ADULT SOCIAL CARE IN NORTH HEREFORDSHIRE

A multi-method analysis

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FOREWORD

Social care is in crisis. We all know it, and yet action to address the problems has been far too slow. For too many years – in fact decades – social care has been a political football, a hot potato, a can kicked repeatedly down the road. This can't go on.

We are all affected. Much as we might prefer not to think about it, many of us will need adult social care at some point in our lives – particularly in later life. Certainly, some of those closest to us – family or friends – will depend on the care system at some point.

And yet social care gets far less attention – and far, far less funding – than healthcare. We all stand up for the NHS, value our nurses and doctors, and defend the principle of free-at-the-point-of-need healthcare. And it is rightly a source of national pride that the NHS is there for us all, whether we break a leg, or get cancer.

But what if you – or your elderly parent – are unlucky enough to get dementia? Or if you become frail and need help with personal care?

Too many people who need adult social care face an uphill struggle to get the help they desperately need. Too many unpaid carers carry huge care burdens with little or no support. Too many care workers are overworked, underpaid, and undervalued. This needs to change. The Casey Commission on adult social care will, I hope, be a catalyst for the change needed.

Let's be honest, though – the lack of change isn't for lack of reports on the issue. There have been at least 20 big national reports over the last 20 years, setting out what's wrong, and ideas to fix it. The problem is that for far too long there's been a severe lack of political will.

Politicians of all stripes need to pull together and work cross-party to tackle this huge crisis. It's not going away; in fact the challenge is becoming bigger every year, as we all live longer, but in worse health. (Fixing that is another issue we urgently need to address).

So, political will is the key. And the first step has to be listening to those that are most affected. That's what this report does. We've asked the people of North Herefordshire to tell us about their own experiences of the care system. They are, after all, at the sharp end.

Their insights, captured in this report, tell us what is going well, what's going wrong, and what's needed.

For my part, I will do everything I can to mobilise the political will, attention and funding needed to build a social care system fit for the future, to care for everyone in Britain who needs it.

Dr Ellie Chowns MP
North Herefordshire

EXECUTIVE SUMMARY

Demand for adult social care is rising across the UK, and North Herefordshire is no exception. In 2025 the government asked Baroness Louise Casey to chair an independent commission into adult social care to consider how best to meet this challenge.

The aim of this study is to understand people's experiences with adult social care (ASC) in North Herefordshire. Constituency studies such as this help identify problems and understand how things can be improved, to ensure the system works well for all those who need it.

This report uses a mixed methods research design, including a survey of constituents, a listening exercise, and conversations with stakeholders.

Summary of key points

- Adult social care is a vital lifeline for people in North Herefordshire; it maintains recipients' independence and feelings of safety, and eases the load for unpaid carers during difficult times.
- North Herefordshire is home to many excellent local initiatives supporting those with ASC needs, such as Services for Independent Living, Dementia Matters Here and ECHO.
- Care workers derive satisfaction from their work, by making a difference to others' lives, building relationships with care recipients, and enhancing their skills.
- Care workers also feel very pressured in their roles, are dissatisfied with their pay (particularly where travel is uncompensated), feel under-valued, and are concerned about under-staffing.
- People receiving care raised issues include limited availability of local services, costs, inconsistency of staffing, and lack of information about available services.
- Unpaid carers, who are disproportionately women and older people (55+), are under serious emotional and financial strain, often unable to take breaks. Lack of information means uptake of available support is lower than it could be.
- Respondents feel the system is not functioning as it should be, from administration of the system to under-funding and financial considerations. They were also concerned about staff wellbeing; quality and consistency of care provision, particularly in private care settings; poor communication and the uncertainty this brings; and the lack of inclusivity and individualised care.
- Respondents offered ideas of things that do work, including local groups and initiatives, positive experiences with the NHS and local council, ideas for how care can be made more inclusive and individualised, and ideas for better regulating and governing care, including how carer workers' career paths can be improved.

The findings highlighted the vital importance of adult social care as a safety net that many of us are likely to need to use at some point. And respondents suggested a wide range of ways in which adult social care could be improved, with the political support and sufficient funding.

INTRODUCTION

Demand for adult social care (ASC) has been rising across England in recent years, and this trend is projected to continue. Care Quality Commission (CQC) https://www.cqc.org.uk/publications/major-report/state-care/2024-2025/access/ascdata shows that demand rose 8% from 2019/2020 – 2023/24 (2024). While most ASC requests relate to adults over 65, demand is rising faster amongst working age adults. Unpaid care is by far the dominant form of care provision over formal social care services. Within the formal care sector, the CQC reports issues with staff retention due to care workers feeling "overworked and undervalued", as well as facing financial strain. Adult social care demand is projected to continue rising, with a 29% increase in working-age adults needing ASC from 2018 – 2038 (NAO, 2021, p.45), and 1 million more people aged over 85 by 2045 (ONS 2024).

North Herefordshire is no exception. According to 2025 data from Herefordshire Council, shared with the Casey Commission, the constituency has a relatively high proportion of older residents, with average age rising faster than the English population average. Key challenges include: an increase in the average number of years living in poor health; fuel poverty; a small and sparse rural population; and the digital divide, with around 17,000 adults who do not use the internet regularly. Challenges facing the formal social care sector include a lack of nurses, social care workers, and specialist provision.

This report aims to understand experiences with adult social care in North Herefordshire. We employ a mixed-methods research design, including a survey of residents of North Herefordshire to gauge their experiences with adult social care, supplemented by a listening exercise with constituents, and conversations with attendees at Dementia Matters Here's memory café.

The survey sample was diverse in terms of roles, experiences and demographics, with 154 residents responding to the survey in 4 weeks. While our survey sample was older than the UK average, this is representative of North Herefordshire and of adult social care workers, particularly unpaid carers. Many respondents had overlapping roles in relation to adult social care; e.g., 29% of those who currently work or formerly worked (paid) in the sector are also unpaid carers.

The listening exercises allowed for richer dialogue and more in-depth understanding of the challenges facing carers and their families in North Herefordshire. See the Appendix for detailed information on survey data and methodology.

Headline results from the study:

- Challenges reported amongst those receiving care include seeing too many different carers (17%), the cost of care (16%) and limited social contact (15%).
- Unpaid care is disproportionately carried out by women (66%), and 37% of unpaid carers find it difficult to take breaks from their duties.
- 68% of unpaid carers had never had a Carer's Assessment, despite being entitled to one, and 35% had not made use of their workplace caring rights.
- 78% of care workers reported feeling either very or quite pressured in their roles.
- 59% or care workers described their pay as unfair or very unfair, and 71% had skipped essentials due to money worries, taken overtime or an extra job, or used a foodbank or emergency help while in the role.

CHALLENGES IN RECEIVING CARE

"I RECEIVE CARE"

Eight survey respondents reported that they currently receive adult social care, and three of these also provided care for others. Although the number of respondents that received care was small, their accounts provide valuable insight into who receives care in Herefordshire and their experiences.

Profile of Respondents

Those receiving care were predominantly aged 65 and over and were mostly women. Most were retired, with a small number still in paid work or in homemaking roles. Working-age adults (18-64) were notably underrepresented in this group.

Experiences of Long-Term Care

Most respondents described receiving ongoing care in their own homes, with the primary reasons being physical needs such as personal care, mobility support, or, in one case, visual impairment. Some also reported receiving assistance with administrative tasks, such as managing finances or paperwork.

Views on long-term care were mixed, with satisfaction levels varying significantly from "extremely satisfied" to "extremely dissatisfied". Those respondents that reflected positively on their ASC experiences said their care helped them remain independent, feel safe, and maintain a good home environment.

> *"It keeps me in my own home – no need to move to residential care."*

Those respondents who were less satisfied with their experiences reported the following key challenges: lack of consistent staffing, limited opportunities for social contact or meaningful activities, and affordability of care.

