

## Appendix 8 - Evidence relating to Flintshire County Council

### Evidence from the Council

1. Flintshire County Council said that services for both adult carers and young carers were predominantly commissioned from North East Wales Carers Information Service (“NEWCIS”). It said that services for users involving mental health and substance misuse were commissioned from Adferiad, meaning “Recovery’ in English. Both NEWCIS and Adferiad are third sector organisations who provide support and services to carers. Flintshire County Council said that, if a Social Worker was involved with the cared for, the carer was given the option whether they would prefer the Social Worker or NEWCIS to complete the carer’s needs assessment and that some carers’ needs assessments were completed by Social Workers.
2. Flintshire County Council said that NEWCIS offers a consistently good service. It said that they had a strong and trusted relationship that had developed over a number of years. It said that assessments were regularly updated or repeated, depending upon the individual circumstances of the carer.
3. The Council said that, regardless of whether the needs assessment was completed by a Social Worker or NEWCIS, the process was the same; it said that staff would have a ‘What Matters’ conversation with the carer to identify outcomes. It said that many people did not identify themselves as a carer and it could be quite a revelation for them when they realised. The Council said that, for many, a What Matters conversation is all that carers need, but others need some support to maintain their caring role. It said that it offered a wide range of support that was bespoke to each carer. The Council said that, if an assessment was completed by NEWCIS and there were concerns about the cared for person or the carer, NEWCIS would, with consent, contact the Council to see if it could offer some sort of statutory support.
4. The Council said that, if a carer declined an assessment, it would be recorded in the What Matters document. It said that there was a section about carers in the cared for person’s assessment to record that a carer’s needs assessment had been offered to the carer and whether it had been accepted or declined. The Council said that, if a carer did decline an offer of a carer’s needs assessment, the offer would be made again, if a Social Worker remained involved with the family.

5. The Council acknowledged that it was the local authority with the highest percentage of adult carers' needs assessments leading to a support plan, in Wales. It explained that, if a carer had received a service, either by way of receiving a grant, counselling, training, respite or attended activities to support isolation issues, it was classed as a support plan. The Council explained that, when needs were identified, carers were given choices and options as to what could support them, including the use of Direct Payments for carers, in their own right. The Council said that, for a little investment, Direct Payments for carers had made a massive difference for people.

6. The Council said that, due to the partnership working between NEWCIS and Social Services, if there were any issues identified during an assessment that NEWCIS was unable to deal with, the carer would be passed to Social Services for support. It said that, as NEWCIS has a defined carers services which can meet the needs of carers, it worked well for carers to have both organisations supporting them.

7. Flintshire County Council said that it audits completed carers' needs assessments every 8 weeks, in collaboration with representatives from NEWCIS; they review a random sample of completed assessments, discuss the content, identify whether it was strength-based outcome focussed and whether it complied with the Social Services and Well-being (Wales) Act 2014 ("Act"). It said that the outcomes of the audit were fed back to the practitioners. The Council said that it had not identified any significant issues with the quality of the assessments reviewed but, if it did, the practitioner would be informed given some reflective supervision around improving practice implemented. It said that the learning would also be shared more widely with staff and its Performance Officer.

8. The Council said that the quality of its carers' needs assessments was high. It said that carers were a priority for the Council as they were very important in supporting social care. It said that, while it provided some financial support to NEWCIS to enable it to provide grants to carers, the Council would like to be able to increase those grants to enable carers to continue in their caring role.

9. The Council said that, for carers whose cared for person was not known to Social Services, carers could be reluctant to contact Social Services directly and NEWCIS could act as a conduit to build the carers' confidence to gain support and practical advice that acts as a preventative service, particularly if an individual was in the early days of their caring role.

10. Flintshire County Council said that, if a carer's needs assessment was completed by Social Services and the support provided was part of a package of support for that person and the family, there would be an initial review at around 3 months after assessment, followed by annual reviews. The Council said that, however, if there were significant changes in the carer's circumstances, then their assessment would be reviewed immediately. In terms of assessments completed by NEWCIS, the Council said that NEWCIS kept in very close contact with the carers it was involved with, by follow-up telephone calls and that it reviews assessments in the same way that the Council does.

11. The Council said that many of its staff spoke additional languages and it also used an interpretation helpline if it identified that a carer required a translation service. It also said that it would refer carers to advocacy services if it felt that the carer had additional needs for support.

12. The Council said that a newsletter was circulated on a quarterly basis and it referred to NEWCIS and its services in its own publications, website and staff bulletins.

13. The Council said that its Social Workers have a professional qualification to ensure that they have the relevant skills, knowledge and competence to complete carers' needs assessments. It said that the right to a carer's needs assessment was a core part of the training for its Single Point of Access ("SPOA") team staff to enable them to identify carers and have a What Matters conversation. The Council said that NEWCIS arranged for its staff to attend specific courses to ensure it had trained and competent staff completing the assessments. The Council said that all staff who came into contact with the public through their role were trained in safeguarding and the right to a carer's needs assessment was also built into the Council's flexible working policy.

14. In terms of collaborative working, Flintshire County Council said that a member of its staff and NEWCIS attend the All-Wales Carers Learning and Improvement Network (COLIN), it had a Carers' Strategy Group, and it attended the Regional Partnership Board. The Council said that it was an active member of the Ministerial Advisory Group ("MAG").

15. Flintshire County Council welcomed an opportunity to share its good practice. It said that, in 2022/2023, 380 carers were in receipt of NEWCIS' award-winning ['Bridging the Gap'](#) service. The Bridging the Gap service provided over 3000 hours of respite for carers in the county. It said that partnership working with 'Flintshire Micro Carers' enabled even more

options and flexibility for carers. The Council also explained that its Family ‘Bridging the Gap’ option allowed friends or family to support the carer with their caring role, which had been essential, due to challenges in care services and with many providers being unable to meet current demands. The Council said that service users reported positive impacts of the service provided on reducing isolation and social exclusion, mental health and opportunities to connect with people and places.

