

Witness Name:

Statement No.: 1

Exhibits:9

Dated: 27/05/2025

UK COVID-19 INQUIRY - MODULE 6

WITNESS STATEMENT OF KATE CUBBAGE

I, **Kate Cubbage**, of 1 Cathedral Rd, Cardiff, CF11 9HA, will say as follows: -

Overview of Wales Carers Alliance (“WCA”) and its role

1. Established in 2001, The Wales Carers Alliance exists to work co-productively with carers to uphold carers' rights and champion the voice of all carers across Wales.
2. The Alliance comprises national voluntary organisations in Wales which have declared policies on carer support and seek to work together to work with the Welsh Parliament, Welsh Government and other agencies to develop the legislative, policy, resource and service framework at national level to support carers in Wales. The Alliance is not a separate organisation or legal entity; each member organisation is its own separate registered charity.

The Alliance members are committed to joint action:

- To improve the lives of all carers and not just the specific needs of the carers that they support through their individual organisations.
- To discuss and, as far as possible, to define common policies on carer support. Where a consensus is established, Alliance members are committed to present and act upon agreed policy statements;
- To act as a forum where carer issues can be discussed and in particular those issues that are pertinent to the work of national voluntary organisations in Wales;
- To inform and influence policy makers, planners and other key decision makers on policy issues that affect carers;
- To exchange ideas and information on the work of the member organisations;
- To comment on, support or oppose proposals, papers and other documents offered for consultation;

- To monitor the development and implementation of carer support policies nationally and, where possible, at local level;
 - To advise and feed into the Ministerial Advisory Group on Carers and other key Welsh Government policy and advisory groups on carer related issues. The Alliance nominates three Ministerial Advisory Group representatives. Once a year the Minister with responsibility for carers shall be invited to attend an Alliance meeting;
 - To review opportunities for partnership working, shared projects and maximise skills for the benefit of carers.
3. To perform these functions, the Alliance meets at least four times a year for regular business which includes review of the Alliance workplan, discussion on specific issues, reports, invited speakers and the financial status and administration of the Alliance. A Chair and Vice Chair are elected from the membership for a two-year term.

Overview of the membership of WCA

Member organisation	Providing support to adult unpaid carers	Member context	Care settings within which members operate	Range of needs, conditions and characteristics of the people supported
Adferiad	Yes	Information and advice, support groups	Centres and community groups	People experiencing mental health issues and substance misuse, and their carers
Age Cymru	Yes	Information and advice. Through federated partner organisations, providing direct support to older carers	Online and federated partners operating in the community	Older people and their carers, including older carers
All Wales Forum	Yes	Information and advice	Community	Parent carers where the child (of any age) has a learning disability
Alzheimer's Society	Yes	Information and advice, social care	Community	People with dementia and

		support		their carers
Care & Repair Cymru	Yes		People's homes	Supporting older people and carers to live independently at home
Carers Trust Wales	Yes	Information and advice. Through our Network of 10 local carer organisations, providing direct support to unpaid carers, including regulated care	Online Through our Network: community centres, in people's own homes, care homes, hospitals	Unpaid carers, including young carers
Carers Wales	Yes	Information and advice	Online	Unpaid carers
Dementia Carers Count	Yes	Information and advice	Online Community	People living with dementia and their carers
Learning Disability Wales	Yes	Information and advice	Online Community	People with a learning disability, and their carers
Macmillan Cancer Support	Yes	Information and advice, and health care	Online Community Health care settings	People living with cancer, and their carers
Marie Curie	Yes	Information and advice, and health care	Online Community Health care settings Care homes Hospices	People with a terminal illness, and their carers
MNDA	Yes	Information and advice, support groups	Online Community	People with Motor Neurone Disease, and their carers
MS Society Cymru	Yes	Information and advice, support groups	Online Community	People with MS, and their carers
Oxfam Cymru	Yes	Advocacy	Online	People experiencing inequalities
Parkinson's Cymru	Yes	Information and advice, support groups	Online Community	People living with Parkinson's, and their carers
Stroke	Yes	Information and	Online	People who

