

“At breaking point”

The urgent need to improve support for unpaid carers

April 2026



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The urgent need to improve support for unpaid carers

April 2026



About the Committee

The Committee was established on 23 June 2021. Its remit can be found at:
www.senedd.wales/SeneddHealth

Current Committee membership:



**Committee Chair:
Peter Fox MS**
Welsh Conservatives



Mabon ap Gwynfor MS
Plaid Cymru



James Evans MS
Reform UK



John Griffiths MS
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Lesley Griffiths MS
Welsh Labour



Joyce Watson MS
Welsh Labour

The following Member attended as a substitute during this inquiry.



Sioned Williams MS
Plaid Cymru

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Chair’s foreword

“I have improved the quality of life of a person.

I have given a person the opportunity to defy all expectations.

I keep a person alive.

On my own.”

*Excerpt from a poem by an unpaid carer
participant in our inquiry engagement programme*

In 2019, our predecessor committee reported that unpaid carers felt “desperate, undervalued and that they are treated with little respect”. It called for strong, national focus and leadership, and prompt and decisive action to ensure the rights and support promised to carers were delivered.

Fast forward to 2026 and, as the words of this unpaid carer who took part in our inquiry demonstrate so clearly, little has changed.

We heard directly from adult and young carers about the struggles they face on a day-to-day basis in coping with their caring roles. Their testimony was powerful and, at times, harrowing.

Carers told us that they are at breaking point. That they have had to “beg” and “fight” for help, both for the people they care for and for themselves, and how, when they reached out to statutory services for help and support, there was nothing available for them.

So many of them have spent years as an unpaid carer without realising it. Despite many interactions with health and social care services, they have not been identified as a carer, have not been signposted to services, and have not been given information or advice that might have helped them.

Young carers told us that they spend their time in school constantly worried about the person they care for at home; that they miss out on opportunities to be with their friends and get part-time work, and that their chances of going on to college or university are severely limited because there is no one to take on their caring role.

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This report, which comes at the close of the Sixth Senedd, is a call to action to the incoming Welsh Government. Each recommendation is intended to address the specific issues identified in our inquiry. Collectively, these measures would help transform the support available to unpaid carers in Wales; from early identification and clear rights, to practical services like respite, to financial and emotional support, all underpinned by solid data and decisive leadership.

We urge the incoming Welsh Government to accept these recommendations and to act swiftly. Unpaid carers have shouldered heavy burdens for too long, and the evidence is clear - Wales must do far better by those at the heart of our care system.



Peter Fox MS

Chair, Health and Social Care Committee

Conclusions and recommendations

Conclusion 1. Our successor Committee should consider undertaking inquiry work over the course of the next Senedd to scrutinise of the delivery of commitments to, and key outcomes for, unpaid carers, including (but not limited to) the implementation of recommendations in this report and the Carers Strategy Delivery Plan.....Page 44

Recommendation 1. The incoming Welsh Government should work with unpaid carers and carers’ support organisations to design and promote a national awareness campaign. This campaign should promote the concept of “unpaid carers,” encourage self-identification, and publicise how to seek help. It should include outreach via GP surgeries, hospitals, pharmacies, schools, workplaces, and community settings (including places frequented by older people and ethnic minority communities)..... Page 28

Recommendation 2. To promote identification of unpaid carers in primary care health settings, the incoming Welsh Government should consider re-introducing targeted incentives for primary care to identify carers and signpost them to appropriate information and support..... Page 28

Recommendation 3. The incoming Welsh Government should encourage health boards to ensure that all hospitals have arrangements in place, such as carer support officers, to identify carers during outpatient appointments, inpatient admissions and in preparation for discharge, with clear procedures to involve and inform the carer at every stage..... Page 28

Recommendation 4. All health, social care, and education professionals should receive training in carer awareness, enabling them to recognise the signs of unpaid caring and respond appropriately. The incoming Welsh Government should work across portfolios to ensure that this recommendation is given full effect..... Page 28

Recommendation 5. The incoming Welsh Government should, in collaboration with local authorities and the third sector, explore innovative approaches to finding ‘hidden’ carers. This could include better use of data and technology (as per the suggestion of the Older People’s Commissioner) to identify individuals who may be in caring roles (such as those frequently collecting prescriptions or making health appointments for others) and make a proactive early offer of information and advice, signposting and carers’ needs assessments..... Page 29

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Recommendation 6. The incoming Welsh Government should, as a matter of priority, review the action plan (led by ADSS) for upholding unpaid carers’ rights under the Social Services and Well-being (Wales) Act 2014 to ensure that it:

- sets out clear actions, lines of responsibility and milestones;
- includes steps to improve the offer and take-up of needs assessments and ensure carers receive timely support services;
- addresses known barriers, including language and cultural barriers; and
- sets out how progress will be monitored and reported,

and should ensure that any gaps in the plan are addressed.Page 41

Recommendation 7. The incoming Welsh Government should consider introducing national minimum standards for carers’ support services. These standards could include:

- maximum waiting times for carers’ assessments;
- expectations for the range of carers services that should be available as a minimum in each region (such as a dedicated young carers’ service);
- a proactive offer of information and advice, and advocacy for those who need it; and
- expectations for carers’ involvement in care planning and hospital discharge processes.

Introduction of these standards should be accompanied by publication of an annual progress report, which should provide details of the actions to be taken by the Welsh Government where minimum standards have not been met.....Page 42

Recommendation 8. The incoming Welsh Government should consider updating statutory guidance under the Social Services and Wellbeing (Wales) Act 2014 to strengthen the standards for Carers’ Needs Assessments. This should, as a minimum:

- require proactive offers of information, advice and assistance and needs assessments to be made to people who may be carers, and require assessments and support plans to be completed in a timely manner

within a specific period of time, with a written copy provided to the carer;

- explore the use of alternative terminology (such as “what matters conversation”) to replace the word “assessment,” which some carers find off-putting;
- emphasise the need for the assessment process to be carried out with the carer in a collaborative, respectful way. Page 42

Recommendation 9. The incoming Welsh Government should ensure that updated hospital discharge guidance to be published later this year:

- reaffirms the importance of early discussions with families to ensure a safe and effective discharge;
- requires every health board to have a mechanism in every hospital (such as a designated carers’ champion) to consult with the carer prior to discharge and, if that carer indicates they are unable to provide care, to work with the local authority to provide support to make alternative care arrangements;
- requires confirmation that the carer is willing and able to provide the necessary care, and provides information to the potential carer about their legal rights. Page 43

Recommendation 10. The incoming Welsh Government should ensure that the new National Strategy for Unpaid Carers is accompanied by a strong governance and accountability framework, and a clear implementation plan that links strategic aims to measurable outcomes.Page 43

Recommendation 11. The incoming Welsh Government should consider a requirement for each relevant Minister to report on how their portfolio is contributing to supporting unpaid carers in order to ensure that responsibility for unpaid carers is shared across government.Page 43

Recommendation 12. Given the well-documented and long-standing lack of progress with services for unpaid carers, we believe that external oversight is crucial. The incoming Welsh Government should commit to providing an annual statement to the Senedd on progress with delivery of key outcomes for unpaid

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carers, including the implementation of recommendations in this report and the Carers Strategy Delivery Plan. These statements should:

- detail improvements in areas including Carers Assessment rates, respite provision, and support for young carers; and
- outline any further actions the Welsh Government will take if progress is unsatisfactory. Page 44

Recommendation 13. We recommend that the Welsh Government directs Care Inspectorate Wales to integrate ongoing compliance checks on carer support and statutory duties relating to unpaid carers into their regular inspection and monitoring of local authorities.....Page 44

Recommendation 14. Following the Minister’s agreement with Care Inspectorate Wales that their next bi-annual assurance meetings with Directors of Social Services (due in April 2026) will include support for unpaid carers as a key line of enquiry, the incoming Welsh Government should write to our successor committee within six months to provide an update on any developments arising from those meetings and details of the next steps that have been agreed.
.....Page 44

Recommendation 15. As part of cross-government working, the incoming Welsh Government should consider creating a rapid home aids and adaptations scheme for unpaid carers for essential home aids and adaptations that have been identified as part of a needs assessment.Page 44

Recommendation 16. The incoming Welsh Government should work with health boards and local authorities to establish a formal system to ensure carers receive timely health and mental well-being support. This should include offering all identified unpaid carers (particularly those providing high-intensity care) flexible appointments and regular health check-ups, as well as signposting to peer support groups or other mental health support.....Page 52

Recommendation 17. Carers must be recognised as a priority group in mental health and suicide prevention strategies and action plans. The incoming Welsh Government should report on how it is addressing the elevated suicide risk amongst carers, including in the forthcoming suicide prevention action plan.
.....Page 52

Recommendation 18. The Welsh Government and local authorities must ensure, through their respite and home care services, that carers can attend to their own health needs. Each local authority should develop a relief or sitting service provision so that carers can attend medical appointments. The Welsh Government should monitor provision of these services, and should consider publishing national guidance to make replacement care for carers’ health a standard offer across Wales.....Page 52

Recommendation 19. The incoming Welsh Government should undertake a feasibility study on providing a Wales-specific Carer’s Allowance Supplement or other direct financial support for carers, and publish its findings. It should do this within the next 12 months.....Page 52

Recommendation 20. In the shorter term, the incoming Welsh Government should consider implementing additional, one-off support payments for unpaid carers most at risk of fuel poverty and financial crisis (for example, by replicating and expanding the £500 carers payment initiative). Such payments should be well-publicised and automatically issued where possible to avoid low uptake due to lack of awareness or administrative barriers.....Page 52

Recommendation 21. The incoming Welsh Government should consider increasing the annual funding for the Carers Support Fund in response to the clear evidence of need amongst carers, and commit to proactive promotion of the Fund so that more carers in need are aware of it.....Page 53

Recommendation 22. The incoming Welsh Government should ensure that carers are recognised as a priority group when developing anti-poverty interventions in Wales.....Page 53

Recommendation 23. The incoming Welsh Government should develop a comprehensive action plan to expand and improve respite care provision for unpaid carers. This should:

- include minimum standards for respite and replacement care provision across local authorities in Wales, including ensuring adequate provision of night-time and emergency care;
- monitor delivery against those minimum standards; and

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- publish the findings annually, along with details of the actions it will take if any local authority consistently fails to provide the minimum level of respite. Page 71

Recommendation 24. To ensure stability in carer support services, the incoming Welsh Government should consider moving towards multi-year funding arrangements for the third sector and local authorities, similar to the multi-year funding commitments for important programmes like the Short Breaks Scheme and Carers Support Fund. Where possible, it should encourage and enable Regional Partnership Boards, local authorities and health boards to offer three-to-five-year contracts for key carer services, and should itself look to announce funding for carer support services early in the financial year to help the third sector plan, and recruit and retain staff.....Page 71

Recommendation 25. The incoming Welsh Government should consider ringfencing the funding provided for respite and carers support services.Page 71

Recommendation 26. The incoming Welsh Government should improve transparency and accountability by requiring each Regional Partnership Board to publish an annual carers’ funding and performance report, detailing how much funding is being spent on carer services in the region, which source of funding it comes from, and the outcomes being delivered.....Page 71

Recommendation 27. The incoming Welsh Government must work with local authorities to improve the way they engage with carers from ethnic minority backgrounds, with the aim of co-producing culturally sensitive respite services which address the needs of diverse carer communities. The Welsh Government should monitor progress with this.Page 71

Recommendation 28. Support and services for unpaid carers should be co-produced with unpaid carers at every level – locally, regionally and nationally. To this end, we believe that the incoming Welsh Government and Regional Partnership Boards (RPBs) should strengthen the voice of unpaid carers in decision-making and enhance their representation on RPBs. To this end, multiple carer representatives should be encouraged on each RPB, and each RPB should provide enhanced support for their carer representatives, including training, remuneration and replacement care where appropriate, to enable carers to be meaningfully involved, and attend and participate fully, in meetings. The incoming Welsh Government should commit to continuing to fund the third sector to support carers representatives on RPBs.Page 71

Recommendation 29. The incoming Welsh Government should ensure the development and delivery of training and guidance for school staff about young carers, co-produced by young carers..... Page 83

Recommendation 30. The incoming Welsh Government should encourage all schools and colleges in Wales to have a young carers champion or lead staff member with responsibility for young carers. The incoming Welsh Government should explore incorporating education about young carers into wellbeing programmes or frameworks, so that all students and staff are aware of what a young carer is and how to seek help..... Page 83

Recommendation 31. The incoming Welsh Government must ensure that the rights of young carers are fully upheld and that no child or young person is left carrying out inappropriate levels of care. The incoming Welsh Government should issue refreshed guidance emphasising that young carers have a right not to undertake excessive or inappropriate care, and outlining the responsibilities of local authorities, schools, and health and social services to support young carers accordingly..... Page 83

Recommendation 32. The incoming Welsh Government must expedite the work to implement fully the recommendations relating to young carer data made by Estyn in its 2019 report..... Page 84

Recommendation 33. The Welsh Government should, as a matter of urgency, identify additional funding within relevant Welsh Government budgets to provide direct support for the full delivery of the young carer ID card scheme across all local authorities. It should monitor the outcomes of this action. Page 85

Recommendation 34. The incoming Welsh Government should strongly encourage local authorities to increase uptake of the young carer ID card and should publish annual data on the number of young carer ID cards issued by each local authority to track progress with delivery of the scheme..... Page 85

Recommendation 35. In advance of publication of the new national data set on unpaid carers in April 2027, the incoming Welsh Government should consider publishing an interim data report bringing together existing data on key indicators, including number of carers identified; number of assessments offered and completed; waiting times for carers assessments and support plans; types of support provided; and the number of carers receiving breaks. It should aim to do this before the end of 2026..... Page 89

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1. Background

1. The Social Services and Wellbeing (Wales) Act (2014) defines a ‘carer’ as a person who provides or intends to provide care for an adult or disabled child, where this is not provided by contract or voluntary work.
2. ‘Young carers’ refer to children and young people up to 18 years. ‘Young adult carer’ refers to those aged 18-25 years. Young carers face distinct and specific challenges that require tailored support. These are considered in Chapter 5 of this report.

Latest statistics

3. According to the 2021 Census¹:
 - More than 310,000 people (one in 11) in Wales said they were providing unpaid care (10.5%).
 - Over 107,000 people in Wales provide over 50 hours of unpaid care every week.
4. The latest available Welsh Government data on social services activity shows that during the year 1 April 2023 to 31 March 2024:

Contact with social services

- 11,536 contacts were received by statutory social services from adult carers who were not receiving support (as a carer) at the time of the contact, or professionals contacting the information, advice and assistance (IAA) service on their behalf.
- 2,366 contacts were received by statutory social services from young carers who were not receiving support (as a carer) at the time of the contact, or professionals contacting the information, advice and assistance (IAA) service on their behalf.

In total 13,902 contacts were received from carers.

¹ [Unpaid care, England and Wales: Census 2021](#)

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Carers’ Assessments

- 7,510 new assessments were completed for adult carers who did not already have a support plan.
- 1,468 new assessments were completed for young carers who did not already have a support plan.

In total 8,978 new assessments were completed for carers.

Carers’ support plans

On 31 March 2024:

- 3,186 adult carers had a support plan.
- 1,728 young carers had a support plan.

In total 4,924 carers had a support plan.

5. Carers Wales estimate that there could be as many as 500,000 carers in Wales.

6. A growing number of carers are caring for more than one person (sometimes called ‘multiple carers’). According to Carers Wales’ research, 22% of unpaid carers are caring for more than one person, with some caring for four or more. Those caring for multiple people report significantly worse mental health: 60% describe their mental health as bad or very bad, compared to 35% of carers looking after one person.

Evidence from previous inquiries and reports

7. There is a wealth of evidence that unpaid carers in Wales are not receiving the support they need, and that the statutory duties in the Social Services and Wellbeing (Wales) Act relating to carers are not being implemented as intended.

8. In 2019, the fifth Senedd’s Health, Social Care and Sport Committee conducted an inquiry on the [Impact of the Social Services and Wellbeing \(Wales\) Act 2014 in relation to carers](#). The Committee heard “very concerning evidence” about the difficulties facing carers both in terms of accessing services (because of problems with eligibility criteria, long waiting times and a lack of resources) and in terms of the appropriateness of the services on offer.

9. The Committee reported that, across the board, access to appropriate respite services was cited as one of the most important resources for carers, and it concluded “respite care is an essential service for carers but in many cases it is difficult to access, there can be a lack of suitable provision, and it lacks flexibility”.

10. The Committee concluded that the legal improvement in rights had not been accompanied by a better experience for carers. The report states that “for so many that we heard from, the Act has failed to have any meaningful impact on their lives”.

