



National Survey for Wales, 2016-17: Volunteering and Caring

20 December 2017
SB 72/2017

In the National Survey during 2016-17, people were asked whether they gave their time for free to any clubs or organisations, those who did were classed as volunteers. People were additionally asked if they were caring for others by whether they looked after, or gave any help or support to family members, friends, neighbours or others because of long-term ill-health or disability, or problems related to old age.

Key findings

- 28% of people currently volunteered, either formally or informally.
- People most commonly volunteered for charities and sports clubs: 32% of volunteers (9% of adults aged 16+) gave their time to charities, 25% of volunteers (7% of adults aged 16+) volunteered at a sports club.
- Younger people and those with no qualifications were the least likely to volunteer.
- Those in better general health and who felt that things they did in their life were more worthwhile were more likely to be volunteers.
- 32% of people were caring for others, 24% of people provided care for less than 20 hours per week, 8% provided care for more than 20 hours per week.
- 24% of 16-24 year olds were caring for others, compared with 42% of 45-64 year olds and 25% of those aged 75 or over.



- People who were caring for others were more likely than those who were not to have a limiting long-term illness and to be in material deprivation, and this relationship was strongest for those who spent more time caring.

About this bulletin

This bulletin provides more detailed analysis of the 2016-17 results for the questions on **volunteering and caring**.

The [full questionnaire](#) is available on the National Survey web pages.

Additional tables can be accessed via the [Results viewer](#).

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Introduction

In September 2017, the first [Well-being of Wales report](#) was published. This report provides an update on the progress being made in Wales towards the achievement of the 7 well-being goals and the 46 associated national indicators. One of the indicators is a measure of the percentage of people who volunteer. To accompany this indicator, the Welsh Government also wish to monitor the percentage of people who look after or give help and support to family members, friends, or neighbours because of long-term physical and mental health conditions.

The Welsh Government's [Third Sector Scheme](#) sets out how the Welsh Government will promote the interests of voluntary organisations and defines four cross-cutting themes which underpin activity in the sector, these are: sustainable development, Welsh language, equality and diversity, and tackling poverty. Emerging from the scheme, the Welsh Government's [Volunteering Policy: Supporting Communities, Changing Lives](#) set out three key purposes: improve access to volunteering for people of all ages and from all parts of society; encourage the more effective involvement of volunteers, including through appropriate training; raise the status and improve the image of volunteering. Volunteering is recognised as a 'good thing' for Wales by the Welsh Government and the Third Sector Partnership Council, and as something to be promoted and supported.

[The Carers Strategy for Wales \(2013\)](#) recognises the significant contribution that carers make to Wales and sets out a framework through which carers may be supported and not disadvantaged through their carer status. Five key priority areas were identified: health, social care and well-being; identification, information and consultation; young carers and young adult carers; support and a life outside of the caring role; caring and employment. Under the [Social Services and Well-being \(Wales\) Act 2014](#) a duty is placed on the Welsh Government, local authorities and health boards to promote the well-being of people who need care and support, and of carers.

National Survey results help to inform these strategies relating to volunteering and care. Information on the characteristics of volunteers and carers from the National Survey provides a key resource to inform policy and the delivery of services and support, as well as to monitor progress.

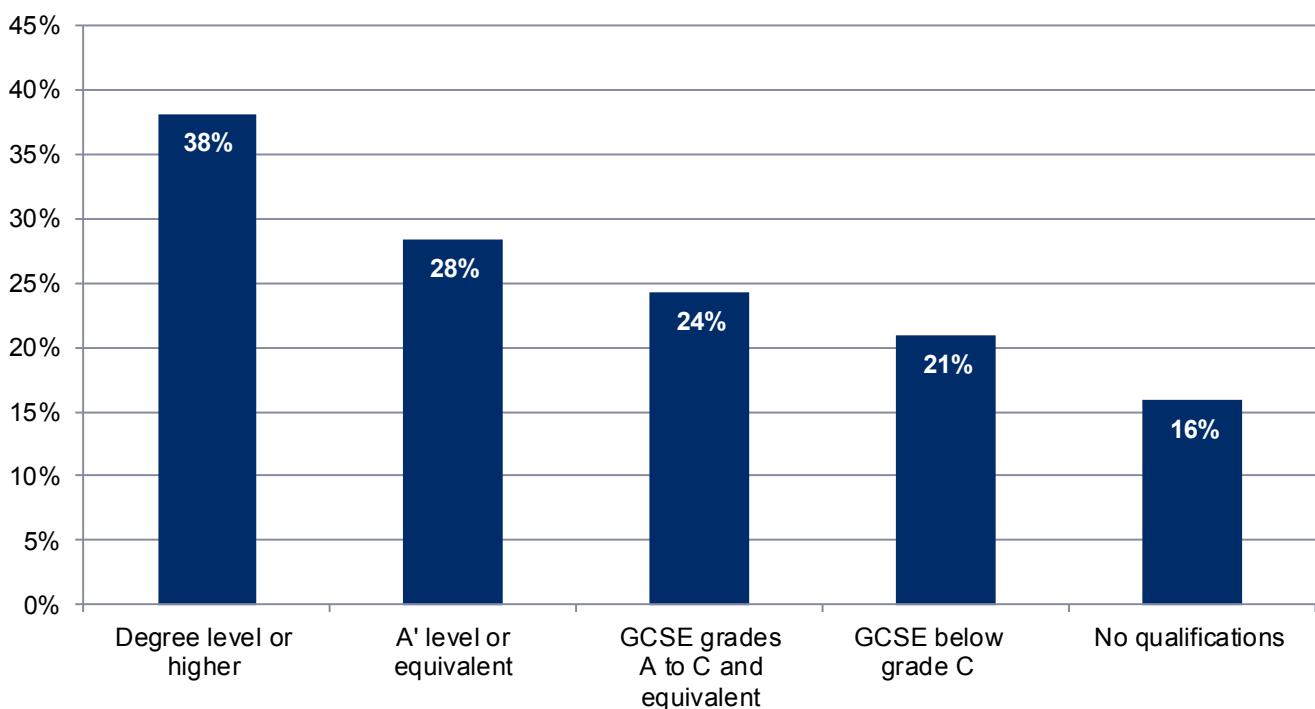
Volunteering

Questions on volunteering were asked for the first time in the National Survey in 2016-17. People were asked: “Which of these clubs or organisations, if any, are you currently giving your time to for free?” and given a list of potential organisations as options. The question asked people to exclude giving money and anything that they were paid to do. Indicating involvement with any of the clubs or organisations was used to represent being a volunteer and on this basis 28% of people volunteered. A [report](#) by the [Wales Council for Voluntary Action \(WCVA\)](#) stated 37% of adults in Wales in 2013-15 were formal volunteers, that is were volunteering with an organisation. The difference in these figures may be accounted for by the difference in the questions posed. The WCVA report asked people about their volunteering participation over the past 12 months, whereas the National Survey asked whether people were currently volunteering.

