

Appendix 6 - Evidence relating to Caerphilly County Borough Council

Evidence from the Council

1. Caerphilly County Borough Council provides an in-house service for both adult carers and young carers, with all carers' support and assessments led by a dedicated Carers Team. The Council explained that, shortly after the Social Services and Well-being (Wales) Act 2014 ("SSWB Act") was enacted, it identified the need for a designated service to ensure that carers' rights were upheld. It said that its dedicated Carers Team supports both adult carers and young carers who do not have involvement with its Social Services Department. The Council said that it made no difference to the services available to a carer whether the cared for person was already known to Social Services and in receipt of a Care and Support Plan. It said that contact from a carer caring for a person not known to Social Services could often result in the cared for person having their own care and support needs assessed.
2. Caerphilly County Borough Council said that, following consultation with over 80 carers in 2017, it identified that carers wanted informal support, activities and opportunities to meet other carers, information, support to take a break from their caring role and to have direct contact with the Carers Team for swift Information, Advice and Assistance ("IAA"). It said that it had invested significant time and energy into creating carers' networks, both online and in person. It said that it had secured funding to provide these services and initiatives, year on year. The Council said that carers can access the Carers Team with or without a carer's needs assessment and that this decision was made following consultation with local carers about what support they wanted.
3. The Council said that the identification of carers was an age-old difficulty as many people who provided care to loved ones did not recognise themselves as a carer and, in some cases, people did not 'want' to recognise themselves as a carer. It said that it was difficult to find a solution that would reach all carers. The Council said that it had partnered with the local Health Board in an attempt to raise awareness of the caring role and to promote the rights of carers, but this had not always resulted in the increased identification of carers. It said that the most effective way to raise awareness was through word of mouth, with carers already known to the Council sharing their experiences with other carers, or when they hold public events. The Council said that it promotes a "no wrong door" approach

with its Carers Team; regardless of the Council service in contact with carers and the cared for, carers will be signposted to its Carers Team, actively offered a carer's needs assessment and provided an informal conversation, advice, a carer's needs assessment, or added to its mailing list. The Council said that this allows the carer to receive whatever support they need at the time and it allows carers to direct how they want the Council to work with them. The Council said that, if a carer's circumstances were more complex, the Carers Team would refer the carer to a Social Worker, who would work directly with the carer.

4. The Council said that, as there was no requirement within the SSWB Act, or from the Welsh Government, to record the information and advice it provided to carers, there was a huge amount of work completed by the Carers Team that went unrecorded and was not included when it provided data relating to the number of assessments it recorded, to this investigation. It said that assistance would be recorded through an assessment and subsequent interventions recorded in case notes by the allocated worker. The Council said that it provided open access to the Carers Team, allowing carers to contact the Team whether or not they have an open referral. It said that some of the services provided to support carers do not come under the statutory umbrella because carers do not want a formal assessment, which was at odds with the legislation, but carers knew that there was informal support available if they needed it.

5. The Council explained that a carer could ask for and receive a carer's needs assessment in different ways:

- By contacting its IAA service in person or via a third party. It said that a carer would be offered a carer's needs assessment if they made contact on behalf of a person with care needs but had not recognised themselves to be a carer.
- Offered during a Social Work or Occupational Therapy assessment of a person who may require care and support in their own right and has "informal" support from others.
- Offered by the Carers Team, following enquiries made at social events for carers. The Council said that, if an offer was accepted, the assessment was completed, and a plan identified. If a carer declined the offer, the carer would still have a 'What Matters' conversation to ensure that IAA was made available. It said that, if the assessment highlighted the need for a 'Part 2', it was passed back to a Social Worker to progress to Part 2 (see paragraph 6, below).

6. The Council explained that a Part 1 assessment was the initial conversation with a carer, to identify what their personal outcomes were and that it was the “foundations” of the ‘What Matters’ conversation. It said that the What Matters conversation led into a collaborative conversation to help identify how the Council could assist to support the carer, in terms of IAA, to help them find solutions. The Council said that, where it was identified that the carer’s personal outcomes could not be achieved unless they were further assessed, to inform whether a Carer’s Support Plan would be required and their outcomes could not be met through the provision of IAA, a Part 2, completed by a qualified or registered Social Work professional, would be triggered. It said that the Part 2 assessment would look at a different range of solutions and potentially consider whether a parent support plan would be required. It said that the outcome of a Part 2 assessment could be a support plan.

