Older people's experiences of social care in Wales

Comisiynydd
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Older People's
Commissioner
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This paper sets out the key findings of research into older people's experiences of social care services, which was undertaken on behalf of the Commissioner in response to concerns and issues highlighted by older people and stakeholder organisations.

The Commissioner's findings indicate that action is required in a number of key areas to improve older people's experiences, while the cross-cutting issues identified also highlight how this action might be prioritised effectively.

Background: Social care in Wales

Social care plays a crucial role in the lives of tens of thousands of older people across Wales, offering invaluable support that should enable individuals to live safely and independently, and have the best possible quality of life.

People's rights relating to social care, and the duties placed on the Welsh Government, local authorities and other public bodies, are set out in the Social Services and Well being (Wales) Act, which came into force in 2016.[1]

The Code of Practice in relation to the performance and improvement of social services in Wales[2] that sits alongside the Act includes a set of Quality Standards, which set out expectations relating to the quality of social care support provided by local authorities. These are structured around four themes:

PEOPLE: puts individuals and their voices at the heart of social care, supported by a skilled and valued workforce.

PARTNERSHIPS AND INTEGRATION: promotes joined-up working to deliver more coordinated and seamless services and support.

PREVENTION: focuses on early intervention to prevent, reduce or delay the need for more intensive support.

WELL-BEING: ensures the overall aim is improving people's quality of life and outcomes.

Directors of Social Services are required to assess their own local authority's performance against the Quality Standards as part of their annual reports.

Despite its importance in the lives of tens of thousands of older people, issues and concerns about social care are frequently raised with the Commissioner, both through her Advice and Assistance Service (4 in 10 enquiries related to care in 2025-26), and during engagement events in communities across Wales.

In many cases, the experiences shared with the Commissioner indicate that the care and support people are receiving often seems to fall short of what people might expect based on the legislative and policy framework created by the Act.

The Commissioner therefore worked with researchers to explore the day-to-day realities of older people's experiences of social care in more detail, in order to determine where action and improvements might be needed.

Research design

The first phase of the research study was a survey aimed at older people, family members and carers, based on the Quality Standards in the Code of Practice that sits alongside the Act. The survey asked participants to state the extent to which they agreed or disagreed with key statements relating to the standards, as well as providing space for where they could share more information about their experiences.

The survey was available online and in hard copy and was promoted and distributed through the Commissioner's own communication channels, as well as with the support of partners including public bodies, third sector organisations, older people's groups, care providers and advocacy services across Wales.

268 survey responses were received in total: 220 online and 48 in hard copy.

The second phase involved semi-structured qualitative interviews with 27 individuals (who had indicated their willingness to be contacted by the researchers), which provided opportunities to explore their responses in greater detail.

The information shared by participants provides a valuable snapshot and helpful insights into their experiences, with a number of common issues emerging. While the sample size was relatively limited, it was statistically significant at a national level, although it should be noted that the sample was self-selecting.

The study also examined Directors of Social Services' annual reports for specific evidence of feedback from older people within the section on self-reported performance against the Quality Standards.

Cross-cutting themes

While the individual circumstances and experiences of participants varied considerably, several common issues emerged across the responses, which provide important insights into where action and/or investment could be prioritised.

Information and communication gaps

"I'm forever repeating the same information to different people." - Older person

Participants described fragmented services that appear to be operating in isolation, with poor communication and information sharing between GPs, social workers, carers, hospitals, occupational therapists and care agencies.

This had resulted in a range of issues, including duplicated assessments, missed referrals and other delays.

Some participants also described care plans going out of date or being changed without knowledge or agreement, changes to medication without explanation and professionals arriving without prior notice about their role and purpose.

In addition, participants shared experiences of having to repeat information multiple times to different services, something which felt distressing and invasive for some individuals.

Demands on unpaid carers and family members

"The care my mum ended up getting was great, but I had to fight for that… I worry about the people who don't have someone to advocate for them." - Family member

Responses highlighted the extent to which families are relied upon to fill gaps in service provision, often in situations where support was described as insufficient or unreliable, and co-ordinate fragmented services themselves. This was widely seen as an unspoken expectation, regardless of the impact on carers' wellbeing, finances or employment.

Participants described a range of challenges, including the emotional and practical strain of securing support, with some characterising the process as a continual 'battle'.

Many also reported providing intensive, ongoing care, including personal care, managing medication and ensuring constant supervision, often with little respite.

In addition, participants highlighted limited and informal support from wider networks, alongside the need to reduce or give up work.

For some, this combination of pressures led to exhaustion, anxiety about the future and a sense that care was not a shared responsibility, but one largely carried by families themselves.

Financial pressures

"So you know, where was the help? And now we're paying top rate for home care, you know, my finances are changing dramatically." - Family member

Financial pressures associated with care and support were a recurring theme in responses, with participants describing concerns about affordability and how this shaped decisions about what support could be accessed and how long it could be sustained for (including in terms of day-to-day living arrangements in some cases).