11. The ‘Measuring the Mountain’ project, commissioned by the Welsh Government to evaluate experiences of social care in 2020, reached similar conclusions. It reported that the most urgent conclusion was the need to provide better support for carers. The final report says the stories showed that carers’ assessments and respite services were often not providing the support that is needed.

12. The independent evaluation of the Social Services and Wellbeing (Wales) Act (2023) found that carers “too often feel that they are unable to have their voice heard, listened to and acted upon”. It identified that more needs to be done to support unpaid carers as a priority. This Committee held evidence sessions with academics on the evaluation following its publication and wrote to the then Deputy Minister for Social Services to highlight its concerns.

13. In 2022, this Committee undertook an inquiry on hospital discharge and heard evidence from carers representatives. One of the Committee’s recommendations was for the Welsh Government to undertake a rapid review of whether carers’ rights under the Social Services and Wellbeing (Wales) Act 2014 were being breached as a result of having to take on more caring responsibilities than they may be willing or able to, due to lack of available services.

14. The Welsh Government accepted this recommendation and asked the Association of Directors of Social Services (ADSS) Cymru to lead the review. ADSS published its rapid review in June 2023. The review’s findings include:

“There are waiting lists for carer’s assessments in most areas, which prevents carers having the support they need. Many carers are not being offered assessments.

[...] feedback from the large sample of carers reached by this review indicates a deficit in meeting carer’s needs. Some of this

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might stem from the lack of awareness of carer's rights and the help available and how to access it, but some reflects a lack of support provision or suitable provision where carers live.

Respite care is the most significant unmet need.”²

15. The [Ombudsman Wales](#) did an own initiative investigation into the administration of Carers’ Needs Assessments in 2024, investigating four local authorities. That report found that only 2.8% of the carer population in the Investigated Authorities had their needs assessed, and only 1.5% of the carer population in the Investigated Authorities had an assessment that led to a support plan.³ The Ombudsman Wales published a follow-up report⁴ in March 2026 which found that, whilst some improvements had been made, a gap still remains between the number of people who identify as carers and those receiving formal needs assessments. Further recommendations are made to two of the four investigated local authorities.

The Welsh Government’s approach

16. The Welsh Government’s priorities are outlined in its National Strategy for Unpaid Carers⁵. The Welsh Government “undertook extensive engagement with unpaid carers” in the summer of 2025 to develop a refreshed strategy for 2026.⁶

17. In March 2025, the Welsh Government published its Strategy for Unpaid Carers Delivery Plan 2025 to 2026⁷. The plan sets out immediate priority areas to improve recognition and support for unpaid carers across Wales.

18. ‘Strategic priority 3’ in the delivery plan is ‘Supporting life alongside caring’, with the following outcomes:

- unpaid carers continue to benefit from additional short break opportunities;

² [Rapid review of how unpaid carers' rights have been upheld during and after the Covid-19 response](#), ADSS Cymru, June 2023

³ [Are we caring for our carers? An Own Initiative investigation into the administration of carers’ needs assessments in Wales](#), Ombudsman Wales, 2024

⁴ [Are we caring for our carers? Revisited: A follow-up report on the progress made in the administration of carers’ needs assessments in Welsh local authorities since PSOW’s “Own Initiative” investigation in 2024](#), March 2026

⁵ [Strategy for unpaid carers | GOV.WALES](#)

⁶ [Minister for Children and Social Care, written evidence, 22 January 2026](#)

⁷ [Strategy for unpaid carers: delivery plan 2025 to 2026](#), Welsh Government, May 2025

- unpaid carers and patients benefit from unpaid carer involvement in hospital discharge and care planning;
- unpaid carers continue to benefit from emergency financial support;
- unpaid carers can access appropriate wellbeing support.

19. In January 2026, the Welsh Government published a new draft National Strategy for Unpaid Carers for public consultation. The final Strategy will be published after the Welsh general election.⁸

⁸ Draft national strategy for unpaid carers 2026, Welsh Government, 2 February 2026. The consultation on the draft Strategy closes on 13 April 2026.

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2. The Committee’s inquiry

21. ‘Support and services for unpaid carers’ was identified as a priority in the Committee’s strategy for the Sixth Senedd. Additionally, ADSS Cymru’s recent rapid review identified that “respite care is the most significant unmet need”. The latest data (as of March 2024) shows that only 4,923 carers had a statutory support plan.

22. In light of this, the Committee agreed to focus its inquiry on the provision of, and access to, statutory support for unpaid carers, particularly respite care. The Committee agreed the following terms of reference for the inquiry:

“To examine the current provision of, and access to, respite care services for unpaid carers across Wales, and identify changes to improve statutory support and enable unpaid carers to sustain a life beyond caring, including:

- *the main barriers faced by unpaid carers in accessing the support they need; including any specific challenges for carers based on factors such as age, ethnicity or where they live;*
- *the current availability of respite care across Wales, including levels of variation across regions;*
- *the extent to which the demand for carers support services is being assessed and addressed, and current levels of unmet needs;*
- *the role of Regional Partnership Boards in the provision of support for unpaid carers, and the effectiveness of current commissioning practices for services;*
- *the actions required to improve the implementation of the Social Services and Well-being (Wales) Act 2014 provisions for unpaid carers (including Carers’ Assessments and support plans).”*

- 23.** The Committee issued an open call for written evidence, which ran from 23 July 2025 to 19 September 2025. There were 42 responses received, most of which were published on the Committee’s website.⁹
- 24.** On 19 November 2025, the Committee held an informal roundtable event with unpaid carers. Notes from this session are available on the Committee’s website.
- 25.** The Senedd’s Citizen Engagement team facilitated a number of interviews and focus groups with people with lived experience of being an unpaid carer. It produced a [report of its engagement findings](#) in November 2025. It has also produced an [easy read version](#).
- 26.** The Committee held a number of oral evidence sessions with unpaid carers, carers’ charities, other relevant stakeholders and the Minister for Children and Social Care. A schedule of oral evidence is included at **Annex 1**.
- 27.** The Committee would like to thank all those who took part in this inquiry, and extend its particular thanks to the unpaid carers who gave up their valuable time to share their experiences with us.

⁹ Two responses were provided by individuals who asked that they be shared only with Committee members and not published; [Improving access to support for unpaid carers, consultation page](#), Senedd Cymru

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3. Barriers to accessing support for unpaid carers

Awareness and identification of carers

28. A clear theme from the evidence we received is that awareness and identification of carers remains a major problem. Many carers do not self-identify, especially older carers and those from ethnic minority backgrounds. In addition, many unpaid carers have been caring for a prolonged period of time before either self-identifying or being identified as a carer by someone else.

29. Judith Russell, an unpaid carer for 23 years, said:

“I didn’t actually know I was a carer. I cared for my mother because she was my mother. I looked after her. Of course I did. And it wasn’t until about three years ago that I identified as a carer, when I joined the Bridgend carers group.”¹⁰

30. This description typically described the majority of unpaid carers who spoke to us. They told us that, whilst they had not necessarily chosen to become a carer, they did so because of their love for the person they cared for:

“We do everything for love. If we had not done everything for love, we would not be here today.”¹¹

31. Stakeholders told us that there are clear opportunities for professionals in both health and social care to identify and signpost carers to support, but they are consistently missed. We were told that health and social care professionals, particularly GPs and consultants, often fail to recognise carers. Anne Solely, describing her experiences of caring for her husband, told us:

“(…) going to the GP, they don’t tell you anything. I have to ask them, and then they just leave me with nothing—no suggestion, nothing.”¹²

¹⁰ Record of Proceedings (RoP), 4 December 2025, para 20

¹¹ RoP, 4 December 2025, para 26

¹² RoP, 4 December 2025, para 71

32. Judith Russell told us that lots of carers take their loved ones for medical assessments, yet are not identified as carers by the medical professionals they see:

“My mother was diagnosed four years ago with vascular dementia, and that was it: ‘You’ve got vascular dementia. Off you go.’ My husband was diagnosed two years ago with Alzheimer’s, and that was it; we had a diagnosis of Alzheimer’s. There’s no offer of help; there are no directions to find help, (...) You’re on your own, completely.”¹³

33. She told us:

“it would be very helpful, if, when one saw the consultant who gives the diagnosis, they had some sort of pamphlet that they could give you and say, ‘Well, these are some organisations that you should perhaps contact.’ (...) but we don’t know where to go. We’re just left with that diagnosis and we have nothing else. We don’t know what to do.”¹⁴

34. Carers’ charities, including Carers Wales, agreed that it would be “difficult to argue against a greater onus on health services identifying and supporting unpaid carers”. Carer Wales referred to research undertaken as part of their last ‘Track The Act’ survey which had asked carers about the services they had engaged with over a 12-month period. They told us that “53 per cent said primary care”, showing that carers are interfacing, whether for themselves or the people they provide care for, with primary care services first and foremost. Not to identify carers in these settings at that early opportunity was, they said, “a missed opportunity”¹⁵.

35. Local authorities agreed there was a need for earlier identification of unpaid carers, and that this was needed “across the wider system –that’s employers, health, education, community settings, as well as the social services part of the local authority”.¹⁶The Welsh NHS Confederation agreed, stating:

“Critical identification points, such as medical settings (hospitals and GPs), which 72% of carers prefer, only identify 12% of carers. This lack of early identification means carers

¹³ RoP, 4 December 2025, para 56

¹⁴ RoP, 4 December 2025, para 56

¹⁵ RoP, 17 December 2025, paras 82-83

¹⁶ RoP, Claire Marchant, ADSS Cymru, 17 December 2025, para 318

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miss out on information and advice that could prevent them from reaching a crisis point.”¹⁷

36. Stakeholders suggested a number of actions to improve awareness and identification of carers. Carers Wales wanted to see a:

“wider understanding of unpaid caring done in a culturally competent way (...) and having that greater awareness that people can identify as unpaid carers at an earlier stage, so that they know that, when they need it (...) support is and should be available to them, and they can go out and seek it.”¹⁸

37. They called for a “large-scale, co-produced awareness campaign to improve awareness of carers rights and help carers identify themselves as carers”.¹⁹ Calls for a national awareness campaign were a strong theme across consultation responses. In its evidence, the WLGAsaid that raising awareness of carers’ rights is essential, and that “a national multilingual information campaign to complement local efforts would help” ensure carers in all communities understand their rights and know where to go for support²⁰.

38. Both Carers Trust and Carers Trust Wales emphasised that all relevant professionals should be trained in carer awareness to help them to identify unpaid carers, and provide quality information, advice and signposting. These points were echoed by the carers we spoke to. Linked to this, Carers Trust Wales said that, under the Carers (Wales) Measure, there used to be financial incentives for GPs to identify and register carers. They felt that, since the repeal of this Measure and the consequent loss of these incentives, there has been a marked decline in GPs identifying unpaid carers and signposting them to relevant services. Similar points were made by the NHS representatives we heard from.

39. We heard from the Older People’s Commissioner for Wales, who said that Artificial Intelligence (AI) should be better utilised, particularly as “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”. The Commissioner said:

¹⁷ Written evidence, UC32. All written evidence hereafter referred to by ‘UC’ number only

¹⁸ RoP, 17 December 2025, para 167

¹⁹ UC31

²⁰ UC28

*“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”.*²¹

40. She said that, once carers had been proactively identified, “public sector organisations should systematise a comprehensive offer of information, advice, signposting and assessment”.²²

41. Carers themselves told us that they would like to see posters to raise public awareness about being an unpaid carer in schools, GP surgeries, hospitals and pharmacies. Carers called for a public facing practical plan or ‘road map’ for carers, explaining the routes for access to support and setting out what is available to them in their respective areas. They also called for more training for healthcare professionals to improve earlier identification of carers.

42. Carers also told us that there should be better anticipatory planning, particularly for older carers. One carer told us:

“The fact that I am not a young woman should be a ‘flag’ for me probably requiring help? As it happens, I am fit for my age, but that is by no means usual for an 80-year-old!

*(...) looking back on my personal path of being an Unpaid Carer, it would have been good if my situation was foreseen - after all, these illnesses are not going to improve unless there is a miracle cure! What I am thinking is, in an ideal world, it would have been good if I had been assessed, at an early stage, for my own ability as a carer, home facilities, help required etc.”*²³

Evidence from the Minister

43. The Minister stated that the Welsh Government’s Charter for Unpaid Carers outlines carers’ rights, promotes the importance of co-production, and is a key resource for unpaid carers and professionals to improve recognition and raise awareness of carers’ rights.²⁴

²¹ UC08

²² UC08

²³ UC17

²⁴ [Minister for Children and Social Care, written evidence, 22 January 2026](#)

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44. She highlighted the Welsh Government’s ‘Carer Aware’ programme, jointly delivered by Carers Wales and Carers Trust Wales. She said this programme is aimed at increasing carer recognition and support across health and social care settings, and providing training to staff. She stated that the programme is in its fourth year, with £1.2m investment for 2022-26. She further stated that, in 2024/25, the programme provided resources to 700 healthcare students and training to 268 students.

45. Given the evidence about generally low levels of awareness about unpaid carers, we asked the Minister whether there were any plans for a national campaign. She told us that the Welsh Government provided over £300,000 annually to Carers Wales and Carers Trust Wales to develop awareness campaigns. This was subsequently disputed by Carers Wales and Carers Trust Wales, who clarified that, whilst this funding had been used to undertake some national awareness raising activity, “community level general awareness raising campaigns have not been funded as activities under this project”²⁵.

46. Denise Moultrie, head of policy for unpaid carers, Welsh Government, said that, whilst there had been a lot of focus on training health and social care professionals to be more aware of unpaid carers, the Welsh Government was now trying to “pivot” towards greater awareness-raising in the community, including in community hubs, pharmacies, pubs.²⁶

47. The Minister agreed that older people are less likely to be recognised or self-identify as unpaid carers, and therefore less likely to seek support. She highlighted funding from the Welsh Government to Age Cymru to provide initial advice and support to older carers and raise awareness in GP surgeries and other community venues.²⁷

48. The Minister also told us that the Welsh Government had funded a “successful targeted social media campaign” in June 2025 to inform young people about available support for young carers. This, she stated, was estimated to have reached almost two thirds of 13-24-year-olds in Wales. Further, she said that the Welsh Government had worked with Carers Trust Wales to develop revised materials for education staff about young carers, and said that this information would be accessible to all education staff early in 2026.²⁸

²⁵ [Correspondence from Carers Trust Wales and Carers Wales, 3 February 2026](#)

²⁶ RoP, 22 January 2026, paras 121-122

²⁷ [Minister for Children and Social Care, written evidence, 22 January 2026](#)

²⁸ [Minister for Children and Social Care, written evidence, 22 January 2026](#)

49. In relation to awareness of carers amongst healthcare professionals, we questioned the Minister about the missed opportunities for GPs and consultants to identify carers, and about the lost incentives for GPs to identify carers since the repeal of the Carers Strategies (Wales) Measure 2010. She told us that she “will be speaking to the Cabinet Secretary for Health and Social Care regarding opportunities to raise the profile of unpaid carers within the primary care system” and that her officials had met with their counterparts in primary care in preparation for this discussion, “to identify specific areas where improvements can be made”²⁹.

50. She also referred to the new National Strategy for Unpaid Carers (currently out for consultation) which will “highlight the duties of local authorities and health boards toward unpaid carers”.³⁰ She told us the new Strategy (to be published by the new Welsh Government) will:

“clearly lay out the actions and intended outcomes to improve the identification, recognition, provision of information and advice, assessment and support for our unpaid carers.”³¹

Our view - awareness

51. Unpaid carers are facing an increasingly desperate situation. The evidence we received shows widespread unmet need and systemic failings that leave many carers without the support they are legally entitled to. The consequences of the pressures experienced by unpaid carers are profound - financial hardship, deteriorating physical and mental health, and exhaustion.

52. Early identification of unpaid carers is fundamental to improving support. Yet, carers often feel invisible within health and social care systems and vital opportunities for health and care professionals (as well as teachers and school staff) to recognise them as carers and signpost them to information and assistance are frequently missed.

53. Despite existing initiatives, awareness of unpaid carers amongst professionals and the public remains unacceptably low, and this demands action. Without better identification and awareness, too many carers will remain unknown to the system until they reach a crisis point. In particular, health services, which are most often the first point of contact, must play a bigger role in identifying and

²⁹ [Correspondence from the Minister for Children and Social Care, 26 February 2026](#)

³⁰ [Minister for Children and Social Care, written evidence, 22 January 2026](#)

³¹ [Correspondence from the Minister for Children and Social Care, 26 February 2026](#)

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supporting carers. It is not enough to rely on carers to reach out for help for themselves; public services should proactively seek out carers.