When controlling for other factors¹, the following characteristics were associated with being a volunteer.

- **Age** - The proportion of people who volunteered was lowest for people aged 16-24 (22%), and highest from those aged 65-74 (33%). When controlling for other factors, younger people continued to be the least likely to be volunteers.
- **Education** - Volunteering status was clearly patterned by qualification level²; the proportion of volunteers increased as qualification level increased, as shown in Chart 1. There was a 22 percentage-point difference between those with no qualifications to those with degree level or higher qualifications. The relationship between qualification level and volunteering was confirmed when controlling for other factors.

Chart 1: People currently volunteering, by highest qualification

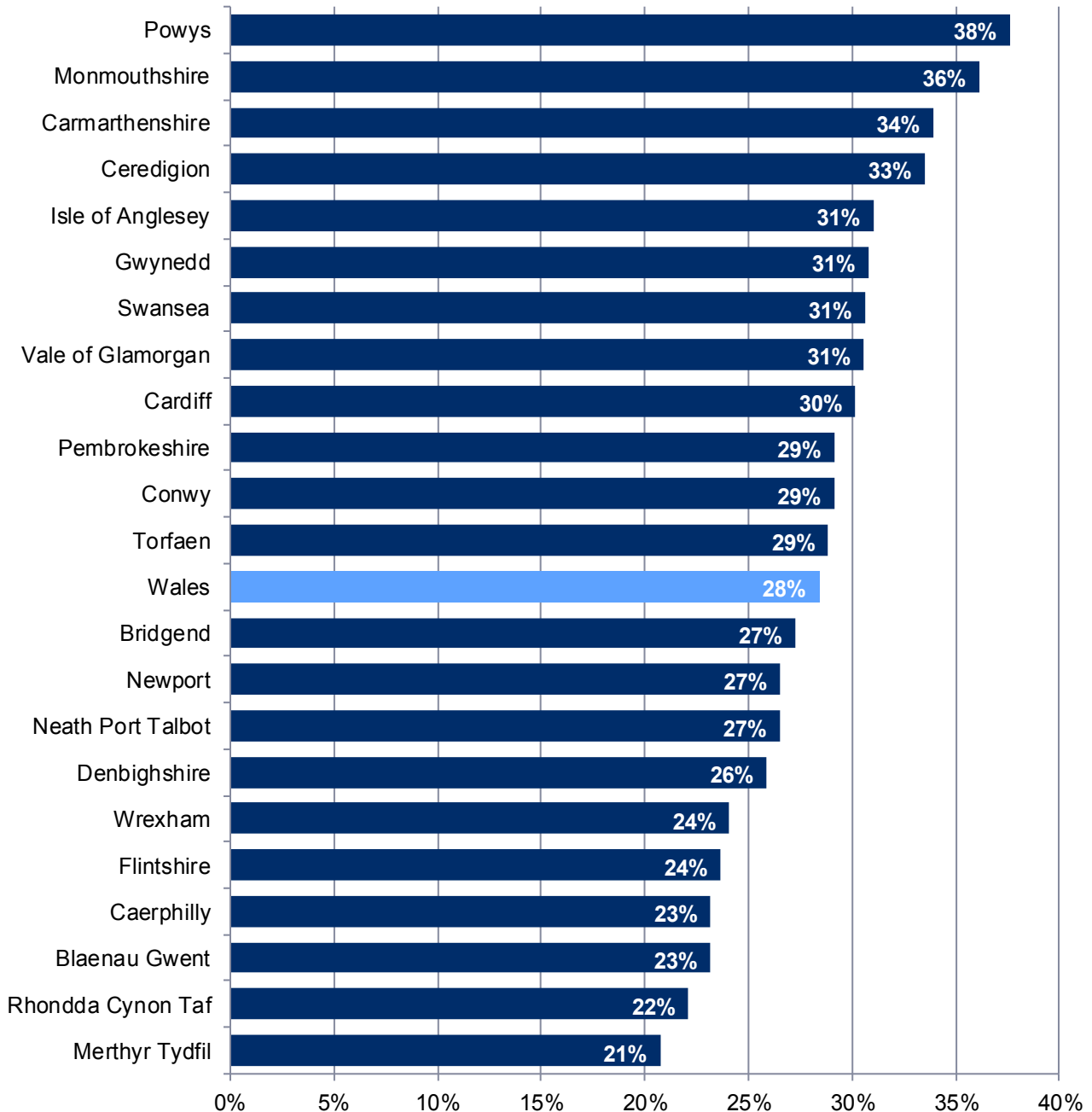


¹ Using regression analysis – more details can be found in the [Key quality information](#).

² Highest level of qualifications are grouped by the National Framework of Qualifications – see [Terms and definitions](#)

- Local authority area** - Variation in volunteering rates between local authorities, as demonstrated in Chart 2, suggested geography was a factor. The proportion of volunteers varied between 21% in Merthyr Tydfil to 38% in Powys. However, when controlling for other factors, the local authority associated with the lowest probability of being a volunteer was Denbighshire. Powys remained the local authority area related to the highest likelihood of being a volunteer.

Chart 2: People currently volunteering, by local authority



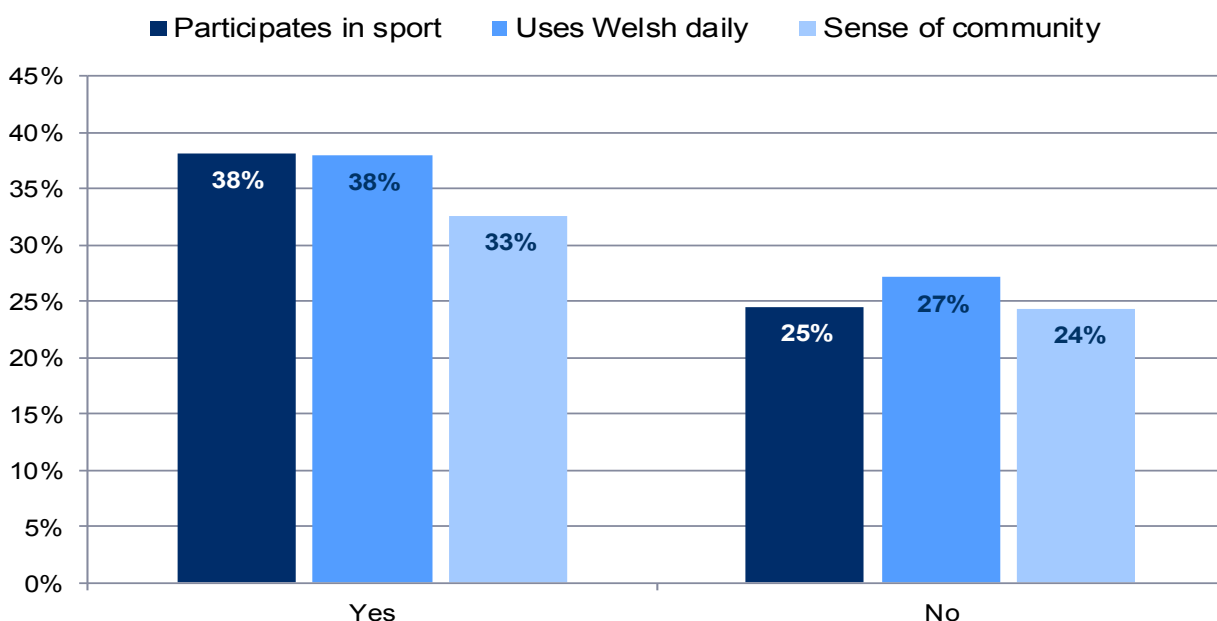
- Economic status** – When controlling for other factors, economically inactive persons (which includes those who have retired) were the most likely to be volunteers. Unemployed persons showed the smallest proportion of volunteers (18%), however, this relationship was not reflected on controlling for other factors. The small sample of unemployed persons means the estimated effect of being unemployed on volunteering has a high degree of uncertainty.

