

Inquiry into the impact of the COVID-19 outbreak, and its management, on health and social care in Wales:

Report 3 – Impact on the social care sector and unpaid carers

March 2021



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Inquiry into the impact of the COVID-19 outbreak, and its management, on health and social care in Wales:

Report 3 – Impact on the social care sector and unpaid carers

March 2021



About the Committee

The Committee was established on 28 June 2016. Its remit can be found at:
www.senedd.wales/SeneddHealth

Committee Chair:



Dai Lloyd MS
Plaid Cymru

Current Committee membership:



Rhun ap Iorwerth MS
Plaid Cymru



Jayne Bryant MS
Welsh Labour



Angela Burns MS
Welsh Conservatives



Lynne Neagle MS
Welsh Labour



David Rees MS
Welsh Labour

The following Member was also a member of the Committee during this inquiry.



Andrew RT Davies MS
Welsh Conservatives

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Chair's foreword



Unlike the NHS, which everyone will have accessed at some point in their lives, the social care sector is largely invisible except to those who need its support; to them it is invaluable.

COVID-19 has, however, brought to the forefront the massive contribution our social care workforce makes in keeping our most vulnerable citizens safe. It has also highlighted the need for system reform and a long-term, sustainable funding arrangement for social care that has long been talked about and is long overdue.

As a Committee, we have been raising concerns about the fragility of the social care sector for many years and COVID-19 has only served to exacerbate the situation. We have also called for parity for social care workers with their NHS counterparts, both in their terms and conditions of employment and the way in which they are perceived.

I want to pay tribute to all of the unpaid carers across Wales, many of whom will have sacrificed their own health and wellbeing to protect and care for their loved ones. Since the start of the pandemic, the number of unpaid carers has almost doubled. Caring can be challenging in normal times, but during a pandemic when access to support services is virtually non-existent, we recognise the enormous pressure this has placed on you, physically, emotionally and financially.

We are particularly concerned about our young and young adult carers. We know that COVID-19 is putting a strain generally on many young people, who are struggling to deal with social isolation, loss of routine and a breakdown in formal and informal support. This is particularly true for our young carers, many of whom have lost access to their one form of respite—school. It is therefore very disappointing to hear that the already limited services available to support this group have deteriorated over the course of the pandemic.

It's no exaggeration to say carers are heroes. Carers give so much to the people they care for and without them, our health and social care systems would be overwhelmed and unable to function. They must be supported, recognised and rewarded to enable them to continue caring for as long as they wish to do so.

A handwritten signature in black ink that reads "David R. Lloyd".

Dr. Dai Lloyd MS
Chair

Recommendations

Recommendation 1. The Welsh Government must, as an urgent priority, ensure that care homes have access to all the necessary equipment and facilities (e.g. pods and lateral flow testing for visitors) to enable visits to be resumed. Page 16

Recommendation 2. The Welsh Government must, as a matter of urgency, strengthen its guidance to care home providers to ensure that allowing safe visits becomes the default position. Page 16

Recommendation 3. The Welsh Government should work with Care Forum Wales to gain and maintain a clear picture of the position across Wales with regard to care home visits on an ongoing basis, and to facilitate the sharing of good practice between care homes with a view to increasing the number of homes that are supporting safe visits. Page 16

Recommendation 4. The Welsh Government should write to all health boards to re-emphasise their responsibilities on hospital discharge and the procedures that must be followed in the event of an unsafe discharge taking place. Page 19

Recommendation 5. The Welsh Government should monitor the turnaround times for test results for care home staff and residents to ensure results are received as soon as possible. This should ideally be within 24 hours of testing, and certainly not later than 48 hours. Page 27

Recommendation 6. The Welsh Government must continue to maintain adequate and sustainable supplies of PPE that meet the recommended quality standards, monitor its efficacy in light of emerging new variants, and communicate effectively with the social care sector to provide assurance that the available PPE provides appropriate protection. Page 27

Recommendation 7. The Welsh Government should set out how the work being undertaken by Social Care Wales to professionalise the social care workforce will secure parity of esteem with the health care workforce, and the establishment of clear and properly-remunerated career pathways for social care workers. Page 34

Recommendation 8. The Welsh Government must, as a matter of urgency, work with the Equality and Human Rights Commission and Older People’s Commissioner for Wales to ensure the human rights of older people are protected and upheld. We further recommend that the Welsh Government writes to the Sixth Senedd committee with responsibility for older people at the start of the

Sixth Senedd to provide an explanation of what has been done to resolve the concerns raised by the EHRC and Older People’s Commissioner.....Page 36

Recommendation 9. The Welsh Government should work with the Ministerial Advisory Group and carers organisations to develop more creative ways of delivering respite and short breaks. This should include learning from best practice elsewhere..... Page 43

Recommendation 10. The Welsh Government must ensure sustainable funding for young carer services and prioritise the safe re-opening of face-to-face support for young and young adult carers..... Page 47

Recommendation 11. The Welsh Government should reconsider its response to Recommendation 26 of our report into the impact of the Social Services and Well-being (Wales) Act 2014 in relation to carers—which called on the Welsh Government to provide long-term, sustainable and streamlined funding for third sector organisations delivering essential services to carers—with a view to implementing it as a matter of urgency..... Page 53

Recommendation 12. The Welsh Government should ensure that its communication and public awareness campaigns in respect of the COVID-19 vaccination programme includes effective targeting of information for unpaid carers, and makes sure that they are aware of their eligibility for vaccination. Page 54

Recommendation 13. The Welsh Government should work with its partners to develop and implement an awareness-raising campaign to improve knowledge about the support available to carers, particularly in respect of financial support. This should include ensuring that people who have been identified as unpaid carers during the COVID-19 vaccination programme have access to information about their rights and the support they are entitled to..... Page 54

Recommendation 14. The Welsh Government should undertake equality impact assessments of decisions taken during the COVID-19 pandemic in respect of support/funding for unpaid carers to ensure that no groups or communities are being disproportionately impacted in the short or longer term. Page 54

Recommendation 15. The Welsh Government should make a statement early in the Sixth Senedd on its proposals to strengthen the arrangements for the social care sector and the outcome of the consultation on its White Paper: Rebalancing care and support, and how it will take account of relevant recommendations made by this and previous Senedd Health Committees. Page 59

Introduction

- 1.** This is the third in a series of reports looking at the impact of the COVID-19 outbreak, and its management, on health and social care in Wales. In this report we look specifically at issues affecting the social care sector and unpaid carers. We know that people of all ages may be receiving social care services or living in social care settings for a variety of reasons. However, our report reflects that the evidence submitted to us during our inquiry focused primarily on older people and unpaid carers.
- 2.** In our first report¹ we looked at the issues experienced by the social care sector in the early days of the pandemic, including the supply of PPE and testing for care home staff and residents. We do not intend to revisit these issues, except where they continue to be a problem.
- 3.** We received a significant number of responses to our consultation. We are grateful to everyone who has contributed to our work. While it is not possible to reflect every submission in this report, they have all been considered and have helped to shape our work in this area. A full list of everyone who gave oral and written evidence can be found on [our website](#).
- 4.** It should be noted that the situation in relation to COVID-19 is rapidly evolving, so while the evidence received will have reflected the circumstances when it was submitted, the context may have changed by the time of publication.

¹ Health, Social Care and Sport Committee, [Inquiry into the impact of the Covid-19 outbreak, and its management, on health and social care in Wales: Report 1](#), July 2020

1. Social care sector

Restrictions to care home visits

5. Many care homes took the decision to stop visitors entering the home in late February/early March 2020 to try to protect residents. The Welsh Government advised restricting visits from 23 March, but most had already done so by this point. Limited socially distanced visits have been permitted at certain points during the year.

6. In mid-June/July, some care homes began allowing outdoor visits to take place with restrictions, and at the end of August the Welsh Government’s guidance for care homes was updated to allow for socially distanced indoor visits. However the guidance also said that if rates of coronavirus transmission rose in the community or at a national level, then visits may end.

7. This proved to be the case in September, when local lockdowns were introduced in some areas of Wales, followed by a national firebreak in late October. Care home visits stopped again during these periods of restrictions, only to be allowed to restart when the firebreak lifted on 9 November. The Welsh Government updated its care home visiting guidance² on 10 November, but the guidance still stated:

“Visits to care homes may cease if local rates of transmission in the community exceed 5%. Visits to care homes may cease if rates of COVID-19 transmission rise at a national level. Restrictions on visits to care homes may be placed on homes within a certain area of the local authority, the entire local authority area or nationally depending on the rate of transmission.”

8. Following the announcement on 19 December that Wales was entering Alert Level 4 restrictions,³ the Welsh Government published a prevention control framework for social care, to assist social care services and the public in understanding the measures to expect at each level. The plan states that, at Alert Level 4:

“The general approach should be one of local and individual risk assessment, with blanket approaches being avoided and

² Welsh Government, [Visits to care homes: guidance for providers](#)

³ Welsh Government, [Written Statement: Alert level four restrictions](#)

acknowledging the difference in risk for elderly residents compared with the risk to children from COVID-19. The ultimate decision on whether, and in what circumstances care home visits take place rests with the individual provider, and we understand that some providers will find it more challenging to facilitate visits than others. However this guidance is intended to support providers to enable visits to take place, and we expect and encourage providers to facilitate visits wherever possible. More detailed guidance on undertaking risk assessments is under development.”⁴

9. The Welsh Government’s alert level 4 guidance also says that care home visits are permitted ‘for compassionate reasons’ (considered to be exceptional circumstances), and again, the ultimate decision rests with the individual care home. The Deputy Minister for Health and Social Services (the Deputy Minister) told us:

“we have allowed visits in exceptional circumstances, and those exceptional circumstances would cover, very sadly, end-of-life care, and they would also cover [] people with dementia when they’re in distress, [] or if there’d been a bereavement in the family.”⁵

10. When asked in January 2021 how many care homes in Wales were currently allowing visits, the Deputy Minister told us:

“As you know, there are 1,050 care homes, separate individual care homes, across Wales. Many of them, the vast majority, are independently owned, and we don’t have any specific figures about how many care home visits are taking place.”⁶

11. The Deputy Director General, Health and Social Services Group, Welsh Government, added:

“Care Inspectorate Wales have done some intensive work. They’re in regular contact with those care providers, having discussions around visiting arrangements, promoting the guidance. So, we’re very closely aligned. And as the Member quite rightly raised the issue of how many visits are taking place, at the moment there’s very few because of the

⁴ Welsh Government, [Coronavirus control plan: Alert levels in Wales for social care services for adults and children](#)

⁵ RoP. 27 January 2021, paragraph 10

⁶ RoP. 27 January 2021, paragraph 9

status at level four. As we move forward, I have spoken to Care Forum Wales who are going to assist us in getting an accurate picture of visiting, going forward as well.”⁷

12. Witnesses to our inquiry told us that they believed some care homes were overly risk averse, and denied visits throughout the pandemic. We were told that care homes needed to be supported to ensure that they were upholding the rights of residents, while making sure that everything they do is in line with the guidance.⁸

13. Sue Phelps, Alzheimer’s Society Cymru told us:

“We have heard from care homes and care home staff as well who really feel that separation and want to do their best but there does seem to be a level of risk aversion that, again, has been disproportionate to trying to make it safe.”⁹

14. She went on to say that she believed the Welsh Government’s coronavirus guidance was too open to interpretation for local authorities to deliver and implement. She said that this had led to significant inconsistency, and called for the Welsh Government to be more directive.¹⁰

15. However, the Deputy Minister told us:

“We have done all that we possibly can to encourage and enable visits to take place safely. We have a multi-agency stakeholder group who have worked together to try to come up with good, reasonable guidelines, and I think that the position that the Welsh Government has taken is very clear, and I personally have done all I can to try to ensure that visits do take place safely. But it is a very difficult situation, and naturally, many of the care home providers are very nervous and anxious about having any visits.”¹¹

⁷ RoP. 27 January 2021, paragraph 20

⁸ RoP. 2 December 2020, paragraph 23

⁹ RoP. 2 December 2020, paragraph 18

¹⁰ RoP. 2 December 2020, paragraph 27

¹¹ RoP. 27 January 2021, paragraph 11

16. Further, the Deputy Minister confirmed that work was underway to update the guidance on visiting to reflect the roll-out of the vaccination programme. The Deputy Director General, Health and Social Services Group told us:

“We’ve been working tirelessly over many months around visiting guidance, moving as the virus escalated in communities into the higher level tiers. I think the opportunity really presents itself now, as we begin to, hopefully, see a decline in community transmission rates. As that lowers, it gives us that ability then to move into a different visiting regime, because we all see the vital importance of being able to see your loved ones.”¹²

17. In our report into the impact of the COVID-19 outbreak on mental health and wellbeing¹³ published in December 2020, a number of witnesses raised concerns about the effect prolonged lack of contact with loved ones was having, particularly for people living with dementia in care homes.

