

February 2025



# Homecare

What do people want from homecare services? How does care at home work best for people who receive paid care and/or support from unpaid carers in Wiltshire?



“

***“Home care is not just about medical needs – it’s about human needs. A listening ear, a helping hand, a presence that reassures.”***

*Anonymous*

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# Voice It, Hear It

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## Community voices inspiring positive change to local support and services.

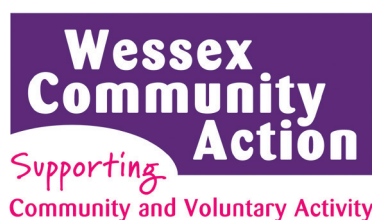
Voice it, Hear It is an engagement project that works with people aged 18+ living in Wiltshire to get involved in shaping the health and social care services they use.

We work with people with physical disabilities, sensory needs, mental health issues, learning disabilities, neurodiversity, long term conditions, complex needs, older people and people with dementia.

We also work alongside Wiltshire Council and the Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (BSW ICB) and people living and working in Wiltshire to co-produce, co-design and co-develop health and social care services in Wiltshire.

Voice It, Hear It is a partnership project led by Community First, working with Wiltshire Service Users' Network, Wessex Community Action, Age UK Wiltshire, Alzheimer's Support and Celebrating Age Wiltshire.

Delivered by:



Funded by:



# Introduction

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## Context of the Engagement Work for Wiltshire Council

Wiltshire Council commissioned Voice It, Hear It (VIHI) to undertake engagement work as part of their review of the current care at home (domiciliary care) frameworks. This review will inform the development of an options proposal for future commissioning.

As part of this process, Wiltshire Council has been gathering lessons learned, seeking feedback from care providers and operational teams, and working with key partners to gain deeper insight into the experiences of those receiving care.

VIHI was asked to engage directly with individuals who receive care at home, including those receiving council-commissioned care and those who self-fund their support. Recognising that providers deliver both self-funded and council-funded care, this engagement aims to capture a broad and balanced perspective on how home care services are experienced and where improvements may be needed.

The focus of this engagement includes:

- **Understanding what people want from home care** – what works well, what challenges they face, and how services could better support their needs.
- **Exploring how care at home works best** and what factors help people remain at home for longer.
- **Gathering insights into the process of arranging care** – how people find care services, the experience of accessing support, and working with the council when receiving council-funded care.
- **Examining the role of community support** in enabling people to remain at home, either before or alongside a formal care package.
- **Engaging with unpaid carers** to understand how their relationships with care providers impact their ability to continue providing support.
- **Looking ahead to the future of home care** – how people expect their needs to evolve and what services will need to adapt.

By gathering these insights, Voice It, Hear It aims to ensure that the voices of those who use home care services in Wiltshire are heard, helping to shape a future home care model that meets the needs of residents, carers, and providers.

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## Engaging Unpaid Carers & Those Receiving Care: Understanding the Context

It is important to acknowledge that unpaid carers and those receiving care are among the hardest-to-reach groups for engagement. Many of these individuals have limited time, energy, and capacity to participate in consultations, as their daily lives are often consumed by the demands of managing care needs, navigating services, and coping with emotional and physical challenges. Unlike broader public consultations, where responses can be gathered quickly and easily, engaging this group requires significant time, sensitivity, and trust.

When setting the response numbers in context, it is crucial to recognise that for unpaid carers and those receiving care, contributing to a consultation is a significant effort. Completing surveys, attending discussions, or sharing personal experiences takes time – often much longer than for the general public – because the topics are deeply personal, emotionally challenging, and require careful thought to articulate their realities and needs.

The response rate achieved in this engagement project is therefore a strong indicator of the importance of these issues to those directly affected. For many participants, contributing to this process was not just about providing feedback but about ensuring their voices were heard in shaping the future of homecare services. Their willingness to engage despite these challenges demonstrates the depth of feeling and urgency surrounding the need for improvements in care.

### Note on Terminology – Distinguishing Between Paid and Unpaid Carers

Throughout this report, we refer to both **paid** and **unpaid** carers, and it is important to distinguish between these two groups to ensure clarity in the findings and recommendations.

- **Unpaid carers** are family members, friends, or neighbours who provide care and support to a loved one without financial compensation. Their role often includes assisting with daily tasks, providing emotional support, and helping to navigate care services, often while managing their own personal and professional responsibilities.
- **Paid carers** are professional care workers, either employed by homecare agencies or directly hired through personal budgets, who deliver care services in people's homes. Their support may include personal care, medication management, meal preparation, and companionship, and they are funded either privately by individuals or through council-commissioned homecare services.

In this report, the term **“carer”** will be used to refer to paid carers, while **“unpaid carer”** will be specifically used when discussing the experiences and needs of family members or friends providing care informally. This distinction is important, as the challenges and support needs of these two groups can be very different, yet both play a crucial role in the overall care system.

# Summary of Findings

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***“Medical interventions allow us to live longer, but the care system needs to support this.”***

This section presents the key themes and insights gathered during the homecare engagement process. While the primary aim was to collect feedback on experiences and expectations related to homecare services to inform the upcoming 2026 contract, participants also shared broader concerns about the care system. These insights reflect the interconnected nature of care, where systemic barriers, financial constraints, and access to wider support services significantly shape individual experiences. Rather than limit the scope of this report, we have included these perspectives to provide a holistic understanding of what matters most to those receiving care and their families.

The findings highlight the importance of reliable, person-centred, and well-coordinated homecare services, alongside system-wide improvements in communication, workforce stability, and access to information and resources. Feedback from unpaid carers and people receiving care, combined with findings from previous consultations, reinforce the need for an integrated, accessible, and responsive care system that supports people to live independently and with dignity in their own homes.

Promotion for the consultation reached over 18,000 people through social media and other channels. A total of 115 people engaged and responded, providing highly detailed responses and sharing their own experiences of homecare.

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## Key Findings

### 1. Consistent and Reliable Care

Respondents emphasised the need for consistency in carer routines, schedules, and continuity. Repeated changes in carers or visit times led to frustration and negatively impacted their health and stability.

***“Carers turning up at different times disrupts meal schedules and personal care routines, causing significant challenges.”***

#### **Considerations:**

- Exploring ways to improve carer retention and service continuity to reduce disruptions.
  - Implementing better scheduling systems that ensure users are notified of any changes in advance.
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## 2. Tailored and Person-Centred Care

Many respondents expressed that care services often fail to accommodate unique needs, particularly for those with fluctuating health conditions, disabilities, and dementia. Some described rigid care models that did not reflect their personal preferences.

***“I don’t want a male carer at bedtime!”***

***“The carers should respect my request for what I want to eat – I should have more choice!”***

***“I have the motivation, but my body can’t cope. The system needs to understand this instead of sending carers who can’t help with what I actually need.”***

### **Considerations:**

- Greater flexibility in care plans to allow users more control over how and when care is provided.
- Developing specialist care pathways for individuals with complex needs.
- Improving dementia care training to ensure carers understand and respond appropriately to fluctuating conditions.



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## 3. Improved Access to Assessments and Care Options

Barriers to care assessments were a recurring theme, especially for self-funders and those in rural areas. Some found the process slow, bureaucratic, or unclear, and felt there was a lack of transparency regarding eligibility criteria.

***“Self-funders find it difficult to access a needs assessment without a social worker’s support.”***

### **Considerations:**

- Simplifying and streamlining the assessment process to ensure timely and accessible evaluations.
- Ensuring that all individuals, including self-funders, receive clear guidance on eligibility and available services.



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## 4. Social Interaction, Mental Health, and Companionship

Social isolation was a significant concern, with many users relying on carers for companionship and human interaction. Respondents highlighted the positive impact of carers who are communicative and empathetic.

***"My carers' cheerful attitude uplifts me and makes my day better."***

### **Considerations:**

- Encouraging carers to prioritise social engagement as part of care provision.
- Exploring community-based activities to help isolated individuals stay connected.



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## 5. Carer Pay, Recruitment, and Retention

Low pay and poor working conditions were identified as key factors affecting recruitment and retention in homecare. This was particularly challenging in rural areas where higher wages in other sectors made care work less attractive.

***"I'm worried about losing my carers because of low pay. It's impossible to replace them where I live."***

### **Considerations:**

- Reviewing pay and working conditions to support carer retention and workforce stability.
- Providing career development opportunities to enhance job satisfaction and skills.

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## 6. Respite and Carer Support

Unpaid carers expressed high levels of stress and burnout, highlighting the need for better access to respite services. Some found existing respite arrangements inadequate or difficult to access.

***"Respite care has given my husband a chance to recharge, but the initial setup was not effective."***

### **Considerations:**

- Expanding emergency and planned respite care options to meet diverse needs.
- Ensuring respite care staff are well-trained to handle complex care needs so that unpaid carers can take meaningful breaks.

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## 7. Training and Skills Development for Carers

Concerns were raised about inconsistent skills and knowledge among carers, particularly in areas like dementia care and cultural sensitivity. Some also felt carers were not reviewing care plans properly.

***"Some carers don't know how to handle a person with dementia, which makes things more difficult."***

***"Some carers need to understand my needs - like feeding me with a knife and fork and not their hands."***

***"Carers aren't looking at my care plan to see what they should be doing each time."***

***"No one has a carers record anymore, it's now done by phone or text so we can't see what they've said they done!"***



### Considerations:

- Expanding training in dementia care, communication skills, and cultural competency.
- Ensuring carers regularly review care plans and confirm tasks with service users.
- Implementing transparent care logging systems to build trust and accountability.

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## 8. Improved Communication and Coordination

Poor communication from care providers was a recurring issue, particularly around schedule changes and staff handovers.

***"Nobody tells me when my carer is going to change, so I'm left wondering who's going to turn up at my door."***

### Considerations:

- Introducing clearer communication protocols to keep users informed of changes.
- Establishing direct feedback channels so that service users can raise concerns easily.
- Providers could carry out spot checks and routine reviews to ensure carers are adhering to care plans and delivering care to the agreed standards.

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## 9. Funding and Financial Stability

Respondents reported that direct payments and funding allocations were often insufficient to cover care costs. The financial burden of disability-related expenses was also highlighted.

***“Direct payments aren’t enough to cover the cost of agencies that match my needs.”***

### **Considerations:**

- Reviewing direct payment rates to ensure they align with actual care costs.
  - Exploring additional financial support options for those facing high disability-related expenses.
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## 10. Access to Adaptations and Equipment

Many respondents reported challenges in securing home adaptations and mobility aids, which are critical for independence.

***“We couldn’t get a grant to install patio doors, which would have made a huge difference to my husband’s ability to get outside.”***

### **Considerations:**

- Increasing funding for home adaptations and mobility aids.
  - Simplifying application processes to ensure timely access to equipment.
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## 11. User Involvement and Empowerment

Clearer guidance on care options and direct payment management can empower users to take a more active role in their care planning. Respondents expressed a desire for greater control over care arrangements, including the ability to choose carers and influence care plans. Some users felt disempowered by bureaucratic processes that limited their input.

***“I want to be involved in decisions about my care, but sometimes I’m just told what’s going to happen.”***

### **Recommendations:**

- Ensure that care planning processes actively involve users and their families in decision-making.
  - Provide resources and advocacy support to help users navigate care options and services.
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## Final Considerations for Commissioners

The consultation findings underscore the importance of homecare services that are reliable, adaptable, and well-integrated with wider health and social care networks. While some issues are systemic and require long-term investment, there are immediate opportunities to improve care delivery through better communication, workforce support, and person-centred planning.

Ensuring that homecare is embedded within a broader ecosystem of support—including adaptations, respite care, and social engagement—will be crucial to meeting the evolving needs of Wiltshire’s residents.

### How Recommendations Were Developed

The recommendations presented in this report have been developed based on the recurring themes, issues, and needs shared by respondents throughout the consultation process.

As engagement leads, we have analysed and synthesised this feedback to provide suggestions aimed at improving care provision and addressing key concerns. However, we also recognise that the expectations and aspirations expressed by respondents—such as more personalised care, greater flexibility, and improved access to resources—are often influenced by external factors like funding, workforce capacity, and systemic constraints.

While these recommendations align with the needs and priorities identified, we acknowledge that their implementation may not always be achievable given the financial and operational pressures faced by homecare providers and support services.

# Objectives

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## Goals of the Engagement Process

- 1 Gather Diverse Perspectives:** Collect views from homecare recipients to inform service improvements.
- 2 Identify Needs and Preferences:** Understand specific challenges faced by individuals receiving homecare services.
- 3 Enhance Service Quality:** Use feedback to identify opportunities for improving homecare services.
- 4 Build Trust and Relationships:** Foster trust through open communication and transparency between service providers and participants.
- 5 Encourage Active Participation:** Empower participants to shape processes that affect their care.
- 6 Inform Policy and Practice:** Provide insights to guide policy development and best practices.
- 7 Facilitate Co-Production:** Encourage collaboration between service users, providers, and stakeholders.
- 8 Measure Satisfaction and Outcomes:** Assess satisfaction levels and identify areas for improvement.
- 9 Create Feedback Mechanisms:** Establish ongoing channels for participants to provide feedback post engagement.
- 10 Promote Awareness and Advocacy:** Raise awareness about the importance of user input in shaping homecare services and advocating for necessary changes.

