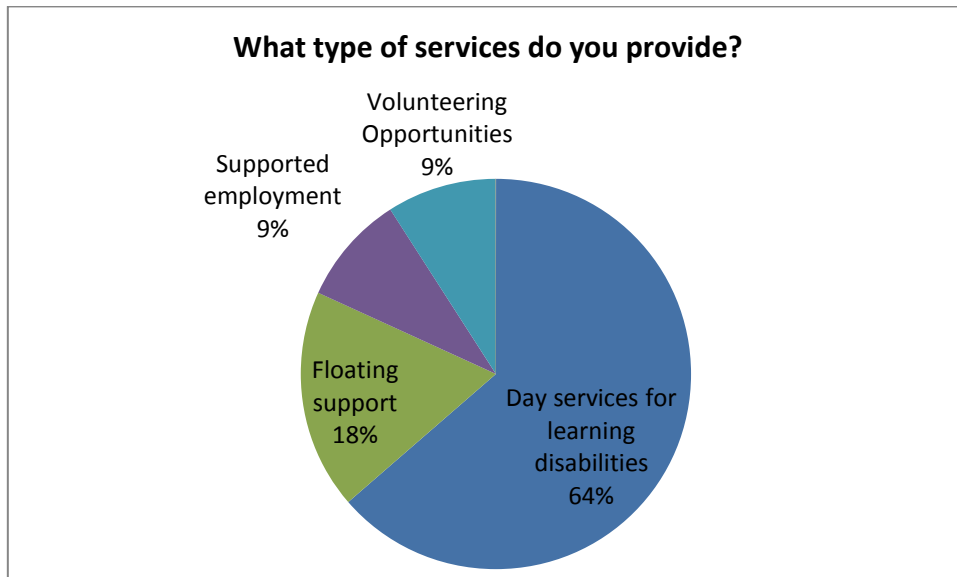
Of note is that responses were received from supported living providers working within Ceredigion, but they answered unsure, which suggests that within Ceredigion supported living, there are self-funders or out-of-county placements.

## Colleges

Due to the limited amount of response from colleges, it is not possible to give any meaningful analysis of the market, however information shows that Ceredigion makes up a small proportion of their work, and placements last between 0-3 years.

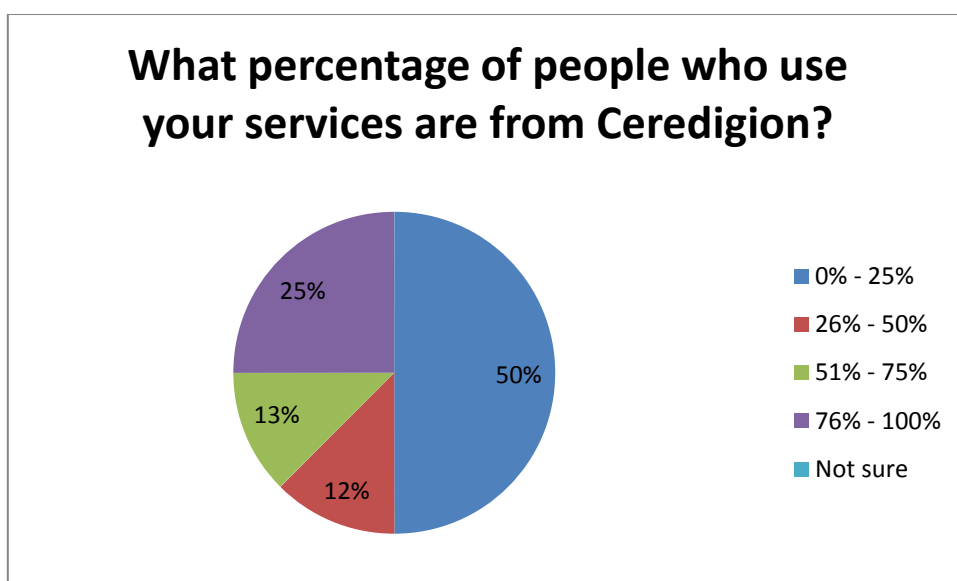
## Day Services

There is a great deal of day service provision available, and this is due to residential homes offering day services as part of their residential care. Below is a breakdown of what is available.



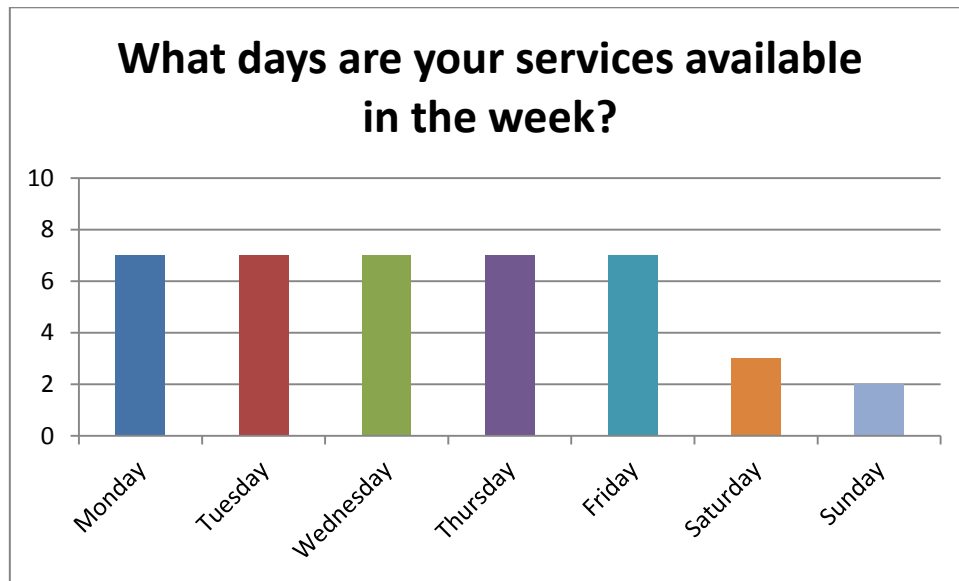
None of the providers state they are a generic day service provider, but instead consider themselves as a day service specifically for learning disabilities. There are also providers who operate as a floating support/ outreach service, and there are those who provide supported employment and volunteering opportunities through their service.

The breakdown of service access by people of Ceredigion is very different for day services, which suggests that it has a greater demand than other services.



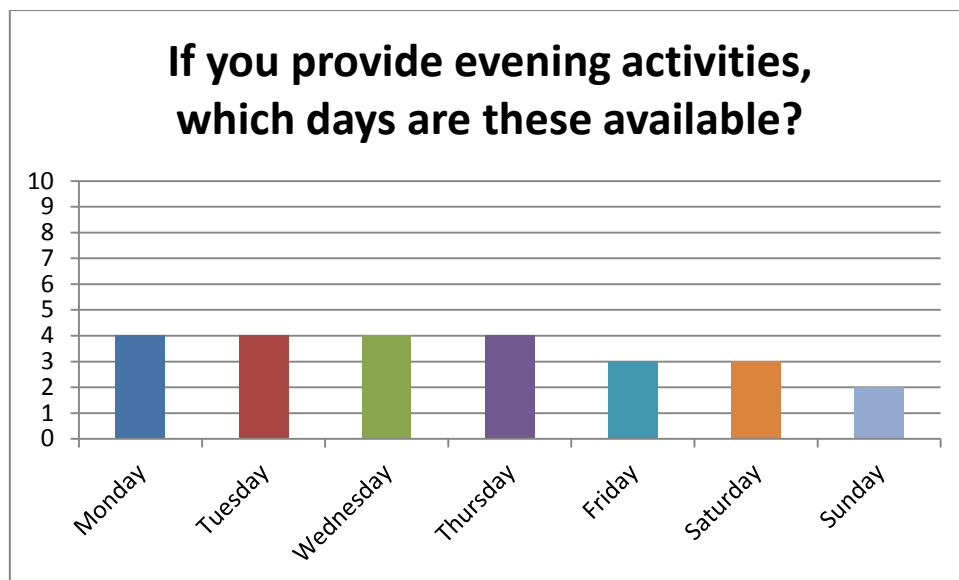
It is the only service area within the county to have up to 100% use by Ceredigion only. This may be in part due to the inclusion of the CSBs, but there is a high proportion of Ceredigion service usage compared to services seen already.

All of the day service providers offer a service between Monday and Friday starting from as early as 7:30 and finishing as late as 17:00. This is in part due to some services being part of a residential service. Services also run up to 21:30 for day services within residential home packages, but finish as early as 15:40.



The average start time for day services is 9:00 and the average finish time is 16:30, making the average day 7.5 hours long. Only 2 providers have weekend services, and they both use the same hours as their weekday services. Only 1 provider runs a Sunday service, and this is due to it being a residential care provider.

Only half of the providers are able to offer an evening service, and it is not available throughout the week. 1 provider offers Monday to Thursday opportunities, another up to Saturday and the third all week long as part of its residential care. Another provider said that it could offer evening activities by rostering care home staff on an ad hoc basis.

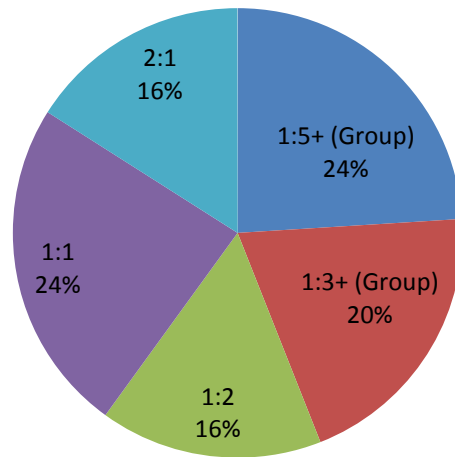


The average start time for evening support is 17:00, with one provider starting at 17:30. The average end time is 20:30, with one provider finishing at 19:00 and others finishing as late as 21:30. This means that evening support is approximately only 1:30 long.

When considering other adults in the community socialise and stay out beyond 19:00, or even 21:30, although there is some provision, the hours of support may not be long enough to meet needs.

Questions were also asked around the level of support that providers are able to currently offer. Not all providers are able to offer higher levels of supports, however the most common levels of support are large groups and 1:1.