Short-Term Care and Re-ablement

Participants who had received short-term care generally described it in the context of recovery following illness or hospital discharge. Overall satisfaction with short-term care was relatively high, as respondents found the support helped them regain confidence and independence, with most feeling safe and well-informed throughout. Concerns related to continuity, cost, and limited social engagement. There was variability in the ease and efficiency of arranging and starting care; some respondents were very satisfied, while others noted delays and a lack of clarity around follow-up plans.

Insights from individual experiences of receiving care

Personal reflections from respondents reveal the complexity of navigating care systems and the importance of compassion and consistency.

- One respondent observed that friends in their retirement scheme are struggling to access adequate care, suggesting emerging pressures on availability.
- Another asked plainly for *"some home help"*, pointing to unmet basic needs.
- A participant with significant physical and sensory impairments described their gratitude for receiving direct payments, which allow them to employ a trusted carer: *"They carry out daily manual bowel evacuations and bed washes, as we have no suitable washing facilities."*

- A parent-carer of a disabled child offered a powerful account of systemic strain: balancing multiple jobs, medical travel, and education planning, while receiving minimal respite and inconsistent support. They wrote, *"Parent carers are on their knees"*, urging those in charge not to overlook the lifelong impact of disability and the added strain of caring for elderly relatives.
- Another respondent, living with a learning disability, highlighted the intersection of care, housing, transport, and employment. They expressed frustration with financial hardship, fears about future benefit cuts and difficulty with paperwork: *"We would like to get jobs but this is very hard for adults with learning disabilities. We are very worried about the benefits cuts that are coming in next year. We need more social workers - we do not have a named social worker that knows us".*
- A young disabled adult urged greater inclusivity, calling for services that reflect real family needs across the life course: *"Stop restricting services because of age. Family approach plans are needed massively".*

Conclusion

This small but diverse group underscores the range of care experiences in Herefordshire – from highly personal and life-sustaining support, to systems that feel fragmented or inaccessible. The feedback illustrates that while many receive essential care that allows them to live safely and independently, gaps remain in consistency, coordination, and social connection.

"I KNOW SOMEONE WHO RECEIVES CARE"

More than a third of our survey respondents (56 in total) said they knew someone who received care and were answering in relation to their experiences.

Connection to Care Recipient and the Frequency of Contact

Out of 56 respondents, 41% were answering in relation to a parent or parent-in-law, followed by 30% who referred to another relative. Smaller proportions answered in relation to a friend or neighbour (16%) or a spouse or partner (9%). In terms of engagement, a significant proportion (45%) said they speak to or see the person they support daily or most days. A further 27% have weekly contact, while only 4% reported contact on a monthly basis or less.

Reported Challenges in Receiving Care

Respondents identified a broad range of challenges facing the people they support. Chief among these were seeing too many carers, the cost of care, and limited social contact with others. We asked respondents about the main challenges facing the care recipient they knew.

- Seeing too many different carers was the most common concern, raised by 17% of respondents, and particularly highlighted by those discussing parents or in-laws (48%).
- The cost of care was flagged by 16% of respondents, and 44% of those responding about a parent or parent-in-law.
- Limited social contact was a concern for 15% of respondents, with 24% highlighting this issue for parents or in-laws.
- Lack of clear information about available support, lack of control over their daily life, and

the care setting not meeting their needs were also other common themes.

- A range of other concerns such as insufficient involvement in care decision-making, poor communication, limited choice in food and drink, and unreliable scheduling were also mentioned.

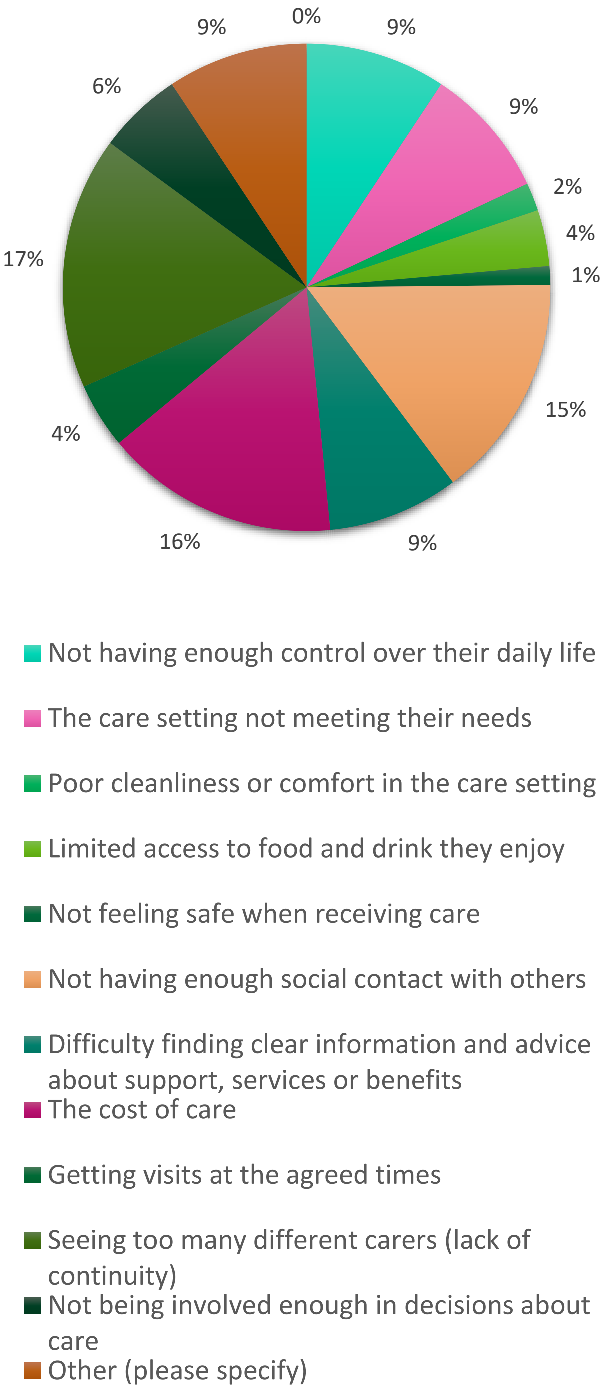
One respondent pointed to the emotional strain she perceived her mother to be under:

> *"It must be frustrating to be the person requiring the assistance/care when losing independence and relying on a child who you have brought up and cared for to do the caring."*

Conclusion

The responses highlighted issues in care delivery and accessibility, particularly around continuity, social isolation, cost, and tailored support.

What are the biggest challenges faced by the care recipient you are answering about? (n = 56)



“MY ADULT SOCIAL CARE APPLICATION WAS REFUSED”

Three respondents to our survey reported that they had applied unsuccessfully for adult social care support from the council. Given the small sample size, this section is not intended to imply generalisations about people’s experiences with the council, but to inform an understanding of how refusal of applications can impact some local residents.

Engagement with the Council

Two respondents had applied to Herefordshire Council, and one elsewhere. All three reported that the council had not done a fresh assessment of their needs before the decision. Reasons given for refusal included ineligibility, that needs could be met in other ways or by cheaper options, and one found the reasoning to have been unclear. Those refused did not receive a clear written or verbal reason for the decision, signposting to other services, or an offer of reassessment at a later date. One respondent received information on how to challenge the decision.

Consequences of Refusal

Those refused relied on unpaid care instead and one paid privately for support. One respondent mentioned that their needs got worse as they went without the support they needed, and the decision caused stress and financial strain, but that they did not challenge the decision as it felt too time-consuming. Of those who did challenge the decision, neither had been successful yet.

Given that unpaid care is disproportionately carried out by women, it is important to note the gendered impact where necessary adult social care support is refused and replaced with unpaid care.

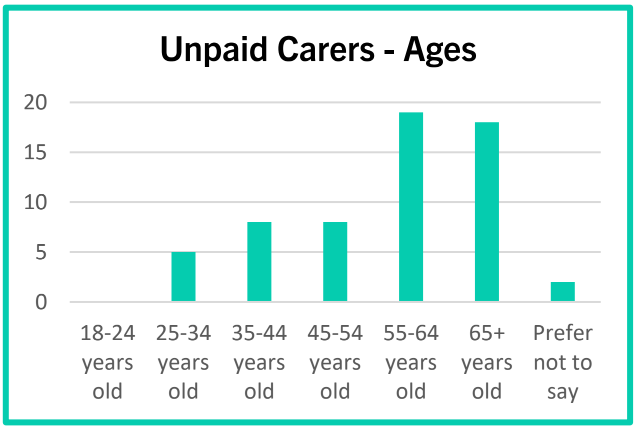
What Would Have Helped?

