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**Ombudsman**  
Cymru · Wales

# Own Initiative Investigation Report



## Are we caring for our carers?

**An Own Initiative investigation into the administration  
of carers' needs assessments in Wales**

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Mae'r ddogfen hon hefyd ar gael yn y Gymraeg.

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# Executive summary

## Introduction

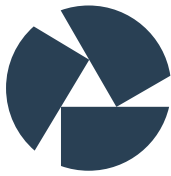
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The Public Services Ombudsman for Wales has powers under the [Public Services Ombudsman \(Wales\) Act 2019](#) (“the Act”) to undertake ‘Own Initiative’ investigations, where evidence suggests that there may be systemic service failure or maladministration. That means I can investigate a matter beyond its impact upon an individual and without having to wait for a complaint.

[The Social Services and Well-being \(Wales\) Act 2014](#) (“the SSWB Act”) came into force on 6 April 2016 with the aim of improving wellbeing outcomes for people who need care and support, and for carers who need support, through better co-ordination and enhanced collaboration between public bodies, including local authorities and the NHS.

Carers are legally entitled to a ‘needs assessment’ if they appear to have needs for support or are likely to do so in the future. When it appears to a local authority that a carer may have support needs, the local authority has a duty to offer a carer’s needs assessment. A carer may also request a carer’s needs assessment if the local authority is not aware of their caring role.

The COVID-19 pandemic highlighted the importance of carers to health and social care in Wales. I acknowledge and accept that the COVID-19 pandemic had a substantial impact upon local authority carer services, and upon the support available for carers. I recognise that recovery from the pandemic remains ongoing.



Despite the SSWB Act being in place since 2016, the evidence indicates that many carers are not aware of their rights and that it is likely that many individuals who provide care to their family and friends are unaware of the support that may be available to them.

There is no doubt that the role of unpaid carers is crucial in supporting social care in Wales. I am eager to ensure that carers are recognised and properly informed of their rights. They should be supported in their role through the provision of early prevention and intervention to ensure that their contribution to social care can continue, if they so wish. Caring should not be to the detriment of the carer's health and wellbeing. Nor should support only be provided when crisis point has already been reached.

## The investigation

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4 local authorities were included in the investigation: Caerphilly County Borough Council, Ceredigion County Council, Flintshire County Council and Neath Port Talbot Council.

The investigation considered:

a) Whether the local authorities being investigated were meeting their statutory duties under the Social Services and Well-being (Wales) Act 2014 and its Code of Practice and The Care and Support (Assessment) (Wales) Regulations 2015.

b) Whether those entitled to a carer's needs assessment were being made aware and understand their right to request a carer's needs assessment.

c) Where carers' needs assessments are commissioned, whether those assessment services are being delivered appropriately and whether local authorities appropriately monitor the contracting arrangements.

d) Whether carers' needs assessments, including those completed by commissioned service providers, are undertaken in accordance with the Social Services and Well being (Wales) Act 2014.

The investigation considered evidence provided by each of the Investigated Authorities, in the form of documentary evidence and evidence from staff, evidence from commissioned service providers and their staff, evidence from those with lived experience of having their needs as carers assessed and evidence from other organisations. Advice was also sought from one of the Ombudsman's professional advisers.

## Findings

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The investigation found:

- Between 10% and 12% of the population (over 5 years old) in the Investigated Authorities identified as a carer in the 2021 Census.
- Only 2.8% of the carer population in the Investigated Authorities had their needs assessed.
- Only 1.5% of the carer population in the Investigated Authorities had an assessment that led to a support plan.



- Many carers are not aware of their rights and are unaware of the support that may be available to them. There was evidence of carers not being fully informed of their rights by the Investigated Authorities. In some instances, carers were signposted to commissioned service providers without being informed of their rights.
- Carers' needs assessments are referred to by different names, which caused confusion amongst carers and carers were sometimes unaware that their needs had been assessed. There needs to be consistency in the language used.
- There is lack of clear information about the process of assessment, the role of commissioned service providers (where applicable), what carers may expect from the assessment and how carers may be supported following an assessment. This would enable carers to make an informed decision about whether to have their needs assessed.
- Where they are undertaken, carers' needs assessments at the Investigated Authorities are generally being completed appropriately, with the exception of young carers' needs assessments in Ceredigion and Neath Port Talbot.
- Some improvements could be made to the recording of carers' needs assessments, including the involvement of the cared for person (where feasible), the extent the carer is able and willing to provide care and the carer's wishes in terms of work, education, training and leisure.
- There is a need to implement quality assurance audit processes for completed carers' needs assessments in Caerphilly, Ceredigion and Neath Port Talbot council areas.
- There are discrepancies between the Investigated Authorities in the way that support provided to carers is recorded. In the assessments reviewed, Flintshire County Council recorded all support provided following an assessment, including when only providing 'Information, Advice and Assistance', as a Support Plan, whereby the other Investigated Authorities do not record 'Information, Advice and Assistance' as a Support Plan. There is a need for guidance on what constitutes Information, Advice and Assistance and what constitutes a Support Plan, to ensure all work to support carers is recorded and to improve consistency of recording.

- Improved, consistent and comparable data collection could enable better analysis to drive improvement, monitor progress and identify areas in which further improvements are necessary.
- Carers must be offered advocacy – the decision on whether an advocate is needed is not one for the staff completing assessments to make, nor is it appropriate for the staff member to consider themselves to be the advocate.
- The appropriateness of Direct Payments<sup>1</sup> for carers is variable and 3 of the Investigated Authorities need to ensure that Direct Payments are something the carer is able to manage, with this being reviewed if circumstances change.
- The SSWB Act places a duty on both local authorities and health services in respect of carers. Collaboration and joint working between health services and local authorities in relation to carers and their rights is essential and should be strengthened.
- The recording of equality data relating to carers is limited and inconsistent at the Investigated Authorities.

## Conclusions

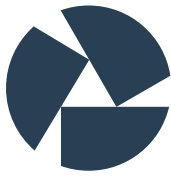
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The investigation identified some good practice at all 4 of the Investigated Authorities in relation to the administration of carers' needs assessments. My role under the Act is to highlight any evidence of administrative shortcomings with a view to drive improvements in public service in Wales. I have identified several areas for improvement in this respect to ensure that the Investigated Authorities are meeting their statutory duties under the SSWB Act and its Code of Practice and the Care and Support Assessment (Wales) Regulations 2015. These relate to the identification of carers, ensuring that carers are aware of their rights, record keeping and data collection.

Only a very small proportion of carers in the Investigated Authorities have had their needs assessed and an even smaller proportion had assessments that led to a support plan. There is a need to improve the identification of carers to support them through early intervention and prevention, to support them in their caring role and avoid carers reaching crisis point before seeking assistance from the local authority. The early identification of carers is not only the role of local authorities; health

<sup>1</sup> Direct Payments are monies paid by the local authority to a person who has been assessed as needing support, so they can pay for their own support services as an alternative to the local authority providing support services.





services have a role to play and there is a need for improved collaboration and joint working between health services and local authorities.

The Investigated Authorities need to be mindful of their public sector equality duty and there is a need to improve equality data collection. Improved recording of equality data could assist local authorities to identify groups of carers that are not currently being reached and ensure that the diverse groups of people who provide care to loved ones are visible and not disadvantaged.

The investigation has also identified opportunities to monitor the quality and consistency of carers' needs assessments.

Based on the sample of completed assessments and lived experiences reviewed, once carers have been identified and offered an assessment, it was found that the Investigated Authorities and their commissioned service providers undertake proportionate assessments with a range of creative and flexible solutions being offered to achieve the outcomes identified by the carer. In the sample considered, with the exception of the young carer assessments at Ceredigion County Council and Neath Port Talbot Council, when carers had their needs assessed, carers were being afforded the opportunity to share their experiences as carers and outline their support needs, leading to effective assessments which identified whether the carer had needs for support.

## Recommendations

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I have made several recommendations following this investigation, including:

- Improvements to the carers' needs assessment recording and forms.
  - Revision of a carers' needs assessment factsheet to include an outline of the process, the role of commissioned service providers, what to expect from an assessment and real-life examples of how carers have been supported.
  - A cover letter to accompany completed carers' needs assessments to outline the outcomes of the assessment and an explanation of what the review arrangements are (or are not) and how carers can make contact to request a review or a re assessment.
  - Improvements to quality assurance processes through the implementation of regular audits.
  - Training for staff to refresh knowledge of carers' rights and to reinforce the role they play in identifying and promoting carers' rights.
- Action to improve the recording of equality information relating to carers.
  - Action to improve collaboration and joint working between local authorities and health services, including GPs, hospitals, and pharmacies.

In view of the potential for wider learning, I am inviting the other 18 local authorities in Wales to:

- Consider the recommendations made to the 4 Investigated Authorities and to take forward any learning points that would improve their own service provision.
- Review the findings of this report at an all-Wales level, for example, at the All Wales Carers Learning and Improvement Network (COLIN), to discuss and plan for the improvement of carers' needs assessments across Wales.

I am pleased to note the Welsh Government is already taking action through its Task and Finish Group of the Ministerial Advisory Group for carers. I am reassured that the Welsh Government is committed to continuing to work with local authorities and health boards to improve support for carers across Wales.



## Thank you

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I am grateful for the co-operation of all those involved in this investigation; the Investigated Authorities and their staff, commissioned service providers and their staff, the carers who took time to share with us their own experiences as carers and of seeking, or having, a carer's needs assessment, Carers Wales, Carers Trust and the Older People's Commissioner for Wales. I am humbled by the dedication shown by unpaid carers and their willingness to provide care to loved ones, often to the detriment of their own wellbeing.

The evidence gathered has enabled me to draw conclusions and make recommendations to drive improvements in public services that provide support to carers. I thank the Investigated Authorities for accepting the recommendations made and look forward to reviewing the evidence provided to support their compliance with the recommendations.

Whilst I am unable to make formal recommendations to the other 18 local authorities, it is imperative that the findings of this report are considered by all local authorities across Wales and that they take time to reflect upon their own service provision for carers. I will, as my office did with our first Own Initiative investigation, [Homelessness Reviewed: Revisited<sup>2</sup>](https://www.ombudsman.wales/app/uploads/2023/11/Homelessness-Reviewed-Revisited2.pdf), be monitoring progress and improvements in relation to carers'

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<sup>2</sup> <https://www.ombudsman.wales/app/uploads/2023/11/Homelessness-Reviewed-Revisited.pdf>

# Foreword

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This is the first 'Own Initiative' report I have issued since being appointed as the Public Services Ombudsman for Wales in April 2022. The Public Services Ombudsman (Wales) Act 2019 gives me powers to undertake Own Initiative investigations. That means I can investigate a matter beyond its impact upon an individual and without having to wait for a complaint.

Carers have a pivotal role in supporting and underpinning health and social care in Wales. Their contribution is invaluable, particularly given the ongoing pressures and demands being experienced by both social care and health services in Wales. Between 10% and 12% of the population (over 5 years old) in Wales identified themselves as unpaid carers in the 2021 Census and the Welsh Government has projected, in its Strategy for unpaid carers, that this could increase to 16% of the population, by 2037. Given this, I was concerned that only a relatively low proportion of people who identified as a carer had had their needs, as a carer, assessed in their own right. I was concerned that carers may not be aware of their right to a stand-alone carer's needs assessment and my investigation provided an opportunity to consider how effectively the 4

Investigated Authorities administered carers' needs assessments. This included, in some instances, the use of commissioned service providers.

Caring responsibilities can take their toll on the wellbeing of carers, with many making sacrifices to provide care for their loved ones. Many carers are also vulnerable because of their age, both young and old, due to their own physical or mental health difficulties, and due to social-economic disadvantage. It is important that carers are proactively informed of their right to a carer's needs assessment, are offered an assessment and are made aware of the support that may be available to assist them in their role, following an assessment.

I am encouraged by the work already being undertaken by the Welsh Government to improve carer services across Wales. I am pleased that supporting carers will continue to be a priority for the Welsh Government and that the findings of my report will inform its ongoing review of the National Strategy for Unpaid Carers.



I hope that the learning and recommendations highlighted in my report will be helpful, not only to the 4 Investigated Authorities, but to all local authorities in Wales. I encourage local authorities and health boards to reflect on their own role in supporting carers. Doing so will help drive improvements across Wales and ensure that all carers, regardless of where they or the cared-for person lives, have their rights upheld and feel supported to enable them to continue in their, often demanding, caring roles. The investigation considered evidence provided by each of the Investigated Authorities, in the form of documentary evidence and evidence from staff, evidence from commissioned service providers and their staff, evidence from those with lived experience of having their needs as carers assessed and evidence from other organisations. Advice was also sought from one of the Ombudsman's professional advisers.

