

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

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

UC08: Ymateb gan: Comisiynydd Pobl Hŷn Cymru | Response from: Older People's Commissioner for Wales

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# CONSULTATION RESPONSE:



Comisiynydd  
Pobl Hŷn  
Cymru  
Older People's  
Commissioner  
for Wales

## Improving Access to Support for Unpaid Carers:

### KEY MESSAGES:

- There is an alarming and unacceptable gap between policy and practice on carer's assessments and support, over a decade since carers' rights were enshrined in legislation.
- There should be a concerted effort by all public sector organisations to use digital technology to pool data, increase reach and make proactive, tangible offers of support to older carers.
- While the Amser scheme has produced very creative and flexible models of respite, the potential for upscaling is limited and there is no consistent baseline offer of diverse types of respite across Wales.
- The multiple funding streams for respite care can be very confusing for carers and for local providers.
- Reporting needs to be much clearer about the expenditure of all partner organisations on support for carers, the origins of the funding, the numbers of individuals who have benefited and the outcomes for them.

### Introduction

The Older People's Commissioner for Wales (OPCW) welcomes the opportunity to respond to the Health and Social Care Committee's inquiry into improving access to support for unpaid carers.

Wales has the highest number of older carers in the UK. Around 120,000 to 140,000 unpaid carers in Wales are aged 60 or older, based on age distribution trends and the fact that caring responsibilities often increase with age.<sup>i</sup> Older carers, especially those aged over 75, are more likely to provide more than 50 hours of care per week.<sup>ii</sup>

This is a large and diverse population group, providing very complex support for people who are poorer, sicker and have more complex needs. Service developments such as virtual wards, accelerated hospital discharge and decreasing community nursing services for older people are placing increased reliance on older carers. Older carers' own support needs and preferences are changing as new generations with different experiences and expectations enter later life, as society ages and as digital technology expands.

The harmful impact of poverty on older people in Wales is a cause of serious concern to the Commissioner. The poverty rate among unpaid carers is about 30% higher than for those who do not provide unpaid care, and the deep poverty rate is 50% higher.<sup>iii</sup> Older carers are particularly vulnerable due to reduced income from retirement or limited employment opportunities and higher living costs, especially for housing and energy, due to their caring responsibilities. The Commissioner has heard from Carers Trust Wales that they are seeing significant and growing need through the Carer Support Fund, with carers applying for money for food, fuel, and even beds, which they would otherwise not be able to afford. Many carers coming forward to the Fund for assistance are not connected to other forms of support, and older carers are less likely to present to services until they are in crisis.

The previous Commissioner, Heléna Herklots, gave evidence<sup>iv</sup> to the Health, Social Care and Sport Committee's 2018 inquiry into the impact of the Social Services and Well-being (Wales) Act 2014 in relation to carers and welcomed<sup>v</sup> the publication of the Committee's 2019 report, *Caring for our Future*.<sup>vi</sup> Although the Welsh Government accepted most of the recommendations in that report,<sup>vii</sup> and subsequently developed its Strategy for Unpaid Carers,<sup>viii</sup> it is clear that many older carers in Wales are still under-supported and struggling.

The present Commissioner, Rhian Bowen-Davies, is conscious that this inquiry will run alongside the development of the Welsh Government's new Strategy for Unpaid Carers. The Commissioner hopes that this response will help to inform both the Committee and the Welsh Government and lead to considerable improvements in support for older carers in Wales.

## **Barriers to accessing support**

Through her conversations with older individuals, visits to older people's groups, inquiries to her Advice and Assistance service and her engagement with statutory services and third sector organisations, the Commissioner hears many stories of older people experiencing difficulty accessing care and support.

For example, the Commissioner and her team spoke with an older man at the Royal Welsh Show in July 2025 who was caring for his mother who was in her 90s and lived on her own. His sister had contacted the local authority Information, Advice and Assistance service for help several weeks earlier and had been informed that someone would get in touch with information about the telecare service available. However, they had not heard anything since. The man was very concerned for his mother's welfare, as she was struggling to manage at home.

