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Consultation – summary of response

National Strategy for Unpaid Carers

July 2026

Mae'r ddogfen hon ar gael yn Gymraeg hefyd / This document is also available in Welsh
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg / We welcome correspondence and telephone calls in Welsh

Overview

This report summarises the views and perspectives submitted in response to the consultation on the draft National Strategy for Unpaid Carers.

Action Required

This document is for information only.

Further information and related documents

Large print, Braille and alternative language versions of this document are available on request.

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Additional copies

This summary of response and copies of all the consultation documentation are published in electronic form only and can be accessed on the Welsh Government's website.

Link to the consultation documentation: [Draft national strategy for unpaid carers 2026 | GOV.WALES](#)

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Introduction

The Welsh Government consulted on the draft National Strategy for Unpaid Carers to gather views on the proposed priorities and actions intended to improve outcomes for unpaid carers in Wales. Responses were received from unpaid carers, former carers, professionals responding in an individual capacity, public bodies, local authorities, health boards, representative organisations, third-sector organisations and members of the public.

The draft strategy sets out the Welsh Government's key priorities and actions to build on progress achieved under the previous National Strategy published in 2021. The new draft National Strategy for Unpaid Carers was developed following extensive engagement with unpaid carers and other stakeholders during the summer of 2025. This informed the identification of the key priority areas, and actions that people told us would be most likely to bring about positive change. The strategy document was further co-produced with members of the Ministerial Advisory Group for Unpaid Carers and a steering group comprising unpaid carers, Carers Wales, Carers Trust Wales, Care Inspectorate Wales, the All Wales Forum, Social Care Wales, representatives of local health boards and local authorities, and Welsh Government policy officials from relevant policy areas across government.

A 10-week public consultation on the strategy was undertaken between 2 February and 13 April 2026.

The consultation included draft impact assessments. The full text of the consultation is available at: [Draft national strategy for unpaid carers 2026 | GOV.WALES](#)

An online consultation form was available, and responses could also be submitted by email or in hard copy. A consultation form was developed to accompany the BSL, Easy Read and children and young people's versions of the strategy and was shared with stakeholders. Notification of the consultation was also sent by email to a wide range of stakeholders and organisations working with unpaid carers.

Alongside the formal consultation process, an engagement pack was developed for use by organisations to engage with unpaid carers to inform their response. The guide set out discussion points based on the key features of the draft strategy. Key stakeholders were encouraged to share the engagement pack with their networks to increase its reach.

Consultation responses

The Welsh Government received 130 responses to the consultation. Of these, 52 were from individuals and 67 were on behalf of organisations, with the remainder not specifying. Additional feedback was collected by Welsh Government officials at 4 workshops with carers, in person and online.

Not all respondents answered every question, and those who commented on the priority areas did not always comment on each priority.

Overview of responses

Respondents were broadly supportive of the strategic direction of the draft strategy. There was widespread agreement that the priorities reflected the key issues raised by unpaid carers. However, respondents consistently emphasised that the strategy's success would depend on effective implementation, accountability and measurable improvements in carers' outcomes.

Across all consultation questions, respondents most frequently suggested that the strategy should strengthen:

1. Implementation, accountability and measurable outcomes.
2. Carers' assessments and access to support.
3. Recognition leading to practical assistance.
4. Access to replacement care, respite and short breaks.
5. Financial hardship and the wider economic impact of caring.
6. Workforce awareness and training.
7. Early identification of young carers.
8. Better support at transition points.
9. Reaching underrepresented carers.
10. Ongoing co-production with carers.

Summary of responses – consultation questions

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

Total responses to this question

Yes	99
No	13
Don't know	5

The majority of respondents (85%) agreed that the eight proposed priorities set out in the draft strategy were the right priorities, with many agreeing that they reflected the key issues affecting unpaid carers and provided an appropriate framework for improving support in Wales.

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

Overall, responses indicated strong support for the priorities. Organisations including local authorities, health boards, carers' organisations and national third-sector bodies welcomed the priorities, particularly the emphasis on carers' health and wellbeing, access to information and advice, identification and recognition, carers' rights, support for young carers, and opportunities for respite and short breaks.

Some respondents noted that the priorities reflected longstanding issues raised by carers over many years. They emphasised that the strategy's success would depend on implementation, accountability and measurable improvements in carers' outcomes. Several organisations recommended clearer governance arrangements, measurable outcomes and regular public reporting.

