Shropshire Council

Start Well, Age Well Commissioning Survey

Feedback Report

May 2026



www.shropshire.gov.uk
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1 Background

Shropshire Council is developing a new approach to Accommodation Based Care and Community Based Care. This work is part of the Council's wider transformation programme. It also supports the development of the new **All Age Accommodation Support and Community Based Care Frameworks**, which sets out agreed ways of working.

The services Shropshire Council provides helps people stay independent, safe and in control, whilst also helping us to follow the Care Act and the Procurement Act 2023. These services include:

- Short breaks
- Care at home for children
- Supported or Independent Living
- Home based care (Domiciliary Care)
- Residential care (Adults)
- Day Opportunities
- Preventative support
- Telecare and equipment
- Support for unpaid carers
- Direct Payments and Personal Budgets
- Benefits and welfare advice
- Support when moving from Children's to Adults' services

In order to plan and purchase new services in the future, Shropshire Council launched 2 online surveys: one for adults and one for children's services. These surveys ran from 19th March to 18th May 2026, to capture the opinions of as wide a range of people as possible. The people Shropshire Council particularly wanted to hear from were:

- Adults - including anyone who uses care or support services, attends Day Opportunities, or is thinking about future care needs.
- Young people
- Parent carers of children and young people
- Families
- Unpaid carers
- Providers or professionals completing the survey on someone's else's behalf or on behalf of a group of people.

Feedback from the above groups were desired to further help the council understand what support people use now, what support may be needed in the future, what works well and what needs to improve, where there may be gaps in services and how to shape the next steps for the new All Age Accommodation Support and Community Based Care Frameworks.

Shropshire Council were keen to reassure the people engaging in the surveys that no services were being reduced; there were no changes to who is eligible for care; that people already receiving care will continue without disruption; and that professional judgment and personal choice will stay at the heart of any decisions.

Whilst the survey was advertised on the council's website and through the council's News Room and a wide range of communications channels including advertisement through partner groups and organisations (for example Shropshire VCS Assembly (VCSA) and through the Parent and Carer Council (PACC).

The survey was offered in other formats to provide options for anyone unable to respond online. Alternative versions of the survey were offered and people given the opportunity to respond by email, by letter or through contacting a member of staff for support completing the survey questions (commissioning officers were available to assist).

This report describes the survey findings within 5 main sections:

- **Section 1: Background** (this section) provides an overview of the survey and how it was promoted.
- **Section 2: Live well, Age Well respondents** covers those engaged within the survey on Adut Social Care, and their opinions on the questions and key statements.
- **Section 3: Start Well respondents** explores the opinions of respondents from the Children's Social Care survey.
- **Section 4: Recommendations** considers recommendations based on the feedback received and analysis within this report.
- **Section 5: Summary and Conclusion** provides a brief summary and conclusion based on the overall analysis of the feedback received.



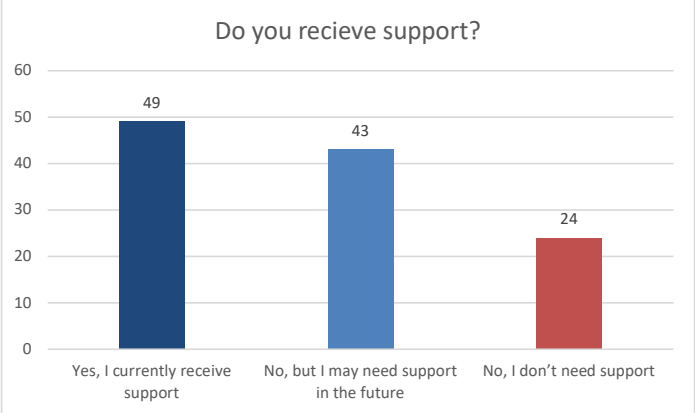
2 Live Well, Age Well ~~respondents~~

The Live Well and Age Well survey was designed to obtain feedback on local provision of adult social care services, particularly in relation to Accommodation Based Care and Community Based Care. The online survey was used to gather the opinions of people who either use the services themselves or people who are answering on behalf of someone who does.

There were 119 responses to the online survey and 3 email responses, which have been analysed and included within this report after the results of the survey.

The first question focused on whether the respondents received support at the present time. 116 people answered this question, which is a good level of engagement. Overall, as Figure 1 will show, most respondents do receive support currently; 42% (49 responses).

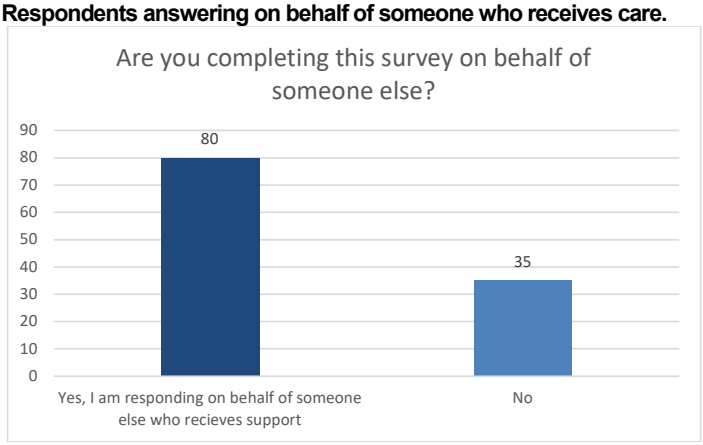
Figure 1 – Whether survey respondents receive support



Whilst most respondents receive support at the present time, there is a high proportion of respondents who do not receive support but may require support in the future; 37% (43). This is useful to see as it could allow the service to track future needs and forecast future service provision and purchases. There were 21% (24 responses) who answered that they do not need support, which could mean the respondents themselves do not need support but are answering on behalf of someone who does.

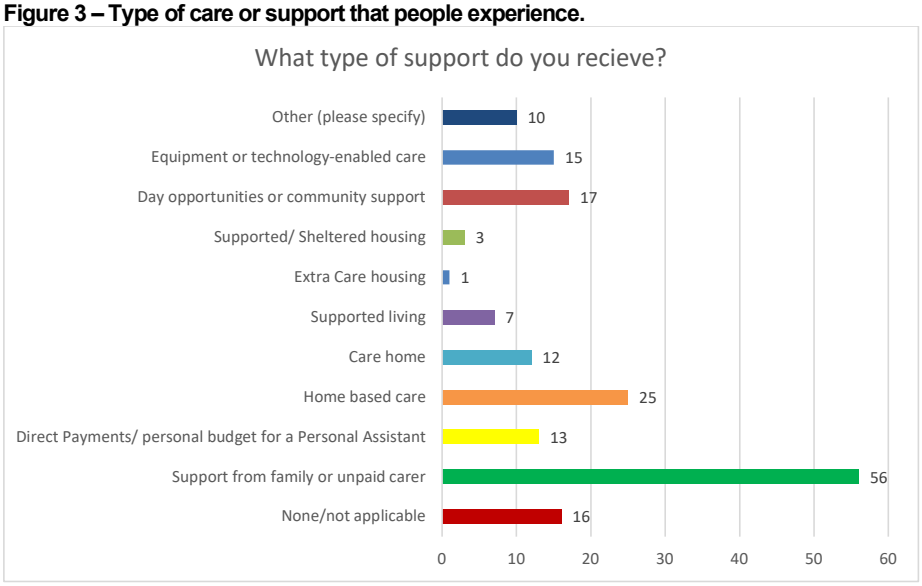
Question 2 asked whether the respondents were answering on behalf of someone else and there was a high level of engagement with this as well as the previous question. 70% (80 responses) answered they were responding on behalf of someone who receives support and 30% (35 responses) answered that they were not.

Figure 2 – Respondents answering on behalf of someone who receives care.



The respondents were then asked about the type of care or support that was in place for them, or the person they care for. Again, there were 116 responses.

Figure 3 – Type of care or support that people experience.



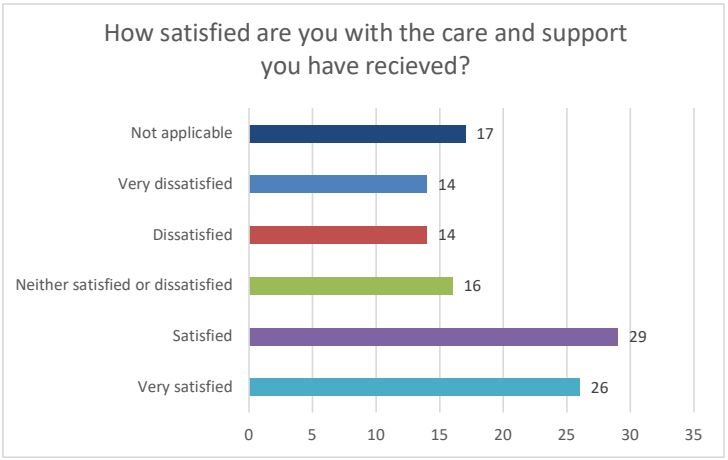
As seen in figure 3, most people receive support from family or an unpaid carer; 48% (56 responses). Home based care (domiciliary care) is the next most used type of care with 22% of responses. The other responses are split more equally between direct payments or personal budgets for a Personal Assistant (11%), care home (residential or nursing) (10%), day opportunities or community support (15%) and equipment or technology-enabled care (13%). Supported Living (6%), Supported/sheltered Housing (3%) and Extra Care Housing (1%) received nominal percentages of answers and 14% answered

none or not applicable. There were 10 responses for 'Other', where they could specify and they were:

- *Day Care Services at Helena Lane.*
- *[I am/they are] 17 at the moment so will need support in the near future.*
- *Community Treatment after MHA section 117.*
- *I am primary carer, but I also work full time.*
- *Respite – Barleyfields House.*
- *Dementia meetings with Alzheimer's Society and a self-paid craft meeting.*
- *3 days of one-hour useless care supposedly.*
- *Agency.*
- *My husband does have mobility aids including self-funded stair-lift, inflatable bath cushion, mobility scooters and wheelchair.*
- *Attendance allowance for wife in residential care (self-funding).*

The respondents were then asked how satisfied they were with the care and support that had been provided. The responses were mixed but overall, more people were satisfied (25%) or very satisfied (22%).

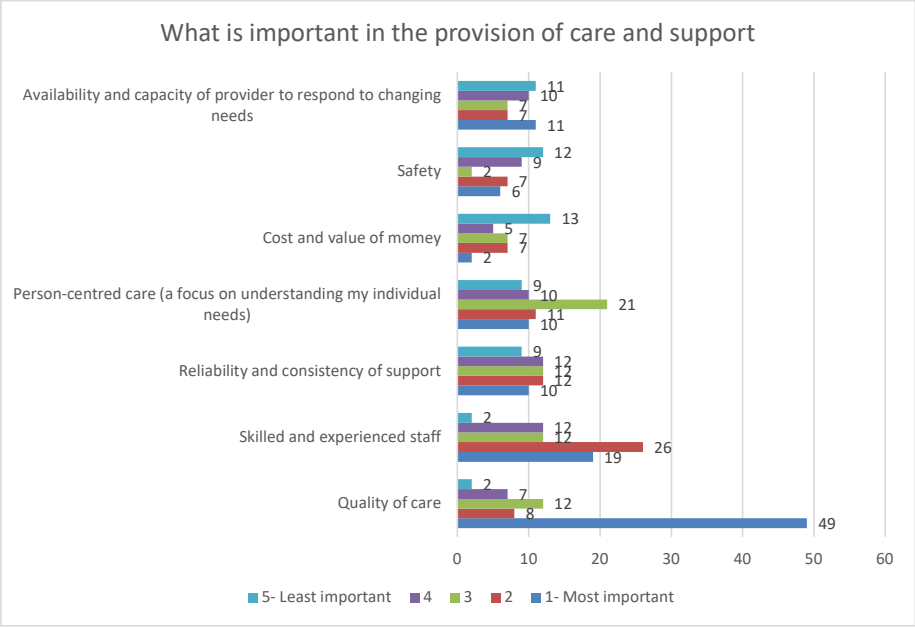
Figure 4 – Satisfaction score



As seen in figure 4, the responses for neither satisfied or dissatisfied (14%), dissatisfied (12%) and very dissatisfied (12%) are close but it is encouraging to see that more people are satisfied or very satisfied collectively, than dissatisfied or very dissatisfied. 15% felt the question was not applicable to them.

The next question asked the respondents to rank 7 aspects of care from least important to them to most important. The 7 elements to rank were: quality of care, skilled and experienced staff, reliability and consistency of support, person-centred care, cost and value for money, safety, and availability and capacity of provider to respond to changing needs. There was a high level of engagement for the question with 100 people answering.

Figure 5 – Rank of importance about elements of care



As seen in figure 5, the results are relatively close, which suggests that people consider all the elements important. Quality of care is the only element that has received a substantial number of responses (63%) and can be viewed as most important to people. The order could then be put as skilled and experienced staff in second, person-centred care in third, reliability and consistency of support in fourth, and cost and value for money is least important. Availability and capacity of provider to respond to changing needs has a relative number across the scale and safety has the least responses across the scale, though it has a higher number ranking for least important.

Question 6 was an open question which allowed for comments from the respondents, and they were asked what works best and what they are most satisfied with. There were 75 comments and the feedback highlights a stark contrast in experiences, with strong praise for compassionate, high-quality care and valued community services, but significant concerns around limited and inconsistent formal support, heavy reliance on unpaid carers, and gaps in respite and future planning. Reliability, continuity of carers, and flexible, person-centred approaches (such as Direct Payments) are consistently identified as critical, alongside a clear preference for support that enables people to remain at home. Overall, positive experiences are driven by a combination of good relationships, consistent staffing, flexible support, and services that maintain independence and wellbeing, although these are not universally experienced.

These are examples of the comments:

- *Day Care at Helena Lane and personal care at home (showering and dressing).*

Commented [CC1028861]: Try to group these comments into positive, neutral and negative. This will help the reader. Suggest you remove anything not relevant to the question and maybe don't include all comments - just examples? With a sample this size example comments are fine as long as they are representative - no need to include all. I would usually suggest including a table of top themes and then use a few examples of each below.

- *I am not an unpaid carer. I do informally support several friends with disabilities. I am disabled myself and very likely to require social care support in the future.*
- *The Helena Lane respite is so brilliant and we are so sad it's being out priced for attendees.*
- *Day care availability and great staff.*
- *My support provider is person-centred.*
- *Being able to continue to live independently in my own home.*
- *Non-qualified staff are largely very caring despite a lack of training and knowledge, activities staff [are] very good and kind.*
- *New strategies in STW way forward and address my concerns.*
- *Very little.*
- *Day care at Helena Lane, allows time to carry out activities without worrying about the car's user (my wife).*
- *Day carers at scheduled times i.e. breakfast, lunch etc.*
- *Fantastic care team who are skilled and committed and who value my daughter and her wellbeing.*
- *Easy communication with the provider. Good quality care.*
- *I am an unpaid carer and there is very little actual support or consistency.*
- *Overnight short breaks with fulfilling activities during a stay, including going out and about in the local community.*
- *No support offered.*
- *Day care bought privately; they are reliable, cheerful, dedicated, healthcare educated.*
- *Nothing, total sham the care my 95 year old father has received since coming out of hospital.*
- *Reliable, professional carers needed.*
- *Quality of care (3).*
- *Direct Payments have enabled my son to receive the best support for his mental health. Prior to that he had Invest in Care who really did not understand mental health support.*
- *[I am] very satisfied with all my activity in the house.*
- *Being able to have the same carers daily. By doing this there is consistency and understanding of my Mom's care needs and we have people I'm our home that know my Mom and who my Mom knows and people who know us as a family. This always helps in understanding my Mom's needs better and for good communication.*
- *I am cared for by my wife. She does not receive carers allowance. Our home is fully adapted. I have no problems in this regard.*
- *Establishing a rapport with a carer.*
- *They turn up on time.*
- *My son is autistic and age 45. I am an unpaid carer for my son and I am aged 82. At present my son goes to Freda's Day Centre on Mondays and Maesbury Metals on Wednesdays & Fridays. He is with me at other times. I am trying to arrange care with Shropshire for him if I die or become ill. The Old Vicarage at Baschurch seems to be the best option.*
- *Access to the Dementia team based on initial consultation after diagnosis.*
- *Home care. Snowdrop is very good.*
- *Day courses help me to offer better care as an unpaid carer.*
- *Nice to have some regular support - currently daughter is foregoing career to*

support me.

- *Direct payments work well; they give me flexibility. Note, not answered Q5 as ALL are important and the "most" or "least" important will be different at different times.*
- *Our care provider - staff recruitment is excellent; staff are capable competent and adept at meeting needs in a way that doesn't make the cared for person feel demeaned.*
- *Being assigned to an Admiral Nurse.*
- *Our Dom care is excellent. It needs to be person-centred, safe consistent and of high quality. There needs to be better availability to allow for changing needs.*
- *We do not receive any care. I, as an unpaid carer, support in everything. We have received support from the Severn Hospice and they are brilliant.*
- *I only get help from my husband who is almost 83. We get no help whatsoever.*
- *Knowing we can call on social services for equipment that is needed.*
- *My wife has a social services carer come for 3hrs per week mainly to keep her company but also it enables me (her husband) to have a break. Family all live a good distance away so other than a carer coming to sit with my wife I don't have a break. Just different.*
- *To stay at home.*
- *Having 1:1 support from my unpaid carer 24/7.*
- *Everything that the staff does for me.*
- *We had the provision of small aids and equipment for the house, including a falls alarm. We pay privately for domiciliary care providers who are excellent. Received advice from the carers support team.*

Question 7 asked the opposite to question 6 and allowed respondents to explain what is not going well or if they have any concerns. There were 71 responses and the feedback highlights widespread concerns about the accessibility, quality, and sustainability of adult social care services, characterised by inconsistent and unreliable provision, limited availability of support, and significant challenges navigating a complex and fragmented system. Respondents report difficulties accessing timely and appropriate care, compounded by poor communication, lack of clear information, and limited coordination between services, particularly across health and social care. Workforce pressures, including insufficient staffing, inconsistent carers, and variable training, contribute to concerns about both service quality and safety, with some feedback indicating risks to wellbeing. Financial pressures are a dominant concern, with rising costs, perceived inequities in charging, and uncertainty about future affordability creating anxiety for both service users and carers. There is a strong reliance on unpaid carers, who feel under-supported and lack confidence in contingency planning should their circumstances change. Additional challenges include limited flexibility in care packages, difficulties accessing respite and community support, transport barriers in rural areas, and gaps in provision for complex needs. Overall, the findings reflect a system that, while meeting needs for some, is widely experienced as difficult to access, insufficiently joined up, and not consistently person-centred, with a notable erosion of trust among a proportion of respondents.

Below are some example comments that reflect the above analysis:

- *It won't be working well if you take away the service.*
- *I am absolutely disgusted that the Council is forcing disabled people to carry more than their fair share of the burden as it drives through deep cuts. The new Charges*

and Fees Policy and the charges arising from that are very clearly about targeting disabled people. "You're disabled and you want support to maintain your health and wellbeing? OK, you'll pay through the nose. Sorry pal, you're on your own." And if you're able-bodied and you want exercise classes and swimming lessons and a round of golf to support your own health and wellbeing? Don't worry, we'll sort out concessions and subsidies. Why not call this what it is: discrimination? The introduction to this survey claims "There is no reduction in services" and "People currently receiving care will continue to do so without disruption". These are straightforward lies though. Disabled people are getting the message loud and clear "You're on your own". Helena Lane Day Centre faces complete closure - with service users told they can get a job or be supported into a 'volunteering opportunity'. And hey, they can always attend an occasional community lunch in a building they can't actually get into. These are elderly people with severe disabilities and in most cases with progressive conditions. The lack of understanding and support from the Council is insulting. And Helena Lane service users have just had a 76% increase in charges imposed on them with one day's notice. I know the people concerned and I know the distress and hardship that this Council is causing them. If the Council can't get away with closing the service, it'll drive users out through cost increases at a level that cannot be afforded by people already struggling to get by. And have you seen the new charges for day care opportunities for adults with learning disabilities? What is happening now in Shropshire is grotesque.