## **Michelle Morris**

**Public Services Ombudsman For  
Wales**

October 2024



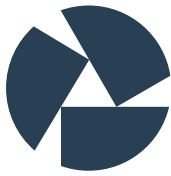
# Introduction and my jurisdiction

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Section 4 of the [Public Services Ombudsman \(Wales\) Act 2019](#) (“the Act”) empowers me to undertake an investigation into a matter within my jurisdiction whether or not a complaint has been made to me. This investigation report on the administration of the carers’ needs assessment process, is issued under Section 23 of the Act.

I must ensure that the subject of an Own Initiative investigation meets specific criteria in line with Section 5 of the Act. Having undertaken a preliminary assessment and consultations (Appendix – Review data), it was my view that an investigation into the administration of carers’ needs assessments met the [criteria](#) for Own Initiative investigation.

As with all of my investigations, I have considered whether a public body has acted in accordance with the law, its own policies and procedures, and in line with good standards of administration. My considerations include whether public service providers have provided adequate information, acted in a timely manner, maintained adequate records and acted fairly. (Further information can be found in my office’s [Principles of Good Administration](#) guidance and at paragraphs 7 and 8, below.)



# Scope of the investigation

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Four local authorities were included in the investigation: Caerphilly County Borough Council, Ceredigion County Council, Flintshire County Council and Neath Port Talbot Council. The rationale for investigating these local authorities is provided at Appendix 2.

The investigation considered:

a) Whether the local authorities investigated were meeting their statutory duties under the Social Services and Well-being (Wales) Act 2014 (“the SSWB Act”) and its Code of Practice and The Care and Support (Assessment) (Wales) Regulations 2015.

b) Whether those entitled to a carer’s needs assessment were made aware and understood their right to request a carer’s needs assessment.

c) Where carers’ needs assessments were commissioned, whether those assessment services were being delivered appropriately and whether local authorities appropriately monitored the contracting arrangements.

d) Whether carers’ needs assessments, including those completed by commissioned service providers, were undertaken in accordance with the SSWB Act.

# Relevant legislation, guidance and policy

Part 3 of the SSWB Act places a duty on local authorities, where it appears that a carer may have needs for support, to assess whether the carer has needs for support (or is likely to do so in the future) and, if the carer does, what those needs are (or are likely to be in the future). Further details of the relevant legislation, guidance and policy referred to during my investigation are provided at Appendix 3.

The guidance is intended to help public bodies to ensure they deliver good administration and customer service. Further, where services are commissioned, it is incumbent on all public services to ensure that they have adequate processes in place to properly monitor those services.

The Ombudsman's Principles of Good Administration guidance sets out 6 principles:

<b>Principle 1</b>	Getting it right
<b>Principle 2</b>	Being customer focused
<b>Principle 3</b>	Being open and comfortable
<b>Principle 4</b>	Acting fairly and proportionately
<b>Principle 5</b>	Putting things right
<b>Principle 6</b>	Seeking continuous improvement





# The investigation

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The methodology for the investigation is provided at Appendix 4.

The investigation gathered evidence from several sources, specifically:

- **Data** – Data was gathered in relation to the carer population and the number of carers who had their needs assessed at the Investigated Authorities. See Appendix 5.
- **Investigated Authorities** – Documentary evidence, including a sample of completed assessments, was requested from, and provided by, each of the Investigated Authorities. A senior member of staff from each of the Investigated Authorities was also interviewed. See Appendices 6, 7, 8 and 9.
- **Commissioned service providers** – Documentary evidence was provided by each of the commissioned service providers that complete carers' needs assessments on behalf of 3 of the Investigated Authorities:
  - o Adferiad and North East Wales Carers Information Service ("NEWCIS"), providing services to Flintshire County Council

- o Gofalwyr Ceredigion Carers, providing services to Ceredigion County Council

- o Neath Port Talbot Carers Service, providing services to Neath Port Talbot Council.

A senior member of staff from each of the commissioned service providers was also interviewed. See Appendices 6, 7, 8 and 9.

- **Staff** – Evidence was gathered, by way of an anonymised survey, from staff of the Investigated Authorities and their commissioned service providers. See Appendices 6, 7, 8 and 9.

- **Carers** – Evidence was gathered from carers from each of the Investigated Authority areas with lived experience of having their needs assessed. See Appendices 6, 7, 8 and 9.

- **Other organisations** – Carers Trust and the Older People's Commissioner for Wales ("OPCW") provided evidence after responding to a public call for evidence. See Appendix 10.

I have not included every detail investigated in this report, but I am satisfied that nothing of significance has been overlooked.



Professional advice was also sought from one of the Ombudsman's professional advisers, Paula Hendry, a Social Worker with experience across children's and adult services ("the Adviser").

Local authorities have a duty to consider the Human Rights Act 1998 and the Equality Act 2010 during carers' needs assessments and when making decisions about support plans. It is not my office's function to make definitive findings about whether a person's human rights have been breached or whether someone has been discriminated against, victimised or harassed as a consequence of a protected characteristic. However, I will comment, where appropriate, on a public body's regard for their legal duties and the rights and protection the legislation affords individuals. Consideration was also given to Section 149 of the Equality Act, which requires public bodies to consider how their decision making and policies affect people with protected characteristics ("the Public Sector Equality Duty").

The Investigated Authorities, commissioned service providers and the Welsh Government were given the opportunity to see and comment on drafts of this report before the final version was issued.

# Evidence from Staff

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## Caerphilly County Borough Council

- Few Information, Advice and Assistance (“IAA”) staff said that they had received training relating to carers’ needs assessments.
- Many staff who conduct carers’ needs assessments said that they were experienced in their role and had received Carers Awareness training in 2022. However, they said that they had not received any specific training in relation to how to complete carers’ needs assessments and they welcomed further training.
- Respondents said that they incorporate a carer’s wellbeing and needs into an Integrated Assessment for the cared for person with some stating that this was dependent on the carer’s choice.
- Respondents were aware of the requirements of the Welsh Language Standards and the majority of respondents were aware of interpretation and translation services to support carers, including for languages other than Welsh or English and British Sign Language (BSL).
- Respondents said that they offered a range of ways in which carers could contact its service to assist with any communication difficulties.
- Some respondents referred to offering advocacy support to support carers with communication difficulties.
- Respondents praised the work of the Carers Team, a dedicated team that provides support to carers and social work colleagues and said that they felt supported by the Team and that they were able to rely upon them for support and advice.

## Ceredigion County Council

- IAA staff and those who conduct carers’ needs assessments said that they had received a variety of training in relation to carers’ needs assessments which assisted them in their role.



- Staff who conduct carers' needs assessment said that many carers did not receive a service in their own right, as respite and 'sitting services' were part of the cared for person's assessment of care and support needs.
- Respondents at both the Council and Gofalwyr Ceredigion Carers were aware of the requirements of the Welsh Language Standards and the majority of respondents were aware of interpretation and translation services to support carers, including for languages other than Welsh or English and BSL.
- Respondents said that they offered a range of ways in which carers could contact its service to assist with any communication difficulties.
- A few respondents referred to offering advocacy support to support carers with communication difficulties.
- Respondents identified a number of barriers to carers having their needs assessed.
- Staff from Gofalwyr Ceredigion Carers raised concerns about some Council teams being unsure who was responsible for providing carers' needs assessments, where the carer was an adult and the cared for person was a child – they said that clear guidance would be useful.

<sup>3</sup> Direct Payments are monies paid by the local authority to a person who has been assessed as needing support, so they can pay for their own support services as an alternative to the local authority providing support services.

## Flintshire County Council

- IAA staff said that they had previously received training about carers' needs assessments from NEWCIS, but this stopped during the COVID-19 pandemic. They said that they had also received information sessions about Direct Payments<sup>3</sup> for carers.
- Council staff who conduct carers' needs assessments said that they had either had training in relation to carers' needs assessment a number of years ago or had not received any training in relation to carers' needs assessments. They were advised by management to signpost carers to NEWCIS to have their needs assessed.
- NEWCIS staff said they had received training on completing carers' needs assessments, with many holding Health and Social Care qualifications, or were experienced in the field.
- Adferiad staff said that they did not receive any training on conducting carers' needs assessments and found suitable training on the Social Care Wales website.
- Respondents at the Council, NEWCIS and Adferiad were aware of the requirements of the Welsh Language Standards and the majority of respondents were aware of interpretation and translation services to support carers, including for languages other than Welsh or English and BSL.
- Two respondents said that they would use a family member or friend to translate for the carer.
- Respondents said that they offered a range of ways in which carers could contact its service to assist with any communication difficulties.
- A few respondents referred to offering advocacy support to support carers with communication difficulties.
- NEWCIS staff said that opportunities for referring carers to NEWCIS were sometimes missed by 'outside referrers', meaning organisations that refer carers to its services, including for carers' needs assessments.

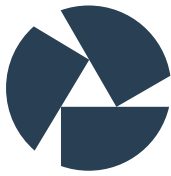


## Neath Port Talbot Council

- Disappointingly, no IAA staff responded to our survey. A poor response to our survey was received from staff that the Council said could conduct carers' needs assessments as part of their role.
- Respondents working with young people said that they would complete a young carer needs assessment and that it was offered as part of a Child and Young Person assessment.
- Respondents working with adults said that they would refer the carer to Neath Port Talbot Carers Service. Some respondents working with adults said specifically that they would not complete carers' needs assessments.
- The majority of staff who the Council said conducted carers' needs assessments as part of their role said that they had not received any specific training in relation to carers' needs assessments and several did not think it was required, as they did not complete carers' needs assessments in their roles.
- Neath Port Talbot Carers Service staff said that they received internal training on completing carers' needs assessments.
- Social Work staff said that it would be helpful to know the outcome of their referrals to the Carers Service.
- Neath Port Talbot Carers Service said that the Council was only informed of the outcome of an assessment if the assessment highlighted the need for statutory services.
- Respondents at both the Council and Neath Port Talbot Carers Service were aware of the requirements of the Welsh Language Standards and the majority of respondents were aware of interpretation and translation services to support carers, including for languages other than Welsh or English and BSL.
- Respondents said that they offered a range of ways in which carers could contact its service to assist with any communication difficulties.
- A few respondents referred to offering advocacy support to support carers with communication difficulties.
- Neath Port Talbot Carers service staff raised concerns that, when carers were being referred to the Carers Service, they were not being made aware of what a carer's needs assessment was, nor what it was for.

- Neath Port Talbot Carers service staff raised concerns that, despite carers telling their GP or Social Worker that they were struggling in their caring role, they were not offered a carer's needs assessment. Some said that carers were having to fight for everything from the local authority, local health board or housing associations.
- Some Neath Port Talbot Carers Service staff raised further concerns about the limited number of carers' needs assessments being completed by the Council.





# Review of cases sampled from the Investigated Authorities

A random 10% sample of completed carers' needs assessments was requested from each of the Investigated Authorities – 173 assessments in total. These were provided for both adults and young carers by Caerphilly County Borough Council and Flintshire County Council, and for adults only by Ceredigion County Council and Neath Port Talbot Council. For young carers in Ceredigion, Gofalwyr Ceredigion Carers submitted a spreadsheet of young carers' assessments it had completed. For young carers in Neath Port Talbot, the Council submitted documents containing a checklist of tasks that a young carer may be assisting with. Both Gofalwyr Ceredigion Carers and Neath Port Talbot Council said that additional case notes were recorded on a database to outline the family situation, but they were unable to extract the information and it was not provided to the investigation.

Under the SSWB Act, a local authority is required to assess whether a carer has needs for support or is likely to do so in the future and, if so, to assess what those needs are, or what they are likely to be, in the future. The Adviser said that the 10% sample of

completed assessments provided by the Investigated Authorities evidenced the assessment of carers' needs for support in adults in all 4 Investigated Authorities and for young carers at both Caerphilly County Borough Council and Flintshire County Council. She said that the issues and needs faced by carers as a result of their caring role were explored, with carers consistently being able to self-report the issues that were of concern to them. The Adviser said that the needs presented by carers were broad and varied and primarily fell somewhere within a range, as follows:

- Simply wanting to know what general support was available or would be available, if needed in the future.
- A need for a small, targeted 'piece' of support, for example, small grants or one-off sitting services for a particular occasion/need.
- A need for more substantial support such as changes to the cared for person's own care plan, in order to help the carer or give direct help to the carer themselves. For example, in Flintshire, a carer was helped to move into self-employment.

The Adviser said that, in addition to these practical needs, there were a number of examples in all Investigated Authorities of carers being able to share and discuss the emotional aspects of their caring role with the assessing worker, including situations where the carer was able to express anxiety, stress and, at times, frustration, arising from the caring role.