# Engagement Methods

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The Voice It Hear It (VIHI) engagement approach prioritises deep listening and meaningful participation over simply gathering numbers. We focus on rich, qualitative engagement that captures the complexities of people's lived experiences, particularly those who are marginalised, socially isolated, or digitally excluded. Rather than relying solely on surveys or broad sampling, we create spaces for thoughtful discussion and co-production, enabling us to uncover genuine insights and practical solutions. Our work is about understanding and addressing deeper challenges, ensuring that the voices we engage with lead to meaningful change.

The engagement process for the Homecare Consultation was designed to be inclusive, flexible, and accessible to diverse audiences. We used a range of methods to collect feedback from individuals and groups, providing multiple ways for participation, from direct discussions to self-guided activities.

## Methods of Engagement

### Group Discussions and Focus Groups

We hosted both in-person and online focus groups, engaging participants through structured conversations.

Self-facilitated focus group packs were shared with organisations and groups to integrate discussions into their regular meetings, empowering them to lead the process independently.

### Individual Consultations

Personalised one-to-one interviews were conducted with individuals with varying needs.

### Telephone & Online Conversations

For those unable to attend in-person sessions, telephone and online consultations provided an alternative means of engagement.

### In-Depth Interviews for Case Studies

We carried out detailed interviews to develop case studies, capturing rich, qualitative insights.

### Older People and Carers Champions Focus Groups

We engaged with Older People and Carers Champions to gather perspectives on

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homecare experiences and community needs.

### **Survey Distribution**

A survey was widely distributed through partner networks, newsletters, and social media.

### **Promotional Consultation Materials**

We delivered over 200 postcards via Age UK's meal service to raise awareness of the consultation and encourage engagement.

### **Online Engagement Events**

We offered three online consultation events, promoted through the Wiltshire Care Partnership (WCP) and other networks.

### **Direct Engagement with Individuals**

We engaged with people receiving homecare through existing community groups, face-to-face sessions, and one-to-one discussions.

### **Working with Partner Organisations**

We collaborated with various charities and organisations to maximise outreach and ensure broad engagement with individuals receiving care, their families, and carers. Some key partners facilitated direct consultations within their networks, creating trusted spaces for participants to share their thoughts openly.

For example, The Wessex MS Therapy Centre and WSUN led discussions with their users and provided a safe and supportive environment for engagement.

Self-facilitated sessions allowed groups to gather autonomously and share their experiences. While these discussions occasionally strayed from the structured questions, this process yielded valuable perspectives on care.

### **Organisations and Groups Engaged**

- VIHI Partnership (x6)
- Wessex MS Centre
- SW Parkinson's Wiltshire Group
- Reconnection Group - Calne
- Chippenham's Carers
- Alzheimer's Carers Cafés (Chippenham, Salisbury, and Amesbury)
- Silver Surfers Salisbury
- Bradford on Avon Dementia Café

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## Social Media Promotion

We leveraged social media to expand our reach, collaborating with partner organisations to share consultation posts.

In November, Facebook posts reached nearly 16,000 people, with over 110 shares. Additional platforms contributed approximately 2,000 more views, bringing the total to around 18,000 people.

### Social Media Platforms and Partners

- Community First
- Voice It, Hear It (VIHI)
- Age UK Wiltshire
- Alzheimer's Support
- Wessex Community Action
- Dorothy House Hospice Care
- Well City Salisbury
- Citizens Advice Wiltshire
- Forward Carers
- Wiltshire Wildlife Trust
- Wiltshire Care Partnership

## Newsletters and Email Campaigns

We collaborated with partner organisations to share consultation opportunities through their newsletters. Pre-prepared content was provided to simplify the process for partners.

### Key Newsletters:

- Forward Carers
- Wiltshire Parent and Carers Council (WPCC)
- Wiltshire Association of Local Councils (WALC)
- Wessex Community Action
- Wiltshire Care Partnership
- Area Board Briefings
- Wiltshire Money (CA)
- BSW Triangle Newsletter
- Community First News and Updates (Mailing List)

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Recipients also reported learning about the survey through local GP surgeries, though we were unable to confirm which surgeries shared the information.

## Events and Presentations

We attended events to deliver presentations on the Homecare consultation, encouraging attendees to share information within their service users via their networks.

### Events Attended:

- Homecare Providers Events x2 (hosted by Wiltshire Council)
- Age UK Wiltshire Staff Winter Gathering
- WPCC Information Event (28th November 2024)

## Summary of Promotional Activities

Our engagement strategy employed an integrated promotional campaign across multiple digital platforms and partner networks. We designed self-guided facilitation packs to empower groups to conduct their own discussions and distributed pre-prepared promotional content to streamline sharing efforts.

## Promotional Channels

### Social Media:

- Facebook (over 110 shares), Twitter/X, Instagram, LinkedIn
- Partner organisations amplified posts through their websites, social media platforms x5 and newsletters.

### Email Newsletters:

- Shared by organisations such as Wiltshire Money, Wiltshire Association Local Councils, Wiltshire Parent Carer Council, and Wiltshire Care Partnership

### Website:

- Blog - prominent homepage banner and blog post on the Community First website
- Wiltshire Together

This comprehensive approach achieved the highest level of digital reach for any Voice It, Hear It (VIHI) project to date, ensuring widespread awareness and participation opportunities. Despite significant reach and promotion, the survey recorded 1,632 visits and 58 responses, reflecting a lower-than-expected response rate

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## Challenges Which Impacted the Engagement Process

During the engagement process, we encountered significant challenges that affected our ability to gather the expected level of feedback and engagement, particularly from homecare providers.

One of the main issues was the government budget announcement in Autumn 2024, which imposed increased National Insurance (NI) costs on care providers. Unlike NHS organisations, GPs, and pharmacies, which were exempt from the NI hikes, homecare providers were not granted similar relief. This sudden financial burden put many providers under immense strain, diverting their focus and resources toward managing the crisis. As a result, they were unable to engage with our consultation and engagement work as we had initially hoped.

Adding to this, the timing of the engagement coincided with the lead-up to the Christmas period, a time when many organisations experience reduced capacity due to staff availability, holidays, and other seasonal pressures. This further impacted participation, delaying responses and consultations by several weeks.

**A total of 115 people engaged and responded to this consultation.**

- 62** Completed the survey
- 15** In depth interviews
- 38** Engaged through their groups

*Please note - Charts and graphs created for this report summarise the responses from both survey and group/interview participants in a blended format.*

# Demographics

## Age range of participants

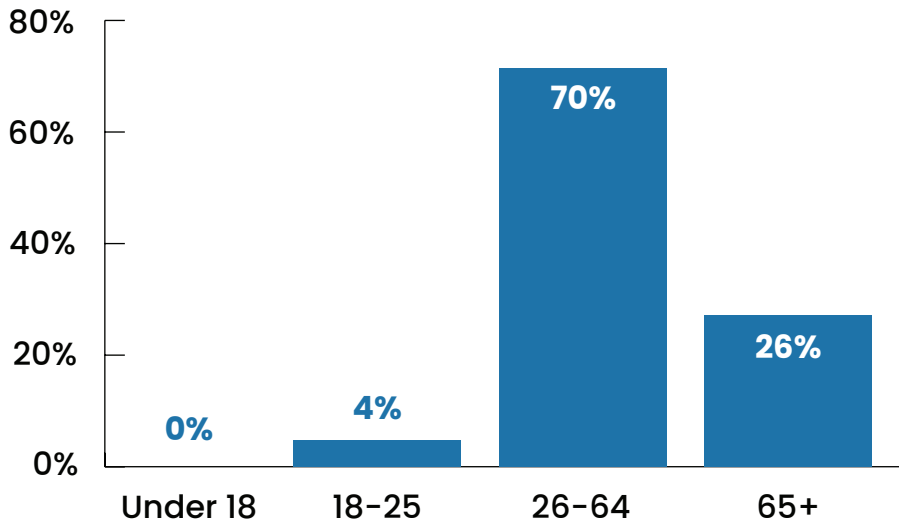


Figure 1: Age ranges for individuals who took part in engagement activity

## Gender of participants

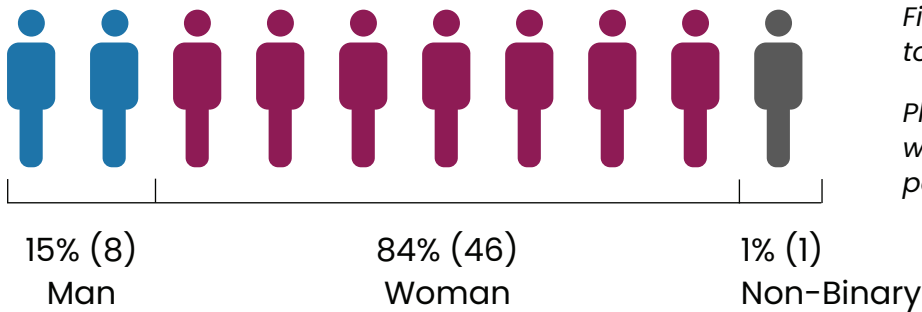


Figure 2: Gender of individuals who took part in engagement activity

Please note - age range and gender was only collected for survey participants

## Type of home

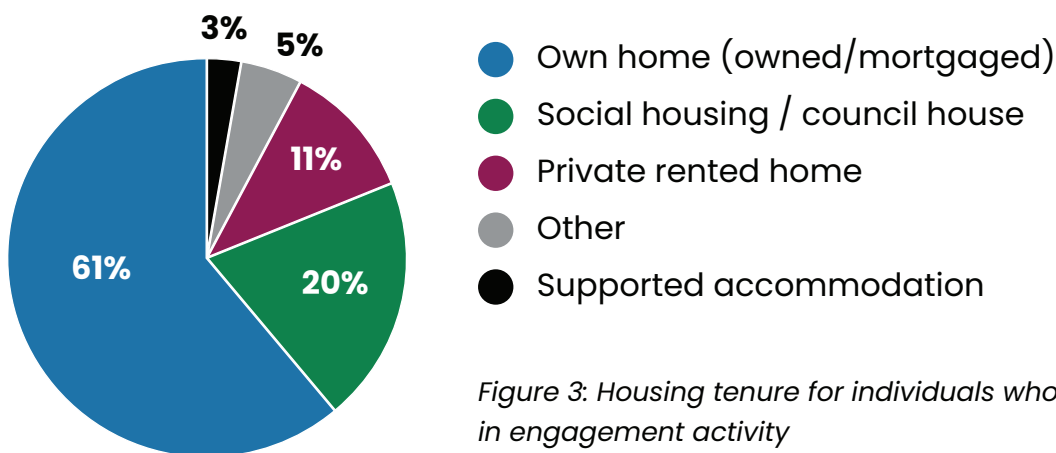


Figure 3: Housing tenure for individuals who took part in engagement activity

## Living status for those who receive care

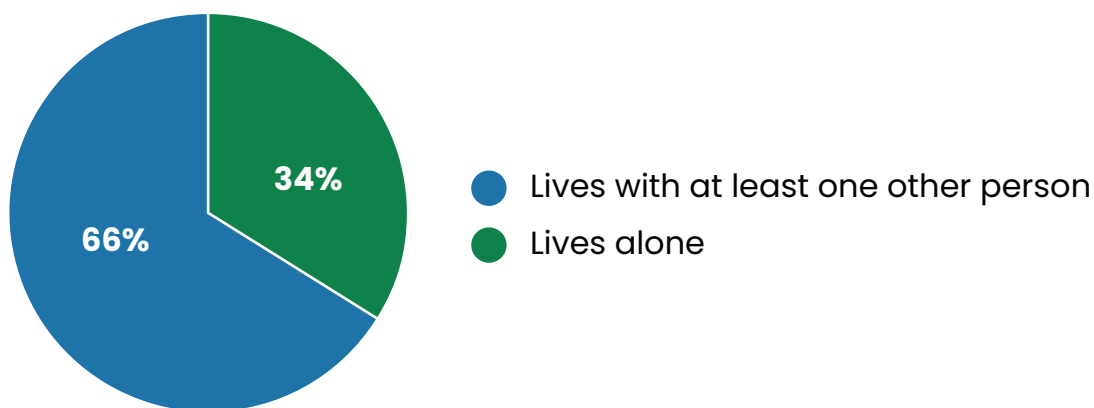


Figure 4: Living status for individuals who took part in engagement activity.

