

# *Why are we waiting? Delays in care assessments in Wales*

---

**August 2022**

---



---

# Contents

---

<b>Executive Summary</b>	<b>3</b>
<b>1. Introduction</b>	<b>5</b>
<b>2. Purpose of the research</b>	<b>6</b>
<b>3. Method</b>	<b>9</b>
<b>4. Findings</b>	<b>10</b>
• Issues with data collection	10
• Waiting for care	11
• Addressing the issues	14
• Support whilst waiting for care	18
• Support from the third sector	20
<b>Conclusions</b>	<b>22</b>
<b>Recommendations</b>	<b>24</b>
<b>References</b>	<b>27</b>

## **Tables**

Table 1 Time from a request for a care assessment and the assessment being completed 19/20 and 20/21	11
Table 2: Percentage completed assessments from referrals	12
Table 3: Time from assessment to care being in place 2019/20 and 20/21	13

## **Acknowledgements**

Age Cymru want to thank all the local authorities across Wales, the social care leads, Care and Repair Cymru, and the older people and older carers across Wales who we spoke to – all of whom helped shape this work.

---

# Executive summary

---

## About the research

Age Cymru's dementia advocacy project, HOPE (Helping others to participate and engage) advocacy project and Age Cymru Advice all reported worrying delays in older people being assessed by social care for their needs, as well as delays in sourcing care packages once an assessment had been completed. These delays have a significant detrimental impact on those individuals waiting, their carers, family and their wider support network.

Through our research we wanted to understand:

- The scale of the issue of waiting for care for older people across Wales
- The local authority plans for care service recovery
- The help available for older people who are currently waiting for care
- What Age Cymru and the third sector could do to support local authorities in recovery.

To gather the necessary information, we submitted an FOI request to all 22 local authorities in Wales and requested a meeting with social care leads.

## Conclusions

- 1) Efforts are being made across Wales to recover from the pandemic and improve social care for older people, and support carers.
- 2) Communication with older people waiting needs improvement.
- 3) Data collection across many local authorities in Wales is not set up to effectively monitor and report on those waiting for a care assessment or care package to be implemented.
- 4) The numbers of people currently waiting for care and support and the adverse effects this has on them, their carers, wider family and community mean that immediate support for those individuals, as well as long term change in the system is needed urgently.
- 5) More resource needs to be focused on supporting people to wait well within social care.

# Recommendations

## Recommendation 1

Local authorities should use the same case management system and ensure data captured is consistent across all of Wales. This will also assist with those who move counties being provided with a service in a timely manner. Data Wales may be able to support local authorities to provide clarity and consistency on recording at different stages of the care assessment process.

## Recommendation 2

Local authorities should assess their current procedures for first contact and ongoing communication for people needing care and make improvements where identified. This should include:

## Recommendation 3

Local authorities should specifically resource addressing those individuals who are currently experiencing a wait longer than 30 days for a care needs assessment or implementation of a care package.

## Recommendation 4

Welsh Government should provide a national focus, examining what help is needed whilst people wait and how this will be provided, in parity to the work on waiting well within the healthcare sector.

## Recommendation 5

Welsh government, regional partnership boards, health boards and local authorities should ensure that third sector funding is provided on a sustainable basis. Funding for third sector support services is often provided on a short-term basis, making it difficult to develop good quality services quickly, and have the resilience to be able to adapt quickly in times of crisis. Short term funding often means that recruitment is ongoing, as staff leave for improved certainty of employment.

## Recommendation 6

There needs to be an emphasis on learning between local authorities and good practice sharing. This will reduce the volume of work that local authorities need to undertake and help them avoid pitfalls that other local authorities have addressed.

## Recommendation 7

Regional Partnership Boards should ensure that Population Needs Assessments include an additional focus on social prescribing and what is needed to help people maintain wellbeing. Design of such services should include engagement with older people at every level. Commissioning of such services should be provided on a sustainable basis.

---

# 1. Introduction

---

Provision of social care in Wales is challenging. The population of Wales is ageing and the number of people living with complex long-term conditions is increasing. The financial pressures facing local authorities are putting systems under severe pressure.

Though the population continues to grow and age, the provision of adult community-based services, care home provision, and respite care has been falling year on year. <sup>i</sup>

Good quality, properly funded social care enables older people to live independently for longer in their own homes and communities, whilst enabling carers to receive support and respite. A 2019 report found that while spending by local authorities on adult social services over the last five years in Wales has remained broadly flat in real terms, spending per capita on older people has reduced by 13%.<sup>ii</sup>

These financial pressures are felt across all of Wales. Family and friends are increasingly being asked to provide care for their loved ones, but there's a limit on what they can do. With more older people living alone without access to informal support, local authorities' care provision is becoming more and more important.

## **It is predicated that by 2035:**

- Those over 65 unable to manage at least one self-care activity will rise by 46% - potentially another 120,000 people needing care and support
- Older people with a long-term illness will rise by 38%
- Older people living with dementia will increase by 64%.<sup>iii</sup>

This effectively means that there will be more people in need of care and support with comorbidities, and a substantial increase in the number of people that will need advice on how to manage long term conditions. High quality care relies heavily on a stable, healthy, well-supported and motivated workforce.