Participants highlighted uncertainty and conflicting information about what support should be provided by the local authority, and shared examples of having to self-fund services considered essential, often at significant cost.

These kinds of issues had resulted in difficult choices, often with significant financial consequences. Some participants had sold their homes, for example, while others had reduced work hours or left employment completely to provide care, leading to financial insecurity. Participants also shared examples of feeling they had no option but to pay privately for things like equipment or adaptations due to delays or refusals.

For some, the cumulative impact of these pressures, alongside emotional strain, contributed to feelings of being trapped, unsupported and undervalued despite a lifetime of contributions.

Older people’s voices

The study found that older people’s voices are not being consistently or meaningfully reflected in how local authorities assess and report on the quality of social care services.

Only a small number of Directors of Social Services’ annual reports included clear evidence of feedback from older people about their direct experiences of care and support. This questions the extent to which self-assessments are informed by those who use services, and whether they provide a sufficiently robust picture of service quality.

PARTICIPANT RESPONSES

As highlighted above, the survey and follow-up interview questions were structured around the four themes in the Quality Standards that sit alongside the Social Services Act, which set out expectations relating to the quality of support provided by local authorities. A summary of responses from participants under each of these themes is set out below.

People

“You are afraid of complaining as it might affect the help you get.” - Older person

Responses to the statements in this section were generally positive, although a significant proportion reported negative experiences or expressed neutral views.

For example, a third of respondents feel they do not have the ‘right amount of say’ in decisions about care and support, while a quarter feel they are not listened to by the people who provide their care and support.

Experiences shared through open responses and interviews provided further insights, highlighting:

- **Concerns about consistency and continuity of care and the distress this can cause. In one example, an older person had experienced around 30 different carers coming to their home, which was not only unsettling, but also meant care instructions and preferences being repeated numerous times.**
- **Restricted time for care visits. Participants said care workers can often seem rushed, leading to care which does not feel personalised and which can make them feel like a burden.**
- **Limited flexibility to respond to day-to-day variations in care needs. People’s experiences suggest there is an unwillingness to undertake activities outside those contracted, even when time allows this (sometimes known as a ‘time and task’ approach).**
- **Reliability and skills of care workers. In some cases, these kinds of issues had led to difficult and inconsistent experiences of care. Particular concerns were shared about dementia friendly care, with examples of delivery falling short of expected standards and older people becoming distressed as a result.**
- **Feeling unwilling or unable to raise concerns. Participants said they were worried about raising concerns about care and support received, or asking for changes to be made, in case this negatively affected the service they receive.**

Despite these issues, it is important to note that participants were often keen to acknowledge that care workers seem overworked and that they themselves are not the root of the problems.

Instead, the participants consider the system to have systemic flaws, central amongst which are underfunding and under-resourcing.

Partnerships

"The different agencies (care provider, memory clinic, NHS) are all great, but they do not communicate… and it makes managing care very difficult." - Older person

Responses in this section were generally negative, with many participants reporting difficulties in accessing support and experiencing a lack of joined-up working across services.

For example, more than half of participants disagreed that it is easy to get the right help from different services, reflecting the findings of Age Cymru's annual survey.[3]

More than a third of participants also disagreed that there is a joined-up feel across the different services and professionals involved in their care, while fewer than two-fifths agreed that they receive the care and support they said they wanted.

Experiences shared during interviews also highlighted:

- **Difficulties navigating services and accessing the right support.** Participants described having to "do the legwork themselves", including chasing and following up with multiple organisations to understand progress and plans.
- **Lack of communication and co-ordination between services.** Participants highlighted that different agencies seem to work in isolation from one another, making it more difficult to manage care effectively as participants found themselves having to take on the role of project manager, co-ordinating fragmented services themselves.
- **Delays in responses and actions.** Some participants reported waiting several days for responses from local authority and hospital social care teams, including for queries they considered straightforward or urgent.
- **Barriers to engaging with and navigating the system.** Some participants said they do not have an allocated social worker or social care professional, making it harder to engage with the system and access support.
- **Workforce pressures affecting continuity and partnership working.** Participants linked some of these challenges to recruitment and retention issues, noting high staff turnover and large care teams.

Prevention

"I am still waiting for adaptations for my home even though I was assessed before going into hospital. I was told that they would be fitting rails in the home to help me to regain my independence, but this hasn't happened." - Older person

Responses in this section were generally negative: less than half of participants agreed with any of the statements in this section, and many participants indicated that support is not always timely or aligned with their needs.

More than two-fifths of participants disagreed that they had received help in time to prevent their problems worsening, although in some cases this reflected the nature of degenerative conditions. More than two-fifths also disagreed that the care and support they receive matches their needs.

On a more positive note, more than a third agreed that their care and support team encourages them to take part in activities they enjoy, although fewer than a third said they are encouraged to be involved in their community, and a similar number disagreed with this statement altogether.