"The priorities are the right ones. The challenge is ensuring that they translate into meaningful change for carers on the ground." (National third sector organisation)

Individual carers tended to focus on practical support and visible improvements, while organisations sought stronger assurance that commitments would be delivered.

Respondents provided extensive feedback on the individual priority areas:

Priority 1 - Recognition and awareness

Number of respondents who provided feedback on this priority area	82
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There was broad support for recognition and awareness as a dedicated priority, with respondents welcoming the draft strategy's emphasis on earlier identification of unpaid carers across health, social care, education, employment and community settings. Many respondents highlighted GP practices, hospitals, social care services, schools and community organisations as important settings where carers could be recognised earlier and connected to support.

Organisations including local authorities, health boards, Carers Wales, Carers Trust Wales and condition-specific charities broadly supported the priority while emphasising that recognition should lead to timely support, information and carers' assessments. Health boards, local authorities, ADSS Cymru and WLGA emphasised the role of primary care, hospitals and social care services in routine identification and referral, while other organisations highlighted the contribution of community-based services in reaching hidden carers. Respondents suggested the strategy could strengthen post-identification pathways, routine referral to carers' assessments, consistent recording of carers and workforce training across health, social care and education.

Several respondents also highlighted the importance of balancing digital and non-digital approaches to recognition and awareness. One organisation noted the potential for digital services to identify hidden carers who may first seek support online, while organisational and individual carers emphasised that digital channels should complement, rather than replace, face-to-face, telephone and community-based support. Respondents also stressed the importance of accessible provision for older carers, digitally excluded carers and carers in rural communities, and highlighted the continuing role of community transport providers, community connectors and local organisations in identifying carers and connecting them to support.

Respondents suggested that the strategy could strengthen expectations for professionals, including more consistent training on carers' rights, needs and routes into support. A small number also called for a more consistent national approach to identifying, recording and reporting unpaid carers.

Some respondents felt the strategy could place greater emphasis on the diversity of caring experiences. This included older carers, sibling carers, carers supporting people with cancer, autism or learning disabilities, and carers who may be less visible to services. Several emphasised the value of working with trusted community organisations to engage underrepresented groups.

Some respondents suggested that the strategy should also give greater attention to key transition points, including hospital discharge, diagnosis of long-term conditions, transition from children's to adult services and end-of-life care, where earlier recognition and clearer support pathways may be particularly important.

Priority 2 - Access to services

Number of respondents who provided feedback on this priority area	85
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There was strong support for improving access to services as a central element of the strategy, particularly access to information, advice and practical support. However, many respondents felt the strategy should set out more clearly how carers will be helped to navigate services and move from identification to support.

Responses from health boards, local authorities, carers' organisations and service providers consistently highlighted the importance of clearer referral pathways, improved service navigation and more coordinated support arrangements. Feedback focused on routes into carers' assessments, emotional support, respite, advocacy and community-based provision, with stronger signposting and coordination between health, social care and third-sector services, including consideration of a single point of contact or named professional where appropriate.

Respondents also felt the strategy should more clearly recognise barriers that may affect access in different circumstances and communities. These included rurality, transport, digital exclusion, limited time due to employment or intensive caring responsibilities, and the need for support in Welsh and other accessible formats.

Overall, respondents supported the priority but sought greater clarity on how the strategy could improve access in practice, reduce variation and help carers reach the right support at the right time.

Priority 3 - Young Carers

Number of respondents who provided feedback on this priority area	65
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A total of 65 respondents commented on this priority. There was broad support for recognising young carers and young adult carers as a distinct focus within the draft strategy. Respondents welcomed the emphasis on issues consistently raised by young carers and the organisations that support them, including education, attendance, attainment, wellbeing and future opportunities.

Feedback particularly welcomed the focus on early identification, especially in schools and other educational settings. Some respondents suggested the strategy could say more about the role of schools, colleges and universities in identifying young carers and linking them to appropriate support.

Respondents also supported the strategy's focus on young carers' wellbeing and early support. They emphasised that the strategy should help prevent difficulties escalating and ensure young carers can access education, social activities and wider opportunities on the same basis as their peers.