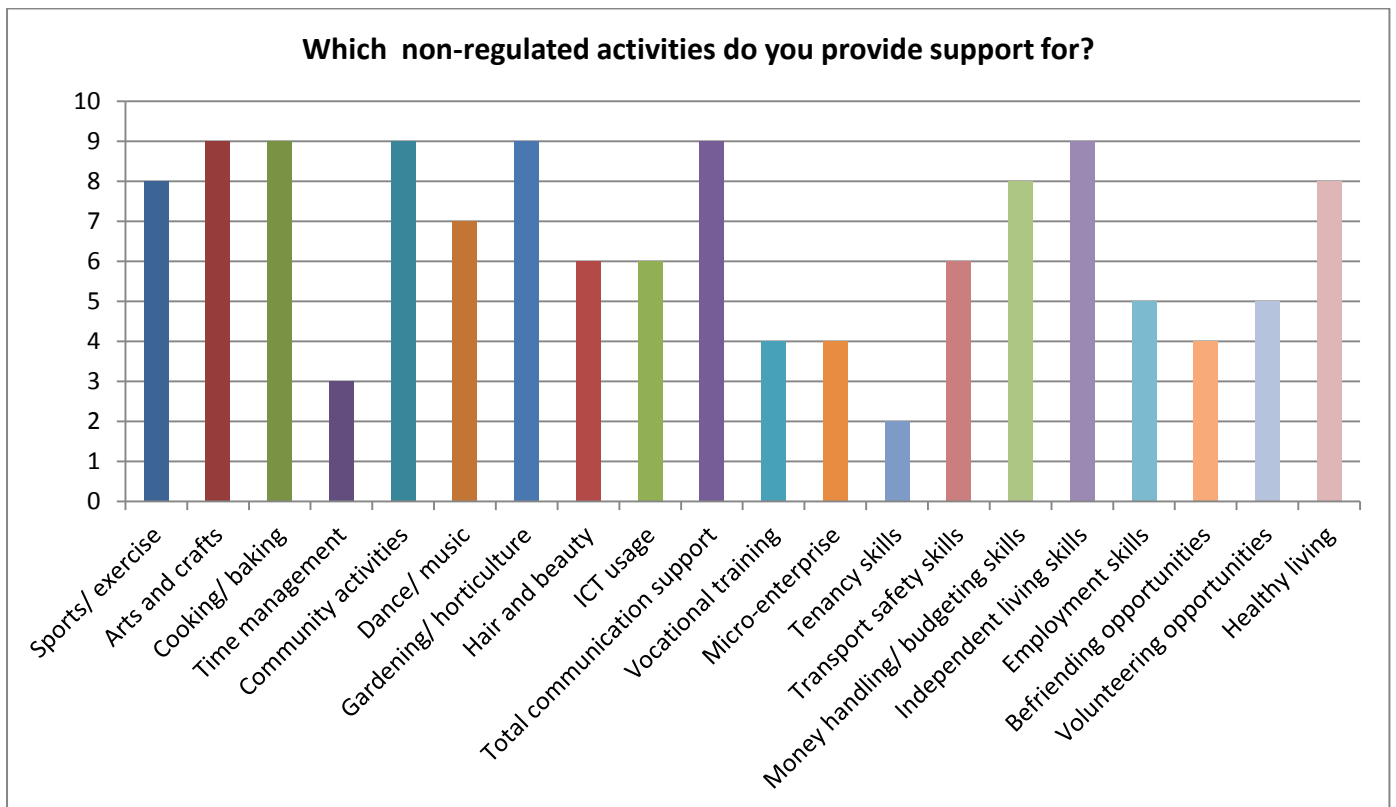
**What level of support are you able to provide to those who attend the service? (Staff:PwLD)**



All providers stated that they could provide the same service provision if additional support was required, and so this may be a reflection of what they are currently providing, rather than their intention to provide.

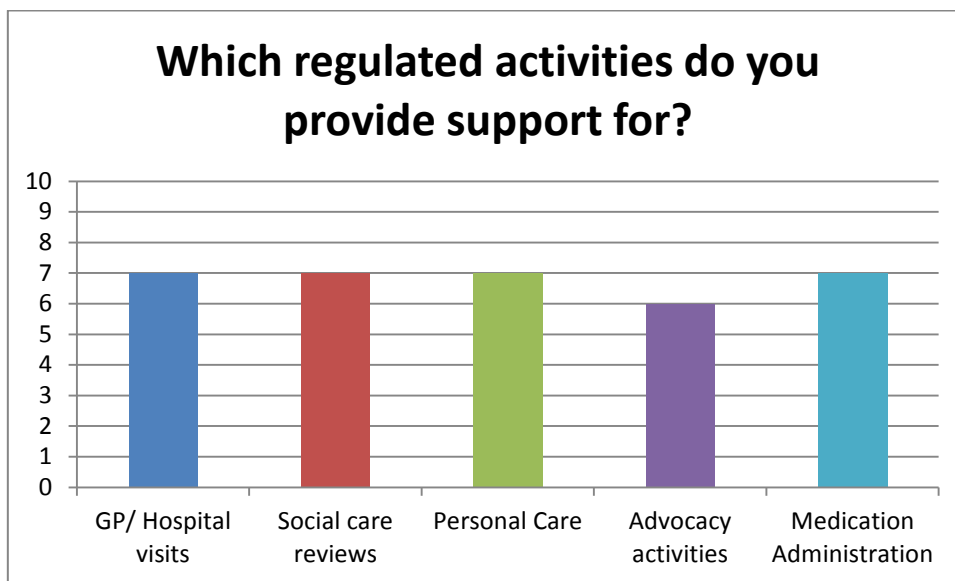
Providers were asked about the activities that they provide as part of their services. There are some key areas which appear to be universally supported, as well as some niche aspects.

**Which non-regulated activities do you provide support for?**



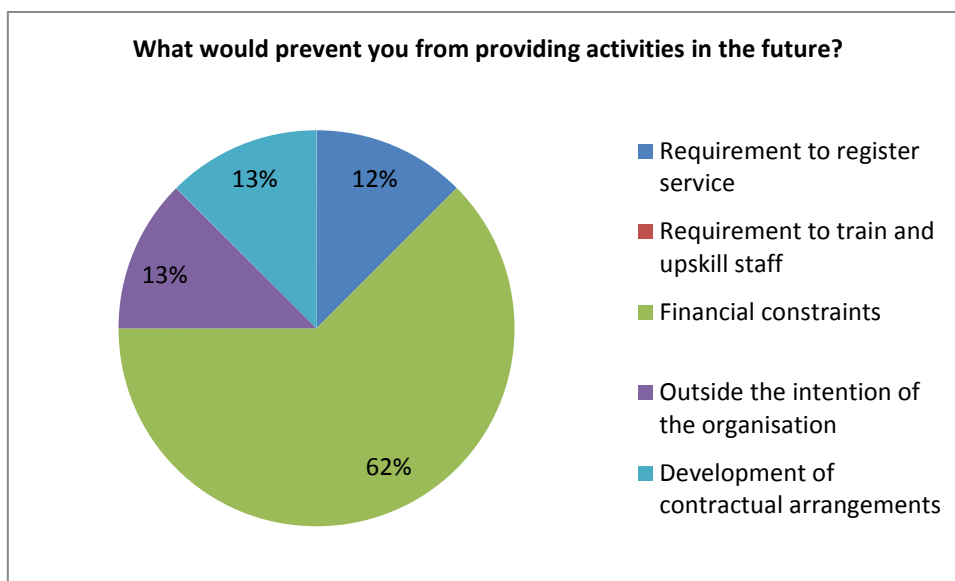
Arts and crafts, cooking/ baking, community activities, gardening/ horticulture, TC Support and independent living skills are common across all settings, however time management and tenancy skills are not that common.

When asked about regulated activities, the providers all offered the same provision in terms of supporting visits to GP/ hospital appointments, supporting during social care reviews, providing personal care and administering medications, however not all services provide support for advocacy activities. This may be due to limited advocacy provision on Ceredigion.



Providers were also asked if they provide transport as part of their activities, and 86% of the services did. The ones who did not were residential settings where the residents were already onsite and so transport was not required.

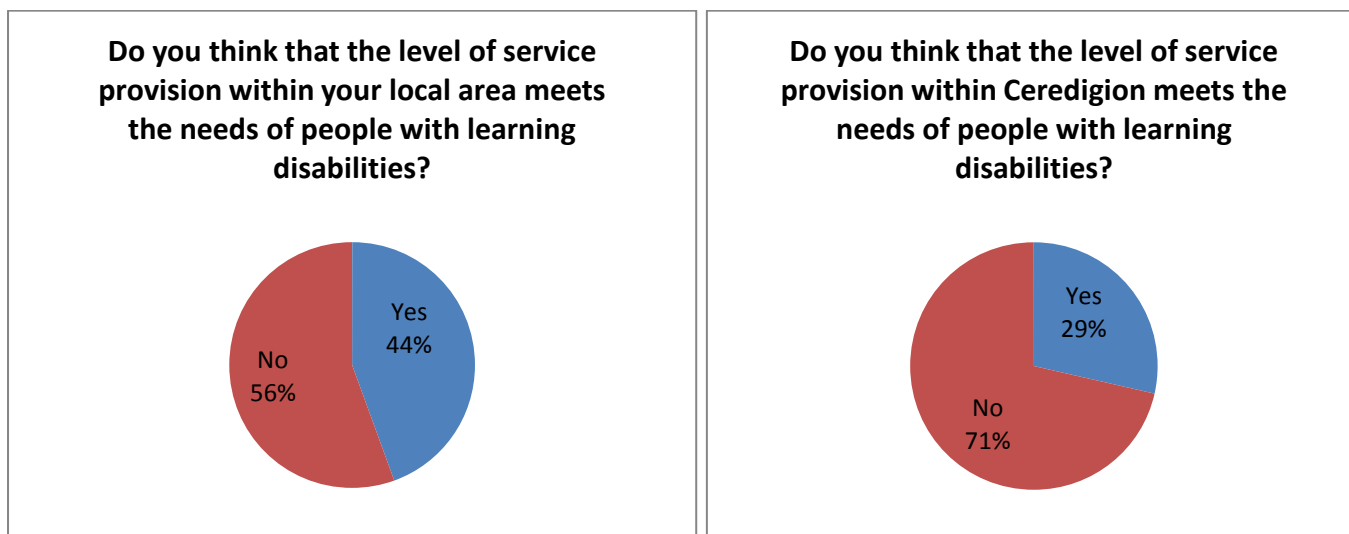
Providers were also asked what would prevent them from providing activities in the future. Unsurprisingly, the greatest answer was financial constraints.



No providers felt that the training and upskilling of staff would be an issue, which shows that the providers feel that they have a workforce which is adaptable to change, but rather the issues are at a managerial level with concerns around contracts, and registration of service with CIW, or director/ trustee level should it conflict with organisational aspirations.

