

Agenda – Health and Social Care Committee

Meeting Venue:	For further information contact:
Hybrid – Committee Room 5, Ty Hywel and video conference via Zoom	Sarah Beasley Committee Clerk
Meeting date: 17 December 2025	0300 200 6565
Meeting time: 09.30	SeneddHealth@senedd.wales

Private pre-meeting

(9.00–9.30)

1 Inquiry into gynaecological cancers: follow up with Welsh

Government: consideration of draft report

(9.00–9.30)

(Pages 1 – 41)

Paper 1 – Draft report: Inquiry into gynaecological cancers: follow up with Welsh Government

Public meeting

(9.30–12.15)

2 Introductions, apologies, substitutions, and declarations of interest

(9.30)

3 Improving access to support for unpaid carers: evidence session 4

(9.30–10.45)

(Pages 42 – 95)

Kate Cabbage, Director of Wales, Carers Trust Wales.

Greg Thomas, Chief Executive of Neath Port Talbot Carers Centre, Carers Trust Wales.

Rob Simkins, Head of Policy and Public Affairs – Wales Carers Wales.

Research brief

Paper 2 – Carers Trust Wales: Consultation response



Paper 3 – Carers Wales: Consultation response

Break

(10:45 – 11.00)

4 Improving access to support for unpaid carers: evidence session 5

(11.00–12.15)

(Pages 96 – 108)

Catrin Perry, Head of Adult Services in Conwy and Chair of AWASH –ADSS
Cymru

Cllr Jane Gebbie – Deputy Leader / Cabinet Member for Social Services,
Health and Wellbeing, Bridgend County Borough Council and WLGA
Spokesperson for Health and Social Care

Cllr Dilwyn Morgan – Cabinet Member Adults, Health and Wellbeing, Cygnor
Gwynedd and WLGA Spokesperson for Health and Social Care

Paper 4 – ADSS Cymru: Consultation response

Paper 5 – WLGA: Consultation response

5 Paper(s) to note

(12:15)

5.1 Letter from the Minister for Mental Health and Wellbeing regarding the Competition and Markets Authority’s Report on Infant Formula

(Page 109)

5.2 Letter from the Minister for Children and Social Care regarding the Welsh Government's second report on the progress toward the transition to a not- for-profit model

(Page 110)

5.3 Letter to Health and Education Improvement Wales (HEIW) and Swansea Bay University Health Board regarding Band 5 adult nursing positions within Swansea Bay Health Board

(Pages 111 – 112)

5.4 Response from HEIW and Swansea Bay University Health Board in relation to Band 5 adult nursing positions within Swansea Bay Health Board

(Pages 113 – 119)

- 6 Motion under Standing Order 17.42 (vi) and (ix) to resolve to exclude the public from the remainder of the meeting**
(12.15)

Private Meeting

(12.15–12.30)

- 7 Improving access to support for unpaid carers: consideration of evidence**
(12.15–12.25)

- 8 Inquiry into gynaecological cancers: follow up with Welsh Government: consideration of draft report**
(12.25–12.30)

Agenda Item 1

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Agenda Item 3

Document is Restricted

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Gwella mynediad at gymorth i ofalwyr di-dâl](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [Improving access to support for unpaid carers.](#)

UC18: Ymateb gan: Ymddiriedolaeth Gofalwyr Cymru| Response from: Carers Trust Wales



Health and Social Care Committee inquiry: Improving access to support for unpaid carers

Carers Trust Wales evidence

September 2025

Carers Trust Wales

Carers Trust works to transform the lives of unpaid carers. In Wales it partners with its network of ten local carer organisations to provide funding and support, deliver innovative and evidence-based programmes and raise awareness and influence policy. Carers Trust's vision is that unpaid carers are heard and valued, with access to support, advice and resources to enable them to live fulfilled lives.

Carers Trust Wales delivers high impact national programmes alongside the direct delivery of our local carer organisations. The Carers Support Fund and Short Breaks Scheme, funded by Welsh Government, have a combined reach of almost 30,000 carers annually. These programmes are third sector led, and third sector delivered, with Carers Trust nationally partnering with upwards of 40 organisations to support carers locally. Both programmes have strong evidence to demonstrate significant impact for carers and offer proven models of how nationally-led approaches are a crucial component of the services relied on by statutory partners to deliver the aims, ambitions and duties created by the Social Services and Wellbeing (Wales) Act 2014.

The Carers Trust Network in Wales reached 113,000 unpaid carers, providing direct support to more than 31,000 carers in 2024-25. Of these, 3,630 were young carers or young adult carers under 25.¹ This direct support is funded through a mix of statutory contracts from local authorities, health boards and Regional Partnership Boards; Carers Trust administered Welsh Government programme funding through the Short Breaks Scheme and Carers Support Fund;

¹ Carers Trust Network Data Exchange 2024-25, as yet unpublished.

and through charitable funding via Carers Trust and other trusts and foundations, including the National Lottery.

Approach

Carers Trust Wales welcomes this inquiry by the Health and Social Care Committee on the provision of, and access to, respite care and wider support services for unpaid carers in Wales.

In responding to this inquiry we draw on evidence informed by:

- Unpaid carers, including the voices of our Youth Council, who are a group of young carers supported by our Network across Wales
- The ten local carer organisations part of our Carers Trust Network in Wales:
 - Bridgend Carers Centre
 - Carers Outreach/Cynnal Gofalwyr
 - Carers Trust Crossroads West Wales
 - Carers Trust North Wales Crossroads Care
 - Credu
 - Honeypot
 - Neath Port Talbot Carers Centre
 - NEWCIS
 - Swansea Carers Centre
 - Tu Vida
- Delivery of Carers Trust Wales's national programmes, including the Welsh Government funded Short Breaks Scheme and Carers Support Fund, our Carer Aware programme working with health and social care professionals, our Older Carers programme, and our Raising Aspirations Programme for young carers and young adult carers.
 - Given the remit of the inquiry, with an explicit focus on respite, we draw extensively on the data, evidence and learning available to us in this space as the National Coordinating Body for the Short Breaks Scheme. A list of the 40 partner organisations working across the Short Breaks Scheme and Carers Support Fund, whose data is included in this evidence, are listed in the Annex.

Summary of key issues

- Support for unpaid carers is preventative and is a key aspect of delivering against the Social Services and Wellbeing (Wales) Act 2014.
- Regional Partnership Boards are required to invest a minimum of 5% of their RIF budgets on unpaid carers support. This is in addition to £1m funding to health boards and the RPB allocation of the Short Breaks Scheme.

- Local carer organisations play a vital part in delivering carer support services and are commissioned by statutory partners to support them to deliver their duties under the Act, valued at upwards of £4m annually. However, contract values often fall significantly below the true cost of service delivery to meet need, or cover only part of the full service delivered by the third sector.
- Demand for services exceeds capacity to deliver support, with some services holding waiting lists.
- Young carers may face additional barriers in accessing support with schools and colleges, rather than social services, being the primary statutory contact where identification of caring responsibilities may take place. Despite this, there is a paucity of data around young carers in school in Wales in comparison with other UK nations.
- National approaches to carers support, such as the Carers Support Fund and Short Breaks Scheme complement delivery by local and regional statutory partners in achieving the aims and ambitions of the Act. These models are tried and tested, reach carers that are not otherwise connected with support services and provide a gateway for new carers to access a wider offering of support for them in their caring role.
- The Carers Support Fund provides carers with immediate and ongoing poverty alleviation support to improve wellbeing in the longer term. Demand for support is significant. There is no parallel or alternative support that meets this need.
- The Short Breaks Scheme, funded by Welsh Government and led by Carers Trust, is a national programme delivered by and through the third sector that has brought more than 50,000 breaks to carers since 2022. A proportion of funding for the programme has been allocated to RPBs since 2022 while Carers Trust administer the Amser programme grants to third sector organisations.
- The Short Breaks Scheme sits alongside, and in addition to, the respite provided by statutory services. Together they are part of the fabric delivering the aims and ambitions of our Social Services and Wellbeing Act in Wales.
- The Short Breaks Scheme is a model that works. Independent evaluation of the Short Breaks Scheme demonstrates its positive impact on unpaid carers; that it reaches carers most in need of a break; and reaches carers who have not received a break elsewhere (including from statutory services) in the past 12 months.
- Delivery partners and carers alike value the flexibility and variety of breaks made available to carers through the Scheme.
- However, demand exceeds supply, and the Short Breaks Scheme is only reaching a small percentage of the carer population who need support to take a break. Ongoing investment is needed to grow reach and to enable long term planning that carers, and statutory services, can rely on.

- Local carer organisations are partners in the delivery of local authority respite provision through the delivery of replacement care. Local experiences indicate variation in the allocation of statutory carer Support Plans where respite is listed as an eligible need for carers.
- Improving the Act's implementation and increasing access to support for unpaid carers requires a radical shift towards prevention. This includes sustained, multi-year budgets for the delivery of preventative services and national programmes, as well as support for improving the identification of young carers.

Access to support for unpaid carers

About carer support services under the Social Services and Wellbeing (Wales) Act 2014

The Social Services and Wellbeing (Wales) Act 2014 (the Act) gives unpaid carers the same rights to have their wellbeing needs assessed, and to access support to meet those needs, as the person they care for. Unpaid carers were identified at the outset of implementation as a priority population under the Act.

Local authorities have a duty to assess, through a Carer's Needs Assessment, a carer's wellbeing needs, where it appears they may have needs eligible to be met by the local authority. This includes assessing their need for a break or respite from their caring responsibilities. Where eligible, the local authority then has a duty to prepare a statutory Support Plan for the individual and to deliver the support detailed in that plan.

Local authorities, and statutory partners, also have a duty under the Act to secure preventative services for their population. This includes the provision of Information, Advice and Assistance services, wellbeing provision and breaks for carers. This may be met in part through the provision of day centres or day services or through other non-traditional forms of respite.

While the first decade of the Act saw duties to support unpaid carers predominately directed at local authorities, the Health and Social Care (Wales) Act 2025 amended the Social Services and Wellbeing Act by placing greater duties on health boards and Regional Partnership Boards to deliver integrated approaches to the planning and delivery of carer support services. Carers Trust's Carer Aware Programme works specifically with health and social care professionals within health boards, as well as pre-registered health care professionals at universities, to help equip them with the skills and resources to identify unpaid carers and fulfil their duties under the Act. The project was initially funded by Welsh Government in 2020 and has been extended until March 2026.

Commissioned services to support unpaid carers

Local carer organisations are key delivery partners of statutory bodies in the delivery of their duties under the Act. Local carer organisations part of the Carers Trust network held contracts with local authorities, local health boards and Regional Partnership Boards worth a combined £4m in 2024-25.²

The National Framework for the commissioning of care and support in Wales: Code of Practice was introduced in 2024, providing guidance to statutory partners commissioning care and support, including the commissioning of carer support services.

This Code of Practice notes:

- “Statutory partners **must** demonstrate that they understand the full costs of directly provided and contracted care in their area [...] Statutory partners and provides **must** work collaboratively to understand fair and sustainable costs of delivering care.”³

The National Office have produced a ‘Toolkit’ to complement the Code of Practice which includes the Welsh Government’s Charter for Unpaid Carers and a ‘Good practice approaches to supporting carers in Wales’⁴ guide. This was developed by Carers Trust in 2019 and, while largely relevant and accurate, would benefit from updating to reflect the new Framework.

It is too early to be able to conclude what difference the National Framework has made to commissioning practices for carer support, though anecdotal evidence informs us we are yet to see the hoped for change in culture and practice.

Regional Partnership Boards

The primary route for Regional Partnership Boards to provide support for unpaid carers is through the Regional Integration Fund. Welsh Government guidance requires RPBs to allocate a minimum of 5% of the Regional Integration Fund to provide direct support to unpaid carers (excluding support for other priority population groups, such as older people or people with a learning disability that may indirectly provide support for unpaid carers).⁵ This is in addition to the RPB

² Carers Trust Network Data Exchange 2024-25, as yet unpublished data

³ <https://www.gov.wales/sites/default/files/publications/2024-07/national-framework-for-commissioning-care-and-support-code-of-practice.pdf>

⁴ <https://carers.org/downloads/resources-pdfs/good-practice-approaches-wales/good-practice-approaches-to-supporting-carers-in-wales.pdf>

⁵ [Health and Social Care Regional Integration Fund - Revenue Guidance 2022-27](#)

ringfenced funding of £1m allocated annually (with no increase in over a decade) and split between all seven health boards to deliver support for unpaid carers (“hospital discharge engagement”) and the £1.82m allocated as part of the Short Breaks Scheme between all RPBs.

In 2022-23, the Welsh Government reported that a total of £12.3m was allocated by RPBs to support unpaid carers, which it notes is 5% above the minimum expected investment. No further breakdown of the figures is provided in national reporting with RIF, Short Breaks and health board funding accounted for together.⁶ Carers Trust is also aware that at an operational level, amongst commissioned services and statutory partners, all three funding streams are referred to as “RIF”. There is not always clarity about whether funding for a service comes from RIF or ringfenced funding for health boards or Short Breaks.

Despite budgets for RPBs and RIF being assured until 2027, local carer organisations working with several of the RPBs tell us they continue to have annual contracts to deliver RIF funded programmes, such as supporting carers through hospital discharge. The pattern is the same for some health boards, with uncertainty each year about the continuation of funding to support work with unpaid carers. This leads to an environment of insecurity for services and the experienced staff delivering them, and ultimately risks potential gaps in support for unpaid carers as services prepare to step down and then re-establish on an annual basis. These echo experiences across the third sector, such as those captured by the voluntary sector in West Glamorgan in their feedback on the approach to RPB and RIF funding.⁷

Delivery exceeds contract values

Local carer organisations, as third sector organisations, are able to draw on funding from alternative sources in addition to statutory funds to support their holistic offer to carers. This has the benefit of bringing additional funding to the table and enabling local carer organisations to offer services that enhance carers’ wellbeing but may go beyond the scope of statutory duties (for example, trips and activities, support groups, advocacy support). This is part of the added value brought about by third sector delivery.

However, too many local carer organisations tell us that the value of their current commissioned service, or core contract, is insufficient to meet the demand for support from carers. Moreover, there is often an expectation that local carer organisations seek alternative forms of funding to deliver not only on

⁶ [Health and Social Care Regional Integration Fund](#)

⁷ A Community and Voluntary Sector Response to the West Glamorgan Regional Partnership - Regional Working and Regional Integration Funding. (SCVS and Neath Port Talbot CVS)

the 'additional' costs and services that may enhance carer experience, but to supplement aspects of the delivery of their local authority, health board or RPB commissioned service.