The Adviser said that some assessments evidenced workers assisting carers to work through problems and identify their own solutions. For example, in Caerphilly, staff approached the GP for assistance with issues relating to the impact of the caring role upon the carer's employment and, in Ceredigion, staff helped a carer to think through how to set boundaries with the cared for person. The Adviser said that, overall, the documented carers' needs assessments captured carers being asked about their experiences and being able to express and explore a wide range and variety of support needs, indicating that, in the samples examined, the 4 Investigated Authorities had effectively assessed whether adult carers had needs for support and had worked with carers to identify what those needs were.

The SSWB Act Part 3 Code of Practice (assessing the needs of individuals) ("Part 3 Code") sets out a number of requirements. The Part 3 Code states that assessments must include an assessment of the extent to which the carer is able and willing to provide care and to continue to provide the care. The Adviser said that this was variable in the sample of completed carers' needs assessments. She said that, in many cases, the carer volunteered information themselves, either explicitly or implicitly, and it was noted on their assessment. Many carers volunteered information about the extent to which they were committed to provide continuing care. The Adviser said that, however, the ability and willingness to provide care was not always recorded and that some assessments from each of the 4 Investigated Authorities were silent on the issue. She said that, as this was required by legislation and the Part 3 Code, it ought to be addressed and recorded in every assessment.

The Part 3 Code states that the assessment must include an assessment of the outcomes the carer wishes to achieve. If a child is the carer, the assessment must always include the outcomes the person(s) with parental responsibility for the child wish(es) to achieve for them. The Adviser said that the outcomes adult carers wished to achieve were



well addressed across the sample considered. She said that, despite the Investigated Authorities and commissioned service providers having differing assessment formats, they all prompted inclusion of the carer's views of what they had wanted or needed. The Adviser said that carers across the sample were forthcoming and clear about their own needs and outcomes, and this was recorded by workers and formed the central 'plank' of the assessments.

In terms of young carers, the Adviser said that it was difficult to address this requirement for Ceredigion County Council and Neath Port Talbot Council. She said that Gofalwyr Ceredigion Carers submitted a spreadsheet which lacked detail, although she was able to glean that, in 1 or 2 cases, parents/ family had been consulted but, in others, the family view was not referred to. She said that the outcomes sought by young carers were noted but they were very brief and detailed exploration was lacking. The Adviser said that the young carers' assessments submitted by Neath Port Talbot Council were made up of a checklist of activities that young people undertake and how caring affects the young person. She said that these were a very valuable tool to help a young person explore and identify the impact of their caring role and were, therefore, potentially an example of good practice, but

there was no further information provided. The Adviser said that, as a result of this, no conclusions could be drawn to answer many of the questions posed by the investigation.

In terms of young carer assessments completed by Caerphilly County Borough Council, the Adviser said that its documentation did not specifically prompt the inclusion of the outcomes that the person with parental responsibility wished the child to achieve. She acknowledged that this was not to say that it was not addressed, as there was clear evidence of parental views being gained by the workers at various points in assessments, so it was likely that the workers were mindful of the need to include this point. The Adviser said that there was interesting material within assessments completed by Caerphilly County Borough Council describing work undertaken with the young carer themselves to elicit their views, feelings and what they wanted, with various tools being used, including the use of a book, "The Huge Bag of Worries", picture cards and the 'Teen Talk' "I feel" resource, to allow the young carer to share their views and feelings. She said that these were examples of good practice in terms of spending time with young people and using appropriate tools to explore their caring role and its impact upon them.

For Flintshire County Council, the Adviser said that its young carer assessment documentation set out an assessment of the outcomes sought by the young carers and those of the person(s) with parental responsibility for the young person, with the view of the person(s) with parental responsibility shown in parallel to the response received from the young person. The Adviser said that the approach taken by Flintshire County Council was, in her view, the most effective in ensuring that these key questions were addressed.

The Part 3 Code sets out that the assessment must address the extent to which support, preventative services, or the provision of information, advice or assistance could assist in achieving the identified outcomes. The Adviser said that this was addressed implicitly in all of the assessments considered. She said that assessments were based largely on what the carer either presented as a need/problem or asked for as a solution and the solutions were relatively simple and targeted. Therefore, once the carer's request had been noted and the relevant service or support had been noted, the question had, in effect, been answered.

The Adviser said that it was unclear, in any of the Investigated Authorities, whether carers were routinely asked to comment upon the assessment process or whether they felt that their outcomes had been achieved. She said that this was prompted in the documentation from Neath Port Talbot Council, Caerphilly County Borough Council and Flintshire County Council but often not completed by workers. The Adviser acknowledged that it may be that workers only recorded this information if a carer expressed disagreement or dissatisfaction, but said that it was unclear whether carers were being asked or whether it was left to them to volunteer the information. She said that it would be helpful for all Investigated Authorities to consider this, to ensure that carers are satisfied with the assessment process and its outcomes and so that areas of dissatisfaction or unmet need can be further explored.

The Adviser said that, from the sample reviewed, the assessment process appeared to be somewhat service led, particularly in relation to adult assessments. She said that carers appear to come to the process with a clear idea of the provision they want or with one or two specific outcomes that they want to achieve and services and support are matched up with those requests. The Adviser said that there was nothing wrong with this, in itself.



She said it was important and was in keeping with legislation and guidance that assessment and involvement should be proportionate and this made sense when carers already knew what they are seeking. However, she said that carers may have a tendency to 'foreground' self-defined needs for which they know the local authority already has a menu of solutions and the matter may end there, even though they may have other needs that they have not mentioned or not yet explored. She said that people were perhaps disinclined to say that they were not entirely satisfied with their support and would like to explore that further, unless someone specifically gave them the opportunity to do so.

The Adviser highlighted that the adult carer needs assessment paperwork at Flintshire County Council included information within the assessment about reviews at 6 and/or 12 weeks, with the worker checking in with the carer to see whether outcomes had been achieved and to what extent. She said that this served the purpose of giving the carer the opportunity to say whether outcomes have been achieved. The Adviser considered that this may be due to Flintshire County Council classing all provision in the assessments reviewed as a 'support plan' and therefore requiring review, but acknowledged that this may not be an appropriate approach

in other local authorities. The Adviser concluded that the simple process of checking to what extent the carer feels that outcomes have been achieved and recording their responses could and, in her view, should happen routinely at the close of all assessments or contacts.

The Part 3 Code states that the local authority must involve the carer and, where feasible, the person for whom the carer provides or intends to provide care, in the assessment. All assessments reviewed involved the carer. With regard to the person cared for, where adults were concerned, the Adviser said that it was usually the case in all 4 Investigated Authorities, that they were not involved. She speculated that, in some cases, this may have been because the person would have been limited in their contribution due to young age, ill-health or the effects of, for example, dementia. The Adviser said that, in some cases, the carer expressed strain, frustration, despair or even fear of the person cared for, and it was fair to assume that this was a factor and that it may not have always been appropriate to involve the cared for person. She said that, sometimes, the provision being asked for was very simple and was for the carer's own support; it may not have been necessary or appropriate to gather the views of the cared for person.

For young carers, in Caerphilly County Borough Council and Flintshire County Council, the cared for person was usually involved where that was a parent, but not where it was another child. She said that this was quite likely due to it not being appropriate to do so in terms of family dynamics and the feelings of both children, but this was not noted if it was the case.

The Adviser said that, in general terms, since carers' needs assessments inevitably involved discussions about the cared for person, including some quite intimate information about their health, challenges, abilities and day to day functioning and, since the outcomes of assessments had an impact upon the cared for person, albeit that hopefully it would be a positive impact, it would be good practice for cared for persons to have the opportunity to contribute their views and to be aware of the process, unless there was a reason for this not to happen. The Adviser said that this was specifically required by the SSWB Act and the Part 3 Code and suggested that it ought to be the default position and that non-involvement of the cared for person ought to be a conscious decision and the reason for it ought to be recorded in assessments.

The Part 3 Code states that the assessment must have regard to whether the carer works or wishes to work and whether they are participating or wish to participate in education, training or leisure activities. It also states that, if the carer is a child, the assessment must have regard to their developmental needs and the extent to which it is appropriate for the child to provide care. The Part 3 Code states that this should lead to consideration by the local authority of whether a child carer is actually a child with care and support needs in their own right and who therefore should be assessed under Section 21 of the SSWB Act (the duty to assess the needs of a child for care and support). The Adviser said that work, education, training and leisure activities were sometimes mentioned on assessments and sometimes not. She said that, for the most part, in all 4 Investigated Authorities, work/training was mentioned when adult carers were struggling to maintain their job alongside their caring responsibilities, or because they wanted to start work. She said that the paperwork from Flintshire County Council was alone in prompting consideration of this, with a specific question about work and the impact of caring. Similarly, leisure activities were mentioned, when the carer made reference to this as one of their outcomes. For young people, education and leisure were matters that they raised themselves as they are, understandably, key issues for them.



The Adviser said that the absence of documenting carers' views on work, education, training and leisure activities did not necessarily imply that workers were not mindful of these questions when conducting the assessments. She said that, in all 4 Investigated Authorities, carers appeared to have been able to raise issues of work and leisure when it was important to them. The Adviser said that, since this was required by the SSWB Act and the Part 3 Code, it ought to be addressed in all assessments, or a note made as to why it is not relevant.

The Adviser highlighted some very good practice in terms of meeting needs in this area, with small grants/ services being used very flexibly and creatively to meet carers' needs. For example, at Flintshire County Council, a carer received a grant for a shed to give her space for her own hobbies, another received funds for a laptop and support with moving towards self-employment and another received a grant for a water feature to help her relax. At Ceredigion County Council, a carer wanted to be able to leave the cared for person for a short time to go out for a walk and a sitting service was to be considered to enable this.

The Adviser said that, when documenting the needs of young carers, their developmental needs and the extent to which it was appropriate for them to provide care, was not addressed anywhere 'directly' in the form of a question. However, the young carer assessments completed by Caerphilly County Borough Council and Flintshire County Council did contain a range of prompts and questions to enable a worker to thoroughly explore the impact their caring role had upon a young person, so this was addressed implicitly. The Adviser also said that it was fair to assume that, if the assessment raised concerns about a young person's ability to continue caring, any impact upon their development, or about their own care and support needs would be addressed by means of liaison with, or a referral to, Children's Services.

The Part 3 Code states that, if the carer is a young adult carer between the ages of 16 and 25, there must be assessment of any current or future transitions the carer is likely to make into further or higher education, employment or training and must have due regard to what the young adult carer wishes to participate in. The Adviser said that she was unable to address this, as either the assessments sampled were not of young carers in this age group, or dates of birth had been redacted.

The Adviser explained that the Care and Support (Assessment) (Wales) 2015 Regulations (“the Regulations”) also set out a number of requirements. The Regulations state that the local authority must have a named person whose function is to coordinate the carrying out of the assessment and the Adviser said that all assessments reviewed were carried out by an identified staff member. The Regulations also state that the person carrying out the assessment must have the skills, knowledge and competence to carry out the assessment and have had training in the carrying out of assessments. The Adviser said that it was not possible to address this purely from reviewing the assessments but, generally speaking, the assessing workers showed a good range of knowledge of the resources available to carers and good understanding of, and sensitivity to, the impact of caring upon the carers.

The Regulations state that the local authority must make a written record of the assessment. The Adviser said that this was done in all cases. However, she said that, in the case of Ceredigion County Council and Neath Port Talbot Council, in relation to young carers, the material was not sufficiently detailed to determine whether this was done adequately.

The Regulations state that, where the assessment is of an adult’s needs, the local authority must offer a copy of the record to the adult and/or to any person authorised to act on behalf of the adult. Where the assessment is of a child’s needs, the local authority must offer a copy to the child, any person with parental responsibility (unless doing so would be inconsistent with the child’s wellbeing) and any person authorised to act on behalf of the child. The Adviser said that there were a few examples across the Investigated Authorities of workers recording that they had been offered a copy of the assessment but, for the majority of cases, the assessments were silent on the issue. She highlighted that young carer assessments completed in Flintshire County Council prompted the question and it was answered. In all other cases, the question was either not present in the assessment documentation or else it was present but was, for the most part, not answered. She said that carers should routinely be offered copies of their assessment and the offer, and the response, should be recorded.