The additional funding that Welsh Government has invested in social care recovery and moves towards achieving the Real Living Wage is very much welcomed by Age Cymru. However, we also know that recruiting and training staff in both health and social care services will take a considerable amount of time to achieve and that wages may not be the only issue to address.

---

# Purpose of this research

---

Age Cymru's dementia advocacy project, HOPE (Helping others to participate and engage) advocacy project and Age Cymru Advice all reported worrying delays in older people being assessed by social care for their needs, as well as delays in sourcing care packages once an assessment had been completed.

We know that not having access to the right care support can have severe and long-term consequences for the person waiting for care, their carers, family, and wider support network.

Older people's needs can change whilst they're waiting for an assessment, or a care package to be implemented. This is particularly the case for some older people such as those living with more than one health condition, or those whose unpaid carers' health and other circumstances have changed. For people living with dementia, delays in care package allocation can result in more rapid deterioration and deconditioning, particularly for those living alone. By the time a service is available, needs can have changed, and the process begins again - causing further delays for older people to get the help that they need. In addition, delays in assessment and support particularly with poor information from social care services can make people feel forgotten about. This contributes to a decline in mental wellbeing. If people don't know what is happening and when, this can result in life being 'put on hold.'

## Case study

A woman living with memory issues was referred to Age Cymru's dementia advocacy project due to concerns she couldn't maintain her home and live independently. She lives with epilepsy and was struggling to manage her medication. She was also regularly losing her glasses and dentures and couldn't remember how to sort these things out. Her home was becoming cluttered and unkempt. The dementia advocacy project referred her to social services with her consent, and adult services arranged a telephone assessment to be undertaken several weeks later. This had to be facilitated by the dementia advocate as the woman doesn't own a telephone and may not remember the appointment. She found the assessment process very confusing and couldn't answer questions fully. The dementia advocate asked for a face-to-face assessment, but this wasn't done. The dementia advocate supported the woman to engage with the memory clinic, dental care, optometry, vaccinations and dietician appointment. Through this support it became clear that she'd lost a considerable amount of weight before they became involved.

Allocation of a social worker took four and a half months, at which point it was decided that she'd be moved to extra care accommodation for her safety. Unfortunately, by the time her capacity assessment had been conducted she'd deteriorated significantly and so had to move to residential care as she was deemed unable to understand and sign up to a tenancy agreement. It was six months between her being referred to the Age Cymru dementia advocacy project and this decision being made, and four and a half months from referral to having a social worker allocated.



Many older carers have already been under incredible stress throughout the pandemic, and some have reached a point where they can no longer provide the care needed in the absence of an appropriate care package. This can mean their loved ones having to move to residential care even when this isn't the best place for them at that time. The stress of caring and lack of adequate support can also result in poorer health for the carer, and sometimes end up with them needing care themselves.

## **Case study**

'Rhys' (not his real name) is the main unpaid carer for his wife who is living with dementia. A care assessment was done several years ago giving her two calls every weekday, but her condition has deteriorated significantly throughout the pandemic. Rhys's health has also gone downhill and he now has mobility issues. Rhys was at burn out point when he contacted Age Cymru's dementia advocacy project as he can no longer manage to care for his wife safely and well. The old care package simply wasn't enough to give him the support he needs to care for her to continue living with some degree of independence. Social services were approached for additional care, but they said that they couldn't increase her care package. Age Cymru's dementia advocacy project was able to arrange respite care as a short-term solution, but this wasn't enough to help overcome the long-term pressures of caring responsibilities. Rhys was experiencing extremely high levels of stress trying to care for his wife, and he just couldn't cope. As a result, his wife will be moved to a care home, simply because additional domiciliary care support isn't available.

## **Current experiences of people aged 50 or over in Wales are the Covid-19 pandemic**

In our latest survey with 1200 older people across Wales <sup>iv</sup>, far more people told us of their experiences of accessing social care than in the previous surveys. 70% of people needing social care within the previous three months had a negative experience.

People told us about waiting long periods of time for a care assessment with one person letting us know that they'd struggled during the last two years as their assessment was mislaid so they've had to start from scratch. Another older person told us that they waited more than a year for a community occupational therapy assessment. Others told us of the long waits for support at home after having an assessment.

*'I am on a waiting list for an OT to come and assess me for a disability grant so we can improve our house to make it easier for me to use. I'm not sure if the wait is longer because of covid, but it's going to take about a year before I get my assessment'*

*'Difficult getting assessments, lots of barriers'*

*'I don't bother asking for assistance any more with help for the person I care for because social services have me in tears whenever I asked for help. If I die so will my sister because there is no one to pick up the pieces'*

*'Day Centre support - only available to those with more high and complex needs'*

*'Husband has to look after me and my daughter both disabled no help at all no one interested'*

Where people had a positive experience of social care, it was clear the experience had been good in difficult situations purely because the needs of the cared for were taken more fully into account.