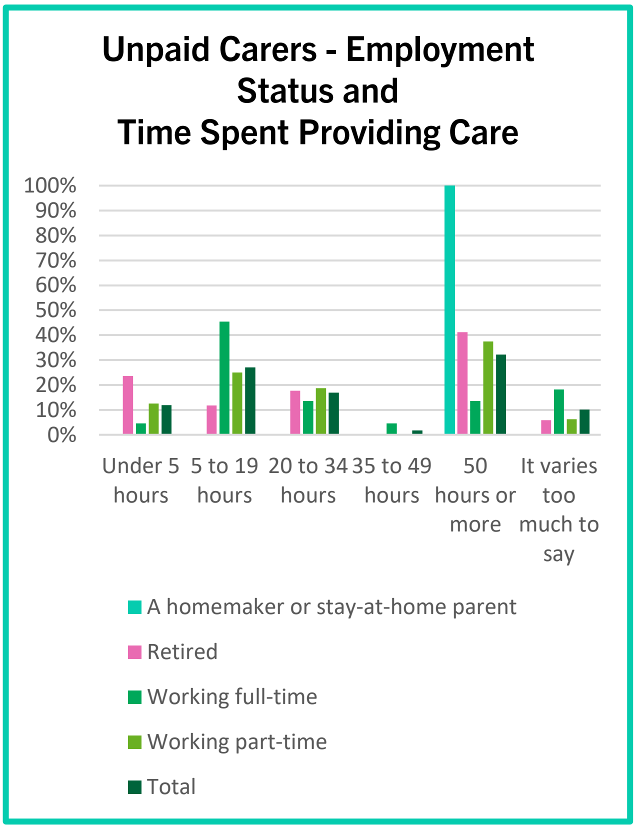
While refusals are an inevitable part of a functional adult social care system, we asked respondents for their views on what would have helped them at the time. One respondent said they would have liked to have *“someone to help navigate through the process and a single named point of contact in the council”*. This sentiment echoes responses from care recipients and unpaid carers regarding the complexity of the care system and frustration with poor communication from local authorities.

CHALLENGES IN PROVIDING CARE

UNPAID CARERS

Of 154 survey respondents, 39% provided unpaid care for someone they know. Most unpaid carers were female (66%), and most were in the older age ranges (62% aged 55+). They provide care predominantly for parents (37%), spouses or partners (18%) and children under 18 (15%).





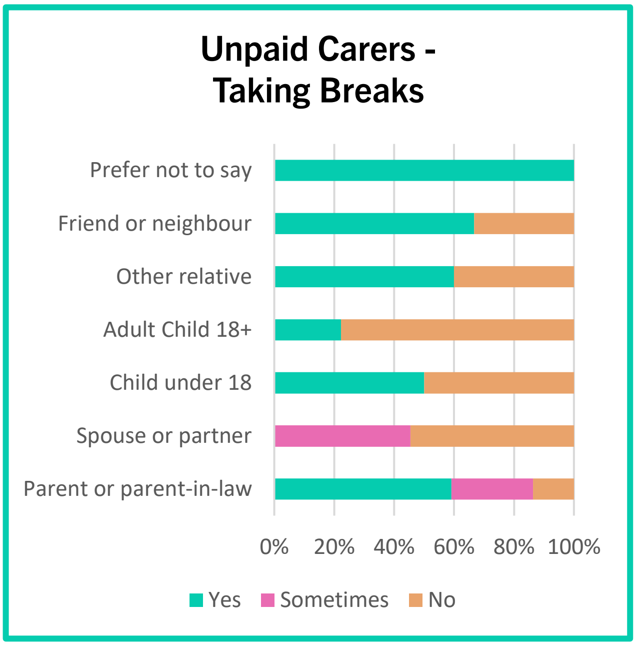
We asked unpaid carers about the amount of time they spent caring per week. This figure had two spikes: between 5-19 hours, most common for unpaid carers who work full-time, and 50+ hours, made up mostly of retirees and those working part-time. A disproportionate amount of unpaid care for parents or parents in law and adult children was provided by female carers.

Unpaid carers provide a range of support for their loved ones. The most common tasks include paperwork, benefits, appointments or care coordination (88%), emotional support or supervision to keep them safe (83%), and day-to-day tasks such as shopping, cooking or cleaning (82%). Other tasks include transport to appointments, managing medicine and money, help with communication and on-call care.

Taking Breaks from Caring Duties

We asked unpaid carers whether they have been able to take full breaks of at least a day from their caring duties, and which obstacles they faced in doing so. Responses were mixed, with 41% reporting they had been able to take a proper break, 37% responding that they had not, the rest saying that been able to sometimes. While the proportion of respondents reporting that they had been able to take a proper break was quite equal across the age distribution, unpaid carers aged 45-54 years were the least able to take breaks, with 50% reporting they had not been able to take a proper break from their caring responsibilities. The proportion answering ‘No’ to this question increased up to age 45-54 before declining again, in line with ‘sandwich generation’ caring responsibilities, in which middle-aged people care for both elderly relatives and children.

Those caring for adult children over 18 were the least likely to be able to take breaks (78%). Many carers of adult children over 18 commented that once their child reached 18, the care services available for them abruptly stopped despite still continuing need for those services.



Most breaks were arranged with the help of family or friends stepping in (71%), with just 25% using paid replacement care or residential respite. The most common barrier to taking breaks was that the person receiving care did not want outside help (24%). Other issues reported were unavailability of suitable local services (21%), cost (19%), and difficulties arranging replacement care (14%). Those citing cost as a barrier to taking a break were mostly older (55+), and the issue seemed to cut across the spectrum of employment status, equally affecting those working full-time, part-time and retirees.

The Emotional and Financial Strain of Providing Care

"Feels like you're abandoned by the system, trapped and isolated."

Unpaid carers reported feeling exhausted, frustrated and that their hard work is not recognised. Social isolation and loneliness are also a real challenge for carers. For example, one respondent noted that they cannot leave their partner by themselves in the evening and have had to withdraw from regular social engagements and outings they once enjoyed.

Many respondents also reported financial concerns. One respondent who holds three jobs noted that Carer's Allowance is insufficient to meet their needs.

"Parents of children with disabilities are on their knees… parent carers are often working jobs as Carer's Allowance is such a pittance (I work three jobs…) Don't forget, these parents are often now also having to care for their elderly relatives too, as their own parents age."

An unpaid carer at the memory café told us that *"the cost of everything is too high for my income"*, including respite care and aids like incontinence pads.

"I've had to give up work [to meet my parent's caring obligations] … For doing this, for the first time in my adult life I'm financially dependent on my husband as I have no income. I feel this is very unfair."

Some respondents explained that the financing arrangements made the funding process more difficult. One noted that their social worker asked them to declare themselves as self-funding using the proceeds from the sale of their house, despite the funds not being available for many months.