## Views on Service Provision and Commissioning

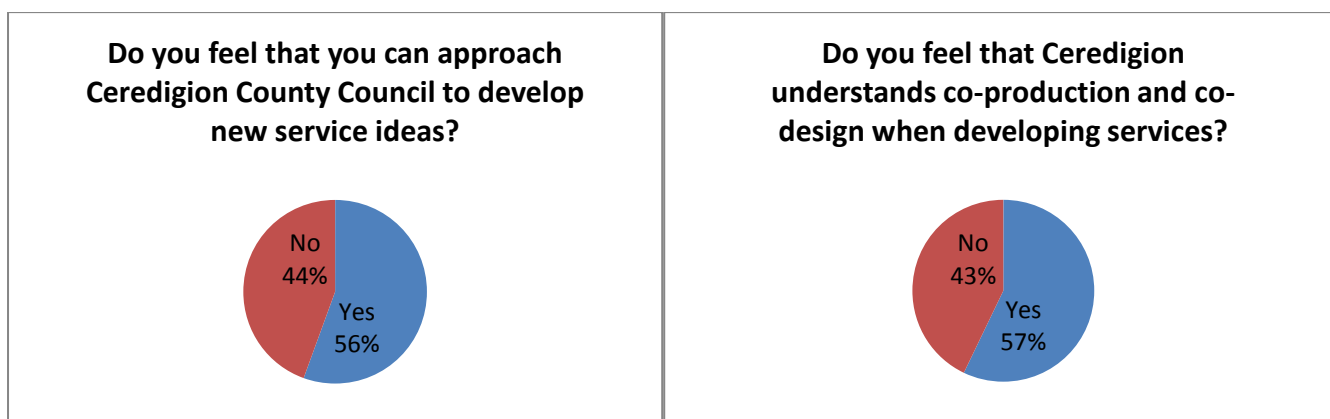
Not all providers responded to these questions as they felt that they were not applicable due to them being out of county, however the majority of those that did respond felt that the provision of LD services did not meet local area or Ceredigion needs.



When asked if there were a particular type of service, 83% of people said that there was and examples of these are given below. These are taken verbatim in the language and formatting in which they were given.

Support groups - peer support. Clubs/ accessing community clubs and groups
Additional meaningful work-based opportunities with positive outcomes working with independent service providers. There is also a DESPRATE need for independent advocacy services in Ceredigion.
More skill building / learning opportunities / Group sessions / Demand lead support / Community hub / Information & Advice services.
Youth - Adult transition
More/ alternative respite
We would like to develop respite services for PwLD and their families in our beautiful city of St Davids - a perfect location for a holiday/ break. Any help from your LA would be appreciated.
Move on accomodation - development of a local specialist behaviour services
Evening and weekend provision

Despite people feeling that there is not a service to meet demands, the majority of people did feel that they could approach Ceredigion County Council to develop new ideas, and that there was an understanding of co-production and co-design.





The providers did note that there were some barriers within the teams, and below are their feedback.

We find we can approach individual social workers but it is not easy to communicate with decision makers higher up the management tree.
We are unaware of who the main leads + contacts are for the development of services within Ceredigion.
Better communication/ meetings with service providers
Submitting ideas and plans to higher management with no recognition of receipt of ideas. Partnership working and being flexible to deliver services.

## Additional Comments

Below are the additional comments, with redactions made to ensure that responses are anonymous.

As the Additional Learning Needs and Education Tribunal Act progresses, [Residential College Name] would welcome the opportunity to discuss how the college could work with you to ensure that the needs of all young people with learning difficulties and disabilities are met and the role we could play in meeting regional needs. [Name and Contact Details]
We have found it difficult to ascertain the relevant contacts with Ceredigion to discuss services that the [Provider name] has available in its registered services, in Carmarthenshire + Pembrokeshire. Due to only currently having 1 commissioned package of support within our homes from Ceredigion, this has limited out contact which we would hope to develop in the near future.
We would like to develop respite services for PwLD and their families in our beautiful city of St Davids - a perfect location for a holiday/ break. Any help from your LA would be appreciated.
Advocacy service has been pretty non-existent over past few years. There has been talk of social enterprise for the past 10 years but we are still no further on in achieving this. Social enterprise is not necessarily the way forward. To run a successful social enterprise you need a good product or service to sell; a manager who has business experience and knows the 'market' to sell the goods or services and has the contacts to make it work. Increased demand on health and personal care needs. GP, dentist and hospital appointments are being accessed via the day service. Difficult issues at reviews are not being addressed, finances, housing, etc. Lack of direction from higher management leads to low staff morale. Excellent workshops being facilitated by external agencies/ individuals, ceramics, Tir Coed wood project, drum/ percussion workshop. High profile at Learning Disability Wales conference. Good working relationships with mencap, Mirus, Plas Llest and Plas Gwyn, Parks and Gardens department. Working time directive and trying to make breaks available for staff whilst maintaining a service. Kitchen proposal put forward to senior managers - no acknowledgement of receipt. It is generally felt within the day service that we do pull out all the stops to ensure the clients get the help and support they need. We are flexible in approach to support and recently have been supporting clients in their homes due to family bereavement and illness. We do like to think of ourselves as an outgoing service and all [all] activities are done with the best interests of our clients and the forefront of our thinking. Although it is widely accepted now that the third sector will step in to provide services under the SSWB Act, there is little evidence as to who, what and where these alternative services are located.

# Cyngor Sir Ceredigion – Aseiad Effaith Integredig (AEI)

Offeryn integredig sy'n sylfaen ar gyfer proses benderfynu effeithiol



Mae'r **Aseiad Effaith Integredig** hwn yn cynnwys nodau Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015, yr egwyddorion Datblygu Cynaliadwy, Deddf Cydraddoldeb 2010, Mesur y Gymraeg 2011 (gofynion Safonau'r Gymraeg), ac ystyriaethau Rheoli Risg, i osod sylfaen ar gyfer proses benderfynu effeithiol ac i sicrhau ein bod yn cydymffurfio â'r ddeddfwriaeth berthnasol.

## 1. MANYLION Y CYNNIG: (Polisi / Newid amcan / Arbed arian)

Teitl y cynnig	<b>Strategaeth Anableddau Dysgu</b>
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Maes gwasanaeth	Gwasanaethau Oedolion	Swyddog Arweiniol Corfforaethol	Carys James	Cyfarwyddwr Corfforaethol	Sue Darnbrook
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Enw'r swyddog sy'n cwblhau'r AEI	Judi O'Rourke	E-bost	<a href="mailto:Judi.ORourke@ceredigion.gov.uk">Judi.ORourke@ceredigion.gov.uk</a>	Ffôn	2678
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### Rhowch ddisgrifiad cryno o bwrpas y cynnig

Mae'r strategaeth ddrafft hon yn rhoi eglurder i Bobl ag Anableddau Dysgu, eu rhieni, eu gofalwyr, y darparwyr gofal a staff y meysydd y mae Cyngor Sir Ceredigion a Bwrdd Iechyd Prifysgol Hywel Dda yn dymuno eu datblygu. Ar ôl mabwysiadu'r strategaeth, caiff ei defnyddio i ddatblygu cynllun gweithredu er mwyn bodloni'r argymhellion yn y Strategaeth yn unol â'r blaenoriaethau a nodwyd trwy'r ymgynghoriad.

Ar bwy fydd y cynnig hwn yn effeithio'n uniongyrchol? (e.e. y cyhoedd, grwpiau penodol fel grwpiau ieuenctid, gofalwyr, pobl sy'n defnyddio'r ffyrdd, pobl sy'n defnyddio parciau gwledig, pobl sy'n cael budd-daliadau, aelodau staff, neu bobl sy'n meddu ar y nodweddion gwarchoddedig a nodir yn y Ddeddf Cydraddoldeb ac y mae'n rhaid i'r awdurdod roi sylw dyledus iddyn nhw).

Y cyhoedd gan gynnwys y defnyddwyr gwasanaeth presennol a rhai'r dyfodol, y gofalwyr, y teuluoedd a'r unigolion o fewn y grŵp nodweddion gwarchoddedig.

**RHEOLI'R DDOGFEN:** Dylid defnyddio'r AEI yn ystod camau cyntaf y broses benderfynu, ac yna dylid ei mireinio drwy gydol y broses benderfynu. Mae'n bwysig cadw cofnod o'r broses hon er mwyn i ni allu dangos sut rydyn ni wedi trin a thrafod datblygu cynaliadwy, y Gymraeg a chydaddoldeb, lle bynnag y bo modd.

Awdur	Cam yn y broses benderfynu	Rhif y fersiwn	Dyddiad trafod	Disgrifiad cryno o unrhyw newidiadau a wnaed ar ôl trafod
Judi O'Rourke	<i>Pwyllgor Trosolwg a Chraffu Cymunedau</i>	0.1	07/09/2018	



	<i>lachach</i>			
<b>AMCANION STRATEGOL Y CYNGOR:</b> Pa un o amcanion strategol y Cyngor y mae'r cynnig yn mynd i'r afael ag ef, a sut?				
Hybu'r Economi	Datblygu llety cynaliadwy yn y Sir i leihau nifer y lleoliadau y tu allan i'r Sir lle nad oes mo'u hangen, a chynyddu cyfleoedd gwaith yn y sir.			
Buddsoddi yn Nyfodol y Bobl	Cynnal annibyniaeth pobl cyn hired â phosibl, gan eu galluogi i gael bywyd hir ac iach.			
Galluogi Cydnerthedd Unigolion a Theuluoedd	Cefnogi canlyniadau'r unigolion, gan ystyried y teulu cyfan a'r rhwydwaith o'u hamgylch.			
Hyrwyddo Cydnerthedd Amgylcheddol a Chymunedol.	Mae'r polisi drafft hwn yn annog defnyddio trafnidiaeth gyhoeddus, gwasanaethau cyffredinol, ac adnoddau lleol i fodloni canlyniadau pobl.			