- **Tenure** - Those living in socially rented housing were the least likely to be a volunteer. 32% of those in owner-occupied homes were volunteers, compared with only 16% of those in social housing. When controlling for other factors, the relationship of tenure to volunteering status was maintained.
- **Participating in sporting activity** - Participation in sports appeared to be important to volunteering: 38% of those who participated in sporting activities three or more times a week were a volunteer, compared with 25% of those who did not participate in sporting activities - see Chart 3. When controlling for other factors, those who participated in sport had a significantly higher probability of being a volunteer.

For people who participated in sporting activities, the most common organisation volunteered with was sports clubs, 16% of people who undertook sporting activities reported that they volunteered at a sports club.

- **Sense of community**³ - People who had a sense of community were more likely to volunteer: 24% of people who did not have a sense of community were volunteers, compared with 33% of those who reported feeling a sense of community. This association, confirmed when controlling for other factors, could support the view of the benefit of volunteering to community cohesion demonstrated in the Welsh Government’s [Volunteering Policy: Supporting Communities, Changing Lives](#). The association between volunteering and having a sense of community could run in either direction. Having a sense of community may lead to volunteering, while volunteering may also foster a sense of community.
- **Using Welsh daily** – Controlling for other factors, those who spoke Welsh daily and could speak more than just a few words of Welsh were more likely to be volunteers. Of people who used Welsh daily 38% were volunteers, compared with 27% for those who did not.

Chart 3: People currently volunteering by participation in sport, daily use of Welsh and having a sense of community



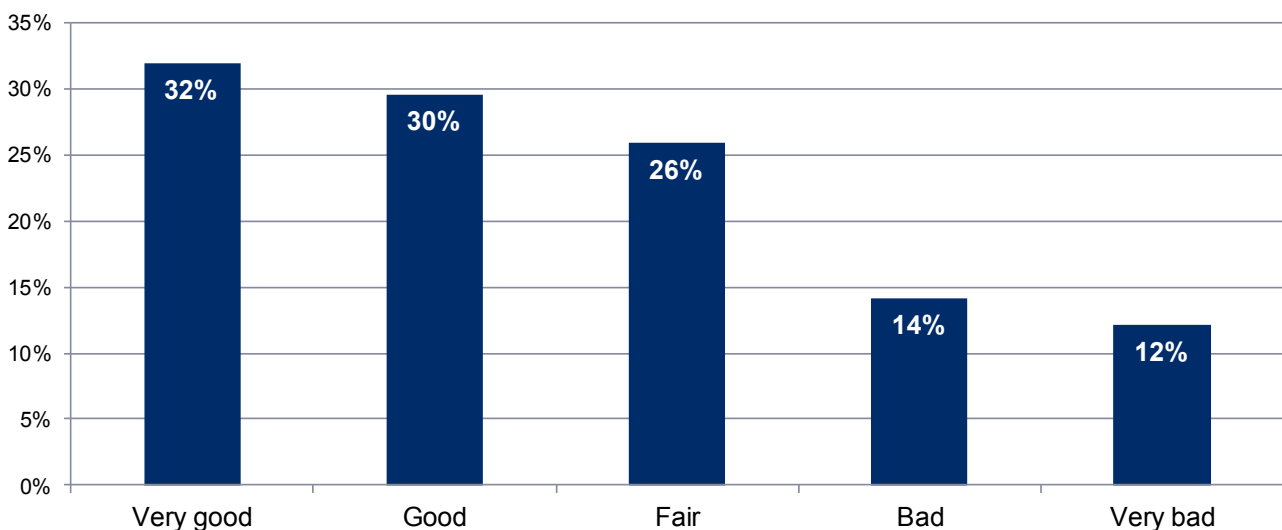
³ Sense of Community – see [Terms and definitions](#).

- **Internet use** – When controlling for other factors, those who did not use the internet were less likely to volunteer. 19% of those who did not personally use the internet at home, work or elsewhere were volunteers, compared with 30% of those who did use the internet.
- **Religion** - Possessing any religion was associated with an increased probability of being a volunteer, when controlling for other factors. Of people with a religion 33% were volunteers, compared with 24% of those without a religion.
- **Feeling that things in life are worthwhile** - People were asked ‘Overall, to what extent do you feel that the things you do in your life are worthwhile?’ and requested to score their response on a 0 to 10 scale, 0 being ‘not at all worthwhile’ and 10 being ‘completely worthwhile’.

The higher people rated their answers, the more likely they were to volunteer: 13% of those who felt that things in their life were not worthwhile (scores 0-4) were volunteers, compared with 33% of those who felt things in their life were highly worthwhile (scores 9-10). When controlling for other factors, the worthwhileness scale had a significant relationship with volunteering status. The direction of this relationship is unclear: participating in volunteering may increase a person’s sense that things in their life are worthwhile, and a person who views things as worthwhile may also be more inclined to contribute time to volunteering.

- **General Health** - People in better health were more likely to be a volunteer, when controlling for other factors. 14% of those in poor health (bad or very bad) were volunteers, compared with 31% of those who reported being in good health or better. The relationship between health and volunteering could also run in either direction. Health status could be a barrier to participation in volunteering, whilst volunteering may contribute health benefits to volunteers.

Chart 4: People currently volunteering, by general health



When controlling for other factors, characteristics not found to significantly relate to volunteering were: gender, marital status, household type, material deprivation, limiting long-term illness, mental well-being, happiness, overall satisfaction with life, whether the area they lived in was urban or rural, how satisfied they were with their local area as a place to live, and the level of deprivation of their local area.