18. Evidence from the Older People’s Commissioner states:

“It is crucial that the risks to residents and staff of potential COVID transmission due to visits are considered against the risk to older people living in care homes if their physical and mental health declines as a result of prolonged separation from those who mean most to them.”¹⁴

19. The Commissioner told us:

“We talk about visiting as if it’s something quite small in our lives, but, actually, this is about older people in care homes having the contact with people that matter most in their lives, the people that they can share a concern with, have a laugh with, that give them meaning. And equally, for friends and family who have loved ones in care homes, it’s an incredibly important part of their life.”¹⁵

20. Age Cymru backed the Older People’s Commissioner’s call for action to support safe care home visits. The charity noted that restrictions on care home

¹² RoP, 27 January 2021, paragraph 28

¹³ Inquiry into the impact of the Covid-19 outbreak, and its management, on health and social care in Wales: [Report 2 – Impact on mental health and wellbeing](#)

¹⁴ Older People’s Commissioner, Care Home Visiting in Wales: [Position Statement, September 2020](#)

¹⁵ RoP, 2 December 2020, paragraph 118

visits have had a major impact on the lives of both the older people living in residential care and their loved ones this year. In a report published in December 2020, it stated that:

“People told us that they were deeply concerned that their loved one has become depressed or their mental health deteriorated because of the prolonged separation they have faced over this time. For people living with dementia, this is exacerbated by the change in routine and lack of contact being extremely confusing too. This has also taken its toll on the mental health of friends and family.”¹⁶

21. Similarly, Sue Phelps of Alzheimer’s Society Cymru told us:

“When you hear [] the hugely distressing stories where that excruciating separation, really, has caused people in care homes to give up. People have given up, and given up and passed away without having seen family members, but definitely their cognitive decline and their ability to communicate has suffered detrimentally.”¹⁷

22. Alzheimer’s Society Cymru called for family carers to be given key worker status and to be able to access the regular testing and PPE they need to allow safe, meaningful care home visits.¹⁸

23. Sue Phelps told us:

“When we’ve been talking about trying to get the key worker status considered, why could carers and family members not [] be given that status and have the testing when it became available, given the appropriate PPE equipment and training to go in and visit families? There just hasn’t been that willingness to listen and to respond, and that’s been very, very difficult in terms of campaigning.”¹⁹

24. We heard there were lots of examples of good practice in facilitating visits but care homes needed greater support to share this good practice. Heather Ferguson of Age Cymru told us:

¹⁶ Age Cymru, [Behind the headlines: why in-person care home visiting must get going again](#)

¹⁷ RoP, 2 December 2020, paragraph 17

¹⁸ ITV Wales, [Calls for testing of relatives of care home residents with dementia](#), 17 November 2020

¹⁹ RoP, 2 December 2020, paragraph 18

“We know it’s out there [] doing more things like the ‘care home cwtch’, bringing care home managers together to share their experiences and share what’s working well in their homes.”²⁰

25. The Deputy Minister also commended the work being done in care homes to facilitate visits:

“I [...] pay tribute to the huge efforts that have been made by care home providers, because what they have done is they’ve used all the means, the technology that they’ve got, to try to keep in touch with video-conferencing, with iPads—they’re trying to keep in touch the whole time, and they have made huge effort to do that.”²¹

26. In November 2020, the Welsh Government announced the roll-out of temporary ‘pods’ to care homes to better facilitate visits over the winter. The £3 million pilot covered the procurement, installation and lease of 100 units, with an initial 30 being installed and ready to use before Christmas. This also included £1 million for plans to support providers who preferred to make their own arrangements on a similar basis. The Welsh Government said:

“Expanding capacity within care homes will help to better support risk-assessed visiting during the winter months as some care providers have found it difficult to support socially distanced visits due to a lack of internal visiting space.”²²

27. Further, the Welsh Government announced a pilot programme, operating across a small number of care homes in Wales from 30 November 2020, which provided for family members to get regular, rapid testing for safer care home visits.²³ This was intended to be a logistical pilot to pave the way for a wider roll-out of rapid tests for visitors to more Welsh care homes, from 14 December. The Welsh Government stated in February 2021 that following scientific validation of testing using Lateral Flow Devices (LFDs), LFD testing was introduced for visitors to all care homes in Wales in December 2020 in order to facilitate visits. However, as a result

²⁰ RoP, 2 December 2020, paragraph 23

²¹ RoP, 27 January 2021, paragraph 9

²² Welsh Government, Press release: [Temporary visitor ‘pods’ for care homes to be rolled-out](#), 23 November 2020

²³ Welsh Government, Written statement: [Care home visits: pilot of visitor testing and free care home visiting pods](#), 23 November 2020

of changes to the level 4 restrictions introduced on 19 December only very limited visiting and associated testing activity had taken place.

28. In response to our report on the impact of COVID-19 on mental health and wellbeing²⁴, the Welsh Government confirmed that the pilot to provide temporary visitor pods to adult care homes was continuing, and 69 visitor pods had been delivered to care homes prior to Christmas. An additional order of visitor pods has been secured and in total 101 visitor pods are expected to be supplied through the pilot, as originally intended.²⁵

29. The Welsh Government will be collecting feedback from those homes supplied with a pod as part of the evaluation of the pilot, to help inform next steps in terms of continuing support to care homes to ensure safe visiting.

Our view

30. While the Welsh Government says there are no ‘blanket bans’ and that it has encouraged safe visits, Members and stakeholders are aware of some care homes/regions which have continued to refuse visits throughout the pandemic. While we appreciate and understand the anxieties faced by care home managers, we agree with stakeholders that the level of risk aversion may be disproportionate in some care homes, particularly given advances made, such as rapid testing and visitor pods. We agree with the Older People’s Commissioner that the risks of coronavirus must be balanced against the risks to residents’ health and wellbeing, many of whom are in the later stages of their lives.

31. We are deeply concerned about the wellbeing of care home residents and their loved ones, and the harms being caused by prolonged separation with continued restrictions on care home visits. The public were told that access to rapid lateral flow tests for visitors would mark a significant change in enabling contact to resume, but this remains to be seen. We want to see a move to a situation where safe visits are allowed as the default position.

32. We acknowledge that there are a large number of care homes across Wales, the majority of which are privately-run. However, given the important contribution of visits to the health and wellbeing of care home residents, our view is that the

²⁴ Inquiry into the impact of the Covid-19 outbreak, and its management, on health and social care in Wales: [Report 2 – Impact on mental health and wellbeing](#), December 2020

²⁵ [Written Response by the Welsh Government to the report of the Health, Social Care and Sport Committee](#): Covid-19: Inquiry into the impact of the Covid-19 outbreak, and its management, on health and social care in Wales: Report 2, February 2021

Welsh Government should be more proactive in monitoring how many care homes are, and are not, facilitating visits.

33. Many people in care homes are living out their final years and meaningful contact with those who matter most to them is absolutely essential. There is simply not enough time for many residents to wait for this to be resolved. We therefore agree with stakeholders that the Welsh Government should be more directive to local authorities and care homes on this issue, due to the ongoing harm caused by the lack of contact.

34. We welcome the Deputy Minister’s statement²⁶ on 4 March that she intends to be able to announce that routine indoor visiting by a single, designated visitor will be able to resume from 13 March, as part of the package of wider measures being considered for the three-week review.

Recommendation 1. The Welsh Government must, as an urgent priority, ensure that care homes have access to all the necessary equipment and facilities (e.g. pods and lateral flow testing for visitors) to enable visits to be resumed.

Recommendation 2. The Welsh Government must, as a matter of urgency, strengthen its guidance to care home providers to ensure that allowing safe visits becomes the default position.

Recommendation 3. The Welsh Government should work with Care Forum Wales to gain and maintain a clear picture of the position across Wales with regard to care home visits on an ongoing basis, and to facilitate the sharing of good practice between care homes with a view to increasing the number of homes that are supporting safe visits.

Discharges from hospitals into care homes

35. In evidence to us in December 2020, the Association of Directors of Social Services (ADSS) Cymru suggested there was some variation in the way that hospital discharge guidance was being interpreted and that discharges from hospital were still being made to care homes without them having received a test result for the patient.²⁷

36. Nicola Stubbins, President of ADSS Cymru and Director of Social Services at Denbighshire County Council, said she was aware of recent incidences across

²⁶ Welsh Government Written Statement, [Update on care home visiting](#), 4 March 2021

²⁷ RoP, 9 December 2020, paragraph 172

Wales where procedures were not being adhered to, for example where hospital discharges have been made, and an elderly person has been sent in an ambulance from a hospital to a care home, in the middle of the night, without a test result:

“The pressure placed on the care home to admit that resident, who is cold, upset, frightened, in the middle of the night, has been tremendous. So, it’s been a very, very difficult situation, and when it happens—. It doesn’t happen that frequently, but when it does it’s considerable.”²⁸

37. Further, ADSS Cymru said there had also been incidences of health boards trying to use ‘technicalities’ to bend the rules. For example, a care home resident may have spent time (often for a lengthy period of time/overnight) in a hospital assessment unit, as opposed to being admitted to a ward. The hospital then insists that as they have not ‘technically’ been admitted they should be able to return to the care home from which they originated without isolation or without making use of a step-down facility.

“This in our view poses very real risks. In these instances, there is a reliance on care home providers to have the confidence to challenge such discharges and refused to admit patients into care homes when the process has not been followed. However, this is not easy and is not helped when, in one region, care homes have to deal with two District General Hospitals who apply different time scales in hospital (A&E) before a negative test is required.”²⁹

38. ADSS Cymru went on to say that where an unsafe discharge had occurred, the incident would be recorded by the care home or local authority and escalated with the health board to be reviewed, and any learning implemented.