7. The Council said that it prides itself on its communication with carers and its publication of information to educate individuals regarding the carers’ agenda, assists ‘hidden’ carers to recognise their role and right to enable access to IAA in accessible forms, to ensure carers are aware of the way in which they can request an assessment. The Council provided the investigation with copies of its Carers Information leaflets, newsletters and Carers’ Week and Carers’ Rights Day posters. It said that it also holds 4 designated Carers’ Groups every month in different parts of the borough and many informal groups that are informed by what carers ask for. The Council said that it holds activity days for young carers, where they can bring along their family and siblings. The Council said that it tried not to separate out different groups of carers as, despite their demographics and those they care for, carers always had a lot in common and were able to share experiences. The Council said that the Carers Team also worked with schools and colleges to identify and support young carers or young adult carers.

8. Caerphilly County Borough Council provided the investigation with details of young carer events and school ‘transition’ events. In terms of the transition of young carers into adulthood, the Council said that the service it provides does not change, given that the services for both young carers and adult carers are provided in-house. It said that it ensures that the young person has the support of the necessary professionals as they transition in education or work, or have access to its grants scheme and that the cared for person has an up-to-date assessment to ensure there is sufficient support for them, to enable young adult carers to access education or work.

9. The Council said that it did not consider that carers experienced any barriers or obstacles to having their needs assessed. It said that “it’s very much that we leave the ball in the court of the carers”, when it comes to having their needs assessed or subsequently re-assessed. The Council said that it encouraged carers and reminded them of their right to an assessment or re-assessment. The Council said that it tried wherever possible to reduce the risk of a carer having to repeat themselves so, when re-assessing a carer’s needs, they will be offered to either review the previous assessment to identify what had changed, or to start a new assessment. It also said that, where possible, the same Carer Support Worker would conduct the re-assessment.

10. The Council said that, prior to the pandemic, it set up an initiative whereby the Council encouraged and promoted a scheme for carers, having had their needs assessed or not, to apply for a small grant for several different initiatives, for example, support with training, returning to work/study, making their caring role less difficult or to gain some respite. The Council said this was subsequently developed into a Gwent-wide scheme, due to its popularity and simplicity, with carers not having to be assessed by a Social Worker and it not being means tested. It said that the scheme was administered by the ‘Care Collective’, an organisation supporting unpaid carers.

11. The Council said that it was currently developing a respite project as part of the Gwent region, based upon the North East Wales Carers Information Service (“NEWCIS”) ‘Bridging the Gap’ scheme, which would enable carers to commission and plan their own respite from a range of providers and in a range of approaches. It said that this was first trialled by NEWCIS in North Wales and its success inspired the Council to provide the same level of support to its own carers.

12. The Council said that there was no waiting list for a carer’s needs assessment and contact with the carer was made shortly after allocation to a Carer’s Support Worker or Social Worker. It said that its Carers Team worked to ensure that the support and access to assessment was comparable and equitable for all carers, regardless of age. It said that the service it provided to carers extended far further than the ‘assessment of need’ process alone. It said that it engaged in a variety of methods for sharing IAA. The Council highlighted that:

- Although the Council is not required to hold a register of carers under the statutory regulations, its private social media pages, for people who have demonstrated that they are a carer, has 1214 members.
- Its newsletter circulation list has 2019 members.
- It has 1033 active adult carers and 213 young carers signed up to its Facebook page.
- 79 young carers had signed up to its 'young carer ID' scheme.
- It has 1851 carers registered on its mailing list to receive information from its Carers Team.
- In 2022/2023, it engaged in person with 408 adult carers and 56 young carers, by holding 51 events for adult carers and 36 events for young carers.
- 22 carers had benefitted from 'one-off' carers grants and 134 carers had received a one-off 'time out' break without an assessment, through self-referral to schemes run by the local authority.
- 4108 individuals submitted a claim for the Welsh Government's carers' COVID-19 one-off payment, of which 2910 were eligible and received the payment.