The Adviser identified a number of additional good practice points relating to all assessments. She explained that:

- The assessment (its depth and detail) should be proportionate to the request and/or to the presenting needs (Section 19.6 of the SSWB Act and point 16 of the Part 3 Code).
- The assessment should be based on the principles of co-production where practitioners and individuals share the power to plan and deliver support together (point 18 of the Part 3 Code).
- The assessment should cover the 5 inter-related elements that show that the local authority had considered the person's circumstances in the round (points 63-65 of the Part 3 Code). These are:

- o Assess and have regard to the person's circumstances
- o Have regard to their personal outcomes
- o Assess and have regard to any barriers to achieving those outcomes

- o Assess and have regard to any risks to the person or to other persons if those outcomes are not achieved

- o Assess and have regard to the person's strengths and capabilities.

- The individual should be asked whether they prefer to use Welsh or English at the beginning of the process (point 52 of the Part 3 Code).

The Adviser said that she was satisfied that the assessments reviewed were proportionate. She said that carers were consistently, across the assessments, able to talk about and describe their situations and support was then put in place. The Adviser said that the 5 elements set out above appeared in the assessment documentation in various forms/ layouts and she was satisfied that they were addressed. She said that language and wider communication needs were appropriately prompted and considered across all of the assessments reviewed.

The Adviser said that, overall, carers' needs and requests were very modest and related to relatively small adjustments or provisions. The responses were flexible, imaginative and well-matched to the issues that carers raised. She said that

she could not find any assessments where carers' needs were not being appropriately met by the Investigated Authorities. She did, however, raise the point that the absence for the most part of any mechanism to gain feedback and carers' views on the assessment process and its outcomes raised a question as to whether carers would agree that their needs had been appropriately met.

In terms of advocacy, the Adviser said that all of the assessment documentation prompted consideration of whether advocacy was required and the question was answered. However, there was no example of an assessment within the sample in which advocacy was needed.

Commenting upon the recording of young carer assessments in Ceredigion County Council, the Adviser said that the spreadsheet was mystifying. She said that she had assumed that the spreadsheet was a summary of the main points of the sample assessments and, as such, although she could see that key information had been collected, she could form no view about the quality of the assessments, whether they were appropriate nor whether needs were properly explored and met.

In commenting upon the young carer assessments in Neath Port Talbot Council, the Adviser said that the documentation provided appeared to be a very useful tool as part of an overall assessment, but questioned whether it was only part of the assessment documentation as it was, in itself, inadequate.

The Adviser concluded that, overall, the practices, standards and approaches across the Investigated Authorities were very similar, as were the areas in which improvements could be made. She said that the assessments were proportionate and there was a range of creative and flexible solutions and services offered in order to achieve outcomes. She said that workers across the Investigated Authorities displayed a good knowledge of available services and sensitivity to carers' experiences and the impact of caring upon them. The Adviser noted that the Caerphilly County Borough Council's young carers' assessments showed time was taken to explore and understand young carers' views using appropriate tools. She said that Flintshire County Council's approach, while unusual in categorising all support provision following an assessment as a 'Support Plan' did have the advantage of scheduled reviews post-assessment, which enabled carers to say whether outcomes had been achieved and to what extent.



# Review of lived experience evidence

Evidence was sought from 43 carers from across the Investigated Authorities who indicated they were willing to engage with the investigation. Their details were provided to the investigation by each of the Investigated Authorities, Carers Wales and the Older People's Commissioner for Wales. Lived experience evidence was obtained from 19 carers from across the Investigated Authorities who had experienced the needs assessment process. Summaries of their individual lived experience of seeking a needs assessment, and of having their needs assessed, are provided at Appendices 6, 7, 8 and 9. Copies of their completed carers' needs assessments were obtained from the Investigated Authorities and compared to the accounts provided by the carers.

We recognise that the lived experience evidence gathered from this small sample of carers provides only their own perspective on seeking support and of having their needs assessed. It may not fully represent the experiences of all carers who have had their needs assessed. However, it does provide an insight into the experience of carers and highlights good practice as well as, in conjunction with the

other evidence gathered, areas in which improvements could be made.

From the evidence gathered, it is evident that some carers from most of the Investigated Authorities described positive experiences of having their needs assessed. Those carers felt that the outcomes of their assessments provided them with sufficient support to assist them in their caring role. There was evidence of carers in all the Investigated Authorities' areas reporting feeling supported and listened to by the Investigated Authorities and commissioned service providers. They also complimented staff who completed their assessments.

The Adviser said that, on the whole, the carers' needs were appropriately identified and documented. As with the 10% sample of assessments reviewed, the Adviser said that the Investigated Authorities or commissioned services had staff whose function was to coordinate the carrying out of the assessment and staff appeared to have the skills, knowledge and competence to carry out the assessments.

The Adviser said that, as she had identified in her review of the 10% sample of completed assessments, the presence of a 6-week review on Flintshire paperwork was good practice. The Adviser said that this had resulted in positive outcomes for Carer I and that it was a good reflection on the service provided to Carer I.

The evidence indicated that there were delays in some carers having their needs assessed, for example, with Carer S and also evidence of carers only having their needs assessed when they had reached crisis, namely Carer O and Carer L.

The evidence indicated that carers were not always offered advocacy. The Adviser said that there were examples where it appeared that the member of staff decided that advocacy was not needed, rather than the carer being asked.

The Adviser said that the requirement to include in the assessment the extent to which the carer was able and willing to provide the care and to continue to provide the care was not explicitly addressed in the lived experiences considered, but it was present implicitly in the discussions recorded.

The Adviser said that, in general, the outcomes the carer wished to achieve and how various services could achieve this, was evidenced. However, the Adviser noted again that it may be difficult for carers to articulate their needs. The Adviser considered that advocacy may assist carers in this respect and the provision of concrete examples of how other carers have been helped and how services might be used creatively could also be helpful, as suggested by Carer N. Carer O also said that she struggled to articulate her needs and her point about being provided with examples was relevant here. Carer A called for more transparency in relation to the support available to carers.

The evidence also indicated that it seemed to be 'hit or miss', as to whether a carer received a copy of their assessment, or whether they had to ask for one. The Adviser noted that several carers were disappointed with the outcome of their assessment, felt that the outcomes had not transpired, were confused as to whether they had even received an assessment, or had a considerable struggle to find their way to a carer's assessment in the first place.

Carer B said that, had she known she was going to be assessed, she would have been able to prepare for the meeting. Other carers also



indicated that they had been unaware that their needs had been assessed. The Adviser said that improved communication with carers during the assessment process would assist, so that carers were aware that a carer's assessment was underway, aware of what it could and could not achieve and of how it fitted in with the myriad of other assessment processes. The Adviser suggested that a simple letter after the assessment, enclosing the assessment and setting out the outcomes of the assessment and, crucially, explained what the review arrangements were (or were not) and how carers could make contact to request a review or a re-assessment, would help carers a great deal in navigating their way through the maze of assessment processes.

The Adviser said that the requirement for the local authority to involve the cared for person where feasible, as she had noted during her review of the 10% sample of completed assessments, that was rarely the case and the reason for it was not always made clear. The Adviser said that it was equally unclear whether staff were, in all cases, offering an opportunity for carers to say if they would prefer a private conversation in addition to, or instead of, one with the cared for person present.

The Adviser said that the requirement for the assessment to have regard to whether the carer works, or wished to work, and whether they were participating or wished to participate in education, training or leisure activities, (as per original advice) did tend to emerge within conversations when relevant, rather than being prompted.

In reviewing the 10% sample of completed assessments, the Adviser raised the point that the absence for the most part of any mechanism to gain feedback and carers' views on the assessment process and its outcomes, raised a question as to whether carers would agree that their needs had been appropriately met. The Adviser said that the cases of Carer A and Carer B demonstrated this. In Caerphilly County Borough Council, areas of disagreement are only recorded if the assessment proceeds to 'Part 2'. The Adviser said that, whilst it was good practice to provide a proportionate assessment, it would be useful for there to be a structured opportunity to give feedback, either at the time of the assessment or at some further point, rather than having to start the process again, given the stresses and pressures carers are subject to and the multiplicity of assessment and other processes that they have to contend with.

Carers need good communication and information from their local authority and their commissioned service providers. The Adviser said that the IAA 'What Matters' conversation was a proportionate means to direct carers to support without them having to jump through hoops, but she said that it should be made clear to people that the 'What Matters' conversation was their carer's needs assessment and, if they identified needs that were more complex or required more comprehensive exploration, perhaps with a qualified Social Worker, this could be offered. The Adviser noted that, unless carers knew that something else could be offered in terms of further assessment, they tended to say that they were satisfied.

In relation to Carer A, the Adviser said that she was unsure why Carer A emerged from the assessment with the view that she would be liable for paying public liability insurance from her own monies, as this cost ought to be included within the Direct Payments budget provided by the local authority. The Adviser said that she was not aware of any specific restrictions on employing a teaching assistant as a personal assistant as the only restriction she was aware of, related to family members. The Adviser said that this decision meant that the Direct Payments offered to Carer A could not be used and, in light

of the general shortage of personal assistants, this was unfortunate.

In relation to Carer B, the Adviser said that, although Carer B indicated that she had not had any help with primarily emotional issues and concerns about her child's future, the assessment did give Carer B an opportunity to open up about the emotional aspects of her life and role and she had seemed to do so. The Adviser said that she considered that the assessment could have pursued some matters a little further, namely Carer B stating that she was "juggling" and the lack of respite due to a shortage of Shared Lives<sup>4</sup> carers. The Adviser said that both these comments could have been explored and developed further, so as to move on to potential solutions. The Adviser said that, although Carer B said that the Direct payments received were "sucked up", there was no evidence that Carer B had specifically raised this point during the assessment.

The Adviser said that the outcomes of Carer C's assessment were focussed on the educational issues raised and the criteria for the Disabled Children's Team. She said that Carer C expressed high levels of stress and challenges relating to her own physical health and the demands of her role; no support

<sup>4</sup> A community-based scheme for adults who need care and support, where Shared Lives carers offer to share their home, family and community lives.



appeared to have been discussed or identified directly in relation to her own needs. Again, while Carer C was later offered Direct Payments, the use of teaching assistants for this purpose was declined.

The Adviser said that Carer D's assessment was detailed, with workers having taken time to explore and understand the situation and Carer D's views. The Adviser noted that the difficulties were more around the delays in providing a package of care for the cared for person, which was likely to be an issue with the availability of care packages, especially post pandemic, rather than specifically relating to carers' needs assessments.

The Adviser said that Carer E appeared to have found the different assessment processes confusing and it took time for her to find her way to an assessment. She also said that it was unclear whether her own needs or those of the cared for person were being assessed and she felt that it was her husband's needs that were being assessed. The Adviser noted that similar comments were made by a number of carers who provided the investigation with their lived experiences. The Adviser said that this may suggest that there was a need for local authorities to find ways to simplify the pathways for carers to obtain assessments and to

improve information and processes, so that carers were better supported to understand the inter-relationship between their assessments and those of the cared for person.

Carer I explained that she had not realised that the 'What Matters' conversation was her carer's needs assessment. The Adviser said that this demonstrated the need for staff to be very clear with people on this point. The Adviser said that she was unsure whether Carer I would have wanted a more in-depth assessment and suggested that more complex assessments might perhaps be better undertaken by a Social Worker. The Adviser noted that Flintshire County Council said that all carers were offered this, but she was unsure whether it had been offered in Carer I's case, or whether it had not been offered because it appeared from the assessment document that the cared for person's case could not be accessed by a Social Worker at that point.

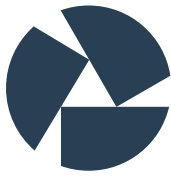
Carer K also did not feel that she had had an assessment. The Adviser noted that Carer K was provided with 3 hours of sitting service, but a more flexible service would have suited her better. It was not known from the documents whether Carer K had returned to the local authority to ask for a more flexible service or whether she had been informed that this was something that she could do. The Adviser noted that this was an example of when an advocate might have been useful to assist Carer K to articulate or identify what might assist her, as she seemed to be almost resigned to there being nothing that could be done to assist her. The Adviser said that it was disappointing that the reflexology noted in the assessment to support Carer K in her caring role was not followed up.

In relation to Carer N, the Adviser said that she did not necessarily agree that the assessment process centred around his partner's needs as the assessment reflected the complex needs of himself and his partner, the inter-relationship between them and the impact of his caring role. The Adviser said, however, that, if Carer N felt this way, it raised the question of whether carers were routinely being given a choice over who was present when the assessment was to be carried out. The Adviser said that, having reviewed the 10% sample of

assessments, she had commented that the cared for person seemed often to not have been involved, but it was important to remember that there may be occasions when the carer would wish to speak to the assessor alone, whether instead of, or in addition to, the discussion with the cared for person. The Adviser said that, although Carer N mentioned a lack of financial support, it appeared that there was a referral for benefits advice and 'Take a Break' vouchers, which was appropriate. The Adviser noted that a referral was sent to the 'Single Point of Contact' ("SPOC"), to assist with Carer N's partner's needs, but it was not known what the outcome was and Carer N appeared to feel that it was not helpful. The Adviser said that she was unsure why Carer N felt this, as the referral for Direct Payments would have provided him with the practical support requested. The Adviser noted that Carer N was also referred to counselling, but it was unclear whether this took place, as Carer N was expecting therapy which he says he did not receive.