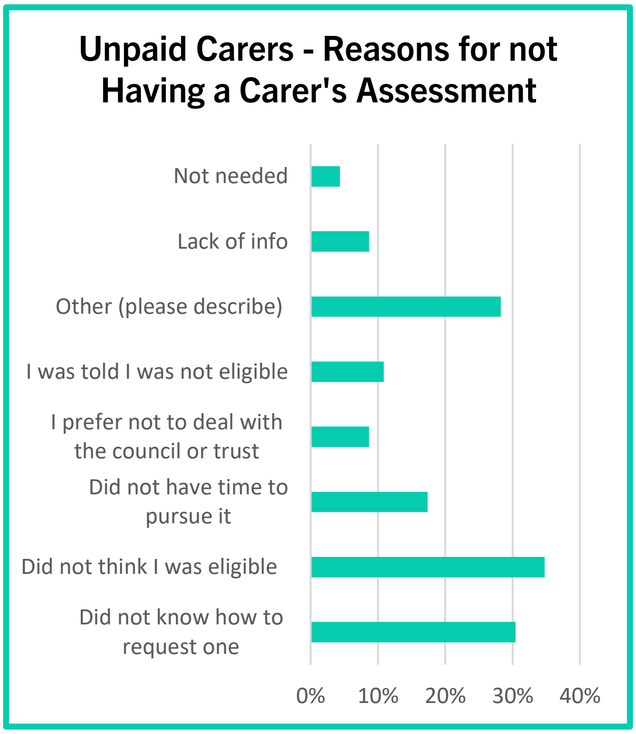
Carer's Assessments

Most unpaid carers in our sample had never had a Carer's Assessment (68%). While 19% of unpaid carers had had one, most had been over a year ago. Three respondents (5%) reported that they had asked for a Carer's Assessment but had not received it or were told they were ineligible. Older respondents were generally more likely to have had a Carer's Assessment, and particularly within the last year, than younger respondents.

Those who had received a Carer's Assessment were asked about their experiences. These responses were generally neutral or positive. Particularly positive reflections were around Carer's Assessments *"reflecting my caring tasks and time commitment".* Respondents were neutral on the extent to which Carer's Assessments considered their health and wellbeing, gave them a chance to speak privately if needed and happened within a reasonable timeframe. Responses were more negative on the extent to which Carer's Assessments considered respondents' work and studies or led to a clear plan with next steps.

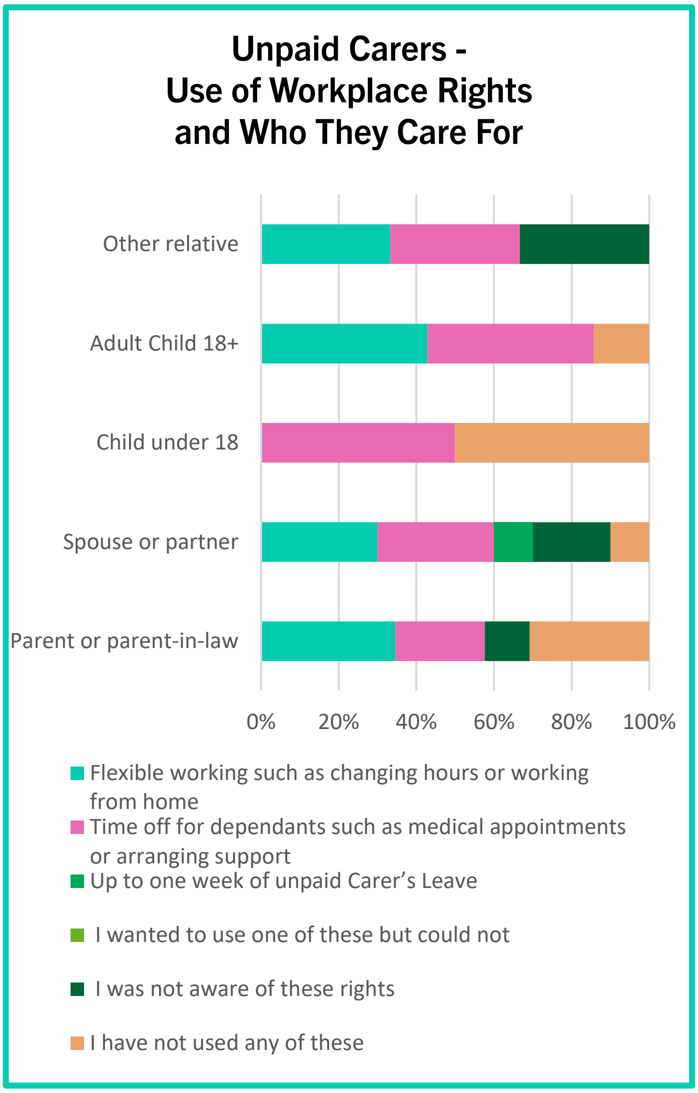
Unpaid carers who had had a Carer's Assessment reported a variety of support received as a result of the assessment, including carer's personal budget or direct payment (27%), carer ID or discount card (27%), and information and advice (18%). No support was offered to 18% of carers who had had a Carer's Assessment, and 73% of carers reported their situation had not changed (neither improved nor worsened) following their Carer's Assessment.

We asked respondents about the main reason why they had not had a Carer's Assessment. Many believed they were ineligible (35%). Carers UK report "If you're over 18 and provide regular unpaid care for someone, you're entitled to a carer's assessment. It doesn't matter how much or what sort of care you provide". Other barriers included not knowing how to request one (30%), not having time to pursue it (17%), not knowing about it or receiving no information about it (9%), and preferring not to deal with the council or trust (9%). Lack of knowledge or information particularly affected those aged 65+.



Workplace and Social Support for Unpaid Carers

We asked the unpaid carers in our sample about their use of their workplace rights to help balance their work and caring responsibilities. The most common workplace arrangement taken was flexible working including changing hours or working from home (46%) and time off for dependents (41%). None of the respondents in our survey had taken up to one week of unpaid Carer's Leave. Those caring for children under 18 were the least likely to have used their workplace rights (only 50% had used them), while those caring for adult children over 18 were the most likely (89%). Almost 20% of respondents were not aware of these rights, and 35% had not used any of them. Those caring for other relatives were the most likely to report not being aware of these workplace rights.



We asked unpaid carers whether they had faced discrimination or feeling sidelined because of their caring role. A quarter of respondents said they had, and a further 5% preferred not to say. Those caring for adult children over 18 were the most likely to have felt discriminated against or sidelined, with 75% saying they had. Around 40% of those within the age range of 18-24 and 55-65 had also reported feeling discriminated against. However, the majority of respondents had not felt discriminated against or sidelined (70%).

Very few of the unpaid carers in our survey were members of community or carer's support groups. Out of 57 respondents, 10 were members, 7 of whom said that being part of a support group had helped them, particularly local carers organisations. The vast majority of respondents (79%) said they were not part of a support group.

Conclusion

Unpaid carers in North Herefordshire are essential to safeguarding the quality of life of those they care for, providing practical and emotional support. They are often juggling multiple responsibilities, including working full- or part-time, and some bear 'sandwich generation' burdens of caring for both parents and children at once.

Accordingly, many unpaid carers feel considerable emotional and financial strain from their caring role, and while many carers had been able to take breaks, an equal proportion had not been able to, particularly those caring for adult children. Many older people and retirees also provide full-time care for others.

Few unpaid carers have had a Carer's Assessment, with many having misconceptions about their eligibility. And 55% of respondents were either not aware of their workplace caring rights or had not used them.

The experiences of unpaid carers highlight the need to ease care burdens including increasing opportunities to take breaks and improving information-sharing around provisions for unpaid carers such as workplace rights and Carer's Assessments.

CARE WORKERS

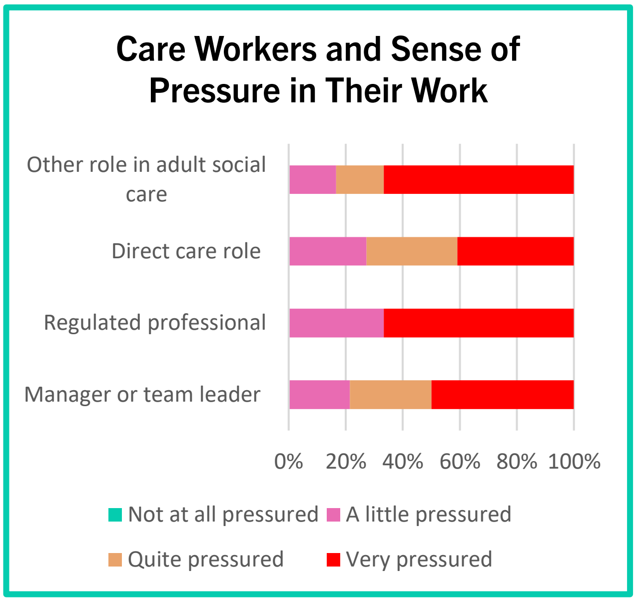
Our survey received 49 responses from people who were currently or formerly employed in the care sector. The composition of care work roles represented in the sample can be found in the table below.