54. Stronger leadership is required to make ‘every contact count’, so that when a person comes into contact with health or social care, education, or a public service, there should be routine consideration of whether they (or someone with them) is an unpaid carer and if so, they should have an offer of information and support.

55. We support the calls for a national awareness campaign, co-designed with carers, and we believe that older carers and carers from ethnic minority communities should be targeted with culturally appropriate outreach.

56. We also consider that incentives and accountability measures may be needed to drive changes in professional practice, as was the case under the Carers Strategies (Wales) Measure.

Recommendation 1. The incoming Welsh Government should work with unpaid carers and carers’ support organisations to design and promote a national awareness campaign. This campaign should promote the concept of “unpaid carers,” encourage self-identification, and publicise how to seek help. It should include outreach via GP surgeries, hospitals, pharmacies, schools, workplaces, and community settings (including places frequented by older people and ethnic minority communities).

Recommendation 2. To promote identification of unpaid carers in primary care health settings, the incoming Welsh Government should consider re-introducing targeted incentives for primary care to identify carers and signpost them to appropriate information and support.

Recommendation 3. The incoming Welsh Government should encourage health boards to ensure that all hospitals have arrangements in place, such as carer support officers, to identify carers during outpatient appointments, inpatient admissions and in preparation for discharge, with clear procedures to involve and inform the carer at every stage.

Recommendation 4. All health, social care, and education professionals should receive training in carer awareness, enabling them to recognise the signs of unpaid caring and respond appropriately. The incoming Welsh Government should work across portfolios to ensure that this recommendation is given full effect.

Recommendation 5. The incoming Welsh Government should, in collaboration with local authorities and the third sector, explore innovative approaches to finding ‘hidden’ carers. This could include better use of data and technology (as per the suggestion of the Older People’s Commissioner) to identify individuals who may be in caring roles (such as those frequently collecting prescriptions or making health appointments for others) and make a proactive early offer of information and advice, signposting and carers’ needs assessments.

Unmet legal rights

57. In addition to under-identification of carers, it was also clear from the evidence that awareness of carers’ rights is low, both amongst the public and professionals, and that carers’ legal entitlements under the Social Services and Well-being (Wales) Act 2014 are not being met. We heard that many carers do not know that they are entitled to a Carer’s Needs Assessment, and they are not aware of the support that could be available to them.

58. Carers told us that “everything is a fight”; that there is a real lack of support services available, and that systems are not responsive to their needs. The carers’ charities confirmed that this is the reality for the majority of carers in Wales. Kay John-Williams from Bridgend Carers Centre told us that they were hearing “just the same stories” over and over:

“And what I’m aware of, when somebody has to fight so much to keep that person as safe as they can, how can they ask for anything for themselves? There’s nothing left to ask for anything for you. There are no ongoing carers assessments. Once somebody has a carer assessment, it’s almost that the box has been ticked.”³²

59. Judith Russell told us that, despite having been a carer for many years, she was only identified as a carer in the last three years when she joined a local carers group and received support from them. She said:

“I so wish that that had been available to me a long, long time ago, because all through these last 23 years, I’ve had to fight and struggle to find things out—what questions to ask, who to ask, where to go. There’s very, very little help out there.”³³

³² RoP, 4 December 2025, para 42

³³ RoP, 4 December 2025, para 20

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60. Another unpaid carer told us:

“My experience has often felt like being in a maze and not finding the way out easily”.

61. Stakeholders told us that the number of carers assessments currently undertaken is extremely low, and that assessments often fail to lead to meaningful support. Describing her experiences as a carer, Chris Kemp-Philp told us:

“I didn’t know I was a carer from 1990. In 2006, (...) I asked for a carer assessment (...). After badgering for quite a considerable time, after I met the carers group in 2010, I got the my first assessment in 2018, and that was after an awful lot of badgering.”

62. Sue Rendell, who cares for her husband, told us that she had received no support as a result of either her own needs assessment or having been included in her husband’s care plan. She said:

“my carer assessment, which I only asked for last year, 2023, nothing happened. Earlier this year, I got a line in my husband’s care plan that says, ‘Mrs Rendell needs some respite.’ So, a couple of months ago, I said I wanted an independent carer’s assessment for me, please. And they came out; the woman comes out quite readily and has a nice chat. But, as the others have said, nothing much happens after that.”³⁴

63. Kay John-Williams from Bridgend Carers said that carers were typically waiting for prolonged periods for a needs assessment from their local authority, and that there was little in the way of support services at the end of the process, with carers routinely being referred back to the carers’ charity because of a lack of other provision. She told us:

“It takes so long for a carer assessment to be done. As soon as we see somebody, we refer for a carer assessment. That can take eight or nine months, and then when they come out, the carers then say that they’re just referred back to us. They can’t get a social worker until they have a carer assessment—that’s

³⁴ RoP, 4 December 2025, para 52

the block. We've had carers putting in formal complaints, but it hasn't made any difference.”³⁵

64. In light of this, we questioned local authorities about what the latest data showed in terms of the gap between supply and demand for services. In contrast to the evidence above and the reports from other stakeholders, Claire Marchant, Chair of ADSS Cymru, told us:

*“I don't believe that at a high level it shows that people are waiting for services”.*³⁶

65. Further, Catrin Perry, Chair of the All-Wales Heads of Adult Social Care, said:

*“We have data that we collect for the checkpoint return, which is about the number of people waiting for assessments, and that is assessment in general, so it'll be the cared for and the carer assessment. And, as Claire says, that data doesn't show us that people are waiting a long time for an assessment, whether that's a carer assessment or a cared-for assessment.”*³⁷

66. We also heard that language and cultural barriers, as well as rural isolation, can exacerbate problems with access to support.

67. The difficulties experienced by the carers we spoke to were also highlighted by the carers' charities, with Carers Wales and Carers Trust Wales both emphasising the evidenced 'gap' between the aspirations of the Social Services and Wellbeing Act and its implementation. Carers Wales reported that their Track the Act research³⁸ found that the majority of unpaid carers had not seen or received any information or advice on caring; the majority have never had their needs assessed; and that there appeared to be real gaps in data collection and understanding of delivery across local authorities.

68. Further, their research showed that all local authorities reported very low proportions of carers having their needs assessed or receiving support to help meet their needs. Merthyr Tydfil council provided just 13 Carers' Needs Assessments in 2023/24, representing just 0.2% of the 6,205 carers recorded in Merthyr Tydfil in the census. Carmarthenshire provided the highest number of

³⁵ RoP, 4 December 2025, para 116

³⁶ RoP, 17 December 2025, para 236

³⁷ RoP, 17 December, para 246

³⁸ [Track the Act](#), Carers Wales

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Carers’ Needs Assessments at 1,151 across the same period, though this represented just 6% of their carer population.³⁹

69. Carers Wales stated:

*“There is overwhelming evidence that the demand in Wales for carer support services is under assessed and under addressed”.*⁴⁰

70. They welcomed the Ministerial Advisory Group improvement plan, but said that ,whilst there were some positive steps towards looking at good practice and scaling and spreading that across Wales”, this alone “will not go far enough to address the issues that we face”. They told us there was a “significant implementation gap” and that “more capacity, more resource and greater leadership” was needed to resolve it.⁴¹

71. In direct contrast, the WLGA and ADSS Cymru presented a very different picture which seemed to contradict the wealth of other evidence we had heard on the severity of the situation faced by carers.

72. In particular, we asked local authorities whether they had any concerns about their ability to fund the services necessary to uphold carers’ rights under the Act. Claire Marchant, Chair of ADSS Cymru, told us:

*“I would want to assure the committee, as far as I am able, about local authorities meeting statutory duties.”*⁴²

73. We heard a number of suggestions for improvements from carers and carers’ charities. These included calls for consistent, meaningful carer’s needs assessments, which are proactively offered, and have follow-up support. There were also calls for the introduction of national targets for needs assessments, and stronger leadership to improve implementation.

74. Carers Wales stated that the Welsh Government must ensure that there is sufficient capacity within statutory bodies to deliver on their legal duties in the Act. It said that consideration should be given to whether additional resource

³⁹ UC31

⁴⁰ UC31

⁴¹ RoP, 17 December 2025, para 104

⁴² RoP, 7 December, 2025, para 287

should be protected and provided to local authorities to increase the number of assessments carried out and provide support where required.⁴³

75. In addition, we heard that the use of the term “assessment” was a problem in itself, and could be off-putting to carers. Dilwyn Morgan, WLGA spokesperson for health and social care, told us:

“From experience of speaking to carers, the fact that they think that they have to go for an assessment with a social worker is enough of a barrier to stop them from going.

I think that if there’s anything positive that I’d like to see (...), it’s changing the language in terms of assessment: call it a what’s important discussion; call it a carers scheme, but just ‘assessment’ can be a complete barrier for some people.”⁴⁴

76. Claire Marchant, Chair of ADSS Cymru, agreed, saying “I’m far more comfortable talking about carers conversations and carers support”.⁴⁵

77. In addition to problems with getting a needs assessment, we heard concerns about the assessment process itself, with some carers reporting that they had been told to complete their own needs assessment, and others saying that the final assessment document was not a true reflection of the discussions that had taken place. On this point, Bobbi-Jo Haarhoff, a long-term carer, told us:

“the reality out there is that people are finding that their information does not belong to them. The process is such that you have an assessment. That assessment doesn’t come back to you as a draft. It goes to somebody’s manager, and by the time it does come back to you, if it comes back to you, it doesn’t look like anything that you’ve discussed, or you have to ask for it via a subject access request. That doesn’t feel like early intervention and prevention. That doesn’t feel like partnership.”⁴⁶

⁴³ UC31

⁴⁴ RoP, 17 December 2025, para 250

⁴⁵ RoP, 17 December 2025, para 262

⁴⁶ RoP, 4 December 2025, para 304

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78. We also heard reports of poor data management practices, with some carers reporting that they had received copies of other people’s personal information, including completed needs assessments.

‘Willing and able’ to provide care

79. Under the Social Services and Wellbeing (Wales) Act 2014, carers must be “willing and able” to provide care. Carers told us that, despite this requirement, they are not listened to by health and care professionals when they say they are unable to provide care and, and even when they are at crisis point, they often have no choice but to continue their caring role.

80. Chris Kemp-Philp told us that, on several occasions, when her husband (for whom she was caring) was due to be discharged from hospital, she had told hospital staff that, whilst willing to provide care, she could not manage without some additional help at home. She told us:

“I said that on every one of the three hospital discharges. I said, ‘This is an unsafe discharge. I am willing to look after him, but physically I’m unable, and I need help’, and nobody has been able to tell me who I take that to. Although I have the legal right to say ‘no’, (...) I was told that he had capacity, so my needs were overridden by his capacity to want to come home. And that was a huge problem.”⁴⁷

81. Albie Sutton, one of the young carers we heard from, told us that “it’s not as easy as that” to say “no” to your caring role:

“(...) one of the rights that carers have is that they have the right to say ‘no’ to their caring role. And I just couldn’t help but laugh at that, because I just feel like that’s a right that someone made who’s never been a carer, never been a young carer—they don’t know what it looks like. And they’ve just said, ‘Well, you can say “no”.’ (...)”

You can’t just turn away that responsibility that comes upon you. You can’t just say ‘no’. (...) Although we have that right, who gets to use that right? It’s not possible.”⁴⁸

⁴⁷ RoP, 4 December 2025, paras 36, 112

⁴⁸ RoP, 4 December 2025, para 485

82. The carers’ charities endorsed the experiences of carers in this area, with Carers Wales telling us that “the carers report in 2024 showed that about 64 per cent of current and former carers in Wales told us that they had no choice but to provide care, because there were just no other options available”. They said:

“Carers are having to step up and plug the gaps, and are just often being left to get on with it, because there’s not enough capacity and resource to be able to support them.”⁴⁹

83. They told us that, in an “ideal world”, a needs assessment should identify any carers who are unwilling or unable to provide care to someone, and “therefore, a greater prevalence of assessments is needed”. They said that, if it were to become clear, as part of an assessment, that a carer is either unwilling or unable to provide care (or both), then statutory services should put in place a package of support that relieves that carer of their duties. But, “as it is, that isn’t happening, and carers are having to provide care because that support just doesn’t exist”⁵⁰.

84. Related to this, we were told by carers’ charities and the Regional Partnership Board representative that the £1m funding across health boards to engage with carers about hospital discharge “barely scratches the surface”⁵¹, and that the amount allocated had remained the same for over a decade.

Evidence from the Minister - unmet legal rights

85. The Minister stated that the Welsh Government had commissioned ADSS Cymru to undertake a review of how carers’ rights were being protected and their needs met. That review, undertaken in 2023, had found “too few assessments were being completed, carers were often waiting too long and there was inconsistency across Wales in how assessments were delivered”.⁵² It also highlighted respite care as a significant unpaid need. She told us that the review had identified “several areas for national improvement”.⁵³

86. She said that, following that review, the Welsh Government had supported the development of an action plan, led by ADSS Cymru and guided by a sub-group of the Ministerial Advisory Group for Unpaid Carers⁵⁴. This, she told us,

⁴⁹ RoP, 17 December 2025, para 115

⁵⁰ RoP, 17 December 2025, para 116

⁵¹ RoP, 15 January 2026, para 111

⁵² [Minister for Children and Social Care, written evidence, 22 January 2026](#)

⁵³ RoP, 22 January 2026, para 11

⁵⁴ [Ministerial Advisory Group for Unpaid Carers](#)

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focused on the improved delivery of information, advice and assistance to unpaid carers, as well as carer’s needs assessments:

*“The action plan will deliver a more consistent and informed approach at the ‘front door’ of social services across Wales and is due to be completed in March 2026”.*⁵⁵

87. She told us that the “key intention from my perspective is to enable greater consistency in the approach to assessments”. She confirmed she would write to the Committee toward the end of March with details of progress against the action plan.⁵⁶

88. She also confirmed that an additional £47,235 had been provided this financial year to accelerate delivery and develop new resources to support improved practice and information to unpaid carers.

89. We challenged the Minister about the evidence we had heard that carers’ legal rights were not being met, particularly the contrasting evidence from local authorities. She said this was “absolutely the same concern that I have”⁵⁷. She made similar points during a separate scrutiny session on the Welsh Government’s draft budget 2026-27, when she told us:

*“I remain very concerned that not enough unpaid carers are getting their statutory entitlement to an unpaid carers assessment.”*⁵⁸

90. She confirmed that she had written to all local authority leaders on 12 December 2025:

*“because I know that there are instances where those statutory obligations are not being met.”*⁵⁹

91. She told us that the purpose of her letter was to “impress upon [council leaders], politically, the need for them to be complying with their legal requirements to ensure that every unpaid carer that is identified is offered a carer’s needs assessment”.⁶⁰

⁵⁵ [Minister for Children and Social Care, written evidence, 22 January 2026](#)

⁵⁶ RoP, 22 January 2026, para 32

⁵⁷ RoP, 22 January 2026, para 11

⁵⁸ RoP, 27 November 2025, para 202

⁵⁹ RoP, 22 January 2026, para 17

⁶⁰ RoP, 27 November 2025, para 202

92. She said that, once a carer had received a needs assessment, if that assessment identified that respite care should be delivered, then the local authority had a statutory responsibility to deliver it. “So, I’m very clear about that, as is my colleague the Cabinet Secretary for Housing and Local Government”⁶¹.

93. She told us she would analyse the responses from local authority leaders (due by 23 January 2026) and would follow-up with local authorities and Regional Partnership Boards as required. She went on to say that if she was not satisfied with the responses, the next step would be a “clearer direction to Care Inspectorate Wales that this has to be a specific element of their inspection of local authorities, to make sure that that is being delivered”⁶².