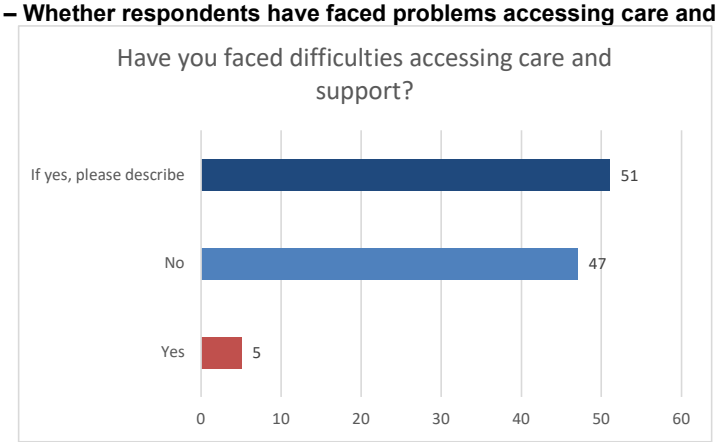
- *The 76% increase and potential closure.*
- *Transport.*
- *Poor clinical knowledge and competence of trained staff, lack of awareness of high-risk diabetic feet, vascular risk factors, lack of ability to differentiate between ischaemia and infection, failure to ensure high risk diabetic foot patients receive regular foot screening and care, failure to recognise the need for and to obtain urgent care when diabetic foot emergency arises, lack of knowledge regarding referral processes…*
- *Trying to help a neighbour, now friend, through helping her deal with care problems.*
- *Care provider is not appropriate for needs. Lack of understanding around diagnosis & no desire to learn.*
- *As long as it continues, I have no concerns.*
- *I care for my 93yr old parent to live independently. As his needs increase, I worry I will be unable to provide suitable care and don't know what options are available.*
- *Not trained. Not safety conscious. Do the bare minimum.*
- *I am managing with family support but I have no idea how to access care if I need it in the future. It seems to be a secret on how you can contact someone for help.*
- *Quite often night carers do not come at scheduled times.*
- *Serious concerns at LA delays in outstanding repairs and safety elements in the building which leave my daughter at risk and compromise her dignity and wellbeing.*
- *When professionals are involved, they do 'their bit' then move on, no checking back in or making sure help is consistent and still available. The system is not joined up enough.*
- *My son is due to move into Supported Living very soon, what really isn't working is the fact we're not being kept up to date with what's happening. To make it work you really need a multi-disciplinary approach to all sides working together.*

- *Help for dementia for my friend in need and living independently.*
- *Everything connected to elderly care.*
- *Support when coming home from hospital should be for a guaranteed period to give reassurance. Not continually trying to finish the care package.*
- *Because we have savings we are "dismissed ". No thought of a plan if anything happens to me, as carer..*
- *Everything is working well.*
- *Covering for staff who are off sick, covering for short notice is very difficult.*
- *I am happy with the care provided. I am supported with all my care needs and when I get confused, people reassure me.*
- *PA notice board. Applicants fail to read advertisements, or do not want position (agree to initial meeting, then keep cancelling).*
- *Some social isolation.*
- *The difficulty in getting extra care covers if we want to have a break and go away for a bit. We don't want Mom to go into a care home as she isn't comfortable with change and it stresses her out, so we need someone to come into our home for more hours to cover the time we are away.*
- *Barleyfields House now that it has changed provider has lost it's minibus. This restricts opportunities for going out and about.*
- *It is difficult to apply for and conclude respite care. The delays in response has caused both me and my wife, anxiety and concern.*
- *Too many different carers.*
- *I can't say anything is not working well at the moment, but I feel that telephone access rather than online is vital.*
- *Staff are inexperienced, no idea of dementia, stand watching my mother with dementia, terminal cancer & finding things difficult but afraid to ask for help.*
- *Social worker attitudes and lack of compassion and understanding.*
- *Care when unpaid carer away.*
- *Occupational therapy. Downstairs toilet.*
- *Yes, no support for unpaid carers- not joined up - no one cares - Shropshire is just obsessed with getting money from vulnerable people who really need care - care is very limited- only thinks it has to provide washing and dressing for clients - not really anything else. Does not recognise that the clients are human beings - trying to speak to anyone is hell - currently been waiting for over 2 months to speak to a social worker.*
- *Flexibility to increase or decrease the care package on a regular basis due to changing needs.*
- *In a position to require a PA, it is difficult to find one to suit hours required, using council notice board.*
- *CHC team are terrible. It's incredibly hard to get what my husband is entitled to. It's been a very long fight.*
- *I can't go away for a week unless my husband goes into residential care. The cost is exorbitant and therefore I feel bad about using his money and so I don't go.*
- *Understanding what is available for my mother's needs. It's very worrying not knowing what the care process is. Negative feedback from nearly every person I have spoken to about care packages and if my mother will be awarded anything towards her ongoing care.*
- *Not client-centred care.*
- *No consistency I never know what time the cares are coming or who I get some cares are better than others.*

- *Trying to cope with the cost of living and not being able to access further support, e.g. total reliance on unpaid carer and not being able to work to earn sufficient income.*
- *Whilst we were able to access advice, it was much harder to find the 'doers' who could physically help. It felt like signposting gone mad. We struggle to find wheelchair accessible transport to day centres.*

The respondents were then asked whether in the last 12 months, they had faced any difficulties accessing care and support. Figure 6 shows how the 103 respondents answered.

Figure 6 – Whether respondents have faced problems accessing care and support



We can see that more than the suggested 5% answered yes as respondents were asked to specify if they had chosen yes, which gained 50% of the responses, whereas 45% answered no. The specified concerns highlight significant challenges across adult social care, including delays in accessing support, limited availability of services, and workforce pressures affecting consistency and quality of care. Respondents report difficulties navigating the system, poor communication and coordination between services, and a lack of clear information on available support and funding. Unpaid carers are heavily relied upon but feel under-supported, often experiencing stress and limited respite options.

Concerns were also raised about inflexible care provision, inadequate hospital discharge processes, and gaps in specialist and community-based support, contributing to an overall experience that is difficult to access, fragmented, and not always sufficiently person-centred. It has to be noted that within the comments to this question, some are unrelated to social care, with respondents instead talking about NHS processes. These comments have been excluded from this report but there is a recognition that they demonstrate a confusion between NHS and Shropshire Council responsibilities. The relevant comments are:

- *I would like additional days of day care, but it is not available.*
- *Obtaining domiciliary services for SY83EL seems difficult as many providers have non-driving care workers. Getting reliable transport to/from Ludlow and also to medical appointments at Hereford has been particularly challenging and*

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disappointing (8 hours out of the house for one 20-minute appointment).

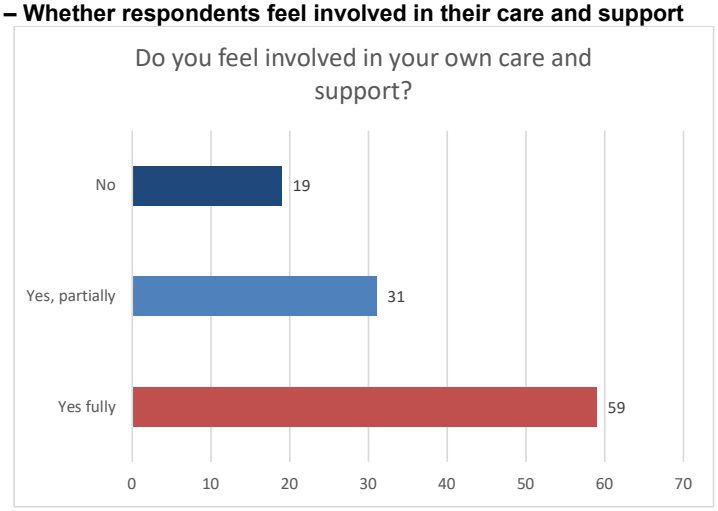
- *My friend has ongoing problems, currently awaiting completion of bungalow being built in garden of house since Covid days. During this time several episodes of care at home with varying degrees of success. The delays in the new building and selling her main house have caused her ongoing problems which hopefully will be solved by the move to the new accommodation. She is fiercely independent and has done her best to manage her care of multi-health problems and keeping as normal as possible not always wisely. She lives alone and has a son and brother who live miles away.*
- *I live on the border and the situation with no cross-border sharing of information is utterly ridiculous.*
- *Support consists of offering to make a cup of tea. No initiative to look around and do necessary jobs like changing sheets etc.*
- *My mum lives at home but she has a leg issue and is struggling, she has a pendant and support if she falls but we get no extra help and she wants to remain at home, but I really don't know how we can help her and am starting to get worried about her welfare.*
- *Due to my parents being hard of hearing and visually impaired he is reluctant to take part in any group activities locally such as lunch clubs etc. This can cause loneliness and isolation.*
- *Deciding on companies & cost of care since being on a wheelchair. Cost of transport is very expensive.*
- *Difficultly in recruiting skilled staff.*
- *Deciding on the right cater for our needs. It's not easy to compare without experience.*
- *Because I am an unpaid and unrelated carer for someone with ADHD professionals who do not speak to me and contact is lost, so the process collapses or starts all over again.*
- *Due to lack of staff, no support is available.*
- *Still awaiting an assessment.*
- *My son has been living at home waiting for Supported Living for 5 years since his previous supported living home fell apart.*
- *Slow response leading to poor provision of care in the community setting. Inconsistent engagement from social workers. No carers assessment. Failure to engage with other departments.*
- *My 95-year-old father who suffers with dementia was sent home from hospital following a fall and fracturing his hip, with just a walking stick. Trying to sort out funding for a care home is a nightmare.*
- *START team wanted to end care package ahead of agreed timescales, this creates worry and panic for patients and family.*
- *No support available to hard to access fall through gaps.*
- *Lack of hours.*
- *Getting first placement for my relative in different authority.*
- *Please see response to Q7. Previous social care practitioner retired, no one else in place to replace her for several months. Finally, social worker appointed after writing to local MP to complain. Initial care plan incorrect (written for someone else, my partner's name pasted into plan).*
- *Respite care not available close to relative's home. Longer than necessary stay in hospital then failed discharge back home.*
- *Carers leaving and shifts not covered.*

- *Trying to get extra paid care hours so as I can take a break, without putting Mom into a respite home.*
- *As stated above, we applied for respite almost 3 months in advance. The financial assessment was done immediately but my needs were only assessed 2 weeks prior to my wife's confirmed departure and the final care package advised and confirmed 4 days before the departure date. The anxiety caused was unnecessary.*
- *Two occasions when the carer did not arrive when due, leading to anxiety and undue stress. Otherwise, ok.*
- *I have tried to have overnight help with Shared Lives but have been unsuccessful. The best place for my son in the future after I die or become incapacitated would seem to be The Old Vicarage at Baschurch. My son receives both PIP and Universal Credit.*
- *Social workers lack compassion, poor attitude to understanding needs.*
- *Cared for person qualifies for bd visits from agency but doesn't feel he needs them that much sometimes. There isn't flexibility in the service, to allow this. Therefore, he doesn't use them often and has to pay separately if he does need them.*
- *Communication is appalling - no one cares - all you get is do another financial assessment - put up contributions also very poor when person can't pay the amount and falls behind with payments - Shropshire council instructed a bailiff company to send appalling letters and threatening techniques to an extremely vulnerable person - they do not have to deal with the distress of the vulnerable person - the carer has to. The financial assessment team will not help, just keeps telling you to keep on filling in firms - they need to deal with caring for someone 22 1/2 hours a day like I do and complete all these forms for a miserable 1 1/2-hour care per day. The stress generated is immense, I am close to being burned out and no one cares. It is all about money, not care.*
- *I have felt very alone as I'm a mother and a carer for my adult son who is in supported housing, and when I need to speak to the services, I am left waiting for a reply to my concerns this is very unsatisfactory because it makes me feel very alone and desperate to get support.*
- *Before hospital admission, unpaid carer support was scant and I struggled. On discharge with Fast track CHC it was fantastic.*
- *Financial support, I've given up as everything is always online or speak to robots...or "you may get this" I need to hear this is what you will get. Easier way to ...perhaps a one shop, face to face ...that can offer you assistance filling out forms. Citizens Advice doesn't bother answering their phones.*
- *Trying to find a suitable PA.*
- *We get no help whatsoever.*
- *Been left with no care for months at a time on a 24/7 package.*
- *Support and guidance on how to fund care.*
- *Feel [it is] on me to support my husband as I live in Weston Rhyn and everything is Shrewsbury or Ellesmere and I can't travel.*
- *Transport issues.*
- *Irregular and agency staff unable to speak English. Culturally inward looking and closed culture. Unable to hear voice of individual concerns over safeguarding and general safety awareness.*

Question 9 then asked whether the respondents felt involved in their own, or the person they care for, care and support. 109 people answered which figure 7 will show that

overall, people feel that they are fully involved in their care.

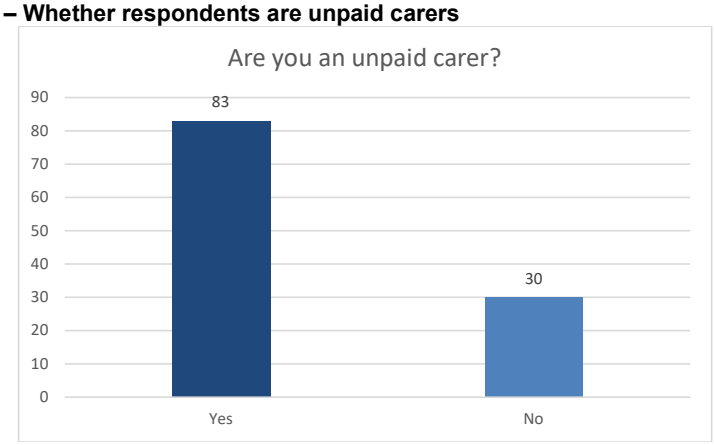
Figure 7 – Whether respondents feel involved in their care and support



54% feel fully involved, 28% feel partially involved and 17% feel not involved at all. This is an encouraging result.

The respondents were then asked whether they were an unpaid carer and 74% answered they were and 26% answered they were not.

Figure 8 – Whether respondents are unpaid carers



Question 11 asked whether the respondents were happy that there are enough services in their local community to support them as they age.

Figure 9 – Satisfaction with local services to support aging

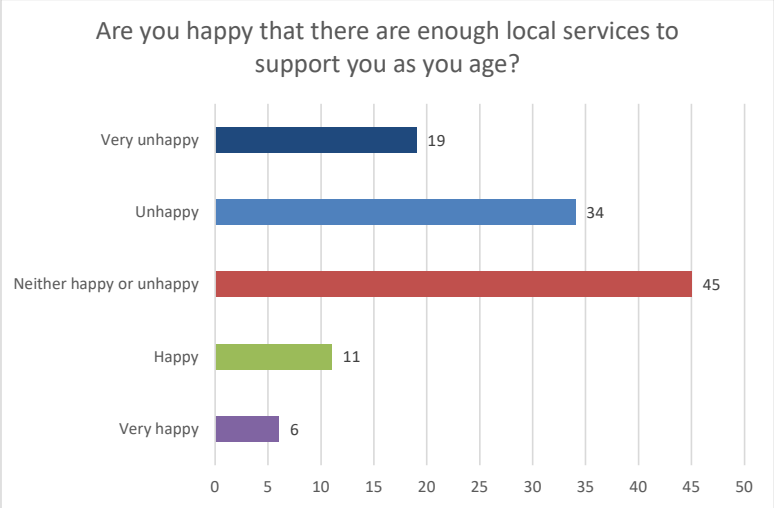


Figure 9 shows a significant degree of neutrality in the answers as 39% answered they were neither happy or unhappy. However, the overall opinion is one of unhappiness as collectively (53 responses) more people are unhappy or very unhappy than being neutral or happy. This is disappointing but could be used constructively to help shape future improvements.

Respondents were then asked to expand on their answers, and they describe a system where access to support is unclear, inconsistent, and often insufficient. There is widespread confusion about what services are available and how to access them, particularly in rural areas where options are limited and transport is a barrier. Many feel left to manage independently, with a strong perception that support is difficult to obtain until needs become critical.

A dominant theme is the significant reliance on unpaid carers, who feel under-supported, undervalued, and financially strained, with limited respite and uncertainty about future planning. Concerns about affordability of care and funding arrangements are common, particularly for those who are self-funding or unsure what happens when personal finances are exhausted.

Respondents also highlight gaps in provision, including shortages of services for complex needs, limited dementia and out-of-hours support, and insufficient services for working-age adults or people outside traditional eligibility groups. There are concerns about geographical inequalities, with some areas perceived as having fewer services. Finally, there is anxiety about the future, including the sustainability of services, availability of care as people age, and lack of long-term planning or reassurance, particularly for carers supporting vulnerable family members. Below there are example comments that reflect the above themes.

- *I'm growing older. I have multiple long-term health conditions which are very likely indeed to be progressive. It is genuinely unlikely that I will age 'well'. Future social*

care provision locally is set to be primarily volunteer led with a pretense from the Council that this is an effective mechanism for prevention. Great up to a point - but much of the ill-health and disability associated with aging and with chronic health conditions cannot readily be prevented. Also, of course, services led by volunteers can work as an adjunct to skilled professional care but cannot be a satisfactory substitute. Any social care I need in the future I expect to be found by me and paid for by me. It's quite possible that I'll have to move away from Shropshire in the future if I want acceptable medical management of my health conditions, and the Council's current 'slash and burn' approach to social care does not inspire confidence around that side of my future. Leaving my home and friends a few years down the line would be tough, if that's the way I go - but at least I'm lucky enough to have choices. Many Shropshire residents do not. I'm not alone in these fears. This is the kind of stuff older people in Shropshire seem to be increasingly thinking about.

- *The current care is good but it could be accessed by more people - we should be working together to make it more accessible.*
- *Helena lane is a unique day service for Ludlow that might close.*
- *The day care support available for dementia is very limited - in my case to one day a week and that is threatened with closure.*
- *Obtaining domiciliary services for SY83EL seems difficult as many providers have non-driving care workers.*
- *I have personally felt largely unsupported and am extremely grateful for my clinical training and knowledge which has helped me to safeguard and obtain care for my parents and family members.*
- *My friend is 88 and I am 86 we have both spent our life working in the NHS and try and deal with problems ourselves in the current health climate, but life has been increasingly difficult for her. For months she has been unable to use the upper floor of her house after falling, due to her situation minimum adaptations have been undertaken. In recent months she has been sleeping downstairs in a single bed and has had no access to a shower. Due to failing eyesight, she is unable to drive and consequently needs transport to health appointments and everyday living needs not easy in our market town always she has done her utmost to keep fit and maintain her independence. she has used the Qube facilities and attended meetings regularly as an example.*
- *Please don't close the lifeline that is Helena Lane day care.*
- *There seem no real services to cover unpaid carers. There should be payments for carers to be able to step up to the plate and care properly fir family members not the measly carers allowance which is an insult for the care we give. Unpaid carers are being overwhelmed and are under appreciated. You get more for being unemployed. It's a disgrace and needs to be addressed.*
- *There's no support really, feel like I've been left to get on with it on my own.*
- *I really do not understand what's on offer and where to get help.*
- *Live in a rural area with limited options. Poor accessibility.*
- *If you live in private accommodation there [seems there] isn't any help available or at least no help to access it.*
- *Found difficulties in finding what happens when I use up all my hard-earned money. It drains out extremely quickly.*
- *Desperate shortage of care provision for complex needs.*
- *Having had contact with social care provided by Shropshire Council for my late mother I will avoid it at all costs - literally ALL costs. I am not at a stage where I*

need support myself, but I am an unpaid carer for an adult and an unofficial carer for several elderly neighbours and friends. None of them want to have access to 'official' support!

- *I am having to move into town in preparation for losing some independence- no public transport, care services seem limited.*
- *I believe we are considered a nuisance now and we need help due to physical disabilities. Even after spending many years paying taxes it is not considered.*
- *Lack of funding available to promote independence i.e. direct payments. Though Social workers may approach panels regarding needs assessments these assessed needs are often dismissed undermining the hours of work carried out by the social worker. As a consequence, the poor outcome leaves the social worker feeling devalued and demoralized. Institutionalized prejudice as the staff knows flogging a dead horse achieving the assessed need. Patients' choice, rights not being upheld.*
- *The number of care homes available that deal with dementia residents is limited.*
- *[Name redacted] enjoys all of his activity at the moment.*
- *You don't know what you need until you need it. (3)*
- *A lot of carer-based things are either for children, or the elderly. My daughter is an adult.*
- *Every town should have provision for residential care.*
- *I am worried about services being cut or reduced.*
- *The dementia team only supports you to a point but once you are in the late stages there is no support from them. The occupational team aren't able to help with advanced needs and the district nurses aren't equipped to assist with a lot of things..*
- *Husband would not wish to attend any day services for older persons; he has made this clear it is not something he would like. He is happy with GP and District Nurses think they are good and I would agree they are very responsive to his needs.*
- *When Mum needed help after being in hospital there were no care agencies that would visit due to location (5 miles from Church Stretton).*
- *I am totally appalled at the fact so many people in the UK are unpaid carers. I have given up a well-paid full-time job to care for my Mother because care costs are so high, yet I am unable to claim carer's allowance.*
- *I have been able to access some good training & help obtaining mobility aids, but I'm not sure there actually is anything else.*
- *There is a shortage of staff, facilities, and money.*
- *There is nothing available for anyone middle aged and disabled - only volunteer groups run by charities for older people.*
- *The Mayfair in Church Stretton is a fantastic service.*
- *My wife and I feel there is very little help and support to people under 60 years old and younger who have on set dementia.*
- *Lack of community services providing informal contact and conversation other than church-led services.*
- *The care will not be available as I age even though I have paid into the system my whole life.*
- *Council social worker told me we are self-funding so offered Attendance Allowance, rate rebates & carers allowance but none have materialised, had a lot of phone calls at first not heard anything for a couple of months.*
- *I think things are going to get rapidly worse as my wife Maureen gets increasingly*

affected by dementia. So far, I am coping with her, but I am 81 myself, and my abilities are diminishing.