- This is particularly the case for the funding of young carer services. Often the local carer organisation is the primary delivery provider of young carer services in an area. Despite this, many report that their main source of funding for this service is the National Lottery, or smaller trusts and foundations. In one local authority area, there is a minimal investment of £10,000 per annum to the local carer organisation from statutory partners to support young carers in school. The remainder of the service, which involves outreach to all local schools, is funded by the Lottery. Notably, the Lottery funds projects, rather than ongoing services that are key to the delivery of statutory duties.
- In another area of Wales, we are aware that the value of the local carer organisation's commissioned services is less than a third of their annual income. There is an understanding that the core contract with the local authority enables the charity to achieve match or partial funding from other sources, and the local carer organisation is in the best position to coordinate support for carers, no matter (and despite) how the services are funded. However, there is a precedent where the service reports on 100% of their delivery in annual progress reports to their statutory partner, thus giving the impression that the services funded from charitable sources are contributors to meeting statutory duties.
- One local carer organisation described how they have been funded through their local authorities and health board to cover delivery costs, such as staffing, related to an older carers and dementia service. Positively, this service has secured funding until 2027. However, funding from the local authority to maintain rent on the premises to hold the same service was time-limited. Alternative, charitable funding was applied for but this was rejected by a large trust on the basis that the service is statutory and should be fully funded by the statutory partners that rely on it. The local carers organisation is currently funding the costs through their reserves but warn that this will not be possible going forward.

Demand for carers services and current levels of unmet needs

The Social Services and Wellbeing (Wales) Act 2014 places a duty on statutory partners at a regional level to assess the need for carer support services, including through the Population Needs Assessment, and to plan to meet that need in their Area Plan. Each RPB has its own Carers Strategy Board, Partnership or the equivalent to drive improvement and delivery. Local carer organisations report mixed, if not limited, involvement in assessing the need for, and planning of, carer support. This is despite being the primary delivery organisations in many local areas and regions, and often being the services closest to carers and understanding their needs.

Demand exceeds supply

Local carer organisations report an increase in the number of contacts with unpaid carers and significant increases in the referrals to carer organisations from statutory services. While local carer organisations part of the Carers Trust Network in Wales have seen an increase in the number of carers registered for their services *and* in the number of carers directly supported over the past two years, the pace of carers coming forward to access services is greater than the growth in carers directly supported (100,000 registered in 23/24 and 113,000 in 24/25, 28,000 directly supported in 23/24 and 31,000 directly supported in 24/25).⁸ Resource and capacity to respond is the primary reason for this discrepancy, with local carer organisations reporting a rise in the need to respond to more complex and acute needs in recent years.

As such, some local carer organisations tell us they have waiting lists to access aspects of their support:

“We have waiting lists for services. This is principally due to the number of referrals we receive from statutory and other services who themselves are overrun with numbers of people requiring assistance and support, whose needs they cannot meet.”

On the whole, local carer organisations identify as partners with their local authority and see themselves as part of the whole system supporting carers in their community. Local carer organisations understand the financial pressures their colleagues in statutory services are also under. There is a shared understanding that capacity across the system – in statutory services and in the third sector – is unable to meet the demand.

⁸ 2023-24 data taken from ‘National Reach, local impact’ informed by Carers Trust’s Network Data Exchange: [carers-trust-wales.-national-reach-local-impact-report-2025.pdf](#). 2024-25 data taken from the Network Data Exchange, as yet unpublished.

Young carers

As an all-ages framework legislation, the Social Services and Wellbeing (Wales) Act 2014 is the primary legislation supporting the 8,230 young carers under 18 in Wales and a further 14,320 young adult carers aged between 18-24.⁹

The 2021 Census noted a marked increase in the proportion of children and young adults providing significant levels of care, at 20 hours or more per week (up from 15% in 2011 to 27% in 2021) and also at 50 hours or more per week (up from 12% to 15%). The data further demonstrated that young carers and young adult carers in Wales were more likely to live in areas of high deprivation in comparison with their peers without caring responsibilities.

While the local authority social services functions are responsible for providing support for young carers following a young Carer's Needs Assessment, young carers are more likely to be identified, and to be supported day-to-day, in their education setting. Being identified early, at school, then leading to referral to social services, is the first barrier to overcome to ensure young carers access the support they are entitled to.

There are some examples of good practice and positive experiences in schools, with young carers reporting the important role a Young Carers Lead plays in navigating their education and caring role. However, young carers consistently tell us that young carer awareness amongst school and college staff (including administrative and pastoral staff) is poor. They call for greater and more consistent training for staff.

Young carers who are members of the Carers Trust Youth Council tell us that their caring role continues even when they are at school. For some, this is the ongoing concern about the person the care for, the need to be checking phones in case of an emergency or to be available to take a call from the doctor or social worker. For others, their caring continues more directly. Increasingly, young carers who care for a sibling are telling us that they are asked to support their sibling with an additional need in their class setting, with staff citing that the young carer knows best how to support or manage the behaviour of their sibling. This means, in practice, that the young carer is missing out on both their education and on their limited opportunity to take a break from caring to be a child with their friends. It also points to the inappropriate involvement of the young carer as a carer/support to the child with additional needs where alternative support should be put in place by the school or local authority.

Improving support for young carers

⁹ [Unpaid care by age, sex and deprivation, England and Wales - Office for National Statistics](#)

Resources have been created by Carers Trust, through Welsh Government funding, to empower education professionals to appropriately support young carers. However, these need to be accompanied by a national focus to drive improvement by embedding practice change at classroom level and sharpening commitment within leadership.

Carers Trust has advocated over many years for the full implementation of Estyn's 2019 recommendation, which was accepted by Welsh Government, to "produce reliable, nationally-collected data to help identify young carers."¹⁰ Equivalent systems are already in place in Scotland and England, tracking the attainment and onward destinations of young carers. There is, however, a paucity of data about young carers in Wales. Without recording of data at school and then national levels, such as through including young carers in the Pupil Level Annual School Census (PLASC), we are unlikely to drive the improvement that is needed.

Young carers tell us about the importance of the Young Carers ID card (YCID) as a tool to support them in school and in the community to be identified by professionals for their role as a young carer. This was a national Welsh Government programme, supported by Carers Trust, and delivered locally by local authorities. When seed funding for implementation came to an end in 2023, some local authorities deprioritised delivery. As such, young carers in these areas tell us their local authority is no longer issuing YCIDs, or will not renew expired cards. Other local authority areas require a young carer to have had a young Carer's Needs Assessment to qualify for the card. Long waiting lists for assessments mean young carers who would benefit from the YCID are left without both the card and support. If the YCID is to be the success many young carers want it to be, a renewed focus on delivery is needed, with tangible benefits for young carers and awareness amongst the professionals they may encounter.

National approaches to carer support

Alongside and complementing local and regional delivery of the Act, the Welsh Government funds two national programmes to support carers: the Carers Support Fund and Short Breaks Scheme. These use a proven model where Carers Trust coordinates national delivery, allocating grant funding to the local delivery partners best positioned to respond to carers' needs.

Carers Support Fund

¹⁰ [Provision for young carers in secondary schools, further education colleges and pupil referral units across Wales - Estyn](#)

Carers Trust has led the Welsh Government funded Carers Support Fund since its inception in 2020. This programme supports carers at the sharpest end of poverty with hardship grants and income maximisation support. It developed from a programme to protect carers from the impact of the pandemic on finances and wellbeing, and has since sharpened its focus to address the impact of poverty as a key factor underpinning carers' health and wellbeing.

A delivery partner described the development of the Carers Support Fund over recent years:

“CSF is now more of a wraparound service, alleviating crisis point but then also looking at maximising income as much as we can (i.e. better tariffs for utilities, training carers to use price comparison sites, accessing discounts and concessions etc). It's about equipping carers with the resources and tools to help them to maintain a sustainable financial wellbeing.”

In 2025-26, the Welsh Government allocated £1.5m to the Carers Support Fund, extending the programme for an additional year. Carers Trust Wales distributes grants under the fund to 21 local carer organisations, third sector organisations and statutory partners where there is no dedicated carer support service.

Reaching previously unsupported carers

During 2022-25, the Carers Support Fund reached 29,503 unpaid carers. The Carers Support Fund is an all-ages programme, with young carers making up 17.9% of all carers supported in 24-25.

Of all those who accessed support, almost half (14,397 or 49%) were new to services and previously unconnected to support. Delivery partners share the important role the programme plays in identifying previously unsupported carers, with the offer of hardship or microgrants as an important first step.

“By applying for the grant it's definitely opening the door for carers to come onto our books and engage with other activities that we do.”

Once identified, local carer organisations and other community and third sector organisations can offer longer term interventions to support poverty alleviation – such as benefits checks, budgeting skills or support to access further grants – and undertake an holistic assessment of their support needs as a carer. This plays a crucial role in opening the door to the wider support offered by the carer's organisation, such as accessing a short break, or to be referred to the local authority for a Carer's Needs Assessment.

Demand exceeds supply

Delivery partners across all services report significant demand for support through the programme, particularly for hardship grants:

“Our challenge is meeting demand and managing this. Demand is phenomenal, and we have had to temporarily stop taking referrals at

certain times as the waiting list was too large. Staff are working under pressure; they know carers are struggling so additional funding would be very beneficial.”

Services recognise that additional funding is needed to provide greater direct support for carers but also to increase capacity within the organisation to deliver.

Impact

Evaluation of the programme demonstrates the role it plays in the immediate alleviation of the impact of poverty, with 75% of people accessing the fund saying it had reduced their financial burden and an average of 3 people within the household benefiting from the fund per grant given. For those in receipt of hardship grants, 81.5% reported being unsure or unaware of where else to turn for support, citing high rate loans, loan sharks or no other means of support as an alternative to the fund. Of those who received hardship grants in 24-25, a minimum of 69% used this grant to cover the basic essential of purchasing food. The evaluation further found an improvement in carers’ wellbeing as a result, with 86% of respondents agreeing that the support fund had improved quality of life and 84% noting that their mental health had improved.

The Carers Support Fund is a tried and tested national model of support for unpaid carers, providing carers with immediate and ongoing poverty alleviation support to improve wellbeing in the longer term, There is no parallel or alternative support that meets this need. The programme is funded until March 2026 with no certainty about its future going forward.

Respite and Short Breaks

The most common terms used to describe breaks from caring are “respite” and “short breaks”. Sometimes these are used interchangeably but, broadly, these are understood differently. Seddon et al (2021) describe the difference where “respite” is seen as a “break from something that is unpleasant” while a “short break” is “a shift in focus from supporting unpaid carers in their caring role to improving quality of life for *both* the unpaid carers and the person they support, potentially including a break taken *together*.”¹¹

¹¹ Seddon, D., Andrews, N., Hatch, S., & Cabbage, K. (2021). What a difference a break makes: a vision for the future of short breaks for unpaid carers in Wales. <https://carers.org/downloads/wales-pdfs/carers-trust-road-to-respite-report.pdf>

With clear duties on local authorities and statutory partners to deliver acute and preventative services at local and regional levels, the Short Breaks Scheme supports delivery of the Social Services and Wellbeing (Wales) Act 2014 at a national level. The Short Breaks Scheme sits alongside, and in addition to, the respite provided by statutory services. Together they are part of the fabric delivering the aims and ambitions of the Act, underpinned by the principles of prevention and early intervention. The Short Breaks Scheme provides additional capacity and a more flexible and creative approach to breaks, as advocated for in Bangor University's "What a difference a break makes."¹²

In its response to the Health and Social Care Committee's scrutiny of the 25-26 Budget, the Welsh Government outlined this complementary approach:

"The provision of respite remains a statutory responsibility of local authorities under the Social Services and Wellbeing (Wales) Act. The intention of the Short Breaks scheme is to drive a more creative and individualised approach to respite and should enhance what is provided by local authorities drawing from the Revenue Support Grant."¹³

Short Breaks Scheme delivery partners outline their understanding of the preventative nature of the programme, in comparison with the respite provision of statutory partners:

"A lot of the carers who access local authority support are often those who are more at crisis point. The Amser programme has allowed us to also engage with carers who are in the earlier stages of their caring role, which has enabled us to react and offer more preventative measures."
(Short Breaks Delivery Partner)

The Short Breaks Scheme

The Short Breaks Scheme was established in 2022 and initially funded between 2022-25 following a 2021 Programme for Government commitment to deliver a Short Breaks Fund for Wales, worth £9m over three years. This was in response to the case outlined in "What a difference a break makes,"¹⁴ which demonstrated the key principles and features of breaks that matter to carers. The research

¹² Ibid.

¹³ [Written response by the Welsh Government to the report of the Health and Social Care Committee - Mar.pdf](#)

¹⁴ Seddon, D., Andrews, N., Hatch, S., & Cabbage, K. (2021). What a difference a break makes: a vision for the future of short breaks for unpaid carers in Wales.

made it clear that traditional respite alone was not meeting the population need for carer breaks.

Carers Trust became the National Coordinating Body for the Welsh Government's Short Breaks Scheme in late summer 2022 following an open and competitive application process. The Welsh Government required a proportion of funding under the Short Breaks Scheme to be allocated to RPBs with Carers Trust managing the 'Amser' short breaks grant programme to the third sector. The combined scheme had a target reach of 30,000 carers over the three year period until 2025. The Short Breaks Scheme has been extended until March 2026.

Impact

Independent evaluation of the Short Breaks Scheme by Bangor University found that short breaks are highly impactful.¹⁵ The results of the evaluation demonstrate statistically significant improvements in carers' wellbeing, quality of life, and alleviating loneliness:

- Carers accessing a break are demonstrating statistically significant improvements in a measure of quality of life ($p < .001$)
- Carers accessing a break are demonstrating statistically significant improvements in a measure of wellbeing ($p < .001$)
- Carers accessing a break are demonstrating a statistically significant decrease in a measure of loneliness ($p < .001$)

The significance values of $p < .001$ indicate a very low probability that the results are due to chance, indicating the high likelihood that breaks provided through the Short Breaks Scheme have led to the improvement for carers.

Reach: scale¹⁶

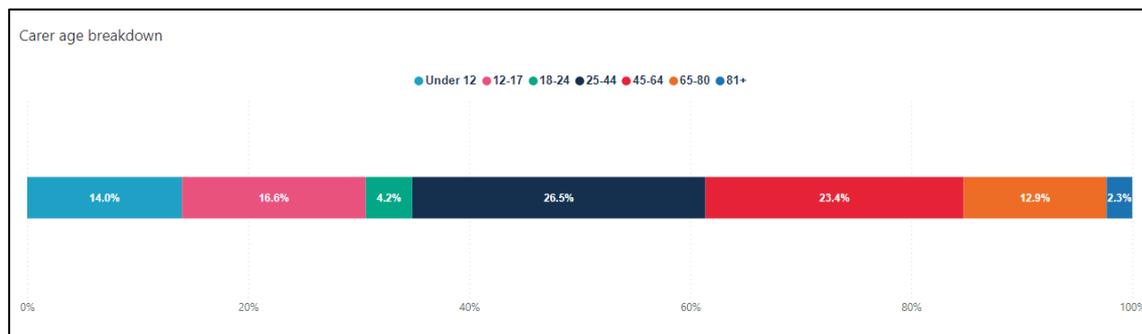
Through Amser alone 21,539 individual unpaid carers received a break, with 17,445 breaks delivered between 2022-25.¹⁷ These were delivered via 33 third

¹⁵ Data as yet unpublished. Shared with permission by Bangor University for the purposes of informing this Inquiry and programme delivery and development.