16. The Council said that Care Inspectorate Wales (“CIW”), in its Assurance Check, reported that partnership working was strong and had improved after the pandemic and that there was a shared understanding of what matters for people. The Council said that CIW also identified that carers’ needs were being appropriately considered and were well supported.

17. Flintshire County Council said that it was concerned that carers who lived in the local authority area indicated, during our consultation, that the support plans offered did not meet their assessed needs/outcomes and there were a limited range of support options offered. It said that it was important to understand the reasons for the expectations of carers not being met; not every carer’s needs are always met, for instance, respite services may not be available, or they may be limited. The Council said that this was more prevalent for parent carers, especially with carers of autistic children.

18. The Council said that transport remained an issue for carers, particularly in rural areas. However, it said that NEWCIS had secured Lottery funding for a minibus to reduce this barrier and meet unmet needs.

19. The Council highlighted the results of a recent consultation by NEWCIS which identified the following barriers to carers accessing general services:

- Time
- Transport
- Cost of activities
- Respite care needs
- Anxiety and nervousness of joining new things
- Guilt over leaving their cared for person
- Getting hold of organisations and services since the pandemic
- Getting through to the right person
- Constant changes in services and the people they speak to.

20. Flintshire County Council said that, since the pandemic, traditional services offered to support carers have not been maintained, for example, day care and bookable respite stopped for older people and it was taking time to be re-introduced. The Council said that it had recognised the impact of this and was actively encouraging more creative ways to support the carers, for example, Direct Payments in the carer's own right.

21. Flintshire County Council provided a copy of NEWCIS' process for the delivery of statutory assessments and contract monitoring reports and demonstrated that it undertook audits of carers' needs assessments completed by NEWCIS, Adferiad and by its own staff, every 8 weeks. The Council also provided examples of case studies and positive feedback received about its service, including:

- “[NEWCIS staff member] was so supportive and kindly during the process and kept in touch monitoring the process of change... the CNA [Carer's Needs Assessment] helped to identify what would help, and NEWCIS enabled the changes to be brought about”.
- “Thank you for giveing (sic) us the chance to express ourselves in the small sessions we have, they may seem small but they realy (sic) do make a difference”.
- “I very much needed you to guide me to where I am today. You helped me become more aware of my caring role”

22. The Council said that advocacy services were provided by Advocacy Services North East Wales (“ASNEW”), North Wales Advice and Advocacy Association (“NWAAA”), Tros Gynnal Plant Cymru, Age Cymru, The Flintshire Disability Forum and Age Connects North East Wales.

23. 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. Flintshire County Council provided data relating to the ethnicity of carers whose needs were assessed. Where ethnicity was recorded, which was in 41% of individuals whose needs were assessed, 92% were recorded as White and 8% as ‘any other’ ethnicity. No data was initially provided for age, gender, sexual orientation, language preference or disability. In response to the draft version of this report, Flintshire County Council provided equality data for all carers registered with the authority – 10,367 adult carers and 364 young carers. This data included ethnicity, age, disability, gender and language. No further equality data was provided for carers, both adult and young carers, who had their needs assessed.

24. A recent performance evaluation inspections by CIW at [Flintshire County Council](#) (November 2023) identified areas for improvement. CIW found that Flintshire County Council needed to strengthen its systems around carers' needs assessments, to ensure the rights and voices of all carers were fully promoted. It said that carers' assessments were not adequately recorded or communicated with the local authority. CIW said that it saw examples in Flintshire where practitioners were not aware of whether a carer's needs assessment had been undertaken and, if so, the outcome of the assessment. CIW said that Flintshire County Council must have greater oversight of these assessments, to be confident that it fully meets its responsibilities in line with the requirements of Part 3 and Part 4 of the Code, assessing and meeting the needs of individuals.

### **Evidence from NEWCIS**

25. [NEWCIS](#) is a charitable organisation providing carers' services to Flintshire, Denbighshire and Wrexham local authority areas. It said it was part funded by the local authority, as well as other funders and also raised its own monies.

26. NEWCIS said that it has provided services to adults in Flintshire for over 28 years. It explained that it was awarded the contract to provide carer services for both adult carers and young carers to Flintshire County Council in July 2020. It said that it had to start the service virtually, due to COVID-19 restrictions. NEWCIS said that it has a duty officer each day, to enable it to provide immediate support for any carers experiencing crisis. It said that low level information, for example, a request for information, would also be dealt with on the same day. NEWCIS explained that, if a carer required more, they would be allocated a wellbeing officer who would make contact with the carer within 5 days.

27. The NEWCIS process for the delivery of statutory assessments outlines that an assessment for adult carers must be offered as a 1:1 meeting, with the carer informed that they can choose whether or not to have the cared for person present. The process also outlines that advocacy must be discussed with the carer and any concerns about the carer's capacity or communication needs should be discussed with a line manager.

28. NEWCIS explained that the process for young carers was two pronged, in that it firstly engaged with the parent or person with parental responsibility for the young carer to discuss their desired outcomes and any safeguarding issues. It said that the assessment

with the young carer was then either completed with the parent present or with the young carer alone, usually at their school, an environment in which they are familiar and to allow them to talk more freely.

29. NEWCIS said that there was a lot of confusion about carers' needs assessments; it said that it called them 'What Matters' conversations and that it considered there to be 2 parts, 1 and 2, and that it considered a carer's needs assessment to be a 'What Matters 2'. It said that, if NEWCIS was unable to meet a carer's need or there appeared to be a need for the cared for person, it would hand the assessment back to the Council, but also continue to provide any support that it was able to. NEWCIS said that this confusion often resulted in people saying that they had not had a carer's needs assessment when they actually had and called for a consistent approach across Wales.