Volunteering type

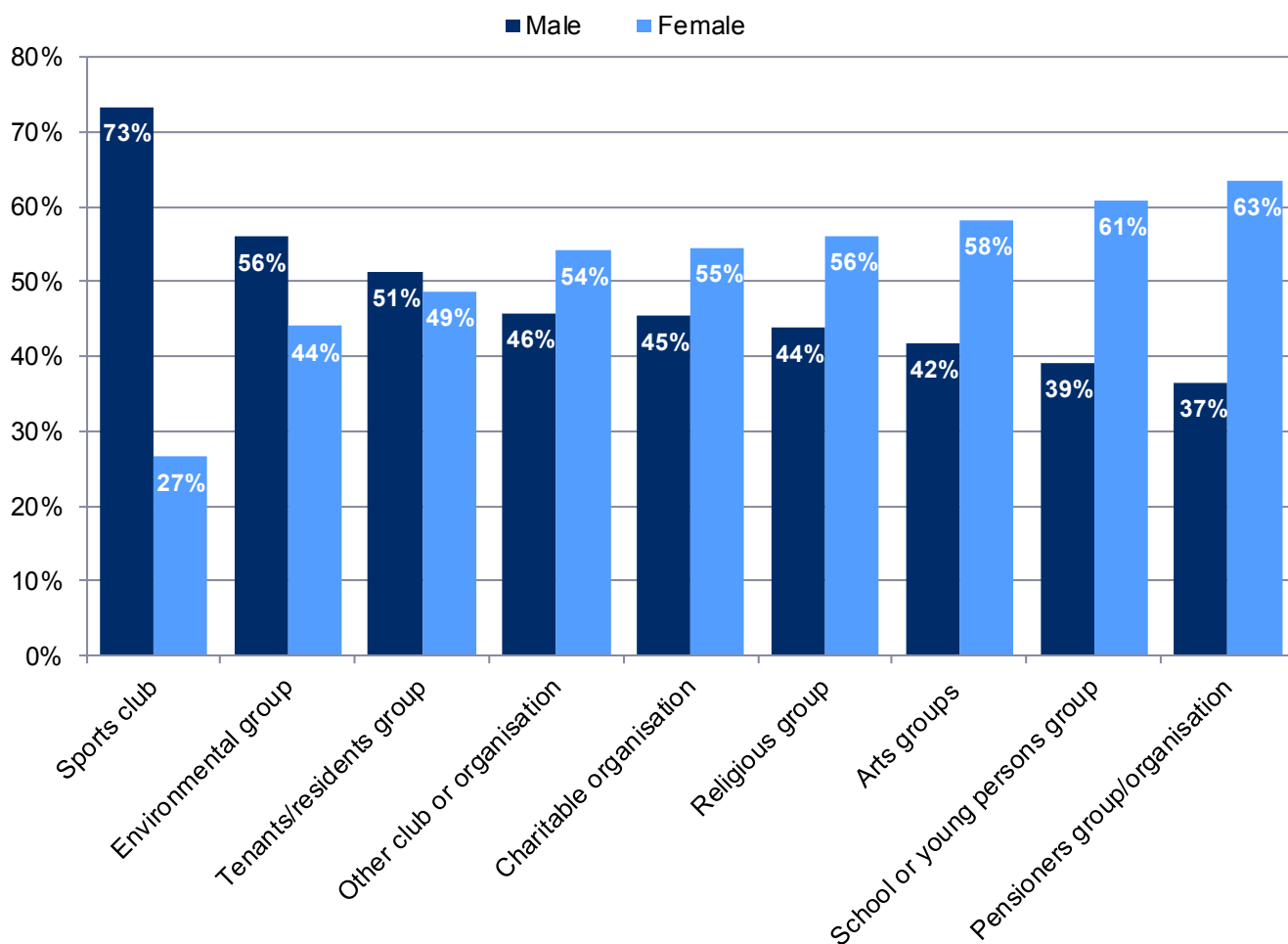
The most commonly occurring organisations where people gave their time for free were charities and sports clubs, with school or young persons groups, religions groups and other organisations also being popular. 32% of people who were volunteering gave their time to charities (this equates to 9% of people) and 25% of volunteers gave their time to sports clubs (this equates to 7% of people).

People could indicate that they volunteered at multiple types of organisations. The majority of people only volunteered at one type of organisation (20% of all people), whilst 5% of all people volunteered at two types of organisation.

Although gender was not a significant factor in overall volunteering rates, there appeared to be gender differences in the type of organisations where people volunteered. Women accounted for the majority of volunteers at school or young persons groups and pensioners groups, whilst men were heavily represented as volunteers at sports clubs - see Chart 5.

There were also patterns in the type of organisations where people volunteered by age. For example, 45% of people volunteering at religious groups were aged 65 or more, compared with 22% who were aged 16-44. Younger adults, aged 16-44, made up the majority of volunteers at sports clubs (54%) and school or young person groups (55%).

Chart 5: Proportion of men and women, by volunteering organisation



Caring

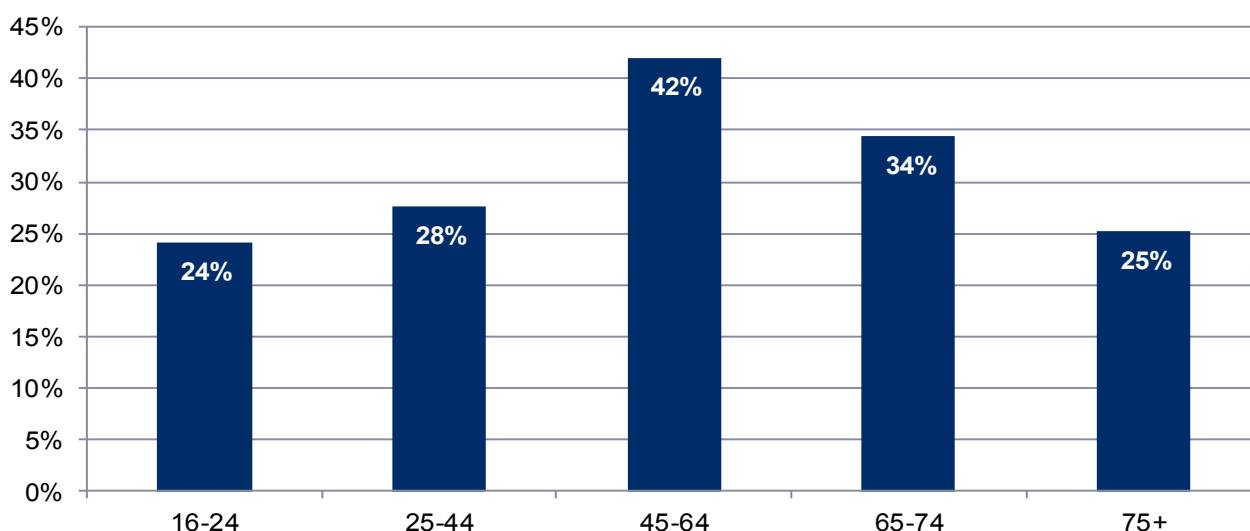
Caring for others and volunteering are related activities and those who were providing care were more likely to be volunteers: 33% of those who were providing unpaid care were also volunteers, compared with 26% of people who were not providing care for others.