In another case, OPCW received an enquiry from an older person calling on behalf of a friend caring for her husband living with dementia. The friend wanted to continue caring for her husband at home and had tried to access support from the local authority but had been told that they were not able to help. The enquirer was concerned for her friend's welfare as her caring role was clearly impacting on her emotional and physical health; she was distressed and anxious, finding it difficult to sleep and had lost a lot of weight. The enquirer wanted to know whom they should contact for further information and support.

OPCW has also had several enquiries from carers reporting issues with the hospital discharge process and barriers to support. One older woman was seeking advice and assistance as her husband had discharged himself from hospital without any post-discharge support in place, requesting that his wife provide all his care and support. His wife had her own health issues and felt incredibly frustrated and stressed that her husband expected her to meet all his care needs without any support. She had had no opportunity to discuss her own needs with the hospital or the local authority.

Another enquirer's mother-in-law had been discharged from hospital with an agreed care package. However, they had had to wait over a week for the care package to start. This had not been communicated to them during the discharge process, and they found it very difficult to meet the older person's needs while they waited for the care package to be put in place.

From all her engagement and that of her office, the Commissioner has identified the following barriers to access, many of which are well known but some of which may not have received sufficient attention, including:

- people not self-identifying as carers. The Commissioner wrote a blog post on this in February this year.<sup>ix</sup>
- lack of preparation, including a lack of awareness of the likelihood of caring in later life, especially for carers of adult children who were previously unlikely to reach old age but are now doing so in increasing numbers;
- lack of information on financial planning, including information on lasting power of attorney not being provided early enough;
- carers not recognising their own health needs and the impact of caring on their own health and wellbeing;
- a strong sense of a "duty to care", often reinforced by health and social care professionals, which means that carers feel they have no choice but to continue to care longer than they are able;
- stigma or fear about asking for or accepting help from social services, e.g. fear that social services will remove the person being cared for if the carer cannot cope;
- management and navigation of complex models of health and social care systems with no support;
- isolation and loneliness, especially in relation to unavailable, inappropriate or inaccessible transport;
- not knowing that carers are entitled to an assessment;
- low levels of awareness about the types of support that are available, not knowing where and how to find out, and being signposted inaccurately and referred inappropriately;
- older Black, Asian and Minority Ethnic carers may struggle to find carers that can meet their cultural or language needs;<sup>x</sup>
- belief that an assessment will not lead to the type of support the carer needs;
- inadequate staff training in carer identification and awareness of the Social Services and Well-Being (Wales) Act 2014 across the public sector and some community and voluntary organisations;
- insufficient awareness within social services of NHS and hospice services and support for carers;
- long waiting times for carer assessments;
- the use of jargon and duplication in the assessment process;
- carers being unable to access their entitlements and being discouraged from seeking assessment because the services to meet their needs are not in place;

- social isolation, poverty, deprivation, lack of transport and long distances to travel to access health and care services mean that rural carers face additional challenges in accessing services.

The majority of these barriers are a result of statutory services' failure to ground their outreach and service offers in carers' own priorities, beliefs and lived experiences. This suggests that the focus of government and the statutory sector needs to broaden to include much more proactive awareness raising, information, support and encouragement for carers themselves to access information, advice and support services, as well as ensuring that the kinds of support carers want are available to them.

## Availability of respite

The Commissioner's office produced a report, *Rethinking Respite for People Affected by Dementia*, in 2018.<sup>xi</sup> In 2023, the Welsh Government-funded Association of Directors of Social Services Cymru (ADSSC)'s Rapid Review<sup>xii</sup> found that respite care was still the most significant unmet need.

The Commissioner continues to receive enquiries from older people who are struggling to access respite. For example, one recent enquirer was a 67-year-old woman caring for her 91-year-old mother who was living with dementia. The enquirer was finding it increasingly difficult to care for her mother and wanted to highlight the lack of continuity of care as her mother had received over 50 different care workers over a 6-month period. She also wanted to highlight the challenges she experienced in accessing respite. The enquirer informed us that it had been very difficult to access respite and once approved, she had no choice or control over when or where the respite would take place. She informed us that she would have to wait to receive a telephone call from a residential care home with availability with sometimes just one or two days' notice meaning that she could not plan for a break herself. This left her unable to go on holiday with family and friends as she could not guarantee that her mother would be cared for whilst away.