¹⁶ Data on the Short Breaks Scheme in this response is primarily drawn from the 2022-25 programme, based on complete data sets. Where more recent and verified data is available from the 2025-26 programme, this is indicated.

¹⁷ Between 2022-25 21,539 individual carers received a break. Some carers will have accessed more than one break, such as receiving a microgrant alongside attending multiple day trips. Carers Trust strives for transparency in our monitoring of the programmes reach. As such, we report on individual carers, not on the number of interventions (where the same carer could be counted

sector partners working locally through delivery grants totalling £3.876m. Of those who received a break, 7,496 (or 34.8%) were young carers or young adult carers under 25, though the Amser programme reaches the youngest young carers, working age carers and older carers.



While not all RPBs are able to provide the same level of detail around the reach of Short Breaks funded programmes as that collected under the Amser grants, the combined reach of Amser and RPB funded Short Breaks for 2022-25 is just over 50,000 carers. This combined reach far exceeds the initial target of 30,000, demonstrating the economies of scale achieved through this national model.

In 2025-26 Amser alone has a target reach of 8,000 unpaid carers, with delivery looking likely to exceed 9,000 carers accessing a break.

Reach: carers 'most in need' of a break

Independent evaluation of the programme,¹⁸ found that the Short Breaks Scheme is reaching carers most in need of a break:

- 65.2% of carers who received a break were providing significant levels of caring at 50+ hours of care per week (a recognised indicator of the likelihood of needing a break)

Despite the high likelihood of needing a break within the cohort of carers who accessed the Short Breaks Scheme between 2022-25, the vast majority were not receiving a break through local authority provision or through traditional respite services:

multiple times), avoiding the potential to 'over-report' on the programme's reach.

¹⁸ Data as yet unpublished. Shared with permission by Bangor University for the purposes of informing this Inquiry.

- Four out of five (82.3%) carers who engaged with the evaluation had not accessed a break elsewhere in the last 12 months.

Reach: Assessing the need for a break and connecting carers to support for the first time

The evaluation found that the Short Breaks Scheme identifies carers' needs for a break, and connects them to support, where statutory services are yet to assess the need for support as part of their duties under the Act.

Only a third (34.9%) of evaluation participants who had accessed a break through the Short Breaks Scheme were aware they had been offered a statutory Carer's Needs Assessment. This follows the national pattern found by the Public Services Ombudsman for Wales indicating low levels of Carer's Needs Assessments undertaken by local authorities across the country.¹⁹

Of those carers accessing breaks through the Short Breaks Scheme who had received a Carer's Needs Assessment, only a third (32.4%) had discussed taking a break as part their assessment. While the reasons why assessors are not discussing taking a break or having respite as part of their assessment conversations with carers are not clear, the evidence demonstrates these conversations are not happening routinely as they should be. It further indicates that the Short Breaks Scheme is identifying the need for a break amongst a cohort of carers whose respite needs are not being identified by statutory partners.

Supporting this position, of the 21,539 carers accessing a break through the Amser funded programmes between 2022-25, almost half (46% or 9,959 carers) were previously unknown to support services.²⁰ While positive in itself, this demonstrates the value added by the Short Breaks Scheme in supporting the identification of carers who were not previously accessing support from statutory providers to sustain them in their caring role. It further demonstrates the role of the programme in opening the door to the wider support offering available in third sector and local carer organisations.

Short Breaks Scheme delivery partners echo this:

"An added benefit is that the activities are not provided in isolation, but as a carers organisation we can add so much more to the carer's experience."

Reach: targeted approach to reaching traditionally underserved communities

¹⁹ Public Services Ombudsman for Wales (2024) [Are we caring for our carers? - An Own Initiative investigation into the administration](#)

²⁰ Equivalent data from RPB delivery of Short Breaks is not published

Of the Short Breaks providers funded under the Amser programme:

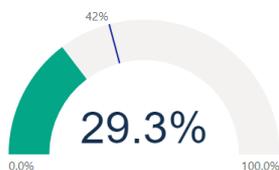
- **Eight** projects provided short break opportunities to **all adult and young carers** (two of these projects had a specific focus on providing short breaks for carers from minoritised ethnic communities, carers of people with dementia)
- **Three** projects provided short break opportunities for **young carers and or young adult carers**
- **Fourteen** projects provided short break opportunities focussing on **adult carers** (projects included those with a specific focus on older carers, carers supporting people with mental health issues, carers of people with a range of learning disabilities or who are neurodiverse, carers of people with kidney disease and carers from Gypsy, Roma, Traveller communities)
- **Three** projects provided short break opportunities to **all carers** of people with a specific disease or supported people at the end of life (cancer, acquired brain injury, MS)
- **Eight** projects provided short break opportunities for **adult and young carers** of people with a range of learning disabilities and/or physical disabilities or who are neurodivergent.

Targeted funding is allocated to organisations either working with demographic groups traditionally underserved by services, such as people from minoritised ethnic communities, male carers and LGBTQ+ carers.

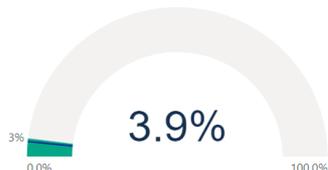
Carers Trust requires all delivery partners to set targets about their reach with specific demographic groups, as well as requiring carer demographic data as part of our monitoring process.

The following charts demonstrate Amser's reach amongst various demographic groups, in comparison with the population benchmark. They demonstrate the impact of partnering with organisations working with minoritised communities in reaching above population proportion representation of minoritised ethnic carers in the programme. The under-representation of male carers in the programme for 2022-25 has driven targeted approaches to supporting organisations working with male carers as part of the 2025-26 programme.

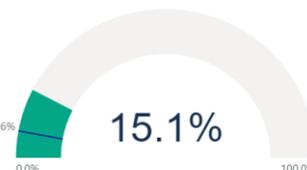
% of male carers supported (excluding unkn...



% of LGBTQ+ carers supported (excluding unkn...



% of minoritised ethnic carers, supported (excluding un...



Carers Trust works consistently with our Network Partners and delivery partners under the Amser programme to improve data collection around carer demographics.

We are not aware of equivalent requirements from RPBs with regards monitoring demographic data in relation to the reach of Short Breaks funded projects, nor whether there is an approach to target support for underserved communities.

Geographic reach

In allocating funding under the Amser grants, Carers Trust seeks to ensure geographic distribution of funding across local authority areas. The following table shows the percentage of the carer population reached through Amser funded Short Breaks during 2024-25:

Local Authority Area	Total Carer Population 2021 Census.	Actual Carer Reach 2024/25	Percentage of Carer Population to Access a Short Break.
Blaenau Gwent	7234	260	3.6%
Bridgend	15309	857	5.6%
Caerphilly	19068	315	1.7%
Cardiff	28987	607	2.1%
Carmarthenshire	20386	259	1.3%
Ceredigion	7246	395	5.5%
Conwy	11640	334	2.9%
Denbighshire	10169	359	3.5%
Flintshire	15262	583	3.8%
Gwynedd	9988	293	2.9%
Isle of Anglesey	6746	167	2.4%

Merthyr Tydfil	6212	300	4.8%
Monmouthshire	9201	150	1.6%
Neath Port Talbot	16556	452	2.7%
Newport	14975	575	3.8%
Pembrokeshire	12890	88	0.7%
Powys	13463	424	3.1%
Rhonda Cynon Taf	24990	472	1.9%
Swansea	24706	847	3.4%
Torfaen	9933	160	1.6%
Vale of Glamorgan	12923	522	4.0%
Wrexham	12858	438	3.4%
TOTAL		8,857	

The percentage reach amongst the carer population varied in 24-25 from 0.7% in Pembrokeshire to 5.6% in Bridgend. Allocations for 25-26 attempt to redress the geographic variations and have targeted delivery partners to support project delivery in previously underserved areas.

Equivalent data at local authority level is not rereported by RPBs.

Demand exceeds supply

Regardless of the local variation, these figures demonstrate that the Short Breaks Scheme, despite exceeding its target reach, is only reaching a very small fraction of the carer population. This is echoed by Delivery Partners, who consistently report that demand exceeds supply.

“The demand for short breaks is so high, we could have delivered four or five times over if we’d had any extra capacity, so it has been a challenge to manage expectations. We are in position when we are not publicly advertising the project as we would have to turn away so many carers which would detrimentally impact on our reputation.”

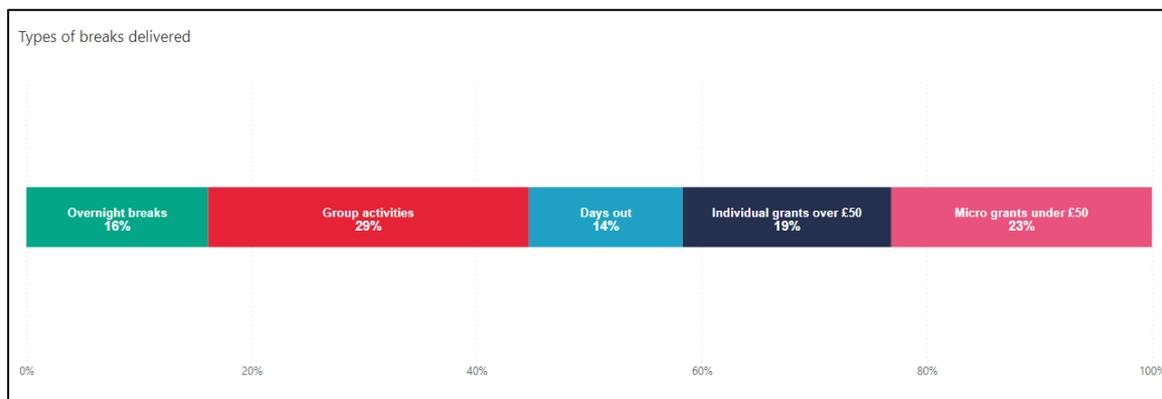
The current reach of the Short Breaks Scheme is, of necessity, determined by the resource and funding available, rather than in response to the carer population need. Greater investment in this preventative programme would enable greater reach and impact for carers, sustaining carers for longer and reducing the likelihood of burnout.

Learning about the breaks carers want to shape future provision

The evaluation of the Short Breaks Scheme helps to inform future breaks and respite provision, and demonstrates that the Scheme is providing the type and range of breaks that carers want:

- Roughly half (52.1%) of all breaks were taken by the carer with the person they care for or as part of a break for the whole family (28.6% whole family breaks, 23.5% carer and cared for person)
- A quarter (25.0%) of breaks give carers some much needed ‘me time’ by taking a break on their own
- Almost a quarter (23.0%) of breaks allow carers to connect with friends and family without the cared-for person

Carers Trust’s monitoring of the Amser programme provides insight into the range and type of breaks delivered. (Individual grants over £50 provide opportunities for the person to have choice and control over their break, Microgrants under £50 might take the shape of a cinema or restaurant voucher, or pay for a equipment for a hobby or subscription):



While traditional respite, such as overnight breaks, is a key element of delivery, this only represents 16% of all breaks. In comparison, group activities and days out account for 43% of delivery. These interventions point to the value of social interaction and the role of activity (rather than just having time away from the cared-for person) as part of taking a break. They may also represent a more cost-effective approach to taking a break than overnight breaks. Delivery partners and carers alike are, however, agreed that a variety of breaks is necessary to respond to individual needs, preferences and the nature of the caring role.

Flexibility of approach and the value of third sector delivery

Delivery partners of the Short Breaks Scheme comment:

“We would also echo that a great strength of the programme is that it’s so flexible so it allows us to be creative. We can build the project to fit carers’ needs, and Carers Trust have been very supportive in any adaptations we want to make to the project. The programme also offers huge value for money.

Reviewing the model in a recent consultation event, delivery partners concluded:

- The flexibility of the model enables a carer centred, tailored approach to the delivery of short breaks to address individual need.
- Carer voice and choice are central to delivery.
- The model is agile and enables a quick response to need.
- The model has supported the development of inclusive short break opportunities to meet a diversity of carer communities.

Respite provided by statutory partners

Carers Trust is not aware of national data held on the statutory provision of breaks. However, regulated care providers (providing replacement care as part of formal respite provision) that are part of the Carers Trust network in Wales tell us anecdotally there is significant variation in the recognition of respite as a statutory right outlined in an unpaid carer’s support plan under the Act.

Following a Carer’s Needs Assessment, a need for a break or respite might be identified. This is the carer’s need for respite, not the cared-for person’s need to be cared for by an alternative care provider or in an alternative care placement (though this is also possible following an assessment of the person with care and support needs). This follows the important introduction in the Act of carers’ rights to support alongside the person they care for. If the carer’s need for respite is an eligible need, this should result in the production of a statutory Support Plan under the Act and lead to the provision of regular breaks. This often means that a regulated care provider is commissioned to provide replacement care for the cared-for person, enabling the carer to take a break.

Respite provision within a Carer’s statutory Support Plan

There is no consistent approach across Wales in the implementation of statutory respite for individual carers. Of those areas where carers are receiving regular respite through the provision of replacement care for the cared-for person, we are aware that there are differences in practice that lead to differences in the impact on carers’ legal rights to support through the provision of Support Plan, or not.

Some local authorities, in line with their duties under the Act, provide a statutory Support Plan for carers to meet the carer’s need for a break. This outlines the

carer's right to a specific number of hours away from their caring responsibility to maintain their wellbeing. This wellbeing outcome would be met by the provision of replacement care for the cared-for person. In contrast, there are a handful of local authorities that only provide the cared-for person with a Care and Support Plan, without a Support Plan for the carer.²¹

In these instances, the material effect may be the same – that the carer has access to respite – but the carer's right to that respite break is only assured in those areas where the local authority prepares a Support Plan for the carer, irrespective of the cared-for person's Care and Support Plan.

A local carer organisation shared with us the example of an elderly couple, where the organisation was providing a respite service to enable the wife to take a break from her caring responsibilities. On inspection of the documentation from the local authority, it was a Care and Support Plan for the husband, the cared-for person. On that Plan, a wellbeing outcome *for him* was that his wife could have a break. The documentation, and the rights that follow it, were all related to the husband. While it was clear to the provider that a conversation had been had with the wife about her own needs as a carer, and that this support had been put in place, this was not documented as a Carer's Needs Assessment and had not resulted in a Support Plan for her, which would have provided her with her own legal right to a break.

