Llais response to the Draft National Strategy for Unpaid Carers 2026

About Llais

Llais is the independent body that reflects the views and represents the interests of people living in Wales in their National Health Service (NHS) and social care services.

We operate locally, regionally, and nationally. We work with people and communities in all parts of Wales so that everyone's voice can be heard, and used, to drive the planning, design, development and delivery of health and social care services for everyone. We:

- reach out to hear from people within our local communities through an ongoing programme of engagement activities. We do this so that people know about and understand what we do, and to gather their views and experiences of NHS and social care services. We do this in lots of ways, face to face and digitally, including visiting places where people are receiving health and social care services

- use what we hear to help health and social care services better understand how those of us who may need, and use services think services are meeting their needs, in the way that matters most to them. We help make sure the NHS and social care services takes action to make things better where this is needed.

  This includes working with health and social care services leaders when they are thinking about making changes to the way services are delivered, so that people and communities have their say from the start

- provide a complaints advocacy service that is free, independent and confidential to help people to raise their concerns about health and social services

We have operated in Wales since 1 April 2023. Our response reflects what we have heard directly and through others, particularly from people:

- who have engaged with us at regional and national events.
- who have used our complaints advocacy service to raise a concern about their experience.

Our understanding is also guided by the People’s Principles, developed by Llais following a national conversation involving thousands of people in Wales.

Question 1: Do you agree the eight priorities outlined in the draft strategy at page 1 are the right priorities?

Yes.

From July to November 2025, Llais engaged in an all-Wales conversation with thousands of people through national and community events, one to one conversations and through health and social care networks and associations.

This was an opportunity for people across Wales to share their views and experiences of health and social care as part of the Health and Social Care We Want project.

We spoke with people juggling impossible waits, carers stretched to breaking point, and people who told us what keeps them going, what gets in the way, and what they want to be different.

A core message that ran through everything people shared with us was that people want a health and social care system that treats them like human beings, not numbers.

Our We Want report is based on what the people of Wales told us about what matters most for the future of health and social care. The 8 People's Principles came directly from their experiences.

The eight priorities match what unpaid carers across Wales tell us every day. They cover the biggest issues: being recognised, being able to access support when needed, getting a break, navigating financial pressures, balancing caring with work or school, and being properly included in planning and decision-making.

The priorities also link strongly with the People's Principles. This matters because it means the Strategy is rooted in what people say they need from services: accessible support, respectful treatment, honest updates, coordinated pathways, timely help (including while waiting), recognition of the whole person, support to live independently, and fair access for all.

We would encourage the final Strategy to make this alignment explicit, so the People's Principles become a consistent standard for implementation and accountability across Wales.

Question 2: Is there anything you would like to share about any of the priorities listed above?

1. Recognition and awareness

The strong emphasis on training and e-learning is needed. Carers often tell us they feel invisible in health and care settings, so consistent identification across the NHS, social care and wider public services is essential. The commitment to recording carers in hospital systems is particularly important, as this helps to make sure people are recognised early and not overlooked.

From a People's Principles perspective, recognition is not just paperwork. It is about **dignity and respect** and **care that recognises**

the whole person. Carers want to be listened to, believed, and treated as partners in care, with their own needs and limits acknowledged.

When services identify carers early and consistently, it becomes much easier to involve them, communicate with them honestly, and support them to sustain caring safely.

Recognition must also be culturally competent. Carers from ethnic minority, migrant and Gypsy/Traveller communities often say they feel misunderstood, and many lack access to interpreters. More commitment to cultural competence and clear access to interpreters, including BSL, would make identification fairer.

2. Access to services

Carers are still facing long waits for assessments and inconsistent follow-up. We agree with the focus on nationally consistent information and improved quality assurance. This will help close the gap between what carers are entitled to and what they experience.

The People's Principles are clear that **access must work for everyone**. Long waits, digital barriers and poor communication can quickly push carers into crisis and undermine their ability to cope.

Digital exclusion is a real problem. Many carers cannot easily use online systems. Services must always offer non-digital routes, such as phone and in-person support. Digital tools should be designed with carers, including those who have sensory impairments or limited confidence online.

Access is not only about eligibility. It is about how easy it is to get support that actually meets need. Fair, accessible information and simpler pathways match what people told us a humane system should look like.

This priority also links strongly to **clear and honest communication.** Carers need plain-language information about what they can expect, how long it will take, and what support is available while they wait.