Care Role	Total	%
Direct care role (e.g. care worker, senior care worker, community support or outreach worker)	20	41%
Manager or team leader (e.g. registered manager, deputy manager, supervisor)	14	29%
Regulated professional (e.g. social worker, nurse, occupational therapist, safeguarding or reviewing officer)	3	6%
Other role in adult social care (e.g. administrative, office, activities, or coordination roles)	6	12%
Care role not listed	4	8%

Time Pressure

Many care workers reported facing significant challenges related to having enough time and manageable tasks to provide quality care. Insufficient time with clients, tight schedules, high workloads, and long travel distances — often unpaid — all reduce the time available for meaningful care.

Across the workforce, 78% of respondents reported feeling either very or quite pressured in their roles. The sense of intense pressure was most prominent among regulated professionals and those in other adult social care roles (including administrative or coordination roles), with 2 in the 3 carers in each group reporting feeling very pressured. Among managers and team leaders, 50% described feeling very pressured, and an additional 29% said they felt quite pressured. For direct care workers, 41% reported feeling very pressured, and 32% quite pressured, underscoring that time pressure is a common experience across roles in adult social care.

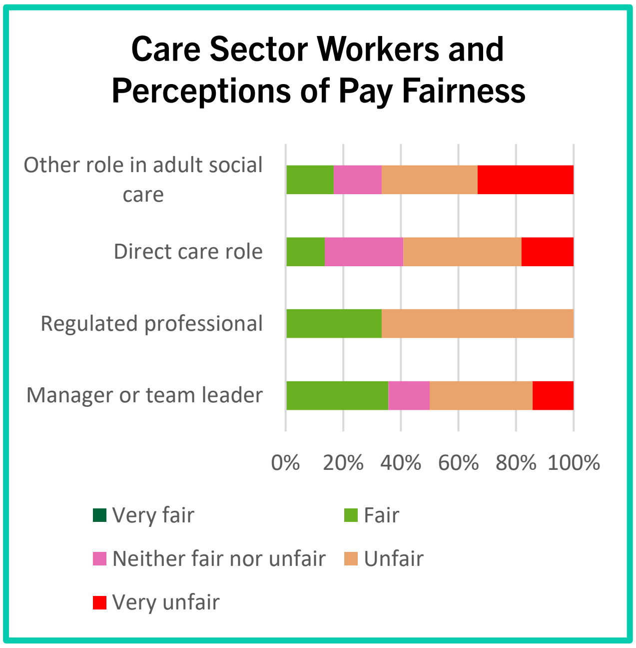


The desire for more direct contact time with services users was a prominent theme. One direct carer told us that they would like to *“allocate more time to service users”*, and wanted *“proper help establishing a relationship with my client rather than meeting them once briefly”.* This theme was most salient among direct carers but was picked up across job roles. These sentiments echo those of care recipients and their loved ones, for whom a primary challenge in receiving care is seeing too many different carers, and many of whom commented that care worker visits are too short.

> *“The pressure to attend to [service users’] needs and get to the next person on one’s list can be upsetting and demoralising”.*

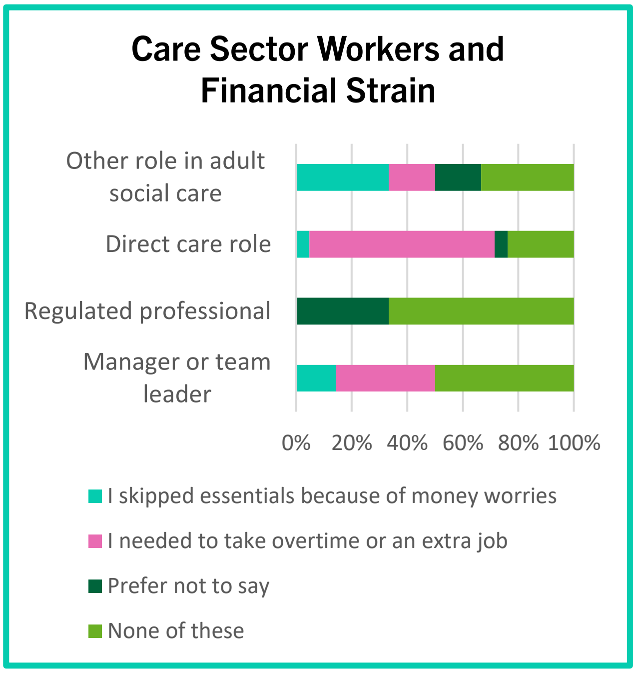
Pay Dissatisfaction and Financial Strain

Many adult social care workers feel their pay is not commensurate with their job demands, although perceptions vary by role. In all main categories, respondents were more likely to consider their pay to be ‘unfair or very unfair’ than ‘fair’ or neither, and no respondents considered their pay to be ‘very fair’. Direct care workers were highly dissatisfied – roughly 59% of direct care respondents described their pay as “unfair” or “very unfair” relative to their responsibilities, compared to only about 14% who felt it was “fair”. Managers or team leaders were somewhat split: around 50% rated their pay as unfair or very unfair, while roughly 36% viewed it as fair. Regulated professionals and those in other adult social care roles were the most dissatisfied with their pay, with two-thirds of each group feeling their pay was ‘unfair’ or ‘very unfair’.



Low pay and weak financial incentives can therefore be seen as a widespread concern, cutting across many different ASC sector roles. Financial strain was not just a perception but a tangible experience for many in adult social care. Among direct care workers, nearly three-quarters (71%) said they had either skipped essentials due to money worries, taken overtime or an extra job, or used a foodbank or emergency help while in the role. One worker explained: *“It feels like I'm being punished… I'm having to pick up overtime”,* to cover the cost of unpaid travel.

These pressures weren’t limited to frontline staff. Over a third (35%) of managers and team leaders reported needing to take on extra work or overtime, while 14% said they had skipped essentials due to financial concerns. Managers voiced strong awareness of these struggles: *“Being paid fairly by the council for care would mean I could pay my staff better and employ additional staff to support me so that I don’t have to undertake 3 roles”,* one said. Others echoed this, calling for *“better pay for care workers”.* The responses highlight the deep connection between inadequate funding and the financial hardship experienced daily by staff.



Staffing levels and Retention

These pressures are contributing to issues related to staff retention and keeping qualified people in the sector. Concerns about staff shortages, high turnover, and the need to recruit and retain committed workers were particularly salient for respondents. When asked what one change would make their job easier, many workers remarked on the need for *"more staff to handle the workload and enough resources to meet the needs"*. Others repeated this, requesting that they'd like to *"employ more care and ancillary staff"* and *"make the job more appealing to recruit staff"*. In a sector where vacancies for adult social care staff are currently 3 times higher than those of the wider job market (Care Quality Commission, 2025), retaining staff is a prominent theme, evident in both frontline and management perspectives.

Management and Leadership Support

Respondents frequently highlighted the role of management in shaping their day-to-day experience of care work. Many described a disconnect between frontline staff and leadership, with calls for managers who are more empathetic, communicative, and grounded in the realities of the job. One direct care worker said they wanted *"management that could relate to the extreme pressures the role demanded"*, while others asked for *"clearer leadership"* and a *"better understanding of what makes good management."* Several respondents pointed to the importance of being listened to and understood, including one manager who simply called for *"senior management listening / understanding current issues."*

Recognition and Respect for Care Work

Beyond pay and conditions, some workers described a lack of recognition as a major source of frustration. Respondents felt that the adult social care sector is undervalued by both employers and wider society, with their work often overlooked despite its difficulty and importance. As one manager put it, the sector should be recognised for *"the challenging and amazing role we do"*.