There was support for references to young adult carers and key transition points, including moves between school, further education, employment or training, and from young carers' services into adult support arrangements.

Organisations including Carers Trust Wales, Children in Wales and local authority respondents highlighted the importance of strengthening the strategy's alignment with the United Nations Convention on the Rights of the Child. They suggested the strategy should more clearly recognise young carers' rights to education, participation, health, play and leisure, and protection from inappropriate or excessive caring responsibilities. Respondents also emphasised the role of schools, colleges

and other education settings in identifying young carers early, linking them to appropriate support, and ensuring young carers are involved in implementation, monitoring and evaluation.

Priority 4 - Financial Hardship

Number of respondents who provided feedback on this priority area	83
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Respondents welcomed the inclusion of financial hardship as a dedicated priority and emphasised the importance of helping carers access financial support and advice. Several organisations, including Carers Wales, Age Cymru and Family Fund, highlighted the financial impact of caring, including reduced income, increased costs and long-term financial insecurity.

Respondents generally wanted the strategy to place greater emphasis on welfare rights advice, income maximisation and raising awareness of available financial support, while recognising the links between financial hardship, wellbeing and employment.

Respondents suggested the strategy should give greater prominence to financial information and support, including welfare rights advice, benefit entitlement support and wider financial guidance. They also felt it could more clearly recognise caring-related costs, such as transport, heating, specialist equipment, communication costs and travel to appointments.

Several respondents emphasised that financial hardship should be treated as a cross-cutting issue linked to access to services, respite, mental health and wellbeing, and paid employment. Feedback also highlighted the importance of recognising groups who may be at greater risk, including working-age carers, parent carers, young adult carers, older carers on fixed incomes and carers who have reduced or left employment because of caring responsibilities.

Priority 5 - Paid employment

Number of respondents who provided feedback on this priority area	75
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Respondents broadly endorsed paid employment as a dedicated priority and welcomed the draft strategy's focus on supporting carers to enter, remain in or return to work. Several organisations specifically recommended stronger links between the strategy and the Welsh Government's Fair Work ambitions, recognising employment as part of a wider offer that can support carers' financial wellbeing, social participation, mental health and longer-term opportunities.

Feedback focused on the contribution working carers make both as carers and employees, and the role employers can play in supporting them. Respondents suggested the strategy should give greater emphasis to employer engagement,

flexible working, improved employer awareness of caring responsibilities and carer-friendly workplaces.

Several respondents felt the strategy should better reflect the varied circumstances of working carers, including those who are self-employed, work part-time or multiple jobs, are in insecure employment, have reduced their hours, or are returning to work following intensive caring responsibilities or after a caring role ends.

Respondents also highlighted the link between employment and financial hardship, noting that support to remain in work could help reduce the economic impact of caring and improve longer-term outcomes.

Priority 6 - Replacement care (respite) and breaks from caring

Number of respondents who provided feedback on this priority area	80
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This priority received strong support across the consultation. Respondents welcomed the inclusion of replacement care, respite and breaks from caring as a dedicated priority, viewing this as recognition within the draft strategy of the importance of breaks in supporting carers' wellbeing and sustaining caring relationships. Several carers' organisations, including providers involved in the Short Breaks Scheme, felt the strategy should give greater emphasis to the preventative value of breaks from caring and the importance of more equitable access across Wales.

Several respondents commented on terminology, with some suggesting that the term "respite" may be interpreted primarily as formal replacement care. They felt the strategy could reflect a broader understanding of breaks from caring, including the range of support and activities that can contribute to carers' wellbeing.

Organisations including Carers Wales, ADSS Cymru/WLGA, Alzheimer's Society Wales and Family Fund felt the strategy should recognise different types of breaks, with flexible, outcome-focused support including replacement care and social, educational, recreational and wellbeing activities.

A small number of individual responses and organisations also felt the strategy could give greater recognition to day services and day opportunities as part of replacement care and breaks from caring. The University of Bristol, Age Cymru and Alzheimer's Society Wales highlighted the role of day centres, flexible day opportunities and community-based services in providing regular breaks and preventative support.

Regardless of terminology, respondents felt the strategy should present respite and breaks from caring as preventative support that can help sustain caring relationships and improve carers' wellbeing, rather than as an optional additional service. Many also felt the strategy should more clearly address variation in access across Wales, including access to flexible, timely and affordable breaks, community-based provision and emergency support.