Models and approaches to respite

Unpaid carers continue to call for greater availability of traditional models of respite, including regular access to day centres and services for the person they care for. Local carer organisations, such as Swansea Carers Centre and Carers Trust North Wales Crossroads Care, host day centres that provide a service for the cared-for person alongside a service for the carer. These traditional forms of respite continue to be valued by carers as a form of regular and reliable breaks from caring responsibilities.

An alternative approach to securing respite provision has been developed by NEWCIS. Called 'Bridging the Gap', it aims to bridge the gap between the point of referral to the local authority for support and the securing of a longer term package of respite support as part of a statutory Support Plan. 'Bridging the Gap' has a list of 80 confirmed replacement care providers ranging from sitting services to domiciliary care. An assessment is undertaken where a need for a break or respite is identified (this may be a formal Carer's Needs Assessment,

²¹ For example, across North Wales all local authorities with the exception of Gwynedd provide carers with a Support Plan outlining how to meet their respite needs with replacement care. In Gwynedd, the respite need is a need allocated to the cared-for person.

which can be undertaken in many cases by NEWCIS in areas where this service has been commissioned by the local authority). The carer is then provided with a budget of up to £400 to allocate to respite services as and when they are needed within a six month period. Carers have choice over when and how they use their hours of replacement care and liaise directly with the providers to arrange this. This arrangement supports those carers with a short term solution until a full package of care is in place, or in many cases, it meets a carer's need for a break early on, preventing their needs from escalating.

Carers Trust North Wales Crossroads Care also deliver a service on behalf of Betsi Cadwaladr UHB to provide emergency respite to carers or to provide short term, one-off replacement care to enable a carer to attend their own healthcare appointments. While not providing a 'break' as such, this respite from caring responsibilities has prevention as its goal, enabling carers to take care of their own health and wellbeing needs.

Improving the Act's implementation

There is an acknowledged and evidenced gap between the aspirations of the Social Services and Wellbeing Act and its implementation.²² 'From Act to Impact?' recommends greater focus on prevention in the implementation of the Act. Support for unpaid carers, with short breaks and respite as key elements of that support, is the ultimate preventative approach.

Carers in Wales prevent additional pressures in the statutory health and care system by providing the equivalent of £10bn²³ worth of hours of care to friends, family and neighbours who would otherwise need to be supported by the paid workforce. To keep protecting our NHS and social care system, carers need their own preventative support. Regular, reliable opportunities for essential short breaks, being free from poverty, and having their assessed needs met, can prevent carers from burning out, ensuring they can keep on caring alongside pursuing a life with connections, meaning and joy.

²² See, for example, Llewellyn M, Verity F, Wallace S, Calder G, Garthwaite T, Lyttleton-Smith J, and Read S (2023). From Act to Impact? Final Report of the Evaluation of the Social Services and Well-being (Wales) Act 2014. Cardiff. Welsh Government, GSR report number 36/2023. Available at: <https://gov.wales/evaluation-social-services-and-well-being-wales-act-2014>

²³ [valuing-carers-report.pdf](#)

- The Short Breaks Scheme, delivered by the third sector, has proven its impact at maintaining carers' wellbeing over three successive years and should be invested in as an ongoing staple of preventative carer support.
- The Carers Support Fund, working to alleviate the impact of poverty on carers and to lift them from poverty in the longer term, is an essential component of the safety net that allows carers to access the wider support they need to maintain their wellbeing. This model has proven both its impact and the need for this support on an ongoing basis, beyond 2026.

Maintaining the wellbeing of unpaid carers through the provision of support, information, advice and assistance is a central objective of the Social Services and Wellbeing (Wales) Act 2014.

The ability of local carer services to offer the holistic, preventative support needed to sustain carers in their caring role, sometimes preventing the need for statutory support, is hampered by insecure contracts and commissioning practices and the impact of cuts to statutory public services. Real partnership between statutory and third sector organisations is needed if we are to see carers and carer support services thriving.

- The unpaid carer support budget within the regional integration agenda, under RPBs and through RIF, should be protected and increased, with greater focus on multi-year funding and greater accountability, to sustain local carer organisations and increase carer reach.
- Capacity in the health sector as statutory partners to identify and signpost unpaid carers for support as part of their duties under the Social Services and Wellbeing (Wales) Act 2014 should be reflected in an increase to the annual grant of £1m across all health boards and security for this budget on a multi-year basis
- An update is needed for statutory partners to support fair and sustainable commissioning of third sector carer services as part of the National Commissioning Framework

Being identified early, often in school, can be the key to accessing the support young carers need to set them on the path for a future that isn't compromised by their caring role and to access the support they are entitled to.

- To support identification of young carers in school, and to track their attainment, young carers should be added as a category to the Pupil Level Annual School Census (PLASC), or equivalent, alongside care experienced children and those with Additional Learning Needs, implementing the Estyn recommendation to Welsh Government from 2019

Annex

Amser Short Breaks Delivery Partners

Action for Children
Action for Children (Pembrokeshire)
Adferiad Recovery
Age Connects Torfaen
All Wales Forum of Parents and Carers of People with Learning Disabilities
Bridgend Carers Centre
Campfire Cymru
Carers Outreach Services North West Wales
Carers Trust Crossroads West Wales
Carers Trust North Wales Crossroads Care Services
Credu
DAFFODILS
Family Fund
Follow Your Dreams
Headway Cardiff and South East Wales
Honey-pot Children's Charity
Inclusability CIC
Interlink RCT (providing small grants to an additional 10 community organisations)
Kidney Wales Charity
MS Society Cymru
Neath Port Talbot Carers Service
NEWCIS
Race Equality First
Ray of Light Cancer Support
Rewild Play CIO
S.A.N. (supporting additional needs) Neath & District
Swansea Carers' Centre
Techtivity

Travelling Ahead

TuVida

Ty Gobaith Children's Hospice

Y Bartneriaeth Awyr Agored

Carers Support Fund Delivery Partners

Adferiad

Age Cymru Gwent

Blaenau Gwent County Borough Council

Bridgend Carers Centre

Carers Outreach

Carers Trust Crossroads West Wales

Carers Trust North Wales Crossroads

Citizens Advice Merthyr

Citizens Advice Rhondda Cynon Taf

Credu

Merthyr Tydfil County Borough Council

Monmouthshire County Council

Neath Port Talbot Carers Service

NEWCIS

Newport City Council

Race Equality First

Ray of Light Cancer Support

Swansea Carers Centre

The Honey Pot Children's Charity

Torfaen County Borough Council

TuVida

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Gwella mynediad at gymorth i ofalwyr di-dâl](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [Improving access to support for unpaid carers.](#)

UC31: Ymateb gan: Carers Wales | Response from: Carers Wales



September 2025**About Unpaid Carers**

A carer is a person of any age who provides unpaid care and support to a family member, friend or neighbour who is disabled, has an illness or long-term condition, or who needs extra help as they grow older. According to the [2021 Census](#), there are at least 310,000 (1 in 10 of the population) unpaid carers in Wales, however research for [Carers Week 2025](#) suggests this number is likely closer to 480,000, or 1 in 6 of the population.

About Carers Wales

Carers Wales is part of Carers UK, the charity that exists to make life better for unpaid carers. We do this by supporting carers with information and advice on their caring roles, campaigning alongside carers for change and by offering specific support for carers balancing paid work and unpaid care through our Employers for Carers service.

The main barriers faced by unpaid carers in accessing the support they need; including any specific challenges for carers based on factors such as age, ethnicity or where they live;

Before unpaid carers can access support, they must identify themselves as a carer or be identified by others as a carer. This is the foundation on which all subsequent interactions can build upon. Despite duties under the Social Services and Well-being (Wales) Act 2014 on all local authorities to proactively promote information on unpaid caring in their communities, it is widely acknowledged that far too many unpaid carers take too long to be identified by services or to self-identify.

Our [Track the Act 6](#) report, published in November 2024, monitored the implementation of the Social Services and Well-being (Wales) Act. The carer survey, structured around key statutory duties in the Act, found that just 39% of unpaid carers identified or were identified by others as a carer within a year of their caring role commencing. 25% identified or were identified within 1 and 3 years after their caring responsibilities began and more than a third of carers in Wales (36%) took more than 3 years to be identified as a carer. Significant under-identification of carers in Wales presents a substantial barrier to accessing support with many people caring for years until they are identified as a carer and can be told about support or are able to seek it for themselves.

Under the 2014 Act, local authorities must ensure their area has an information, advice and assistance service for unpaid carers, but our 2024 Track the Act survey found less than half of carers (47%) saw information, from any source and regardless of quality, about caring. We further found that just 31% had received advice on caring. For the minority of carers who had received advice of any type during that period, access to practical support including respite was one of the most common topics carers sought advice on, showing interest and demand to

learn more about respite. Information and advice are crucial in helping carers learn about and access statutory support, but too few carers receive information and advice.

A leading barrier to carers accessing support is the situation across Wales whereby far too few carers have had their needs assessed. The Social Services and Well-being (Wales) Act 2014 gives all unpaid carers in Wales an entitlement to have their needs assessed and to have their eligible needs met in the form of support from their local authority. Carers Needs Assessments are therefore the primary formal method through which carers can access support in accordance with the Act, and local authorities have a duty to proactively promote Carers Needs Assessments to carers in their local area. The Public Services Ombudsman for Wales, in their October 2024 [report](#) following their own-initiative investigation, found that just 2.8% of carers in the four investigated local authorities areas had received a Carers Needs Assessment. Despite this legal entitlement having been in force since April 2016, our Track the Act 6 report, published in November 2024, found that the majority of carers in Wales have never had their needs assessed, with just 43% saying they had received an assessment at any point since 2016. With so few carers being assessed it is therefore unsurprising, but deeply concerning, that many carers are prevented from accessing support they could otherwise receive following an assessment. The Ombudsman found that only 1.5% of carers in the investigated areas had received a support plan following an assessment.

Poverty presents a further barrier for unpaid carers regarding accessing the support they need. Unpaid carers are more likely to be in poverty than the non-caring population. Carers Wales, in partnership with WPI Economics, [found in 2024](#) that the poverty rate for unpaid carers in Wales is 30% higher than the population who are not carers due to the higher costs carers face and reduced ability to earn an income. Meanwhile our [2024 State of Caring survey](#), responded to by over 1,000 carers in Wales, found that 1 in 3 (34%) of carers in Wales are cutting back on essentials such as food and heating, risking their health and the health of the person they care for. Many of the policy interventions that would make the biggest difference to carer poverty in Wales are reserved to the UK level, and so the Welsh Government must be bolder in lobbying for changes on behalf of unpaid carers in Wales at the UK level.

The £100 weekly cap on non-residential care charges helps to prevent costs spiraling for carers and their families and the next Welsh Government must commit to keep this cap in the years ahead. When costs are not capped, or it is not possible to access local authority funded support, carers often struggle to afford the support that they and their loved ones need. In our [2024 State of Caring in Wales report](#), the largest carer survey in Wales with over 1,000 respondents, carers explained how stays in respite facilities that are privately funded are significantly more expensive than local authority funded places in the same facility. One carer said of their experience, *“Respite care cost in a care home here is £1500 per week privately or £100 per week through the Council but the latter is not available for my husband.”* In 2024 64% of carers said they were worried about living costs and their ability to manage in the future, and financial precarity directly impacts on the ability of carers to pay for the support they need. A third (33%) said they needed more financial support with the costs of travel, such as to

frequent medical appointments or to the person they care for if they do not live with them, and 24% needed more financial support to pay for care workers to help look after the person they care for. Against this backdrop the £100 weekly cap provides reassurance to carers whose services fall within it, but a lack of funded local authority provision often means carers have to use their own finances to access support, with many struggling to do so, risking their own health and well-being and that of the person they care for.

Carers from an ethnic minority background face particular barriers accessing services. 2022 [research](#) by Carers Trust Wales found that services can fail to meet cultural needs and that there can be a lack of cultural sensitivity from service providers, underscoring the need for staff training. In a September 2025 focus group that we conducted with carers from across Wales to feed into this inquiry, a carer reflected how carers from an ethnic minority background can have smaller support networks than the wider population and other carers, saying that *“Everyone else they do have family here and I don't. I don't have parents here. I don't have relatives here.”* This reduces the ability of some carers to seek assistance from relatives with caring tasks or when trying to access services.

It should further be noted that many unpaid carers are themselves in poor health, and more likely to be disabled themselves, at the same time as caring for someone with care needs. In the [census](#), 29.8% of carers in Wales were disabled, compared to 21.4% among non-carers. A Public Health Wales [study](#) in 2021 found that carers in Wales had higher rates of 36 out of 37 long term health conditions compared to the non-carer population, with musculoskeletal disorders and depression being among the most common. We further found in [State of Caring](#) that more than 1 in 3 (38%) of carers in Wales reported having bad or very bad mental health, up from 28% in 2023. Service providers need to be aware of the health impacts of caring and how this can affect an individual's ability to access support services.

Carers living outside urban centres can face gaps in public transport services that require them to travel further, alongside increased risk of social isolation and difficulty in accessing services within a reasonable distance. Companion travel schemes offer some support when carers are accompanying someone with a disability but there is no recognition that unpaid carers also travel independently to undertake caring tasks and to access respite for their own health and well-being. Despite experiencing poverty at higher rates, and traveling to undertake a vital caring role, unpaid carers are nearly entirely absent from Welsh Government transport strategies and objectives. In the [Care Policy Scorecard 2025](#), conducted by Oxfam Cymru, Carers Wales and the Bevan Foundation, the internationally used scoring matrix led to a score of only 53% for carer access to public transport and consideration of carers in Welsh public transport policies and data.

The current availability of respite care across Wales, including levels of variation across regions;

The term 'respite' is used by carers to refer to a range of services from one-off or recurring breaks for the carer themselves, domiciliary replacement care services in the home or stays in a respite facility such as a care home. In our response to this inquiry, we have sought to embrace the diversity of respite provision, believing that the common thread across all is that they, to varying extents, provide relief to the carer and a break from caring tasks.

The establishment of the national Short Breaks Scheme by the Welsh Government in 2022, that aims to provide 45,000 carers with a break between 2022 and 2026 is welcome, and it is positive that the scheme has provided a variety of opportunities often delivered by local third sector organisations with good local knowledge of carers in their communities. Regrettably, the scale of the investment falls far short of the level of need. The 2021 census found that there were 310,000 unpaid carers in Wales, with 107,000 providing over 50 hours of unpaid care a week. Recent modelling estimates the number of carers in Wales to be significantly higher. A similar challenge is evident with the national Welsh Government-funded Carer Support Fund. This aims to support unpaid carers on low incomes to buy essential items or access opportunities that are beneficial to them. £5.25m has been invested in the Fund between 2022 and 2026. While we welcome the Carer Support Fund and note many positive examples where it has supported carers, the Fund aims to support just 36,000 carers over the funded period. ONS modelling in the [2025 Carers Week research report](#) suggested there could be as many as 483,000 unpaid carers in Wales.