Training and Professional Development

While fewer in number, several responses raised concerns about the adequacy of training for care staff. One direct care worker described their experience as *"tick-box training"*, stating that it left them feeling unprepared for the responsibilities they were expected to take on. They added, *"I feel this is dangerous"*, underscoring how poor training could compromise both worker confidence and care recipient safety. Others called for more meaningful opportunities to build skills and progress, including one regulated professional who suggested *"training our own unqualified staff to progress"*.

Systemic and Structural Challenges

A number of respondents pointed to broader, structural barriers that make care work harder than it needs to be. These included fragmented services, slow decision-making between agencies, inconsistent funding, and the impact of privatisation on working conditions. For example, one respondent called for "*a health and social care truly joined up. Offering a seamless safe service"*, while another cited *"friction, complication and blame between the local authority and NHS"* as key problems.

Workers also expressed frustration with funding structures. A manager linked local government underfunding to their inability to pay staff fairly or recruit support: *"being paid fairly by the council for care would mean I could pay my staff better and employ additional staff"*. Direct care workers described how *"private companies [prioritise] profits over… staff safety and the pay is awful"*.

> *"One care home told me I was personally and financially liable if a client fell or had an accident."*

Transport is a particular challenge in rural Herefordshire. Providing care in rural areas is very different to cities, where public transport or walking is possible. The travel and scheduling costs are more complex and precarious. When the location of work involves *"travelling from one side of the county to the other… carers take the financial responsibility of maintaining their car".* One survey respondent reported that they sometimes travelled over 130 miles for their shift, and were not paid adequately to fuel and maintain their car; *"I understand in big cities this isn't an issue but in rural Herefordshire it really is".*

In November 2025, North Herefordshire saw serious flooding covering low-lying areas like roads. Accessing clients in these settings introduces risk both to the worker's financial situation if their car is damaged, and to the service user who may go without important care for days at time.

What Care Workers Enjoy Most About Their Work

While the structural pressures facing adult social care workers are undeniable, including low pay, time scarcity, understaffing, and complex system-level barriers, the voices of workers themselves offer a more textured and resilient narrative. When asked what they enjoyed most about their job, respondents overwhelmingly pointed to deeply personal and relational aspects of the work that give it lasting meaning. These findings help explain a seeming contradiction: why so many remain in a sector often described as under-resourced and overburdened, particularly given the time and financial pressures reported by respondents above.

At the heart of their responses lies the belief that they are making a real positive difference. Care workers consistently spoke about improving lives, fostering independence, and enabling moments of dignity and joy. Whether through helping someone stay in their home, regain confidence, or feel seen and heard, respondents viewed their contribution as meaningful and enduring. Care workers saw the real-world impact of their presence and felt pride in being the person who made someone's day, often when no one else would.

Workers repeatedly emphasised the value of human contact. They enjoyed talking, listening, and forming bonds with those they support. The simple but profound act of being present was described as mutually enriching: *"they made my day as much as I made theirs"*. In a context where many clients may be isolated, care workers see themselves not just as providers of support, but as a vital social link. For many who receive care, social care workers can be the only person they look forward to seeing each day. Their vital contribution to the lives of others captures the sense that care work is not simply a job, but a vocation aligned with personal values. Several respondents described the work as *"amazing"* or referred to it as their way of *"giving back [to] society".*

The responses of care workers also reflect another layer of motivation: the emotional resonance of the role. Workers described being touched, inspired, and changed by the people they support. Clients were not viewed as tasks, but as individuals with stories, humour, insight, and history. One respondent described meeting people from *"all walks of life"* as a privilege, while others noted how their own lives had been enriched by these relationships. This sense of reciprocity deepens the emotional reward of care work.

Care workers also highlighted the intellectual and developmental satisfaction they found in the role, from the satisfaction of helping clients learn or grow, to building their own skills and navigating challenges. Many workers spoke also positively about their teams, the sense of belonging they felt, and the pride of serving their own local area. One spoke of being part of *“a great small team”,* while another noted *“I love to help my community”.*

Conclusion

Care workers report a multitude of challenges, including time pressure, pay dissatisfaction and financial strain, as well as feeling undervalued and wanting more and better training to carry out their roles. They also shared their views on structural issues they perceive in the care system, including funding issues and the need for better recruitment and retention of staff.

Despite the challenges they face, however, care workers’ answers to the question ‘What have you enjoyed most about working in adult social care?’ offer a compelling explanation for why care workers stay in the job despite the pressures. It is not because the work is easy or rewarded; unfortunately, it is often neither. Rather, they stay because the work offers the opportunity to make a real difference, form genuine human connections, take pride in their values, and belong to something larger than themselves.

WHAT THE PEOPLE IN CHARGE NEED TO HEAR

Many of our respondents shared their views on what the people in charge need to hear, in answer to two survey questions:

- Is there anything you want people in charge to hear from you about adult social care?
- Are there any new ideas or examples of things that work well that you want the people in charge to hear about?

WHAT DO YOU WANT THE PEOPLE IN CHARGE TO HEAR FROM YOU?

While many respondents praised aspects of the adult social care system, many expressed concerns, including:

- A feeling that the system is not functioning properly, particularly due to lack of funding.
- Financial considerations.
- Staff wellbeing and pay.
- The quality and consistency of care provision.
- Profit-seeking in private care provision.
- Poor communication from local providers, creating uncertainty for care recipients and their families.
- Lack of inclusivity and individualised care.
- Housing, transport and food.

Praise for adult social care

> *"We were lucky. Adult social services stepped in when we needed them."*

Some respondents had had very positive experiences with ASC. One care recipient was glad that the care system allows them to stay at home without moving into residential care. Where moving into residential care was necessary, some respondents praised adult social care services' management of moving elderly parents into care.

> *"The process of getting my mother into care was very well done. The information received from the social workers was clear and easy to understand."*

Other respondents commented on specific interventions: receiving direct payments for visual impairments, one care service switching to having named social workers, and the value of a drop-in support group providing social engagement for a man with dementia and a break from caring for his wife.

Many respondents were full of praise for care workers, recognising their vital contribution to society:

> *"Staff are invariably kind and committed."*
>
> *"Many staff members go beyond what is asked for those that live within their care."*
>
> *"They are gems."*

The Adult Social Care System is not Functioning Properly

At the same time, many respondents felt the adult social care system is not functioning in the way that it should. Some commented on service delivery issues, while others were principally concerned with funding. Two respondents felt *"abandoned by the system".*

Concerns relating to service delivery included long delays between requesting and actually receiving care; the need for social care to be better joined up with health care so that there is not a trade-off between medical and social care needs; and needing more face-to-face interaction. One attendee of the memory café felt there was a need for *"full structural change",* that inadequate social care was putting strain on the NHS, with many people needing social care ending up in hospital.

> *"It's on its knees. We need it to work like the NHS so that people don't have to pay when they need care."*

In considering funding, some respondents felt more funding was needed for specific uses like activities and skills, and one suggested that social care funding needed to be a higher priority.

Many respondents proposed interventions to use funding more effectively, rather than increases in funding *per se*. One respondent commented *"spending alone does not automatically improve things"*, and that there was a need for *"good management"*. Another acknowledged the constraint on public finances and noted *"we need to work together to reform the system [and] reduce overheads to fund care for those who need it"*. Other carers noted cost-saving considerations. One suggested that an opportunity was missed to conduct a medical assessment for his wife, ultimately meaning she was no longer able to work and needs full-time care. Another felt that a case was assessed poorly, resulting in six weeks of free council care, which they felt was *"excessive",* suggesting much of this cost could have been saved.

Financial Considerations

Many respondents raised concerns with the cost of adult social care, and the financial strain this put on those in need of care and their families; they felt that system is not serving those with limited means properly.

> *"Low financial status can preclude many most in need from receiving vital support at home."*

One respondent noted that the cost of respite care can *"cause huge issues for the family at a time when they need support",* and another considered the cost of a care home *"outrageous".* Some respondents explained that the financing arrangements made the process of funding social care excessively complicated.