---

# Method

---

Through our research we wanted to understand:

- The scale of the issue of waiting for care for older people across Wales
- The local authority plans for care service recovery
- The help available for older people who are currently waiting for care
- What Age Cymru and the third sector could do to support local authorities in recovery.

To gather the necessary information, we submitted a Freedom of Information (FOI) request to all 22 local authorities in Wales requesting the following information for 2019/2020 and 2020/2021:

- For all adult individuals aged 55 or over who had an initial request for a first-time care assessment, how long did each individual wait from the initial request being made to the assessment taking place
- Of those individuals assessed as requiring a care and support package what was the length of time it took from the assessment taking place to the stipulated care package being put into place for that individual.

We also requested a meeting with all the social care leads.

Whilst this report focusses on current issues with social care, we recognise the cumulative challenges faced by local authorities in resourcing support to meet increasing and changing population needs pre-pandemic, the additional pressures that have arisen during the pandemic, and the recent increase in demand for social care services as we move out of the pandemic. Through this work we have considered the innovations in service that have been achieved and that could be built upon.

---

# Findings

---

The data in this section is drawn from the local authority FOI responses and meetings with five local authority social care leads. We also included in this research information from an additional local authority about their changes in assessment drawn from a conversation just prior to the research taking place.

## **Issues with data collection processes**

Only 10 of 22 local authorities were able to give us information over the two-year period on how long each person aged 55 or over waited from requesting an assessment of their needs to having the assessment completed. Of those able to provide this information, only six local authorities were also able to provide data on how long it takes from that assessment being completed to care being in place.

We had expected that social care data systems would be sufficiently mature to follow an individual's care pathway from initial request to care being in place. However, discussions with local authorities throughout the data collection phase highlighted differences in local authority care management systems, what data is routinely collected, changeovers from one case management system to another, data collection methodologies and other ways of working. One local authority simply told us that they do not collect this information.

A number of reasons were given for why the information couldn't be provided. These included:

*'For the financial year 2019-2020 we were unable to link our electronic referrals to any assessments that may or may not have followed them and so are unable to provide this information'*

*'We do not currently have [i.e. assessment to care package] data available, although the measure came into force for 2020-21 collection was postponed as a result of the pandemic. We do not intend to backdate to 2019-20 or 2020-21'*

One local authority unable to provide data met with us to explain that their case management system had changed, and as the decision had been taken some time ago to change their case management system, their previous system had not been updated with newer requirements. This meant for that time period, a lot more information had to be manually examined for reporting purposes.

One FOI team told us that.

*'Assessment starts when initial contact is made [...], therefore [...] there is no waiting time between initial request and the assessment taking place'*

It is concerning that local authorities are not readily able to draw out this information from their case management systems as it calls into question how local authorities are able to conduct quality assurance checks and plan for pandemic recovery if their systems are unable to follow through a care pathway by each individual needing care and support.

## Waiting for care

*'I am on a waiting list for an OT to come and assess me for a disability grant so we can improve our house to make it easier for me to use. I'm not sure if the wait is longer because of covid, but it's going to take about a year before I get my assessment.'*

The data gathered highlighted some considerable delays in older people being assessed for their care needs and delays in getting a care package in place once their needs had been assessed.

**Table 1 - Time from a request for a care assessment and the assessment being completed 19/20 and 20/21**

Length of time	Total requests 19/20	% 19/20	Total requests 20/21	% 20/21
0-30 days	13073	86.28%	12097	91.09%
31-60 days	954	6.30%	643	4.84%
61-90 days	509	3.36%	264	1.99%
91-120 days	275	1.82%	128	0.96%
121-150 days	148	0.98%	76	0.57%
151-180 days	64	0.42%	33	0.25%
181-210 days	33	0.22%	17	0.13%
211-240 days	25	0.17%	17	0.13%
241-270 days	11	0.07%	3	0.02%
271-300 days	15	0.10%	2	0.02%
301-330 days	15	0.10%	0	0%
331-360 days	11	0.07%	1	0.01%
361-390 days	3	0.02%	0	0%
391+ days	15	0.10%	0	0%
<b>TOTAL</b>	15151	100%	13281	100%

*n- 10, representing around 41% of the 55 or over Welsh population in 2020*

During 2019/2020, 86.28% of assessments happened within 30 days of the request for an assessment being made, which increased to 91.09% during 2020/2021. This increase may reflect a shift to some assessments being undertaken over the phone or via video calling due to Covid-19 restrictions, as well as a reduction in the number of people approaching social care during the pandemic.

Prior to the pandemic some people were waiting a long time for an assessment of their needs. 15 people were waiting more than 361 days for an assessment in 2019/2020. Waiting times reduced during 2020/2021, with only one person waiting more than 330 days for an assessment. Though there were fewer people waiting a longer time for an assessment of their needs, in every case this is a person with a legal right to an assessment in a timely fashion with needs that weren't being met.