Considering as well the long-documented situation whereby only a [very small minority](#) of unpaid carers across Wales receive a support plan from their local authority it is perhaps unsurprising, though deeply concerning, that carers continue to feel exhausted by their caring role. Our State of Caring in Wales 2024 survey found that 60% of carers often or always feel overwhelmed by caring, and 40% said not getting enough support from care services, including respite services, was a reason why they felt overwhelmed. The majority (57%) of carers who had tried to access social care support said that services were not available when they needed them, with the availability of respite a particular issue. A carer told us they "*needed help over a weekend as the person I care for couldn't mobilise- only suggestion was to call an ambulance and have them admitted to hospital*" while another said "*I have not had respite from my son in the past 4 years.*" The lack of respite further acts as a barrier as carers do not have the time, or are unable to leave the person they care for, to access community support. Our Track the Act survey found that only a quarter had accessed community support (26%) and that not having respite care to enable them to attend was a leading reason why many carers were unable to access support. In Wales today the availability of respite care is a serious and recurring concern for unpaid carers. There is also evidence to suggest the situation in Wales is worse than the rest of the UK. Public polling by Opinium for Carers Week 2025 found that 48% of carers and former carers in Wales said having more breaks would address the disadvantages carers face. This was noticeably higher than the UK-wide figure of 38% and the highest of all the UK nations.

National schemes, in particular the Short Breaks Scheme, are meant to supplement not replace statutory support arranged by local authorities (a point made by the Local Government and Housing Committee in their recent hospital discharge inquiry [report](#)). Considering how few carers receive support plans from their local authority, carers need reassurance that national funding has supplemented - rather than replaced - the support local authorities should provide under their statutory duties in the 2014 Act. Additionally, local authorities and partners, acting through Regional Partnership Boards will, to varying extents, fund respite services through regional funding such as the Regional Integration Fund. Taken together, the system is convoluted and difficult for organisations interested in supporting unpaid carers, and carers themselves, to navigate. The complicated methods through which respite is delivered further complicates official data collection and understanding of the level of provision across Wales, and there is a real need for stronger data collection in this area.

Variations between regions are commonplace, and indeed likely a byproduct of the current framework explored above, but variations in the availability of respite care are also common within regions and within the same local authority area too. Even within the same county there are often variations in service availability and eligibility depending on the condition of the person in need of care, with geography and age also shaping access. During a focus group we held with carers to co-produce our response to this inquiry, a carer told us how they could not access a respite stay in a local care home in their county as they lived in the wrong GP catchment area, *“there's a local authority care home in Bangor called [Name] and we were told that he could only go there if our doctor's surgery was in the Bangor area and that was the same for Llanberis as well.”* Another carer explained how their local authority offered a sitting service but only for older people with disabilities. As the person with a disability they cared for was under 18, the carer was not able to access a sitting service in their county.

The extent to which the demand for carers support services is being assessed and addressed, and current levels of unmet needs;

The Social Services and Well-being (Wales) Act 2014 places a legal duty on local authorities to offer all unpaid carers a Carers Needs Assessment. Following this assessment of their needs, carers can be offered a range of support services. Despite the Act having been in force since 2016, the majority of unpaid carers have not had their needs assessed, with only 43% saying they had received a Carers Needs Assessment at any point since 2016 in our 2024 [Track the Act](#) survey. This is all the more concerning when considering the legislation states carers should be offered a new assessment every 12 months. Furthermore just 25% of carers in Track the Act said they were not interested in an assessment, demonstrating the vast majority of carers would be at least open to having their needs assessed. Widespread perceptions of a lack of support for carers from the systems that should be supporting them has concerningly led many carers to feel cynical about Carers Needs Assessments. 16% are so disillusioned with Carers Needs Assessments that they do not think they help carers in general and a further 15% do not think a Carers Needs Assessment would help them with their own caring role. With only 25% of carers saying they are not interested in having an assessment, evidence suggests that there is significant unmet need for Carers Needs Assessments. Indeed, an investigation by the Public Services Ombudsman, published in October 2024, found that just 2.8% of carers in the four investigated local authorities had received a Carers Needs Assessment.

Carers can have their eligible needs met in a variety of ways following an assessment, but the Ombudsman shockingly found that just 1.5% of carers in the investigated authorities had received a support plan from the local authority. As part of our Track the Act research, Carers Wales submitted information requests to all 22 local authorities. Although figures varied, all local authorities reported very low proportions of carers having their needs assessed or being provided with a package of support to help meet their needs. For example, Merthyr Tydfil County Borough Council reported that they had provided just 13 Carers Needs Assessments in 2023/24, representing just 0.2% of the 6,205 carers recorded in Merthyr Tydfil in the census. Carmarthenshire provided the highest number of Carers Needs Assessments at 1,151 across the same period, though this represented just 6% of their carer population. There is overwhelming evidence that the demand in Wales for carer support services is under assessed and under addressed.

Though unpaid carers have a right to a standalone assessment of their own needs, our Track the Act information requests found that some local authorities often combine a Carers Needs Assessment with an assessment of the person with care needs, while some local authorities will operate a two stage process whereby carers will have an initial conversation with a professional, such as a social worker, before potentially being offered a Carers Needs Assessment. These approaches run the risk of obscuring and masking the true level of need among carers. In Track the Act, carers reported a level of perceived gatekeeping when they attempt to access a Carers Needs Assessment. This may be a byproduct of carers being unclear about the process. We further found in our Track the Act information requests that a

number of local authorities were unable to distinguish in their records between carer support plans and support packages. Many were further unable to say how long carers wait for an assessment of their needs after requesting one as they do not collect that data. The Ombudsman's investigation also raised concerns that there "*are discrepancies between the Investigated Authorities in the way that support provided to carers is recorded*". This represents poor data collection and undermines the ability of local authorities, and Wales more widely, to accurately record, address and assess levels of need, and undermines any certainty that might otherwise be possible regarding the level of unmet need. Given the fact that the vast majority of unpaid carers have not had their legal entitlement to an assessment of their needs fulfilled, we have serious concerns about the ability of decision makers at any level to confidently articulate the level of carer need in their area.

Unmet need for replacement care directly impedes the ability of unpaid carers to participate in the workforce and maintain their living standards. Around half of all unpaid carers in Wales are in full or part time employment and 76% of carers in employment in our State of Caring in Wales 2024 survey said reliable replacement care would help them juggle work and care. Sadly, many unpaid carers feel they must reduce their hours or give up work entirely as a result of caring responsibilities, with negative consequences for the economy, the public purse and their family's finances.

[2023 analysis](#) by Sheffield University and Carers UK found that unpaid carers save Wales more than £10bn over a 12 month period by providing care that the NHS and local government would otherwise have to provide at significantly greater cost. A failure to adequately support unpaid carers risks the ability of unpaid carers to continue to provide this vital care and support to people in significant need while undermining carers' own health, finances and wellbeing. Tackling unmet need and adequately assessing and addressing the needs of carers is an investment and not a cost.

The role of Regional Partnership Boards in the provision of support for unpaid carers, and the effectiveness of current commissioning practices for services;

The purpose behind Regional Partnership Boards is commendable, including their function to conduct regional assessments of the care and support needs of their population and plan services accordingly. However, considering the significant under assessment of carers, and serious deficiencies in the quality and breadth of data on carers collected by local authorities detailed above, we question whether most statutory services are able to share upwards to the regional level quality data on carer need in their area that could effectively inform regional service planning and commissioning. We further feel regional population needs assessments are poorly understood by statutory partners and interested organisations outside of an RPB's membership, let alone the regional population that RPBs serve. More should be done to make this important function more transparent and accessible to the public and stakeholder organisations to ensure greater scrutiny and support in planning to meet regional demand.

Under the Social Services and Well-being (Wales) Act 2014, local authorities have an obligation to ensure there is an information, advice and assistance (IAA) service for carers. Our Track the Act local authority information requests found that while many local authorities provide this in-house, some commission third sector organisations to deliver their IAA service. This leads to a more complicated picture regarding IAA delivery across Wales, and can make it more difficult for carers to know where to turn to for information on available support. However, when we asked carers in our Track the Act survey from whom they received the most useful information, information received from carers charities was rated as more useful than information provided by local authorities. Fundamentally, carers generally do not consider it to be important who delivers a service, just that it is high quality and reliable. With that in mind, there must be longer-term, sustainable funding for commissioned services at every level of delivery. Too often, funding remains short-term and precarious, undermining the ability of funded providers to recruit and retain staff and plan services effectively while also making it more difficult for professionals, such as social workers, to signpost carers to services with confidence due to the churn of available services.

Regional Partnership Boards are rightly expected to demonstrate co-production with unpaid carers, and must have a Carer Representative on the board, though this requirement has not always been fulfilled by all RPBs. Carers Wales is funded to convene and provide ongoing support to these Carer Representatives across Wales. Through our interactions with the reps, we can see examples of good practice in many RPBs but are concerned that some RPBs are better than others at supporting the participation of their Carer Representatives, and practice varies across RPBs regarding the extent to which carers are embedded in all instances and levels where decisions are made. Some RPB Carer Representatives can feel their involvement is, at times, tokenistic as a result. To enhance carer representation and account for the difficulties carers can face in attending meetings around unpredictable caring duties, all RPBs should appoint at least two Carer Representatives (as some RPBs already do). They should also establish a dedicated standing committee to consider the needs and feedback of carers, co-chaired by carers, following best practice already seen in some RPBs. In recognition of the barriers carers face in participating, and the sometimes extensive amount of time asked of unpaid Carer Representatives, RPBs should offer replacement/respite care and remuneration to facilitate carer involvement. Using good practice already published through the [charter](#) for service user, carer, third sector and provider members, RPBs should provide ongoing staff support to their Carer Representatives. Regionally commissioned and planned services for carers will be strengthened and better informed through full and meaningful adherence to the co-production duty on all Regional Partnership Boards.

The actions required to improve the implementation of the Social Services and Well-being (Wales) Act 2014 provisions for unpaid carers (including Carers Assessments and support plans).

Health and social care professionals across Wales are working hard to support unpaid carers, but they must be given the tools and knowledge to effectively discharge statutory duties and

help carers to access support. In our State of Caring 2024 survey, the majority of carers said how to access respite care should be a priority area to be covered in Carers Needs Assessments, though we know this is often not the case. Fundamentally, all relevant professionals should be trained in Carer Awareness to help them to identify unpaid carers, understand the sometimes hidden challenges carers face and provide quality information and advice. Greater carer awareness among health and social care services additionally provides business benefits to the services themselves. Evidence shows that many staff working in [health](#) and [social care](#) are themselves unpaid carers. With ongoing recruitment and retention issues, having in place robust systems to support carers in the workplace will help address problems many services face regarding recruitment and retention of staff. We believe the Carer Aware project, currently funded by the Welsh Government until 2026, represents good practice in ensuring more staff in these vital sectors are Carer Aware. Delivered jointly by Carers Trust Wales and Carers Wales, this project delivers training and produces resources for health and social care professionals to assist them in identifying, understanding and assisting carers. The social worker training sessions that Carers Wales has already provided to hundreds of social work professionals across all 22 local authority areas additionally assists social workers to conduct Carers Needs Assessments in line with their legislative duties and in keeping with good practice principles that we co-produced with carers and social workers.

Carers Wales has long called for the Welsh Government to commit to the production of an Action and Implementation plan for unpaid carers in relation to the Social Services and Well-being (Wales) Act 2014. The plan should:

- be fully co-produced with unpaid carers and carer representative organisations.
- address the findings of the Welsh Government-commissioned independent evaluation of the Act published in 2023, the 2024 Ombudsman for Wales report and our series of Track the Act reports.
- set out how the Welsh Government will ensure effective monitoring of the implementation of the Act and how it will be transparently reported on.
- ensure that the Welsh Government takes greater leadership in the implementation of the Act, ensuring a consistent minimum level of support across local authority areas in Wales.
- address inconsistencies in terminology relating to Carers Needs Assessments and the carer journey through statutory support services across local authority areas.
- include plans for a large scale co-produced awareness campaign to improve awareness of carers rights and help carers identify themselves as carers.

The Welsh Government must ensure that there is sufficient capacity within statutory bodies to deliver on their legal duties as outlined in the Act. Consideration should be given as to whether additional resource should be protected and provided to local authorities to increase the number of assessments carried out and provide support where required.

In March 2024, the then Welsh Government committed to co-producing guidance for professionals in healthcare settings to help better identify and support unpaid carers. We believe, and evidence shows, that this is still very much required.

The Social Services and Well-being Act is a forward-thinking piece of legislation, with broad support, that provides a valuable, comprehensive framework for how unpaid carers should be supported. Unfortunately, a significant gap between the intention of the legislation of the reality for carers has been known about and documented for many years.

[Measuring the Mountain](#) was a community-based action research project funded by Welsh Government to evaluate the early impact of the Social Services and Well-being (Wales) Act 2014. It focused on the experiences of unpaid carers and individuals requiring care and support. The project ran between 2018 and 2020. The project's [2019 report](#) concluded "*The most urgent conclusion however, is the need to provide better support for carers. Three in four of their experiences were negative*". Then, in 2020, the [final report](#) published by the project concluded that there is "*a mixed picture of people's experiences of using care and support services and of being unpaid carers. In some cases the principles of the Social Services and Well-being (Wales) Act 2014 can be seen prominently and keep with the aspirations of the Act. In others, they are missing and people's experiences are at best poor, and at worst damaging.*"

Carers Wales published Track the Act evaluations regularly in the [early years of the Act's implementation](#). The implementation gap was evident between 2016 and 2020, before the onset of Covid-19. Between 2016 and 2020, the highest proportion of carers who said they had seen any information on caring (regardless of quality or topic) was 53% and the lowest proportion was 38%. In 2017-18 Track the Act found that 73% of carers had neither had nor been offered an assessment since the Act came into force in 2016. 69% said the same in 2018-19 and in 2019-20 over 7 in 10 carers (72%) said they had not had an assessment in any of the years since 2016. All carers are entitled to have their needs re-assessed every year.

In 2019 the Senedd Health and Social Care committee's [inquiry](#) into carers rights under the 2014 Act said "*Given the lack of impact of the legislation to date and the scale of the future challenge, we believe that the Welsh Government needs to demonstrate stronger national leadership in support for carers*" with the committee recommending that the Welsh Government "*must prepare, within 6 months, a clear action plan for addressing the failings of implementation highlighted in the evidence we received*".