Priority 7 - Mental health and wellbeing

Number of respondents who provided feedback on this priority area	79
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This priority was widely supported, with respondents welcoming the draft strategy's recognition of the impact caring can have on physical health, emotional wellbeing and mental health. Many viewed this as an important acknowledgement that carers' wellbeing is central to the draft strategy's intended outcomes.

Feedback particularly welcomed the emphasis on prevention and early intervention. Respondents suggested the strategy should place greater emphasis on emotional wellbeing and mental health, including the cumulative impact of caring over time and support before difficulties escalate.

The inclusion of suicide prevention was widely welcomed, alongside suggestions that the strategy could say more about earlier identification of risk and appropriate professional support. Respondents also wanted stronger recognition of life after caring, including bereavement, loss of identity, social isolation and support to return to employment or rebuild social connections after a caring role ends.

Respondents also welcomed links between wellbeing and other priorities, including financial hardship, access to services, respite, employment and care planning. Several felt the strategy should more clearly recognise the differing wellbeing needs of young carers, parent carers, older carers, dementia carers, carers with intensive responsibilities, and those supporting people with complex or fluctuating conditions.

Priority 8 – Carers and Care Planning

Number of respondents who provided feedback on this priority area	74
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Respondents broadly supported carers and care planning as a dedicated priority, welcoming the draft strategy's recognition that carers should be involved in decisions about the care and support of the person they care for. They viewed this as an important acknowledgement of carers' expertise, lived experience and contribution to person-centred care planning.

Feedback focused on the need for the strategy to describe more clearly what meaningful involvement looks like in practice. Respondents felt this should include involvement in assessments, support planning, hospital discharge, longer-term care decisions and key transition points, including transfer between children's and adult services and changes in care arrangements.

Respondents also welcomed the link between earlier identification and involvement in care planning, noting that recognising carers sooner could help ensure they are included from the outset. Several felt the strategy should better recognise carers' own support needs, including links with carers' assessments, wellbeing and access to support.

Some respondents suggested the strategy should place greater emphasis on communication, partnership working and information sharing, while balancing carers' involvement with appropriate privacy and confidentiality requirements.

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

Seventy responses were received to this question. Whilst some respondents identified areas they believed should receive greater attention, no entirely new priorities were proposed. Instead, respondents largely used this question to reinforce cross-cutting themes already reflected within the draft strategy, including implementation and accountability, workforce awareness, prevention and early intervention, support through key transition points, equality and inclusion, and ongoing involvement of carers in implementation and monitoring. They generally viewed these as themes to be embedded throughout the strategy rather than separate standalone priorities.

Respondents also felt the strategy could give greater consideration to carers in rural communities, including access to transport, digital connectivity, local service provision and flexible delivery models. Additionally, organisations representing older people called for greater visibility of older carers throughout the strategy, particularly in relation to wellbeing, respite, access to services, care planning, equality and inclusion.

The only area where a number of respondents suggested a potential gap was greater recognition and support for former carers following bereavement or the end of a caring role.

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? You can comment on as many or as few as you wish.

Total responses to this question	71
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Respondents generally welcomed the proposed actions and considered them relevant to the priorities. Feedback focused on the need for clearer milestones, delivery partners, performance measures, progress reporting and stronger links between actions and measurable outcomes for carers.

Some organisations suggested that, where proposed actions build on existing activity, the strategy could more clearly explain the additional impact or change expected. Respondents also suggested that actions should be more clearly linked to the relevant priority areas and intended outcomes, so progress can be assessed consistently over time.

Several respondents called for stronger or more specific actions on respite provision, carers' assessments, financial support, workforce awareness and training, engagement with underrepresented groups, and support at key transition points.

Feedback also suggested that recognition actions, including professional e-learning, should reach staff in primary care, hospitals, specialist clinical settings, education and other services where carers may first be identified.

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

Sixty-four responses were received to this question. Responses largely focused on strengthening and expanding actions already reflected within the eight priority areas rather than introducing entirely new areas of activity.

The most frequent comments related to actions on implementation and accountability, workforce awareness, flexible respite, support through key transition points, welfare rights and financial advice, co-production with carers, and improved monitoring of outcomes, which were also raised in other areas of the consultation. Respondents generally viewed these as actions that would strengthen delivery of the existing priorities.