Many carers also tell us that transport is a major barrier, especially in rural or semi-rural areas. If carers cannot travel easily to appointments, assessments, support groups or respite, they are effectively excluded from the support they should receive. Transport problems can also increase isolation and make it harder for carers to look after their own health and wellbeing.

3. Young carers

The focus on involving young carers in decision-making and improving recognition across schools and colleges fits well with what young carers tell us they need.

Caring can have a huge impact on a young person's education and life chances. Many miss out on after-school activities, social events and time with friends because they are supporting a parent, sibling or grandparent at home.

Young people often describe feeling that their future choices are already limited long before they reach adulthood. These missed opportunities can affect confidence, mental health and long-term prospects.

Early identification within schools and colleges and making sure young carers can access tailored support at key transition points, will be essential if they are to have the same opportunities as their peers.

This links directly with the People's Principles around **dignity and respect**, **clear communication**, and **responding to the whole person**. Young carers often tell us they want to be listened to, believed, and treated with understanding.

We also hear from young carers about high levels of anxiety, loneliness and emotional strain linked to the responsibilities they carry. Access to mental health support through the NEST framework is important, but it must be available consistently across Wales.

This is a clear **timely care and support while waiting** issue. When delays happen, young carers need real support and regular communication, not just signposting.

4. Financial hardship

The actions reflect what carers tell us about low incomes, extra costs and difficulties navigating benefits. Many carers still don’t know what support they can get, so clearer and more proactive communication is essential.

Many carers describe cutting back on essentials like food, heating and transport in order to keep caring. Some skip meals or rely on debt. The rising cost of living is pushing many to breaking point. This shows the need for stronger, long-term financial support, not just awareness campaigns.

Carers experiencing financial hardship often feel forgotten or judged. The People’s Principles on **inclusive, accessible and fair services** and **dignity and respect** are highly relevant. Support should be compassionate, proactive, and easy to navigate. Clear communication about entitlements is essential for dignity and independence.

5. Paid employment

Many carers say they have lost career opportunities or had to reduce hours because of their caring role. Some feel trapped in lower-paid or unfulfilling work. Others leave work because they do not feel supported.

This has long term effects, including reduced pension contributions and anxiety about financial security in later life.

We agree with improving employer awareness and making sure care plans consider a carer’s wish to work. This must be supported by reliable replacement care.

This links to the People's Principles about **support that enables independence** and **clear and honest communication**.

Carers often feel forced out of work, which undermines both. They must have the support they need - replacement care, flexible employment pathways and honest communication about rights - so that working remains a real option.

Services must treat work as an important part of a carer's life, especially where employment supports wellbeing and financial stability.

6. Replacement care (respite) and breaks from caring

We strongly support the continued commitment to the Short Breaks Scheme. Carers tell us replacement care often isn't available when they need it, or doesn't meet their needs. The review of provision is important, but must lead to more flexible, suitable and reliable options.

Without proper breaks, carers are left with little chance to rest, recharge or maintain their own wellbeing. Being able to step away safely for a short period is essential if carers are to continue in their caring role without reaching crisis point.

This is a People's Principles issue about **timely support** and **support while waiting.** When replacement care is unavailable, carers can't carry on caring safely without breaks. They often feel they are left to cope alone.

7. Mental health and wellbeing

Carers often tell us they feel exhausted and isolated.

The emotional and physical toll of caring continues to grow, with many carers experiencing poor mental health. Many have chronic stress, poor sleep and limited time for relationships or hobbies because replacement care is unreliable.

The Strategy’s focus on making services more carer-aware is right, but carers also need easier access to tailored support. Consideration of suicide risk is an important inclusion.

Some carers look after someone who is experiencing a mental health crisis or substance misuse. These carers often feel they are carrying the situation alone. They tell us services can be difficult to access until the situation becomes severe. The Strategy does not address these situations clearly, even though they can be some of the most challenging caring roles.

This links to the People’s Principles on **timely care and support while waiting**, **recognising the whole person**, and **dignity and respect**. Support must be more than signposting, especially when risk is growing.

8. Carers and care planning

Actions around hospital discharge and care planning directly reflect what carers tell us: they often feel left out, uninformed or unprepared. We agree with the requirement for NHS bodies to involve carers and to record them properly. Consistency across Wales will be key.