- *If I really wanted to do something the staff would support me with finding this.*
- *Most services centre around those coping with dementia-related health concerns and on the older age groups - not so much on those who are working age with other medical issues.*
- *Craven Arms fall between Church Stretton and Ludlow where there is a lot of support and help. The transport from those areas does not effectively cover Craven Arms and therefore the amount of support is limited in the local area.*

Figure 10 shows whether the respondents or the person they care for receive Direct Payments to arrange their own (or the person they care for) care.

Figure 10 – Split of respondents who receive Direct Payments

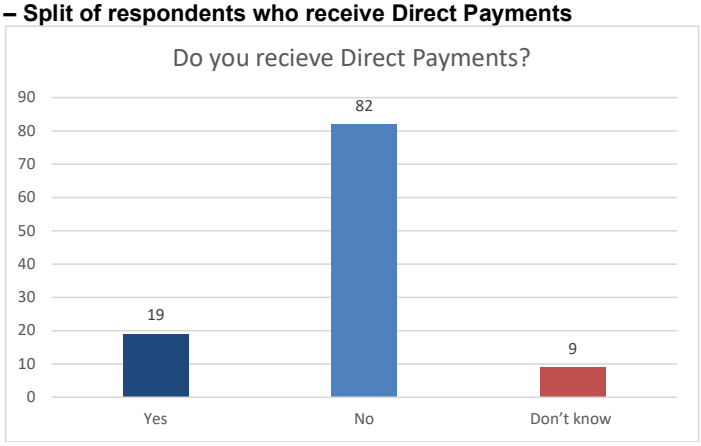
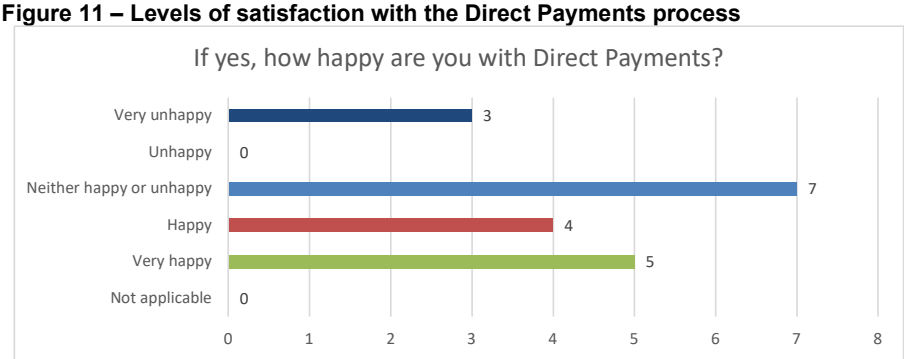


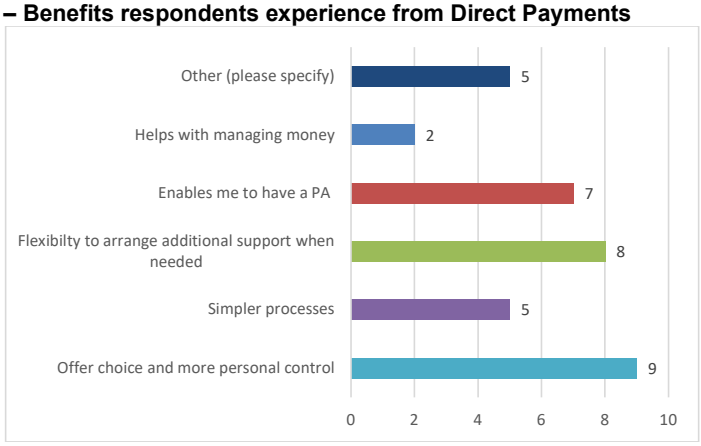
Figure 10 shows that most respondents, 75%, do not receive Direct Payments, 17% do and 8% do not know if they do.
Question 14 then explored whether, if they had answered yes, they were happy with the Direct Payment process. Overall, the respondents were happy or very happy collectively with the process; 26% answered very happy and 21% answered happy. It does have to be noted that whilst most people chose an element of happiness, 37% were neutral and 16% very unhappy as figure 11 demonstrates.

Figure 11 – Levels of satisfaction with the Direct Payments process



Those that receive Direct Payments were asked whether they thought Direct Payments offered certain benefits. The answer choices were that Direct Payments offer choice and more personal control, simpler processes, flexibility to arrange additional support when needed, enable the beneficiary to have a Personal Advisor, help with managing money or other.

Figure 12 – Benefits respondents experience from Direct Payments

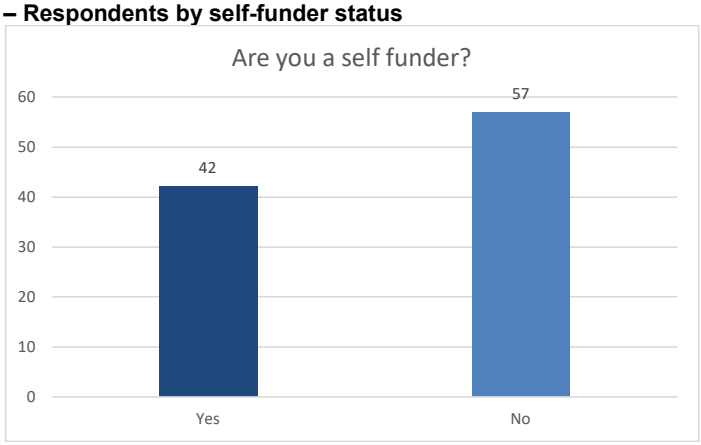


The results are relatively close, though help with managing money received the least response, 12%. Where people chose other, 29%, they also specified what they meant. There were 5 comments:

- *Additional transport costs, house help two hours weekly, garden maintenance and preparation for the move.*
- *It's [name redacted] choice, still with the only option of care agency or face the nightmare of employing direct care.*
- *Yes, but this is not easy and there is a database that has little use. This database should be managed by an outside source. The assessment is very poor as its not giving choice or personal control, it is micromanaged at every stage by SW managers. The needs of the assessment should be the only part the management for allocated funding. The input is way too controlling and dictates higher hourly rates for "approved" PA database use, but yet a family member would get paid much less. This feels coercive and disempowering. This does not promote freedom and independence.*
- *Difficulty finding PA.*
- *Does not help at all just creates stress - no one cares - my daughter who I care for is just thought as a grabber and a nuisance not as a young disabled woman needing care wanting.*

Respondents were then asked whether they, or the person they cared for, were self-funders. The definition of self-funder is someone who does not receive any financial support towards the costs of their care from the local authority because their savings, capital, and assets (including property, if moving into a care home) exceeds the upper capital limit (UCL) set by the government, which in 2025/26 was £23,500. 42% are self-funders and 58% are not.

Figure 13 – Respondents by self-funder status



Question 17 then asked how easy the following tasks are to the respondents; getting information about providers; comparing quality of care between providers; getting clear information about costs of care; getting impartial advice; finding staff who have the right training; care availability at times to suit needs and finding reviews of providers, including published CQC ratings.

Figure 14 – Ease of access to service information and advice

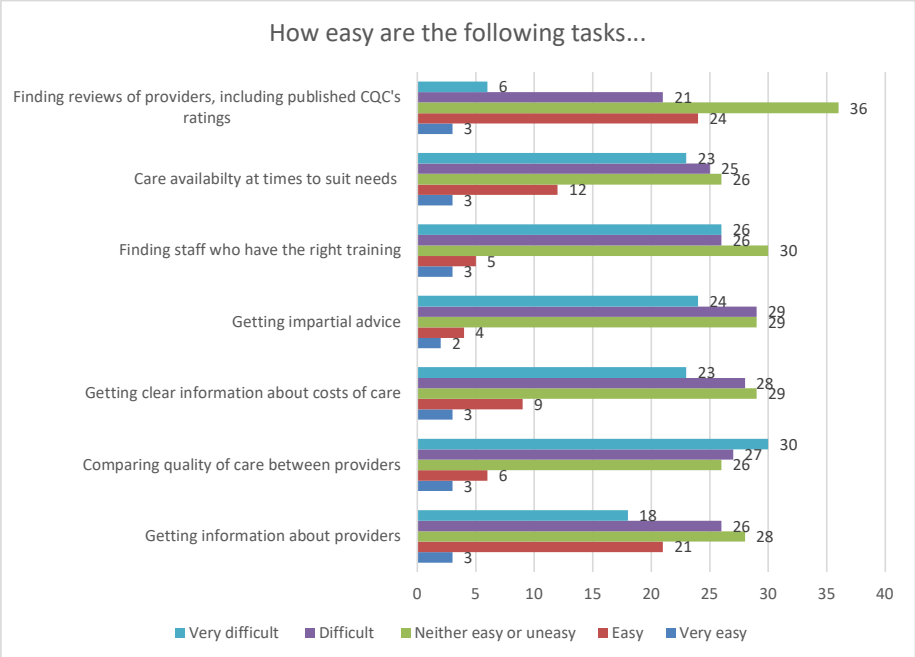
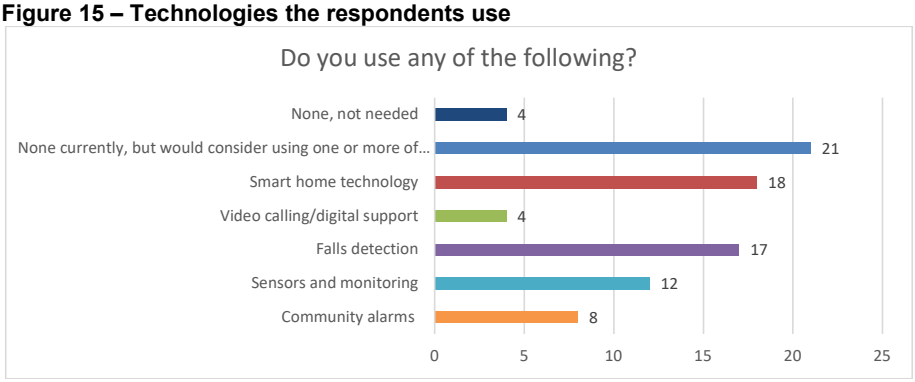


Figure 14 shows that overall, the respondents find these aspects neither easy or difficult, difficult or very difficult across most of the statements, except for getting information about providers and finding reviews of providers, including published CQC ratings, which 22% and 27% find easy respectively.

Question 18 asked the respondents whether they would like to answer questions about Independence and Assistive technology. There were 93 responses, of which 57% answered yes and 43% answered no. They were then asked about several different technologies and whether they used any of them.

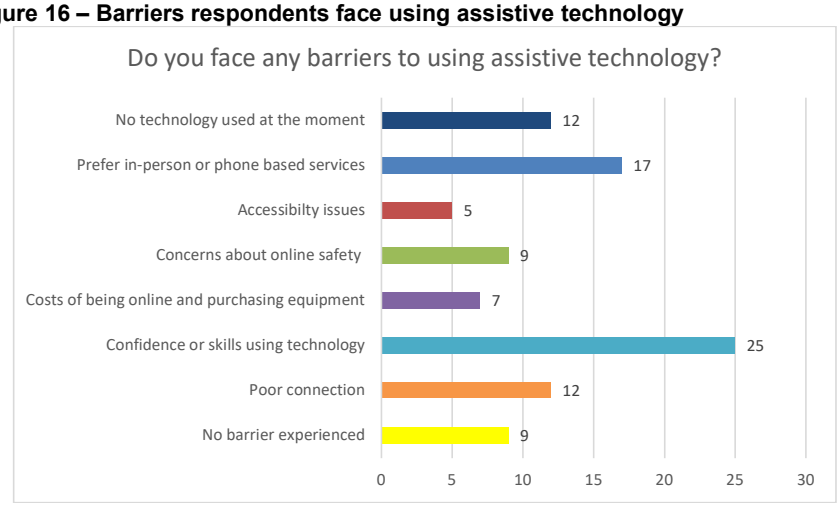
Figure 15 – Technologies the respondents use



Mostly the respondents use falls detection (28%) and smart home technology (30%), but most respondents (35%) stated that they were not using any currently but would consider using one or more of these.

When asked if the respondents face any barriers to using assistive technology, 61 people answered and most stated that confidence or skills using technology is the biggest barrier, 41%.

Figure 16 – Barriers respondents face using assistive technology



28% of respondents prefer in-person or phone-based services, 20% do not use any technology at the moment and 15% have not experienced any barriers.

There were 29 responses to the next question which expanded on technology use and asked whether there were any other comments on equipment and technology. Technology is viewed as helpful by some, but overall uptake is limited by low confidence, accessibility barriers, limited awareness, and concerns it is being used in place of personalised care rather than alongside it. There are some example comments below:

- *Respondents for alarm technology where no family members are proximate. Technology based nighttime monitoring and response.*
- *It would be great to have a show and tell / exhibition of what's available so people can come and try them.*
- *Difficulties with mobility due to health-related problems limit access to support.*
- *I think technology is great but one has to appreciate when people get older and for example, my mum has never been good at any technology or dealing with equipment she has no confidence or trust in such devices. She has been scammed so personally I don't want her on the internet as she would be at risk.*
- *Feel it was allocated as a pacifier as Team manager refused funding for the level of care required in the community. Leading to risks and isolation especially regarding suicide concerns.*
- *The person I care for has Alzheimer's and macular degeneration so reading and understanding are both difficult.*
- *The only IT offered was for reminding appointments etc. Difficult to use. And not as intuitive as existing iPad.*
- *A centre like the one in Telford where you can see aids and get advice on these.*
- *Hoists.*
- *Whilst I, as a carer, am computer literate, my wife just isn't interested and due to her dementia can't remember how to use it, it's essential that tech doesn't become the norm for care.*
- *Paid for by unpaid carer as told any such help from SCC would take ages to get.*
- *Does not replace seeing a real person face to face - it seems a cheap alternative and is intrusive. The falls detection is excellent.*
- *The person has understanding and speech difficulties and nothing suggested helps.*
- *Already had the bathroom converted to a "safe" wet room.*
- *Falls alarm works well and do respond if needed.*
- *Abilia is a great asset.*

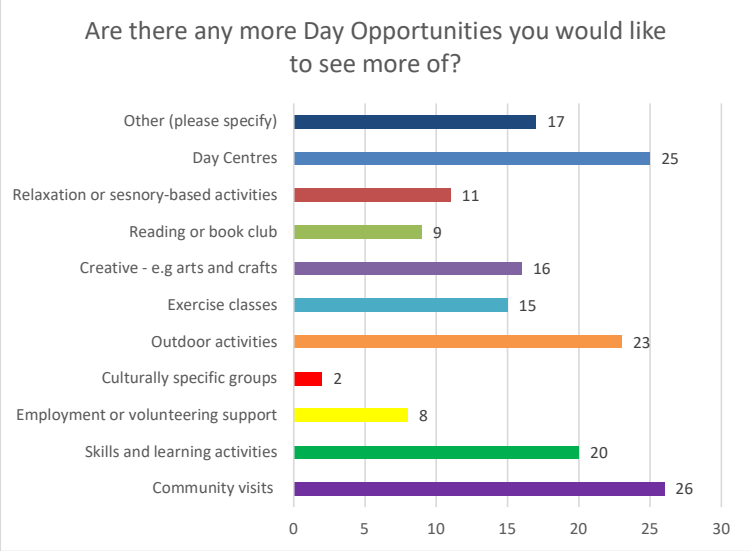
The respondents were then asked if they would like to answer questions about community-based support and day opportunities and out of the 102 people who answered the question, 71% wanted to answer these questions and 29% did not. When asked if the respondents, or the person they are answering on behalf of, access community-based support and activities, 63% answered no, 36% answered yes and 1% stated they do not know.

Question 24 asked, 'If answering yes, what local community-based support activities and services do you access?' and 29 people answered this question, which correlates to how many people answered the previous question. The comments are:

- *I know and support service users at the Helena Lane Day Care service in Ludlow. I am very familiar with their distress as the Council drives forward with its attempt to close the service, and the 'double whammy' of driving up charges to unaffordable levels.*
- *Day Care Facility at Helena Lane, Ludlow (5).*
- *Befriending buddy - and it's been brilliant.*
- *Mainly Qube, Thursday lunch club and entertainment. Transport and loan of equipment for example Wheelchair hire. Member Of PPG at local practice, Oddfellows.*
- *Dial a ride Craven Arms Good Neighbours.*
- *Greenacres Farm AWM Support Worker.*
- *None that seem to be available to me.*
- *Gym and dance classes.*
- *There are activity coordinators in the home, entertainers come and I engage in activities.*
- *Avalon.*
- *Age UK day.*
- *Abbotswood Day Service, 2 days per week.*
- *Alzheimer's dementia meetings - Cared for. Crowsmill dementia meetings, self-funded - Cared for. Carers Meeting SCC - Carer.*
- *Cosy cafe Albrighton.*
- *Church Stretton Mayfair Beacon day care (4)*
- *Enable.*
- *Carers meetings.*
- *Day care.*
- *Severn hospice art therapy. Employ PA to access community.*
- *Carers Connect at Quatt Village Hall.*
- *Turnhill day centre.*
- *No transport and therefore no access to activities.*

The survey then asked whether there were any other day opportunities the respondents would like to see more of in their local area. The respondents could choose as many as they wanted and 58 people answered.

Figure 17 – Other day opportunities people would like to see more of



Community visits, skills and learning activities, outdoor activities and day centres were popular choices and where people chose 'other', 17 people commented:

- *All of the above - but NOT as an alternative to the skilled care required by people with the most severe disabilities.*
- *More days of availability at Helena Lane.*
- *Community lunches and teas.*
- *Many of these would have been excellent were transport and funding available.*
- *Activities such as day trips that would offer support to someone with sensory impairment, so they have a companion.*
- *It would be nice if the person you care for cannot take part due to being to frail or at such an advanced stage that there were activities the unpaid carer could do/attend instead. A Pilates class or outing to be able to have a break. As an unpaid carer you don't have the money to do things like this for yourself.*
- *Opportunities for wheelchair users to meet and for suitable activities.*
- *Respite.*
- *Memory activities.*
- *Something for younger people and also help with falls management.*
- *At this point in our lives we (especially my husband for whom I also provide care) do not need any of these because I can drive us)*
- *Music dementia support.*
- *Professional groups and subject-based study groups.*
- *He is resistant to joining any of these and the people who use appear to be so disabled that it would depress him.*
- *Demographic specific for previous professionals.*
- *My wife cannot get out of the house except by me pushing a wheelchair. Because of her health problems she cannot make use of any day opportunities.*

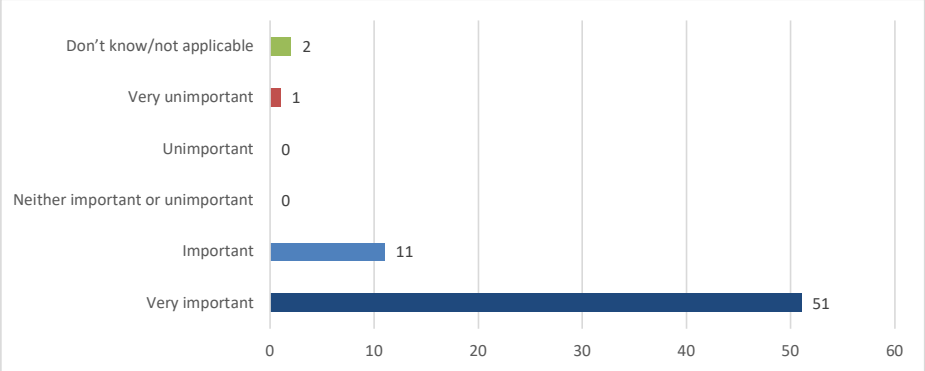
- *Wheelchair groups.*

Commented [CC1028864]: This length of comments are easily manageable for the reader as a guide. Sometimes you need more but try not to include too much or your report becomes accessible only to those who will spent the time reading 75 pages.