Questions regarding caring were included for the first time in the National Survey 2016-17, they were formerly asked as part of the Welsh Health Survey. People were asked: “Do you look after, or give any help or support to family members, friends, neighbours or others because of long-term physical or mental ill-health or disability, or problems related to old age?” and were requested not to count anything they did as part of their paid employment. The National Survey, using this definition, found that 32% of people were found to be caring for others. This is a much higher figure than was found by the [UK Census](#) in 2011, the primary source of information on carers in Wales, which reported that 14% of those aged 16 or over were providing unpaid care⁴.

When controlling for other factors⁵, the following characteristics were associated with caring for others.

- **Age** - Chart 6 shows that the proportion of people caring for others increased with age group to 45-64, before dropping for older age groups. When controlling for other factors, middle-aged persons remained the most likely to be caring for others, whilst people aged 16-24 were the least likely to be providing care.

Chart 6: People caring for others, by age group



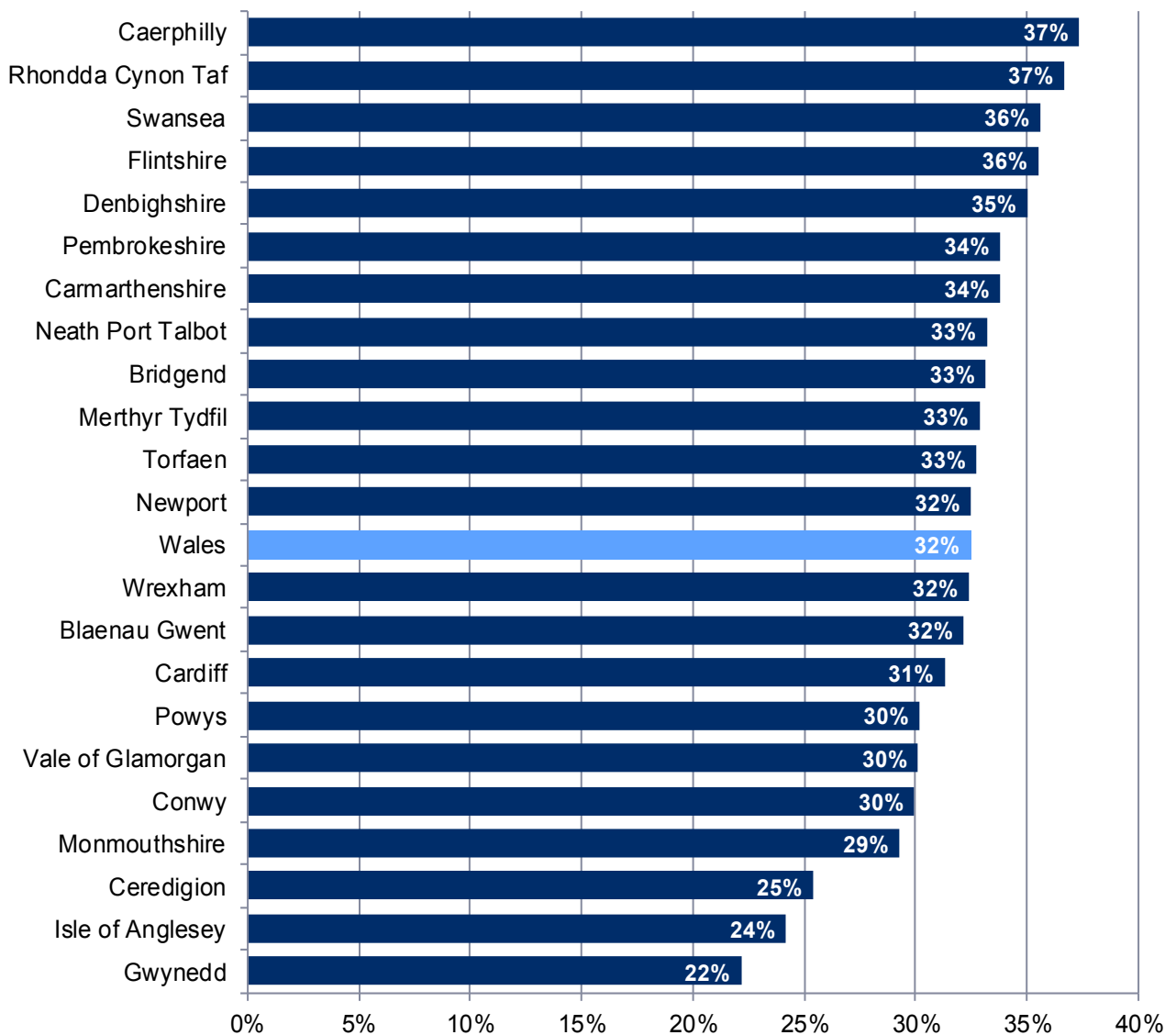
- **Gender** – Women were more likely to be caring for others than men when controlling for other factors: 34% of women were providing care, compared with 30% of men.
- **Tenure** - A smaller proportion of those residing in privately rented homes were caring for others (24%), compared with owner-occupied accommodation (34%) and social housing (36%). Controlling for other factors, those in social housing were the most likely to be providing unpaid care and those in privately rented accommodation the least likely.

⁴ Further research is required to explore why the 2016-17 National Survey figure is higher than the 2011 Census. In addition to the time difference, there are a number of other possible reasons why there could be a difference e.g. the Census is a short mandatory self-completion questionnaire, whilst the National Survey is a voluntary face-to-face interview. Also, the Census question on caring follows a question on health status, whilst the National Survey question follows a set of questions on the local community and volunteering.

⁵ Using regression analysis – more details can be found in the [Key quality information](#).

- **Education** - The highest proportion of people caring for others was in the group with qualifications equivalent to GCSE grades A to C (36%). When controlling for other factors, this group remained the most likely to be caring for someone.
- **Material deprivation⁶** - Material deprivation appeared to be related to carer status: 36% of people who were in material deprivation were caring for others, compared with 32% of those who were not in material deprivation. When controlling for other factors, people were more likely to be caring for others if they were in material deprivation. The direction of potential causality is unclear for this relationship as being a carer may also increase the likelihood that a person suffers from material deprivation.
- **Local authority area** - The proportion of people caring for others varied between local authority areas in Wales, as can be seen in Chart 7. Caerphilly had the highest proportion of people caring for others at 37%, whilst the Isle of Anglesey and Gwynedd had the lowest proportion at 24% and 22%. When controlling for other factors, Gwynedd and the Isle of Anglesey were associated with the lowest probabilities of providing care, while those in Caerphilly and Flintshire showed the highest probabilities of caring for others.