“However, there have been occasions when an incident has been escalated with health colleagues but there has been no resolution or feedback provided back to us in local government to understand whether any appropriate action has been taken. So, there is a variability that needs to be addressed but, more importantly, health colleagues must be respectful, understanding and supportive of providers when

²⁸ RoP, 9 December 2020, paragraph 172

²⁹ Written evidence, C87a

they are reluctant to take citizens who are still COVID+ or their test status is unknown.”³⁰

39. This evidence from ADSS Cymru follows media reports of care homes feeling under pressure to accept hospital patients without a negative coronavirus test during the height of the pandemic. One media survey reported that 53 per cent of staff in care homes felt pressured by their health board to accept people straight from the hospital without a coronavirus test.³¹

40. Carers Wales highlighted concerns around poor hospital discharge practices in relation to unpaid carers, and told the Committee:

“[...] winter is often a difficult time for unpaid carers because there’s a pressure on family and friends to receive people back from hospital. And particularly through the pandemic, people have said that they’ve felt that hospital discharge has been rushed and that, as a carer, they haven’t been properly consulted and there’s not been a full assessment of whether that carer is willing and able to do the caring responsibility that is required. And so, that is something that we are concerned about through this winter period.”³²

41. The Minister for Health and Social Services (the Minister) told us there was very clear guidance based on the consensus statements provided by the Welsh Government’s technical advisory group. He said that all parts of the health and social care system were expected to follow that guidance:

“There shouldn’t be instances where health boards are trying to release people into care homes in contravention of the guidance. I would expect the care homes to have the local relationship with the health service to be able to do so. Equally, if social services directors have those concerns, they certainly have direct relationships with health boards at a senior level to be able to take that up and to make sure it’s resolved.”³³

³⁰ Written evidence, C87a

³¹ ITV Wales, [Care home staff ‘under pressure’ to accept hospital patients without negative Covid test, investigation finds](#), 20 October 2020

³² RoP, 9 December 2020, paragraph 104

³³ RoP, 27 January 2021, paragraph 65

Our view

42. It is concerning to hear that some care homes are still feeling under pressure to accept residents from hospital without a negative test result. Discharging care home residents from hospital in such a way places care home staff and other residents at risk. Similarly, if hospital discharge protocols are not being followed consistently, there is a risk that people who are discharged from hospital into the community without knowing they are positive for COVID-19 could unwittingly infect domiciliary care staff, carers or family members.

43. While we acknowledge there is guidance in place, it is clear this is not being followed in every health board, which is extremely concerning. However, it is particularly worrying that in some cases where unsafe discharges have been reported there has been no resolution or feedback provided to the local authority to give assurance that appropriate action has been taken.

Recommendation 4. The Welsh Government should write to all health boards to re-emphasise their responsibilities on hospital discharge and the procedures that must be followed in the event of an unsafe discharge taking place.

Vaccination programme

44. From 8 December 2020, health boards in Wales started administering the Pfizer BioNTech vaccine in centres across Wales. The AstraZeneca vaccine was made available for use in Wales from 4 January 2021. The Welsh Government stated that as the AstraZeneca vaccine had fewer specific storage and transportation requirements than the Pfizer BioNTech vaccine, it would be “much easier to use in community settings such as care homes and primary care settings”.³⁴

45. Based on the advice of the Joint Committee on Vaccinations and Immunisations (JCVI), health and social care workers, care home residents and staff and the over-80s have been prioritised for the first round of vaccinations. According to ADSS Cymru, ‘the approach around the vaccination roll-out is right and proper’³⁵, because:

³⁴ Welsh Government, Press release: [Second COVID-19 vaccine arrives in Wales](#), 4 January 2021

³⁵ RoP, 9 December 2020, paragraph 202

“As well as vaccinating our most vulnerable citizens, it is vitally important that frontline social care workers are vaccinated at the same time as health workers.”³⁶

46. In recent media reports, Care Forum Wales is reported as saying that it had heard that some homes were being told if they are ‘red’ then none of their residents will be vaccinated, “but actually those residents need the vaccination as much as everyone else”:

“Given that red is a status that can mean anything from one member of staff getting a portal positive – at a time when we are seeing lots of false positives to a serious outbreak, this does not seem to be in line with Public Health Wales’ guidance which states that the situation should be risk assessed: ‘If a care home has only one case of COVID-19 infection in a resident or staff member, other residents and care home staff should, according to the guidance, be offered vaccination as long as they have not been deemed close contacts of the case requiring self-isolation.’”³⁷

47. We raised this issue with the Deputy Minister in January 2021. She told us:

“We’ve changed the guidance on that, because at the beginning it was thought that if an infection was in the home it wasn’t possible to vaccinate. [] what we’re asking people to do now is [] risk-assess, and it may be possible then for the vaccinations to go ahead in a home even if there may have been an isolated case or a case where some residents can be isolated from the rest.”³⁸

48. The Minister told us:

“We expect to complete the care home part of the programme practically by the end of January. We may have a couple of care homes outstanding, exactly as the Deputy Minister has explained. If we have an active and significant outbreak, we may not be able to put a vaccination team in, but we think we will have practically completed

³⁶ Written evidence, C87

³⁷ South Wales Guardian, [Care leader's frustration over Covid vaccine no-shows in Carmarthenshire, Pembrokeshire and Ceredigion](#), 18 January 2021

³⁸ RoP, 27 January 2021, paragraph 45

the care home side of the programme by the end of this month and we're on track to do so."³⁹

49. In a written statement issued in February 2021, the Minister confirmed that the Welsh Government had achieved the first of its vaccination strategy milestones, and had offered all care home residents and staff; frontline health and social care staff; everyone over 70 and everyone who is clinically extremely vulnerable a vaccination by mid-February.

50. He went on to say:

“There will, of course, be reasons why some individuals were unable to take up their offer of the vaccine and there will be some that could not be reached. We have implemented a ‘no one left behind’ policy and are actively following up individuals that have not yet had their vaccine.”⁴⁰

Our view

51. Despite being criticised for a slow start, we would like to commend the Welsh Government and everyone involved in the delivery of the vaccination programme for their massive effort in driving the programme forward. We strongly welcome the confirmation from the Minister on 12 February that the first milestone had been met, and that all care home residents and staff (and everyone else in the first four JCVI priority groups) had been offered vaccination.

52. We will continue to monitor progress over the coming months, including what will be done to ensure that vaccination is available to anyone who has been missed, or who may have changed their mind about accepting a vaccination.

Access to testing and supply of Personal Protective Equipment (PPE)

53. Our first report,⁴¹ published in July 2020, highlighted the issues faced by the social care sector in the early days of the pandemic in relation to the availability of tests for care home residents and staff and the supply of PPE.

³⁹ RoP, 27 January 2021, paragraph 47

⁴⁰ Welsh Government, Written statement: [COVID-19 Vaccination Strategy Milestone One](#)

⁴¹ Health, Social Care and Sport Committee, [Inquiry into the impact of the Covid-19 outbreak, and its management, on health and social care in Wales: Report 1](#), July 2020

Testing

54. In June 2020, the Welsh Government introduced a programme of asymptomatic testing of staff as part of a package of measures for managing COVID-19 in care homes in Wales and protecting residents and staff⁴². Decisions on whether staff are tested weekly or fortnightly are made locally based on the data on the incidence and transmission of COVID-19 in local communities and local intelligence.

55. In addition to the asymptomatic testing of staff, other testing is carried out in care homes to contain the spread of COVID-19, including:

- If there is an outbreak in a care home, mobile testing units can be deployed to test all residents and staff.
- Testing all individuals being discharged from hospital to live in care homes.
- Testing all people who are being transferred between care homes.
- Testing new admissions into care homes from the community.
- Testing all residents and staff of care homes that have cases of COVID-19 among their residents or staff.

56. In December 2020, in response to high community infection rates, staff in care homes in Wales began undertaking weekly testing in line with the social care alert levels document published on 23 December.⁴³ However, in a joint statement in February 2021, the Minister and Deputy Minister said that despite the best efforts of care home staff, local authorities and health protection teams:

“we continue to see positive test results in care homes amongst both staff and residents with an increasing number of care homes currently managing active incidents and outbreaks”.⁴⁴

57. As a result, and based on the latest scientific advice, the Welsh Government announced the introduction of a programme of regular, twice-weekly,

⁴² Welsh Government, Written statement: [Covid-19 Testing in Care Homes, June 2020](#)

⁴³ Welsh Government, [Coronavirus control plan: guidance about alert levels for social care services](#)

⁴⁴ Welsh Government, Press release: [Enhanced COVID-19 testing introduced for care homes](#), 4 February 2021

asymptomatic testing of care home staff in Wales, using lateral flow test devices. This is in addition to the weekly PCR tests already undertaken.

58. In September 2020, the Welsh Local Government Association (WLGA) told us that delays in test results were a priority concern for local authority leaders, particularly in localised ‘hotspots’ where care home residents were being tested on a weekly basis, but results were not being returned in a timely enough manner and sometimes retesting was carried out before previous results had been returned.⁴⁵

59. Evidence from ADSS Cymru in December also raised concerns about the amount of time still being taken to get results back. It suggested that some care homes had stopped weekly testing of staff because of issues around capacity to book and undertake tests; the time taken for results to come back; and a general lack of confidence in the testing system.⁴⁶

60. In response, the Minister said that there would undoubtedly be some individual homes that may still have concerns, and it was a matter of rebuilding confidence over a period of time. He went on to say:

“We’re not at the point where we need to consider making the testing mandatory, but any home that decides to opt out needs to consider what other control measures it’s going to take, because it’s the provider that has responsibility. They’ve got indivisible statutory responsibilities for their workforce and for their residents, and I don’t think it would be an easy job for a care home to say it’s opted out of the programme that’s available if they then find that they have an outbreak and they haven’t had an alternative control method in place.”⁴⁷

61. In follow-up evidence to the Committee, ADSS Cymru told us that the timeliness of test results turnaround is still the most significant challenge and cause of frustration for providers. It cited anecdotal evidence that showed in some cases, it was still taking up to 4 days for test results to be received, which it said was not acceptable:

⁴⁵ Written evidence, C26

⁴⁶ RoP, 9 December 2020, paragraph 162

⁴⁷ RoP, 27 January 2021, paragraph 63

“local authorities, providers and care staff must have confidence in the system, otherwise we will see increased staff opt-out of the process.”⁴⁸

62. When we raised these concerns with the Minister at our meeting on 27 January, he said this was “slightly dated”, as the programme moves so quickly:

“This morning, we’ve already published updated information on the last week, and it does show a significant improvement in testing. So, if you were talking to providers, say, three weeks ago, then that may have been an issue, whereas, actually, within the last week we know that 87 per cent of tests have been turned around within 48 hours.”⁴⁹

63. ADSS Cymru also told us that they felt early on that social care was an afterthought with testing, and when it did start to become available it was focused on care home staff only. It said there had been real concern about the lack of access to testing for domiciliary care workers, for workers in supported living environments, and for social workers who are going out to do face-to-face safeguarding assessments. Regular asymptomatic testing of the wider social care workforce (beyond care homes) only began to be rolled out from 14 December. Prior to this, they could only access tests if they had coronavirus symptoms. Nicola Stubbins told us:

“Obviously, care homes have been a priority, not just for directors of social services, but obviously for Welsh Government as well, but there has been some real concern around lack of access to testing for domiciliary care workers, for workers in supported living environments, for social workers who are going out to do face-to-face safeguarding assessments. So, a whole range of the social care workforce and difficulties in having access to testing.”⁵⁰

64. WLGA also called for more frequent testing of domiciliary care workers, and any workers who are caring for people who were at particular risk of the virus. Llinos Medi, Leader of Isle of Anglesey County Council, said:

“[...] safeguarding those people who receive care in their homes is a major concern for us. We have shared those messages. Messages are being heard, but again, we haven’t seen any action being taken in terms of how we’re going to test that. [...] the social care sector is not

⁴⁸ Written evidence, C87a

⁴⁹ RoP, 27 January 2021, paragraph 50

⁵⁰ RoP, 9 December 2020, paragraph 160

very broad—attracting people into the field to work in the first instance is challenging, so it’s a challenge for every local authority to ensure that we have enough carers to care. Protecting them against the virus is vital.”⁵¹