## Reduction in requests for an assessment

Overall, the number of requests for an assessment decreased by 12.34% between 2019/2020 and 2020/2021. Reasons for this are likely to be varied, including changes in internal procedures that may have altered the categories of assessment; people not wishing to approach social care during the pandemic for fear of outside people bringing the virus into the home. However, we know that people's physical and mental health have declined through the pandemic and that carers have had to increase the volume of care they give their loved ones. These factors would seem to suggest that the need for care was increasing at a time that requests for care were going down.

**Table 2: Percentage completed assessments from referrals**

Referrals 19/20	Assessments 19/20	Conversion rate	Referrals 20/21	Assessments 20/21	Conversion rate
4212	1200	28.5%	5926	942	15.9%

(n- 6)

Only 28.5% requests for assessment in 2019/2020 converted to a care plan and 15.9% of assessments did for 2020/2021.

**Table 3: Time from assessment to care being in place 2019/20 and 20/21**

Time	Number completed 19/20	%	Number completed 20/21	%
0-30 days	845	70.42%	647	68.68%
31-60 days	107	8.92%	160	16.99%
61-90 days	59	4.92%	49	5.20%
91-120 days	37	3.08%	31	3.29%
121-150 days	27	2.25%	20	2.12%
151-180 days	31	2.58%	13	1.38%
181-210 days	16	1.33%	6	0.64%
211-240 days	14	1.17%	6	0.64%
241-270 days	6	0.50%	2	0.21%
271-300 days	10	0.83%	2	0.21%
301-330 days	6	0.50%	2	0.21%
331-360 days	7	0.58%	3	0.32%
361-390 days	6	0.50%	0	0%
391+ days	29	2.42%	1	0.11%
<b>TOTAL</b>	<b>1200</b>	<b>100%</b>	<b>942</b>	<b>100%</b>

(n- 6)

Just over 70% had some or all their care in place within 30 days of an assessment in 2019/20 and just under 69% did for 2020/21. This still left 295 people waiting for more than 30 days for the care and support they have been assessed to need being implemented, and 135 waiting more than two months. As the data was anonymised it wasn't possible to track whether the people who had been waiting a long time for an assessment then had a further long wait for their care package, but that's a possibility.

When we asked local authorities about why there could be long delays to get care in place, their responses included:

- Staff shortages
- Gathering all necessary information for people with 'complex need' can take more time than many other people with fewer care needs
- Personal choice of the care people want, with their specific needs taking some considerable time to source support for

- Time may appear longer in cases where the person has undergone a period of reablement before they are reassessed for their needs
- Bottlenecks in reablement
- Some families choosing to wait for care due to Covid-19, as they did not want their loved on to catch the virus from people outside their bubble
- People not being ready for hospital discharge
- Clients ‘not engaging with social services’
- Clients relocating to that local authority area.

Many are issues that were there before the pandemic and have been exacerbated during the crisis. Some are a direct result of the pandemic and are expected to disappear as the effects of the pandemic recede.

When discussing data collection with local authorities, some requested clarification on whether we wanted the data of all elements of a care plan being in place or just part of it, as their systems would not be able to collect all information without manual checks. The information included above includes cases where only the first part of a care package is in place as well as cases where all care was in place, depending on whether local authority records could draw this out or not. As such, the data presents a more positive view of care.

For example, if home aids such as shower chairs were part of the care plan, these can be provided relatively quickly compared with a domiciliary care package. Some local authorities told us that they prioritise providing care for those whose needs are most acute. This comes at the expense of people who may be struggling but appear to be managing, and we are concerned that their needs will escalate whilst they wait.

Local authorities discussed the difficult decisions of whether to prioritise those who were medically fit enough to leave hospital and free up space there against the needs of those in the community who have been waiting longer for care.

One local authority told us that their longest occupational waits were for bathing assessments. Age Cymru Advice had received several calls where people can’t understand why they’re waiting so long to simply be able to have a bath or a shower. They’ve told us of the loss of dignity from falls in the shower and having to call people to help them get up.

## ***Addressing the issues***

Our conversations with social care leads helped us understand what measures were being undertaken to address the issues with waiting for care.

It’s clear the incredibly difficult situation social care has been in and how this has affected people requiring care and support. Local authorities told us how they switched services to focus on the basics that people needed at the start of the pandemic, and switching to digitally enabled ways of working, where possible. In some areas of work, the switch to video meetings freed up staff’s time to do more, but in others their efforts were severely curtailed by the pandemic effects.

We were told of changes to internal ways of working, development of more community-based services, and other changes to increase person centred planning. Some local authorities are



looking at rebalancing the volume of care provided by the local authority and how much is commissioned from private and community sector services. We were told that some of the issues seen through the pandemic were expected to disappear once services opened up more.

## **Recruitment and retention of staff**

All local authorities spoke of issues with recruitment and retention of staff, and several told us of their concerns that they'd lost experienced staff, some of whom had retired early, and how it's difficult to regain that experience and expertise through training of new staff. We asked whether the introduction of the Real Living Wage will answer their recruitment issues. Most were hopeful that it would help and assist with pandemic recovery, but they also said more is needed. Parity of status with NHS services was mentioned by several, but there's not a simple solution on how this could be achieved. Some spoke of support from their Local Health Board with recruitment including matching terms and conditions of employment with differing degrees of success.