A small number of respondents proposed additional actions for former carers and end-of-life carers. Marie Curie, Age Cymru and individual respondents suggested that the strategy should include actions on bereavement support, signposting to emotional wellbeing services, and support for carers transitioning out of caring roles. Marie Curie also called for earlier identification and recognition of end-of-life carers, improved access to information and emotional support, greater involvement in care planning, and stronger support before and after bereavement. Respondents considered these actions important in addressing areas that are not currently reflected in detail within the draft strategy.

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

Total responses to this question	74
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Respondents emphasised that the strategy should include clear arrangements for ongoing engagement with unpaid carers throughout implementation. Many organisations recommended formal mechanisms for co-production and continuous involvement in governance, monitoring and evaluation, so that carers' experiences continue to shape delivery over the life of the strategy.

Suggested mechanisms included regular engagement events, national and regional carer reference groups, annual stakeholder forums, routine collection of carers' feedback, publication of progress updates, and outcome measures informed by carers' lived experience.

A significant number of respondents also stressed that engagement arrangements should actively include carers from diverse backgrounds, including young carers,

older carers, Welsh-speaking carers, carers from minority ethnic communities, carers in rural areas and carers supporting people with different conditions and needs.

National carers' organisations and third-sector representative bodies strongly supported formal mechanisms for co-production throughout implementation and review. Across organisational and individual responses, there was a clear view that unpaid carers should remain partners in the strategy's delivery and development, rather than being consulted only at formal review points.

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

Responses to this question	
Yes	80
No	8
Unsure	14
No response	16

Seventy-four respondents provided a written response in addition to indicating a response as outlined above. They generally welcomed the draft strategy's emphasis on partnership working. Health boards, local authorities and third-sector organisations supported stronger referral pathways and clearer partnership arrangements and suggested the strategy should provide greater clarity on how these arrangements would support delivery of the proposed priorities and actions.

Feedback focused on the need for clearer referral pathways, shared processes, stronger communication and more explicit accountability across health, social care, education, housing, employment and third-sector partners.

Respondents suggested the strategy should strengthen expectations around information sharing, while respecting privacy and confidentiality requirements, and provide clearer responsibilities for identifying, referring and supporting unpaid carers.

There was strong support for recognising third-sector organisations as partners in planning, delivery and evaluation, alongside continued involvement of unpaid carers in service design, implementation, monitoring and review.

Several respondents highlighted the role of Regional Partnership Boards and other collaborative structures in supporting integrated delivery. They also suggested that joint workforce training, shared learning and improved data collection could help align partners around the strategy's priorities and intended outcomes.

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?

Total responses to this question	61
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Respondents generally considered that the draft strategy could have positive impacts for unpaid carers with protected characteristics by improving recognition, access to information and advice, carers' assessments, wellbeing support and respite opportunities. Many welcomed the strategy's emphasis on earlier identification, preventative support and carers' rights, and felt these could help improve visibility and access to support for carers who may be less likely to engage with services.

Respondents considered these benefits particularly relevant for young carers, older carers, disabled carers, carers from minority ethnic communities, LGBTQ+ carers, Welsh-speaking carers, and carers who are socially isolated or experiencing poverty. They also welcomed the strategy's potential to support more inclusive and accessible approaches, including information in accessible formats, Welsh and community languages, and culturally appropriate support.

However, respondents stressed that positive equality impacts would depend on implementation. Several organisations felt the strategy should make carers with protected characteristics more visible, strengthen equality monitoring and data collection, and include clearer commitments to inclusive service design and engagement with underrepresented groups.

Overall, respondents viewed the strategy as having the potential to support more equitable outcomes for unpaid carers, provided that implementation actively addresses the different barriers experienced by carers with protected characteristics.

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?

Total responses to this question	66
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Respondents welcomed the draft strategy's commitment to supporting all unpaid carers but felt the final version should more clearly recognise the different risks faced by carers with protected characteristics. Many emphasised that carers are not a homogenous group and that age, disability, ethnicity, sex, sexual orientation, gender identity, religion, language, geography and socio-economic circumstances can shape both caring experiences and access to support.