The Adviser said that it would have helped Carer O if she and her husband could have been supported to go out and do activities and attend groups, which would have benefitted both Carer O and her husband. The Adviser said that it was unclear why Direct Payments were not





considered for this purpose. The Adviser noted that the assessment for Carer O acknowledged that activity opportunities for the cared for person were limited, but the 'Gaps in Service' heading was not complete.

The Adviser said that Carer R's assessment was detailed and robust and it appeared that the Social Worker did a good job of teasing out what the carer's needs were, to the extent that Carer R had not realised them herself fully until she read the assessment. The Adviser noted that Carer R clearly had a considerable fight to obtain her carer's needs assessment, due to living outside the local authority area in which the cared for person lived. The Adviser said there was no doubt that the local authority in which the cared for person resides was the authority that was responsible for the assessment of the carer (Section 24 of the SSWB Act). The Adviser said that it was disappointing to see that Carer R had to contend with Neath Port Talbot Council making this mistake on an ongoing basis.

## Examples of good practice identified during the investigation

It is important that the good practice identified during my investigation is shared for consideration by all local authorities across Wales, to enable self-reflection and wider service improvement. The Investigated Authorities and commissioned service providers provided the investigation with numerous examples of positive feedback their services had received. It is also evident from the lived experiences gathered during this investigation that some carers felt supported by the Investigated Authorities and their commissioned service providers with the services provided to achieve their desired outcomes meeting their needs. These examples demonstrate the impact that the support provided to carers, once they have been identified and had their needs assessed, can make to their wellbeing and caring role. Carers who feel supported and able to look after their own wellbeing are more likely to be able and willing to continue in their caring role, therefore reducing the burden on both health and social care services.

I was pleased to note the Adviser's view that, based on the sample of completed assessments and lived experiences reviewed, the Investigated Authorities and their commissioned service providers undertake proportionate assessments with a range of creative and flexible solutions being offered to achieve the outcomes identified by the carer. I have seen praise for the support provided by staff responsible for conducting carers' needs assessments from carers. I have also seen praise from Social Work staff who seek advice and guidance from the dedicated carers teams. It appeared, from the assessments reviewed, that staff completing carers' needs assessments were knowledgeable and understood, and were sensitive to, the impact of caring upon the lives of carers.

I have seen examples of carers being supported through grant funding schemes and the innovative and creative use of grants to support individual carer wellbeing. In Flintshire, the NEWCIS 'Family Bridging the Gap' scheme also assists carers to be supported by family members. It is positive that NEWCIS staff support carers to apply for Direct Payments in their own right, assisting them through the process and liaising with local authority staff.



I note the praise given for the assessment forms completed by NEWCIS for Flintshire County Council which demonstrated some good practice that should be considered by all local authorities in Wales, particularly in relation to:

- The outcomes sought by a young carer being recorded alongside those of the person(s) with parental responsibility, which was most effective to ensure key questions were addressed during an assessment.
- The 6/12 weeks review (a contract requirement where a support plan is agreed) on paperwork to enable the workers to check in with the carers to consider whether their outcomes had been achieved and to what extent.
- A specific question prompting the consideration of the carer's wish to work or participate in education, training or leisure which should be addressed in all carers' needs assessment or a note made of why it is not.

I have noted that both Caerphilly County Borough Council and Ceredigion County Council have in-house, dedicated Carers Teams who are responsible for completing carers' needs assessments with carers whose cared for person is

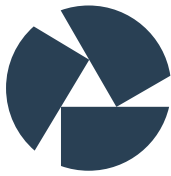
not known to Social Services. These teams also attend/organise events to raise awareness of carers' rights and liaise with schools and colleges to identify young carers and young adult carers. It is pleasing to also note that Neath Port Talbot Council has appointed dedicated carers staff and that it is in the process of reviewing its current processes for supporting carers, having already identified several opportunities for improvement, including the need to redevelop its recording database to ensure carers' needs can be recorded and that it can report, in the future, on how many carers' needs assessments led to a support plan. Self-reflection and the willingness to review and improve processes is key to local authorities being able to provide carers with the support they need to continue in their caring roles. It is also encouraging that Ceredigion County Council is exploring the use of, and developing, technology assisted care services that may, in due course, support carer wellbeing.

I have seen examples of the information resources available to carers outlining their rights as carers, including Carer Information Packs, magazines, newsletters and social media which are used to promote support available to carers. I have also noted the Welsh Government's '[Understanding your rights as a carer](#)' booklet, which outlines carers' rights.

It is welcome that the Welsh Government's Ministerial Advisory Group for carers has already set up a Task and Finish Group to progress improvements in carer services. It is also welcome that there already exists an all-Wales network, the Carers Learning and Improvement Network (COLIN), whose terms of reference include the promotion of the assessment of carers' needs, the opportunity to discuss and undertake joint development initiatives and to gather and disseminate learning and good practice through regional working. I am pleased to note that all 4 Investigated Authorities contribute to this network and I would encourage any local authority in Wales, or their commissioned service providers, who are not actively engaging with the network, to explore the benefits that doing so would bring to carer services locally.

During this investigation, the following further good practice points were also identified:

- Ceredigion County Council holds a carers' register and a 'Carers' Referral Pathway', demonstrating collaborative working between local authorities and health services. Once registered, the carer's details are passed to relevant departments to provide information and support to the carer.
- Again in Ceredigion, all staff within the 'Through Age Wellbeing' programme, including housing staff, must complete a mandatory training module relating to carers to ensure they are able to identify carers in their day-to-day work and explain to carers how to have their needs assessed.
- Flintshire County Council completes audits of carers' needs assessments completed by NEWCIS, Adferiad and the Council every 8 weeks, with any learning and good practice identified fed back to practitioners.
- Again in Flintshire, NEWCIS asks carers to complete a pre-assessment questionnaire to allow carers to gather their thoughts before their assessment.
- Caerphilly County Borough Council adopts a 'no wrong door' approach and, regardless of the service in contact with a carer, they will be directed to the Carers Team and actively offered a carer's needs assessment.
- Caerphilly County Borough Council uses various tools when assessing the needs of young carers to help with exploring their caring role.



- In Flintshire, NEWCIS offers a young adult carer support group to help young carers transition into adult services.
- Again in Flintshire, NEWCIS offers support groups during daytimes, evenings and weekends which is particularly helpful for carers who work and are unable to attend support groups during the daytime.

# Comments on the draft report

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## Caerphilly County Borough Council

Caerphilly County Borough Council said that, since the implementation of the SSWB Act in 2016, it had worked tirelessly to promote the carers agenda and grown its dedicated carers service to meet local need. It said that this was evidenced by an increase in the numbers of carers electing to receive regular updates through social media and its regular newsletter. The Council said that the number of attendees at carer events evidenced its engagement and inclusion. It said that it consulted carers on a continual basis regarding how it shapes its services and that it had promoted carers' rights to an assessment through many different methods.

The Council said that the COVID-19 pandemic has had a lasting impact on the way services are delivered. It said that vast numbers of staff have since left the care sector and the current social work crisis has caused a significant shortfall in staffing resources. The Council said that, at times, this has impacted upon service continuity for established services and an inability to commission services to meet newly assessed eligible needs.

The Council said that training is available for all IAA staff but, at the time they were surveyed as part of this investigation, there was a high turnover of staff and the responses received from them lacked background and were not an accurate reflection of staff training in general.

The Council said that, whilst it has consulted with carers, who informed the Authority that their preference was to receive informal support that was not dependent on a statutory assessment to access, it was not the reason why there were no carer support plans during the period investigated. It said that this was primarily because any respite provision for the carer was attributed and recorded on the cared for person's care and support plan.

The Council said that the Direct Payments referred to by Carer A, Carer B and Carer C were awarded to the cared for person, rather than the carer themselves. The Council said that there was a national social care workforce recruitment crisis which extended to the availability of workers to provide support through



Direct Payments, which linked to the Council's request for parents not to recruit support workers from their child's school, due to potential conflicts of interest and blurring of boundaries for the child.

Caerphilly County Borough Council said that it had no record of any complaints about carers' rights or carer assessments.

## **Ceredigion County Council**

Ceredigion County Council said that, during its 'front door sift' process, carers were offered an assessment, with a clear explanation provided of what this was. The Council said that carers were offered a carers' information pack, which included information about carers' needs assessments. The Council said that carers were also offered a referral to its Carers Support Service, which focused on supporting carers and offering information, advice, emotional support and access to training and wellbeing groups. The Council said that carers were also given information about Gofalwyr Ceredigion Carers for carer replacement support. It said that carer replacement support could be provided on a short-term basis, prior to an assessment.

Ceredigion County Council said that all Direct Payments were facilitated via a managed account. It said that Direct Payments, and its process and requirements, were discussed during the assessment process. The Council said that, at that point, carers could also seek additional advice and guidance from its Direct Payments team to support with their decision. The Council said that, if the carer decided on a Direct Payment, they were allocated an Independent Living Advisor to provide ongoing support and to highlight when a review was required.

Ceredigion County Council said that Gofalwyr Ceredigion Carers had recently been recommissioned to provide support to adult and young carers in its area. The Council said that Gofalwyr Ceredigion Carers was working to a new service specification which embedded the need for assessments to be shared, for quality assurance purposes. The Council said that it was working with Gofalwyr Ceredigion Carers to embed this as part of its quarterly monitoring meetings.

The Council said that, at the end of March 2024, it had over 2200 unpaid carers signed up to its Information Service, which represented a 35% increase from April 2023, when this investigation started. It said that this

demonstrated that unpaid carers were aware of the service provided by the Council. Ceredigion County Council said that, during this investigation, it had appointed a Quality Assurance Officer, implemented a Quality Assurance Framework and redesigned and implemented a new children's proportionate assessment. The Council said that, in 2023-2024, it had completed 436 carers' assessments, compared to 231 in 2022-2023.

### **Gofalwyr Ceredigion Carers**

Gofalwyr Ceredigion Carers said that the spreadsheet provided to the investigation was a report extracted from its database, where it kept young carers' needs assessments. It said that it did not currently spend an excessive amount of time doing young carers' needs assessments as it completed a proportional assessment by conversation. Gofalwyr Ceredigion Carers said that this was part of getting to know the young carer and their family, forming a relationship, understanding their strengths, what they are worried about and understanding what matters to them. Gofalwyr Ceredigion carers said that it would like to continue doing this, rather than undertaking formal assessments. This is because it hears from other organisations, anecdotally, that they spend a large proportion of their time on carers' needs assessments.

### **Flintshire County Council**

Flintshire County Council said that, in comparison to before the COVID-19 pandemic, the carers it is supporting consistently have far more complex and demanding situations. It said that the support required to sustain carers has become far more significant and intense and, additionally, the number of carers that are needing support is growing significantly, year on year. The Council said that long NHS waiting times were putting pressure on the Council to meet the gap in care provision for carers. The Council said that vast numbers of staff have left the care sector since the pandemic, leaving a shortfall in staffing resources that would previously have supported carers in providing respite opportunities. The Council said that demand for carer services has continued to grow after the pandemic. It said that it has sought to develop its 'Direct Payments for Carers Strategy' to support carers in a more flexible way, which has proven to be very popular.

Flintshire County Council said that it holds a dedicated carers' register and that its carers' pathway stems from its 'one-stop-shop' carers' gateway, that coordinates carers' services across, not only the local authority and health services, but also its third sector partners.





Flintshire County Council said that it decided to commission carers' needs assessments to the third sector, as carers had previously reported that they did not want to go through Social Services and that they valued an independent organisation supporting them. The Council said that carers in Flintshire had the benefit of accessing services through both Social Services and/or the third sector, which it considered to be good practice.