94. We pressed her on the timings for this work, and she accepted this would be “an ongoing piece of work” which would not be resolved prior to the forthcoming election. However, she said:

*“(…) what I can do is make sure that I give a very clear steer to any incoming Government about the work that still needs to be done in this area, and in advance of that, make it very, very clear to local authorities what my expectations are and what I think the expectations of any incoming Government are going to be in this area.”*⁶³

95. In subsequent correspondence, she confirmed that responses had been received from all local authority leaders, and that they had all “acknowledged there were areas for improvement regarding the support for unpaid carers” in their respective areas. She said there was “variation in the extent of improvement required” and that, as a result of the responses, the Welsh Government had met with Care Inspectorate Wales (CIW) to “consider options around their assistance and role in driving improvement”. They had also agreed with CIW that their next bi-annual meetings with Directors of Social Services/Heads of Service (which are due to take place in April 2026 and are part of CIW’s formal assurance process) will include support for unpaid carers as a key line of enquiry. She said that “CIW will provide us with their analysis of these discussions, which we will use to determine next steps”.⁶⁴

⁶¹ RoP, 27 November 2025, para 202

⁶² RoP, 22 January 2026, para 17

⁶³ RoP, 22 January 2025, para 29

⁶⁴ [Correspondence from the Minister for Children and Social Care, 26 February 2026](#)

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96. As regards monitoring compliance with the Act, the Minister told us that arrangements were “quite robust”; that the Welsh Government had regular discussions with local authorities and regional partnership boards, and that RPBs reported regularly on how they met their obligations. She told us:

“What perhaps we need to think about more clearly is not just, actually, monitoring, but what we do as the follow up, if that monitoring shows that it’s not delivering in the way that we want it to be delivered.”⁶⁵

97. We pressed the Minister further on the “implementation gap” between the ambition of the Act and its delivery, and we asked her how she would respond to suggestions that local authorities are not sufficiently funded to deliver the requirements of the Act. She acknowledged the financial pressures facing local authorities but said that, as well as protecting their funding during the “difficult years at the beginning of this term, over the last the last two to three years, local authorities have seen a significant uplift in their rate support grant from the Welsh Government”.⁶⁶ She told us:

“(…) councils will receive an extra £112.8m for the settlement in 2026-27 to deliver essential services, including social care, through our agreement with Plaid Cymru. This represents a 4.5% uplift, with every authority guaranteed more than 4%. Social care was a priority raised by councils and I would therefore expect them to ensure funding is used to deliver their duties under the Social Services and Well-being Act.”⁶⁷

Evidence from the Minister – ‘willing and able to provide care’

98. We pressed the Minister on the evidence that some carers are given no choice but to provide care, even when they have stated they are unable to do so. She told us that she expected the current improvement work being undertaken via the Ministerial Advisory Group would address the points about establishing whether someone is willing and able to provide care. She said that “resources are being developed to illustrate the best practice for practitioners when they’re

⁶⁵ RoP, 22 January 2026, para 19

⁶⁶ RoP, 22 January 2026, para 80

⁶⁷ [Correspondence from the Minister for Children and Social Services, 26 February 2026](#)

going through this process, and there are information sheets for carers on what to expect from an assessment”⁶⁸.

99. She told us:

*“it’s absolutely vital (...) that both practitioners and unpaid carers know that that [being willing and able to provide care] is a required area for discussion. (...) I would be very surprised if professionals in this field don’t know that, because this is a fundamental part of the Act. (...) I think that’s something we need to look at.”*⁶⁹

100. In relation to hospital discharge, the Minister cited the Welsh Government’s Hospital Discharge Guidance⁷⁰ for health and social care frontline staff, saying that it “highlights the importance of involving unpaid carers in discharge planning, which is key to safe and effective discharge”.⁷¹ She emphasised the importance of early conversations with families, and said there was a “transformation grant that’s been available to local authorities to help with delivering improved domiciliary care, reablement care”.⁷²

101. In further correspondence, she stated that, although “positive steps” have previously been taken to improve the visibility and importance of support for unpaid carers within the hospital discharge guidance, “we will be using the current annual review to further strengthen this where required.” Updated content will be published “by the end of the summer”.⁷³

102. She also stated that the Welsh Government is working closely with those developing guidance for mental health and learning disability discharges. She said that, whilst this work was in the early stages of development, “it presents a further opportunity to ensure the profile of unpaid carers, and the support and rights available to them, are adequately promoted in guidance for staff in these settings”⁷⁴.

⁶⁸ RoP, 22 January 2026, para 100

⁶⁹ RoP, 22 January 2026, para 100

⁷⁰ [Hospital discharge guidance](#): Welsh Government, January 2025

⁷¹ [Minister for Children and Social Care written evidence, 22 January 2026](#)

⁷² RoP, 22 January 2026, para 104

⁷³ [Correspondence from the Minister for Children and Social Care, 26 February 2026](#)

⁷⁴ [Correspondence from the Minister for Children and Social Care, 26 February 2026](#)

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Our view - unmet legal rights

103. Despite carers’ legal rights under the Act, too few are having their needs assessed and, for those who do, meaningful support rarely follows. Some carers are put off accessing assessments because there are no services to refer them onto.

104. We heard directly from unpaid carers about the extreme hardships they face on a day-to-day basis in their caring role, and the struggles they have in accessing any form of support. Carers’ charities confirmed that the carers we spoke to are not the exception, and that the experiences they reported of having to ‘beg’ for help are typical of what they hear from carers on a day-to-day basis. It is evident that too many carers are reaching crisis point without any support. This situation is unacceptable and must not continue.

105. We were alarmed by the depth of the implementation gap between the ambition of the Act and its application in practice. We were particularly concerned that local authorities’ assurances about meeting their statutory duties do not tally with the lived experiences of carers. Further, that local authorities do not grasp the scale of the problem and the urgency required to deliver the necessary improvements.

106. The evidence we heard is clear and consistent with the findings of the other independent reviews and investigations on this subject - carers’ rights are not being upheld and local authorities are not fulfilling their statutory duties to unpaid carers.

107. We believe that urgent measures are needed to bridge this implementation gap so that carers are proactively offered a needs assessment, rather than being left to navigate a “maze” to find out what they are entitled to. Further, that assessment should be more than a “tick-box exercise” – it should result in real support, and should be periodically reviewed and updated as the carer’s situation changes. The fact that so many carers are referred back to carers’ charities or offered no help after an assessment is indicative of a systemic failure.

108. We were very concerned to hear carers’ evidence about having to continue to provide care despite feeling unable to do so. No carer should feel compelled to provide care when they are not able to, yet many are effectively being forced into that position. This is a clear breach of the Act’s intent and raises serious questions about accountability.

109. We note the Minister’s evidence that an action plan is under development by the Ministerial Advisory Group on Carers (led by ADSS Cymru). While we welcome this initiative, the lived experiences of the carers we have heard from give us cause for concern that it will be sufficient without strong oversight and accountability.

110. We believe that the Welsh Government must now exercise much stronger leadership and oversight to ensure duties to unpaid carers are fulfilled, by setting minimum standards for carers’ needs assessments and support plans, providing additional resources where necessary, and holding authorities to account if they fail to deliver. We also believe it is time to consider how carers assessments are presented and conducted, with a more user-friendly “carer support conversation” approach that could remove stigma and encourage more carers to engage.

111. Finally, as regards being “willing and able” to provide care, we believe that no discharge from hospital should proceed without the carer having confirmed they are willing and able to take on care, with alternative arrangements put in place if they are not. The current gap between the Act and practice must be closed without delay.

Recommendation 6. The incoming Welsh Government should, as a matter of priority, review the action plan (led by ADSS) for upholding unpaid carers’ rights under the Social Services and Well-being (Wales) Act 2014 to ensure that it:

- sets out clear actions, lines of responsibility and milestones;
- includes steps to improve the offer and take-up of needs assessments and ensure carers receive timely support services;
- addresses known barriers, including language and cultural barriers; and
- sets out how progress will be monitored and reported,

and should ensure that any gaps in the plan are addressed.

Recommendation 7. The incoming Welsh Government should consider introducing national minimum standards for carers’ support services. These standards could include:

- maximum waiting times for carers’ assessments;
- expectations for the range of carers services that should be available as a minimum in each region (such as a dedicated young carers’ service);

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- a proactive offer of information and advice, and advocacy for those who need it; and
- expectations for carers’ involvement in care planning and hospital discharge processes.

Introduction of these standards should be accompanied by publication of an annual progress report, which should provide details of the actions to be taken by the Welsh Government where minimum standards have not been met.

Recommendation 8. The incoming Welsh Government should consider updating statutory guidance under the Social Services and Wellbeing (Wales) Act 2014 to strengthen the standards for Carers’ Needs Assessments. This should, as a minimum:

- require proactive offers of information, advice and assistance and needs assessments to be made to people who may be carers, and require assessments and support plans to be completed in a timely manner within a specific period of time, with a written copy provided to the carer;
- explore the use of alternative terminology (such as “what matters conversation”) to replace the word “assessment,” which some carers find off-putting;
- emphasise the need for the assessment process to be carried out with the carer in a collaborative, respectful way.

Recommendation 9. The incoming Welsh Government should ensure that updated hospital discharge guidance to be published later this year:

- reaffirms the importance of early discussions with families to ensure a safe and effective discharge;
- requires every health board to have a mechanism in every hospital (such as a designated carers’ champion) to consult with the carer prior to discharge and, if that carer indicates they are unable to provide care, to work with the local authority to provide support to make alternative care arrangements;

- requires confirmation that the carer is willing and able to provide the necessary care, and provides information to the potential carer about their legal rights.

Leadership and accountability

112. More broadly, leadership and accountability for carers’ services has emerged as a critical issue in the evidence. Multiple reports over the last five to 10 years have clearly identified the problems with carers’ services and have offered recommendations for improvements. What is missing is effective implementation, and it is clear that the Welsh Government must take more responsibility for driving the necessary changes ‘from the centre’. Without a clear national direction, local provision of services will remain inconsistent and inadequate.

113. We recognise the competing pressures and tightly constrained finances facing both local authorities and health boards, and we believe that stronger oversight and dedicated resources are needed to ensure that carers get the support they so desperately need.

114. In addition, we recognise that the challenges facing unpaid carers span multiple policy areas, including health, social care, education, housing, and poverty. Poor quality housing and a lack of suitable adaptations fitted in a timely way, can making caring much harder. Similarly, transport (particularly in rural areas), financial hardship, employment rights and digital connectivity are all issues which affect those providing care.

115. Supporting unpaid carers must be a whole-Government priority, not just a matter for the social care portfolio. We welcome the Minister’s evidence that she has engaged with Cabinet colleagues, and we believe this approach must continue and strengthen in the next Welsh Government. We believe that a whole-Government unpaid carers strategy is needed, and that the next Welsh Government should task the appropriate Minister with responsibility for improving delivery for carers as an early priority.

Recommendation 10. The incoming Welsh Government should ensure that the new National Strategy for Unpaid Carers is accompanied by a strong governance and accountability framework, and a clear implementation plan that links strategic aims to measurable outcomes.

Recommendation 11. The incoming Welsh Government should consider a requirement for each relevant Minister to report on how their portfolio is

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contributing to supporting unpaid carers in order to ensure that responsibility for unpaid carers is shared across government.

Recommendation 12. Given the well-documented and long-standing lack of progress with services for unpaid carers, we believe that external oversight is crucial. The incoming Welsh Government should commit to providing an annual statement to the Senedd on progress with delivery of key outcomes for unpaid carers, including the implementation of recommendations in this report and the Carers Strategy Delivery Plan. These statements should:

- detail improvements in areas including Carers Assessment rates, respite provision, and support for young carers; and
- outline any further actions the Welsh Government will take if progress is unsatisfactory.

Conclusion 1. Our successor Committee should consider undertaking inquiry work over the course of the next Senedd to scrutinise of the delivery of commitments to, and key outcomes for, unpaid carers, including (but not limited to) the implementation of recommendations in this report and the Carers Strategy Delivery Plan.

Recommendation 13. We recommend that the Welsh Government directs Care Inspectorate Wales to integrate ongoing compliance checks on carer support and statutory duties relating to unpaid carers into their regular inspection and monitoring of local authorities.

Recommendation 14. Following the Minister’s agreement with Care Inspectorate Wales that their next bi-annual assurance meetings with Directors of Social Services (due in April 2026) will include support for unpaid carers as a key line of enquiry, the incoming Welsh Government should write to our successor committee within six months to provide an update on any developments arising from those meetings and details of the next steps that have been agreed.

Recommendation 15. As part of cross-government working, the incoming Welsh Government should consider creating a rapid home aids and adaptations scheme for unpaid carers for essential home aids and adaptations that have been identified as part of a needs assessment.

Impact of caring

Health and wellbeing of carers

“I often feel depressed and almost in despair about the task in front and ahead of me”.

Unpaid carer

“I worked fulltime throughout my life about 37 hours a week with weekends off and about 4 weeks holiday a year. Now I work over 80 hours a week, 7 days a week and 52 weeks a year. I could not plan for the attrition of this on my own wellbeing”.

Unpaid carer

[On being a constant caregiver], “I feel like I’m in the middle of an ocean and I can’t get out.”

Unpaid carer

“When you reach out to the services and say ‘I’m having a mental breakdown’ and they say ‘there is nothing we can do’ and you’re stuck there thinking ‘I’m drowning and you’re telling me there’s nothing available’. It needs to change.”

Unpaid carer

116. We heard very distressing evidence from unpaid carers about the deterioration of their health and wellbeing as a result of their caring role. Sue Rendell, who cares for her husband, told us:

“my health was declining, largely from stress; I was eating too much and I was probably drinking too much, just to get through the day, and I said, ‘I can’t deal with him at home on my own.’”⁷⁵

⁷⁵ RoP, 4 December 2025, para 77

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117. We heard that carers, particularly older carers, often struggle with their own health needs, and find it very difficult to attend medical appointments. Chris Kemp-Philp told us:

“There is no such thing as a normal life for a carer. (...) I’m waiting for a knee replacement. They said I’ve been 108 weeks on the waiting list. I’ve been called to two hospital appointments to talk about it. (...) I wouldn’t have been able to go to appointments myself because I would have had nobody to stay at home to care for him. (...) There was nobody to step in and help. It was 24/7 for five years. I just didn’t do anything else.”⁷⁶

118. Kay John-Williams from Bridgend Carers centre said this experience was typical for unpaid carers - “people don’t go for their appointments”. She told us:

“The longer they care, the more invisible they become.

Carers become less and less able to talk about themselves, or to talk about their needs or their health.”⁷⁷

119. Carers told us that, in addition to problems with their physical health, they also experience poor mental health, isolation, burnout and exhaustion. Kalpana Natarajan told us about the impact that caring had on her life:

“The first is the physical strain.(...) tiredness, injuries, poor sleep. (...) Then what about the mental health, the stress, the anxiety, whether I’m giving medication properly? (...) Then there is social isolation. Because you’re not well, you’re in this country, many people don’t want to come to your house. (...) Then there’s an emotional guilt that because we are looking after him, we are not looking after, maybe, my grandchildren. (...)”⁷⁸

120. We heard there is a clear need for better access to mental health support for carers, including for young carers, who told us they worry constantly about the person they care for while they are at school. Albie Sutton told us:

⁷⁶ RoP, 4 December 2025, para 124

⁷⁷ RoP, 4 December 2025, paras 127, 129

⁷⁸ RoP, 4 December 2025, paras 326-332

“I find that, as a young carer, you always just get in that position mentally where you prioritise everyone else above yourself and you don’t have time to manage your own mental health. I’d say definitely that that’s the case for me—I don’t manage my mental health; I don’t know how to manage my mental health.”⁷⁹

121. Similarly, in our informal roundtable discussion with young carers, they told us:

“There are so many worries in my head about what will happen when I’m away”.

“I am worrying about my mum at home all the time.”

“we need wellbeing support”.

122. Carers Trust Wales highlighted work by Dr Siobhan O’Dwyer of Birmingham University, who demonstrated an elevated suicide risk amongst unpaid carers.

“Her research shows that carers have a level of suicide risk akin to that of veterans who have seen active service. One in eight carers has made a plan to end their own life, one in 10 has made an attempt. And that’s one in 10 at a time where, on average, local authorities have support plans for less than 0.5 per cent of the caring population”.⁸⁰

123. The charity highlighted the need for carers to be specifically considered in the suicide action plan for Wales.

124. Carers Wales suggested a number of ways to support carers in meeting their own health needs, including being provided with replacement care to be able to attend medical appointments when they are needed, so that health conditions do not require emergency treatment later down the line. They also suggested making services “more carer friendly” and ensuring that carers are given more flexibility (or priority) with regard to making their appointments and being able to attend treatment.⁸¹

⁷⁹ RoP, 4 December 2025, para 394

⁸⁰ RoP, 17 December 2025, para 8

⁸¹ RoP, 17 December 2025, para 136

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125. We heard of the benefits of services like sitting services (which allow carers to attend medical appointments whilst someone sits with the person they care for) and counselling services.

Financial hardship facing carers

126. We heard evidence of the financial hardship facing carers, with Carers Trust Wales telling us:

“the poverty rate amongst unpaid carers is at 31 per cent, which is far higher than the 22 per cent poverty rate in the wider population. More than one in six carers caring for a person in their household is living in fuel poverty.”⁸²

127. During our informal round table discussions with unpaid carers, they told us:

“We are really struggling and the financial support isn’t there”.

128. One young carer said:

“I noticed my parents are struggling for money though they try to hide it from us. I noticed my parents missing meals as they can’t afford to buy more.”

