

The Wellbeing of Future Generations (Wales) Act 2015 is built upon the concept of sustainable development and is underpinned by five principles: long term thinking, an integrated approach, engagement, collaboration and preventative action. Some of the challenges facing Wales now and in the future include an aging population, jobs, health inequalities, poverty and mental health to name but a few, some of which will be discussed later within this essay. This law ensures that our public sector will think about the long-term impact that decisions made today will have on future generations alongside tackling the current issues of today. The seven wellbeing goals, objectives and their impact will be at the forefront of decision-making whilst also providing the necessary resources, involving people to discover sustainable solutions and work together with different public bodies (Johnes, 2013). If the Future Generations and Wellbeing (Wales) 2015 Act is to be effective, accountability and enforcement are necessary, falling upon the Welsh Ministers, the Auditor General for Wales (AGW), the Future Generations Commissioner (FGC) and Scrutiny Committees (SCs) in local government (Davies, 2016). The Auditor for General Wales is empowered to complete investigations on public bodies at least once in every period of office and then give a report to the Assembly for each public body (Public Services Board, 2018). The Future Generations Commissioner's role is to promote sustainable development, assess how and to what extent wellbeing objectives are being met and to promote the long term impact of decisions made today (Future Generations Commissioner for Wales, 2018a).

Currently there are four pillars of sustainability – economic, social, environmental and cultural, all of which underpin this legislation, yet this essay will focus on the social and cultural pillars. Although the discourse of sustainable development dates back to the mid-18th century (Lumley and Armstrong, 2004), the term sustainable development was given attention through the 1987 World Commission on Environment and Development book, *Our Common Future*, commonly referred to as the Brundtland Report. This was the starting point for contemporary discussions about sustainable development and where it gained its definition: 'the development that meets the needs of the present without compromising the ability of future generations to meet their own needs' (WCED, 1987, p. 19). The quality of life and taking steps to achieve better wellbeing such as health, education, relationships, life opportunities are related to sustainable development (Haralambos and Holborn, 2013), which can be difficult to measure because of its subjective being, multifaceted and influenced by cultural, ethnic, religious and personal values however a person's wellbeing is closely linked with life quality (Ferrell, 1989). Policy has been and is influenced by the importance of an individual's quality of life and has become

more important within societal development (Berger-Schmitt, 2000) which is reflected within this Act. A more equal Wales goal focusses on a society of equal chances which enables people to reach their full potential (Wales Council for Voluntary Action, 2017) and an equality plan has been written containing eight objectives which will ensure progress of the wellbeing goal, life opportunities and outcomes by provisions in mental health and education, improving living conditions and reducing poverty as well as identifying why inequalities still persist (Welsh Government, 2016). This thought can be traced back to The Beveridge Report of 1942 where William Beveridge presented five giants of social evil and declared that poverty, health and housing are all interlinked and that his social system could not work without a National Health Service, full employment and child allowances (Spicker, 2008). Dorling in 2011 renamed the social evils of Beveridge as elitism, exclusion, prejudice, greed and despair, and highlights that some of our current injustices are a result of solutions found to past injustices and explains that as institutional beliefs change, divides can be narrowed by working together (Dorling, 2015).

Since the beginning of the welfare state, the cost of care has been at its centre and ways to reduce costs and complaints from taxpayers have been necessary, yet most of the cost cutting within welfare has been approached by lack of funds (Cunningham, 2012). How people are cared for and how the welfare state delivers services has changed alongside society, with its movement of people and aging population, but also by how people want to be cared for. Community care became popular within the 1960s with an aim to deinstitutionalize care to save costs as residential care costs were rising, alongside an increasing concern about how much was being spent on welfare, and with many scandalous cases of abuse being revealed, the view of residential care became very negative (Scull, 1984). With an aging population, the pressure to reduce hospital stays for elderly people was increasing as many began labelling the elderly as bed blockers and a focus on how such needs could be met within their own home or community setting emerged, however the official targets for home help were not met before 1980 as the priority was more upon closing the institutions than diverting the resources (Blakemore and Warwick-Booth, 2013). This legislation has ninety-nine objectives relating to health, social care, social prescribing, safeguarding and ageing well, which will be delivered through the five ways of working approach which focusses on the long term, prevention, involvement, collaboration and integration (Future Generations Commissioner for Wales, 2017). Wellbeing outcomes are supported by clinical care, support within communities and the third sector (Primary Car Hub, 2018). The Cost of Care (2017) states that funding for elderly care has a shortfall of seven billion pounds per year, which is putting a strain on carers and