30. NEWCIS said that its high proportion of assessments leading to a support plan was probably as a result of the numerous services it was able to offer carers, for example, training courses in relation to managing behaviours of those diagnosed with dementia and its ability to be responsive to the needs of carers in terms of providing grants, food boxes, counselling and group events. NEWCIS said that its wellbeing officers also assisted carers in liaising with Social Services and GPs. NEWCIS said that its service is led by the carer with the carer telling its staff what would be helpful to them and it determines what support or other third sector organisations may be able to meet their bespoke needs.

31. NEWCIS said that a benefit of having a carer's needs assessed separately to those of the cared for, was that Social Workers were limited to their internal services and what they could offer statutorily. However, it said there were hundreds of support services available and Social Workers were not always aware of them which was why the Council signposted carers to its services. NEWCIS was of the view that local authority services were under pressure with high demand for their services; it said that carers received a more balanced and holistic overview when receiving intervention from the third sector. NEWCIS said that it had a very good relationship with Council staff and they were always willing to engage in relation to safeguarding or Direct Payments for carers.

32. NEWCIS said that its Bridging the Gap service had been very successful and it had, following a request from the Welsh Government, written a toolkit which had been shared with all local authorities in Wales.

33. NEWCIS explained that the most difficult category of carer to gain a service for were parent carers as, while they can access all the support available to them as adults, there were limited services available for their child resulting in limited respite opportunities, particularly in school holidays, for parent carers and it was not always able to match a service to the needs identified, which could result in some negative feedback. NEWCIS said that it's Bridging the Gap scheme was limited in terms of how many providers offered respite services for children with additional needs, but it's Family Bridging the Gap scheme enabled parent carers to receive help and support in their own home from a family member or friend by providing grants to cover their travelling expenses or extra meals. It said that having the support of a family member or friend in such circumstances provided emotional and wellbeing support to the carer and opportunities for family bonding.

34. NEWCIS said that it's Bridging the Gap scheme had been particularly useful to carers who apply for Direct Payments in their own right, as this ensured that carers were supported while their application was being processed, allowing carers to maintain their caring role. NEWCIS said that the process for applying for carers' Direct Payments had been refined and worked really well for carers. It said that its staff completed the application forms for the carer and supported them through the process, liaising with the panel when required.

35. NEWCIS said that, within its contact with the Council, it was required to review completed assessments within 12 months, but they were normally reviewed much sooner than that, to ensure that the support carers were receiving remained appropriate to meet their needs and that there had been no significant changes in their circumstances which may require a referral to Social Services. NEWCIS also emphasised that their services remained open to carers who could also re-contact them, if necessary, at any time.

36. In terms of feedback from carers, NEWCIS said that it reviewed the outcome of an assessment with the carer after 6 weeks. It sent out an annual feedback questionnaire to carers and there was a feedback section on its website. NEWCIS said that it also holds focus groups with its carers, allowing them an opportunity to tell it what they need, for example, training in specific subject areas, like first aid.

37. NEWCIS said that, where a carer declined a statutory assessment, it recorded the decision on its own recording database. It said that, as it received funding from various



sources it would see if it could support a carer who declined an assessment, in ways in which the carer's information did not have to be shared with the local authority.

38. In terms of transitioning from young carer services to adult carer services, NEWCIS explained that it has a young adult carer group to provide support and young carers were progressively introduced to the adult service provisions. It said that, as it provides services to both adult carers and young carers, then the transition was seamless and easier for young carers. NEWCIS said that it also supported young adult carers by liaising with further education establishments to ensure that their carer status was recognised and that they were supported to maintain their educational needs.

39. NEWCIS said that it has Welsh speaking staff, although it was not often asked to complete carers' needs assessments in Welsh. It said that it seeks translation services for other languages, including British Sign Language ("BSL"), from other organisations. NEWCIS said that it sometimes uses laptops to complete the assessments, allowing the assessor and carer to type questions and responses. NEWCIS said that, if there were physical barriers to prevent a carer attending a carer's needs assessment, it would undertake a home visit instead. It said that it was also looking at developing specific support groups for neurodiverse and gender fluid carers.

40. NEWCIS said that it delivers low-level advocacy service to carers, but that more formal advocacy could be provided to adults by ASNEW, North Wales Advocacy Service and Independent Mental Health Advocacy services, with a limited service being provided by Age UK. It said that SNAP Cymru and Meic, both services that provides information, advice and support, also provide advocacy, information and advice for young people up to the age of 25. It said that all carers were asked if they required the support of an advocate and this was recorded on their assessment form.

41. NEWCIS said that it could not always meet the needs of carers, due to the limited resources it has. It said that, while it does not financially assess carers, it does assess need when allocating resources. NEWCIS said that, in terms of support groups, it tried to meet the needs of various groups of carers by holding meetings during the daytime, evenings and on weekends. It said that evening support groups were particularly useful for working carers. NEWCIS said that it was also able to accommodate carers' needs assessments on weekends, if required.

42. NEWCIS provided copies of the information resources it has available to support carers.

43. NEWCIS said that it regularly reviewed a random selection of completed carers' needs assessments in collaboration with the Council and could only think of 1 assessment that could have been improved due to the lack of detail recorded. It said that it shared learning and good practice with staff for their development.

44. In terms of staff training, NEWCIS said that all new members of staff shadow another member of staff before they start completing carers' needs assessments. It said that it also signed staff up to a City and Guilds in Health, Social Care and IAA qualification, but it said there was a lack of clear guidance on what qualification staff completing carers' needs assessments should have.

45. NEWCIS said that it raises awareness of carers' rights through its website, its quarterly newsletter and on social media. It said that there was nothing it would change or improve about its current service provided to carers. It said that NEWCIS was always looking to enhance or change services, if the need was there and would always seek funding to allow this. NEWCIS said that changes were often made within contracts, in partnership with its funders, with changes based on the needs of carers. NEWCIS said that there were no barriers preventing carers having their needs assessed. NEWCIS said that its young carer assessment form was very lengthy, and it was looking to see if it could be shortened, whilst still ensuring that it captured all the relevant information.