129. We heard that these high poverty rates are exacerbated by either having to reduce working hours, or give up work altogether in order to provide care. We also heard of the extra costs facing carers, including costs for transport and specialist equipment. Chris Kemp-Philp told us:

“I gave up my career to become a full-time family carer. I didn’t realise that I’d become a carer, because I just stopped working to look after him, but, of course, having lost two incomes, to survive on half a civil service pension wasn’t great.”⁸³

130. She explained that there are “complications” that can arise when people do not realise that they are carers, including being unaware of benefits and financial assistance that is available:

“Because I hadn’t realised I was a carer, I wasn’t claiming carers allowance. We were living off his half civil service pension. That

⁸² RoP, 17 December 2025, para 9

⁸³ RoP, 4 December 2025, para 16

was all we had coming in. And because of that, I had 30-odd hours towards my pension. (...) So, I don't get a full pension because, for the 10 years that I didn't claim carers allowance, even though I was caring, I'm not credited.”⁸⁴

131. In addition to not being aware of it, stakeholders told us that Carer's Allowance and other benefits are inadequate, and many carers have to cut back on essential items. Carers Wales said:

“In the last two years, our ‘State of Caring’ survey has shown a 53 per cent increase in the number of carers cutting back on things like food and heating. Fifty-three per cent in two years is a shocking statistic and shows a trajectory that is going in one direction (...) Similarly, 33 per cent more carers since 2024 are using credit cards, loans or overdrafts to try and cope with the cost of caring as a direct result of their caring roles.”⁸⁵

132. We also heard that, whilst the Welsh Government's Carers Support Fund is helpful, it is short-term and limited in reach. Carers Wales and Carers Trust Wales both highlighted the financial hardship being experienced by carers in Wales. Carers Trust Wales administers the Carers Support Fund with Welsh Government funding, and said that delivery partners across all services reported significant demand for support through the programme, particularly for hardship grants:

“Our challenge is meeting demand and managing this. Demand is phenomenal, and we have had to temporarily stop taking referrals at certain times as the waiting list was too large. Staff are working under pressure; they know carers are struggling so additional funding would be very beneficial.”⁸⁶

133. Carers Wales told us that there are “things that the Government can and should be doing better to better support carers in financial hardship”, but that the levers to alleviate the levels of poverty and deep poverty seen amongst unpaid carers sit at a UK level and are most efficiently administered in Wales via the benefits and welfare system. However, they called for the Welsh Government to

⁸⁴ RoP, 4 December 2025, para 61

⁸⁵ RoP, 17 December 2025, para 16

⁸⁶ UC18

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“take a more strident step with regard to its representations to the UK Government” to demonstrate that the “system is not working for carers in Wales”.⁸⁷

134. More specifically, Carers Wales called for improvements to the current system, including a ‘Carer’s Allowance supplement’ similar to the Scottish model.

135. In terms of strategies, Carers Wales said, “we know that carers are significantly more affected by poverty than the general population in Wales” and suggested that, when planning policy interventions relating to poverty, unpaid carers should be “a central part of that planning process”, which should be “co-produced with carers as well to make sure that it’s rooted in reality and works for them”.⁸⁸

Evidence from the Minister

136. The Minister told us that supporting unpaid carers is “absolutely the right thing to do” and has been “a priority for me since I’ve been Minister.”⁸⁹

137. She said there was “very much a cross-Government” approach to supporting unpaid carers, and that she had regular conversations with the Cabinet Secretary for Education, the Cabinet Secretary for Social Justice and the Cabinet Secretary for Housing and Local Government. The latter, she told us, were “particularly important because the vast majority of the budget around social care and support for unpaid carers sits within the local government main expenditure group (...) and not within the health and social care MEG.”⁹⁰

138. In relation to financial hardship, the Minister stated that the Welsh Government continued to support people experiencing extreme financial difficulty through its Discretionary Assistance Fund.

139. She referenced the Carers Support Fund, established in 2022 and extended until March 2029, which provides emergency financial assistance to unpaid carers on low incomes for essential items or bills. She told us that the annual investment is £1.75m, with a total investment of £12.25m. She stated that, between 2022 and 2025, “small grants were given to 29,500 unpaid carers, almost double the target of 15,000”.⁹¹

⁸⁷ RoP, 17 December 2025, para 152

⁸⁸ RoP, 17 December 2025, para 153

⁸⁹ RoP, 22 January 2026, para 39

⁹⁰ RoP, 22 January 2026, para 41

⁹¹ [Minister for Children and Social Care, written evidence 22 January 2026](#)

140. She also referenced the Welsh Government’s Carer Wellbeing and Empowerment Programme, saying that in 2024/25 the programme had provided 81 unpaid carers with direct support to help them re-enter the workforce and trained 145 job centre staff to ensure they could better support carers into employment.⁹²

Our view - health, wellbeing and hardship

141. No one in Wales should have to put their own health and wellbeing at serious risk or fall into poverty because they are caring for a loved one. Yet the evidence shows this is happening at scale.

142. Unpaid carers are the backbone of the health and care system; without them, the system would collapse. Supporting carers to look after their own health and wellbeing is not just the ‘right thing to do’. It helps to sustain their caring relationships, and prevent far greater costs being transferred to the NHS and social services.

143. We support the calls for a significant strengthening of health and wellbeing support for carers, and we were especially struck by the evidence of heightened risk of suicide amongst carers, as well as the testimony from young carers about their constant anxieties in their caring role. We believe that carers must be recognized as a vulnerable group in mental health and well-being strategies (including the national suicide prevention plan), and receive tailored support such as accessible counselling, peer support, and respite opportunities to relieve stress.

144. As regards the financial hardships facing unpaid carers, we believe that action is needed to support carers in or at risk of poverty. While some financial levers are reserved, the Welsh Government does have options available to it. We welcome the continuation of the Carers Support Fund until 2029, but believe that the level of funding (£1.75 million annually) is insufficient relative to the scale of need, as evidenced by the fund’s oversubscription.

145. We agree with stakeholders that a longer-term solution is required, and that there is merit in exploring advocating for UK-wide benefit reforms and providing a Welsh Carer’s Allowance Supplement (or equivalent support) to boost carers’ incomes. We also believe there is merit in the Welsh Government considering interventions such as recurring lump-sum payments to carers on low incomes

⁹² [Minister for Children and Social Care, written evidence, 22 January 2026](#)

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(building on the £500 support payment in 2022) or schemes to assist carers with energy costs and other essentials.

146. More broadly, we believe it is important that carers are recognised as a priority group when developing anti-poverty interventions in Wales at local and national levels.

147. Further, we believe that helping carers return to, or remain in, employment (if they wish) is very important. This requires carers having better access to respite (as discussed in Chapter 4), as well as carer-friendly workplaces supported by government initiatives.

Recommendation 16. The incoming Welsh Government should work with health boards and local authorities to establish a formal system to ensure carers receive timely health and mental well-being support. This should include offering all identified unpaid carers (particularly those providing high-intensity care) flexible appointments and regular health check-ups, as well as signposting to peer support groups or other mental health support.

Recommendation 17. Carers must be recognised as a priority group in mental health and suicide prevention strategies and action plans. The incoming Welsh Government should report on how it is addressing the elevated suicide risk amongst carers, including in the forthcoming suicide prevention action plan.

Recommendation 18. The Welsh Government and local authorities must ensure, through their respite and home care services, that carers can attend to their own health needs. Each local authority should develop a relief or sitting service provision so that carers can attend medical appointments. The Welsh Government should monitor provision of these services, and should consider publishing national guidance to make replacement care for carers’ health a standard offer across Wales.

Recommendation 19. The incoming Welsh Government should undertake a feasibility study on providing a Wales-specific Carer’s Allowance Supplement or other direct financial support for carers, and publish its findings. It should do this within the next 12 months.

Recommendation 20. In the shorter term, the incoming Welsh Government should consider implementing additional, one-off support payments for unpaid carers most at risk of fuel poverty and financial crisis (for example, by replicating and expanding the £500 carers payment initiative). Such payments should be

well-publicised and automatically issued where possible to avoid low uptake due to lack of awareness or administrative barriers.

Recommendation 21. The incoming Welsh Government should consider increasing the annual funding for the Carers Support Fund in response to the clear evidence of need amongst carers, and commit to proactive promotion of the Fund so that more carers in need are aware of it.

Recommendation 22. The incoming Welsh Government should ensure that carers are recognised as a priority group when developing anti-poverty interventions in Wales.

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4. Respite and support services

“Respite is not a luxury; it is essential to maintaining carers’ capacity to care.”

Family Fund

“My key priority, regular respite, has not been met”.

Unpaid carer

“People use the word, now, ‘fight’, they use the word ‘beg’. It never used to be like that, and I’ve been working with carers for many, many years. It shouldn’t be like that.”

Kay John-Williams, Bridgend Carers

“Respite is non-existent (even when they have told you that you can access 6 weeks a year) for family carers to get a break. That never happens in reality.”

Unpaid carer

“I have tried to get respite. (...) There is next to nothing available and certainly nothing on a regular planned basis. I don’t know how to keep going as the work gets harder as his health declines. I know what I need to keep going - time to recharge mind and body - but it is not available”.

Unpaid carer

Availability of respite services

148. The evidence we received as part of this inquiry highlighted a severe shortage of respite care across Wales. Stakeholders described the provision of respite care as a “postcode lottery”, often saying that it was almost non-existent. We heard that existing provision is fragmented and inflexible, and also unsuitable for those with complex needs.

149. Carers Wales and Carers Trust Wales told us there was no consistent approach across Wales in the implementation of statutory respite for individual carers, and insufficient provision of services. Carers Wales said:

*“the availability of respite care is a serious and recurring concern for unpaid carers”.*⁹³

150. Similar points were made by Carers Trust Wales, who said:

“There is a shared understanding that capacity across the system – in statutory services and in the third sector – is unable to meet the demand”.

151. Carers Trust Wales also told us that local carer organisations were reporting a rise in the need to respond to more complex and acute needs in recent years, and that some local carer organisations had waiting lists for services, primarily due to the “number of referrals from statutory and other services who themselves are overrun with numbers of people requiring assistance and support, whose needs they cannot meet.”

152. Carers’ charities told us that, even within the same county, there were often variations in service availability and eligibility depending on the condition of the person in need of care. They said that geography and age were also shaping access:

“[...] a carer told us how they could not access a respite stay in a local care home in their county as they lived in the wrong GP catchment area, ‘there’s a local authority care home in Bangor called [Name] and we were told that he could only go there if our doctor’s surgery was in the Bangor area and that was the same for Llanberis as well.’

*Another carer explained how their local authority offered a sitting service but only for older people with disabilities. As the person with a disability they cared for was under 18, the carer was not able to access a sitting service in their county.”*⁹⁴

⁹³ UC31

⁹⁴ UC31

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153. Carers also reported that staying in privately-funded respite facilities was significantly more expensive than local authority-funded places within the same facility:

“Respite care cost in a care home here is £1500 per week privately or £100 per week through the Council but the latter is not available for my husband.”⁹⁵

154. We were further told that workforce shortages and a lack of skilled care staff limited the availability of respite, and that costs and a lack of appropriate replacement care are barriers to respite, particularly for overnight care, which was highlighted as a priority gap in provision. Stakeholders reported that, even in a crisis or emergency, social care cannot always respond quickly with replacement care.

155. The consistent message from carers was that regular, reliable breaks would make the biggest difference to their ability to cope. Carers and carers charities told us that those breaks needed to be flexible, tailored and personalised, rather than just traditional residential care. Chris Kemp-Philp, a long-term unpaid carer, told us that she had previously been given a gym membership as respite which enabled her to go swimming for an hour at a time. She said:

“... for me, that was a perfect respite. I didn't have to leave home for long and I could actually get some benefit out of it. But I couldn't have done any of the other things that are more traditional respite.”

156. We heard about the benefits of being able to have a break with the person you care for, with support. We were told of an opportunity:

“for adult carers, there was a residential that they went on with the person they cared for to a place, a facility, that had a spa and things like that. But they also had someone on hand to care for the people that needed caring for, so that both parties were having a great time together, but responsibility didn't fall on either of them.”⁹⁶

157. Carers and carers' charities also told us that support services needed to be culturally sensitive. Hazel Lim, an unpaid carer, explained that respite services

⁹⁵ UC31

⁹⁶ RoP, 4 December 2025, para 490

offered to Chinese carers in her carers’ group, including a stay in a caravan, were “generic” and “not tailored” to meet the needs of individuals.

158. She told us that a carer in her group had been offered respite that was not culturally sensitive and that, when she had tried to provide feedback and suggestions for more culturally-appropriate respite, she had been told, “this is not what we do.” Hazel Lim felt this demonstrated that, whilst respite provision existed, “it’s not there to meet people’s needs; it’s just there to tick a box”.⁹⁷

159. She felt strongly that respite should be tailored to individuals’ needs in order to provide meaningful support. Speaking about the Chinese community, she also felt it was important for respite to work with existing groups so that people “know there is a trusted community, they know they can open up to tell you what they need, so that you can be providing meaningful respite”.⁹⁸

160. Kalpana Natarajan, an unpaid carer, agreed, telling us:

“care cannot be one size fits all. It must be flexible, personal and culturally aware. Systems should adapt to people, not the other way around.”⁹⁹

161. We heard there can be language barriers for some carers, particularly those from ethnic minority backgrounds and that, as provision of translation is not mandatory, it can be difficult to engage with statutory services without an interpreter. Carers told us that, often, services ask a member of the family, sometimes young children, to translate for the carer and this is often not appropriate. Conversely, they also reported occasions when they had been made to feel uncomfortable when providing interpretation for a relative. Runa Begum told us:

“sometimes we’d have to take my mum to the bank, and you’d be like, ‘Oh, my mum wants this and that.’ I was older—obviously, I wasn’t five or six—in my teens, but you would get this look, ‘Oh, why is your daughter interpreting?’ And it used to make me feel really uncomfortable, and then it was, ‘Well, why are you doing that?’ ‘My mum obviously needs the help and

⁹⁷ RoP, 4 December 2025, para 267

⁹⁸ RoP, 4 December 2025, para 343

⁹⁹ RoP, 4 December 2025, para 347

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that's why I'm here. Instead of helping me, why are you judging?"¹⁰⁰

162. We heard a lot of evidence from carers about how socially isolating caring can be. Chris Kemp-Philp told us:

"[Being a carer] makes you so unreliable. You can't make plans, because I never knew until he woke up whether he was going to be functional or completely needing my care. So, I literally couldn't plan a day ahead, and people stop inviting you to things if you don't turn up."¹⁰¹

163. They told us how valuable they found third sector services and peer support groups. One carer, describing their local carers' group, said:

"they saved my life in 2010 when I joined them. (...) They genuinely did through the peer support."¹⁰²

164. Local authorities accepted that there was not enough respite available, but highlighted the difficulties in commissioning and organising respite services to meet the many and greatly varying needs of individual carers. Jane Gebbie, WLGA spokesperson for health and social care, said:

"It's not about funding and capacity, it's actually organising it.

It's hard to do that, to meet other people's needs when they want it. Because if we're being told we have to do it to meet people's needs, it's got to be at a time that suits them. There's no point giving them a Tuesday and a Wednesday in respite provision if they're in full-time work (...) That doesn't give them the opportunity for a break away from any of those responsibilities, because they'll come home from work and they'll still have those same responsibilities.

For someone that has a physical disability, if you're an unpaid carer, that's a very different care and support package to someone who has dementia or Alzheimer's, as an example."¹⁰³

¹⁰⁰ RoP, 4 December 2025, para 255

¹⁰¹ RoP, 4 December 2025, para 102

¹⁰² RoP, 4 December 2025, para 63

¹⁰³ RoP, 17 December 2025, paras 294, 297

Evidence from the Minister

165. We questioned the Minister about the evidence we had heard that workforce shortages and a lack of skilled care staff limited the availability of respite provision. She told us that “local authorities have to determine the workforce that they need” having undertaken an assessment of their respective population needs. She acknowledged that better data was needed to inform those population needs assessments.¹⁰⁴

166. We asked her whether she had considered providing more national direction on particular provision in each area, given the variation between local authorities, and the evidence from Carers Trust Wales that some crucial services will always be needed. We also asked whether she would consider ringfencing funding for respite care.

“It’s that dilemma between having a national policy as a Government that you want to see delivered and then how a local authority delivers that in accordance with the needs of their local population. I don’t think that we can dictate that from a Government level.