Flintshire County Council said that it holds a dedicated carers' register and its carers pathway stems from its 'one-stop-shop' carers gateway that coordinates carers services across the local authority, health services and its third sector partners. The Council said that it has a very close working relationship with NEWCIS who are champions of carers, carers' rights and carers' services in Flintshire. It said that NEWCIS attends and organises events to raise awareness of carers' rights. The Council said that NEWCIS liaises with schools and colleges to identify young carers and there was a workstream in progress to reach every school in Flintshire. The Council said that it funds NEWCIS to host a hospital discharge facilitator post in addition to the presence of noticeboards and leaflets, despite having no acute hospital within the county. It said that the Hospital Discharge Facilitator is active within the local acute and

community hospitals on a daily basis, visiting wards, speaking with staff and carers directly to promote the available services and the benefits of a carer's needs assessment. It said that they also support with communication and raising awareness of carers with GPs and pharmacies. The Council said that it commissions NEWCIS to provide a Continuing Health Care ("CHC") Specialist Support post, which is unique to its authority. It said that the aim of the post was to provide support to carers who are supporting individuals with a complex, chronic or terminal illness with a period of intense support. It said that NEWCIS was also commissioned to support with communication and raising awareness of carers with GPs and pharmacies.

The Council said that some of the recommendations made in this report in relation to the carers' needs assessment form had already been implemented over the last year, as a result of its case file audits.

## Neath Port Talbot Council

Neath Port Talbot Council said that, since the COVID-19 pandemic, there had been a sharp increase in requests for support from carers. It said that it has seen an increase in requests for support from working age adults, which is reflective of the increasing number of people living with a disability in its area.

The Council said that resuming business as usual has taken time post-pandemic and this had led to a restructure of service provision, with the inclusion of carer development officers aligned to social work teams, leading to a stronger offer of early help and support, and a focus on the needs of the carer.

Neath Port Talbot Council said that it had started to strengthen and improve support for carers within Neath Port Talbot before this investigation was started. It said that it, for example, had updated the carers' needs assessment form and supporting letters. The Council said that it was also transitioning between Social Services data systems, as its current system was unable to report on key information. Neath Port Talbot Council said that, whilst it did record young carers' assessments, it was unable to provide young carer needs assessments to the investigation, due to data systems limitations. The

Council said that this was being addressed with a new 'MOSAIC' case management system.

Neath Port Talbot Council said that anyone who contacts its SPOC Team and identifies as a carer is informed of their right to, and offered, an assessment. It said that they are also provided information about the services delivered by the Carers Service.

The Council said that Neath Port Talbot Carers Service submits contract monitoring reports as per the contract requirements. It said that contract reviews were undertaken on a monthly basis, which included senior staff from the Carers Service, it's local authority lead, the Principal Officer with responsibility for carers and the Commissioning lead. The Council said that, when completed carers' needs assessments were returned from the Carers Service, they were 'signed off' by a Social Worker, which was, in itself, a quality check. The Council said that it had previously undertaken audits of carers' needs assessments, with the last being completed in 2022, but they were on hold, awaiting the outcome of a service review.



The Council said it is working with GPs to identify carers early, to enable prompt intervention and prevention. It said that work to support and strengthen carer integrated pathways is ongoing with Primary Care and Secondary Care services. It said that, during the investigation, the Council contributed to the Health Foundation research project “[Can you tell we care?](#)”, whose report found that carers were more likely to present to primary care services, in the first instance.

Neath Port Talbot Council said that all of its Social Workers were able to complete carers’ needs assessments but, as this is commissioned to Neath Port Talbot Carers Service, its staff did not routinely complete assessments. It said that this accounted for the responses to the staff survey where some staff noted that they did not complete carers’ needs assessments.

In terms of training, the Council said that staff training needs were identified as part of staff supervision. It said that all staff had access to, and were encouraged to access, [Social Care Wales resources](#) about working with carers, available on the Social Care Wales website.

## Welsh Government

The Welsh Government said that the Association of Directors of Social Services Cymru (“ADSS Cymru”) report, which it commissioned, highlighted similar areas for improvement. It said that, as a result, it had established a Task and Finish group as part of the Ministerial Advisory Group (“MAG”) on Unpaid Carers. It said that the Task and Finish group is overseen by the MAG and the Minister for Social Care. The Welsh Government said that this group, comprising senior managers from ADSS, health, national carers organisations and unpaid carers, had surveyed all 22 local authorities in Wales and their commissioned service providers, requiring a self-assessment of their performance regarding IAA and carers’ needs assessments. It said that respondents were asked to identify both barriers and good practice and it was analysing the results of the survey. The Welsh Government said that it was working with health boards to undertake a survey with a focus on early information and advice for carers by healthcare staff and appropriate signposting.

The Welsh Government said that it was also working with Carers Wales to learn from its 2024 'Track the Act' survey that provides carers' views on their experiences of information, advice and assistance and carers' needs assessments. It said that it was also organising meetings with carers to have fuller discussions about their experiences to identify best practice from the service user perspective.

The Welsh Government said that it was aware from its own survey work that carers' services were not uniform across local authorities with regard to design and operation. It said that, once the information gathered by the Task and Finish group had been brought together and analysed, it would agree the next steps.

The Welsh Government highlighted some actions it was already taking in relation to carers:

- It is promoting the identification of carers and self-identification as the first priority of its [Strategy for Unpaid Carers](#). It said that it funds Carers Wales and Carers Trust to raise awareness of carers and to promote the value of self-identification. It said that it also funds these organisations to deliver 'Carer Aware' work, including the training of social care and health care staff on carers' rights and the challenges faced by carers. It supports these organisations to raise awareness of carers, to promote the value of self-identification and the support services available.
- A significant number of previously unknown carers had accessed the Welsh Government's Short Breaks Fund and Carers Support Fund which evidenced the value of the schemes in assisting carers to self-identify and access information and support.
- It has published a [Charter for unpaid carers](#) which outlines carers' rights.
- It funds Age Cymru to identify and better meet the needs of older carers, including work with GP practices.



- It has established a Young Carers Advisory Board, hosted by Children in Wales, to ensure young carers have a voice at a national level through representation on the Ministerial Advisory Board.
- It is working with social services, education and the third sector on ensuring greater awareness of young carers in schools and further education colleges and improving uptake on the young carer 'ID card'. It said that it was updating resources for teachers about young carers and was planning a promotion campaign in the autumn term.
- It is developing, via the MAG, a new annual collection of unpaid carer data from local authorities which is likely to focus on carers receiving an assessment. This will include a range of demographic and equality data provided to agreed and consistent data collection processes and standards.

- It is working collaboratively with local authorities and health boards to identify and drive best practice with regard to IAA and carers' needs assessments.

The Welsh Government said that the matters raised in this report were established areas of work for the Minister for Social Care and the MAG. It said that it will be reviewing its current national strategy for unpaid carers over this financial year and will ensure that these areas continue to have priority focus.

# Analysis and Conclusions

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As outlined above, some good practice has been identified at all 4 of the Investigated Authorities in relation to the administration of carers' needs assessments which is encouraging, particularly in relation to the majority of the completed assessments reviewed by my investigation.

I acknowledge and accept that the COVID-19 pandemic had a substantial impact upon local authority carer services and upon the support available for carers. I recognise that recovery from the pandemic remains ongoing and I understand that it will take time for the longer-term impacts of the pandemic on carers and the support available for them to be fully addressed. In reaching my conclusions, I have taken this context and the pressure upon services into account.

My role under the Act is to highlight any evidence of administrative shortcomings with a view to drive improvement in public services in Wales. In analysing the evidence and reaching my conclusions, I have considered the advice that I have received from the Adviser, which I accept. However, the conclusions reached are my own.

**a) Whether the local authorities being investigated are meeting their statutory duties under the SSWB Act and its Code of Practice and The Care and Support (Assessment) (Wales) Regulations 2015.**

When carers have their needs assessed, with the exception of the young carers' assessments at Ceredigion County Council and Neath Port Talbot Council, the evidence indicated that carers were being afforded the opportunity to share their experiences as carers and outline their support needs, leading to effective assessments which identified whether the carer had needs for support.

Part 3 of the SSWB Act places a duty on local authorities, where it appears that a carer may have a need for support, to assess whether the carer does have a need for support (or is likely to do so in the future), and if the carer does, what those needs are (or are likely to be in the future).

It is perfectly acceptable to split the assessment into 2 parts, to complete a proportionate assessment in line with the requirements of the SSWB Act. However, the process needs to be clear for carers in line with Principle 3 of the [Principles of Good Administration](#). This is acutely relevant when services available at commissioned service providers, or at dedicated Carers Teams within the Investigated Authority, do not meet the needs of the carer, or their needs are greater than the support available from commissioned service providers. This is particularly the case when the cared for person is not known to Social Services. Any failure to provide carers with sufficient information to enable them to make informed decisions could lead to an injustice to a carer. All 4 Investigated Authorities need to ensure that they make carers aware that they can ask for a more in-depth assessment should their needs not be met by the support made available following the first part of the assessment.

The evidence reviewed indicates, in general, that, once a carer has been identified and agreed to a needs assessment, they have been proportionately assessed. However, the investigation has identified 4 administrative failings in relation to the recording of assessments:





1	Involvement of the cared for person	The involvement of the cared for person ought to be the default position and their non-involvement should be a conscious decision and recorded on the assessment form.
2	Willingness to provide care	Where the extent the carer is able and willing to provide care, and their wishes in terms of work, education, training and leisure are not considered during the assessment, the reason for not doing so should be recorded on the assessment form.
3	Copy of completed assessment	Carers should be offered a copy of their completed assessment to comply with the SSWB Act, with the response recorded on the assessment form to provide a complete assessment record.
4	Carer satisfaction with assessment and outcome	Carers should be asked at the end of the process if they are satisfied with the assessment process and the outcomes identified to meet their needs. This would allow areas of dissatisfaction or unmet need to be further explored and resolved promptly. For commissioned service providers, it would provide an opportunity to identify whether there was a need to refer the carer back to the local authority, if the support available did not meet the carer's identified needs. Carers should also be informed that, if there were any significant changes to their caring role, they could re-contact the Council for a re-assessment, regardless of whether they have a formal support plan or whether or not it is due for review.

It is concerning that young carers' assessments at Neath Port Talbot Council were not documented on a formal and individual carer's needs assessment form and that the investigation was unable to draw any conclusions as to whether the assessments it conducted were appropriate, nor whether young carers' needs were properly explored and met. I note that the Council recognised that it did not complete a formal assessment format for young carers but said that the carer's situation, as a whole, was recorded in additional case notes recorded on their case management systems, to support the documents provided. However, the Council was unable to extract these for the investigation. The absence of comprehensive documented assessments for individual young carers at Neath Port Talbot Council is of concern. I have, however, noted and welcome the progress being made by Neath Port Talbot Council in updating its case management system which will improve the recording of young carers' needs assessments.

### **b) Whether those entitled to a carer's needs assessment are made aware and understand their right to request a carer's needs assessment**

[The population of Wales](#) in the 2021 Census was 3,107,500. According to this Census, between 10% and 12% of the population (over 5 years old) in the Investigated Authorities' areas identified as a carer – a total of 60,717 carers. However, this investigation found that only 1,710 carers, 2.8% of the carer population, had their needs assessed by the Investigated Authorities, or their commissioned service providers, in 2022/2023. Of those, only 900 assessments led to a support plan, equating to 1.5% of the carer population in the Investigated Authorities' areas being supported through a formal support plan.

I acknowledge that some carers who understand, or are made aware of, their rights will decline an assessment in their own right or they may not have any need for support. However, the Investigated Authorities need to ensure that carers are provided with sufficient information about the assessment process and the support that may be available to them, as carers. Carers often fall into the caring role and, as the demands of the caring role gradually intensify, they may not recognise the impact upon their own wellbeing and may not have time, due



to the demands upon them, to find out for themselves what support could be available. It is, therefore, concerning that only a very small proportion of people who identified as carers in the 2021 Census have had their needs assessed by the Investigated Authorities during 2022/2023.

Not all carers will have the time and ability to research their own rights. They may, therefore, be unsupported. There was evidence from across the Investigated Authorities of carers not being fully informed of their rights. In some instances, there was evidence of carers being signposted to commissioned service providers without being informed of their rights.

The Part 3 Code requires a local authority's approach to assessment and eligibility to be clearly communicated so that all people can understand how to access an assessment, what is involved in an assessment, how it will be undertaken, who will be involved and what it means for them. The Investigated Authorities provided good examples of their information resources for carers. However, improvements could be made to the resources available at the 4 Investigated Authorities to help carers understand the assessment process, what is involved and what it could mean for them. This is particularly relevant when carers' needs assessments are commissioned.

People should be clearly informed of what they can expect to enable them to prepare for their assessment.

Social Work staff, through the very nature of their work, will come into contact with carers when undertaking their duties relating to children and adults who require care and support. They have a fundamental role in recognising carers, making them aware of their rights and the types of support that may be available to them in an open and transparent way, including a carer's needs assessment. They must make every contact count to identify and support unpaid carers within the community. Principle 2 of the [Principles of Good Administration](#) outlines the need to be customer focussed, ensuring carers can access services easily and that they know what to expect.