65. The Minister told us that the decision not to include domiciliary care workers in the initial asymptomatic testing programme had been one of capacity and resources. In addition, permission had to be obtained from the Medicines and Healthcare products Regulatory Agency (MHRA) to allow some of the tests to be used under a self-testing model, as the lateral flow tests were originally intended for supervised testing. He said that the decision had been taken in November to introduce testing for domiciliary care and other social care staff, and that this would be integrated into the healthcare and social care workforce testing programme:

“It’s not just about domiciliary care workers of course; it’s all those mobile health and care workers as well, because we recognise that there are some concerns that the staff have about their own safety, but crucially, they’re also concerned about potentially taking the virus between a range of different and vulnerable clients as well. So, the programme is in much better shape now than it was in November and December, because decisions were only made in November to make this significant step forward in the programme, as, indeed, the tools came on board.”⁵²

PPE

66. The lack of appropriate PPE was one of the biggest issues during the early part of the outbreak. PPE is essential in ensuring a safe environment for the care of people with coronavirus and avoiding infection for those giving and receiving care. It was therefore extremely concerning that, on occasions, supplies came within days of running out.⁵³

67. Evidence from ADSS Cymru states that while the supply of PPE has improved considerably over the last few months, we must be cognisant of the demand

⁵¹ RoP, 23 September 2020, paragraph 261

⁵² RoP, 27 January 2021, paragraph 56

⁵³ Welsh Government [coronavirus briefing 21 April 2020](#)

through this winter period, which has seen various local outbreaks, and could put pressure on supplies.⁵⁴

68. Nicola Stubbins told us:

“Considerable work [has been] done between directors of social services and Welsh Government, and also with the NHS shared services partnership, around the chain of supply of PPE. [] my own equipment stores, where we stock our PPE supplies, has had to move location three times now to accommodate the volume that we have had through our own procurement routes, but also, obviously, through Welsh Government supply chains.

... it’s always a concern because we don’t know what the future holds. Obviously, we’re all very, very hopeful, and there’s some positivity around vaccines, but I think we’re still planning for a very challenging winter and ensuring that the supply can meet the demand.”⁵⁵

69. However, the emergence of new variants of COVID-19, which are believed to be more transmissible than the original virus, has led to both the British Medical Association (BMA) and Royal College of Nursing (RCN) raising questions about the suitability of existing PPE and whether a higher-level of protection is now needed.⁵⁶

70. In correspondence dated 15 February 2021, the Minister confirmed that the Welsh Government continued to follow the Infection Prevention and Control (IPC) guidance on use of PPE in health and social care settings:

“... this guidance is UK-wide and based on the latest evidence and data. The IPC guidance was recently considered in light of the new variant and our PPE position is unchanged by the newly published guidance. The guidance, and consequently our PPE position, will be kept under review as more evidence and data becomes available.”⁵⁷

⁵⁴ Written evidence, C87

⁵⁵ RoP, 9 December 2020, paragraph 150

⁵⁶ BMA: [call for enhanced PPE](#) January 2021; RCN: [RCN calls for higher level precautionary PPE and tells government to ‘stop dragging its feet’](#) January 2021

⁵⁷ Health, Social Care & Sport Committee, 24 February 2021, [Paper 12](#)

Our view

71. The evidence we heard in relation to delays in the turnaround times for testing for care home staff and residents is concerning, as confidence in the testing programme is paramount to its success. We are, however, aware that capacity issues at Lighthouse Laboratories towards the end of last year resulted in temporary backlogs at the laboratories which impacted on turnaround time for tests. We welcome the assurance from the Minister that turnaround times have improved, but believe that this will need to be monitored to ensure that test results continue to be received as soon as possible. This should ideally be within 24 hours of testing, and certainly not later than 48 hours.

72. We welcome the introduction of testing for domiciliary and other social care staff but feel that, once again, this came too late. We have long called for parity of esteem for social care workers with their colleagues in the health service. Such parity is undermined when the needs of significant groups of social care staff, and those for whom they provide care, are overlooked.

73. We commend the work that has been undertaken to secure adequate supplies of PPE but would caution against complacency, particularly in light of emerging new variants, which may require a higher level of protection. It will be important for the Welsh Government to monitor the efficacy of PPE in respect of the new variants, to update the guidance if needed, and to communicate effectively with the social care sector to provide assurance that the available PPE provides appropriate protection.

Recommendation 5. The Welsh Government should monitor the turnaround times for test results for care home staff and residents to ensure results are received as soon as possible. This should ideally be within 24 hours of testing, and certainly not later than 48 hours.

Recommendation 6. The Welsh Government must continue to maintain adequate and sustainable supplies of PPE that meet the recommended quality standards, monitor its efficacy in light of emerging new variants, and communicate effectively with the social care sector to provide assurance that the available PPE provides appropriate protection.

Financial and staffing pressures

74. In our first report⁵⁸, we heard from a number of witnesses about the fragility of the care sector in Wales prior to the pandemic, and how this had been further exacerbated by the outbreak.

75. ADSS Cymru says it is acutely aware of the anxieties that some care providers, particularly residential care providers, have about being able to survive in the short term, particularly in relation to additional cost pressures for PPE, insurance liabilities, staffing and the pressure of carrying COVID-related vacancies. ADSS says this is why it co-produced and published guidance⁵⁹ to enable local authority commissioners to support their care providers. However it says that while the guidance has been well-received, the risk remains that without some additional support some care homes could go into financial collapse.

“Failures in the sector could see homes being returned to the public sector, but it comes at a time when local authorities and other providers have limited or no capacity to intervene. This means that capacity would be lost from the sector. Moreover, it would also have a significant impact on the ability to support the hospital discharge process (Discharge to Recover and Assess – D2RA), which will result in an even greater pressure being placed on domiciliary care.”⁶⁰

76. Evidence from ADSS Cymru states that the pandemic has exacerbated the already precarious financial position of many care providers and says this calls into question the long-term viability of a number of care providers in the market, particularly within the residential care market.⁶¹

77. ADSS Cymru also highlighted the increased service demands and pressures being felt by care at home (domiciliary care) providers, particularly in relation to rehabilitating post-COVID patients who have spent long periods in hospital or who are suffering Post COVID Syndrome (long COVID). It noted that long COVID

⁵⁸ Health, Social Care and Sport Committee, [Inquiry into the impact of the Covid-19 outbreak, and its management, on health and social care in Wales: Report 1](#), July 2020

⁵⁹ Association of Directors of Adult Social Services Cymru, [UPDATED Coronavirus \(Covid-19\): Support for Commissioned Providers](#)

⁶⁰ Written evidence, C87

⁶¹ Written evidence, C87

will continue to be a new pressure longer term, with a further group of individuals who potentially, prior to coronavirus, would not have needed social care.⁶²

78. In April 2020, the Welsh Government announced an extra £40m to support adult social care services during the coronavirus pandemic.⁶³ While welcoming this commitment, ADSS Cymru said it still had significant concerns about providers surviving in the short-term, particularly in the event of a third wave, which could put unprecedented stress on the social care system:

“The hardship fund has been of great value. It’s really, really helped in terms of maintaining the viability of some of those care homes. It’s obviously not possible for the hardship fund to cover everything, because the care homes [] balance the income that they receive from local authorities with income they get from other sources []. So, in terms of does that mean that they are financially viable now, I suspect we know that they continue to be in a challenging position”.⁶⁴

79. ADSS Cymru says it is imperative that the Welsh Government works with local authorities to develop sufficient packages of financial support in the short and medium term, to enable providers to survive this current period of challenge and uncertainty. It believes additional funding should be made available to local authorities for their commissioned providers, with as few conditions as possible to allow local flexibility to address local circumstances.⁶⁵

80. Similar concerns have emerged from the WLGA’s recent Local Services Spending Round Survey of local authorities in Wales, which found particular issues in respect of the impact on demand-led social care services and the potential fragility of smaller council-commissioned private care providers.⁶⁶

81. In terms of moving forward, ADSS Cymru says that the hardship fund continues to be required:

“We are still in a very, very challenging position in terms of the pandemic. So, very specifically, one call would be that those pressures continue to be recognised and, clearly, assisting care homes to remain

⁶² Written evidence, C87

⁶³ [Extra £40m to support adult social care in Wales](#)

⁶⁴ RoP, 9 December 2020, paragraph 128

⁶⁵ Written evidence, C87

⁶⁶ Welsh Local Government Association, [Evidence to Finance Committee: Welsh Government budget 2021-22](#), 2 December 2020

viable during this. But obviously, there's a longer term ask in terms of supporting us to meet the real increases in costs across the care sector over a period of time.”⁶⁷

82. In correspondence dated 15 February 2021, the Minister confirmed that the hardship fund, and the additional support to Local Health Boards, would cease at the end of March but recognised the concerns raised by partners in the context of an ongoing pandemic:

“The Finance Minister said in the draft budget that we will build on the small number of allocations for COVID response over the coming weeks and in the final Budget, once we can better assess how funding can best be targeted into 2021-22. In particular considering what additional funding is needed to support the NHS and local government as they stand at the forefront of our response to the pandemic.

The need for continued support for adult social care will be considered alongside other local government pressures within that context.”⁶⁸

83. In addition to the financial pressures being experienced across the sector, there have been numerous reports of care homes being under pressure due to staffing shortages and high infection rates in care homes. For example:

- Care Forum Wales is reported as saying that it is reaching the stage where not enough social care staff are available to maintain care homes, and it is aware of one home where 95% of staff are isolating.⁶⁹
- Both Neath Port Talbot and Swansea councils have reported a shortage in agency nurses with many staff off work with the virus and/or self-isolating. It was also noted that some agency nurses do not want to go into those care homes where there are positive cases.⁷⁰
- In late December, there were 20 care homes in Swansea and Neath Port Talbot at the “red” risk level and three at an “absolutely critical” level,

⁶⁷ RoP, 9 December 2020, paragraph 129

⁶⁸ Health, Social Care & Sport Committee, 24 February 2021, [Paper 12](#)

⁶⁹ Wales Online, [Welsh Government accused of ignoring experts' advice by failing to upgrade PPE](#), 19 January 2021

⁷⁰ Wales Online, [Council leader having sleepless nights as care homes experiencing staff shortages](#), 22 December 2020

coming close to having to move residents into hospital because there were not enough staff to look after them.⁷¹

84. The Deputy Minister acknowledged the problems experienced before Christmas:

“In the case of Swansea, Neath and Port Talbot, they have set up a system with this rapid response team, and fortunately, they were able to prevent the worst from happening. And there have been other incidents in Wales and we’ve got through them, shall we say? But it has been very difficult and there has been a lot of pressure and it has meant everybody working together. I think the key message is the barriers between local authorities, the private providers, the health service and neighbouring local authorities—everybody has to work together and that’s how they’ve got through those difficult issues.”⁷²

85. The Deputy Director General, Health and Social Services Group confirmed that he met weekly with Directors of Social Services to work through challenges such as those experienced in Neath and Swansea, and also to share best practice and make sure that it is quickly shared:

“I think, through a very difficult period, it has been truly a tremendous response by all partner organisations, by local authorities redeploying staff, by health boards redeploying staff and by providers themselves. So, it really has been a tremendous response by partners to keep the services going and ensure that those care home residents receive the care and support that they deserve.”⁷³

86. However, the longer term impact of people’s experiences of working in social care throughout the pandemic should not be underestimated. Care Forum Wales told us:

“We’ve seen staff lose residents they’ve developed a relationship with, we’ve seen them see themselves and other colleagues potentially

⁷¹ Wales Online, [Swansea care home residents close to being moved en masse to hospital because of staff shortage](#), 18 December 2020