### **Evidence from Adferiad**

46. [Adferiad](#) is a charitable organisation supporting people with serious mental ill health and substance dependency and their loved ones, including their carers. It has provided commissioned services to Flintshire County Council for many years, in relation to carers and housing.

47. Adferiad explained it used to receive referrals from the Community Mental Health Teams ("CMHT") and the hospitals but, following a review, a single point of access, through NEWCIS, was agreed. Adferiad said that, due to the single point of access, it was reliant on NEWCIS to

forward the referral to it. It said that it appeared that sometimes, NEWCIS processed referrals to Adferiad as a batch, which would make it a race to push them all through the assessment process.

48. Adferiad said that if, during their initial contact or assessment at NEWCIS, it became apparent that the cared for person had serious mental ill health and/or a substance dependency, the carer was referred to Adferiad. It said that the carer's needs assessment process could be lengthy due to the complexities of the carer's circumstances. Adferiad said that, more recently, it had been able to accept carers who contacted it, directly, provided it notified NEWCIS of the contact.

49. Adferiad said that it had 1 member of staff, trained to Level 4 Health and Social Care, whose role was to complete carers' needs assessments.

50. Adferiad said that it completed audits of completed carers' needs assessments in conjunction with Flintshire County Council and NEWCIS and the group considers carers' needs assessments completed by the Council, NEWCIS and Adferiad.

51. In terms of monitoring whether the outcomes identified during an assessment continue to meet a carers' needs, Adferiad said that this was usually monitored by the member of staff who completed the assessments. It said that, recently, this had been problematic, as the member of staff had been on long term leave and it had taken additional steps to ensure that other staff could access the relevant management systems and maintain contact with carers. Similarly, it had made alternative arrangements for any new carers contacting the service to ensure that they were offered a carer's needs assessment. Adferiad said that it was also in the process of recruiting bank staff who will be able to assist in such circumstances in the future.

52. Adferiad said that carers can keep in touch with its service through email and text and that carers were always informed that, if they reach crisis, they should contact them. It also said that it told carers who were moving on to contact them, as they could share the information they had already provided to Adferiad about their caring role with any new support provider.

53. Adferiad said that it did not monitor how satisfied carers were with the outcome of their assessments. It said that it used to send monitoring forms to carers on an annual basis to monitor how satisfied a carer was with the outcomes of their assessment. It said that it was supposed to complete an annual review for each carer's assessment and this was an area it was looking to improve, however, carers did, as part of their assessment, have an opportunity to raise any issues if they were not satisfied with the outcome.

54. If a carer declined a carer's needs assessment, Adferiad said that it would be recorded on its case management system. It said that, in such circumstances, a carer would be offered support, regardless of whether they had formally had their needs assessed, for example, emotional support. Adferiad said that, often, when carers contacted their service, they were in crisis and seeking help for the cared for person. It said that they were often not interested in seeking support for themselves and tended to put themselves second.

55. Adferiad said that it had some services available in-house for carers, for example, debt management and mental health support, with further support available to be arranged in the community. It said that it used to have its own funding to provide small grants to carers for respite and counselling but that this was now all dealt with through NEWCIS, with its carers applying to NEWCIS for grants and counselling. NEWCIS said that this slowed down the process. Adferiad said that NEWCIS also sent its carers information about its support groups and events and that some of the carers Adferiad dealt with accessed support services offered by both Adferiad and NEWCIS.

56. Adferiad said that it was trying to reach the hidden carers and that it had identified that it needs a carers section on its website to provide carers with information. Adferiad also acknowledged that not all carers could access websites. Adferiad said that, prior to the single point of access process, it had a member of staff located within the Children's Mental Health Team, where they could identify carers. Adferiad said that it had recently been agreed that it could again receive referrals directly from the CMHT. Adferiad said that it also had Cyfle Cymru<sup>1</sup> peer mentors supporting cared-for people who have had an addiction and they had been informed that if they come into contact with a family who was struggling, they were able to refer the family to Adferiad, who could provide support to the family.

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<sup>1</sup> Cyfle Cymru is a service which helps people with substance misuse issues and/or mental health conditions into work, education or training.

57. Adferiad said that there was often stigma surrounding mental ill health, and carers felt more confident and comfortable attending support groups for carers caring for people with poor mental health, rather than more generic carers groups. It said that it had also tried to set up groups for carers caring for people who misused substances, but that these carers were really hard to reach because of the difficulties they experience if they leave the cared for person alone.

58. Adferiad said that all of its written resources were readily available in both Welsh and English and that resources in other languages were also available. Adferiad said that it had staff who were able to complete carers' needs assessments in Welsh, if it was requested by a carer. Adferiad said that, if a carer needed to access its service in a language other than Welsh or English, it was able to source translation services. In terms of additional needs, Adferiad said that these were likely to be identified during the carer's needs assessment and advocacy services would be available to support the carer.

59. Adferiad said that it provided quarterly contract monitoring information to Flintshire County Council. It said that, while it did not normally receive any feedback on the information sent to the Council, it had recently had more meetings, as it had been identified that a few carers' needs assessments had not been completed to the required standard and there was an open discussion in relation to resolving the issues and moving forward.

60. Adferiad provided the investigation with copies of publications it has available for carers.

### **Evidence from staff**

61. 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 adjustment<sup>2</sup> was made to allow 1 member of staff to provide their evidence orally.

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<sup>2</sup> A change made to remove or reduce a disadvantage related to someone's disability.