**SYLWCH:** Wrth i chi lenwi'r ffurflen hon, bydd gofyn i chi ddarparu **tystiolaeth i ategu'ch safbwyntiau**. Bydd angen i chi gynnwys eich safbwynt cychwynnol, y mesurau a'r astudiaethau sydd wedi llywio'ch ffordd o feddwl, a'r farn rydych chi wedi dod iddi. O wneud hyn, bydd modd i chi nodi a fydd unrhyw newidiadau a fydd yn deillio o roi'r argymhelliad ar waith yn cael effaith gadarnhaol neu negyddol. Ymhlith y ffynonellau data mae:

- *Data meintiol – data sy'n darparu gwybodaeth rifyddol e.e. ffigurau poblogaeth, nifer y defnyddwyr, nifer y bobl nad ydynt yn ddefnyddwyr*
- *Data ansoddol – data sy'n darparu dystiolaeth o argraffiadau pobl o'r gwasanaeth/polisi a'u barn amdano e.e dadansoddiad o gŵynion, canlyniadau grwpiau ffocws, arolygon*
- *Data am y boblogaeth leol, gan gynnwys ffigurau'r cyfrifiad (megis Proffil Iaith Ceredigion a Data Cydraddoldeb Ceredigion)*
- *Data o'r Arolwg Cenedlaethol o Aelwydydd*
- *Data am ddefnyddwyr gwasanaeth*
- *Adborth o ymgynghoriadau ac ymgyrchoedd ymgysylltu*
- *Argymhellion pwyllgor craffu*
- *Cymariaethau â pholisïau tebyg awdurdodau eraill*
- *Cyhoeddiadau academaidd, adroddiadau ymchwil, adroddiadau ymgynghorwyr ac adroddiadau am unrhyw ymgynghoriad ag e.e. undebau llafur neu'r sectorau gwirfoddol a chymunedol, dogfen 'A yw Cymru'n Decach'*
- *Data Sgiliau Iaith Gymraeg staff y Cyngor*

**2. EGWYDDORION DATBLYGU CYNALIADWY:** Ym mha ffordd mae'r pum egwyddor datblygu cynaliadwy, fel y'u nodir yn Neddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015, wedi'u hymgorffori a'u blaenoriaethu yn natblygiad eich cynnig?

Egwyddor Datblygu Cynaliadwy	Ydy'r cynnig yn dangos eich bod wedi	Pa dystiolaeth sydd	Pa gam (gamau) allwch chi ei gymryd
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# Cyngor Sir Ceredigion – Aseiad Effaith Integredig (AEI)

Offeryn integredig sy'n sylfaen ar gyfer proses benderfynu effeithiol



	bodloni'r egwyddor hon? Os yw'n gwneud hynny, disgrifiwch sut. Os nad yw'n gwneud hynny, eglurwch pam.	gennych i ategu'r farn hon?	(eu cymryd) i liniaru unrhyw effeithiau negyddol neu i gyfrannu'n well at yr egwyddor hon?
<b>Hirdymor</b> Sicrhau cydbwysedd rhwng anghenion tymor byr ac anghenion tymor hir a'r angen i gynllunio ar gyfer y dyfodol	<ul style="list-style-type: none"> <li><i>Bydd y strategaeth hon yn darparu dull mwy cynaliadwy a theg o ymdrin â gwasanaethau.</i></li> </ul>	Caiff hyn ei ddiweddarau ar ôl rhoi'r cynllun gweithredu ar waith	
<b>Cydweithio</b> Cydweithio â phartneriaid eraill i gyflawni canlyniadau	<ul style="list-style-type: none"> <li><i>Ymgynghorir ynghylch y polisi drafft hwn ar draws y sector darparwyr gofal.</i></li> </ul>	Caiff hyn ei ddiweddarau ar ôl rhoi'r cynllun gweithredu ar waith	
<b>Cynnwys</b> Cynnwys pobl sydd â diddordeb a gofyn am eu barn	<ul style="list-style-type: none"> <li><i>Ymgynghorir yn eang ynghylch y polisi drafft hwn ar draws Ceredigion gan gynnwys y grwpiau nodweddion gwarchoddedig allweddol.</i></li> <li><i>Yn dilyn y broses ymgynghori bydd adroddiad yn cael ei gyflwyno i'r pwyllgor craffu a'r Cabinet.</i></li> </ul>	Caiff hyn ei ddiweddarau ar ôl rhoi'r cynllun gweithredu ar waith	
<b>Atal</b> Darparu adnoddau i atal problemau rhag codi neu waethygu	<ul style="list-style-type: none"> <li><i>Bydd y polisi drafft hwn yn helpu i leihau'r galw ar rai gwasanaethau gan olygu na fydd pobl ond yn troi atynt fel eu dewis olaf.</i></li> <li><i>Mae'r polisi drafft hwn yn un ataliol ac mae'n cefnogi'r gallu i gynnal a chadw annibyniaeth yr unigolyn cyn hired ag y bo modd.</i></li> </ul>	Caiff hyn ei ddiweddarau ar ôl rhoi'r cynllun gweithredu ar waith	
<b>Integreiddio</b> Effeithio'n gadarnhaol ar bobl, yr economi, yr amgylchedd a	<ul style="list-style-type: none"> <li><i>Adolygwyd y polisi drafft hwn ar draws gwasanaethau'r Awdurdod Lleol</i></li> </ul>	Caiff hyn ei ddiweddarau ar ôl rhoi'r cynllun gweithredu ar waith	



diwylliant, a cheisio sicrhau bod pob un ohonynt ar ei ennill			
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**3. NODAU LLESIANT:** Ydy'r cynnig yn cyflawni unrhyw rai o'r saith nod llesiant cenedlaethol a amlinellwyd yn Neddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015? Eglurwch yr effaith (gadarnhaol a negyddol) yr ydych yn ei disgwyl, ac awgrymwch sut i liniaru unrhyw effaith negyddol neu i gyfrannu'n well at y nod. Mae angen i ni sicrhau nad yw'r camau rydyn ni'n eu cymryd i gyflawni un o'r nodau'n niweidio'r camau i gyflawni nod arall.

Nod llesiant	Ydy'r cynnig yn cyfrannu at y nod hwn? Disgrifiwch yr effeithiau cadarnhaol neu negyddol.	Pa dystiolaeth sydd gennych i ategu'r farn hon?	Pa gam (gampau) allwch chi ei gymryd (eu cymryd) i liniaru unrhyw effeithiau negyddol neu i gyfrannu'n well at yr egwyddor hon?
<b>3.1. Cymru lewyrchus</b> Defnyddio adnoddau mewn modd effeithlon, datblygu poblogaeth fedrus ac addysgiedig, creu cyfoeth, darparu swyddi	<i>Mae'r polisi drafft hwn yn cefnogi'r defnydd effeithlon o adnoddau.</i>	Caiff hyn ei ddiweddarau ar ôl rhoi'r cynllun gweithredu ar waith	
<b>3.2. Cymru gydnherth</b> Cynnal a gwella bioamrywiaeth ac ecosystemau sy'n ategu cydnherthedd ac sy'n gallu addasu i newid (e.e. newid hinsawdd)	<i>Mae'r polisi drafft hwn yn archwilio ffyrdd o gefnogi cydnherthedd unigolion cyn hired ag y bo modd.</i>	Caiff hyn ei ddiweddarau ar ôl rhoi'r cynllun gweithredu ar waith	
<b>3.3. Cymru iachach</b> Mae llesiant corfforol a meddyliol pobl cystal â phosibl ac mae pobl yn deall yr hyn sy'n effeithio ar iechyd	<i>Mae'r polisi drafft hwn yn sicrhau bod gan ddefnyddwyr gwasanaethau fynediad cyfartal at wasanaethau</i>	Caiff hyn ei ddiweddarau ar ôl rhoi'r cynllun gweithredu ar waith	
<b>3.4. Cymru o gymunedau cydlynus</b> Cymunedau atyniadol, hyfyw a diogel sydd â chysylltiadau da	<i>Mae'r polisi drafft hwn yn cefnogi'r mesurau diogelwch sydd ar waith i leihau cyfleoedd ar gyfer cam-drin ariannol.</i>	Caiff hyn ei ddiweddarau ar ôl rhoi'r cynllun gweithredu ar waith	



<p><b>3.5. Cymru sy'n gyfrifol ar lefel fyd-eang</b> Rhoi sylw i'r effaith ar lesiant byd-eang wrth ystyried llesiant cymdeithasol, economaidd ac amgylcheddol lleol</p>	<p><i>Mae'r polisi drafft hwn yn cefnogi'r gostyngiad mewn allyriadau drwy wneud y mwyaf o drafnidiaeth gyhoeddus lle bo hynny'n briodol.</i></p>	<p>Caiff hyn ei ddiweddarau ar ôl rhoi'r cynllun gweithredu ar waith</p>	
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<p><b>3.6. Cymru sy'n fwy cyfartal</b> Mae pobl yn gallu cyflawni eu potensial ni waeth beth fo'u cefndir neu'u hamgylchiadau</p> <p>Yn yr adran hon mae angen i chi ystyried yr effaith ar grwpiau cydraddoldeb, y dystiolaeth ac unrhyw gamau yr ydych yn eu cymryd ar gyfer gwella.</p> <p><i>Ydych chi wedi ystyried sut allai'r cynnig effeithio ar grwpiau cydraddoldeb fel y'u diffinnir yn Neddf Cydraddoldeb 2010? Mae'r rhain yn cynnwys y grwpiau a ganlyn: oedran, anabledd, ailbennu rhywedd, hil, crefydd neu gred, rhyw, cyfeiriadedd rhywiol, priodas neu bartneriaeth sifil, beichiogrwydd neu famolaeth.</i></p> <p><b>Ystyriwch y canllaw a ganlyn hefyd:</b> <a href="#">Comisiwn Cydraddoldeb - Asesu Effaith a Dyletswydd Cydraddoldeb</a></p>	<p>Disgrifiwch pam y bydd yn cael effaith gadarnhaol/negyddol neu fawr ddim effaith o gwbl.</p> <p><i>Gan ddefnyddio eich tystiolaeth, ystyriwch yr effaith ar bob un o'r grwpiau gwarchoddedig. Bydd angen i chi ystyried a yw'r grwpiau hyn yn cael mynediad cyfartal at y gwasanaeth, neu a oes angen iddyn nhw gael y gwasanaeth mewn ffordd wahanol i bobl eraill oherwydd eu nodweddion gwarchoddedig? Nid yw'n dderbyniol dweud yn syml y bydd y cynnig yn fanteisiol/anfanteisiol i bawb. Dylech ddangos eich bod wedi ystyried yr holl dystiolaeth sydd ar gael a rhoi sylw i unrhyw fylchau neu anghyfartaledd a ddaeth i'r amlwg.</i></p>	<p>Pa dystiolaeth sydd gennych i ategu'r farn hon?</p> <p><i>Mae'n hollbwysig casglu data a thystiolaeth cydraddoldeb ar gyfer AEI. Dylech ystyried pwy sy'n defnyddio'r gwasanaeth neu bwy sy'n debygol o'i ddefnyddio. Os na fyddwch yn defnyddio <u>data</u> nac yn <u>ymgysylltu</u> os ydych yn bwriadu cyflwyno newid, gallai penderfyniadau wynebu her gyfreithiol. Dylech gyplysu hyn â'r blwch <b>cynnwys</b> yn y templed hwn. Dylech hefyd ystyried y canllawiau cyffredinol.</i></p>	<p>Pa gam (gamau) allwch chi ei gymryd (eu cymryd) i liniaru unrhyw effeithiau negyddol neu i gyfrannu'n well at yr egwyddor hon?</p> <p><i>Gall y camau hyn gynnwys amryw o gamau cadarnhaol a fydd yn sicrhau bod modd i'r sefydliad drin unigolion yn unol â'u hanghenion, hyd yn oed os bydd hynny'n golygu ei fod yn trin rhai pobl yn fwy ffafriol nag eraill er mwyn iddyn nhw gael canlyniad da. Gallech hefyd gymryd camau i bennu unrhyw fylchau yn y data neu gamau i ymgysylltu â'r rheini y bydd y cynnig yn effeithio arnynt neu y mae'n debygol o effeithio arnynt. Mae angen cyplysu'r camau hyn ag adran 4 yn y templed hwn.</i></p>
<p><b>Oedran</b> Ydych chi'n credu y bydd y cynnig hwn yn cael effaith gadarnhaol neu negyddol ar bobl oherwydd eu hoedran? (Ticiwch ✓)</p>	<p>Bydd y polisi drafft hwn yn sicrhau bod pob unigolyn yn cael ei drin yn gyfartal ac mewn ffordd gyson.</p>	<p><i>Caiff hyn ei adolygu wrth roi'r cynllun gweithredu ar waith.</i></p>	<p><i>Caiff hyn ei adolygu wrth roi'r cynllun gweithredu ar waith.</i></p>
<p>Plant a phobl</p>	<p>Cadarnhaol</p>	<p>Negyddol</p>	<p>Dim/Fawr</p>