families as well as presenting a national funding crisis. Social prescribing is an innovative approach focussed on improving health, social and physical wellbeing which is being promoted as cost effective approach with high impact (Randall, 2015), the objectives align with policy (Primary Care Hub, 2018) however many voluntary and community organisations are expected to take on referrals without additional funding which, in future, may see results in long waiting lists (White, 2018). Durkheim believed that humanity is enriched by social dependence and that ties with other people creates a sense of belonging within society which leads towards social cohesion (Dillon, 2014) when members of society become interdependent, having shared loyalties and solidarity (Berger- Schmitt, 2000). Five dimensions of social cohesion have been identified as belonging, inclusion, participation, recognition and legitimacy, focussing on the absence of social exclusion, shared values, interactions and connections: offering opportunities to all its members (Berger- Schmitt, 2000). In 2008, the Strategy for Social Cohesion referred to social cohesion as ‘the ultimate goal of modern society’, stated that wellbeing would not be achieved for its members unless shared, with key points focussing on the relationship with others, social balance, forms of responsibility and commitment (Council of Europe, 2008). To have cohesive communities in Wales is one of the seven wellbeing goals stated in The Wellbeing of Future Generations (Wales) Act 2015, which aims to see people be involved within their communities, engaging in cultural activities, participating in local decision-making so that each community culture and its history can be present within the future (Well-being in Wales, 2017). Valuing diversity and providing equal opportunities alongside building strong relationships with people from different backgrounds is at its core (Camden Commission, 2017) and the Casey Review (2016) demonstrates that mistrust, anxiety and prejudice grows when communities interact less with people from different backgrounds. However, seeing an increase in part-time, casual work and zero-hour contracts, the potential for social mobility has increased alongside poverty rates and overall wellbeing (Bilton *et al*, 2002). Communities are of constant change and they need help to become more resourceful and resilient. Collaboration is key to promoting future wellbeing in Carmarthenshire, producing strong connections, striving communities that embrace diversity, cohesion and tolerance (Public Services Board, 2018).

Within the UK, poverty rates are comparatively high and compared to other countries, the UK is underperforming on overall wellbeing (Bradshaw, 2016). Neoliberalism claimed that the welfare state was leading a culture of dependency and the coalition government from 2010 expressed similar views although the Secretary of State for Work and Pensions argued that