Interviews with older people and family members also highlighted:

- **Timeliness of support. Participants described delays in accessing care and support, including long waits for assessments, care packages and adaptations to their homes, in some cases lasting several months.**
- **Delays impacting wellbeing and independence. In some cases, participants said delays in receiving support, adaptations or responses had negatively affected their health, wellbeing and ability to live independently.**
- **A lack of follow-up and continuity. Some participants felt that assessments were undertaken when needs were borderline, but that follow-up assessments were not timely, leading to missed opportunities for early intervention.**
- **Challenges in receiving preventative support. Participants said support is often introduced only after needs have escalated, rather than at an earlier stage when intervention could help prevent deterioration.**
- **Experiences of waiting for a crisis. Some participants felt there was 'no alternative' to their current support and described waiting for a crisis or worsening condition before changes would be made.**

It is important to note that some participants referred to experiences of GP appointments and other health services when responding to these questions. While the survey focused on social care, older people and their families' experiences involved navigating both health and care services and co-ordinating both.

Well-being

"Opportunities to encourage social connections, learning, confidence and independence are often restricted because care visits are task-focused and time-limited." - Family member

Responses in this section were generally mixed, with fewer than half of participants providing positive responses to any of the statements.

For example, almost a third (31%) of participants disagreed that their care and support team encourages them to learn new things or develop new skills, while a similar number (29%) disagreed that the care they receive helps them 'to do things for myself to stay as healthy as I'm able'.

Responses also highlighted that many participants receive informal support alongside care packages, with most saying they received some form of help from children or other family members, as well as friends and neighbours. Responses show that this support is both highly valuable and highly valued by older people, but this does raise questions about the potential experiences of individuals growing older without children, as explored in a recent report by the Commissioner.

Experiences shared through interviews provided further insights, highlighting:

- **Time-limited and task-focused care. Some participants said short visit times mean care workers are not always able to go beyond essential tasks, leading to a sense of being "maintained" rather than supported to live well.**
- **Limited opportunities for wider wellbeing. Participants highlighted that opportunities to support social connections, learning, confidence and independence can be restricted when care is focused on completing tasks within limited time.**
- **Independence often supported by informal networks. Participants who felt able to live independently and maintain their health often attributed this to support from family and friends, rather than formal care services.**
- **The important role of family members. Participants emphasised the significant contribution of family members, often acting as both unpaid carers and co-ordinators of care and support.**
- **The limits of informal support. While friends and neighbours were often also seen as an important source of support, participants recognised that this is not always consistent or sustainable.**
- **The impact of care experiences. Where participants felt their care and support did not help them feel safe, this was often linked to specific incidents or negative experiences, or concerns about care packages not fully meeting an older person's needs.**

Conclusions

The responses shared by older people and their loved ones indicate there are often considerable gaps between the ambitions set out in the Social Services and Well-being (Wales) Act, and the realities of people's experiences of care and support.

It is clear that many of the participants greatly value and think highly of care and support staff, recognising the considerable pressures and challenges they face within an under-resourced system.

However, participants also described a fragmented system where services often appear to be operating in isolation, characterised by poor communication, delays and a lack of coordination, which can make it difficult to access the right support at the right time.

In many cases, this leaves individuals and families taking on responsibility for navigating and managing care services, often in challenging circumstances and while facing significant financial pressures. This highlights a significant, but often unrecognised, role of unpaid carers who are frequently relied upon to fill gaps in provision and project manage care and support, often at the expense of their own health and well-being. People growing older without children may also face additional challenges due to assumptions from services that family support will be available.

Older people's experiences also highlight the ways in which quality of life and independence are impacted by delays in accessing support, limited follow-up and a focus on responding to crises rather than prevention or early intervention. Alongside these issues, time-limited and task-focused care also seems to restrict potential opportunities to support wider well-being outcomes, while the places people live also seem to have an impact on their experiences of care.

The experiences shared provide valuable insights into older people's lived experiences and the issues they face, as well as the impact of pressures within the system. The evidence captured also highlights why it is vital to ensure older people's voices are used in a meaningful way to drive learning and improvements, something that is currently relatively limited.

LOOKING AHEAD

Reform of social care has been discussed and debated for many years and while this remains important in the long-term, the findings of this research highlight a number of key areas where local authorities, health boards and regional partnership boards could take practical action to improve older people's experiences without the need for large-scale reform, including:

- **proactively identifying people with caring responsibilities;**
- **reducing waiting times for carers' needs assessments;**
- **simplifying systems and strengthening integration so unpaid carers are not left to manage complex services alone;**
- **identifying people growing older without children, family members or friends and ensuring timely and appropriate prevention and support services are in place for them; and**
- **seeking feedback from older people about the quality of the services they receive so this can inform annual reporting and drive improvement.**

Delivering improvement requires collective commitment and decisive action. By taking forward these actions there is an opportunity to deliver the quality of care and support that older people have a right to expect.

OLDER PEOPLE'S COMMISSIONER FOR WALES

The Older People's Commissioner for Wales is an independent voice and champion for older people throughout Wales.

The Commissioner wants Wales to lead the way in empowering older people, tackling inequality and enabling everyone to live and age well.

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