A recurring theme was the need for the strategy to take a more explicit intersectional approach. Respondents highlighted that some carers may experience multiple and overlapping barriers, including carers from ethnic minority communities, disabled carers, young carers, older carers, LGBTQ+ carers, Welsh-speaking carers, carers from different faith communities and carers living in poverty or rural areas.

Respondents cautioned that, without proactive engagement and inclusive service design, the strategy could benefit carers already connected to services while failing to reach those who are less visible or less likely to seek support. They suggested stronger recognition of hidden carers, culturally appropriate support, accessible information, non-digital routes into services and engagement through trusted community organisations.

Several organisations also recommended stronger equality monitoring and outcome reporting, so that implementation can assess whether carers with protected characteristics are benefiting from the strategy. Overall, respondents felt the strategy should more clearly demonstrate how it will identify, engage and support diverse carers, and how progress towards equitable outcomes will be measured.

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

Total responses to this question	57
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Respondents generally considered that the draft strategy could have positive impacts for young carers and young adult carers by strengthening recognition, improving access to support and helping to protect their rights, wellbeing and life opportunities. Many welcomed the inclusion of young carers as a distinct focus within the strategy and viewed this as an important step towards ensuring their needs are recognised across public services.

Respondents felt the strategy could support several rights under the UNCRC, including rights to education, health, rest and leisure, participation, and protection from harm. In particular, they welcomed the focus on earlier identification, awareness in education settings, access to information and support, and opportunities for young carers to have their voices heard in decisions that affect them.

The potential positive impacts most often identified were improved recognition of young carers, earlier access to support, better educational participation, improved health and wellbeing, greater opportunities for play, leisure and social participation, and better support during transitions into further education, employment, training or adult services. Respondents also noted that stronger recognition and support could help reduce the risk of children undertaking inappropriate or excessive caring responsibilities.

Although feedback was generally positive, several respondents felt the strategy could more explicitly reference young carers' rights under the UNCRC. Suggestions included stronger links to children's rights principles, greater emphasis on co-production with young carers, more specific actions relating to schools and education settings, improved support during transitions, and clearer measures to assess whether the strategy improves outcomes for young carers over time.

Overall, respondents felt the strategy has the potential to strengthen support for young carers and contribute to the realisation of their rights, provided that commitments are supported by effective implementation, monitoring and ongoing engagement with young carers themselves.

Question 11: What challenges or risks to young carers and their rights under the United Nations 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?

Total responses to this question	54
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Respondents generally welcomed the inclusion of young carers within the draft strategy but felt the final version should place greater emphasis on the specific risks facing young carers and the implications for children's rights. Many called for a more explicit children's rights approach, with clearer reference to how the strategy will support rights under the UNCRC, including education, health, participation, play and leisure.

Feedback focused on the need for stronger recognition of early identification, educational impacts, mental health and emotional wellbeing, and support during key transition points. Respondents suggested the strategy should more clearly reflect the risks of young carers remaining unidentified, missing support, or undertaking inappropriate or excessive caring responsibilities.

Several respondents also felt the strategy should better reflect the diversity of young carers' experiences, including disabled young carers, young carers from minority ethnic communities, Welsh-speaking young carers and those living in rural areas. Respondents also supported continued engagement and co-production with young carers throughout implementation and evaluation.

Overall, respondents supported the strategy's focus on young carers but felt it could be strengthened by embedding a clearer children's rights framework, improving recognition and support, and ensuring young carers help shape delivery over the lifetime of the strategy.

Question 12: Having read the draft Strategy for Unpaid Carers, what do you think might be the positive impacts on the Welsh language? We are particularly interested in any likely effects on opportunities to use the Welsh language and on not treating the Welsh language less favourably than English.

Total responses to this question	58
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Respondents generally considered that the draft strategy could have a positive impact on the Welsh language by strengthening access to information, advice, assessments and support through the medium of Welsh. They welcomed recognition of the importance of enabling Welsh-speaking carers to access support in their

language of choice, particularly where caring responsibilities involve personal, sensitive or complex discussions.

The main potential benefits identified were improved access to bilingual information and support, greater recognition of language preferences across services, and reduced risk of Welsh-speaking carers being treated less favourably than English-speaking carers. Respondents also felt the strategy could support more person-centred and culturally appropriate services, particularly for older carers and carers in Welsh-speaking or rural communities.