Following the ADSSC rapid review, the Welsh Government subsequently established Amser, part of the Short Breaks Scheme for unpaid carers, with the aim of enabling 30,000 carers to take a break from caring by 2025.

The multiple funding streams for respite care, including the Regional Integration Fund (RIF), local authority funding, the Amser and wider Short Breaks schemes funded by the Welsh Government via the voluntary and community sector, and Direct Payments, can be very confusing for carers and for local organisations. When the Amser scheme was launched, the Commissioner was contacted by several older people concerned that respite provision no longer appeared in their local authority's forward plan. The Amser scheme was intended to generate learning and innovation in respite, not to replace existing services, but it is not clear what the impact of Amser funding has been on local authority respite provision.

The Commissioner understands that the scheme has produced very creative and flexible models of respite. For example, OPCW recently received an enquiry from someone who was trying to access activities through the North-East Wales Carers Information Service's Bridging the Gap programme. Her husband cared for her, but the enquirer explained that she wanted someone to come into the home to help teach her to knit and that a community connector was trying to arrange funding for this via the Amser grant funding.

Other services provided under the scheme are weighted towards group social activities rather than traditional models of care, and towards prevention rather than crisis care, such as: the use of VR headsets, both to provide a break and to show someone what the world looks like to someone with

dementia; peer support groups supporting older carers to improve their digital skills in a more person-centred and practical way, such as by helping them to use the Trainline App and organise days out.

However, while the intention of the Amser scheme is good and the feedback and evaluation have been very positive,<sup>xiii</sup> this means that the services funded may not be easily scalable. The aim of the scheme is to learn, not to provide volume of services or ensure that carers' rights are upheld. Availability of respite depends on which third sector organisations have applied to offer which types of respite across which footprint, and which carers have applied for what kinds of respite. There is currently no baseline of consistent service provision. This adds to the existing uncertainty carers experience when accessing support from year to year.

The Commissioner has heard anecdotal evidence through her Advice and Assistance service, her engagement with older people and the third sector that:

- while the Short Breaks Scheme is person centred and flexible, older carers need more support to identify what an appropriate short break would look like for them;
- many carers are saying they are still unable to access a short break;
- there is a shortage of appropriate replacement care provision across Wales, so that, even if a carer is granted a Direct Payment for respite, they are often unable to recruit a temporary carer to provide replacement care;
- some LAs have said that respite could be provided only for the cared for person, not the carer, contrary to regulations;
- one LA had told a carer that they could have respite funding only if her relative went into a care home;
- many unpaid carers find it difficult to access respite in residential or nursing homes in any case. Local authorities have significantly reduced their respite beds, while private care homes do not keep beds available for respite as it is not financially advantageous for them to do so. Some care homes have closed down entire wings because of rising energy and other costs, meaning that fewer beds are available for mainstream and respite care home places;

Although the intention to broaden respite options with service innovation is positive, traditional residential or nursing home respite can still serve as a vital introduction to long-term care for some older people and their families. Time spent within a care home setting for respite can greatly ease the challenges of later care home admission, should this become necessary. The Commissioner has seen this for herself on her visits to care homes. However, the pressure on care home places in many areas means that it can now be extremely difficult to ensure continuity of care for respite arrangements.

## **Assessment and unmet need**

### **Assessment**

The Commissioner's Advice and Assistance service receives numerous enquiries due to difficulties accessing carers' needs assessments, long waiting times for assessment and limited practical help. For example, at a recent engagement event, the Commissioner spoke with an unpaid carer

caring for his parents who were in their late 70s. The carer had his own health needs and had been waiting four months for a carers assessment after contacting the local authority IAA service.

In another example, OPCW received an enquiry from a woman who had given up work to care for her 82-year-old father who lives with Parkinson's disease and was in hospital. The enquirer had been trying to access support from social services prior to her father's hospital admission and had requested a direct payment. However, there had been delays in getting this approved. The enquirer's father had a phobia of hospitals but had been admitted to hospital for an infection a few weeks before. The hospital had raised a safeguarding concern, and the enquirer had been questioned by the local authority as part of a safeguarding investigation. She felt that social services were not supportive of her and felt scrutinised by them for her decisions around her father's care. The enquirer had experienced a lot of distress and anxiety and felt that her ability to provide care and support had been questioned. She had not been offered a carer's assessment of her own needs and there had been no discussion of carer support.