Carers tell us of challenges at every stage of the care pathway: admission, inpatient care, discharge, community based care, changes in needs and crisis points. Form many carers a lack of co-ordinated shared planning is an ongoing experience.

Carers need meaningful involvement throughout their person’s care journey. This should include, regular updates during inpatient stays, involvement in multidisciplinary discussions, clear information about any changes in need and support to prepare for longer-term care arrangements.

This links to the People’s Principles on joined-up care, **clear and honest communication**, and **dignity and respect**. Carers say discharge is one of the most fragmented points in the system. Applying the Principles means carers are identified early, included throughout, given clear information and supported when waiting is unavoidable.

Waiting is a major pressure point for carers. They often have to wait for care packages, equipment and adaptations, follow-up appointments, mental health support and sometimes transport.

Delays in community care can leave carers unsupported. This puts them and the person they care for at risk. It also makes it difficult for carers to plan their own lives.

Care planning that involves carers at the earliest stages both supports them and recognises their own needs. This is essential for delivering joined up, safe and sustainable care. Strengthening the Strategy's expectations of NHS bodies in this area would make a real positive difference to carers' day-to-day experiences.

Question 3: Do you have any further comments, or are there any other priorities you believe should be included in the strategy?

We believe hospital discharge should be stronger. Although included under Priority 8, the scale and frequency of problems carers describe suggest it needs greater focus. Carers often experience poor communication, little involvement and a lack of preparation or support. This undermines **joined-up care**, **clear communication**, and **support while waiting**.

We hear from carers about the physical impact of caring, including back pain, injuries from lifting, exhaustion and reduced mobility. Many carers say they put off their own health appointments because of their caring role. The Strategy talks about mental health, but carers' physical health also needs attention.

The Strategy also needs to say more about social care capacity. Improving assessments is important, but assessments alone cannot meet carers' needs if services are not available. When support cannot be delivered, it affects **timely support** and **fair access**, and is a major cause of stress, burnout and unmet need.

The Strategy relies heavily on improved data to measure progress, yet the current availability of data on carers is limited and inconsistent. Stronger commitments to collecting and publishing transparent, comparable information would support **clear and honest communication** at a system level. This would make it easier for everyone to see what is improving and where gaps remain.

Question 4: There are actions under each priority area. These are listed at P7-23 of the draft strategy document. Is there anything you'd like to say about any of these actions?

Across all priorities, we believe the Strategy should clearly commit to culturally competent practice, routine access to interpreters and better support for carers who face language barriers, stigma or mistrust of services. These changes would support inclusive and fair services.

Recognition and awareness: The focus on e-learning and recording carers in hospital systems is positive. Staff in health, social care and public services will need time and support to complete this training.

Recognition should lead to practical next steps for carers, not only recording.

Recognition must be meaningful. Once someone is identified as a carer, they should be given clear information about what happens next, where to get support, and how to ask for help.

Access to services: The actions are clear and sensible, but their impact depends on social care capacity. Better training and clearer national materials will help make sure carers understand the assessment process and what they should expect.

Materials should be plain-language and multi-format, and access routes must work for people who are digitally excluded or need Welsh/ interpretation.

Access routes must work in different ways: online, phone and in person. The Strategy should also set clearer expectations about waiting times and what support carers can expect while waiting.

Young carers: We welcome the focus on involving young carers directly in shaping services.

Schools and colleges will need support to apply these actions consistently and sensitively.

Strengthen support at transition points (school to further education/training/employment) and make sure young carers can access help in youth-friendly ways, including outside school hours.

Financial hardship: The actions are helpful, but more focus is needed on groups facing additional barriers, such as older carers or carers from ethnic minority communities to reflect the Peoples Principle of **inclusive and fair** services.

Make proactive financial advice and support a routine part of carer pathways (not dependent on carers knowing what to ask for), and make sure information is available in multiple formats and languages.

Paid employment: There should be clearer links between employment support and reliable replacement care. This would support carers' independence and choice.

Make the link between employment and replacement care explicit in delivery plans, so supporting carers into work is not separated from the practical support that makes it possible.

Replacement care (respite) and breaks from caring: A review is welcome, but carers need confidence that new services will be delivered. Many say lack of availability is a major concern.

Build in clearer expectations about availability, flexibility (including emergency options), and suitability, so breaks meet the needs of carers and the people they support.