The lack of availability of care workers is one of the main issues for the authorities. Each area of Wales has different challenges such as geography, population structure and the provider market. Authorities across Wales are looking at a number of potential solutions according to their specific needs:

- Increasing the volume of domiciliary care delivered by the local authority over privately commissioned provision
- Locality bases working and patch-based commissioning (with more walking and riding care staff over the previous focus on carers that can drive)
- Changing to shift work (away from individual contracts), which is seen as a more attractive employment prospect
- Increasing the level of autonomy of carers to provide outcomes focussed care (instead of output based or time led tasks)
- Planning to provide electric bikes to carers in local areas where it is practical.
- Recruiting carers from outside the EU
- Increasing domiciliary care wages above the living wage.
- Provide financial support for carers to learn to drive
- Supporting the development of 'micro enterprises,' primarily to provide domiciliary care in more rural areas. Some have been developed recently and local authorities are looking at where these are beneficial with a view to wider roll out if successful
- Increased focus on providing care from the local authority for people who they struggle to procure care from private agencies.

## **Changes in ways of working**

Local authorities are making changes in how they provide services as a means of reducing wasted time and many are changing the configuration of their services to provide care closer to home. Some spoke of how they're embracing the advantages of technology in areas where this has reduced time burdens on staff. Local authorities told us that hybrid working would continue for many staff in recognition of the benefits for staff whose emotional wellbeing has been adversely affected by the pandemic. One rural local authority told us that through the pandemic they'd been able to get increased involvement of consultants in multi-disciplinary

meetings when they moved online and no longer had to travel. They saw this development as beneficial particularly for rural areas and so will continue meeting this way in the future. Some rural local authorities have changed from more central working to cluster working to be closer to the communities they serve. For one local authority this includes changing the centralised nature of day services over to smaller community centres closer to where people live to reduce their travel time.

## **Developing wider services**

Local authorities told us of the importance of working in partnership with third sector services to improve community response and to help get people the right support in the right place at the right time. These include vital support needed as part of care planning to promote wellbeing following the effects of the pandemic and in recognition of the vital role communities and community centres play in pandemic recovery, as well as earlier intervention services that can prevent people needing social care and health care in the future.

Two local authorities told us of how they're encouraging the development of 'micro enterprises' in more remote locations that can provide domiciliary care to a few people in that locality, particularly for areas where private providers are less willing to work.

## **Local authority team developments and changes**

One local authority developed a new moving and handling team early in 2022 with four Occupational Therapists (OT) and a Community Nurse to take some of the strain off their domiciliary care services and enhancing the quality of care available. They told us that it has released OTs to do other things and helps them give people the service they need the first time at the right time. Such efforts were discussed by other local authorities who are looking to reduce waste through existing resource levels. Another local authority is looking to reduce dependency on domiciliary care for people whose situation could be improved through an increased focus on reablement.

## **Home adaptations**

We spoke to Care and Repair Cymru to understand how providing adaptations to homes have been affected. They've seen an increase in the number of older people that have reduced health since the pandemic began who need more adaptations than before the pandemic. We were told that some ways of working changed and that as a result of lockdown measures waiting times increase. During the pandemic, some building contractors used for adaptations have gone out of business. Others have found more profitable work through larger capital projects in England. As a result, this can affect how long it takes to make the necessary adaptations to people's home to help with independent living. The increases in costs of some building materials have tripled recently but Welsh Government have understood the concerns from Care and Repair Cymru and have provided some additional funding to support adaptations work. Backlogs that were increasing during the pandemic are now reducing, though it's still a challenge to create the capacity needed to clear the lists of those waiting.

## Support for unpaid carers

*'Worrying about the very elderly friend that I care for as things start to 'open up' is challenging. While I wouldn't want NOT to care for her, I feel like my life is on hold.'*

All local authorities wanted to do more to support unpaid carers and were aware of the significant pressures carers have faced, and will continue to face without the right support. Some local authorities told us that they need to improve identification of carers and they're focussing on changing this. Providing the right care for older people through domiciliary care, day centre type support in its various forms, and respite care provided through care homes and other settings will all help reduce the pressures on carers.

Local authorities told us about how they had allocated the additional funding provided by Welsh Government to support carers. One local authority told us how they had passed funding straight over to the third sector to develop support for carers and similarly to local authorities and domiciliary care providers, they were unable to recruit staff to provide the support needed.

One county told us how they sought help from volunteers at the beginning of the pandemic to help support carers, but it became clear that the skills needed were more than should be expected from volunteers and so another solution was needed. They now have a social worker who is dedicated to focussing on how they respond to carers' needs. This will improve their identification of carers and give them better support in the future. They've had cases throughout the pandemic with carers going into hospital or where they've been unable to cope for other reasons that needed crisis interventions that have been difficult to sort out quickly.