The Welsh Government commissioned an independent national evaluation of the Act, the IMPACT study, that ran between 2018 and 2022. In March 2023 the [final report](#) of the evaluation was published. It said that while we could be "*positive about how the Act was conceptualised*" we should be "*less positive and slightly more challenged in considering the implementation*", and found that the majority of service users and carers experienced "*a series of barriers*" that "*work against the experience 'offered' and 'promised'*" by the Act. The evaluation made several recommendations, including improved performance measurement by Welsh Government, and posed a number of 'test questions' for the whole system to consider to spur the necessary system change.

In 2022 Welsh Government asked ADSS Cymru to lead a review into whether carers rights were being upheld in Wales. The [final report](#), published in June 2023, concluded *“From what we have been told, many carers are not having their rights upheld. This is recognised by local authorities, who are taking action to address it. In terms of the law, carers believe the Act is all that is needed. Implementation and enforcement is the weakness.”*

In 2023 the Public Services Ombudsman for Wales chose to use its powers to commence an own-initiative investigation into the delivery of Carers Needs Assessments. The investigation, that published its findings in October 2024, found that just 2.8% of carers in the investigated authorities had had their needs assessed and just 1.5% were in receipt of a support plan. Launching the report, the Ombudsman said *“More must be done to ensure unpaid carers are proactively identified and informed of their right to a Carers Needs Assessment and the support that may be available to them”*. The Ombudsman urged all 22 local authorities to consider the recommendations in the report, and encouraged *“local authorities and health boards to reflect on their own role in supporting carers”*.

In November 2024, the Carers Wales Track the Act report, based on a carer survey and information requests sent to all local authorities and local health boards, found that the majority of unpaid carers had not seen or received any information or advice on caring, the majority have never had their needs assessed and that there appeared to be real gaps in data collection and understanding of delivery across local authorities.

Unpaid carers save health and care services in Wales over £10bn a year, but the wider implications of a failure to provide additional support to unpaid carers are significant. Without adequate support for unpaid carers it will be harder to discharge patients from hospital back to their family, undermining efforts to cut waiting lists. With carers facing serious health impacts as a result of caring, we could see more carers themselves admitted to hospital, piling pressure on the NHS as well as the social care system that would then have to immediately step in to look after the person the carer cares for. Without support in the workplace and from community services, more carers will have to cut back their hours at work or leave the workforce entirely, undermining efforts to grow the Welsh economy while leaving employers in Wales to foot the bill of increased staff turnover. With [projections](#) of an ageing population with increased care needs into the future, it will never be easier or cheaper than it is today for Wales to fix the foundations for unpaid carers. Addressing this gap between the rhetoric of the Act and the reality on the ground should be a central focus for current and future Welsh Governments.

The social care system faces significant challenges on many fronts due to a range of factors, some of which are long-term. However, after many years of an evident and persisting implementation gap regarding the 2014 Act that has seen so many unpaid carers miss out on the support they need and are legally entitled to, it is beyond time that we finally act upon the findings of so many years of evidence gathering without any delay. Unpaid carers deserve nothing less.

Agenda Item 4

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Gwella mynediad at gymorth i ofalwyr di-dâl](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [Improving access to support for unpaid carers.](#)

UC40: Ymateb gan: ADSS Cymru | Response from: ADSS Cymru



Senedd Cymru Health and Social Care Committee:

ADSS Cymru response to the inquiry into improving access to support for unpaid carers

Authority	Claire Marchant - Cadeirydd
Completed by	Paul Pavia, Policy and Research Lead
Date	September 2025

General Comment

The Association of Directors of Social Services (ADSS) Cymru is the professional and strategic leadership organisation for social services in Wales and is composed of statutory directors of social services, the All-Wales Heads of Children’s Services (AWHOCs), the All-Wales Adult Service Heads (AWASH) and tier three managers who support them in delivering statutory responsibilities: a group which consists of over 300 social services leaders across the 22 local authorities in Wales.

The role of ADSS Cymru is to represent the collective, authoritative voice of senior social care leaders who support vulnerable adults and children, their families, and communities, on a range of national and regional issues in relation to social care policy, practice, and resourcing. It is the only national body that articulates the view of those professionals who lead our social care services.

As a member-led organisation, ADSS Cymru is committed to using the wealth of its members’ experience and expertise. We work in partnership with a wide range of partners and stakeholders to influence the important strategic decisions around the development of health, social care, and public service delivery. Ultimately, our aim is to benefit the people our services support and the people who work within those services.

Response to the Inquiry

This consultation response draws on the findings and conclusions from two pieces of work commissioned by Welsh Government and undertaken by ADSS Cymru: the Day Opportunities and Respite Care Review (2022) and the Rapid Review of Unpaid Carers’ Rights (2023). The evidence from these reviews was taken back into national policy forums, most notably the Ministerial Advisory Group (MAG) on Unpaid Carers, and directly informed the design of new support for unpaid carers, including the creation of the national Short Breaks Scheme. This response also reflects on the concerns raised by the Public Services Ombudsman for Wales and the Older People’s Commissioner for Wales, recognising the challenges they have highlighted while also emphasising the significant progress that has been achieved in recent years.

Barriers faced by unpaid carers

The ADSS Cymru reviews confirmed that unpaid carers faced significant barriers in accessing respite and day opportunities, especially following the pandemic when many services were reduced or suspended. Common challenges included delays in assessments, variation between areas, transport

and digital exclusion, and financial pressures. Oversight bodies have reinforced these concerns, highlighting inconsistency in the administration of carers' needs assessments and the particular challenges facing older carers.

Since the ADSS reviews, short breaks provision and access to that provision has improved across Wales, due, in part, to additional funding from Welsh Government via the Short Breaks Scheme and Carers Support Fund. For example, within Gwent, local authorities have created Bridging the Gap Gwent with Short Breaks funding and deliver the Carers Support Fund locally across each local authority. Moreover, local authorities and their partners have introduced innovative approaches to maintain contact and provide more flexible forms of respite, including community-based models and hybrid arrangements that blend in-person and digital support. These efforts demonstrate a commitment to improving access while working within significant resource constraints, particularly in relation to the workforce.

Current availability and regional variation

The reviews also found that the availability of day opportunities and respite services varied across Wales, with some services not yet returned to pre-pandemic levels. However, this period also saw the development of new approaches, such as hub-and-spoke provision, through-age services, and hybrid models. These innovations have increased flexibility and choice in some regions, even as overall capacity has remained under pressure.

The MAG process has provided a mechanism to track this variation and begin addressing it systematically. Carers' voices have been fed into delivery planning, with priority placed on ensuring more equitable access to short breaks across Wales.

Demand, unmet need and assessment

Demand for respite has increased, reflecting both the growing complexity of need among those receiving care and the pressures experienced by carers themselves. Many carers continue to identify unmet need, both for regular and emergency respite.

Local authorities have worked hard to address this by reducing assessment backlogs, widening the workforce able to carry out well-being conversations, and partnering with the third sector to deliver assessments and targeted respite. An important theme is the need to balance the rights and wishes of the cared-for individual with the carer's need for a meaningful break. This requires careful co-production, particularly to ensure that unpaid carers know and understand what their rights are, but it is a challenge local authorities are actively responding to. It is also worth noting that whilst a carers needs assessment and formal respite is a statutory right, a lot of what local authorities offer unpaid carers is not a statutory and therefore funded year on year and can be subject to systemic pressures.

Role of Regional Partnership Boards and commissioning

Regional Partnership Boards (RPBs) have been instrumental in advancing respite provision. They have provided the platform for new regional initiatives, such as the Short Breaks Scheme, which was designed with a £9m ring-fenced investment over three years (2022–25). This scheme was

specifically structured to prevent substitution, ensure monitoring of impacts, and expand access through both RPB allocations and a competitive third-sector stream.

RPBs now report on the scheme every six months, with their data used to identify gaps and tailor provision to local need. This has established a regular performance loop and created stronger accountability. Carers' engagement and needs analysis have been central to this work, ensuring that provision is shaped by user voice as well as system priorities.

While commissioning practices are not yet fully consistent across Wales, the combination of RPB oversight, targeted funding, and structured monitoring has strengthened the approach considerably. This reflects a clear shift towards more strategic, evidence-based, and co-produced commissioning.

Implementation of the Social Services and Well-being (Wales) Act 2014

The Act provides a robust framework for recognising and supporting unpaid carers, ensuring they have equal rights to assessment and support as those they care for. However, the implementation has faced challenges. There has been a lack of consistency, with variability in the timeliness and quality of assessments, as well as in how identified outcomes link to respite provision. Moreover, local authorities have acknowledged that reaching those with higher caring roles who may be unable to attend events due to their responsibilities or lack awareness of available support has also been a challenge. This highlights the critical role of health services, as individuals are more likely to engage with health services earlier in their journey, often reaching social services only at a crisis point. ADSS Cymru acknowledges the need for a more integrated approach, where health and social care services work collaboratively to identify and support carers proactively, ensuring their needs are met before reaching a crisis.

At the same time, significant progress has been made. National and regional work through the MAG has focused on strengthening carers' needs assessments and the information, advice and assistance (IAA) that underpins them, recognising these as critical gateways to respite. This work has been taken forward through a task-and-finish group and sustained engagement between senior leaders in local authorities and health boards. The intention has been to standardise access, improve consistency, and ensure that carers' statutory rights are fully realised.

Importantly, leadership has been key. The appointment of Alwyn Jones, a former ADSS Cymru Cadeirydd and Director of Social Services at Wrexham, as Independent Chair of the MAG (Oct 2022 - June 2025) provided a strong, solutions-focused approach. Under his leadership, the Group pursued practical reforms, ensuring that evidence from the ADSS Cymru reviews and carers' engagement translated into policy and delivery changes that directly benefit carers.

Concluding Comment

ADSS Cymru recognises the challenges that remain in ensuring consistent and equitable access to respite for unpaid carers. The concerns raised by the Ombudsman and the Older People's Commissioner highlight areas where further improvement is still needed.

However, we also emphasise the significant progress that has been achieved since 2022. The two ADSS Cymru reviews commissioned by Welsh Government provided a clear evidence base, and this was translated through the Ministerial Advisory Group into concrete action, including the design and

delivery of the Short Breaks Scheme, systematic monitoring by RPBs, and upstream work to strengthen carers' assessments.

As the national leadership body for social services, ADSS Cymru remains committed to working with Welsh Government, Regional Partnership Boards, carers' organisations, and the wider sector to build on this progress, address ongoing challenges, and ensure that unpaid carers can access the respite and support they need to sustain both their caring role and a life alongside caring.

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Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Gwella mynediad at gymorth i ofalwyr di-dâl](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [Improving access to support for unpaid carers.](#)

UC28: Ymateb gan: Cymdeithas Llywodraeth Leol Cymru | Response from: Welsh Local Government Association



WLGA response to the Inquiry on improving access to support for unpaid carers

September 2025

About Us

1. The Welsh Local Government Association (WLGA) represents the 22 local authorities in Wales, and the three national park authorities and the three fire and rescue authorities are associate members.
2. The WLGA is a politically led cross-party organisation, with the leaders from all local authorities determining policy through the Executive Board and the wider WLGA Council. The WLGA also appoints senior members as Spokespersons and Deputy Spokespersons to provide a national lead on policy matters on behalf of local government.
3. The WLGA works closely with and is often advised by professional advisors and professional associations from local government, however, the WLGA is the representative body for local government and provides the collective, political voice of local government in Wales.

Introduction

4. The WLGA welcomes the opportunity to contribute to the Health and Social Care Committee's inquiry on improving access to support for unpaid carers. Unpaid carers are the backbone of our health and social care system, providing essential care and support that enables thousands of people across Wales to live with dignity and independence. Their contribution is estimated to save public services billions of pounds annually, yet many carers face significant challenges in accessing the support to which they are entitled.
5. This inquiry is particularly important for local government because the Social Services and Well-being (Wales) Act 2014 places clear statutory duties on local authorities to assess and support carers. Local authorities are at the frontline of delivering these responsibilities and remain committed to ensuring carers are recognised, valued and supported to live a life alongside caring. The findings of this inquiry has the potential to influence how councils plan, commission, and deliver services for carers. We welcome the opportunity to respond to this inquiry, providing a critical opportunity to examine the current provision of, and access to services for unpaid carers across Wales, and identify changes to improve statutory support and enable unpaid carers to sustain a life beyond caring, helping to ensure sustainability for the future.

Demand for Services

6. According to the 2021 Census, there are over 310,000 (1 in 10 of the population) people caring, unpaid, for a family member or friend across Wales. This is the highest proportionate figure of all UK countries¹, with 103,594 people in Wales providing over 50 hours of unpaid care per week.
7. The demographic changes being seen across the UK mean that the number of unpaid carers will continue to increase. An ageing population with improved life expectancy for people with long term conditions or complex disabilities means the need for more high-level care provided for longer. We are likely to see more older people in a caring role, with the number of carers over 85 predicted to double in the next 20 years². Increasing hours of care often results in the general health of carers deteriorating incrementally. Unpaid carers who provide high levels of care for sick, or disabled relatives and friends, are more than twice as likely to suffer from poor health compared to people without caring responsibilities³. Caring responsibilities can have an adverse impact on the physical and mental health, education and employment potential of those who care, leading to more than 1 in 4 unpaid carers living in poverty in Wales⁴, which can result in significantly poorer health and quality of life outcomes. These in turn can affect a carers effectiveness and lead to the admission of the cared for person to hospital or residential care, placing further pressure on our already over-stretched system.
8. A growing number of carers (22%) are caring for more than one person⁵ with some caring for four or more people. The impact on the mental health of these unpaid carers is particularly concerning with 25% more of them reporting bad or very bad mental health than those caring for one person (60% compared to 35%), and over 80% feeling often or always overwhelmed. There is evidence that the oldest carers are providing the highest number of hours of care a week and are worried about those they care for when they are unable to do so.
9. In one 2023 report, it was identified that half of unpaid carers in Wales delay their own health treatments⁶ because they feel they cannot take a break from their caring responsibilities, and are unable to prioritise their own needs. This may lead to longer recovery times or unplanned hospital admissions due to a health crisis and emergency care needing to be provided for the cared for.
10. Many do not define themselves as 'carers', but a family member, friend or neighbour – however the act of caring, the time it involves, the physical and emotional expenditure, the impact on working life and social networks can significantly affect the carer's health and wellbeing, financial security and ability to meet their own life-time's goals.
11. Carers have been particularly impacted by the Covid-19 pandemic and the restrictions imposed⁷, and then by the cost of living crisis⁸ adding to the financial and other pressures.