We can set out the expectation about what we want to see in terms of support for any cohort of the population, but it has to be down to the local authority, through their population needs assessments, to identify what is appropriate and what is needed in their local population area.”¹⁰⁵

167. She went on to say:

“I get many calls being asked to ring-fence certain elements of funding to local authorities, but we have a very clear agreement with the WLGA that we don’t do that, that local authorities have their own democratic mandate and they determine how their funding is spent.”¹⁰⁶

¹⁰⁴ RoP, 22 January 2026, paras 89-90

¹⁰⁵ RoP, 22 January 2026, para 162

¹⁰⁶ RoP, 22 January 2026, para 164

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Short Breaks Scheme (and other initiatives)

168. Established in 2022, the Welsh Government’s Short Breaks Scheme is intended to promote a more flexible and individualised approach to breaks for carers. This can include funds for hobby equipment, leisure memberships, activity sessions and outings. It was not intended to replace the duties on local authorities to provide respite.¹⁰⁷

169. The scheme is delivered by Carers Trust Wales and Regional Partnership Boards. In her written evidence, the Minister stated that from 2022-2025, the Scheme delivered over 50,000 short breaks, “significantly exceeding the target of 30,000”. The Welsh Government invests £3.5m annually into the Scheme, and has announced its continuation until 2029, with an overall funding commitment of £24m.¹⁰⁸ In its written evidence on the draft budget 2026-27, the Welsh Government stated that demand for the Scheme continues to exceed supply.

170. According to an independent evaluation¹⁰⁹ by Bangor University, the Short Breaks Scheme reached 24,331 carers by 2023/24. The evaluation found that the scheme addressed a crucial gap, as “86% of adult participants had not accessed breaks from caring elsewhere in the previous year”. Of the young carers and young adult carers who responded to the evaluation survey, 75% reported they had not accessed a break in the previous year.

171. We heard from stakeholders that the Scheme is valued, is “a model that works”, and that “delivery partners and carers alike value the flexibility and variety of breaks made available to carers through the Scheme”.¹¹⁰ Bridging the Gap Gwent Short Breaks Scheme¹¹¹ was frequently highlighted in written evidence as a positive example of an effective scheme giving carers opportunities to take breaks.

172. However, it was also clear that the Scheme is limited in its reach, and that demand far exceeds supply. Carers Trust Wales emphasised that, despite exceeding its target reach, the Scheme only reaches a “small percentage of the carer population who need support to take a break”. Carers Trust Wales said this point was echoed by delivery partners, who reported that demand consistently exceeds supply:

¹⁰⁷ Minister for Children and Social Care, written evidence, 22 January 2026

¹⁰⁸ Minister for Children and Social Care, written evidence, 22 January 2026

¹⁰⁹ Evaluation of the National Short Breaks Scheme: Interim Report: Summary, Bangor University, February 2025

¹¹⁰ UC18

¹¹¹ Bridging the Gap Gwent Short Breaks Scheme

“The demand for short breaks is so high, we could have delivered four or five times over if we’d had any extra capacity, so it has been a challenge to manage expectations. We are in position when we are not publicly advertising the project as we would have to turn away so many carers which would detrimentally impact on our reputation.”¹¹²

173. Carers Trust Wales stated that the current reach of the Short Breaks Scheme is, “of necessity, determined by the resource and funding available, rather than in response to the carer population need”. It argued that “greater investment in this preventative programme would enable greater reach and impact for carers, sustaining carers for longer and reducing the likelihood of burnout”.¹¹³

174. Several stakeholders, including Carers Wales, have expressed concern that local authorities may be rolling-back support since the introduction of the Short Breaks Scheme. Carers Wales said that, considering how few carers receive support plans from their local authority, carers needed reassurance that national funding for the scheme has supplemented, rather than replaced, the support local authorities should provide under their statutory duties in the 2014 Act.

175. We asked the WLGA and ADSS Cymru whether there had been any such reductions in statutory provision since the introduction of the Scheme. Jane Gebbie, WLGA spokesperson for health and social care, told us “absolutely not”, although she acknowledged that “there’s not enough of it” and that an increasing population with additional complex needs would mean that additional resources would be needed in the future.¹¹⁴

Evidence from the Minister

176. The Minister’s evidence highlights the success of the Welsh Government Short Breaks scheme which, she stated, delivered over 50,000 short breaks from 2022-2025 (exceeding the target of 30,000). She said that 80 per cent of those benefitting from the scheme were providing more than 50 hours of care a week and most carers had not had any other break in the previous 12 months. Further, almost half of those who accessed the scheme were previously unknown to services and could be signposted as a result of the contact.¹¹⁵

¹¹² UC18

¹¹³ UC18

¹¹⁴ RoP, 17 December 2025, para 292

¹¹⁵ [Minister for Children and Social Care, written evidence, 22 January 2026v](#)

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177. The Minister stated that this illustrated that the scheme “successfully focuses on those providing the highest levels of care and not otherwise getting a break”.¹¹⁶

178. In relation to funding for the scheme, she told us that the Welsh Government’s annual investment is £3.5m, and “we have announced continuation of the scheme to 2029; an overall funding commitment of £24m”.¹¹⁷

179. She also highlighted the Welsh Government’s annual provision of £360,000 to the Take a Break programme through the Family Fund grant, which provides support to unpaid carers and disabled and seriously ill children.¹¹⁸

180. In her written evidence, the Minister stated that her letter to local authority leaders, issued in December 2025, requested that local authorities review their respite provision and highlighted that there is merit in Regional Partnership Boards considering a regional approach.¹¹⁹

181. We challenged the Minister on the suggestions that local authorities were rolling back the support they provide as a result of the Short Breaks Scheme. She said she had seen no evidence of that, but would “make inquiries” about it. She told us:

“As far as I’m concerned, it remains a statutory obligation of the local authority. I will reiterate that the short breaks scheme is not a replacement for statutory respite, it is an additional enhanced scheme to provide further support for carers.”¹²⁰

Commissioning and funding challenges

182. Stakeholders highlighted the ongoing problems with annual and short-term funding for third sector services. There was a clear message from both carers’ charities and local authorities about the need for greater and more sustainable funding for carers’ support services, including respite, short breaks and appropriate replacement care. Kay John-Williams, from Bridgend Carers, told us:

“We’re holding, as organisations, hundreds and hundreds of people now who are becoming very unwell themselves and have to fight for ongoing funding. There should just be that

¹¹⁶ [Minister for Children and Social Care, written evidence, 22 January 2026](#)

¹¹⁷ [Minister for Children and Social Care, written evidence, 22 January 2026](#)

¹¹⁸ [Minister for Children and Social Care, written evidence, 22 January 2026](#)

¹¹⁹ [Minister for Children and Social Care, written evidence, 22 January 2026](#)

¹²⁰ RoP, 22 January 2026, para 158

ongoing funding and always developing what the carers need and what services.”¹²¹

183. Carers’ charities highlighted the need for greater investment in carers’ services, with Carers Wales telling us:

“(…) we’ve been flat funded on the services that we deliver on behalf of the Welsh Government since 2022. We’ve worked out that, if we were to receive inflationary uplifts year on year, we’d have an extra about £50,000 to work with, which would help us do a lot more.

We consistently overdeliver on our responsibilities, every single year, against what we’re scheduled to do, but we’re getting real-terms cuts every single year, and I know that that’s the situation for lots of other charities across Wales doing similar work.”¹²²

184. Those points about insufficient and flat-line funding for carers services were echoed by Greg Thomas, Chief Executive of Neath Port Talbot Carers Centre, and Carers Trust Wales, with the latter also highlighting problems with funding “that comes very late in the year”, saying:

“decisions to issue funding in the autumn with ‘Please get this money out of the door by quarter four’, (...) doesn’t allow for effective long-term planning and it keeps it as very much a sticking plaster, which creates real instability in the sector.

So, if we think about recruitment and retention within these vital services, it’s really, really difficult when the funding streams are inconsistent and not to the level that we need them to be.”¹²³

185. Carers Trust Wales said there was a need to put the third sector “on an equal footing to statutory partners” in order to recognise their position as a “crucial part of delivering rights under the Act”.¹²⁴

¹²¹ RoP, 4 December 2025, para 173

¹²² RoP, 17 December 2025, para 29

¹²³ RoP, 17 December 2025, paras 31 and 35

¹²⁴ RoP, 17 December 2025, para 36

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186. The WLGA and ADSS Cymru told us that, whilst (in their view) there has been “significant progress” since the inception of the Social Services and Well-being (Wales) Act, “considerable challenges” remain, and local authorities are “desperately in need of additional resource and capacity in that regard”¹²⁵. Catrin Perry, Chair of the All-Wales Heads of Adult Social Care, told us:

“we don’t have the resources and the provision across Wales consistently to meet the needs of those [unpaid] carers.”¹²⁶

187. They argued that:

“As council leaders, we’re delivering excellent services for some of our carers, we just can’t deliver enough of them. And particularly around assessments, around the delivery of respite support services, we would always prioritise residential, long-term stays over respite, and that’s backwards, essentially, but we need that provision and that capacity in order to deliver some of that.”¹²⁷

188. Dilwyn Morgan, WLGA spokesperson for health and social care, acknowledged that, “because of the financial pressures that local authorities and partners have faced, then perhaps we are guilty of allowing unpaid carers to go slightly off the radar”¹²⁸.

189. In addition to concerns about a lack of resources to meet the needs of carers, local authorities called for greater consistency in funding for third sector providers, rather than the current “start-stop” arrangements. They told us that carers reported back to them that funding for third sector services is “there one minute and then it might not be there next year or the year after”¹²⁹. Dilwyn Morgan said:

“we need sustainable, long-term funding so that we can operate not just on an annual basis but on an ongoing basis. I think that’s crucial.”¹³⁰

190. Claire Marchant, Chair of ADSS Cymru, agreed, calling for:

¹²⁵ RoP, 17 December 2025, paras 185, 190

¹²⁶ RoP, 17 December 2025, para 193

¹²⁷ RoP, 17 December 2025, para 187

¹²⁸ RoP, 17 December 2025, para 195

¹²⁹ RoP, 17 December 2025, para 193

¹³⁰ RoP, 17 December 2025, para 198

“stable and sustainable funding for preventative support, particularly short breaks, and that’s got to be part of sustainable funding for the whole of social care in Wales.”¹³¹

191. Jane Gebbie supported this, and said there was also a need to “address wider social care funding and workforce challenges”¹³².

192. Separately, Carers Trust Wales highlighted a lack of transparency in how spending is reported. They stated:

“In 2022-23, the Welsh Government reported that a total of £12.3m was allocated by RPBs to support unpaid carers, which it notes is 5% above the minimum expected investment. No further breakdown of the figures is provided in national reporting with RIF, Short Breaks and health board funding accounted for together.”¹³³

193. Carers Trust Wales also stated that, despite budgets for RPBs and the Regional Investment Fund (RIF) being assured until 2027, local carer organisations continue to have annual contracts to deliver RIF-funded programmes, such as supporting carers through hospital discharge. We were told that this pattern is the same with some health boards, with uncertainty each year about the continuation of funding to support work with unpaid carers. This, we were told, leads to an environment of insecurity for services and the experienced staff delivering them, and ultimately risks potential gaps in support for unpaid carers as services prepare to step down and then re-establish on an annual basis.¹³⁴

194. Carers Trust Wales also highlighted problems with commissioned contracts not covering the full cost of delivery of services. They told us that local carer organisations reported that “contract values often fall significantly below the true cost of service delivery to meet need, or cover only part of the full service delivered by the third sector”. In addition,

“there is often an expectation that local carer organisations seek alternative forms of funding to deliver not only on the ‘additional’ costs and services that may enhance carer

¹³¹ RoP, 17 December 2025, para 318

¹³² RoP, 17 December 2025, para 313

¹³³ UC18

¹³⁴ UC18

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experience, but to supplement aspects of the delivery of their local authority, health board or RPB commissioned service.”¹³⁵

195. Carers Trust Wales said this is particularly the case for the funding of young carer services. We were told that the local carer organisation is often the primary delivery provider of young carer services in an area. Carers Trust Wales said that, despite this, many local organisations reported that their “main source of funding for this service is the National Lottery, or smaller trusts and foundations”. They said that, in one local authority area, there is a minimal investment of £10,000 per annum to the local carer organisation from statutory partners to support young carers in school. The remainder of the service, which involves outreach to all local schools, is funded by the Lottery.¹³⁶

196. Carers Trust Wales told us that it was aware that, in another area of Wales, the value of the local carer organisation’s commissioned services “is less than a third of their annual income”. It went on to state:

“However, there is a precedent where the service reports on 100% of their delivery in annual progress reports to their statutory partner, thus giving the impression that the services funded from charitable sources are contributors to meeting statutory duties.”¹³⁷

197. We put these points to the local authority representatives, and asked them whether their commissioning needed to improve as a result. They told us they were “continuously looking to improve”, and that new population needs assessments (being looked at currently by RPBs) will be more reflective of people’s needs and will “give us better commissioning and intent.”¹³⁸ They also highlighted the importance of the third sector, saying that “without them, we would not be able to deliver”. They accepted that they “need to look at our third sector colleagues and we need to be sustainable around them.”¹³⁹

Evidence from the Minister

198. The Minister’s evidence set out that Regional Partnership Boards have responsibilities to promote joint commissioning of services, based on their

¹³⁵ UC18

¹³⁶ UC18

¹³⁷ UC18

¹³⁸ RoP, 17 December 2025, para 310

¹³⁹ RoP, 17 December 2025, para 313

population needs assessments. It says that the Welsh Government requires a minimum of 5 per cent (£7.34m) of the annual £146.8m Regional Integration Fund (RIF) to be used for carers’ support services. Within this 5 per cent, £1m annually is provided across health boards to provide a carer support service when the person being cared for is in hospital.

199. She also noted that the Welsh Government funds Carers Wales to provide support to the unpaid carer representatives on Regional Partnership Boards, saying “it is important the voices of unpaid carers are heard in these fora”¹⁴⁰.

200. We highlighted the concerns of stakeholders around problems with annual and short-term funding for third sector services, and asked whether a multi-year budget would be a better arrangement. She acknowledged the concerns in this area, and said this was something that would need to be kept under review because the Welsh Government “can only allocate funding when we know what our funding is.”

201. She noted that some grants were multi-year, for example, the sustainable social services grant (recently extended for a further year), and said:

“where we are in a position to at least give indications of multi-year funding, we would want to be able to do that. (...)

from the Welsh Government’s point of view, the way in which the UK Government is now dealing with the allocation of funding to Wales, we have more than a year’s indication of where that funding is going, so we can start to have those conversations, I think, about where we may be in a position to look at at least giving more than one year, or, if not an absolute guarantee, an indication of what might happen a year after”¹⁴¹

202. Alistair Davey, Deputy Director, Social Services, Welsh Government, and Denise Moultrie, head of policy for unpaid carers, Welsh Government, told us that the Welsh Government was able to issue ‘letters of comfort’ to the third sector as a way of “indicating that Welsh Government is going to provide funding without it being a guarantee”. They also referred to the national framework for

¹⁴⁰ [Minister for Children and Social Care, written evidence, 22 January 2026](#)

¹⁴¹ RoP, 22 January 2026, para 46

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commissioning care and support; a code of practice to help local authorities commission services in a more sustainable way.¹⁴²

Regional Partnership Boards (RPBs)

203. Stakeholders highlighted a number of issues relating to Regional Partnership Boards, including carer representation.

204. In relation to carer representation on Regional Partnership Boards, carers’ charities felt that these representatives were not always considered to be equal partners. Carers Wales said that “some RPBs are better than others at supporting the participation of their Carer Representatives”, but said they felt that “some RPB Carer Representatives can feel their involvement is, at times, tokenistic”.¹⁴³ They said there was a need for “a better level of co-production” within RPBs as regards unpaid carers, with better training, more support and more time being provided to them.¹⁴⁴

205. Carers Wales also argued that RPBs should “establish a dedicated standing committee to consider the needs and feedback of carers, co-chaired by carers, following best practice already seen in some RPBs”. They told us that, to enhance carer representation and account for the difficulties carers can face in attending meetings because of the unpredictability of their caring duties, RPBs should offer replacement/respite care and remuneration and that “all RPBs should appoint at least two Carer Representatives (as some RPBs already do)”.¹⁴⁵

206. We challenged local authorities on these points, and they told us they did not accept them. Speaking on behalf of her own RPB, Jane Gebbie said “we do have people with lived experience, and they help deliver all our services”¹⁴⁶.

207. Dilwyn Morgan, WLGA spokesperson for health and social care, supported this point, telling us:

“the work of the regional boards always includes the voice of service users, whatever the subject—and where carers and young carers are concerned then that is certainly as true.”¹⁴⁷

¹⁴² RoP, 22 January 2026, paras 47-50

¹⁴³ UC31

¹⁴⁴ RoP, 17 December 2025, para 48-49

¹⁴⁵ UC31

¹⁴⁶ RoP, 17 December 2025, para 212

¹⁴⁷ RoP, 17 December 2025, para 215

208. However, he acknowledged that there had been “a national weakness” with RPBs in sharing good practice. He said “there are so many pilots and so on and smaller projects funded in the short term that are successful, but then we let them go. We don’t share that information and that data on those programmes and projects”¹⁴⁸.