One local authority told us how they are changing their model of day care provision. Previously their day centre provision was more centralised and used minibuses to collect all people across the county to the central day services. The pandemic showed them the fragility of the situation and so they are now developing smaller and localised centres to reduce travelling and increase accessibility. They also told us how their in-house care provision helps support carers of people living with dementia. Prior to the pandemic they already had a 'dementia active' service that started off as an exercise for people living with dementia. During the pandemic this had to move online and carers needed more support. With Alzheimer's Society Cymru they are now providing gardening and other outdoor activities. They have adapted two units within care homes to become specialised for people living with dementia and their carers.

Another authority told us that they now provide direct payments to carers in their own right; prior to the pandemic direct payments were attached to the cared for.

# Support whilst waiting for care

*'Nobody has asked me how I'm doing.'*

It was clear from discussions with social care leads that they were very concerned about the waits for care. Efforts are being made to increase the volume of community support that will improve wellbeing for older people in the longer term. Through the pandemic vulnerable older people relied heavily on third sector support. Having seen the benefits of what some have called 'edge of care' services, this is an area that could be further developed to support people waiting for social care services as well as providing more earlier intervention and support services that are needed.

## Communication

From our discussions with social care leads there are differences between local authorities regarding frequency and quality of communication with older people waiting for an assessment or for care to be in place. We were left with the impression following these conversations that so much effort is being placed on clearing waiting lists that there's little time left to think through what else can be practically done in the short term to reduce people's wellbeing being further affected whilst they wait. All local authorities that we spoke to told us that they routinely write to older people to let them know they are on a waiting list.

Others told us that social workers also maintain regular telephone contact with those waiting. Not all people needing care and support are allocated to a social worker early in the assessment and care planning process, so many could be left without ongoing communication from social care about how long they are likely to wait and what they can do to help themselves in the meantime.

Feedback from older people via Age Cymru services indicate that improved quality and frequency of communication is needed.

## Case Study

A woman needed some help with bathing following a change in her health that meant that she was at risks of falls. She had been through a rehabilitation programme but had been signed off from this with little progress in increasing her strength. She'd been given some aids and adaptations at home to try and help her get around more safely. When she contacted her local authority later to say she was not safe showering alone they told her where she could get help if she paid for it.

She called Age Cymru Advice a few weeks after this as she'd heard nothing back from them and so thought social services weren't going to help her. She'd fallen in the shower since contacting social services and had had to call a male relative to come and help her up in the shower. She told us she'd had a few other falls and she was scared of falling again, "I just feel so frightened," she said.

We advised her to check with social services. They confirmed that she was in the system waiting for an assessment. No letter had been received to confirm this and she wasn't told how long she would be waiting.

Not knowing what's going to happen and when means that older people and their loved ones aren't able to plan things. Effectively their lives are put on hold in a situation where they feel they've little control over the next steps. This has a negative effect on people's wellbeing. It's unclear what forms of support, information and advice can make the most difference to help people whilst they are waiting for an assessment or waiting for care. More work would need to be done to see what would help people maintain their levels of wellbeing whilst waiting for support.

## Information and advice services

The Social Services and Well-being (Wales) Act 2014 places duties on local authorities to provide information and advice to people who may need care and support, and it is crucial to help older people and their loved ones understand their situation, rights and what is potentially available to them. Some people that have approached our services don't appear to have had access to meaningful, helpful advice whilst they wait. From calls we receive we believe that there are several reasons this can happen.

- Many people don't contact social services for help until their need for support is high and this is often after a period of trying to cope. At such time people can be less able to take in information and advice the first time they make contact and may need to hear this information again, but aren't routinely offered it twice or more.
- People's understanding and expectations of social care can differ from what's available. Many people are unaware of charging policies for community care services that are subject to means testing. As a result, advice given on how people can pay for care in the community themselves may be misunderstood as a being a rebuff from their request for help. There's a limit on what information and advice can do in many circumstances. However, it's clear from some of our calls and from survey responses that people feel forgotten with a lack of ongoing contact and efforts need to be made to improve communications and see what other support can be provided.

## ***Support from the third sector***

From our discussions with social care leads across Wales it was clear that there's more that the third sector could do to help with the social care pandemic recovery if given the resources to help. We know that in the early stages of the pandemic when services closed, social care, health care, and third sector and other community groups across Wales pulled closer together to help older people have access to essential services.

### **Sustainability of funding for third sector support and wellbeing services**

Several social care leads told us of the services provided by local Age Cymru partners and other third sector groups, and how they could be developed and built upon. Several told us how important it is that funding for the third sector should be more sustainable to allow projects to develop, become embedded in communities and through sustainability then have the confidence to try new approaches and develop further over time.

One local authority told us how the changes they've made to their service delivery will need more support from the third sector to work well. Prior to the pandemic they had three social care teams. They have now split into five area teams, under which are further 'sub areas.' Each of the five areas has a community connector post originally provided through the Integrated Care Funding. Over the next 12 months they'll be looking more at community hubs. Third sector support will be vital to their success. As part of this conversation, they told us how their partnership with the Age Cymru local partner was helping with community provision. The Age Cymru local partner took over a traditional day service when the building that hosted it closed and also provide a vital meals on wheels service in that area. They told us that improving day centre availability would help with social care recovery.