13. The Council said that, if a carer lives in its local authority area but provides care to someone outside the area, it would undertake the carer's needs assessment. It said that the Gwent regional agreement is that the carer would then be able to access carer support in both local authority areas. The Council said that, when it is approached by a carer caring for someone outside of the regional area, it will have a conversation with the local authority in which the cared for person lives, to agree which local authority will complete a carer's needs assessment, if required or requested.

14. Caerphilly County Borough Council said that the frameworks in place under the legislation were what the Council needed, but the difficulty it found was that carers did not always want an assessment in their own right, or to be singled out. The Council said that, in 2022/2023, 156 carers who were offered an assessment in their own right, declined, meaning that their assessment was completed as part of an Integrated Assessment alongside an assessment of the cared for person's care and support needs. It said that, where this was done, it was with the expressed consent of the carer and cared for person, in accordance with paragraph 37 of the Code of Practice for Part 3 of the SSWB Act. The Council said that, whilst this was acceptable in terms of the requirements of the SSWB Act, there was a need to develop better reporting when a carer had their needs assessed as part of the cared for person's assessment, rather than as an individual in their own right. It said

that, while it was recorded that a person was a carer and their record linked to that of the cared for person and it was recorded in the Integrated Assessment that they had declined a needs assessment in their own right, or in its entirety, it was unable to extract this data from its recording database. The Council said that it had identified this as an area for development as a result of the requests made for information during this investigation.

15. Caerphilly County Borough Council recognised that being a carer could form part of an individual's identity. It said that, when a carer no longer cared for a loved one, it had the ability to link up carers who no longer have a caring role and they were welcome to continue attending carers' groups. The Council said that people who no longer provide care to a loved one can be some of its best advocates to help others identify as carers.

16. The Council said that it was currently providing a programme of training in Collaborative Communication, which is supported by Social Care Wales, to its staff who conduct assessments, including all of its Social Workers, practitioners and carer assessors, to ensure a consistent approach and assist staff to have broader conversations with carers to fully understand how they could be supported. The Council said that the intention was to roll-out the training to staff across all directories to reach staff that do not have direct responsibility for carers' needs assessments. The Council said that it also ensures that its councillors are aware of carers' rights so that they can inform members of the public that they come into contact with, as part of their role within the community.

17. The Council said that it did not currently have dedicated carers' awareness training for staff across the organisation, but it did provide awareness training to all staff when the SSWB Act came into force. It also said that it regularly promoted carers' rights across the Council to raise awareness amongst staff.

18. Caerphilly County Borough Council said that the 5 local authorities across Gwent, the local Health Board and local third sector organisations work collaboratively, as part of the Regional Partnership Board. Dedicated carers' subgroups have established several initiatives, including having carers' notice boards at hospitals, working with pharmacies to ensure that carers can access medication for their cared for person and researching the possibility of having Carers' Champions at GP surgeries. The Council said that, to ensure it is up to date with current initiatives and best practice across Wales, it is an active member of the All-Wales Carers' Learning and Improvement Network ("COLIN"), a well-established national group that considers the national agenda in respect to carers, with members from all 22 local

authorities, Health Boards and third sector organisations. The Council said that COLIN considered various initiatives, for example, the use of Direct Payments for carers in their own right and was an opportunity for good practice to be shared between areas and regions. The Council said that representatives from COLIN were consulted in relation to the development of the Welsh Government Ministerial Advisory Group for Carers.

19. The Council said it will offer a carer the option of having somebody with them during the assessment to support them and, if they did not have anyone to support them, the Council would arrange an independent advocate for them. It said that the Gwent 'Access to Advocacy Service' provided adult carers with a single point of contact for information and advice about advocacy. It explained that the National Youth Advocacy Service offered a range of advocacy services to young carers.