Association		advice, support groups	Community	have experienced a stroke, and their carers
Tenovus Cancer Care	Yes	Information and advice, health care	Online Community Health care settings	People living with cancer, and their carers

Overview of WCA's work in representing or supporting members, or the unpaid care sector more widely, during the pandemic

4. WCA represented members on the Welsh Government's Ministerial Advisory Group on Unpaid carers throughout the pandemic, including early into the first lockdown at the meeting on 23 April 2020. This included the issues covered in the letter to Welsh Government dated 16 April (see below), including clarity of guidance on carers rights; reduction in support and care planning; social isolation; access to Personal Protective Equipment and testing.
5. WCA made representations to Welsh Government by correspondence to the Deputy Director for Partnership and Cooperation on 16 April, outlining the impact of Coronavirus on unpaid carers and making recommendations to Welsh Government to ensure carers rights were consistently considered as guidelines were updated and duties under the Social Services and Wellbeing (Wales) Act 2014 were suspended by the Coronavirus Act.
6. As outlined in that correspondence, representatives of WCA met regularly through the pandemic with the Welsh Government's officials working in the Older people and unpaid care policy division.
7. WCA contributed a paper and discussion to the Welsh Government's Covid Moral and Ethical Advisory Group Wales on 9 July 2020.

An overview of unpaid care provided to adults

8. The Social Services and Wellbeing (Wales) Act 2014 states: “‘Carer’ means a person who provides or intends to provide care for an adult or disabled child.’
9. A person is not a carer for the purposes of this Act if the person provides or intends to provide care—
 - (a) under or by virtue of a contract, or
 - (b) as voluntary work.
10. Unpaid carers play a vital role in the adult social care system, supplementing and complementing the care provided by statutory partners and third sector organisations. Unpaid carers are key partners in ensuring that people with care and support needs can be cared for in their communities, preventing people with care and support needs from experiencing an escalation of care and support needs, and relieving pressures on the health and care system. The care provided by unpaid carers equates to upwards of £8bn worth of hours of care, were this care to be provided by the health and social care workforce.
11. The total estimated number of unpaid carers at the start of the pandemic: The 2011 Census identified 370,000 unpaid carers in Wales. The number of people identifying as unpaid carers in the 2021 Census was 310,000.
12. The estimated number or percentage of unpaid carers who also had other employment: Around half of carers in Wales are in employment (over 144,000 carers). Of these, over 25,000 people in paid employment are also providing over 50 hours of care per week (ONS (2023) Economic activity status by provision of unpaid care by general health.)
13. The estimated number or percentage of unpaid carers from underrepresented groups such as ethnic minorities or disabled people
14. 29.8% of unpaid carers in Wales identified as disabled in the 2021 Census. This is in comparison with the 21.4% of non-carers in Wales who identified as disabled.

Pre-pandemic structure and capacity of the adult social care sector in Wales

15. Significant concerns about the pre-pandemic structure or capacity of the adult social care sector in Wales.
16. The Social Services and Wellbeing (Wales) Act 2014 was implemented across Wales in 2016. While WCA supported, and continues to support, the aims and ambitions of that legislation, it is broadly acknowledged that the adult social care sector was yet to realise the structural transformations envisaged by this legislation in early 2020 (such as greater integration of service delivery and funding at a regional level through Regional Partnership Boards, and greater involvement of the third sector at a strategic and delivery level across regions)
17. Concerns around the implementation of the Act for unpaid carers were identified in the 2019 Track the Act report (Carers Wales), including:
 - A low number of carers receiving any sort of statutory support for their caring role;

- A majority of carers not seeing any information relating to their caring role;
- 85% of carers not having had their needs assessed during the 2018-19 year;
- An inconsistency in how local authorities in Wales support unpaid carers.

Impact pre-existing issues may have had on the ability of the adult social care sector to respond to the pandemic in so far as it relates to the provision of unpaid care.