Chart 7: People caring for others, by local authority



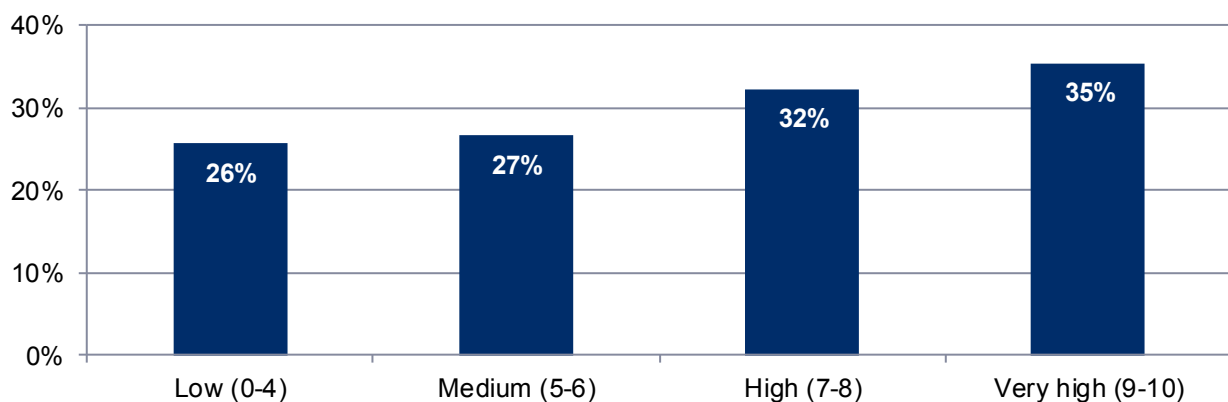
⁶ Material deprivation - see [Terms and definitions](#).

- **Anxiety** - People were asked ‘Overall, how anxious did you feel yesterday?’ and requested to score their response on a 0 to 10 scale, 0 being ‘not at all anxious’ and 10 being ‘completely anxious’.

For those whose anxiety levels were high (scores 6-10), the proportion of people providing care was higher (39%), compared with those with lower levels of anxiety. When controlling for other factors, higher anxiety scores were associated with higher probabilities of caring for others. The association between caring for others and anxiety levels may run in either direction. Being a carer may increase anxiety levels, or increased anxiety may contribute to the decision to become a carer.

- **Feeling that things in life are worthwhile** – The more worthwhile a person considered things in their life to be, the higher the probability that they were a caring for someone. Chart 8 shows that 35% of those that rated things they did in life as very highly worthwhile (scores 9-10) were caring for others, compared with 26% of those for whom things in life were not worthwhile (scores 0-4). The direction of the relationship between caring for others and feeling that things in life are worthwhile is unclear and may function in either direction.

Chart 8: People caring for others, by feeling that the things in life are worthwhile



- **Household type**⁷ – When controlling for other factors, those in single parent and other households were the most likely to be caring for others, people in single pensioner households were the least likely. Only 19% of people who lived as single pensioners were caring for someone.
- **Limiting Long-term illness (LLTI)** – People were asked whether they had conditions or illnesses lasting or expected to last for 12 months or more, and subsequently whether any of their conditions or illnesses reduced their ability to carry-out day-to-day activities. LLTI was defined as those who had such a condition.

People with a LLTI were more likely to be caring for others than those who did not have a LLTI. Of people who had a LLTI, 36% were providing care, compared with 31% for those who did not report a LLTI. The relationship between LLTI and caring for others may also operate in the opposite causal direction with caring potentially contributing to the development of a LLTI.

When controlling for other factors, marital status was not found to be significantly related to caring.

⁷ See [Terms and Definitions](#) for a description of the household types

Time spent caring

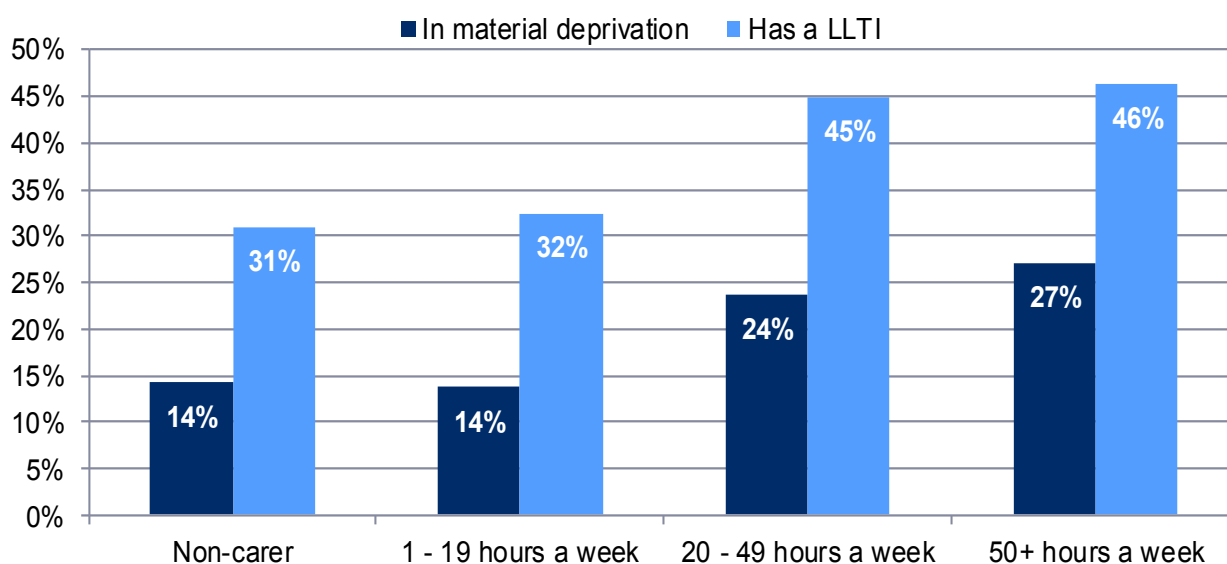
Providing unpaid care may have different impacts and associations depending on the time that people spend caring. Most care was provided for less than 20 hours a week: 24% of people spent between 1 and 19 hours a week caring for family members, friends, neighbours or others; 3% provided care for between 20 and 49 hours a week; whilst 5% of people provided 50 or more hours of care a week.

A slightly larger proportion of women provided care for more hours a week, 9% of women provided care for more than 20 hours a week, compared with 7% of men. Older people were also more likely to have provided more hours of care: 5% of people aged 16-44 provided care for more than 20 hours a week, compared with 11% of 45-64 year olds, and 10% of those aged 65 or more years.

For those that care for someone for more hours in a week, the proportion who were in material deprivation increased – see Chart 9. For those who were providing care for 50 or more hours a week, the proportion that were materially deprived (27%) was almost twice that of the overall percentage of people who were materially deprived (15%). When controlling for other factors, providing care for between 20 and 50 hours a week was associated with a higher probability of being materially deprived.