62. 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 (**)
<b>Information, Advice and Assistance staff</b>	Caerphilly	16	5	31%
	Ceredigion	22	19	86%
	Flintshire	10	7	70%
	Neath Port Talbot	6	0	0%
<b>Staff where carers' needs assessments are part of their role</b>	Caerphilly	168	92 (8)	55% (50%)
	Ceredigion	42	20 (2)	48% (43%)
	Flintshire	14	9	64%
	Neath Port Talbot	227	31 (11)	14% (9%)
<b>Commissioned service provider staff who complete carers' needs assessments</b>	Caerphilly***	N/A	N/A	N/A
	Ceredigion	3	2	67%
	Flintshire	10	9 <sup>3</sup>	90%
	Neath Port Talbot	4	3	75%

\* Incomplete responses

\*\* Completed questionnaire response rate

\*\*\* No commissioned services

### Information, Advice and Assistance staff

63. Respondents said that they had received training from NEWCIS in the past, but this had stopped since the COVID-19 pandemic. They said that there were plans to re-start the training provided by NEWCIS. Respondents also said that they had received information sessions about Direct Payments for carers. The majority of respondents felt that the training received supported them in their roles. A few respondents said that they had not received any training on carers' needs assessments to support them in their roles and that they would like more training to enable them to discuss carers' needs assessments with carers. The majority of respondents said that they knew where to find the process for carers' needs assessments and said that it was easily accessible and understandable. A

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<sup>3</sup> One on maternity leave

couple of respondents said that they did not know where to find the process for carers' needs assessments.

64. Respondents said that carers were asked their language of choice when first in contact with the Council and Welsh speakers were directed to Welsh speaking staff. Most respondents said that they could use Language Line translation services when a carer's language of choice was not Welsh or English.

65. Respondents said that the Council could support people with communication difficulties by offering face to face meetings, either at their offices or through home visits. Respondents said that carers could also communicate with them by email and text or provide consent for someone to speak on their behalf.

66. Some respondents did not consider there to be barriers to carers having their needs assessed. Other respondents felt that, very often, carers were not aware of their right to a carer's needs assessment and, sometimes, carers felt guilty or embarrassed about asking for support. One respondent said that carers appear to be passed from one service to another with no clear process.

### **Carers' needs assessment staff**

67. Respondents said that they had either had training in relation to carers' needs assessments a number of years previously or had not received any training in relation to carers' needs assessments. Respondents said that they were advised by management to signpost carers to NEWCIS to have their needs assessed. The majority of respondents said that the training they had received did not assist, or assisted to some extent, them in undertaking their duties in relation to carers needs assessments.

68. Respondents demonstrated that they were aware of a carer's right to have their needs assessed by signposting to NEWCIS. Some respondents said that those caring for people not known to Social Services would be referred to NEWCIS but those caring for someone known to Social Services would be referred to the Social Worker to complete a carer's needs assessment. A few respondents said that they had recently been asked to complete What Matters conversations with carers to establish needs, for example, respite and referring to Panel, and, for other needs, to continue to signpost to NEWCIS. A few respondents said they did not know where to find the process for carers' needs assessments.

69. Respondents said that carers were offered to complete the assessment in their language of choice with Welsh speaking members of staff available to support the service. They said that they were also able to use the Language Line service. For carers whose language of choice was something other than Welsh and English, respondents said that they were able to access interpretation services, including BSL. Two respondents said that they would use a family member or friend to translate for the carer.

70. In order to support carers with communication difficulties, respondents said that they would offer face to face assessments, use family members to support the carer, use type talk services and amplifiers. They said that they would ask other services, for example, Speech and Language Therapy and the Sensory Team for support and liaise with services such as the Stroke Association for communication aids. Respondents said that they would also request support from family members or other Social Workers who had worked with the individual. A few respondents referred to using an advocate to assist with overcoming communication difficulties.

71. A few respondents did not identify any barriers to carers having their needs assessment. Other respondents identified the following barriers to carers having their needs assessed:

- Carers not viewing themselves as a carer.
- Carers not being aware of their rights.
- Carers wanting support to overcome an immediate crisis and did not always see the need for their own support.
- Carer may not be able to speak freely in front of the cared for person, particularly if the cared for person had declined support.
- Cared for person may not allow the carer to contact Social Services.
- Delay between initial contact and contact from other teams – the NEWCIS waiting list is very long.
- Time restraints with caseloads and staffing.

## **NEWCIS**

72. Respondents said that they had received internal training on completing carers' needs assessments. Many reported that they also had Health and Social Care qualifications



or experience in the field. Most felt that the training they had received assisted them in undertaking duties relating to carers' needs assessments.

73. Respondents showed an understanding of the purpose of a carer's needs assessment and of the assessment process. Most respondents said that they knew where to find the process and that it was accessible and understandable. One respondent reported that they did not know where to find the process.

74. Respondents said that NEWCIS had Welsh speaking staff who were able to complete carers' needs assessment with carers whose language of choice was Welsh. Respondents said that they could access interpreters, including BSL, and translation services if a carer's language of choice was not Welsh or English. Respondents said that they also had bilingual leaflets and were able to have them translated into other languages if needed.

75. In terms of communication difficulties, most respondents focussed on the availability of language translation services and offering different ways to communicate, for example, face to face, video calls, telephone calls and text message. A few respondents said that any communication needs or the need for advocacy support were outlined on the referral form. They said that carers were also sent a questionnaire for families to complete before an assessment to allow them to gather their thoughts and that it provided an opportunity to highlight any communication difficulties. A respondent said that young carer assessments were made "fun", through the use of games or drawing, to aid effective communication. Other respondents said that they could offer large print documents and offer advocacy services. One respondent said they were unaware of the measures in place to support users with communication difficulties.

76. Several respondents said there were no barriers to carers having their needs assessed. Other respondents identified that the absence of consent, either from the young person or parent, was a barrier. Many respondents said that it could be difficult to identify young carers, as they did not identify as a carer and did not recognise that they were performing a caring role. Other barriers included difficulties caused by having to rely upon a parent who was also the cared for person and that this could cause barriers to engage with the service. A respondent said that the regional assessment was not the most user friendly and it had tried to adopt better ways of having What Matters conversations.