18. Pressures in capacity within the paid for social care system, including the provision of replacement care by paid care workers to enable unpaid carers to take a break from caring, are known to have been exacerbated in the pandemic with many households seeing the withdrawal of domiciliary care services.

Impact of the pandemic- Key concerns regarding the impact of the pandemic on unpaid carers

19. The pandemic exacerbated many longstanding health inequalities, including those experienced by unpaid carers. Given the vulnerability of the people being cared for by unpaid carers, the threat of the virus alongside social distancing and lockdown measures had an even more significant impact on unpaid carers and the people they care for than the general population.
20. For those caring for the most vulnerable to Covid-19, shielding represented many practical and emotional challenges. Carers reported feeling increasingly lonely and isolated, impacting their emotional and mental wellbeing.
21. The cancellation of non-urgent medical appointments and delays to treatments made caring for the short-term care needs of the cared-for person more difficult to manage for carers.
22. Unpaid carers were more likely to have taken on additional caring responsibilities, such as:
 - Providing greater numbers of hours of care in response to pressures in the paid care/domiciliary care sector with professionals being redeployed to other areas of the health and care system (and/or the 'choice' to end domiciliary care calls to reduce the number of contacts for the vulnerable person)
 - Providing greater numbers of hours of care in response to the decision by many families to limit the number of people who were in contact with the vulnerable, cared-for person
 - Receiving little, if any, breaks from caring, given the closure of many day services and the end to formal respite services in care homes
 - Despite travel being permitted to provide care, some unpaid carers living a significant distance from the person they cared for, e.g. adult children living in different towns from their older and/or frail parents, will have restricted their travel and movement, resulting in providing care at more infrequent intervals than prior to the pandemic.

23. Despite travel being permitted to provide care, some unpaid carers living a significant distance from the person they cared for, e.g. adult children living in different towns from their older and/or frail parents, will have restricted their travel and movement, resulting in providing care at more infrequent intervals than prior to the pandemic, or resulting in the need to cohabit with the person they cared for.
24. As indicated above, the withdrawal or redeployment of some social care workers away from domiciliary care will have meant that some unpaid carers were taking on additional caring responsibilities, such as providing personal care.
25. The closure of day centres and other support services significantly limited carers' ability to access much-needed respite and short breaks. In many circumstances, alternative provisions were not being offered.
26. WCA is not aware of data on excess deaths amongst unpaid carers.

Disproportionate impact of the pandemic on unpaid carers in Wales

27. The Coronavirus Act 2020 had implications for the realisation of rights under the Social Services and Wellbeing (Wales) Act 2014 for unpaid carers. Carers reported that their support plans were being changed and reduced, and that assessments of need were no longer being undertaken by local authorities.
28. Unpaid carers anecdotally informed member organisations of WCA of the reduction in the respite offering they were entitled to. For many, this will have been associated with the closure of day services for the person/people they cared for.
29. Local carer organisations also reported that care packages were being withdrawn because of the lack of availability of Personal Protective Equipment to protect the care workforce making domiciliary calls.
30. Unpaid carers were not given access to the same Personal Protection Equipment (PPE) as paid care workers at the outset of the pandemic, despite delivering close personal care to vulnerable people. It was not until later in the pandemic that local carer organisations were able to access and distribute PPE to unpaid carers.
31. Challenges were reported by local carer organisations around the availability of PPE with WCA members in May 2020. By June 2020, local carer organisations reported they were working well with local authorities in the main and able to hold stock of PPE for unpaid carers to access.
32. Likewise, unpaid carers were not given early access to testing or to vaccination at the same time as NHS and social care workers in the initial phase of vaccine roll out. However, following WCA representations to Welsh Government unpaid carers were included with vulnerable people in the second phase of vaccine rollout. In some cases, difficulty being identified as an unpaid carer resulted in delayed take up of the vaccine.