The questions then turned to care at home (domiciliary care), and when asked if the respondent would like to answer questions on care at home, 98 people answered with 62 people stating yes and 36 stating no.

The next question focused on how important it was for the respondents (or the person they care for) to remain living at home. 65 people answered this question and 79% said it was very important.

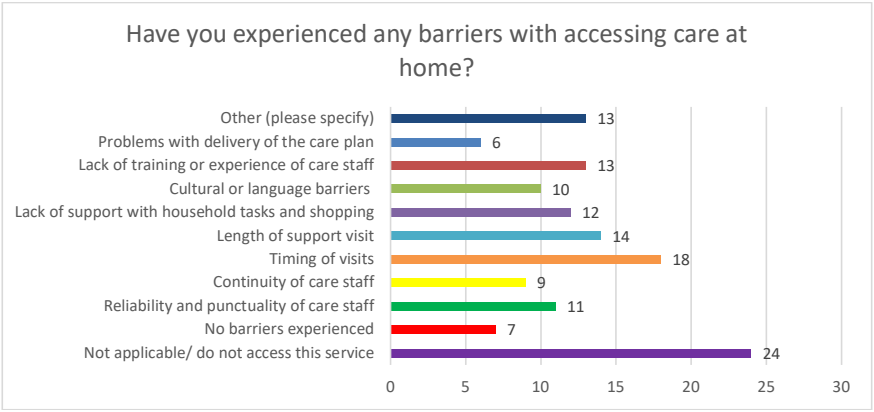
Figure 18 – How important it is to remain living at home



As figure 18 demonstrates it is very important (79%) and important (17%) that people remain living at home. This is a most definite response from people and shows how strongly they feel about it. There were nominal responses for very unimportant and don't know/not applicable, but the lack of neutrality or unimportant responses presents a very certain group of people.

When asked if there are any barriers/challenges with accessing care at home, 62 people answered and they were allowed to select all and any that apply.

Figure 19 –Barriers and challenges respondents have faced when accessing care at home



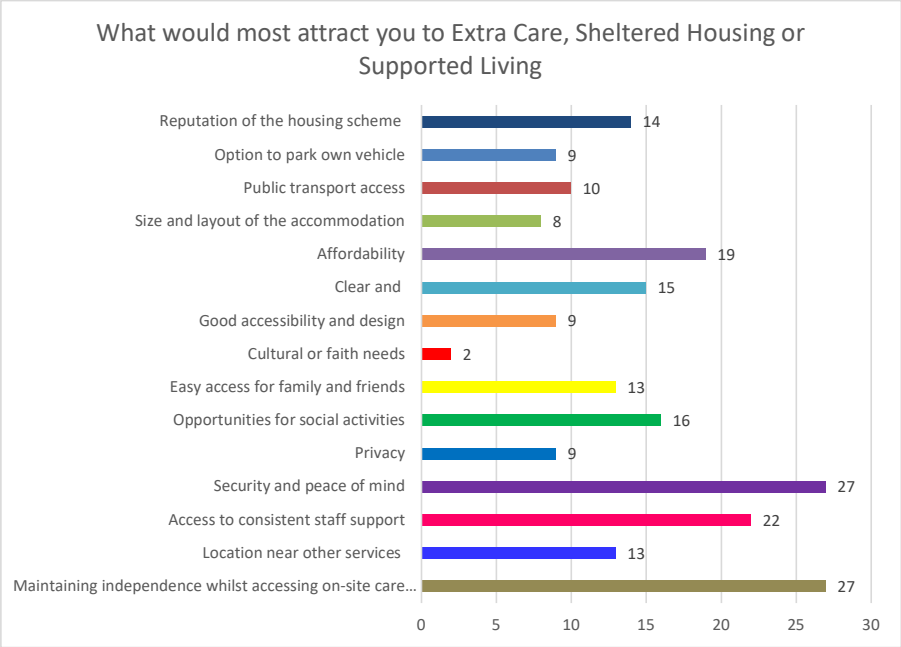
Notwithstanding the 39% who have stated they do not access the service or it is not applicable to them, timing of visits, length of the visit, lack of support with household tasks and shopping and lack of training or experience of care staff feature highly. There were 13 people who chose 'other' and commented:

- *Impending move and delays has hampered arranging suitable help.*
- *Funding was cheaper to give partially accessed needs funding for Direct payment, placing onus on service user to find an impossible " carer" for £12 hourly rate! Controlling the whole budget determined costs, management. DBS checked staff etc. Failure to implement the accessed need.*
- *Difficulty finding PA through Shropshire Council PA noticeboard.*
- *We are awaiting assessment.*
- *Everything, not much explained, just rushed and still not seen person in charge who said they'd visit.*
- *No care available.*
- *Very short time - visits are always rushed.*
- *CHC not personalising care and putting pressure on him to go into a care home against his and my wishes.*
- *All I hear is really bad reports from people who have care services coming in.*
- *Not client centred care.*
- *Limitation on number of visits following hospital discharge.*
- *Very pushy agencies.*

These comments align with the previous choices and serve to reaffirm the respondents' feelings.

Extra Care, Sheltered Housing and Supported Living were asked about next and 96 people answered whether they would like to answer questions on these, with 51% answering yes and 49% answering no. Respondents were then asked to choose their top 3 elements that would most attract them to use this form of support, and figure 20 shows the responses in full.

Figure 20 – Top 3 choices of elements that attract people to Extra Care, Sheltered Housing or Supported Living

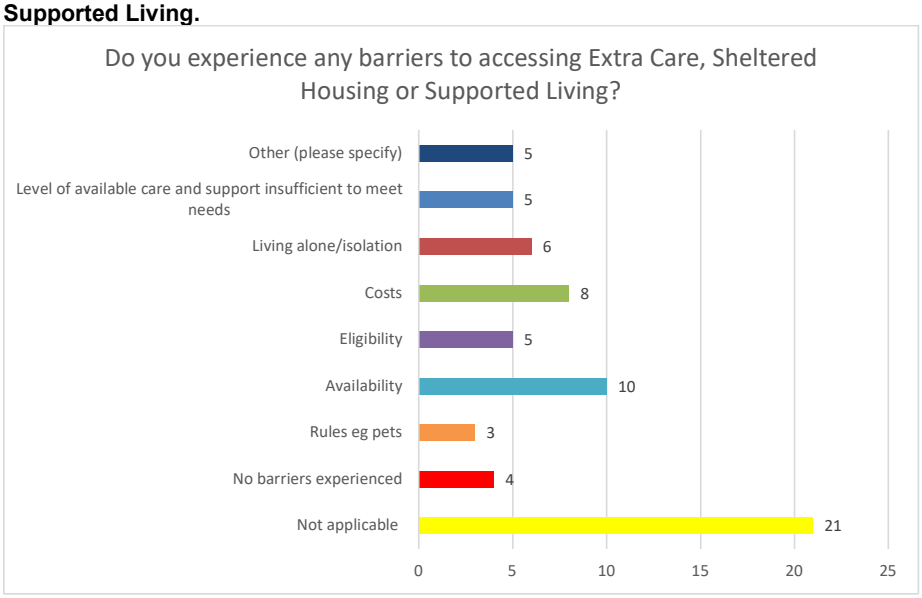


The most popular 3 as seen in figure 20 are maintaining independence whilst accessing on-site care or support, security and peace of mind and access to consistent staff support. There is a good mixture of responses across the choices, though cultural or faith needs do not appear to have been chosen with any frequency.

When asked if the respondents would consider Extra Care and Sheltered Housing as an alternative to residential care, 46 answered the question of which 80% answered yes and 20% answered no.

Similarly to question 28, respondents were asked to comment on any barriers they face to Extra Care, Sheltered Housing or Supported Living.

Figure 21 – Barriers experienced accessing Extra Care, Sheltered Housing and Supported Living.



There were 42 responses to this question and people could select all that apply. There was a high proportion of responses that chose not applicable; 50% and 10% stated they did not face any barriers. Availability was the most chosen barrier; 24%, with costs also getting a relative number of responses; 19%. Where 5 people chose 'other', they commented with:

- *Does not want to move out of home and amazing community.*
- *No idea what question means.*
- *More housing with support for adults of a younger age 25-55 with the possibility to live independently.*
- *See above. We need advice and support and there is no help.*
- *Not at the moment.*

When asked if there are any areas of Shropshire the respondents feel they do not have enough Extra Care, Sheltered Housing or Supported Living, 12 people answered with:

- *The only Day Care Centre in South Shropshire is Helena Lane, and I am not happy that you intend to close this essential service.*
- *Ludlow. The only Day care service is Helena Lane.*
- *I am not briefed on this so cannot comment.*
- *North Shropshire.*
- *Not sure but with all the new housing has this been considered on planning applications?*
- *Unaware of existing facilities.*
- *Whitchurch. But it needs to be affordable.*
- *I think that fiscal restrictions prevent the county irrespective of area, so all*

especially rural areas.

- *Around Little Ness where we are.*
- *I do not know of any facilities at all.*
- *Northeast.*
- *Most of Shropshire unfortunately.*

It seems that there is call for extra support in North Shropshire and Ludlow but mostly throughout Shropshire, especially in the rural areas.

When asked if the respondents would like to answer questions about residential care, of the 98 people who responded 47% answered yes and 53% answered no.

The respondents were then asked if they faced any barriers with the care home and 40 people answered and were able to select all that applied to them.

Figure 22 – Barriers experienced accessing care homes

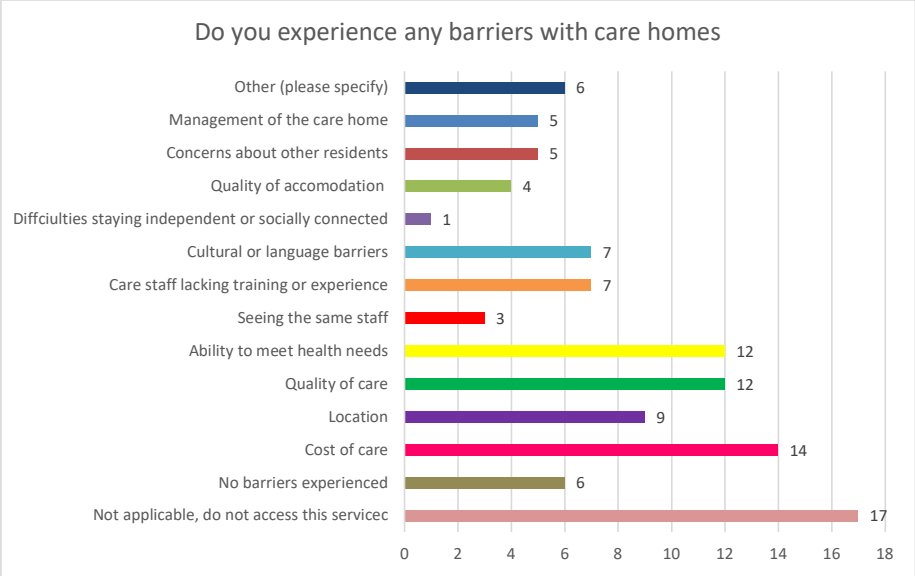


Figure 22 shows that notwithstanding the 23 responses for both not applicable and no barriers faced, the most common barriers faced with care homes are cost of care (33%), quality of care (28%) and ability to meet health needs (28%). There were other barriers chosen to a lesser degree, but all complete the bigger picture of barriers faced. The respondents were also able to choose 'other' and specify their comments, which are:

- *Access for visiting pets.*
- *Poor clinical knowledge of trained staff, failure to recognise medical emergencies, failure to advocate for patients when incorrect advice provided, failing to chase urgently required treatment by sending emails and leaving the matter in abeyance for days when a phone call could easily resolve the matter, lack of diabetes foot care knowledge/foot emergency policies, lack of knowledge regarding ability to*

refer to diabetic foot clinic, lack of knowledge that a high risk diabetic foot remains high risk when diabetes in remission, care notes inconsistent and falling below professional standards, failure to monitor pain in a timely and appropriate manner and to provide mouth care in a dying patient.

- *Accommodation for wheelchair user care homes.*
- *Building in poor state of repair, belongs to LA (Local Authority).*
- *Both my parents went into residential care and I felt at the time that whilst the carers provided adequate care, they were probably not trained to deal with certain conditions and there were language concerns which they found difficult.*
- *Mum [is] not keen.*

Email responses

Alongside the online survey, there were 3 email responses for consideration.

Email 1

This email was from a parent of an adult who uses a Day Service and would shortly be moving into Supported Living. The author raised the point that the statements the respondents are asked to rate in order of importance in question 5, were all of equal importance. There was a call to reconsider the question. These sentiments align strongly with the mixed and varied responses to question 5 online.

Email 2

This email is from someone who has completed the online survey and has some comments on the survey structure rather than the content. There was some criticism of the hierarchal aspect of question 5 where respondents are asked to rank importance, which aligns strongly with some of the sentiments in the comments from question 5, and that Scottish was not included as part of the 'White' background.

Email 3

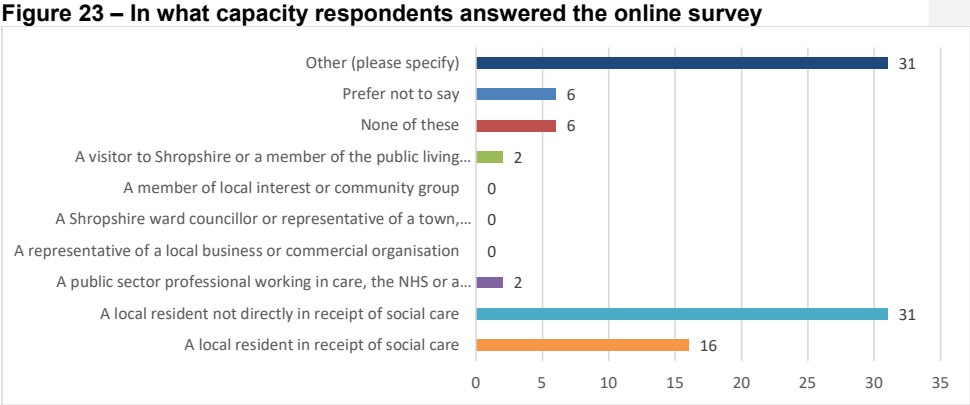
This email came from a parent of an adult that uses the service. The author describes how the service should be led by individual needs and be person centred, and that this approach is vital to an individuals' wellbeing and progress. This email strongly supports sentiment seen throughout the survey responses.

About the respondents

The online survey respondents were then asked questions about themselves, to gauge whether the views of the respondents are representative of the community as a whole.

The respondents were asked in what capacity people were completing the survey. There were 94 respondents and they could select all that could apply.

Figure 23 – In what capacity respondents answered the online survey



As figure 23 shows, most were a local resident not directly in receipt of social care and other of which they specified:

- *A local resident with disabilities. A former NHGS professional working with adults and children with disabilities. A local community activist.*
- *Carer and family member of user of services.*
- *Friend I help with, I live close and have some similar health problems. I am lucky I have accommodation which has been modified, my son and family live next door and my daughter and family a block away. I had known my friend professionally previously but became involved when a local Hydrotherapy group I attend asked if I could give her a lift there when she couldn't drive.*
- *Unpaid carer for my wife [name redacted] who is a very disabled care user.*
- *Unpaid carer (6).*
- *Parent.*
- *Parent to an adult child with learning disabilities.*
- *Agency staff.*
- *A carer.*
- *Activity coordinator on behalf of a resident.*
- *Parents in care homes now.*
- *On behalf of my Mom who lives with us.*
- *A non-paid carer for someone who is also my 'partner'.*
- *Father caring for his autistic son.*
- *Shropshire resident caring for his wife who has Dementia.*
- *Unpaid carer for my disabled wife.*
- *An unpaid 24/7 carer.*
- *Carer and community transport coordinator.*
- *A family carer supporting someone who receives CHC funded care plus equipment etc. from adult social care.*
- *A person who has a full-time carer – wife.*
- *Unpaid carer to my mother.*
- *As her husband of almost 60 years. An unpaid carer.*
- *I am a full time unpaid carer for my wife.*
- *A local resident that provides care.*

- *Unpaid carer for 2 people.*

These responses align with figure 2 where 70% of respondents stated they were responding on behalf of someone who receives support.

The majority of respondents were women (68%) and 29% were male, with 3% choosing to prefer not to say.

Figure 24 – Age groups of the survey respondents

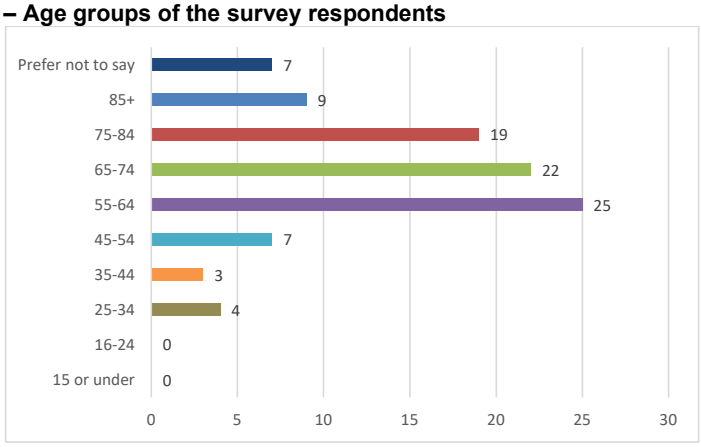
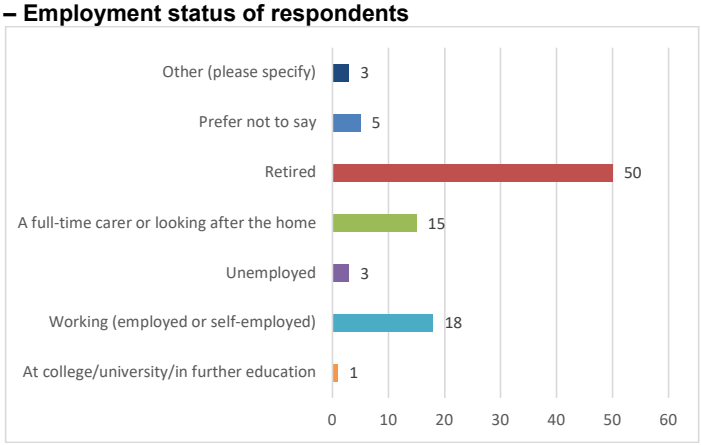


Figure 24 shows that most, 26%, of the respondents are in the 55-64 age group, 23% are 65-74 and 20% are 75-85. This is representative of Shropshire's demographic.

The majority of the respondents are retired (53%) with 19% working and 16% are a full-time carer or looking after the home.

Figure 25 – Employment status of respondents



Where 3% choose other, they specified:

- *Resident.*

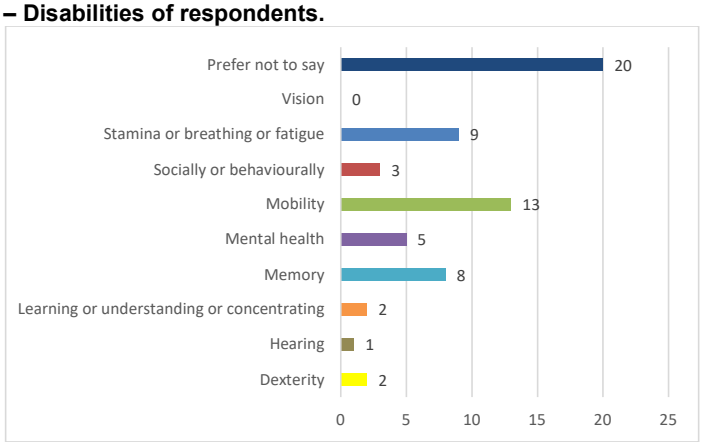
- *Unable to work due to learning difficulties.*
- *And also work part time.*

When asked about their ethnic origin, 93% were white of British, Irish or Welsh descent, 6% preferred not to say and 1% were other white background.

The respondents were asked whether they considered themselves disabled, 95 people responded and 57% stated no, 40% said yes and 3% preferred not to say.

When asked about their disabilities, most respondents chose mobility (21%), stamina or breathing or fatigue (14%) and memory (12%). However, 32% preferred not to say.

Figure 26 – Disabilities of respondents.



Question 43 asks whether there are any equality issues that the respondents would like Shropshire Council to consider in its future planning for Adult Social Care. There were 29 responses.