Our view

209. Access to breaks and replacement care was the single biggest unmet need cited by carers in their evidence to us. Despite being described as “essential” for sustaining carers, demand greatly exceeds supply, and carers from every part of Wales told us they struggle to get even a few hours of relief.

210. Regular, reliable breaks are not a luxury. They are essential to maintaining carers’ physical and mental wellbeing and their ability to continue in their roles. Yet the evidence presented to us shows that respite care is in crisis – too often unavailable, unsuitable, or insufficient.

211. This has been a well-known issue for many years, with our predecessor Committee reporting on it in 2019, but progress has been minimal. We are particularly concerned about the lack of respite and replacement care for those in the most demanding care situations, such as caring for someone with complex medical needs or dementia, and reports that overnight or emergency respite is simply not there when needed are alarming, placing carers and those they care for at significant risk.

212. When it comes to respite and replacement care, a “one size fits all approach” is not acceptable. Respite services must be far more flexible and person-centred. They must be available at the times and in the form that help the carer, whether that is a few hours away during the day, a weekend break, or support that allows the carer and cared-for person to have a holiday together.

213. We wish to also stress that cultural and linguistic considerations are not optional. They are fundamental to meaningful support, and it is simply unacceptable that carers from ethnic minority communities are being offered respite that is not culturally sensitive, or that they face language barriers due to lack of interpretation services. The Welsh Government and local authorities must

¹⁴⁸ RoP, 17 December 2025, para 215

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ensure that respite and support services meet the diverse needs of all communities in Wales, including people with protected characteristics.

214. We acknowledge the success of the Welsh Government’s Short Breaks Scheme in providing valuable relief to many carers, and we welcome its extension to 2029, with increased funding. However, the existence of this scheme, and the fact that the majority of carers using it were providing more than 50 hours of care per week and had no other break in the previous year, points to a significant shortfall in statutory respite provision. The Short Breaks Scheme must remain additional to, and not a substitute for, local authorities’ statutory duties. We were pleased to hear the Minister emphasise this point in her evidence, but we believe this position will need to be monitored closely.

215. Ensuring adequate respite and support for carers will require bold action and a commitment to further funding. Investing in respite and replacement care is a long-term preventative measure which helps to prevent breakdowns in caring that, ultimately, require far costlier interventions. Whilst we are sympathetic to the pressures on social care budgets and workforce, the cost of not providing respite and replacement care is far higher in both human and financial terms.

216. We believe that the incoming Welsh Government should make it a top priority to develop a comprehensive action plan to expand and improve respite care provision. The new Welsh Government must be stronger in its leadership role, setting minimum expectations for respite availability in each region and addressing the fundamental question of resources. In practice, we believe this means the provision of more funding, targeted at, and ring-fenced for, respite and carers’ support services. There is also a need for better planning to build workforce capacity.

217. We also believe that the commissioning model for carers’ services needs to be reviewed. Short term, last-minute grants lead to insecurity and hamper planning and growth. Unpaid carers rely heavily on third-sector providers for support. As such, funding for these providers must be put on a sustainable footing. Multi-year funding settlements with inflation-linked contracts and early confirmation of funding are critical to retaining skilled staff and expanding vital carers’ services. Additionally, we see a clear case for greater transparency so that spending on carers’ support in each local area, and outcomes, can be easily tracked.

Recommendation 23. The incoming Welsh Government should develop a comprehensive action plan to expand and improve respite care provision for unpaid carers. This should:

- include minimum standards for respite and replacement care provision across local authorities in Wales, including ensuring adequate provision of night-time and emergency care;
- monitor delivery against those minimum standards; and
- publish the findings annually, along with details of the actions it will take if any local authority consistently fails to provide the minimum level of respite.

Recommendation 24. To ensure stability in carer support services, the incoming Welsh Government should consider moving towards multi-year funding arrangements for the third sector and local authorities, similar to the multi-year funding commitments for important programmes like the Short Breaks Scheme and Carers Support Fund. Where possible, it should encourage and enable Regional Partnership Boards, local authorities and health boards to offer three-to-five-year contracts for key carer services, and should itself look to announce funding for carer support services early in the financial year to help the third sector plan, and recruit and retain staff.

Recommendation 25. The incoming Welsh Government should consider ringfencing the funding provided for respite and carers support services.

Recommendation 26. The incoming Welsh Government should improve transparency and accountability by requiring each Regional Partnership Board to publish an annual carers’ funding and performance report, detailing how much funding is being spent on carer services in the region, which source of funding it comes from, and the outcomes being delivered.

Recommendation 27. The incoming Welsh Government must work with local authorities to improve the way they engage with carers from ethnic minority backgrounds, with the aim of co-producing culturally sensitive respite services which address the needs of diverse carer communities. The Welsh Government should monitor progress with this.

Recommendation 28. Support and services for unpaid carers should be co-produced with unpaid carers at every level – locally, regionally and nationally. To

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this end, we believe that the incoming Welsh Government and Regional Partnership Boards (RPBs) should strengthen the voice of unpaid carers in decision-making and enhance their representation on RPBs. To this end, multiple carer representatives should be encouraged on each RPB, and each RPB should provide enhanced support for their carer representatives, including training, remuneration and replacement care where appropriate, to enable carers to be meaningfully involved, and attend and participate fully, in meetings. The incoming Welsh Government should commit to continuing to fund the third sector to support carers representatives on RPBs.

5. Specific challenges facing young carers

“You’re running on empty, and as a young carer who wasn’t noticed for a decade, it was pure manic. I had no coping skills, I had no support, and this had been going on since I was about three or four. I got into the young carer system last year. I’m now 15”

Elektra Thomas

218. Carers Trust Wales told us that the 2021 Census noted a marked increase in the proportion of children and young adults providing significant levels of care:

“when using 20 hours of care as an indicator, the proportion of young carers and young adult carers in Wales providing significant levels of care increased from 15 per cent to 27 per cent between 2011 and 2021.

For those providing 50 hours of care a week, this increased from 12 per cent to 15 percent.

I think we can all agree that 50 hours of care is substantial for anyone, let alone a child juggling that with full-time education. The census also made clear that young carers are more likely to live in areas of high deprivation than their peers without a caring role.”¹⁴⁹

219. The young carers we spoke to told us about the impact of their caring role on their lives. Describing the “mental struggle” of being a young carer, Albie Sutton told us:

“my mind just feels like a hive of bees.

There are just (...) so many things to think about. I get home at the end of the day and I’m like, ‘Oh my god, I’ve got to do this, I’ve got to do that.’”¹⁵⁰

220. Young carers said it was difficult for them to pursue their hobbies or to socialise. They described feeling “very isolated” in their caring role, “especially at

¹⁴⁹ RoP, 17 December 2025, para 10

¹⁵⁰ RoP, 4 December 2025, para 388

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home”, and said they were “always housebound” as “there’s no-one to take over what I do”¹⁵¹.

221. They also talked about their caring role being a “huge barrier” to employment:

“Nearly all my peers at school and people my age have a part-time job and have the time to go out and work and earn their own money to save up or spend. I don’t have this opportunity. Because of my caring role and the time it takes out of my week, I can’t go out and work and I therefore won’t have the opportunities others will have such as paying for car or health insurance, MOT, house deposit, or starting myself off for University, whereas everyone else will.

My caring role in itself is equivalent to a part-time job, as it is for all young carers, but the difference is that we don’t get paid for it and provide our care for free.”¹⁵²

Young carers in education

“Young carers in Wales miss more than six full school weeks each year in comparison to young people without caring responsibilities, who miss about 13 days.

It’s no wonder, therefore, why young carers are achieving less at school and they are less likely to go on into further and higher education, and if they do make it to university, they’re less likely than their peers to actually graduate.”¹⁵³

Carers Trust Wales

222. Young carers told us that awareness about young carers amongst school and college staff is generally poor, and that greater and more consistent training was needed for teaching and other school staff to recognise and support carers.

¹⁵¹ RoP, 4 December 2025, para 389

¹⁵² RoP, 4 December 2025, para 389, taken from the additional information contained in the footnote to that paragraph

¹⁵³ RoP, 17 December 2025, para 11

223. Elektra Thomas, a young carer, told us:

“It’s [‘young carer’] not a term that’s heard of often, especially when it came around to my school, it still wasn’t known as anything. My friends don’t know what a young carer is, and it’s quite difficult trying to explain to my friends that I’m a young carer”¹⁵⁴

224. Ffion-Hâf Scott, a young carer, agreed, telling us that her teachers often did not understand the responsibilities that come with being a young carer:

“I remember going to my teacher—we had a piece of coursework—and saying, ‘Listen, I can’t do this right now. I can’t do this coursework. You’re going to have to fail me. If you do fail me, that’s fine, but I need you to know that I just can’t do this right now.’ And their response was, ‘Well, you have too much on your plate and you need to take things off your plate.’ And I was like, ‘It’s very bold of you to stand where you’re stood and say that to me, because it’s not a choice to take on the things that we do take on.”¹⁵⁵

225. Albie Sutton, a young carer, said that he had recently had the opportunity to speak in front of his school about young carers and how to identify them. He said this had made a real difference, and the numbers in his local young carers’ group had increased as a result. He felt that awareness-raising like this should take place on a national level, making “people, teachers, staff, employers” aware of young carers and how to recognise them “by seeing those signs of lateness or seeing that sleepy face of hardly having any sleep or always looking anxious”. He said:

“being able to recognise the sign of a young carer and knowing how to help them, knowing to refer them to certain support groups or knowing what to say to them, I think that would be such a key thing.”¹⁵⁶

226. Young carers felt that awareness of young carers should be a core part of staff training in schools, and that young carers should be involved in this training. They

¹⁵⁴ RoP, 4 December 2025, para 405

¹⁵⁵ RoP, 4 December 2025, para 400

¹⁵⁶ RoP, 4 December 2025, para 409

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also told us that caring roles, including young carers, should be included in the curriculum:

“It’s mandatory for teachers to do first aid training, at least on some level, it’s mandatory for teachers to know about additional needs and things like that. But it’s not mandatory for teachers to know about young carers. (...) It shouldn’t be something that’s just thought about as an extra.”¹⁵⁷

227. Carers Trust Wales said there were some examples of good practice and positive experiences in schools, with young carers reporting the important role that a Young Carers’ Lead plays in navigating their education and caring role. We also heard Radyr High School cited as an example of good practice, as they have a dedicated young carers’ support worker. However, we heard that this experience is not replicated across all schools, with other young carers telling us there are no dedicated young carers’ staff in their school, and a lack of awareness and understanding. One young carer in our roundtable discussion said “there’s no support at all for young carers in my school”.

228. Albie Sutton told us that, for him, the best experience was being able to develop a “personal connection” with a particular teacher who understands the pressures of being a young carer:

“He’s [previous head of year] the only person I’ve trusted with everything that goes on outside of school and the stuff I’m having to do at home. And he’s put stuff in place. He’s had a conversation with my parents about my caring role. (...) It’s stuff like that, those little acts that he’s done that amount to a bigger thing and really show a gesture of his kindness. (...) It’s not a support system necessarily, but it’s the sympathy I’ve got from my head of year for my caring role. That’s the best thing that’s happened to me at school to help in my caring role.”¹⁵⁸

229. Young carers told us that they need flexibility, support and understanding when they are in school, and that they should be offered extra time in exams if needed. Some said that they still get into trouble for being late or for missing deadlines because of their caring responsibilities. Young carers also told us that

¹⁵⁷ RoP, 4 December 2025, paras 438-9

¹⁵⁸ RoP, 4 December 2025, para 423

the ‘no phone policy’ in schools can make things harder for them because they are not able to check-in with the person they care for.

“(…) one of the biggest things that was a support for me in school, that I didn’t realise until I saw other people have it taken away, was having my phone on me. I wasn’t sat in the back of the class playing a game, taking pictures on Snapchat; I was checking my phone to see if anybody rang me, if my mum needed me, if she was okay, if it had been a rough night, if anything had happened to my sister while I was gone or if anyone was trying to get hold of me. Those are things that I was able to do.”¹⁵⁹

230. Young carers said that being in school was not a break from their caring role and that, instead, they worry throughout the school day about the person they care for, which makes it hard to concentrate on their work. Elektra Thomas, a young carer, told us:

“You take them [your caring responsibilities] with you, and you can’t focus on your work because you’re trying to focus, again, on, ‘Is my brother okay?’, ‘Is my sister okay?’ You’re wondering what’s happened. (...) school’s not on your mind, and I don’t think it would be for most young carers. Your main concern and your main thought is, ‘Are they okay?’, ‘What’s going on?’”¹⁶⁰

231. Similar points were made by Ffion-Hâf Scott and Albie Sutton.

232. Young carers told us that their caring responsibilities were limiting their future prospects, with some unsure if they will be able to go on to higher education as they are needed at home. Albie Sutton said:

“it’s [my caring role is] making me really debate in my mind whether I’m going to be able to pursue further education and am I going to be able to go on to university (...) because there’s no-one who can take over from me.”¹⁶¹

233. Carers Trust Wales said that, “across the piece, too many young people tell us that they’re not identified and supported at school”, and that some are losing their

¹⁵⁹ RoP, 4 December 2025, para 436

¹⁶⁰ RoP, 4 December 2025, para 447

¹⁶¹ RoP, 4 December 2025, para 391

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education maintenance allowance as a result of missing school because of their caring role.¹⁶²

234. The WLGA and ADSS Cymru recognised the “absolutely critical” role of schools in identifying young carers, and the support needed for teachers to be able to do this. Claire Marchant, Chair of ADSS Cymru, told us that this was an area where there is “some very good innovation across Wales”, citing examples of young carer champions, peer support, and networks of ambassadors and young carers across educational settings¹⁶³.

235. Dilwyn Morgan, WLGA spokesperson for health and social care, highlighted the development of regional training for teachers and school staff “so that they are aware of how to support the young carers, and also to make awareness of young carers a part of the curriculum”. He also touched on the need for better integration between care and education to ensure that teachers are able to refer young carers to social services for support. He said a programme of training on this was “work in progress”.¹⁶⁴

236. He also highlighted the importance of technology referring to an “ID app” being developed with Anglesey council to allow pupils to “get in touch with the school to say, ‘I’ll be late today’, and so on, ‘My mum isn’t well’, and then they don’t have to come into the classroom late, with the teacher not being aware, and that being embarrassing and so on”¹⁶⁵.

Evidence from the Minister

237. The Minister told us that the Welsh Government had worked with Carers Trust Wales to develop revised materials for education staff to understand more about young carers and engage with pupils. She said this information would be “accessible to all education staff early in 2026”.¹⁶⁶

238. She referred to the Welsh Government’s Targeted Employability Support Scheme which enables Higher Education providers to support the employability of students from under-represented groups, including young carers and young adult carers. She also told us that young carers and young adult carers from low-income households can access the Education Maintenance Allowance, the Welsh

¹⁶² RoP, 17 December 2025, para 91

¹⁶³ RoP, 17 December 2025, para 275

¹⁶⁴ RoP, 17 December 2025, para 282

¹⁶⁵ RoP, 17 December 2025, para 278

¹⁶⁶ [Minister for Children and Social Care, written evidence, 22 January 2026](#)

Government Learning Grant and the Financial Contingency Fund where they meet eligibility criteria.¹⁶⁷

239. More broadly, we questioned the Minister about the provision of mental health support for young carers. She told us:

“Young carers (...) are recognised as a vulnerable group for obvious reasons, and so their mental health and well-being is in our NEST self-assessment, which asks services across sectors to consider the needs of young carers when reflecting on, delivering and improving their service.

So, regional partnership boards, through their children and young people sub-groups, are looking to improve the pathways, right the way across the sector, for mental health and well-being. They complete NEST self-assessments biannually, where they report on progress against the NEST principles of trusted adults and providing community-based mental health and well-being support.”¹⁶⁸

Data about young carers

240. We heard from Carers Trust Wales that, for young carers, it was schools and colleges (rather than social services) that may be the primary statutory contact for identifying caring responsibilities. They stated that, despite this, there is a paucity of data around young carers in school in Wales in comparison with other UK nations.

241. Carers Trust Wales said that, to support identification of young carers in school and track their attainment, young carers should be added as a category to the Pupil Level Annual School Census (PLASC), or equivalent, alongside care experienced children and those with Additional Learning Needs.