Key decisions made by the Welsh Government that impacted unpaid carers and the

people they cared for

33. Shielding guidance, with the prominence on minimising contact with those outside the household, will have meant that many unpaid carers were faced with additional caring responsibilities and pressures. While improving outcomes for the vulnerable person, this will likely have come at the expense of impacting the unpaid carer's wellbeing. Unpaid carers will have been undertaking higher intensity care, for longer hours, with limited opportunities for breaks and with minimal social interaction
34. As mentioned above, shielding represented many practical and emotional challenges for carers. These included feeling increasingly isolated and, for some, burn out.
35. Restrictions on inter-household mixing led to a national trend where fewer numbers of carers were providing higher levels/hours of care than prior to the pandemic, with an impact on health and wellbeing of that carer.
36. The decision by Welsh Government and UK Government to protect the NHS inevitably meant that social care, including support for unpaid carers and care and support for the people they cared for, was deprioritised. Through the Coronavirus Act 2020, it was possible for local authorities not to discharge all their duties under the Social Services and Wellbeing (Wales) Act 2014. The closure of day centres, limited or delayed access to PPE, testing and vaccination for unpaid carers, are all examples where decisions were made without prioritising unpaid carers.
37. Welsh Government, including at Ministerial level, maintained good levels of communication with WCA throughout the pandemic. This is evidenced through the continuation of the Ministerial Advisory Group on Unpaid Carers only one month into the first national lockdown.
38. Third sector organisations in Wales were funded to work with Welsh Government to provide guidance to a range of healthcare and other settings predominantly to improve access and support for unpaid carers.
39. WCA is not aware of any statutory guidance issued during the pandemic that was directed at unpaid carers as a primary audience.
40. Guidance relating to support for unpaid carers from Welsh Government was threaded throughout various documents, covering vaccination, PPE, and local authority duties.

The management of the pandemic and concerns regarding the ability of unpaid carers or those they cared for to access hospital care, healthcare professionals, medicines, other support services

41. Greater levels of palliative care were being delivered at home, placing unique pressures on carers at a difficult time in their caring journey. This was in the context of limited capacity from community nursing and others to support both the dying person and the carer.
42. Restrictions on visiting in hospitals meant that unpaid carers were often separated from the person they care for for prolonged periods, with impacts on the emotional wellbeing of the carer and the cared-for person
43. With the national drive to discharge people from hospital at pace, carers reported that many patients were discharged without the appropriate social care support in place. This meant that unpaid carers were taking on additional caring responsibilities and tasks, beyond what they were willing and able to undertake safely and sustainably
44. The reduction in day services for the person with care and support needs both impacted the physical and emotional wellbeing of the cared-for person, reducing their opportunities to engage in social interaction and to have access to Multi-disciplinary teams (including Physiotherapists, Occupational Therapists, Speech and language Therapists etc), but also brought about an end to any form of respite available for the unpaid carer.
45. In response to challenges posed by social distancing in pharmacies and access to medications, Carers Trust, as members of WCA, worked with Welsh Government and Community Pharmacy Wales to agree flexibility in rules and national guidance on social distancing in pharmacies. This allowed carers to go to pharmacies with their cared for at a time where only a single person from each household could generally enter the premises.

Concerns regarding visiting restrictions imposed on those who provide unpaid care to adults living in their own homes

46. As referenced above, unpaid carers who were living separately from the person they care for will have made difficult decisions about how best to protect the person they care for, including:
47. Whether temporarily move in to the home of the person they care for (and take on additional caring responsibilities)
48. Minimise the number of people in contact with the cared for person and allow another person to take on the bulk of caring.
49. Options in between these