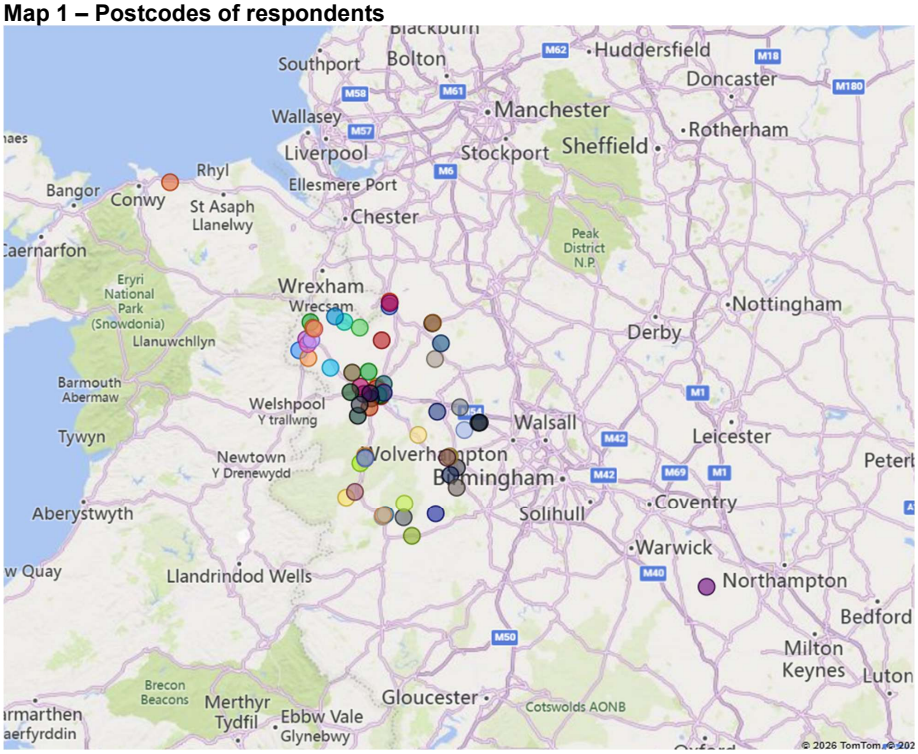
- *Question 40. Dexterity, Hearing, Memory, breathing and vision also apply as well as mobility but no option to also add them as well as mobility.*
- *Your Qn 40 is poorly constructed as only one option can be selected. I would need to give you a long list, and that will be the case for most people completing this survey. The Council needs to remember that the Equality Act is not just a tick box exercise. The current approach seems to be "Great, we've done an ESHIA, nothing to see here, let's get on with our charges and cuts and closures..." There is a level of sloppiness in the Council's approach to equalities that I have not seen for a very long time. Frankly, this is not good enough.*
- *Be aware that unpaid carers are often disabled themselves and may not have access to any benefits and may still be juggling paid work too.*
- *Access to services, particularly diabetic foot screening and all of the 9 care processes, in care home residents living with dementia. This is vital to prevent ulcers, infection, loss of limb and life in accordance with NICE and Royal College of Podiatry guidelines.*
- *How is a 72-year-old disabled person going to be able to go back to work? As suggested in your designed services.*
- *Older people are often unable to use the internet and their carer children can be in*

their 60's so often struggle too.

- *Age, Disability, Sex.*
- *Reasonable adjustments are provided that meet the person's needs.*
- *It concerns me greatly that you are asking people what the most important thing to them is when accessing Care, you can't choose which part of Care is important. To have good quality Care you need every part of it to be to a high standard. Equality is that everyone has the right to live a fulfilling and happy life and you can't have that without the Best Care. And this is what you should be aspiring to do too.*
- *People with advanced illnesses do need extra support especially the families and the family members caring for them.*
- *Again, finance rears its head, but basically the current elderly age bands would not understand some of these points and it is essential that this not be 'pushed' onto them. Rural isolation is an issue, but for fear of sounding quaint, nature does help, but then so do visits from friends and just someone to talk to, if it's only a couple of times a week. in the rural areas, maybe a community bus and day centres. My Father found these very beneficial and happily paid a few £'s for his lunch just to chat to people of a similar age and either sex. Finally, whilst not an equality issue in itself, I think loneliness is a major factor in many rural areas and if this could be addressed by for instance, 'chat visits' the demand for more care may decline.*
- *Dementia support in the south of the county everything based at Shrewsbury.*
- *More support and advice for unpaid carers as I can feel very alone at times and just having someone to talk to is not enough at times and feel respite for carers to have a break from caring would be very beneficial to carers for their own health and wellbeing.*
- *More support for those with severe mental health conditions and neurodiversity - it is not just about elderly people.*
- *Tangible support for unpaid carers and an understanding of rural challenges.*
- *Rural isolation.*
- *Yes, get rid of wokism.*
- *Disability.*
- *More mobility access for wheelchairs and mobility scooters.*

The final question asked for the respondents' postcodes and Map 1 will show that most of the online respondents are based in an SY postcode, but there are a significant number of TF postcodes as well.

Map 1 – Postcodes of respondents



Section summary

Feedback from Live Well, Age Well respondents, of both the online survey and email responses, highlights a mixed but overall cautious view of adult social care provision, with positive experiences often centred on high-quality, compassionate, and person-centred care delivered by consistent and skilled staff, alongside valued community and day services that support independence and provide respite for carers.

However, these positive experiences are not universal. Respondents identify significant challenges in accessing and navigating services, including unclear pathways, poor communication, and a lack of joined up working between health and social care. There is widespread concern about inconsistent and unreliable provision, workforce pressures, and variability in staff skills, which in some cases raises concerns around quality and safety.

Financial pressures and affordability of care, particularly for self-funders, emerge as a dominant issue, alongside perceptions of inequity in charging and uncertainty about future provision. A strong reliance on unpaid carers is evident, with many feeling under-supported and lacking confidence in contingency planning.

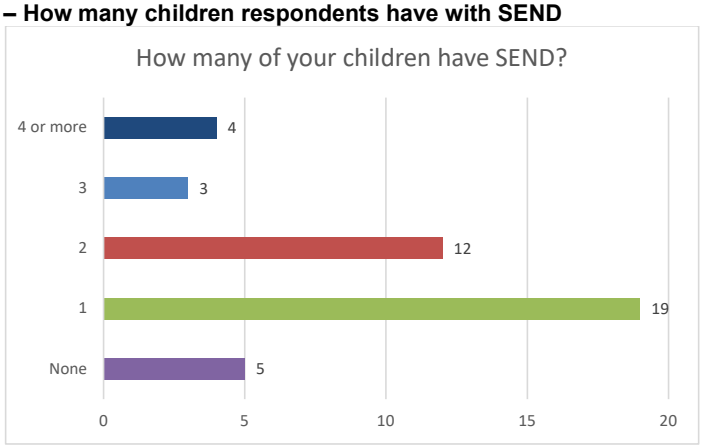
Additional barriers include limited-service availability, inflexibility in care packages, transport challenges in rural areas, and gaps in provision for people with more complex or evolving needs. Overall, the findings suggest that while elements of the system are working well, adult social care is widely experienced as difficult to access, fragmented, and not consistently person-centred, with emerging concerns about long-term sustainability and trust.

3 Start Well

A second survey concentrated on the provision of children's social care, particularly in relation to Accommodation Based Care and Community Based Care. Whilst Shropshire Council has some of this data already, the survey served as a chance to fill some of the gaps and to help shape the future of the service. The online survey was designed to gather the views of the people who use the services themselves or the people answering on behalf of someone who does.

Question 1 asked how many of the respondents' children have Special Educational Needs and Disabilities. 43 people answered with no one skipping. Most of the respondents have 1 child with additional needs (44%).

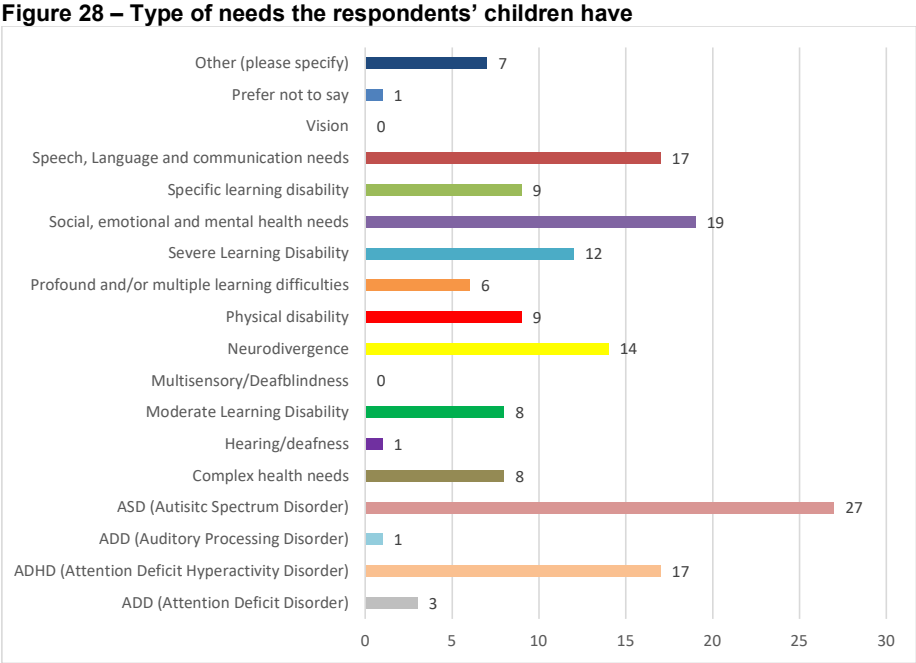
Figure 27 – How many children respondents have with SEND



Question 2 asked which disability the respondents' children have, 41 people answered and as figure 28 demonstrates, the most common needs are ASD (Autistic Spectrum Disorder) with 66%; social, emotional and mental health needs with 46%; speech, language and communication needs with 42%; and ADHD (Attention Deficit Hyperactivity Disorder) with 42%. There are additional responses across the needs and 17% answered 'Other' and specified the following needs:

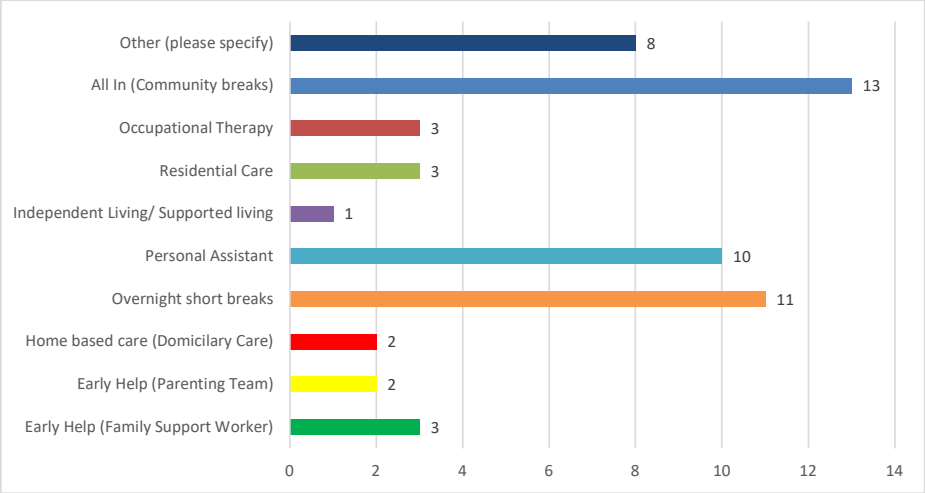
- *PDA.*
- *Why isn't childhood trauma listed here?*
- *Undiagnosed ASD.*
- *Angelman Syndrome.*
- *ADHD and PDA profile not diagnosed yet.*
- *Behaviours linked to trauma.*

Figure 28 – Type of needs the respondents' children have



When asked what support or care the respondents' children currently receive 32 people answered and they were able to select all that apply.

Figure 29 – Which support is the respondents' children receive



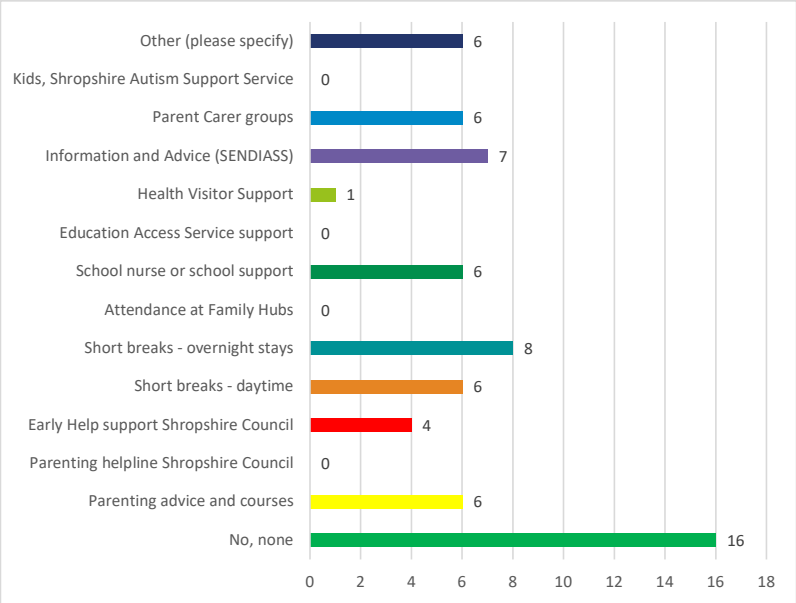
All In (Community Breaks), Overnight short breaks and personal assistants are the most commonly chosen and 25% also chose 'Other' and specified:

- *Short breaks respite, DCT social worker.*
- *Healthy Lives Programme, Buddies group.*
- *DCT.*
- *Other SEN specific clubs.*

When asked if the respondents had a Parent Carer needs assessment, 38 people answered with 63% no, 21% answered yes and 16% stated they have requested an assessment.

Question 5 asked if the respondents have access to any support as a Parent Carer and 41 answered. The majority, 39%, stated that they had no access to support and after that there were mixed responses for the options.

Figure 30 – Which support the respondents access as a Parent Carer



Short breaks (overnight stays) and information and advice (SENDIASS) were common answers, as well as parenting advice and courses and school nurse or school support. 15% chose 'Other' and specified:

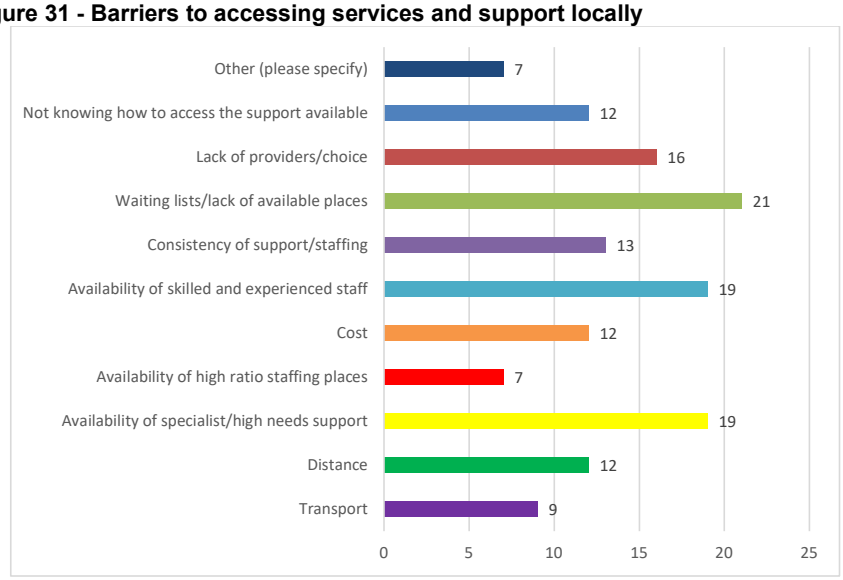
- *Oswestry SEN parents have been a lifeline.*
- *PACC (3)*
- *Post Adoption Support.*
- *Barnardos*
- *Oswestry SEN parents have been a lifeline.*

When asked if the respondents had any young carers living in the household, 31 out of 43 (72%) answered no and 12 (28%) answered yes.
If the respondents answered yes, they were then asked if the young person had a young

carers assessment. The same 12 respondents answered this question, which provides consistency, and the majority answered no (67%). The other responses were split between yes (17%) and not applicable (17%).

Question 8 asked if the respondents face any barriers to accessing services and support locally and they could select all that apply. 34 people answered this question.

Figure 31 - Barriers to accessing services and support locally



Availability of specialist/high needs support (56%), availability of skilled and experienced staff (56%) and waiting lists/lack of available space (62%) were the most common responses but as figure 31 demonstrates, most of the barriers have been chosen which highlights that most people face several and mixed barriers in accessing the services. There were 7 responses who chose 'Other' and specified:

- *Hostility and parental blame from the Council.*
- *Oswestry SEN parents are the only local support group.*
- *Shropshire Council early help team not understanding legislation and criteria.*
- *A lot of courses and support groups are held during working hours.*
- *We are out of county – Northamptonshire.*
- *None [barriers experience] (2).*

Commented [CC1028865]: This seems a bit targeted since it is about one team - probably one of our complainants with a grudge. I think it is a risk including this (perhaps take off DCT).

The respondents were then asked if they would like to answer questions about Direct Payments and Personal budgets and of the 39 who answered this question, 54% said no and 46% said yes.

There were 17 responses to the next question of whether the respondents receive any Disability Related Benefit for their child or young person, and 82% (14 responses) stated they received Disability Living Allowance and 12% (2 responses) receive PIP for 16+. This question was asked to help Shropshire Council to understand the number of people who are eligible for services but are not receiving the services. There was one response

for Other and they specified:

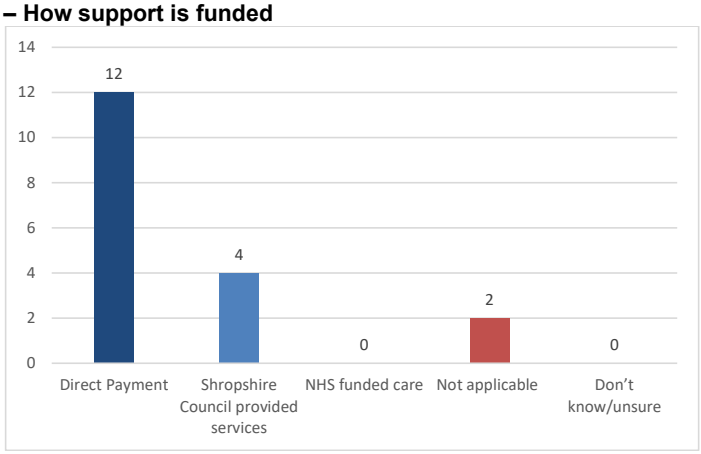
- *DLA doesn't give eligibility to services in the area!*

When asked about payment for a Personal Assistant 17 people answered overall, and 11 (65%) said yes their child does use a Direct Payment to pay for their PA, and 6 respondents (35%) said no.

If the respondents answered yes, they were then asked about the employment status of the Personal Assistant. 14 people answered this question and 8 people said that the PA was self employed (57%), 1 person said they were employed by an agency (7%) and 5 people said this question was not applicable because they had no PA (36%).

Question 13 asked how the support was funded and that the respondents could select all that apply. 16 people answered this question.

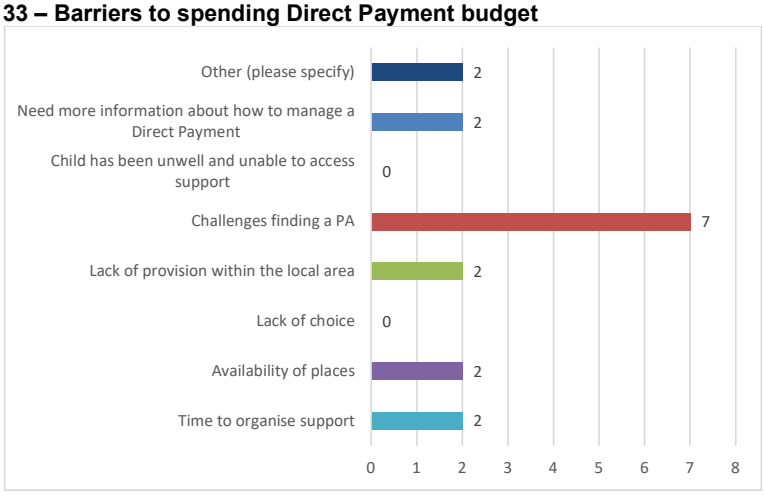
Figure 32 – How support is funded



Overall, as seen in figure 32, for the majority of the respondents' children support is funded by Direct Payment (75%), Shropshire Council provided services has 25% responses and 13% stated this was not applicable.