Another enquirer was looking after her 95-year-old great aunt who lived on her own in sheltered accommodation. The enquirer's great aunt had been admitted to hospital, transferred home with no support in place and shortly re-admitted to hospital. She was then home and had care calls three times a day, but the enquirer felt she needed more support. The enquirer had contacted social services but had been advised that they would not be allocating a social worker to reassess as they felt that her great aunt was able to manage at home with the support she already had in place. The enquirer had not been offered a carer's assessment and had taken nine weeks off work with stress due to her caring role.

These examples illustrate some of the problems carers experience with assessment but do not demonstrate their prevalence. The lack of timely, age stratified, Wales-specific data on older carers is a major obstacle to accurate assessment of the demand for older carers' support services. The number of carers over the age of 60 in Wales who receive a Carer's Assessment is not known. The Public Services Ombudsman for Wales (PSOW) found that, across four local authorities, just 2.8% of carers had received a carer's assessment and that only 1.5% had had an assessment that led to a support plan.<sup>xiv</sup> According to Age Cymru's 2022 Older Carers Survey,<sup>xv</sup> only 54% of carers aged 50 and over were aware of their entitlement to a Carer's Assessment. The National Survey for Wales found 8% of carers turn down an assessment when offered one, often because they do not see the value of it.<sup>xvi</sup>

These figures represent an alarming and unacceptable gap between policy and practice, especially as a significant number of people providing unpaid care do not recognise themselves as a 'carer' and would not have been included. It is greatly concerning that over a decade since carers' rights were enshrined in the 2014 Act, such a gap exists.

Local authorities across Wales should be carefully examining the PSOW's findings, as well as the good practice identified in the report, and taking any action required to ensure they are fulfilling their statutory duties and are upholding carers' rights to an assessment.

The Welsh Government should also use the findings to inform the new Strategy for Unpaid Carers and provide additional support and resources to local authorities to identify and reach out to unpaid carers and improve awareness about carers' rights.

## **Unmet need**

Carers have consistently identified the same gaps in service provision over many years: transport; access to social activities and peer support; access to information; access to advocacy; respite

care, especially during emergencies; financial advice including information about Lasting Power of Attorney, and a simplified way of finding information about services which are available.

### ***Financial need***

The rising cost of living has further increased financial pressures on older carers, who face several distinct financial pressures, often compounded by age-related factors and long-term caring responsibilities. Many older carers are retired or have had to leave work early due to their caring responsibilities, resulting in lower pensions or savings. Those still working often reduce hours or take lower-paid, flexible jobs to accommodate caring, which affects long-term financial stability.<sup>xvii</sup>

Older carers face higher household expenses, such as: heating and energy bills, especially when caring for someone with mobility or health issues; specialist equipment and dietary needs for the person they care for, and transport costs, particularly when public transport isn't accessible.<sup>xviii</sup>

Financial support for older people living in poverty is inadequate. Many older carers rely on Carer's Allowance, which is low and restrictive. Eligibility rules often exclude those receiving state pensions or other benefits. The Welsh Government's Carers Support Fund provides emergency grants,<sup>xix</sup> but demand often exceeds supply.

Older carers may not be aware of their entitlement to benefits or local support schemes. Many older carers have been providing care for decades, often without formal recognition or support, leading to chronic financial strain. This can result in chronic long-term financial insecurity and poverty in later life, especially for those who have had limited opportunities to save or invest.<sup>xx</sup>

There is a need for better income maximisation advice, helping carers access all available benefits and financial support.<sup>xxi</sup>

### ***Housing***

Older carers often spend a significant amount of time at home, both caring for others and managing their own health. Poor housing conditions, such as damp, mould, inadequate heating, or unsafe staircases, can lead to increased risk of falls and injuries, respiratory and cardiovascular issues due to cold or damp environments, and mental health decline from isolation or stress caused by unsafe or uncomfortable living conditions.<sup>xxii</sup>

Poor housing can also increase financial strain due to high energy bills from inefficient heating, costly repairs that may be unaffordable and delays in accessing grants or support due to contractor shortages and rising costs.<sup>xxiii</sup>

Older carers need homes that are not only safe for themselves but also suitable for the person they care for. This includes space for medical equipment or adaptations, ease of access for visiting health professionals and flexibility to accommodate changing care needs. Good housing with features such as accessible bathrooms, stairlifts, and proper lighting help older carers to continue providing care without compromising their own mobility or safety. A well-located, accessible home enables older carers to stay connected with community services and social networks and avoid loneliness and isolation.