I acknowledge that some carers may have their needs, as carers, considered in the cared for person's care and support plan, as part of an Integrated Assessment. Caerphilly County Borough Council said that 156 carers declined an assessment in their own right so were likely to have had their needs considered as part of the cared for person's assessment or they did not want to have one at all. It said specifically that respite provision for the carer was attributed and recorded on the cared for person's care and

support plan. The care and support needs of the cared for person are often intrinsically interlinked with the support needs of the carer, for example, providing socialisation opportunities to the cared for person can provide opportunities for respite for the carer, meaning that the carer often has no additional needs to be assessed. However, Social Work staff need to ensure that a carer's right to have their needs assessed separately from the cared for person is fully explained to carers and that carers are afforded this opportunity in line with Principle 2 of the [Principles of Good Administration](#). Whilst Integrated Assessments are acceptable and allowed under Section 28 of the SSWB Act, Social Work staff at Caerphilly County Borough Council (and at any other local authority that assesses and records the carer's needs as part of an Integrated Assessment) need to ensure that they have made the carer aware of their right to have their needs assessed separately. Where an Integrated Assessment is completed, both the carer and the cared for person must have agreed to this approach and the decision recorded. It is imperative that carers can make an informed decision and that the requirement for carers to be given this choice to have their needs assessed separately is complied with. Once identified as a carer, carers should be offered a carers' needs assessment in their own right, and their decision should be recorded.

IAA staff also come into contact with carers. Carers may not be contacting their council about themselves, but they may be seeking support for someone they care for. This presents an opportunity to identify carers and inform them of their rights and the support that may be available to them in line with Principle 3 of the [Principles of Good Administration](#). An IAA staff member from Ceredigion County Council referred to the need to "read between the lines" when dealing with calls and hear the "unsaid", to ensure that those who may not realise they are carers, or who are not aware of their rights, are properly informed. This mindset is to be commended.

Evidence from the staff surveys suggests that not all IAA staff felt that they had received sufficient training to support them in their role. With the exception of IAA staff from Ceredigion County Council, few IAA staff said that they had received specific training about carers' rights and how to assess carers' needs. Many were not aware of the services available to support carers. This may also have contributed to the difficulties encountered by Carer R in having her needs assessed as a distance carer. Principle 1 of the [Principles of Good Administration](#) includes the use of appropriately trained staff. With the exception of IAA staff in Ceredigion, the failure by Caerphilly County Council, Flintshire



County Council and Neath Port Talbot Council to provide appropriate training to relevant staff is of concern.

Further opportunities to identify carers early, raise awareness of their rights and share information are available throughout council departments. Many staff, for example, housing, care and repair and education staff, will come into contact with carers in their roles. They must be informed, be empowered to share information and be able to signpost carers to the support available. Similarly, councillors should be knowledgeable about carers' rights so that they can share information with constituents they come into contact with in their roles.

The [ADSS Cymru rapid review report](#) found that identifying carers was not the responsibility of local authorities alone. It identified that GP surgeries and other health services should play a bigger role as part of a more integrated health and social care system. Both Carer A and Carer R referred to contact with health services but were either not informed of their rights, or the services were not aware of the carers' rights as distance carers.

I have seen some evidence of a collaborative approach between health services and the Investigated Authorities. In Caerphilly County Borough Council's area, carers' notice

boards are displayed at hospitals and it is working with pharmacies to ensure carers can access medication for the cared for person. It is also researching the possibility of having carers' champions at GP surgeries. Ceredigion County Council has a regional Carers' Referral Pathway, which encourages carers to register as carers with their GP and their details, with their consent, passed to the local authority. Neath Port Talbot Council is working with health services to identify carers early to enable prompt intervention and prevention. A number of these initiatives are also in place at Flintshire County Council. It also works collaboratively with health services and third sector partners via its carers gateway and commissions some specialist posts via NEWCIS.

Principle 3 of the [Principles of Good Administration](#) requires public bodies to be open and clear about policies and procedures and ensure that information is clear, accurate and complete. During the investigation, it has become clear that carers' needs assessments are being referred to by different names. 'Carer's needs assessment', a 'What Matters' conversation and a 'wellbeing assessment' have all been used to refer to what is, in essence, a carer's needs assessment as outlined in the SSWB Act. Where carers' needs assessments are not referred to as

such, carers should be made aware that what is being offered constitutes a carer's needs assessment, as outlined in the SSWB Act. Similarly, the evidence raised concerns that the lines between carers' assessments and parenting assessments were blurred, with parents not necessarily knowing the difference between them (Neath Port Talbot Council staff) and a parent, Carer J, being passed between departments while trying to have her rights as a carer upheld.

The evidence indicated that carers would find it helpful if the Investigated Authorities included examples of how carers' needs assessments had benefitted carers, with examples of the different ways in which carers have been supported and the carers' views on how their assessments had impacted their caring role and wellbeing.

Local authorities must ensure that the information provided to carers, including parent carers, is open and clear so that they are aware of the process, including the use of commissioned service providers and the different ways in which local authorities can provide support. When carers' needs assessments are commissioned, the Investigated Authorities need to be clear about their roles. Carers should be provided with sufficient information in a clear

and transparent manner at all 4 local authorities to enable them to understand the process and to avoid any injustice being caused to carers.

**c) Where carers' needs assessments are commissioned, whether those assessment services are being delivered appropriately and whether local authorities appropriately monitor the contracting arrangements.**

Ceredigion County Council commissions young carers' assessments from Gofalwyr Ceredigion Carers. It is concerning that young carers' assessments at Ceredigion County Council were not documented on a formal and individual carer's needs assessment form and that the investigation was therefore unable to draw any conclusions as to whether the assessments conducted were appropriate, nor whether young carers' needs were properly explored and met.

The evidence showed that the Council has very little oversight of the service provided by Gofalwyr Ceredigion Carers. Whilst Gofalwyr Ceredigion Carers provides contract monitoring reports, it is unclear what, if any, action follows or how the Council is assured of the quality of the completed assessments. This investigation has identified inadequacies in the recording of young carers' needs



assessments at Gofalwyr Ceredigion Carers. This had not previously been identified by the Council. It is concerning that Ceredigion County Council, with the statutory duty to assess the needs of young carers in the county, had not identified the lack of records being completed by its commissioned service provider. This reinforces the need for there to be systems in place to quality check the services being provided to carers. As set out in my statutory guidance on the [Principles of Good Administration](#), it is incumbent on all public service providers to ensure that they have adequate processes in place to properly monitor commissioned services. These inadequacies have meant that this investigation has been unable to determine whether young carers' needs assessments are being delivered appropriately in Ceredigion. The absence of comprehensive documented assessments for individual young carers at Ceredigion County Council is an administrative shortcoming. However, it is encouraging that Ceredigion County Council has already taken steps to address this.

It is concerning that Ceredigion County Council had no process to monitor whether young carers or the person with parental responsibility was satisfied with the outcome of an assessment completed by Gofalwyr

Ceredigion Carers, nor was there a process to monitor whether the outcome of assessments continued to meet the needs of young carers.

I note that Gofalwyr Ceredigion Carers has recently been re-commissioned to provide carer support to Ceredigion County Council. The Council said that Gofalwyr Ceredigion Carers will be working to a new service specification and will be required to share completed assessments with the Council for quality assurance purposes. The Council also said that it has re-designed the Children's proportionate assessment form. I am, however, concerned that Gofalwyr Ceredigion Carers said that it intends to continue to not spend an excessive amount of time undertaking young carer assessments. The SSWB Act allows carers' needs assessments to be proportionate. However, Ceredigion County Council must ensure that young carer assessments are undertaken properly and documented.

Flintshire County Council commissions both adult and young carers' assessments from Adferiad and NEWCIS. It is evident that Flintshire County Council has a long standing and trusted relationship with NEWCIS, with NEWCIS appearing to take the lead for carers' services in the Flintshire area. Both NEWCIS and Adferiad provided the Council with

contract monitoring reports and I am pleased to note that the Council, NEWCIS and Adferiad meet regularly to audit the quality and consistency of the carers' needs assessments completed. Audits of this type are an opportunity to identify good practice and areas for improvement and provide an opportunity to ensure that a consistent service is being provided. This is in line with Principle 6 of the Ombudsman's [Principles of Good Administration](#) of seeking continuous improvement and ensuring that lessons are learned to improve service and performance. I am satisfied that both adult and young carers' needs assessments in Flintshire are being appropriately monitored by the Council.

Neath Port Talbot Council commissions adult carers' needs assessments from Neath Port Talbot Carers Service. Whilst the evidence I have reviewed indicates that adult carers' needs assessments in the Neath Port Talbot area are being delivered appropriately by Neath Port Talbot Carers Service, improvements could be made in the Council's oversight of them, to provide quality assurance. Neath Port Talbot Carers Service provides the Council with contract monitoring reports and they hold monthly contract reviews with senior staff. Although the Council said it had previously undertaken audits of carers' needs assessments, it was concerning that

none had been undertaken since 2022 while awaiting a service review and no quality checks undertaken on its young carer assessments, which are completed in-house. This is an administrative shortcoming at Neath Port Talbot Council. It is, however, pleasing that Neath Port Talbot Council is seeking feedback from service users as part of its ongoing review work.

Whilst the 4 Investigated Authorities have differing models for the provision of support to carers, and not all of them commission services for carers' needs assessments, they must ensure that they have a process in place to audit completed carers' needs assessments. This is to ensure that lessons are learned and to improve service and performance in line with Principle 6 of the [Principles of Good Administration](#). It is pleasing to note that Ceredigion County Council has implemented a Quality Framework and has employed Quality Assurance staff to provide independent oversight for carers' needs assessments completed by the authority and by its commissioned service provider.

The failure to complete audits of carers' needs assessments at Caerphilly County Borough Council, Ceredigion County Council and Neath Port Talbot Council is an administrative shortcoming. Where services are commissioned, Ceredigion County





Council and Neath Port Talbot Council must ensure that they not only monitor compliance with contractual requirements but that they also have active oversight of the quality and consistency of services to both adult carers and young carers, to ensure that they receive a comparable and equitable service, in line with the [Principles of Good Administration](#). Whilst Caerphilly County Borough Council does not commission its carers' needs assessments, it too should ensure that it has a process in place to audit completed assessments.

**d) Whether carers' needs assessments, including those completed by commissioned service providers, are undertaken in accordance with the SSWB Act.**

An independent advocate is a person who can help carers, who may be vulnerable or disadvantaged, to understand their rights and to help them communicate their views and wishes, to ensure that their voices are heard during their carers' needs assessments. The evidence indicates that many carers were not offered an advocate during their assessment. Very few staff members from all 4 Investigated Authorities referred to the availability of an independent advocate to support carers through their assessment. The role of an advocate should be explained to carers and they

should be offered the option of having the support of an advocate. Carers should be fully informed of how an advocate may be able to assist them during their carer's needs assessment. The need for independent advocacy is not a decision for the member of staff completing the carer's needs assessment to make. Neither is it appropriate for the staff member completing the assessment to consider themselves to be the carer's advocate. The offer made, and the carer's decision, should be recorded on the assessment form. Any failure to provide carers with information about advocacy, and a failure to record their decision, could lead to an injustice to the carer if they were unable to fully engage and understand the assessment process.

A 2022 [report](#) by Audit Wales found that there were inconsistencies in the way Direct Payments are promoted and managed by local authorities, meaning that services are not always equitable. Direct Payments are monies paid by the local authority to a person who has been assessed as needing support, so they can pay for their own support services as an alternative to the local authority providing them.

Where carers are supported through Direct Payments, local authorities need to ensure that the carer is able to manage the payments; not just

physically, but also in terms of whether the Direct Payments meet their needs. The evidence indicates that Direct Payments can, on occasion, not meet their needs or be too onerous on top of their caring role but, for others, the freedom to commission their own support services suits them better. It is acknowledged that the Direct Payments referred to by Carer A, Carer B and Carer C, from the Caerphilly County Borough Council area, were part of their cared for person's care and support plan. However, this is where Caerphilly County Borough Council told us that it records respite for the carer. Where local authorities become aware that Direct Payments are not working for a carer, be they recorded on their own carer support plan or as part of the cared for person's support plan, the issue of respite should be revisited with them to see how it might be provided, if not via Direct Payments. This could, potentially, be taken forward by the Social Worker for the cared for person. Although it is recognised that each Investigated Authority has mechanisms in place to review Direct Payments, the failure to revisit respite, when Direct Payments are not meeting the needs of the carer, by Caerphilly County Borough Council, Ceredigion County Council and Flintshire County Council, is of concern.