## Location

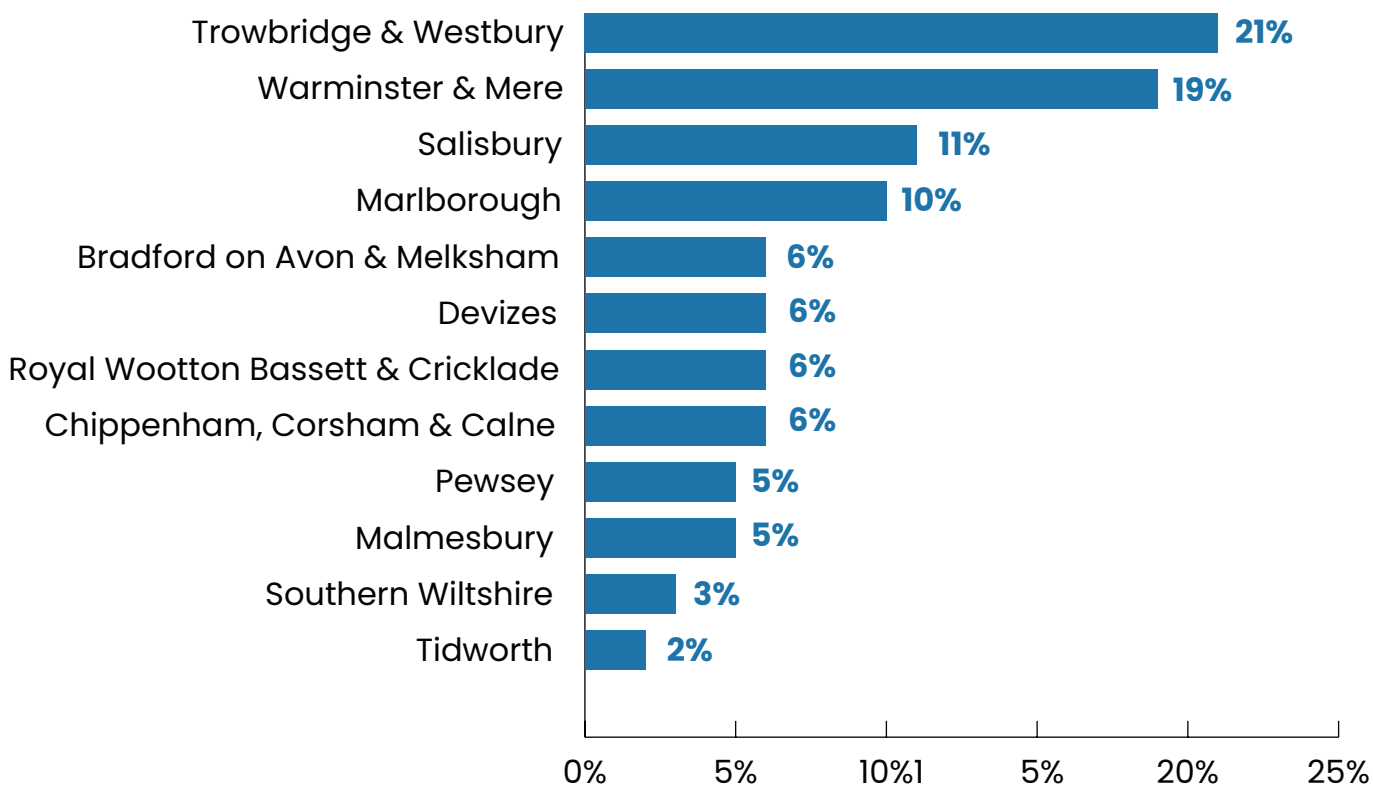


Figure 5: Percentage of respondents by nearest geographical area in Wiltshire

## Workshop Data Summary

Many of the groups that participated in the Homecare consultation were self-facilitated, using our self-facilitation packs to guide discussions and gather feedback

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The data collected from workshops however was inconsistent, making it difficult to fully analyse trends and compare across groups. Some sessions lacked demographic details such as gender, age, accommodation type, or funding sources, while others provided a more detailed breakdown. Despite these inconsistencies, we have summarised the key findings and included the broad themes and insights gathered from participants.

Note: We have not shared demographic data for case studies or 1-2-1 interviews, as our approach was to allow individuals to share their stories in their own words, focusing on their lived experiences rather than categorising them by specific demographic markers.

## Summary of Findings

### **Alzheimer's Carers Groups** x 2 (Amesbury & Salisbury) – 8 Participants

- No demographic data was collected for this group.
- Discussions were focused on their experiences as carers.

### **Silver Surfers Group** (Salisbury) – 15 participants ( 14 women and 1 male)

- Over 60% lived alone.
- 75% were owner-occupiers (flats, terraced houses, one semi-detached, one bungalow).
- 25% were tenants (likely social housing, though unconfirmed).
- Most lived in Zone 1 (Salisbury); one participant in Zone 14 (Wilton).

### **Calne Carers Group** – 7 Participants (1 male, 6 women)

- All lived in Zone 8 and were homeowners.
- All were married and lived with their partner.
- 6 were unpaid carers.
- 4 received care at home; 3 paid for care, 2 did not, and 1 was unsure.
- None received council-funded care.
- All unpaid carers supported their partners; one participant's daughter also provided unpaid care.
- Main care needs were assistance with getting up, going to bed, washing, and dressing.

## Chippenham Carers Café – 8 Participants

- No gender data recorded.
- All lived in Zone 8.
- Varied accommodation types: home-ownership, park homes, rented accommodation, care homes, and retirement apartments.
- All except one lived with a partner.

Care received at home included:

- 1 x cleaner
- 1 x occupational therapist
- 1 x full-time care (care home resident)
- 3 x did not receive care at home.
- Some were paying for homecare and respite care, while others were waiting for assessments.
- Most provided unpaid care for family members.

## Homecare Services – Overall Respondent Summary

**Are you (or the person you care for) currently receiving funded care in your own home? This means care which is funded by Wiltshire Council.**

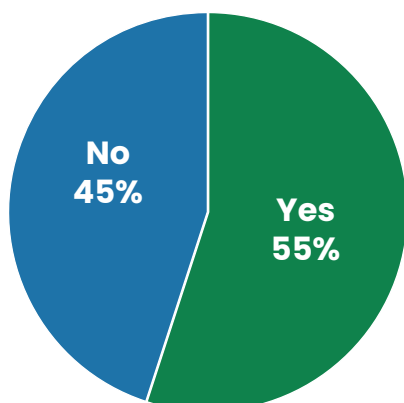


Figure 6: Percentage of respondents who receive funded care in their own home.

**Are you (or the person you care for) currently receiving any care in your home which you pay for yourself (self-fund)?**

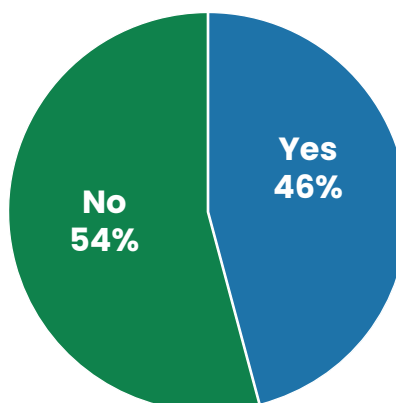


Figure 7: Percentage of respondents who self-fund care in their own home.

**What type of care do you (or the person you care for) currently have help with in your home? Please select all that apply.**

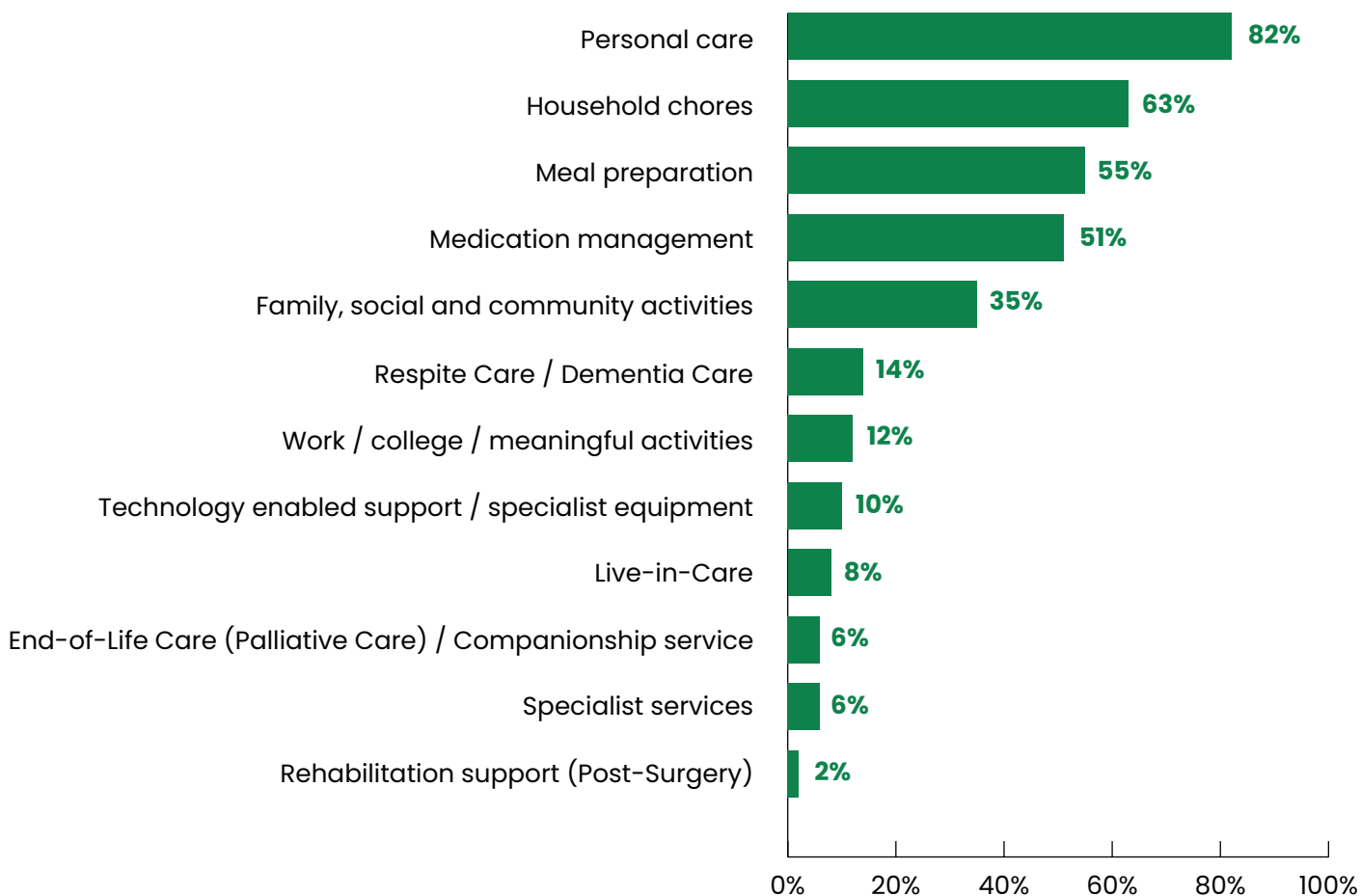


Figure 8: Types of care received at home.

**Is an unpaid carer involved in helping to care for the person receiving homecare?**

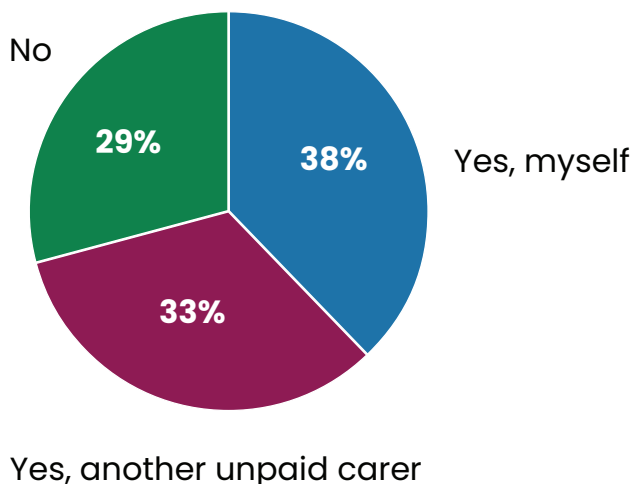


Figure 9: Unpaid carer involvement.

**Do you (or the person you care for) receive any other care or support from any other sources not mentioned?**

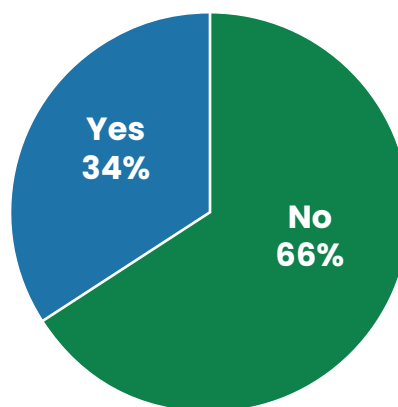


Figure 10: Other care or support

# Project Findings

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This section presents the detailed findings from the Homecare Consultation, structured around each open-ended question asked during the engagement process. For each question, we provide a summary of the key insights shared by respondents, followed by a breakdown of the key themes that emerged. To illustrate the lived experiences and highlight the realities faced by those receiving or managing care, we have included direct quotes from participants. These quotes offer valuable context and help bring the data to life.