The respondents were then asked if they receive Direct Payments, have they been able to fully use their budget in the last 12 months. This question gained 14 responses, of which 57% (8 responses) answered no and 43% (6 responses) answered yes.

Figure 33 – Barriers to spending Direct Payment budget



As figure 33 suggests, when asked what barriers they might have faced in making use of the budget, the respondents thought overall that there were challenges to finding a PA (78%). The other barriers included time to organize support, availability of places, lack of provision within the local area and need more information about how to manage a Direct Payment, all of which received 22% of responses. Two respondents also chose 'Other' as a barrier and specified:

- *Parent blame from DCT and senior leadership.*
- *Had some time with no PA whilst looking. Current PA does not have much availability.*

The respondents were then asked if they had any concerns about their experience of Direct Payments and if they could explain anything that hasn't worked and needs to be improved. 11 people answered this question and overall, the feedback suggests that while Direct Payments are intended to offer flexibility and control, in practice they are often experienced as difficult to access, administratively heavy, underfunded, and not always fit for purpose for families with complex needs. Their comments are seen in full below:

- *Q12 is confusing, I'm unsure how direct payments link to Shropshire council provided services - aren't they different things. I have ticked both as we access AFC all in (subject to capacity) which is Shropshire's provided service as well as direct payments, we also access non-Shropshire provided services.*
- *That the direct payments are being re-assessed every 4-6 months. This is unsettling, a waste of time and resources. Hours and hours of form filling and meetings to go to panel to try to keep hours when child's needs have not changed. It feels like it is always a fight to keep PA hours. Very intrusive process. The pay is too low to employ a skilled person for a child with high complex needs. Not the correct ratio for enough support for PA to have child alone. When a parent has a host of other support and processes to organise for a disabled child, the [name redacted] continues to add to the burden by making processes much more demanding than they need to be.*

- *The pay is set too low…I asked for extra money so I could raise the pay rate, it was refused. The PA notice board is only for adults. All the money got clawed back*
- *Limited PA support in area. Limited respite help available. Limited knowledge at first on how we Could use the direct payments.*
- *Lack of clarity and flexibility. It takes so long to get a response to any questions. More complex CYP (Children and Young People) with higher needs required more skilled support and this should be recognised in the payment.*
- *I run out of money during the holidays as my PAs work 2:1 and during holidays do many more hours than during term time. I've had to make payments from my own account on a number of occasions.*
- *We use action for children due to lack of available PA's no communication to provide PAs.*
- *I was allocated 10 hours per month for one carer. She's a two-carer child! We couldn't find anyone will to support her so we returned the money and cancelled the payments.*
- *Central jobs board that actually works needed for PAs seeking work and parents seeking PAs. Current one is useless.*
- *The process was extremely slow. The law was breached multiple times by Early Help. Early Help also have no knowledge of support in Shropshire and think parenting classes will answer everything.*
- *Offered PA support only but my child won't engage with new people or leave the house to attend social events or activities so unsuitable?*

Question 17 asked what is working well within the provision of direct payments and personal budgets and overall, feedback is that once set up the process is easy and efficient and there is an element of satisfaction and appreciation for the amount given and the provision of the service. However, there is still an element of dissatisfaction with the service and processes. 12 people commented:

- *I am left to spend and arrange this myself with 6 monthly reviews. There is no specific difference in Shropshire, in my experience there is a difference between the two, whilst we were set up with a personal budget, in short break reviews the support is discussed and recorded as hours of direct payments with some £ for specific clubs. My understanding of personal budgets is that it is flexible and can be used creatively to meet the identified needs of the social work assessment/ short break plan?*
- *That I am able to get some limited support for my son and family.*
- *Nothing - we had an activity agreed at panel. I submitted the receipts and we never had the money reimbursed. Social workers keep changing and all they were interested in was seeing my child and their bedroom. Quick chat about wishes and feelings and we never saw them again. It's not right we should be using Facebook. [Name redacted] didn't do anything when I complained to her either and I never heard back.*
- *No problems with DLA payments.*
- *Able to use a PA who my son is familiar with to help with wrap around care from school to help us working parents. Also able to have time out with our child's siblings to take her to places where my son wouldn't be able to go or manage to go.*
- *Regular payments once [it is] set up.*
- *Works well so long as there are PAs available to do the work. Easy to use once*

Commented [CC1028866]: Too risky again I think.

Commented [CC1028866R2]: Maybe extract a bit of this.

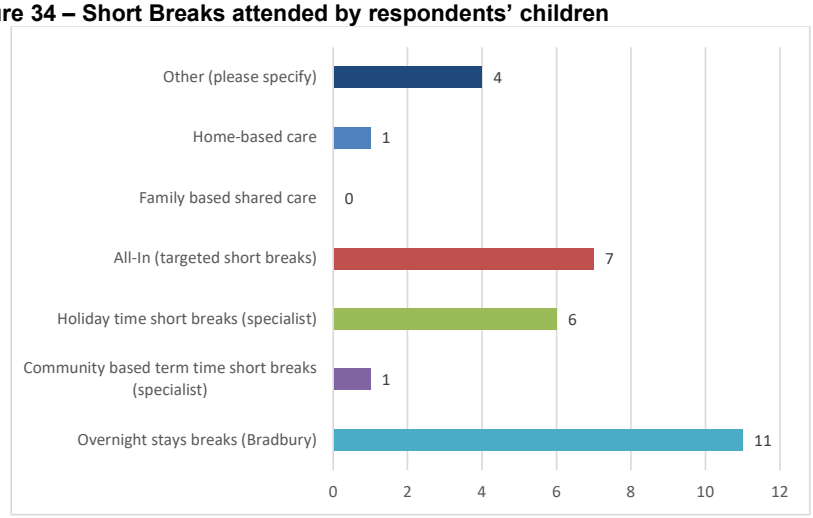
set up, [and I] can have regular updates.

- *Having a budget big enough to meet my child's needs.*
- *Action for children taking on that role.*
- *It didn't [work] for us.*
- *The amount we have been allocated is appreciated.*
- *Nothing. PA unsuitable for situation and needs. No other help offered and case closed.*

Question 18 asked whether the respondents would like to answer questions about Short Breaks for children with SEND and of the 37 people who answered the question, 22 answered yes and 15 answered no.

When asked if the respondents' child accesses short breaks and which ones, 19 people responded which is consistent with the amount of people who wished to answer questions about Short Breaks.

Figure 34 – Short Breaks attended by respondents' children

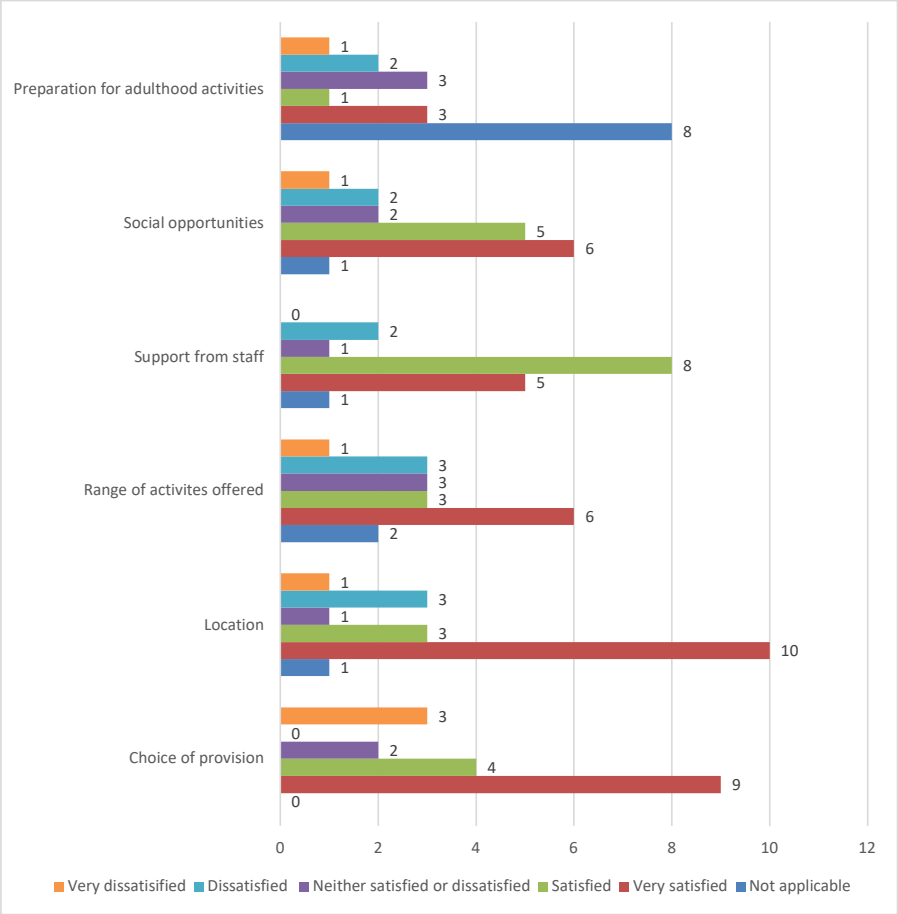


As figure 34 demonstrates, overnight short breaks (Bradbury) is the most accessed service (58%) and All-In and Holiday time short breaks were the next most accessed. Where 4 people chose 'Other' they specified:

- *Specialist SEND not linked to council - is holiday time short breaks AFC holiday club? and the All in (targeted) other all in provision?*
- *My son loves the action for children holiday club but like everything this is getting cut back and his is not classified as a priority. I'm appalled that more is not available. It is also based in Shrewsbury over 25 miles from our home but nothing suitable closer to us.*
- *Overnight stays funded by DP's (Direct Payments).*
- *No.*

The respondents were then asked how satisfied they were with the Short Breaks provision through assessment of 6 statements.

Figure 35 – Short breaks satisfaction



Across the 6 statements generally people are very satisfied and satisfied rather than being neutral or dissatisfied. This is encouraging to see from a commissioning viewpoint that these elements can be maintained as service provision. Preparation for adulthood activities is the most unapplicable to the respondents, but the other elements are important, and they are satisfied with them.

The respondents were then asked if there were any concerns about their experience of short breaks and to explain anything that hasn't worked and needs to be improved. There were 16 comments that indicate that while Short Breaks are valued where they are available, the respondents experience significant challenges relating to limited capacity, long waiting times and a mismatch between services and children's needs. The comments highlight concerns about workforce stability, communication, and the consistency of provision, along with a gap between assessed entitlements and actual delivery due to resource constraints. The comments are below:

- *What short breaks is q19 referring to - council funded ones or ones we have identified in the community or those funded via direct payments/ personal budget? the challenge is that only AFC school holiday club and one independent SEN group enable our daughter to have time independent of us alongside the PA, all others require us to stay with her - as such how is this a short break? I have answered based on all short breaks provision.*
- *Limited spaces and takes an extremely long time to access.*
- *The only short breaks activity that was accessible for my son (soft play at leisure centre) was canceled. There are no activities either during term time or holidays that can be accessed by my son. He needs soft play or swimming type activities.*
- *They don't like going there and the staff don't seem to know what they get up to either. It's at the back of the police station. They needed somewhere with a nice garden.*
- *AfC (Action for Children) workers change often, [there is a] lack of consistency and poor communication.*
- *Availability of places. Lack of options closer to our home address all over 20 miles away. Lack of trained staff.*
- *The uptake is limited so he doesn't meet many peers - need to target these more and proactively reach out to families.*
- *Except for obviously wanting and needing more nights.*
- *If the child attends in holiday time at 3pm then out at 10am, they should be able to go in earlier.*
- *Bradbury needs to be open 7 nights a week. We have had our overnight nights reduced "because they're not able to deliver all the commissioned nights anyway, due to lack of staffing" - despite his needs being assessed by panel & a certain number of nights set and commissioned. Does the panel know that needs are being disregarded entirely, in favour of "what can be funded/delivered'?! How does a lack of staffing justify identified needs not being met. Bradbury is amazing. Please for the love of God let us access it, as per the panel decisions!*
- *This last 6 months + is the only time we have had anywhere near the allocated time.*
- *My child was awarded 24h per month. As a single mum, with no family or friends who could support us, more available respite hours would significantly improve the quality of our life.*
- *We are really happy with her short stay breaks however she was allocated 24 nights per year and it's only been in recent months that she's gone monthly. We only had 12 per year for the last year or two.*
- *Action for Children never sent me the link for Easter so we've missed out. Last summer there were all agency staff who lacked training. We haven't been offered anything else.*
- *Why are you asking for preparation for adulthood activities when this is not an offer for this activity range?!*
- *Child unable to access due to ASD and struggle to leave the house so not suitable for needs.*

There were 16 responses to the next question that asked what was working well within the provision of short breaks. Whilst there is still some negative comments, the consensus centres around the staff delivering the service and how that comforts and reassures the respondents that their children are receiving the support they need and

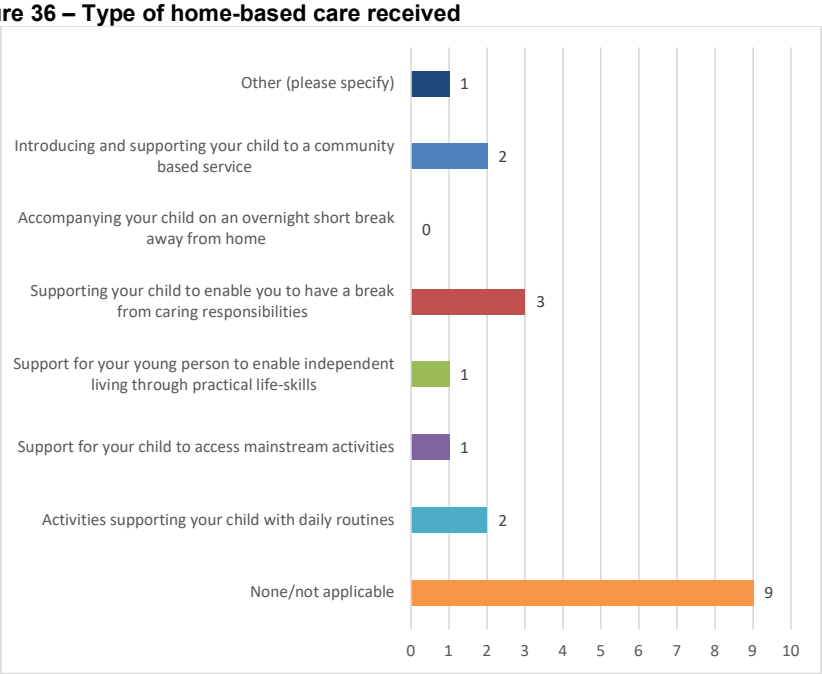
therefore leading happy lives:

- *Builds a community network outside of school and across different settings for my daughter and us as a parent carers.*
- *Lifeshed holiday outreach works well.*
- *Staff delivering the sessions are approachable and experienced.*
- *The service itself is great and the people who run it (Bradbury) are fantastic with my son.*
- *Bradbury House.*
- *That it gives me as the main carer with health needs a complete break from caring and to spend time with other siblings without disability.*
- *My child loves spending time at Bradbury House.*
- *The staff are always so helpful & we feel completely at ease leaving our son with them.*
- *Core staff are amazing but last year [there was a] higher ratio of agency staff.*
- *My experience of Bradbury House has been very positive. The staff are professional, supportive, and easy to communicate with, and the service gives me reassurance that my child is safe, happy, and well cared for. A highly appreciated service.*
- *Regular stays and minimum two-night stay.*
- *We got it, but it's not a good fit.*
- *Nothing right now.*
- *Limited number of nights available when everyone in the family is exhausted.*
- *Nothing (2)*

Question 23 asked whether respondents would like to answer questions about Home Based Care (Domiciliary care) and of the 21 people who answered, 16 did not want to and 5 did. There were 15 responses to the next question of whether the respondents' children currently receive home based care and 12 people answered no and 3 people answered yes.

The respondents were then asked what type of support their children receive and they could select all that applied.

Figure 36 – Type of home-based care received

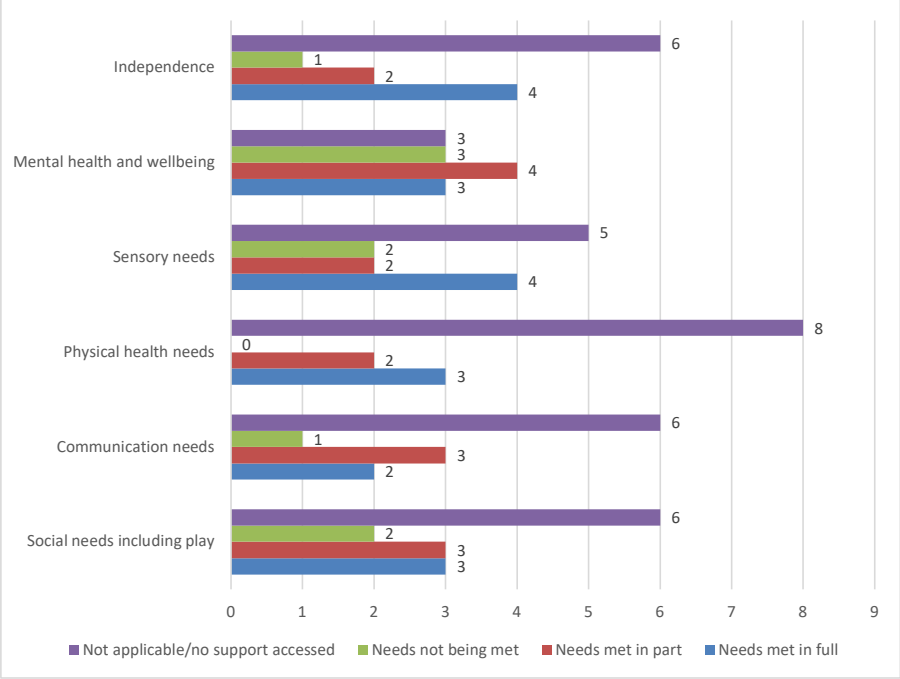


Notwithstanding that the most common answer was none or not applicable (69%), there was a mixture of responses across the statements, with 'supporting your child to enable you to have a break from caring responsibilities' and 'introducing and supporting your child to a community-based service' being the most chosen. There was one response to 'Other':

- *We don't get any.*

Question 26 asked the respondents to assess whether their children's needs are being met against 6 statements regarding home-based service.

Figure 37 – How well needs are being met



As figure 37 shows, most people are stating that the needs are not applicable or have no support accessed. Excluding those responses, the statements are close in number of responses, suggesting the views of needs being met are finely balanced between them being met, either in full or partially, and not being met.

There were 3 responses to the next question of any concerns about experiences of home-based care, and they all suggest that they do not receive the care:

- *Not entitled.*
- *We do not really get any.*
- *No care received. Parent having to fund own respite breaks as with child 24/7 and the parent also has AuDHD. No support for child or parent in place.*

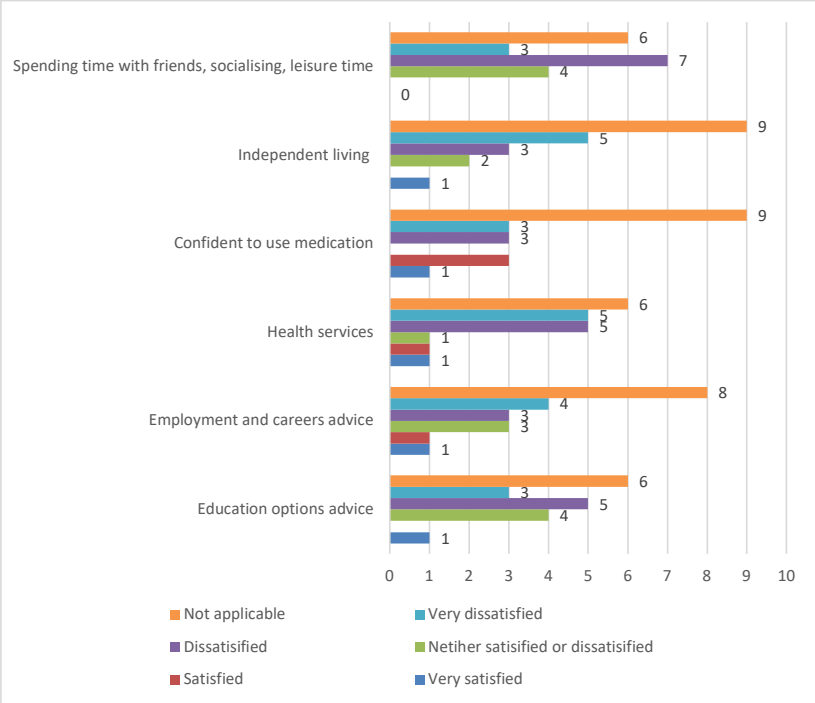
There were 2 responses for the next question of what was working well in home-based care:

- *Domcare has just finished but their service was a lifeline for us.*
- *Wouldn't know as never had any help.*

The survey moved onto transition to adulthood and the respondents were asked whether they wanted to answer questions about their child moving into adult services. There were 14 responses overall and 57% answered no and 43% answered yes.