Section 17 of the SSWB Act places a duty on local authorities to provide carers with IAA in an accessible format to allow them to make plans for meeting needs for care and support that might arise. The Part 3 Code states that the provision of information does not require an assessment. If advice and/or assistance has been given, an assessment of a person's needs will have taken place.

The evidence indicates a disparity in data recording between the Investigated Authorities. In the assessments reviewed, Flintshire County Council recorded all support provided following an assessment, as a Support Plan, whereby the other Investigated Authorities do not always record IAA provided following an assessment as a Support Plan, indicating that a proportion of work done by the other 3 Investigated Authorities to support carers goes unrecorded, despite an assessment having been undertaken according to the Part 3 Code. This accounts for the significant difference between the percentage of assessments leading to a support plan in Flintshire County Council (89%) and the other 3 Investigated Authorities. Indeed, none of the carers' needs assessments completed by Caerphilly County Borough Council in 2022/2023 led to a support plan. However, the Council said that some of the 156



carers who declined an assessment in their own right were likely to have had their needs considered during an Integrated Assessment of the cared for person's care and support needs. It said that respite provision for the carer was recorded on the cared for person's care and support plan.

There needs to be a consistent approach in the recording of IAA and of carers' needs assessments that lead to a support plan, including where respite provision for the carer is recorded on the cared for person's care and support plan. There is a need to capture how many carers are supported through the provision of IAA and a need to determine what exactly distinguishes a Support Plan from IAA. There is also a need to capture how many carers are being supported through actions recorded on their cared for person's care and support plan. Some all-Wales guidance, to support improved and consistent data recording to demonstrate the support being provided to carers, could assist to this extent.

These variances, and the difficulties within some Investigated Authorities in the ability to retrieve data relating to carers, indicates that it is imperative, in my opinion, for relevant data to be collated in relation to carers' needs assessments. Improved, consistent and comparable data collation across local authorities in Wales, in

an extractable format, would enable better analysis to drive improvement, monitor progress and identify areas in which further improvements are necessary, in line with Principle 6 of the [Principles of Good Administration](#) of seeking continuous improvement. Such data would also assist to determine and provide assurance as to what extent local authorities are meeting their statutory duties. I am of the view that, as a minimum, data should be collated to record:

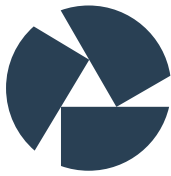
- Who is caring – the ability to identify carers
- The date that a carer is identified and, where a carer's needs assessment is accepted as appropriate, the date that their needs are assessed
- The number of carers that have been supported through the provision of IAA
- The number of carers that have declined an assessment
- The number of carers that have had their needs assessed in their own right
- The number of carers that have had their needs as a carer considered during an Integrated Assessment alongside the cared for person.
- The number of carers that have a support plan
- The number of carers who have had their support plan reviewed.

The Equality Act imposed a public sector equality duty (“the equality duty”) on public bodies. The equality duty requires public bodies to have due regard of the need to eliminate conduct prohibited by the Equality Act, to advance equality of opportunity between people who have protected characteristics and people who do not, and to foster good relations between those individuals. Public bodies must routinely consider each of these equality duties when taking decisions, designing policies and delivering services.

Many carers are in vulnerable positions because of their age, both young and old, their own physical or mental health difficulties, their ethnic backgrounds and their socio-economic disadvantage. The Investigated Authorities were asked to provide the investigation with equality data for both adult carers and young carers. Very limited data was provided by each of the Investigated Authorities during the investigation. In many instances, there was no data recorded in relation to age, sexual orientation or disability. Although Neath Port Talbot Council provided data for ethnicity, age and sex, it was not consistently recorded for ethnicity or language needs. Flintshire County Council provided equality data collected from all of its registered carers in response to my draft report. This data included

ethnicity, age, disability, gender and language preference. However, no specific equality data was provided for those carers who had received a formal carer needs assessment.

The recording of equality data relating to carers, both in general and in relation to those who have had their needs assessed, is incomplete and inconsistent at all 4 of the Investigated Authorities, which is of concern. At Caerphilly County Borough Council, Ceredigion County Council and Neath Port Talbot Council, the data is not sufficiently comprehensive to enable robust analysis to demonstrate that the authorities are routinely considering equality duties when delivering services to carers. Improved recording of equality data could assist local authorities to identify groups of carers that are not currently being reached and ensure that the diversity of people who provide care to loved ones is visible and not disadvantaged. For example, where data was collected, there are very few carers who identified as an ethnicity other than White, which could indicate an inequality.



The Part 3 Code states that the assessment process must recognise the concept of language need. I am satisfied that, on the whole, carers are being offered services in Welsh and staff are either Welsh speaking or are able to access translation and interpretation services. I am however, concerned, that the evidence indicated that Welsh speaking carers in Caerphilly County Borough Council area choosing not to access services in Welsh, due to potential delays that may be caused. In relation to carers whose language of choice is not Welsh or English, including BSL, staff in general, were able to access translation and interpretation services to assist them in accessing services. I am, however, concerned that some members of staff at Flintshire County Council said that they would use a friend or family member to translate for the carer. This approach should be taken with caution, as friends and family may not be able to relay information accurately. It may also be inappropriate to share personal matters relating to the carer and cared for person with them.

# Recommendations

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I recommend that, within 6 months<sup>5</sup> of the date of the final report, the Investigated Authorities, where indicated, implement the following recommendations:

	<b>Applicable to</b>	<b>Recommendation</b>
a)	<p>Caerphilly County Borough Council</p> <p>Ceredigion County Council</p> <p>Flintshire County Council</p> <p>Neath Port Talbot Council</p>	<p>Amend the carers' needs assessment forms to:</p> <ul style="list-style-type: none"> <li>i. Include whether the cared for person has been involved/ consulted and, if not, why not.</li> <li>ii. Explicitly address and record the question of the extent to which the carer is able and willing to provide care.</li> <li>iii. Explicitly address and record the questions of whether the carer works, or wishes to work and whether they are participating, or wish to participate, in education, training or leisure activities, unless these considerations are not relevant, in which case the reason for this should be recorded.</li> <li>iv. Include whether the carer has been offered a copy of their assessment and the response recorded (excluding young carer assessment forms at Flintshire County Council).</li> <li>v. Include whether carers are satisfied with the assessment process and the outcomes identified to meet their needs and whether they are satisfied that the identified outcomes, at that point, will fully meet their needs, allowing their views, and any disagreement, or areas of unmet need, to be recorded.</li> </ul>

<sup>5</sup> Section 26 explains that the Investigated Authorities must notify the Ombudsman before the end of the permitted period of the action it has taken or proposes to take in response to the recommendations. The permitted period is 1 month, or any longer period specified by the Ombudsman.

<p>b)</p>	<p>Caerphilly County Borough Council</p> <p>Ceredigion County Council</p> <p>Flintshire County Council</p> <p>Neath Port Talbot Council</p>	<p>Ensure it has a carer’s needs assessment factsheet that includes the process of assessment, the role of commissioned service providers (where applicable), what carers may expect from the assessment and real-life examples of how carers have been supported, following an assessment . The factsheet should also be available in Easy Read format (a picture-based system to assist comprehension by those with learning difficulties), in Welsh and in other languages.</p>
<p>c)</p>	<p>Caerphilly County Borough Council</p> <p>Ceredigion County Council</p> <p>Flintshire County Council</p> <p>Neath Port Talbot Council</p>	<p>Ensure it has a letter template to include when sharing the completed assessment with the carer, which includes an outline of the outcomes of the assessment and an explanation of what the review arrangements are (or are not) and how carers can make contact to request a review or a re-assessment.</p>
<p>d)</p>	<p>Caerphilly County Borough Council</p> <p>Ceredigion County Council</p> <p>Flintshire County Council</p> <p>Neath Port Talbot Council</p>	<p>Provide training to IAA / Social Work staff (with the exception of IAA staff in Ceredigion) to refresh knowledge of carers’ rights, reinforce the role they play in identifying and promoting carers’ rights, outline the process and the role of commissioned service providers (where appropriate) and to outline the types of support, including Direct Payments, that may be available to carers.</p>





e)	<p>Caerphilly County Borough Council</p> <p>Ceredigion County Council</p> <p>Flintshire County Council</p> <p>Neath Port Talbot Council</p>	<p>Provide awareness training to wider council staff who, through the nature of their roles, come into contact with carers, to reinforce the role that other council departments play in the identification of carers.</p>
f)	<p>Caerphilly County Borough Council</p> <p>Ceredigion County Council</p> <p>Flintshire County Council</p> <p>Neath Port Talbot Council</p>	<p>Review and prepare an action plan for improving the recording of equality information relating to carers. For Flintshire County Council, this relates only to the recording of equality data for carers who have had their needs assessed (which was requested by the investigation but not provided).</p>
g)	<p>Caerphilly County Borough Council</p> <p>Ceredigion County Council</p> <p>Flintshire County Council</p> <p>Neath Port Talbot Council</p>	<p>Confirm and share a plan for improving collaborative working with health services, including GPs, hospitals and pharmacies.</p>
h)	<p>Caerphilly County Borough Council</p> <p>Ceredigion County Council</p> <p>Flintshire County Council</p>	<p>Review and implement a method of revisiting the use of Direct Payments for individual carers, to ensure that they meet the needs of the carer, including a process to allow for the consideration of an alternative provision of respite where they are no longer appropriate.</p>

i)	<p>Ceredigion County Council</p> <p>Neath Port Talbot Council</p>	<p>Improve the recording of young carers' needs assessments.</p>
j)	<p>Caerphilly County Borough Council</p> <p>Ceredigion County Council</p> <p>Neath Port Talbot Council</p>	<p>In relation to young carers, amend the assessment forms to allow the exploring and recording of the outcomes that the person(s) with parental responsibility for that child wish(es) to achieve for them.</p>
k)	<p>Caerphilly County Borough Council</p> <p>Ceredigion County Council</p> <p>Neath Port Talbot Council</p>	<p>Design and implement a process for auditing completed carers' needs assessments for both adults and young carers, including when carers' needs are incorporated into Integrated Assessments.</p>



In view of the potential for wider learning from this investigation, I invite the other 18 local authorities in Wales to:

- Consider the recommendations (a-k) made to the 4 Investigated Authorities (paragraphs 145 to 147) and to take forward any learning points that would improve their own service provision.
- Review the findings of this report at an all-Wales level, for example, at the COLIN, to discuss and plan for the improvement of carers' needs assessments across Wales.

I welcome comments from the 18 non-investigated bodies on the actions they have taken following the publication of this report. I will be monitoring progress and improvements in relation to carers' needs assessments across Wales, in due course.

The invitations to the other 18 local authorities are not formal recommendations made in accordance with the Act, because I did not investigate those bodies. They are included to assist with driving improvements in public service delivery across Wales. This was the purpose and intention of the Senedd when the power of Own Initiative investigations was enacted and I trust that all local authorities will embrace the opportunity to learn from this investigation.

In responding to my draft report, I am pleased to note the actions already being taken by the Welsh Government through its Task and Finish group of the MAG. I was also pleased to see that supporting carers will continue to be a priority for the Welsh Government. I look forward to hearing about the outcomes of the Task and Finish group and the improvements being made to identify carers, to ensure they are aware of their rights and the support that may be available for them.

I will be liaising with local authorities on action taken to improve the administration of carers' needs assessments across Wales, following the publication of this report.

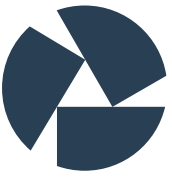
**Michelle Morris**  
Ombudsman

**Date 17/10/2024**

### **END NOTE**

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This document constitutes a report under Section 4 of the Public Services Ombudsman (Wales) Act 2019



# Appendices

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[Appendix 1](#) – Review data

[Appendix 2](#) – Rationale for investigating the Investigated Authorities

[Appendix 3](#) – Relevant legislation, guidance and policy

[Appendix 4](#) – Methodology

[Appendix 5](#) – Data

[Appendix 6](#) – Evidence relating to Caerphilly County Borough Council from:

- the Council
- staff
- those with lived experience.

[Appendix 7](#) – Evidence relating to Ceredigion County Council from:

- the Council
- Gofalwyr Ceredigion Carers
- staff
- those with lived experience.

[Appendix 8](#) – Evidence relating to Flintshire County Council from

- the Council
- NEWCIS
- Adferiad
- staff
- those with lived experience.

[Appendix 9](#) – Evidence relating to Neath Port Talbot Council from

- the Council
- Neath Port Talbot Carers Service
- staff
- those with lived experience

[Appendix 10](#) – Evidence from other bodies



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