Carers who support someone living with dementia often face additional challenges. Some types of respite do not meet the needs of people living with dementia, and carers say this makes it harder to take a break. The Strategy does not clearly address the specific support needed for dementia-capable replacement care.

Carers also need better emergency and crisis support. Many worry about what would happen if they became ill or unable to provide care at short notice. There is currently no clear system for urgent replacement care or crisis planning, and this creates ongoing stress for carers.

Mental health and wellbeing: We support the focus on improving access and building carer-informed services. Carers have told us they need timely, appropriate support, not just signposting. This is particularly the case where risk is rising.

Make sure carers have clear routes into timely support, and that services communicate clearly about what help is available and when.

Carers and care planning: These actions strongly reflect what carers tell us. Delivery needs to be consistent, and carers should be involved from the start of discharge planning and communicated with clearly throughout.

Emphasise involvement from admission (not just discharge), with a clear plan shared in accessible formats that sets out roles, support, and escalation routes.

Question 5: Do you have any further comments, or are there any other actions you believe should be included in the strategy?

We think the Strategy would be stronger if it included a small number of extra actions that match what carers consistently tell us, all of which link clearly to the People's Principles.

Timely care, and support while waiting

Carers often wait a long time for a Carers' Needs Assessment. These delays have a real impact on their wellbeing and ability to cope. Setting clear, national standards for waiting times would help make sure carers receive timely support wherever they live.

Joined-up care that feels seamless, dignity and respect, every time

The Strategy rightly emphasises involving carers at the point of discharge, carers also need to be recognised earlier in the hospital journey. Asking NHS bodies to identify carers at admission, not just at discharge, would help reduce missed opportunities for early support.

Inclusive, accessible and fair services for all

Carers also tell us that access to replacement care varies widely across Wales. A clear plan to address these regional differences would help make sure all carers can get a break when they need one.

Clear and honest communication

Publishing consistent data on assessments, waiting lists, respite access and outcomes would help track progress and highlight where improvements are still needed.

Care should recognise and respond to the whole person

Carers often need support during major life changes, including when caring comes to an end. More focus on support during and after these transitions (such as life after caring) would help carers feel less alone during these difficult periods.

Older carers often face particular pressures, including declining physical health, their own long-term conditions and digital exclusion. Many older carers tell us they feel they have been carrying the caring role for a long time and are now struggling but unsure where to turn. The Strategy does not focus on this group, even though they make up a large proportion of carers in Wales.

Care should recognise and respond to the whole person, Timely care, and support while waiting, Joined-up care that feels seamless

Young adult carers (16-25) face a particularly challenging period as they move from school to further education, training or employment. Many feel they fall between children's and adults' services, losing support at the exact time their lives are changing most quickly.

Their caring role can prevent them from taking opportunities like apprenticeships, work placements or study, which affects their long-term career and financial prospects. A clearer focus on this group would help make sure they do not fall through the gaps and can move into adulthood successfully while still managing their caring role.

Question 6: Do you have any comment on how we can ensure the strategy continues to reflect the experience and priorities of unpaid carers?

Engagement must be ongoing, not something done only at set times.

Carers' situations change quickly, and the support they need changes with it, so regular conversations are essential.

Insights gathered through Llais’ regional work are a reliable way to understand what carers face every day. These insights should be used to help shape future updates of the Strategy.

It is important to hear from carers with different backgrounds, including those who may not identify as carers or who face extra barriers, such as language, stigma or cultural expectations. This will help to make sure **inclusive and fair services** are provided.

Alongside this, **clear and honest communication** through regularly publishing data and progress updates will will support transparency and help everyone see whether things are improving.

The Strategy should be reviewed and refreshed through genuine co-production with unpaid carers so their lived experience continues to guide the decisions that affect them.

Question 7: Do you think more could be done to improve partnership working across organisations involved in supporting unpaid carers?

Yes.

The Strategy highlights the right roles for NHS bodies, local authorities and third sector partners, but partnership working is still inconsistent. Clearer expectations, stable longer term funding and regular reviews of how organisations work together would help make sure carers get the right support at the right time. To strengthen accountability, we believe the Strategy should include clear national performance measures relating to partnership working. These should be monitored and reported regularly so that gaps in collaboration can be identified early and addressed.

This would help to make sure carers experience genuinely **joined-up care that feels seamless**, no matter where they live.