Similarly, the percentage of people who have a LLTI was higher for those who spent more time caring as demonstrated in Chart 9. A [report](#) by [Carers UK](#), which surveyed over 7,000 carers in the UK, also reported an impact of caring on carer's health: 61% of carers said their physical health had worsened as a result of caring. When controlling for other factors, increased time spent caring was associated with higher probabilities of having a LLTI.

Chart 9: People that are materially deprived or have a LLTI, by time spent caring



Social care and well-being

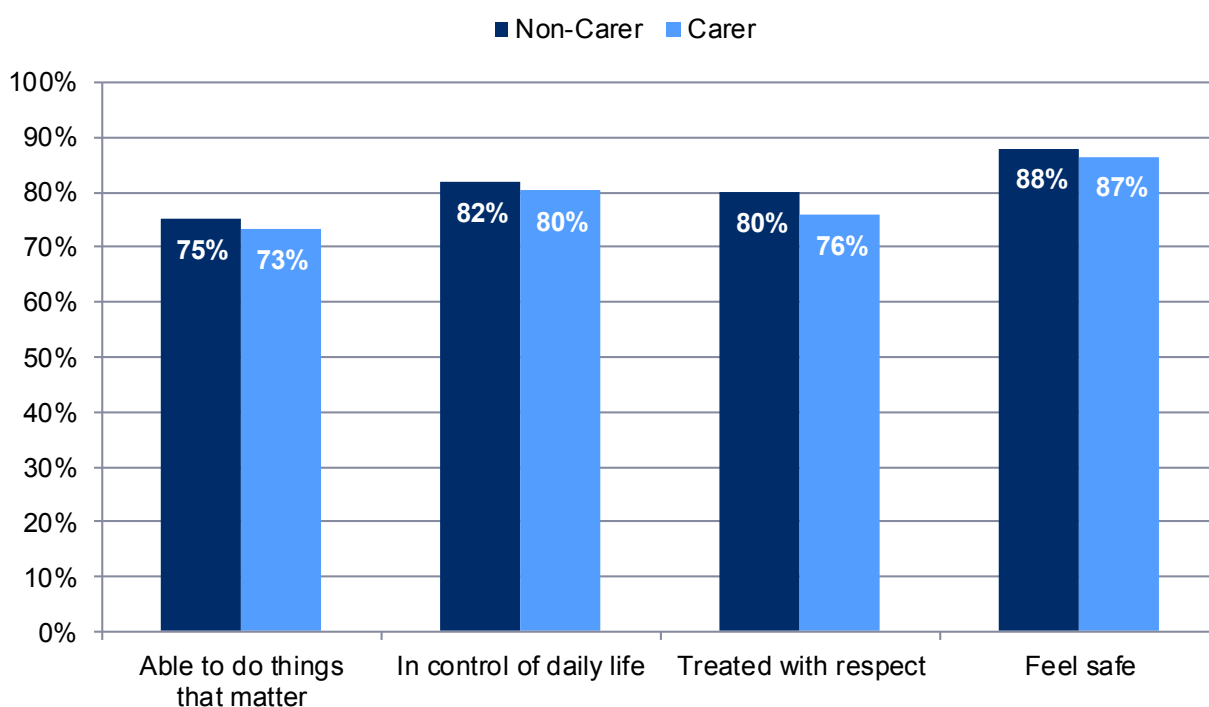
People were asked about their agreement with a series of statements that related to the well-being interests of social care users and carers:

- 'I am able to do the things that matter to me'
- 'I am in control of my daily life as much as I can be'
- 'People treat me with respect'
- 'I feel safe'

The proportion of people who agreed with these statements was largely similar between those caring for others and those not providing care for others - see Chart 10. There was a small but significant difference in the proportion of people that agreed with the statement on respect between those caring for others and those not providing care. Fewer people who were caring for others agreed that people treated them with respect. When controlling for other factors, the probability of a person who was providing unpaid care agreeing that people treated them with respect was lower than that for those who were not caring for others.

People were also asked whether they had received help from social care services in the last 12 months to help care for or arrange care for someone else, either inside or outside their household. 14% of people who said they spent some time each week looking after or helping others due to long-term illness, disability or old age had also received help from social care services to care for someone else. This proportion varied with the time spent caring, from 10% of those who provided care for 1-19 hours a week, to 27% of those who were caring for 50 or more hours a week.

Chart 10: Agreement with the social care well-being statements, by carer status



Terms and definitions

Material deprivation

Material deprivation is a measure which is designed to capture the consequences of long-term poverty on households, rather than short-term financial strain.

Non-pensioner adults were asked whether they had things like 'a holiday away from home for at least a week a year', 'enough money to keep their home in a decent state of decoration', or could 'make regular savings of £10 a month or more'. The questions for adults focussed on whether they could afford these items. These items are really for their 'household' as opposed to them personally which is why they were previously called 'household material deprivation'.

Pensioners were asked slightly different questions such as whether their 'home was kept adequately warm', whether they had 'access to a car or taxi, when needed' or whether they had their 'hair done or cut regularly'. These also asked whether they could afford them, but also focussed on not being able to have these items for other reasons, such as poor health, or no one to help them etc. these questions were less based on the household and more about the individual.

Those who did not have these items were given a score, such that if they didn't have any item on the list, they would have a score of 100, and if they had all items, they had a score of 0. Non-pensioners with a score of 25 or more were classed as deprived and pensioners with a score of 20 or more were classed as deprived.

Parents of children were also asked a set of questions about what they could afford for their children.

In this bulletin the non-pensioner and pensioner measures of deprivation are combined to provide an 'adult' deprivation variable. The terms 'adult' and 'household' deprivation may be used interchangeably depending on context.

Household type

Respondents were classified into the following types of household according to who they lived with and their relationships to each other.

- Single pensioner (no children)
- Married couple pensioner (no children)
- Single person, not a pensioner (no children)
- Two adult household with children
- Two adult household (up to one pensioner) without children
- Single parent household
- Other households

Sense of community

Respondents were asked to respond to what extent they agreed or disagreed with the following statements:

- 'I belong to my local area.'
- 'This local area is a place where people from different backgrounds get on well together.'
- 'People in my local area treat each other with respect and consideration.'

Responses were combined, with those agreeing to all three statements deemed as having a sense of community.

Economic status

Respondents were classified into the following three economic statuses according to how they described what they were doing in the previous 7 days.

In employment	Unemployed	Economically inactive
<ul style="list-style-type: none"> • In any paid employment or self-employment (or away temporarily) • On a government sponsored training scheme • Doing unpaid work for a business that you or a relative owns • Waiting to take up paid work already obtained 	<ul style="list-style-type: none"> • Unemployed and looking for work • Intending to look for work but prevented by temporary sickness or injury (28 days or less) 	<ul style="list-style-type: none"> • Full-time student (including on holiday) • Unable to work because of long-term sickness or disability • Retired • Looking after home or family • Doing something else

Qualifications

Respondents' highest qualifications have been grouped according to the National Qualification Framework (NQF) levels, where level 1 is the lowest level of qualifications and level 8 is doctoral degree or equivalent. For the National Survey, respondents have been grouped into 5 groups, those with no qualifications are in the lowest category and respondents with qualifications at levels 4 to 8 have been grouped together in the highest qualification category. [More information about the NQF levels.](#)

To provide more meaningful descriptions of the qualifications, these short descriptions have been used in this bulletin.