20. The Council also provided several examples of positive feedback it had received from carers, including:

- "[Young carer] is usually so shy but was so keen to come [to young carer events] and I think has gained confidence each time".
- "[Young carer] has absolutely loved this group and it has been so good for him".
- "You don't understand how much you have help [sic] us all. What a great job you do too!"
- "I appreciate all your support for [young carer], she loves her time in group".
- "Thank you, [Carers Team], for doing what you do for us all I think I can speak for us all and say we are very grateful".
- "Thank you so much for taking the time to speak to me today and to give me such valuable advice, it's so reassuring to find that there are people out there who will help me, I hope you realise how important your role is and how helpful you are to someone like me".
- "It was very reassuring that we are working with such professional, experienced and understanding people".
- "It really made a difference being able to chat to someone about our difficulties".

21. The Council said that it had not completed any audits of adult carer and young carer needs assessments between 2021 and 2023. It said that it did, however, have a quality assurance process, whereby each carer's needs assessment was reviewed and authorised by the Carers' Co-ordinator. The Council said that the Carers Service also hold reflective

discussions to allow staff to discuss the assessments completed. It said that these processes allowed the Council to identify good practice and areas for improvement.

22. In terms of ongoing monitoring of whether a carer's needs continue to be met, the Council said that, for Part 1 assessments, there was no formal process, but it would be monitored on an informal basis during carer support groups, online conversations and telephone calls and that this informal monitoring would continue until the Carers' Support Worker was satisfied that the support in place was working and the case would be closed, with the carer being advised that they were welcome to seek further support as needed. The Council said that, on occasion, and in very particular circumstances, the support provided by the Carers Service is stopped when it is considered that the Carers Service cannot provide any further support. It said that, in such circumstances, it ensured that the carer had support from different professionals to support them in the longer term. The Council said that, where a Part 2 assessment had been completed and a Carer's Support Plan was in place, a formal review would be undertaken, usually alongside that of the cared for person.

23. The Council said that Carers Service staff will monitor whether a carer is satisfied with the outcome of their needs assessments, by asking them at the end of their assessment. It said it was an opportunity for the carer to have it recorded if they did not agree with the outcome of the assessment and that the carer would also be informed of how to raise a complaint.

24. Caerphilly County Council said that, in collating data for this investigation it had become apparent that its case management system, WCCIS, had limited capabilities in terms of some of the reports it attempted to extract. It said that this was frustrating and disappointing, but the Council saw this as an opportunity to improve reporting in the future.

25. The Council said that it has staff who can complete carers' needs assessments in Welsh and that interpretation services, including British Sign Language, were available for any carers whose language of choice was not Welsh or English. In terms of identifying whether a carer may have additional needs to allow them to participate fully in the assessment, the Council said that staff would sensitively ask the carer whether they required any additional support to complete the assessment, which could also indicate that the carer may have carer and support needs in their own right.

26. The Investigated Authorities were also asked to provide the investigation with its recorded equality data for carers who had had their needs assessed in 2022/2023.

Caerphilly County Borough Council said that extracting equality data from its case management system had been problematic and there were inconsistencies in reporting.

27. Caerphilly County Borough Council provided carers' data, including age, gender, ethnicity, language preference, marital status and religion. There was no data recorded for sexual orientation or disability. Of those carers whose needs were assessed, 67% were adult carers, 1% were young adult carers (aged 18-25) and 32% were young carers. 45% of carers were over the age of 55. In terms of gender, 75% of adult carers were female and 25% male, and, for young carers, 59% were female and 41% male. Where ethnicity was recorded (which was in 87% of those whose needs were assessed), 94% were recorded as White, 4% as Welsh and 2% as 'any other' ethnicity. Language preference was recorded for 51% of those whose needs were assessed, with 99% preferring English. Welsh was not recorded as a language preference for any of the carers who had their needs assessed.