⁷² RoP, 27 January 2021, paragraph 32

⁷³ RoP, 27 January 2021, paragraph 36

contract COVID-19 as well. I think there is an enormous amount of trauma in the sector.”⁷⁴

87. ADSS Cymru also drew attention to the ‘devastating impact’ of the outbreak on people working in social care; particularly residential care, and highlighted the statistics that social care workers were twice as likely to die from coronavirus compared to the general population:

“The intense pressure on these workers and the impact on their current and future mental health and wellbeing continues to be a source of concern for ADSS Cymru’s members.”⁷⁵

88. Further, social care needs to be seen as an attractive career option to encourage more people to work in the sector. We have long highlighted the need for parity between social care workers and their NHS colleagues, in relation to both pay and terms and conditions. Nicola Stubbins, ADSS Cymru, told us:

“I firmly believe that social care deserves parity of esteem with our NHS colleagues. And I think, to a certain extent, the pandemic has helped to make the social care workforce visible in a way that it hasn’t been before.”⁷⁶

89. She went on to say:

“In order to have that parity with NHS, we absolutely have to have a sustainable, long-term funding settlement for social care. And it isn’t just about the pay, it is about terms and conditions, it is about it being a career, a professional career that is valued the way that we have always valued NHS roles.”⁷⁷

90. During our scrutiny of the Welsh Government draft budget 2021-22, the Deputy Minister told us:

“We have been trying also to professionalise the workforce through Social Care Wales’s WeCare Wales recruitment and retention campaign, and we’re having a newly established jobs portal. So, some

⁷⁴ RoP, 7 May 2020, paragraph 182

⁷⁵ Written evidence, C87

⁷⁶ RoP, 9 December 2020, paragraph 199

⁷⁷ RoP, 9 December 2020, paragraph 199

of the extra money that’s going to Social Care Wales will be able to be used to further support the workforce.”⁷⁸

91. Professor Jean White, Chief Nursing Officer, also said that Social Care Wales had been working actively to try to promote a career in social care. In addition:

“The universities that prepare nurses have also been looking at placements of students to expose them to the benefits of having a career in social care.”⁷⁹

92. In a statement to Plenary on the Rebalancing Care and Support White Paper, the Deputy Minister said:

“We know that continuity of the social care workforce has a significant impact on the achievement of people’s outcomes, and therefore there will be a strong link between the national framework and action to support the workforce. A small national office will be set up to develop the framework productively with our partners, particularly in local government and the NHS. Separately, we will establish a professional voice for the social care and social work workforce, at a national level within Welsh Government.”⁸⁰

Our view

93. The fragility of the social care sector continues to be of great concern. We welcome the additional funding that has been provided by the Welsh Government for adult social care, including the provision in the final budget of an additional £206.6m to support local government for the first six months of 2021-22. However we agree with witnesses that financial support will continue to be needed in the longer term, and that ultimately system reform is needed for a sustainable long term solution.

94. We commend the dedication of our social care workforce in responding to the crisis and keeping the people they care for safe. However, according to ADSS Cymru social care staff are more stretched now than at any point in the pandemic, with workers being “exhausted” and under “sustained pressure”. It is clear that the current staffing situation is not sustainable. A number of care homes reached critical level in December and this may continue to be a problem, as

⁷⁸ RoP, 13 January 2021, paragraph 67

⁷⁹ RoP, 27 January 2021, paragraph 232

⁸⁰ RoP, Plenary, 9 February 2021, paragraph 232

more staff either become ill themselves or need to self-isolate. In the longer term, as Wales recovers from the pandemic, we must recognise that social care workers will need time and support to recover from the pressures and trauma they have experienced. This will need to be reflected in both workforce planning and resourcing. In addition, social care needs to be seen as an attractive career option to encourage more people to work in the sector.

95. While we welcome the development of a joint workforce strategy for both the health and social care workforce⁸¹, this alone will not assure parity of esteem, treatment or conditions between the two sectors.

96. We are pleased that the massive contribution of the social care workforce has been acknowledged but regret that it has taken a global pandemic for them to receive the recognition they deserve.

Recommendation 7. The Welsh Government should set out how the work being undertaken by Social Care Wales to professionalise the social care workforce will secure parity of esteem with the health care workforce, and the establishment of clear and properly-remunerated career pathways for social care workers.

Human rights

97. In May 2020, the Older People’s Commissioner referred the Welsh Government to the Equality and Human Rights Commission (EHRC) for investigation over concerns that the rights of older people living in care homes may not have been sufficiently protected.⁸² In July the Commissioner and EHRC issued a joint statement saying:

“We share concerns about significant matters including examples of inappropriate blanket healthcare decisions on issues such as Do Not Attempt Resuscitation notices, the slow response by the Welsh Government to make testing widely available to care home residents and staff, and the apparent discharge of COVID-19 positive older people from hospitals into care homes.”⁸³

⁸¹ A Healthier Wales: [Our workforce strategy for health and social care](#), October 2020

⁸² Older People’s Commissioner, [Commissioner calls for investigation on older people's rights](#), 21 May 2020

⁸³ [Joint Statement by the Older People’s Commissioner for Wales and Equality and Human Rights Commission in Wales](#), 21 July 2020

98. The EHRC’s briefing on equality and human rights in residential care in Wales during coronavirus published in October says:

“There is evidence that equality and human rights standards have not been upheld, including in key decisions about care home admissions, visits and access to critical care.”⁸⁴

99. In evidence to the Committee, the Older People’s Commissioner said that she and the EHRC felt there were still gaps in the evidence the Welsh Government had provided to them on the extent to which it could demonstrate that it had met its obligations under equality legislation and human rights during the pandemic. She went on to say that she and the EHRC have not yet been provided with the level of assurance they want and have requested further information and discussion with the Welsh Government.⁸⁵

100. The Deputy Minister confirmed in January 2021 that discussions were taking place with the EHRC:

“We have been in correspondence with them about the rights of older people, and we’ve recently responded to some of those queries at great length, and we are in a dialogue with them. We’re certainly looking at the issues that they have raised.”⁸⁶

Our view

101. We were very concerned to hear the EHRC’s conclusion that there is evidence that equality and human rights standards have not been upheld, including in key decisions about care home admissions, visits and access to critical care. This is unacceptable.

102. We also note the Older People’s Commissioner’s comments that she had not yet received the level of assurance required from the Welsh Government that rights are being upheld and would urge the Welsh Government to resolve this as a matter of urgency and ensure that human rights are protected and upheld going forward.

⁸⁴ Equality and Human Rights Commission, [Equality and human rights in residential care during coronavirus, 20 October 2020: Briefing for Wales](#), 20 October 2020

⁸⁵ RoP, 9 December 2020, paragraph 131

⁸⁶ RoP, 27 January 2021, paragraph 24

Recommendation 8. The Welsh Government must, as a matter of urgency, work with the Equality and Human Rights Commission and Older People’s Commissioner for Wales to ensure the human rights of older people are protected and upheld. We further recommend that the Welsh Government writes to the Sixth Senedd committee with responsibility for older people at the start of the Sixth Senedd to provide an explanation of what has been done to resolve the concerns raised by the EHRC and Older People’s Commissioner.

2. Unpaid carers

103. When we published our report into the impact of the Social Services and Well-being (Wales) Act 2014 in relation to carers in November 2019, it was estimated that there were 370,000 carers in Wales, with over 100,000 people providing over 50 hours of unpaid care per week. According to Carers Wales, this number has risen to as many as 683,000 carers during the pandemic.⁸⁷

Impact on carers

104. Research carried out by the Alzheimer’s Society⁸⁸ found that 83 per cent of family carers reported a deterioration in their loved ones’ symptoms due to lockdown causing social isolation. It also highlighted that the majority of carers have increased caring responsibilities with the pandemic and 69 per cent reported that they feel constantly exhausted. The charity said its Dementia Connect support line⁸⁹ has been flooded with calls from people struggling to care round the clock for people with dementia, saying they are completely ‘burnt out’.

105. Carers Wales told us that many unpaid carers are at breaking point and urgent action is required to support carers.⁹⁰ Their research found that 68 per cent of carers are concerned about whether they will be able to cope in further lockdowns. Claire Morgan told us:

“I think it’s fair to say that most carers are reporting their health is much worse than before the pandemic, due to their caring responsibilities. So, from both a mental health and a physical health perspective.”⁹¹

106. Age Cymru agreed that the pandemic is having a profound impact on those who are providing unpaid care, with people having to take on additional responsibilities, such as personal care, because care packages are being pared back. It highlighted the immense pressure not having access to their usual support networks and respite is having on carers. It also talked about the extra

⁸⁷ Carers Wales, [It's time for unpaid carers in Wales to be recognised as the third pillar of our health and social care system](#), 5 November 2020

⁸⁸ Alzheimer’s Society, [Worst hit: dementia during coronavirus](#), September 2020

⁸⁹ Alzheimer’s Society, [Alzheimer’s Society Dementia Connect support line](#) [accessed February 2021]

⁹⁰ Carers Wales, [It's time for unpaid carers in Wales to be recognised as the third pillar of our health and social care system](#), 5 November 2020

⁹¹ RoP, 9 December 2020, paragraph 14

pressure on older carers, who often struggle on their own with less support from care services, either because services have been reduced or because they are concerned about letting care staff into their homes.⁹²

107. The Deputy Minister paid tribute to the work of unpaid carers:

“Unpaid carers are obviously some of the people who have suffered most in the pandemic and I think we all know the tremendous amount of work that they’ve had to put in for their loved ones. Many have taken on more responsibilities during this period. I know that some carers have not had additional help into the house that they’ve had before because they’ve been afraid of infection, and they’re doing all they can to care for their loved ones. It is a matter of great concern and we are very concerned about how they are coping and have been doing all we can to support them.”⁹³

Access to services

108. Provisions in the emergency UK Coronavirus Act 2020 were brought into force at the start of the pandemic to temporarily ‘modify’ local authorities duties. If the ‘modifications’ are applied, a local authority can prioritise services, some care and support packages can be reduced, and services withdrawn. There is also no longer a duty to offer a choice of care accommodation.

109. A number of witnesses have raised concerns about the burden these changes place on unpaid carers potentially at the same time their own support services, such as respite care, are removed. Stakeholders, including the Older People’s Commissioner, want to see these powers revoked in Wales.⁹⁴

110. In evidence to us in September 2020, the WLGA told us it was not aware of any local authorities that had had to use this power to a significant level, in terms of either reducing or removing care packages.⁹⁵

111. However, organisations representing carers told us there was a difference between formal modifications and what has been happening on the ground in

⁹² RoP, 2 December 2020, paragraph 65

⁹³ RoP, 27 January 2021, paragraph 70

⁹⁴ RoP, 2 December 2020, paragraph 133

⁹⁵ RoP, 23 September 2020, paragraph 296

terms of the care and support being provided, and the corresponding impact on carers.