50. Restricted access to supported living and residential accommodation for carers of people with learning disabilities was prolonged and had a significant impact on relationships between families, as well as on managing the cared-for person's emotional wellbeing.
51. At the outset of the pandemic, restrictions on unpaid carers visiting the person they cared for at the end of life meant that many unpaid carers did not have the opportunity to be an active participant in the person's care at the end of life, nor to have the opportunity for precious final moments together. While restrictions were eased for visiting patients at the end of life at an earlier stage than many visiting restrictions, not all unpaid carers and families were aware of the changes as they happened.
52. Many unpaid carers and the people they care for will have continued to have contact over the phone and, where both parties were digitally literate, some will have engaged in video calls, WhatsApp, Zoom etc.
53. While these forms of communication were an important way to maintain social contact, they made little impact on the delivery of practical care tasks, including personal care, cleaning, cooking etc., which will have continued to be delivered in person by the unpaid carer, by a social care worker, or in some cases may not have been possible to undertake, leaving the person with their care needs unmet.
54. Further, older people disproportionately take on unpaid caring roles as well as older people being more likely to be recipients of care and support. As such, access to technology and digital literacy, were barriers to many unpaid carers and the people they care for to access 'alternative' digital methods of contact.

The reintroduction of visits by unpaid carers to recipients of care during the pandemic, and whether there were any issues in the facilitation of that reintroduction

55. Unpaid carers of people with learning disabilities living in residential accommodation report significant delays in the reintroduction of visiting to the person they care for. They report that the prolonged period of separation had an impact on relationships, and where the impact on emotional wellbeing affected behaviours, distress and ability to cope for some. There are cases where relatives report being turned away from visiting their cared-for person, with poor communication and local policies not reflecting national guidance on visiting.
56. Frequent and nuanced changes to visiting arrangements, including differences between guidance issued in Wales and England left many unpaid carers unsure about their rights to visit their cared-for person in a residential or hospital setting
57. For example, in England some visits in hospitals were allowed from 13 June 2020 and NHS Wales guidance was updated on 20 July 2020. [KC/01-INQ000614357]
58. This was compounded by settings operating their own localised visiting policy.

Key concerns about the support provided to unpaid carers during the pandemic by the Welsh Government

59. WCA welcomed the Welsh Government's agile response to the financial hardship many unpaid carers were facing as a result of the pandemic through the introduction of the Carers Support Fund in October 2020. This saw £1m allocated in small grants to unpaid carers across Wales via the Carers Trust network of local carer organisations. The Carers Support Fund 2020-21 supported 6444 unpaid carers, with 35% of grants going towards food and groceries
60. WCA is not aware of an equivalent fund for unpaid carers in financial hardship allocated by the UK Government.
61. Unpaid carers in Wales who were in receipt of Carer's Allowance were also eligible to claim a one-off payment of £500 in recognition of their contribution to the pandemic effort alongside the paid care workforce.
62. Training for unpaid carers would have operated locally, delivered by local authorities, health boards and local carer organisations. WCA is not aware that training for unpaid carers was provided at a national level by Welsh Government.
63. In addition to supporting unpaid carers in financial hardship with small grants, the Welsh Government funded Carers Support Fund, nationally led by Carers Trust Wales and delivered locally by the Carers Trust Network of local carer organisations, funded interventions for unpaid carers in financial hardship that had the additional benefit of improving wellbeing and addressing social isolation.

Impact of easements to the Social Services and Well-Being (Wales) Act 2014 on unpaid carers

64. Welsh Government evidence to the Senedd Equality, Local Government and Communities Committee in September 2020 that local authorities had not exercised their ability to ease duties under the Social Services and Wellbeing (Wales) Act 2014.
65. While this may be the legislative context, the lived experience of many unpaid carers will feel differently. Unpaid carers report:
 - Being less likely to have been assessed for their needs, or to have their needs reviewed, through a Carer's Needs Assessment
 - The suspension of replacement care and day services for the person they care for
 - Initially, a reduction in packages of care for the person they care for

66. As WCA understood the easements, local authorities would not have to carry out detailed assessments of people's care and support needs. However, they were still expected to respond as soon as possible to requests for care and/or support, consider the needs and wishes of people needing care and their families and carers, and make an assessment of what care needs to be provided
67. Local authorities would not be required to carry out financial assessments. They did, however, have powers to charge people retrospectively for the care and /or support received during this period, subject to giving reasonable information in advance about this, and a later financial assessment:

Matters relating to end of life care and deaths

68. Carers of people with learning disabilities and older people report the breach of human rights in the blanket approach to issuing DNACPRs for whole groups and communities. While this was rectified swiftly, this caused significant distress and fear.
69. More palliative care was being delivered at home, placing additional pressure on carers at a difficult time in their caring journey, particularly in the context of limited capacity from community healthcare professionals.
70. Some carers report not receiving adequate training to enable them to provide the palliative care needed by the person they cared for
71. As above with reference to restrictions on unpaid carers visiting the person they cared for at the end of life in hospital or care home settings.