One care listening exercise attendee told us about an elderly neighbour who was paying £1,000 per week for residential care despite wanting to return home, due to delays in his house being fitted with the appropriate supports. She commented *"his savings are being drained".*

Concern for Staff Wellbeing and Pay

Many respondents expressed concern relating to the wellbeing of care staff. Pointing to the emotional strain care workers are under, respondents noted that care staff are *"stressed", "undervalued",* and the need to improve conditions for staff, including looking after them emotionally.

> *"You cannot pour from an empty cup."*

Care workers' pay and conditions were also of concern, including increasing salaries, fair fee increases, and proper pay for travel, particularly given the rural landscape and extensive travel needed in North Herefordshire. Safer working conditions, training and equitable treatment between care workers were other topics raised.

> *"Proper training and investment means a lot."*

Quality and Consistency of Care Provision

> *"The cost and standard of care varies so much."*

A number of respondents were concerned about the quality of care they had received. One respondent suggested that *"the quality of some of the private domiciliary care agencies is appalling."* The issues included seeing different staff at each visit and visits being too short, which prevented care recipients from building trust and rapport with them. Length of visits being too short was noted by both care recipients and care workers alike. This can make it harder for unpaid carers of loved ones to take breaks. Attendees at the memory café explained that when care worker visits are too short and different carers visit each time, unpaid carers of loved ones with dementia cannot take the opportunity of a break from caring duties, as care recipients can become distressed in the presence of unfamiliar care workers. One attendee of the care listening exercise explained that she relied on care workers to shower and dress her son so that she could visit her husband in hospital four mornings per week, but that they were consistently late, delaying or preventing her from carrying out her visits.

Another issue raised was that staff were inexperienced or improperly trained for the type of care needed – for example for a person with Alzheimer's. One recipient suggested that carers needed better vetting. This concern was echoed by a charity, who felt that personal assistants are not properly regulated, as for instance DBS checks are not required. Spoken language was raised as an issue relevant to elderly care recipients; it was suggested they may become confused or withdraw from conversation if they cannot understand a carer whose first language is not English.

Follow-up care was raised as an issue by several respondents. Many expressed a desire for regular check-ins, one of whom was told *"that wasn't usual practice [that] someone comes to check we're OK"*. Following hospital discharge, some care recipients reported finding needs assessments inaccurate, and felt a lack of sympathy from nursing staff and social workers.

Profit-Seeking in Private Care Provision

Some respondents felt private care providers prioritised profit over care. One care worker suggested they found management to be a *"real hindrance to high quality care"*, due to their prioritisation of *"money"* over residents' wellbeing. Others were more critical of private care organisations as a whole, finding that mission statements were disingenuous and that companies risked residents' welfare in order to make money.

> *"Whilst we… found a good agency, we were always very conscious that the purpose of the agency is to make a profit."*

Difficulty Navigating the System and Poor Communication from Local Providers

Many respondents reported that they found the adult social care system confusing and hard to navigate, exacerbated by poor communication from local authorities and care providers, creating uncertainty for care recipients and their families. Lack of awareness of what support is available was a key obstacle for many respondents. This included not knowing what support they were entitled to and how to access the help they need, citing a need for more information to be made available. In the words of one respondent with ASC needs: *"my comment to the people in charge is if you are providing a service you need to be proactive, make yourself known, promote yourself to your target audience."* One carer suggested that navigating the care system following hospital discharge was a *"minefield".*

> *"I'm oblivious to what services are provided… I surely can't be the only person in this situation. What is offered? Where?"*

Difficulty navigating the system also related to delays in administrative decisions and *"barriers and red tape"*. Respondents reported finding it *"too complex"* to apply for benefits, such that they could not have made their application without the help of Citizens' Advice.

Poor communication was also a key issue for respondents. One family attending the care listening exercise noted that after an extended period on the waiting list for respite care for their son, they ultimately ended up paying for agency care at home after they were told they lived in the wrong area so had never been eligible for the respite care they believed they were in line for. One carer suggested that poor communication is the main issue they have experienced, and that people need more than signposting.

One memory café attendee explained that she had *"repeatedly asked"* about the cost of respite care. Receiving no clear answer, she was aggrieved to find that when she did receive respite it would cost £500 per month for four hours a week, which was more than she could afford, the visits were not long enough for her to do anything substantial with free time, and she had to go through with it for two months before she could cancel it. She had been waiting to hear from the adult social care team for three months at the time.

Inclusivity and Individualised Care

Respondents raised concerns relating to the inclusiveness of care provision and the importance of recognising individual needs. Consideration of the needs of families was a key concern, and parents of adult children with disabilities felt unfairly blamed for difficulties in providing care, stressing the need for family approach plans and continuity of support beyond when a disabled child turns 18. One carer emphasised the additional strain on 'sandwich generation' carers – those caring for adult parents and children simultaneously, often while also holding full-time jobs.

> *"My children went from good support under children's services to a very limited service under adults".*

Other respondents noted that care provision should not be hampered by "postcode", i.e. the remoteness of their home, and that services for non-working disabled adults are only accessible to those with the means to pay for them, excluding many vulnerable users. One care recipient stressed the need for *"time appropriate care for those in their own home - e.g. not having to go to bed at 5pm".*

Housing, transport and food were other important areas in which respondents felt care was not sufficiently individualised. One care worker working with adults with serious mental illness suggested that support housing was needed in country towns, not just in Hereford City. Some respondents suggested transport was needed to attend meetings, and that particularly given the rural nature of North Herefordshire, transport was a very important consideration for older people.

> *"Living in a rural village is isolating even if you can drive, and I think that lots of elderly people suffer in silence. There are poor public transport links, however many elderly or disabled people wouldn't be able to use them even if they were better. I'm not sure what the solution is, but too many people seem to get forgotten about in rural communities as they get older and if they don't have support from friends or family, I'm not sure how they would cope."*

Conclusion

Survey respondents had much to share with the people in charge. Many had had positive experiences with adult social care: care recipients commented on the independence it gave them and the comfort of being able to stay in their own home, while family members were grateful for how it brought them support during a particularly difficult time. However, many respondents had serious concerns to share. These related to inclusion and access issues, including those of a financial nature and relating to information-sharing and communication about locally available services. Concerns relating to private care provision included staff wellbeing and pay, quality and consistency of care provision, and the tensions between the profit motive and social care work. Many respondents felt the system was fundamentally not functioning as it should, and suggested considerations for changes to funding.

IDEAS OR EXAMPLES OF THINGS THAT WORK

Respondents suggested ideas for improving the adult social care system. These included:

- Beneficial local groups and initiatives.
- Beneficial NHS and local council provision.
- Improving the inclusivity and individualisation of care.
- Improving the governance and regulation of care.

Local Groups and Initiatives

Respondents mentioned many groups and initiatives local to North Herefordshire which they found helpful in providing community support. One local initiative mentioned by many respondents was Leominster-based charity ECHO, which supports local people with disabilities, and runs many group-based activities such as sewing, woodwork, sports and gardening. Other local initiatives mentioned by respondents that run activities for disabled people are the Courtyard Theatre and Aspire.

Turning Point was noted as an *"excellent local service for people with an addiction"*, and from further afield, Citizens Advice was noted as being very helpful. Community groups were found to provide *"hands-on, practical support"*, but more were needed in rural areas.

> *"Pop up clinics giving access to information, health, friendship and local food."*

One respondent noted they had experienced excellent dementia support, including early recommendations from their GP. Another highlighted the care provided by the *"excellent* *staff"* at a local nursing home who cared for their mother before her death. The Dementia Matters Here memory café offers support for carers and a safe space for people with dementia to engage with others, as well as providing puzzle sheets and quizzes to keep the brain active.

One respondent suggested that they would find it helpful to have a register of local volunteers to visit people in their homes to combat social isolation.

"Living in rural Herefordshire is a delight and very therapeutic but the disadvantage is social isolation, particularly as I can no longer drive."

NHS and Local Council Care Provision

Many respondents were pleased with the medical support they had received. This included:

- The District Nurse, who was found to be prompt, attentive and helpful and provided much-needed human interaction.
- The GP, who provided early recommendations for dementia care.
- Occupational Health.
- Hospital at Home.