Additionally, we outlined key points for consideration, drawn from both the feedback received and our analysis as engagement leads. These points highlight potential areas for improvement or focus within homecare provision. While some suggestions may be challenging to implement due to financial or capacity constraints, they reflect the expressed needs and aspirations of those who engaged with us, ensuring their voices are central to shaping future services.

## Engagement Questions

**Question: Please describe this care and support, including the name of the organisation providing it.**

### Summary of Findings

The responses highlight a mix of formal and informal care arrangements, with individuals often receiving support from multiple sources beyond homecare providers. These include condition-specific charities, local community groups, informal support from family and neighbours, and voluntary services that offer home safety measures and emotional support. Many respondents noted that these external services play a vital role in supplementing formal homecare, particularly in areas where practical or emotional support is needed but not covered by traditional care packages.

Many participants accessed support from trusted third-sector organisations, which provided tailored care and social engagement opportunities. Additionally, some respondents highlighted services that helped improve home safety, including the fire service and the Bobby Van, as well as voluntary support networks that offer befriending and companionship.

### Examples of Support from External Care Providers

A range of external support services complement homecare, providing both practical

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and emotional assistance to individuals and their carers. These services include specialist charities, community groups, social networks, and voluntary organisations that enhance well-being and independence.

As part of this engagement, we conducted in-depth interviews with individuals who receive support from a variety of external providers. These interviews offered valuable insights into how these services help fill gaps that homecare providers may not always be able to address.

Support was accessed through various organisations, including:

- Alzheimer’s Society
- Macmillan
- Samaritans
- Warm and Safe
- Action for Carers
- RABI
- Age UK
- Wiltshire Bobby Van Trust
- Wessex MS Therapy Centre
- Wiltshire Service Users’ Network (WSUN)
- Local Carers groups

## Key Themes

- **Emotional and Social Support:** Many respondents rely on charities and community organisations for companionship, mental well-being, and a sense of belonging.
- **Condition-Specific Support:** Specialist services offer tailored therapies, social activities, and home visits that address the needs of individuals with long-term conditions such as dementia, multiple sclerosis, or cancer.
- **Bridging Gaps in Care:** External providers help where formal homecare services may not cover certain needs, such as befriending, respite care, or financial guidance.

## Quotes from Respondents

*“Support from Wessex MS – financial and friendship – saved my life.”*

*“A specialist charity sends a buddy to visit me at home.”*

*“The fire service provided an alarm for my husband who’s deaf.”*

*“My support group helps me stay connected. It’s not just about physical care, but about keeping my mind active too.”*

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## 1. Family Support

Many respondents receive essential daily care and emotional support from spouses, children, and other family members. However, family carers often experience additional strain, particularly when they have their own health challenges.

***“My husband takes care of me too, but since his cancer diagnosis, it’s been more difficult.”***

***“Husband and daughter provide care; physiotherapy at home is funded through continuing healthcare.”***

## 2. Informal Community and Neighbour Support

Neighbours and local social groups provide occasional support with transport, shopping, and daily tasks, reducing isolation and offering a sense of community.

***“One neighbour helps put me to bed once a month as I come back from the PHAB club too late for the agency.”***

## 3. Private Services

Many respondents supplement their homecare with privately funded services, such as cleaning, pet care, and specialist health support. While these services are valuable, they are not covered by public funding, placing additional financial strain on users.

***“I have to fund additional cleaning needs for infection control rather than domestic cleaning to keep us safer.”***

## 4. COVID-19 Impact on Community Support

Several respondents mentioned that valuable community-based support networks that emerged during the pandemic—such as Link services—are no longer available, leaving gaps in support.

***“During the pandemic, organisations like Link helped with shopping, but that support doesn’t exist now.”***

## 5. Other Formal Care Providers

Respondents mentioned a range of care providers offering daily and ongoing support, including:

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- **Arrow Care Services:** Provides personal care for a bed-bound individual with three daily visits.
  - **Care Matters:** Offers assistance with personal care, meal preparation, medication, shopping, and laundry.
  - **Alzheimer's Support:** Delivers local dementia care services and social activities.
  - **Age UK:** Provides meal delivery services.
  - **Prospect Hospice and Dorothy House:** Conduct periodic check-ins and palliative care support.
  - **Personal Health Budget:** Some respondents employed their own carers with recruitment and training support from Care Match.

### Key Points for Consideration

- **Signposting to External Support:** Homecare providers could consider providing clearer information about additional sources of support, including financial guidance, emotional well-being services, and condition-specific care organisations.
- **Home Safety Awareness:** Carers could help signpost individuals to services such as the Bobby Van and fire safety checks, which provide home security, safety measures, and emergency preparedness for vulnerable residents.
- **Ensuring Awareness of Specialist Condition Support:** Some individuals may not be aware of charities and third-sector organisations that provide condition-specific services, such as Alzheimer's groups and MS support networks. Homecare providers could help raise awareness of these resources.
- **Strengthening Community Links:** As informal neighbourly support and local groups provide vital assistance, homecare services could consider collaborating with community organisations to ensure individuals have access to a broader support network.
- **Support for Emotional and Social Well-being:** Homecare services primarily focus on physical care, but many respondents highlighted the importance of social engagement. Recognising the role of external organisations in offering befriending schemes, peer support, and social inclusion opportunities could help improve overall well-being.

**Question: How did you (or the person you care for) find out about the care you currently receive?**

### Summary of Findings

The responses highlight diverse ways that individuals became aware of the care

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services they currently receive. Key sources include hospital referrals, social workers, personal networks, and community or advertising channels. Some respondents also expressed difficulties with recalling this information due to the length of time since their care arrangements were first put in place.

## Key Themes

### 1. Hospital and Health Services

Respondents frequently mentioned that their care was arranged following hospital stays or health crises, often facilitated by hospital care teams or occupational therapists (OTs).

***“Had a relapse and lost the ability to walk; the hospital OT arranged the carers.”***

***“Hospital care team and OT facilitated care after I was discharged.”***

### 2. Social Workers and Case Workers

Social workers played a significant role in coordinating care services, particularly during or after hospital discharges and family emergencies.

***“A social worker came and did an assessment, and Wiltshire Council found me my care agency.”***

***“My social worker helped me when my husband had to go into hospital.”***

### 3. Self-Sourced or Community-Based Recommendations

Some respondents found their care services through informal channels, including recommendations from friends, shop adverts, and local support groups.

***“A case worker recommended Phoenix Care, and I put an advert in the shop for private carers.”***

***“I found my care through Facebook.”***

### 4. Prior Knowledge and Long-Term Experience

Respondents with prior experience working in care or support organisations were more aware of service options and could access care efficiently when needed.

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*"I worked for an organisation that had the contract for direct payments... when I needed care later, I knew what to do."*

## 5. Challenges and Gaps in Care

A few respondents noted systemic barriers to care, particularly for specific conditions such as severe ME/CFS, where appropriate commissioned care options were lacking.

*"There is no care support available for severe ME/CFS in this area."*

## 6. Memory Challenges

Several respondents could not recall how they initially found out about their care services, which may reflect the complexity of care pathways or insufficient record-keeping.

*"Can't remember, long time ago."*

## Key Points for Consideration

- **Healthcare Referrals:** Hospital stays and discharge planning are crucial access points for care services, underscoring the importance of robust hospital-to-community referral systems.
- **Social Worker Support:** Social workers continue to be an essential resource in arranging and navigating care, especially in crisis situations.
- **Community Recommendations:** Informal networks and local recommendations are valuable sources of information, though they may not always provide comprehensive guidance.
- **Information Accessibility:** Improved documentation and follow-up processes may help care recipients better understand and navigate their care pathways.
- **Addressing Service Gaps:** Specific conditions, such as severe ME/CFS/Dementia, require tailored care options that adhere to established guidelines, addressing the needs of underserved populations.

**Question: How was the care put in place? Was there a process you (or the person you care for) had to follow?**

## Summary of Findings

The responses indicate that care services were typically arranged through healthcare professionals, social services, or self-directed recruitment. Processes ranged from hospital discharge planning and occupational therapy (OT) referrals to family-

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managed or independent arrangements. Some respondents reported challenges with the quality of agency services, while others highlighted the importance of personalised care processes.

## Key Themes

### 1. Hospital and Occupational Therapy Referrals

Respondents often had care arranged as part of a hospital discharge process, with OTs coordinating support to ensure a safe transition home.

***"Hospital OT arranged the care."***

***"Through the discharge team and since then I contacted Wiltshire CIL."***

### 2. Social Services and Social Workers

Social workers played a key role in assessing needs, organising care, and providing ongoing support. However, some respondents noted mixed experiences with agency performance after arrangements were made.

***"A social worker came and did an assessment, and Wiltshire Council found me my care agency."***

***"Through the social worker, but the agency didn't work well for me."***

### 3. Direct Recruitment and Self-Managed Care

Some respondents were involved in recruiting and managing their own carers, often with assistance from social workers or organisations. This approach allowed for greater control over the care process.

***"I recruited carers with help from the organisation after agreement with the social worker."***

### 4. GP and Health Professional Involvement

In some cases, GPs or other health professionals initiated the care process by arranging for case workers to visit and assess needs.

***"My GP sent a case worker to the house."***

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## 5. Challenges with Agency Services

Issues with agency care included inconsistent staffing, poor communication, and inappropriate behaviour from carers, leading to frustration and trust issues.

*“The agency didn’t work well for me... I had so many different carers coming in, sometimes they didn’t turn up.”*

## 6. Complex and Inadequate Processes

Some respondents found the care arrangement process to be overly complex or insufficient to meet their needs, especially regarding domiciliary medical care.

*“The lack of home-based medical care is a real problem. Essential services should come to the person.”*

## Key Points for Consideration

- **Healthcare-Driven Referrals:** Hospital and OT involvement are crucial in care arrangements, particularly following medical crises or hospital stays.
- **Social Worker Coordination:** Social workers play an essential role in facilitating care but may need to provide more oversight to ensure consistent service quality.
- **Personalised Care Processes:** Respondents valued having input in recruitment and care arrangements, suggesting a need for more user involvement and flexibility.
- **Agency Accountability:** Addressing concerns about agency performance, including carer reliability and professionalism, could help build greater trust in care services.
- **Improved Process Efficiency:** Simplifying and streamlining the care arrangement process, especially for those requiring specialised or medical care at home, could enhance user experience.

**Question: What do you feel could be changed to improve the process of arranging care?**

## Summary of Findings

Respondents highlighted key areas for improvement in the care arrangement process, focusing on user involvement, communication, continuity, and timely support. While many suggestions pointed to systemic issues, others reflected positive experiences with current care arrangements.

## Key Themes

### 1. Choice and User Involvement

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Respondents expressed a desire for more control and choice in selecting their care providers rather than being assigned agencies without consultation.

*“I felt like the care company was dumped on me. It was strange not to have a voice in it or a choice.”*

## 2. Access to Information and Resources

Better access to information on care options, such as a database of private carers and guidance on direct employment, was suggested.

*“My social worker should have given me the information about how I could employ my own care.”*

## 3. Delays and Bureaucracy

Delays in arranging care, particularly during hospital discharge processes, were highlighted as a significant frustration, causing prolonged hospital stays and delayed support.

*“It took a long time to sort it out and I couldn’t come out of hospital.”*

## 4. Direct Employment and Personalisation

One respondent shared a positive experience with directly employing their own carer, emphasising the benefits of trust and personalised care.

*“I employ my current carer. I trust her, and she lets me know what is happening.”*

## 5. Improved Carer Pay and Conditions

Respondents stressed the need for better pay and conditions to attract and retain high-quality carers, which would help reduce staff turnover and improve service consistency.

## 6. Uncertainty or Lack of Suggestions

Some respondents were unsure about what could be improved in the process.

*“Don’t know.” / “Not sure.”*

## Key Points for Consideration

- **User Choice and Control:** Ensuring that care recipients can participate in the selection of their care providers can lead to higher satisfaction and trust.

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- **Improved Communication:** Addressing communication barriers, including language proficiency and information sharing, is crucial to improving care outcomes.
  - **Efficient Processes:** Streamlining care arrangement processes, especially during critical periods such as hospital discharge, is essential to minimise delays and disruptions.

**Question: What helps you (or the person you care for) to live a good life? What things are important and what matters most to you?**

## Summary of Findings

Respondents shared a broad range of factors that contribute to living a good life, with recurring themes around essential care, dignity, social engagement, hobbies, and financial support. These responses underscore the interconnected nature of care, emotional well-being, and quality of life.

## Key Themes

### 1. Essential Daily Care and Routine

Reliable care for daily routines such as getting out of bed, dressing, and maintaining personal hygiene was identified as crucial to well-being and independence. Dignity and cleanliness were emphasised as priorities.

*"I need essential care to get me out of bed every day."*

*"I want to be presentable, clean, and well-dressed."*

### 2. Respect and Confidentiality

Maintaining confidentiality and respectful treatment by carers was deemed important for fostering trust and comfort at home.

*"I want my carers to appreciate confidentiality when they come into my home."*

### 3. Family and Social Connections

Maintaining relationships with family, friends, and the broader community played a key role in improving well-being. Respondents mentioned attending local events, book clubs, and church, which fostered a sense of belonging.