However, many carers experience: not being prioritised for housing; not being recognised as needing a second bedroom; inheritance or tenancy rights not being recognised if a carer is not on the deeds or tenancy agreement; challenges in securing adaptations or an adapted home.<sup>xxiv</sup>

The Welsh Government and local authorities should ensure that vulnerable older carers have the financial stability necessary to maintain their homes, increase investment in age-sustainable housing and improve planning policies to include older people's needs.

### ***Service capacity and integration***

There is a serious lack of care and support capacity in Wales, particularly during night-time hours. This shortage is driven by workforce shortages and fragile market conditions.<sup>xxv</sup> Providers often struggle to recruit and retain care workers, especially for unsociable hours like overnight shifts. This leads to unreliable care schedules, missed visits, and poor continuity of care.<sup>xxvi</sup>

The lack of integration between health and social care services creates barriers to seamless support. For example, delayed hospital discharges occur when appropriate night-time care isn't available at home.<sup>xxvii</sup>

Night-time care is not just about physical tasks—it also involves emotional support. Older people and their carers often feel isolated and vulnerable when care is transactional and lacks a relational component. Older carers often experience stress and burnout due to the unpredictability and unreliability of night-time care. When care workers fail to show up or visits are shortened, carers are left to fill the gap, often at the expense of their own health.<sup>xxviii</sup>

The type and scale of domiciliary care provision has not been reviewed at national level since before 2016. The Welsh Government's National Office for Care and Support is in the process of establishing a national overview of the social care market and is in the process of assessing the financial and operational impacts of removing charges for domiciliary care.<sup>xxix</sup> If the policy aim of supporting people to live at home as long as possible is to be achieved, it will be essential to produce a comprehensive and granular picture of the gap between need and service provision, so that plans can be made to fill it.

## **Role of Regional Partnership Boards and effectiveness of commissioning**

### **Regional Partnership Boards**

It is difficult to get a clear picture of the impact of Regional Partnership Boards (RPBs) on support for carers from the current reporting system. Welsh Government funding for carer support flows through RPBs and their partner organisations, including health boards and local authorities, who are also meant to be supporting carers from their own core funding. Current reporting does not make it clear whether RPB funds are supporting additional capacity or whether they are being used to subsidise core services. Reports of numbers of client contacts do not translate readily into numbers of people helped. This is in contrast to the reporting of expenditure under the Carers Support Fund and the Short Breaks Fund, including the Amser scheme. Reporting needs to be much clearer about the expenditure of all partner organisations, the origins of the funding, the numbers of individuals who have benefited and the outcomes for them.

Allocation and distribution of the Regional Integration Fund (RIF) also seems to progress slowly. The Commissioner has heard that RPBs have made RIF funding for respite available very late in the financial year and have tendered for carer support schemes very late. Partner organisations have therefore been commissioning respite through the national Short Breaks Scheme. It is possible that some local authorities may have been using the RIF funding to fund existing statutory services, instead of using it to provide additional services.

The Commissioner understands that the Welsh Government recognises that data collection on RIF funding is not of the quality needed, and that they are looking at how to improve data reporting, but progress is slow. Some local authorities believe there should be a more agile, third sector-led national approach that produces a clearer picture. The Commissioner supports this.