# Cyngor Sir Ceredigion – Asesiad Effaith Integredig (AEI)

Offeryn integredig sy'n sylfaen ar gyfer proses benderfynu effeithiol



ifanc hyd at 18 oed	✓		ddim			
Pobl 18-50	Cadarnhaol	Negyddol	Dim/Fawr ddim			
	✓					
Pobl hŷn 50+	Cadarnhaol	Negyddol	Dim/Fawr ddim			
	✓					

<b>Anabledd</b> Ydych chi'n credu y bydd y cynnig hwn yn cael effaith gadarnhaol neu negyddol ar bobl oherwydd eu hanabledd? (Ticiwch ✓)				<p>Fel rhan o'r broses ymgynghori, roedd y dogfennau ar gael mewn amrywiaeth o fformatau hygyrch.</p> <p>Mae'r strategaeth ar gael mewn fformat hawdd ei darllen, a bydd y cynllun gweithredu hefyd yn cael ei ddatblygu mewn fformatau hawdd eu darllen.</p> <p>Bydd y strategaeth hon yn sicrhau bod pob unigolyn yn cael ei drin yn gyfartal ac yn gyson.</p>	<p><i>Caiff hyn ei adolygu wrth roi'r cynllun gweithredu ar waith.</i></p>	<p><i>Caiff hyn ei adolygu wrth roi'r cynllun gweithredu ar waith.</i></p>
Nam ar y clyw	Cadarnhaol	Negyddol	Dim/Fawr ddim			
	✓					
Nam corfforol	Cadarnhaol	Negyddol	Dim/Fawr ddim			
	✓					
Nam ar y golwg	Cadarnhaol	Negyddol	Dim/Fawr ddim			
	✓					
Anabledd dysgu	Cadarnhaol	Negyddol	Dim/Fawr ddim			
	✓					
Salwch hirdymor	Cadarnhaol	Negyddol	Dim/Fawr ddim			
	✓					
Iechyd meddwl	Cadarnhaol	Negyddol	Dim/Fawr ddim			

# Cyngor Sir Ceredigion – Asesiad Effaith Integredig (AEI)

Offeryn integredig sy'n sylfaen ar gyfer proses benderfynu effeithiol



	✓					
Arall	Cadarnhaol	Negyddol	Dim/Fawr ddim			
	✓					
<b>Trawsrywiol</b> Ydych chi'n credu y bydd y cynnig hwn yn cael effaith gadarnhaol neu negyddol ar bobl drawsrywiol? (Ticiwch ✓)				Bydd y strategaeth hon yn sicrhau bod pob unigolyn yn cael ei drin yn gyfartal ac yn gyson.	<i>Caiff hyn ei adolygu wrth roi'r cynllun gweithredu ar waith.</i>	<i>Caiff hyn ei adolygu wrth roi'r cynllun gweithredu ar waith.</i>
Trawsrywiol	Cadarnhaol	Negyddol	Dim/Fawr ddim			
			✓			
<b>Priodas neu bartneriaeth sifil</b> Ydych chi'n credu y bydd y cynnig hwn yn cael effaith gadarnhaol neu negyddol ar briodas neu bartneriaeth sifil? (Ticiwch ✓)				Bydd y strategaeth hon yn sicrhau bod pob unigolyn yn cael ei drin yn gyfartal ac yn gyson.	<i>Caiff hyn ei adolygu wrth roi'r cynllun gweithredu ar waith.</i>	<i>Caiff hyn ei adolygu wrth roi'r cynllun gweithredu ar waith.</i>
Priodas	Cadarnhaol	Negyddol	Dim/Fawr ddim			
			✓			
Partneriaeth sifil	Cadarnhaol	Negyddol	Dim/Fawr ddim			



# Cyngor Sir Ceredigion – Aseiad Effaith Integredig (AEI)

Offeryn integredig sy'n sylfaen ar gyfer proses benderfynu effeithiol



			✓			
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<b>Bechiogrwydd neu famolaeth</b> Ydych chi'n credu y bydd y cynnig hwn yn cael effaith gadarnhaol neu negyddol ar fechiogrwydd neu famolaeth? (Ticiwch ✓)				Bydd y strategaeth hon yn sicrhau bod pob unigolyn yn cael ei drin yn gyfartal ac yn gyson.	Caiff hyn ei adolygu wrth roi'r cynllun gweithredu ar waith.	Caiff hyn ei adolygu wrth roi'r cynllun gweithredu ar waith.
Bechiogrwydd	Cadarnhaol	Negyddol	Dim/Fawr ddim			
	✓					
Mamolaeth	Cadarnhaol	Negyddol	Dim/Fawr ddim			
	✓					

<b>Hil</b> Ydych chi'n credu y bydd y cynnig hwn yn cael effaith gadarnhaol neu negyddol ar hil? ( Ticiwch ✓)				Bydd y strategaeth hon yn sicrhau bod pob unigolyn yn cael ei drin yn gyfartal ac yn gyson.	Caiff hyn ei adolygu wrth roi'r cynllun gweithredu ar waith.	Caiff hyn ei adolygu wrth roi'r cynllun gweithredu ar waith.
Gwyn	Cadarnhaol	Negyddol	Dim/Fawr ddim			
			✓			
Grwpiau ethnig cymysg / aml-ethnig	Cadarnhaol	Negyddol	Dim/Fawr ddim			
			✓			
Asiaidd / Asiaidd Prydeinig	Cadarnhaol	Negyddol	Dim/Fawr ddim			
			✓			
Du / Affricanaidd / Caribiaidd / Du Prydeinig	Cadarnhaol	Negyddol	Dim/Fawr ddim			
			✓			

# Cyngor Sir Ceredigion – Asesiad Effaith Integredig (AEI)

Offeryn integredig sy'n sylfaen ar gyfer proses benderfynu effeithiol



Grwpiau ethnig eraill	Cadarnhaol	Negyddol	Dim/Fawr ddim			
			✓			
<b>Crefydd neu ddim cred</b> Ydych chi'n credu y bydd y cynnig hwn yn cael effaith gadarnhaol neu negyddol ar bobl â gwahanol grefyddau, credoau neu ddim cred? (Ticiwch ✓)				Bydd y strategaeth hon yn sicrhau bod pob unigolyn yn cael ei drin yn gyfartal ac yn gyson.	<i>Caiff hyn ei adolygu wrth roi'r cynllun gweithredu ar waith.</i>	<i>Caiff hyn ei adolygu wrth roi'r cynllun gweithredu ar waith.</i>
Cristnogion	Cadarnhaol	Negyddol	Dim/Fawr ddim			
			✓			
Bwdhyddion	Cadarnhaol	Negyddol	Dim/Fawr ddim			
			✓			
Hindŵiaid	Cadarnhaol	Negyddol	Dim/Fawr ddim			
			✓			
Dyneiddwyr	Cadarnhaol	Negyddol	Dim/Fawr ddim			
			✓			
Iddewon	Cadarnhaol	Negyddol	Dim/Fawr ddim			
			✓			
Mwslimiaid	Cadarnhaol	Negyddol	Dim/Fawr ddim			
			✓			
Sikhiaid	Cadarnhaol	Negyddol	Dim/Fawr ddim			
			✓			
Pobl heb gred	Cadarnhaol	Negyddol	Dim/Fawr ddim			
			✓			
Eraill	Cadarnhaol	Negyddol	Dim/Fawr			

# Cyngor Sir Ceredigion – Aseiad Effaith Integredig (AEI)

Offeryn integredig sy'n sylfaen ar gyfer proses benderfynu effeithiol



			ddim			
			✓			

<b>Rhyw</b> Ydych chi'n credu y bydd y cynnig hwn yn cael effaith gadarnhaol neu negyddol ar ddynion a/neu fenywod? (Ticiwch ✓)				Bydd y strategaeth hon yn sicrhau bod pob unigolyn yn cael ei drin yn gyfartal ac yn gyson.	<i>Caiff hyn ei adolygu wrth roi'r cynllun gweithredu ar waith.</i>	<i>Caiff hyn ei adolygu wrth roi'r cynllun gweithredu ar waith.</i>
Dynion	Cadarnhaol	Negyddol	Dim/Fawr ddim			
			✓			
Menywod	Cadarnhaol	Negyddol	Dim/Fawr ddim			
			✓			

<b>Cyfeiriadedd rhywiol</b> Ydych chi'n credu y bydd y cynnig hwn yn cael effaith gadarnhaol neu negyddol ar bobl â gwahanol gyfeiriadedd rhywiol? (Ticiwch ✓)				Bydd y strategaeth hon yn sicrhau bod pob unigolyn yn cael ei drin yn gyfartal ac yn gyson.	<i>Caiff hyn ei adolygu wrth roi'r cynllun gweithredu ar waith.</i>	<i>Caiff hyn ei adolygu wrth roi'r cynllun gweithredu ar waith.</i>
Pobl ddeurywiol	Cadarnhaol	Negyddol	Dim/Fawr ddim			
			✓			
Dynion hoyw	Cadarnhaol	Negyddol	Dim/Fawr ddim			
			✓			
Menywod hoyw / lesbiaid	Cadarnhaol	Negyddol	Dim/Fawr ddim			
			✓			
Pobl heterorywiol	Cadarnhaol	Negyddol	Dim/Fawr ddim			
			✓			