*"My husband, my chickens, ducks, and pig are important to me."*

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*“Being part of the community is very important to me. I like going to village functions, my book club, and PHAB club.”*

#### 4. Maintaining Hobbies and Interests

Respondents highlighted the importance of hobbies and leisure activities, including carriage driving, watching TV, and playing computer games. However, some expressed fears around illness, such as COVID-19, which limited their participation in activities.

*“I like watching TV and playing my computer games. I don’t go out much anymore because I’m still scared of catching COVID.”*

#### 5. Social Interaction and Community Engagement

Social contact, particularly through friendly and supportive carers or organised activities, was highlighted as essential for emotional well-being. Opportunities to engage with others and maintain friendships were valued highly.

*“My Age UK Fitness and Fun group is the highlight of my week. I like to see and talk to people.”*

#### 6. Support from Carers and Family

Reliable, caring support from carers and family members was critical for managing day-to-day life and maintaining a positive mental state. Respondents emphasised how much they relied on this support system.

*“My carers are excellent, and I couldn’t do this without them. They help my bed-bound husband get up on days he can.”*

#### 7. Aspirations Limited by Financial Constraints

Respondents expressed frustrations about being unable to pursue aspirations such as travel and leisure due to the high costs associated with care. The need for extensive planning also limited spontaneity.

*“Your options are very limited unless you can self-fund. There is no spontaneity; I need to plan everything in advance and organise many things to make it happen.”*

#### Key Points for Consideration

- **Reliable Essential Care:** Consistent care is fundamental for maintaining dignity, independence, and stability in daily life.

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- **Respect and Confidentiality:** Ensuring respectful and confidential care can help build trust between carers and care recipients.
  - **Social and Community Engagement:** Opportunities for social interaction and participation in community events contribute significantly to emotional well-being and a sense of belonging.
  - **Hobbies and Interests:** Care plans that support the continuation of hobbies and leisure activities help improve overall quality of life but may require adaptations to address health concerns.
  - **Financial and Logistical Barriers:** Financial constraints and complex planning requirements hinder many care recipients from achieving their aspirations, indicating a need for more flexible and accessible support options.

**Question: Thinking about the care currently received, what works well?**

**Summary of Findings**

Respondents emphasised the importance of reliable, consistent, and compassionate care in supporting their independence, safety, and well-being. Key themes include effective communication, continuity of care, and flexibility to meet individual needs, with many expressing satisfactions with their current arrangements.

**Key Themes**

**1. Compassionate and Supportive Carers**

Carers who are kind, cheerful, and attentive positively impacted respondents' well-being and mood.

*“Because my carers are not always in a rush, I feel listened to and cared for. They are very cheery and uplifting.”*

**2. Communication and Scheduling**

Effective communication, including the use of apps provided by care companies, was praised for reducing uncertainty by keeping users informed of carer schedules and changes.

*“The care company supply an app, so I know when the carers are coming in.”*

**3. Reliability and Punctuality**

Respondents valued reliable and timely services, emphasising the importance of carers arriving on schedule and consistently providing expected support.

*“The agency carers are reliable and on time.”*

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#### 4. Consistency and Continuity of Care

Having a small, regular care team that understands the individual's routines and needs was seen as crucial in building trust and ensuring efficient care.

***"When you have the same carers, they know me and my quirks. It's good when they know what I need."***

***"Having a small group of carers who rotate helps build trust and familiarity."***

#### 5. Emotional and Social Support

Carers were described not just as providers of care but also as companions who enhanced mental well-being by offering social interaction.

***"It's like having visitors and that makes me happy."***

***"Some carers are very kind and chat with me. They make me feel safe and comfortable."***

#### 6. Practical Support and Routines

Carers were recognised for handling essential tasks effectively, including personal care, meal preparation, shopping, and mobility assistance.

***"Having help with personal care works well. Seeing someone each day is uplifting."***

***"My carers order my food from Wiltshire Farm Foods and they tidy up for me."***

#### 7. Flexibility and Control

Respondents appreciated the ability to choose care schedules, carers, and services, noting that flexibility helps them maintain independence and control.

***"The choice and times of visits work well, and I like having input in other services."***

***"Employing my own staff allows me to have more control, but I don't have stability, and I can't plan."***

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## 8. Support for Family Caregivers

Home care services were seen as crucial for supporting family caregivers, allowing them to better manage their responsibilities.

*“It enables me to stay at home and supports my husband to look after me.”*

## 9. Positive Overall Experience

Home care services were seen as crucial for supporting family caregivers, allowing them to better manage their responsibilities.

*“All of it works well.”*

## Key Points for Consideration

- **Consistency and Trust:** Maintaining a regular team of carers helps build trust, reduces stress, and ensures a personalised care experience.
- **Communication Improvements:** Scheduling apps can improve service delivery, but as many people may not use them, providers should encourage those who can, while ensuring clear communication through phone calls, texts, or other familiar methods.
- **Reliability and Timeliness:** Reliable and punctual care services are essential for both practical needs and emotional well-being.
- **Flexibility and Autonomy:** Users value having control over care arrangements, though maintaining stability can be challenging for those employing their own carers.
- **Emotional Support:** Carers who provide companionship and social interaction contribute significantly to mental health and quality of life.

**Question: Thinking about the care currently received, how could the care improved to help you (or the person you care for) live a good life? Is there anything that would need to change?**

## Summary of Findings

The responses highlight key areas for improving care, particularly around communication, continuity, flexibility, and funding. Respondents also discussed the importance of tailored care plans, carer training, and access to additional resources. However, some expressed overall satisfaction with their current arrangements.

## Key Themes

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## 1. Improved Access to Adaptations and Mobility Aids

Respondents emphasised the need for home adaptations and mobility aids to promote independence and quality of life.

***“We couldn’t get a grant to install patio doors to allow my husband to go outside.”***

## 2. Improved Communication and Language Skills

Communication barriers, particularly with non-English-speaking carers, were noted as a significant issue impacting the quality of care.

***“Better communication and language are a huge barrier.”***

## 3. More Personalised and Flexible Care

Respondents highlighted the importance of care plans that account for fluctuating health conditions and individual preferences, with greater flexibility to support social engagement and community activities.

***“Plans need to change to reflect the reality of fluctuating conditions.”***

***“24-hour availability of care would be good, not for 24-hour care but to access care flexibly. This would help me attend events and stay out late.”***

## 4. Carer Training and Skills Development

Enhanced training, especially in areas like dementia care and complex disabilities, was seen as necessary to ensure carers understand and can manage specific needs effectively.

***“Some carers do not understand how to handle dementia patients.”***

## 5. Continuity and Stability of Care

Maintaining consistent care teams was highlighted as critical for building trust and reducing the stress of adjusting to new carers.

***“I am very happy right now with my live-in carer and I wish it could always be the same.”***

## 6. Carer Time Management

Some respondents noted that carers rushed through tasks and needed more time to complete their duties effectively.

***“Sometimes carers leave late, and I feel rushed.”***

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## 7. Access to Public Funding and Fairness

Respondents expressed concerns about being excluded from public funding due to home ownership or savings, limiting their access to affordable care services.

*“It feels unfair that we get no public funding because we have savings and own our own home.”*

## 8. Funding and Personal Budgets

Respondents indicated that aligning personal budget rates with agency rates could help them attract and retain suitable carers, though they recognised broader recruitment challenges.

*“If they gave me a higher flat rate for my personal budget in line with an agency rate, I may have less trouble employing the right people.”*

## 9. Positive Feedback and Satisfaction

Many respondents expressed contentment with their current care arrangements, stating that the support provided met their needs.

*“I am very happy with my PA; it works well for me.”*

*“I wouldn’t change anything; I’m happy with the care I receive.”*

## Key Points for Consideration

- **Improved Access to Adaptations and Mobility:** Respondents highlighted the need for better access to home adaptations and mobility aids to support independence and quality of life.
- **Communication Skills:** Addressing language barriers and improving carers' communication skills can enhance service delivery and user comfort.
- **Flexibility:** Care services should offer greater flexibility to accommodate users' social and community participation needs.
- **Continuity of Care:** Maintaining stable care teams reduces stress and improves user satisfaction by fostering trust and familiarity.
- **Access and Equity:** Reviewing funding eligibility criteria may help provide more equitable access to care services for individuals with assets.
- **Funding and Recruitment:** Adjusting personal budget rates to match agency rates could alleviate recruitment challenges and improve service stability.

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- **User Satisfaction:** Many respondents are content with their current care but stress the importance of maintaining flexibility and continuity in service provision.

**Question: Is there anything else you would like to tell us about the care provided or received at home?**

## Summary of Responses

The responses provide a wide range of perspectives, emphasising the importance of consistent, reliable care, adequate financial support, effective communication, and access to specialist services. Feedback also highlights systemic challenges, including recruitment difficulties and funding issues, alongside positive experiences and satisfaction with current care.

## Key Themes

### 1. Consistency and Quality of Care

Reliable care with consistent staffing was highly valued, as poor experiences with previous carers had negative impacts on well-being. Some respondents noted that maintaining stable teams of carers helps build trust and personalised care over time.

***“A good care agency has made all the difference after poor experiences with previous carers.”***

### 2. Language and Communication Barriers

Language barriers with non-English-speaking carers were frequently mentioned as causing discomfort and reducing the quality of care. Respondents emphasised the need for carers who can communicate clearly and build rapport.

***“I don’t like it when there is a language barrier.”***

***“More English-speaking carers are needed, I feel helpless when there are carers I don’t know or like in my home.”***

### 3. Social Interaction and Flexibility

Some respondents expressed a desire for social carers who could provide companionship and accompany them on outings. They also highlighted the importance of carers having the flexibility to support social engagement and activities.

***“I wish the carers had more time.”***

***“I would love to have a social carer, someone to go out with and stay out at night with.”***

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#### 4. Impact on Mental Health and Well-being

Positive interactions with carers were noted as being vital for mental and emotional well-being. Carers who are supportive and personable contribute significantly to improving quality of life.

***“My carers have made a real difference and help me stay at home.”***

#### 5. Access to Services and Assessments

Access to assessments and care services was identified as a challenge, particularly for self-funders and those with severe conditions. Respondents emphasised the importance of improving access to tailored support.

***“Self-funders find it difficult to access needs assessments.”***

#### 6. Specialist and Tailored Care Needs

Respondents with complex conditions stressed the importance of tailored care, including remote services and hospice-level support, to meet their unique needs.

***“Severe ME needs access to tailored, highly equipped domiciliary care.”***

#### 7. Proactive vs. Reactive Support

Care services were often described as reactive rather than proactive. Respondents expressed a need for better information on available services and support to anticipate their needs rather than waiting for crises to occur.

***“We seem to always respond reactively rather than having information to be proactive.”***

#### 8. Financial Strain and Funding

Financial concerns were significant, with respondents highlighting high care costs and the need for subsidised funding and financial advice.

***“Care at home is important, but subsidised funding is needed when care needs increase.”***

#### 9. Past Issues with Unsuitable Carers

A respondent shared experiences of having to dismiss multiple carers over the years due to poor performance, indicating the difficulty of finding reliable, competent staff.

***“We have had to sack lots of unsuitable carers over the years for many different reasons.”***

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## 10. Positive Feedback and Satisfaction

Several respondents expressed satisfaction with their current care arrangements, noting that carers have improved their lives and provided necessary support.

*“The carers at Care Matters are really good and have improved my mental health.”*

## 11. Comprehensive Care Support

Respondents highlighted the importance of carers assisting with various tasks, including personal care, meal preparation, and attending medical appointments. Additional care hours to support social visits were particularly appreciated.

*“The carers come four times a day. They get me up and dressed, apply cream, prepare food, and handle other tasks like shopping and podiatry appointments.”*

## 12. Suggestions for Systemic Improvements

Calls were made for reforms such as mandatory care qualifications and a national care scheme to regulate care providers and reduce profiteering.

*“We need a national care scheme with mandatory qualifications for carers.”*

## Key Points for Consideration

- **Language and Communication:** Improving carers' language skills can significantly enhance comfort and service quality.
- **Social and Community Support:** Expanding care to include social participation and companionship would improve the well-being of care recipients.
- **Consistency:** Maintaining stable teams of carers helps foster trust and reduces stress associated with frequent changes.
- **Proactive Care Planning:** Offering more proactive support and better access to information about services could prevent reactive crisis management.
- **Financial Support:** Addressing the high costs of care and providing more comprehensive funding options for families can alleviate financial pressures.
- **Specialist Services:** Tailored care for severe conditions needs to be prioritized to meet the complex needs of these individuals effectively.

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## Review of Previous Consultations and Links to Homecare Findings

As part of our engagement work, we reviewed findings from previous consultations to identify any connections to homecare or overlapping themes that highlight gaps or reinforce the insights gathered during this consultation.

The **Accommodation Strategy Report** provided several key insights relevant to homecare, particularly around future housing needs, independent living, and access to care and support.