77. Some respondents said that opportunities for referring carers to NEWCIS were sometimes missed by outside referrers and that carers could be concerned by the use of the word 'assessment'. Respondents said that some carers were misinformed about the support available and were reluctant to have their needs assessed. Some said that carers often did not recognise themselves as carers. One respondent considered the training of staff to be a barrier to carers having their needs assessed and that carers often did not understand their rights.

78. In other comments, respondents said that offering a carer's needs assessment in hospital was not the time or place to do it, due to the acuteness of the situation, but they recognised that it was an opportunity to inform carers of their rights. They highlighted the need for closer working between the Social Worker and NEWCIS as there was duplication – they considered that this would provide a more comprehensive service to carers and cared for people. Respondents raised that they would benefit from ongoing training, including relating to the use of Direct Payments to support carers. They said that it was often difficult to identify what was a wish and what was a need and further clarity was required. Respondents also raised concerns about the lack of provision for the cared for and delays in assessing their care and support needs which caused carers distress that was difficult to overcome with a carer's needs assessment.

#### **Adferiad**

79. A respondent from Adferiad said that they were not provided any training for their role in completing carers' needs assessments and were told to look at previously completed assessments. They said that the previously completed assessments did not appear sufficient, as they lacked detail. They said that they found suitable training on the Social Care Wales website and had worked through it and taught themselves. The respondent said that they adapted the assessment form by basing it on the information provided on the Social Care Wales website. The respondent said that they would share information with carers about their right to an assessment and provide options about how and when they would like to be assessed, ask their language of choice and offer them to attend with an advocate or family member. The respondent said that they had Welsh speaking staff available if a carer's language of choice was Welsh and that they could access interpretation services for carers whose language of choice was not Welsh or English, including BSL.

80. The respondent said that they considered that time was a barrier to carers having their needs assessed as they often could not leave the cared for person or had nobody else

to provide the care. For working carers, they often did not have the time to have their needs assessed, despite wanting help and support. The respondents said that they considered assessments at Adferiad were good and contained a lot of detail with carers having remarked that they had not had such a thorough assessment previously and that they felt listened to.

### **Evidence from those with lived experience**

#### **Carer H – Flintshire**

81. Carer H cares for her child and gave up her job due to her caring role, which resulted in financial pressure on the family. Carer H said that her right to a carer's needs assessment was never made clear to her. Carer H said that, when Social Services became involved with her child, she was told about NEWCIS, a fantastic service supporting unpaid carers. Carer H said that NEWCIS had an excellent parent carer support group and, provided a carer knows about NEWCIS, they will know about the support groups available.

82. Carer H said that she self-referred to NEWCIS and welcomed all the help and support that she could receive as it was an extremely traumatic time for Carer H. Carer H said that NEWCIS completed a "What matters" talk, but it was not made clear that this was her carer's needs assessment. Carer H said that, when she asked their Social Worker for a carer's needs assessment, she was told that one had already been completed by NEWCIS.

83. Carer H said that she had never had her needs assessed as a carer by the Council and knows of other carers in the same situation. Carer H said that the NEWCIS assessment never felt like a deep assessment and was very much in that moment. Carer H also said that, unless the carer contacts NEWCIS, NEWCIS did not contact the carer, unlike the statutory assessments provided to her child. Carer H acknowledged that NEWCIS was a charity with limited resources, rather than a statutory organisation.

84. Carer H said that she was assessed, on both occasions, within 2 weeks of contacting NEWCIS and did receive financial support through small grants, which was a huge benefit. Carer H said, however, that, "once the grant had gone, it had gone". Carer H said that she had approached the Council for Direct Payments in her own right as a carer and staff agreed to look into it, but nothing actually happened.

85. Carer H said that NEWCIS staff were very adept at doing their job, but she did not feel that the support provided was comparable to the support she received from her child's

Social Worker. Carer H likened the support provided by NEWCIS to “putting a plaster” on a conversation initiated by the carer, with no planned re-assessment.

86. Carer H said that the assessments were completed in her language of choice, but she could not recall being offered the support of an advocate. Carer H did not recall being provided a copy of her assessment.

87. Carer H said that she would like a more robust and clear process, to be provided with clearer information from Social Services about the process and what was expected. Carer H said that she was lucky to receive Direct Payments as part of her child’s Care and Support Plan, as the process was challenging. Carer H was of the view that it was only because her child was known to Social Services that they received the support that they did. Carer H was of the view that there would be a lot of families unaware of the services available, not knowing where to turn for support and frightened, unjustifiably, of Social Services. Carer H said that, unless an individual “jumps up and down screaming”, or that their situation reached crisis, they were left alone, when preventative work supporting carers, ensuring their well-being and mental health was stable and were able to provide care, should mitigate reaching crisis.

### **Carer I - Flintshire**

88. Carer I cares for a child, an adult child and a parent. Carer I self-referred to NEWCIS after being signposted by the Council’s Single Point of Access team and researching the NEWCIS website, which identified her right to a carer’s needs assessment. Carer I requested an assessment, as her caring role was starting to affect her wellbeing.

89. Carer I said that the assessment was completed within a few weeks of her request, and she was provided with information about Carers UK, NEWCIS support groups, wellbeing and holistic events, workshops and training, breaks, grants and respite.

90. Carer I said that the assessment helped her to identify actions that could be taken to relieve stress and re-evaluate her job role, that was also contributing to her stress. Carer I said that the support provided by NEWCIS, including regular calls, helped her to manage her stress, liaise with her child’s school and with socialising, which reduced her feelings of social isolation. Carer I said that the service from NEWCIS was more supportive than she had imagined, leaving her feeling confident to cope in her caring role and feeling re-assured that

she could access its support in the future. Carer I said that the support provided “absolutely” met her identified needs.