28. Due to comments made by carers who provided their lived experience evidence to this investigation, Caerphilly County Borough Council was asked for information in relation to carers not being able to employ a Teaching Assistant from their child's school as a Personal Assistant, using their Direct Payments. Caerphilly County Borough Council said that, when Direct Payments first started being used with families of disabled children, families instinctively approached school staff, as a first option, to support them in the role of Personal Assistant, but this, unfortunately, caused several issues, including the blurring of professional boundaries for the worker, child and their family; conflicts of interest affecting the need for staff to be able to work flexibly at school and Teaching Assistants offering to work with multiple children, which caused several issues. The Council said that, prior to the COVID-19 pandemic, a head teacher requested that families were not directed to school to find Personal Assistants, despite them doing this of their own volition and subsequently requested that they were actively advised against it. The Council said that, as a consequence, it now advised families that, due to a conflict of interest relating to their employment and the blurring of boundaries, they are not to approach Teaching Assistants from their children's school to become a Direct Payments worker, with the reasoning explained to them. The Council said that this did not prevent carers from recruiting a Teaching Assistant from a different school. The Council said that its Direct Payments Advisers were trained to support families with the advertising, recruitment and training of any appointed staff.

Evidence from staff

29. Details of local authority staff who provide IAA and who conduct carers' needs assessments were provided by each of the Investigated Authorities. Staff from the commissioned service providers, Gofalwyr Ceredigion Carers, NEWCIS, Adferiad and Neath Port Talbot Carers Service, were also asked to participate in the investigation and provide evidence. The evidence was sought via online surveys. A reasonable adjustment¹ was made to allow 1 member of staff to provide their evidence orally.

30. The table below summarises the number of staff surveyed, and the number of responses received:

	Local Authority area	Number of staff surveyed	Number of responses received (*)	Response rate (**)
Information, Advice and Assistance staff	Caerphilly	16	5	31%
	Ceredigion	22	19	86%
	Flintshire	10	7	70%
	Neath Port Talbot	6	0	0%
Staff where carers' needs assessments are part of their role	Caerphilly	168	92 (8)	55% (50%)
	Ceredigion	42	20 (2)	48% (43%)
	Flintshire	14	9	64%
	Neath Port Talbot	227	31 (11)	14% (9%)
Commissioned service provider staff who complete carers' needs assessments	Caerphilly***	N/A	N/A	N/A
	Ceredigion	3	2	67%
	Flintshire	10	9 ²	90%
	Neath Port Talbot	4	3	75%

* Incomplete responses

** Completed questionnaire response rate

*** No commissioned services

¹ A change made to remove or reduce a disadvantage related to someone's disability.

² One on maternity leave

Information, Advice and Assistance staff

31. Of the responses received, only 1 respondent said they had received training on how to undertake carers' needs assessments. Other respondents said they had received training on safeguarding, data protection and parent alienation but that they had not received any training about carers' needs assessments, as they did not complete them. Some respondents felt that the training received assisted them in their role relating to carers' needs assessments, but the majority did not. The majority of respondents knew where to find the process for carers' needs assessments and said that it was easily accessible and understandable.

32. All respondents said that they offered a Welsh language service. The majority of respondents said that they could access interpretation services for carers whose language of choice was something other than Welsh or English, with others being unsure and needing to take advice from colleagues.

33. Respondents said that carers could contact its service face to face, by phone, email and text to assist with any communication difficulties they may have. Staff said that they could also seek consent to speak to their family to ensure the communication style or choice met their needs. Other respondents said that they would adapt their communication style, not use complicated language and provide information leaflets to assist those with communication difficulties.

34. Respondents did not feel that there were barriers to carers having their needs assessed at Caerphilly County Borough Council. One respondent said that some carers asked for a home visit for their initial assessment, but this was not something that was currently offered.

Carers' needs assessment staff

35. Respondents said that they offer carers' needs assessments when relevant and make referrals for carer's needs assessments if needs are identified. Many respondents referred to taking action to prevent reaching a crisis point. Responses indicate that managers expect carers' needs assessments to be offered when informal carers are identified, when staff work with individuals and families. Some respondents said that they incorporate a carer's wellbeing and needs into an Integrated Assessment for the cared for person and offer a

separate carer's needs assessment. Some respondents said that carers can choose whether to have their views incorporated into the Integrated Assessment or to have a separate assessment of their need. Respondents said that carers tended to prefer to have their needs assessments incorporated into the Integrated Assessments for the cared for person. Respondents said that they refer parent carers to the Carers Team for assessment.