whole communities are trapped in dependency, leaving disadvantaged children to become disadvantaged adults (Haralambos and Holborn, 2013). The importance of considering the long lasting impact that Adverse Childhood Experiences can have upon later adulthood is vital as Wales embraces these wellbeing principles however local data is lacking to know how many children are experiencing such childhoods (Future Generations Commissioner for Wales, 2017) and the Good Childhood Report 2017 revealed that in Wales, half the population experience three or more disadvantages and approximately 50,000 children in Wales experience seven or more disadvantages, which also reports that 25% of children are unhappy with their lives (The Children's Society, 2017). For future wellbeing addressing the issue of poverty is crucial and because of this Future Generations and Wellbeing (Wales) 2015 Act, 29 objectives have been set within 21 public bodies relating to poverty and equality (Future Generations Commissioner for Wales, 2018b). The importance of a good start in life should not be overlooked, as benefits of a happy and healthy childhood can be detected later in adulthood. Poverty and deprivation impact a child greatly and 'evidence shows that stressful experiences and poor quality childhoods are more likely to develop health-harming and antisocial behaviours (Bradshaw, 2016). One way in which community cohesion and empowerment will be promoted in Wales, because of the Wellbeing of Future Generations (Wales) Act 2015, is through education with a new curriculum to be introduced by 2022. This change is needed to equip children and young people with the necessary resources to be adaptable, and understand the transformation produced by advances in technology and globalisation, producing ambitious and capable learners, confident individuals who are ethical informed citizens who are prepared for the future ahead and ready to become working members within society (Welsh government, 2017). In addition to involve culture, history and arts more within the new curriculum, there will also be a greater focus on learning Welsh within schools as it is becoming more valued within the workplace (Donaldson, 2015). Furthermore, the arts will become more incorporated into schools as they provide the base for lifelong participation within the culture of Wales, contribute to the economy and help students to develop resilience, confidence to express themselves, learn more about culture and society and feel empowered to develop solutions that meet society's needs and wants (Welsh Government, 2018).

Public Service Boards (PSB) develop local wellbeing by undertaking an assessment which will then introduce steps to help deliver better wellbeing objectives and priorities presented (Natural Resources Wales, 2018). Carmarthenshire undertook the assessment in partnership with Ceredigion and Pembrokeshire so that within the Hywel Dda area footprint a consistent

approach could be obtained (Carmarthenshire Public Services Board, 2018). The assessment highlighted the importance of good health, enough money for essentials and good relationships (Carmarthenshire Wellbeing Assessment, 2016) which was followed by a Carmarthenshire Wellbeing Plan (2018) setting out actions for the Short Term (1-3 years), Medium Term (3-7 years) and a Longer Term (7-20 years) ambition that are focussed on promoting the four wellbeing objectives identified from the assessment, these are: healthy habits, early interventions, strong connections, prosperous people and places. Healthy habits will be promoted by campaigns, and healthcare alternatives that will be more focussed on social and green solutions, such as social prescribing, so that in the longer term Carmarthenshire's citizens can benefit from increased wellbeing and lower stress levels, engage more in their own health whilst connecting more to nature and having an environmentally sustainable attitude. Support and services to change the way people act and behave towards food for a better quality of life is a focus as one of the issues highlighted is the importance of tackling childhood obesity because in Carmarthenshire, on average, children are the heaviest in Wales which can affect chronic and physical conditions and life expectancy (Public Services Board, 2018) which leads to the importance of the next wellbeing objective, early intervention. Understanding trigger points and transitions is very important for individuals wellbeing in the longer term and tailoring the delivery of services is necessary. Developing a Programme of Response is underway by analysing the data received from recording the use of public services, trigger points and combining with the understanding of future trends to help signpost and produce a better intervention approach.

To conclude, communities that are unified with common goals enjoy better wellbeing, by reducing individual vulnerability and increasing the breadth of active participation within society (Council of Europe, 2008, pg.29). Community cohesion and collaboration play an important part within sustainable development, promoting the importance of belonging to society, reducing social exclusion and offering equal opportunities to all its members (Berger-Schmitt, 2000). History demonstrates that the future of better integration will depend partly on better funding within social care (Blakemore and Warwick-Booth, 2013) however the Wellbeing of Future Generations (Wales) Act 2015 promotes more how to reduce costs, now and later, and provide services with the help of the third sector, volunteering, and using campaigns to promote the need of individuals within society to care for its own, which can be seen though the focus and importance being placed upon social prescribing. Wellbeing of individuals can be affected by poverty and deprivation and how the devolution of this act is

carried out will have a great influence upon the future wellbeing of Wales. It can also be noticed that providing the country with a new curriculum demonstrates the importance the following generations hold on fulfilling and promoting the change that this legislation endeavours to have upon society.

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