Infection prevention and control measures ('IPC')

72. Unpaid carers were not given early access to testing or to vaccination at the same time as NHS and social care workers in the initial roll out phase.
73. However, following WCA representations to Welsh Government unpaid carers were included with vulnerable people in the second phase of vaccine rollout, with guidance issued to unpaid carers by Welsh Government on 8 March 2021. WCA representatives supported the publication of this guidance. [KC/02-INQ000474578]
74. In some cases, difficulty being identified as an unpaid carer resulted in delayed take up of the vaccine.
75. In the initial weeks of the pandemic local carer organisations reported difficulties accessing appropriate PPE for their staff's use and for the wider distribution to unpaid carers. Difficulties included the supply chain and availability of PPE as well as the additional cost of purchasing PPE (at inflated costs) within budget
76. Uncertainties around the adequacy and sufficiency of PPE within the domiciliary care/paid for social care workforce was cited by many unpaid carers as a reason why some unpaid carers and the people they care for refused care through their statutory care packages (e.g. home calls)
77. Members of WCA made representations to governments across the UK with the view to having consistent guidance on PPE.
78. WCA member organisations raised questions around PPE guidance with Welsh Government officials in April 2020. We do not hold a record of the outcome of that correspondence.
79. As the pandemic progressed, health boards across Wales acted as distributors of PPE for the wider health and care sector, facilitating the supply of PPE across their regional areas.
80. Some carers reported that the move within households to use PPE clinicalised the caring relationship as well as hampering communication. For some groups more than others, such as those with learning disabilities, dementia or sensory and processing difficulties, this may have compounded barriers to communication and understanding.

Matters specific to WCA

The involvement of WCA or its members in working groups or forums convened by the Welsh Government or their agencies

Meeting/working group	Attended by WCA/member	Date	Concerns addressed
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Ministerial Advisory Group on unpaid carers	3 WCA representatives	23/04/2020	Minutes available via Welsh Government
Covid-19 Moral and Ethical Advisory Group	WCA	9/07/2020	Minutes available via Welsh Government
Relaxing Statutory Guidance		Records not held centrally by WCA	

81. WCA and its members had regular communication with Welsh Government officials during the pandemic and were engaged with as a trusted and valued stakeholder. Records and dates of those meetings are not held centrally by WCA.

Research projects or surveys conducted

Organisation	Report	Number of respondees	Summary of issues or findings	How results used by WCA
Carers Trust [KC/03-INQ000516846]	'A few hours to call my own'	Over 2,000	<ul style="list-style-type: none"> • 64% of unpaid carers spend more than 50 hours a week caring. (The 2011 census asked unpaid carers the same question. In 2011, 23% of unpaid carers said they care for more than 50 hours a week.) • Two-thirds of unpaid carers who responded to our survey saw the amount of time spent caring increase in the last six months (66%). Of unpaid carers who said that: <ul style="list-style-type: none"> • 25% of carers had an increase of 6 – 10 hours of care per week. • 60% of carers had an increase of 10 hours or more per week. • 16% of carers had an increase of more than 40 hours per week. 15 • Only 12% of unpaid carers said they received enough government support. 	Circulated amongst members Shared with Welsh Government
Carers Wales [KC/04-INQ0]	Carers UK Caring Behind		<ul style="list-style-type: none"> • The number of carers in Wales has grown from 370,000 to as many as 	Circulated amongst members