112. According to Llinos Roberts of the Carers Outreach Service:

“I think perhaps they haven’t made those modifications, but that the modifications were happening because of the pandemic regardless, so services had been stopped. The carers were particularly concerned about receiving services, so, truth be told, they didn’t have to take advantage of that ability to modify because it was happening anyway.”⁹⁶

113. This was supported by Carers Trust Wales and Carers Wales:

“I think local authorities have said that they were still able to undertake carers’ needs assessments, for example. But, actually, even before the pandemic, there were huge waiting lists for carers’ needs assessments. Many of the assessments that were being offered were online or over the phone; which was not ideal, obviously, for people in very vulnerable situations. So, as Llinos and Simon have said, whilst they might not have instigated those, there’s been absolutely an impact on carers.”⁹⁷

114. Alzheimer’s Society Cymru and Carers Wales also emphasised the point that even before the pandemic only a very, very small percentage of people were receiving support via a local authority package. Sue Phelps, Alzheimer’s Society Cymru told us:

“over 50 per cent [of people living with dementia] said that they hadn’t had a care support package in place even before the pandemic, so those people weren’t getting anything at all, never mind just a reduction.”⁹⁸

115. The Welsh Government has recently carried out a consultation on possible changes to the Coronavirus Act 2020 to maintain or remove the ‘modifications’ to local authorities’ care and support duties.⁹⁹ The Deputy Minister told us:

⁹⁶ RoP, 9 December 2020, paragraph 21

⁹⁷ RoP, 9 December 2020, paragraph 24

⁹⁸ RoP, 2 December 2020, paragraph 7

⁹⁹ Welsh Government, [Coronavirus Act 2020 and social care in Wales](#), 6 October 2020

“We consulted on that, and we had a big response [] about 100 responses. The majority felt strongly that we should change the modification that we had put in []. So, we have signalled that we intend to change it when it’s possible for us to do it, but before the end of March.”¹⁰⁰

116. When asked why the modification could not be removed with immediate effect, the Deputy Minister said:

“Because we’re at a very high state of the pandemic at the moment, local authorities have expressed concern and have been worried about changing it, because they want to have the safeguard of feeling that they can change the support that they’re giving []. And so, the local authorities did ask us not to revert back to what is the normal run of things. So, it’s really in consideration of trying to reach a balance that we’ve decided that, yes, we feel we must do this. But it does take time to set up in any case. So, we’ve indicated that we feel it should be done by the end of March.”¹⁰¹

Respite care

117. Carers charities told us that access to respite care has ‘absolutely got worse’¹⁰² throughout the pandemic. Llinos Roberts of the Carers Outreach Service said:

“Well, there is a lack of respite care and that’s been the case for years; everyone is aware of that. During the pandemic, respite care has been something that doesn’t exist, I would say.”¹⁰³

118. We received a number of individual responses from unpaid carers which highlight the impact lack of respite during the pandemic is having on their lives:

“I am a full-time carer for my 92 year old mother who has dementia. Before lockdown, it was extremely difficult, time-consuming and frustrating to obtain respite care for my mother so I could have a break. It was very hit and miss and several much needed breaks had to be cancelled, including simple weekends to go and stay with my son. Now of course there is no respite at all. This is putting an enormous strain on

¹⁰⁰ RoP, 27 January 2021, paragraph 75

¹⁰¹ RoP, 27 January 2021, paragraph 77

¹⁰² RoP, 9 December 2020, paragraph 30

¹⁰³ RoP, 9 December 2020, paragraph 28

me as a carer (I have several debilitating health conditions myself) and it's affecting my physical and mental health."¹⁰⁴

"It means a lot of additional work because the clubs and activities that my mother went to have been closed down. I have to clean as the cleaners have stopped. Its added stress because it's limiting time I can do things in my own home."¹⁰⁵

119. Carers Wales told us that in the early days of the pandemic, some carers did not want their loved ones to go into respite, because they were concerned about the risk of infection. However, as the pandemic went on, and carers reached breaking point, they became more desperate for a break. Claire Morgan told us:

"Through our 'Track the Act' research work in June, we asked local authorities what they'd done around respite support, and some local authorities had been instigating more emergency respite provision. But obviously, that was not as widespread as we would have liked to have seen."¹⁰⁶

120. She went on to say that Carers Wales had received some funding from the Welsh Government which had enabled it to set up some 'Me Time' sessions: online sessions to bring carers together and offer them a break from their caring responsibility for an hour or two to do something completely different. This had included sessions on managing stress and anxiety, craft and bingo and even a virtual walk of Machu Picchu.¹⁰⁷

121. Carers Trust Wales has called for a short breaks fund that looks specifically to support more creative ways of delivering respite and defining it.¹⁰⁸

122. Similarly, Oxfam Cymru said:

"Action on the right to respite still falls short, and we support Carers Wales calls for "funding and choice of quality services to enable carers to take the breaks they need". The inquiry into the impact of the Social Services and Well-being (Wales) Act 2014 in relation to carers found

¹⁰⁴ Written evidence, C33

¹⁰⁵ Health, Social Care and Sport Committee, [Inquiry into the impact of the Covid-19 outbreak, and its management, on health and social care in Wales: Final Survey Report](#), September 2020

¹⁰⁶ RoP, 9 December 2020, paragraph 31

¹⁰⁷ RoP, 9 December 2020, paragraph 31

¹⁰⁸ RoP, 9 December 2020, paragraph 112

that respite care can be difficult to access, there is a lack of suitable provision, and it also lacks flexibility. Since 2017-18, Welsh Government has provided £3 million of recurring funding for respite to local government through the Revenue Support Grant, but this money is not ringfenced and therefore monitoring and evaluation of local authority spending on respite is essential.”¹⁰⁹

123. In January 2021, the Deputy Minister acknowledged the importance of respite care and the difficulties in accessing it:

“It’s been almost impossible to take advantage of any respite that may have existed because of the dangers of infection. [] we are looking at respite [] to see if there is anything more that we can do to help. So, we have put in additional things besides the statutory funding, —and we’ve got numerous forums where we’re hearing cases and the direct voices of carers.”¹¹⁰

124. In further correspondence dated 15 February 2021, the Deputy Minister confirmed that the Welsh Government was looking at the wider picture of how carers wanted to access appropriate and timely respite support:

“officials are currently analysing more than 80 responses to our public consultation to develop a new national plan for carers. Specific questions about respite and short breaks were included in the consultation document and we are considering these views and examples of good practice. Our Carers Ministerial Advisory Group has been also been discussing respite as a key issue for carers, and will be working with us to see how best public, private and third sector organisations can provide respite and / or short breaks, for carers of all ages.”¹¹¹

Our view

125. We agree with Carers Wales that there has not been enough recognition of unpaid carers as the vital third pillar of the health and social care system in Wales.

¹⁰⁹ Written evidence, C82

¹¹⁰ RoP, 27 January 2021, paragraph 73

¹¹¹ Health, Social Care & Sport Committee, 24 February 2021, [Paper 12](#)

126. We already know from our inquiry into the Impact of the Social Services and Well-being (Wales) Act 2014 in relation to Carers¹¹² that unpaid carers are the cornerstone of community care, responsible for delivering the vast majority of care in Wales. Without them, the social care system would face collapse. However, even before the pandemic, carers were struggling with the demands of being an unpaid carer, such as exhaustion, physical and mental health problems, anxiety, isolation from friends and family, and a feeling of lost identity.

127. We predicted in our 2019 report that the role of the carer would become even more important given the demands of an ageing population with increasingly complex health needs. Of course, at that time, none of us could have anticipated the outbreak of COVID-19 and the devastating toll this would take on our health and social care system.

128. We are extremely concerned about the impact the lack of support networks, particularly respite, is having on carers. Provision of respite care has always been patchy but during the pandemic it has become non-existent. While carers were understandably reluctant to engage with respite services in the early days, as time has gone on, their needs have become more desperate. It is essential to enable carers to have breaks from their caring responsibilities. We agree with stakeholders that additional provision of appropriate and sustainable respite services are made available as a priority.

Recommendation 9. The Welsh Government should work with the Ministerial Advisory Group and carers organisations to develop more creative ways of delivering respite and short breaks. This should include learning from best practice elsewhere.

Young carers

129. Our report into the impact of the Social Services and Well-being (Wales) Act 2014 in relation to carers found that children and young people who are carers face significant challenges and there is a general lack of recognition by public services of young carers.¹¹³

130. A survey carried out by Carers Trust Wales into the impact of coronavirus on young carers aged 12 to 17 and young adult carers aged 18 to 25 points to a steep

¹¹² Caring for our future: [An inquiry into the impact of the Social Services and Well-being \(Wales\) Act 2014 in relation to carers](#), November 2019

¹¹³ Caring for our future: [An inquiry into the impact of the Social Services and Well-being \(Wales\) Act 2014 in relation to carers](#), November 2019

decline in the mental health and wellbeing of thousands of young people across Wales who provide unpaid care at home for family members or friends. Findings include:

- 58 per cent of young carers and 56 per cent of young adult carers now care for more hours every week.
- 1 in 5 young carers and 1 in 3 young adult carers are currently unable to take any break from their caring role.
- More than 2 in 3 young carers and young adult carers are more stressed.
- 37 per cent of young carers and almost half (47 per cent) of young adult carers say their mental health is worse than it was before the pandemic began.
- 1 in 4 young carers and nearly 1 in 3 (32 per cent) of young adult carers would like support with their mental health but do not currently access any.¹¹⁴

131. Simon Hatch of Carers Trust Wales told us:

“We produced a report called ‘Support not Sympathy’, named by the young carers we work with in the Carers Trust Wales youth council earlier this year, and that found alarmingly high levels of deterioration of mental and emotional health.”¹¹⁵

132. In correspondence dated 15 February 2021, the Deputy Minister acknowledged the need for a wide range of support mechanisms to help all young people, including young carers, particularly with emotional and mental health needs:

“In 2020 we produced the Young Person’s Mental Health Toolkit and they can access help via the CALL helpline service, and MEIC helpline and website. On 1 February, the Minister for Mental Health, Wellbeing and Welsh Language announced an extra £9.4 million will be available specifically to support children and young people in Wales, with the additional funding recognising the effect being away from school and

¹¹⁴ Carers Trust Wales, [Support not Sympathy](#), July 2020

¹¹⁵ RoP, 9 December 2020, paragraph 58

their regular support networks has had on young people during the pandemic.”¹¹⁶

133. Young and young adult carers who contributed to the Support not Sympathy report were very clear that what they wanted and needed was:

- Support for their emotional wellbeing and mental health.
- Help to stay connected to friends and their communities.
- Breaks from their caring role and the support of specialist young carers services.
- More help to balance caring, education and employment.
- Support to stay fit and healthy.¹¹⁷

134. Llinos Roberts of the Carers Outreach Service told us that she had been surprised to learn that young carers had not attended virtual events in the same way as older adults:

“... you would think that younger carers would be used to social media, being on the internet, and would be delighted to attend those virtual events, but that’s not true. So, they’ve lost out on those services that would have taken them out of that caring situation, taken them out of the home, services that provided that respite, [] they haven’t benefited from those virtual groups in the same way as older carers for several reasons. Perhaps there isn’t a private space in the home, perhaps they didn’t like to take part, perhaps they didn’t feel comfortable taking part, so that’s caused them a great deal of concern.”¹¹⁸

135. Our 2019 report found that there were inconsistencies in the approach to assessing and supporting young carers across local authorities and a lack of ambition on the part of the Welsh Government in relation to the services and support that all young and young adult carers should expect to receive, both in terms of their caring role and in their life alongside caring. We called on the Welsh Government to ensure that all young and young adult carers are able to access

¹¹⁶ Health, Social Care & Sport Committee, 24 February 2021, [Paper 12](#)

¹¹⁷ Carers Trust Wales, [Support not Sympathy](#), July 2020

¹¹⁸ RoP, 9 December 2020, paragraph 60

the support and services they need.¹¹⁹ It is therefore disappointing to hear from Carers Trust Wales that:

“What we have shown throughout the pandemic is how much worse the situation is, even than [this] committee [], discovered when looking at this last year and prior to the ‘Caring for our future’ report.”¹²⁰

136. The Deputy Minister confirmed that young carers could attend school as vulnerable children, although many chose not to because of concerns about infection.