**Rhoi sylw dyledus i dri nod y Ddyletswydd Cydraddoldeb – penderfynu a fydd y cynnig yn eich cynorthwyo i roi terfyn ar wahaniaethu, i hybu cydraddoldeb ac i feithrin cysylltiadau da, neu'n eich rhwystro rhag gwneud hynny.**



<p><b>3.6.2. Sut allai/mae'r cynnig yn helpu i hybu/hyrwyddo cyfle cyfartal?</b>  <i>Dylech ystyried a fydd y cynnig yn eich helpu chi i wneud y pethau a ganlyn:</i> • Dileu neu leihau anfantais • Diwallu anghenion pobl â nodweddion penodol • Annog pobl â nodweddion penodol i gymryd mwy o ran</p> <p>Mae'r strategaeth hon yn darparu dull cyson a chyfartal o sicrhau mynediad i'r gwasanaethau sydd wedi'u cynnwys yn y ddogfen, ac mae'n caniatáu inni ddatblygu gwasanaethau yn y dyfodol drwy gyd-gynhyrchu.</p>
<p><b>3.6.3. Sut allai/mae'r cynnig/penderfyniad yn helpu i roi terfyn ar wahaniaethu, aflonyddu neu erledigaeth anghyfreithlon?</b>  <i>Dylech ystyried a oes tystiolaeth ar gael sy'n dangos:</i> • Y gall y cynnig beri i bobl â nodweddion penodol gael eu trin yn llai ffafriol • Y gallai'r cynnig arwain at wahaniaethu anuniongyrchol • Bod y cynnig yn fwy tebygol o'ch cynorthwyo i wneud addasiadau rhesymol neu'ch rhwystro rhag gwneud hynny</p> <p>Caiff hyn ei adolygu wrth roi'r cynllun gweithredu ar waith.</p>
<p><b>3.6.4. Sut allai/mae'r cynnig yn effeithio ar hybu/hyrwyddo cysylltiadau da a chydlyniant cymunedol ehangach?</b>  <i>Dylech ystyried a fydd y cynnig yn eich helpu chi i wneud y pethau a ganlyn :</i> • Mynd i'r afael â rhagfarn • Hybu dealltwriaeth</p> <ul style="list-style-type: none"> <li>• Dull gweithredu cyson i sicrhau bod dim rhagfarn</li> <li>• Bydd gwneud y strategaeth yn hygyrch i bobl ag anabledau dysgu, eu rhieni a'u gofalwyr, darparwyr gofal a'r cyhoedd yn hybu dealltwriaeth. Bydd hyn yn caniatáu ymagwedd fwy holistaidd o ran paratoi gwasanaethau cymunedol ar y cyd pan ddatblygir y cynllun gweithredu.</li> </ul>

<p><b>3.7. Cymru â diwylliant bywiog lle mae'r Gymraeg yn ffynnu</b>  Mae diwylliant a threftadaeth Cymru a'r Gymraeg yn cael eu hybu a'u gwarchod.  <i>Yn yr adran hon, mae angen i chi ystyried yr effaith, y dystiolaeth ac unrhyw gamau yr ydych yn eu cymryd i wella. Dylech wneud hyn i sicrhau nad yw'r cyfleoedd sydd ar gael i bobl sy'n dewis byw eu bywydau a defnyddio gwasanaethau drwy gyfrwng y Gymraeg yn waeth na'r cyfleoedd sydd ar gael i'r rheini sy'n dewis gwneud hynny drwy gyfrwng y Saesneg, a hynny yn unol â Mesur y Gymraeg 2011.</i></p>	Disgrifiwch pam y bydd yn cael effaith gadarnhaol/negyddol neu fawr ddim effaith o gwbl.	Pa dystiolaeth sydd gennych i ategu'r farn hon?	Pa gam (gamau) allwch chi ei gymryd (eu cymryd) i liniaru unrhyw effeithiau negyddol neu i gyfrannu'n well at yr egwyddor hon?				
<table border="1"> <tr> <td>A fydd y cynnig yn cael ei roi ar waith yn</td> <td>Cadarnhaol</td> <td>Negyddol</td> <td>Dim/Fawr ddim</td> </tr> </table>	A fydd y cynnig yn cael ei roi ar waith yn	Cadarnhaol	Negyddol	Dim/Fawr ddim	Caiff y strategaeth a phroses y cynllun	Caiff hyn ei adolygu yn ystod y broses o roi'r	Caiff hyn ei adolygu yn ystod y broses o roi'r cynllun
A fydd y cynnig yn cael ei roi ar waith yn	Cadarnhaol	Negyddol	Dim/Fawr ddim				

# Cyngor Sir Ceredigion – Asesiad Effaith Integredig (AEI)

Offeryn integredig sy'n sylfaen ar gyfer proses benderfynu effeithiol



ddwyieithog (Cymraeg a Saesneg)?	✓			gweithredu eu darparu'n ddwyieithog.	cynllun gweithredu ar waith.	gweithredu ar waith.
A fydd y cynnig yn effeithio ar y cyfleoedd i bobl ddefnyddio'r Gymraeg?	Cadarn haol	Negyddol	Dim/Fawr ddim	Mae gan yr holl ddefnyddwyr gwasanaeth y cynnig gweithredol o gael gwasanaethau yn eu dewis iaith.	Caiff hyn ei adolygu yn ystod y broses o roi'r cynllun gweithredu ar waith.	Caiff hyn ei adolygu yn ystod y broses o roi'r cynllun gweithredu ar waith.
	✓					
A fydd y cynnig yn cynyddu neu'n lleihau'r cyfleoedd i bobl gael gwasanaethau drwy gyfrwng y Gymraeg?	Cadarn haol	Negyddol	Dim/Fawr ddim		Caiff hyn ei adolygu yn ystod y broses o roi'r cynllun gweithredu ar waith.	Caiff hyn ei adolygu yn ystod y broses o roi'r cynllun gweithredu ar waith.
			✓			
Sut fydd y cynnig yn sicrhau nad yw'r Gymraeg yn cael ei thrin yn llai ffafriol na'r Saesneg?	Cadarn haol	Negyddol	Dim/Fawr ddim	Caiff y strategaeth a dogfennau'r cynllun gweithredu eu darparu'n ddwyieithog.	Caiff hyn ei adolygu yn ystod y broses o roi'r cynllun gweithredu ar waith.	Caiff hyn ei adolygu yn ystod y broses o roi'r cynllun gweithredu ar waith.
	✓					
A fydd yn gwarchod, yn hybu ac yn cyfoethogi diwylliant a threftadaeth lleol?	Cadarn haol	Negyddol	Dim/Fawr ddim		Caiff hyn ei adolygu yn ystod y broses o roi'r cynllun gweithredu ar waith.	Caiff hyn ei adolygu yn ystod y broses o roi'r cynllun gweithredu ar waith.
	✓					

**4. ATGYFNERTHU'R CYNNIG:** Os yw'r cynnig yn debygol o effeithio'n negyddol ar unrhyw rai o'r materion uchod (gan gynnwys unrhyw rai o'r nodweddion gwarchoddedig), pa gamau ymarferol/newidiadau allai helpu i liniaru neu i ddileu unrhyw effeithiau negyddol a nodwyd yn adrannau 2 a 3?

## 4.1 Camau

Beth fyddwch chi'n ei wneud?	Pryd fyddwch chi'n ei wneud?	Pwy sy'n gyfrifol?	Cynnydd
Adroddiad i'r Pwyllgor Craffu ynglŷn â'r ymgynghoriad ynghylch y strategaeth ddrafft	Medi 2018	Judi O'Rourke	Wedi cwblhau



Adroddiad ar ôl yr ymgynghori i'r Pwyllgor Craffu a'r Cabinet ynglŷn â mabwysiadu'r strategaeth.	Chwefror 2019	Judi O'Rourke	
Dechrau'r broses o roi'r strategaeth ar waith a datblygu cynllun gweithredu.	Mawrth 2019 a thu hwnt	Judi O'Rourke	

#### 4.2. Os na fyddwch yn cymryd unrhyw gamau i ddileu neu i liniaru'r effeithiau negyddol, rhowch gyfiawnhad.

*(Cofiwch: os ydych chi wedi nodi gwahaniaethu anghyfreithiol uniongyrchol a phosibl o ganlyniad i'r cynnig hwn, rhaid i chi newid neu ddiwygio'r cynnig.)*

Caiff hyn ei adolygu yn ystod y broses o roi'r cynllun gweithredu ar waith.

#### 4.3. Monitro, gwerthuso ac adolygu

*Sut fyddwch chi'n monitro effaith ac effeithiolrwydd y cynnig?*

Trwy adroddiadau i'r Pwyllgor Craffu a'r Cabinet yn ystod y broses o roi elfennau o'r cynllun gweithredu ar waith.

#### 5. RISG: Beth yw'r risg sydd ynghlwm wrth y cynnig hwn?

Meini prawf asesu effaith	1 – Isel iawn	2 – Isel	3 – Canolig	4 – Uchel	5 – Uchel iawn
Meini prawf asesu tebygolrwydd	1 – Annhebygol o ddigwydd	2 – Llai tebygol o ddigwydd	3 – Yr un mor debygol o ddigwydd ac o beidio digwydd	4 – Mwy tebygol o ddigwydd	5 – Tebygol o ddigwydd
Disgrifiad o'r risg	Effaith (difrifoldeb)		Tebygolrwydd (y gallu i gyflawni)		Sgôr risg
Bod Bwrdd Iechyd Prifysgol Hywel Dda yn penderfynu peidio â mabwysiadu'r Strategaeth	4		1		4
Bod y darparwyr allanol yn penderfynu peidio â mabwysiadu'r Strategaeth	4		2		8



Allai eich cynnig chi effeithio ar faes gwasanaeth arall?

Gallai effeithio ar dai, trafnidiaeth a Gwasanaethau Gofal Cymdeithasol am na fyddent yn medru symud ymlaen oni bai bod y strategaeth ar waith.