One worker from the local Age Cymru partner is looking at community support packages to see where needs can be met better through things other than traditional care, which is intended to free up some time in domiciliary care services.

### **Training on supporting the specific needs of older people**

Local authorities that have lost experienced staff through the pandemic told us that whilst they can make every effort to recruit new staff, the loss of experience of staff members who understand the needs of older people takes time to build up. One local authority told us that it would be beneficial if the third sector could provide training so that their staff have a better understanding of the needs of older people. This would help give new staff the tools they need to provide quality care earlier in their new career.



## Help to manage people's expectations of what social care can realistically provide

One rural local authority told us of the major issues they have in sourcing domiciliary care to remote households which were there pre pandemic. When people live in remote areas it is more difficult to get care companies to take up this work. They told us support with managing expectations of what social care are reasonably able to provide would assist in the much longer term. People may not understand the practical difficulties in providing person centred care for each and every person every day of the year, and why social care cannot get that support in place for them quickly. This could be part of people's later life planning considerations around retirement, or a change in circumstances where people are thinking about what they want for later life and whether moving house would be a better alternative for them to allow improved access to services. From these discussions it seems clear that there is a lot that could be done to improve support for older people if resources could be found to support this.

---

# Conclusions

---

## **1) Efforts are being made across Wales to recover from the pandemic and improve social care**

It's clear from discussions that local authorities across Wales are developing and changing care and support to improve the wellbeing of older people, and unpaid carers. Social care by its nature has to provide services first to those with the most pressing needs and at risk of immediate harm and this can come at the expense of others who are deemed to be managing in the meantime. Whilst it's important that those with the greatest level of need are catered for, there's more that could be done for those that have to wait and improved communication at every level is crucial to this. Local authorities are looking at what has helped during the pandemic and how these positives can be utilised for improved future service delivery.

## **2) Communication with older people waiting for care needs improvement**

Discussions with local authorities show that some systems are in place but feedback from older people tells us these may not always be followed. Whilst we're told that these communication systems exist, we have heard from older people of poor or no communication, and the stress of not knowing if care is being arranged and how long they're likely to wait. Only a few older people we spoke to felt that their first contact with social care gave them the tools they needed to support themselves whilst they wait, or had been given expectations of how long they may have to wait.

## **3) Data collection systems across many local authorities in Wales aren't able to effectively monitor and report on those waiting for a care assessment or care package to be implemented**

We were surprised to find the processes vary hugely between local authorities with at least one local authority telling us that they don't collect this data. Not being able to monitor this data makes it difficult to understand how local authorities are able assign the correct resources, and to ensure that older people get timely and effective support. In addition, this lack of uniformity across Wales makes it very difficult to see a clear overall picture to understand the scale of any potential issues and what support may be needed.

## **4) The numbers of people currently waiting for care and support and the adverse effects this has on them, their carers, wider family and community mean that immediate support for those individuals, as well as long term change in the system is needed urgently**

Our freedom of information request analysis allows a reasonable scale of the issue across Wales despite not all local authorities being able to respond. Between the data provided, information from older people and discussions with social care leads, it's clear that the need for care for older people is now higher than pre-pandemic.

## **5) More resource needs to be focused on supporting people to wait well within social care**

While it may be anticipated that the delays in care will disappear over time, issues with delays did exist pre-pandemic. Recovery will take time to achieve, so improved communications and support whilst people wait needs to be in place. There needs to be a better understanding of what support would benefit people who are waiting for care, and how this could help reduce demand on care services in the longer term. We anticipate that the types of support available through 'edge of care' teams will be similar in nature to those needed for people waiting for care. Older people should be involved at all levels of discussion in these developments.

---

# Recommendations

---

The following recommendations are intended to be read alongside Welsh Government, regional programme board, and local authority actions that are currently being undertaken to promote social care pandemic recovery.

## Recommendation 1

**Local authorities should use the same case management system and ensure data captured is consistent across all of Wales. This will also assist with those who move counties being provided with a service in a timely manner. Data Wales may be able to support local authorities to provide clarity and consistency on recording at different stages of the care assessment process.**

Local authorities need to ensure that case management systems are sufficiently developed and robust enough to easily produce accurate, up to date information on how long people are waiting for their needs to be met from first point of contact. Unless there is parity in data collection across Wales, the scale of issues remains unclear.

## Recommendation 2

**Local authorities should assess their current procedures for first contact and ongoing communication for people needing care and make improvements where identified. This should include:**

- Whether information provided through their information and advice services covers the range of needs and what will be needed further as part of the social prescribing framework developments
- Whether sufficient thought is given to follow up for vulnerable people who may struggle to ask for help a second time, as a means of supporting earlier intervention
- Whether information provided is accessible to all, and how people who can't use (or don't have access to digital technology) are able to have parity of access with those online.
- How frequently people are contacted whilst they wait and if this is sufficient for individual needs.
- How this information is communicated (regular telephone calls, letters, and so on) and whether it is accessible to all, including loved ones and others involved in their care.