36. Respondents said that, where a carer's needs assessment was requested in isolation (where there was no Social Work involvement with the cared for person), they were responded to by the Carers Team.

37. In terms of training, many respondents said that they were experienced in their role and had attended Carers' Awareness training in 2022. They said that, if they were ever unsure, they were able to seek advice from the Carers Team. Other respondents said that they had received training courses relating to supporting carers, carers' bereavement and an outcomes approach to assessment with carers' training. Respondents said that they received regular updates from the Carers Team about support available to carers and that they were able to discuss any assessments completed with the Carers Team and Social Work Team meetings. One respondent said that Collaborative Communication training covered all their work. Another respondent said that they had completed reflective sessions and shadowed an assessment visit with a member of the Carers Team.

38. Many respondents said that they had not received any specific training in relation to completing carers' needs assessments and a large proportion of staff who had received some training said that it only assisted them in undertaking their duties in relation to carers' needs assessments to some extent. Respondents said that further training would be welcome and that the process for conducting carers' needs assessment could be strengthened by more direct and specific training.

39. Respondents generally showed a good understanding of the requirements of the SSWB Act. One said that, although assessments could be combined, they were of the view that a carer's assessment should be carried out separately and time should be given for this to take place away from the cared for person. They said that, when assessments were combined, the focus was often on what outcomes they wished to achieve for the cared for person and time was needed to identify what they wished to achieve as a carer. Another respondent said that assessing the needs of a carer during an Integrated Assessment felt like a conflict of interest. A respondent said that they approach carers' needs assessments

as 'What Matters' conversations, so people do not feel that they are being assessed. One respondent said that anyone over the age of 18 was entitled to a carer's needs assessment. Most respondents said that they knew where to find the process for carers' needs assessments and that it was easily accessible and understandable.

40. Respondents said that they make an 'Active Offer' to provide carers with a service in Welsh without someone having to ask for it, to support carers whose preferred language is Welsh. Respondents said that literature provided to carers was bilingual and there were Welsh language staff and access to translators and interpreters available to support the use of the Welsh language. One respondent said that, although they were aware of the Active Offer, they were unsure of the process, should a carer accept.

41. One respondent said that every client they had worked with whose language of choice was Welsh had not requested communication in Welsh due to their understanding that it was likely to delay the process of receiving the support they need. Another respondent said that they always offer the service in Welsh but there would be a delay due to a limited number of Welsh speakers. A further respondent said that, if a carer accepted an Active Offer, they were unsure whether there would be anyone available to action it.

42. In terms of languages other than Welsh and English, respondents said that interpreters and 'Language Line' could be used, including for BSL. Some respondents said that they had not dealt with someone requesting to use the service in a language other than Welsh or English before and they would seek advice from a team manager. A few respondents said that they did not know what support there was for carers whose language of choice was not Welsh or English.

43. In terms of carers with communication difficulties, some respondents said that they would offer advocacy support and use alternative methods of communication, such as pictures, sounds and body language and by speaking to those who knew the carer well. They said that they could also use voice amplifier kits to support those who are hard of hearing. Respondents said that they could access advice and support from the Speech and Language Therapy team and the Rehabilitation of the Visually Impaired team. Many respondents said that they adapt their communication style and provide more time to the carer, use Easy Read (a picture-based system to assist comprehension by those with learning difficulties) documents and provide reassurance to the carer. One respondent

referred to the Council's Strategic Equality Plan, which sets out the Council's responsibilities to anyone with communication difficulties.