Section 2

Equality Impact Assessment

Question 8: Having read the draft National Strategy for Unpaid Carers, what do you think might be the positive impacts on unpaid carers with protected characteristics as covered by the Equalities Act 2010.

The Strategy could lead to more carers being recognised and included, particularly those from minority ethnic groups or communities that are less often identified. Being recognised can help more carers be seen, heard and supported.

The Strategy also emphasises more information in accessible formats such as Easy Read, British Sign Language and Welsh. This reflects what people told us during The Health and Social Care We Want project. Many did not know their rights or what support they were entitled to. Clearer rights information should help reduce barriers and discrimination.

People have told us that they face many barriers when trying to access mental health support, particularly LGBTQ+ people. We also know that mental health treatment can be disproportionate against those from racially marginalised communities. We welcome the proposed improvements to mental health services, which will be reviewed and shaped by carers’ needs and hope this leads to increased cultural competency and inclusion.

The strategy promises to treat carers as equal partners in planning. This is crucial when shaping services. We would hope that providing carers with a stronger voice, particularly in planning the care of the person they support, will help to make sure fair treatment for carers from all backgrounds.

To work for everyone, the Strategy must look at how different protected characteristics combine in people's lives. Intersectionality matters because carers may face more than one disadvantage at the same time, which affects their ability to influence decisions.

Question 9: What challenges or risks to unpaid carers with protected characteristics do you think we should consider more fully when producing the final version of the National Strategy for Unpaid carers?

Whilst the strategy highlights a need for targeted outreach to minority ethnic groups and other marginalised communities this is a known gap.

Through our work on "The Health and Social Care We Want" Project we found that cultural stigma and language barriers can cause challenges to accessing services, including in engagement and consultation like this.

Care needs to be taken to make sure this area is fully developed as these groups may still be at risk of being missed by services.

Similarly, whilst the increase in accessible materials is welcome, the strategy does not fully address consistent accessibility issues across services e.g., online portals, assessments, local authority communications.

There is a potential for Disabled carers being unable to navigate those systems and access the support they require. There is also a potential intersection around service provision here, which may lead to inequity/inequality of access to services due to where someone lives.

The strategy rightly encourages employers to support unpaid carers through increased awareness of rights and flexible working. It does not fully address the structural discrimination that can be faced by carers with protected characteristics e.g., Disabled carers, minority ethnic carers, women carers, older carers. Intersectional discrimination (for example, gender and race combined) is an important issue and should be considered more fully.

Children's Rights Impact Assessment

Question 10: Having read the draft Strategy for Unpaid Carers, what do you think might be the positive impacts on young carers and their rights under the United National Convention on the Rights of the Child.

The Strategy aims to improve mental health support for young carers and help professionals better understand their needs. This links directly to the UNCRC, and we hope it will reduce the anxiety, stress and isolation that many young carers experience because of their caring responsibilities.

The Strategy also aims to make sure young carers have a real voice in decisions that affect them, in line with article 12 of the UNCRC, right to be listened to. If this is delivered well, it should help young carers be more involved in shaping the services they use.

This also supports the People's Principles of **dignity and respect**, **clear communication**, and **whole-person support**.

As the citizen voice body for health and social care in Wales, we strongly support this approach.

Question 11: What challenges or risks to young carers and their rights under the United National Convention on the Rights of the Child do you think we should consider more fully when producing the final version of the National Strategy for Unpaid carers?

We welcome better mental health pathways for everyone, but the Strategy could explain more clearly how improvements will meet the needs of young carers from different backgrounds. This includes LGBTQ+ young people, young carers with disabilities and young carers from racially marginalised communities.

Young carers tell us they already feel their future education, training and employment options are limited because of their caring role. Some worry about missing revision sessions or schoolwork. Others feel unable to take part in college courses, apprenticeships or part-time work because they cannot get reliable support for the person they care for.

This is a clear risk to young people's rights to education, development and reaching their full potential.

Some young carers support more than one person in their household, such as a parent and siblings, or live in single-parent families where they take on most of the caring role. These young carers often face the highest levels of pressure and need tailored support. The Strategy does not clearly address these different situations.

A whole-system approach is needed so education, health, social care and employment services work together. Young carers' needs cannot be met by one service alone.