137. She went on to say that local authorities had continued to provide statutory services, including young carers support groups, which were now being delivered online:

“And I think those are really a lifeline for the young carers, because it’s so important for them to be able to link up with people who are in a similar circumstance, and it does give them that support.”¹²¹

138. She also drew attention to the funding that had been made available to provide laptops for young adult carers:

“In a joint approach, which was funded by the Welsh Government, Digital Communities Wales, Carers Trust Wales and local authorities together are distributing up to 440 laptops to help young carers, young adult carers aged 16 or 18, who don’t have access to a digital device, to carry out their caring roles.”¹²²

Our view

139. Our inquiry into the Impact of the Social Services and Well-being (Wales) Act 2014 in relation to Carers found that young and young adult carers developed health problems, including high levels of mental ill health, at a much higher rate than other young people. Further, their caring responsibilities often prevented them socialising with other children and young people.

¹¹⁹ Caring for our future: [An inquiry into the impact of the Social Services and Well-being \(Wales\) Act 2014 in relation to carers](#), November 2019

¹²⁰ RoP, 9 December 2020, paragraph 58

¹²¹ RoP, 27 January 2021, paragraph 81

¹²² RoP, 27 January 2021, paragraph 82

140. This has been greatly exacerbated by home-schooling and the loss of opportunities for young carers to socialise with their peers during the pandemic. We are extremely concerned by the evidence we have heard from Carers Trust Wales that young carers’ mental health is ‘deteriorating’¹²³ in lockdown. We support its calls for sustainable funding for young carer services and for the safe re-opening of face-to-face support to be prioritised.

141. We acknowledge the funding that the Welsh Government has made available to provide laptops for young carers and the provision of online young carers support groups. However, such support is no substitute for actually being able to take a few hours away from their caring responsibilities to enjoy relaxing with friends who understand the issues they are facing.

Recommendation 10. The Welsh Government must ensure sustainable funding for young carer services and prioritise the safe re-opening of face-to-face support for young and young adult carers.

Status of unpaid carers

142. There has been a lack of systematic recognition for unpaid carers and their vital role during lockdown. The result has been that they were not able to routinely access support designed to help those such as key workers during COVID e.g. unpaid carers were unable to receive priority access for food shopping.

143. Research by Carers Wales puts the value of unpaid care since the start of the pandemic at £33 million a day.¹²⁴

144. Claire Morgan told us:

“If that care had to be replaced, that is the cost to the Welsh Government, and I think many unpaid carers are feeling that if that is the contribution that they’re making, they should be better supported in their roles through services.”¹²⁵

145. Carers Wales wants to see testing extended for unpaid carers as:

“it’s an area of huge anxiety for unpaid carers when they’re around such vulnerable people, and particularly when many unpaid carers are still

¹²³ BBC, [Young carers' mental health 'deteriorating' in lockdown, says charity](#), January 2021

¹²⁴ Carers Wales, [Unpaid carers in Wales have saved £33 million every day of the pandemic](#), November 2020

¹²⁵ RoP, 9 December 2020, paragraph 41

having to go out of the house to get food or medication [] to give them that reassurance that they aren't going to pass on the virus to their loved ones."¹²⁶

146. When asked if there were any practical difficulties in offering asymptomatic testing or vaccination to unpaid carers, Llinos Roberts of the Carers Outreach Service said that it would be dependent on how/where it was administered:

“It's very difficult to tell carers to leave their home; if they were expected to go to a specific site [] that would be a problem, because they don't have anyone then to look after the person they're caring for. If the tests were to come to their home, then that would be slightly easier.”¹²⁷

147. Witnesses also called for unpaid carers to be included in the first wave of people receiving the vaccine.¹²⁸

148. In response to a question in Plenary on 26 January 2021 on the Welsh Government vaccination strategy in relation to unpaid carers, the First Minister confirmed that:

“unpaid carers are included in priority group 6. So, they're not in the first four priority groups that we are focusing on at the moment, but they will be in the next set of priority groups.”¹²⁹

149. This is based on the Joint Committee on Vaccination and Immunisation prioritisation of groups.¹³⁰

150. In further evidence to us on 27 January, the Minister told us:

“It's worth highlighting that we have two potential approaches. One is to take the very hard approach of, 'You have to be on a list', and we know that that will produce an injustice for a range of carers who won't be on a specific list but will be undertaking significant caring responsibilities. Or we take an approach where we—as we are planning to—are working with carers' organisations, as well as those parts of our health and care system that can help us to identify carers, and we may

¹²⁶ RoP, 9 December 2020, paragraph 75

¹²⁷ RoP, 9 December 2020, paragraph 78

¹²⁸ RoP, 9 December 2020, paragraph 75

¹²⁹ RoP, Plenary, 27 January 2021, paragraph 10

¹³⁰ Joint Committee on Vaccination and Immunisation: [advice on priority groups for COVID-19 vaccination](#), 30 December 2020

have an element of leakage, because, unfortunately, we've already seen that some people are sharing, outside of the priority groups, the ability to potentially jump the queue. Now, the difficulty here is that if we accept we'll get leakage but it's still the right thing to do, then we know that there's the potential for criticism, but the alternative is we have a much tighter way of doing that, and we know that that will exclude carers who really should be getting through.

So, it's about trying to work all those things through over the next couple of weeks, so before we get to the middle of February when we're expecting to complete the first four priority groups, we'll have a clearer understanding of how we'll go about this, and in a way that carers' organisations, I hope, will feel able to support."¹³¹

151. The Minister issued guidance¹³² on the identification of unpaid carers eligible for vaccine prioritisation and the process for this on 24 February 2021.

Financial impact on carers

152. Carers are also feeling the financial strain of caring. According to Carers Wales, more than a quarter of carers (29 per cent) are struggling to make ends meet due to the extra financial pressure of the pandemic.¹³³ Unlike benefits under the umbrella of universal credit, carers who rely on carers allowance did not receive a subsidy during the pandemic period.

153. An increasing number of carers are also being put in the difficult position of deciding between paid work and their caring responsibilities. Heather Ferguson of Age Cymru told us:

"We've heard from people who've had to give up work or pare back their hours because they're worried about taking the virus back to the people they care for as well. So, obviously, that has implications in terms of finance in the home."¹³⁴

¹³¹ RoP, 27 January 2021, paragraph 89-90

¹³² Welsh Government written statement, [COVID-19 Vaccination Strategy – Guidance for Priority Group 6](#), February 2021

¹³³ Carers Wales, Covid 19 Briefing: [Impact on Unpaid Carers in Wales](#)

¹³⁴ RoP, 2 December 2020, paragraph 65

154. Similarly, Llinos Roberts of the Carers Outreach Service told us:

“The lowest benefit going is the carers allowance, and many people have had to give up their jobs during the pandemic to provide care. From our point of view, we’ve seen carers needing financial support to help with food, with vital equipment such as tumble dryers because they are now washing and drying clothes a lot. We’ve received additional funds from different grants to provide specific grants to carers, and some of the situations are heartbreaking—they’re genuinely heartbreaking. They don’t even have the vital equipment that they need to provide care. So, it is a very disheartening situation.”¹³⁵

155. Carers Wales drew attention to research it had undertaken over the summer that showed increasing use of food banks by carers, because of the struggling financial nature they were in. It also told us that it was being approached by an increasing number of women who felt their independence was being reduced because they were having to rely on their spouse’s income.¹³⁶

156. Claire Morgan told us:

“There continues to be an assumption that women will take on the additional caring responsibility, and a lot of women carers are saying that their confidence is being undermined because they’re lacking the independence to do their own work, because they’ve had to reduce hours or give up work altogether. The thing that’s the issue around that is that where carers do give up work or reduce hours, it affects their long-term pension as well. So, we’re not only creating an issue in the short term but also in the long term as well.”¹³⁷

157. Linked to this point, she added that “not enough people identify themselves as a carer, and because they don’t identify as a carer, they don’t access the benefits they’re entitled to, so we’re really pushing Welsh Government to do an awareness-raising campaign to improve knowledge about what support is available to carers, including the financial support.”¹³⁸

¹³⁵ RoP, 9 December 2020, paragraph 49

¹³⁶ RoP, 9 December 2020, paragraph 54

¹³⁷ RoP, 9 December 2020, paragraph 54

¹³⁸ RoP, 9 December 2020, paragraph 54

158. In correspondence dated 15 February 2021, the Deputy Minister acknowledged that more needs to be done to reach those groups who consistently fail to claim their entitlement to welfare benefits, including carers:

“Therefore, Single Advice Fund (SAF) Advice and Access partners are running ‘Test and Learn’ pilots in the six SAF regions, delivering tailored messages and support to encourage take-up amongst groups least likely to be claiming all the financial support they are entitled to. The pilots started in October 2020 and will end March 2021 and the learning will be shared.

During the first 3 months the pilots reached 601 people advising them on over 1,600 issues relating to their welfare benefit entitlements and helping them to gain additional income of around £1m per annum. The learning from the pilots will be widely shared in early May, helping people from key groups, such as carers, to continue to claim all the financial support they are entitled to.”¹³⁹

159. The Wales Carers Alliance believes that unpaid carers, like others, should have access to hardship funds, as many have had to give up paid employment to care and many others have used savings to cover the costs of caring during the lockdown. The Alliance says carers will have saved statutory bodies millions of pounds and it is not morally right that they should not receive financial support as a result.¹⁴⁰

160. In October 2020, the Welsh Government launched a consultation on a new national plan for carers, alongside a £1m Carers Support Fund to make grants available for a range of essentials. In announcing the fund, the Deputy Minister said:

“We have seen unpaid carers working longer hours and the pandemic has made it more difficult for carers to cope with their caring role and live the life they choose. Some are struggling to cope with the extra costs caused by COVID-19 and the aim of the Carers Support Fund is to help alleviate some of this additional, unnecessary pressure.”¹⁴¹

¹³⁹ Health, Social Care & Sport Committee, 24 February 2021, [Paper 12](#)

¹⁴⁰ Written evidence, C57

¹⁴¹ Welsh Government, Press release: [£1 million fund for carers to mark launch of public consultation](#), 20 October 2020

161. In January 2021, the Deputy Minister announced an increase of £250,000 for the Carers Support Fund to help unpaid carers in Wales cope with the financial pressures of the coronavirus pandemic:

“The pandemic has added more challenges to unpaid carers across the country and I want to thank them for everything they are doing. I’m pleased to announce a further quarter of a million pounds to the fund to help more unpaid carers and their families. Working with Carers Trust Wales, who play such a pivotal role in delivering advice and support, the Carers Support Fund will be continued to be delivered via them.”¹⁴²

162. The Deputy Minister also advised that:

“an extra £13.9 million had been invested in the discretionary assistance fund to help support individuals and families across Wales who are on low incomes and are experiencing severe financial hardship, and that fund is based purely on need. Advice services are available and they are very effective in helping people with their finances and helping them by supporting them to navigate through the benefit system.”¹⁴³

Our view

163. The financial impact the pandemic is having on unpaid carers is of great concern. It is particularly worrying to hear that more and more carers are having to rely on food banks to survive. We are also concerned about the suggestion that women are being disproportionately affected and the impact this is having on their independence.

164. While we note the additional funding for the carers support scheme, it is, as the Deputy Minister said, “a drop in the ocean”. We do, however, welcome the Deputy Minister’s acknowledgement that more needs to be done.

165. One of the main messages that came through in the evidence we received as part of our inquiry into the Impact of the Social Services and Well-being (Wales) Act 2014 in relation to Carers was the need for sustainable funding for the third sector. We therefore called for a long-term, sustainable and streamlined funding arrangement for third sector organisations delivering essential services to carers

¹⁴² Welsh Government, [Carers Support Fund increased by a quarter of a million pounds](#), 21 January 2021

¹⁴³ RoP, 27 January 2021, paragraph 85

under the Act. Further, we said that funding should be provided on a three-yearly basis as a minimum and the Welsh Government must move towards this as a matter of priority.