They were then asked to rate how satisfied they were that their child is supported to be more independent and measure that satisfaction against 6 statements.

Figure 38 – Satisfaction with support to be more independent



Overall, most people stated that the statements were not applicable but there is a high level of responses for dissatisfied and very dissatisfied compared to being satisfied or neutral. As the next question asks the respondent to describe their aspirations for their children into adulthood, this might give an idea why people are dissatisfied with the support given in transition to adulthood.

Parents consistently express a desire for their children to lead fulfilling, meaningful lives, with strong emphasis on independence, social connection, and access to community activities. There is a clear aspiration for children to develop confidence, life skills, and autonomy within safe and supportive environments, including options such as supported living where appropriate. However, these aspirations are often accompanied by concerns about limited availability of services, lack of personalised support, and difficulties accessing appropriate activities and provision. Many respondents highlight anxiety about future planning, particularly around transition into adulthood and what will happen when family support is no longer available, alongside a broader lack of confidence in the consistency, responsiveness, and sustainability of local authority support. 16 people answered this question and their responses were:

- *Question 23 is really confusing q24 - the same as most parents - for her to be happy, healthy and to live her best life surrounded by those who care and love her*
- *To live a good life with peers.*
- *I need there to be support for my child to access activities and support outside*

home and school and there is nothing.

- *That they'll be ok when I'm gone. Young people with SEND have a very different range of abilities and interests. Everything we have seen is focusing on autism. Getting a school place was really hard. Now we have one, we just hear about the services that are cut. PFA hasn't happened; We have had no continuity with any staff to plan for supported living. The EHCP and CIN don't reflect my child. We can't get anyone to call back.*
- *I want him to be able to do more in the community with appropriate support. Not enough services provided by Shropshire Council need to fund more like action for children's holiday clubs etc.*
- *For them to be confident about their strengths and to understand what support works for them. To be able to live successfully independent of their family. To be healthy and active. To feel supported and valued with a good network of friends. To have meaningful activities in their life.*
- *I'm hoping for supported living in whatever form is most appropriate.*
- *To be as independent as possible in a safe environment with support and being able to access the wider community.*
- *Due to the complex needs of my disabled child, it is unlikely she will ever be able to enter employment.*
- *To be in a safe, loving environment and have a healthy selection of activities and people to engage with for a full and happy life.*
- *The prospect terrifies me, knowing we will eventually have to rely on non-existent local authority support.*
- *That he has a full life with. Experiences that benefit him.*
- *As a parent carer, my aspiration for my child into adulthood is for her to feel safe, understood and valued for who she is. I want her to develop as much independence as possible at her own pace, while always having the right support around her. It is important to me that she is happy, able to express herself, and has meaningful relationships with people who respect and care for her. I hope she can access opportunities that build her confidence and life skills, similar to the positive experiences she has at B house, where she is supported, engaged in activities, and able to enjoy herself in a safe environment. Ultimately, I want her to have a good quality of life, where she feels secure, included, and able to experience joy in everyday moments.*
- *She will always be fully dependent on others so as long as she has somewhere lovely to stay if she can't stay with us. That she gets opportunities for her capabilities.*
- *We are hoping for three years of college followed by a residential place but unsure if any of that will be funded.*
- *There is no point describing them to the council, you ignore them, change the wording and rewrite them to cut funding required!*

The respondents were then asked how their child develops independence; there were 21 responses and they could select all that apply.

Figure 39 – How children develop their independence

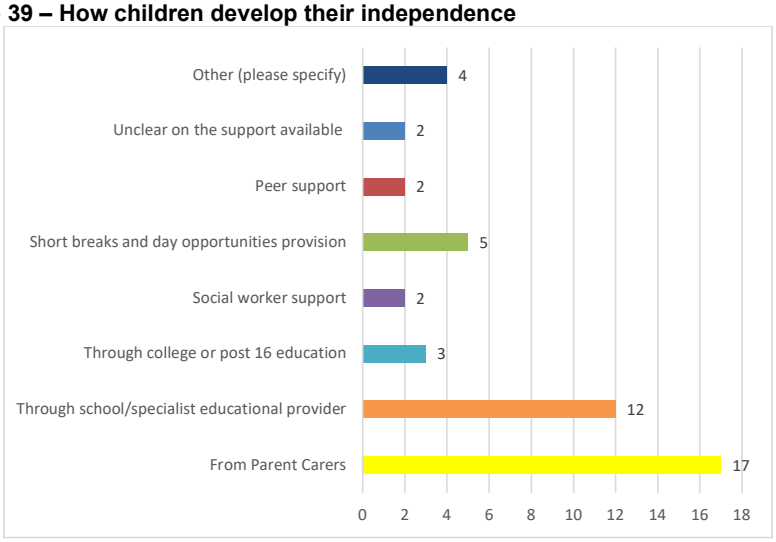


Figure 39 demonstrates that most children develop their independence from parent carers and through school/specialist educational provider. 4 people chose 'Other' and specified:

- *Again, options are confusing.*
- *One child gets mentors via AP school.*
- *Personal Assistant.*
- *What social worker? Ours has left, yet we don't know who the next one is. Mind you, they surely can't be worse or less communicative than the previous one.*

Question 33 asked what support the respondents' young person needs to live more independently. The feedback highlights a strong need for structured, consistent support to develop independence, including life skills, decision-making, and reduced reliance on family, alongside greater opportunities for social connection and community participation. Respondents emphasise the importance of accessible local provision, including outreach, clubs, transport, and supported living options, as well as the need for personalised, proactive planning beyond education. There is also recognition that some young people will require ongoing or lifelong care, increasing the need for respite and sustained family support, with concerns that current provision is insufficient, fragmented, and not fully meeting complex needs.

15 people answered:

- *More time, where she is away from our care, however, AFC only provides 1:1 support as such whilst this gives her independence from us it doesn't support her independence in completing tasks or decision making herself as she has full reliance upon the adult allocated to her.*
- *Loads of things about friendships.*
- *Small groups of young people with similar interested, being supported to access the community and develop life skills and friendships more public transport Supported living accommodation for young people within their community A more*

positive attitude towards people with SEND as they're not just a cost or a benefits bill.

- *Trusted consistent support.*
- *He will not be able to live independently because of his significant needs, but it would be nice to be able to have more help and respite for the family.*
- *More proactive support, a clear plan that isn't just education focused. Opportunities to practice independence and decision making that aren't reliant on family.*
- *Probably less time at home with me as I tend to 'baby' them and should really try to promote more independence.*
- *Outreach.*
- *More residential opportunities at school and more clubs to socialize with peers after school and transport home provided.*
- *A cure.*
- *More community-based provision.*
- *To support my young person to live more independently, she needs consistent, structured support that helps her develop practical life skills at her own pace. This includes support with communication, emotional regulation, and understanding boundaries, as well as guidance in everyday tasks such as decision-making and routines. Access to regular, trusted services like respite care (such as B house) plays a vital role, as it helps her build confidence, social skills, and independence in a safe and supported environment. It also allows her to experience positive routines outside the home. In addition, ongoing professional support — including behavioural and therapeutic input — would help her manage challenges and develop coping strategies. Consistency between home, school, and services is essential so she receives clear, predictable support. Overall, the right combination of structured support, skill-building opportunities, and safe, familiar environments will give her the best chance to become as independent as possible.*
- *She won't be able to live independently. She'll always need two carers.*
- *A place at college for three years.*
- *Actual support!*

The respondents were then asked about any concerns about independence and transition. From the 12 comments, the feedback suggests a system that is reactive rather than planned, with late intervention, fragmented pathways, and insufficient clarity, resulting in high anxiety among families and limited confidence in future provision—particularly for transition and lifelong care:

- *Listening to family's needs including siblings.*
- *PFA is only happening after they've turned 18. It's too late.*
- *My 17-year-old masks in college and so they are not providing the support he needs - this is not helping him address his concerns. Supported Living Services and social care support do not understand the need to be active and have meaningful responsibilities. Mental capacity assessments are not being delivered appropriately, placing young people at risk.*
- *[They are] only 9 years old so my only concern is the future and what happens.*
- *More support from social workers. More regular contact.*
- *PA was requested and despite advertising we were unable to recruit most clubs are not suitable for the mobility of my child or are too far away to attend.*
- *My child will never be able to live independently. She has no siblings and she will*

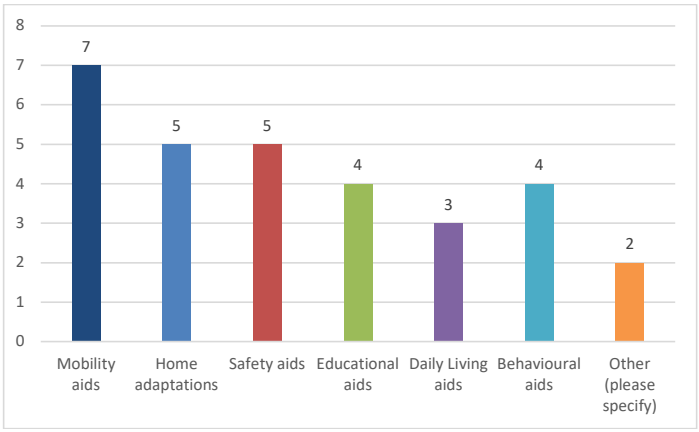
outlive her family. This is a big concern for us.
- *Lack of cohesive approach from all agencies.*
- *[I] have no idea what's open to her once in adulthood. She's 14 so [I] understand there's time yet.*
- *The information is too scattered. It needs to be all in one place.*
- *There is no transition! We have not had an updated EHCP for 2 years, none of the outcomes are ever met, no professionals actually help us!*
- *No previous help with preparation for adulthood until current post 16 provider.*

The respondents were then asked what works well for young people in Shropshire making the transition to adulthood. There were 10 responses, which show early transition is present but not consistently meaningful, alongside limited visibility of support pathways and a need for clearer, centralized information. While some services are positively regarded, overall experiences point to inconsistency in provision and insufficient continuity of support into adulthood:

- *We are not at that stage yet, we have had a referral to the PFA team, someone spoke with me over the phone to say hello and that they will join EHCP reviews going forward to get to know my daughter, however, how much will they get to know her by meeting her and those around her in an annual EHCP review - feels tokenistic and 'tick boxy' if I'm honest.*
- *I haven't found it, so I can't comment.*
- *PACC Healthy Lives Programme- Informed family members - skilled staff - appropriate funding.*
- *Don't think the support in Shropshire is there for the transition to adulthood my son was discharged twice from the traditional team without support.*
- *Good that it starts before they are adults so adult services know the child and aren't meeting them for the first time once they turn 18.*
- *I have literally no idea what works. I would like to see help in one place centrally.*
- *Parent Carers.*
- *N/A (3).*

Question 36 then asked if the respondents would like to answer questions on assistive technology and adaptations and of the 21 responses, 11 answered no and 10 answered yes. The respondents were then asked if their child uses any assistive technology or equipment to help meet health and social care needs and when choosing from 8 choices of technology or equipment, 1 person chose Cognitive and Learning Disability tools. The next question asked if their child uses any aids and adaptations and figure 40 shows the results in full.

Figure 40- Aids and adaptations the respondents' children use

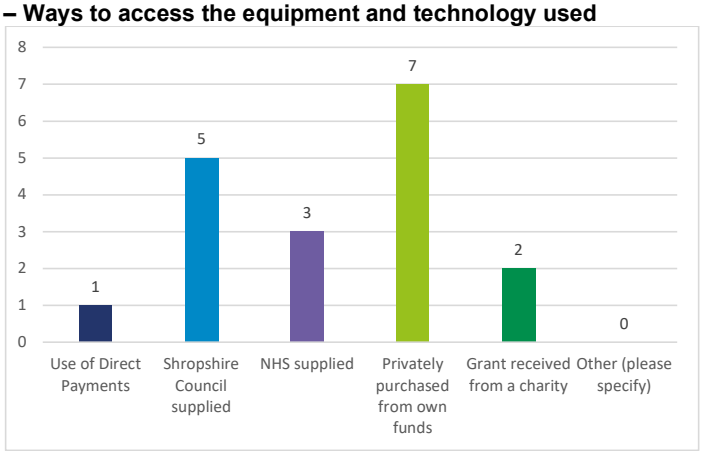


As figure 40 shows mobility aids are most used with 70% of the responses, but the other results are close in their numbers. Where 20% chose 'Other', they specified:

- *Safespace bed.*
- *Ear defenders.*

The respondents were then asked how they access any equipment or technology used. 10 people answered and as figure 41 will show that most respondents privately purchase from their own funds; 70%.

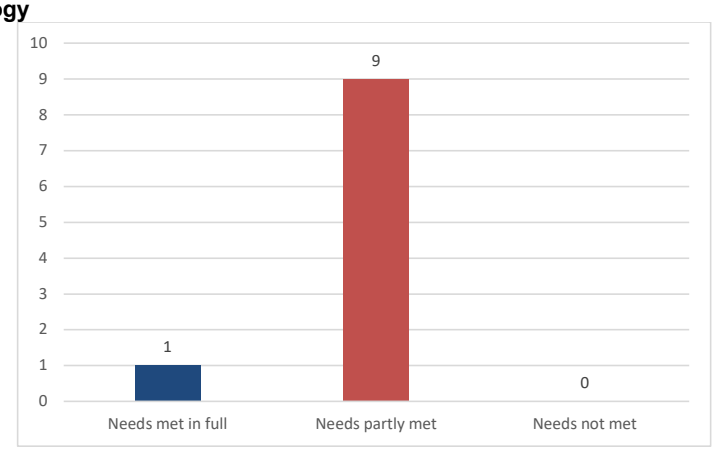
Figure 41 – Ways to access the equipment and technology used



Whilst respondents mostly self-fund equipment and technology, 50% are also supplied by Shropshire Council and the rest of the options are close in number of responses showing a good mix of ways to access these elements.

When asked if their children's needs are met regarding the equipment and technology, 90% of respondents stated that needs were partly met and 10% said that needs were fully met. This is encouraging to see that needs are being met at least in a partial capacity.

Figure 42 – Whether the needs of children are being met regarding equipment and technology



The next question asked if there were any gaps in needs being met and if the respondents had any suggestions for additional equipment or technology that their children do not currently access. There were 8 comments which focused on physical adaptive technology and an element of being unsure because that moment hasn't arrived yet:

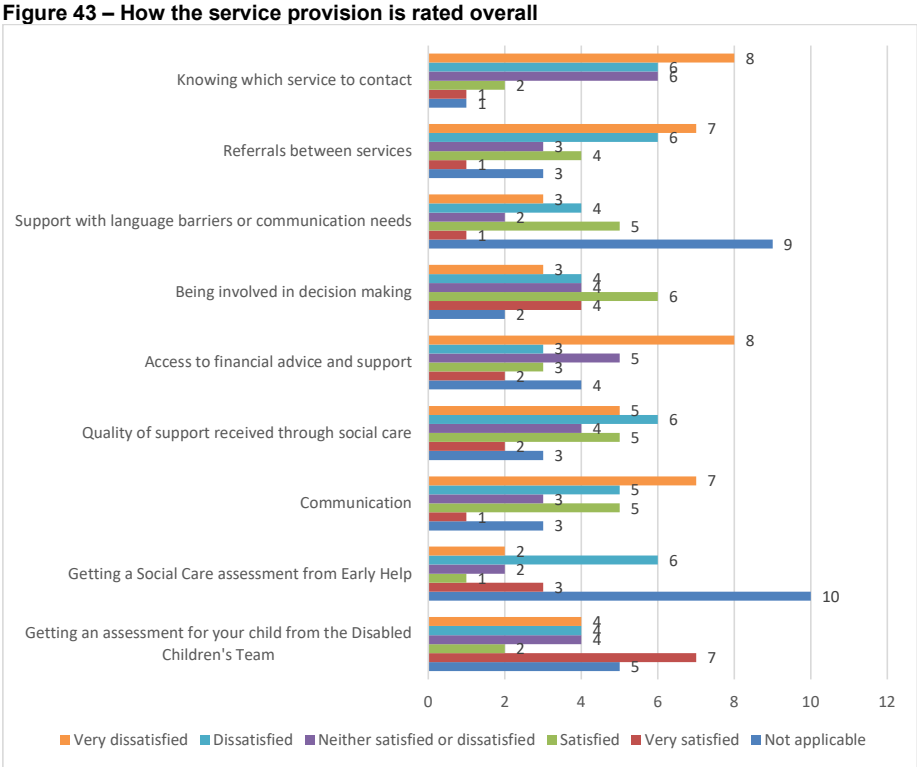
- *Adaptive car seat*
- *We need a wheelchair and have done for years.*
- *Wheelchair denied application for specialist pushchair stating they don't help for behaviour needs. My child's needs are physical.*
- *Not clear yet, behaviour and needs change so always a moving feat.*
- *Self-propelled wheelchair, as due to my health needs, I can no longer push her wheelchair.*
- *Currently being supported via BeeU for tablet programs for communication.*
- *Timeline Vs award means a gap from assessed to current needs.*
- *Unsure.*

When asked what works well with the provision of technology or equipment, 3 people answered:

- *Amazon. Hearing aids from audiology. But nothing from the Council; Her needs were not assessed or met.*
- *Tear resistant bedding and waterproof bedding; changes to windows (locks and window protector in bedroom).*
- *Her high walled secure bed.*

Question 43 asked the respondents how they would rate specific elements of the service provision overall. Figure 43 shows the results in full.

Figure 43 – How the service provision is rated overall



It is apparent from figure 43 that there is a mixture of results between satisfaction and dissatisfaction and the statements not being applicable.

The final question asked the respondents for any other comments about the future provision of services for parents, carers and their children who are in need of social care support. Feedback from respondents highlights significant concerns about the accessibility, clarity, and consistency of services, with many describing a complex and difficult-to-navigate system characterised by unclear communication, fragmented pathways, and poor coordination between services. Processes are often viewed as overly bureaucratic and reactive, with delays, repeated reassessments, and limited early intervention contributing to frustration. There is a strong perception that support is insufficient to meet assessed need, particularly for parent carers who report minimal practical help and limited respite, alongside gaps in areas such as transport, wraparound care, and financial advice. While some positive feedback is given about individual staff, capacity pressures are seen to impact service quality and continuity. Overall, these experiences contribute to low confidence in the system, with respondents calling for a more joined-up, proactive, and person-centred approach that delivers clear communication, consistent support, and more effective outcomes.

There were 14 comments:

- *I don't know who I am being asked 'communication' with, different services are different so it's not a singular answer access to financial advice and support is through independent agencies not council - unsure who I was meant to be feeding back on questions are really unclear.*
- *Parents need processes to be less intrusive, faster and not to waste time with re assessments every 4 months. More support is needed for disabled children outside school, in holidays and after school. There is no wrap around care for children with disabilities so parent can work. Too much admin when there is so much to do in the day-to-day taking care of the child and trying to access all the other services in the hopes of getting support which is too limited. Wait times are awfully long for support and then any support is minimal.*
- *It really is as bad as I've described The DCT don't return phone calls or seem to understand what services are available. We got referred to PODS - they only support families that live in Telford. We need help to support DLA, they'd no clue. Without that, you can't get a blue badge and Blue badge won't accept hospital letters. They want a letter from a social worker The meetings are chaotic and a waste of time. It's a different social worker every time and they keep going off. No notes, no plan; no agenda no clue. And EHCP and DCT don't talk to each other. It's just a shambles. Every time you raise a concern you're asked if you've seen the local offer. I have. It's a bunch of websites, but doesn't get us a wheelchair, or a PA.*
- *School tells parents that they can only access early help if they are failing and I refuse to fail just to get help.*
- *The people working in the children disability social services team are fantastic; I suspect the caseload may be very high. The options available to support are great. The process of getting support, going to panel, being approved (or not) and then accessing the increased support can be very lengthy but once the support is in place, it is so incredibly important.*
- *The support for parent carers is not there, lots of meetings and no extra respite or help is never identified or what is suggested never materialized.*
- *I despair for the future and hold out zero hopes that provision will be there to catch us in our next crisis (which is probably about 3 weeks away or less).*
- *I would like to see services that are more consistent, accessible, and truly responsive to the realities families face on a daily basis. As a parent carer, ongoing support — not just crisis intervention — is essential in maintaining stability within the family. As a single parent with no family or friends around to provide support, respite services are not a luxury — they are essential. They play a crucial role in allowing me to continue caring safely and effectively. Without this support, the pressure becomes overwhelming. While the respite my child receives is extremely valuable, the number of hours available is currently very limited and does not reflect the level of need. Regular and reliable respite provision benefits both the child and the parent. It gives my child opportunities to build independence, socialise, and enjoy positive experiences, while also allowing me the necessary time to rest, reset, and maintain my own wellbeing. This kind of support is preventative — it helps sustain families and reduces the risk of situations escalating to a point were difficult, life-changing decisions may otherwise need to be considered. Clear communication between services, and a more joined-up approach between social care, education, and health, would also make a significant difference. Families should not have to repeatedly explain their situation or struggle to access appropriate support. Greater understanding and recognition of the pressures on single parent carers is vital. Support that is flexible,*

practical, and responsive to real-life circumstances would lead to better outcomes for both children and their carers.