## **Commissioning**

The National Framework for Commissioning Care and Support<sup>xxx</sup> aims to reduce complexity in commissioning, but the Equality and Human Rights Commission has found that current commissioning practices remain fragmented, with regional variation in how services are planned and delivered.<sup>xxxi</sup> There is a lack of standardised tools and data to support evidence-based commissioning, making it difficult to assess demand and outcomes consistently.<sup>xxxii</sup>

The National Office for Care and Support is working towards an understanding of the challenges in the commissioning landscape and on developing a commissioning toolkit. This is a considerable exercise. Some challenges are well known and long standing. They include:

- care and support are frequently commissioned on a “time and task” basis, which results in inflexible and rushed care. Short visit durations (e.g., 15-minute calls) are common and insufficient for meaningful support;
- Procurement practices often prioritise cost over quality, leading to low pay and poor working conditions for care workers. This discourages staff from working night shifts and contributes to high turnover. The Code of Practice requires a shift toward ethical commissioning, fair pricing, and valuing the workforce, but this transition is still underway;
- Short-term grant funding of third sector providers means that many healthcare professionals are unwilling to maintain provider databases because they don't know whether the provider will be there next year. This undermines the NHS's ability to signpost carers – for many of whom they are the main contact with statutory services – to sources of support in their communities;
- Lack of involvement of carers in decisions about the person for whom they are providing care, for example, decisions relating to hospital discharge, means that there is less information available to commissioners about the needs and preferences of older carers, and missed opportunities to commission more appropriate services;
- Similarly, relatives' wish to continue to be partners in the care of a loved one who has gone into a care home are frequently ignored, with the same results.<sup>xxxiii</sup>

## **Improving implementation of the Social Services and Well-being (Wales) Act 2014**

From her engagement with carers and stakeholders, the Commissioner has identified a number of steps which she believes would improve implementation of carers' statutory rights:

- Increase people's ability to recognise their rights and entitlements by describing what carers do for the person they care for, rather than using the word “carer” as a label with which people may not identify;
- Be much more proactive in awareness raising, information, support and encouragement for carers themselves to access information, advice and support services;
- Local authorities should carefully examine the PSOW's findings, as well as the good practice identified in the PSOW's report, and take any action required to ensure they are fulfilling their statutory duties and upholding carers' rights to an assessment;
- The Welsh Government should also use the PSOW's findings to inform the new Strategy for Unpaid Carers and provide additional support and resources to local authorities to identify and reach out to unpaid carers and improve awareness about carers' rights;

- The Welsh Government and local authorities should identify the touch points of older people with statutory services and use them to maximise reach. Unlike children, most of whom are reachable because they are in school, there is no single institution which provides an equivalent channel to reach older people;
- The NHS is the main source of contact with carers. Where the NHS gets it right, e.g. through staff awareness raising, hospital-based carer support services, NHS discharge co-ordinators, signposting to other sources of care and support can be very fast and effective. NHS Wales should make every carer contact count, to identify carers, engage them in decisions about the care of the cared-for person and their own health and wellbeing, provide appropriate support and signpost them to other sources of help. GP-led service transformation in primary and community care presents an opportunity to improve NHS identification and support for carers.<sup>xxxiv</sup> The continuing implementation of the Integrated Quality Standard for older people and people living with frailty<sup>xxxv</sup> should consider the role carers play in care and support for older people and the care and support needs of the many carers who may be old and living with frailty themselves;
- There are other statutory services which could increase reach into the older population. Many of these are reserved matters to the UK Government, such as the administration of the State Pension, driving licence renewal, etc. The Welsh Government should identify all potential channels and open conversations with the UK Government about the possibility of increasing their reach to older carers in Wales;
- The Welsh Government has said that Wales is uniquely placed to benefit from the UK AI Opportunities Action Plan.<sup>xxxvi</sup> Datasets are already being used to train AI models that can detect patterns of under-claiming of benefits and inform targeted outreach campaigns to improve benefit uptake.<sup>xxxvii</sup> Public sector organisations should upscale the use of predictive analytics to identify people who are likely to be carers and reach out to them proactively, to inform them of their rights and the prevention and support services available to them. Public sector organisations should ensure that the benefit of new technology is maximised for older carers. Current carer data sets held by different organisations, e.g. local authorities and GP practices, do not necessarily match. Aggregating data sets across organisational boundaries would produce a more comprehensive picture of need and opportunity. Digital technology is not a substitute for human interaction and should be used as a tool rather than a replacement for human beings. It is also essential to ensure that new technology does not “bake in” unhelpful biases, including ageism;
- Once carers have been identified, public sector organisations should systematise a comprehensive offer of information, advice, signposting and assessment;
- There should be a requirement to coproduce all approaches and services with unpaid carers so that their voices and experiences underpin approaches to identification, advice, information, signposting, assessment and support;
- Proactive identification and a proactive, systematic offer of help would enable more emphasis on prevention and early intervention. Many older carers and those they care for do not receive help until they are at crisis point. By this stage, not only are the health and finances of the carer deeply compromised, but the support services needed are significantly more costly and intensive than preventive measures would have been;
- Ensuring that the kinds of support carers want are available to them. Evidence from the Carers Support Fund has demonstrated that carers respond best to tangible support, such as offers of help with food costs and household essentials, that make practical differences to their lives. Support offers should therefore be as practical as possible and include

better income maximisation advice, helping carers access all available benefits and financial support;