Local council support was also deemed very helpful, including provision of home aids and disability equipment through the Disabled Facilities Grant.

"The Disabled Facilities Grant… allows me to let visitors in without having to leave my front door unlocked all the time, which makes me feel much safer."

Improving public transport options was cited as an option for easing care burdens. Housing was also noted as being important, including supported housing for working-age people with serious mental illnesses in country towns like Leominster and Bromyard, and acting more quickly to fit care recipients' houses with adjustments so that they can return home from residential care as quickly as possible.

"The cost of residential care for our neighbour would have paid twice over for upgrading his own house for him to live safely in."

Improving the Inclusivity and Individualisation of Care

The core theme here was that it is important to listen more to carers and care recipients. One respondent recommended Family Care Packages, considering the caring responsibilities of parent carers and particularly disabled parents who may need relief from providing care for their children: *"not everyone has family and friends to help out for free".* Other responses related to the need for social care to be made free at the point of need for all, including for those with lifelong disabilities who currently lose access to free care when they turn 18, and for those whose care needs begin in adulthood. The need for age-appropriate care for physically disabled children was also highlighted. It was also suggested that care should be provided in the recipient's native languages wherever possible. Many recipients suggested they would like to have periodic check-ins from carers, and one respondent made a suggestion for Complex Care Teams.

"Complex care teams introduced into the GP system… would be able to have a more coherent view of complex health conditions and manage referrals to specialists."

Governance and Regulation of Care

Respondents felt the governance and regulation of care could be improved. Suggestions included more regular and unannounced inspections of care providers, a more joined up system with the NHS, and investing more in preventative care to ease pressure on the NHS.

Some respondents suggested that information-sharing about care services available to carers and their families could be improved. One respondent did not know they could claim Carer’s Allowance for several years, and felt strongly that many unpaid carers are not aware of what they are entitled to.

Many respondents were concerned about care worker careers, including pay and improving the *“promotional journey”* for carers. A local charity echoed this concern, explaining that the sector would benefit from professionalisation to bring it on a par with NHS. Specifically, the NHS has administrative and clerical grading while care does not. They also suggested that training and career pathways should be formalised.

Conclusion

Our stakeholders offered a multitude of examples and ideas for how care could be improved. These included local initiatives running activities and offering safe spaces for recipients of adult social care to socialise and a chance for unpaid carers to take a break from caring duties. Other examples included grants like the Disabled Facilities Grant, and suggestions for individualising care, such as through family care packages and complex care teams. Finally, respondents suggested that care could be better governed and regulated, including the way in which it is inspected, information-sharing, formalising care workers’ career development options to bring them on par with the NHS.

CONCLUSION

Demand for adult social care is rising across the UK, and North Herefordshire is no exception. We hope that constituency studies such as this can help Baroness Casey's independent commission into adult social care to understand how ASC provision can be improved to ensure it works well for all those who need it.

North Herefordshire faces particular challenges for adult social care provision. The constituency has a larger-than-average older population, and is rural and sparsely populated, with limited public transport. These issues are reflected in the challenges reported by respondents in the survey.

There are many things to celebrate in adult social care. Our survey respondents reported that their care gave them feelings of safety, confidence and independence, and praised specific interventions like direct payments and short-term care following hospital discharge. Many respondents derive great benefits from excellent local charitable initiatives, such as Services for Independent Living, Dementia Matters Here and ECHO. Care workers report enjoying feeling like they can make a difference to others' lives, enjoy building relationships with care recipients, and derive intellectual and professional satisfaction from enhancing their skills and enabling service users to enhance theirs.

However, this report has also shed light on the many ways in which adult social care in North Herefordshire – and nationally – must be improved, to better serve those who need it, their families, and care workers.

People receiving care raised issues relating to the limited availability of local services, the cost of care, inconsistency of staffing, and lack of information about available services.

Unpaid carers, who are disproportionately women, and older people (55+), feel they are under serious emotional and financial strain, and often unable to take breaks. Uptake of available support is lower than it could be, often due to lack of information.

Care workers report feeling very pressured in their roles, dissatisfied with their pay (particularly where travel is uncompensated), under-staffed, and under-valued for their hard work.

Respondents wanted to tell the people in charge that they feel the system is not functioning as it should be, from administration of the system to under-funding and financial considerations. They were also concerned about staff wellbeing, quality and consistency of care provision, particularly in private care settings, poor communication, and lack of inclusivity and individualised care.

Respondents offered ideas of things that do work, including local groups and initiatives, positive experiences with the NHS and local council, and ideas for improving the inclusivity, regulation and governance of care, including how care workers' career paths can be improved.

Adult social care is vital in North Herefordshire and across the UK. Many of us will need to use adult social care services at some point in our lives, either for ourselves or for loved ones. There is much to celebrate – most of all the dedicated and compassionate work of the many unpaid carers, care workers and charitable organisations in the area. However, adult social care must be reformed to better serve all those who need it.

APPENDIX: DATA AND METHODOLOGY

This report employed a mixed-methods research design to explore the experience of adult social care in North Herefordshire. This includes a quantitative analysis of survey data, enriched and contextualised with qualitative responses.

DATA

Data collection

The survey was created on Qualtrics and contained multiple-choice and short-answer questions, branched to suit earlier responses. For example, respondents who answered that they receive care were given a different set of questions to the people who said that they provide care for someone they know. The survey was open for four weeks from November to December 2025 and was publicised and shared as widely as possible, through posters in windows in local shops and at the constituency office, on social media, and through links shared in correspondence with constituents. At one care home, nurses filled out the survey on behalf of residents, reflected in the question ‘Are you completing this survey on behalf of someone else?’

The survey originally received 222 responses. Test-run observations were removed, and the rest of the observations were then trimmed using the ‘Progress’ indicator on Qualtrics to remove records where the survey was deemed to be insufficiently filled in (Progress < 70%). However, only three observations have Progress less than 93%, meaning that the observations included in the data contain the responses which were filled in most thoroughly. The final sample size was 154 observations.

Qualitative data was gathered from two in-person dialogue events. The first was a listening event, in which Ellie spoke directly with constituents who had experience with adult social care. The second event was a memory café hosted by local charity Dementia Matters Here, which is a regular meeting that provides a safe space for people with dementia or Alzheimer's to come along with their family/carers for tea, cake and a chat. The events provide a rich understanding of constituents’ experiences with adult social care.

Ethical considerations

Data privacy was a key consideration. The survey was approved by the Information Commissioner’s Office, and respondents were provided with the link to the privacy notice. Results were anonymous and did not collect email addresses, names or contact details. Upon completion of data analysis, the data was removed from Qualtrics. By November 2026 the responses will be deleted.

METHODOLOGY

Survey data on care recipients was limited. As such, analysis was solely qualitative, as the small sub-sample size undermined confidence in the representativeness of the group. The sub-sample sizes for unpaid carers and care workers were much larger. Within these groups, we analysed the demographic breakdowns, responses to survey questions and heterogeneity to understand which challenges had disproportionate impacts on different demographic groups. Conversations held during the listening events and memory café provided a richer picture into the challenges facing care recipients and their families, supplementing the understanding gained from the quantitative analysis. Free-text responses in the ‘What the people in charge need to hear’ section were analysed and divided thematically, using direct quotations as much as possible.

FURTHER INFORMATION

ACKNOWLEDGEMENTS

Many thanks to all the survey respondents and participants in listening exercises in North Herefordshire, as well as all those constituents who have brought related casework to me.

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And thank you to all of my casework team for the caring help they provide every day to constituents.

Dr Ellie Chowns MP,
North Herefordshire,
May 2026

GET IN TOUCH

If you are a constituent or campaigner and these issues affect you, I would like to hear your views. Please get in touch at:

- Email: ellie.chowns.mp@parliament.uk
- Write to: Ellie Chowns MP, 9 The Buttercross, Leominster, HR6 8BN.

For journalists with press enquiries, please contact: ellie.chowns.media@parliament.uk

For information on accessing adult social care in Herefordshire: https://www.herefordshire.gov.uk/social-care-and-support/adult-social-care/