166. The Welsh Government only accepted our recommendation in principle, saying:

“At present, the UK Government has delivered a Spending Round for one-year only. We recognise and are therefore sympathetic to calls from our public sector partners for budgeting over a longer period, in order to support forward financial planning. It is always our ambition to provide long-term clarity over budgets, whenever possible, however, this must be balanced with realistic and sensible planning assumptions.

The UK Government’s austerity agenda coupled with the uncertainty regarding Brexit constrains our ability to do this.”¹⁴⁴

167. While we recognise the constraints of the Welsh Government budget process, COVID-19 has thrown these issues into sharp relief. The Welsh Government should therefore reconsider its response to our recommendation, with a view to implementing it as a matter of urgency.

168. We will be paying particular attention to how the Welsh Government decides to identify and contact unpaid carers to offer the vaccine under priority group 6. It is extremely important that groups of unpaid carers are not unfairly excluded from accessing the vaccine, and proactive efforts must be made to spread the word about their eligibility.

169. Further, we recognise that significant efforts are being made to identify unpaid carers, particularly as many may not have identified as carers prior to the pandemic. It is therefore vital that this information is retained for future use, not only in terms of further vaccination/booster programmes but also in helping to make carers aware of their rights and the support that is available to them.

Recommendation 11. The Welsh Government should reconsider its response to Recommendation 26 of our report into the impact of the Social Services and

¹⁴⁴ [Welsh Government response](#) to the inquiry into the impact of the Social Services and Well-being (Wales) Act 2014 in relation to carers, November 2019

Well-being (Wales) Act 2014 in relation to carers¹⁴⁵—which called on the Welsh Government to provide long-term, sustainable and streamlined funding for third sector organisations delivering essential services to carers—with a view to implementing it as a matter of urgency.

Recommendation 12. The Welsh Government should ensure that its communication and public awareness campaigns in respect of the COVID-19 vaccination programme includes effective targeting of information for unpaid carers, and makes sure that they are aware of their eligibility for vaccination.

Recommendation 13. The Welsh Government should work with its partners to develop and implement an awareness-raising campaign to improve knowledge about the support available to carers, particularly in respect of financial support. This should include ensuring that people who have been identified as unpaid carers during the COVID-19 vaccination programme have access to information about their rights and the support they are entitled to.

Recommendation 14. The Welsh Government should undertake equality impact assessments of decisions taken during the COVID-19 pandemic in respect of support/funding for unpaid carers to ensure that no groups or communities are being disproportionately impacted in the short or longer term.

¹⁴⁵ [Inquiry into the impact of the Social Services and Well-being \(Wales\) Act 2014 in relation to carers](#), November 2019

3. Next steps and recovery plans

170. We heard that many carers are worried that their care packages will not be reinstated as they will be perceived to have ‘coped’ during the pandemic either without any support or with some support from the third sector.

171. Simon Hatch of Carers Trust Wales told us:

“I certainly have serious concerns about the sustainability of carers at all to be able to continue caring as we come, hopefully, through the pandemic, and it’s really essential that we work openly and honestly with our colleagues in local government and across statutory sectors to recognise what’s realistic and the gaps in terms of duties under the Act, and that we move back to a position that at least is trying to reach in terms of needs assessments, care support plans and all the legal provisions that should be there for carers absolutely as soon as possible.”¹⁴⁶

172. Alzheimer’s Society Cymru calls for the Welsh Government to guarantee that where care was stopped due to coronavirus precautions (particularly domiciliary care), it will be reinstated when deemed safe, without the need for unnecessary further formal assessment. It also called on the NHS and local authorities to set out how they will involve social care providers and care homes in winter pressure planning, ensuring that social care is on an equal footing with the NHS.¹⁴⁷

173. In correspondence dated 15 February 2021, the Minister confirmed that local authorities must comply with the requirements of their statutory duties for as long and as far as possible:

“Any changes should only be implemented where this is essential in order to maintain the highest possible level of services, and any changes must only be temporary, justifiable due to unavoidable local circumstances, and removed at the first available opportunity. Our statutory guidance states: individuals’ care and / or support must return to their agreed arrangements at the earliest opportunity; the onus should not be on individuals or their families/carers to ensure that their care and support is restored; and local authorities need to establish

¹⁴⁶ RoP, 9 December 2020, paragraph 36

¹⁴⁷ Alzheimer’s Society, [Worst hit: dementia during coronavirus](#), September 2020

arrangements and communicate to those impacted how this will be achieved.”¹⁴⁸

174. Claire Morgan, Carers Wales, told us that what is needed is better planning and resourcing of unpaid carer support, alongside health and social care provision:

“Moving forward, unpaid carers will become even more vital in supporting health and social care to function, and what we need is better long-term planning around how carers will be part of that package.”¹⁴⁹

175. She went on to say that it is not just about a return to services that were there before, as the pandemic has highlighted new needs for services, particularly in areas such as emotional health and bereavement support services.¹⁵⁰

176. Similarly, Age Cymru says that support will need to be available to help people recover their emotional and mental health, and to build confidence in their ability to re-engage and participate in their communities.¹⁵¹

177. The Wales Carers Alliance set out its thoughts on the pandemic recovery actions needed for unpaid carers. These included:

- Support must be reinstated (such as social services support plans) following lifting of lockdown restrictions. It says this should happen whether or not the carer had initially requested that the service cease due to potential infection risk.
- Identifying carers and supporting access to information and advice is critical. Local authority responsibilities in this area should be reinforced and GPs have a significant role to play in systematically identifying carers and supporting them to access relevant information – the Alliance believes this role should be formalised.
- Better access to services is needed, both key services that existed before the pandemic and new services that may now be required e.g. bereavement support, counselling, respite, employment support.

¹⁴⁸ Health, Social Care & Sport Committee, 24 February 2021, [Paper 12](#)

¹⁴⁹ RoP, 9 December 2020, paragraph 40

¹⁵⁰ RoP, 9 December 2020, paragraph 42

¹⁵¹ Age Cymru, [Age Cymru dismayed by Welsh Government's omission of older people in its Covid 19 reconstruction plans](#), 9 October 2020

- The Alliance is becoming increasingly concerned that there will be an increase in hospital admissions as a result of poor support and carer breakdown. It suggests that hospital admissions should be monitored for potential increases.
- Improvement is required in hospital discharge processes, to ensure carers are involved in discharge planning and have support in place to support safe discharge.¹⁵²

178. Alzheimer’s Society Cymru also raised concerns about the suspension of services more generally, such as routine medical appointments, access to GPs, out-patients appointments, and the impact this will have. Sue Phelps told us she was particularly concerned about dementia services, where people have not been able to receive a diagnosis or have their decline reviewed, because memory assessment and diagnostic services have all been suspended:

“The knock-on effect of that is that we’re really concerned now that the backlog of those people waiting for their diagnoses or reassessment is hugely significant.”¹⁵³

179. In its report: *Worst hit: dementia during coronavirus*,¹⁵⁴ the Alzheimer’s Society’s calls for a clear recovery plan to ensure that all elements of memory assessment services can re-open and urgently catch up on waiting lists so the ‘freefall’ in dementia diagnosis rates does not continue.

180. The Alzheimer’s Society estimates that 4,000 people in Wales could be waiting for a review or a new diagnosis.

“Just a small example of where the delay in diagnosis is having an effect is that I also sit on Welsh Government’s dementia and hearing loss group, and what we’re hearing from audiology already is that, people who have not had their review or their diagnosis, and they’re now getting it and going into audiology because they’re either deaf or hard of hearing, it’s too late for any intervention—so, for example, the

¹⁵² Wales Carers Alliance, [Wales Carers Alliance Thoughts Regarding Welsh Government Recovery Roadmap](#), 2 July 2020

¹⁵³ RoP, 2 December 2020, paragraph 8

¹⁵⁴ Alzheimer’s Society, [Worst hit: dementia during coronavirus](#), September 2020

use of a hearing aid—because their dementia has deteriorated to such an extent during this period that there’s nothing that can be done.”¹⁵⁵

181. In correspondence dated 15 February 2021, the Deputy Minister confirmed that in relation to Dementia Assessments, the Welsh Government will continue to invest £10m to support the implementation of the Dementia Action Plan 2018-22, with the majority of this funding (over £9m) being allocated to Regional Partnership Boards. She went on to say that:

“Additionally, in the draft budget for 2021/22 we propose that up to £3m of service improvement money be made available to support memory assessment services and the required wrap-around support to ensure people are supported whilst they go through this assessment and diagnosis process.”¹⁵⁶

182. In January 2021, the Welsh Government published its White Paper: Rebalancing care and support.¹⁵⁷ In a statement to Plenary on 9 February, the Deputy Minister said:

“The pandemic has put the delivery of care and support under further significant strain, and made the fragility of the sector even more visible. It’s difficult, I know, at the moment, to look much beyond each week, let alone to the long-term future, but the impact of the pandemic shows that we must work to put care and support on a much firmer long-term footing. That’s why we must increase the pace of our transformational work to make social services sustainable. We must seize the moment when the public’s consciousness of social care is at a high-water mark, and look to forge a Wales-wide consensus about what we need to do to build back stronger. We must learn from the way that the sector has worked together during the pandemic to co-ordinate and deliver services, in line with our vision of a healthier Wales.”¹⁵⁸

183. The White Paper sets out proposals for, amongst other things, the development of a national framework for commissioning care and support for

¹⁵⁵ RoP, 2 December 2020, paragraph 37

¹⁵⁶ Health, Social Care & Sport Committee, 24 February 2021, [Paper 12](#)

¹⁵⁷ Welsh Government, [White Paper: Rebalancing care and support](#), 12 January 2021

¹⁵⁸ RoP, Plenary, 9 February 2021, paragraph 229

children and adults; and the establishment of a ‘national office’ for social care to develop and deliver the national framework.

184. The Welsh Government intends that the proposals outlined in the White Paper will: strengthen the arrangements of the social care sector and improve quality of care; reduce complexity; increase sustainability and strengthen integration; and increase transparency rather than obscure local accountability.

185. The consultation will run until April 2021.

Our view

186. We agree with witnesses that where care has been stopped due to coronavirus precautions, particularly in domiciliary care, it must be reinstated as soon as it is safe to do, without the need for unnecessary further formal assessments. We welcome the Deputy Minister’s assurance in her letter of 15 February 2021 that this will be the case. The Deputy Minister confirmed this again in a written statement on 19 February 2021¹⁵⁹, alongside notification of her intention to suspend the provisions in the UK Coronavirus Act 2020 that allow modifications of care packages from 22 March 2021.

187. Recovery and future plans must include a sufficient focus on social care and older people, and also appropriately account for the additional services that will be required as a result of the pandemic. For example, services for people with long COVID, mental health and bereavement support, and respite care.

188. We welcome the introduction of the Government’s White Paper and the commitment to put social care and support on a firmer long-term footing. We, and our predecessors in previous Senedd, have been calling for action to ensure the sustainability of the social care sector for a long time, and the Welsh Government in the Sixth Senedd must make progress in this regard. We urge our successor committee to monitor progress in this area.

Recommendation 15. The Welsh Government should make a statement early in the Sixth Senedd on its proposals to strengthen the arrangements for the social care sector and the outcome of the consultation on its White Paper: Rebalancing care and support, and how it will take account of relevant recommendations made by this and previous Senedd Health Committees.

¹⁵⁹ Welsh Government, [Written Statement: The Coronavirus Act 2020 \(Suspension: Local Authority Care and Support\) \(Wales\) Regulations 2021](#), February 2021