Several respondents suggested that positive impacts would depend on Welsh-language considerations being embedded in implementation arrangements, rather than treated as an optional or additional element. Suggestions included clearer expectations for bilingual information and communication, stronger reference to Welsh-language rights and standards, greater emphasis on the Active Offer, workforce planning to support Welsh-language provision, and monitoring of access and outcomes for Welsh-speaking carers.

Overall, respondents felt the strategy has the potential to support Welsh-speaking carers and contribute positively to the Welsh language, provided that delivery is supported by clear commitments, sufficient capacity and effective monitoring.

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?

Total responses to this question	40
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Respondents generally considered that the draft strategy was unlikely to have a negative impact on the Welsh language but stressed that positive outcomes would depend on how the final strategy is implemented. They felt Welsh-language considerations should be embedded throughout delivery, rather than treated as a separate or optional element.

The main risks identified were inconsistent Welsh-language provision across services and geographical areas, limited availability of Welsh-speaking staff, variable access to bilingual information and resources, and the possibility that carers may still have to request support in Welsh rather than being offered it proactively. Respondents also noted that digital services and online information should provide equivalent access in Welsh and English.

Several respondents suggested the strategy should place greater emphasis on the Active Offer, workforce planning, bilingual information and communication, and monitoring of access and outcomes for Welsh-speaking carers. They also felt that governance and implementation arrangements should include clear expectations for Welsh-language provision and accountability for delivery.

Overall, respondents felt the main risk was not that the strategy would negatively affect the Welsh language, but that its positive potential may not be realised unless

Welsh-language commitments are clearly built into implementation, monitoring and review.

Question 14: Thinking about this consultation overall, are there any issues that have not been addressed that you think are relevant? If so, please provide details in the space below.

Total responses to this question	49
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While many considered the draft strategy to reflect the key issues facing unpaid carers, respondents used this question to reinforce areas they felt should be strengthened in the final version.

The most common feedback was that the strategy should include clearer implementation and accountability arrangements, including delivery plans, measurable outcomes, named responsibilities and regular public reporting. Respondents felt the strategy should be judged by whether it supports visible and practical improvements for unpaid carers.

Respondents also highlighted areas they felt required greater emphasis across the strategy, including the financial impact of caring, workforce awareness and training, carers' assessments and outcomes, support during key transition points, and the needs of former carers and those experiencing bereavement. Several also called for stronger data collection, equality monitoring and outcome-based evaluation.

Some respondents felt the draft strategy could more fully reflect the diversity of caring experiences. They felt the strategy should give greater visibility to the varied circumstances of young carers, older carers, working carers, rural carers, Welsh-speaking carers, ethnic minority carers, LGBTQ+ carers, disabled carers, parent carers and former carers, including those who may experience multiple and overlapping barriers.

Overall, respondents welcomed the broad direction of the strategy but emphasised that effective implementation, accountability and ongoing engagement with carers would be essential to achieving its ambitions.

Conclusion

Overall, respondents broadly supported the priorities and actions set out in the draft strategy. However, there was a consistent message that success should be measured by improved outcomes for carers rather than by publication of the strategy itself. Feedback focused less on the priorities themselves and more on how respondents felt they should be delivered in practice. Individual carers often focused on practical improvements to daily support, while organisations tended to emphasise delivery mechanisms, accountability and system-level change.

Across organisational and individual responses, the strongest calls were for clearer accountability, measurable outcomes, stronger partnership working and continued involvement of unpaid carers in implementation and review. Other recurring themes included earlier identification of carers, improved access to information, advice and

support, greater availability of respite, stronger support for carers' health and wellbeing, more consistent workforce awareness, carers' assessments and outcomes, financial and employment support, and inclusion of diverse and underrepresented carers.

Next steps

The Welsh Government is grateful to all individuals and organisations who responded to the consultation. The responses provide valuable feedback on the draft strategy, particularly on how the strategy could be strengthened to better support unpaid carers. Since the consultation opened, the Senedd Health and Social Care Committee has published its report, *At breaking point: The urgent need to improve support for unpaid carers*, and we will take its recommendations into account alongside the consultation responses.

We will work with the stakeholder steering group of the Ministerial Advisory Group to make amendments to the strategy.

Welsh Ministers will approve a finalised version of the new National Strategy for Unpaid Carers prior to its publication, which we anticipate will be in Autumn 2026.