National Qualification Framework levels	Description used in bulletin
NQF levels 4-8	Degree level or higher
NQF level 3	'A' level and equivalent
NQF level 2	GCSE grades A to C and equivalent
Below NQF level 2	GCSE below grade C
No Qualifications	No Qualifications

Key quality information

Background

The National Survey for Wales is carried out by The Office for National Statistics on behalf of the Welsh Government. The results reported in this bulletin are based on interviews completed in 2016-17 (30 March 2016 – 31 March 2017).

The sample was drawn from the Royal Mail Small Users Postcode Address File (PAF), whereby all residential addresses and types of dwellings were included in the sample selection process as long as they were listed as individual addresses. If included as individual addresses on the PAF, residential park homes and other dwellings were included in the sampling frame but community establishments such as care homes and army barracks are not on the PAF and therefore were not included.

The National Survey sample in 2016-17 comprised 21,666 addresses chosen randomly from the PAF. Interviewers visited each address, randomly selected one adult (aged 16+) in the household, and carried out a 45-minute face-to-face interview with them, which asked for their opinions on a wide range of issues affecting them and their local area. A total of 10,493 interviews were achieved.

Interpreting the results

Percentages quoted in this bulletin are based on only those respondents who provided an answer to the relevant question. Some topics in the survey were only asked of a sub-sample of respondents and other questions were not asked where the question is not applicable to the respondent. Missing answers can also occur for several reasons, including refusal or an inability to answer a particular question.

Where a relationship has been found between two factors, this does not mean it is a causal relationship. More detailed analysis is required to identify whether one factor causes change in another.

The results are weighted to ensure that the results reflect the age and sex distribution of the Welsh population.

Quality report

A [Quality report](#) is available, containing more detailed information on the quality of the survey, which includes relevance, accuracy, timeliness and punctuality, accessibility and clarity, and comparability and coherence of the data. It also includes a summary of the methods used to compile the results.

Sampling variability

Estimates from the National Survey are subject to a margin of uncertainty. Part of the uncertainty comes from the fact that any randomly-selected sample of the population will give slightly different results from the results that would be obtained if the whole population was surveyed. This is known as sampling error. Confidence intervals can be used as a guide to the size of the sampling error. These intervals are calculated around a survey estimate and give a range within which the true

value is likely to fall. In 95% of survey samples, the 95% confidence interval will contain the 'true' figure for the whole population (that is, the figure we would get if the survey covered the entire population). In general, the smaller the sample size the wider the confidence interval. Confidence intervals are included in the tables of survey results published on StatsWales.

As with any survey, the National Survey is also subject to a range of other sources of error: for example, due to non-response; because respondents may not interpret the questions as intended or may not answer accurately; and because errors may be introduced as the survey data is processed. These kinds of error are known as non-sampling error, and are discussed further in the quality report for the survey.

Significant differences

Where the text of this release notes a difference between two National Survey results (in the same year), we have checked to ensure that the confidence intervals for the two results do not overlap. This suggests that the difference is statistically significant (but as noted above, is not as rigorous as carrying out a formal statistical test), i.e. that there is less than a 5% (1 in 20) chance of obtaining these results if there is no difference between the same two groups in the wider population.

Checking to see whether two confidence intervals overlap is less likely than a formal statistical test to lead to conclusions that there are real differences between groups. That is, it is more likely to lead to "false negatives": incorrect conclusions that there is no real difference when in fact there is a difference. It is also less likely to lead to "false positives": incorrect conclusions that there is a difference when there is in fact none. Carrying out many comparisons increases the chance of finding false positives. Therefore, when many comparisons are made the conservative nature of the test is an advantage because it reduces (but does not eliminate) this chance.

Where National Survey results are compared with results from other sources, we have not checked that confidence intervals do not overlap.

Regression

After considering the survey results, factors we considered likely to have an influence on volunteering, caring for others and other responses were incorporated into binary logistic regression models. The final models consisted of those factors that remained significant even after holding the other factors constant. These significant factors are those that have been discussed in this bulletin and the use of regression analysis is indicated by the statement that we have 'controlled for other factors'.

More details on the methodology used in the regression analysis are available in the [Technical Report: Approach to regression analysis and models produced](#).

National Statistics status

The [United Kingdom Statistics Authority](#) has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the [Code of Practice for Official Statistics](#).

National Statistics status means that official statistics meet the highest standards of trustworthiness, quality and public value.

All official statistics should comply with all aspects of the Code of Practice for Official Statistics. They are awarded National Statistics status following an assessment by the UK Statistics Authority's regulatory arm. The Authority considers whether the statistics meet the highest standards of Code compliance, including the value they add to public decisions and debate.

It is Welsh Government's responsibility to maintain compliance with the standards expected of National Statistics. If we become concerned about whether these statistics are still meeting the appropriate standards, we will discuss any concerns with the Authority promptly. National Statistics status can be removed at any point when the highest standards are not maintained, and reinstated when standards are restored.

Well-being of Future Generations Act (WFG)

The Well-being of Future Generations Act 2015 is about improving the social, economic, environmental and cultural well-being of Wales. The Act puts in place seven well-being goals for Wales. These are for a more equal, prosperous, resilient, healthier and globally responsible Wales, with cohesive communities and a vibrant culture and thriving Welsh language. Under section (10)(1) of the Act, the Welsh Ministers must (a) publish indicators ("national indicators") that must be applied for the purpose of measuring progress towards the achievement of the Well-being goals, and (b) lay a copy of the national indicators before the National Assembly. The 46 national indicators were laid in March 2016 and this release includes national indicator 28: 'Percentage of people who volunteer'. This indicator is discussed in the chapter entitled 'A Wales of cohesive communities' within the [Well-being of Wales](#) report.

Information on the indicators, along with narratives for each of the well-being goals and associated technical information is available in the [Well-being of Wales report](#).

As a national indicator under the Act they must be referred to in the analyses of local well-being produced by public services boards when they are analysing the state of economic, social, environmental and cultural well-being in their areas.

Further information on the [Well-being of Future Generations \(Wales\) Act 2015](#).

The statistics included in this release could also provide supporting narrative to the national indicators and be used by public services boards in relation to their local well-being assessments and local well-being plans.

Further details

The document is available at:

<http://gov.wales/statistics-and-research/national-survey/?tab=current&lang=en>

Next update

Not a regular output

We want your feedback

We welcome any feedback on any aspect of these statistics which can be provided by email to surveys@gov.wales.

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