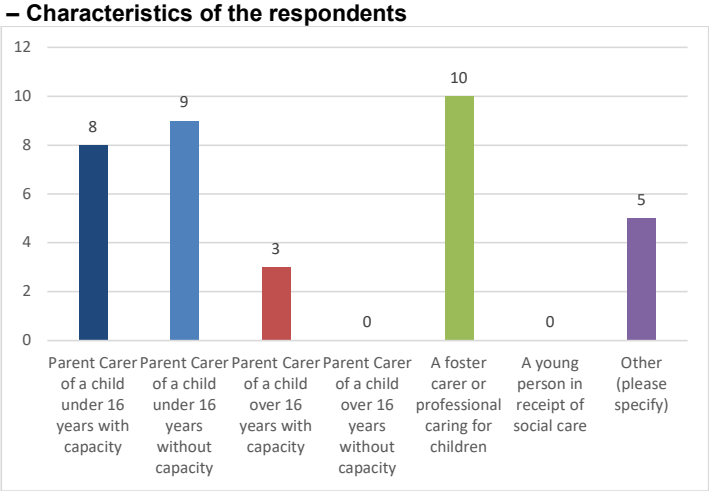
- *I don't have access to transport due to incorrect assessments. Also, I don't have access to transport team in times when my son has not arranged transport & left in school or taken to incorrect schools etc. & he is not able to fully communicate.*
- *Maybe a different experience for me as I'm her foster carer.*
- *Please make this easier. Every step is a confusing battle. Our lives are hard enough already.*
- *Information on the local offer about Early Help is beyond rubbish. Early Help gatekeep referrals to DCT even though they don't understand the law. Communication has been awful; we have just been ignored. Formal complaints ignored. We have been able to make no decisions just told what we can have and there is no option due to funding, even then it was a battle and they expected 85-year-old grandparents to provide what my child had been assessed as needing!*
- *My older daughter is 20 and still not accepted into adult mental health support [and is] still with children's service.*
- *No communication between agencies. One option offered and if not suitable, tough and no alternatives offered. Poor support for ND parents of ND children. Left to get on with it with no help. Have to research what might be available by yourself but on trying to find support, every barrier possible is put in place. No help for ND parents trying to navigate a very confusing and disjointed service.*

About the respondents

The online survey sought to find out a bit more about the respondents in order to see if their comments and concerns could be representative of the county as a whole.

When asked in what capacity they were completing the survey, 35% were answering as parent carers of a child under 16 years without capacity and 31% were answering as parent carers of a child under 16 with capacity.

Figure 44 – Characteristics of the respondents

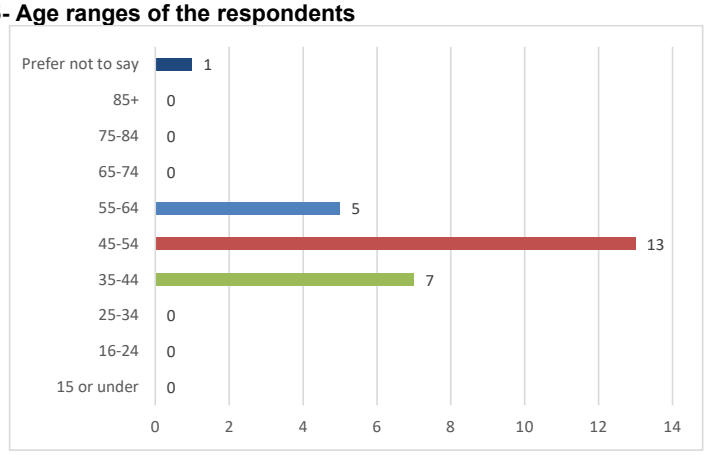


Where 19% chose other, they specified:

- *I'm a parent carer - capacity is decision specific, what capacity are you asking about?*
- *Parent of son. Nobody has confirmed he hadn't got capacity.*
- *This doesn't allow me to tick all that apply - I have a child under 16 with capacity, a child over 16 with capacity and a child over 16 without capacity.*
- *I do not understand this question.*
- *Manager of residential home.*

When asked what age ranges the respondents fell into, most were in the 45-54 age group as seen in figure 45.

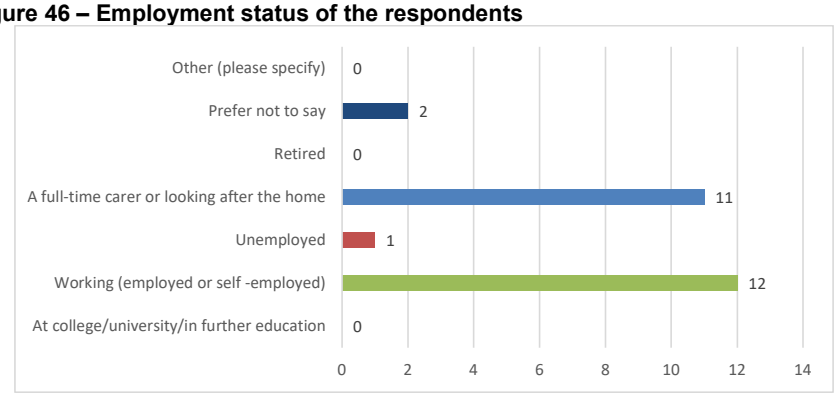
Figure 45- Age ranges of the respondents



27% were in the 35-44 and 19% were in the 55-64 age groups, whereas 4% preferred not to say.

26 people answered the next question about their employment status, with a close result between 46% working and 42% being a full time carer or looking after the home.

Figure 46 – Employment status of the respondents



The respondents were predominately of white origin; 85% of British, Irish or Welsh descent and 8% of other white background. 8% also preferred not to say.

The respondents were asked whether they considered themselves disabled, 25 people answered and 56% stated no whereas 28% do consider themselves disabled and 16% preferred not to say.

The next question asked if there were any considerations for the future delivery of services in Children's Services, there were 4 responses:

- *Disability and additional needs.*
- *Disability inclusion should be what is presented to these young people. There's too much focus on LGBTQIA. Especially the TQ part.*
- *I would ask that services remain mindful that families can face multiple challenges at once, and that access to support should be fair, understanding, and non-judgmental for all. In my situation, being a single parent carer of a child with additional needs, with no informal support network around me, places significant pressure on daily life. It is important that services recognise how factors such as disability, family structure, and social isolation can combine and increase the level of need. I would also ask that communication is inclusive and respectful. As someone whose first language is not English, clear, written communication is particularly important to ensure full understanding and to avoid misunderstandings. Services should be flexible and accessible, taking into account that not all families have the same level of support, resources, or capacity. A one-size-fits-all approach does not work. Instead, support should be tailored to individual circumstances, with a focus on early intervention and preventing escalation. Overall, I would like to see services that are equitable in practice — not just in principle — where families are listened to, understood, and supported according to their real level of need.*
- *Many areas could be improved nearly all, but the duty of care on transport to respite should not be dangerous for the child.*

The respondents were then asked what band their household fell into regarding income and disregarding any disability related benefits for their child.

Figure 47 – The bands of income for the respondents' households

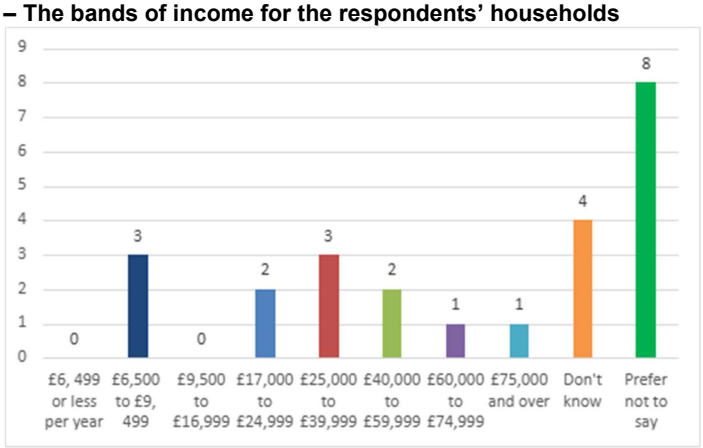
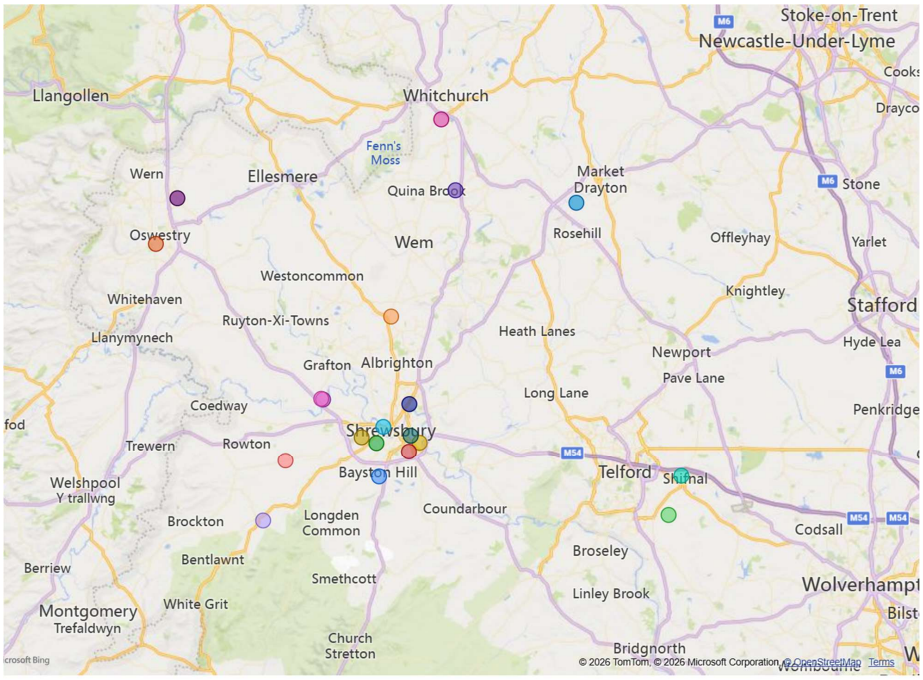


Figure 47 shows that most preferred not to say; 33% and 17% did not know. The majoritythen were in the lower income bands up to £39,999, 8 responses collectively whereas there were 4 responses collectively as higher earners, from £40,000 to £75,000 and over.

The last question asked for the postcodes, as in the online survey for the Live Well, Age Well questions.

Map 2- Postcodes of the Start Well respondents



Section summary

Feedback from Start Well respondents highlights significant pressure on families caring for children and young people with SEND, with many describing complex needs, high levels of caring responsibility, and limited access to timely, consistent, and appropriate support. While some services are valued—particularly short breaks, individual staff, and support that offers flexibility or trusted relationships—overall experiences suggest provision is uneven and often difficult to access.

Respondents identify recurring barriers including waiting lists, shortages of skilled staff, difficulty finding suitable personal assistants, limited local availability of specialist provision, and poor communication across services. Parent carers report feeling under-supported, with many lacking assessments, respite, or practical help, and describing processes as overly bureaucratic, slow, and hard to navigate. Concerns are also raised about inconsistent information, fragmented pathways, and support that does not always

reflect assessed or changing needs.

Direct Payments and short breaks are seen as beneficial where they work well, particularly when they provide trusted support, greater flexibility, and meaningful respite, but these are frequently constrained by recruitment difficulties, insufficient budgets, and gaps between assessed entitlements and what can be delivered. Families also express concern about limited home-based support, the need to self-fund equipment or fill gaps themselves, and the lack of provision that is suitably tailored to more complex or specialist needs.

The feedback also shows that responses are strongly shaped by the lived experience of parent carers, many of whom describe carrying the burden of coordinating support, filling gaps themselves, and navigating services that may exist in principle but are not always accessible, suitable, or sufficient in practice. Short breaks and Direct Payments are particularly valued where they work well, but both are seen as constrained by limited availability, recruitment difficulties and inconsistent delivery, while transition to adulthood is a significant source of anxiety for many families.

4 Recommendations

Based on the evidence and themes throughout this report, the following recommendations can reasonably be suggested. They are grounded directly in the consultation feedback from respondents to the online surveys and email responses and are framed to strengthen delivery of any future plans and purchases of services.

Where appropriate, they balance financial realities, equality considerations and long-term preventative value. It is acknowledged that there will be budget and staffing constraints and other limiting factors that may prevent these recommendations from being taken forward and implemented.

The recommendations below focus on how future commissioning can respond to the issues raised by respondents across both Start Well and Live Well, Age Well. They emphasise the need to commission services in ways that are preventative, person-centred, sustainable and responsive to local variation, while also improving access, continuity and confidence in the system.

Recommendation 1: Commission for earlier help and prevention, not only crisis response.

Across both service areas, respondents describe support as frequently difficult to access until needs have escalated. Future commissioning could therefore seek to place greater emphasis on preventative and early-help provision, including short breaks, community-based support, timely advice, low-level practical help, and support that helps people remain stable at home or within family settings. This would better reflect the strong preventative message in the feedback.

Recommendation 2: Strengthen commissioning of services that support people to remain at home and in their communities.

The report shows a strong preference, particularly in adult services, for support that enables people to remain living at home, alongside children's feedback that families value support which helps maintain family stability. Future commissioning could look at prioritizing home-based care, flexible respite, community support, day opportunities and supported living models that maintain independence, reduce isolation and avoid unnecessary escalation to residential care. In doing so, it could be recognised that transport, rural access and suitability of local provision are critical to whether these services are genuinely accessible.

Recommendation 3: Build stronger quality and continuity expectations into service specifications.

Quality of care, skilled staff, person-centred support and continuity of relationships emerge as some of the most important themes in the feedback. Future commissioning could look at placing clear emphasis on workforce stability, consistency of carers, training for complex and specialist needs, communication standards, and providers' ability to respond to changing needs. Contract specifications and monitoring arrangements should test not only capacity and cost, but also how providers will deliver safe, reliable and relationship-based support in practice.

Recommendation 4: Use commissioning to improve flexibility and reduce gaps between assessed need and delivered support.

A recurring issue in both surveys is that support may exist in principle but is not always available in the right amount, at the right time, or in a form that works for the individual or family. Future commissioning might reduce this gap by specifying more flexible models of support, with the ability to respond to fluctuation, changing circumstances and complexity over time. This includes reviewing whether commissioned volumes, staffing models, opening patterns and eligibility thresholds are aligned with actual patterns of need rather than narrow service definitions.

Recommendation 5: Improve the effectiveness of Direct Payments and Personal Assistant commissioning support.

The feedback suggests that Direct Payments are valued for flexibility and control where they work well, but in practice they are often limited by low hourly rates, recruitment difficulties, administrative burdens and insufficient support to find suitable Personal Assistants. Future commissioning might consider how the wider market for Personal Assistants could be developed and supported, including clearer information, brokerage, recruitment support, and more realistic funding arrangements for complex needs.

Recommendation 6: Commission with unpaid carers and parent carers in mind as a core part of service sustainability.

The report makes clear that unpaid carers and parent carers are central to the current system and are frequently filling gaps in provision, often at significant personal cost. Future commissioning could look to recognise carers not as a separate issue, but as essential to the sustainability of care arrangements. This means commissioning sufficient respite, accessible information, emotional support, practical contingency planning and services that reduce the burden of coordination on families. Commissioners could also consider how service timing, location and design affect working carers, older carers and carers supporting people with complex or lifelong needs.

Recommendation 7: Strengthen pathways for information, navigation and joined-up working through commissioning arrangements.

Many respondents describe the system as fragmented, unclear and difficult to navigate, with repeated concerns about poor communication and weak coordination between services. Future commissioning should therefore consider not only what services are purchased, but how pathways between them are designed and experienced. Specifications should encourage joined-up delivery across social care, health, education and community provision, alongside clearer access routes, better information and more transparent processes.

Recommendation 8: Commission more proactively for transition and future planning.

Transition to adulthood and future care planning emerge as major areas of anxiety in both sections of the report, particularly for families supporting young people with lifelong needs and for older carers who are worried about what happens if they can no longer

continue caring. Future commissioning could support earlier and more meaningful planning, including better transition pathways, supported living options, community-based progression opportunities and contingency arrangements.

Recommendation 9: Use family/user led engagement to shape future services around lived experience.

Given the strength and specificity of the feedback, future commissioning should continue to involve people with lived experience, unpaid carers, parent carers, providers and community organisations in shaping service models and procurement approaches. This is particularly important where services need redesign, where there are concerns about suitability or access, or where rural and specialist markets are fragile.

5. Summary and Conclusion

This report presents the findings of the online surveys and email responses to both the Start Well and Live Well, Age Well service areas. The surveys were designed to gather views on lived experiences, future priorities, service gaps and future service delivery options.

A total of 163 responses of both surveys collectively and 3 written responses were received and taken as a whole. The findings from both Start Well and Live Well, Age Well present a consistent picture of services that are highly valued where they are working well, particularly when support is reliable, person-centred, flexible and delivered by skilled staff who understand individual needs.

Across both service areas, respondents place greatest value on support that helps people remain stable at home, maintain family life, build independence, and access meaningful community-based opportunities. Positive experiences are most often associated with trusted relationships, continuity of staff, clear communication, and support that is tailored to the person rather than fitted around service limitations. This is especially evident in feedback on short breaks, day opportunities, home-based support, and Direct Payments where these are functioning well, as well as in respondents' strong preference for services that maintain routine, prevent crisis, and enable people to remain connected to their communities.

At the same time, the report identifies clear and recurring weaknesses which cut across the whole system. In both sections, respondents describe difficulty accessing support early enough, uncertainty about what is available, and frustration with processes that can feel complex, fragmented, slow and difficult to navigate. There are repeated concerns about waiting times, limited local availability, inconsistent communication, workforce shortages, poor continuity, and support that does not always reflect assessed need or changing circumstances. Rurality also emerges as an important cross-cutting issue, particularly in relation to transport, travel time, geographical gaps in provision, and reduced practical choice.

Across the adult services feedback there is strong concern about affordability, future care needs, limited respite, and the sustainability of support for people with dementia, complex needs or increasing frailty. In the children's feedback, families describe similar pressures in different forms, including difficulty securing appropriate short breaks, challenges using Direct Payments fully, shortages of suitable Personal Assistants, limited home-based support, and anxiety about transition to adulthood. In both cases, the findings suggest that support may exist in principle but is not always accessible, sufficient, flexible or coordinated enough in practice.

A particularly important message running through the report is the extent to which the current system depends on unpaid carers and parent carers, many of whom are not only providing substantial day-to-day care but are also coordinating services, filling gaps, self-funding support or equipment, and managing uncertainty about the future. Their feedback highlights the importance of viewing carers not as a separate issue, but as central to the sustainability of support arrangements. The report also shows that people are not simply asking for more services in the abstract; they are asking for services that are easier to understand, more responsive to individual circumstances, more preventative, and better

aligned with what matters most to them and their families. The recommendations in this report therefore point towards a future approach that places stronger emphasis on prevention, flexibility, quality, continuity, co-ordination, meaningful community-based support, and earlier planning for change and transition. Taken together, the findings provide a strong evidence base for shaping future commissioning decisions and service development, while also underlining the importance of continuing to involve people with lived experience in the design, improvement and review of support over time.

Analysis and reporting were conducted by the Feedback and Insight Team at Shropshire Council. Recommendations may include future surveys and engagement to measure change and partnership working from this baseline.

Many thanks are extended to the 166 respondents for their thorough and well considered responses.

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