91. Carer I said that her needs were assessed as an individual and the assessment was completed in her language of choice. Carer I said that she was offered a copy of her assessment but did not feel that it was necessary. Carer I said that her needs were re-assessed as part of her support plan and her outcomes had been met.

### **Carer J - Flintshire**

92. Carer J cares for a child. Carer J explained that she had a carer’s needs assessment on the telephone, within approximately 1 week of requesting one. Carer J said that she was provided with general information, including advice, useful telephone numbers, activities and meetings. Carer J said that she received continued support from NEWCIS through weekly drop-in meetings, phone calls and grants, which meet her needs. Carer J said that her needs have not been re-assessed, as they remain the same.

93. Carer J said that the assessment was conducted in her language of choice and she was offered the option of advocacy. Carer J was provided with, or offered, a copy of her assessment.

94. Carer J felt that the outcome of her assessment was positive and that NEWCIS was “fantastic”. Carer J said that the assessment had a huge impact on her caring role, and she would change nothing about the assessment process.

### **Carer K - Flintshire**

95. Carer K cares for her husband whose care needs have increased as he has grown older.

96. Carer K said that she did not know of her right to a carer’s needs assessment. She said that their local health authority asked her to register as her husband’s carer, which resulted in Social Services asking if there was anything they could do to support them. Carer K said that, 5 or 6 years ago, Social Services suggested respite care for her husband, which initially worked well, but subsequently did not meet the needs of her husband,

meaning that she could not relax and take time to herself when he attended respite care. Carer K said she has not received any respite since.

97. Carer K said that she was provided with very little information about the assessment; Social Services felt that a care package would help Carer K, but the care package was refused by her husband. Carer K didn't feel that any support was aimed specifically at her in her caring role, but Social Services wanted to help them both. She said that she was not aware of having an assessment in her own right. Carer K said that there was no real assessment, just a conversation on the phone about what could be offered. She saw no form being completed nor was she provided with a copy of the completed assessment.

98. Carer K said that Day Centre Services were also offered but they did not meet her husband's needs. Carer K explained that 3-hours of Direct Payments were offered for a "sitting service", but there was little to do in the local area and travel would take too long for Carer K to do anything meaningful; Carer K would worry about getting back on time and would not relax. Carer K said that a more flexible solution would have been beneficial for her to use when required, on an ad hoc basis.

99. Carer K said that, having been provided with a copy of her assessment before her interview, the grant for reflexology noted on the form was the first that she had heard about it. Carer K said it was something that she wanted to do but needed someone to care for her husband to allow her the time to attend.

100. Carer K said that the assessment had no impact on her caring role; that it had been lovely to talk to someone, but it had not solved the problem. Carer K felt that it was not worth bothering with, as a couple of hours of relaxing for her would cause guilt if she returned home and her husband was not happy, which could exacerbate his medical conditions.

101. Carer K expressed concern about attending her own medical appointments, as she was not always able to depend on neighbours to help. Carer K said that, when she received medical appointments, she wondered whether to just cancel them.

102. Carer K said that the assessment was completed in her language of choice and she could not recall being offered the support of an advocacy service.

103. Carer K said that she wants to “be happy” and it was difficult to say whether anything could have been done differently as, despite everything she has said to Social Services over the years, nothing has resolved the problem. Carer K acknowledged that Social Services departments are stretched, but added, “but it’s hard being a carer”.

#### **Carer L – Flintshire**

104. Carer L, who is disabled, carers for her disabled children as a single parent. Carer L became aware of her right to a carer’s needs assessment after having a mental breakdown and safeguarding concerns were raised. Carer L said that staff at the Flintshire Hub were very thorough and hands on and made various referrals for help and support. Carer L said that, within 3 months ,she had various organisations offering help. Carer L said that members of the public don’t really know what help is available until they reach a point or level of not being able to cope. Carer L was of the view that carers should be able to tap into available services without having to reach such a point.

105. Carer L said staff at NEWCIS contacted her and completed the carer’s needs assessment within a week. She said that she was allocated a support worker who was lovely. Carer L said that she received some therapy and it was the best thing she had ever had. She said that it changed her life. Carer L said that the family received membership to the zoo, meaning that they can visit and she can spend some quality time with her children. Carer L said that she felt that she owed NEWCIS and its staff a lot and couldn’t thank them enough. Carer L said that, if NEWCIS had not showed up when it did, then she dares not think what would have happened.

106. Carer L said that she has extended family members who are able to help her with housework, to allow her to look after her children. She said that NEWCIS offered help and support to her extended family, as they also provided care for Carer L.

107. Carer L said that the assessment was conducted in her language of choice. She did not think that she was offered the assistance of an advocate but did not think that she needed one, as NEWCIS staff explained things well.

108. Carer L said that she was not provided with a copy of her assessment. She said that her needs have been re-assessed following a further referral and some further avenues of help were identified. Carer L said that she could receive funding for childcare to allow her

respite or funding for family days out, so that her extended family could take her children out for the day to allow respite. Carer L said that she chose the funding for her extended family to take her children out which had been an exceptional help. Carer L said that NEWCIS was also supporting her to apply for Direct Payments, to employ a Personal Assistant to lessen the household burden and allow her to concentrate on her children.

109. Carer L said that NEWCIS supports so many families in the Flintshire area, but it was a shame that carers had to reach “breaking point” before support was offered. She felt that the support available should be shouted about within the local community. She acknowledged that the support depended on funding being available, but she felt that the most needy would know that there was support available to them.