00239445]	Closed Doors Reports April and October 2020: Responses from Wales		<p>683,0003</p> <ul style="list-style-type: none"> • 4 in 5 (80%) of carers report that they are providing more care now than before the pandemic began • More than three quarters (76%) say the person they care for needs more support since the pandemic began • More than three quarters (76%) are reporting to be exhausted and worn out by their caring role during the pandemic6 • Two thirds (68%) are worried how they will cope with further lockdowns and restrictions7 • More than half (54%) are more stressed than before the pandemic8 • More than a quarter (29%) are struggling to make ends meet due to the extra financial pressure of the pandemic9 	Shared with Welsh Government and Members of the Senedd
Carers Wales [KC/05-INQ000614364]	Track the Act 5		<p>15% of carers who responded saying they had received a carers needs assessment</p> <p>38% of unpaid carers said they have seen or been given information to help them care before the pandemic</p> <p>85% of carers had not had a Carers needs Assessment in the year before March 2020</p> <p>62% say they are caring alone</p>	Circulated amongst members Shared with Welsh Government and Members of the Senedd
Learning Disability Wales [KC/06-INQ00509626]	Living through the pandemic: the impact of covid 19 on people with a learning		<ul style="list-style-type: none"> • 57% of people with a learning disability had paid for a direct payment service they were not receiving 	Circulated amongst members Shared with Welsh Government

	disability in Wales			
Cardiff University (contributions from Carers Trust Wales and Carers Wales) [KC/07-INQ000614367]	Voices of carers during the covid-19 pandemic		The findings of this study suggest that, to date, the provisions of the Social Services and Wellbeing (Wales) Act 2014, and the Welsh Government's Strategy for Unpaid Carers, have not produced the required changes in approaches to working with and supporting unpaid carers by health and social care services. A cultural shift is needed within statutory social services and health services, especially in relation to NHS Continuing Healthcare funding, where the availability of an unpaid carer is too frequently treated as a justification for withholding services for the person cared-for. Where unpaid carers are relied upon to meet the care needs of another person, local authorities must prioritise the carer's well-being and human rights.	Circulated amongst members

Briefings and statements issued by WCA during the pandemic on emerging concerns and issues

Article/ correspondence	Author	Date	Key messages	Response
Letter to Welsh Government	WCA	16/04/20	Initial concerns from carer sector on impact of pandemic for carers	Response received dated 5 May 2020. WCA response by email 1 June following meeting of WCA 20 May.
Letter to Welsh Government	WCA	01/06/20		

and Chief Medical Officer [KC/08- INQ000614360]				
Response to Welsh Government Recovery Roadmap [KC/09- INQ000614361]	WCA	02/07/20	Suggested areas for recovery	

Reflections on areas or aspects of the response to the Covid-19 pandemic that WCA considers went well or was a success

82. WCA considers the communication, trust and joint working between Welsh Government, statutory partners and the third sector to have been exemplary. Organizational boundaries were overcome for the purposes of protecting the public from the impact of the pandemic as well as the Coronavirus.
83. The pace at which Welsh Government was able to respond to the needs of carers in the light of the pandemic, for example the mobilisation of £1m in 2020 to support carers in financial hardship through the Carers Support Fund, demonstrated the pace at which public and statutory organisations can move to respond to public need.

Lessons learned and recommendations

84. Many unpaid carers have borne the brunt of the lack of investment in social care and the implementation gap of the Social Services and Wellbeing (Wales) Act 2014 even before the Covid-19 pandemic. For the Social Services and Wellbeing Act to be truly transformational, it needs investment and prioritisation.
85. Unpaid carers need to be recognized as vital partners in both the delivery of the Act, as well as having rights to support under the Act. Preventative support for unpaid carers needs to be commissioned and sustained across all areas of Wales.
86. The pace of response during the pandemic demonstrated the possibilities where third sector, Government and statutory partners work together. This often sees the third sector as the most appropriate partner to deliver with agility and to reach people in their communities.

87. The pandemic exposed the health inequalities faced by many in minoritised ethnic community populations as well as the disproportionate effect on people living in poverty.

Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Signed: _____

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Dated: 23/05/25