We suggest that ongoing contact should be monthly, unless circumstances change that would require more frequent contact.

Realistic timeframes need to be provided to people at the outset of their journey for receiving a care needs assessment. The knowledge that there is a timeframe will help reassure people and give them a fixed end point, even if that timescale is lengthy. These timescales, and confirmation that they are on the waiting list for an assessment should be provided in writing in an accessible format.

We know from our advocacy services that people respond well when given realistic timeframes for care needs assessments; it gives people a greater level of reassurance that progress is being made. High demand for our services does mean that people have to wait, but we are clear about this in our communications with people contacting us. Anecdotally our clients have reported being more comfortable knowing there is a waiting period, rather than there not being a tangible timeframe to plan with.

### **Recommendation 3**

**Local authorities should specifically resource addressing those individuals who are currently experiencing a wait longer than 30 days for a care needs assessment or implementation of a care package.**

Though the number of people identified who have a wait longer than 30 days is relatively small in number, the impact on those individuals is immense: waiting can have a huge negative impact on the mental and physical health of the individual waiting as well as on carers, family and wider support network.

### **Recommendation 4**

**Welsh Government should provide a national focus, examining what help is needed whilst people wait and how this will be provided, in parity to the work on waiting well within the healthcare sector.**

This should include an increase in onward referrals to other appropriate support providers including advocacy and support services. Support road maps and communities of practice are available across Wales, as well as the online DEWIS information search resource, which can direct people to local support networks and more specialist help.

Age Cymru advocacy projects support people who have been referred to access a range of interventions both while they are waiting for a paid or volunteer advocate, and in cases where an advocacy referral was not appropriate to their services. This supports people to feel empowered and have a holistic sense of the community of support that is around them and lessens stress levels for people either while waiting for a higher-level intervention or transitioning to a more appropriate service.

### **Recommendation 5**

**Welsh government, regional partnership boards, health boards and local authorities should ensure that third sector funding is provided on a sustainable basis. Funding for third sector support services is often provided on a short-term basis, making it difficult to develop good quality services quickly, and have the resilience to be able to adapt quickly in times of crisis. Short term funding often means that recruitment is ongoing, as staff leave for improved certainty of employment.**

Longer term funding arrangements need to be made available to the third sector. Grants and funding packages of 3-5 years should be made to services that meet population needs and alleviate pressures on people waiting for care needs assessments and care packages. This will allow holistic and long-lasting additional support to be provided.

The five year funding model announced in 2022 for the Health and Social Care Regional Integration Fund will offer longer term funding opportunities while also aligning resources for the people it will support.

## Recommendation 6

**There needs to be an emphasis on learning between local authorities and good practice sharing. This will reduce the volume of work that local authorities need to undertake and help them avoid pitfalls that other local authorities have addressed.**

Networks at national level that engage frontline staff to share information and to complement strategic and managerial networks can be used to good effect. Often information and examples of opportunities, strengths and good practice do not travel from the front line to managerial level. A cross regional framework or network that encourages this would give front line workers the opportunity to promote and share innovation and service awareness.

Age Cymru supports and currently chairs the National Advocacy Network. This network brings together advocates from across Wales to discuss emerging issues, share successes and good practice, and promote other services and development opportunities through a range of presentations and speakers.

## Recommendation 7

**Regional Partnership Boards should ensure that Population Needs Assessments include an additional focus on social prescribing and what is needed to help people maintain wellbeing. Design of such services should include engagement with older people at every level. Commissioning of such services should be provided on a sustainable basis.**

This could be achieved through increasing data collection to reflect population's perceived needs in relation to their health and wellbeing. For example, identifying the need for physical activities or socialisation opportunities that would benefit their overall sense of welfare. This could then be mapped against existing provision across regions and used to identify gaps in community support.

Social prescribing has long played a role in support and advocacy services. When Age Cymru's advocacy services and information and advice line engage with older people we treat them holistically and learn more about them than just the presenting need or issue. This means that we can take a 'No Wrong Door' approach to the needs of our customers and beneficiaries. Through this approach we have supported older people to access Nordic Walking opportunities, nail cutting services, arts projects and consultations, as well as the initial service they presented to. This has helped us to treat people holistically and ensure we take a whole needs approach.



---

# References

---

- i) Assessments and social services for adults in Wales, 2015-16, available at <http://gov.wales/statistics-andresearch/assessments-social-services-adults/?lang=en>
- ii) ADSSS 2019 Innovative funding models to meet social care needs report <https://www.adss.cymru/en/blog/post/innovative-funding-models-to-meet-social-care-needs>
- iii) Milsom S & Breeze C, August 2020 Rebalancing Social Care: A report on Adult Services <https://www.adss.cymru/en/blog/post/delivering-transformation-grant-programme-2019-20-rebalancing-social-care-a-report-on-adult-services>
- iv) <https://www.ageuk.org.uk/globalassets/age-cymru/documents/covid-19-survey/age-cymru---report-on-the-current-experiences-of-people-aged-50-or-over-across-wales-of-the-covid-19-pandemic-and-views-on-the-year-ahead---june-2022.pdf>