### **Carer M – Flintshire**

110. Carer M cares for her disabled children. Carer M said that she was referred to NEWCIS in 2020 by North Wales Integrated Autism Service. She said that she contacted NEWCIS to ask if it had received her referral and was told that she was on a waiting list for allocation to a Wellbeing Officer. Carer M said that she was told, in an email, that she would be contacted and an assessment would be completed, to allow her and her officer to identify how NEWCIS could support her best. She said that she didn’t realise that it was a referral for a carer’s needs assessment as per her right, as she thought NEWCIS was a carer support charity and it was about joining the charity. Carer M said that she was offered vouchers to use for a hotel break but, as she didn’t have respite care for her children, she was unable to use it and could afford a night away, if she could. She said that she therefore did not take up the offer. Carer M said that she was also given a Netflix voucher.

111. Carer M said that she first became aware of her right to a full carer’s needs assessment in June 2022, via a Facebook parent support group and she contacted Flintshire County Council directly to request an assessment, as she did not understand that NEWCIS was the provider of carers’ needs assessments on behalf of the Council. Carer M said that she also contacted NEWCIS and advised them that her caring role had increased and she wanted to catch up with them regarding support. Carer M said that she was informed that it was now providing ‘Bridging the Gap’ support, which involved giving her funding for 6 months to use with one of NEWCIS’ providers listed in its Bridging the Gap leaflet. Carer M said that it was unhelpful that NEWCIS referred to their assessments in correspondence as



'wellbeing assessments' with a 'Wellbeing Officer' or support under 'Bridging the Gap', rather than referring to it being a statutory assessment.

112. Carer M said that, at the time of her contact with NEWCIS, she felt that the telephone calls were helpful and it was good to have some support and funding towards providers on the Bridging the Gap scheme. Carer M said that, now she is aware of her rights, she was disappointed with the outcome of her assessments, as she was unable to access a full assessment and have a support plan in place. Carer M said that she did not think that her needs were clearly identified during her assessments, or that her needs were subsequently met. She said that she remembered expressing that she really needed respite, but it wasn't an option from NEWCIS. She said that she contacted some of the Bridging the Gap providers that offered some childcare, but they did not have any space and the funding received wasn't enough to enable her to use the service for her children. Carer M said that the only service that she could use was a cleaning service. She said this service was slow to get going and worked well for a while, until they started not turning up or not telling them what time they would arrive. Carer M said that, by July 2022 there were no suitable providers for respite or cleaning services and the only suitable option was holistic therapy. She said that she found it difficult and stressful to attend the holistic therapy sessions, as she had to find someone to look after her disabled children. Carer M said that NEWCIS subsequently discontinued using the holistic therapy as a Bridging the Gap provider. Carer M said that she was grateful for the funding received and acknowledged that both the cleaning services and holistic treatments were useful in the main, but the support she needed was respite from her caring role, which did not seem to be available. She said that the cleaning service required a lot of management and the holistic therapy was difficult to reach.

113. Carer M said that her assessments were completed on the telephone within a few weeks of her referral and contact. She said that the assessments were conducted in her language of choice. Carer M said that she could not recall being offered the option of advocacy, but it would not have been something that she required. Carer M said that she was not provided, or offered, a copy of her completed carer's needs assessment.

114. Carer M said that she still did not feel that she had a proper carer's needs assessment or that she has a support plan in place. She said that the process in Flintshire was not clear and the outsourcing of assessments to NEWCIS was confusing, as it is a charity. Carer M said that she did not think she was receiving the right support. Carer M said that she wrote to Flintshire County Council in 2022, requesting assessments for her children under the

SSWB Act and a carer's needs assessment for herself, to have her needs considered in terms of respite. Carer M said that the Council responded:

"I have made queries with my colleagues and as I understand it, NEWCIS complete all carer's assessments under the Social Services and Wellbeing Act on our behalf and refer in to Social Services as necessary for the person/persons being cared for.

If you are requesting an additional carer's assessment around accessing respite, then this is something you can discuss with your children's Social Worker as any respite is recorded against the person receiving care and support from the service. Otherwise, I would refer you back to NEWCIS for a further assessment and support.'

115. Carer M said that she then contacted NEWCIS to ask to arrange a statutory assessment and was informed that the wellbeing assessment was the statutory assessment and that she would have to contact Social Services about respite, as it had no involvement with respite. Carer M said that she was then unable to progress this for a while, as she was unwell and focussed on following up with Social Services about assessments for her children.

116. Carer M said that, in October 2023, Social Services provided her with a Direct Payments leaflet in relation to Direct Payments for her children. She said that the leaflet referred to Direct Payments for Carers to support their needs. Carer M said that she contacted NEWCIS again to discuss Direct Payments for respite and was told that NEWCIS did not provide respite via Direct Payments, only support via their providers. Carer M said that NEWCIS told her to contact Social Services.

117. Carer M said that her Children's Services Assistant made a request for Carers Direct Payments to provide her with respite. She said that this was rejected on the basis that she needed to apply to Adult Social Services. Carer M said that she then completed a 'What Matters' questionnaire sent to her by Children's Services, for a Direct Payment for Carers request to be submitted to Adult Social Services. She said that she was subsequently informed that the request had been bounced back from Adult Services to Children's Services. Carer M said that she has been advised by her Adult SPOA that any requests for carer respite would only be considered in connection with her children's cases. Carer M said that the Children's Services Assistant was now trying to find out how to progress her request.

118. Carer M said that she also spoke to NEWCIS in January 2024 to request a further Bridging the Gap assessment, as her funding had expired. She said that she was advised that the support offered by NEWCIS, and its providers, was aimed at supporting those caring for adults and to cover the gap before Social Services created a package, rather than to provide her with ongoing support. Carer M said that she seemed to be unable to access an assessment for Carer Direct Payments and NEWCIS did not have any suitable providers for her to use on the Bridging the Gap scheme and had told her she should follow up with Social Services. Carer M said that the staff at NEWCIS and Social Services were supportive and trying to help but the process itself was unclear. Carer M said that she understood that she was entitled to have her request for her needs to be assessed and her request for Direct Payments for respite to be considered separately from her children's cases. She said she was unsure how to obtain a suitable support plan for her own needs, as a carer.