44. Respondents identified a number of barriers to carers having their needs assessed. These were:

- Some carers not identifying as a carer.
- A lack of knowledge of carers' rights and carer support not advertised.
- Carers not having privacy to be honest about their caring role and its impact upon them.
- Carers not having the time to be assessed due to work and their caring responsibilities and spend any free time they do have effectively.
- Carers dismiss their own needs as not important.
- Carers often question the purpose of having their own needs assessed and feel that nothing will change. Practical support was often provided as part of the cared for person's care and support plan so a carer's needs assessment could be perceived as a paper exercise.
- Professionals did not always offer a carer's needs assessment or explain its value.
- Social Workers may not offer a carer's needs assessment for fear of creating an expectation they cannot meet.
- A lack of knowledge of the Carers Team within the Council.

45. A number of respondents said that there were no barriers to carers being offered a carer's needs assessment but there were barriers to offering support to meet their outcomes, due to a lack of resources, for example, cuts to day care, sitting services, respite and a lack of formal care. Respondents said that the lack of support led to carer breakdowns due to there being no respite.

46. In other comments, respondents said that more training was required to build the confidence of new staff and for staff in general to know what support was available to carers. Respondents praised the work of the Carers Team and said that they felt supported by the team and that they were able to rely upon them for support and advice. Some respondents felt that the Carers Team needed a better social profile, not only on social media, but in

places where carers of all ages and abilities can access, for example, at GP surgeries and community centres. Many respondents felt that the Carers Team should complete more, or all, carers' needs assessments, not solely for carers not known to Social Services.

47. One respondent highlighted delays in care and support packages being agreed and that they were often reduced before being agreed, which resulted in increased pressure on carers. They said that the lack of support led to situations deteriorating and increased needs for support for the cared for person. They said that, if carer support could be increased, the outcomes would improve for both the carer and the cared for person.

Evidence from those with lived experience

Carer A - Caerphilly

48. Carer A is a parent carer. She said that she became aware of her right to a carer's needs assessment through word of mouth. Carer A said that her child's needs increased as they grew older and it became increasingly more difficult to arrange for someone to look after her child when Carer A needed to attend health appointments. Carer A said that, despite attending many health appointments, including with her child, no doctors or health visitor advised her of her right to a carer's needs assessment.

49. Carer A contacted the Council to request a carer's needs assessment and the assessment was completed within a couple of weeks. Carer A said that she was not offered advocacy to support her with her assessment.

50. Carer A said that the outcome of the assessment was that she was provided details of carers' coffee mornings, added to the Council's Facebook page for carers, offered Direct Payments and was allocated a support worker. Carer A said it was difficult to attend coffee mornings in school holidays due to the inaccessibility of the location. Carer A said that school holidays were the "worst time" as she had mental health difficulties of her own and required respite. Carer A said that, while attendance at a school holiday play scheme was part of her child's care and support plan, the provision was insufficient to provide her with respite from her caring role in school holidays. Carer A said that she was unable to take advantage of the Direct Payments offered, as she had to pay her own Public Liability insurance and was unable to find a Personal Assistant to employ due to a shortage. Carer A said that, in response to her suggestion that a Teaching Assistant from her child's school

may have been suitable for the role in school holidays, she was informed by the Council that this was not permitted.

51. Carer A said that she was not satisfied with the outcome of her assessment, as the needs identified were not met. Carer A was of the view that the support available for carers was more aimed towards those caring for adults and older people. Carer A said she was not provided with a copy of her assessment but was provided with a copy, on request. Carer A said that she has not had her needs re-assessed.

52. Carer A said that she could not rely upon the support provided by the Carers Team and that there needed to be a lot more openness and transparency in relation to the support available to unpaid carers.

Carer B – Caerphilly

53. Carer B cares for an adult child and is employed. Carer B said that her job was stressful, she was not always at home and finding the balance was difficult; she said that she was constantly living on her nerves. Carer B said that she could not recall having any discussions solely about her needs as a carer, until a Review meeting shortly before being interviewed by this investigation, when staff appeared concerned about whether she, as a carer needed assistance. Carer B said that, as there were so many different names for different procedures, it was confusing as to what a member of staff was concentrating on during a meeting. Carer B said that, when she was asked how things were going, she was always very positive as she was working hard at delivering a positive outcome for her loved one. Carer B said that it would be a very different message if the conversation was solely about the carer's point of view, but it had never been removed from her caring role in its own right.