- The Welsh Government and local authorities should ensure that vulnerable older carers have the financial stability necessary to maintain their homes, increase investment in age-sustainable housing and improve planning policies to include older people's needs;
- Residential or nursing home respite should be available alongside more innovative offers, as a vital introduction to long-term care for some older people and their families, to help ease the challenges of later care home admission, should this become necessary;
- There should be improved monitoring of the provision of support to carers. If the policy aim of supporting people to live at home as long as possible is to be achieved, it will be essential to produce a comprehensive and granular picture of the gap between need and service provision, so that plans can be made to fill it;
- There should be a more agile approach to funding which sees funds for support allocated much earlier in the financial year. Reporting needs to be much clearer about the expenditure of all partner organisations, the origins of the funding, the numbers of individuals who have benefited and the outcomes for them.

## Conclusion

There is an alarming and unacceptable gap between policy and practice on carer's assessments and support, after over a decade since carers' rights were enshrined in legislation.

Wales needs much more proactive awareness raising, identification, information, support and encouragement for older carers. There should be a concerted effort by all public sector organisations to use digital technology to pool data, increase reach and make proactive, tangible offers of support. Monitoring of provision should be improved and all partner organisations should be clearer and more specific in reporting on expenditure and outcomes.

The Commissioner and her team would be happy to provide further information if that would be helpful. The Commissioner would also be happy to give oral evidence to the Committee.

## Notes

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<sup>i</sup> Carers Wales [Policy Briefing: Census 2021](#) March 2023

<sup>ii</sup> Age Cymru and Carers Trust [Good practice guide Identifying and supporting older unpaid carers in primary care](#)

<sup>iii</sup> Carers Wales [Poverty and financial hardship of unpaid carers in Wales](#) September 2024

<sup>iv</sup> OPCW, Response from the Older People's Commissioner for Wales to National Assembly for Wales, Health, Social Care and Sport Committee: Inquiry on the Impact of the Social Services and Wellbeing (Wales) Act 2014 in relation to carers September 2018 Available on request

<sup>v</sup> OPCW [Response to the Health, Social Care and Sport Committee's report: Caring for our future](#) 21 November 2019

<sup>vi</sup> National Assembly for Wales Health, Social Care and Sport Committee [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

<sup>vii</sup> [Written Response by the Welsh Government to the Report of the Health Social Care and Sport Committee's Inquiry into the Social Services and Well-being \(Wales\) Act 2014 and its impact on carers](#)

<sup>viii</sup> Welsh Government [Strategy for Unpaid Carers](#) 21 March 2021

<sup>ix</sup> OPCW [Commissioner's Blog: More must be done to ensure the voices of unpaid carers are heard - Older People's Commissioner for Wales](#) February 2025

<sup>x</sup> OPCW [Growing older in Wales: Perspectives from Black, Asian and Minority Ethnic older people](#) May 2024

<sup>xi</sup> OPCW [Rethinking Respite for People Affected by Dementia](#) April 2018

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- xii ADSS Cymru [Rapid review of how unpaid carers' rights have been upheld during and after the Covid-19 response](#) March 2023
- xiii Bangor University [Evaluation of the Short Breaks Scheme for Unpaid Carers in Wales](#) February 2025
- xiv PSOW [Are we caring for our carers?](#) October 2024
- xv Age Cymru [A Report on Age Cymru's 2022 Older Carers Survey](#)
- xvi Welsh Government [Caring \(National Survey for Wales\): April 2019 to March 2020](#) March 2021
- xvii Carers Trust Wales [Unpaid Carers in Wales and Access to Financial and Statutory Support](#)
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