242. Carers Trust Wales said it has long called for the “full implementation of Estyn’s 2019¹⁶⁹ recommendation to the Welsh Government” (accepted by the Welsh Government) to “produce reliable, nationally-collected data to help identify young carers.” They told us that equivalent systems are already in place in

¹⁶⁷ [Minister for Children and Social Care, written evidence, 22 January 2026](#)

¹⁶⁸ RoP, 22 January 2026, para 106

¹⁶⁹ [Provision for young carers in secondary schools, further education colleges and pupil referral units across Wales](#), Estyn, May 2019

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Scotland and England, tracking the attainment and onward destinations of young carers.¹⁷⁰

Evidence from the Minister

243. The Minister stated that the Welsh Government had initiated a three phased approach to improving data collection, which will be taken forward over a two-year period. She stated:

“The first phase will be completed in the first half of 2026 and will collate data from the School Health Research Network (SHRN), providing a snapshot of a young carers’ experience in school and their wellbeing.

Phase two will link this information with Secure Anonymised Information Linkage (SAIL) data and enable comparison of educational attainment of young carers compared to their peers. We are also exploring a further long-term reliable method of data collection, including consideration of making legislative changes to the Pupil Level Annual School Census (PLASC) to include young carers.”¹⁷¹

244. In recent correspondence, she confirmed that the Cabinet Secretary for Education is finalising a report on the wellbeing and educational experience of young carers, based on findings from the School Health Research Network. She said this report reflected the first phase of work to improve availability of data and our understanding of outcomes for young carers.¹⁷²

Young Carers ID cards

245. The Young Carers ID card (YCID) is a national, Welsh Government programme designed to help young carers in Wales to be recognised by professionals, such as doctors, teachers and pharmacists.

246. Carers Trust Wales told us that, when seed funding for implementation came to an end in 2023, some local authorities deprioritised delivery. They stated:

¹⁷⁰ UC18

¹⁷¹ [Minister for Children and Social Care, written evidence, 22 January 2026](#)

¹⁷² [Correspondence from the Minister for Social Care, 26 February 2026](#)

“young carers in these areas tell us their local authority is no longer issuing YCIDs, or will not renew expired cards”.

247. This point was echoed by the young carers we heard from in our informal, roundtable discussions.

248. Carers Trust Wales also said that other local authority areas require a young carer to have had a young Carer’s Needs Assessment to qualify for the card, but there are often long waiting lists for assessments.

249. Carers Trust Wales called for a renewed focus on delivery, with tangible benefits for young carers and awareness amongst the professionals they may encounter.

Evidence from the Minister

250. The Minister’s written evidence states that young carer ID cards are a key tool to help young carers identify in schools, colleges and pharmacies. The Minister said that the Welsh Government had issued new materials in December 2024 to enable all local authorities to promote their YCID card scheme and had “engaged with local authorities about further action to maximise uptake, which are currently being explored”.¹⁷³

251. We challenged the Minister on the de-prioritisation of the cards by some local authorities. Denise Moultrie, head of policy for unpaid carers, Welsh Government, told us that, whilst some local authorities are “incredibly active” with YCID cards, “other local authorities far less so, where the card schemes exist, but perhaps their young carers would perceive there are barriers in the way to them getting them, or they’re not being renewed very quickly.” She said that “money and people” were the barriers.¹⁷⁴

252. The Minister told us:

“Money should not be the barrier to this.

I cannot believe that this is just about money. And if it is, if this very small amount of money is the only barrier, then I’m quite happy to go back and have a look and see whether we can

¹⁷³ [Minister for Children and Social Care, written evidence, 22 January 2026](#)

¹⁷⁴ RoP, 22 January 2026, para 133

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find a bit more money, because it really is a relatively small amount.”¹⁷⁵

253. She said she had “conversations with young carers that hold the ID card, and they tell me the difference it’s made to them in their school life”, and that this was something being looked at “across Government”, including with the Cabinet Secretary for Education.

254. In subsequent correspondence, she stated that “if we are able to identify any financial assistance this financial year to those local authorities where this will rejuvenate their Young Carer ID cards scheme, we will do so”.¹⁷⁶

255. More broadly, Denise Moultrie highlighted the “school health research network”, which was a survey for young people to complete which includes questions asking young people whether they are carers. She said, “going forward, there are plans to do more with that”¹⁷⁷.

Our view

256. Young carers face distinct challenges that require tailored support. No young carer should have to sacrifice their education or future prospects because of their caring responsibilities.

257. We spoke directly to a number of young carers about what life is like for them, and we were deeply moved by what they told us. The love and care they provide for their families on a daily basis is extraordinary, yet it often comes at substantial personal cost, impacting on their health, wellbeing and educational attainment. We commend their dedication and their resilience.

258. We maintain that children and young people should not be left to carry the burden of inappropriate levels of care. The Welsh Government and local authorities, together with education and health services, must act to lighten that load and ensure that young carers get the support they need to thrive in their education, health and personal lives.

259. We believe that much more must be done to ensure young carers are identified, supported, and given the same life chances as other children and young people. Awareness of young carers needs to be embedded in schools and

¹⁷⁵ RoP, 22 January 2026, paras 138-141

¹⁷⁶ [Correspondence from the Minister for Children and Social Care, 26 February 2026](#)

¹⁷⁷ RoP, 22 January 2026, para 147

colleges so that teachers and staff are able to spot the signs of a young person who is struggling because of caring responsibilities.

260. To this end, we welcome the development of revised materials for education staff to increase understanding of young carers and encourage engagement with pupils. We note this information should be accessible to all education staff early in 2026, and we suggest that our successor committee seeks confirmation of this early in the next Senedd.

261. We support the call for training and guidance for all school staff on young carer awareness, and we believe young carers themselves should be involved in designing and delivering that training to share their perspectives.

262. We also support integrating young carers into wellbeing frameworks within schools, so that every student learns about caring roles, reducing stigma and helping peers and teachers to be more supportive.

263. We were very concerned and saddened to hear about the mental health toll young carers face, that they are constantly worrying about the person they care for when they are away from them. Young carers must have better access to mental health services. Linked to this, we recognise that young carers raised with us their concerns about having limited or no access to their mobile phones during the day to check-in with the person they are caring for. We believe that the incoming Welsh Government, as well as places of learning, should be mindful of these concerns, and the particular needs of young carers in this regard, when developing future policies about access to mobile phones during the school day.

Recommendation 29. The incoming Welsh Government should ensure the development and delivery of training and guidance for school staff about young carers, co-produced by young carers.

Recommendation 30. The incoming Welsh Government should encourage all schools and colleges in Wales to have a young carers champion or lead staff member with responsibility for young carers. The incoming Welsh Government should explore incorporating education about young carers into wellbeing programmes or frameworks, so that all students and staff are aware of what a young carer is and how to seek help.

Recommendation 31. The incoming Welsh Government must ensure that the rights of young carers are fully upheld and that no child or young person is left carrying out inappropriate levels of care. The incoming Welsh Government should

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issue refreshed guidance emphasising that young carers have a right not to undertake excessive or inappropriate care, and outlining the responsibilities of local authorities, schools, and health and social services to support young carers accordingly.

Data about young carers

264. In terms of data about young carers, it is particularly disappointing that Wales, unlike England and Scotland, does not yet have a systematic way to capture the number of young carers in schools or monitor their educational outcomes. This is an obvious oversight and inevitably makes it harder to plan support or measure progress.

265. Better data on young carers is crucial. To this end, we support the long-standing calls from Carers Trust Wales for Estyn’s 2019 recommendations relating to young carer data to be fully implemented. The Welsh Government has accepted this recommendation but progress has been slow in delivering the necessary improvements. The incoming Welsh Government must expedite work in this area.

Recommendation 32. The incoming Welsh Government must expedite the work to implement fully the recommendations relating to young carer data made by Estyn in its 2019 report.

266. More broadly, we wish to emphasise the importance of ensuring that young carers are involved directly in co-designing policies that affect them. This includes giving young carers a say in any implementation of the new National Strategy for Unpaid Carers and in developing guidance for schools and local authorities.

267. We also believe the incoming Welsh Government should give consideration to each Regional Partnership Board having at least one young carers’ representative (either a young person or someone who works closely with young carers) to ensure their perspective is heard in regional service planning. Additionally, every local authority should consider appointing a Young Carers’ Champion at Cabinet or senior management level to advocate for youth-specific carer issues in local decision-making.

Young carer ID cards

268. As regards Young Carer ID cards, we believe this is a really positive initiative that should be available consistently across Wales. It is unacceptable that the

scheme has lapsed in certain areas, and that unnecessary barriers exist for young carers to be able to access the card.

269. ID cards for young carers are simple and inexpensive, but make a real difference to the young people who have them. As such, we urge the Minister to identify additional funding within relevant Welsh Government budgets to be used directly to support the delivery of young carer ID card schemes across all local authorities. This should be done urgently, and the outcomes monitored.

Recommendation 33. The Welsh Government should, as a matter of urgency, identify additional funding within relevant Welsh Government budgets to provide direct support for the full delivery of the young carer ID card scheme across all local authorities. It should monitor the outcomes of this action.

Recommendation 34. The incoming Welsh Government should strongly encourage local authorities to increase uptake of the young carer ID card and should publish annual data on the number of young carer ID cards issued by each local authority to track progress with delivery of the scheme.

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6. Data on unpaid carers

270. A lack of data about unpaid carers was a key theme in the evidence we received. Carers Wales stated:

“The paucity of data with regard to unpaid carers and how it’s collected across Wales is shocking.

If you look at our ‘Track The Act’ reports, you’ll see that we ask local authorities and health boards the same set of questions every year, and have done since 2016, aside from the pandemic. Still, nine years on from the Act being implemented, basic questions with regard to carers in their local area and then how that fits into a regional picture are not able to be answered. There are local authorities who cannot quantify how many carers’ needs assessments they could, in theory, carry out over the course of a 12-month period.”¹⁷⁸

271. Carers Wales told us that poor data collection undermines the ability to accurately record, address and assess levels of need and unmet need at a regional and national level:

“Given the fact that the vast majority of unpaid carers have not had their legal entitlement to an assessment of their needs fulfilled, we have serious concerns about the ability of decision makers at any level to confidently articulate the level of carer need in their area.”¹⁷⁹

272. They argued for “better collection of data in a more coherent and comparable way across Wales”, saying this would “require leadership and drive from Government to co-ordinate”. Carers Wales felt strongly that this responsibility “should sit with Welsh Government, not with Regional Partnership Boards or local authorities.”¹⁸⁰

273. The WLGA and ADSS Cymru told us that data is not collected on waiting times for carer’s assessments and services. We heard that data recording of carers across healthcare settings is extremely inconsistent. Local authorities also

¹⁷⁸ RoP, 17 December 2025, para 53

¹⁷⁹ UC31

¹⁸⁰ RoP, 17 December 2025, para 166

identified an issue with the use of data from RPBs, with Jane Gebbie, WLGA spokesperson for health and social care, saying:

“one of the problems that we have in Wales is that we don’t use data consistently from regional partnership boards. I know that, as regional partnership boards’ chairs, that is one of the things that we have raised with the Minister themselves, and we’ve said that we need a simplified version.

So, for each grant funding stream, (...) my board shouldn’t need to (...) present different data sets for different bits of evidence. We should be presenting a data set for the regional partnership boards, shall we say. That would simplify things.”¹⁸¹

274. Local authorities acknowledged the “mismatch” in the number of people who identify as carers in the census and those who come forward for services, as well as challenges in how third sector-commissioned assessments are reflected in local authority data.

275. Looking ahead, Claire Marchant, Chair of ADSS Cymru, told us that the ADSS Cymru action plan (commissioned by the Welsh Government and aimed at better identifying, recording and support carers assessments, and supporting the workforce) was aimed at improving consistency in this area. She said that a “system change that 18 authorities across Wales are going through in this next year presents some risk to us in terms of our ability to have the right data available for a period of time, because any system change is a period of risk”. But, she said, there is:

“a lot of optimism when new systems are in place, that we’ll be in a better position. Also, lots of work is going on nationally around data standards as well, so all of the work that we’re doing is feeding into that area.”¹⁸²

Evidence from the Minister

276. The Minister told us that the Welsh Government had commissioned, via the Ministerial Advisory Group, a new statutory annual data collection on carers who have received a carer’s needs assessment:

¹⁸¹ RoP, 17 December 2025, para 211

¹⁸² RoP, 17 December 2025, para 230

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“The new Unpaid Carers Receiving Support census, which includes young carers, has been established with the local authorities and the data for 2025/26 will be collected in 2026/27 and should be available by April 2027”.

277. She told us that the new data collection arrangements should provide a better understanding of young and adult carers that are supported by local authorities¹⁸³, and:

“it will mean that, for the first time, there’s going to be a national data set on unpaid carers. It will give us a better in-depth understanding of what is actually out there, because I’m not sure that we really know the full extent of unpaid carers.”¹⁸⁴

278. We challenged the Minister on data collection in health care settings. Denise Moultrie, head of policy for unpaid carers, Welsh Government, said that this was a complex area with a lot of inconsistencies. She said “we have got it as an action for us to look at more closely within our new national strategy that will be coming out”, and that Welsh Government would like health boards to look at it as well.¹⁸⁵

Our view

279. Underpinning many of the problems identified earlier in this report is a lack of data relating to unpaid carers in Wales and their experiences. Basic questions, including the number of Carer’s Assessments that can be undertaken in any one year, or the numbers of carers seeking help, often cannot be answered consistently by local authorities. This lack of data makes it very difficult to know the true scale of unmet need or to hold services accountable for improvements.

280. Local authority and ADSS representatives acknowledged that better data is needed, and that past efforts to share best practices, including through Regional Partnership Boards, have not been strong enough.

281. It is also disappointing to hear about inconsistent data practices in health settings, with no standard approach across health boards for recording details of unpaid carers, or when a carer should be involved in decision-making.

¹⁸³ RoP, 22 January 2026, para 33

¹⁸⁴ RoP, 22 January 2026, para 70

¹⁸⁵ RoP, 22 January 2026, para 69

282. Robust data is essential to achieving the improvements that unpaid carers have been waiting for. The absence of reliable data on carers has enabled longstanding problems in this area to be downplayed. Better quality data will itself drive change by shining a light on where the gaps are, and enabling better informed planning and more targeted actions.

283. To this end, we welcome the development of a new national data set on unpaid carers, and note that the first data from this census will be available in April 2027. This is still some time away, however, and means that the well-known problems with the current lack of data will persist in the meantime. To go some way to addressing this, we believe that consideration should be given to publishing an interim data report bringing together existing data on key indicators, including number of carers identified; number of assessments offered and completed; waiting times for carer’s assessments and support plans; types of support provided; and the number of carers receiving breaks.

284. As regards data collection on unpaid carers in healthcare settings, we note that this is an action within the new national strategy on unpaid carers. We ask the incoming Welsh Government to write to us with further information about how the Welsh Government intends to work with health boards in this area, and we believe this is a matter that our successor committee should keep under review.

Recommendation 35. In advance of publication of the new national data set on unpaid carers in April 2027, the incoming Welsh Government should consider publishing an interim data report bringing together existing data on key indicators, including number of carers identified; number of assessments offered and completed; waiting times for carers assessments and support plans; types of support provided; and the number of carers receiving breaks. It should aim to do this before the end of 2026.

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Annex 1: Schedule of oral evidence sessions

The following witnesses provided oral evidence to the committee on the dates noted below. Transcripts of all oral evidence sessions can be viewed on the Committee’s website.

Date	Name and Organisation
4 December 2025	Jusna Begum, Unpaid carer Runa Begum, Unpaid carer Kate Cubbage, Carers Trust Wales Bobbi-Jo Haarhoff, Unpaid carer Kay John-Williams, Bridgend Carers Centre Chris Kemp-Philp, Unpaid carer Hazel Lim, Unpaid carer Kalpana Natarajan, Unpaid carer Sue Rendell, Unpaid carer Judith Russell, Unpaid carer Ffiôn-Hâf Scott, Unpaid young carer Anne Soley, Unpaid carer Albie Sutton, Unpaid young carer Elektra Thomas, Unpaid young carer

Date	Name and Organisation
<p>17 December 2025</p>	<p>Kate Cubbage, Carers Trust Wales</p> <p>Cllr Jane Gebbie, WLGA</p> <p>Claire Marchant, ADSS Cymru</p> <p>Cllr Dilwyn Morgan, WLGA</p> <p>Catrin Perry, ADSS Cymru</p> <p>Rob Simkins, Carers Wales</p> <p>Greg Thomas, Neath Port Talbot Carers Centre</p>
<p>15 January 2026</p>	<p>Chris Ball, Cardiff and Vale Regional Partnership Board</p> <p>Suzie Becquer-Moreno, Cardiff and Vale University Health Board</p> <p>David Watkins, Cwm Taf Morgannwg University Health Board</p>
<p>22 January 2026</p>	<p>Dawn Bowden MS, Minister for Children and Social Care</p> <p>Alistair Davey, Welsh Government</p> <p>Denise Moultrie, Welsh Government</p>