54. Carer B said that assessments had always been centred around her child and how Carer B managed to work. Carer B said that she now recognised that there were so many other relevant matters that impact upon her caring role, e.g. grief, stress, anxiety, depression and menopause and her needs, as a carer, had changed significantly over the years, but these matters had never been considered by any assessment and she had dealt with them as "things life throws at you", that don't necessarily impact on her caring role, but they made life harder and could impact upon the cared for person. Carer B said that experiencing the

loss of loved ones made her question what would happen to her adult child when she died, but there was no support available to her.

55. Carer B said that, had she known before the recent Review meeting that she would be asked whether she needed assistance as a carer, she would have been able to prepare for the meeting and would have been open and said something different. Carer B said that her employer was very patient, but she worried how long this would last and that her caring role was preventing her from progressing her career.

56. Carer B said that she became aware of her right to a carer's needs assessment from forums on Facebook. She said that she still saw people asking on carers' forums about carers' needs assessments and whether they would be entitled to one.

57. Carer B said that she experienced a switch when her child became an adult and that caring for an adult child made her life easier as the services available for her adult child were much better. Carer B said that, once her child was an adult, she realised that she could have respite, although she was unsure whether the respite provision was part of her adult child's care and support plan, or was part of her support plan, as a carer.

58. Similarly, Carer B said that they receive Direct Payments, but they were part of her adult child's care and support plan, rather than being part of her support plan, as a carer.

59. Carer B said that, sometimes, she doesn't have time to arrange anything with the Direct Payments and, when she does, it was usually so that she could attend work. Carer B said that Direct Payments "get sucked up" during college holidays, so that Carer B could work. Carer B said that she had very little respite in her own time. Carer B said that, during the pandemic, following a conversation with Carers Wales, she found out about grants that were available for carers and she did receive a small grant to allow her to have a short break.

60. Carer B said that she felt very supported by the Council's Social Services staff and that she felt listened to. Carer B said that staff recognise that she was trying to continue to work and that Council staff appeared to respect that. Carer B said that the "Council knows I'm doing my best to keep my head above water".

61. Carer B said that she was not offered advocacy services, nor provided with a copy of her carer's needs assessment. Carer B said that the meetings were conducted in her

language of choice. Carer B said that she would have benefitted from having a separate member of staff considering her needs as a carer and that she was of the view that the assessment of a carer's needs should look at the carer's well-being as a whole, rather than considering only whether they can continue their caring role.

Carer C - Caerphilly

62. Carer C is a parent carer and also provides care to an adult family member. She said that she last had her needs assessed several years ago and, due to difficulties she has experienced, had decided not to request another assessment. Carer C said that her needs were assessed a couple of weeks after she requested an assessment, in her language of choice, alongside those of her children, as it was not easy to compartmentalise each individual's needs. Carer C said that she was offered an advocate, but she did not use them, although her family had used the services of the National Youth Advocacy Service for her children. Carer C said that the Council tended to listen to an advocate.

63. Carer C said that she received nothing as a result of the assessment and she was very disappointed. Carer C said that the assessment was quite a struggle and that opening up about what she was finding hard was not easy but, despite doing so, nothing changed. Carer C said that she requested an assessment of her needs when she realised that she needed respite support. Carer C said she was offered Direct Payments to provide her with respite, but she struggled with finding a Personal Assistant, as she was told she could not use Teaching Assistants from their children's school, or family members, for the role. Carer C said that, once a suitable Personal Assistant was found, the Council told her that she needed to start the process again. Carer C said that she still received information from the Carers Service but also took time to find out information for herself.

64. Carer C said that she felt that the services were not joined up. Carer C complemented the manner in which the member of staff completed the assessment. She said that the member of staff from the Carers Team cared and understood her needs and wanted to help but, once the assessment was passed to Social Services, nothing came of it. Carer C said that, on one occasion, when she struggled to attend a health appointment for one child, the Council agreed for the Personal Assistant she had for one child to care for the other child, allowing her to attend the health appointment.

65. Carer C said that she did receive a copy of her assessment after requesting a copy.