### Key Links to Homecare:

- **Future Housing Needs:** Many older residents in Wiltshire wish to stay in their own homes for as long as possible, but achieving this requires adaptations and practical support, including personal care and home maintenance. This aligns with feedback from the homecare consultation, where respondents emphasized the need for flexible support services to enable independent living.
- **Finding Information About Housing and Support:** A recurring challenge is the accessibility of information about available support options, whether for housing adaptations or homecare services. Ensuring that residents can easily find and understand their options is crucial in enabling informed decisions about their care and living arrangements.
- **Living an Independent Life:** Independence is closely linked to staying at home with the right level of support. Respondents highlighted the need for home adaptations, personal care, and assistance with everyday tasks to maintain their quality of life—factors that directly influence homecare provision.
- **Rural Residents and Access to Services:** A significant number of older residents live in rural areas, where accessing essential services, including healthcare and homecare, can be more challenging. Transport and availability of care staff in rural locations were noted as barriers, reinforcing the need for tailored solutions to support residents in these areas.

By cross-referencing previous consultation findings with our homecare engagement, we can see clear overlaps in the challenges and priorities for older residents.

These insights further emphasise the need for **integrated, accessible, and person-centered homecare services** that align with wider support systems to help people live independently at home for as long as possible.

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## Links Between the Prevention Strategy Findings and Homecare

A review of the **Prevention Strategy consultation** findings highlights several themes that align with homecare services and broader support for independent living. These connections reinforce the importance of clear communication, accessible services, and integrated care approaches to help people remain in their homes for as long as possible.

Key Links to Homecare and Broader Support Needs:

- **Simplification of Language & Clearer Communication:** Homecare users and their families need straightforward information about available services, eligibility criteria, and support options. Using plain language in homecare assessments, care plans, and provider communications is essential to ensure accessibility for all.
- **Focus on Practical Implementation:** Just as respondents wanted the Prevention Strategy to be more action-oriented, homecare users value tangible, reliable support that is easy to access and implement. This includes timely adaptations, responsive care teams, and structured support for daily living needs.
- **Accessibility and Awareness:** A key challenge in homecare is ensuring individuals know what support is available and how to access it. Just as respondents highlighted the need for better public awareness in the Prevention Strategy, similar improvements are needed in homecare, including better signposting of services and clearer referral pathways.
- **Strong Support for Advice and Information:** Homecare users and carers often struggle to navigate the system, reinforcing the need for accessible, impartial advice on care options, funding, and local services. Ensuring this information is widely available, without creating barriers to accessing care, is crucial.
- **Mixed Feedback on Technology Enabled Care (TEC):** While TEC has potential benefits in homecare, respondents in both consultations raised concerns about an over-reliance on technology at the expense of human interaction. The role of TEC in homecare must complement rather than replace person-centered care, particularly for those who may not be comfortable using digital solutions.
- **Collaboration with Health Partners:** Homecare services must be well-integrated with primary care, community health teams, and wider social support networks to ensure continuity of care. The call for stronger collaboration in the Prevention Strategy echoes the need for seamless coordination between homecare providers, GPs, therapists, and voluntary sector services.

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- **Transitions from Youth to Adult Services:** Ensuring smooth transitions for young people moving into adult social care is critical. Many homecare users may have long-term conditions or disabilities requiring early planning and joined-up support between children's and adult services.

By linking these findings, it is clear that homecare must be easily accessible, well-communicated, and integrated with wider health and social care services to effectively support residents in maintaining their independence and quality of life.

## **Additional Insights from Workshops**

In addition to the key findings from the Homecare consultation, participants in the workshops shared further insights that highlight important considerations for future service planning. These insights reinforce themes from the broader engagement while bringing attention to specific gaps and areas for improvement.

### **Considering Care Homes and Retirement Living Together:**

Respondents emphasised the need to view care homes as part of a broader housing and care continuum, ensuring that people have a full range of options as they age. This aligns with previous findings that most older residents wish to stay at home but may also consider downsizing, supported housing, or retirement communities as alternatives.

***"Care homes should be considered alongside retirement living."***

### **The Need for More Emergency Respite Care:**

Workshop discussions highlighted a gap in short-term and crisis support, particularly for carers and individuals needing temporary care arrangements. Expanding emergency respite care could help reduce stress for families and prevent unnecessary hospital admissions.

***"More emergency respite care is needed."***

### **Transparency in Care Home Reviews:**

While official Care Quality Commission (CQC) reports and care home reviews provide valuable oversight, some participants felt they do not always reflect the lived experiences of residents. There was a call for more honest, real-world insights to help individuals and families make informed decisions about care homes.

***"CQC and care home reviews are useful, but the reality compared to what is portrayed is different – lacking an honest view of what a care home is really like."***

### **Lack of Continuity in Social Work Support:**

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Many participants shared frustrations about high staff turnover among social workers, which leads to a lack of continuity in care planning. Frequent changes in social workers mean individuals must repeatedly explain their situation, making it harder to build trust and receive consistent support.

***“There is a turnover of social workers, so no consistency—no continuity.”***

### **Ensuring Homecare Feels Like Home:**

Respondents highlighted the emotional impact of receiving homecare, with some feeling they lack control over the support they receive in their own homes. The frequent rotation of carers was particularly concerning, as it can make people feel unsettled and reduce the sense of familiarity and trust in their care arrangements. More emphasis on continuity of care and relationship-building between carers and recipients was seen as essential to improving homecare experiences.

***“Homecare recipients should feel like it’s their home and that they are in charge, but it doesn’t always feel like that!”***

***“Every carer is a stranger when they start caring for someone.”***

These additional insights add depth to the consultation findings, highlighting the importance of choice, transparency, continuity, and relationship-centered care in ensuring homecare services effectively meet the needs of those who rely on them.

# Conclusion

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The findings from the Homecare consultation highlight the vital role that homecare services play in enabling people to live independently, safely, and with dignity in their own homes. Respondents emphasised the need for greater accessibility to adaptations and practical support, reinforcing the importance of a person-centered approach that responds to individual needs.

Consistent communication, clear information, and stronger coordination across health and care services emerged as key areas for improvement, ensuring that individuals and their families can navigate homecare options with confidence.

Additionally, insights from previous consultations, including the Accommodation Strategy and Prevention Strategy, align with these findings, particularly in the need for integrated, proactive, and well-publicised support services. Concerns around rural accessibility, the balance between technology and human care, and the availability of well-trained homecare staff reflect ongoing challenges that require collaborative solutions across sectors.

To ensure homecare services effectively support Wiltshire's residents, a focus on quality, flexibility, and person-centered care must remain at the heart of future commissioning and service design. Strengthening communication, widening access to support, and fostering collaboration between providers, health services, and local communities will be crucial in delivering sustainable, high-quality homecare that meets the evolving needs of residents.

# Case Studies

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## Case Study 1

### *Sophie's experience of Homecare support for her daughter Emma*

Sophie from Wiltshire shared her story of receiving homecare support for her 27 year old daughter Emma, who has a degenerative neurological condition. Emma has been receiving various homecare support since she turned 18 years old.



They live in their own bungalow and do not pay for the care received. Costs are met by Continuing Healthcare. Sophie and her husband also provide support to Emma as unpaid carers. In addition, Emma receives day patient care from Dorothy House Hospice Care, for 4 hours every other week for 6 weeks at a time. The care then care stops for 3 months before resuming for another 6 weeks.

### **Sophie's Story**

*"Initially the Neurology nurse suggested we employed a personal assistant for my daughter who has a degenerative disease (she is in her 20's) which didn't really work out because if someone was off sick or holiday, then we didn't have cover. The personal assistant was employed by us, and it meant we had to do things like risk assessments etc. and it just didn't work. The worst thing was having to be responsible for paying wages, pensions etc. I was worrying about keeping the documents etc.*

*I kept saying how difficult it was, as it was making me ill. They then agreed that we could use a care company. They suggested two companies that we might want to consider, and I met with them and then took one of them on."*

Sophie's aspirations for her daughter's experience of care included:

- *My daughter feels valued and listened to."*
- *"Carers need to feel like a friend/buddy."*
- [She should be] *"Having fun and a laugh and access the wider community."*
- [They should be] *"Keeping her healthy and safe."*
- [There should be no] *"Issues with safeguarding, cautioned not to be over familiar."*

For Emma to have a good life, Sophie felt that Emma needed more opportunities to access activities:

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*“For my daughter it would be good to find more clubs that she could participate in, where she would be welcome as a younger person, as many of them are for older people. They are not the only people who are vulnerable or lonely and need companionship. Younger people are also susceptible to social isolation. They need their tribe.”*

Sophie said:

*“I would have benefited from hearing from other parents that having carers is not as bad as you might think. You are entitled to have recording devices in your home if you feel the need and tell the agency you are doing it. You need to find out in advance, who you need to go to if there is an issue, so if there is an issue you feel empowered. There are things you can do if you are not finding the solution in the care agency.”*

Sophie thought that finding and choosing a care company should be easier:

- Care companies should have transparent reviews from the people who use them including: *“What was good about them? Where did they go the extra mile? How did they help transition someone?”*
- They should be clear about choices that could be made about which of their staff provided the care and that changing carers was possible. *“I wish I’d known that if I didn’t like a carer then I could change them. I was worried that if I or my daughter didn’t like them [whether] we could change without a problem by speaking to the agency. I invite them for a cup of tea and then they can shadow shift.”*
- It should be much more visible about finding out about care agencies and the CQC.
- Care companies should also be mandated to have more staff to enable them to cover the care needs. Training, holidays, sickness should not affect care provision.

She said *“It’s difficult with the amount of carers coming in as it doesn’t feel like your home, sometimes it feels like a business.”*

Sophie said that carers spend a lot of time reporting either in writing or on their phones rather than time engaging with the person they care for.

I think they should have uniforms with their telephone number to contact clearly visible so people could report them in the community if there was bad practice.

Sophie spoke about the things which need to work well.

*“Finding the right connection with the carers, it makes a huge difference with her interactions and the enjoyment she gets from life.”*

She has 5 carers allocated to her which is good as it means that when people are sick

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or on holiday her care can be covered, however new carers were an issue.

*“When she has new carers it takes them a long time to get them used to everything, the care agency says they can be left with her after two sessions but I will only leave them once I am confident and my daughter is comfortable and relaxed with them.*

*If I don't trust them, I won't leave my daughter with the carer, it means I can't go to work or shopping. If I trust them, I am free in a physical sense but also in a mental sense as I can concentrate on things like work rather than worrying my daughter.”*

Sophie recognised the need for care to maintain Emma's mental health:

*“If I didn't have care, my daughter's mental health would decline as being with me all the time is not good for her or for me. She needs additional stimulus to make it worthwhile getting up in the morning from other people's interaction. This happened during Covid as we didn't have other carers. Her physical health declined, she wants to feel part of the community and the more clubs etc. helps her to fight the decline in her health.”*

Sophie felt that carers need to be trained how to use the equipment but also how to support outcomes to keep her healthy both physically and mentally.

Sophie found that carers often change when they come in, changing their hours *“at the drop of a hat.”* This results in the family working around them rather than them working around the family. This is due to holidays, sickness etc.

*“We get 30 hours a week, split over six days. It's a good balance of hours for her and us. If they notice something they can't action it, I have to do it, so there is a need for me to be the main carer. For example, if my daughter is showing signs of being unwell.”*

Sophie has found limitations on what care companies can offer which are often linked to the number of trained staff in the use of particular devices or carry out certain procedures. Sometimes simple things seem to need to be signed off at a high level or there is a flat refusal to provide a specific type of care. Examples of this include:

- Suction device training by nurse. *“I have been trying for 8 years to find carers who can support this. Carers must be 'signed off' to use the device. They must be deemed competent. I was shown once and expected to be able to use it but the carers need to be witnessed by a nurse, many times to be competent and this never happens so they can't use the equipment. This equipment would keep my daughter alive, but they cannot use the equipment. Nurses do not have time to witness so many times.”*
- *“We have been told we need to change our care agency as my daughter is having*

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*a feeding peg fitted in the next few weeks and the agency she is with (and who the family know and trust) will not be able to manage the care needed. This means she will lose all her carers who she has developed relationships with and she is already feeling vulnerable and scared because of the procedure. The current care company cannot sign off their carers for peg care."*

Sophie's experience highlights key areas for improvement including:

- Better information including views of clients to allow for informed choice of care company.
- Continuity of carers to allow relationships to be established.
- More training of carers to enable and allow them to identify and deliver all care needed.
- The need for timing of care to be kept constant.

Sophie welcomed the chance to give her views on what it was like to find and use carers to support her daughter. We would like to thank her for her contributions reflecting on her lived experiences.

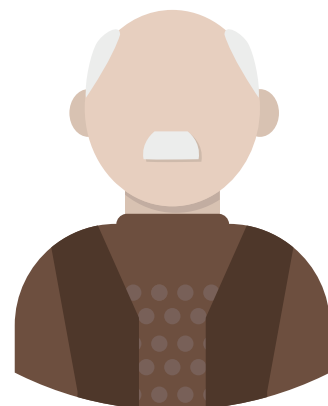
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## Case Study 2

*Homecare would improve William's life, but the financial assessment has been a barrier to support.*

William shared his thoughts with us around his experience of Homecare services and suggestions for improvements to the processes for financial assessments.