This links with the People's Principle that **care should recognise and respond to the whole person.**

The Strategy talks about co-production, but there is not enough detail on how young carers will be involved in planning and decision-making at both the national and local level. Without clear plans, there is a risk that the voices of adult carers could outweigh those of children and young people.

Welsh Language Impact Assessment

Question 12: Having read the draft Strategy for Unpaid Carers, what do you think might be the positive impacts on the Welsh language?

Through The Health and Social Care We Want project and our work with Mwy na geiriau, we know that access to services in Welsh is essential for many people. When Welsh-medium services are not available, people feel isolated and unsupported.

There is real potential for the Strategy to strengthen Welsh-medium information for carers. Clear, up-to-date Welsh-language resources that are easy to find would help reinforce the bilingual culture of Wales and make sure people receive information in the language of their choice.

This links with the proposed improvements to Welsh-medium services. We have often heard that being able to communicate in Welsh is essential, particularly for carers who belong to multiple protected characteristics where they may find it easier to communicate in Welsh e.g., disabled carers.

This not only links with services subject to the Welsh Language Standards but reinforces general duties under the Equality Act 2010. We would hope that the increase in access to Welsh-medium services would improve carers sense of feeling respected, included and involved in shaping services and receiving them.

Question 13: What challenges or risks to the Welsh Language do you think we should consider more fully when producing the final version of the National Strategy for Unpaid carers?

We know that there is inconsistent Welsh language service provision across health and social care. This could lead to unfair access to assessments, mental health support and replacement care, depending on where carers live.

The Strategy commits to increasing Welsh-medium services, but it does not explain how Welsh will be strengthened across the workforce. Staff need the right skills and confidence to deliver care in Welsh. This should also be considered when improving digital information.

This is not just about translation. Services need Welsh-first thinking, so the Active Offer is real in practice. Carers should be able to receive information and support in the language of their choice as a standard part of care, not something they have to ask for.

There is also no clear mention of Welsh speakers as a targeted group unless they are included within “marginalised groups”. Service design should include Welsh speakers from the start, building in their language needs, cultural needs and lived experiences.

Question 14: Thinking about this consultation overall, are there any issues that have not been addressed that you think are relevant?

The Strategy would benefit from saying more about some of the wider system issues that shape carers’ experiences every day.

One of the biggest issues is social care capacity. The Strategy focuses on improving assessments, but assessments alone cannot meet carers’ needs if the services identified are not available. Carers often tell us that even after receiving an assessment, the support they need cannot be provided because local services are overstretched.

Without a clear plan to address staffing pressures, long waiting lists and gaps in provision, carers will continue to carry the responsibility when the system cannot respond.

This reality is reflected in recent evidence from Carers Wales and Carers Trust Wales highlighting shortages across the social care workforce and the impact this is having on carers and on hospital discharge.

Although the Social Services and Well-being (Wales) Act sets out clear rights for carers, we regularly hear these rights are often undeliverable in practice because of workforce shortages, inconsistent provision and long waits.

Acknowledging this gap and setting out how national action will make sure carers' statutory rights can actually be met would significantly strengthen the Strategy.

Another gap is access to independent advocacy. Carers tell us they need support to understand their rights and to challenge decisions. Llais can provide advocacy for complaints about NHS or social care services, but carers need wider advocacy that helps them find their way around the whole system, not only the complaints process. This support is not available consistently, and without it many carers feel unable to speak up or take part in planning and decision-making.

Housing and adaptations are another key issue. Many carers struggle because the home environment is not suitable for the person they care for. Delays in essential adaptations can prevent safe discharge from hospital. Some carers wait months or years for even basic changes. This can leave them unable to cope and can lead to avoidable hospital readmissions or longer hospital stays.

Housing-related delays are a common barrier to timely discharge, and many local authorities have long waiting lists for Disabled Facilities Grants. These issues have a direct and significant impact on unpaid carers and should be more clearly recognised in the Strategy.

The Strategy also needs a stronger commitment to transparency and data. At present, there is little information published on how long carers wait for assessments, what support plans are being delivered or how many carers receive replacement care. Without this information, it is hard to understand whether things are improving or where the biggest gaps are.

We would like to see a set of national outcomes with published indicators. This would help track improvement across Wales and offer a more consistent basis for accountability and guiding decision making.

Better data, collected regularly and made public, would give a clearer picture of carers' experiences and help make sure commitments in the Strategy lead to real, meaningful change.

13 March 2026