¹ [facts-about-carers-march-2025-final.pdf](#)

² Social Care Wales – Care and Support in Wales: National Population Assessment Report

³ [NHS commissioning » Carer Facts – why investing in carers matters \(england.nhs.uk\)](#)

⁴ [Poverty and financial hardship of unpaid carers in Wales](#)

⁵ [Carers Wales State of Caring 2024 The Impact of caring on carers health and wellbeing](#)

⁶ <https://www.carersuk.org/media/wrnfh0mg/sociw23-health-design-final-eng-compressed.pdf>

⁷ [Report highlights challenges faced by unpaid carers during pandemic - Public Health Wales](#)

⁸ [Fuel prices and the cost of living: making a bad situation worse for unpaid carers and domiciliary care](#)

In addition, a 2022 report found that almost a third of carers felt lonely often or always⁹. The impacts of loneliness on physical and mental health¹⁰ places an extra risk for unpaid carers and threatens the stability of the health and social care system.

12. The demand for unpaid carers' support is growing at a pace that outstrips available resources, creating a widening gap that threatens the sustainability of our health and social care system. Without coordinated action to recognise, value, and support unpaid carers, we risk not only the wellbeing of carers themselves but also the stability of the services that depend on them. Addressing this challenge must be a national priority, requiring investment, innovation, and partnership to ensure that carers are recognised as essential partners in delivering better outcomes for individuals, families and communities across Wales.

Financial Context

13. Councils deliver over 700 services, many of which directly contribute to improving well-being and addressing the social factors that influence health. These include housing, employment, welfare, leisure, and transport—all of which play a crucial role in supporting carers' health and well-being. However, according to Audit Wales¹¹ over the past decade core local government funding has decreased in real-terms by 0.55%. Councils have sought to protect statutory services such as social care as much as possible. However, this has led to significant reductions in non-statutory, preventative community services—like leisure, parks, adult education, housing, transport, and community facilities—which are essential to supporting carers' health and well-being.
14. While local government has managed to shield communities from the worst effects of the cuts, the cumulative impact is now threatening essential services—including those that support carers. Financial pressures are expected to further intensify over future years. For 2026-27 councils are facing an estimated pressure of over £550m, and that is just to maintain current service levels. Social care accounts for over a third of this pressure.
15. The local government funding position has serious consequences for wellbeing. Councils' capacity to deliver vital well-being support is being significantly weakened by ongoing reductions in their budgets. This restricts social care which, in turn, constrains the voluntary sector and care providers. This all points to the need to urgently reform our current arrangements and take on the complex task of developing a long-term sustainable funding framework for social care. There is a desperate need for this work to lead to the provision of an additional source of funding for local government as part of an overall settlement that provides sustainable funding for all the vital services that councils deliver.
16. To realise our ambitions for carers and to fulfil the aims of the Social Services and Well-being (Wales) Act 2014, the Welsh Government must ensure that local authorities receive sufficient funding to meet the increasing responsibilities placed upon them. Additional funding must reflect the reality of growing demand, inflationary pressures and workforce challenges. Without adequate investment, councils will struggle to meet statutory duties and unpaid carers will continue to experience significant inequality of access.

⁹ <https://www.carersuk.org/media/lrzlh5p/compressed-carers-wales-state-of-caring-in-wales-2022-report-english-final.pdf>

¹⁰ [Health-and-loneliness-in-Wales.pdf](#)

¹¹ [No time to lose: Lessons from our work under the Well-being of Future Generations Act](#)

Provision of Services

17. Local government has welcomed the principles of the Social Services and Wellbeing (Wales) Act, but there is a need to recognise the increasing expectations that are being placed on councils at a time of reducing resources. Working alongside Welsh Government, councils have played (and continue to play) a key role in supporting the implementation of the legislation. The Social Services and Wellbeing (Wales) Act sets out important legislative changes for carers, crucially giving them the same recognition and parity of esteem with those they support. Councils have a duty to offer assessments and support plans for carers, developed with them as equal partners, and with the goal of enabling carers to live the life they want to achieve. The Act provides a strong legislative framework for carers' rights, but its implementation is challenging in the current context
18. The Act requires each region to produce and publish a Regional Population Needs Assessment, which evaluates the care and support needs within their area—carers being a key focus. These plans consistently highlight the essential role of unpaid carers and express a commitment to improving access to appropriate breaks and respite care that reflect the diverse and often complex needs of those being cared for. Regions recognise that all carers—regardless of age—need opportunities to take a break from their caring responsibilities, and that flexible, tailored respite options are crucial to helping them continue in their roles.
19. Here, Regional Partnership Boards (RPBs) can play an important role in bringing together health, social care and the third sector to plan services, and there are positive examples of innovation emerging from RPB-funded initiatives. Some regions offer a range of options, including residential respite, day opportunities and in-home services. However, workforce and provider capacity can be a limiting factor. Residential respite services, along with emergency and flexible respite options remain under pressure due to high demand and workforce shortages.
20. Councils have introduced innovative solutions, including sitting services and community-based micro-enterprises, often in partnership with the third sector. These approaches are highly valued by carers because they provide flexibility and enable care to be delivered in familiar environments. However, these initiatives are often smaller in scale and reliant on short-term funding. Many regions are actively exploring more adaptable respite solutions to meet specialist needs, such as those related to autism or dementia. There is also growing awareness of the need to plan for the future needs of older carers and to support them in preparing for what lies ahead. However, the impact of funding cuts continue to impede councils' ability to maintain and expand such services. Some regions have raised concerns about the sustainability of carer services, particularly where delivery relies on third sector organisations that are often dependent on short-term grant funding.
21. Whilst much work is ongoing the SCIE report, 'Preventative support for adult carers in Wales' identified that considerable challenges remain in providing consistent support and better outcomes for carers across the UK. The report found that the most effective services in both England and Wales have been developed in response to local priorities, shaped by a strong carer voice at local level, and supported by proactive partnership working between health, social care and the voluntary sector. They aim to provide person-centred, holistic support tailored to specific needs. One of the key messages of the research is that caring is

more than a health and social care issue, and to develop caring communities, carers' rights need to be embedded within broader health, social and employment policies.

22. One of the overarching challenges is identification, both encouraging people to self-identify as a carer but also with health and care professionals identifying carers, so that carers are able to access the information and support that is available. When carers do not identify themselves as carers but see the support they provide as a natural part of their relationship with the cared-for person they may be reluctant to come forward and fail to access benefits or support services, which could improve their quality of life. A previous poll published by Carers UK highlighted that, "the public is unable to recognise friends and family that care" with 51 per cent of those polled underestimating the number of carers in their own family, friendship network or workplace¹². Carers UK's 'Missing Out' report noted that in Wales 55 per cent of carers took more than a year to recognise their caring role, while 24 per cent took more than five years to identify as a carer.
23. Early intervention, identifying carers before they reach crisis point, is crucial, as is identifying priorities and outcomes for carers on an individual basis once they have come forward to provide the right level and type of support. This has shown to be particularly true in relation to older carers (aged 80 years old or above) looking after a spouse or partner, Black, Asian, and Minority Ethnic carers, LGBTQ+ carers, and carers of people with dementia or mental health issues where there may be perceived to be an element of stigma and a wish to keep things private.
24. Issues of identification are compounded by those of accessibility. Carers living in remote or rural communities in Wales will have specific needs where social isolation, poverty, deprivation, lack of transport and long distances to travel to access health and care services mean that rural carers face additional challenges in accessing services. For example, if there are significant transport times this has an impact of the availability and length of time of respite care. There are also additional challenges for carers from minority ethnic backgrounds and for Welsh-speaking carers, who may struggle to find culturally appropriate or Welsh-medium services. Specific groups, such as young carers and older carers, also require targeted support. Many young carers experience disruption to their education and social development. Older carers, often managing their own health needs, are at greater risk of isolation and ill health if they cannot access breaks. These barriers underline the need for a more coherent and nationally coordinated approach.
25. In Wales we need to have an overarching ambition to make being identified as a 'carer' a positive, with the support of our communities, so that more people can ask for support - and not just monetary help – to look after their own health, and ultimately benefit the whole of society, with a focus on encouraging people to self-identify as carers as a route to unlocking support from the community, public sector and businesses.
26. There is a need for practical recommendations on how to support carers who do not self-identify. The NHS and GPs are crucial in helping to identify carers, but there may also be more community-based or voluntary services adept at identifying and supporting carers. There may also be particular groups that are more difficult to identify. Working with other sectors, for instance faith groups, may open other avenues for engaging with these groups.

¹² [Unpaid carers missing out on vital support as 'public is unable to recognise friends and family that care' - Carers UK](#)

27. Too many carers also leave employment or reduce their working hours to balance caring responsibilities with their work and thereby miss out on career progression, improved pay, or training and development. Carers not in employment, education or training should have opportunities to access the right information, advice and support to develop the skills to gain suitable employment, whether re-entering the workforce, or getting a job for the first time without leaving the person they care for at risk due to other services not being present to support them. As part of this consideration needs to be given as to how both employers, of all sizes, and education settings can be supported to be able to change existing practices. This includes ensuring that unpaid carers have access to flexible working arrangements. Some councils already demonstrate good practice in this area by offering enhanced flexibility and, in some cases, additional unpaid leave entitlements to support carers in balancing work and caring responsibilities. In addition the Carers Leave Act 2024 provides employees with the statutory right to take up to one week of unpaid leave per year to provide or arrange care for a dependant with a long-term care need. While this provides some additional employment protection, it also may not be accessible for some unpaid carers with financial issues, including those living in poverty for whom the loss of a weeks wage could be particularly difficult to manage leading to poorer health outcomes for the carer and those that they care for.
28. A vital element of a preventative approach is for all carers to receive the right information and advice when needed and in an appropriate format. Many carers do not need to access formal statutory or specific social services or health provision but simply require the right information, in the right format, at the right time, in order to manage their caring role. Knowing where and how to access different forms of information, advice and assistance such as welfare benefits or more general rights, can also be preventative. Not all carers will access local authority Information, Advice and Assistance services and so there is a need to raise awareness of alternative ways of accessing information such as GPs, community services, or online resources such as DEWIS Cymru. This highlights that the responsibility for supporting carers is much wider than just social services. There is a need to ensure that all partners, organisations and departments such as education, housing, welfare, GPs, health, transport, as well as employers are fully aware of the importance of the role that they can play. Raising awareness of carers' rights is essential, and a national multilingual information campaign to complement local efforts would help ensure carers in all communities understand their rights and know where to go for support.
29. In previous evidence we have highlighted the importance of the workforce, and in particular the need to ensure that unpaid carers are recognised, valued and included as part of the workforce planning to ensure carers receive appropriate training and support for the roles they undertake. It was positive to see 'A Healthier Wales' identify the need to recognise and support the vital role played by the informal workforce of unpaid carers and the need for greater parity of esteem not just between health and care professionals, but with carers as well. The long-term social care workforce strategy provides an opportunity to ensure that the workforce we have in Wales, including carers, feel valued and supported and are enabled to access relevant education, training and support opportunities.

Conclusion

30. Local authorities remain committed to supporting unpaid carers and delivering on the principles of the Social Services and Well-being (Wales) Act 2014. However, the current

system is under immense pressure. Councils are operating in a context of increasing complexity of need, rising demand, workforce shortages and sustained financial pressures. These challenges are shared across the public sector and the third sector, and they limit the capacity to deliver consistent respite services and broader support for carers. Despite these constraints, councils have worked innovatively, including with Regional Partnership Boards (RPBs), health boards and voluntary organisations to deliver support where possible.

31. Councils are keen to continue to work with Welsh Government, carers and carers organisations to make sure that carers are fully supported and signposted to services to avoid them and families reaching crisis point and care breakdown. It is fundamentally important for society as a whole that carers have the support they need to maintain their own wellbeing and to be able to lead fulfilling lives; to maintain social relationships; undertake education and training; maintain employment; and be active community members.

Sarah Murphy AS/MS
Y Gweinidog Iechyd Meddwl a Llesiant
Minister for Mental Health and Wellbeing

Agenda Item 5.1



Llywodraeth Cymru
Welsh Government

Ein Cyf/Our Ref: MA/SM/1344/25

Peter Fox MS,
 Chair, Health and Social Care Committee
 Welsh Parliament
 Cardiff Bay
 Cardiff
 CF99 1SN

3 December 2025

Dear Peter,

In February this year, the Competition and Markets Authority (CMA) [published the results of its market study on infant formula](#). The focus of the market study was the lack of competition in the infant formula market and the negative impact this has on consumer choice and the affordability of infant formula products. Their final report featured a list of recommendations for governments across the UK to consider. Since the publication of this report, my officials have been working with officials in the other UK nations to develop a four nations response to the CMA's recommendations.

I am writing to confirm that the UK Government have, today, [published](#) a response to the CMA on behalf of all UK nations. As set out in the response, ministers in each nation have agreed to proceed at first with a package of non-legislative measures to address the issues with the infant formula market identified in the CMA's report. We intend to review the impact of this non-legislative package in due course and consider whether further action, including potential legislative change, is required. I will therefore write to you again, should we determine through our work that a change in approach may be necessary.

I have also sent a letter to the Chair of the Children and Young People's Committee and the Chair of the Legislation, Justice and Constitution Committee.

Yours sincerely,



Sarah Murphy AS/MS
 Minister for Mental Health and Wellbeing
 Y Gweinidog Iechyd Meddwl a Llesiant

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Agenda Item 5.2

Dawn Bowden AS/MS
Y Gweinidog Plant a Gofal Cymdeithasol
Minister for Children and Social Care



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref: MA/DB/280125

Peter Fox MS
 Chair, Health and Social Care Committee
 Welsh Parliament

28 November 2025

Dear Peter,

Further to my letter of 16 October I am pleased to enclose the second [Welsh Government report on the progress toward the transition to a not-for-profit model](#). This relates to recommendation 9 of the Health and Social Care Committee's stage one scrutiny report on the then Health and Social Care (Wales) Bill.

As with the first report provided on 2 May this report provides detailed information on the number of registered services, places and households for children's home services, fostering services and secure accommodation services in Wales. It also introduces a common reporting point (of 30 September) between different data sets and gives a breakdown of local authority fostering services by households and places at an individual authority level, as well as by mainstream and connected persons (kinship) provision. Where possible data has also been presented by regional partnership board area in addition to local authority area. This allows additional identification and analysis of regional trends.

I would like to express my continued thanks to partners across Foster Wales, Care Inspectorate Wales and the Children's Commissioning Consortium Cymru for their help in preparing this report, including supporting the collation of additional data.

In my 11 April letter to the Committee relating to recommendation 13, I noted the publication of tailored messaging for children and younger people to explain the elements of the Act and what it means for them. Officials have continued to engage with representative groups including the office of the Children's Commissioner for Wales, the National Youth Advocacy Service Cymru and Voices from Care Cymru on the public messaging and will continue to involve these organisations through the implementation period.