William is a 72 year old male, who lives with heart failure, atrial fibrillation, angina, osteoarthritis, type 2 diabetes, neuropathy in his feet and hands, poor mobility and depression. He lives with his wife, Kate, in a two-bedroom, semi-detached home which they own. He has been receiving homecare support for 2 years. As a person receiving a sitting service, William's life would be improved by Homecare support but the processes and financial rules have been a barrier to accessing this support.



William's family, daughters and grandchildren are really important to him and he has always been very close to them. However it is difficult to spend time with them due to his health. William reported that he used to have friends, but they drifted off as they don't have anything in common any longer, "they just do not understand." William feels

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his friend could take him out or visit but he thinks it is too much like hard work.

William's Wife, Kate, provides him with personal, daily living, overnight and emotional support to meet his needs. Kate is an unpaid carer and works full time. *"I would obviously love to have much better health; however, I do understand that this is not possible and I have to rely on my wife to do everything but I don't want to be in this position and would like Homecare support."*

With the help of his GP, William was referred for a 'needs assessment' with Adult Social Care. This assessment was undertaken by a social care practitioner in January 2024, and between them, they concluded a direct payment could be beneficial and explained to William how it could be used to support his care needs.

William was granted support and receives a Direct Payment for 7 hours per week at the agency rate. However, due to the lengthy wait time (7 months) for Wiltshire Council to complete the financial assessment, William has been unable to access the Homecare support he needs.

William explained: *"On the advice of my wife, we didn't start the Homecare support as she was concerned how much my weekly personal contribution would be and so we left the Direct Payments in a bank account. After 7 months of being paid £191 per week we were told my personal contribution, towards my Homecare support, would be £131 per week. This means I was only entitled to £60 per week. I am in the process of returning all the Direct Payments back to Wiltshire Council because I cannot afford the £131 per week I am expected to pay myself. I am so glad I listened to my wife, or I would be paying back around £3,900 from my own funds and this would have been a huge stress and worry for me."*

William has an agency sitting service in place paid for by Wiltshire Council as part of support for his wife, arranged via a Carers Assessment. This support is provided twice a week for 3 hours per session. This allows Kate to work from the office, knowing that William is safe and being cared for socially.

*"My agency sitter visits me twice a week and I really do enjoy having different company. We have new/different conversations; she has time for me! We watch quiz shows together and have a good laugh at things. This leads me to have different topics to converse with my wife when she gets home from work. This service really does make a difference to myself and my wife."*

If William was able to access the 7 hours of homecare support, he was assessed as needing, this would really enhance his life.

William believes that in order to better support people with additional needs Wiltshire Council needs to:

- 
- Carry out the financial assessment much earlier – either at the needs assessment or very soon after.
  - Set expectations early in the process.
  - Make it very clear that the assessed need may not be fully funded.
  - Check understanding so people don't end up with huge debts/overpayments.

William feels that if Wiltshire Council would consider making changes to their processes, as outlined above, it would reduce stress and confusion, allowing people to make informed decisions.

William also believes it is unfair for his wife's wages to be considered as part of the financial assessment as the Homecare service would be around meeting his needs and not Kate's. He also thinks the same principle should apply to any disability-related grant.

*"I worry about the impact that the current process has on others who don't wait for the outcome of the financial assessment."*

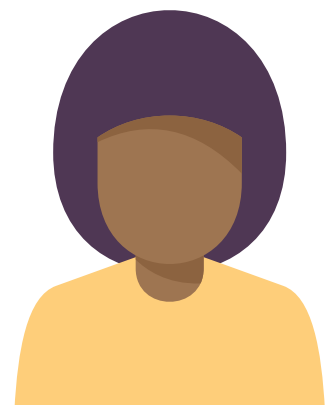
William has appreciated the opportunity to share his thoughts with us and hopes that some of his suggestions can be taken on board, to better support people to access the homecare support that will make a positive impact to their lives. We would like to thank William for his openness and honesty in sharing his experience. His insights into the processes around Homecare support via Wiltshire Council are invaluable in helping shape the future of homecare services.

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## Case Study 3

### *The transformative impact of homecare funding*

A respondent shared a deeply personal story of how homecare funding from Wiltshire Council has profoundly improved their quality of life. The individual, a mother of four who has faced significant health challenges since 2012 (including multiple surgeries and worsening health after a car accident), described how their condition led to overwhelming stress for both themselves and their husband, who became a full-time carer.



Before receiving funding, the family experienced severe strain. The respondent's deteriorating health—compounded by seizures, incontinence, and physical immobility—led to increased dependency on her husband and children. This created a cycle of anger, isolation, and mental health issues for the entire family. Attempts to receive short-term support from various organisations and

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social services, though appreciated, were insufficient to meet long-term needs.

In late 2022, the family was allocated homecare funding, enabling them to arrange care on their terms. Initially, a care agency provided a weekly respite sitter, but this arrangement proved impractical as the carer could not assist with personal care or household tasks. The family transitioned to using the funding to recruit trusted individuals, including the respondent's mother, who now provides daily support with personal care, childcare, cleaning, laundry, and meal preparation. This flexible arrangement has been life-changing, alleviating the pressure on the respondent's husband and restoring a sense of dignity and stability for the family.

The funding also covers essential living expenses, such as fuel, travel, and equipment, making it easier for the respondent to attend appointments and maintain their home. The respondent expressed immense gratitude for the funding, highlighting how it has reduced their isolation, improved their family's well-being, and provided much-needed "breathing space." Although challenges remain, particularly with her husband's mental health, the family now feels supported and capable of managing daily life.

In the respondent's words,

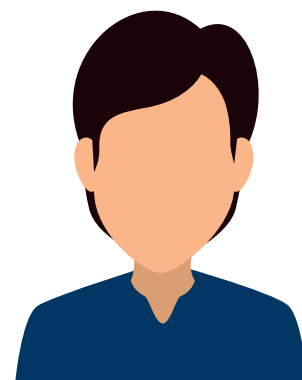
*"This funding has been the greatest gift and has turned a once unbearable and isolating life into a more manageable and hopeful future."*

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## Case Study 4

### *The challenges of rural homecare support*

A respondent described how home care funding supports their daily needs through two visits per day. Carers assist with essential tasks such as showering, dressing, meal preparation, and household tidying. Due to the respondent's diabetes and other health conditions, carers also ensure they have sufficient snacks and drinks between visits. In summer, they may provide additional help with tasks like hanging or retrieving laundry.



The respondent expressed deep gratitude for the carers, who occasionally go beyond their duties, knowing they are prone to falls and have limited mobility.

Living in a remote rural area presents significant challenges. The respondent has lost multiple carers due to low pay rates (£10 per hour) and a lack of regular pay increases, especially when carers in the area can earn up to £30 per hour in neighbouring villages. The distance and time needed for carers to travel also complicate service

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provision. Additionally, the respondent's rural isolation limits social contact, leaving them largely dependent on their carers and husband for interaction. Their husband, a veteran with untreated PTSD, struggles with strangers entering their home, which further limits external support.

Financial pressures are mounting due to rising rent and living costs, exacerbating their vulnerability to housing insecurity. The respondent can no longer afford services like a travelling hairdresser and longs for small comforts, such as being able to go out for coffee. With limited contact from friends or family, who live far away, the respondent fears losing their carers, as replacing them would be nearly impossible given the area's pay rate disparities.

This case highlights the compounded impact of rural isolation, financial strain, and carer recruitment challenges on individuals relying on home care, emphasising the importance of sustainable funding and adequate pay for care workers.

# Appendices

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## Appendix 1: Homecare Survey

### Why are we asking for your feedback?

Wiltshire Council is reviewing how care is provided at home, also known as domiciliary care. We want to understand how to improve care for the future and learn from people's experiences.

We want to hear from individuals who receive care, as well as their carers, including unpaid carers. Whether your care is funded by the council or privately paid, your experiences matter to us. Your feedback is essential in helping us understand what works well and how we can improve.

- We are asking questions like:
- What do you or the person you care for need from care at home?
- How can the council help you stay at home for longer?
- What was your experience (or the experience of the person you care for) of finding care and working with the council when your care is funded by them?
- How does support from your community help you stay at home?
- How does care for unpaid carers work with providers?

We are also looking to the future, as your feedback will help shape the contracts that homecare providers will tender for in 2026. While this may seem a long way off, it's important that these contracts are built around what people need so that the services provided help people live as independently as possible.

It should be noted that all homecare providers will be expected to support people with a range of needs, including dementia, physical disabilities, mental health, sensory impairments, social, emotional, and behavioural needs, and speech, language, and communication needs.

Your feedback will help shape the contracts for the future about how care at home is provided in Wiltshire. Thank you for sharing your thoughts.

This survey is open for responses until 28th February 2025.

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## About You

### Please select your age group

- Under 18
- 18-25
- 26-64
- 65+

### What is your gender?

- Man
- Woman
- Non-Binary
- Other Gender (Please Specify)

### What type of home do you (or the person you care for) live in?

- My own home (owned/mortgaged)
- Private rented home
- Social housing/Council housing
- Supported accommodation
- Other

### Do you (or the person you care for) live alone?

- Yes
- No

### Please choose the nearest location to where you (or the person you care for) live from the dropdown box.

- Salisbury
- Amesbury
- Tidworth
- Pewsey
- Marlborough
- Royal Wootton Bassett & Cricklade
- Malmesbury
- Chippenham, Corsham & Calne
- Bradford on Avon & Melksham
- Devizes
- Trowbridge & Westbury
- Warminster & Mere

- 
- Tisbury
  - Wilton
  - Southern Wiltshire

## Homecare

Homecare is help and support that you get in your own home. This could include help with washing, dressing, eating/drinking, taking medication and other daily tasks.

**Are you (or the person you care for) currently receiving funded care in your own home? This means care at home which is paid for by the Council**

- Yes
- No

**Are you (or the person you care for) currently receiving any care in your home which you pay for yourself (self-fund)?**

- Yes
- No

**What type of care do you (or the person you care for) currently have help with in your home? Please select all that apply.**

- Personal Care
- Medication Management
- Meal Preparation
- Household Chores
- Respite Care/Dementia Care
- End-of-Life care (Palliative Care) / Companionship Services
- Rehabilitation Support (Post-Surgery)
- Live-in-Care
- Specialist Services
- To take part in family, social and community activities
- To work, attend college or otherwise participate in meaningful activities
- Use of technology enabled support and other specialist equipment to support independence and control

**Is an unpaid carer involved in helping to care for the person receiving homecare?**

- Yes, myself
- Yes, another unpaid carer
- No

**Do you (or the person you care for) receive any other care or support from any other**

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**sources not mentioned?**

- Yes
- No

**Please describe this care and support, including the name of the organisation providing it.**

[ Text Box ]

## **Finding Care**

**How did you (or the person you care for) find out about the care you currently receive?**

[ Text Box ]

**How was the care put in place? Was there a process you (or the person you care for) had to follow?**

[ Text Box ]

**What do you feel could be changed to improve the process of arranging care?**

[ Text Box ]

## **Your Aspirations**

**What helps you (or the person you care for) to live a good life? What things are important and what matters most to you?**

[ Text Box ]

**How does the care received at home help in living a good life?**

[ Text Box ]

**Thinking about the care currently received, what works well?**

[ Text Box ]

**Thinking about the care currently received How could the care be improved to help you (or the person you care for) live a good life? Is there anything that would need to change?**

[ Text Box ]

**Is there anything else you would like to tell us about the care provided or received at home?**

[ Text Box ]



## Appendix 2: Self Facilitation Pack

### Have Your Say - Homecare Services in Wiltshire

Wiltshire Council is reviewing its care at home (domiciliary care) services to help plan how these services will be delivered in the future, with changes expected in 2026.

The Voice It, Hear It team is working with Wiltshire Council to hear from people who use or know about homecare services in Wiltshire, so we can understand their experiences and use this feedback to improve services.

#### **Voice It, Hear It**

“Community voices inspiring positive change to local support and services”.

#### **About Voice It, Hear It**

Voice It, Hear It is a new project that brings together different organizations to help people in Wiltshire have a say in local services. The project is run by Community First, Wessex Community Action, Wiltshire Service Users Network, Age UK Wiltshire, Alzheimer’s Support, and Celebrating Age Wiltshire. It is funded by Wiltshire Council and the Bath and North East Somerset, Swindon, and Wiltshire Integrated Care Board (BSW ICB).

Working closely with Wiltshire Council and the BSW ICB, Voice It, Hear It will be talking to people who live and work in Wiltshire to help design and improve health and social care services.

The team will work with people with different needs, such as physical disabilities, sensory needs, mental health conditions, learning disabilities, neurodiversity, long-term health conditions, and dementia. The aim is to empower these individuals to share their views and get involved in shaping services that meet their needs, both now and in the future.