## 6. CYMERADWYO

Swydd	Enw	Llofnod	Dyddiad
Rheolwr y Gwasanaeth	Judi O'Rourke		
Swyddog Arweiniol Corfforaethol	Carys James		
Y Cyfarwyddwr Corfforaethol	Sue Darnbrook		
Deiliad y Portffolio	Y Cyngorydd Alun Williams		

# Cyngor Sir Ceredigion County Council - Integrated Impact Assessment (IIA)

An integrated tool to inform effective decision making



This **Integrated Impact Assessment tool** incorporates the principles of the Well-being of Future Generations (Wales) Act 2015 and the Sustainable Development Principles, the Equality Act 2010 and the Welsh Language Measure 2011 (Welsh Language Standards requirements) and Risk Management in order to inform effective decision making and ensuring compliance with respective legislation.

## 1. PROPOSAL DETAILS: (Policy/Change Objective/Budget saving)

Proposal Title	<b>Learning Disability Strategy</b>
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Service Area	Adult Services	Corporate Lead Officer	Carys James	Corporate Director	Sue Darnbrook
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Name of Officer completing the IIA	Judi O'Rourke	E-mail	<a href="mailto:Judi.ORourke@ceredigion.gov.uk">Judi.ORourke@ceredigion.gov.uk</a>	Phone no	2678
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### Please give a brief description of the purpose of the proposal

This draft strategy provides clarity for People with Learning Disabilities, their parents, Carers, care providers and staff of the areas which Ceredigion County Council and Hywel Dda University Health Board wish to develop. The strategy once adopted will be used to develop an action plan to meet the recommendations in the Strategy in line with the priorities identified through the consultation.

Who will be directly affected by this proposal? (e.g. The general public, specific sections of the public such as youth groups, carers, road users, people using country parks, people on benefits, staff members or those who fall under the protected characteristics groups as defined by the Equality Act and for whom the authority must have due regard).

The public including current and future service users, carers, families and individuals within the protected characteristics group.

**VERSION CONTROL:** The IIA should be used at the earliest stages of decision making, and then honed and refined throughout the decision making process. It is important to keep a record of this process so that we can demonstrate how we have considered and built in sustainable development, Welsh language and equality considerations wherever possible.

Author	Decision making stage	Version number	Date considered	Brief description of any amendments made following consideration
Judi O'Rourke	<i>Healthier Communities Overview and Scrutiny Community</i>	0.1	07/09/2018	





<b>COUNCIL STRATEGIC OBJECTIVES:</b> Which of the Council's Strategic Objectives does the proposal address and how?	
Boosting the Economy	Development of sustainable accommodation in county to reduce out of county placements where not needed, and increase employment opportunities within county.
Investing in People's Future	Maintaining people's independence as long as possible, enabling them to have a long and healthy life.
Enabling Individual and Family Resilience	Supporting the outcomes of the individuals, taking into account a whole family and network approach.
Promoting Environmental and Community Resilience	This draft policy encourages the use of public transport, universal services, and local resources to meet people's outcomes.

**NOTE:** As you complete this tool you will be asked for **evidence to support your views**. These need to include your baseline position, measures and studies that have informed your thinking and the judgement you are making. It should allow you to identify whether any changes resulting from the implementation of the recommendation will have a positive or negative effect. Data sources include for example:

- *Quantitative data - data that provides numerical information, e.g. population figures, number of users/non-users*
- *Qualitative data – data that furnishes evidence of people's perception/views of the service/policy, e.g. analysis of complaints, outcomes of focus groups, surveys*
- *Local population data from the census figures (such as Ceredigion Welsh language Profile and Ceredigion Demographic Equality data)*
- *National Household survey data*
- *Service User data*
- *Feedback from consultation and engagement campaigns*
- *Recommendations from Scrutiny*
- *Comparisons with similar policies in other authorities*
- *Academic publications, research reports, consultants' reports, and reports on any consultation with e.g. trade unions or the voluntary and community sectors, 'Is Wales Fairer' document.*
- *Welsh Language skills data for Council staff*

<b>2. SUSTAINABLE DEVELOPMENT PRINCIPLES:</b> How has your proposal embedded and prioritised the five sustainable development principles, as outlined in the Well-being of Future Generations (Wales) Act 2015, in its development?			
Sustainable Development Principle	Does the proposal demonstrate you have met this principle? If yes, describe how. If not, explain why.	What evidence do you have to support this view?	What action (s) can you take to mitigate any negative impacts or better contribute to the principle?
<b>Long Term</b> Balancing short term need with long term and planning for the	<ul style="list-style-type: none"> <li>• <i>This strategy will provide a greater sustainable and equitable approach to services.</i></li> </ul>	<i>This will be updated following action plan implementation.</i>	

# Cyngor Sir Ceredigion County Council - Integrated Impact Assessment (IIA)

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future.			
<b>Collaboration</b> Working together with other partners to deliver.	<ul style="list-style-type: none"> <li><i>This draft policy will be consulted across the care provider sector.</i></li> </ul>	<i>This will be updated following action plan implementation.</i>	
<b>Involvement</b> Involving those with an interest and seeking their views.	<ul style="list-style-type: none"> <li><i>This draft policy will be consulted widely across Ceredigion including key protected characteristics groups.</i></li> <li><i>Following consultation process a report will be presented to Scrutiny and Cabinet.</i></li> </ul>	<i>This will be updated following action plan implementation.</i>	
<b>Prevention</b> Putting resources into preventing problems occurring or getting worse.	<ul style="list-style-type: none"> <li><i>This draft policy will assist in the reduction on certain services making them the service of last resort.</i></li> <li><i>This draft policy is a preventative and supports the maintaining of one's independents for as long as possible.</i></li> </ul>	<i>This will be updated following action plan implementation.</i>	
<b>Integration</b> Positively impacting on people, economy, environment and culture and trying to benefit all three.	<ul style="list-style-type: none"> <li><i>This draft policy has been reviewed across LA services.</i></li> </ul>	<i>This will be updated following action plan implementation.</i>	

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<b>3. WELL-BEING GOALS:</b> Does your proposal deliver any of the seven National Well-being Goals for Wales as outlined on the Well-being of Future Generations (Wales) Act 2015? Please explain the impact (positive and negative) you expect, together with suggestions of how to mitigate negative impacts or better contribute to the goal. We need to ensure that the steps we take to meet one of the goals aren't detrimental to meeting another.			
Well-being Goal	Does the proposal contribute to this goal? Describe the positive or negative impacts-	What evidence do you have to support this view?	What action (s) can you take to mitigate any negative impacts or better contribute to the goal?
<b>3.1. A prosperous Wales</b> Efficient use of resources, skilled, educated people, generates wealth, provides jobs.	<i>This draft policy supports the efficient use of resources.</i>	<i>This will be updated following action plan implementation.</i>	
<b>3.2. A resilient Wales</b> Maintain and enhance biodiversity and ecosystems that support resilience and can adapt to change (e.g. climate change).	<i>This draft policy explores ways in supporting individual resilience and prevention for as long as possible</i>	<i>This will be updated following action plan implementation.</i>	
<b>3.3. A healthier Wales</b> People's physical and mental wellbeing is maximised and health impacts are understood.	<i>This draft policy provides Service users with an equal approach to Services.</i>	<i>This will be updated following action plan implementation.</i>	
<b>3.4. A Wales of cohesive communities</b> Communities are attractive, viable, safe and well connected.	<i>This draft policy supports and places safeguards in place for the reduction in opportunities for financial abuse.</i>	<i>This will be updated following action plan implementation.</i>	
<b>3.5. A globally responsible Wales</b> Taking account of impact on global well-being when considering local social, economic and environmental well-being.	<i>This draft policy supports the reduction of emission by maximising the use of public transport where applicable</i>	<i>This will be updated following action plan implementation.</i>	

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<p><b>3.6. A more equal Wales</b>                  People can fulfil their potential no matter what their background or circumstances.</p> <p><i>In this section you need to consider the impact on equality groups, the evidence and any action you are taking for improvement.</i></p> <p><i>You need to consider how might the proposal impact on equality protected groups in accordance with the Equality Act 2010?</i></p> <p><i>These include the protected characteristics of age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or beliefs, gender, sexual orientation.</i></p> <p><b>Please also consider the following guide::</b>  <a href="#">Equality Human Rights - Assessing Impact &amp; Equality Duty</a></p>	<p>Describe why it will have a positive/negative or negligible impact.</p> <p><i>Using your evidence consider the impact for each of the protected groups. You will need to consider do these groups have equal access to the service, or do they need to receive the service in a different way from other people because of their protected characteristics. It is not acceptable to state simply that a proposal will universally benefit/disadvantage everyone. You should demonstrate that you have considered all the available evidence and address any gaps or disparities revealed.</i></p>	<p>What evidence do you have to support this view?</p> <p><i>Gathering Equality data and evidence is vital for an IIA. You should consider who uses or is likely to use the service. Failure to use <u>data</u> or <u>engage</u> where change is planned can leave decisions open to legal challenge. Please link to <b>involvement</b> box within this template. Please also consider the general guidance.</i></p>	<p>What action (s) can you take to mitigate any negative impacts or better contribute to positive impacts?</p> <p><i>These actions can include a range of positive actions which allows the organisation to treat individuals according to their needs, even when that might mean treating some more favourably than others, in order for them to have a good outcome. You may also have actions to identify any gaps in data or an action to engage with those who will/likely to be effected by the proposal. These actions need to link to Section 4 of this template.</i></p>																
<p><b>Age</b>                  Do you think this proposal will have a positive or a negative impact on people because of their age? (Please tick ✓)</p> <table border="1" data-bbox="62 994 772 1369"> <thead> <tr> <th></th> <th>Positive</th> <th>Negative</th> <th>None/ Negligible</th> </tr> </thead> <tbody> <tr> <td>Children and Young People up to 18</td> <td style="text-align: center;">✓</td> <td></td> <td></td> </tr> <tr> <td>People 18-50</td> <td style="text-align: center;">✓</td> <td></td> <td></td> </tr> <tr> <td>Older People 50+</td> <td style="text-align: center;">✓</td> <td></td> <td></td> </tr> </tbody> </table>		Positive	Negative	None/ Negligible	Children and Young People up to 18	✓			People 18-50	✓			Older People 50+	✓			<p>This draft policy will ensure that each individual is treated equally and in a consistent approach.</p>	<p><i>This will be reviewed during action plan implementation.</i></p>	<p><i>This will be reviewed during action plan implementation.</i></p>
	Positive	Negative	None/ Negligible																
Children and Young People up to 18	✓																		
People 18-50	✓																		
Older People 50+	✓																		
<p><b>Disability</b>                  Do you think this proposal will have a positive or</p>	<p><i>As part of the consultation process documents were</i></p>	<p><i>This will be reviewed during action plan implementation.</i></p>	<p><i>This will be reviewed during action plan implementation.</i></p>																