Yours sincerely,

Dawn Bowden AS/MS
Y Gweinidog Plant a Gofal Cymdeithasol
Minister for Children and Social Care

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Abigail Harris

Chief Executive, Swansea Bay University Health Board

Alex Howells

Chief Executive, HEIW

13 November 2025

Dear Ms Harris, Ms Howells

Thank you for your reply of 3 November 2025 regarding job vacancies for the March 2023 Adult Nursing student cohort.

The Committee considered this at its meeting on 6 November and agreed that I should write back to you with a number of further points, which are set out below.

We would be grateful if you would respond to the following questions:

1. In your response, you confirm that there will be 65 graduates from Swansea University for the adult nursing field and no posts available in Swansea Bay UHB. Why is there such a discrepancy between the number of adult nursing training places offered as part of the March 2023 cohort and the number of job vacancies?
2. What are the reasons that no posts have been made available in this field in Swansea Bay UHB as part of the recent streamlining process? Have budgetary pressures or recruitment freezes been a factor?
3. Why has this information come to light at such a late stage, so that students were only recently made aware? When did you become aware that no posts would be available for this cohort?
4. What steps have you taken since becoming aware that no posts would be available?
5. What is the latest position regarding the March 2023 adult nursing cohort – are you now, or do you hope to be, in a position to offer any adult nursing jobs to this cohort?
6. What plans are in place for the next adult nursing cohort to graduate in 2026 – do you expect them to be in a similar position as regards adult nursing job vacancies?
7. Given the discrepancy between training places and available posts for the March 2023 cohort, what steps are you taking in relation to planning for future training places?

8. To HEIW: in your reply, you state that the positive impact of increased education and training, the national retention programme and international recruitment potentially impacts on the availability of vacancies for graduates in some areas and professions. You say that strong collaborative work between NHS organisations is required and that you are playing a key role in bringing partners together. Can you provide more information on the areas and posts that are affected by this, and the actions being taken? Can you also give details of the current position in relation to the numbers of graduating students per field and the vacancies available in each health board area for all nursing fields, physiotherapy and other allied health professionals?
9. To HEIW: Related to the above, we have been hearing anecdotally of a lack of available posts for soon-to-be qualified/recently graduated medical students and doctors completing their foundation training and looking for specialist training. Are you aware of this, and what action is being taken in relation to it?

A copy of this letter goes to the Cabinet Secretary for Health and Social Care, the Chair of the Children, Young People and Education Committee, and the Executive Director of RCN Wales.

I look forward to your swift response.

Yours sincerely



Peter Fox MS
Chair, Health and Social Care Committee

Croesewir gohebiaeth yn Gymraeg neu Saesneg. We welcome correspondence in Welsh or English.





GIG
CYMRU
NHS
WALES

Addysg a Gwella Iechyd
Cymru (AaGIC)
Health Education and
Improvement Wales (HEIW)



GIG
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

Agenda Item 5.4

Pencadlys HEIW

HEIW Headquarters
Ty Dysgu
Cefn Coed
Nantgarw CF15 7QQ

Bwrdd Iechyd Prifysgol Bae Abertawe

Swansea Bay University Health Board
Un Porthfa Talbot | One Talbot Gateway
Parc Ynni, Baglan | Baglan Energy Park
Port Talbot SA12 7BR

28 November 2025

Peter Fox MS

Chair, Health and Social Care Committee
Senedd Cymru
Cardiff Bay
Cardiff
CF99 1SN

Dear Mr Fox

Thank you for your letter of 13th November which follows up on our recent communications. Whilst your initial letter was a result of contact from the cohort of graduating Adult nurses from Swansea University regarding vacancies in Swansea Bay UHB, you have also asked questions related to the balance between commissioned places and vacancies in relation to both nursing and allied health professions. We are pleased to provide further insight to the current situation and underlying processes.

In relation to your specific questions:

1. In your response you confirm that there will be 65 graduates from Swansea University for the Adult nursing field and no posts available in Swansea Bay UHB. Why is there such a discrepancy between the number of adult nursing training places offered as part of the March 2023 cohort and the number of job vacancies?

There are vacancies available for Swansea University graduates. Swansea University educates Nurses for both Swansea Bay UHB and Hywel Dda UHB. When streamlining opened on 20th October, although there were 0 vacancies for Swansea Bay UHB, there were 20 vacancies in Hywel Dda. As of 25th November there are now 42 Adult Nursing vacancies available in Swansea Bay UHB and 29 in Hywel Dda UHB, giving a total of 73 vacancies. These are in the Health Boards which Swansea University serves, although we do encourage students to seek employment in any location that appeals and is possible, to encourage workforce cross-pollination.

HEIW collects data from Health Boards and Trusts annually to inform the guidance it provides to WG through the Education and Training Plan. For full-time pre-registration

Cadeirydd/Chair: **Dr Chris Jones**

Prif Weithredwr/ Chief Executive: **Alex Howells**

Pencadlys HEIW/HEIW Headquarters, Ty Dysgu, Cefn Coed Nantgarw CF15 7QQ

Cadeirydd/Chair: **Jan Williams**

Prif Weithredwr /Chief Executive: **Abigail Harris**

Pencadlys Bae Abertawe, Un Porthfa Talbot, Port Talbot, SA12 7BR

Swansea Bay UHB Headquarters, One Talbot Gateway, Port Talbot, SA12 7BR

programmes – such as Nursing - lasting three years - this data is collected four years ahead of graduates qualifying. Therefore, students graduating in spring 2026 result from information gathered in 2022. The intervening years have seen significant work by Health Boards to optimise their establishment and manage the post-COVID period, impacting on the vacancy rate.

2. What are the reasons that no posts have been made available in this field in Swansea Bay UHB as part of the streamlining process? Have budgetary pressures or recruitment freezes been a factor?

Swansea Bay has made progress in addressing its nurse establishment deficit through recruitment and retention work. As a result, their establishment vacancies are now at a low level. Further work was required to identify posts for graduates. They have now identified 42 posts, and more are available in adjacent Health Boards.

3. Why has this information come to light at such a late stage, so that students were only recently made aware? When did you become aware that no posts would be available for this cohort?

The streamlining process collects vacancies from Health Boards and Trusts before and after streamlining opens to student applications. At opening on 20th October there were 220 vacancies for 262 graduates. This is a normal situation, and positions tend to be added after opening. However, given the specific Swansea HB position we recognise that further work should have been undertaken at the outset to address this, which would have avoided causing concern to students. In future our processes will pick up such issues to ensure they are escalated for attention sooner. At the time of writing, the number of vacancies has increased, with ~300 now available for 262 graduates across all fields of nursing.

4. What steps have you taken since becoming aware that no posts would be available?

We have convened a working group with senior staff from Swansea Bay UHB, Hywel Dda UHB and NWSSP to consider how vacancies can be identified and made available. CTM UHB are also contributing to the group due to their proximity to Swansea Bay UHB. The group has collaborated – successfully - to identify appropriate posts which are now available on the streamlining portal. We have communicated with the students directly, held a face-to-face meeting with them, and followed this up with another communication. Plans are in place for ongoing communications.

5. What is the latest position regarding the March 2023 Adult nursing cohort – are you now, or do you hope to be, in a position to offer any Adult nursing jobs to this cohort?

The latest position for Adult Nursing is detailed in this table:

Health Board	Number of Posts (at 24th November 2025)
ABUHB	15
BCUHB	47
CAVUHB	10
CTMUHB	38
HDUHB	29
PTHB	2
SBUHB	42
Total	183

Adult vacancies (183) now exceed the number of adult graduates (166). Imperfect geographical distribution of adult field vacancies means that – as is normal – we will be supporting some graduates, through the escalation process, to find jobs in alternative suitable locations. For example, some Swansea University graduates may be able to take up employment in CTMUHB in Bridgend.

6. What plans are in place for the next Adult nursing cohort to graduate in 2026 – do you expect them to be in a similar position with regards Adult nursing vacancies?

Generally vacancy levels across Wales have reduced due to significant and intensive action that has been taken over recent years. Whilst this is positive for both front line staff and patients, collective action from all NHS organisations is needed to continue to support our new graduates. Following this streamlining event, NWSSP will begin preparing in January for the next event for the summer 2026 graduates. They will regularly report on the vacancy information they are receiving from Health Boards / Trusts from that point onward to support management of the summer 2026 event. We are also establishing an 'Education and Training Implementation Board' that will draw together senior leaders from employing Health Boards and Trusts to receive, discuss and take early action on any deficits based on that emerging intelligence.

7. Given the discrepancy between training places and available posts for the March 2023 cohort, what steps are you taking in relation to planning for future training places?

Since 2022/23 the quality and accuracy of workforce data has improved significantly which is essential for effective planning. HEIW has in recent years developed dashboards that provide regularly updated information on the student pipeline to support vacancy planning.

We are establishing an Education and Training Implementation Board, which will bring together key senior leaders from across NHS Wales. This group will utilise recently developed student/trainee pipeline dashboards to provide high quality intelligence to support HBT's in their planning for future graduates.

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The contracts we have in place with our Education Providers specify ranges of places, from a minimum to a maximum. In addition to the flexibility this gives us to accommodate fluctuations in annual Health Board and Trust needs, we can also flex the minimum and maximum by $\pm 20\%$ to help manage the pipeline. Our recommendations for the 2026 Education and Training Plan is to commission at the lower end of this range, which will help manage the balance between demand and supply.

8. To HEIW: in your reply you state that the positive impact of increased education and training, the national retention programme and international recruitment potentially impacts on the availability of vacancies for graduates in some areas and professions. You say that strong collaborative work between NHS organisations is required and that you are playing a key role in bringing partners together. Can you provide more information on the areas and posts that are affected by this, and the actions being taken? Can you also give details of the current position in relation to the numbers of graduating students per field and the vacancies available in each health board area for all nursing fields, physiotherapy and other allied health professionals?

During COVID we saw increased demand from Health Boards and Trusts for nurses and AHP's. We worked hard to respond to that demand, developing initiatives to improve staff retention, maximise programme fill rates, and support student progression. Our National Retention Programme began in December 2023 and to date an estimated 2640 potential leavers have been avoided and their valuable knowledge, skill and expertise retained. We are also working hard with system partners to maximise recruitment. For example, the 'Healthcare Connect' Scheme which helps applicants to Nursing programmes who do not meet entry requirements at one intake point to strengthen their application to help them gain admission at the next entry point. It also includes our work with Powys to develop the 'Aspiring Nurse' programme, which has been successful and is now being scaled to other health boards. These are examples of a broader portfolio of work in this area.

The latest vacancy data for Nursing and allied health professionals/healthcare sciences is provided in appendix 1. This data is accurate as of 24th November 2025. For Nurses, the data is for the spring 2026 graduating cohort - the 2nd, spring 2023, intake of the 2022-2023 academic session. Please note that all summer 2025 (September 2022 entry) graduates are in jobs. For AHP's/Healthcare Sciences the data refers to graduates from summer 2025 as there is one annual intake. This data is incomplete due to several factors that pose challenges to comprehensive data collection. Notably these disciplines do not participate in streamlining because of cohort size and vacancies for several are found not only in the NHS but in private sector, social care and local authority settings. The data therefore underestimates the available vacancies. We have improved data quality over recent years and continue this work to achieve further improvements. We are aware of the discrepancy between graduates (81) and vacancies (35) for Diagnostic Radiography and are working with colleagues across NHS Wales regarding this.

9. To HEIW: Related to the above, we have been hearing anecdotally of a lack of available posts for soon-to-be-qualified/recently graduated medical students and doctors

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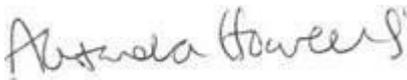
completing their foundation training and looking for specialist training. Are you aware of this, and what action is being taken in relation to it?

Yes, we are aware of concerns. The policies related to medical recruitment are agreed at UK level. In recent years there has been an oversubscription to the UK foundation training programme, resulting from the rise in output from UK medical schools and rules on international medical graduates. This means that there are more eligible applicants than posts. However, each UK nation has provided an increased number of posts to ensure that all have been offered posts.

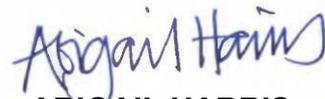
Across the UK we are therefore seeing increasing competition ratios at the foundation to specialty grade transition point, which is resulting in some doctors finding difficulty securing posts. This is being addressed via work to reduce competition ratios to more acceptable levels via range of mechanisms. Expanding the number of specialty and GP training posts is part of this solution.

As we stated in our initial response, please be assured that HEIW, SBUHB, HDUHB, and other system partners are working collaboratively – and making significant progress – to identify vacancies for graduates from commissioned Nursing and AHP programmes.

Yours sincerely



**ALEXANDRA HOWELLS
CHIEF EXECUTIVE
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**ABIGAIL HARRIS
CHIEF EXECUTIVE
SWANSEA BAY UHB**

Table 1
Current Vacancies by Nursing Field
 (available in streamlining for Spring 2026 graduates)

		Vacancies at start of streamlining (20th October)	Current Posts on streamlining (25th November)	Health Board Total
<u>ABUHB</u>	Adult	15	15	35
	Mental Health	12	12	
	Learning Disability	2	2	
	Child	6	6	
<u>BCUHB</u>	Adult	41	47	74
	Mental Health	23	27	
	Learning Disability	0	0	
	Child	0	0	
<u>CVUHB</u>	Adult	4	10	23
	Mental Health	1	8	
	Learning Disability	0	0	
	Child	3	5	
<u>CTMUHB</u>	Adult	33	38	45
	Mental Health	2	7	
	Learning Disability	0	0	
	Child	0	0	
<u>HDUHB</u>	Adult	20	29	34
	Mental Health	3	3	
	Learning Disability	2	2	
	Child	0	0	
<u>PTHB</u>	Adult	1	2	6
	Mental Health	4	4	
	Learning Disability	0	0	
	Child	0	0	
<u>SBUHB</u>	Adult	0	42	84
	Mental Health	31	31	
	Learning Disability	11	11	
	Child	0	0	
	TOTAL	214	301	

Table 2
AHP/Healthcare Science Bursaried Graduates and Jobs
Summer 2025 cohort

Data is subject to the caveats related to participation in streamlining and employment destinations that challenge accurate and comprehensive data collection. These disciplines do not participate in a streamlining exercise because of their small size and/or because vacancies are found not just in the NHS but in the private sector, social care and local authorities. The data in many cases therefore underestimates available vacancies. We are aware of the discrepancy between graduates (81) and vacancies (35) for Diagnostic Radiotherapy and are working with colleagues across NHS Wales regarding this.

Programme	Graduates	Vacancies (at 25 th November)
Audiology	7	8
Biomedical Sciences	14	28
Cardiac Physiology	14	6
Dental Hygiene and Therapy	6	n/a
Diagnostic Radiography	81	35
Dietetics	53	43
Occupational Therapy	125	84
Physiotherapy	90	94
Radiotherapy and Oncology	16	10
Speech and Language Therapy	42	24
TOTALS	448	332