For more information: <https://www.communityfirst.org.uk/voice/>

Contact: 01380 722475 or [voice@communityfirst.org.uk](mailto:voice@communityfirst.org.uk)



## Facilitator Guidance notes

This pack offers a gentle, creative way to ask the questions that are also available in survey version. The facilitator can use the pack to create a session more conducive to discussion and support, whilst still hearing the views of the service users, friends and family.

The pack can be used face to face with groups, individuals and online.

1. There are 4 question sections – each section is on a card and please use them in the correct order 1 – 4.
2. The river flow map has 4 sections that folds out to a large A2 sheet. The 4 question section cards link to each section of the river flow map sheet.
3.
  - I. If the group is sitting round a table, lay the river flow map sheet in the middle of the table – it can be frequently turned so everyone reads it up their way at regular intervals.
  - II. If the facilitator is working with an individual at home, each section of the river flow map sheet can be folded to A4 size on a clipboard making it easier to go through one to one.
4. Lay the pens out and encourage participants to draw/doodle when ever they wish, as this may help the thinking and discussion process, rather than just looking at each other.
5. The facilitator asks the questions in the order they appear on the cards and allows every member of the group the chance to answer, using the prompts on the cards if needed.
6. In section 4 – Your Aspirations, there may be discussions amongst the group. If so, the facilitator can write down points from the discussion, rather than individual responses.
7. There are extra notes pages in the pack that can be used at any time if you run out of space on the river flow sheet. Please add the question numbers when using extra sheets. Extra sheets can also be used for drawings and doodles.
8. When the session has finished, please thank everyone for taking the time to contribute and hand out the Thank you cards.

Please put pens and all sheets back in the wallet and return to Voice It Hear It.

THANK YOU

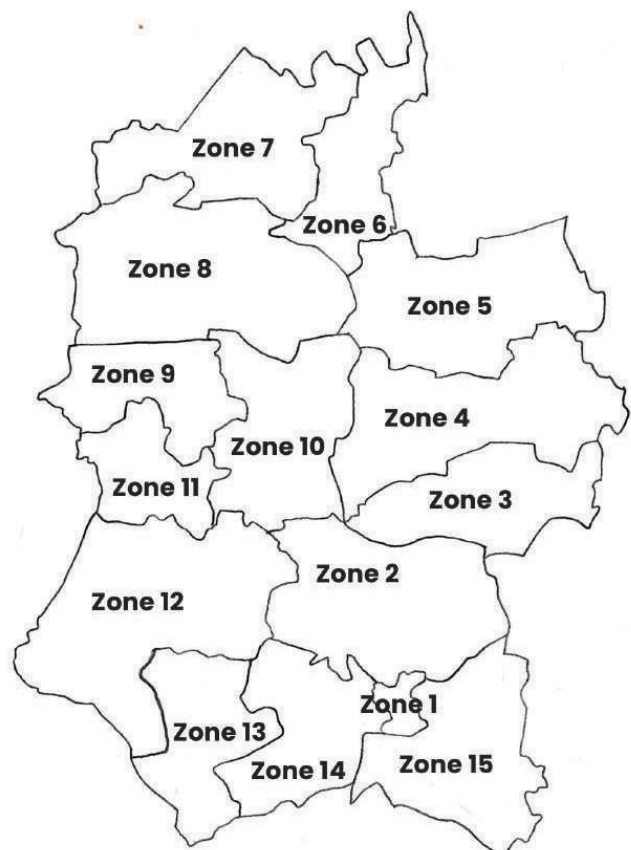


### **Question Card 1: Your Situation**

1. Housing (Tenure/ type of property)
2. Do you live alone (Yes/No)
3. Pick your nearest location - see the map and list of zones overleaf

**Wiltshire zones and town areas**

- Zone 1 - Salisbury
- Zone 2 - Amesbury
- Zone 3 - Tidworth
- Zone 4 - Pewsey
- Zone 5 - Marlborough
- Zone 6 - Royal Wotton Bassett & Cricklade
- Zone 7 - Malmesbury
- Zone 8 - Chippenham, Corsham & Calne
- Zone 9 - Bradford on Avon & Melksham
- Zone 10 - Devizes
- Zone 11 - Trowbridge & Westbury
- Zone 12 - Warminster & Mere
- Zone 13 - Tisbury
- Zone 14 - Wilton
- Zone 15 - Southern Wiltshire



## Question Card 2: Home Care you receive



1. Are you currently receiving care at home?
2. Do you pay for all your care?
3. Does the Council pay towards your care?
4. Does the Council pay for all your care?
5. Are you receiving any support which you purchase? (self-fund)
6. Does another person provide (unpaid) support to you?
7. Do you receive any other care or support from any other sources not mentioned already? (i.e. from a community organisation)
8. Thinking about both your self-funded and/or your funded care, what care do you currently receive? (please use broad categories e.g. personal care/ social and emotional support, etc)

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### **Question Card 3: Your Situation**

1. How did you find out about the care you currently receive?
2. How was this care put in place?
3. What do you feel can be changed to improve the way you found out about this care?



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### **Question Card 4: Your aspirations**

1. What things do you feel matter most to you to enable you to live a good life?
2. In what ways does the care you currently receive help you to live a good life/ remain in your home?
3. Is there anything which works particularly well? (prompts – why does it work well, what happens/ who is involved/ what do they do/ how do you know this makes a difference?)
4. How could the care you receive be changed to better enable you to live a good life? (Prompt – what would this be/who is involved/what does this look like? This could be changes to services/ different services, etc)
5. Is there anything else that would need to change?  
(Prompt – what would this be/ who is involved/what does this look like?)
6. Do you have anything else you would like to mention about your care which has not been discussed so far?







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## Appendix 3: Promotional Content

### Press Release / News Item / Promotional Item for Email Newsletter

#### **Wiltshire Council Seeks Feedback on Homecare Services – Have Your Say**

Wiltshire Council is conducting a comprehensive review of its care at home/domiciliary care frameworks, with the aim of shaping the future of homecare services across the county. This review will contribute to the development of an options proposal for future commissioning in 2026.

The council is eager to hear from those who receive care at home, whether their care is council-funded or self-funded, as well as from carers, families, and care providers. The feedback collected will help inform how care services can best support people in their homes, how to improve the experience of finding care, and how to assist people in staying at home longer. The consultation is for adults (18+), children and young people, and adults with mental health needs, learning disabilities, or autism.

#### **Key areas of feedback:**

- What do people need and want from care at home?
- How does care work best for individuals?
- How can the council assist people to remain at home for longer?
- What are people's experiences of finding care and working with the council when care is funded?
- How does community support help people stay at home?
- What is the experience of unpaid carers in working with care providers?
- Looking ahead, how do people see the future needs of homecare changing?

#### **How to get involved:**

Voice It, Hear It is leading the consultation and engagement on behalf of Wiltshire Council. To ensure your voice is heard, we would like to invite homecare users, carers, and care providers to participate in this important consultation. Your voice matters!

You can request an engagement session (we are happy to come to groups in person or online) or a self-guided facilitation pack if you prefer to gather feedback directly from service users.

Additionally, an [online survey is available](#) for anyone who wishes to share their experience and ideas for the future of homecare in Wiltshire.

For more information or to get involved, please contact: [voice@communityfirst.org.uk](mailto:voice@communityfirst.org.uk).

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## Email Signature

🌟 Have your say on Homecare Services! 🌟

*Do you or a loved one receive homecare support? We want to hear from you! Wiltshire Council is reviewing its homecare services, and your feedback is essential in shaping the future of care at home.*

📅 Take our survey: [Homecare Survey](#)

📞 Book a 1-to-1 telephone consultation: [voice@communityfirst.org.uk](mailto:voice@communityfirst.org.uk)

🗨️ Join a discussion group by booking one of our online sessions:

- 18th November, 2-3 pm: [Register Here](#)
- 19th November, 6-7 pm: [Register Here](#)
- 27th November, 11-12 pm: [Register Here](#)

👉 Your voice matters. Help us improve homecare services by sharing your experiences.

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## Promotional Postcard



**Have your say on homecare services in Wiltshire**

**Voice It, Hear It**  
Community voices inspiring positive change to local support and services.

## Your voice matters!

We are working with Wiltshire Council to find out what people have to say about homecare in Wiltshire. Homecare is personal care that you (or a loved one) receives at home. This could be care you pay for yourself or care which is funded by Wiltshire Council.



### Have your say on homecare services:

Online survey: <https://survey.zohopublic.eu/zs/YgBPRq>

Scan the QR code (right) to complete the online survey.



### Contact us:

[voice@communityfirst.org.uk](mailto:voice@communityfirst.org.uk)

Book a one-to-one telephone consultation.



## Social Media Post – Homecare Providers

💬 Have your say on Homecare services in Wiltshire!

Wiltshire Council is reviewing its care at home/domiciliary care frameworks to shape the future of homecare. Whether your care is council-funded or self-funded, your feedback is vital!

- ◆ How does care at home work for you?
- ◆ How can the council help you stay home longer?
- ◆ What's your experience of finding care or working with providers?

We want to hear from homecare users, carers, and providers. Voice It Hear It is leading the consultation—get involved! 💡🗣️

📄 Complete the Homecare Survey [[Link to Survey](#)]

📅 Find out more and get involved today! Contact: [voice@communityfirst.org.uk](mailto:voice@communityfirst.org.uk)

#Homecare #WiltshireCouncil #CareAtHome #HealthAndCare #HaveYourSay

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## Social Media Post – Partners

💬 Have your say on homecare services in Wiltshire!

Wiltshire Council is reviewing its care at home/domiciliary care frameworks to shape the future of homecare. Whether your care is council-funded or self-funded, your feedback is vital!

- ◆ How does care at home work for you?
- ◆ How can the council help you stay home longer?
- ◆ What's your experience of finding care or working with providers?

We want to hear from homecare users, carers, and providers. Voice It Hear It is leading the consultation – get involved! Request a visit from us so we can chat with your service users or request a self-guided facilitation pack or take our survey and make your voice heard. ◆💡

📅 \*\*Find out more and get involved today!\*\* [voice@communityfirst.org.uk](mailto:voice@communityfirst.org.uk)

#Homecare #WiltshireCouncil #CareAtHome #HealthAndCare #HaveYourSay

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## Voice It, Hear It Social Media Posts

🌟 Have your say on Homecare Services! 🌟

Do you or a loved one receive homecare support? We want to hear from you! Wiltshire Council is reviewing its homecare services, and your feedback is essential in shaping the future of care at home.

📅 Take our survey: <https://survey.zohopublic.eu/zs/YgBPRq>

📅📞 Book a 1-to-1 telephone consultation: [voice@communityfirst.org.uk](mailto:voice@communityfirst.org.uk)

👉 Join a discussion group by booking one of our online sessions:

- 18th November, 2-3 pm: <https://tinyurl.com/yrf6yeh2>
- 19th November, 6-7 pm: <https://tinyurl.com/v93y5wv8>
- 27th November, 11-12 pm: <https://tinyurl.com/enyv93z>

👉 Your voice matters. Help us improve homecare services by sharing your experiences.

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## 🌟 Have You Completed the Homecare Survey Yet? 🌟

If you or a loved one receives homecare support, your voice matters! This is your opportunity to shape the future of homecare services in Wiltshire.

🕒 It's not too late—there's still time to have your say! Decisions about care at home should reflect the needs of those who use it, and your input is the key to making meaningful change.

📄 Complete the survey now: Homecare Survey <https://survey.zohopublic.eu/zs/YgBPRq>

📄 Prefer to speak to someone? Email us at [voice@communityfirst.org.uk](mailto:voice@communityfirst.org.uk) to arrange a call.

💬 Your voice can drive change. Don't miss your chance to make it count.

[#HomecareFeedback](#) [#VoiceltHearIt](#) [#WiltshireCare](#)

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🕒 Only 10 days left to have your say!

Do you receive care at home, either paid for by yourself or funded by the local authority? Contracts for homecare providers will be re-tendered in 2026, and this is your chance to share your experiences and ideas for the future.

Whether it's the things you value or the challenges you've faced, your feedback is vital in shaping a service that works for you. If we don't hear from you, things may stay the same—this is your opportunity to help make a difference and ensure the service reflects what's important to you.

👉 Complete the survey online today! <https://survey.zohopublic.eu/zs/YgBPRq>

If completing the survey online isn't possible, call us 01380 722 475 ask for the Voice It Hear It team—we're happy to take you through it and record your feedback. We can even call you back to save you the cost of the call.

If an unpaid carer wants to complete the survey on your behalf, that's absolutely fine too. And if you'd like to understand more or discuss it before participating, simply email [askyring@communityfirst.org.uk](mailto:askyring@communityfirst.org.uk), and we'll arrange a time to chat.

📣 Your voice matters—shape the future of homecare today!

# Acknowledgements

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Our thanks to the individuals who gave their time to take part in this engagement activity, your valuable input will help to inform this important work. Thanks also to Wiltshire Council for listening to the voices of service users to help make local services better for everyone.

This report has been produced by:



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