# Cyngor Sir Ceredigion County Council - Integrated Impact Assessment (IIA)

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a negative impact on people because of their disability? (Please tick ✓)				<i>made available in a range of accessible formats.</i>  <i>The strategy is available in easy read, and the action plan will also be developed in easy read formats.</i>  <i>This strategy will ensure that each individual is treated equally and in a consistent approach.</i>		
Hearing Impairment	Positive	Negative	None/ Negligible			
	✓					
Physical Impairment	Positive	Negative	None/ Negligible			
	✓					
Visual Impairment	Positive	Negative	None/ Negligible			
	✓					
Learning Disability	Positive	Negative	None/ Negligible			
	✓					
Long Standing Illness	Positive	Negative	None/ Negligible			
	✓					
Mental Health	Positive	Negative	None/ Negligible			
	✓					
Other	Positive	Negative	None/ Negligible			
	✓					
<b>Transgender</b> Do you think this proposal will have a positive or a negative impact on transgender people? (Please tick ✓)				<i>This strategy will ensure that each individual is treated equally and in a consistent approach.</i>	<i>This will be reviewed during action plan implementation.</i>	<i>This will be reviewed during action plan implementation.</i>
Transgender	Positive	Negative	None/ Negligible			
			✓			
<b>Marriage or Civil Partnership</b> Do you think this proposal will have a positive or				<i>This strategy will ensure that each individual is treated</i>	<i>This will be reviewed during action plan implementation.</i>	<i>This will be reviewed during action plan implementation.</i>

# Cyngor Sir Ceredigion County Council - Integrated Impact Assessment (IIA)

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a negative impact on marriage or Civil partnership? (Please tick ✓)				<i>equally and in a consistent approach.</i>		
Marriage	Positive	Negative	None/ Negligible			
			✓			
Civil partnership	Positive	Negative	None/ Negligible			
			✓			
<b>Pregnancy or Maternity</b> Do you think this proposal will have a positive or a negative impact on pregnancy or maternity? (Please tick ✓)				<i>This strategy will ensure that each individual is treated equally and in a consistent approach.</i>	<i>This will be reviewed during action plan implementation.</i>	<i>This will be reviewed during action plan implementation.</i>
Pregnancy	Positive	Negative	None/ Negligible			
	✓					
Maternity	Positive	Negative	None/ Negligible			
	✓					
<b>Race</b> Do you think this proposal will have a positive or a negative impact on race? (Please tick ✓)				<i>This strategy will ensure that each individual is treated equally and in a consistent approach.</i>	<i>This will be reviewed during action plan implementation.</i>	<i>This will be reviewed during action plan implementation.</i>
White	Positive	Negative	None/ Negligible			
			✓			
Mixed/Multiple Ethnic Groups	Positive	Negative	None/ Negligible			
			✓			
Asian / Asian British	Positive	Negative	None/ Negligible			
			✓			
Black / African	Positive	Negative	None/			

# Cyngor Sir Ceredigion County Council - Integrated Impact Assessment (IIA)

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/ Caribbean / Black British			Negligible			
			✓			
Other Ethnic Groups	Positive	Negative	None/ Negligible			
			✓			

<b>Religion or non-beliefs</b> Do you think this proposal will have a positive or a negative impact on people with different religions, beliefs or non-beliefs? (Please tick ✓)				<i>This strategy will ensure that each individual is treated equally and in a consistent approach.</i>	<i>This will be reviewed during action plan implementation.</i>	<i>This will be reviewed during action plan implementation.</i>
Christian	Positive	Negative	None/ Negligible			
			✓			
Buddhist	Positive	Negative	None/ Negligible			
			✓			
Hindu	Positive	Negative	None/ Negligible			
			✓			
Humanist	Positive	Negative	None/ Negligible			
			✓			
Jewish	Positive	Negative	None/ Negligible			
			✓			
Muslim	Positive	Negative	None/ Negligible			
			✓			
Sikh	Positive	Negative	None/ Negligible			
			✓			
Non-belief	Positive	Negative	None/ Negligible			
			✓			



# Cyngor Sir Ceredigion County Council - Integrated Impact Assessment (IIA)

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Other	Positive	Negative	None/ Negligible			
			✓			

<b>Sex</b> Do you think this proposal will have a positive or a negative impact on men and/or women? (Please tick ✓)				<i>This strategy will ensure that each individual is treated equally and in a consistent approach.</i>	<i>This will be reviewed during action plan implementation.</i>	<i>This will be reviewed during action plan implementation.</i>
Men	Positive	Negative	None/ Negligible			
			✓			
Women	Positive	Negative	None/ Negligible			
			✓			

<b>Sexual Orientation</b> Do you think this proposal will have a positive or a negative impact on people with different sexual orientation? (Please tick ✓)				<i>This strategy will ensure that each individual is treated equally and in a consistent approach.</i>	<i>This will be reviewed during action plan implementation.</i>	<i>This will be reviewed during action plan implementation.</i>
Bisexual	Positive	Negative	None/ Negligible			
			✓			
Gay Men	Positive	Negative	None/ Negligible			
			✓			
Gay Women / Lesbian	Positive	Negative	None/ Negligible			
			✓			
Heterosexual / Straight	Positive	Negative	None/ Negligible			
			✓			

**Having due regards in relation to the three aims of the Equality Duty - determine whether the proposal will assist or inhibit your ability to eliminate discrimination; advance equality and foster good relations.**

**3.6.2. How could/does the proposal help advance/promote equality of opportunity?**





*You should consider whether the proposal will help you to:*

- Remove or minimise disadvantage
- To meet the needs of people with certain characteristics
- Encourage increased participation of people with particular characteristics

This strategy provides a consistent and equal approach to the access of services encompassed within the document, and allows for co-productive development of future services..

### **3.6.3. How could/does the proposal/decision help to eliminate unlawful discrimination, harassment, or victimisation?**

*You should consider whether there is evidence to indicate that:*

- The proposal may result in less favourable treatment for people with certain characteristics
- The proposal may give rise to indirect discrimination
- The proposal is more likely to assist or impeded you in making reasonable adjustments

*This will be reviewed during action plan implementation.*

### **3.6.4. How could/does the proposal impact on advancing/promoting good relations and wider community cohesion?**

*You should consider whether the proposal with help you to:*

- Tackle prejudice
- Promote understanding

- A consistent approach ensuring that there is no prejudice
- Making the strategy accessible to people with learning disabilities, their parents and carers, care providers and wider public will promote understanding. This will enable a more holistic approach to co-producing community services when the action plan is developed.



<b>3.7. A Wales of vibrant culture and thriving Welsh language</b> Culture, heritage and Welsh Language are promoted and protected. <i>In this section you need to consider the impact, the evidence and any action you are taking for improvement. This in order to ensure that the opportunities for people who choose to live their lives and access services through the medium of Welsh are not inferior to what is afforded to those choosing to do so in English, in accordance with the requirement of the Welsh Language Measure 2011.</i>				Describe why it will have a positive/negative or negligible impact.	What evidence do you have to support this view?	What action (s) can you take to mitigate any negative impacts or better contribute to positive impacts?
Will the proposal be delivered bilingually (Welsh & English)?	Positive ✓	Negative	None/ Negligible	<i>The strategy and action plan process will be delivered bilingually</i>	<i>This will be reviewed during action plan implementation.</i>	<i>This will be reviewed during action plan implementation.</i>
Will the proposal have an effect on opportunities for persons to use the Welsh language?	Positive ✓	Negative	None/ Negligible	<i>All service users have the active offer of services delivered through their language of choice</i>	<i>This will be reviewed during action plan implementation.</i>	<i>This will be reviewed during action plan implementation.</i>
Will the proposal increase or reduce the opportunity for persons to access services through the medium of Welsh?	Positive	Negative	None/ Negligible ✓		<i>This will be reviewed during action plan implementation.</i>	<i>This will be reviewed during action plan implementation.</i>
How will the proposal treat the Welsh language no less favourably than the English language?	Positive ✓	Negative	None/ Negligible	<i>The strategy and action plan documentation and implementation will be provided bilingually</i>	<i>This will be reviewed during action plan implementation.</i>	<i>This will be reviewed during action plan implementation.</i>
Will it preserve promote and enhance local culture and heritage?	Positive	Negative	None/ Negligible		<i>This will be reviewed during action plan implementation.</i>	<i>This will be reviewed during action plan implementation.</i>
	✓				<i>This will be reviewed during action plan implementation.</i>	<i>This will be reviewed during action plan implementation.</i>



**4. STRENGTHENING THE PROPOSAL:** If the proposal is likely to have a negative impact on any of the above (including any of the protected characteristics), what practical changes/actions could help reduce or remove any negative impacts as identified in sections 2 and 3?

**4.1 Actions.**

What are you going to do?	When are you going to do it?	Who is responsible?	Progress
Report to Scrutiny to progress consultation on draft strategy	September 2018	Judi O'Rourke	Complete
Report following consultation to Scrutiny and Cabinet for adoption of strategy	February 2019	Judi O'Rourke	
Commence implementation of strategy and develop action plan.	March 2019- Onwards	Judi O'Rourke	

**4.2. If no action is to be taken to remove or mitigate negative impacts please justify why.**  
*(Please remember that if you have identified unlawful discrimination, immediate and potential, as a result of this proposal, the proposal must be changed or revised).*

*This will be reviewed during action plan implementation.*

**4.3. Monitoring, evaluating and reviewing.**  
*How will you monitor the impact and effectiveness of the proposal?*

Through reports to scrutiny and Cabinet during implementation of action plan elements.

**5. RISK:** What is the risk associated with this proposal?

Impact Criteria	1 - Very low	2 - Low	3 - Medium	4 - High	5 - Very High
Likelihood Criteria	1 - Unlikely to occur	2 - Lower than average chance of occurrence	3 - Even chance of occurrence	4 - Higher than average chance of occurrence	5 - Expected to occur

# Cyngor Sir Ceredigion County Council - Integrated Impact Assessment (IIA)

An integrated tool to inform effective decision making



Risk Description	Impact (severity)	Probability (deliverability)	Risk Score
Strategy is not adopted by HDdUHB	4	1	4
Strategy is not adopted by external providers	4	2	8
Does your proposal have a potential impact on another Service area?			
Could impact on Housing, Transport, and Social Care Services which are unable to progress without the strategy in place.			

<b>6. SIGN OFF</b>			
Position	Name	Signature	Date
Service Manager	Judi O'Rourke		
Corporate Lead Officer	Carys James		
Corporate Director	Sue Darnbrook		
Portfolio Holder	Cllr. Alun Williams		